

Islington Pharmaceutical Needs Assessment 2015

Islington Health and Wellbeing Board

April 2015

Interim report

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1. EXECUTIVE SUMMARY

This is Islington Health and Wellbeing Board's (HWB) first Pharmaceutical Needs Assessment (PNA) under new regulations and requirements. The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the requirements of the PNA, as well the process for market entry of pharmacies into an area. The PNA, as part of this process, assesses the need for pharmaceutical services in Islington's population, identifying any gaps in service delivery and any areas for improvement. The PNA is designed to inform commissioning decisions by Local Authorities (LAs) and Clinical Commissioning Groups (CCGs). The PNA will be used by NHS England when determining whether to approve applications for pharmacies in the area to join the pharmaceutical list, and to inform NHS England's commissioned services. The PNA will also be used as part of Islington's JSNA to inform future commissioning strategies.

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

1.1. Summary of the needs of the Islington population

Islington has a diverse resident population, with larger proportions of both younger people and minority ethnic groups than the overall London population. Islington also has one of the most deprived populations in the country, with the North locality being particularly deprived. Over 38,000 residents have a diagnosed long term condition, many have more than one condition, and it is estimated that the prevalence is actually much higher, with around 46,000 more long term conditions undiagnosed in the population.

1.2. Summary of the assessment of pharmaceutical services

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

With 45 pharmacies overall, Islington has a similar rate of community pharmacies per 100,000 residents to the London average (21 pharmacies). One of the pharmacies in Islington is on a '100 hour' contract, providing coverage early in the morning and late at night.

There is at least one pharmacy in most of the borough's wards, and three of the localities have a late opening pharmacy. Resident engagement has highlighted that work could be done to improve the accessibility of some pharmacies for those who use a wheelchair or need a seat while waiting.

The average number of items dispensed per pharmacy in Islington is lower than most other boroughs. The low average per pharmacy suggests that current demand for essential services is being met and there would be capacity, on average, to meet any increased demand for prescriptions that might arise over the next few years as a result of inward migration and an increase in the prevalence of long term conditions.

Each commissioned service offered by Islington's pharmacies was assessed in this PNA to determine any gaps, and whether the service is necessary or relevant to meet the pharmaceutical needs of Islington's population¹. Table 1.1 summarises the assessment of each type of service provided by community pharmacies (essential, advanced, enhanced and locally commissioned)². Note that gaps in locally commissioned services are not used as a basis for market entry, but that filling these gaps is important in further improving the health and wellbeing of Camden residents.

The gaps in provision should be reviewed by the commissioners responsible for commissioning the respective services, to ensure high quality service provision and to identify opportunities for improved health and wellbeing outcomes for Islington.

1.3. Summary of pharmacy users' views of pharmaceutical services

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

The work also highlighted that some residents felt that they could not access a local, late night pharmacy, and in some cases would have to travel outside of the borough to use a pharmacy. Conversations also arose in focus groups where it emerged that some service users had been offered, or used, services that other people were not aware of, for example repeat prescriptions and text reminders; so there may be scope for more work to improve awareness of the services offered by pharmacies.

¹ Necessary and relevant services are defined in Section 2.3.

² Essential, advanced, enhanced, and locally commissioned services are defined in Section 2.5.

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

	Assessment of service	Gaps identified
Essential services		
Mandatory services (for example dispensing, support for self-care, and disposal of unwanted medicines)	Necessary service	<ul style="list-style-type: none"> ▪ None identified; provision is suitable for current population and projected demographic changes. ▪ An increase in the impact of health promotion campaigns, perhaps through co-ordination with local work, would broaden the reach of public health interventions and services.
Advanced services		
Medicines Use Reviews (MUR)	Necessary service	<ul style="list-style-type: none"> ▪ There is limited provision after 7pm. ▪ On Sundays, most pharmacies offering this service are closed. ▪ Eligibility: The national three month rule may result in people who could benefit from the scheme being not being able to access this service who may otherwise benefit.
New Medicine Service (NMS)	Necessary service	<ul style="list-style-type: none"> ▪ There is limited provision after 7pm.
Appliance Use Reviews (AUR)	Relevant service	<ul style="list-style-type: none"> ▪ No participating pharmacies in Islington, and no need identified.
Stoma Appliance Customisation (SAC)	Relevant service	<ul style="list-style-type: none"> ▪ No participating pharmacies in Islington, and no need identified.
Enhanced services		
Minor Ailments Scheme (MAS)	Necessary service	<ul style="list-style-type: none"> ▪ Limited provision at weekends currently, but demand is constrained by existing 'voucher scheme'.
Medicines Reminder Devices	Relevant service	<ul style="list-style-type: none"> ▪ Access is limited on Sundays.
Seasonal 'flu and PPV vaccination	Relevant service	<ul style="list-style-type: none"> ▪ Overall, vaccination rates below national targets but they are similar to London average.

	Assessment of service	Gaps identified
Locally commissioned services		
Stop smoking service	Relevant service	<ul style="list-style-type: none"> There is limited provision of the service outside of standard working hours (9am-7pm).
Screening service (Health Checks)	Relevant service	<ul style="list-style-type: none"> Islington is already a high performer for Health Check delivery, but there may be scope for the already-commissioned pharmacies to increase the number delivered.
Emergency hormonal contraception service	Relevant service	<ul style="list-style-type: none"> Pharmacy provision is not uniform across the borough, with lower provision in the South West where teenage conception rates are highest. Availability is limited on weekends, due to restricted opening hours.
Supervised consumption service	Necessary service	<ul style="list-style-type: none"> Access is limited on Sundays, throughout the borough. On weekdays, five pharmacies provide the service outside of standard working hours (9am-7pm).
Needle syringe exchange service	Necessary service	<ul style="list-style-type: none"> Access is limited on Sundays, throughout the borough.
Anticoagulation service	Relevant service	<ul style="list-style-type: none"> No gaps identified.
Palliative care medicines service	Relevant service	<ul style="list-style-type: none"> No gaps identified.

1.4. Wider recommendations

Within the context of the PNA, areas where improvements can be made in order to maximise the potential of community pharmacies in helping Islington's population stay healthy were identified. These are:

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

These recommendations should also be reviewed by the commissioners responsible for the services, in order to determine ways in which pharmacy services could be improved in general.

Within the current health landscape, there is a responsibility to bring together organisations responsible for providing health services to local residents, and making sure that the offer is appropriate to need. The HWB is ideally placed to drive this change, improving the health and wellbeing and extending the life expectancy of Islington's population.

2. INTRODUCTION

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

As a valuable and trusted public health resource with millions of contacts with the public each day, community pharmacy teams have the potential to be used to provide services out of a hospital or general practice environment and to reduce health inequalities³. In addition, community pharmacies are an important investor in local communities through employment, supporting neighbourhood and high street economies, as a health asset and as a long term partner with other local health services. To ensure that our community pharmacies are as effective as possible in meeting the needs of Islington's population, this assessment has taken multiple data sources, information and views into account to present a complete picture of need and provision in Islington, identifying where we can make improvements to reduce health inequalities and improve health outcomes for our population.

2.1. Background to the PNA

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

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

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

Box 2.1: Health and Wellbeing Boards

Islington's HWB brings together key partners from various organisations relevant to health and care, to ensure services are available (commissioned) to the population of Islington across health, public health and social care to improve the health and wellbeing of the local population, and reduce health inequalities. Members include representatives from Islington CCG, LBI, Islington Healthwatch and Islington's voluntary and community sector. More information about the HWB can be found on Islington Council's website: <http://www.islingtonccg.nhs.uk/about-us/health-and-wellbeing-board.htm>

2.2. Duty of the HWB

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

- Publishing the first PNA by 1 April 2015, ensuring that all required information and assessments are included;
- Ensuring an up-to-date map of services is included in the assessment;
- Publishing any statements or revisions within 3 years of the previous publication;
- Ensuring that other HWBs have access to the PNA;
- Consulting stakeholders and other areas about the content of the assessment for the minimum 60-day period;
- Responding to a consultation from a neighbouring HWB;
- Ensuring that once published, the PNA is kept up-to-date and any supplementary statements or full revisions are published as soon as possible following any changes.

2.3. Minimum requirements for the PNA

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

- **Necessary services:** services that are required to meet the pharmaceutical needs of the population. This includes current and future needs.
- **Relevant services:** services that improved pharmaceutical services in the area, including access to services. This includes current provisions and any gaps in future provision.
- **Other NHS services:** pharmacy services provided by other organisations such as the Local Authority, NHS England or the CCG, which impact on the need for pharmacy services in the area. Services of this type would improve pharmacy services, including access.
- How the assessment was carried out, including:

- How localities were determined
 - How different needs of the localities were taken into account
 - How different needs of people with a protected characteristic were taken into account
 - A report on the consultation
- A map of showing the premises at which pharmaceutical services are provided.

2.4. The scope of the PNA

Identifying whether services fall within the scope of the PNA depends on who is providing the service, and what is provided.

The content of PNAs is set out in regulations published nationally⁴ and includes an obligation to assess all services “provided under arrangements made by the NHS Commissioning Board (NHSCB)”. This includes the provision of pharmaceutical services by a person on a pharmaceutical list (i.e. on the NHS England approved pharmacy list), providing pharmaceutical services under a Local Pharmaceutical Service (LPS) scheme, and / or the dispensing of drugs or appliances by a dispensing doctor.

The needs assessment should take different type of pharmacy services (essential, advanced and enhanced) and pharmacy contractors (community pharmacies or dispensing appliance contractors) into account, in relation to current and future need.

For this PNA, we have defined the scope as follows:

- a) Providing pharmaceutical services by a person on a pharmaceutical list is the **dispensing service**. The dispensing service covers the supply of medicines ordered on NHS prescriptions, and information and advice on their use to patients and carers, and the maintenance of appropriate records. This PNA will assess whether Islington’s population has adequate access to dispensing services, based on where services are provided and other factors.⁵
- b) The **dispensing of appliances** and provision of Appliance Use Review (AUR) service and Stoma Appliance Customisation Service (SAC). For the purposes of this PNA, we will assess whether patients have adequate access to these services. Other services that appliance contractors provide are outside the scope of the PNA. There are two pharmacies in Islington which are dispensing appliance contractors.

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

⁵ http://psnc.org.uk/wp-content/uploads/2013/07/service20spec20es12020dispensing20_v1201020oct2004_.pdf

There are no standalone appliance dispensing services outside of community pharmacies. More information about these services is given in Section 2.5.

- c) For community pharmacies, the scope of this assessment is broad and covers a wide range of services offered. **Essential, advanced and enhanced** services provided under the terms of services for the pharmaceutical contractor are part of the scope. A definition of each type of service is given in Section 2.5.

Box 2.2: What should a good PNA cover? ⁶

The PNAs should meet the market entry regulations.

PNAs should include pharmacies and the services they already provide. These will include dispensing, providing advice on health, medicines reviews and local public health services, such as stop smoking, sexual health and support for drug users.

It should look at other services, such as dispensing by GP surgeries, and services available in neighbouring HWB areas that might affect the need for services in its own area.

It should examine the demographics of its local population, across the area and in different localities, and their needs. It should also look at whether there are gaps that could be met by providing more pharmacy services, or through opening more pharmacies. It should also take account of likely future needs.

The PNA should contain relevant maps relating to the area and its pharmacies.

Finally, PNAs must be aligned with other plans for local health and social care, including the JSNA and the Joint Health and Wellbeing Strategy.

2.5. Pharmaceutical services: types of services covered

2.5.1. Pharmacy contractors

Essential services

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

- Dispensing medication and actions associated with dispensing (e.g. keeping accurate records)
- Repeatable dispensing
- Disposal of waste medicines
- Promotion of healthy lifestyles
- Prescription linked interventions

⁶ <http://www.rpharms.com/promoting-pharmacy-pdfs/nhs-reforms---pnas-for-local-authorities---jan-2013.pdf>

- Public health campaigns (up to 6 campaigns per year)
- Signposting
- Support for self- care

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

Advanced services

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

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

There are 42 pharmacies in Islington that provide one or more advanced services out of a total of 45 pharmacies. A full breakdown is available in Appendix A. There are limits to the number of MURs and AURs that a pharmacy can undertake, but no limit for SACs.

⁷ An 'appliance' is a medical device such as an inhaler, wound drainage pouch, or catheter.

⁸ A stoma is a temporary or permanent body opening, either natural or surgically created, which connects a portion of the body cavity to the outside environment to allow bodily waste to leave the body. A stoma appliance covers the stoma with a removable pouching system to collect and contain the output for later disposal.

Enhanced services

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

Minor Ailments Scheme (MAS)	This scheme aims to help people to be treated quicker and more efficiently by going to their pharmacy rather than GP. A pharmacy registered for the scheme can provide medication and advice for certain illnesses and conditions. The scheme transferred back to NHS England from CCGs in April 2014.
Medicines Reminder Devices (MRD)	The service aims to support patients who require help to take their medicines correctly. Pharmacists dispense medicines in dosette or blister packs to help patients take medicines at the correct time.
Vaccination service	The scheme aims to deliver 'flu vaccination to key population groups during September – January of each year, as well as a pneumococcus polysaccharide vaccine (PPV); commissioned until the end of March 2015.

2.5.2. Local Pharmaceutical Services (LPS) contractors

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

2.5.3. Dispensing Appliance Contractors (DAC)

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

2.5.4. Dispensing Doctors

There are no dispensing doctors in Islington.

2.5.5. Other services

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

Locally commissioned services

Locally commissioned services (LCS) are commissioned locally, by an NHS organisation other than NHS England or through the Local Authority. They affect the need for pharmacy services, or have been commissioned to meet a local need. The LCSs listed below are commissioned by LBI Public Health, or joint with the local NHS.

Stop smoking service	This service provides nicotine replacement therapy (NRT) as patches, gums or inhalers, and advice and counselling to support smokers in their attempt to quit.
Screening service (Health Checks)	This service provides a free NHS Health Check in community pharmacies, as another avenue for risk assessment and early diagnosis.
Emergency hormonal contraception service	This service provides free emergency contraception for women aged 13-24, as well as signposting and referral to other sexual health services.
Needle syringe exchange service	This service allows injecting drug users to exchange used injecting equipment for clean equipment, ensuring safe disposal of used needles and decreasing the likelihood of the transmission of bloodborne viruses, e.g. hepatitis B and C, and HIV.
Supervised consumption service	This service provides patients prescribed substitute opiate with regular consumption supervised by a pharmacist, ensuring the patient adheres to treatment.
Anticoagulation service	This service enables patients being treated with Warfarin can have their treatment monitored by the pharmacist.
Palliative care medicines service	This service ensures there is access to advice and medication for end of life care.

2.6. Excluded from scope

Pharmacy services commissioned by Islington CCG or NHS England, but not covered by PNA regulations are outside the scope of assessment. These include prison pharmacies, secondary and tertiary care sites, and non-NHS services provided by community pharmacies. Most patients in Islington are treated at one of the following local hospitals:

- The Whittington Hospital
- University College London Hospitals NHS Foundation Trust
- Moorfields Eye Hospital

There are two prison pharmacies in Islington, at HMPs Holloway and Pentonville. The PNA makes no assessment of the need for pharmaceutical services in hospital or prison settings; however the HWB is concerned to ensure that patients moving in and out of hospital/prison settings have access to integrated pharmaceutical services that ensure continuity of medicines support. In order to achieve this, local hospitals and prisons are asked to adhere to the Royal Pharmaceutical Society Professional Standards for Hospital Pharmacy Services⁹.

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

2.7. Updating and revising the PNA

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

1. Supplementary statement

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

2. Full revision

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

⁹ Royal Pharmaceutical Society, Optimising Patient Outcomes From Medicines (2014). Available at: <http://www.rpharms.com/support-pdfs/rps---professional-standards-for-hospital-pharmacy.pdf>

3. DEVELOPING THE PNA

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

3.1. Method used in assessment

The PNA regulations state that the following must be taken into account when making the assessment:

- Demographic profile and health needs of the population
- Whether there is sufficient choice in pharmacy service
- Different needs of the different localities in the area (if any)
- Services provided in neighbouring areas and how they affect the need for pharmaceutical services
- Services provided by the NHS (inside or outside the area) affect the need for pharmaceutical services
- Whether further provision of pharmaceutical services would improve provision or access in the area.
- Likely future pharmaceutical needs, based on the assessment and any projected changes in the population, demographic profile or risk to their health and wellbeing.
- Mandatory 60-day consultation period with a range of specified stakeholders (see Section 3.3).

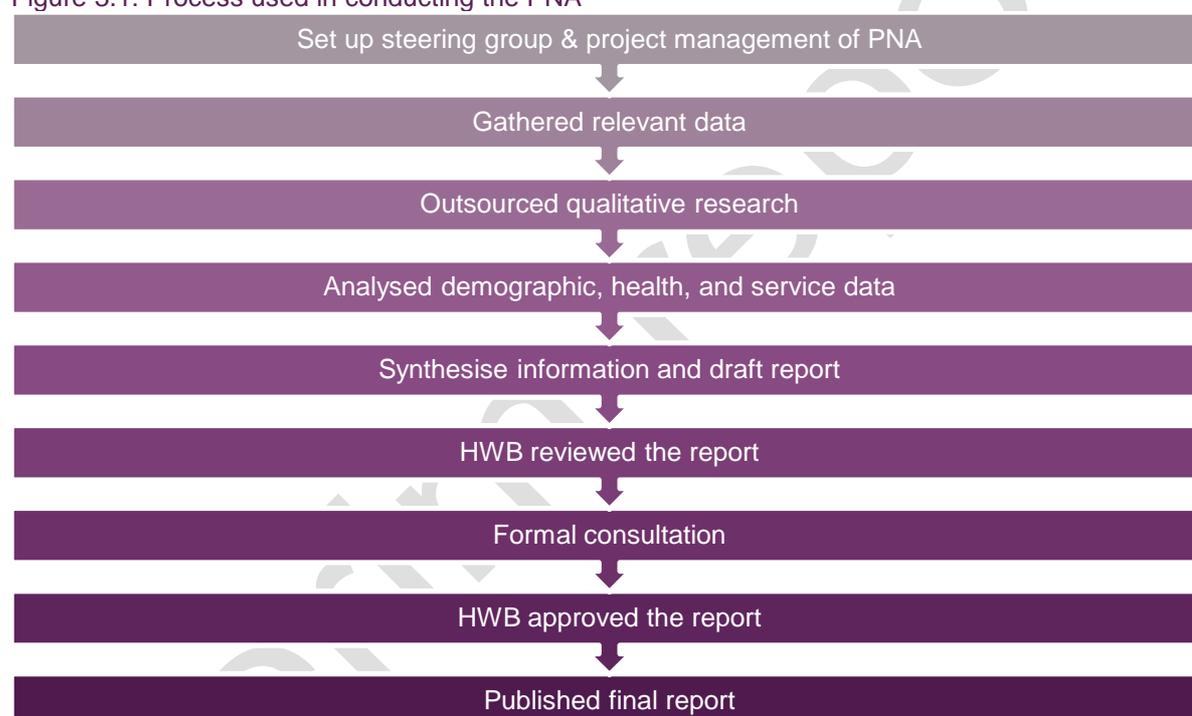
A mixture of methods and data were used in making the assessment of each type of pharmacy services, including engagement with local residents through dedicated qualitative research. This has included:

- Analysing Islington's population to assess health needs
- Reviewing existing pharmacy service data held by commissioners
- Carrying out focus groups of pharmacy users to understand their views and experiences
- Online questionnaire of pharmacists and other health professionals.

Data sources were varied, and included the Islington GP Public Health dataset for information on the health of the local population; the Strategic Housing and Land Availability

Assessment population projections from the Greater London Authority, to estimate changes in the borough's population and healthcare needs; information on the pharmacies in the borough from NHS England, which has been verified by a local survey; and service use statistics from the Clinical Commissioning Group, the Camden and Islington Public Health department, NHS England, and from ePact. Further details on the sources used can be found in the Appendices. Other published documents and reports were also used for information. These included Islington's JSNA and Annual Public Health Report, as well as various profiles and factsheets produced by Camden and Islington's Public Health department. Engagement underpinned each stage of the assessment process, including qualitative research carried out for the PNA; more details can be found in Section 3.3.

Figure 3.1: Process used in conducting the PNA



3.2. Governance and steering group

A steering group was set up to oversee the development of the PNA in accordance with Department of Health regulations. The work of the steering group was governed by Islington's HWB. The consultation documentation was approved by the HWB on October 15, 2014 and the final PNA was approved by the HWB at their meeting on January 14, 2015.

Members of the steering group included representatives from:

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

- Islington Healthwatch
- NHS England
- Islington Council Communications (as required)

The steering group met regularly to discuss key aspects of the PNA and make any required decisions. The group also ensured that the PNA captured the specific needs of the local populations, with a focus on reducing inequalities and aligning with the existing corporate plans of the HWB partners, where relevant. Progress on the PNA was reported to the HWB through the quarterly Officer's Group meetings. This group also advised on key decisions on behalf of the HWB.

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

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

3.3. Engagement during the development of the PNA

The PNA was developed in conjunction with internal and external stakeholders, taking an inclusive approach from the beginning with the local Healthwatch organisation on the PNA steering group. Their insight into Islington's population was invaluable when designing the approach and making the final assessments.

The data gathering phase also included a piece of innovative qualitative research that aimed to better understand the views of local residents as well as those of pharmacists and other health professionals. Gathering the views of people linked closely with pharmacies was essential to putting together a holistic view of provision and need in Islington. Local residents who use community pharmacy services (dispensing services, management of long term conditions¹⁰ or enhanced services) took part in focus groups. Residents were recruited to the focus groups through voluntary sector groups and through on-street recruitment. The second part of the research, an online survey of pharmacists and other health professionals, was carried out to better understand ideas for service improvement and integration, signposting and provision. The survey was sent out to all pharmacists and other health professionals in Islington. The key findings are in Section 5.6, and the full report is available as Appendix C.

¹⁰ A long term condition is a health problem that cannot be cured but can be controlled by medication or other therapies.

Lastly, the mandated 60-day consultation period has also allowed for other members of the public, professionals and other stakeholders to comment on the draft PNA and whether it truly reflects the needs of Islington residents. A list of consultees specifically requested to take part is listed in Appendices D and E.

3.3.1. Regulatory consultation process and outcomes

The draft PNA has been consulted on for the mandatory 60-day period, from October 20, 2014 to December 19, 2014. The responses collected from the broad range of stakeholders invited to take part have been collated into a comprehensive report, and these are available in Appendix E.

3.4. Context of Islington's PNA

Islington is an inner London borough, covering an area of 15 square kilometres. It is the most densely populated borough in England with about 14,500 people per square kilometre. Approximately 212,000 people live in Islington.

Map 3.1: London boroughs showing Islington's location, 2014



3.4.1. Area and demographics

Islington borders Camden, Hackney, Haringey as well as the City of London (Map 3.1). As an inner London borough, Islington's population also swells during the day due to the number of people coming in to the area. Reasons for this include children in school, residents from other areas travel in for work, and tourists. The latest figures show that, on an average workday, Islington's population increases to more than 40% its size to 350,000 people including 50,000 domestic and overseas tourists. This PNA takes this change into account when making recommendations.¹¹

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

In Islington, there are 36 GP practices, 20 general dental practices, 45 community pharmacies and three main hospitals serving the Islington population, as well as other community based services. More information on service provision is given in Chapter 5.

3.4.2. Priorities and strategies

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

The JSNA is an overarching needs assessment for the area designed to influence service planning and commissioning. It describes the current and future health and wellbeing needs of the local population and makes recommendations for action to meet these needs, taking into account current services and evidence of effectiveness. The JSNA is created jointly by the local authority, CCG, Healthwatch, and other partners including the voluntary and community sector (VCS). Undertaking and publishing a JSNA is a mandatory requirement of all HWBs and their partners. Islington's most recent JSNA is available online¹².

Informed by the JSNA, Islington's Joint Health and Wellbeing Strategy (JHWS) for 2013-16 prioritises three key areas of health and wellbeing to reduce health inequalities and improve life expectancy in Islington:

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

¹¹ Greater London Authority (2013). <http://data.london.gov.uk/datastore/package/daytime-population-borough>

¹² <http://evidencehub.islington.gov.uk/Pages/HomePage.aspx>

The JHWB strategy can be found on the Islington Council website¹³.

Islington CCG's commissioning strategy takes the JSNA into account as well as other assessments and information to make decisions about priorities for the future. The priorities for Islington CCG are directly aligned with those of the JHWB Strategy with an additional priority to deliver high quality, efficient services within the resources available. The Islington CCG website offers more information in their commissioning strategy¹⁴.

Islington's joint Public Health (PH) function, which is part of the London Boroughs of Camden and Islington, takes into account all of the priority areas mentioned above when setting their own goals which, in turn, inform commissioning of local services through pharmacies. Overall, PH strives to improve the health and wellbeing of Islington residents, while reducing the inequalities in life expectancy and quality of life that exist across its communities. This is carried out through a focus on nine key areas: children and young people; active, healthy lives; tobacco; alcohol and drug misuse; sexual health; mental health and wellbeing; early diagnosis; ageing; and health protection.

NHS England's mission is to provide patients with a safe, effective and positive experience, and it aims to provide services that give all patients access to services which give them greater control over their health and wellbeing.¹⁵

Healthwatch Islington's strategic priorities for the coming years are complaints about specialist services for children and young people, primary care services, home care services and mental health access as well as customer service in GP receptions and measuring 'user friendliness' of local safeguarding procedures.¹⁶

3.5. Deciding on the localities for the PNA

The regulations governing the PNA require that the area covered by the PNA is divided into localities, in order to take into account the differing needs of the population covered. These localities are used for making the assessment.

Localities for Islington's PNA have been chosen to match those used by Islington CCG for commissioning purposes: North, Central, Southeast and Southwest, as shown in Map 3.2. In this way, the PNA can easily be used to support the integration of health service

¹³ <http://www.islington.gov.uk/publicrecords/library/Public-health/Business-planning/Strategies/2012-2013/%282013-03-01%29-Joint-Health-and-Wellbeing-Strategy-2013-2016.pdf>

¹⁴ Islington CCG, <http://www.islingtonccg.nhs.uk/about-us/>

¹⁵ NHS England, <http://www.england.nhs.uk/wp-content/uploads/2013/04/ppf-1314-1516.pdf>

¹⁶ Healthwatch Islington, http://www.healthwatchislington.co.uk/sites/default/files/annual_report_2013_-_14_final_version.pdf

provision in Islington, as the CCG has already set up structures to monitor and deliver health services at this geographical level. The localities were discussed and agreed by the PNA steering group, and a proposal was put forward to Islington's HWB Officer's Group for approval. The localities were agreed without comment.

3.5.1. Resident population of localities

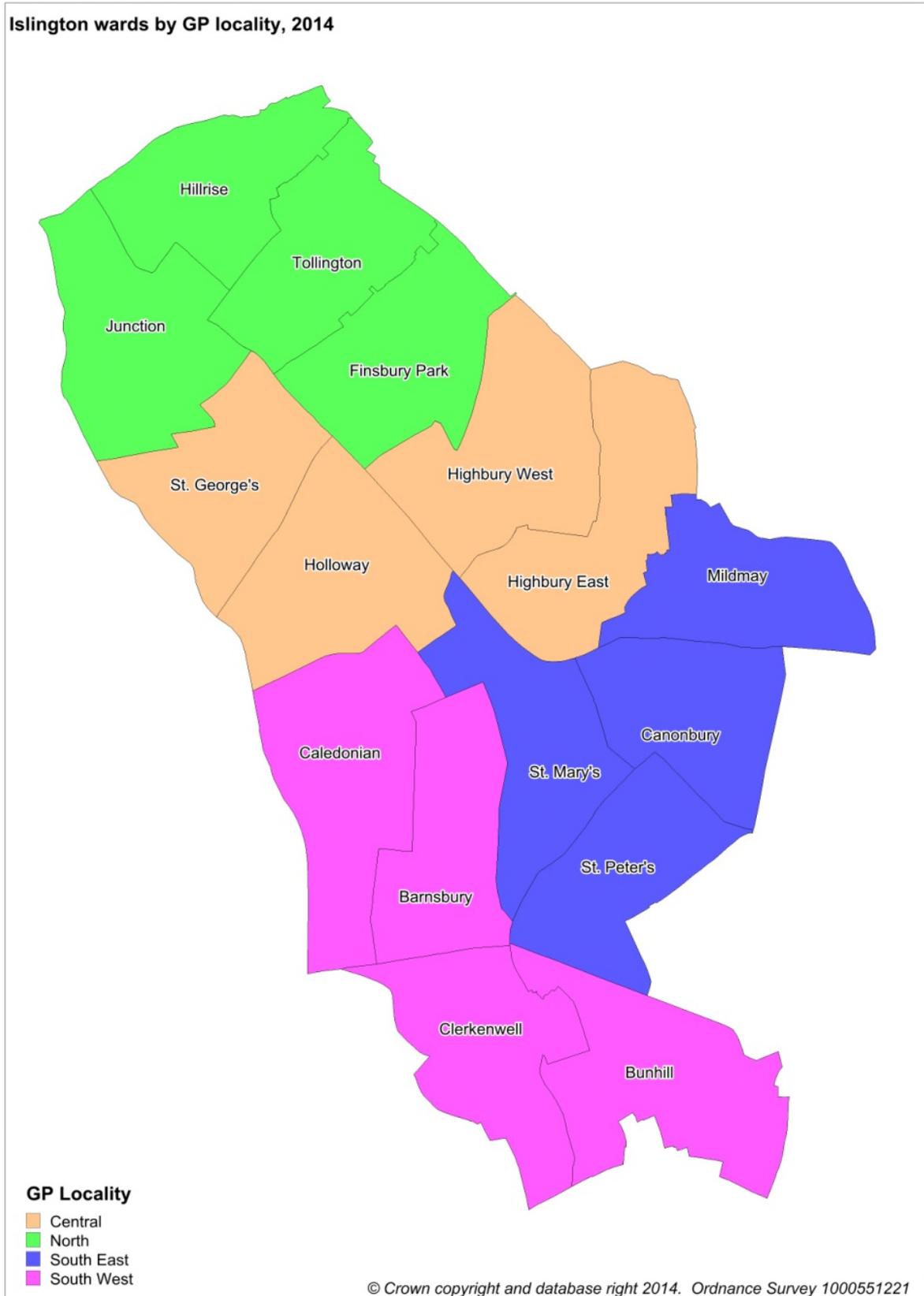
The resident population of Islington's localities varies, due to the varying population density between areas. The table below shows the resident population, using the 2011 Census findings. As a comparison, the GP registered population is also shown.

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

Locality	GP Registered population (Sep 2012)		Resident population (2011)	
	Number of people	Percent of total population	Number of people	Percent of total population
North	59,551	27%	51,488	25%
Central	55,717	25%	54,047	26%
Southeast	56,904	25%	48,364	23%
Southwest	51,827	23%	52,226	25%
TOTAL	223,999	--	206,125	--

Source: GP practice IT systems / Open Exeter; Census 2011

Map 3.2: Islington Localities and wards



4. HEALTH NEEDS PROFILE FOR ISLINGTON

This chapter will provide a summary of the health needs of Islington's population, relevant to the PNA.

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

- Islington's diverse population is made up of more younger and working age people than a typical London borough. Islington is one of the most deprived London boroughs, with rich and poor living side by side. While the whole borough is deprived, the North locality is more deprived than the South West.
- The projected growth to 2024 will create additional demand for pharmaceutical services across Islington's existing pharmacy network, particularly among older people. New housing developments will also alter the way in which our population use services and the demands placed on community pharmacy.
- Understanding the diversity of Islington's population is important, given that disease rates and health conditions vary by age and ethnic group, and in particular, some smaller ethnic groups experience stark health inequalities. There are also geographical differences in where people are living with long term conditions, with those in the North locality experiencing more multiple long term conditions.
- High blood pressure, chronic depression and diabetes are the most commonly diagnosed long term conditions in Islington, accounting for 61% of the 62,800 long term conditions that have been diagnosed in 38,100 people. There is a high prevalence of mental health need locally, particularly in more deprived areas, with over 5% of people living with diagnosed depression. Not everyone with a long term condition has been diagnosed and current estimates suggesting that there are 45,950 undiagnosed long term conditions within the borough.
- While smoking prevalence in Islington is similar to the London and England averages, with around one-in-five residents reporting that they are current smokers, the high burden of disease associated with smoking means that supporting people to quit remains a high priority within the borough. Similarly, supporting people to maintain a healthy weight is important given the associated risks of developing long term conditions.
- Islington has a higher prevalence of drug and alcohol misuse than other London boroughs, particularly in relation to opiate and crack-use. The borough also has high rates of sexually transmitted infections and HIV, particularly among young people (Chlamydia) and men who have sex with men (MSM) (HIV, gonorrhoea and syphilis). Although the rate of teenage pregnancy in Islington has been decreasing in recent years, it is still higher than the London and England averages.

4.2. Population demographics

4.2.1. Population and projected growth

About 217,000 people currently live in Islington, with the population distributed across the four PNA localities and wards as shown in Table 4.1. More information about the localities and the rationale for their choice is covered in Section 3.4.

Islington's population is expected to rise to 239,200 by 2024, an increase of 10%¹⁷. This compares to a 10% increase in London. This compares to a 9% increase in London. The largest percentage increase is expected in people aged 60-69, with numbers in this group predicted to rise by 19% (2,400 people). The expected population rise in people aged 30-39 accounts for the largest change in terms of numbers of residents, with an estimated growth of 6,600 people. Expected population growth varies slightly by geographical area from 8% in the Central locality to 13% in the South West locality.

Table 4.1: Population by locality, 2014 estimates

Locality	Ward Name	Population
North	Finsbury Park	14,730
	Hillrise	11,970
	Junction	12,420
	Tollington	13,500
	North Total	52,620
Central	Highbury East	11,810
	Highbury West	15,600
	Holloway	15,510
	St George's	12,670
	Central Total	55,590
South East	Canonbury	12,190
	Mildmay	13,110
	St Mary's	11,970
	St Peter's	12,410
	South East Total	49,680
South West	Barnsbury	12,560
	Bunhill	15,690
	Caledonian	14,360
	Clerkenwell	11,940
	South West Total	54,550
Islington population		212,440

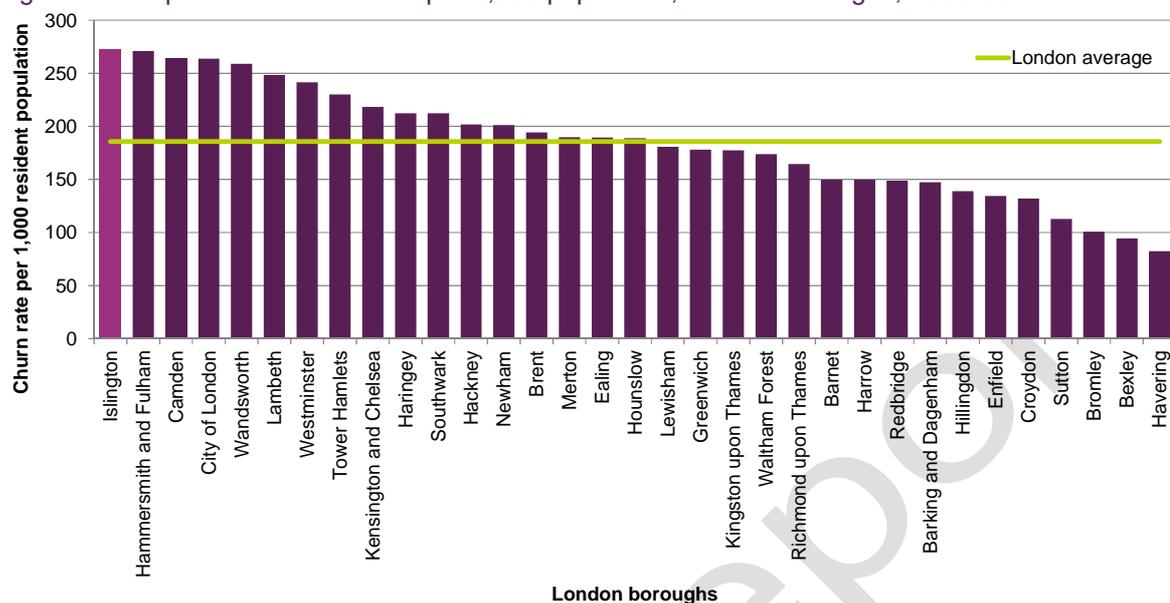
Source: GLA, 2014

The population of Islington is also highly mobile, with the highest rate of turnover in London. Almost 30% of Islington's population either moved in or out of Islington in the course of a

¹⁷ GLA 2013 Round Demographic Projections SHLAA-based ward projections, 2014

year (**Error! Not a valid bookmark self-reference.**). There are more people moving into Islington than leaving the borough, increasing the population size.

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



Source: GLA, 2010

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

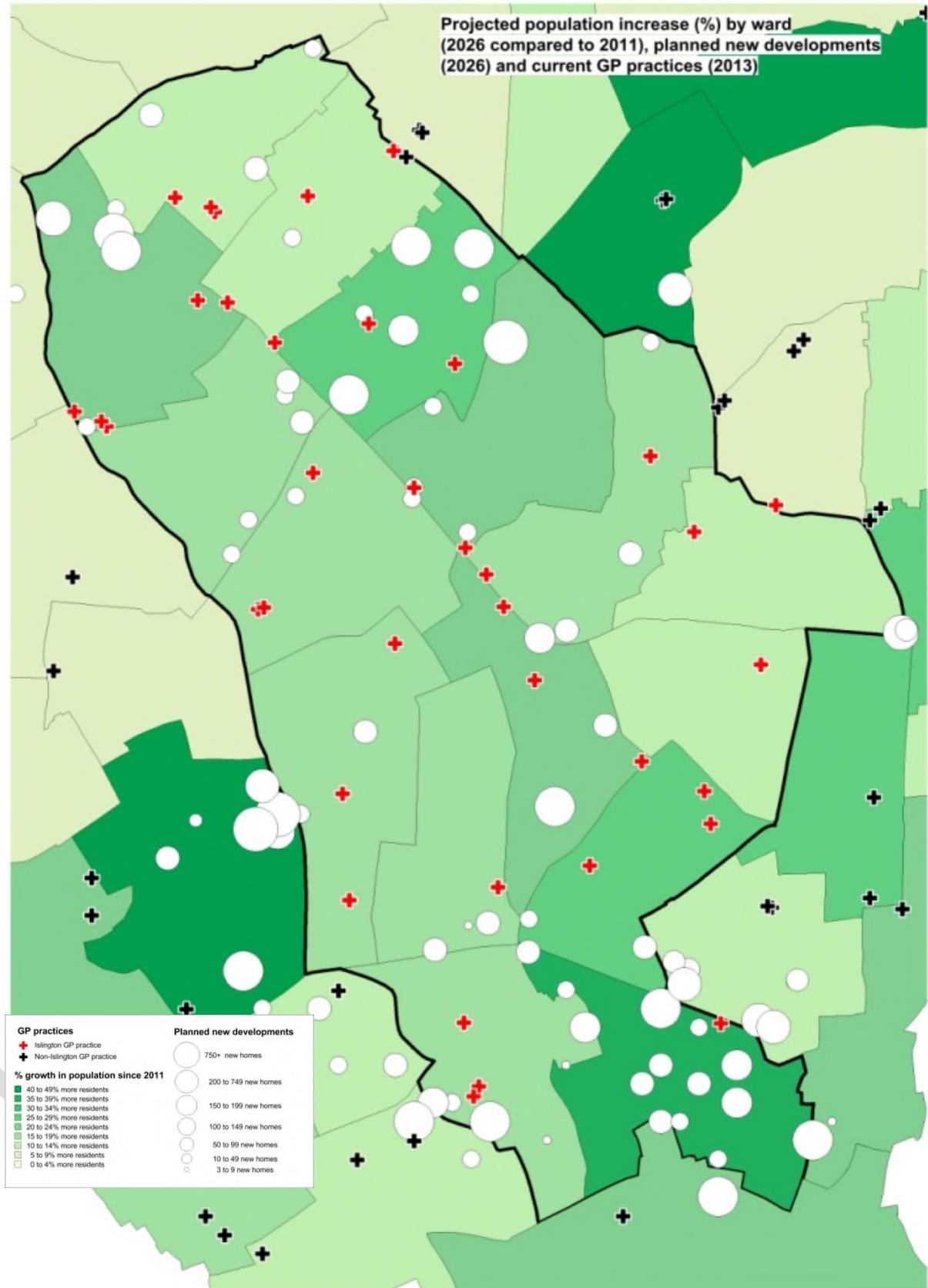
Residential development and the population increases arising from development are particularly concentrated around the Finsbury Park and King’s Cross areas, Barnsbury, Bunhill, Archway and Clerkenwell. There are no projected residential developments in Canonbury between now and 2026.

It should be noted that further alterations to the London Plan (January 2014) requires Islington to deliver a minimum of 12,641 homes between 2015 and 2025, significantly more than identified by potential major developments.

4.2.1. Student population

In Islington, there are 16 higher education institutions, and the student population is increasing as new private student accommodation is being built.

Map 4.1: Projected percentage population increase by ward and planned new developments, Islington 2026



Source: GLA 2012 and Camden and Islington Public Health, 2013

4.2.2. Daytime population

As an inner London borough, Islington's population also swells during the day due to the number of people coming in to the area. Reasons for this include children in school, residents from other areas travelling in for work, and tourists. The latest figures show that Islington's population increases by approximately 40% on an average workday to almost 355,000 people, including 4,500 domestic and overseas tourists. About 200,000 of the total daytime population are workers, although it is not clear what proportion live and work in the borough.

4.2.3. Age and sex profile

As Figure 4.2 indicates, the main difference between Islington's population and London's is a much larger proportion of 25-35 year olds. Islington also has fewer children between the ages of 10 and 19 than the London average. The age and sex profile of Islington is similar to London for people aged 35 and older. This large group of younger working age people contribute to the borough's high turnover as people move in and out of the borough.

Figure 4.2: Resident population of Islington, by sex and age group, 2014

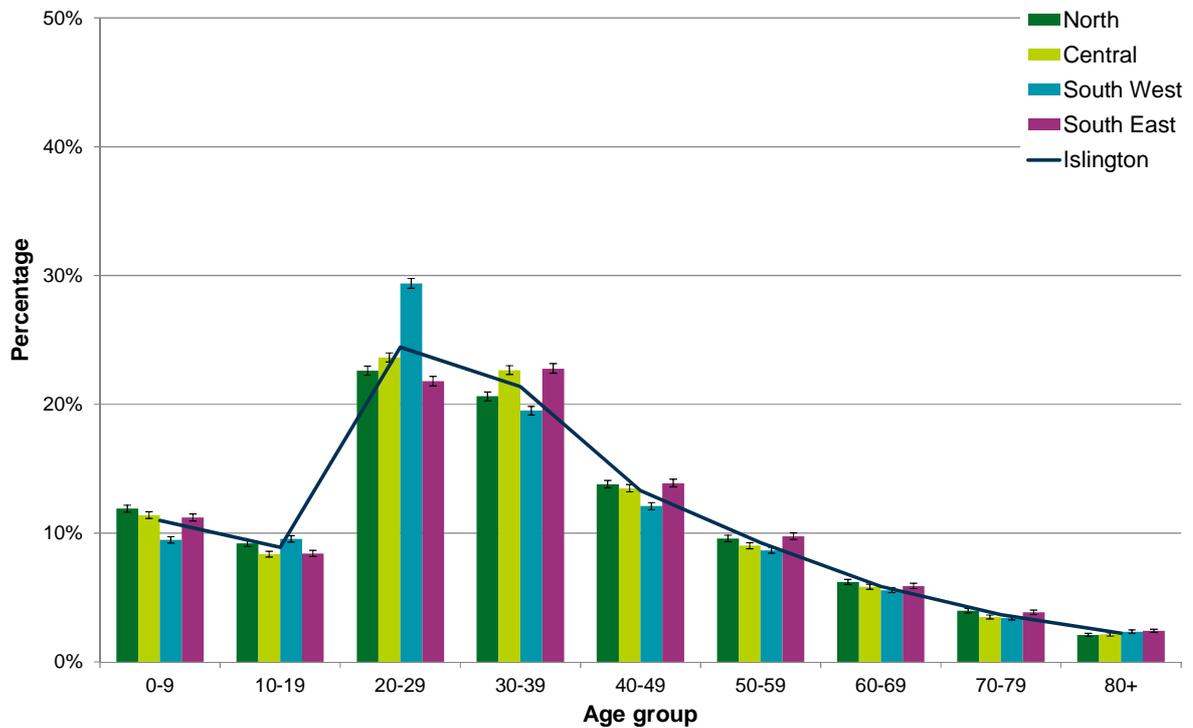


Source: GLA, 2014

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

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

Figure 4.3: Percentage of residents in Islington, by locality and age group, compared to Islington overall, 2014



Source: GLA, 2014

4.2.4. Ethnicity and language

Islington is a very diverse borough. Overall, about 30% of Islington’s population are from black minority ethnic (BME) groups, ranging between 23% in the South locality and 34% in the North locality. The ethnic breakdown also differs slightly between locality, with a larger proportion of Black people in the North and Central localities (16% and 15% respectively) and the lowest in the South East and South West localities (both 10%). Figure 4.4 shows the ethnic distribution for people whose ethnicity has been recorded by their GP.

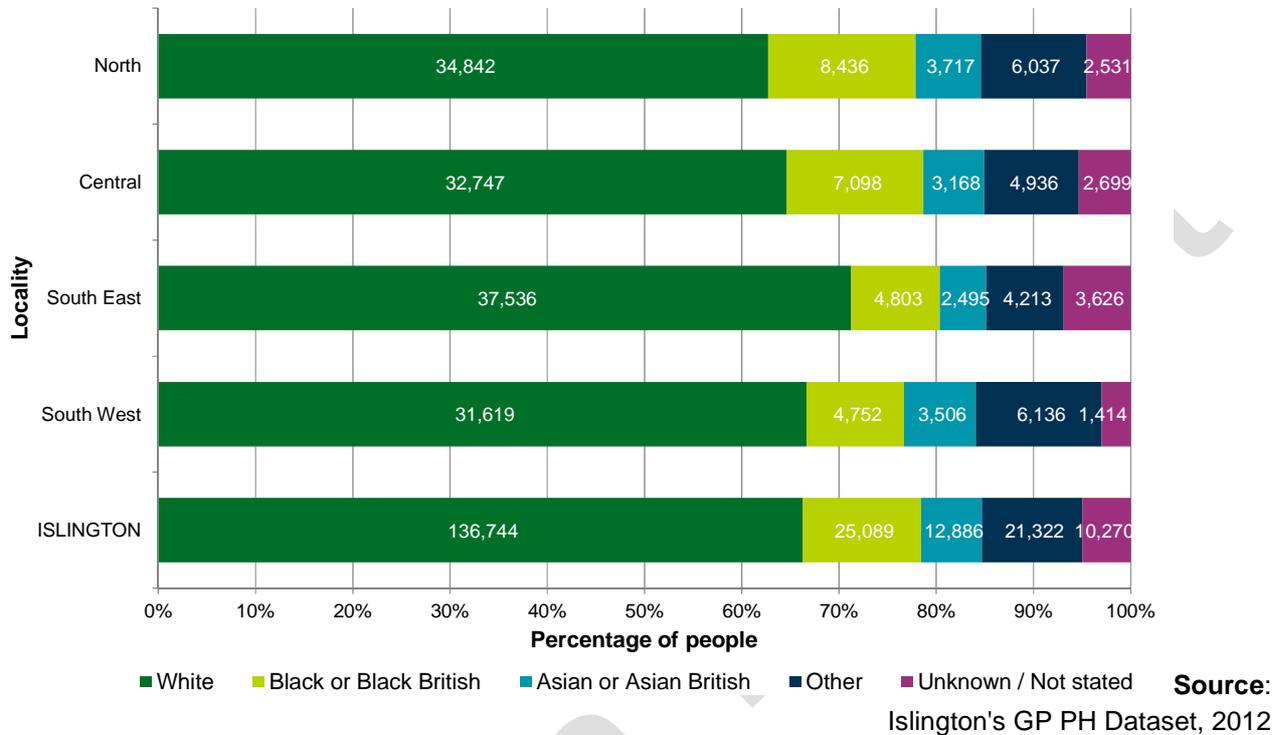
Generally the age structure of the BME groups is younger than the white population across all localities; 46% of children and young people aged 0 to 24 years are from a BME background compared to 20% of the population aged 65 years and over (

Figure 4.5).

Numbers of people in certain ethnic groups are expected to increase more than others over time, with the ‘Other Asian’ (determined by the ONS 2011 census ethnic category) and

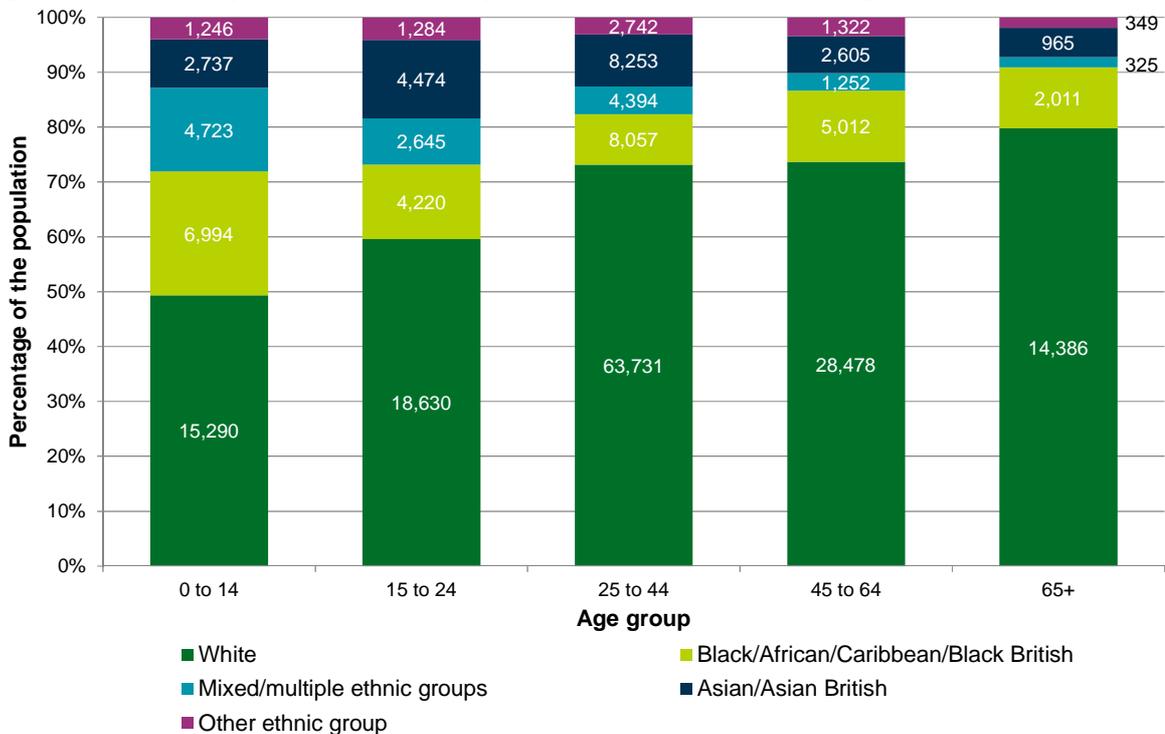
'Other Black' groups expected to grow by 31% and 30% respectively, while White are expected to grow by only 7% between 2011 and 2021.

Figure 4.4: Percentage breakdown of GP registered population by ethnicity, Islington localities, September 2012



Note: for 10,270 people the ethnic group was not known/not stated

Figure 4.5: Percentage breakdown of Islington resident population by age group and ethnicity, 2011



Almost half of people reporting living in poor health are White British, one-in-six are White Other, and one-in-eight are Black¹⁸. This largely reflects the ethnic profile of Islington's population. However, some of the smaller ethnic groups experience the starkest health inequalities. White Irish people are more than twice as likely to be living in poor health compared to the Islington average (12% versus 6%) having the highest level of poor health overall and 'Other' ethnic groups have the highest level of poor health in those aged under 65 years. More than a third of the 'Other' ethnic group are Arab, Iranian, and Kurdish, while Turkish/Turkish Cypriot people account for a fifth. There is a clear relationship among all ethnic groups between age and poor health with older people being more likely to be in poor health.

A further reflection of Islington's cultural diversity is seen in the variety of languages spoken. After English, the most commonly spoken languages are European languages (10%) and Asian languages¹⁹.

4.2.5. Deprivation

Islington is significantly more deprived compared to England, and is one of the five most deprived boroughs in London and among the 15 most deprived in England. Socioeconomic deprivation varies considerably between localities in Islington. In the North locality, more than half of people live in the most deprived areas of Islington while in the South West locality more than half of people live in the least deprived areas of Islington.

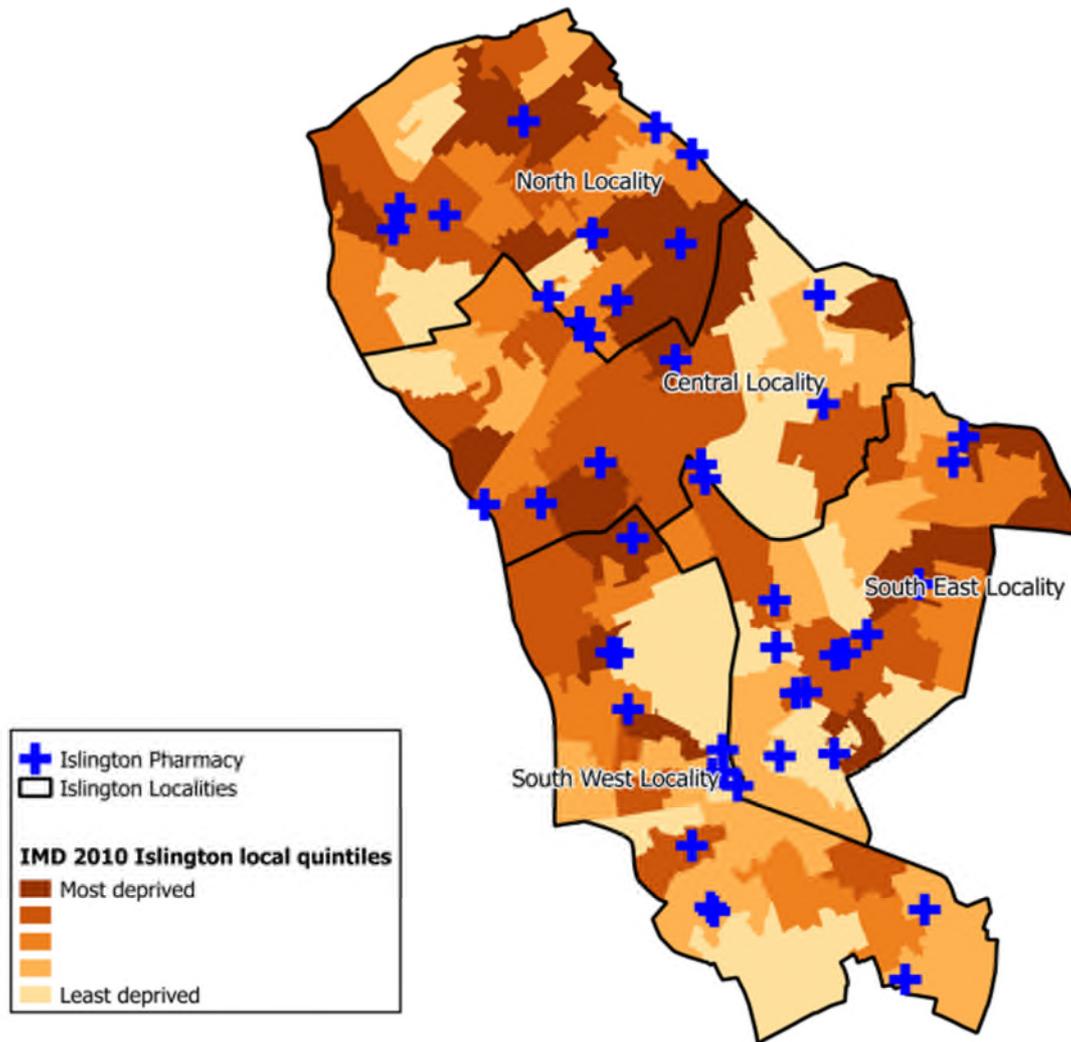
Across all localities, there are clear inequalities in the burden of long term conditions by deprivation: 31% of those living in the poorest areas are living with a diagnosed long term condition compared to those in the richest areas. After controlling for other risk factors such as age and ethnicity, deprivation remains a predictor of whether someone is living with a diagnosed long term condition, with nearly 12,000 of those people with a long term condition living in the 40% most deprived areas in Islington. It is important to remember though, that relative to the rest of England, most of Islington is categorised as deprived, so even those who are locally "less deprived" will not be affluent at a population level²⁰ (Map 4.2).

¹⁸ This is based on people reporting "bad" or "very bad" health in the Census 2011. The difference between Islington and England is less clear for people reporting "not good health" (defined as "fair", "bad", or "very bad" health).

¹⁹ Office for National Statistics. 2011 Census (Online). Available at: <http://www.ons.gov.uk/ons/guide-method/census/2011/index.html>

²⁰ Islington PCT, Annual Public Health Report (2011). Available at: [http://www.islington.gov.uk/publicrecords/library/Public-health/Quality-and-performance/Profiles/2013-2014/\(2013-04-04\)-2011-Extending-life-in-Islington.pdf](http://www.islington.gov.uk/publicrecords/library/Public-health/Quality-and-performance/Profiles/2013-2014/(2013-04-04)-2011-Extending-life-in-Islington.pdf)

Map 4.2: Level of deprivation by small area, Index of multiple deprivation, Islington, 2010



Source: Department for Communities and Local Government, 2011

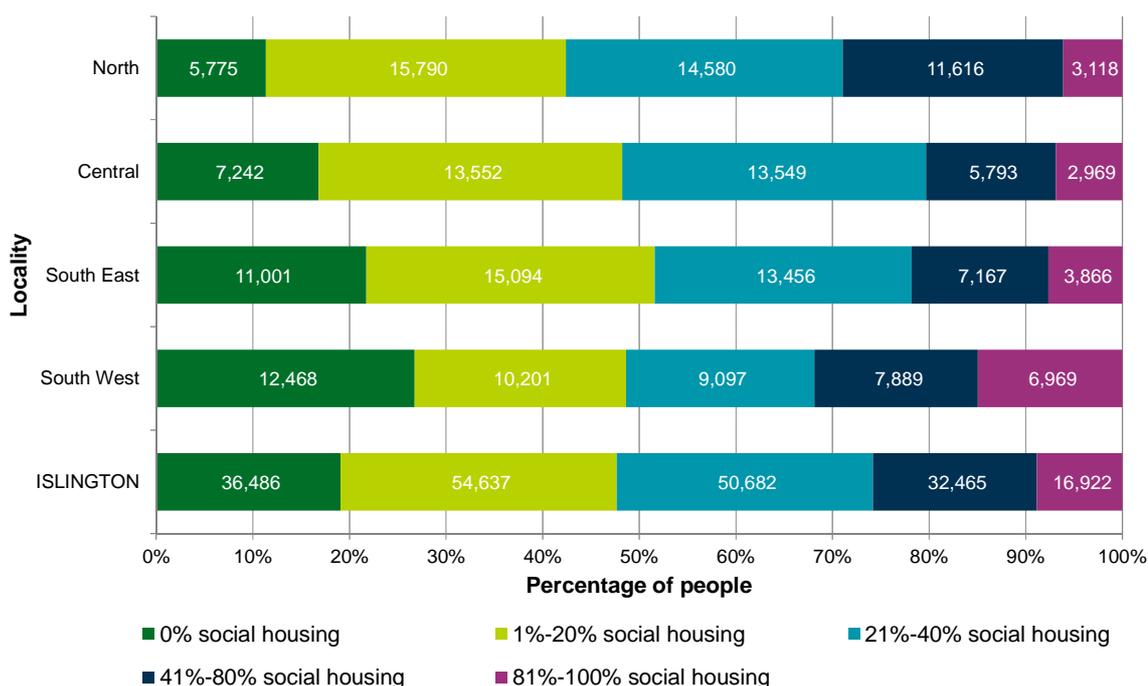
The most deprived people in Islington are more likely to be living with poor health compared to the more affluent. Among people diagnosed with one or more long term conditions, more deprived people are living with multiple long term conditions than affluent people. This is likely to reflect the complex relationship between deprivation and ill health, with deprivation following ill health and ill health following deprivation.

4.2.1. Social Housing

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

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

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



Source: Islington's GP PH Dataset, 2011

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

4.3. Life expectancy

Life expectancy in Islington has increased for both women and men over the past ten years. It is now similar to England for women (83.2 vs 82.1 years) and for men (77.8 vs 78.1 years). The improvement in life expectancy has mostly been driven by fewer deaths from heart disease, and to a lesser extent chronic lung disease and cancer. There is no clear spatial pattern in life expectancy. This is because the most and least deprived people live side-by-side in Islington.

The distribution of poverty and deprivation and the low life expectancy across Islington means that when measured, the life expectancy gap is narrow for men in particular. However, this probably does not reflect the true scale of inequality in the borough: based on people reporting "not good health" across occupational groups, Islington has the largest estimated health gap in England for both men and women. The narrow life expectancy gap more likely shows the limitations of the methods used to measure inequalities using deprivation.

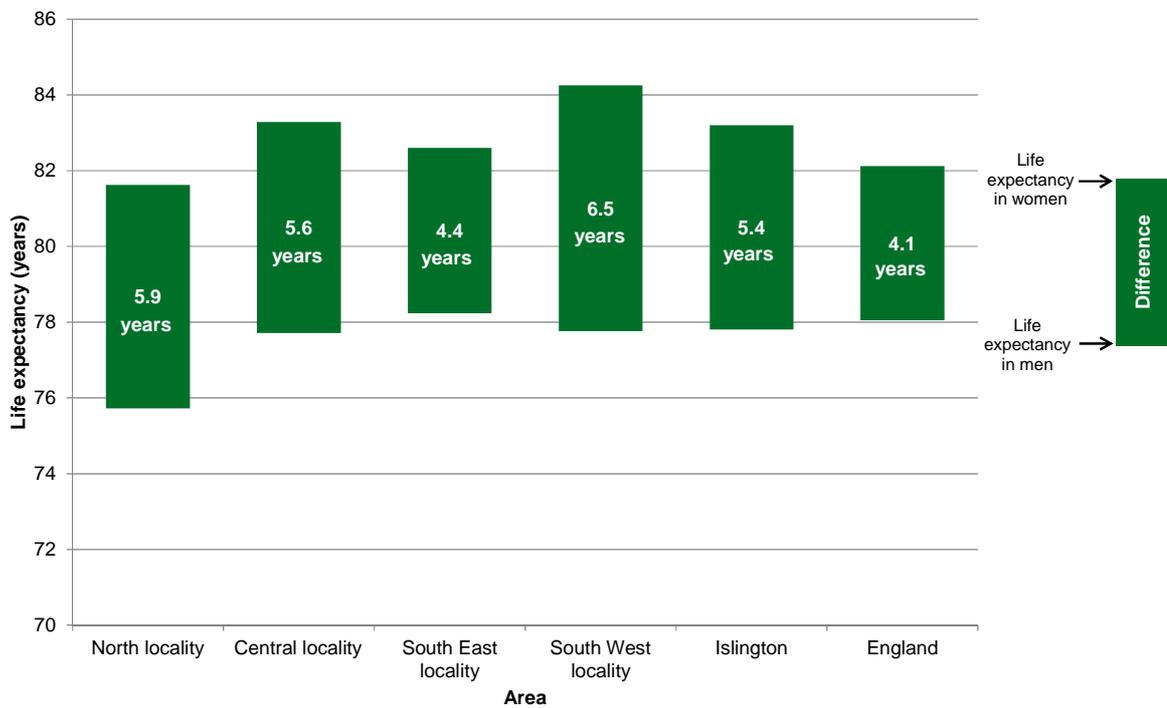
There are signs the gap in life expectancy may be increasing, however the more affluent residents may have experienced greater improvements in life expectancy over time than the most deprived. Furthermore, the improvements in life expectancy do not seem to have been shared equally across the population, with heart disease still being the largest

contributor to the life expectancy gap for men. For women, the life expectancy gap seems to be increasing but for men it appears constant.

The relationship between socioeconomic group and poor health in Islington has also become starker over the past ten years, suggesting Islington’s population is becoming more polarised. It is possible this trend is explained by increasing gentrification coupled by a high and consistent proportion of people living in poverty and deprivation.

The gap can also be seen at locality level. For men, the South East has the highest life expectancy (78.2 years), with the shortest in the North (75.7 years). For women, the variation is from 81.6 years in the North to 84.3 years in the South West (Figure 4.7).

Figure 4.7: Difference in life expectancy by locality and gender, Islington and England, 2008-12



Source: Greater London Authority, 2014; ONS, 2014

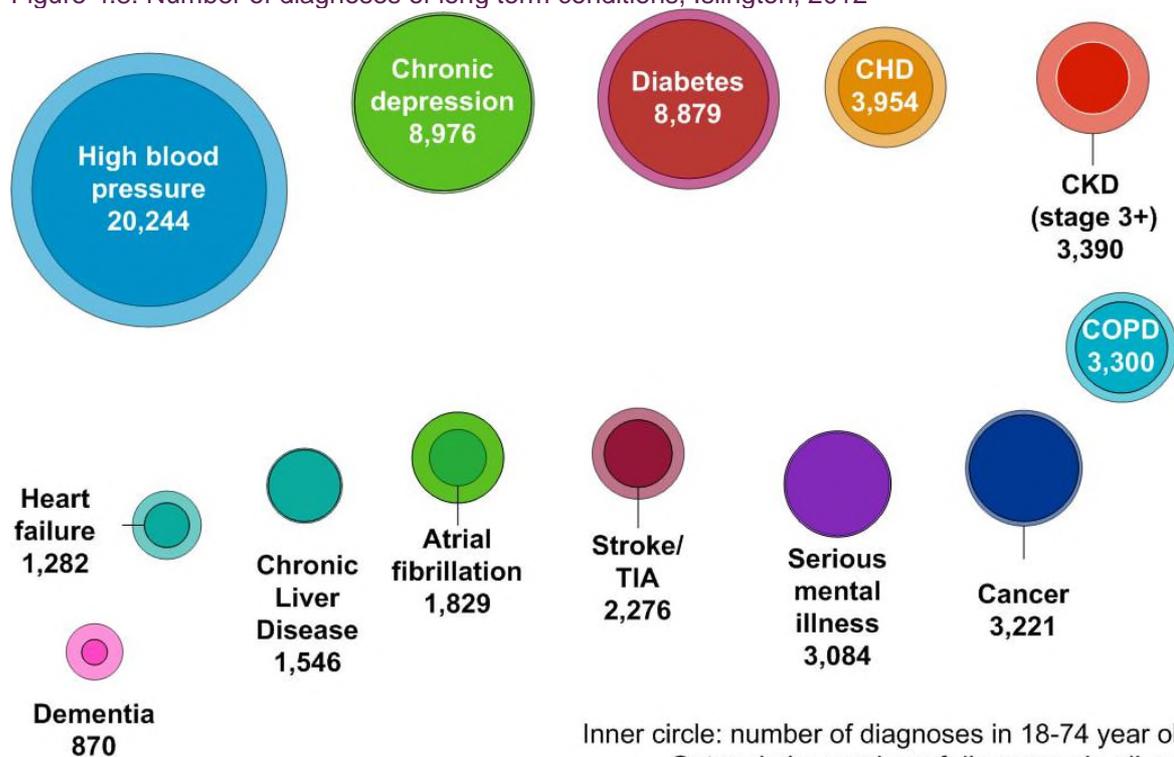
4.4. Prevalence of long term conditions

Overall, 38,100 people (17%) in Islington have at least one diagnosed long term condition, with over 62,800 diagnoses overall (Figure 4.8). The most common conditions in Islington, high blood pressure and chronic depression, make up almost half of all diagnoses.

Low life expectancy, poor general health, and mental ill health, including chronic depression and psychotic disorders, are problems affecting almost all areas in the borough rather than being localised to particular wards. Overall most areas are classed as deprived compared to England. There are pockets of affluence, however, but better off people tend to live side-by-side with the people who are worst off. This means the whole borough needs to be

targeted for interventions aimed at improving both physical and mental health and wellbeing.

Figure 4.8: Number of diagnoses of long term conditions, Islington, 2012



Inner circle: number of diagnoses in 18-74 year olds
Outer circle: number of diagnoses in all ages

Note: It was not possible to extract data for chronic depression for one practice

Source: Islington's GP PH dataset, 2012

The prevalence of long term conditions increases with age, with 62% to 67% of people aged over 55 diagnosed with a long term condition in each locality. The prevalence of having at least one diagnosed long term condition is highest among the black population and lowest among Asians, with no differences in the prevalence of long term conditions by ethnic groups across localities.

With the exception of cancer, there are more people in the most deprived areas living with all of the different type of conditions, than in the more affluent areas. For stroke, there is no difference in the numbers, while cancer is explained by a larger number of people in the more affluent areas developing and surviving breast cancer.

There is a significantly higher percentage of people with at least one long term condition in the North (17%) than Islington overall. The lower prevalence of long term conditions in the South West locality is consistent with the younger population profile of the locality. Overall, the most deprived areas in Islington have the highest prevalence of long term conditions. There is a significant difference in the prevalence of long term conditions between the most and least affluent areas in the Central (21%), South East (20%) and South West (19%) localities, compared to 17% overall. People in the most deprived areas are also more likely

to have two or more long term conditions than people in the least deprived areas; about 8% compared to 6%.

Depression is the most prevalent mental health condition in Islington. In 2012/13, 6.3% (11,841) of adults registered with an Islington GP were recorded on the depression register. This was significantly higher than the London average. The borough also has a higher diagnosed prevalence of serious mental illness than both London and England (1.4%; 3,084 adults). There are 870 adults with dementia (0.4%), no different to the London average. Statistical modelling indicates that over two thirds of the expected number of cases of dementia in Islington have been diagnosed (no similar models are available for depression or serious mental illness). A higher percentage of women are diagnosed with depression than men; the opposite is true for serious mental illness. Prevalence of both these conditions is significantly higher in more deprived areas of Islington.

The prevalence of individual long term conditions varies by locality, even after the age structure of the population is taken into account. Table 4.2 shows the long term conditions and localities where prevalence is significantly higher or lower than the Islington average. The reasons for these differences will be complex and related to levels of deprivation, individual risk behaviours (e.g. smoking) and personal characteristics such as ethnicity. More detailed information about the prevalence of long term conditions can be found in Islington's localities profiles, found in Appendix F.

Table 4.2: Difference in prevalence of long term conditions, by locality, Islington, 2012

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

Source: Islington PH GP dataset, 2012

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

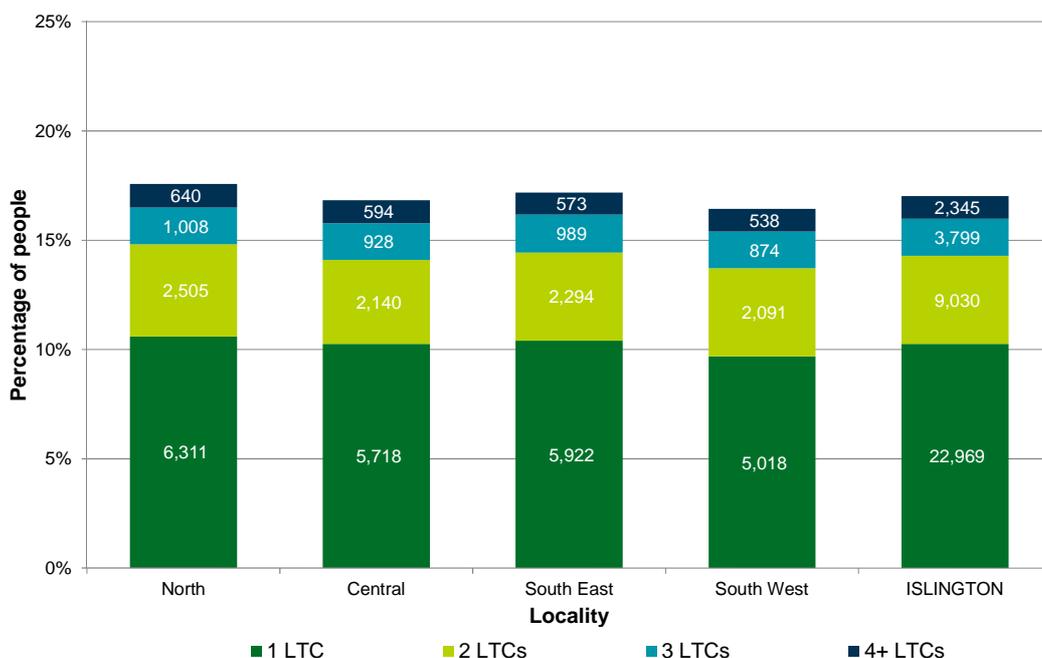
4.4.1. Comorbidities

Of people with a diagnosed long term condition, 40% have more than one (14,200 people), including 2,350 people with 4 or more long term conditions (Figure 4.9). The pattern of comorbidity varies depending on their first diagnosis, ranging from 59% of those first diagnosed with CHD having another long term condition down to 18% of those with dementia. In general, a higher proportion of people first diagnosed with cardiovascular conditions have another long term condition which probably reflects shared clinical and lifestyle risk factors between conditions (e.g. high cholesterol, physical inactivity). However, levels of comorbidity are also relatively high among those with psychotic disorders (26%) and chronic depression (22%), highlighting the importance of meeting the physical as well as mental health needs of people with serious mental health disorders.

Looking at the second diagnosis of those with more than one diagnosed long term condition reiterates the importance of high blood pressure. Between one third (psychotic disorders) and three-quarters (CKD stage 3+) of the second diagnoses for all long term conditions was high blood pressure. For 42% of those first diagnosed with high blood pressure, the second diagnosis was diabetes.

Older people are also more likely to suffer from more than one long term condition, with 44% of those aged 65+ years in Islington diagnosed with multiple conditions, rising to 59% for those aged over 80.

Figure 4.9: Percentage of GP registered patients by number of long term conditions, Islington localities, September 2012



Source: Islington's GP PH Dataset, 2012

People with diagnosed mental health conditions have a higher prevalence of comorbidities (additional long term conditions), with 38% of patients diagnosed with another long term condition across Islington. The distribution of comorbidities in people with a mental health condition across each of the localities is similar to the Islington average.

4.4.2. Expected prevalence of long term conditions

Statistical models are used to estimate the expected prevalence of long term conditions as not all those with a long term condition will have been diagnosed. The models take differences in age, gender, deprivation and smoking status between populations into account when calculating the number of people undiagnosed. There are currently models for high blood pressure, diabetes, coronary heart disease (CHD), chronic kidney disease (CKD), chronic obstructive pulmonary disease (COPD), and stroke/TIA. The latest models show that for these long term conditions, the estimated prevalence is higher than the diagnosed prevalence (Table 4.3), indicating about 45,950 undiagnosed long term conditions in Islington. Some people may have more than one undiagnosed condition.

Table 4.3: The prevalence gap for six major long term conditions, Islington GP registered population, aged 16+, September 2012

Long term condition	Diagnosed prevalence	Estimated prevalence	Number diagnosed	Number not diagnosed
High blood pressure	9.0%	20.4%	20,040	25,508
Diabetes	4.7%	6.8%	8,959	3,996
CHD	1.8%	3.6%	3,913	4,059
CKD*	1.8%	5.2%	3312	6330
COPD	1.7%	3.9%	3,281	3,977
Stroke/TIA	0.9%	2.0%	1,672	2,077

Sources: APHO prevalence models, 2012; Islington GP PH dataset, 2012; QOF, 2012/13

* CKD prevalence figures are for people aged 18+.

The undiagnosed prevalence of conditions varies by locality, reflecting local differences in deprivation, gender, age and ethnicity profiles of the population, smoking prevalence and rates of diagnoses by GPs (Table 4.4).

4.5. Lifestyle risk factors

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

Table 4.4: Diagnosed and expected prevalence for six major long term conditions by locality, Islington GP registered population aged 16+, September 2012

Condition	Locality							
	North		Central		South East		South West	
	Diagnosed prevalence	Expected prevalence						
High blood pressure	9.2% (5,399)	21% (12,296)	8.9% (4,942)	21% (11,397)	9.0% (5,129)	21% (11,951)	8.8% (4,570)	19% (9,903)
Diabetes	5.4% (2,700)	7.9% (3,639)	5.0% (2,321)	6.9% (3,219)	4.4% (2,116)	6.6% (3,180)	4.1% (1,822)	6.6% (2,916)
CHD	1.8% (1,037)	3.8% (2,202)	1.9% (1,033)	3.5% (1,949)	1.7% (980)	3.9% (2,219)	1.7% (863)	3.1% (1,601)
CKD*	1.8% (852)	5.2% (2,525)	1.8% (811)	5.3% (2,436)	1.8% (882)	5.4% (2,565)	1.7% (767)	4.7% (2,116)
COPD	1.6% (784)	4.1% (1,985)	1.8% (837)	3.9% (1,820)	1.8% (851)	3.9% (1,908)	1.8% (809)	3.5% (1,546)
Stroke/TIA	1.0% (486)	2.2% (1,055)	0.9% (425)	2.0% (922)	0.9% (403)	2.1% (1,025)	0.8% (358)	1.7% (747)

Sources: APHO prevalence models, 2012; Islington GP PH dataset, 2012; QOF, 2012/13

* CKD prevalence figures are for people aged 18+. Shaded cells indicate where the largest gap lies for each condition.

Box 4.1: Recording of lifestyle risk factors

GPs record lifestyle risk factors for their patients on areas such as smoking, alcohol, and weight. The extent to which lifestyle risk factors in people are recorded in Islington differs according to risk factor, time, age and whether the risk factor is included within the Quality and Outcomes Framework, a national audit framework for GPs.

Smoking status is well recorded, a probable reflection of reward through QOF for GP practices. Alcohol recording, on the other hand, is poorly recorded which may be the result of low confidence amongst GPs in asking people their drinking status and the accuracy or honesty with which people reply. It may also reflect confusion over how alcohol units are measured, as this is not straightforward. BMI recording is also poor; however this is mainly driven by practices in the South West locality, where almost one-in-three patients do not have their BMI recorded (see Table 4.5). This could be due to the younger/student population at these practices leading to high turnover.

Table 4.5: Percentage and number of GP registered patients without risk factor information recorded, by risk factor and locality, Islington GP practices, September 2012

Locality	Smoking		Alcohol		BMI	
	n	%	n	%	n	%
North	11,138	23%	21,190	36%	17,896	30%
Central	9,405	20%	19,007	34%	15,111	27%
South East	9,265	19%	15,761	28%	14,414	25%
South West	9,102	21%	18,918	37%	18,065	35%
Islington	38,910	21%	74,876	33%	65,486	29%

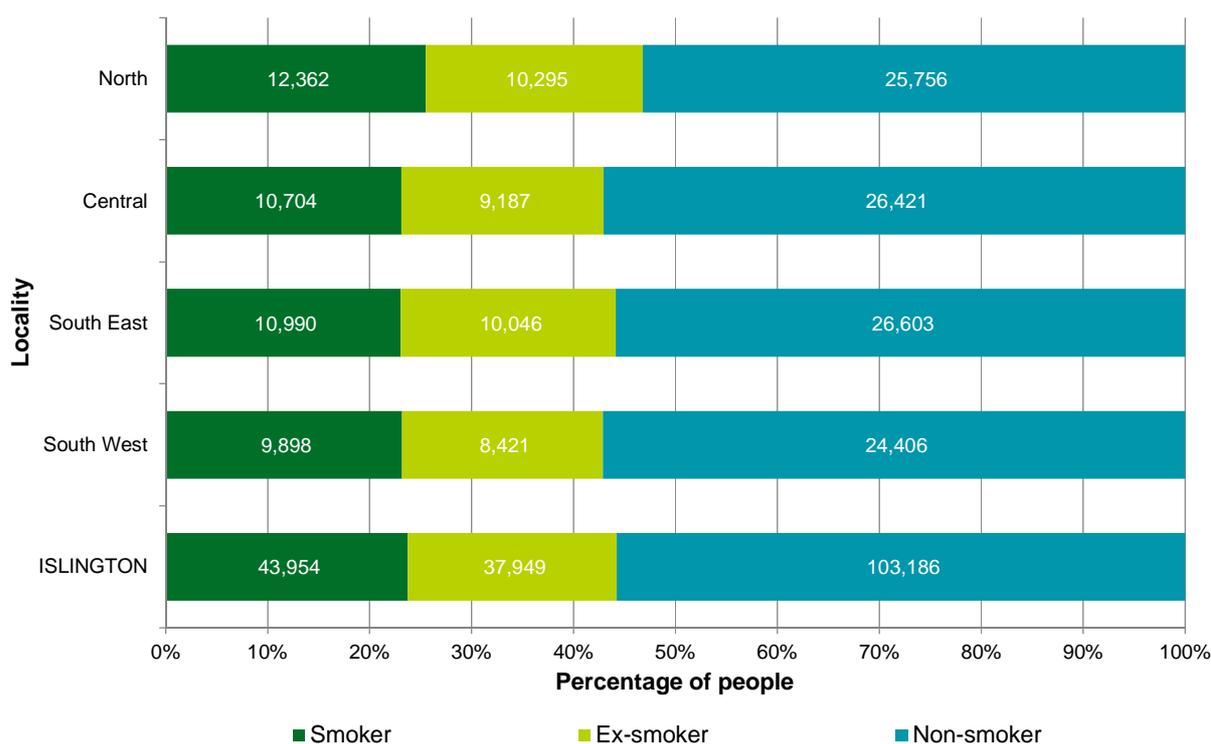
The variation by locality in the recording of alcohol and BMI needs to be considered when interpreting the data shown in the next sections, as low levels of recording can lead to under-reporting of the prevalence of these risk factors.

4.5.1. Smoking

Tobacco use is the single most important modifiable risk factor for early death and serious illness. It is particularly associated with lung and oral cancers, circulatory disease and respiratory disease. Smoking accounts for over half of the gap in risk of premature death between social classes; mortality rates from tobacco are two to three times higher among disadvantaged social groups than among the more affluent.

The number of people who smoke has declined in Islington over the past ten years. Overall smoking prevalence, based on survey data, has reduced from 34% in 2005 to 21% in 2011. Data from general practices in Islington indicate a prevalence of 24% (43,950 people), with a significantly higher prevalence in the North locality (26%) (Figure 4.10).

Figure 4.10: Percentage breakdown of GP registered population aged 16+, by smoking status, where recorded, Islington localities, September 2012



Source: Islington's GP PH Dataset, 2012

Note: 38,910 people had no recorded smoking status.

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

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

- Men (30% prevalence versus 20% in women)
- Younger age groups, 16 to 34 year olds (45% of smokers are in this age group).
- The highest smoking prevalence is among the White and Black Caribbean ethnic group (33%), Turkish people (33%) followed by Irish (29%).
- People living in more deprived areas in Islington (28%) compared to those in the more affluent areas (20%).
- People with long term conditions (particularly those with mental health conditions and COPD). There are 85% more ever smokers with COPD compared to the general Islington population. This figure is adjusted for age. There is also an increased prevalence of serious mental illness, chronic depression, coronary heart disease and a number of other LTCs in ever smokers compared to the general population.

- Additionally, Islington has a higher proportion of women smoking in pregnancy than London, but lower than England as a whole. About 8% of pregnant women are smoking at the time of delivery in Islington

4.5.2. Alcohol

Alcohol misuse is a major cause of illness, injury and death. Although the immediate intoxicating effects of alcohol are often easily identifiable, the longer-term health consequences of drinking may remain undetected. Alcohol is linked to more than 60 different conditions, including liver disease, cancer, osteoporosis, stomach ulcers, and raised blood pressure. There is a strong correlation between alcohol abuse / dependence and mental health problems. Alcohol has also been linked to self-harm, suicide and psychosis. Evidence suggests that regular chronic heavy alcohol intake (more than 10 units per day) is a risk factor for alcohol related dementia, whereas mild to moderate alcohol intake may be protective against the development of dementia. People who drink alcohol may also be at a greater risk of sexually transmitted infections.

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

There are three main types of alcohol misuse – increasing risk, high risk and dependent drinking. In addition, binge drinking is also a term frequently used to describe a pattern of alcohol consumption. These drinking patterns are determined by the risk alcohol consumption poses to the individual's health. According to estimates, 80% of the Islington's population drink alcohol, and a 20% are abstainers. Of the drinking population, the majority (72%) are considered lower risk, with about 9,700 (7%) at higher risk²¹. Around 20% of the adult drinking population in Islington binge drinks, i.e. they consume at least twice the daily recommended limit in one session.

²¹ Lower risk drinkers are defined as:

- Men who regularly drink no more than 3 to 4 units a day;
- Women who regularly drink no more than 2 to 3 units a day.

Increasing risk drinkers are defined as:

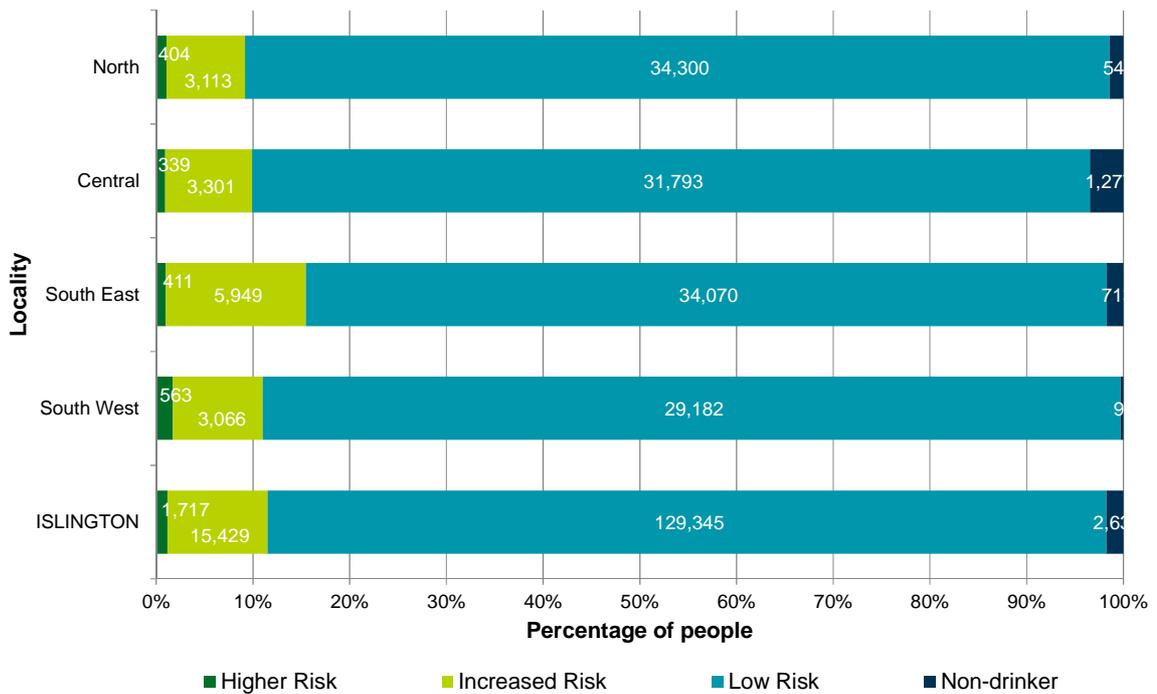
- Male who drink regularly more than 3-4 units a day (but less than higher risk levels)
- Female who drink regularly more than 2-3 units a day,

Higher risk drinkers are defined as:

- Male who drink regularly more than 8 units a day or more than 50 units of alcohol per week
- Female who drink regularly more than 6 units a day or more than 35 units of alcohol per week.

Data from GP practices indicate that 1% of patients are drinking at higher or increased risk. However, these estimates exclude the large proportion of people where drinking has not been recorded (33%), so the true pattern may be different (Table 4.5). The South East and South West localities have the highest proportion of higher and increased risk drinkers at 15% and 11% respectively (Figure 4.11).

Figure 4.11: Percentage of GP registered population aged 18+, by alcohol consumption, where recorded, Islington localities, September 2012



Source: Islington's GP PH Dataset, 2012
 Note: 74,876 people had no recorded drinking status.

Alcohol also impacts on hospital admissions in Islington. The rate of alcohol-related admissions in Islington (1,997 per 100,000 population) is not significantly different to the rate for London (2,038 per 100,000) or England (1,974 per 100,000). People in the most deprived areas of Islington are significantly more likely to be admitted for an alcohol-related cause with Finsbury Park and St. George's having the highest admission rates. Overall, about a third of people were admitted to hospital more than once for alcohol related causes. Hypertensive disease and mental and behavioural disorders due to alcohol make up the largest proportion of these admissions.

Box 4.2: Defining harm related to alcohol

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

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

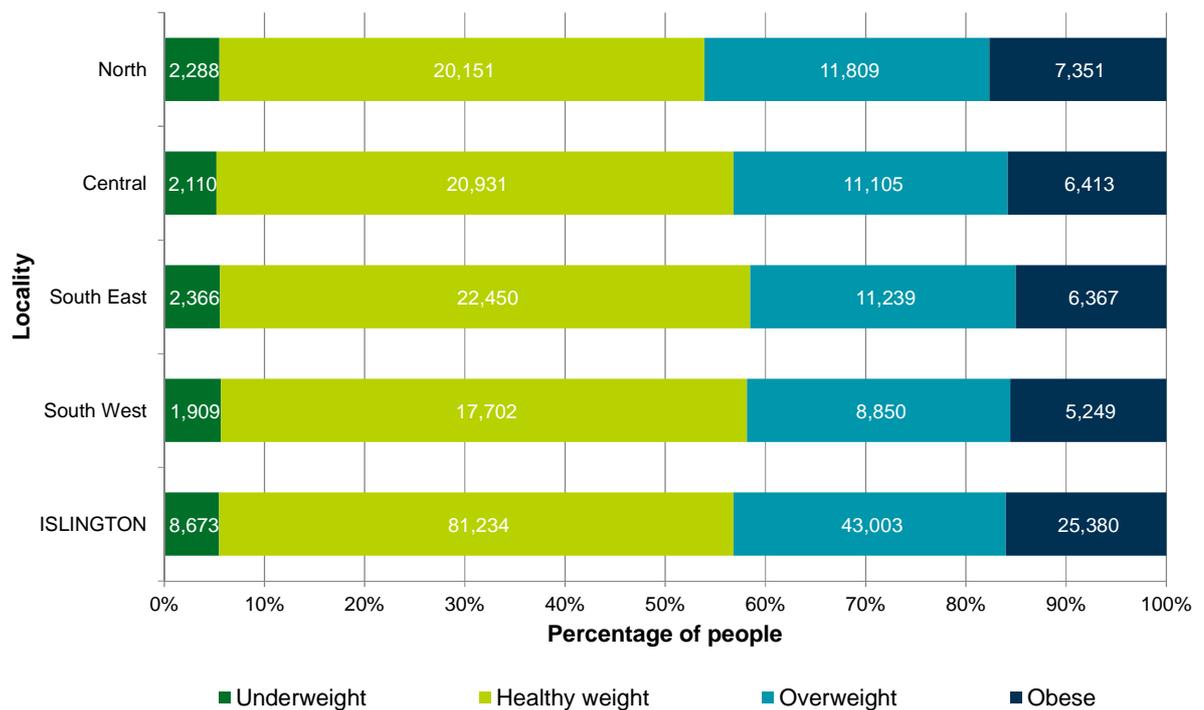
Alcohol-specific admissions are significantly higher amongst Islington men (887 per 100,000 population) compared to both London and England (529 and 506 per 100,000 population respectively). For women, the alcohol-specific admission rate (272 per 100,000) is also significantly higher compared to London and England (188 and 232 per 100,000 population respectively). The rate of people admitted for alcohol-related conditions is 50% higher in the most deprived areas in Islington compared to the least deprived. Just under a third of people admitted for alcohol-specific causes were admitted two times or more. Again, mental and behavioural disorders due to the use of alcohol, alcoholic liver disease and alcohol poisoning make up the bulk of these admissions.

4.5.3. Obesity

The modelled prevalence of obesity among people aged 16+ years indicates that obesity prevalence in Islington is 19%. This is similar to London (21%) but is lower than the England average (24%). However, obesity is an important factor contributing to Islington's inequality gap in life expectancy. Just over 69,000 adults registered with an Islington GP are obese or overweight, including two thirds of adults with a long term condition. The North locality has the highest proportion of obese and overweight people (46%) while the South East and South West have the highest proportion of healthy weight people (both 53%). The overall BMI distribution in the Central locality is similar to the Islington average (Figure 4.12). These estimates exclude the large proportion of people where BMI has not been recorded (29%), with under recording particularly high among GPs in the South West locality, so the true pattern may be different (Table 4.5).

Obesity prevalence increases with deprivation with those living in the most deprived areas of the borough being 27% more likely to be obese than those living in the more affluent areas. People from a black ethnic minority are also more likely to be obese compared to the Islington average.

Figure 4.12: Percentage of GP registered population aged 18+, by BMI status, where recorded, Islington localities, September 2012



Source: Islington's GP PH Dataset, 2012

Note: 65,486 patients had no recorded BMI, and 223 patients' BMI status is not known/unfeasible and not included in this graph.

Being obese or overweight increases the risk of developing a range of serious conditions, and having a long term condition can also increase weight. One-third of Islington adults with long term conditions are obese. Also, in Islington overweight/obese people are almost twice as likely to be diagnosed with a long term condition compared to those of a healthy weight. The difference is particularly notable for diabetes, for which overweight and obese are 3-4 times more likely to be diagnosed compared to people of healthy weight. Also, overweight people are 1.5 times more likely to be diagnosed with hypertension and about 1.8 times more likely to be diagnosed with one or more long term conditions compared to people of healthy weight.

4.5.4. Substance misuse

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

If estimates for London from the Crime Survey for England are representative of the Islington population, over 15,000 (10%) Islington residents aged 16-59 years used illicit drugs in 2012/13. This included almost 6,000 people who used at least one Class A drug

(e.g. heroin, cocaine, ecstasy). Islington has one of the largest opiate or crack-using populations in London (2,300 people), including an estimated 570 injecting drug users, although cannabis and powder cocaine are likely to be the most widely used illicit drugs in the borough.

If 11-15 year olds in Islington have the same rate of drug use as England, almost 1,400 children in the borough would have used drugs ever, with 1,000 using drugs in the past year and 500 using them in the past month.

Levels of need in those in treatment for drug use vary between boroughs and people using different types of drugs. Islington's drug treatment population is amongst those with the highest need in the country, for both opiates and non-opiates. In Islington, one of the most commonly recorded issues that impacts negatively on chances of successful treatment is housing problems or having no fixed abode. A quarter of clients who are new to treatment, and a third of clients who are not new to treatment, report this issue.

4.6. Sexual health and teenage pregnancy

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

4.6.1. Teenage conceptions

Teenage conception rates in Islington have been consistently higher than London and England, and in 2012 Islington had one of the highest rates in London (30 conceptions per 1,000; 81 teenage conceptions). Although conception rates have decreased over the past ten years, the proportion of teenage pregnancies ending in an abortion in Islington (63%) are still higher than the national average (50%); though still similar to the London average (62%).

4.6.2. Contraception

The effectiveness of some methods of contraception (contraceptive pill and barrier method) depends on their correct and consistent use. Long acting reversible contraception (LARC) methods, such as intrauterine devices or hormonal implants, provide highly effective, long term contraceptive protection for women. The availability and rate of LARC prescribing is an important measure of choice and quality in local contraception services, and a key part of the offer to improve contraceptive services to help prevent teenage pregnancy. National comparative data is available on prescribing in GP practices. In Islington, the rate for LARC prescribing in GP practices in 2013 (18.1 per 1,000 registered female population) was significantly lower than the average in both London and England (25.1 and 52.7 per 1,000

population respectively). There are significant providers of community contraceptive services, including young people's sexual health services, which also provide LARC in Islington. Therefore data from general practice should not be seen in isolation of this wider service provision, although it does point to the potential to increase prescribing through general practice.

4.6.3. Sexually transmitted infections (STIs) and HIV

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

In Islington, the rate of diagnosis of chlamydia for people of all ages (727 diagnoses per 100,000) is significantly higher than both London and England (522 and 390 per 100,000). However, diagnosis rates vary by age group and those in younger age groups (aged 15-24) are particularly at risk of infection; diagnoses in this age group accounts for 40% of all diagnosed chlamydia infections in Islington. The rate of diagnosis is highest in those aged 20 to 24 for both men and women, this may, in part be explained by the National Chlamydia Screening Programme.

The rate of gonorrhoea and syphilis diagnoses are also significantly higher in Islington than London and England. Both of these infections predominantly affect men, specifically men who have sex with men (MSM), with 78% of gonorrhoea and 93% of syphilis cases diagnosed in Islington in 2013 being among MSM.

There were 1,424 people accessing HIV care in Islington in 2013. The rate of Islington residents accessing HIV care is significantly higher in Islington (8.5 per 1,000 population) compared to both London and England (5.7 and 2.1 per 1,000 population, respectively). Islington is considered to be an area of high prevalence, defined by Public Health England as having a rate of higher than 2 per 1,000 population. There has also been a significant increase from 2002 in those accessing treatment (from 6.0 per 1,000 in 2002 to 8.5 in 2013) as people are living longer with the virus and more people are diagnosed.

Of those in treatment, 84% are men and about 69% were infected through sex between men (983 people), with a further 353 people infected through sex between men and women (25%). Most people in treatment were White (959, 67%) followed by Black-African (231, 16%).

4.7. Seasonal 'flu

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

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

'Flu vaccination is available at GP practices and pharmacies. The DH target for 'flu vaccination is 75% coverage of eligible population. In Islington during the 2013/14 'flu season 71% of registered patients aged 65 and over were vaccinated; 52% of patients aged 6 months to 65 years old with a 'flu-related condition; and 40% of pregnant women. This is below the DH target for each group, but better than the London average for people aged 65+ and pregnant women, and similar to London for patients aged 6 months to 65 years old with a 'flu-related condition.

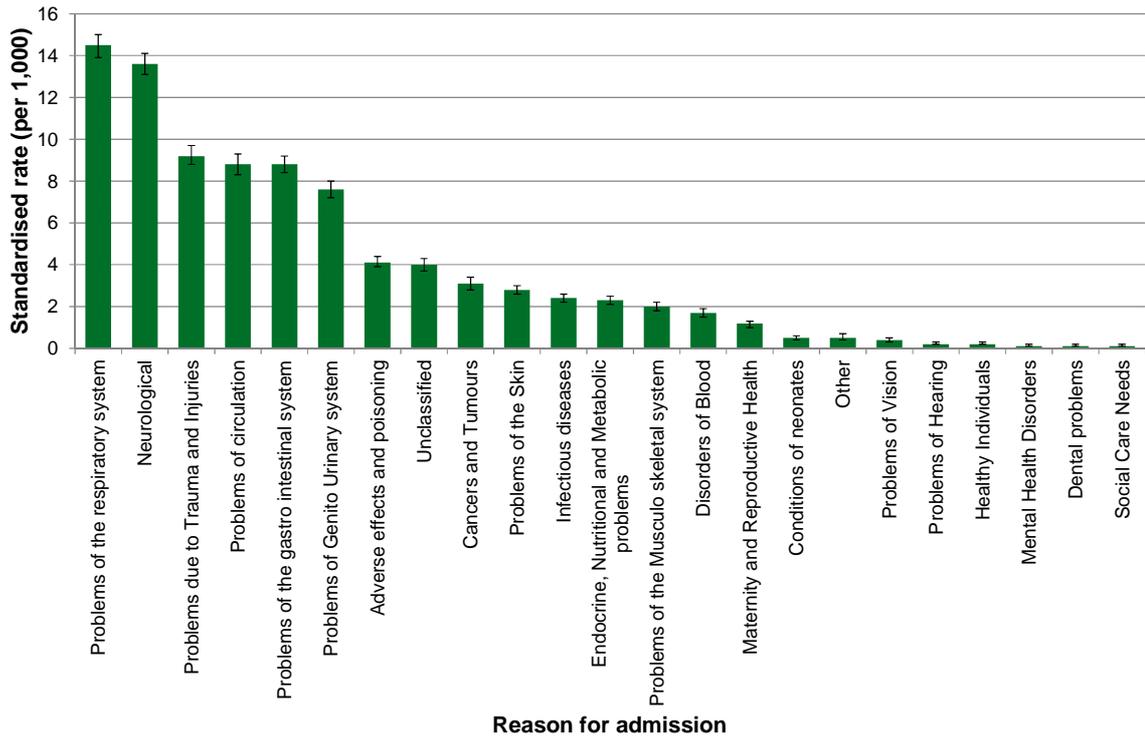
4.8. Hospital admissions

Emergency hospital admissions data allow for better understanding of which conditions are not being well-managed in the community or primary care. Rates of ambulatory care sensitive (ACS) admissions can be informative of a lack of good quality preventive and primary care services that, if enhanced, would prevent those admissions.

There were 92,300 A&E attendances in Islington in 2012/13 (411 per 1,000 GP registered population), and over 16,300 emergency admissions (87 per 1,000). Most of these admissions were for problems with the respiratory system (2,477 admissions) or neurological conditions (2,733 admissions, Figure 4.13). In this period there were 3,185 ACS admissions (19 per 1,000), a quarter of which were for 'flu and may have been prevented by vaccination.

Rates of emergency admissions are not available by GP localities, but all localities show variation in rates of ACS admissions by GP practices. The two practices that had significantly higher than average rates of ACS admissions were in the North and Central localities. The seven practices with significantly lower than average rates of ACS admissions were distributed amongst all localities.

Figure 4.13: Standardised rate of emergency hospital admissions, by reason for admission, Islington's GP registered population, per 1,000, 2012/13



Source: NHS Comparators, 2014

5. CURRENT PROVISION AND ASSESSMENT

This section will describe the current picture of pharmacy provision in Islington. Findings from the qualitative research (see Chapter 3 for more information) will be included, from pharmacist and user perspective, drawing on the information presented in the Health Needs chapter. Taken together, an assessment will be made of how well current pharmacy services meet the needs of Islington's population.

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

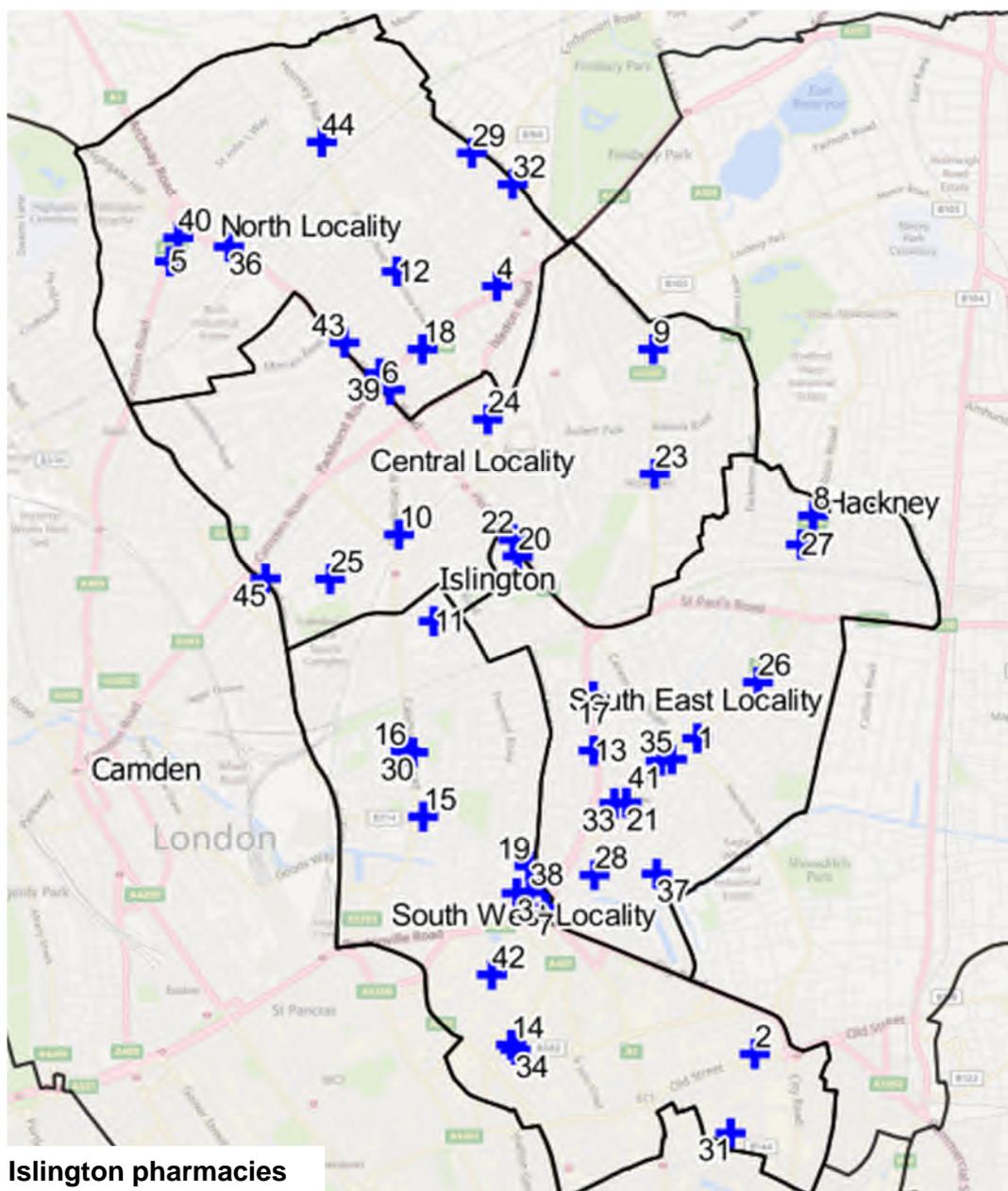
Information on pharmacy opening hours and service provision are based on information provided by NHS England. A survey of pharmacies was undertaken in September to verify this information, to which 28 (62%) pharmacies responded.

5.1. Pharmacies in Islington

5.1.1. Distribution of pharmacies

There are 45 pharmacies in Islington; for reference all of the pharmacies are shown on Map 5.1. Overall, Islington has 21 pharmacies per 100,000 residents, which is close to the London average of 23 pharmacies per 100,000 residents (Figure 5.1). The locations of Islington's pharmacies are shown in Map 5.1. In the North locality there are 12 pharmacies, 23 per 100,000 residents. Seven of the pharmacies are in the Finsbury Park ward, with a cluster near Finsbury Park station. The Central locality has fewer pharmacies (seven), and fewer pharmacies per 100,000 residents, than the other localities, however there are a number of pharmacies close to the locality boundaries and the borough boundaries which may help to serve the population. The South East and South West localities each have 13 pharmacies. Within these localities St Mary's ward has six pharmacies, with pharmacies clustered around Angel tube station and the busy shopping and business areas, while Canonbury ward has one pharmacy. There are also a large number of pharmacies in the neighbouring boroughs which may serve people living in the South East and South West localities. The use of neighbouring pharmacies for dispensing and other services is discussed further in Section 5.2.4. The combination of a large number of pharmacies, particularly clustered around the high traffic areas like high streets and transport links, as well as the option of using pharmacies outside of Islington means that there are a range of pharmacies available to local residents and patients registered with Islington GP practices.

Map 5.1: Islington pharmacies, October 2014



Islington pharmacies

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

Source: NHS England, 2014

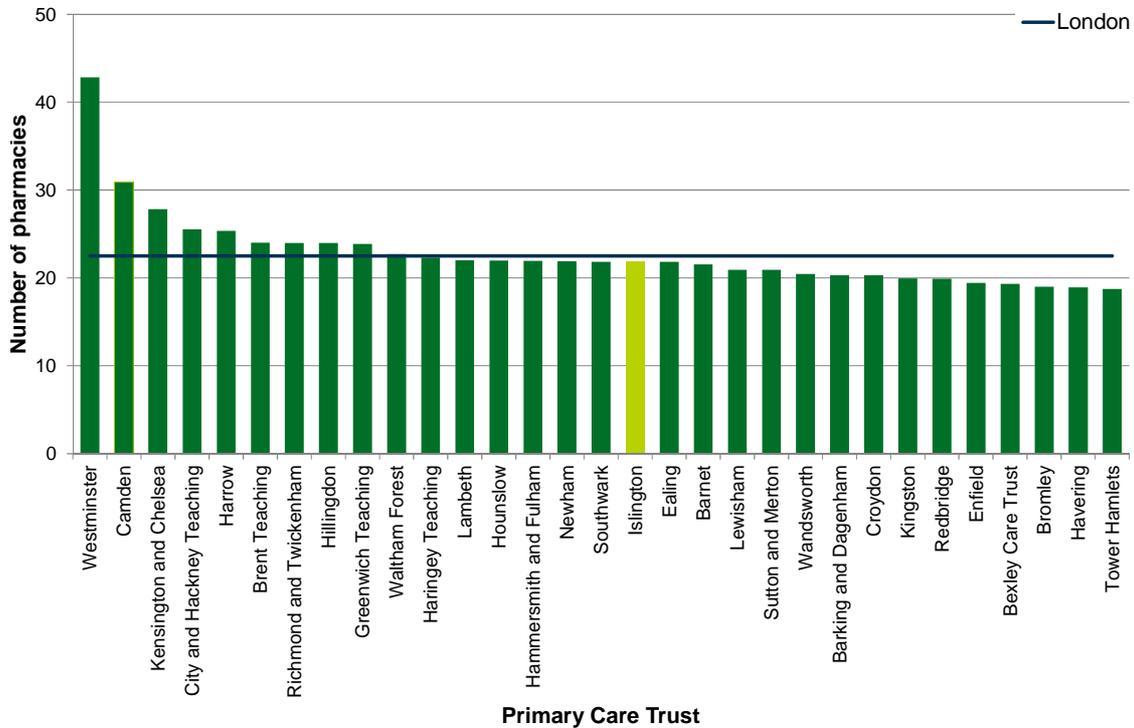
Table 5.1: Number of pharmacies by Islington ward and locality, and the number of pharmacies per 100,000 population.

Locality and Ward		Total population	Number of pharmacies	Pharmacies per 100,000 residents
North	Finsbury Park	14,930	7	47
	Hillrise	12,090	0	-
	Junction	12,610	3	24
	Tollington	13,620	2	15
	North Total	53,250	12	23
Central	Highbury East	11,930	3	25
	Highbury West	15,900	1	6
	Holloway	15,730	3	19
	St George's	12,810	0	-
	Central Total	56,370	7	12
South East	Canonbury	12,260	1	8
	Mildmay	13,230	2	15
	St Mary's	12,170	6	49
	St Peter's	12,710	4	31
	South East Total	50,370	13	26
South West	Barnsbury	12,720	4	31
	Bunhill	16,140	2	12
	Caledonian	14,560	4	27
	Clerkenwell	12,110	3	25
	South West Total	55,530	13	23
Islington Total		215,520	45	21

Source: GLA, 2014 and NHS England, 2014

There are no exclusively mail order or internet-based pharmacies based in Islington, but residents do use mail order pharmacies and local pharmacies do also offer an internet-based service. A full list of pharmacies in Islington can be found in Appendix A.

Figure 5.1: Number of pharmacies per 100,000 residents, London PCTs, 2012/13



Source: HSCIC, 2014

5.1.2. Opening hours

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

Weekday opening hours

The most common opening hours on weekdays are 9am to 6pm or 7pm, with 37 Islington (82%) pharmacies opening between these hours (Map 5.2). One pharmacy, in the Central locality, closes for a lunch break Monday to Wednesday, and Friday; and on Thursday this pharmacy closes all afternoon. On a Wednesday one pharmacy in the South East closes at 2pm; on Thursday a pharmacy in the North locality closes at 12:30; and on Friday several pharmacies across the borough close early, the earliest at 3pm.

A total of eight (18%) pharmacies across the borough open before 9am. At least one pharmacy in each locality is open before 9am, with Islington Pharmacy the first to open, at 6am in the Central locality. Similarly, seven pharmacies open after 7pm, with two pharmacies in each of the Central, South East and South West localities and one in the North locality. This summary of opening hours is also shown in Table 5.2 and the exact opening hours (as at October 2014) are shown in Appendix G.

Weekend opening hours

Opening hours at weekends show more variation between pharmacies. Table 5.3 summarises the opening hours for Saturday, showing that there are 36 (80%) pharmacies open on Saturday (see also Map 5.3). Highbury West is the only ward which has a pharmacy but has no pharmacy open on a Saturday. Two pharmacies open at 8am on Saturday, one in the North and one in the Central locality. One pharmacy is open after 7pm, Islington Pharmacy, which is open until 11pm.

On Sundays there are four pharmacies (9%) open in Islington, two in the North locality, one in the South East, and three in the South West. Collectively they cover hours between 10am and 6pm. This data is summarised in Table 5.4, and also shown in Map 5.4, with the full list of opening hours shown in Appendix G.

Bank holiday opening hours

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

Out of hours services

Islington's out of hours GP service is provided by Care UK; patients calling the NHS Out of Hours service will be referred to Care UK's service, which offers emergency appointments at a small number of GP practices across the borough, covering from 6:30pm until 8am.

During the week there is one pharmacy in the Central locality which is open until 11pm each day. In the North locality there is one pharmacy open after 7pm, in the South East locality one pharmacy is open until 9pm, and in the South West there is a pharmacy open until 8pm. On Saturdays one pharmacy in the Central locality is open late, again until 11pm; there are also pharmacies close to the Islington border in Hackney and Camden which are open late and may serve some of the Islington residents; however residents in the north of

the borough are likely to have longer journeys to access a pharmacy on a Saturday evening. On Sundays, there are no pharmacies in Islington open after 5pm; residents would need to travel to neighbouring pharmacies on the north-side of Finsbury Park in Haringey, near King's Cross in Camden, or in the City of London. As there are no late-opening pharmacies in Hackney, residents on the eastern side of Islington may have longer journeys to access a pharmacy on Sunday evenings.

Alignment with GP opening hours

Future changes to GP services may change the need for pharmacy services. The GP contract for 2015/16 will include a commitment to increase online services for patients, including an increase in access to online appointments. This may change the way in which patients interact with their GP, and therefore the way in which they need to access pharmacies for prescriptions.

Plans to extend GP opening hours may also change the demand for pharmacy services – nationally there are plans to introduce seven-day, 12 hours a day, opening hours at some GP practices. If GP practices in Islington start to follow these opening hours it may increase the demand for access to pharmacy services outside of existing opening hours.

In both instances, it is hard to predict the impact of changes at this point, so this is something that should be monitored, to see if demand for evening or weekend access to pharmacies increases, and whether this is naturally met by the existing community pharmacy network.

Alignment with dental practice opening hours

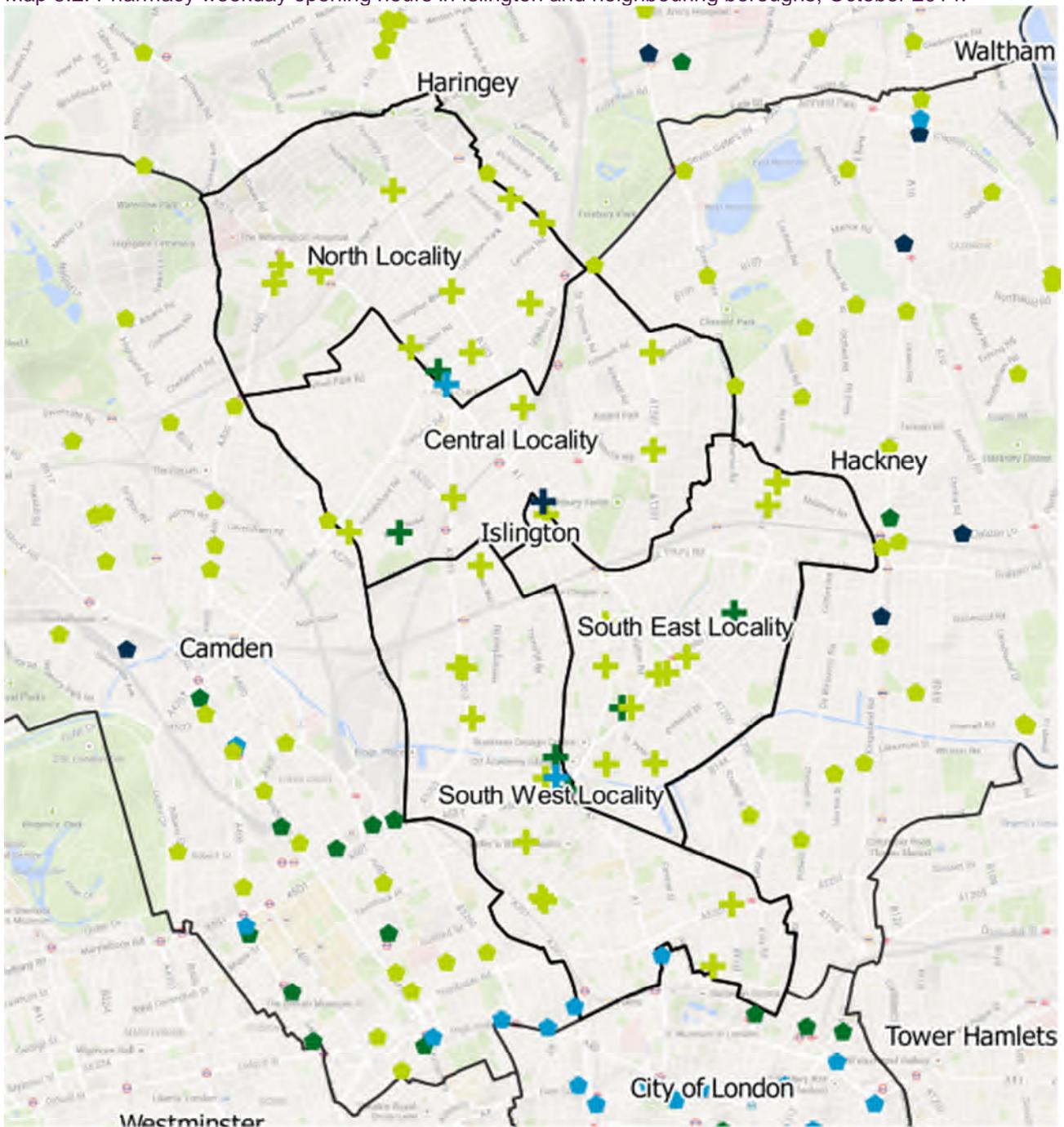
Section to be added at the request of NHS England.

Table 5.2: Summary of pharmacy weekday opening hours, by locality and ward, October 2014

Locality and Ward		Standard Hours: Open between 9am and 7pm	Early Hours: Open before 9am	Late Hours: Open after 7pm	Extended Hours: Open before 9am and after 7pm
North	Finsbury Park	5	1	0	1
	Hillrise	0	0	0	0
	Junction	3	0	0	0
	Tollington	2	0	0	0
	North Total	10	1	0	1
Central	Highbury East	2	0	1	0
	Highbury West	1	0	0	0
	Holloway	2	0	0	1
	St George's	0	0	0	0
	Central Total	5	0	1	1
South East	Canonbury	0	0	0	1
	Mildmay	2	0	0	0
	St Mary's	5	0	0	1
	St Peter's	4	0	0	0
	South East Total	11	0	0	2
South West	Barnsbury	1	1	0	2
	Bunhill	2	0	0	0
	Caledonian	4	0	0	0
	Clerkenwell	3	0	0	0
	South West Total	10	1	0	2

Source: NHS England, 2014

Map 5.2: Pharmacy weekday opening hours in Islington and neighbouring boroughs, October 2014.



Islington pharmacy weekday opening hours

- + Extended Hours: Open before 9am and after 7pm
- + Standard Hours: Open between 9am and 7pm
- + Late Hours: Open after 7pm
- + Early Hours: Open before 9am

Islington Neighbours weekday opening hours

- Extended Hours: Open before 9am and after 7pm
- Standard Hours: Open between 9am and 7pm
- Late Hours: Open after 7pm
- Early Hours: Open before 9am

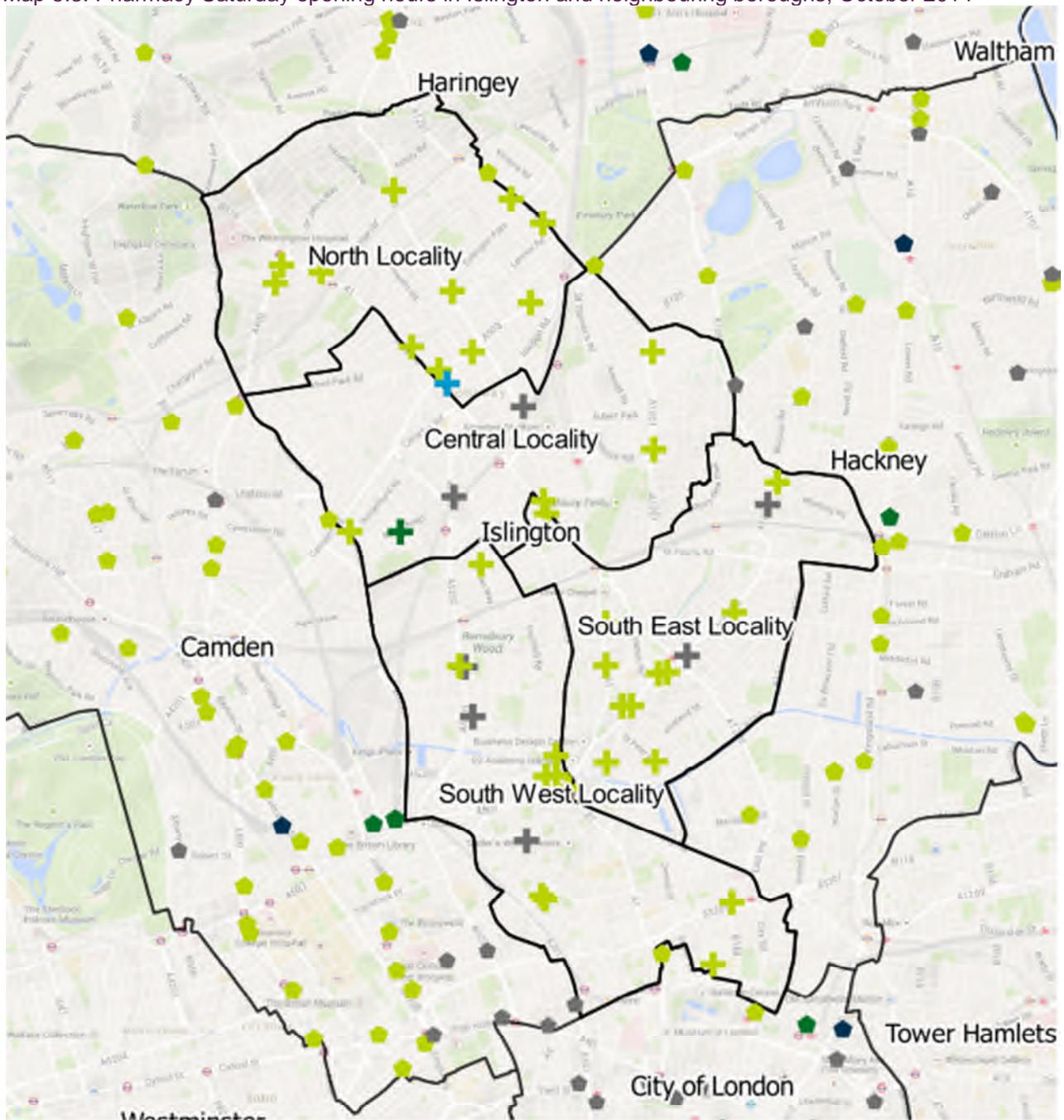
Source: NHS England, 2014

Table 5.3: Summary of pharmacy Saturday opening hours in Islington, by locality and ward, October 2014

Locality and Ward		Standard Hours: Open between 9am and 7pm	Early Hours: Open before 9am	Late Hours: Open after 7pm	Extended Hours: Open before 9am and after 7pm	Closed
North	Finsbury Park	6	1	0	0	0
	Hillrise	0	0	0	0	0
	Junction	3	0	0	0	0
	Tollington	2	0	0	0	0
	North Total	11	1	0	0	0
Central	Highbury East	3	0	0	0	0
	Highbury West	0	0	0	0	1
	Holloway	1	0	0	1	1
	St George's	0	0	0	0	0
	Central Total	4	0	0	1	2
South East	Canonbury	1	0	0	0	0
	Mildmay	1	0	0	0	1
	St Mary's	6	0	0	0	0
	St Peter's	3	0	0	0	1
	South East Total	11	0	0	0	2
South West	Barnsbury	4	0	0	0	0
	Bunhill	2	0	0	0	0
	Caledonian	2	0	0	0	2
	Clerkenwell	2	0	0	0	1
	South West Total	10	0	0	0	3

Source: NHS England, 2014

Map 5.3: Pharmacy Saturday opening hours in Islington and neighbouring boroughs, October 2014



Islington Saturday opening hours

- + Extended Hours: Open before 9am and after 7pm
- + Standard Hours: Open between 9am and 7pm
- + Early Hours: Open before 9am
- + Cbsed

Islington Neighbours Saturday opening hours

- ⬠ Extended Hours: Open before 9am and after 7pm
- ⬠ Standard Hours: Open between 9am and 7pm
- ⬠ Late Hours: Open after 7pm
- ⬠ Early Hours: Open before 9am
- ⬠ Closed

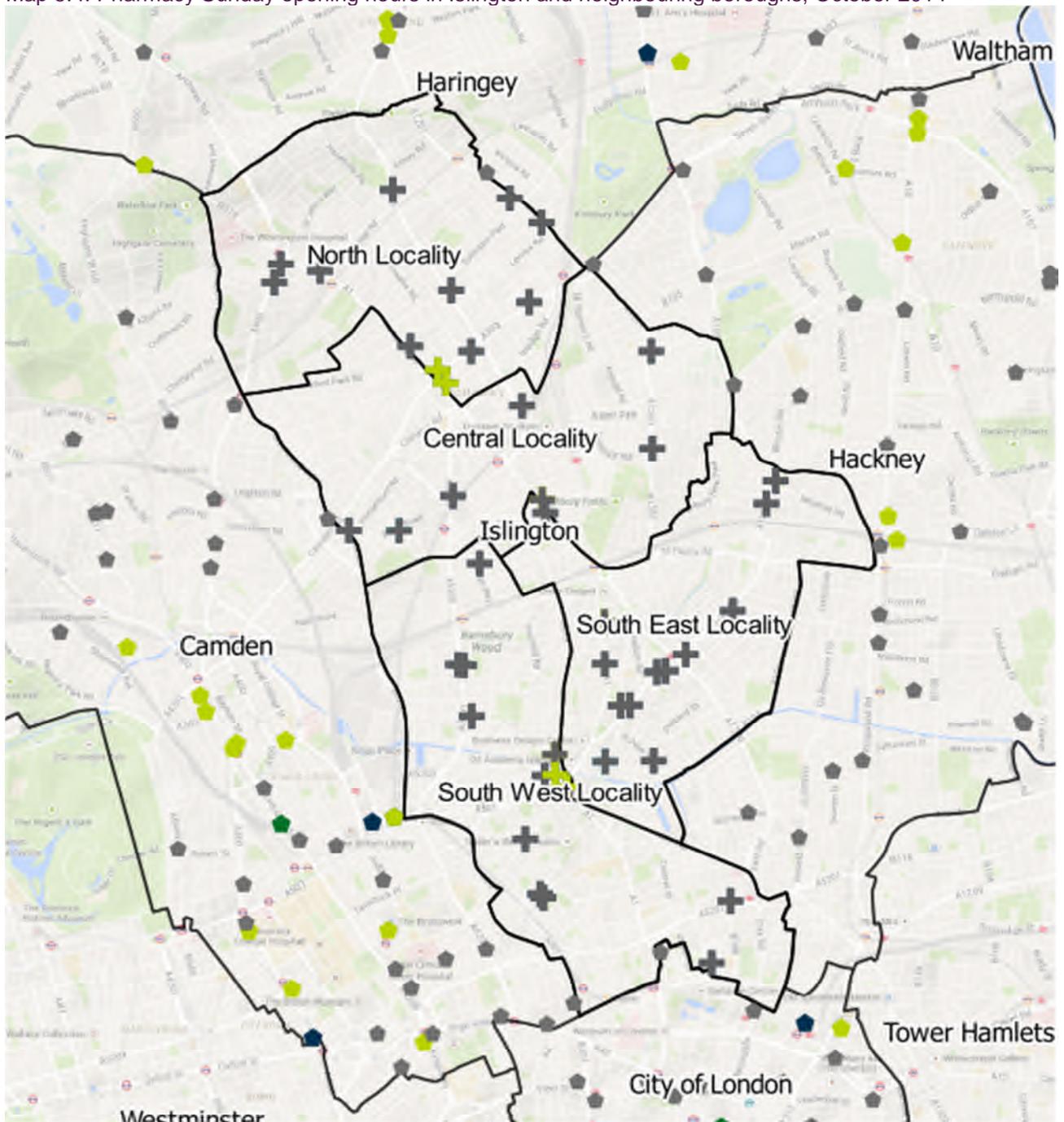
Source: NHS England, 2014

Table 5.4: Summary of pharmacy Sunday opening hours in Islington, by locality and ward, October 2014

Locality and Ward		Standard Hours: Open between 9am and 7pm	Early Hours: Open before 9am	Late Hours: Open after 7pm	Extended Hours: Open before 9am and after 7pm	Closed
North	Finsbury Park	2	0	0	0	5
	Hillrise	0	0	0	0	0
	Junction	0	0	0	0	3
	Tollington	0	0	0	0	2
	North Total	2	0	0	0	10
Central	Highbury East	0	0	0	0	3
	Highbury West	0	0	0	0	1
	Holloway	0	0	0	0	3
	St George's	0	0	0	0	0
	Central Total	0	0	0	0	7
South East	Canonbury	0	0	0	0	1
	Mildmay	0	0	0	0	2
	St Mary's	0	0	0	0	6
	St Peter's	0	0	0	0	4
	South East Total	0	0	0	0	14
South West	Barnsbury	2	0	0	0	2
	Bunhill	0	0	0	0	2
	Caledonian	0	0	0	0	4
	Clerkenwell	0	0	0	0	3
	South West Total	2	0	0	0	12

Source: NHS England, 2014

Map 5.4: Pharmacy Sunday opening hours in Islington and neighbouring boroughs, October 2014



Islington Sunday opening hours

- + Extended Hours: Open before 9am and after 7pm
- + Standard Hours: Open between 9am and 7pm
- + Late Hours: Open after 7pm
- + Early Hours: Open before 9am
- + Closed

Islington Neighbours Sunday opening hours

- Extended Hours: Open before 9am and after 7pm
- Standard Hours: Open between 9am and 7pm
- Late Hours: Open after 7pm
- Early Hours: Open before 9am
- Closed

Source: NHS England, 2014

CONCLUSIONS ON PHARMACY DISTRIBUTION AND OPENING HOURS

Islington has a similar density of pharmacies to the London average, which suggests that the number of pharmacies is adequate for the size of the borough's population. There are small pockets of the borough which are more than 500 metres from a pharmacy, however with pharmacies clustered around major transport connections it is likely that all residents can access a pharmacy easily. The number of pharmacies available in Islington, and their proximity to transport links, suggests that residents in most areas of the borough have a choice of pharmacies to use. There are a small number of pharmacies open early in the mornings and late evenings - residents who live a long way from Finsbury Park or Angel will have longer journeys to reach a pharmacy outside of normal working hours, but could use pharmacies in neighbouring boroughs.

Access at weekends is limited, with four pharmacies open on a Sunday and no pharmacies open before 10am or after 6pm. Again, there is coverage across the border in Haringey and Camden after these hours, both of which are served by good transport links. If GP opening hours change, the demand for evening or weekend access to pharmacies should be monitored, to ensure that the population are still adequately served.

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

Based on the information collated and discussed, the provision of pharmacies in Islington is adequate for the current and future needs of the population, but some additional capacity at weekends may be desirable. This need could be met by extending the opening hours of existing pharmacies.

5.2. Essential services

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

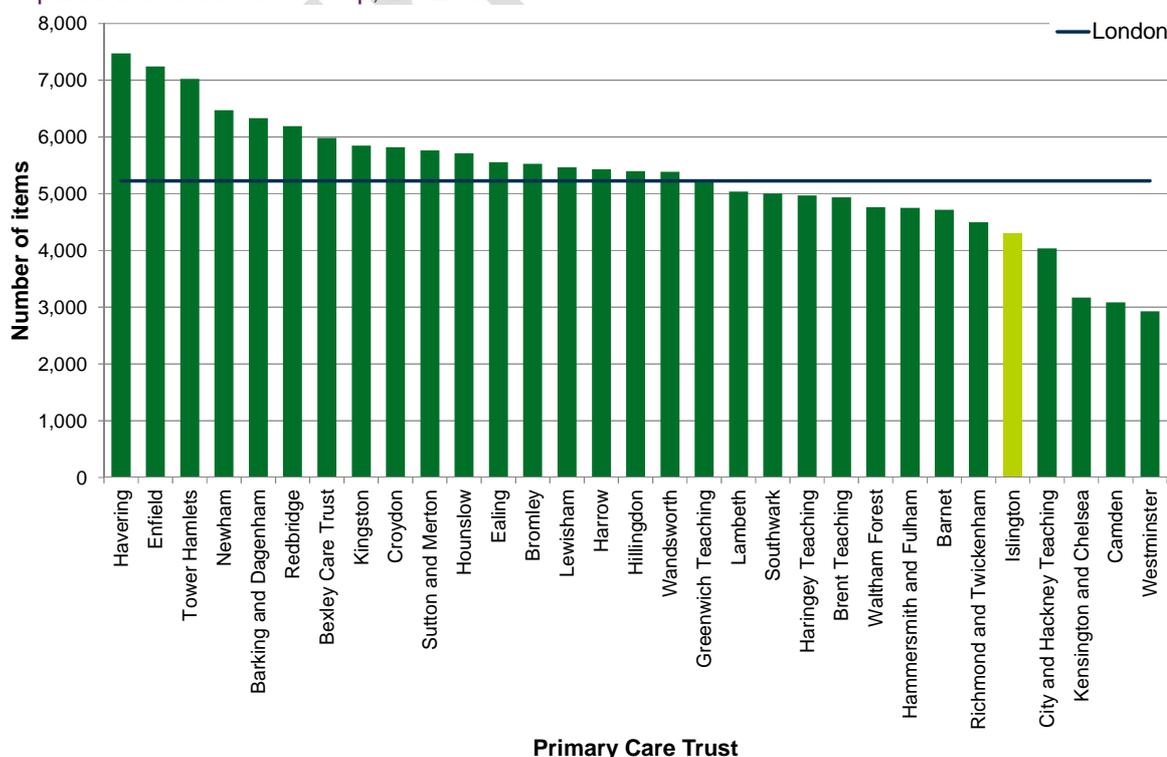
Essential services are the services provided by all pharmacy contractors: the dispensing of medicines and appliances, promotion of healthy lifestyles, and safe disposal of unwanted medicines, repeat dispensing, signposting patients to other sources of support and care, and supporting self-care. All 45 pharmacies in Islington must provide these services as a part of their contract so in order to assess the service provision. Pharmacies must also ensure that clinical governance arrangements are met, as set out in the Regulations.

5.2.1. Dispensing services

Pharmacies in Islington dispensed an average of 4,299 items per month in 2012/13, compared with an average of 5,225 across London and 6,628 per month in England as a whole (Figure 5.2). This is the fifth lowest dispensing rate of all London boroughs.

Just over 2.4 million items were prescribed by Islington GPs in 2013/14, and over 2 million (83%) of these items were dispensed by pharmacies in Islington.

Figure 5.2: Average number of items dispensed per month, per pharmacy, Islington pharmacies compared with ONS Peer Group, 2012/13



Source: HSCIC, 2014

Table 5.5: The total dispensing by GP practices in each locality and the average number of items per pharmacy, per month, by locality, 2013-14 and 2014 year to date.

Locality	April 2013 - March 2014			April 2014 - October 2014		
	Total Items Dispensed	Number of pharmacies	Number of items per pharmacy	Total Items Dispensed	Number of pharmacies	Number of items per pharmacy
North	673,692	12	4,678	396,258	12	4,717
Central	591,586	7	7,043	354,023	7	7,225
South East	608,995	13	3,904	361,361	13	3,971
South West	538,081	13	3,449	327,571	13	3,600
Islington	2,412,354	45	4,467	1,439,213	45	4,569

Source: NHS Business Services Authority, 2014

The data in Table 5.5 are provided as an indicator of dispensing by locality. These dispensing figures are published at GP Practice level, so may not represent the number of items dispensed by pharmacies each locality. However, as an indicative measure, they are compared here against the number of pharmacies in the locality. The data show that the rate of dispensing per pharmacy, per month, is highest in the Central locality, and lowest in the South West locality. The Central locality is the only locality with a dispensing rate above the London and England averages.

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

5.2.2. Repeat dispensing

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

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

The latest figures, October 2014, indicate that for Islington, 5.1% of all items were repeat prescriptions (Table 5.6). The proportion of dispensing that is repeat dispensing varies between localities, from 1.6% to date in 2014-15 in the Central locality to 11.8% in the South West locality. Rates of repeat dispensing and electronic repeat dispensing are increasing in Islington CCG and are monitored via the NHS England Medicines Optimisation dashboard. The CCG's prescribing advisors are working with GP practices and pharmacies to increase uptake, and the roll out of EPS2 will facilitate increased uptake through automation of the paper-based process. This work to increase uptake will improve patient choice within the localities, as well as improving the level of convenience for patients.

Table 5.6: Breakdown of repeat dispensing, by locality, 2013-14 and 2014 year to date.

Locality	April 2013 - March 2014			April 2014 - October 2014		
	Total Items Dispensed	Items Repeat Dispensed	% Repeat Dispensed	Total Items Dispensed	Items Repeat Dispensed	% Repeat Dispensed
North	673,692	17,920	2.7%	396,258	9,797	2.5%
Central	591,586	4,756	0.8%	354,023	5,675	1.6%
South East	608,995	32,128	5.3%	361,361	18,889	5.2%
South West	538,081	57,090	10.6%	327,571	38,765	11.8%
Islington	2,412,354	111,894	4.6%	1439,213	73,126	5.1%

Source: NHS Business Services Authority, 2014

5.2.3. Electronic Prescription Service

The Electronic Prescriptions Service enables prescriptions to be sent electronically from GPs to pharmacies. The service started in Islington in March 2014, and all of Islington's GP Practices are expected to be live on the EPS2 system by the end of 2014, or soon thereafter. The latest prescribing data shows that a small number of prescriptions are issued through the EPS with just 1.5% in June 2014; however the proportion is thought to be rising rapidly (Table 5.7). The roll out of EPS2 across Islington's GP Practices and pharmacies will help to improve the choice for patients, increasing the number of sites where they can receive an electronic prescription.

Table 5.7: Number and percentage of prescriptions issued through the EPS at Islington pharmacies

Month	Total prescriptions	EPS prescriptions	% EPS of total
April 14	201,858	43	0.2%
May 14	210,014	887	0.4%
June 14	206,331	3,040	1.5%
July 14	212,488	8,922	4.2%
August 14	196,335	13,716	7.0%
September 14	208,376	19,389	9.3%
October 14	223,001	21,734	10%

Source: NHS Business Services Authority, 2014

5.2.4. Other services

Cross border dispensing services

Patients can choose to have their prescriptions filled by any NHS pharmacy, so a substantial number of people use pharmacies outside of the borough. In 2013/14, 17% (400,912) of items prescribed by Islington GPs were dispensed by pharmacies outside of Islington. The most frequently used pharmacies are listed in Table 5.8, and mostly fall in the immediately neighbouring boroughs. The number of neighbouring pharmacies fulfilling prescriptions for Islington patients serves to highlight the level of choice available to Islington patients and residents.

Table 5.8: Top ten pharmacies most frequently used outside of Islington.

Pharmacy	Address	Post code	Borough
DH Roberts Chemist	147 Fortress Road	NW5 2HR	Camden
Boots UK Limited	29 North Square	N9 0HW	Enfield
Santa's Pharmacy	182 Stroud Green Road	N4 3RN	Haringey
Park Pharmacy	286 Seven Sisters Road	N4 2AA	Hackney
Boots UK Limited	31-32 The Mall	E15 1XD	Newham
Aura Pharmacy	21 Brecknock Road	N7 0BL	Camden
Pitchkins & Currans	Unit 2 45-47 Elgin Avenue	W9 3PP	Westminster
Boots UK Limited	82-84 Kingsland High St	E8 2NS	Hackney
Safedales	162 Green Lanes	N16 9DL	Hackney
Boots UK Limited	Unit 19 St Pancras Station	NW1 2QP	Camden

Source: ePact, 2014

Essential Small Pharmacies Local Pharmaceutical Services Scheme

There are no pharmacies in Islington which receive payment under the Essential Small Pharmacies Local Pharmaceutical Services (ESPLPS) Scheme.

Dispensing appliance contractors

Pharmacies can provide surgical appliances, including stoma and urology appliances. 'Dispensing Appliance Contractors' specialise in these appliances and do not necessarily provide the broader range of services that community pharmacies offer. There are two pharmacies in Islington on a Dispensing Appliance Contract, as well as a pharmacy in Barnet which may also support Islington residents.

Health promotion campaigns run by NHS England

Pharmacies also take part in health promotion campaigns, as set by NHS England. Local Authority Public Health departments can also run campaigns based on the local health needs and priorities. These are discussed in section 5.5.7.

CONCLUSIONS ON ESSENTIAL SERVICES

Community pharmacies play a vital role in providing care to Islington's population, particularly in their role in dispensing prescribed medication. Feedback from residents indicates that they value the repeat prescription service as it saves them time, and this service will show increasing benefits for residents as the CCG works with GP practices and pharmacies to increase the use of EPS and repeat dispensing. The average number of items dispensed per pharmacy in Islington is lower than most other boroughs. The low average per pharmacy suggests that current demand is being met and the lower rate of dispensing in the South East and South West suggests that there may be capacity, on average, to meet any increased demand for prescriptions that might arise over the next few years as a result of inward migration in this area. The data also suggests that overall there is capacity to meet an increase in demand arising from the increase in the prevalence of long term conditions. As all pharmacies offer these essential services, there are currently no identified gaps in provision. Finally, there is scope to increase the impact of health promotion campaigns run through pharmacies, potentially by ensuring that they link in with local public health work to broaden the reach of public health services.

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

5.3. Advanced Services

Advanced services form part of the NHS community pharmacy regulations and are clearly defined in regulations. Each pharmacy contractor can decide whether they provide these services, but they can only be offered if a pharmacy meets the criteria set out in the Secretary of State Directions. This section will cover the provision of the advanced services currently included in the pharmacy contract: medicine use review, appliance usage review, new medicine service, and stoma appliance customisation service.

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

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

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

In 2014/15, at least half of all MURs in a year needed to be delivered to people from these target groups. As of 1 January 2015, people with, or at risk of, cardiovascular disease and regularly being prescribed at least four medicines will be added as a target group, and the target will increase to at least 70% of MURs being delivered to these target groups in 2015/16. Under the service specification, pharmacies can provide up to 400 MURs each year. As at June 2014, NHS England data showed that 42 (93%) of Islington's community pharmacies delivered the service (Map 5.5). In the North, Central, and South East localities, one pharmacy offering MUR does so earlier than the standard hours during the week, and both the Central and South East locality have a pharmacy offering the service later than 7pm on weekdays. No pharmacies in the South West locality offer the service outside of standard hours (Table 5.10). On Saturdays, 13% of pharmacies offering this service are closed, but the closures do not have a substantial effect on the number of pharmacies open by locality. One pharmacy in the North locality opens early on a Saturday and none open late, and one pharmacy in Central opens early and late; no pharmacies in the South East or South West localities open outside standard hours on a Saturday. On Sunday, four pharmacies offering MUR are open – two in the North locality and two in the South West.

However, all four of these pharmacies are close to the locality boundaries – the pharmacies in the North locality are both on the border with the Central locality, and the South West pharmacies are on the border with the South East locality, so could reasonably be accessed by residents in the neighbouring localities.

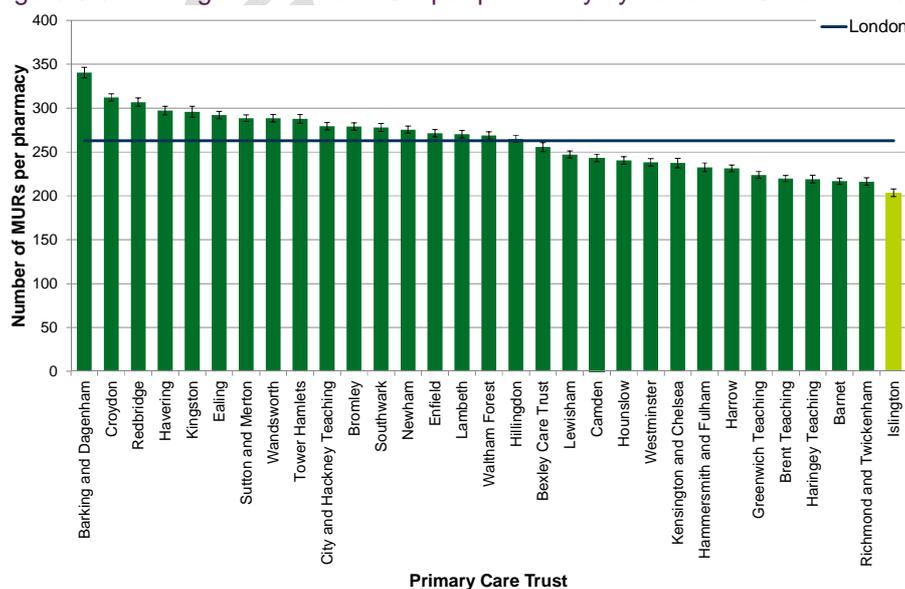
Data on MURs provided by pharmacies for 2013/14 show that 9,348 MURs were carried out by 41 (91%) pharmacies in Islington (Table 5.9). On average, 203 MURs were carried out per pharmacy in Islington; the lowest in London (Figure 5.3). These data show that the average number of MURs per pharmacy in each of Islington’s localities are either lower than, or similar to, the London average. This suggests that there is capacity within each of the localities for pharmacies to accommodate an increase in residents; again this is most significant for the South East and South West localities which see the highest concentration of housing developments. Due to the transience of Islington’s population, the three month rule could result in people not being able to access this service that would otherwise benefit, or may mean that people who have recently arrived in the borough are travelling back to their previous borough of residence for appointments.

Table 5.9: Number of MURs provided, Islington pharmacies, 2013/14

Locality	Number of pharmacies	Total number provided	Average number per pharmacy per month
North	11	2,912	22
Central	5	932	14
South East	13	2,085	13
South West	12	3,519	24
Islington	41	9,348	19

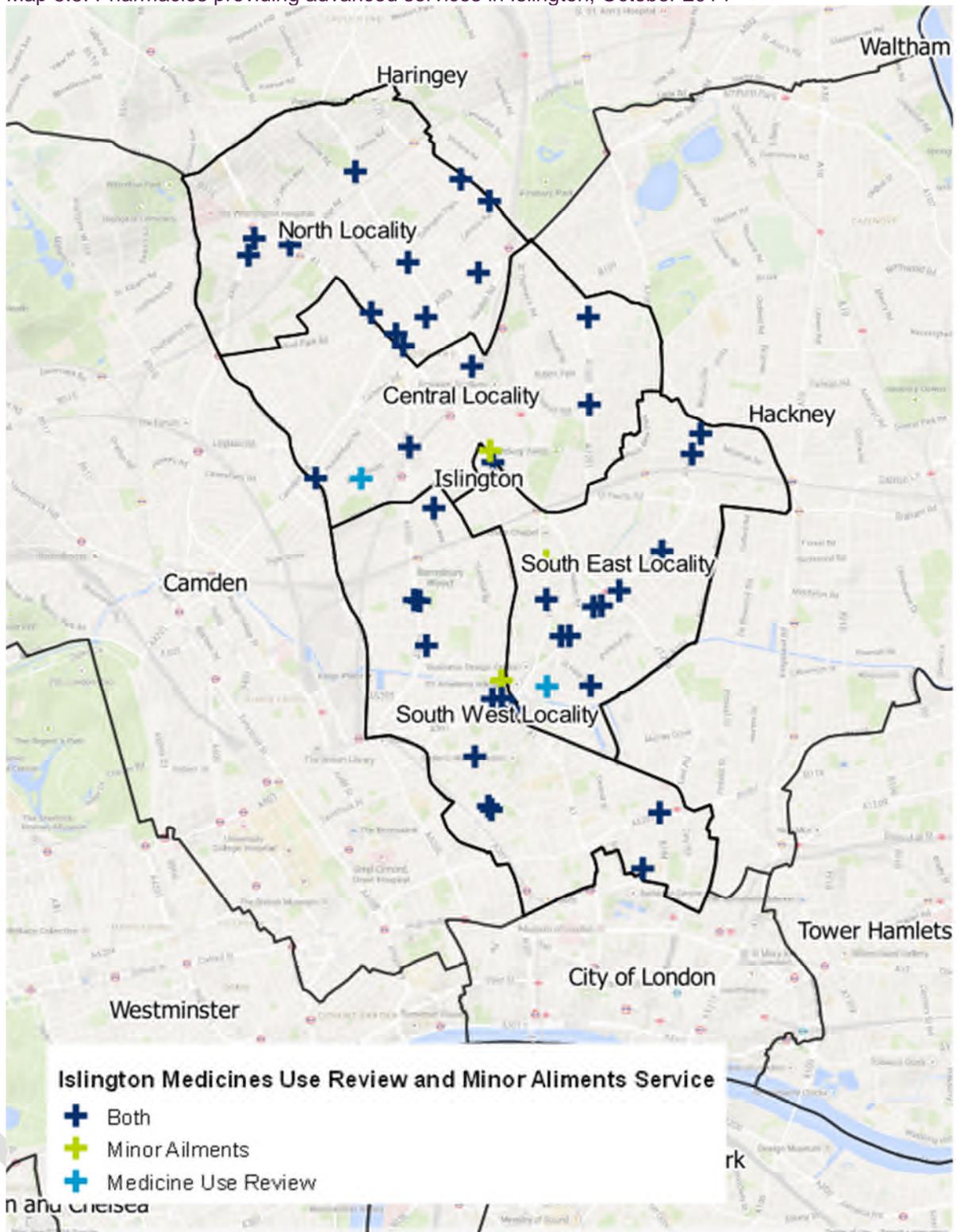
Source: PSNC, 2013/14

Figure 5.3: Average number of MUR per pharmacy by London PCT and London, 2012/13



Source: HSCIC, 2014

Map 5.5: Pharmacies providing advanced services in Islington, October 2014



Source: NHS England, 2014

Table 5.10: Opening hours of Islington pharmacies providing MUR, 2013/14

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

CONCLUSIONS ON MEDICINES USE REVIEW (MUR)

MUR can help people with long term conditions manage their conditions better and potentially remain healthier for longer, thereby helping to reduce health inequalities; which is one of the JWB's priorities. Focus group participants with long term conditions also identified reviews as helpful, as patterns of medication use can change, and they may need reminding of this. The knowledge and expertise of pharmacists is crucial in this context.

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

- Islington has the lowest uptake of MUR in London. Pharmacies in the Central and South East locality provide fewer MURs on average than the other localities. In both localities one pharmacy offering MUR does so outside of standard hours during the week. The North locality does not have any pharmacy offering MUR operating outside of standard working hours. An increase of pharmacies providing MUR services outside of working hours on weekdays is recommended in all localities, as well as a general increase in offer and uptake.
- Opening hours: on Saturdays and Sundays, in all localities except the North, all the pharmacies offering this service were closed during standard working hours. An increase of pharmacies providing MUR at the weekend in all localities except the North is recommended.
- Eligibility: Given the high population turnover within the borough, the three month rule may result in people not being able to access this service who would otherwise benefit.

The findings of the assessment indicate that there is scope to increase the number of MURs carried out in Islington, as well as the number of pharmacies that offer the service.

People with long term conditions attending the focus group commented on how much they rely on the pharmacist for advice on patterns of using medicines, clashes between different medications and the chance to discuss their concerns. The medication review service was also considered to be important in this respect and those who had used it had a positive experience. It would be advisable for pharmacies to let patients know if they have a private consultation room available. By increasing the availability of MURs, this group may feel more positive about seeking help from pharmacies rather than their GP. With the service's emphasis on integrated care, reducing hospital admissions, and better management of long term conditions, this service would allow for improved outcomes and a reduction in the number of GP consultations locally if NHS England (as commissioners) increased the breadth of this service.

5.3.2. New Medicine Service (NMS)

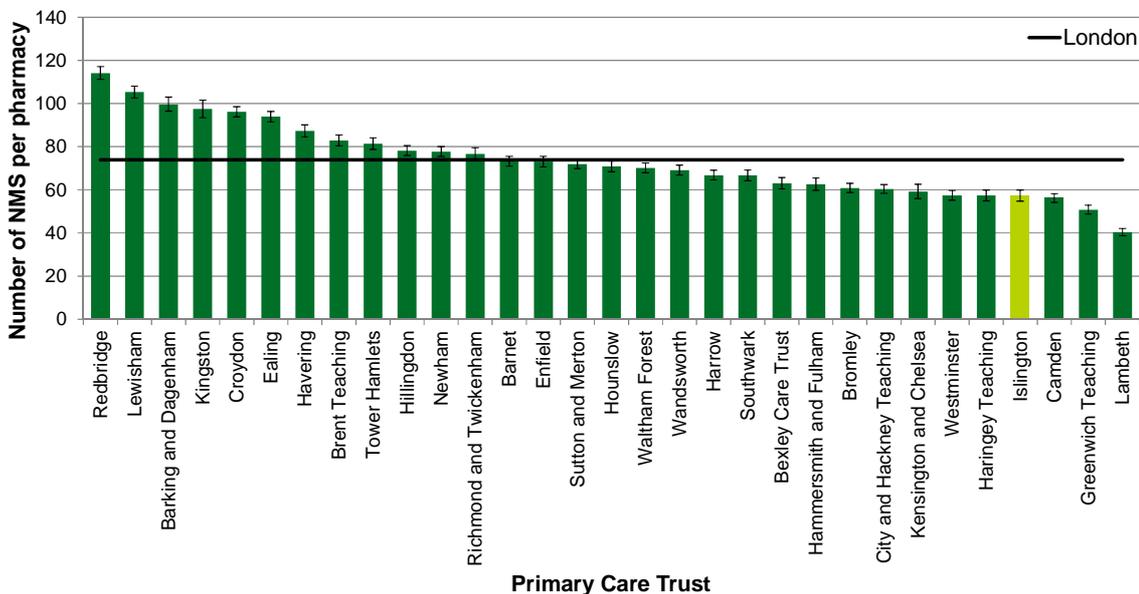
The NMS was introduced in 2011 and supports patients with long term conditions when a new prescription medicine is introduced. It aims to improve adherence to new medication, focusing on people with specific conditions:

- Asthma and COPD
- Type 2 diabetes
- Antiplatelet or anticoagulation therapy
- Hypertension

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

The Department of Health Policy Research has published a national evaluation of the NMS concluding that the NMS significantly increased adherence by about 10% and increased numbers of medicines problems identified and dealt with, compared with current practice²².

Figure 5.4: Average number of new medicines services per pharmacy, London PCTs and London, 2012/13



Source: HSCIC, 2014

²² Department of Health Policy Research, Understanding and Appraising the New Medicines Service in the NHS in England (2014) <http://www.nottingham.ac.uk/~pazmjb/nms/downloads/report/files/assets/common/downloads/108842%20A4%20Main%20Report.v4.pdf>

NHS England data on the number of pharmacies providing the service was incomplete; based on a survey of pharmacists carried out in September 2014, we are now aware of 36 pharmacies currently providing the service and there may be more. We will use 2012/13 performance data for this needs assessment as it is considered more accurate, however this data is only available at borough level – not at pharmacy or locality level – so more detailed analysis is not possible. There were a total of 1,948 NMS carried out in Islington pharmacies in that year. The number of NMS per pharmacy offering the service was amongst the lowest in London (57 per pharmacy, Figure 5.4).

CONCLUSIONS ON NEW MEDICINES SERVICE (NMS)

NMS is aimed at people with long term conditions with newly prescribed medications to improve adherence, leading to better health outcomes. NMS is a **relevant service** for the Islington population, as it improves access to medication review, support, and enhances patient experience. As with the MUR, NMS contributes directly to the JHWP goal of preventing and managing long term conditions by improving the adherence to medication; where relevant it can also help to meet the other JHWP goals, by helping to children's start in life and improving mental health and wellbeing. Improving adherence, and therefore reducing the number of avoidable GP and hospital appointments, also makes indirect advances on each of these goals, as well as for the general health and wellbeing of the population by freeing up healthcare resources.

We are validating service data provided by NHS England for 2013/14, so are unable to comment on current service gaps. However, as with MUR, the pharmacies' opening hours could potentially represent an obstacle to access these services.

The number of NMS carried out per participating pharmacy in Islington in 2012/13 suggests that there is scope to increase the number of NMS carried out in the borough.

5.3.3. Appliance Use Review (AUR)

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

There are currently no pharmacies in Islington that have signed up to offer AURs, which is no different to 2012/13. Only nine pharmacies in London offered this service in that year. The level of AURs is low across England, and this can be partly explained due to the support patients receive in secondary care, or other clinics, when establishing their ongoing care.

5.3.4. Stoma Appliance Customisation (SAC)

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

There are currently no pharmacies in Islington that have signed up to offer SACs, while there were two in 2012/13. In that year there were 77 pharmacies offering this service in London, carrying out on average 921 SACs per pharmacy.

The low level of SAC services offered in Islington may be explained by the advice and support patients receive from other care providers.

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

There are no Islington pharmacies currently providing either AUR or SAC, perhaps due to the advice and support patients receive from other care providers. As both services are designed to improve access and can contribute to the JHWB goal of managing long term conditions, AUR and SAC are **relevant services** in Islington. Access to the services was not raised as a gap by focus group participants, and there have not been other complaints from other services. As such, there are no identified current or future gaps.

5.4. Enhanced services

Enhanced services are commissioned by NHS England from community pharmacies and are defined in the Directions. However, unlike advanced services, local commissioners can alter the specification of enhanced services. Each service is defined within a service level agreement, provided by NHS England.

5.4.1. Minor ailments service

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

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

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

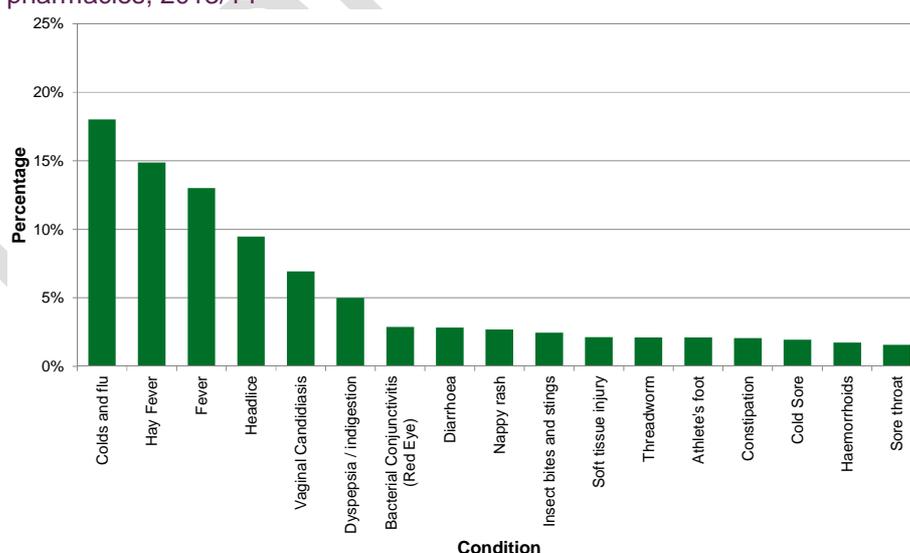
In Islington, 42 (93%) of pharmacies offer the MAS. In the North, Central and South East localities one pharmacy offers the service before 9am, while the Central and South East localities have pharmacies offering the service after 7pm (Table 5.12). On Saturdays, 39 pharmacies offering this service were open, with two pharmacies providing coverage outside of 9am – 7pm. On Sunday, four pharmacies offering the MAS are open, and none are open outside of 10am and 5pm. In 2013/14, there were almost 40,000 consultations as a part of the Minor Ailments Scheme, with over half of the consultations taking place in the South locality (Table 5.11). The mostly frequently diagnosed ailments are colds and ‘flu (18%), hayfever (15%) and fever (13%) (Figure 5.5).

Table 5.11: Number of Minor Ailments consultations, by locality, 2013/14

Locality	Number of consultations
North	12,494
Central	3,557
South East	13,672
South West	10,241
Grand total	39,964

Source: Islington Clinical Commissioning Group, 2014

Figure 5.5: Breakdown of the conditions diagnosed through the Minor Ailments Scheme, Islington pharmacies, 2013/14



Source: Islington Clinical Commissioning Group, 2014

Note: Eight conditions which each contribute less than 2% of consultations have been excluded from this graph for ease of interpretation, along with 542 consultations with no recorded condition.

Table 5.12: Opening hours of pharmacies providing MAS, 2013/14

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

CONCLUSION ON MAS

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

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

The service coverage is good on weekdays as almost all pharmacies provide the service, and there are a number of pharmacies open late. However as with the overall pharmacy provision, coverage is lower at weekends; there is one pharmacy open early and one open late on Saturday in the borough, and no pharmacies are open before 10am or after 5pm on Sundays.

However, demand for the scheme at weekends is thought to be constrained by the current scheme, which requires a voucher to be obtained from the GP Practice, so weekend demand for MAS is limited to patients whose GP Practice is also open. A request to amend the scheme was made to NHS England but declined pending future commissioning decisions.

Improved accessibility to the MAS would help meet HWB goals by supporting a reduction in unscheduled or inappropriate A&E attendances and GP workload and therefore freeing up healthcare resources.

It has been recommended to the commissioner that the Scheme be reviewed and access improved for 1 April 2015. This could be through adoption of an existing Scheme that offers 7 day access without GP attendance, similar to the variant of the MAS in operation in Haringey Local Authority.

5.4.2. Medicines Reminder Devices

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

In 2013/14 28 pharmacies were signed up to the MRD service; nine pharmacies in the North locality, five pharmacies in the Central locality, eight in the South East locality and six in the South West locality. Three pharmacies offering the MRD service are open before 9am on weekdays, and four are open after 7pm. Twenty-two pharmacies offering the service are open on Saturdays. On Sundays, two pharmacies offering the service are open, in the South East and South West localities.

CONCLUSION ON MEDICINES REMINDER DEVICES SERVICE

MRD is a **relevant service** in Islington, as it may help to reduce the number of unscheduled visits to primary and secondary care services. MRD contributes to JHWB goals by supporting patients to prevent or manage long term conditions, as well as indirectly through the reduction in unscheduled service use.

The service offers good coverage from Monday to Saturday, with a number of pharmacies open in each locality offering patients a choice of pharmacies in most instances. However there is more limited access on Sunday; it should be reviewed to see if there is demand for more pharmacies offering the service on Sundays.

There are slightly fewer pharmacies providing the service in the South West locality, but there appears to be limited demand for the service at the existing pharmacies.

5.4.3. Seasonal 'flu vaccination

NHS England London Region commissioned a pharmacy vaccine service in 2014/2015. Patients are eligible for the Seasonal 'flu vaccine if they are: aged over 65; aged between six months and 65 years and diagnosed with a related illness, including chronic respiratory diseases, chronic heart disease, and diabetes; pregnant women; and carers or health care staff. In 2013/14, 1,685 (5.0%) vaccinations were delivered through Islington's community pharmacies out of 33,777 delivered in the whole borough – most patients receive the vaccination at their GP Practice. Vaccination rates in Islington (for both pharmacy and GP providers) were lower than the national targets for people aged over 65, people with long term conditions, and for pregnant women, but had similar uptake to London overall.

In the 2014/15 'flu season 33 pharmacies will deliver the service. This high level of provision ensures that there is good coverage across each of the localities: 12 pharmacies in the North locality offer the vaccination, four pharmacies in the Central locality offer the vaccination, and 10 pharmacies in the South East, and seven pharmacies in the South West locality. Across the borough three pharmacies offer the vaccination before 9am and two offer the vaccination after 7pm. Thirty pharmacies offering the seasonal 'flu vaccination are open on Saturday, and five pharmacies are open on Sunday.

CONCLUSIONS ON SEASONAL 'FLU VACCINATION

The seasonal 'flu vaccination service in pharmacies provides an additional setting in which patients can have their vaccination, offering patients greater choice.

Based on the data presented, it has been concluded that the seasonal 'flu vaccination services is a **relevant service** because it improves access to a service for 'at risk' patients.

With most pharmacies in the borough providing the seasonal 'flu vaccination, as well as GP practices, there is good overall coverage.

5.5. Locally commissioned services

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

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

Stop smoking service	This service provides advice and counselling, as well as any nicotine replacement therapy (NRT) such as patches, gums or inhalers required to support smokers in their attempt to quit.
Screening service (Health Checks)	This service provides a free NHS Health Check in community pharmacies, as another avenue for risk assessment and early diagnosis. The programme aims to prevent heart disease, stroke, diabetes and kidney disease by identifying and treating people at high risk of CVD, including those with high blood pressure.
Needle syringe exchange service	This service allows injecting drug users to exchange used injecting equipment for clean equipment, ensuring

	safe disposal of used needles and decreasing the likelihood of the transmission of bloodborne viruses, e.g. hepatitis.
Supervised consumption service	The service ensures that service users are able to take prescribed medication safely under the supervision of a qualified pharmacist in order to reduce the risk to individuals and local communities of: over usage or under usage of medicines; diversion of prescribed medicines onto the illicit drugs market; and accidental exposure to the supervised medicines.
Emergency hormonal contraception service	This service provides free emergency contraception for women aged 13-24 years, as well as signposting and referral to other sexual health services.
Health promotion campaigns run by Public Health	Local Authority Public Health departments can run health promotion campaigns in addition to those run by NHS England.

5.5.1. Stop Smoking service

Islington's Pharmacy Stop Smoking Services are delivered by smoking cessation advisers who are trained to assess levels of nicotine dependency, and advise on the most appropriate programme of treatment. The service supports clients over 8 weeks, providing advice and counselling as well as nicotine replacement therapy (NRT) such as patches, gums or inhalers to support smokers in their attempt to quit. The eligibility criteria to access the stop smoking services includes that smokers must be 13 years of age or older; and live, work or study in the borough.

Overall, in 2012/13 there were 30 pharmacies that delivered the stop smoking service in Islington. From these pharmacies, ten are in the North locality, eight are in the South East locality, seven are in the South West locality and five are in the Central locality. This equates to 0.7 pharmacies per 1,000 smokers for the South East, North and South West localities compared to 0.5 pharmacies per 1,000 smokers in the Central locality.

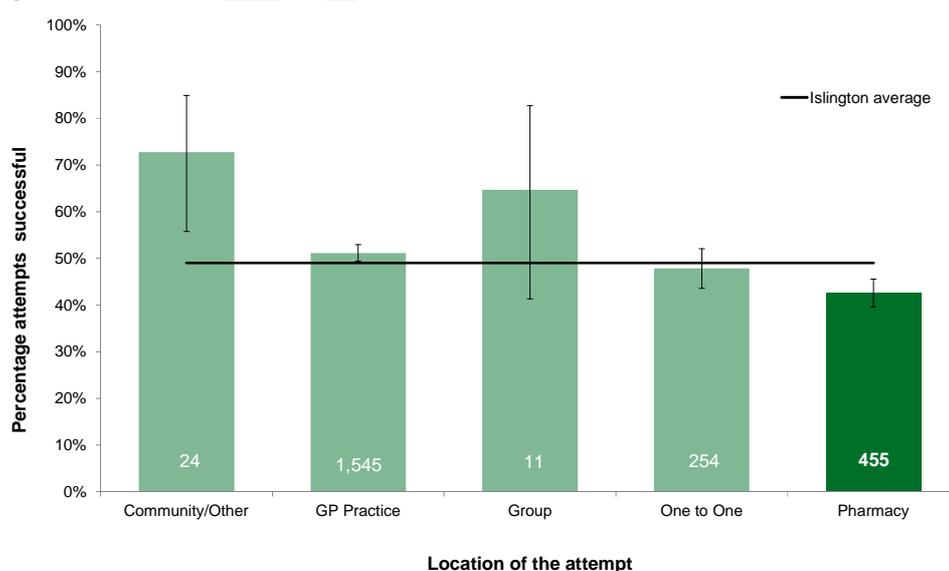
The majority of pharmacies (26 out of 30) are open for standard hours on weekdays; 28 pharmacies offer the service on Saturdays, and one of these pharmacies is open before 9am with the others all open between 9am and 7pm. On Sundays four pharmacies are open and offering stop smoking services.

In Islington, approximately 4,670 people accessed stop smoking services in 2012/13 in a variety of settings. Pharmacies are the second largest provider of the stop smoking service, providing 23% of all quit attempts; GP Practices provide the highest proportion of smoking

quit attempts (65%). Successful quit attempts are defined as quitting smoking at four weeks. In pharmacies 43% of smoking quit attempts were successful; this is similar to the Islington average (Figure 5.6). In contrast the community (73%) and GP Practices (51%) had significantly higher successful quit rates. Quit rates in community settings may be higher because they deliver a more intensive intervention to support people to quit smoking compared to pharmacy and GP Practice settings, and because they are delivered by specialist, full-time smoking cessation staff. Pharmacy quit rates will also be influenced by the higher level of deprivation seen in their smoking cessation client population, discussed in more detail later in this section.

The number of quit attempts in pharmacies were higher in the North locality (400) and lowest in the Central locality (140), perhaps reflecting the higher number of smokers in the North locality (Section 4.5.1). Although the number of pharmacy quit attempts are highest in the North locality, the proportion of successful pharmacy quits is lowest compared to the other localities (Map 5.6). In Islington, a higher proportion of women (54%) accessed stop smoking services in pharmacies compared to men (46%). Smoking prevalence is higher in men compared to women (Section 4.5.1). This suggests the pharmacy stop smoking service could be more targeted towards men. There are also variations in the prevalence of smoking by age; with a higher prevalence in the age group 16-34 years (Section 4.5.1). The South West locality had a higher proportion of quit attempts in people aged 16-34 years compared to the other localities (Figure 5.8), this is probably a reflection of the younger age structure in this locality (Section 4.2.1).

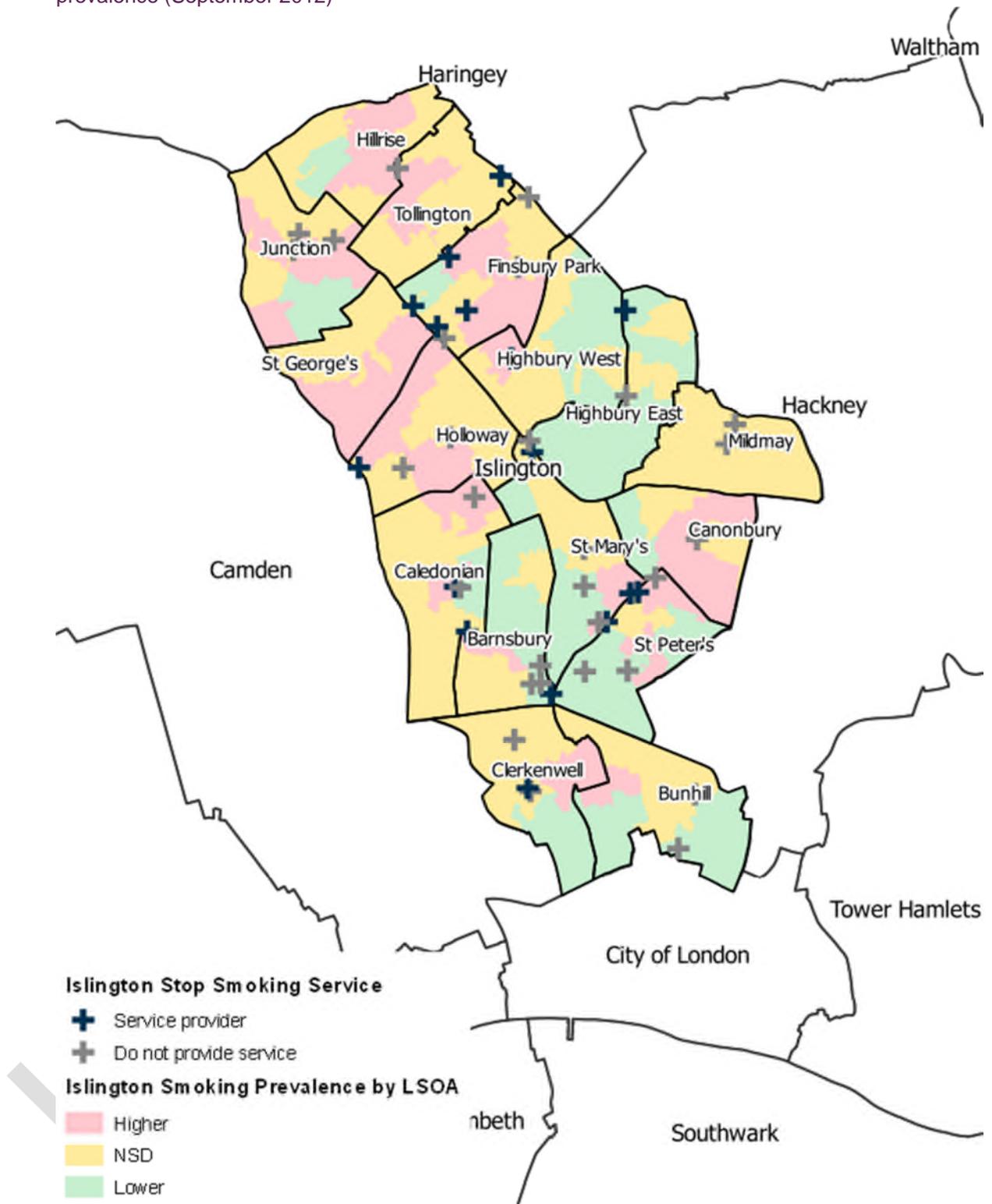
Figure 5.6: Success of quit attempts, by setting of the attempts, Islington's registered population aged 16+, 2012/13



Source: Islington Stop Smoking Service, 2013

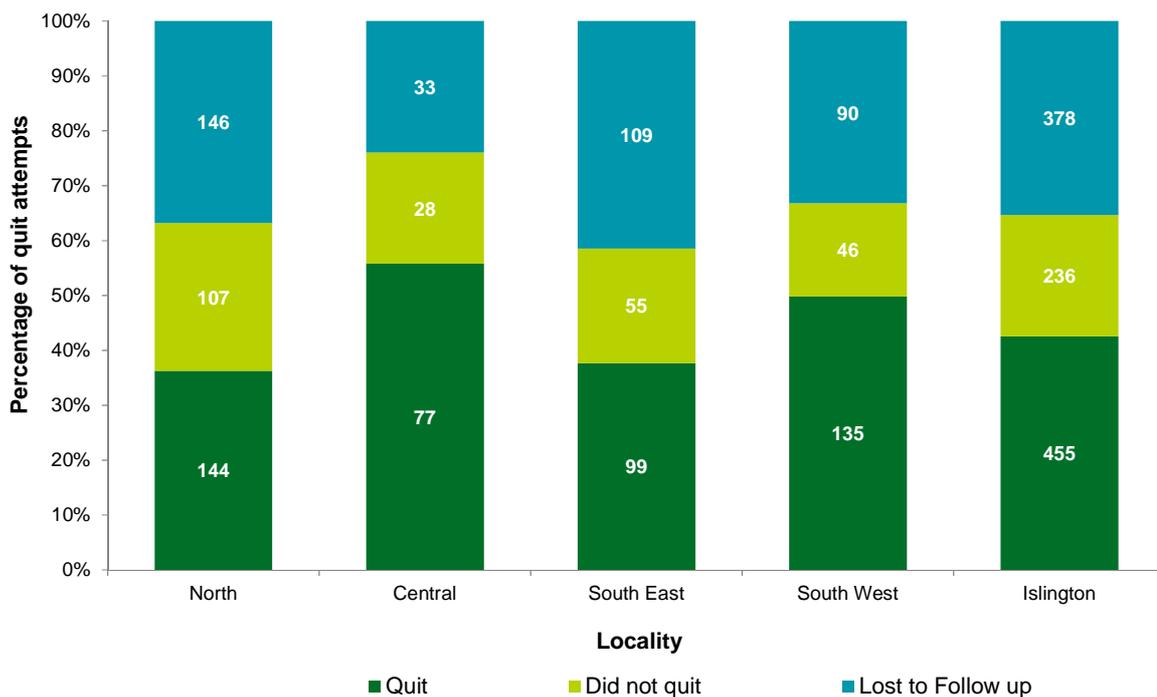
Note: Chart represents attempts rather than individuals, so individuals may appear more than once.

Map 5.6: Islington pharmacies providing Stop Smoking Service (October 2014), and smoking prevalence (September 2012)



Source: NHS England, 2014

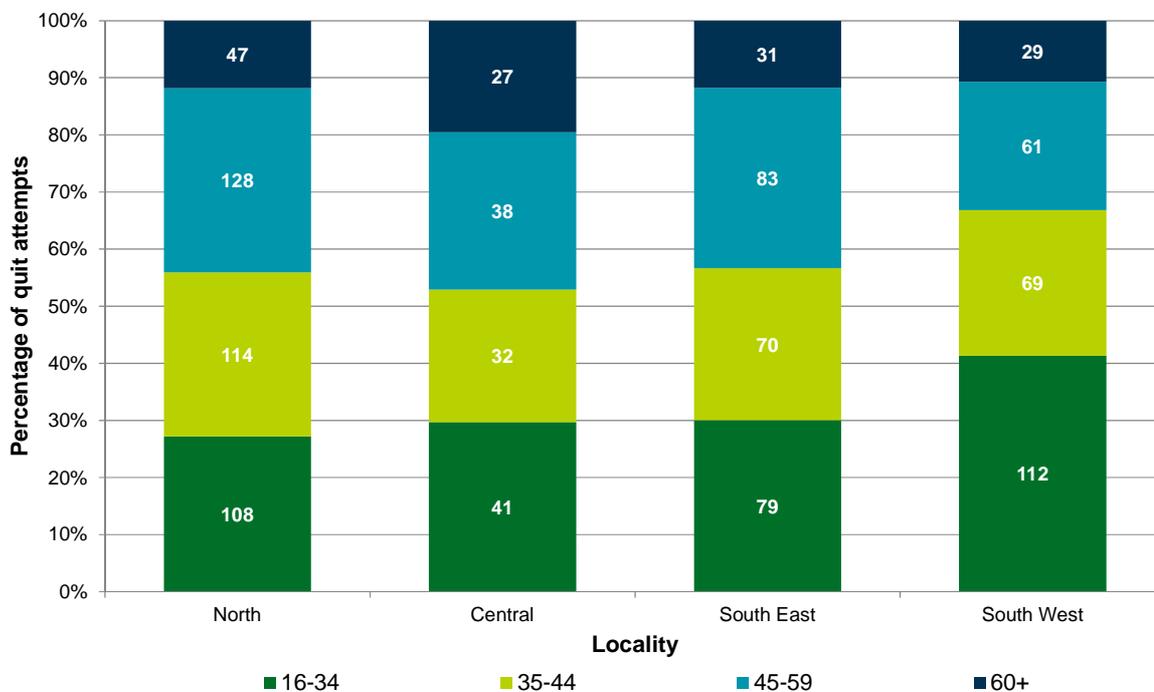
Figure 5.7: Outcome of quit attempts at Islington pharmacies, by locality and outcome, Islington, aged 16+, 2012/13



Source: Islington Stop Smoking Service, 2013

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

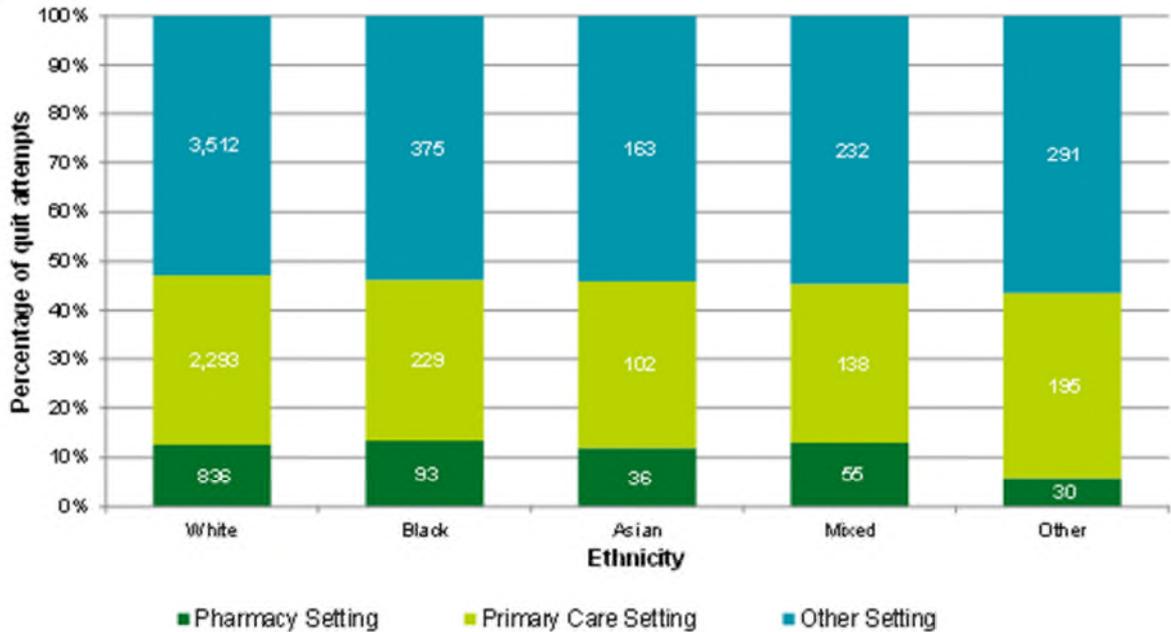
Figure 5.8: Percentage of quit attempts, by age and locality of pharmacy service attended, Islington, aged 16+, 2012/13



Source: Islington Stop Smoking Service, 2013

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

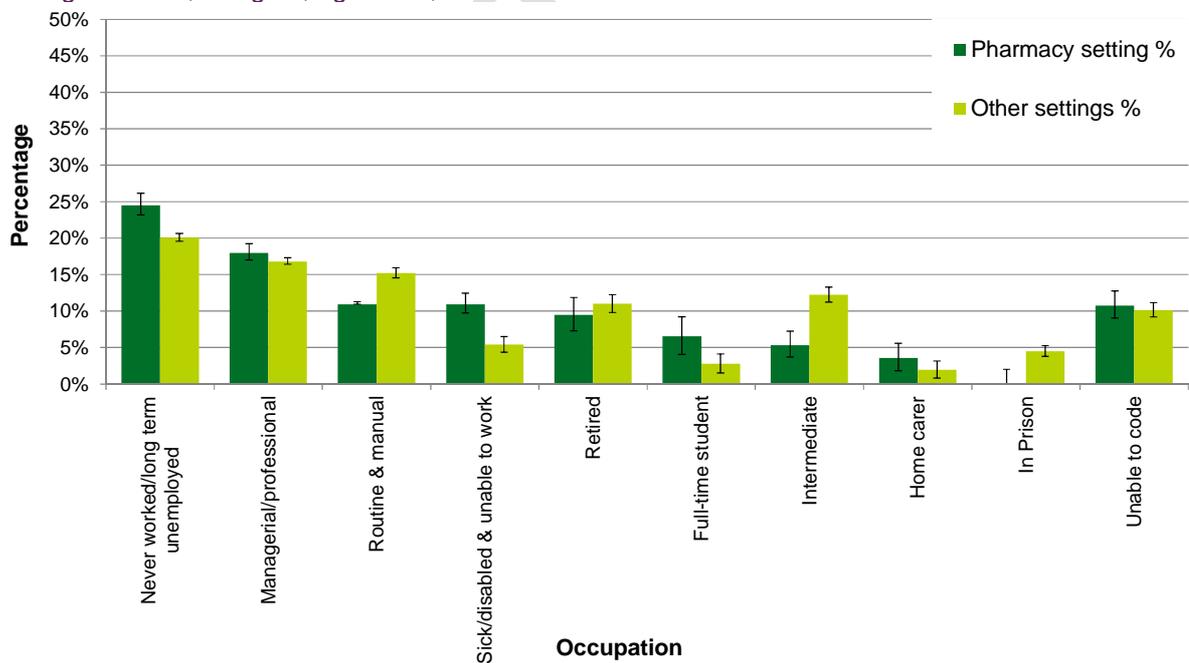
Figure 5.9: Percentage of quit attempts, by ethnicity of the user and type of service, Islington, people aged 16+, 2012/13



Source: Islington Stop Smoking Service, 2013

Notes: Chart represents attempts rather than individuals, one individual may contribute more than one attempt; 177 attempts with no recorded ethnicity have been excluded

Figure 5.10: Breakdown of Islington Stop Smoking Service quit attempts, by occupation and type of setting attended, Islington, aged 16+, 2012/13



Source: Islington Stop Smoking Service, 2013

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

More white people accessed pharmacy stop smoking services than other ethnic groups, reflecting Islington's population structure overall. For all ethnic groups, people are less likely to access the pharmacy service compared to GP Practice and other settings for stop smoking services (Figure 5.9).

People recorded as never worked, sick/disabled or full-time student were significantly more likely to use stop smoking service in pharmacies compared to other settings (Figure 5.10). Service users in a routine/manual occupation or an intermediate occupation were significantly less likely to use pharmacy setting for stop smoking services. It is known that people from more deprived areas and low socioeconomic status are more likely to smoke; therefore the pharmacy stop smoking service should be targeting this group.

CONCLUSION ON STOP SMOKING CESSATION SERVICE

The pharmacy stop smoking service is a **relevant service**. Given the links with long term conditions, and the higher prevalence among people already diagnosed with long term conditions, smoking cessation helps to meet the JHWP goals of preventing and managing long term conditions, as well as improving mental health and wellbeing. Pharmacies have the second largest number of quit attempts compared to other settings, however, pharmacies could be providing more quits. Between pharmacies, GP practices, and community settings patients are able to choose from a wide range of settings for smoking cessation support.

The number of pharmacies per 1,000 smokers is lowest in the Central locality, suggesting a potential gap in provision in this locality. In all localities there are no stop smoking pharmacies open for early, late or extended hours; representing an additional gap in service provision.

Taking into account the demographic breakdown of smokers in Islington, the Pharmacy stop smoking service could be more targeted towards men and lower socioeconomic groups.

5.5.2. NHS Health Checks

The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. Everyone between the ages of 40 and 74 years who has not already been diagnosed with one of these conditions will be invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and will be given support and advice to help them reduce or manage

that risk. Islington's LCS also extends Health Check eligibility to people aged 35 to 39 because of the high rate of premature ill-health in the borough. In the first quarter of 2014/15 Islington had the second highest rate in the country of health checks delivered to its eligible population, and the highest rate in London. However, for the purposes of this needs assessment the analysis is based on 2013/14 data, so as to cover a full year.

In 2013/14, Islington providers delivered over 9,100 NHS Health Checks. The majority of all Health Checks in 2013/14 were delivered at GP practices (64%). About a third were delivered in the community. Only four per cent of checks (333 Health Checks) were delivered by pharmacies. The national target for NHS Health Checks is to offer checks to 20% of the eligible population aged 40 to 74 every year. The eligible population is based on population registered with a GP practice, since there is no defined population for pharmacy or in the community. While not directly comparable with the national target, in 2013/14 18% of Islington's eligible population aged 35 to 74 were offered a Health Check and 8% received one.

Of all Health Checks in Islington, 33% were delivered in the Central locality, 23% were delivered in the North, 21% were delivered in the South West, and 20% were delivered in the South East (4% were missing provider postcode). Taking population size into account, the North locality had the highest level of offered and delivered Health Checks overall (24% and 9% of the eligible population respectively), followed by the Central locality (19% and 8%). The equivalent figures for the South West were 17% and 8% and for the South East the figures were 13% and 7%.

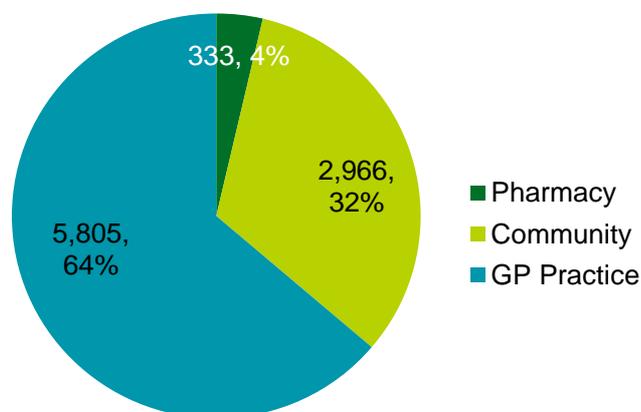
Two pharmacies in Islington provide NHS Health Checks (4% of pharmacies in the borough). One is located in the North locality and the other in the South East (but close to the heart of the borough). Both pharmacies in Islington providing NHS Health Checks are open standard opening hours Monday to Saturday and closed on Sundays. The pharmacy in the South East delivered more Health Checks than the pharmacy in the North (61%, 204 checks vs 39%, 129 checks) and also accounted for a greater proportion of the Health Checks delivered in the locality.

Focus group participants suggested the level of awareness is often low for some specialist services that pharmacies provide including NHS Health Checks but there is an appetite for more information.

Forty per cent of the Health Checks delivered by pharmacies were taken up by men. Demographic data are not available for Health Checks delivered by GP practices, but this figure is similar to that for checks in community locations (42%). The largest group of people receiving Health Checks at pharmacies were aged 40 to 49 years (42%), followed

by people aged 35 to 39 (29%). Eight per cent were aged 60 or older. This is similar to Health Checks delivered in community locations.

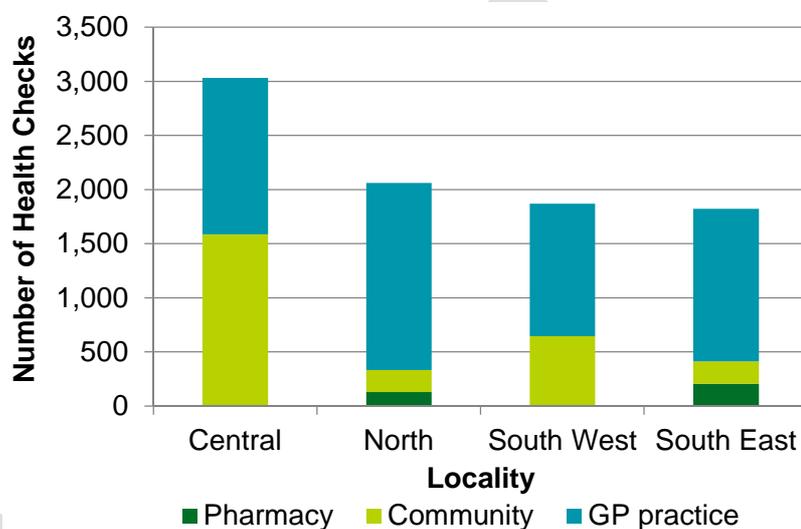
Figure 5.11: Number and proportion of NHS Health Checks provided, by provider type, Islington, 2013/14



Source: Camden and Islington Public Health, 2014

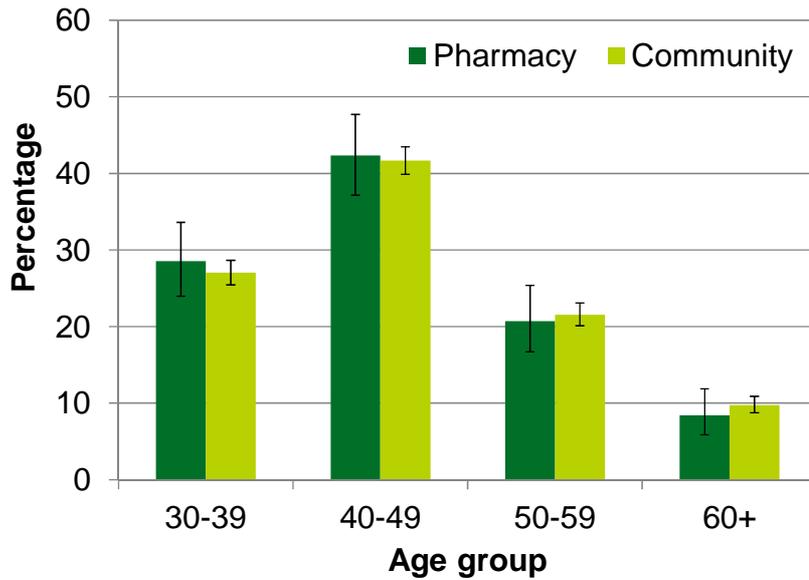
Note: Health Checks for GP practices cover the time period July 2013 to June 2014. Health Checks for pharmacies and community settings cover the financial year 2013/14.

Figure 5.12: Number of NHS Health Checks provided by provider type and locality, Islington, 2013/14



Source: Camden and Islington Public Health, 2014

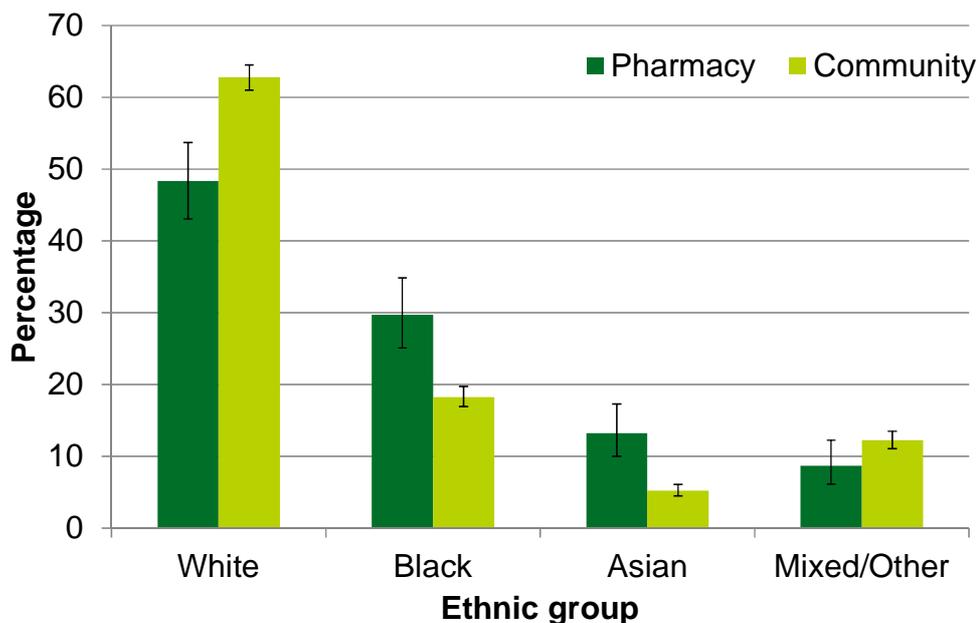
Figure 5.13: Proportion of NHS Health Checks by age group and provider type, Islington, 2013/14



Source: Camden and Islington Public Health, 2014

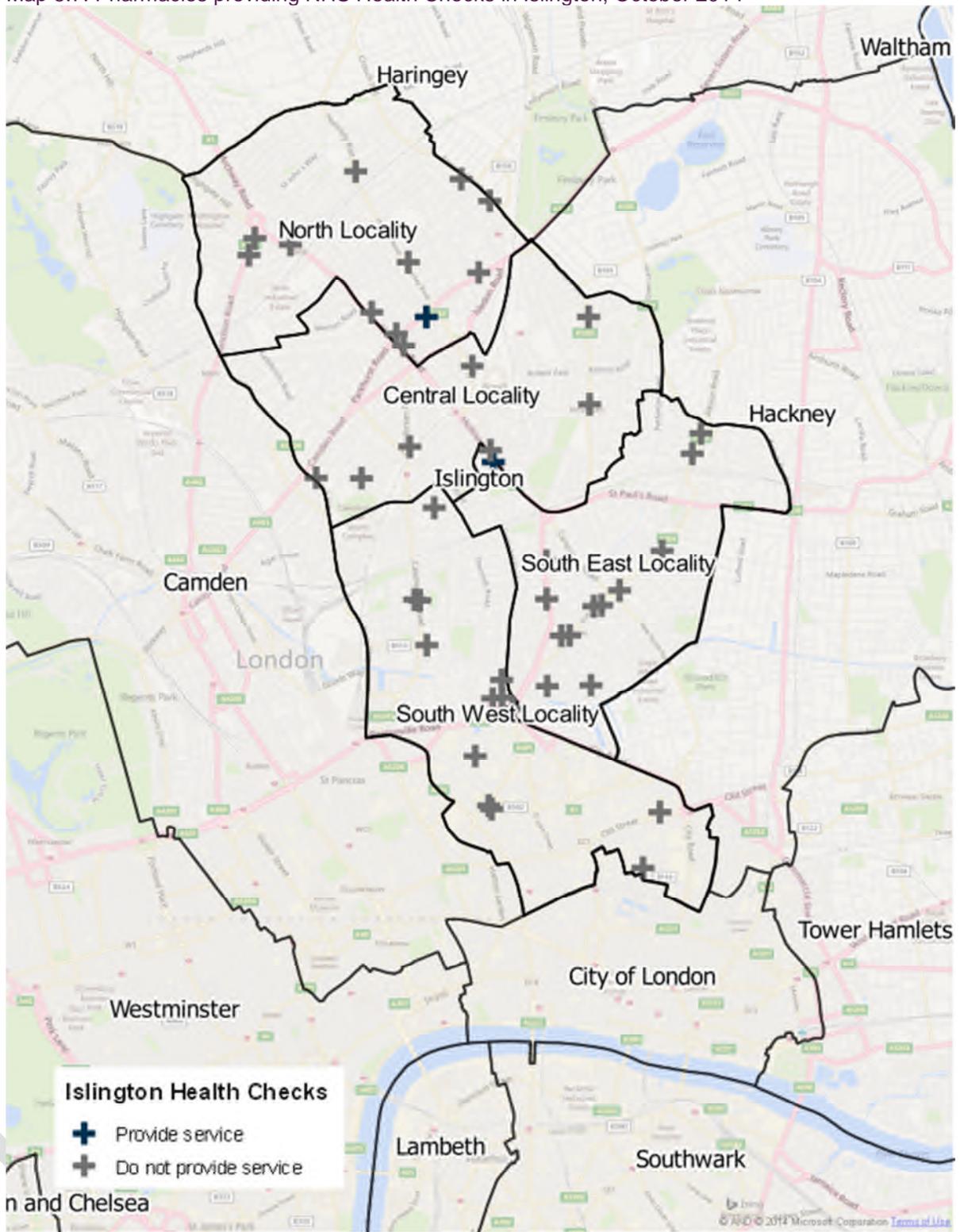
The largest group of people receiving Health Checks at pharmacies were of White ethnicity (48%), reflecting Islington’s population structure overall. Thirty per cent of Health Checks were received by people of Black ethnicity, while 9-13% were received by people of Asian and Mixed/Other ethnic groups. This pattern is different to that for checks in community locations, for which a larger proportion of checks were taken up by White people. The two pharmacies delivering Health Checks are both located in more deprived areas of Islington.

Figure 5.14: Proportion of NHS Health Checks by ethnic group and provider type, Islington, 2013/14



Source: Camden and Islington Public Health, 2014

Map 5.7: Pharmacies providing NHS Health Checks in Islington, October 2014



Source: NHS England, 2014

CONCLUSION ON NHS HEALTH CHECKS

Based on the information presented, NHS Health Checks are a **relevant service**. They can help to meet the JHWB goal of preventing and managing long term conditions by reducing the number of people living with undiagnosed long term conditions, particularly with health check offers being targeted at those thought to be at highest risk. Although most health checks are offered and delivered through GP Practices and Community providers, pharmacies have the potential to improve access and uptake of Health Checks as they appear to have been successful at targeting people eligible for Health Checks from Black and Asian ethnic groups in particular. Two pharmacies in Islington are currently delivering NHS Health Checks, but patients can also have their health check at GP practices or at a range of community settings. This indicates sufficient choice of venues. Both pharmacies delivering Health Checks are closed during weekday evenings and on Sundays; but there may be availability at other providers.

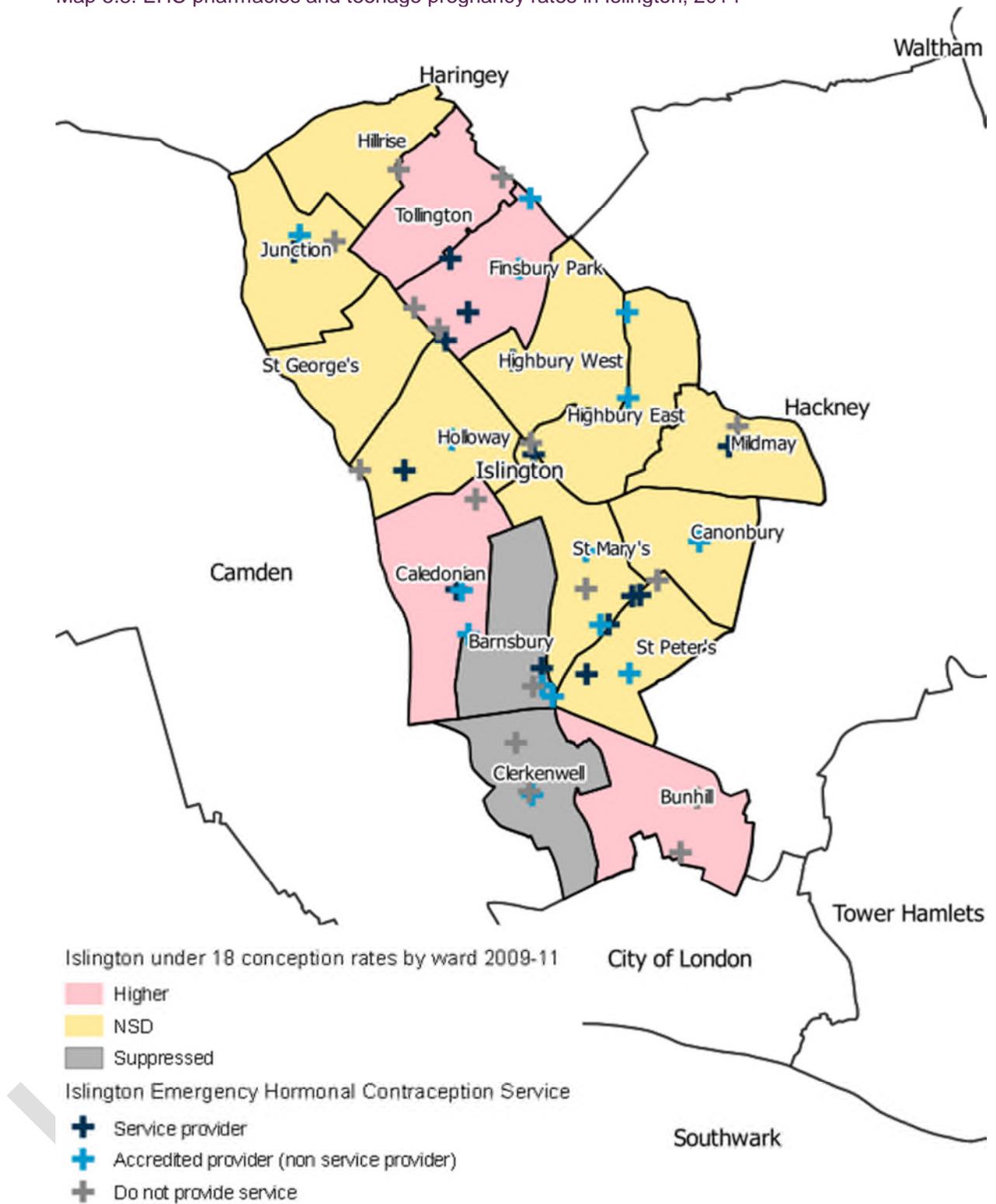
There is an appetite among residents for more information on specialist services that pharmacies provide, including NHS Health Checks.

5.5.3. Emergency Hormonal Contraception service

The Emergency Hormonal Contraception Locally Commissioned Service (EHC LCS) provides free contraception for clients (aged 13 – 24 years) following unprotected sexual intercourse. The locally commissioned service provides contraception alongside counselling, relevant signposting and referrals to other sexual health services. In order to provide this service, pharmacies must be accredited as set out in the contract; this includes signing a service level agreement (SLA), patient group directions (PGD) and completing a Disclosure and Barring Service (DBS) check. There are 26 (58%) pharmacies that are accredited EHC pharmacies in Islington; however in 2013/14 15 (33%) pharmacies delivered the EHC service. The analysis discussed below is restricted to the 15 pharmacies that have recorded activity for EHC LCS.

Ten of the fifteen pharmacies in Islington providing EHC services are open standard opening hours Monday to Saturday and closed on Sundays. Of the remaining five pharmacies, two are open standard hours on weekdays and three are open for either extended, early or late hours on weekdays. One pharmacy in Islington is open on a Sunday. Overall access to EHC pharmacies is extremely limited on Sundays and after 7pm on Saturdays. Data from 2013/14 shows that there were 550 uses of EHC across Islington at the 15 pharmacies offering the service. As the service does not track individual clients for confidentiality reasons, we are only able to provide demographic information for the number of EHC uses.

Map 5.8: EHC pharmacies and teenage pregnancy rates in Islington, 2014



Source: NHS England, 2014

Map 5.8 shows the geographical distribution of pharmacies that deliver EHC services sourced from NHS England. The narrative below refers to service provider activity data for 2013/14 which may show different EHC pharmacy activity to the map sourced from NHS England. There are seven EHC pharmacies in the South East locality, five EHC pharmacies in the North locality, two EHC pharmacies in the South West locality and one EHC pharmacy in the Central locality. Teenage pregnancy rates are significantly higher than the national average in the North and South West localities (Map 5.8); however there are only two EHC pharmacies in the South West compared to five in the North locality, this is a gap in service provision. It should be noted that however, that there are other places where clients can access EHC services; for example at GP practices and sexual health clinics, and over the counter at pharmacies outside of the remit of this service. Of all uses of EHC, the majority were in the South East locality (250 uses) and the North locality (240 uses); which is probably because these localities have the higher number of EHC pharmacies compared to the South West and Central. A higher number of EHC uses were recorded in women aged 17-20 years in Islington (390 EHC uses) compared to EHC uses in women recorded as less than 17 years or more than 20 years (160 uses). In Islington, there are a similar number of recorded EHC uses for women recorded as White (190 uses) compared to BAME (Black, Asian and minority ethnic) (210 uses); largely reflecting the ethnicity of Islington's younger population structure.

CONCLUSION ON EHC

The EHC service provided in accredited pharmacies is a **relevant service** as it improves access to this service in the borough, and supplements the standard offer of EHC. Pharmacies provide an alternative setting to sexual health clinics and GP practices through which women can access timely contraception and advice. EHC pharmacies are not evenly distributed across the borough; there are fewer pharmacies in the Central and South West localities offering EHC than in the South East and North localities. There are two EHC pharmacies in the South West locality and this is where teenage pregnancy rates are high; this presents a gap in service provision. However women may be accessing EHC from other providers such as sexual health clinics and GP practices in this locality.

Opening hours for EHC accredited pharmacies is very limited, with three pharmacies open for extended, early or late hours on weekdays and one pharmacy on Sundays. There is very limited access to the service in times that young people are most likely to use the service. Currently there are low numbers of women using the service and there is scope to increase this. Service data has shown that the localities with the highest number of pharmacies offering the service are the localities with the highest EHC use.

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

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

Clients with drug problems who access supervised consumption and needle exchange services tend to use these services for extended periods of time, so monthly average figures are presented. Due to a change in the payment system within the substance misuse commissioning team, data for April and May 2013 are not available. These months have been excluded and averages have been calculated on ten months' data.

Supervised consumption service

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

The supervised consumption service has recently been recommissioned, with 26 pharmacies commissioned from April 2014 compared to 29 pharmacies previously. At the time of writing there was not sufficient data available to assess service use under the new provision, so service use has been assessed based on 2013/14 data, but conclusions have been based on the current service provision.

Three-fifths of Islington's pharmacies offered supervised consumption services in 2013/14. Service provision ranged from 43% of pharmacies in the Central locality to 81% in the South East. On average there were 177 people registered for supervised consumption each month over the course of the year. It is not possible to estimate the prevalence of substance misuse for each locality, but the percentage of the resident population that are registered for this service was significantly higher than the Islington average in the North locality (Table 5.13).

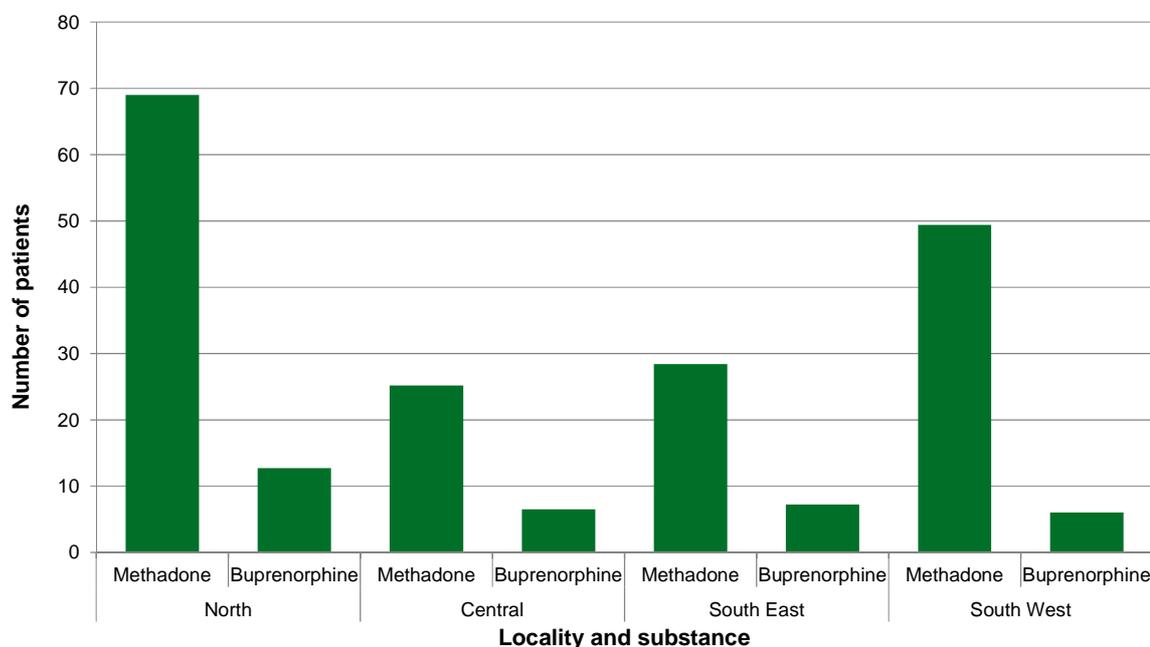
Table 5.13: Percentage of pharmacies offering supervised consumption service and average registered service users by locality, Islington, 2013/14

Locality	Providing service	Total pharmacies	% providing service	Monthly average number of patients registered with pharmacies	% total resident population registered with pharmacies
North	9	15	60%	82	0.2%
Central	3	7	43%	32	0.1%
South East	9	11	81%	36	0.1%
South West	6	12	50%	55	0.1%
Islington	27	45	60%	204	0.1%

Pharmacies offering supervised consumption are not uniformly distributed across Islington; the majority are in busier areas such as main roads (Map 5.9). Clients can also access supervised consumption at IDASS North, in the North Locality.

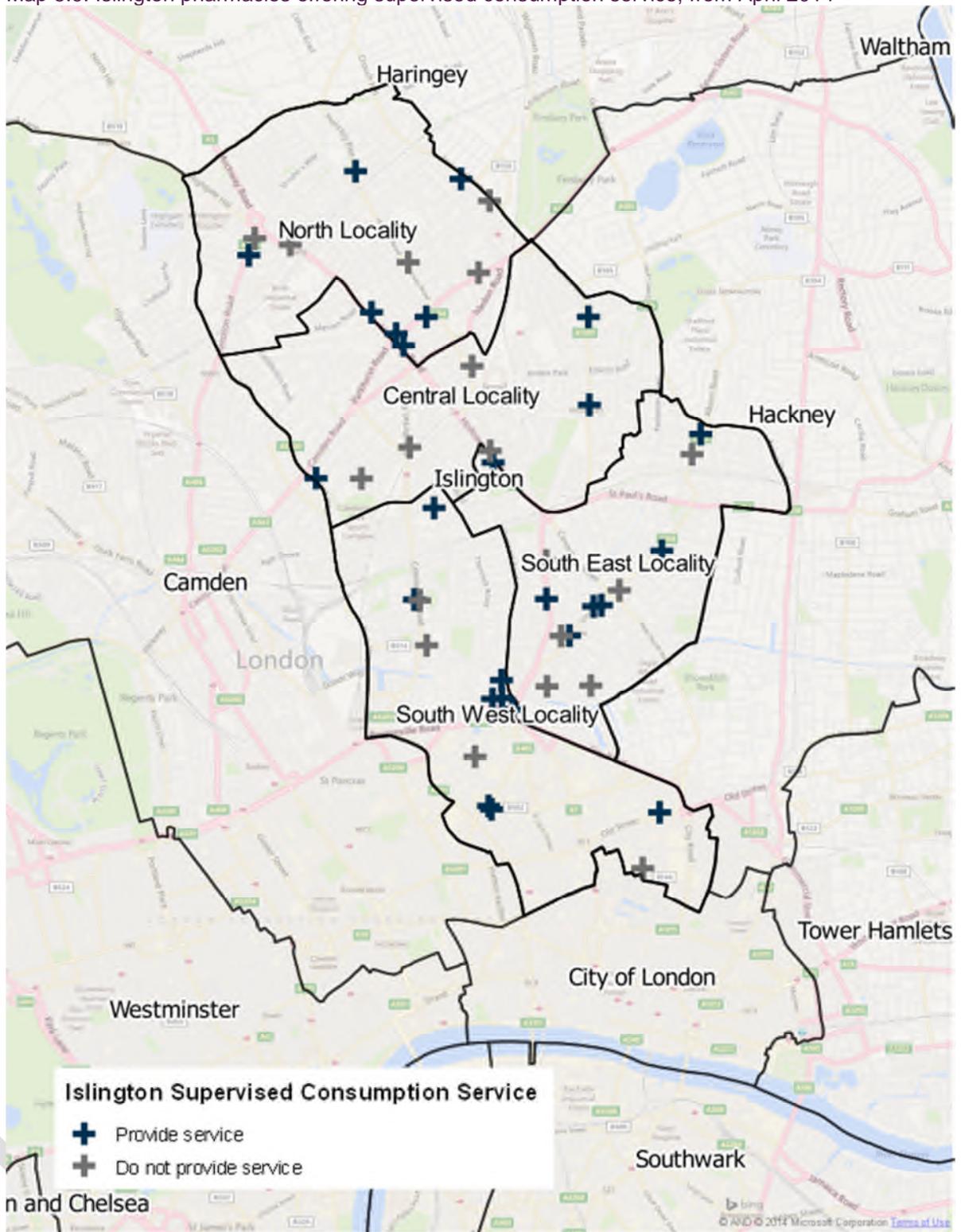
In 2013/14 there were an average of 172 clients (84% of the treatment population) receiving Methadone and 32 (16%) receiving Buprenorphine in Islington each month. There was no significant variation in the type of drug by locality (Figure 5.15).

Figure 5.15: Average number of patients receiving Methadone and Buprenorphine per month, by locality, Islington, June 2013 – March 2014



Source: Islington Substance Misuse Commissioning team, 2014

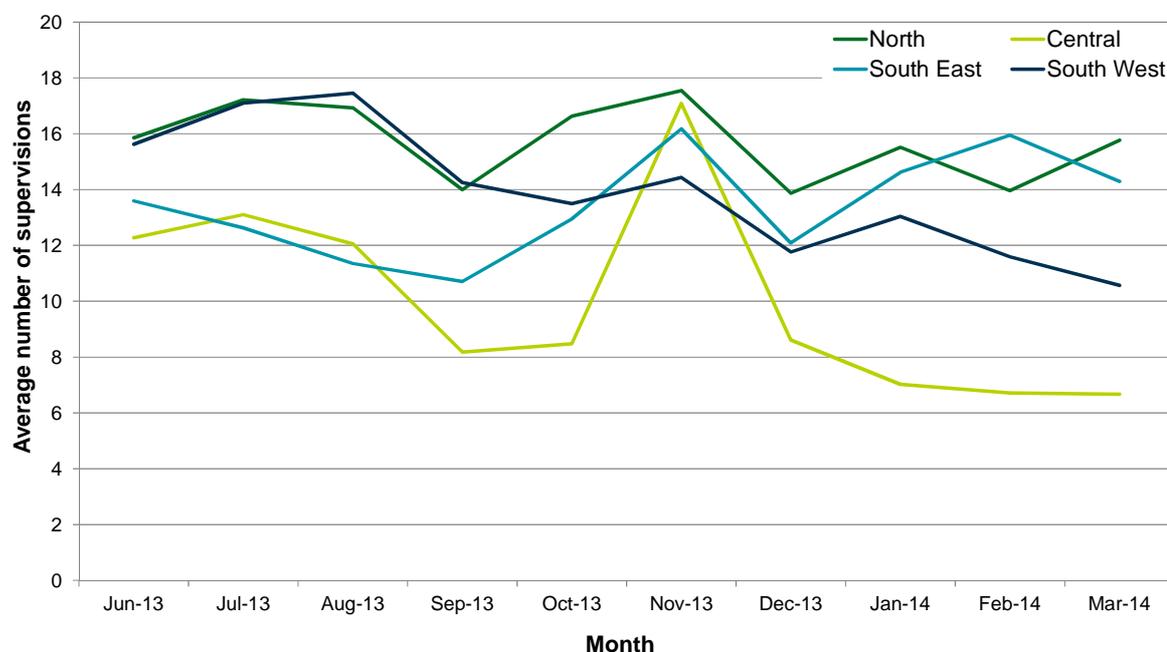
Map 5.9: Islington pharmacies offering supervised consumption service, from April 2014



Source: NHS England, 2014

Average Methadone supervisions fluctuated between 12 and 16 supervisions per patient per month in Islington between March 2013 and June 2014, with no discernible trend (Figure 5.16). Similar fluctuations and ranges of values were seen in each of the localities. The pattern for Buprenorphine supervisions was comparable with Methadone.

Figure 5.16: Average number of supervisions per client for Methadone each month, by locality, Islington, June 2013 - March 2014



Source: Islington Substance Misuse Commissioning team, 2014

To ensure patient safety and clinical governance each pharmacy can have a maximum of thirty clients at any one time. Between June 2013 and March 2014, monthly service use fluctuated between 25 and 40% of capacity in Islington. Service use was higher in the North and Central localities at 35-40% of the combined thresholds, while pharmacies in the South East were using 20% of their capacity.

Needle exchange service

Needle exchange services are focused on ensuring that injecting drug users have access to clean injecting equipment, are able to safely dispose of used equipment and have access to advice from pharmacists. In order to provide needle exchange, Islington pharmacists must undertake the required CPPE training and attend an annual training event. Pharmacies offering this service must provide the necessary level of privacy for clients (e.g. a consultation room for discreet conversations and advice regarding safer injecting), be open 6 days per week with needle exchange services available during all opening hours; display the national or local scheme logo indicating availability of the service; have adequate insurance and have a standard operating procedure covering all processes involved.

The needle exchange service has recently been recommissioned, with 24 pharmacies commissioned from April 2014 compared to 16 pharmacies previously. At the time of writing there was not sufficient data available to assess service use under the new provision, so service use has been assessed based on 2013/14 data, but conclusions have been based on the current service provision.

One in four of Islington's pharmacies offered needle exchange services in 2013/14. Service provision ranged from 33% of pharmacies in the North locality to 50% in the South West (Table 5.14). Pharmacies providing needle exchange are distributed throughout the borough (Map 5.10). Open access needle exchange is available at two substance misuse treatment centres in the North and Central localities, as well as pharmacies across London. There is considerable movement of people between boroughs for this service.

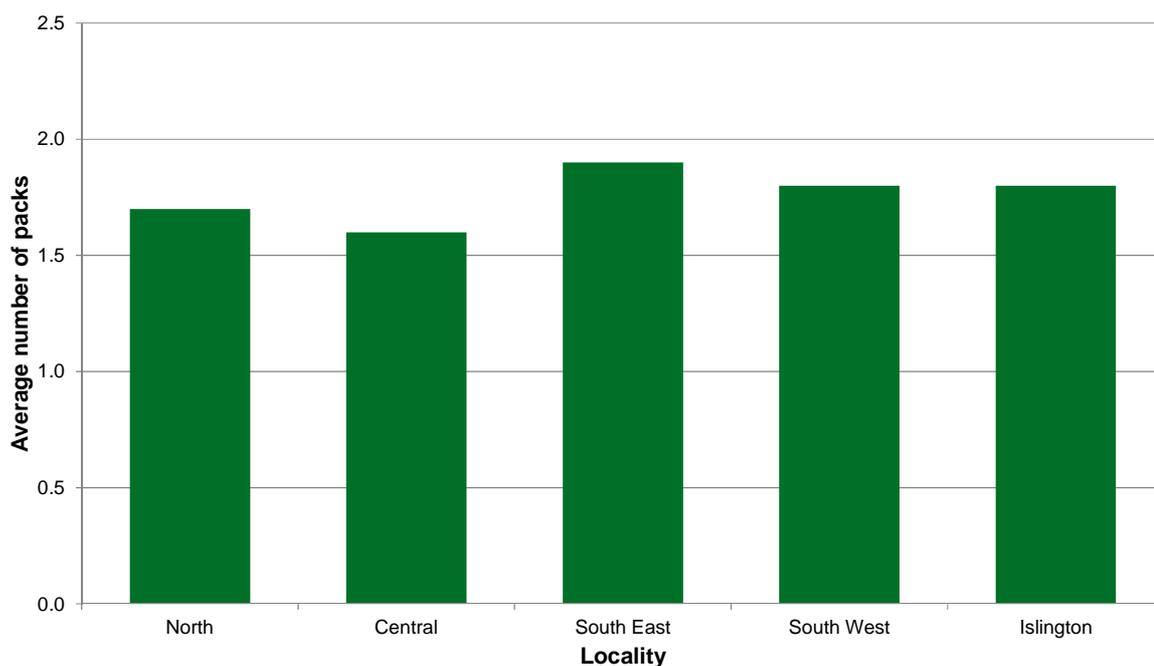
On average the 981 people used the needle exchange service each month over the course of the year (

Figure 5.17). The percentage of the resident population using this service was higher in the North (0.8% of residents) and lowest in the Central locality (0.2%).

The number of needle packs distributed to each client was similar across Islington localities, ranging from 1.6 packs per month in the Central locality to 1.9 per month in the South East (

Figure 5.17). Of the 17,300 needle packs distributed in Islington in between June 2013 and March 2014, the most frequently distributed packs were those containing smaller syringes, (blue, 69%; red 25%), which are most commonly used for heroin and crack cocaine.

Figure 5.17: Average number of needle packs distributed to needle exchange clients per month, by locality, Islington, June 2013 to March 2014



Source: Islington Substance Misuse Commissioning team, 2014

Table 5.14: Percentage of pharmacies offering needle exchange services and average number of service users by locality, Islington, 2013/14

Locality	Providing service	Total pharmacies	% providing service	Monthly average number of patients using the service	% total resident population using the service
North	5	15	33%	431	0.8%
Central	3	7	43%	132	0.2%
South East	4	11	36%	133	0.3%
South West	6	12	50%	285	0.5%
Islington	18	45	40%	981	0.5%

CONCLUSIONS ON DRUG MISUSE SERVICES

As set out in our substance misuse needs assessment, Islington has one of the largest opiate or crack-using populations in London. As such, we conclude that both SSA and NEX services are **necessary services** to meet the pharmaceutical needs of Islington's population. The service can contribute JHWB goals of preventing and managing long term conditions, as well as providing support to improve the mental health and wellbeing of clients. We have identified the following potential current gaps:

Supervised consumption services

- **All localities:** Access to supervised consumption services is reduced on Sundays. Although all pharmacies offering this service are open on Saturdays (five with extended hours), 15% of pharmacies offering this service in Islington are open on Sundays.
- **All localities:** Access to this service in pharmacies is limited to normal opening hours; just five pharmacies in the borough providing supervised consumption are open extended hours.

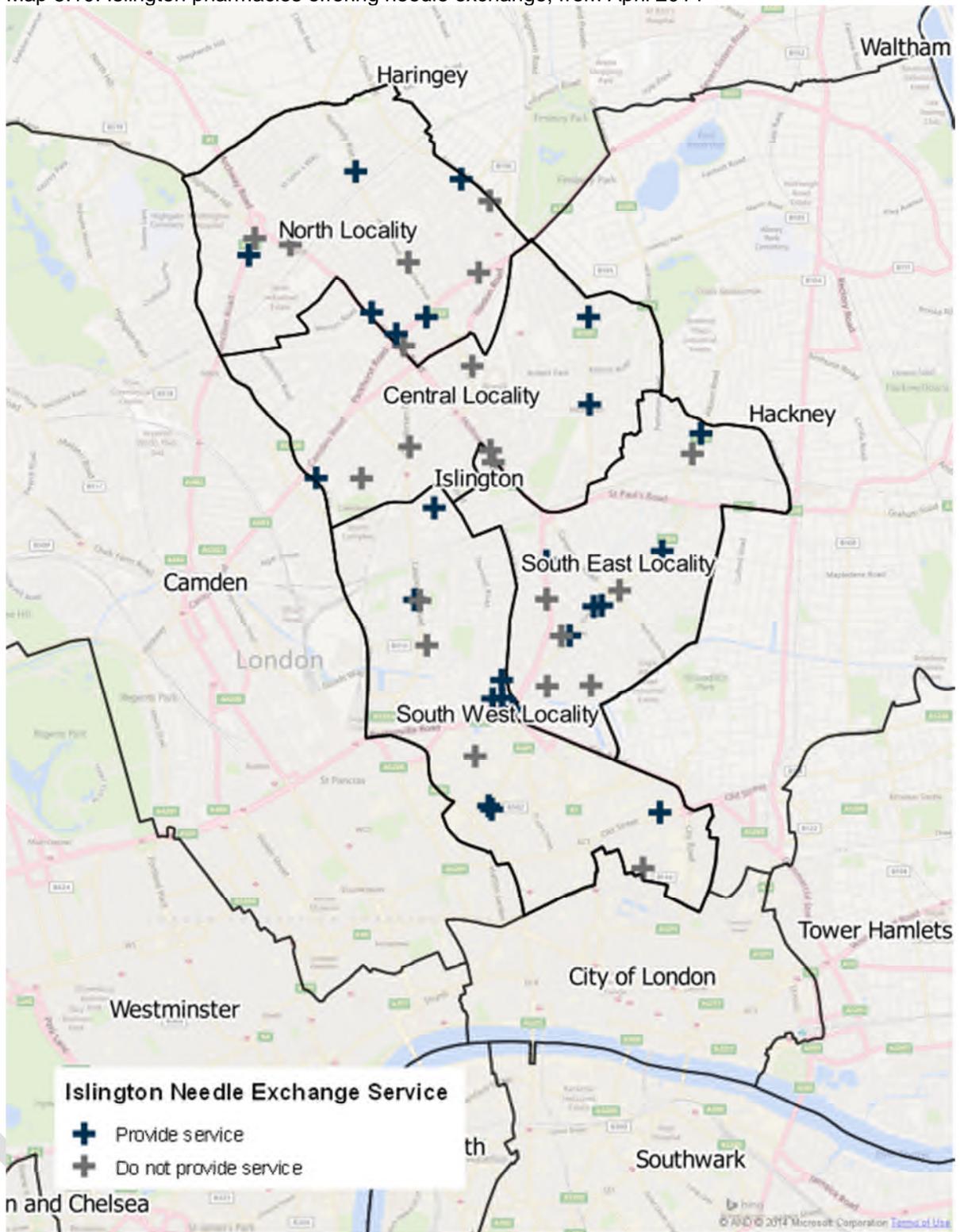
Needle exchange services

- **All localities:** Access to needle exchange services is reduced on Sundays. Over 80% of pharmacies providing this service in Islington are closed on Sundays. On Saturdays all pharmacies that provide needle exchange are open between 9am and 7pm, and none are open outside of these hours. During the week, four pharmacies are open outside of these hours.

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

Interim

Map 5.10: Islington pharmacies offering needle exchange, from April 2014



Source: NHS England, 2014

5.5.5. Anticoagulation service

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

CONCLUSIONS ON THE ANTICOAGULATION SERVICE

We conclude that this is a **relevant service** as it provides an additional source of support and treatment monitoring for patients, helping to prevent and manage long term conditions, one of the JHWB goals, as well as helping to reduce the number of unscheduled primary care attendances.

5.5.6. Palliative Care Medicines service

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

CONCLUSIONS ON THE PALLIATIVE CARE MEDICINES

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

5.5.7. Health promotion campaigns run by Public Health

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

- **Publicising the 'Don't bottle it up' campaign.** The Public Health department issued all Islington pharmacies with prescription bags that advertised the 'Don't bottle it up' alcohol awareness campaign. Pharmacies dispensed items in the bags early in 2014, also linking in with the 'Dry January' publicity campaign.
- **The Pharmacy Cancer Awareness Campaign.** The campaign utilised the power of word of mouth to disseminate information and educate customers on cancer. Pharmacists would initiate conversations about the prevalence, early signs and risk

factors of cancer. Special posters and quizzes were created as a point of conversation in order to enable better engagement with customers. The health professionals would be paid for every conversation they had. This was evidenced by a log book they would complete with details about each conversation.

- **Promoting early access to maternity services.** In coming months, local pharmacists will display posters within their pharmacies and encourage all women who purchase pregnancy tests or related items to contact their local maternity service or GP before the 10th week of pregnancy.

CONCLUSIONS ON PUBLIC HEALTH PROMOTION CAMPAIGNS

We conclude that Health Promotion campaigns are a **relevant service** as they provide additional information about local services targeted to the needs of the local population.

5.6. Qualitative research into pharmacy services

As discussed in Chapter 3, the needs assessment included a piece of research undertaken to better understand local experiences and views of pharmacy services, including where improvements could be made. The research focused on people who use community pharmacies, pharmacists in Islington, and other health professionals who come into contact with pharmacies as part of their role.

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

5.6.1. Method

The research was carried out in July 2014. To better understand the views of pharmacy users, 4 focus groups were held, each targeting different groups within the local population:

- residents with long term conditions
- residents with mental health support needs
- people living or working in Islington from lower income backgrounds
- people living or working in Islington from black and minority ethnic groups

Pharmacists and other health professionals completed an online survey to gather their views.

The key questions defining the research with the members of the public who used pharmacies in Islington were:

- How do residents use local pharmacy services?
- What impacts on their choice of community pharmacies?

- What would help residents use community pharmacies more, and make full use of their services to enable them to lead a healthier life?
- What works well and what doesn't work well in community pharmacies?
- How do community pharmacies help them manage their diagnoses?
- How could community pharmacies be improved?

The research with health professionals sought to gather the views on pharmacy services in Islington of local health professionals, including pharmacists, pharmacy staff, GP practice staff, and district nurses. The main research questions were:

- What do GP practice staff, district nurses and pharmacy staff think works well in community pharmacies?
- What could be done better in community pharmacies?
- For pharmacists, what would make it easier to signpost the public to relevant interventions?
- For GP practice staff, what are the challenges to signposting their patients to community pharmacies?

5.6.2. Key findings

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

Pharmacies in Islington were generally viewed positively by focus group participants and survey respondents, particularly around their convenience in terms of location and access, responsiveness and ability to offer a personalised service to those managing multiple conditions. Participants in the focus groups with long term conditions and mental health needs had a high dependency on services as they were regular pharmacy users. These groups in particular were keen to see improvements, and had pragmatic suggestions in many cases of how this might be achieved.

Priorities

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

The priorities of particular groups of patients when using pharmacies were discussed in the focus groups, to identify what was most important or valued amongst certain population

groups. Table 5.15 provides an overview of the factors that participants identified as being relevant and important to them. This helps to improve understanding of the way different users interact with pharmacy services in Islington.

Table 5.15: Summary of key priorities for pharmacy services for each user group in Islington

Population group	Summary of key priorities
General pharmacy users (low income and BAME)	Low level of dependency on specific services, but identified: <ul style="list-style-type: none"> ▪ Getting advice immediately without an appointment ▪ Longer opening hours to improve access outside of work hours ▪ Being confident in the knowledge of the pharmacist, and in some cases getting to know them in person
People with mental health needs	High dependency on pharmacy services. <ul style="list-style-type: none"> ▪ Being treated with extra sensitivity and patience when patients may not be feeling well ▪ Reassurance through having access to instant medical opinions ▪ Avoiding unnecessary repeat trips to the pharmacy ▪ Not being kept waiting in pharmacies ▪ Being offered the private consultation room where available ▪ Advice that is appropriate to the pharmacist's role and not infringing on the role of GPs.
People with long term conditions	High dependency due to frequency of pharmacy visits and complexities managing multiple conditions: <ul style="list-style-type: none"> ▪ Valued personal service – tailored to their needs. ▪ Friendly and respectful staff – particularly for the frail and more vulnerable ▪ Reliance on accurate advice over taking multiple medications. ▪ Time to listen and explain changes in prescriptions – important when suffering from memory loss ▪ Delivery options and reminders for prescriptions.

Recommendations

There are many aspects of pharmacies and their services that are viewed as working well by both the general public, and health professionals, and to an extent many of the priorities for pharmacy services in Table 5.15 are already being met, or partially met. The core services of dispensing medications, giving advice on over the counter medication and minor ailments or symptoms and providing these in many locations across the borough that are near to people's homes and workplaces can all be judged as a success. It was also apparent that many people trusted the knowledge and advice from pharmacies and particularly valued their accessibility in comparison to the difficulty many could experience in getting an appointment at their GP.

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

- **Opening hours of pharmacies in Islington:** The opening hours of pharmacies need to be mapped to ensure that there is equitable coverage of early and late provision across the borough. Clearer information could be provided in pharmacies of out of hours services so pharmacy users know where to go. There was also a suggestion that a 7 day pharmacy and at least one 24 hour pharmacy were needed in Islington to avoid residents having to travel outside of the borough.
- **Promoting different prescription options:** Every pharmacy should make it clear which options are available for collecting prescriptions, particularly targeting those managing multiple conditions so they are fully aware of the range of ways that they can arrange to receive reminders about or pick up their prescriptions.
- **Promotion of pharmacy services:** Advertising in pharmacies about the range of services on offer could be improved, but also using different routes to disseminate this – via booklets, local advertising in papers, or door to door leaflets. The availability of different languages spoken in pharmacies also could be promoted more clearly.
- **Accessibility:** Pharmacies should ensure that they have seating and wheelchair access for those who are able to visit in person, and better promotion of the home delivery service for those who are not. This should be mapped across Islington to identify which premises are not currently accessible.
- **Links with between pharmacies and other services:** Pharmacists said they needed more information about health services elsewhere, and other health professionals reported that they wanted more information in order to signpost to pharmacies and improve their confidence in the services available there. It was also apparent that some would benefit between better face to face collaboration between pharmacists and other health services, and consideration should be given as to the most appropriate forum in Islington to bring these together.
- **Training:** To consider how to improve the training and skills of pharmacy and pharmacist staff – one suggestion was that joint training for GP and pharmacy staff could help – and would make each more aware of the services they provide.

In summary, there were many encouraging responses about pharmacies in Islington, particularly around their convenience, responsiveness and ability to offer a personalised service. Those with high dependency on services who are regular pharmacy users are keen

to see some improvements, but had pragmatic suggestions in many cases of how this might be achieved. It was recommended that Camden and Islington's PNA Steering Group further consult with user groups in the borough on the needs of those with long term conditions in particular, given the strong feelings about accessibility in pharmacies, views on it being hard to travel across Islington, and the likely future pressures on services from an ageing population.

5.7. Assessing the needs of people with protected characteristics

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

5.7.1. Age

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

Young people

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

Working age population

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

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

Older people aged 65 and over

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

5.7.2. Disability

National legislation means that all pharmacies must comply with the provisions set out in law. However, with 45 different pharmacies in Islington, there are varying degrees of accessibility. For example, the qualitative research highlighted that some pharmacies are more difficult to enter while using a wheelchair. These issues result in disabled people having less choice in which pharmacy to use. Pharmacies are also required to have a confidential consultation room, which in some cases may not be suitable for those in a wheelchair.

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

5.7.3. Gender reassignment

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

5.7.4. Marriage and civil partnership

No specific needs have been identified for this characteristic.

5.7.5. Pregnancy and maternity

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

5.7.6. Race

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

The NHS Health Check offer in Islington targets South Asians at a younger age, reflecting the increase in prevalence of cardiovascular diseases. In addition to offering health promotion advice, pharmacies can opportunistically offer Health Checks to this group, as well as other public health interventions, such as smoking cessation.

5.7.7. Religion or belief

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

5.7.8. Gender

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

5.7.9. Sexual orientation

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

6. FUTURE SERVICES

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

6.1. Healthy Living Pharmacies

In September 2014 Camden and Islington Public Health, Camden and Islington CCGs and Camden and Islington Local Pharmaceutical Committee (LPC) invited pharmacies to apply for the Healthy Living Pharmacy (HLP) Quality Mark. The HLP programme recognises the significant role community pharmacies play in helping reduce health inequalities by delivering consistent and high quality health and wellbeing services, promoting health and providing proactive health advice and interventions. The Healthy Living Pharmacy concept was developed by NHS Portsmouth (Primary Care Trust), working together with the Hampshire and Isle of Wight LPC. A Healthy Living Pharmacy:

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

An official launch of the programme took place in January 2015, and the aim is that all pharmacies will eventually hold this quality mark. For more information visit: www.islington.gov.uk/pharmacy.

7. WIDER RECOMMENDATIONS

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

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

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

7.1. Improving awareness of available pharmacy services

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

The low levels of uptake of advanced services such as medicines usage review and new medicines service could also point to low levels of awareness; as these services are targeted at people on medication regimes or new medicines, people with long term conditions (including mental health conditions) would particularly benefit from these services. As well as supporting better adherence, better understanding, and improved outcomes for patients, greater usage of these services would help to reduce the burden on GP practices. The combination of a high prevalence of long term conditions and relatively low uptake of services does clearly highlight that there is some unmet need in this area which, the evidence suggests, could be met through better public awareness.

7.2. Improving awareness of opening hours

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

7.3. Increasing the provision of key public health programmes

The locally commissioned services (LCSs) offered in pharmacy, particularly those focussing on health promotion also have capacity for increased provision. For example, this includes stop smoking service, NHS Health Checks, emergency hormonal contraception, 'flu vaccination, and some substance misuse services, as well as more general health promotion campaigns. There is a strong evidence base for all of these services, and community pharmacies have a key role to play in raising awareness to motivate people to change their behaviours and then supporting them to change. Maximising the potential of community pharmacies to provide these services will assist in addressing local health needs, reducing health inequalities and increasing life expectancy.

Commissioners of these programmes should ensure that where contracted, pharmacies are promoted as a point of contact for the services, and pharmacies are supported in their offer. The launch of the Healthy Living Pharmacy (HLP) Quality Mark scheme in 2015 should be used to encourage pharmacies to further develop a holistic approach to the public health services they offer.

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Appendix A: Services provided, by pharmacy

Locality	Pharmacy name	Post Code	Medicine Use Review	New Medicines Service	Minor Ailments Scheme	Medicines Reminder Devices	Seasonal 'flu vaccination	Stop smoking service	NHS Health Checks	Emergency Hormonal Contraception	Supervised Self-Administration	Needle Exchange	Anticoagulation service	Palliative Care
North	Apex Pharmacy (Essex Road)	N4 3NS	Yes	Yes	Yes	Yes	Yes							
	Apex Pharmacy (Old Street)	N19 5QU	Yes	Yes	Yes	Yes	Yes				Yes	Yes		
	Apteka Chemist (Chapel Market)	N7 6QA	Yes		Yes			Yes			Yes	Yes		
	Apteka Chemist (Seven Sisters Rd)	N4 3NS	Yes	Yes	Yes	Yes	Yes	Yes		Yes				
	Arkle Pharmacy	N19 5QU	Yes	Yes	Yes	Yes	Yes			Yes	Yes	Yes		
	Boots the Chemist (Holloway Road)	N7 6QA	Yes	Yes	Yes		Yes	Yes		Yes	Yes			
	Chemitex Pharmacy	N7 7HE	Yes	Yes	Yes	Yes		Yes		Yes				
	Devs Chemist	N7 6AE	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes
	Nuchem Pharmaceuticals Ltd	N4 3PX	Yes	Yes	Yes	Yes	Yes	Yes			Yes	Yes		
	Roger Davies Pharmacy	N4 3EF	Yes	Yes	Yes	Yes	Yes	Yes						
	Shivo Chemists	N19 3JF	Yes		Yes		Yes							
	Superdrug Pharmacy (Seven Sisters Road)	N7 6AJ	Yes	Yes	Yes		Yes	Yes			Yes	Yes		
	The Co-Operative Pharmacy	N19 5QT	Yes	Yes										
	Wellcare Pharmacy	N7 6JP	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes		
	Wise Chemist	N19 3QN	Yes		Yes		Yes	Yes			Yes	Yes		
Central	C&H Chemist	N5 2LL	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes		
	Caledonian Pharmacy	N7 9RP	Yes		Yes	Yes	Yes	Yes		Yes				
	G Atkins	N7 8JE			Yes	Yes								
	Highbury Pharmacy	N5 2AB	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	
	Hornsey Road Pharmacy	N7 7NN	Yes	Yes	Yes	Yes		Yes		Yes				
	Islington Pharmacy	N7 9GL	Yes	Yes			Yes							
	York Pharmacy	N7 9LW	Yes	Yes	Yes		Yes	Yes			Yes	Yes		

Note: This table is based on data provided by NHS England. All pharmacies were contacted to verify the information, and information has been updated where necessary.

Locality	Pharmacy name	Post Code	Medicine Use Review	New Medicines Service	Minor Ailments Scheme	Medicines Reminder Devices	Seasonal 'flu vaccination	Stop smoking service	NHS Health Checks	Emergency Hormonal Contraception	Supervised Self-Administration	Needle Exchange	Anticoagulation service	Palliative Care
South East	Boots the Chemist (Newington Green)	N16 9PX	Yes	Yes	Yes		Yes	Yes			Yes	Yes		
	Clan Pharmacy	N1 1RA	Yes	Yes	Yes		Yes				Yes			Yes
	Dermacia Pharmacy	N1 2UQ			Yes		Yes	Yes				Yes		
	Egerton Chemist	N7 8LX	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes			
	Essex Pharmacy	N1 2SF	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes		
	Leoprim Chemist	N1 3PB	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes		
	Mahesh Chemists	N1 4QY	Yes	Yes	Yes	Yes				Yes				
	New North Pharmacy	N1 8BJ	Yes	Yes		Yes	Yes	Yes		Yes				
	Rose Chemist	N1 2RU	Yes	Yes	Yes	Yes				Yes				
	Savemain Ltd	N1 8LY	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes		
	St Peter's Pharmacy	N1 8JR	Yes	Yes	Yes		Yes	Yes		Yes				
	Turnbolls Chemist	N1 2SN	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes		
South West	Boots the Chemist (Islington High St)	N1 9LJ	Yes	Yes	Yes			Yes		Yes	Yes	Yes		
	Carters Chemist	N7 8XF	Yes	Yes	Yes	Yes	Yes	Yes			Yes	Yes		
	Clerkenwell Pharmacy	EC1R 4QL	Yes	Yes	Yes			Yes			Yes	Yes		
	Clockwork Pharmacy (161 Caledonian Road)	N1 0SG	Yes	Yes	Yes	Yes	Yes	Yes		Yes				
	Clockwork Pharmacy (273 Caledonian Road)	N1 1EF	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes		
	Douglas Pharmacy	N1 0DG			Yes	Yes	Yes			Yes	Yes	Yes		
	P Edward Ltd	N1 1BB	Yes		Yes					Yes				
	Portmans Pharmacy	EC1Y 8NX	Yes	Yes	Yes		Yes	Yes						
	Rowlands Pharmacy	EC1R 4QE	Yes	Yes	Yes	Yes	Yes			Yes				
	Superdrug Pharmacy (Chapel Market)	N1 9EW	Yes	Yes	Yes		Yes			Yes	Yes	Yes		
W C And K King Chemist	EC1R 1UR	Yes	Yes	Yes	Yes									

Note: This table is based on data provided by NHS England. All pharmacies were contacted to verify the information, and information has been updated where necessary.

Appendix B: The Islington Pharmaceutical Needs Assessment Steering Group

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

- Public Health:
 - Sarah Dougan, Deputy Director of Public Health (Chair)
 - Dalina Vekinis, Senior Public Health Information Analyst
 - David Clifford, Public Health Information Officer
- Local pharmaceutical committee
 - Yogendra Parmar, CEO
- Medicines Management
 - Amalin Dutt, Head of Medicines Management
 - Brian MacKenna, Prescribing Advisor
- Healthwatch
 - Emma Whitby, Chief Officer Healthwatch (Islington)
- NHS England Area Team
 - Anthony Marks, Community Pharmacy Advisor

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

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

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

Background

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

Formerly published by primary care trusts (PCTs), the PNA is a key tool for identifying what is needed at a local level to support the commissioning intentions for pharmaceutical services and other services that could be delivered by community pharmacies and other providers. The last PNAs were published in 2011 by respective local PCTs²³.

The importance to HWBs

- HWBs have now a legal duty to check the suitability of existing PNAs, compiled by primary care trusts (PCTs), and publish supplementary statements explaining any changes.
- HWBs will need to ensure that the NHS Commissioning Board (NHSCB) and its Area Teams have access to their PNAs.
- Each HWB will need to publish its own revised PNA by **1st April 2015**. This will require board-level sign-off and a minimum period (of 60 days) for public consultation beforehand²⁴.
- Failure to produce a robust PNA could lead to legal challenges because of the PNA's relevance to decisions about commissioning services and new pharmacy openings.

What should a good PNA cover?

- The PNAs should meet the market entry regulations²⁵.
- PNAs should include pharmacies and the services they already provide. These will include dispensing, providing advice on health, medicines reviews and local public health services, such as stop smoking, sexual health and support for drug users.
- It should look at other services, such as dispensing by GP surgeries, and services available in neighbouring HWB areas that might affect the need for services in its own area.
- It should examine the demographics of its local population, across the area and in different localities, and their needs and also look at whether there are gaps that could be met by

²³ The most recent PNAs published by Camden and Islington PCTs in 2011 are available to steering group members upon request.

²⁴ The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs and can be found at: <http://www.dh.gov.uk/health/2013/02/pharmaceutical-services-regulations/>

²⁵ <http://psnc.org.uk/contract-it/market-entry-regulations/>

providing more pharmacy services, or through opening more pharmacies. It should also take account of likely future needs.

- The PNA should also contain relevant maps relating to the area and its pharmacies.
- Finally, PNAs must be aligned with other plans for local health and social care, including the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy.

Steering group duties/responsibilities

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

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

Policy Implications

- The Pharmaceutical Needs Assessment is the document that NHS England uses when deciding if new pharmacies are needed and to make decisions on which NHS funded services need to be provided by local community pharmacies.
- The Pharmaceutical Needs Assessment can be used as part of the Joint Strategic Needs Assessment (JSNA) to inform future commissioning strategies.
- As a valuable and trusted public health resource with millions of contacts with the public each day, community pharmacy teams have the potential to be used to provide services out of a hospital or practice environment and to reduce health inequalities²⁶. In addition, community pharmacies are an important investor in local communities through employment, supporting neighbourhood and high street economies, as a health asset and as a long term partner.

Governance

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

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

²⁶ "Healthy lives, healthy people", the public health strategy for England (2010)

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

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

Membership

Membership needs to reflect that pharmacy commissioning involves: NHS England, Public Health & CCGs. Other members will be co-opted at different times to advice on different areas of work as needed.

The following will be members of the steering group:

- Assistant Director of Public Health for Camden & Islington (Chair)
- Senior Public Health Analyst (Camden & Islington Public Health)
- Public Health Information Officer, (Camden & Islington Public Health)
- Clinical Commissioning Groups (CCGs) – Heads of Medicines Management for Camden and Islington
- Local Pharmaceutical Committee (LPCs) Lead (Chief Executive)
- NHS England – representative
- Health Watch representatives for Camden and Islington
- Co-opted members (to attend when required)
- Communications Lead
- Patient / Public involvement (PPI) Group Lead/s (patient association)

Frequency of meetings

The steering group will meet quarterly each year:

- December 2013
- March 2014
- June 2014
- September 2014
- December 2014

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

This will be hosted on the Consultation site.

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Appendix D: Consultation report: plan and implementation

Background and context to the consultation

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

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

The PNA regulations require that they are published by 1 April 2015, following a mandatory 60-day consultation period where a draft PNA will be made available. The consultation serves as a way to collate feedback about the PNA and its conclusions from a wide range of stakeholders. This document details the process for the formal consultation period.

Scope of the consultation

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

- the Local Pharmaceutical Committee
- the Local Medical Committee
- Pharmacists and/or dispensing doctors in the area
- LPS chemists in the area with whom the NHSCB has made arrangements for the provision of any local pharmaceutical services;
- Local Healthwatch organisation for its area, and any other group interested in the provision of pharmaceutical services in its area
- any NHS trust or NHS foundation trust in its area
- the NHSCB
- Local HWB and any neighbouring HWB.

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

Consultation engagement

The consultation will run for 60 days from October 2014 to December 2014, with exact dates to be confirmed. Communications will be sent out to raise awareness of the consultation. The consultation documents will be available on the Council websites for downloading. The survey questions can be completed using an online survey. For accessibility reasons, a paper copy will also be available for people to complete. Table D.7.1 lists the organisations invited to consult on the PNA.

Table D.7.1: List of organisations to be consulted on Islington's PNA

	Stakeholder	Channel	Cost	Responsibility
Compulsory	Local Medical Committee	Email link to the consultation document and online survey to LMC secretary for distribution.	No cost	TBD
	Local Pharmaceutical Committee	Email link to the consultation document and online survey to LPC secretary for distribution.	No cost	TBD
	Pharmacy contractors (including appliance & distance selling pharmacies)	Email link to the consultation document and online survey to group.	No cost	TBD
	LPS pharmacy contractors	Email link to the consultation document and online survey to group.	No cost	TBD
	Healthwatch	Email link to the consultation document and online survey to group.	No cost	TBD
	NHS Acute Trusts	Email link to the consultation document and online survey to Head of Pharmacy.	No cost	TBD
	NHS Mental Health Trusts	Email link to the consultation document and online survey to Head of Pharmacy.	No cost	TBD
	NHS Commissioning Board	Email link to the consultation document and online survey to Local Area Team.	No cost	TBD
	HWB Board	Email link to the consultation document and online survey to Health and Wellbeing Board secretary for distribution.	No cost	TBD
	Neighbouring HWB boards	Email link to the consultation document and online survey to Health and Wellbeing Board secretaries for distribution.	No cost	TBD
Wider engagement	General population	Links to survey on relevant (or new) webpages on council's website	No cost	Comms team at LA
		Council social media, e.g. Twitter, Facebook	No cost	Comms team at LA
	Health Scrutiny Committee	Email consultation document	No cost	TBD
	Public Health Department	Email consultation document	No cost	TBD
	CCG	Patient groups at the local CCG	No cost	TBD
	Local Voluntary, Health and community groups	Email to other relevant groups and organisations to give information about the survey and ask for participation.	No cost	TBD

Consultation questions

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

About the PNA

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

Appendix E: Consultation report: responses

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

Consultation process

The draft PNA was approved by Islington's HWB on 15 October 2014. Following approval, it was published for consultation on 20 October 2014, and closed on 19 December 2014.

The draft PNA and information about the consultation process was available online at the dedicated consultation page: www.islington.gov.uk/PNAconsultation. The consultation questions took the form of an online survey, with questions targeted for organisations or residents. For example, pharmacists were asked to comment on the draft PNA, as well as confirm their opening hours and the services they offer, while residents were only asked to comment on the PNA and complete optional equality monitoring information. Paper versions of the consultation questions and the report were available on request. The full list of questions is available in Appendix D.

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

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

Advertising the consultation

The PNA consultation was advertised through multiple channels. Where possible, individual emails were sent to consultees and organisations and invited to respond. This included the mandatory

organisations listed above, as well as other local health groups such as the Local Dental and Optical Committees, and the Health Scrutiny Committee. The consultation was also advertised on the Islington Council and CCG website, Islington CCG GP newsletters, voluntary sector newsletters, Twitter, focus group participants from the qualitative research undertaken by OPM, and other bulletins including a bulletin for Carers in Islington and the Council's eBulletin to residents. It was also presented to LPC members at their AGM in November 2014 by the Director of Public Health.

Responses to the consultation

In total, feedback was received from four individuals and eight organisations during the consultation period. The organisations that submitted a response were: the Local Pharmaceutical Committee, NHS England, Islington Clinical Commissioning Group, Breathe Easy Islington, and three pharmacies. In general, respondents agreed with the conclusions and recommendations described in the draft PNA. The PNA Steering Group reviewed the responses and discussed the changes to be made to the report before its final publication.

The LPC, NHS England, and the Clinical Commissioning Group made comments on the Consultation draft, highlighting areas of the text that required amendments to ensure that services were defined accurately and to avoid ambiguity around conclusions and recommendations. NHS England's response also highlighted a number of areas where conclusions need a more explicit reference back to the Schedule 1 requirements to ensure that the PNA clearly met the guidelines. These changes have been incorporated in the final report.

Specific comments and suggestions on how to improve services have been collated into themes, and described in Table E1. The Steering Group believes that each of the comments on the draft report have been met by the final draft of the PNA.

Table E1: Analysis of PNA consultation responses

Section of PNA	Response to consultation	Comment from PNA Steering Group	Decision to amend PNA?
Accuracy of the pharmaceutical list and data shown			
Chapter 5	<p>Camden and Islington LPC reflected concern that the Pharmaceutical List supplied by NHSE is not accurate for Islington and neighbouring boroughs. NHS England have also made similar comments.</p> <p>One pharmacy suggested that the verification of pharmacy data to check the data supplied by NHS England was only carried out late in the process drafting the PNA.</p>	<p>The Steering Group received the Pharmaceutical List for Islington from NHS England in July 2014, as well as those in neighbouring boroughs. Members of the Steering Group felt that the list contained errors relating to opening hours and the services provided.</p> <p>To ensure the accuracy of the assessments included in the PNA, the LPC organised a data verification exercise with local pharmacies in September 2014. Updated information was included in the draft PNA, and any other corrections received during the consultation period were also included. NHS England has since committed to provide updated information in January 2015, following review of the opening hours included in the draft, which will be incorporated into the final version of the PNA.</p> <p>In addition, the qualitative research described in section 5.6 included a specific questionnaire for pharmacies and pharmacists in the Islington area which asked for comments and suggestions on ways in which services could be improved. These findings have been included when making the final assessments.</p>	<p>Yes - the PNA SG accepts these comments. Pharmacy provision information, including opening hours, will be amended once the final pharmaceutical list is received from NHS England.</p>

Section of PNA	Response to consultation	Comment from PNA Steering Group	Decision to amend PNA?
Chapter 5	One pharmacy requested that more data was included about access to cross-border services as these should be considered when making market entry decisions.	The Steering Group also requested information about the provision of services in the neighbouring boroughs, but these lists were not received in full from NHS England and so it was not possible to include this information in the draft PNA. The PNA for each of the neighbouring boroughs would however include this information, if necessary to reference.	Yes - the PNA SG accepts these comments. Once an accurate list is received from NHS England, this information will be amended for the final version.
Section 5.1.1	There was one request to show pharmacies by ward, as well as transport links across Islington and neighbouring boroughs.	The maps currently show the major roads and the London Underground, Overground, and National Rail stations. The maps showing opening hours for weekday and weekends also show pharmacies in neighbouring boroughs, by opening hours. A map with pharmacies plotted with ward boundaries is provided (map 5.6), showing smoking prevalence by ward. Showing the transport links in any more detail, and showing the pharmacies along with ward boundaries, would serve to make the maps harder to read in most instances.	No – the PNA SG does not agree with the proposed change.

Section of PNA	Response to consultation	Comment from PNA Steering Group	Decision to amend PNA?
Sections 5.1 – 5.5	Pharmacies in neighbouring boroughs and their opening times, which are shown in maps 5.2, 5.3, and 5.4 for weekdays, Saturday, and Sunday respectively.	At the time of producing the consultation draft we had not received complete information on the Advanced and Enhanced services being provided by pharmacies in neighbouring boroughs, so have not included neighbouring pharmacies in these maps.	Yes - the PNA SG accepts this comment. Maps will be amended once the final list is received from NHSE.
Current and future provision of pharmaceutical services			
Sections 5.2 – 5.5	Two pharmacies suggested that there should be more information about the services pharmacies would be willing to provide.	Data of this type is out of scope of the PNA, but are taken into account in other areas of work.	No – the PNA SG does not agree with the proposed change.
Section 5.1	The importance of pharmacy services being open at a similar time to primary care out of hours GP services was reiterated.	Accessible pharmacy services with opening hours matching those of other services is already highlighted in the report, as is the importance of raising the awareness of late and extending opening pharmacies.	Yes – the PNA SG will be amended the section to include information on GP opening hours as well as other relevant services.

Section of PNA	Response to consultation	Comment from PNA Steering Group	Decision to amend PNA?
Sections 5.3 – 5.5	Standardised service specifications for commissioned services, on a London-wide level, were also mentioned, as these could potentially help provide better outcomes, particularly for the MAS.	Standardised service specifications are also out of scope of the PNA, but the request has been noted by the PNA Steering Group; the CCG have already requested amendments to the scheme but this was postponed pending future commissioning decisions related to the scheme.	No changes necessary.
Final assessments of services			
Section 5.3	<p>Medicines Use Review:</p> <p>One pharmacy recommended that the service specification creates an inherent gap in service provision by including the length of time a patient must have used a pharmacy in order to be eligible for the service.</p>	<p>The MUR service specification is set nationally. The specification requires that the patient must have been using the pharmacy for the previous 3 months. Most patients receive their repeat prescriptions on an 8 week cycle therefore a minimum 3 month period known to the pharmacy seems reasonable to maximise the impact from the MUR and avoid multiple MURs. The PNA SG feels that the 3 month rule is broadly appropriate for regular customers. However, our boroughs have very high transient population with a huge difference between daytime and resident populations, different from the national picture. However, there may be scope for the removal of the 3 month rule for prescription interventions where a Pharmacist spots an issue and intervenes. This would be an appropriate change given the unique dynamics of our populations.</p>	No changes necessary.

Section of PNA	Response to consultation	Comment from PNA Steering Group	Decision to amend PNA?
Section 5.3	MUR / NMS: Joint working between secondary care and pharmacies in Islington could improve MUR and NMS provision by linking discharge MURs from hospital into the community.	The value of MURs and NMS on discharge from hospital is well-recognised and there is already a recommendation in the MUR service specification for patients discharged from hospital to have an MUR within 4-8 weeks. Improving integrated care and secondary care referrals to community pharmacy are ongoing priorities. CCGs in North Central London are collaborating to develop a 'Commissioning for Quality and Innovation' (CQUIN) or equivalent award system for Trusts that support frail and vulnerable older people on discharge to receive their medicines in an efficient and supported way and refer patients to their community pharmacy for an MUR or NMS. A recently published toolkit from the Royal Pharmaceutical Society to support efficient referrals to community pharmacy will be utilised (http://www.rpharms.com/unsecure-support-resources/referral-toolkit.asp). A domicillary MUR service would be even better from as it helps the patient understand their new medication regime and gives assurance that any old medicines will be removed, hence reducing the chances of the patient taking the wrong (old meds), improving safety and potentially reducing medication related hospital admissions.	No changes necessary.

Section of PNA	Response to consultation	Comment from PNA Steering Group	Decision to amend PNA?
Section 5.4	<p>Flu vaccination: One pharmacy suggested that achievement in pharmacies could be compared to that in GP practices in Islington.</p>	<p>Comparing vaccination achievement in pharmacies against GP Practices is not possible. GP Practices have a defined list of patients, and therefore it is possible to track the proportion of patients who have received a vaccination. The same is not true of pharmacies as people are not 'registered' at a pharmacy. With pharmacies providing 5% of vaccinations comparing them directly against GP Practices would be unfair.</p>	<p>No – the PNA SG does not agree with the proposed change.</p>
Section 5.5	<p>NHS Health Checks:</p> <p>One pharmacy suggested that a review of the NHS Health Checks service was carried out, and the outcomes considered before recommending that the number of NHS Health Checks carried out in pharmacies was increased. The same pharmacy also stated that the service should not be constrained by IT requirements and be easy for patients to access.</p> <p>One pharmacy recommended that</p>	<p>Pharmacies are one component of a wider approach to delivery of health checks across Camden. This wider model is currently being reviewed, with the intention of developing a new approach to provision over the next 12 months. Whilst this is occurring we do not want there to be a break in provision of current service offered through pharmacies. As such the intention is to continue with the current provision for now but to develop the approach in line with the findings of our wider review.</p>	<p>No changes necessary.</p>

Section of PNA	Response to consultation	Comment from PNA Steering Group	Decision to amend PNA?
	<p>an increase in the number of pharmacies providing NHS Health Checks or the anti-coagulation service would support better access to care.</p>		
General comments			
All	<p>The statements made in the PNA draft about raising awareness of opening hours, what services pharmacies provide would be greatly welcomed, and would have a positive effect for residents and the health benefits.</p>	<p>We welcome the comments on opening hours, and the steering group will ensure work continues to improve awareness of pharmacy provision in Islington.</p>	<p>No changes necessary.</p>

Appendix F: Islington GP Locality profiles

The Islington GP Locality Profiles are available on the Evidence Hub, to reduce the size of this file:

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

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Appendix G: Opening hours [CD1]

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

Locality	ODS Code	Pharmacy	Post code	Open	Close	06:00	09:00	12:00	15:00	18:00	21:00
Central	FQ525	C&H Chemist	N5 2LL	09:00	18:30						
	FK061	Caledonian Pharmacy	N7 9RP	09:30	18:00						
	FDG93	G Atkins	N7 8JE	09:00	19:30						
	FL630	Highbury Pharmacy	N5 2AB	09:00	18:30						
	FVQ29	Hornsey Road Pharmacy	N7 7NN	09:00	19:00						
	FWQ48	Islington Pharmacy	N7 9GL	06:00	23:00						
	FDN26	York Pharmacy	N7 9LW	09:00	18:30						
North	FWN43	Apteka Chemist (Seven Sisters Rd)	N4 3NS	09:00	19:00						
	FND94	Arkle Pharmacy	N19 5QU	09:00	19:00						
	FMD33	Boots the Chemist (Holloway Road)	N7 6QA	08:30	19:00						
	FRE45	Chemitex Pharmacy	N7 7HE	09:00	18:30						
	FJ680	Devs Chemist	N7 6AE	09:00	19:00						
	FJA90	Nuchem Pharmaceuticals Ltd	N4 3PX	09:00	19:00						
	FF023	Roger Davies Pharmacy	N4 3EF	09:00	19:00						
	FLN42	Shivo Chemists	N19 3JF	10:00	18:00						
	FMD88	Superdrug Pharmacy (Seven Sisters Road)	N7 6AJ	09:00	18:30						
	FPA29	The Co-Operative Pharmacy	N19 5QT	09:00	19:00						
	FNE08	Wellcare Pharmacy	N7 6JP	09:00	19:00						
	FKF20	Wise Chemist	N19 3QN	09:00	19:00						
	South East	FC511	Boots the Chemist (Newington Green)	N16 9PX	09:00	19:00					
FXC57		Clan Pharmacy	N1 1RA	09:00	18:30						
FWK02		Dermacia Pharmacy	N1 2UQ	09:00	18:30						
FLM71		Egerton Chemist	N7 8LX	09:00	19:00						
FEM36		Essex Pharmacy	N1 2SF	09:00	19:00						
FPP76		Leoprim Chemist	N1 3PB	08:30	19:30						
FDP65		Mahesh Chemists	N1 4QY	09:00	19:00						
FVG24		New North Pharmacy	N1 8BJ	09:00	19:00						
FL170		Rose Chemist	N1 2RU	08:00	20:00						
FKR70		Savemain Ltd	N1 8LY	09:00	19:00						
FDN39		St Peter's Pharmacy	N1 8JR	09:00	19:00						
FN508		Turnbolls Chemist	N1 2SN	09:00	19:00						
FP111		Apex Pharmacy (Appliance)	N1 3AP	09:00	18:00						
FG020		42 Colebrook Row	N1 8AF	09:00	17:00						
FG894		Apex Pharmacy (Essex Road)	N1 3AP	09:00	18:00						

Locality	ODS Code	Pharmacy	Post code	Open	Close	06:00	09:00	12:00	15:00	18:00	21:00
South West	FWA79	Apteka Chemist (Chapel Market)	N1 9ER	09:00	19:00						
	FFX11	Boots the Chemist (Islington High St)	N1 9LJ	08:00	19:30						
	FWP49	Carters Chemist	N7 8XF	09:00	19:00						
	FRM14	Clerkenwell Pharmacy	EC1R 4QL	09:00	19:00						
	FAG14	Clockwork Pharmacy (273 Caledonian Road)	N1 1EF	09:00	19:00						
	FVA91	Clockwork Pharmacy (161 Caledonian Road)	N1 0SG	09:00	18:30						
	FRM52	Douglas Pharmacy	N1 0DG	08:00	20:00						
	FAC32	P Edward Ltd	N1 1BB	09:00	18:30						
	FJJ16	Portmans Pharmacy	EC1Y 8NX	09:00	18:30						
	FNM70	Rowlands Pharmacy	EC1R 4QE	09:00	19:00						
	FJ143	Superdrug Pharmacy (Chapel Market)	N1 9EW	08:30	19:00						
	FJE08	W C And K King Chemist	EC1R 1UR	09:00	18:00						
	FC850	Apex Pharmacy (Appliance)	EC1V 9NP	09:00	18:30						
	FHD65	Apex Pharmacy (Old Street)	EC1V 9NP	09:00	18:30						

Source: NHS England, 2014

Key:	 Core opening hours	 Supplementary opening hours
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Table G.2: Total opening hours on Tuesday by locality and pharmacy

Locality	ODS Code	Pharmacy	Post code	Open	Close	06:00	09:00	12:00	15:00	18:00	21:00
Central	FQ525	C&H Chemist	N5 2LL	09:00	18:30						
	FK061	Caledonian Pharmacy	N7 9RP	09:30	18:00						
	FDG93	G Atkins	N7 8JE	09:00	20:00						
	FL630	Highbury Pharmacy	N5 2AB	09:00	18:30						
	FVQ29	Hornsey Road Pharmacy	N7 7NN	09:00	19:00						
	FWQ48	Islington Pharmacy	N7 9GL	06:00	23:00						
	FDN26	York Pharmacy	N7 9LW	09:00	18:30						
North	FWN43	Apteka Chemist (Seven Sisters Rd	N4 3NS	09:00	19:00						
	FND94	Arkle Pharmacy	N19 5QU	09:00	19:00						
	FMD33	Boots the Chemist (Holloway Road)	N7 6QA	08:30	19:00						
	FRE45	Chemitex Pharmacy	N7 7HE	09:00	18:30						
	FJ680	Devs Chemist	N7 6AE	09:00	19:00						
	FJA90	Nuchem Pharmaceuticals Ltd	N4 3PX	09:00	19:00						
	FF023	Roger Davies Pharmacy	N4 3EF	09:00	19:00						
	FLN42	Shivo Chemists	N19 3JF	10:00	18:00						
	FMD88	Superdrug Pharmacy (Seven Sisters Road)	N7 6AJ	09:00	18:30						
	FPA29	The Co-Operative Pharmacy	N19 5QT	09:00	19:00						
	FNE08	Wellcare Pharmacy	N7 6JP	09:00	19:00						
	FKF20	Wise Chemist	N19 3QN	09:00	19:00						
South East	FC511	Boots the Chemist (Newington Green)	N16 9PX	09:00	19:00						
	FXC57	Clan Pharmacy	N1 1RA	09:00	18:30						
	FWK02	Dermacia Pharmacy	N1 2UQ	09:00	18:30						
	FLM71	Egerton Chemist	N7 8LX	09:00	19:00						
	FEM36	Essex Pharmacy	N1 2SF	09:00	19:00						
	FPP76	Leoprim Chemist	N1 3PB	08:30	19:30						
	FDP65	Mahesh Chemists	N1 4QY	09:00	19:00						
	FVG24	New North Pharmacy	N1 8BJ	09:00	19:00						
	FL170	Rose Chemist	N1 2RU	08:00	20:00						
	FKR70	Savemain Ltd	N1 8LY	09:00	19:00						
	FDN39	St Peter's Pharmacy	N1 8JR	09:00	19:00						
	FN508	Turnbolls Chemist	N1 2SN	09:00	19:00						
	FP111	Apex Pharmacy (Appliance)	N1 3AP	09:00	18:00						
	FG020	42 Colebrook Row	N1 8AF	09:00	17:00						
	FG894	Apex Pharmacy (Essex Road)	N1 3AP	09:00	18:00						

Locality	ODS Code	Pharmacy	Post code	Open	Close	06:00	09:00	12:00	15:00	18:00	21:00
South West	FWA79	Apteka Chemist (Chapel Market)	N1 9ER	09:00	19:00						
	FFX11	Boots the Chemist (Islington High St)	N1 9LJ	08:00	19:30						
	FWP49	Carters Chemist	N7 8XF	09:00	19:00						
	FRM14	Clerkenwell Pharmacy	EC1R 4QL	09:00	19:00						
	FAG14	Clockwork Pharmacy (273 Caledonian Road)	N1 1EF	09:00	19:00						
	FVA91	Clockwork Pharmacy (161 Caledonian Road)	N1 0SG	09:00	18:30						
	FRM52	Douglas Pharmacy	N1 0DG	08:00	20:00						
	FAC32	P Edward Ltd	N1 1BB	09:00	18:30						
	FJJ16	Portmans Pharmacy	EC1Y 8NX	09:00	18:30						
	FNM70	Rowlands Pharmacy	EC1R 4QE	09:00	19:00						
	FJ143	Superdrug Pharmacy (Chapel Market)	N1 9EW	08:30	19:00						
	FJE08	W C And K King Chemist	EC1R 1UR	09:00	18:00						
	FC850	Apex Pharmacy (Appliance)	EC1V 9NP	09:00	18:30						
	FHD65	Apex Pharmacy (Old Street)	EC1V 9NP	09:00	18:30						

Source: NHS England, 2014

Note: This table is based on data provided by NHS England. All pharmacies were contacted to verify the information, and information has been updated where necessary.

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

Locality	ODS Code	Pharmacy	Post code	Open	Close	06:00	09:00	12:00	15:00	18:00	21:00
Central	FQ525	C&H Chemist	N5 2LL	09:00	18:30						
	FK061	Caledonian Pharmacy	N7 9RP	09:30	18:00						
	FDG93	G Atkins	N7 8JE	09:00	19:30						
	FL630	Highbury Pharmacy	N5 2AB	09:00	18:30						
	FVQ29	Hornsey Road Pharmacy	N7 7NN	09:00	19:00						
	FWQ48	Islington Pharmacy	N7 9GL	06:00	23:00						
	FDN26	York Pharmacy	N7 9LW	09:00	18:30						
North	FWN43	Apteka Chemist (Seven Sisters Rd	N4 3NS	09:00	19:00						
	FND94	Arkle Pharmacy	N19 5QU	09:00	19:00						
	FMD33	Boots the Chemist (Holloway Road)	N7 6QA	08:30	19:00						
	FRE45	Chemitex Pharmacy	N7 7HE	09:00	18:30						
	FJ680	Devs Chemist	N7 6AE	09:00	19:00						
	FJA90	Nuchem Pharmaceuticals Ltd	N4 3PX	09:00	19:00						
	FF023	Roger Davies Pharmacy	N4 3EF	09:00	19:00						
	FLN42	Shivo Chemists	N19 3JF	10:00	18:00						
	FMD88	Superdrug Pharmacy (Seven Sisters Road)	N7 6AJ	09:00	18:30						
	FPA29	The Co-Operative Pharmacy	N19 5QT	09:00	19:00						
	FNE08	Wellcare Pharmacy	N7 6JP	09:00	19:00						
	FKF20	Wise Chemist	N19 3QN	09:00	19:00						
South East	FC511	Boots the Chemist (Newington Green)	N16 9PX	09:00	19:00						
	FXC57	Clan Pharmacy	N1 1RA	09:00	18:30						
	FWK02	Dermacia Pharmacy	N1 2UQ	09:00	18:30						
	FLM71	Egerton Chemist	N7 8LX	09:00	19:00						
	FEM36	Essex Pharmacy	N1 2SF	09:00	19:00						
	FPP76	Leoprim Chemist	N1 3PB	08:30	19:30						
	FDP65	Mahesh Chemists	N1 4QY	09:00	19:00						
	FVG24	New North Pharmacy	N1 8BJ	09:00	14:00						
	FL170	Rose Chemist	N1 2RU	08:00	18:00						
	FKR70	Savemain Ltd	N1 8LY	09:00	19:00						
	FDN39	St Peter's Pharmacy	N1 8JR	09:00	18:00						
	FN508	Turnbulls Chemist	N1 2SN	09:00	19:00						
	FP111	Apex Pharmacy (Appliance)	N1 3AP	09:00	18:00						
	FG020	42 Colebrook Row	N1 8AF	09:00	17:00						
	FG894	Apex Pharmacy (Essex Road)	N1 3AP	09:00	18:00						

Locality	ODS Code	Pharmacy	Post code	Open	Close	06:00	09:00	12:00	15:00	18:00	21:00
South West	FWA79	Apteka Chemist (Chapel Market)	N1 9ER	09:00	19:00						
	FFX11	Boots the Chemist (Islington High St)	N1 9LJ	08:00	19:30						
	FWP49	Carters Chemist	N7 8XF	09:00	19:00						
	FRM14	Clerkenwell Pharmacy	EC1R 4QL	09:00	19:00						
	FAG14	Clockwork Pharmacy (273 Caledonian Road)	N1 1EF	09:00	19:00						
	FVA91	Clockwork Pharmacy (161 Caledonian Road)	N1 0SG	09:00	18:30						
	FRM52	Douglas Pharmacy	N1 0DG	08:00	20:00						
	FAC32	P Edward Ltd	N1 1BB	09:00	18:30						
	FJJ16	Portmans Pharmacy	EC1Y 8NX	09:00	18:30						
	FNM70	Rowlands Pharmacy	EC1R 4QE	09:00	19:00						
	FJ143	Superdrug Pharmacy (Chapel Market)	N1 9EW	08:30	19:00						
	FJE08	W C And K King Chemist	EC1R 1UR	09:00	18:00						
	FC850	Apex Pharmacy (Appliance)	EC1V 9NP	09:00	18:30						
	FHD65	Apex Pharmacy (Old Street)	EC1V 9NP	09:00	18:30						

Source: NHS England, 2014

Note: This table is based on data provided by NHS England. All pharmacies were contacted to verify the information, and information has been updated where necessary.

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

Locality	ODS Code	Pharmacy	Post code	Open	Close	06:00	09:00	12:00	15:00	18:00	21:00
Central	FQ525	C&H Chemist	N5 2LL	09:00	18:30						
	FK061	Caledonian Pharmacy	N7 9RP	09:30	18:00						
	FDG93	G Atkins	N7 8JE	09:00	19:30						
	FL630	Highbury Pharmacy	N5 2AB	09:00	18:30						
	FVQ29	Hornsey Road Pharmacy	N7 7NN	09:00	13:00						
	FWQ48	Islington Pharmacy	N7 9GL	06:00	23:00						
	FDN26	York Pharmacy	N7 9LW	09:00	18:30						
North	FWN43	Apteka Chemist (Seven Sisters Rd	N4 3NS	09:00	19:00						
	FND94	Arkle Pharmacy	N19 5QU	09:00	19:00						
	FMD33	Boots the Chemist (Holloway Road)	N7 6QA	08:30	19:00						
	FRE45	Chemitex Pharmacy	N7 7HE	09:00	12:30						
	FJ680	Devs Chemist	N7 6AE	09:00	19:00						
	FJA90	Nuchem Pharmaceuticals Ltd	N4 3PX	09:00	19:00						
	FF023	Roger Davies Pharmacy	N4 3EF	09:00	19:00						
	FLN42	Shivo Chemists	N19 3JF	10:00	18:00						
	FMD88	Superdrug Pharmacy (Seven Sisters Road)	N7 6AJ	09:00	18:30						
	FPA29	The Co-Operative Pharmacy	N19 5QT	09:00	19:00						
	FNE08	Wellcare Pharmacy	N7 6JP	09:00	19:00						
	FKF20	Wise Chemist	N19 3QN	09:00	19:00						
South East	FC511	Boots the Chemist (Newington Green)	N16 9PX	09:00	19:00						
	FXC57	Clan Pharmacy	N1 1RA	09:00	18:30						
	FWK02	Dermacia Pharmacy	N1 2UQ	09:00	18:30						
	FLM71	Egerton Chemist	N7 8LX	09:00	19:00						
	FEM36	Essex Pharmacy	N1 2SF	09:00	19:00						
	FPP76	Leoprim Chemist	N1 3PB	08:30	19:30						
	FDP65	Mahesh Chemists	N1 4QY	09:00	19:00						
	FVG24	New North Pharmacy	N1 8BJ	09:00	19:00						
	FL170	Rose Chemist	N1 2RU	08:00	20:00						
	FKR70	Savemain Ltd	N1 8LY	09:00	19:00						
	FDN39	St Peter's Pharmacy	N1 8JR	09:00	19:00						
	FN508	Turnbulls Chemist	N1 2SN	09:00	19:00						
	FP111	Apex Pharmacy (Appliance)	N1 3AP	09:00	18:00						
	FG020	42 Colebrook Row	N1 8AF	09:00	17:00						
	FG894	Apex Pharmacy (Essex Road)	N1 3AP	09:00	18:00						

Locality	ODS Code	Pharmacy	Post code	Open	Close	06:00	09:00	12:00	15:00	18:00	21:00
South West	FWA79	Apteka Chemist (Chapel Market)	N1 9ER	09:00	19:00						
	FFX11	Boots the Chemist (Islington High St)	N1 9LJ	08:00	19:30						
	FWP49	Carters Chemist	N7 8XF	09:00	19:00						
	FRM14	Clerkenwell Pharmacy	EC1R 4QL	09:00	19:00						
	FAG14	Clockwork Pharmacy (273 Caledonian Road)	N1 1EF	09:00	18:00						
	FVA91	Clockwork Pharmacy (161 Caledonian Road)	N1 0SG	08:00	16:00						
	FRM52	Douglas Pharmacy	N1 0DG	08:00	20:00						
	FAC32	P Edward Ltd	N1 1BB	09:00	18:00						
	FJJ16	Portmans Pharmacy	EC1Y 8NX	09:00	18:30						
	FNM70	Rowlands Pharmacy	EC1R 4QE	09:00	19:00						
	FJ143	Superdrug Pharmacy (Chapel Market)	N1 9EW	08:30	19:00						
	FJE08	W C And K King Chemist	EC1R 1UR	09:00	18:00						
	FC850	Apex Pharmacy (Appliance)	EC1V 9NP	09:00	18:30						
	FHD65	Apex Pharmacy (Old Street)	EC1V 9NP	09:00	18:30						

Source: NHS England, 2014

Note: This table is based on data provided by NHS England. All pharmacies were contacted to verify the information, and information has been updated where necessary.

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

Locality	ODS Code	Pharmacy	Post code	Open	Close	06:00	09:00	12:00	15:00	18:00	21:00
Central	FQ525	C&H Chemist	N5 2LL	09:00	18:30						
	FK061	Caledonian Pharmacy	N7 9RP	09:30	18:00						
	FDG93	G Atkins	N7 8JE	09:00	19:30						
	FL630	Highbury Pharmacy	N5 2AB	09:00	18:30						
	FVQ29	Hornsey Road Pharmacy	N7 7NN	09:00	19:00						
	FWQ48	Islington Pharmacy	N7 9GL	06:00	23:00						
	FDN26	York Pharmacy	N7 9LW	09:00	18:30						
North	FWN43	Apteka Chemist (Seven Sisters Rd	N4 3NS	09:00	19:00						
	FND94	Arkle Pharmacy	N19 5QU	09:00	19:00						
	FMD33	Boots the Chemist (Holloway Road)	N7 6QA	08:30	19:00						
	FRE45	Chemitex Pharmacy	N7 7HE	09:00	18:30						
	FJ680	Devs Chemist	N7 6AE	09:00	19:00						
	FJA90	Nuchem Pharmaceuticals Ltd	N4 3PX	09:00	19:00						
	FF023	Roger Davies Pharmacy	N4 3EF	09:00	19:00						
	FLN42	Shivo Chemists	N19 3JF	10:00	18:00						
	FMD88	Superdrug Pharmacy (Seven Sisters Road)	N7 6AJ	09:00	18:30						
	FPA29	The Co-Operative Pharmacy	N19 5QT	09:00	19:00						
	FNE08	Wellcare Pharmacy	N7 6JP	09:00	19:00						
	FKF20	Wise Chemist	N19 3QN	09:00	19:00						
South East	FC511	Boots the Chemist (Newington Green)	N16 9PX	09:00	19:00						
	FXC57	Clan Pharmacy	N1 1RA	09:00	18:30						
	FWK02	Dermacia Pharmacy	N1 2UQ	09:00	18:30						
	FLM71	Egerton Chemist	N7 8LX	09:00	19:00						
	FEM36	Essex Pharmacy	N1 2SF	09:00	19:00						
	FPP76	Leoprim Chemist	N1 3PB	08:30	19:30						
	FDP65	Mahesh Chemists	N1 4QY	09:00	19:00						
	FVG24	New North Pharmacy	N1 8BJ	09:00	19:00						
	FL170	Rose Chemist	N1 2RU	08:00	20:00						
	FKR70	Savemain Ltd	N1 8LY	09:00	19:00						
	FDN39	St Peter's Pharmacy	N1 8JR	09:00	19:00						
	FN508	Turnbulls Chemist	N1 2SN	09:00	19:00						
	FP111	Apex Pharmacy (Appliance)	N1 3AP	09:00	18:00						
	FG020	42 Colebrook Row	N1 8AF	09:00	17:00						
	FG894	Apex Pharmacy (Essex Road)	N1 3AP	09:00	18:00						

Locality	ODS Code	Pharmacy	Post code	Open	Close	06:00	09:00	12:00	15:00	18:00	21:00
South West	FWA79	Apteka Chemist (Chapel Market)	N1 9ER	09:00	19:00						
	FFX11	Boots the Chemist (Islington High St)	N1 9LJ	08:00	19:30						
	FWP49	Carters Chemist	N7 8XF	09:00	19:00						
	FRM14	Clerkenwell Pharmacy	EC1R 4QL	09:00	19:00						
	FAG14	Clockwork Pharmacy (273 Caledonian Road)	N1 1EF	09:00	19:00						
	FVA91	Clockwork Pharmacy (161 Caledonian Road)	N1 0SG	09:00	18:30						
	FRM52	Douglas Pharmacy	N1 0DG	08:00	20:00						
	FAC32	P Edward Ltd	N1 1BB	09:00	18:30						
	FJJ16	Portmans Pharmacy	EC1Y 8NX	09:00	18:30						
	FNM70	Rowlands Pharmacy	EC1R 4QE	09:00	19:00						
	FJ143	Superdrug Pharmacy (Chapel Market)	N1 9EW	08:30	19:00						
	FJE08	W C And K King Chemist	EC1R 1UR	09:00	18:00						
	FC850	Apex Pharmacy (Appliance)	EC1V 9NP	09:00	18:30						
	FHD65	Apex Pharmacy (Old Street)	EC1V 9NP	09:00	18:30						

Source: NHS England, 2014

Note: This table is based on data provided by NHS England. All pharmacies were contacted to verify the information, and information has been updated where necessary.

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

Locality	ODS Code	Pharmacy	Post code	Open	Close	06:00	09:00	12:00	15:00	18:00	21:00
Central	FQ525	C&H Chemist	N5 2LL	09:00	17:00		■	■	■	■	
	FK061	Caledonian Pharmacy	N7 9RP	Closed							
	FDG93	G Atkins	N7 8JE	09:00	12:00		■	■	■		
	FL630	Highbury Pharmacy	N5 2AB	09:00	18:00		■	■	■	■	
	FVQ29	Hornsey Road Pharmacy	N7 7NN	Closed							
	FWQ48	Islington Pharmacy	N7 9GL	08:00	23:00	■	■	■	■	■	■
	FDN26	York Pharmacy	N7 9LW	09:30	17:00		■	■	■		
North	FWN43	Apteka Chemist (Seven Sisters Rd	N4 3NS	10:00	14:00		■	■	■		
	FND94	Arkle Pharmacy	N19 5QU	09:00	18:00		■	■	■	■	
	FMD33	Boots the Chemist (Holloway Road)	N7 6QA	08:30	19:00	■	■	■	■	■	
	FRE45	Chemitex Pharmacy	N7 7HE	10:00	14:00		■	■	■		
	FJ680	Devs Chemist	N7 6AE	09:00	18:30		■	■	■	■	
	FJA90	Nuchem Pharmaceuticals Ltd	N4 3PX	09:00	17:30		■	■	■	■	
	FF023	Roger Davies Pharmacy	N4 3EF	09:00	17:00		■	■	■	■	
	FLN42	Shivo Chemists	N19 3JF	10:00	16:00		■	■	■		
	FMD88	Superdrug Pharmacy (Seven Sisters Road)	N7 6AJ	09:00	18:30	■	■	■	■	■	
	FPA29	The Co-Operative Pharmacy	N19 5QT	09:00	17:00		■	■	■	■	
	FNE08	Wellcare Pharmacy	N7 6JP	09:00	17:30		■	■	■	■	
	FKF20	Wise Chemist	N19 3QN	09:00	18:00		■	■	■	■	
South East	FC511	Boots the Chemist (Newington Green)	N16 9PX	09:00	18:00		■	■	■	■	
	FXC57	Clan Pharmacy	N1 1RA	09:30	18:00		■	■	■	■	
	FWK02	Dermacia Pharmacy	N1 2UQ	09:00	18:00		■	■	■	■	
	FLM71	Egerton Chemist	N7 8LX	09:00	14:00		■	■	■		
	FEM36	Essex Pharmacy	N1 2SF	09:30	17:00		■	■	■	■	
	FPP76	Leoprim Chemist	N1 3PB	09:00	18:00		■	■	■	■	
	FDP65	Mahesh Chemists	N1 4QY	Closed							
	FVG24	New North Pharmacy	N1 8BJ	09:00	14:00		■	■	■		
	FL170	Rose Chemist	N1 2RU	09:00	13:00		■	■	■		
	FKR70	Savemain Ltd	N1 8LY	09:00	18:30		■	■	■	■	
	FDN39	St Peter's Pharmacy	N1 8JR	09:30	14:00		■	■	■		
	FN508	Tumbulls Chemist	N1 2SN	09:00	19:00		■	■	■	■	
	FP111	Apex Pharmacy (Appliance)	N1 3AP	Closed							
	FG020	42 Colebrook Row	N1 8AF	Closed							
	FG894	Apex Pharmacy (Essex Road)	N1 3AP	Closed							

Locality	ODS Code	Pharmacy	Post code	Open	Close	06:00	09:00	12:00	15:00	18:00	21:00
South West	FWA79	Apteka Chemist (Chapel Market)	N1 9ER	09:00	17:00						
	FFX11	Boots the Chemist (Islington High St)	N1 9LJ	09:00	19:00						
	FWP49	Carters Chemist	N7 8XF	09:00	17:00						
	FRM14	Clerkenwell Pharmacy	EC1R 4QL	09:00	17:00						
	FAG14	Clockwork Pharmacy (273 Caledonian Road)	N1 1EF	09:00	18:00						
	FVA91	Clockwork Pharmacy (161 Caledonian Road)	N1 0SG	Closed							
	FRM52	Douglas Pharmacy	N1 0DG	09:00	13:00						
	FAC32	P Edward Ltd	N1 1BB	Closed							
	FJJ16	Portmans Pharmacy	EC1Y 8NX	09:00	17:00						
	FNM70	Rowlands Pharmacy	EC1R 4QE	09:00	17:00						
	FJ143	Superdrug Pharmacy (Chapel Market)	N1 9EW	09:00	17:30						
	FJE08	W C And K King Chemist	EC1R 1UR	Closed							
	FC850	Apex Pharmacy (Appliance)	EC1V 9NP	09:00	18:00						
	FHD65	Apex Pharmacy (Old Street)	EC1V 9NP	09:30	13:00						

Source: NHS England, 2014

Note: This table is based on data provided by NHS England. All pharmacies were contacted to verify the information, and information has been updated where necessary.

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

Locality	ODS Code	Pharmacy	Post code	Open	Close	06:00	09:00	12:00	15:00	18:00	21:00
Central	FQ525	C&H Chemist	N5 2LL	Closed							
	FK061	Caledonian Pharmacy	N7 9RP	Closed							
	FDG93	G Atkins	N7 8JE	Closed							
	FL630	Highbury Pharmacy	N5 2AB	Closed							
	FVQ29	Hornsey Road Pharmacy	N7 7NN	Closed							
	FWQ48	Islington Pharmacy	N7 9GL	Closed							
	FDN26	York Pharmacy	N7 9LW	Closed							
North	FWN43	Apteka Chemist (Seven Sisters Rd	N4 3NS	Closed							
	FND94	Arkle Pharmacy	N19 5QU	Closed							
	FMD33	Boots the Chemist (Holloway Road)	N7 6QA	11:00	17:00			■	■	■	■
	FRE45	Chemitex Pharmacy	N7 7HE	Closed							
	FJ680	Devs Chemist	N7 6AE	Closed							
	FJA90	Nuchem Pharmaceuticals Ltd	N4 3PX	Closed							
	FF023	Roger Davies Pharmacy	N4 3EF	Closed							
	FLN42	Shivo Chemists	N19 3JF	Closed							
	FMD88	Superdrug Pharmacy (Seven Sisters Road)	N7 6AJ	11:00	17:00			■	■	■	■
	FPA29	The Co-Operative Pharmacy	N19 5QT	Closed							
	FNE08	Wellcare Pharmacy	N7 6JP	Closed							
	FKF20	Wise Chemist	N19 3QN	Closed							
South East	FC511	Boots the Chemist (Newington Green)	N16 9PX	Closed							
	FXC57	Clan Pharmacy	N1 1RA	Closed							
	FWK02	Dermacia Pharmacy	N1 2UQ	Closed							
	FLM71	Egerton Chemist	N7 8LX	Closed							
	FEM36	Essex Pharmacy	N1 2SF	Closed							
	FPP76	Leoprim Chemist	N1 3PB	Closed							
	FDP65	Mahesh Chemists	N1 4QY	Closed							
	FVG24	New North Pharmacy	N1 8BJ	Closed							
	FL170	Rose Chemist	N1 2RU	Closed							
	FKR70	Savemain Ltd	N1 8LY	Closed							
	FDN39	St Peter's Pharmacy	N1 8JR	Closed							
	FN508	Turnbulls Chemist	N1 2SN	Closed							
	FP111	Apex Pharmacy (Appliance)	N1 3AP	closed							
	FG020	42 Colebrook Row	N1 8AF	Closed							
	FG894	Apex Pharmacy (Essex Road)	N1 3AP	Closed							

Locality	ODS Code	Pharmacy	Post code	Open	Close	06:00	09:00	12:00	15:00	18:00	21:00
South West	FWA79	Apteka Chemist (Chapel Market)	N1 9ER	Closed							
	FFX11	Boots the Chemist (Islington High St)	N1 9LJ	10:00	18:00						
	FWP49	Carters Chemist	N7 8XF	Closed							
	FRM14	Clerkenwell Pharmacy	EC1R 4QL	Closed							
	FAG14	Clockwork Pharmacy (273 Caledonian Road)	N1 1EF	Closed							
	FVA91	Clockwork Pharmacy (161 Caledonian Road)	N1 0SG	Closed							
	FRM52	Douglas Pharmacy	N1 0DG	Closed							
	FAC32	P Edward Ltd	N1 1BB	Closed							
	FJJ16	Portmans Pharmacy	EC1Y 8NX	Closed							
	FNM70	Rowlands Pharmacy	EC1R 4QE	Closed							
	FJ143	Superdrug Pharmacy (Chapel Market)	N1 9EW	10:00	16:00						
	FJE08	W C And K King Chemist	EC1R 1UR	Closed							
	FC850	Apex Pharmacy (Appliance)	EC1V 9NP	Closed							
	FHD65	Apex Pharmacy (Old Street)	EC1V 9NP	Closed							

Source: NHS England, 2014

Note: This table is based on data provided by NHS England. All pharmacies were contacted to verify the information, and information has been updated where necessary.

Appendix H: Bibliography

Adult obesity and overweight profile 2012: http://www.islington.gov.uk/publicrecords/library/Public-health/Quality-and-performance/Profiles/2012-2013/%282013-01-21%29-Obesity_Profile_FINAL_JULY_2012v.04_redacted.pdf

Alcohol-Related Hospital Admissions profile 2012:
<http://evidencehub.islington.gov.uk/wellbeing/Lifestyles/BRF/profiles/Pages/default.aspx>

Annual Public Health Report 2013: Widening the focus: tackling health inequalities in Camden & Islington: www.islington.gov.uk/aphr

Islington Joint Strategic Needs Assessment:
<http://evidencehub.islington.gov.uk/yourarea/jsna/Pages/default.aspx>

Islington LAPE profile 2014: <http://www.lape.org.uk/>

Islington Census Demographics profiles:
<http://evidencehub.islington.gov.uk/Demographics/census/Pages/default.aspx>

Estimating population growth from urban development in and around Islington 2014

Health and Wellbeing Strategy 2013-16: <http://www.islington.gov.uk/services/social-care-health/health-in-islington/Pages/publichealthservices.aspx>

Islington GP Locality profiles 2014:
<http://evidencehub.islington.gov.uk/wellbeing/Healthsettings/Pages/default.aspx>

Mental health profile 2013:
<http://evidencehub.islington.gov.uk/wellbeing/Mentalhealth/Pages/default.aspx>

Sexual health profile 2014:
<http://evidencehub.islington.gov.uk/wellbeing/Lifestyles/BRF/profiles/Pages/default.aspx>

Smoking prevalence and smoking cessation services in Islington 2014:
<http://evidencehub.islington.gov.uk/wellbeing/Lifestyles/BRF/profiles/Pages/default.aspx>

Substance misuse needs assessment 2014:
<http://evidencehub.islington.gov.uk/wellbeing/Lifestyles/BRF/profiles/Pages/default.aspx>

The London Plan (January 2014): <https://www.london.gov.uk/priorities/planning/london-plan>

Appendix I: Abbreviations

ACS	Ambulatory Care Sensitive	LARC	Long Acting Reversible Contraception
AUR	Appliance Use Review	LBI	London Borough of Islington
BAME	Black, Asian and Minority Ethnic	LCS	Locally Commissioned Services
BMI	Body Mass Index	LPC	Local Pharmaceutical Committee
CCG	Clinical Commissioning Group	LPS	Local Pharmaceutical Service
CHD	Coronary Heart Disease	LTC	Long Term Condition
CKD	Chronic Kidney Disease	MAS	Minor Ailments Scheme
COPD	Chronic Obstructive Pulmonary Disease	MSM	Men who have sex with men
CPPE	Centre for Pharmacy Postgraduate Education	MUR	Medicine Use Review
DAC	Dispensing Appliance Contractors	NHS	National Health Service
DBS	Disclosure and Barring Service	NHSCB	National Health Service Commissioning Board
DH	Department of Health	NMS	New Medicine Service
EHC	Emergency Hormonal Contraception	NRT	Nicotine Replacement Therapy
ESPLPS	Essential Small Pharmacies Local Pharmaceutical Services	ONS	Office for National Statistics
GLA	Greater London Authority	PCT	Primary Care Trust
GP	General Practice or General Practitioner	PGD	Patient Group Directions
HLP	Healthy Living Pharmacy	PH	Public Health
HWB	Health and Wellbeing Board	PNA	Pharmaceutical Needs Assessment
HSCIC	Health and Social Care Information Centre	SAC	Stoma Appliance Customisation
IDASS	Islington Drug and Alcohol Specialist Services	SLA	Service Level Agreement
JHWS	Joint Health and Wellbeing Strategy	STI	Sexually Transmitted Infections
JSNA	Joint Strategic Needs Assessment	VCS	Voluntary and Community Sector
LA	Local Authority		