



TOWER HAMLETS PHARMACEUTICAL NEEDS ASSESSMENT

March 2015

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CHAPTER 1: EXECUTIVE SUMMARY

- 1.1. There is a high quality network of Community Pharmacies across the London Borough of Tower Hamlets (LBTH) that provides a vital service and an accessible source of advice and support for residents. Community Pharmacies not only dispense medicines, they also play an important role in promoting healthy lifestyles and the early detection of diseases. They are key for linking people to healthcare and public health services and have a long established relationship with their local communities.
- 1.2. This document has the aim of reviewing the need for Pharmacy Services and assessing the current service provision to identify gaps. The PNA is used for informing decisions on applications for new pharmacies, changes in premises for existing pharmacies, and changing services of existing pharmacies.
- 1.3. This PNA is the first to be produced by the Tower Hamlets Health and Wellbeing Board (HWB) under the arrangements set up under the Health and Social Care Act 2012. This Act transferred Public Health from the NHS to Local Authorities and created HWBs. This PNA will be used by NHS England to consider changes to LBTH Pharmacy services as outlined above.
- 1.4. The PNA assesses the health needs of the population with respect to pharmacy services. The current pharmacy network and its services have been examined in detail, including users' views sought in engagement processes (focus groups). A stakeholder group was formed to build on information in LBTH JSNA, assess evidence, and facilitate review of different aspects of access to, and use of, pharmacy services. Members of the group are set out in Appendix 4.

Key results of the assessment are:

- 1.5. Health needs:
 - The population of Tower Hamlets experiences worse health outcomes and greater health inequalities than the London and England average: male life expectancy is 77.1 years compared to 79.2 nationally and female life expectancy is 82.0 compared to 83.0.
 - Healthy life expectancy (representing years in good health) is 52.5 years for males and 57.2 years for females. This means that, on average, people in Tower Hamlets live in ill-health for nearly 25 years, illustrating a considerable health burden.
 - Tower Hamlets has a younger population with fewer over 65s (6%) than in England as a whole (17%)
 - Tower Hamlets has a diverse, and mobile, population with a higher proportion of non-white people (54.8%) than London (40.2%) and England (14.6%)
 - Tower Hamlets has a growing population, due to rise further by some 27% over the next 10 years. Increases are expected across all ages and ethnic groups.
- 1.6. Current Pharmacy Network:
 - A network of 48 pharmacies spread across LBTH providing a wide range of services with a network of 36 GP practices across 38 sites.
 - 19 pharmacies per 100,000 population, fewer than in the rest of London (23) and England (22). However, it is acknowledged that there are other important factors that

impact on access to pharmacy services, such as opening hours and geographic distribution of pharmacies.

- Pharmacies in Tower Hamlets tend to dispense a higher number of prescriptions each than elsewhere, reflecting the lower number of pharmacies and the higher health burden.
- 95% of prescriptions issued by GPs in LBTH are dispensed by pharmacists in LBTH.
- Provides a range of important public health services including smoking cessation, needle exchange and immunisation services.

1.7. Public perceptions from Focus Groups:

- Generally positive views on pharmacies.
- Pharmacies are perceived to have friendly and helpful staffs who build trust with customers.
- Pharmacies are thought to be convenient in terms of opening hours and accessibility for 'dropping in' for advice.
- There is an appreciation of the different languages spoken in pharmacies.
- There are favourable impressions of the Electronic Prescription Service.

- Concerns from the LGBT community that some pharmacies gave inappropriate responses when discussing sexual orientation or gender identity
- Confidentiality can sometimes be an issue, particularly if there is overcrowding or poor floor layout.
- There was some confusion over available services in pharmacies and their opening hours.

Conclusions

- 1.8. Overall the evidence suggests there is currently sufficient capacity across LBTH for essential pharmacy services. No significant gaps in current services have been identified.

Nevertheless, population growth over the next 10 years will significantly impact on the demand for pharmacy services, and this growth will not be uniform across the borough

To an extent, increasing demand can be managed by:

- Training more pharmacy staff (increasing capacity)
 - Automation of services such as electronic prescribing
 - General flexibility in staffing
- 1.9. However, whilst current provision of pharmacy services is seen as adequate, the future population growth, which will not be uniform across the borough, requires the situation to be kept under review. Although the precise requirements for future pharmacy services will be decided as new developments are finalised, in order for the borough to keep pace with current provision per head of population, as an example it would need an extra 5 pharmacies across the borough in the next three years based on current working practices, with the majority in the South East of the Borough. Whilst we are not suggesting this is a firm number (improved services can be delivered in a number of ways), it is an indication of the scale of the projected population increase and the possible additional service provision needed. Further increases in the population beyond 2018 will need similar consideration.
- 1.10. Based on current major residential developments up to 2018, if these proceed as planned with the anticipated population growth, it is likely that the developments at City Island, Aberfeldy Village and London Dock will necessitate improved access to pharmacy services. It is currently expected that those at Wood Wharf and Blackwall Reach would be covered by the existing good provision of pharmacy services at Canary Wharf and nearby.
- 1.11. It is further acknowledged that the growing population will impact on the current capacity of services to deliver enhanced services, and commissioners will need to continue to monitor uptake and quality of services delivery with this in mind.
- 1.12. It is encouraging that views on local pharmacies are generally positive. However, a number of potential areas for improvement have emerged from the focus groups around the services provided, the facilities available, staff training and providing information. These have been set out in chapters 7 and 8 of the document.

CHAPTER 2: INTRODUCTION

- 2.1. This document sets out proposals for Pharmacy Services in the London Borough of Tower Hamlets (LBTH) as a result of a pharmaceutical needs assessment (PNA) exercise in LBTH.
- 2.2. The pharmaceutical needs assessment (PNA) is a document that assesses the need for pharmaceutical services in the LBTH. This assessment is then used to help plan pharmaceutical services for LBTH by identifying where to focus efforts to commission services.
- 2.3. The Health and Social Care Act 2012 transferred responsibility for developing and updating of PNAs to the health and wellbeing boards (HWBs). This is the first PNA produced under these new arrangements. There is a duty to prepare a PNA by 1st April 2015.
- 2.4. Chapter 2 provides an executive summary of the report. Chapters 3 and 4 explain more about what a PNA is and the process for its development. Chapters 5 to 8 set out a detailed assessment of the health needs in LBTH, the current provision of services and the views of different groups of the population on those services. Appendices provide further details of current services and locations of pharmacies.

CHAPTER 3: WHAT IS A PHARMACEUTICAL NEEDS ASSESSMENT?

- 3.1. The PNA for LBTH is a statement of the population's needs for NHS pharmaceutical services. It has been developed in accordance with the National Health (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. NHS England will use the conclusions in the PNA to inform decisions on:
- applications for new pharmacies
 - applications to change the premises where a listed pharmacy business is allowed to provide pharmaceutical services
 - Changing the pharmaceutical services that a listed pharmacy business provides.
- 3.2. The pharmaceutical needs assessment will support NHS England's Five Year Plan that includes: *making more appropriate and far greater use of community pharmacies, help patients to gain better control over their care, break down barriers to how care is provided and deliver pharmaceutical resources and support so that they address the needs of the Tower Hamlets population.* The aspirations of the Five Year Plan have been considered in all aspects of the research methods used in this needs assessment.
- 3.3. Other commissioners may use the information in the PNA to target specific local needs and make commissioning decisions accordingly.
- 3.4. This PNA is a replacement for the previous work done in Tower Hamlets Primary Care Trust which produced earlier PNAs in 2009 and 2011. This report has drawn on these two reports and updated information on the population of LBTH, its health needs, where current pharmacies are, and what services are provided. Public engagement (through several focus groups) has gathered information on the current views of service users.
- 3.5. From these sources, conclusions on the overall provision of pharmacy services in LBTH have been drawn.

CHAPTER 4: THE PHARMACEUTICAL NEEDS ASSESSMENT PROCESS

4.1. The Tower Hamlet's PNA has been developed using a range of information sources to describe and identify population needs and current service provision from the network of community pharmacies. This has included:

- Nationally published data
- LBTH health intelligence data
- A questionnaire of LBTH community pharmacy providers
- Focus groups including: LGBT groups, People with disabilities, Long-term Mental Health (general), People living with diabetes and epilepsy, parents with young children, working age adults (particularly working professionals), people of different ethnicity (including Bangladeshi and Somali)
- Comments made during the consultation process

Table 1 lists the main data sources used to develop and inform the PNA.

TABLE 1 Data sources used to inform the PNA

Data Sources	
Health need and priorities	Tower Hamlets Joint Strategic Needs Assessment (JSNA) National benchmarking data from Public Health England Public health and Quality and outcomes Framework (QOF) data sets Synthesis from national datasets and statistics
Current Pharmaceutical Services	Commissioning data held by the NHS England NHS Business services authority Questionnaire of community pharmacy providers
Patients and the Public Community Pharmacy Patient questionnaire	Commissioned a group of local organisations to run targeted focus groups with: LGBT groups, People with disabilities, Long-term Mental Health (general), People living with diabetes and epilepsy, parents with young children, working age adults (particularly working professionals), people of different ethnicity (including Bangladeshi and Somali)

- 4.2. These data have been combined to describe the LBTH population, current and future health needs and how pharmaceutical services can be used to support the Health and Wellbeing Board (HWB) to improve the health and wellbeing of our population.

Governance and steering group

- 4.3. The development of the PNA was advised by a stakeholder group whose membership included representation from; Public Health, the Clinical Commissioning Group, the North East London Commissioning Support Unit (NELCSU), Local Pharmacy Committee (LPC), Local Medical Committee (LMC), NHS England, Healthwatch, corporate research and voluntary organisations. The membership and terms of reference of the steering group is described in Appendix 4

Regulatory consultation process and outcomes

- 4.4. A draft PNA was published for comment in January 2015 and this final report takes into account the comments received.

CHAPTER 5: HEALTH NEEDS AND POPULATION CHANGES IN TOWER HAMLETS

- 5.1. The aim of this chapter is to present an overview of health and wellbeing in LBTH, particularly the areas likely to impact on needs for community pharmacy services. This includes an analysis of the latest LBTH population projections and the impacts of residential and commercial developments in LBTH.
- 5.2. Where possible we have looked at data by localities within LBTH. As a result of the 2014 ward boundary changes, the localities have changed, and this chapter has been amended to reflect these changes and the boundaries used by locality managers at the time the report was produced. However, this restricts comparisons with previous years. The new ward boundaries, localities and further details are set out in Appendix 3. The data used in this report reflect the latest information available at the time of producing the analyses between September 2014 and March 2015. In some cases earlier years figures have been used where they provide a more detailed insight (e.g. 2011 Census data). Where possible data have been broken down by localities, although in some cases this was not feasible.

LONDON BOROUGH OF TOWER HAMLETS POPULATION

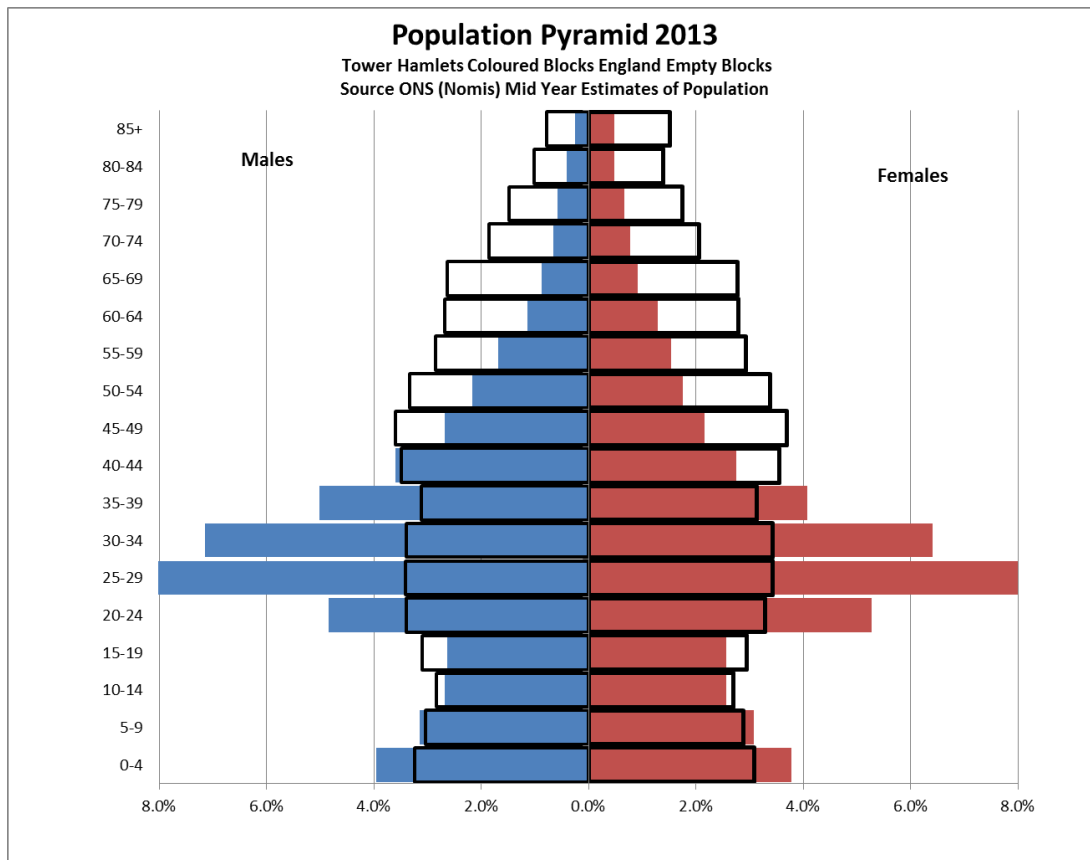
- 5.3. Based on the 2011 census, there were 254,000 people in LBTH, estimated to have increased to 277,000 in 2014 (51.5% male and 48.5% female -compare to nationally 49.2% male and 50.2% female).
- 5.4. Several data sources can be used to examine LBTH population. Here, Greater London Authority (GLA) estimates are used for age, sex, and ethnicity, and for projections of future population size have been used. These are deemed to be the most accurate available at the time of this analysis.
- 5.5. For disease prevalence we used data based on people registered with LBTH GPs (285,000 people)³, higher than the official population estimate. This may be because people who live in neighbouring boroughs may have registered with a Tower Hamlets GP if they live close to the borough boundary; there can also be 'list inflation', referring to people who have moved or left LBTH still on GP records, as well as people who have died.

Age

- 5.6. LBTH has a high proportion of the population in the 20-40 year old age groups (41%), (see Figure 1) People aged 65 and over make up a relatively small proportion of the LBTH population (6%) in comparison to England at 17.3%. Females account for 48.5% of the population. This difference in age structure has implications for the demands placed on pharmacies in the area.

³ 2012/13 Quality and Outcomes Framework(QoF)

FIGURE 1 AGE BREAKDOWN OF LBTH POPULATION BY SEX



SOURCE:

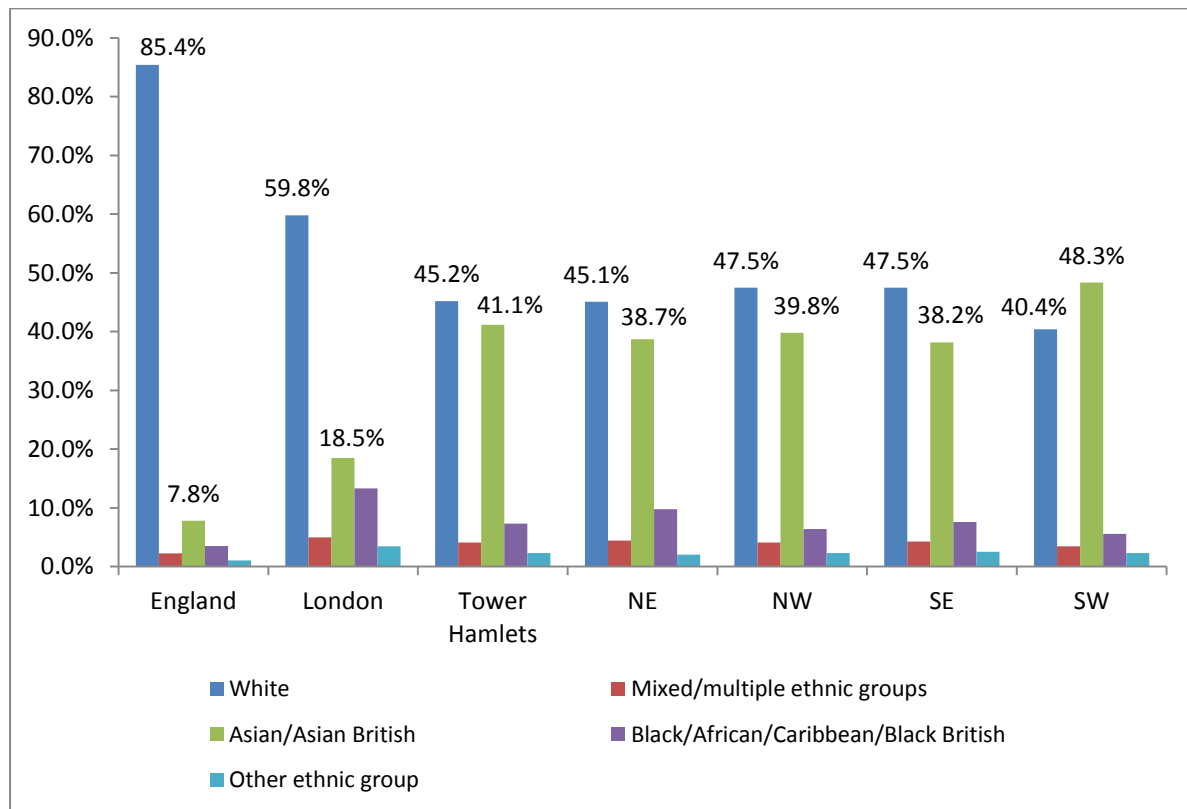
ONS CENSUS, 2013

Ethnicity

- 5.7. At the last census, 54.8% of LBTH population defined themselves as coming from a non-white ethnic group, compared to 48% in 2009, likely to increase further over the next ten years. Ethnic groups are not distributed evenly across LBTH or across different age groups. Figure 2 below highlights the differences to London and England in terms of the ethnic groups in LBTH by locality. The percentage of Asian/Asian British differs by over 10% across localities, which will also have an impact on the age structures within these localities.

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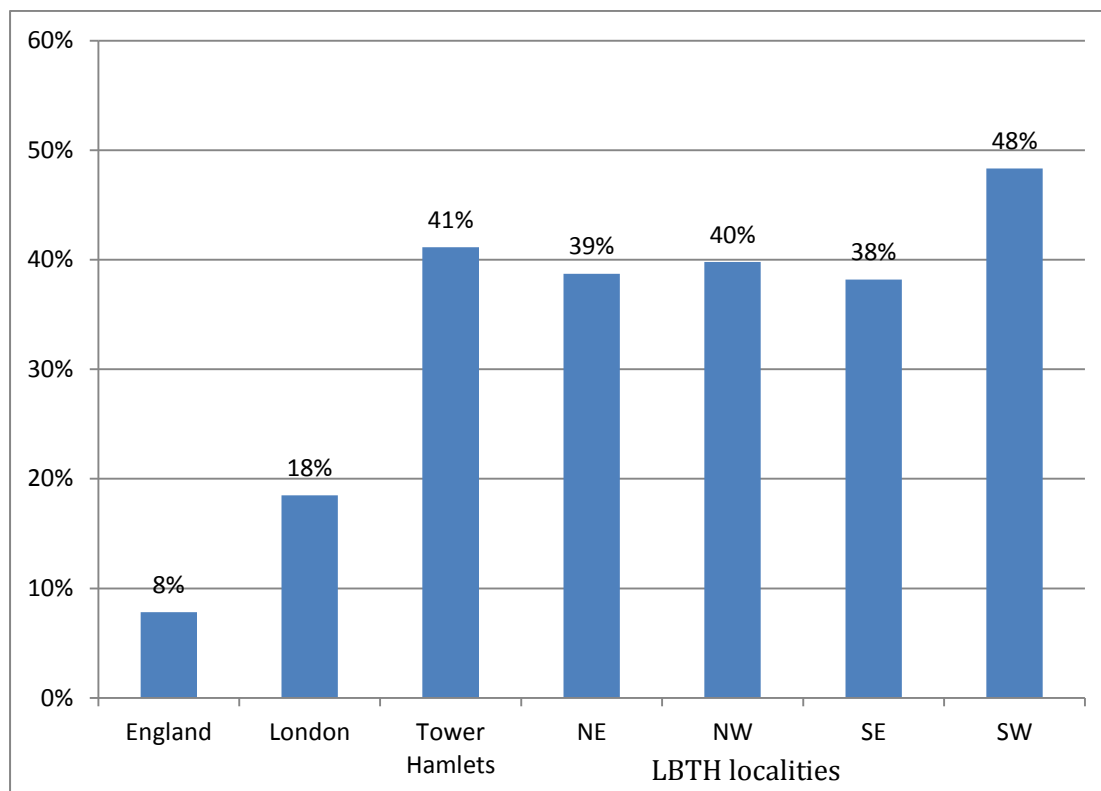
FIGURE 2 ETHNIC GROUPS IN LONDON, ENGLAND, LBTH (AND LOCALITIES)



Source: ONS Census, 2011

- 5.8. The Asian population, as defined by the 2011 census encompasses Indian, Pakistani, Bangladeshi, Chinese and Any other Asian background. The majority of the Tower Hamlets Asian population are Bangladeshi as Tower Hamlets has the largest Bangladeshi population in England who make up 32% of the borough's population. Chinese residents make up 3.2% of the borough's population, the third highest in the country.
- 5.9. There is a significant Somali population in Tower Hamlets which is increasing. Somali residents are categorised under Black/African/Caribbean/Black British. As they are not categorised separately it is difficult to determine how many live in Tower Hamlets. However, census data on country of birth show that Somali-born residents comprise 1.2 per cent of the population and it is therefore expected that the total Somali population in Tower Hamlets will be higher.

FIGURE 3: PERCENTAGE OF PEOPLE THAT ARE ASIAN OR ASIAN BRITISH IN ENGLAND, LONDON AND LBTH(OVERALL AND BY LOCALITY) FOR 2014*



*Source: ONS Census, 2011

Population forecast

5.10. The predicted population trend in LBTH is towards continued strong population growth across all age and ethnic groups (Figure 4 and Table 2). The GLA projection takes into account housing development in LBTH as well as migration, births and deaths, and the population is expected to increase by around 75,000 over the next ten years (to 2024) especially between 35 years and 64 years. The overall age structure is not set to change very much. This will increase demand for services, including community pharmacy services.

5.11. For ethnicity (see figure 7 and table 3) although the actual increase in numbers is highest in the white population, the population projections show that the percentage changes between 2014 and 2024 are highest in the 'Asian/Asian other' group and 'Other'⁴. It would be useful to consider the effect of this change in provision of pharmacy services.

⁴ 'Other' includes: 'Mixed/multiple ethnic group: Other Mixed', 'Other ethnic group: Arab' & 'Other ethnic group: Any other ethnic group'

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FIGURE 4 POPULATION PROJECTIONS IN LBTH BY AGE GROUP

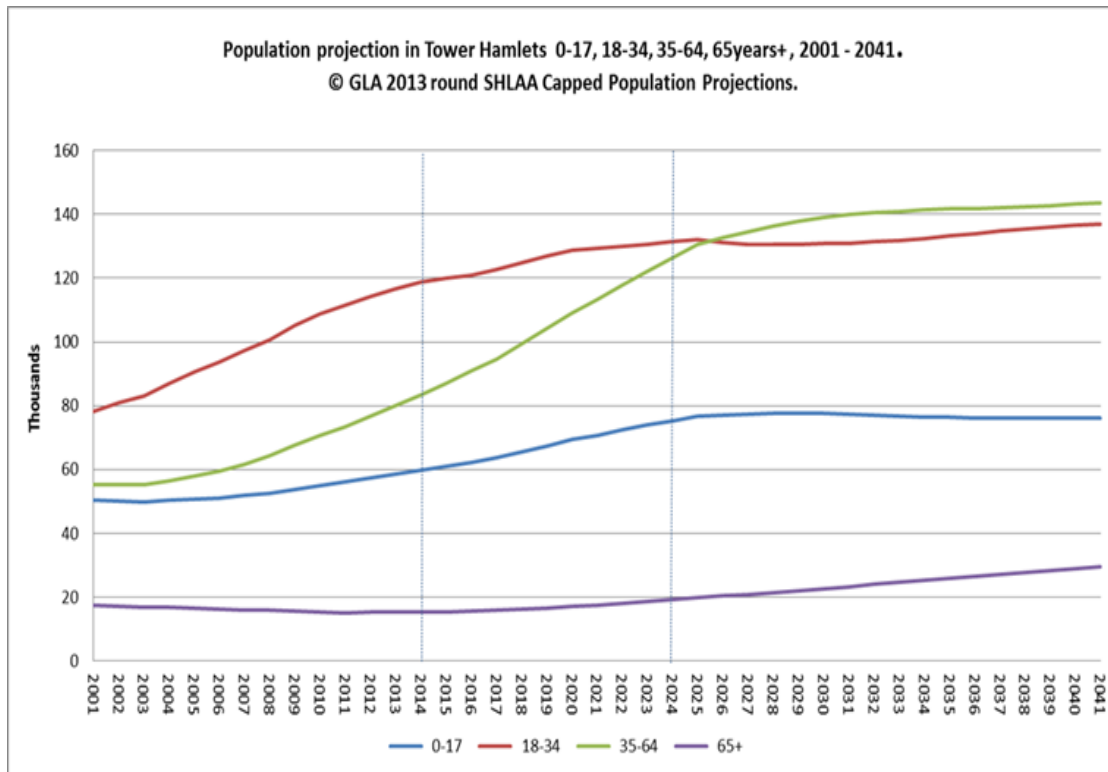


Table 2 Population projections for LBTH BY age group

Age band	2014	2024	% change
0-17	59,725	75,349	26.2%
18-34	118,684	131,329	10.7%
35-64	83,508	126,363	51.3%
65+	15,324	19,206	25.3%
Total	277,242	352,247	27.1%

FIGURE 5 POPULATION PROJECTIONS IN LBTH BY ETHNICITY

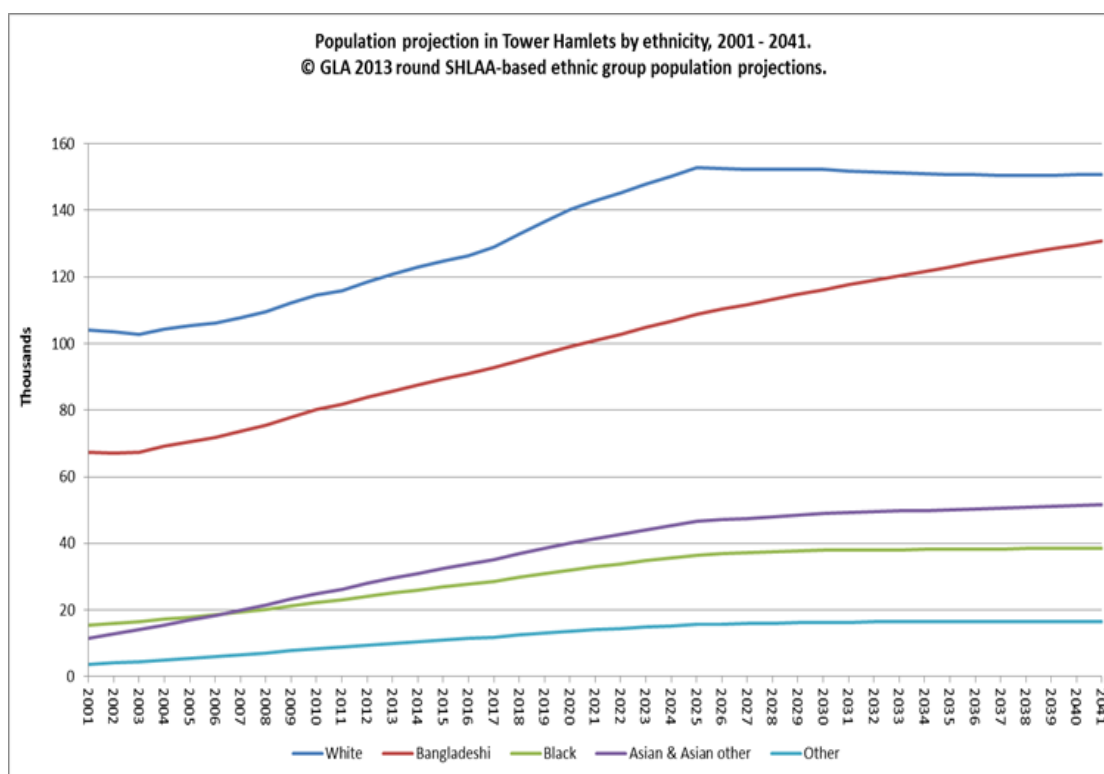


Table 3 Population projections in LBTH by Ethnicity

Ethnic group	2014	2024	% increase
White	122,856	150,349	22.4%
Bangladeshi	87,495	106,779	22.0%
Black	26,051	35,658	36.9%
Asian/Asian other	31,007	45,333	46.2%
Other	10,504	15,274	45.4%
Total	277,913 ⁵	353,393	27.2%

5.12. The areas above have been identified as possible priorities for additional pharmacy services in the next three years on the basis of the expected increases in population and the current distribution of pharmacy services.

Language

5.13. There are a wide range of languages spoken in LBTH in localities (see Table 5). These may impact on community pharmacy services, if people do not speak or understand English, in addition to other languages spoken. Table 24 in Chapter 7 shows the languages spoken within the pharmacies, by locality.

⁵ Whilst the data source for both Borough Projection and Ethnicity Projection is the same i.e. GLA they have different assumptions worked into the figures and so there will be small differences in overall numbers. These do not affect the overall conclusions

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Table 4 Main Languages of Residents in LBTH by Locality

Main language	North East.		North West.		South East.		South West.		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<i>English (English or Welsh if in Wales)</i>	40877	69.1%	39940	65.7%	42661	65.9%	36010	62.3%	159488	65.8%
<i>South Asian language: Bengali (with Sylheti and Chatgaya)</i>	10556	17.8%	11430	18.8%	8171	12.6%	13368	23.1%	43525	18.0%
<i>Other European language (EU): Any other European language</i>	1803	3.0%	2725	4.5%	3421	5.3%	2362	4.1%	10311	4.3%
<i>East Asian language: Chinese</i>	614	1.0%	665	1.1%	2258	3.5%	478	0.8%	4015	1.7%
<i>African language</i>	1108	1.9%	987	1.6%	992	1.5%	761	1.3%	3848	1.6%
<i>French</i>	532	0.9%	922	1.5%	956	1.5%	876	1.5%	3286	1.4%
<i>Other European language (non EU)</i>	600	1.0%	693	1.1%	1341	2.1%	621	1.1%	3255	1.3%
<i>Spanish</i>	545	0.9%	901	1.5%	835	1.3%	647	1.1%	2928	1.2%
<i>Other European language (EU): Polish</i>	592	1.0%	434	0.7%	790	1.2%	471	0.8%	2287	0.9%
<i>East Asian language: Any other East Asian language</i>	451	0.8%	481	0.8%	788	1.2%	519	0.9%	2239	0.9%
<i>Portuguese</i>	460	0.8%	526	0.9%	649	1.0%	398	0.7%	2033	0.8%

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Arabic	307	0.5%	339	0.6%	387	0.6%	353	0.6%	1386	0.6%
South Asian language: Any other South Asian language	228	0.4%	218	0.4%	633	1.0%	258	0.4%	1337	0.6%
West/Central Asian language	162	0.3%	189	0.3%	390	0.6%	173	0.3%	914	0.4%
South Asian language: Urdu	111	0.2%	131	0.2%	166	0.3%	262	0.5%	670	0.3%
South Asian language: Panjabi	82	0.1%	70	0.1%	63	0.1%	46	0.1%	261	0.1%
Other language	69	0.1%	49	0.1%	47	0.1%	79	0.1%	244	0.1%
South Asian language: Gujarati	32	0.1%	37	0.1%	61	0.1%	65	0.1%	195	0.1%
South Asian language: Tamil	32	0.1%	20	0.0%	78	0.1%	16	0.0%	146	0.1%
Grand Total	59161	100.0%	60757	100.0%	64687	100.0%	57763	100.0%	242368	100.0%

Source: Data source: Census 2011 (Nomis Table LC2104EW [Main Language by sex and age])

Our population - what does this mean for community pharmacy?

LBTH has a much larger young population (especially 20-34 year old age groups) and a smaller older population when compared to England. Interestingly, the population increase over the next ten years will be higher in the 35-64 age ranges.

Sustained population increases and development will increase demand on community pharmacy services, and different population groups will have different needs. For example, increasing numbers of older people may have more long-term conditions than other groups.

The day time population of LBTH is much higher than the numbers of usual residents and the flow of these people into LBTH needs to be considered when planning for pharmacy provision, although there is no evidence that this significantly affects service provision at present.

Pharmacies have some flexibility in the level of staff working at different points in the day but it will be important to monitor planned developments in LBTH to maintain good provision.

The LBTH population is diverse, and the percentage who are non-white set to increase further. The range of languages spoken is wide and, depending on how much English is spoken in addition to the range of other languages spoken, this might have an impact for community pharmacists and their staff.

The diversity of languages spoken potentially presents a challenge for the effective communication of medication related, health promotion and lifestyle advice. There is a correlation between languages spoken in Tower Hamlets and by staff in pharmacies. Where possible, we will take opportunities to signpost patients to pharmacies where their first language is spoken. However, we need to review what steps are required to ensure all patients are able to benefit from the services and interventions offered by pharmacy.

There is well documented evidence of health inequalities for Black, Asian and Minority Ethnic (BAME) groups and community pharmacists will need to consider this in the context of a changing population profile.

INEQUALITIES AND SOCIO-ECONOMIC DETERMINANTS OF HEALTH

Life expectancy

- 5.14. Headline health indicators show significant health inequalities in LBTH and between LBTH and England. Male life expectancy is 77.1 years compared to 79.2 nationally and female life expectancy is 82.0 compared to 83.0. Healthy life expectancy is 52.5 for males compared to 63.4 nationally for males and 57.2 for females compared to a healthy life expectancy nationally for females of 64.1⁶. Life expectancy varies by 6.1 years in males and 5.3 in females between wards in LBTH.
- 5.15. Figure 6 highlights the differences in life expectancy by gender across LBTH, the lighter colours reflect higher life expectancy.

Analysis⁷ shows that life expectancy for males is 6.9 years less in the most deprived areas of the borough compared with least deprived.⁸ The figure for females is 3.3 years. The vast majority of wards have shown improvements in life expectancy rates in the last few years, although we cannot make direct comparisons as the ward boundaries have changed.

According to recent data wards with the lowest average male life expectancy rates are:

- Bow East (75.0)
- St Peter's (74.8)
- Weavers (74.8)

Wards with the lowest female life expectancy are:

- Limehouse (79.6)
- Mile End (80.3)
- Stepney Green & Poplar (80.4)

⁶ Public Health Outcomes Framework

⁷ Slope index of inequality in life expectancy at birth within English local authorities, based on local deprivation deciles: the range in years of life expectancy across the social gradient within each local authority, from most to least deprived (PHOF)

⁸ Health Profile Tower Hamlets 2014 (2010-2012 data)

FIGURE 6: LIFE EXPECTANCY BY WARD FOR MALES

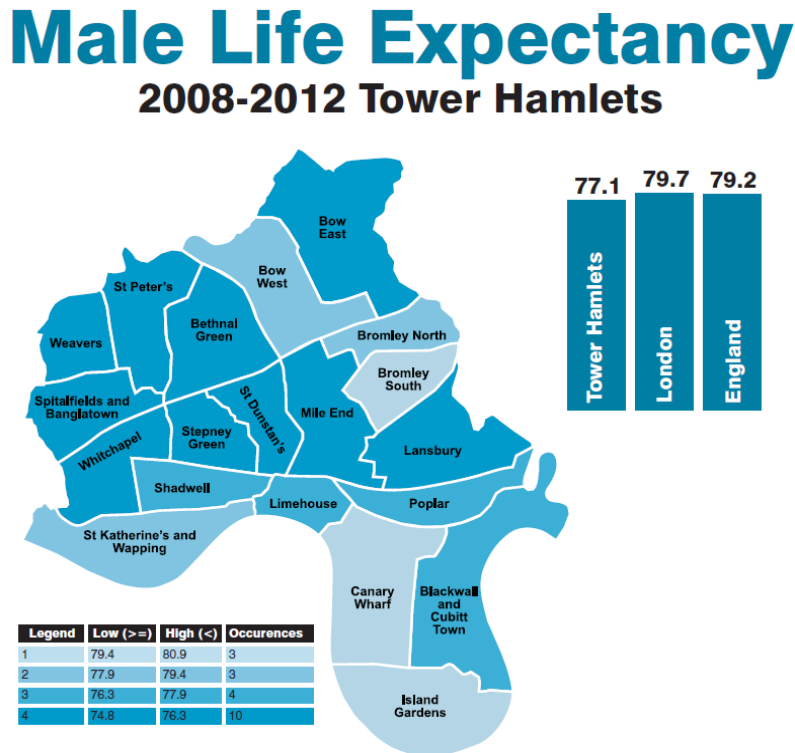
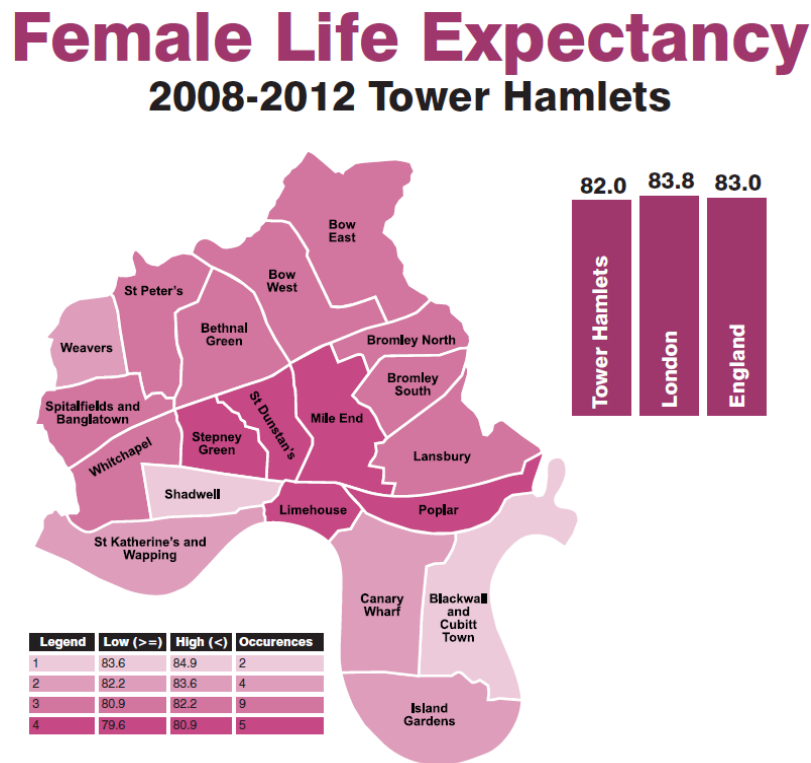


FIGURE 7 LIFE EXPECTANCY BY WARD FOR FEMALES



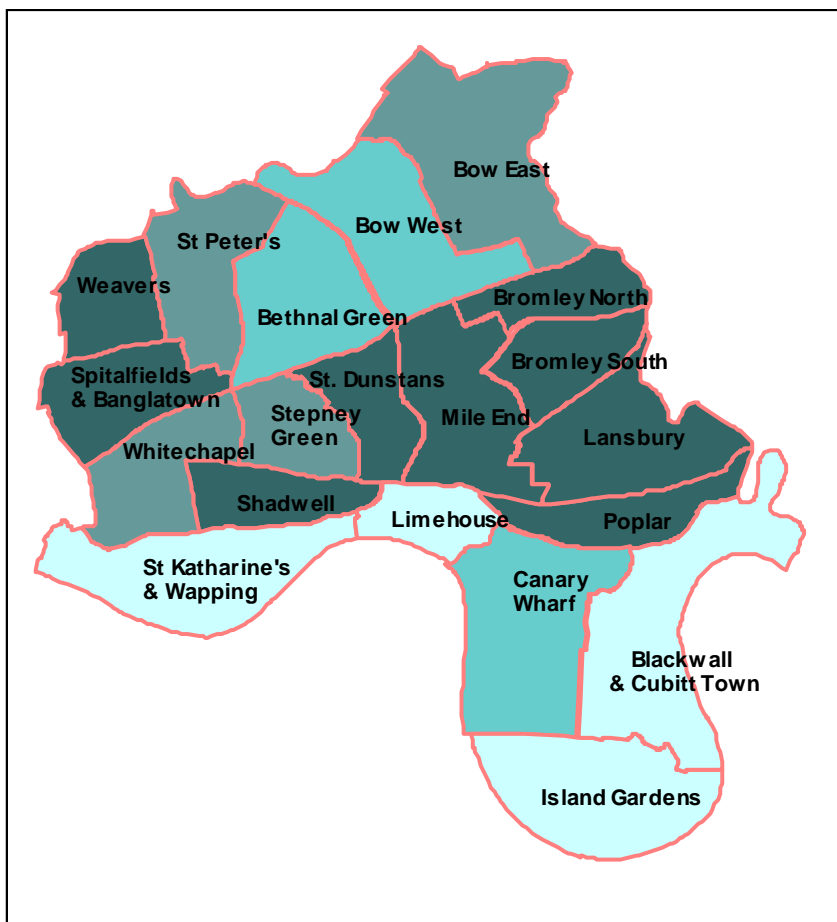
5.16. Healthy Life Expectancy is also low for the borough at 52.5 years for males and 57.2 years for females, some of the lowest figures in the country. It means that Tower Hamlets residents spend on average some 25 years in poor health compared with national figures of 16 years for males and 19 years for females. This places a higher health burden on health services and pharmacies.

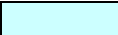



Deprivation

5.17. Deprivation is assessed using factors such as poverty, unemployment, poor housing, low educational attainment, and environment. The deprivation map below highlights the areas that are more and less deprived within the borough; the lighter colours represent areas that are less deprived and the darker colours, more deprived. In general there are correlations between the level of deprivation seen, life expectancy (the more deprived the ward, the lower the life expectancy) and early mortality.

5.18. In general, people living in areas of high deprivation, higher unemployment, with lower educational attainment or living in poor quality or overcrowded housing have poorer health. In addition, the effects of behavioural risk factors such as smoking begin to accumulate during adulthood and contribute to ill health later in life.

FIGURE 8 DEPRIVATION BASED ON 2010 INDEX OF MULTIPLE DEPRIVATION (IMD) (POPULATION WEIGHTED AVERAGES OF LSOA 01 VALUES)



Legend	Range for values		Occurrences	
	Low (>=)	(<) High		
1	20.58	28.50	(4)	
2	28.50	36.40	(3)	
3	36.40	44.30	(4)	
4	44.30	52.19	(9)	

Mortality

- 5.19. LBTH performs significantly worse than England on many of the Public Health outcomes framework indicators for premature mortality.

- 5.20. Although infant mortality has tended to be similar to London averages they have recently increased. Infant mortality is 5.3/1,000 compared to an England average of 4.1/1,000. Mortality rates from causes considered preventable⁹ are also worse at 260.7/100,000 compared to 187.8/100,00 in England.

- 5.21. Compared to other London boroughs, LBTH has the second highest premature death rate from circulatory disease (114 per 100,000), the second highest premature death rate from cancer (165 per 100,000) , the second highest premature death rate (48 per 100,000) from respiratory disease and the third highest rate for liver disease (25 per 100,000 (these conditions typically constitute 75-80% of all premature deaths)¹⁰.

For a full breakdown of the Tower Hamlets premature mortality indicators please see:

<http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000049/pat/6/ati/102/page/0/par/E12000007/are/E09000030>

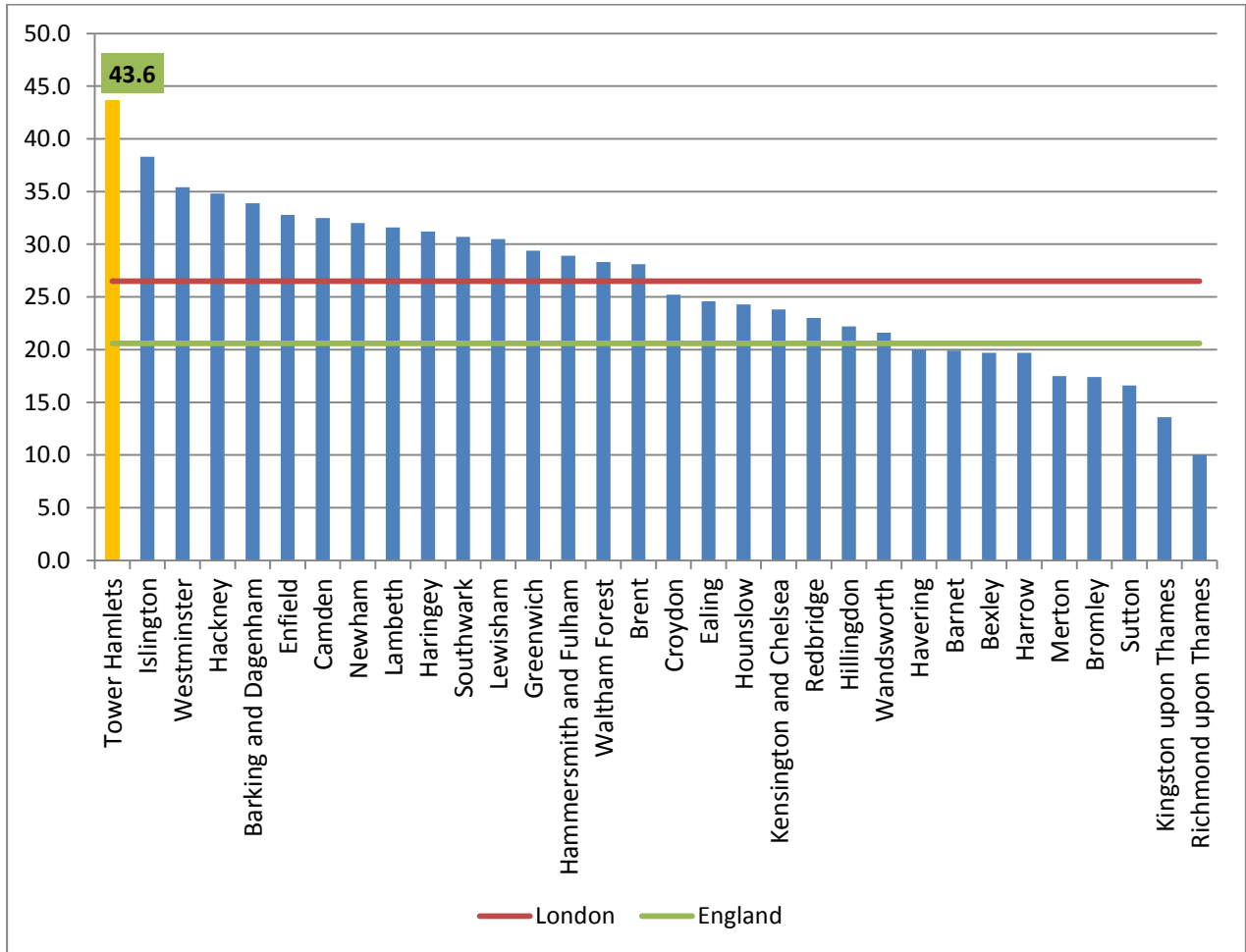
⁹ The basic concept of preventable mortality is that deaths are considered preventable if, in the light of the understanding of the determinants of health at the time of death, all or most deaths from the underlying cause (subject to age limits if appropriate) could potentially be avoided by public health interventions in the broadest sense

¹⁰ Public Health England, Public Health Outcomes Framework 2011-2013 February 2015

WIDER DETERMINANTS OF HEALTH

5.22. **Child poverty 9**(Figure 9). The equivalent figure is 20.6% in England and 26.5% in London. These children have poorer health outcomes than the rest of the population.

FIGURE 9 CHILDREN IN POVERTY IN LONDON BOROUGHES (UNDER 16S)



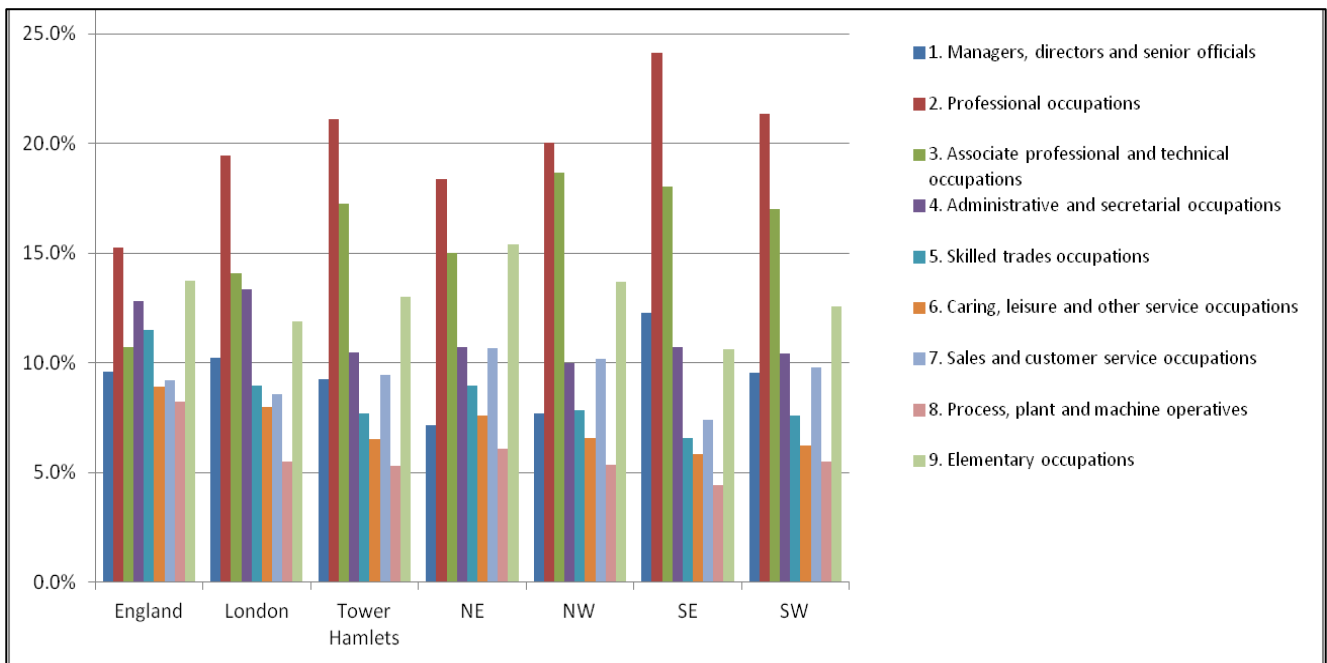
Source: PHOF

Occupation and unemployment

5.23. People in poorly paid occupations tend to have poorer health outcomes due to associated poverty. People not in regular work have been identified as having higher levels of mental health problems than those in steady employment. Rates of unemployment are higher in Tower Hamlets than elsewhere.

5.24. As of June 2012, 39.5% of the Tower Hamlets working age population (16-64) were classed as unemployed and Tower Hamlets has the second highest rates of long-term unemployment in London¹¹.

FIGURE 10 : LBTH POPULATION OCCUPATIONS BY 2014 LOCALITIES



Source: ONS Census, 2011

¹¹ London Skills and Employment Observatory

Inequalities and socio-economic determinants of health - what does this mean for community pharmacy?

Healthy life expectancy is 52.5 for males compared to 63.4 nationally and 57.2 for females compared to a healthy life expectancy nationally for females of 64.1. This equates to people in Tower Hamlets living in ill-health for nearly 25 years, compared to the national average of 16-19 years. More years in ill health places a greater burden on pharmacy services. There are high levels of deprivation in LBTH and in many cases the more deprived the ward, the lower the life expectancy. Community pharmacists can support public health work through working with targeted groups to support a reduction in health inequalities.

The fact that LBTH has significantly worse rates of premature mortality provides significant opportunities within community pharmacies. The three major causes of premature death in LBTH (cancer, cardiovascular disease and chronic lung disease) are strongly linked to socioeconomic deprivation as well as gender and ethnicity¹². There are also strong links to lifestyle risk factor such as smoking, poor diet and sedentary lifestyle

There are very high rates of child poverty in LBTH, the highest in London. This will have an impact in the ability of families to access and potentially purchase medicines from pharmacy services. Those in poorly paid occupations tend to have poorer health outcomes due to associated poverty. The Minor ailment scheme can help as this service allows patients who are exempt from NHS prescription charges to receive treatment from an agreed local formulary free of charge from the pharmacy.

There is a correlation between health inequalities and the levels of diversity in the population. Ethnic minority communities are exposed to a range of health challenges, from low birth weight and infant mortality to a higher incidence of illness like diabetes and cardiovascular disease. This will mean that developing services targeted to reach these groups will become increasingly important to address the health inequalities.

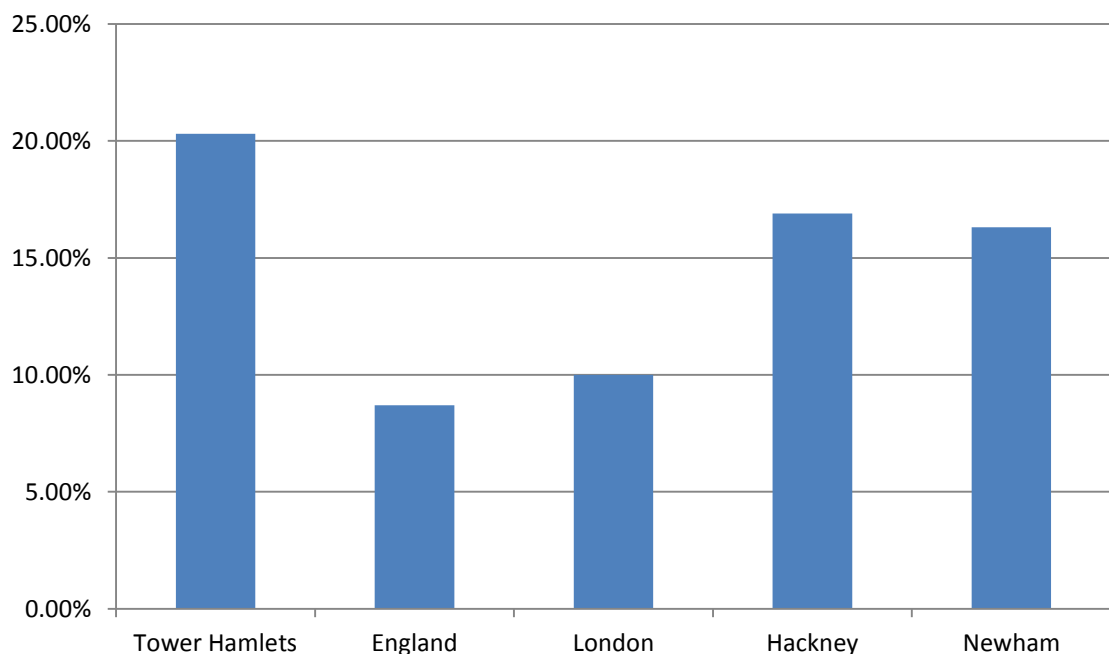
¹² Tower Hamlets JSNA, April 2014

 STAYING HEALTHY AND HEALTH PROTECTION

General reported health

- 5.25. Overall, the self-reported health status of people in LBTH is similar to London and England averages. This is due to the younger age structure in LBTH, as there are a lower proportion of people aged over 65, who tend to report worse health. Age-specific prevalence show that those over 65 reporting bad/very bad health were 29.4% versus 17.2% for London and 15.3% for England. Figure 11 illustrates these data for 50-64 year olds.

FIGURE 11 PERCENTAGE OF 50-64 YEAR OLDS REPORTING BAD/VERY BAD HEALTH

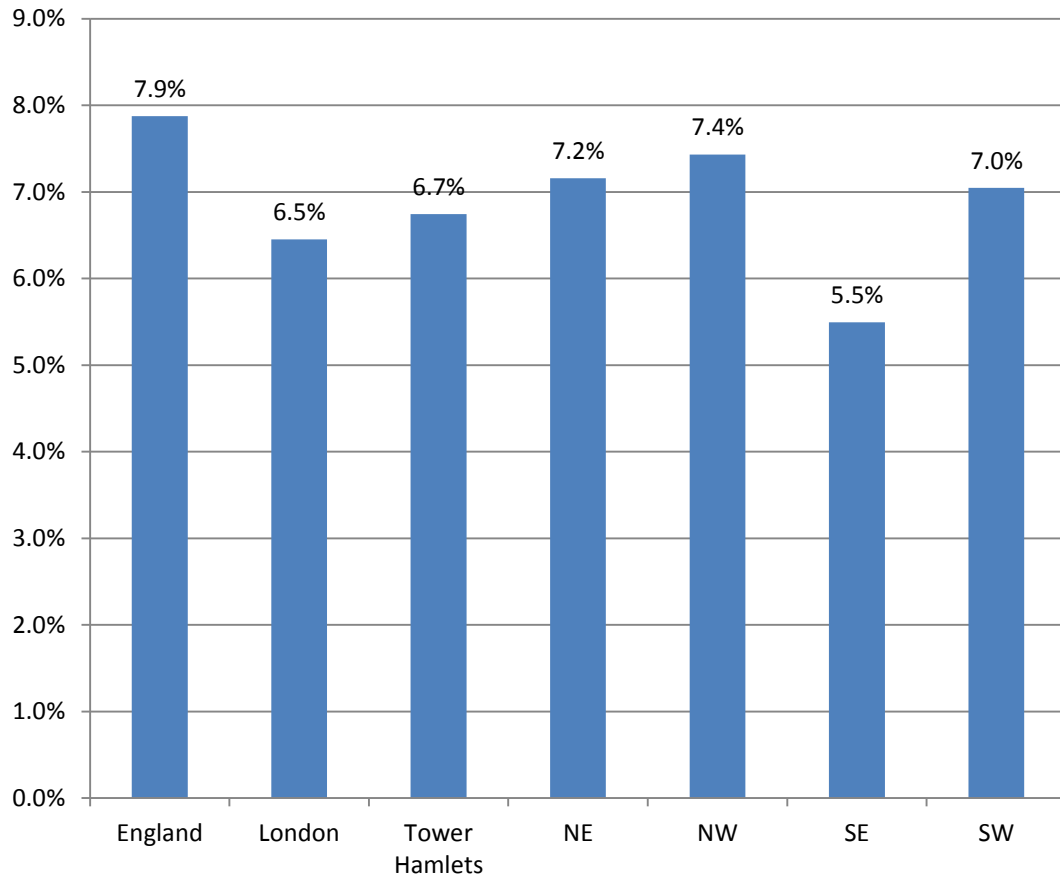


Source: ONS Census, 2011

- 5.26. Overall there are a lower percentage of people reporting a long term ill health or disability limiting their activities a lot compared with England averages, this again is likely to do with the age structure of the population (Figure 12). However, the percentage is slightly higher than London (6.7% compared to 6.5%) even where this is not adjusted for age.

Tower Hamlets Pharmaceutical Need Assessment 2015

FIGURE 12 PERCENTAGE OF PEOPLE WITH ACTIVITIES “LIMITED A LOT” DUE TO LONG TERM ILLNESS OR DISABILITY: NATIONAL, REGIONAL AND LBTH DATA, BROKEN DOWN BY LOCALITY FOR 2014



Source: ONS Census, 2011

STAYING HEALTHY AND HEALTH PROTECTION

Smoking

- 5.27. Smoking is the most important cause of preventable ill health and premature mortality in the UK. It is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease. It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix. LBTH has historically had significantly higher smoking prevalence than the rest of the country and this has been a major reason for health inequalities between LBTH and elsewhere. However, more recent indicators suggest LBTH has similar smoking prevalence to the England average, at 19.3%. This varies between wards (see table 5)

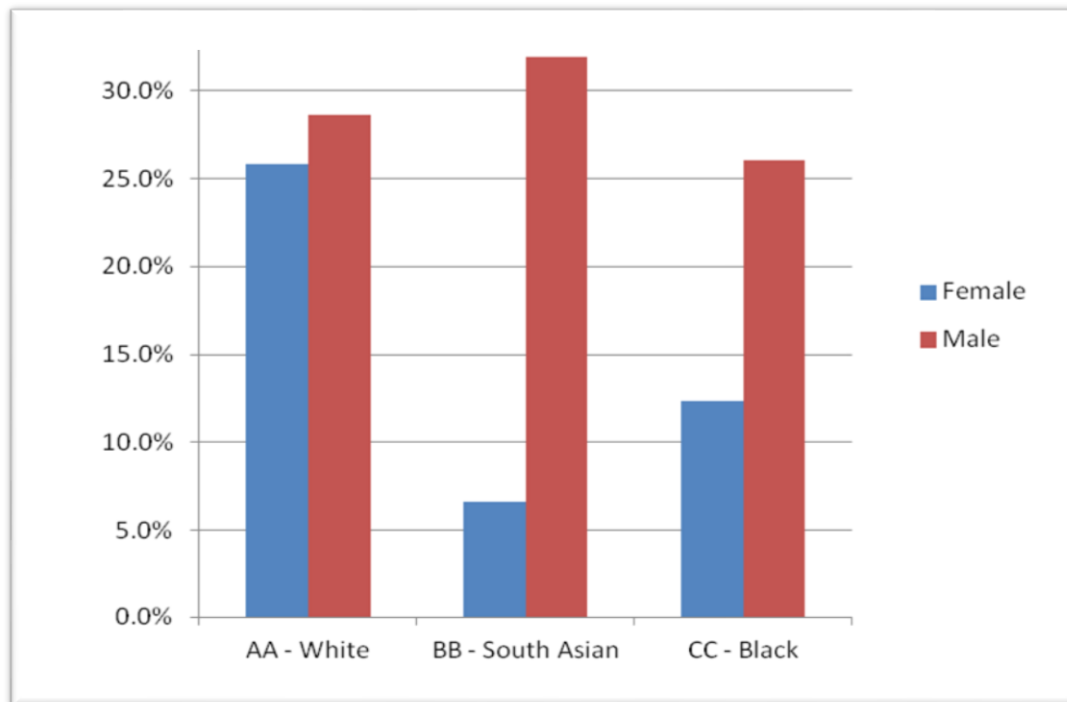
Table 5 Smoking prevalence in LBTH by ward

Ward name	Count	Percent	Ward name	Count	Percent
Bethnal Green	4,245	19.3	Mile End	3,377	18.6
Blackwall and Cubitt Town	2,226	15.0	Poplar	1,211	17.7
Bow East	3,354	21.1	St Dunstan's	2,227	16.2
Bow West	2,717	19.8	St Katherine's and Wapping	1,577	14.9
Bromley North	2,089	18.0	St Peter's	4,469	21.8
Bromley South	1,866	16.6	Shadwell	2,246	15.9
Canary Wharf	1,671	11.7	Spitalfields and Banglatown	3,459	24.5
Island Gardens	2,126	13.6	Stepney Green	2,531	18.2
Lansbury	3,283	18.4	Weavers	2,986	22.3
Limehouse	1,062	17.6	Whitechapel	2,574	16.2

Source of data: Clinical Effectiveness Group (QMCL) –GP Register data for April 2014

- 5.28. Of the approximately 51,500 people recorded at GP practices as smokers (aged between 16-69), males are more likely to be smokers, especially in South Asian groups.

FIGURE 13 AGE STANDARDISED SMOKING PREVALENCE BY ETHNICITY ANDSEX (AGE 16-69 YEARS)



Source: CEG database April 14: Patients on current smokers register

Physical activity

- 5.29. The Chief Medical Officer currently recommends that adults undertake 150 minutes (2.5 hours) of moderate activity per week, in bouts of 10 minutes or more. The overall amount of activity is more important than the type, intensity or frequency.
- 5.30. 66% of LBTH residents (aged 16 and over) fail to meet this recommended level and are considered physically inactive¹³. The previous PNA in 2011 reported that there is very little variation across wards and efforts to tackle sedentary behaviour should be strong across LBTH.
- 5.31. Headline findings from the Health and Lifestyle Survey in LBTH¹⁴ show that:
- Levels of physical inactivity are similar in Tower Hamlets to the national average
 - Those over 65 years old were more likely to be physically inactive than younger people

¹³ Source: Public Health England –Public Health Outcome Framework

¹⁴ Tower Hamlets Ipsos Mori Health and Lifestyle Survey, 2010

- Physical activity levels were not associated with sex, ethnicity, or the wider determinants of health
- Residents with long term conditions and poor mental health were less likely to achieve adequate levels of physical activity.

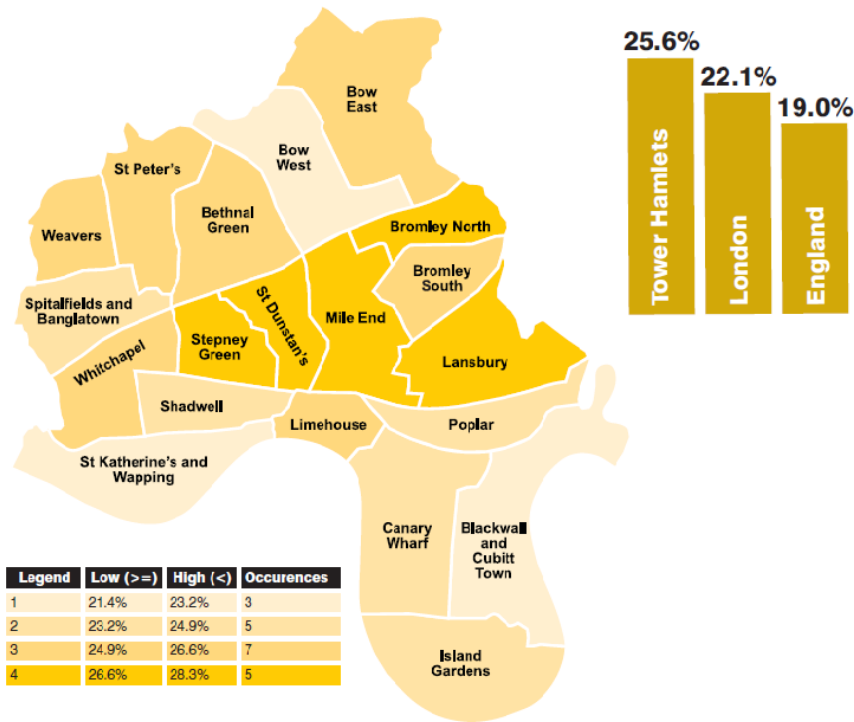
Obesity

5.32. Data on childhood obesity in year 6 highlights that LBTH average is higher than both London and England at 25.6%.

FIGURE 14: CHILDHOOD OBESITY IN LBTH BY WARD

Childhood Obesity

Children in Year 6 - 2009/10-2011/12

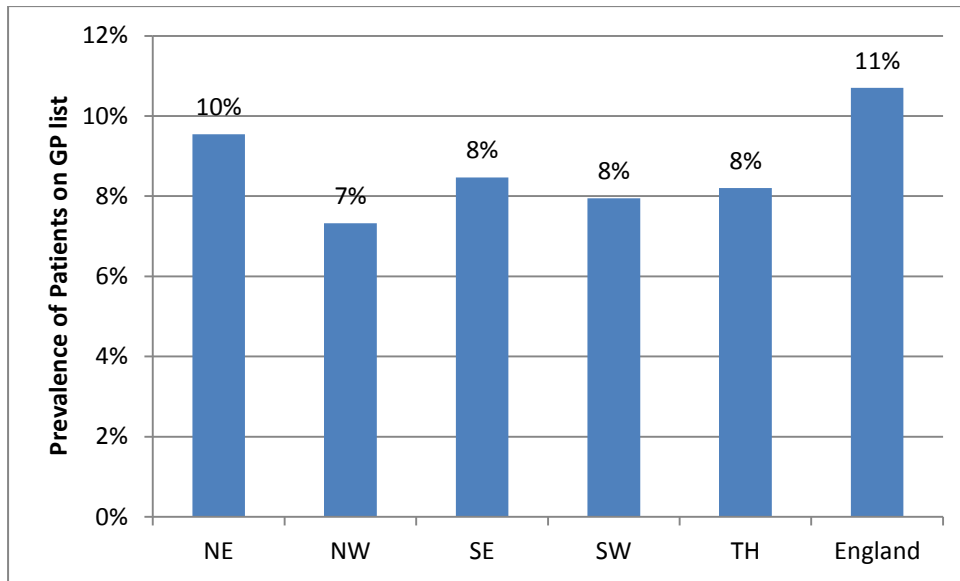


Source: Source of data: Greater London Authority Ward Profiles [2009/10 – 2011/12 Childhood Obesity for old wards reapporioned to 2014 wards]

5.33. The percentage of people on the LBTH obesity register is lower than the national average. This could be because there are fewer people who are obese or that there are lower rates of detection and recording within primary care. However, it should be noted

that in South Asian populations the thresholds for obesity affecting health are lower than for other groups.¹⁵

FIGURE 15 PREVALENCE OF PATIENTS ON GP REGISTERS IN LBTH WITH RECORDED BMI ABOVE 30



Source: QOF, 12/13

¹⁵ National Institute for Health and Care Excellence (2013) Assessing body mass index and waist circumference thresholds for intervening to prevent ill health and premature death among adults from black, Asian and other minority ethnic groups in the UK. NICE guidelines [PH46]. <http://www.nice.org.uk/guidance/ph46>.

Sexual Health including HIV

- 5.34. Sexual health remains a significant issue in LBTH. In 2013 there were 1810.6 new diagnoses of STIs per 100,000 people, compared to 1332.5 for London and 834.2 across England. The rates per 100,000 people for chlamydia diagnoses were 630.4 in LBTH, 522.2 (London) and 390.2 (England average).¹⁶
- 5.35. In 2009 there were 1,007 living with HIV in Tower Hamlets (3.9 per 1,000 population) - an increase of 34% since 2005. Crude prevalence is higher in the black African population than in the White population.
- 5.36. Prevalence of diagnosed HIV infection per 1,000 among persons aged 15 to 59 years is set out in table 6 :¹⁷

Table 6 Prevalence of diagnosed HIV infection per 1000 among persons aged 15 to 59 years, by year

Period	Tower Hamlets	London	England
2010	5.96	5.41	1.89
2011	5.95	5.37	1.97
2012	6.25	5.54	2.05

Under 18 conceptions:

- 5.37. There were 93 under 18 conceptions in LBTH in 2012. This was a rate of 24.3 per 1000 females. This was lower than the England rate of 27.7 and the London rate of 25.9.
- 5.38. The Tower Hamlets rate of under 18 conceptions has more than halved from 57.8 in 1998¹⁸.

¹⁶ Source: Public Health England – STI annual tables

¹⁷ Source: Public Health England - Sexual and Reproductive Health Profiles (SOPHID)

¹⁸ Source: Public Health England –Public Health Outcome Framework

Substance Misuse

- 5.39. The best estimate available of substance misuse is that there were approximately 3,600¹⁹ opiate/crack users in LBTH in 2011/12. Of these 53.4% were known to the treatment system.
- 5.40. In Tower Hamlets data for hospital stays linked to alcohol use shows a higher than average rate when compared to England as a whole. Admissions for alcohol related admissions for males (narrow defn²⁰.) are 672.72 per 100,000 population in comparison to the England average of 588.96 per 100,000 (directly age-sex standardised rate/100,000 2012/13).
- 5.41. Alcohol related deaths are also higher than England as an average (Table 7).

Table 7 Directly standardised rate of alcohol related deaths per 100,000 in 2012²¹

	Male	Female
Tower Hamlets	78.06	36.25
London	59.07	24.51
England	63.20	28.05

Mental illness

- 5.42. As would be expected in an area with high levels of socioeconomic deprivation, LBTH has a high prevalence of mental health problems and emergency hospital admissions. Between 2009/10 and 2011/12, LBTH had the third highest rate of emergency admissions to hospital for people with a psychotic illness. There are 1.23% of the LBTH population who suffer from schizophrenia, bipolar disorder and other psychoses, higher than the national prevalence of 0.8% (QOF 2012/2013), see Figure 18. The rates of black males on the SMI register are double that of White and Asian males.

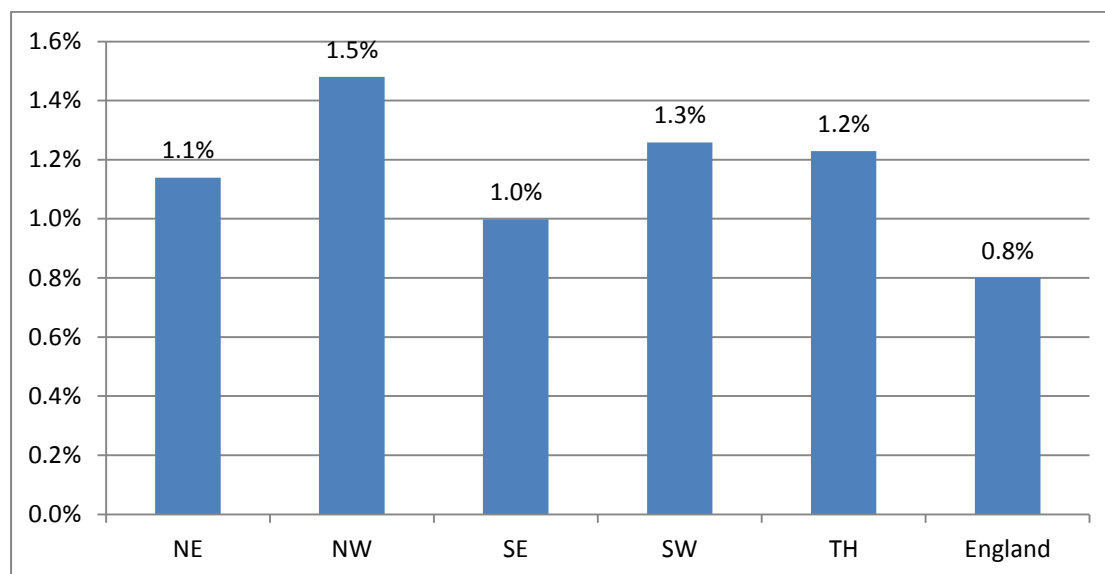
¹⁹ Source: Public Health England - NDTMS

²⁰ Excludes 'external causes'

²¹ LAPE

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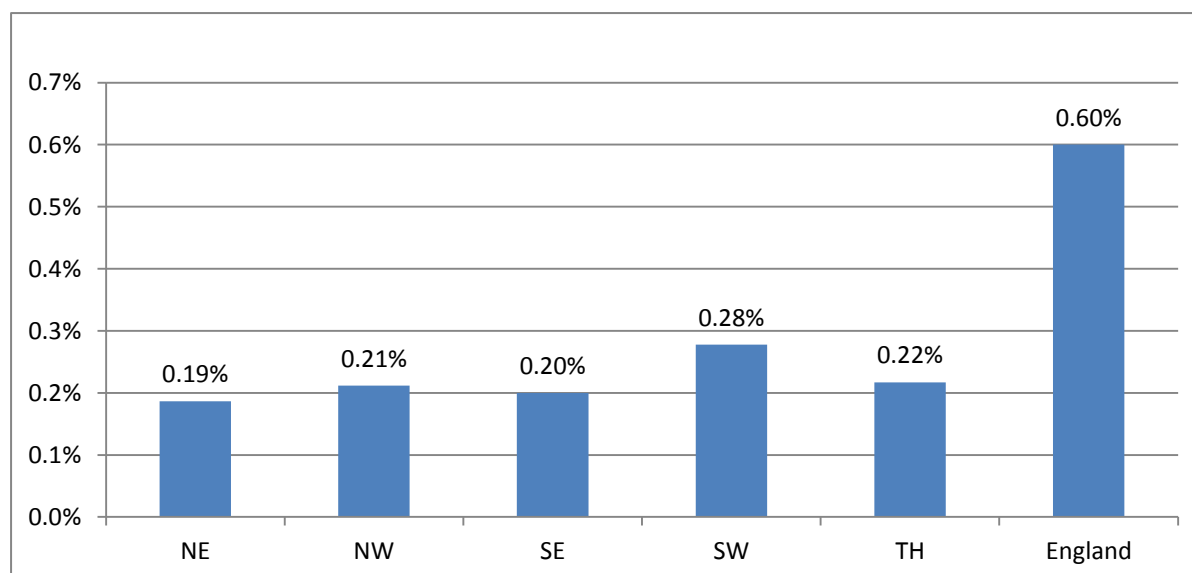
FIGURE 16 PREVALENCE OF PATIENTS ON SEVERE MENTAL HEALTH ILLNESS REGISTER(QOF 2012/13)



Source: QOF, 12/13

- 5.43. Overall prevalence of dementia is lower than the national average due to the younger population (0.2% vs. 0.6%), (see figure 17). Although LBTH has a lower observed prevalence than England for dementia, these patients will be older and may require additional support with medication.

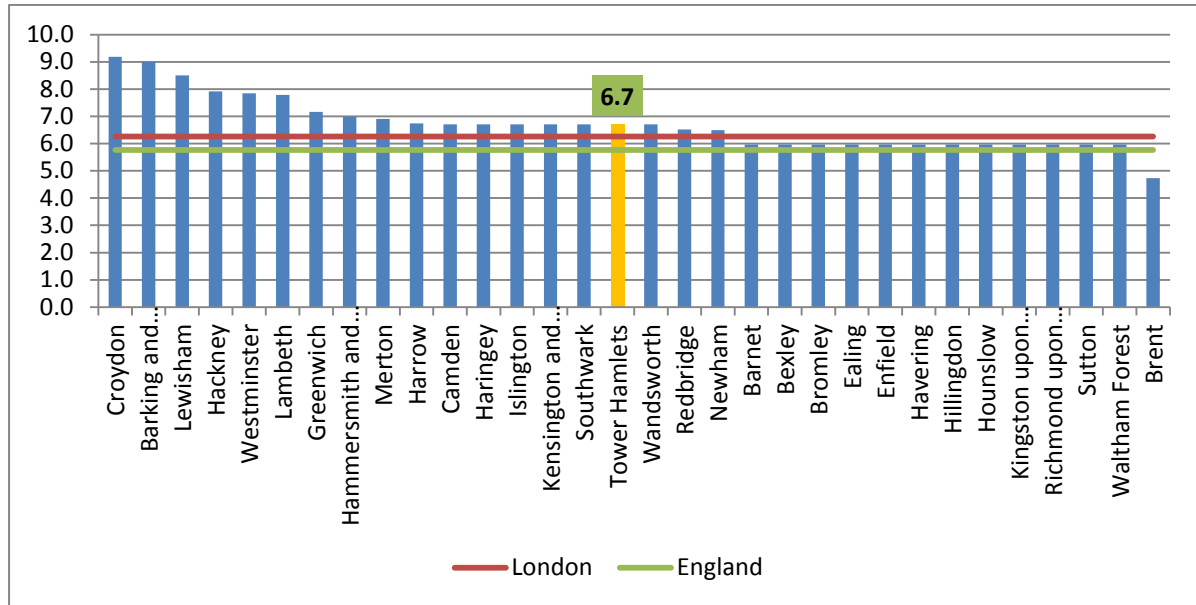
FIGURE 17 PREVALENCE OF DEMENTIA IN LBTH REGISTERED IN GP PRACTICES



Source: QOF, 12/13

5.44. The self-reported well-being indicator for LBTH suggests that people have significantly worse satisfaction scores for well-being than the England average, although similar to the London average (Figure 18)

FIGURE 18 SELF REPORTED WELL-BEING - PEOPLE WITH A LOW SATISFACTION SCORE ACROSS LONDON BOROUGHES (PHOF 2012/13)



Source: PHOF

Tuberculosis

5.45. Tuberculosis is associated with ethnicity, poverty and deprivation. The rate of tuberculosis cases per 100,000 is higher in LBTH than in London and England. The direct age-standardised rates of incidence of tuberculosis 2012 (European Standard Population²²) were:

- Tower Hamlets 52.53 /100,000 population
- London 42.88 /100,000 population
- England 16.68 /100,000 population

²² HSCIC Compendium

Staying healthy and health protection - what does this mean for community pharmacy?

Stop smoking services (e.g. nicotine replacement therapy), brief interventions in alcohol use and raising awareness of the risks to injecting drug users (e.g. contracting blood borne viruses) are a key part of the active role pharmacists do and can continue to play in providing services. There is also a key role with regards to onward signposting and referral to further support services.

Pharmacies provide advice and support for healthy lifestyles as part of their core contract and are well placed to help prevent and reduce both teenage pregnancies and STIs, through provision of contraception, testing, antibiotics and advice as necessary.

For substance misuse, pharmacies supply the opiate substitute through their essential dispensing services which form a key part of management of withdrawal.

Community pharmacy-based services however are more than just a supply service and effective commissioning of pharmacy based service to this group will help to reduce diversion and address the consequences of substance misuse including blood borne infections, reducing drug related crime and improving outcomes.

Community pharmacies offer support to people affected by dementia in a number of ways; prescription management, medication review and health advice. Many pharmacists provide medication using a monitored dosage system; this may increase medicine concordance in people with dementia.

Patients who take their TB treatment in an irregular and unreliable way are at greatly increased risk of treatment failure, relapse and the development of drug-resistant TB strains. Pharmacists are well positioned to provide Direct Observed Treatment (DOT) for TB. Pharmacies provide a professional service that is easily accessible and often more convenient, especially if the patient is also undertaking methadone treatment.

Community pharmacies have a critical role in support, advice and dispensing. Public health work through community pharmacies remains of continued importance. There is already a raft of services being provided through pharmacies including stop smoking services, provision of emergency contraception and needle exchange. Front-line community pharmacy remains a key partner in the delivery of this vision. With large numbers of people walking through the doors of community pharmacies daily there is a real opportunity to ensure that community pharmacists are raising awareness and signposting where relevant, as well as providing medicines support and information for conditions. Within the young and adult population, there are many opportunities to influence lifestyle factors such as; smoking services and sexual health (STI) services with prevention messaging.

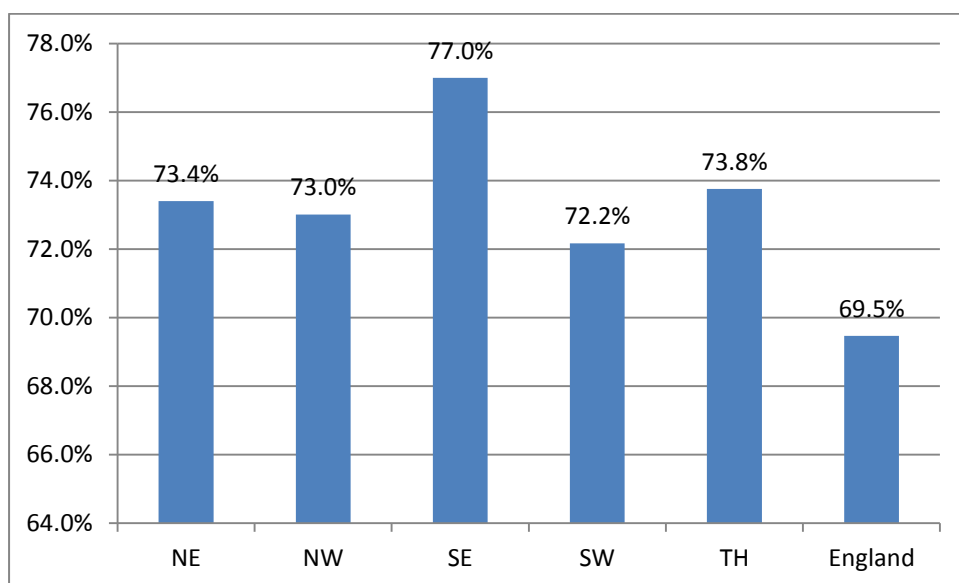
LONG TERM CONDITIONS²³

- 5.46. People who have long term conditions will need support from their pharmacy with regards to medication and other advice, often people may have co-morbidities which will make them potentially even more dependent on community pharmacy services.
- 5.47. The graphs and figures below are presented in crude rates (except where stated that they are age-standardised) and low prevalence in many of the indicators is probably a reflection of the younger age profile of LBTH, however it may also be indicative of lower identification rates in primary care which is important, as the benefits of early identification are well evidenced.

Asthma

- 5.48. LBTH is performing better than the England rate across all localities when it comes to patients who have had a recorded review of the asthma using the Royal College of Physicians questions.

FIGURE 19 PATIENTS WITH ASTHMA WITH RECORDED REVIEW IN LAST 15 MONTHS*



Source: QOF, 12/13

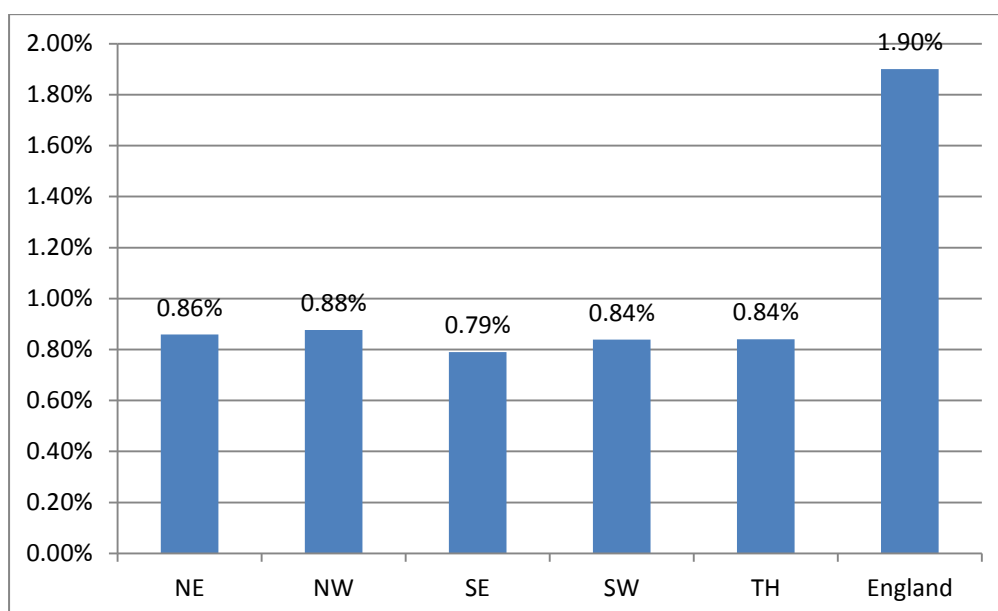
****The percentage of patients with asthma who have had an asthma review in the preceding 15 months that includes an assessment of asthma control using the 3 RCP questions QOF 12/13***

²³ All locality based graphs done through the use of QOF data use old localities and have not as yet been mapped to new localities

Cancer

- 5.49. Mortality and survival from cancer in LBTH are worse than elsewhere partly due to the high incidence of lung cancer reflecting the high prevalence of smoking in LBTH and evidence indicates that late diagnosis is a significant contributor to poorer survival. Increasing screening uptake, public awareness and early diagnosis are priorities to improve survival²⁴.
- 5.50. There is a lower prevalence of cancer in LBTH compared to England (Figure 20) possibly due to the relatively young population/low detection rates which further highlights the importance for early screening and identification.

FIGURE 20 PERCENTAGE OF PATIENTS ON THE CANCER REGISTER



Source: QOF, 12/13

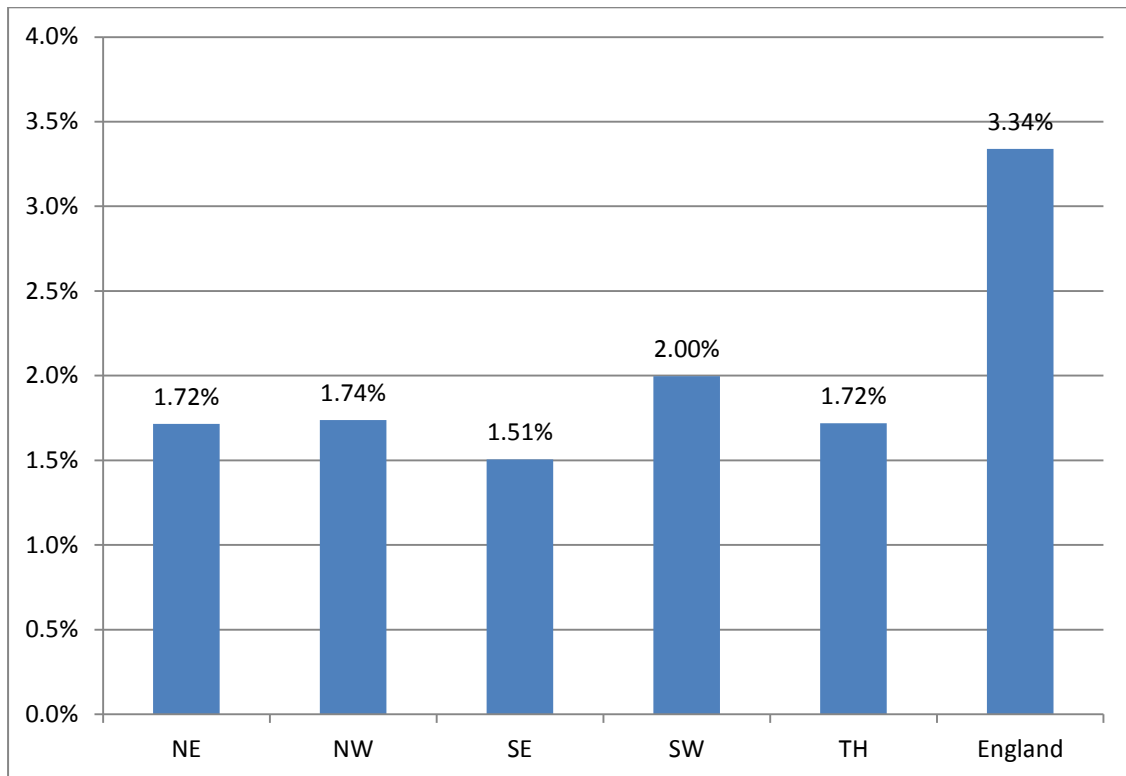
Coronary Heart Disease (CHD)

- 5.51. Whilst percentages on the disease register in LBTH are lower than the England average, the expected prevalence is likely to be higher due to the ethnicity of the population. There are much higher rates of South Asian males on the CHD register than in the LBTH population as a whole.

²⁴ Tower Hamlets Annual Public Health Report (Draft), 2013

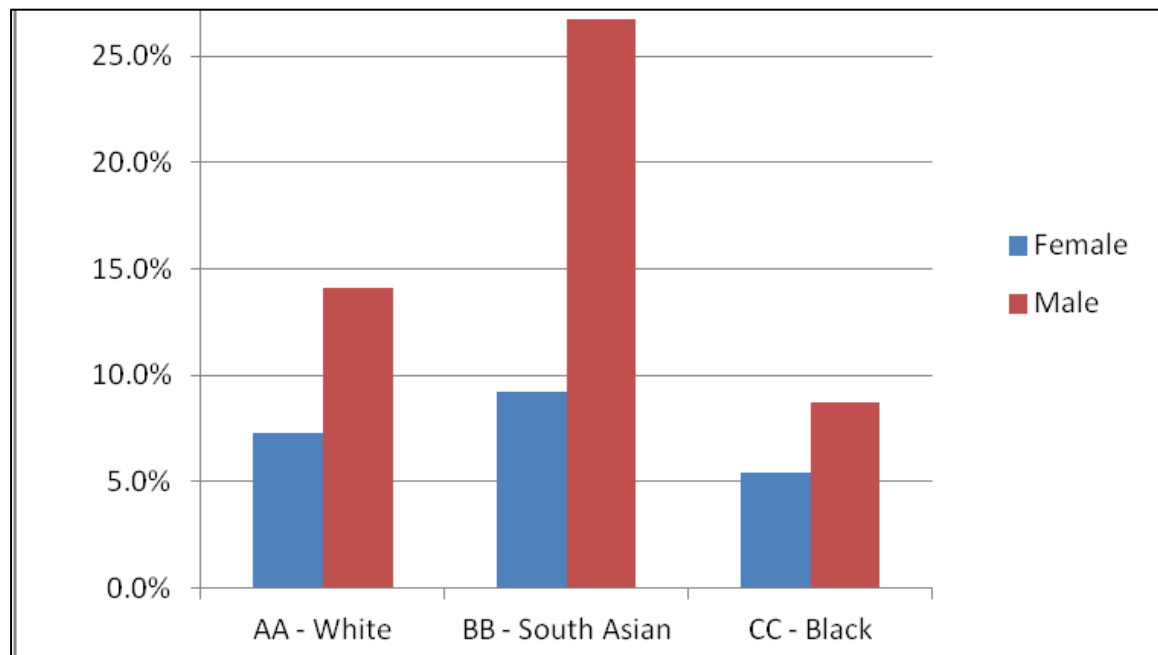
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FIGURE 21 PERCENTAGE OF PATIENTS WITH CORONARY HEART DISEASE ON GP REGISTERS



Source: QOF, 12/13

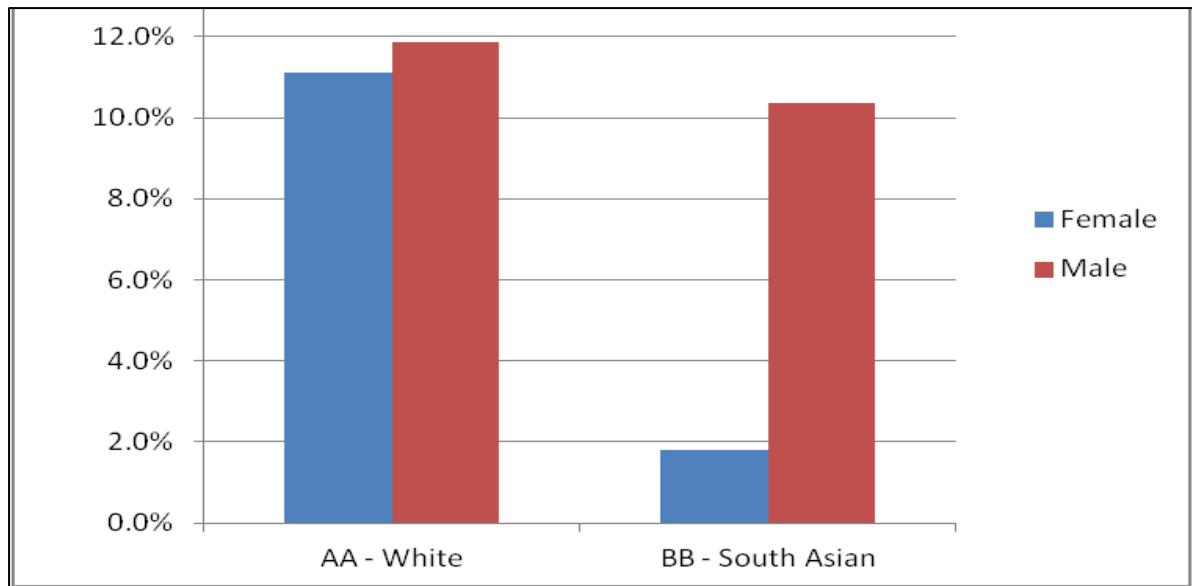
FIGURE 22 AGE STANDARDISED CHD PREVALENCE BY ETHNICITY AND SEX (50 YEARS PLUS)



Chronic Obstructive Pulmonary Disease (COPD)

5.52. The age-standardised prevalence of COPD shows that LBTH has a higher burden of COPD than nationally²⁵. Mortality from COPD is also significantly higher than the London and England average (LBTH SMR 172 (95% CI 151-195), compared to London SMR 98, England SMR 100)²⁶.

FIGURE 23 AGE STANDARDISED COPD PREVALENCE BY ETHNICITY AND SEX “50-84” YEARS



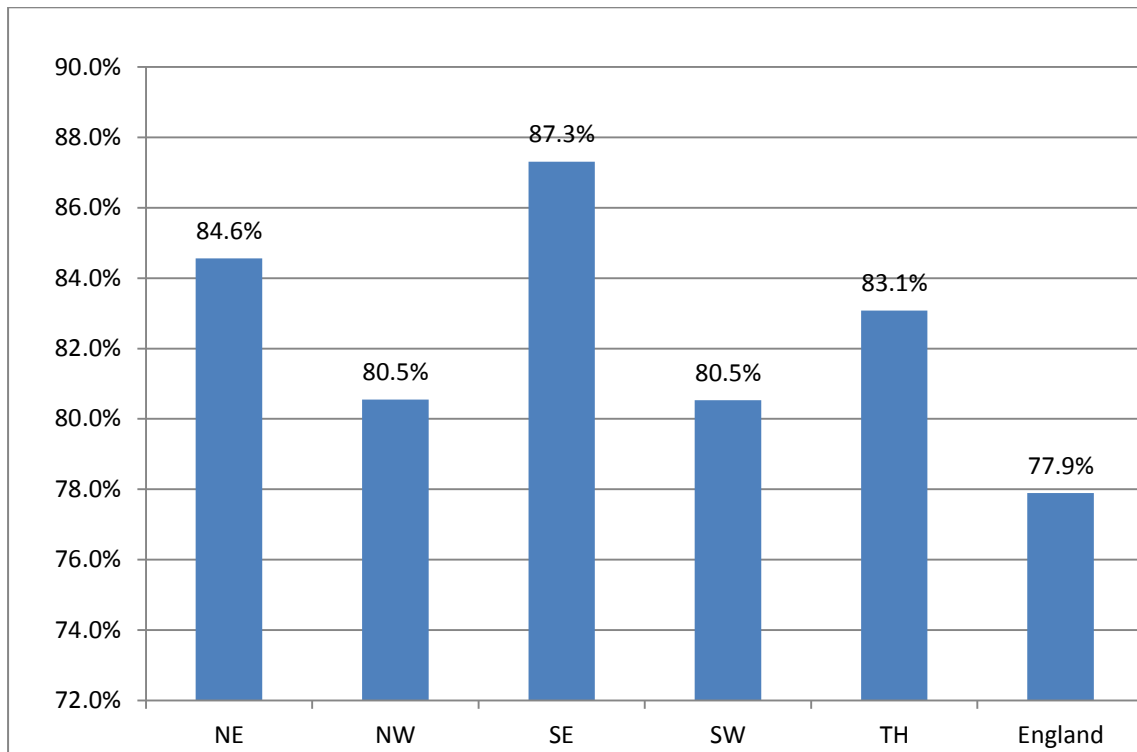
5.53. There are good rates of inhaler technique checking among practices across LBTH and in the NE and SE localities in particular, all localities perform above the England average. All localities also perform better than England when it comes to the proportion of COPD registered patients who have received flu immunisation, particularly in the north west of LBTH. When looking at the ethnicity breakdown of those recorded as having COPD (aged between 50 and 84), whilst the numbers are relatively equal in the White population, among South Asians there is a large difference between males and females. This could be due to smoking patterns within the South Asian population.

²⁵ COPD JSNA factsheet

²⁶ COPD JSNA factsheet

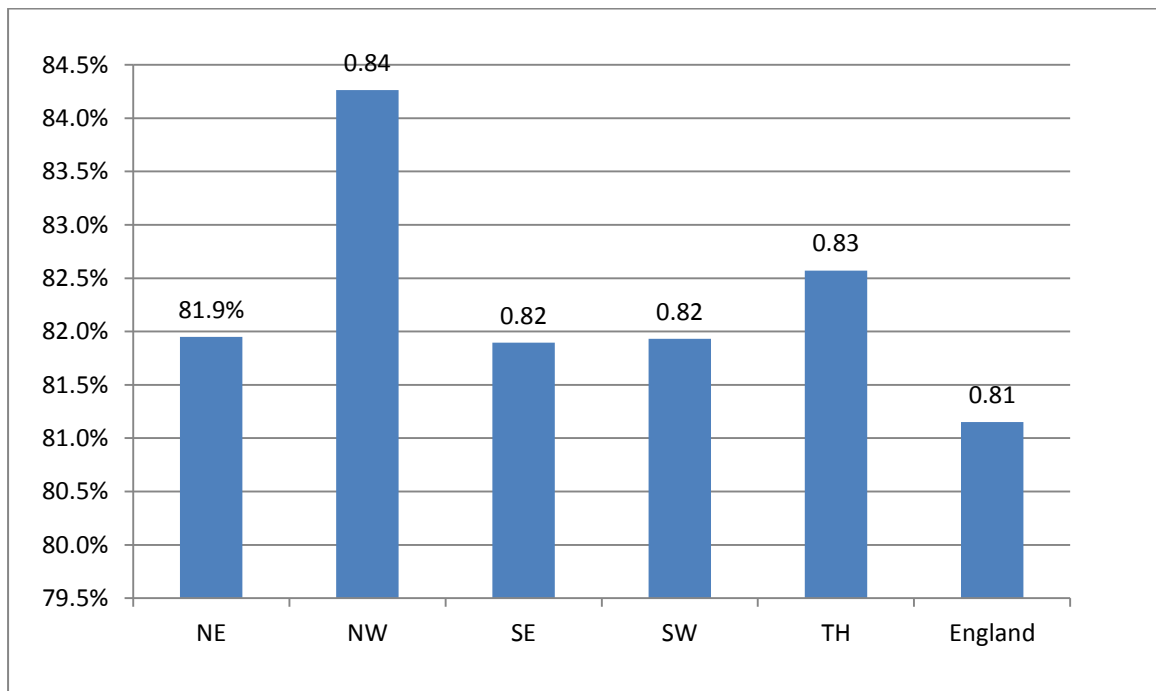
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FIGURE 24 PERCENTAGE OF GP PATIENTS WITH COPD WITH RECORDED INHALER CHECK*



** The percentage of patients with COPD with a record of FEV1 in the preceding 15 months (Source QOF 12/13)*

FIGURE 25 PATIENTS WITH COPD WHO HAVE HAD INFLUENZA IMMUNIZATION BETWEEN SEPTEMBER 2012 AND MARCH 2013

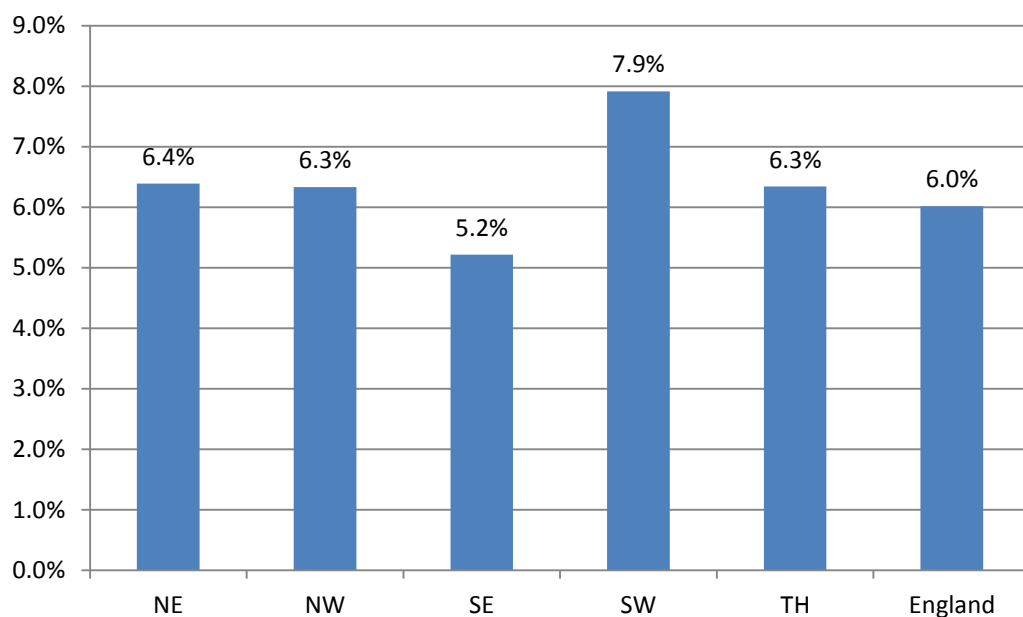


Source: QOF, 12/13

Diabetes

5.54. 12,000 adults in LBTH are diagnosed with diabetes, 6% of the GP registered population (Figure 26), compared to 5% in London. The level of diabetes in the Bangladeshi population is higher (8-10%). It is estimated that there are around 2,000 people in LBTH with undiagnosed diabetes²⁷. Overall rates of mortality from diabetes are higher in LBTH (14.6 per 100,000 population, age standardised) compared with 9.22 for London and 9.72 for England.

FIGURE 26 PERCENTAGE OF PEOPLE WITH DIABETES IN ENGLAND, LBTH AND LBTH LOCALITIES



Source: QOF, 12/13

5.55. Diabetes prevalence is increasing year on year and it is predicted that the number of people with diabetes will increase from around 14,000 in 2010 to at least 17,000 by 2020. This is driven primarily increased levels of obesity in the population. There is evidence that diabetes can be prevented by early identification of risk and healthy lifestyle intervention (particularly increased physical activity)²⁸.

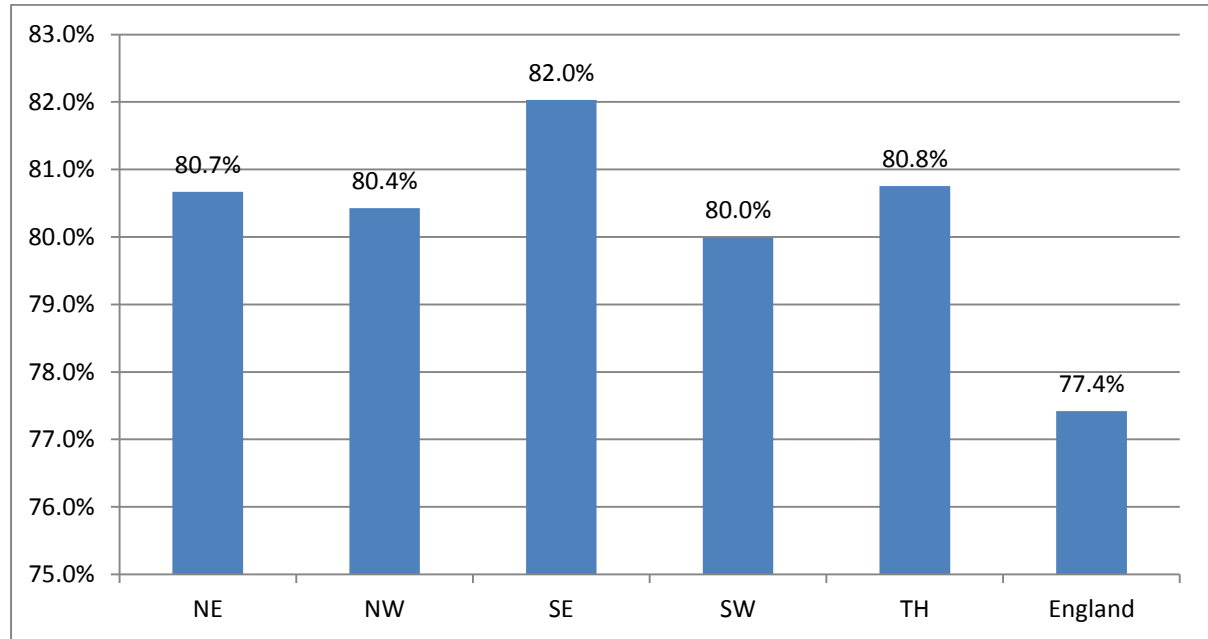
²⁷ Tower Hamlets Annual Public Health Report (Draft), 2013

²⁸ Ibid

Hypertension

5.56. Proportions of people who have had a blood pressure check in the last 9 months are higher across LBTH (92%) than the England average (90%). LBTH has a higher prevalence of patients with their blood pressure below the target of 150/90 than in England as a whole, especially in south east LBTH.

FIGURE 27 PERCENTAGE OF PATIENTS ON HYPERTENSION REGISTER WITH BP <150/90 IN LAST 9 MONTHS



Source: QOF, 12/13

Stroke

5.57. Stroke is predominantly a condition of older age, and LBTH has a significantly higher mortality rate from stroke than England as a whole [for all Ages 92.06 per 100,000 compared with 70.66 , Directly age-standardised rates (DSR)].²⁹ Hospital admission rates are also higher at 298.8 per 100,000 compared with an England figure of 179.1 per 100,000 people.

²⁹ Health and Social Care Information Centre. © Crown Copyright. September 2014, Mortality from stroke (ICD9 430-438 adjusted, ICD10 I60-I69):All Ages

Residential and commercial developments

- 5.58. Residential and commercial developments will have an impact on the use of pharmacy services within the local area; these are factored into the population projection figures. Large residential and commercial developments/areas of change that are anticipated to start coming forward in the borough in the next three years are set out below. Many of these will be in the south and south east of the borough and could affect services in these areas.
- 5.59. Residential and commercial developments will have an impact on the use of pharmacy services within the local area; these are factored into the population projection figures published by the GLA for London. Tower Hamlets has one of the largest housing targets in London and is expected to accommodate an additional 39,314 units over the next 10 years or 3,931 per annum. Planning permission has already been granted for residential developments which could deliver 16,143 additional units but a total of 8,329 units are currently under construction and scheduled for completion by 2017/18. A further 4,944 units will also be completed beyond 2018. Additional dwellings completed by 2018 will be predominately 1 and 2 bedroom units, and around a quarter of all units completed will be affordable (social rent and shared ownership).

Residential developments

- 5.60. The table below shows major sites in the borough (site capacity around 50+ units) where construction work started either before or during 2014/15 and the number of dwelling units will be completed in the next 3 years up to 2018 and beyond 2018. The majority of sites are in the south-east locality and could affect services in these areas. This table represents the position at March 2015, and plans for sites may change (for example, be delayed or brought forward) over time. The position needs to be kept under review.

Tower Hamlets Pharmaceutical Need Assessment 2015

COMMERCIAL DEVELOPMENT SITES WITHIN TOWER HAMLETS

- 5.62. A total of 438041.6 m² commercial floor space will be developed over the next 10 years with a fair proportion completed up to 2018 (Where phase detail is known at this stage this has been filled in otherwise an x indicates some completion will take place).
 151338m² of office provision could generate around 10089 FTE extra employment.
 40482m² of retail provision would generate around 1799 FTE of employment.
- 5.63. The tables that follow include example residential and commercial and planning applications.

EXAMPLE RESIDENTIAL DEVELOPMENTS

Locality	area	Detail
SW	Whitechapel Masterplan area	The Masterplan was adopted in December 2013 and gives details around the regeneration in this area. One of its aims is to provide an additional 3,500 (minimum) new homes up to 2025. New commercial space is also envisaged.
SE	South Quay Masterplan	Several high-rise and high-density residential schemes are coming forward, four of which have been consented. The consented schemes will provide 2,623 new homes and Commercial space. (These consented schemes are only a proportion of the masterplan area and the total area will probably deliver a total of around 5-6000 units). A Masterplan has been drafted for the area and public consultation was at the beginning of 2015 with formal Adoption scheduled for June 2015

EXAMPLE COMMERCIAL DEVELOPMENTS

Locality	Site	detail
SE	London City Island	1,706 new homes and 185,000sqm commercial floorspace in the far south-east of the borough on the former Pura Foods site. Construction has commenced.
SE	Blackwall Reach Regeneration	1,575 new homes, primary school and commercial space. Construction has commenced.

Tower Hamlets Pharmaceutical Need Assessment 2015

	Project	
SE	Wood Wharf	3,100 new homes, 100 new shops/restaurants, office space, hotel, primary school, NHS medical centre and open space on the eastern part of the Canary Wharf estate. The first phase is due for completion by 2018.
SE	Aberfeldy Village	1,176 new homes, retail, community centre, medical centre and faith space. Construction has commenced.

EXAMPLES OF PLANNING APPLICATIONS FOR DEVELOPMENTS IN THE PIPELINE:

NE	Bishops gate goods Yard	An OUTLINE application for the comprehensive mixed use redevelopment of the site comprising: - Residential (Class C3) comprising up to 1,464 residential units; - Business Use (Class B1) - up to 52,991 m ² (GIA); - Retail, financial and professional services, restaurants and cafes and hot food takeaways (Class A1, A2, A3 and A5) - up to 18,229 m ² (GIA); - Non-residential Institutions (Class D1) - up to 108 m ² (GIA); - Assembly and Leisure (Class D2) - up to 661 m ² (GIA); - Public conveniences (sui generis) - up to 36 m ² (GIA); - Ancillary and plant space - up to 11,295 m ² (GIA); - Basement - up to 8,404 m ² (GIA)
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Population estimates

5.64. Latest estimates of the population increases expected in the different borough localities based on the GLA projections are shown in the following two tables. They indicate a 50% increase in population in the South East of the Borough in the next 10 years.

POPULATION ESTIMATES BY PERCENTAGE

Tower Hamlets Pharmaceutical Need Assessment 2015

New Clusters - Percentage Growth	2014	2016	2018	2020	2022	2024
NE	0%	6%	12%	20%	24%	28%
NW	0%	2%	4%	7%	10%	12%
SE	0%	8%	19%	30%	41%	51%
SW	0%	2%	5%	9%	11%	14%
Total	0%	4%	10%	17%	22%	27%

Cluster totals derived from GLA
2013 Round ward projections -
SHLAA based capped AHS

POPULATION ESTIMATES BY NUMBER

New Clusters - Additional Residents	2014	2016	2018	2020	2022	2024
NE	0	3,800	8,500	13,600	16,200	18,800
NW	0	1,400	2,900	5,000	6,600	8,300
SE	0	5,900	14,300	23,200	31,300	39,200
SW	0	1,400	3,200	5,500	7,300	9,200
Total	0	12,500	29,000	47,300	61,400	75,500

Cluster totals derived from GLA 2013
Round ward projections - SHLAA based
capped AHS

Opportunities for community pharmacy

What does this mean for community pharmacy?

Long term conditions

The number of people living with long-term conditions (LTCs) in LBTH is increasing. The three major causes of premature death in LBTH (cancer, cardiovascular disease and chronic lung disease) are strongly linked to socioeconomic deprivation as well as gender and ethnicity³⁰.

People with LTCs are the highest users of community pharmacy services and most visits are largely associated with the supply of prescribed medicines³¹. Management of LTCs in community pharmacy gets the focus of care on an individual's medicines and his or her use of them and helps patients get the best out of their medication. The most valued community pharmacy services around LTCs management are often those that involve disease prevention, such as stop smoking campaigns and healthy lifestyle promotion. There are some interesting differences in the data between ethnicity and age on different LTCs. For example, South Asian males have higher prevalence of CHD and South Asian females much lower prevalence of COPD (likely down to smoking patterns in this group). These differences would allow for pharmacists considered targeting their work and interventions with particular groups. Flu vaccination in community pharmacy is about supporting winter pressures. Flu vaccination can prevent death and ill-health from flu over the winter and reduce hospital admissions. Nationally, it was noted that primary care is not achieving high enough vaccination rates for clinical at-risk groups. It was noted that, during the 2012/13 flu vaccination campaign in England only around 50% of at risk patients were vaccinated³², thus the increased importance of community pharmacy provision for this.

One of the reasons for low prevalence of many indicators of LTC is said to be indicative of lower identification rates in primary care. There are recognised benefits in early identification of conditions and this is a significant gap that impacts adversely on the prognosis of long term conditions quality of life as well as cost burden in managing them. Evidence of high pharmacy contact by TH population shown by the 9000 consultations a month for minor ailment show that community pharmacy can be used for health screening to help address the issue of late detection of conditions

Respiratory conditions

In addition to signposting and referring people with persistent cough over a period of time to GPs for further investigations, community pharmacies are in a position to undertake opportunistic spirometry for smokers, people that present frequently with

³⁰ Tower Hamlets JNSA, 2014

³¹ Hassell K, Rogers A, Noyce P. Community pharmacy as a primary health and self-care resource: a framework for understanding pharmacy utilization. *Health and Social Care in the Community* 2000; 8:40–9

³² Influenza Vaccine Uptake amongst GP Patient Groups in England. Winter Season 2012/13 (Public Health England)

coughs and cold and any target group that the needs assessment has identified as high risk.

Cardiovascular conditions

Vascular risk assessment should be commissioned in community pharmacy to help with early identification of cardiovascular diseases and hypertension, high blood lipid levels, irregular pulse rate in the population of Tower Hamlet that do not visit GP surgery because they are unaware of their condition or are no registered with a GP surgery and target groups identified to be high risk

Diabetes

It is estimated that there are around 2000 people with undiagnosed diabetes in LBTH and the prevalence is increasing year by years. Screening in community pharmacy for random blood sugar level will be of benefit in identifying patients that are undiagnosed. With increasing technology it will become possible to do a test for HbA1c in the community which provides a more accurate picture of blood sugar levels over time.

Hypertension

It is estimated some 21% of adults in Tower Hamlets have hypertension and this is a key risk factor for other conditions. Pharmacies can play a key role in the early detection of the condition by identifying those at risk.

Population increase and residential and commercial developments

Whilst current provision of pharmacy services is seen as adequate, the future population growth, which will not be uniform across the borough, requires the situation to be kept under review. Although the precise requirements for future pharmacy services will be decided as new developments are finalised, in order for the borough to keep pace with current provision per head of population, as an example it would need an extra 5 pharmacies across the borough in the next three years based on current working practices, with the majority in the South East of the Borough. Whilst we are not suggesting this is a firm number (improved services can be delivered in a number of ways), it is an indication of the scale of the projected population increase and the possible additional service provision needed. Further increases in the population beyond 2018 will need similar consideration

Based on current major residential developments up to 2018, if these proceed as planned with the anticipated population growth, it is likely that the developments at City Island, Aberfeldy Village and London Dock will necessitate improved access to pharmacy services. It is currently expected that those at Wood Wharf and Blackwall Reach would be covered by the existing good provision of pharmacy services at Canary Wharf and nearby.

It is further acknowledged that the growing population will impact on the current capacity of services to deliver enhanced services, and commissioners will need to continue to monitor uptake and quality of services delivery with this in mind.

CHAPTER 6: POLICY RELATING TO PHARMACY

- 6.1. The white paper “Pharmacy in England: building on strengths - delivering the future” sets out a vision for improved quality and effectiveness of pharmaceutical services, and a wider contribution to public health. The role of ensuring the safe use of medicines will always be an important one, but emphasis is on the contribution that pharmacy can and does make to health improvement. The white paper also sets the strategic direction for pharmaceutical services to be commissioned from community pharmacies based on local needs set out in the PNA rather than simply responding to providers’ intentions.
- 6.2. The Health and Social Care Act 2012 established HWBs. The Act also transferred responsibility to develop and update PNAs from PCTs to HWBs. The NHS Act (the “2006” Act) was amended by the Health and Social Care Act 2012. This gives the Department of Health (DH) powers to make Regulations. There are five types of routine market entry applications under the NHS (Pharmaceutical and Local Pharmaceutical) Regulations 2013 as follows:
- Current need.
 - Future need.
 - Improvements or better access.
 - Future improvements or better access.
 - Unforeseen benefits (where the applicant provides evidence of a need that was not foreseen when the PNA was published).
- 6.3. Since 2002 pharmacies have also been able to provide NHS services through local contracts that sit outside the national framework. The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 There are two pharmacies in LBTH that provide NHS services only through LPS contracts (both owned by Greenlight Healthcare Ltd and located at Harford Street Health Centre and St. Andrew’s Health Centre - pharmacies 23 and 34 in the pharmacy maps). There are also a total of 7 LPS contracts for the provision of extended hours services which sit alongside national arrangements. In all there are 17 pharmacies that are part of these contracts; all but one of these contracts is made up of consortia of pharmacies.
- 6.4. The previous exemptions for 100-hour pharmacy openings, one stop centres and applications in out of town retail parks, which existed under previous regulations have now been removed. Under the 2013 regulations there is only one remaining exemption category for “mail order or internet-based (distance-selling) pharmacy services” known as “distance selling”. Existing pharmacies opened under the 2005 exemption categories will still be expected to meet the conditions of the category the application was granted under.
- 6.5. In December 2013 NHS England held a Call to Action for community pharmacy that aimed through local debate, to shape local strategies for community pharmacy and to inform NHS England’s strategic framework for commissioning community pharmacy (<http://www.england.nhs.uk/wp-content/uploads/2013/12/community-pharmacy-cta.pdf>).

- 6.6. The aim was to uncover how best to develop high quality, efficient services in a community pharmacy setting that can improve patient outcomes delivered by pharmacists and their teams
- 6.7. Pressures on primary care as a whole are increasing and the vision is for the community pharmacy to play a full role in the NHS transformational agenda by:
- providing a range of clinical and public health services that will deliver improved health and consistently high quality;
 - playing a stronger role in the management of long term conditions;
 - playing a significant role in a new approach to urgent and emergency care and access to general practice;
 - providing services that will contribute more to out of hospital care; and
 - supporting the delivery of improved efficiencies across a range of services
- 6.8. The Call to Action consultation has now finished and the response is awaited from the Department of Health. Providers of pharmaceutical services have an important role to play in improving the health of local people. They are easily accessible and are often the first point of contact, including for those who might otherwise not access health services. Community pharmacies can contribute to the health and wellbeing of the local population in a number of ways.
- 6.9. Local commissioning organisations should consider pharmacies among potential providers when they are looking at the unmet pharmaceutical needs and health needs of the local population, including when considering options for delivering integrated care.
- 6.10. The NHS Forward View states that **the NHS will take decisive steps to break down the barriers in how care is provided** between family doctors and hospitals, between physical and mental health, between health and social care. The future will see far more care delivered locally but with some services in specialist centres, organised to support people with multiple health conditions, not just single diseases.
- 6.11. The NHS and public health will need to back hard-hitting national action on obesity, smoking, alcohol, infectious diseases and other major health risks.
- 6.12. Community pharmacy can provide much needed access, quality, capacity to deliver clinical and public health services and can provide additional support for carers and self-care for long term conditions and urgent care.

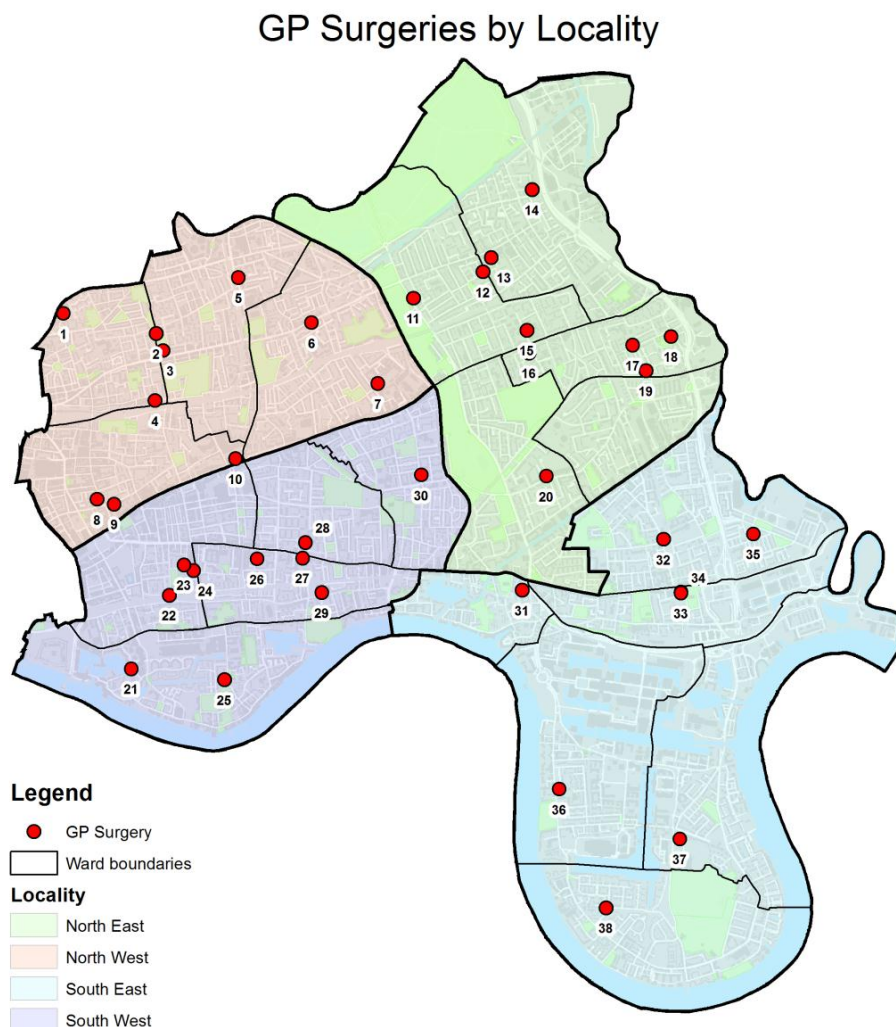
Community pharmacy intervention to relieve pressure on primary care in the medium and long term

- 6.13. Call to action for community pharmacy recognised that the pressure on primary care is increasing and community pharmacy is expected to play a full role in the NHS transformational agenda. Integration with primary care should involve high quality and efficient clinical services in community pharmacy settings. There is a need for pharmacy involvement in medication monitoring and reviews for stable patients on long term conditions.
- 6.14. The following is an illustration of the current issue and this is set to increase. Number of patients in LBTH currently registered with GPs is 285,000 and there are 38 GP sites. GP surgery has an average population size of 7500. It is estimated that on average 60% of GP patient population have a long term condition and should therefore have their medication monitored and reviewed at least once a year.
- 6.15. This implies that 4500 patients will have medication review at least once in a year. A standard GP appointment is 10 minutes, so an average GP surgery will require at least 125 working days in a year just to review medication for patients on long term medication. Essentially half a year of average GP time is used to review medication.
- 6.16. The enhanced asthma review service in Tower hamlet recommend 30 to 45 minutes for a thorough review. The involvement of community pharmacy can relieve pressure on GP by taking over some of the medication review and disease monitoring.
- 6.17. To make this service possible, Pharmacist should be skilled up to acquired requisite competence in medication review and disease monitoring as well as patient assessments.
- 6.18. Community pharmacies must have access to patient health records and be capable of requesting pathology tests and referring patients directly or through GP to tertiary services where appropriate as a means of integrating community pharmacist.
- 6.19. Community pharmacies must be funded to modify premises to a standard that is fit for such purpose.

CHAPTER 7: PHARMACY SERVICES

7.1. There are 36 GP practices in LBTH across 38 sites (see Figure 30, key and practice list is in Appendix 2.) There are number of new primary health care premises planned for LBTH. The model for expanding capacity is that an existing practice(s) moves into the new premises and is then able to expand their list. Current planned new facilities together with the existing practices in brackets that may move in to them are; William Cotton Place (St Pauls Way), Goodman Fields (City Wellbeing & Whitechapel practices), Wood Wharf (Island Medical Centre), Wellington Way (Merchant Street practice), Suttons Wharf (Globe Town Practice) and Aberfeldy (Aberfeldy Practice). It should be noted that these are at various stages of planning and will require approval from NHS England before being finalised.

FIGURE 28 MAP OF TOWER HAMLETS NEW LOCALITIES & WARDS WITH GP PRACTICES BY SITE

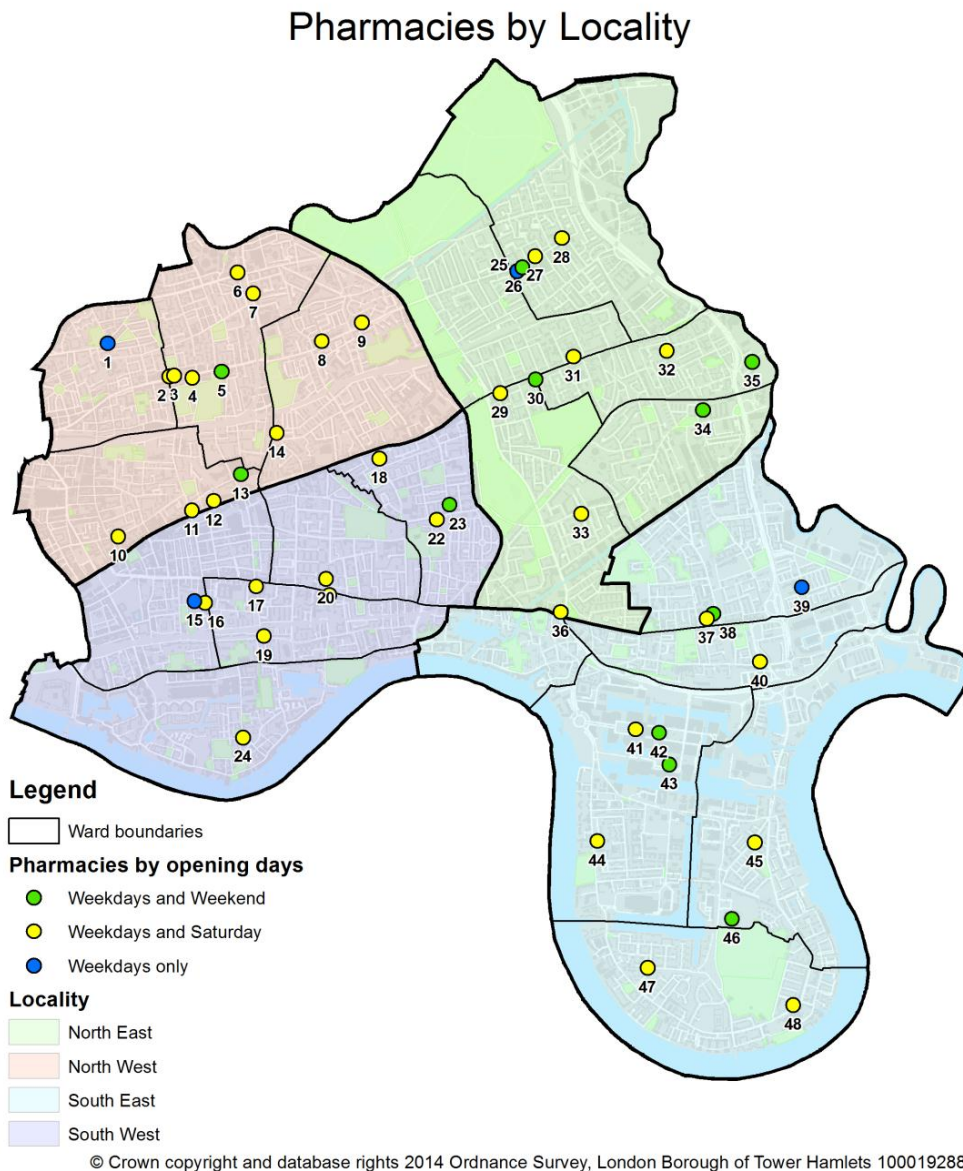


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- 7.2. There are 48 pharmacies in LBTH (Figure 31). The opening days of each pharmacy are colour coded. A list of pharmacies is provided in Appendix 1 along with their opening hours.
- 7.3. The daytime population of Tower Hamlets rises from approximately 277,000 people to 428,000 or, excluding tourists, 391,000³³. This will put different pressures on pharmacy services in the daytime. There is nothing gathered in the evidence to date to suggest that this currently creates a problem for pharmacies in delivering services, but is a factor to consider when considering future demand.

³³ <http://data.london.gov.uk/dataset/daytime-population-borough>, GLA

FIGURE 29 MAP OF NEW LBTH LOCALITIES & WARDS WITH PHARMACIES



7.4. Pharmaceutical services are those services commissioned by NHS England under the Community Pharmacy Contractual Framework (CPCF). This is a regulatory framework based on the Terms and Service set out in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013. They are grouped into three areas essential, advanced and enhanced services.

7.5. In order to assess the provision of necessary services against the needs of our populations we considered access (travelling times and opening hours) as the most important factor. The pharmacy location map shows there is good distribution around the patch providing good choice within a reasonable travel distance. 95% of all prescriptions written in tower hamlets are dispensed by community pharmacists in LBTH and that 100% of all people living in LBTH are no more than a 10 min car ride away from a community pharmacy and all community pharmacies have good links with Transport for London. The high levels of electronic and repeat dispensing allows pharmacies to better manage their time. In consideration of the evidence, the current

number and location of pharmacies is sufficient for supplying a necessary service with no gaps in order to meet the need for pharmaceutical services in the borough. It is not expected that any of the current pharmacies will reduce the number of core opening hours, indeed 100 hour pharmacies are unable to, any pharmacy that wishes to change its core hours must apply to NHS England for permission to do so, and any such application would have to demonstrate a change in the need for pharmaceutical services.

Essential Services

- 7.6. These are services every community pharmacy and dispensing appliance contractor (DAC) providing NHS pharmaceutical services must provide. These are set out in their terms of service. For pharmacies these are dispensing of medicines, repeat dispensing, taking in unwanted medicines for safe disposal, promotion of healthy lifestyles, and signposting to relevant services and support for self-care.
- 7.7. In addition, all community pharmacies must comply with clinical governance arrangements as set out in the Regulations.
- 7.8. Essential services are fundamental for patients to obtain prescribed medicines in a safe and reliable manner. Whilst dispensing NHS prescriptions formed the primary basis of this evaluation the PNA has examined the following areas
 - Access – both location and hours of opening
 - Facilities – including provision of suitable consultation areas and disability access and proximity to nearby parking
 - Skill mix/workforce
 - Languages

Dispensing Services

- 7.9. To assess the adequacy of provision of these services. Maps of the localities show that the position of community pharmacy mimics that of general practices thus allowing patients to get prescribed medicines at the earliest possible convenience on leaving the surgery
- 7.10. There are currently 48 pharmacies on the NHS England pharmaceutical list for Tower Hamlets as of the 19th of September 2014. Of these 48 pharmacies, 34 (70.8%) were owned by Independent contractors (London 61.5%; England 38.6%) while the remaining 14 (29.2%) were owned by multiple contractors (London 38.5%; England 61.4%). Table 9 shows that pharmacy ownership is at levels higher than those seen regionally and higher than those seen nationally, with no one provider having a monopoly in any locality. People in Tower Hamlets therefore have a good choice of pharmacy providers

CURRENT PROVISION OF NHS PHARMACEUTICAL SERVICES IN TOWER HAMLETS

Appendices 1 and 2 set out the current provision of Pharmacies and GP services in the borough

Table 9 Community Pharmacy Ownership

Area	Multiples (%)	Independents (%)
England	61.4%	38.5%
London	38.5%	61.5%
Tower Hamlets 2014 data	29.2%	70.8%

- 7.11. There are three 100 hour pharmacies in Tower Hamlets in – Boots UK Ltd on 15 Jubilee place E14 5NY, Bell Pharmacy 534 Roman Road E3 5ES and Tesco IN-store Pharmacy Hancock road E3 3DA. There are two pharmacies that have Local Pharmaceutical services (LPS) contracts; both of these are attached to health centres. There are no community pharmacies receiving payment under the Essential Small Pharmacies Local Pharmaceutical Services (ESPLPS) scheme. There are no mail order or internet based, distance selling pharmacies located within Tower Hamlets.

Comparison with pharmaceutical service provision elsewhere

- 7.12. Using a 2011 population of 254,000 people in LBTH there are 48 providers of pharmaceutical services, there is on average one service provider per 5333 people; or one could say, there are 19 pharmaceutical service providers per 100,000 people in Tower hamlets. This is lower than the national average and London averages (22 and 23). This is illustrated in Table 10. Table 21 shows the number of pharmacies per head of population in the locality. The SW locality has 16.5 pharmaceutical service providers per 100,000. However, numbers of pharmacies is not the only predictor of access to services. This is determined also by opening hours, numbers of pharmacists and the concentration of housing in an area. Data received from pharmacy questionnaire show us that some of the pharmacies in that area have more than one pharmacist working in the pharmacy thus helping to reduce the overall work load. If population number increases significantly in this area pharmaceutical service needs may change.

Tower Hamlets Pharmaceutical Need Assessment 2015

Table 10 Community pharmacies on a PCT Pharmaceutical list at 31 March, Prescription items dispensed per month and population by PCT, 2012-13

	No. of community pharmacies	Prescription items dispensed per month (000)s	Population (000)s Mid 2011 (1)	Pharmacies per 100,000 population	Average prescription items dispensed per month per community pharmacy
ENGLAND	11,495	76,191	53,107	22	6628
London	1,846	9,644	8,204	23	5225
Barking & Dagenham	38	240	187	20	6328
Barnet	66	363	358	22	4715
Bexley Care Trust	45	269	358	22	5982
Brent Teaching	75	370	312	24	4938
Bromley	59	326	311	19	5529
Camden	68	210	220	31	3084
City and Hackney Teaching	65	262	255	26	4036
Croydon	74	431	365	20	5818
Ealing	74	411	339	22	5554
Enfield	61	442	314	19	7238
Greenwich Teaching	61	320	255	24	5247
Hammersmith and Fulham	40	190	182	22	4747
Haringey Teaching	57	283	256	22	4972
Harrow	61	331	240	25	5429
Havering	45	336	238	19	7469
Hillingdon	66	356	275	24	5395
Hounslow	56	320	255	22	5713
Islington	45	193	206	22	4747
Kensington and Chelsea	44	140	158	28	3173
Kingston	32	187	160	20	5849
Lambeth	67	337	304	22	5036
Lewisham	58	317	277	21	5463
Newham	68	440	310	22	6471
Redbridge	56	347	281	20	6193
Richmond and Twickenham	45	202	188	24	4493
Southwark	63	315	289	22	5001
Sutton and Merton	82	472	392	21	5762
Tower Hamlets	48	337	256	19	7023

Sources: NHS Prescription Services part of the NHS Business Services Authority - Population data - Office of National Statistics (2011 mid-year Estimated based on 2011 census) Notes: The figures are quoted according to the HSCIC website

Waltham Forest	63	339	308	20	5385
Wandsworth	63	339	308	20	5385
Westminster	94	275	220	43	2927

Border areas

- 7.13. Table 11 gives us NHS prescription services data from April 2013 - March 2014 showing that 95% of all prescriptions written by doctors in LBTH CCG are dispensed by pharmacist within LBTH. This is very high usage.

Table 11 Dispensing Analysis

Tower Hamlets CCG	4296536
Total in Tower Hamlets	4088054
Total outside Tower Hamlets	208482
% Inside Tower Hamlets	95.14%
% outside Tower Hamlets	4.85%

Sources: NHS Prescription Services part of the NHS Business Services Authority (April 13 - March 14)

- 7.14. Pharmacies in neighbouring boroughs, appliance contractors and distance selling Pharmacies also provide some pharmaceutical services to the LBTH population. Five pharmacies account for 29% (of the 5% of prescriptions not dispensed by tower hamlet pharmacies); that is 1.4%. The other 3.45% is spread over 100s other pharmacies spread across the region. These five pharmacies can therefore be described a significant providers of dispensing services to LBTH residents. The top 5 dispensing providers out of the area are shown in Table 12. This cross-border dispensing outside the area of the H&WB but which nevertheless contribute towards meeting the need for pharmaceutical services, particularly for those residents who live close to the borders with other boroughs, or for those residents who choose to get their prescriptions dispensed close to the place where they work or go shopping. Three of the top five are Boots pharmacies; We are aware that the Boots in Stratford, Lasser Impex and Pharmacy Plus Limited (which we believe is now closed) both dispense for Care Homes in LBTH. Because of the contribution made by these outside pharmacies in provision of pharmaceutical serves to the population of LBTH, it is necessary to ensure that the full complement of services available to in-borough pharmacies and also available to these outside pharmacies. Therefore commissioning of services in LBTH that do not exist in neighbouring boroughs should be extended to the five outside borough pharmacies

Table 12 Out of area pharmacies dispensing LBTH generated prescriptions

Pharmacy name	Address	Address	Postcode	Local Authority
Laser Impex Ltd	21/23 Horns Road	Horns Road	IG2 6BN	Redbridge
Boots UK Limited	31-32 The Mall	The Stratford Centre	E15 1XD	Newham
Boots UK Limited	11 Octagon Arcade	Liverpool Street Station	EC2M 2AB	City of London
Pharmacy Plus Limited	442-450 Stapleton Road	Bristol	BS5 6NR	Bristol
Boots UK Limited	88 Aldgate High St	London	EC3N 1LH	City of London

Repeat Dispensing

7.15. Repeat dispensing allows patients who have been issued with a repeatable prescription to collect their repeat medication from a pharmacy without having to request a new prescription from their GP.

Benefits of repeat dispensing include:

- predictability in workload for pharmacies, which facilitates the delivery of wider pharmaceutical services
- Reduced waste, because pharmacies are required to only dispense the medicines the patients need
- Reduced GP practice workload
- Greater convenience for patients

7.16. Repeat dispensing rates have increased nationally over the last 5 years, with national figures of around 20% but the Tower hamlets average for the period June 2014 is 31.92%.³⁸ This high level of repeat dispensing helps pharmacies in tower hamlets time to plan their work load and dispense more prescription items per month than the average community pharmacy.

Electronic Prescription Services (EPS)

- 7.17. The NHS is currently developing an electronic transfer of prescription. EPS reduces the paper administration associated with current prescribing and dispensing processes by enabling prescriptions to be generated, transmitted and received electronically. EPS frees up dispensing staff from re-keying in prescription information and allows better management of stock control in a pharmacy. it can reduce trips for patients between the GP surgery and pharmacy. NHS England lead on EPS with support from the CCG
- 7.18. Tower Hamlets has one of the highest number of GP practices, within London, with EPS software activated and ready to use³⁴
All pharmacies in Tower Hamlets are connected to electronic transfer of prescriptions the system is being actively used with over 62 % of prescription being sent by this method³⁵. This high level of electronic prescribing results in various benefits;
1. Improved patient experience as EPS provides a more convenient service and can create a reduction in pharmacy waiting times and trips to the GP.
 2. A reduction in workload for prescribing and dispensing staff as processes are streamline and work can be organised more effectively.
 3. Electronic cancellation of prescriptions has the potential to enhance patient safety and increase the use of repeat dispensing on long term stable medication.

Other Essential Services

- 7.19. Community pharmacies in Tower Hamlets are required to take part in up to six health promotion campaigns a year. This involves providing opportunistic advice, information and signposting around lifestyle and public health issues. NHS England sets the health promotion campaigns, although Local Authorities may choose to run alternative campaigns, based on local health needs and priorities.
- 7.20. Pharmacies are required to provide a service to dispose of waste medicines safely. This helps to reduce harm through inadvertent use of unwanted or expired medicines and also serves to protect the environment.
- 7.21. All essential services are a fundamental service commissioned nationally by the NHS. This assessment has identified that Essential Services are necessary to meet the pharmaceutical needs of our population as they enable the population to obtain the prescribed medicines which they need in a safe and reliable manner. Community

³⁴ *Information provided by NHS England North East London Area Team 19/09/2014*

³⁵ *Information provided by NHS England North East London Area Team 19/09/2014*

pharmacy by participating in local public health campaigns and through a proactive approach to delivering health promotion and signposting advice, plays a valuable role in addressing the health needs and tackling health inequalities of Tower hamlets population.

Advanced Services

- 7.22. Community pharmacy contractors and dispensing appliance contractors can provide these, subject to accreditation as necessary. These are Medicines Use Reviews (MURs) and the New Medicines Service (NMS), Appliance Use Reviews (AURs) and the Stoma Customisation Service (SCS). Dispensing appliance contractors can only provide AURs and SCS.

Medicines Use Reviews (MUR)

- 7.23. Medicines Use Review (MUR) is a service provided under the Community Pharmacy Contractual Framework. The pharmacist conducts an adherence focussed medicines review on a regular basis, e.g. every 12 months, or on an ad hoc basis, when a significant problem with a patient's medication is highlighted during the dispensing process (Prescription Intervention). Where necessary, a referral is made to the patient's GP. The service is nationally available to a national service specification. Periodically-provided MURs must only be provided for patients who have been using the pharmacy for the provision of pharmaceutical services for at least the previous three months (the three-month rule). MURs may be conducted in a private consultation area which ensures patient confidentiality or off site with the permission of NHS England or specifically commissioned off site e.g. domiciliary MURs. A pharmacy that is accredited to provide MURs can currently provide a maximum of 400 MURs in a year. 70% of MURs undertaken have to be from a specified group of patients:

- Patients taking certain high risk medications
- Patients recently discharged from hospital.
- Patients prescribed certain respiratory medicines.
- Patients at risk of or diagnosed with cardiovascular disease and regularly being prescribed at least four medicines.

- 7.24. 47 out of 48 community pharmacies in LBTH are involved in providing advanced services. LBTH pharmacies average at 288 MURs and 81 NMS's per pharmacy. These figures are better than the England and London averages, however when one considers the number of pharmacies per 100,000 population (table 10) and the health needs of the Tower Hamlets population; one can see there is still room for improvement.

- 7.25. MURs improve adherence with the prescribed regimen, help to manage medicines related risks and improve patient outcomes, it is estimated that up to 20% of all hospital admissions are medicines-related³⁶. MURs support the delivery of the strategic aims set out within the Tower Hamlets with respect to: better disease control and fewer emergency admissions.

³⁶ Medicines-related admissions WeMeReC Feb 2015

- 7.26. Given the benefits of MURs and the alignment with local strategic priorities we have concluded that this service is necessary to meet the pharmaceutical needs of our population. With respect to service provision we have not identified any gaps.
- 7.27. This Assessment anticipates there may be an increase in the number of people requiring MURs as our population ages; MURs need to be targeted at those who will benefit the most, in order to ensure that there is sufficient capacity to meet this future need. These are likely to be those with multiple needs and prescriptions, which is the group considered by the integrated care programme

Table 13 Community pharmacies on a PCT Pharmaceutical list as at 31 March, providing MUR services, England, 2012-13

Year	Area	Number of Community Pharmacies	Pharmacies providing MUR services	Total MUR'S	Average No. Per Pharmacy
2012/13	England	11,495	10,574	2,820,415	267
	London	1846	1660	436294	263
	Tower Hamlets	48	47	13,522	288

Sources: NHS Prescription Services part of the NHS Business Services Authority.

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New Medicines Service (NMS)

- 7.28. This service is designed to improve patients' understanding of a newly prescribed medicine for a long term condition, and help them get the most from the medicine. The NMS is conducted in a private consultation area which ensures patient confidentiality. This service can be provided by pharmacies only. The NMS was implemented as a time-limited service commissioned until March 2013. NHS England has agreed to continuation of the NMS during 2014/15. At the time of writing it is not known whether this service will continue from 1 April 2015. If it does, then NHS England will encourage pharmacies and pharmacists to become eligible to deliver the service so that more eligible patients are able to access and benefit from this service.
- 7.29. The aim of the New Medicine Service (NMS) is to support patients with long-term conditions, who are taking a newly prescribed medicine, to help improve medicines adherence. The service is focused on the following patient groups and conditions:
- Asthma and COPD
 - Diabetes (Type 2)
 - Antiplatelet / anticoagulant therapy
 - Hypertension

- Patients starting a new medicine are either referred into the service by a prescriber when a new medicine is started (this can be from primary or secondary care) or identified opportunistically by the community pharmacist.
- The service differs from MURs in that there is no 3 month rule. The number of NMS interventions which a pharmacy may undertake is linked to the volume of dispensing in any given month.

Table 14 Community Pharmaceutical List at 31 March, providing NMS Services, England(2012-13)

Year	Area	Number of Community pharmacies	Pharmacies providing NMS services	Total NMS'S	Average No. Per Pharmacy
2012/13	England	11,495	9,464	647,859	68
	London	1846	1,453	107,454	74
	Tower Hamlets	48	43	3,498	81

Sources: NHS Prescription Services part of the NHS Business Services Authority.

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Evidence base

- 7.30. Only 16% of patients take a new medicine as prescribed³⁷. A targeted NMS improves adherence with a newly prescribed medicine, helps to manage medicines-related risks and improve patient outcomes. Preliminary figures collected by the Pharmaceutical Services Negotiating Committee (PSNC) through the “PharmOutcomes” database has identified that 32% of non-adherent patients became more adherent following intervention through the New Medicine Service³⁸
- 7.31. Table 11 shows in 2012-13, 82.3% (9,464) of community pharmacies in England provided 647,859 NMSs. This is an average of 68 NMSs per pharmacy in England. The average in Tower Hamlets is higher at 81 NMSs per pharmacy, although there is capacity within the current provision to provide more NMS. The NMS, provided by 43 (89%) pharmacies, aims to improve adherence with a newly prescribed medicine, helps to manage medicine-related risks and potentially improves patient outcomes. We have concluded that the NMS is a relevant service because it improves access to medicines reviews, clinical support and potentially enhances patient satisfaction and outcomes.

³⁷ Royal Pharmaceutical Society of GB. May 2013. “Medicines Optimisation: Helping patients to make the most of their medicines”

³⁸ *Pharm Outcomes Data*. PSNC Website, Nov 2012

7.32. With respect to service provision five pharmacies do not offer the NMS services, these pharmacies should be encouraged to do so if this service continues to be commissioned nationally.

Appliance Use Reviews (AUC)

7.33. This service is similar to the MUR service, but it aims to help patients better understand and use their prescribed appliances (e.g. stoma appliances) rather than their medicines by:

- Establishing the way the patient uses the appliance and the patient's experience of such use
- Identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient advising the patient on the safe and appropriate storage of the appliance and proper disposal of the appliances that are used or unwanted

7.34. The service is conducted in a private consultation area or in the patient's home. This service can be provided by either pharmacy or appliance contractors.

7.35. Currently there are there are no appliance only contractors in Tower Hamlets. The Tower Hamlets Health and Wellbeing Board have identified the Appliance Use Review Service as a relevant service, as it secures improvements or better access to service provision.

Table 15 Number and percentage of pharmacies providing advanced services

	No of pharmacies 2012-13	Community pharmacies providing MURS	Community pharmacies providing NMS	Community Pharmacies and appliance contractors providing appliances	Community Pharmacies and appliance contractors providing Stoma appliances	% of pharmacies offering advanced services
ENGLAND	11,495	10,574	9,464	143	1,761	91.99
Tower Hamlets	48	47	43	0	0	97.92
LONDON	1,846	1,660	1,453	9	77	89.92

Stoma Appliance Customisation (SAC)

7.36. Stoma Appliance Customisation (SAC) involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste. The Tower Hamlets Health and Wellbeing Board has identified the SAC as a relevant service as it secures improvements or better service provision.

- a. With respect to AUR and SAC services there is no activity undertaken within the LBTH. However, our residents access these services either from non-pharmacy providers within the Borough (e.g. the hospital) or from dispensing appliance contractors outside of the Borough. We have concluded that both AUR and SAC services, through community pharmacy, are relevant services because they will secure improvements for our residents. The Tower Hamlets

Health and Wellbeing Board are not aware of any dissatisfaction, from complaints or other sources, with the current arrangements however, there is the option to obtain such services from community pharmacies and have, therefore, not identified any current or future gaps.

Future provision of necessary services

- 7.37. Based on the information available at the time of developing this assessment 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.

Improvements and better access – gaps in provision of essential and advanced services

- 7.38. While it has not been able for to determine which current provision provided improvement or better access, some current provision did so. The assessment has not identified services that would, if provided either now or in future specified circumstances, secure improvements to or better access to essential or advanced services.

Enhanced Services

- 7.39. NHS England may commission specified enhanced services as set out in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013. Community pharmacy contractors may also provide a range of locally commissioned services (these are not pharmaceutical services as there are not commissioned by NHS England)³⁹. These other services commissioned from local authorities and CCGs fall outside the definition of enhanced services, and have no bearing on pharmacy applications. Consideration can only be given to services that are commissioned by NHS England when considering application for pharmaceutical services with LBTH. Table 16 and Table 17 list the current enhanced and locally commissioned services that are in place for LBTH community pharmacies to provide.

Table 16 List of enhanced services provided by community pharmacies in LBTH

Service	Current service provision
Minor ailment service (MAS)	This is commissioned by NHS England this service allows patient to get treatment and advice for minor ailments without charge.
Immunisation vaccination programme	a service commissioned by NHS England whereby some pharmacies provide seasonal flu vaccination under a patient group direction to a range of patients
Out of hours service	NHS England commissions a number of community pharmacies to open during bank and other public holidays.

³⁹ Primary Care Commissioning. Pharmacy Enhanced Services from 1 April 2013. 25 April 2013. Accessed 08 Dec 2014 at: <http://www.pcc-cic.org.uk/article/pharmacy-enhanced-services-1-april-2013>

Table 17 List of locally commissioned services provided by community pharmacies in LBTH

Service	Current service provision
Patient group directions	Public health commissions a service whereby some pharmacies provide access to emergency hormonal contraception under a patient group direction to women A service whereby some pharmacies provide accesses to antibiotics for the treatment of chlamydia.
Screening service	Public health commissions a chlamydia screening service from pharmacies
Stop Smoking service	Public health commissions a service for the supply of nicotine replacement therapy (NRT e.g. patches, gums, inhalers) and advice and counselling to support smokers to give up.
Supervised administration service	Public health commissions a service whereby patients prescribed drug treatments for tuberculosis can obtain their treatment on a frequent basis, often daily and that this treatment is taken in the presence of the pharmacist
Targeted medicines use reviews	This is a service commissioned by NHS England whereby patients identified as like to benefit from a Medicines Use Review are referred to a community pharmacy by local GP practises and staff at Bart's and the London trust.
Needle syringe exchange service	Public health commissions a needle exchange service whereby the pharmacy provides clean injecting equipment to drug users and takes in used injecting equipment for safe disposal.
Transforming Community Equipment Services (TCES)	Local authority commissions a Community Equipment service

Minor ailments service

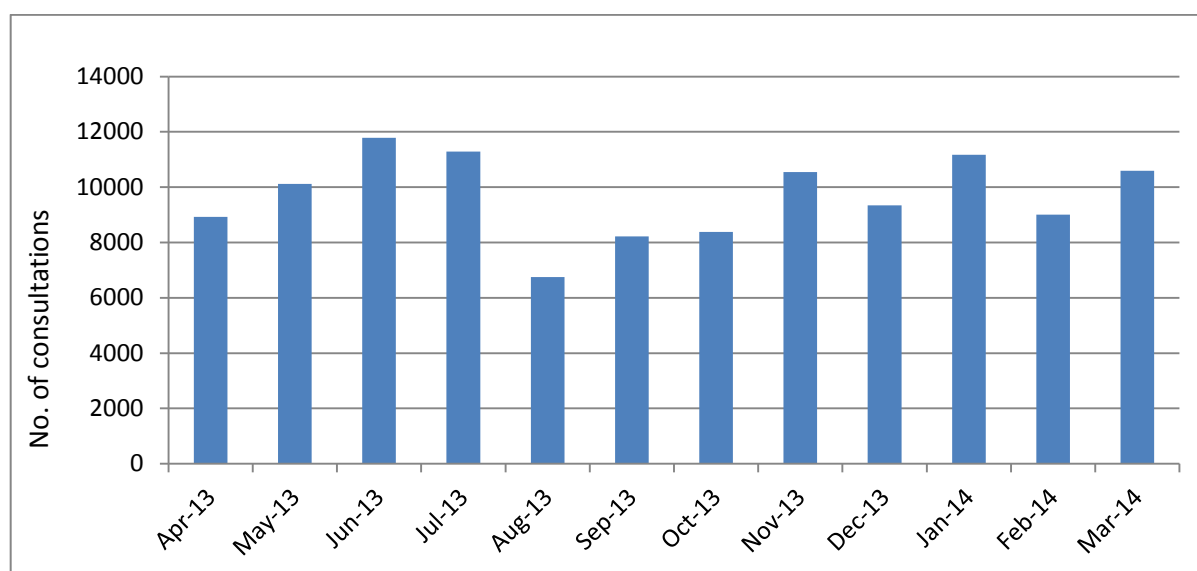
7.40. The Minor ailments service is commissioned by NHS England and allows patients who don't pay prescription charges to receive medication from a pharmacist, without you having to pay for it. Pharmacy First Scheme is offered as an alternative for patients to access healthcare for common ailments, quickly and conveniently. The service may offer an alternative to those seeking treatment via a prescription from their GP or out of hours (OOH) provider, or accident and emergency department.

The aim of the scheme is to:

- Reduce GP workload for common ailments, allowing greater focus on more complex and urgent medical conditions.
- Improve patients' access to advice and appropriate treatment for common ailments.
- Promote the role of the pharmacist and self-care.

7.41. Figure 33 shows that there are about 9000 consultations a month for minor ailments services, Peaks in the winter and summer months highlighting the cold/flu and hay fever seasons. This service is well used by LBTH patients and thus a necessary service. We have not identified any gaps in provision. However, With respect to the future, NHS England has advised that they will be reviewing the service.

FIGURE 33 MAS LBTH MONTHLY CONSULT COUNT (APR13 - MAR14)*



Information provided by NHS England North East London Area Team 19/09/2014

***Total number of Pharmacy First Consultations per month LBTH pharmacies 2013/14**

Immunisation vaccination programme

7.42. In the immunisation vaccination programme is commissioned by NHS England and for 2013/14 in Tower Hamlets, a total of 37567 'flu vaccines' were administered of which 5280 (14%) were provided in community pharmacies.

7.43. Immunisation is a key intervention to protect at-risk groups such as older people, people living with diabetes, COPD, 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 and there is good evidence for the role of immunisation in reducing morbidity and mortality in the adult and child population.

7.44. The aim of the service was to increase access to the vaccine and to provide patients with a choice of provider, other than their GP, for the following 'at risk' groups:

- Those aged 65 years and over

- Children (aged 13 - 17 years) and adults in clinical 'at risk' groups, specifically those with chronic respiratory disease, chronic heart disease, chronic kidney disease, chronic liver disease, chronic neurological disease, diabetes mellitus and those who are immunosuppressed
- Pregnant women
- Main carer(s) of older people or those with a disability
- People who live in long-stay residential or nursing homes
- Front-line health and social care workers

7.45. In order to be accredited, pharmacies had to meet the following requirements: A designated consultation room / area which is large enough to allow the safe administration of vaccines and to provide privacy and dignity for the patient. Appropriate refrigeration to maintain the cold chain and safe disposal of sharps and clinical waste.

The pharmacist(s) providing the service must:

- Work regularly for the pharmacy;
- Demonstrate competence in all aspects of immunisation, including completing specified training courses;
- Have undertaken basic life support training within the last 3 years and ensure that this is updated every 12 months;
- Sign NHS England's patient group direction for administration of influenza vaccine. Access to equipment for treating anaphylaxis (including epinephrine) and a telephone to call for help in an emergency.

7.46. In Tower Hamlets, 92% (44/48) of pharmacies were commissioned to provide the service. The NHS England records to end of Feb 2015 for flu vaccinations show that community pharmacies in TH are the best performing pharmacies in London and have shown a significant year on year improvement in reach as well as performance. A table showing numbers of vaccinations in comparison to pharmacies across the London boroughs can be seen in appendix 5.

7.47. Community pharmacies are one of a range of providers which can offer this vaccination. Pharmacies are easily accessible, many open for extended hours and may provide the vaccine without the need for an appointment. The assessment has concluded that the service is not necessary to meet the pharmaceutical needs of our population but is relevant in that it secures improvements in access and a choice of provider.

Extended hours service

7.48. Pharmacies in Tower Hamlets have 40 core contractual hours (or 100 for those that have opened under the former exemption from the control of entry test), which cannot be amended without the consent of NHS England, together with supplementary hours, which are all the additional opening hours, and which can be amended by the pharmacy subject to giving 90 days' notice (or less if NHS England consents).

7.49. In addition to the above regular opening hours, NHS England has commissioned an out of hours Enhanced service. This increases pharmacy availability at weekends, late evening and on bank

holidays detail of these extended hours pharmacies can be found in Appendix 6 . This service is necessary to meet the pharmaceutical needs of our population and suggest this situation is reviewed as and when GP practices have extended hours we need to have pharmaceutical service’s provision in place also.

Locally commissioned pharmacy services

7.50. All community pharmacies in LBTH also provide at least one locally commissioned public health pharmacy service; these services are equally spread around LBTH as can be seen in Table 18.

Smoking cessation

7.51. Smoking is a major cause of health inequalities, leading to poor health, poor quality of life and premature death. 47 out of 48 community pharmacies in Tower Hamlets provide smoking cessation services; they produce 40% of our total smoking quitters in the borough. A key differentiator of pharmacy stop smoking services from other providers is the ability to supply medicines at the point of care. The service includes the provision of advice on stopping smoking and the supply of either nicotine replacement products or Varenicline (Champix®). Pharmacies are seen as key providers of stop smoking services due to their opening hours, accessibility and provision of advice⁴⁰. Stop smoking services are commissioned from 47 community pharmacies and is one of a range of providers to offer stop smoking services. The pharmacy settings allow for improved choice and access for Tower Hamlets residents. This assessment has not identified any specific gaps in service

Table 18 Current pharmacy services by LBTH locality

Locality by New Wards	Pharmacies	Population 2011 Census	MUR	NMS	AUR	SAC	Essential Services	Minor Ailments	Smoking Cessation	Needle Exchange	Supervised Consumption	Emergency Contraceptive
North East	12	62,283	12	12	12	12	12	12	12	2	11	10
North West	14	63,147	14	14	14	14	14	13	13	-	12	7
South East	12	68,184	12	12	12	12	12	8	12	1	10	7
South West	10	60,482	10	10	10	10	10	10	10	1	8	10

⁴⁰ Consolidating and developing the evidence base and research for community pharmacy’s contribution to public health: a progress report from Task Group 3 of the Pharmacy and Public Health Forum”. Public Health England, Jan 2014

The needle exchange service

7.52. The needle exchange service is commissioned by the local authority for pharmacy contractors. The service helps to minimise harm both by preventing used needles from being discarded inappropriately (public safety) and by providing to drug users clean injecting equipment, therefore reducing sharing of needles and possible cross infection (user safety). The service also provides opportunities to signpost drug users to other services. The effectiveness of Needle and Syringe Exchange services at improving outcomes and reducing injecting related risks e.g. Hepatitis B/C and HIV infections, has been demonstrated in descriptive studies⁴¹ The service is commissioned as part of the overall Drug Action Team (DAT) strategy and there other services providing needle exchange. This assessment has concluded that needle exchange is a necessary service to meet the needs of the population

The supervised consumption service

- The supervised consumption service, offered by 41 pharmacies in Tower Hamlets, provides support to drug users with a view to helping them to manage their treatment programme. It aims to improve patients' outcomes and to reduce the diversion of drugs into the community. This service helps support drug users and provides assurance to drug treatment teams about the use of prescribed treatments. The pharmacist supervises, often daily, the taking of the prescribed treatment by the clients in the pharmacy. The service is part of the national framework for drug treatment services. The service aims to deliver harm reduction through early intervention by: Reducing individual's need to use illicit drugs
- Reducing the possibility of leakage into the community
- Reducing the level of crime associated with illicit drug use

7.53. Studies have demonstrated the effectiveness of community pharmacy- based supervised consumption services at improving adherence, improving outcomes and reducing medicine diversion⁴². This assessment has concluded that the supervised consumption service is necessary for meeting the needs of the population

Sexual Health

7.54. Data released by the Office of National Statistics shows there were 24.3 pregnancies per 1,000 under 18s in 2012, a drop of 4.2 compared to the previous year. The conception rate has fluctuated in recent years, reaching a high of 57.9 pregnancies per 1,000 women

⁴¹ *Consolidating and developing the evidence base and research for community pharmacy's contribution to public health: a progress report from Task Group 3 of the Pharmacy and Public Health Forum*". Public Health England, Jan 2014

⁴² *The contribution of community pharmacy to improving the public's health: summary report of the literature review 1990–2007*". London: Pharmacy Health Link, 2009. Anderson, C., Blenkinsopp, A. Armstrong, M.

in 1998, but is currently at an all-time low and below the current national average of 27.7 pregnancies per 1,000 women. 34 community pharmacies supply emergency hormonal contraception thus providing a safe and accessible route for women to obtain emergency contraception. The service is intended to contribute to avoiding unwanted pregnancy and reducing teenage pregnancy. This service is provided alongside a suite of other sexual health services that include condom supply and Chlamydia screening and some pharmacies will also start treating some of these patients under a patient group directive.

- 7.55. Chlamydia treatment within community pharmacies within Tower Hamlets complements the provision of Emergency Hormonal Contraception (EHC) by offering a more holistic sexual health care service to this user group. Participation by Community Pharmacies in this service is currently voluntary and guided by localised need.
- 7.56. There were 6912 consultations for sexual health services from community pharmacy in 2013/14, 6834 of these resulted in the supply of emergency contraception and 3793 condom supplies were made. Residents may also access sexual health services from other providers within the borough. Evidence supports the supply of EHC and chlamydia screening through pharmacies^{43,44}. This assessment has concluded that the service is a necessary one to meet the needs of the population.

NHS Health Checks

- 7.57. The NHS Health Check is for adults in England aged 40-74 without a pre-existing condition. It checks circulatory and vascular health and what the risk is of getting a vascular disease. The Health checks programme in Tower Hamlets is currently commissioned through GPs as this provides a planned, targeted approach to reach those likely to be most at risk first. There are no current plans to use pharmacies, although the option exists for the future.

The You're Welcome project

- 7.58. The You're Welcome (YW) project aims to improve acceptability, accessibility and quality of services for young people. YW is a national project which consists of a set of quality standards to assist health services to become more young people friendly in order to improve health outcomes for young people. On meeting the quality standards contained in the You're Welcome Self-Assessment Toolkit, the service is then awarded with Young People Friendly accreditation.

⁴³ *The contribution of community pharmacy to improving the public's health: summary report of the literature review 1990–2007*". London: Pharmacy Health Link, 2009. Anderson, C., Blenkinsopp, A. Armstrong, M.

⁴⁴ *Consolidating and developing the evidence base and research for community pharmacy's contribution to public health: a progress report from Task Group 3 of the Pharmacy and Public Health Forum*". *Public Health England, Jan 2014*

- 7.59. The You're Welcome quality criteria cover the following ten topic areas:
- Accessibility
 - Publicity
 - Confidentiality and consent
 - The environment
 - Staff training, skills, attitudes and values
 - Joined up working
 - Monitoring and evaluation, and involvement of young people
 - Health issues for adolescents
- 7.60. Since January 2010, Tower Hamlets Public Health Directorate has been supporting health services to achieve the YW award. To date 34 of the 48 pharmacies in the borough have achieved the accreditation.

Transforming the Community Equipment (TCES)

- 7.61. Under the Transforming Community Equipment Services (TCES) programme, the Department of Health proposed that accredited retailers, including community pharmacies, could be reimbursed for supplying ability aids and equipment against 'prescriptions' (N.B. not NHS FP10 forms).
- 7.62. Under the scheme, Community Equipment Prescriptions would be issued to eligible patients, for equipment such as mobility and bathing aids, furniture, sensory aids and general living aids. Pharmacies need to register as accredited retailers to supply this equipment.
- 7.63. Local councils are generally responsible for managing such schemes and community pharmacy services improve access to the community equipment service on Saturdays and during extended hours during the week.

OTHER SERVICES WHICH MAY IMPACT UPON COMMUNITY PHARMACIES

Hospital pharmacies

- 7.64. There are 2 local hospitals pharmacy providers, Barts and the London NHS Trust (BLT) and East London NHS Foundation Trust ELFT within Tower Hamlets. BLT is one of the largest pharmacies in the country provides information and advice on all aspects of drug therapy to health care professionals working in the Trust's hospitals and within the community. The service is free from commercial bias and can also be used by members of the general public.
- 7.65. It has a fully licensed preparative services department based at Barts making TPN, cytotoxics, and sterile manufactured items. A Centralised Intravenous Additive Service has expanded both within the hospitals and to patients at home. The licensed production unit can help external customers such as community pharmacists with the supply of formulations, which are not commonly available.

Personal administration of items by GPs

7.66. Under their medical contract with NHS England there will be occasion where a GP practice personally administers an item to a patient. Generally when a patient requires a medicine or appliance their GP will give them a prescription which they take to their preferred pharmacy. In some instances however the GP will supply the item against a prescription and this is referred to as personal administration as the item that is supplied will then be administered to the patient by the GP or a nurse. This is different to the dispensing of prescriptions and only applies to certain specified items for example vaccines, anaesthetics, injections, intra-uterine contraceptive devices and sutures. For these items the practice will produce a prescription however the patient is not required to take it to a pharmacy, have it dispensed and then return to the practice for it to be administered.

Out of hour's service

7.67. Beyond the normal working hours GP practices open, there is an out of hours service operated as an initial telephone consultation where the doctor may attend the patients home or request the patient access one of the clinics. The clinics and travelling doctors have a stock of medicines and depending on the patient and their requirement they may be given medicines from stock or a prescription issued for dispensing at a pharmacy. Prescriptions from out of hour's services can be dispensed by pharmacies with longer opening hours (100 hr pharmacies). NHS England has a contract with some pharmacies to open extended during the mornings and evenings and on bank holidays. These pharmacies are geographically spread across the borough and four localities thus provide good coverage for the times required. A table showing extended hours provision can be seen in appendix 6

Urgent Care

7.68. As well as the Accident & Emergency Department at the Royal London Hospital in Whitechapel, there are two walk in centres in tower Hamlets one is situated at 174 Whitechapel rd E1 1B7 opening times Mon-Fri: 7am-10pm; weekend and Bank holidays 9am-10pm and ST Andrews 1-3 Birchdown house, Devons rd. E3 3NS 8am -8pm every day. Overall there appears to be access to pharmaceutical services as the 100 hour contract pharmacies care contracted to still be open.

FUTURE SERVICES

7.69. In considering the future services, the accessibility of community pharmacy presents opportunities to commission an additional range of services to improve access and choice can help improve the performance in the borough and provide adequate capacity within the local health economy to meet increasing need. A range of services have been considered some of which are commissioned by pharmacies in neighbouring health and wellbeing boards. This is important in order to promote equity of access and to avoid confusion for the public who may not be aware of the pharmacy Borough boundaries.

Re-procurement of Public health commissioned services

- 7.70. The Council is required to periodically reprocure services that are commissioned from any external source. During 2014-15 the Council has conducted a reprocurement exercise in respect to the public health services it provides through the community pharmacies in the borough. The primary purpose of the procurement was to ensure compliance of pharmacies with pharmacy regulations in respect to qualifications, professional standards, professional registration and financial probity and robustness. The essential requirement was for pharmacy companies to complete a Qualifying Questionnaire and submit any appropriate supporting documents such as audited accounts.
- 7.71. The pharmacy services included were smoking cessation, sexual health and supervised consumption. Needle exchange services will be commissioned separately as a smaller number of pharmacies is required.
- 7.72. All the Tower Hamlets pharmacies were notified about the advert and invited to apply. In all some 31 companies responded covering all but 4 of the 48 community pharmacies in the borough. The result of the procurement is shown in the Table below. Overall there will be an increase in the number of pharmacies providing the services, although not all the existing pharmacies will continue to deliver the services (as some chose not to participate). The Council has retained the option to deliver additional services through the pharmacies without going through the Qualifying Questionnaire process again. Supply of healthy start vitamin packs to ante-natal mothers and post natal women and children aged 6 months to four years old through pharmacies is expected to be extended in 2015.

Table 19 Public health commissioned services

Pharmacy Public Health Service	No of Pharmacies that currently deliver (to Mar 2015)	No of Pharmacies that are expected to deliver from Apr 2015
Smoking Cessation	47	43
Sexual Health including emergency contraception	32	43
Supervised Consumption of Methadone & Buprenorphine	38	41
Needle Exchange	4	4

- 7.73. The high coverage of these services means that they will continue to be available across the different localities.

OPPORTUNITIES FOR FURTHER ENHANCED SERVICES TO BE DELIVERED THROUGH PHARMACIES

Care Homes

- 7.74. The Pharmacy Care home service will provide advice and support to the residents and staff within the care home, in line with the Care Quality Commission's Essential Standards of Quality and Safety
- 7.75. Proposed benefits:
- Improved clinical outcome through better treatment compliance;
 - Effective use of medicines;
 - Improved safety through reduction of risks.
 - Education and training for staff managing medicines;
 - Assistance and advice in communications with prescribers and dispensing pharmacists.
- 7.76. There are six care homes in Tower Hamlets with a total of 340 beds, of which 156 are nursing beds and 184 are residential. One of the homes has only nursing beds, three of them have only residential and two have a mixture. Three general practices have a local enhanced service to manage these care homes. No community pharmacies are commissioned by to support these care homes. The H&WB believes that this is a service that would secure improvements to pharmaceutical services.

Tuberculosis Treatment Scheme

- 7.77. The rate of new cases of tuberculosis (TB) in Tower Hamlets is higher than the London and national averages. Directly observed therapy or 'DOT' is when a healthcare worker observes the patient while they take their medication. Patients who take their TB treatment in an irregular and unreliable way are at greatly increased risk of treatment failure, relapse and the development of drug-resistant TB strains. Pharmacists are well positioned to provide Direct Observed Treatment (DOT) for TB. Latent TB Service In addition to DOT for TB, pharmacist in the community can undertake to supervise and monitor the administration of medicines for the treatment of latent TB. This is the dormant stage of the disease that is not infective. The infection can be eradicated safely before it has a chance to become full blown tuberculosis. The H&WB believes that this is a service that would secure improvements to pharmaceutical services.

NHS Health Checks

7.78. The pharmacy will provide a vascular risk assessment and management service for people in the target group (people aged 40 to 74 years of age who have not had a previous diagnosis of vascular disease) in order to improve the person's awareness of their vascular risk and how to minimise or manage that risk. Is a national programme, delivered locally in a way that best suit the needs of local population. The benefits of using pharmacy as a provider for this service include choice and accessibility for patients, and additional capacity to support the delivery of the Public Health programme. Provide advice or referral onto other services for: physical activity, weight management, stopping smoking, alcohol intake, diabetes and some types of dementia.

October 2014 - January 2015

Total eligible population 2014-2015	41545
Number of people who were offered a NHS Health Check	2169 (5.2%)
Number of people that received a NHS Health Check	2020 (4.9%)

Data for October 2014 to January 2015 can be seen above⁴⁵.

Warfarin Monitoring Services

7.79. Anticoagulant services in the community can benefit from commissioning services from community pharmacy. Warfarin is a drug with a narrow therapeutic index and requires careful and regular monitoring. There is an advantage in bringing the repeat dispensing of warfarin, monitoring of blood levels and dose adjustments all in the same accessible place like a community pharmacy. No pharmacies in Tower Hamlets are currently commissioned to provide an anticoagulant monitoring services. The H&WB believes that this is a service that would secure improvements to pharmaceutical services.

The obesity management service

7.80. The obesity management service aims to

- Combine advice on diet and physical activity with a behavioural change approach to encourage long term lifestyle change.
- Reduce patients' weight by 5% at 3 months with a view to maintaining this weight loss at 6-12 months.

7.81. Obesity is the second most common preventable cause of death in Britain after smoking and is responsible for increasing the prevalence of diseases such as diabetes, cancer and heart disease. Community pharmacy is well placed to provide a weight management service⁴⁶.

⁴⁵http://www.healthcheck.nhs.uk/interactive_map/london_and_integrated_region_and_centre/?la=Tower%20Hamlets&laid=30

⁴⁶ The Delivering Enhanced Pharmacy Services in a Modern NHS: Improving Outcomes in Public Health and Long-Term Conditions. The Bow Group (2010)

The H&WB believes that this is a service that would secure improvements to pharmaceutical services.

CHAPTER 8: OUR PHARMACY NETWORK

- 8.1. The data presented in this next chapter is gleaned from a survey disseminated to LBTH community pharmacy contractors combined with information from NHS England.
- 8.2. At the time of the survey there were 48 community pharmacies in LBTH. 14 pharmacies did not respond to the survey giving a response of 70.8%.
- 8.3. The responses to the questionnaire were entered into a database for analysis and the analysis is presented at borough level and locality ward level, previously known as Local Area Partnerships (LAPs). The local areas used
- 8.4. are:
 - North East Locality (NE)
 - North West Locality (NW)
 - South East Locality (SE)
 - South West Locality (SW)
- 8.5. The relationship between these localities, wards and the local area partnerships are indicated in Table 20. The response rate varied between each locality, shown in Table 20

Table 20 Response rates by locality

Locality	non response	responded	Total	Response Rate
North East	5	7	12	58.3%
North West	6	8	14	57.1%
South East		12	12	100.0%
South West	3	7	10	70.0%
Grand Total	14	34	48	70.8%

The questionnaire and analysis

8.6. The questionnaire was developed with the LBTH Council and North East London Clinical Support Unit. It covers a full range of issues related to the development of community pharmacy services in order to inform the needs assessment. The analysis is presented by topic area to include:

- The profile of community pharmacies
- Access to pharmacy services
- Availability of the pharmacist
- Languages spoken
- Pharmacy premises and infrastructure
- Integration with primary care
- Essential services

8.7. Percentages shown in the text and displayed in tables are expressed as the percentage of valid returns received.

Profile of the community pharmacies

8.8. The pharmacy provision ranges from 10-14 pharmacies per locality. In the Canary Wharf areas the provision of pharmacy services reflects the demands of workers based there during the working week.

Table 21 Pharmacies by locality

Locality by New Wards	Pharmacies	Population 2011 Census	Pharmacies per 100,000 population
North East	12	62,283	17.6
North West	14	63,147	22.2
South East	12	68,184	17.6
South West	10	60,482	16.5
Tower hamlets	48	254,096	18.9

Access to pharmacy services

8.9. Opening hours of community pharmacies adapt to the demands of the local population and are influenced by a number of factors. These include:-

- Local GP opening hours – probably the single biggest driver.
- Out of Hours services.
- Local population demands.
- Location – pharmacies situated in shopping centres, supermarkets etc. tend to open longer hours.
- Other services provided by the pharmacy.
- Economics – there must be sufficient demand for the provision of services to make it financially viable for a pharmacy to open extended hours.

8.10. The table in Appendix 3, summarises the distribution and opening hours of pharmacies in Tower Hamlets.

Weekdays

8.11. All 48 pharmacies are open between 9:30am and 6pm; the majority (46/48, 96%) are open by 9am. 31% (15/48) pharmacies are open at or before 8am on a weekday only one of these is in the southwest locality. 36 (75%) pharmacies usually close at 7.00pm or later and at least one pharmacy remains open until at least 9pm in all localities except the southwest locality. 15 (31%) pharmacies regularly close for lunch on a weekday. Lunchtime closures tend to be staggered which means that in all localities, a pharmacy is open over the lunchtime period.

Saturdays

8.12. 92% (44/48) pharmacies are open Saturdays. Of these, 81% (39/48) open by 9am, and 60% (29/48) remain open until 5pm or later. There is at least one pharmacy that closes at 8.30 pm or later on a Saturday in each locality except the southwest.

Sundays

8.13. 14 (29%) pharmacies open on a Sunday for between 4 to 8 hours. All localities

Bank Holidays

8.14. NHS England currently has an extended hours service contract with some pharmacies spread across the borough, whereby a small number of pharmacies are required to open bank holidays. Any 100 hr pharmacy would also be contacted to open on a bank holiday. The table, in Appendix 6, summarises the distribution and opening hours of these pharmacies.

8.15. Current pharmacy opening hours show variation of provision across the borough (Table 22). The North East locality has the longest daily coverage, due to the fact that two of the three 100 hour pharmacies in the borough are situated here. There is generally good coverage at a locality level for the population. The south west locality has lowest number of weekly pharmacy hours and the lowest number of pharmacies per 100,000 population. This could be because of a lack of demand or that patients are easily able to access other pharmacies in surrounding localities.

Table 22 Range of Opening Hours by Localities in LBTH

Locality by New Wards	Weekday		Saturday		Sunday	
	Open	Close	Open	Close	Open	Close
North East	06:30	23:00	06:30	23:00	08:00	20:00
North West	08:00	22:00	07:30	22:00	08:30	17:00
South East	07:00	21:00	08:00	20:00	08:00	20:30
South West	08:00	20:00	08:30	18:00	09:00	14:00
Grand Total						

7.1. Two 100 hour pharmacies exist in the NE locality; these provide combined opening hours of 06:30 - 23:00 weekdays, 06:30 - 23:00 on Saturdays and 10:00 – 16:00 Sundays. Another 100 hour pharmacy is located within Canary Wharf in the SE locality which is open 07:00 to midnight on weekdays, 9am – 18:00 on Saturdays and noon – 18:00 on Sundays (Table 10).

Table 23 Range of Weekend Opening Hours by localities in LBTH

Locality by New Wards	Pharmacies	Open on Saturday	Already Open by 9:01am on Saturday	Open on Sunday
North East	12	11	11	4
North West	14	13	12	3
South East	12	11	8	5
South West	10	9	8	2

Availability of the pharmacist

- 8.16. Approximately two thirds of pharmacies that responded reported that they are open continuously throughout the day and that a pharmacist is available whenever the pharmacy is open. In 33.3% of cases the pharmacy remains open but the pharmacist takes a set break which means that prescriptions and over the counter medicines cannot be sold during that time. Within the Southeast Ward all pharmacies have a pharmacist available at all times when they are open (Table 24).

Table 24 Number of pharmacies with at least one pharmacist available at all times

	NE	NW	SE	SW	Borough
Number of Pharmacies	12	14	12	10	48
At least one pharmacist available all day.	6	8	12	6	32
	50.0%	57.1%	100.0%	60.0%	66.7%

8.17. Nearly a third of pharmacies reported that they have two pharmacists available at any time during the week. Having two pharmacists in the pharmacy allows a more clinical and interactive approach to patient care, this model allows pharmacists to come out of the dispensary and work at the pharmacy counter checking prescriptions, handing out medicines, offering advice to patients and carrying out medicines use reviews and interventions, with registered pharmacy technicians responsible for making up prescriptions in the dispensary. A second pharmacist could run a clinic /advances services from the pharmacy’s consultation room; focusing on the pharmaceutical care of patients including the management of long-term conditions and transition between primary and secondary care. Although it should be noted that this number may be higher as 27.1% of pharmacies did not respond to this question.

Table 25 Range of pharmacies with two pharmacists available at any time during the week and percentage of responders

Two pharmacists on duty at any time during the week?	NE	NW	SE	SW	Borough
Yes	6	3	4	2	15
No	1	6	8	5	20
Did not respond to survey (DNR)	5	5		3	13
Number of Pharmacies	12	14	12	10	48

Two pharmacists on duty at any time during the week? Response rate	NE	NW	SE	SW	Borough
Yes	50.0%	21.4%	33.3%	20.0%	31.3%
No	8.3%	42.9%	66.7%	50.0%	41.7%
Did not respond to survey (DNR)	41.7%	35.7%	0.0%	30.0%	27.1%

Languages spoken in Tower Hamlets pharmacies

- 8.18. Tower Hamlets has an ethnically diverse population and while there are services in place to support patients who do not speak English many will rely upon finding native speakers among the healthcare professionals and support staff caring for them. 68.8% of pharmacies in Tower Hamlets responded to the question regarding the languages spoken at their venue. Of those, it was found that the pharmacists and their staff speak a broad range of languages with Bengali, Hindi, Urdu and Gujarati being the most common, for example 84.8% of pharmacies in Tower Hamlets who responded to this question have employ staff who speak Bengali as well as English.
- 8.19. Eighteen percent of Tower Hamlets resident speak Bengali (see table 5) and twenty eight of the pharmacies who responded to the questionnaire employed staff who could speak Bengali, these pharmacies are spread across the borough (see table 26). Other European Language (4.3%) and Chinese (1.7%) were listed as the 2nd most common languages spoken by residents in Tower Hamlets. However it is not clear how many languages both these categories encompass, i.e. which or how many of the Other European languages or Chinese languages they have included in this category. For example, one pharmacy reports that they employ staff who speak Chinese, five speak Cantonese and two speak Mandarin. None of these pharmacies is located in the South West locality where 478 (0.8%) Chinese language speakers reside, indicating there may be a gap in translation services need. However, this gap in services is difficult to quantify with the data that is currently available.

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Table 26 Range of languages spoken in LBTH pharmacies

Main Language	North East	North West	South East	South West	Total in Tower Hamlets
Bengali	6	9	7	6	28
Hindi	2	5	7	3	17
Urdu	2	3	6	4	15
Gujarati	1	5	6	2	14
Cantonese	1	1	3	-	5
Spanish	1	-	2	1	4
Swahili	-	2	1	1	4
Arabic	-	1	-	2	3
French	1	1	1	-	3
Punjabi	1	-	2	-	3
Somali	-	1	1	1	3
Malayalam	-	-	1	1	2
Mandarin	-	1	1	-	2
Romanian	-	-	2	-	2
Russian	1	-	1	-	2
Turkish	-	1	1	-	2
Chinese	-	1	-	-	1
German	-	-	1	-	1
Lithuanian	1	-	-	-	1
Marathi	-	-	1	-	1
Moldovan	-	-	1	-	1
Nepalese	-	-	1	-	1
Polish	-	-	1	-	1
Telugu	-	-	-	1	1
Estonian	-	-	-	-	0
Total	17	31	47	22	117

8.20. The gap in language services shows that there is the need for an interpretation services which can be accessed by community pharmacy to provide both audit and visual access.

Pharmacy Premises and Infrastructure

8.21. All pharmacies now provide private or semi-private consultation rooms or areas for their consultations with patients. For many years there has been significant concern from patient groups about a lack of privacy. When the new contract was negotiated in the Pharmaceutical Services Negotiating Committee took the view that training and accreditation of pharmacists was not enough to make this service successful. Therefore private consultation areas were introduced to protect customer confidentiality and privacy. Consultation rooms are mostly used by community pharmacists to provide enhanced or advanced services such as Medicine use reviews (MURs) or New Medicine Service (NMS). The table below shows of those who completed the survey, 34 (71%) pharmacies provide a private or semi-private consultation room and seven (15%) provide more than one private consultation room. During the patient focus groups two main issues arose relating to the layout of pharmacies: lack of confidentiality and accessibility. All pharmacy may have consultation room but are they always situated in the best place for confidential discussions. The best consultation areas will be those where there has been forethought in planning.

Table 27 Provision of private or semi-private consultation area (of those pharmacists who completed the pharmaceutical survey)

	Private or semi-private consultation area	More than one consultation area	Use consultation room for other practitioners to run clinics or services	Willingness to allow other practitioners to use consultation rooms
NE	7	2	1	3
NW	9	-	-	2
SE	12	4	-	8
SW	6	1	1	2
Tower Hamlets	34	7	2	15

Advanced pharmaceutical provisions

8.22. With regards to advanced services, LBTH’s provisions have been improving over recent years. 65% of pharmacies surveyed reported that they have a consultation area that is accessible to the disabled. Two thirds of those surveyed have hand washing facilities, and 60% have access to the internet. However, only 8% reported that they have an examination couch for use in consultations. 31% of pharmacies surveyed were willing to allow other non-pharmaceutical health practitioners to use the consultation rooms.

Table 28 Advanced pharmaceutical provisions

	NE	NW	SE	SW	LBTH
Area accessible to the disabled?	50.0%	57.1%	100.0%	50.0%	64.6%
Are there hand washing facilities?	50.0%	57.1%	100.0%	60.0%	66.7%
Is there an examination couch?	0.0%	14.3%	8.3%	10.0%	8.3%
Is there a computer terminal?	41.7%	42.9%	50.0%	50.0%	45.8%
Access to Internet?	50.0%	50.0%	83.3%	60.0%	60.4%
Possible to access PMR on computer?	25.0%	35.7%	50.0%	50.0%	39.6%

Integration with primary care

- 8.23. Two thirds of pharmacists rate their relationships with local GPs as Good or Very Good, the other 33% did not respond to this question. The Southeast ward had particularly strong relationships with their GP (50%). Teamwork, communication and collaboration between health professionals are important for the safe and effective delivery of health care; General practice workload is increasing. This may therefore create the opportunity for community pharmacies, in collaboration with general practices, to manage specific patient cohorts, or at least to undertake specific elements of disease management detailed in care pathways and quality standards.

Table 29 Pharmacy relationships with local or main GP

Rate relationship with your local / main GP practices	NE	NW	SE	SW	Tower Hamlets
Very Poor	0.0%	0.0%	0.0%	0.0%	0.0%
Poor	0.0%	0.0%	0.0%	0.0%	0.0%
Good	16.7%	28.6%	50.0%	40.0%	33.3%
Very Good	33.3%	28.6%	50.0%	20.0%	33.3%
Did not answer	50.0%	42.9%	0.0%	40.0%	33.3%

8.24. This rating of relationships was also reflected in the frequency to which Tower Hamlets Pharmacists are in contact with their local or main GP. More than half of the pharmacies surveys reported that they have telephone contact with their GP weekly or more often than weekly, although, only 16% have spoken with their local or main GP face-to-face.

Table 30 Pharmacist’s telephone contact with local or main GP

In the last month how often have you spoken directly with one of your local GP's - Over the telephone	NE	NW	SE	SW	Tower Hamlets
Never	0.0%	0.0%	0.0%	0.0%	0.0%
Once or Twice	16.7%	7.1%	0.0%	10.0%	8.3%
Weekly	0.0%	21.4%	25.0%	20.0%	16.7%
More often than weekly	33.3%	28.6%	75.0%	30.0%	41.7%
Did not answer	50.0%	42.9%	0.0%	40.0%	33.3%

Table 31 Pharmacists face-to-face contact with the main GP

In the last month how often have you spoken directly with one of your local GP's? - Face-to-face	NE	NW	SE	SW	Tower Hamlets
Never	16.7%	14.3%	33.3%	0.0%	16.7%
Once or Twice	16.7%	35.7%	41.7%	50.0%	35.4%
Weekly	8.3%	7.1%	0.0%	0.0%	4.2%
More often than weekly	8.3%	0.0%	25.0%	10.0%	10.4%
Did not answer	50.0%	42.9%	0.0%	40.0%	33.3%

Essential Services

8.25. All the community pharmacies provide the essential services required by the community pharmacy contractual framework, however pharmacists reported there are a number of barriers that hinder them from delivering healthy lifestyle interventions, which form part of the essential services element of the contract. The biggest barriers are paperwork and record keeping and other pressures of work.

Table 32 Barriers to making healthy lifestyle interventions

	Other pressures of work	Paperwork and record keeping	Confidence / experience of making interventions	Supporting materials and resources
Strongly Disagree	0.00%	3.23%	22.58%	6.45%
Disagree	12.90%	9.68%	29.03%	29.03%
Neither	16.13%	19.35%	19.35%	25.81%
Agree	45.16%	35.48%	22.58%	32.26%
Strongly Agree	25.81%	32.26%	6.45%	6.45%

8.26. Supporting materials and resources’ and ‘Confidence/experience of making interventions’ were reported as other substantial barriers. Confidence to provide lifestyle advice can vary; pharmacists may be most comfortable providing lifestyle advice in conjunction with conversations about medicines. Pharmacists may benefit from enhanced training to increase their confidence to provide lifestyle advice.

Table 33 Barriers to making interventions – combined ‘Agree’ and ‘Strongly agree’ responses

	Other pressures of work	Paperwork and record keeping	Confidence/experience of making interventions	Supporting materials and resources
NE	83.33%	83.33%	33.33%	50.00%
NW	62.50%	62.50%	12.50%	37.50%
SE	72.73%	63.64%	36.36%	18.18%
SW	66.67%	66.67%	33.33%	66.67%
LBTH	70.97%	67.74%	29.03%	38.71%

Community Pharmacy Patient questionnaire

8.27. All pharmacies are required to conduct an annual community pharmacy patient questionnaire (formerly referred to as the Patient Satisfaction Questionnaire). The questionnaire allows patients to provide valuable feedback to community pharmacies on the services they provide. The table above show that at the time of asking 93.55% of LBTH pharmacies were in the process of or had completed surveying there patients on services provide to them. The results must be published via one or more of the following options:

- a) in the pharmacy, as a leaflet or poster
- B) on the pharmacy's website (if it has one)

Table 34 Percentage of pharmacies collecting the community pharmacy questionnaire

Completed survey of patients	NE	NW	SE	SW	LBTH
Completed	50.00%	25.00%	81.82%	66.67%	58.06%
Underway	33.33%	75.00%	9.09%	33.33%	35.48%
Not yet started	16.67%	0.00%	9.09%	0.00%	6.45%

8.28. The main barrier to undertaking the community pharmacy patient questionnaire as reported by the pharmacies is 'other pressures of work'. Most pharmacies reported that confident to approach patients, preparing materials, entering data and analysis of data were not the main barriers to conducting the annual community pharmacy questionnaire.

Table 35 Barrier to undertake community pharmacy questionnaire

Completed survey of patients	NE	NW	SE	SW	LBTH
Preparing Materials	16.67%	12.50%	12.50%	0.00%	10.71%
Entering data	0.00%	12.50%	12.50%	16.67%	10.71%
Analysis of data	0.00%	0.00%	12.50%	16.67%	7.14%
Other pressures of work	83.33%	75.00%	37.50%	66.67%	64.29%
Confidence to approach patients	0.00%	0.00%	25.00%	0.00%	7.14%

Summary of findings

There are a number of key findings that have been highlighted by the pharmacy questionnaire completed by Tower Hamlets pharmacists:

Overall, pharmacy provision is flexible in most of the borough, offering wide ranging opening hours. However, the southeast ward has only one open pharmacy on Sundays, offering a half-day provision.

Most pharmacies offer a multilingual service, with Bengali being the most prevalent additional language spoken.

Not all consulting rooms have disability access, hand washing facilities and access to patient medication records the expectation for these is 100%.

Pharmacists have highlighted a number of issues that can hinder them from providing healthy lifestyle interventions. These include pressures of work, confidence or experience in delivering such interventions or lack of supporting materials or resources.

CHAPTER 9: PUBLIC VIEWS

- 9.1. Pharmaceutical services provide an important element in the provision of healthcare to Tower Hamlets residents. In trying to capture the views of the citizens of Tower Hamlets, be they persons that live or work here, the council put out to tender opportunities for local organisations with links with local communities to gather opinions of services available from local pharmacies. The engagement was set out to capture the views of various population groups in the area. This was guided by the Equalities Impact Assessment as defined within the Equality Act 2010 (Chapter 1; Part 11).
- 9.2. The equalities impact assessment is a tool written by the Equality and Human Rights Commission to assist public authorities to ensure they are systematically assessing the effects of policy on people in respect of disability, gender, gender identity and race. The tool helps public authorities to look out for opportunities that will promote equality, including opportunities that may have been missed or better used. It also aids assessment of current policies that have negative or adverse impacts so that they that can be adjusted or removed where possible.⁴⁷
- 9.3. Four organisations won the bids to collect the views from representatives of various sections of the population by use of focus groups and surveys (Table 36). The population groups were targeted based on the Equalities Impact Assessment Tool. During this consultation one organisation consulted with people with disabilities for their views while consulting with the LGBT community. Additionally, Local charities and social groups who work with people with disabilities were asked to disseminate this PNA to their service users during the public consultation phase of the development of this PNA to further ensure views from people with disabilities were attained. In addition to the public consultation phase, the opportunity has been taken during this PNA to analyse data by different groups (such as age, gender, ethnicity) in order to understand the needs of different groups

⁴⁷ Equalities and Human Rights Commission (2010). Equality impact assessment quick-start guide. http://www.equalityhumanrights.com/sites/default/files/documents/PSD/equality_impact_assessment_guidance_quick-start_guide.pdf

Table 36 Organisations tendered, community groups and methodologies used bids to collect the views from representatives of various sections of the population

Organisation	Groups to engage with	Methodology
MIND	Long-term Mental Health (general)	Focus groups
Healthwatch (Urban Inclusion Co)	Teenagers Parents with young children Older People General population via surveys outside	Focus group and Survey outside pharmacy
Social action for health	People living with diabetes and Epilepsy Parents with young children Working age adults – particularly working professionals Bangladeshis and Somalis	Focus groups
Rainbow Hamlets	LGBT and LGBT people with disabilities	Online survey to members, and follow up telephone interviews

- 9.4. Each organisation was also asked to produce an evaluation report for each of the population groups they assessed, the reports are listed in Appendix 7. The key themes and findings that have emerged from these reports are outlined below.

General impression of the pharmacy

- 9.5. Pharmacies were generally viewed quite positively and they met most of the expectations of those surveyed and interviewed. All groups discussed many favourable aspects relating to their pharmacies, particularly striking being the trusting relationships built with local pharmacists and the friendly, helpful and informative services offered. Services that participants mentioned favourably include the Electronic Prescription Services, the multiple languages that were spoken, ability of pharmacists to explain medication to customers, and the fact that customers can 'drop-in' to their local pharmacist for advice.
- 9.6. Some concerns were expressed by LGBT respondents. Around a quarter felt that they had received an inappropriate response from a Tower Hamlets pharmaceutical staff member when discussing their sexual orientation or gender identity. Nearly half of the LGBT respondents had either experienced discrimination or were concerned that they would not feel welcome at their local pharmacy. 15 % of LGBT+ people questioned were open about themselves with a pharmacy they see regularly on medical matters.

Reason for pharmacy usage

- 9.7. The majority of groups used their pharmacies primarily for picking up prescriptions and repeat prescriptions for themselves and their family members. Additionally, young people and LGBT people said that they often use the pharmacies for buying toiletries and getting passport photographs. Parents of young children and Bangladeshis described using the pharmacies for advice for themselves or family members, particularly for minor ailments. The Bangladeshis adults who participated in the focus groups reported that advice was often more thorough than that of their GP.

Reasons for choice of pharmacy

- 9.8. Most groups surveyed had a preferred regular pharmacy that they frequented. Many reasons arose regarding people's choice of pharmacy. The key reasons included the proximity to customer GP surgeries and the proximity to the customer's home. Customer satisfaction and the appreciation of the established relationship were also mentioned as key reasons for choice of pharmacy by most groups.
- 9.9. However, some groups discussed some disadvantages of attending pharmacies within their community or with a pharmacist they know. Teenagers and LGBT were particularly concerned about their local pharmacists knowing about their personal issues or concerns, and therefore choose to attend pharmacies further away from their home or community. They preferred to use more distant pharmacies for sensitive topics such as contraception, sexually transmitted diseases, HIV/AIDS or gender transition hormones.

Opening Times

- 9.10. Older adults and teenagers commented that they found the opening hours of the pharmacies to be convenient and accessible. Though there was awareness that some pharmacies offered extended opening hours, older adults noted that there was some confusion as to which pharmacies were open late and on which days that these extended hours were available. Parents of young children mentioned that although pharmacies that were located close to GP surgeries had matching opening hours to those GP surgeries, this sometimes posed a problem if GP surgeries are running late, pharmacies would frequently be closed by the time the last patients had completed their GP consultations.

Medication Dispensed

- 9.11. Older adults, people of Bangladeshi origin and people with long-term conditions discussed dissatisfaction with their medication brands being changed to generic options. People of Bangladeshi origin and people with long-term conditions expressed that they were unhappy to receive 'cheaper alternatives' to brand names. Additionally, older adults described that the changing of medicine brands can be confusing for those with memory loss or language barriers.

- 9.12. Some from the general population and those with long-term conditions who were interviewed expressed discontent with a lack of sufficient stock of medication when they called on their pharmacy.
- 9.13. The Supervised Drug Administration (“methadone”) programme was cause for concern for older adults and parents of young children. They expressed feeling unsafe or uncomfortable around users of the service. They suggested more use of consultation booths for the programme.

Knowledge of services provided

- 9.14. Most groups felt they had good working knowledge of the extensive list of services on offer from their pharmacies. Older English-speaking adults had better knowledge of services on offer when compared to teenagers and older Bangladeshi adults. Older adults attributed this to having a more established relationship with their pharmacists. Both teenagers and older Bangladeshis expressed the need for a better promotion of services on offer.

Additional Services

- 9.15. Older people and teenagers suggested that it would be beneficial to receive regular health check-ups designed for them at their pharmacy, as pharmacies are more convenient and accessible than their GP surgeries. Parents of young children mentioned that it would also be useful to offer check-ups for pregnant women.
- 9.16. Older adults, people with long-term conditions and the general population groups proposed that a first aid service or doctor-on-hand be available at their local pharmacies. This would help those patients who cannot get an appointment with their GP or do not deem their issues serious enough to warrant attending the Accident and Emergency services at the hospital.
- 9.17. Over half the LGBT respondents said they were unlikely to reveal the full picture of their lives to a pharmacist offering health-related services. However, if the pharmacist displayed a rainbow flag type symbol showing they had undertaken training and were committed to inclusion, this position was radically changed.

Pharmacy layout and Accessibility

- 9.18. Two main issues arose relating to the layout of pharmacies: lack of confidentiality and accessibility. 3 of the populations groups found that overcrowding on the shop floors denied them the opportunity to have a private discussion with the pharmacy staff and a lack of consultations booths prevented discreet discussions (in actuality, most pharmacies do have those consultation booths).

- 9.19. Accessibility was sometimes difficult, particularly for those with mobility issues, or parents with pushchairs or prams. This was attributed to the small shop floor space, 'haphazard layout' of the shops and the products they are selling or overcrowding. Some LGBT with disabilities mentioned that some products for sale, such as sexual health products, were placed out of reach for those in wheelchairs, causing either potential embarrassment or the choice not to buy such products. Older adults suggested that chairs be provided, preferably with arm rests, particularly where long waiting times are anticipated.

Waiting times

- 9.20. Four of the population groups complained that the waiting times for some pharmacies can be long, particularly at sites close to GP surgeries. They attributed this greater demand on such locations.

Over-the-counter goods

- 9.21. Comments were made by people with long-term conditions, the general population, young people and people of working age with regards to the additional products sold by the pharmacies, such as non-prescription medicines, cosmetics and aids for people with reduced mobility. Some groups deemed the over-the-counter goods as expensive in comparison to non-pharmaceutical outlets. They felt that products were cheaply made and did not reflect the high quality they expected from a pharmacy. Some mentioned that, at times untrained staff misrepresented products they were selling, and advice offered by young pharmacy staff was untrustworthy.
- 9.22. Older adults and the general population group mentioned that it would be beneficial for more pharmacies to offer goods for those with decreased mobility. Transforming Community Equipment services (TCES) is a service commissioned by local authority that is intended to offer such goods for people with decreased mobility as well as those with other physical challenges.

Summary of findings

Overall, most groups spoke favourably of their local pharmacies and felt the pharmacies met their expectations. The main exception was LGBT group where half the sample had concerns.

Most users attend pharmacies to collect prescriptions and obtain advice on minor ailments.

Users chose pharmacies for their proximity to GP surgeries or place of residence, friendliness or rapport with staff and customer satisfaction. Pharmacies more distant from homes and communities were sometimes chose when more services relating to more sensitive matters were sought.

Confidentiality and respect, accessibility and waiting times are sometimes an issue, mostly due to overcrowding or poor layout of shop floors, or lack of sensitivity by pharmaceutical staff.

Summary of suggested improvements to pharmaceutical services from public engagement

Regular health checks for some population groups to be provided

First Aid or medical assistance for minor emergencies to be provided

Better promotion of available services, including later opening hours, advice provided and services that will benefit certain population groups. This promotion could also be provided in other languages.

Better layout of pharmaceutical shop floor so that there is space for prams and wheelchairs, confidential areas are more accessible and conspicuous and there is a comfortable place for people to sit, including chairs with arm rests.

There is a continuity of Pharmacists so that established relationships can be built and retained.

Confidentiality and sensitivities are respected for all matters raised in pharmaceutical settings by all population groups. This would include LGBT cultural sensitivity training to improving pharmacy use by that group. Completion of the training could be demonstrated to the public with a Rainbow flag symbol on display in the pharmacy windows.

Meeting the needs of specific populations within society

- 9.23. The public engagement reports which are located in the Appendix 7 outline in more detail the suggested improvements from the different population groups who were engaged with. Additionally equal opportunities of the protected characteristics have been addressed in other ways by the local pharmaceutical services This section of the PNA summarises how we have considered and addressed the specific pharmaceutical needs for each of the protected characteristics.

Age

- 9.24. Age has an influence on which medicine and method of delivery is prescribed. Older people have a higher prevalence of illness and take many medicines. Community pharmacies can support people to live independently by supporting optimisation of use of medicines, support with ordering, re-ordering medicines, delivery to the housebound and appropriate provision of compliance aids and other interventions such as reminder charts to help people to take their medicines. Identifying emerging problems with people's health and signposting to additional support and resources. Younger people, similarly, have different abilities to metabolise and eliminate medicines from their bodies. Advice can be given to parents on the optimal way to use the medicine or appliance and provide explanations on the variety of ways available to deliver medicines. Community pharmacies need to maximise the opportunities to target health promotion and public health interventions (smoking cessation, sexual health and substance misuse)at this group, who tend to visit pharmacies less often. Such a strategy will help to improve health and delay the onset of disease.

Disability

- 9.25. When patients are managing their own medication but need some support, pharmacists must comply with the Equality Act 2010. Where the patient is assessed as having a long term physical or mental impairment that affects their ability to carry out every day activities, such as managing their medication, the pharmacy contract includes funding for adjustments to the packaging or instructions that will support them in self-care. If further support is needed, then compliance aids might include large print labels, easy to open containers, medication reminder alarms/charts, eye dropper or inhaler aids.

Gender

- 9.26. Community pharmacies are a socially inclusive healthcare service providing a convenient and less formal environment for those who do not choose to access other kinds of health service. The consultation rooms within these pharmacies offer privacy for those who wish to discuss sensitive matters such as sexual health and contraception.

Race

- 9.27. Black and minority ethnic communities are exposed to a range of health challenges from low birth rate and infant mortality through to a higher incidence of long term conditions. People in this group are more likely to take medicines. This provides an opportunity to target health promotion advice and public health interventions in order to promote healthy lifestyles and improve outcomes Language can be a barrier to delivering effective advice on medicines, health promotion and public health interventions. Community pharmacy is a socially inclusive healthcare service providing a convenient and less formal environment for those who cannot easily access or do not choose to access other kinds of health service.

Religion or belief

- 9.28. Pharmacies can provide advice to specific religious groups on medicines derived from animal sources and during periods of fasting.

Pregnancy and maternity

- 9.29. Pharmacies can provide advice to pregnant mothers on medicines and self-care. They have the expertise on advising which medicines are safe for use in pregnancy and during breast feeding.

Sexual orientation

- 9.30. As part of the training for the provision of sexual health services, pharmacists' awareness is raised with respect to the need to provide services irrespective of the sexuality or sexual orientation of service users.

Gender reassignment

- 9.31. Pharmacies are often part of the care pathway for people who undergo gender reassignment. Their role is typically to ensure that medicines which form part of the treatment are available and provided without delay or impediment.

Marriage and civil partnership

- 9.32. No specific need was identified

CHAPTER 10: DISCUSSION AND CONCLUSIONS

- 10.1. This consultation document provides an updated Pharmaceutical Needs Assessment (PNA) for the borough with the aim of reviewing the need for Pharmacy Services and then assessing the current service provision to identify if there are any gaps. The PNA is used for deciding on granting applications for new pharmacies, considering applications for changes in premises by existing pharmacies, and changing the services an existing pharmacy provides.
- 10.2. This PNA is the first to be produced by the Tower Hamlets Health and Wellbeing Board (HWB) under the arrangements set up under the Health and Social Care Act 2012 which created HWBs as well as transferring the Public Health function from the NHS to Local Authorities. NHS England will use the information to consider changes to services as outlined above.
- 10.3. This PNA has been produced by looking at the health needs of the population, by examining in detail the current pharmacy network and its services, and by taking soundings from the public through focus groups on the current views on services. It has drawn on material in the local JSNAs and elsewhere, and has been advised by a stakeholder group that has provided an important role in looking at different aspects of access to, and use of, pharmacy services and assessing the evidence.
- 10.4. Key results of the assessment are:

Health needs:

- A population whose health tends to be poorer than in other parts of London and England, with low life expectancy, high number of years living in ill-health and large health inequalities between different parts of the Borough
- A younger population with fewer over 65s than in England as a whole
- A diverse population with a higher proportion of non- white people than for London and England
- An increasing population, due to rise further by some 27% over the next 10 years. Increases are expected across all ages and ethnic groups.

Current Pharmacy Network:

- A network of 48 Pharmacies well spread across the borough providing a wide range of services
- A similar wide network of 36 GP practices across 38 sites
- Slightly fewer numbers of pharmacies per head of population than in the rest of London and England which dispense a higher number of prescriptions each than elsewhere
- 95% of prescriptions issued by GPs in Tower Hamlets are dispensed in the borough, with only a few pharmacies outside the borough issuing significant numbers of prescriptions.

Pharmaceutical services that can be enhanced or initiated in the short to medium term

- The priority for the borough is first to ensure the continued high quality service provided for existing Medicine Use Reviews (MURs), New Medicine Services (NMEs), and the existing enhanced services, such as smoking cessation and needle exchange.
- The range of conditions that are treated under the minor ailments scheme could be increased to improve access to healthcare for the most deprived and mothers with children
- Weight management services in community pharmacy setting has been identified by NICE as a good position to help patients make healthy lifestyle choices due to accessibility within the community (NICE obesity, 2006)
- Chlamydia screen and treatment can be offered by community pharmacy as a service to improve access in managing such STI
- The C-card scheme where brief sexual advice is given in addition to the supply of free condoms can be offered in community pharmacy to help the control of STI
- Emergency hormonal contraception can be supplied from community pharmacy for targeted groups to further reduce under 18 conception.
- Pharmacies can be used to ensure adherence in a Latent TB Service, where carriers of tuberculosis bacteria are offered eradication treatment before the disease gets a chance to manifest itself.
- Community based spirometry services where people that present frequently with coughs and upper respiratory tract infections, smokers, people exposed to occupational hazards that may affect respiratory health can be screened and referred.
- Vascular risk assessment where blood pressure, pulse, serum cholesterol levels, random blood sugar level, weight, BMI can be measured in the community pharmacy and those showing concern referred for more detailed examination.
- There is a need for pharmacy involvement in medication monitoring and reviews for stable patients on long term conditions to help manage workload in primary care.

Public perceptions from Focus Groups highlighted:

- Generally positive views on pharmacies, with friendly and helpful staff and building trusting relationships
- The convenience of pharmacies (opening hours and accessibility) for 'dropping in' for advice
- Appreciation of the different languages spoken
- Favourable impressions of services such as the Electronic Prescription Service
- Concerns from the LGBT community that some pharmacies gave inappropriate responses when discussing sexual orientation or gender identity
- Confidentiality and respect can sometimes be an issue, particularly if there is overcrowding or poor floor layout
- Sometimes there is confusion over available services and opening hours

Conclusions

- 10.5. Overall the evidence suggests there is sufficient capacity across LBTH for pharmacy essential services. No significant gaps in services have been identified.
- 10.6. However, there needs to be awareness of the further increase in population in the future and its effect on demand for pharmacy services, although increasing demand can be dealt with up to a point through a combination of:
- Training more pharmacy staff(increasing capacity)
 - Automation
 - General flexibility
- 10.1. Therefore, whilst current provision of pharmacy services is seen as adequate, the future population growth, which will not be uniform across the borough, requires the situation to be kept under review. Although the precise requirements for future pharmacy services will be decided as new developments are finalised, in order for the borough to keep pace with current provision per head of population, as an example it would need an extra 5 pharmacies across the borough in the next three years based on current working practices, with the majority in the South East of the Borough. Whilst we are not suggesting this is a firm number (improved services can be delivered in a number of ways), it is an indication of the scale of the projected population increase and the possible additional service provision needed. Further increases in the population beyond 2018 will need similar consideration
- 10.2. Based on current major residential developments up to 2018, if these proceed as planned with the anticipated population growth, it is likely that the developments at City Island, Aberfeldy Village and London Dock will necessitate improved access to pharmacy services. It is currently expected that those at Wood Wharf and Blackwall Reach would be covered by the existing good provision of pharmacy services at Canary Wharf and nearby.
- 10.3. It is further acknowledged that the growing population will impact on the current capacity of services to deliver enhanced services, and commissioners will need to continue to monitor uptake and quality of services delivery with this in mind.