



Camden



ISLINGTON

Working in partnership



Islington

*Clinical Commissioning Group*

# Draft Pharmaceutical Needs Assessment 2018

Islington Health and Wellbeing  
Board

October 2017

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# 1. EXECUTIVE SUMMARY

This is Islington Health and Wellbeing Board's (HWB) second Pharmaceutical Needs Assessment (PNA). The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the requirements of the PNA, as well as the process for market entry of pharmacies into an area. The PNA, as part of this process, assesses the need for pharmaceutical services in Islington's population, identifying any gaps in service delivery and any areas for improvement.

The PNA will be used by NHS England when determining whether to approve applications for pharmacies in the area to join the pharmaceutical list, and to inform NHS England's commissioned services. The PNA is also designed to inform commissioning decisions by Local Authorities (LAs) and Clinical Commissioning Groups (CCGs), and will be used as part of Islington's JSNA to inform future commissioning strategies.

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

## 1.1. Summary of the needs of the Islington population

Islington has a diverse resident population, with larger proportions of both younger people and minority ethnic groups than the overall London population. Islington also has one of the most deprived populations in the country, with the North locality being particularly deprived. Over 44,363 residents have a diagnosed long term condition, many having more than one condition. It is estimated that the actual prevalence of long term conditions is actually much higher, owing to the large estimated number of conditions that remain undiagnosed – 46,700 in the Islington population.

## 1.2. Summary of the assessment of pharmaceutical services

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

With 46 pharmacies overall in Islington, and 20 pharmacies per 100,000 residents in the borough, Islington has a similar rate of community pharmacies per 100,000 residents compared to the London average (22 pharmacies). There is no defined ideal rate available. One of the pharmacies in Islington is on a '100 hour' contract, providing coverage early in the morning and late at night. There is at least one pharmacy in most of the borough's wards, and three of Islington's four localities have a late opening pharmacy. Previous resident engagement highlighted that work could be done to improve the accessibility of some pharmacies for those who use a wheelchair or need a seat while waiting.

Each commissioned service offered by Islington's pharmacies was assessed in this PNA to determine any gaps, and whether the service is necessary or relevant to meet the pharmaceutical needs of Islington's population<sup>1</sup>. Table 1.1 summarises the assessment of each type of service provided by community pharmacies (essential, advanced, enhanced and locally commissioned)<sup>2</sup>. Note that gaps in locally commissioned services are not used as a basis for market entry, but that filling these gaps is important in further improving the health and wellbeing of Islington residents.

Any gaps in provision identified should be reviewed by the commissioners responsible for the respective services in order to ensure high quality service provision and to identify opportunities for improved health and wellbeing outcomes for Islington residents.

## 1.3. Summary of pharmacy users' views of pharmaceutical services

From the focus groups conducted in 2014 with Islington pharmacy users, pharmacies were generally viewed positively, with pharmacists considered as professional and knowledgeable, with regular pharmacy users in particular commenting that they highly value the support and personal service that they receive at pharmacies.

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<sup>1</sup> Necessary and relevant services are defined in Section 2.3.

<sup>2</sup> Essential, advanced, enhanced, and locally commissioned services are defined in Section 2.5.

The work also highlighted that some residents felt that they could not access a local, late night pharmacy, and in some cases would have to travel outside of the borough to use a pharmacy. Discussions in focus groups also revealed that some service users had been offered, or used, services that other people were not aware of, such as repeat prescriptions and text reminders. More recent research into Islington resident views and national data echo these earlier findings from 2014. There may therefore be scope for more work to improve awareness of the range of services offered by pharmacies.

#### 1.4. Wider recommendations

There are no identified gaps in the provision of pharmaceutical services in Islington. This includes an assessment of proposed housing, retail and transport developments in the borough and projected population increases. It is however acknowledged that the Sustainability and Transformation Plan for North Central London is likely to result in changes in how health and care services will work. Timely consideration of how these changes may impact on the utilisation of pharmaceutical services across Islington will be required.

Within the context of the PNA, areas where improvements can be made in order to maximise the potential of community pharmacies in helping Islington's population stay healthy were identified. These recommendations should also be reviewed by the commissioners responsible for these services, in order to determine ways in which pharmacy services could be improved in general:

1. Improving population awareness of available pharmacy services
2. Improving population awareness of longer opening hours
3. Addressing the areas where pharmacies can increase the provision of key public health programmes, such as the Healthy Living Pharmacy

Within the current health and care landscape, health and care organisations (both commissioners and providers) are increasingly coming together to plan, develop and deliver integrated services focused on meeting needs and improving the health of the population. The HWB is ideally placed to oversee and drive this change to improve the health and wellbeing of Islington's population, and to ensure that the role and contribution of community pharmacy in doing so, is both harnessed and supported.

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

Service	Assessment of service	Gaps identified
<b>Essential services</b>		
<b>Mandatory services (e.g. dispensing)</b>	Necessary service	<ul style="list-style-type: none"> <li>None identified; provision is suitable for current population and projected demographic changes.</li> </ul>
<b>Advanced services</b>		
<b>Medicines Use Reviews (MUR)</b>	Necessary service	<ul style="list-style-type: none"> <li>None identified; provision is suitable for current population and projected demographic changes.</li> </ul>
<b>New Medicine Service (NMS)</b>	Necessary service	<ul style="list-style-type: none"> <li>None identified; but there may be scope to increase the activity within the existing pharmacy network.</li> </ul>
<b>Appliance Use Reviews (AUR)</b>	Relevant service	<ul style="list-style-type: none"> <li>None identified; provision is suitable for current population and projected demographic changes.</li> </ul>
<b>Stoma Appliance Customisation (SAC)</b>	Relevant service	<ul style="list-style-type: none"> <li>None identified; provision is suitable for current population and projected demographic changes.</li> </ul>
<b>National NHS England Flu Service</b>	Necessary service	<ul style="list-style-type: none"> <li>None identified; provision is suitable for current population and projected demographic changes.</li> </ul>
<b>Enhanced services</b>		
<b>Minor Ailments Scheme (MAS)</b>	Necessary service	<ul style="list-style-type: none"> <li>None identified; provision is suitable for current population and projected demographic changes.</li> </ul>
<b>Medicines Reminder Devices</b>	Relevant service	<ul style="list-style-type: none"> <li>None identified; provision is suitable for current population and projected demographic changes.</li> </ul>
<b>London Pharmacy Vaccination Service</b>	Relevant service	<ul style="list-style-type: none"> <li>None identified; provision is suitable for current population and projected demographic changes.</li> </ul>
<b>Locally commissioned services</b>		
<b>Stop smoking service</b>	Relevant service	<ul style="list-style-type: none"> <li>Pharmacy stop smoking services could be more targeted towards relevant populations.</li> </ul>
<b>Screening service (NHS Health Checks)</b>	Relevant service	<ul style="list-style-type: none"> <li>Islington is already a high performer for NHS Health Check delivery, but there may be scope for pharmacies to increase access and uptake among target groups .</li> </ul>

Service	Assessment of service	Gaps identified
<b>Emergency hormonal contraception service (EHC)</b>	Relevant service	<ul style="list-style-type: none"> <li>▪ Pharmacy provision is not uniform across the borough, with lower provision in the Central, North and South West localities, the latter where teenage conception rates are highest.</li> <li>▪ Availability is limited on weekends, due to restricted opening hours.</li> </ul>
<b>Supervised consumption service</b>	Necessary service	<ul style="list-style-type: none"> <li>▪ Access is limited on Sundays, throughout the borough.</li> <li>▪ On weekdays, one fifth of pharmacies provide the service outside of standard working hours (9am-7pm).</li> </ul>
<b>Needle syringe exchange service</b>	Necessary service	<ul style="list-style-type: none"> <li>▪ Access is limited on Sundays, throughout the borough.</li> </ul>
<b>Community Equipment service</b>	Necessary service	<ul style="list-style-type: none"> <li>▪ The Retail Model for Community Equipment Services in Islington is yet to be reviewed, and conclusions on the effectiveness of the service therefore cannot be drawn.</li> </ul>
<b>Anticoagulation service</b>	Relevant service	<ul style="list-style-type: none"> <li>▪ None identified; provision is suitable for current population and projected demographic changes.</li> </ul>
<b>Palliative care medicines service</b>	Relevant service	<ul style="list-style-type: none"> <li>▪ None identified; provision is suitable for current population and projected demographic changes.</li> </ul>
<b>Health promotion campaigns run by Public Health</b>	Relevant service	<ul style="list-style-type: none"> <li>• None identified; provision is suitable for current population and projected demographic changes.</li> </ul>

## 2. INTRODUCTION

This is Islington Health and Wellbeing Board's (HWB) second Pharmaceutical Needs Assessment (PNA) under the 2013 regulations and requirements, describing our assessment of the need for pharmaceutical services in Islington. As set out in the regulations, the PNA will be used by NHS England as the basis for determining market entry for new pharmacies in the area. The London Borough of Islington (LBI) and Islington Clinical Commissioning Group (CCG) will also use this assessment of need to plan pharmaceutical services for Islington's population, where they have commissioning responsibilities.

As a valuable and trusted health resource, with millions of contacts with the public each day, community pharmacy teams have the potential to be used to provide services out of a hospital or general practice environment and to reduce health inequalities<sup>3</sup>. In addition, community pharmacies are an important investor in local communities through employment, supporting neighbourhood and high street economies, as a health asset and as a long term partner with other local health services. To ensure that our community pharmacies are as effective as possible in meeting the needs of Islington's population, this assessment has taken multiple data sources, information and views into account to present a complete picture of need and provision in Islington, identifying where we can make improvements to reduce health inequalities and improve health outcomes for our population.

### 2.1. Background to the PNA

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

Previously, PNAs were the responsibility of Primary Care Trusts (PCTs) to produce. The first PNAs were published in 2005, as the basis for deciding market entry of pharmacies to PCT areas. The publication of the White Paper *Pharmacy in England: Building on Strengths – Delivering the Future* proposed a review of the requirements

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<sup>3</sup> "Healthy lives, healthy people", the public health strategy for England (2010)

of PNAs in order to make the process more robust, and make PNAs more effective in assessing the need for services. The Health and Social Care Act (2012) transferred this responsibility to local authority HWBs in 2013, and further widened the scope of the PNA.

#### Box 2.1: Health and Wellbeing Boards

Islington's HWB brings together key partners from various organisations relevant to health and care, to ensure services are available (commissioned) for the population of Islington across health, public health and social care to improve the health and wellbeing of the local population, and reduce health inequalities. Members include representatives from Islington CCG, London Borough of Islington, Islington Healthwatch and the voluntary and community sector. More information about the HWB can be found on [Islington Council's website](#).

## 2.2. Duty of the HWB

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

- Publishing the second PNA before 1 April 2018, ensuring that all required information and assessments are included;
- Ensuring an up-to-date map of services is included in the assessment;
- Publishing any statements or revisions within three years of the previous publication;
- Ensuring that other HWBs have access to the PNA;
- Consulting stakeholders and other areas about the content of the assessment for the minimum 60-day period;
- Responding to a consultation from a neighbouring HWB;
- Ensuring that once published, the PNA is kept up-to-date and any supplementary statements or full revisions are published as soon as possible following any changes.

## 2.3. Minimum requirements for the PNA

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

- **Necessary services:** services that are required to meet the pharmaceutical needs of the population. This includes current and future needs.
- **Relevant services:** services that improve pharmaceutical services in the area, including access to services. This includes current provision and any potential gaps in future provision.

- **Other NHS services:** pharmacy services provided by other organisations such as the Local Authority, NHS England or the CCG, which impact on the need for pharmacy services in the area. Services of this type would improve pharmacy services, including access.

The PNA must also include a statement of how the assessment was carried out, including:

- How localities were determined
- How different needs of the localities were taken into account
- How different needs of people with a protected characteristic were taken into account
- A report on the consultation

A map showing the premises where pharmaceutical services are provided must also be included.

## 2.4. The scope of the PNA

Identifying whether services fall within the scope of the PNA depends on who is providing the service, and what is provided. The content of PNAs is set out in regulations published nationally<sup>4</sup> and includes an obligation to assess all services “provided under arrangements made by the NHS Commissioning Board (NHSCB)” [now known as NHS England]. This includes the provision of pharmaceutical services by a person on a pharmaceutical list (i.e. on the NHS England approved pharmacy list), providing pharmaceutical services under a Local Pharmaceutical Service (LPS) scheme, and / or the dispensing of drugs or appliances by a dispensing doctor. The needs assessment should take different type of pharmacy services (essential, advanced and enhanced) and pharmacy contractors (community pharmacies or dispensing appliance contractors) into account, in relation to current and future need. For this PNA, we have defined the scope as follows:

- a) Providing pharmaceutical services by a person on a pharmaceutical list is the **dispensing service**. The dispensing service covers the supply of medicines ordered on NHS prescriptions, and information and advice on their use to patients and carers, and the maintenance of appropriate records. This PNA will

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



assess whether Islington's population has adequate access to dispensing services, based on where services are provided and other factors.<sup>5</sup>

- b) The **dispensing of appliances** and provision of Appliance Use Review (AUR) service and Stoma Appliance Customisation Service (SAC). For the purposes of this PNA, we will assess whether patients have adequate access to these services. Other services that appliance contractors provide are outside the scope of the PNA. There are three pharmacies in Islington which are dispensing appliance contractors. There is one standalone appliance dispensing services outside of community pharmacies. More information about these services is given in Section 2.5.
- c) For community pharmacies, the scope of this assessment is broad and covers a wide range of services offered. **Essential, advanced and enhanced** services provided under the terms of services for the pharmaceutical contractor are part of the scope. A definition of each type of service is given in Section 2.5.

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<sup>5</sup> NHS Community Pharmacy Contractual Framework, (2010) available at:  
[http://psnc.org.uk/wp-content/uploads/2013/07/service20spec20es12020dispensing20\\_v1201020oct2004\\_.pdf](http://psnc.org.uk/wp-content/uploads/2013/07/service20spec20es12020dispensing20_v1201020oct2004_.pdf)

#### Box 2.2: What should a good PNA cover? <sup>6</sup>

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

## 2.5. Pharmaceutical services: types of services covered

### 2.5.1. Pharmacy contractors

#### Essential services

For pharmacy contractors, essential services (as set out in the 2013 NHS Regulations) include the following:

- Dispensing medication and actions associated with dispensing (e.g. keeping accurate records)
- Repeatable dispensing
- Disposal of waste medicines
- Promotion of healthy lifestyles
- Prescription linked interventions
- Public health campaigns (up to 6 campaigns per year)
- Signposting
- Support for self- care

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

All pharmacy contractors must provide the full range of essential services, as mandated by the NHS regulations. The provision of these services is assessed in Section 5.2 at the Essential Services level.

### Advanced services

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

<b>Medicines Use Reviews (MUR)</b>	A medicine use review is conducted by an accredited pharmacist with patients on multiple medications. This can be for patients with diagnosed long term conditions <sup>7</sup> , e.g. asthma or COPD, or patients who might benefit from having medications explained to them.
<b>New Medicine Service (NMS)</b>	This service is aimed at people with long term conditions with newly prescribed medications to improve adherence, leading to better health outcomes.
<b>Appliance Use Reviews (AUR)<sup>8</sup></b>	These reviews, conducted by a pharmacist or a specialist nurse, are designed to improve a patient's knowledge of their appliance. It includes establishing the way a patient uses their appliance and advising on storage, disposal and use of the appliance.
<b>Stoma Appliance Customisation (SAC)<sup>9</sup></b>	The aim of this service is to ensure that patients with more than one stoma appliance have comfortable fitting stoma and are aware of their proper use.

<sup>7</sup> A long term condition is a health problem that cannot be cured but can be controlled by medication or other therapies.

<sup>8</sup> An 'appliance' is a medical device such as an inhaler, wound drainage pouch, or catheter.

<sup>9</sup> A stoma is a temporary or permanent body opening, either natural or surgically created, which connects a portion of the body cavity to the outside environment to allow bodily waste to leave the body. A stoma appliance covers the stoma with a removable pouching system to collect and contain the output for later disposal.

<b>National NHS England Flu Service</b>	Community pharmacies in England can offer a seasonal influenza (flu) vaccination service for patients in at-risk groups who are 18 years old and over.
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There are 44 pharmacies in Islington that provide one or more advanced services out of a total of 46 pharmacies. A full breakdown is available in Appendix A. There are limits to the number of MURs and AURs that a pharmacy can undertake, but no limit for SACs. These are assessed in Section 5.3.

### Enhanced services

Enhanced services are commissioned by NHS England from community pharmacies, and defined in the Directions. Each service is defined within a service level agreement, provided by NHS England. For the purposes of this PNA, the enhanced services offered by Islington pharmacies will be assessed. These are assessed in Section 5.4:

<b>Minor Ailments Scheme (MAS)</b>	This scheme aims to help people to be treated quicker and more efficiently by going to a pharmacy rather than their GP. A pharmacy registered for the scheme can provide medication and advice for certain illnesses and conditions. The scheme transferred back to NHS England from CCGs in April 2014.
<b>Medicines Reminder Devices (MRD)</b>	The service aims to support patients who require help to take their medicines correctly and at the correct time. Pharmacists dispense medicines in dosette, providing easier to read labels, or blister packs to other health and social care professionals for support to help patients take medicines at the correct time.
<b>London Pharmacy Vaccination Service</b>	The scheme aims to deliver flu vaccinations to eligible groups who are two years old and over. It is intended to complement the National NHS England Flu Service, provide the service during September – January of each year. It also offers the pneumococcus polysaccharide vaccine (PPV) and Meningitis ACWY. It is commissioned annually by

	NHS England London Area Team and currently commissioned to March 2018.
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### 2.5.2. Local Pharmaceutical Services (LPS) contractors

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

### 2.5.3. Dispensing Appliance Contractors (DAC)

Dispensing Appliance Contractors (DAC) are contracted to provide a range of appliances (such as stomas and dressings). There are three dispensing appliance contractors in Islington.

### 2.5.4. Dispensing Doctors

There are no dispensing doctors in Islington.

### 2.5.5. Other services

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

### Locally commissioned services

Locally commissioned services (LCS) are commissioned locally, by an NHS organisation other than NHS England or through the Local Authority. They affect the need for pharmacy services, or have been commissioned to meet a local need. The LCSs listed below are commissioned by Islington CCG, the London Borough of Islington, or jointly with the CCG. These are assessed in Section 5.5.

<b>Stop smoking service</b>	This service provides advice and counselling, as well as pharmacotherapy, such as nicotine replacement therapy (NRT) and varenicline, required to support smokers in their attempt to quit.
<b>Screening service (Health Checks)</b>	This service provides a free NHS Health Check in community pharmacies, as another avenue for cardiovascular (CVD) risk assessment and early diagnosis. The programme aims to prevent heart disease, stroke, diabetes and kidney disease by identifying and managing people at high risk of CVD.

<b>Emergency hormonal contraception service</b>	This service provides free emergency contraception for women aged 13-24 years, as well as signposting and referral to other sexual health services.
<b>Needle syringe exchange service</b>	This service allows injecting drug users to exchange used injecting equipment for clean equipment, ensuring safe disposal of used needles and decreasing the likelihood of the transmission of bloodborne viruses, e.g. hepatitis.
<b>Supervised consumption service</b>	The service ensures that service users are able to take prescribed medication safely under the supervision of a qualified pharmacist in order to reduce the risk to individuals and local communities of: over usage or under usage of medicines; diversion of prescribed medicines onto the illicit drugs market; and accidental exposure to the supervised medicines.
<b>Community Equipment Services</b>	Accredited retailers within the borough dispense prescriptions for service users who have been identified by a health or social care professional as requiring a simple aid (e.g. Walking frames/sticks, commodes/urine bottles, bath boards/seats etc.) in order to live independently.
<b>Anticoagulation service</b>	This service enables patients being treated with Warfarin to have their treatment monitored by the pharmacist.
<b>Palliative Care Medicines service</b>	This service ensures there is access to advice and medication for end of life care.
<b>Health promotion campaigns run by Public Health</b>	Local Authority Public Health departments can commission pharmacies to run health promotion campaigns, in addition to those run by NHS England.

## 2.6. Excluded from scope

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

community pharmacies. Most patients in Islington are treated at one of the following local hospitals:

1. The Whittington Hospital
2. University College London Hospitals NHS Foundation Trust
3. Moorfields Eye Hospital

There is one prison pharmacy in Islington, at Pentonville. The PNA makes no assessment of the need for pharmaceutical services in hospital or prison settings. However, the HWB is keen to ensure that patients moving in and out of hospital/prison settings have access to integrated pharmaceutical services that ensure continuity of medicines support. In order to achieve this, local hospitals and prisons are asked to adhere to the Royal Pharmaceutical Society Professional Standards for Hospital Pharmacy Services<sup>10</sup>.

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

Pharmacies may also organise a private contract with care homes, in order to provide medicines as and when required by the care home. This work is outside of the pharmacy contractual framework and is therefore beyond the scope of the PNA. Islington CCG currently commissions medicines optimisation support from Whittington Health to support older people in the community and in care homes.

In addition, non-pharmaceutical services provided by the NHS are outside the scope of assessment. This includes hospital, dental and GP practices. However, access to these services may have implications for the need for pharmaceutical services, and are therefore briefly described in section 5.1.3.

## 2.7. Updating and revising the PNA

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

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<sup>10</sup> Royal Pharmaceutical Society, Optimising Patient Outcomes From Medicines (2014). Available at: <http://www.rpharms.com/support-pdfs/rps---professional-standards-for-hospital-pharmacy.pdf>

#### 4. Supplementary statement

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

#### 5. Full revision

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

A defined notification process will be developed to ensure that all key organisations are made aware of supplementary statements and full revisions.

## 2.8. Update on 2015 PNA recommendations

The PNA process for Islington in 2015 highlighted many areas where pharmacies are doing well in their provision of pharmacy services for the population they serve. Though no gaps in pharmaceutical service provision were identified as part of the PNA, some smaller potential gaps in service provision and some potential areas for improvements were identified in order to maximise the potential of community pharmacies in helping Islington's population stay healthy and manage their health conditions. These wider recommendations from the 2015 PNA were as follows:

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

The following sections describe what changes have happened locally in relation to each of these areas.

### 2.8.1. Improving the awareness of available pharmacy services

All community pharmacies in England have been encouraged to update their NHS Choices entries by April 2017 as part of a national initiative to improve awareness of the services available from community pharmacies.



Lifestyle services provided by pharmacies, such as smoking services and NHS Health Checks, are now being promoted through the One You and other lifestyle websites. For example, for those pharmacies participating in the NHS Health Checks programme, appointment times can be booked through the NHS Health Checks provider's website, increasing awareness and accessibility of local pharmacy services.

In addition, Islington CCG has developed a Quality Innovation Productivity and Prevention (QIPP) proposal to promote increased awareness of available pharmacy services.

### 2.8.2. Improving the awareness of longer opening hours

All community pharmacies in England updated their NHS choices entries and their 111 Directory of Service profiles by April 2017 as part of a national initiative to improve awareness of the community pharmacy opening hours.

Islington CCG has developed a QIPP proposal to promote increased awareness of available opening hours.

### 2.8.3. Addressing the areas where pharmacies can increase the provision of key public health programmes

Islington's community pharmacies have all been encouraged to become Healthy Living Pharmacies (HLP). The HLP program is a nationally recognised approach to maximising the role of the pharmacy in the prevention of ill health, the management of disease, reduction of health inequalities and in support of health and wellbeing. While the programme is delivered by pharmacies, it is not a pharmaceutical service.

The HLP concept is designed to develop (in respect of health and wellbeing services):

- a skilled community pharmacy workforce, able to promote and support health and wellbeing;
- community pharmacy engagement with local residents (including 'Making Every Contact Count');
- community pharmacy engagement with local stakeholders such as GPs, local authorities, voluntary organisations and other health and social care professionals; and
- a supportive environment in which health and wellbeing services are promoted and delivered.

Recently, national changes were made to the programme, with the aim of increasing the number of pharmacies achieving Healthy Living Pharmacy accreditation. As a result, it is expected that many more Islington pharmacies will be applying to become healthy living pharmacies during 2017/18. Going forwards, all Healthy Living Pharmacies will be supported to promote and deliver three to four key public health campaigns a year.

Islington CCG and the London Borough of Islington have together provided funding for an HLP facilitator to promote uptake of the scheme, and going forwards to help pharmacies to implement the HLP campaigns.

## 2.9. Update on changes to the health and care system

The health and care system in Islington has undergone some changes since the previous 2015 PNA was published. Notably, this includes the introduction of the North Central London Sustainability and Transformation Plan (STP).

A key programme of work within the STP is the development of Care Closer to Home Integrated Networks (CHINs) and Quality Improvement Support Teams (QISTs). These locality-based teams within a CCG footprint provide an ideal network for closer integration of community pharmacies within the family of health and care services and support to patients. They also provide an opportunity to reduce inappropriate variation in service availability, delivery, and outcomes. CHINs and QISTs are not yet fully developed and implemented in Islington, and they therefore do not influence the approach taken to developing this PNA. However, it will be important to be aware of how they may influence the delivery of health and care in future, particularly any changes resulting from the implementation of the Sustainability and Transformation Plan across North Central London.

A number of important national strategy documents have been published since the last PNA, listed below. These will shape future provision of primary and integrated care services in the borough over the lifetime of the PNA.

- Next Steps on the NHS Five Year Forward View: <https://www.england.nhs.uk/publication/next-steps-on-the-nhs-five-year-forward-view/>
- Community Pharmacy Reforms: <https://www.gov.uk/government/publications/community-pharmacy-reforms>
- Pharmacy Integration Fund Briefing: <https://www.england.nhs.uk/wp-content/uploads/2016/11/pharmacy-integration-fund-briefing.pdf>

- NICE guidance for Medicines Optimisation: <https://www.nice.org.uk/guidance/ng5>

## 3. DEVELOPING THE PNA

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

### 3.1. Method used in assessment

The PNA regulations from 2015 PNA still apply and the same methods have therefore been used for the 2018 PNA. The PNA regulations state that the following must be taken into account when making the assessment:

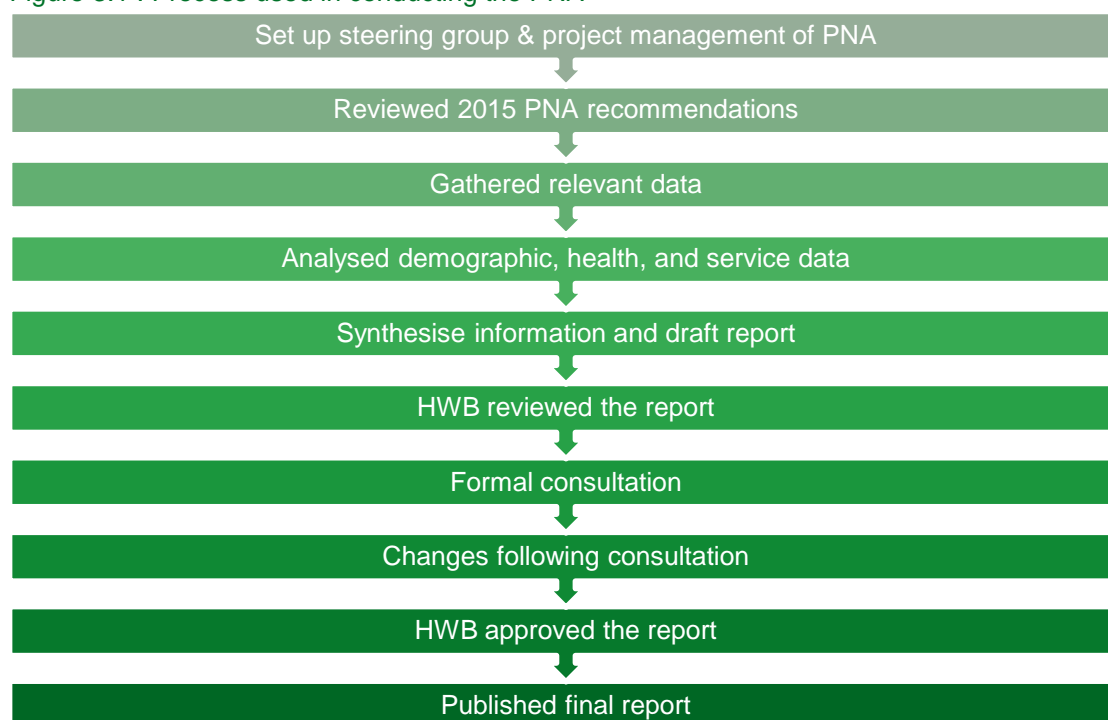
1. Demographic profile and health needs of the population
2. Whether there is sufficient choice in pharmacy service
3. Different needs of the different localities in the area (if any)
4. Services provided in neighbouring areas and how they affect the need for pharmaceutical services
5. Services provided by the NHS (inside or outside the area) affect the need for pharmaceutical services
6. Whether further provision of pharmaceutical services would improve provision or access in the area.
7. Likely future pharmaceutical needs, based on the assessment and any projected changes in the population, demographic profile or risk to their health and wellbeing.
8. Mandatory 60-day consultation period with a range of specified stakeholders (see Section 3.3.1).

A mixture of methods and data were used in making the assessment of each type of pharmacy services. This has included:

- Analysing Islington's population to assess health needs
- Reviewing existing pharmacy service data held by commissioners

Data sources were varied and included: the Islington GP Public Health dataset for information on the health of the local population; the Strategic Housing and Land Availability Assessment population projections from the Greater London Authority, to estimate changes in the borough's population and healthcare needs; information on the pharmacies in the borough from NHS England; and service use statistics from the CCG, the Camden and Islington Public Health department, and from ePact. These included Islington's JSNA and Annual Public Health Reports, as well as various profiles and factsheets produced by Camden and Islington's Public Health department. Further details on the sources used can be found in the Appendices. Other published documents and reports were also used for information.

Figure 3.1 : Process used in conducting the PNA



### 3.2. Governance and steering group

A steering group was set up to oversee the development of the PNA in accordance with Department of Health regulations. The work of the steering group was governed by Islington's HWB. The consultation documentation will be submitted to the HWB in October 2017 for approval, and the final PNA will be submitted to the HWB in March 2018. Members of the steering group included representatives from:

- Islington Public Health
- Islington CCG Medicines Management
- Local Pharmaceutical Committee

- Islington communications (Public Health)

The steering group also engaged with Islington Healthwatch, who commented on early drafts of the document and consultation plan before formal consultation. The steering group met regularly to discuss key aspects of the PNA and make any required decisions. The group also ensured that the PNA captured the specific needs of local populations, with a focus on reducing inequalities and aligning with the existing corporate plans of the HWB partners, where relevant.

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

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

NHS England were invited to join the PNA steering group, but signalled they were unable to attend any of the London steering group meetings due to capacity issues. They provided a webinar on the PNA process and requirements in May 2017 and had a dedicated email address to which enquiries could be sent. NHS England London also commission pharmacy services in Islington and were therefore also requested to contribute to the relevant sections. They have also commented on a draft before the formal consultation.

### 3.3. Engagement during the development of the PNA

The PNA was developed in conjunction with internal and external stakeholders, taking an inclusive approach from the beginning, including with Healthwatch Islington, who were invited to the steering group and to contribute to draft versions of the PNA, as well as advising on the consultation process.

The mandated 60-day consultation period will also allow for members of the public, professionals and other stakeholders to comment on the draft PNA and whether it truly reflects the needs of Islington residents. A list of consultees who have been specifically requested to take part, some of whom are mandated consultees, is provided in Appendices D and E.

### 3.3.1. Regulatory consultation process and outcomes

The draft PNA will be consulted on for the mandatory 60-day period, from October, 2017 to December, 2017, with exact dates to be confirmed. The consultation will follow the Islington Health and Wellbeing Board policy. The responses collected from the broad range of stakeholders invited to take part will be collated into a comprehensive report, and will be reviewed by the steering group and the final version of the PNA will evidence how it has responded to the feedback received. These will be available in Appendix E.

## 3.4. Context of Islington's PNA

Islington is an inner London borough, covering an area of 15 square kilometres. It is the most densely populated borough in England with about 15,500 people per square kilometre. Approximately 232,000 people live in Islington.

Map 3.1 London boroughs showing Islington's location, 2017



### 3.4.1. Area and demographics

Islington borders Camden, Hackney, Haringey as well as the City of London (Map 3.1). As an inner London borough, Islington's population also swells during the day due to the number of people coming in to the area. Reasons for this include children in school, residents from other areas travel in for work, and tourists. The latest figures show that, on an average workday, Islington's population increased by more than 50% to 338,000

people, including 30,000 domestic and overseas tourists. This PNA takes this daytime change in the population into account when making recommendations.<sup>11</sup>

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

In Islington, there are 46 community pharmacies serving the Islington population, as well as other healthcare services. More information on service provision is given in Chapter 5.

### 3.5. Deciding on the localities for the PNA

The regulations governing the PNA require that the area covered by the PNA is divided into localities in order to take into account the differing needs of the population covered.

Localities for Islington's PNA have been chosen to match those historically used by Islington CCG for commissioning purposes: North, Central, Southeast and Southwest, as shown in Map 3.2. These localities were discussed by the PNA steering group, and it was agreed to use these four localities for making the assessment.

It is important to note that more recently, CCGs have started moving towards CHIN as a basis for grouping for GP practices and other community services, as part of the mobilisation of STP plans for the North Central London. However, plans for the creation of CHINs are still being developed, and not all GP practices have joined a CHIN at the time of writing. As Islington CCG is still in transition from the previous locality based model of GP groupings, it was agreed that this PNA would proceed on the basis of the current four localities. The new CHIN groupings are likely to be similar to the existing localities and, since the CCG has already set up structures to monitor and deliver health services at this geographical level, the PNA can therefore still be easily used to support the future development and integration of primary and community health service provision in Islington. Future CHIN boundaries will be taken into account for subsequent PNAs.

#### 3.5.1. Resident population of localities

The resident population of Islington's localities varies, due to the varying population density between areas. Table 3.1 shows the resident population, using population projections from the Greater London Authority. As a comparison, the GP registered population is also shown.

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<sup>11</sup> Greater London Authority (2015). <http://data.london.gov.uk/dataset/daytime-population-borough>

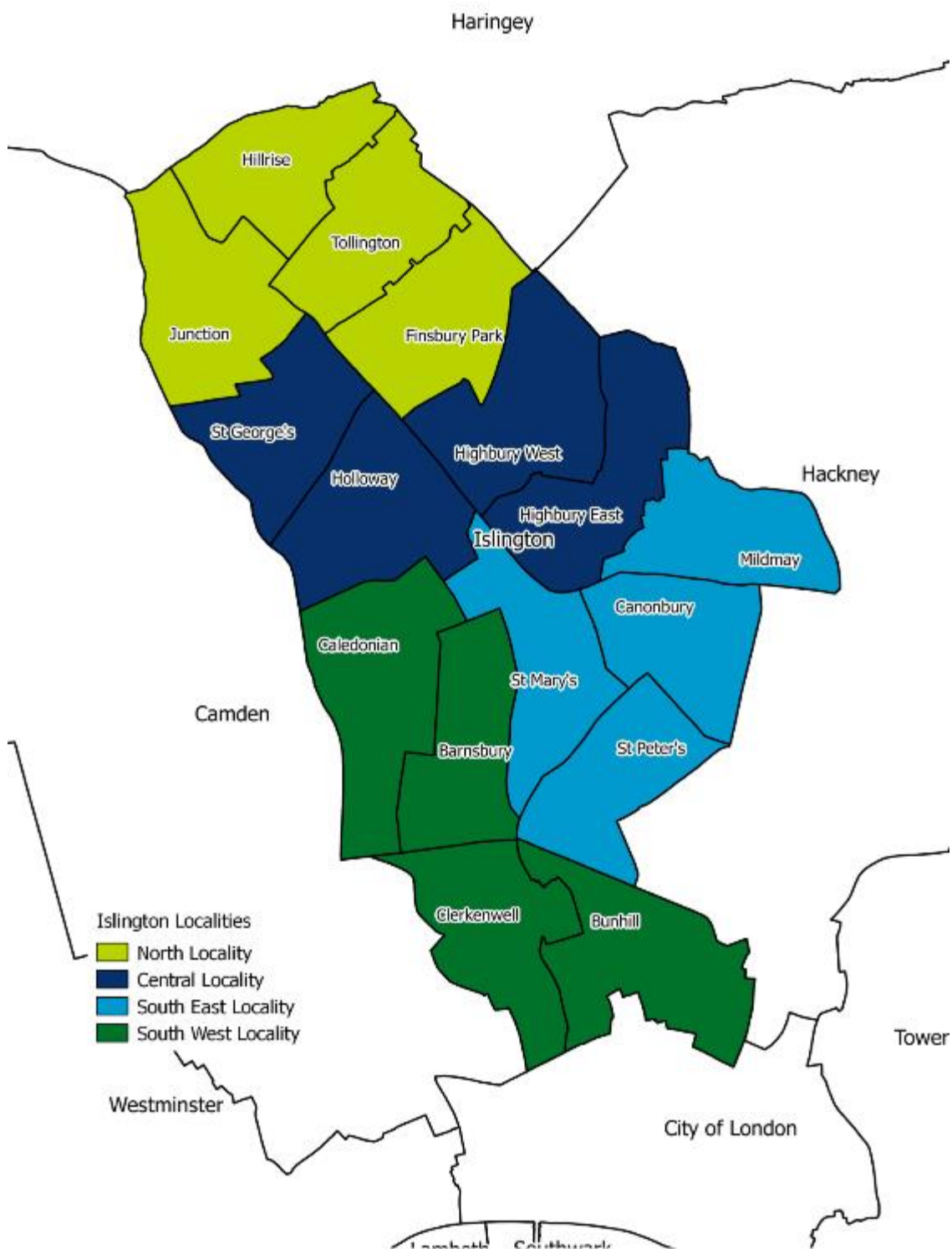


Table 3.1: Number of people registered with GP practices in locality, and resident in locality

Locality	GP Registered population (June 2015)		Resident population (2017)	
	Number of people	Percent of total population	Number of people	Percent of total population
North	58,067	27%	60,856	26%
Central	54,599	25%	59,247	25%
Southeast	57,813	25%	55,090	24%
Southwest	53,105	23%	57,207	25%
<b>TOTAL</b>	<b>223,584</b>	<b>--</b>	<b>232,400</b>	<b>--</b>

Source: Islington GP Dataset 2015; GLA 2015 round population estimates

Map 3.2 Islington GP Localities and wards



### 3.6. Priorities and strategies

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

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

Informed by the JSNA, Islington's Joint Health and Wellbeing Strategy (JHWS) for 2017-2020 prioritises three key areas of health and wellbeing to reduce health inequalities and improve healthy life expectancy in Islington:

1. Ensuring every child has the best start in life
2. Preventing and managing long term conditions to enhance both length and quality of life and reduce health inequalities,
3. Improving mental health and wellbeing.

There are no known firm plans for pharmaceutical services in or arising from the Islington JHWS 2017-2020 or the Islington JSNA.

The Islington Joint Health and Wellbeing Strategy is available [online](#).

Islington CCG's Adult Joint Commissioning Strategy 2012-2017 takes the JSNA into account as well as other assessments and information to make decisions about priorities for the future. The priorities for Islington CCG and [Healthwatch Islington](#) are aligned with those of the JHWS. The [Islington CCG website](#) offers more information on their commissioning strategy.

Islington's joint Public Health (PH) function, which is part of the London Boroughs of Camden and Islington, takes into account all of the priority areas mentioned above when setting priorities and service objective which, in turn, inform commissioning of local services through pharmacies. Overall, PH strives to improve the health and wellbeing of Islington residents, while reducing inequalities in life expectancy and

quality of life that exist across its communities. This is carried out through a focus on eight key areas: Children & young people have the best start in life; residents lead active, healthy lives; fewer residents harmed by tobacco, alcohol & drug misuse; residents have good mental health and wellbeing; people with long term conditions are diagnosed earlier; residents are supported to age healthily; and protecting the health of our residents.

NHS England's mission is for everyone to have greater control of their health and their wellbeing, and to be supported to live longer, healthier lives by high quality health and care services that are compassionate, inclusive and constantly-improving.

## 4. HEALTH NEEDS PROFILE FOR ISLINGTON

This chapter will provide a summary of the health needs of Islington's population, relevant to the PNA. A fuller and more detailed description of population health needs in Islington is available in the Joint Strategic Needs Assessment:

<http://evidencehub.islington.gov.uk/wellbeing/Healthsettings/Pages/default.aspx>.

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

- Islington's diverse population is made up of a higher proportion of younger and working age people than a typical London borough. Islington is one of the most deprived London boroughs, with rich and poor living side by side. While the whole borough is deprived, the North locality is more deprived than the South West.
- The projected growth in population by 2024 will create additional demand for pharmaceutical services across Islington's existing pharmacy network, particularly among older people. New housing developments will also alter the way in which our population use services and the demands placed on community pharmacy.
- Understanding the diversity of Islington's population is important, given that disease rates and health conditions vary by age and ethnic group, and in particular, some smaller ethnic groups experience stark health inequalities. There are also geographical differences in where people are living with long term conditions.
- High blood pressure and depression are the most commonly diagnosed long term conditions in Islington, accounting for half of the 70,200 long term conditions that have been diagnosed in 44,300 people. There is a high prevalence of mental health need locally, particularly in more deprived areas, with over 9% of people living with diagnosed depression. Not everyone with a long term condition has been diagnosed and current estimates suggest that there are 46,700 undiagnosed long term conditions within the borough.
- While smoking prevalence in Islington is similar to the London and England averages, with around one-in-five residents reporting that they are current smokers, the high burden of disease associated with smoking means that supporting people to quit remains a high priority within the borough. Similarly, supporting people to maintain a healthy weight is important given the associated risks of developing long term conditions.
- Islington has a higher prevalence of drug and alcohol misuse than other London boroughs, particularly in relation to opiate and crack-use. The borough also has

high rates of sexually transmitted infections and HIV, particularly among young people (Chlamydia) and men who have sex with men (MSM) (HIV, gonorrhoea and syphilis). The rate of teenage pregnancy in Islington has been decreasing in recent years, and is now similar to the London and England averages.

## 4.2. Population demographics

### 4.2.1. Population and projected growth

About 232,400 people currently live in Islington, with the population distributed across the four PNA localities and wards (Table 4.1). More information about the localities and the rationale for their choice is covered in Section 3.4.

Table 4.1: Population by locality, 2017 estimates, rounded

Locality	Ward Name	Population
<b>North</b>	Finsbury Park	16,370
	Hillrise	13,080
	Junction	13,170
	Tollington	14,360
	<b>North Total</b>	<b>56,980</b>
<b>Central</b>	Highbury East	13,560
	Highbury West	18,360
	Holloway	16,640
	St George's	13,440
	<b>Central Total</b>	<b>62,000</b>
<b>South East</b>	Canonbury	13,120
	Mildmay	14,320
	St Mary's	12,780
	St Peter's	14,520
	<b>South East Total</b>	<b>54,730</b>
<b>South West</b>	Barnsbury	13,490
	Bunhill	17,380
	Caledonian	15,270
	Clerkenwell	12,570
	<b>South West Total</b>	<b>58,700</b>
<b>Islington population</b>		<b>232,400</b>

Source: GLA, 2017

Islington's population is expected to rise to 254,250 by 2027, an increase of 9%<sup>12</sup>. The largest percentage increase is expected in people aged 60-69, with numbers in this group predicted to rise by 33% (4,680 people). The expected population rise in people aged 40-49 accounts for the largest absolute change in terms of numbers of residents,

<sup>12</sup> GLA 2013 Round Demographic Projections SHLAA-based ward projections, 2014

with an estimated growth of 7,000 people. Expected population growth varies slightly by geographical area from 8% in the Central locality to 11% in the South West locality.

New residential developments will contribute to the projected increases in population. Islington's Planning Department estimated in January 2014 that there will be approximately 3,300 additional homes built in the borough by 2018/19, with a further 1,000 added by 2023/24 and another 1,900 by 2028/29 (Map 4.1). According to the 2011 Census, the average household size in Islington in 2011 was 2.06 people. Assuming a similar average household size applies to new developments, an estimated 15,500 additional residents arising from new development will live in Islington by 2026.

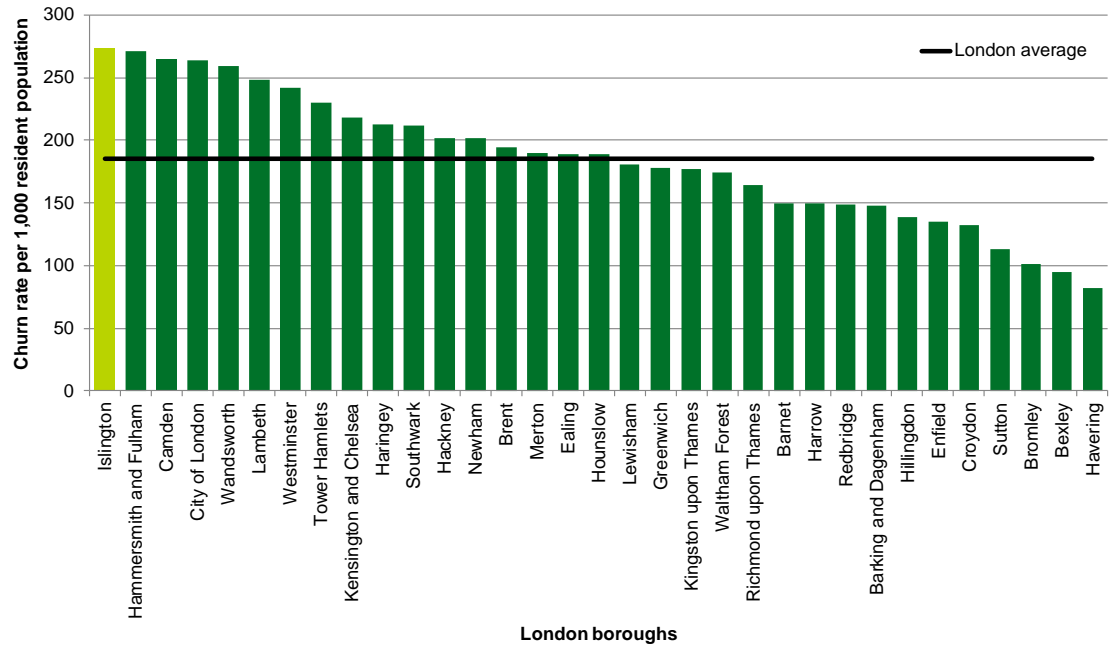
Residential development and the population increases arising from development are particularly concentrated around the Finsbury Park and King's Cross areas, Barnsbury, Bunhill, Archway and Clerkenwell. There is good coverage of pharmacies and GP practices in these areas (Map 4.1). There are no projected residential developments in Canonbury between now and 2026.

There are no significant retail or commercial developments, such as shopping centres and office blocks, planned in the borough that would affect social travel. Similarly, there are no known changes to transportation in the borough, although Crossrail outside of the borough may improve connectivity in the South locality. It is not clear whether this would increase retail or commercial developments, and there are currently no known plans for such developments.

There are no known expansions or developments other than those described above.

Data from 2010 has shown that the population of Islington is also highly mobile, with the highest rate of turnover in London. Almost 30% of Islington's population either moved in or out of Islington in the course of a year (Figure 4.1). There are more people moving into Islington than leaving the borough, increasing the population size.

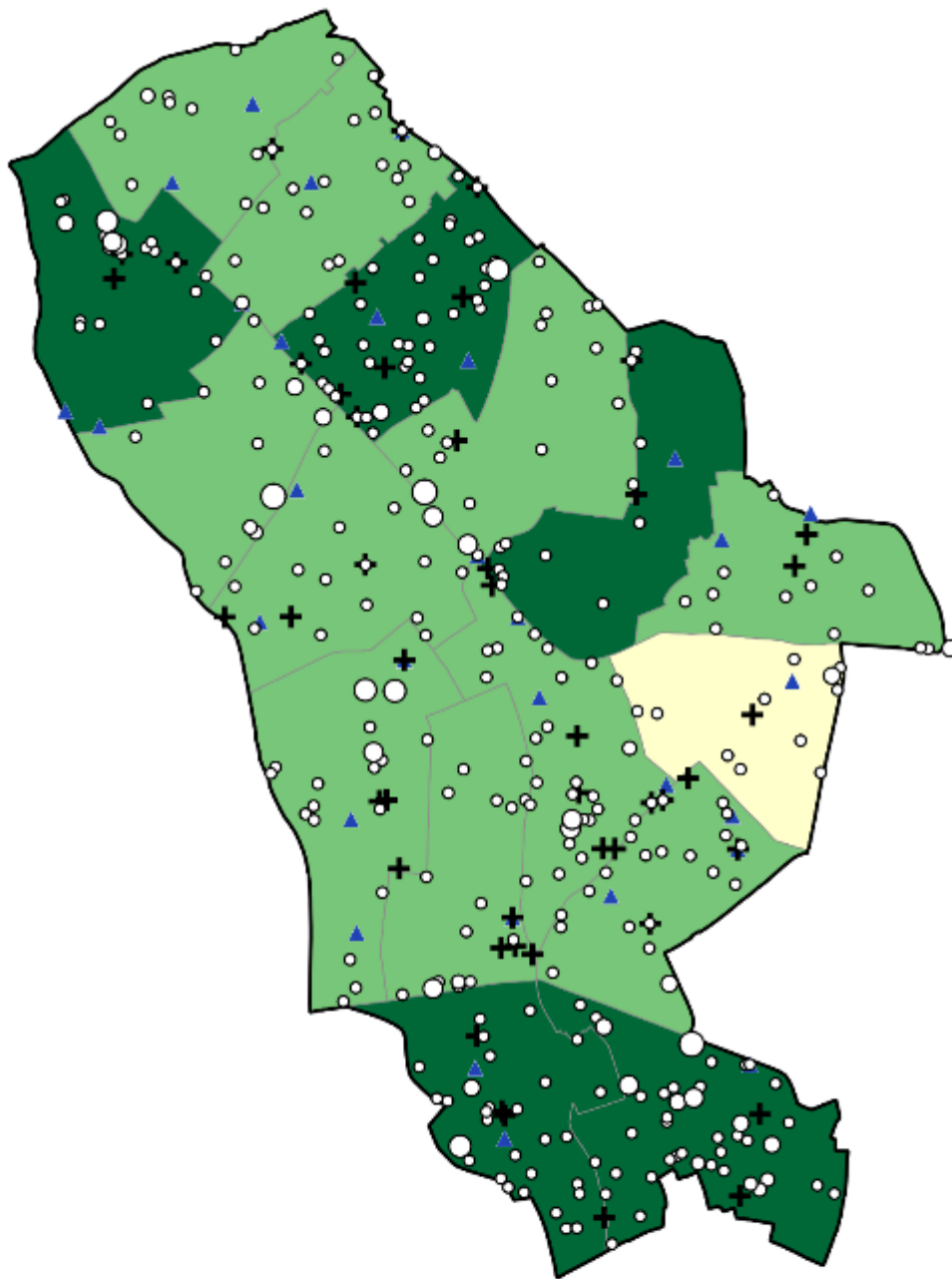
Figure 4.1 Population turnover rate per 1,000 population, London boroughs, 2008-09



Source: GLA, 2010



Map 4.1 Projected percentage population increase by ward and planned new developments, Islington 2028/29



- | Planned new developments 2028/29 | % growth in population 2017 to 2027 |
|----------------------------------|-------------------------------------|
| ○ 500 to 999 new homes           | ○ 5% or less additional residents   |
| ○ 250 to 499 new homes           | ○ 6% to 10% additional residents    |
| ○ 100 to 249 new homes           | ○ 11% to 15% additional residents   |
| ○ 50 to 99 new homes             | □ Islington                         |
| ○ 25 to 49 new homes             | ⊕ Pharmacy                          |
| ○ <25 new homes                  | ▲ GP practice                       |

**Note:** Some planned new developments are not included on the map due to unavailability of postcodes. The location of planned new developments is approximate.

**Source:** GLA, 2017 and Islington Council, 2017

#### 4.2.1. Student population

Islington has the fourth largest resident student population in London, with over 19,000 students in higher education.

#### 4.2.2. Daytime population

As an inner London borough, Islington's population also swells during the day due to the number of people coming in to the area. Reasons for this include children in school, residents from other areas travelling in for work, and tourists. The latest figures show that Islington's population increases by approximately 50% on an average workday to about 330,000 people, including 30,000 domestic and overseas tourists. About 190,000 of the total daytime population are workers, although it is not clear what proportion live and work in the borough<sup>13</sup>.

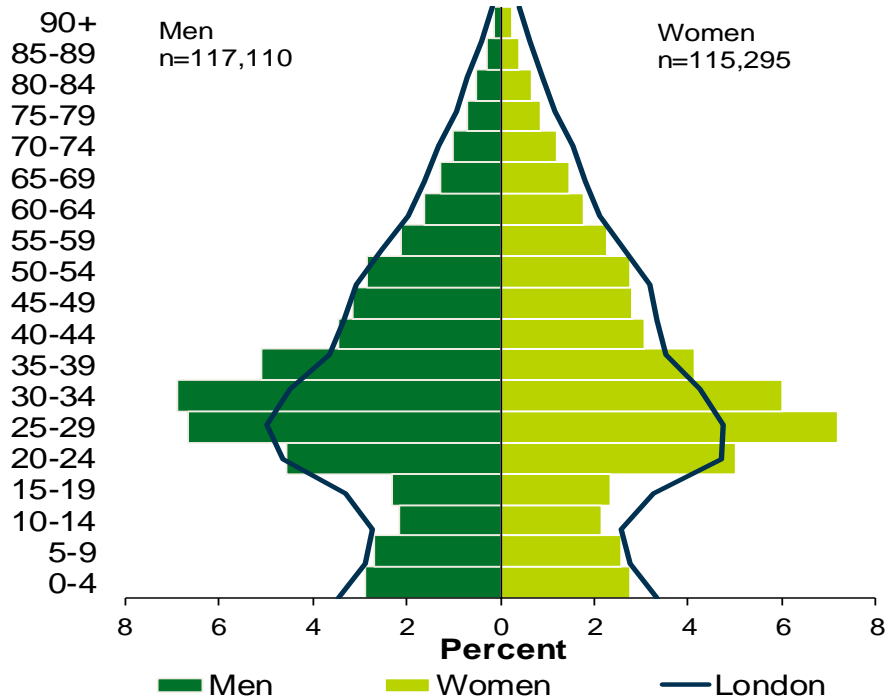
#### 4.2.3. Age and sex profile

As Figure 4.2 indicates, Islington's population distribution overall is different to London and England. The main difference between Islington's population and London's is a much larger proportion of younger women (25-34 year olds), and a much larger proportion of men aged 30-39. Islington also has fewer children between the ages of 10 and 19 than the London average. However, the age and sex profile of Islington is similar to London for people aged 40 and older. This large group of younger working age people contribute to the borough's high turnover as people move in and out of the borough.

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<sup>13</sup> Greater London Authority (2015). <http://data.london.gov.uk/dataset/daytime-population-borough>

Figure 4.2 Resident population of Islington, by sex and age group, 2017 estimates

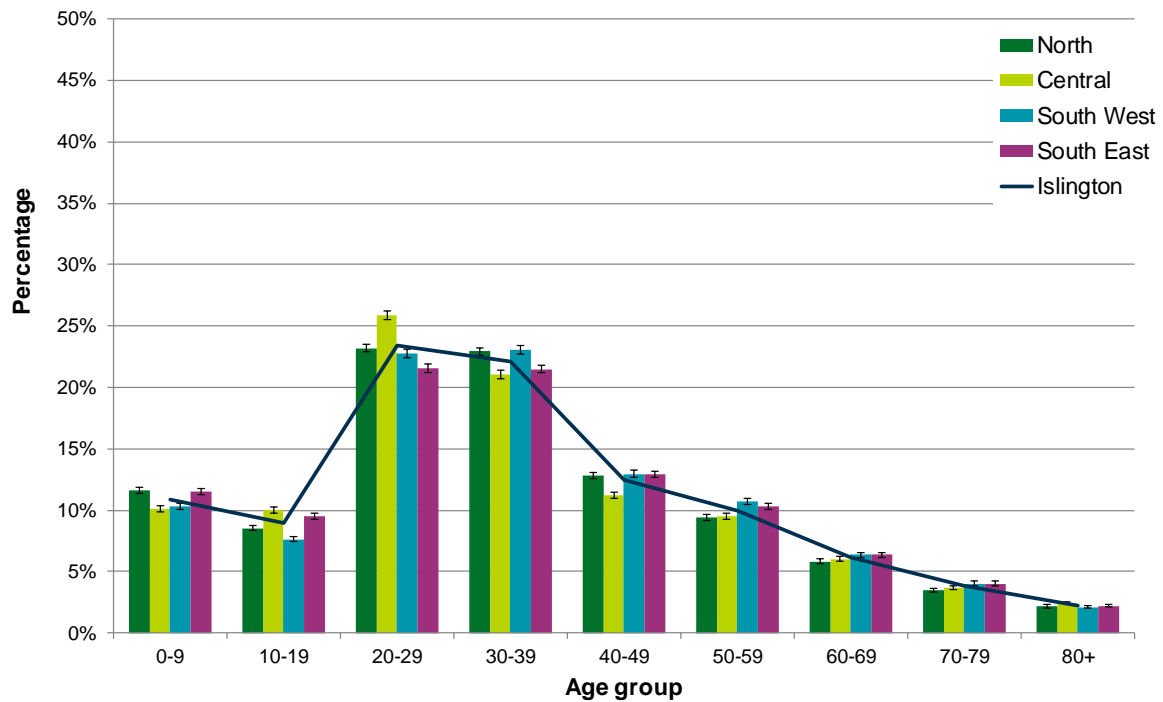


Source: GLA, 2017

In terms of the localities, the most significant difference in age structure is represented in the Central locality where there is a higher proportion of people aged 20-29 compared to the Islington average (Figure 4.3). For the other age groups, the population structure in each locality is broadly similar to Islington overall.

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

Figure 4.3 Percentage of residents in Islington, by locality and age group, compared to Islington overall, 2017 estimates



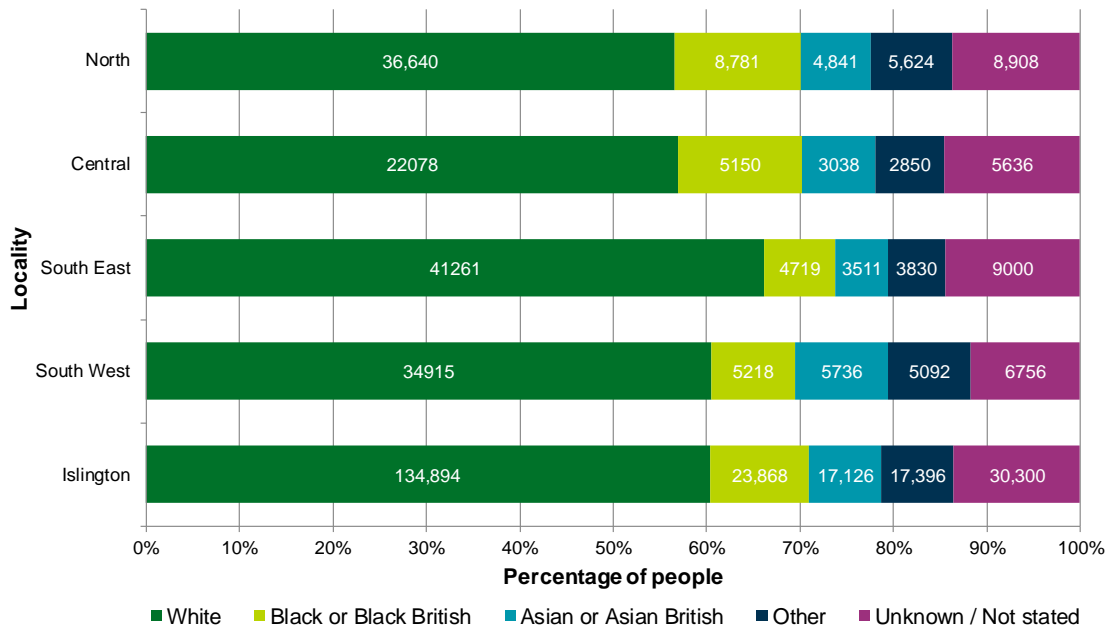
Source: GLA, 2017

#### 4.2.4. Ethnicity and language

Islington is a very diverse borough. Overall, 30% of Islington’s population with recorded ethnicity are from black and minority ethnic (BAME) groups, ranging between 23% in the South East locality and 34% in the North locality. The ethnic breakdown differs slightly between locality, with a larger proportion of Black people in the North and Central localities (14% and 13%, respectively) and the lowest in the South East and South West localities (8% and 9%, respectively). Figure 4.4 shows the ethnic distribution for people whose ethnicity has been recorded by their GP (registered population).

Numbers of people in certain ethnic groups are expected to increase more than others over time, with the ‘Other Black’ (determined by the ONS 2011 census ethnic category) and ‘Arab’ groups expected to grow by 32% and 31% respectively, while the White population is expected to grow by 10% between 2017 and 2027.

Figure 4.4 Percentage breakdown of GP registered population by ethnicity, Islington localities, September 2015



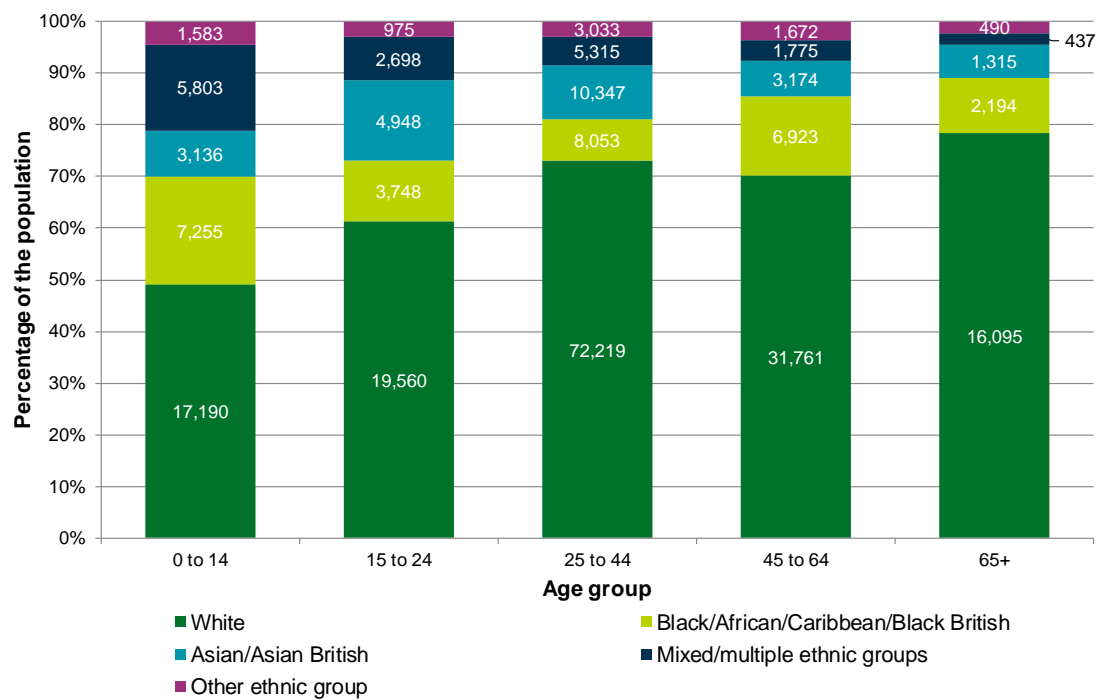
Source: Islington's GP PH Dataset, 2015

Generally the age structure of the BAME groups is younger than the white population across all localities; 45% of children and young people aged 0 to 24 years are from a BAME background compared to 22% of the population aged 65 years and over (Figure 4.5).

Data from the 2011 census show that almost half of people reporting living in poor health are White British, one-in-six are White Other, and one-in-eight are Black<sup>14</sup>. This largely reflects the ethnic profile of Islington's population. However, some of the smaller ethnic groups experience the starkest health inequalities. White Irish people are more than twice as likely to be living in poor health compared to the Islington average (12% versus 6%) having the highest level of poor health overall and 'Other' ethnic groups have the highest level of poor health in those aged under 65 years. More than a third of the 'Other' ethnic group are Arab, Iranian, and Kurdish, while Turkish/Turkish Cypriot people account for a fifth. There is a clear relationship among all ethnic groups between age and poor health with older people being more likely to be in poor health.

<sup>14</sup> This is based on people reporting "bad" or "very bad" health in the Census 2011. The difference between Islington and England is less clear for people reporting "not good health" (defined as "fair", "bad", or "very bad" health).

Figure 4.5 Percentage breakdown of Islington resident population by age group and ethnicity, 2017



Source: GLA, round 2015 (short-term migration)

A further reflection of Islington’s cultural diversity is seen in the variety of languages spoken. After English, the most commonly spoken languages are European languages (10%) and Asian languages<sup>15</sup>.

#### 4.2.5. Deprivation

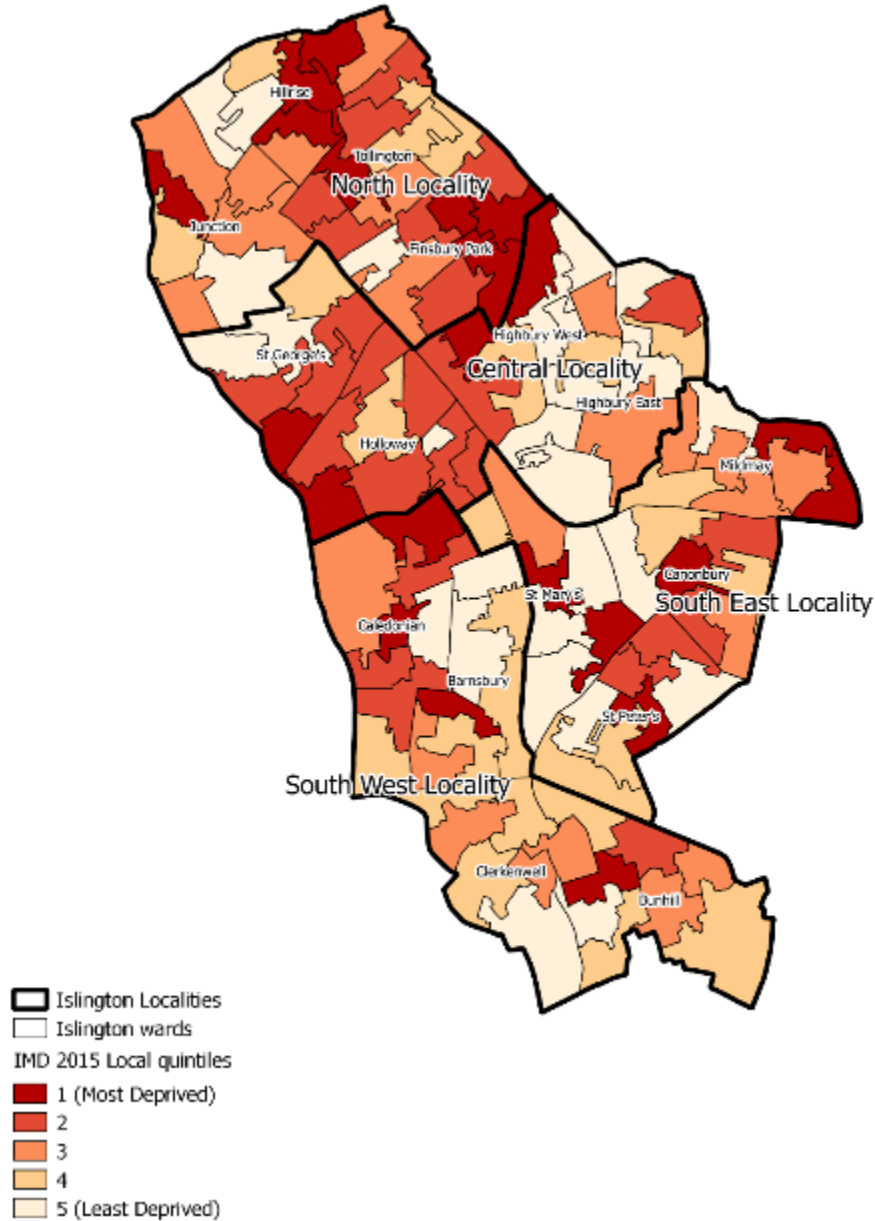
Islington is significantly more deprived compared to England, and is one of the five most deprived boroughs in London and among the 15 most deprived in England. Deprived populations may place greater reliance on community pharmacy. Deprivation varies considerably between localities in Islington. In the North locality, more than half of people live in the most deprived areas of Islington while in the South West locality more than half of people live in the least deprived areas of Islington.

Data from 2012 show that across all localities, there are clear inequalities in the burden of long term conditions by deprivation: 31% more of those living in the poorest areas are living with a diagnosed long term condition compared to those in the richest areas. After controlling for other risk factors such as age and ethnicity, deprivation remains a predictor of whether someone is living with a diagnosed long term condition, with nearly 12,000 of those people with a long term condition living in the 40% most deprived areas

<sup>15</sup> Office for National Statistics. 2011 Census (Online). Available at: <http://www.ons.gov.uk/ons/guide-method/census/2011/index.html>

in Islington. It is important to remember though, that relative to the rest of England, most of Islington is categorised as deprived, so even those who are locally “less deprived” will not be affluent at a population level<sup>16</sup> (Map 4.2).

Map 4.2 Level of deprivation by small area, Index of multiple deprivation, Islington, 2015



**Source:** Department for Communities and Local Government, 2015

The most deprived people in Islington are more likely to be living with poor health compared to the more affluent. Among people diagnosed with one or more long term

<sup>16</sup> Islington PCT, Annual Public Health Report (2011). Available at: [http://www.islington.gov.uk/publicrecords/library/Public-health/Quality-and-performance/Profiles/2013-2014/\(2013-04-04\)-2011-Extending-life-in-Islington.pdf](http://www.islington.gov.uk/publicrecords/library/Public-health/Quality-and-performance/Profiles/2013-2014/(2013-04-04)-2011-Extending-life-in-Islington.pdf)

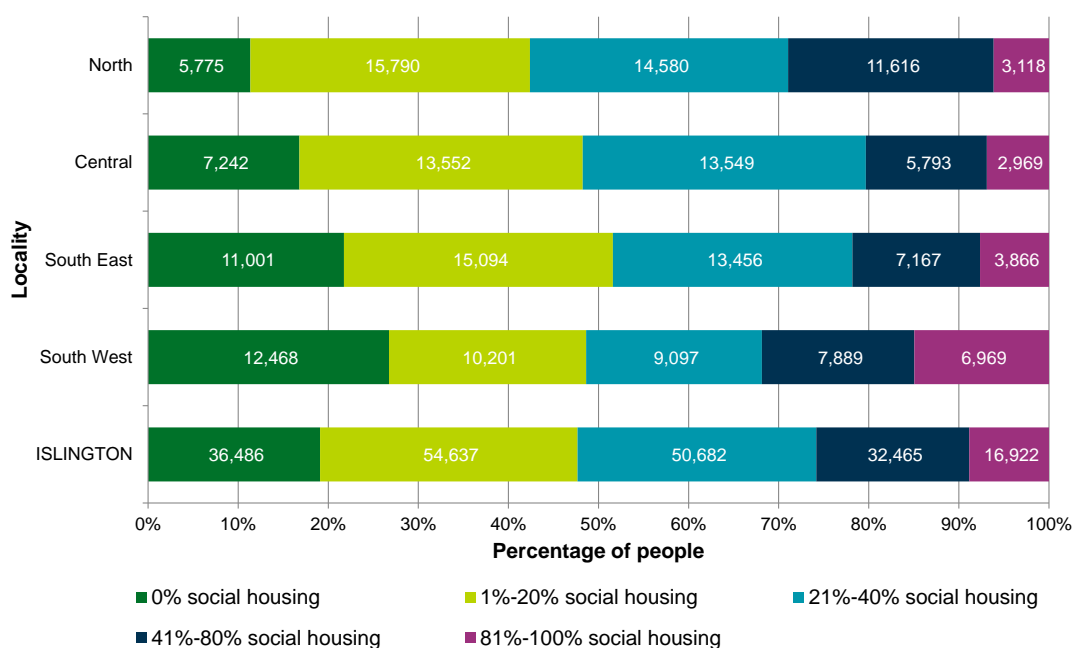
conditions, more deprived people are living with multiple long term conditions than affluent people. This is likely to reflect the complex relationship between deprivation and ill health, with deprivation following ill health and ill health following deprivation.

### 4.2.6. Social Housing

Social housing is also linked with deprivation and the distribution of social housing density varies between localities. Previous analysis from 2011 showed that the South West locality, for example, has both the highest percentage of areas with more than 80% social housing and areas with no social housing (Figure 4.6). This highlights the very mixed pattern of deprivation in Islington.

In addition, the greater the proportion of social housing in an area, the higher the proportion of people with diagnosed long term conditions (LTCs), with people in areas with the most social housing up to four times as likely to have multiple LTCs.

Figure 4.6 Percentage of registered patients by density of social housing, Islington localities and Islington average, March 2011



Source: Islington's GP PH Dataset, 2011

Note: 26,119 patients were resident outside of the borough, and were not included in this graph.

### 4.3. Life expectancy

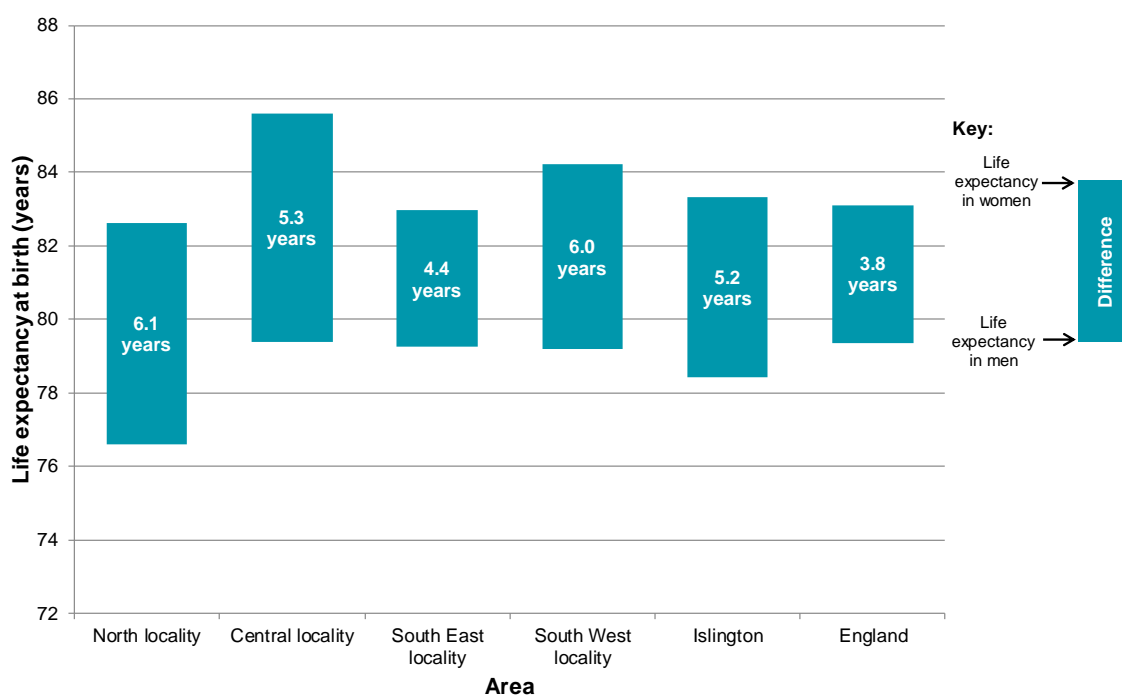
Life expectancy in Islington has increased for both women and men over the past ten years. Islington life expectancy is now similar to England for women (83.1 vs 83.1 years) and significantly lower for men than England (78.7 vs 79.5 years). The improvement in life expectancy has mostly been driven by fewer deaths from heart



disease. There is no clear spatial pattern in life expectancy. This is because the most and least deprived people live side-by-side in Islington.

Understanding the gap in life expectancy between socioeconomic groups helps us to recognise how inequalities affect our population differently. In Islington, the life expectancy gap between the most and least deprived is particularly narrow for women. However, this probably does not reflect the true scale of inequality in the borough. Evidenced by Islington having the largest estimated health gap in England for both men and women, in terms of people reporting “not good health” across occupational groups, the narrow life expectancy gap more likely shows the limitations of the methods used to measure inequalities using deprivation. Among men, however, the gap in life expectancy between the most and least deprived is increasing, suggesting that Islington’s male population is becoming more polarised. This may be attributed to more affluent male residents experiencing greater improvements in life expectancy over time than the most deprived and/or increasing gentrification coupled by a high and consistent proportion of people living in poverty and deprivation. For women, the life expectancy gap appears to have remained relatively constant.

Figure 4.7 Difference in life expectancy by locality and gender, Islington and England, 2010-2014



Source: Greater London Authority, 2017; ONS, 2016

Differences in life expectancy can also be seen at locality level. For men, the Central locality has the highest life expectancy (79.4 years), with the shortest in the North (76.6 years). For women, the variation is from 82.6 years in the North to 85.6 years in the Central locality (Figure 4.7).

#### 4.4. Prevalence of long term conditions

Overall, 44,363 people in Islington (20%) have at least one diagnosed long term condition, with over 70,200 diagnoses overall (Figure 4.8). The most common conditions in Islington, high blood pressure and depression, make up half of all diagnoses.

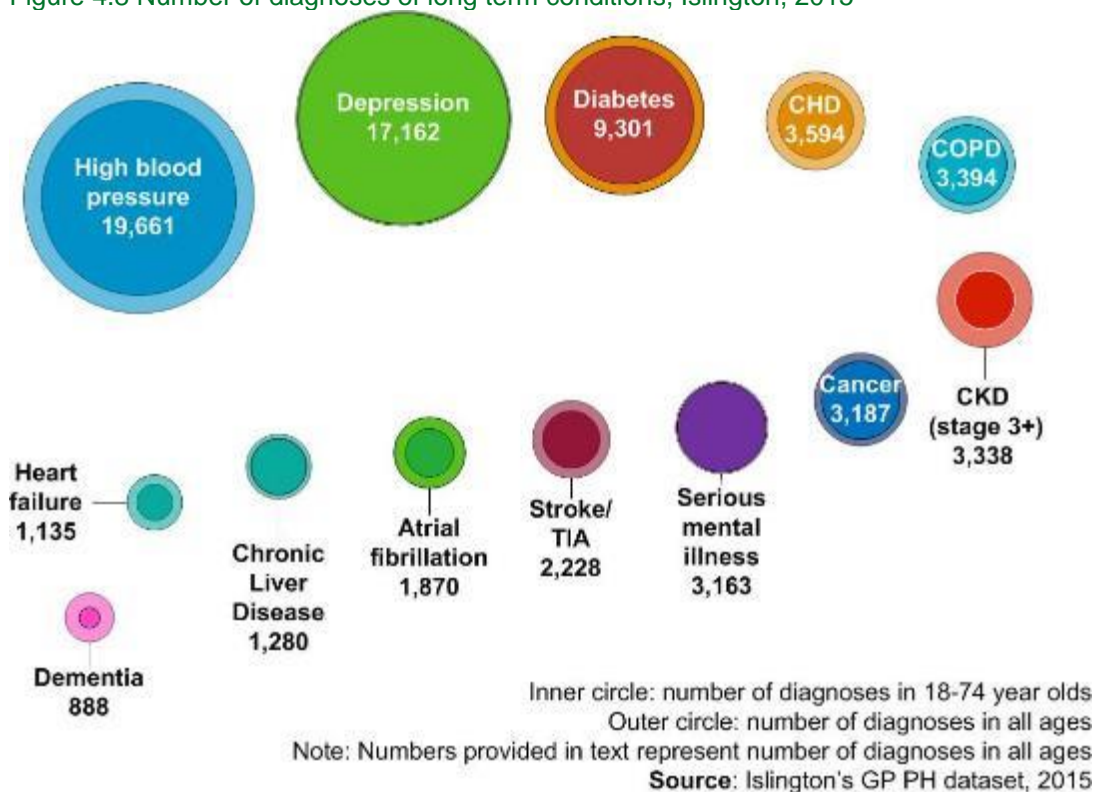
Low life expectancy, poor general health, and mental ill health, including chronic depression and psychotic disorders, are problems affecting almost all areas in the borough rather than being localised to particular wards.

The prevalence of long term conditions increases with age, with 59% to 66% of people aged over 55 diagnosed with a long term condition in each locality. The prevalence of having at least one diagnosed long term condition is highest among the Black population and lowest among those from Mixed ethnic backgrounds. Asian and Mixed ethnic groups in the South West locality have a lower prevalence of having at least one diagnosed long term condition than in the Central, North and South East localities.

Previous data from 2012 suggests that with the exception of cancer and stroke, all of the different health conditions are more common amongst people living in the more deprived areas, compared to the more affluent areas. For stroke, there is no difference in the numbers, while cancer is explained by a larger number of people in the more affluent areas developing and surviving breast cancer. People in the most deprived areas are also more likely to have two or more long term conditions, than people in the least deprived areas; about 8% compared to 6%.

The percentage of people with at least one long term condition ranged from 19.2% in the South West to 20.3% in the Central locality. The lower prevalence of long term conditions in the South West locality is consistent with the younger population profile of the locality. Furthermore, there is a significant difference in the prevalence of long term conditions between the most and least affluent areas in the Central (21%), South East (20%) and South West (19%) localities, compared to 20% overall.

Figure 4.8 Number of diagnoses of long term conditions, Islington, 2015



Depression is the most prevalent mental health condition in Islington. In 2015/16, 9.2% (17,129) of adults were diagnosed with depression in Islington. This was significantly higher than the London average.

The borough also has a higher diagnosed prevalence of serious mental illness than both London and England (1.4%; 3,163 persons). The prevalence of dementia is 0.40% (888 persons) significantly lower than the London average. Statistical modelling indicates that 78% of the expected number of cases of dementia in Islington have been diagnosed (no similar models are available for depression or serious mental illness). A higher percentage of women are diagnosed with depression than men; the opposite is true for serious mental illness. Prevalence of both these conditions is significantly higher in more deprived areas of Islington, according to data from 2012.

Data from 2012 indicates that the prevalence of individual long term conditions varies by locality, even after the age structure of the population is taken into account. Table 4.2 shows the long term conditions and localities where prevalence is significantly higher or lower than the Islington average. The reasons for these differences will be complex and related to levels of deprivation, individual risk behaviours (e.g. smoking) and personal characteristics such as ethnicity.

Table 4.2 Difference in prevalence of long term conditions after adjusting for age, by locality, Islington, 2012

Long term condition	North	Central	South East	South West
Atrial fibrillation (AF)	↓			↑
Cancer	↓			↑
Chronic depression	↓			↑
Chronic Kidney Disease (CKD)				
Chronic Liver Disease (CLD)	↓	↓		↑
Chronic Obstructive Pulmonary Disease (COPD)	↓			↑
Coronary Heart Disease (CHD)			↓	
Dementia				
Diabetes	↑		↓	↓
Heart failure				
High blood pressure (Hypertension)			↓	↑
Serious mental illness	↑		↓	↓
Stroke/TIA				

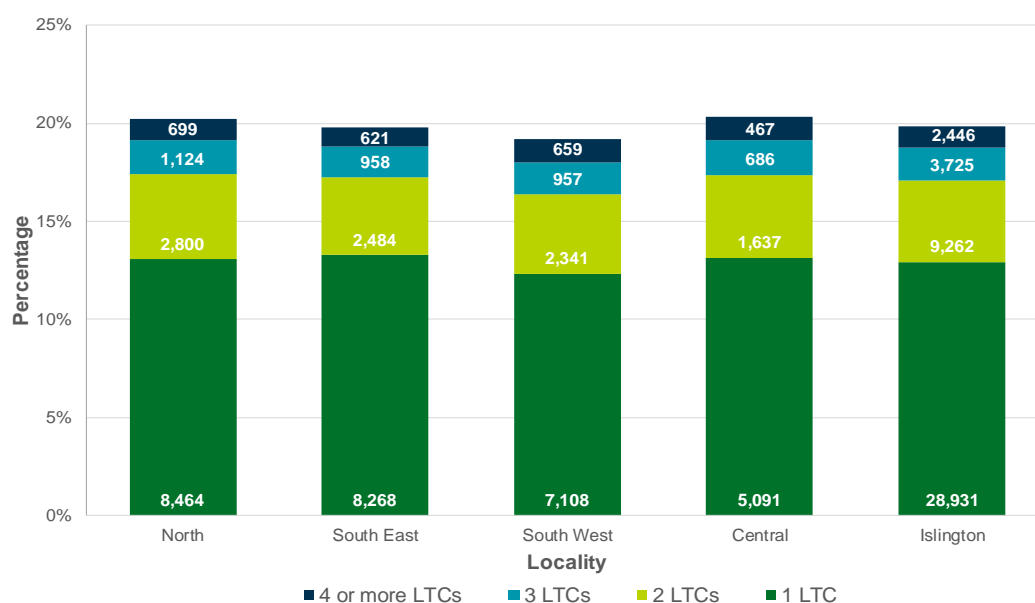
Source: Islington PH GP dataset, 2012

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

#### 4.4.1. Comorbidities

Of people with a diagnosed long term condition, 35% have more than one (15,433 people), including 2,446 people with 4 or more long term conditions (Figure 4.9).

Figure 4.9 Percentage of GP registered patients by number of long term conditions, Islington localities, September 2015



Source: Islington's GP PH Dataset, 2015

Older people are more likely to suffer from more than one long term condition, with 44% of those aged 65+ years in Islington diagnosed with multiple conditions, rising to 63% for those aged over 80.

People with diagnosed a serious mental health condition have a higher prevalence of comorbidities (additional long term conditions) than people with other long term conditions, with 50% of patients diagnosed with another long term condition across Islington. The distribution of comorbidities in people with a serious mental health condition across each of the localities is similar to the Islington average.

#### 4.4.2. Expected prevalence of long term conditions

Statistical models are used to estimate the expected prevalence of long term conditions, and give an indication of the number of people living with an undiagnosed condition. The models take into account differences in age, gender, deprivation and smoking status between populations when calculating the number of people undiagnosed. There are currently models for high blood pressure, diabetes, coronary heart disease (CHD), chronic kidney disease (CKD), chronic obstructive pulmonary disease (COPD), and stroke/TIA. The latest models show that, for these long term conditions, the estimated prevalence is higher than the diagnosed prevalence (Table 4.3), indicating about 46,700 people living with undiagnosed long term conditions in Islington. Some people may also have more than one undiagnosed condition Modelled prevalence data is not available at locality level.

Table 4.3 The prevalence gap for six major long term conditions, Islington GP registered population, all ages (unless otherwise indicated with \*), 2015/16

Long term condition	Diagnosed prevalence	Estimated prevalence	Number diagnosed	Number not diagnosed
High blood pressure	8.9%	17.8%	21,273	21,226
Diabetes*	5.1%	7.6%	10,199	5,176
CKD*	1.7%	3.4%	3,458	2,437
COPD	1.5%	3.9%	3,672	5,545
Stroke/TIA	1.0%	2.2%	2,354	2,852
CHD	0.9%	4.8%	2,046	9,464

**Sources:** PHE prevalence models (high blood pressure and CKD, 2014; COPD, 2015; diabetes, 2016); APHO prevalence models (CHD and stroke, 2011); QOF, 2015/16

\* Diabetes and CKD prevalence figures are for people aged 17+ and 18+ years, respectively.

#### 4.5. Behavioural risk factors

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

#### Box 4.1: Recording of behavioural risk factors

GPs record health behavioural risk factors for their patients in areas such as smoking, alcohol, and weight. The extent to which these risk factors are recorded by GPs in Islington differs according to risk factor, time, age and whether the risk factor is included within the Quality and Outcomes Framework (QOF), a national quality framework for GPs.

Smoking status is well recorded, a reflection of its inclusion in the QOF for GP practices. Alcohol recording, on the other hand, is poorly recorded which may be the result of low confidence amongst GPs in asking people their drinking status and the accuracy or honesty with which people reply. It may also reflect confusion over how alcohol units are measured, as this is not straightforward. BMI recording is also poor. However, this is particularly a feature amongst practices in the South West locality, where over one-in-three patients do not have their BMI recorded (see Table 4.4). This could be due to the younger/student population at these practices leading to high registered patient turnover.

Table 4.4 Percentage and number of GP registered patients without risk factor information recorded, by risk factor and locality, Islington GP practices, September 2012

Locality	Smoking (age 16+)		Alcohol (age 18+)		BMI	
	n	%	n	%	n	%
North	2,839	5%	14,648	27%	18,429	29%
Central	1,489	5%	7,550	24%	10,098	27%
South East	1,759	3%	8,060	15%	15,457	25%
South West	3,193	7%	14,668	30%	21,000	36%
<b>Islington</b>	<b>9,280</b>	<b>5%</b>	<b>44,926</b>	<b>24%</b>	<b>64,984</b>	<b>29%</b>

The variation by locality in the recording of alcohol and BMI needs to be considered when interpreting the data shown in the next sections, as low levels of recording can lead to under-reporting of the prevalence of these risk factors.

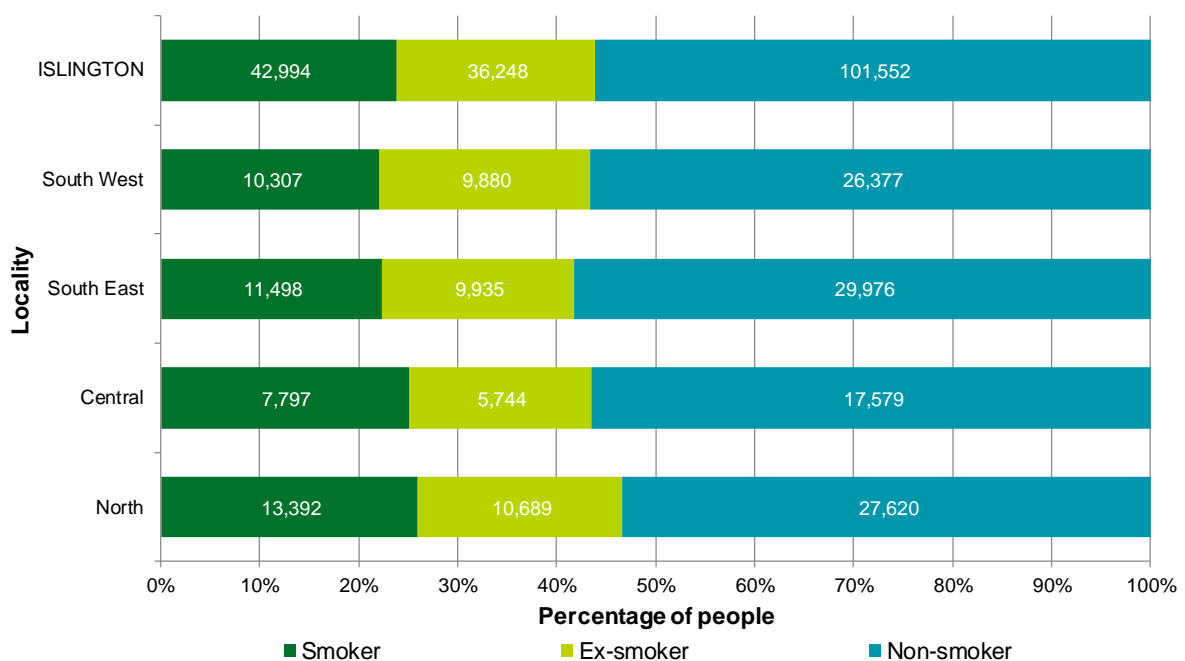
#### 4.5.1. Smoking

Tobacco use is the single most important modifiable risk factor for early death and serious illness. It is particularly associated with lung and oral cancers, cardiovascular disease and respiratory disease. Smoking accounts for over half of the gap in risk of premature death between the least and most deprived in the borough, with mortality

rates from tobacco are two to three times higher among disadvantaged social groups, compared to the more affluent.

The number of people who smoke has declined in Islington over the past ten years. Overall smoking prevalence, based on national survey data, has reduced from 34% in 2005 to 22% in 2014, similar to London and England. Data from general practices in Islington indicate a prevalence of 24% (42,994 people), with a significantly higher prevalence in the North locality (26%) (Figure 4.10).

Figure 4.10 Percentage breakdown of GP registered population aged 16+, by smoking status, where recorded, Islington localities, September 2015



**Source:** Islington's GP PH Dataset, 2015

**Note:** 9,280 people had no recorded smoking status.

Smoking is a major contributor to the inequalities gap as people in routine and manual occupations, and living in areas of deprivation, are more likely to smoke than those in professional and managerial occupations or living in more affluent areas.

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

- Men (28% prevalence versus 20% in women)
- Younger age groups, 16 to 34 year olds (45% of smokers are in this age group).
- The highest smoking prevalence is among the White and Black Caribbean ethnic groups (32%), followed by Irish (29%).



- People living in more deprived areas in Islington (28%) compared to those in the more affluent areas (20%).
- People with long term conditions (particularly those with mental health conditions and COPD). Of people living with diagnosed COPD, the prevalence of smoking is more than double that in the total Islington registered population, even after adjusting for age. There is also an increased prevalence of serious mental illness, chronic liver disease, depression, coronary heart disease and a number of other LTCs in ever smokers compared to the general population.
- The proportion of women smoking in pregnancy in Islington is not significantly different to London, but lower than England as a whole. About 5% of pregnant women are smoking at the time of delivery in Islington.

#### 4.5.2. Alcohol

Alcohol misuse is a major cause of illness, injury and death. Although the immediate intoxicating effects of alcohol are often easily identifiable, the longer-term health consequences of drinking may remain undetected for years. Alcohol is linked to more than 60 different conditions, including liver disease, cancer, osteoporosis, stomach ulcers, and raised blood pressure. There is also a strong correlation between alcohol abuse / dependence and mental health problems. Alcohol has also been linked to self-harm, suicide and psychosis. Evidence suggests that chronic dependent alcohol intake is a risk factor for alcohol related dementia, cognitive decline and other adverse brain outcomes. People who drink alcohol may also be at a greater risk of sexually transmitted infections.

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

There are three levels of risk that alcohol poses to an individual's health, based on their drinking patterns and volume of consumption: low risk, increasing risk and higher risk drinking<sup>17</sup>. While the updated Chief Medical Officer's alcohol guidelines were updated

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<sup>17</sup> Lower risk drinkers are defined as:

- Both men and women who do not regularly drink more than 14 units of alcohol per week, spread over three or more days with some drink-free days each week.

Increasing risk drinkers are defined as:

in 2016 to only define low risk consumption (14 units or less per week), the risk levels described above can be useful for getting a more detailed understanding of drinking behaviours. In addition, dependent drinking and binge drinking are also terms frequently used to describe patterns of alcohol consumption. According to estimates, 82% of the Islington's population drink alcohol, and 18% are abstainers. Of the drinking population, the majority (76%) are considered lower risk, with about 9,700 (24%) at an increased risk<sup>18</sup>. Around 16% of the adult drinking population in Islington binge drinks.

Data from GP practices<sup>19</sup> indicate that 10% of patients are drinking at higher or increased risk. However, these estimates exclude the large proportion of people where drinking has not been recorded (24%), so the true pattern may be different (Figure 4.11). The South East and South West localities have the highest proportion of increased and higher risk drinkers at 11% and 13% respectively (Figure 4.11).

**Box 4.2: Defining harm related to alcohol**

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

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

- 
- Men who regularly drink between 15 and 50 units of alcohol per week.
  - Women who regularly drink 15-35 units of alcohol per week,

Higher risk drinkers are defined as:

Men who drink more than 50 units of alcohol per week. Women who drink more than 35 units of alcohol per week.

<sup>18</sup> Department of Health. UK Chief Medical Officers' Low Risk Drinking Guidelines (2016):

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/545937/UK\\_CMOs\\_\\_report.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/545937/UK_CMOs__report.pdf)

<sup>19</sup> Definition for local dataset:

Lower risk drinkers are defined as:

Men who regularly drink no more than 3 to 4 units a day;

Women who regularly drink no more than 2 to 3 units a day.

Increasing risk drinkers are defined as:

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

Female who drink regularly more than 2-3 units a day,

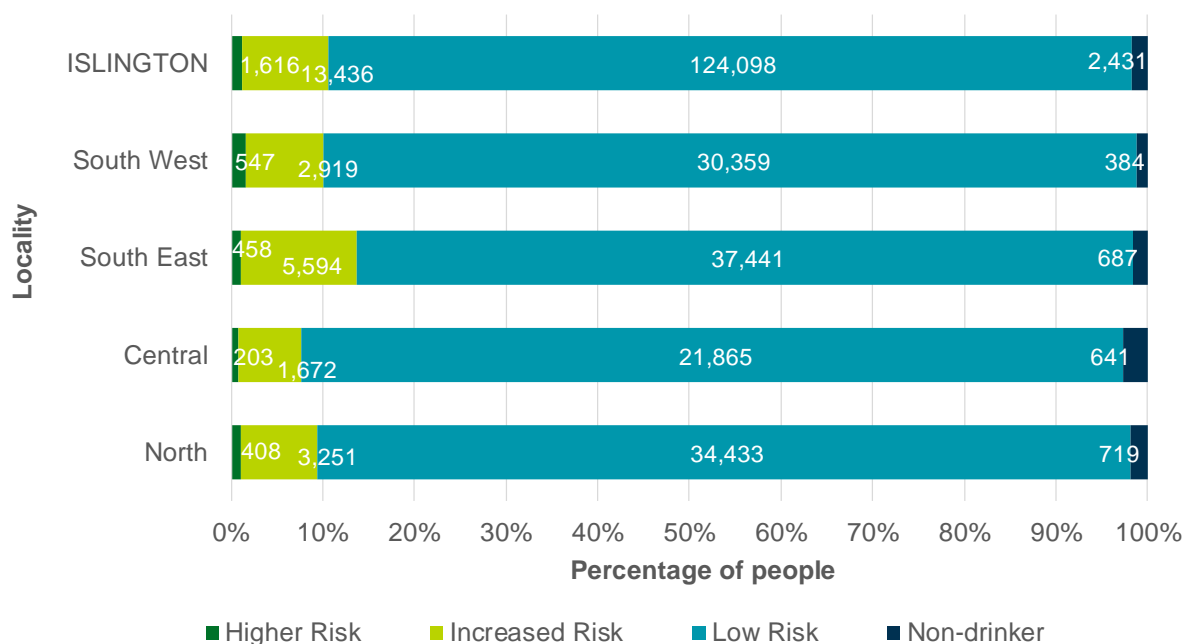
Higher risk drinkers are defined as:

Male who drink regularly more than 8 units a day or more than 50 units of alcohol per week

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

Alcohol also impacts on hospital admissions in Islington. The rate of alcohol-related admissions in Islington (3,053 per 100,000 population) is significantly higher than the rate for London (2,235 per 100,000) or England (2,179 per 100,000).

Figure 4.11 Percentage of GP registered population aged 18+, by alcohol consumption, where recorded, Islington localities, September 2015



**Source:** Islington's GP PH Dataset, 2015

**Note:** 44,926 people had no recorded drinking status.

Alcohol-specific admissions are significantly higher amongst Islington men (1,470 per 100,000 population) compared to both London and England (833 and 812 per 100,000 populations respectively). For women, the alcohol-specific admission rate (471 per 100,000) is also significantly higher compared to London and England (283 and 367 per 100,000 populations respectively).

Just under a third of people admitted for alcohol-specific causes were admitted two times or more. Again, mental and behavioural disorders due to the use of alcohol, alcoholic liver disease and alcohol poisoning make up the bulk of these admissions.

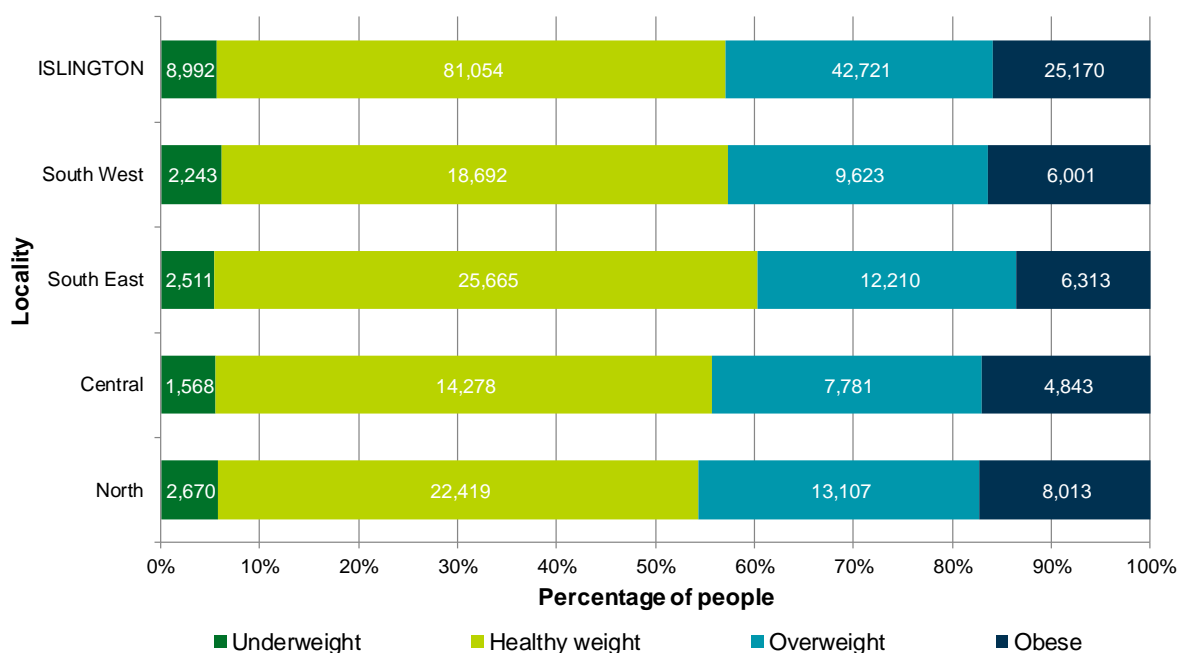
### 4.5.3. Obesity

Based on survey data, the prevalence of overweight and obesity among people aged 16 and over in Islington is 53%, significantly lower than London (59%) and England

(65%). Obesity is an important factor contributing to Islington's inequality gap in life expectancy. Almost 68,000 adults registered with an Islington GP are obese or overweight. The North locality has the highest proportion of obese and overweight people (46%) while the South East and South West have the highest proportion of healthy weight people (55% and 51%, respectively). The overall BMI distribution in the Central locality is similar to the Islington average (Figure 4.12). These estimates exclude the large proportion of people where BMI has not been recorded (29%), with under recording particularly high among GPs in the South West locality, so the true pattern may be different.

Obesity prevalence increases with deprivation with those living in the most deprived areas of the borough being 27% more likely to be obese than those living in the more affluent areas. The prevalence of obesity among people from a black ethnic minority is 24%, significantly higher than the Islington average of 13%.

Figure 4.12 Percentage of GP registered population aged 18+, by BMI status, where recorded, Islington localities, 2015



Source: Islington's GP PH Dataset, 2015

Note: 64,984 people had no recorded BMI status, and 663 people had a recorded BMI that was not known/unfeasible.

Being obese or overweight increases the risk of developing a range of serious conditions, and having a long term condition can also increase weight. Nearly 30% of Islington adults with long term conditions are obese.

#### 4.5.4. Substance misuse

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

If estimates for London from the Crime Survey for England are representative of the Islington population, over 16,000 (10%) Islington residents aged 16-59 years used illicit drugs in 2017. This included over 7,500 people who used at least one Class A drug (e.g. heroin, cocaine, ecstasy). Islington has one of the largest opiate or crack-using populations in London, with over 1,100 people in treatment for opiate or crack use in 2016/17. There are an estimated 570 injecting drug users in Islington, although cannabis and powder cocaine are likely to be the most widely used illicit drugs in the borough.

If estimates from the NHS Statistics on Drug Misuse 2016 are representative of the Islington population, 11-15 year olds in Islington have the same rate of drug use as England, over 1,400 children in the borough would have used drugs ever, with over 900 using drugs in the past year and almost 600 using them in the past month.

Islington's drug treatment population is amongst those with the highest levels of need in the country, for both opiates and non-opiates.

In Islington, one of the most commonly recorded issues that impacts negatively on people's chances of successful treatment is housing problems or having no fixed abode. Just over a quarter of clients in treatment report this issue.

## 4.6. Sexual health and teenage pregnancy

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

### 4.6.1. Teenage conceptions

In 2015, teenage conception rates in Islington (21.4 per 1,000 teenage conceptions) were not significantly different from London and England (20.8 and 19.2 per 1,000

teenage conceptions). The proportion of teenage pregnancies ending in an abortion in Islington (64%) is higher than the national average (51%).

#### 4.6.2. Contraception

The effectiveness of some methods of contraception (contraceptive pill and barrier method) depends on their correct and consistent use. Long acting reversible contraception (LARC) methods, such as intrauterine devices or hormonal implants, provide highly effective, long term contraceptive protection for women. The availability and rate of LARC prescribing is an important measure of choice and quality in local contraception services, and a key part of the offer to improve contraceptive services to help prevent unwanted pregnancy. National comparative data is available on prescribing in GP practices. In Islington, the rate for LARC prescribing in GP practices in 2013 (34 per 1,000 resident female population, aged 15-44) was significantly lower than the average in both London and England (36 and 48 per 1,000 resident female population, aged 15-44, respectively). Data on LARC prescribing in general practice should not be seen in isolation of the wider sexual health service provision there is in the borough, although it does point to the potential to increase prescribing through general practice.

#### 4.6.3. Sexually transmitted infections (STIs) and HIV

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

In Islington in 2015, the rate of diagnosis of chlamydia for people of all ages (844 diagnoses per 100,000) is significantly higher than both London and England (571 and 364 per 100,000). However, diagnosis rates vary by age group. For example, 32% of those in the younger age group (aged 15-24) were tested for chlamydia in Islington, with a positivity rate (7%), lower than England (8%) for 2015.

Overall, the rate of gonorrhoea and syphilis diagnoses are also significantly higher in men, specifically men who have sex with men (MSM), with 70% of gonorrhoea and 84% of syphilis cases diagnosed in England in 2014 being among MSM (numbers of syphilis and gonorrhoea cases in Islington were too small to produce a meaningful rate).

There were 1,484 people accessing HIV care in Islington in 2015. The rate of Islington residents accessing HIV care is significantly higher in Islington (8.3 per 1,000 population) compared to both London and England (5.7 and 2.3 per 1,000 population, respectively). Islington is considered to be an area of high prevalence, defined as having a rate of higher than 2 per 1,000 population. There has also been a significant increase from 2002 in those accessing treatment (from 6.0 per 1,000 in 2002 to 8.3 in 2015) as people are living longer with HIV and more people are diagnosed through a focus on increasing HIV testing.

Of those people living with HIV and in treatment, 85% are men and about 70% were infected through sex between men (1,040 people), with a further 365 people infected through sex between men and women (25%). Most people in treatment were White (965, 65%) followed by Black African (255, 17%).

#### 4.7. Seasonal flu

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

Vaccination helps prevent seasonal 'flu and the complications associated with it. It is recommended for all people aged 65 years and over; children aged two to eight years; primary school-aged children in former primary school pilot areas, pregnant women; people with certain conditions; healthcare workers or carers and those living in a residential or nursing homes.

Flu vaccination is available at GP practices and pharmacies. The DH target for flu vaccination is 75% coverage of eligible population. In Islington during the 2016/17 flu season 64% of registered patients aged 65 and over were vaccinated; 43% of eligible patients aged 6 months to 65 years old with a specific condition; and 36% of pregnant women. These rates are below the DH target and the London averages for each group.

## 4.8. Hospital admissions

Data on planned hospital admissions for certain long term conditions give an indication of which conditions are not being as well-managed in the community or primary care as they could be. High rates of ambulatory care sensitive (ACS) admissions can be indicative of a lack of good quality preventive and primary care services that, if enhanced, would prevent those admissions.

Among women in Islington, the 2015/16 direct age standardised rate for chronic ACS unplanned hospital admissions was 1,103 per 100,000 registered female patients. Among men in Islington, the chronic ACS unplanned hospital admissions rate was 1,026 per 100,00 registered male patients (2015/16). For both men and women in Islington, the 2015/16 unplanned hospital admissions rate for chronic ACS conditions was significantly higher than the reported national average rate, suggesting that there is potentially scope for reducing unplanned admissions rates in Islington for these conditions.<sup>20</sup>

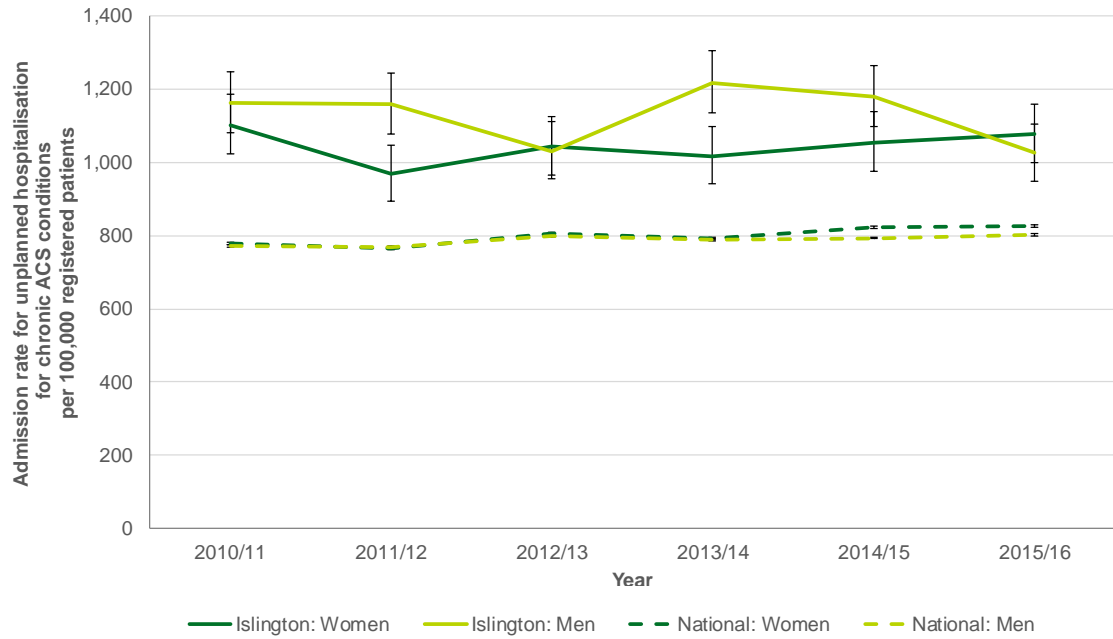
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<sup>20</sup> Additional information on public health in Islington, including the latest Joint Strategic Needs Assessment, can be found at:

<http://evidencehub.islington.gov.uk/wellbeing/Healthsettings/Pages/default.aspx>



Figure 4.13 Directly age and sex standardised admission rates for unplanned hospitalisation for chronic ambulatory care sensitive conditions (ACS) per 100,000 registered patients, by sex, 2010/11 to 2015/16



Source: NHS Digital, CCG OIS - Indicator 2.6, June 2017

## 5. CURRENT PROVISION AND ASSESSMENT

This section will describe the current picture of pharmacy provision in Islington. An assessment will be made of how well current pharmacy services meet the needs of Islington's population.

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

Information on pharmacy opening hours and service provision are based on information provided by NHS England.

### 5.1. Pharmacies in Islington

#### 5.1.1. Distribution of pharmacies

There are 46 pharmacies in Islington. This includes 45 bricks & mortar pharmacies and one distance selling pharmacy (MedExpress at 55 St John Street). There are also three Dispensing Appliance Contractors (DAC) contracts, two of which are located in the same place as two of the pharmacies. For reference, all of the pharmacies are shown on Map 5.1. Overall, Islington has 20 pharmacies per 100,000 residents, which is comparable to the London and England averages of 22 pharmacies per 100,000 residents. Data is no longer available for other boroughs in London for comparison with Islington, and there is no recognised minimum number of pharmacies per 100,000 residents.

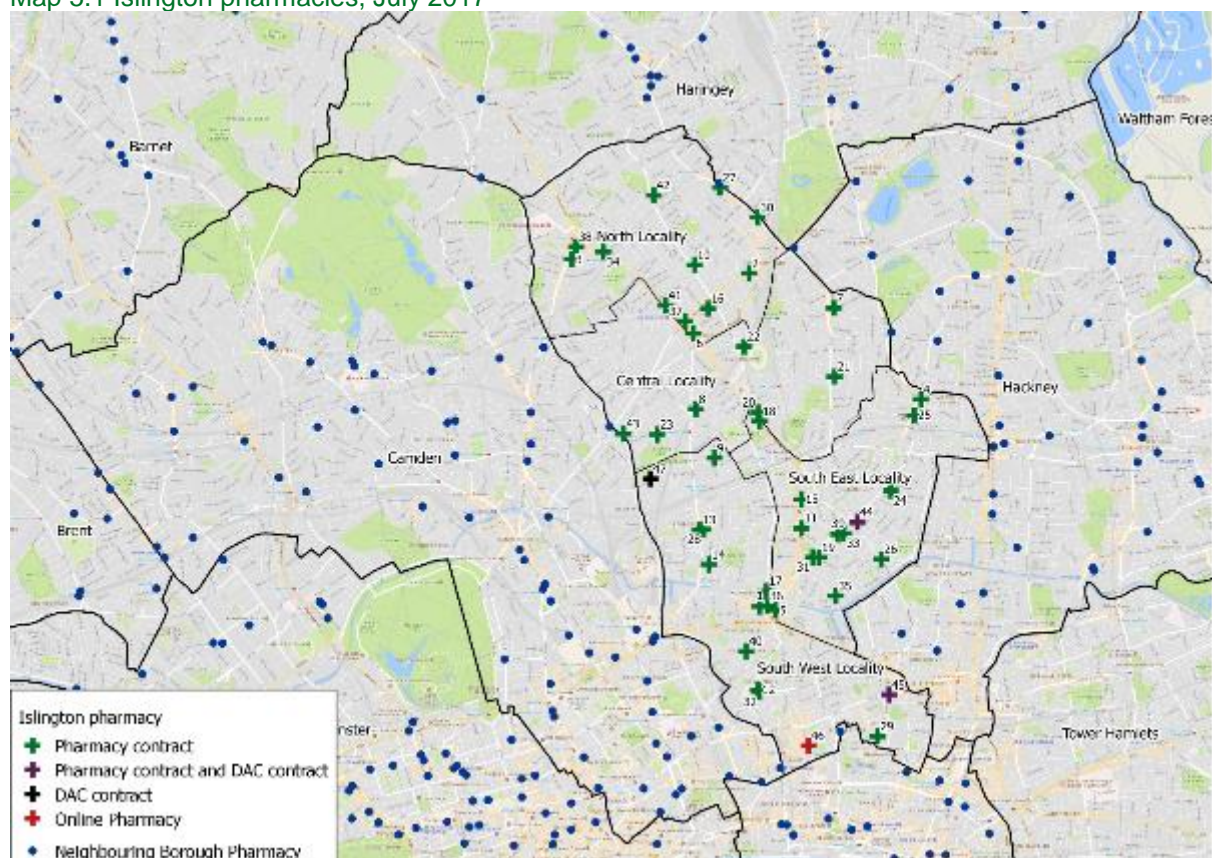
In the North locality there are 12 pharmacies, 21 per 100,000 residents. Seven of the pharmacies are in the Finsbury Park ward, with a cluster near Finsbury Park station. The Central locality has fewer pharmacies (seven), and fewer pharmacies per 100,000 residents (11 per 100,000), than the other localities (21, 24, and 25 per 100,000). However, there are a number of pharmacies close to the locality boundaries and the borough boundaries that help to serve the population. The South East locality has 13 pharmacies and the South West locality has 14 pharmacies. Within these localities, St Mary's ward has six pharmacies, with pharmacies clustered around Angel tube station and the busy shopping and business areas, while Canonbury ward has one pharmacy.

There are also a large number of pharmacies in the neighbouring boroughs that may serve people living in the South East and South West localities. The use of neighbouring pharmacies for dispensing and other services is discussed further in Section 5.2.3.

The combination of a large number of pharmacies, particularly clustered around the high traffic areas like high streets and transport links, as well as the option of using pharmacies outside of Islington, means that there are a range of pharmacies available to local residents and patients registered with Islington GP practices. There is one distance selling pharmacy in Islington, residents also use mail order pharmacies and some local pharmacies do also offer an internet-based service. Changes in online purchasing over the last few years is likely to have resulted in increased utilisation of these services. Additional facilities to support existing services, such as weekend opening hours, seating or other access facilitation such as wheelchair access, may also increase the choice of pharmacies that residents can use.

A full list of pharmacies in Islington, and the services that they provide, can be found in Appendix A.

Map 5.1 Islington pharmacies, July 2017



## Islington pharmacies

- |  |                                |   |
|--|--------------------------------|---|
| 1. BST Angels Ltd                            | 18. Egerton Chemist            | 34. Shivo Chemists                          |
| 2. Apteka Chemist (Seven Sisters Rd)         | 19. Essex Pharmacy             | 35. St Peter's Pharmacy                     |
| 3. Arkle Pharmacy                            | 20. Atkins Pharmacy            | 36. Superdrug Pharmacy (Chapel Market)      |
| 4. Boots the Chemist (Holloway Road)         | 21. Highbury Pharmacy          | 37. Superdrug Pharmacy (Seven Sisters Road) |
| 5. Boots the Chemist (Islington High St)     | 22. Hornsey Road Pharmacy      | 38. The Co-Operative Pharmacy               |
| 6. Boots the Chemist (Newington Green)       | 23. Islington Pharmacy         | 39. Turnbills Chemist                       |
| 7. C&H Chemist                               | 24. Leoprime Chemist           | 40. W C And K King Chemist                  |
| 8. Caledonian Pharmacy                       | 25. Mahesh Chemists            | 41. Wellcare Pharmacy                       |
| 9. Carters Chemist                           | 26. New North Pharmacy         | 42. Wise Chemist                            |
| 10. Chemitex Pharmacy                        | 27. NuChem Pharmaceuticals Ltd | 43. York Pharmacy                           |
| 11. Clan Pharmacy                            | 28. P Edward Ltd               | 44. Apex Pharmacy (Essex Road)              |
| 12. Clerkenwell Pharmacy                     | 29. Portmans Pharmacy          | 45. Apex Pharmacy (Old Street)              |
| 13. Clockwork Pharmacy (161 Caledonian Road) | 30. Roger Davies Pharmacy      | 46. Medexpress                              |
| 14. Clockwork Pharmacy (273 Caledonian Road) | 31. Rose Chemist               |   |
| 15. Dermacia Pharmacy                        | 32. Rowlands Pharmacy          |   |
| 16. Devs Chemist                             | 33. Savemain Ltd               |   |
| 17. Douglas Pharmacy                         |                                |   |

**Source:** NHS England, 2017

Table 5.1 Number of pharmacies by Islington ward and locality, and the number of pharmacies per 100,000 population.

Locality and Ward		Total population	Number of pharmacies	Pharmacies per 100,000 residents
North	Finsbury Park	16,370	7	43
	Hillrise	13,080	0	0
	Junction	13,170	3	23
	Tollington	14,360	2	14
	<b>North Total</b>	<b>56,980</b>	<b>12</b>	<b>21</b>
Central	Highbury East	13,560	3	22
	Highbury West	18,360	1	5
	Holloway	16,640	3	18
	St George's	13,440	0	0
	<b>Central Total</b>	<b>62,000</b>	<b>7</b>	<b>11</b>
South East	Canonbury	13,120	1	8
	Mildmay	14,320	2	14
	St Mary's	12,780	6	47
	St Peter's	14,520	4	28
	<b>South East Total</b>	<b>54,730</b>	<b>13</b>	<b>24</b>
South West	Barnsbury	13,490	4	30
	Bunhill	17,380	2	12
	Caledonian	15,270	4	26
	Clerkenwell	12,570	4	32
	<b>South West Total</b>	<b>58,700</b>	<b>14</b>	<b>25</b>
<b>Islington Total</b>		<b>232,400</b>	<b>46</b>	<b>20</b>

Source: GLA, 2017 and NHS England, 2017

### 5.1.2. Opening hours

Each pharmacy is required to open for 40 'core hours' each week, aside from those on a 100-hour contract. The core hours are defined in the pharmacy's terms of service and cannot be changed without the consent of NHS England. Many pharmacies also open for additional hours during the week, which are known as supplementary hours. Based on NHS Choices information, there is one pharmacy in Islington on a 100-hour contract. A full breakdown of pharmacy opening hours can be seen in Appendix F.

#### Weekday opening hours

The most common opening hours on weekdays are 9am to 7pm, with 39 Islington (85%) pharmacies exclusively opening between these hours (Map 5.3). One pharmacy, in the Central locality, closes for a lunch break Monday to Wednesday, and Friday; and on Thursday this pharmacy closes all afternoon. On a Wednesday, one pharmacy in the South East closes at 2pm; on Thursday a pharmacy in the North locality closes at 12:30.

On weekdays, six (13%) pharmacies across the borough open before 9am. At least one pharmacy in each locality is open before 9am, with Islington Pharmacy the first to open, at 6am in the Central locality. Similarly, six pharmacies open after 7pm, with two pharmacies in each of the Central, South East and South West localities and none in the North locality. This summary of opening hours is also shown in Table 5.3 and the exact opening hours (as at July 2017) are shown in Appendix G.

#### Weekend opening hours

Opening hours at weekends show more variation between pharmacies. Table 5.4 summarises the opening hours for Saturday, showing that there are 37 (80%) pharmacies open on Saturday (see also Map 5.4). Highbury West is the only ward that has no pharmacy open on a Saturday. Two pharmacies open before 9am on Saturday, one in the North and one in the Central locality. One pharmacy is open after 7pm, Islington Pharmacy in the Central locality, which is open until 11pm.

On Sundays there are four pharmacies (9%) open in Islington; two in the North locality and two in the South West. Collectively they cover hours between 10am and 5pm. This data is summarised in Table 5.5, and also shown in Map 5.5, with the full list of opening hours shown in Appendix G.

### Bank holiday opening hours

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

### Out of hours services

Patients registered with Islington GP practices can access the Islington I:Hub service when they require an appointment at times that their own practice cannot provide an appointment. This provides GP appointments between 6.30 and 8.00pm, Mondays to Fridays and 8.00am to 8.00pm on Saturdays and Sundays on all days of the year except Christmas Day. Residents can access the service by telephoning the patient's registered GP practice. Any treatments that need to be taken immediately are supplied to the patient. Non-urgent treatments are accessed via the usual prescription route.

During the week, there is one pharmacy in the Central locality that is open until 11pm each day. In the North locality there are no pharmacies open after 7pm. In the South East locality one pharmacy is open until 8pm, and in the South West there is a pharmacy open until 8pm. On Saturdays, one pharmacy in the Central locality is open late, again until 11pm. There are also pharmacies close to the Islington border in Hackney and Camden that are open late and may serve some of the Islington residents. However, residents in the north of the borough are likely to have longer journeys to access a pharmacy on a Saturday evening. On Sundays, there are no pharmacies in Islington open after 5pm. Residents would need to travel to neighbouring pharmacies on the north-side of Finsbury Park in Haringey, near King's Cross in Camden, or in the City of London. As there are no late-opening pharmacies in Hackney, residents on the eastern side of Islington may have longer journeys to access a pharmacy on Sunday evenings. There is one 24 hour pharmacy currently operating in London in [Earl's Court](#).

### 5.1.3. Other NHS services

The range of other NHS services available in Islington have been considered in order to inform the Health and Wellbeing Board's assessment of the need for pharmaceutical services in the area. These are described in the following sections.



## GP practices

GP practices are well located across the borough (Map 4.1).

Ongoing changes to GP services may further change the need for pharmacy services. Changes include the development of Care Closer to Home Integrated Networks (CHINS) across the borough and the GP contract for 2015/16 includes a commitment to increase online services for patients, including an increase in access to online appointment bookings. This may change the way in which patients interact with their GP, and therefore the way in which they need or want to access pharmacies for prescriptions.

It is not possible to predict the impact of changes at this point, so this is something that will need to be monitored, to see if the CHINS and online services impact on the demand for evening or weekend access to pharmacies, and whether this is naturally met by the existing community pharmacy network. Although there may be changes in the configurations, there are no known changes in the providers of primary medical services, or the appointment of providers of primary medical services in the area, or the level of primary care provision. There are therefore no known firm plans for changes in the number or sources of prescriptions.

The latest available data indicates that there are 24 GP practices usually open before 9am on weekdays, compared to 6 pharmacies usually open early. Of the practices opening early, the earliest opening time is 6.30am (one practice), and most open at 8.30am (15 practices). Six GP practices open after 7pm on weekdays, along with six pharmacies. There are no late opening pharmacies in the North locality, while there is one late opening GP practice. The other late opening practices have nearby pharmacies that are also open late. There are six GP practices open on Saturday. Two of the six GP practices are open before 9am, one in the North locality and the other in the South West locality, along with two early opening pharmacies, one in the North and one in the Central. There are two Islington GP Practices open on Sundays, including one opening before 9am. The GP practices opening on Sundays have nearby pharmacies that are also open on weekends, but none of the pharmacies open before 9am.



Table 5.2: Number of GP practices open early and late on weekdays, August 2017

	Weekday		Saturday		Sunday	
	Open before 9am	Open after 7pm	Open before 9am	Open after 7pm	Open before 9am	Open after 7pm
North	7	1	1	0	0	0
Central	6	1	0	0	0	0
South East	7	0	0	0	0	0
South West	4	4	1	0	1	0
<b>Total</b>	<b>24</b>	<b>6</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>0</b>

**Source:** Islington Clinical Commissioning Group, 2017

### Dental practices

There are 23 dental practices in Islington (Map 5.2). These are located evenly across the borough. Dental practices may provide an alternative to residents seeking pharmaceutical services for dental care.

### Hospitals

Two NHS hospitals provide acute care to the majority of Islington residents: The Whittington Hospital (part of Whittington Health) located in the north of the borough, and University College London Hospital, located just outside the borough in Camden. Moorfields Eye Hospital, which provides specialist eye services and care, is also located in Islington in the south of the borough. Camden & Islington Foundation Trust provides mental health services to Islington patients (Map 5.2).

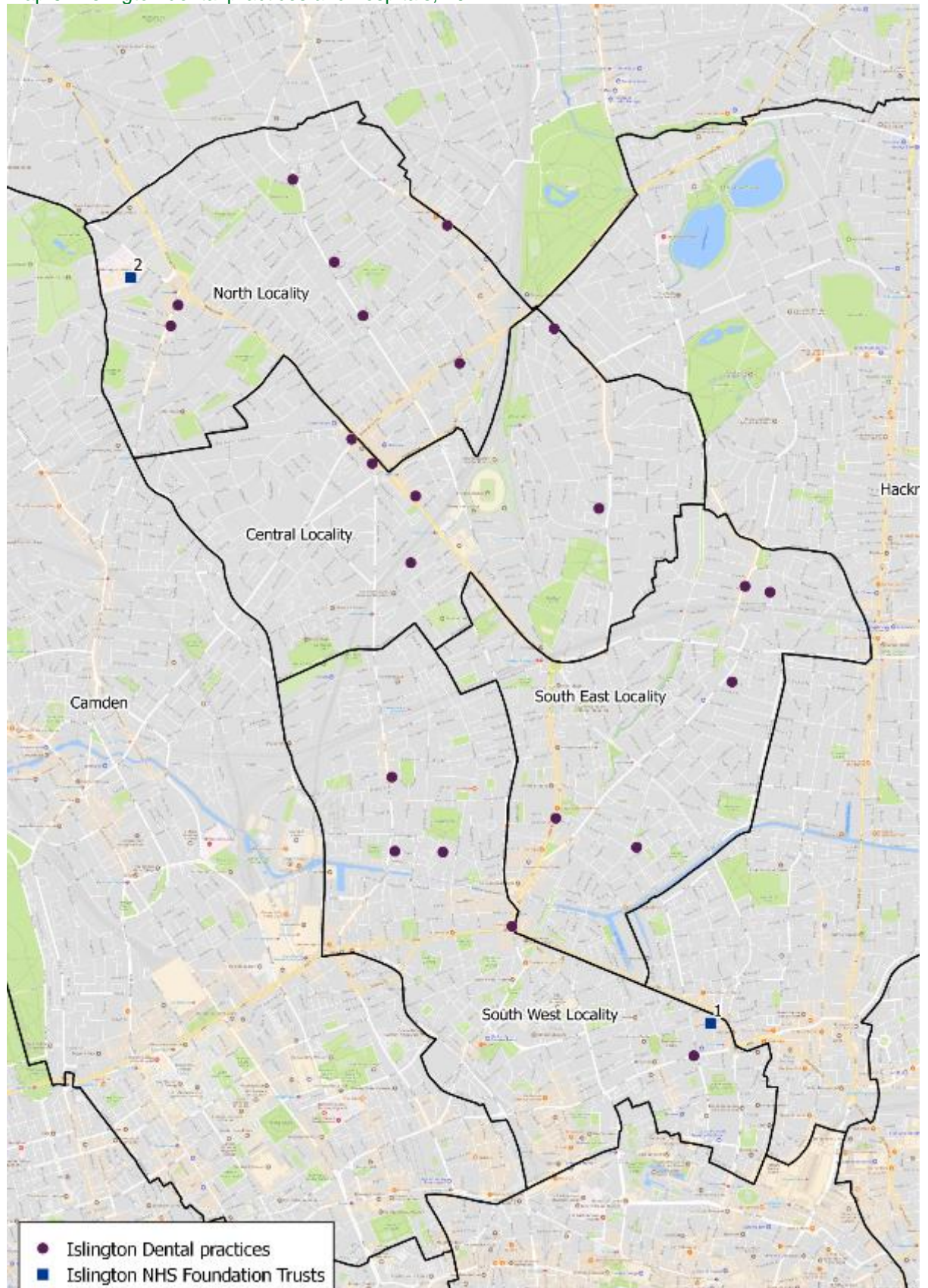
While hospitals are outside the scope of this PNA, they have been considered here due to some planned changes that are intended to lead to improvements in pharmaceutical services in the borough:

- NHS providers and commissioners, working with the local authority, are committed to integrated care and are actively developing new models and services to provide more care closer to home in the community. CHINs and Quality Improvement Support Teams (QISTs) are being developed to enable greater shift of services from secondary to primary care settings with the appropriate support teams and networks in place.
- There are plans to improve MUR and NMS referrals from hospitals.
- An integrated network of pharmacists working in the community has been established, which will include clinical pharmacists working in general practice, new Urgent Care

pharmacists based in A&E at Whittington Health and prescribing advisers. These new roles and services will need to integrate closely with community pharmacies to ensure fully integrated working across the borough.

In June 2017, Whittington Health opened a 'Wholly Owned Subsidiary' pharmacy that will dispense outpatient prescriptions for the hospital as well as selling over-the-counter treatments to patients. Opportunities for this pharmacy to provide a wider range of integrated services to patients will be explored in future, but there are currently no known plans. Current opening hours for this pharmacy are 9am - 5.30pm on weekdays and 10am to 2pm on Saturday.

Map 5.2 Islington dental practices and hospitals, 2017



1	Moorfields Eye Hospital
2	The Whittington Hospital

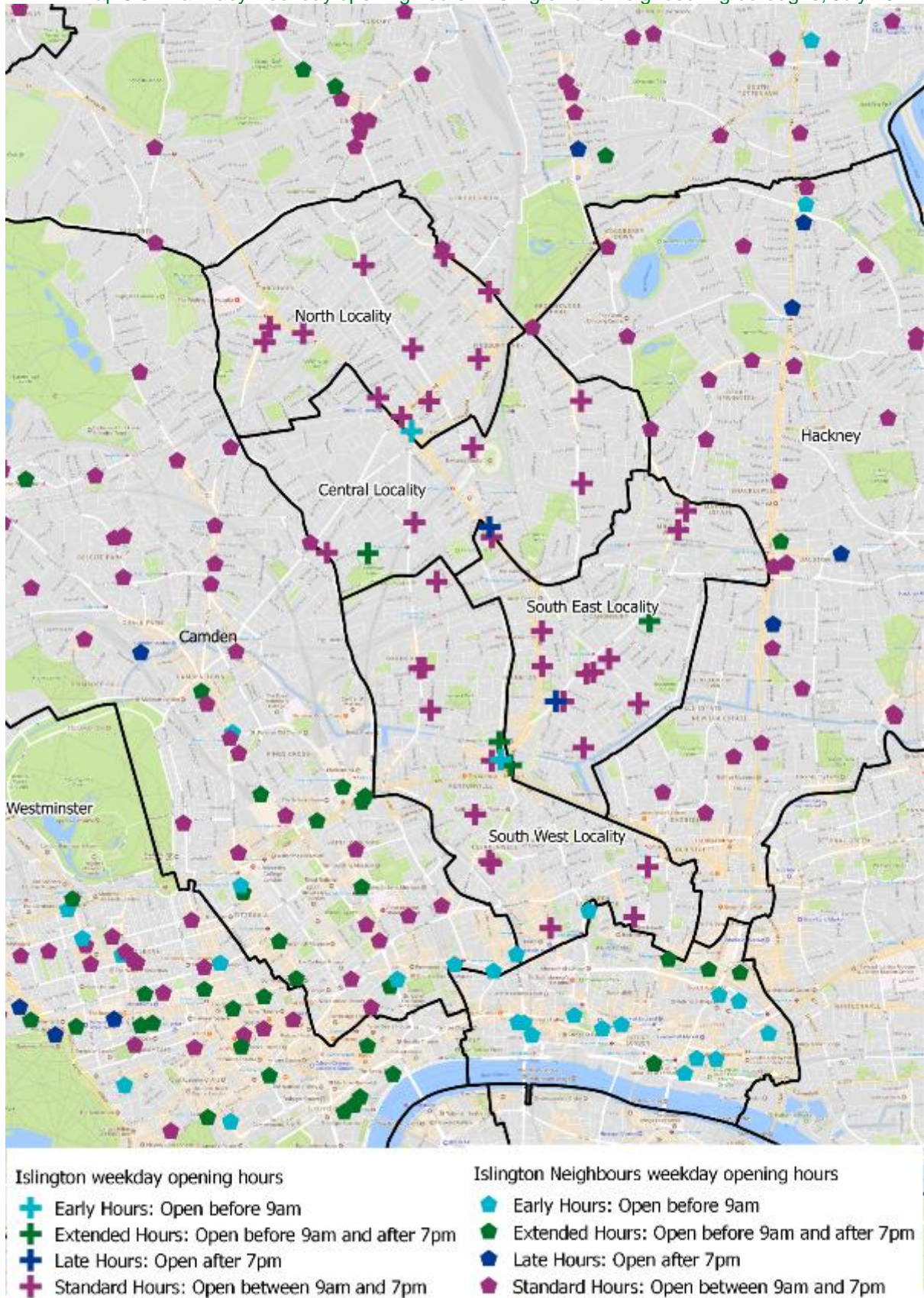
Table 5.3: Summary of pharmacy weekday opening hours, by locality and ward, July 2017

Locality and Ward		Standard Hours: Open between 9am and 7pm	Early Hours: Open before 9am	Late Hours: Open after 7pm	Extended Hours: Open before 9am and after 7pm
North	Finsbury Park	6	1	0	0
	Hillrise	0	0	0	0
	Junction	3	0	0	0
	Tollington	2	0	0	0
	<b>North Total</b>	<b>11</b>	<b>1</b>	<b>0</b>	<b>0</b>
Central	Highbury East	2	0	1	0
	Highbury West	1	0	0	0
	Holloway	2	0	0	1
	St George's	0	0	0	0
	<b>Central Total</b>	<b>5</b>	<b>0</b>	<b>1</b>	<b>1</b>
South East	Canonbury	0	0	0	1
	Mildmay	2	0	0	0
	St Mary's	5	0	1	0
	St Peter's	4	0	0	0
	<b>South East Total</b>	<b>11</b>	<b>0</b>	<b>1</b>	<b>1</b>
South West	Barnsbury	1	1	0	2
	Bunhill	2	0	0	0
	Caledonian	4	0	0	0
	Clerkenwell	4	0	0	0
	<b>South West Total</b>	<b>11</b>	<b>1</b>	<b>0</b>	<b>2</b>
<b>Islington Total</b>		<b>38</b>	<b>2</b>	<b>2</b>	<b>4</b>

Source: NHS England, 2017



Map 5.3 Pharmacy weekday opening hours in Islington and neighbouring boroughs, July 2017.



Source: NHS England, 2017

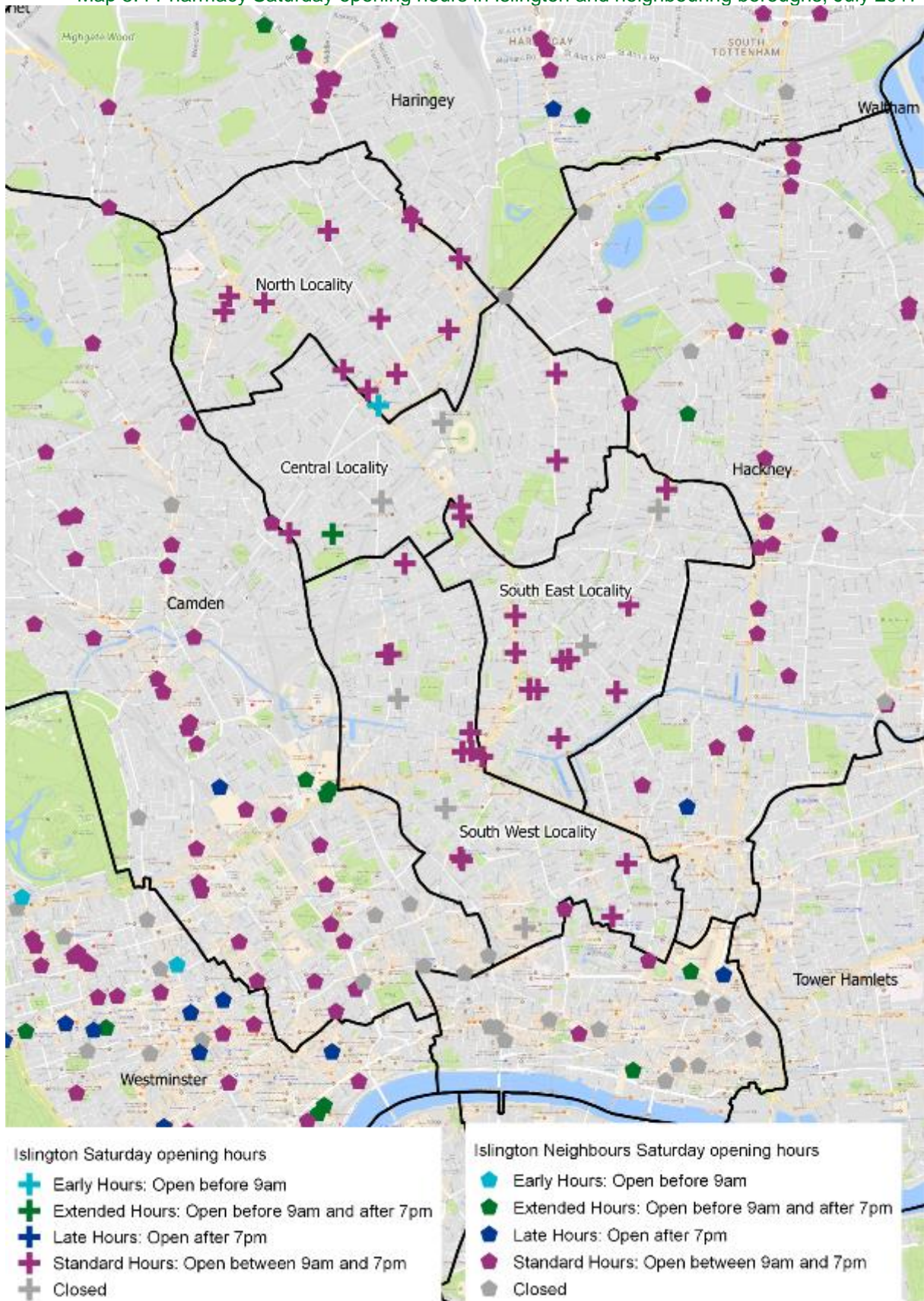
Table 5.4 Summary of pharmacy Saturday opening hours in Islington, by locality and ward, July 2017

Locality and Ward		Standard Hours: Open between 9am and 7pm	Early Hours: Open before 9am	Late Hours: Open after 7pm	Extended Hours: Open before 9am and after 7pm	Closed
North	Finsbury Park	6	1	0	0	0
	Hillrise	0	0	0	0	0
	Junction	3	0	0	0	0
	Tollington	2	0	0	0	0
	<b>North Total</b>	<b>11</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>
Central	Highbury East	3	0	0	0	0
	Highbury West	0	0	0	0	1
	Holloway	1	0	0	1	1
	St George's	0	0	0	0	0
	<b>Central Total</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>2</b>
South East	Canonbury	1	0	0	0	0
	Mildmay	1	0	0	0	1
	St Mary's	6	0	0	0	0
	St Peter's	3	0	0	0	1
	<b>South East Total</b>	<b>11</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>
South West	Barnsbury	4	0	0	0	0
	Bunhill	2	0	0	0	0
	Caledonian	3	0	0	0	1
	Clerkenwell	2	0	0	0	2
	<b>South West Total</b>	<b>11</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>
<b>Islington Total</b>		<b>37</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>7</b>

Source: NHS England, 2017



Map 5.4 Pharmacy Saturday opening hours in Islington and neighbouring boroughs, July 2017



Source: NHS England, 2017

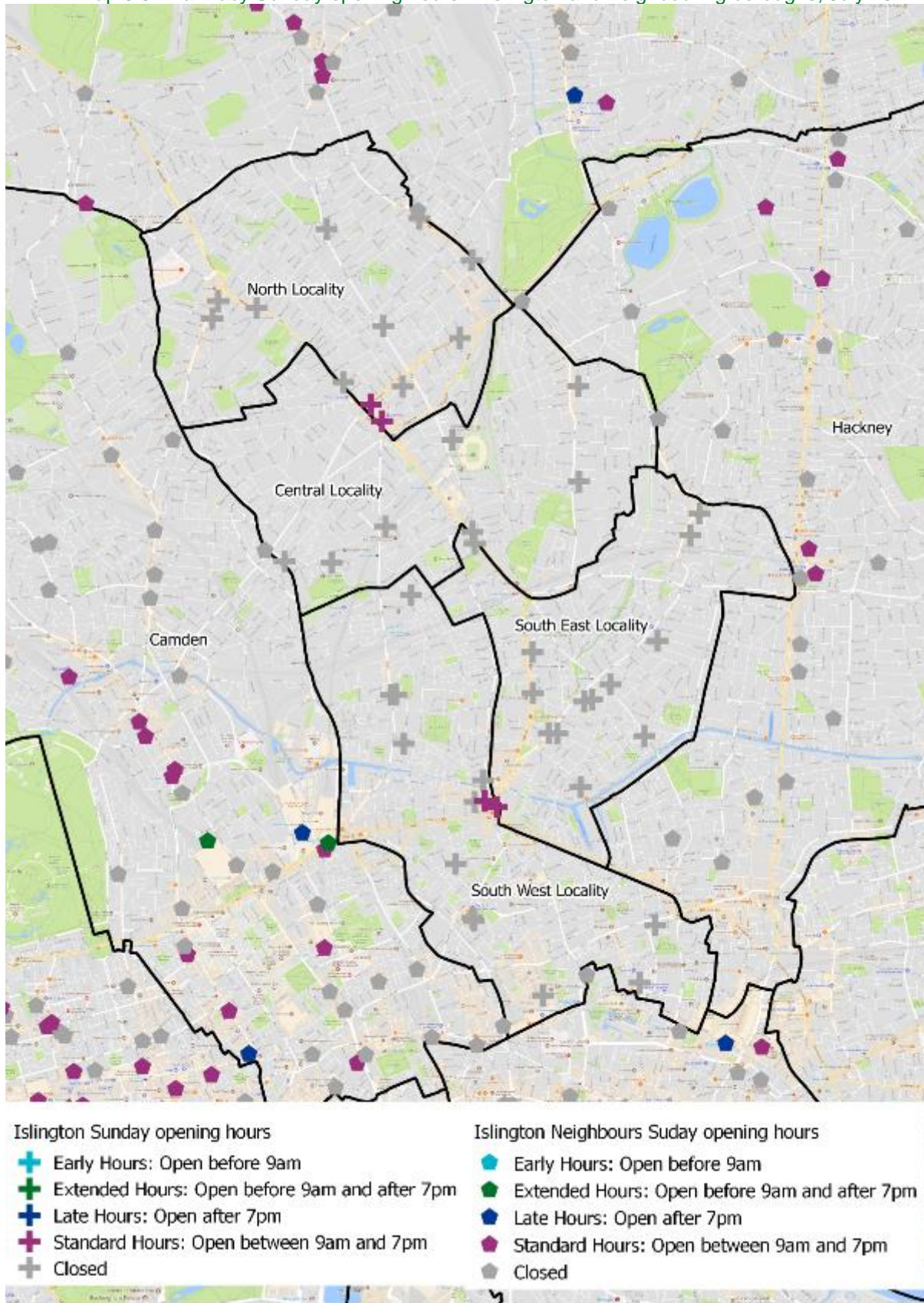
Table 5.5: Summary of pharmacy Sunday opening hours in Islington, by locality and ward, July 2017

Locality and Ward		Standard Hours: Open between 9am and 7pm	Early Hours: Open before 9am	Late Hours: Open after 7pm	Extended Hours: Open before 9am and after 7pm	Closed
North	Finsbury Park	2	0	0	0	5
	Hillrise	0	0	0	0	0
	Junction	0	0	0	0	3
	Tollington	0	0	0	0	2
	<b>North Total</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>10</b>
Central	Highbury East	0	0	0	0	3
	Highbury West	0	0	0	0	1
	Holloway	0	0	0	0	3
	St George's	0	0	0	0	0
	<b>Central Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>7</b>
South East	Canonbury	0	0	0	0	1
	Mildmay	0	0	0	0	2
	St Mary's	0	0	0	0	6
	St Peter's	0	0	0	0	4
	<b>South East Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>13</b>
South West	Barnsbury	2	0	0	0	2
	Bunhill	0	0	0	0	2
	Caledonian	0	0	0	0	4
	Clerkenwell	0	0	0	0	4
	<b>South West Total</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>12</b>
<b>Islington Total</b>		<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>42</b>

Source: NHS England, 2017



Map 5.5 Pharmacy Sunday opening hours in Islington and neighbouring boroughs, July 2017



Source: NHS England, 2017

## CONCLUSIONS ON PHARMACY DISTRIBUTION AND OPENING HOURS

The density of pharmacies in Islington is comparable to the London average. Given this level of provision, and the absence of any local evidence that current pharmacy density is inadequate, the number of pharmacies in the borough is adequate for the size of the borough's population. With pharmacies clustered around major transport connections it is likely that all residents can access a pharmacy easily. The number of pharmacies available in Islington, and their proximity to transport links, suggests that residents in most areas of the borough have a choice of pharmacies to use.

There are a small number of pharmacies open early in the mornings and late evenings - residents who live furthest from Finsbury Park or Angel will have longer journeys to reach a pharmacy outside of normal working hours, but could use pharmacies in neighbouring boroughs.

Access at weekends is limited, with four pharmacies open on a Sunday and no pharmacies open before 10am or after 6pm. The Islington I:Hub service provides GP appointments between 8.00am and 8.00pm on Saturdays and Sundays. There is pharmacy coverage across the border in Haringey and Camden after these hours, both of which are served by good transport links.

It is recognised that there are ongoing changes in the configuration and delivery of GP services that may impact on pharmacy demand (opening hours, online access, CHINs). Therefore, changes to opening hours change, and the demand for evening or weekend access to pharmacies should be monitored to ensure that the population is still adequately served.

In previous research, some focus group participants mentioned that pharmacies could do more to support people with reduced mobility, including access for wheelchairs and providing seating in pharmacies for people waiting to be seen.

Based on the information collated and discussed, along with the current GP service provision across Islington, the provision of pharmacies in Islington is adequate for the current and future needs of the population. Accessibility of pharmacies may be enhanced by consideration of weekend and extended opening hours of existing pharmacies.

## 5.2. Essential services

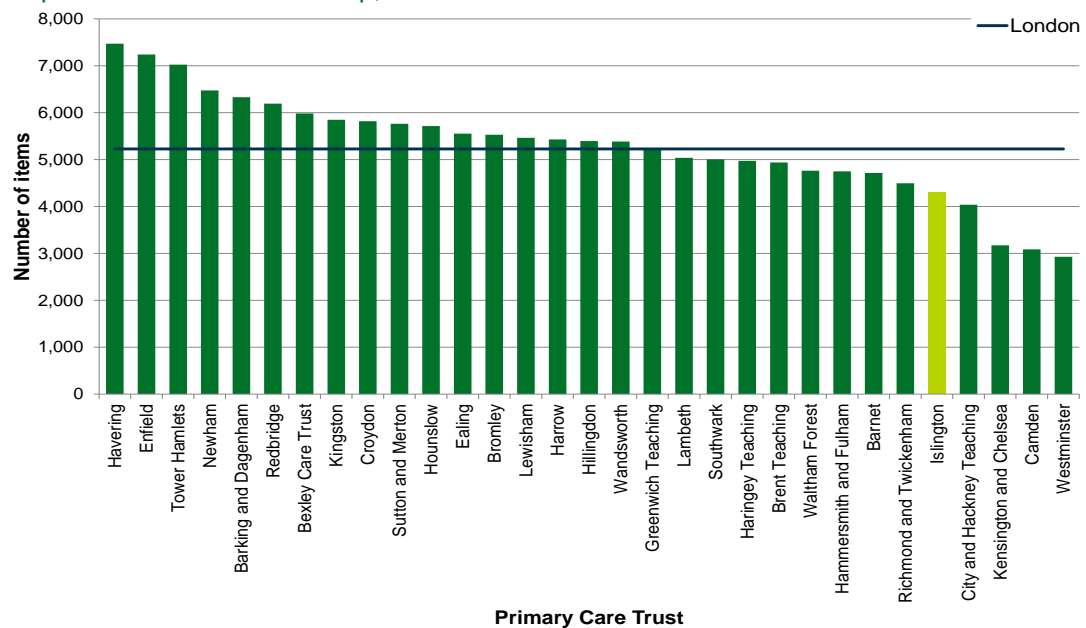
In this section, the provision of essential services is assessed using the distribution of pharmacies, their opening hours, and the provision of dispensing services, as these factors are the most important in determining the extent to which the current provision of essential services meets the need of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

Essential services are the services provided by all pharmacy contractors: the dispensing of medicines and appliances, promotion of healthy lifestyles, safe disposal of unwanted medicines, repeat dispensing, signposting patients to other sources of support and care, and supporting self-care. All 46 pharmacies in Islington must provide these services as a part of their contract. Pharmacies must also ensure that clinical governance arrangements are met, as set out in the Regulations.

### 5.2.1. Dispensing services

Pharmacies in Islington dispensed an average of 4,421 items per month in 2015/16, compared with an average of 5,624 across London and 7,096 per month in England as a whole. From data in 2012/13 Islington had the fifth lowest dispensing rate of all London boroughs (Figure 5.1). More recent data for boroughs in London is not available. Just over 2.6 million items were prescribed by Islington GPs in 2016/17 (Table 5.6). From 13/14 data, over 2 million (83%) of these items were dispensed by pharmacies in Islington.

Figure 5.1: Average number of items dispensed per month, per pharmacy, Islington pharmacies compared with ONS Peer Group, 2012/13



Source: HSCIC, 2014

Table 5.6: The total dispensing by GP practices in each locality and the average number of items per pharmacy, per month, by locality, 2015-16 and 2016-17

Locality	April 2015 - March 2016			April 2016 - March 2017		
	Total Items Dispensed	Number of pharmacies	Number of items per pharmacy, per month	Total Items Dispensed	Number of pharmacies	Number of items per pharmacy, per month
North	804,902	12	5,590	825,049	12	5,730
Central	634,362	7	7,552	650,718	7	7,747
South East	599,175	13	3,841	616,619	13	3,953
South West	536,679	13	3,440	549,193	14	3,520
<b>Islington</b>	<b>2,575,118</b>	<b>45</b>	<b>4,769</b>	<b>2,641,579</b>	<b>46</b>	<b>4,892</b>

**Source:** NHS Business Services Authority, 2017

The data in Table 5.6 are provided as an indicator of dispensing by locality. These dispensing figures are published at GP practice level, so may not represent the number of items dispensed by pharmacies in each locality. However, as an indicative measure, they are compared here against the number of pharmacies in the locality. The data show that the rate of dispensing per pharmacy, per month, is highest in the Central locality, and lowest in the South West locality. The North and Central localities are the only localities with dispensing rates above the London and England averages (2015/16 values of 5,642 and 7,096 respectively).

The South East and South West localities have the highest anticipated increase in population over the coming years (Section 4.2.1), so their lower rates of dispensing per pharmacy suggest that there is capacity within the local area to accommodate an increase in population. Furthermore, the proximity of pharmacies across the borders - particularly in the south of Camden, which has a number of housing developments planned, and the City of London - suggest that not all new Islington residents will necessarily use Islington pharmacies.

### 5.2.2. Repeat dispensing

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



Some focus group participants mentioned repeat dispensing as being a particularly efficient and useful service, which they felt contributed to the overall convenience of the pharmacy service.

The latest figures for the financial year 2016/17 indicate that for Islington, 7.3% of all items were repeat dispensed prescriptions (Table 5.7). The proportion of dispensing that is repeat dispensing varies between localities, from 33.9% to date in 2016-17 in the North locality to 12.5% in the South West locality. Rates of repeat dispensing and electronic repeat dispensing are increasing in Islington CCG and are monitored via the NHS England Medicines Optimisation dashboard. The CCG's prescribing advisors are working with GP practices and pharmacies to increase uptake, and the roll out of the electronic prescriptions service release 2 (EPS R2) will facilitate increased uptake through automation of the paper-based process. This work to increase uptake will improve patient choice within the localities, as well as improving the level of convenience for patients.

Table 5.7: Breakdown of repeat dispensing, by locality, 2015-16 and 2016-17.

Locality	April 2015 - March 2016			April 2016 - March 2017		
	Total Items Dispensed	Items Repeat Dispensed	% Repeat Dispensed	Total Items Dispensed	Items Repeat Dispensed	% Repeat Dispensed
North	620,724	22,969	3.7%	652,808	25,393	3.9%
Central	657,152	27,808	4.2%	679,349	39,936	5.9%
South East	628,896	39,910	6.3%	649,240	50,518	7.8%
South West	554,505	60,207	10.9%	574,686	71,904	12.5%
<b>Islington</b>	<b>2,461,277</b>	<b>150,894</b>	<b>6.1%</b>	<b>2,556,083</b>	<b>187,751</b>	<b>7.3%</b>

Source: NHS Business Services Authority, 2017

### 5.2.3. Electronic Prescription Service

The Electronic Prescriptions Service (EPS) enables prescriptions to be sent electronically from GPs to pharmacies. The service started in Islington in March 2014, and as of March 2017 all Islington's GP practices are now live on the EPS R2 network.

Table 5.8: Number and percentage of prescriptions issued through the EPS at Islington pharmacies

Month	Total prescriptions	EPS prescriptions	% EPS of total
April 2016	218,744	102,745	47%
May 2016	209,397	103,666	50%
June 2016	225,955	117,688	52%
July 2016	215,020	113,059	53%
August 2016	211,345	111,552	53%
September 2016	217,340	112,743	53%
October 2016	219,379	116,053	53%
November 2016	229,597	126,954	55%
December 2016	214,575	120,788	56%
January 2017	225,101	130,267	58%
February 2017	202,227	118,231	58%
March 2017	228,656	136,974	60%

Source: NHS Business Services Authority, 2017

The latest prescribing data shows that a substantial proportion of prescriptions are now issued through the EPS with 60% in March 2017 compared to 1.5% in June 2014. Table 5.8 shows the proportion of prescriptions issued through the EPS continues to rise. The implementation of EPS R2 across Islington's GP Practices and pharmacies will help to improve the choice for patients, increasing the number of sites where they can receive an electronic prescription.

#### 5.2.4. Other services

##### Cross border dispensing services

Patients can choose to have their prescriptions filled by any NHS pharmacy, so a proportion of people use pharmacies outside of the borough. In 2013/14, 17% (400,912) of items prescribed by Islington GPs were dispensed by pharmacies outside of Islington. The most frequently used out-of-borough pharmacies in 2013 are listed in Table 5.9, and mostly fall in the immediately neighbouring boroughs. The number of neighbouring pharmacies fulfilling prescriptions for Islington patients serves to highlight the level of choice available to Islington patients and residents who live close to the border, work outside the borough, or are registered with GP practices near these pharmacies.

Table 5.9 The top ten pharmacies most frequently used by Islington residents outside of Islington

Pharmacy	Address	Post code	Borough
Silent Bob Ltd	147 Fortess Road	NW5 2HR	Camden
Boots UK Ltd	29 North Square	N9 0HW	Enfield
Mr S Shah	182 Stroud Green Road	N4 3RN	Haringey
Anchor Health Ltd	Unit 2, 45-47 Elgin Avenue	W9 3PP	Westminster
Boots UK Ltd	31-32 The Mall	E15 1XD	Newham
Patel KG & JG	21 Brecknock Road	N7 0BL	Camden
Boots UK Ltd	11 The Broadway	N8 8DU	Haringey
Patel BK	162 Green Lanes	N16 9DL	Hackney
Ashish group Ltd	21 Camden High Street	NW1 7JE	Camden
Sanghvi J	14 Crouch End Hill	N8 8AA	Haringey

Source: ePact, 2017

### Dispensing appliance contractors

Pharmacies can provide surgical appliances, including stoma and urology appliances. 'Dispensing Appliance Contractors' (DACs) specialise in these appliances and do not necessarily provide the broader range of services that community pharmacies offer. There are three Dispensing Appliance Contracts in Islington, two of which are at the same geographical location as two pharmacies.

### Health promotion campaigns run by NHS England

Pharmacies also take part in health promotion campaigns, as set by NHS England. Local Authority Public Health departments can also run campaigns based on the local health needs and priorities. These are discussed in section 5.5.8.

## CONCLUSIONS ON ESSENTIAL SERVICES

Community pharmacies play a vital role in providing care to Islington's population, particularly in their role in dispensing prescribed medication. Feedback from residents indicates that they value the repeat dispensing service as it saves them time, and this service will show increasing benefits for residents as the CCG works with GP practices and pharmacies to further increase the use of EPS and repeat dispensing.

The average number of items dispensed per pharmacy in Islington is lower than most other boroughs. The low average number per pharmacy suggests that current demand is being met and the lower rate of dispensing in the South East and South West suggests that there may be capacity, on average, to meet any increased demand for prescriptions that might arise over the next few years as a result of development and inward migration in this area. The data also suggests that overall there is capacity to meet an increase in demand arising from an increasing prevalence of long term conditions. As all pharmacies offer these essential services, there are currently no identified gaps in provision.

Based on the information presented, it has been concluded that essential services are **necessary** to meet the pharmaceutical needs of Islington's population.

Each of the essential services directly help to support the JHWS goal of preventing and managing long term conditions by providing access to both medicines and advice and support on their use, and can also contribute to the goals of ensuring that every child has the best start in life, and improving mental health and wellbeing. The provision of services is suitable for Islington's current population and for projected demographic changes. All pharmacies in Islington offer these services, so conclusions around coverage and opening hours mirror those given in Section 5.1.

### 5.3. Advanced Services

Advanced services form part of the NHS community pharmacy regulations and are clearly defined in regulations. Each pharmacy contractor can decide whether they provide these services, but they can only be offered if a pharmacy meets the criteria set out in the Secretary of State Directions. This section will cover the provision of the advanced services currently included in the pharmacy contract: Medicine Use Review, New Medicine Service, Appliance Usage Review and Stoma Appliance Customisation Services.



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

The MUR service assists those on multiple medications (or one medication in the high-risk category), helping to identify any problems and giving advice on adherence. The pharmacy must have provided pharmaceutical services to the patient for the three months before an MUR can take place. The specific target groups identified for this service are:

1. People taking high-risk medications (non-steroidal anti-inflammatory drugs, anticoagulants, antiplatelets and / or diuretics),
2. People that have recently been discharged from hospital, in order to provide a more integrated care pathway for patients,
3. People on respiratory medication for asthma or chronic obstructive pulmonary disease (COPD),
4. People with, or at risk of, cardiovascular disease and regularly being prescribed four or more medicines, added as a target group from 1 January 2015.

In 2014/15, at least half of all MURs in a year needed to be delivered to people from the first three target groups. As of 1 January 2015, people with, or at risk of, cardiovascular disease and regularly being prescribed at least four medicines were added as a fourth target group, and the target increased to at least 70% of MURs being delivered to these target groups in 2015/16. Under the service specification, pharmacies can provide up to 400 MURs each year.

NHS England have advised that recorded activity is used as an indicator of which pharmacies are actively offering the MUR service. In July 2017, 41 of Islington's community pharmacies had recorded activity under the MUR service (89% of Islington's community pharmacies) (Map 5.6). In the North locality and South West locality, two pharmacies offering MUR do so earlier than 9am on weekdays, and one pharmacy in the South East locality offers the service later than 7pm on weekdays (Table 5.11). On Saturdays, 13% of pharmacies offering the service are closed, but the closures do not have a substantial effect on the number of pharmacies open by locality. One pharmacy offers the service before 9am in the North locality. On Sundays, four pharmacies also provide MUR– two in the North locality and two in the South West. However, all of these pharmacies are close to the locality boundaries – the pharmacies in the North locality are both on the border with the Central locality, and the South West pharmacies are on the border with the South East locality, so could reasonably be accessed by residents in the neighbouring localities.

We have analysed MUR provision in 2016/17, as this is the most recent complete year available at the time of writing. These figures show that 11,074 MURs were carried out by 43 (93%) pharmacies in Islington (Table 5.10)., 4.42 MURs were carried out per 1000 items dispensed in Islington in 2016/17; the ninth highest value in London (Figure 5.2 Number of MUR per 1000 dispensed items by CCG in London 2016/17, Islington value highlighted: 4.42, source: NHS England Medicines Optimisation Dashboard). These data show that the average number of MURs per pharmacy in each of Islington's localities are above the London average. This suggests that there is capacity within each of the localities for pharmacies to accommodate an increase in residents; again this is most significant for the South East and South West localities which see the highest concentration of housing developments.

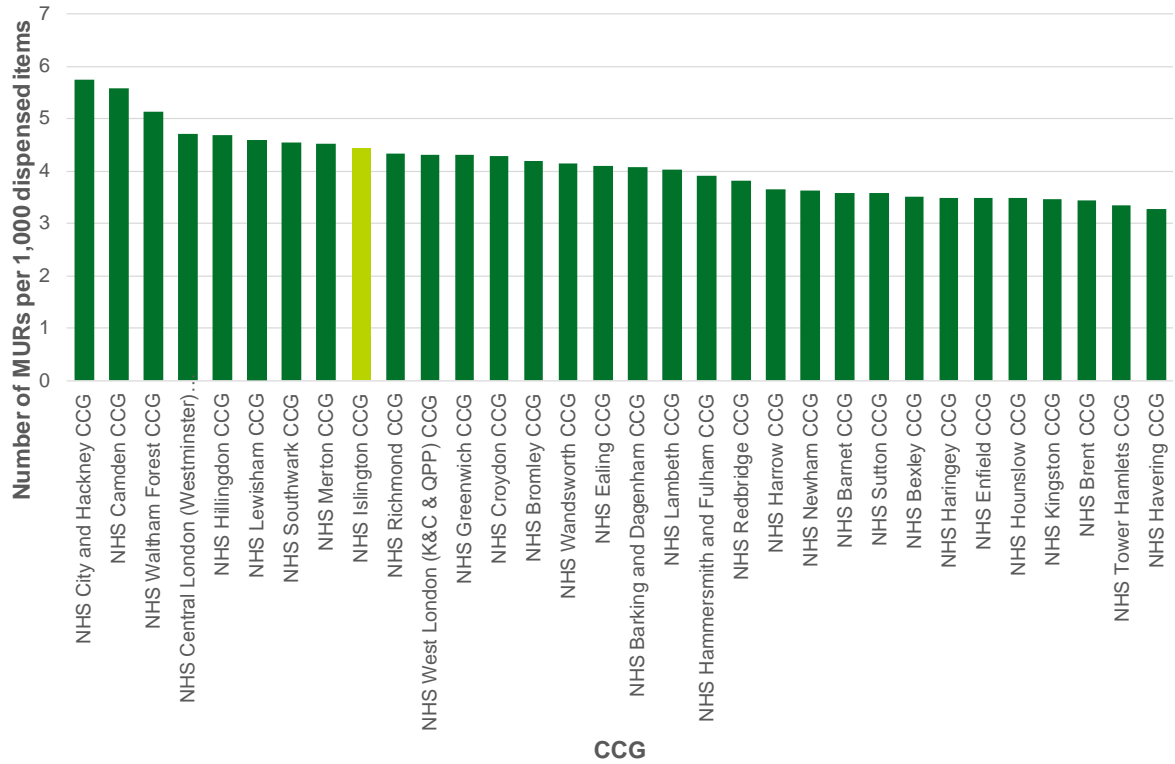
Due to the transience of Islington's population and the large workday population, the three-month rule could result in people not being able to access this service from which they would otherwise benefit, or may mean that people who have recently arrived in the borough are travelling back to their previous borough of residence for appointments. However, pharmacists may be able to provide a Prescription Intervention MUR, if they feel a newer patient has problems adhering to their medication.

Table 5.10 Number of MURs provided, Islington pharmacies, 2016/17

Locality	Number of pharmacies	Total number provided	Average per pharmacy
North	12	3,046	254
Central	5	1,090	218
South East	13	2,915	224
South West	13	4,023	309
Islington	43	11,074	258

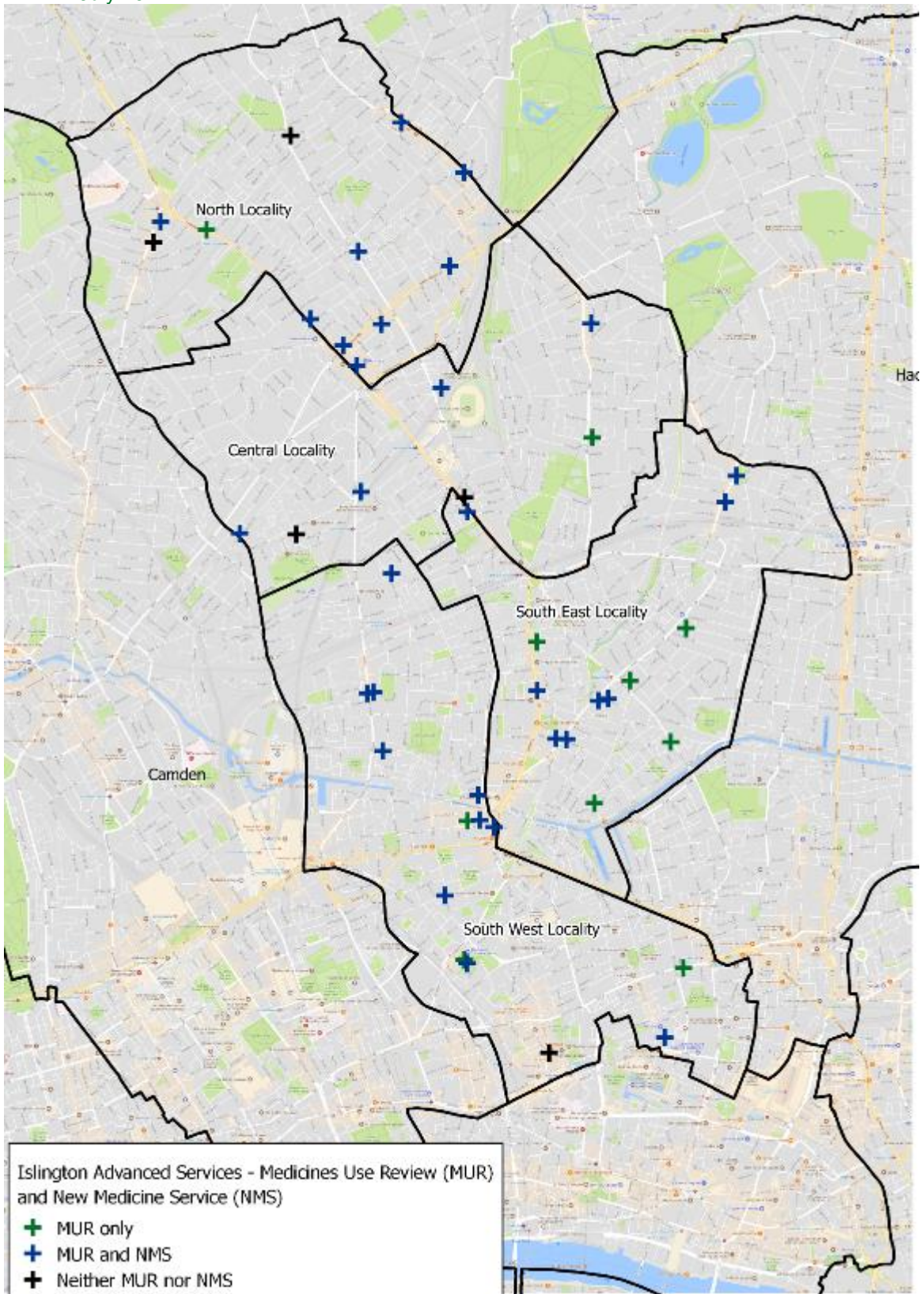
Source: PSNC, 2016/17

Figure 5.2 Number of MUR per 1000 dispensed items by CCG in London 2016/17, Islington value highlighted: 4.42, source: NHS England Medicines Optimisation Dashboard



Source: NHS England, 2016/17

Map 5.6 Pharmacies providing Medicine Use Review and/or New Medicine services in Islington, July 2017



Source: NHS England, 2017

Table 5.11 Opening hours of Islington pharmacies with recorded MUR activity, July 2017

Locality and Ward		Weekday				Saturday					Sunday				
		Standard Hours: Open between 9am and 7pm	Early Hours: Open before 9am	Late Hours: Open after 7pm	Extended Hours: Open before 9am and after 7pm	Standard Hours: Open between 9am and 7pm	Early Hours: Open before 9am	Late Hours: Open after 7pm	Extended Hours: Open before 9am and after 7pm	Closed	Standard Hours: Open between 9am and 7pm	Early Hours: Open before 9am	Late Hours: Open after 7pm	Extended Hours: Open before 9am and after 7pm	Closed
North	Finsbury Park	6	1	0	0	6	1	0	0	0	2	0	0	0	5
	Hillrise	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Junction	2	0	0	0	2	0	0	0	0	0	0	0	0	2
	Tollington	1	0	0	0	1	0	0	0	0	0	0	0	0	1
	North total	9	1	0	0	9	1	0	0	0	2	0	0	0	8
Central	Highbury East	2	0	0	0	2	0	0	0	0	0	0	0	0	2
	Highbury West	1	0	0	0	0	0	0	0	1	0	0	0	0	1
	Holloway	2	0	0	0	1	0	0	0	1	0	0	0	0	2
	St George's	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Central total	5	0	0	0	3	0	0	0	2	0	0	0	0	5
South East	Canonbury	0	0	0	1	1	0	0	0	0	0	0	0	0	1
	Mildmay	2	0	0	0	1	0	0	0	1	0	0	0	0	2
	St Mary's	5	0	1	0	6	0	0	0	0	0	0	0	0	6
	St Peter's	4	0	0	0	3	0	0	0	1	0	0	0	0	4
	South East total	11	0	1	1	11	0	0	0	2	0	0	0	0	13
South West	Barnsbury	1	1	0	2	4	0	0	0	0	2	0	0	0	2
	Bunhill	2	0	0	0	2	0	0	0	0	0	0	0	0	2
	Caledonian	4	0	0	0	3	0	0	0	1	0	0	0	0	4
	Clerkenwell	3	0	0	0	2	0	0	0	1	0	0	0	0	3
	South West total	10	1	0	2	11	0	0	0	2	2	0	0	0	11
<b>Islington total</b>		<b>35</b>	<b>2</b>	<b>1</b>	<b>3</b>	<b>34</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>37</b>

Source: NHS England 2017



## CONCLUSIONS ON MEDICINES USE REVIEW (MUR)

MUR can help people with long term conditions manage their conditions better and potentially remain healthier for longer, thereby helping to improve health outcomes and reduce health inequalities in support of the JHWS goals. 2014 Focus group participants with long term conditions also identified these reviews as helpful, as patterns of medication use can change, and they may need reminding of this. The knowledge and expertise of pharmacists is crucial in this context.

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

- Islington has improved uptake of MURs since the 2015 PNA. Pharmacies in the Central and South East localities provide fewer MURs on average than the other localities.
- Opening hours: on Sundays, in Central and South East localities, all the pharmacies offering this service were closed. However, there is no identified gap in the provision of MURs in Islington.
- Eligibility: Given the high population turnover and the large workday population within the borough, the three-month rule may result in people not being able to access this service who would otherwise benefit.

People with long term conditions attending the focus group commented on how much they rely on the pharmacist for advice on patterns of using medicines, clashes between different medications and the chance to discuss their concerns. The medication review service was also considered to be important in this respect and those who had used it had a positive experience. It would be advisable for pharmacies to let patients know if they have a private consultation room available. By increasing the visibility of MURs, this group may feel more positive about seeking help from pharmacies rather than their GP.

### 5.3.2. New Medicine Service (NMS)

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

1. Asthma and COPD
2. Type 2 diabetes
3. Antiplatelet or anticoagulation therapy
4. Hypertension

A patient may be referred by their primary or secondary care practitioner when starting to use a new medicine, and pharmacists can also identify suitable patients. Patients are eligible regardless of how long they have used the pharmacy (unlike MUR). The amount of NMS a pharmacy can undertake is linked to the total dispensing of the pharmacy overall. Though originally commissioned to March 2013, and after an extension to March 2015, NHS England have recently confirmed an extension for 2015/16.

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

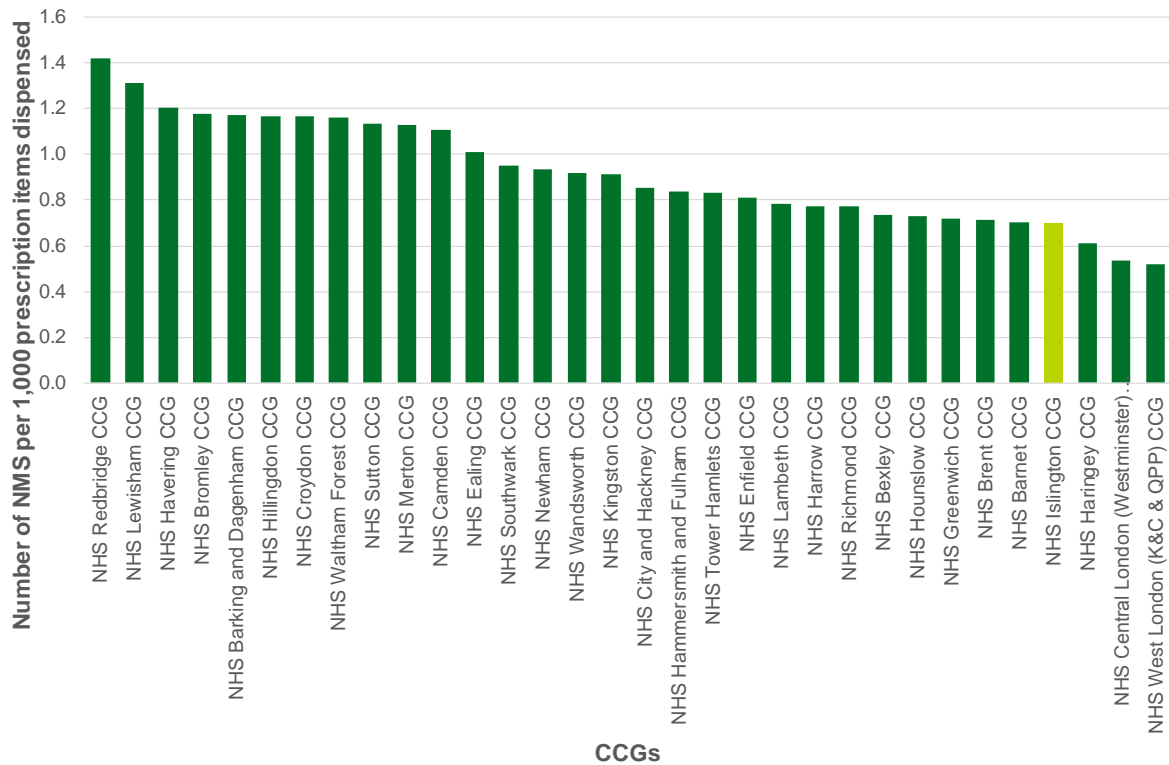
NHS England have advised that recorded activity is used as an indicator of which pharmacies are actively offering the NMS service. Reporting data for 2016/17 shows that 36 pharmacies have reported activity on the NMS. This includes 14 pharmacies in the North and Central localities (83% and 57% of pharmacies in those localities, respectively), 11 pharmacies in the South East locality (85%), and 10 pharmacies in the South West (71%).

There were a total of 1,741 NMS carried out in Islington pharmacies in 2016/17. The number of NMS per 1000 dispensed items was amongst the lowest in London (0.69 per 1000 dispensed items, Figure 5.3).

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<sup>21</sup> Department of Health Policy Research, Understanding and Appraising the New Medicines Service in the NHS in England (2014)  
<http://www.nottingham.ac.uk/~pazmjb/nms/downloads/report/files/assets/common/downloads/108842%20A4%20Main%20Report.v4.pdf>

Figure 5.3 Number of NMS per 1000 dispensed items by London CCGs, Apr 16-March 17, Islington value highlighted, 0.69, source: NHS England Medicines Optimisation Dashboard



Source: NHS England, 2016/17

### CONCLUSIONS ON NEW MEDICINES SERVICE (NMS)

NMS is aimed at people with long term conditions with newly prescribed medications to improve adherence, leading to better health outcomes. NMS is a **necessary service** for the Islington population, as it improves access to medication review, support, and enhances patient experience. As with the MUR, NMS contributes directly to the JHWS goal of preventing and managing long term conditions by improving the adherence to medication; where relevant it can also help to meet the other JHWS goals. Improving adherence, and therefore reducing the number of avoidable GP and hospital appointments also contributes to ensuring healthcare resources are being used appropriately and are delivering value for money.

With 36 pharmacies out of 46 reporting NMS activity in 2016/17, there may be scope to increase the activity within the existing pharmacy network.



### 5.3.3. Appliance Use Review (AUR)

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

In Islington in 2016/17, there is one pharmacy signed up to offer AURs. There were no pharmacies in Islington offering this service in 2014/15.

### 5.3.4. Stoma Appliance Customisation (SAC)

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

In Islington in 2016/17, there is one pharmacy signed up to offer SACs. There were no pharmacies in Islington offering this service in 2014/15.

The low level of SAC services offered in Islington may be explained by the advice and support patients receive from other care providers and, similar to AUR, the service is usually provided by the appliance contractor rather than a pharmacy.

### 5.3.5. National NHS England Flu Service

The National NHS England Flu Service is an advanced service. It is described in section 5.4.3, alongside the London Pharmacy Vaccination Service.

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

In Islington, there is one pharmacy signed up to provide AUR, and one pharmacy signed up to provide SAC. This low number is perhaps due to the advice and support patients receive from other care providers. As both services are designed to improve access and can contribute to the JHWS goal of managing long term conditions, AUR and SAC are **relevant services** in Islington.

Access to the services was not raised as a gap by the 2014 focus group participants, and there have not been other complaints from other services. As such, there are no identified current or future gaps, particularly as patients can access care through other services, including the DACs.

## 5.4. Enhanced services

Enhanced services are commissioned by NHS England from community pharmacies and are defined in the 'Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013'. Each service is defined within a service level agreement, provided by NHS England.

### 5.4.1. Minor ailments scheme (MAS)

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

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

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

In Islington, 38 (82%) of pharmacies offer the MAS. On weekdays, in the South West locality, one pharmacy offers the service before 9am, while the Central and South East localities have pharmacies offering the service after 7pm (Table 5.13). On Saturdays, 32 pharmacies offering this service were open. On Sunday, three open pharmacies offer the MAS, covering 9am to 7pm.

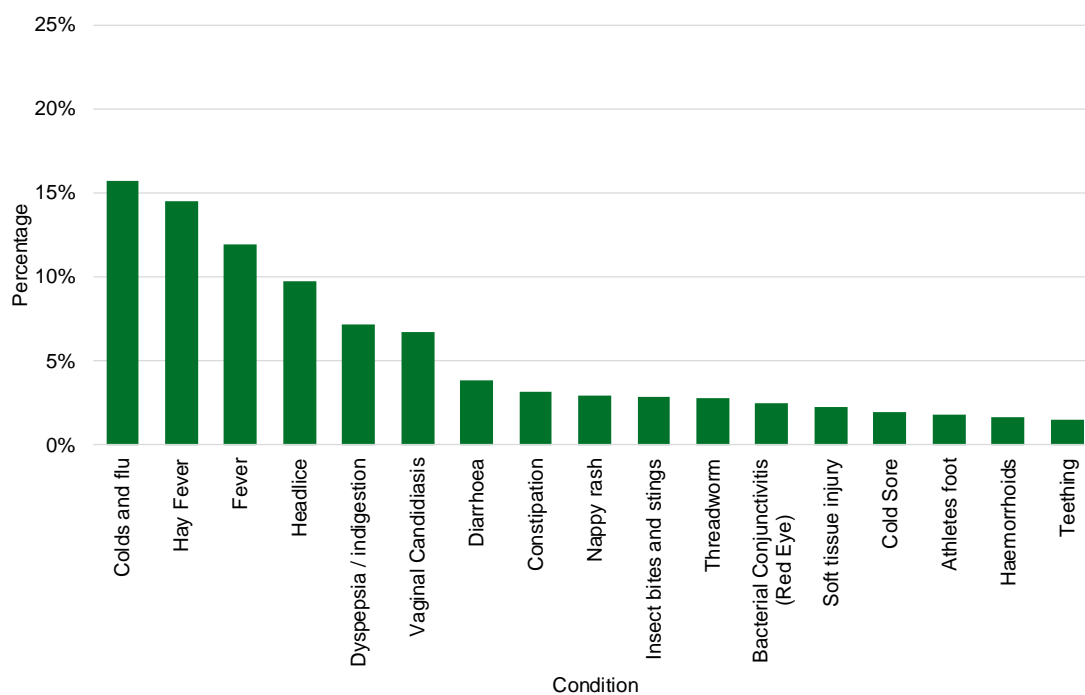
In 2016/17 there were just over 45,000 consultations as part of the MAS, with over half of the consultations taking place in the South East and South West localities (Table 5.12). The mostly frequently diagnosed ailments are colds and flu (16%), hayfever (15%) and fever (12%) (Figure 5.4).

Table 5.12 Number of Minor Ailments consultations, by locality, 2016/17

Locality	Number of consultations
North	9,627
Central	5,013
South East	17,075
South West	13,567
<b>Total</b>	<b>45,282</b>

Source: NHS England 2017

Figure 5.4 Breakdown of the conditions diagnosed through the Minor Ailments Scheme, Islington pharmacies, 2016/17



Source: NHS England, 2017

**Note:** Eight conditions which each contribute less than 2% of consultations have been excluded from this graph for ease of interpretation.

Table 5.13 Opening hours of pharmacies providing MAS, July 2017

Locality and Ward		Weekday				Saturday					Sunday				
		Standard Hours: Open between 9am and 7pm	Early Hours: Open before 9am	Late Hours: Open after 7pm	Extended Hours: Open before 9am and after 7pm	Standard Hours: Open between 9am and 7pm	Early Hours: Open before 9am	Late Hours: Open after 7pm	Extended Hours: Open before 9am and after 7pm	Closed	Standard Hours: Open between 9am and 7pm	Early Hours: Open before 9am	Late Hours: Open after 7pm	Extended Hours: Open before 9am and after 7pm	Closed
North	Finsbury Park	6	0	0	0	6	0	0	0	0	1	0	0	0	5
	Hillrise	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Junction	2	0	0	0	2	0	0	0	0	0	0	0	0	2
	Tollington	2	0	0	0	2	0	0	0	0	0	0	0	0	2
	<b>North total</b>	<b>10</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>9</b>
Central	Highbury East	2	0	1	0	3	0	0	0	0	0	0	0	0	3
	Highbury West	1	0	0	0	0	0	0	0	1	0	0	0	0	1
	Holloway	2	0	0	0	1	0	0	0	1	0	0	0	0	2
	St George's	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	<b>Central total</b>	<b>5</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6</b>
South East	Canonbury	0	0	0	1	1	0	0	0	0	0	0	0	0	1
	Mildmay	1	0	0	0	0	0	0	0	1	0	0	0	0	1
	St Mary's	4	0	1	0	5	0	0	0	0	0	0	0	0	5
	St Peter's	4	0	0	0	3	0	0	0	1	0	0	0	0	4
	<b>South East total</b>	<b>9</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>11</b>
South West	Barnsbury	0	1	0	2	3	0	0	0	0	2	0	0	0	1
	Bunhill	2	0	0	0	2	0	0	0	0	0	0	0	0	2
	Caledonian	4	0	0	0	3	0	0	0	1	0	0	0	0	4
	Clerkenwell	2	0	0	0	1	0	0	0	1	0	0	0	0	2
	<b>South West total</b>	<b>8</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>9</b>
<b>Islington total</b>		<b>32</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>32</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>6</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>35</b>

Source: NHS England 2017

## CONCLUSION ON MINOR AILMENTS SCHEME (MAS)

The MAS helps to meet the Health and Wellbeing board priorities of reducing health inequalities, by improving access to treatment services, and partnership working, by extending the network of healthcare providers that can provide care for minor conditions.

The information shown indicates that the MAS is a **necessary service** in Islington, as it directs patients away from GP Practices by allowing them an easily accessible way to be treated for minor ailments.

The service coverage is good on weekdays as almost all pharmacies provide the service, and there are a number of pharmacies open late. As with the overall pharmacy provision, coverage is lower at weekends: there are no MAS commissioned pharmacies open early or late on Saturday in the borough, and no MAS pharmacies are open before 9am or after 7pm on Sundays. However, there are no identified gaps in provision.

The provision of minor ailments products on prescription are subject to a national consultation. The outcome of the consultation could have implications for minor ailments services in future.

#### 5.4.2. Medicines Reminder Devices (MRD)

The Medicines Reminder Device (MRD) service aims to support patients who require support to take their medicines. Pharmacists dispense medications in dosette or blister packs, to help patients to take the correct dosage at the correct times. The service aims to improve medicines adherence and therefore reduce unscheduled care visits.

In 2016/17, 32 pharmacies were signed up to the MRD service: eight pharmacies in the North locality, six pharmacies in the Central locality, ten in the South East locality and eight in the South West locality. One pharmacy offering the MRD service is open before 9am on weekdays, and two are open after 7pm. 26 pharmacies offering the service are open on Saturdays. On Sundays, there are two pharmacies offering the service are open.

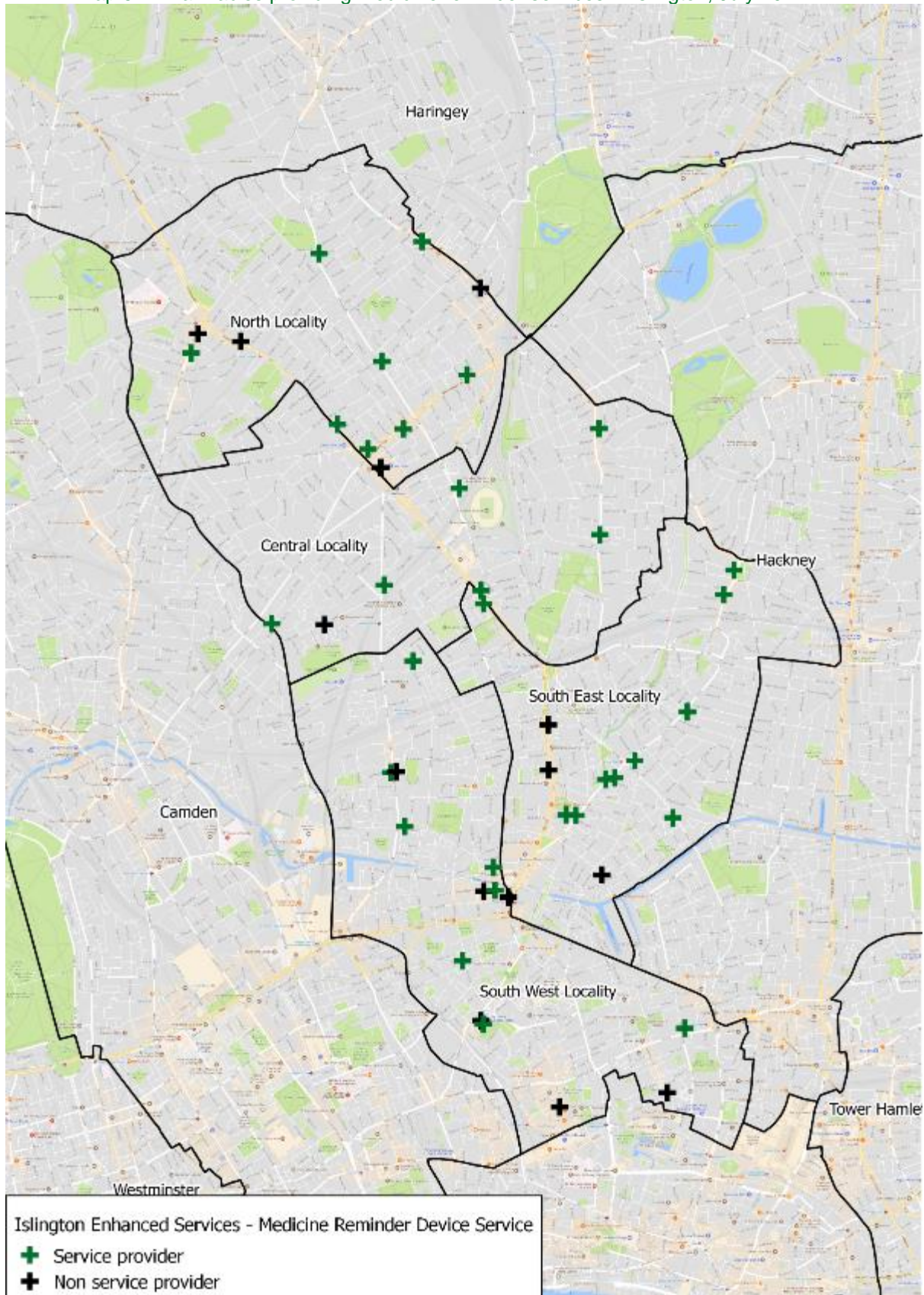
#### **CONCLUSION ON MEDICINES REMINDER DEVICES SERVICE**

MRD is a **relevant service** in Islington. MRD may contribute to the Islington JHWS goals by supporting patients to manage long term conditions, and may also contribute indirectly by reducing unscheduled service use.

The service offers good coverage from Monday to Saturday, with a number of pharmacies open in each locality offering patients a choice of pharmacies in most instances.



Map 5.7 Pharmacies providing medicine reminder services in Islington, July 2017



Source: NHS England, 2017

### 5.4.1. Pharmacy vaccination services

#### National and London Influenza Services

The National Advanced Flu Service is an advanced service, which aims to sustain and maximise uptake of the flu vaccine in at risk groups by building the capacity of community pharmacies as an alternative to general practice. Pharmacies deliver flu vaccinations to individuals most at risk from influenza who are aged 18 years and older. Eligible groups include the following: All people aged 65 years and over; people aged between 18 years and less than 65 years with a range of long term conditions; pregnant women; carers; people living in long-stay residential care homes or other long-stay care facilities; household contacts of immunocompromised individuals.

The London Pharmacy Vaccination Service 2017/18 is an enhanced service and is a top up service to the National NHS England Flu service. It is commissioned by NHS England London Region. The London Pharmacy Vaccination Service can be provided by any pharmacy in London that is also signed up to delivering the National Advanced Flu Service. It covers flu vaccinations when the national service is not operational, during September-January of each year, and it also covers additional patient groups for flu, including eligible patients from two years of age.

Table 5.14 Number of pharmacies providing flu vaccinations delivered in Islington, by service type and locality, 2016/17

Locality	National Advanced Flu Service only	London Pharmacy Vaccination Service only	Both services
<b>North</b>	1	1	6
<b>Central</b>	0	0	3
<b>South East</b>	2	0	10
<b>South West</b>	0	0	10
<b>Total</b>	3	1	29

Source: NHS England 2017

Table 5.15 Number of flu vaccinations delivered in Islington, by service type and locality, 2016/17

National Advanced Flu Service	London Pharmacy Vaccination Service	Total
<b>4,458</b>	228	<b>4,740</b>

Source: NHS England 2017

In 2016/17, 33 pharmacies delivered flu vaccinations in Islington. 29 pharmacies provided both the National Advanced Flu Service and the London Pharmacy Vaccination Service. One pharmacy in the North locality provided just the London



Pharmacy Vaccination Service, and 1 pharmacy in the North locality and 2 pharmacies in the South East locality provided just the National Advanced Flu Service.

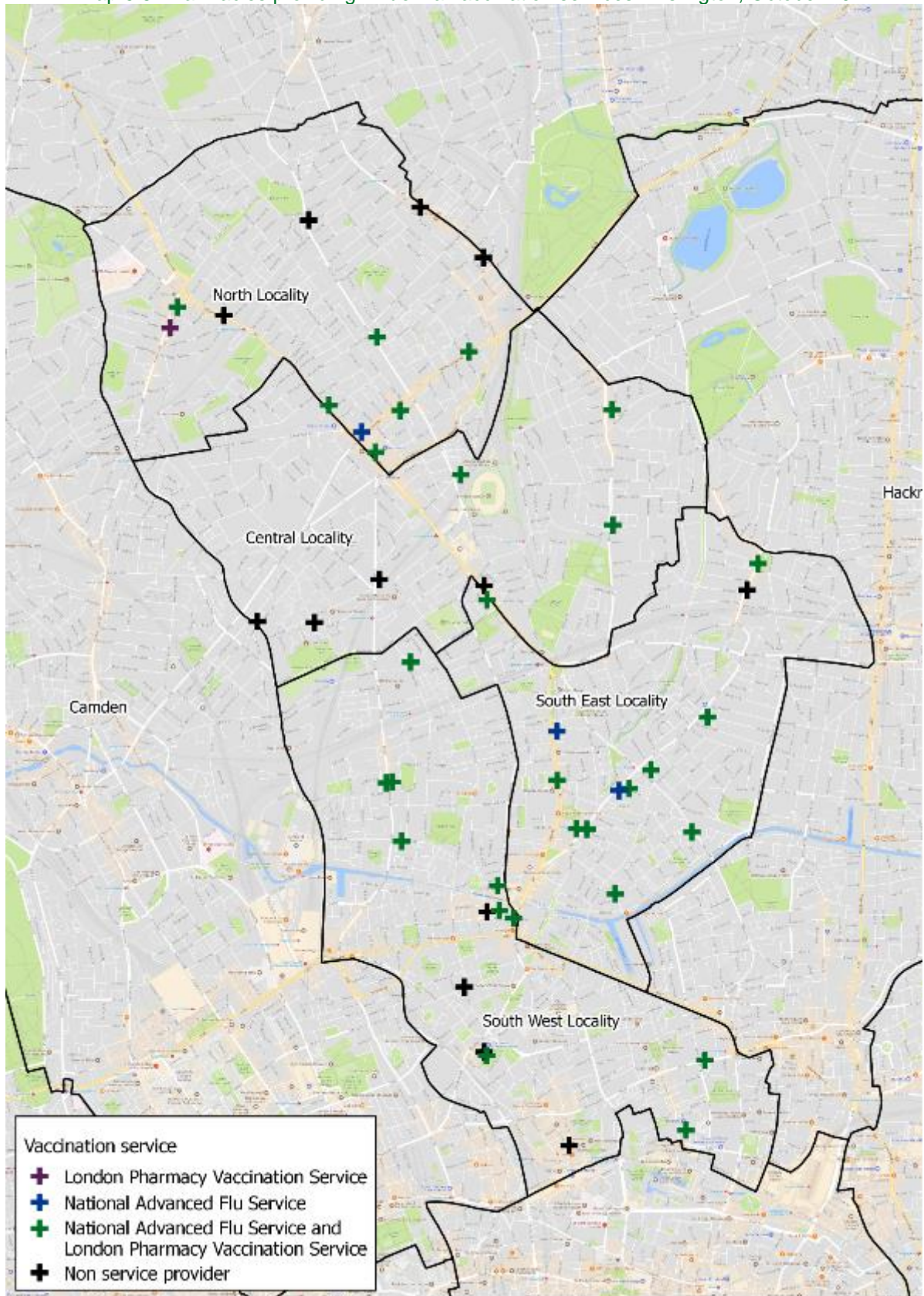
228 vaccinations were delivered by Islington's community pharmacies via the London Pharmacy Vaccination Service, and 4,458 vaccinations were delivered via the national enhanced seasonal flu vaccination service.

Vaccination rates in Islington (for both pharmacy and GP providers) were lower than the national targets for people aged over 65, people with long term conditions, and for pregnant women, but had similar uptake to London overall.

### Pneumococcal polysaccharide vaccine (PPV)

The PPV programme covers adults aged 65 and over, who have a higher risk of developing pneumococcal. The vaccine is delivered in a range of health settings, including community pharmacies. In 2016/17, 54 vaccinations were delivered through Islington community pharmacies.

Map 5.8 Pharmacies providing influenza vaccination services in Islington, October 2017



Source: NHS England, 2017

## CONCLUSIONS ON THE PHARMACY VACCINATION SERVICE

The pharmacy vaccination service provides an additional setting in which patients can receive vaccinations, offering patients greater choice.

Based on the data presented, it has been concluded that the National Advanced Flu Service is a **necessary service** because it sustains vaccine coverage for 'at risk' patients, and that the enhanced London Pharmacy Vaccination Service is a **relevant service** because it improves access to a service for 'at risk' patients.

With most pharmacies in the borough providing the vaccinations, as well as GP practices, there is good overall coverage.

### 5.5. Locally commissioned services

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

Each of the LCS will be reviewed in terms of current need and future need. Data held on each LCS will be complemented by findings from the qualitative research undertaken with pharmacy users, pharmacist and other health professionals. The services that will be assessed are listed below:

<b>Stop smoking service</b>	This service provides advice and counselling, as well as pharmacotherapy, such as nicotine replacement therapy (NRT) and varenicline, required to support smokers in their attempt to quit.
<b>Screening service (NHS Health Checks)</b>	This service provides a free NHS Health Check in community pharmacies, as another avenue for cardiovascular (CVD) risk assessment and early diagnosis. The programme aims to prevent heart disease, stroke, diabetes and kidney disease by identifying and managing people at high risk of CVD.
<b>Emergency hormonal contraception service</b>	This service provides free emergency contraception for women aged 13-24 years, as well as signposting and referral to other sexual health services.

<b>Needle syringe exchange service</b>	This service allows injecting drug users to exchange used injecting equipment for clean equipment, ensuring safe disposal of used needles and decreasing the likelihood of the transmission of bloodborne viruses, e.g. hepatitis.
<b>Supervised consumption service</b>	The service ensures that service users are able to take prescribed medication safely under the supervision of a qualified pharmacist in order to reduce the risk to individuals and local communities of: over usage or under usage of medicines; diversion of prescribed medicines onto the illicit drugs market; and accidental exposure to the supervised medicines.
<b>Community Equipment Services</b>	Accredited retailers within the borough dispense prescriptions for service users who have been identified by a health or social care professional as requiring a simple aid (e.g. Walking frames/sticks, commodes/urine bottles, bath boards/seats etc.) in order to live independently.
<b>Anticoagulation service</b>	This service enables patients being treated with Warfarin to have their treatment monitored by the pharmacist.
<b>Palliative Care Medicines service</b>	This service ensures there is access to advice and medication for end of life care.
<b>Health promotion campaigns run by Public Health</b>	Local Authority Public Health departments can run health promotion campaigns in addition to those run by NHS England.

### 5.5.1. Stop Smoking service

Islington's Pharmacy Stop Smoking Services are delivered by smoking cessation advisers who are trained to assess levels of nicotine dependency, and advise on the most appropriate programme of treatment. The service supports clients for up to 12 weeks, providing advice and counselling as well as pharmacotherapy, such as nicotine replacement therapy (NRT) and varenicline, to support smokers in their attempt to quit. The eligibility criteria to access the stop smoking services includes that smokers must be 13 years of age or older and live, work or study in the borough. Pharmacies are

asked to verify quit status after 4 and 12 weeks as an indicator of the programme's ongoing quality and impact.

In Islington, there were 1,645 quit attempts and 761 successful quits through stop smoking services in 2016/17 in a variety of settings. For all subsequent analysis in this section, the 132 individuals who did not provide consent to share their data have been excluded. Pharmacies are the second largest provider of the stop smoking service, providing 30% of all quit attempts; GP practices provided the highest proportion of smoking quit attempts (54%), and the remaining quit attempts happened in a hospital, community, or prison setting.

In 2016/17 in Islington, there were 39 pharmacies registered to provide smoking cessation services in Islington (85% of pharmacies in the borough). Map 5.9 shows the geographical distribution of pharmacies registered to provide smoking cessation services in Islington, sourced from NHS England. The majority of pharmacies (33 out of 39) are open for standard hours on weekdays, with two pharmacies open before 9am and two open after 7pm; 33 pharmacies offer the service on Saturdays, and one of these pharmacies is open before 9am with the others all open between 9am and 7pm (Table 5.16). On Sundays four pharmacies are open and each of them offer stop smoking services between 9am and 7pm.

The analysis below is restricted to the 27 pharmacies with recorded activity data for smoking cessation services in Islington, based on service provider activity for 2016/17 (59% of all Islington pharmacies, 69% of pharmacies registered to provide smoking cessation services). Of the pharmacies with recorded activity data, ten are in the North locality, ten are in the South East locality, five are in the South West locality and two are in the Central locality. Pharmacy provision per 1,000 smokers differs between localities: Central (1.3), South West (1.6), North (3.5) and South East (5.7), although this difference is not significant.

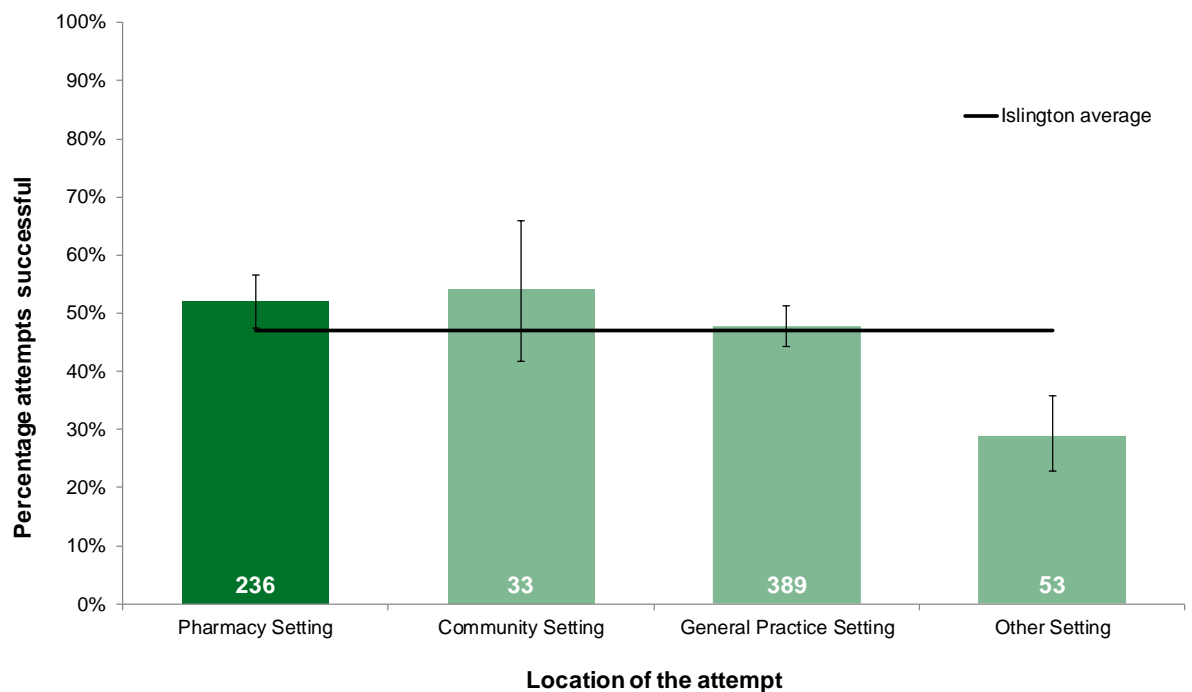
Successful quit attempts are defined as quitting smoking at four weeks. In pharmacies, 52% of smoking quit attempts were successful; this is higher than the Islington average but not significantly different to community settings (54%) or GP Practices (48%) (Figure 5.5). This may reflect a high quality of service provided in pharmacies, but also the service users that access each setting.

The number of quit attempts in pharmacies were higher in the North locality (210) and lowest in the Central locality (56), perhaps reflecting the higher number of smokers in the North locality (Section 4.5.1). The number of pharmacy quit attempts was highest



in the North locality, but the proportion of successful pharmacy quits was highest in the Central locality compared to the other localities (Figure 5.6). In Islington pharmacies, more women (244) accessed stop smoking services than men (210), though smoking prevalence is higher in men compared to women (Section 4.5.1). This suggests the pharmacy stop smoking service could be more targeted towards men. There are also variations in the prevalence of smoking by age, with a higher prevalence in the age group 16-34 years (Section 4.5.1). The South West locality had a higher proportion of quit attempts in people aged 16-34 years compared to the other localities (Figure 5.7).

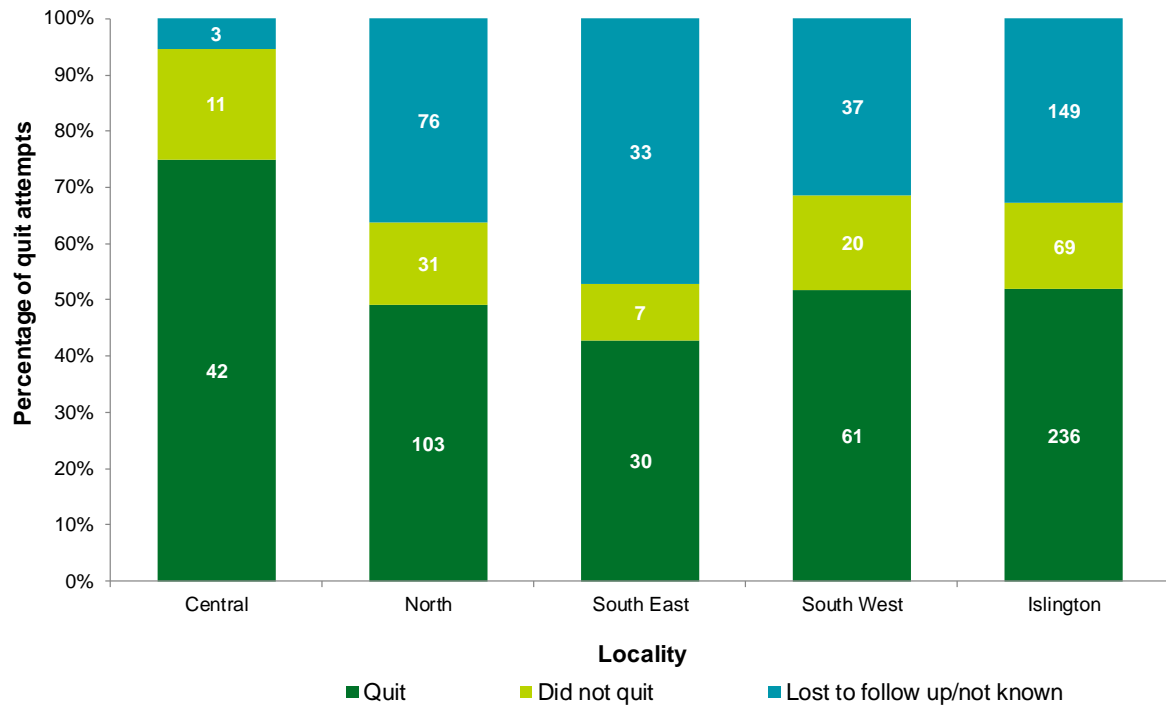
Figure 5.5 Quit rates and number of successful quits by setting of quit attempts, Islington's registered population, 2016/17



**Source:** Islington Stop Smoking Service, 2017

**Note:** Chart represents attempts, one individual may contribute more than one attempt. Attempts made in Hospital setting, prison setting, community psychiatric setting and psychiatric hospital setting were combined in "Other setting" due to small numbers.

Figure 5.6 Outcome of quit attempts at Islington pharmacies, by locality and outcome, Islington, 2016/17

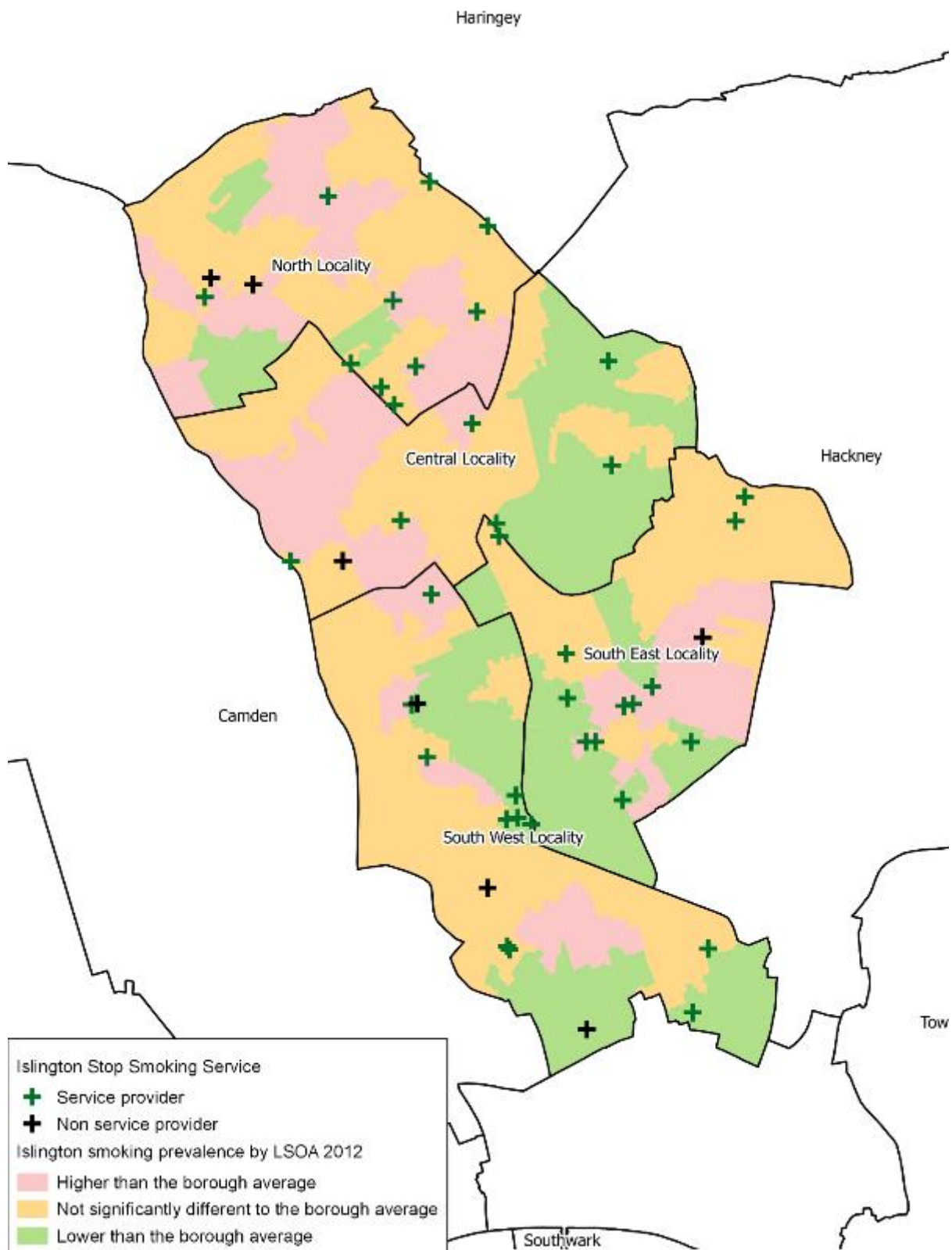


**Source:** Islington Stop Smoking Service, 2017

**Note:** Chart represents attempts rather than individuals, one individual may contribute more than one attempt.

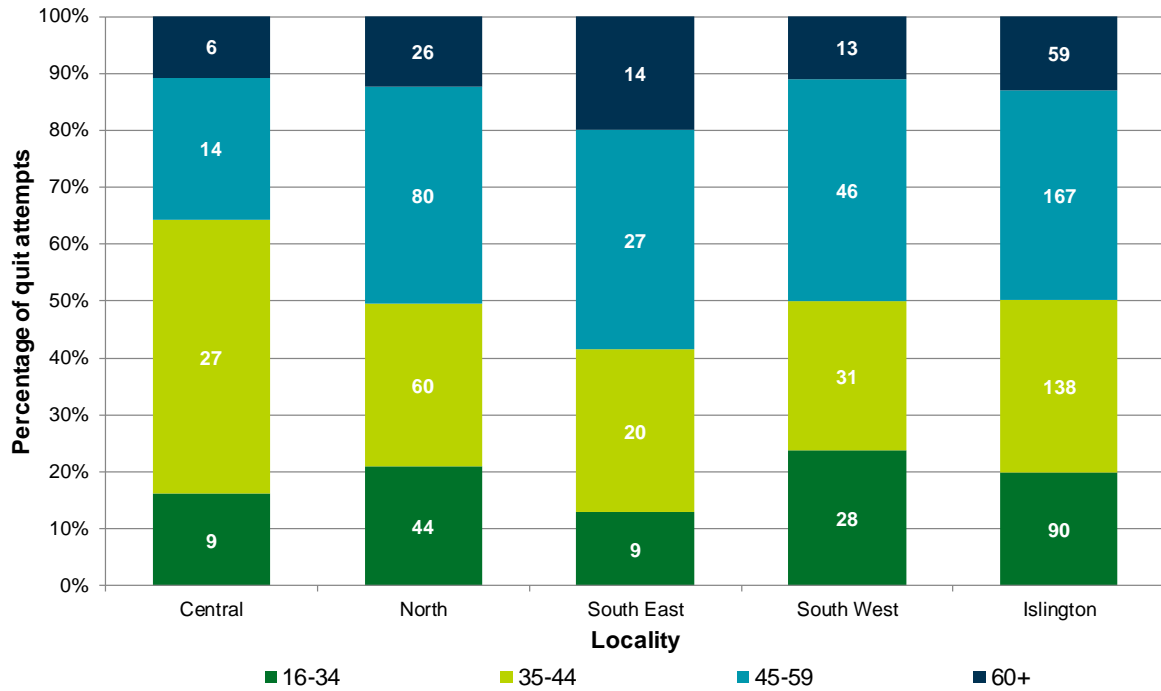


Map 5.9 Islington pharmacies providing Stop Smoking Service (July 2017), and smoking prevalence (September 2012)



Source: NHS England, 2017

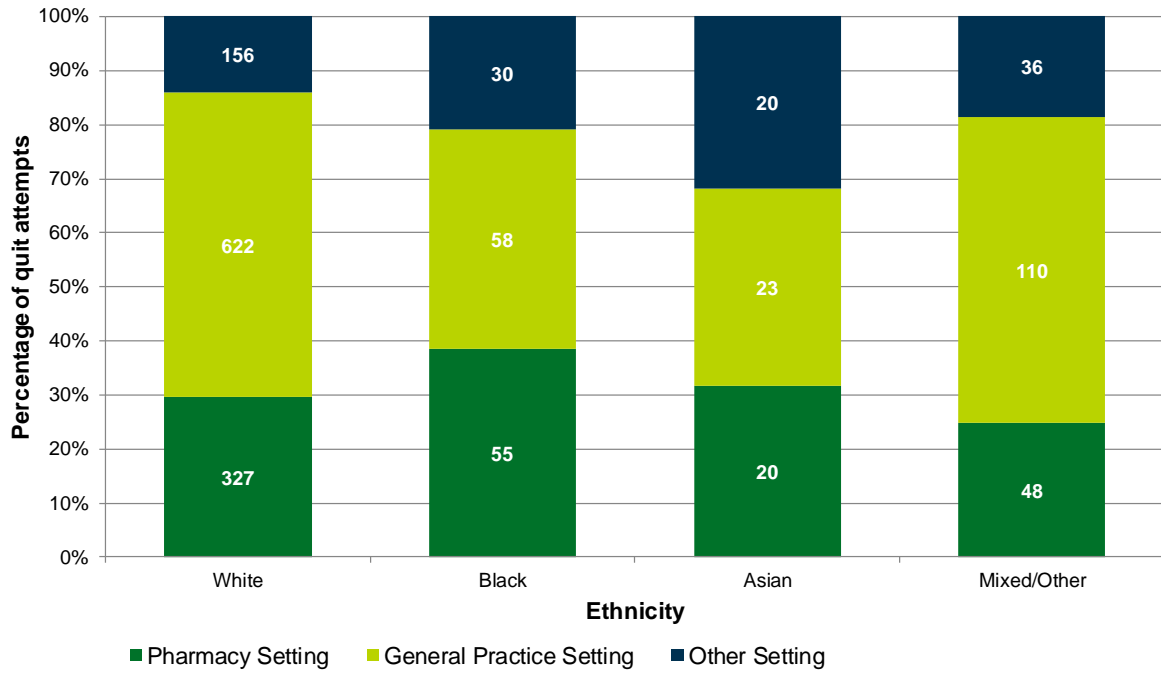
Figure 5.7 Percentage of quit attempts, by age and locality of pharmacy service attended, Islington, aged 16+, 2016/17



**Source:** Islington Stop Smoking Service, 2017

**Note:** Chart represents attempts rather than individuals; one individual may contribute more than one attempt.

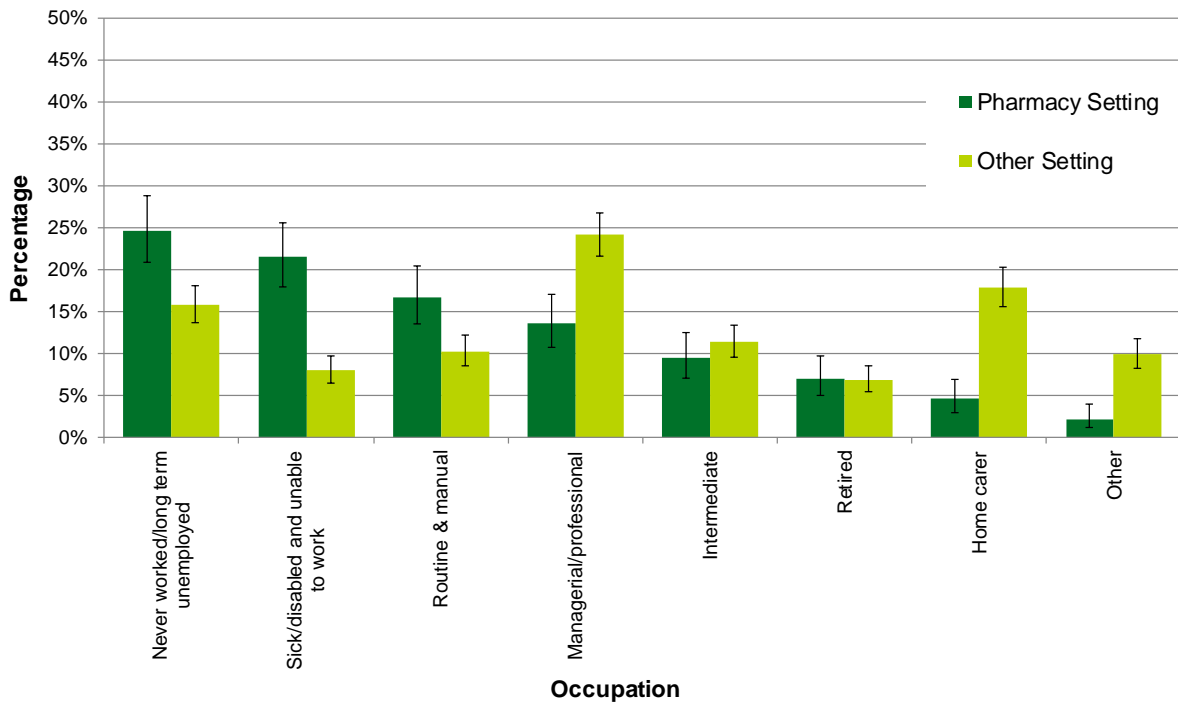
Figure 5.8 Percentage of quit attempts, by ethnicity of the user and type of service, Islington, 2016/17



Source: Islington Stop Smoking Service, 2017

Note: Chart represents attempts rather than individuals; one individual may contribute more than one attempt. "Other Setting" includes prison setting, community setting, hospital setting, psychiatric hospital setting and community psychiatric setting. 7 attempts from users with unknown ethnicity were excluded. Mixed and other ethnicities were combined due to small numbers.

Figure 5.9 Breakdown of Islington Stop Smoking Service quit attempts, by occupation and type of setting attended, Islington, 2016/17



**Source:** Islington Stop Smoking Service, 2017

**Note:** Chart represents attempts rather than individuals, one individual may contribute more than one attempt. Attempts made by Students and users "In prison" were combined into the "Other category" due to small numbers.

A higher proportion of White people accessed pharmacy stop smoking services than other ethnic groups; this is representative of the ethnic make-up of Islington's general population. Of BAME groups, a larger proportion of Black people accessed pharmacy stop smoking services than any other ethnic group (Figure 5.8).

People recorded as never worked/long term unemployed, sick/disabled or in routine & manual occupations were significantly more likely to use stop smoking service in pharmacies compared to other settings (Figure 5.9). This places pharmacies in an ideal position to help reduce inequalities in smoking.

Table 5.16 Opening hours of pharmacies providing Stop Smoking Services, July 2017

Locality and Ward		Weekday				Saturday					Sunday				
		Standard Hours: Open between 9am and 7pm	Early Hours: Open before 9am	Late Hours: Open after 7pm	Extended Hours: Open before 9am and after 7pm	Standard Hours: Open between 9am and 7pm	Early Hours: Open before 9am	Late Hours: Open after 7pm	Extended Hours: Open before 9am and after 7pm	Closed	Standard Hours: Open between 9am and 7pm	Early Hours: Open before 9am	Late Hours: Open after 7pm	Extended Hours: Open before 9am and after 7pm	Closed
North	Finsbury Park	6	1	0	0	6	1	0	0	0	2	0	0	0	5
	Hillrise	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Junction	1	0	0	0	1	0	0	0	0	0	0	0	0	1
	Tollington	2	0	0	0	2	0	0	0	0	0	0	0	0	2
	<b>North total</b>	<b>9</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>8</b>
Central	Highbury East	2	0	1	0	3	0	0	0	0	0	0	0	0	3
	Highbury West	1	0	0	0	0	0	0	0	1	0	0	0	0	1
	Holloway	2	0	0	0	1	0	0	0	1	0	0	0	0	2
	St George's	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	<b>Central total</b>	<b>5</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6</b>
South East	Canonbury	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Mildmay	2	0	0	0	1	0	0	0	1	0	0	0	0	2
	St Mary's	5	0	1	0	6	0	0	0	0	0	0	0	0	6
	St Peter's	4	0	0	0	3	0	0	0	1	0	0	0	0	4
	<b>South East total</b>	<b>11</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>10</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>12</b>
South West	Barnsbury	1	1	0	2	4	0	0	0	0	2	0	0	0	2
	Bunhill	2	0	0	0	2	0	0	0	0	0	0	0	0	2
	Caledonian	3	0	0	0	2	0	0	0	1	0	0	0	0	3
	Clerkenwell	2	0	0	0	2	0	0	0	0	0	0	0	0	2
	<b>South West total</b>	<b>8</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>10</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>9</b>
<b>Islington total</b>		<b>33</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>33</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>35</b>

Source: NHS England, 2017

## CONCLUSION ON STOP SMOKING CESSATION SERVICE

The pharmacy stop smoking service is a **relevant service** as it improved access to stop smoking services and can help reduce health inequalities. Pharmacies are a popular setting for people to access stop smoking services in Islington, providing over a third of quit attempts in the borough, and play a key role in offering patients a choice of locations when making their quit attempt. Islington pharmacies also show a high quit rate, suggesting a high service quality.

Almost 80% of Islington pharmacies registered to provide smoking cessation services, with a good coverage of weekends, weekdays, and outside working hours.

Some target groups, such as people from routine and manual occupations and people with long term conditions, access pharmacy stop smoking services more than other settings. This suggests pharmacies in Islington are ideally placed to reduce inequalities in smoking, thus providing a great contribution to tackling health inequalities.

There are opportunities for pharmacies in Islington to ensure stop smoking services are more targeted to the relevant populations. For example, women access pharmacy stop smoking services more than men, but smoking prevalence is higher in men.

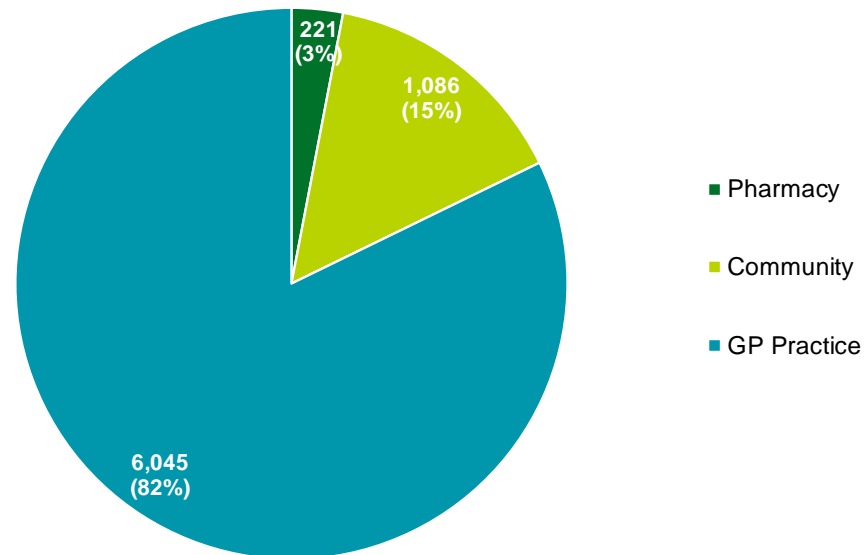
### 5.5.2. NHS Health Checks

The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. Everyone between the ages of 40 and 74 years who has not already been diagnosed with one of these conditions will be invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and will be given support and advice to help them reduce or manage that risk. In 2016/17, Islington was the fourth highest (for the eligible population) out of all 152 Local Authorities in England in terms of NHS Health Checks offered, and the twelfth highest in terms of NHS Health Checks delivered.

In 2016/17, Islington providers delivered just under 7,400 NHS Health Checks. The majority of all NHS Health Checks in 2016/17 were delivered at GP practices (82%). 15% were delivered in the community. Three per cent of checks (221 NHS Health Checks) were delivered by the seven participating pharmacies. The national target for

NHS Health Check programme is to offer checks to 20% of the eligible population aged 40 to 74 every year, with a local target uptake rate of 66%. The eligible population is based on population registered with a GP practice, since there is no defined population for pharmacy or in the community.

Figure 5.10 Number and proportion of NHS Health Checks delivered, by provider type, Islington, 2016/17



**Source:** Camden and Islington Public Health, 2017

Of all NHS Health Checks in Islington, 34% were delivered in the North locality, 24% in the South East, 23% in the South West and 18% in the Central locality (2% were missing provider postcode) (Figure 5.11). Across Islington, 39% of those offered an NHS Health Check at GP practices received one. This percentage was not significantly different between localities in Islington.

A new model for delivering NHS Health Checks in pharmacies in Islington was introduced at the start of 2016/17. Pharmacies are sub-contracted through the NHS Health Checks Community Outreach provider, with an increased focus on marketing and promotion, an online booking system, and the introduction of software to electronically transfer the results of NHS Health Checks to patients' GP surgeries. Delivery of NHS Health Checks in these pharmacies did not begin until July 2016, the number of NHS Health Checks delivered in Pharmacies in Islington relates to the period between July 2016 and March 2017 (inclusive).

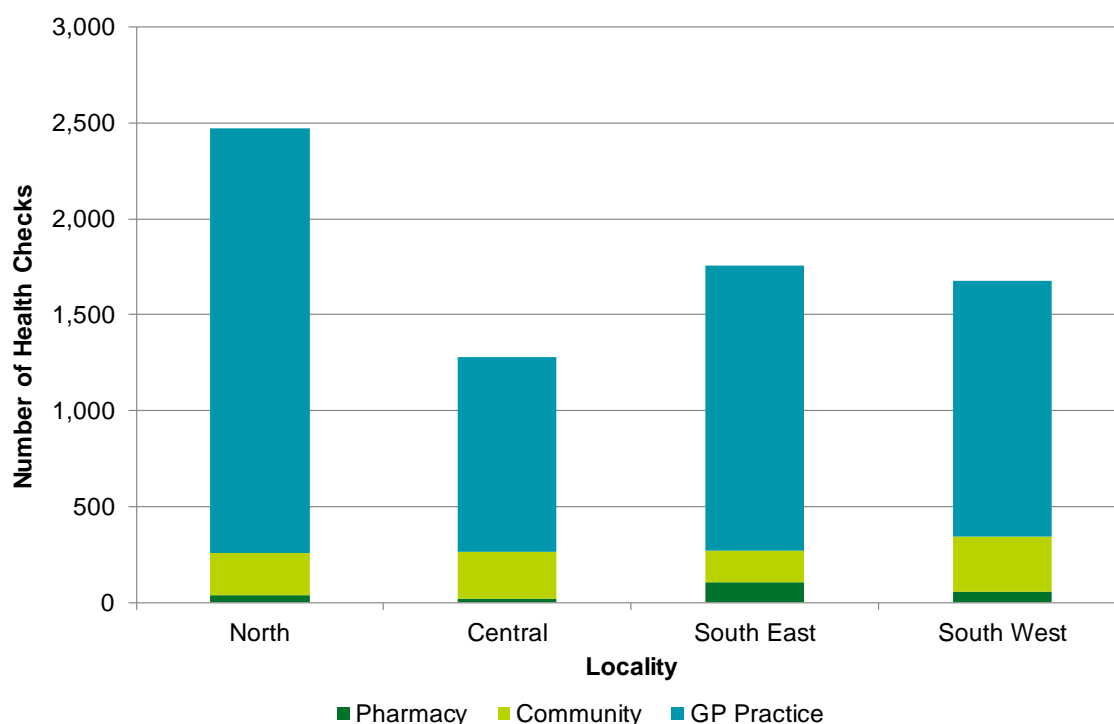
Seven pharmacies in Islington provide NHS Health Checks (15% of pharmacies in the borough): two are located in North, one in Central, one in South East and three in South West. One of the pharmacies providing NHS Health Checks is open before 9am during



the week, and the others are open between 9am and 7pm. All of the seven pharmacies open standard opening hours on Saturdays, and one of the pharmacies is open on Sundays.

The pharmacy in the South East delivered almost half of all NHS Health Checks conducted at pharmacies in the borough (48%, 107 checks), while other pharmacies delivered an average of 18 to 21 checks per pharmacy.

Figure 5.11 Number of NHS Health Checks provided by provider type and locality, Islington, 2016/17



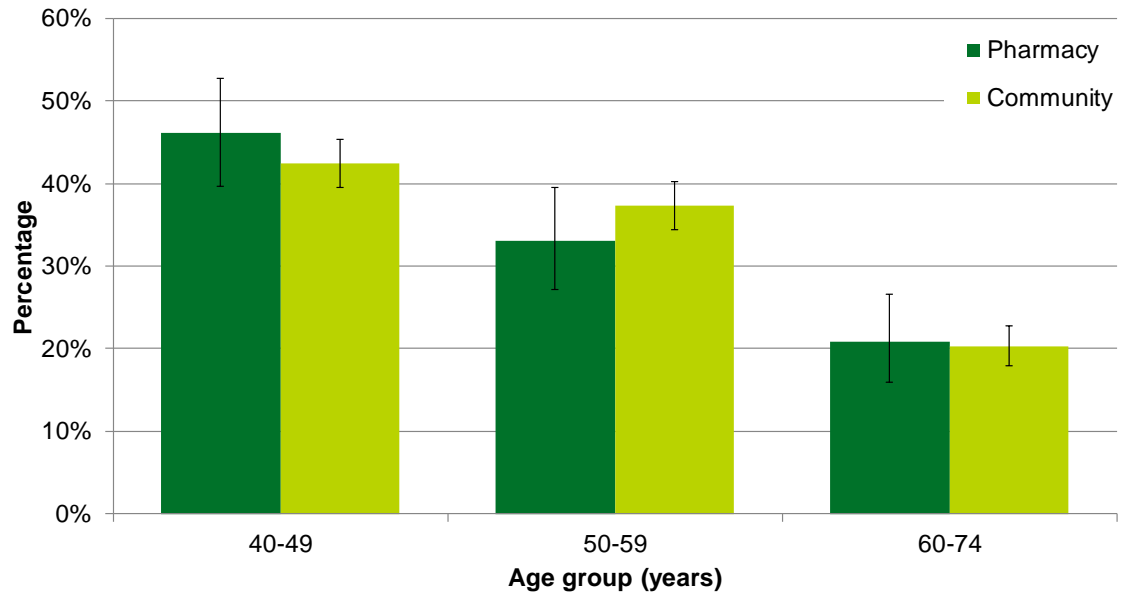
**Source:** Camden and Islington Public Health, 2017

Two thirds of the NHS Health Checks delivered by pharmacies were taken up by women. Demographic data are not available for NHS Health Checks delivered by GP practices, but the pharmacy figure is similar to that for NHS Health Checks in community locations (59%). The largest group of people receiving an NHS Health Check at pharmacies were aged 40 to 49 years (46%), followed by people aged 50 to 59 (33%). 21% were aged 60 or older. This is similar to NHS Health Checks delivered in community locations (Figure 5.12) and in line with Islington population.

The largest group of people receiving NHS Health Checks at pharmacies were of White ethnicity (69%), followed by Black ethnicity (16%), Mixed/Other (8%) and Asian ethnic groups (7%) (Figure 5.13). This pattern reflects Islington's population structure for 40 to 74 years, of which 71% are White, 14% are Black, 8% are Asian and 7% are from

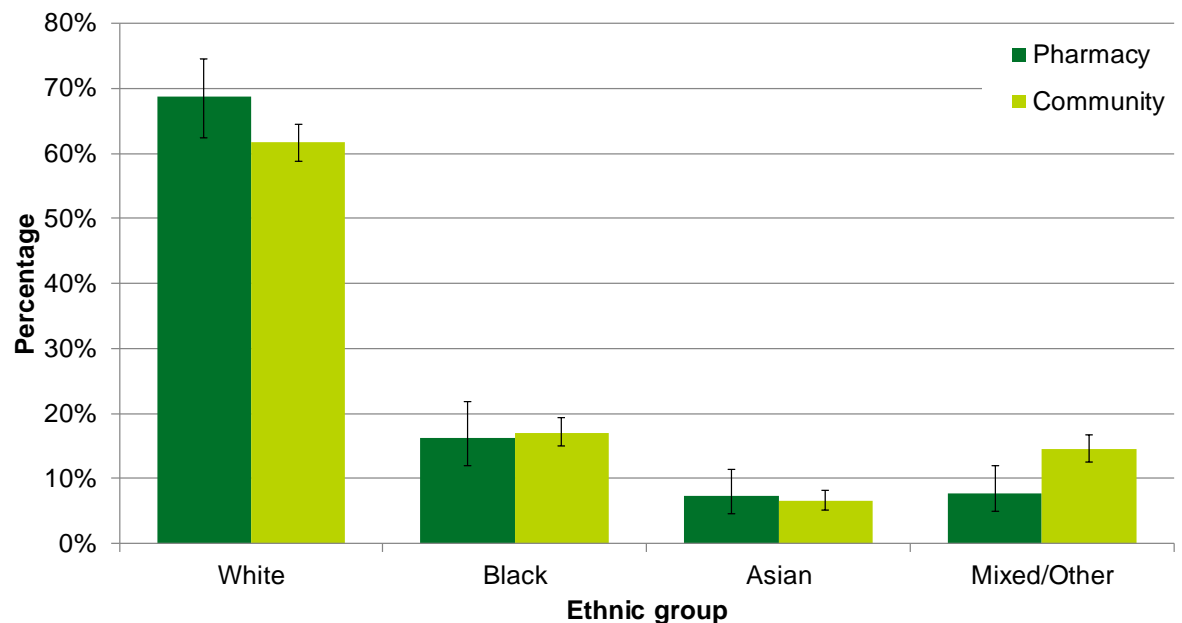
Mixed/Other ethnic backgrounds. This is also similar to that for checks in community locations, except for a higher proportion of checks (15%) taken up in community locations by Mixed/Other ethnic groups.

Figure 5.12 Proportion of NHS Health Checks by age group and provider type, Islington, 2016/17



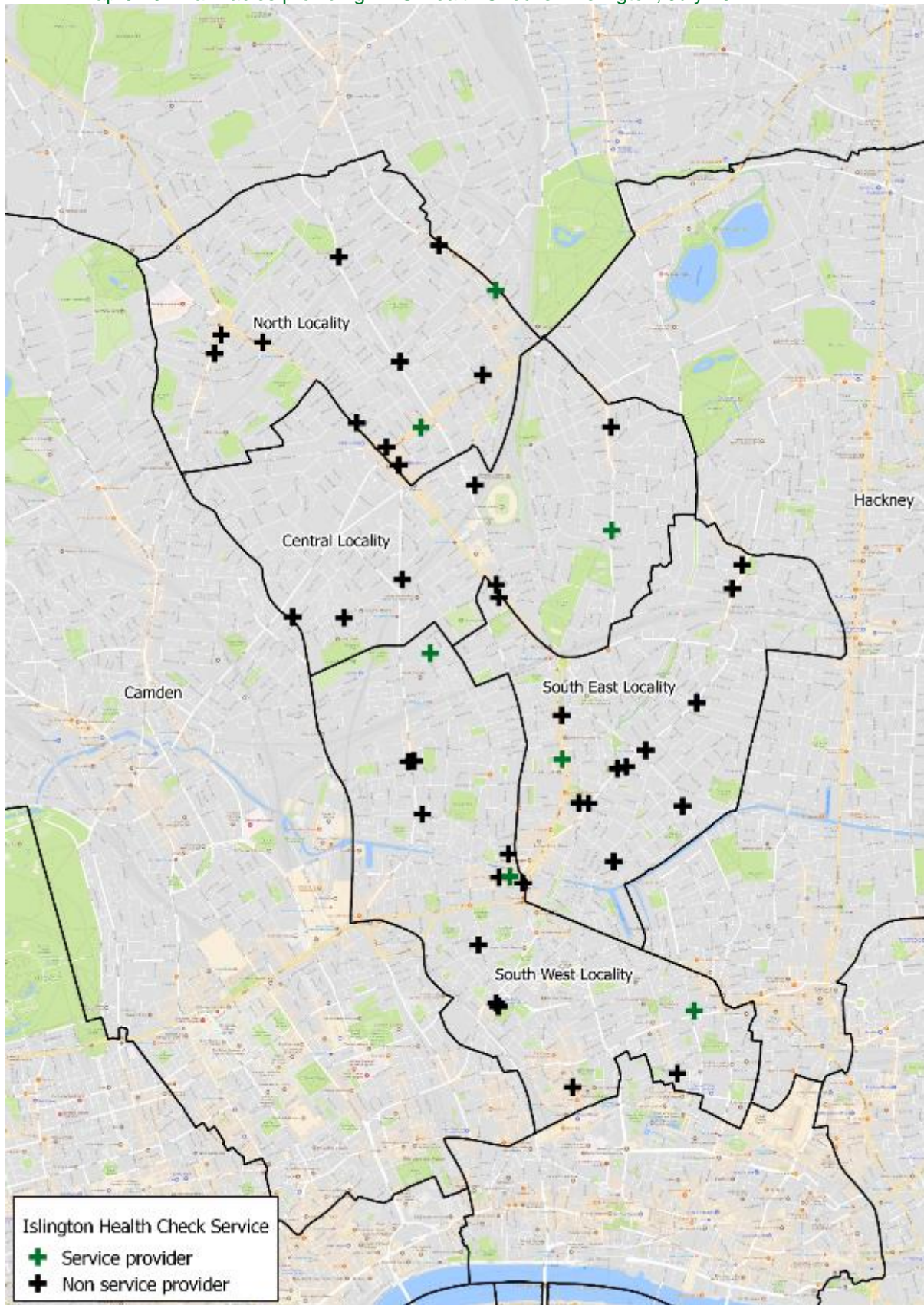
Source: Camden and Islington Public Health, 2017

Figure 5.13 Proportion of NHS Health Checks by ethnic group and provider type, Islington, 2016/17



Source: Camden and Islington Public Health, 2017

Map 5.10 Pharmacies providing NHS Health Checks in Islington, July 2017



Source: NHS England, 2017

## CONCLUSION ON NHS HEALTH CHECKS

NHS Health Checks is a **relevant service** as it improves access to this service. Although the majority of NHS Health Checks are offered and delivered through GP practices and a community outreach provider in Islington, pharmacies have the potential to improve access and uptake particularly among target population groups who are at increased risk of CVD and also less likely to engage with GP practices, and people from South Asian and Black ethnic groups. Pharmacies can therefore increase the choice of provider available to patients when making the decision as to where and when to have an NHS Health Check, as well as increasing uptake through opportunistic promotion in everyday contact with residents. As the objectives of NHS Health Checks are prevention and early diagnosis of cardiovascular conditions, which are the second leading cause of premature mortality in Islington after cancer and with a marked social gradient, the service can have an important role in meeting the JHWS goal of preventing and managing long term conditions by reducing the number of people living with undiagnosed long term conditions,

The level of NHS Health Check offers and uptake overall is low in community pharmacies, and the current focus of the programme is on increasing delivery of NHS Health Checks delivered in pharmacies through continued review and development of marketing of the programme to eligible residents. This includes targeted promotion and initiatives to increase uptake among men.

### 5.5.3. Emergency Hormonal Contraception service

The Emergency Hormonal Contraception Locally Commissioned Service (EHC LCS) provides free EHC for clients (aged 13–24 years) following unprotected sexual intercourse. This is a targeted service, in addition to EHC being available over the counter for all women. The locally commissioned service provides contraception alongside relevant signposting and referrals to other sexual health services. In order to provide this service, pharmacies must be accredited as set out in the contract; this includes signing a service level agreement (SLA), patient group directions (PGD) and completing a Disclosure and Barring Service (DBS) check.

There are 34 (74%) pharmacies that are accredited EHC pharmacies in Islington. However, in 2016/17, 23 pharmacies (50% of all pharmacies in Islington, 68% of accredited EHC pharmacies) have recorded EHC LCS provision.

The majority of pharmacies (28 out of 34) are open for standard hours on weekdays, with two pharmacies open before 9am and two open after 7pm; 28 pharmacies offer the service on Saturdays, and one of these pharmacies is open before 9am with the others all open between 9am and 7pm (Table 5.17). On Sundays four pharmacies are open and each of them offer EHC during standard hours. Overall, access to EHC pharmacies is extremely limited on Sundays and after 7pm on Saturdays. Map 5.11 shows the geographical distribution of all 34 pharmacies that are accredited to deliver EHC services in Islington, sourced from NHS England.

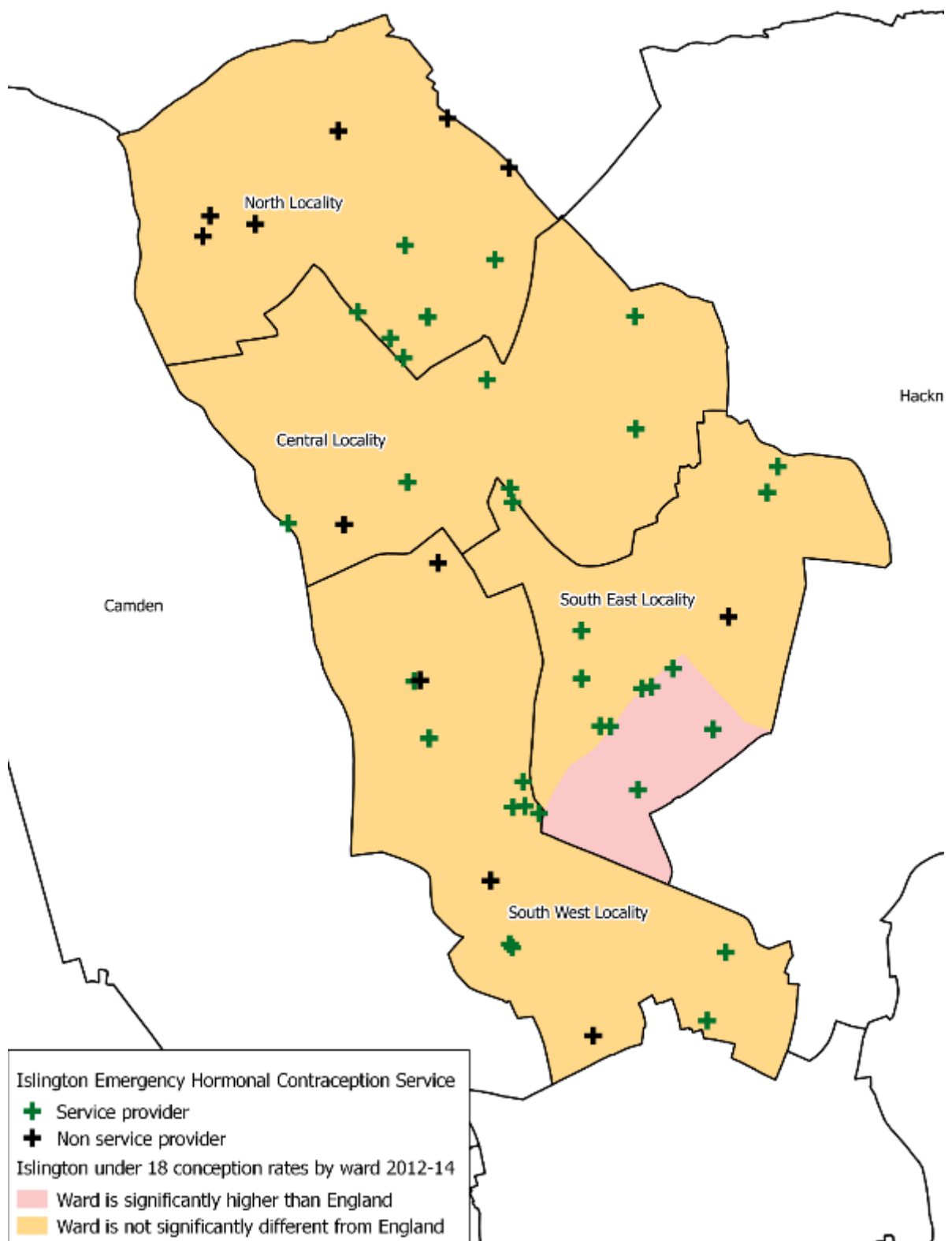
The analysis below is restricted to the 23 pharmacies with recorded EHC provision in Islington, based on service provider activity for 2016/17. There are nine EHC pharmacies in the South East locality, five EHC pharmacies in the North locality, five EHC pharmacies in the South West locality and four EHC pharmacies in the Central locality. Teenage pregnancy rates are significantly higher than the national average in the St. Peter's ward in the South East locality, where there are two pharmacies providing the service (Map 5.11). There are no EHC accredited pharmacies in the two of the three wards in the North locality (Junction and Tollington wards) and no EHC accredited pharmacies in the ward of Canonbury in the South East locality. It should be noted however, that there are other places where clients can access EHC services. For example, at GP practices and sexual health clinics, including clinics specifically for young people, and over the counter at pharmacies outside of the remit of this service.

Data from 2016/17 shows that there were over 1,150 uses of EHC across Islington at the 23 pharmacies offering the service, more than double the number of uses reported in the 2015 PNA. As the service does not track individual clients for confidentiality reasons, we are only able to provide demographic information for the number of EHC uses. Of all uses of EHC, the majority were in the South East locality (603 uses) and the North locality (304 uses). Across all pharmacies, 97% of EHC consultations resulted in the provision of medication to the client. A majority (55%) of EHC uses occurred less than 24 hours following unprotected sexual intercourse in Islington, and 25% of EHC uses took place on a Monday.

A higher number of EHC uses were recorded in women aged 23 - 24 (443 EHC uses) compared to EHC uses in women recorded as less than 18 years (293 uses) or 19-21 years (420 uses). A much higher proportion of EHC uses are for women recorded as White (46%) compared to Black (25%), Asian (6%) or Mixed/other ethnicity (23%). This largely reflects the ethnicity of Islington's younger population.



Map 5.11 EHC pharmacies as of July 2017 and teenage pregnancy rates in Islington, 2010-2014



Source: NHS England 2017, ONS 2016

Table 5.17 Opening hours of pharmacies providing EHC Services, July 2017

Locality and Ward		Weekday				Saturday					Sunday				
		Standard Hours: Open between 9am and 7pm	Early Hours: Open before 9am	Late Hours: Open after 7pm	Extended Hours: Open before 9am and after 7pm	Standard Hours: Open between 9am and 7pm	Early Hours: Open before 9am	Late Hours: Open after 7pm	Extended Hours: Open before 9am and after 7pm	Closed	Standard Hours: Open between 9am and 7pm	Early Hours: Open before 9am	Late Hours: Open after 7pm	Extended Hours: Open before 9am and after 7pm	Closed
North	Finsbury Park	5	1	0	0	5	1	0	0	0	2	0	0	0	4
	Hillrise	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Junction	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Tollington	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	North total	5	1	0	0	5	1	0	0	0	2	0	0	0	4
Central	Highbury East	2	0	1	0	3	0	0	0	0	0	0	0	0	3
	Highbury West	1	0	0	0	0	0	0	0	1	0	0	0	0	1
	Holloway	2	0	0	0	1	0	0	0	1	0	0	0	0	2
	St George's	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Central total	5	0	1	0	4	0	0	0	2	0	0	0	0	6
South East	Canonbury	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Mildmay	2	0	0	0	1	0	0	0	1	0	0	0	0	2
	St Mary's	5	0	1	0	6	0	0	0	0	0	0	0	0	6
	St Peter's	4	0	0	0	3	0	0	0	1	0	0	0	0	4
	South East total	11	0	1	0	10	0	0	0	2	0	0	0	0	12
South West	Barnsbury	1	1	0	2	4	0	0	0	0	2	0	0	0	2
	Bunhill	2	0	0	0	2	0	0	0	0	0	0	0	0	2
	Caledonian	2	0	0	0	1	0	0	0	1	0	0	0	0	2
	Clerkenwell	2	0	0	0	2	0	0	0	0	0	0	0	0	2
	South West total	7	1	0	2	9	0	0	0	1	2	0	0	0	8
<b>Islington total</b>		<b>28</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>28</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>30</b>	

Source: NHS England, 2017



## CONCLUSION ON EHC

The EHC service provided in accredited pharmacies is a **relevant service** as it improves access for young people, and complements the provision of EHC via other service providers in the borough. Pharmacies provide an alternative setting to sexual health clinics and GP practices through which women can access timely and free contraception and advice.

EHC pharmacies are not evenly distributed across the borough; there are fewer pharmacies in the Central, South West and North localities offering EHC than in the South East locality. There are two EHC pharmacies in the South West locality and this is where teenage pregnancy rates are high; this presents a gap in service provision from pharmacies, although it is recognised that women may be accessing EHC from other providers such as sexual health clinics and GP practices in this locality. Improved geographical coverage should be considered by the commissioner going forward.

Availability is limited on weekends, due to restricted opening hours.

Opening hours for EHC accredited pharmacies is very limited, with three pharmacies open for extended, early or late hours on weekdays and one pharmacy open on Sundays. The number of women using the service has increased over the past several years, and there is scope to continue this increase. Service data has shown that the localities with the highest number of pharmacies offering the service are the localities with the highest EHC use. These sites tend to be close to college and university sites. The expansion of access to free condoms for young people through pharmacies offering EHC is being piloted in 2017 as part of the C-Card condom distribution scheme.

### 5.5.4. Drug Misuse Services: supervised consumption and needle exchange services

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

Clients with drug problems who access supervised consumption and needle exchange services tend to use these services for extended periods of time, so monthly average figures are presented.

## Supervised consumption service

Supervised consumption services are focused on ensuring that clients in drug treatment programmes take and use their treatment as prescribed, and provide an opportunity for the pharmacist to make relevant interventions. To provide this service, pharmacists must have undertaken specified Centre for Pharmacy Postgraduate Education (CPPE) training and attended an annual accreditation event. Pharmacies must ensure controlled drug recording is made promptly; provide privacy for clients (e.g. private area for discreet consumption that is not in the dispensary); the service is to be available from an accredited pharmacist during all opening hours; not exceed the patient threshold set for the pharmacy; comply with Islington CCG governance requirements; and have a standard operating procedure in place to cover all aspects of the service and adequate insurance. The commissioners visit all pharmacies to ensure they meet the service specification.

63% of Islington's pharmacies offered supervised consumption services in 2016/17. Service provision ranged from 50% of pharmacies in the South West locality to 75% in the North. On average there were 301 people registered for supervised consumption each month over the course of the year. It is not possible to estimate the prevalence of substance misuse for each locality, but the percentage of the resident population that are registered for this service was significantly higher than the Islington average in the North locality (Table 5.18).

Pharmacies offering supervised consumption are not uniformly distributed across Islington; the majority are in busier areas such as main roads (Map 5.12). Clients can also access supervised consumption at a substance misuse treatment and recovery centre in the North Locality.

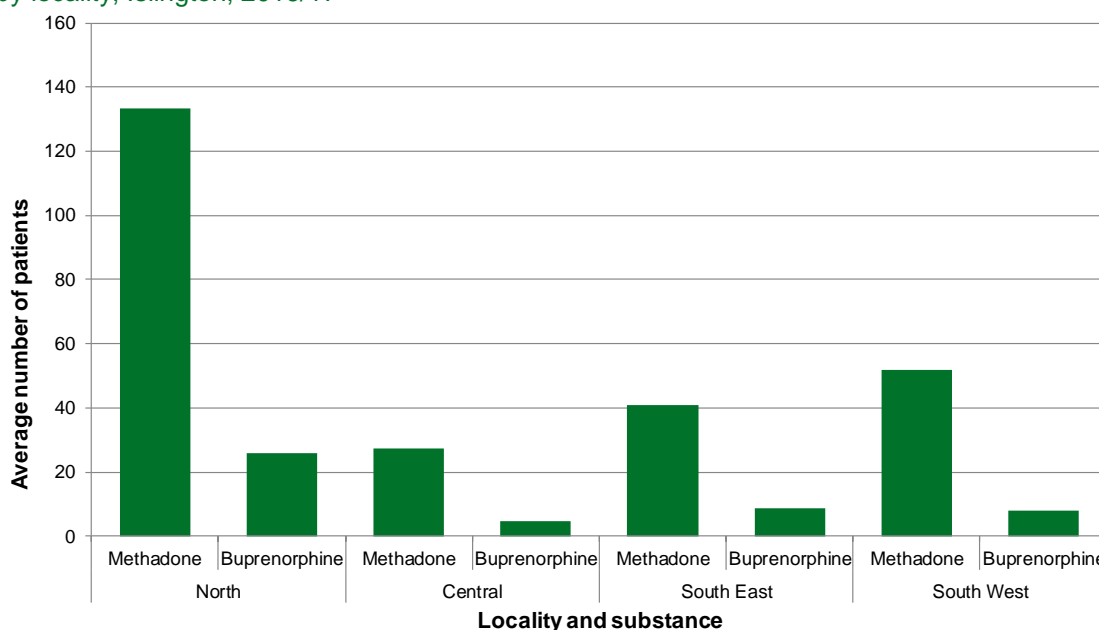
Table 5.18 Percentage of pharmacies offering supervised consumption service and average registered service users by locality, Islington, 2016/17

Locality	Providing service	Total pharmacies	% providing service	Monthly average number of patients registered with pharmacies
North	9	12	75%	159
Central	4	7	57%	32
South East	9	13	69%	50
South West	7	14	50%	60
<b>Islington</b>	<b>29</b>	<b>46</b>	<b>63%</b>	<b>301</b>

In Islington, around 80% of pharmacies that offer supervised consumption services are open between 9am and 7pm on weekdays. There are five pharmacies open earlier than 9am (one in the North, one in the South East and three in the South West) and four open later than 7pm (two each in the South East and South West). No pharmacies in the Central are open outside of 9am-7pm. On Saturdays, almost all pharmacies offering supervised consumption are open except for one in the Central locality, and one in the North locality is open before 9am. On Sundays four pharmacies offering supervised consumption are open: two in the North locality and two in the South West locality (Table 5.19).

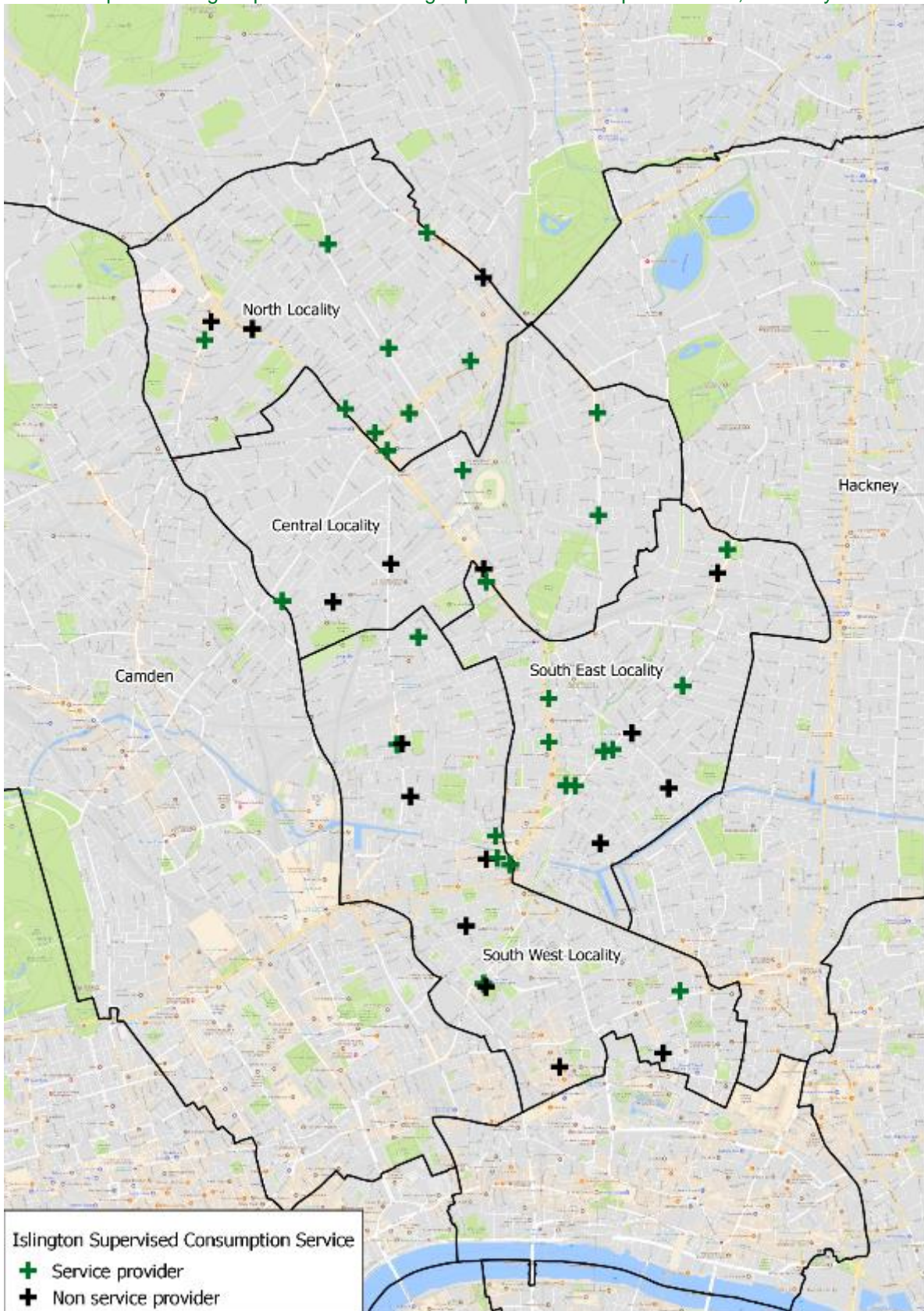
In 2016/17 there were an average of 254 clients (84% of the SSA LCS treatment population) receiving Methadone and 47 (16%) receiving Buprenorphine in Islington each month. There was no significant variation in the type of drug by locality (Figure 5.14).

Figure 5.14 Average number of patients receiving Methadone and Buprenorphine per month, by locality, Islington, 2016/17



Source: Islington Substance Misuse Commissioning team, 2017

Map 5.12 Islington pharmacies offering supervised consumption service, from July 2017



Source: NHS England, 2017

Table 5.19 Opening hours of pharmacies providing Supervised Consumption Services, 2016/17

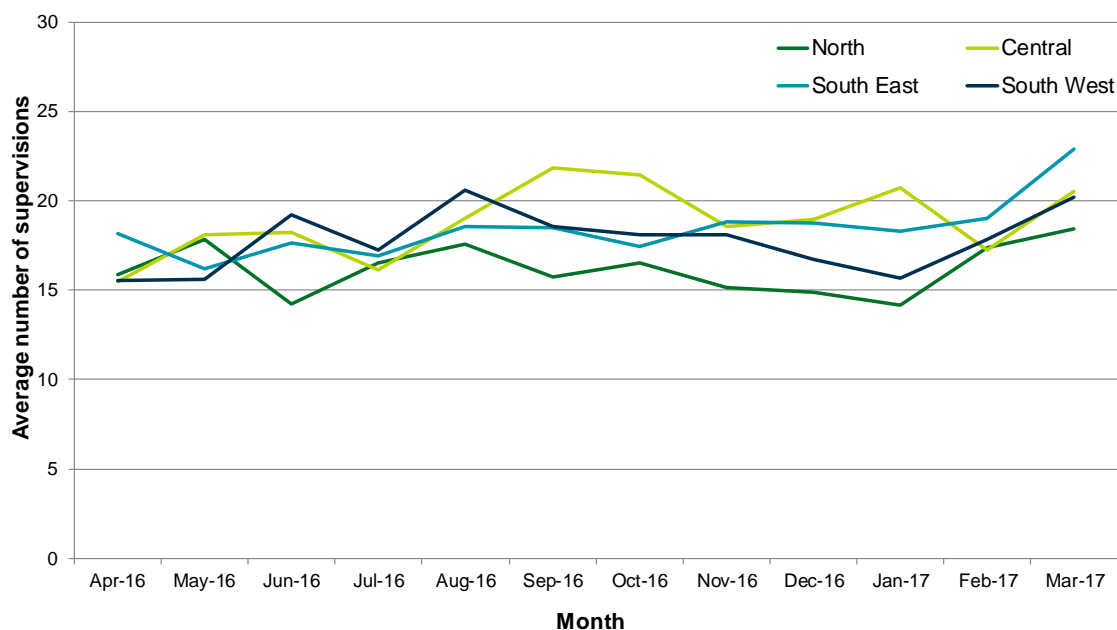
Locality and Ward		Weekday				Saturday					Sunday				
		Standard Hours: Open between 9am and 7pm	Early Hours: Open before 9am	Late Hours: Open after 7pm	Extended Hours: Open before 9am and after 7pm	Standard Hours: Open between 9am and 7pm	Early Hours: Open before 9am	Late Hours: Open after 7pm	Extended Hours: Open before 9am and after 7pm	Closed	Standard Hours: Open between 9am and 7pm	Early Hours: Open before 9am	Late Hours: Open after 7pm	Extended Hours: Open before 9am and after 7pm	Closed
North	Finsbury Park	5	1	0	0	5	1	0	0	0	2	0	0	0	4
	Hillrise	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Junction	1	0	0	0	1	0	0	0	0	0	0	0	0	1
	Tollington	2	0	0	0	2	0	0	0	0	0	0	0	0	2
	North total	8	1	0	0	8	1	0	0	0	2	0	0	0	7
Central	Highbury East	2	0	0	0	2	0	0	0	0	0	0	0	0	2
	Highbury West	1	0	0	0	0	0	0	0	1	0	0	0	0	1
	Holloway	1	0	0	0	1	0	0	0	0	0	0	0	0	1
	St George's	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Central total	4	0	0	0	3	0	0	0	1	0	0	0	0	4
South East	Canonbury	0	0	0	1	1	0	0	0	0	0	0	0	0	1
	Mildmay	1	0	0	0	1	0	0	0	0	0	0	0	0	1
	St Mary's	5	0	1	0	6	0	0	0	0	0	0	0	0	6
	St Peter's	1	0	0	0	1	0	0	0	0	0	0	0	0	1
	South East total	7	0	1	1	9	0	0	0	0	0	0	0	0	9
South West	Barnsbury	0	1	0	2	3	0	0	0	0	2	0	0	0	1
	Bunhill	1	0	0	0	1	0	0	0	0	0	0	0	0	1
	Caledonian	2	0	0	0	2	0	0	0	0	0	0	0	0	2
	Clerkenwell	1	0	0	0	1	0	0	0	0	0	0	0	0	1
	South West total	4	1	0	2	7	0	0	0	0	2	0	0	0	5
<b>Islington total</b>		<b>23</b>	<b>2</b>	<b>1</b>	<b>3</b>	<b>27</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>25</b>

Source: NHS England, 2017



Average Methadone supervisions fluctuated between 16 and 20 supervisions per patient in Islington over the course of 2016/17, with no discernible trend (Figure 5.15). Similar fluctuations and ranges of values were seen in each of the localities. The pattern for Buprenorphine supervisions was comparable with Methadone.

Figure 5.15 Average number of supervisions per client for Methadone each month, by locality, Islington, 2016/17



Source: Islington Substance Misuse Commissioning team, 2017

To ensure patient safety and clinical governance each pharmacy can have a maximum of twenty clients at any one time. If a pharmacy wishes to provide a service above this level a risk assessment must be carried out using the appropriate risk assessment tool in relation to each additional service user above 20 and submitted to the commissioners for consideration. In 2016/17, monthly service use fluctuated between 38% and 44% of capacity in Islington. Service use was higher in the North locality at almost 70% of the combined thresholds, while pharmacies in the other localities were using under a third of their capacity.

### Needle exchange service

Needle exchange services are focused on ensuring that injecting drug users have access to clean injecting equipment, are able to safely dispose of used equipment and have access to advice from pharmacists. In order to provide needle exchange, Islington pharmacists must undertake the required CPPE training and attend an annual training event. Pharmacies offering this service must provide the necessary level of privacy for clients (e.g. a consultation room for discreet conversations and advice regarding safer injecting), be open 6 days per week with needle exchange services available during all

opening hours; display the national or local scheme logo indicating availability of the service; have adequate insurance and have a standard operating procedure covering all processes involved.

There were 22 pharmacies commissioned to provide needle exchange services in 2016/17. Pharmacies offering needle exchange services are distributed throughout the borough (Map 5.13). Open access needle exchange is available at two substance misuse treatment centres in the North and Central localities, as well as pharmacies across London.

On weekdays, one pharmacy in the South East locality and two in the South West locality offer needle exchange services outside of 9am-7pm. On Saturdays almost all pharmacies offering the service are open, except for one in the South East locality, but none are open outside 9am-7pm. On Sundays just two pharmacies offering needle exchange are open, one in the North locality and two in the South West locality (Table 5.20).

Recorded activities are available for 21 of the 22 pharmacies. The analysis discussed below is restricted to these 21 pharmacies, although the map and opening hour table include all pharmacies commissioned.

Service provision ranged from 38% of pharmacies in the South East localities to 58% in the North locality (Table 5.20). On average, 929 people used the needle exchange service each month over the course of the year.

Table 5.20 Percentage of pharmacies offering needle exchange services and average number of service users by locality, Islington, 2016/17

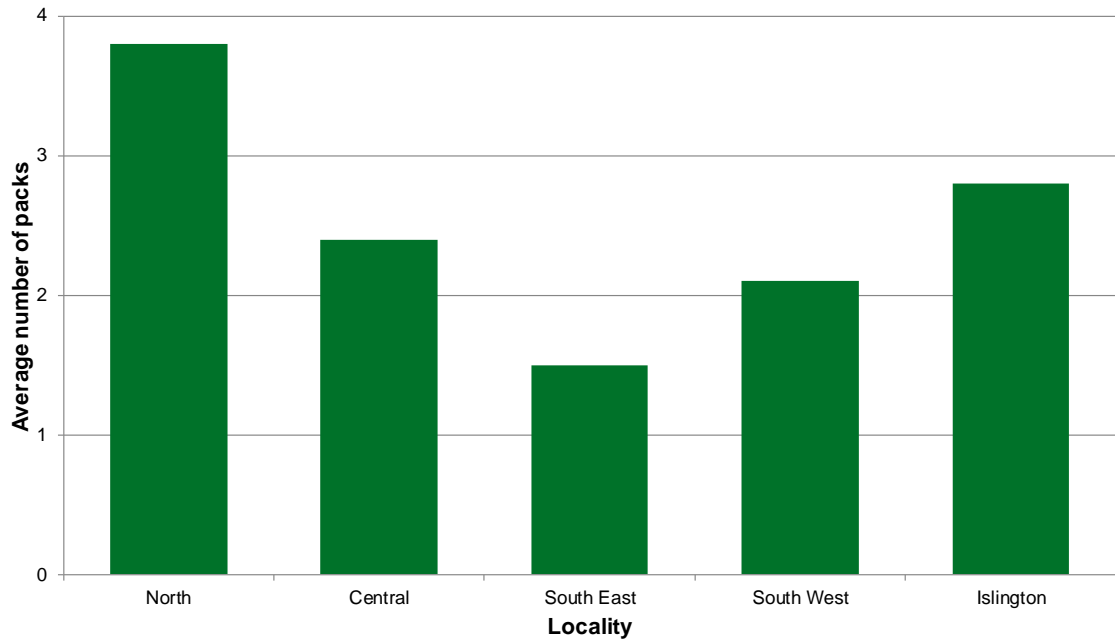
Locality	Providing service	Total pharmacies	% providing service	Monthly average number of patients using the service
North	7	12	58%	400
Central	3	7	43%	79
South East	5	13	38%	82
South West	6	14	43%	368
<b>Islington</b>	<b>21</b>	<b>46</b>	<b>46%</b>	<b>929</b>

The number of needle packs distributed to each client varied across Islington localities, ranging from 1.5 packs in the South East locality to 3.8 in the North (Figure 5.16). Of



the 31,100 needle packs distributed in Islington in 2016/17, the most frequently distributed packs were those containing smaller syringes, (blue, 71%; red 22%), which are most commonly used for heroin and crack cocaine.

Figure 5.16 Average number of needle packs distributed to needle exchange clients, by locality, Islington, 2016/17



Source: Islington Substance Misuse Commissioning team, 2017

Table 5.21 Opening hours of pharmacies commissioned to provide Needle Exchange Services, 2016/17

Locality and Ward		Weekday				Saturday					Sunday				
		Standard Hours: Open between 9am and 7pm	Early Hours: Open before 9am	Late Hours: Open after 7pm	Extended Hours: Open before 9am and after 7pm	Standard Hours: Open between 9am and 7pm	Early Hours: Open before 9am	Late Hours: Open after 7pm	Extended Hours: Open before 9am and after 7pm	Closed	Standard Hours: Open between 9am and 7pm	Early Hours: Open before 9am	Late Hours: Open after 7pm	Extended Hours: Open before 9am and after 7pm	Closed
North	Finsbury Park	4	0	0	0	4	0	0	0	0	1	0	0	0	3
	Hillrise	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Junction	2	0	0	0	2	0	0	0	0	0	0	0	0	2
	Tollington	2	0	0	0	2	0	0	0	0	0	0	0	0	2
	North total	8	0	0	0	8	0	0	0	0	1	0	0	0	7
Central	Highbury East	2	0	0	0	2	0	0	0	0	0	0	0	0	2
	Highbury West	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Holloway	1	0	0	0	1	0	0	0	0	0	0	0	0	1
	St George's	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Central total	3	0	0	0	3	0	0	0	0	0	0	0	0	3
South East	Canonbury	0	0	0	1	1	0	0	0	0	0	0	0	0	1
	Mildmay	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	St Mary's	2	0	0	0	2	0	0	0	0	0	0	0	0	2
	St Peter's	2	0	0	0	1	0	0	0	1	0	0	0	0	2
	South East total	4	0	0	1	4	0	0	0	1	0	0	0	0	5
South West	Barnsbury	0	1	0	1	2	0	0	0	0	1	0	0	0	1
	Bunhill	1	0	0	0	1	0	0	0	0	0	0	0	0	1
	Caledonian	2	0	0	0	2	0	0	0	0	0	0	0	0	2
	Clerkenwell	1	0	0	0	1	0	0	0	0	0	0	0	0	1
	South West total	4	1	0	1	6	0	0	0	0	1	0	0	0	5
<b>Islington total</b>		<b>19</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>21</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>20</b>

Source: NHS England, 2017

## CONCLUSIONS ON DRUG MISUSE SERVICES

As set out in our Substance Misuse Needs Assessment, Islington has one of the largest opiate or crack-using populations in London. As such, we conclude that both supervised consumption and needle exchange services are **necessary services** to meet the pharmaceutical needs of Islington's population. The service contributes to the JHWS goals of preventing and managing long term conditions, providing support to improve the mental health and wellbeing of clients and reducing health inequalities. We have identified the following potential current gaps:

### Supervised consumption services

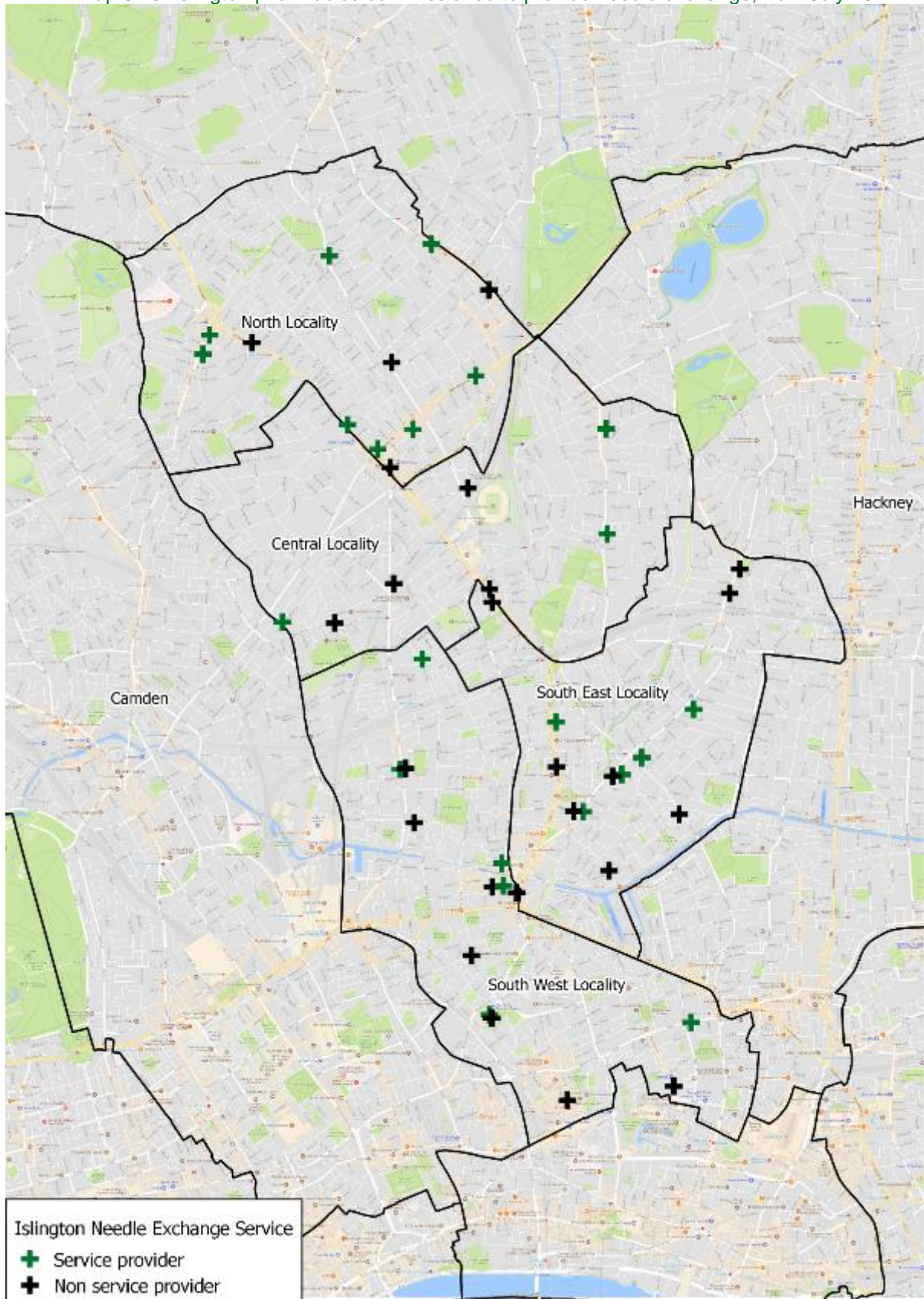
- **All localities:** Access to supervised consumption services is reduced on Sundays. Although almost all pharmacies offering this service are open on Saturdays, only 14% of pharmacies offering this service in Islington are open on Sundays.
- **All localities:** Access to this service in pharmacies is limited to normal opening hours during the week; just a fifth of pharmacies in the borough providing supervised consumption are open outside normal opening hours.

### Needle exchange services

- **All localities:** Access to needle exchange services is reduced on Sundays. Over 90% of pharmacies providing this service in Islington are closed on Sundays. None of the pharmacies providing needle exchange that are open on Saturdays are open outside of 9am to 7pm. During the week, three pharmacies are open outside of these hours.

Public health commissioners should review whether access to both supervised consumption and needle exchange on Sundays needs to be expanded in existing pharmacies.

Map 5.13 Islington pharmacies commissioned to provide needle exchange, from July 2017



Source: NHS England, 2017

### 5.5.5. Community Equipment Services

Accredited Retailers support the provision of simple aids for daily living via Islington's Transforming Community Equipment Service (TCES) programme. This is a Department of Health initiative in which pharmacies have obtained their accreditation having been evaluated, measured and assessed against a set of agreed national standards in order to be certified as an Accredited Retailer. Local retailers who have met these national standards have been given express authority to redeem prescriptions on behalf of NHS Islington and Islington Council (Adult Social Service).

Locally, service users are issued with a prescription for equipment via a health or social care professional and it is then the service users' responsibility to redeem this prescription from an accredited retailer via counter collection or local delivery to their home address. Where appropriate accredited retailers are also able to undertake the fitting of equipment within a service users home. Once an item of equipment has been prescribed and collected/delivered it will be owned by that service user.

In 2016/17, around 1,770 prescriptions were made for Islington Social Care clients. Just under two thirds of the prescriptions were provided by nine Islington pharmacies (Table 5.22).

Table 5.22 Percentage of pharmacies dealing with Community Equipment Service prescriptions and number of Community Equipment Service prescriptions, by locality, Islington, 2016/17

Locality	Provided service	Total pharmacies	% provided service	Number of prescriptions
North	2	12	17%	180
Central	3	7	43%	634
South East	1	13	8%	103
South West	3	14	21%	161
<b>Islington</b>	<b>9</b>	<b>46</b>	<b>20%</b>	<b>1,078</b>

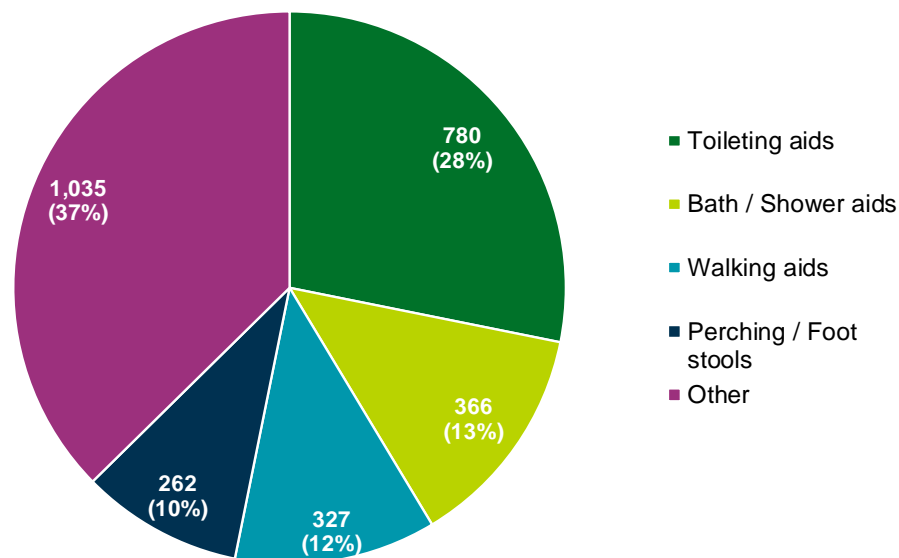
Source: Islington CCG, 2017

One of the nine pharmacies that provide Community Equipment Service prescriptions was open outside of 9am-7pm during the week. Seven were open on Saturdays, with a similar coverage through the localities, and all the nine pharmacies were closed on Sundays.

Breakdowns of supplied items by supplier are not available. Numbers of items therefore include those supplied by pharmacies and non-pharmacy suppliers from outside of the borough. In 2016/17, 2,770 items were supplied to social care clients.

The majority (28%) of the items were toileting aids such as toilet seats, commodes and urine bottles, followed by bath / shower aids (13%) and walking aid equipment (12%) (Figure 5.17).

Figure 5.17 Number of items supplied to social care clients, by type of items, Islington, 2016/17



Source: Islington CCG, 2017

Note: Other includes bed aids, furniture raisers, grab rails and other support equipment.

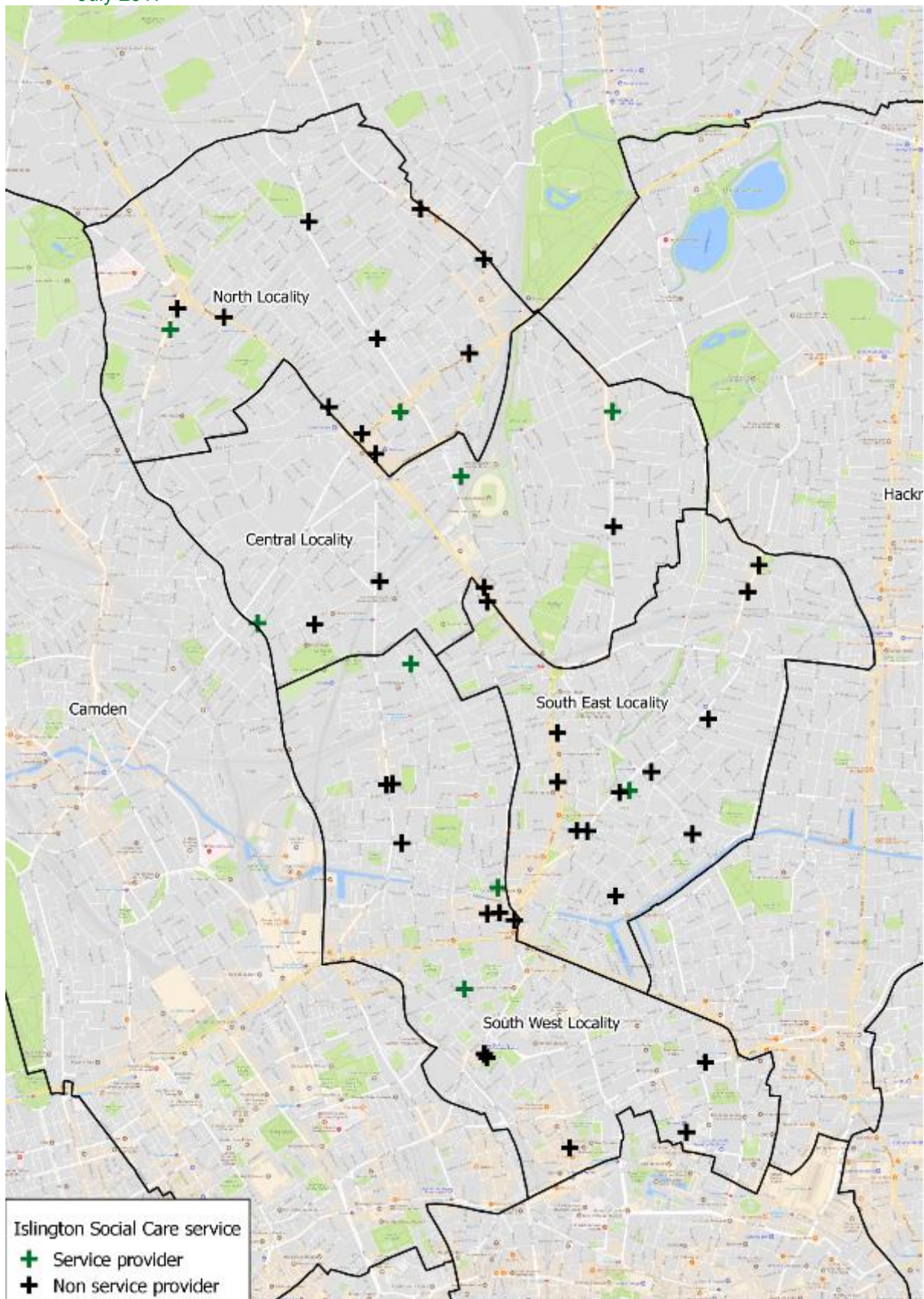
## CONCLUSIONS ON COMMUNITY EQUIPMENT SERVICES

Community equipment services in Islington are a **necessary service**. They cover a number of different types of equipment including: simple living aids issued under the Retail Model via pharmacies and large items of equipment (e.g. hospital beds, hoists, tailor made equipment etc.) which are provided on a loan basis.

The current Community Equipment service is commissioned via a consortium arrangement with 17 other London Boroughs. Whilst this provides economies of scale, it presents some challenges when trying to monitor service provision across the entire contract. The Retail Model within Islington is yet to be reviewed to assess its value, so conclusions on the effectiveness of the service cannot be drawn at this point.



Map 5.14 Islington pharmacies commissioned to provide community equipment services, from July 2017



Source: NHS England, 2017



### 5.5.6. Anticoagulation service

Islington CCG commissions one pharmacy in Islington to provide an anticoagulation clinic (Highbury Pharmacy in the Central locality). This clinic provides support to patients currently being treated with Warfarin – they can attend the clinic where the trained pharmacist will monitor their treatment. Providing this treatment in a pharmacy setting helps to improve access to treatment monitoring across the population. The service currently works with approximately 20 patients.

A review of anticoagulation services is underway in Islington CCG.

#### CONCLUSIONS ON THE ANTICOAGULATION SERVICE

We conclude that this is a **relevant service** as it provides an additional source of support and treatment monitoring for patients. It contributes to JHWS goals by helping patients to manage their condition, and in doing so may also help to reduce the number of unscheduled primary care attendances.

### 5.5.7. Palliative Care Medicines service

Islington CCG commissions a service which ensures that there is ready access to advice and supply of palliative care drugs for end of life care. Making these drugs available through community pharmacies helps practitioners and patients to obtain these unusual but urgently needed drugs to support palliative care. The service is delivered by one pharmacy in the North locality and one in the South East; access is available between the hours of 9am and 7pm.

A London-wide review of out-of-hours palliative care medicines availability is being undertaken by NHS England, London Area Team.

#### CONCLUSIONS ON THE PALLIATIVE CARE MEDICINES

We conclude that the Palliative Care Medicines service is a **relevant service** as it provides additional sources of medicines and support at a time when they are urgently needed.

### 5.5.8. Health promotion campaigns run by Public Health

Islington pharmacies support a number of health promotion campaigns organised by the Public Health department, recent examples include:

## One You Islington

*One You* is a campaign from Public Health England which aims to inform, energise and engage millions of adults, especially those in the 40-60 age group to make changes to improve their own health by eating well, moving more, drinking less and quitting smoking. Camden and Islington Public Health team have developed local *One You* websites, which signposts residents to local lifestyle services, as well as provide health advice and tips.

Two *One You* health campaigns were promoted in pharmacies in 2017, as follows:

- **How Are You? lifestyle quiz:** The first *One You* campaign aimed to raise awareness of an online 'How Are You?' lifestyle quiz, which launched locally in September 2016. This campaign asked residents to visit the *One You* Islington website, and take the health quiz. The quiz provide tips on how residents could change their lifestyle behaviours to improve their health. Pharmacies were provided with posters and conversation starters to promote, and support the campaign, which directed residents to the local websites.
- **One You Active 10:** The second *One You* campaign 'Active 10' was promoted during April and May 2017. This campaign aimed to encourage adults to build more physical activity into their life by walking briskly for ten continuous minutes or more every day. Pharmacies were provided with posters, walking leaflets (which included walking routes in Islington) and conversation starters. The campaign literature encouraged residents to download the 'Active 10' PHE mobile app, which enabled them to track their brisk walking.

## Be Clear On Cancer

Be Clear on Cancer is a campaign delivered nationally by Public Health England. Pharmacies locally supported two Be Clear On Cancer campaigns in 2016-17.

- The respiratory campaign was promoted by pharmacies in May-July 2017. Pharmacies were provided with posters for the campaign by the Public Health team to display in the pharmacy, which raised awareness of the symptoms of respiratory symptoms. The campaign encourages people with relevant symptoms to visit their doctor. The campaign was aimed at men and women aged 50 and over, and the key people who influence them, such as family and friends.
- The 'Blood in pee' campaign launched in February 2016, and was promoted in local pharmacies from 15th February until 31st March 2016. The key message promoted was 'If you notice blood in your pee, even if it's 'just the once', tell your

doctor.' The campaign was aimed at men and women over the age of 50 from lower socio- economic groups, and their key influencers, such as friends and family. Posters were distributed to pharmacies for this campaign to display in the pharmacy.

### CONCLUSIONS ON PUBLIC HEALTH PROMOTION CAMPAIGNS

We conclude that Health Promotion campaigns are a **relevant service** as they provide additional information about local services targeted to the needs of the local population. There are plans to promote health campaigns through Healthy Living Pharmacies in future months.

## 5.6. Local views on pharmacy services

For the 2015 PNA, the needs assessment included a piece of research undertaken to better understand local experiences and views of pharmacy services, including where improvements could be made. The research focused on people who use community pharmacies, pharmacists in Islington, and other health professionals who come into contact with pharmacies as part of their role.

A brief synopsis of the research is described here, with service specific information addressed within this chapter. For more in-depth information, the full report is included as Appendix C.

For this 2018 PNA, the Steering Group discussed the need for refreshed research, and agreed that the previous qualitative research remained relevant, based on knowledge of and consideration of findings from more recent national research. In addition, the overall knowledge of pharmacy service delivery and population profile across Islington has not have significantly changed. In addition, the following recent national and local findings reinforced this:

- Pharmacy services in Islington: Awareness of additional services. Healthwatch Islington, 2017:
  - The majority of respondents (89%) use pharmacies to collect a prescription.
  - The majority (77%) were aware that pharmacies in Islington offer additional NHS services. However, the majority of those services named by respondents were flu vaccinations, stop smoking services and blood pressure tests, and very few knew about weight management, chlamydia screening and the Healthy Living service and others.

- Less than a third of respondents had heard of the Stay Well This Winter campaign, indicating that national campaigns promoting pharmacy use may not be reaching the majority of residents.
- The most effective way of promoting specific pharmacy services may be through making information available at local GP practices and pharmacies themselves.
- Community research 2016/2017: Black and minority ethnic groups accessing services in Islington. Diverse Communities, Health Voice. Healthwatch Islington, 2017:
  - The majority of the respondents (total = 207) use pharmacies for obtaining prescribed medication, over the counter medicines and information and advice on how to take those, rather than for the additional services that particular pharmacies may offer.
  - Respondents with long term conditions appreciated the support and information provided by their pharmacy to manage their medication.
  - Only a small number of people reported using additional services, such as health checks and flu vaccinations. 70.5% of respondents rated the pharmaceutical services that they had used as 8 or above out of a total of 10, with 10 being the best and 1 being the worst. There was some suggestion that respondents were not aware of the breadth of services that are already available in community pharmacies.
  - In general, respondents wanted more services to be provided in pharmacies that would result in not needing to visit the GP. However, there was also a tension between wanting to see more GP-type services and not feeling confident that pharmacy staff had the appropriate medical training.
  - The research highlighted that it is difficult to find information about specific additional services provided by each pharmacy in Islington. Partner organisations suggested it would be useful to have a list of pharmacies and the services that they commission or deliver in the public domain. In addition, the research highlights that there may be missed opportunities for pharmacies to clearly communicate their full offer of services to their customers.
- Emergency department, general practice, or pharmacy services? Service user feedback on factors influencing choice. Healthwatch Islington, Every Voice, Manor Gardens, 2017:
  - The patient group involved in this research mainly use pharmacy services for over-the-counter medication and for prescriptions.

- They felt that more should be done to publicise which pharmaceutical services are available.
- Generally, the group felt a high level of trust and confidence in local pharmaceutical services. They suggested that pharmacies should offer a range of different services and products, including more minor ailment care, having a small A&E in the pharmacy. They also suggested they should offer lifestyle advice to improve health and wellbeing, health checks and weight management, which suggests a lack of awareness about services already available in community pharmacies.
- The group also suggested it would be useful to consider phone calls to notify of prescriptions that are ready for collection, provide later opening, have greater clarity between GP and pharmacies about when prescriptions have been sent and received and are ready for collection, and make consultations and other communication with pharmacists more confidential.
- The report recommended that Islington CCG and the Local Pharmaceutical Committee should work with partner organisations to promote pharmacy use with the local community, emphasising the range of services available.
- Pharmacy Services: Findings from the Healthwatch Network, 2016 [national findings]:
  - Polling by YouGov and Healthwatch England in 2015 found that the majority of people would visit a pharmacist instead of a GP for medication for a minor illness, to seek advice for a specific minor illness or injury. A third would visit their pharmacist for general medical advice.
  - There was some confusion about the level of clinical expertise pharmacists can offer and the range of services available.
  - People spoke positively about pharmacies, saying that they trusted their pharmacist.

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

Pharmacies in Islington were generally viewed positively by the previous focus group participants and survey respondents, particularly around their convenience in terms of location and access, responsiveness and ability to offer a personalised service to those

managing multiple conditions. Participants in the previous focus groups with long term conditions and mental health needs had a high dependency on services as they were regular pharmacy users. These groups in particular were keen to see improvements, and had pragmatic suggestions in many cases of how this might be achieved.

### 5.6.1. Priorities

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

The priorities of particular groups of patients when using pharmacies were previously discussed with in the 2014 focus groups, to identified what was most important or valued amongst certain population groups. Table 5.23 provides an overview of the factors that participants identified as being relevant and important to them. This helps to improve understanding of the way different users interact with pharmacy services in Islington.

Table 5.23 Summary of key priorities for pharmacy services for each user group in Islington

Population group	Summary of key priorities
<b>General pharmacy users (low income and BAME)</b>	Low level of dependency on specific services, but identified: <ul style="list-style-type: none"> <li>• Getting advice immediately without an appointment</li> <li>• Longer opening hours to improve access outside of work hours</li> <li>• Being confident in the knowledge of the pharmacist, and in some cases getting to know them in person</li> </ul>
<b>People with mental health needs</b>	High dependency on pharmacy services. <ul style="list-style-type: none"> <li>▪ Being treated with extra sensitivity and patience when patients may not be feeling well</li> <li>▪ Reassurance through having access to instant clinical opinions/advice</li> <li>▪ Avoiding unnecessary repeat trips to the pharmacy</li> <li>▪ Not being kept waiting in pharmacies</li> <li>▪ Being offered the private consultation room where available</li> <li>▪ Advice that is appropriate to the pharmacist's role and not infringing on the role of GPs.</li> </ul>
<b>People with long term conditions</b>	High dependency due to frequency of pharmacy visits and complexities managing multiple conditions: <ul style="list-style-type: none"> <li>▪ Valued personal service – tailored to their needs.</li> </ul>

- Friendly and respectful staff – particularly for the frail and
- more vulnerable
- Reliance on accurate advice over taking multiple medications.
- Time to listen and explain changes in prescriptions – important when suffering from memory loss
- Delivery options and reminders for prescriptions.

### 5.6.2. Recommendations

There are many aspects of pharmacies and their services that are viewed as working well by both the general public, and health professionals, and to an extent many of the priorities for pharmacy services in Table 5.1 are already being met, or partially met. The core services of dispensing medications, giving advice on over the counter medication and minor ailments or symptoms and providing these in many locations across the borough that are near to people's homes and workplaces can all be judged as a success. It was also apparent that many people trusted the knowledge and advice from pharmacies and particularly valued their accessibility, in comparison to the difficulty many reported experiencing in getting an appointment at their GP.

Through both strands of the research, a set of recommendations were identified in the previous research that are deemed still relevant and could potentially be addressed through the wider PNA process in Islington:

- **Opening hours of pharmacies in Islington:** Clearer information could be provided in pharmacies regarding out of hours services, so that pharmacy users know where to go. There was also a suggestion that a 7-day pharmacy and at least one 24-hour pharmacy were needed in Islington to avoid residents having to travel outside of the borough.
- **Promoting different prescription options:** Every pharmacy should make it clear which options are available for collecting prescriptions, particularly targeting those managing multiple conditions so they are fully aware of the range of ways that they can arrange to receive reminders about or pick up their prescriptions.
- **Promotion of pharmacy services:** Advertising in pharmacies about the range of services on offer could be improved, but also using different routes to disseminate this – via booklets, local advertising in papers, or door to door leaflets. The availability of different languages spoken in pharmacies also could be promoted more clearly.



- **Accessibility:** Pharmacies should ensure that they have seating and wheelchair access for those who are able to visit in person, and better promotion of the home delivery service for those who are not. This could be mapped across Islington to identify which premises are not currently accessible.
- **Links between pharmacies and other services:** Pharmacists said they needed more information about health services elsewhere, and other health professionals reported that they wanted more information in order to signpost to pharmacies and improve their confidence in the services available there. It was also apparent that some would benefit from better face to face collaboration between pharmacists and other health services, and consideration should be given as to the most appropriate forum in Islington to bring these together.
- **Training:** To consider how to improve the training and skills of pharmacy and pharmacist staff jointly. One suggestion was that joint training for GP and pharmacy staff could help and would make each more aware of the services they provide.

In summary, there were many encouraging responses about pharmacies in Islington, particularly around their convenience, responsiveness and ability to offer a personalised service. Those residents who are regular pharmacy users are keen to see some improvements, but had pragmatic suggestions in many cases of how this might be achieved. It was recommended that Camden and Islington's PNA Steering Group look to further consult with user groups in the borough. This is due to the proposed changes in utilisation of technology and the formation of CHINS, the needs of those with long term conditions in particular, strong feelings about accessibility in pharmacies, views on it being hard to travel across Islington, and the likely future pressures on services from an ageing population.

## 5.7. Assessing the needs of people with protected characteristics

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

### 5.7.1. Age

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

### 5.7.2. Young people

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

### 5.7.3. Working age population

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

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

### 5.7.4. Older people aged 65 and over

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

### 5.7.5. Disability

National legislation means that all pharmacies must comply with the provisions set out in law. However, with 46 different pharmacies in Islington, there are varying degrees of accessibility. For example, the previous qualitative research highlighted that some

pharmacies are more difficult to enter while using a wheelchair. These issues result in disabled people having less choice in which pharmacy to use. Pharmacies are also required to have a confidential consultation room, which in some cases may not be suitable for those in a wheelchair.

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

#### 5.7.6. Gender reassignment

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

#### 5.7.7. Marriage and civil partnership

No specific needs have been identified for this characteristic.

#### 5.7.8. Pregnancy and maternity

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

#### 5.7.9. Race

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

In addition to offering health promotion advice, pharmacies can opportunistically offer Health Checks to this group, as well as other public health interventions, such as smoking cessation.

#### 5.7.10. Religion or belief

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

#### 5.7.11. Gender

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

#### 5.7.12. Sexual orientation

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

#### 5.7.13. Vulnerable groups

Vulnerable groups may include people with long term conditions, the elderly or other groups described above. Vulnerable groups or specific populations have been considered throughout, including in chapter 4 and chapter 5. A number of pharmaceutical services in the borough provide specialist or other services for such vulnerable groups or specific populations, such as MUR, NMS or flu vaccination, in addition to essential services offered by all pharmacies.

### 5.8. Conclusion on the provision of services

The provision of pharmaceutical services in Islington is assessed as being sufficient, and there are no identified gaps. The current service provision is deemed adequate to support the changing needs and population growth in Islington.

This includes assessment of the proposed developments and population expansion.

However, some areas for improvement have been identified, and these are described in chapter 7.

## 6. FUTURE SERVICES

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

### 6.1. Programmes and initiatives

#### Healthy Living Pharmacy

In September 2014, Camden and Islington Public Health, Camden and Islington CCGs and Camden and Islington Local Pharmaceutical Committee (LPC) invited pharmacies to apply for the Healthy Living Pharmacy (HLP) Quality Mark. The HLP programme recognises the significant role community pharmacies play in helping reduce health inequalities by delivering consistent and high quality health and wellbeing services, promoting health and providing proactive health advice and interventions. While the programme is delivered by pharmacies, it is not a pharmaceutical service. The Healthy Living Pharmacy concept was developed by NHS Portsmouth (PCT), working together with the Hampshire and Isle of Wight LPC. A Healthy Living Pharmacy:

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

An official launch of the programme took place in November 2014, and the aim is that all pharmacies will eventually hold this quality mark. For more information visit: [www.islington.gov.uk/pharmacy](http://www.islington.gov.uk/pharmacy).

From 1 April 2017, all pharmacies have been incentivised via a revised national Community Pharmacy Contractual Framework to become a Healthy Living Pharmacy under the Quality Payments scheme. For more information visit: <https://www.england.nhs.uk/wp-content/uploads/2017/02/quality-payments-quality-criteria-guidance-1.pdf> NHS England Quality Payments Criteria Guidance .

## Summary Care Records

The NHS Summary Care Record (SCR) is an electronic summary of key clinical information (including medicines, allergies and adverse reactions) about a patient, sourced from the GP record. It is used by authorised healthcare professionals, with the patient's consent, to support their care and treatment.

More than 96% of the population in England have an SCR and it is already being successfully used in many settings across the NHS, such as A&E departments, hospital pharmacies, NHS 111 and GP out of hours services and walk in centres.

Since 2015, access to the Summary Care Record has been rolled out to all community pharmacies in England. Where it is in the interest of the patients, community pharmacists have access to the SCR. It is now measured as part of the 2016 Quality Payments framework for community pharmacies.

Across Camden and Islington, the SCR is accessed on average 2.9 times per 4 weeks per live pharmacy in 2016/17. Usage of the SCR is likely to increase as clinical services offered by community pharmacies develop.

## 6.2. Changes in commissioning

There are no firm plans for changes in commissioning that are anticipated to significantly affect demand for pharmaceutical services during the life of the PNA, either through the JSNA or within the CCG. However, the HWB will continue to monitor the demand for services; remaining abreast of any changes to the system that may arise from the North Central London STP, and the health needs of the population, and each of the commissioning organisations may commission new services in response to the changing needs of the population.

There are no known pharmaceutical services that would secure future improvements or increase access to pharmaceutical services in Camden, if they were provided in future.

Increased opening hours of pharmacies during 'out of hours' periods (7.00pm-8.00pm on weekdays and at weekends) would secure improvement and better access to pharmaceutical services. The CCG is developing a 'wrap-around' pharmacy locally commissioned service specification for urgent care and pharmaceutical services to match opening hours of the I:hub service.

Discussions are underway in Islington for development of a community pharmacy integrated domiciliary locally commissioned service that will provide Medicines Use Review and immunisations (influenza, pneumococcal and shingles) to housebound patients in Islington. Further community pharmacy proposals include pharmacy-based Atrial Fibrillation screening, Chronic Obstructive Pulmonary Disease (COPD) case-finding, Pharmacy Care Plan development and monitoring for patients and a Pharmacy Social Prescribing scheme.



## 7. WIDER RECOMMENDATIONS

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

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

The previous qualitative findings and the more recent Islington-specific and national findings on resident views on local pharmaceutical services have highlighted a need for improving awareness of available pharmacy services and longer opening hours. In addition, wider changes to the Islington health and care system are currently being introduced, aligned to the implementation of the North Central London Sustainability and Transformation Plan, including the development of CHINs. These changes will need to be regularly reviewed to both ensure sufficient community pharmacy service provision and that residents are aware of these changes and that access is not affected.

There are no identified gaps in the provision of pharmaceutical services in Islington. However, there are some identified areas for improvement.

The wider recommendations for this 2018 PNA are discussed below. These recommendations are in sum:

1. Improving population awareness of available pharmacy services
2. Improving population awareness of longer opening hours

3. Addressing the areas where pharmacies can increase the provision of key public health programmes, such as the Healthy Living Pharmacy

## 7.1. Improving population awareness of available pharmacy services

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

There was an improved uptake of MURs and NMS since 2013. However, there is scope to further increase the MURs and NMS carried out in Islington, as well as increasing the number of pharmacies offering MUR services. As these services are targeted at people on medication regimes or new medicines, people with long term conditions (including mental health conditions) would particularly benefit from these services. As well as supporting better adherence, better understanding, and improved outcomes for patients, greater usage of these services would help to reduce the burden on GP practices. The combination of a high prevalence of long term conditions in Islington and the increase in use of existing services highlights that there is opportunity to further increase the number of MURs and NMS offered by pharmacies and through better public awareness. A QIPP project to support this is underway by Islington CCG.

## 7.2. Improving population awareness of opening hours

Our assessment of pharmacy opening hours in Islington shows that, for the most part, pharmacy opening hours are adequate in Islington. Out of hours access is available in all localities on weekdays, but access to pharmacies in early mornings and late evenings is limited at the weekends. The previous resident focus groups show that longer opening hours were consistently raised as an area for improvement, but this was not raised as a concern in the more recent local findings. This is especially important for those groups with high levels of need, for example people with long term conditions, mental health needs or those needing drug misuse services. Ensuring that residents are aware of their closest late opening pharmacy, as well as those that are open on Sundays, could increase the uptake of all pharmacy services to better address local health needs and to reduce the burden on other health services.

### 7.3. Increasing the provision of key public health programmes

The locally commissioned services (LCSs) offered in pharmacy, particularly those focusing on health promotion, also have capacity for increased provision. For example, this includes Stop Smoking Service, NHS Health Checks, Emergency Hormonal Contraception, 'flu vaccination, and some substance misuse services, as well as more general health promotion campaigns. There is a strong evidence base for all of these services, and community pharmacies have a key role to play in raising awareness to motivate people to change their behaviours and then supporting them to change. Maximising the potential of community pharmacies to provide these services will assist in addressing local health needs, reducing health inequalities and increasing life expectancy. This links strongly with the Islington Joint Health and Wellbeing Strategy 2017-2020 priority to prevent and improve the management of long term conditions to enhance both length and quality of life to reduce health inequalities.

Commissioners of these programmes should ensure that, where contracted, pharmacies are promoted as a point of contact for the services, and pharmacies are supported in their offer. The Healthy Living Pharmacy (HLP) Quality Mark was introduced in 2015, which is helping to develop a more holistic approach to the delivery of a range of public health services in community pharmacies, with plans for further delivery of key public health campaigns throughout the year.

## APPENDICES

## Appendix A: Services provided, by pharmacy

Locality	Pharmacy name	Post Code	Medicine Use Review	New Medicines Service	Minor Ailments Scheme	Medicines Reminder Devices	National Advanced Flu Service	London Pharmacy Vaccination Service	Stop smoking service	NHS Health checks	Emergency Hormonal Contraception	Supervised Self-Administration	Needle Exchange	Community Equipment Service
North	Roger Davies Pharmacy	N4 3EF	Yes	Yes	Yes				Yes	Yes				
	Devs Chemist	N7 6AE	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Nuchem Pharmaceuticals Ltd	N4 3PZ	Yes	Yes	Yes	Yes			Yes			Yes	Yes	
	Wise Chemist	N19 3QN			Yes	Yes			Yes			Yes	Yes	
	Shivo Chemists	N19 3JF	Yes		Yes									
	Boots UK Limited (410 Holloway Rd)	N7 6QA	Yes	Yes			Yes	Yes	Yes		Yes	Yes		
	Superdrug Pharmacy (5-9 Seven Sisters Rd)	N7 6AJ	Yes	Yes	Yes	Yes	Yes		Yes		Yes	Yes	Yes	
	Arkle Pharmacy	N19 5QU			Yes	Yes		Yes	Yes			Yes	Yes	Yes
	Wellcare Pharmacy	N7 6JP	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	
	The Co-Operative Pharmacy	N19 5QT	Yes	Yes			Yes	Yes					Yes	
	Chemitex Pharmacy	N7 7HE	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes		
	Apteka Chemist	N4 3NS	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	
Central	York Pharmacy	N7 9LW	Yes	Yes	Yes	Yes			Yes		Yes	Yes	Yes	Yes
	Caledonian Pharmacy	N7 9RP	Yes	Yes	Yes	Yes			Yes		Yes			
	Highbury Pharmacy	N5 2AB	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
	C&H Chemist	N5 2LL	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes
	Hornsey Road Pharmacy	N7 7NN	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes		Yes
	Atkins Pharmacy	N7 8JE			Yes	Yes			Yes		Yes			
	Islington Pharmacy	N7 9GL												

Locality	Pharmacy name	Post Code	Medicine Use Review	New Medicines Service	Minor Ailments Scheme	Medicines Reminder Devices	National Advanced Flu Service	London Pharmacy Vaccination Service	Stop smoking service	NHS Health checks	Emergency Hormonal Contraception	Supervised Self-Administration	Needle Exchange	Community Equipment Service
South East	Boots UK Limited (50 Newington Green)	N16 9PX	Yes	Yes		Yes	Yes	Yes	Yes		Yes	Yes		
	St Peter's Pharmacy	N1 8JR	Yes		Yes		Yes	Yes	Yes		Yes			
	Mahesh Chemists	N1 4QY	Yes	Yes	Yes	Yes			Yes		Yes			
	Essex Pharmacy	N1 2SF	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	
	Rose Chemist	N1 2RU	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes		
	Apex Pharmacy (204 Essex Rd)	N1 3AP	Yes		Yes	Yes	Yes	Yes	Yes		Yes		Yes	
	Savemain Ltd	N1 8LY	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes
	Egerton Chemist	N7 8LX	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes		
	Turnbulls Chemist	N1 2SN	Yes	Yes	Yes	Yes	Yes		Yes		Yes	Yes		
	Leoprim Chemist	N1 3PB	Yes		Yes	Yes	Yes	Yes				Yes	Yes	
	New North Pharmacy	N1 7AA	Yes		Yes	Yes	Yes	Yes	Yes		Yes			
	Dermacia Pharmacy	N1 2UQ	Yes				Yes		Yes		Yes	Yes	Yes	
Clan Pharmacy	N1 1RA	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes			
South West	P Edward Ltd	N1 1BB	Yes	Yes	Yes		Yes	Yes						
	Clockwork Pharmacy (273 Caledonian Rd)	N1 1EF	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	
	Boots UK Limited (35-37 Islington High Street)	N1 9LH	Yes	Yes	Yes		Yes	Yes	Yes		Yes	Yes		
	Medexpress	EC1M 4AN												
	Apex Pharmacy (199 Old Street)	EC1V 9NP	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
	Superdrug Pharmacy (54 Chapel Market)	N1 9EW	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
	W C And K King Chemist	EC1R 1UR	Yes	Yes	Yes	Yes								Yes
	Portmans Pharmacy	EC1Y 8NX	Yes	Yes	Yes		Yes	Yes	Yes		Yes			
	BST Angels Ltd	N1 9ER	Yes						Yes		Yes			
	Rowlands Pharmacy	EC1R 4QE	Yes	Yes		Yes	Yes	Yes	Yes		Yes			
	Clerkenwell Pharmacy	EC1R 4QL	Yes		Yes				Yes		Yes	Yes	Yes	
	Douglas Pharmacy	N1 0DG	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes
Clockwork Pharmacy (161 Caledonian Rd)	N1 0SG	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes				
Carters Chemist	N7 8XF	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	

**Note:** This table is based on data provided by NHS England, and commissioning information from the Camden and Islington Public Health department and CCGs for locally commissioned services.

## Appendix B: The Islington Pharmaceutical Needs Assessment Steering Group

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

- Consultant in Public Health for Camden & Islington (Chair)
- Principal Public Health Intelligence Specialist (Camden & Islington Public Health)
- Public Health Intelligence & Information Officer (Camden & Islington Public Health)
- Public Health Strategist (Camden & Islington Public Health)
- Public Health Officer (Communications Liaison), (Camden & Islington Public Health)
- Heads of Medicines Management for Camden and Islington (Camden and Islington Clinical Commissioning Groups)
- Local Pharmaceutical Committee (LPCs) Lead (Chief Executive)

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

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

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



# Camden & Islington Pharmaceutical Needs Assessment:

## Steering Group: Terms of Reference

### Background

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

The PNA is a key tool for identifying what is needed at a local level to support the commissioning intentions for pharmaceutical services and other services that could be delivered by community pharmacies and other providers, alongside the Joint Strategic Needs Assessments (JSNAs). The Pharmaceutical Needs Assessment is also the document that NHS England uses when deciding if new pharmacies are needed and to make decisions on which NHS funded services need to be provided by local community pharmacies.

The last PNAs were published in 2015 by the respective HWBs.

### The importance to HWBs

- HWBs have a legal duty to check the suitability of existing PNA and publish supplementary statements explaining any changes.
- HWBs will need to ensure that NHS England and its Area Teams have access to their PNAs.
- Each HWB will need to publish its own revised PNA by **1st April 2018**. This will require board-level sign-off and a minimum period (of 60 days) for public consultation beforehand<sup>22</sup>.
- Failure to produce a robust PNA could lead to legal challenges because of the PNA's relevance to decisions about commissioning services and new pharmacy openings.

### What should a good PNA cover?

- The PNAs should meet the market entry regulations<sup>23</sup>.
- PNAs should include pharmacies and the services they already provide. These will include dispensing, providing advice on health, medicines reviews and local public health services, such as stop smoking, sexual health and support for drug users.
- It should look at other services, such as dispensing by GP surgeries, and services available in neighbouring HWB areas that might affect the need for services in its own area.

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<sup>22</sup> The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs and can be found at: <http://www.dh.gov.uk/health/2013/02/pharmaceutical-services-regulations/>

<sup>23</sup> <http://psnc.org.uk/contract-it/market-entry-regulations/>

- It should examine the demographics of its local population, across the area and in different localities, and their needs and also look at whether there are gaps that could be met by providing more pharmacy services, or through opening more pharmacies. It should also take account of likely future needs.
- The PNA should also contain relevant maps relating to the area and its pharmacies.
- Finally, PNAs must be aligned with other plans for local health and social care, including the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy.

## **Steering group duties/responsibilities**

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

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

## **Governance**

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

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

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

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

## Membership

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Membership needs to reflect that pharmacy commissioning involves: Public Health & CCGs. Other members will be co-opted at different times to advice on different areas of work as needed.<sup>24</sup>

The following will be members of the steering group:

- Consultant in Public Health for Camden & Islington (Chair)
- Principal Public Health Intelligence Specialist (Camden & Islington Public Health)
- Public Health Intelligence & Information Officer (Camden & Islington Public Health)
- Public Health Strategist (Camden & Islington Public Health)
- Public Health Officer (Communications Liaison), (Camden & Islington Public Health)
- Heads of Medicines Management for Camden and Islington (Camden and Islington Clinical Commissioning Groups)
- Local Pharmaceutical Committee (LPCs) Lead (Chief Executive)

## Frequency of meetings

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The steering group will meet quarterly and as and when required to report progress on key deadlines.

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<sup>24</sup> NHS England London are not members of the steering group due to capacity issues. They have a designated blog and email hub to obtain advice when required.

## Appendix C: Qualitative research completed for the Camden and Islington Pharmaceutical Needs Assessment Steering Group by OPM Research in 2014

This document will be published separately.

## Appendix D: Consultation report: plan and implementation

### Background and context to the consultation

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

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

The PNA regulations require that they are published by 1 April 2018, following a mandatory 60-day consultation period where a draft PNA will be made available. The consultation serves as a way to collate feedback about the PNA and its conclusions from a wide range of stakeholders. This document details the process for the formal consultation period.

### Scope of the consultation

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

the Local Pharmaceutical Committee

the Local Medical Committee

Pharmacists and/or dispensing doctors in the area

LPS chemists in the area with whom the NHSCB has made arrangements for the provision of any local pharmaceutical services;

Local Healthwatch organisation for its area, and any other group interested in the provision of pharmaceutical services in its area

any NHS trust or NHS foundation trust in its area

NHS England

Local HWB and any neighbouring HWB.

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

### Consultation survey development

The online consultation survey will be developed using the Survs platform, and will be tested prior to the consultation period. Questions were sent to the knowledge and information team within the Public Health team to ensure that questions were easy to understand. Healthwatch Islington were also consulted on the consultation plan and questions during development.

### Consultation engagement

The consultation will run for 60 days, from October 2017 to December 2017, with exact dates to be decided. Communications will be sent out to raise awareness of the consultation. The consultation documents will be available on the Council websites for downloading. The survey questions can be completed using an online survey. For accessibility reasons, a paper copy will also be available for people to complete. Table A.1 lists the organisations invited to consult on the PNA.

Table A.1 List of organisations to be consulted on Islington's PNA

	Stakeholder	Channel	Responsibility
Compulsory	Local Medical Committee	Email link to the consultation document and online survey to LMC secretary for distribution.	PNA SG, DK
	Local Pharmaceutical Committee	Email link to the consultation document and online survey to LPC secretary for distribution.	PNA SG, DK
	Pharmacy contractors (including appliance & distance selling pharmacies)	Email link to the consultation document and online survey to group.	PNA SG, DK
	LPS pharmacy contractors	Email link to the consultation document and online survey to group.	PNA SG, DK
	Healthwatch	Email link to the consultation document and online survey to group.	PNA SG, DK
	NHS Acute Trusts	Email link to the consultation document and online survey to Head of Pharmacy.	PNA SG, DK
	NHS Mental Health Trusts	Email link to the consultation document and online survey to Head of Pharmacy.	PNA SG, DK
	NHS Commissioning Board	Email link to the consultation document and online survey to Local Area Team.	PNA SG, DK
	HWB Board	Email link to the consultation document and online survey to Health and Wellbeing Board secretary for distribution.	PNA SG, AT
	Neighbouring HWB boards	Email link to the consultation document and online survey to Health and Wellbeing Board secretaries for distribution.	PNA SG, DK

Wider engagement	General population	Links to survey on relevant (or new) webpages on council's website	Comms team at LA
		Council social media, e.g. Twitter, Facebook	Comms team at LA
	Health Scrutiny Committee	Email consultation document	PNA SG, DK
	Public Health Department	Email consultation document	PNA SG,DK
	CCG	Patient groups at the local CCG	PNA SG, DK
	Local Voluntary, Health and community groups	Email to other relevant groups and organisations to give information about the survey and ask for participation.	PNA SG, DK
	Local Councillors	Email link to the online consultation document and survey to Member Support and Cabinet Office for distribution.	PNA SG, DK
	Local MPs	Email link to the online consultation document and survey.	PNA SG, DK
	Local Dental Committee	Letter and email to Chair and support team on behalf of the HWB with link to the consultation document and online survey, for distribution to members.	PNA SG, DK
	Local Optical Committee	Letter and email to Chair and support team on behalf of the HWB with link to the consultation document and online survey, for distribution to members.	PNA SG, DK
	Islington Medicine Optimisation Group	Letter and email to Chair and support team on behalf of the HWB with link to the consultation document and online survey, for distribution to members.	PNA SG, DK
	NEL Commissioning Support Unit		PNA SG, DK
	The Islington Society	Letter and email to Chair and support team on behalf of the HWB with link to the consultation document and online survey, for distribution to members.	PNA SG, DL



## Consultation questions

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

About the PNA

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

## Appendix E: Consultation report: responses

This chapter provides a summary of the consultation for Islington's PNA and the comments received [pending completion of the consultation].

### Consultation process

The Islington HWB are requested to approve the draft PNA on 18 October 2017. Pending approval, it will be published for consultation in late October 2017, and close in December 2017.

The draft PNA and information about the consultation process will be available online on a dedicated consultation page: [website to be confirmed]. The consultation questions will take the form of an online survey. Paper versions of the consultation questions and the report will be available on request. The full list of questions is available in Appendix D.

An invitation to reply to the consultation, the draft PNA, and supporting documentation will be sent to all organisations stipulated in the requirements, as well as to other key stakeholders. In addition, the consultation will be publicised to Islington residents. Of the organisations covered in the requirements, the following will be asked to respond:

- Camden and Islington Local Pharmaceutical Committee
- Islington Local Medical Committee
- Islington pharmacy contractors
- Healthwatch Islington
- Royal Free London NHS Foundation Trust
- University College London Hospitals NHS Foundation Trust
- Whittington Health NHS Trust
- Central and North West London Foundation Trust
- Moorfields Eye Hospital NHS Foundation Trust
- Camden and Islington NHS Foundation Trust
- NHS England
- Islington Health and Wellbeing Board
- Neighbouring HWBs (Camden, City of London, Hackney and Haringey)

### Advertising the consultation

The PNA consultation will be advertised through multiple channels. Where possible, individual emails will be sent to consultees and organisations and invited to respond. This includes the mandatory organisations listed above, as well as other local health groups such as the Local

Dental and Optical Committees, and the Health Scrutiny Committee. The consultation will also be advertised on the Islington Council and CCG website, Islington CCG GP newsletters, voluntary sector newsletters, Twitter, and other bulletins including a bulletin for Carers in Islington and the Council's eBulletin to residents.

[To be completed following the consultation phase]

## Appendix F: Opening hours

**Key:** ■ Core opening hours ■ Supplementary opening hours

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

Locality	ODS Code	Pharmacy	Post code	Open	Close	06:00	09:00	12:00	15:00	18:00	21:00
Central	FW078	Atkins Pharmacy	N7 8JE	09:00	19:30		■	■	■	■	■
	FQ525	C&H Chemist	N5 2LL	09:00	18:30		■	■	■	■	■
	FK061	Caledonian Pharmacy	N7 9RP	09:30	18:00		■	■	■	■	■
	FL630	Highbury Pharmacy	N5 2AB	09:00	18:30		■	■	■	■	■
	FVQ29	Hornsey Road Pharmacy	N7 7NN	09:00	19:00		■	■	■	■	■
	FWQ48	Islington Pharmacy	N7 9GL	06:00	23:00	■	■	■	■	■	■
North	FDN26	York Pharmacy	N7 9LW	09:00	18:30		■	■	■	■	■
	FWN43	Apteka Chemist	N4 3NS	09:00	19:00		■	■	■	■	■
	FND94	Arkle Pharmacy	N19 5QU	09:00	19:00		■	■	■	■	■
	FMD33	Boots UK Limited (410 Holloway Rd)	N7 6QA	08:00	19:00	■	■	■	■	■	■
	FRE45	Chemitex Pharmacy	N7 7HE	09:00	18:30		■	■	■	■	■
	FJ680	Devs Chemist	N7 6AE	09:00	19:00		■	■	■	■	■
	FJA90	Nuchem Pharmaceuticals Ltd	N4 3PZ	09:00	19:00		■	■	■	■	■
	FF023	Roger Davies Pharmacy	N4 3EF	09:00	19:00		■	■	■	■	■
	FLN42	Shivo Chemists	N19 3JF	10:00	18:00		■	■	■	■	■
	FMD88	Superdrug Pharmacy (5-9 Seven Sisters Rd)	N7 6AJ	09:00	18:30		■	■	■	■	■
	FPA29	The Co-Operative Pharmacy	N19 5QT	09:00	19:00		■	■	■	■	■
	FP519	Wellcare Pharmacy	N7 6JP	09:00	19:00		■	■	■	■	■
	FKF20	Wise Chemist	N19 3QN	09:00	19:00		■	■	■	■	■
	South East	FG894	Apex Pharmacy (204 Essex Rd)	N1 3AP	09:00	18:00		■	■	■	■
FC511		Boots UK Limited (50 Newington Green)	N16 9PX	09:00	19:00		■	■	■	■	■
FXC57		Clan Pharmacy	N1 1RA	09:00	18:30		■	■	■	■	■
FWK02		Dermacia Pharmacy	N1 2UQ	09:00	18:30		■	■	■	■	■
FLM71		Egerton Chemist	N7 8LX	09:00	19:00		■	■	■	■	■
FEM36		Essex Pharmacy	N1 2SF	09:00	19:00		■	■	■	■	■
FPP76		Leoprim Chemist	N1 3PB	08:30	19:30	■	■	■	■	■	■
FDP65		Mahesh Chemists	N1 4QY	09:00	19:00		■	■	■	■	■
FVG24		New North Pharmacy	N1 7AA	09:00	19:00		■	■	■	■	■
FG060		Rose Chemist	N1 2RU	09:00	20:00		■	■	■	■	■
FKR70		Savemain Ltd	N1 8LY	09:00	19:00		■	■	■	■	■
FDN39		St Peter's Pharmacy	N1 8JR	09:00	19:00		■	■	■	■	■
FN508		Turnbills Chemist	N1 2SN	09:00	19:00		■	■	■	■	■

Locality	ODS Code	Pharmacy	Post code	Open	Close	06:00	09:00	12:00	15:00	18:00	21:00
South West	FHD65	Apex Pharmacy (199 Old Street)	EC1V 9NP	09:00	18:30						
	FFX11	Boots UK Limited (35-37 Islington High Street)	N1 9LH	08:00	19:30						
	FMA47	BST Angels Ltd	N1 9ER	09:00	19:00						
	FWP49	Carters Chemist	N7 8XF	09:00	19:00						
	FRM14	Clerkenwell Pharmacy	EC1R 4QL	09:00	19:00						
	FAG14	Clockwork Pharmacy (273 Caledonian Rd)	N1 1EF	09:00	19:00						
	FVA91	Clockwork Pharmacy (161 Caledonian Rd)	N1 0SG	09:00	18:30						
	FRM52	Douglas Pharmacy	N1 0DG	08:00	20:00						
	FG020	Fittleworth Medical Limited	N7 9NT	09:00	17:00						
	FH491	Medexpress	EC1M 4AN	10:00	18:00						
	FAC32	P Edward Ltd	N1 1BB	09:00	18:30						
	FJJ16	Portmans Pharmacy	EC1Y 8NX	09:00	18:30						
	FNM70	Rowlands Pharmacy	EC1R 4QE	09:00	19:00						
	FJ143	Superdrug Pharmacy (54 Chapel Market)	N1 9EW	08:30	19:00						
	FJE08	W C And K King Chemist	EC1R 1UR	09:00	18:00						

Source: NHS England, 2017

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

Locality	ODS Code	Pharmacy	Post code	Open	Close	06:00	09:00	12:00	15:00	18:00	21:00
Central	FW078	Atkins Pharmacy	N7 8JE	09:00	20:00						
	FQ525	C&H Chemist	N5 2LL	09:00	18:30						
	FK061	Caledonian Pharmacy	N7 9RP	09:30	18:00						
	FL630	Highbury Pharmacy	N5 2AB	09:00	18:30						
	FVQ29	Hornsey Road Pharmacy	N7 7NN	09:00	19:00						
	FWQ48	Islington Pharmacy	N7 9GL	06:00	23:00						
	FDN26	York Pharmacy	N7 9LW	09:00	18:30						
North	FWN43	Apteka Chemist	N4 3NS	09:00	19:00						
	FND94	Arkle Pharmacy	N19 5QU	09:00	19:00						
	FMD33	Boots UK Limited (410 Holloway Rd)	N7 6QA	08:00	19:00						
	FRE45	Chemitex Pharmacy	N7 7HE	09:00	18:30						
	FJ680	Devs Chemist	N7 6AE	09:00	19:00						
	FJA90	Nuchem Pharmaceuticals Ltd	N4 3PZ	09:00	19:00						
	FF023	Roger Davies Pharmacy	N4 3EF	09:00	19:00						
	FLN42	Shivo Chemists	N19 3JF	10:00	18:00						
	FMD88	Superdrug Pharmacy (5-9 Seven Sisters Rd)	N7 6AJ	09:00	18:30						
	FPA29	The Co-Operative Pharmacy	N19 5QT	09:00	19:00						
	FP519	Wellcare Pharmacy	N7 6JP	09:00	19:00						
	FKF20	Wise Chemist	N19 3QN	09:00	19:00						
	South East	FG894	Apex Pharmacy (204 Essex Rd)	N1 3AP	09:00	18:00					
FC511		Boots UK Limited (50 Newington Green)	N16 9PX	09:00	19:00						
FXC57		Clan Pharmacy	N1 1RA	09:00	18:30						
FWK02		Dermacia Pharmacy	N1 2UQ	09:00	18:30						
FLM71		Egerton Chemist	N7 8LX	09:00	19:00						
FEM36		Essex Pharmacy	N1 2SF	09:00	19:00						
FPP76		Leoprim Chemist	N1 3PB	08:30	19:30						
FDP65		Mahesh Chemists	N1 4QY	09:00	19:00						
FVG24		New North Pharmacy	N1 7AA	09:00	19:00						
FG060		Rose Chemist	N1 2RU	09:00	20:00						
FKR70		Savemain Ltd	N1 8LY	09:00	19:00						
FDN39		St Peter's Pharmacy	N1 8JR	09:00	19:00						
FN508		Turnbills Chemist	N1 2SN	09:00	19:00						

Locality	ODS Code	Pharmacy	Post code	Open	Close	06:00	09:00	12:00	15:00	18:00	21:00
South West	FHD65	Apex Pharmacy (199 Old Street)	EC1V 9NP	09:00	18:30						
	FFX11	Boots UK Limited (35-37 Islington High Street)	N1 9LH	08:00	19:30						
	FMA47	BST Angels Ltd	N1 9ER	09:00	19:00						
	FWP49	Carters Chemist	N7 8XF	09:00	19:00						
	FRM14	Clerkenwell Pharmacy	EC1R 4QL	09:00	19:00						
	FAG14	Clockwork Pharmacy (273 Caledonian Rd)	N1 1EF	09:00	19:00						
	FVA91	Clockwork Pharmacy (161 Caledonian Rd)	N1 0SG	09:00	18:30						
	FRM52	Douglas Pharmacy	N1 0DG	08:00	20:00						
	FG020	Fittleworth Medical Limited	N7 9NT	09:00	17:00						
	FH491	Medexpress	EC1M 4AN	10:00	18:00						
	FAC32	P Edward Ltd	N1 1BB	09:00	18:30						
	FJJ16	Portmans Pharmacy	EC1Y 8NX	09:00	18:30						
	FNM70	Rowlands Pharmacy	EC1R 4QE	09:00	19:00						
	FJ143	Superdrug Pharmacy (54 Chapel Market)	N1 9EW	08:30	19:00						
	FJE08	W C And K King Chemist	EC1R 1UR	09:00	18:00						

Source: NHS England, 2017



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

Locality	ODS Code	Pharmacy	Post code	Open	Close	06:00	09:00	12:00	15:00	18:00	21:00
Central	FW078	Atkins Pharmacy	N7 8JE	09:00	19:30						
	FQ525	C&H Chemist	N5 2LL	09:00	18:30						
	FK061	Caledonian Pharmacy	N7 9RP	09:30	18:00						
	FL630	Highbury Pharmacy	N5 2AB	09:00	18:30						
	FVQ29	Hornsey Road Pharmacy	N7 7NN	09:00	19:00						
	FWQ48	Islington Pharmacy	N7 9GL	06:00	23:00						
	FDN26	York Pharmacy	N7 9LW	09:00	18:30						
North	FWN43	Apteka Chemist	N4 3NS	09:00	19:00						
	FND94	Arkle Pharmacy	N19 5QU	09:00	19:00						
	FMD33	Boots UK Limited (410 Holloway Rd)	N7 6QA	08:00	19:00						
	FRE45	Chemitex Pharmacy	N7 7HE	09:00	18:30						
	FJ680	Devs Chemist	N7 6AE	09:00	19:00						
	FJA90	NuChem Pharmaceuticals Ltd	N4 3PZ	09:00	19:00						
	FF023	Roger Davies Pharmacy	N4 3EF	09:00	19:00						
	FLN42	Shivo Chemists	N19 3JF	10:00	18:00						
	FMD88	Superdrug Pharmacy (5-9 Seven Sisters Rd)	N7 6AJ	09:00	18:30						
	FPA29	The Co-Operative Pharmacy	N19 5QT	09:00	19:00						
	FP519	Wellcare Pharmacy	N7 6JP	09:00	19:00						
	FKF20	Wise Chemist	N19 3QN	09:00	19:00						
	South East	FG894	Apex Pharmacy (204 Essex Rd)	N1 3AP	09:00	18:00					
FC511		Boots UK Limited (50 Newington Green)	N16 9PX	09:00	19:00						
FXC57		Clan Pharmacy	N1 1RA	09:00	18:30						
FWK02		Dermacia Pharmacy	N1 2UQ	09:00	18:30						
FLM71		Egerton Chemist	N7 8LX	09:00	19:00						
FEM36		Essex Pharmacy	N1 2SF	09:00	19:00						
FPP76		Leoprim Chemist	N1 3PB	08:30	19:30						
FDP65		Maresh Chemists	N1 4QY	09:00	19:00						
FVG24		New North Pharmacy	N1 7AA	09:00	14:00						
FG060		Rose Chemist	N1 2RU	09:00	18:00						
FKR70		Savemain Ltd	N1 8LY	09:00	19:00						
FDN39		St Peter's Pharmacy	N1 8JR	09:00	18:00						
FN508		Turnbills Chemist	N1 2SN	09:00	19:00						

Locality	ODS Code	Pharmacy	Post code	Open	Close	06:00	09:00	12:00	15:00	18:00	21:00
South West	FHD65	Apex Pharmacy (199 Old Street)	EC1V 9NP	09:00	18:30						
	FFX11	Boots UK Limited (35-37 Islington High Street)	N1 9LH	08:00	19:30						
	FMA47	BST Angels Ltd	N1 9ER	09:00	19:00						
	FWP49	Carters Chemist	N7 8XF	09:00	19:00						
	FRM14	Clerkenwell Pharmacy	EC1R 4QL	09:00	19:00						
	FAG14	Clockwork Pharmacy (273 Caledonian Rd)	N1 1EF	09:00	19:00						
	FVA91	Clockwork Pharmacy (161 Caledonian Rd)	N1 0SG	09:00	18:30						
	FRM52	Douglas Pharmacy	N1 0DG	08:00	20:00						
	FG020	Fittleworth Medical Limited	N7 9NT	09:00	17:00						
	FH491	Medexpress	EC1M 4AN	10:00	18:00						
	FAC32	P Edward Ltd	N1 1BB	09:00	18:30						
	FJJ16	Portmans Pharmacy	EC1Y 8NX	09:00	18:30						
	FNM70	Rowlands Pharmacy	EC1R 4QE	09:00	19:00						
	FJ143	Superdrug Pharmacy (54 Chapel Market)	N1 9EW	08:30	19:00						
	FJE08	W C And K King Chemist	EC1R 1UR	09:00	18:00						

Source: NHS England, 2017

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

Locality	ODS Code	Pharmacy	Post code	Open	Close	06:00	09:00	12:00	15:00	18:00	21:00
Central	FW078	Atkins Pharmacy	N7 8JE	09:00	19:30						
	FQ525	C&H Chemist	N5 2LL	09:00	18:30						
	FK061	Caledonian Pharmacy	N7 9RP	09:30	18:00						
	FL630	Highbury Pharmacy	N5 2AB	09:00	18:30						
	FVQ29	Hornsey Road Pharmacy	N7 7NN	09:00	13:00						
	FWQ48	Islington Pharmacy	N7 9GL	06:00	23:00						
	FDN26	York Pharmacy	N7 9LW	09:00	18:30						
North	FWN43	Apteka Chemist	N4 3NS	09:00	19:00						
	FND94	Arkle Pharmacy	N19 5QU	09:00	19:00						
	FMD33	Boots UK Limited (410 Holloway Rd)	N7 6QA	08:00	19:00						
	FRE45	Chemitex Pharmacy	N7 7HE	09:00	12:30						
	FJ680	Devs Chemist	N7 6AE	09:00	19:00						
	FJA90	Nuchem Pharmaceuticals Ltd	N4 3PZ	09:00	19:00						
	FF023	Roger Davies Pharmacy	N4 3EF	09:00	19:00						
	FLN42	Shivo Chemists	N19 3JF	10:00	18:00						
	FMD88	Superdrug Pharmacy (5-9 Seven Sisters Rd)	N7 6AJ	09:00	18:30						
	FPA29	The Co-Operative Pharmacy	N19 5QT	09:00	19:00						
	FP519	Wellcare Pharmacy	N7 6JP	09:00	19:00						
	FKF20	Wise Chemist	N19 3QN	09:00	19:00						
	South East	FG894	Apex Pharmacy (204 Essex Rd)	N1 3AP	09:00	18:00					
FC511		Boots UK Limited (50 Newington Green)	N16 9PX	09:00	19:00						
FXC57		Clan Pharmacy	N1 1RA	09:00	18:30						
FWK02		Dermacia Pharmacy	N1 2UQ	09:00	18:30						
FLM71		Egerton Chemist	N7 8LX	09:00	19:00						
FEM36		Essex Pharmacy	N1 2SF	09:00	19:00						
FPP76		Leoprim Chemist	N1 3PB	08:30	19:30						
FDP65		Maresh Chemists	N1 4QY	09:00	19:00						
FVG24		New North Pharmacy	N1 7AA	09:00	19:00						
FG060		Rose Chemist	N1 2RU	09:00	20:00						
FKR70		Savemain Ltd	N1 8LY	09:00	19:00						
FDN39		St Peter's Pharmacy	N1 8JR	09:00	19:00						
FN508		Turnbills Chemist	N1 2SN	09:00	19:00						

Locality	ODS Code	Pharmacy	Post code	Open	Close	06:00	09:00	12:00	15:00	18:00	21:00
South West	FHD65	Apex Pharmacy (199 Old Street)	EC1V 9NP	09:00	18:30						
	FFX11	Boots UK Limited (35-37 Islington High Street)	N1 9LH	08:00	19:30						
	FMA47	BST Angels Ltd	N1 9ER	09:00	19:00						
	FWP49	Carters Chemist	N7 8XF	09:00	19:00						
	FRM14	Clerkenwell Pharmacy	EC1R 4QL	09:00	19:00						
	FAG14	Clockwork Pharmacy (273 Caledonian Rd)	N1 1EF	09:00	19:00						
	FVA91	Clockwork Pharmacy (161 Caledonian Rd)	N1 0SG	08:00	16:00						
	FRM52	Douglas Pharmacy	N1 0DG	08:00	20:00						
	FG020	Fittleworth Medical Limited	N7 9NT	09:00	17:00						
	FH491	Medexpress	EC1M 4AN	10:00	18:00						
	FAC32	P Edward Ltd	N1 1BB	09:00	18:00						
	FJJ16	Portmans Pharmacy	EC1Y 8NX	09:00	18:30						
	FNM70	Rowlands Pharmacy	EC1R 4QE	09:00	19:00						
	FJ143	Superdrug Pharmacy (54 Chapel Market)	N1 9EW	08:30	19:00						
	FJE08	W C And K King Chemist	EC1R 1UR	09:00	18:00						

Source: NHS England, 2017

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

Locality	ODS Code	Pharmacy	Post code	Open	Close	06:00	09:00	12:00	15:00	18:00	21:00
Central	FW078	Atkins Pharmacy	N7 8JE	09:00	19:30						
	FQ525	C&H Chemist	N5 2LL	09:00	18:30						
	FK061	Caledonian Pharmacy	N7 9RP	09:30	18:00						
	FL630	Highbury Pharmacy	N5 2AB	09:00	18:30						
	FVQ29	Hornsey Road Pharmacy	N7 7NN	09:00	19:00						
	FWQ48	Islington Pharmacy	N7 9GL	06:00	23:00						
	FDN26	York Pharmacy	N7 9LW	09:00	18:30						
North	FWN43	Apteka Chemist	N4 3NS	09:00	19:00						
	FND94	Arkle Pharmacy	N19 5QU	09:00	19:00						
	FMD33	Boots UK Limited (410 Holloway Rd)	N7 6QA	08:00	19:00						
	FRE45	Chemitex Pharmacy	N7 7HE	09:00	18:30						
	FJ680	Devs Chemist	N7 6AE	09:00	19:00						
	FJA90	Nuchem Pharmaceuticals Ltd	N4 3PZ	09:00	19:00						
	FF023	Roger Davies Pharmacy	N4 3EF	09:00	19:00						
	FLN42	Shivo Chemists	N19 3JF	10:00	18:00						
	FMD88	Superdrug Pharmacy (5-9 Seven Sisters Rd)	N7 6AJ	09:00	18:30						
	FPA29	The Co-Operative Pharmacy	N19 5QT	09:00	19:00						
	FP519	Wellcare Pharmacy	N7 6JP	09:00	19:00						
	FKF20	Wise Chemist	N19 3QN	09:00	19:00						
	South East	FG894	Apex Pharmacy (204 Essex Rd)	N1 3AP	09:00	18:00					
FC511		Boots UK Limited (50 Newington Green)	N16 9PX	09:00	19:00						
FXC57		Clan Pharmacy	N1 1RA	09:00	18:30						
FWK02		Dermacia Pharmacy	N1 2UQ	09:00	18:30						
FLM71		Egerton Chemist	N7 8LX	09:00	19:00						
FEM36		Essex Pharmacy	N1 2SF	09:00	19:00						
FPP76		Leoprim Chemist	N1 3PB	08:30	19:30						
FDP65		Maresh Chemists	N1 4QY	09:00	19:00						
FVG24		New North Pharmacy	N1 7AA	09:00	19:00						
FG060		Rose Chemist	N1 2RU	09:00	21:00						
FKR70		Savemain Ltd	N1 8LY	09:00	19:00						
FDN39		St Peter's Pharmacy	N1 8JR	09:00	19:00						
FN508		Turnbills Chemist	N1 2SN	09:00	19:00						

Locality	ODS Code	Pharmacy	Post code	Open	Close	06:00	09:00	12:00	15:00	18:00	21:00
South West	FHD65	Apex Pharmacy (199 Old Street)	EC1V 9NP	09:00	18:30						
	FFX11	Boots UK Limited (35-37 Islington High Street)	N1 9LH	08:00	19:30						
	FMA47	BST Angels Ltd	N1 9ER	09:00	19:00						
	FWP49	Carters Chemist	N7 8XF	09:00	19:00						
	FRM14	Clerkenwell Pharmacy	EC1R 4QL	09:00	19:00						
	FAG14	Clockwork Pharmacy (273 Caledonian Rd)	N1 1EF	09:00	19:00						
	FVA91	Clockwork Pharmacy (161 Caledonian Rd)	N1 0SG	09:00	18:30						
	FRM52	Douglas Pharmacy	N1 0DG	08:00	20:00						
	FG020	Fittleworth Medical Limited	N7 9NT	09:00	17:00						
	FH491	Medexpress	EC1M 4AN	10:00	18:00						
	FAC32	P Edward Ltd	N1 1BB	09:00	18:30						
	FJJ16	Portmans Pharmacy	EC1Y 8NX	09:00	18:30						
	FNM70	Rowlands Pharmacy	EC1R 4QE	09:00	19:00						
	FJ143	Superdrug Pharmacy (54 Chapel Market)	N1 9EW	08:30	19:00						
	FJE08	W C And K King Chemist	EC1R 1UR	09:00	18:00						

Source: NHS England, 2017

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

Locality	ODS Code	Pharmacy	Post code	Open	Close	06:00	09:00	12:00	15:00	18:00	21:00
Central	FW078	Atkins Pharmacy	N7 8JE	09:00	12:00		■	■	■		
	FQ525	C&H Chemist	N5 2LL	09:00	17:00		■	■	■	■	
	FK061	Caledonian Pharmacy	N7 9RP	Closed							
	FL630	Highbury Pharmacy	N5 2AB	09:00	18:00		■	■	■	■	
	FVQ29	Hornsey Road Pharmacy	N7 7NN	Closed							
	FWQ48	Islington Pharmacy	N7 9GL	08:00	23:00	■	■	■	■	■	■
	FDN26	York Pharmacy	N7 9LW	09:30	17:00		■	■	■	■	
North	FWN43	Apteka Chemist	N4 3NS	10:00	14:00			■	■		
	FND94	Arkle Pharmacy	N19 5QU	09:00	18:00		■	■	■	■	
	FMD33	Boots UK Limited (410 Holloway Rd)	N7 6QA	08:00	19:00	■	■	■	■	■	
	FRE45	Chemitex Pharmacy	N7 7HE	10:00	14:00		■	■	■		
	FJ680	Devs Chemist	N7 6AE	09:00	18:30		■	■	■	■	■
	FJA90	Nuchem Pharmaceuticals Ltd	N4 3PZ	09:00	17:30		■	■	■	■	
	FF023	Roger Davies Pharmacy	N4 3EF	09:00	17:00		■	■	■	■	
	FLN42	Shivo Chemists	N19 3JF	10:00	16:00			■	■		
	FMD88	Superdrug Pharmacy (5-9 Seven Sisters Rd)	N7 6AJ	09:00	18:30	■	■	■	■	■	
	FPA29	The Co-Operative Pharmacy	N19 5QT	09:00	17:00		■	■	■	■	
	FP519	Wellcare Pharmacy	N7 6JP	09:00	13:00		■	■			
	FKF20	Wise Chemist	N19 3QN	09:00	18:00		■	■	■	■	
South East	FG894	Apex Pharmacy (204 Essex Rd)	N1 3AP	Closed							
	FC511	Boots UK Limited (50 Newington Green)	N16 9PX	09:00	18:00		■	■	■	■	
	FXC57	Clan Pharmacy	N1 1RA	09:00	18:30		■	■	■	■	■
	FWK02	Dermacia Pharmacy	N1 2UQ	09:00	18:00		■	■	■	■	
	FLM71	Egerton Chemist	N7 8LX	09:00	14:00		■	■	■		
	FEM36	Essex Pharmacy	N1 2SF	09:30	17:00		■	■	■	■	
	FPP76	Leoprim Chemist	N1 3PB	09:00	18:00		■	■	■	■	
	FDP65	Maresh Chemists	N1 4QY	Closed							
	FVG24	New North Pharmacy	N1 7AA	09:00	14:00		■	■	■		
	FG060	Rose Chemist	N1 2RU	09:00	13:00		■	■			
	FKR70	Savemain Ltd	N1 8LY	09:00	18:30		■	■	■	■	■
	FDN39	St Peter's Pharmacy	N1 8JR	09:30	16:00		■	■	■	■	
	FN508	Turnbills Chemist	N1 2SN	09:00	19:00		■	■	■	■	■



Locality	ODS Code	Pharmacy	Post code	Open	Close	06:00	09:00	12:00	15:00	18:00	21:00
South West	FHD65	Apex Pharmacy (199 Old Street)	EC1V 9NP	10:00	13:00						
	FFX11	Boots UK Limited (35-37 Islington High Street)	N1 9LH	09:00	19:00						
	FMA47	BST Angels Ltd	N1 9ER	09:00	17:00						
	FWP49	Carters Chemist	N7 8XF	09:00	17:00						
	FRM14	Clerkenwell Pharmacy	EC1R 4QL	09:00	17:00						
	FAG14	Clockwork Pharmacy (273 Caledonian Rd)	N1 1EF	09:00	18:00						
	FVA91	Clockwork Pharmacy (161 Caledonian Rd)	N1 0SG	Closed							
	FRM52	Douglas Pharmacy	N1 0DG	09:00	13:00						
	FG020	Fittleworth Medical Limited	N7 9NT	Closed							
	FH491	Medexpress	EC1M 4AN	Closed							
	FAC32	P Edward Ltd	N1 1BB	09:00	18:00						
	FJJ16	Portmans Pharmacy	EC1Y 8NX	09:00	17:00						
	FNM70	Rowlands Pharmacy	EC1R 4QE	09:00	17:00						
	FJ143	Superdrug Pharmacy (54 Chapel Market)	N1 9EW	09:00	17:30						
FJE08	W C And K King Chemist	EC1R 1UR	Closed								

Source: NHS England, 2017

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

Locality	ODS Code	Pharmacy	Post code	Open	Close	06:00	09:00	12:00	15:00	18:00	21:00
Central	FW078	Atkins Pharmacy	N7 8JE	Closed							
	FQ525	C&H Chemist	N5 2LL	Closed							
	FK061	Caledonian Pharmacy	N7 9RP	Closed							
	FL630	Highbury Pharmacy	N5 2AB	Closed							
	FVQ29	Hornsey Road Pharmacy	N7 7NN	Closed							
	FWQ48	Islington Pharmacy	N7 9GL	Closed							
	FDN26	York Pharmacy	N7 9LW	Closed							
North	FWN43	Apteka Chemist	N4 3NS	Closed							
	FND94	Arkle Pharmacy	N19 5QU	Closed							
	FMD33	Boots UK Limited (410 Holloway Rd)	N7 6QA	11:00	17:00		■	■	■	■	■
	FRE45	Chemitex Pharmacy	N7 7HE	Closed							
	FJ680	Devs Chemist	N7 6AE	Closed							
	FJA90	NuChem Pharmaceuticals Ltd	N4 3PZ	Closed							
	FF023	Roger Davies Pharmacy	N4 3EF	Closed							
	FLN42	Shivo Chemists	N19 3JF	Closed							
	FMD88	Superdrug Pharmacy (5-9 Seven Sisters Rd)	N7 6AJ	11:00	17:00		■	■	■	■	■
	FPA29	The Co-Operative Pharmacy	N19 5QT	Closed							
	FP519	Wellcare Pharmacy	N7 6JP	Closed							
	FKF20	Wise Chemist	N19 3QN	Closed							
South East	FG894	Apex Pharmacy (204 Essex Rd)	N1 3AP	Closed							
	FC511	Boots UK Limited (50 Newington Green)	N16 9PX	Closed							
	FXC57	Clan Pharmacy	N1 1RA	Closed							
	FWK02	Dermacia Pharmacy	N1 2UQ	Closed							
	FLM71	Egerton Chemist	N7 8LX	Closed							
	FEM36	Essex Pharmacy	N1 2SF	Closed							
	FPP76	Leoprim Chemist	N1 3PB	Closed							
	FDP65	Maresh Chemists	N1 4QY	Closed							
	FVG24	New North Pharmacy	N1 7AA	Closed							
	FG060	Rose Chemist	N1 2RU	Closed							
	FKR70	Savemain Ltd	N1 8LY	Closed							
	FDN39	St Peter's Pharmacy	N1 8JR	Closed							
	FN508	Turnbills Chemist	N1 2SN	Closed							

Locality	ODS Code	Pharmacy	Post code	Open	Close	06:00	09:00	12:00	15:00	18:00	21:00
South West	FHD65	Apex Pharmacy (199 Old Street)	EC1V 9NP	Closed							
	FFX11	Boots UK Limited (35-37 Islington High Street)	N1 9LH	11:00	17:00			■	■	■	■
	FMA47	BST Angels Ltd	N1 9ER	Closed							
	FWP49	Carters Chemist	N7 8XF	Closed							
	FRM14	Clerkenwell Pharmacy	EC1R 4QL	Closed							
	FAG14	Clockwork Pharmacy (273 Caledonian Rd)	N1 1EF	Closed							
	FVA91	Clockwork Pharmacy (161 Caledonian Rd)	N1 0SG	Closed							
	FRM52	Douglas Pharmacy	N1 0DG	Closed							
	FG020	Fittleworth Medical Limited	N7 9NT	Closed							
	FH491	Medexpress	EC1M 4AN	Closed							
	FAC32	P Edward Ltd	N1 1BB	Closed							
	FJJ16	Portmans Pharmacy	EC1Y 8NX	Closed							
	FNM70	Rowlands Pharmacy	EC1R 4QE	Closed							
	FJ143	Superdrug Pharmacy (54 Chapel Market)	N1 9EW	10:00	16:00			■	■	■	■
FJE08	W C And K King Chemist	EC1R 1UR	Closed								

Source: NHS England, 2017

## Appendix G: Bibliography

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## Appendix H: Abbreviations

<b>ACS</b>	Ambulatory Care Sensitive
<b>AUR</b>	Appliance Use Review
<b>BAME</b>	Black, Asian and Minority Ethnic
<b>BMI</b>	Body Mass Index
<b>CCG</b>	Clinical Commissioning Group
<b>CHD</b>	Coronary Heart Disease
<b>CKD</b>	Chronic Kidney Disease
<b>COPD</b>	Chronic Obstructive Pulmonary Disease
<b>CPPE</b>	Centre for Pharmacy Postgraduate Education
<b>DAC</b>	Dispensing Appliance Contractors
<b>DBS</b>	Disclosure and Barring Service
<b>DH</b>	Department of Health
<b>EHC</b>	Emergency Hormonal Contraception
<b>ESPLPS</b>	Essential Small Pharmacies Local Pharmaceutical Services
<b>GLA</b>	Greater London Authority
<b>GP</b>	General Practice or General Practitioner
<b>HLP</b>	Healthy Living Pharmacy
<b>HWB</b>	Health and Wellbeing Board
<b>HSCIC</b>	Health and Social Care Information Centre
<b>JHWS</b>	Joint Health and Wellbeing Strategy
<b>JSNA</b>	Joint Strategic Needs Assessment
<b>LA</b>	Local Authority
<b>LARC</b>	Long Acting Reversible Contraception
<b>LBI</b>	London Borough of Islington
<b>LCS</b>	Locally Commissioned Services
<b>LPC</b>	Local Pharmaceutical Committee
<b>LPS</b>	Local Pharmaceutical Service
<b>LTC</b>	Long Term Condition
<b>MAS</b>	Minor Ailments Scheme
<b>MSM</b>	Men who have sex with men

<b>MUR</b>	Medicine Use Review
<b>NHS</b>	National Health Service
<b>NHSCB</b>	National Health Service Commissioning Board
<b>NMS</b>	New Medicine Service
<b>NRT</b>	Nicotine Replacement Therapy
<b>ONS</b>	Office for National Statistics
<b>PCT</b>	Primary Care Trust
<b>PGD</b>	Patient Group Directions
<b>PH</b>	Public Health
<b>PNA</b>	Pharmaceutical Needs Assessment
<b>SAC</b>	Stoma Appliance Customisation
<b>SLA</b>	Service Level Agreement
<b>STI</b>	Sexually Transmitted Infections
<b>VCS</b>	Voluntary and Community Sector