



Pharmaceutical Needs Assessment 2018

Harrow Health and Wellbeing Board

This Pharmaceutical Needs Assessment (PNA) has been produced by Soar Beyond, contracted by Harrow Council. The production has been overseen by the PNA Steering Group for Harrow Health and Wellbeing Board with authoring support from Soar Beyond Ltd.

Contents

Executive summary.....	5
Section 1: Introduction	14
1.1 Background.....	14
1.2 Purpose of the Pharmaceutical Needs Assessment (PNA).....	17
1.3 Scope of the PNA	17
1.3.1 Pharmacy contractors	18
1.3.2 Dispensing Appliance Contractors (DACs)	20
1.3.3 Local Pharmaceutical Service (LPS) providers.....	20
1.3.4 Dispensing GP practices.....	21
1.3.5 Other providers of pharmaceutical services in neighbouring Health and Wellbeing Board (HWB) areas.....	21
1.3.6 Other services and providers in Harrow HWB area	21
1.4 Process for developing the PNA	23
1.5 Localities for the purpose of the PNA.....	25
Section 2: Context for the PNA	27
2.1 Joint Strategic Needs Assessment (JSNA)	27
2.2 Health and Wellbeing Board strategy.....	27
2.3 Population characteristics	29
2.3.1 Overview.....	29
2.3.2 Age	29
2.3.3 Predicted population growth	30
2.3.4 GP-registered population.....	32
2.3.5 International migration	32
2.3.6 Life expectancy.....	32
2.3.7 Specific populations.....	34
2.3.8 Deprivation.....	39
2.4 Causes of ill health.....	41
2.4.1 Cardiovascular disease (CVD).....	41
2.4.2 Cancers	42
2.4.3 Diabetes.....	42
2.4.4 Chronic Obstructive Pulmonary Disease (COPD).....	43
2.4.5 Depression and mental health	43

2.4.6 Accidental injuries	45
2.4.7 Asthma.....	45
2.4.8 Obesity.....	45
2.4.9 Palliative care	46
2.4.10 Influenza	47
2.5 Lifestyle issues.....	50
2.5.1 Drug and alcohol misuse	50
2.5.2 Alcohol and related disease.....	50
2.5.3 Sexual health and teenage pregnancy	51
2.5.4 Smoking.....	52
2.5.5 Oral health	53
Section 3: NHS pharmaceutical services provision, currently commissioned.....	54
3.1 Community pharmacies	54
3.1.1 Choice of community pharmacies.....	55
3.1.2 Weekend and evening provision	55
3.2 Dispensing Appliance Contractors (DACs)	56
3.3 Distance-selling pharmacies	56
3.4 Access to community pharmacies.....	57
3.4.1 Routine daytime access to community pharmacies	57
3.4.2 Routine weekday evening access to community pharmacies	58
3.4.3 Routine Saturday daytime access to community pharmacies.....	60
3.4.4 Routine Sunday daytime access to community pharmacies	63
3.4.5 Routine bank holiday access to community pharmacies	64
3.5 Advanced service provision from community pharmacies.....	64
3.6 Enhanced service provision	65
3.7 Pharmaceutical service provision provided from outside Harrow HWB area	66
Section 4: Other services which may impact on pharmaceutical services provision	67
4.1 Local authority-commissioned services provided by community pharmacies in Harrow	67
4.2 CCG-commissioned services.....	67
4.3 Other services provided from community pharmacies	68
4.4 Collection and delivery services	68
4.5 Domiciliary services	68

4.6 Language services	68
4.7 Services for less-abled people	68
4.8 NHS dental contractors	69
4.9 GP practices	71
Section 5: Findings from the public questionnaire	75
Section 6: Analysis of health needs and pharmaceutical service provision	77
6.1 Pharmaceutical services and health needs	77
6.2 Essential Services (ES)	78
6.3 Advanced services	80
6.4 Enhanced services	81
6.5 Locally commissioned services	82
6.5.1 Out-of-hours palliative care medicines supply service	82
6.5.2 Emergency Hormonal Contraception (EHC)	82
6.5.3 Other screening services	83
6.5.4 Substance misuse services – supervised consumption	84
6.5.5 Needle exchange service	84
6.6 PNA localities	85
6.6.1 Central	85
6.6.2 Northeast	86
6.6.3 Northwest	87
6.6.4 Southeast	88
6.6.5 Southwest	90
6.7 Necessary services – gaps in service provision	91
6.8 Improvements and better access – gaps in service provision	93
Section 7: Conclusions	94
7.1 Current provision – necessary and other relevant services	94
7.2 Necessary services – gaps in provision	94
7.2.1 Access to essential services	94
7.2.2 Access to necessary advanced services	95
7.2.3 Access to enhanced services	95
7.3 Future provision of necessary services	96
7.4 Improvements and better access – gaps in provision	96
7.4.1 Current and future access to essential services	96

7.4.2 Current and future access to advanced services	96
7.4.3 Current and future access to enhanced services	97
7.5 Other NHS services	97
7.6 Locally commissioned services	98
Appendix A: List of pharmaceutical service providers in Harrow HWB area	99
Appendix B: PNA Steering Group terms of reference	112
Appendix C: Public questionnaire	115
Appendix D: Pharmacy contractor questionnaire	124
Appendix E: Commissioner questionnaire	132
Appendix F: PNA project plan	137
Appendix G: Consultation plan and list of stakeholders	140
Appendix H: Summary of consultation responses and comments	141
Appendix I: Results of the public questionnaire	145
Appendix J: Results of the pharmacy contractor questionnaire	156
Appendix K: Results of the commissioner questionnaire	174
Abbreviations	179
Map 1: Pharmacies in Harrow – locations	181
Map 2: Average off-peak drive time to nearest pharmacy	182
Map 3: Average peak drive time to nearest pharmacy	183
Map 4: Average public transport time to nearest pharmacy (Tuesday, 9am to 1pm)	184
Map 5: Average public transport time to nearest pharmacy (Tuesday, 1pm to 5pm)	185
Map 6: Average walking time to nearest pharmacy	186

Executive summary

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

There is also a requirement to reassess and revise the PNA within three years of its previous publication. However, the HWB must make a revised assessment as soon as is reasonably practicable after identifying any changes that have occurred since the previous assessment which may have an effect on the needs of the pharmaceutical services.

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

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

This PNA has been produced through the PNA Steering Group for Harrow HWB by the London Borough of Harrow (LBH) with authoring support from Soar Beyond Ltd.

NHS pharmaceutical services in England

NHS pharmaceutical services are provided by contractors on the 'pharmaceutical list' held by NHS England. Types of providers are:

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

Community pharmacies operate under a contractual framework agreed in 2005 which sets three levels of service:

Essential services: Negotiated nationally. Provided from all pharmacies.

Advanced services: Negotiated nationally. Provided from some pharmacies, specifically accredited.

Enhanced services: Negotiated locally to address local health needs. Provided from selected pharmacies, specifically commissioned.

The contract enables NHS England Area Teams to commission services to address local needs, while still retaining the traditional dispensing of medicines and access to support for self-care from pharmacies. Since the 2015 PNA there have been a number of contractual changes affecting community pharmacies.

Health in Harrow

The area

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

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

The population

The 2015 population is 252,276 (GLA 2015 projections). Over the next nine years, the population of London is expected to grow by 12% (21 boroughs), whereas the rate of growth in Harrow is expected to be lower at 9.8%. The population of Harrow is projected to rise to around 276,758 by 2026.

Harrow has an ethnically diverse population: in the 2011 Census, 42% of the Harrow population was from a white ethnic background, while 43% was from an Asian/Asian-British background and 8% was from Black/African/Caribbean/Black British ethnic background. Ethnic mix varies widely across the borough. In Pinner and Pinner South wards, BAME groups make up around 40% of the population, while in Queensbury, Kenton West and Kenton East, BAME groups make up over 70% of the population. By 2027, it is expected that 68% of the Harrow population will be made up of BAME groups, compared with 55% in Greater London.

LBH plans to develop approximately almost 6,000 new homes during 2017-22 which will help support the growing population and demand for housing.

Generally, Harrow has a greater proportion of its population aged 30–39 and of primary school age than England. There is a lower proportion of residents in the 15–24 age group than nationally. The age structure of the population varies across the borough with more children living in the south and central corridor and more people aged over 65 living in the north of the borough.

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

Health inequalities

Index of Multiple Deprivation (IMD) 2015 data shows that Harrow was ranked the 203rd most deprived borough nationally (out of 354 districts). Harrow has areas of deprivation contrasting with more affluent areas. Most deprivation is in the centre of the borough, with pockets of deprivation in the south and east, whilst Harrow's least deprived areas are found in the west of the borough.

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

Health and illness

Life expectancy in Harrow compares favourably with London as a whole. However, big variations occur throughout the borough: men in west Harrow can expect to live for 5.5 years longer than those in Greenhill, and women in inner south Harrow can expect to live greater than ten years longer than women in Wealdstone.

Harrow has a lower recorded prevalence of hypertension (13.1%) than London and England in 2015-16. A significantly higher proportion of hypertensive patients had their blood pressure controlled than the London and England average.

Recorded prevalence of heart failure in 2015-16 was non-significantly lower than that of England overall. Rates of hospital admission for heart failure were significantly higher than England.

Recorded prevalence of stroke was significantly lower than that of England overall. Hospital admission trends for stroke in 2013-15, and mortality rates from stroke in the under-75s and the over-75s, were significantly lower than England overall.

Harrow's premature mortality rates in 2013-15 for all cancers, and from cancers where mortality was considered preventable, were significantly lower than those of England for males, females and all persons. Harrow has the lowest premature cancer death rate of all boroughs in England.

Lifestyle

For alcohol and drug-related harm, the borough performs better than the regional and national averages. The estimated number of alcohol-related deaths in 2015 was significantly lower than the averages for London and England.

Sexual health rates are generally similar to average. However, chlamydia detection rates and teenage conceptions were low compared with London and England.

Locally commissioned services are provided by many community pharmacies to address these lifestyle issues.

Pharmacies in Harrow

Harrow has 61 community pharmacies (as of 13th February 2018) for a population of around 252,276. Provision of current pharmaceutical services and locally commissioned services is well distributed, serving all the main population centres. There is excellent access to a range of services commissioned and privately provided from pharmaceutical service providers.

Using current population estimates, the number of community pharmacies per 100,000 population for Harrow is currently 24.2, which has decreased from 25.6 in 2015.

Two thirds (66%) of community pharmacies in Harrow are open on weekday evenings (after 6pm) and almost all (95%) are open on Saturdays.

A number are open on Sundays (21%), mainly in shopping areas. There is a much higher than national ratio of independent providers to multiples, providing a good choice of providers to local residents (national average is 38.1% independent providers versus 79.0% in Harrow, based on 2015-16 figures).

Feedback on pharmaceutical services

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

From the 201 responses received from the public questionnaire:

- 79% have a **regular or preferred** pharmacy that they visit
- 58% **visit their pharmacy** once a month or more
- 39% rated as important that the pharmacy is **close to their GP surgery**; 81% that the pharmacy is **close to their home**; and 15% that the pharmacy is **close to where they work**
- 90% of respondents report **no difficulties travelling** to their pharmacy
- Of those who expressed a difficulty in travelling to their pharmacy, 48% had **parking difficulties**, 8% had problems with the **location**
- 84% report having a journey time of **no more than 15 minutes**
- 57% **walk** to their community pharmacy; 34% use a **car/taxi**; 5% use **public transport**; 3% use a **bicycle**
- 62% indicated that they used pharmacies up to **every month for the purchase of over-the-counter medicines**
- When asked which **additional services** they would like to see provided by the local pharmacy, 81% indicated **Minor Ailment Scheme**; 89% **emergency supply of prescription medicines**; 81% **flu vaccination** and 72% **Stop Smoking Service**
- **Although only 12% of respondents indicate that the most convenient day to visit the pharmacy is Saturday or Sunday**, the remaining respondents did not express a clear preference for other days
- When asked what **time of day they prefer to visit** the pharmacy, the largest number of respondents, 48%, indicated that it **varies** and only 10% prefer to visit **between 6pm and 8pm** and 2% **after 8pm**
- **87%** of respondents were aware that their GP can send their **prescription electronically** to their chosen pharmacy
- Only **11%** of respondents indicated that they have used an **internet pharmacy**

Conclusions

Current provision – necessary and other relevant services

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

For the purposes of this PNA, necessary services are defined as essential services and the following advanced services: Medicines Use Review (MUR), New Medicine Service (NMS) and flu vaccination. The other advanced services, Appliance Use Review (AUR), Stoma Appliance Customisation (SAC) and NHS Urgent Medicines Supply Advanced Service (NUMSAS) are, however, considered relevant as they contribute toward improvement in provision and access to pharmaceutical services.

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

For the purpose of this PNA, locally commissioned services are those which secure improvements or better access to or which have contributed towards meeting the need for pharmaceutical services in Harrow and are commissioned by the Clinical Commissioning Group (CCG) or local authority, rather than by NHS England.

Harrow HWB recognises that a number of HWBs, which border Harrow, contribute toward meeting the pharmaceutical needs of Harrow residents and their contribution has been taken into consideration where appropriate. No other relevant services have been identified from outside the HWB area which have secured improvements or better access in the Harrow HWB area.

Necessary services – gaps in provision

In reference to section 6 and required by paragraph 2 of Schedule 1 to the Pharmaceutical Regulations 2013:

Access to essential services

In order to assess the provision of essential services against the needs of the residents of Harrow, HWB considers access (average daytime travel times and walking) and opening hours as the most important factors in determining the extent to which the current provision of essential services meets the needs of the population.

Access to essential services normal working hours

Harrow HWB has determined that the average drive times, walking times and opening hours of pharmacies in all five localities and across the whole HWB area are reasonable in all the circumstances. For the purpose of clarity, normal working hours are taken to be 9am to 6pm on weekdays.

There is no gap in the provision of essential services during normal working hours across the whole HWB area.

Access to essential services outside normal working hours

There are two 100-hour contract pharmacies across the localities. Two-thirds (40 pharmacies) are open beyond 6pm, Monday-Friday. Almost all pharmacies (58 pharmacies, 95%) are open on Saturdays and 13 pharmacies (21%) on Sundays. These are geographically spread across the HWB area and the five PNA localities.

Five (8%) pharmacies within Harrow HWB area are open weekday evenings after 8pm, 13 (21%) are open Saturday evenings after 6pm, and two (3%) are open Sunday evenings after 6pm.

There is no gap in the overall provision of essential services outside normal working hours within the whole HWB area.

Access to necessary advanced services

There is no identified gap in the provision of advanced services. Medicines Use Reviews (MURs) are available in 88%–100% of pharmacies across localities. The New Medicine Service (NMS) is available in 50%–92% of pharmacies across localities and flu vaccination (2016-17 season) is available in 50%–100% of pharmacies in the various localities. As flu vaccination is also provided from GP practices, provision of this service is considered to be sufficient.

No gaps have been identified that if provided either now, or in the future, would secure improvements or better access to necessary advanced services across the whole HWB area.

Access to enhanced services

The London Vaccination Service enhanced service is currently commissioned by NHS England from pharmacies in Harrow HWB. This is currently available from community pharmacies in Harrow and availability ranges from 38% to 88% at locality level.

One of the enhanced services listed in the 2013 Directions (see section 1.3.1) is now commissioned by Harrow CCG and other enhanced services by third party providers. These services therefore fall outside the definition of both enhanced services and pharmaceutical services.

No gaps have been identified that if provided either now, or in the future, would secure improvements or better access to enhanced services across the whole HWB area.

Future provision of necessary services

Harrow HWB has not identified any pharmaceutical services that are not currently provided but that will, in specified future circumstances, need to be provided in order to meet a need for pharmaceutical services in any of the five localities.

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

Improvements and better access – gaps in provision

As described in section 6 and required by paragraph 4 of Schedule 1 to the Pharmaceutical Regulations 2013:

Current and future access to essential services

Harrow HWB has not identified services that would, if provided either now or in future specified circumstances, secure improvements or better access to essential services in any of the five localities.

No gaps have been identified in essential services that, if provided either now or in the future, would secure improvements or better access to essential services across the whole HWB area.

Current and future access to necessary advanced services

In 2016-17 MURs were available in 88%–100% of pharmacies and NMS was available in 50%–92% of pharmacies across all localities.

The flu vaccination service, which now forms part of the advanced service provision, for the 2016-17 season was available from 72% of pharmacies (varies between 50% and 100% of pharmacies across the localities). This compares with availability in 60% of pharmacies in London and 62% nationally.

There are no gaps in the provision of advanced services at present or in the future that would secure improvement or better access to necessary advanced services across the whole HWB area.

Current and future access to enhanced services

NHS England commissioned the London Vaccination Service from pharmacy providers. Across the borough, 54% of pharmacies provide this service and provision varies from 38% to 88% at locality level.

Some of the enhanced services listed in the 2013 Directions (see section 1.3.1) are now commissioned by Harrow CCG or third-party providers and therefore fall outside the definition of both enhanced services and pharmaceutical services.

No gaps have been identified that if provided either now or in the future would secure improvements or better access to enhanced services across the whole HWB area.

Other NHS services

As required by paragraph 5 of Schedule 1 to the Pharmaceutical Regulations 2013, Harrow HWB has had regard for any other NHS services that may affect the need for pharmaceutical services in the area of the HWB.

Based on current information, no gaps have been identified in respect of securing improvements or better access to other NHS services either now or in specific future circumstances across the whole HWB area.

Locally commissioned services

With regard to enhanced services and locally commissioned services, only those commissioned by NHS England are regarded as pharmaceutical services.

The absence of a particular service being commissioned by NHS England is in one case addressed by a service being commissioned through Harrow CCG (the out-of-hours palliative care medicines supply service).

In addition, LBH commissions supervised consumption, needle exchange services alcohol Identification and Brief Advice (IBA) services, from one third-party provider and emergency hormonal contraception (EHC) from another third-party provider. These providers subcontract pharmacies in Harrow to provide these services. This PNA identifies these as Locally Commissioned Services (LCS).

HWB notes that all LCS are accessible to the population in all PNA localities.

HWB has not been presented with any evidence to date which concludes that any of these enhanced services or LCS should be expanded.

Although the HWB has identified LCS as relevant services for the purpose of the PNA, the HWB understands the 'necessity' of provision of some of these services from community pharmacies in certain locations at certain times, e.g. EHC service availability at weekends and evenings.

Regular service reviews are recommended in order to establish if currently and in future scenarios locally commissioned services secure improvement or better access across all HWB localities.

Section 1: Introduction

1.1 Background

The Health Act 2009¹ made amendments to the NHS Act 2006 requiring each Primary Care Trust (PCT) to assess the needs for pharmaceutical services in its area and publish a statement of its assessment and any revised assessment.

The responsibility for the development, publishing and updating of PNAs became the responsibility of Health and Wellbeing Boards (HWBs) as a result of the Health and Social Care Act 2012.² The Act dramatically reformed the NHS from 1st April 2013. PCTs were abolished and HWBs, Clinical Commissioning Groups (CCGs) and NHS England were formed.

- HWBs, hosted by each 'upper tier' local authority, have their membership drawn from local leaders (including NHS England, CCGs and local government) and are responsible for the continual improvement of the health and wellbeing of the local population
- CCGs are clinically-led NHS bodies responsible for planning, purchasing and monitoring the majority of local health services including hospital, community, emergency and mental health care
- NHS England oversees the operations of the CCGs as well as commissioning primary and specialist services (such as cancer care). Along with CCGs, it has the responsibility of improving health outcomes and reducing health inequalities

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (SI 2013/349),³ hereafter referred to as the 'Pharmaceutical Regulations 2013' came into force on 1st April 2013. Unless required to be produced earlier, the Pharmaceutical Regulations 2013 permitted HWBs a temporary extension to the PNAs previously produced by the PCT; HWBs were then required to publish their first PNA by 1st April 2015 at the latest. The Pharmaceutical Regulations 2013 require each HWB to publish a statement of its revised assessment within three years of its previous publication and this document fulfils this regulatory requirement.

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

Since the 2015 PNA there have been a number of contractual changes affecting community pharmacies. These are considered separately below.

¹ Health Care Act 2009 - <http://www.legislation.gov.uk/ukpga/2009/21/contents>

² Health and Social Care Act 2012 - <http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

³ The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 - <http://www.legislation.gov.uk/uksi/2013/349/contents/made>

Financial support for the Essential Small Pharmacy Scheme (ESPS) came to an end on 31st March 2015. Arrangements had existed for many years which provided modest financial support for small pharmacies in areas where they were needed for patients, but where the level of business was otherwise too low for a pharmacy to be viable. At the time, it was estimated there were no more than 100 such pharmacies in England.

Those pharmacies that remained low volume and more than 1 km from the next nearest pharmacy had a number of options:

- Cease to provide pharmaceutical services
- Return to the pharmaceutical list and receive standard funding
- Agree a new LPS (Local Pharmaceutical Service) contract with the local NHS England team. There are no pharmacies within Harrow HWB on LPS contracts

On 20th July 2015, as part of the 2015-16 community pharmacy funding settlement, NHS England agreed to allow community pharmacies in England to offer a seasonal influenza (flu) vaccination service for patients in at-risk groups. This became the fifth Advanced Service in the English Community Pharmacy Contractual Framework (CPCF) and provision of the service commenced from 16th September 2015. The main aims of the service are:

- To sustain and maximise uptake of flu vaccination in at-risk groups by building on the capacity of community pharmacies as an alternative to GPs
- To provide more opportunities and improve convenience for eligible patients to access flu vaccinations
- To reduce variation and provide consistent levels of population coverage of community pharmacy flu vaccination across England by providing a national framework

The service has continued to be recommissioned for subsequent flu seasons. Those pharmacies which provided the service for the 2016-17 flu season are listed in Appendix A.

On 20th October 2016, the Department of Health (DH) and NHS England announced that as part of the 2016-17 and 2017-18 community pharmacy funding settlement, money from the Pharmacy Integration Fund (PhIF) would be used to fund a national pilot for a community pharmacy NHS Urgent Medicine Supply Advanced Service (NUMSAS). The service is commissioned to run from 1st December 2016 to 31st March 2018 with a review point to consider progress in September 2017. The service is not directly accessible and can only be accessed via a referral from an urgent care provider, e.g. NHS 111, who holds a list of providers of the service. There is no publicly-available list of providers of the service. This PNA recognises that a funded service which supports the supply of urgent medicines from pharmacies would reduce the burden on urgent care services and GPs and improve patient care.

Consideration will be given to the type of commissioned service that would be most beneficial once the NUMSAS service evaluation is complete.

At the same time, the DH confirmed the introduction of a Pharmacy Access Scheme (PhAS); the aim is to ensure that a baseline level of patient access to NHS community pharmacy services is protected. The PhAS will protect access in areas where there are fewer pharmacies with higher health needs and ensure no area is left without access to NHS community pharmaceutical services. Qualifying pharmacies receive an additional payment which will protect them from the full effect of the reduction in funding which was imposed from December 2016. There are currently no pharmacies in Harrow funded under the PhAS.

The government also introduced a 'quality payment scheme'. To qualify for payment, pharmacies have to meet four gateway criteria:

- Provision of at least one advanced service
- NHS Choices entry up to date
- Staff able to send and receive NHS email
- Ongoing utilisation of the Electronic Prescription Service (EPS)

Fulfilling the gateway criteria does not earn the pharmacy the quality payment in itself. Payment depends on how many of the quality criteria the pharmacy meets and the criteria are weighted based on how difficult they are to meet. At each review point, pharmacies need to make a declaration to NHS Business Services Authority (NHS BSA) and payment will be based on how many criteria are met.

On 5th December 2016, an amendment to the Pharmaceutical Regulations 2013 came into effect affecting 'pharmacy consolidations'. This allowed NHS pharmacy businesses to apply to consolidate the services provided on two or more sites into a single site. Applications to consolidate are dealt with as 'excepted applications' under the Pharmaceutical Regulations 2013, which means, in general terms, that they will not be assessed against the PNA. Instead, consolidation applications will follow a simpler procedure, the key to which is whether or not a gap in pharmaceutical service provision would be created by the consolidation. Some provision is also made in respect of continuity of services. For example, if NHS England intends to commission an enhanced service from the applicant that has been provided at or from the closing premises, then the applicant is required to provide undertakings to continue to provide that service following consolidation. If NHS England is satisfied the consolidation would create a gap in service provision, it must refuse the application.

If the HWB does not consider that a gap in service provision is created as a consequence it must publish a supplementary statement, alongside its PNA, recording its view.

1.2 Purpose of the Pharmaceutical Needs Assessment (PNA)

NHS England is required to publish and maintain 'pharmaceutical lists' for each HWB area. Any person wishing to provide NHS pharmaceutical services is required to be listed on the pharmaceutical list. NHS England must consider any applications for entry onto the pharmaceutical list.

The Pharmaceutical Regulations 2013 require NHS England to consider applications to fulfil unmet needs determined within the PNA of that area, or applications for benefits unforeseen within the PNA. Such applications could be for the provision of NHS pharmaceutical services from new premises or to extend the range or duration of current NHS pharmaceutical services offered from existing premises. As the PNA will become the basis for NHS England to make determinations on such applications, it is therefore prudent that the PNA is compiled in line with the Pharmaceutical Regulations 2013 and with due process, and that the PNA is accurately maintained and up to date. Although decisions made by NHS England regarding applications to the pharmaceutical list may be appealed to the NHS Family Health Services Appeals Unit, the final published PNA cannot be appealed. It is likely the only challenge to a published PNA will be through application for a judicial review of the process undertaken to conclude the PNA.

The PNA should also be considered alongside the Local Authority's Joint Strategic Needs Assessment (JSNA).⁴ For the purpose of this PNA, the 2014 JSNA has been used. However, the HWB is aware that the JSNA is currently undergoing review.

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

1.3 Scope of the PNA

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

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

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

- How the localities were determined
- The different needs of the different localities

⁴ Harrow Joint Strategic Needs Assessment, 2015-20 - http://www.harrow.gov.uk/download/downloads/id/7745/jsna_2015-2020

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

As already mentioned, the PNA is aligned with the Harrow JSNA.

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

- Pharmacy contractors
- Dispensing appliance contractors
- Local pharmaceutical service providers
- Dispensing doctors

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

1.3.1 Pharmacy contractors

Pharmacy contractors operate under the Community Pharmacy Contractual Framework (CPCF) initially agreed in 2005⁵ which has undergone a number of contractual changes and amendments, the most recent of which covers 2016-18. The CPCF sets three levels of service under which pharmacy contractors operate.

Essential services – these are nationally negotiated and must be provided from all pharmacies:

- Dispensing of medicines
- Repeat dispensing
- Safe disposal of unwanted medicines
- Promotion of healthy lifestyles
- Signposting
- Support for self-care
- Clinical governance
- Dispensing appliances (if considered ‘normal course of business’ – contractor does have the ability to make a decision not to dispense at all)

Advanced services – there are six advanced services within CPCF. They are negotiated nationally, and any contractor may provide any of these services if they meet the requirements set out in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013, the ‘2013 Directions’.⁶ They are:

- Medicines Use Reviews (MURs)
- New Medicine Service (NMS)

⁵ CPCF - <https://www.england.nhs.uk/commissioning/primary-care/pharmacy/framework-1618/>

⁶ The 2013 Directions -

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/193012/2013-03-12_-_Advanced_and_Enhanced_Directions_2013_e-sig.pdf

- Appliance Use Reviews (AURs)
- Stoma Appliance Customisation (SAC)
- Flu vaccination service
- NHS Urgent Medicine Supply Advanced Service (NUMSAS)

A full list of advanced services providers in Harrow HWB area (correct as of 13th February 2018) can be found in Appendix A.

Enhanced services – these were published alongside the 2013 Directions. They are negotiated locally by NHS England Area Teams and may only be provided by contractors directly commissioned by NHS England. They are:

- Anticoagulant monitoring service
- Care home service
- Disease-specific management service
- Gluten-free supply service
- Independent prescribing service
- Home delivery service
- Language access service
- Medication review service
- Minor ailment service
- Needle and syringe exchange service*
- On-demand availability of specialist drugs service**
- Out-of-hours service
- Patient group direction service*
- Prescriber support service
- Schools service
- Screening service
- Stop smoking service
- Supervised consumption service*
- Supplementary prescriber service

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

In Harrow HWB area these services* are currently commissioned by LBH through a third-party provider and these services** are currently commissioned by Harrow CCG. In both cases these services (marked * and **) are not considered enhanced or pharmaceutical services. The 2013 Directions, however, permit NHS England to commission them from pharmacy contractors if asked to do so by a local authority or CCG. In this case, if commissioned by NHS England they are enhanced services and fall within the definition of pharmaceutical services.

There is currently only one enhanced service commissioned from community pharmacies by NHS England in Harrow HWB:

- London Vaccination Service

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

Additionally, they must provide services to the whole population of England. There are three distance-selling pharmacies located within Harrow HWB area (one fewer than in the previous 2015 PNA):

- Avviro Ltd, Office 108, Pentax House, South Hill Avenue, Harrow HA2 0DU
- Clinidirect, Qualitas House, 110 Elmgrove Road, Harrow HA1 2RW
- Doorstep Pharmacy, 106 High Street, Harrow on the Hill HA1 3LP

It should be noted that distance-selling pharmacies throughout England (there were 266 (2.3%) in 2015-16,⁷ an increase from 211 in 2014) are capable of providing services to Harrow HWB area.

1.3.2 Dispensing Appliance Contractors (DACs)

Dispensing Appliance Contractors (DACs) operate under the Terms of Service for Appliance Contractors as set out in Schedule 5 of the Pharmaceutical Regulations 2013. They can supply appliances against an NHS prescription such as stoma and incontinence aids, dressings, bandages etc.

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

Pharmacy contractors, dispensing doctors and LPS providers may supply appliances but DACs are unable to supply medicines.

There are currently no DACs in the Harrow HWB area. However, residents can access DACs from elsewhere in the UK if required. There were 112 DACs in England in 2015-16.⁸

1.3.3 Local Pharmaceutical Service (LPS) providers

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

⁷ NHS Digital. General Pharmaceutical Services in England – 2006-07 to 2015-16. November 2016.
<http://digital.nhs.uk/catalogue/PUB22317>

⁸ General Pharmaceutical Services in England – 2006/7 - 2015/16 -
<https://www.gov.uk/government/statistics/general-pharmaceutical-services-20067-to-201516>

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

There are no LPS pharmacies in the Harrow HWB area.

1.3.4 Dispensing GP practices

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

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

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

There are no dispensing GP practices in Harrow HWB area.

1.3.5 Other providers of pharmaceutical services in neighbouring Health and Wellbeing Board (HWB) areas

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

- Hertfordshire HWB
- Hillingdon HWB
- Ealing HWB
- Brent HWB
- Barnet HWB

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

Maps 1 to 6 plot pharmacy contractors which lie across the Harrow HWB border but are within easy reach of the Harrow area.

1.3.6 Other services and providers in Harrow HWB area

As stated in section 1.3, for the purpose of this PNA 'pharmaceutical services' has been defined as those services which are, or which may be, commissioned under the provider's contract with NHS England.

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

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

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

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

Mental health – the mental health trust provider is Central and North West London NHS Foundation Trust.

Prisons – in Harrow HWB area there are no prisons or young offender institutions.

Significant educational institutes – Harrow School, in Harrow on the Hill, with no on-site pharmacy.

Minor injury units and walk-in centres – the following walk-in centres are open 8am to 8pm, seven days a week, and are based at:

- Edgware Community Hospital, Burnt Oak Broadway, Edgware HA8 0AD, which is located in Barnet
- Alexandra Avenue Health and Social Care Centre, Rayners Lane, 275 Alexandra Avenue, Harrow HA2 9DX
- The Pinn Medical Centre, 37 Love Lane, Pinner HA5 3EE
- The Belmont Health Centre, 516 Kenton Lane, Harrow HA3 7LT

In addition, there is an urgent care centre based at the Northwick Park hospital.

There are no minor injury units in Harrow HWB area.

The following are services provided by NHS pharmaceutical providers in Harrow HWB area, commissioned by organisations other than NHS England or provided privately, and which are therefore out of scope of the PNA.

Local authority-commissioned services – LBH does not directly commission any Locally Commissioned Services (LCS) from community pharmacies in Harrow HWB area. In the case of supervised consumption, needle exchange and alcohol IBA services, these services are commissioned through a 'lead provider' arrangement whereby a third-party provider, Westminster Drugs Project (WDP), holds the contract with the local authority. WDP contracts with community pharmacies directly, who provide the services.

A similar lead provider arrangement exists with the Emergency Hormonal Contraception (EHC) service from 1st October 2017, the lead provider being London North West Healthcare NHS Trust.

Harrow CCG-commissioned services – there is only one LCS from community pharmacies in Harrow HWB area, the 'out-of-hours palliative care medicines service'.

Privately provided services – most pharmacy contractors and DACs will provide services by private arrangement between the pharmacy/DAC and the customer/patient.

The following are examples of services and may fall within the definition of an enhanced service. However, as the service has not been commissioned by the NHS and is funded and provided privately, it is not considered a pharmaceutical service for the purposes of the PNA:

- Care home service, e.g. direct supply of medicines/appliances and support medicines management services to privately-run care homes
- Home delivery service, e.g. direct supply of medicines/appliances to the home
- Patient group direction service, e.g. hair loss therapy, travel clinics
- Screening service, e.g. skin cancer

Services will vary between provider and are occasionally provided free of charge, e.g. home delivery.

1.4 Process for developing the PNA

As a direct result of the Health and Social Care Act 2012, a paper was presented to Harrow HWB on 10th January 2017.

The purpose of the paper was to inform Harrow HWB of its statutory responsibilities under the Health and Social Care Act to produce and publicise a revised PNA at least every three years. The last PNA for Harrow was published in March 2015 and is therefore due to be reassessed by March 2018.

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

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

Soar Beyond Ltd was chosen from a selection of potential candidates due to their significant experience of providing services to assist pharmaceutical commissioning, including the production and publication of PNAs.

As part of the PNA process, an 'Equality Impact Assessment' (EIA) was completed, to identify if there had been any impact on any group with protected characteristics. No specific needs or impact on any particular group were identified.

Step 1: Steering Group

On 27th July 2017, Harrow's PNA Steering Group was established. The terms of reference and membership of the group can be found in Appendix B.

Step 2: Project management

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

Step 3: Review of existing PNA and JSNA

Through the project manager, the PNA Steering Group reviewed the existing PNA⁹ and JSNA. Supplementary statements have not been produced.

Step 4a: Public questionnaire on pharmacy provision

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

- All pharmacy contractors in Harrow to distribute to the public
- All GP practices in Harrow to distribute to the public
- All public libraries in Harrow to distribute to the public
- Harrow Healthwatch
- Voluntary sector organisations
- LBH website as a news item
- Internal communication channels
- Voluntary Action Harrow Cooperative
- St Anns Shopping Centre
- Harrow Patients' Participation Network
- Harrow CVS

A total of 201 responses were received. A copy of the public questionnaire can be found in Appendix C and the detailed responses can be found in Appendix I.

Step 4b: Pharmacy contractor questionnaire

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

A total of 56 responses were received. A copy of the pharmacy questionnaire can be found in Appendix D and the responses can be found in Appendix J.

Step 4c: Commissioner questionnaire

The Steering Group agreed a questionnaire to be distributed to all relevant commissioners in Harrow to inform the PNA.

A copy of the commissioner questionnaire can be found in Appendix E and the responses can be found in Appendix K.

⁹ Harrow PNA 2015 -

http://www.harrow.gov.uk/info/100010/health_and_social_care/1439/pharmaceutical_needs_assessments/2

Step 5: Preparing the draft PNA for consultation

The Steering Group reviewed and revised the content and detail of the existing PNA. The process took into account the JSNA and other relevant strategies in order to ensure the priorities were identified correctly.

Step 6: Consultation

In line with the Pharmaceutical Regulations 2013, a consultation on the draft PNA was undertaken between 4th December 2017 and 2nd February 2018. The draft PNA and consultation response form was issued to all identified stakeholders. These are listed in the final PNA. The draft PNA was also posted on LBH's website.

Step 7: Collation and analysis of consultation responses

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

Step 8: Production of final PNA – future stage

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

The final PNA was presented to Harrow HWB for approval and publication before 1st April 2018.

1.5 Localities for the purpose of the PNA

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

The majority of health and social care data is available at local authority council ward level and at this level provides reasonable statistical rigour. It was agreed that the council wards would be used to define the localities of the Harrow HWB geography.

The localities used for the PNA for Harrow HWB area are in the table below including the wards that make them up.

Table 1 - Outlining the wards within the localities

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

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

The information contained in Appendix A has been provided by NHS England (who is legally responsible for maintaining the pharmaceutical list of providers of pharmaceutical services in each HWB area), LBH and Harrow CCG.

Section 2: Context for the PNA

2.1 Joint Strategic Needs Assessment (JSNA)

A Joint Strategic Needs Assessment (JSNA) is an ongoing process by which local authorities, CCGs and other public-sector partners jointly describe the current and future health and wellbeing needs of their local population.

The aim of the JSNA is to improve the health and wellbeing of the local community and reduce inequalities for all ages through ensuring commissioned services reflect need. It is used to help to determine what actions local authorities, the NHS and other partners need to take to meet health and social care needs and to address the wider determinants that impact on health and wellbeing. It does this not only through the Joint Health and Wellbeing Strategy but also through the other strategies and plans that partner organisations develop over the years. The JSNA is seen as the key driver of local health improvement. It brings together a range of qualitative and quantitative data which is used to provide a comprehensive analysis of current and future health and wellbeing needs for adults and children. The aim of a JSNA is to develop local evidence-based priorities for commissioning which will improve the public's health and reduce inequalities.

The PNA is a separate statutory requirement from the JSNA, but aspects of the JSNA dataset overlap with requirements for the PNA and have been drawn on accordingly. The two needs assessments should complement, agree with and support each other. This chapter draws substantially on Harrow's JSNA 2015-2020.

2.2 Health and Wellbeing Board strategy

Harrow HWB is a partnership between LBH (specifically Adult Social Services, Public Health and Children, Schools and Young People), Harrow CCG, NHS England, Healthwatch, and the voluntary sector.

In its Health and Wellbeing Strategy 2016-20,¹⁰ Harrow HWB decided to concentrate on a small range of priorities which are relevant to every partner and where whole-systems work can bring about significant change. The HWB has chosen to move away from a disease- or deficit-focused approach, looking at what is wrong with health and wellbeing in Harrow, and instead focus on a model for enhancing health and wellbeing across the course of life. These priority areas are summarised:

- Start Well: all children from womb to adulthood to be safe, happy, and to have the opportunity to reach their potential. Specific factors include:
 - attachment to parents and carers and effective parenting
 - physical activity
 - breastfeeding
 - immunisations and screening

¹⁰ Harrow Health and Wellbeing Strategy, 2016-20 -

http://www.harrow.gov.uk/download/downloads/id/8376/joint_health_and_wellbeing_strategy_for_harrow_2016-2020

- reducing low birth weight rates
- ameliorating effects of child poverty
- improving maternal and CYP mental health
- reducing childhood obesity
- prevention of starting smoking
- Live Well: high quality health and care services when needed, good quality housing, green and active spaces, healthy streets and neighbourhoods. Specific factors include:
 - high quality health and social care services, including GP practices and pharmacies: 'There is much scope for pharmacies to play a leading role in Harrow in supporting health and wellbeing and particularly in reaching out to those most in need and reducing the burden on overstretched GP practices. Many pharmacies already provide a range of health promoting services – such as smoking cessation, sexual health and health checks but there are opportunities to do more and reach more people given the pharmacies are often located in prominent locations, are open at weekends and do not require appointments to be made.' ¹¹
 - good-quality housing
 - green spaces
 - healthy high streets and neighbourhoods
- Work Well: help people to financial security by finding good jobs and staying in work in organisations which promote health and wellbeing. Specific factors include:
 - good quality jobs for all, across the social gradient
 - good psychosocial working conditions
 - better working conditions, especially for older people
 - support for those disadvantaged in the job market to get and keep a job
- Age Well: enable older people to remain well, socially connected and independent in their own homes for longer, and to enable dignified death. Specific factors include:
 - physical activity and mental stimulation
 - family and social networks
 - living safely in own homes, maintaining personal dignity and independence
 - support for carers
 - maintaining a healthy and balanced diet
 - immunisations against preventable infections such as flu
 - early identification and screening of those who may have a health issue and providing access to early intervention

¹¹ Harrow HWB Strategy, 2016-20 - http://www.harrow.gov.uk/download/downloads/id/8376/joint_health_and_wellbeing_strategy_for_harrow_2016-2020)

- reducing effects of long-term conditions, fuel poverty, poor-quality housing, and social isolation

Clearly, these priority areas overlap with the purposes of the PNA.

2.3 Population characteristics

2.3.1 Overview

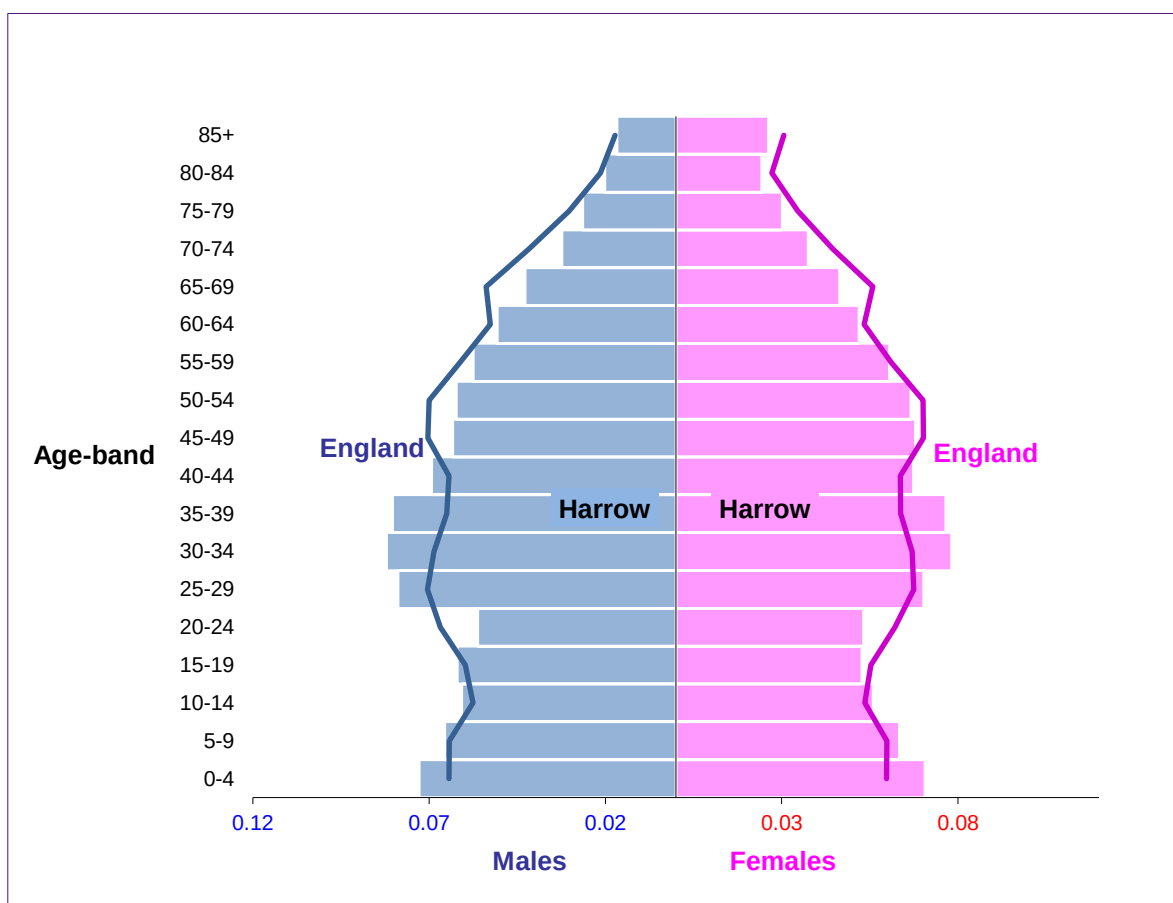
Harlow is an Outer London borough in north-west London and approximately ten miles from central London, covering 50 square kilometres (20 square miles). Harlow is the twelfth largest borough in Greater London in terms of size. Harlow borders Hertfordshire to the north and four London boroughs: Barnet to the east, Brent to the south-east, Ealing to the south and Hillingdon to the west.

2.3.2 Age

About 250,000 people are resident in Harlow. There are approximately equal numbers of males and females. 7% of the population are children under five years old and 7% are aged over 75 (8% of females, 6% of males).

Compared with England, the population of Harlow has greater proportions of primary school age children and people in the 30–39 age group, and lower proportions of people in the 15–24 age group and older people. Figure 1 shows this comparison, using the Office for National Statistics Mid-Year Estimates for 2016.

Figure 1: 2016 population estimates for Harlow and England



The age structure of the population varies across the borough with more children living in the south and central corridor and more people aged over 65 living in the north of the borough.

For the purpose of the PNA, the borough has been divided into five ward-based localities:

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

The following table shows population numbers (based on the GLA Round 2015 ward-based estimates for 2017, rounded to the nearest 100) and percentages of locality populations for children and young people, working-age adults, and over-65-year-olds.

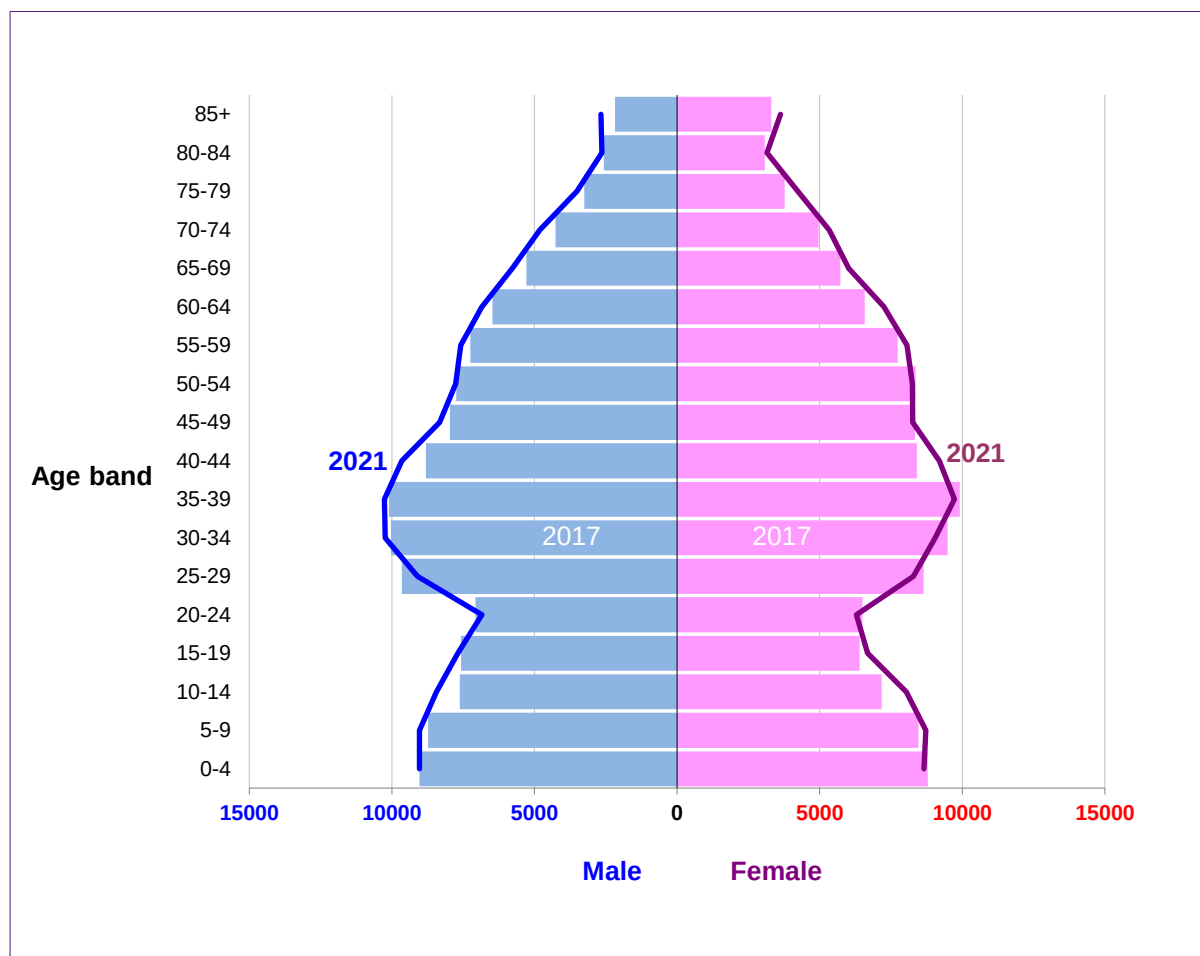
Table 2 - 2017 mid-year population estimates by locality

Locality	MYE 2017	under 18	18-64	65+
Central	Persons	14,100	40,200	8,000
	Percentage	22.6%	64.5%	12.8%
Northeast	Persons	8,900	22,300	7,600
	Percentage	22.8%	57.5%	19.6%
Northwest	Persons	9,500	25,300	8,400
	Percentage	21.9%	58.6%	19.5%
Southeast	Persons	11,600	30,200	6,400
	Percentage	24.0%	62.7%	13.3%
Southwest	Persons	14,600	37,400	7,900
	Percentage	24%	62%	13%

2.3.3 Predicted population growth

Over the next ten years, the population of Harrow is expected to grow overall. The proportion of people who are of working age (16–64) will decrease by 4% and the proportion of those over 65 will increase by 4%. During the period this PNA covers, to 2021, population changes are expected to be small. Figure 2 shows this comparison, using the latest population estimates from the GLA.

Figure 2: 2017 and 2021 population by age and sex



Source: GLA 2016 short-term projections

To meet the population growth, LBH plans to build almost 6,000 new homes during 2017-2022. Numbers of anticipated houses and sites can be found in Table 3.

Table 3 - LBH housing plans, 2017-22

Sites (> 30 dwellings)	Number of houses (year)			
	2018-19	2019-20	2020-21	2021-22
St John's Road	121	27	-	-
College Road	159	159	43	90
Harrow View, Kodak East	225	225	225	225
Harrow View, Kodak West	95	95	94	-
Kymberley Road	462	-	-	-
Lyon Road	100	100	110	-
Elmgrove Road	73	-	-	-
Gayton Road	-	115	115	115

Sites (> 30 dwellings)	Number of houses (year)			
	2018-19	2019-20	2020-21	2021-22
George Gange Way	80	81	126	-
Christchurch Avenue	-	150	150	150
Station Road	100	100	170	10
Greenhill Way	42	-	75	75
Coverdale Close	60	60	-	-
Rayners Lane Estate	30	-	-	-
Common Road	32	32	-	-
Brockley Hill	69	69	69	70
Sudbury Hill	30	33	-	-
Alexandra Avenue	60	-	-	-
Waxwell Lane	34	-	-	-
Grange Farm Estate	89	89	89	-
Northolt Road	-	50	-	-
Imperial Drive	-	114	-	-
Sites < 20 dwellings	386	230	-	-
TOTAL	2,247	1,729	1,266	735

2.3.4 GP-registered population

There are about 260,000 patients registered with the 34 GP practices in Harrow.¹²

2.3.5 International migration

There is net inward international migration into Harrow of about 3,600 persons per year, made up of about 4,900 immigrants and 1,300 emigrants per annum.¹³

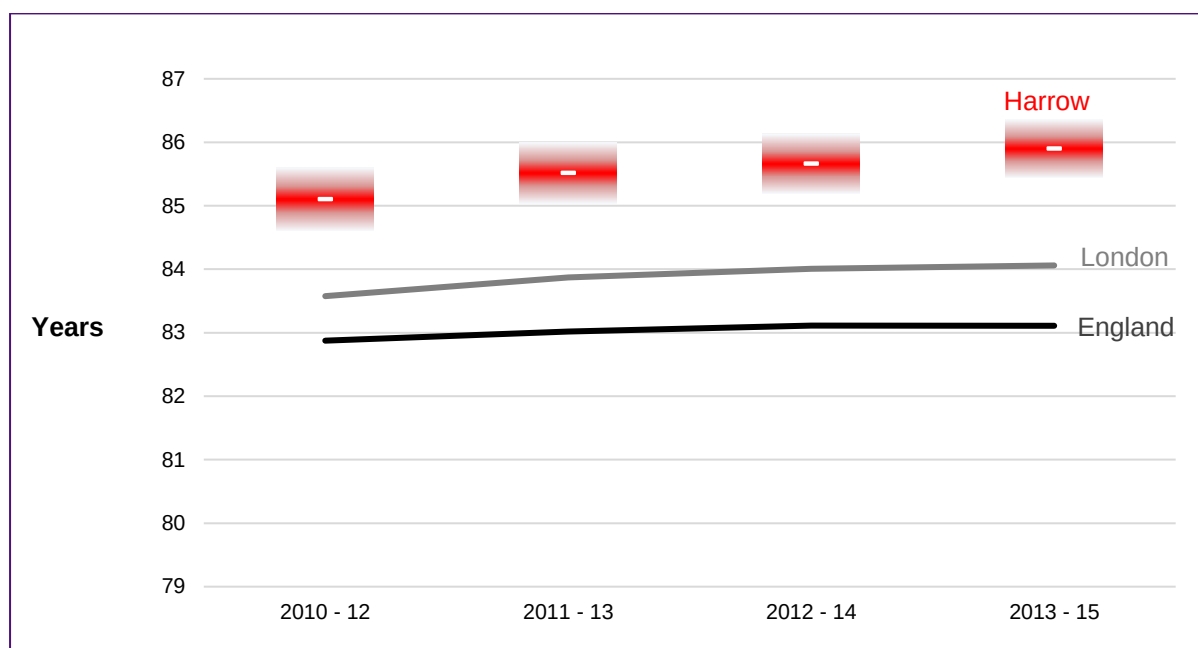
2.3.6 Life expectancy

Figures 3 and 4 show life expectancy at birth in Harrow, with London and England comparators, for females and males respectively.

¹² NHS Harrow CCG - <http://www.harrowccg.nhs.uk/about-harrow-ccg>

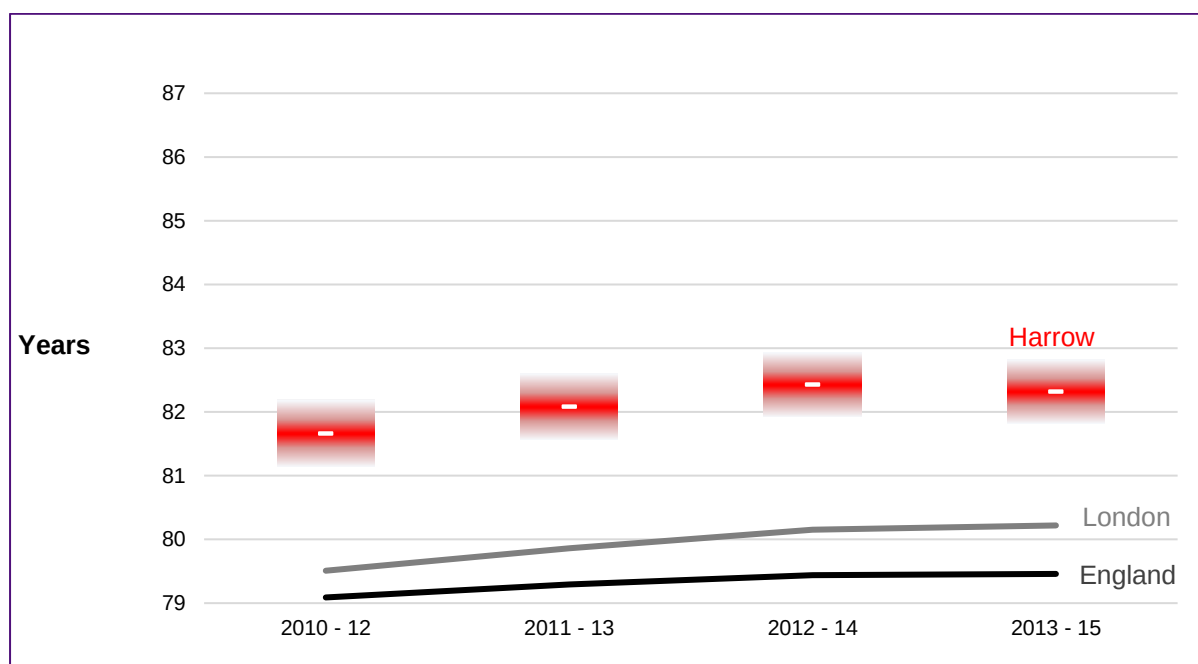
¹³ GLA 2016 short-term projections

Figure 3: Female life expectancy at birth, 2010-15



Source: PHE fingertips indicator 90366

Figure 4: Male life expectancy at birth, 2010-15



Source: PHE fingertips indicator 90366

As is normally the case, life expectancy is greater in females than in males, the difference being about 3.5 years in 2013-15. Life expectancy in females rose continuously over the period, while in males it rose to 2012-14 but fell back slightly in 2013-15. Life expectancy in both sexes is statistically significantly¹⁴ higher in Harrow than in London overall and England.

¹⁴ When the term *significantly* is used in this chapter it refers to the usual 5% level of statistical significance.

2.3.7 Specific populations

2.3.7.1 Ethnicity

Harrow is one of the most ethnically diverse boroughs in the country. In the 2011 Census, 42% of the Harrow population was from a white ethnic background, while 43% was from an Asian/Asian British background and 8% was from black/African/Caribbean/black British ethnic background. Over the next ten years it is predicted that the Black, Asian and Minority Ethnic (BAME) population in Harrow will increase from almost 54% to 68%. Every year Harrow welcomes over 2,000 people new British citizens through citizenship ceremonies.

As with the age structure of the population, the ethnic mix also varies across the borough. In Pinner and Pinner South wards, BAME groups make up around 40% of the population while in Queensbury, Kenton West and Kenton East, BAME groups make up over 70% of the population. With the increase in the BAME population, there may be different patterns of health and illness. For example, higher rates of diabetes and heart disease in BAME groups may require a different and culturally appropriate approach to prevention and treatment services.

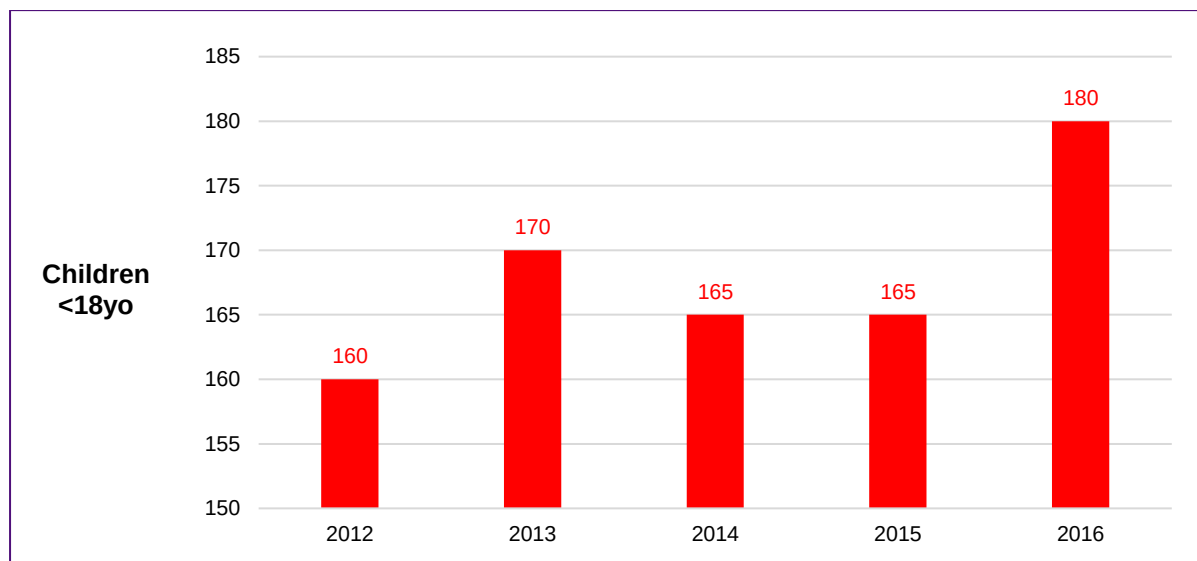
2.3.7.2 Children

Under-5s make up 7% of Harrow's population. Under-10s make up 14%, and 10% of the population is in the 11–19 bracket. In all, under-18s make up 23% of the population.

2.3.7.3 Children and adults in care

As at 31st March 2016, there were 180 looked-after children in Harrow, an increase from 165 in the two previous years. Figure 5 shows the figures from 2012 to 2016.

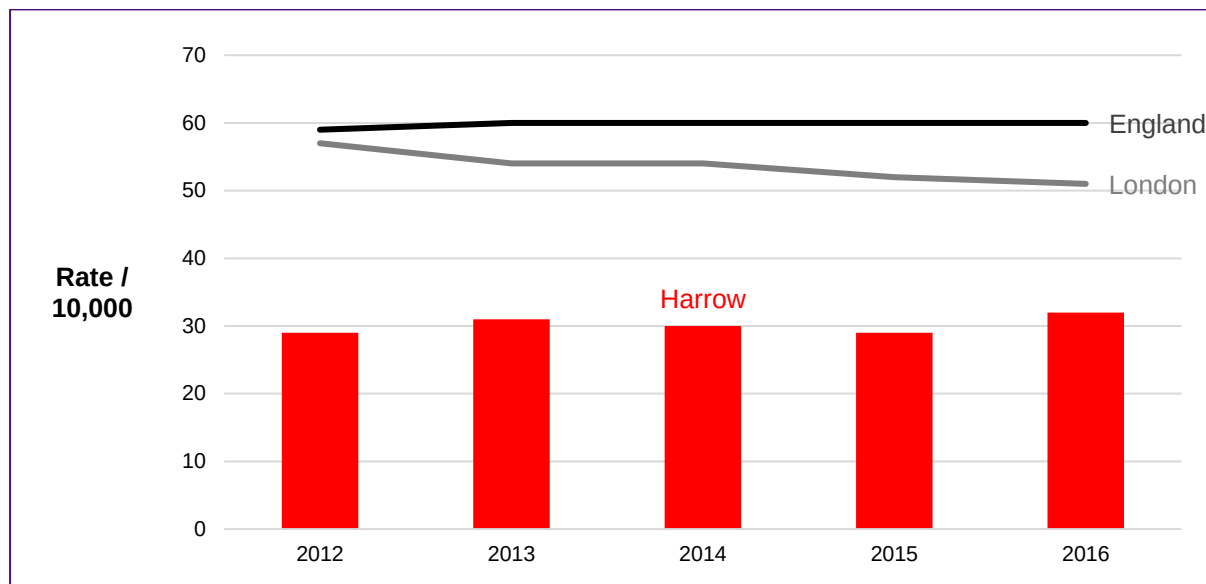
Figure 5: Numbers of looked-after children in Harrow



Source: SFR41/2016_LA_Tables

Harlow's rates of looked-after children are about half the England rates and well below the London average. Figure 6 shows the rates per 10,000 children aged <18 years.

Figure 6: Rates of looked after-children in Harrow



Source: SFR41/2016_LA_Tables

Numbers of older people who self-fund residential care home placement are not known. In 2015-16, there were 189 residents of Harrow aged 65 and over whose long-term support needs were met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care). These are new admissions/transfers, and the Adult Social Care Outcomes Framework appears not to include data on number of older residents in care during or at the end of the period. Because of changes in the methodologies of data collection and indicator calculation, no valid time series comparison can be made.

Figure 7 shows the admissions as rates per 100,000 persons aged over 65 years. Harrow's rate was similar to London's, and substantially below the England average.

Figure 7: Rate of older adults admitted to residential/nursing care in Harlow, 2015-16



Source: Measures from the Adult Social Care Outcomes Framework - England, 2015-16: Disaggregated outcome measures

2.3.7.4 Older people

There are about 38,400 people over age 65 in Harlow, 15% of the total population. There are about 18,100 over-75s (7% of the population), and 5,500 people are over 85 (2%). There are 2,100 people aged over 90 (0.8%).

2.3.7.5 Prison populations

There are no prisons in Harlow.

2.3.7.6 Less-abled populations

There are about 180 deaf children, 20 blind children and 30 partially sighted children in Harlow. There are around 3,800 adults with a learning disability in Harlow, with the largest number in the 25 to 34-year-old age band. Sense UK has estimated that there are 1,207 people in Harlow who are deafblind. At the 2011 Census, of the over-65-year-old population, one in seven men and one in six women reported being in poor health. This pattern is the same across all ethnic groups. Nearly 34,000 people in Harlow reported having a long-term illness or disability that limited their day-to-day activities in some way. Under half of these reported that their activities were affected a little and over half, a lot.

As at November 2016 there were 5,990 persons of working age in Harlow claiming Employment and Support Allowance and Incapacity Benefit (3.7%) and 1,170 claiming disability allowance (0.7%¹⁵). This data is no longer published by ward, and therefore cannot be tabulated by locality.¹⁶

¹⁵ Nomis. Labour Market Profile, Harlow - <https://www.nomisweb.co.uk/reports/lmp/la/1946157269/printable.aspx>

¹⁶ It was formerly available from the ONS Neighbourhood Statistics (NeSS) site, which was closed in May 2017.

2.3.7.7 Maternities

The GLA estimated there would be 3,610 babies born to Harrow-resident mothers in 2017, gradually reducing to 3,510 in 2010. As some deliveries are multiple births, the actual number of delivery episodes will be somewhat lower, and these figures do not include stillbirths and miscarriages.¹⁷

In 2015 (the most recent available data at the time of writing), 118 (3.6%) of a total of 3,253 full-term babies had low birth weight, and 321 (9.1%) of a total of 3,544 babies had low birth weight. In both cases, Harrow's rate was statistically significantly higher than that of England.¹⁸

2.3.7.8 Homeless populations

There are three main categories of homelessness. These are statutory homeless, single homeless/rough sleepers and hidden homeless.

Data is available on those accepted as homeless and with priority need (the statutory homeless).

The majority of homeless people living with family members, in squats or in other insecure accommodation (hidden homeless) are excluded in the homeless figures.

The charity Crisis estimates that 62% of single homeless people are not included in official homeless figures.

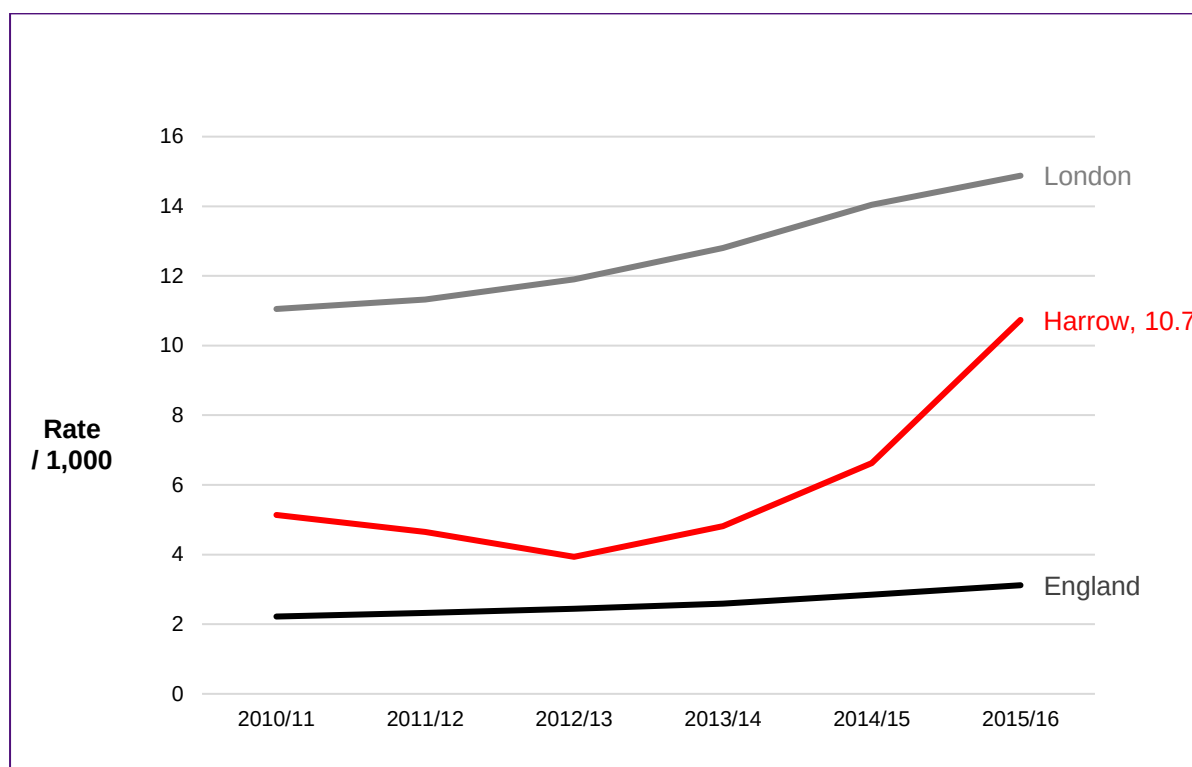
Nationally and across London, statutory homeless numbers decreased between 2005 and 2009. Harrow's figures however, increased year-on-year until 2008 when there was a dramatic reduction. Since 2010, the rate of homelessness has been increasing locally, regionally and nationally. The increase is steeper in Harrow and mirrors that of London compared to a small increase nationally.

It is thought that the increase across London is due to increasing house prices and market rent prices while wages and benefits have not increased or have decreased in relative terms. Figure 8 shows the rates of statutorily homeless households in temporary accommodation in Harrow, from 2010-11 to 2015-16.

¹⁷ GLA 2016 short-term projections

¹⁸ PHE. Pregnancy and Birth – Key Indicators - <https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-pregnancy/data#page/1/gid/1938132993/pat/6/par/E12000007/ati/102/are/E09000015>

Figure 8: Rate of homeless populations, 2010-11 to 2015-16



Source: PHE Indicator 11502

At 10.7 per 1,000, more than 1% of all households in Harrow are homeless in temporary accommodation.

The estimated number of rough sleepers has increased in London and in Harrow. Rough sleepers are at significant risk of poor health and are susceptible to the impact of cold weather and of drugs and alcohol.

2.3.7.9 Daytime population

In 2014, the daytime population of Harrow was 229,000 people, which means that about 30,000 more residents of Harrow commute to work or school outside the borough than commute from outside into Harrow.¹⁹ Of the daytime population, 25,000 are classified as tourists.

2.3.7.10 Gypsy and Traveller population

According to the 2011 Census, there were 181 persons identifying as Gypsies and Irish Travellers in Harrow.²⁰

2.3.7.11 Housebound populations

No data is available on this population, but some pharmacies offer free delivery of prescriptions.

¹⁹ London Datastore. Daytime Population of London 2014 - https://data.london.gov.uk/apps_and_analysis/daytime-population-of-london-2014/

²⁰ 2011 Census: KS201EW Ethnic group

2.3.8 Deprivation

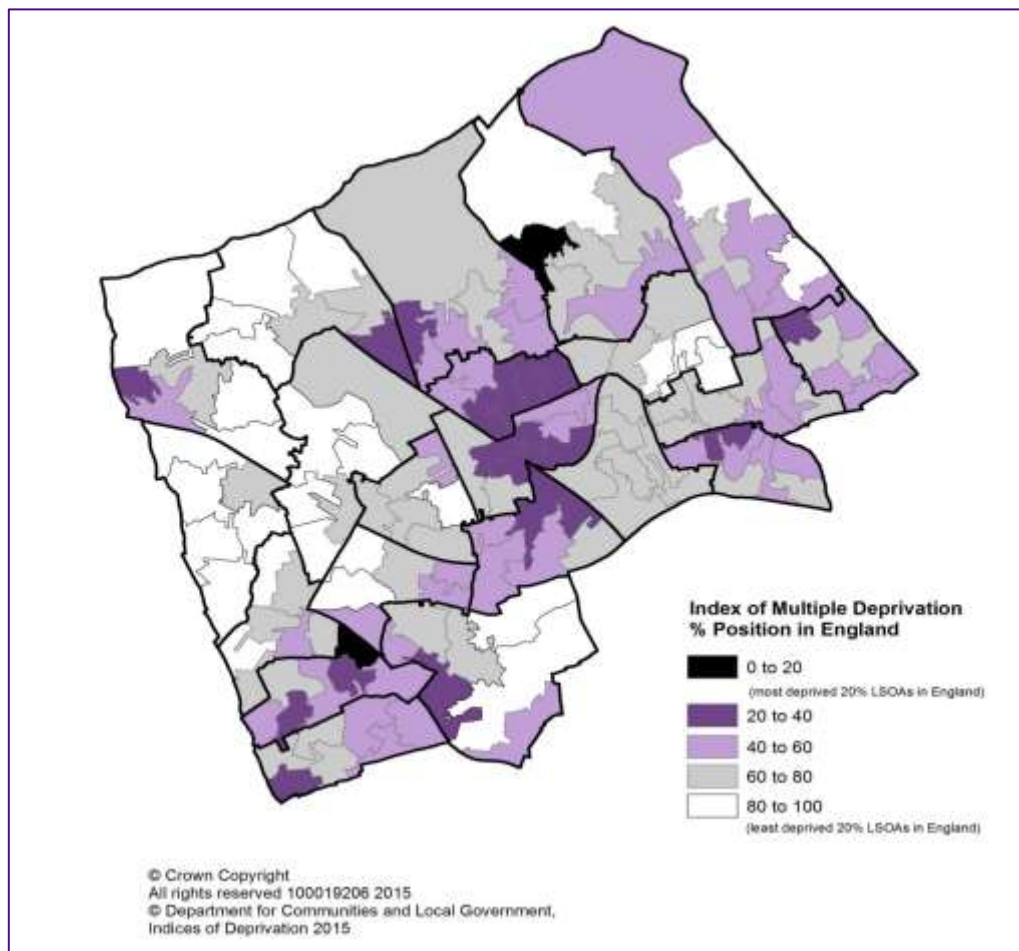
The impact of deprivation on our health and wellbeing is well documented and includes a variety of factors such as housing, employment and income to give a single score. Harrow is ranked 203rd out of 354 districts in England, where first is the most deprived.²¹

Most deprivation is in the centre of the borough, with pockets of deprivation in the south and east. Harrow's least deprived areas are found in the west of the borough. Not all disadvantaged people live in deprived areas and, conversely, not everyone living in a deprived area is disadvantaged. Figure 9 shows quintiles of deprivation within Harrow, at Lower Super Output Area (LSOA) level, with ward boundaries. The IMD is not produced at ward level, but rather at LSOA level. The Department for Communities and Local Government issues guidance on how to derive ward-level figures. These involve weighted averages using LSOA population estimates. LBH calculated IMD scores for wards in Harrow, the results of which are shown in Figure 10. Similar calculations could be performed to derive IMD scores by locality, but that has not been done. Those seeking detailed analysis of the IMD 2015 as they apply to Harrow are referred to LBH's report,²² which covers the various domains that make up the IMD and also the supplementary indices on income deprivation in children and older people.

²¹ Gov.uk. English Indices of Deprivation 2015 - <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015>

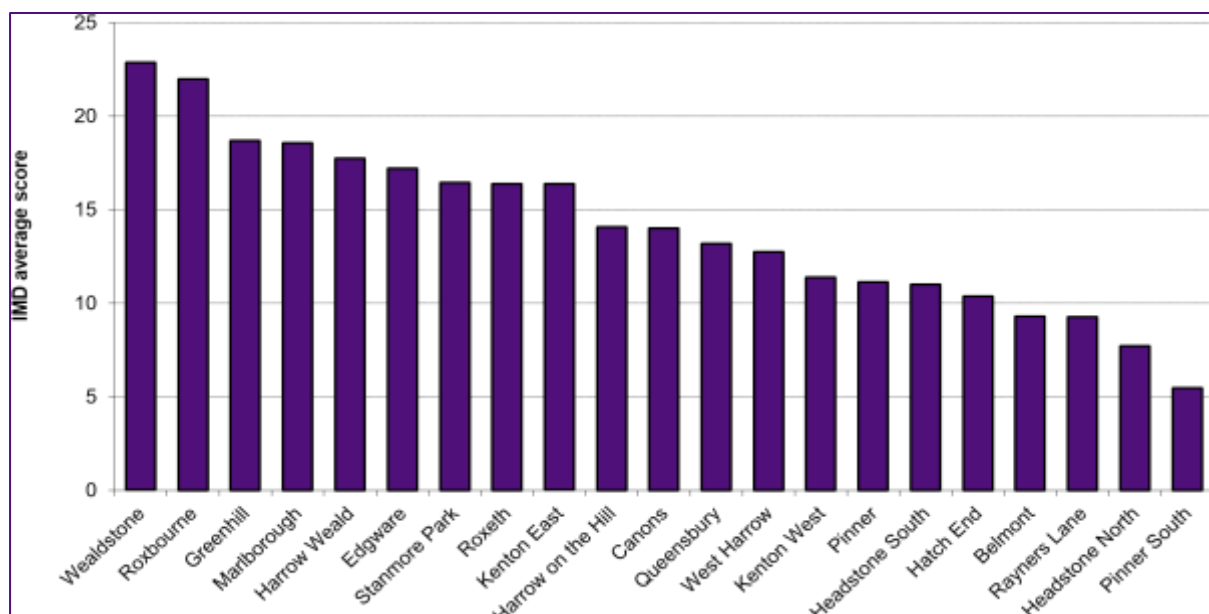
²² LBH. 2015 Indices of Deprivation, Harrow Summary – http://www.harrow.gov.uk/download/downloads/id/7818/2015_indices_of_deprivation

Figure 9: Quintiles of deprivation in Harrow, IMD 2015 scores



Source: CLG, Indices of Deprivation 2015, Crown Copyright

Figure 10: Multiple deprivation by ward



Source: CLG, Indices of Deprivation 2015, Crown Copyright

Note: Ward-level data has been calculated from LSOA average IMD scores

2.4 Causes of ill health

2.4.1 Cardiovascular disease (CVD)

2.4.1.1 Hypertension

Harrow has a lower-recorded prevalence of hypertension (13.1%) than London and England in 2015-16. A significantly higher proportion of hypertensive patients had their blood pressure controlled than the London and England averages.

2.4.1.2 Coronary heart disease (CHD)

Recorded prevalence of CHD was significantly lower in Harrow than in England overall. Rates of hospital admission for CHD were non-significantly lower than in England. Premature (aged <75) mortality rates from CHD in 2013-15 were non-significantly lower than in England.

Recorded prevalence of heart failure in 2015-16 was non-significantly lower than that of England overall. Rates of hospital admission for heart failure were significantly higher than in England.

2.4.1.3 Stroke and Transient Ischaemic Attack (TIA)

Recorded prevalence of stroke was significantly lower than that of England overall. Hospital admission trends for stroke in 2013-15 and mortality rates from stroke in the under-75s and the over-75s were significantly lower than for England overall.²³

Premature mortality rates from all CVD in 2013-15 were significantly lower than those of London and England for persons and females, and non-significantly lower in males. Premature mortality rates from CVD considered preventable in 2013-15 were significantly lower than those of London and England for females, and non-significantly lower in males and persons.²⁴

2.4.1.4 NHS Health Checks

The NHS Health Check is a health screening programme which aims to help prevent heart disease, kidney disease, stroke, diabetes and certain types of dementia. Everyone between the ages of 40 and 74 who has not already been diagnosed with one of these conditions or does not already have certain risk factors will be invited (once every five years) to have a check to assess their risk. Once the risk assessment is complete, those receiving the check should be given feedback on their results and advice on achieving and maintaining a healthy lifestyle. If necessary, individuals may then be directed to either council-commissioned public health services such as weight management services or be referred to their GP for clinical follow-up to the NHS Health Check including additional testing, diagnosis or referral to secondary care.

²³<https://fingertips.phe.org.uk/profile/cardiovascular/data#page/0/gid/1938133106/pat/46/par/E39000018/ati/153/are/E38000074>

²⁴ Public Health Outcomes Framework (PHOF). Healthcare and premature mortality - <http://www.phoutcomes.info/public-health-outcomes-framework#page/0/gid/1000044/pat/6/par/E12000007/ati/102/are/E09000015>

There is as statutory duty for local authorities to commission the risk assessment component of the NHS Health Check programme, which had previously been commissioned by PCTs.

NHS Health Checks can be commissioned from community pharmacies, but in Harrow they are commissioned via Harrow Health CIC – the Harrow GP Federation and delivered by GP practices.

2.4.2 Cancers

Harrow's crude incidence rate of new cancer cases in 2013-14 (369/100,000) was significantly lower than that of England (515). Harrow's recorded prevalence of all cancers (1.9%) was significantly lower than that of England (2.4%).²⁵

Harrow's premature mortality rates in 2013-15 for all cancers, and from cancers where mortality was considered preventable, were significantly lower than those of England for males, females and persons. Harrow has the lowest premature cancer death rate of all boroughs in England.

The highest incidence rate is for breast cancer, followed by prostate cancer, bowel cancer and lung cancer. Rates of lung cancer and bowel cancer are much lower than those of England. Early diagnosis is important for improving survival rates. Harrow does better than the national average in almost all aspects of early diagnosis.

Emergency presentations through A&E, which can be indicative of late diagnosis, and waiting time for diagnostic tests are low. However, treatment within 31 days of decision to treat is lower than the English average (96.7% compared with 98.2%). Survival is indicative of early diagnosis and access to optimal treatment. For one-year survival, Harrow is in the top 5% of boroughs in England, at five years the proportion is equal to England, about one in two people.

Harrow performs poorly in cancer screening. Bowel and breast screening rates are lower than the England average and breast screening rates do not meet the national minimum target of 70%. Where Harrow does worst is cervical screening rates among younger women (25 to 49 years), for whom the uptake is approximately 11% lower than the national average (60.6% compared with 71.5%). This is almost 20% short of the national minimum target (80%). In addition, vaccination against Human Papilloma Virus (HPV) – which causes almost all cervical cancer – is lower than the England average (77.6% compared with 85.1%).

2.4.3 Diabetes

Diabetes is a serious life-long health condition that occurs when the amount of glucose (sugar) in the blood is too high because the body cannot use it properly. If left untreated, high blood glucose levels can cause serious health complications including kidney failure, amputation and blindness.

²⁵ PHE. Cancer Services -

<https://fingertips.phe.org.uk/profile/cancerservices/data#page/0/qid/1938132830/pat/46/par/E39000018/ati/153/are/E38000074>

There are two main types of diabetes: type 1 and type 2. They are different conditions, caused by different things, but they are both serious and need to be treated and managed properly. Type 1 is an autoimmune disease where insulin can no longer be produced: it is not diet-related. Type 2 is related to diet and occurs because insulin is not recognised by the body's cells so the glucose can't be used to fuel the body. It is more common in people who are overweight and in BAME communities.

Harrow's recorded prevalence of diabetes (9.1%) in 2015-16 was significantly higher than that of London (6.5%). It is estimated that 14% of Harrow's residents are at risk of type 2 diabetes. The high rates are reflective of the high proportion of BAME groups in the area.

2.4.4 Chronic Obstructive Pulmonary Disease (COPD)

COPD is the name for a group of lung conditions that cause breathing difficulties. It includes emphysema and chronic bronchitis. COPD is a common condition that mainly affects middle-aged or older adults who smoke. Some cases of COPD are caused by long-term exposure to harmful fumes or dust or occur as a result of a rare genetic problem that means the lungs are more vulnerable to damage. There is increasing evidence that passive smoking is associated with chronic respiratory diseases, especially if exposure exceeds 20 hours per week.

Research has shown that the risk of developing clinically significant COPD (airflow obstruction plus symptoms) among never-smokers was doubled (OR 1.98 (95% CI 1.03 to 3.79)) if exposure exceeded 20 h/week.²⁶

In Harrow in 2015-16 there were 237 emergency admissions for COPD, a rate of 205 per 100,000, which is half the rates of London and England. In 2013-15, 175 Harrow residents died of COPD, a rate of 30 per 100,000, compared with London's rate of 50 and England's of 53.²⁷ The low rates are reflective of the historically low smoking prevalence in Harrow.

2.4.5 Depression and mental health

Recorded incidence and recorded prevalence of depression in 2015-16 were significantly lower in Harrow than in England overall. Of those diagnosed with depression, the percentage given a bio-psychosocial assessment (69%) was significantly lower than that of England (75%). In March 2017, the percentage entering Improving Access to Psychological Therapies (IAPT) services (21%) was significantly higher than that of England (17%).

²⁶ Jordan RE, Cheng KK, Miller MR, et al, Passive smoking and chronic obstructive pulmonary disease: cross-sectional analysis of data from the Health Survey for England, *BMJ Open* 2011;1:e000153. doi: 10.1136/bmjopen-2011-000153

²⁷ PHE. Local Tobacco Control Profiles - <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/0/qid/1938132885/pat/6/par/E12000007/ati/102/are/E09000015>

Prevalence of depression/anxiety among people who completed the 2015-16 GP Patient Survey (9%) was significantly lower in Harrow than in England overall (13%).²⁸

Modelled estimates for 2012 suggest that prevalence of psychotic disorders in Harrow for age 16+ is lower than that of England, but that estimated new cases of psychosis in ages 16–64 in 2011 was higher in Harrow than in England overall. In Q4 2016-17, GP prescribing rates of drugs for psychoses and related disorders were significantly lower in Harrow than in England, while the rate of people subject to the Mental Health Act 1983 was significantly higher in Harrow than in England.²⁹

In 2011-12, the excess mortality rate for adults aged <75 with serious mental illness in Harrow was significantly lower than in England overall.

The rate of social care mental health clients in residential or nursing care aged 18–64 per 100,000 population in Harrow (16.4) in 2013-14 was lower than that of England (31.9). At the end of Q4 2016-17, Harrow had a similar percentage of mental health service users who were inpatients in a psychiatric hospital (1.8%) to the England average (2.0%).

The rate of detentions under the Mental Health Act 1983 per 100,000 population in Harrow during 2014-15 was 115.7,³⁰ lower than the average for England (134.3).³¹ Note that there are data concerns relating to this indicator, as mental health data collection processes are in transition, and not all data providers were able to supply data on detentions under the Mental Health Act 1983 when the data was collected.

In addition, Harrow rates for attendances at A&E for a psychiatric disorder (361.8 per 100,000 population) were higher than the average England rate (243. per 100,000 population) in 2012-13.³²

The Standardised Emergency Admission Ratio for hospital admissions for self-harm is low (39.8), that for England being, by definition, 100.³³

²⁸ PHE. Common Mental Health Disorders - <https://fingertips.phe.org.uk/profile-group/mental-health/profile/common-mental-disorders/data#page/0/gid/1938132720/pat/46/par/E39000018/ati/153/are/E38000074>

²⁹ PHE. Severe Mental Illness - <https://fingertips.phe.org.uk/profile-group/mental-health/profile/severe-mental-illness/data#page/0>

³⁰ HSCIC. Mental Health Bulletin 2014-15 - <https://public.tableau.com/profile/community.and.mental.health.team#!/vizhome/MentalHealthBulletinDetentionsRatesofAccessbyCCG201415/Home>

³¹ Calculated from ONS MYE 2015 and Inpatients Formally Detained in Hospitals under the Mental Health Act 1983 and Patients Subject to Supervised Community Treatment, England, 2014-15, Annual figures. October 2015: Tables - <https://digital.nhs.uk/catalogue/PUB18803>

³² PHE. Severe Mental Illness - <https://fingertips.phe.org.uk/profile-group/mental-health/profile/severe-mental-illness/data#page/3/gid/8000031/pat/46/par/E39000018/ati/153/are/E38000074/iid/90845/age/1/sex/4>

³³ PHE. Mental Health and Wellbeing JSNA - <https://fingertips.phe.org.uk/profile-group/mental-health/profile/mh-jsna/data#page/0/gid/1938132923/pat/6/par/E12000007/ati/102/are/E09000015>

Hospital admissions for unintentional and deliberate injuries in children aged 0–14 (64.4 per 10,000 population) and in young people aged 15–24 (72.3 per 10,000 population) in Harrow were lower than the averages for England (104.2 per 10,000 and 134.1 per 10,000 population respectively) in 2015-16.³⁴

The age-standardised suicide rate in Harrow for 2013-15 (7.0 per 100,000 population) is lower than the average national rate for England (10.1 per 100,000 population).³⁵

2.4.6 Accidental injuries

Data on overall accidental injuries is not published, but rates of hospital admission for accidental injury in 2015-16 were significantly lower in Harrow than England for each of the age groups 0–4 years, 5–14 years, and 15–24 years.³⁶

2.4.7 Asthma

Recorded prevalence of asthma (5.1%) in 2015-16 was significantly lower in Harrow than in England overall (5.9%). The rates of admissions and of emergency admissions of patients on the asthma register were similar to those of England overall. In 2012-13, the overall admission rates per 1,000 population were significantly higher in Harrow than in England overall, but the emergency admission rate for the population of Harrow was similar to the England rate, as was the emergency admission rate for children. The mean length of stay of emergency episodes of children with asthma (0.88 days) was significantly lower than that of England (1.25 days).³⁷

2.4.8 Obesity

Childhood obesity is regarded as a major public health issue and is the subject of a national action plan by the UK government.³⁸

In 2015-16, prevalence of obesity in Reception year (age 4–5) was 8.4%, similar to England's rate, while prevalence of overweight was 9.2%, significantly lower than the England rate. In Year 6 (age 10–11) prevalence of obesity was 20.4%, and that of overweight was 15.5%, both similar to the England rates.

Of perhaps more concern, prevalence of underweight children in both age groups was more than double the England rate, and this was statistically significant. Overweight and obesity in 10–11-year-olds is increasing in Harrow, though in 2015-16 the proportion was similar to the England average.

³⁴ PHE. PHOF - <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/0/gid/1000042/pat/6/par/E12000007/ati/102/are/E09000015>

³⁵ PHE. Suicide Prevention Profile - <https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide/data#page/0>

³⁶ PHE. PHOF - <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/0/gid/1000042/pat/6/par/E12000007/ati/102/are/E09000015>

³⁷ PHE. Public Health Profiles - <http://fingertips.phe.org.uk/search/asthma>

³⁸ Gov.uk. Childhood obesity: a plan for action. August 2016 - <https://www.gov.uk/government/publications/childhood-obesity-a-plan-for-action>

Although obesity levels are lower than the London and England averages for four- and five-year-olds, the decrease in prevalence seen in London and England over time has not been seen in Harrow. The borough's obesity strategy states a commitment to no further rises in excess weight in both age groups in the coming years.

It is not clear whether interventions targeting young children in Reception year will have an impact on obesity levels among older children and there is currently no evidence as to the effectiveness of any programmes aimed at children under six years old.

Recent research, however, suggests that children who are obese at five years old have obese parents. Younger generations are becoming obese at earlier ages and staying obese for longer. Obese adults are seven times more likely to acquire type 2 diabetes than adults of a healthy weight, are more likely to get physical conditions such as heart disease, or to suffer from depression.

Both healthy eating patterns and physical activity are involved in combatting childhood obesity.

In adults, the Active People Survey estimates that 59% of adults in Harrow are overweight or obese, similar to the England average, and suggests there are 44,000 obese adults living in Harrow. National sources of trend data all have limitations, however GP-collected Quality and Outcomes Framework data and model-based estimates from NHS England both suggest national prevalence is increasing, particularly for obese males.

2.4.9 Palliative care

Palliative care is the active holistic care of patients with advanced progressive illness. Management of pain and other symptoms and provision of psychological, social and spiritual support is paramount. The goal of palliative care is achievement of the best quality of life for patients and their families. Many aspects of palliative care are also applicable earlier in the course of the illness in conjunction with other treatments.³⁹

Palliative care aims to:

- Affirm life and regard dying as a normal process
- Provide relief from pain and other distressing symptoms
- Integrate the psychological and spiritual aspects of patient care
- Offer a support system to help patients live as actively as possible until death
- Offer a support system to help the family cope during the patient's illness and in their own bereavement⁴⁰

³⁹ NICE. QS13: End of life care for adults. November 2011 - <https://www.nice.org.uk/guidance/qs13>

⁴⁰ The National Council for Palliative Care. Palliative Care Explained - <http://www.ncpc.org.uk/palliative-care-explained>

LBH offers a Community Specialist Palliative Care Service, provided by London North West Healthcare NHS Trust. The team practises four levels of intervention:

- Level 1: Advice, information and support may be accessed directly from a member of the team by a professional who is making the referral. No contact with the patient will be made
- Level 2: A single consultation visit or outpatient appointment for advice
- Level 3: Short-term interventions by a team member to address specific problems. The intention is to discharge from the service with open access to re-referral if required
- Level 4: Longer-term involvement for individuals who have complex on-going problems

Referrals are accepted from all healthcare and social care professionals, patients and relatives. If calls are received direct from patients/relatives, they are in the first instance requested to contact the patient's GP to request a written referral to be provided.

Within the borough boundaries of Harrow there are eight care/nursing homes offering palliative/end-of-life care. There is one hospice, St Luke's, which serves Harrow and Brent, and in addition to inpatient care offers outpatient services and Hospice at Home care.

The provision of specialist palliative care drugs can be commissioned from community pharmacists.

2.4.10 Influenza

Influenza, commonly known as flu, is an infectious disease caused by an influenza virus. Symptoms can be mild to severe. The most common symptoms include: a high fever, runny nose, sore throat, muscle pains, headache, coughing and feeling tired. These symptoms typically begin two days after exposure to the virus and most last less than a week. Usually, the virus is spread through the air from coughs or sneezes. It can also be spread by touching surfaces contaminated by the virus and then touching the mouth or eyes. A person may be infectious to others both before and during the time they are showing symptoms.

Early in the disease, treatment with antiviral drugs can be effective. In most cases the disease passes after a few days, but it is sometime severe and there is about a 10% mortality rate in cases of severe disease.⁴¹ An exception to the generally low mortality rates in Harrow is for deaths from communicable diseases (including influenza and pneumonia) in men, where the rate is higher than that of England.

Influenza viruses are found not only in humans but in many animals and birds, and can be transmitted between species. They are sometimes known by the creature in which they are endemic or from which a human outbreak has originated.

⁴¹ WHO. Influenza (Seasonal) Fact sheet N°211. November 2016
<http://www.who.int/mediacentre/factsheets/fs211/en/>

The viruses mutate rapidly and can hybridise if a host is infected by more than one strain simultaneously.

The influenza vaccine is recommended by the World Health Organization (WHO), the DH and Public Health England (PHE) for high-risk groups, such as children, the elderly, healthcare workers and people who have certain chronic illnesses. Due to the high mutation rate of the virus, a particular influenza vaccine usually confers protection for no more than a few years. Every year, the WHO predicts which strains of the virus are most likely to be circulating in the next year, allowing pharmaceutical companies to develop vaccines that will provide the best immunity against these strains. As a result, vaccination programmes in the NHS recommend annual vaccination.

On 20th July 2015, the Pharmaceutical Services Negotiating Committee announced that as part of the 2015-16 community pharmacy funding settlement, NHS England had agreed to allow community pharmacies in England to offer a seasonal flu vaccination service for patients in at-risk groups. This service is the fifth Advanced Service in the English CPCF and provision of the service commenced from 16th September 2015. The publication of the annual flu letter for 2017-18 by the DH, PHE and NHS England confirms that the Community Pharmacy Seasonal Influenza Vaccination Advanced Service will continue in 2017-18. The service can be provided by any community pharmacy in England that fully meets the requirements for provision of the service and has notified NHS England of their intention to begin providing the service.⁴²

The eligible population for at-risk flu vaccination varies from year to year. For 2017-18 it is:⁴³

- Anyone over 65 by 31st March 2018
- Pregnant women aged >18
- Residents of long-stay care homes
- Carers
- Household contacts of immunocompromised individuals
- People aged 18–65 with:
 - chronic long term respiratory disease (asthma, COPD, bronchitis, bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia)
 - chronic heart disease, (congenital heart disease, hypertension with cardiac complications, chronic heart failure, individuals requiring regular medication and/or follow up for ischaemic heart disease)
 - chronic kidney disease at stage 3, 4 or 5 (chronic kidney failure, nephrotic syndrome, kidney transplantation)

⁴² Pharmaceutical Services Negotiating Committee. Flu Vaccination Service - <http://psnc.org.uk/services-commissioning/advanced-services/flu-vaccination-service/>

⁴³ PSNC. Factsheet: Eligible groups for the Flu Vaccination Service 2017/18 - <https://psnc.org.uk/our-news/services-factsheet-eligible-groups-for-the-flu-vaccination-service-201718-august-2017/>

- chronic liver disease (cirrhosis, biliary atresia, chronic hepatitis)
- chronic neurological disease, such as Parkinson's disease or motor neurone disease, or learning disability, stroke or TIA. Conditions in which respiratory function may be compromised due to neurological disease (e.g. polio syndrome sufferers). Clinicians should offer immunisation, based on individual assessment, to clinically vulnerable individuals including those with cerebral palsy, learning disabilities, multiple sclerosis and related or similar conditions, hereditary and degenerative disease of the nervous system or muscles, or severe neurological disability
- diabetes (type 1 or type 2)
- immunosuppression, a weakened immune system due to disease (such as HIV/AIDS) or treatment (such as cancer treatment). The level of immunosuppression where a patient should be offered seasonal influenza vaccination is not defined. This decision is best left to the patient's clinician
- asplenia or splenic dysfunction, including sickle-cell disease and coeliac disease
- morbid obesity, BMI $\geq 40\text{kg/m}^2$

While some of these conditions should be recorded on GP practice disease registers, many will not be. Indeed, it seems an impossible task to derive the size of the eligible population.

Where the immunisation is decided on by a GP, the vaccination will almost always be delivered by practice nurses rather than delegated to a pharmacist, for business reasons. Pharmacists who deliver vaccinations do so at their own premises and will need to identify and select some patients for themselves. Pharmacists who are asked to provide flu vaccination to eligible patients at a care home must first seek consent from NHS England.

The Government's annual flu plan for 2017-18⁴⁴ states that 'the Community Pharmacy Seasonal Influenza Vaccination Advanced Service provides an excellent opportunity to inform and vaccinate people in these groups as the majority of these people visit their community pharmacies regularly to collect repeat prescriptions. There is also a role for doctors and specialist nurses in secondary care, health visitors, pharmacists and other caregivers to raise awareness of flu vaccine as part of the care pathway for people in clinical risk groups.'

⁴⁴ PHE, DH, NHSE. Flu Plan 2017/18 -

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/600532/annual_flu_plan_2017to2018.pdf

2.5 Lifestyle issues

2.5.1 Drug and alcohol misuse

According to the Harrow Substance Misuse Strategy 2015-2020:⁴⁵

- Harrow experiences a lower level of alcohol- and drug-related harm than regional or national averages. However, it is estimated that over 50,000 adults in Harrow are drinking alcohol above the maximum recommended level and are putting their health at risk. In 2013-14, there were 364 people in alcohol treatment in Harrow but nearly a third had been in treatment at least once before. In 2013-14 there were 1,101 London Ambulance callouts in Harrow registered as related to alcohol in adults and 35 callouts related to young people.
- In Harrow, there are around 885 adults classified as problematic opiate and crack users, below the national average rate, but it is estimated that less than half of users are in treatment.
- In 2013-14, 12% of opiate users completed treatment and did not re-present to services within six months, compared with an England rate of 8%. Half of all non-opiate users completed and did not re-present to services within six months. Of 364 people accessing alcohol treatment service, 46% completed treatment successfully, but 12% returned to treatment within six months.
- In 2013-14 there were 181 under-18s in community-based drug/alcohol treatment.
- In 2013-14, ten out of 90 (11%) children/young people looked-after for more than one year were identified as using alcohol or substances, compared with 6% across London.
- In Harrow, the adult substance misuse service is provided by WDP. The Harrow Service for Young People is delivered by Compass.
- Supervised consumption of methadone and buprenorphine is commissioned from a number of pharmacies in Harrow as an LCS. As part of its substance misuse service, WDP manages the overall opiate substitution programme.
- Compass Harrow is the needle and syringe programme prime contractor, and subcontracts to a number of pharmacies as an LCS.

2.5.2 Alcohol and related disease

In general, Harrow appears to have less of an alcohol-related problem than most areas. Admission episodes for alcohol-related conditions (both broad and narrow definitions) and admission episodes for alcohol-specific conditions in 2015-16 were significantly lower than those of England and London. Admission episodes for alcohol-specific condition in persons aged <18 in 2013-14 to 2015-16 were significantly lower than those of England and London.

⁴⁵ Harrow Substance Misuse Strategy 2015-2020 -

<https://www.harrow.gov.uk/www2%28S%28az3xe3bmnzmz4pajig1ciuj55%29%29/documents/s129136/Harrow%20substance%20misuse%20strategy%20FINAL%203.pdf>

Alcohol-related mortality rates in 2015 and alcohol-specific mortality rates in 2013-15 were significantly lower than those of England and London. Mortality from chronic liver disease in 2013-15 was significantly lower than in England and London. Volumes of alcohol sold through the off-trade in 2014 were significantly lower than England in every category except wine, where the value was similar to England overall. In 2011-14 the number of percentage of total abstainers, 30%, was double the England rate. Percentages of binge drinkers and of people consuming more than 14 units a week in 2011-14 were significantly lower than England.⁴⁶

Identification and Brief Advice (IBA) on alcohol is commissioned from a number of community pharmacies as an LCS.

2.5.3 Sexual health and teenage pregnancy

In most matters of sexual health, Harrow's rates are similar to the average.

Exceptions are:

- Chlamydia screening, where in 2016 the percentage of the 15 to 24-year-old population screened was significantly low (17%) compared with England's 21% and London's 27%, and the chlamydia detection rate in the same population was also significantly lower than London and England. Harrow's chlamydia diagnostic rates were low compared with London and England.
- HIV testing, where Harrow's testing coverage, 86%, was significantly higher than England's (68%) and the highest of any borough in London in 2016.
- HIV late diagnosis, where Harrow's rate of 51% was significantly higher than England's 40% and London's 34%.
- Teenage conceptions, where Harrow's rate of 13 per 1,000 under-18s was significantly lower than England's rate of 21 per 1,000 and London's 19 per 1,000. The Harrow rate of under-16 conceptions, 1 per 1,000, was just over a third of London's and England's in 2015. Birth rates were correspondingly low, and the under-18 abortion rate, 6 per 1,000, was significantly lower than England's 9 and London's 10 per 1,000.
- Prescribing of LARC (Long-Acting Reversible Contraceptives), where Harrow's rate of 29 per 1,000 was significantly lower than England's 48 per 1,000 and London's 35 per 1,000.

Provision of Emergency Hormonal Contraception (EHC, aka the 'morning after pill') to young women aged 13–19 is commissioned as an LCS from a number of pharmacies in Harrow.

⁴⁶ PHE. Local Alcohol Profiles for England. <https://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/0>

2.5.4 Smoking

Smoking prevalence has been measured by several different national surveys, and these have sometimes given very different results.⁴⁷

According to the 2016 Annual Population Survey (APS), at 7.4% Harrow's current smoking prevalence in 2016 was the lowest in England, and the percentage who have never smoked, 73.3%, was the highest in England.

According to the 2014 Integrated Household Survey (IHS), the respective figures were 13.1% and 62%, both significantly better than the London and England rates. According to the 2015-16 GP Patients Survey, the figures were 13.6% and 70%. According to QOF 2015-16, the percentage of current smokers was 13.3%.

People in lower socioeconomic groups are more likely to smoke and spend a larger proportion of their income on cigarettes. The APS and IHS collected data on the prevalence of smoking in routine and manual groups.⁴⁸

According to the 2016 APS, the current smokers in these group make up 7.8% of the population, only 5% higher than the overall rate. According to the 2014 IHS, the rate was 20.7%, 50% higher than the overall population rate.

While by every measure Harrow's current smoking rates are much better than the London and England rates, there is clearly a substantial degree of uncertainty around the exact figures.

Smoking rates among women are now almost equal to that among men, particularly in the 20 to 24-year-old age group in which smoking prevalence is highest. This may cause increases in smoking morbidity and mortality in future decades and may have some impact on current rates of smoking at time of delivery, especially among younger women. In 2015-16, Harrow's rate of smoking at the time of delivery, 3.9%, was significantly lower than those of London and England.

LBH's Stop Smoking web page and London North West Healthcare NHS Trust's Stop Smoking web page both refer users to the <http://www.nhs.uk/smokefree> website and to a couple of smartphone apps. They also suggest consulting a GP or pharmacist. LBH ceased to fund stop smoking services in March 2017 following year-on-year cuts to budgets in the years prior to this.

⁴⁷ PHE. Local Tobacco Control Profiles - <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/0/qid/1938132886/pat/6/par/E12000007/ati/102/are/E09000015>

⁴⁸ See The National Statistics Socio-economic Classification User Manual (ONS) for definition of this group. <https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=6&ved=0ahUKEwiRxeRM5lbXAhXpBsAKHewoAuoQFghKMAU&url=http%3A%2F%2Fwww.ons.gov.uk%2Fons%2Fguide-method%2Fclassifications%2Farchived-standard-classifications%2Fsoc-and-sec-archive%2Fthe-national-statistics-socio-economic-classification--user-manual.pdf%3Fformat%3Dhtml&usq=AOvVaw1lqceb7ZLLAZbbG2cxm11C>

This is consistent with the smoking quits data on the PHE Tobacco Control Profile, where in 2015-16, Harrow's cost per quitter is only 40% of the London and England estimated average, but by every performance measure (number setting a quit date, number quitting at four weeks, number of confirmed quitters, and completeness of data recording) Harrow's stop smoking performance was significantly worse than the London and England averages.

Until February 2017, Level 2 Stop Smoking Services were provided by Harrow pharmacies, and included the delivery of opportunistic information and advice, as well as the supply of Nicotine Replacement Therapy (NRT) and non-pharmacological stop smoking aids. This was an LCS from a majority of community pharmacies in Harrow. No stop smoking services are currently commissioned by LBH.

2.5.5 Oral health

Levels of oral disease in children in Harrow are relatively high in younger children in Harrow. In 2014-15, the percentage of five-year-olds free from dental decay was significantly lower than the London and England averages, while the average number of missing or filled teeth in five-year-olds was significantly higher than the England average.

In 2012-13 the percentage of three-year-olds free from dental decay was significantly lower than the England average; the average number of missing or filled teeth in 3-year-olds was more than double the England average, and the percentage of 3-year-olds with incisor caries was more than double the England average. The picture improves among older children. The percentage of 12-year-old children free from dental decay was significantly higher than the England average, and the average number of missing or filled teeth was significantly lower than the England average.⁴⁹

Rates of dental attendance in both children and adults are lower than the London and England averages, and dental decay is the leading cause of non-emergency hospital admission in children in Harrow.

⁴⁹ PHE. Oral Health Profile. <https://fingertips.phe.org.uk/profile/oral-health/data#page/0/gid/1938133053/pat/6/par/E12000007/ati/101/are/E09000015>

Section 3: NHS pharmaceutical services provision, currently commissioned

3.1 Community pharmacies

There are 61 community pharmacies in Harrow HWB area (as of 13th February 2018) serving a population of 252,276. This equates to an average of 24.2 pharmacies per 100,000 population, which has slightly decreased from 25.5 in the 2015 PNA. Data for 2015-16 shows the England average is 21.5 community pharmacies per 100,000 population, which has decreased slightly from 2015 when the average number was 21.7. The London average has also decreased to 21.7 from the previous 22.3 community pharmacies per 100,000 population. London has a transient population with generally good transport links. Populations may therefore find community pharmacies in neighbouring HWB areas more accessible and/or more convenient. There is a variable rate of community pharmacies per 100,000 population in neighbouring the HWB areas of Hertfordshire (21.5), Hillingdon (23.7), Ealing (21.8), Brent (25.1) and Barnet (20.5).

The pharmacy user questionnaire undertaken in the autumn of 2017 received 201 responses. 79% of respondents reported that they had a preferred or regular pharmacy which they use. When asked what factors they considered when choosing their pharmacy, 81% indicated 'close to home' and 39% 'close to GP surgery' as the most important reasons. 57% of respondents walk to their community pharmacy, while 34% use a car or taxi. The full results of the pharmacy user questionnaire are detailed in section 5.

Table 4 provides a breakdown, by locality, of the average number of community pharmacies per 100,000 population. Populations in all localities have access to extensive public transport links and road networks. For some populations, the nearest community pharmacy provision from their home may be in a neighbouring locality or HWB area. Maps 2 to 6 show the travel times to the nearest community pharmacy for residents of Harrow HWB area.

Table 4 - Breakdown of average community pharmacies per 100,000 population

Locality	Number of community pharmacies***	Total population (GLA 2015 projections)	Average number of community pharmacies per 100,000 population***
Central locality	18	62,208	28.9
Northeast locality	8	38,753	20.6
Northwest locality	13	43,174	30.1
Southeast locality	8	48,183	16.6
Southwest locality	14	59,958	23.3

Locality	Number of community pharmacies***	Total population (GLA 2015 projections)	Average number of community pharmacies per 100,000 population***
Harrow HWB area**	61	252,276	21.6
London region**	1,853*	8,539,000	21.7*
England**	11,688*	-	21.5*

* Data includes distance-selling (internet) pharmacies, which do not provide face-to-face services

** 2015-2016 data

*** As of May 2017

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

3.1.1 Choice of community pharmacies

Table 5 shows the breakdown of community pharmacy ownership in Harrow. The data shows that the level of independent ownership is significantly greater than the London average, and much higher than nationally, with no one provider having a monopoly in any locality. People in Harrow therefore have a good choice of pharmacy providers.

Table 5 - Community pharmacy ownership, 2015-16

Area	Multiples (%)	Independent (%)
England	61.9	38.1
London	39.2	60.8
Harrow (2017 data)	21.0	79.0

3.1.2 Weekend and evening provision

It is estimated that, collectively, community pharmacies in England⁵⁰ are open approximately 150,000 more hours per week than ten years ago. This has been mainly driven through the opening of '100-hour' pharmacies. There are 1,161 (9.9%) community pharmacies in England open for 100 hours or more per week. This has increased significantly from 2013-14, when there were 773 (6.7%).

Table 6 shows that Harrow has a lower percentage of its pharmacies open for 100 hours or more compared with regionally and nationally. Most 100-hour pharmacies are open late and at the weekends.

⁵⁰ Dispensing Health: Pharmacy Voice. 'Who do you think we are? Community Pharmacy: dispensers of health'. 2014. <http://www.dispensinghealth.org/wp-content/uploads/2014/01/DH-Launch-FINA1.pdf>

Table 6 - Numbers of 100-hour pharmacies (and percentage of total)

Area	Number (%) of 100-hour pharmacies
England (2015-16 data)	1,161 (9.9%)
London region	103 (5.5%)
Harrow	2 (3.3%)
Central locality	1 (1.6%)
Northeast locality	0 (0%)
Northwest locality	1 (1.6%)
Southeast locality	0 (0%)
Southwest locality	0 (0%)

3.2 Dispensing Appliance Contractors (DACs)

There are no DACs in Harrow HWB area, however, DAC services are available to the population from elsewhere in the UK. Appliances may also be dispensed from community pharmacies. The community pharmacy contractor questionnaire received 56 responses, and 69% of respondents reported that they provide stoma and/or incontinence appliances.

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 Harrow HWB area. There were 112 DACs in England in 2015-16.

3.3 Distance-selling pharmacies

A distance-selling pharmacy provides services as per the Pharmaceutical Regulations 2013. It may not provide essential services face-to-face and therefore provision is by mail order and/or wholly internet. As part of the terms of service for distance-selling pharmacies, provision of all services offered must be offered throughout England.

It is therefore likely that patients within Harrow HWB area will be receiving pharmaceutical services from a distance-selling pharmacy outside Harrow HWB area. There are three distance-selling pharmacies in Harrow HWB area.

- Avviro Ltd, Office 108, Pentax House, South Hill Avenue, Harrow HA2 0DU
- Clinidirect, Qualitas House, 110 Elmgrove Road, Harrow HA1 2RW
- Doorstep Pharmacy, 106 High Street, Harrow on the Hill HA1 3LP

This is a decrease by one since 2015. Figures in 2015-16 show that in England there were 266 distance-selling pharmacies, accounting for 2.3% of the total number of pharmacies (London had 20 (1.1%)).

This has increased significantly from 2015, when there were 211 distance-selling pharmacies, accounting for 1.8% of all pharmacy contractors. The London figure has increased from 0.8% to 1.1% of all pharmacy contractors.

The public questionnaire identifies that 11% of respondents have used a distance-selling pharmacy (internet pharmacy). Of those who did use an internet pharmacy, 66% found the service to be excellent or good.

3.4 Access to community pharmacies

The majority of community pharmacy providers in the Harrow HWB area are sited in areas co-located with shops, GP practices or other routine destinations; many also provide extended opening hours. As such they attract a high level of convenience.

The White Paper, 'Pharmacy in England: Building on strengths – delivering the future'⁵¹ noted that 99% of the population – even those living in the most deprived areas – can get to a community pharmacy within 20 minutes by car and 96% by walking or using public transport. Maps 2 to 6 provide an analysis of the population of Harrow's travel times to their nearest community pharmacy.

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

3.4.1 Routine daytime access to community pharmacies

Average daytime drive time, walking, and public transport travel times for percentages of the Harrow HWB area population to their nearest community pharmacy can be found in Table 7.

Average walking time to community pharmacies is shown in Map 6. Average off-peak drive time to community pharmacies in Harrow is shown in Map 2, and peak drive time in Map 3. Average public transport travel time in the morning is shown in Map 4, and in the afternoon in Map 5. A previously published article⁵² suggests that over 89% of the population of England has a maximum 20-minute walk to a community pharmacy, however this figure falls to as low as 14% in rural areas. The same study found that access is greater in areas of high deprivation. Higher levels of deprivation are linked to increased premature mortality rates. Of the Harrow HWB area population, 100% have an average peak drive time not exceeding 15 minutes to their nearest community pharmacy and 100% have an average walking time not exceeding 25 minutes.

⁵¹ Department of Health White Paper. Pharmacy in England: Building on strengths – delivering the future. April 2008. <http://www.official-documents.gov.uk/document/cm73/7341/7341.pdf>

⁵² Todd A, Copeland A, Husband A. The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England. BMJ Open 2014, Vol. 4, Issue 8. <http://bmjopen.bmj.com/content/4/8/e005764.full.pdf%20html>

Table 7 - Percentage of population of Harrow HWB and average daytime travel times to nearest community pharmacy, 2017

	Average peak drive	Average off-peak drive	Average walking	Average public transport - am	Average public transport - pm
0-5 mins	66.9%	78.5%	20.8%	23.5%	23.9%
0-10 mins	99.6%	100%	70.1%	89.1%	89.0%
0-15 mins	100%	100%	96.9%	99.7%	99.6%
0-20 mins	100%	100%	99.6%	100%	100%
0-25 mins	100%	100%	100%	100%	100%

Source: Maps 2 to 6

3.4.2 Routine weekday evening access to community pharmacies

The number, location and opening hours of community pharmacy providers open beyond 6pm, Monday to Friday (excluding bank holidays) vary within each locality: they are listed in the table below. 'Average' access is difficult given the variety of opening hours and locations. Access is therefore considered at locality level and, as can be found from Table 8, the population of Harrow has reasonable access to community pharmacies in the evening. This is because the majority of providers in the Harrow HWB area, approximately two thirds (66%), are open after 6pm, in all localities. A further analysis of provision in each locality is detailed in section 6. A full list of community pharmacies identifying their opening hours and services provided can be found in Appendix A.

Table 8 - Community pharmacy providers open Monday to Friday (excluding bank holidays) after 6pm

Locality	Pharmacy name and address	Opening hours (Mon-Fri, excluding bank holidays)
Central	Boots, 16 St George's Shopping Centre, St Anns Road, Harrow HA1 1HS	09:00-19:00
	Desons Chemist, 216 Harrow View, Harrow HA2 6PL	09:15-19:00
	Garner Chemists, 160 Pinner Road, Harrow HA1 4JJ	09:00-18:30
	KL Pharmacy, 229 Kenton Lane, Kenton HA3 8RP	09:00-18:30 Wed 09:00-17:00
	Lloyds Pharmacy, Belmont Circle, 5 Warwick Parade, Harrow HA3 8SA	09:00-22:00
	Nowell Pharmacy, 10 Weald Lane, Harrow Weald HA3 5ES	09:00-18:30 Wed 09:00-17:00

Locality	Pharmacy name and address	Opening hours (Mon-Fri, excluding bank holidays)
Central	Overton & Pickup, 6 Kenton Park Road, Kenton Road, Kenton HA3 8DQ	09:00-18:30
	Tesco In-Store Pharmacy, 2 Station Road, Harrow HA1 2TU	09:00-21:00
	The Harrow Pharmacy, 73 Station Road, Harrow HA1 2TX	07:45-22:45
	Webber Pharmacy, 105 Headstone Road, Harrow HA1 1PG	09:00-19:00
Northeast	Andrews Pharmacy, 9 Canons Corner, Edgware HA8 8AE	09:00-18:30
	Care Chemists, 5 Buckingham Parade, The Broadway, Stanmore HA7 4EB	09:00-18:30
	Jade Pharmacy, 385 High Road, Harrow Weald HA3 6EL	09:00-19:00
	Medicare Dispensing Chemist, 10 Handel Parade, Whitchurch Lane, Edgware HA8 6LD	09:00-19:00
	Canons Pharmacy, 11 Station Parade, Whitchurch Lane, Edgware HA8 6RW	09:00-19:30
	Lloyds Pharmacy Inside Sainsbury's, 1/9 The Broadway, Stanmore HA7 4DA	08:00-22:00
Northwest	Angies Chemist, 3 High Street, Pinner HA5 5PJ	09:00-18:45
	M & A Pharmacy, 509 Pinner Road, North Harrow HA2 6EH	09:00-19:00
	Cedars Pharmacy, 197 Headstone Lane, Harrow HA2 6ND	09:00-19:00
	Gor Pharmacy, 37 Love Lane, Pinner HA5 3EE	07:00-22:00
	Gor Pharmacy, 147 Marsh Road, Pinner HA5 5PB	08:30-19:00
	Jade Pharmacy, 5 Broadway Parade, Pinner Road, North Harrow HA2 7SY	09:00-19:00
	Lloyds Pharmacy Inside Sainsbury's, 12 Barbers Walk, Pinner HA5 5LU	08:00-20:00
	Saville Chemist, 61 Station Road, North Harrow HA2 7SR	09:00-19:00 Thu 09:00-18:00
	Tannas Chemist, 320 Uxbridge Road, Hatch End, Pinner HA5 4HR	09:00-19:00 Wed 09:00-18:00
	Tesco In-Store Pharmacy, 1 Ash Hill Drive, Pinner Green, Pinner HA5 2AG	09:00-19:00 Wed 09:00-18:00
	Village Pharmacy, 272 Uxbridge Road, Hatch End, Pinner HA5 4HS	09:00-18:30 Thu-Fri 09:00-18:00

Locality	Pharmacy name and address	Opening hours (Mon-Fri, excluding bank holidays)
Southeast	Honeypot Pharmacy, 189 Streatfield Road, Kenton, Harrow HA3 9DA	09:00-19:00
	Bachu's Chemist, 708 Kenton Road, Kenton, Harrow HA3 9QX	09:00-18:30
	Doshi Pharmacy, 127 Burnt Oak Broadway, Burnt Oak, Edgware HA8 5EN	09:00-18:30
	Fairview Pharmacy, 293-295 Burnt Oak Broadway, Edgware HA8 5ED	09:00-19:00
	MT Kotecha, 903 Honeypot Lane, Stanmore HA7 1AR	09:00-18:30
	Collins Pharmacy, 8-9 Queensbury Circle Parade, Stanmore HA7 1EY	09:00-19:00
Southwest	KL Pharmacy, 190 Alexandra Avenue, South Harrow HA2 9BN	09:00-19:00 Wed 09:00-18:30
	Boots, 157-159 Greenford Road, Harrow HA1 3QN	09:00-19:00
	Healthways Chemist, 382 Rayners Lane, Pinner HA5 5DY	09:00-19:00 Wed 09:00-13:00
	PM Williams, 5 Station Parade, Northolt Road, South Harrow HA2 8HB	09:00-19:00
	Kings Pharmacy, 336 Eastcote Lane, South Harrow HA2 9AJ	09:00-19:00
	Shaftesbury Pharmacy, 6 Shaftesbury Parade, Shaftesbury Avenue, South Harrow HA2 0AJ	09:00-19:00
	Jade Pharmacy, 399 Alexandra Avenue, Harrow HA2 9SG	09:00-19:00

3.4.3 Routine Saturday daytime access to community pharmacies

The number, location and opening hours of community pharmacy providers open on Saturdays vary within each locality. The vast majority of pharmacies in the Harrow HWB area, 95%, are open on Saturdays, a significant proportion of which are open into the late afternoon. 'Average' access is difficult given the variety of opening hours and locations. Access is therefore considered at locality level. The population of Harrow has reasonable access to community pharmacies on Saturday. This is because a significant proportion of providers in Harrow HWB area are open Saturdays, in all localities.

Table 9 lists all pharmacies in Harrow HWB area which open on Saturdays. A further analysis of provision is detailed in section 6.

Table 9 - Community pharmacy providers open Saturdays*

Locality	Pharmacy name and address	Saturday opening hours
Central	Boots, Unit 9-10 St Anns Shopping Centre, St Anns Road, Harrow HA1 1HS	09:00-18:00
	Boots, 16 St George's Shopping Centre, St Anns Road, Harrow HA1 1HS	09:00-19:00
	Boots, 66-68 High St, Wealdstone, Harrow HA3 7AF	09:00-18:00
	Desons Chemist, 216 Harrow View, Harrow HA2 6PL	09:15-18:00
	Garner Chemists, 160 Pinner Road, Harrow HA1 4JJ	09:00-13:00
	Jade Pharmacy, 2 Weald Lane, Harrow HA3 5ES	09:00-13:00
	Keencare Ltd, 18 College Road, Harrow HA1 1BE	09:00-17:00
	KL Pharmacy, 229 Kenton Lane, Kenton HA3 8RP	09:00-16:00
	Lloyds Pharmacy, Belmont Circle, 5 Warwick Parade, Harrow HA3 8SA	09:00-22:00
	Murrays Chemist, 172 Kenton Road, Harrow HA3 8BL	09:00-14:00
	Nowell Pharmacy, 10 Weald Lane, Harrow Weald HA3 5ES	09:00-14:00
	Overton & Pickup, 6 Kenton Park Road, Kenton Road, Kenton HA3 8DQ	09:00-14:00
	Superdrug, 297-301 Station Road, Harrow HA1 2TA	09:00-18:00
	Tesco In-Store Pharmacy, 2 Station Road, Harrow HA1 2TU	09:00-21:00
	The Harrow Pharmacy, 73 Station Road, Harrow HA1 2TX	08:00-21:00
	Webber Pharmacy, 105 Headstone Road, Harrow HA1 1PG	09:00-13:00
	Avicenna Pharmacy (prev Kentbrook Pharmacy), 4 Station Parade, Belmont Circle, Harrow HA3 8SB	09:00-13:00
Northeast	Boots, 32 Church Road, Stanmore HA7 4AL	09:00-17:30
	Care Chemists, 5 Buckingham Parade, The Broadway, Stanmore HA7 4EB	09:00-18:30
	Jade Pharmacy, 385 High Road, Harrow Weald HA3 6EL	09:00-17:30
	Medicare Dispensing Chemist, 10 Handel Parade, Whitchurch Lane, Edgware HA8 6LD	09:00-14:00
	Canons Pharmacy, 11 Station Parade, Whitchurch Lane, Edgware HA8 6RW	10:00-13:00

Locality	Pharmacy name and address	Saturday opening hours
Northeast	Reems Pharmacy, 107 Uxbridge Road, Harrow Weald HA3 6DN	09:00-13:00
	Lloyds Pharmacy Inside Sainsbury's, 1/9 The Broadway, Stanmore HA7 4DA	08:00-22:00
Northwest	Angies Chemist, 3 High Street, Pinner HA5 5PJ	09:00-17:30
	Boots, 37-39 Bridge Street, Pinner HA5 3HR	09:00-18:00
	M & A Pharmacy, 509 Pinner Road, North Harrow HA2 6EH	09:00-16:00
	Carters Chemist, 24 Bridge Street, Pinner HA5 3FJ	09:00-17:30
	Cedars Pharmacy, 197 Headstone Lane, Harrow HA2 6ND	09:00-13:00
	Gor Pharmacy, 37 Love Lane, Pinner HA5 3EE	07:00-20:00
	Gor Pharmacy, 147 Marsh Road, Pinner HA5 5PB	09:00-17:00
	Jade Pharmacy, 5 Broadway Parade, Pinner Road, North Harrow HA2 7SY	09:00-19:00
	Lloyds Pharmacy Inside Sainsbury's, 12 Barters Walk, Pinner HA5 5LU	08:00-19:00
	Saville Chemist, 61 Station Road, North Harrow HA2 7SR	09:00-14:00
	Tannas Chemist, 320 Uxbridge Road, Hatch End, Pinner HA5 4HR	09:00-18:00
	Tesco In-Store Pharmacy, 1 Ash Hill Drive, Pinner Green, Pinner HA5 2AG	08:00-19:00
	Village Pharmacy, 272 Uxbridge Road, Hatch End, Pinner HA5 4HS	09:00-17:30
Southeast	Honeypot Pharmacy, 189 Streatfield Road, Kenton, Harrow HA3 9DA	09:00-17:00
	Bachu's Chemist, 708 Kenton Road, Kenton, Harrow HA3 9QX	09:00-18:30
	Doshi Pharmacy, 127 Burnt Oak Broadway, Burnt Oak, Edgware HA8 5EN	09:00-17:30
	Burnt Oak Pharmacy, 71-73 Burnt Oak Broadway, Edgware HA8 5EP	09:00-18:00
	Fairview Pharmacy, 293-295 Burnt Oak Broadway, Edgware HA8 5ED	09:00-13:30
	MT Kotecha, 903 Honeypot Ln, Stanmore HA7 1AR	09:00-13:00
	Mackenzie Chemist, 39 South Parade, Mollison Way, Edgware HA8 5QL	09:00-14:00
	Collins Pharmacy, 8-9 Queensbury Circle Parade, Stanmore HA7 1EY	09:00-19:00

Locality	Pharmacy name and address	Saturday opening hours
Southwest	KL Pharmacy, 190 Alexandra Avenue, South Harrow HA2 9BN	09:00-18:00
	Boots, 283 Northolt Road, South Harrow HA2 8HX	09:00-17:30
	Boots, 157-159 Greenford Road, Harrow HA1 3QN	09:00-18:00
	Clarke Pharmacy, 154 Greenford Road, Sudbury Hill, Harrow HA1 3QS	09:00-13:00
	Healthways Chemist, 382 Rayners Lane, Pinner HA5 5DY	09:00-19:00
	PM Williams, 5 Station Parade, Northolt Road, South Harrow HA2 8HB	09:00-17:30
	Kings Pharmacy, 336 Eastcote Lane, South Harrow HA2 9AJ	09:00-12:00
	S&A Pharmacy, 251 Northolt Road, South Harrow HA2 8HR	09:00-17:30
	Shaftesbury Pharmacy, 6 Shaftesbury Parade, Shaftesbury Avenue, South Harrow HA2 0AJ	10:00-13:00
	Stratwicks Ltd, 240 Northolt Road, Harrow HA2 8DJ	09:00-17:30
	Jade Pharmacy, 394 Rayners Lane, Harrow HA5 5DY	09:00-14:00
	Jade Pharmacy, 399 Alexandra Av, Harrow HA2 9SG	09:00-18:00

* excludes distance-selling pharmacies

3.4.4 Routine Sunday daytime access to community pharmacies

The number, location and opening hours of community pharmacy providers open on Sundays vary across the localities. The majority of localities in the HWB area, four in total, have at least one pharmacy open on Sundays. There are no pharmacies open on Sundays in the Southeast or Southwest localities. However, each of the main shopping areas has a pharmacy open on Sundays.

Table 10 - Community pharmacy providers open Sundays*

Locality	Pharmacy name and address	Sunday opening hours
Central	Boots, Unit 9-10 St Anns Shopping Centre, St Anns Road, Harrow HA1 1HS	11:00-17:00
	Boots, 16 St George's Shopping Centre, St Anns Road, Harrow HA1 1HS	11:00-17:00
	Lloyds Pharmacy, Belmont Circle, 5 Warwick Parade, Harrow HA3 8SA	10:00-16:00
	Tesco In-Store Pharmacy, 2 Station Road, Harrow HA1 2TU	10:00-16:00
	The Harrow Pharmacy, 73 Station Road, Harrow HA1 2TX	09:00-21:00

Locality	Pharmacy name and address	Sunday opening hours
Northeast	Andrews Pharmacy, 9 Canons Corner, Edgware HA8 8AE	10:00-13:00
	Lloyds Pharmacy Inside Sainsbury's, 1/9 The Broadway, Stanmore HA7 4DA	10:00-16:00
Northwest	Boots, 37-39 Bridge St, Pinner, HA5 3HR	10:00-17:00
	Gor Pharmacy, 37 Love Lane, Pinner HA5 3EE	08:00-20:00
	Lloyds Pharmacy Inside Sainsbury's, 12 Barters Walk, Pinner HA5 5LU	10:00-16:00
	Tannas Chemist, 320 Uxbridge Road, Hatch End, Pinner HA5 4HR	10:00-14:00
	Tesco In-Store Pharmacy, 1 Ash Hill Drive, Pinner Green, Pinner HA5 2AG	10:00-17:00
Southeast	No pharmacies open	
Southwest	No pharmacies open	

* excludes distance-selling pharmacies

3.4.5 Routine bank holiday access to community pharmacies

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

The number, location and opening hours of community pharmacy providers open on a bank holiday vary within each locality and on different bank holidays. Annually, NHS England requests feedback from community pharmacies on their bank holiday intentions. For most bank holidays, a number of providers have planned to open and NHS England has deemed provision as satisfactory and not commissioned any further provision. NHS England may often need to commission a bank holiday rota service from a small number of pharmacies, particularly in some areas, for Easter Sunday and Christmas Day.

3.5 Advanced service provision from community pharmacies

Section 1.3 lists all advanced services which may be provided under the pharmacy contract. As these services are discretionary, not all providers will provide them all of the time. Data supplied from NHS England has been used to demonstrate provision of MURs, NMS and flu vaccination. Table 11 lists a summary of the latest available data (2015-16) on provision of advanced services.

The data relating to immunisation relates to the 2016-17 season and only provides information for those contractors who provided the service within that period.

Table 11 - Advanced service provision

Advanced service	Percentage of contractors currently providing		
	England	London	Harrow
Medicines use reviews (MURs)	94.4%	94.2%	91.8%
New medicine service (NMS)	80.8%	76.9%	77.0%
Flu vaccination	61.6%	60.2%	72.1%
NUMSAS*	-	-	-
Appliance Use Review (AUR)**	1.2%	0.5%	1.6%
Stoma Appliance Customisation (SAC)**	14.7%	4.0%	1.6%

*NUMSAS: No list of providers of NHS Urgent Medicine Supply Advanced Service is available publicly

**AUR and SAC data includes provision from Dispensing Appliance Contractors

The percentage of providers of the MUR service is slightly lower than the regional and national averages, whereas the provision of NMS services in Harrow HWB area is slightly higher than the regional but below the national level. Appendix A lists those community pharmacies who have provided these services in 2015-16, with the exception of flu vaccination, which is based on 2016-17 season. Since the 2015 PNA, significantly fewer pharmacies provide the NMS service: 77% provide it now compared with 87% in 2015. Slightly more pharmacies now provide MURs, 91.8% compared with 90% in 2015.

Of respondents to the community pharmacy contractor questionnaire, none indicated that they do not have a consultation room which complies with the requirements to perform NMS/MUR services. Respondents indicated that hand-washing facilities are located either within or close to the consultation area in 93% of their premises.

Only one pharmacy provides the SAC service in the Harrow HWB area. This proportion of providers in the Harrow HWB area is considerably lower than the regional and national level.

While only one pharmacy provides the AUR service in the Harrow HWB area, this proportion of providers is higher than the regional and national level. However, the number of providers of the AUR service is low overall, regionally and nationally.

There were only 140 community pharmacy or DAC providers nationally (1.2%) and ten community pharmacy or DAC providers (0.5%) in the whole of London in 2015-16.

3.6 Enhanced service provision

Under the pharmacy contract, enhanced services are those directly commissioned by NHS England (section 1.3). Therefore, any locally commissioned services commissioned by CCGs or the local authority are not considered here. They are outside the scope of the PNA but are considered in section 4.

NHS England (London region) currently commissions the London Vaccination Service from pharmacies in Harrow HWB area. This enhanced service is in addition to the National Advanced Flu Vaccination Service and includes a 'top-up' element for seasonal flu as well as pneumococcal vaccinations for certain cohorts and MenACWY for 18–24-year-olds living in London permanently or temporarily.

Whereas the National Advanced Service delivers a flu vaccination provision for those aged 18 years and over, the London Vaccination Service covers additional groups of patients, e.g. carers and the homeless, and a lower age bracket (2 to 18 years), as well as providing pneumococcal vaccine for eligible cohorts.

3.7 Pharmaceutical service provision provided from outside Harrow HWB area

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

It is not practical to list here all those pharmacies outside Harrow HWB area by which Harrow residents will access pharmaceutical service. A number of providers lie within close proximity to the borders of Harrow HWB area boundaries and are plotted on Maps 1 to 6. Further analysis of cross-border provision is undertaken in section 6.

Two pharmacies which the Steering Group wish to make specific reference to, as they are considered to routinely provide services to a large number of Harrow residents but lie across the border in the neighbouring Brent HWB, are:

- Churchills Pharmacy, 207 Kenton Road, Kenton, Harrow HA3 0HD. This is commissioned by LBH to provide the supervised consumption service
- Lloyds Pharmacy, 1 Nash Way, Kenton, Harrow, HA3 0JA, open from 8am to 8pm (Monday-Wednesday, Saturday), 8am to 9pm (Thursday-Friday) and 10am to 4pm on Sunday

Section 4: Other services which may impact on pharmaceutical services provision

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

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

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

LBH does not directly commission the following services, but they are available via a 'lead provider' arrangement, who in turn subcontracts (hold contracts with) a number of community pharmacies:

- Emergency Hormonal Contraception (EHC) service
- Supervision of consumption of opiates
- Needle Exchange Service
- Alcohol Identification and Brief Advice (IBA)

The services in relation to drug and alcohol services are commissioned from WDP, who in turn subcontracts a number of pharmacies to provide these services.

The EHC service is provided by a lead provider, London North West Healthcare NHS Trust, from 1st October 2017, who in turn subcontracts community pharmacies to provide the service.

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

4.2 CCG-commissioned services

Harrow CCG currently commissions the out-of-hours palliative care medicines service through community pharmacies.

Publication of which pharmacy is on-call is shared with the GP out-of-hours provider. To ensure the security of these pharmacies, this information is not published here or elsewhere publicly.

Local authority and CCG commissioners were asked for their views on which services they would consider commissioning from community pharmacy providers. Many services are already commissioned by the CCG or local authority from other providers. As only one response was received to the commissioner questionnaire, it is difficult to draw definite conclusions. However, from the respondent who did respond there does not appear to be a willingness to consider commissioning any identified services.

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

4.3 Other services provided from community pharmacies

As part of the community pharmacy contractor questionnaire, found in Appendix D, respondents were asked to indicate which from a range of other services, including disease-specific, vaccination and screening services, they currently provide, would be willing to provide or would not be willing to provide. The majority of pharmacies indicated that they either currently provide these services or would be willing to provide if commissioned.

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

4.4 Collection and delivery services

All pharmacies who responded offer collection of prescriptions from GP practices. Of those who responded, 98% of pharmacies offer a free delivery service of dispensed medicines on request, while 12% provide a chargeable service. Depending on the area in question and the ability of residents to pay for a delivery service, this could impact individuals' ability to receive a delivery service and impact their access to medication.

4.5 Domiciliary services

It is unknown how many Harrow residents are considered housebound. For those residents who are housebound, it is unclear if this translates into a need for prescription delivery services and if current provision fulfils this need.

Contractors providing MURs may provide them at patients' homes, upon agreement with NHS England. No data has been gathered on numbers of domiciliary MURs provided in Harrow HWB area.

4.6 Language services

Of the pharmacies who responded to the community pharmacy contractor questionnaire, 40 reported that they offer at least one additional language in addition to English. The most common spoken additional languages were Gujarati (93%), Hindi (68%), Urdu (23%), Romanian (8%), Tamil (18%) and Polish (15%).

4.7 Services for less-abled people

As a requirement of the Equality Act 2010,⁵³ community pharmacies are required to make 'reasonable adjustments' to their services to ensure they are accessible by all groups, including less-abled persons. From the community pharmacy contractor questionnaire, 93% indicated they have wide door access, 55% have ramped access and 46% have an electric door. The questionnaire identifies that 90% have a consultation room which is accessible to wheelchair users.

⁵³ The Equality Act 2010 - <http://www.legislation.gov.uk/ukpga/2010/15/contents>

4.8 NHS dental contractors

There are a number of NHS dental contractors in Harrow HWB area. Identifying these allows the HWB to determine if there is a need for additional pharmaceutical services to ensure adequate service provision for those who might access these services.

Table 12 - List of providers of dental services

Dental practice name	Practice address
Mobile Dental Services	Office 9, Miller House, Rosslyn Crescent, Harrow HA5 4ED
Edgware Dental Practice	298 Whitchurch Lane, Edgware HA8 6QX
The Clocktower Dental Surgery	132 High Street, Wealdstone HA3 7AL
Headstone Lane Dental Practice	197 Headstone Lane, Harrow HA2 6ND
Pinn Dental Centre	37 Love Lane, Pinner HA5 3EE
Mollison Dental Practice	106A Mollison Way, Edgware HA8 5QT
Revital Dental Care	4 Shaftesbury Parade, Shaftesbury Avenue Harrow HA2 0AJ
Hillview Dental Practice	54 Sheepcote Rd, Harrow HA1 2JF
Khiroya Dentist	218 Pinner Road, North Harrow HA1 4JU
Alexandra Avenue Health Clinic	Alexandra Avenue, South Harrow HA2 9DX
Imperial Dental Care	13 The Broadwalk, Pinner Road, North Harrow HA2 6ED
Streatfield Dental Surgery	206 Streatfield Road, Kenton HA3 9BU
Bhuva Dental Surgery - Pinner	692 Pinner Road, Pinner HA5 5QY
Harrow Smile Clinic	99 High Street, Wealdstone HA3 5DL
Hatch End Dental Practice	118 Uxbridge Road, Hatch End, Pinner HA5 4DS
CareDental Limited	2 Stag Lane, Edgware HA8 5JY
Bright Dental Practice	300 Kenton Road, Kenton HA3 8DD
Rayners Lane Dental Practice	6 Warden Avenue, Harrow HA2 9LW
Miss RSK Leow, Dental Practice	211 The Heights, Northolt UB5 4BX
RA Raeburn Dental Surgery	198 High Road, Wealdstone HA3 7BA

Dental practice name	Practice address
OraCare	11 Handel Parade, Edgware HA8 6LD
Smile 360 Dental Care	404 Alexandra Avenue, Rayners Lane, Harrow HA2 9TR
M Zabihi	3 Eastcote Lane, South Harrow HA2 8BW
SS Lawson	450 Rayners Lane, Pinner HA5 5DX
Harrow Dental Surgery	77 Harrow View, Harrow HA1 4TB
Belmont Dental Surgery	7 Station Parade, Kenton Lane, Harrow HA3 8SB
Stanmore Smile Centre	2 Glebe Road, Stanmore HA7 4EL
Burnt Oak Dental Practice	213 Burnt Oak Broadway, Edgware HA8 5EG
Cohen Dental Practice	486 Uxbridge Road, Hatch End, Pinner HA5 4SL
Pinner Green Dental Clinic	661 Uxbridge Road, Pinner HA5 3LW
DentiCare	377 High Road, Harrow Weald HA3 6EL
JU Shah	113a Burnt Oak, Broadway, Edgware HA8 5EN
MJ Patel	96 Station Road, Harrow HA1 2RX
The Pinner Dental Practice	92 Cannon Lane, Pinner HA5 1HP
Harrow Weald Dental Practice	359 High Road, Harrow Weald HA3 5EQ
Woodland Surgery	106 Woodlands, North Harrow HA2 6EW
Family Dental Care	160 Marsh Lane, Stanmore HA7 4HT
Whitehouse Dental Practice	524 Kenton Lane, Harrow Weald HA3 7LL
Stanmore Dental Surgery	9 Church Road, Stanmore HA7 4AR
Bridge Dental Care	271 Northolt Road, South Harrow HA2 8HS
My Dental Surgery	434 Pinner Road, North Harrow HA2 6EF
Quadrant Dental Care	2 The Quadrant, Headstone Gardens, Harrow HA2 6PN
Abbey Dental Practice	338 Eastcote Lane, South Harrow HA2 9AJ
Family Dental Care	160 Marsh Lane, Stanmore HA7 4HT
The Keith Mount Dental Surgery	172 Long Elmes, Harrow Weald HA3 5JZ
Orthodontic Gallery	Stanmore Towers, Suite 3, 8-14 Church Road, Stanmore HA7 4AW

4.9 GP practices

The location and opening hours of GP practices will have a bearing on pharmacy provision. Table 13 lists all GP practices, their locations and routine opening hours.

There are no confirmed plans for GP estates in Harrow during the lifetime of the PNA (2018-2021).

Table 13 – GP practice locations and opening hours

GP practice name	Practice address	Routine opening hours
Aspri Medical Centre	1-3 Long Elmes, Harrow Weald HA3 5LE	Mo, Tu, Fr: 08:00-18:00 We 07:30-12:30 Th 08:00-20:00
Bacon Lane Surgery	11 Bacon Lane, Edgware HA8 5AT	Mo, We, Fr: 08:00-18:30 Tu: 08:00-20:00 Th: 07:30-18:30
Belmont Health Centre	16 Kanton Lane, Harrow HA3 7LT	Mo, Wed-Fr: 08:00-18:30 Tu: 08:00-20:00 Sa: 09:00-12:00
Mr K Mount	(Long Elmes Surgery) 252 Long Elmes, Harrow Weald HA3 6LF	Mo, We: 09:00-12:30 Tu: 16:00-19:00 Th: 15:00-18:00 Fr: 09:00-12:00
Civic Medical Centre	18-20 Bethacar Road, Harrow HA1 1SE	Mo, Fr: 08:00-18:00 Tu: 07:00-18:00 We: 08:00-13:00, 15:00-18:00 Th: 07:45-13:00
Elliott Hall Medical Centre	165-167 Uxbridge Road, Hatch End, Pinner HA5 4EA	Mo-Fr: 08:00-18:30
Enderley Road Medical Centre	41-45 Enderley Road, Harrow Weald HA3 5HF	Mo-Fr: 08:00-18:30
Enterprise Practice	516 Kanton Lane, Harrow HA3 7LT	Mo: 08:00-19:30 Tu, We, Fr: 08:00-18:30 Th 08:00-19:00 Sat: 09:00-13:00
First Choice Medical Care	275a Kings Road, South Harrow HA2 9LG	Mo, Fr: 08:30-19:30 Tu, Th: 08:30-18:30 We 08:30-13:30 Sat: 10:30-12:30
GP Direct	3-7 Welbeck Road, Harrow HA2 0RQ	Mo, We: 08:00-20:00 Tu, Th, Fr: 08:00-18:30 Sat: 08:30-12:00

GP practice name	Practice address	Routine opening hours
GP Direct	32A Eastcote Lane, South Harrow HA2 8BS	Mo-Fr: 08:30-13:00, 14:00-18:30
GP Direct	43 Butler Avenue, West Harrow HA1 4EJ	Mo-Fr: 08:30-13:00, 14:00-18:30
Hatch End Medical Centre	577 Uxbridge Road, Hatch End, Pinner HA5 4RD	Mo: 07:30-19:30 Tu, Th: 07:30-18:30 We: 08:00-13:00 Fr: 08:00-18:30
Headstone Lane Medical Centre	238 Headstone Lane, North Harrow HA2 6LY	Mo-We: 09:00-19:00 Th: 09:00-13:00 Fr: 09:00-18:30 Sat 08:00-10:00
Headstone Road Surgery	107 Headstone Road, Harrow HA1 1PG	Mo: 08:00-13:30, 15:30-18:30 Tu, Fr: 8:30-13:30, 15:30-18:30 We: 08:30-13:30 Th: 08:00-15:30, 15:30-18:30
Honeypot Medical Centre	404 Honeypot Lane, Stanmore HA7 1JP	Mo, Fr: 08:00-19:00 Tu-Th: 08:00-18:30 Sat: 08:00-10:00
	223 Charlton Road, Kenton HA3 9HT	Mo-Fr: 08:00-18:30
Kenton Bridge Medical Centre (Dr Golden)	155-175 Kenton Road, Harrow HA3 0YX	Mo, Th: 08:00-19:00 Tu, We, Fr: 08:00-18:30
Kenton Bridge Medical Centre (Dr Raja)	155-175 Kenton Road, Harrow HA3 0YX	Mo: 08:00-19:00 Tu-Fr: 08:00-18:30
Kenton Clinic	533A Kenton Road, Harrow HA3 0UQ	Mo-Fr: 08:00-13:00, 14:00-19:00
Kings Road Medical Surgery	204 Kings Road, South Harrow HA2 9JJ	Mo-We, Fr: 08:00-18:30 Th: 08:00-12:00
	(Eastcote Surgery) 81 Field End Road, Ruislip HA5 1TD	Mo, Tu, Th, Fr: 09:00-18:30 We: 09:00-12:00
Mollison Way Surgery	45c-46 South Parade, Mollison Way, Edgware HA8 5QL	Mo-Fr: 08:00-18:30 Sat: 08:00-12:00
Northwick Surgery	36 Northwick Park Road, Harrow HA1 2NU	Mo-Fr: 08:00-12:30, 13:30-18:00
Pinn Medical Centre	37 Love Lane, Pinner HA5 3EE	Mo-Fr: 08:00-20:00
Pinner Road Surgery	196 Pinner Road, West Harrow HA1 4JS	Mo-Fr: 08:00-18:30

GP practice name	Practice address	Routine opening hours
Pinner View Medical Centre	33 Pinner View, Harrow HA1 4QG	Mo-Fr: 08:00-18:00 Sat: 08:00-10:00
Ridgeway Surgery	71 Imperial Drive, North Harrow HA2 7DU	Mo, We: 07:30-18:30 Tu, Th, Fr: 08:00-18:30
Ridgeway Surgery	275 Alexandra Avenue, Harrow HA2 9DX	Mo-Fr: 08:00-18:30
Roxbourne Medical Centre	37 Rayners Lane, South Harrow HA2 0UE	Mo, Tu, We, Fr: 07:30-18:30 Th: 07:30-20:00
Savita Medical Centre	48 Harrow View, HA1 1RQ	Mo-Fr: 09:30-18:30
	86 Spencer Road, Wealdstone HA3 7AR	Mo-Fr: 08:00-16:30
Shaftesbury Medical Centre	39 Shaftesbury Parade, Harrow HA2 0AH	Mo, Tu, Th, Fr: 08:00-13:30, 14:00-18:30 We: 08:00-13:30, 14:00-17:00 Sat: 09:00-12:00
Simpson House Medical Centre	255 Eastcote Lane, South Harrow HA2 8RS	Mo: 08:30-20:00 Tu, Th: 08:30-18:30 We: 08:30-12:45, 14:00-18:30 Fr: 08:30-17:00 Sat: 08:30-11:00
St Peter's Medical Centre	Colbeck Road, West Harrow HA1 4BS	Mo, Tu, Th, Fr: 08:30-13:00, 14:00-18:30 We: 08:30-13:00, 14:00-20:00
Stanmore Medical Centre	85 Crowshott Avenue, Stanmore HA7 1HS	Mo-Fr: 08:00-18:30
	William Drive, Stanmore HA7 4FZ	Mo, We, Fr: 08:30-14:00 Tu: 08:30-20:00 Th: 08:30-18:30 Sat (alternate): 09:00-10:30
Streatfield Health Centre	1 Streatfield Road, Kenton HA3 9BP	Mo, Wed, Fr: 08:00-18:30 Tu, Th: 08:00-20:00
Streatfield Medical Centre	177 Streatfield Road, Kenton HA3 9BL	Mo-We, Fr: 08:30-19:00 Th: 08:30-13:30
Zain Medical Centre	Edgware Community Hospital, Burnt Oak Broadway, Edgware HA8 0AD	Mo, Th, Fr: 08:30-15:30, 16:30-18:30 Tu: 08:30-15:30, 16:00-19:30 We: 08:30-14:00

Out of routine opening hours and during bank holidays, registered patients can access GP care through the out-of-hours GP provider.

In addition, there are walk-in centre facilities available to all Harrow residents, 365 days a year, 8am-8pm, at:

- Edgware Community Hospital, Burnt Oak Broadway, Edgware HA8 0AD, which is located in Barnet
- Alexandra Avenue Health and Social Care Centre, Rayners Lane, 275 Alexandra Avenue, Harrow HA2 9DX
- The Pinn Medical Centre, 37 Love Lane, Pinner HA5 3EE
- The Belmont Health Centre, 516 Kenton Lane, Harrow HA3 7LT

An urgent care centre is also available for minor illnesses and minor ailments, 24 hours a day, seven days a week:

- Northwick Park Hospital Urgent Care Centre, Watford Road, Harrow HA1 3UJ

Section 5: Findings from the public questionnaire

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

- All pharmacy contractors in Harrow, to distribute to the public
- All GP practices in Harrow to distribute to the public
- All public libraries in Harrow to distribute to the public
- Harrow Healthwatch
- Voluntary sector organisations
- LBH website as a news item
- Internal communication channels
- Voluntary Action Harrow Cooperative
- St Anns Shopping Centre
- Harrow Patients' Participation Network
- Harrow CVS
- The questionnaire was posted on the LBH website

From the 201 responses received from the public questionnaire:

- 79% have a **regular or preferred** pharmacy that they visit
- 58% **visit their pharmacy** once a month or more
- 39% rated as important that the pharmacy is **close to their GP surgery**; 81% that the pharmacy is **close to their home**; and 15% that the pharmacy is **close to where they work**
- 90% of respondents report **no difficulties travelling** to their pharmacy
- Of those who expressed a difficulty in travelling to their pharmacy, 48% had **parking difficulties**, 8% had problems with the **location**
- 84% report having a journey time of **no more than 15 minutes**
- 57% **walk** to their community pharmacy; 34% use a **car/taxi**; 5% use **public transport**; 3% use a **bicycle**
- 62% indicated that they used pharmacies up to **every month for the purchase of over-the-counter medicines**
- When asked which **additional services** they would like to see provided by the local pharmacy, 81% indicated **Minor Ailment Scheme**; 89% **emergency supply of prescription medicines**; 81% **flu vaccination** and 72% **Stop Smoking Service**
- **Although only 12% of respondents indicate that the most convenient day** to visit the pharmacy is **Saturday or Sunday**, the remaining respondents did not express a clear preference for other days
- When asked what **time of day they prefer to visit** the pharmacy, the largest number of respondents, 48%, indicated that it **varies** and only 10% prefer to visit **between 6pm and 8pm** and 2% **after 8pm**

- **87%** of respondents were aware that their GP can send their **prescription electronically** to their chosen pharmacy
- Only **11%** of respondents indicated that they have used an **internet pharmacy**

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

Table 14 - Demographic analysis of the community pharmacy user questionnaire respondents

Sex (%)								
Male					Female			
42%					58%			
Age (%)								
16-24	25-34	35-54	55-64	65-69	70-79	80-89	90-99	100+
3.9%	13.2%	17.5%	19.3%	13.2%	22.8%	8.8%	1.3%	0%
Illness or disability (%)								
Yes			No			Prefer not to say		
18.6%			75.0%			6.4%		
Ethnic origin (%)						Questionnaire	2011 census	
White - English/Welsh/Scottish/Northern Irish/British						49.38%	30.88%	
White - Irish						3.09%	3.07%	
White - Gypsy or Irish Traveller						0.00%	0.08%	
White - Albanian						0.00%	8.22%	
White - Polish						0.00%		
White - Romanian						1.23%		
White - other						0.62%		
Mixed/Multiple - white and black Caribbean						0.00%	0.98%	
Mixed/Multiple - white and black African						1.85%	0.44%	
Mixed/Multiple - white and Asian						0.00%	1.43%	
Mixed/Multiple - other						0.00%	1.12%	
Asian/Asian British - Indian						25.93%	26.37%	
Asian/Asian British - Pakistani						2.47%	3.26%	
Asian/Asian British - Bangladeshi						0.00%	0.57%	
Asian/Asian British - Chinese						1.85%	1.10%	
Asian/Asian British - Afghan						0.00%	11.27%	
Asian/Asian British - Sri Lankan						3.70%		
Asian/Asian British - other						1.23%		
Black/African/Caribbean/black British - African						0.62%	3.57%	
Black/African/Caribbean/black British - Caribbean						2.47%	2.85%	
Black/African/Caribbean/black British - Somali						0.00%	1.83%	
Black/African/Caribbean/black British - other						0.62%		
Other ethnic group - Arab						0.00%	1.55%	
Other ethnic group - Iranian						0.00%	1.40%	
Other ethnic group - other						0.00%		

Section 6: Analysis of health needs and pharmaceutical service provision

6.1 Pharmaceutical services and health needs

Sections 2.1 and 2.2 discuss the Harrow JSNA and the Harrow Health and Wellbeing Strategy. The latter recognises: 'There is much scope for pharmacies to play a leading role in Harrow in supporting health and wellbeing, in particular in reaching out to those most in need and reducing the burden in overstretched GP practices ... there are opportunities to do more and reach more people given that pharmacies are often located in prominent locations and open at weekends and do not require appointments to be made.'

Harrow has one of the highest older populations in London. In addition, while the current older population (over 65 years) is roughly two thirds white British and one third Asian, Asian British, black and black British, this will change over the next generation, with the Asian British population becoming the largest ethnic group of older people in Harrow. It is also expected that there will be a significant increase in the number of older people with learning difficulties.

There is a threefold increase in the risk of diabetes amongst people of south Asian origin, compared with white people, and this risk increases at a younger age and lower weight.

Older people are at a greater risk of falls and associated injuries, such as hip fractures.

There is a significant variation of life expectancy at birth across all localities in Harrow.

The Harrow CCG Commissioning Intentions 2017/19⁵⁴ plans that the percentage spend on community and mental health services will increase and the percentage spend on acute services will decrease, while maintaining the percentage budget spent on primary care. Harrow CCG faces a £38.9m gap in funding between its budget allocation and planned spend. The CCG has identified saving cuts in the order of £24.9m over 2017-21, to include £4.3m saving on prescribing costs. Finding the savings while improving care is a huge challenge, and the CCG plans to do so through:

- Implementation of the Harrow Joint Dementia Strategy, 2015-17: improving diagnosis, treatment and management of people with dementia
- Participation in the NHS Diabetes Prevention Programme: to identify and manage patients at early risk of diabetes

⁵⁴ NHS Harrow CCG Commissioning Intentions 2017/19:

<https://www.harrow.gov.uk/www2/documents/s139914/Harrow-17-19-Commissioning-Intentions-Final-Draft-11%2010%2016.pdf>

- Move towards a shadow Accountable Care System: to improve efficiencies between providers and avoid unnecessary delays in treatment and discharge, and unwarranted variations in spend or outcomes
- Continued development of the Whole Systems Integrated Care/Virtual Ward projects: leading to better coordination of care between primary and secondary care providers, improving sharing of information between providers, and support the transfer of care of patients between providers
- Better outcomes through medicines optimisation

The North-West London Sustainability and Transformation Plan (STP)⁵⁵ notes that:

- Over 30% of people in acute hospitals do not need to be there
- North-west London has a higher percentage than nationally of people dying from cancer, heart disease and respiratory illness
- 80% of people want to die at home, yet only 22% do so

To address the issues in north-west London, the STP has said that in primary care there needs to be:

- A greater focus on keeping people healthy: more screening and better management of people with long-term conditions
- More appointments early and late in the day and at weekends
- GP practices working together and in partnership with other providers

Opportunities exists for community pharmacy to support the local agendas. A Quality Payment scheme for pharmacies was introduced in 2016, requiring a number of quality criteria to be achieved for payment. One such criteria was for providers to achieve 80+% of staff trained as Dementia Friends: able to understand and support patients with dementia and their carers. Pharmacies are now also able to access patients' Summary Care Records, enabling pharmacists to better understand prescribed indications for dispensed medicines, treatment aims and outcomes, and support coordinated care with other providers.

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

6.2 Essential Services (ES)

The Essential Services (ES) of the community pharmacy contract must be provided by all contractors:

- ES 1: Dispensing of medicines

⁵⁵ NHS Harrow CCG. North-West London Sustainability and Transformation Plan. 2017. <http://www.harrowccg.nhs.uk/sustainability-and-transformation-plan>

- ES 2: Repeat dispensing
- ES 3: Disposal of unwanted medicines
- ES 4: Promotion of healthy lifestyles
- ES 5: Signposting patients to other healthcare providers
- ES 6: Support for self-care
- ES 7: Clinical governance

ES1 and ES2 support patients living with long-term conditions by providing timely supply of medicines and advice to patients. ES2 may be of particular benefit to patients on lifelong medicines as part of their treatment, e.g. statins or insulin.

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

ES4 can support local and national campaigns informing people of managing risk factors associated with many long-term conditions, such as smoking (a key priority of the Harrow Joint Health and Wellbeing Strategy 2013-2017) diet, physical activity levels and alcohol consumption.

ES4 provides the ability to:

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

Community pharmacy also plays a vital role in the management of minor ailments and self-care. Community pharmacists are potentially the most accessed healthcare professionals in any health economy and are an important resource in supporting people in managing their own self-care and in directing people to the most appropriate points of care for their symptoms. Although the evidence base is currently very small in measuring the effectiveness and value of community pharmacies' contribution to urgent care, emergency care and unplanned care, there is a growing recognition of the importance of this role. This has been highlighted as a key area for improving health outcomes in the Harrow Joint Health and Wellbeing Strategy, in particular in increasing out-of-hospital care and treating people closer to home and in their own communities.

Using ES5, pharmacies can signpost patients and carers to local and national sources of information and reinforce those sources already promoted. Appropriate signposting has a significant role in supporting the numerous outcomes highlighted as priorities in the Harrow Joint Health and Wellbeing Strategy.

The public questionnaire identified a number of services which the public 'would like to see provided' from their pharmacy, and, as some of these are already provided from community pharmacies, local pharmacies, along with other health care professionals, could be instrumental in signposting and helping the public access these services.

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

ES7 provides the governance structure for the delivery of pharmacy services. This structure is set out within the Pharmaceutical Regulations 2013 and includes:

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

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

6.3 Advanced services

Advanced services are not mandatory for providers to provide. In many cases, there are restrictions within the provision and/or availability of these services. For example, in the case of MURs, a pharmacy providing these services must have a consultation room which fits the service requirements, the pharmacist must be accredited to perform the service and the patient must have obtained dispensing services from the pharmacy for the previous three months.

Although the HWB has determined advanced services as necessary services for the purpose of the PNA, the HWB contends that a lack of provision or access to an advanced service from a particular pharmacy may not necessarily translate into a gap and may not necessitate the granting of further applications. Harrow HWB would wish to encourage all existing pharmaceutical service providers to make available all advanced services where a need exists.

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

Advanced services provide an opportunity to identify issues with side effects, changes in dosage, confirmation that the patient understands the role of the medicine or appliance in their care and opportunities for medicine optimisation. Appropriate referrals can be made to GPs or other care settings resulting in patients receiving a better outcome from their medicines and, in some cases, cost-saving for the CCG. Advanced services may also identify other issues with regard to general mental health and wellbeing, providing an opportunity to signpost to other local services or services within the pharmacy, e.g. repeat dispensing.

The inclusion of flu vaccination as one of the advanced services contributes to improved access and opportunity for the public to receive their seasonal vaccine, thus reducing demand on GP practices and helping the HWB achieve its objectives. Information from the PSNC website,⁵⁶ indicates that a total of 950,765 vaccinations were administered for the 2016-17 influenza season.

Vaccination is a key intervention to protect at-risk groups, such as older people, people living with diabetes, COPD or CVD, or carers, against diseases such as seasonal flu or shingles. These can cause additional health complications that can be associated with unplanned hospital admissions. Therefore, there is a vital need for this service which supports all three priorities but in particular priorities one and three.

Promotion of self-care is an important aspect to the management of many long-term conditions and a key element to support priority three. Advanced services provide a key opportunity for the pharmacist to help support patients in reaching their goals.

6.4 Enhanced services

There is currently only one enhanced service commissioned through community pharmacies from NHS England in Harrow HWB:

- London Vaccination Service

This service is provided in addition to the National Advanced Flu Vaccination Service and includes a 'top-up' element to cover additional groups of patients, e.g. carers, as well as providing vaccination for those aged two to 18 years. There is also provision for pneumococcal vaccination to eligible cohorts and MenACWY for 18–24-year-olds living permanently or temporarily in London.

⁵⁶ Pharmaceutical Services Negotiating Committee. [Accessed 1st June 2017]. <http://www.psn.org.uk/>

6.5 Locally commissioned services

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

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

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

6.5.1 Out-of-hours palliative care medicines supply service

Brent & Harrow Local Pharmaceutical Committee (LPC) administers an out-of-hours (OOH) rota of local community pharmacists to be on call, and to keep available for dispensing stock of date-valid palliative care drugs for Harrow CCG. The service operates in conjunction with the Hillingdon HWB area pharmacies.

Pharmacies are required to stock a locally agreed range of specialist medicines and will dispense these in response to NHS prescriptions presented out-of-hours by the out-of-hours service. Pharmacists also provide information and advice to the clinician as appropriate.

The rota covers the OOH period, defined as weekdays from closing time of the pharmacy to 9am the following morning, and all weekends and bank holidays.

The LPC manages the service and ensures stocks of drugs are available in the pharmacies prior to their on-call week.

Publication of which pharmacy is on-call for the two HWB areas is shared with the GP out-of-hours provider. To ensure the security of these pharmacies, this information is not published here or elsewhere publicly.

6.5.2 Emergency Hormonal Contraception (EHC)

Teenage conception includes all conceptions before the mother's 20th birthday, but the national focus is on conception under 18.

The conception rate is the number of pregnancies that start before the mother's 18th birthday (per 1,000 young women aged 15 to 17) and includes pregnancies that end either in birth or in termination.

According to data from 2015, the teenage conception rate for Harrow (13/1,000 under-18s) continues to reduce and is much lower than the national average in England (21) and in London (19). These rates are discussed in section 2.5.3.

EHC is provided as a free service to females under 25 presenting at a commissioned pharmacy in Harrow. In the Harrow HWB area, 24 pharmacies (39%), provide this service, covering all localities.

There is a very strong evidence base for the use of EHC in reducing unplanned or unwanted pregnancies, especially within teenage years. Its use forms part of an overall national strategy to reduce the rate of teenage pregnancy within England as recommended by NICE.

Provision of EHC services within Harrow HWB area is reviewed annually.

In theory, EHC services may be commissioned by NHS England as a pharmaceutical enhanced service, but until 1st October 2017 they were directly commissioned by LBH and after this date the service will be provided by a third-party provider, London North West Healthcare NHS Trust, who will in turn subcontract community pharmacies. If NHS England chooses to commission this service from pharmacies in the future, this should be based upon a defined need within the population.

When establishing the service need and the commissioning intentions for pharmacies, NHS England should also consider the capacity, activity and accessibility of all providers who have the potential to supply levonorgestrel under a PGD, on prescription or as an over-the-counter medication in Harrow.

6.5.3 Other screening services

Increasingly, community pharmacies have been commissioned to provide screening services, therefore providing additional choice and access for local populations. Some examples of community pharmacy screening services are chlamydia screening, HIV screening, cholesterol, HbA1c and diabetes. The commissioner questionnaire (Appendix E) sought clarification on current screening services commissioned or those they may consider commissioning. Of those suggested, the commissioners indicated they may consider commissioning four of them (hepatitis, HbA1c, diabetes and cholesterol), three they would not consider commissioning (HIV, H. pylori and gonorrhoea) and one is already commissioned (alcohol screening service).

An alcohol IBA service is commissioned through pharmacies by WDP as part of their contract with LBH. As part of the service, trained staff provide screening or identification of problematic drinking, and then give appropriate advice to the client. This may be on an opportunistic basis or linked to another service, for example needle exchange.

Identification is conducted through the use of a screening tool, which establishes the level of drinking. A structured dialogue then occurs lasting 5–10 minutes, covering aspects such as: potential harm, barriers to change, and strategies to help reduce alcohol consumption and agreeing goals.

The service provides one-to-one support, and a referral will be made to alcohol treatment services if deemed necessary. Approximately one third of the pharmacies (34%) in Harrow HWB provide this service. They are geographically spread across all the localities in Harrow HWB area.

6.5.4 Substance misuse services – supervised consumption

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

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

Supervised consumption involves the client consuming methadone or buprenorphine under the direct supervision of a pharmacist in a community pharmacy.

It is a medicines adherence service which aims to:

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

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

Eighteen pharmacies (30%) provide this service. These are geographically spread and available in most localities, except the Southeast locality.

Supervised consumption services are referred to as an enhanced service within the 2013 Directions. In theory, they may be commissioned by NHS England as a pharmaceutical enhanced service, but currently they are commissioned through WDP. If NHS England chooses to commission this service from pharmacies in the future, this should be based upon a defined need within the population. It should also consider the capacity, activity and accessibility of all providers of supervised consumption substance misuse services within Harrow when establishing the service need and the commissioning intentions for pharmacies.

6.5.5 Needle exchange service

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

In common with the supervised consumption service, a lead provider arrangement with WDP exists, as described above.

Nine pharmacies (15%), in Harrow HWB provide this service. They are geographically spread across Harrow in all of the localities.

Needle and syringe exchange services are referred to as an enhanced service within the 2013 Directions. In theory, they may be commissioned by NHS England as a pharmaceutical enhanced service but currently they are commissioned through a 'lead provider' arrangement – see above. If NHS England chooses to commission this service from pharmacies in the future, this should be based upon a defined need within the population. It should also consider the capacity, activity and accessibility of all providers of needle and syringe exchange services within Harrow when establishing the service need and the commissioning intentions for pharmacies.

6.6 PNA localities

There are 61 pharmacies within Harrow HWB area. Pharmacy opening times are listed in sections 3.4.2, 3.4.3, 3.4.4 and Appendix A.

As described within section 1.5, the PNA Steering Group decided that the Harrow HWB PNA should be divided into five localities – Central, Northeast, Northwest, Southeast and Southwest. Substantial health data is available at this level and populations and their health needs vary widely between wards. This is illustrated and discussed in detail in section 2.

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

6.6.1 Central

The Central locality is made up of five wards, Greenhill, Headstone South, Kenton West, Marlborough and Wealdstone, with a population of 62,208, making it the most populated locality.

This locality has the lowest proportion of older people aged 65 and above (12.8%).

This locality has a high proportion of the most deprived wards in Harrow, namely Wealdstone, Greenhill and Marlborough.

Wealdstone has the lowest life expectancy for both males and females in Harrow. It also has the highest prevalence of colorectal cancer, lung cancer and smoking. Kenton West has the highest proportion of low birth weight babies in Harrow.

There are 18 community pharmacies, including one DSP, in this locality and the estimated average number of community pharmacies per 100,000 population is 28.9, greater than the Harrow HWB average (24.2) and England average of 21.5 (section 3.1, Table 4). Of these pharmacies, 17 hold a standard 40-core hour contract while one holds a 100-core hour contract.

Of the 17 pharmacies (excluding the one DSP):

- 10 pharmacies (59%) are open after 6pm on weekdays
- 16 pharmacies (94%) are open on Saturdays
- 5 pharmacies (29%) are open on Sundays
- 16 pharmacies (94%) provide MURs
- 15 pharmacies (88%) provide NMS

- 14 pharmacies (82%) provide flu vaccination services

Regarding access to locally commissioned services within the 17 pharmacies:

- 7 pharmacies (41%) provide EHC
- 7 pharmacies (41%) provide supervised consumption
- 3 pharmacies (18%) provide needle exchange
- 8 pharmacies (47%) provide alcohol identification and brief advice

The pharmacies providing these locally commissioned services are geographically spread across the locality and have varying opening times.

Regarding access to enhanced services:

- 10 pharmacies (59%) provide the London Vaccination Service

All major housing developments are detailed on Table 3 in section 2.3.3. The trajectory shows that, over the next five years (2017-18 to 2021-22), around 70% (4,704 net units) of Harrow's new housing will be delivered in the Harrow & Wealdstone Opportunity Area and the remaining 30% (2,010 net units) around the rest of the borough.

Within the Opportunity Area, major development is already taking place in Harrow Town Centre – in Gayton Road, College Road, Lyon Road and on the Kodak site in Wealdstone. Towards the end of the five-year period there is expected to be more major development along the Station Road corridor (Civic Centre site) and in Wealdstone, including the larger Kodak East site.

There is adequate pharmaceutical service provision across the whole locality to ensure continuity of provision to the new developments.

Harrow HWB will continue to monitor pharmaceutical service provision in specific areas within the locality where major housing developments are planned, to ensure there is capacity to meet potential increases in service demand.

Appendix A contains details of pharmacy opening times, contractual status and the provision of advanced services, enhanced services and locally commissioned services. A number of community pharmacies provide free prescription delivery services which many residents may find helpful.

6.6.2 Northeast

The Northeast locality is made up of three wards, Canons, Harrow Weald and Stanmore Park, with a population of 38,753 and is the least populated locality.

The Northeast locality has the highest proportion of older people aged 65 and above (19.6%).

There are eight community pharmacies, and no DSPs. The estimated average number of community pharmacies per 100,000 population is 20.6, lower than the Harrow HWB average (24.2) and the England average (21.5) (section 3.1, Table 4). All pharmacies hold a standard 40-core hour contract.

Of the eight pharmacies:

- 6 pharmacies (75%) are open after 6pm on weekdays
- 7 pharmacies (88%) are open on Saturdays
- 2 pharmacies (25%) are open on Sundays
- 8 pharmacies (100%) provide MURs
- 6 pharmacies (75%) provide NMS
- 8 pharmacies (100%) provide flu vaccination services

Regarding access to locally commissioned services within the eight pharmacies:

- 5 pharmacies (63%) provide EHC
- 2 pharmacies (25%) provide supervised consumption
- 2 pharmacies (25%) provide needle exchange
- 3 pharmacies (38%) provide alcohol identification and brief advice

The pharmacies providing these locally commissioned services are geographically spread across the locality and have varying opening times.

Regarding access to enhanced services:

- 7 pharmacies (88%) provide the London Vaccination Service

Appendix A contains details of pharmacy opening times, contractual status and the provision of advanced services, enhanced services and locally commissioned services. A number of community pharmacies provide free prescription delivery services which many residents may find helpful.

A number of new housing developments are planned for the locality during the period of this PNA (Table 3), with a further 1,100+ units planned between 2021 and 2025. While these new developments are significant, generally there is adequate pharmaceutical service provision across the whole locality to ensure continuity of provision to the new developments.

6.6.3 Northwest

The Northwest locality is made up of four wards, Hatch End, Headstone North, Pinner and Pinner South, with a population of 43,174, making it the fourth lowest populated locality.

The locality has a high proportion of the least deprived wards in Harrow, namely Pinner South, Headstone North and Hatch End.

This locality has a particularly low ethnic mix, with the Pinner and Pinner South wards having around 40% from BAME groups.

Pinner South has the lowest stroke mortality in Harrow, as well as the lowest rates of obesity in adults and hospital admissions for alcohol-attributable conditions. Pinner has the lowest emergency hospital admission for stroke. Hatch End has the lowest proportion of low birth weight babies.

Life expectancy is amongst the highest in Harrow, with Headstone North having the highest life expectancy for males and Pinner South for females.

Headstone North is the ward with the highest fertility rate in Harrow. Pinner has the highest level of binge drinking in adults in Harrow.

There are 13 community pharmacies in this locality, and no DSPs. The estimated average number of community pharmacies per 100,000 population is 30.1. This is the highest proportion in the Harrow HWB area, higher than the Harrow HWB average (24.2) and the England average (21.5) (section 3.1, Table 4). Twelve pharmacies hold a standard 40-core hour contract, while one holds a 100-core hour contract.

Of the 13 pharmacies:

- 12 pharmacies (93%) are open after 6pm on weekdays
- 13 pharmacies (100%) are open on Saturdays
- 5 pharmacies (38%) are open on Sundays
- 13 pharmacies (100%) provide MURs
- 11 pharmacies (85%) provide NMS
- 8 pharmacies (62%) provide flu vaccination services

Regarding access to locally commissioned services within the 13 pharmacies:

- 4 pharmacies (31%) provide EHC
- 5 pharmacies (38%) provide supervised consumption
- 1 pharmacy (8%) provides needle exchange
- 5 pharmacies (38%) provide alcohol identification and brief advice

The pharmacies providing these locally commissioned services are geographically spread across the locality and have varying opening times.

Regarding access to enhanced services:

- 7 pharmacies (54%) provide the London Vaccination Service

The pharmacies providing these locally commissioned services are geographically spread across the locality and have varying opening times.

Appendix A contains details of pharmacy opening times, contractual status and the provision of advanced services, enhanced services and locally commissioned services. A number of community pharmacies provide free prescription delivery services which many residents may find helpful.

6.6.4 Southeast

The Southeast locality is made up of four wards, Belmont, Edgware, Kenton East and Queensbury, with a population of 48,183, making it the third most populated locality.

This locality has a particularly high ethnic mix, with the Queensbury and Kenton East wards having over 70% from BAME groups.

As noted in the Harrow JSNA, with the high proportion of people from BAME groups, there may be different patterns of health and illness. For example, higher rates of diabetes and heart disease in BAME groups may require a different and culturally appropriate approach to prevention and treatment services.

Belmont has the highest modelled prevalence of smoking in children aged 15–17 years. Kenton East has the highest levels of obesity in Reception year children, smoking in adults and COPD hospital admissions.

Queensbury has the lowest incidence of cancer. Kenton East the lowest proportion of binge drinking in adults.

There are eight community pharmacies in this locality. The estimated average number of community pharmacies per 100,000 population is 16.6, significantly lower than the Harrow HWB average (24.2) and England average (21.5) (section 3.1, Table 4), and almost half that of the Northwest locality. This means the locality has the lowest number of community pharmacies per 100,000 population. All the pharmacies hold a standard 40-core hour contract. There are no DSPs and no 100-core hour contracts.

Of the eight pharmacies:

- 6 pharmacies (75%) are open after 6pm on weekdays
- 8 pharmacies (100%) are open on Saturdays
- 0 pharmacies (0%) are open on Sundays
- 7 pharmacies (88%) provide MURs
- 4 pharmacies (50%) provide NMS
- 4 pharmacies (50%) provide flu vaccination services

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

Regarding access to locally commissioned services within the eight pharmacies:

- 5 pharmacies (63%) provide EHC
- 0 pharmacies (0%) provide supervised consumption
- 1 pharmacy (13%) provides needle exchange
- 1 pharmacy (13%) provides alcohol IBA

The absence of a pharmacy providing the supervised consumption service will mean that any need will have to be met by neighbouring localities or cross-border providers. However, there is service provision across the HWB through providers in the neighbouring localities. Provision with regard to needle exchange and alcohol IBA is significantly less than compared with all the other localities.

Regarding access to enhanced services:

- 3 pharmacies (38%) provide the London Vaccination Service

Appendix A contains details of pharmacy opening times, contractual status and the provision of advanced services, enhanced services and locally commissioned services. A number of community pharmacies provide free prescription delivery services which many residents may find helpful.

6.6.5 Southwest

The Southwest locality is made up of four wards, Harrow on the Hill, Rayners Lane, Roxbourne and Roxeth, with a population of 59,958, making it the second most populated locality.

Harrow on the Hill has the highest emergency hospital admissions for stroke. Roxbourne has the highest level of obesity in adults and Year 6 children. Roxeth has the highest hospital admissions for alcohol-attributable conditions.

There are 14 community pharmacies in this locality, two of which are DSPs. The estimated average number of community pharmacies per 100,000 population is 23.3. This is just below the Harrow HWB average of 24.2, but above the England average (21.5) (Table 4, section 3.1). All the pharmacies hold a standard 40-core hour contract.

Based upon the 12 pharmacies (excluding the two DSPs):

- 7 pharmacies (58%) are open after 6pm on weekdays
- 12 pharmacies (100%) are open on Saturdays
- 0 pharmacies (0%) are open on Sundays
- 12 pharmacies (100%) provide MURs
- 11 pharmacies (92%) provide NMS
- 10 pharmacies (83%) provide flu vaccination services

The absence of a pharmacy open on a Sunday will mean that any need will have to be met by neighbouring localities or cross-border providers. However, there is service provision across the HWB through providers in the neighbouring localities.

Regarding access to locally commissioned services within the 12 pharmacies:

- 3 pharmacies (25%) provide EHC
- 4 pharmacies (33%) provide supervised consumption
- 2 pharmacies (17%) provide needle exchange
- 4 pharmacies (33%) provide alcohol IBA

The pharmacies providing these locally commissioned services are geographically spread across the locality and have varying opening times.

Regarding access to enhanced services:

- 6 pharmacies (50%) provide the London Vaccination Service

The pharmacies providing these locally commissioned services are geographically spread across the locality and have varying opening times.

Appendix A contains details of pharmacy opening times, contractual status and the provision of advanced services, enhanced services and locally commissioned services. Although specific data is not available, it is anticipated that some residents may rely upon the delivery services provided by distance-selling pharmacies and DACs.

A number of community pharmacies provide free prescription delivery services which many residents may find helpful.

6.7 Necessary services – gaps in service provision

For the purposes of this PNA, necessary services are defined as all essential services and the following advanced services; Medicines Use Review (MUR), New Medicine Service (NMS) and flu vaccination.

Harrow HWB has considered the White Paper 'Pharmacy in England: building on strengths – delivering the future' (2008) which states that it is the strength of the current system that community pharmacies are easily accessible. Harrow HWB considers that the population of Harrow currently experiences this situation in all five PNA localities.

When assessing the provision of necessary services in Harrow HWB area and each of the five PNA localities, Harrow HWB has considered the following:

- The map showing the location of pharmacies within Harrow in relation to each locality, indicating that pharmacies are generally well spread throughout the borough (Map 1)
- Average walking times: 99.6% of Harrow residents can access a pharmacy within 20 minutes (Map 6)
- Average off-peak drive time: all residents can access a pharmacy by car within ten minutes (Map 2)
- Average peak drive time: 99.6% residents can access a pharmacy by car within ten minutes (Map 3)
- Average travel time in the morning: 100% residents can access a pharmacy by public transport within 20 minutes (Map 4)
- Average travel time in the afternoon: 100% residents can access a pharmacy by public transport within 20 minutes (Map 5)
- The number, distribution and opening times of pharmacies within each of the five PNA localities and across the whole Harrow HWB area (Appendix A)
- The choice of pharmacies covering each of the five PNA localities and the whole Harrow HWB area (Appendix A)
- Location and opening hours of NHS Dental contractors (section 4.8)
- Location and opening hours of GP practices, including those providing extended opening hours (section 4.9)

- Results of the public questionnaire (section 5)
- Proposed new housing developments (Table 3)
- Projected population growth (Figure 2)

In the Harrow HWB area, there are pharmacies open beyond what may be regarded as 'normal' hours, in that they provide pharmaceutical services during supplementary hours in the evening, on Saturdays and on Sundays.

There are two 100-hour pharmacies spread across two localities (section 3.1.2, Table 6):

- 66% (40 pharmacies) are open on weekday evenings after 6pm; 5 (8%) are open after 8pm
- 92% (56 pharmacies) are open on Saturdays; 13 (21%) are open after 6pm
- 22% (13 pharmacies) are open on Sundays; 2 (3%) are open after 6pm

Harrow HWB has concluded that there is no gap in necessary service provision. Harrow HWB will consider the change in health needs of each of the five localities as the housing developments progress through the three-year time horizon of the PNA.

There are a significant number of new dwellings being created within Harrow HWB area which will have an impact on population densities and need for pharmaceutical services (section 2.3.3). Harrow HWB will consider the responses from the public, pharmacy contractors and other stakeholders involved in these developments when considering the changing health needs of the residents of Harrow HWB area.

As mentioned above in section 6.1, the Harrow CCG Commissioning Intentions and Joint Health and Wellbeing Strategy both refer to initiatives that could have an impact on the provision of pharmaceutical services in Harrow in the next three years. These could see an increase in demand for pharmaceutical services in primary care settings within Harrow HWB area. These will be considered by Harrow HWB as the CCG progresses with its commissioning intentions.

Changes in the provision of GP practice-based services are already occurring, e.g. increased opening hours. Future development of the primary care estates and resultant changes in service provision could see an increase in demand for pharmaceutical services in primary care settings within Harrow HWB area. It is unclear if these will occur during the time horizon of this PNA. Any changes will be considered by Harrow HWB as the CCG progresses with its commissioning intentions.

There were no firm plans received relating to pharmaceutical services for the following:

- Changes in the number or sources of prescriptions, i.e. changes of primary medical services
- Developments which would change the pattern of local social traffic, i.e. shopping centres, out-of-town developments etc.
- Development of NHS Services

- Commissioning of public health services by community pharmacies
- Any CCG services
- Pharmacies to provide social care/occupational health aids or equipment

6.8 Improvements and better access – gaps in service provision

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

The public questionnaire did not record any specific themes relating to pharmacy opening times (section 5). Harrow HWB therefore concludes there is no significant information to indicate that there is a gap in the current provision of pharmacy opening times.

The same conclusion is reached in considering whether there is any future specified circumstance that would result in creating a gap in pharmaceutical provision at certain times, based upon the current information and evidence available. Harrow HWB will consider the response by pharmacy contractors to the changing expectations of the public towards pharmacy opening times during the time horizon of this PNA.

With regard to enhanced services, Harrow HWB is mindful that only those services commissioned by NHS England are regarded as pharmaceutical services. NHS England commissions the London Vaccination Service from pharmacy providers. 54% of pharmacies across the borough provide this service (provision varies from 38% to 88% across the localities). Harrow HWB will encourage those contractors in the areas that do provide this enhanced service to become eligible to deliver the service where appropriate.

Since 1st April 2013, there has been a shift in commissioning arrangements for some services that would otherwise be defined as enhanced services (section 1.3.1).

Therefore, the absence of a particular service being commissioned by NHS England is, in some cases, addressed by a service being commissioned through the Harrow CCG (such as the palliative care medicines supply service) or through a third-party provider (as in the case of EHC, needle exchange, and substance misuse services). This PNA identifies these as locally commissioned services (LCS).

Harrow HWB notes that not all LCS are accessible to the population in all PNA localities. Harrow HWB also notes that service reviews were undertaken for drug and alcohol services and sexual health services, which concluded that the needs of the population would be met through the new contracts.

Harrow has a growing population and will see a shift in ethnicity of the older population over the next generation. The diabetic population is anticipated to grow at a faster rate than regionally and nationally. These health needs will require a review of how services are provided and Harrow HWB will monitor any impact on future pharmaceutical service provision.

Section 7: Conclusions

7.1 Current provision – necessary and other relevant services

For the purposes of this PNA, necessary services are defined as essential services and the following advanced services: Medicines Use Review (MUR), New Medicine Service (NMS) and flu vaccination. The other advanced services, Appliance Use Review (AUR), Stoma Appliance Customisation (SAC) and NHS Urgent Medicines Supply Advanced Service (NUMSAS) are, however, considered relevant as they contribute toward improvement in provision and access to pharmaceutical services.

Harrow has identified enhanced services in section 3.6 as pharmaceutical services which secure improvements or better access or which have contributed towards meeting the need for pharmaceutical services in the area of Harrow HWB.

Harrow has identified locally commissioned services in sections 4.1, 4.2 and 6.5 which secure improvements or better access or which have contributed towards meeting the need for pharmaceutical services in the area of Harrow HWB.

Harrow HWB recognises that a number of HWBs which border Harrow contribute toward meeting the pharmaceutical needs of Harrow residents and their contribution has been taken into consideration where appropriate. No other relevant services have been identified from outside the HWB area which have secured improvements or better access in the Harrow HWB area.

7.2 Necessary services – gaps in provision

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

7.2.1 Access to essential services

In order to assess the provision of essential services against the needs of the residents of Harrow, Harrow HWB considers access (average daytime travel times and walking) and opening hours as the most important factors in determining the extent to which the current provision of essential services meets the needs of the population.

7.2.1.1 Access to essential services normal working hours

Harrow HWB has determined that the average daytime travel times and walking times, and opening hours of pharmacies in all five localities across the whole HWB area are reasonable in all the circumstances.

There are no gaps in the provision of essential services during normal working hours across the whole HWB area.

7.2.1.2 Access to essential services outside normal working hours

There are two 100-hour contract pharmacies across the localities. Two-thirds (40) of pharmacies are open beyond 6pm Monday to Friday. Almost all pharmacies (58 pharmacies, 95%) are open on Saturdays and 13 pharmacies (22%) are open on Sundays. These are geographically spread across HWB area and the five PNA localities.

Five (8%) pharmacies within Harrow HWB area are open on weekday evenings after 8pm, 13 (21%) are open on Saturday evenings after 6pm, and two (3%) are open on Sunday evenings after 6pm.

Harrow HWB will monitor the uptake and need for necessary services. It will also consider the impact of any changes in this locality in the future which may provide evidence that a need exists.

There are no gaps in the provision of essential services outside normal working hours across the whole HWB area.

7.2.2 Access to necessary advanced services

Section 6.3 defines the level of access to advanced services. There is no identified gap in the provision of advanced services. Medicines Use Reviews (MURs) are available in 88%–100% of pharmacies across localities. The New Medicine Service (NMS) is available in 50%–92% of pharmacies across localities and flu vaccination is available in 50%–100% of pharmacies in the various localities. As flu vaccination is also provided from GP practices, provision of this service is considered to be sufficient.

There are no gaps in the provision of necessary advanced services across the whole HWB area.

7.2.3 Access to enhanced services

Section 6.4 defines the level of access to advanced services. The London Vaccination Service enhanced service is currently commissioned by NHS England from pharmacies in Harrow HWB. This is currently available from community pharmacies in Harrow and provision ranges from 38% to 88% of pharmacies at locality level.

Some of the enhanced services listed in the 2013 Directions (see section 1.3.1) are now commissioned by Harrow CCG and through a third-party provider and therefore fall outside the definition of both enhanced services and pharmaceutical services.

There are no gaps in the provision of enhanced services across the whole HWB area.

7.3 Future provision of necessary services

Harrow HWB has not identified any pharmaceutical services that are not currently provided but that will, in specified future circumstances, need to be provided in order to meet a need for pharmaceutical services in any of the five localities.

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

7.4 Improvements and better access – gaps in provision

As described in section 6 and as required by paragraph 4 of Schedule 1 to the Pharmaceutical Regulations 2013:

7.4.1 Current and future access to essential services

Harrow HWB has not identified services that would, if provided either now or in future specified circumstances, secure improvements or better access to essential services in any of the five localities. The HWB is not aware of any firm plans affecting the need for pharmaceutical service provision.

No gaps have been identified in essential services that if provided either now or in the future would secure improvements or better access to essential services across the whole HWB area.

7.4.2 Current and future access to advanced services

In 2016-17, MURs were available in 88%–100% of pharmacies and NMS was available in 50%–92% of pharmacies across all localities. Where applicable, Harrow HWB will encourage all pharmacies and pharmacists to become eligible to deliver the service in all pharmacies so that more patients are able to access and benefit from these services.

Figures also indicate that, based on 2016-17 activity, 50%–100% of pharmacies provided access to the flu vaccination service.

Demand for the appliance advanced services (SAC and AURs) is lower than for the other two advanced services, due to the much smaller proportion of the population that may require the services.

Pharmacies and DACs may choose which appliances they provide and may also choose whether or not to provide the two related advanced services. Harrow HWB will encourage those contractors in the areas that do provide appliances to become eligible to deliver these advanced services where appropriate.

No data is available publicly with regard to provision of NUMSAS.

There are no gaps in the provision of advanced services at present or in the future that would secure improvement or better access to advanced services across the whole HWB area.

7.4.3 Current and future access to enhanced services

NHS England currently commissions the London Vaccination Service from pharmacies.

Some of the enhanced services listed in the 2013 Directions (section 1.3.1) are now commissioned by Harrow CCG (e.g. palliative care medicines supply service) or through a third-party provider (EHC, alcohol screening, and substance misuse services) and therefore fall outside the definition of both enhanced services and pharmaceutical services.

There are no gaps identified in respect of securing improvements or better access to enhanced services provision on a locality basis as identified in section 6.4 either now or in specified future circumstances.

No gaps have been identified that if provided either now or in the future would secure improvements or better access to enhanced services across the whole HWB area.

7.5 Other NHS services

As required by paragraph 5 of Schedule 1 to the Pharmaceutical Regulations 2013, Harrow HWB has had regard for any other NHS Services that may affect the need for pharmaceutical services in the area of Harrow HWB.

Based on current information, no gaps have been identified in respect of securing improvements or better access to other NHS services either now or in specified future circumstances across the whole HWB area.

7.6 Locally commissioned services

With regard to enhanced services and locally commissioned services, only those commissioned by NHS England are regarded as pharmaceutical services. Any absence of a particular service being commissioned by NHS England is in some cases addressed by a service being commissioned through Harrow CCG (such as the OOH palliative care medicines service) and through a third-party provider (in the case of EHC, needle exchange and supervised consumption services).

This PNA identifies those as locally commissioned services (LCS). Harrow HWB has not been presented with any evidence which suggests that any of these enhanced services or LCS should be expanded.

Harrow HWB notes that all LCS are accessible to the population in all PNA localities, albeit in some cases provision is from a pharmacy in a neighbouring locality, or from another provider. Harrow HWB also notes that service reviews were undertaken for drug and alcohol services and sexual health services, which concluded that the needs of the population would be met through the new contracts.

Based on current information, Harrow HWB has not identified a need to commission any LCS not currently commissioned.

Regular service reviews are recommended in order to establish if currently and in future scenarios locally commissioned services secure improvement or better access across all HWB localities.

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

Central locality

ODS number	Pharmacy type	Pharmacy name	Address	Opening hours			PhAS	London Borough of Harrow commissioned services				Harrow CCG service	NHS England advanced services					NHS England enhanced services	
				Mon-Fri opening hours	Sat opening hours	Sun opening hours		Supervised consumption schemes	Needle exchange service	Alcohol IBA	Emergency Hormonal Contraception via a PGD		Out-of-hours palliative care medicines service*	MUR	NMS	AUR	Stoma Appliance Customisation	Flu vaccination	London Vaccination Service
FCP17	Community 40 hrs	Boots	Unit 9-10 St Anns Shopping Centre, St Anns Road, Harrow HA1 1HS	09:00-18:00	09:00-18:00	11:00-17:00	N	N	Y	N	N		Y	Y	N	N	Y	Y	N
FV432	Community 40 hrs	Boots	16 St George's Shopping Centre, St Anns Road, Harrow HA1 1HS	09:00-19:00	09:00-19:00	11:00-17:00	N	Y	N	Y	N		Y	Y	N	N	Y	Y	N
FFT68	Community 40 hrs	Boots	66-68 High Street, Wealdstone, Harrow HA3 7AF	09:00-18:00	09:00-18:00	Closed	N	N	N	N	N		N	N	N	N	Y	Y	N
FCL62	Distance-selling 40 hrs	Clinidirect	Qualitas House, 110 Elmgrove Road, Harrow HA1 2RW	09:00-13:00; 13:30-17:30	Closed	Closed	N	N	N	N	N		N	N	N	N	N	N	N

ODS number	Pharmacy type	Pharmacy name	Address	Opening hours			PhAS	London Borough of Harrow commissioned services				Harrow CCG service	NHS England advanced services					NHS England enhanced services	
				Mon-Fri opening hours	Sat opening hours	Sun opening hours		Supervised consumption schemes	Needle exchange service	Alcohol IBA	Emergency Hormonal Contraception via a PGD		Out-of-hours palliative care medicines service*	MUR	NMS	AUR	Stoma Appliance Customisation	Flu vaccination	London Vaccination Service
FX409	Community 40 hrs	Desons Chemist	216 Harrow View, Harrow HA2 6PL	09:15-19:00	09:15-18:00	Closed	N	N	N	N	Y		N	N	N	N	N	N	N
FY205	Community 40 hrs	Garner Chemists	160 Pinner Road, Harrow HA1 4JJ	09:00-18:30	09:00-13:00	Closed	N	N	N	N	Y		Y	Y	N	N	Y	Y	N
FV572	Community 40 hrs	Jade Pharmacy	2 Weald Lane, Harrow HA3 5ES	09:00-18:00; Wed 09:00-13:00	09:00-13:00	Closed	N	Y	Y	Y	N		Y	Y	N	N	N	N	N
FNN54	Community 40 hrs	Keencare Ltd	18 College Road, Harrow HA1 1BE	09:00-18:00	09:00-17:00	Closed	N	Y	N	Y	N		Y	Y	N	N	Y	Y	N
FCJ54	Community 40 hrs	KL Pharmacy	229 Kenton Lane, Kenton HA3 8RP	09:00-18:30; Wed 09:00-17:00	09:00-16:00	Closed	N	Y	N	Y	Y		Y	Y	N	N	Y	Y	N
FXA04	Community 40 hrs	Lloyds Pharmacy	Belmont Circle, 5 Warwick Parade, Harrow HA3 8SA	09:00-22:00	09:00-22:00	10:00-16:00	N	Y	N	Y	Y		Y	Y	Y	Y	Y	N	N

ODS number	Pharmacy type	Pharmacy name	Address	Opening hours			PhAS	London Borough of Harrow commissioned services				Harrow CCG service	NHS England advanced services					NHS England enhanced services	
				Mon-Fri opening hours	Sat opening hours	Sun opening hours		Supervised consumption schemes	Needle exchange service	Alcohol IBA	Emergency Hormonal Contraception via a PGD		Out-of-hours palliative care medicines service*	MUR	NMS	AUR	Stoma Appliance Customisation	Flu vaccination	London Vaccination Service
FTC30	Community 40 hrs	Murrays Chemist	172 Kenton Road, Harrow HA3 8BL	09:00-18:00	09:00-14:00	Closed	N	N	N	N	N		Y	Y	N	N	Y	N	N
FFF71	Community 40 hrs	Nowell Pharmacy	10 Weald Lane, Harrow Weald HA3 5ES	09:00-18:30: Wed 09:00-17:00	09:00-14:00	Closed	N	Y	N	Y	Y		Y	Y	N	N	Y	Y	N
FN113	Community 40 hrs	Overton & Pickup	6 Kenton Park Road, Kenton Road, Kenton HA3 8DQ	09:00-18:30	09:00-14:00	Closed	N	N	N	N	N		Y	Y	N	N	N	N	N
FAE00	Community 40 hrs	Superdrug	297-301 Station Road, Harrow HA1 2TA	09:00-18:00	09:00-18:00	Closed	N	N	Y	Y	N		Y	Y	N	N	Y	Y	N
FQ454	Community 40 hrs	Tesco In-Store Pharmacy	2 Station Road, Harrow HA1 2TU	09:00-21:00	09:00-21:00	10:00-16:00	N	N	N	N	N		Y	Y	N	N	Y	Y	N
FEW00	Community 100 hrs	The Harrow Pharmacy	73 Station Road, Harrow HA1 2TX	07:45-22:45	08:00-21:00	09:00-21:00	N	Y	N	Y	Y		Y	Y	N	N	Y	N	N
FN132	Community 40 hrs	Webber Pharmacy	105 Headstone Road, Harrow HA1 1PG	09:00-19:00	09:00-13:00	Closed	N	N	N	N	Y		Y	N	N	N	Y	N	N

ODS number	Pharmacy type	Pharmacy name	Address	Opening hours			PhAS	London Borough of Harrow commissioned services				Harrow CCG service	NHS England advanced services					NHS England enhanced services	
				Mon-Fri opening hours	Sat opening hours	Sun opening hours		Supervised consumption schemes	Needle exchange service	Alcohol IBA	Emergency Hormonal Contraception via a PGD		Out-of-hours palliative care medicines service*	MUR	NMS	AUR	Stoma Appliance Customisation	Flu vaccination	London Vaccination Service
FR894	Community 40 hrs	Avicenna Pharmacy (previously Kentbrook PH)	4 Station Parade, Belmont Circle, Harrow HA3 8SB	09:00-18:00	09:00-13:00	Closed	N	N	N	N	N		Y	Y	N	N	Y	Y	N

*For details of the out-of-hours palliative care service, see section 6.5.1

Northeast locality

ODS number	Pharmacy type	Pharmacy name	Address	Opening hours			PhAS	London Borough of Harrow commissioned services				Harrow CCG service	NHS England advanced services					NHS England enhanced services	
				Mon-Fri opening hours	Sat opening hours	Sun opening hours		Supervised consumption schemes	Needle exchange service	Alcohol IBA	Emergency Hormonal Contraception via a PGD		Out-of-hours palliative care medicines service*	MUR	NMS	AUR	Stoma Appliance Customisation	Flu vaccination	London Vaccination Service
FJJ60	Community 40 hrs	Andrews Pharmacy	9 Canons Corner, Edgware HA8 8AE	09:00-18:30	Closed	10:00-13:00	N	N	N	N	N		Y	Y	N	N	Y	Y	N
FN696	Community 40 hrs	Boots	32 Church Road, Stanmore HA7 4AL	09:00-17:30	09:00-17:30	Closed	N	N	N	N	N		Y	Y	N	N	Y	Y	N
FRN74	Community 40 hrs	Care Chemists	5 Buckingham Parade, The Broadway, Stanmore HA7 4EB	09:00-18:30	09:00-18:30	Closed	N	Y	N	Y	Y		Y	Y	N	N	Y	Y	Y
FVF02	Community 40 hrs	Jade Pharmacy	385 High Road, Harrow Weald HA3 6EL	09:00-19:00	09:00-17:30	Closed	N	N	N	N	Y		Y	Y	N	N	Y	Y	N
FG711	Community 40 hrs	Medicare Dispensing Chemist	10 Handel Parade, Whitchurch Lane, Edgware HA8 6LD	09:00-19:00	09:00-14:00	Closed	N	N	Y	Y	Y		Y	N	N	N	Y	Y	N
FMH04	Community 40 hrs	Canons Pharmacy	11 Station Parade, Whitchurch Lane, Edgware HA8 6RW	09:00-18:30	10:00-13:00	Closed	N	N	N	N	Y		Y	N	N	N	Y	Y	N

ODS number	Pharmacy type	Pharmacy name	Address	Opening hours			PhAS	London Borough of Harrow commissioned services				Harrow CCG service	NHS England advanced services					NHS England enhanced services	
				Mon-Fri opening hours	Sat opening hours	Sun opening hours		Supervised consumption schemes	Needle exchange service	Alcohol IBA	Emergency Hormonal Contraception via a PGD		Out-of-hours palliative care medicines service*	MUR	NMS	AUR	Stoma Appliance Customisation	Flu vaccination	London Vaccination Service
FAE25	Community 40 hrs	Reems Pharmacy	107 Uxbridge Road, Harrow Weald HA3 6DN	09:00-17:30	09:00-13:00	Closed	N	Y	Y	Y	N		Y	Y	N	N	Y	Y	N
FN256	Community 40 hrs	Lloyds Pharmacy	Inside Sainsbury's, 1/9 The Stanmore HA7 4DA	08:00-22:00	08:00-22:00	10:00-16:00	N	N	N	N	Y		Y	Y	N	N	Y	N	N

*For details of the out-of-hours palliative care service, see section 6.5.1

Northwest locality

ODS number	Pharmacy type	Pharmacy name	Address	Opening hours			PhAS	London Borough of Harrow commissioned services				Harrow CCG service	NHS England advanced services					NHS England enhanced services	
				Mon-Fri opening hours	Sat opening hours	Sun opening hours		Supervised consumption schemes	Needle exchange service	Alcohol IBA	Emergency Hormonal Contraception via a PGD		Out-of-hours palliative care medicines service*	MUR	NMS	AUR	Stoma Appliance Customisation	Flu vaccination	London Vaccination Service
FXM54	Community 40 hrs	Angies Chemist	3 High Street, Pinner HA5 5PJ	09:00-18:45	09:00-17:30	Closed	N	Y	N	Y	N		Y	N	N	N	N	N	N
FFK27	Community 40 hrs	Boots	37-39 Bridge Street, Pinner HA5 3HR	09:00-18:00	09:00-18:00	10:00-17:00	N	N	N	N	N		Y	Y	N	N	Y	Y	N
FYM99	Community 40 hrs	M&A Pharmacy	509 Pinner Road, North Harrow HA2 6EH	09:00-19:00	09:00-16:00	Closed	N	N	N	N	N		Y	Y	N	N	N	N	N
FAP70	Community 40 hrs	Carters Chemist	24 Bridge Street, Pinner HA5 3FJ	09:00-18:00	09:00-17:30	Closed	N	Y	Y	Y	Y		Y	Y	N	N	Y	Y	Y
FPA41	Community 40 hrs	Cedars Pharmacy	197 Headstone Lane, Harrow HA2 6ND	09:00-19:00	09:00-13:00	Closed	N	Y	N	Y	N		Y	Y	N	N	Y	N	N
FLG60	Community 100 hrs	Gor Pharmacy	37 Love Lane, Pinner HA5 3EE	07:00-22:00	07:00-20:00	08:00-20:00	N	Y	N	Y	N		Y	Y	N	N	Y	Y	N
FXP54	Community 40 hrs	Gor Pharmacy	147 Marsh Road, Pinner HA5 5PB	08:30-19:00	09:00-17:00	Closed	N	N	N	N	N		Y	Y	N	N	Y	Y	N

ODS number	Pharmacy type	Pharmacy name	Address	Opening hours			PhAS	London Borough of Harrow commissioned services				Harrow CCG service	NHS England advanced services					NHS England enhanced services	
				Mon-Fri opening hours	Sat opening hours	Sun opening hours		Supervised consumption schemes	Needle exchange service	Alcohol IBA	Emergency Hormonal Contraception via a PGD		Out-of-hours palliative care medicines service*	MUR	NMS	AUR	Stoma Appliance Customisation	Flu vaccination	London Vaccination Service
FFX26	Community 40 hrs	Jade Pharmacy	5 Broadway Parade, Pinner Road, North Harrow HA2 7SY	09:00-19:00	09:00-19:00	Closed	N	N	N	N	N		Y	Y	N	N	Y	N	N
FKE61	Community 40 hrs	Lloyds Pharmacy	Inside Sainsbury's, 12 Barters Walk, Pinner HA5 5LU	08:00-20:00	08:00-19:00	10:00-16:00	N	N	N	N	Y		Y	Y	N	N	Y	Y	N
FVJ64	Community 40 hrs	Saville Chemist	61 Station Road, North Harrow HA2 7SR	09:00-19:00; Thurs 09:00-16:00	09:00-14:00	Closed	N	Y	N	Y	N		Y	Y	N	N	Y	Y	N
FH689	Community 40 hrs	Tannas Chemist	320 Uxbridge Road, Hatch End, Pinner HA5 4HR	09:00-19:00; Wed 09:00-18:00	09:00-18:00	10:00-14:00	N	N	N	N	Y		Y	N	N	N	N	N	N
FPT84	Community 40 hrs	Tesco In-Store Pharmacy	1 Ash Hill Drive, Pinner Green, Pinner HA5 2AG	09:00-19:00; Wed 09:00-18:00	09:00-19:00	10:00-17:00	N	N	N	N	N		Y	Y	N	N	N	Y	N
FP233	Community 40 hrs	Village Pharmacy	272 Uxbridge Road, Hatch End, Pinner HA5 4HS	09:00-18:30; Thurs/Fri 09:00-18:00	09:00-17:30	Closed	N	N	N	N	Y		Y	Y	N	N	N	N	N

*For details of the out-of-hours palliative care service, see section 6.5.1

Southeast locality

ODS number	Pharmacy type	Pharmacy name	Address	Opening hours			PhAS	London Borough of Harrow commissioned services				Harrow CCG service	NHS England advanced services					NHS England enhanced services	
				Mon-Fri opening hours	Sat opening hours	Sun opening hours		Supervised consumption schemes	Needle exchange service	Alcohol IBA	Emergency Hormonal Contraception via a PGD		Out-of-hours palliative care medicines service*	MUR	NMS	AUR	Stoma Appliance Customisation	Flu vaccination	London Vaccination Service
FCC60	Community 40 hrs	Honeypot Pharmacy	189 Streafield Road, Kenton, Harrow HA3 9DA	09:00-19:00	09:00-17:00	Closed	N	N	N	N	Y		Y	N	N	N	N	N	N
FXF93	Community 40 hrs	Bachu’s Chemist	708 Kenton Road, Kenton, Harrow HA3 9QX	09:00-18:30	09:00-18:30	Closed	N	N	N	N	Y		Y	Y	N	N	Y	N	N
FG324	Community 40 hrs	Doshi Pharmacy	127 Burnt Oak Broadway, Burnt Oak, Edgware HA8 5EN	09:00-18:30	09:00-17:30	Closed	N	N	Y	Y	Y		N	N	N	N	N	N	N
FF430	Community 40 hrs	Burnt Oak Pharmacy	71-73 Burnt Oak Broadway, Edgware HA8 5EP	09:00-18:00	09:00-18:00	Closed	N	N	N	N	N		Y	Y	N	N	N	N	N
FA078	Community 40 hrs	Fairview Pharmacy	293-295 Burnt Oak Broadway, Edgware HA8 5ED	09:00-19:00	09:00-13:30	Closed	N	N	N	N	N		Y	N	N	N	Y	Y	N

ODS number	Pharmacy type	Pharmacy name	Address	Opening hours			PhAS	London Borough of Harrow commissioned services				Harrow CCG service	NHS England advanced services					NHS England enhanced services	
				Mon-Fri opening hours	Sat opening hours	Sun opening hours		Supervised consumption schemes	Needle exchange service	Alcohol IBA	Emergency Hormonal Contraception via a PGD		Out-of-hours palliative care medicines service*	MUR	NMS	AUR	Stoma Appliance Customisation	Flu vaccination	London Vaccination Service
FQX67	Community 40 hrs	MT Kotecha	903 Honeypot Lane, Stanmore HA7 1AR	09:00-18:30	09:00-13:00	Closed	N	N	N	N	Y		Y	N	N	N	Y	Y	N
FN903	Community 40 hrs	Mackenzie Chemist	39 South Parade, Mollison Way, Edgware HA8 5QL	09:00-18:00	09:00-14:00	Closed	N	N	N	N	Y		Y	Y	N	N	N	N	N
FW431	Community 40 hrs	Collins Pharmacy	8-9 Queensbury Circle Parade, Stanmore HA7 1EY	09:00-19:00	09:00-19:00	Closed	N	N	N	N	N		Y	Y	N	N	Y	Y	N

*For details of the out-of-hours palliative care service, see section 6.5.1

Southwest locality

ODS number	Pharmacy type	Pharmacy name	Address	Opening hours			PhAS	London Borough of Harrow commissioned services				Harrow CCG service	NHS England advanced services					NHS England enhanced services	
				Mon-Fri opening hours	Sat opening hours	Sun opening hours		Supervised consumption schemes	Needle exchange service	Alcohol IBA	Emergency Hormonal Contraception via a PGD		Out-of-hours palliative care medicines service*	MUR	NMS	AUR	Stoma Appliance Customisation	Flu vaccination	London Vaccination Service
FET37	Community 40 hrs	KL Pharmacy	190 Alexandra Avenue, South Harrow HA2 9BN	09:00-19:00; Wed 09:00-18:30	09:00-18:00	Closed	N	Y	N	N	N		Y	Y	N	N	Y	N	N
FXL37	Community 40 hrs	Boots	283 Northolt Road, South Harrow HA2 8HX	09:00-17:30	09:00-17:30	Closed	N	N	N	N	N		Y	Y	N	N	Y	N	N
FEM93	Community 40 hrs	Boots	157-159 Greenford Road, Harrow HA1 3QN	09:00-19:00	09:00-18:00	Closed	N	Y	N	Y	N		Y	Y	N	N	Y	Y	N
FND77	Community 40 hrs	Clarke Pharmacy	154 Greenford Road, Sudbury Hill, Harrow HA1 3QS	09:00-18:00	09:00-13:00	Closed	N	N	N	N	N		Y	Y	N	N	N	N	N
FNH26	Distance-selling 40 hrs	Doorstep Pharmacy	106 High Street, Harrow on the Hill, HA1 3LP	09:00-18:00	09:00-16:30	11:00-13:00	N	N	N	N	N		N	N	N	N	Y	Y	N
FFH31	Community 40 hrs	Healthways Chemist	382 Rayners Lane, Pinner HA5 5DY	09:00-19:00 Wed 09:00-13:00	09:00-19:00	Closed	N	Y	N	Y	N		Y	Y	N	N	N	N	N

ODS number	Pharmacy type	Pharmacy name	Address	Opening hours			PhAS	London Borough of Harrow commissioned services				Harrow CCG service	NHS England advanced services					NHS England enhanced services	
				Mon-Fri opening hours	Sat opening hours	Sun opening hours		Supervised consumption schemes	Needle exchange service	Alcohol IBA	Emergency Hormonal Contraception via a PGD		Out-of-hours palliative care medicines service*	MUR	NMS	AUR	Stoma Appliance Customisation	Flu vaccination	London Vaccination Service
FWW52	Community 40 hrs	P M Williams	5 Station Parade, Northolt Road, South Harrow HA2 8HB	09:00-19:00	09:00-17:00	Closed	N	N	N	N	N		Y	Y	N	N	N	N	N
FEJ95	Community 40 hrs	Kings Pharmacy	336 Eastcoate Lane, South Harrow HA2 9AJ	09:00-19:00	09:00-12:00	Closed	N	N	N	N	Y		Y	Y	N	N	Y	Y	Y
FL800	Community 40 hrs	S&A Pharmacy	251 Northolt Road, South Harrow HA2 8HR	09:00-18:00	09:00-17:30	Closed	N	N	N	N	N		Y	Y	N	N	Y	Y	N
FQ718	Community 40 hrs	Shaftesbury Pharmacy	6 Shaftesbury Parade, Shaftesbury Avenue, South Harrow HA2 0AJ	09:00-19:00	10:00-13:00	Closed	N	N	Y	Y	Y		Y	Y	N	N	Y	Y	N
FJT26	Community 40 hrs	Stratwicks Ltd	240 Northolt Road, Harrow HA2 8DJ	09:00-18:00	09:00-17:30	Closed	N	Y	Y	Y	N		Y	Y	N	N	Y	N	N
FKL84	Community 40 hrs	Jade Pharmacy	394 Rayners Lane, Harrow HA5 5DY	09:00-18:00	09:00-14:00	Closed	N	N	N	N	N		Y	Y	N	N	Y	Y	N
FKV28	Community 40 hrs	Jade Pharmacy	399 Alexandra Avenue, Harrow HA2 9SG	09:00-19:00	09:00-18:00	Closed	N	N	N	N	Y		Y	N	N	N	Y	N	N

ODS number	Pharmacy type	Pharmacy name	Address	Opening hours			PhAS	London Borough of Harrow commissioned services				Harrow CCG service	NHS England advanced services					NHS England enhanced services	
				Mon-Fri opening hours	Sat opening hours	Sun opening hours		Supervised consumption schemes	Needle exchange service	Alcohol IBA	Emergency Hormonal Contraception via a PGD		Out-of-hours palliative care medicines service*	MUR	NMS	AUR	Stoma Appliance Customisation	Flu vaccination	London Vaccination Service
FK866	Distance-selling 40 hrs	Avviro Ltd	Office 108, Pentax House, South Hill Avenue HA2 0DU	09:00-17:00	Closed	Closed	N	N	N	N	N		N	N	N	N	N	N	N

*For details of the out-of-hours palliative care service, see section 6.5.1

Appendix B: PNA Steering Group terms of reference

Purpose

Ensure the development of the 2018 Harrow Pharmaceutical Needs Assessment (PNA) so that Harrow Health and Wellbeing Board meets its statutory responsibility for publishing the PNA in line with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.

Objectives

- To oversee the development of the PNA in accordance with, and ensure the Harrow PNA complies with, the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013
- Ensure the PNA takes into account the local demography within Harrow borough and ascertain whether there is sufficient choice and accessibility (e.g. physical access, language etc.) with regard to obtaining pharmaceutical services in Harrow and neighbouring areas
- Promote integration of the PNA with other strategies and plans including the Joint Strategic Needs Assessment, the Joint Health & Wellbeing Strategy, the CCG's Commissioning Strategy Plans and other relevant strategies
- Ensure the consultation on the PNA meets the requirements of Regulation 8 of the Pharmaceutical Regulations 2013. In particular, ensure that both patients and the public are involved in the development of the PNA
- Ensure all appropriate stakeholders in Harrow are aware, engaged and involved in the development of the PNA
- Present the PNA first draft, and then the final document to the Health and Wellbeing Board
- Publish the PNA on the Council's website by April 2018
- Develop a community pharmacy vision that is integrated across health and social care spectrum, ensuring direct link to the health and wellbeing vision for the borough
- Horizon-scan for future policy direction and identify system decision-makers to transform the vision into a reality for Harrow residents
- Ensure the vision paper has adequate and appropriate patient and public involvement along with the wider community pharmacies operating in Harrow

Governance

- The Health and Social Care Act 2012 transferred the statutory responsibility for PNAs from NHS Primary Care Trusts (PCTs) to Health and Wellbeing Boards (HWBs), from 1st April 2013, with a requirement to publish a revised assessment at least every three years
- This Steering Group has been established to oversee the production of the 2018 PNA for the London Borough of Harrow (LBH), reporting progress and presenting the final report to the HWB

- The HWB will be informed of progress towards the production of the PNA and relevant milestones through the HWB Programme Manager's quarterly updates
- If a statement or decision from the HWB is needed in relation to the production of the draft PNA, the Chair of the Steering Group is welcome to draft a formal report for consideration
- The Steering Group will report directly to the Director of Public Health and is accountable to Harrow HWB

Frequency of meetings

Meetings will be arranged at key stages of the project plan. The Steering Group will meet in late 2017-early 2018 to sign off the PNA 2018 for submission to the HWB.

Responsibilities

- Provide a clear and concise PNA process
- Review and validate information and data on population, demographics, pharmaceutical provision, and health needs
- To consult with the bodies stated in Regulation 8 of the Pharmaceutical Regulations 2013:
 - any Local Pharmaceutical Committee (LPC) for its area
 - any Local Medical Committee for its area
 - any persons on the pharmaceutical lists and any dispensing doctors list for its area
 - any LPS chemist in its area
 - any Local Healthwatch organisation for its area
 - any NHS trust or NHS foundation trust in its area
 - the NHS England
 - any neighbouring HWB
- Ensure that due process is followed
- Report to HWB on both a Draft and Final PNA
- Publish a Final PNA by 1st April 2018

Dates for Health and Wellbeing Board meetings, 2017-18:

7 th September 2017	11 th January 2018
2 nd November 2017	8 th March 2018

Membership:

Delegate	Job title	Organisation
Shailen Rao	Managing Director	Soar Beyond
Anjna Sharma	Associate Director	Soar Beyond
Carole Furlong	Public Health Consultant	London Borough of Harrow
Gerald Alexander FRPharmS	Representative	Middlesex Group of LPCs
Michael Levitan FRPharmS	Chief Executive & Secretary	Middlesex Group of LPCs
Paul Larkin	Head of Medicines Management	Harrow CCG
Simon Hornsby	Communications & Engagement	London Borough of Harrow
Mina Kakaiya	Senior Project Manager	Harrow Healthwatch
Nick Evans	Communications Assistant	NWL Collaboration of CCGs
Sarita Bahri	Public Health Analyst	London Borough of Harrow
Garry Griffiths	Assistant Chief Operating Officer	London Borough of Harrow
Louise Dagget	Interim Director of Compliance	Harrow CCG
James Winstanley	Committee Liaison Executive	Local Medical Committee

Soar Beyond is not to be a core member. LBH Public Health or a delegated representative will chair the meeting. Each core member has one vote. The Director of Public Health (or Public Health representative) will have the casting vote, if required. Core members may provide a deputy to meetings in their absence. The Steering Group shall be quorate with representatives of the LBH and the LPC in attendance. Non-attending members are unable to cast a vote – that vote may otherwise sway the casting decision. To be included in decision-making, members' (or their nominated deputies') attendance is essential.

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

Appendix C: Public questionnaire

Tell us what you think of pharmacy services in Harrow

We want to hear what you think of pharmacy services in the London Borough of Harrow to help us develop services in the future. Your views will help us to develop our Pharmaceutical Needs Assessment (PNA) which will look at health needs in Harrow, the level and accessibility of pharmacy services and how these will be maintained and developed in the future.

We would be grateful if you could answer some questions about your own experience and views. The questionnaire should take no longer than five minutes to complete. **The information in the questionnaire you provide is confidential.** Please be honest with your answers so we can accurately assess areas where pharmacies are already performing well and areas that need improvement. Information returned in the Equalities Monitoring section will be recorded separately from your questionnaire response.

If you would like to complete this online, please go to:

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

Or scan the QR code below:



Closing date for this questionnaire is 1st September 2017

**Please return the questionnaire to your pharmacist or GP / pharmacy / library
or post back to:**

Darren Hagan
Soar Beyond
1 Marchmont Gate
Maxted Road
Hemel Hempstead
HP2 7BE

Please provide your full postcode:

.....

Should you require this questionnaire in any other format or language, please email:

publichealth@harrow.gov.uk

N.B. All information supplied will be kept strictly confidential, held securely and used for the purpose of planning appropriate services for all communities. It will not be passed on to any third party.

1) How often have you visited the pharmacy in the last six months?			
For yourself:		For someone else:	
Once a week or more		Once a week or more	
Once a month		Once a month	
Once every few months		Once every few months	
Once in six months		Once in six months	

2) Do you have a regular or preferred pharmacy?			
Yes		No	
If yes, and you are happy to do so, please provide the name and address:			
.....			
.....			

3) When considering a choice of pharmacy, which of the following helps you choose? (Please select all that apply)			
Close to home		Close to GP surgery	
Close to work		Efficiency	
They offer a specific service		Expertise / quality of advice	
Visiting on behalf of an elderly person		Visiting on behalf of a child	
Visiting on behalf of a disabled person			
Other, please specify:			
.....			

4) Who would you normally visit the pharmacy for? (Please select all that apply)

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

5) If you visit the pharmacy on behalf of someone else, please give a reason why. (You may select more than one answer)

Opening hours of the pharmacy not suitable for them		Access (for example disability / transport)	
Person I am representing does not speak English		More convenient	
Housebound person		All of the above	
Other, please specify:			

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

Car		Taxi		Walk	
Public transport		Bicycle			
Other, please specify:					

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

0 to 15 minutes		16 to 30 minutes	
Over 30 minutes		Varies	
Don't know			

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

Yes		No	
If yes, please select one of the following reasons:			
Location of pharmacy		Parking difficulties	
Wheelchair or other access problems		Public transport availability	
Other, please specify:			

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

Monday to Friday		Saturday	
Sunday		Varies	
Don't know			

10) When do you prefer to visit a pharmacy? (Please select one answer)

Morning (8am-12pm)		Lunchtime (12pm-2pm)	
Afternoon (2pm-6pm)		Early evening (6pm-8pm)	
Late evening (after 8pm)		Varies	
Don't know			

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

Daily		Weekly	
Fortnightly		Monthly	
Yearly		Never	

12) Which of the following pharmacy services are you aware that a pharmacy may provide? (Please select all that apply)

Dispensing of prescriptions		Repeat dispensing services	
Needle exchange		Advice from your pharmacist	
Buying over-the-counter medicines		Flu vaccination services	
Home delivery and prescription collection services		Disposal of unwanted medicines	
Sexual health services (chlamydia testing / treating, condom distribution, emergency contraception)		Detailed discussion with your pharmacist on how you take your existing and newly prescribed medicines	
Stopping smoking / nicotine replacement therapy		Minor Ailments Service	
Immediate access to specialist drugs e.g. palliative care medicines		Supervised consumption of methadone and buprenorphine	
Emergency supply of prescription medicines			
Other, please specify:			

13) In addition to the dispensing of prescriptions, advice from the pharmacist, and sales of 'over-the-counter' medicines, what other services would you like to see provided by your local pharmacy?

	Yes	No	Don't know
Repeat dispensing services			
Home delivery and prescription collection services			
Needle exchange			
Disposal of unwanted medicines			
Minor Ailments Service			
New Medicine Service / Medicines Use Reviews			
Flu vaccination services			
Detailed discussion with your pharmacist on how you take your existing and newly prescribed medicines			
Stopping smoking / nicotine replacement therapy			
Sexual health services (chlamydia testing / treating, condom distribution, emergency contraception)			
Immediate access to specialist drugs e.g. palliative care medicines			
Supervised consumption of methadone and buprenorphine			
Emergency supply of prescription medicines			
Other, please specify:			

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

Yes		No		Don't know	
-----	--	----	--	------------	--

15) Have you ever used an internet pharmacy to obtain prescription medicines?

Yes		No – go to question 17	
-----	--	------------------------	--

16) If yes, how would you rate your overall satisfaction with the internet pharmacy?

Excellent		Good	
Fair		Poor	

17) Are you aware that a service is available whereby your GP practice can send your prescription electronically to your chosen pharmacy?

Yes		No	
-----	--	----	--

18) If you use your pharmacy to collect regular prescriptions, how do you order your prescriptions? (Please select all that apply)

Paper request form to my GP practice		Paper request form through my pharmacy	
By email to my GP practice		Online request to my GP practice	
My pharmacy orders on my behalf		Varies	
Other, please specify:			

Any other comments you would like to make about pharmacies in Harrow?

.....

.....

.....

Thank you for completing this questionnaire

Your answers to this survey are private and will be kept in line with the Data Protection Act. If you wish to be kept informed about the Pharmaceutical Needs Assessment and the consultation we will be running, you can give us your contact details here:

Name	
Address	
Telephone number	
Email	

Preferred method of communication

Telephone		Email		Post	
-----------	--	-------	--	------	--

Harrow Equalities Monitoring Form

Why do we monitor?

Harrow Council is committed to making sure people are treated fairly. We recognise that our job applicants, employees, community and service users have different backgrounds and/or needs and we continuously work towards creating a culture and practices that recognise, respect, value and harness difference for the benefit of all.

This equalities monitoring form is used by service users/residents, employees and job applicants.

By completing this form you are helping us to:

- Understand the demographics of job applicants and employees to ensure we are applying equality of opportunity for all, including those with criminal records
- Better understand our service users/residents and shape services to meet their specific needs
- Identify and address any barriers/issues individuals may experience when accessing our services (including information about our services)
- Ensure our policies, processes and services are accessible to everyone who uses them

Data Protection – it is your choice whether you provide this information. Your replies will not be used in a way that identifies you or used for any other purpose.

1) Age – what is your age group?					
Under 16		16-24		25-44	
45-64		65 and over			

2) Ethnic origin – what is your ethnic origin?			
Asian or Asian British			
Afghan		Bangladeshi	
Chinese		Indian	
Pakistani		Sri Lankan	
Any other Asian background, please specify			
Black or Black British			
African		Caribbean	
Somali			
Any other Black background, please specify			

Mixed background			
White and Black African		White and Black Caribbean	
White and Asian			
Any other mixed background, please specify			
Other ethnic background			
Arab		Iranian	
Any other ethnic background, please specify			
White or White British			
Albanian		English	
Gypsy / Irish Traveller		Irish	
Polish		Romanian	
Scottish		Welsh	
Any other White background, please specify			

3) Disability – are your day-to-day activities limited because of a health problem or disability which has lasted or is expected to last at least 12 months?				
Yes		No		Prefer not to say

4) Marriage or Civil Partnership			
Are you married?			
Yes		No	
Are you in a Civil Partnership?			
Yes		No	

5) Pregnancy or Maternity – have you been pregnant and/or on maternity leave during the past 2 years?			
Yes		No	

6) Religion and belief – what is your religion?

Buddhism		Christianity (all denominations)		Hinduism	
Islam		Jainism		Judaism	
Zoroastrian		No religion / Atheist			
Other, please specify:					

7) Sex – are you?

Male		Female	
------	--	--------	--

8) Is your gender identity the same as the gender you were assigned at birth?

Yes		No		Prefer not to say	
-----	--	----	--	-------------------	--

9) Sexual orientation – what is your sexual orientation?

Bisexual		Gay man		Gay woman / lesbian	
Heterosexual		Prefer not to say			

Appendix D: Pharmacy contractor questionnaire

PNA Pharmacy Questionnaire Harrow Health and Wellbeing Board

Soar Beyond are supporting the London Borough of Harrow to produce their 2018 Pharmaceutical Needs Assessment. We are undertaking a survey of all pharmacy contractors in Harrow.

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

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

Please complete the questionnaire **by 1st September 2017**, and return any completed paper copies of the survey to:

Darren Hagan,
Soar Beyond,
1 Marchmont Gate,
Maxted Road,
Hemel Hempstead
HP2 7BE

Premises Details

Contractor Code (ODS Code)	
Name of contractor (i.e. name of individual, partnership or company owning the pharmacy business)	
Trading Name	
Address of Contractor pharmacy	
Is this pharmacy one which is entitled to Pharmacy Access Scheme payments?	☐ Yes ☐ No ☐ Possibly
Is this pharmacy a 100-hour pharmacy?	☐ Yes ☐ No
Does this pharmacy hold a Local Pharmaceutical Services (LPS) contract? (i.e. it is not the 'standard' Pharmaceutical Services contract)	☐ Yes ☐ No
Is this pharmacy a Distance-Selling Pharmacy? (i.e. it cannot provide Essential Services to persons present at or in the vicinity of the pharmacy)	☐ Yes ☐ No
Pharmacy email address	
Pharmacy telephone	
Pharmacy fax (if applicable)	
Pharmacy website address (if applicable)	
Can the LPC store the above information and use it to contact you?	☐ Yes ☐ No

Core Hours of Opening

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

Total Hours of Opening

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

Consultation Facilities

There is a consultation area (meeting the criteria for the Medicines Use Review service) (tick as appropriate)

On premises	None	☐
	Available (including wheelchair access)	☐
	Available (without wheelchair access)	☐
	Planned within the next 12 months	☐
	Other (please specify)	
Where there is a consultation area, is it a closed room?		☐ Yes ☐ No

During consultations are there hand-washing facilities?	In the consultation area	☐
	Close to the consultation area	☐
	None	☐

Patients attending for consultations have access to toilet facilities	☐ Yes ☐ No
---	--

Off-site	The pharmacy has access to an off-site consultation area (i.e. one which the former PCT or NHS England local team has given consent for use)	☐ Yes ☐ No
	The pharmacy is willing to undertake consultations in patient's home / other suitable site	☐ Yes ☐ No

Access to the Pharmacy

The pharmacy is accessible for wheelchair users	Ramped access	☐ Yes ☐ No
	Wide door	☐ Yes ☐ No
	Electric door	☐ Yes ☐ No
Any other support	Induction loop	☐ Yes ☐ No
	'Blue badge' / Disabled parking in front of the premises	☐ Yes ☐ No
	'Blue badge' / Disabled parking nearby	☐ Yes ☐ No

Languages spoken (in addition to English) – please list	
British Sign Language communicators	☐ Yes ☐ No

IT Facilities in the Pharmacy

Electronic Prescription Service Release 2 enabled	☐ Yes ☐ No
NHSmal being used	☐ Yes ☐ No
NHS Summary Care Record enabled	☐ Yes ☐ No
IT capability in the consultation room (to enter data during consultations)	☐ Yes ☐ No
Up to date NHS Choices entry	☐ Yes ☐ No
Up to date NHS111 entry on the 'Directory of Services'	☐ Yes ☐ No

Healthy Living Pharmacies (HLP)

Select the one that applies.

The pharmacy has achieved HLP status	☐
The pharmacy is working toward HLP status	☐
The pharmacy is not currently working toward HLP status	☐

Services

Does the pharmacy dispense appliances?

Yes, all types	☐
Yes, excluding stoma appliances	☐
Yes, excluding incontinence appliances	☐
Yes, excluding stoma and incontinence appliances	☐
Yes, just dressings	☐
Other (please identify)	
None	☐

Advanced Services

Does the pharmacy provide the following services?

	Yes	Intending to begin within next 12 months	No - not intending to provide
Medicines Use Review Service	☐	☐	☐
New Medicine Service	☐	☐	☐
Appliance Use Review Service	☐	☐	☐
Stoma Appliance Customisation Service	☐	☐	☐
Flu Vaccination Service	☐	☐	☐
NHS Urgent Medicine Supply Advanced Service	☐	☐	☐

Enhanced⁵⁷ and Other Locally Commissioned Services

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

	Currently providing under contract with the local NHS England Team	Currently providing under contract with CCG	Currently providing under contract with Local Authority, or its 'Lead Provider'	Willing to provide if commissioned	Not able or willing to provide
Anticoagulant Monitoring Service	☐	☐	☐	☐	☐
Anti-viral Distribution Service ⁽⁵⁸⁾	☐ ⁽⁵⁸⁾	☐	☐	☐	☐
Care Home Service	☐	☐	☐	☐	☐
Chlamydia Testing Service ⁽⁵⁸⁾	☐ ⁽⁵⁸⁾	☐	☐	☐	☐
Chlamydia Treatment Service ⁽⁵⁸⁾	☐ ⁽⁵⁸⁾	☐	☐	☐	☐
Contraceptive service (not EC) ⁽⁵⁸⁾	☐ ⁽⁵⁸⁾	☐	☐	☐	☐
Disease-Specific Medicines Management Service:					
Allergies	☐	☐	☐	☐	☐
Alzheimer's/dementia	☐	☐	☐	☐	☐
Asthma	☐	☐	☐	☐	☐
CHD	☐	☐	☐	☐	☐
COPD	☐	☐	☐	☐	☐
Depression	☐	☐	☐	☐	☐
Diabetes type I	☐	☐	☐	☐	☐
Diabetes type II	☐	☐	☐	☐	☐
Epilepsy	☐	☐	☐	☐	☐
Heart Failure	☐	☐	☐	☐	☐
Hypertension	☐	☐	☐	☐	☐
Parkinson's disease	☐	☐	☐	☐	☐

⁵⁷ 'Enhanced Services' are those commissioned by the local NHS England team. CCGs and Local Authorities can commission other Locally Commissioned Services that are equivalent to the Enhanced Services, but for the purpose of developing the PNA are called 'Other Locally Commissioned Services' not 'Enhanced Services'

⁵⁸ These services are not listed in the Advanced and Enhanced Services Directions, and so are not 'Enhanced Services' if commissioned by the local NHS England team. The local NHS England Team may commission them on behalf of the CCG or Local Authority, but when identified in the PNA they will be described as 'Other Locally Commissioned Services' or 'Other NHS Services'

	Currently providing under contract with the local NHS England Team	Currently providing under contract with CCG	Currently providing under contract with Local Authority, or its 'Lead Provider'	Willing to provide if commissioned	Not able or willing to provide
Other (please state)					
Emergency Contraception Service ⁽⁵⁸⁾	☐ ⁽⁵⁸⁾	☐	☐	☐	☐
Emergency Supply Service	☐	☐	☐	☐	☐
Gluten-Free Food Supply Service (i.e. not via FP10)	☐	☐	☐	☐	☐
Home Delivery Service (not appliances) ⁽⁵⁸⁾	☐ ⁽⁵⁸⁾	☐	☐	☐	☐
Independent Prescribing Service	☐	☐	☐	☐	☐
If currently providing an Independent Prescribing Service, what therapeutic areas are covered?					
Language Access Service	☐	☐	☐	☐	☐
Medication Review Service	☐	☐	☐	☐	☐
Medicines Assessment and Compliance Support Service	☐	☐	☐	☐	☐
Minor Ailments Scheme	☐	☐	☐	☐	☐
MUR Plus/Medicines Optimisation Service ⁽⁵⁸⁾	☐ ⁽⁵⁸⁾	☐	☐	☐	☐
If currently providing an MUR Plus / Medicines Optimisation Service, what therapeutic areas are covered?					
Needle and Syringe Exchange Service	☐	☐	☐	☐	☐
Obesity Management - adults ⁽⁵⁸⁾	☐ ⁽⁵⁸⁾	☐	☐	☐	☐
Obesity Management - children	☐ ⁽⁵⁸⁾	☐	☐	☐	☐
Not-Dispensed Scheme	☐	☐	☐	☐	☐

	Currently providing under contract with the local NHS England Team	Currently providing under contract with CCG	Currently providing under contract with Local Authority, or its 'Lead Provider'	Willing to provide if commissioned	Not able or willing to provide
On-Demand Availability of Specialist Drugs Service	☐	☐	☐	☐	☐
Out-of-hours Services	☐	☐	☐	☐	☐
Phlebotomy Service ⁽⁵⁸⁾	☐ ⁽⁵⁸⁾	☐	☐	☐	☐
Prescriber Support Service	☐	☐	☐	☐	☐
Schools Service	☐	☐	☐	☐	☐
Patient Group Direction Service	☐	☐	☐	☐	☐
Name the medicines covered by the Patient Group Direction					
Screening Services:					
Alcohol	☐	☐	☐	☐	☐
Cholesterol	☐	☐	☐	☐	☐
Diabetes	☐	☐	☐	☐	☐
Gonorrhoea	☐	☐	☐	☐	☐
H. pylori	☐	☐	☐	☐	☐
HbA1c	☐	☐	☐	☐	☐
Hepatitis	☐	☐	☐	☐	☐
HIV	☐	☐	☐	☐	☐
Other (please state)					
Seasonal Influenza Vaccination Service ⁽⁵⁸⁾	☐ ⁽⁵⁸⁾	☐	☐	☐	☐
Other vaccinations⁽⁵⁸⁾					
Childhood vaccinations	☐ ⁽⁵⁸⁾	☐	☐	☐	☐
Hepatitis (at-risk workers or patients)	☐ ⁽⁵⁸⁾	☐	☐	☐	☐
HPV	☐ ⁽⁵⁸⁾	☐	☐	☐	☐
Travel vaccines	☐ ⁽⁵⁸⁾	☐	☐	☐	☐
Other (please state)					

	Currently providing under contract with the local NHS England Team	Currently providing under contract with CCG	Currently providing under contract with Local Authority, or its 'Lead Provider'	Willing to provide if commissioned	Not able or willing to provide
Sharps Disposal Service ⁽⁵⁸⁾	☐ ⁽⁵⁸⁾	☐	☐	☐	☐
Stop Smoking Service	☐	☐	☐	☐	☐
Supervised Consumption Service	☐	☐	☐	☐	☐
Supplementary Prescribing Service	☐	☐	☐	☐	☐
If so, what therapeutic areas are covered?					
Vascular Risk Assessment Service (NHS Health Check) ⁽⁵⁸⁾	☐ ⁽⁵⁸⁾	☐	☐	☐	☐

Non-commissioned Services

Does the pharmacy provide any of the following?

Collection of prescriptions from GP practices	☐ Yes ☐ No
Delivery of dispensed medicines - free of charge on request	☐ Yes ☐ No
Delivery of dispensed medicines - chargeable	☐ Yes ☐ No
Delivery of dispensed medicines - selected patient groups - list criteria:	☐ Yes ☐ No
Delivery of dispensed medicines - selected areas - list areas:	☐ Yes ☐ No
Monitored Dosage Systems - free of charge on request	☐ Yes ☐ No
Monitored Dosage Systems - chargeable	☐ Yes ☐ No
Is there a particular need for a locally commissioned service in your area? If yes, what is the service requirement and why?	☐ Yes ☐ No

Details of the Person Completing this Questionnaire - if questions arise

Contact name	Contact telephone number

Appendix E: Commissioner questionnaire

PNA Commissioner Questionnaire Harrow Health and Wellbeing Board

Soar Beyond are supporting the London Borough of Harrow to produce their 2018 Pharmaceutical Needs Assessment. We are undertaking a survey of all commissioners who are responsible for commissioning services from community pharmacies in Harrow (even if they do not commission services currently).

We would therefore be grateful if you could spend a few minutes to complete the questions below. You may complete the survey online at <https://www.surveymonkey.co.uk/r/HARROWCommissioner> if you prefer.

Please complete the questionnaire **by 1st September 2017**, and return any completed paper copies of the survey to:

Darren Hagan,
Soar Beyond,
1 Marchmont Gate,
Maxted Road,
Hemel Hempstead
HP2 7BE

Which of the following services do you commission or may be considering commissioning from local community pharmacies?

	Currently commissioned by the local NHS England Team	Currently commissioned under contract with CCG	Currently commissioned under contract with Local Authority	May consider commissioning	Not able or unwilling to commission
Anticoagulant Monitoring Service	☐	☐	☐	☐	☐
Anti-viral Distribution Service	☐	☐	☐	☐	☐
Care Home Service	☐	☐	☐	☐	☐
Chlamydia Testing Service	☐	☐	☐	☐	☐
Chlamydia Treatment Service	☐	☐	☐	☐	☐
Contraceptive service (not EC)	☐	☐	☐	☐	☐
Seasonal Influenza Vaccination Service	☐	☐	☐	☐	☐
Pneumococcal Vaccination	☐	☐	☐	☐	☐

Which of the following services do you commission or may be considering commissioning from local community pharmacies?

	Currently commissioned by the local NHS England Team	Currently commissioned under contract with CCG	Currently commissioned under contract with Local Authority	May consider commissioning	Not able or unwilling to commission
Disease-Specific Medicines Management Services:					
Allergies	☐	☐	☐	☐	☐
Alzheimer's/ dementia	☐	☐	☐	☐	☐
Asthma	☐	☐	☐	☐	☐
CHD	☐	☐	☐	☐	☐
COPD	☐	☐	☐	☐	☐
Depression	☐	☐	☐	☐	☐
Diabetes type I	☐	☐	☐	☐	☐

	Currently commissioned by the local NHS England Team	Currently commissioned under contract with CCG	Currently commissioned under contract with Local Authority	May consider commissioning	Not able or unwilling to commission
Diabetes type II	☐	☐	☐	☐	☐
Epilepsy	☐	☐	☐	☐	☐
Heart Failure	☐	☐	☐	☐	☐
Hypertension	☐	☐	☐	☐	☐
Parkinson's disease	☐	☐	☐	☐	☐
Other (please state)					
Emergency Contraception Service	☐	☐	☐	☐	☐
Emergency Supply Service	☐	☐	☐	☐	☐
Gluten-Free Food Supply Service (i.e. not via FP10)	☐	☐	☐	☐	☐
Home Delivery Service (not appliances)	☐	☐	☐	☐	☐
Independent Prescribing Service	☐	☐	☐	☐	☐
Language Access Service	☐	☐	☐	☐	☐
Medication Review Service	☐	☐	☐	☐	☐
Medicines Assessment and Compliance Support Service	☐	☐	☐	☐	☐
Minor Ailments Scheme	☐	☐	☐	☐	☐
MUR Plus/ Medicines Optimisation Service	☐	☐	☐	☐	☐
Needle and Syringe Exchange Service	☐	☐	☐	☐	☐
Obesity management - adults	☐	☐	☐	☐	☐
Obesity management - children	☐	☐	☐	☐	☐

	Currently commissioned by the local NHS England Team	Currently commissioned under contract with CCG	Currently commissioned under contract with Local Authority	May consider commissioning	Not able or unwilling to commission
Not-dispensed Scheme	☐	☐	☐	☐	☐
On-Demand Availability of Specialist Drugs	☐	☐	☐	☐	☐
Out-of-hours Services	☐	☐	☐	☐	☐
Patient Group Direction Service (name the medicines covered by the Patient Group Direction)	☐	☐	☐	☐	☐
Phlebotomy Service	☐	☐	☐	☐	☐
Prescriber Support Service	☐	☐	☐	☐	☐
Schools Service	☐	☐	☐	☐	☐

Which of the following services do you commission or may be considering commissioning from local community pharmacies?

	Currently commissioned by the local NHS England Team	Currently commissioned under contract with CCG	Currently commissioned under contract with Local Authority	May consider commissioning	Not able or unwilling to commission
Screening Services:					
Alcohol	☐	☐	☐	☐	☐
Cholesterol	☐	☐	☐	☐	☐
Diabetes	☐	☐	☐	☐	☐
Gonorrhoea	☐	☐	☐	☐	☐
H. pylori	☐	☐	☐	☐	☐
HbA1c	☐	☐	☐	☐	☐
Hepatitis	☐	☐	☐	☐	☐
HIV	☐	☐	☐	☐	☐
Other (please state)					

Which of the following services do you commission or may be considering commissioning from local community pharmacies?

	Currently commissioned by the local NHS England Team	Currently commissioned under contract with CCG	Currently commissioned under contract with Local Authority	May consider commissioning	Not able or unwilling to commission
Other vaccinations:					
Childhood vaccinations	☐	☐	☐	☐	☐
Hepatitis (at-risk workers or patients)	☐	☐	☐	☐	☐
HPV	☐	☐	☐	☐	☐
Travel vaccines	☐	☐	☐	☐	☐
Other - (please state)					
Sharps Disposal Service	☐	☐	☐	☐	☐
Stop Smoking Service	☐	☐	☐	☐	☐
Supervised Consumption Service	☐	☐	☐	☐	☐
Vascular Risk Assessment Service (NHS Health Check)	☐	☐	☐	☐	☐

Please describe any subcontracting / 'lead provider' arrangements that may exist. In particular, what the overall objectives are, and how pharmacies are commissioned as part of these arrangements.

--

Details of the person completing this form:

Contact name, role and organisation of person completing questionnaire, if questions arise	Contact telephone number

Appendix F: PNA project plan

	Jul 2017	Aug 2017	Sept 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018
Contract commencement date (17th July 2017)									
Kick-off meeting with local authority PNA lead - Detailed project plan shared and agreed - Agree accountabilities - Identify and approach potential members for PNA Steering Group - Draft Terms of Reference shared - Communications Plan agreed, including frequency and mechanism for local authority checkpoint meetings - Contacts list developed for key stakeholders - RAG rated Risk and Issues Log set up - Assurance report (if required) for June HWB meeting to share project plan and governance update									
Steering Group and Project Governance established - First PNA Steering Group meeting conducted - Project plan shared and agreed - Communications Plan and Terms of Reference agreed - PNA localities agreed - Questionnaire templates shared and agreed	27 th								
Stakeholders identified - For dissemination of information - Contact details obtained and initial contact made - Share project plan and brief on what the Pharmaceutical Needs Assessment is									
Checkpoint web meeting with local authority PNA lead		3 rd							
Data collection and stakeholder engagement - Distribution of pharmacy user questionnaire (advertising posters also sent to all pharmacies and GP practices in the borough) - Distribution of pharmacy contractor questionnaire - Distribution of commissioner questionnaire									
Checkpoint web meeting with local authority PNA lead									

	Jul 2017	Aug 2017	Sept 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018
Information collection • Receipt and review of planning and strategy documents, e.g. JSNA, Housing Strategy, Commissioning Intentions, STP etc. • List of all providers of pharmaceutical services from NHS England • List of any commissioned services by CCG, e.g. minor ailment services, out-of-hours, local hospitals • Information from local authority, e.g. demographics, specific health needs, commissioned services Second PNA Steering Group meeting – agree and finalise data for draft PNA		13 th							
Deadline for questionnaires to be completed		1 st							
Report submitted to the Health and Wellbeing Board requesting delegation to the Director of Public Health for sign-off (with regard to the draft and the final PNA)									
Current and future service provision detailing and analysis • Pharmacies categorised by type (40hr/100hr/internet) – map provided as per Pharmaceutical Regulations 2013, to include cross-border pharmacies • Opening times map produced • Travel access maps: drive times (average, peak, off-peak), walking, public transport – plus population numbers by travel time • Demographics analysis (supported by local authority) • Health and lifestyle analysis (supported by local authority) • Planning – housing developments and new care home developments listed and analysed for prospective impact on future pharmaceutical needs (supported by local authority) • Pharmacies who provide advanced services • Pharmacies who provide enhanced/locally commissioned services									
Checkpoint web meeting with local authority PNA lead									
Collation and analysis of all information collected • Triangulate information received from duplicate sources, identifying and resolving any discrepancies and gaps Comparison with information and recommendations from 2015 PNA									
Review and identify gaps in service, current and future • Identification of any changes (service provision, current and future needs etc.) • Identify potential gaps • Make recommendations									

	Jul 2017	Aug 2017	Sept 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018
Draft PNA completed - Complete the draft assessment, clearly articulating any gaps identified and propose recommendation - Compile specific consultation questions - Highlight any specific communities and/or providers identified as affected by the analysis of gaps Third PNA Steering Group meeting – agree draft PNA and provide report for 2 nd November HWB meeting					20 th				
Consultation period (4th December 2017 – 2nd February 2018) - Host draft PNA on council's website (supported by local authority) - Advertise consultation through existing consultation channels (e.g. communications and engagements leads with CCGs, Healthwatch, Patients' Participation Groups etc.) - Send links of draft PNA to consultees as required by the Pharmaceutical Regulations 2013 (listed within the Communications Plan), and any specific individuals, populations and stakeholder groups identified within the stakeholder engagement undertaken in the summer - If required, hold direct stakeholder engagement events (face-to-face meetings, webinars, online surveys etc.) with specific populations/providers identified as potentially affected by the analysis of gaps									
Checkpoint web meetings with, or reports to, local authority PNA lead to update on consultation feedback									
Consultation findings report Collate, analyse and make recommendations on the consultation responses Fourth PNA Steering Group meeting – make changes to the draft PNA and agree final PNA									
Final PNA - Produce final document in pdf format for uploading to council's website - Consultation findings report and final PNA prepared for HWB meeting 8th March 2018 for approval - Send links of final PNA to consultees as required by the Pharmaceutical Regulations (listed within the Communications Plan), and any specific individuals, populations and stakeholder groups identified within the stakeholder engagement undertaken in the summer									

Appendix G: Consultation plan and list of stakeholders

Stakeholder		Engagement during PNA production		
	Role	PNA briefing letter sent	Steering Group representation	Questionnaire (pharmacy contractor/public/commissioner)
Consultee as required by Pharmaceutical Regulations 2013 Part 2 (8)	Consultant in Public Health	Y	Y	All
	LPC	Y	Y	All
	Healthwatch	Y	Y	All
	LMC	Y	Y	All
	Director of Public Health	Y	Y	All
	Communications Assistant	Y	Y	All
	Public Health Analyst	Y	Y	All
	Assistant Chief Operating Officer CCG	Y	Y	All
	Interim Director of Compliance CCG	Y	Y	All
	Equality & Engagement Officer CCG	Y	Y	All
	Head of Medicines Management Harrow CCG	Y	Y	All
	Communications and Engagement Lead	Y	Y	All
Other Consultees	Voluntary Action Harrow Cooperative	N	N	Public
	Northwick Park Hospital	N	N	Public
	Roxbourne Medical Centre	N	N	Public
	Harrow Patients' Participation Network	N	N	Public
	Harrow CVS	N	N	Public
	Neighbouring LMC	N	N	Public
	Neighbouring LPC	N	N	Public
	GP Practices	N	N	Public

Appendix H: Summary of consultation responses and comments

As required by the Pharmaceutical Regulations 2013,⁵⁹ Harrow HWB held a 60-day consultation on the draft PNA from 4th December 2017 to 2nd February 2018.

The draft PNA was hosted on the Harrow Council website and invitations to review the assessment and comment were sent to a wide range of stakeholders including all community pharmacies in Harrow. A number of members of the public had expressed an interest in the PNA and were invited to participate in the consultation as well as a range of public engagement groups in Harrow as identified by Harrow Council and Harrow Health Watch. Responses to the consultation were possible via an online survey, paper or email.

There were in total ten responses, all (100%) of which were to the internet survey. There were seven responses (70%) received from the public, one (10%) from a pharmacist, and two (20%) from other sources, including NHS England.

The following are the main themes, and the PNA Steering Group's response, to feedback received during the consultation on the draft PNA:

- Information provided in the PNA
- Consideration which services are 'necessary' and 'relevant'
- Issues over access to services
- Availability of services currently, and not currently, provided by pharmacies
- Correction of data in the PNA

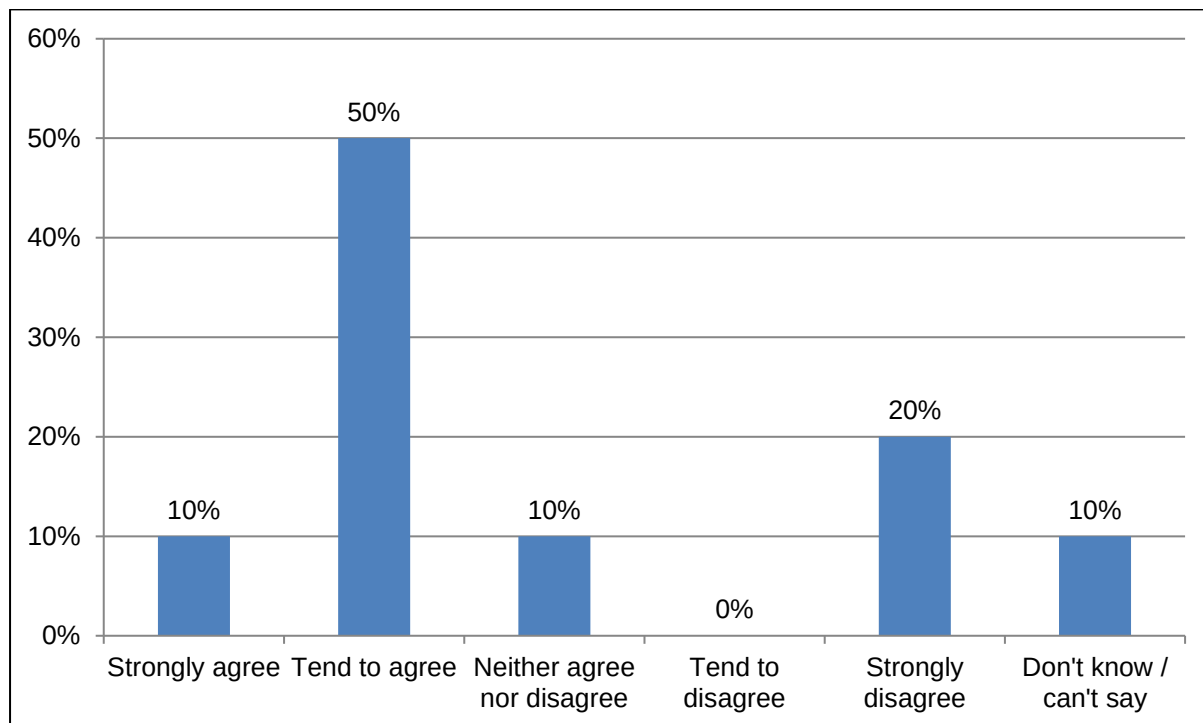
All comments were considered by the PNA Steering Group at its meeting on 22nd February 2018 for the final report. A number of additional comments were received that were considered by the Steering Group in the production of the final PNA. Should you wish to view these comments please contact the Director of Public Health, Carole Furlong, by email: carole.furlong@harrow.gov.uk.

Below is a summary of responses to the specific questions, asked during the consultation.

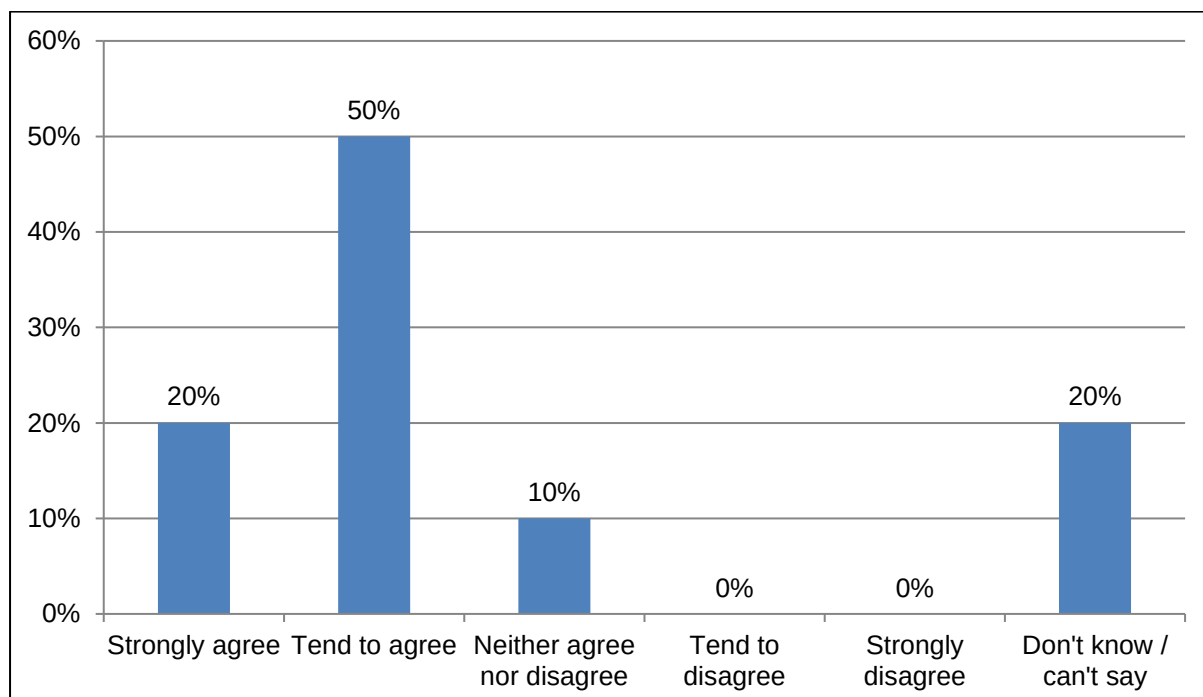
⁵⁹ Pharmaceutical Regulations 2013 - <http://www.legislation.gov.uk/ukxi/2013/349/contents/made>

Consultation questions and responses:

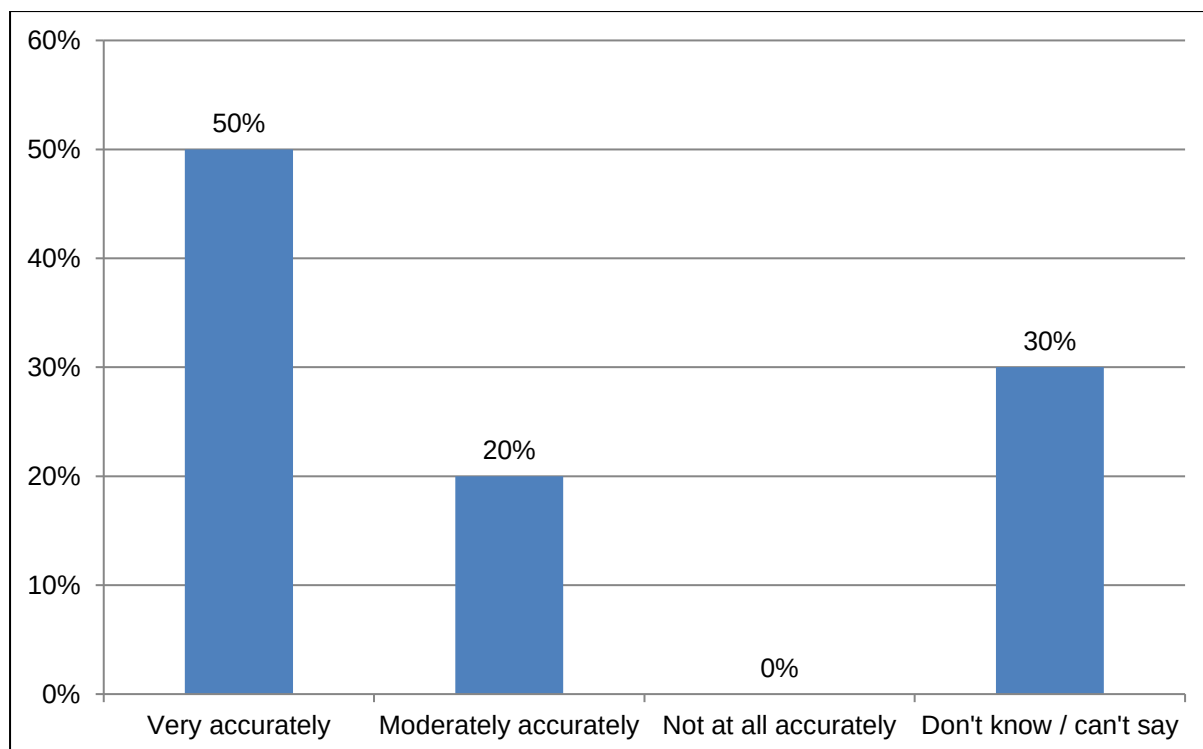
Q1. The Harrow draft PNA does not identify any gaps in the provision of pharmaceutical services. To what extent do you agree or disagree with this assessment?



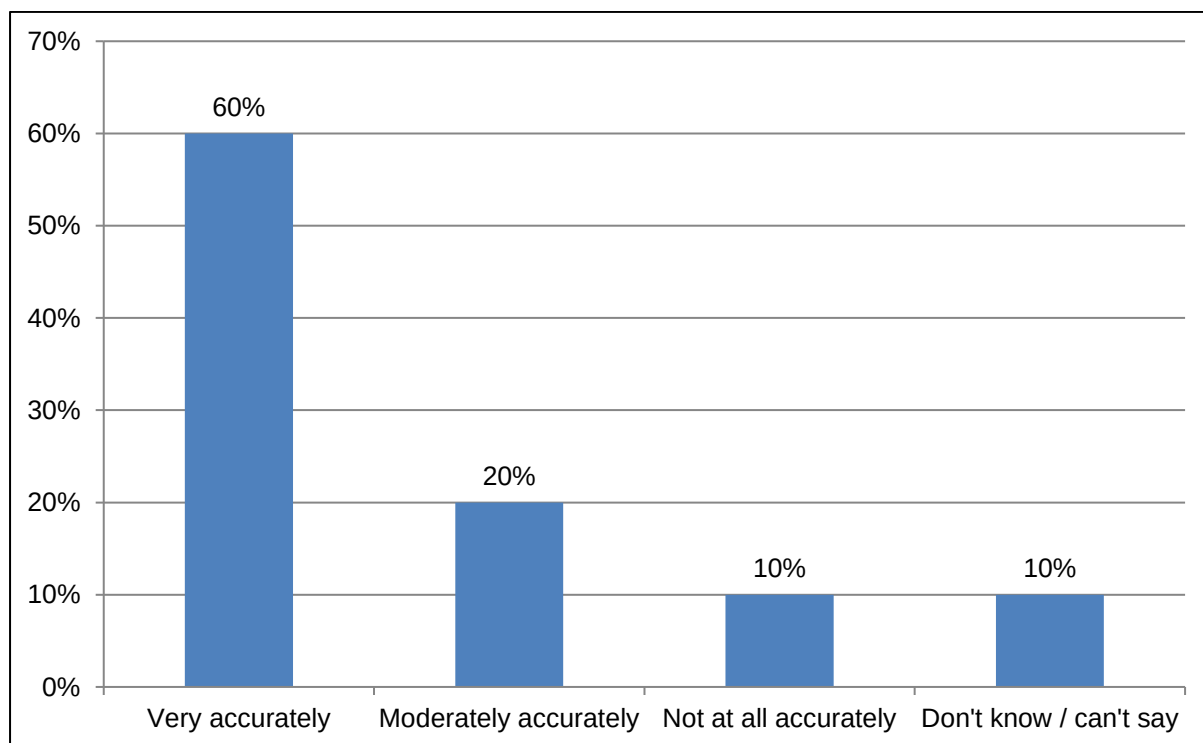
Q2. To what extent do you agree or disagree with the other conclusions contained within the draft PNA? (Please see the Executive Summary and Section 7 of the draft PNA)



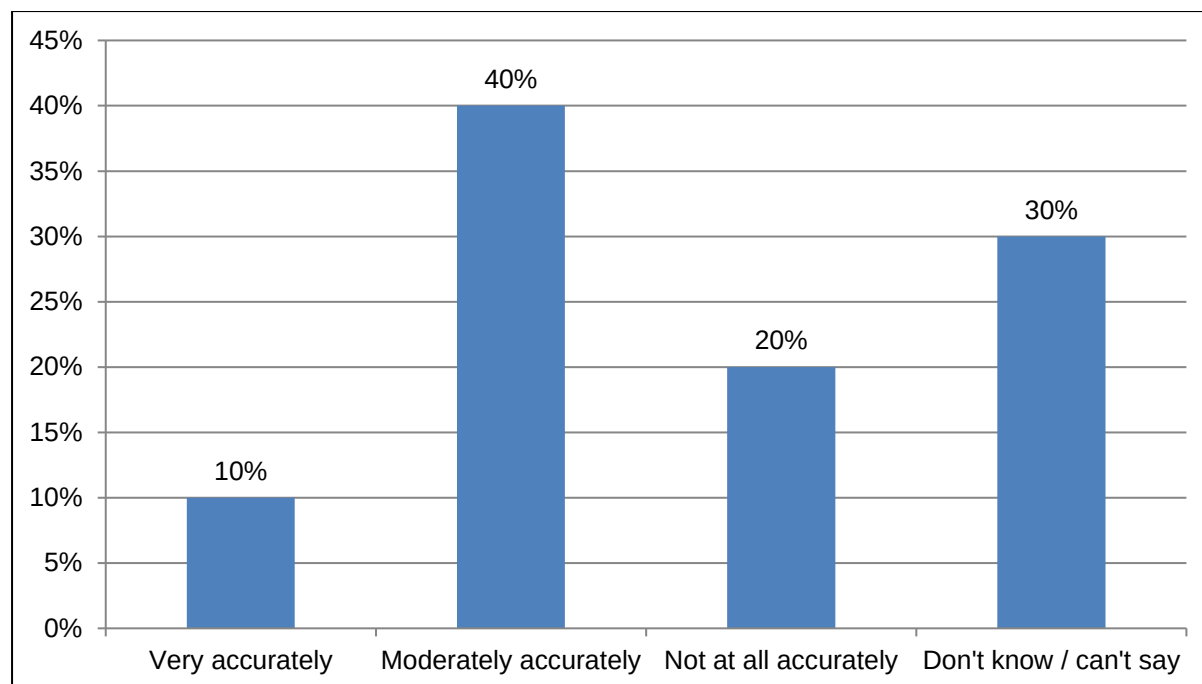
Q3. In your opinion, how accurately does the draft PNA reflect the current provision of pharmaceutical services in Harrow? (See Sections 3.5 and 3.6, Sections 4.1, 4.2 and 4.3, and Section 7 of the draft PNA)



Q4. In your opinion, how accurately does the draft PNA reflect the current pharmaceutical needs of Harrow's population? (See Section 7 of the draft PNA)



Q5. In your opinion, how accurately does the draft PNA reflect the future pharmaceutical needs of Harrow's population (over the next three years)? (See Sections 7.3 to 7.6 of the draft PNA)

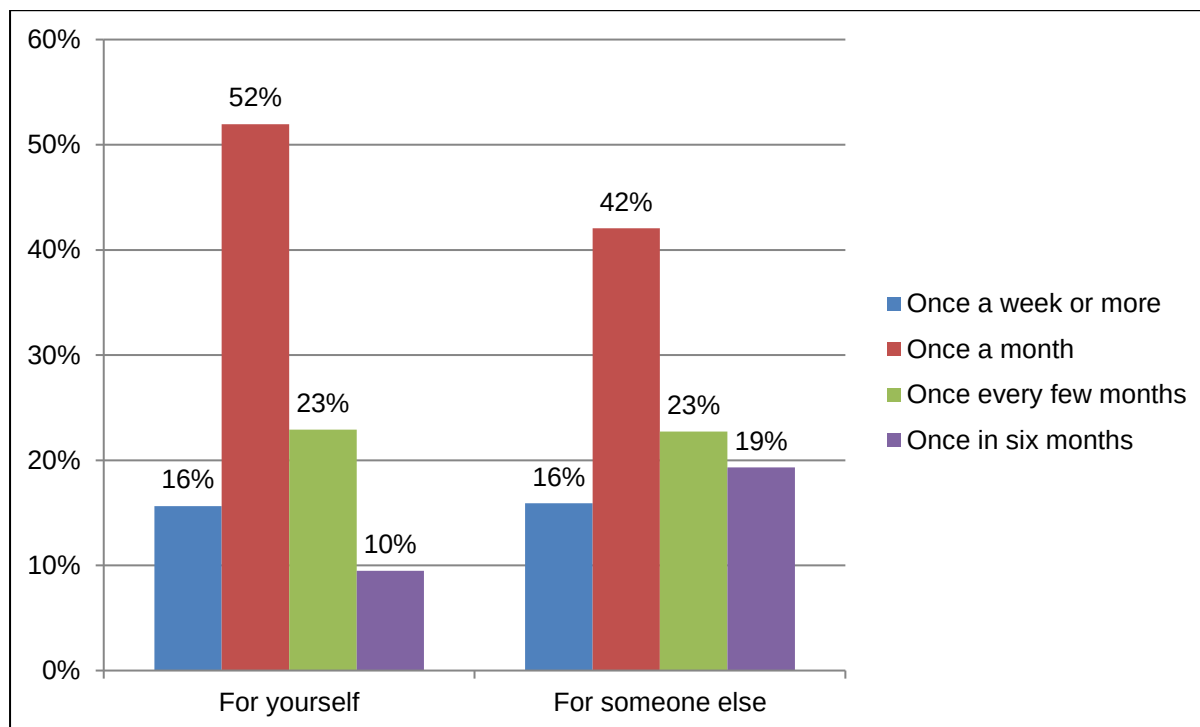


Q6. Please use the space below to make any other comments relevant to the PNA or pharmaceutical services in Harrow.

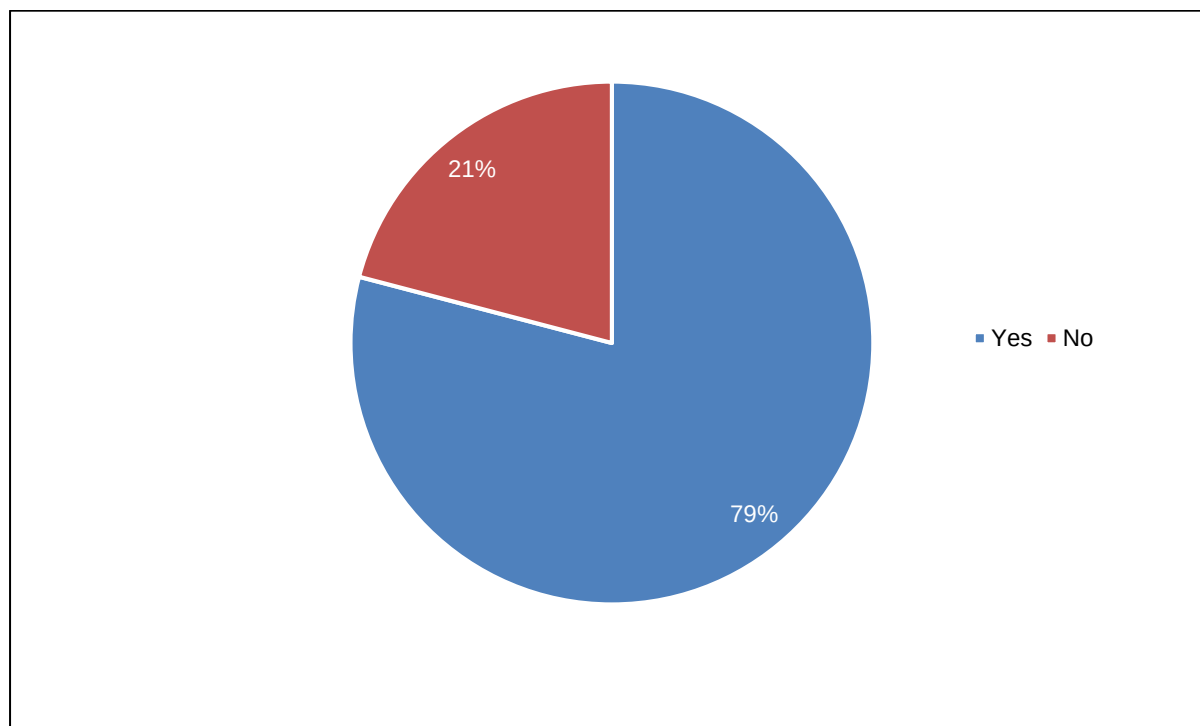
Comments received are included in the consultation report, available under request.

Appendix I: Results of the public questionnaire

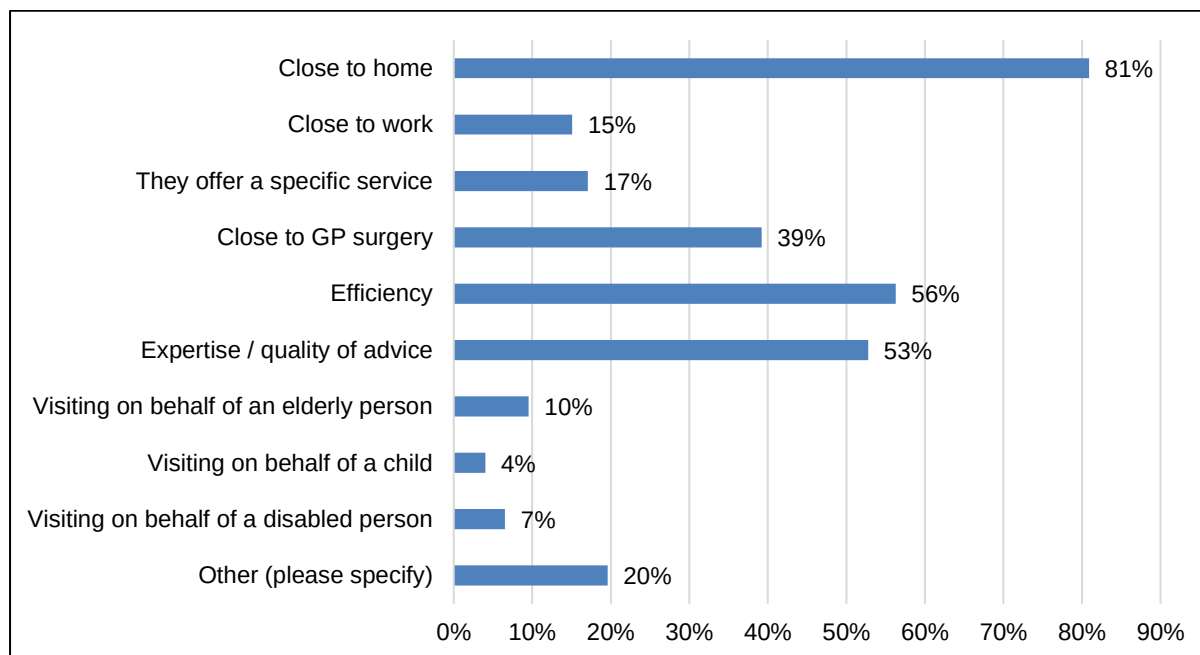
Q1. How often have you visited the pharmacy in the last six months?



Q2. Do you have a regular or preferred pharmacy that you visit?

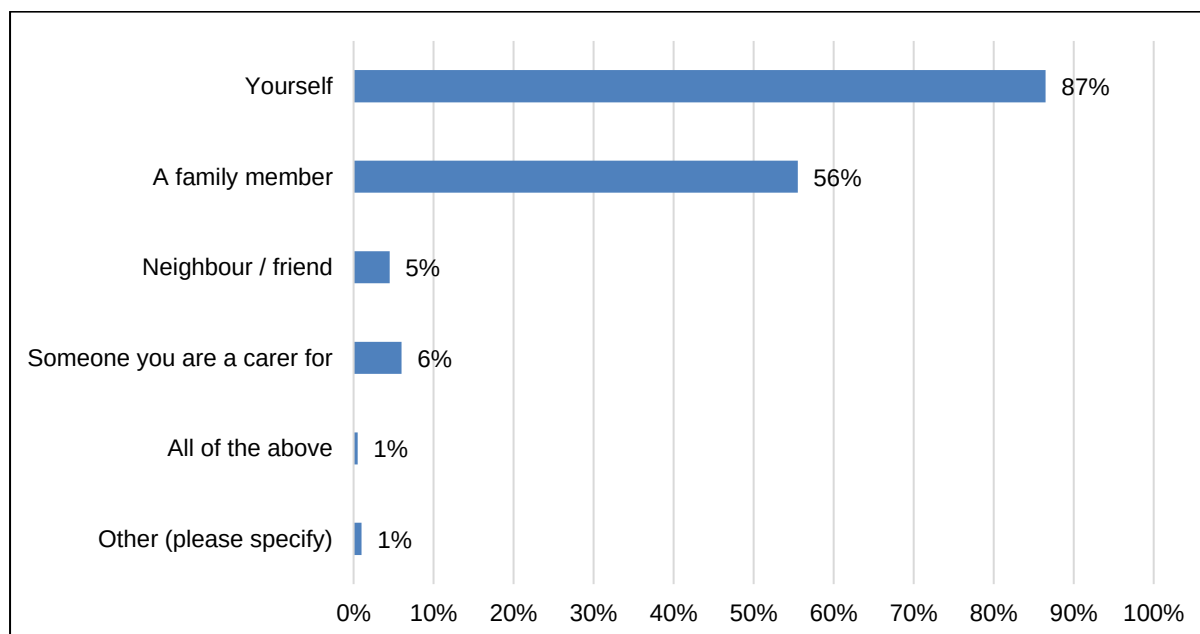


Q3. When considering a choice of pharmacy, which of the following helps you choose?



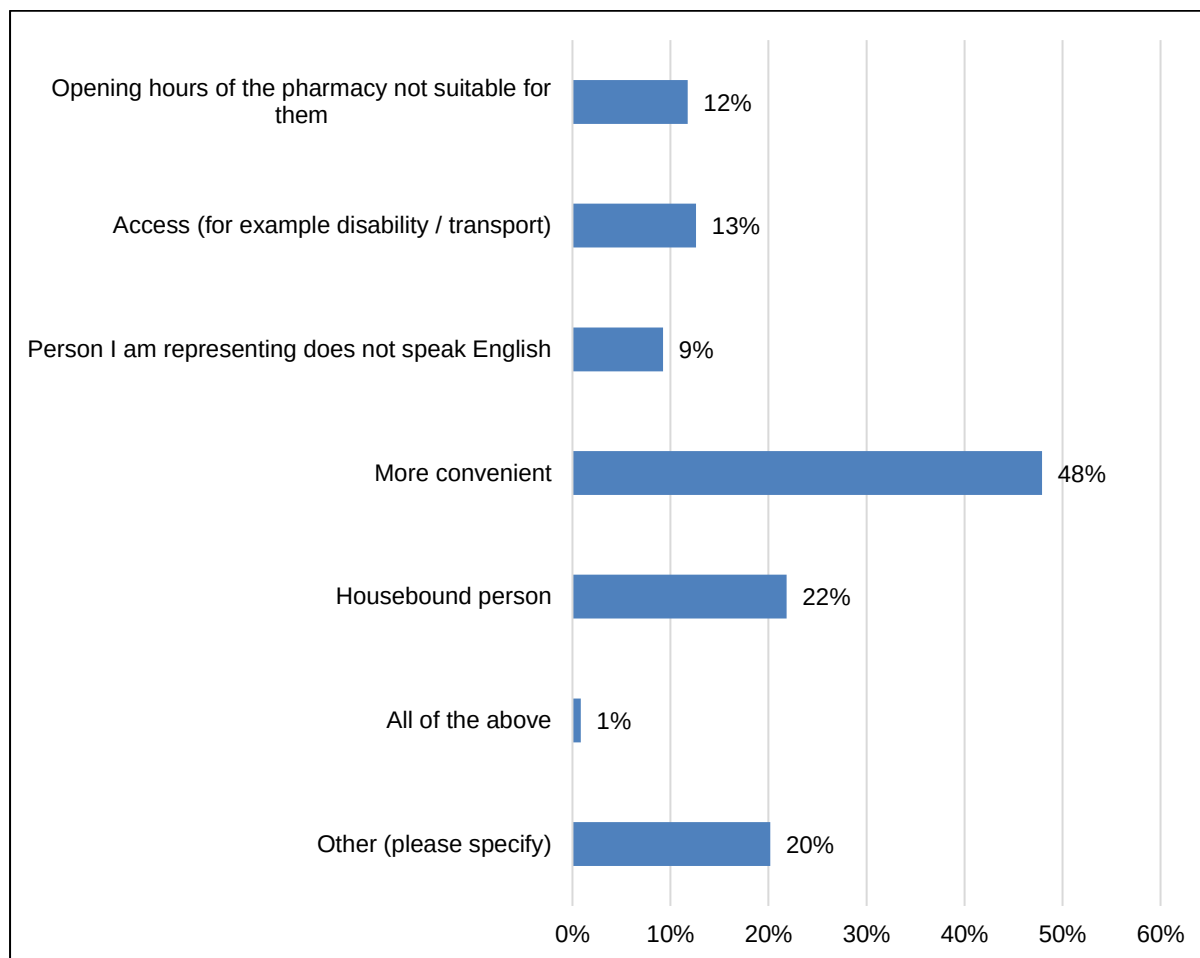
Friendly service (12)	Personal attention (8)
Availability of goods (7)	Convenient opening times (3)
Parking availability (2)	Helpful (1)
Dosette Box (1)	

Q4. Who would you normally visit the pharmacy for? (Please select all that apply)



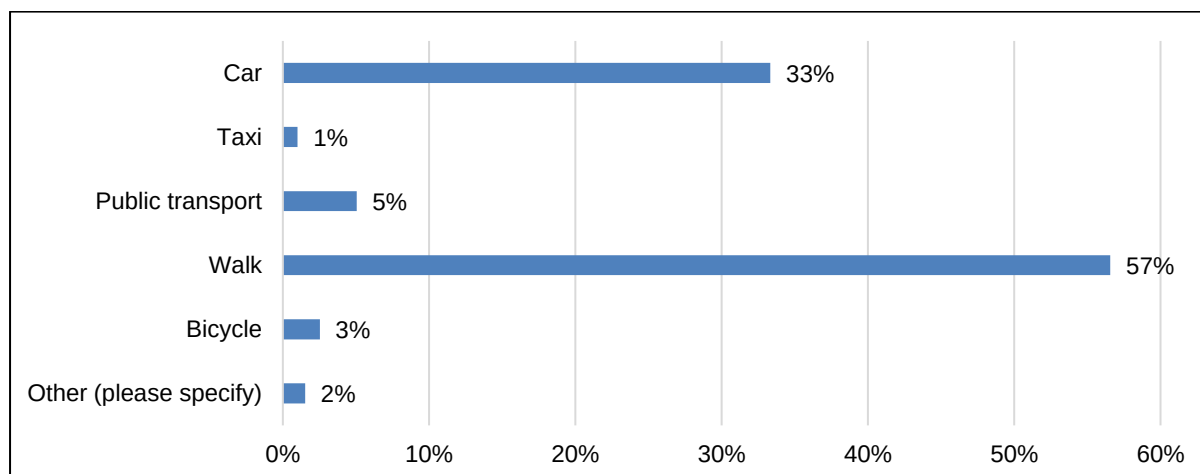
Employer

Q5. If you visit the pharmacy on behalf of someone else, please give a reason why.

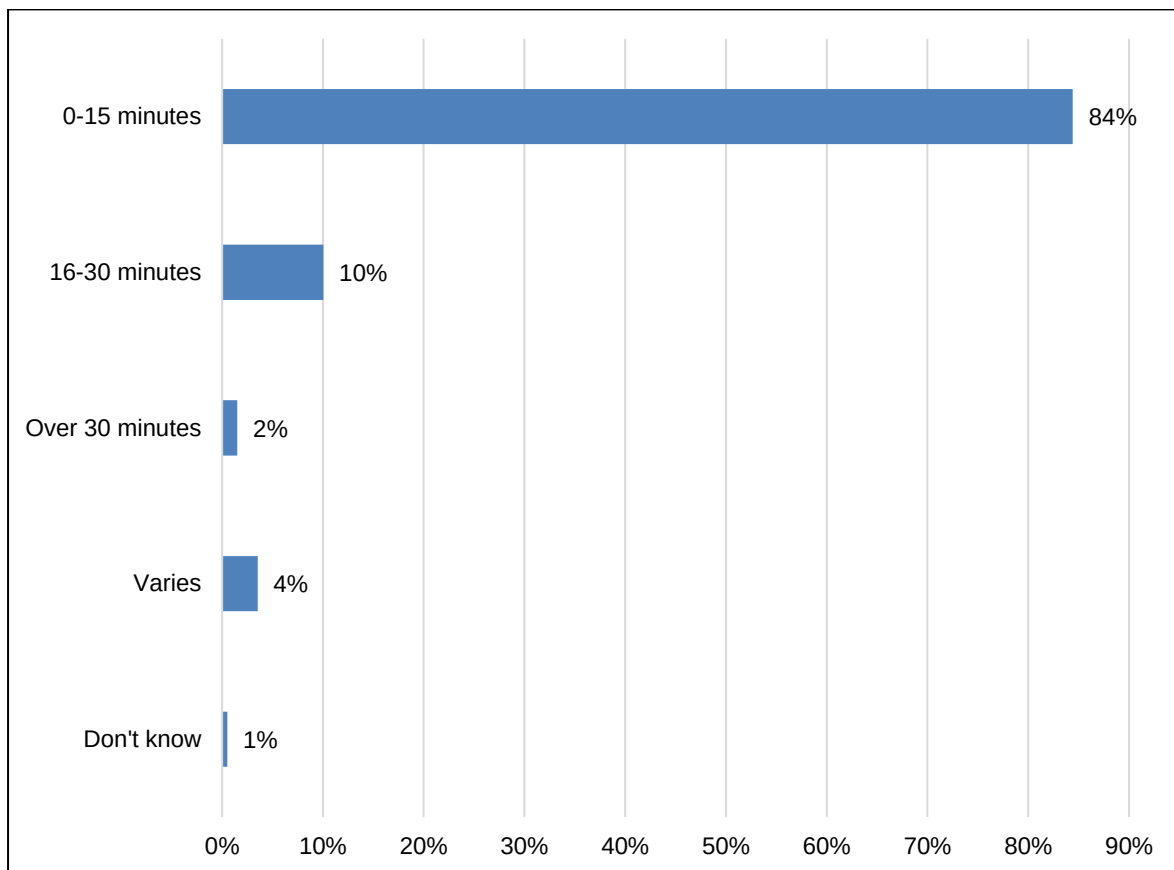


Child (10)	Family member (4)
Pregnancy (1)	Alzheimer's (1)

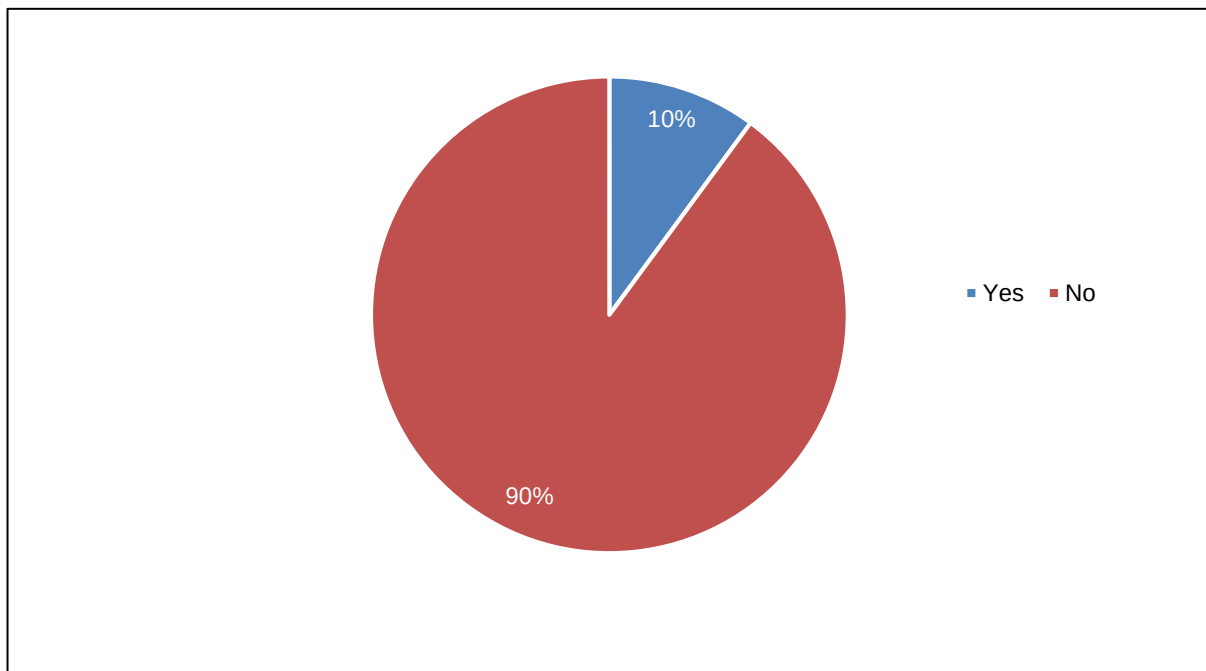
Q6. How would you usually travel to the pharmacy?



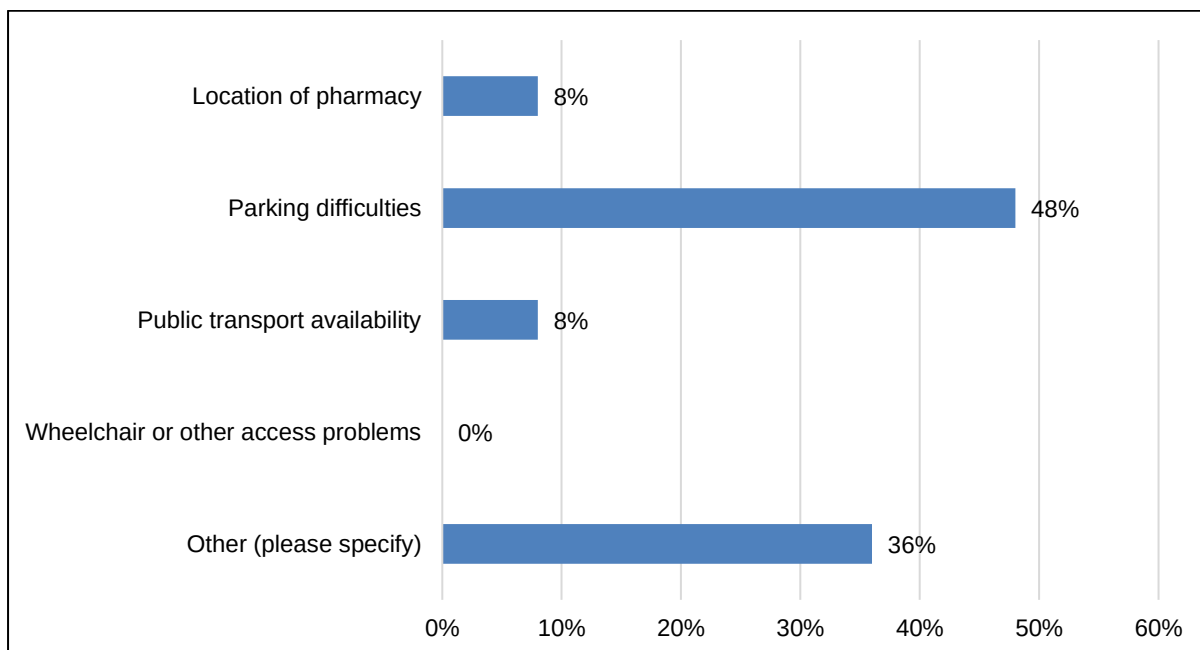
Q7. On average, how long does it take you to travel to a pharmacy?



Q8. Do you have any difficulties when travelling to a pharmacy?

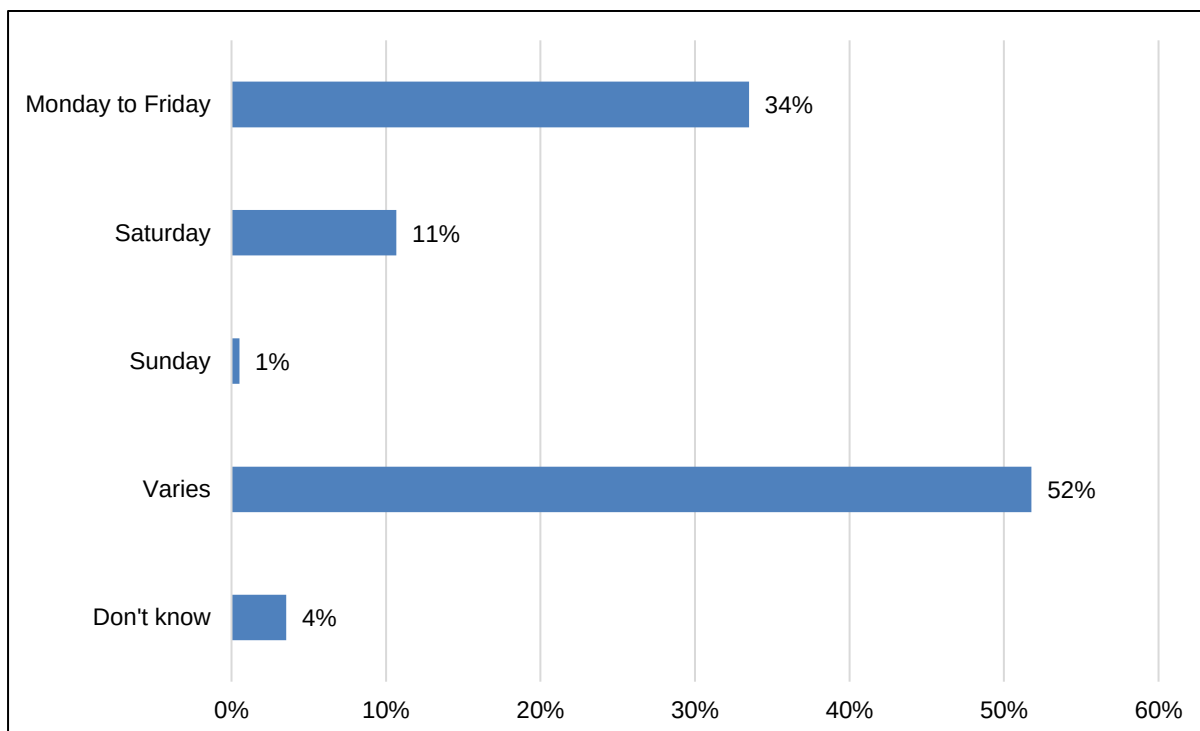


Q9. If you answered yes to the previous question, please select one of the following reasons

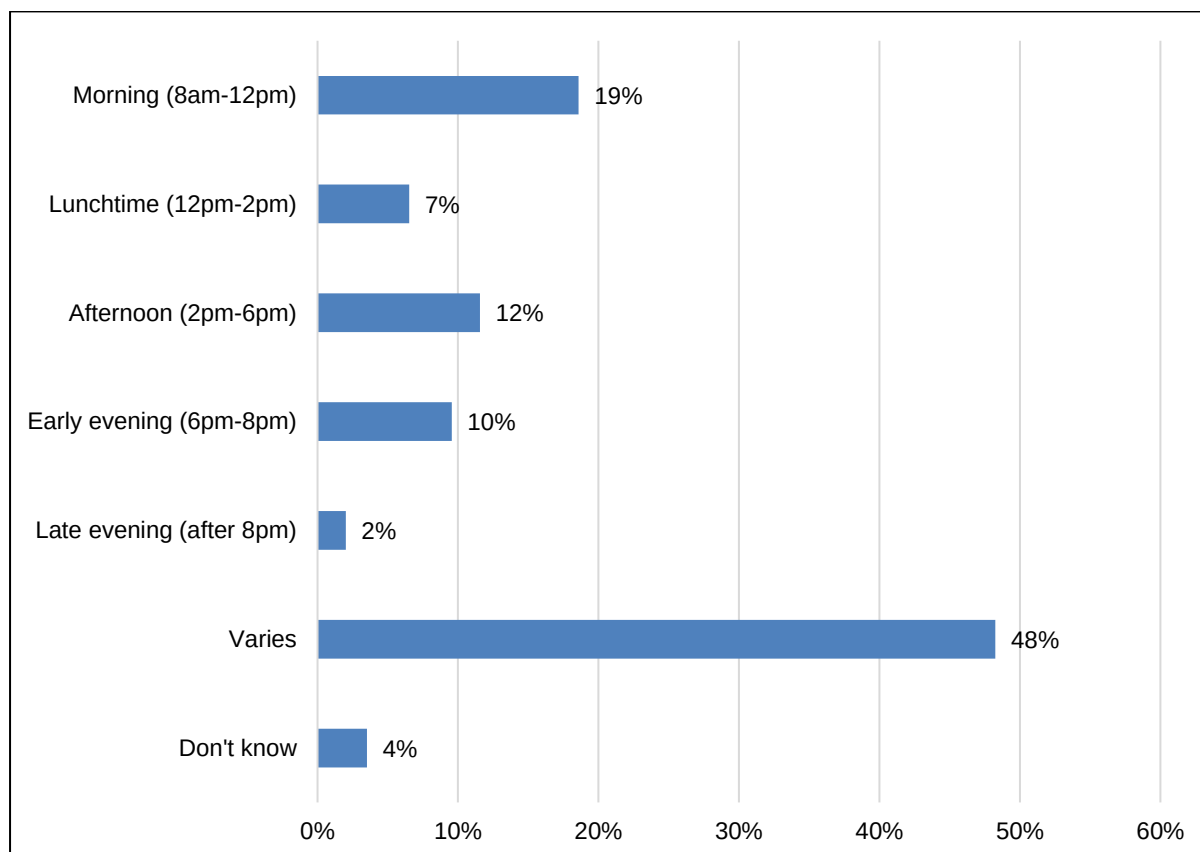


General health issues (2)	Arthritis (1)
Free parking	

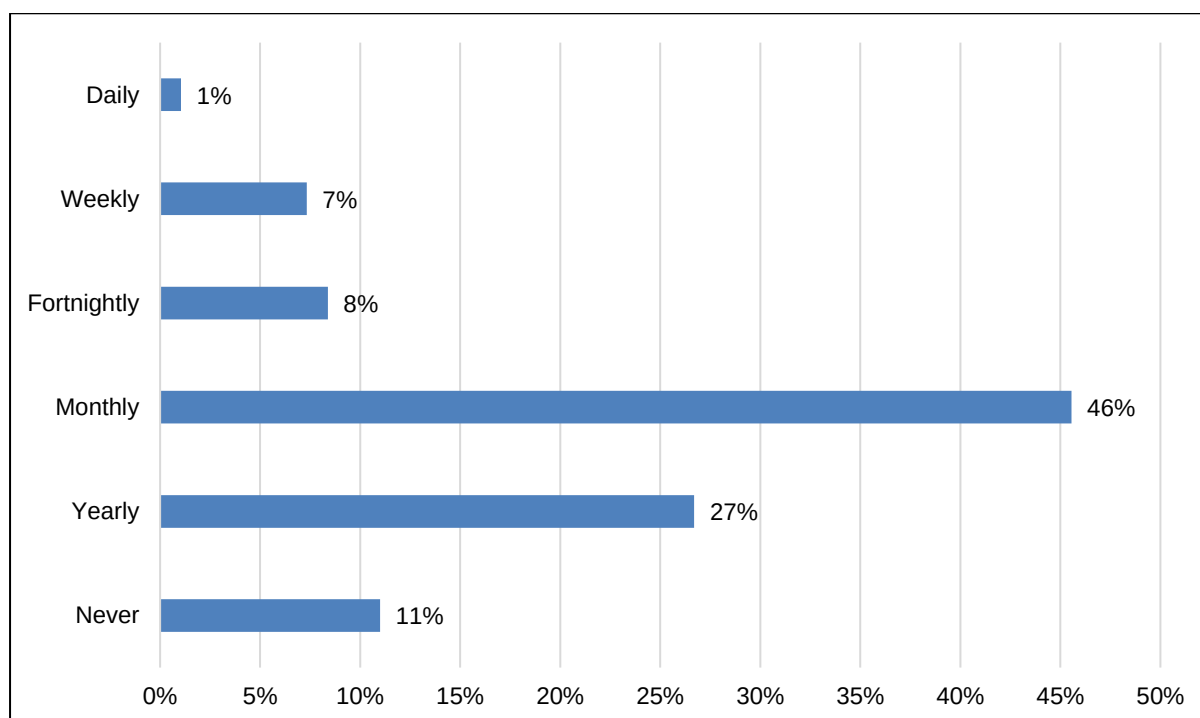
Q10. What is the most convenient day for you to visit a pharmacy? (Please select one answer)



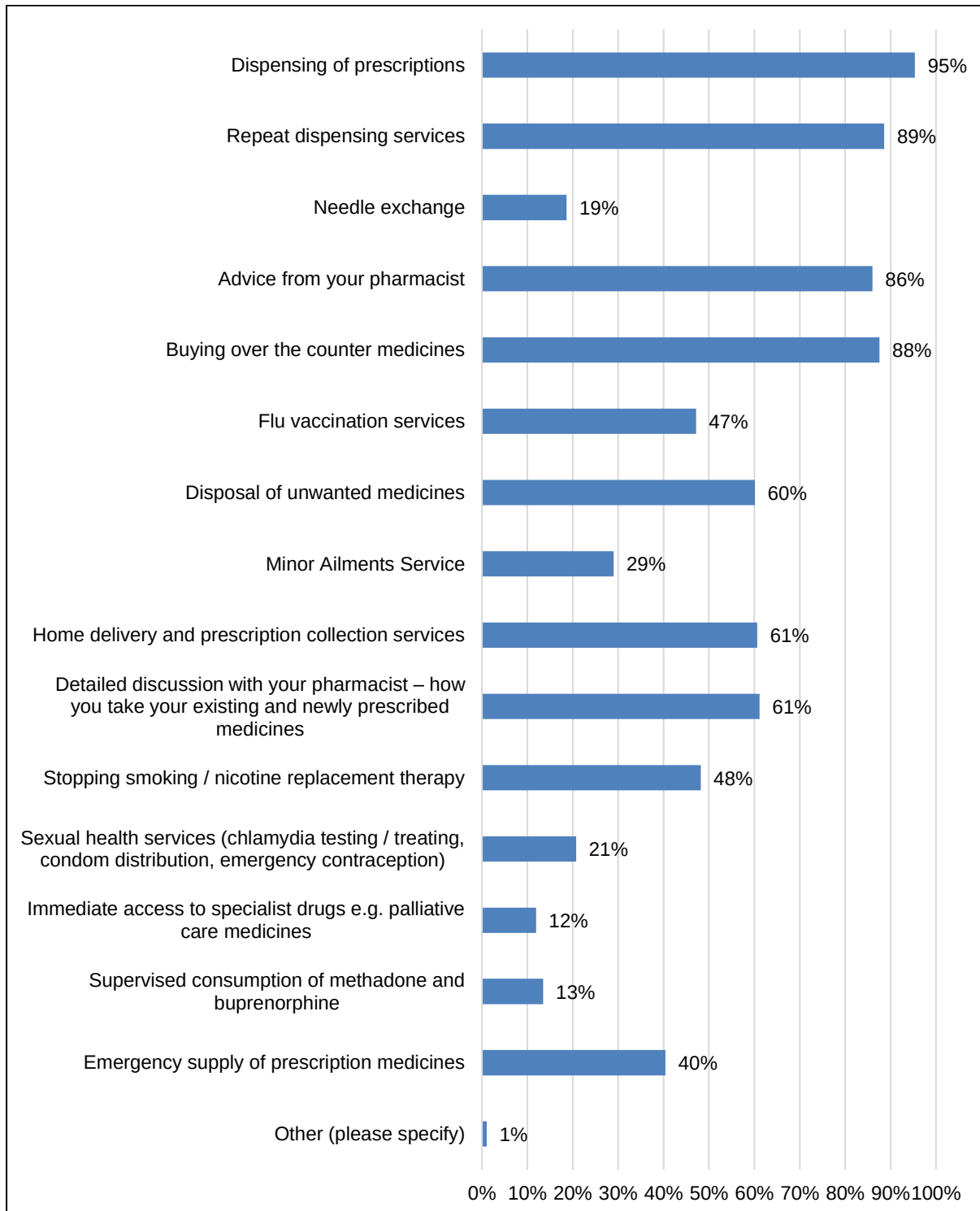
Q11. When do you prefer to visit a pharmacy? (Please select one answer)



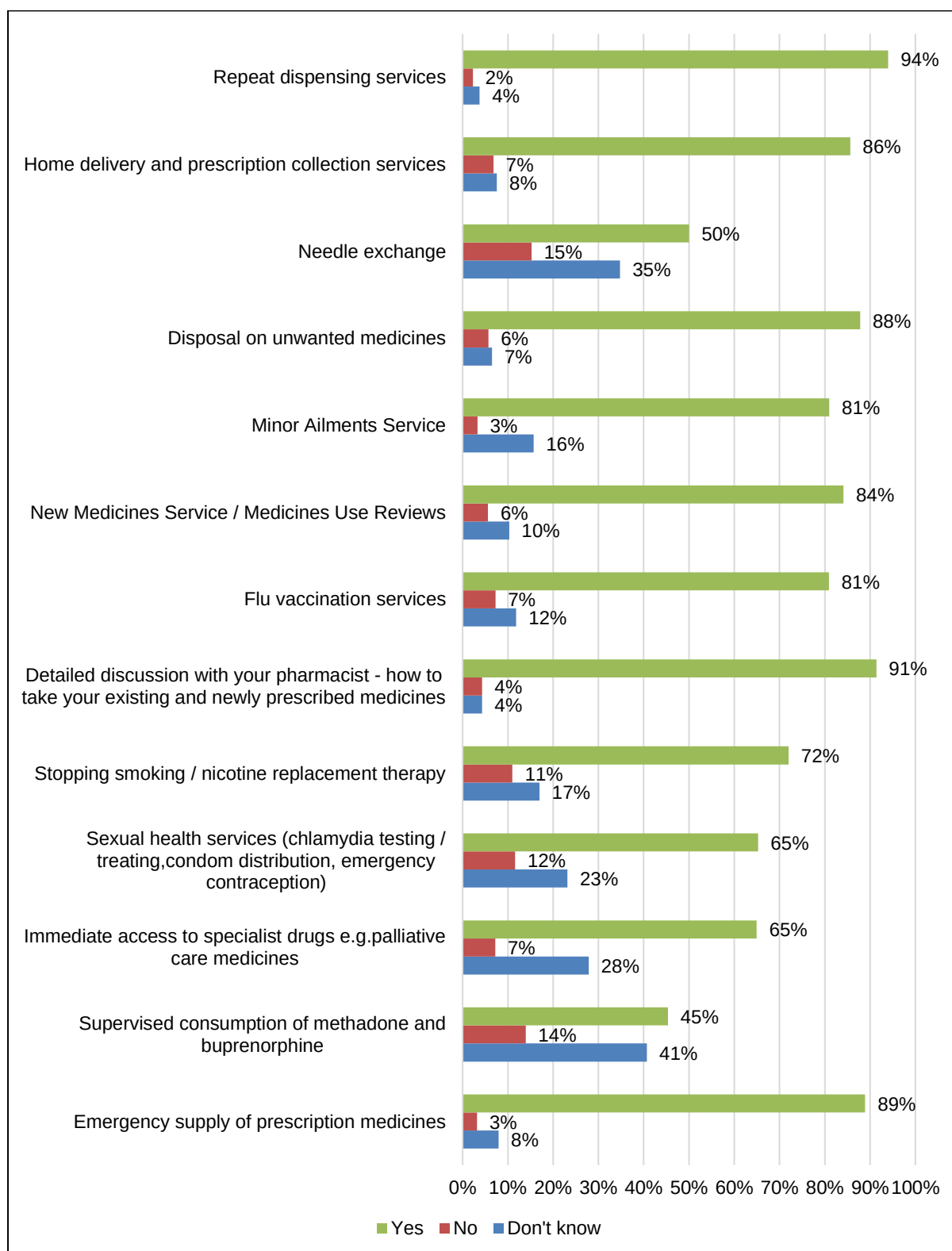
Q12. How regularly do you typically buy an over-the-counter (i.e. non-prescription) medicine from a pharmacy?



Q13. Which of the following pharmacy services are you aware that a pharmacy may provide? (Please select all that apply)

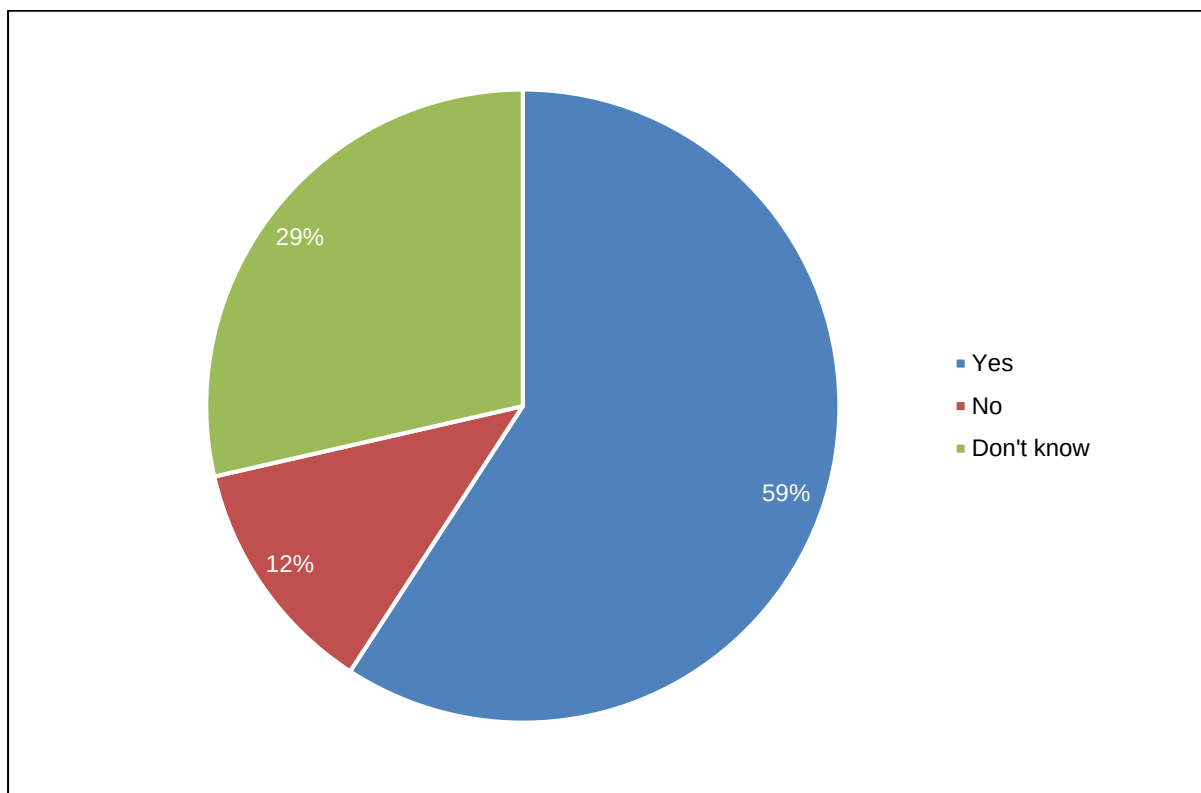


Q 14. What services would you like to see provided by your local pharmacy?

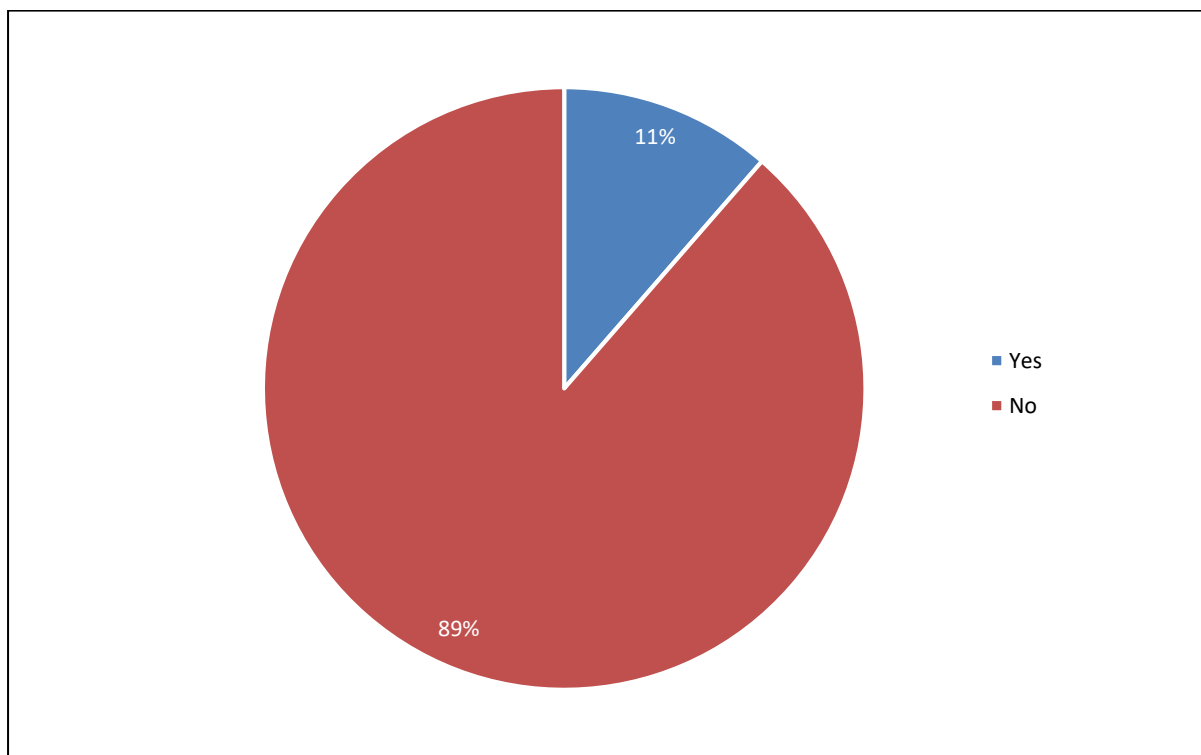


All these services are provided (4)	HRT guidance concerning menopause (1)
General health, lifestyle and diet advice (1)	Limited/short-term prescribing (1)

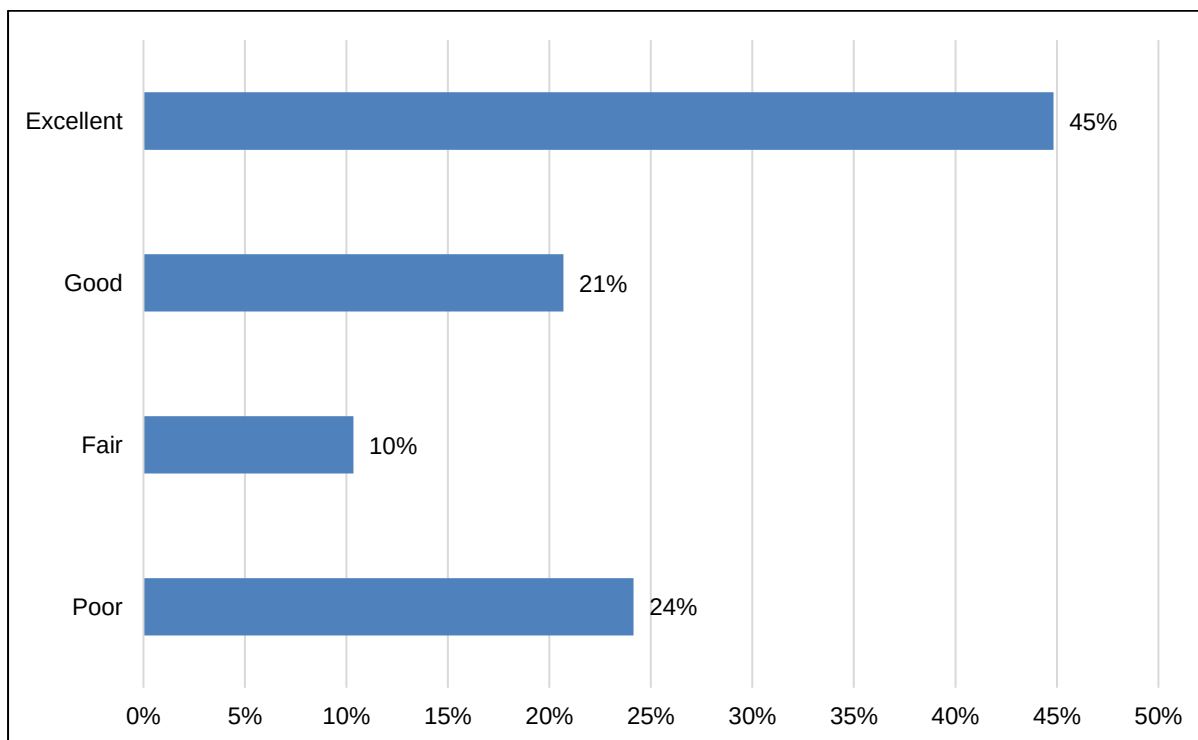
Q15. Is there a consultation room available where you cannot be overheard in the pharmacy you normally visit?



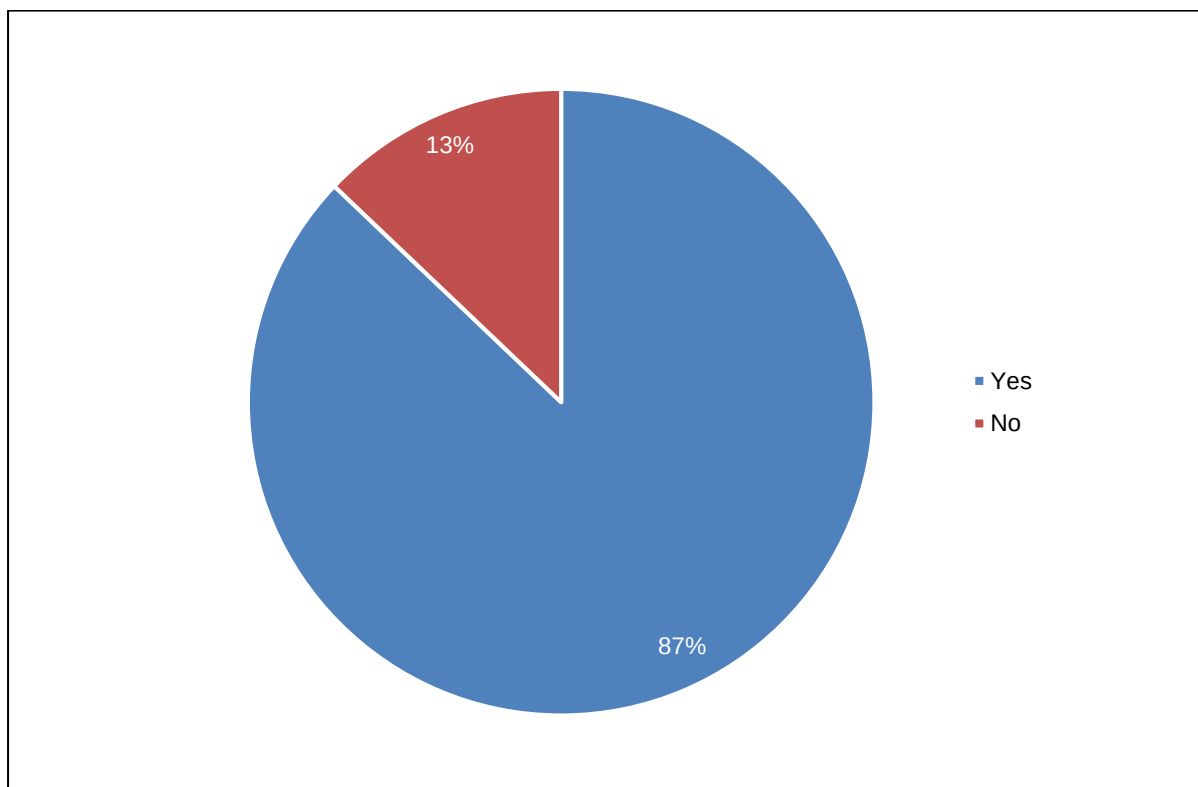
Q16. Have you ever used an internet pharmacy to obtain prescription medicines?



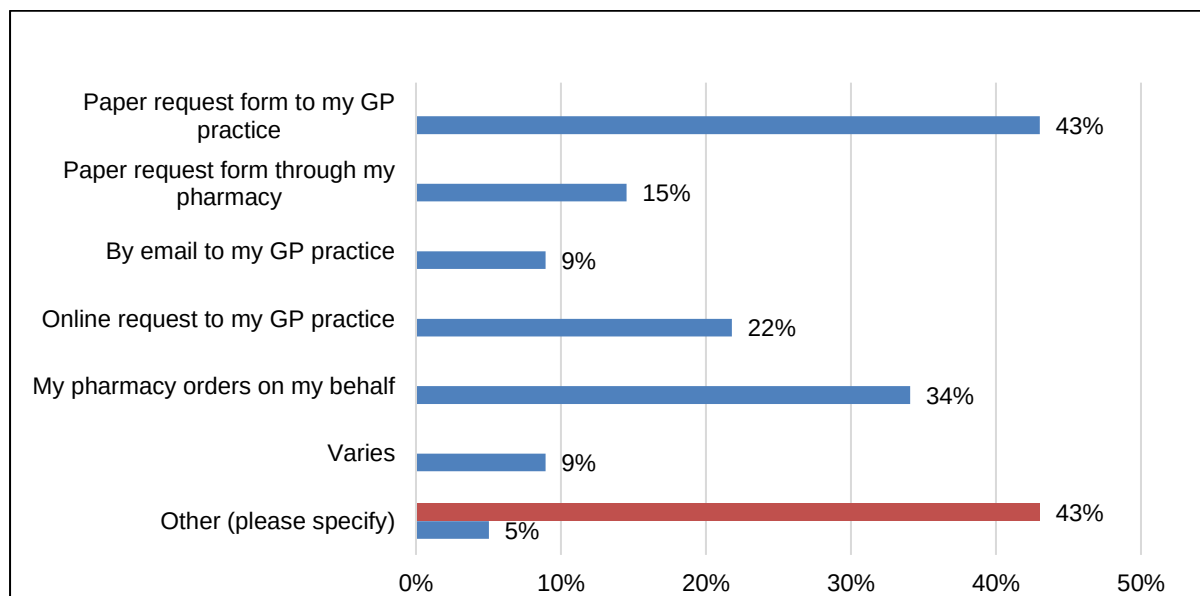
Q17. If yes, how would you rate your overall satisfaction with the internet pharmacy?



Q18. Are you aware that a service is available whereby your GP practice can send your prescription electronically to your chosen pharmacy?



Q19. If you use your pharmacy to collect regular prescriptions, how do you order your prescriptions? (Please select all that apply)



Fax (3)	Phone (2)
Electronically (4)	

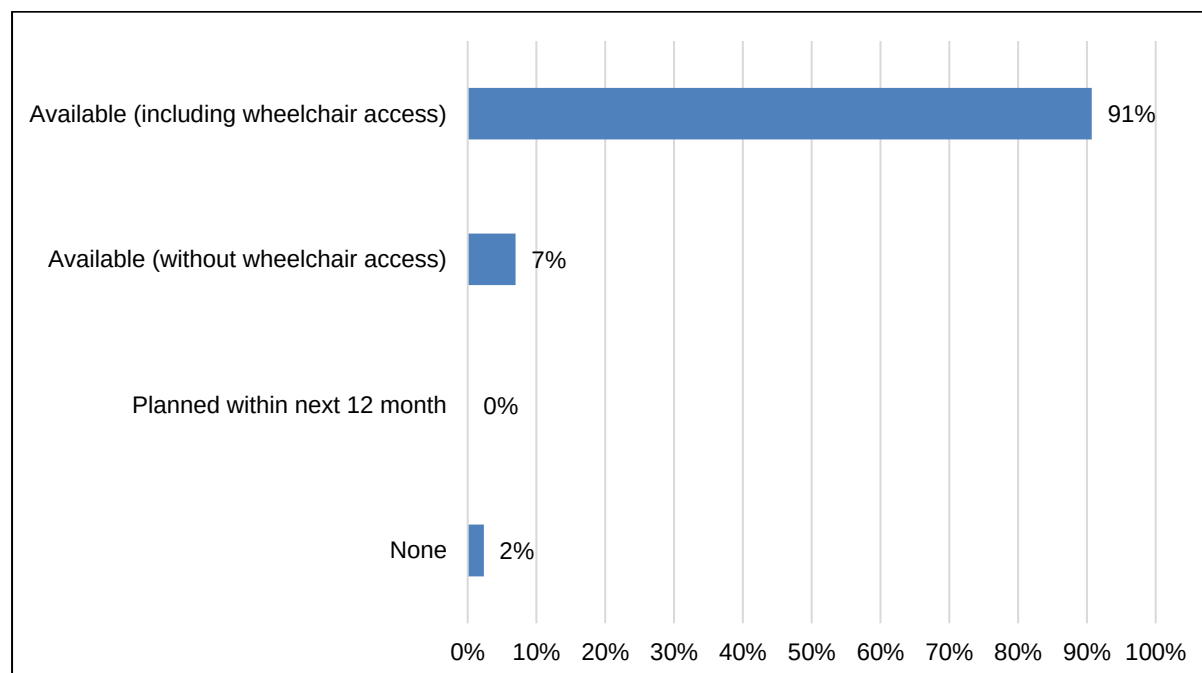
Q20. Any other comments you would like to make about your pharmacy?

Pleased with service (22)	Friendly staff (6)
Prefer small pharmacies to superstore pharmacies (5)	Opening times (4)
High praise for Carters pharmacy (2)	Helps reduce pressure on GPs (2)
Extra funding needed for pharmacies (1)	Increase proximity of pharmacy to GP practice (2)
Difficulty with electronic prescription (1)	Incorrect medication given (1)
Continue stop smoking services (1)	

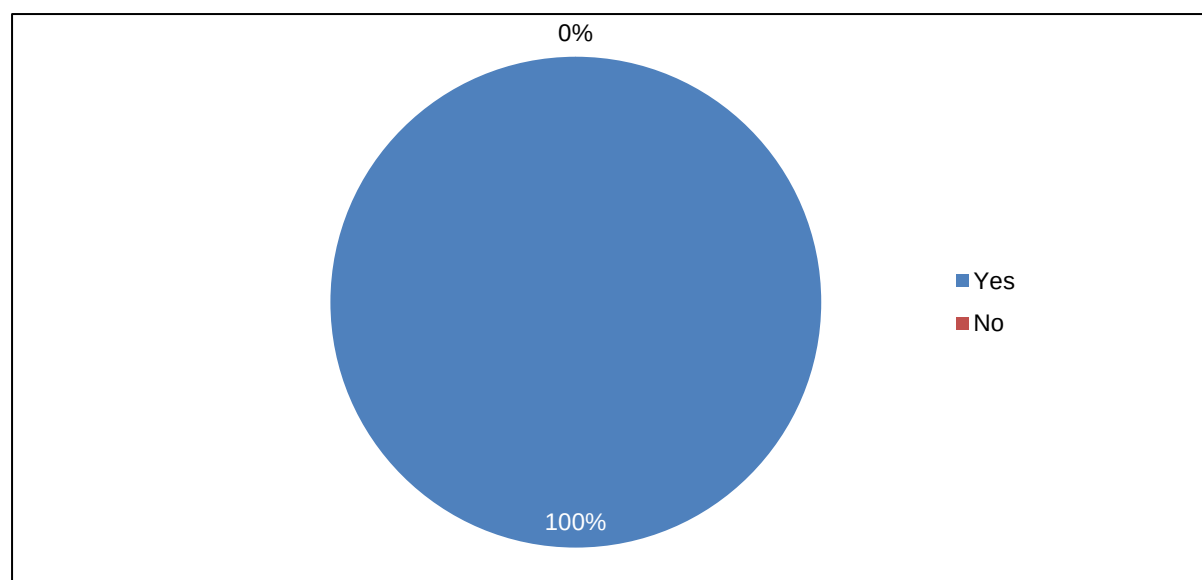
Appendix J: Results of the pharmacy contractor questionnaire

Q1 to Q3 were pharmacy-specific questions

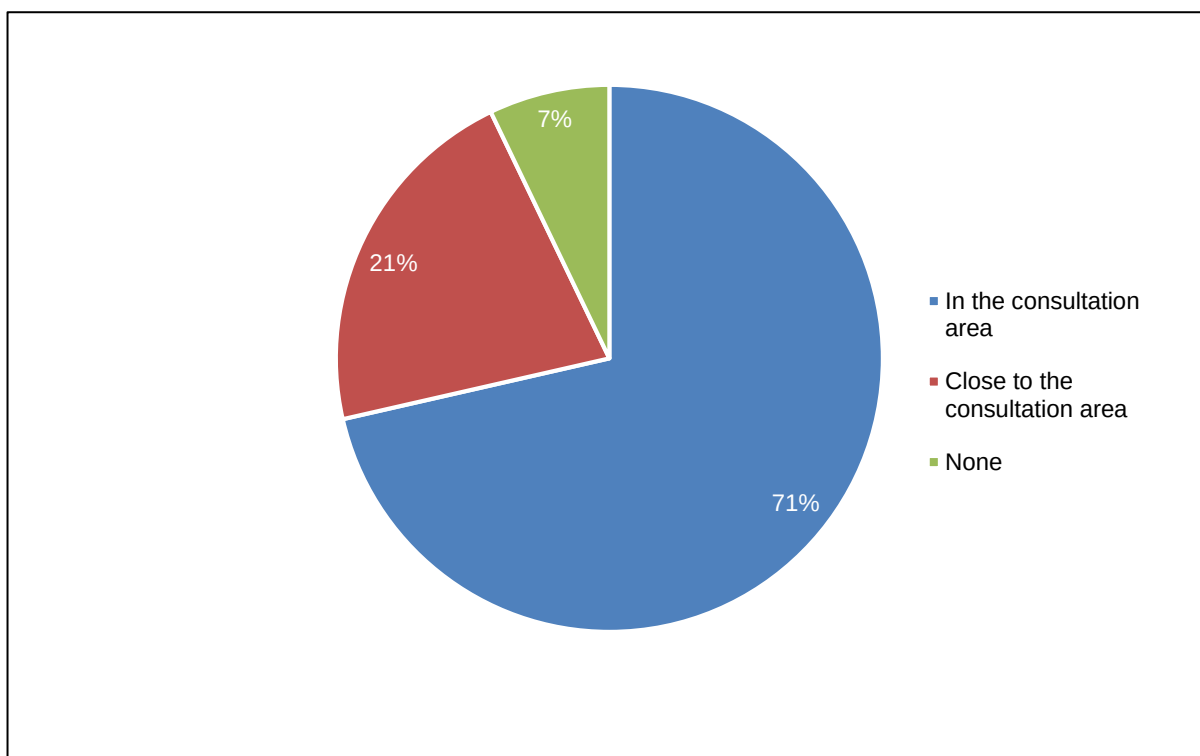
Q4. Is there a consultation area (meeting the criteria for the Medicines Use Review service)?



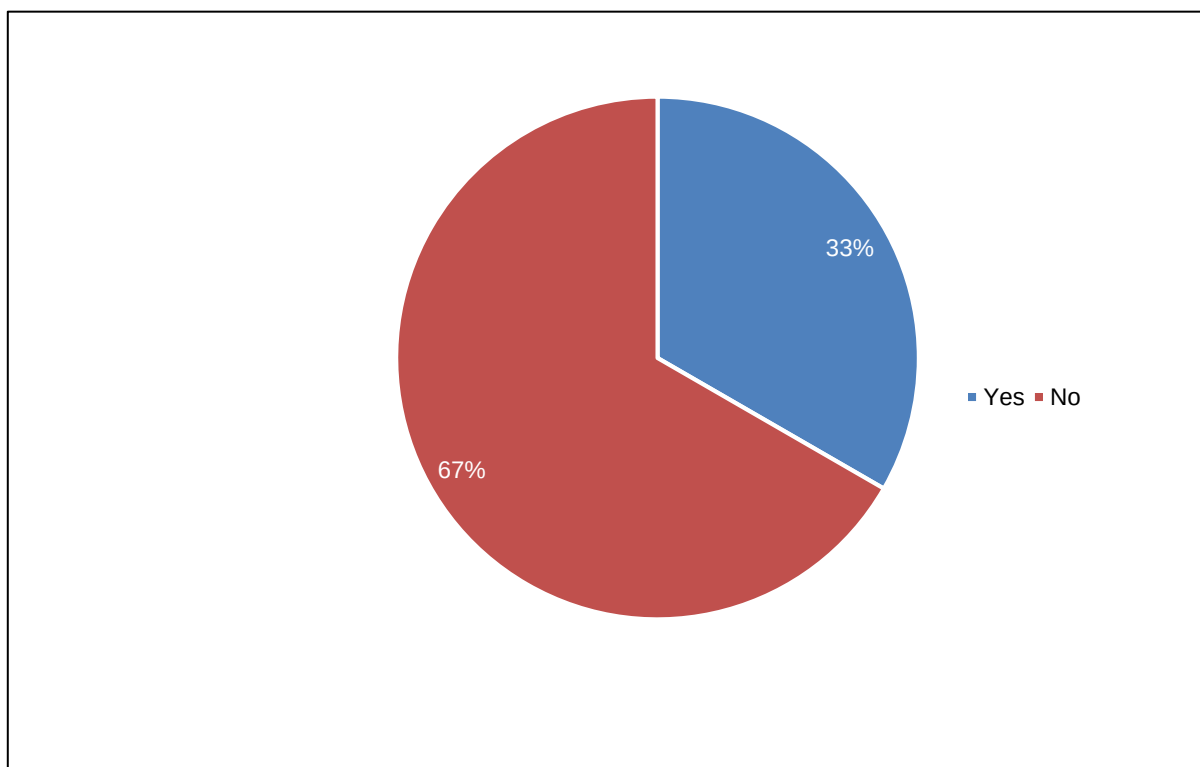
Q5. Where there is a consultation area, is it a closed room?



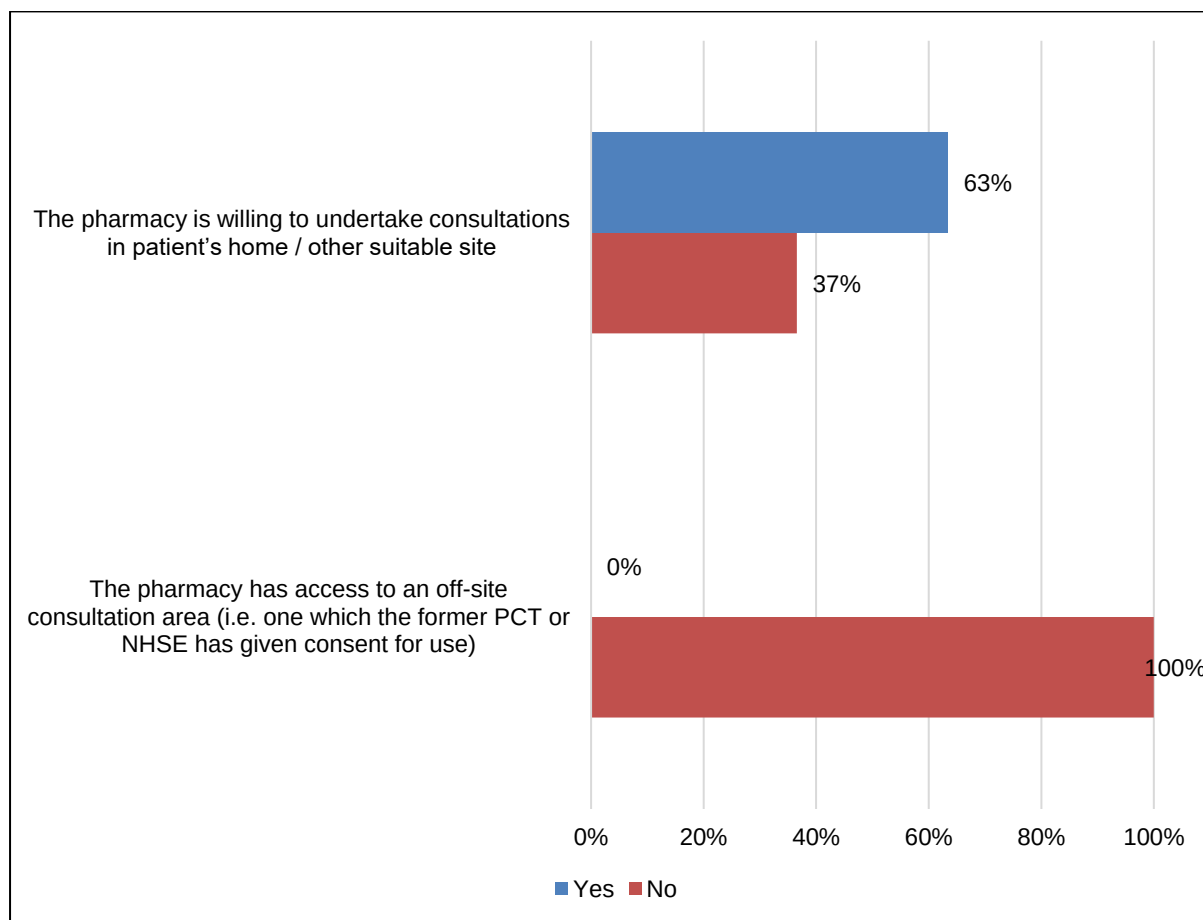
Q6. During consultations are there hand-washing facilities?



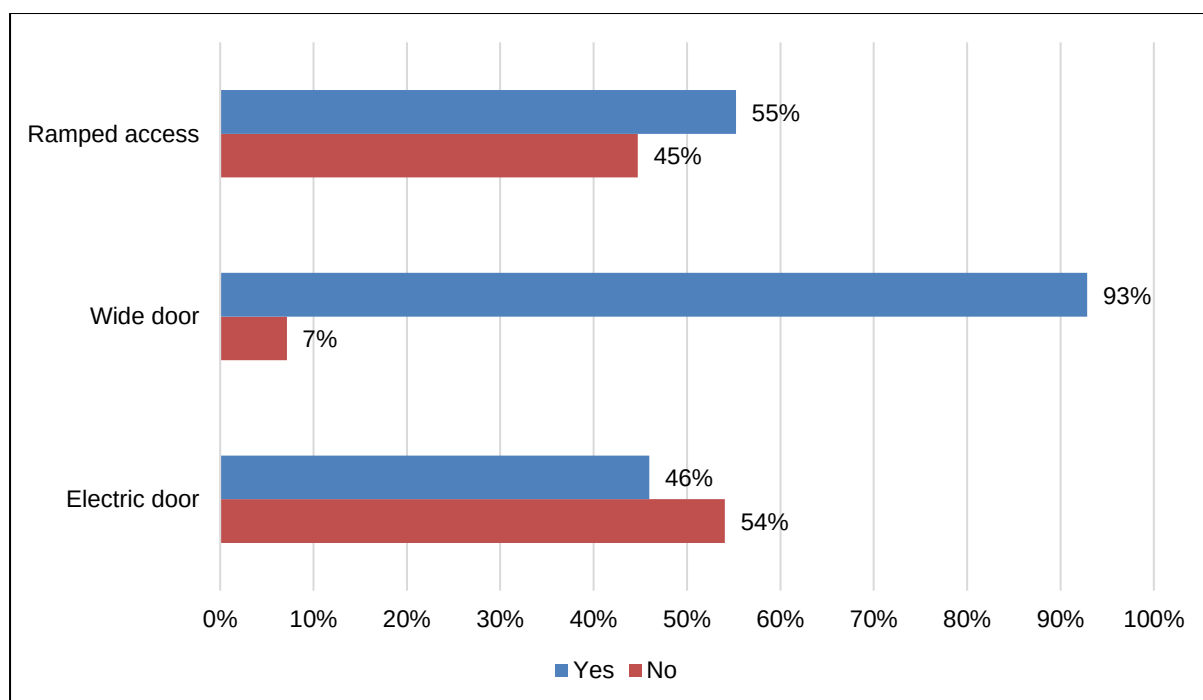
Q7. Do patients attending for consultations have access to toilet facilities?



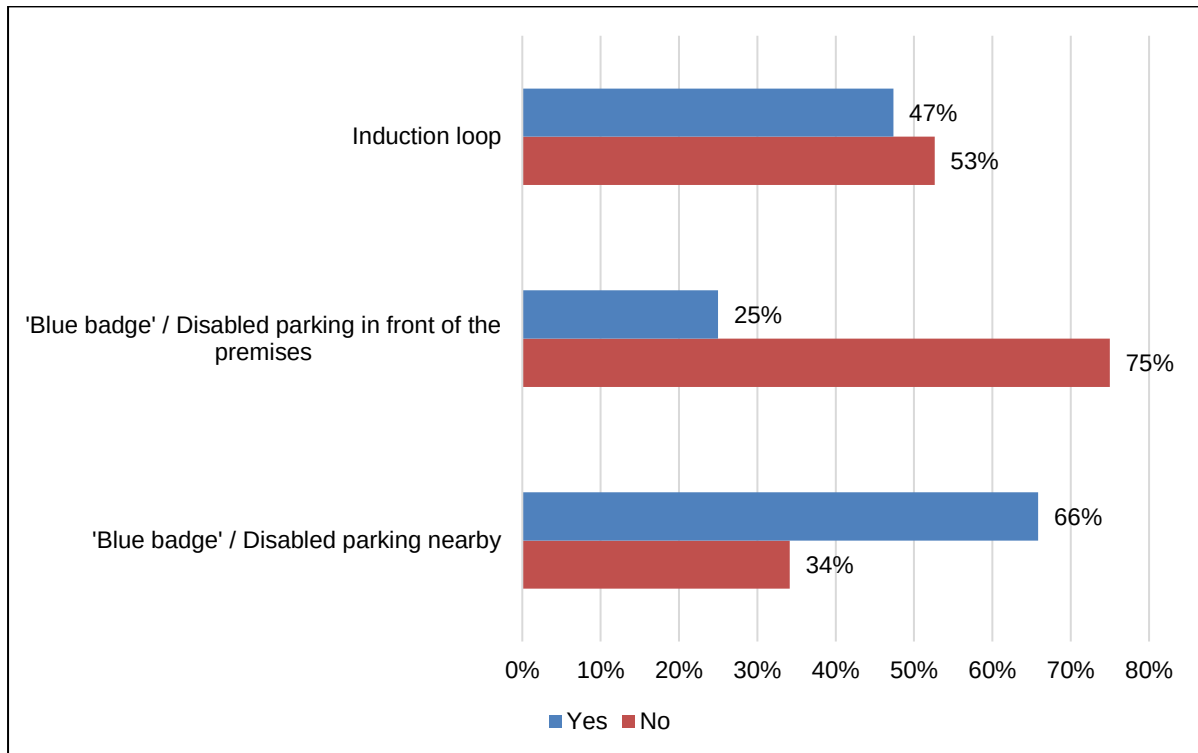
Q8. Off-site consultation areas



Q9. The pharmacy is accessible for wheelchair users



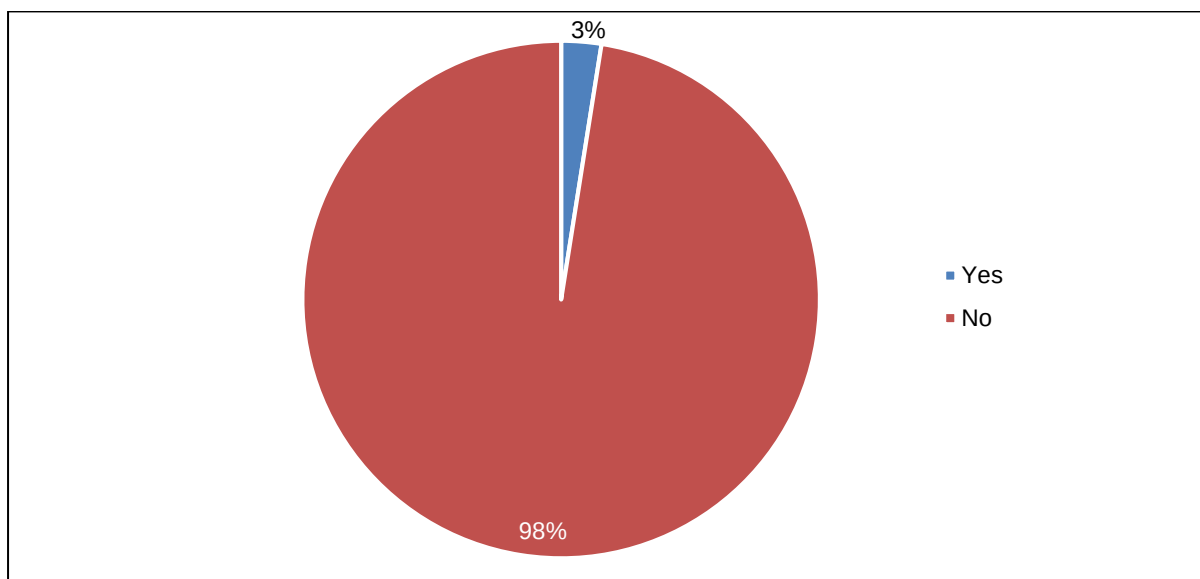
Q10. Any other support



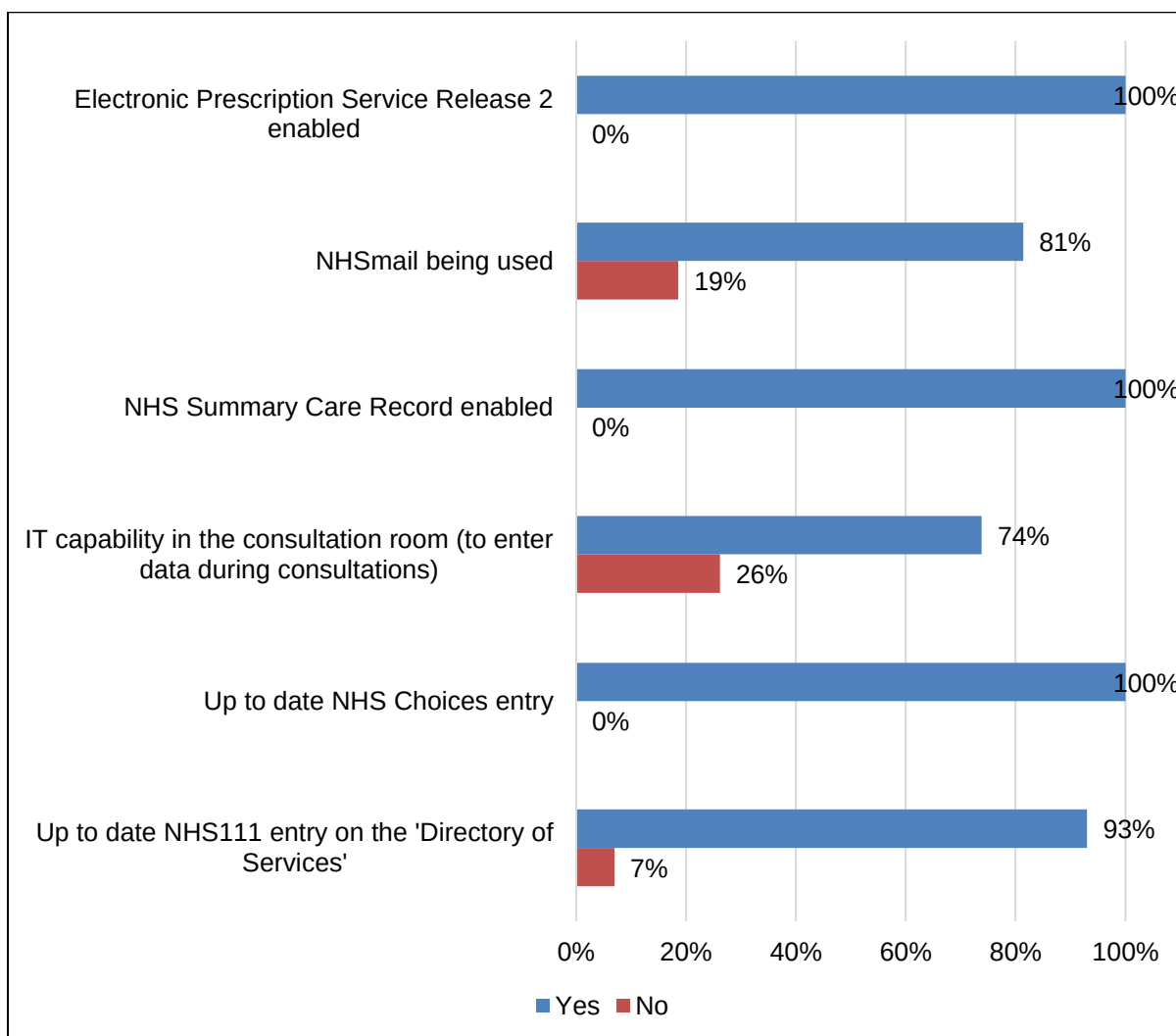
Q11. Languages spoken in the community (in addition to English)

Gujarati	37	Telugu	2
Hindi	28	Hungarian	1
Urdu	9	Sign Language	1
Romanian	8	Nepalese	1
Tamil	7	Sri Lankan	1
Polish	6	Afghan	1
Punjabi	6	Cantonese	1
Farsi	5	Bulgarian	1
Italian	5	Dari	1
Swahili	6	Dutch	1
Somali	3	German	1
Spanish	3	Ghanaian	1
Arabic	3	Pashto	2

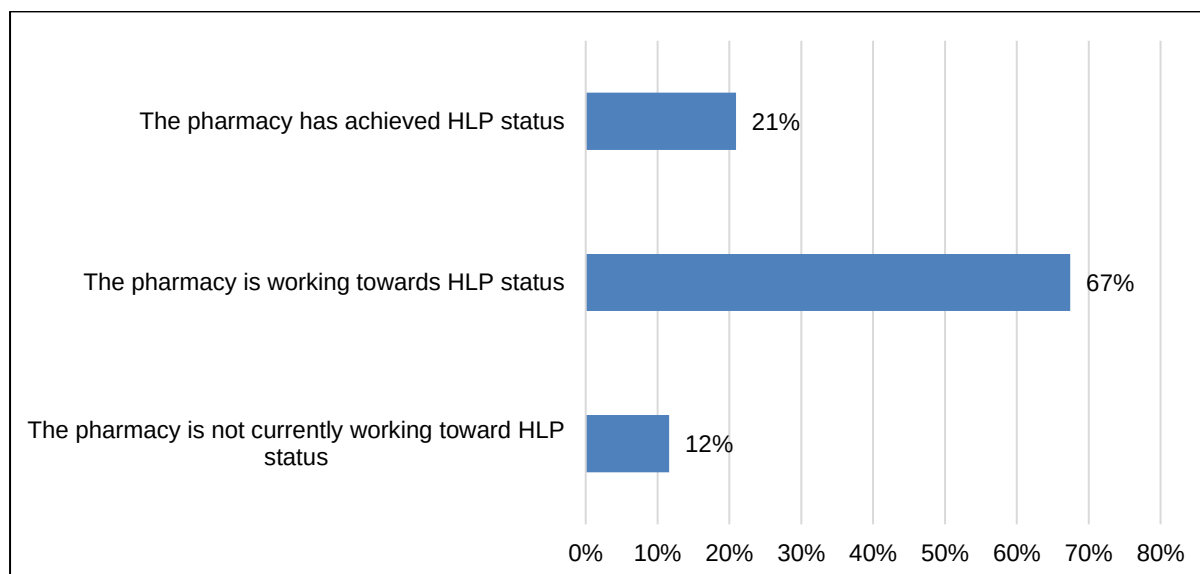
Q12. British Sign Language communicators



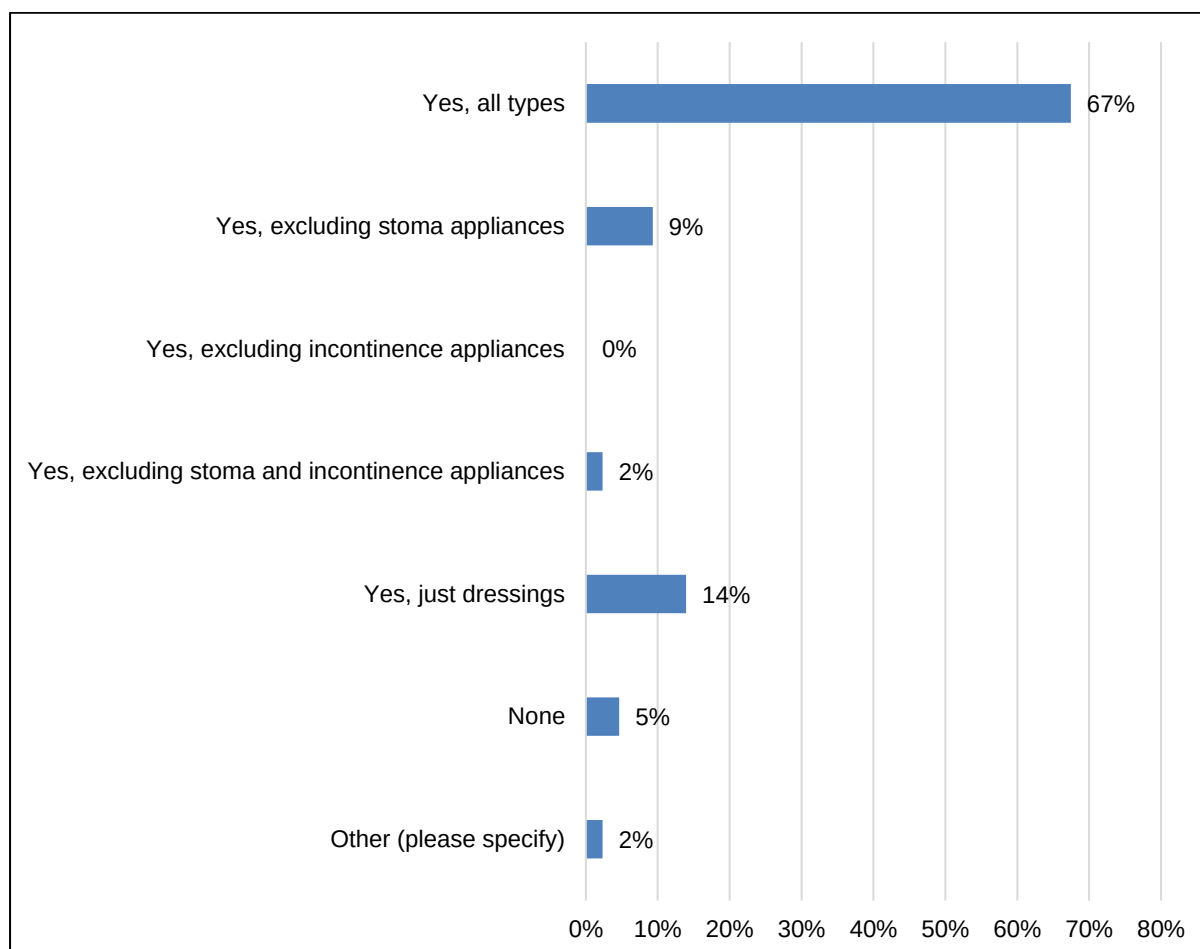
Q13. IT facilities in the pharmacy



Q14. Please read the following statements and select the one that applies

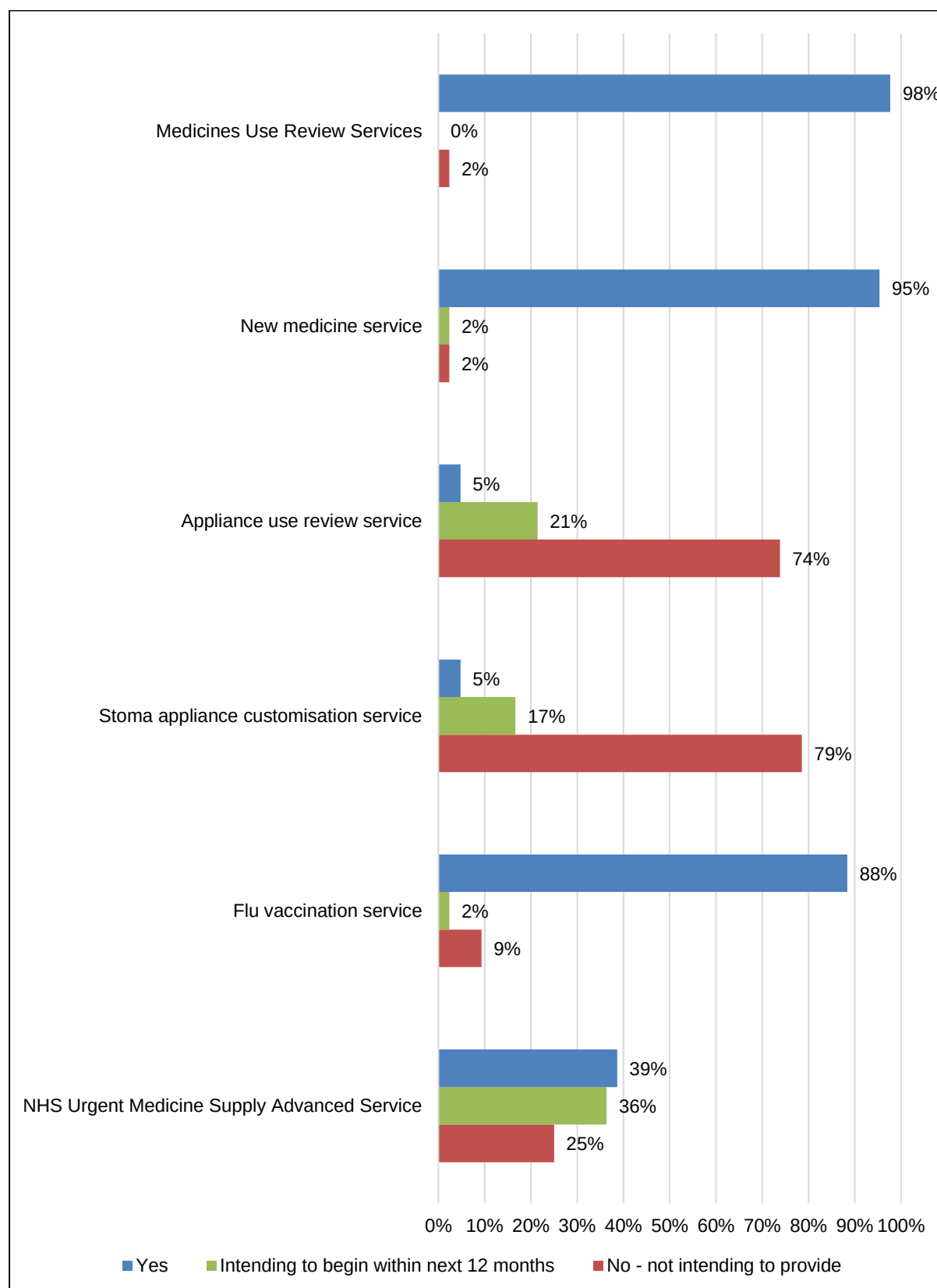


Q15. Does the pharmacy dispense appliances?

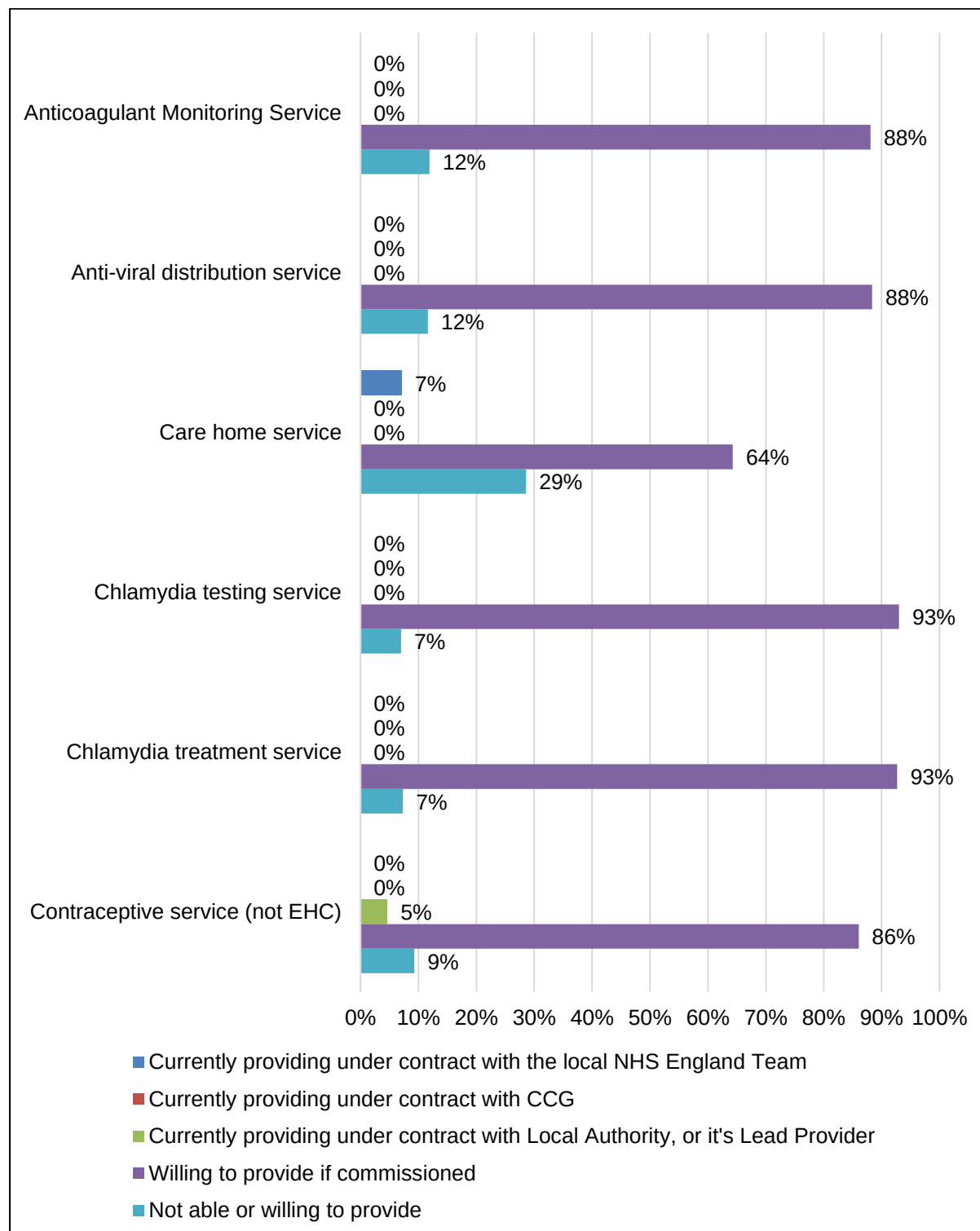


Dressings and incontinence

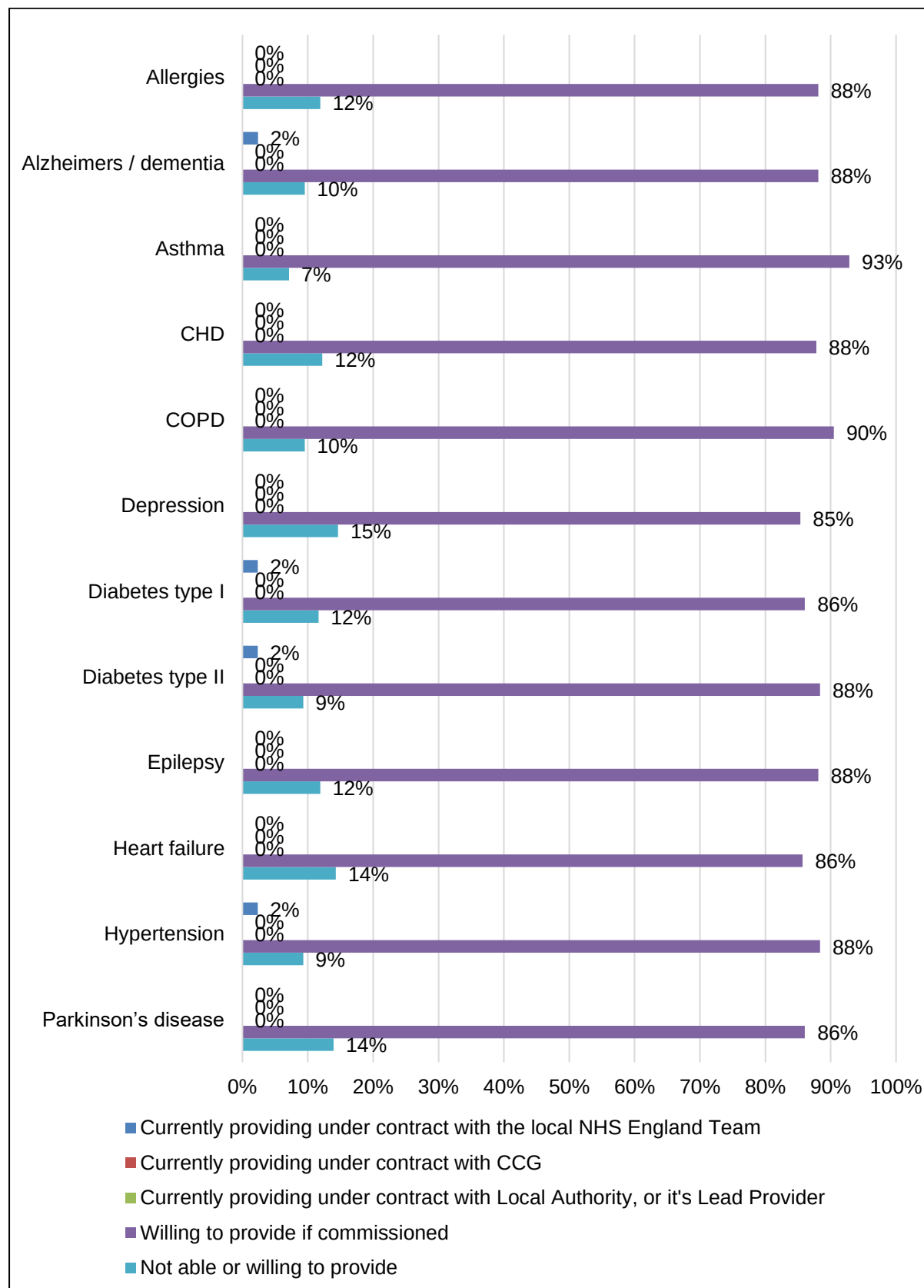
Q16. Does the pharmacy provide the following services?



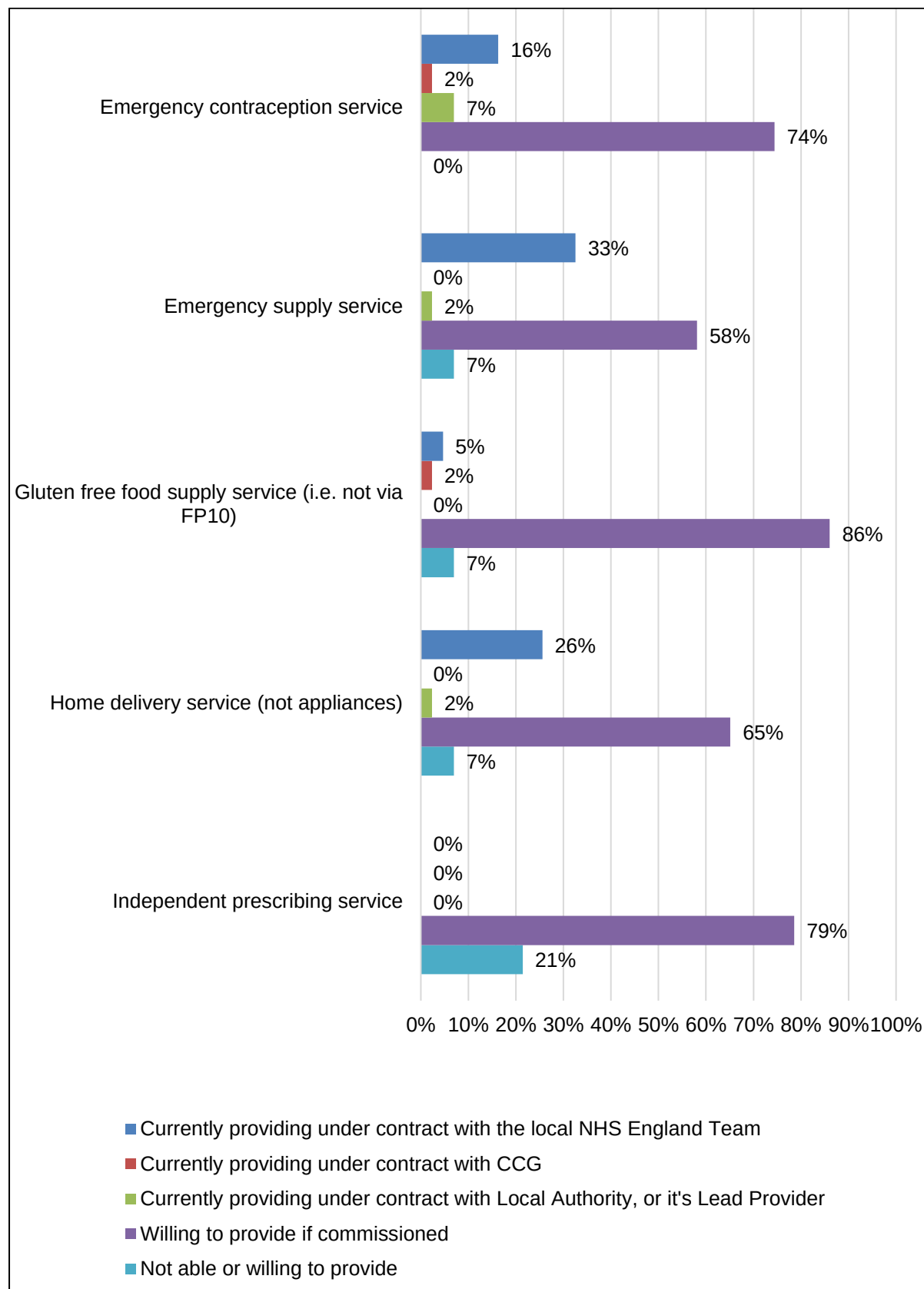
Q17. Which of the following services does the pharmacy provide, or would be willing to provide?



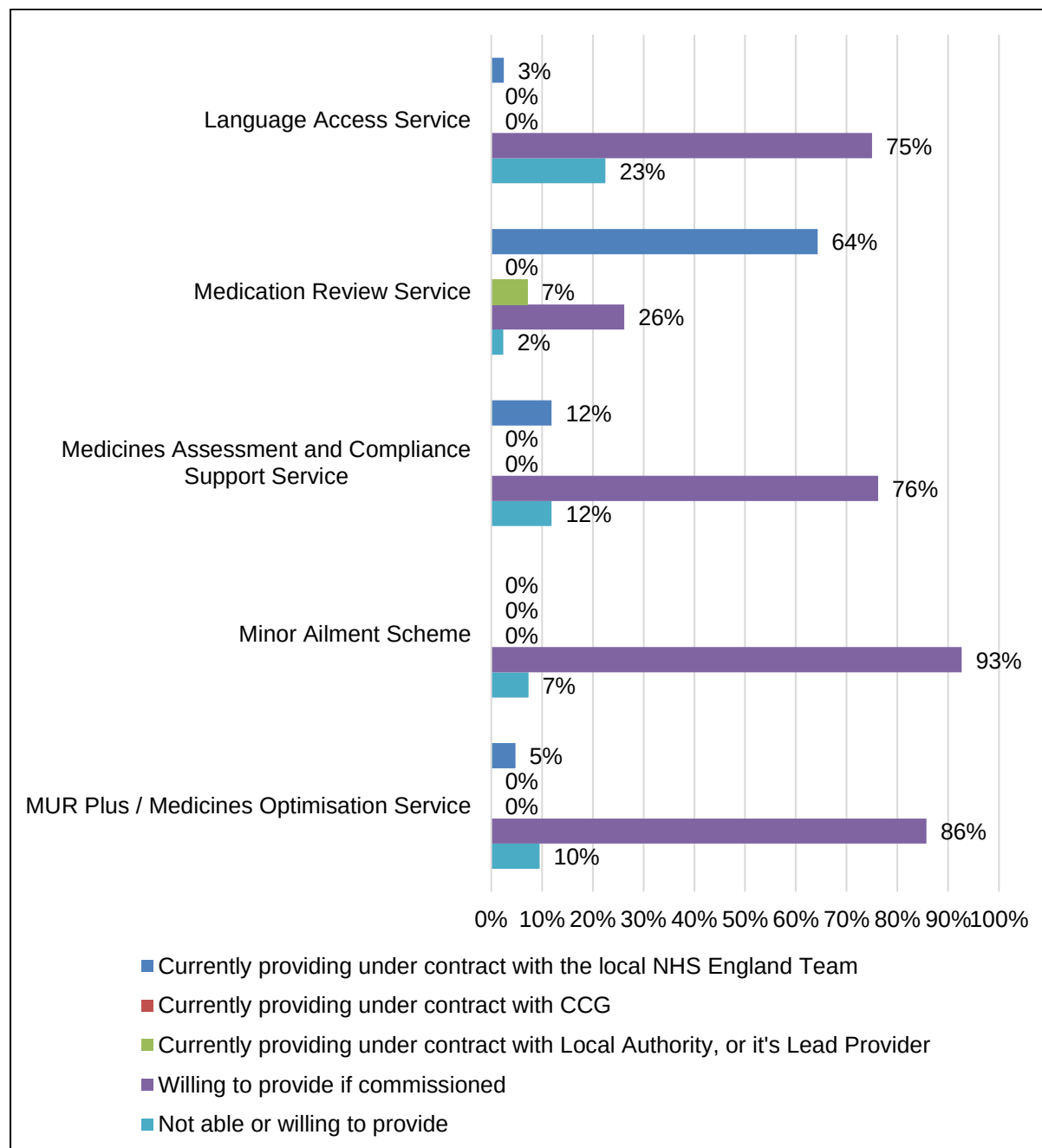
Q18. Which of the following services does the pharmacy provide, or would be willing to provide?



Q19. Which of the following services does the pharmacy provide, or would be willing to provide?

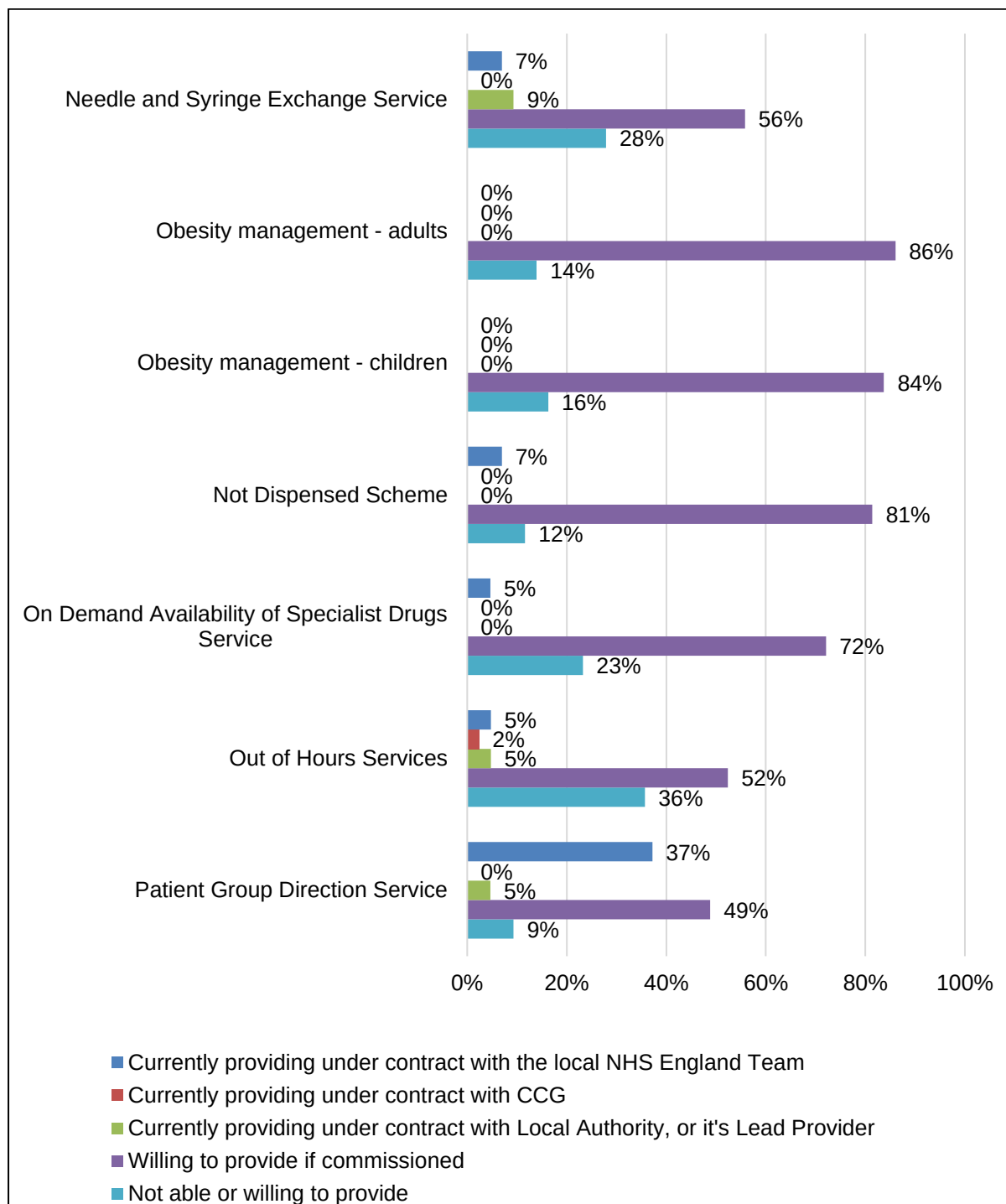


Q20. Which of the following services does the pharmacy provide, or would be willing to provide?



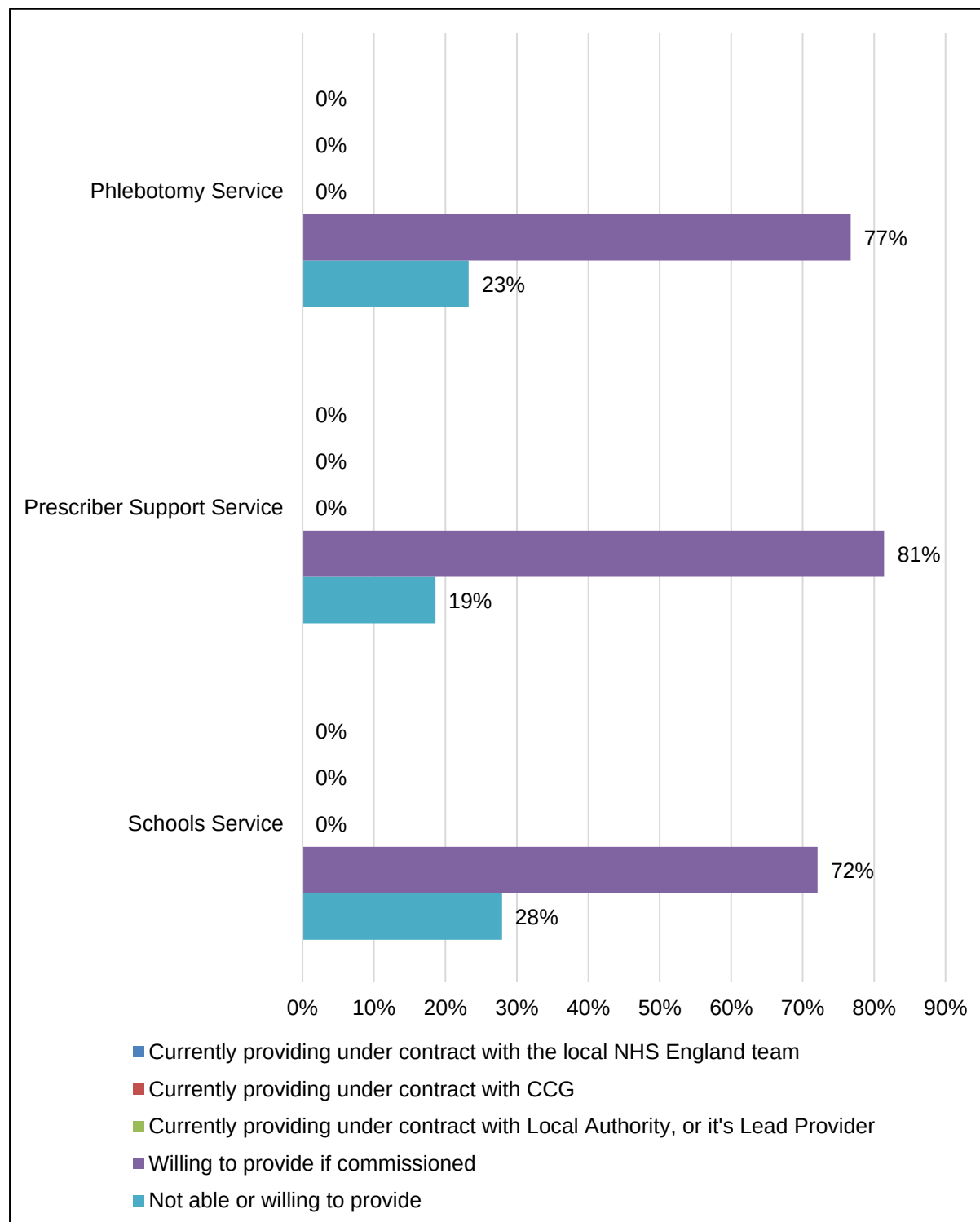
All areas especially in diabetes, asthma, COPD, anticoagulants, antiplatelet, cardiovascular, post-discharge from hospital and high-risk medicines such as drugs with a narrow therapeutic index	All therapeutic areas especially in diabetes, asthma, COPD, anticoagulant, antiplatelet, high -risks and postdischarge from hospital
Following NHS services	All major British National Formulary (BNF) sections

Q21. Which of the following services does the pharmacy provide, or would be willing to provide?

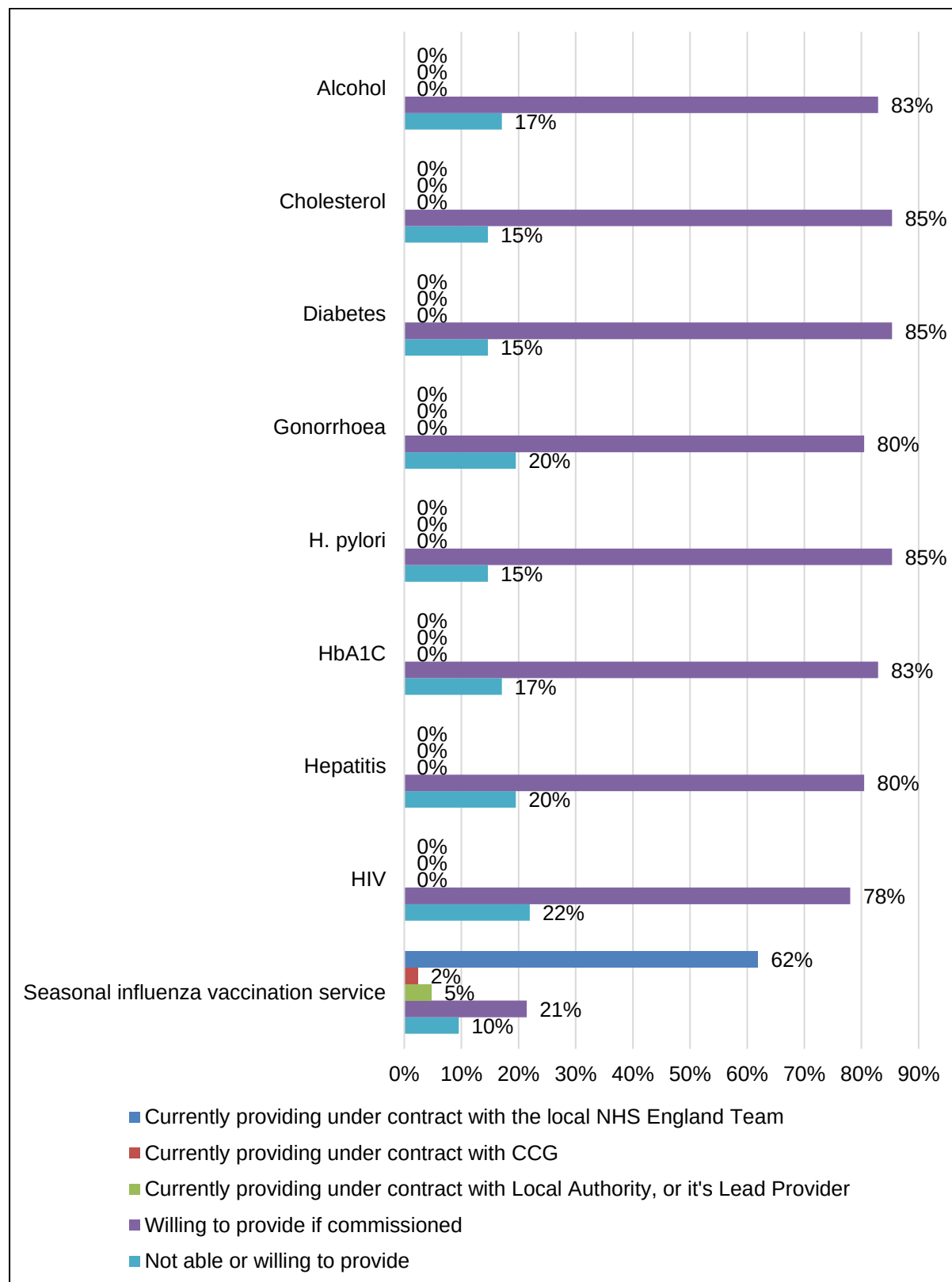


Flu vaccination (6)	Flu vaccines and willing to provide other PGDs service that NHS England/CCG or Harrow council want to be provided (1)
Emergency Contraception (1)	Emergency Department, Malaria (1)
Provide Malarone, Sildenafil Privately under PGD (1)	

Q22. Which of the following services does the pharmacy provide, or would be willing to provide?



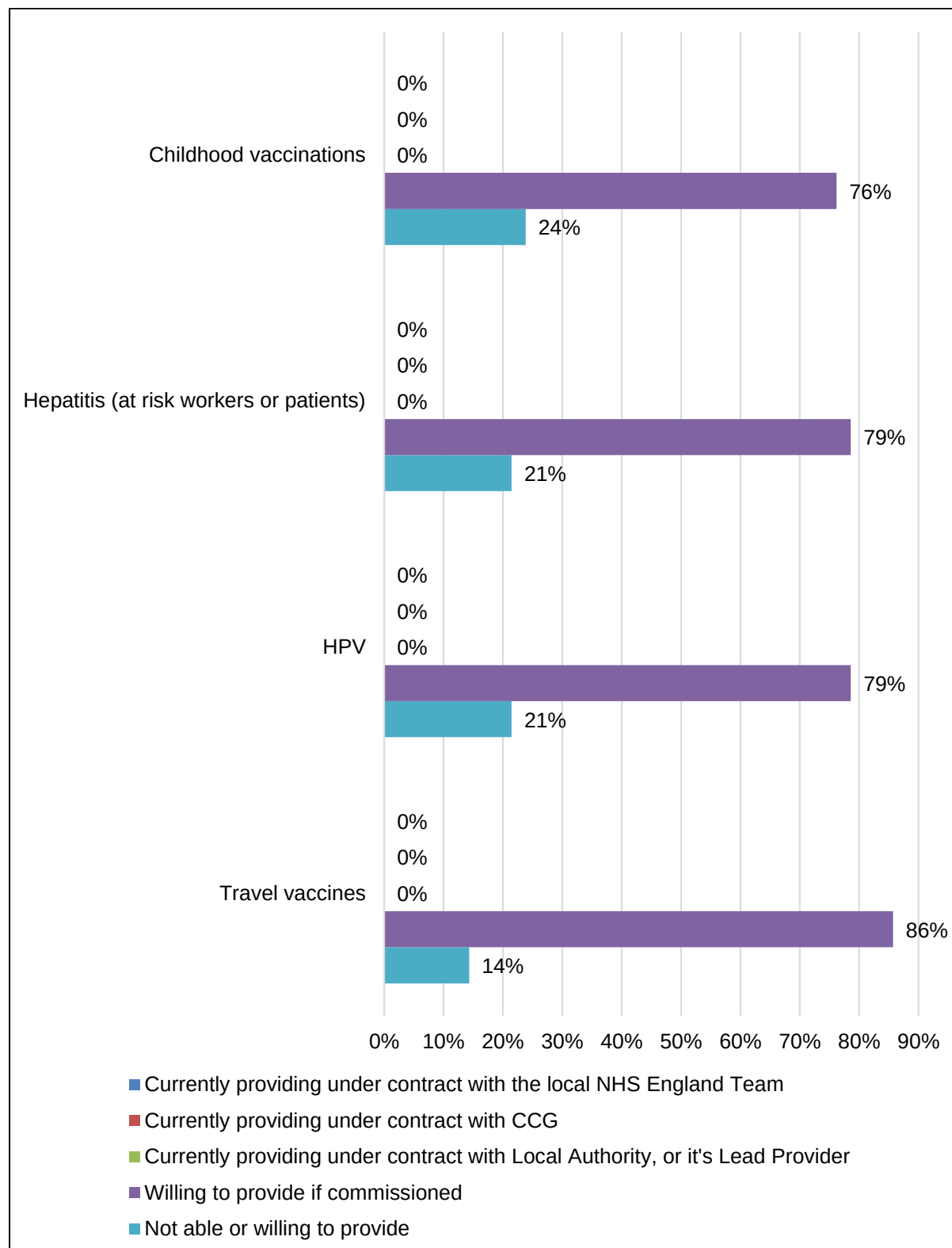
Q23. Which of the following screening services does the pharmacy provide, or would be willing to provide?



Provide cholesterol and diabetic privately

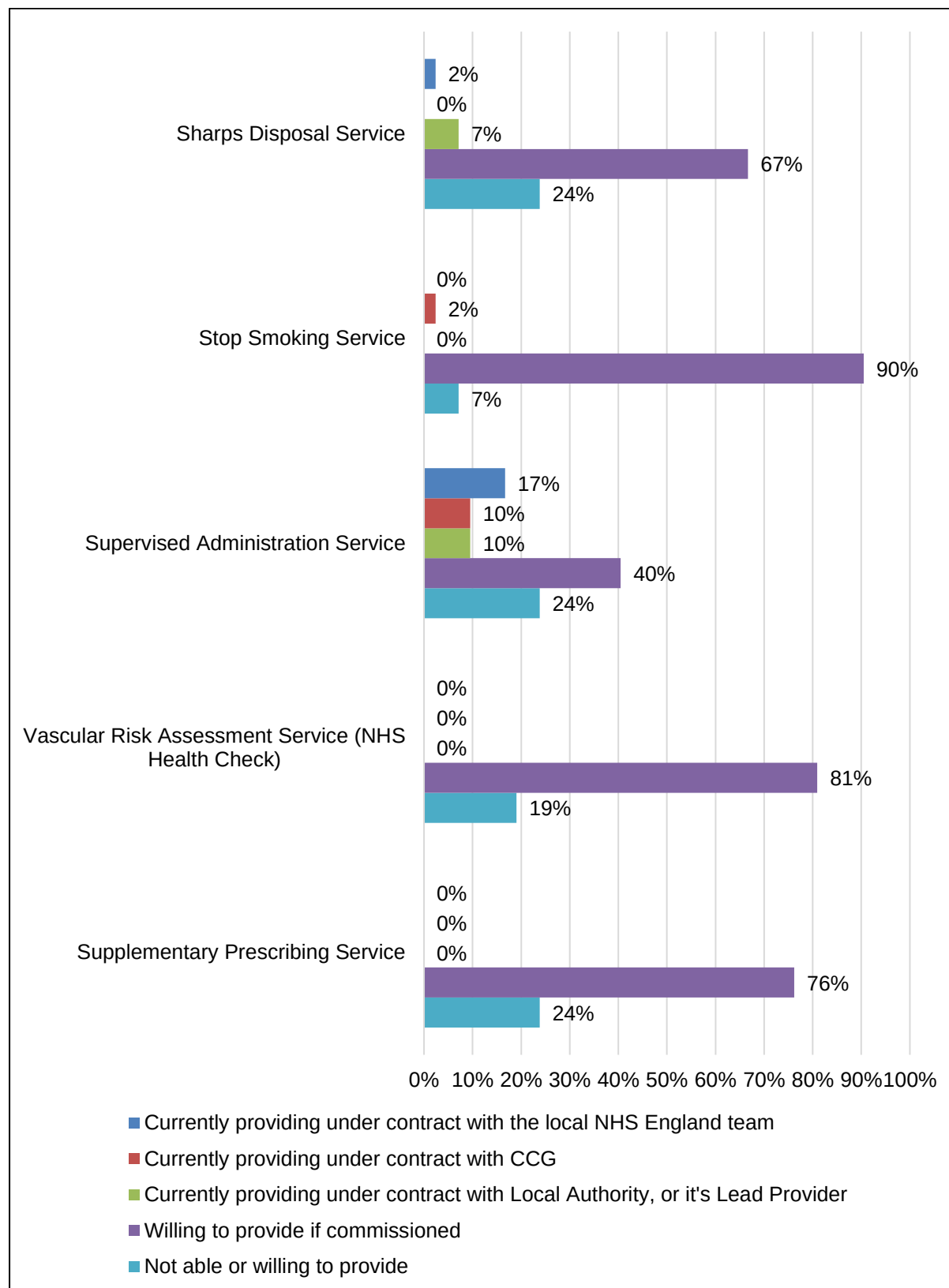
Meningitis

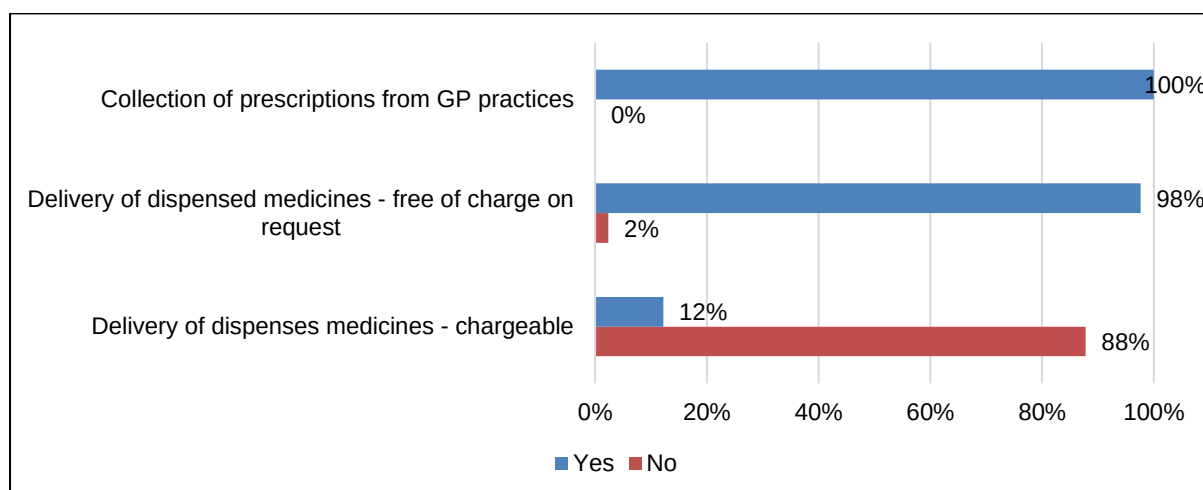
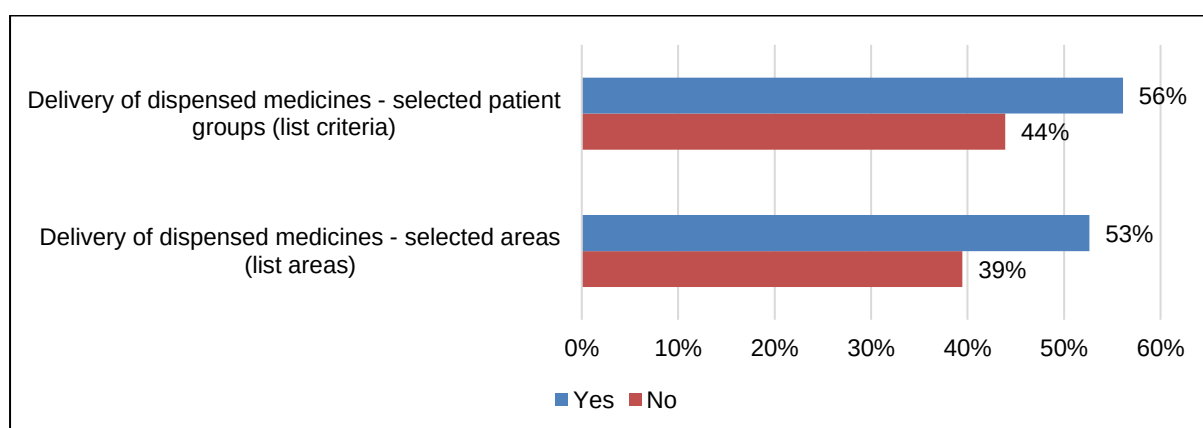
Q24. What other vaccination services does the pharmacy provide, or would be willing to provide?



Meningitis

Q25. Which of the following services does the pharmacy provide, or would be willing to provide?

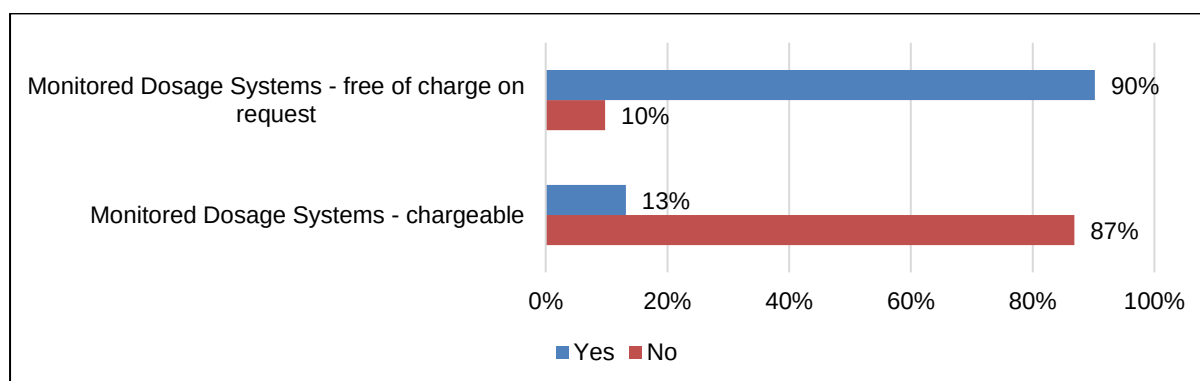
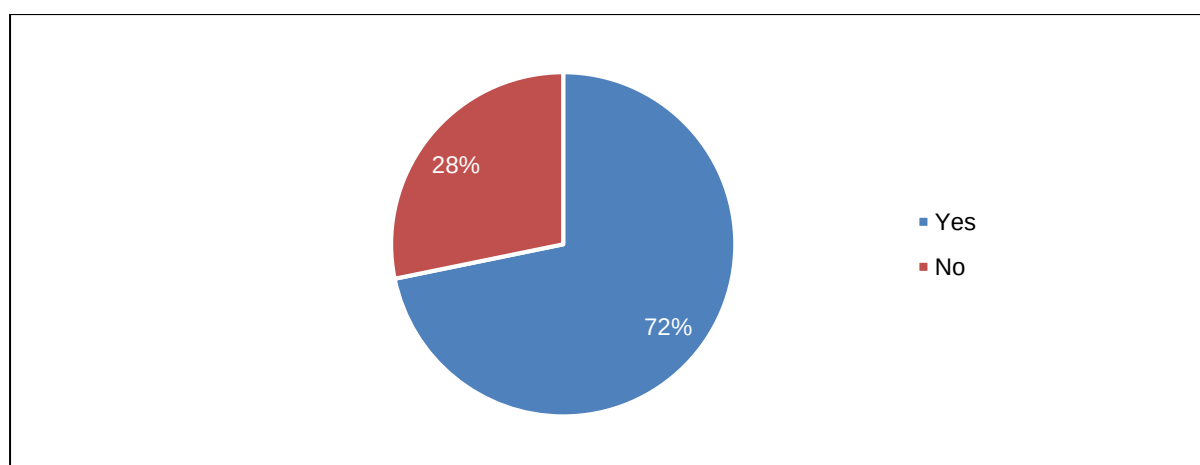


Q26. Does the pharmacy provide any of the following?**Q27. Does the pharmacy provide any of the following?****List of patient groups:**

Housebound patients (4)	Deliver to everyone (4)
Elderly and housebound patients (3)	Housebound, compliance aid patients (2)
Elderly and infirm (1)	Housebound, dementia, frail, elderly (1)
Housebound patients and young mothers (1)	

List of selected areas:

Harrow (7)	Stanmore (5)
Edgware (4)	Kenton (3)
Within two-mile radius (3)	Harrow Weald (1)
HA3 and HA7 postcodes (1)	Pinner (1)
Northolt (1)	Rayners Lane (1)
South Harrow (1)	Within one mile (1)
Within three-mile radius (1)	Colindale (1)
Kingsbury (1)	Queensbury (1)
Burnt Oak (1)	

Q28. Does the pharmacy provide any of the following?**Q29. Is there a particular need for a locally commissioned service in your area? If so, what is the service requirement and why?****If yes, please specify:**

Minor Ailments Scheme (11)	Monitored dosage systems (1)
Stop smoking (6)	Chlamydia service (1)
Smoking cessation (4)	Diabetic monitoring (1)
EHC (4)	Healthy start vitamins (1)
Needle exchange (3)	Diabetes (1)
MDS (4)	Health checks (1)
Emergency contraceptive service (2)	Sharps disposal (1)
Vaccination (1)	Medicines optimisation (1)
Cardiovascular risk assessment (1)	Delivery and compliance aid (1)
Meningitis ACWY vaccination in teenagers (1)	Weight management and independent prescribing (1)
HbA1c and TB vaccine services (1)	Weight management (1)
Delivery service (1)	Anticoagulant monitoring (1)
Diabetic foot clinic (1)	Repeat management (1)

Appendix K: Results of the commissioner questionnaire

The commissioner questionnaire was sent to commissioners within LBH, Harrow CCG and NHS England. Although not strictly a commissioner, because it contracts with community pharmacies, it was also sent to NWL NHS Trust.

Responses were received from LBH and Harrow CCG. Not all respondents answered every question. The table below lists the number of responses received for each question.

Q1. Which of the following services do you commission or may be considering commissioning from local community pharmacies?

	Currently commissioned under contract with NHS England	Currently commissioned under contract with CCG	Currently commissioned under contract with Local Authority	May consider commissioning	Not able or willing to commission
Anticoagulant Monitoring Service	0%	0%	0%	0%	100%
Anti-viral Distribution Service	0%	0%	0%	0%	100%
Care Home Service	0%	0%	0%	0%	100%
Chlamydia Testing Service	0%	0%	0%	0%	100%
Chlamydia Treatment Service	0%	0%	0%	0%	100%
Contraceptive service (not EHC)	0%	0%	0%	0%	100%
Seasonal Influenza Vaccination Service	0%	0%	0%	0%	100%
Pneumococcal Vaccination	0%	0%	0%	0%	100%

Q2. Which of the following services do you commission or may be considering commissioning from local community pharmacies?

	Currently commissioned under contract with NHS England	Currently commissioned under contract with CCG	Currently commissioned under contract with Local Authority	May consider commissioning	Not able or willing to commission
Allergies	0%	0%	0%	0%	100%
Alzheimer's/ dementia	0%	0%	0%	0%	100%
Asthma	0%	0%	0%	0%	100%
CHD	0%	0%	0%	0%	100%
COPD	0%	0%	0%	0%	100%
Depression	0%	0%	0%	0%	100%
Diabetes type I	0%	0%	0%	0%	100%
Diabetes type II	0%	0%	0%	0%	100%
Epilepsy	0%	0%	0%	0%	100%
Heart Failure	0%	0%	0%	0%	100%
Hypertension	0%	0%	0%	0%	100%
Parkinson's disease	0%	0%	0%	0%	100%

Q3. Which of the following services do you commission or may be considering commissioning from local community pharmacies?

	Currently commissioned under contract with NHS England	Currently commissioned under contract with CCG	Currently commissioned under contract with Local Authority	May consider commissioning	Not able or willing to commission
Emergency Contraception Service	0%	0%	0%	0%	100%
Emergency Supply Service	0%	0%	0%	0%	100%
Gluten-Free Food Supply Service (i.e. not via FP10)	0%	0%	0%	0%	100%
Home Delivery Service (not appliances)	0%	0%	0%	0%	100%
Independent Prescribing Service	0%	0%	0%	0%	100%

	Currently commissioned under contract with NHS England	Currently commissioned under contract with CCG	Currently commissioned under contract with Local Authority	May consider commissioning	Not able or willing to commission
Language Access Service	0%	0%	0%	0%	100%
Medication Review Service	0%	0%	0%	0%	100%
Medicines Assessment and Compliance Support Service	0%	0%	0%	0%	100%
Minor Ailments Scheme	0%	0%	0%	0%	100%
MUR Plus/ Medicines Optimisation Service	0%	0%	0%	0%	100%
Needle and Syringe Exchange Service	0%	0%	0%	0%	100%
Obesity management - adults	0%	0%	0%	0%	100%
Obesity management - children	0%	0%	0%	0%	100%
Not-Dispensed Scheme	0%	0%	0%	0%	100%
On-Demand Availability of Specialist Drugs Service	0%	0%	0%	0%	100%
Out-of-hours Services	0%	0%	0%	0%	100%
Phlebotomy Service	0%	0%	0%	0%	100%
Prescriber Support Service	0%	0%	0%	0%	100%
Schools Service	0%	0%	0%	0%	100%
Patient Group Direction Service	0%	0%	0%	0%	100%

Q4. Which of the following services do you commission or may be considering commissioning from local community pharmacies?

	Currently commissioned under contract with NHS England	Currently commissioned under contract with CCG	Currently commissioned under contract with Local Authority	May consider commissioning	Not able or willing to commission
Alcohol	0%	0%	0%	0%	100%
Cholesterol	0%	0%	0%	0%	100%
Diabetes	0%	0%	0%	0%	100%
Gonorrhoea	0%	0%	0%	0%	100%
H. pylori	0%	0%	0%	0%	100%
HbA1c	0%	0%	0%	0%	100%
Hepatitis	0%	0%	0%	0%	100%
HIV	0%	0%	0%	0%	100%

Q5. Which other vaccination services do you commission or may be considering commissioning from local community pharmacies?

	Currently commissioned under contract with NHS England	Currently commissioned under contract with CCG	Currently commissioned under contract with Local Authority	May consider commissioning	Not able or willing to commission
Childhood vaccinations	0%	0%	0%	0%	100%
Hepatitis (at-risk workers or patients)	0%	0%	0%	0%	100%
HPV	0%	0%	0%	0%	100%
Travel vaccines	0%	0%	0%	0%	100%

Q6. Which of the following services do you commission or may be considering commissioning from local community pharmacies?

	Currently commissioned under contract with NHS England	Currently commissioned under contract with CCG	Currently commissioned under contract with Local Authority	May consider commissioning	Not able or willing to commission
Sharps disposal service	0%	0%	0%	0%	100%
Stop smoking service	0%	0%	0%	0%	100%
Supervised consumption service	0%	0%	0%	0%	100%
Vascular risk assessment service (NHS health check)	0%	0%	0%	0%	100%

Q7. Please describe any subcontracting / 'lead provider' arrangements that may exist. In particular, what the overall objectives are, and how pharmacies are commissioned as part of these arrangements.

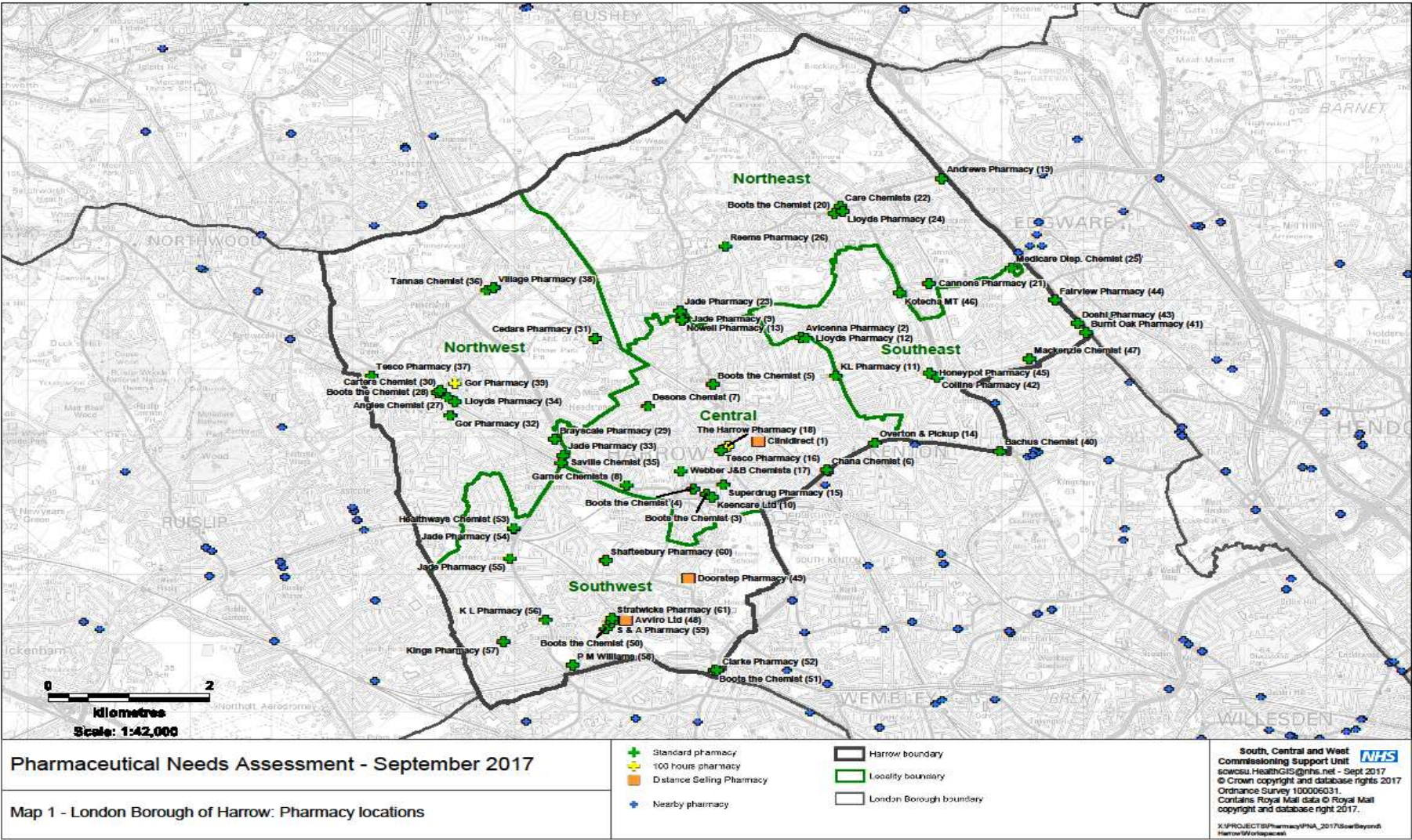
No additional comments

Abbreviations

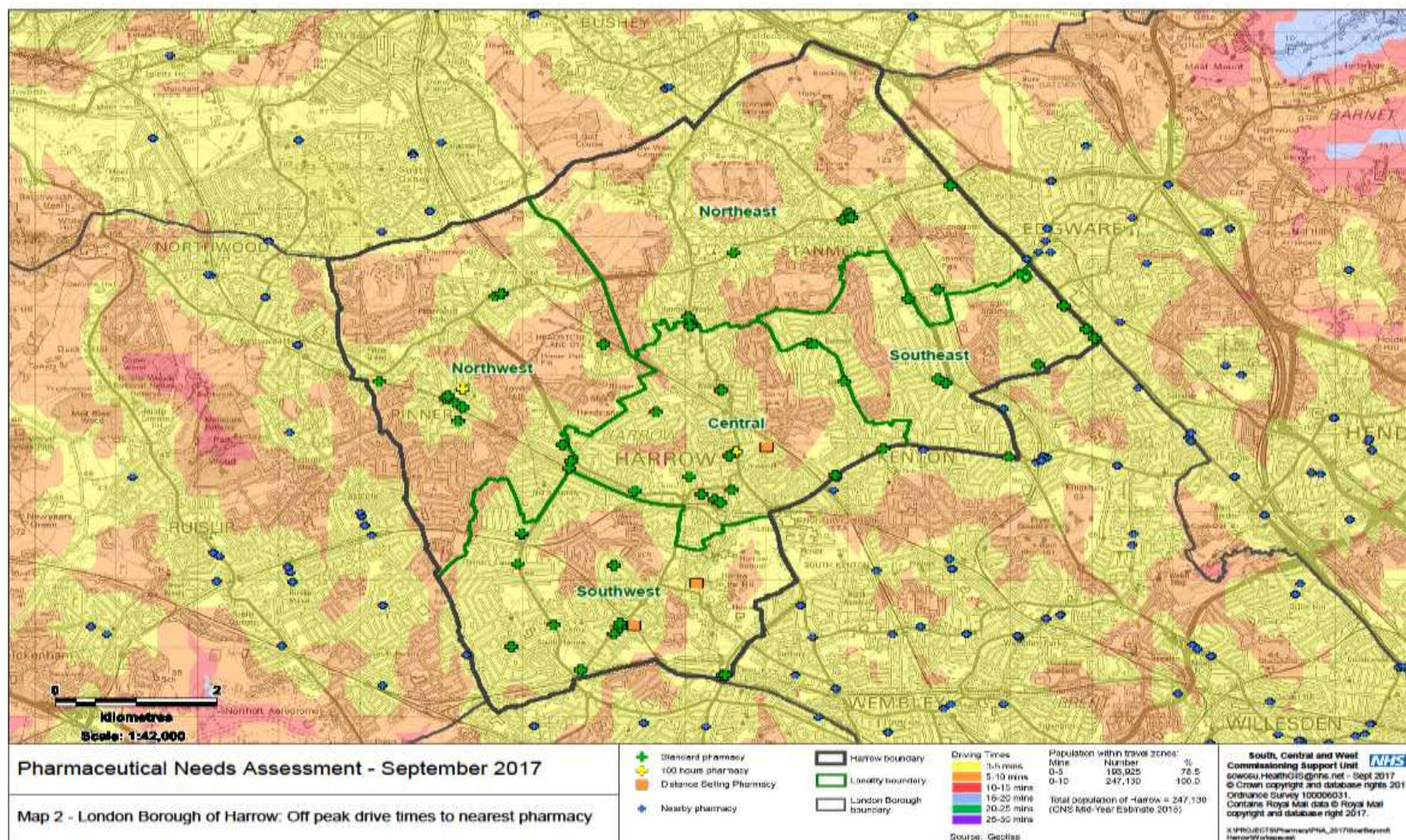
APS	– Annual Population Survey
AUR	– Appliance Use Review
BAME	– Black, Asian and Minority Ethnic
BMI	– Body Mass Index
CCG	– Clinical Commissioning Group
CHD	– Coronary Heart Disease
CIC	– Community Interest Company
COPD	– Chronic Obstructive Pulmonary Disease
CPCF	– Community Pharmacy Contractual Framework
CVD	– Cardiovascular Disease
CVS	– Council for Voluntary Services
CYP	– Children and Young Persons
DAC	– Dispensing Appliance Contractor
DH	– Department of Health
DSP	– Distance-Selling Pharmacy
EHC	– Emergency Hormonal Contraception
EPS	– Electronic Prescription Service
ES	– Essential services
ESPS	– Essential Small Pharmacy Scheme
GLA	– Greater London Authority
GP	– General Practitioner
HIV	– Human Immunodeficiency Virus
HSCIC	– Health and Social Care Information Centre
HWB	– Health and Wellbeing Board
IBA	– Identification and Brief Advice
IHS	– Integrated Household Survey
IMD	– Index of Multiple Deprivation
JSNA	– Joint Strategic Needs Assessment
LA	– Local Authority
LBH	– London Borough of Harrow
LCS	– Locally Commissioned Services

LPC – Local Pharmaceutical Committee
LPS – Local Pharmaceutical Service
LSOA – Lower Super Output Area
MUR – Medicines Use Review
MDS – Monitored Dosage System
NHS – National Health Service
NHS BSA – National Health Service Business Services Authority
NHSE – NHS England
NICE – National Institute for Health and Care Excellence
NMS – New Medicine Service
NUMSAS – NHS Urgent Medicine Supply Advanced Service
NWL – North-West London
ONS – Office for National Statistics
OOH – Out-of-Hours
PGD – Patient Group Direction
PhAS – Pharmacy Access Scheme
PhIF – Pharmacy Integration Fund
PHOF – Public Health Outcomes Framework
PCT – Primary Care Trust
PHE – Public Health England
PNA – Pharmaceutical Needs Assessment
PSNC – Pharmaceutical Services Negotiating Committee
PPV – Pneumococcal Polysaccharide Vaccine
QoF – Quality and Outcomes Framework
SAC – Stoma Appliance Customisation
STP – Sustainability and Transformation Plan
TB – Tuberculosis
TIA – Transient Ischaemic Attack
WDP – Westminster Drug Project
WHO – World Health Organization

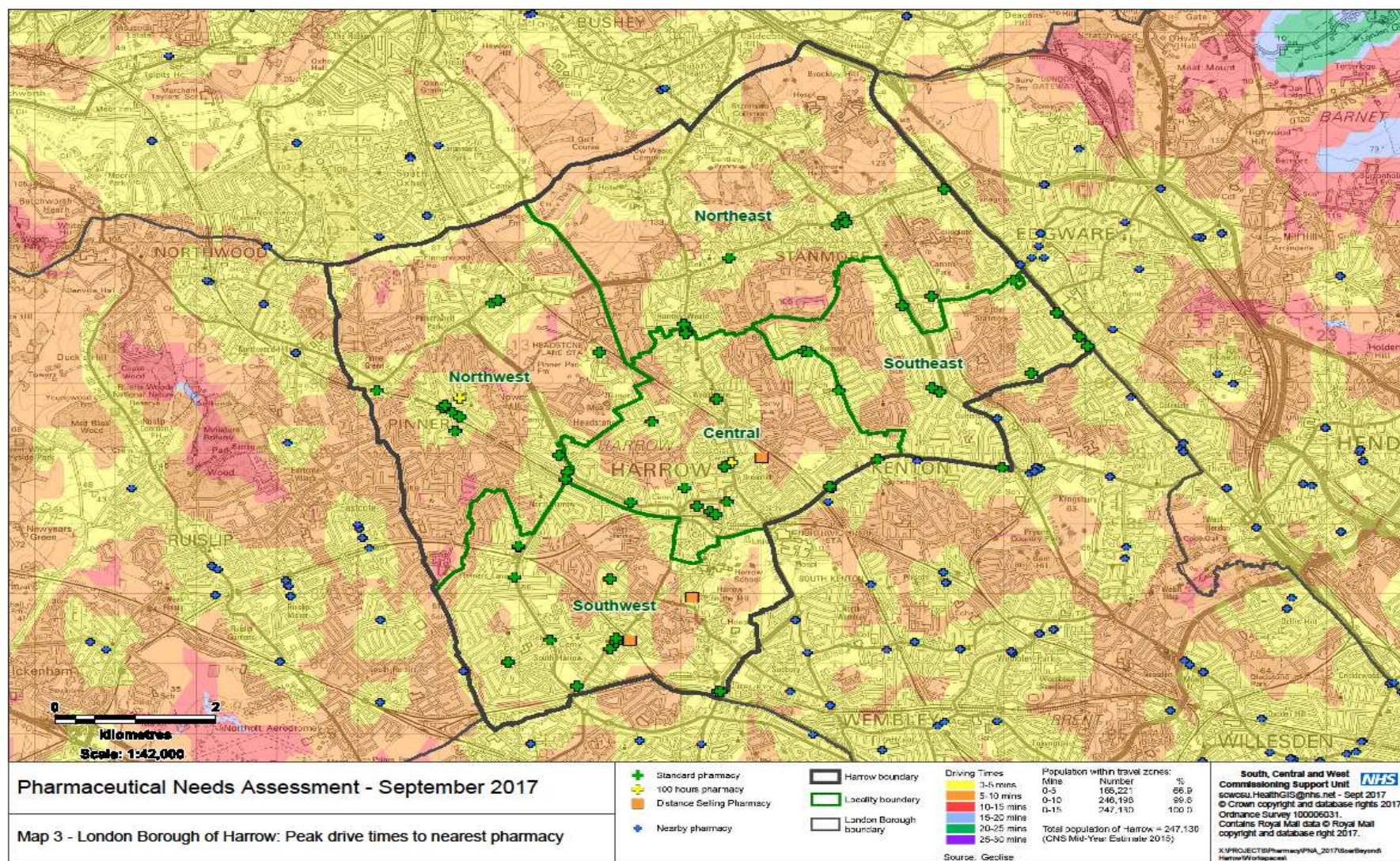
Map 1: Pharmacies in Harrow – locations



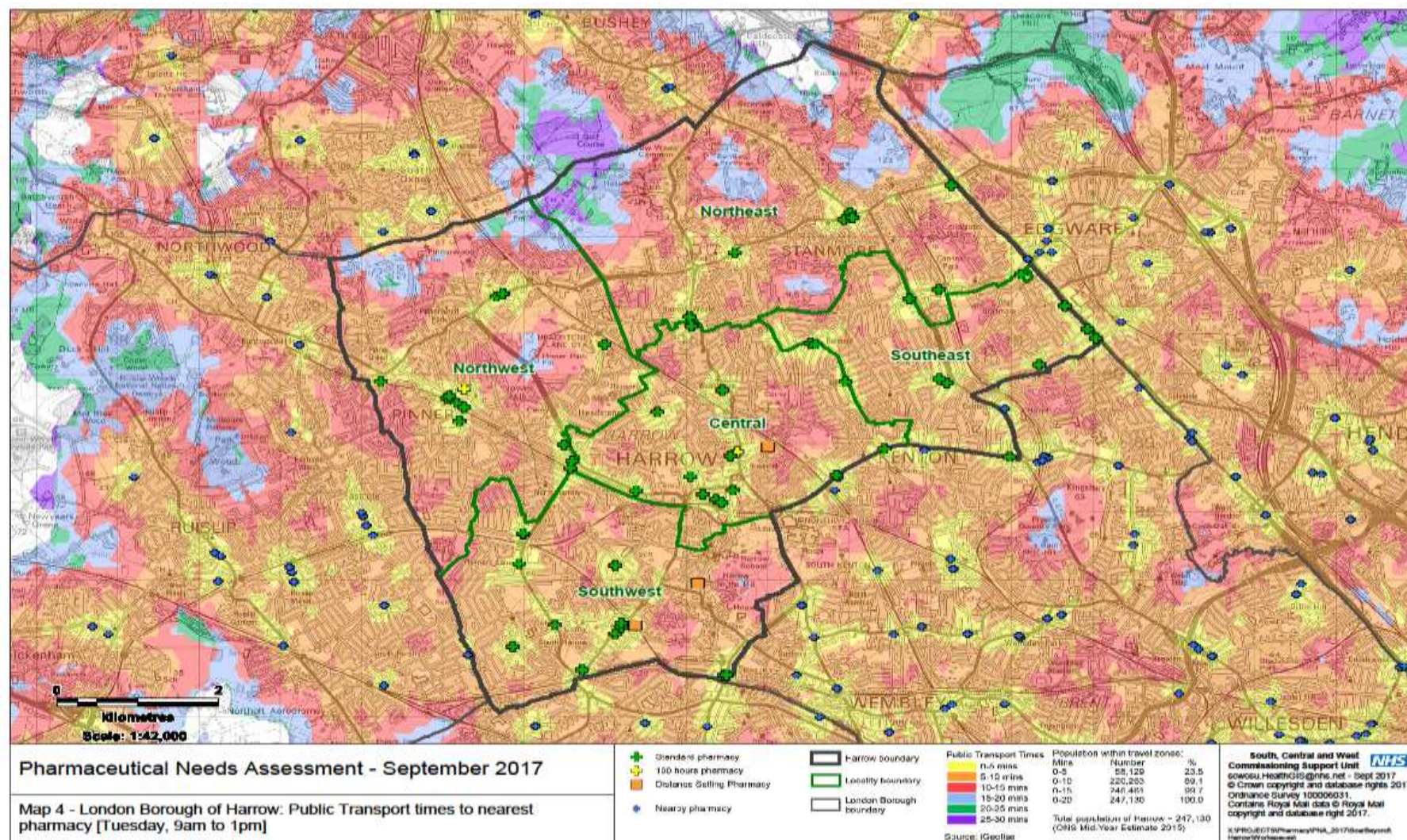
Map 2: Average off-peak drive time to nearest pharmacy



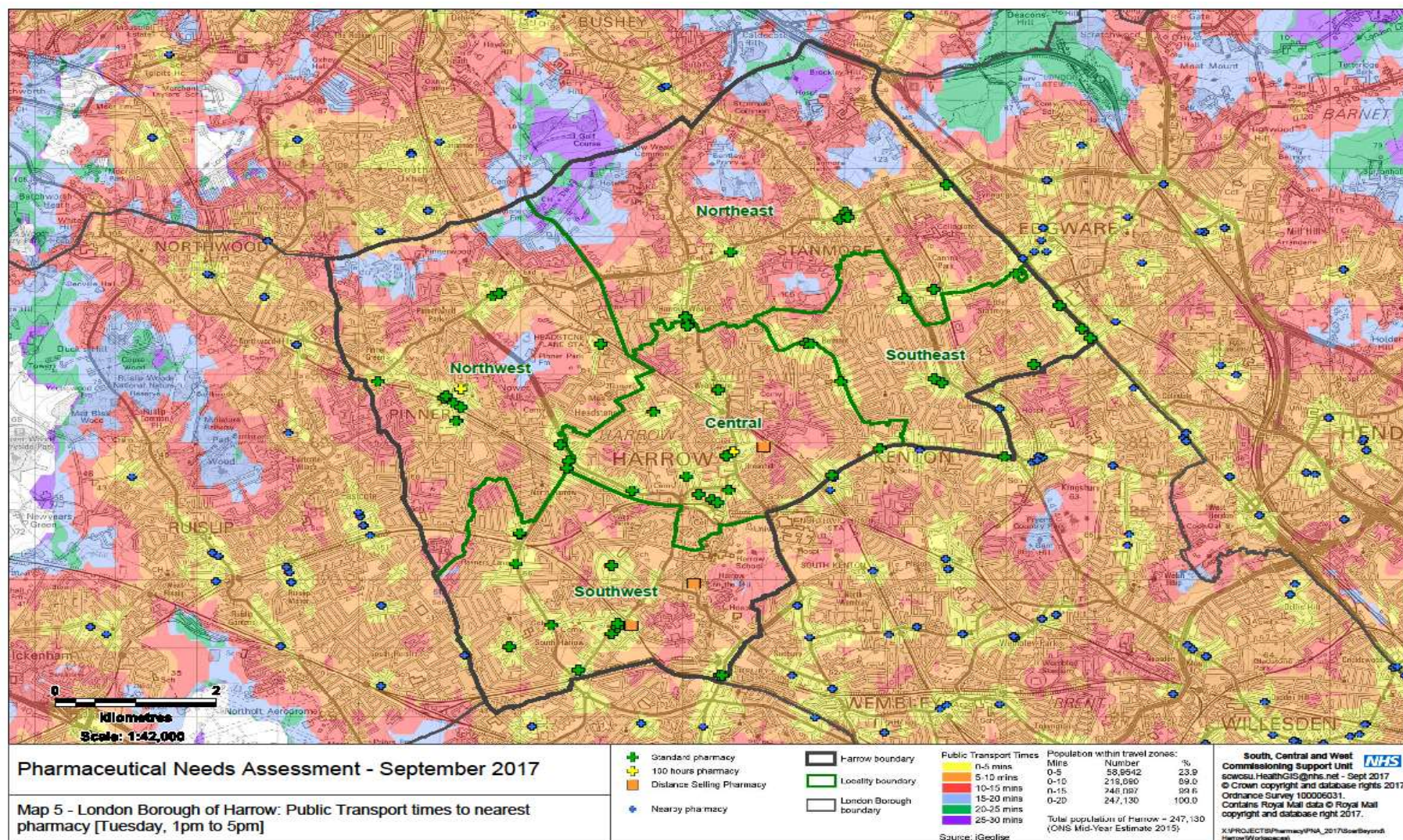
Map 3: Average peak drive time to nearest pharmacy



Map 4: Average public transport time to nearest pharmacy (Tuesday, 9am to 1pm)



Map 5: Average public transport time to nearest pharmacy (Tuesday, 1pm to 5pm)



Map 6: Average walking time to nearest pharmacy

