



**Havering**  
L O N D O N B O R O U G H

# DRAFT Pharmaceutical Needs Assessment 2025 –2028

Havering Health and Wellbeing  
Board

# Contents

Executive Summary .....	6
1 Introduction .....	10
1.1 Background .....	10
1.2 Purpose .....	10
1.3 Pharmacy market .....	11
1.4 National context .....	12
1.5 Pharmacy services NHS overview .....	12
1.6 Community Pharmacy Contractual Framework .....	14
1.7 Working across the North East London Integrated Care System .....	15
1.8 Havering strategic objectives .....	15
2 The Health System in Havering .....	17
3 Pharmaceutical Needs Assessment Process .....	19
3.1 PNA development group .....	19
3.2 Determination of localities .....	19
3.3 Necessary pharmaceutical services .....	20
3.4 Other relevant services .....	21
3.5 Other NHS services .....	21
3.6 Assessing health needs .....	22
3.7 Current provision within Havering .....	22
3.8 Future provision .....	23
3.9 Stakeholder engagement .....	23
3.10 Statutory consultation .....	23
4 Demographics and Health Needs .....	24
4.1 Introduction .....	24
4.2 Demographic characteristics .....	24
4.2.1 Population size and density .....	24
4.2.2 Age and gender structure .....	25
4.2.3 Ethnicity and diversity .....	27
4.2.4 Vulnerable populations and protected characteristics .....	28
4.3 Life expectancy .....	28
4.4 Wider determinants of health .....	31
4.4.1 Deprivation .....	31
4.5 Regeneration and population growth .....	33
4.6 Our health behaviours and lifestyles .....	34

4.6.1	Smoking.....	34
4.6.2	Healthy weight.....	35
4.6.3	Physical activity .....	35
4.6.4	Alcohol use .....	36
4.6.5	Unsafe sex.....	36
4.7	Air pollution .....	38
4.8	Crime and community safety.....	38
4.9	Maternal health .....	38
4.9.1	Teenage pregnancy.....	39
4.10	Children and young people .....	39
4.10.1	Wider determinants of health for children.....	39
4.10.2	Modifiable risk factors for children .....	40
4.11	Cancer .....	41
4.12	Long-term conditions .....	42
4.12.1	Circulatory disease.....	42
4.12.2	Respiratory disease.....	43
4.13	Older people .....	44
4.14	Summary .....	44
5	Current Provision of Pharmaceutical Services .....	46
5.1	Overview .....	46
5.1.1	Core hours.....	49
5.1.2	Supplementary hours .....	49
5.2	100-hour pharmacies .....	49
5.3	Pharmacy Access Scheme .....	50
5.4	Dispensing appliance contractors .....	50
5.5	Distance selling pharmacies.....	50
5.6	Dispensing doctors.....	51
5.7	Hospital pharmacy services .....	51
5.8	Out of area providers of pharmaceutical services .....	51
5.9	Government consultations .....	52
5.9.1	Pharmacy supervision .....	52
5.9.2	Hub and spoke dispensing .....	52
5.9.3	Independent prescribing .....	52
6	Access to Community Pharmacy Services in Havering.....	54
6.1	Number, type of pharmacies and geographical distribution .....	54
6.2	Dispensing activity in Havering .....	55
6.3	Access to pharmacies by opening hours.....	56

6.4	Ease of access to pharmacies .....	56
6.4.1	Weekday opening.....	56
6.4.2	Weekend opening.....	64
6.4.3	Access to pharmacy services out of the Havering area.....	72
6.4.4	Feedback from public regarding pharmacy opening hours.....	74
6.5	Disability access.....	74
6.6	Access to translation services.....	75
7	Pharmaceutical Services Overview.....	76
7.1	Essential services .....	76
7.1.1	Digital solutions .....	77
7.2	Advanced services .....	78
7.2.1	Appliance use review (AUR).....	79
7.2.2	Influenza vaccination service.....	79
7.2.3	Hypertension case-finding service (HCFS).....	80
7.2.4	Lateral flow device (LFD) tests supply service.....	80
7.2.5	New medicine service (NMS) .....	80
7.2.6	Pharmacy contraception service (PCS).....	81
7.2.7	Pharmacy First service .....	82
7.2.8	Smoking cessation advanced service.....	83
7.2.9	Stoma appliance customisation service (SAC).....	83
7.3	National enhanced services .....	83
7.3.1	COVID-19 vaccination programme.....	84
8	Havering Locally Commissioned Services .....	85
8.1	ICB local enhanced services .....	85
8.1.1	On demand availability of End of Life (EoL) medicines from community pharmacies .....	85
8.1.2	Self-Care medicines scheme (SCMS).....	86
8.1.3	Bank holiday rota.....	86
8.2	Havering Public Health commissioned services.....	86
8.2.1	Havering stop smoking service.....	87
8.2.2	Drug and alcohol dependence services.....	87
8.2.3	Sexual health service.....	88
8.3	Non-commissioned services .....	88
8.3.1	Medicines delivery service.....	89
8.3.2	Monitored dosage systems.....	89
9	Current and Future Pharmacist Role.....	91
10.	Engagement and Consultation .....	92

10.1	Stakeholder engagement.....	92
10.1.1	Overview of response to the public questionnaire .....	92
10.2	Formal consultation.....	92
11	Summary of Findings.....	93
11.1	Necessary services – current provision .....	93
11.2	Other findings .....	93
12	Statement of Pharmaceutical Needs Assessment.....	95
	Appendix 1 – Membership of Steering Committee .....	97
	Appendix 2 - Community Engagement Questionnaire Results.....	98
	Appendix 3 – Pharmacy Addresses and Opening Times .....	106
	Appendix 4 - Consultation on the Draft Pharmaceutical Needs Assessment for Havering.....	108
	Appendix 5 – Abbreviations.....	109
	Appendix 6 – References and Data Sources .....	111

# Executive Summary

The Health and Social Care Act 2012<sup>(1)</sup> transferred responsibility for developing and maintaining Pharmaceutical Needs Assessments (PNAs) from Primary Care Trusts (PCTs) to Health and Wellbeing Boards (HWBs). Under this legislation, each board was mandated to publish its first PNA by April 1, 2015, with subsequent updates required every three years or sooner if significant changes in service provision arise, provided an earlier review is justified. The previous PNA<sup>(2)</sup> for Havering was published on October 1 2022, following a nationally agreed one year extension of the life of the 2018 PNA due to the COVID pandemic. The next update is scheduled for release by October 1 2025.

PNAs play an important part in public health and healthcare planning. They are strategic documents used to inform the development of local healthcare planning and commissioning of services. PNAs assess the availability and accessibility of pharmaceutical services, taking into account the health needs of the local population, identifying where there may be a lack of pharmaceutical services or unmet needs.

The Health and Care Act 2022<sup>(3)</sup> restructured the commissioning of community pharmacy services, shifting responsibility from NHS England (NHSE) to Integrated Care Boards (ICBs), while NHSE retained oversight. As of April 1, 2023, NHS North East London (NEL) ICB assumed this role. Recent announcements indicate that the architecture of the NHS is likely to undergo significant changes during the lifespan of this Pharmaceutical Needs Assessment (2025-2028). These potential changes include shifts in service delivery models and integration with local healthcare systems. As these developments are subject to ongoing policy discussions and government reviews, the information provided in this document reflects the current position as of the date of publication.

The PNA remains a crucial document for the ICB in evaluating applications for inclusion in the pharmaceutical list and plays a key role in commissioning enhanced community pharmacy and locally tailored services.

To develop this PNA, the London Boroughs of Barking and Dagenham, Havering, and Redbridge jointly commissioned external contractor North of England Commissioning Support (NECS), an independent subject matter expert organisation. The PNA was overseen by a joint steering group, comprising representatives from the London Boroughs of Barking and Dagenham, Havering, and Redbridge, NEL ICB, and Healthwatch Barking and Dagenham, Healthwatch Havering and Healthwatch Redbridge. Their collective aim was to assess current service provision, address commissioning challenges, and set future priorities for community pharmacy services in each of the three London boroughs.

Community Pharmacy North East London (CPNEL) were also consulted following the steering group meetings about the draft PNA, and feedback provided was incorporated into the document. The previous PNA was published on October 1 2022, with the next update scheduled for release by October 1 2025.

A statutory consultation was conducted between [insert dates following consultation] gathering input from statutory consultees, the public, and other stakeholders. The final PNA integrates this feedback and aligns with the health priorities outlined in Havering's Joint Strategic Needs Assessment (JSNA)<sup>(4)</sup>.

This PNA examines the current provision of pharmacy services in Havering and evaluates potential gaps in service delivery.

This PNA covers the following areas:

- An overview of the PNA process, including the identification of localities.
- An analysis of current and future health needs.
- A description of community pharmacies in Havering.
- An evaluation of existing service provision, accessibility, and any gaps.
- Insights into potential future roles for community pharmacies.
- An assessment of community pharmacy's contributions to the Health and Wellbeing Strategy<sup>(5)</sup>.
- Key findings from stakeholder engagement and the statutory consultation.
- A summary of findings and the PNA statement.

The 2013 NHS (Pharmaceutical and Local Pharmaceutical) Regulations<sup>(6)</sup> require the HWB to include a statement of necessary pharmaceutical services.

Necessary services are those pharmaceutical services that are considered key to meet the pharmaceutical needs of the population. They form the baseline level of services that must be provided to ensure adequate access to medicines and related healthcare. The classification helps in decision-making about pharmacy applications, service commissioning, and resource allocation. For the purpose of this PNA, the HWB has agreed that as in the previous PNA, necessary services are defined as the essential services in the NHS Community Pharmacy Contractual Framework<sup>(7)</sup>. Essential services are mandatory for community pharmacies.

Relevant services are those pharmaceutical services, other than necessary services, that contribute to meeting the health and well-being needs of the population. Havering HWB has identified advanced services and national enhanced services as relevant services that secure improvements or better access to pharmaceutical services, contributing to meeting the need for pharmaceutical services in the HWB area.

Services provided by pharmacies located in neighbouring HWB areas are considered relevant Services where they play a role in meeting patient needs.

### **Pharmaceutical service providers in Havering**

Havering has 44 community pharmacies, including one distance-selling pharmacy (as of April 2025). Havering has an average of 16.6 community pharmacies per 100,000 population, compared with 18.3 per 100,000 in England and 19.4 per 100,000 in London. This is based on the ONS mid-2022 ward-level population estimate of 264,703 <sup>(8)</sup>.

The Greater London Authority (GLA) population dataset estimates that the population of Havering is 272,853 (2025 estimate, based on central fertility and 10-year migration assumptions)<sup>(9)</sup>. Wherever possible, this document uses Greater London Authority (GLA) population estimates (central fertility and 10-year migration assumptions)<sup>(9)</sup> as the base population. Where national or alternative comparisons are needed, data from the Office for National Statistics (ONS) has been used.

### **Conclusions:**

#### **Current provision of necessary services**

- There is **no current gap** in the current provision of necessary services **during normal working hours** across Havering to meet the needs of the population.
- There is **no current gap** in the current provision of necessary services **outside normal working hours** across Havering to meet the needs of the population.
- **No gaps** have been identified in the need for pharmaceutical services in **future** circumstances across Havering

#### **Improvements and better access**

- There are **no gaps in the provision of advanced services** at present or in the future (lifetime of this PNA) that would secure improvements or better access in Havering.
- There are **no gaps in the provision of enhanced services** at present or in the future (lifetime of this PNA) that would secure improvements or better access in Havering.



- Based on current information **no current gaps have been identified in respect of securing improvements or better access to locally commissioned services**, either now or in specific future (lifetime of this PNA) circumstances across Havering to meet the needs of the population.

# **1 Introduction**

## **1.1 Background**

The Health Act 2009<sup>(10)</sup> established a legal requirement for all Primary Care Trusts (PCTs) to publish a Pharmaceutical Needs Assessment (PNA) by February 1, 2011. Subsequently, the Health and Social Care Act 2012<sup>(1)</sup> transferred responsibility for developing and updating PNAs to Health and Wellbeing Boards (HWBs).

Under this framework, each HWB was mandated to publish its first PNA by April 1, 2015. Thereafter, updates must be issued every three years following the previous publication or sooner if significant changes affect pharmaceutical service availability, provided an early update is warranted.

Havering HWB last published its PNA in October 2022<sup>(2)</sup> following a nationally agreed one year extension caused by the COVID pandemic and has now prepared an updated version for release by October 1, 2025.

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013<sup>(6)</sup> define the statutory requirements for PNAs. The development of this PNA adhered to the guidance outlined in the PNA Information Pack for Local Authority Health and Wellbeing Boards<sup>(11)</sup>, published by the Department of Health in October 2021.

As stipulated by these regulations, the PNA must include a statement identifying any pharmaceutical services that the HWB has determined are lacking within its area but are deemed necessary to:

- address a current need,
- meet a future need in specified circumstances
- provide improvements or better access if implemented or
- provide future improvements or better access in specified future circumstances

This PNA relates to community pharmacies (including distance selling pharmacies and dispensing appliance contractors) and dispensing GP practices. Prison pharmacy and hospital pharmacy are beyond the scope of the PNA.

## **1.2 Purpose**

The PNA provides a comprehensive evaluation of both current and future pharmaceutical needs within the local population. It outlines the area's health needs (Section 4), assesses the availability of existing pharmaceutical services, and identifies any service gaps (Sections 7 and 8). Additionally, it highlights potential new

services to address unmet health needs and support the objectives of the Health and Wellbeing Strategy 2019/20 – 2023/24<sup>(5)</sup>.

The PNA is informed by the Joint Strategic Needs Assessment (JSNA)<sup>(4)</sup> and serves as a key strategic commissioning document, primarily guiding North East London Integrated Care Board (NEL ICB) in determining applications for inclusion in the pharmaceutical list, in accordance with the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013<sup>(6)</sup>.

Beyond this primary function, the PNA is also instrumental in:

- Ensuring that decisions regarding market entry for pharmaceutical services are based on robust and relevant data.
- Informing commissioning plans for pharmaceutical services that could be delivered by community pharmacists or other providers to meet local needs - these services may be commissioned by local authorities, NHS England, or NEL ICB (Sections 7 and 8).
- Supporting the commissioning of high-quality pharmaceutical services, including locally enhanced services.
- Ensuring that pharmaceutical and medicines optimisation services align with the health priorities outlined in the Health and Wellbeing Strategy.<sup>(5)</sup>
- Promoting opportunities for community pharmacies to play a vital role in improving the health and well-being of Havering residents.

### **1.3 Pharmacy market**

Community pharmacies (including distance selling pharmacies and dispensing appliance contractors) play a crucial role in dispensing medications, medical appliances, and devices to NHS patients. While they operate independently from the NHS, they deliver essential healthcare services on its behalf to the public.

Under the NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013<sup>(6)</sup>, individuals or entities—such as pharmacists, appliance dispensers, or, in some rural areas, GPs—who wish to provide NHS pharmaceutical services must apply through Primary Care Support England (PCSE) for inclusion on the pharmaceutical list. Applicants must demonstrate their ability to meet a pharmaceutical need as outlined in the PNA. However, some exceptions exist, such as applications for distance-selling pharmacies (i.e., internet or mail-order services).

There are five types of market entry applications for inclusion on the pharmaceutical list:

- Meeting a current need identified in the PNA.

- Addressing a future need projected in the PNA.
- Enhancing current access to pharmaceutical services.
- Improving future access to meet anticipated demand.
- Providing an unforeseen benefit, where an applicant presents evidence of an unanticipated need not identified in the existing PNA.

Community pharmacies and appliance contractors are responsible for dispensing medications, appliances, and medical devices to NHS patients. They are not a direct part of the NHS but provide essential services on behalf of the NHS to the general public.

#### **1.4 National context**

The NHS Long Term Plan in 2019<sup>(12)</sup> set out the ambition to accelerate the redesign of patient care to future proof the NHS for the decade ahead. The plan acknowledged the essential role pharmacists play within a health and care system with a commitment to community pharmacy.

The government is in the process of developing a 10-year plan to build a health service fit for the future. The first step in the process was Lord Darzi's independent report on the State of the NHS in England<sup>(13)</sup>. The report was published in September 2024, and it identified challenges faced by the health service which will be addressed by the plan. The review noted that:

*"There is huge potential for a step change in the clinical role of pharmacists within the NHS. Expanded community pharmacy services are likely to include greater treatment of common conditions and supporting active management of hypertension. But there is a very real risk that on current trajectory, community pharmacy will face similar access problems to general practice, with too few resources in the places where it is needed most."*

The NHS is likely to see changes in its architecture over the lifespan of the PNA, with the future abolition of NHS England being announced early in 2025.

#### **1.5 Pharmacy services NHS overview**

The NHS Business Services Authority (NHSBSA) published a report on General Pharmaceutical Services in England 2015/16 – 2023/24<sup>(14)</sup>.

This report notes that there were more than 12,009 community pharmacies in England providing accessible healthcare alongside the dispensing of medicines. For a typical pharmacy, NHS income accounts for around 90% of their total income<sup>(15)</sup>.

Community pharmacies in England provide a range of services including:

- Dispensing and Repeat Dispensing;
- Support for self-care;
- Signposting patients to other healthcare professionals;
- Participation in set public health campaigns (e.g. to promote healthy lifestyles);
- Disposal of unwanted medicines.

Key findings of General Pharmaceutical Services in England 2015/16 - 2023/24<sup>(14)</sup> indicated that:

- There were 12,009 active community pharmacies and 112 active appliance contractors in England during 2023/24. This is the first increase shown since 2017/19. It is important to note that if a pharmacy has opened, submitted a prescription to the NHSBSA and then closed again in the same year, it would still be classed as an active pharmacy. When a pharmacy contract changes providers, it can remain in the same premises but may be given a new organisation code. This measure uses the pharmacy organisation code to determine active pharmacies.
  - However, as at December 2025, the total number of active pharmacies in England is estimated at 10,430 according to the NHSBSA Consolidated Pharmaceutical List Q3 2024/25. This is the number used in this PNA to calculate the average number of pharmacies per 100,000 population.
- The number of items dispensed by community pharmacies in England between 2022/23 and 2023/24 increased by 3.15% from 1.08 billion to 1.11 billion. Overall, the number of items dispensed is 11.8% higher than the 995 million items dispensed in 2015/16.
- 1.08 billion prescription items were dispensed via the Electronic Prescription Service (EPS) in 2023/24, 96.1% of all items dispensed in the year. This is an increase of 60.7 percentage points from 2015/16.
- The cost of drugs and appliances reimbursed to community pharmacies and appliance contractors totalled £10.2 billion in 2023/24. Costs reimbursed to contractors increased in 2023/24 for the fifth consecutive year. Costs increased by 4.97% between 2022/23 and 2023/24 from £9.72 billion to £10.2 billion, the highest costs in 9 years.
- The number of vaccines administered by pharmacies as part of the Influenza Vaccination advanced service decreased in 2023/24 after increasing every year since the service began in 2015/16. In 2023/24 there were 3.77 million vaccines administered by 9,170 community pharmacies, at an average of 412 vaccines per pharmacy. This was a decrease of 24.7% on the 5.01 million vaccines administered in 2022/23.

- New medicines services (NMSs) have shown sizable increases for the last three financial years. Thirteen additional conditions were added to the specification list in September 2021. The number of NMSs claimed in 2023/24 has increased by 42% from 2022-23.
- Pharmacy First, which was introduced on 1<sup>st</sup> February 2024, continues to grow with over 750,000 interactions nationally in September 2024 compared with an average of 141,000 per month in the first 3 months.

## **1.6 Community Pharmacy Contractual Framework**

The Department of Health and Social Care (DHSC), NHSE, and the Pharmaceutical Services Negotiating Committee (PSNC, now known as Community Pharmacy England) agreed a five-year plan, 2019-2024, the Community Pharmacy Contractual Framework (CPCF)<sup>(16)</sup> which described a vision for how community pharmacy will support delivery of the NHS Long Term Plan.<sup>(12)</sup>

In April 2025, agreement was reached between the Department of Health and Social Care (DHSC), NHSE and Community Pharmacy England (CPE), on the funding arrangements for both the Community Pharmacy Contractual Framework (CPCF) for 2024 to 2025 and 2025 to 2026<sup>(7)</sup>, and Pharmacy First. These new arrangements aim to reflect joint ambition to focus on stabilising medicines supply and pharmacy funding for this core function. This funding also provides an uplift to key clinical service fees, while supporting Pharmacy First to continue to grow and embed at pace. Contractual arrangements post April 2026 have yet to be agreed. The success of the Pharmacy Quality Scheme (PQS) across the CPCF in 2019-2024 was recognised within the review of the CPCF with a targeted PQS being reinstated from 1st April 2025.

The critical focus included:

- Being signed up to deliver Pharmacy First pathway and the pharmacy contraception service
- Develop or update a palliative and end of life care action plan
- Referral of patients aged 5 to 15 years who do not have a spacer and all patients using 3 or more short-acting bronchodilators without any corticosteroid inhaler in 6 months
- Pharmacy First – completion of clinical audit and ensure all registered professionals have completed appropriate training.
- Emergency contraception: ensure relevant staff have completed appropriate training
- New medicine service: ensure relevant staff have completed relevant depression training

- Enhanced Disclosure and Barring Service (DBS) checks undertaken for all registered pharmacy professionals within the last 3 years

## **1.7 Working across the North East London Integrated Care System**

Integrated care systems (ICSs) were set up in 2022 to facilitate joint working across local partners, such as the NHS, councils, voluntary sector organisations and others. Their aim is to improve health and care services – with a focus on prevention, better outcomes and reducing health inequalities. They achieve this by creating services based on local need.

The 42 ICSs in England are local partnerships that bring health and care organisations together to develop shared plans and joined-up services. ICSs were legally established on 1 July 2022, covering all of England. These arrangements built on partnerships that were already in place across the country.

They aim to:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development

Integrated care boards (ICBs) are NHS organisations responsible for planning health services for their local population. There is one ICB in each ICS area. They manage the NHS budget and work with local providers of NHS services, such as hospitals and GP practices, to agree a joint five-year plan which says how the NHS will contribute to the integrated care partnership's integrated care strategy.

The NHS organisations and upper-tier local authorities in each ICS run a joint committee called an integrated care partnership (ICP). This is a broad alliance of partners who all have a role in improving local health, care and wellbeing. They may also include social care providers, the voluntary, community and social enterprise sector and others with a role in improving health and wellbeing for local people such as education, housing, employment or police and fire services.

Each ICP must develop a long-term strategy to improve health and social care services and people's health and wellbeing in the area. They may also take on additional responsibilities, as agreed locally between the members.

## **1.8 Havering strategic objectives**

The Health and Care Act 2022<sup>(3)</sup> established Integrated Care Boards (ICBs) and Integrated Care Partnerships (ICPs) as part of the health and care system. North

East London Integrated Care Partnership (ICP) brings together London Borough of Havering, NEL ICB, NHS providers and other partners to foster collaboration among health service commissioners, public health, and social care providers. This partnership aims to enhance the health and wellbeing of the residents of North East London, including people living in Havering.

HWBs continue to play a key role in setting the strategic direction to improve the health and wellbeing of people in their communities.

As part of its responsibilities, the board develops a Joint Strategic Needs Assessment (JSNA)<sup>(4)</sup>, which evaluates the health and wellbeing of Havering population and compares it with national averages. Alongside the JSNA, the PNA is also an integral component of understanding health needs to inform the development of the Joint Health and Wellbeing Strategy <sup>(5)</sup>.

The Havering Joint Health and Wellbeing Strategy 2019/20 – 2023/24<sup>(5)</sup> sets out a vision for everyone in Havering to enjoy a long and healthy life with access to the best health and social care services.

The areas of focus or "pillars" of the strategy are:

- The wider determinants of health
- Communities and places
- Lifestyles and behaviours
- Local health and social care services



## **2 The Health System in Havering**

GP Practices in Havering deliver primary medical services for the same core hours of 8.00am until 6.30pm, Mondays to Fridays.

Within Havering, Primary Care Networks (PCNs) ensure enhanced access for their patients is in place between the hours of 6.30pm and 8pm Mondays to Fridays and between 9am and 5pm on Saturdays.

The GP out-of-hours service has appointments available seven days a week to cover the evenings and overnight, as well as on weekends and bank holidays.

As well as the Accident and Emergency department at Queen's Hospital, there are also Urgent Treatment Centres:

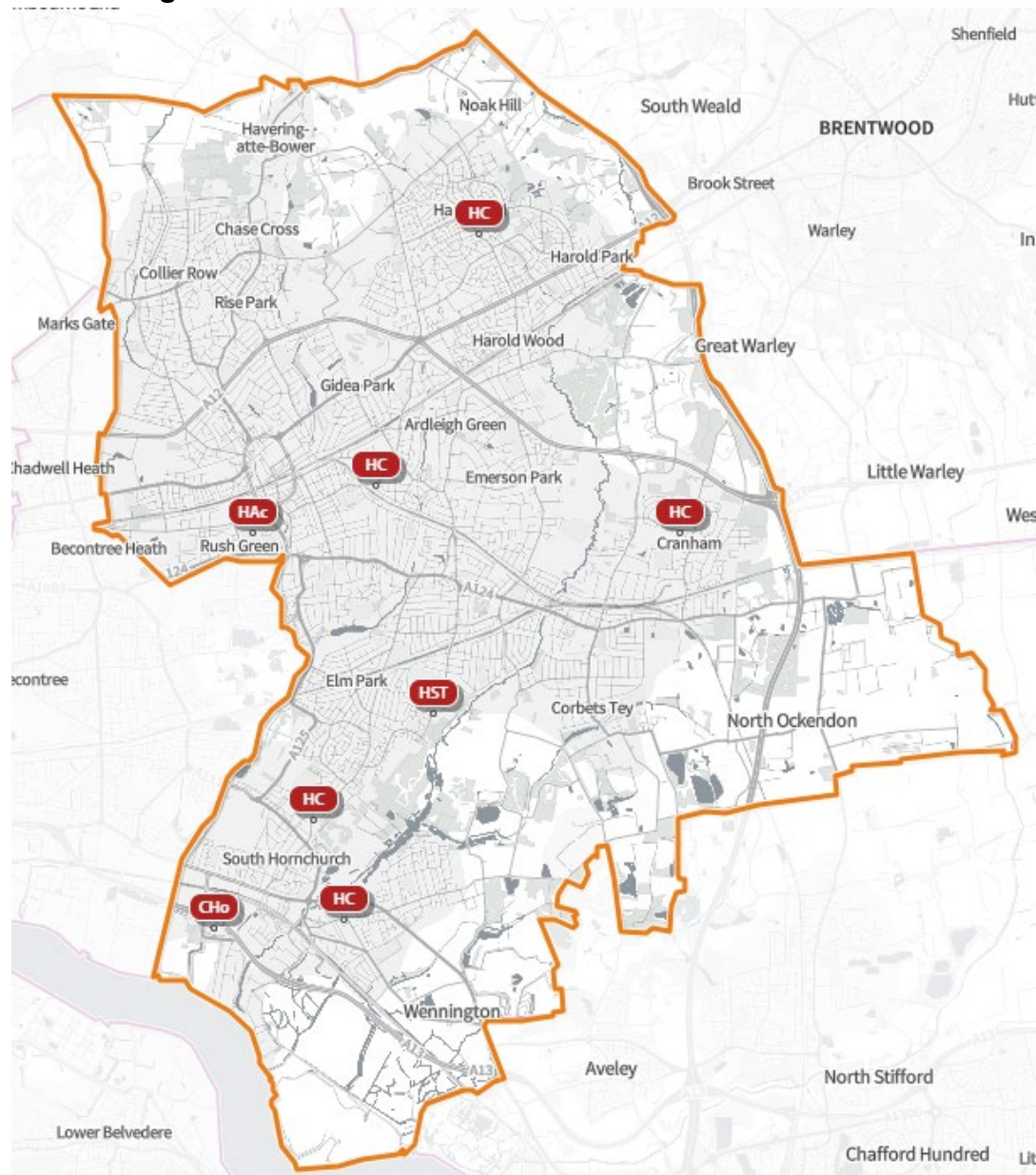
Harold Wood Urgent Treatment Centre (open 8am – 10pm seven days a week)  
Queen's Hospital Streaming and Urgent Treatment Service (streams to A&E and is open 24/7)

People living in Havering primarily go to Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) for hospital services. The North East London NHS Foundation Trust provides mental health services for the residents of Havering.

Hospital pharmacies do not provide services under the community pharmacy contractual framework and are therefore outside the scope of the PNA.

Figure 1 shows the locations of hospitals, urgent treatment centres and walk-in centres in Havering.

**Figure 1: Locations of hospitals, urgent treatment centres and walk-in centres in Havering**



© Crown copyright and database rights 2024 OS AC0000806481. You are permitted to use this data solely to enable you to respond to, or interact with, the organisation that provided you with the data. You are not permitted to copy, sub-licence, distribute or sell any of this data to third parties in any form

### Key

- HC - Health Centre
- HST – Short Term Non-Acute
- HAc – Acute Hospital
- HCo - Community Hospital

### **3 Pharmaceutical Needs Assessment Process**

#### **3.1 PNA development group**

As set out within section 1 of this PNA, the legislation that describes the duties of the HWB in regard to PNAs is the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013<sup>(6)</sup> (as amended). As well as describing what each PNA was required to take into account when they were first developed and published, these 2013 Regulations also describe how each local PNA must be maintained by the HWB during its life.

The development of the PNA was advised by members of the steering group which was established in March 2025. Representatives on the steering group included:

- Senior officers from the London Boroughs of Havering, Barking and Dagenham and Redbridge
- North East London Integrated Care Board
- Healthwatch Barking and Dagenham, Healthwatch Havering and Healthwatch Redbridge.

The PNA draft was also shared with CPNEL, who provided feedback.

The following points were agreed:

- Terms of reference of the steering group, including the frequency of meetings
- Determination of localities for the PNA
- Definition of necessary pharmaceutical services, other relevant services and other NHS services
- Timeline of the PNA process
- Structure of the PNA document
- CPNEL (Community Pharmacy Northeast London) agreed not to conduct a pharmacy questionnaire as pharmacy services data can be sourced from NEL ICB and NHSBSA
- Process and questionnaire for public engagement and consultation
- Appropriate governance, including declaration of interests, and reporting arrangements.

#### **3.2 Determination of localities**

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013<sup>(6)</sup> state that, in making its assessment of needs, the HWB should have regard to the different needs of different localities in its area. In accordance with this, the steering group considered how to assess these different needs and concluded that the most

appropriate means of dividing the Havering area was to use the localities adopted in the previous PNA, which are the current electoral ward boundaries.

### **3.3 Necessary pharmaceutical services**

The 2013 regulations<sup>(6)</sup> require the HWB to include a statement of necessary pharmaceutical services.

Necessary services are those pharmaceutical services that are considered key to meet the pharmaceutical needs of the population. They form the baseline level of services that must be provided to ensure adequate access to medicines and related healthcare. The classification helps in decision-making about pharmacy applications, service commissioning, and resource allocation.

For the purpose of this PNA, the HWB has agreed that as in the previous PNA, necessary services are defined as the essential services in the NHS CPCF. Essential services are mandatory for community pharmacies.

At the time of publication, the essential services are:

- Dispensing medicines
- Repeat dispensing
- Disposal of unwanted medicines
- Promotion of healthy lifestyles (Public Health)
- Signposting
- Support for self-care
- Discharge medicines service.
- Healthy Living Pharmacies
- Dispensing of appliances (in the "normal course of business")

These services are described in more detail in Section 7.

Relevant services are those pharmaceutical services, other than necessary services, that contribute to meeting the health and well-being needs of the population. Advanced services and enhanced services and locally commissioned services are relevant services but not necessary services.

The HWB has identified such relevant services as pharmaceutical services that secure improvements or better access, or that have contributed towards meeting the need for pharmaceutical services in the HWB area.

The HWB has agreed that relevant services include advanced services and enhanced services within the NHS CPCF in addition to locally commissioned

services. Such services provided by pharmacies located in neighbouring HWB areas are considered relevant services where they play a role in meeting patient needs, particularly from adjoining neighbouring London boroughs.

The statement of pharmaceutical services in section 12 is based on this definition of necessary pharmaceutical services.

### **3.4 Other relevant services**

Pharmaceutical services not included as necessary services have been deemed by the HWB as other relevant services. These are pharmaceutical services that the HWB is satisfied are not necessary to meet the need for pharmaceutical services, but their provision contributes to meeting the health and wellbeing needs of the population. The provision of these has secured improvements, or better access, to pharmaceutical services for the population of Havering.

The HWB has determined that relevant services for the purposes to this PNA are **advanced services and enhanced services** within the NHS Community Pharmacy Contractual Framework. These are:

- Appliance Use Review
- Influenza Vaccination Service
- Hypertension Case-Finding Service
- Lateral Flow Device Tests Supply Service
- New Medicine Service
- Pharmacy Contraception Service
- Pharmacy First Service
- Smoking Cessation Service
- Stoma Appliance Customisation Service
- The COVID-19 Vaccination Programme

The HWB has also determined that services provided by pharmacies located in neighbouring Health and Wellbeing Board areas are considered relevant services where they play a role in meeting patient needs, particularly in border regions.

The statement of pharmaceutical services in section 12 is based on this definition of other relevant services.

### **3.5 Other NHS services**

Other NHS services that the HWB considers affect the need for pharmaceutical services are deemed to be:

a) those NHS services that reduce the need for pharmaceutical services, particularly the dispensing service, including:

- hospital pharmacies
- personal administration of items by GP practices
- public health services commissioned by the local authority
  - Stop Smoking
  - Supervised consumption
  - Needle exchange
  - Emergency hormonal contraception
  - Condom distribution
- ICB-commissioned 'local enhanced services' (as this reduces the need for such services to be commissioned as national enhanced services):
  - Palliative care medicines and antimicrobial drugs
  - Self-Care Medicines Scheme (SCMS)
  - Bank Holiday Rota
- Influenza and Covid-19 vaccination by GP practices.

b) NHS services that increase the demand for pharmaceutical services including:

- GP out of hours services (where a prescription is issued)
- walk-in centres and minor injury units (where a prescription is issued)
- community nursing prescribing
- dental services.

The statement of pharmaceutical services in section 12 is based on this definition of other NHS services.

### **3.6 Assessing health needs**

The Local Government and the Public Involvement in Health Act 2007<sup>(17)</sup> created the duty to undertake JSNAs. From April 2008, this duty was carried out by with local authorities and PCTs. The Health and Social Care Act 2012<sup>(1)</sup> transferred this duty, to local authorities and CCGs to be exercised by HWBs, with the Health and Care Act 2022<sup>(3)</sup> transferring the CCG's responsibilities to ICBs.

This PNA is directly aligned to the Havering JSNA<sup>(4)</sup> and the statement of health needs, presented in section 4 of this document, are consistent with it.

### **3.7 Current provision within Havering**

In order to assess the adequacy of provision of pharmaceutical services and other services provided by community pharmacies, the current provision of such services was identified and mapped using the previous PNA as a baseline, with updated

information being provided by NHSBSA, NEL ICB and the public health service in Havering.

### **3.8 Future provision**

This PNA seeks to assess the current and future needs of the area, identifying any gaps in pharmaceutical services. Any such gaps may highlight the need for necessary provision or may require provision in specified future circumstances. In considering the future needs of the area and identifying any gaps in service the PNA has, in accordance with Regulation 9 (1) and (2)<sup>(6)</sup>, had regard to:

- The demography of Havering
- Whether there is sufficient choice regarding obtaining pharmaceutical services within Havering
- The different needs of the localities within Havering
- The pharmaceutical services provided in the area of any neighbouring HWBs
- Any other NHS services provided for the population in or outside of Havering
- Likely changes to the demography of Havering and/or the risks to the health or well-being of its residents.

The Equality Act (2010)<sup>(18)</sup> requires that in making this assessment, the needs of different population groups have been taken into account. Section 4 describes the different groups that have been considered as part of this PNA. The final PNA has been subject to an equality impact assessment.

### **3.9 Stakeholder engagement**

The views of the public were gathered in the form of a questionnaire on pharmacy services. The questionnaire was made available between 28<sup>th</sup> April to 5<sup>th</sup> June 2025 and promoted using the council's social media, and Healthwatch Havering.

In total, 169 questionnaire responses were received. These have been considered as part of this PNA. Section 10 and Appendix 2 of this document provide a summary of the analysis and outcomes of the public engagement.

### **3.10 Statutory consultation**

To be inserted following the consultation

A detailed summary can be found in Appendix 4. [Results will be summarised here]

## 4 Demographics and Health Needs

This section includes information from the latest published Havering JSNA<sup>(4)</sup>, data from the Office for Health Improvement and Disparities Fingertips tool<sup>(19)</sup>, and various other data sources with the purpose of highlighting key areas of potential impact for pharmacy commissioning. Data from all sources is based on the most up to date information available when accessed in April and May 2025.

Wherever possible, this document uses Greater London Authority (GLA) population estimates (central fertility and 10-year migration assumptions)<sup>(9)</sup> as the base population. Where national or alternative comparisons are needed, data from the Office for National Statistics (ONS) has been used instead.

For more detailed information on health needs, the JSNA can be accessed at: <https://havering.localinsight.org/#/view-custom-pages?page-id=98>

All the maps in the following chapter are displayed in gradients, where the lower the marker, the lighter the colour.

### 4.1 Introduction

The London Borough of Havering is a North East London borough located in Outer London. It shares borders with the boroughs of Redbridge, Barking and Dagenham, and the county of Essex. Havering comprises of a mix of suburban and semi-rural areas and includes several local centres, with Romford and Hornchurch serving as its two main town centres - Romford being the largest and a key commercial and retail hub.

### 4.2 Demographic characteristics

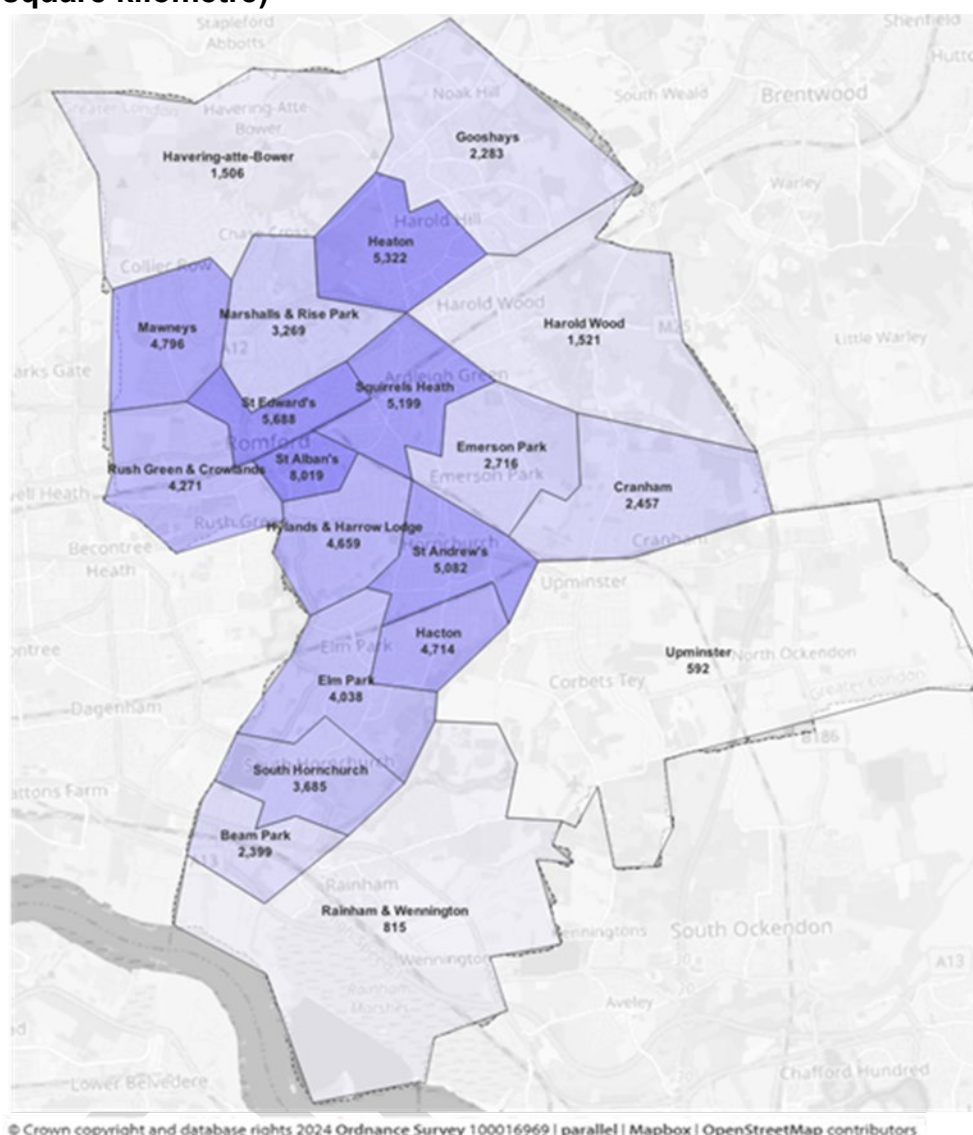
#### 4.2.1 Population size and density

Greater London Authority estimates that the 2025 population of Havering is 272,853 (Housing-led population projections)<sup>(9)</sup>.

The borough's population density is significantly lower than the London average (2,332 compared to 5,598 per square kilometre). Figure 2 shows the population density by ward. The most densely populated wards are the western wards of St Albans (8,019), St Edwards (5,688) and Squirrels Heath (5,199)<sup>(20)</sup>.



**Figure 2: Population density of Havering by ward (number of residents per square kilometre)**



**Source: ONS: Census March 2021<sup>(21)</sup>.**

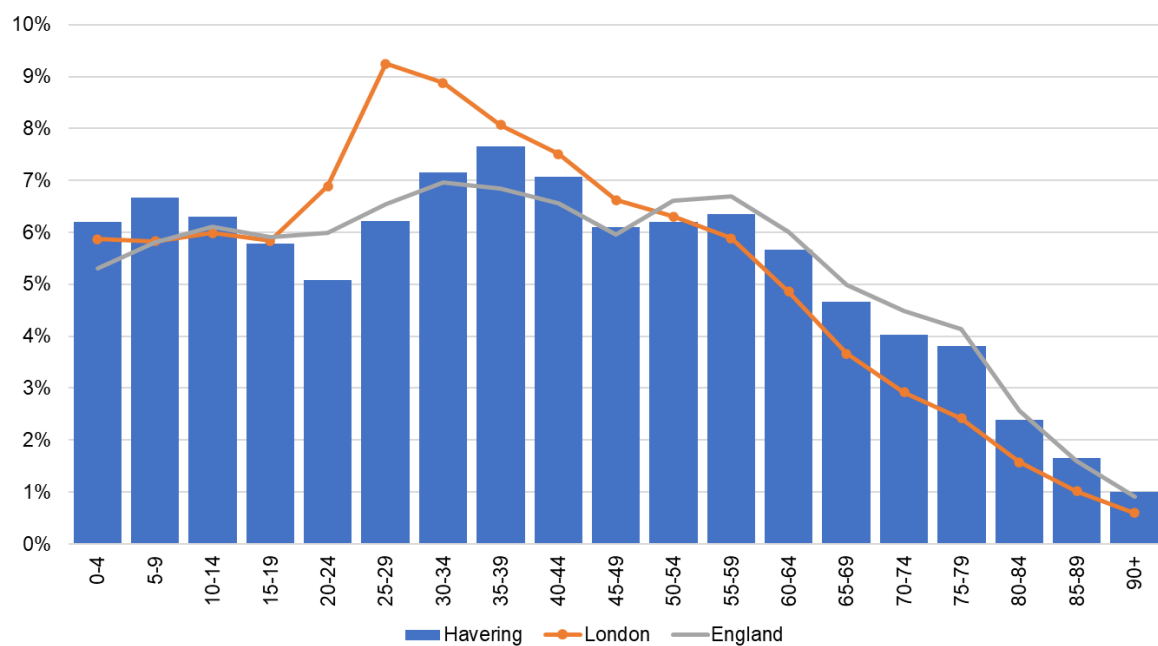
## 4.2.2 Age and gender structure

Figures 3 and 4 highlight the variation in age profile between Havering, London and England. According to 2023 mid-year estimates Havering has a comparatively young population; with 25.0% (66,897) of the population aged 0-19 compared to England (23.1%) and London (23.5%)<sup>(22)</sup>.

17.6 % (47,104) of Havering residents are aged 65 and over. This is higher than London (12.2%) but slightly lower than England (18.7%).

The average (median) age of Havering is 39 years of age. This area had a higher average (median) age of population than London (35 years) and a lower average (median) age than England (40 years)<sup>(23)</sup>.

**Figure 3: Age band population breakdown for Havering, London and England**



Source: ONS Mid-Year Population Estimates, England and Wales, June 2023<sup>(22)</sup>

**Figure 4: Age and gender population breakdown for Havering, London and England**



Source: ONS Mid-Year Population Estimates, England and Wales, June 2023

### 4.2.3 Ethnicity and diversity

Areas where diversity is higher correlate with areas of higher levels of deprivation and poorer health. Pharmacy staff often reflect the social and ethnic backgrounds of the community they serve making them approachable to those who may not choose to access other health care services.

A quarter (25%) of the Havering resident population are from non-white populations. This is significantly lower than the London average of 46% (Table 1).

**Table 1: Ethnicity population breakdown for Havering, London and England**

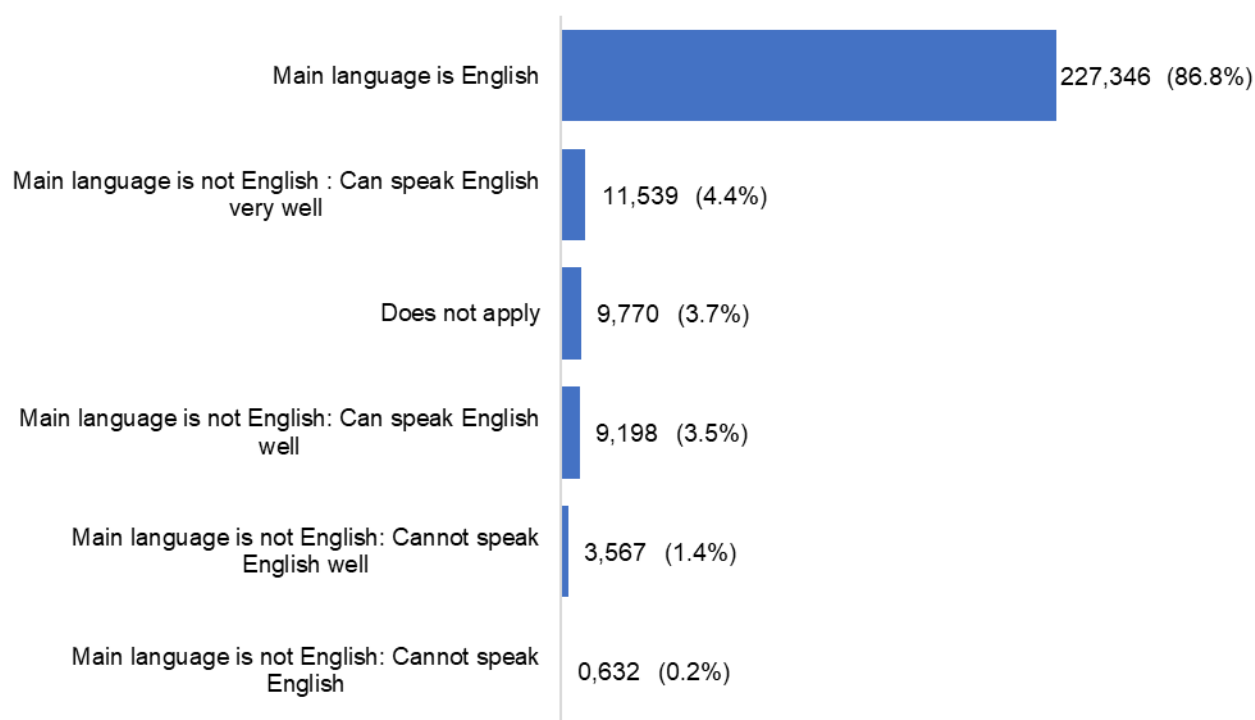
Area	Asian	Black	White	Mixed/Other
Havering	10.7%	8.2%	75.3%	5.7%
London	20.7%	13.5%	53.8%	12.1%
England	9.6%	4.2%	81.0%	5.1%

Source: ONS Ethnic group, England and Wales: Census 2021<sup>(24)</sup>

### Proficiency in English

Figure 5 shows the proficiency in English for residents in Havering. English is the main language for 86.8% of residents, which is significantly higher than the London average of 76%<sup>(25)</sup>.

**Figure 5: Proficiency in English for those aged 3+ for Havering**



Source: ONS Census 2021<sup>(25)</sup>

#### **4.2.4 Vulnerable populations and protected characteristics**

In addition to the age and ethnicity of the resident population, there are other sections of the population and communities who can be defined as 'vulnerable' or have additional needs. These individuals often experience barriers to accessing universal health care services and poorer health outcomes as a result. However, they also increase demands on services in local areas which need to be considered.

#### **Children looked after (CLA) and children in care populations**

Most children become looked after as a result of abuse and neglect. Although they have many of the same health issues as their peers, the extent of these is often greater because of their past experiences<sup>(26)</sup>. As of 31<sup>st</sup> March 2024, Havering had 284 children classified as looked after. The rate was calculated as 46 per 10,000 child population, which was lower than the outer London average (45 per 10,000 child population) and the England average (70 per 10,000 child population)<sup>(27)</sup>.

The same data period also highlights that there were 107 children who ceased to be looked after<sup>(27)</sup>.

#### **Children with special educational needs population**

Pupils with Special Educational Needs or Disabilities (SEND) face barriers that make it harder for them to learn than most pupils of the same age. In addition, they often experience poorer outcomes than their peers in educational achievement, physical and mental health status, social opportunities, and transition to adulthood. In 2023/24, 14.3% of school pupils in Havering were identified as having special educational needs, this is significantly lower than the London (17.6%) and England (18.4%) average<sup>(19)</sup>.

#### **Asylum seekers**

Based upon the Immigration System Statistics from the Home Office (December 2024)<sup>(28)</sup>, there were 1,027 people seeking asylum in Havering. This is calculated as approximately 0.4% of the population, the same as the England average (0.4%). This data is made up from three specific programmes; Homes for Ukraine scheme, Afghanistan resettlement programme and Supported Asylum scheme. People seeking asylum face significant challenges in terms of their social, economic, and health needs.

### **4.3 Life expectancy**

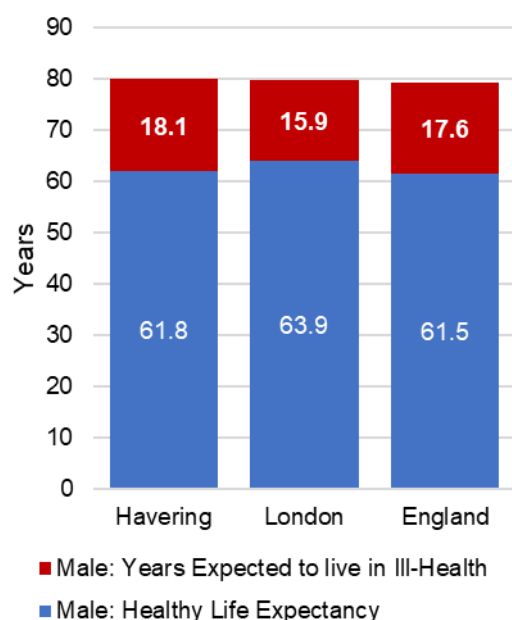
Life expectancy at birth is a measure of the average number of years a person would expect to live based on contemporary mortality rates. Healthy life expectancy at birth

shows the years a person can expect to live in good health (rather than in poor health). Disability-free expectancy at birth is a measure of the average number of years a person would expect to live without a long lasting physical or mental health condition or disability that limits activities.

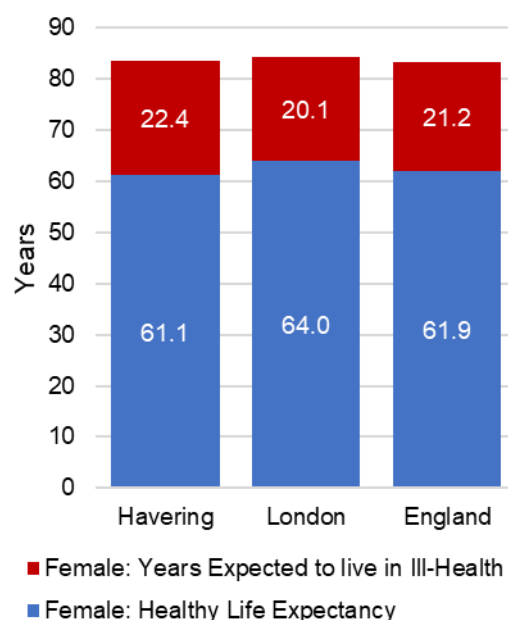
Figure 6 and Figure 7 shows the life expectancy at birth for both males and females across Havering, London and England, using the most recently available data (2021-2023).

- The life expectancy at birth for males in Havering is 79.9 years which is similar to both the England average (79.1 years), and similar to the London average of 79.8 years.
- Healthy life expectancy at birth for males in Havering, is 61.8 years which is similar to both London (63.9 years) and the England average (61.5 years).
- The life expectancy at birth for females in Havering is 83.5 years, which is higher than the England average of 83.1 years and lower than the London average of 84.1 years.
- Healthy life expectancy at birth for females in Havering, is 61.1 years which is lower than London (64.0 years) and similar to the England average (61.9 years).

**Figure 6: Life expectancy and healthy life expectancy in years for males and in Havering, 2021/23**



**Figure 7: Life expectancy and healthy life expectancy in years for females and in Havering, 2021/23**



Source: OHID Fingertips, 2025<sup>(19)</sup>

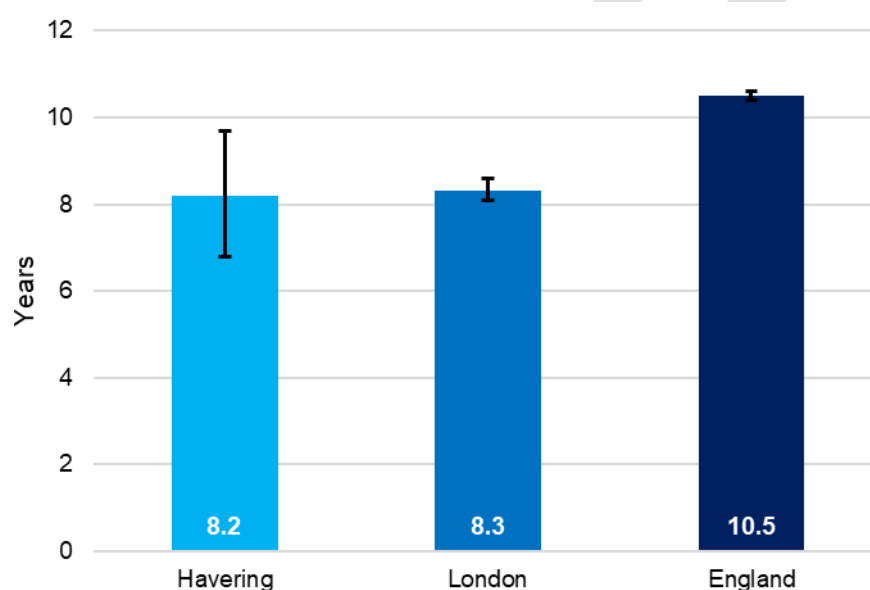
In Havering the healthy life expectancy for males is similar to females. However, the overall life expectancy for males is lower. This means that females in Havering may live longer than males, but they will live longer in poor health.

In addition to gender inequalities, there are inequalities in life expectancy at birth by deprivation.

Figure 8 and Figure 9 shows the slope index of inequality of life expectancy in males and females in Havering, London and England respectively. It represents the range in years of life expectancy across the social gradient from most to least deprived. These are the most recent data for the period 2021-2023.

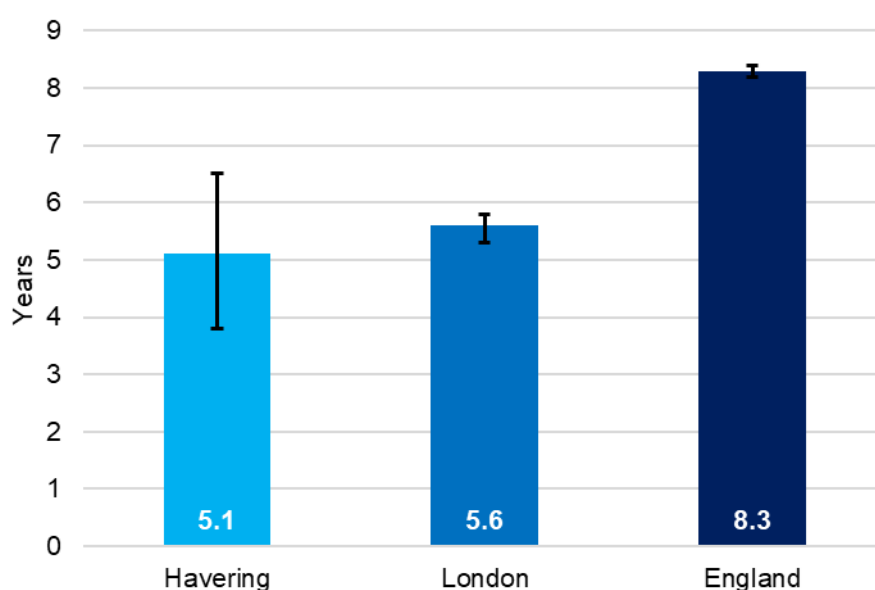
The inequality in life expectancy at birth for males in Havering is 8.2 years which is similar to London (8.3 years) and significantly lower than the England average (10.5 years).

**Figure 8: Inequality in life expectancy at birth (males), 2021/23**



Source: OHID Fingertips, 2025<sup>(19)</sup>

**Figure 9: Inequality in life expectancy at birth (females), 2021/23**



**Source: OHID Fingertips, 2025<sup>(19)</sup>**

The inequality in life expectancy at birth for females in Havering is 5.1 years, which is lower than the London value (5.6 years) and significantly lower than the England average (8.3 years).

#### **4.4 Wider determinants of health**

##### **4.4.1 Deprivation**

The Index of Multiple Deprivation 2019 (IMD2019)<sup>(29)</sup> measures socioeconomic disadvantage across seven domains, the domains are combined using the following weightings to produce the overall IMD score:

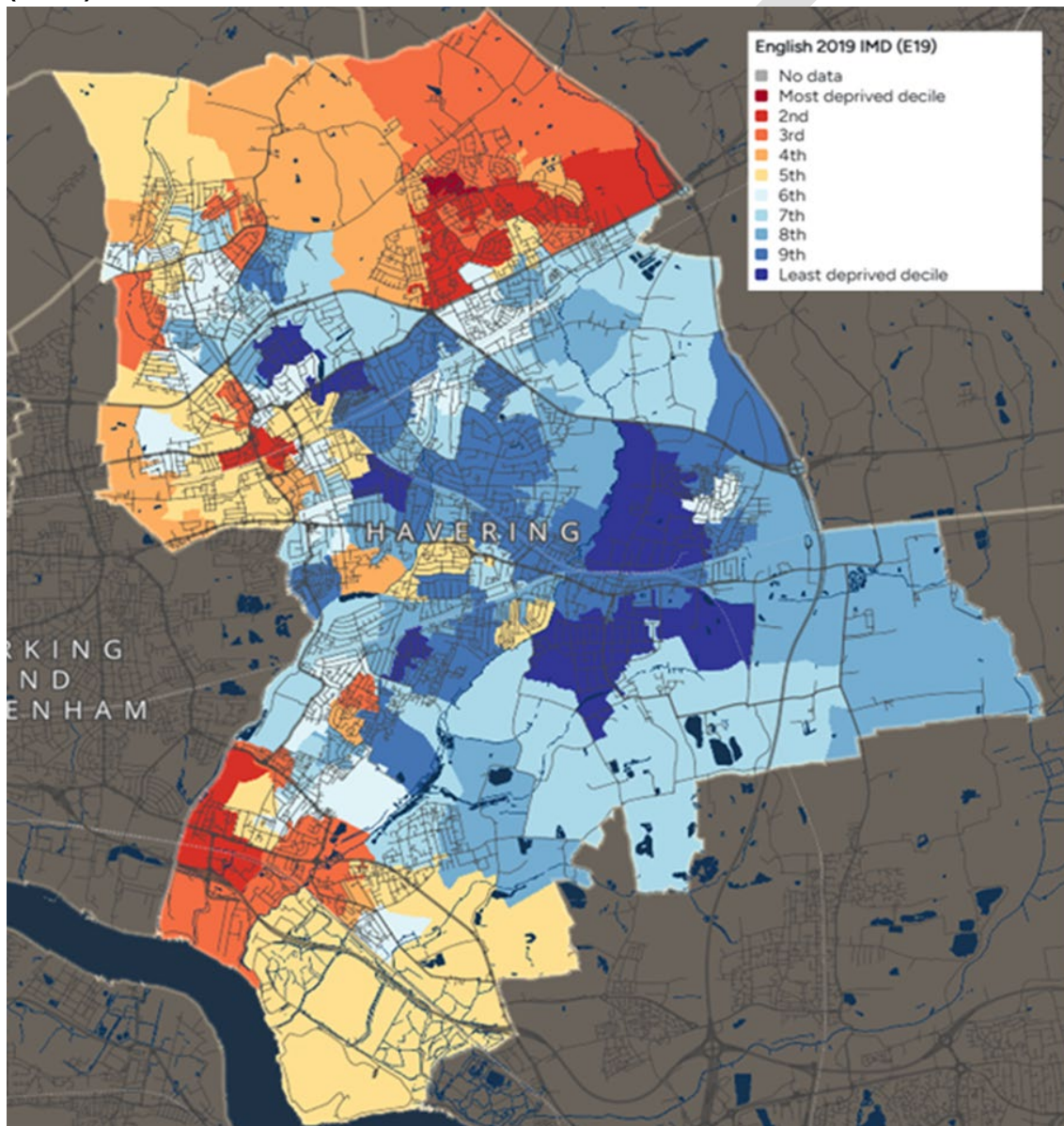
- Income (22.5%)
- Employment (22.5%)
- Health Deprivation & Disability (13.5%)
- Education, Skills and Training (13.5%)
- Barriers to housing and services (9.3%)
- Crime (9.3%)
- Living environment (9.3%)

The overall IMD2019 is a weighted average of the indices for the seven domains. Data is published by Lower Super Output Area (LSOA) - Super Output Areas are a geographic hierarchy designed to improve the reporting of small area statistics; Lower Super Output Areas have an average population of 1500. Figure 10 is a map showing the location wards by deprivation:



- Havering has 162 LSOA's, 10 are among the most deprived 20% of neighbourhoods nationally<sup>(30)</sup>
- Havering is ranked as the 179<sup>th</sup> most deprived local authority in England (out of 317)<sup>(30)</sup>
- Havering ranks as the 129<sup>th</sup> most deprived district in England on the Income Deprivation Affecting Children index (IDACI)<sup>(30)</sup>
- Havering ranks as the 160<sup>th</sup> most deprived district in England on the Income Deprivation Affecting Older People index (IDAOPI)<sup>(30)</sup>.

**Figure 10: Deprivation deciles in Havering by LSOA and areas of residence (2019)**



Source: An output of the Geographic Data Service (GeoDS.ac.uk), a Smart Data Research UK investment: ES/Z504464/1<sup>(31)</sup>



## 4.5 Regeneration and population growth

In total Havering is projected to grow by 4,431 (1.6%) from 2025 to 2035. The biggest increase is projected to happen in the Beam Park ward (2,837). 10 wards are projected to have a lower population in 2035 compared to 2025 (table 2).

**Table 2: Population change by ward in Havering from 2025 to 2035**

Ward Name	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035
Borough Total	0.5%	0.4%	0.4%	0.4%	0.1%	0.0%	-0.1%	-0.1%	-0.1%	0.0%
Beam Park	7.4%	7.2%	6.8%	6.3%	3.3%	2.0%	1.3%	1.1%	1.0%	0.6%
Cranham	0.2%	0.2%	0.1%	0.1%	0.0%	0.0%	0.0%	-0.1%	-0.1%	-0.1%
Elm Park	0.2%	0.0%	0.0%	-0.1%	-0.1%	-0.2%	-0.2%	-0.2%	-0.2%	-0.1%
Emerson Park	0.1%	-0.1%	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.1%	0.2%
Gooshays	-0.3%	-0.4%	-0.5%	-0.5%	-0.5%	-0.5%	-0.5%	-0.4%	-0.4%	-0.3%
Hacton	1.1%	1.2%	1.2%	1.3%	1.1%	1.0%	1.0%	0.9%	0.9%	0.5%
Harold Wood	0.1%	0.0%	-0.1%	-0.2%	-0.2%	-0.2%	-0.1%	-0.2%	-0.2%	0.0%
Havering-atte-Bower	-0.1%	-0.1%	-0.1%	-0.2%	-0.2%	-0.3%	-0.3%	-0.3%	-0.3%	-0.2%
Heaton	-0.1%	-0.2%	-0.3%	-0.4%	-0.4%	-0.4%	-0.4%	-0.4%	-0.4%	-0.3%
Hylands & Harrow Lodge	0.1%	-0.1%	-0.2%	-0.2%	-0.1%	-0.1%	0.0%	-0.1%	-0.1%	0.1%
Marshalls & Rise Park	0.1%	0.0%	0.0%	-0.1%	-0.1%	-0.1%	-0.1%	-0.1%	-0.1%	0.0%
Mawneys	0.0%	-0.1%	-0.1%	-0.2%	-0.2%	-0.1%	-0.2%	-0.2%	-0.3%	-0.1%
Rainham & Wennington	0.3%	0.2%	0.1%	0.1%	-0.1%	-0.2%	-0.2%	-0.2%	-0.2%	0.3%
Rush Green & Crowlands	1.0%	0.9%	1.0%	1.0%	0.4%	0.2%	0.1%	0.0%	0.0%	0.0%
St Alban's	2.8%	2.8%	2.7%	2.7%	1.1%	0.4%	0.0%	-0.2%	-0.2%	0.1%
St Andrew's	0.3%	0.2%	0.1%	0.1%	0.0%	0.0%	-0.1%	-0.1%	-0.1%	0.2%
St Edward's	1.5%	1.4%	1.3%	1.3%	0.5%	0.1%	-0.1%	-0.1%	-0.2%	0.6%
South Hornchurch	-0.1%	-0.2%	-0.3%	-0.4%	-0.4%	-0.3%	-0.3%	-0.2%	-0.3%	-0.1%
Squirrels Heath	0.4%	0.3%	0.2%	0.2%	0.1%	0.0%	0.0%	0.0%	-0.1%	0.0%
Upminster	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%

**Source: GLA, Housing-led population projections: 2022-based 10-year migration Central Fertility Identified Capacity<sup>(9)</sup>**

London Borough of Havering is taking a pro-active approach to housing delivery, recognising the importance of insuring there are enough homes to accommodate the expected population growth. Havering's new housing target is 1641 net new homes for 2025/26 and 1170 net new homes following that, covering the lifespan of the PNA (2025 – 2028). The focus of new housing provision will be in the Romford, Rainham and Beam Park Strategic Development areas<sup>(32)</sup>.

The figure consists of three maps of Havering, each showing population data for different years and changes. The maps are color-coded: dark blue for high population, medium blue for medium population, and light blue for low population change.

**Population in 2025**

Ward	Population
Havering-atte-Bower	16,778
Gooshays	18,301
Heaton	17,844
Marshall's Rise Park	13,152
Manney's	15,045
St Edward's	11,160
Superst's Heath	16,068
Rush Green & Cranham	9,647
St Andrew's	17,191
Emerson Park	9,749
Harold Wood	14,517
Cranham	13,194
Hylands & Harrow Lodge	14,016
St Andrew's	14,769
Hacton	8,837
Elm Park	17,316
South Hornchurch	11,324
Beam Park	6,548
Rainham & Wennington	12,800
Upminster	13,639

**Population in 2035**

Ward	Population
Havering-atte-Bower	16,418
Gooshays	17,539
Heaton	17,346
Marshall's Rise Park	13,197
Manney's	14,824
St Edward's	11,083
Superst's Heath	16,182
Rush Green & Cranham	10,879
St Andrew's	16,879
Emerson Park	9,761
Harold Wood	14,366
Cranham	13,226
Hylands & Harrow Lodge	13,914
St Andrew's	14,881
Hacton	9,764
Elm Park	17,170
South Hornchurch	11,038
Beam Park	9,386
Rainham & Wennington	13,796
Upminster	13,888

**Population Change 2025-35**

Ward	Population Change
Havering-atte-Bower	-358
Gooshays	-762
Heaton	-604
Marshall's Rise Park	-46
Manney's	-221
St Edward's	-723
Superst's Heath	174
Rush Green & Cranham	-792
St Andrew's	1,232
Emerson Park	33
Harold Wood	-151
Cranham	32
Hylands & Harrow Lodge	-102
St Andrew's	92
Hacton	946
Elm Park	145
South Hornchurch	-286
Beam Park	2,839
Rainham & Wennington	-4
Upminster	258

## 4.6 Our health behaviours and lifestyles

The King's Fund<sup>(33)</sup> examined how four modifiable risk factors – smoking, excessive alcohol use, poor diet, and low levels of physical activity – occur together in the population and how this distribution has changed over time. The report found that people with no qualifications are currently more than five times as likely as those with higher education to engage in all four behaviours.

### 4.6.1 Smoking

Smoking is identified as the greatest contributor to premature death and disease. It is estimated that up to half the difference in life expectancy between the most and least affluent groups is associated with smoking.

Smoking Prevalence in Adults (aged 18 and over) has decreased in Havering. Overall smoking prevalence as per the annual population survey (APS) in Havering has decreased from 12.7% in 2020-22 to 12.4% in 2021-23. This is similar to both the London value of 11.6% and the England value of 12.4%<sup>(19)</sup>.

How pharmacies support:

- Nicotine Replacement Therapy
- Active Intervention Smoking Cessation
- Smoking Cessation advanced service
- Supporting annual public health campaigns
- Promotion of Healthy Lifestyle and signposting to local authority provided stop smoking services

### 4.6.2 Healthy weight

Living with obesity is one of the most significant and complex public health challenges. It can have a significant impact on individual and family health and wellbeing, employment and education, and contribute to significant costs across health, social care and a wide range of services.

Overweight and living with obesity are terms that refer to having excess body fat, which is related to a wide range of diseases, most commonly: Type 2 diabetes, hypertension (high blood pressure), some cancers, heart disease, stroke and liver disease

65.8% of adults in Havering are overweight (including obesity) in 2023/24, this is higher than the London rate of 57.8% and similar to the England value of 64.5%.

Focussing on obesity in 2023/24, Havering has an obesity prevalence of 30.4%, this is higher than the London value of 20.2% and similar to the England value of 26.5%<sup>(19)</sup>.

How pharmacies support:

- Healthy Lifestyle Advice - offering information, advice and support
- NHS Weight Management Programme referral
- Signposting to Local Authority Tier 2 weight management programmes
- Hypertension case finding service
- Supporting annual public health campaigns

### 4.6.3 Physical activity

Physical inactivity is the 4th leading risk factor for global mortality accounting for 6% of deaths globally. People who have a physically active lifestyle have a 20% to 35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle<sup>(19)</sup>. Regular physical activity is also associated with a reduced risk of diabetes, obesity, osteoporosis and colon/breast cancer and with improved mental health. In older adults, physical activity is associated with increased functional capacities.

The Chief Medical Officer currently recommends that adults undertake a minimum of 150 minutes (2.5 hours) of moderate physical activity per week, or 75 minutes of vigorous physical activity per week or an equivalent combination of the two (MVPA), in bouts of 10 minutes or more. The overall amount of activity is more important than the type, intensity or frequency.

While increasing the activity levels of all adults who are not meeting the recommendations is important, targeting those adults who are significantly inactive (i.e. engaging in less than 30 minutes of activity per week) will produce the greatest reduction in chronic disease.

Physical inactivity is defined as engaging in less than 30 moderate intensity equivalent (MIE) minutes physical activity per week in bouts of 10 minutes or more in the previous 28 days.

In 2023/24; 31.5% of adults (19+) in Havering were considered physically inactive, this is higher than the London value of 22.7% and the England value of 22.0%. Havering has the 9<sup>th</sup> highest local authority rate of physical inactivity in the country and the second highest in London<sup>(19)</sup>.

#### **4.6.4 Alcohol use**

In 2023/24 there were 1,084 admissions to hospital where the primary diagnosis or secondary diagnoses are an alcohol-specific (wholly attributable) condition in Havering. This equates to 433 per 100,000 population. This is lower than the London value of 612 per 100,000 population and the England value of 612 per 100,000 population<sup>(19)</sup>.

There has been a reduction in the rate of admission episodes for alcohol-specific conditions in Havering from 438 per 100,000 in 2022/23 to 433 in 2023/24<sup>(19)</sup>.

The rate of admission episodes for alcohol-specific conditions is significantly higher for males (637 per 100,000) compared to females (251 per 100,000) both in Havering and nationally<sup>(19)</sup>.

How pharmacies support:

- Healthy Lifestyle advice
- Signposting to services

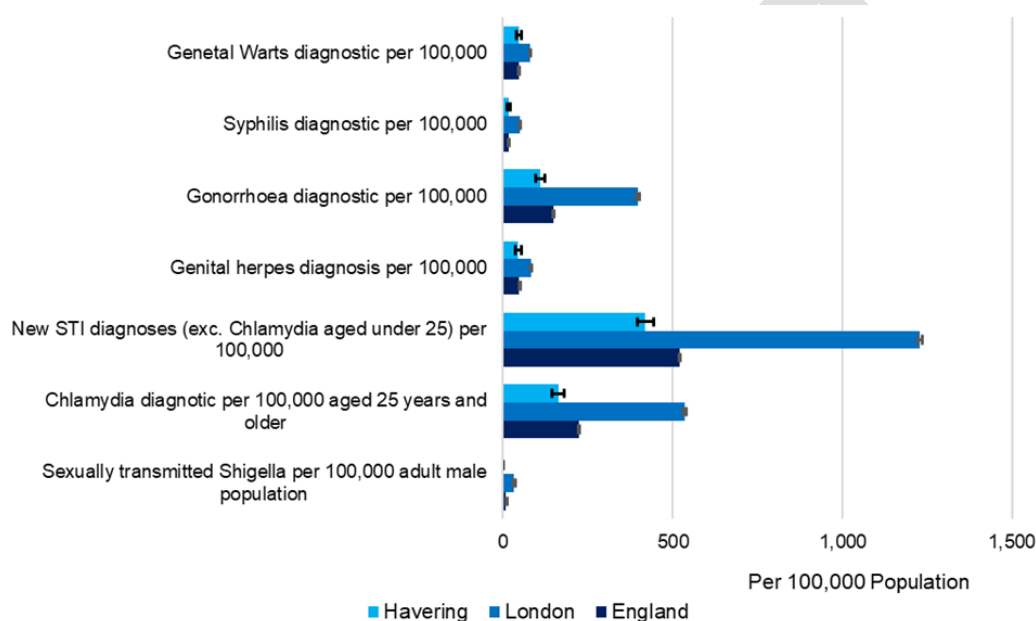
#### **4.6.5 Unsafe sex**

Good sexual health is an important public health issue and is fundamental to wellbeing and health. Poor sexual health can cause social, economic, emotional, and health costs as well as stark health inequalities. Several key population groups can be identified for whom there are greater risks of experiencing sexual ill health including gay, bisexual or other men who have sex with men, Black and minority ethnic groups and women of reproductive age.

In 2023/24 the Sexually Transmitted Infection (STI) diagnosis rate per 100,000 population in Havering was 541, this is significantly lower than the London value of 1,488 per 100,000 population and the England value of 704 per 100,000 population<sup>(19)</sup>.

Figure 12 below shows the detailed breakdown of numerous STI metrics per 100,000 population in Havering, London and England in 2023/24. Havering have a lower diagnostic rate than London for all STI metrics, and lower than the England value for all but genital warts per 100,000 adult male population.

**Figure 12: STI Diagnosis Rate per 100,000 in Havering 2023/24**



**Source: OHID Fingertips<sup>(19)</sup>**

Reducing the burden of poor sexual health requires sustained approaches to support early detection, successful treatment and partner notification in conjunction with access to a full range of contraception choices alongside safe sex health promotion and the promotion of safer sexual behaviour.

How pharmacies support:

- Contraception and emergency contraception
- Testing for some STIs and dispensing of treatment
- Vaccine bookings (hepatitis B, HPV)
- Thrush treatment
- Bacterial vaginosis

## **4.7 Air pollution**

The greatest burden of air pollution usually falls on the most vulnerable in the population, in particular the young and older people. Individuals particularly at risk include those with existing respiratory problems and chronic illnesses such as asthma and chronic obstructive pulmonary disease (COPD). Higher levels of pollution in inner city areas in London like Havering will contribute to respiratory disease morbidity and earlier mortality. In 2023, 5.7% of mortality in Havering was attributed to particulate air pollution. This is the slightly lower than London but higher than England overall at 5.2%<sup>(19)</sup>.

## **4.8 Crime and community safety**

The most obvious health impact of crime is on the physical and mental health of victims, their friends and relatives. However, crime can also impact on the health of those who are not direct victims. This can come in the form of stress and fear of living in high crime areas.

The most common offences in the borough from, April 2024 to March 2025 were: theft (17,055), violence against the person (24,597), vehicle offences (11,098) and drug offences (4,105)<sup>(34)</sup>.

The Havering Community Safety Partnership Plan 2022-2025 proposed the following strategic priorities:

1. Reducing Violence
2. Tackling Violence against Women and Girls
3. Reducing reoffending, especially substance misuse and group related
4. Tackling Serious Youth Crime and criminal exploitation
5. Reducing crime in our Town centres and other identified vulnerable neighbourhoods
6. Improving feelings of safety

## **4.9 Maternal health**

In 2023, Havering recorded 3,048 live births, resulting in a Crude Birth Rate (CBR) of 11.5 births per 1,000 people. This rate is lower than London average of 11.7 but higher than the England average of 9.8 indicating a significantly higher birth rate in Havering<sup>(35)</sup>.

The General Fertility Rate (GFR) in Havering was 57.6 births per 1,000 women aged 15–44, surpassing the London rate of 48.8 and the England rate of 49.9. This suggests that women of childbearing age in Havering are having more children on average than their counterparts in London and England<sup>(35)</sup>.

Regarding long-term fertility trends, Havering had a Total Fertility Rate (TFR) of 1.65, meaning women in the area are expected to have, on average, 1.65 children over their lifetime. This contrasts with a lower TFR of 1.35 in London and 1.44 in England overall<sup>(35)</sup>.

These figures highlight Havering as an area with higher fertility rates compared to both the regional and national averages.

How pharmacies support:

- Provision of free condoms (C-card scheme)
- Free emergency hormonal contraception
- Pregnancy testing
- Referral on for further contraception services
- Dual screening service

#### **4.9.1 Teenage pregnancy**

Areas of deprivation often have the highest teenage conception rates and the lowest percentage of conceptions leading to abortions. Consequently, deprived areas can have comparatively high incidence of teenage maternities and can be therefore disproportionately affected by the poorer outcomes associated with teenage conceptions.

Children born to mothers under 20 have higher rates of infant mortality and are at increased risk of low birthweight which impacts on the child's long-term health. Teenage mothers are also three times more likely to suffer from post-natal depression and experience poor mental health for up to three years after the birth.

In 2021, the rate of under 18s conception per 1,000 population (aged 15-17) in Havering was 12.4. This is significantly higher than the London average of 9.5 but similar to the England average of 13.1<sup>(19)</sup>. Within the same reporting period, 73.7% of under 18 conceptions lead to an abortion.

### **4.10 Children and young people**

#### **4.10.1 Wider determinants of health for children**

25% of the population are aged 0-18. This is higher than both the London region and England (both are 22%)<sup>(22)</sup>.

Children's education and development of skills are important for their own wellbeing and for that of the nation. Learning ensures that children develop the knowledge and understanding, skills, capabilities and attributes that they need for mental, emotional, social and physical wellbeing now and in the future. Educational attainment is influenced by both the quality of education children receive and their family socio-economic circumstances.

Attainment 8 measures the scores of pupils at the end of key stage 4 in all maintained secondary schools, academies and free schools. The achievement is measured across 8 qualifications.

The average attainment 8 score in Havering is 48.3 lower than the London average of 50.7 but higher than the England average of 46.2<sup>(19)</sup>.

Persistent school absences for all pupils in Havering are 16.7%, lower than the England average 19.9%. This is continued in persistent absences for pupils eligible for free school meals, with the local authority score of 33.6% compared to England average of 34.4%. However persistent absences for pupils looked after by the local authority is higher than the national average the local authority score of 25.8% compared to England average of 21.0%<sup>(36)</sup>.

#### **4.10.2 Modifiable risk factors for children**

Oral health is an integral part of overall health; when children are not healthy this affects their ability to learn, thrive and develop. This indicator allows benchmarking of oral health of young children across England and is an excellent proxy measure of assessing the impact of the commissioning of oral health improvement programmes on the local community. Dental caries is a synonymous term for tooth decay.

The percentage of 5-year-olds with visibly obvious dental decay in Havering is 27.5%. This is consistent with the London region (27.4%) but higher than England average (22.4%)<sup>(19)</sup>.

The children in Reception (aged 4-5 years) in Havering (21.0%) was consistent with the percentage of those overweight (including obesity) similar to both London (20.9%) and England average (22.1%)<sup>(19)</sup>.

Children in year 6 (aged 10-11) years in Havering, have a higher percentage of those overweight (including obesity) at 38.4% similar London (37.8%) but higher than England average (35.8%)<sup>(19)</sup>.

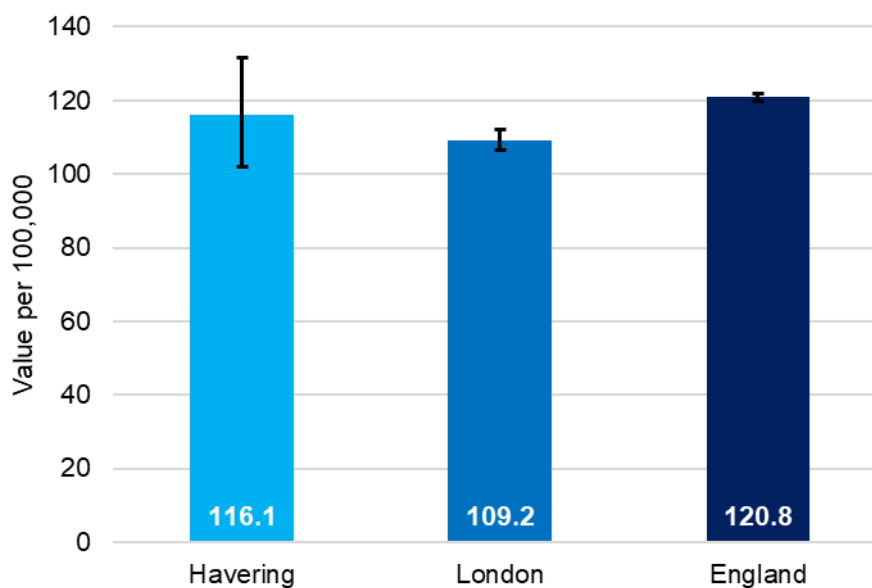


## 4.11 Cancer

Death rates from all cancers have decreased significantly over the last two decades due to a combination of early detection and improved treatment. Preventable mortality means deaths before the age of 75 from cancer that could be prevented through effective public health and primary prevention interventions, compared to existing life expectancy. It can also be affected by behaviour, socioeconomic factors and lifestyle, such as smoking, and drug and alcohol consumption.

Figure 13 shows the under-75 mortality rate from cancer in 2023 for Havering compared to London and the England average. The standardised mortality rate per 100,000 population under-75 who died from cancer (116.1 per 100,000 population) was similar in Havering compared to the rate for London (109.2 per 100,000 population) and to the rate for England (120.8 per 100,000 population)<sup>(19)</sup>.

**Figure 13: Standardised mortality rate per 100,000 population under-75 who died from cancer**



Source: OHID Fingertips<sup>(19)</sup>

How pharmacies support:

- Advice and support
- Signposting
- Medicines optimisation
- New medicine service
- Discharge medicine service

## 4.12 Long-term conditions

A long-term condition is a condition that cannot, at present, be cured but is controlled by medication and/or other treatment/therapies. The NHS Long Term Plan<sup>(12)</sup> has a strong focus on the treatment and prevention of illness by supporting patients to adopt improved healthy behaviours. This will both help people to live longer healthier lives and reduce the demand for and delays in treatment and care focusing on services to support patients to overcome tobacco addiction, treat alcohol dependence and to prevent and treat obesity – particularly in areas with the highest rates of ill health. The prevalence of long-term conditions increases with age and the proportion of the population with multiple long-term conditions also increases with age. People from lower socio-economic groups have increased risk of developing long-term conditions; better management can help to reduce health inequalities.

For all the conditions discussed below, the identification of people who already have or who are at risk of developing disease followed by successful management of their conditions is important to the efforts to reduce premature mortality, morbidity and inequalities in health. Data from this section is predominantly obtained from the Quality and Outcomes Framework (QOF). It should be noted that this only includes patients who are recorded on GP practice disease registers.

### 4.12.1 Circulatory disease

Cardiovascular disease (CVD) includes several different problems of the heart and circulatory system, such as coronary heart disease (CHD), stroke, and peripheral vascular disease (PVD). It is strongly linked with other conditions such as diabetes and chronic kidney disease (CKD) and is more prevalent in lower socio-economic and minority ethnic groups.

The following details the QOF prevalence for coronary heart disease (CHD), stroke and hypertension in 2023/24 in Havering, London and England. The recorded (diagnosed) prevalence for key cardiovascular long-term conditions is as follows:

- CHD prevalence in Havering is 2.3%, which is higher than London (1.9%) but lower than the England average of 3.0%<sup>(19)</sup>.
- Stroke (all ages) prevalence in Havering is 1.6%, which is higher than London (1.1%) and lower than the England average of 1.9%<sup>(19)</sup>.
- Prevalence for hypertension (all ages) in 2023/24 in Havering (14.6%) was higher than London (11.1%) but similar to the England average (14.8%)<sup>(19)</sup>.

- It is estimated that 26.3% of the population of Havering have hypertension, suggesting an 11.7% gap in the diagnosis rate compared to estimated prevalence<sup>(37)</sup>.

How pharmacies support:

- Signposting to preventative services e.g. smoking cessation, weight management
- Hypertension case finding service
- Medicines Optimisation
- New medicine service
- Discharge medicine service

#### 4.12.2 Respiratory disease

Respiratory diseases (those affecting the airways and lungs) are diagnosed in 1 in 5 people and are the third leading cause of death in the UK, after cardiovascular disease and cancer. They are also a major driver of health inequalities, and much of this disease is largely preventable. Respiratory disease covers a wide variety of conditions, including common conditions such as asthma, and chronic obstructive pulmonary disease (COPD), lung cancer, infections such as pneumonia and influenza, and less common diseases such as interstitial lung disease and mesothelioma.

Chronic obstructive pulmonary disease (COPD) is a progressive disease which covers a range of conditions, including bronchitis and emphysema. Its symptoms include cough and breathlessness; over time it can become increasingly severe, having a major impact on mobility and quality of life as it impacts on people's ability to undertake routine activities. In the final stages it can result in heart failure and respiratory failure. Because of its disabling effects, it impacts not only on the person with the disease but also family and friends who provide care to that person. The biggest risk factor for the development and progression of COPD is smoking, so prevention is linked to smoking cessation activities and broader tobacco control.

The QOF prevalence of COPD in Havering in 2023/24 (1.6%) was higher than the London value of (1.0%) and lower than the England average of 1.9%<sup>(19)</sup>. Havering has the second highest rate of recorded COPD in London.

The recorded (diagnosed) prevalence for asthma in people aged 6 years and over in Havering was (5.2%), this is higher than the London (4.7%) value but significantly lower than the England average (6.5%)<sup>(19)</sup>.

#### 4.13 Older people

As more people live longer, what we perceive to be an older person and what ageing well means has changed. Greater numbers of older people continue in employment and plan for an active retirement. The contribution of older people to the community and economy is well evidenced and the contribution the environment plays in healthy ageing such as healthy towns, cities and settings is well recognised.

However, although we are adding years to life, healthy life expectancy describes a different picture with significant variation seen across England. Declines in mortality rates have not been matched by declines in morbidity and marked inequalities between the least deprived and the most deprived communities remain. Over 4 million (or 40%) of people in the UK over the age of 65 have limiting long-term conditions. These include conditions such as diabetes, heart disease, respiratory disease, cancer and dementia.

Havering has a larger percentage of older people compared to England and London. In Havering 17.6% (47,104) of people are aged 65+ but a smaller percentage are shown to be living in deprivation<sup>(22)</sup>.

As of May 2025, Care Quality Commission data reports that there are currently 56 care homes located within Havering with a total of 1,862 beds. 20 of these care homes are Nursing homes, the other 36 are residential homes<sup>(38)</sup>.

**Influenza (aged 65 and over):** the population vaccination coverage for 2023/24 in Havering was 72.7%, which was higher than London (65.9%) but lower than the England average (77.8%)<sup>(19)</sup>.

#### 4.14 Summary

Havering is a borough within London with a population of approximately 272,853. The age profile of Havering is similar to England but older compared with London.

It is relatively less deprived compared with other local authorities within England, ranking 179 out of 317.

The borough is also less ethnically diverse compared with other areas of London, with 75.3% of the population identified as white, compared with 58.8% in London.

The life expectancy at birth for males in this borough is reported as similar to the London and England averages. Healthy life expectancy at birth is also similar to the London and England averages. Overall, males in this area will (on average) live to the age of 79.9 but spend 18.1 years of that in poor health.

The life expectancy at birth for females in this borough is reported as similar to the London and England averages. Healthy life expectancy at birth is also similar to the London and England averages. Overall, females in this area will (on average) live to the age of 83.5 years but spend 24.4 years of that in poor health.

Generally, the prevalence of recorded long-term conditions in Havering is higher than the London average and similar to England. The age profile of the borough may explain the variation between the area and the London average. Although the recorded prevalence does not vary significantly from the England average, there may be opportunities for case finding in conditions such as hypertension and diabetes. Havering also has the second highest recorded rate of COPD in London.

The prevalence of people living with increased weight or obesity in Havering is significantly higher than the London average, but similar to the England average for adults, however the levels of physical inactivity are significantly higher than both.

Children in year 6 living with obesity is also higher than both the London and England average.

## **5 Current Provision of Pharmaceutical Services**

### **5.1 Overview**

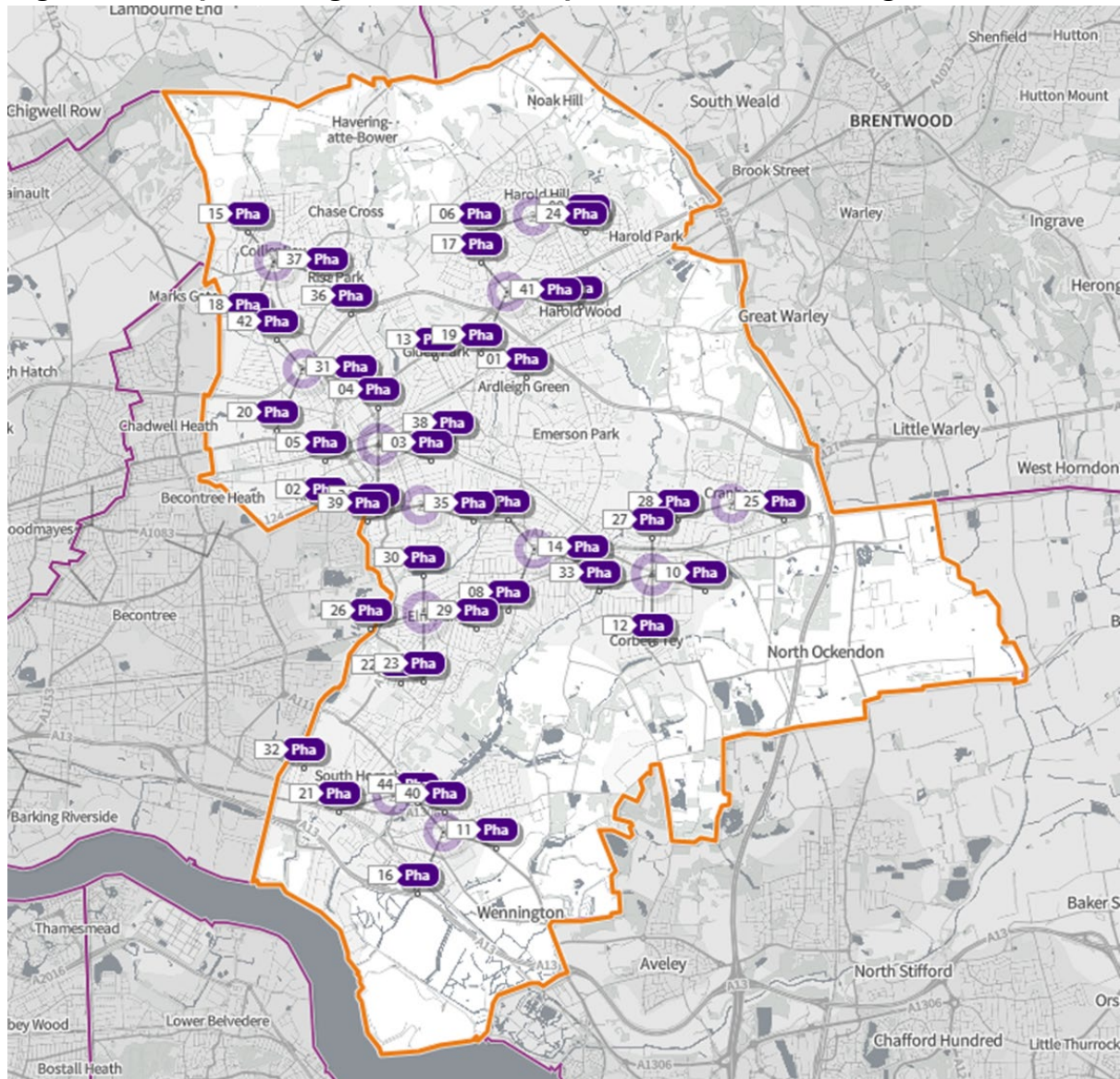
North East London ICB is responsible for administering pharmacy services and for maintaining information regarding opening hours for all pharmacies.

The information reflects the number of pharmacies at the time the data was reported (April 2025)

Figure 14 illustrates the locations of pharmacies across the borough, and table 3 lists the pharmacies and the map index.

A table listing the current pharmacy services and key opening times is attached in Appendix 3

**Figure 14: Map showing the location of pharmacies in Havering.**



© Crown copyright and database rights 2024 OS AC0000806481. You are permitted to use this data solely to enable you to respond to, or interact with, the organisation that provided you with the data. You are not permitted to copy, sub-licence, distribute or sell any of this data to third parties in any form.

**Table 3: List of pharmacies in Havering and map index**

Map index	ODS Code	Pharmacy Name	Address	Map index	ODS Code	Pharmacy Name	Address
1	FKH83	Ardleigh Green Pharmacy	100 Ardleigh Green Road	23	FXW05	Day Lewis Pharmacy	6 Station Parade
2	FGD90	Asvacare Ltd	197 Rush Green Road	24	FGA85	Day Lewis Pharmacy	Harold Hill Health Centre
3	FR092	Bencrest Chemist	67/69 Park Lane	25	FLN08	Day Lewis Pharmacy	143 Avon Road
4	FV092	Boots	Unit 7 The Brewery	26	FMD27	Elm Park Pharmacy	208-212 Elm Park Avenue
5	FGD64	Boots	12 The Liberty	27	FPD73	Govani Chemists	64 Station Road
6	FF297	Boots	12 Farnham Road	28	FE051	Govani Chemists	87 Front Lane
7	FX556	Boots	120-126 High Street	29	FMK12	Healthcare Pharmacy	2 Tadworth Parade
8	FW198	Boots	205 Station Lane	30	FQV93	Maylands Pharmacy	300 Upper Rainham Road
9	FA737	Boots	122 Petersfield Avenue	31	FT893	Mim Pharmacy Ltd	118 North Street
10	FXH36	Boots	57-59 Corbets Tey Road	32	FFG50	Orchard Village Pharmacy	Mick Fury House
11	FJL00	Bows Chemist	329 Upminster Road North	33	FCN97	Panchem Pharmacy	160 St Marys Lane
12	FE805	Britannia Pharmacy	36 Corbets Tey Road	34	FTV79	Park Lane Pharmacy	Park Lane Pharmacy
13	FGW82	Britcrown Pharmacy	5 Balgores Lane	35	FRF15	Pharmacare Chemist	164 Hornchurch Road
14	FDM09	Britcrown Pharmacy	31 Upminster Road	36	FXK72	Rise Park Pharmacy	173 Eastern Avenue East
15	FV518	Brooks Pharmacy	12 Chase Cross Road	37	FJV28	Sapphire Pharmacy	21 Clockhouse Lane
16	FTE90	Chansons Pharmacy	6 Crown Parade	38	FN455	Shadforth Pharmaceutical Co Ltd	266 Brentwood Road
17	FHG24	Chemist 2 Home	Unit 9 Guardian Business Centre	39	FYN65	Tesco Instore Pharmacy	300 Hornchurch Road
18	FFX17	Clockhouse Pharmacy	5 Clockhouse Lane	40	FA052	Tesco Instore Pharmacy	Bridge Road
19	FGV99	Crescent Pharmacy	65 Masefield Crescent	41	FDT86	Tesco Instore Pharmacy	Bryant Avenue
20	FQP07	Day Lewis Pharmacy	52 Collier Row Lane	42	FN123	WH Burdess Chemist Ltd	178 Mawney Road
21	FC513	Day Lewis Pharmacy	113 Rainham Road	43	FL514	Well	7 Station Road
22	FEP91	Day Lewis Pharmacy	109 Mungo Park Road	44	FG050	Williams Dispensing Chemist	139a Wennington Road



### **5.1.1 Core hours**

44 community pharmacy contractors provide essential services (see section 7 essential services) as part of the NHS CPCF. Most community pharmacies provide a core of 40 hours per week although some pharmacies in Havering are contracted to provide more core hours.

Core opening hours can only be changed by first applying to NEL ICB and as with all applications, these may be granted or refused.

### **5.1.2 Supplementary hours**

These are provided on a voluntary basis by the pharmacy contractor often based on patient need and business viability. As such, they are additional to the core hours provided. Supplementary hours can be amended by giving 90 days' North East London ICB notice of the intended change.

40 of the 44 pharmacies in Havering currently provide some supplementary hours, ranging from 2 to 38 hours per week.

## **5.2 100-hour pharmacies**

100-hour pharmacies were required to open for at least 100 hours per week until May 2023 when the Department of Health and Social Care (DHSC) introduced a number of changes to the regulations. Amongst those changes was the option for 100-hour pharmacies to reduce their weekly opening hours to no less than 72, subject to various requirements, which included continuation of 7-day provision and late opening on weekdays. The changes were introduced in an effort to maintain the availability of this provision against a backdrop of pharmacy closures. 100-hour pharmacies were seen as particularly vulnerable to closure due to higher operating costs. Although hours may have been reduced, these pharmacies are still described as 100-hour pharmacies in the regulations and throughout the PNA.

Havering has three 100-hour contracted pharmacies:

- Clockhouse Pharmacy, 5 Clockhouse Lane, Romford, RM5 3PH
- Maylands Pharmacy, 300 Rainham Road, Rainham, RM12 4EQ
- Boots, Unit 7 The Brewery, Waterloo Road, Romford, RM11AU

Since the change in the regulations was introduced, all three of these 100-hour pharmacies have reduced their core hours to between 73.5 and 82 hours per week.

### **5.3 Pharmacy Access Scheme**

In October 2016, as part of the renewed funding package for community pharmacies in England, the Department of Health and Social Care (DHSC) introduced a Pharmacy Access Scheme (PhAS). This was to give patients access to NHS community pharmacy services in areas where there are fewer pharmacies with higher health needs, so that no area need be left without access to NHS community pharmaceutical services.

This scheme has been updated from January 2022, with revised criteria, and is based on both the dispensing volume of the pharmacy, and distance from the next nearest pharmacy

There is one PhAS provider in Havering, Ardleigh Green Pharmacy, 100 Ardleigh Green Road, Hornchurch. This pharmacy has recently had a change of ownership and at the time of writing it is unclear whether the PhAS status will continue.

### **5.4 Dispensing appliance contractors**

Dispensing appliance contractors (DAC) specialise in the supply of prescribed appliances such as catheter, stoma and incontinence products and dressings. These items are usually delivered direct to the patient's home. Community pharmacies can also provide this service, in accordance with the pharmaceutical regulations.

Dispensing appliance contractors are different to pharmacy contractors because they only dispense prescriptions for appliances and cannot dispense prescriptions for medicines. They tend to operate remotely and on a national level, receiving prescriptions either via the post or the electronic prescription service, and arranging for dispensed items to be delivered to the patient. They are not therefore directly linked to the provision of pharmaceutical services in any specific locality so are not considered as part of the needs assessment.

There are no changes from the previous PNA and there are no DACs in Havering

As part of the essential services of appliance contractors, a free delivery service is available to all patients. It is therefore likely that patients will obtain appliances delivered from DACs outside Havering.

### **5.5 Distance selling pharmacies**

Distance selling pharmacies are required to deliver the full range of essential services, though the 2013 regulations<sup>(6)</sup> do not allow them to provide essential services to people on a face-to-face basis on the premises of the pharmacy. They will receive prescriptions either via the electronic prescription service or through the

post, dispense them at the pharmacy and then deliver them free of charge to the patient.

They must provide essential services to anyone, anywhere in England, where requested to do so and may choose to provide advanced services, but when doing so must ensure that they do not provide any essential services whilst the patient is at the pharmacy premises.

As of 31<sup>st</sup> March 2024, there were 409 distance selling premises in England, based in 115 HWB areas. This is an increase on the figures for 2020-21 when there were 372 DSPs in England.

Not every HWB therefore has one in their area, however it is likely that some of their residents will use one.

There is one DSP in Havering HWB area:

- Chemist 2 Home, Unit 9, Guardian Business Centre, Farringdon Avenue, Romford, RM3 8FD

## **5.6 Dispensing doctors**

NHS legislation provides that in certain rural areas (classified as controlled localities) general practitioners may apply to dispense NHS prescriptions. A reserved location is designated, in a controlled locality, where the total patient population within 1.6 km (one mile) of the proposed location of a new pharmacy is less than 2,750 at the time an application is received. Patients living in these areas have the choice of having their prescriptions dispensed from a pharmacy or from a dispensing GP, if one is available within their practice. Where an application for a new pharmacy is made in a controlled locality, a determination must also be made as to whether the location of the pharmacy is in a reserved location.

There are no dispensing GP practices in Havering

## **5.7 Hospital pharmacy services**

NHS hospital trusts and private hospitals do not provide services under the community pharmacy contractual framework and are therefore outside the scope of the PNA.

## **5.8 Out of area providers of pharmaceutical services**

Consideration has been given to pharmaceutical services provided by community pharmacy contractors outside of the Havering area that provide dispensing services to the registered population of Havering. This is detailed in section 6.2

## **5.9 Government consultations**

### **5.9.1 Pharmacy supervision**

The Government has recently undertaken a consultation exercise to gather views on a proposed change to the regulations on pharmacy supervision. The changes, if enacted, would allow greater delegation of tasks in a community pharmacy, allowing the pharmacist to focus more on clinical services and other patient facing activity. This could free up capacity and enable community pharmacists to deliver a wider range of NHS services.

The results of the consultation have not been shared at the time of writing.

### **5.9.2 Hub and spoke dispensing**

Hub and spoke dispensing occur when a community pharmacy 'spoke' sends prescriptions to another pharmacy 'hub' to be dispensed and is used currently by pharmacy multiples to free up pharmacist time at the spoke and achieve economies of scale at the hub. Legislation permits this provided certain conditions are met, but both parties must be part of the same legal entity.

Following a government consultation in 2022, the government has committed to a change in legislation from the 1st of October 2025. The change allows hub and spoke dispensing across different legal entities. This will allow independent pharmacies to develop similar models, which levels the playing field across the sector.

This change should create and/or preserve capacity for pharmacists to deliver patient-facing services.

### **5.9.3 Independent prescribing**

Independent prescribing by pharmacists has been available since 2006, and in recent years there has been a drive to upskill the current pharmacist workforce, enabling a large number of pharmacists to qualify as independent prescribers. Alongside this, newly registered pharmacists qualifying from 2026 will automatically become independent prescribers following changes made by schools of pharmacy to reflect this significant change to pharmacists' workload.

Despite there being a number of independent prescribing pharmacists working in community pharmacy in England, there are currently no clinical services commissioned nationally by NHS England that enable NHS prescriptions to be issued by independent prescribing pharmacists working in community pharmacy. In 2024, NHS England and integrated care boards (ICBs) have continued to develop

the Community Pharmacy Independent Prescribing Pathfinder Programme, designed to establish a framework for the commissioning of community pharmacy services that incorporate independent prescribing.

Over the next few years, there could be a significant change to the delivery of community pharmacy services, as the skills and capabilities of community pharmacists are utilised to build on clinical services already commissioned as advanced pharmaceutical services, or to add into locally commissioned services.

DRAFT

## 6 Access to Community Pharmacy Services in Havering

Since the last PNA in 2022 the following significant changes to pharmacy provision in Havering include:

- Closure of Boots Pharmacy, Unit 4, 47 Market Place, Romford, RM1 3AB.
- Closure of Rowlands Pharmacy, 3 Fairview Parade, Romford, RM7 7HH

Neither of these pharmacies held 100-hour contracts.

### 6.1 Number, type of pharmacies and geographical distribution

The number of pharmacies open on weekdays before 9am and after 7pm, and open on Saturday and Sundays, broken down by locality, is shown in table 4.

**Table 4: Distribution of community pharmacies, by locality (ward)**

Ward	Number of pharmacies	Pharmacies open before 9am weekdays	Pharmacies open after 7pm weekdays	Pharmacies open Saturday	Pharmacies open Sunday
Beam Park	1	1	0	3	0
Cranham	2	0	0	2	0
Elm Park	5	1	1	4	1
Emerson Park	0	0	0	0	0
Gooshays	2	1	1	1	0
Hacton	0	0	0	0	0
Harold Wood	2	2	1	2	1
Havering-atte-Bower	2	0	1	2	1
Heaton	3	0	0	3	0
Hylands & Harrow Lodge	2	1	1	2	1
Marshalls & Rise Park	2	0	0	2	0
Mawneys	3	0	0	0	
Rainham & Wennington	4	1	1	3	1
Rush Green & Crowlands	1	0	0	2	0
South Hornchurch	1	0	0	0	0
Squirrel's Heath	3	1	0	2	0
St Albans	2	0	0	1	0
St Andrews	3	0	0	2	1
St Edwards	2	1	1	2	2
Upminster	4	0	0	3	0
<b>Total</b>	<b>44</b>	<b>9</b>	<b>7</b>	<b>37</b>	<b>8</b>

**Source: SHAPE<sup>(39)</sup> and NEL ICB pharmaceutical list. Where discrepancies occur the ICB list is used.**

**Table 5: Average number of pharmacies per 100,000 population and persons per pharmacy in Havering compared to London and England**

Area	No of community pharmacies	2022 population estimate	Pharmacies per 100,000 population	Persons per pharmacy
Havering	44	264,703	16.6	6,016
<b>London</b>	<b>1,724</b>	<b>8,866,180</b>	<b>19.4</b>	<b>5,143</b>
<b>ENGLAND</b>	<b>10,430</b>	<b>57,112,542</b>	<b>18.3</b>	<b>5,476</b>

Source: ONS<sup>(8)</sup>, NEL ICB Pharmaceutical List, NHSBSA Consolidated Pharmaceutical List Q3 2024/25<sup>(41)</sup>

Consideration of the number of pharmacies compared to the resident population of Havering, London and England is shown in Table 5. 2022 population estimates have been used to allow comparison with national figures. This shows that overall, Havering has a slightly lower number of pharmacies per 100,000 population compared to the London and England averages.

## 6.2 Dispensing activity in Havering

To assess the average dispensing activity levels in Havering community pharmacies, data from the NHS Business Services Authority on prescribing and dispensing activity provided by NEL ICB was mapped to Havering using pharmacy codes and addresses.

**Table 6: Average number of items dispensed per pharmacy in Havering, 2023/24**

	Number of pharmacies	Number of prescription items dispensed by pharmacies (2023/24)	Average number of prescription items dispensed per pharmacy (2023/24)
Havering	44	4,974,872	113,065
<b>England</b>	<b>10,430</b>	<b>1,113,000,000</b>	<b>106,711</b>

Source: NEL ICB Pharmaceutical List, NHSBSA Dispensing data<sup>(40)</sup>, NHSBSA Consolidated Pharmaceutical List Q3 2024/25<sup>(41)</sup>

Table 6 shows that pharmacies in Havering dispense slightly higher than average numbers of items than the England average.

The people of Havering typically have their prescriptions dispensed by pharmacies in the borough. In 2024/25, 83% of prescriptions issued by GP practices in Havering were dispensed by pharmacies in Havering, with at least a further 9% using pharmacies in neighbouring boroughs

### **6.3 Access to pharmacies by opening hours**

As described in section 5.2, standard community pharmacy contractors are required to open for a minimum of 40 core hours per week, unless a reduction is agreed with NHSE. These core hours are provided as part of essential pharmacy services.

In Havering, 15 pharmacies (including three 100-hours pharmacies) are contracted for more than 40 core hours per week, and 34 pharmacies choose to provide supplementary hours to meet the needs of their populations. These extra hours range from 1 to 38 hours per week.

In Havering, there are currently:

- 37 pharmacies open on Saturday mornings
- 28 pharmacies which remain open after 1pm on Saturday afternoons
- 8 pharmacies that are open on Sundays.

These operating hours allow pharmacies greater scope to respond to local population needs and preferences.

The distance selling pharmacy does not open on Saturdays or Sundays.

### **6.4 Ease of access to pharmacies**

The following sections provide a summary of the opening hours of community pharmacies in Havering, split between weekdays and weekend provision. For the weekdays a pharmacy has been counted as being open during a particular time slot if it is open on three out of the five days. Full information regarding opening hours is described in Appendix 3 including any variations to this general overview.

Where maps and tables have been included to illustrate travel times to pharmacies and population within the boundaries, these have been taken from SHAPE Atlas<sup>(39)</sup>.

#### **6.4.1 Weekday opening**

There is extensive access to community pharmacy across Havering during the hours from 9.00 am until 6.00 pm on weekdays in all localities. 35 pharmacies remain open without closing for lunchtime.

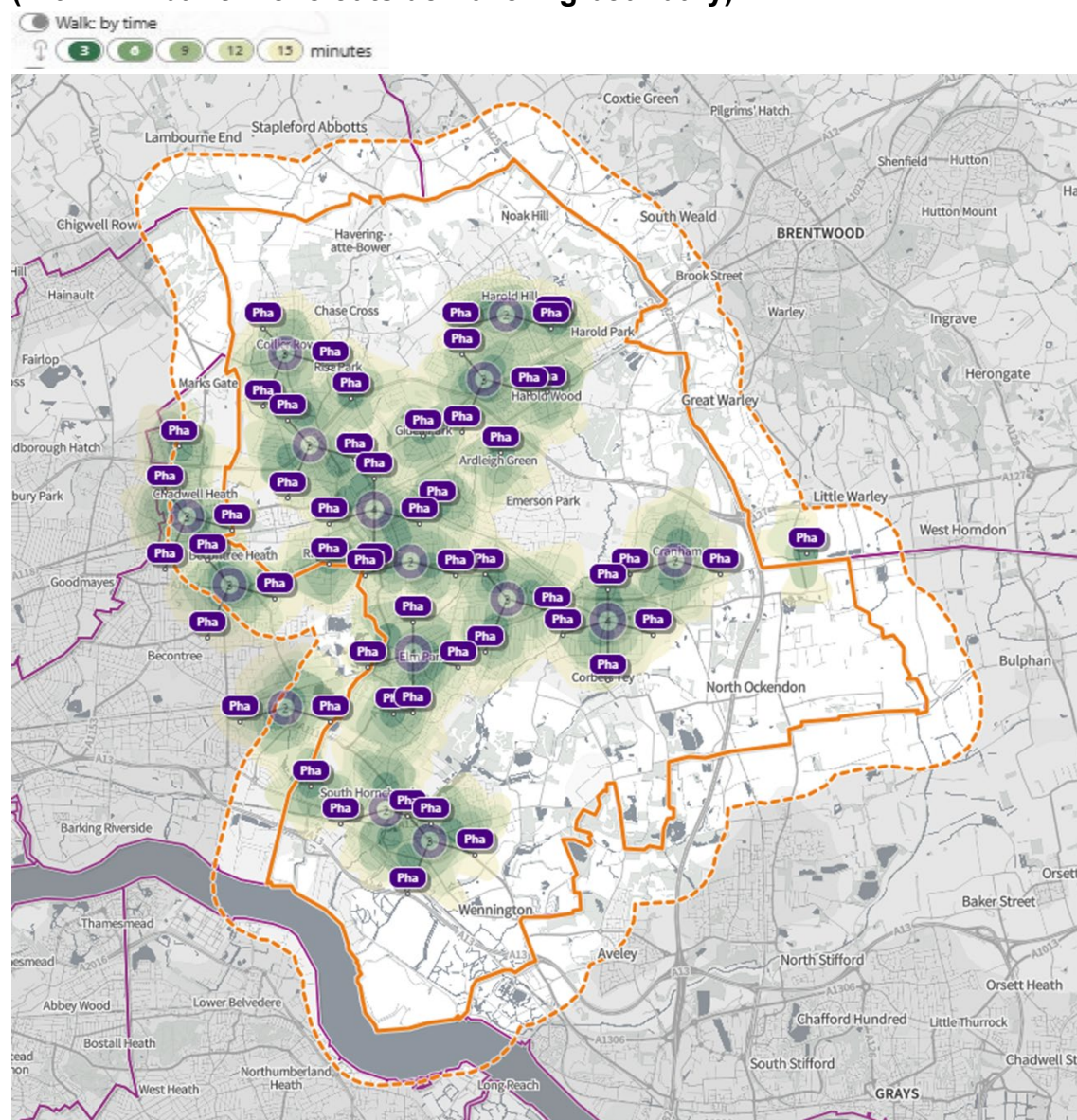


#### **6.4.1.1 Weekday daytime**

All community pharmacies in Havering are open from 9am on weekday mornings. Nine pharmacies offer opening times before 9am, which are sometimes provided as supplementary hours. During the weekday daytime, there is adequate access to pharmacies across all localities, with 95.5% of the population able to get to their nearest pharmacy within a 15-minute walk, and all residents in all areas able to access a pharmacy within a 15-minute public transport journey or 5-minute private transport journey (see figures 15, 16 & 17).

DRAFT

**Figure 15: Access to pharmacies by travel time on foot – weekday daytime (with 1km buffer zone outside Havering boundary)**

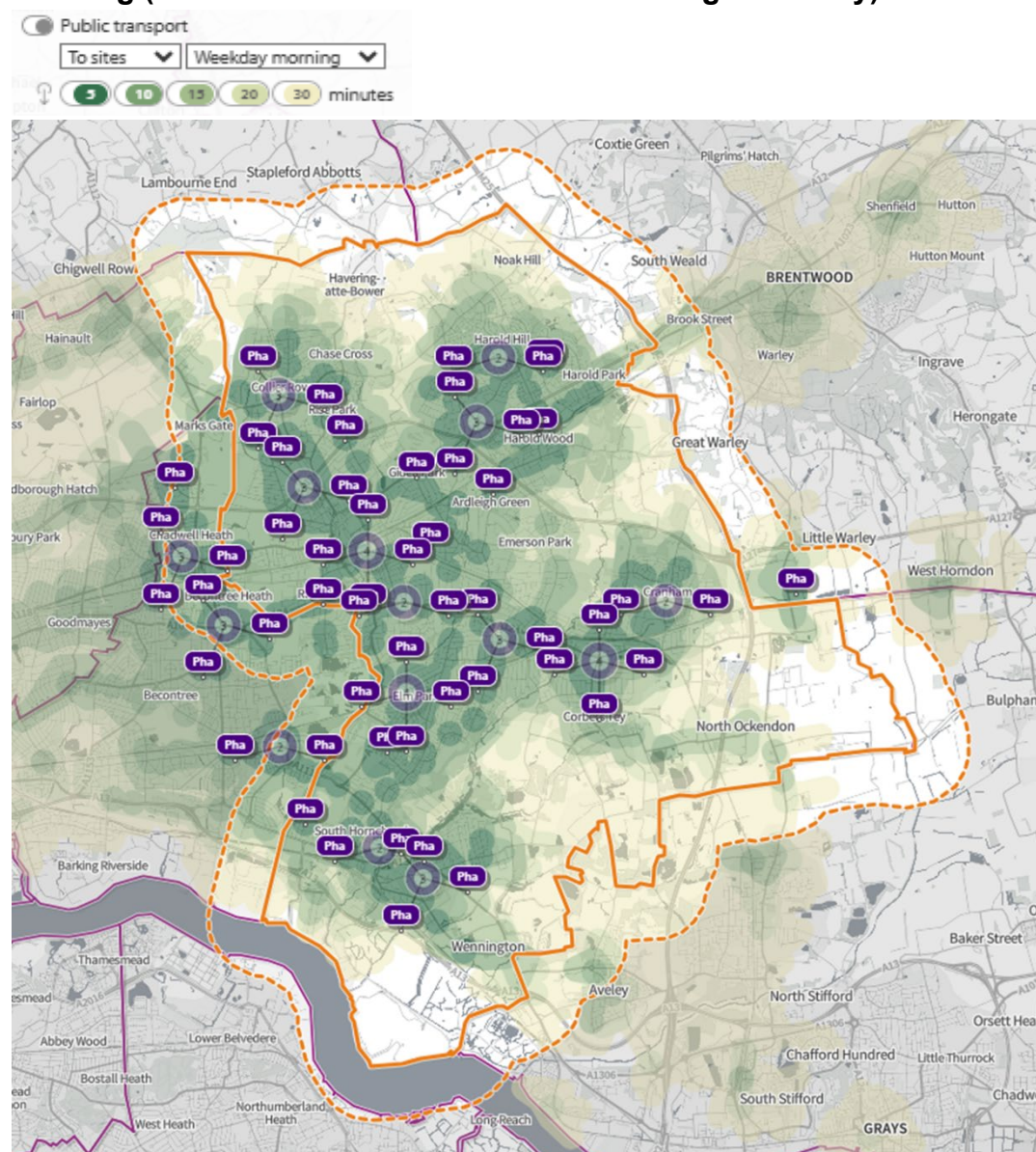


© Crown copyright and database rights 2024 OS AC0000806481. You are permitted to use this data solely to enable you to respond to, or interact with, the organisation that provided you with the data. You are not permitted to copy, sub-licence, distribute or sell any of this data to third parties in any form.

**Table 7: Access to pharmacies by travel time on foot – weekday daytime**

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
3	69,986	194,689	264,675	26.4%
6	150,352	114,323	264,675	56.8%
9	202,538	62,137	264,675	76.5%
12	235,950	28,725	264,675	89.1%
15	252,858	11,817	264,675	95.5%

**Figure 16: Access to pharmacies by travel time on public transport – weekday morning (with 1km buffer zone outside Havering boundary)**



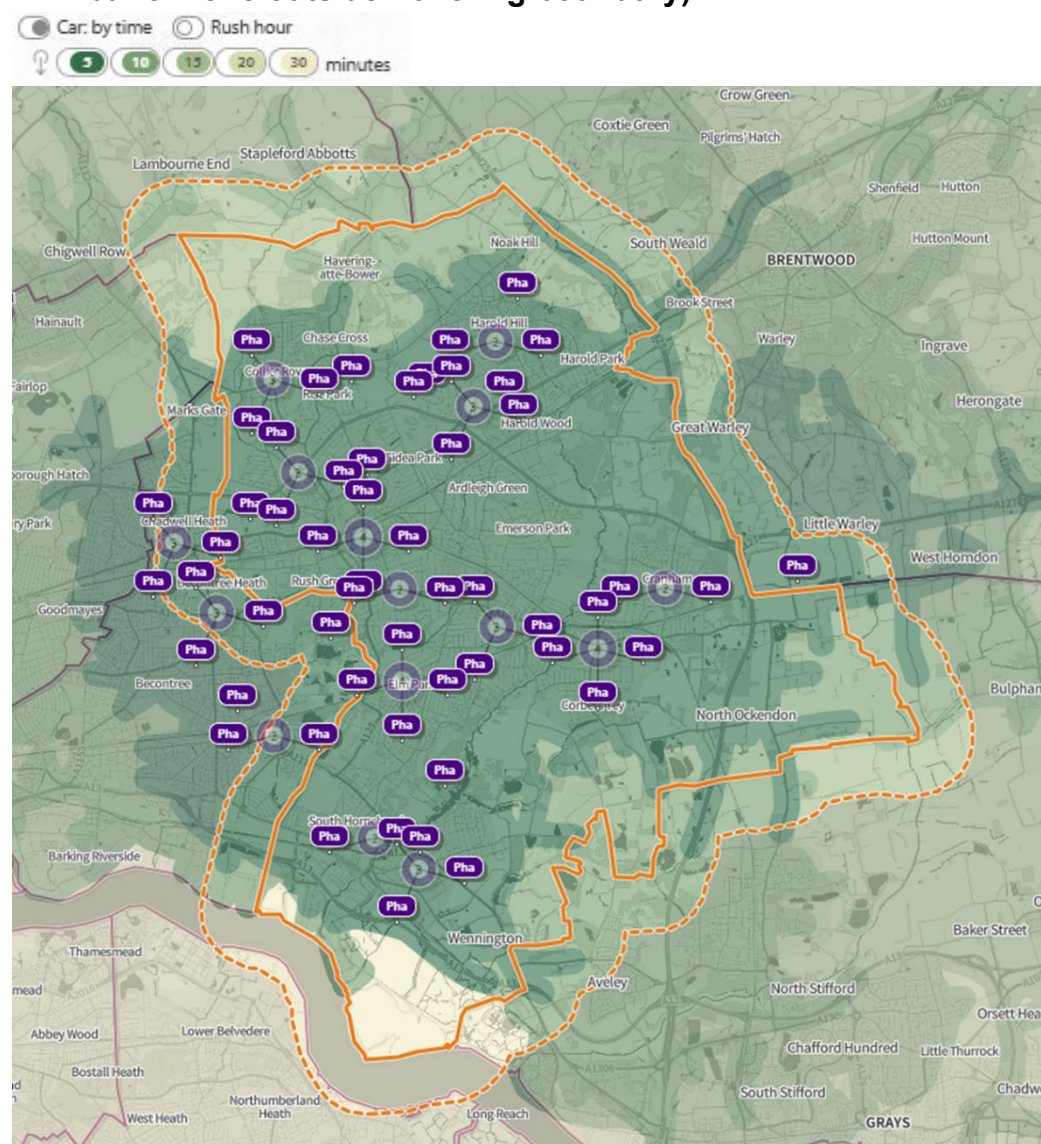
© Crown copyright and database rights 2024 OS AC0000806481. You are permitted to use this data solely to enable you to respond to, or interact with, the organisation that provided you with the data. You are not permitted to copy, sub-licence, distribute or sell any of this data to third parties in any form.

**Table 8: Access to pharmacies by travel time on public transport – weekday morning**

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	165,595	99,080	264,675	62.6%
10	258,144	6,531	264,675	97.5%
15	264,675	0	264,675	100.0%
20	264,675	0	264,675	100.0%
30	264,675	0	264,675	100.0%



**Figure 17: Access to pharmacies by travel time by car – weekday daytime (with 1km buffer zone outside Havering boundary)**



© Crown copyright and database rights 2024 OS AC0000806481. You are permitted to use this data solely to enable you to respond to, or interact with, the organisation that provided you with the data. You are not permitted to copy, sub-licence, distribute or sell any of this data to third parties in any form.

**Table 9: Access to pharmacies by travel time by car – weekday daytime**

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	264,675	0	264,675	100.0%
10	264,675	0	264,675	100.0%
15	264,675	0	264,675	100.0%
20	264,675	0	264,675	100.0%
30	264,675	0	264,675	100.0%

#### **6.4.1.2 Weekday evenings**

Most pharmacies remain open until at least 6pm, after which there is a reduction in provision with 18 pharmacies open until 7pm. After 7pm there is extended access provided by four 40-hour contract pharmacies, three 100-hour contract pharmacies, and from pharmacies in neighbouring HWB areas. 97% of residents have access to a pharmacy within 30 minutes via public transport (figure 18) and all residents have access within 15 minutes by private transport (figure 19) after 7pm.

DRAFT

Public transport

To sites  Weekday evening

minutes

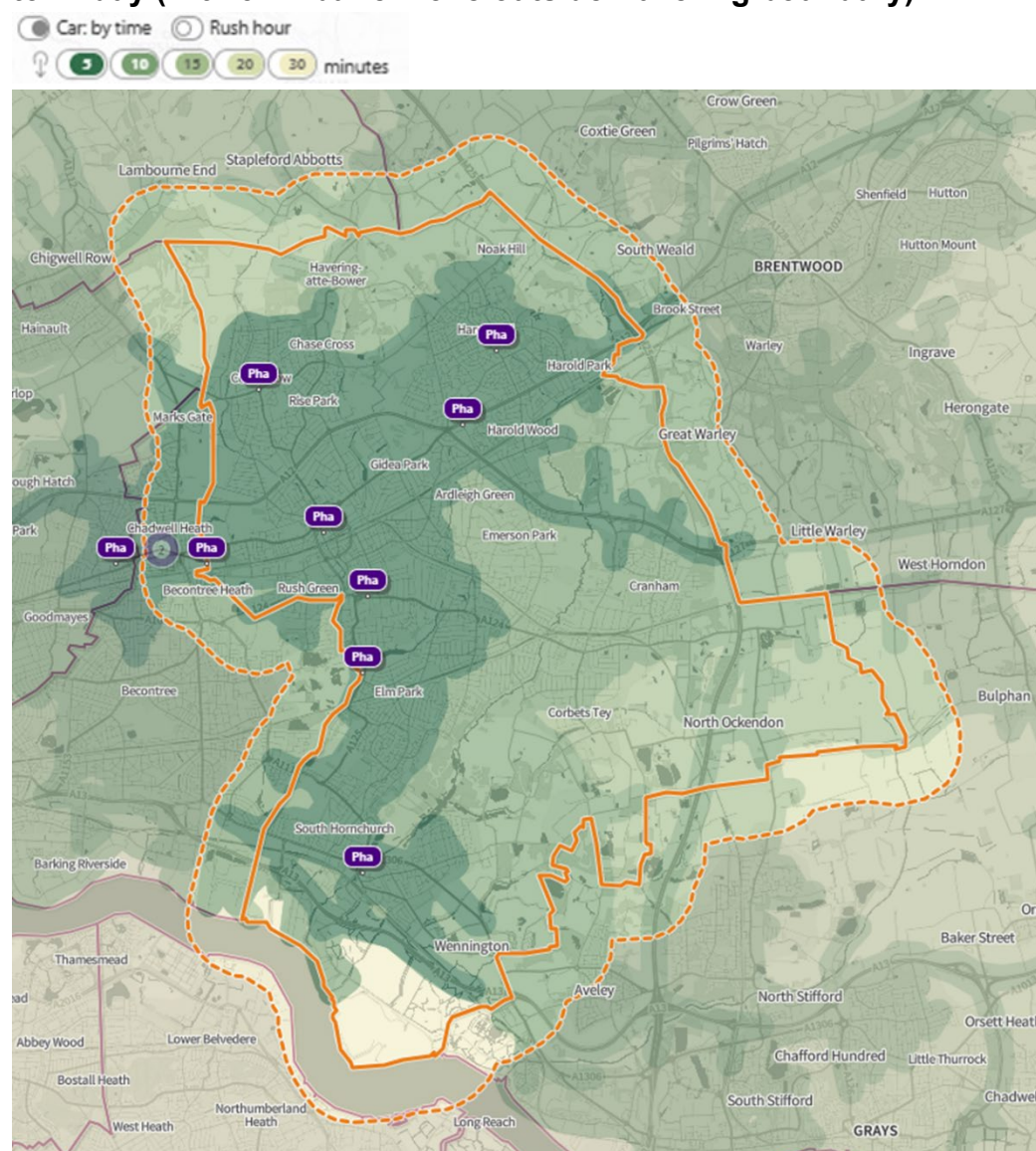
The map displays the Brentwood area, including locations like Lambourne End, Stapleford Abbotts, Noak Hill, South Weald, Crow Green, Pilgrims' Hatch, Shenfield, Hutton, Hutton Mount, Ingrave, Herongate, West Horndon, Bulphan, Orsett, Baker Street, Orsett Heath, Little Thurrock, Chadwell St, South Stifford, Chafford Hundred, North Stifford, Aveley, Wennington, South Hornchurch, Elm Park, Rush Green, Becontree Heath, Chadwell Heath, Marks Gate, Rise Park, Gidea Park, Ardleigh Green, Emerson Park, Cranham, North Ockendon, Corbets Tey, Barking Riverside, Thamesmead, Abbey Wood, Bostall Heath, West Heath, Northumberland Heath, and Long Reach. The map is color-coded by travel time to sites: 5 minutes (green), 10 minutes (light green), 15 minutes (yellow), 20 minutes (orange), and 30 minutes (red). Public transport routes are indicated by dashed lines, and specific sites are marked with purple icons labeled 'Pha'.

Table 10: Travel time by p...

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	31,824	232,851	264,675	12.0%
10	137,807	126,868	264,675	52.1%
15	212,864	51,811	264,675	80.4%
20	232,696	31,979	264,675	87.9%
30	256,834	7,841	264,675	97.0%



**Figure 19: Map showing travel time by car weekday evenings after 7pm Monday to Friday (with 3km buffer zone outside Havering boundary)**



© Crown copyright and database rights 2024 OS AC0000806481. You are permitted to use this data solely to enable you to respond to, or interact with, the organisation that provided you with the data. You are not permitted to copy, sub-licence, distribute or sell any of this data to third parties in any form.

**Table 11: Travel time by car weekday evenings after 6pm Monday to Friday**

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	215,768	48,907	264,675	81.5%
10	261,520	3,155	264,675	98.8%
15	264,675	0	264,675	100.0%
20	264,675	0	264,675	100.0%
30	264,675	0	264,675	100.0%

## **6.4.2 Weekend opening**

### **6.4.2.1 Saturday opening**

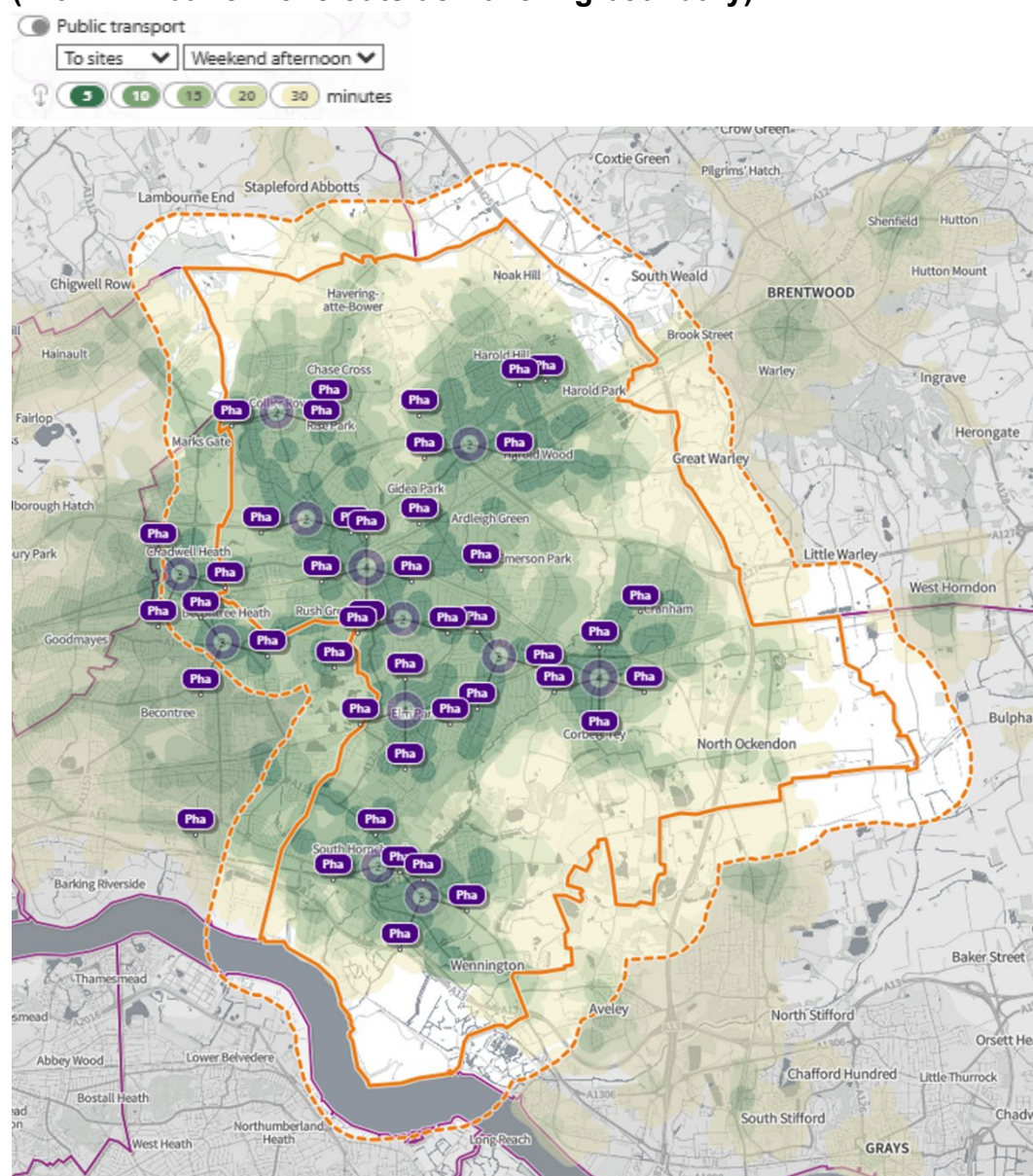
In total, 37 pharmacies open on Saturday mornings. This reduces to 27 pharmacies that remain open on Saturday afternoons after 2pm. One hundred percent of the Havering population are within a 15-minute travel time via public transport on Saturday afternoons (see figure 20), and within 5 minutes by private transport (see figure 21).

After 6pm, five pharmacies remain open until at least 8pm. All residents are within a 15-minute journey time by car to the nearest pharmacy (figure 22), and 98.8% are within a 30-minute journey time by public transport (figure 23) after 7pm.

Access on Saturdays is considered adequate in all localities.



**Figure 20: Map showing travel time by public transport on Saturday afternoon (with 1km buffer zone outside Havering boundary)**

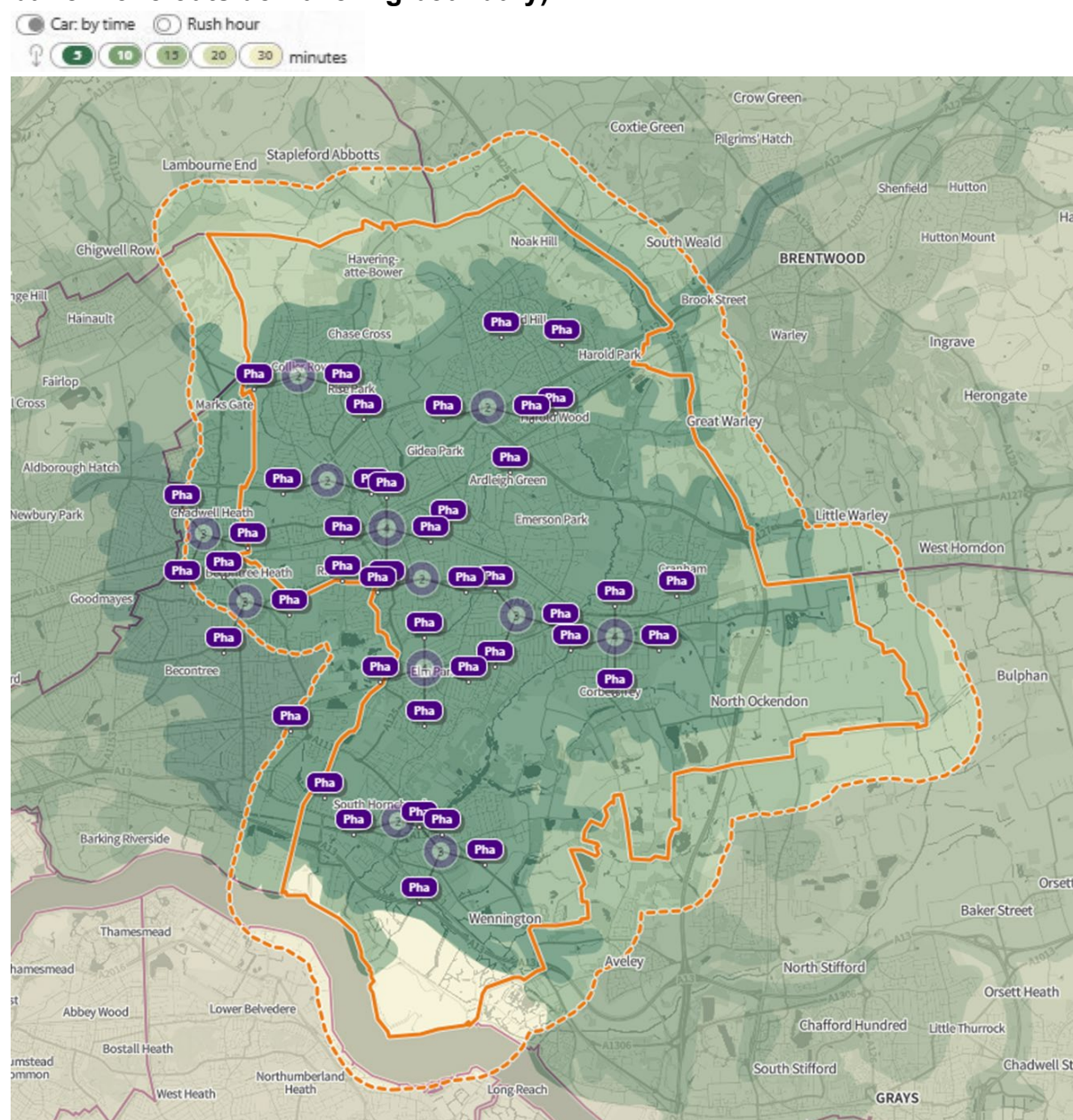


© Crown copyright and database rights 2024 OS AC0000806481. You are permitted to use this data solely to enable you to respond to, or interact with, the organisation that provided you with the data. You are not permitted to copy, sub-licence, distribute or sell any of this data to third parties in any form.

**Table 12: Travel time by public transport on Saturday afternoon**

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	131,900	132,775	264,675	49.8%
10	256,632	8,043	264,675	97.0%
15	264,675	0	264,675	100.0%
20	264,675	0	264,675	100.0%
30	264,675	0	264,675	100.0%

**Figure 21: Map showing travel time by car during Saturday daytime (with 1km buffer zone outside Havering boundary)**



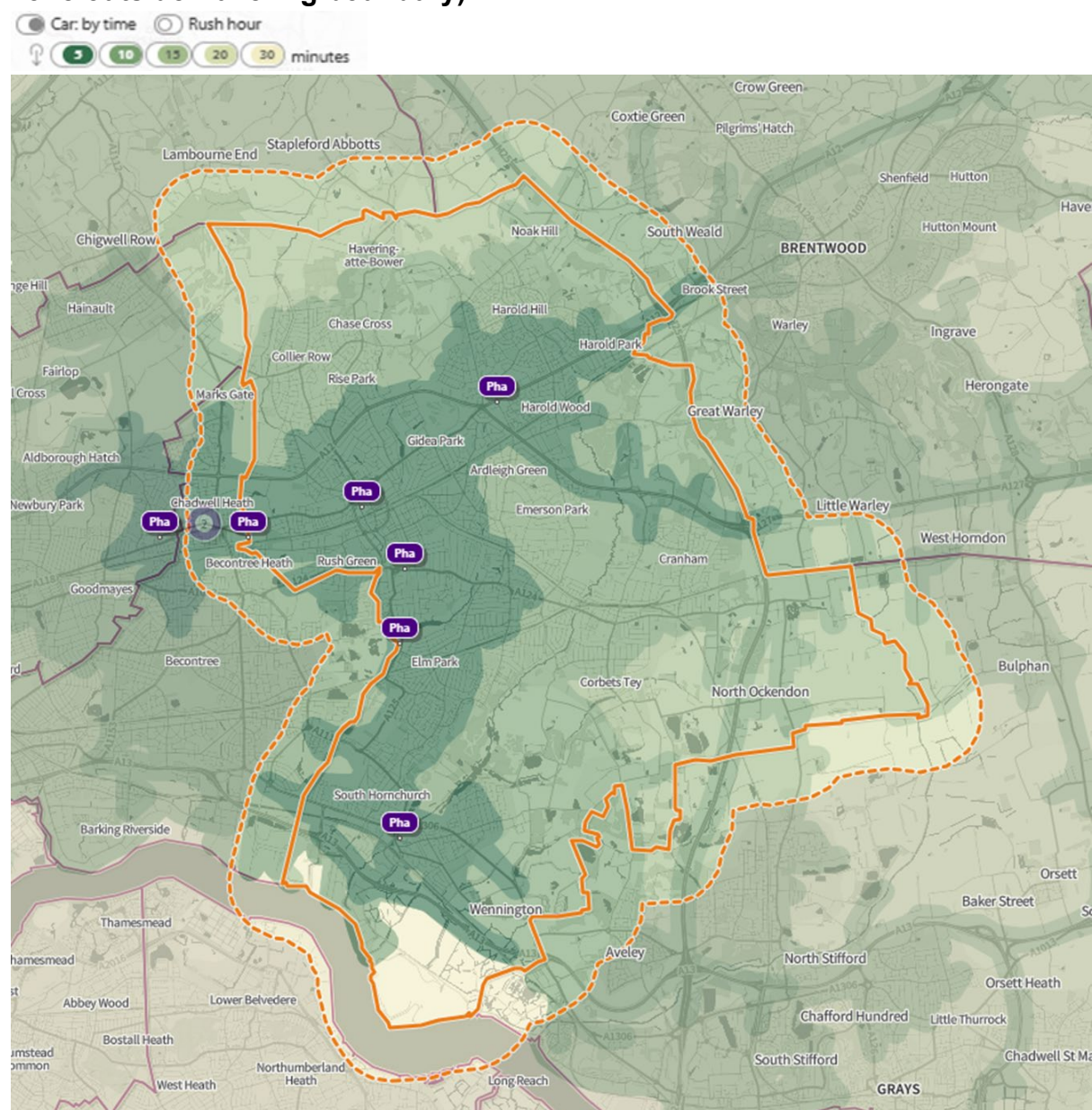
© Crown copyright and database rights 2024 OS AC0000806481. You are permitted to use this data solely to enable you to respond to, or interact with, the organisation that provided you with the data. You are not permitted to copy, sub-licence, distribute or sell any of this data to third parties in any form.

**Table 13: Travel time by car during Saturday daytime**

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	264,675	0	264,675	100.0%
10	264,675	0	264,675	100.0%
15	264,675	0	264,675	100.0%
20	264,675	0	264,675	100.0%
30	264,675	0	264,675	100.0%



**Figure 22: Map showing travel time by car on Saturday evening (with 1km buffer zone outside Havering boundary)**

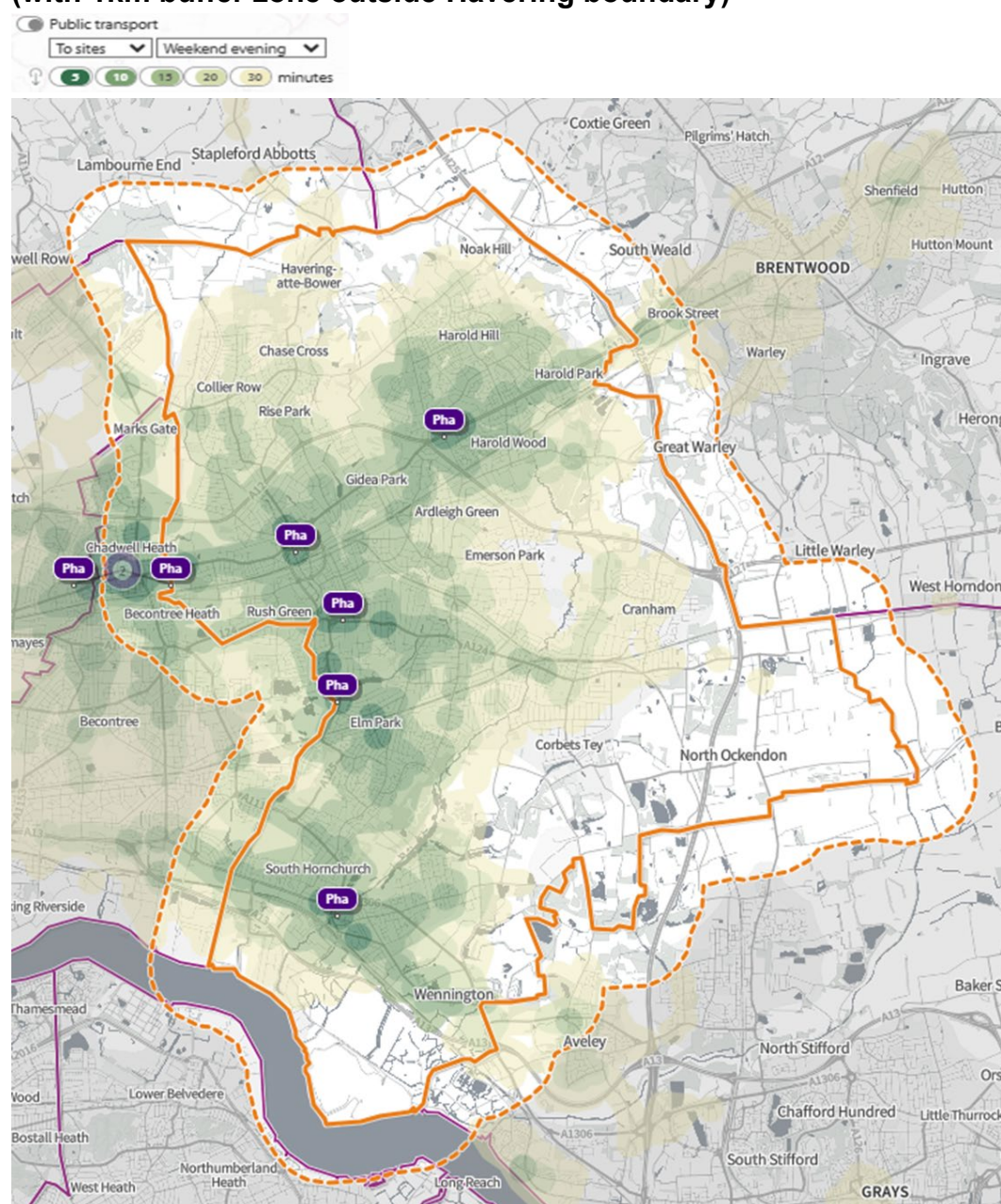


© Crown copyright and database rights 2024 OS AC0000806481. You are permitted to use this data solely to enable you to respond to, or interact with, the organisation that provided you with the data. You are not permitted to copy, sub-licence, distribute or sell any of this data to third parties in any form.

**Table 14: Travel time by car during Saturday evening**

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	176,802	87,873	264,675	66.8%
10	261,520	3,155	264,675	98.8%
15	264,675	0	264,675	100.0%
20	264,675	0	264,675	100.0%
30	264,675	0	264,675	100.0%

**Figure 23: Map showing travel time by public transport on Saturday evening (with 1km buffer zone outside Havering boundary)**



© Crown copyright and database rights 2024 OS AC0000806481. You are permitted to use this data solely to enable you to respond to, or interact with, the organisation that provided you with the data. You are not permitted to copy, sub-licence, distribute or sell any of this data to third parties in any form.

**Table 15: Travel time by public transport on Saturday evening**

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	16,141	248,534	264,675	6.1%
10	85,643	179,032	264,675	32.4%
15	170,733	93,942	264,675	64.5%
20	227,294	37,381	264,675	85.9%
30	261,681	3,057	264,738	98.8%

#### **6.4.2.2 Sunday opening**

In total, eight pharmacies in Havering are open on Sundays.

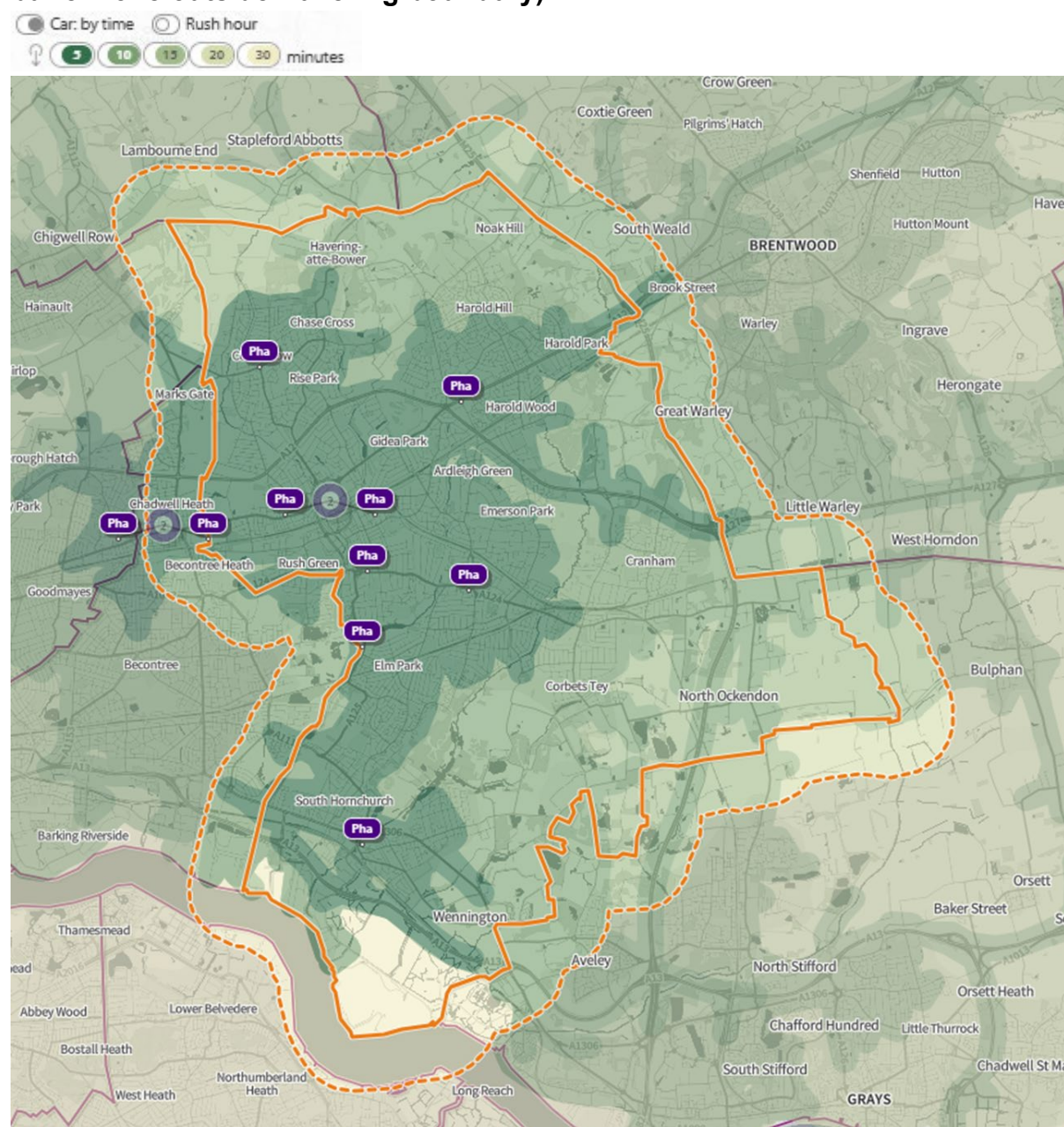
Figure 24 shows that on a Sunday all residents across Havering are within a 10-minute journey time to their nearest pharmacy by car and all are within a 30-minute public transport journey time (see figure 25).

Access on Sundays is considered adequate in all localities.

DRAFT



**Figure 24: Map showing travel time by car during Sunday daytime (with 1km buffer zone outside Havering boundary)**

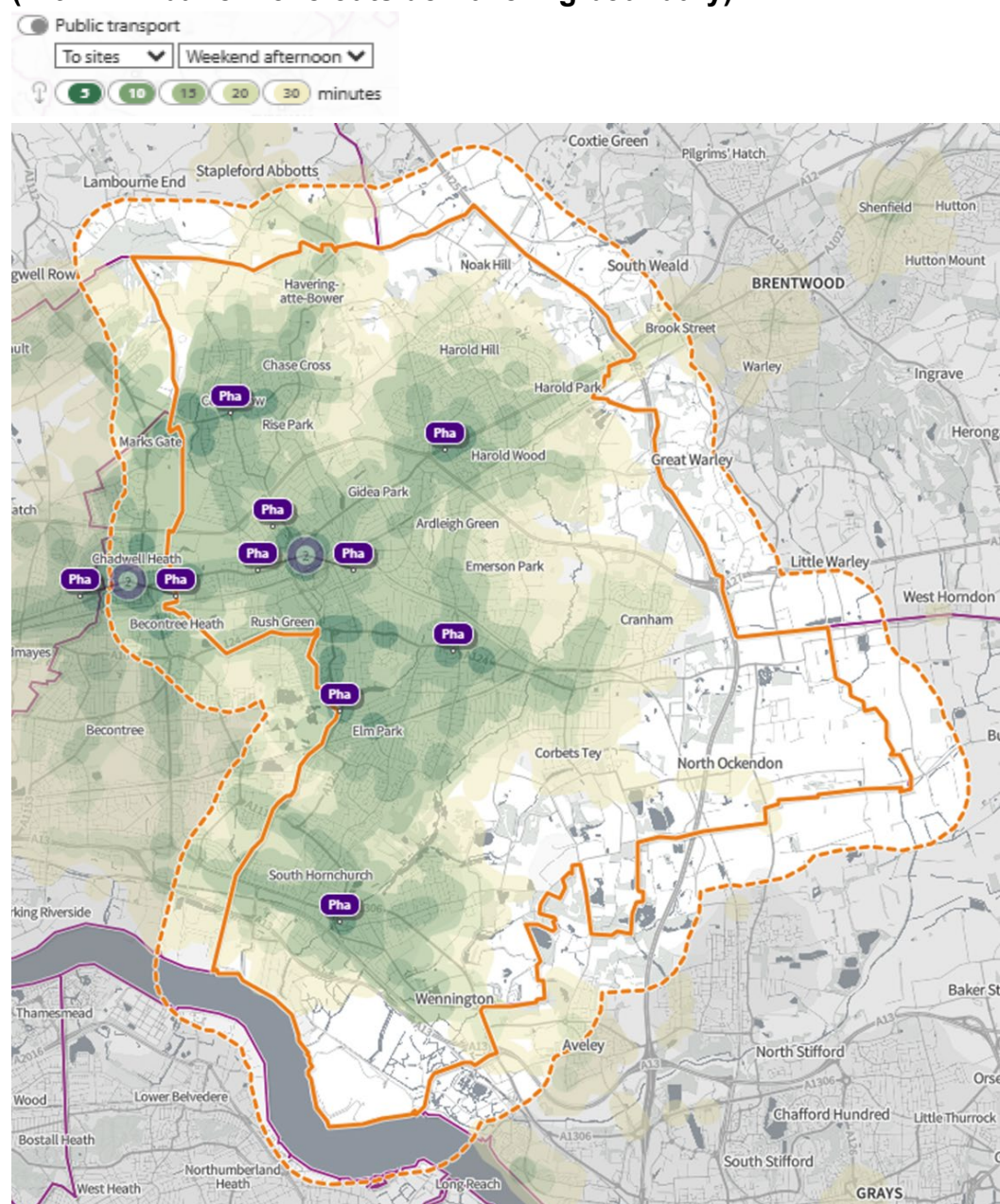


© Crown copyright and database rights 2024 OS AC0000806481. You are permitted to use this data solely to enable you to respond to, or interact with, the organisation that provided you with the data. You are not permitted to copy, sub-licence, distribute or sell any of this data to third parties in any form.

**Table 16: Travel time by car during Sunday daytime**

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	227,129	37,546	264,675	85.8%
10	264,675	0	264,675	100.0%
15	264,675	0	264,675	100.0%
20	264,675	0	264,675	100.0%
30	264,675	0	264,675	100.0%

**Figure 25: Map showing travel time by public transport on Sunday afternoon (with 1km buffer zone outside Havering boundary)**



© Crown copyright and database rights 2024 OS AC0000806481. You are permitted to use this data solely to enable you to respond to, or interact with, the organisation that provided you with the data. You are not permitted to copy, sub-licence, distribute or sell any of this data to third parties in any form.

**Table 17: Travel time by public transport on Sunday afternoon**

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	23,487	241,188	264,675	8.9%
10	125,134	139,541	264,675	47.3%
15	210,772	53,903	264,675	79.6%
20	248,190	16,485	264,675	93.8%
30	264,675	0	264,675	100.0%

### **6.4.3 Access to pharmacy services out of the Havering area**

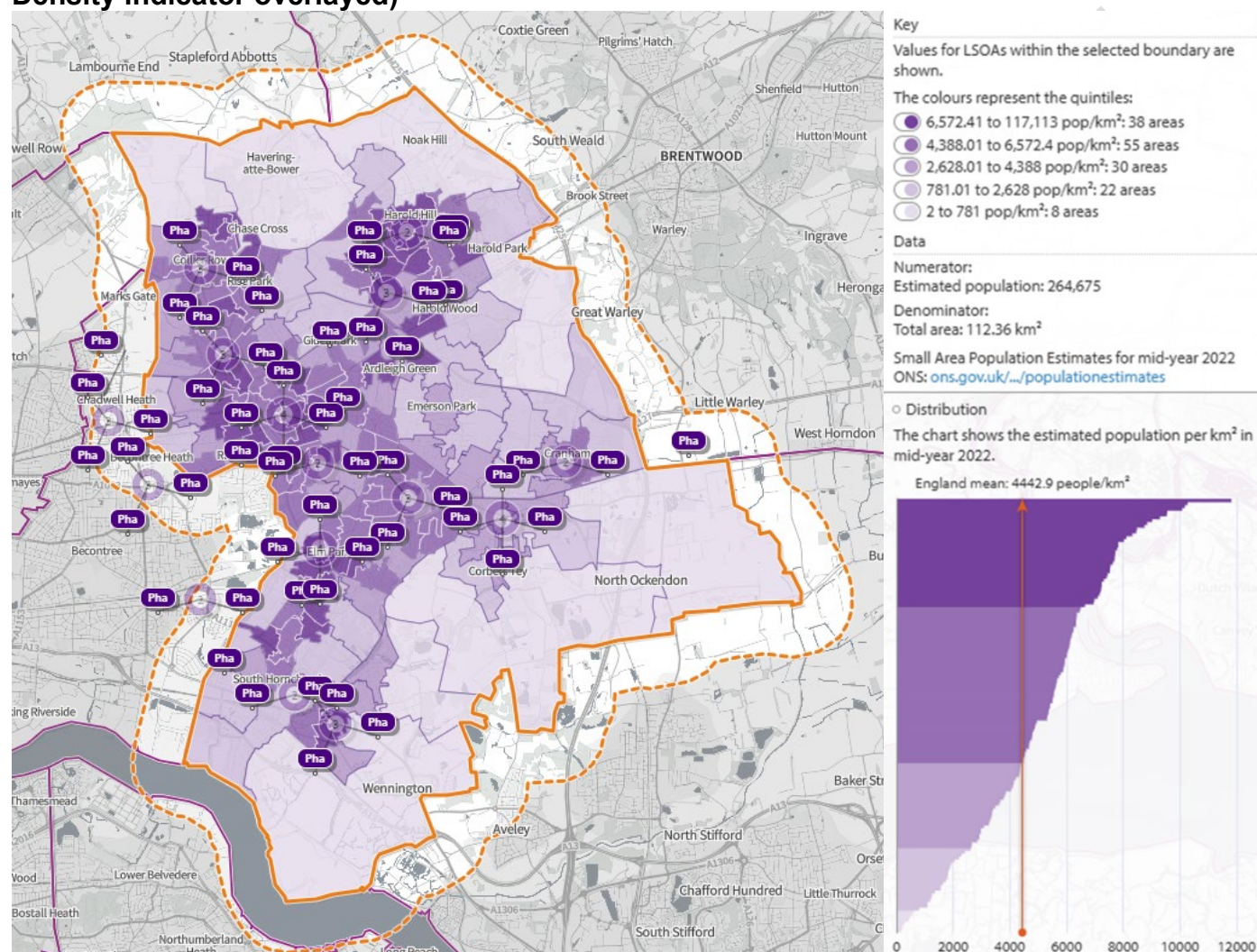
It is important to note that pharmacy services that are out of the Havering area may provide additional alternatives for people to access medicines and advice.

In particular, there are pharmacies close to residents who live on or close to the borough boundaries. Figure 26 demonstrates the pharmacy locations within the Havering boundaries and the neighbouring areas.

DRAFT



**Figure 26: Location of pharmacies within Havering and 1km over the border in to neighbouring areas (National Population Density indicator overlayed)**



© Crown copyright and database rights 2024 OS AC0000806481. You are permitted to use this data solely to enable you to respond to, or interact with, the organisation that provided you with the data. You are not permitted to copy, sub-licence, distribute or sell any of this data to third parties in any form.

Other options for accessing pharmacy services include choosing to have prescriptions dispensed closer to someone's place of work for convenience or to utilise distance selling pharmacy services.

In addition, some prescriptions may be specialist items which services such as dispensing appliance contractors can supply. This may also be facilitated using out of area provision.

#### **6.4.4 Feedback from public regarding pharmacy opening hours**

169 people responded to the public survey. Appendix 2 details the responses received.

93% of those responding (155 respondents) rated their pharmacy as good, very good or excellent.

96% of those responding (162 respondents) stated they had no difficulties in accessing their pharmacy and 82% (139 respondents) reported that their local pharmacy had convenient opening hours for them.

When asked about convenient times to visit a pharmacy, 84% (139 respondents) indicated weekdays between 8am and 4.59pm and 38% (63 respondents) indicated weekdays between 5pm and 6.59pm.

61% (100 respondents) found Saturday daytime to be convenient, and 39% (64 respondents) found Sunday daytime to be convenient.

#### **6.5 Disability access**

To comply with the Equality Act 2010<sup>(18)</sup>, community pharmacies must make reasonable provision for access by patients who have disabilities. It sets out a framework which requires service providers to ensure they do not discriminate against persons with a disability. A person is regarded as having a disability if they have a physical or mental impairment which has a substantial adverse effect on that person's ability to carry out day to day activities. If there are obstacles to accessing a service, then the service provider must consider what reasonable adjustments are needed to overcome that obstacle.

Common adjustments in community pharmacies include:

- Easy open containers;
- Large print labels;
- Being conscious of placement of labels and position of braille;
- Reminder charts, showing which times of day medicines are to be taken;

- Monitored dosage system (MDS) to improve their adherence to medicines taking.

Most community pharmacies have made arrangements to ensure that those with a disability can access their pharmacy and consultation rooms. As part of the NHSE regulations and guidance almost all pharmacies now comply with the need to have a consultation room as specified in order to deliver advanced services.

The requirements for the consultation room are that it is:

- Clearly designated as a room for confidential conversations, for example a sign is attached to the door to the room saying Consultation room;
- Distinct from the general public areas of the pharmacy premises;
- A room where both the person receiving the service and the person providing it can be seated together and communicate confidentially.

## **6.6 Access to translation services**

As clinical services have expanded and become more available in community pharmacy, the need has grown for translation services to support the diverse population in North East London. NEL ICB has agreed for a translation service provider to be available for community pharmacies in NEL and the cost of translation service will be reimbursed to the pharmacy providers.

## 7 Pharmaceutical Services Overview

The requirements for the commissioning of pharmaceutical services are set out in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013<sup>(6)</sup> and the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013<sup>(42)</sup>.

NHSE commissions pharmaceutical services via the CPCF<sup>(7)</sup>. Community pharmacies provide three tiers of pharmaceutical service which have been identified in regulations. These are:

- Essential services: services all community pharmacies are required to provide.
- Advanced services: services to support patients with safe and effective use of medicines or appliances that all community pharmacies may choose to provide providing they meet the requirements set out in the directions.
- National enhanced services: nationally specified services that are commissioned by NHS England. Currently, there is just one such service – the COVID-19 vaccination programme.

In addition, a Local Pharmaceutical Service (LPS) contract allows NHSE to commission community pharmaceutical services tailored to meet specific local requirements. It provides flexibility to include a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under the national pharmacy contract arrangements. There are no LPS pharmacies in Havering.

Locally commissioned community pharmacy services can also be contracted via different routes and by different commissioners, including local authorities and the ICB.

### 7.1 Essential services

The CPCF states that all pharmacies are required to provide the essential services. The essential services are:

- Dispensing medicines ordered on NHS prescriptions, together with information and advice, to enable safe and effective use by patients and carers, and maintenance of appropriate records.
- Repeat Dispensing, i.e. a process that allows a patient to obtain repeat supplies of their medication or appliances without the need for the prescriber to issue repeat prescriptions each time.
- Disposal of unwanted medicines returned to the pharmacy by someone living at home, in a children's home, or in a residential care home.

- Promotion of healthy lifestyles, which includes providing advice and participating in NHSE health campaigns.
- Signposting people who require advice, treatment, or support that the pharmacy cannot provide to another provider of health or social care services.
- Support for self-care which may include advising on over the counter medicines or changes to the person's lifestyle.
- Healthy Living Pharmacies (HLP) - aimed at achieving consistent provision of a broad range of health promotion interventions to meet local need, improving the health and wellbeing of the local population, and helping to reduce health inequalities. HLP became an essential service requirement in 2020/21 as agreed in the five-year CPCF which reflects the priority attached to public health and prevention work. The NHS Terms of Service were amended to include HLP requirements, with supplementary information on the details being included in guidance on the regulations, published by NHSE. Pharmacies have had to ensure they are compliant with the HLP requirements since 1 January 2021.
- Discharge medicines service. This service was introduced in 2021 and aims to reduce the risk of medication problems when a person is discharged from hospital. The service has been identified by NHSE's Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.
- Dispensing of appliances (in the "normal course of business").

Dispensing appliance contractors have a narrower range of services that they must provide:

- Dispensing of prescriptions.
- Dispensing of repeat prescriptions.
- For certain appliances, offer to deliver them to the patient and provide access to expert clinical advice.
- Where the contractor cannot provide a particular appliance, signposting or referring a patient to another provider of appliances who can.

### **7.1.1 Digital solutions**

Under the terms of service, community pharmacies are now required to have digital solutions in place to provide connectivity across healthcare settings.

Staff working at the pharmacy can access a patient's NHS Summary Care Record (SCR) via the National Care Records Service (NCRS), and that access is consistent and reliable during the pharmacy's opening hours, in so far as that is within the control of the contractor. Subject to the normal patient consent requirements, those registered professionals should access patients' SCRs whenever providing pharmaceutical services to the extent that they consider, in their clinical judgement,

that it is appropriate to do so for example: prescription queries, advising patients on suitable medication, providing emergency supplies.

## 7.2 Advanced services

In addition to the essential services, the NHS CPCF allows for the provision of 'advanced services'. Community pharmacies can choose to provide any of these services, providing they meet the service requirements including accreditation of the pharmacist providing the service and/or specific requirements regarding premises. They are commissioned by NHSE and the specification and payment is agreed nationally.

Advanced services currently (2025) include:

- Appliance Use Review
- Influenza Vaccination Service
- Hypertension Case-Finding Service
- Lateral Flow Device Tests Supply Service
- New Medicine Service
- Pharmacy Contraception Service
- Pharmacy First Service
- Smoking Cessation Service
- Stoma Appliance Customisation Service

Local information about whether a pharmacy is signed up to deliver an advanced service was unavailable for some services, and activity data from NHSBSA was used with the assumption that zero activity indicated the pharmacy was not signed up to deliver the service. It should also be noted that some pharmacies may be signed up to deliver the service but may not have actively delivered the service.

Table 18 shows the number of pharmacies providing each of the advanced services.

**Table 18: Number of community pharmacies providing advanced services, in Havering**

Pharmacy advanced service	Number of pharmacies providing this service
Appliance Use Review	0
Influenza Vaccination Service	20
Hypertension Case-Finding Service	39
Lateral Flow Device Tests Supply Service	4
New Medicines Service	43
Pharmacy Contraception Service	39
Pharmacy First Service	39
Smoking Cessation Service	2
Stoma Appliance Customisation service	0

**Data Source: NEL ICB, NHSBSA Dispensing Contractors Data<sup>(43)</sup> (January 2025 data accessed May 2025)**

### **7.2.1 Appliance use review (AUR)**

AURs can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. Alternatively, where clinically appropriate and with the agreement of the patient, AURs can be provided by telephone or video consultation (in circumstances where the conversation cannot be overheard by others - except by someone whom the patient wants to hear the conversation, for example a carer). AURs should improve the patient's knowledge and use of any 'specified appliance'.

This service is usually provided by the mail order appliance contractors as a specialism of the services although this service could also be provided by local community pharmacies.

In Havering, no pharmacies are actively providing this service.

### **7.2.2 Influenza vaccination service**

Community pharmacy has been providing influenza vaccinations under a nationally commissioned service since September 2015. Each year from September through to March the NHS runs a seasonal influenza vaccination campaign aiming to vaccinate all patients who are at risk of developing more serious complications from the virus. The accessibility of pharmacies, their extended opening hours, and the option to walk in without an appointment have proved popular with patients seeking vaccinations.

Information from NHSBSA indicated that 20 of the community pharmacies in Havering provided the Influenza Vaccination service.

### **7.2.3 Hypertension case-finding service (HCFS)**

The HCFS was commenced as an advanced service in October 2021 to support the programme of identification of undiagnosed cardiovascular disease. Previously only being provided by pharmacists and pharmacy technicians, from December 2023, the service was further extended to be provided by suitably trained and competent non-registered pharmacy staff.

The service aims to:

- Identify people with high blood pressure aged 40 years or older (who have previously not had a confirmed diagnosis of hypertension), and to refer them to general practice to confirm diagnosis and for appropriate management.
- At the request of a general practice, undertake ad hoc clinic and ambulatory blood pressure measurements.
- Provide another opportunity to promote healthy behaviours to patients.

Information from NHSBSA indicated that 39 pharmacies were delivering the HCFS in Havering.

### **7.2.4 Lateral flow device (LFD) tests supply service**

The NHS offers COVID-19 treatment to people with COVID-19 who are at risk of becoming seriously ill. To access treatment, eligible patients first need to be able to test themselves by using an LFD test if they develop symptoms suggestive of COVID-19. It is therefore important that they have LFD tests at their home in advance of developing symptoms, so they can promptly undertake a test.

The LFD tests supply service was introduced in November 2023 to provide eligible patients with access to LFD tests. It replaced a similar service known as 'COVID-19 Lateral Flow Device Distribution Service', or 'Pharmacy Collect'.

If a patient tests positive, they are advised to call their general practice, NHS 111, or hospital specialist as soon as possible. The test result will be used to inform a clinical assessment to determine whether the patient is suitable for, and will benefit from, NICE recommended COVID-19 treatments.

Information from the NHSBSA indicated that 4 pharmacies were providing LFD in Havering.

### **7.2.5 New medicine service (NMS)**

In England, around 15 million people have a long-term condition (LTC), and the optimal use of appropriately prescribed medicines is vital to the management of most LTCs. However, reviews conducted across different disease states and different



countries are consistent in estimating that between 30 and 50 per cent of prescribed medicines are not taken as recommended<sup>(44)</sup>. This represents a failure to translate the technological benefits of new medicines into health gain for individuals. Sub-optimal medicines use can lead to inadequate management of the LTC and a cost to the patient, the NHS and society.

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

Information from the NHSBSA indicates that 43 community pharmacies were providing NMS in Havering.

### **7.2.6 Pharmacy contraception service (PCS)**

The service provides an opportunity for community pharmacy to help address health inequalities by providing wider healthcare access in their communities and signposting service users into local sexual health services in line with NICE Guidelines (NG102)<sup>(45)</sup>.

The objectives of the service are to:

- Provide a model for community pharmacy teams to initiate provision of Oral Contraception (OC), **and to continue** the provision of OC supplies initiated in primary care (including general practice and pharmacies) or sexual health clinics and equivalent. Both initiation and ongoing supply are undertaken using PGDs to support the review and supply process; and
- Establish an integrated pathway between existing services and community pharmacies that provides people with greater choice and access when considering continuing their current form of OC.

The service aims to provide:

- Greater choice from where people can access contraception services; and
- Extra capacity in primary care and sexual health clinics (or equivalent) to support meeting the demand for more complex assessments.

The service involves community pharmacists providing:

- Initiation: where a person wishes to start OC for the first time or needs to restart OC following a pill free break. A person who is being switched to an alternative pill following consultation can also be considered as an initiation; and

- Ongoing supply: where a person has been supplied with OC by a primary care provider, or a sexual health clinic (or equivalent) and a subsequent equivalent supply is needed. Their current supply of OC should still be in use.

The supplies are authorised via a PGD, with appropriate checks, such as the measurement of the patient's blood pressure and body mass index, being undertaken where necessary. Information from NEL ICB indicates that 39 community pharmacies were providing PCS in Havering.

Note that London Borough of Havering also currently commissions the supply of emergency contraception and other sexual health services via community pharmacy, although this is set to change in October 2025 when this service will become part of the PCS service. The current locally commissioned service is described in more detail in the local enhanced services section.

### **7.2.7 Pharmacy First service**

The Pharmacy First service, which commenced on 31st January 2024 and replaces the Community Pharmacist Consultation Service (CPCS), involves pharmacists providing advice and NHS-funded treatment, where clinically appropriate, for seven common conditions (age restrictions apply): sinusitis, sore throat, acute otitis media, infected insect bites, impetigo, shingles, and uncomplicated UTI in women.

Consultations for these seven clinical pathways can be provided to patients self-presenting to the pharmacy as well as those referred electronically by NHS 111, general practices and others.

The service also incorporates the elements of the CPCS, i.e. minor illness consultations with a pharmacist, and the supply of urgent medicines (and appliances), both following an electronic referral from NHS 111, general practices (urgent supply referrals are not allowed from general practices) and other authorised healthcare providers (i.e. patients are not able to present to the pharmacy without an electronic referral).

39 pharmacies in Havering are signed up to provide this service.

#### **7.2.7.1. Pharmacy First bundling arrangements from 1 June 2025**

From 1st June 2025, pharmacy owners wishing to provide Pharmacy First service must be also registered and able to deliver the Hypertension Case Finding Service, the Pharmacy Contraception Service and the Pharmacy First service. The likely impact will be more pharmacies offering all three services, widening availability.

### **7.2.8 Smoking cessation advanced service**

The smoking cessation advanced service commenced in March 2022 for people referred to community pharmacies by hospital services. This service enables NHS trusts to refer patients discharged from hospital to a community pharmacy of their choice to continue their smoking cessation care pathway, including providing medication and behavioural support as required. It supplements other locally commissioned smoking cessation services, such as the London Borough of Havering Public Health-commissioned stop smoking service detailed in section 8 of this document.

Two pharmacies in Havering are providing this service.

### **7.2.9 Stoma appliance customisation service (SAC)**

The stoma appliance customisation service is based on modifying stoma appliance(s) to suit the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.

As with the AUR service, this is typically undertaken by mail order appliance contractors. Currently no pharmacies in Havering are providing the service.

## **7.3 National enhanced services**

In December 2021, provisions were made within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013<sup>(6)</sup> for a new type of enhanced service, the National Enhanced Service (NES). Under this type of service, NHSE commissions an enhanced service that is nationally specified. This requires NHSE to consult with CPE on matters relating to the service specification and remuneration for the service.

This differs from a Local Enhanced Service (LES) that is locally developed and designed to meet local health needs, and for which NHSE would consult with CPE. A NES allows the agreement of standard conditions nationally, while still allowing the flexibility for local decisions to commission the service to meet local population needs, as part of a nationally coordinated programme.

At the time of writing, there is one NES commissioned by NHSE, the COVID-19 vaccination programme.

### **7.3.1 COVID-19 vaccination programme**

Data provided by ICB suggests that this service commissioned from 18 pharmacies in Havering for the Spring 2025 programme.

DRAFT

## 8 Havering Locally Commissioned Services

Locally commissioned services are not described in the 2013 regulations<sup>(6)</sup>, but the term is often used to describe those services commissioned from pharmacies by Local Authorities and the Integrated Care board (ICB).

In the Havering area, pharmacy services are currently commissioned locally by the council's Public Health team and NEL ICB. The latter are known as 'local enhanced services'. Table 19 shows the number of pharmacies providing each of these locally commissioned services

**Table 19 Number of community pharmacies providing locally commissioned and local enhanced services in Havering**

Locally commissioned and local enhanced services	Number of pharmacies providing this service
On demand availability of End of Life medicines	2
Self-Care Medicines Scheme (SCMS)	N/A
Bank Holiday Rota	44
Stop Smoking	6
Supervised consumption of opioid substitutes	10
Needle Exchange	4
Emergency Hormonal Contraception	2
Condom distribution	0 (available from other providers)

Source: London Borough of Havering, NEL ICB

### 8.1 ICB local enhanced services

At the time of preparing this PNA, North East London ICB commissioned the following services with community pharmacy:

- On demand availability of End of Life medicines
- Self-Care Medicines Scheme (SCMS)
- Bank Holiday Rota

#### 8.1.1 On demand availability of End of Life (EoL) medicines from community pharmacies

The Pharmacy EoL medicines scheme aims to improve and ensure the availability of palliative care medicines in Havering through community pharmacies during normal opening hours.

The ICB commissions the on-demand availability of EoL drugs from community pharmacies across North East London. This service aims to ensure that patients receiving palliative care in the community have access to specialised drugs when these are required in an emergency. The service is available at all times, with a rota system operating outside normal working hours.

Community pharmacies are contracted to stock a comprehensive list of key EoL medications stock.

As of April 2025, 2 community pharmacies in Havering are currently participating in this scheme and there are also participating pharmacies in neighbouring boroughs.

### **8.1.2 Self-Care medicines scheme (SCMS)**

Community pharmacies taking part in the new North East London Self-Care Medicines Scheme can provide eligible patients with selected free medicines for common minor ailments like allergies, earache or minor injuries. The scheme is new and as of April 2025, it is not known how many community pharmacies in Havering are taking part.

### **8.1.3 Bank holiday rota**

Routine bank holiday access to community pharmacies: Community pharmacies are not obliged to open on nominated bank holidays. While many opt to close, a number of pharmacies (often those in regional shopping centres, retail parks, supermarkets and major high streets) opt to open – often for limited hours. The ICB manages an enhanced service for coverage over bank holidays to ensure that there are pharmacies open on these days and their location is near to the hubs and out-of-hours providers. This is so that patients can easily access medication if required.

All pharmacies are obliged to participate in the rota if they are directed to do so by the ICB.

## **8.2 Havering Public Health commissioned services**

As part of its range of public health interventions, Havering Public Health team currently commissions the following services from community pharmacies:

- Stop Smoking
- Supervised consumption
- Needle exchange
- Emergency hormonal contraception
- Condom distribution

### **8.2.1 Havering stop smoking service**

The aim of the Havering Stop Smoking service is to provide individuals who wish to quit smoking with access to stop smoking advice and support as appropriate and in convenient locations. There are a number of different providers of the service, including pharmacies and GP practices, each with an accredited stop smoking practitioner who will provide the service. The service can be accessed without a referral.

Service users will receive up to 6 weeks of free behavioural support with an advisor and provided with a suitable replacement therapy or medication where appropriate. There are 6 community pharmacies in Havering registered to deliver this service.

### **8.2.2 Drug and alcohol dependence services**

#### **8.2.2.1 Supervised consumption**

Substances such as heroin, opium and morphine are known as 'opioids'. Many opioids are 'psychoactive', which means they affect the way the brain works and can change a person's mood or behaviour. Opioid dependence is associated with a wide range of social and health problems, including a high risk of infection and mental health problems. It also presents a danger that a person could take a fatal overdose. Services are commissioned from community pharmacies to provide a dispensing and supervised consumption scheme for opioid substitutes (such as methadone or buprenorphine) for dependent drug users.

To use the services, patients must have been assessed as requiring symptomatic treatment for drug related problems and have made the decision to reduce their illegal opioid use. Substance misuse services prescribe an opioid substitute, tailoring the selected product and dose to the individual's needs. The service is therefore only available to patients who are being treated within the local integrated substance misuse and harm reduction service.

As the pharmacy staff supervise the patient's consumption of the opioid substitute in the pharmacy, risk of illegal diversion or consumption by anybody other than the patient is minimised.

According to data from Havering's Public Health team, 10 community pharmacies currently provide the supervised consumption service.

#### **8.2.2.2 Needle exchange**

The aim of the needle exchange scheme is to reduce the spread of blood borne viruses (such as HIV, hepatitis B and hepatitis C) and other infections associated with the use of non-sterile injection equipment. It does so through the provision of

sterile injecting equipment and other associated products. It also helps to reduce the risk of needle stick injuries to others by reducing drug related litter through the safe collection and disposal of equipment. In addition, the service provides information and advice, and acts as a gateway to other services, such as drug treatment centres. The service is currently provided by 4 community pharmacies in Havering.

### **8.2.3 Sexual health service**

Sexual and reproductive health is a vital aspect of public health. Access to appropriate sexual health services and interventions can significantly enhance the health and wellbeing of both individuals and the wider population.

Pharmacies work as part of a wider network of providers, helping to extend access to emergency hormonal contraception and condoms across Havering. Pharmacies can provide an anonymous service in an environment that respects the dignity and confidentiality of the patient.

#### **8.2.3.1 Emergency hormonal contraception (EHC)**

In Havering, EHC is available free of charge from a small number of pharmacies who have agreed to provide this service. The supply of EHC (levonorgestrel and ulipristal) in pharmacies is made via local patient group direction (PGD) arrangements.

There are 2 pharmacies signed up to deliver the free EHC service. Some of these pharmacies are open weekday evenings and weekends, which allows for improved access outside of normal working hours.

#### **8.2.3.2 Condom distribution service**

Come Correct is the name of the free and confidential scheme for young people under the age of 25, where they can register online for a C-card (condom card), and then visit any location displaying the Come Correct logo for a supply of condoms. There are a number of venues across the borough that can provide the condom supply, including colleges, sexual health clinics and pharmacies. This variety of venue types helps to increase accessibility of condoms to young people in the borough.

Currently no pharmacies in Havering are registered to provide this service, although it is available from other locations.

### **8.3 Non-commissioned services**

Community pharmacies provide a range of services which are neither part of the core contract with the NHS, nor commissioned by local authorities, ICB or NHSE.



These services may not be aligned with the strategic priorities of the ICB or the council but may be fulfilling a customer generated demand for non-NHS services and are often very valuable for certain patient groups e.g. the housebound. However, these services are provided at the discretion of the pharmacy owner and may or may not incur an additional fee.

As these services are not reimbursed by the NHS, the decision to provide the service is often a commercial one, especially when the service increases the pharmacy's overhead costs. Non-commissioned services may include:

- Delivery of dispensed medicines
- Dispensing of medicines into monitored dosage systems for patients not requiring reasonable adjustments

It is worth noting that patients are often surprised to find that these are not NHS services.

### **8.3.1 Medicines delivery service**

Typically, most pharmacies will offer prescription delivery services, although at the time of writing the figures for Havering were not available

### **8.3.2 Monitored dosage systems**

Pharmacies are expected to make suitable arrangements or “reasonable adjustment” for patients who have disabilities which ensure that they can take their medicines as instructed by the doctor in line with the Equality Act 2010<sup>(18)</sup>. This will sometimes require the use of monitored dose systems (MDS) to help patients take complicated drug regimens. These are often seen as weekly or monthly cassettes with medication placed in boxes relating to the day and time of the day that the medicine is to be taken.

Family or carers may ask for medicines to be dispensed in MDS, without any assessment of whether this is the most appropriate way of providing the help that the patient needs to safely take their medicines. This is an ideal opportunity for the pharmacy service to engage with the person or their representative to ascertain the most appropriate delivery system for medicines to suit their needs.

NICE guidance NG67<sup>(46)</sup> recognised the role that pharmacists play in supporting people in the community and recommended that “use of a monitored dosage system should only be when an assessment by a health professional (for example, a pharmacist) has been carried out”.

This information sharing should help to identify patients who would benefit from interventions such as the provision of medicines in a MDS and evidence assessments that have been undertaken to support this decision.

DRAFT

## 9 Current and Future Pharmacist Role

Havering HWB values the contribution that community pharmacy makes to the local health economy through their essential services, advanced services and locally commissioned services. They are an important part of the medicines optimisation approach that helps patients to improve their outcomes, take their medicines correctly, avoid taking unnecessary medicines, reduce wastage, and improve medicines safety.

London Borough of Havering's Public Health team strongly supports the role that community pharmacy plays in promoting health and healthy lifestyle and in delivering evidence-based interventions for stop smoking, sexual health, and substance misuse.

The national vision for community pharmacy is in line with the local strategy and aspirations. Community pharmacy has a critical role to play in the Havering health system. It is essential that community pharmacy continues to be recognised and supported, so that they in turn can support the health needs of the population of Havering. It is also important that the people of Havering are aware of and fully utilise the services available from their community pharmacies.

The demand on community pharmacy and on community pharmacists and their staff is great and is ever-increasing. The shortage of local pharmacists is acute; there is now increased public demand on pharmacies and their staff, and this has been further exacerbated by the demand for, and recruitment of community pharmacists (and other staff) employed within PCNs and other pharmacy services. It is important to note the pressure that community pharmacies and their staff are under as a result of these two factors. Whilst community pharmacies welcome the introduction of new commissioned services, and have been tenacious, innovative and agile when launching them, locally, it is important for commissioners to be aware of the huge demands being placed on community pharmacy and the capacity of community pharmacy.

## **10. Engagement and Consultation**

### **10.1 Stakeholder engagement**

#### **10.1.1 Overview of response to the public questionnaire**

169 people responded to a public questionnaire on pharmacy services and access. Appendix 2 contains a full breakdown of the results.

- 95% (160 respondents) had a preferred local community pharmacy
- 83% (140 respondents) stated that convenient location was a factor in their choice of pharmacy. 49% (82 respondents) stated that helpful staff was a factor in their choice.
- When asked "To what extent do you agree or disagree that your local community pharmacy meets your needs?" 80% (135 respondents) strongly agreed or tended to agree that their needs were met.
- 59% (99 respondents) travel to their pharmacy on foot and 28% (47 respondents) travel by car or taxi to visit their pharmacy.
- 62% (105 respondents) stated it took them 10 minutes or less to travel to their pharmacy
- 82% of respondents (139 people) said that their local pharmacy had opening hours that were convenient for them
- When asked about convenient times to visit a pharmacy, 84% (139 respondents) indicated weekdays between 8am and 4.59pm and 38% (63 respondents) indicated weekdays between 5pm and 6.59pm
- 61% (100 respondents) found Saturday daytime to be convenient, and 39% (64 respondents) found Sunday daytime to be convenient.

### **10.2 Formal consultation**

To be added following the consultation

## **11 Summary of Findings**

There are 44 community pharmacies in Havering, consisting of 39 standard contract (40 hour) pharmacies and three 100-hour contract pharmacies. One of the 40-hour contracts is a distance selling pharmacy.

Twelve of the standard contract pharmacies deliver more than the 40-hours as part of their core contract, ranging between 41 and 72 hours per week. This is complemented by 34 pharmacies providing supplementary hours covering weekday evenings.

Thirty-seven pharmacies are open Saturday mornings and 39 remain open on Saturday afternoons.

Eight pharmacies provide access to pharmaceutical services on Sundays.

Residents of Havering have adequate access to community pharmacies, although with a slightly lower number of pharmacies per 100,000 population to the England average.

### **11.1 Necessary services – current provision**

There are a significant number of pharmacies open beyond core hours to provide pharmaceutical services, including weekday evenings, Saturdays and Sundays.

Travel times to reach these community pharmacies are short, further demonstrating good accessibility to pharmaceutical services.

Access to pharmaceutical services in neighbouring boroughs and localities is good.

Since the 2022 PNA, two pharmacies have closed in the Havering HWB area. However, there continues to be adequate pharmacy provision across the area and this does not require additional pharmacy provision.

### **11.2 Other findings**

A number of community pharmacies provide advanced services that seek to improve the safe and effective use of medicines. In particular, the Pharmacy First, pharmacy contraception, hypertension case-finding and new medicines services are well supported by the community pharmacies in Havering, with almost all pharmacies signed up to deliver these services. The lateral flow device supply and influenza vaccination services are also provided by a significant number of pharmacies.

Uptake of the smoking cessation service is less comprehensive, which is reflected nationally and is dependent on secondary care referral which is beyond the control of pharmacies.

Additionally, a range of locally commissioned services and local enhanced services are currently being commissioned either totally or in part from community pharmacies. These are; stocking of palliative care medicines, self-care medicines scheme, stop smoking, emergency hormonal contraception, condom distribution, supervised consumption, and needle exchange.

When community pharmacy provision is taken into account alongside that of other service providers, it is considered that provision of existing locally commissioned services across Havering is adequate and meets identified health needs. For some services, community pharmacies have stated in their survey responses that they would be willing to provide these services if commissioned.

Community pharmacies make a valuable contribution to the objectives of the Havering Health & Wellbeing Strategy and engagement work shows that people value the services provided by their local community pharmacy.

Community pharmacies may also offer a wide range of non-NHS services. Whilst some of these services are not aligned with the strategic priorities of the ICB or the council, they may be fulfilling a customer generated demand.

It is recognised that out of area provision impacts not only the delivery of dispensing services but also the provision and accessibility of enhanced or locally commissioned services, especially where areas border each other.

The number of community pharmacies has remained relatively stable since the previous PNA, and no gaps have been identified as a result of recent closures. However, this stability may not continue, and any changes during the lifetime of the PNA will need to be carefully assessed to understand their potential impact.

## **12 Statement of Pharmaceutical Needs Assessment**

After considering all the elements of the PNA, Havering HWB makes the following statement:

- For the purpose of this PNA, Havering HWB has agreed that necessary services are defined as the essential services in the NHS CPCF (see section 3.3).

### **Current provision of necessary services**

- There is no current gap in the current provision of necessary services during normal working hours across Havering to meet the needs of the population.
- There is no current gap in the current provision of necessary services outside normal working hours across Havering to meet the needs of the population.
- No gaps have been identified in the need for pharmaceutical services in future circumstances across Havering

### **Improvements and better access**

- There are no gaps in the provision of advanced services at present or in the future (lifetime of this PNA) that would secure improvements or better access in Havering.
- There are no gaps in the provision of national enhanced services at present or in the future (lifetime of this PNA) that would secure improvements or better access in Havering.
- Based on current information no current gaps have been identified in respect of securing improvements or better access to locally commissioned services or local enhanced services, either now or in specific future (lifetime of this PNA) circumstances across Havering to meet the needs of the population.

### **In addition:**

- Community pharmacy services play an important role in supporting the services provided by GP practices and Primary Care Networks as reflected by the changes in the essential, advanced and locally commissioned services as described in this report.
- A number of pharmacies provide extended opening hours as supplementary hours which, if reduced could impact on access for the population of

Havering. Should this be the case, a review of pharmaceutical provision would need to be undertaken to explore provision. Early involvement of the Community Pharmacy North East London and local community pharmacies in this process would allow for local solutions to be explored.

- A number of community pharmacies provide advanced services that seek to improve the safe and effective use of medicines. Almost all pharmacies provide some of these services, and we would wish to encourage all residents to make greater use of all advanced services, and also that referrals via healthcare services such as GP practices and secondary care services further utilise newer services, in particular regarding the Pharmacy First service.
- There is adequate provision of existing locally commissioned services and local enhance service across Havering, although access and equity of provision could be improved for some services. It is recommended that the public health team should continue to monitor this with partners including the ICB and Community Pharmacy North East London to ensure service levels are
- With regard to locally commissioned services, the public health team should continue to work with the ICB, Community Pharmacy North East London, community pharmacies, and PCNs to ensure that services are commissioned to meet local health needs and that any changes serve to maintain or improve equity, access and choice.
- Commissioners of NHS as well as local pharmacy services should consider how to communicate about the availability of services with the population of Havering and with other healthcare professional teams to increase awareness of engagement and interaction with services.
- Out of area provision impacts not only the delivery of dispensing services but also the provision and accessibility of enhanced or locally commissioned services, especially where areas border each other. Commissioners should take cross border issues into account and consult with relevant stakeholders when they are reviewing, commissioning or decommissioning services, to avoid or mitigate against creating inequity of provision for the local population.



## Appendix 1 – Membership of Steering Committee

- Kurt Ramsden, Medicines Optimisation Pharmacist Lead, North of England Commissioning Support Unit
- Donna Bradbury, Transformation and Delivery Manager, North of England Commissioning Support Unit
- Ryan Heslop, Principal Information Analyst, North of England Commissioning Support Unit
- Joanne Broadbent, Public Health Consultant, London Borough of Barking and Dagenham
- Katherine Gilcreest, Head of Support Housing, Environment and Communities, London Borough of Barking and Dagenham
- Faye Laker, Communications Team, London Borough of Barking and Dagenham
- Manisha Modhvadia, Healthwatch Manager, Healthwatch Barking and Dagenham
- Anthony Wakhisi, Public Health Principal, London Borough of Havering
- Ron Adams, Planning Department, London Borough of Havering
- Yvonne Lamothe, Communications Team, London Borough of Havering
- Vivien Saxby, Healthwatch Manager, Healthwatch Havering
- Yasmine Korimbux, Medicines Optimisation, NEL IBC
- Natasha Hobbs, Senior Analyst, NEL IBC
- Ian Diley, Public Health Consultant, London Borough of Redbridge
- Suzanne Lansley, Planning Department, London Borough of Redbridge
- Jocelyn Astle, Communications Team, London Borough of Redbridge
- Miranda Pears, Volunteer Coordinator, Healthwatch Redbridge
- Emma Smith, Committee Administrator, London-wide Local Medical Committees

CPNEL officers were also consulted on the draft PNA.

## Appendix 2 - Community Engagement Questionnaire Results

There were 169 responses to the public questionnaire. Not all respondents answered every question.

### Do you use pharmacies?

Option	Count	Percentage
Yes	168	99%
No	1	1%

### Do you have a regular or preferred local community pharmacy which you use?

Option	Count	Percentage
Yes	160	95%
No	1	1%
Prefer internet / Online pharmacy	1	2%
I use combination (online/traditional)	4	2%
Other (please specify)	1	1%

### Why do you choose the pharmacy that you most commonly use?

Option	Count	Percentage
Convenient opening hours	63	38%
Convenient location	140	83%
Helpful staff	82	49%
Services offered	62	37%
Other (please specify)	17	10%

### Other responses were:

- Prescriptions sent there electronically (3 responses)
- Linked to GP surgery (3 responses)
- Delivery (4 responses)
- Stock of medications (3 responses)
- Go out of their way for people (1 response)
- No alternatives nearby (1 response)
- Prompt service (1 response)
- Prefers to use an independent pharmacy (1 response)

**To what extent do you agree or disagree that your local community pharmacy meets your needs?**

Option	Count	Percentage
Strongly agree	79	47%
Tend to agree	56	33%
Neither agree nor disagree	20	12%
Tend to disagree	11	7%
Strongly disagree	2	1%
Don't know	1	1%

**Which services do you use at a pharmacy?**

Option	Count	Percentage
Collect prescribed medicines and/or products	160	95%
Buy over the counter medicines	106	63%
Advice from your pharmacist e.g. including minor ailments and new medicines	88	52%
Dispose of unwanted medicine	69	41%
Disposal of used medical equipment e.g. needles / syringes	5	3%
Collect Covid-testing kits	11	7%
Access vaccinations e.g. Covid-19 or flu	85	50%
None	0	0%
Other (please specify)	9	5%

**Other services specified were:**

- Blood pressure check (1 response)
- Medication advice (1 response)
- Home delivery (5 responses)
- Warfarin clinic (1 response)
- Contraception dispensing (1 response)

**Before today were you aware of any of the following additional services that pharmacies provide?**

<b>Service</b>	<b>Count of respondents aware</b>	<b>Percentage</b>
Anticoagulant monitoring	25	16%
Antiviral distribution	8	5%
Home delivery	102	65%
Needle exchange service	16	10%
NHS Blood pressure check	111	71%
End of life medicines	14	9%
Pharmacy First	49	31%
Phlebotomy service	6	4%
Sexual health	32	21%
Self-care medicines	24	15%
Stop smoking service	55	35%
Supervised administration	19	12%
Vaccinations	120	77%

**How often do you use your pharmacy?**

<b>Option</b>	<b>Count</b>	<b>Percentage</b>
At least once per week	27	16%
At least once per month	103	61%
At least once every 3 months	34	20%
At least once every 6 months	4	2%
At least once a year	0	0%
Less than once a year	1	1%
Other	0	0%

### How important are the following factors when choosing a pharmacy?

Option	Extremely Important	Very Important	Moderately Important	Fairly Important	Not important
Quality of service	100 (60%)	60 (36%)	8 (5%)	0 (0%)	0 (0%)
Convenience	101 (60%)	61 (36%)	5 (3%)	2 (1%)	0 (0%)
Accessibility	92 (55%)	46 (28%)	19 (11%)	6 (4%)	4 (2%)
Availability of Medication	133 (80%)	32 (19%)	2 (1%)	0 (0%)	0 (0%)

### If you have not visited a community pharmacy in the last year, is there a reason for this?

Option	Count	Percentage
I have used internet/online pharmacy	5	4%
Someone has done it on my behalf	2	1%
I have had no requirement to use pharmacy services during this period	0	0%
Other	1	1%
Not applicable - I have visited a pharmacy in the last year	130	94%

### How would you rate your pharmacy?

Option	Count	Percentage
Excellent	70	42%
Very good	55	33%
Good	30	18%
Fair	9	5%
Poor	4	2%

### How do you normally travel to the pharmacy? (select the most common option you use)

Option	Count	Percentage
Car or taxi	47	28%
On foot	99	59%
Bus	13	8%
Train	0	0%
Tube	0	0%
N/A as medicines are delivered or collected by someone else	10	6%
Other	0	0%

### How long does it usually take you to get to the pharmacy?

Option	Count	Percentage
0-5 minutes	36	21%
6-10 minutes	69	41%
11-15 minutes	37	22%
16-20 minutes	22	13%
More than 20 minutes	5	3%

### How easy is it for you to get to the pharmacy?

Option	Very easy	Easy	Neither easy nor difficult	Quite difficult	Very difficult	Don't know/ NA
On foot	88 (54%)	34 (21%)	19 (12%)	9 (6%)	10 (6%)	2 (1%)
Public transport	39 (27%)	37 (26%)	14 (10%)	5 (3%)	10 (7%)	40 (28%)
By car or taxi	76 (50%)	26 (17%)	19 (13%)	5 (3%)	3 (2%)	23 (15%)

### Does your pharmacy have access for disabled people and others with access requirements?

Option	Yes	No	Don't know
Wheelchair / pushchair access	106 (63%)	11 (7%)	52 (31%)
Parking	70 (42%)	82 (49%)	15 (9%)
Help for sensory impairments	16 (10%)	11 (7%)	137 (84%)
Automatic doors	77 (47%)	78 (48%)	9 (5%)

### Do you have any difficulties in accessing a pharmacy?

Option	Count	Percentage
Yes	6	4%
No	162	96%

One respondent commented that their pharmacy is in a controlled parking zone so no parking is available. Another commented they had difficulty parking.

### Does your usual pharmacy have language/interpretation facilities?

Option	Count	Percentage
Yes	5	3%
No	12	7%
Don't know	149	90%

### Is there another pharmacy closer/more convenient which you don't use?

Option	Count	Percentage
Yes	57	34%
No	109	66%

If there is a pharmacy closer or more convenient which you don't use, please describe the reasons you do not use this pharmacy:

- Medication stock (8 responses)
- Small so forget it is there (1 response)
- Parking (4 responses)
- Linkage/proximity to my GP (6 responses)
- Waiting times (6 responses)
- Habit/familiarity (3 responses)
- Opening hours (5 responses)
- More convenient location (6 responses)
- Availability of services (2 responses)
- Charges for delivery (2 responses)
- Made errors in the past (3 responses)
- Poor customer service (5 responses)
- Good customer service (5 responses)
- Poor communication (1 response)
- Unsure how to change where electronic prescription is sent (1 response)

### Does your local pharmacy have convenient opening hours for you?

Option	Count	Percentage
Yes	139	82%
No	21	12%
Don't know / Not sure	9	5%

## What time is most convenient for you to visit a pharmacy?

Option	Count	Percentage
Weekdays (8am – 4.59pm)	139	84%
Weekday evenings (5pm to 7.59pm)	63	38%
Weekdays overnight (8pm to 7.59am)	18	11%
Saturdays (8am – 4.59pm)	100	61%
Saturdays (5pm to 7.59pm)	33	20%
Saturdays (8pm to 7.59am)	15	9%
Sundays (8am – 4.59pm)	64	39%
Sundays (5pm to 7.59pm)	23	14%
Sundays (8pm to 7.59am)	13	8%

## Other comments regarding pharmacy provision were:

- Difficulty collecting meds due to stock/order issues (8 mentions)
- Delays in prescriptions being sent by GP or needing multiple visits (4 mentions)
- Wanting to hand in repeat prescriptions directly (vs via GP) (1 mention)
- Delays in dispensing repeat prescriptions (2–8+ days) (3 mentions)
- Pharmacy not open Saturdays or has reduced hours (7 mentions)
- Pharmacy closed during advertised opening hours (1 mention)
- Request for longer opening hours or late nights (6 mentions)
- Phone not answered or poor telephone service (3 mentions)
- No or delayed notification of meds being ready (2 mentions)
- Inconsistent prescription status messaging (1 mention)
- Wanting to use a closer pharmacy, or choice of pharmacy (3 mentions)
- Importance of having a local/walking-distance pharmacy (2 mentions)
- Suggestion to add a pharmacy in Beam Park (1 mention)
- Staff are helpful, polite, or excellent service (14 mentions)
- Staff frequently change / inconsistent (2 mentions)
- Knowledgeable service valued (1 mention)
- Good provision of services, avoiding the need for GP appointment (4 mentions)
- Under-resourced/pharmacist unavailable/long waits (7 mentions)
- Should be able to prescribe more medication than currently (2 mentions)
- System for ordering/reordering meds is frustrating (1 mention)
- Disorganised layout or storage of prescriptions (1 mention)
- Risk of data breach due to unsecured files (1 mention)
- Only certain brands tolerated but not consistently available (1 mention)
- Larger chains delaying dispensing even when scripts are received (1 mention)
- Offer more self-care/minor ailment and testing services (2 mentions)
- Would like consultative services (e.g., ear checks, blood forms) (2 mentions)



- Value of vaccine booster availability noted (1 mention)
- People dealing drugs outside the pharmacy (1 mention)
- Signage about hours is misleading (1 mention)
- Essential services not being provided (1 mention)
- Pharmacies don't advertise their services (2 mentions)
- Online pharmacy is more convenient due to issues accessibility issues (1 mention)

DRAFT

### Appendix 3 – Pharmacy Addresses and Opening Times

ODS code	Pharmacy Name	Address 1	Address 2	Postcode	Weekday Opening	Weekday Closing	Saturday Opening	Saturday Closing	Sunday Opening	Sunday Closing
FMK12	Allied Pharmacy Elm Park	2 Tadworth Parade	Elm Park	RM12 5AS	08:30	19:00	09:00	17:30	CLOSED	CLOSED
FKH83	Ardleigh Green Pharmacy	100 Ardleigh Green Road	Hornchurch	RM11 2LG	09:00	18:00	09:00	13:00	CLOSED	CLOSED
FR092	Bencrest Pharmacy	67/69 Park Lane	Hornchurch	RM11 1BH	09:00	18:00	09:00	14:00	CLOSED	CLOSED
FA737	Boots	122 Petersfield Avenue	Harold Hill	RM3 9PH	09:00	18:00	09:00	17:30	CLOSED	CLOSED
FF297	Boots	12 Farnham Road	Harold Hill	RM3 8DX	09:00	18:00	09:00	17:30	CLOSED	CLOSED
FGD64	Boots	12 The Liberty	Romford	RM1 3RL	09:00	18:00	09:00	18:00	11:00	17:00
FV092	Boots	Unit 7	The Brewery	RM1 1AU	08:30	21:00	08:30	21:00	10:00	17:00
FW198	Boots	205 Station Lane	Hornchurch	RM12 6LL	09:00	18:00	09:00	13:00	CLOSED	CLOSED
FX556	Boots	120/126 High Street	Hornchurch	RM12 4UL	09:00	17:30	09:00	17:30	10:00	16:00
FXH36	Boots	57/59 Corbets Tey Road	Upminster	RM14 2AJ	09:00	17:30	09:00	17:30	CLOSED	CLOSED
FJL00	Bows Chemist	329 Upminster Road North	Rainham	RM13 9JR	09:00	19:00	09:00	13:00	CLOSED	CLOSED
FE805	Britannia Pharmacy	38 Corbets Tey Road	Upminster	RM14 2AD	09:00	19:00	09:00	14:00	CLOSED	CLOSED
FDM09	Britcrown Pharmacy	31 Upminster Road	Hornchurch	RM11 3UX	09:00	18:00	CLOSED	CLOSED	CLOSED	CLOSED
FGW82	Britcrown Pharmacy	5 Balgores Lane	Gidea Park	RM2 5JR	09:00	18:00	CLOSED	CLOSED	CLOSED	CLOSED
FV518	Brooks Pharmacy	12 Chase Cross Road	Romford	RM5 3PR	09:00	19:00	CLOSED	CLOSED	CLOSED	CLOSED
FTE90	Chansons Pharmacy	6 Crown Parade	Upminster Road South	RM13 9BD	09:00	18:30	09:00	13:00	CLOSED	CLOSED
FHG24	Chemist 2 Home	Unit 9, Guardian Business Centre	Farringdon Ave	RM3 8FD	09:00	18:00	09:00	13:00	CLOSED	CLOSED
FFX17	Clockhouse Pharmacy	5 Clockhouse Lane	Collier Row	RM5 3PH	09:00	21:00	09:00	18:00	09:00	18:00
FGV99	Crescent Pharmacy	65 Masefield Crescent	Harold Hill	RM3 7PB	09:00	19:00	09:00	14:00	CLOSED	CLOSED
FLN08	Day Lewis Pharmacy	143 Avon Road	Cranham	RM14 1RQ	09:00	18:00	CLOSED	CLOSED	CLOSED	CLOSED
FC513	Day Lewis Pharmacy	113 Rainham Road	Rainham	RM13 7QX	09:00	18:00	09:00	13:00	CLOSED	CLOSED
FEP91	Day Lewis Pharmacy	109 Mungo Park Road	Rainham	RM13 7PP	09:00	18:00	CLOSED	CLOSED	CLOSED	CLOSED

ODS code	Pharmacy Name	Address 1	Address 2	Postcode	Weekday Opening	Weekday Closing	Saturday Opening	Saturday Closing	Sunday Opening	Sunday Closing
FMD27	Elm Park Pharmacy	208-212 Elm Park Avenue	Elm Park	RM12 4SD	09:00	19:00	09:00	18:00	CLOSED	CLOSED
FE051	Govani Chemist	87 Front Lane	Cranham	RM14 1XN	09:00	18:30	09:00	17:30	CLOSED	CLOSED
FPD73	Govani Chemist	64 Station Road	Upminster	RM14 2TD	09:00	18:30	09:00	17:00	CLOSED	CLOSED
FQV93	Maylands Pharmacy	300 Rainham Road		RM12 4EQ	09:00	21:00	17:00	21:00	08:00	22:30
FT893	Mim Pharmacy Ltd	118 North Street	Romford	RM1 1DL	09:00	18:00	09:00	13:00	CLOSED	CLOSED
FQP07	Newlands Pharmacies	52 Collier Row Lane	Romford	RM5 3BB	09:00	18:00	CLOSED	CLOSED	CLOSED	CLOSED
FGA85	Newlands Pharmacy	Harold Hill Health Centre	Gooshays Drive	RM3 9LB	08:00	20:00	CLOSED	CLOSED	CLOSED	CLOSED
FXW05	Newlands Pharmacy	6 Station Parade	Broadway	RM12 5AB	09:00	18:00	09:00	17:30	CLOSED	CLOSED
FFG50	Orchard Village Pharmacy	Mick Fury House	Lowen Road	RM13 8HT	08:00	00:00	08:00	00:00	CLOSED	CLOSED
FCN97	Panchem Pharmacy	160 St Mary's Lane	Upminster	RM14 3BS	09:00	18:30	09:00	16:00	CLOSED	CLOSED
FTV79	Park Lane Pharmacy	1 Park Lane	Hornchurch	RM11 1BB	09:00	19:00	09:00	16:00	CLOSED	CLOSED
FRF15	Pharmacare Chemist	164 Hornchurch Road	Hornchurch	RM11 1QH	09:00	19:00	09:00	18:00	CLOSED	CLOSED
FXK72	Rise Park Pharmacy	173 Eastern Avenue East	Rise Park Parade	RM1 4NT	09:00	18:00	09:00	17:00	CLOSED	CLOSED
FGD90	Safedale Pharmacy	197 Rush Green Road	Rush Green	RM7 0JR	09:00	19:00	09:00	15:00	CLOSED	CLOSED
FJV28	Sapphire Pharmacy	21/23 Clockhouse Lane	Collier Row	RM5 3PH	09:00	19:00	09:00	18:00	CLOSED	CLOSED
FN455	Shadforth Pharmaceutical Co Ltd	266 Brentwood Road	Romford	RM2 5SU	08:45	18:15	09:00	13:00	CLOSED	CLOSED
FA052	Tesco In-Store Pharmacy	Bridge Road	Rainham	RM13 9YZ	08:00	20:00	08:00	20:00	10:00	16:00
FDT86	Tesco In-Store Pharmacy	Bryant Avenue	Gallows Corner	RM3 0LL	08:00	20:00	08:00	20:00	10:00	16:00
FYN65	Tesco In-Store Pharmacy	300 Hornchurch Road	Hornchurch	RM11 1PY	08:00	20:00	08:00	20:00	10:00	16:00
FN123	W H Burdess Chemists Ltd	178 Mawney Road	Romford	RM7 8BU	09:00	18:00	09:00	13:00	CLOSED	CLOSED
FL514	Well Pharmacy	7 Station Road	Harold Wood	RM3 0BP	08:30	18:30	09:00	17:00	CLOSED	CLOSED
FG050	Williams Chemist	139a Wennington Road	Rainham	RM13 9TR	09:00	18:00	09:00	12:00	CLOSED	CLOSED

## **Appendix 4 - Consultation on the Draft Pharmaceutical Needs Assessment for Havering**

To be added following consultation

## Appendix 5 – Abbreviations

Abbreviation	
AUR	Appliance Use Review
BSL	British Sign Language
C-card	Condom Card
CCG	Clinical Commissioning Group
CHD	Coronary Heart Disease
CKD	Chronic Kidney Disease
COPD	Chronic obstructive pulmonary disease
COVID	Coronavirus -19
CPCF	NHS Community Pharmacy Contractual Framework
CPCS	Community Pharmacy Consultation Service
CPE	Community Pharmacy England
CVD	Cardiovascular disease
DAC	Dispensing appliance contractors
DBS	Disclosure and Barring Service
DES	Directed Enhanced Services
DHSC	Department of Health and Social Care
EHC	Emergency hormonal contraception
ePACT	Prescribing data
EPS	Electronic Prescription Service
GP	General Practitioners
HCFS	Hypertension Case-Finding Service
HIV	Human Immunodeficiency Virus
HLP	Healthy Living Pharmacy
HWB	Health and Wellbeing Board
ICB	Integrated Care Board
ICP	Integrated Care Partnership
ICS	Integrated Care System
IMD	Index of Multiple Deprivation
JSNA	Joint Strategic Needs Assessment
LES	Local Enhanced Services
LFD	Lateral Flow Device
LPS	Local Pharmaceutical Service
LSOA	Lower Super Output Area
MDS	Monitored Dose Systems
NCRS	National Care Records Service
NEL	North East London
NECS	North of England Commissioning Support
NES	National Enhanced Services

Abbreviation	
NHS	National Health Service
NHSBSA	NHS Business Services Authority
NHSE	NHS England
NICE	National Institute for Health and Care Excellence
NMS	New Medicines Service
NRT	Nicotine Replacement Therapy
OC	Oral Contraception
ONS	Office for National Statistics
PCN	Primary Care Network
PCS	Pharmacy Contraception Service
PCSE	Primary Care Support England
PCTs	Primary Care Trust
PGD	Patient Group Direction
PhAS	Pharmacy Access Scheme
PhIF	Pharmacy Integration Fund
PNA	Pharmacy Needs Assessment
PQS	Pharmacy Quality Scheme
PSNC	Pharmaceutical Services Negotiating Committee
PVD	Peripheral vascular disease
QOF	Quality Outcome Framework
SAC	Stoma Appliance Customisation Service
SCR	Summary Care Record
SCMS	Self-Care Medicines Scheme
SMR	Structured Medication Review
STI	Sexually Transmitted Infection
UTC	Urgent Treatment Centre
UTI	Urinary Tract Infection

## Appendix 6 – References and Data Sources

1. **The Health and Social Care Act 2012:**  
<https://www.legislation.gov.uk/ukpga/2012/7/contents>
2. **Havering PNA 2022:** <https://www.haveringdata.net/wp-content/uploads/2022/10/Havering-PNA-2022-2025.pdf>
3. **The Health and Care Act 2022:** <https://www.legislation.gov.uk/ukpga/2022/31/contents>
4. **Havering Joint Strategic Needs Assessment (JSNA):**  
<https://havering.localinsight.org/#/view-custom-pages?page-id=98>
5. **Havering Joint Health and Wellbeing Strategy:**  
<https://www.havering.gov.uk/downloads/file/1533/joint-health-and-wellbeing-strategy-2019-20-2023-24>
6. **NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013:**  
<https://www.legislation.gov.uk/uksi/2013/349/contents>
7. **Community Pharmacy Contractual Framework 2024-2025 and 2025 to 2026:**  
[Community Pharmacy Contractual Framework: 2024 to 2025 and 2025 to 2026 - GOV.UK](https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2024-to-2025-and-2025-to-2026)
8. **ONS Mid-2022 Ward-level population estimates:**  
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/wardlevelmidyearpopulationestimatesexperimental>
9. **2022 GLA Population Projections 10yr Migration and Central Fertility Scenario:**  
<https://data.london.gov.uk/demography/population-and-household-projections/>
10. **The Health Act 2009:** <https://www.legislation.gov.uk/ukpga/2009/21/contents>
11. **PNA, Information pack for Local Authority Health and Wellbeing Boards:**  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1029805/pharmaceutical-needs-assessment-information-pack.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1029805/pharmaceutical-needs-assessment-information-pack.pdf)
12. **NHS Long Term Plan:** <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>
13. **State of the NHS in England:**  
<https://www.gov.uk/government/publications/independent-investigation-of-the-nhs-in-england>
14. **NHSBSA Report - General Pharmaceutical Services in England 2015/16 – 2023/24:**  
[https://nhsbsa.opendata.s3.eu-west-2.amazonaws.com/gphs/gphs\\_annual\\_2023\\_24\\_v001.html](https://nhsbsa.opendata.s3.eu-west-2.amazonaws.com/gphs/gphs_annual_2023_24_v001.html)
15. **Community Pharmacy England – Funding (2025):** Available at:  
<https://cpe.org.uk/learn-more-about-community-pharmacy/funding/> (Accessed: 09/01/2025)
16. **Community Pharmacy Contractual Framework 2019-2024:**  
<https://www.england.nhs.uk/primary-care/pharmacy/community-pharmacy-contractual-framework/>
17. **Local Government and Public Involvement in Health Act 2007:**  
<https://www.legislation.gov.uk/ukpga/2007/28/contents>
18. **Equality Act (2010):** <https://www.legislation.gov.uk/ukpga/2010/15/contents/enacted>
19. **OHID Fingertips data:** <https://fingertips.phe.org.uk/>
20. **ONS Population Density:**  
<https://www.ons.gov.uk/datasets/TS006/editions/2021/versions/4>
21. **ONS Population Density 2021:**  
<https://www.ons.gov.uk/datasets/TS006/editions/2021/versions/3/filter-outputs/51fdf4a6-256e-4676-ba6f-0b6542a5c2cb#get-data>

22. **Mid-Year Population Estimates, England and Wales, June 2023:**  
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/estimatesofthepopulationforenglandandwales>
23. **ONS How life has changed in Havering Census 2021:**  
<https://www.ons.gov.uk/visualisations/censusareachanges/E09000016/>
24. **Ethnic Groups, England and Wales: Census 2021:**  
<https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/ethnicity/bulletins/ethnicgroupenglandandwales/census2021>
25. **ONS Proficiency in English:**  
<https://www.ons.gov.uk/datasets/TS029/editions/2021/versions/3>
26. **Health and Wellbeing of Looked After Children:**  
<https://www.local.gov.uk/sites/default/files/documents/healthy-futures-supportin-9cf.pdf>
[https://assets.publishing.service.gov.uk/media/630623bdd3bf7f3660de63da/Promoting the health and well-being of looked-after children August 2022 update.pdf](https://assets.publishing.service.gov.uk/media/630623bdd3bf7f3660de63da/Promoting_the_health_and_well-being_of_looked-after_children_August_2022_update.pdf)
27. **Local Authority Interactive Tool (LAIT) - LA Level:** [https://department-for-education.shinyapps.io/local-authority-interactive-tool/?inputs &year\\_range=year\\_range=null&pages=%22dashboard%22&left\\_nav=%22la\\_level%22&la\\_inputs-la\\_name=%22Havering%22&la\\_inputs-indicator\\_name=%22Children%20looked%20after%20rate%20per%2010%2C000%22&region\\_inputs-la\\_name=%22Havering%22&region\\_inputs-indicator\\_name=%22Children%20looked%20after%20rate%20per%2010%2C000%22&stat\\_n\\_inputs-la\\_name=%22Havering%22&stat\\_n\\_inputs-indicator\\_name=%22Children%20looked%20after%20rate%20per%2010%2C000%22&all\\_la\\_inputs-la\\_name=%22Havering%22&all\\_la\\_inputs-indicator\\_name=%22Children%20looked%20after%20rate%20per%2010%2C000%22&create\\_inputs-geog\\_input=null&create\\_inputs-indicator=null&create\\_inputs-la\\_group=%22no\\_groups%22&create\\_inputs-inc\\_regions=false&create\\_inputs-inc\\_england=false](https://department-for-education.shinyapps.io/local-authority-interactive-tool/?inputs&year_range=year_range=null&pages=%22dashboard%22&left_nav=%22la_level%22&la_inputs-la_name=%22Havering%22&la_inputs-indicator_name=%22Children%20looked%20after%20rate%20per%2010%2C000%22&region_inputs-la_name=%22Havering%22&region_inputs-indicator_name=%22Children%20looked%20after%20rate%20per%2010%2C000%22&stat_n_inputs-la_name=%22Havering%22&stat_n_inputs-indicator_name=%22Children%20looked%20after%20rate%20per%2010%2C000%22&all_la_inputs-la_name=%22Havering%22&all_la_inputs-indicator_name=%22Children%20looked%20after%20rate%20per%2010%2C000%22&create_inputs-geog_input=null&create_inputs-indicator=null&create_inputs-la_group=%22no_groups%22&create_inputs-inc_regions=false&create_inputs-inc_england=false)
28. **Immigration Statistics:** <https://www.gov.uk/government/statistics/immigration-system-statistics-year-ending-december-2024>
29. **IMD 2019:** <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>
30. **IoD2019 Dashboard- Local Authority:**  
<https://app.powerbi.com/view?r=eyJrIjojOTdjYzIyNTMtMTcxNi00YmQ2LWI1YzgtMTUyYzIxOWQ3NzQ2IiwidCI6ImJmMzQ2ODEwLTljN2QtNDNkZS1hODcyLTl0YTJlZjM5OTVhOCJ9>
31. **GeoDS Mapmaker:** [https://mapmaker.geods.ac.uk/#/index-of-multiple-deprivation?d=11110000&m=imde19\\_rk&f\\_lad=E09000016&lon=0.1192&lat=51.5509&zoom=11.53](https://mapmaker.geods.ac.uk/#/index-of-multiple-deprivation?d=11110000&m=imde19_rk&f_lad=E09000016&lon=0.1192&lat=51.5509&zoom=11.53)
32. **Housing Delivery Test Action Plan 2020:**  
<https://www.havering.gov.uk/downloads/file/4121/housing-delivery-test-action-plan-2020>
33. **King's Fund: Clustering of Unhealthy Behaviours over time (2012):**  
[https://assets.kingsfund.org.uk/f/256914/x/c8e05a9788/clustering\\_unhealthy\\_behaviours\\_2012.pdf](https://assets.kingsfund.org.uk/f/256914/x/c8e05a9788/clustering_unhealthy_behaviours_2012.pdf)
34. **Tableau Public Crime Data:**  
<https://public.tableau.com/app/profile/metropolitan.police.service/viz/MonthlyCrimeDataNewCats/Coversheet>
35. **Births in England and Wales: birth registrations:**  
<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/datasets/birthsinenglandandwalesbirthregistrations>
36. **ONS Local indicators:** <https://www.ons.gov.uk/explore-local-statistics/areas/E09000016-havering/indicators>



37. **Prevalence Estimates:** <https://www.gov.uk/government/publications/hypertension-prevalence-estimates-for-local-populations>
38. **Care Quality Commission Data:** <https://www.cqc.org.uk/about-us/transparency/using-cqc-data>
39. **SHAPE Atlas:** <https://shapeatlas.net/>
40. **EPACT data:** <https://www.nhsbsa.nhs.uk/access-our-data-products/epact2>
41. **NHSBSA Consolidated Pharmaceutical List:**  
<https://opendata.nhsbsa.net/dataset/consolidated-pharmaceutical-list>
42. **NHSE Advanced and Enhanced Directions 2013:**  
[https://assets.publishing.service.gov.uk/media/5a7ae6d6ed915d670dd7f64c/2013-03-12 - Advanced and Enhanced Directions 2013 e-sig.pdf](https://assets.publishing.service.gov.uk/media/5a7ae6d6ed915d670dd7f64c/2013-03-12_-_Advanced_and_Enhanced_Directions_2013_e-sig.pdf)
43. **NHSBSA Dispensing contractors' data Jan 2025:**  
<https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data>
44. **Community Pharmacy England - New Medicines Service:** <https://cpe.org.uk/national-pharmacy-services/advanced-services/nms/>
45. **NICE Guidance: Community Pharmacies Promoting Health and Wellbeing:**  
<https://www.nice.org.uk/guidance/ng102>
46. **NICE Guidance NG67:** <https://www.nice.org.uk/guidance/ng67>