

Tower Hamlets

Health and Wellbeing Board

Pharmaceutical Needs Assessment Final Report 2018



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Executive Summary

It is a statutory requirement for a Pharmaceutical Needs Assessment (PNA) to be developed and published every three years (or earlier where significant changes have occurred) by each area covered by a Health and Wellbeing Board (HWB). The purpose of the PNA is to plan for the commissioning of pharmaceutical services and to support the decision-making process in relation to new applications or change of premises of pharmacies.

This PNA has been undertaken during a time of uncertainty around how pharmacy services will develop over the next three years. The 2016 Murray report reviewed the Pharmacy Contract Revisions 2016 and recommended major changes to the way in which pharmaceutical services should be delivered. Key changes to the Pharmacy Contract include simplifying the NHS pharmacy remuneration system, helping pharmacies to become more efficient and innovative and encouraging longer prescription durations where clinically appropriate. However, at the time of writing, these recommendations have not yet been implemented given they are currently under judicial review. It is complex to predict the impact on residents of such changes before it is understood which services may be reduced, changed or closed.

Since the last Tower Hamlets PNA was published in 2015, no major changes to pharmaceutical provision have been observed, although the resident population of the borough continues to increase. There are 48 community pharmacies in the Tower Hamlets HWB area for a population of 304,854, an average of 15.7 pharmacies per 100,000 population, lower than the England and London averages of 21.3 and 21.4 respectively. All localities have at least one community pharmacy, however the rate varies across the borough with the South East and South West localities having fewer numbers of pharmacies per head of population than in the North.

Overall access is good. In addition, all localities have services available during weekdays and Saturdays, and three of the four localities have services on Sundays.

Demand for community pharmacies may eventually increase due to national policy and population growth. Current national policies highlight the potential of community pharmacy to deliver enhanced community-based healthcare access thereby reducing demand on urgent and primary care services.

A review of the Joint Health and Wellbeing Strategy (JHWS) and Joint Strategic Needs Assessment (JSNA) identified that there may be scope for pharmacies to support more local health needs. The borough continues to experience deprivation with high rates of unemployment with the demography comprising of a young, fast growing, mobile population.

Addressing many of Tower Hamlets' 'areas of opportunity', as identified in the JSNA and JHWS, could include an expanded role for pharmacists. Priority areas identified by are linked to life course and cover:

- Conception, pregnancy and being born
- Growing up – early years
- Growing up – childhood and adolescence
- Being an adult
- Ageing and growing old
- End of life and dying

The JSNA needs to be considered alongside the main strategic plans for Tower Hamlets. Other priorities that pharmacists could play a role in include collaborating with initiatives aimed at reducing domestic violence and supporting enhanced promotion of the following – cancer detection and care, flu vaccination amongst health care workers, improved housing with a focus on vulnerable adults, monitoring of hospital admissions caused by injuries in children, diabetes prevention, living well with people with multiple chronic illness, improved end of life care and monitoring the tipping point into need for health and care services.

Decisions concerning the promotion of pharmacist led services for these programmes will need to be based on more focused health needs assessments and commissioning strategies.

The pharmacy user and public stakeholder engagement identified that many of them found pharmacy opening times to be good and pharmacy staff friendly. However, there was concern in some quarters about the ability to have confidential discussions.

Conclusions

The Tower Hamlets Health and Wellbeing Board (THHWB) has updated the information in relation to pharmacy services in its borough as well as information regarding changes in pharmacy services. In addition, the THHWB has reviewed the current health needs of its population in relation to the number and distribution of the current pharmacies in Tower Hamlets and those pharmacies in neighbouring boroughs adjoining Tower Hamlets.

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

- For the purposes of this PNA, necessary services are defined as essential services.
- The Advanced, Enhanced and Locally Commissioned services are considered relevant services as they contribute towards improvement in provision and access to pharmaceutical services.

When assessing the provision of services in Tower Hamlets, data have been analysed across localities, between population groups and by deprivation. In particular the following have been considered:

- The maps showing the location of pharmacies within Tower Hamlets compared with population density and deprivation
- The number, distribution and opening times of pharmacies within Tower Hamlets
- Pharmacy locations across the border
- Population density in Tower Hamlet and consequent access to pharmacies close by
- The increase in daytime population
- Projected population growth
- The age, gender and ethnicity of the population
- Neighbourhood deprivation in Tower Hamlets
- Location and opening hours of GP practices providing extended opening hours

- Location and opening hours of NHS Dental contractors

Based on the latest information on the projected changes in the THHWB geographical area over the next three years, alongside the latest information regarding building plans and expected additional population increases during this time, along with the increases in the daytime population, the THHWB has concluded that the current pharmacy services are adequate and have a good geographical spread. Although some measures of the number of pharmacies in the borough show a lower level of provision than elsewhere, the high population density in the borough indicates that no one is very far from a pharmacy.

Tower Hamlets HWB has concluded that there are no significant gaps in necessary service provision.

The detailed conclusions are as follows:

- There is no evidence that there are any significant current gaps in the provision of essential services (necessary services) across the borough.
- There is no substantial evidence that there are any significant current gaps in the provision of advanced services (relevant services) across the borough.
- There is no substantial evidence that there are any significant current gaps in the provision of enhanced services (relevant services) across the borough.
- There is no substantial evidence that there are any significant current gaps in the provision of locally commissioned services, (relevant services) across the borough.
- THHWB recognise that a number of HWBs which border Tower Hamlets contribute toward meeting the pharmaceutical needs of the Tower Hamlets residents and their contribution has been taken into consideration where appropriate.
- There are population increases expected in the borough in the next three years, particularly in the South East, but on current assumptions we believe these can be absorbed by the existing infrastructure of pharmacies, along with general developments in pharmacy services and the provision of services in different ways which will improve the delivery to the public.

The conclusions reached in this report include assessments that have addressed whether additional provision of pharmacies would improve choice. The analysis shows there is a greater choice of independent pharmacies in the Borough compared with both London and nationally. The HWB considered the following: NHSE have recently assessed the need for pharmacies and generally found that nationally services are adequate; where necessary in localities that have fewer pharmacies the pharmacies qualify for the Pharmacy Access Service and compared to other areas of England London Boroughs have greater choice of pharmacy provider.

The conclusions in this report are based significantly on the data available and future assumptions at the time of reporting about how pharmacy services are likely to develop following the Department of Health's Community Pharmacy in 2016/17 and Beyond document and the Murray Report. The situation is fast moving and it will be important to undertake an annual review of the evidence and assumptions to keep these conclusions up to date.

Key to Services

- **Essential Services** (necessary services) are commissioned by NHS England and are provided by all pharmacy contractors. These are services which every community pharmacy providing NHS pharmaceutical services must provide and is set out in their terms of service – these include the dispensing of medicines, promotion of healthy styles and support for self-care. Distance- selling pharmacy contractors cannot provide essential services face to face at their premises.
- **Advanced Services** are commissioned by NHS England and can be provided by all contractors once accreditation requirements have been met. These services include Medicines Use Reviews (MUR), New Medicines Service (NMS), Appliance Use Reviews (AUR), Stoma Appliance Customisation (SAC), NHS Urgent Medicine Supply Advanced Services (NUMSAS) (relevant services).
- **Enhanced Services** commissioned by NHS England are pharmaceutical services, such as Minor Ailments, services to Care Homes, language access and patient group directions (relevant services).
- **Locally commissioned Services** are commissioned by local authorities, CCGs and NHS England in response to the needs of the local population (relevant services).

1 Introduction

1.1 Background

It is a statutory requirement under the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 for a Pharmaceutical Needs Assessment (PNA) to be developed and published every three years (or earlier where significant changes have occurred) by each area covered by a Health and Wellbeing Board (HWB). The last PNA in Tower Hamlets was published in 2015.

1.2 Purpose of the PNA

The purpose of the PNA is to plan for the commissioning of pharmaceutical services and to support the decision-making process in relation to new applications or change of premises of pharmacies.

As such, it is required to cover the following:

- what services are necessary to meet the needs of the local population.
- which services have improved and/or have better access since the publication of the last PNA.
- what provision is currently available, highlighting any immediate or future gaps in services.
- any impact other NHS services have on pharmaceutical services.
- how the assessment was carried out and the resulting conclusions.

This information is held by NHS England to maintain a pharmaceutical list for the local area. This list is used to consider applications for new pharmacies as well as the relocation of existing pharmacies and to commission additional services.

The PNA bases its assessment on current and predicted demographics as well as analysing the health needs of the local population.

1.3 Scope of the PNA

The PNA covers local pharmaceutical providers, dispensing doctors and appliance contractors. It does not cover pharmaceutical services in hospitals or prisons.

The minimum requirement for PNAs include the following:

- a statement of the pharmaceutical services currently provided that are necessary to meet needs in the area.
- a statement of pharmaceutical services that have been identified by the HWB that are needed in the area, and are not provided (gaps in provision).
- a statement of the other relevant services which are provided, which are not needed, but which have secured improvements or better access to pharmaceutical services in the area.

- a statement of the services that the HWB has identified as not being provided, but which would, if they were to be provided, secure improvements or better access to pharmaceutical services in the area.
- a statement of other NHS services provided by a local authority, the NHS Commissioning Board (NHS England), a Clinical Commissioning Group (CCG) or an NHS Trust, which affect the needs for pharmaceutical services.
- an explanation of how the assessment has been carried out (including how the consultation was carried out).
- a map of providers of pharmaceutical services.
- consultation – HWB must consult the bodies set out in Regulation 8 at least once during the process of developing PNA. The minimum consultation period required is 60 days.

1.4 Process for developing the PNA

A steering group of key stakeholders was set up to oversee the PNA process. Terms of reference for the group are at Appendix E – Steering Group Terms of Reference.

An open tender process selected the Public Health Action Support Team (PHAST), a not for profit social enterprise company to develop the PNA.

The activities of the process and timescales are set out in the project chart in Appendix F – Project plan.

This involved:

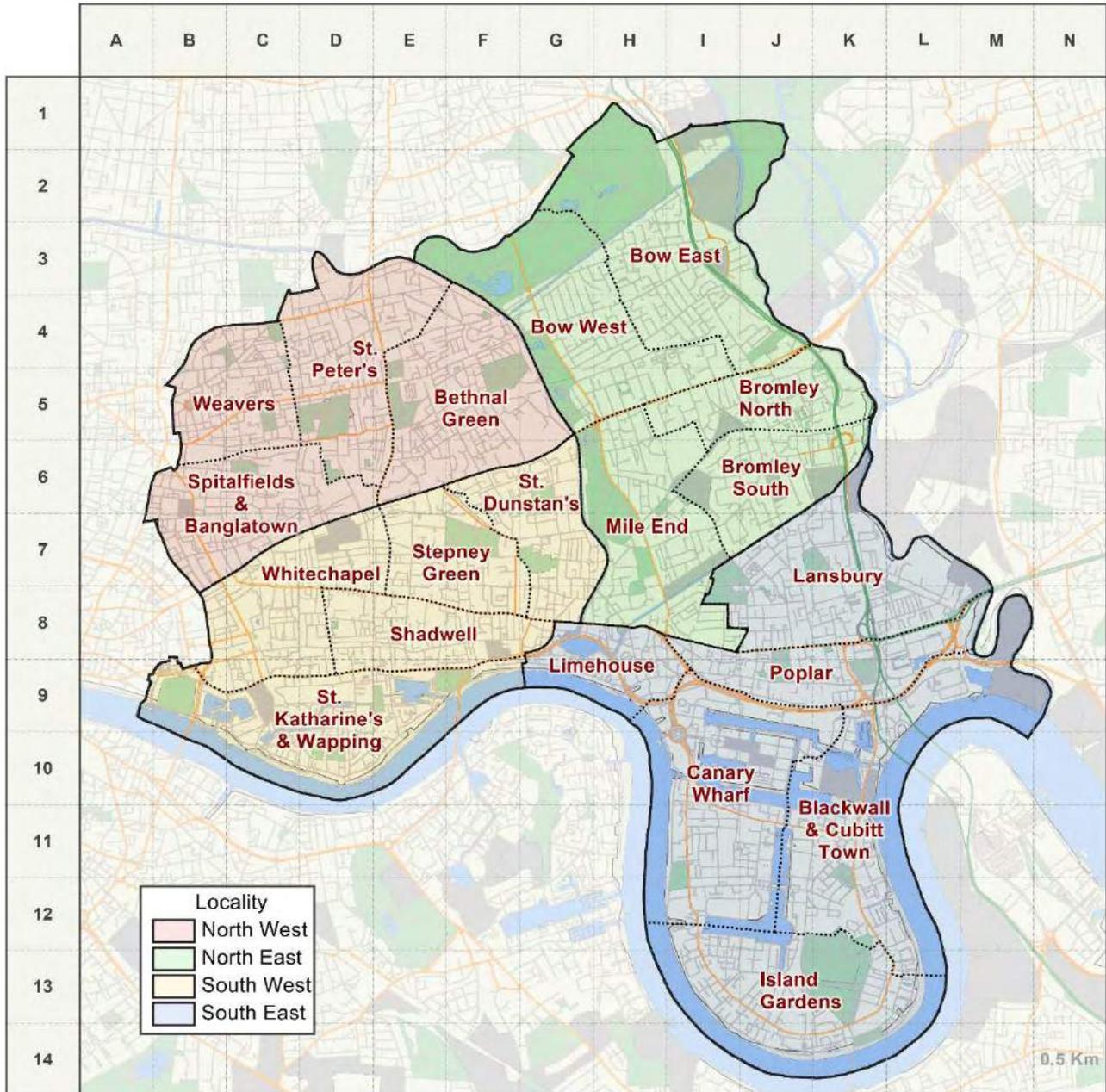
- updating information and evidence since the previous PNA, including latest priorities.
- setting the scene for pharmacy services.
- updating information on the population of Tower Hamlets and latest health information.
- conducting surveys of pharmacies, of pharmacy users and of particular interest groups who may have specific needs.
- preparing a draft for consultation.

Following this consultation, the comments will be assessed by the steering group and the final PNA will be published early in 2018.

1.5 Localities for the purpose of the PNA

This PNA analyses services by locality, as set out in Figure 1. These specified areas are the health and social care communities agreed localities for place based provision of services.

Figure 1 Localities by ward



2 Context for the PNA

2.1 Context

The current round of PNAs, due to be published by 31 March 2018, are being undertaken in a time of uncertainty around how pharmacy services will develop over the next three years. The 2016 Murray report recommends major changes to the way in which pharmaceutical services should be delivered. At the time of writing, the changes to the Pharmacy Contract have not yet been fully implemented. It is complex to predict the impact of such alterations on residents before it is understood which services may be reduced, changed or closed.

2.2 National policies on pharmacy services

2.2.1 Legal framework for PNAs – the NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013

The [National Health Service \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013](#) set out PNA requirements (Part 2, Regulations 3-9).

Available at: http://www.legislation.gov.uk/ukxi/2013/349/pdfs/uksi_20130349_en.pdf

The minimum requirement for PNAs include the following:

- A statement of the pharmaceutical services currently provided that are necessary to meet needs in the area.
- A statement of pharmaceutical services that have been identified by the HWB that are needed in the area, and are not provided (gaps in provision).
- A statement of the other relevant services which are provided, which are not needed, but which have secured improvements or better access to pharmaceutical services in the area.
- A statement of the services that the HWB has identified as not being provided, but which would, if they were to be provided, secure improvements or better access to pharmaceutical services in the area.
- A statement of other NHS services provided by a local authority, the NHS Commissioning Board (NHS England), a Clinical Commissioning Group (CCG) or an NHS Trust, which affect the needs for pharmaceutical services.
- An explanation of how the assessment has been carried out (including how the consultation was carried out).
- A map of providers of pharmaceutical services.
- Consultation. The Tower Hamlets Health and Wellbeing Board (THHWB) must consult the bodies set out in Regulation 8 at least once during the process of developing PNA. The minimum consultation period required is 60 days.

2.2.2 The National Health Service Act 2006

Part 7 of the [NHS Act 2006](#) applies to 'pharmaceutical services and local pharmaceutical services' and includes a description of pharmaceutical arrangements that must be put in place within an area and the type of professional authorised to prescribe (Section 126).

2.2.3 2008 White paper

The 2008 White Paper, [Pharmacy in England: Building on strengths – delivering the future](#), sets out 'a vision for building on the strengths of pharmacy, using the sector's capacity and capability to deliver further improvements in pharmaceutical services'.¹ The White Paper advocated expanding the pharmacy role to include additional clinical services e.g. treating common minor ailments, providing public health services such as smoking cessation support and sexual health services, supporting those with long-term conditions, delivering some clinical services such as blood tests and screening programmes and involvement in clinical pathways that support integrated care.

2.2.4 The Murray Report

The Chief Pharmaceutical Officer for England, Dr Keith Ridge, commissioned an [independent Community Pharmacy Clinical Services Review](#) ('the Murray report') published by The King's Fund in December 2016. The review summarises national policies that describe opportunities for expanding the role of the community pharmacist.

'Community pharmacy has the potential to help meet both the short term and long-term challenge to provide better outcomes as part of wider integrated services that are efficient and that work for patients. It is widely recognised that community pharmacists and their teams are an underutilised resource. Pharmacists undergo a four-year full-time university degree plus a year's work-placed preregistration training culminating in a further academic examination before being admitted to the pharmaceutical register. In addition to this many also undertake post-graduate academic qualifications and training. Pharmacy technicians are also highly trained and are a registered profession working in all health sectors.'²

2.2.5 NHS Community Pharmacy Contractual Framework (the 'Pharmacy Contract')

The Pharmacy Contract is made up of three different service types:

- **Essential Services** are commissioned by NHS England and are provided by all pharmacy contractors. These services include the dispensing of medicines and appliances, repeat dispensing, disposal of unwanted medicines, clinical governance, promotion of healthy lifestyles, signposting and support for self-care. **For the purposes of this PNA, necessary services are defined as all Essential Services.**
- **Advanced Services** are commissioned by NHS England and can be provided by all contractors once accreditation requirements have been met. These services include

¹ Pharmacy in England Building on strengths – delivering the future. Department of Health. 2008

² Murray R. Community Pharmacy Clinical Services Review. The Kings Fund. December 2016

Medicines Use Reviews (MUR), Flu Vaccination, New Medicines Service (NMS). **For the purposes of this PNA, relevant services are defined as all Advanced Services.**

- Appliance Use Reviews (AUR), Stoma Appliance Customisation (SAC), NHS Urgent Medicine Supply Advanced Services (NUMSAS).
- **Locally commissioned/Enhanced Services** are commissioned by local authorities, CCGs and NHS England in response to the needs of the local population. **For the purposes of this PNA, relevant services are defined as all Locally commissioned and Enhanced Services.**

2.2.6 Primary care services in Tower Hamlets

In April 2015, the CCG took on responsibility alongside NHS England for buying and managing primary care services in Tower Hamlets. The CCG has been working closely with GP practices, patients, and other stakeholders to develop a long-term plan for primary care in the borough.

The CCGs aim is for primary care services to work more closely together to improve access and offer services in the community that are currently carried out in hospital. It is also working in partnership with health and social care providers to reduce the pressure on General Practice.

It is promoting the development of a suite of IT systems and tools that will improve patients access their GP practice, their local pharmacy or any other appropriate service. This will ensure patients can consult a GP online including being able to book appointments. The aim is to enhance the ability of patients to access the relevant services and help reduce pressures on primary care. They are focusing on self-care, virtual consultations, pre-appointment information, establishing clinical communities that build relationships between clinicians in primary and secondary care.

2.2.7 2016 Changes to the Pharmacy Contract

2.2.7.1 Overview

On 20 October 2016, the Government imposed a two-year funding package on community pharmacy, with a £113 million reduction in funding in 2016-17. Contractors providing NHS pharmaceutical services under the framework will receive £2.687 billion for 2016-17, a reduction of 4% compared with 2015-16. This will be followed by a further 3.4% reduction to £2.592 billion in 2017-18.³

Stakeholder consultation by the Department of Health (DH) has led to key changes in the national pharmacy contract with the aim of creating a more efficient service that is better 'integrated with the wider health and social care system' in order to 'relieve pressure on GPs and Accident and Emergency Departments, ensure optimal use of medicines, and will mean better value and patient outcomes.'⁴

The findings outlined in the [consultation document](#) suggested that efficiencies can be made without compromising service quality or public access because:

'There are more pharmacies than necessary to maintain good patient access;

³ [Consultation document](#)

⁴ Community Pharmacy in 2016/2017 and Beyond: Final Package. Department of Health. October 2016

‘Most NHS funded pharmacies qualify for a complex range of fees, regardless of the quality of service and levels of efficiency of that provider;

‘More efficient dispensing arrangements remain largely unavailable to pharmacy providers.’

2.2.7.2 Key changes in the way pharmaceutical services are delivered

The DH has indicated that the key changes include:

- simplifying the NHS pharmacy remuneration system
- helping pharmacies to become more efficient and innovative
- encouraging longer prescription durations where clinically appropriate

For full details see the Department of Health’s Community Pharmacy in 2016/2017 and Beyond: Final Package.

2.2.7.3 Change to payment fees

Pharmacy currently receive an establishment payment as long as they dispense above a certain prescription volume – this will be gradually phased out over a number of years, starting with a 20% reduction in December 2016 and reduced by 40% on 1 April 2017.⁵ A range of fees including the professional or ‘dispensing’ fee, practice payment, repeat dispensing payment and monthly electronic prescription payment service payment will be consolidated into a single activity fee.

2.2.7.4 A new quality payments scheme

A range of quality criteria have been introduced which, if achieved, will help to integrate community pharmacy into the wider NHS/Public Health agenda. Contractors adhering to gateway criteria will receive a quality payment if they meet one or more of the quality criteria, details of which can be viewed at <http://psnc.org.uk/services-commissioning/essential-services/quality-payments/>.

2.2.7.5 The Pharmacy Access Scheme (PhAS)

Changes also include the introduction of a new Pharmacy Access Scheme (PhAS). The scheme is designed to ensure populations have access to a pharmacy, especially those with high dependency that live in regions where pharmacies are sparsely located. A national formula has been used to identify 1,356 pharmacies which will receive an additional payment to ensure that they are protected from the full effects of the December 2016 funding cut.

2.2.7.6 Changes to regulations to facilitate pharmacy mergers

Amendments to NHS 2013 Regulations⁶ were made in December 2016, including a new regulation that facilitates the consolidation of two or more pharmacies onto one existing site. ‘Importantly a new pharmacy would be prevented from stepping in straight away if a chain closes a branch or two pharmacy businesses merge and one closes. This would protect two

⁵ <http://psnc.org.uk/funding-and-statistics/cpcf-funding-changes-201617-and-201718/>

⁶ National Health Service (Pharmaceutical Services, Charges and Prescribing) Regulations 2013

pharmacies that choose to consolidate on a single existing site – where this does not create a gap in provision.⁷

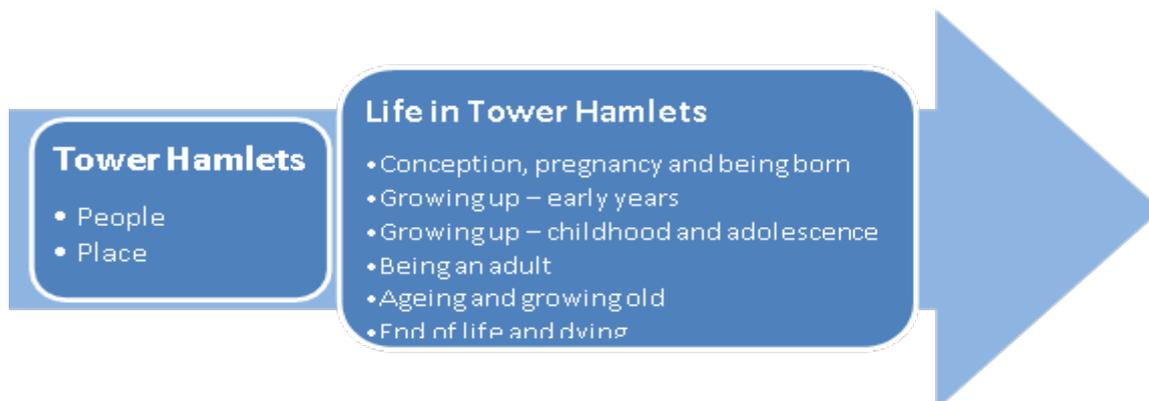
“Applications to consolidate will be dealt with as ‘excepted applications’ under the 2013 Regulations, which means in general terms they will not be assessed against ... the pharmaceutical needs assessment (“PNA”) produced by the Health and Wellbeing Board, (HWB). Instead, they will follow a simpler procedure, the key to which is whether or not a gap in pharmaceutical service provision would be created by the consolidation.... If the NHSCB is satisfied that the consolidation would create a gap in pharmaceutical services provision, it must refuse the application. The opinion of the HWB on this issue must be given when the application is notified locally and representations are sought (Regulations 12 and 13).

If the application is granted and pharmacy premises are removed from the relevant pharmaceutical list, if the HWB does not consider that a gap in service provision is created as a consequence, it must publish a supplementary statement published alongside its pharmaceutical needs assessment recording its view (amendment of regulation 6).”⁸

2.3 Joint Strategic Needs Assessment (JSNA) review

2.3.1 Introduction

The JSNA aims to improve the health and wellbeing of the local community and reduce inequalities for all ages. It is a continuous process of strategic assessment and planning to develop evidence-based priorities for commissioning. It is jointly produced by the council and Tower Hamlets Clinical Commissioning Group (CCG). The JSNA includes demographic and socioeconomic profiles, an overview of health and social care needs, ward health profile, accountable care organisation population work stream and a public health outcomes framework report. The JSNA specifically highlights these priority areas.



The JSNA should be considered alongside the main strategic plans for Tower Hamlets:

- Tower Hamlets Health and Wellbeing Strategy 2016-2020
- Tower Hamlets Partnership [Community Plan 2015](#)
- Tower Hamlets [Strategic Plan](#) 2015-16 (informed by the Mayor’s Priorities)

⁷ <http://psnc.org.uk/contract-it/pharmacy-mergers-consolidations/>

⁸ National Health Service England. The National Health Service (Pharmaceutical Services, Charges and Prescribing) (Amendment) Regulations 2016

- The Mayor's Priorities: Housing Delivery and Performance; Regeneration and the Creation of Sustainable Communities; Creating Jobs and Supporting the Growth of the Local Economy; Young People and Schools; Older People and Health; Community Safety and Community Cohesion; Environment and Public Realm; Arts, Heritage, Leisure, and Culture. Partnership work including:
 - NHS Sustainability and Transformation Plans (East London)
 - Transforming Services Together (East London)
 - Tower Hamlets Together NHS Vanguard Programme
- The Mayor of London developed a draft Health Inequalities Strategy in 2017 'Better Health for All Londoners'. The strategy aims to help create a healthier and fairer society and to make the healthier choice easier for everyone, including the most disadvantaged. The London Plan commits the Mayor to working in partnership with other key stakeholders to reduce health inequalities by supporting the spatial implications of the Health Inequalities Strategy. The draft strategy has five goals:
 - 1. Every London child to have the best possible start in life**
 - 2. All Londoners share in a city with the best mental health in the world**
 - 3. A society, environment and economy that promotes good mental and physical health**
 - 4. London's diverse communities to be healthy and thriving**
 - 5. To make the 'healthy choice' the easy choice for all Londoners**
- Tower Hamlets Public Health Aspirations
- Tower Hamlets Mental Health Strategy 2014-2019
- Tower Hamlets Ageing Well Strategy

2.3.2 Latest priorities and implications for pharmacy services

While the role of pharmacists is not directly referred to in the JSNA, an expanded role for pharmacists could enable their involvement in addressing many of Tower Hamlets' priorities. Their priority areas are outlined below.

2.3.3 Conception, pregnancy and childbirth

2.3.3.1 Low birth weight and infant mortality

Two high level indicators of the health of babies are the proportion with low birth weight (less than 2,500 grams) and the death rates at one year (infant mortality). Low birth weight is particularly associated with poorer health and educational outcomes. Tower Hamlets has a higher rate of low birth weight than London and England. Although infant mortality rates have tended to be similar to the London average, they have recently increased.

- 9% of babies born to Tower Hamlets mothers have a low birth weight, compared to 7.5% in London. This is the second highest rate in England⁹.

⁹ Office for National Statistics (ONS), Low birth weight births, 2008-12 (via PHE Local Health)

- The low birth weight rate varies by ward from 4% in St Katharine's and Wapping to 11% in Bromley South. There is a small correlation between low birth weight and ward deprivation¹⁰.
- 22 babies died aged under one year in Tower Hamlets in 2014 (4.8 per 1,000 live births). This is higher than the London rate (3.1 per 1,000 live births) and those of neighbouring boroughs such as Hackney (4.1 per 1,000 live births) and Newham (2.5 per 1,000 live births)¹¹. The three-year average number of infant deaths in Tower Hamlets is 1,967.
- Of infant deaths investigated in 2015-16, two were attributable to consanguinity¹².

2.3.3.2 Maternal mental health

- Nationally, it is estimated that 12% of mothers' experience post-natal depression and 13% experience anxiety¹³.
- NICE estimates the number of mothers with common mental disorders during pregnancy at 20%, which equates to approximately 900 mothers in 2015. The prevalence of depression is estimated at 20% antenatally, and 10-22% postnatally¹⁴.

2.3.3.3 Access to services

- Early access to maternity services is an important factor in supporting the health of the mother and identifying any risks associated with the pregnancy as early as possible.
 - The 2015 Care Quality Commission (CQC) inspection noted a steady improvement in the proportion of women booked into antenatal care by 12 weeks of pregnancy – now at 87% with a national target of 90%¹⁵.
 - Patient experience of maternity services locally has been highlighted as an issue by successive CQC Maternity Survey reports. The Royal London Hospital performed below the national average on friends and family scores for antenatal, birth and postnatal care in the 2015 CQC inspection.

2.3.3.4 Considerations for the THHWB

- Despite good clinical quality in maternity services, there remain issues regarding patient experience which need to be addressed.
- Infant mortality has fallen in London and England in recent years, but not in Tower Hamlets.

¹⁰ Office for National Statistics (ONS), low birth weight births, 2014-15

¹¹ Office for National Statistics (ONS), Mortality Statistics: Death registered in England and Wales by Area of Usual residence, 2014

¹² Tower Hamlets Child Death Overview Panel Report, 2015-2016, published September 2016. Report includes mortality in children of all ages, and dates refer to year investigated rather than year of death.

¹³ NICE Guideline CG192: Antenatal and Postnatal Mental Health 2014

¹⁴ NICE Clinical Knowledge Summary. Depression – antenatal and postnatal, 2015. Local figures currently unavailable.

¹⁵ Care Quality Commission, The Royal London Hospital inspection report 2015

- There remains work to do with the local community and by frontline staff regarding consanguinity.
- Health during conception, pregnancy and infancy continues to have a lifelong impact on health and wellbeing.

2.3.4 Growing up in Tower Hamlets – early years

2.3.4.1 Nutrition¹⁶

- 75.3% of children in reception year (4-5-year-olds) are a healthy weight, compared to 76.3% in London and 77.2% in England.
- 11.8% of 4-5-year-olds are obese (8th highest in the country), and a further 10.7% are overweight.
- 2.14% of 4-5-year-olds are underweight.
- Tower Hamlets' tooth decay rates are among the worst in London. 33.5% of 5-year-olds have experience of tooth decay compared to 27.4% for London and 24.8% nationally. Compared to previous years, there is evidence of improvement in child oral health, however, Tower Hamlets' decay rates are among the worst in London.

2.3.4.2 Immunisations

- The introduction of systematic call and recall programmes as part of the 'care package' approach to childhood immunisation in 2009-10 saw improvement in uptake of immunisation which has remained stable.
- 94.9% of two-year-olds have received three doses of DTaP/ IPV/Hib (diphtheria, tetanus, pertussis, poliomyelitis, haemophilus influenza B). This is higher than London and England rates of 90.6% and 94.2% respectively.
- 91.2% of infants have received the first MMR dose (measles, mumps, rubella), compared to 87.3% in London and 92.3% in England. Although this rate dropped below the national average in 2014-15, local coverage increased to 93.1% in 2015-16.

2.3.4.3 Access to Services

- A&E attendance – there were over 14,600 A&E admissions for children under 5 in 2014-15, equating to 708.5 per 1,000, equal to the London average but higher than that of England (540.5)¹⁷.
- Teenage pregnancy – the Family Nurse Partnership service is offered in all teenage pregnancies.

2.3.4.4 Considerations for the THHWB

¹⁶ National Child Measurement Programme 2014/15, PHE Fingertips Local Authority data

¹⁷ PHE Child Health Profiles 2016, CHIMAT uses HES data from 2014-5.

- The Marmot Review is unequivocal in stating the critical importance of and need to prioritise physical, emotional, social, and cognitive development in early years.
- Despite some positive outcomes (e.g. breastfeeding initiation), there is good evidence that the health impacts of deprivation are already manifest in the early years of Tower Hamlets children.
- Evidence-based interventions to give Tower Hamlets infants the best start in life and mitigate these negative health impacts include good early education, access to childcare and support to families.
- The Violence Against Women and Girls strategy recommends increasing efforts to identify victims of violence and abuse, making support services more accessible and increasing the number of cases that are referred to the Specialist Domestic Violence Court.
- Tower Hamlets Together Children's Programme is focusing on developing integrated early years services.

2.3.5 Growing up in Tower Hamlets – children and young people

2.3.5.1 Nutrition¹⁸

- 55.9% of children aged 10-11 are a healthy weight, compared to 61.1% in London and 65.3% in England.
- 27.1% of 10-11-year-olds are obese (3rd highest in the country) and 14.8% are overweight.
- 2.24% of 10-11-year-olds are underweight, compared to 1.70% in London and 1.42% in England.

2.3.5.2 Mental health

- Local data on the mental health and wellbeing of this age is limited. Around 1 in 10 children are estimated to have a mental health disorder of any kind, similar to national averages¹⁹.
- There are 565 children in all schools with autistic spectrum disorder and 1,420 with social/emotional/mental difficulties²⁰. Rates of children with learning disabilities are among the lowest in the country according to the 2014 schools' statement (5.7 cases per 1,000, compared with the England average of 33.7), however, 4% of pupils have a plan for education support, the highest level in London²¹.

2.3.5.3 Sexual health

¹⁸ National Child Measurement Programme 2014-15, PHE Fingertips

¹⁹ Office for National Statistics Mental health in children and young people in Great Britain, 2005

²⁰ Public Health England. Learning disability profiles 2014-15.

²¹ Department for Education. Special Educational Needs in England 2016

- The 2014 under-18 conception rate for Tower Hamlets was 18.1 per 1,000 females aged 15-17. The rate has decreased a further 30% since 2010 in line with national reductions²².
- The diagnostic rate for chlamydia in 15-24-year-olds is 1,947 per 100,000 population. This is comparable to the England rate (1,887 per 100,000), and lower than the London rate (2,200 per 100,000)²³.
- There is a higher diagnostic rate for STIs in adults over the age of 25 (see section on adults).

2.3.5.4 Violent crime

- There were 3,101 reports of domestic crime (defined as threatening behaviour, violence or abuse between adults who are or who have been intimate partners or family members, regardless of gender), and 9,587 reports of violence against the person made to the Metropolitan Police in 2015-16²⁴.

2.3.5.5 Considerations for the THHWB

- The extent of childhood poverty is the most important determinant affecting the current and future health of children and young people. This highlights the importance of sustaining family income, improving skills, and creating opportunities for local employment for those who are most vulnerable.
- Educational attainment is a major determinant of health. The continuing improvement in educational outcomes in Tower Hamlets to above England averages over the past few years is a fantastic achievement in the context of the levels of child poverty in the borough.
- Prevalence of obesity is falling for 4-5-year-olds, but increasing for 10-11-year-olds.
- The high burden of sexually-transmitted infections in young people highlights the importance of continuing to prioritise interventions to address risky sexual behaviour and promote good sexual health in this group.
- Relatively high levels of drug use in the borough highlight the importance of early intervention in preventing drug use in adolescents and young people and supporting those who are using drugs to quit.
- Schools play a critical role in helping children and adolescents to value their current and future health and support their resilience in developing positive health habits and resisting health harming choices.
- The Violence Against Women and Girls strategy recommends increasing efforts to identify victims of violence and abuse, making support services more accessible, and

²² Office for National Statistics, Conception Statistics, 1998-2000 to 2008-2010 via NHS IC Indicator Portal P01079

²³ Public Health England. PHOF indicator 3.02 chlamydia detection rate 15-24 2014-2015

²⁴ London Metropolitan Police. Crime Figures. 12 months up to July 2016. Accessed October 2016.

increasing the number of cases that are referred to the Specialist Domestic Violence Court.

2.3.6 Being an adult in Tower Hamlets – key issues

2.3.6.1 Premature mortality

- Tower Hamlets has amongst the highest premature death rates from the major killers – cancer, cardiovascular disease and chronic lung disease.

2.3.6.2 Poor survival and high mortality from cancer

- Mortality in Tower Hamlets is worse than the national average, with a one year survival rate of 66.5% compared to 70.2% for England²⁵.
 - Tower Hamlets has particularly high rates of premature mortality from ‘cancer considered preventable’ (102.6 per 100,000; London 78.2; England 83)²⁶.
 - The breast screening coverage rate for women aged 53 to 70 (national minimum standard 70%) declined between 2013 and 2015 from 67.8% to 59.6% (London 68.3%, England 75.4%) and is within the lowest 10% nationally.

2.3.6.3 Long-term conditions

Please see Section 3.8 for the most recent statistics

- Cardiovascular disease – higher crude prevalence rates than national levels.
- Diabetes – high prevalence and increasing.
- Respiratory disease – second highest rate in London of under 75s mortality from respiratory disease.
- Liver disease – higher mortality rate than elsewhere.

2.3.6.4 Sexual Health

Significantly higher than the national rate.

2.3.6.5 Tuberculosis (TB)

Higher than the incidence in London and England although declining.

2.3.6.6 Viral hepatitis

Mortality in under 75s from end stage liver disease from hepatitis B and C is higher than the national average.

2.3.6.7 High burden of mental health problems

²⁵ NHS Cancer Data dashboard 2013

²⁶ Public Health England, Public Health Outcomes Framework indicators 4.04,4.05, 4.07, 2012-14, Sept 2016

- Assessing the burden of mental health problems in Tower Hamlets is not straightforward, although modelling data indicates a high prevalence relative to London.

2.3.6.8 Levels of disability

Tower Hamlets has a slightly higher rate of severe disability in its working age population compared to that of London and England.

2.3.6.9 Considerations for the THHWB relevant to the PNA

- The diversity of the Tower Hamlets population as well as the differences in population composition across the borough highlight the need to balance both universal and targeted approaches to achieve equity of access and, where appropriate, equity of outcomes around the protected characteristics – age, gender, race, religion, disability, sexual orientation, marriage/civil partnership, gender reassignment and pregnancy/maternity.
- The three major causes of premature death in Tower Hamlets (cancer, cardiovascular disease and chronic lung disease) are strongly linked to socioeconomic deprivation and unhealthy behaviours, as well as gender and ethnicity.
- The areas of concern remain poor survival from cancer, low uptake for cancer screening programmes, the continued increase in diabetes, high prevalence of behavioural risk factors (particularly smoking), and a more general concern from patients around the need for greater integration of services. Liver disease is an area where premature mortality is high but has not been an issue where there has been strategic focus.
- The uneven distribution of deprivation across the borough at ward and sub-ward levels also makes the case for increasingly localised community-partnership working, and further highlights the importance of the localisation agenda.

2.3.7 Ageing, growing old and dying in Tower Hamlets

2.3.7.1 Long-term limiting illness

- 56% of 65-84 year olds report long term activity-limiting illness compared to 48% nationally²⁷.
- Over 80% of over 65s have at least one chronic condition, of whom 40% have at least three 'comorbid' conditions²⁸.
- Tower Hamlets has a high stroke mortality for under 75s, the 9th highest in England.
- Hospital admission rates for stroke are higher than the national average²⁹.

²⁷ Census 2011

²⁸ Tower Hamlets Integrated Care dataset

²⁹ Tower Hamlets Stroke Pathway 2012

- The local age-standardised prevalence of COPD shows that Tower Hamlets has a higher burden of COPD than neighbouring boroughs, although the crude prevalence rate is lower than national average³⁰.
- Under-75 mortality from respiratory disease is similar to that of England, but Tower Hamlets is estimated to have over 1,100 people with dementia³¹. Currently GP registers record 846 patients with a diagnosis of dementia; at best still less than % of that estimated. The prevalence of dementia in patients aged over 65 in Tower Hamlets was significantly higher (4.87%) than in London (4.45%) and England (4.27%).
- The proportion of hospital deaths for those with dementia, rather than deaths at home or in a hospice, is significantly higher than national and local averages³².
- Approximately 11.4% of the serious mental illness register is made up of people aged 65 and over. However, very little is known about the uptake of services by older people with psychosis, since they have traditionally been included either with all users of older people's mental health services (i.e. including dementia), or with people of all ages with functional (i.e. non-organic) mental illness³³.

2.3.7.2 Falls

- Approximately 4,300 people aged 65 and over had a fall in Tower Hamlets in 2015 (1,700 men and 2,600 women)³⁴. Falls can lead to long hospital stays, costly social care packages, long-term nursing or residential care and premature death. Falls can often result in bone fractures and sometimes death.

2.3.7.3 Last years of life

- National and local strategies for improving people's experience at the end of life focus on person-centred care. When asked, most people would choose to die in their own home. Increasing the proportion of deaths which occur in 'usual place of residence' is a key quality measure of care in the last years of life.
- In 2014, 26.4% of deaths in Tower Hamlets were in 'usual residence' (London 37.2%; England 44.7%). Significantly fewer died in a residential care home (5.8%; London 14.3%; England 21.7%) and more people died in hospital (59.4%; London 53.9%; England 47.4%)³⁵.

2.3.7.4 Considerations for the THHWB

- The speed of ageing varies from person to person as biological changes can be made worse by personal, social and environmental circumstances. Studies show that 25% of this variability is explained by genetic factors and the other 75% is largely explained by

³⁰ CEG JSNA prevalence dataset 2015, PHE Fingertips – respiratory data 2015

³¹ Public Health England. Dementia Profile. Dementia: recorded prevalence. 2014-15

³² PHE – fingertips – dementia profile – dying well

³³ CEG JSNA data reports 2015

³⁴ POPPI data

³⁵ PHE End of Life Care Profiles <http://fingertips.phe.org.uk/profile/end-of-life> September 2016

the cumulative impact of behaviours and exposures during the person's life course. As such, healthy ageing requires a life course approach.

- Improvements in socioeconomic status, housing quality, social and family networks, lifestyle and provision of integrated health and social care built around their needs are all factors that will improve older peoples' health.
- The low uptake of cancer, diabetic eye screening, and abdominal aortic aneurysm screening programmes is of concern.
- Services and initiatives for older people should take into account what older people value and staff should be trained to deliver care in a way which meets those values. Older people value independence so that they are able to:
 - do what they want, when they want and can get out and about.
 - have community interactions and control over the amount of social contact they have.
 - retain choice and control of decision making but also want for clear guidance and support from professionals and family.
- Older people with high support needs value:
 - people knowing and caring about them.
 - feeling they belong and have links to local communities.
 - being able to contribute to family, social and community life and being valued for what they do.
 - being treated with dignity, as an equal and as an adult. Having and retaining their sense of self and personal identity, including being able to express views and feelings.
- Older residents find access to health and social care information difficult and confusing and would like to have this information in a central place. They are keen to have more training and support with accessing and using information technology. However, the private cost of internet access is prohibitive for the majority of older people in Tower Hamlets. Initiatives to access IT facilities in the borough for use by older people are underway and should be supported.

2.4 Joint Health and Wellbeing Strategy (JHWS) review

2.4.1 Introduction

The JHWS developed by the THHWB outlines the overarching plan to improve the health and wellbeing of the local population. It can be viewed at:

https://www.towerhamlets.gov.uk/Documents/Public-Health/Health_Wellbeing_Strategy.pdf

2.4.2 Priority areas

The JHWS acknowledges that the borough faces many challenges and cannot tackle them all at once. It wants to drive change but acknowledges that it cannot spread its efforts too thinly. The focus, therefore, will be a small list of high priority issues.

The THHWB still oversees all strategic health issues across the borough, but it intends to concentrate on five themes over the next four years that will have the most significant impact on the health and wellbeing of its residents. The list of priorities was decided upon using the following criteria:

1. Change – Is the scale of the problem significant in Tower Hamlets and is there evidence that action will have a positive impact?
2. Feedback – What are the concerns of local residents?
3. Feasibility – Can change be supported by the system within the next four years?
4. Motivation – Is there enough collective will to achieve the change?

The 2017-2020 strategy focuses on five overarching themes, each with underpinning questions that address:

- Why is this important?
- What is being done already?
- What is the focus for action?
- First 12 months - what will it do?
- What will have changed in three years?
- How will we know if it's working?

2.4.3 The five overarching themes of the JHWS and its associated priority areas comprise:

1. Communities driving change – changes led by and involving communities
2. Creating a healthier place – changes to our physical environment
3. Employment and health – changes helping people with poor working conditions or who are unemployed
4. Children's weight and nutrition – changes helping children to have a healthy weight, encouraging healthy eating and promoting physical activity
5. Developing an integrated system – changes that will join up services so they are easier to understand and access.

2.4.3.1 Communities driving change

Changes led by and involving communities

Tower Hamlets would like more people to:

- feel in control of their health and informed to make positive changes.
- support each other around their health and wellbeing.
- take joint action on issues that affect their health and wellbeing.
- get involved in shaping local services.

2.4.3.2 Creating a healthier place

Changes to the physical environment

Tower Hamlets would like:

- better and more creative use of open spaces.
- better connections between green spaces.
- reduced exposure to air pollution.
- more residents using public spaces for healthy activities.

2.4.3.3 Employment and health

Changes helping people with poor working conditions or who are unemployed

Tower Hamlets would like:

- more unemployed people given the support they need to maintain or improve their health.
- an equal chance of good employment given to those with a physical or mental health condition.
- more local employers to actively support the health and wellbeing of their employees.

2.4.3.4 Children's weight and nutrition changes

Helping children to have a healthy weight, encouraging healthy eating and promoting physical activity

Tower Hamlets would like:

- more 10-11-year-olds to be a healthy weight.
- more schools and early years providers to promote child health and wellbeing.
- more parents and communities to be involved with improving the healthy weight and nutrition of children.

2.4.3.5 Developing an integrated system

Changes which will join up services so they are easier to understand and access

Tower Hamlets would like joined up health and social care for all (a vision which is based on community engagement and ownership) with more people saying:

- 'I have easy access to information, advice and guidance which helps me to find what I need.'
- 'It's easy to get help from my GP practice and I can contact my Care Co-ordinator whenever I have any questions.'
- 'There are different people involved in supporting me but everyone listens to what I want and helps me to achieve my goals.'

2.5 Tower Hamlets commissioning priorities

The last Tower Hamlets commissioning priorities document was issued in 2013 prior to the 2015 PNA. <http://www.towerhamletsccg.nhs.uk/downloads/about/publications/strategies/NHS-THCCG-Prospectus-2013-v8.pdf>

The Tower Hamlets commissioning priorities at that time that were likely to impact pharmaceutical services included the following:

2.5.1 Maternity services

Tower Hamlets will continue to work with the local authority's public health team to improve the health and wellbeing of mothers and babies, including the provision of supplements for those who are Vitamin D deficient, flu vaccinations, education on female genital mutilation for clinicians, stop smoking initiatives and increasing breastfeeding rates.

2.5.2 Redesign of the front end of A&E

Tower Hamlets wanted to make sure that A&E and ambulance services concentrated their skills on emergencies. To help achieve this, Tower Hamlets re-introduced GPs at the 'front door' of A&E starting April 2013. This has resulted in all adults arriving on foot being reviewed by a GP who then refers them to the best service to meet their needs. Their actual needs may be in A&E or the Urgent Care Centre, or they could be the local GP, pharmacy or back home with self-care advice. The impact of this change was closely monitored and evaluated during the first nine months of 2013-14 to inform future decisions.

2.5.3 Review of anticoagulation services

Significant progress has been made in implementing community clinics for anticoagulation services to effectively manage stable patients in the community. During 2013, Tower Hamlets planned to review how services were provided to help inform future contract negotiations. Strategies to Improve anticoagulation services was specifically raised as an issue in the previous 2015 PNA.

2.5.4 Integrated care

The CCG is promoting the establishment of community health teams to provide local integrated patient centred care to high-risk patients. The multidisciplinary teams include community geriatricians, social workers, rapid response community health and social care teams and community psychiatric nurses. The integrated teams will support individuals with complex health and social care needs in the community with a focus on offering discharge support to coordinate patients' care at home, reduce length of stay in hospital, frail and complex care packages and care coordination supporting patients with dementia and other complex care conditions.

2.5.5 Online engagement with patient tools

Tower Hamlets is promoting the development of IT systems that enable patients to access their GP practice online and book appointments. The aim is to enhance the ability of patients to access services and help reduce pressures and primary care. They are focusing on self-care, virtual consultations, pre-appointment information, establishing clinical communities that build relationships between clinicians in primary and secondary care.

2.5.6 Prescribing

The Tower Hamlets medicines management team support high-quality, evidence-based, cost-effective prescribing within Tower Hamlets. This has been achieved in primary care with good engagement from GPs, nurses, community pharmacists, secondary care colleagues and others including the clinical effectiveness group. This is reflected by its excellent performance in comparison with other areas.

Medication plays a key role in providing quality healthcare to patients and helping patients to manage their care. Prescribing services use clinical expertise together with practical knowledge to ensure the safe supply and appropriate use of medicines by patients. NHS Tower Hamlets and the CCG supports GP practices in the borough to meet certain targets in the way that they prescribe medication. The CCG report that NHS Tower Hamlets is already performing well against a number of best practice standards for prescribing, but there is still room for improvement.

2.6 North East London Sustainability and Transformation Plan

Tower Hamlets is involved in the development of a North-East London-wide Sustainability and Transformation Plan (NEL STP). The plan sets out how local health and care services will transform and become sustainable over the next five years, building and strengthening local relationships and ultimately delivering the Five Year Forward View.

<http://eastlondonhcp.nhs.uk/overview/>

The NEL STP includes 20 organisations across eight local authorities that have worked together to develop an STP for North East London as follows:

- NHS CCGs – Barking & Dagenham, City & Hackney, Havering, Newham, Redbridge, Tower Hamlets, Waltham Forest
- Provider' Trusts – Barking, Havering and Redbridge University Hospitals Trust, Barts Health NHS Trust, The Homerton University Hospital NHS Foundation Trust, East London NHS Foundation Trust, North East London NHS Foundation Trust
- Local authorities – Barking & Dagenham, City of London Corporation, Hackney, Havering, Newham, Redbridge, Tower Hamlets, Waltham Forest.

The NEL STP describes how the 20 organisations involved will:

- meet the health and wellbeing needs of its populations.
- improve and maintain the consistency and quality of care for their populations.
- close the 'financial gap'.

The NEL STP was submitted to NHS England and NHS Improvement on 21 October 2016. The plan is currently only a draft. It will continue to evolve as the organisations concerned develop it further, agree shared solutions and receive feedback from stakeholders.

2.7 The potential role of pharmacists in addressing priority areas identified by Tower Hamlets JSNA

2.7.1 Key themes identified by the JHWS

- Communities driving change – changes led by and involving communities.
- Creating a healthier place – changes to the physical environment.
- Employment and health – changes helping people with poor working conditions or who are unemployed.
- Children’s weight and nutrition changes – helping children to have a healthy weight, encouraging healthy eating and promoting physical activity.
- Developing an integrated system – changes which will join up services so they are easier to understand and access.

2.7.2 The potential role of pharmacists in addressing the above key themes

- The main priority within the JHWS that applies to the PNA is supporting the development of an integrated health and social care system. Pharmacists have a significant role in supporting the integration of health and social care across secondary care, primary care and community care. Pharmacists are in a unique position in the community to support the integration of their patients’ care as well as identifying vulnerable communities and individuals who require support and care from the multidisciplinary integrated teams being developed in Tower Hamlets.
- 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.
- The development and integration of specialised IT systems in Tower Hamlets will enable the facilitation of electronic prescriptions, independent prescribing by pharmacists, out of hours access to medicines, a home delivery service and a language access service.

2.7.3 The Tower Hamlets JSNA Priority Areas are described under the following headings

- Conception, pregnancy and being born
- Growing up – early years
- Growing up – childhood and adolescence
- Being an adult
- Ageing, growing old and dying

2.7.3.1 Conception, pregnancy and being born

- Promote preconception and antenatal care – fewer pregnant women smoke or problematically use alcohol
 - *Potential pharmacist role:* promote antenatal screening, identify women in pregnancy from vulnerable groups such as domestic violence and FGM and signpost them for dedicated support, promote healthier lifestyles, alcohol screening and prevention service, promote folic acid and antenatal vitamin use, promote NHS health checks, stop smoking services, weight management services and signposting to parent support
- Infants and early child development³⁶
 - *Potential pharmacist role:* promote initiatives that support infants being breastfed in the first months of life, Healthy Start vitamins, supplements for those who are vitamin D deficient, Healthy Start service and vaccination services

2.7.3.2 Growing up – early years

- Reduce childhood overweight/obesity
 - *Potential pharmacist role:* promote referrals to weight management service, promoting healthier lifestyles and schools service
- Childhood vaccinations
 - Potential pharmacist role: promote childhood vaccinations

2.7.3.3 Growing up – childhood and adolescence

- Empower adolescents to make informed choices about their sexual emotional health
 - *Potential pharmacist role:* promote and facilitate chlamydia screening and treatment service, condom supply service, emergency hormonal contraception service, pregnancy testing and schools service
- Fewer adolescents to smoke and/or problematically use alcohol
 - *Potential pharmacist role:* promote and facilitate the alcohol screening and prevention service and stop smoking services

³⁶ <https://www.healthystart.nhs.uk/>

2.7.3.4 Being an adult

- Improve services for adults living with long-term conditions^{37,38}
 - **Potential pharmacist role:** anticoagulant monitoring service, asthma support service, carer support, COPD support service, diabetes support service, domiciliary support service, inhaler technique service, medication review service, medicines assessment and compliance support service, in-demand availability of specialist medicines, post-hospital discharge medication support, supervised consumption of prescribed medicines, appliance use reviews (AURs), Medicines Use Reviews (MURs), new medicines service, blood pressure monitoring, palliative care service, repeat prescription service and supportive services^{39,40}.
- Infectious diseases
 - **Potential pharmacist role:** DOT service for TB treatment, chlamydia, screening and supporting the management of selected infectious diseases⁴¹.

2.7.3.5 Ageing, growing old and dying

- **Potential pharmacist role:** promote the care home service, falls service, palliative care service⁴², supportive services, repeat prescription service and supportive services and carer support.

2.8 Sources

- Tower Hamlets JSNA
https://www.towerhamlets.gov.uk/ignl/health_social_care/joint_strategic_needs_assessme/joint_strategic_needs_assessme.aspx
- THHWB Strategy
https://www.towerhamlets.gov.uk/Documents/Public-Health/Health_Wellbeing_Strategy.pdf
- CCG Commissioning Priorities
<http://www.towerhamletsccg.nhs.uk/downloads/about/publications/strategies/NHS-THCCG-Prospectus-2013-v8.pdf>
- North East London Sustainability and Transformation Plan
<http://eastlondonhcp.nhs.uk/overview/>

³⁷ Murray R. Community Pharmacy Clinical Services Review. The Kings Fund. December 2016

³⁸ <http://www.who.int/mediacentre/factsheets/fs355/en/>

³⁹ Wright D, (2016) A rapid review of evidence regarding clinical services commissioned from community pharmacies –

available at: <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/12/rapid-evdnc-revdec-16.pdf>

⁴⁰

https://www.researchgate.net/profile/Pradeep_George/publication/49690358_The_evolution_role_of_the_community_pharmacist_in_chronic_disease_management_-_A_literature_review/links/02e7e51f0ca51bfac4000000.pdf

⁴¹ <http://www.sciencedirect.com/science/article/pii/S0195670102913502>

⁴² <http://journals.sagepub.com/doi/abs/10.1191/0269216302pm533oa>

3 Population characteristics

Figures used in this and other sections are based on the information available during November 2017 when the tables were compiled. It has not always been possible to update them if later figures have been published since this time. Figures used will tend to be the latest available, but on occasions certain breakdowns of the figures require going back to earlier published data, including the 2011 Census. Where this is the case, overall totals may not always tally, but it is the breakdowns of the figures that are important.

3.1 Current population

In 2016, the population of Tower Hamlets was 304,900. The borough's population has increased by nearly 40% over the past ten years, a rate considerably higher than both London (15.7%) and England (8%) for the same period.

Table 1 shows the age breakdown of the current population. The borough has a young population with a median age of 30.6 years compared with 34.8 for London and 39.8 for England. Some 60% of the population are aged 20-49 and only 6% are over 65. Table 2 shows the proportion over 65s across the borough. 52% of the population are male.

Table 1 Mid-year population estimates (MYE2) by age and gender for Tower Hamlets, London and England, Mid-2016

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland>

Population		Tower Hamlets						ONS - Mid-2016		
Age Range	Male			Female			Total			
	Number	% of Total Population		% of Total Population		Number	Number	%		
85+	900	0.3%			0.5%	1400	2300	0.8%		
65 - 84	7500	2.5%			2.8%	8500	16000	5.2%		
50 - 64	16700	5.5%			4.8%	14500	31100	10.2%		
20 - 49	96200	31.6%			27.8%	84900	181100	59.4%		
5 - 19	26400	8.7%			8.3%	25400	51800	17.0%		
0 - 4	11500	3.8%			3.6%	11100	22600	7.4%		
All Ages	159100	52.2%	32%	0%	0%	32%	47.8%	145800	304900	100%

Population		London						ONS - Mid-2016		
Age Range	Male			Female			Total			
	Number	% of Total Population		% of Total Population		Number	Number	%		
85+	50900	0.6%			1.0%	89400	140300	1.6%		
65 - 84	404900	4.6%			5.4%	475900	880800	10.0%		
50 - 64	661900	7.5%			7.8%	689000	1350800	15.4%		
20 - 49	2149300	24.5%			23.8%	2095200	4244500	48.3%		
5 - 19	787000	9.0%			8.5%	748900	1535900	17.5%		
0 - 4	325400	3.7%			3.5%	310200	635600	7.2%		
All Ages	4379300	49.8%	32%	0%	0%	32%	50.2%	4408600	8787900	100%

Population		England						ONS - Mid-2016		
Age Range	Male			Female			Total			
	Number	% of Total Population		% of Total Population		Number	Number	%		
85+	471400	0.9%			1.6%	856700	1328100	2.4%		
65 - 84	4020100	7.3%			8.2%	4534700	8554700	15.5%		
50 - 64	5018600	9.1%			9.3%	5163100	10181700	18.4%		
20 - 49	11073300	20.0%			19.9%	11023200	22096500	40.0%		
5 - 19	4959900	9.0%			8.5%	4718000	9677900	17.5%		
0 - 4	1757600	3.2%			3.0%	1671400	3429000	6.2%		
All Ages	27309900	49.4%	32%	0%	0%	32%	50.6%	27967100	55268100	100%

Table 2 Mid-year population estimates (MYE2) by age for Tower Hamlets, London and England, Mid-2016

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland>

Age Range	Tower Hamlets	London	England
85+	0.8%	1.6%	2.4%
65 - 84	5.2%	10.0%	15.5%
50 - 64	10.2%	15.4%	18.4%
20 - 49	59.4%	48.3%	40.0%
5 - 19	17.0%	17.5%	17.5%
0 - 4	7.4%	7.2%	6.2%

3.2 Population distribution

Table 3 shows the population breakdown by locality, age and gender. The South East locality has the largest population followed by the North East. The age profile does not vary much across the borough.

Table 3 Population estimates by locality, age and gender 2015

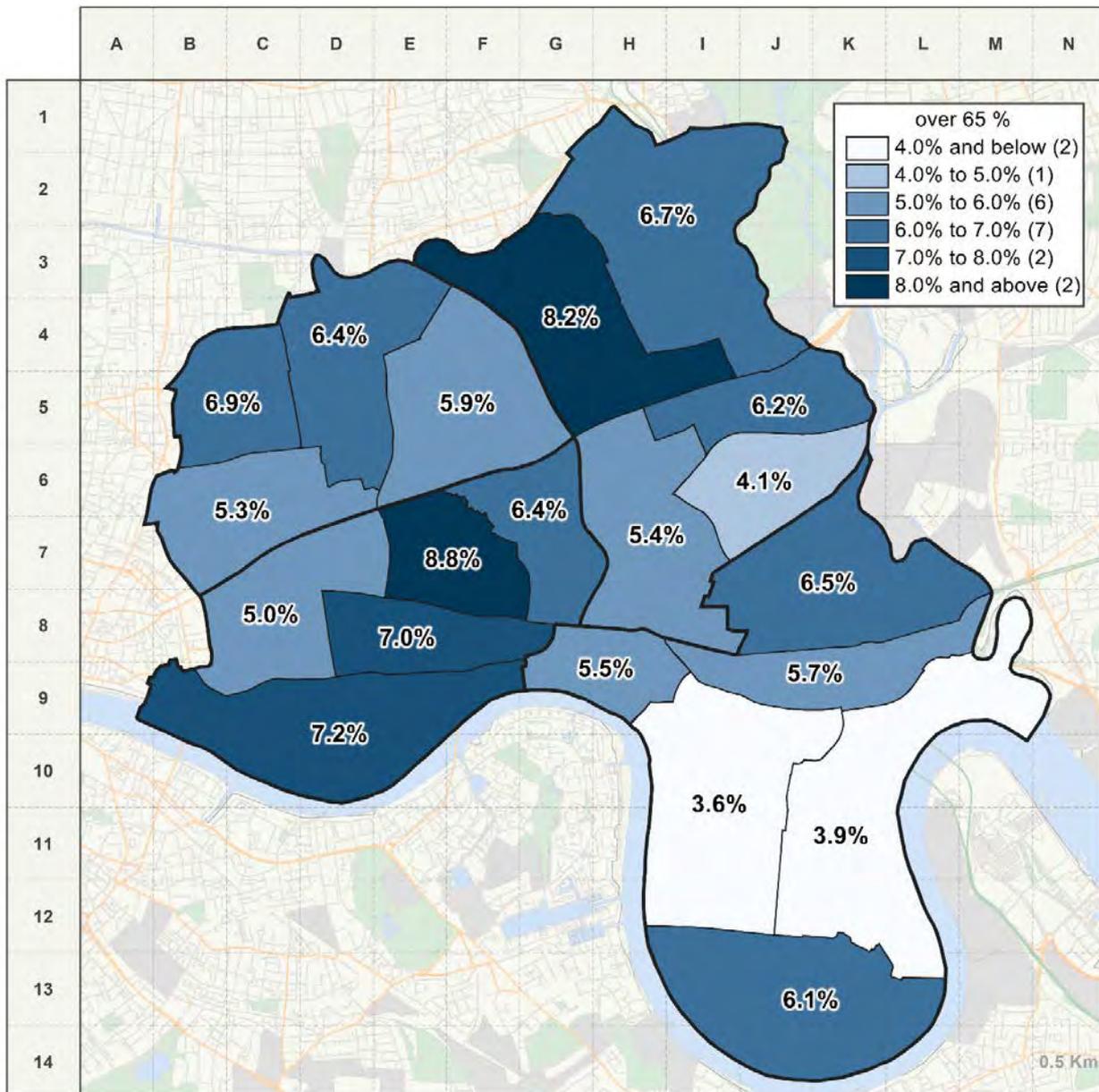
Source: Source: Ward Level Mid-Year Population Estimates (Experimental Statistics) - Mid-2016: SAPE19DT8

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/wardlevelmidyearpopulationestimatesexperimental>

Locality	Ward	Age Range %						Gender %		Population Number
		0 - 4	5 - 19	20 - 49	50 - 64	65 - 84	85+	Male	Female	
North West	Bethnal Green	7.5%	21.1%	55.2%	10.3%	5.1%	0.8%	49.5%	50.5%	21200
	Spitalfields & Banglatown	5.6%	13.8%	65.5%	9.8%	4.8%	0.5%	54.0%	46.0%	14500
	St Peter's	6.4%	16.3%	61.2%	9.7%	5.4%	0.9%	51.0%	49.0%	21100
	Weavers	6.5%	15.0%	60.3%	11.2%	6.0%	1.0%	53.1%	46.9%	14900
North East	Bow East	7.1%	14.6%	60.8%	10.8%	5.6%	1.1%	50.8%	49.2%	18800
	Bow West	7.4%	15.5%	56.3%	12.7%	7.2%	0.9%	50.7%	49.3%	14400
	Bromley North	8.7%	19.9%	54.7%	10.5%	5.3%	0.9%	51.8%	48.2%	10800
	Bromley South	8.6%	22.2%	56.8%	8.3%	3.7%	0.4%	50.4%	49.6%	13100
South West	Mile End	8.4%	19.7%	57.3%	9.2%	4.7%	0.7%	51.4%	48.6%	21100
	Shadwell	8.0%	20.4%	54.6%	10.0%	6.2%	0.8%	52.3%	47.7%	14800
	St Dunstan's	8.3%	23.0%	52.9%	9.4%	5.3%	1.0%	51.0%	49.0%	14200
	St Katharine's & Wapping	6.4%	9.0%	63.2%	14.3%	6.7%	0.5%	55.1%	44.9%	12200
South East	Stepney Green	7.0%	20.2%	53.4%	10.6%	7.4%	1.4%	52.2%	47.8%	12800
	Whitechapel	6.2%	14.2%	66.5%	8.1%	4.4%	0.5%	54.0%	46.0%	17700
	Blackwall & Cubitt Town	7.2%	13.1%	67.5%	8.3%	3.6%	0.3%	54.0%	46.0%	17600
	Canary Wharf	6.8%	11.3%	69.4%	8.9%	3.3%	0.3%	55.9%	44.1%	17100
	Island Gardens	7.6%	12.8%	62.3%	11.2%	5.5%	0.7%	52.1%	47.9%	16500
	Lansbury	8.9%	24.2%	48.5%	11.9%	5.6%	0.9%	50.2%	49.8%	17900
Tower Hamlets	Limehouse	7.3%	10.8%	64.2%	12.2%	4.8%	0.7%	55.2%	44.8%	6900
	Poplar	9.6%	21.2%	54.8%	8.7%	4.8%	0.8%	52.0%	48.0%	7300

Area	Locality	Age Range %						Gender %		Population Number
		0 - 4	5 - 19	20 - 49	50 - 64	65 - 84	85+	Male	Female	
Tower Hamlets	North West	6.6%	17.0%	60.1%	10.2%	5.3%	0.8%	51.6%	48.4%	71700
Tower Hamlets	North East	8.0%	18.1%	57.5%	10.3%	5.3%	0.8%	51.0%	49.0%	78200
Tower Hamlets	South West	7.2%	17.4%	58.4%	10.3%	5.9%	0.8%	52.9%	47.1%	71700
Tower Hamlets	South East	7.8%	15.6%	61.4%	10.1%	4.6%	0.6%	53.1%	46.9%	83300
Tower Hamlets		7.4%	17.0%	59.4%	10.2%	5.2%	0.8%	52.2%	47.8%	304900
London		7.2%	17.5%	48.3%	15.4%	10.0%	1.6%	49.8%	50.2%	8787900
England		6.2%	17.5%	40.0%	18.4%	15.5%	2.4%	49.4%	50.6%	55268100

Figure 2 Percentage of the ward population over the age of 65



<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/wardlevelmidyearpopulationestimatesexperimental>

3.3 Population density

Table 4 shows the population density (people per square kilometre) by locality. Tower Hamlets has a much higher population density than both London and England. The density varies across the borough, with the North West and South West having the highest population per square kilometre. The borough's overall density has increased over the past ten years by some 40% as a result of population growth.

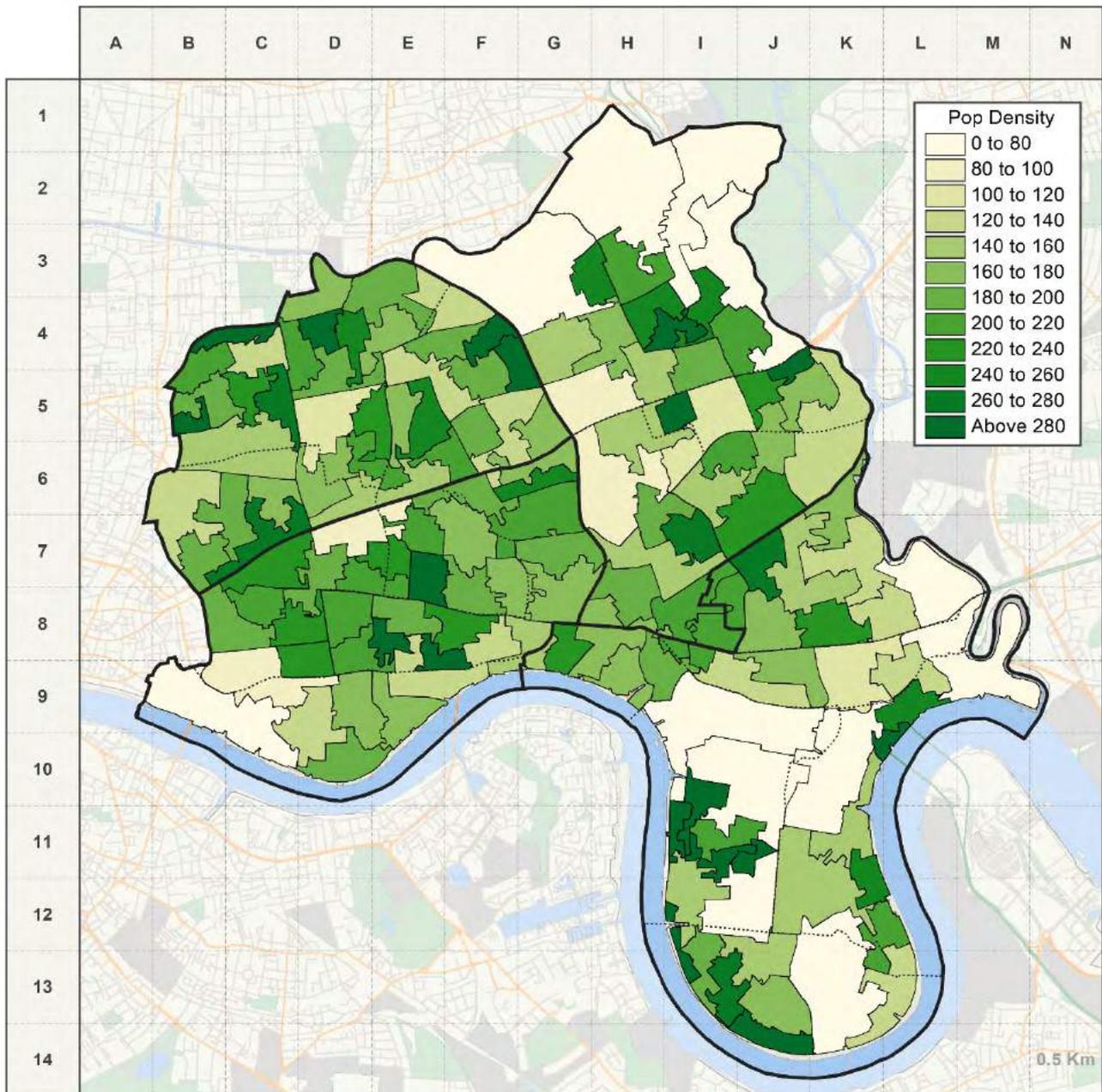
Table 4 Population density by locality

Ward Level Mid-Year Population Estimates (Experimental Statistics) - Mid-2015: SAPE18DT8

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/wardlevelmidyearpopulationestimatesexperimental>

Area	Locality	Population	sq.km	People per sq.km
Tower Hamlets	North West	71662	3.92	18267
	North East	78183	5.66	13802
	South West	71748	3.95	18167
	South East	83261	6.23	13361
Tower Hamlets		304854	20	15421
London		8673713	1572	5518
England		54786327	129213	424

Figure 3 Population density across the borough by lower level super output area (LSOA)
LSOA Level Mid-Year Population Estimates (Experimental Statistics) - Mid-2016



<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/lowersuperoutputareamidyearpopulationestimatesnationalstatistics>

3.4 Ethnicity

Table 5 and Figure 4 provide a breakdown of the population by broad ethnic categories based on the 2011 Census. Tower Hamlets' largest groups are white and Asian, representing some 45% and 41% of the population respectively. The percentage that is white is lower than both the London average (60%) and England (85%). The pattern across the localities is similar, with the largest Asian population in the South West.

The Asian population, as defined by the 2011 Census, encompasses Indian, Pakistani, Bangladeshi, Chinese and any other Asian background. The majority of the Asian population in Tower Hamlets is Bangladeshi, given the borough has the largest Bangladeshi population in England (comprising 32% of the borough's population). Chinese residents make up 3.2% of the borough's population, the third highest in the country. There is also a small but significant Somali population.

Table 5 Ethnicity by locality (note that 'white' includes 'white other')

Source: 2011 Census

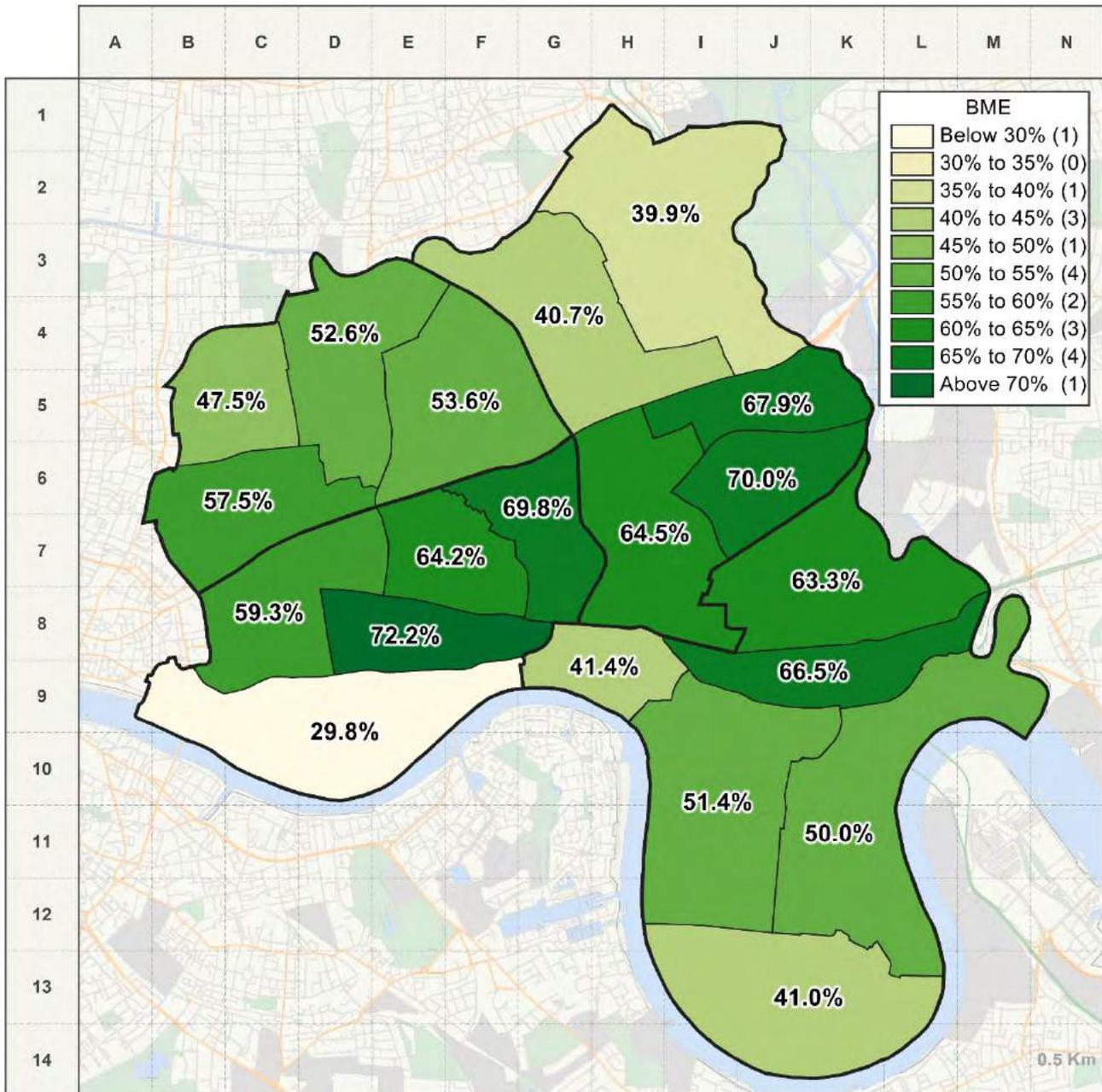
Locality	Ward	Ethnicity %					Population Number
		White	Mixed	Asian	Black	Other	
North West	Bethnal Green	46.4%	4.0%	40.5%	6.7%	2.3%	21300
	Spitalfields & Banglatown	42.5%	3.2%	47.7%	4.6%	2.0%	13100
	St Peter's	47.4%	4.5%	38.9%	6.7%	2.5%	17600
	Weavers	52.5%	4.5%	33.6%	7.1%	2.3%	12300
North East	Bow East	60.1%	5.5%	22.8%	9.6%	2.0%	14800
	Bow West	59.3%	4.9%	26.9%	7.2%	1.7%	12900
	Bromley North	32.1%	4.4%	48.6%	12.2%	2.7%	9300
	Bromley South	30.0%	3.5%	52.4%	11.7%	2.3%	8400
South West	Mile End	35.5%	3.6%	49.9%	9.2%	1.8%	15700
	Shadwell	27.8%	3.0%	58.8%	8.1%	2.3%	12300
	St Dunstan's	30.2%	3.8%	57.3%	6.9%	1.8%	10200
	St Katharine's & Wapping	70.2%	3.9%	21.5%	2.5%	1.8%	11000
	Stepney Green	35.8%	3.4%	52.5%	5.8%	2.5%	12200
South East	Whitechapel	40.7%	3.3%	48.7%	4.6%	2.8%	13700
	Blackwall & Cubitt Town	50.0%	4.9%	35.1%	7.2%	2.7%	12800
	Canary Wharf	48.6%	4.6%	36.7%	6.5%	3.5%	13400
	Island Gardens	59.0%	4.0%	30.6%	4.3%	2.1%	13400
	Lansbury	36.7%	4.0%	45.6%	11.6%	2.1%	15400
	Limehouse	58.6%	3.8%	30.1%	5.6%	1.9%	6100
	Poplar	33.5%	4.1%	50.1%	10.0%	2.4%	8200

Area	Locality	Ethnicity %					Population Number
		White	Mixed	Asian	Black	Other	
Tower Hamlets	North West	47.0%	4.1%	40.2%	6.4%	2.3%	64300
Tower Hamlets	North East	45.2%	4.4%	38.7%	9.7%	2.0%	61200
Tower Hamlets	South West	40.7%	3.5%	48.0%	5.6%	2.3%	59300
Tower Hamlets	South East	47.3%	4.3%	38.2%	7.7%	2.5%	69300
Tower Hamlets	Tower Hamlets	45.2%	4.1%	41.1%	7.3%	2.3%	254100
	London	59.8%	5.0%	18.5%	13.3%	3.4%	8173900
	England	85.4%	2.3%	7.8%	3.5%	1.0%	53012500

Note: The ward boundaries for Tower Hamlets changed in 2014 so 2011 household data has been mapped to 2017 ward boundaries using GIS mapping software.

<http://www.nomisweb.co.uk/census/2011/ks201ew>

Figure 4 Percentage of the Ward population from Mixed, Asian, Black or Other ethnic group
Source: 2011 Census



<http://www.nomisweb.co.uk/census/2011/ks201ew>

3.5 Deprivation

Since the last PNA, a new national Index of Multiple Deprivation (IMD 2015) has been published and is examined here for the borough. IMD is typically analysed by small areas called Lower Super Output Areas (LSOAs), which have an average population of 1,500 and a minimum of 1,000. Each LSOA is categorised into one of ten groups nationally (known as deciles) according to whether the area is in the 10% of most deprived areas (decile 1), the next 10% (decile 2) and so on. Looking at localities or other larger areas it is possible to create a deprivation score (IMD rank) by scoring 1 for an area in decile 1, 2 for the next and so on. The higher the score the less deprived is the area. Table 6 shows the distribution of LSOAs for each locality, the borough and for London.

In Tower Hamlets, over 75% of LSOAs are in the 30% most deprived areas across the country. The borough has a rank of 2.7, which is considerably below the London average of 4.8, indicating that overall it has more deprivation. At locality level, the North West and North East are the most deprived. Table 6 Figure 5 how deprivation rates vary across the borough.

Table 6 Deprivation at locality level

Source: IMD 2015

www.gov.uk/government/statistics/english-indices-of-deprivation-2015

Area	Number of LSOA's in each Index of Multiple Deprivation Decile										Total LSOA's	
	← Most Deprived					Least Deprived →					LSOA Number	Average IMD Rank
	1	2	3	4	5	6	7	8	9	10		
North East	5	20	5	2	1						33	2.2
North West	11	11	13	1	1						37	2.2
South East	9	5	4	8	5	4	4		2		41	3.9
South West	9	14	2	3		1	2	2			33	2.8
Tower Hamlets	34	50	24	14	7	5	6	2	2	0	144	2.8
London	274	815	789	640	535	477	414	367	341	183	4835	4.8

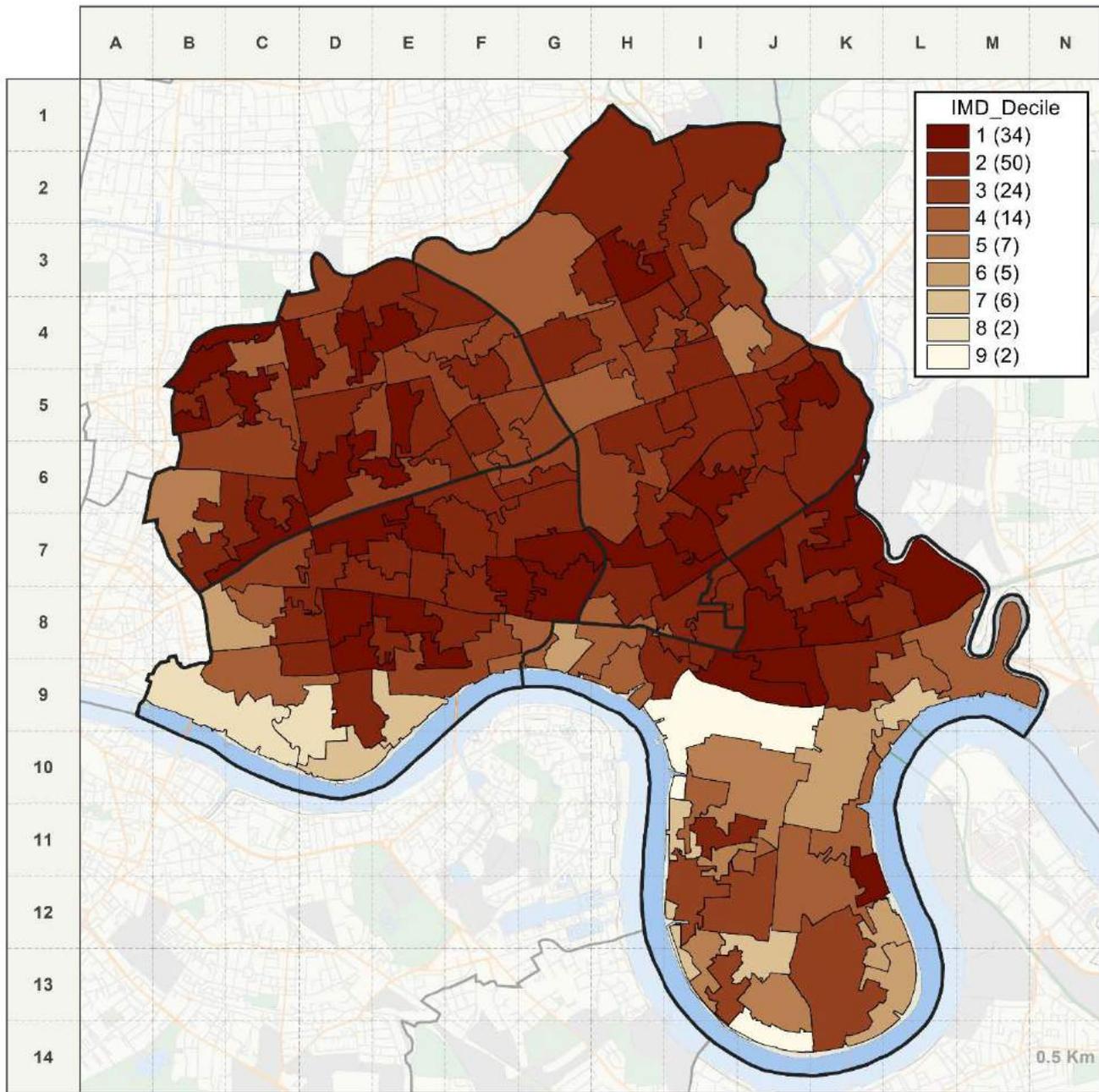
Area	% of LSOA's in each Index of Multiple Deprivation Decile										Total LSOA's	
	← Most Deprived					Least Deprived →					LSOA Number	Average IMD Rank
	1	2	3	4	5	6	7	8	9	10		
North East	15%	61%	15%	6%	3%						33	2.2
North West	30%	30%	35%	3%	3%						37	2.2
South East	22%	12%	10%	20%	12%	10%	10%		5%		41	3.9
South West	27%	42%	6%	9%		3%	6%	6%			33	2.8
Tower Hamlets	24%	35%	17%	10%	5%	3%	4%	1%	1%	0%	144	2.8
London	6%	17%	16%	13%	11%	10%	9%	8%	7%	4%	4835	4.8

Note: The ward boundaries and LSOA boundaries for Tower Hamlets no longer align, with many LSOAs overlapping multiple wards. The 144 LSOAs in Tower hamlets have therefore been assigned to the new 2014 locality boundaries. LSOAs have been assigned using the average position of their population and the percentage of each LSOA area in each locality. This assignment has then been used to aggregate each LSOA deprivation decile to locality and borough level.

Figure 5 English Indices of Deprivation – 2015 – For LSOAs and localities in Tower Hamlets

English Indices of Deprivation - 2015 - For LSOAs in each Ward and locality in Tower Hamlets
9 Deciles Shown (No Labels Shown)

Source: www.gov.uk/government/statistics/english-indices-of-deprivation-2015



3.6 Population projections

Population projections are used for a range of purposes and are often considered of equal validity as they are each based on specific assumptions. Figure 6 and Table 7 show a range of projections for the borough.

Different projections have their own strengths and weaknesses. The key differences in the projections are two different types of methodologies: 1. trend-based which assumes that what has happened in the past will continue into the future (ONS, GLA trend) and 2. Housing-led which takes into account future housing development in the area which drives population growth.

Housing development is one of the most important factors for population projections in London, and thus boroughs tend to rely on GLA housing-led projections. This PNA will focus on housing led projections and the current Borough Preferred Option (BPO).

Figure 6 How do populations compare in Tower Hamlets

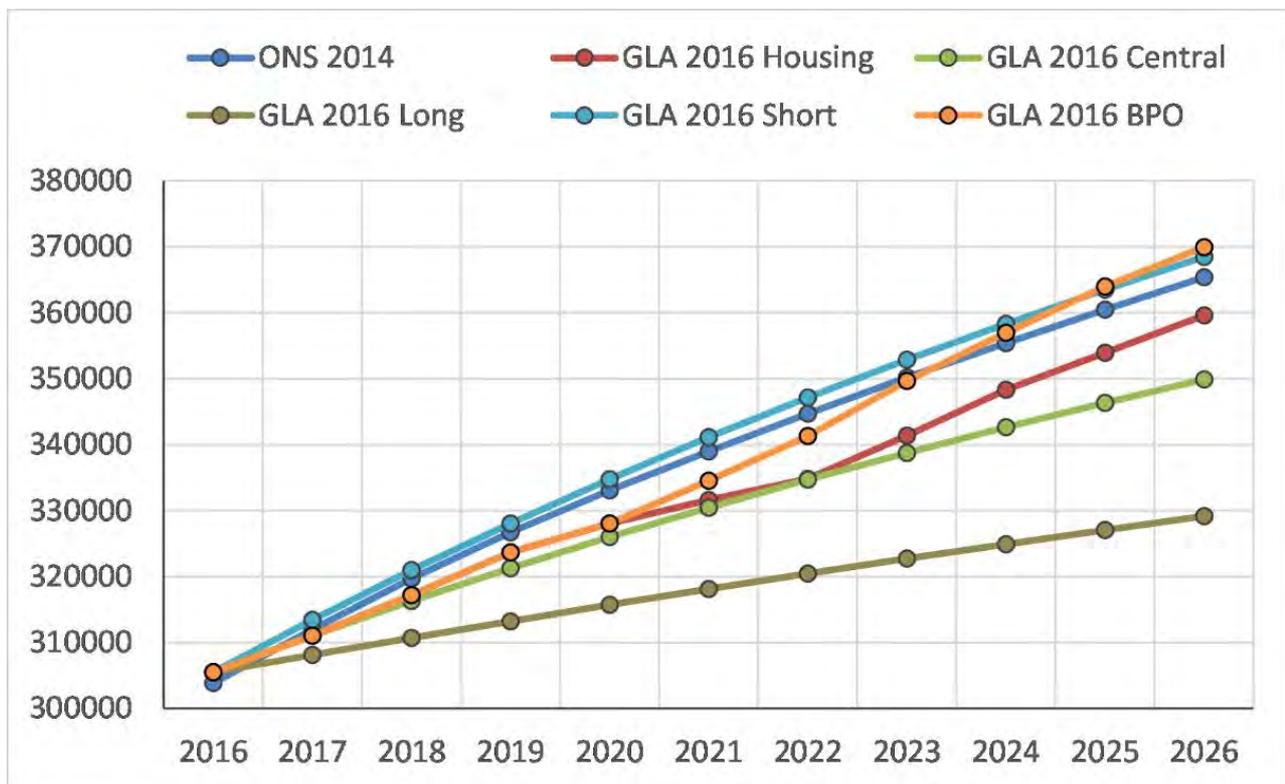


Table 7 How do populations compare in Tower Hamlets

Tower Hamlets	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
ONS 2014	303900	312000	319700	326700	333100	339000	344700	350200	355400	360500	365400
GLA 2016 Housing	305500	311000	317200	323700	328000	331600	334800	341400	348400	353900	359600
GLA 2016 Central	305500	311000	316300	321300	326000	330500	334700	338800	342600	346400	349900
GLA 2016 Long	305500	308100	310700	313300	315700	318100	320500	322700	324900	327100	329200
GLA 2016 Short	305500	313500	321000	328100	334800	341200	347200	352900	358400	363500	368500
GLA 2016 BPO	305500	311000	317200	323700	328000	334600	341300	349700	357000	364000	369900

T Hamlets % Change	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
ONS 2014	0.0%	2.7%	5.2%	7.5%	9.6%	11.5%	13.4%	15.2%	16.9%	18.6%	20.2%
GLA 2016 Housing	0.0%	1.8%	3.8%	6.0%	7.4%	8.5%	9.6%	11.8%	14.0%	15.8%	17.7%
GLA 2016 Central	0.0%	1.8%	3.5%	5.2%	6.7%	8.2%	9.6%	10.9%	12.1%	13.4%	14.5%
GLA 2016 Long	0.0%	0.9%	1.7%	2.6%	3.3%	4.1%	4.9%	5.6%	6.4%	7.1%	7.8%
GLA 2016 Short	0.0%	2.6%	5.1%	7.4%	9.6%	11.7%	13.6%	15.5%	17.3%	19.0%	20.6%
GLA 2016 BPO	0.0%	1.8%	3.8%	6.0%	7.4%	9.5%	11.7%	14.5%	16.9%	19.1%	21.1%

London % Change	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
ONS 2014	0.0%	1.4%	2.8%	4.1%	5.4%	6.5%	7.7%	8.8%	9.9%	11.0%	12.0%
GLA 2016 Housing	0.0%	1.1%	2.2%	3.3%	4.3%	5.3%	6.3%	7.3%	8.2%	9.1%	10.0%
GLA 2016 Central	0.0%	1.2%	2.4%	3.5%	4.6%	5.7%	6.7%	7.7%	8.7%	9.7%	10.6%
GLA 2016 Long	0.0%	1.0%	2.1%	3.1%	4.0%	5.0%	5.9%	6.7%	7.6%	8.4%	9.2%
GLA 2016 Short	0.0%	1.3%	2.5%	3.7%	4.9%	6.1%	7.2%	8.3%	9.4%	10.4%	11.4%

ONS: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration>

GLA 2016 Housing: <https://data.london.gov.uk/dataset/projections>

GLA 2016(Central, Long and Short): <https://data.london.gov.uk/dataset/2016-based-population-projections>

GLA 2016: Development data provided by London Borough of Tower Hamlets - Model run: 05/01/2018 - (c) 2018 GLA Demography

Table 8 Projected change in ward population from 2016 to 2026 (GLA Housing) (orange line on chart)

The table reflects a 9.5% increase in borough population up to 2021 and 21% to 2026. The largest increases are shown in the (Old) wards of Blackwall and Cubitt and Millwall.

This dataset uses the old ward boundaries (pre-2014) and so has not been aggregated to locality level.

Wards have been sorted in ascending order to show wards with the largest population change at the top.

Source: Development data provided by London Borough of Tower Hamlets - Model run: 05/01/2018 - (c) 2018 GLA Demography

Ward	2016 Population	Year										2026 Population	Change 2016 to 2026	
		2016	2017	2018	2019	2020	2021	2022	2023	2024	2025			2026
Blackwall and Cubitt Town	24200	0.0%	12.3%	20.7%	29.7%	41.2%	52.4%	59.4%	69.5%	79.4%	88.6%	96.7%	47600	23400
Millwall	27000	0.0%	0.0%	2.3%	5.9%	12.8%	24.0%	35.4%	44.2%	51.2%	59.2%	66.3%	44900	17900
East India and Lansbury	18600	0.0%	0.5%	3.4%	7.7%	12.8%	18.8%	22.3%	26.8%	32.4%	37.3%	42.2%	26400	7800
Whitechapel	19500	0.0%	5.2%	8.8%	11.8%	12.5%	14.3%	15.4%	18.4%	20.5%	22.0%	22.2%	23800	4300
Bromley-by-Bow	21500	0.0%	2.9%	5.1%	7.4%	7.6%	7.7%	9.9%	12.4%	14.5%	17.1%	18.7%	25500	4000
Bow East	17900	0.0%	-0.7%	2.7%	4.5%	8.6%	11.0%	14.2%	16.5%	18.4%	20.1%	21.7%	21800	3900
St Katharine's and Wapping	14100	0.0%	1.4%	6.0%	7.8%	8.0%	8.9%	11.0%	16.0%	20.9%	23.1%	25.3%	17700	3600
Mile End East	16700	0.0%	3.4%	5.0%	5.5%	6.0%	7.6%	7.9%	8.7%	9.3%	9.4%	9.5%	18300	1600
Bethnal Green South	15500	0.0%	0.5%	0.1%	0.2%	-1.3%	-1.6%	-1.6%	0.2%	2.1%	4.5%	6.8%	16500	1000
Weavers	15400	0.0%	0.1%	0.7%	1.1%	0.4%	0.3%	1.2%	2.4%	3.2%	4.4%	5.7%	16200	800
Bethnal Green North	15500	0.0%	-0.2%	1.1%	2.3%	0.5%	-1.1%	-1.5%	-0.2%	0.9%	0.9%	0.8%	15600	100
Limehouse	20900	0.0%	2.5%	3.1%	3.6%	2.1%	1.3%	0.9%	0.7%	0.2%	0.2%	0.3%	20900	0
Shadwell	17700	0.0%	-0.7%	-1.2%	-1.1%	-0.1%	-0.3%	-0.2%	-0.6%	-1.1%	-1.8%	-2.5%	17300	-400
Mile End and Globe Town	16400	0.0%	3.3%	2.9%	3.6%	0.4%	-1.3%	-1.9%	-2.4%	-3.1%	-3.6%	-4.2%	15800	-600
Spitalfields and Banglatown	12300	0.0%	-1.8%	-2.4%	-2.2%	-3.8%	-5.5%	-6.0%	-5.8%	-6.2%	-6.7%	-7.0%	11500	-800
St Dunstan's and Stepney	17700	0.0%	-1.8%	-1.3%	0.1%	-2.3%	-3.7%	-4.2%	4.7%	-5.3%	-5.6%	-5.9%	16700	-1000
Bow West	14500	0.0%	-1.8%	-1.7%	-1.5%	-4.1%	-5.6%	-6.1%	-6.6%	-7.1%	-7.7%	-8.2%	13300	-1200

Area	2016 Population	Year										2026 Population	Change 2016 to 2026	
		2016	2017	2018	2019	2020	2021	2022	2023	2024	2025			2026
Tower Hamlets	305500	0.0%	1.8%	3.8%	5.9%	7.4%	9.5%	11.7%	14.5%	16.8%	19.1%	21.1%	369900	64400
London	8778300	0.0%	1.1%	2.2%	3.3%	4.3%	5.3%	6.3%	7.3%	8.2%	9.1%	10.0%	9658400	880100

Table 9 Projected change in ward population from 2016-2021 – (GLA 2016 BPO) (orange line on chart)

The table shows projected increases in population across all age groups, with larger increases in the older age groups.

This dataset uses the old ward boundaries (pre 2014) and so has not been aggregated to locality level.

Source: <https://data.london.gov.uk/dataset/gla-population-projections-custom-age-tables>

Ward	2016 Population	Age Range %						2021 Population	Change 2016 to 2021	
		0 - 4	5 - 19	20 - 49	50 - 64	65 - 84	85+		Number	%
Bethnal Green North	15,500	-12%	-2%	-5%	18%	13%	-10%	15,300	-200	-1.1%
Bethnal Green South	15,500	-10%	-3%	-4%	10%	21%	25%	15,200	-300	-1.6%
Blackwall and Cubitt Town	24,200	35%	46%	59%	40%	32%	66%	36,900	12700	52.4%
Bow East	17,900	-3%	17%	9%	19%	17%	16%	19,900	2000	11.0%
Bow West	14,500	-18%	-1%	-10%	2%	17%	16%	13,700	-800	-5.6%
Bromley-by-Bow	21,500	1%	14%	0%	36%	27%	1%	23,100	1600	7.7%
East India and Lansbury	18,600	15%	15%	21%	19%	20%	20%	22,000	3400	18.8%
Limehouse	20,900	-7%	8%	-4%	20%	17%	-5%	21,100	200	1.3%
Mile End and Globe Town	16,400	-9%	0%	-4%	8%	12%	11%	16,200	-200	-1.3%
Mile End East	16,700	-5%	14%	6%	14%	13%	23%	17,900	1200	7.6%
Millwall	27,000	4%	25%	24%	33%	29%	71%	33,500	6500	24.0%
Shadwell	17,700	-10%	0%	-4%	19%	10%	14%	17,700	0	-0.3%
Spitalfields and Banglatown	12,300	-7%	-6%	-9%	6%	13%	48%	11,700	-600	-5.5%
St Dunstan's and Stepney	17,700	-16%	-4%	-6%	12%	2%	16%	17,100	-600	-3.7%
St Katharine's and Wapping	14,100	-6%	15%	6%	12%	32%	16%	15,400	1300	8.9%
Weavers	15,400	-10%	2%	-2%	15%	9%	-6%	15,400	0	0.3%
Whitechapel	19,500	13%	20%	13%	19%	9%	-1%	22,300	2800	14.3%

Locality	2016 Population	Age Range %						2021 Population	Change 2016 to 2021	
		0 - 4	5 - 19	20 - 49	50 - 64	65 - 84	85+		Number	%
Tower Hamlets	305,500	0%	11%	8%	19%	17%	18%	334,600	29100	9.5%
London (GLA 2015 Housing)	8,778,300	-1%	7%	3%	11%	9%	13%	9,247,100	468800	5.3%

Table 10 Projected change in ward population from 2016 to 2026 – (GLA 2026 BPO) (orange line on chart)

This table shows the projected population changes by age up to 2026 and again indicate increases across all age groups, with larger increases in the older ages.

This dataset uses the old ward boundaries (pre 2014) and so has not been aggregated to locality level.

Source: <https://data.london.gov.uk/dataset/gla-population-projections-custom-age-tables>

Ward	2016 Population	Age Range %						2026 Population	Change 2016 to 2026	
		0 - 4	5 - 19	20 - 49	50 - 64	65 - 84	85+		Number	%
Bethnal Green North	15,500	-17%	-7%	-4%	27%	40%	-10%	15,600	100	0.8%
Bethnal Green South	15,500	-7%	-5%	7%	18%	38%	42%	16,500	1000	6.8%
Blackwall and Cubitt Town	24,200	76%	93%	102%	96%	74%	137%	47,600	23400	96.7%
Bow East	17,900	4%	27%	18%	35%	41%	22%	21,800	3900	21.7%
Bow West	14,500	-25%	-10%	-13%	2%	30%	24%	13,300	-1200	-8.2%
Bromley-by-Bow	21,500	3%	25%	7%	67%	70%	9%	25,500	4000	18.7%
East India and Lansbury	18,600	39%	35%	46%	40%	50%	34%	26,400	7800	42.2%
Limehouse	20,900	-17%	7%	-8%	38%	31%	-6%	20,900	0	0.3%
Mile End and Globe Town	16,400	-18%	-3%	-9%	12%	23%	13%	15,800	-600	-4.2%
Mile End East	16,700	-7%	17%	5%	25%	26%	40%	18,300	1600	9.5%
Millwall	27,000	44%	54%	67%	85%	78%	129%	44,900	17900	66.3%
Shadwell	17,700	-19%	-7%	-8%	34%	20%	40%	17,300	-400	-2.5%
Spitalfields and Banglatown	12,300	-16%	-10%	-11%	8%	29%	72%	11,500	-800	-7.0%
St Dunstan's and Stepney	17,700	-24%	-10%	-10%	19%	9%	32%	16,700	-1000	-5.9%
St Katharine's and Wapping	14,100	4%	22%	22%	30%	66%	35%	17,700	3600	25.3%
Weavers	15,400	-11%	1%	3%	28%	28%	-12%	16,200	800	5.7%
Whitechapel	19,500	18%	33%	19%	34%	21%	24%	23,800	4300	22.2%

Locality	2016 Population	Age Range %						2026 Population	Change 2016 to 2026	
		0 - 4	5 - 19	20 - 49	50 - 64	65 - 84	85+		Number	%
Tower Hamlets	305,500	6%	18%	19%	39%	40%	34%	369,900	64400	21.1%
London (GLA 2015 Housing)	8,778,300	0%	12%	6%	17%	22%	30%	9,658,400	880100	10.0%

3.7 Daytime population

In addition, the daytime population of Tower Hamlets rises from approximately 277,000 people to 428,000, largely as a result of workers coming into the area. This puts different pressures on pharmacy services in the daytime.

The two areas in the South East locality with large daytime population densities are in the Canary Wharf area. Canary Wharf has three pharmacies in this area that should be easily accessible for the daytime population. The two other areas with daytime population densities over 400 people per hectare are to the west of the borough on the west side of Whitechapel and Spitalfields and Banglatown (adjacent to the City of London). Although there are no pharmacies directly in these areas, there is a high density of pharmacies over the borough boundary in the City of London.

Table 11 Summary of workplace and daytime populations by locality in Tower Hamlets

Area	North West	North East	South West	South East	TOTAL
Workplace population	45,800	18,051	41,473	129,390	234,715
Daytime population	80,553	52,959	73,168	161,501	368,183
Area (hectares)	396	578	424	577	1,976
Workplace pop density	115.63	31.18	97.67	224.19	118.74
Daytime pop density	203.38	91.49	172.32	279.82	186.26

Source: 2011 Census

The workplace population is an estimate of the population working in an area. It includes usual residents aged 16 to 74 whose usual place of work is in the area.

Note: The daytime population is an estimate of the population of an area during the working day. It includes everybody who works or studies in the area, wherever they usually live, and all respondents who live in the area but do not work or study. People who work or study mainly at or from home, or who do not have a fixed place of work or study, are included in the area containing their home address. The daytime population will include shift and night workers such as hospital staff and security guards.

A map of the daytime population densities is shown in Figure 21 in Appendix D – Maps.

3.8 Health and lifestyles

Life expectancy in Tower Hamlets has been rising in line with national trends, but remains significantly below the rates for London and England (see Table 12). Life expectancy at 65 is also below the London and England average. Healthy life expectancy (years spent in good health) has not improved in recent years and Tower Hamlets still has one of the lowest rates in the country.

Table 12 Life expectancy comparison

Source: PHOF 2015-16

Indicator	Gender	Tower Hamlets	London	England
Life expectancy at birth	Male	78.4	80.2	79.5
	Female	82.4	84.1	83.1
Healthy life expectancy at birth	Male	54.0	64.1	63.4
	Female	52.4	64.1	64.1
Life expectancy at 65	Male	17.7	19.1	18.7
	Female	20.4	21.7	21.1

In line with lower life expectancy figures, mortality rates in Tower Hamlets are higher than the London and England averages. Table 13 shows selective rates for the borough. They are all higher than London and England, with those for preventable causes and CVD being significantly higher.

Table 13 Comparison of mortality rates

Source: PHOF 2014-16

Indicator	Tower Hamlets	London	England
Mortality from preventable causes	218.4	167.7	182.8
Under 75 all CVD	97.6	74.9	73.5
Under 75 cancer mortality	146.4	126.8	136.8
Under 75 liver disease	21.6	16.8	18.3

Latest information on health and lifestyle are shown in Public Health England's fingertips tables in Table 14, which sets out some of the key challenges facing the borough such as the high number of children living in low income families, problems associated with long-term unemployment and the high rates of smoking for adults.

Section 2.3 of this report presents a detailed analysis of key areas from the latest JSNA and illustrates the key health challenges currently facing the borough.

Table 14 Public Health England – Health Profile – Tower Hamlets

<https://fingertips.phe.org.uk/profile/health-profiles>

Community Indicators		Tower Hamlets		London			
Indicator	Period	Count	Value	Value	Min	Range	Max
Deprivation score (IMD 2015)	2015	-	35.7	-	0.0	Could not be Calculated	0.0
Children in low income families (under 16s)	2014	20905	39.2%	23.4%	9.6%		39.2%
Statutory homelessness	2016/17	7	0.1	1.1	0.1		4.6
GCSEs achieved	2015/16	1385	59.0%	61.3%	54.8%		74.6%
Violent crime (violence offences)	2015/16	7461	26.3	21.8	12.4		35.2
Long term unemployment	2016	1146	5.3	4.1	1.7		6.8

Children's and young people's health		Tower Hamlets		London			
Indicator	Period	Count	Value	Value	Min	Range	Max
Smoking status at time of delivery - current method	2016/17	185	4.2%	4.9%	2.3%		8.9%
Breastfeeding initiation	2014/15	3678	*	86.1%	0.0%	insufficient number of values	0.0%
Obese children (Year 6)	2015/16	751	26.9%	23.2%	11.0%		28.5%
Hospital stays for alcohol-specific conditions (under 18s)	13/14 - 15/16	52	27.6	22.4	11.7		47.0
Under 18 conceptions	2015	87	21.2	19.2	10.6		31.0

Adults Health and Lifestyle		Tower Hamlets		London			
Indicator	Period	Count	Value	Value	Min	Range	Max
Smoking prevalence in adults	2016	-	18.0%	15.2%	7.4%		22.3%
Percentage of physically active adults - current method	2015/16	-	67.6	64.6	55.7		73.7
Percentage of physically active adults - historical method	2015	-	57.5%	57.8%	44.8%		69.3%
Excess weight in adults - current method	2015/16	-	57.8%	55.2%	42.7%		69.1%

Disease and Poor Health		Tower Hamlets		London			
Indicator	Period	Count	Value	Value	Min	Range	Max
Cancer diagnosed at early stage	2015	204	45.2%	50.2%	41.6%		55.3%
Hospital stays for self-harm	2015/16	280	87.4	93.8	58.7		193.0
Hospital stays for alcohol-related harm	2015/16	1026	520.0	545.0	390.0		785.0
Recorded diabetes	2014/15	15874	6.8%	6.1%	3.7%		8.8%
Incidence of TB	2014 - 16	266	30.1	27.0	5.5		69.0
New sexually transmitted infections (STI)	2016	4655	2106.0	1547.0	684.0		3288.0
Hip fractures in people aged 65 and over	2015/16	116	671.0	509.0	391.0		671.0
Estimated dementia diagnosis rate (aged 65+)	2017	868	80.2%	71.1%	59.1%		90.6%

Life Expectancy and Causes of Death		Tower Hamlets		London			
Indicator	Period	Count	Value	Value	Min	Range	Max
Life expectancy at birth (Male)	2013 - 15	-	78.4	80.2	77.5		83.4
Life expectancy at birth (Female)	2013 - 15	-	82.4	84.1	81.8		86.4
Infant mortality	2014 - 16	69	5.0	3.2	1.6		5.0
Killed and seriously injured on roads	2013 - 15	243	28.5	25.7	11.8		64.3
Suicide rate	2014 - 16	63	8.6	8.7	6.1		11.9
Smoking related deaths	2014 - 16	617	340.3	246.7	162.5		364.6
Under 75 mortality rate: cardiovascular	2014 - 16	319	97.6	74.9	45.6		104.3
Under 75 mortality rate: cancer	2014 - 16	476	146.4	126.8	103.3		163.6
Excess winter deaths	A 2013 - J 2016	125	12.4	17.2	7.4		28.9

Inequality Indicators		Tower Hamlets		London			
Indicator	Period	Count	Value	Value	Min	Range	Max
Premature mortality from all causes (Male)	2014 - 16	868	478	391	303		542
Premature mortality from all causes (Female)	2014 - 16	556	312	242	180		318
Per cent of ethnic minorities (Female)	2015	67400	58.9%	38.7%	10.4%		62.2%
Per cent of ethnic minorities (Male)	2015	61700	50.6%	35.8%	10.6%		60.9%
Dependency ratio	2015	78418	36.2%	48.5%	33.9%		63.3%

● Better ● Similar ● Worse ○ Not Compared

There are variations in level of health issues across the borough and Figure 7 to Figure 10 show these for selected conditions.

Note: Methodology for converting practice data to ward data:

- The percentage of the GP practice population living in each LSOA in Tower Hamlets was found for all GP practices in Tower Hamlets.
- The practice populations diagnosed with the condition (e.g. CHD crude rate) was then distributed to each LSOA in the same proportion as the GP practice population living in each LSOA.
- The population living in each LSOA has then been aggregated to ward level and where LSOA boundary's cross multiple wards the population has been distributed using the percentage of the total population living in each LSOA section.
- The total aggregated population with the condition is then divided by the total aggregated population. Where the total population equals Tower Hamlets 2016 GP practice population living in Tower Hamlets (people registered in practices outside Tower Hamlets have therefore not been included).

Figure 7 Percentage of the ward population diagnosed with coronary heart disease (CHD) – crude rate

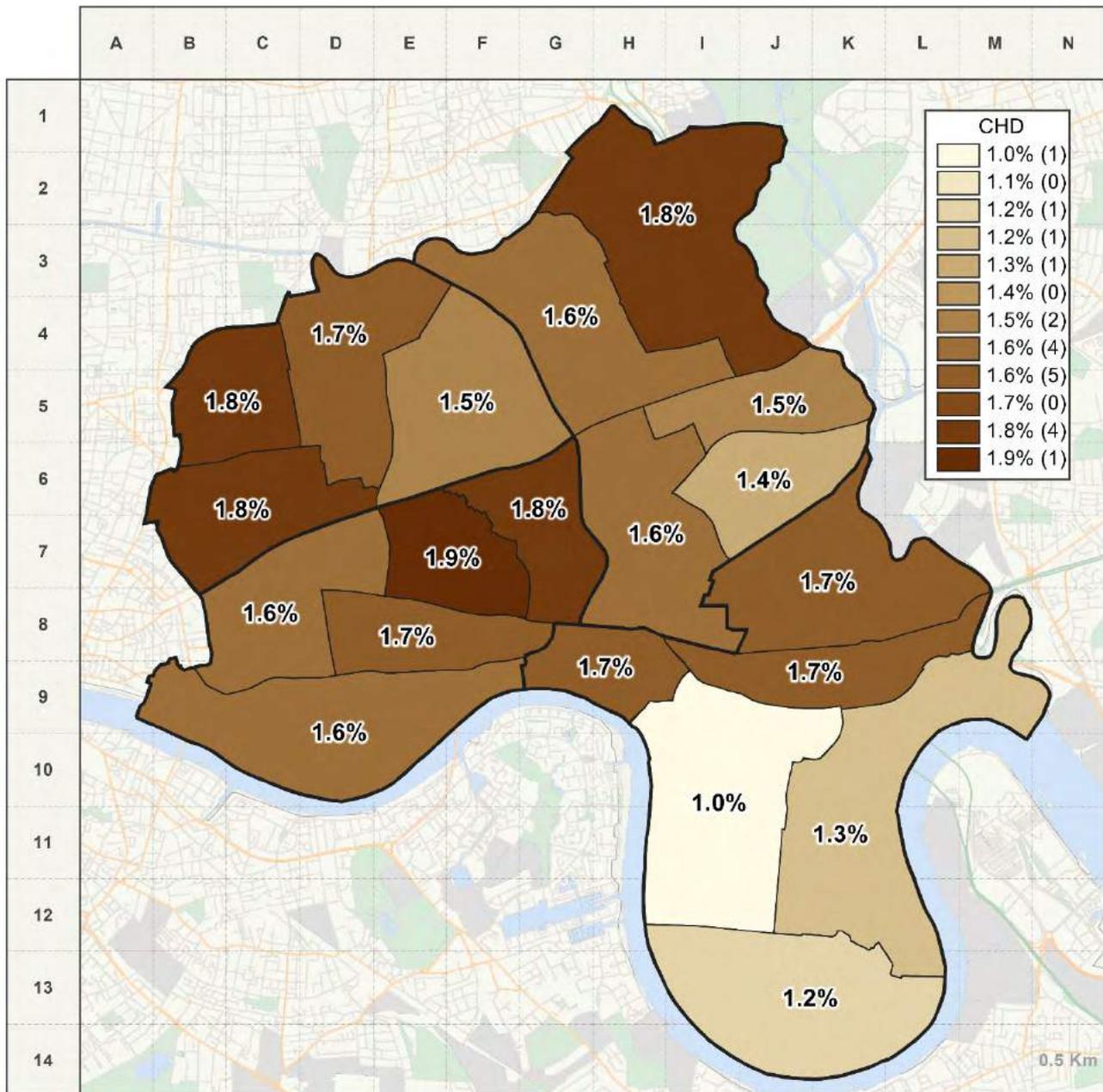


Figure 8 Percentage of ward population diagnosed with chronic obstructive pulmonary disease (COPD) - crude rate

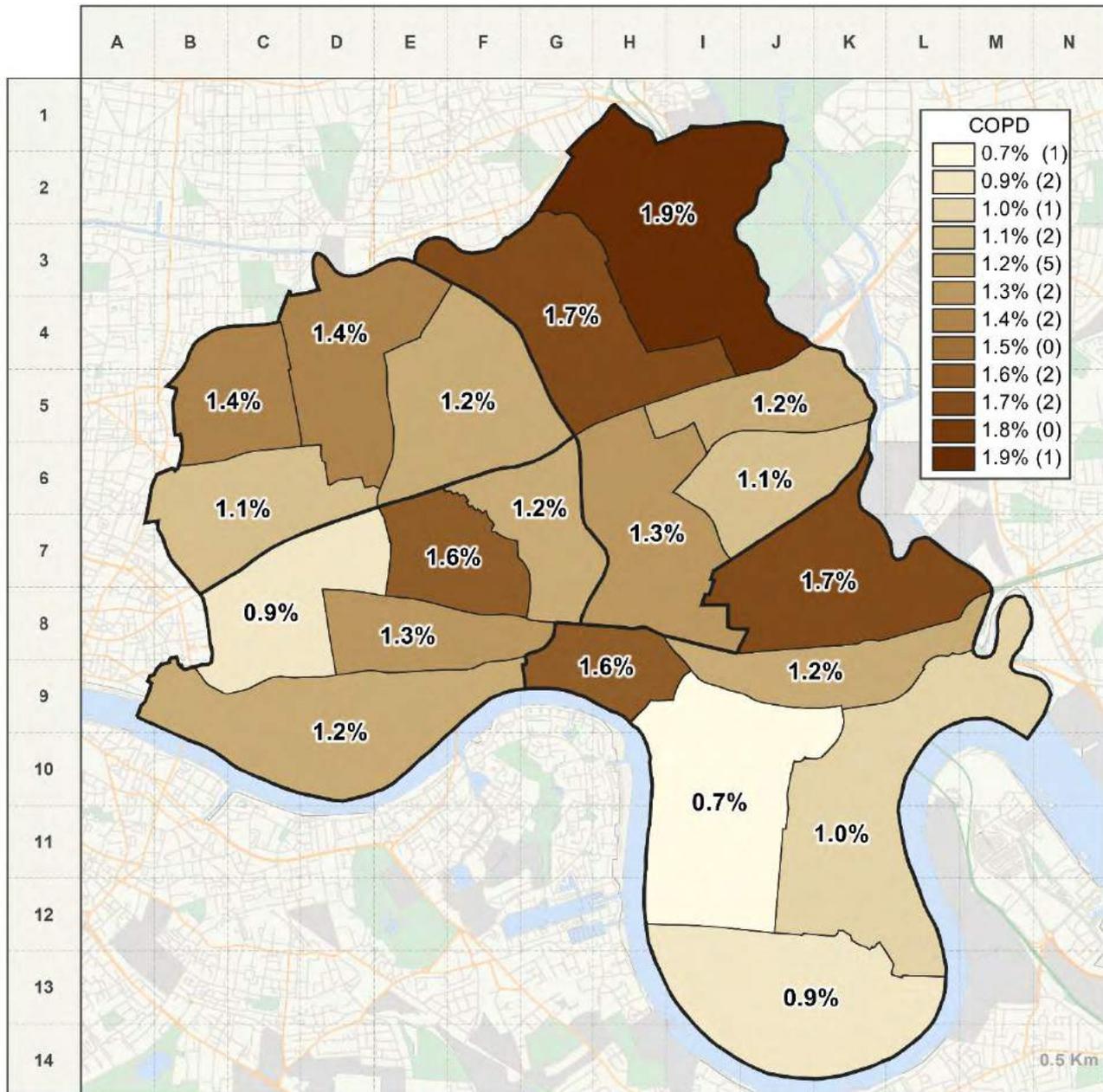


Figure 9 Percentage of ward population diagnosed with diabetes - crude rate

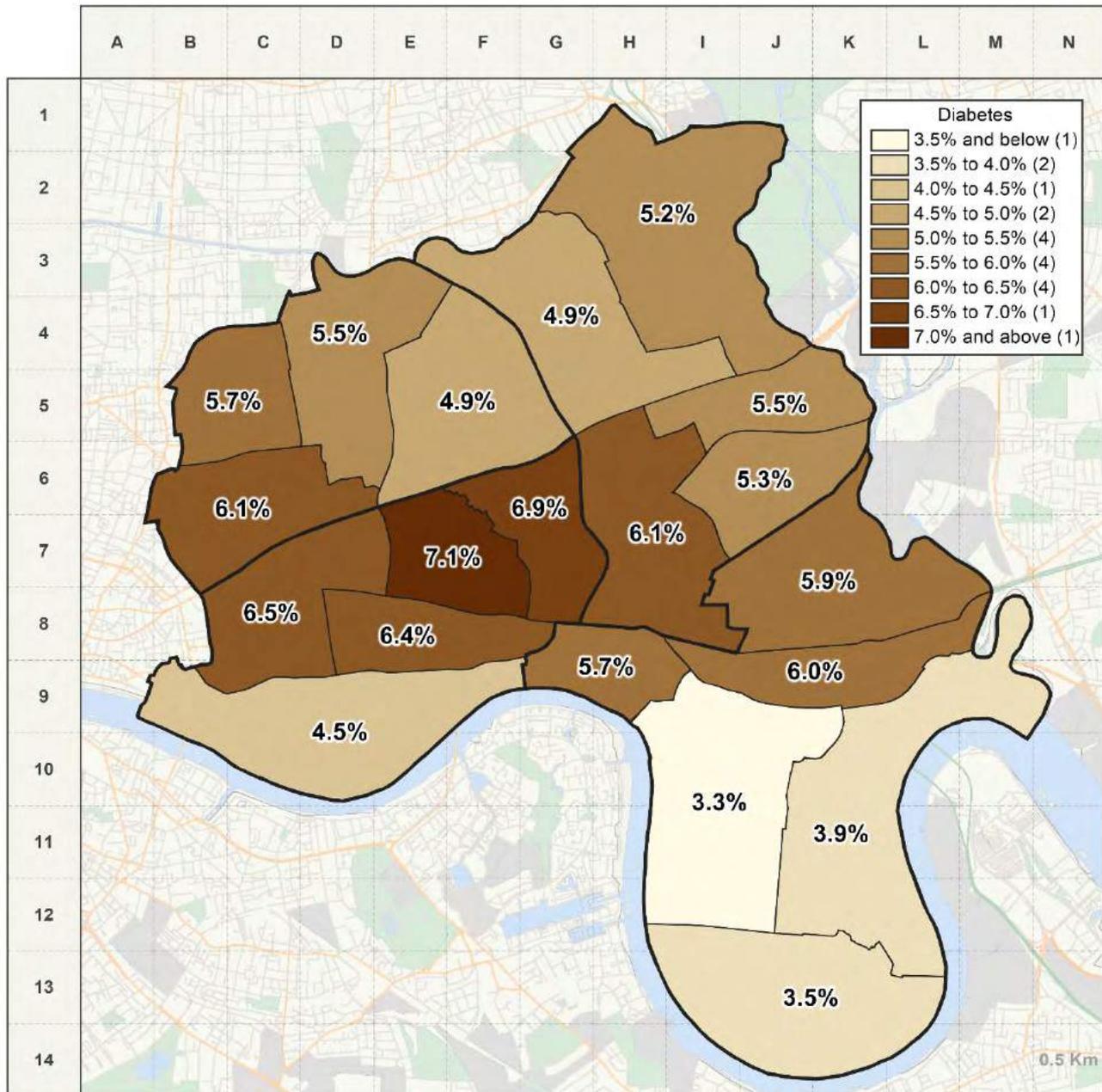
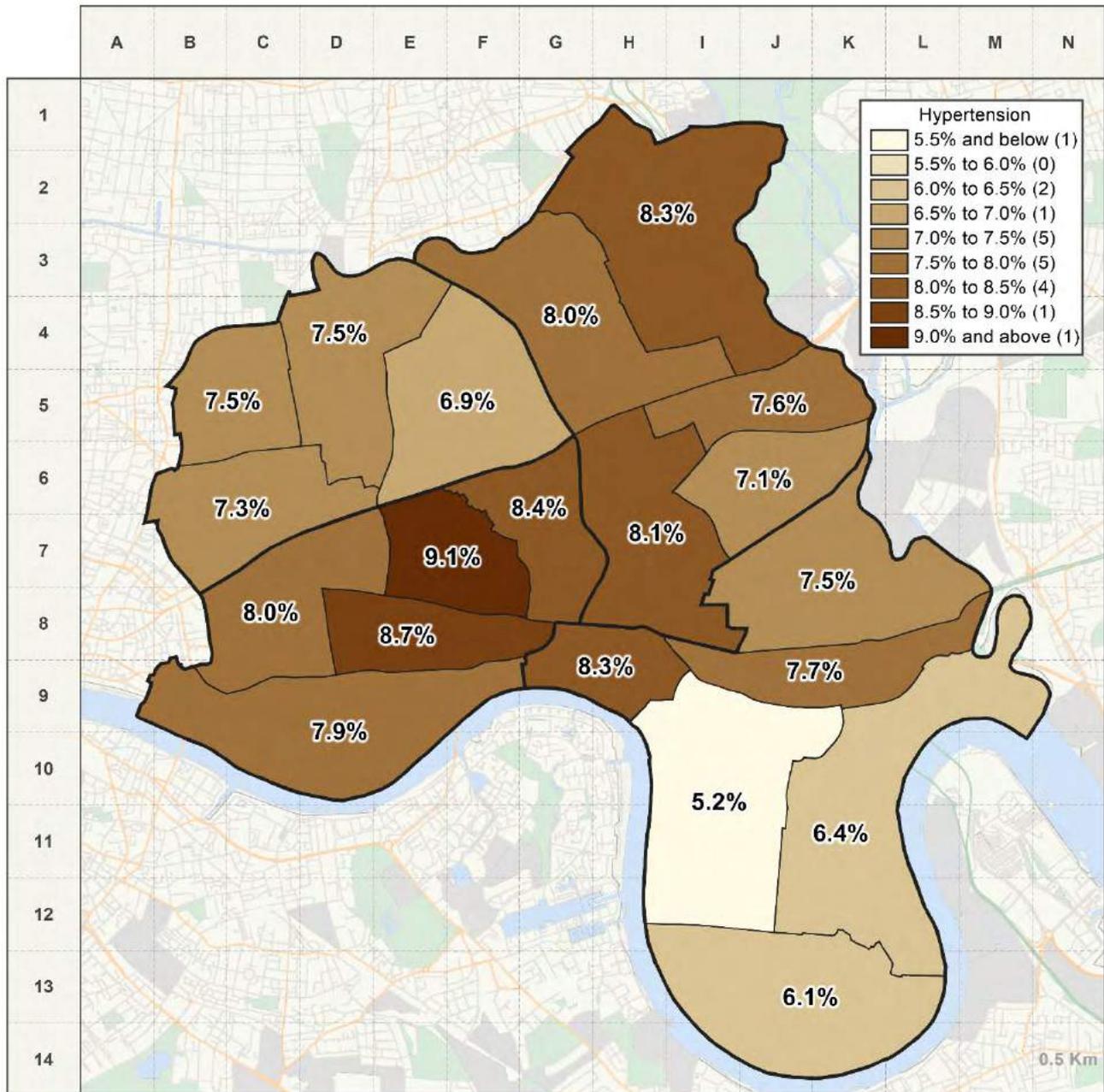


Figure 10 Percentage of ward population diagnosed with hypertension - crude rate



3.9 Building plans

The Tower Hamlets Local Plan and LLDC development trajectories from January 2018 set out the latest building plans, which are shown by ward and locality in Table 15. These include numbers of residential units planned up to 20-21 (the period of this PNA) and 25-26 (providing a longer term perspective). An assumption of 2 residents per unit has been used to convert the figures to additional residents. The figure for all residents is 2.47 (based on the 2011 Census) but the households living in new developments are expected to be smaller than the borough average.

These figures show that large increases are expected, particularly in the South East locality, Canary Wharf and Blackwall and Cubitt Town wards.

Table 15 Expected population growth by ward and locality from 2016

Source: Tower Hamlets Local Plan and LLDC development trajectories as of January 2018

Locality	Ward	Additional units		Estimated additional residents	
		2017-18 to 2020-21	2017-18 to 2025-26	2017-18 to 2020-21	2017-18 to 2025-26
NW	Bethnal Green	123	491.8	246	983.6
SE	Blackwall and Cubitt Town	4,203	9,232	8,406	18,464
NE	Bow East	1,382	2,489.2	2,764	4,978.4
NE	Bow West	34	41.6	68	83.2
NE	Bromley North	399	1,299.2	798	2,598.4
NE	Bromley South	490	803.8	980	1,407.6
SE	Canary Wharf	4,009	10,486	8,018	20,972
SE	Island Gardens	199	283	398	566
SE	Lansbury	1,706	3,519.2	3,412	7,038.4
SE	Limehouse	0	0	0	0
NE	Mile End	529	802	1,058	1,604
SE	Poplar	1,126	1,644.2	2,252	3,288.4
SW	Shadwell	415	475.2	830	950.4
NW	Spitalfields and Banglatown	273	947.4	546	1,894.8
SW	St Dunstan's	225	229.8	450	459.6
SW	St Katharine's and Wapping	539	1,888	1,078	3,776
NW	St Peter's	302	539.4	604	1,078.8
SW	Stepney Green	50	106	100	212
NW	Weavers	307	816.2	614	1,632.4
SW	Whitechapel	1,452.4	2,382.4	2,904.8	4,764.8
	LBTH	17,763.4	38,376.4	35,526.8	76,752.8
	Locality Totals				
	North West	1,005	2,794.8	2,010	5,589.6
	North East	2,834	5,335.8	5,668	10,671.6
	South West	2,681.4	5,081.4	5,362.8	10,162.8
	South East	11,243	25,164.4	22,486	50,328.8
	Total	17,763.4	38,376.4	35,526.8	76,752.8

4 Pharmaceutical service provision within Tower Hamlets

4.1 NHS England pharmaceutical services currently commissioned from community pharmacies

4.1.1 Introduction

Community pharmacies provide three tiers of pharmaceutical services commissioned by NHS England:

- Essential services – all pharmacies are required to provide
- Advanced services – to support patients with safe use of medicines
- Enhanced services and locally commissioned services

Pharmacy owners (contractors) must provide essential services, but they can choose whether they wish to provide advanced and enhanced services.

4.1.2 Essential service provision currently commissioned from community pharmacies

The essential services offered by all pharmacy contractors are specified by a national contractual framework that was agreed in 2005. For the purposes of this PNA, necessary services are defined as all essential services.

The following description of these services is an excerpt from a briefing summary on NHS community pharmacy services by the Pharmaceutical Services Negotiating Committee:

The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Available at: http://www.legislation.gov.uk/uksi/2013/349/pdfs/uksi_20130349_en.pdf

Pharmaceutical Services Negotiating Committee Summary of NHS Community Pharmacy services. Available at: <http://psnc.org.uk/wp-content/uploads/2015/06/CPCF-summary-June-2015.pdf>

- **Dispensing** – the safe supply of medicines or appliances. Advice is given to the patient about the medicines being dispensed and how to use them. Records are kept of all medicines dispensed and significant advice provided, referrals and interventions made.
- **Repeat dispensing** – the management of repeat medication for up to one year, in partnership with the patient and prescriber. The patient will return to the pharmacy for repeat supplies, without first having to visit the GP surgery. Before each supply the pharmacy will ascertain the patient's need for a repeat supply of a particular medicine.
- **Disposal of unwanted medicines** – pharmacies accept unwanted medicines from individuals. The medicines are then safely disposed of.
- **Promotion of Healthy Lifestyles (Public Health)** – opportunistic one to one advice is given on healthy lifestyle topics, such as stopping smoking, to certain patient groups

who present prescriptions for dispensing. Pharmacies will also get involved in six local campaigns a year, organised by NHS England. Campaign examples may include promotion of flu vaccination uptake or advice on increasing physical activity.

- **Signposting patients to other healthcare providers** – pharmacists and staff will refer patients to other healthcare professionals or care providers when appropriate. The service also includes referral on to other sources of help such as local or national patient support groups.
- **Support for self-care** – the provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families. The main focus is on self-limiting illness, but support for people with long-term conditions is also a feature of the service.
- **Clinical governance** – pharmacies must have a system of clinical governance to support the provision of excellent care, requirements include:
 - provision of a practice leaflet for patients
 - use of standard operating procedures
 - patient safety incident reporting to the National Reporting and Learning Service (NRLS)
 - conducting clinical audits and patient satisfaction surveys
 - having complaints and whistle-blowing policies
 - acting upon drug alerts and product recalls in order to minimise patient harm
 - having cleanliness and infection control measures in place.

NHS England is responsible for ensuring that all pharmacies deliver all of the essential services as specified. Each pharmacy has to demonstrate compliance with the community pharmacy contractual framework by providing sufficient evidence for delivery of every service. Any pharmacy unable to provide the evidence will be asked to provide an action plan, outlining with timescales, how it will then achieve compliance. These self-assessments are supported by contract monitoring visits.

4.1.3 Advanced service provision currently commissioned from community pharmacies

In addition to essential services, the community pharmacy contractual framework allows pharmacies to opt to provide any of four advanced services to support patients with the safe use of medicine, which currently include:

- Appliance Use Review (AUR)
- Medicines Use Review (MUR)
- New Medicine Service (NMS)
- NHS Urgent Medicine Supply Advanced Service (NUMSAS)
- Stoma Appliance Customisation (SAC)

- Flu Vaccination Service

The NHS Seasonal Flu Vaccination programme is also currently commissioned as an advanced service. From 2015-16, NHS England commissioned a new advanced service from all community pharmacies who can vaccinate patients in at-risk groups against flu. In May 2016, NHS England announced the Community Pharmacy Seasonal Influenza Vaccination programme would be re-commissioned for the 2016-17 flu season. This service sits alongside the nationally commissioned GP vaccination service, giving patients another choice of venue for their vaccination and helping commissioners to meet their local NHS vaccination targets.

NHS England works with all pharmacies and other agencies to ensure that they are contributing to the system-wide implementation of safety alerts e.g. National Patient Safety Agency (NPSA) alerts on: anticoagulant monitoring, methotrexate, lithium safety, cold chain integrity etc. In the community, pharmacists should work with GPs and nurse prescribers to ensure safe and rational prescribing of medication.

Through the provision of MURs, DRUMs, clinical screening of prescriptions and identification of adverse drug events dispensing staff work with patients to help them understand their medicines. This also ensures that medicines are not omitted unnecessarily and that medication allergies and dose changes are clearly documented and communicated.

NHS Urgent Medicine Supply Advanced Service (NUMSAS) pilot is commissioned as an advanced service and runs from 1st December 2016- 31st March 2018.

This pilot is a replacement for the previous PURM (Pharmacy Urgent Repeat Medicines) pilot. For more details on the background of the service (i.e. funding, announcement) please see the introduction from PSNC.

<http://psnc.org.uk/services-commissioning/urgent-medicine-supply-service/>

At present, see Appendix B – Pharmacy opening times and services for the advanced services that are currently commissioned in Tower Hamlets.

4.1.4 Enhanced Services

The third tier of pharmaceutical service that may be provided from pharmacies are the enhanced services. These are services that can be commissioned locally from pharmacies by NHS England. Examples of enhanced services include:

- anticoagulation monitoring
- care home service
- disease specific medicines management service
- gluten free food supply service
- independent prescribing service
- language access service
- medication review service
- medicines assessment and compliance support
- minor ailment service

- on demand availability of specialist drugs
- out of hours service
- patient group direction service (not related to public health services)
- prescriber support service
- schools service
- supplementary prescribing service

These services can only be referred to as enhanced services if they are commissioned by NHS England. If local services are commissioned by CCGs or local authorities, they are referred to as locally commissioned services.

For the purposes of this PNA, relevant services are defined as all advanced, enhanced and locally commissioned services.

4.2 Locally commissioned services

4.2.1 Local authority commissioned pharmaceutical services currently commissioned from community pharmacies

The borough commissions community pharmacies for the provision of services around smoking cessation, sexual health and substance misuse (supervised consumption and needle exchange) although some of these can also be delivered by other providers such as GP practices. Specific pharmacies providing these services are shown in Appendix B – Pharmacy opening times and services.

4.2.2 CCG commissioned services

There are currently no services commissioned by the CCG.

4.2.3 NHS England Commissioned services

NHS England commission MUR, NMS, AUR, SAC, Flu, NUM SAS, Minor Ailments Service, Enhanced Service Flu. All services apart from the Pharmacy Vaccination Service are under review.

4.3 Dispensing appliance contractor

Appliance suppliers are a sub-set of NHS pharmaceutical contractors that supply, on prescription, appliances such as stoma and incontinence aids, dressings, bandages etc. They cannot supply medicines.

4.4 Distance-selling pharmacies

A distance-selling pharmacy provides services as per the Pharmaceutical Regulations, 2013. It may not provide essential services face-to-face at the pharmacy premises and therefore

provision may only be by mail order and/or the internet. As part of the terms of service for distance-selling pharmacies, provision of all their services must be offered throughout England. It is therefore likely that patients within Tower Hamlets will be receiving pharmaceutical services from a distance-selling pharmacy from outside the borough. There are currently no distance selling pharmacies in Tower Hamlets.

4.5 Self-care pharmacy initiative

The Self-care pharmacy initiative aims to bring together health and social care, and self-care (including self-management) with health improvement for those with long-term conditions. The aim is to facilitate better and more effective use of pharmaceutical services and capacities with a focus on empowering patients to take better control of their own health and live independently in their local communities.

4.6 Community pharmaceutical services for people from special groups

- collection and delivery services – home delivery services can help to provide medications to those who do not have access to a car or who are unable to use public transport
- language services

4.7 Community pharmacies in Tower Hamlets

There are 48 community pharmacies in Tower Hamlets (at September 2017) for a population of 304,854. This is an average of 15.7 pharmacies per 100,000, which is lower than the London and England averages of 21. The analysis of access further on in this PNA shows that virtually all residents are within half a mile of their nearest pharmacy.

Table 16 Breakdown of average community pharmacies per 100,000 population

Source: London and England Data from Health and Social Care Information Centre (2015/16)

Area	Number of community pharmacies	Total population (mid 2016 estimates)	Average number of community pharmacies per 100,000 population
North West	14	71662	19.5
North East	12	78183	15.3
South West	10	71748	13.9
South East	12	83261	14.4
Tower Hamlets	48	304854	15.7
London	1853	8787892	21.1
England	11688	55268067	21.1

4.8 Choice of community pharmacies

Table 17 shows a breakdown of community pharmacy ownership. At 29%, the borough has a lower percentage of pharmacies that are multiple chains than the London average and considerably lower than the England figure of 62%. This results in a good selection of pharmacy providers across all localities in the borough.

Table 17 Community pharmacy ownership 2015-16

Sources: Tower Hamlets data from NHS England; London and England data from Health and Social Care Information Centre (2015/16)

Area	Multiples	Independent	Multiple %
North West	5	9	36%
North East	2	10	17%
South West	1	9	10%
South East	6	6	50%
Tower Hamlets	14	34	29%
London	726	1127	39%
England	7240	4448	62%

4.9 Intensity of current community pharmacy providers

For most pharmacy providers, dispensing provides the majority of their activity. Table 18 shows the Tower Hamlets monthly dispensing activity to be higher than both the London and England averages. Again, this has risen in recent years in line with the borough's population increase.

Table 18 Average number of monthly dispensed item per community pharmacy

Sources: Tower Hamlets data (first quarter 2017/18) from:

https://data.gov.uk/dataset/ccg_prescribing_data; London and England Data from Health and Social Care Information Centre (2015/16)

Tower Hamlets	8700
London	5642
England	7096

4.10 Access to community pharmacies

This section provides maps and information on the location of pharmacies across the borough. Further maps on access times to pharmacies are shown in Appendix D – Maps.

Table 19 provides a list of the pharmacies and their locations for use with the maps.

Appendix B – Pharmacy opening times and services shows the number and location of pharmacies open in the evenings and at weekends.

There are three 100-hour pharmacies in the borough (6.3% of the total). This compares with 5.6% across London and 9.9% for England. Not all localities have a 100 hour pharmacy.

In addition, there are two LPS pharmacies in Tower Hamlets with contracts exceeding 40 hours – one in the North East (84 hours per week) and one in the South West (72 hours per week).

Table 19 Number of 100 pharmacies – September 2017

Sources: Tower Hamlets data from NHS England; London and England Data from Health and Social Care Information Centre (2015/16)

Area	Number of community pharmacies	Number of 100 hour pharmacies	Percentage of 100 hour pharmacies
North West	14	0	0%
North East	12	2	17%
South West	10	0	0%
South East	12	1	8%
Tower Hamlets	48	3	6.3%
London	1853	103	5.6%
England	11688	1161	9.9%

Figure 11 Location of pharmacies in Tower Hamlets with Mid-2015 population density for LSOA
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/lowersuperoutputareamidyearpopulationestimates>

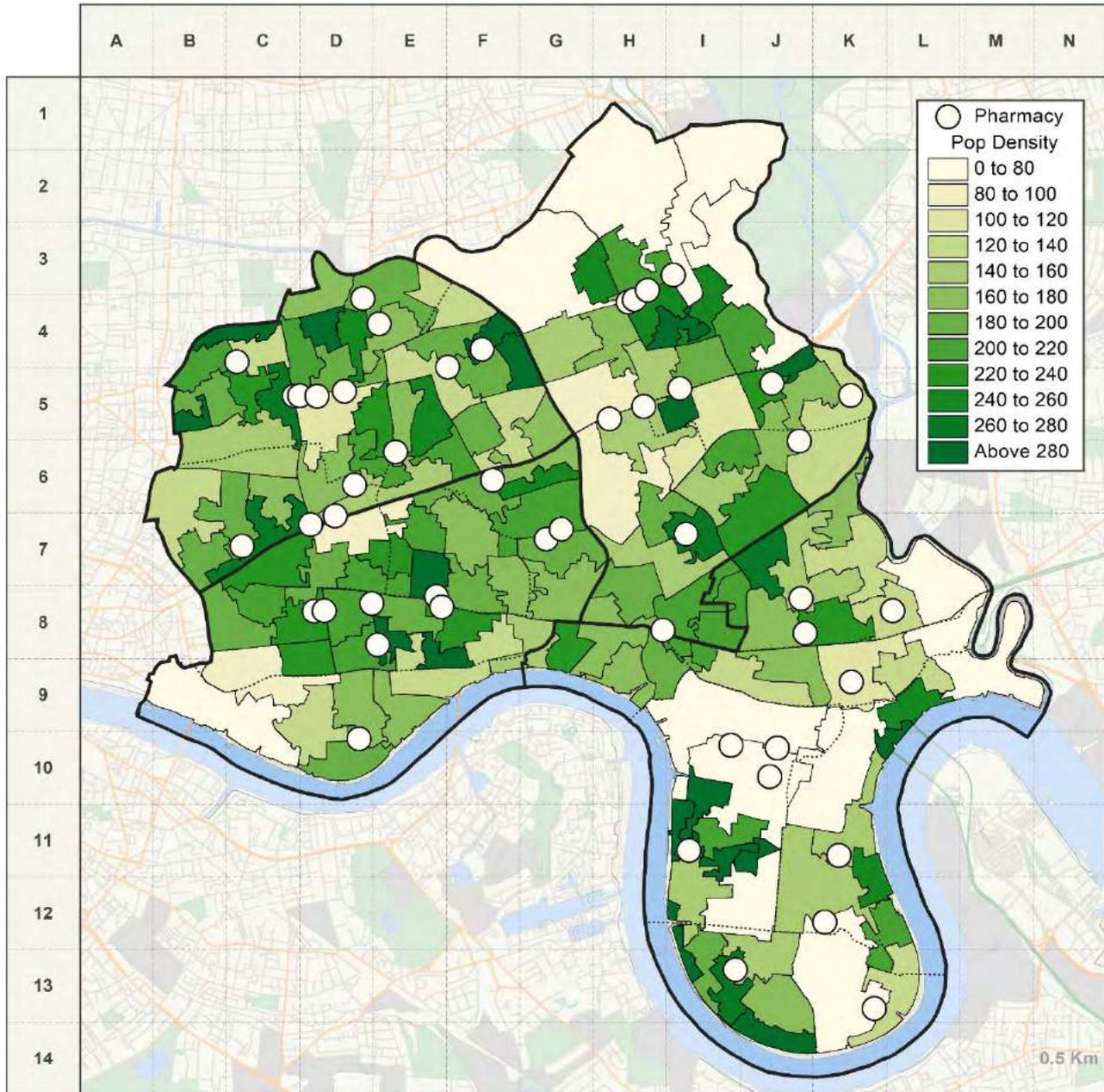


Figure 12 Location of pharmacies in Tower Hamlets with LSOA deprivation decile

www.gov.uk/government/statistics/english-indices-of-deprivation-2015

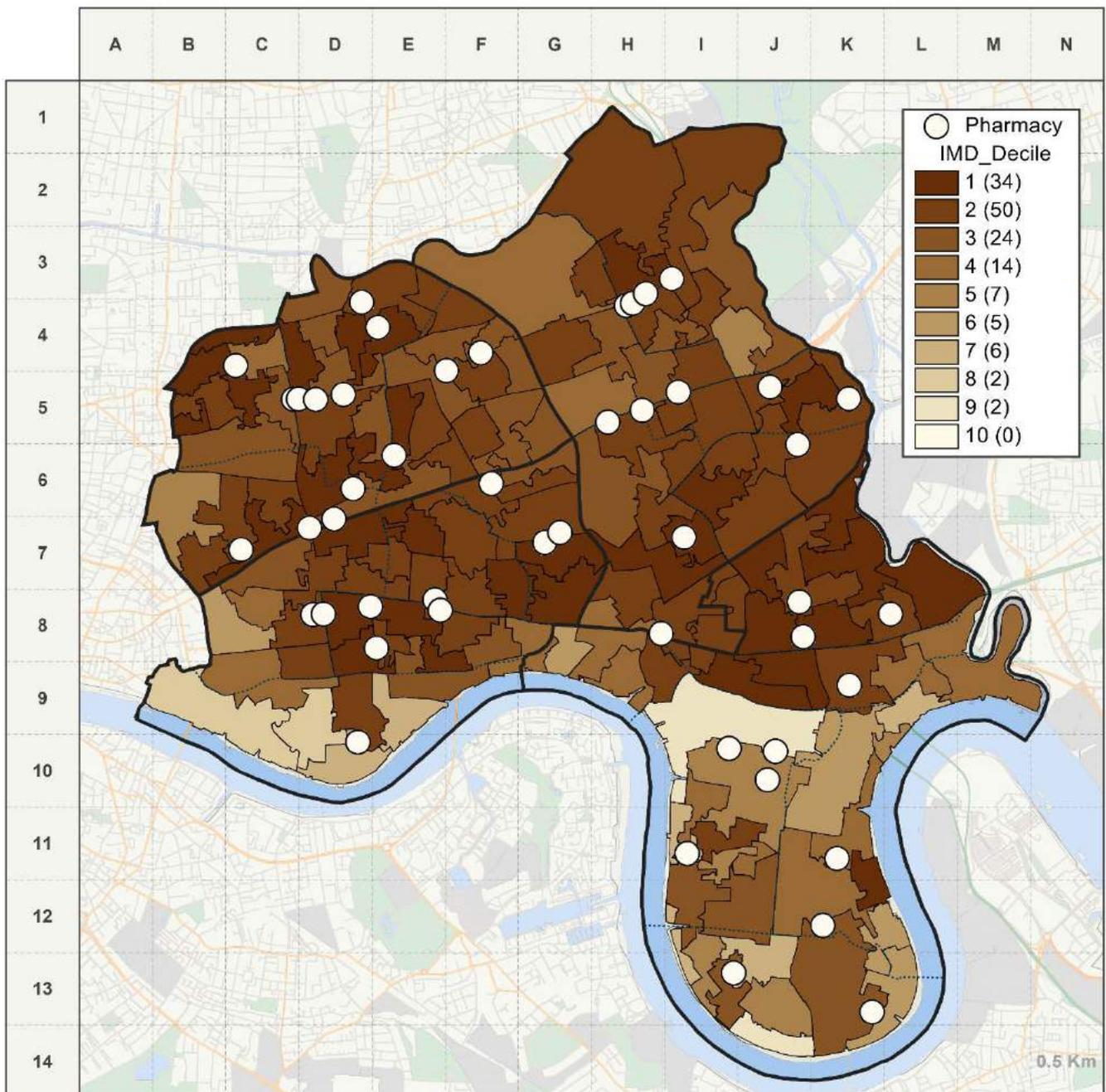


Figure 13 Location of pharmacies by locality in Tower Hamlets and surrounding areas

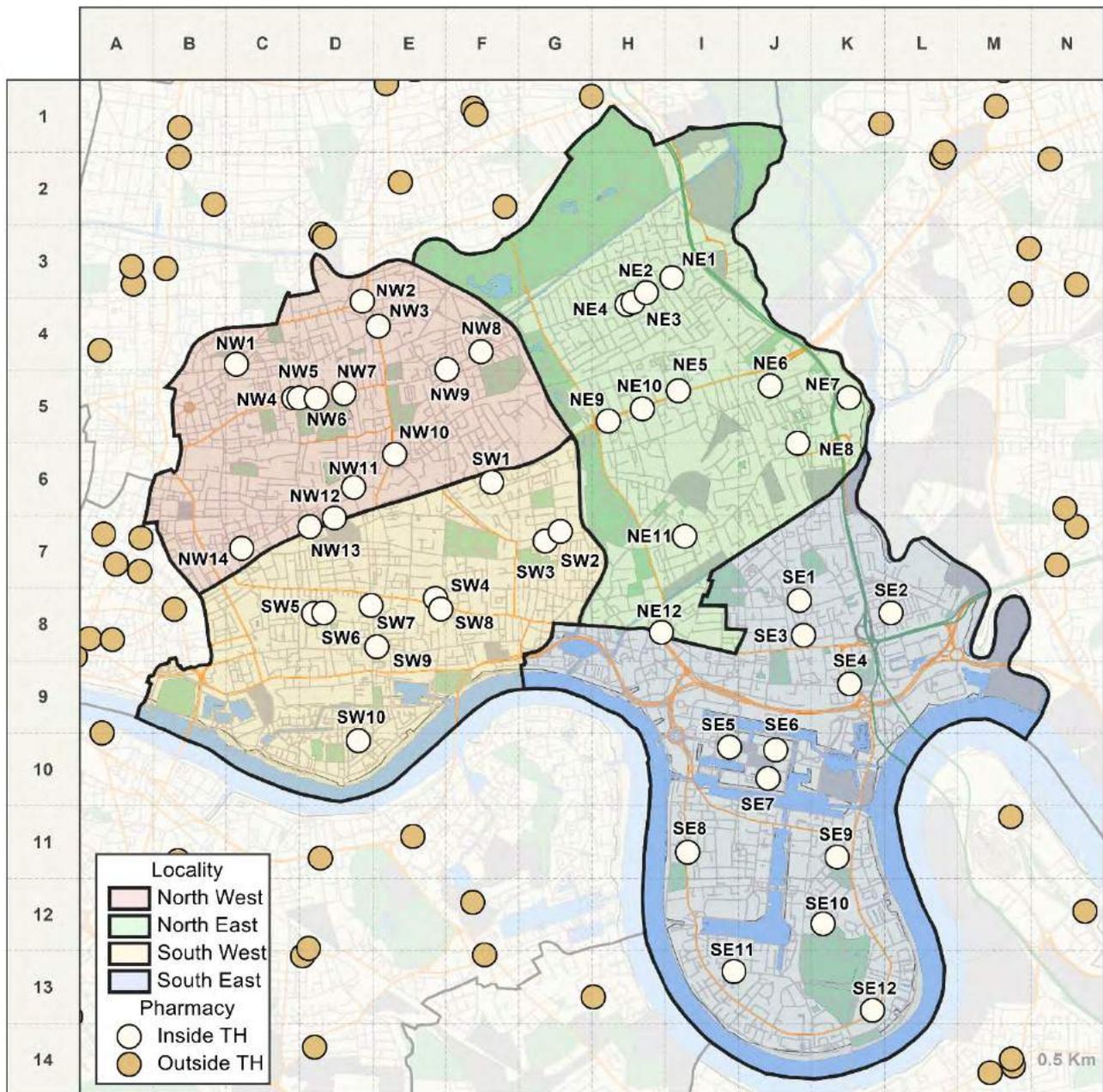
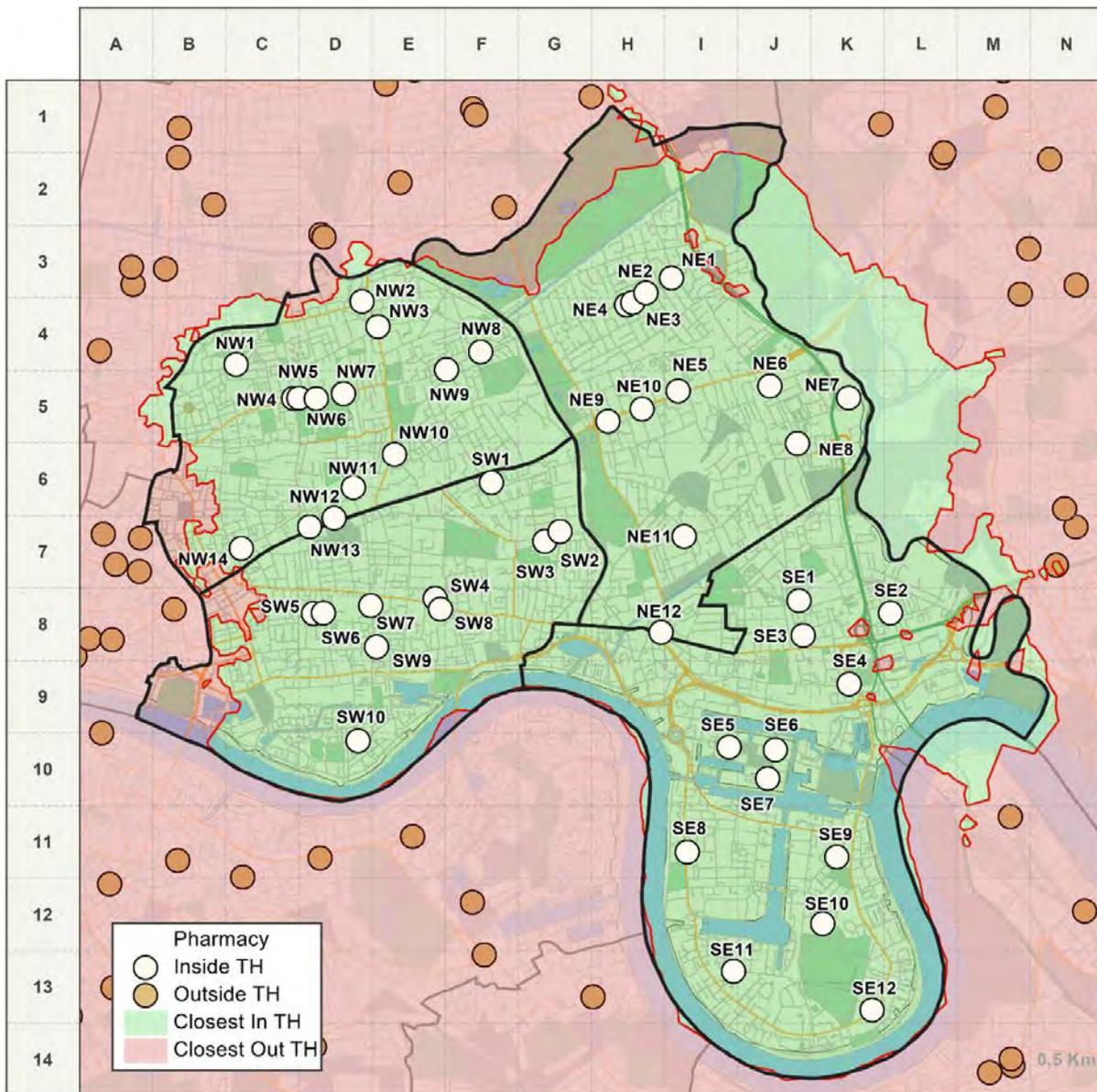


Figure 14 The territories of pharmacies inside and outside Tower Hamlets that give the shortest journey time by car



323,250 people have their nearest pharmacy (travel time by road) located within the Tower Hamlets boundary (this is visualised as the green area of the map).

Of the 304,850 people living in Tower Hamlets, 8,400 (2.8%) have their nearest pharmacy outside of the Tower Hamlets boundary (this is visualised as the population living in the red area inside the Tower Hamlets boundary).

Of the population living in neighbouring areas, 26,800 have their nearest pharmacy within the Tower Hamlets boundary (this is visualised as the population living in the green area outside the Tower Hamlets boundary).

Neighbouring populations account for 9% of the total population that have their nearest pharmacy within Tower Hamlets.

Table 20 List of pharmacies

MAP ID	Pharmacy Name	ODS Code	Postcode	Ward Name	Locality
NE4	ABC PHARMACY	FD356	E3 5LX	Bow East	North East
SW9	ALI'S PHARMACY	FWP36	E1 2QE	Shadwell	South West
SE9	ALLENS PHARMACY	FL171	E14 3PQ	Blackwall & Cubitt Town	South East
SW8	ALLIANCE PHARMACY	FNP17	E1 0LB	Shadwell	South West
SE8	BARKANTINE PHARMACY	FX059	E14 8JH	Canary Wharf	South East
NW2	BEE CHEMIST	FV078	E2 9ED	St. Peter's	North West
NE3	BELL PHARMACY	FWT93	E3 5ES	Bow East	North East
SE5	BOOTS THE CHEMIST	FQR59	E14 4QT	Canary Wharf	South East
SE6	BOOTS THE CHEMIST	FK564	E14 5AX	Canary Wharf	South East
SE7	BOOTS THE CHEMIST	FQV39	E14 5NY	Canary Wharf	South East
SE3	BOOTS THE CHEMIST	FGA03	E14 6BT	Lansbury	South East
NW7	BOOTS THE CHEMIST	FLP93	E2 0DJ	St. Peter's	North West
NW3	BORNO CHEMISTS LTD	FRD18	E2 9NQ	St. Peter's	North West
NE6	BOW PHARMACY	FW017	E3 3EW	Bromley North	North East
SE4	Britannia Pharmacy	FRX84	E14 0BE	Poplar	South East
SE10	Britannia Pharmacy	FXQ52	E14 3BT	Blackwall & Cubitt Town	South East
NW9	BRITANNIA PHARMACY	FTW15	E2 OPG	Bethnal Green	North West
SW6	CHAPEL PHARMACY	FQJ20	E1 2LX	Whitechapel	South West
NE9	CHRISCHEM	FWG99	E3 4PH	Mile End	North East
NW1	COLUMBIA PHARMACY	FKA84	E2 7QB	Weavers	North West
SE12	CUBITT TOWN PHARMACY	FH732	E14 3DN	Island Gardens	South East
NW13	DAY LEWIS PHARMACY	FD028	E1 1DE	Spitalfields & Banglatown	North West
NW14	DAY LEWIS PHARMACY	FHF74	E1 5PB	Spitalfields & Banglatown	North West
SW7	DMB CHEMIST	FRD61	E1 2PR	Shadwell	South West
SE11	DOCKLANDS PHARMACY	FW883	E14 9WU	Island Gardens	South East
NW6	FAIRDALE PHARMACY	FXE78	E2 0AH	St. Peter's	North West
SE2	FELDY PHARMACY	FNW37	E14 0NU	Lansbury	South East
NW4	FLORIDA PHARMACY LTD	FDN37	E2 6AH	St. Peter's	North West
NE10	Forward Pharmacy	FR843	E3 4LH	Mile End	North East
NE8	GREEN LIGHT PHARMACY	FM494	E3 3FP	Bromley South	North East
SW2	Greenlight Pharmacy	FFQ37	E1 4FG	St. Dunstan's	South West
SW4	JAYPHARM	FYF57	E1 0SG	Stepney Green	South West
SE1	LANSBURY PHARMACY	FHH61	E14 6GG	Lansbury	South East
NE11	LINCOLN PHARMACY	FEP40	E3 4AL	Mile End	North East
NW11	Lloyds Pharmacy	FLG13	E1 5SD	Spitalfields & Banglatown	North West
NW8	MASSINGHAM	FGH29	E2 0QY	Bethnal Green	North West
NE5	MAYORS CHEMIST	FCV86	E3 2AD	Bow West	North East
SW1	MEDICHEM	FA012	E1 4LR	St. Dunstan's	South West
NE12	NASH CHEMIST	FD649	E14 7HG	Mile End	North East
NW5	OLD MAIDS PHARMACY	FG327	E2 6AH	St. Peter's	North West
NE1	PARNELL CHEMISTS	FT030	E3 2RN	Bow East	North East
NW10	REGIONCHOICE LTD	FQD10	E1 5QJ	Bethnal Green	North West
SW5	SAI CHEMISTS	FA089	E1 2LP	Whitechapel	South West
NW12	SHANTY'S	FXR56	E1 1DB	Spitalfields & Banglatown	North West
NE2	SINCLAIRS	FNH88	E3 5EL	Bow East	North East
SW3	SINCLAIRS	FE194	E1 3NN	St. Dunstan's	South West
NE7	TESCO INSTORE PHARMACY	FRJ96	E3 3DA	Bromley North	North East
SW10	TOWER PHARMACY	FMD40	E1W 2RL	St. Katharine's & Wapping	South West

Figure 15 Location of pharmacies by ward in Tower Hamlets

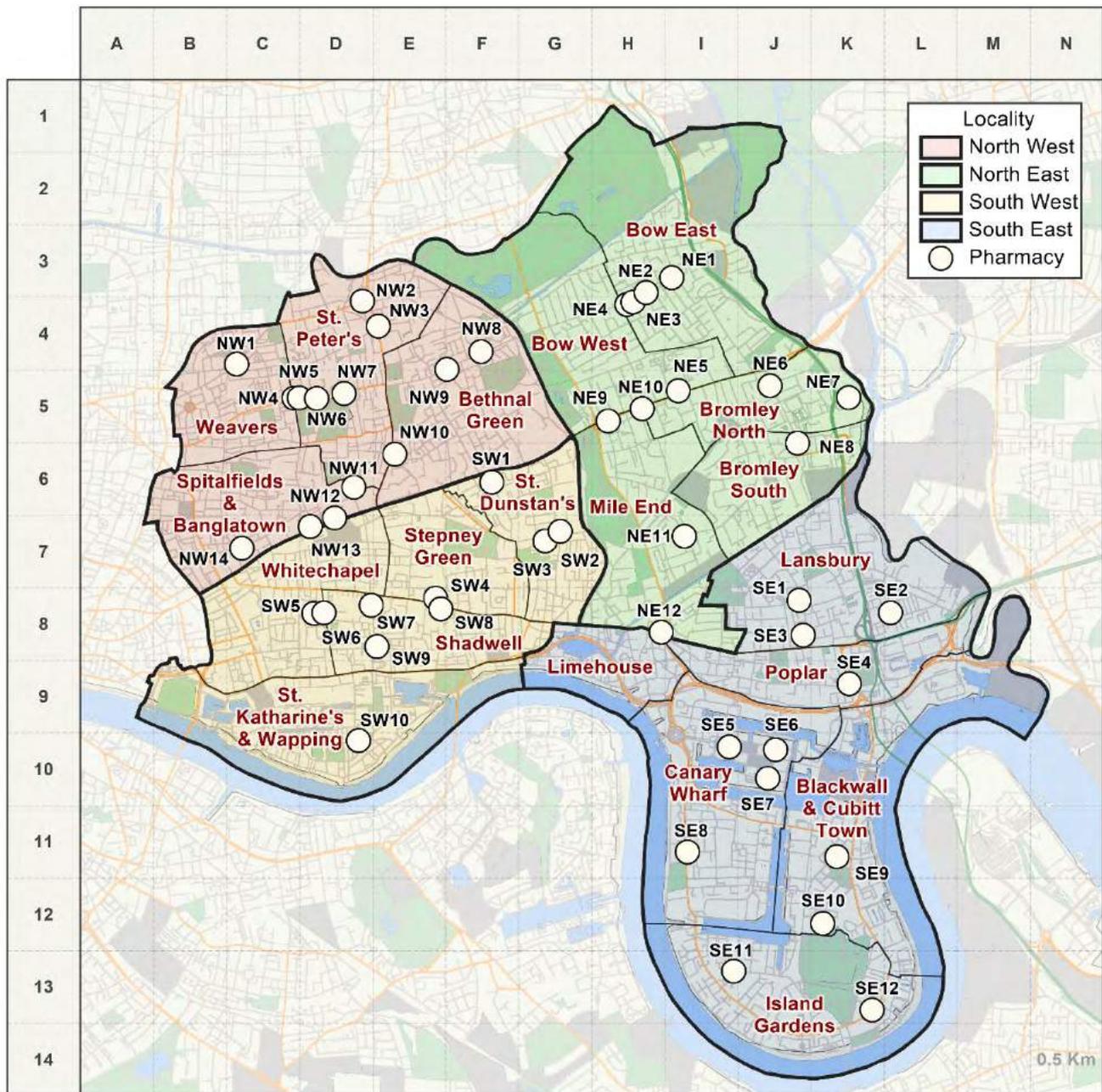


Figure 16 Location of pharmacies by locality in Tower Hamlets

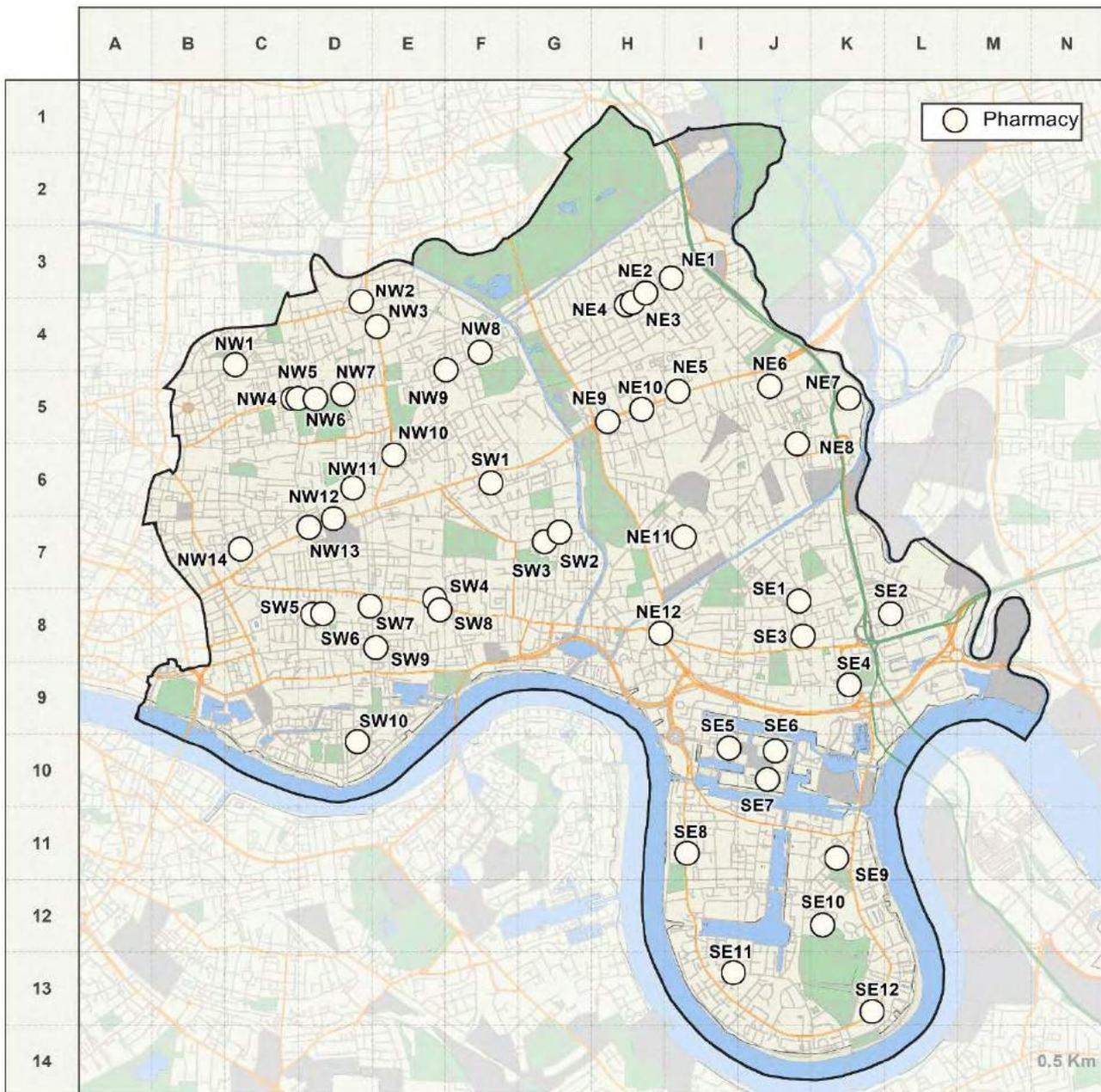
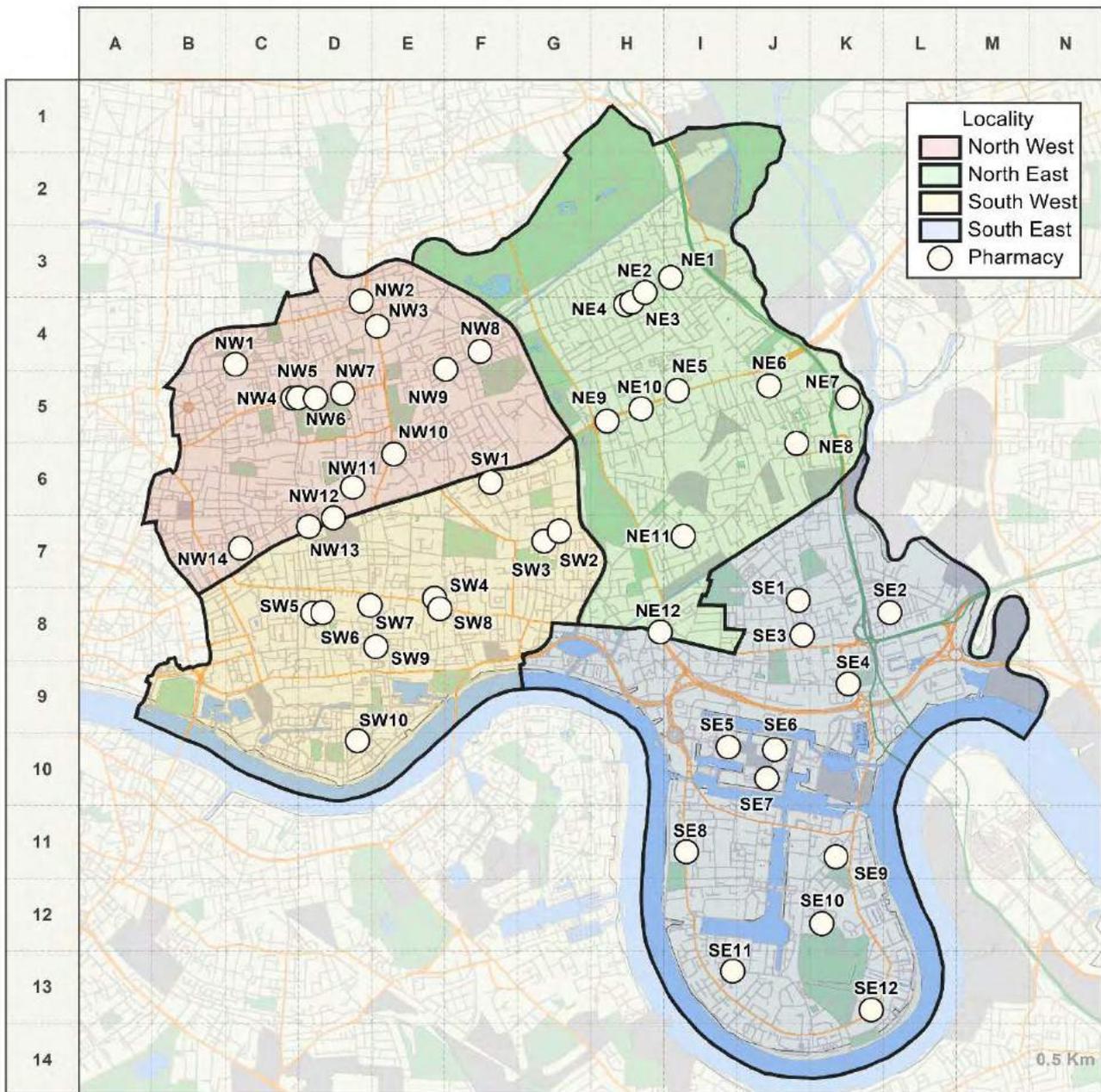


Figure 17 Location of pharmacies by locality in Tower Hamlets



5 Stakeholder Engagement

5.1 General stakeholder engagement

5.1.1 Introduction

Pharmacies are an important asset within local communities offering several NHS services. Public health was transferred to local government under the Health and Social Care Act 2012. Therefore, since 2013, local authorities have been responsible to implement the government's strategies for improving the health of their local populations.

5.1.2 Why public engagement and consultation is important?

PHAST was commissioned by Tower Hamlets council to develop its current PNA and consult and engage with stakeholders. Public involvement in commissioning enables residents to voice their views, needs and wishes, and to contribute to plans, proposals, and decisions about the services available in their local communities.

The National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), CCGs and NHS England have duties to involve the public in commissioning (under sections 14Z2 and 13Q respectively). The local authorities also have a duty to consult and involve residents in planning and commissioning.

There will be extensive consultation with the general public and specific groups in the population during the consultation phase. At this stage, we have undertaken a short public survey and a survey of pharmacies.

5.2 Outline methodology of stakeholder engagement

5.2.1 Aims

The aims of the consultation and engagement are:

1. to encourage constructive feedback from key professional stakeholders and communities throughout the PNA process. This includes ensuring good stakeholder engagement during the statutory PNA formal consultation, which lasts for a minimum period of 60 days.
2. to ensure a wide range of key public stakeholders offer opinions and views on what is contained within in the draft PNA.

To meet Aim 1 above, PHAST set up a stakeholder advisory group for the PNA to give advice from the start of the process. The Terms of Reference for the PNA stakeholder advisory board is given in Appendix E – Steering Group Terms of Reference.

The advisory group identified two separate processes which were needed to satisfy Aim 2 as follows:

- a statutory consultation on the draft PNA as set out in the PNA regulations.
- a wider engagement with local communities and residents to get their views on the services offered by local pharmacies and their experiences of using the pharmacies.

5.3 Pharmacy survey

The Tower Hamlets pharmacy contractor survey was conducted to inform the PNA. The survey was developed and refined to ensure Tower Hamlets Public Health leads as well as the LPC lead were all in agreement with its content. It covered the full range of topic areas relating to the development of community pharmacies. The online survey was hosted and managed by the Local Pharmaceutical Committee (LPC) team.

All Tower Hamlets pharmacies were invited to take part by way of an invitation letter, which was emailed by the LPC to each pharmacy. The survey was open for one month. During this period, weekly email reminders were sent out to those who had not responded.

At the time of survey, there were 48 pharmacies in Tower Hamlets (14 pharmacies from the North West locality, 12 pharmacies from the North East locality, 10 from the South West locality and 12 pharmacies from the South East locality). 48 pharmacies completed the survey, giving the overall response rate of 100%.

Findings were as follows:

- There are 48 pharmacies in Tower Hamlets – 14 in the North West locality, 12 in the North East locality, 10 in the South West locality and 12 in the South East locality.
- The majority of pharmacies have a bus stop within a two-minute walk. Only two pharmacies are more than a five-minute walk from the nearest bus stop.
- In terms of disabled parking and wheelchair access, the majority of pharmacies have disabled parking available within ten metres of the pharmacy (37/48), have wheelchair access at the entrance (44/48) and have floors that are wheelchair accessible (43/48).
- In terms of addressing ways to support users with disabilities, the majority of pharmacies have large print labels and leaflets (33/48); just over a quarter have automatic door assistance (14/48) and wheelchair ramp access (15/48); just under a quarter have a door chime at front door (11/48) and a hearing loop (9/48). Only a small number of pharmacies have additional facilities to help disabled customers such as bell at the front door, removable ramp, disabled toilet access, handrails and internet pharmacy.
- In terms of addressing future pharmacy development constraints, a few of the pharmacies have constraints on developing their premises with just under a half having limited room for expansion (21/48); two pharmacies have listed building status and three are within a conservation area; about two thirds are rented buildings (24/48).
- About a third of the pharmacies have toilets that patients can access for screening (17/48).
- The majority of pharmacies have a consultation room on-site (47/48) and over three quarters of the consultation rooms have wheelchair access (39/48).
- The majority of pharmacies have good facilities within their consultation areas including a bench and table (42/48), a computer terminal (41/48), a sink (38/48) and seating for three or more people (24/48). Half of the pharmacies have a separate area/room for advanced services for consultations with customers (24/48).

- More than half of the pharmacies have two pharmacists on duty at key times during the week and eight pharmacies have two pharmacists available for more than 30 hours a week. The remaining 17 pharmacies have two pharmacists available at key times during the week. The times they are available vary between 1-24 hours during the week.
- Just over half of the pharmacies involve a second pharmacist for reasons such as additional dispensary support, relieving pharmacists for administrative work, supporting medication reviews and covering shift handovers/lunch breaks.
- A large number of pharmacies have pharmacists with special interests. For example, the majority offer flu vaccinations (43/48); over a half of the pharmacies have a Healthy Living pharmacist (26/48); and just over a third have special interests in asthma (18/48) and diabetes (19/48). In addition, one third have special interests in nutrition (16/48).
- A large number of pharmacies have regular pharmacists who speak more than one language. The most common additional languages spoken are Asian languages such as Bengali, Hindi, Gujarati, Urdu and Punjabi. Only three pharmacies do not have a regular pharmacist who speaks more than one language.
- In terms of dispensing appliances, about two thirds of pharmacies dispense all types of appliances (30/48). One sixth only dispense dressings (8/48) and only five pharmacies do not dispense any appliances.
- In terms of offering advanced services, all 48 pharmacies provide the New Medicines Service and the Medicines Use Review. Less than three provide stoma customisation and appliance use review.
- In terms of providing enhanced services, all 48 pharmacies provide flu vaccinations. The majority of pharmacies provide Minor Ailments Scheme (44/48), stop smoking service (43/48), Emergency Hormonal Contraception EHC (41/48). Medication Review Service (41/48), Home Delivery Service (39/48) and Supervised Administration Service (37/48).
- Pharmacies were asked whether they would be willing to provide some of the enhanced services in the future. Although no pharmacies currently provide an anticoagulant monitoring service, the majority of pharmacies would be willing to provide this in the future (42/48). Currently only one pharmacy provides the NHS Health Check programme, however, the majority of pharmacists would be willing to provide this in future (45/48). Other services that many of the pharmacies stated they would be willing to provide include HPV screening (39/48), childhood vaccinations (39/48), sharps disposal service (38/48), prescriber support service (38/48), schools service (34/48), medicines assessment and compliance support (32/48), oral contraceptive service (29/48) and an out of hours service (27/48).
- In terms of locally commissioned services, the majority of pharmacies currently provide the Minor Ailment Scheme (44/48), the stop smoking service (33/48) and emergency hormonal contraception (41/48). About three quarters provide chlamydia screening (35/48) and supervised administration of opioid substitution treatment (33/48) and over half provide chlamydia treatment (29/48).

- Additional non-NHS funded services provided by pharmacies included all but two pharmacies providing collection of prescriptions from surgeries (46/48), and all but five offering delivery of dispensed medicines free of charge on request (43/48).
- Two thirds of pharmacies provide blood pressure diagnostic services (32/48) and about a half provide weight recording (22/48). Just under half offer carbon monoxide readings (20/48); one third provide pregnancy tests (16/48); just under a third provide height recording (15/48), body mass index (BMI) calculation (15/48) and blood glucose (14/48). Just under a quarter provide extra health testing (11/48).
- Over the two thirds of pharmacists are willing to provide additional services if they were commissioned to do so. These include weight management, independent prescribing service medicines assessment and disease specific medicines. Other services more than half of pharmacists are willing to supply include gluten free food supply service, alcohol screening and brief intervention, vascular risk assessment, expanded incontinence service, phlebotomy service, structured self-care support and supplementary prescribing.
- Nearly all pharmacies have a computer that can access the internet (45/48), and almost all have good quality computer equipment that includes NHS Summary Care Records and printing facilities. Software includes dispensary software, electronic prescription service and all but one is Release 2 enabled.

For a detailed review of the survey responses please see Appendix G – Pharmacy survey.

5.4 Pharmacy Users Views - Community Pharmacy Patient Questionnaire (CPPQ) Highlights

The final question in the survey asked the pharmacies the following –

“All pharmacies are required to conduct an annual Community Pharmacy Patient Questionnaire (CPPQ).

Using the results from your most recent CPPQ please identify the five most frequent requests from patients as either improvements or additions to your services.”

For a summary of the key findings from the pharmacies CPPQ results in Tower Hamlets borough please see the word clouds on the following pages. The larger texts describe the most frequently made comments by the pharmacy users.

Feedback from pharmacy users - How pharmacies could improve

<p>Waiting Area Environment</p> <ul style="list-style-type: none"> ● larger premises ● update waiting area ● larger consultation area ● larger waiting area ● clearer queuing system ● improve comfort of waiting area ● more information on display ● air conditioning ● improve cleanliness ● less queues ● automatic doors <p>Seating</p> <ul style="list-style-type: none"> ● more seating <p>Access</p> <ul style="list-style-type: none"> ● parking facilities <p>Opening times</p> <ul style="list-style-type: none"> ● extended opening hours on Saturdays 	<p>Staff</p> <ul style="list-style-type: none"> ● more staff in the shop ● have a female pharmacist available ● have a Bengali speaking member of staff ● supervision of medication for mentally ill patients ● more services ● spend more time with patients when counselling on medicine use ● improve communication ● engage with community more ● better staff training 	<p>Services Delivery</p> <ul style="list-style-type: none"> ● free collection and delivery service ● provide delivery service <p>Family planning/ Sexual health</p> <ul style="list-style-type: none"> ● oral contraception service ● HIV testing ● chlamydia testing ● pregnancy testing ● HPV check ● STI checks <p>Minor ailments</p> <ul style="list-style-type: none"> ● provide wider scope of minor ailments service ● being part of a minor ailments scheme <p>Testing</p> <ul style="list-style-type: none"> ● INR phlebotomy service ● NHS HealthChecks ● vascular screening ● blood pressure monitoring ● cholesterol monitoring ● diabetes testing ● peak flow testing ● throat testing <p>Signposting/advice</p> <ul style="list-style-type: none"> ● raise awareness on available services ● advice on long-term health problems ● advice on services and information available elsewhere <p>Smoking cessation</p> <ul style="list-style-type: none"> ● advice on stop smoking ● smoking cessation service <p>Vaccinations</p> <ul style="list-style-type: none"> ● travel vaccinations ● more vaccinations <p>Other</p> <ul style="list-style-type: none"> ● sharps disposal ● needle exchange
<p>Waiting times</p> <ul style="list-style-type: none"> ● improved waiting times 	<p>Stock</p> <ul style="list-style-type: none"> ● provide disability aids ● controlling stock items more closely ● more baby products ● having more items in stock 	
<p>Confidentiality</p> <ul style="list-style-type: none"> ● private area so as not to be overheard 	<p>Prescriptions</p> <ul style="list-style-type: none"> ● review handing out process ● prescribe asthma inhalers ● disposal of unwanted medicines ● supply repeat prescriptions quicker ● messaging service ● request repeats from surgeries outside the borough (those that do not accept fax) 	
<p>Lifestyle</p> <ul style="list-style-type: none"> ● general advice on healthy lifestyle ● weight management service 		

Feedback from pharmacy users

How pharmacies could improve



5.5 Public Survey

In order to expand upon the data collected through the Community Pharmacy Patient Questionnaire, a survey of Tower Hamlets residents was conducted using a questionnaire that was placed on the Tower Hamlets Council website. This questionnaire gave the respondents the opportunity to offer comments on aspects of community pharmacy such as opening times, space and medicines review and advice. We also created an extended version of the survey (see Appendix H – Extended survey), which was disseminated to target groups who share protected characteristics such as older people, certain ethnic minorities, people living with disabilities and the LGBT community. This extended survey was carried out with the help of Healthwatch Tower Hamlets and the Tower Hamlets Idea Stores.

Responses to the survey indicated that respondents value their interpersonal relationships with their pharmacists, and feel that this aspect of the service is very important. A common cause for dissatisfaction, however, was resource availability, with many people commenting on lack of space, opening hours and waiting times. Comments included:

‘Confidentiality is always hit and miss – is assumed you have no need for such when getting prescriptions.’

‘The staff know me and as a cover I can check on my son’s medication.’

‘Depending on the time you go, waiting times can be over 30 minutes.’

‘They know my first name.’

Responses also indicated that the Tower Hamlets community use a range of pharmaceutical services and value the provision of medical advice.

Figure 18 How would you rate the pharmacies in Tower Hamlets?

Q3 How would you rate the pharmacies in Tower Hamlets on the following?

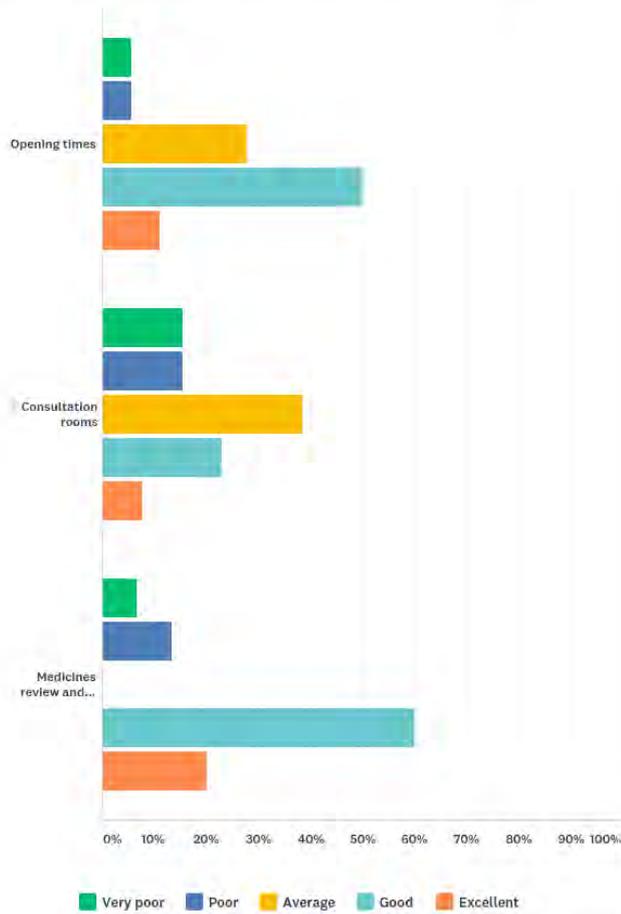


Figure 19 Have you ever used a pharmacy for any of the following services?

Q5 Have you ever used a pharmacy for any of the following services? (Please tick any that apply)

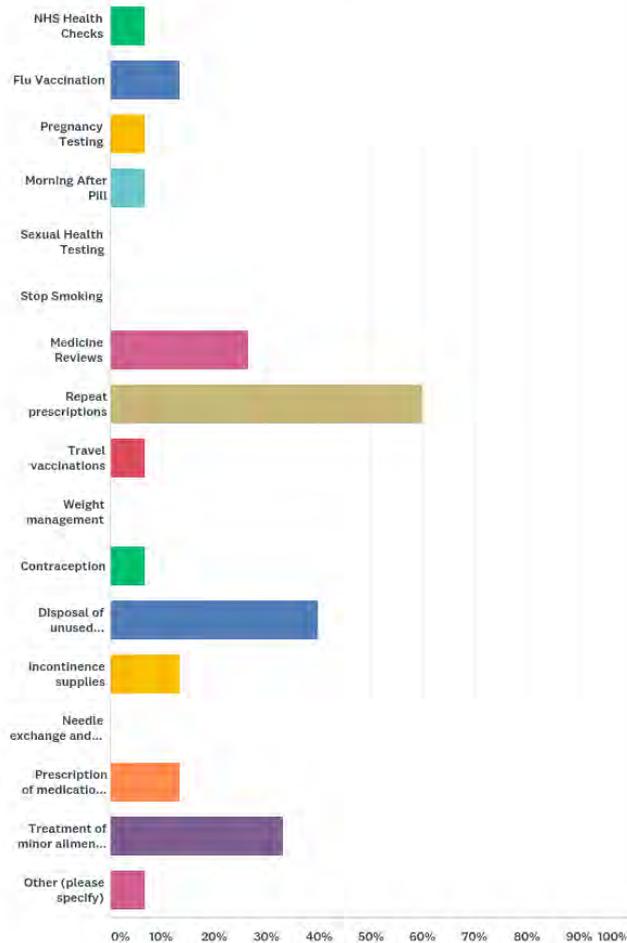
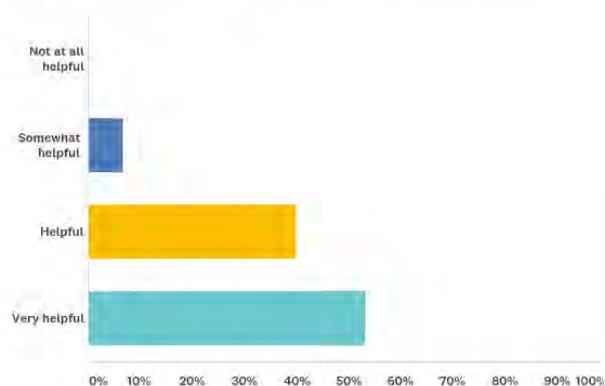


Figure 20 How would you describe the helpfulness of advice provided by your pharmacy?

Q8 How would you describe the helpfulness of advice provided by your pharmacy?



5.6 Formal consultation

The Tower Hamlets Pharmaceutical Needs Assessment public consultation ran between the 22nd of January 2018 and the 23rd of March 2018. The consultation consisted of two SurveyMonkey questionnaires – one aimed at the general public, and the other aimed at health professionals. The report was placed on the London Borough of Tower Hamlets website, along with the executive summary and both questionnaires. The PNA steering group was intrinsic to the consultation process, and ensured that the draft PNA was circulated to a number of organisations, including the HWB, LMC, LPC, Healthwatch and DPHs of neighbouring boroughs. The PNA was also circulated to local groups by the Tower Hamlets locality managers, to ensure that we received a range of opinions from groups who share protected characteristics such as older people, certain ethnic minorities, people living with disabilities and the LGBT community.

The Steering Group received a number of useful comments which were then considered. The comments have been placed in a consultation log and the actions recommended by the Steering Group included. This is available in Appendix A – Formal Consultation responses.

5.7 Meeting the needs of specific populations within society

The public engagement process which is outlined in Section 5.5 and the formal consultation which is outlined in Section 5.6 were carried out in such a way as to ensure that we took into account the needs of certain populations within Tower Hamlets with regards to 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

Older people have a higher prevalence of chronic illness and often require significant pharmaceutical support. Community pharmacies in Tower Hamlets support people to live independently by supporting optimisation of use of medicines, support with re-ordering of medications, delivery to the housebound and appropriate provision of compliance aids and other interventions such as reminder charts to help people to take their medicines as prescribed. The personal relationship that many older people within Tower Hamlets have with their local pharmacists also allows pharmacies to identify emerging problems with people's health and signpost to additional support and resources. Children and young people, similarly, have a range of pharmaceutical needs. The minor ailments services within Tower Hamlets often provide advice to parents regarding child health, and there are several health promotion and public health interventions (particularly smoking cessation, sexual health and substance misuse services) that are aimed at adolescents and young people.

Disability

For patients who are living with long term physical or mental impairments that affect their ability to carry out every day activities, such as managing their medication, Tower Hamlets pharmacies provide adjustments to medication packaging or instructions that will support self-care. Compliance aids might include large print labels, easy to open containers, medication reminder alarms/charts, and eye dropper or inhaler aids.

Gender and gender identity

Community pharmacies within Tower Hamlets are a socially inclusive healthcare service providing a convenient and environment that may be less formal than other available health services. The majority of Tower Hamlets pharmacies have consultation rooms that offer privacy for those who wish to discuss sensitive matters such as sexual health and contraception. Pharmacies are also 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.

Race, ethnicity and nationality

Language can be a barrier to delivering effective advice on medicines, health promotion and public health interventions, particularly for those who do not speak English as a first language. The majority of pharmacies in Tower Hamlets have a regular pharmacist available who speaks at least one language other than English.

Religion or belief

Pharmacists in Tower Hamlets provide advice to specific religious groups on concerns such as medicines derived from animal sources and during periods of fasting.

Pregnancy and maternity

Tower Hamlets pharmacists provide advice to pregnant women and new mothers on pre, peri and post-partum self-care. In particular, they are able to advised on the safety of prescribed and over the counter medications that are safe for use in pregnancy and during breast feeding.

Sexual orientation

As part of the training for the provision of sexual health services, pharmacists in Tower Hamlets are trained to provide services that are specific to the needs of service users with regards sexual orientation.

6 Conclusions

The Tower Hamlets Health and Wellbeing Board (THHWB) has updated the information in relation to pharmacy services in its borough as well as information regarding changes in pharmacy services. In addition, the THHWB has reviewed the current health needs of its population in relation to the number and distribution of the current pharmacies in Tower Hamlets and those pharmacies in neighbouring boroughs adjoining Tower Hamlets.

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

- For the purposes of this PNA, necessary services are defined as essential services.
- The Advanced, Enhanced and Locally Commissioned services are considered relevant services as they contribute towards improvement in provision and access to pharmaceutical services.

When assessing the provision of services in Tower Hamlets, data have been analysed across localities, between population groups and by deprivation. In particular the following have been considered:

- The maps showing the location of pharmacies within Tower Hamlets compared with population density and deprivation
- The number, distribution and opening times of pharmacies within Tower Hamlets
- Pharmacy locations across the border
- Population density in Tower Hamlet and consequent access to pharmacies close by
- The increase in daytime population
- Projected population growth
- The age, gender and ethnicity of the population
- Neighbourhood deprivation in Tower Hamlets
- Location and opening hours of GP practices providing extended opening hours
- Location and opening hours of NHS Dental contractors

Based on the latest information on the projected changes in the THHWB geographical area over the next three years, alongside the latest information regarding building plans and expected additional population increases during this time, along with the increases in the daytime population, the THHWB has concluded that the current pharmacy services are adequate and have a good geographical spread. Although some measures of the number of pharmacies in the borough show a lower level of provision than elsewhere, the high population density in the borough indicates that no one is very far from a pharmacy.

Tower Hamlets HWB has concluded that there are no significant gaps in necessary service provision.

The detailed conclusions are as follows:

- There is no evidence that there are any significant current gaps in the provision of essential services (necessary services) across the borough.
- There is no substantial evidence that there are any significant current gaps in the provision of advanced services (relevant services) across the borough.
- There is no substantial evidence that there are any significant current gaps in the provision of enhanced services (relevant services) across the borough.
- There is no substantial evidence that there are any significant current gaps in the provision of locally commissioned services, (relevant services) across the borough.
- THHWB recognise that a number of HWBs which border Tower Hamlets contribute toward meeting the pharmaceutical needs of the Tower Hamlets residents and their contribution has been taken into consideration where appropriate.
- There are population increases expected in the borough in the next three years, particularly in the South East, but on current assumptions we believe these can be absorbed by the existing infrastructure of pharmacies, along with general developments in pharmacy services and the provision of services in different ways which will improve the delivery to the public.

The conclusions reached in this report include assessments that have addressed whether additional provision of pharmacies would improve choice. The analysis shows there is a greater choice of independent pharmacies in the Borough compared with both London and nationally. The HWB considered the following: NHSE have recently assessed the need for pharmacies and generally found that nationally services are adequate; where necessary in localities that have fewer pharmacies the pharmacies qualify for the Pharmacy Access Service and compared to other areas of England London Boroughs have greater choice of pharmacy provider.

The conclusions in this report are based significantly on the data available and future assumptions at the time of reporting about how pharmacy services are likely to develop following the Department of Health's Community Pharmacy in 2016/17 and Beyond document and the Murray Report. The situation is fast moving and it will be important to undertake an annual review of the evidence and assumptions to keep these conclusions up to date.

Key to Services

- **Essential Services** (necessary services) are commissioned by NHS England and are provided by all pharmacy contractors. These are services which every community pharmacy providing NHS pharmaceutical services must provide and is set out in their terms of service – these include the dispensing of medicines, promotion of healthy styles and support for self-care. Distance- selling pharmacy contractors cannot provide essential services face to face at their premises.
- **Advanced Services** are commissioned by NHS England and can be provided by all contractors once accreditation requirements have been met. These services include Medicines Use Reviews (MUR), New Medicines Service (NMS), Appliance Use Reviews (AUR), Stoma Appliance Customisation (SAC), NHS Urgent Medicine Supply Advanced Services (NUMSAS) (relevant services).
- **Enhanced Services** commissioned by NHS England are pharmaceutical services, such as Minor Ailments, services to Care Homes, language access and patient group directions (relevant services).
- **Locally commissioned Services** are commissioned by local authorities, CCGs and NHS England in response to the needs of the local population (relevant services).

7 Appendix A – Formal Consultation responses

- All respondents felt that the purpose of the PNA had been communicated clearly
- The majority of respondents did not feel that there was anything that the PNA had not identified or addressed
- Respondents who felt that there were omissions within the PNA provided the following comments:

Respondent	Detailed comment	PNA steering group's decision	PNA amended?
CCG	<p>New wording provided on primary care for section 2.5.5 as follows</p> <p>In April 2015, the CCG took on responsibility alongside NHS England for buying and managing primary care services in Tower Hamlets. The CCG has been working closely with GP practices, patients, and other stakeholders to develop a long-term plan for primary care in the borough.</p> <p>The CCGs aim is for primary care services to work more closely together to improve access and offer services in the community that are currently carried out in hospital. It is also working in partnership with health and social care providers to reduce the pressure on General Practice. It is promoting the development of a suite of IT systems and tools that will improve patients access their GP practice, their local pharmacy or any other appropriate service. This will ensure patients can consult a GP online including being able to book appointments. The aim is to enhance the ability of patients to access the relevant services and help reduce pressures on primary care. They are focusing on self-care, virtual consultations, pre-appointment information, establishing clinical communities that build relationships between</p>	Final report will incorporate the new wording	PNA amended page 15 a new section has been added that addresses primary care services

	clinicians in primary and secondary care.		
Professional	I think the PNA should include some information on GP practices: a map of practices to get a better idea where they are in relation to pharmacies. Any information on joint initiatives.	The document already contains a list of GP practices and maps indicating location alongside pharmacies and dental practices. No further changes proposed. The final document will set out more detail on working between pharmacies and GP practices	
NHSE Recommendations	The HWB should update the steering group membership as NHS England has not been a part of these meetings, although has contributed to the PNA process.	Steering Group membership has been updated.	PNA Amended p136
	The conclusions made for the PNA on page 85 include some elements that could be open to interpretation. “There is no substantial evidence that there are any significant current gaps in the provision of essential services (necessary services) across the borough other than ensuring Sunday pharmacy services are available from all localities.” The HWB should be clear what it means regarding Sunday pharmacy services; otherwise this could be interpreted as there being a need for more services on Sundays and applications being made. If this is not what the HWB intended,	The conclusions on page 85 have been amended to ensure clarity	PNA Amended see page 85 and 86

	then this paragraph will need to be re- worded.		
	The PNA has made statements regarding future services but this is not clear, it should be made in line with the regulations. There is room for interpretation in the statement made.	Statements regarding future services have been amended to improve clarity.	PNA Amended see page 86
	It is unclear how the assessment for shared protected characteristics has been made,	Additional statements have been added to describe how protected characteristics have been addressed during the stakeholder engagement and during the formal consultation.	Statements added to sections 4.6, 5.4 and (consultation section)
	Schedule 1, paragraph 6(b). The end date for the current NUMSAS should be amended as above.	The end date for the current NUMSAS has been amended	On page 9 add the end date for the NUMAS
	The PNA lists the enhanced services that can be commissioned by NHS England, rather than the ones that are currently being commissioned. It should be noted that all enhanced services other than the London Pharmacy Vaccination service are currently being reviewed. The PNA could be read that all of these services are being currently commissioned and provided, when that is not the case. The PNA should clearly state which services are being commissioned by NHS England as Enhanced services.	A list of the enhanced services currently been commissioned by NHS England has been added to the PNA report. A statement has been added that notes that all enhanced services other than the London Pharmacy Vaccination Service are currently being reviewed.	Statements added to section 4.2 and table 23 of the report

	<p>As the PNA has not included the details of how the analysis has been undertaken it is quite difficult to comment on some of the PNA. The HWB to consider if more details should be provided</p> <p>Whilst the PNA has listed what it has taken account of when making their analysis, there is some information either missing or if these have been taken account of it is not clear within the text of the PNA.</p>	<p>An additional statement has been added that clarifies the PNA analyses in more detail.</p>	<p>The Executive Summary and Conclusions have more detail added</p>
	<ul style="list-style-type: none"> • What is the extent to which services in the locality already offer people a choice, which may be improved by the provision of additional facilities? • What is the extent to which there is sufficient choice of providers in the locality, which may be improved, by additional providers? • Firm plans for changes in numbers of prescriptions i.e. changes in primary medical services. • Firm plans for developments in the pattern of local social traffic, shopping centres etc • Firm plans for the development of NHS services • Plans for changing public health services • Plans for special services commissioned by CCGs • Plans for new strategies by social care / occupational health services for pharmacies. 	<p>An additional statement has been added that clarifies the points listed</p>	<p>Additional paragraph on choice added to the conclusions</p>

Pharmacy Name	Day	Daily Opening Times (Half Hour Intervals)														Opening Time Hours									
		Core (Green) / Supplementary (Yellow)														Core		Supplementary		Total					
		06:00-07:00	07:00-08:00	08:00-09:00	09:00-10:00	10:00-11:00	11:00-12:00	12:00-13:00	13:00-14:00	14:00-15:00	15:00-16:00	16:00-17:00	17:00-18:00	18:00-19:00	19:00-20:00	20:00-21:00	21:00-22:00	22:00-23:00	23:00-24:00	Daily	Weekly	Daily	Weekly	Daily	Weekly
North West Pharmacy	Monday																			14.5		0.0		14.5	
	Tuesday																			16.0		0.0		16.0	
	Wednesday																			16.0		0.0		16.0	
	Thursday																			16.0	100.0	0.0	0.0	16.0	100.0
	Friday																			16.0		0.0		16.0	
	Saturday																			15.5		0.0		15.5	
	Sunday																			6.0		0.0		6.0	
TESCO INSTORE PHARMACY	Monday																			12.0		0.0		12.0	
North East Bromley North	Tuesday																			12.0		0.0		12.0	
ODS Code: FRJ96	Wednesday																			12.0		0.0		12.0	
Post Code: E3 3JA	Thursday																			12.0	84.0	0.0	0.0	12.0	84.0
Map ID: NE7	Friday																			12.0		0.0		12.0	
Contract Hours: 100	Saturday																			12.0		0.0		12.0	
Type: Community	Sunday																			12.0		0.0		12.0	
GREEN LIGHT PHARMACY	Monday																			8.0		1.0		9.0	
North East Bromley South	Tuesday																			8.0		1.0		9.0	
ODS Code: FM494	Wednesday																			8.0		2.0		10.0	
Post Code: E3 3FP	Thursday																			8.0	40.0	1.0	14.0	9.0	54.0
Map ID: NE8	Friday																			8.0		1.0		9.0	
Contract Hours: LPS	Saturday																			8.0		8.0		8.0	
Type: Community	Sunday																			0.0		0.0		0.0	
CHRISHEM	Monday																			8.0		2.0		10.0	
North East Mile End	Tuesday																			8.0		3.0		11.0	
ODS Code: FWG99	Wednesday																			8.0		2.0		10.0	
Post Code: E3 4PH	Thursday																			8.0	40.0	2.0	28.0	10.0	68.0
Map ID: NE9	Friday																			8.0		2.0		10.0	
Contract Hours: 40	Saturday																			0.0		9.0		9.0	
Type: Community	Sunday																			0.0		8.0		8.0	
Forward Pharmacy	Monday																			8.0		3.0		11.0	
North East Mile End	Tuesday																			8.0		3.0		11.0	
ODS Code: FR443	Wednesday																			8.0		3.0		11.0	
Post Code: E3 4LH	Thursday																			5.0	40.0	7.0	25.0	12.0	65.0
Map ID: NE10	Friday																			8.0		4.0		12.0	
Contract Hours: 40	Saturday																			3.0		5.0		8.0	
Type: Community	Sunday																			0.0		0.0		0.0	
LINCOLN PHARMACY	Monday																			7.0		3.5		10.5	
North East Mile End	Tuesday																			7.0		3.5		10.5	
ODS Code: FD649	Wednesday																			7.0		3.5		10.5	
Post Code: E14 7HG	Thursday																			7.0	40.0	3.5	17.5	10.5	57.5
Map ID: NE12	Friday																			7.0		3.5		10.5	
Contract Hours: 40	Saturday																			5.0		0.0		5.0	
Type: Community	Sunday																			0.0		0.0		0.0	
NASH CHEMIST	Monday																			8.0		2.0		10.0	
South West St. Dunstan's	Tuesday																			8.0		2.0		10.0	
ODS Code: FA012	Wednesday																			8.0		2.0		10.0	
Post Code: E1 4LR	Thursday																			8.0	40.0	2.0	18.0	10.0	58.0
Map ID: SW1	Friday																			8.0		2.0		10.0	
Contract Hours: 40	Saturday																			0.0		8.0		8.0	
Type: Community	Sunday																			0.0		0.0		0.0	
Greenlight Pharmacy	Monday																			12.0		0.0		12.0	
South West St. Dunstan's	Tuesday																			11.5		0.0		11.5	
ODS Code: FFQ37	Wednesday																			11.5		0.0		11.5	
Post Code: E1 4FG	Thursday																			11.5	72.0	0.0	0.0	11.5	72.0
Map ID: SW2	Friday																			11.5		0.0		11.5	
Contract Hours: LPS	Saturday																			10.0		0.0		10.0	
Type: Community	Sunday																			4.0		0.0		4.0	
SINCLAIRS	Monday																			7.0		3.0		10.0	
South West St. Dunstan's	Tuesday																			7.0		3.0		10.0	
ODS Code: FE194	Wednesday																			7.0		3.0		10.0	
Post Code: E1 3NN	Thursday																			7.0	35.0	3.0	24.0	10.0	59.0
Map ID: SW3	Friday																			7.0		3.0		10.0	
Contract Hours: 40	Saturday																			0.0		9.0		9.0	
Type: Community	Sunday																			0.0		0.0		0.0	
JAYPHARM	Monday																			8.0		2.0		10.0	
South West Stepney Green	Tuesday																			8.0		2.0		10.0	
ODS Code: FYP57	Wednesday																			8.0		2.0		10.0	
Post Code: E1 0SG	Thursday																			8.0	40.0	1.0	12.0	9.0	52.0
Map ID: SW4	Friday																			8.0		2.0		10.0	
Contract Hours: 40	Saturday																			0.0		3.0		3.0	
Type: Community	Sunday																			0.0		0.0		0.0	

North West Pharmacy	Day	Daily Opening Times (Half Hour intervals)													Opening Time Hours									
		Core (Green) ● Supplementary (Yellow) ●													Core		Supplementary		Total					
		06:00-07:00	07:00-08:00	08:00-09:00	09:00-10:00	10:00-11:00	11:00-12:00	12:00-13:00	13:00-14:00	14:00-15:00	15:00-16:00	16:00-17:00	17:00-18:00	18:00-19:00	19:00-20:00	20:00-21:00	21:00-22:00	22:00-23:00	23:00-24:00	Daily	Weekly	Daily	Weekly	Daily
SAI CHEMISTS	Monday				●	●	●	●	●	●	●	●	●	●	●	●	●	●	8.0		2.0		10.0	
South West Whitechapel	Tuesday				●	●	●	●	●	●	●	●	●	●	●	●	●	●	8.0		2.0		10.0	
ODS Code FA08D	Wednesday				●	●	●	●	●	●	●	●	●	●	●	●	●	●	8.0		2.0		10.0	
Post Code E1 2LP	Thursday				●	●	●	●	●	●	●	●	●	●	●	●	●	●	8.0	40.0	2.0	10.0	10.0	50.0
Map ID SW5	Friday				●	●	●	●	●	●	●	●	●	●	●	●	●	●	8.0		2.0		10.0	
Contract Hours 40	Saturday																	0.0		0.0		0.0		
Type Community	Sunday																	0.0		0.0		0.0		
CHAPEL PHARMACY	Monday				●	●	●	●	●	●	●	●	●	●	●	●	●	8.0		3.0		11.0		
South West Whitechapel	Tuesday				●	●	●	●	●	●	●	●	●	●	●	●	●	8.0		3.0		11.0		
ODS Code FQJ20	Wednesday				●	●	●	●	●	●	●	●	●	●	●	●	●	8.0		3.0		11.0		
Post Code E1 2LX	Thursday				●	●	●	●	●	●	●	●	●	●	●	●	●	8.0	40.0	2.0	23.0	10.0	63.0	
Map ID SW6	Friday				●	●	●	●	●	●	●	●	●	●	●	●	●	8.0		3.0		11.0		
Contract Hours 40	Saturday				●	●	●	●	●	●	●	●	●	●	●	●	●	0.0		9.0		9.0		
Type Community	Sunday																	0.0		0.0		0.0		
DMB CHEMIST	Monday				●	●	●	●	●	●	●	●	●	●	●	●	●	8.0		2.0		10.0		
South West Shadwell	Tuesday				●	●	●	●	●	●	●	●	●	●	●	●	●	8.0		2.0		10.0		
ODS Code FRD61	Wednesday				●	●	●	●	●	●	●	●	●	●	●	●	●	8.0		2.0		10.0		
Post Code E1 2FR	Thursday				●	●	●	●	●	●	●	●	●	●	●	●	●	8.0	40.0	2.0	19.0	10.0	59.0	
Map ID SW7	Friday				●	●	●	●	●	●	●	●	●	●	●	●	●	8.0		2.0		10.0		
Contract Hours 40	Saturday				●	●	●	●	●	●	●	●	●	●	●	●	●	0.0		9.0		9.0		
Type Community	Sunday																	0.0		0.0		0.0		
ALLIANCE PHARMACY	Monday				●	●	●	●	●	●	●	●	●	●	●	●	●	7.0		3.0		10.0		
South West Shadwell	Tuesday				●	●	●	●	●	●	●	●	●	●	●	●	●	7.0		3.0		10.0		
ODS Code FNP17	Wednesday				●	●	●	●	●	●	●	●	●	●	●	●	●	7.0		3.0		10.0		
Post Code E1 0LB	Thursday				●	●	●	●	●	●	●	●	●	●	●	●	●	7.0	39.0	3.0	15.0	10.0	54.0	
Map ID SW8	Friday				●	●	●	●	●	●	●	●	●	●	●	●	●	7.0		3.0		10.0		
Contract Hours 40	Saturday				●	●	●	●	●	●	●	●	●	●	●	●	●	4.0		0.0		4.0		
Type Community	Sunday																	0.0		0.0		0.0		
ALI'S PHARMACY	Monday				●	●	●	●	●	●	●	●	●	●	●	●	●	8.0		2.0		10.0		
South West Shadwell	Tuesday				●	●	●	●	●	●	●	●	●	●	●	●	●	8.0		2.0		10.0		
ODS Code FWP36	Wednesday				●	●	●	●	●	●	●	●	●	●	●	●	●	8.0		2.0		10.0		
Post Code E1 2QE	Thursday				●	●	●	●	●	●	●	●	●	●	●	●	●	8.0	40.0	2.0	17.0	10.0	57.0	
Map ID SW9	Friday				●	●	●	●	●	●	●	●	●	●	●	●	●	8.0		2.0		10.0		
Contract Hours 40	Saturday				●	●	●	●	●	●	●	●	●	●	●	●	●	0.0		7.0		7.0		
Type Community	Sunday																	0.0		0.0		0.0		
TOWER PHARMACY	Monday				●	●	●	●	●	●	●	●	●	●	●	●	●	8.0		2.0		10.0		
South West St. Katharine & W	Tuesday				●	●	●	●	●	●	●	●	●	●	●	●	●	8.0		2.5		10.5		
ODS Code FMD4D	Wednesday				●	●	●	●	●	●	●	●	●	●	●	●	●	8.0		2.5		10.5		
Post Code E1W 2RL	Thursday				●	●	●	●	●	●	●	●	●	●	●	●	●	8.0	40.0	2.5	20.0	10.5	60.0	
Map ID SW10	Friday				●	●	●	●	●	●	●	●	●	●	●	●	●	8.0		2.0		10.0		
Contract Hours 40	Saturday				●	●	●	●	●	●	●	●	●	●	●	●	●	0.0		8.5		8.5		
Type Community	Sunday																	0.0		0.0		0.0		
LANSBURY PHARMACY	Monday				●	●	●	●	●	●	●	●	●	●	●	●	●	8.0		2.0		10.0		
South East Lansbury	Tuesday				●	●	●	●	●	●	●	●	●	●	●	●	●	8.0		2.0		10.0		
ODS Code FHH61	Wednesday				●	●	●	●	●	●	●	●	●	●	●	●	●	8.0		2.0		10.0		
Post Code E14 9GG	Thursday				●	●	●	●	●	●	●	●	●	●	●	●	●	8.0	40.0	2.0	19.0	10.0	59.0	
Map ID SE1	Friday				●	●	●	●	●	●	●	●	●	●	●	●	●	8.0		2.0		10.0		
Contract Hours 40	Saturday				●	●	●	●	●	●	●	●	●	●	●	●	●	0.0		9.0		9.0		
Type Community	Sunday																	0.0		0.0		0.0		
FELDY PHARMACY	Monday				●	●	●	●	●	●	●	●	●	●	●	●	●	9.0		0.0		9.0		
South East Lansbury	Tuesday				●	●	●	●	●	●	●	●	●	●	●	●	●	9.0		0.0		9.0		
ODS Code FNW37	Wednesday				●	●	●	●	●	●	●	●	●	●	●	●	●	9.0		0.0		9.0		
Post Code E14 0NU	Thursday				●	●	●	●	●	●	●	●	●	●	●	●	●	3.5	39.0	0.0	0.5	3.5	39.5	
Map ID SE2	Friday				●	●	●	●	●	●	●	●	●	●	●	●	●	8.5		0.5		9.0		
Contract Hours 40	Saturday				●	●	●	●	●	●	●	●	●	●	●	●	●	0.0		0.0		0.0		
Type Community	Sunday																	0.0		0.0		0.0		
BOOTS THE CHEMIST	Monday				●	●	●	●	●	●	●	●	●	●	●	●	●	7.0		2.0		9.0		
South East Lansbury	Tuesday				●	●	●	●	●	●	●	●	●	●	●	●	●	7.0		2.0		9.0		
ODS Code FGA03	Wednesday				●	●	●	●	●	●	●	●	●	●	●	●	●	7.0		2.0		9.0		
Post Code E14 6BT	Thursday				●	●	●	●	●	●	●	●	●	●	●	●	●	7.0	40.0	2.0	23.0	9.0	63.0	
Map ID SE3	Friday				●	●	●	●	●	●	●	●	●	●	●	●	●	7.0		2.0		9.0		
Contract Hours 40	Saturday				●	●	●	●	●	●	●	●	●	●	●	●	●	5.0		4.0		9.0		
Type Community	Sunday				●	●	●	●	●	●	●	●	●	●	●	●	●	0.0		9.0		9.0		
Britannia Pharmacy	Monday				●	●	●	●	●	●	●	●	●	●	●	●	●	8.0		2.0		10.0		
South East Poplar	Tuesday				●	●	●	●	●	●	●	●	●	●	●	●	●	8.0		2.0		10.0		
ODS Code FRX84	Wednesday				●	●	●	●	●	●	●	●	●	●	●	●	●	8.0		1.5		9.5		
Post Code E14 0BE	Thursday				●	●	●	●	●	●	●	●	●	●	●	●	●	8.0	40.0	2.0	13.5	10.0	53.5	
Map ID SE4	Friday				●	●	●	●	●	●	●	●	●	●	●	●	●	8.0		2.0		10.0		
Contract Hours 40	Saturday				●	●	●	●	●	●	●	●	●	●	●	●	●	0.0		4.0		4.0		
Type Community	Sunday																	0.0		0.0		0.0		

North West Pharmacy	Day	Daily Opening Times (Half Hour Intervals)												Opening Time Hours											
		Core (Green) ● Supplementary (Yellow) ●												Core		Supplementary		Total							
		06:00-07:00	07:00-08:00	08:00-09:00	09:00-10:00	10:00-11:00	11:00-12:00	12:00-13:00	13:00-14:00	14:00-15:00	15:00-16:00	16:00-17:00	17:00-18:00	18:00-19:00	19:00-20:00	20:00-21:00	21:00-22:00	22:00-23:00	23:00-24:00	Daily	Weekly	Daily	Weekly	Daily	Weekly
BOOTS THE CHEMIST	Monday																		7.0		5.0		12.0		
South East	Canary Wharf																		7.0		5.0		12.0		
DDS Code	FQR59																		7.0		5.0		12.0		
Post Code	E14 4QT																		7.0	40.0	5.0	28.0	12.0	68.0	
Map ID	SE5																		7.0		5.0		12.0		
Contract Hours	40																		7.0		5.0		12.0		
Type	Community																		5.0		3.0		8.0		
	Sunday																		0.0		0.0		0.0		
BOOTS THE CHEMIST	Monday																		7.0		7.0		14.0		
South East	Canary Wharf																		7.0		7.0		14.0		
DDS Code	FK564																		7.0		7.0		14.0		
Post Code	E14 5AX																		7.0	40.0	7.0	44.0	14.0	84.0	
Map ID	SE6																		7.0		7.0		14.0		
Contract Hours	40																		7.0		7.0		14.0		
Type	Community																		5.0		3.0		8.0		
	Sunday																		0.0		6.0		6.0		
BOOTS THE CHEMIST	Monday																		17.0		0.0		17.0		
South East	Canary Wharf																		17.0		0.0		17.0		
DDS Code	FQV39																		17.0		0.0		17.0		
Post Code	E14 5NY																		17.0	100.0	0.0	1.0	17.0	101.0	
Map ID	SE7																		17.0		0.0		17.0		
Contract Hours	100																		17.0		0.0		17.0		
Type	Community																		9.0		1.0		10.0		
	Sunday																		6.0		0.0		6.0		
BARKANTINE PHARMACY	Monday																		8.0		4.0		12.0		
South East	Canary Wharf																		8.0		4.0		12.0		
DDS Code	FX059																		8.0		4.0		12.0		
Post Code	E14 8JH																		8.0	40.0	4.0	28.0	12.0	68.0	
Map ID	SE8																		8.0		4.0		12.0		
Contract Hours	40																		8.0		4.0		12.0		
Type	Community																		0.0		8.0		8.0		
	Sunday																		0.0		0.0		0.0		
ALLENS PHARMACY	Monday																		8.5		2.0		10.5		
South East	Blackwall & C																		8.5		1.0		9.5		
DDS Code	FL171																		8.5		2.0		10.5		
Post Code	E14 3PQ																		6.0	40.0	3.0	14.0	10.5	54.0	
Map ID	SE9																		8.5		1.0		9.5		
Contract Hours	40																		0.0		5.0		5.0		
Type	Community																		0.0		0.0		0.0		
	Sunday																		0.0		0.0		0.0		
Britannia Pharmacy	Monday																		8.0		3.0		11.0		
South East	Blackwall & C																		8.0		3.0		11.0		
DDS Code	FX052																		8.0		3.0		11.0		
Post Code	E14 3BT																		4.0	40.0	7.0	32.0	11.0	72.0	
Map ID	SE10																		8.0		3.0		11.0		
Contract Hours	40																		4.0		7.0		11.0		
Type	Community																		0.0		6.0		6.0		
	Sunday																		0.0		6.0		6.0		
DOCKLANDS PHARMACY	Monday																		8.0		4.0		12.0		
South East	Island Gardens																		7.0		6.0		13.0		
DDS Code	FW883																		8.0		4.0		12.0		
Post Code	E14 9WJ																		5.0	40.0	6.0	24.0	11.0	64.0	
Map ID	SE11																		7.0		4.0		11.0		
Contract Hours	40																		5.0		0.0		5.0		
Type	Community																		0.0		0.0		0.0		
	Sunday																		0.0		0.0		0.0		
CUBITT TOWN PHARMACY	Monday																		8.0		1.0		9.0		
South East	Island Gardens																		8.0		1.0		9.0		
DDS Code	FH732																		8.0		1.0		9.0		
Post Code	E14 3DN																		8.0	40.0	1.0	8.0	9.0	48.0	
Map ID	SE12																		8.0		1.0		9.0		
Contract Hours	40																		0.0		3.0		3.0		
Type	Community																		0.0		0.0		0.0		
	Sunday																		0.0		0.0		0.0		

Table 22 Pharmacy services offered per pharmacy by locality and ward.
Pharmacies have been sorted geographically by locality and ward

Locality	Ward	Pharmacy ODS Code	Pharmacy Name	MAP ID	EPS 1 or 2	MUR	NMS	AUR	SAC	Flu	NUMSAS	Minor Ailments	Enhanced service Flu	Smoking Cess.	Sexual Health	Supervised Con	N/Ex	
North West	Weavers	FKA84	Columbia Pharmacy	NW1		●	●			●		●		●	●	●		
	St. Peter's	FV078	Bee Chemist	NW2		●	●				●		●		●	●	●	
		FRD18	Borno Chemists Ltd	NW3		●	●				●		●		●	●	●	
		FDN37	Florida Pharmacy Ltd	NW4		●	●	●	●				●		●	●	●	
		FG327	Old Maids Pharmacy	NW5		●	●				●		●		●	●	●	
		FXE78	Fairdale Pharmacy	NW6		●	●	●	●				●		●	●	●	
		FLP93	Boots The Chemist	NW7		●	●				●		●		●	●	●	
	Bethnal Green	FGH29	Massingham	NW8		●	●				●		●		●	●	●	
		FTW15	Britannia Pharmacy	NW9		●	●				●		●		●	●	●	
		FQD10	Regionchoice Ltd	NW10		●	●				●		●		●	●	●	
	Spitalfields & Banglatown	FLG13	Lloyds Pharmacy	NW11		●	●				●		●		●	●	●	
		FXR56	Shanty's	NW12		●	●				●		●		●	●	●	
		FD028	Day Lewis Pharmacy	NW13		●	●				●		●		●	●	●	
		FHF74	Day Lewis Pharmacy	NW14		●	●				●		●		●	●	●	
North East	Bow East	FT030	Parnell Chemists	NE1		●	●			●		●		●	●	●		
		FNH88	Sinclairs	NE2		●	●			●		●		●	●	●		
		FWT93	Bell Pharmacy	NE3		●	●					●		●	●	●	●	
		FD356	Abc Pharmacy	NE4		●	●				●		●		●	●	●	●
	Bow West	FCV86	Mayors Chemist	NE5		●	●			●		●		●	●	●		
	Bromley North	FW017	Bow Pharmacy	NE6		●	●				●		●		●	●	●	
		FRJ96	Tesco Instore Pharmacy	NE7		●	●				●		●		●	●	●	
		FM494	Green Light Pharmacy	NE8		●	●				●		●		●	●	●	
	Mile End	FWG99	Chrischem	NE9		●	●				●		●		●	●	●	
		FR843	Forward Pharmacy	NE10		●	●						●		●	●	●	
		FEP40	Lincoln Pharmacy	NE11		●	●				●		●		●	●	●	●
		FD649	Nash Chemist	NE12		●	●				●		●		●	●	●	●
South West	St. Dunstan's	FA012	Medichem	SW1		●	●			●		●		●	●	●		
		FFQ37	Greenlight Pharmacy	SW2		●	●			●		●		●	●	●	●	
		FE194	Sinclairs	SW3		●	●			●		●		●	●	●	●	
	Stepney Green	FYF57	Jaypharm	SW4		●	●			●		●		●	●	●		
	Whitechapel	FA089	Sai Chemists	SW5		●	●					●		●	●	●	●	
		FQJ20	Chapel Pharmacy	SW6		●	●				●		●		●	●	●	
	Shadwell	FRD61	Dmb Chemist	SW7		●	●				●		●		●	●	●	
		FNP17	Alliance Pharmacy	SW8		●	●				●		●		●	●	●	
		FWP36	Ali's Pharmacy	SW9		●	●						●		●	●	●	●
	St. Katharine's & Wapping	FMD40	Tower Pharmacy	SW10		●	●			●		●		●	●	●		
South East	Lansbury	FHH61	Lansbury Pharmacy	SE1		●	●			●		●		●	●	●		
		FNW37	Feldy Pharmacy	SE2		●	●					●		●	●	●		
		FGA03	Boots The Chemist	SE3		●	●				●		●		●	●	●	
	Poplar	FRX84	Britannia Pharmacy	SE4		●	●			●		●		●	●	●		
	Canary Wharf	FQR59	Boots The Chemist	SE5		●	●				●		●		●	●	●	
		FK564	Boots The Chemist	SE6		●	●				●		●		●	●	●	
		FQV39	Boots The Chemist	SE7		●	●				●		●		●	●	●	
		FX059	Barkantine Pharmacy	SE8		●	●				●		●		●	●	●	
	Blackwall & Cubitt Town	FL171	Allens Pharmacy	SE9		●	●				●		●		●	●	●	
		FXQ52	Britannia Pharmacy	SE10		●	●				●		●		●	●	●	
	Island Gardens	FW883	Docklands Pharmacy	SE11		●	●				●		●		●	●	●	
		FH732	Cubitt Town Pharmacy	SE12		●	●				●		●		●	●	●	●

Table 23 Pharmacy services offered by locality and ward

Source: Pharmacy Data Pack (November 2017)

Locality	Ward	Pharmacy Number	EPS 1 or 2	MUR	NMS	AUR	SAC	Flu	NUMSAS	Minor Ailments	Enhanced service Flu	Palliative Care	Care Homes	Smoking Cess.	Sexual Health	Supervised Con	N/Ex	Ward Population (mid 2016)	Ward Population per Pharmacy	Ward Area (Hec)	Ward Area per Pharmacy
North West	Bethnal Green	3	3	3				3	1	3	2			3	3	3		21205	7068	128	43
	Spitalfields & Banglatown	4	4	3				4	1	3	3			3	3	3		14525	3631	90	23
	St Peter's	6	6	6	2	2	4	2	6	5				6	6	6		21061	3510	108	18
	Weavers	1	1	1				1		1				1	1	1		14871	14871	66	66
North East	Bow East	4	4	4				4	4	2				3	3	3	1	18772	4693	186	46
	Bow West	1	1	1				1	1	1	1			1	1	1		14370	14370	135	135
	Bromley North	2	2	2				2	2	1				1	1	1		10806	5403	59	29
	Bromley South	1	1	1				1	1	1	1			1	1	1		13129	13129	68	68
	Mile End	4	4	4				3	1	4	3			4	4	4	1	21106	5277	119	30
South West	Shadwell	3	3	3				2	3	3				3	3	2	1	14763	4921	61	20
	St Dunstan's	3	3	2				3	1	3	3			3	3	3		14248	4749	64	21
	St Katharine's & Wapping	1	1	1				1	1					1	1			12187	12187	110	110
	Stepney Green	1	1	1				1	1					1	1	1		12832	12832	65	65
	Whitechapel	2	2	2				2	2	1				2	2	2		17718	8859	94	47
South East	Blackwall & Cubitt Town	2	2	2				2	1	2	2			2	2	2		17585	8793	122	61
	Canary Wharf	4	4	4				4	1	1	4			4	4	4		17090	4273	147	37
	Island Gardens	2	2	1				2	2	2	2			2	2	2	1	16457	8229	109	54
	Lansbury	3	3	3				3	1	3	2			3	3	3		17929	5976	128	43
	Limehouse	0																6855	x	41	x
	Poplar	1	1	1				1	1	1	1			1	1	1		7345	7345	76	76
Tower Hamlets		48	0	47	44	2	2	43	14	43	36	0	0	45	45	43	4	304854	6351	1977	41
North West		14	0	14	13	2	2	12	4	13	10	0	0	13	13	13	0	71662	5119	392	28
North East		12	0	12	12	0	0	11	3	12	8	0	0	10	10	10	2	78183	6515	566	47
South West		10	0	10	9	0	0	9	1	10	7	0	0	10	10	8	1	71748	7175	395	39
South East		12	0	12	11	0	0	12	6	9	11	0	0	12	12	12	1	83261	6938	623	52

NHS England commission MUR, NMS, AUR, SAC, Flu, NUM SAS, Minor Ailments Service, Enhanced Service Flu. All services apart from the Pharmacy Vaccination Service are under review.

The **London Borough of Tower Hamlets** commissions community pharmacies for the provision of services around smoking cessation, sexual health and substance misuse (supervised consumption and needle exchange)

Table 24 Number of pharmacies open in each locality and district (weekdays, Saturday and Sunday)

Source: Pharmacy Data Pack (November 2017)

Day	Locality	Pharmacy No.	Opening Times - Core																	
			06:00 -07:00	07:00 -08:00	08:00 -09:00	09:00 -10:00	10:00 -11:00	11:00 -12:00	12:00 -13:00	13:00 -14:00	14:00 -15:00	15:00 -16:00	16:00 -17:00	17:00 -18:00	18:00 -19:00	19:00 -20:00	20:00 -21:00	21:00 -22:00	22:00 -23:00	23:00 -24:00
weekdays	North West	14				11	14	14	13	11	13	14	14	4	1					
	North East	12		2	3	9	12	12	12	10	12	12	12	5	3	3	2	2	2	
	South West	10			1	9	10	10	10	6	9	10	10	6	1	1				
	South East	12		1	2	9	12	12	11	9	9	10	11	6	2	1	1	1	1	1
	Tower Hamlets	48		3	6	38	48	48	46	36	43	46	47	21	7	5	3	3	3	1
Saturday	North West	14				2	3	4	3	3	2	1								
	North East	12	1	2	3	6	7	7	6	6	5	4	3	3	3	3	2	2	1	
	South West	10			1	2	2	2	2	1	1	1	1	1						
	South East	12				2	3	6	6	5	4	4	1	1	1					
	Tower Hamlets	48	1	2	4	12	15	19	17	15	12	10	5	5	5	3	2	2	1	
Sunday	North West	14																		
	North East	12			1	1	3	3	3	3	2	2	1	1	1	1				
	South West	10				1	1	1	1											
	South East	12							1	1	1	1	1	1						
	Tower Hamlets	48			1	2	4	4	5	4	3	3	2	2	1	1				

9 Appendix C – Other providers

Table 25 GP practices

ID	Name	Postcode
1	Aberfeldy Practice	E14 0PU
2	Albion Health Centre	E1 1BU
3	All Saints Practice	E14 0EY
4	Barkantine Practice	E14 8JH
5	Bethnal Green Health Centre	E2 6LL
6	Blithehale Medical Practice	E2 6JA
7	Brayford Square Practice (Varma)	E1 0SG
8	Bromley by Bow Health Centre	E3 3BT
9	Chrip Street Health Centre	E14 6PG
10	City Wellbeing Practice	E1 2LX
11	Docklands Medical Centre	E14 9WU
12	East One Health - Cable Street	E1W 3DE
13	East One Health - Deancross Street	E1 2QA
14	Globe Town Surgery	E2 0PJ
15	Globe Town Surgery - University Branch	E1 4NS
16	Gough Walk Practice (Selvan)	E14 0EY
17	Grove Road Practice (Shah)	E3 5TW
18	Harford Health (Stepney)	E1 4FG
19	Harley Grove Medical Centre	E3 2AT
20	Health E1	E1 6PU
21	Island Health	E14 3BQ
22	Island Medical Centre	E14 3PG
23	Jubilee Street Practice	E1 0LS
24	Limehouse Practice	E14 8HQ
25	Merchant Street Practice (Rana)	E3 4LJ
26	Mission Practice	E2 9LS
27	Pollard Row Practice	E2 6NA
28	Ruston Street Practice (Amin)	E3 2LR
29	Spitalfields Practice	E1 5PB
30	St Andrews Health Centre	E3 3FF
31	St Katherine Docks Practice	E1W 1UA
32	St Pauls Way Practice	E3 4AJ
33	St Stephens Health Centre	E3 5ED
34	Stroudley Walk Practice	E3 3EW
35	Strouts Place Medical Centre	E2 7QU
36	Tredegar Practice	E3 5JD
37	Wapping Group Practice	E1W 2RL
38	Whitechapel Health (Hessel Street)	E1 2QA
39	XX Place	E1 4DG

Table 26 Dental practices

ID	Name	Postcode	Address
1	Abbey Dental Whitechapel	E1 1BJ	224 - 226 Whitechapel Road
2	Alba Dental Care	E1 7NE	32 Toynbee Street
3	Align and Smile	E14 9PA	New Providence Wharf Blackwall Way
4	Altmore Dental Care	E14 3UU	33-37 Amsterdam Road
5	AP Dental	E2 0AA	238 - 240 Bethnal Green Road
6	Bow Dental Surgery	E3 2AN	143 Bow Road
7	Care Dental Practice	E1 2LP	44-56 Hessel Street
8	Chrisp Street Dental Centre	E14 6AH	24 Market Way
9	Community Dental Service	E14 8JH	Barkantine Clinic 121 Westferry
10	Community Dental Service	E1 0LR	Steels Lane Health Centre 384 - 388 Commercial Road
11	Community Dental Service	E1 6PU	Spitalfields Health Centre 9 - 11 Brick Lane
12	Community Dental Service	E14 8JH	Barkantine Clinic 121 Westferry Road
13	Community Dental Service	E1 4DG	Mile End Hospital Bancroft Road
14	Community Dental Service	E1 0LR	Steels Lane Health Centre 384 - 388 Commercial Road
15	Damira Dental Studio	E14 3BQ	145 East Ferry Road London
16	Dental Surgery	E14 0ED	211 East India Dock Road
17	Dental Surgery	E2 9PJ	53 - 55 Old Ford Road
18	Docklands Smile Studio	E3 4JJ	195 Bow Common Lane
19	E2 Dental Practice	E2 0AN	427A Bethnal Green Road
20	East India Dock Road	E14 6JE	62 East India Dock Road
21	East India Dock Road	E14 0ED	211 East India Dock Road
22	East Side Dental Practice	E1 1BJ	222A Whitechapel Road
23	EDS	N1 5LZ	St Leonards Hospital Nuttal Street
24	Family Dental Care	E2 0QY	211 Roman Road
25	Fresh Springs Dental Practice	E1 7NE	40/42 Toynbee Street
26	Mile End Dental Practice	E1 4AA	227 Mile End Road
27	Millharbour Dentistry	E14 9DH	38 West Quay Walk
28	New Road Dental Practice	E1 1HE	29 New Road
29	Pure Smile Dental Surgery	E2 0HU	29 Roman Road
30	Salmon Lane Dental Care	E14 7PQ	126 Salmon Lane
31	Smile Dental Care - Tower Hamlets	E1 4FG	Harford Health Centre 115 Harford Street
32	St Leonards Hospital	N1 5LZ	Nuttal Street
33	The 2nd Floor Dental Surgery	E1 2AD	Turner Street
34	The Brace Orthodontic Centre	E1 7LJ	15 Artillery Passage
35	The Dental Suite @ Docklands	E14 9WU	100 Spindrifft avenue
36	Wapping Dental Centre	E1W 3DD	172-176 The Highway
37	Waterside Dental Health	E14 9SR	Unit 1,Raleigh House Admirals Way
38	Whitechapel Dental Centre	E1 1JE	132-134,Whitechapel Road
39	Whitechapel Dental Practice	E1 2JT	202 Commercial Road
40	William Place Dental Practice	E3 5ED	William Place Bow

10 Appendix D – Maps

Figure 21 Daytime population density for LSOAs in Tower Hamlets – 2011 Census data

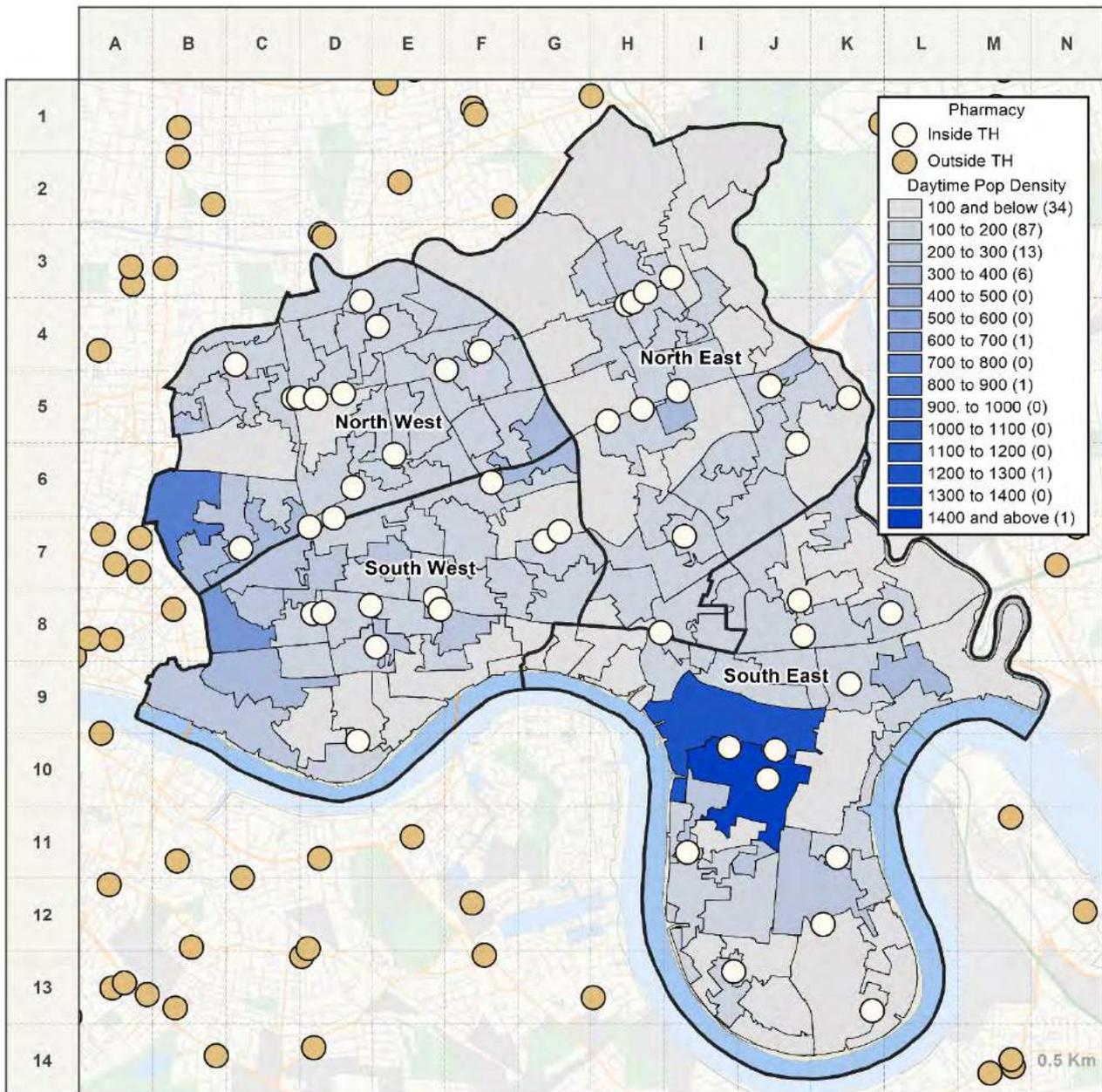
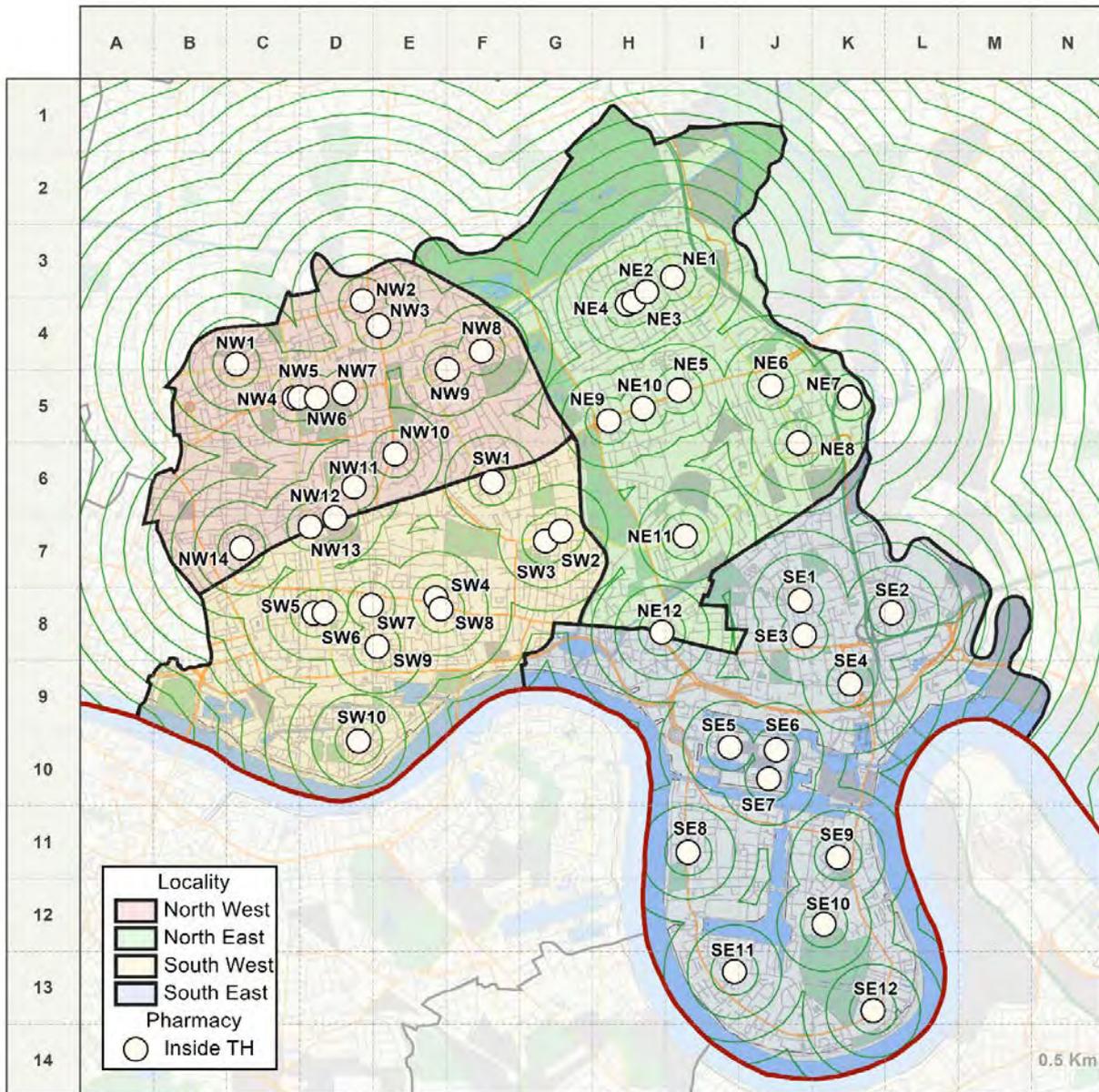
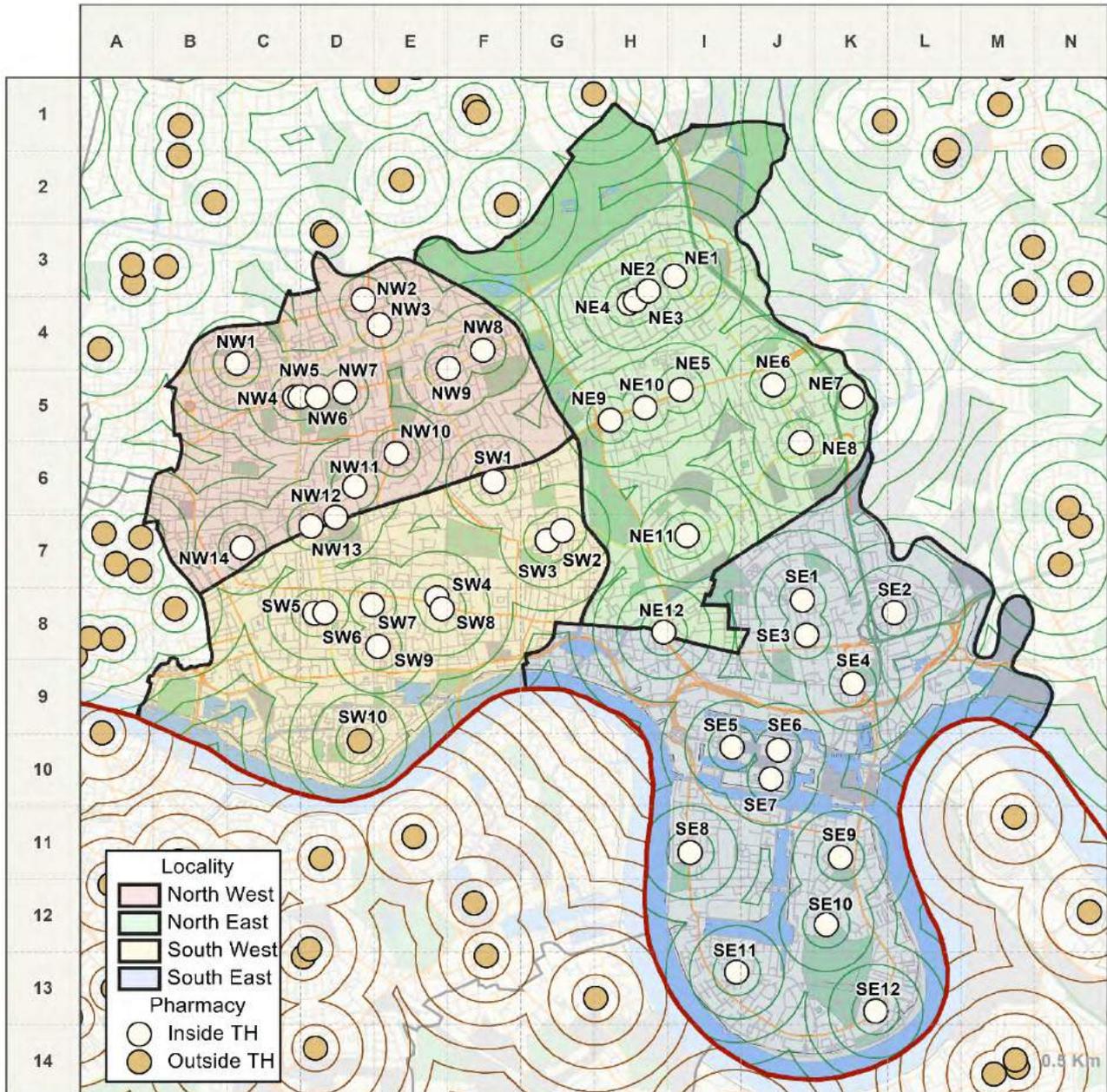


Figure 22 Radiant travel distance to nearest pharmacy in Tower Hamlets (0.5 mile increments)



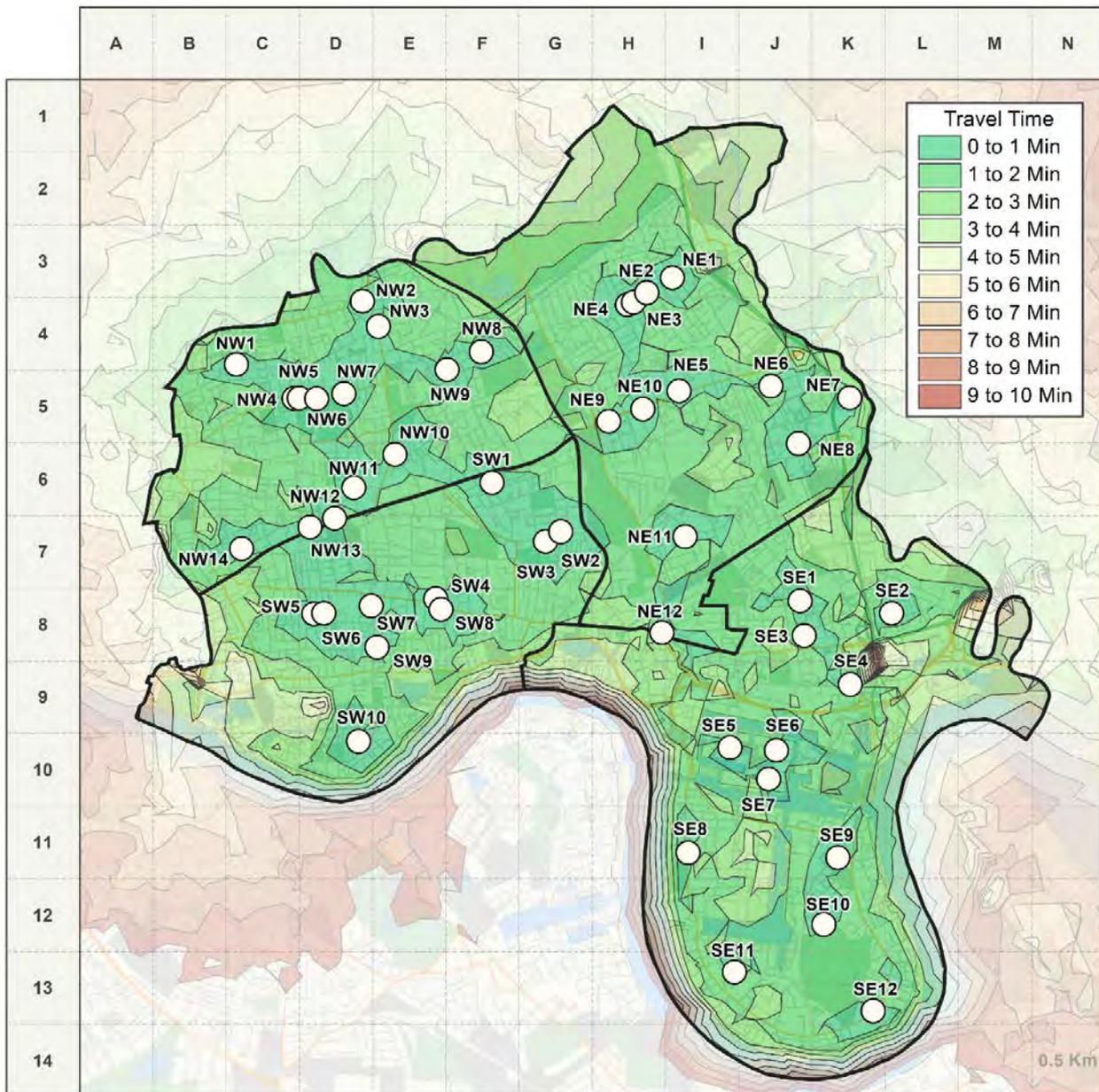
Radiant Distance (Miles)	Population	
	Number	Percent
0.1	60600	19.9%
0.2	121200	39.8%
0.3	91000	29.9%
0.4	25300	8.3%
0.5	4900	1.6%
0.6	1100	0.4%
0.7	500	0.2%
0.8	200	0.1%

Figure 23 Radiant travel distance to nearest pharmacy in Tower Hamlets and surrounding areas (0.5 mile increments)



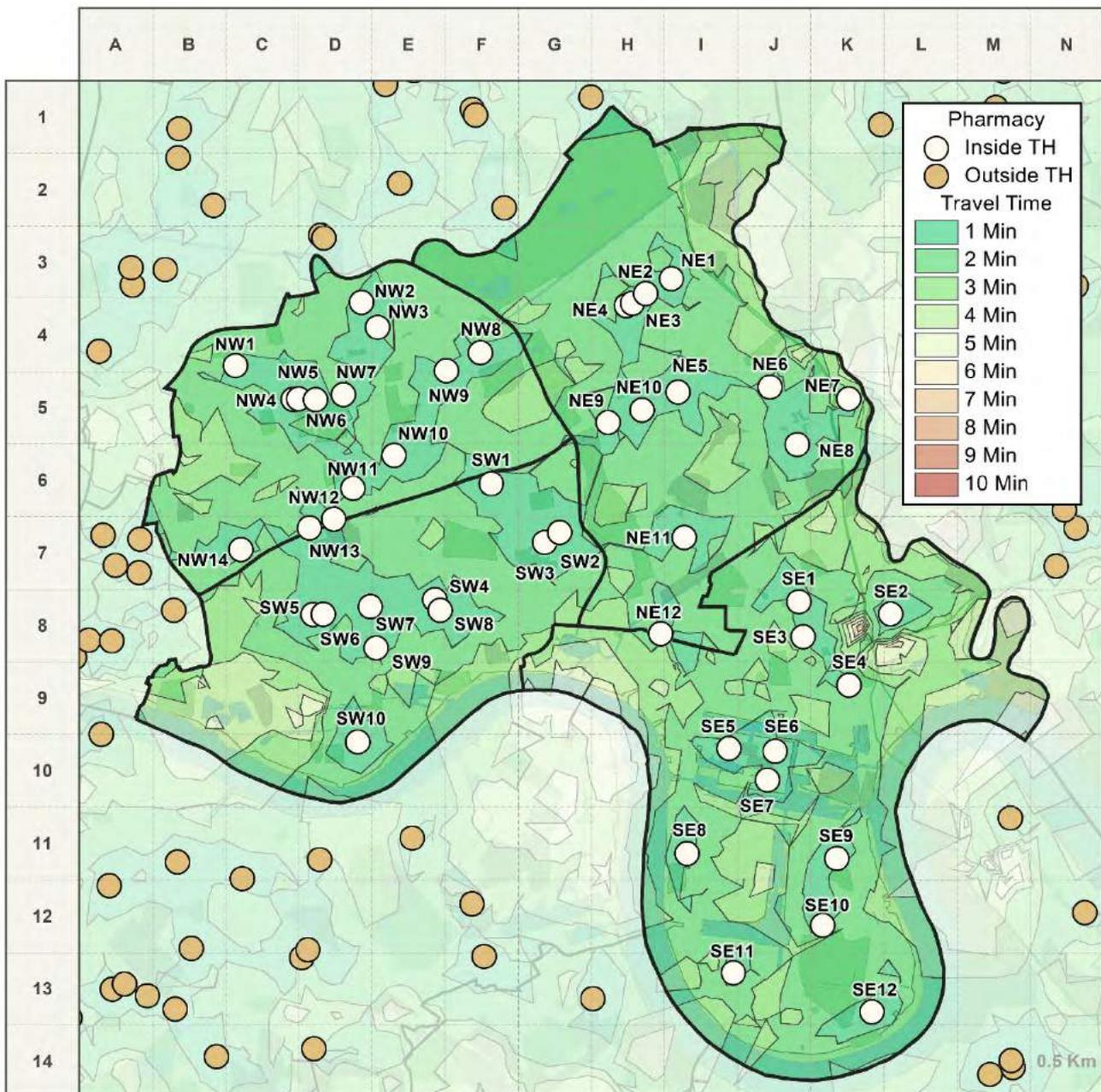
Radiant Distance (Miles)	Population	
	Number	Percent
0.1	60700	19.9%
0.2	123500	40.5%
0.3	91000	29.8%
0.4	24900	8.2%
0.5	4100	1.3%
0.6	700	0.2%

Figure 24 Drive time to nearest pharmacy in Tower Hamlets (minutes)



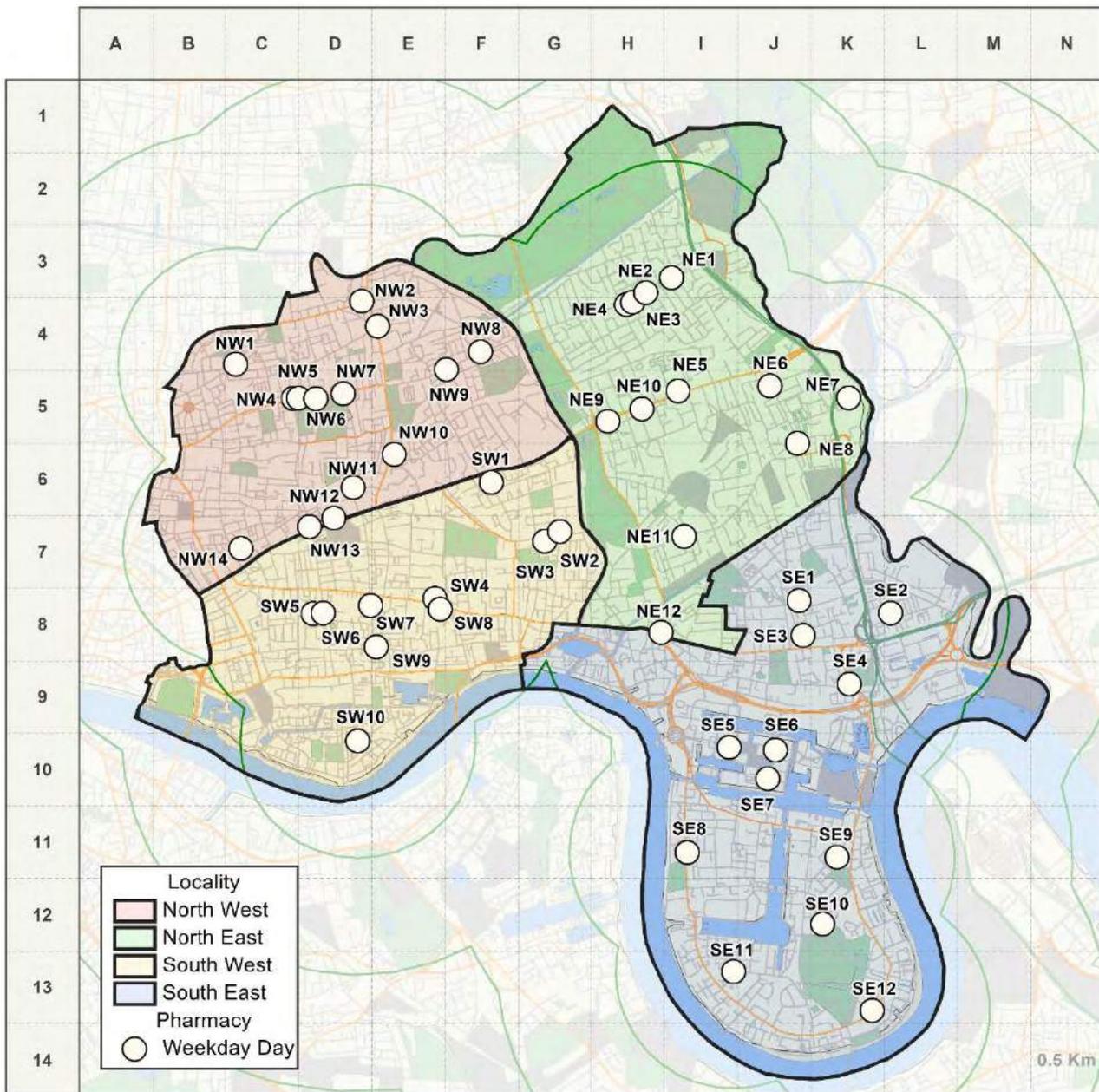
Travel Time Minutes	Population	
	Number	Percent
0 to 1	80400	26.4%
1 to 2	158000	51.8%
2 to 3	50000	16.4%
3 to 4	13100	4.3%
4 to 5	2700	0.9%
5 to 6	300	0.1%
6 to 7	300	0.1%

Figure 25 Drive time to nearest pharmacy in Tower Hamlets or surrounding areas (minutes)



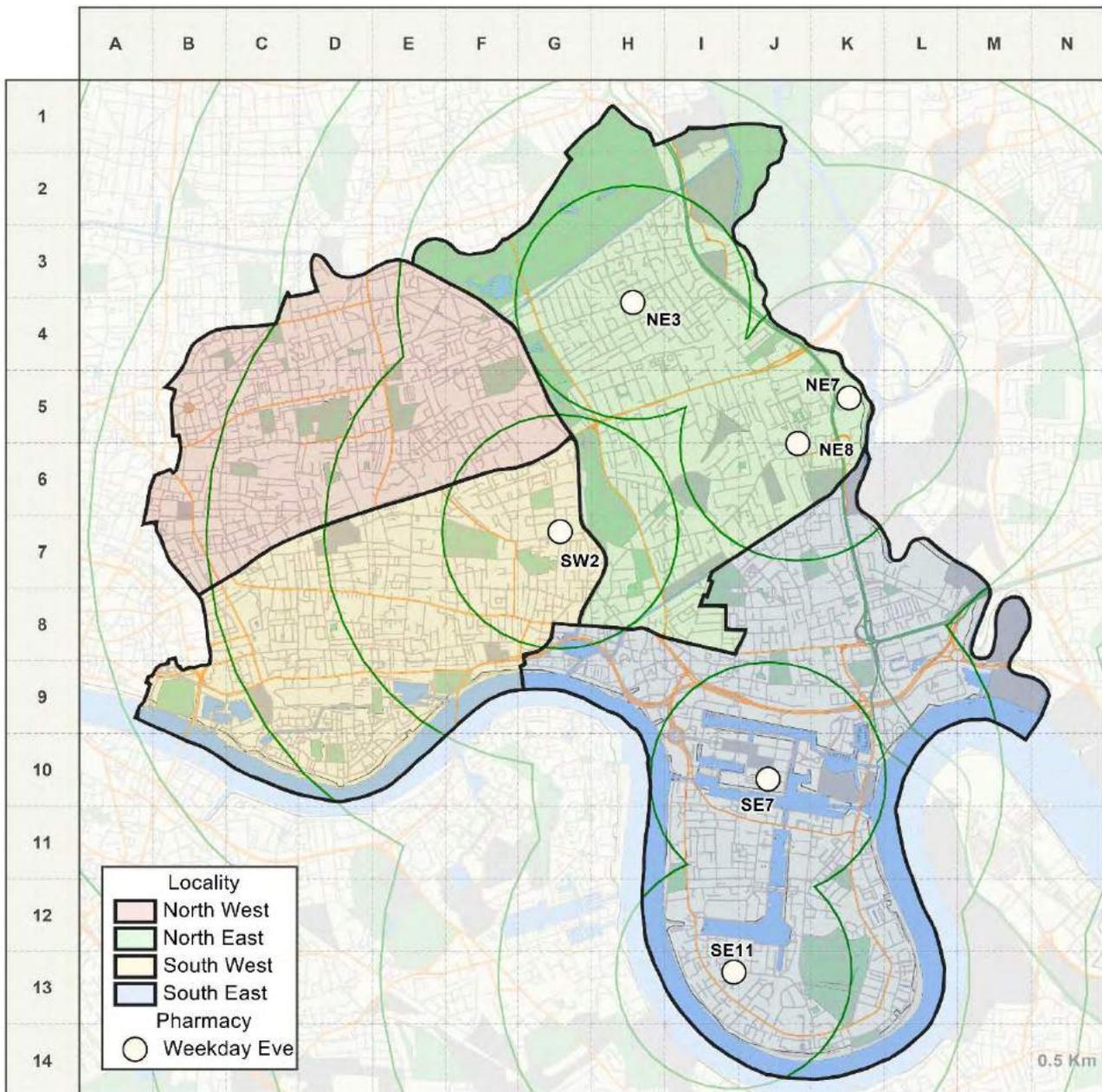
Travel Time Minutes	Population	
	Number	Percent
0 to 1	81900	26.9%
1 to 2	162700	53.4%
2 to 3	49200	16.1%
3 to 4	9500	3.1%
4 to 5	1600	0.5%

Figure 26 Location of pharmacies by locality in Tower Hamlets open on weekdays



Distance Miles	Walking Time	Population	
		Number	Percent
0.5	10	303100	99.4%
1	20	1800	0.6%

Figure 27 Location of pharmacies by locality in Tower Hamlets open on weekday evenings



Radiant Distance (Miles)	Walking Time (Minutes)	Population	
		Number	Percent
0.5	10	126800	41.6%
1	20	106300	34.9%
1.5	30	56400	18.5%
2	40	15400	5.0%

Note: analyses based on core hours

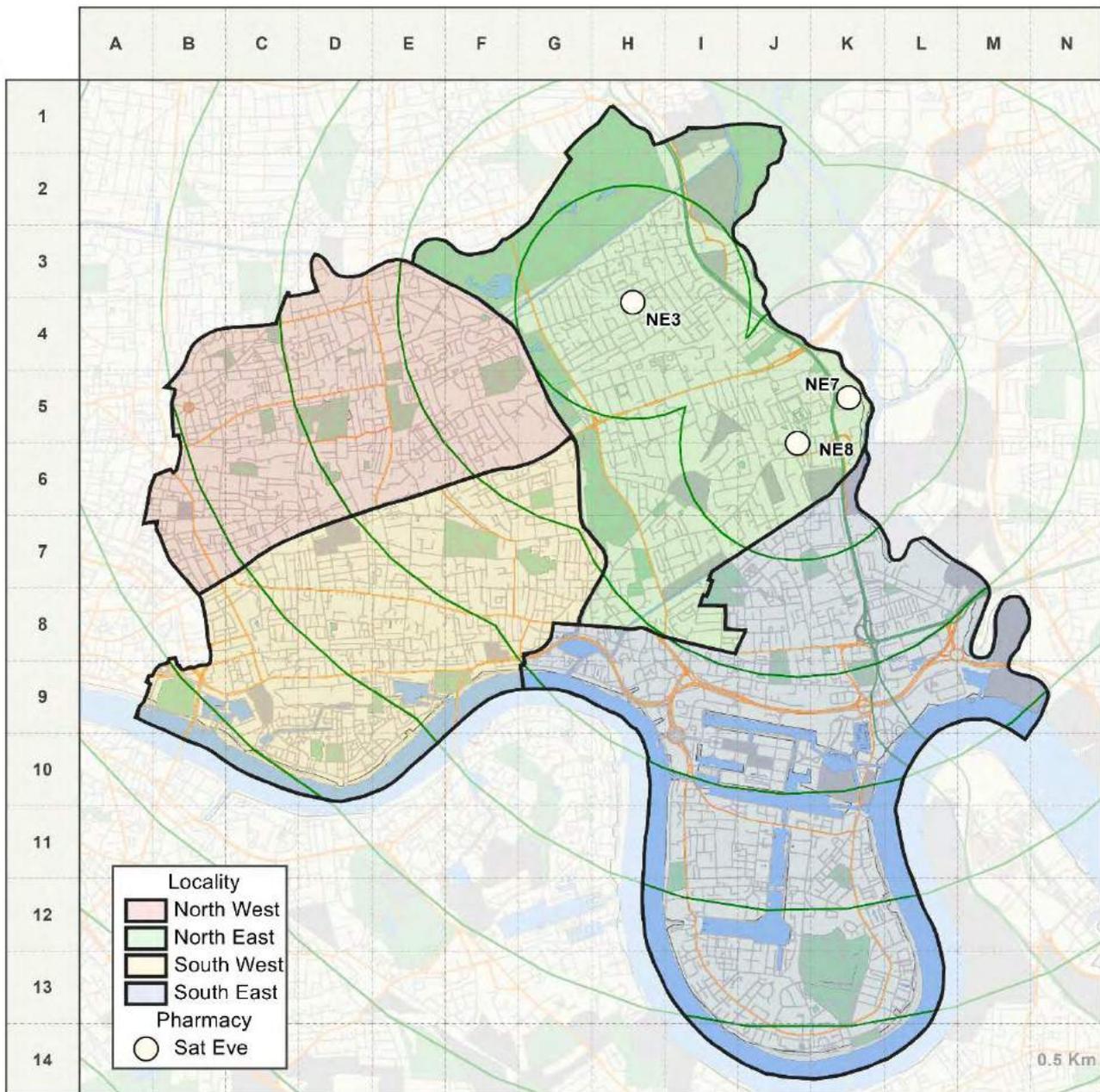
Figure 28 Location of pharmacies by locality in Tower Hamlets open on Saturdays (daytime)



Radiant Distance (Miles)	Walking Time (Minutes)	Population	
		Number	Percent
0.5	10	267000	87.6%
1	20	37500	12.3%
1.5	30	300	0.1%

Note: analyses based on core hours

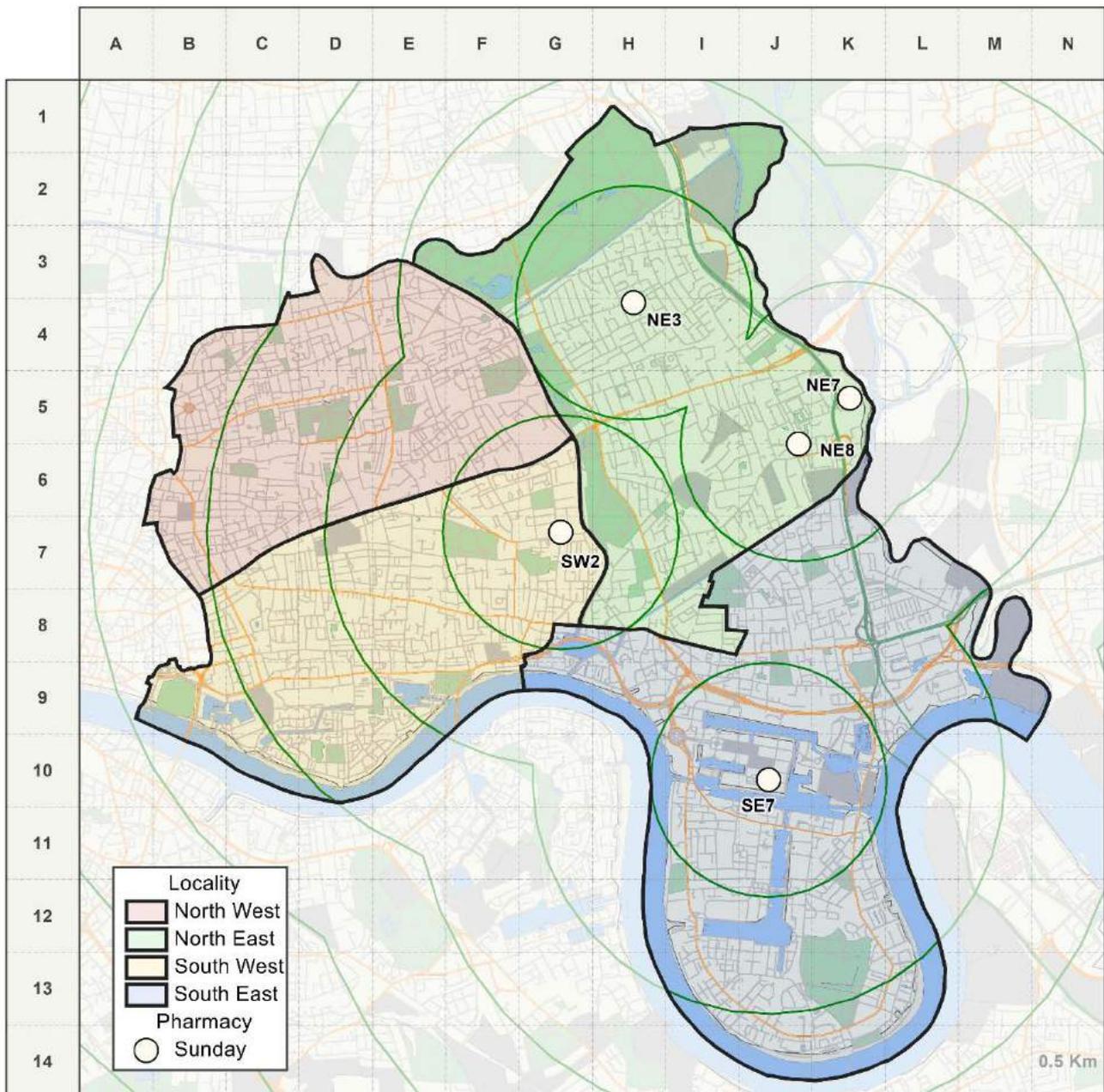
Figure 29 Location of pharmacies by locality in Tower Hamlets open on Saturday (evening)



Radiant Distance (Miles)	Walking Time (Minutes)	Population	
		Number	Percent
0.5	10	55300	18.1%
1	20	65400	21.5%
1.5	30	69900	22.9%
2	40	70600	23.1%
2.5	50	40000	13.1%
3	60	3600	1.2%

Note: analyses based on core hours

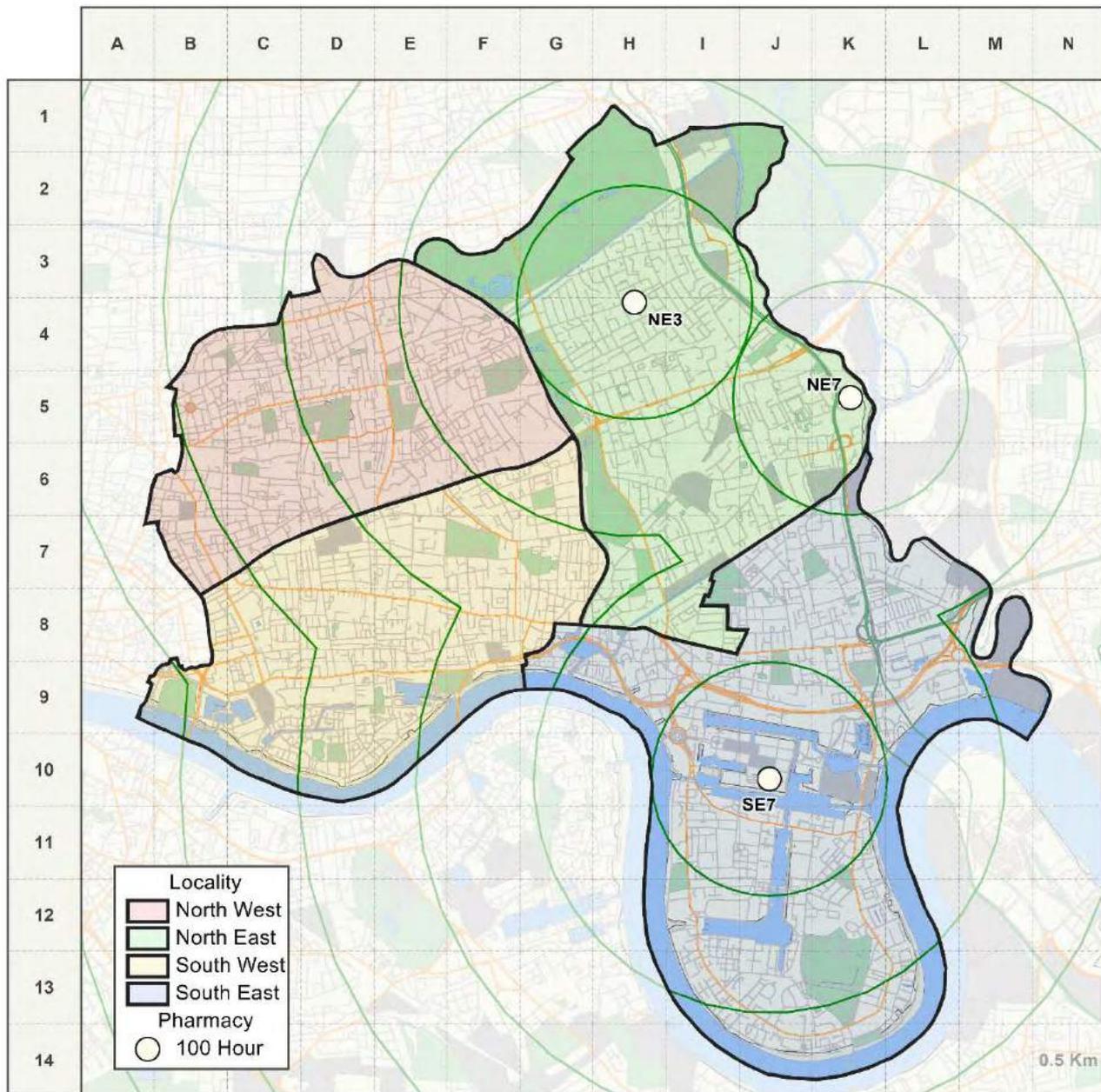
Figure 30 Location of pharmacies by locality in Tower Hamlets open on Sundays



Radiant Distance (Miles)	Walking Time (Minutes)	Population	
		Number	Percent
0.5	10	111300	36.5%
1	20	115300	37.8%
1.5	30	62900	20.6%
2	40	15300	5.0%

Note: analyses based on core hours

Figure 31 Location of 100 pharmacies by locality in Tower Hamlets and surrounding areas



Radiant Distance (Miles)	Walking Time (Minutes)	Population	
		Number	Percent
0.5	10	65200	21.4%
1	20	105600	34.7%
1.5	30	64300	21.1%
2	40	53200	17.4%
2.5	50	16400	5.4%

Figure 32 Location of pharmacies and other health services by locality in Tower Hamlets (hospitals outside Tower Hamlets shown)

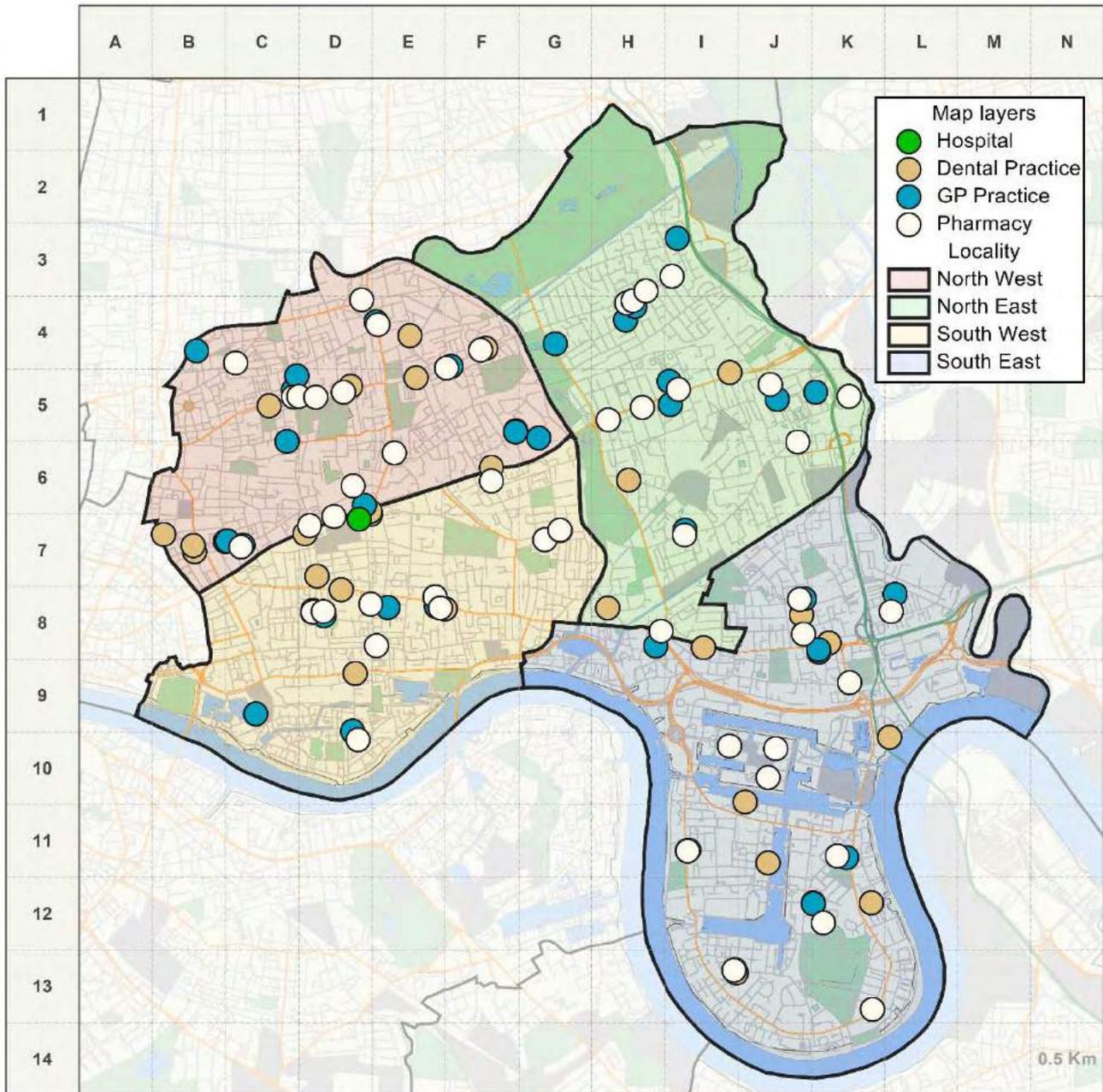


Figure 33 Location of pharmacies and other health services with Mid-2015 population density for LSOA

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/lowersuperoutputareamidyearpopulationestimates>

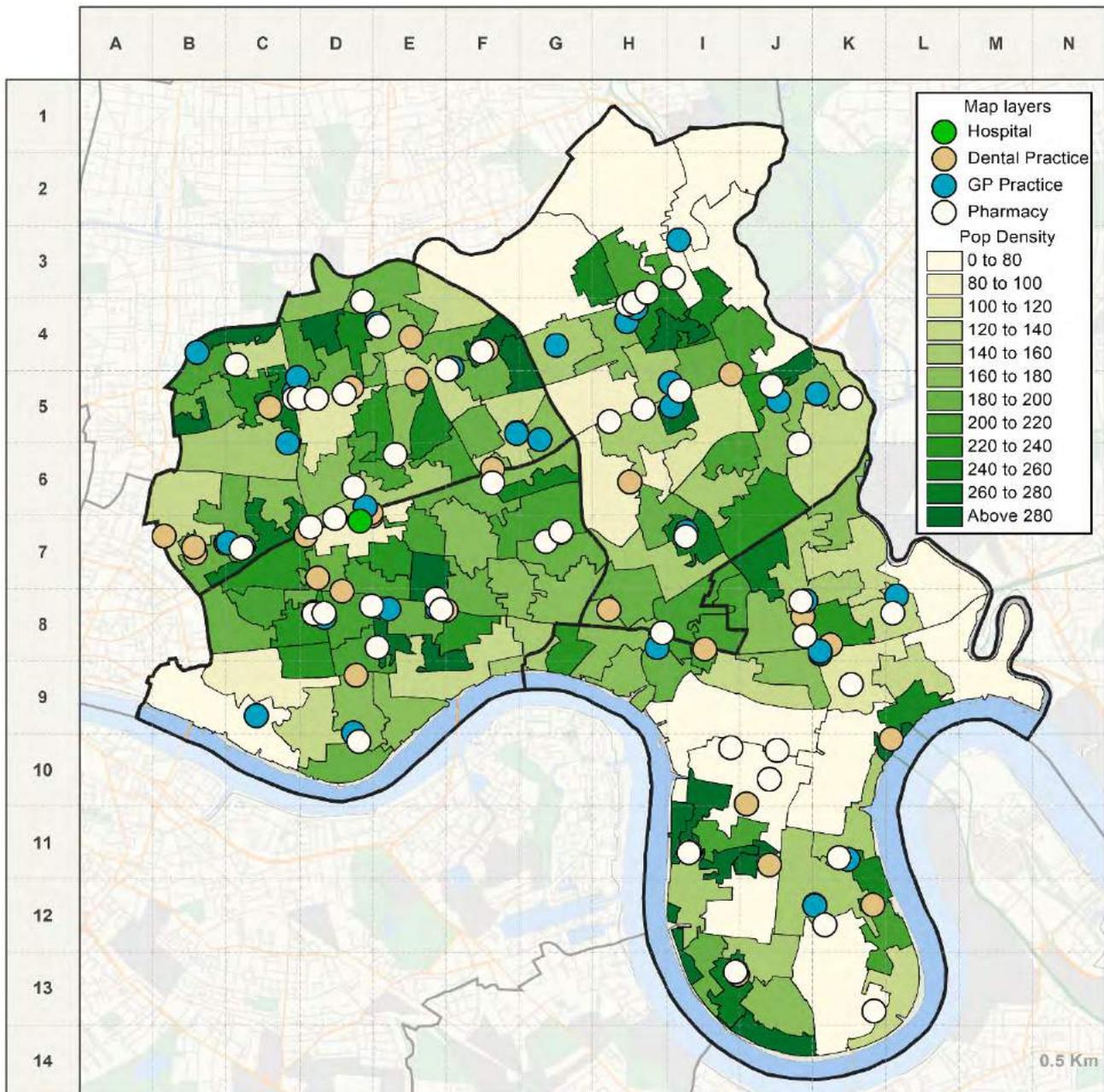
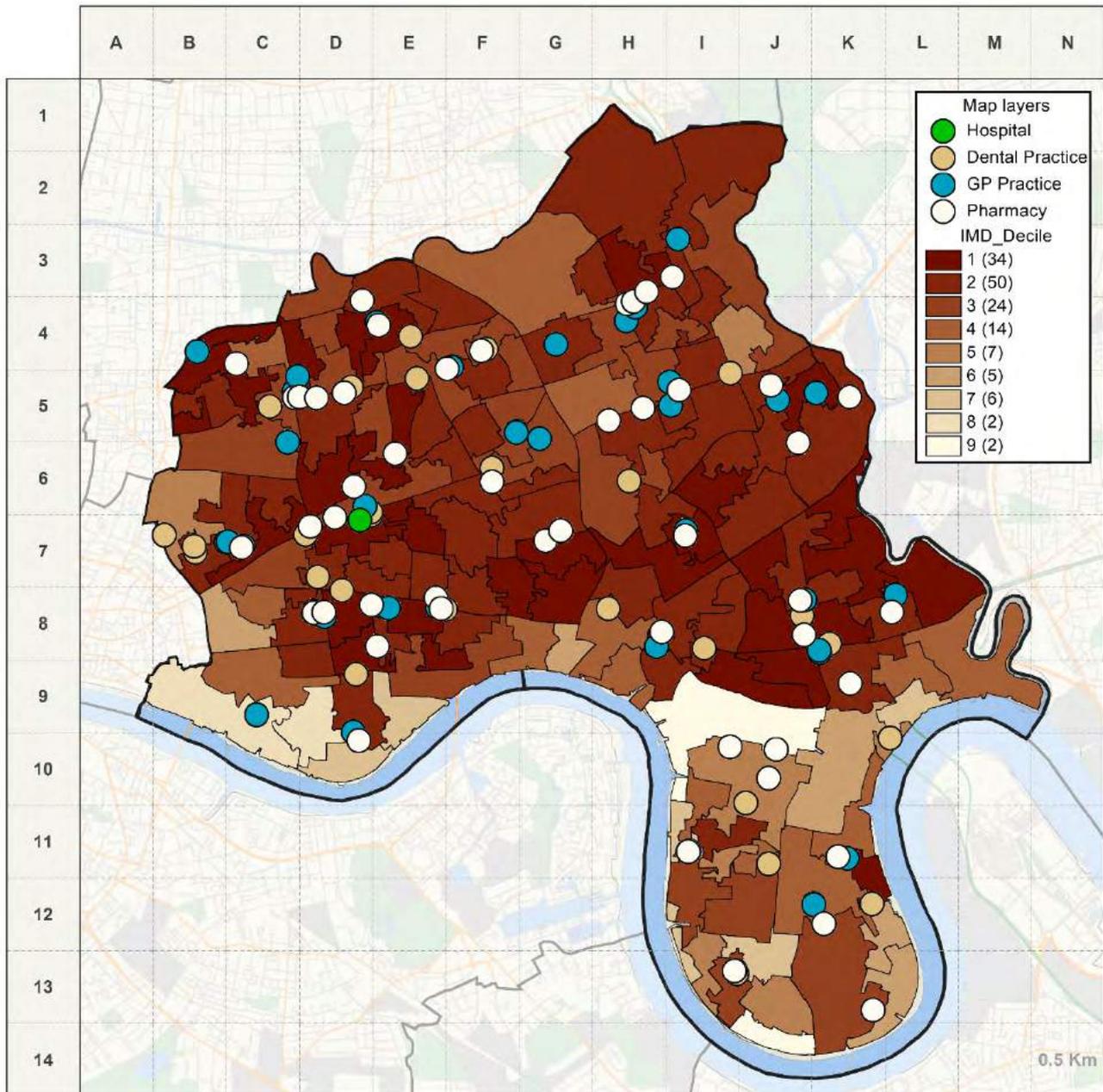


Figure 34 Location of pharmacies and other health services with 2015 LSOA Deprivation Decile (9 deciles shown)

www.gov.uk/government/statistics/english-indices-of-deprivation-2015



11 Appendix E – Steering Group Terms of Reference

To provide input and advice to the development of the Pharmaceutical Needs Assessment in Tower Hamlets, in particular advising on stakeholder perspectives and engagement.

Areas of input will be on:

1. Public engagement on current services
2. Commenting on the emerging evidence and its implications
3. Consultation on the draft PNA
4. Final proposals
5. Other aspects of the process as appropriate.

12 Appendix F – Project plan

	ACTIVITY	Activity Week		Deliverables Date	Oct-17			Nov-17			Dec-17			Jan-18			Feb-18			Mar-18							
		START	DURATION		0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
Stage 1	Launch	Initial Client Meeting	1	1	11/10/2017																						
		Manage the overall project management and governance	1	1																							
		Set up and facilitate the PNA steering group	1	1																							
		Agree project plan	1	1																							
	Data Review & Scoping	Identify Pharmacies	2	4																							
		Identify Key Stakeholders for Reference Groups	2	4																							
		Form Stakeholder Reference Groups	2	4																							
		Identify datasets	2	4																							
		Make contact with data managers	2	4																							
		Agree data in support of evidence of the Boroughs health needs	2	4																							
		Start data collection	2	4																							
		Scope geography and areas within Tower Hamlets	2	4																							
	Evidence Review	Scope demographics of Tower Hamlets	2	4																							
		Scope location and contact details of pharmacies	2	4																							
		Review 2015 PNAs and JSNAs	2	4																							
		Review national policy documents	2	4																							
Stage 2	Reference Group	Review Health profile	2	4																							
		Review Tower Hamlets building plans	2	4																							
		Recruit Stakeholder Reference Group	4	1																							
		Identify how to engage with EIA Groups and other key groups	5	2																							
		Key Stakeholder questionnaires	5	2																							
		Analyse results to inform review	5	2																							
		Stakeholder Reference Group meeting / review	7	1																							
		Stage 3	Pharmacist & Public Engagement - Stakeholder Surveys / Interviews	Design questionnaires	4	1																					
Recruit key stakeholders	4			1																							
Pharmacy questionnaire	4			3																							
Service user questionnaires	4			3																							
Housebound paper questionnaires	4			3																							
Data Analysis	Reminders to get survey responses		4	3																							
	Questionnaires return deadline		4	3																							
	Telephone Interviews		4	3																							
	Collect additional PNA Data		6	3																							
	Analyse additional PNA Data		6	3																							
Stage 4	Draft report preparation	Tower Hamlets population analysis	6	3																							
		Housing Development analysis	6	3																							
		Services offered and opening times	6	3																							
		Map production for PNA	6	3																							
Stage 5	Tower Hamlets - Formal 60 day consultation	Inequalities assessment	6	3																							
		Write draft PNA report for consultation	6	4																							
		First draft PNA to be circulated to steering group	9	3																							
		Stakeholder Reference Group meeting / review	9	3																							
		Stakeholder communication regarding the consultation	12	1																							
Stage 6	Final report preparation	Paper for submission to Stakeholder for meeting	12	1																							
		Consultation questionnaire agreed	12	1																							
		Formal 60 day consultation	13	9	08/01/2018																						
Meetings	Stakeholder Reference Group PNA Management group	Complete Consultation	22	1	12/03/2018																						
		Analyses of Responses and production of consultation report	22	2																							
		Stakeholder Reference Group meeting / review	22	1																							
		Update the draft PNA report with the consultation findings	22	2	12/03/2018																						
		Submit final report to authorising officer	23	1																							
		Steering group meeting to finalise draft	23	1																							
		Stakeholder Reference Group to sign off	24	1																							
Publish Final Report	24	1	30/03/2018																								

13 Appendix G – Pharmacy survey

Table 27 Pharmacy response rates

There are 48 pharmacies in Tower Hamlets – 14 in the North West locality, 12 in the North East locality, 10 in the South West locality and 12 in the South East locality.

Locality	Number of pharmacies	Number of responses to PNA	Response rate (%)
North West	14	14	100%
North East	12	12	100%
South West	10	10	100%
South East	12	12	100%
TOTAL	48	48	100%

Table 28 Is there a bus stop within walking distance of your pharmacy?

The majority of pharmacies have a bus stop within a two-minute walk. Only two pharmacies are more than a five-minute walk from the nearest bus stop.

Locality	No	Yes, less than a 2-minute walk	Yes, 2-5 minute walk	Yes, more than a 5-minute walk
North West	1	10	2	1
North East	0	11	1	0
South West	0	9	1	0
South East	0	11	0	1
TOTAL	1	41	4	2

Table 29 Is there disabled parking and wheelchair access?

In terms of disabled parking and wheelchair access, the majority of pharmacies have disabled parking available within ten metres of the pharmacy (37/48), have wheelchair access at the entrance (44/48) and have floors that are wheelchair accessible (43/48).

Locality	Disabled parking available within 10 metres	Entrance has wheelchair access (unaided)	All areas of pharmacy floor are wheelchair accessible
North West	8	13	12
North East	12	10	11
South West	10	9	9
South East	7	12	11
TOTAL	37	44	43

Table 30 Are there facilities aimed at helping disabled customers?

In terms of addressing ways to support users with disabilities, the majority of pharmacies have large print labels and leaflets (33/48); just over a quarter have automatic door assistance (14/48) and wheelchair ramp access (15/48); just under a quarter have a door chime at front door (11/48) and a hearing loop (9/48). Only a small number of pharmacies have additional facilities to help disabled customers such as bell at the front door, removable ramp, disabled toilet access, handrails and internet pharmacy.

Locality	None	Automatic door assistance	Bell at front door	Disabled toilet access	Hearing loop	Large print labels/ leaflets	Wheelchair ramp access	Hand rails	Door chime at front door	Removable ramp	Internet pharmacy
North West	1	4	0	2	2	11	4	1	3	1	1
North East	0	4	3	2	2	7	6	2	3	1	2
South West	0	4	1	1	2	6	3	0	2	2	2
South East	1	2	1	1	3	9	2	0	3	0	0
TOTAL	2	14	5	6	9	33	15	3	11	4	5

Table 31 Are the premises subject to any of the following development constraints?

In terms of addressing future pharmacy development constraints, a few of the pharmacies have constraints on developing their premises with just under a half having limited room for expansion (21/48); two pharmacies have listed building status and three are within a conservation area; about two thirds are rented buildings (24/48).

Locality	None	Listed building status	Within a conservation area	Limited or no room for expansion	Temporary structure	Rented building	Other
North West	0	0	2	7	0	7	3
North East	0	2	1	3	0	6	3
South West	0	0	0	3	0	7	1
South East	0	0	0	8	0	4	2
TOTAL	0	2	3	21	0	24	9

Table 32 Does the premises have toilets that patients can access for screening?

About a third of the pharmacies have toilets that patients can access for screening (17/48).

Locality	Yes	No
North West	4	10
North East	6	6
South West	3	7
South East	4	8
TOTAL	17	31

Table 33 Which of the following statements best describes your access to consultation facilities?

The majority of pharmacies have a consultation room on-site (47/48) and over three quarters of the consultation rooms have wheelchair access (39/48).

Locality	I have a consultation room on-site with wheelchair access	I have a consultation room on-site without wheelchair access	I have access to an off-site consultation facility	I have plans to establish a consultation room within the next 12 months	I do not have access to a consultation room and have no plans to establish this within 12 months
North West	11	3	0	0	0
North East	11	0	0	1	0
South West	6	4	0	0	0
South East	11	1	0	0	0
TOTAL	39	8	0	1	0

Table 34 Which of the following facilities do you have in your consultation area?

The majority of pharmacies have good facilities within their consultation areas including a bench and table (42/48), a computer terminal (41/48), a sink (38/48) and seating for three or more people (24/48). Half of the pharmacies have a separate area/room for advanced services for consultations with customers (24/48).

Locality	Seating for three or more people	A bench and/or a table	A computer terminal	A sink within the consultation area	A separate area/room suitable for advanced services for consultations with customers	None of the above	I do not have a consultation area
North West	6	14	12	12	7	0	0
North East	5	11	9	11	6	0	0
South West	6	7	9	6	4	0	0
South East	7	10	11	9	7	0	0
TOTAL	24	42	41	38	24	0	0

Table 35 Does the pharmacy normally have two or more pharmacists on duty at any time during the week?

More than half of the pharmacies have two pharmacists on duty at key times during the week and eight pharmacies have two pharmacists available for more than 30 hours a week. The remaining 17 pharmacies have two pharmacists available at key times during the week. The times they are available vary between 1-24 hours during the week.

Locality	No	Yes, 0-4 hours	Yes, 5-9 hours	Yes, 10-14 hours	Yes, 15-19 hours	Yes, 20-24 hours	Yes, 25-29 hours	Yes, 30+ hours
North West	8	1	1	0	1	0	0	3
North East	3	2	3	0	1	1	0	2
South West	4	2	0	1	2	0	0	1
South East	6	0	2	1	1	0	0	2
TOTAL	21	5	6	2	5	1	0	8

Table 36 If you have a second pharmacist, is the pharmacist there for a specific reason?

Just over half of the pharmacies involve a second pharmacist for reasons such as additional dispensary support, relieving pharmacists for administrative work, supporting medication reviews and covering shift handovers/lunch breaks.

Locality	N/A	No	Yes, to give additional support to dispensary in busy periods	Yes, to relieve pharmacist for administration work	Yes, to provide support for additional services such as medication review	Yes, for handover during shifts	Yes, to cover lunch breaks	Yes, other
North West	6	1	3	4	3	3	3	0
North East	3	0	5	5	7	4	4	0
South West	3	1	3	5	3	2	1	1
South East	6	0	4	4	5	4	2	0
TOTAL	18	2	15	18	18	13	10	1

Table 37 Do any of your pharmacists have special interests?

A large number of pharmacies have pharmacists with special interests. For example, the majority offer flu vaccinations (43/48); over a half of the pharmacies have a Healthy Living pharmacist (26/48); and just over a third have special interests in asthma (18/48) and diabetes (19/48). In addition, one third have special interests in nutrition (16/48).

Special Interest	North West	North East	South West	South East	TOTAL
No	1	1	1	2	5
Flu vaccinations	13	11	9	10	43
To liaise with area team regarding services	2	4	2	6	14
Healthy Living pharmacists, including goal setting and health coaching	8	6	4	8	26
Diabetes	6	4	2	7	19
Nutrition	5	3	2	6	16
Asthma	6	5	2	5	18
Eczema	5	2	1	4	12
Macmillan Cancer	1	0	0	5	6
Continence	3	1	0	3	7
Dermatology	4	1	1	3	9
Mobility aids	2	2	2	4	10
Other	1	2	0	0	3

Table 38 Besides English, which of the following languages do any of your regular pharmacists speak?

A large number of pharmacies have regular pharmacists who speak more than one language. The most common additional languages spoken are Asian languages such as Bengali, Hindi, Gujarati, Urdu and Punjabi. Only three pharmacies do not have a regular pharmacist who speaks more than one language.

Languages spoken	North West	North East	South West	South East	TOTAL
None	1	0	0	2	3
Arabic	2	2	1	3	8
Bengali	7	12	9	4	32
Cantonese	2	2	0	3	7
Chinese	3	1	0	3	7
Czech	0	2	0	0	2
Farsi	0	1	0	0	1
French	0	0	0	1	1
Georgian	0	0	0	0	0
Gujarati	6	7	6	2	21
Hebrew	0	0	0	0	0
Hindi	7	7	9	2	25
Hungarian	0	0	0	0	0
Italian	0	0	0	1	1
Japanese	0	0	0	0	0
Kurdish	0	0	0	1	1
Mandarin	1	2	0	1	4
Polish	0	2	0	0	2
Punjabi	3	5	5	1	14
Romanian	0	0	0	0	0
Russian	0	2	0	0	2

Somali	0	0	1	0	1
Spanish	1	0	1	0	2
Swahili	2	2	0	0	4
Urdu	3	5	6	2	16
Other	0	2	0	2	4

Table 39 Does the pharmacy dispense appliances?

In terms of dispensing appliances, about two thirds of pharmacies dispense all types of appliances (30/48). One sixth only dispense dressings (8/48) and only five pharmacies do not dispense any appliances.

Locality	No	Yes, all types	Yes, excluding stoma appliances	Yes, excluding incontinence appliances	Yes, excluding stoma and incontinence appliances	Yes, just dressings
North West	1	8	0	1	1	3
North East	1	7	1	0	1	2
South West	0	7	0	0	0	2
South East	3	8	0	0	0	1
TOTAL	5	30	1	1	2	8

Table 40 Which of these ADVANCED services do you CURRENTLY provide?

In terms of offering advanced services, all 48 pharmacies provide the New Medicines Service and the Medicines Use Review. Less than three provide stoma customisation and appliance use review.

Locality	Stoma customisation	Appliance use review	New Medicines Service	Medicines Use Review
North West	0	1	14	14
North East	0	1	12	12
South West	1	2	10	10
South East	0	0	12	12
TOTAL	1	4	48	48

Table 41 Which of these ENHANCED services do you CURRENTLY provide?

In terms of providing enhanced services, all 48 pharmacies provide flu vaccinations. The majority of pharmacies provide Minor Ailments Scheme (44/48), stop smoking service (43/48), Emergency Hormonal Contraception EHC (41/48). Medication Review Service (41/48), Home Delivery Service (39/48) and Supervised Administration Service (37/48).

Service	North West	North East	South West	South East	TOTAL
Anti-coagulant monitoring service	0	0	0	0	0
EHC	10	10	10	11	41
Home Delivery Service (not appliances)	11	11	9	8	39
Medication Review Service	11	10	10	10	41
Medicines Assessment and Compliance Support	4	1	3	2	10
Minor Ailment Scheme	13	12	10	9	44
NHS Health Check programme	0	0	0	1	1
Oral contraceptive service	5	4	4	4	17
Out of hours service	0	1	2	0	3
Prescriber support service	1	0	1	1	3
Schools service	1	0	0	1	2
Flu vaccines	14	12	10	12	48
Childhood vaccination	1	1	0	1	3
HPV	2	2	0	1	5
Sharps disposal service	1	3	1	1	6
Stop smoking service	11	11	9	12	43
Supervised administration service	11	9	7	10	37

Table 42 Which of these ENHANCED services are you WILLING to provide?

Pharmacies were asked whether they would be willing to provide some of the enhanced services in the future. Although no pharmacies currently provide an anticoagulant monitoring service, the majority of pharmacies would be willing to provide this in the future (42/48). Currently only one pharmacy provides the NHS Health Check programme, however, the majority of pharmacists would be willing to provide this in future (45/48). Other services that many of the pharmacies stated they would be willing to provide include HPV screening (39/48), childhood vaccinations (39/48), sharps disposal service (38/48), prescriber support service (38/48), schools service (34/48), medicines assessment and compliance support (32/48), oral contraceptive service (29/48) and an out of hours service (27/48).

Service	North West	North East	South West	South East	TOTAL
Anti-coagulant monitoring service	12	11	9	10	42
EHC	4	2	0	1	7
Home Delivery Service (not appliances)	2	0	1	2	5
Medication Review Service	2	2	0	2	6
Medicines Assessment and Compliance Support	7	9	7	9	32
Minor Ailment Scheme	1	0	0	2	3
NHS Health Check programme	13	12	10	10	45
Oral contraceptive service	9	7	6	7	29
Out of hours service	8	7	4	8	27
Prescriber support service	10	9	9	10	38
Schools service	8	9	8	9	34
Flu vaccines	0	0	0	0	0
Childhood vaccination	12	7	10	10	39
HPV	11	8	10	10	39
Sharps disposal service	12	8	8	10	38
Stop smoking service	3	1	1	0	5
Supervised administration service	2	2	0	0	4

Table 43 Which of these LOCALLY COMMISSIONED services do you CURRENTLY provide?

In terms of locally commissioned services, the majority of pharmacies currently provide the Minor Ailment Scheme (44/48), the stop smoking service (33/48) and emergency hormonal contraception (41/48). About three quarters provide chlamydia screening (35/48) and supervised administration of opioid substitution treatment (33/48) and over half provide chlamydia treatment (29/48).

Service	North West	North East	South West	South East	TOTAL
None	0	0	0	0	0
Chlamydia screening	11	8	6	10	35
Chlamydia treatment	7	6	8	8	29
Minor Ailment Scheme	13	12	10	9	44
Head lice eradication	1	0	1	0	2
Body weight assessment	1	0	0	0	1
Vascular screening assessment	0	0	0	0	0
Emergency hormonal contraception	11	9	10	11	41
Out of hours service	0	0	1	1	2
Palliative care	0	1	2	1	4
Needle exchange	0	2	1	1	4
Stop smoking service	11	10	10	12	43
Supervised administration of opioid substitution treatment	8	8	7	10	33
Other	1	0	0	1	2

Table 44 Does your pharmacy provide any of these non-NHS funded services?

Additional non-NHS funded services provided by pharmacies included all but two pharmacies providing collection of prescriptions from surgeries (46/48), and all but five offering delivery of dispensed medicines free of charge on request (43/48).

Locality	None	Collection of prescriptions from surgeries	Delivery of dispensed medicines (free of charge on request)	Delivery of dispensed medicines (charged for service)	Other
North West	0	14	13	2	0
North East	0	11	11	0	1
South West	0	10	10	0	0
South East	1	11	9	0	0
TOTAL	1	46	43	2	1

Table 45 Does your pharmacy provide any diagnostic services?

Two thirds of pharmacies provide blood pressure diagnostic services (32/48) and about a half provide weight recording (22/48). Just under half offer carbon monoxide readings (20/48); one third provide pregnancy tests (16/48); just under a third provide height recording (15/48), body mass index (BMI) calculation (15/48) and blood glucose (14/48). Just under a quarter provide extra health testing (11/48).

Service	North West	North East	South West	South East	TOTAL
Blood pressure	7	11	8	6	32
Blood glucose	4	5	2	3	14
Random glucose	1	3	1	1	6
Fasting glucose	0	3	1	1	5
HbA1c	0	0	0	0	0
BMI	2	7	2	4	15
Weight	5	9	4	4	22
Height	2	7	3	3	15
Waist	0	4	2	0	6
ECG	0	1	0	1	2
Blood lipids	1	0	0	0	1
Total Cholesterol	1	2	1	0	4
HDL Cholesterol	1	1	1	0	3
LDL Cholesterol	1	1	1	0	3
Triglycerides	0	0	0	0	0
CO reading	6	4	5	5	20
Temperature	0	2	1	0	3
Peak flow	0	2	0	2	4
Urine test	0	0	0	0	0
Pregnancy test	4	6	3	3	16
Sexual health test	3	5	1	2	11
Throat test	0	2	1	1	4

Other	0	1	0	0	1
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Table 46 Which services would you want to provide if commissioned to do so?

Over the two thirds of pharmacists are willing to provide additional services if they were commissioned to do so. These include weight management, independent prescribing service medicines assessment and disease specific medicines. Other services more than half of pharmacists are willing to supply include gluten free food supply service, alcohol screening and brief intervention, vascular risk assessment, expanded incontinence service, phlebotomy service, structured self-care support and supplementary prescribing.

Service	North West	North East	South West	South East	TOTAL
None	0	1	0	1	2
Alcohol screening and brief intervention	11	6	8	9	34
Brief intervention such as health coaching, motivational interviewing, etc	11	5	7	9	32
Disease specific medicines	9	10	8	9	36
Expanded incontinence service	9	6	7	7	29
Gluten free food supply service	11	8	8	8	35
Independent prescribing service	9	9	9	10	37
Medicines assessment	10	7	8	11	36
Phlebotomy service	9	6	9	7	31
Structured self-care support	7	5	7	8	27
Supplementary prescribing	9	7	8	9	33
Vascular risk assessment	11	8	8	9	36
Weight management	14	8	9	11	42
Other (please specify)	1	1	0	0	2

Table 47 Which of the following statements apply to your pharmacy?

Nearly all pharmacies have a computer that can access the internet (45/48), and almost all have good quality computer equipment that includes NHS Summary Care Records and printing facilities. Software includes dispensary software, electronic prescription service and all but one is Release 2 enabled.

Service	North West	North East	South West	South East	TOTAL
None of the above	0	0	0	0	0
All of the computers in our pharmacy access our dispensary software	12	12	10	9	43
We have a computer that can access the internet	13	11	9	12	45
The internet can be accessed whilst the PMR system is running	13	12	9	12	46
We have access to NHS Summary Care Records	13	10	9	12	44
We have a printer that can print A4	14	12	9	12	47
We currently provide Electronic Prescription Service (EPS)	14	12	9	12	47
We are Release 2 enabled	14	11	10	12	47

14 Appendix H – Extended survey

Tower Hamlets Pharmacy Experience: Extended Survey

Tower Hamlets Pharmaceutical Needs Assessment

Tower Hamlets Council is currently assessing the needs of pharmaceutical services for the local population, now and in the coming years. As part of this assessment, we invite you to take this opportunity to give us your views about pharmacy services in Tower Hamlets.

Tower Hamlets Pharmacy Experience: Extended Survey

YOUR EXPERIENCE

* 1. When did you last attend a pharmacy in Tower Hamlets?

- A week ago
- A month ago
- Six months or more

2. How often do you use a pharmacy?

- More than once a week
- Every week
- Once every four weeks
- Every 1 - 2 months
- Every 3 - 6 months
- Less than twice a year
- Never

3. How would you rate the pharmacies in Tower Hamlets on the following?

	Very poor	Poor	Average	Good	Excellent
Opening times	<input type="radio"/>				
Consultation rooms	<input type="radio"/>				
Medicines review and advice	<input type="radio"/>				

Comments

4. What do you use the pharmacy for? (Please tick all that apply)

- To collect prescribed medication
- To collect a prescription for someone else
- To help manage a long-term condition (outside of collecting medication)
- To buy shampoo, toothpaste, and other toiletries
- To buy medication that doesn't need a prescription (over the counter medication)
- To buy medication that doesn't need a prescription (over the counter medication) for someone else
- When I am unable to get a GP appointment
- Other (please specify)

5. Have you ever used a pharmacy for any of the following services? (Please tick any that apply)

- | | |
|---|---|
| <input type="checkbox"/> NHS Health Checks | <input type="checkbox"/> Travel vaccinations |
| <input type="checkbox"/> Flu Vaccination | <input type="checkbox"/> Weight management |
| <input type="checkbox"/> Pregnancy Testing | <input type="checkbox"/> Contraception |
| <input type="checkbox"/> Morning After Pill | <input type="checkbox"/> Disposal of unused medication |
| <input type="checkbox"/> Sexual Health Testing | <input type="checkbox"/> Incontinence supplies |
| <input type="checkbox"/> Stop Smoking | <input type="checkbox"/> Needle exchange and supervised drug administration |
| <input type="checkbox"/> Medicine Reviews | <input type="checkbox"/> Prescription of medication (without seeing a GP) |
| <input type="checkbox"/> Repeat prescriptions | <input type="checkbox"/> Treatment of minor ailments e.g. minor injuries, tummy problems, womens' health, skin conditions |
| <input type="checkbox"/> Other (please specify) | |

6. In the past 12 months, have you had a consultation with your pharmacist?

- Yes
- No

7. If yes, why? (e.g. medicines review, health advice, couldn't get a GP appointment etc.)

8. How would you describe the helpfulness of advice provided by your pharmacy?

- Not at all helpful
- Somewhat helpful
- Helpful
- Very helpful

Comments

9. Have you received any information about paying for prescriptions (or claiming exemptions) from your pharmacy, or have you ever discussed this with a pharmacist?

- Yes
- No

Comments

10. If yes, how helpful have you found the advice provided by your pharmacy?

- Not helpful
- Somewhat helpful
- Helpful
- Very helpful

Other (please specify)

11. What do you like about the pharmacy you use most often?

12. Is there anything about this pharmacy that you dislike?

13. Is there a pharmacy that is more convenient to you that you do not use? If so, why?

Yes

No

Comments

14. How could we make better use of pharmacies in Tower Hamlets as a local health resource?

Tower Hamlets Pharmacy Experience: Extended Survey

ABOUT YOU

The following information is for our records, and aims to ensure that we listen to the views of all sectors of our community. It will help us understand responses in greater detail by seeing 'who thinks what'. Any responses received will be treated in confidence.

Please note, you do not have to answer any of these questions if you do not wish to.

15. What is your gender?

- Female
- Male
- Transgender
- Rather not say

16. What is your age?

- Under 18
- 18 - 24
- 25 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65+
- Rather not say

17. Do you have any of the following conditions?

- Physical disability
- Long term health condition
- Sensory disability (visual impairment, hearing impairment etc.)
- Mental health condition
- None of the above
- Rather not say

18. What is your religion?

- Buddhist
- Christian
- Hindu
- Muslim
- Other (please specify)
- Sikh
- No religion
- Rather not say

19. What is your ethnic group?

- | | |
|---|---|
| <input type="radio"/> White English/Northern Irish/Scottish/Welsh/British | <input type="radio"/> Mixed Other |
| <input type="radio"/> White Irish | <input type="radio"/> Asian Indian |
| <input type="radio"/> White Gypsy or Irish Traveller | <input type="radio"/> Asian Pakistani |
| <input type="radio"/> Black or Black British Caribbean | <input type="radio"/> Asian Bangladeshi |
| <input type="radio"/> Black or Black British African | <input type="radio"/> Chinese |
| <input type="radio"/> Black or Black British other | <input type="radio"/> Asian Other |
| <input type="radio"/> Mixed White and Black Caribbean | <input type="radio"/> Rather not say |
| <input type="radio"/> Mixed White and Black African | |
| <input type="radio"/> Other (please specify) | |

20. Which of the following best describes your sexual orientation?

- | | |
|---|---|
| <input type="radio"/> Bisexual | <input type="radio"/> Heterosexual/Straight |
| <input type="radio"/> Gay woman/Lesbian | <input type="radio"/> Prefer not to say |
| <input type="radio"/> Gay man | <input type="radio"/> Other |

Thank you very much for taking the time to give us your views.

15 Appendix I – Acknowledgements

Name	Job title	Organisation
Tower Hamlets Management Group		
Dr Danielle Solomon	Public Health Registrar	LBTH
PHAST TEAM		
Dr Cecilia Pyper	PNA Lead	PHAST
Richard Willmer	Director of Information and Intelligence	PHAST
Dr Torquil Pyper	PNA Analyst	PHAST
Tasmin Harrison	PNA Review	PHAST
Cheryl Westmacott	PNA Report Coordinator	PHAST
PNA Stakeholder Advisory Group (SAG)		
The Management Group were also members of the stakeholder group		
Diane Barham		Healthwatch Tower Hamlets
Andrew Ng		North East London Local Pharmaceutical Committee
Rajiv Pahwa		North East London Local Pharmaceutical Committee
Dr Archana Spahn		Tower Hamlets Local Medical Committee
Juanita Haynes		Tower Hamlets Corporate Research Unit
Chima Olugh		Tower Hamlets Clinical Commissioning Group
Other Individuals who supported the PNA Process		
Rebecca Dew	PNA Survey Coordinator	LPC
Idea Stores Tower Hamlets		
Ahmiza Thirunavukarasu	Public Health Registrar	LBTH
Abigail Knight	Public Health Consultant	LBTH
Abigail Gilbert	Programme Lead	Healthy Communities, Tower Hamlets

16 Appendix J – Glossary of abbreviations and terms

AUR	Appliance Use Review
CHP	Community Health Partnerships
CCG	Clinical Commissioning Group
CPCF	Community Pharmacy Contractual Framework
DAC	Dispensing Appliance contractor
EHC	Emergency hormonal contraception
GP	General Practitioner (family doctor)
EPS	Electronic Prescribing System
HUDU	Healthy Urban Development Unit
HWB	Health and Wellbeing Board
JSNA	Joint Strategic Needs Assessment
LA	Local Authority
LBTH	London Borough of Tower Hamlets
LCS	Locally Commissioned Services
LIFT	Local Improvement Finance Trust
LMC	Local Medical Committee
LPC	Local Pharmaceutical Committee
LPS	Local Pharmaceutical Services
LSOA	Lower Super Output Area
LTC	Long term conditions
MUR	Medicines Use Review and prescription intervention services
NHS	National Health Service
NHSE	National Health Service England
NMS	New Medicines Service
PHE	Public Health England
PHAST	Public Health Action Support Team
PNA	Pharmaceutical Needs Assessment
SAC	Stoma Appliance Customisation Service (SAC)
THHWB	Tower Hamlets Health and Wellbeing Board

Glossary of terms and phrases defined in regulation 2 of the 2013 Regulations

Term or phrase	Definition as per regulation 2 of the 2012 Regulations	Explanation
Controlled localities/controlled locality	Means an area that is a controlled locality by virtue of regulation 36(1) or is determined to be so in accordance with regulation 36(2).	A controlled locality is an area which has been determined, either by NHS England, a primary care trust a predecessor organisation or on appeal by the NHS Litigation Authority (whose appeal unit handles appeals for pharmaceutical market entry and performance sanctions matters), to be “rural in character”. It should be noted that areas that have not been formally determined as rural in character and therefore <i>controlled localities</i> , are not <i>controlled localities</i> unless and until NHS England determines them to be. Such areas may be considered as rural because they consist open fields with few houses but they are not a <i>controlled locality</i> until they have been subject to a formal determination.
Core opening hours	Is to be construed, as the context requires, in accordance with paragraph 23(2) of Schedule 4 or paragraph 13(2) of Schedule 5, or both.	Pharmacies are required to be open for 40 hours per week, unless they were approved under Regulation 13(1)(b) of the 2005 Regulations in which case they are required to open for 100 hours per week. Dispensing appliance contractors (DACs) are required to be open for not less than 30 hours per week.
Directed services	Means additional pharmaceutical services provided in accordance with directions under section 127 of the 2006 Act.	These are advanced and enhanced services as set out in Directions.
Dispensing doctor(s)	Is to be construed in accordance with regulation 46(1).	These are providers of primary medical services who provide pharmaceutical services from medical practice premises in the area of NHS England; and general practitioners who are not providers of primary medical services but who provide pharmaceutical services from medical practice premises in the area of the HWB.

Distance selling premises	Listed chemist premises, or potential pharmacy premises, at which essential services are or are to be provided but the means of providing those services are such that all persons receiving those services do so otherwise than at those premises.	These premises could have been approved under the 2005 Regulations in which case they could be pharmacies or DACs. Under the 2012 and 2013 Regulations only pharmacy contractors may apply to provide services from distance selling premises. Distance-selling contractors are in the main internet and some mail-order, but they all cannot provide “essential services” to persons face to face at their premises and must provide a service across England to anyone who requests it.
Enhanced services	Means the additional pharmaceutical services that are referred to in direction 4 of the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013.	These are pharmaceutical services commissioned by NHS England, such as services to Care Homes, language access and patient group directions.
Essential services	Except in the context of the definition of “distance selling premises”, is to be construed in accordance with paragraph 3 of Schedule 4.	These are services which every community pharmacy providing NHS pharmaceutical services must provide and is set out in their terms of service – these include the dispensing of medicines, promotion of healthy styles and support for self-care. Distance- selling pharmacy contractors cannot provide essential services face to face at their premises.
Neighbouring HWB	In relation to a HWB (HWB1), means the HWB of an area that borders any part of HWB1.	Used when, for example, an HWB is consulting on their draft PNA and needs to inform the HWBs which border their HWB area.
NHS chemist	Means an NHS appliance contractor or an NHS pharmacist.	

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