



Pharmaceutical Needs Assessment 2022

Brent Health and Wellbeing
Board

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

Contents

Executive summary	8
Abbreviations.....	11
List of Tables	14
List of Figures.....	15
List of Maps.....	17
Section 1: Introduction	18
1.1 Background.....	18
1.2 National changes since the last PNA.....	18
1.3 Purpose of the PNA.....	21
1.4 Scope of the PNA	22
1.4.1 Community pharmacy contractors	23
1.4.2 Distance Selling Pharmacies (DSPs)	30
1.4.3 Dispensing Appliance Contractors (DACs)	31
1.4.4 Local Pharmaceutical Service (LPS) providers	31
1.4.5 Pharmacy Access Scheme (PhAS) providers	31
1.4.6 Other providers of pharmaceutical services in neighbouring areas	32
1.4.7 Dispensing GP practices.....	32
1.4.8 Other services and providers in Brent.....	32
1.5 Process for developing the PNA.....	33
1.6 Localities for the purpose of the PNA.....	35
Section 2: Context for the PNA.....	37
2.1 NHS Long Term Plan.....	37
2.2 Joint Strategic Needs Assessment (JSNA)	38
2.3 HWB strategy	39
2.4 COVID-19 impact.....	39
2.5 Demographics.....	41
2.5.1 Population overview	41
2.5.2 Predicted population growth.....	43
2.5.3 Age and gender.....	44
2.5.4 Ethnicity	46
2.5.5 Religion.....	47
2.5.6 Language.....	48
2.5.7 GP-registered population.....	48

2.5.8	Working age population.....	49
2.5.9	Vulnerable populations	49
2.6	High level health and wellbeing indicators.....	54
2.6.1	Life expectancy	54
2.6.2	Healthy life expectancy and disability-free life years.....	55
2.7	Wider determinants of health	55
2.7.1	Index of Multiple Deprivation (IMD) 2019.....	55
2.7.2	Changes from 2015 (IMD).....	57
2.7.3	Employment.....	58
2.7.4	Housing.....	60
2.7.5	Crime.....	61
2.8	Lifestyle	62
2.8.1	Physical activity.....	62
2.8.2	Obesity	63
2.8.3	Smoking.....	65
2.8.4	Drug and alcohol misuse.....	66
2.8.5	Sexual health and teenage pregnancy.....	67
2.8.6	Oral health	70
2.9	Burden of disease	71
2.9.1	Life expectancy (preventable and avoidable burden).....	71
2.9.2	Cardiovascular diseases.....	72
2.9.3	Diabetes and hyperglycaemia	73
2.9.4	Musculoskeletal (MSK).....	74
2.9.5	Cancers.....	75
2.9.6	Respiratory diseases	75
2.9.7	Digestive diseases – IBD, colitis	78
2.9.8	Mental health	78
2.9.9	Dementia.....	79
2.9.10	Accidental injuries	80
2.9.11	Palliative care	81

Section 3: NHS pharmaceutical services provision, currently commissioned....82

3.1	Overview.....	82
3.2	Community pharmacies	84
3.2.1	Choice of community pharmacies	85
3.2.2	Weekend and evening provision.....	85

3.2.3	Access to community pharmacies	86
3.2.4	Advanced Service provision from community pharmacies	88
3.2.5	Enhanced Service provision.....	90
3.3	Dispensing Appliance Contractors (DACs).....	91
3.4	Distance-Selling Pharmacies (DSPs).....	91
3.5	Local Pharmaceutical Service (LPS) providers	91
3.6	Dispensing GP practices	91
3.7	PhAS Pharmacies	92
3.8	Pharmaceutical service provision provided from outside Brent.....	92

Section 4: Other services that may impact on pharmaceutical services provision93

4.1	Local authority-commissioned services provided by community pharmacies in Brent93	
4.1.1	Emergency Hormonal Contraception (EHC)	94
4.1.2	Substance misuse service	94
4.2	CCG-commissioned services.....	95
4.2.1	In-hours palliative care medicines supply service	95
4.2.2	Out-of-hours palliative care medicines supply service	96
4.3	Other services provided from community pharmacies.....	96
4.4	Collection and delivery services.....	96
4.5	Language services	96
4.6	Services for less-abled people	97
4.7	Electronic prescription service (EPS)	97
4.8	GP practices providing extended hours	97
4.9	Other providers	97

Section 5: Findings from the public questionnaire 100

5.1	Visiting a pharmacy	100
5.2	Choosing a pharmacy	100
5.3	Mode of transport to a community pharmacy.....	100
5.4	Time to get to a pharmacy	100
5.5	Preference for when to visit a pharmacy	101
5.6	Service provision from community pharmacies.....	101

Section 6: Analysis of health needs and pharmaceutical service provision 103

6.1	Pharmaceutical services and health needs.....	103
6.1.1	Brent health needs	103
6.1.2	Brent Joint Health and Wellbeing Strategy (JHWS).....	105

6.1.3	Priorities from the NHS LTP.....	105
6.2	PNA localities	106
6.2.1	Harlesden	108
6.2.2	Kilburn	110
6.2.3	Kingsbury	113
6.2.4	Wembley	115
6.2.5	Willesden.....	117
6.3	Necessary Services: gaps in provision in Brent.....	119
6.4	Improvements and better access: gaps in provision in Brent	121
Section 7: Conclusions		125
7.1	Current provision of Necessary Services.....	125
7.1.1	Necessary Services – normal working hours	125
7.1.2	Necessary Services – outside normal working hours.....	125
7.2	Future provision of Necessary Services	126
7.3	Improvements and better access – gaps in provision	126
7.3.1	Current and future access to Advanced Services.....	126
7.3.2	Current and future access to Enhanced Services.....	126
7.3.3	Current and future access to Locally Commissioned Services (LCS).....	127
Appendix A: List of pharmaceutical service providers in Brent HWB area		128
	Harlesden locality.....	128
	Kilburn locality.....	129
	Kingsbury locality.....	130
	Wembley locality.....	131
	Willesden locality	133
Appendix B: PNA Steering Group terms of reference		134
Appendix C: PNA project plan		136
Appendix D: Public questionnaire.....		137
Appendix E: Pharmacy contractor questionnaire		152
Appendix F: Consultation plan and list of stakeholders		174
Appendix G: Summary of consultation responses		178
Appendix H: Consultation comments		182
Appendix I: Alphabetical list of pharmaceutical service providers in Brent HWB area		187
Appendix J: Future opportunities for possible community pharmacy services in Brent		192

Map A: Pharmacies and population density by LSOA.....	199
Map B: Pharmacies and deprivation by LSOA.....	200
Map C: Brent pharmacies and opening hours.....	201
Map D–H: Travel access maps.....	202
Map D: Average walk times to community pharmacies in Brent	203
Map E: Public transport times (mornings) to the nearest pharmacy in Brent	204
Map F: Public transport times (evenings) to the nearest pharmacy in Brent .	205
Map G: Average drive times during off-peak times by car to pharmacies in Brent	206
Map H: Average drive times during peak times by car to pharmacies in Brent	207

Executive summary

Every Health and Wellbeing Board (HWB) is required to produce a Pharmaceutical Needs Assessment (PNA). There is also a requirement to reassess and revise the PNA within three years of its previous publication. However, the HWB must make a revised assessment as soon as it is reasonably practicable after identifying any changes that have occurred since the previous assessment, which may have an effect on the needs of pharmaceutical services. Due to the COVID-19 pandemic, the Department of Health and Social Care postponed the requirement for all HWBs to publish until 1 October 2022.

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

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

This PNA has been produced through the PNA Steering Group on behalf of Brent HWB by Brent Council, with authoring support from Soar Beyond Ltd.

NHS pharmaceutical services in England

NHS pharmaceutical services are provided by contractors on the pharmaceutical list held by NHS England and NHS Improvement (NHSE&I). Types of providers are:

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

Pharmaceutical service providers in Brent

Brent has 82 community pharmacies, including eight DSPs (as of 29 March 2022) for a population of around 329,770. Brent has an average of 24.9 community pharmacies per 100,000 population, compared with 20.6 per 100,000 in England.

Conclusions

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

For the purposes of this PNA, **Necessary Services** for Brent HWB are defined as Essential Services.

Current provision of Necessary Services

- **Necessary Services – normal working hours**

There is no current gap in the provision of Necessary Services during normal working hours across Brent to meet the needs of the population.

- **Necessary Services – outside normal working hours**

There are no current gaps in the provision of Necessary Services outside normal working hours across Brent to meet the needs of the population.

Future provision of Necessary Services

No gaps have been identified in the need for Necessary pharmaceutical services in specified future circumstances across Brent.

Improvements and better access – gaps in provision

Advanced Services are considered **relevant** as they contribute toward improvement in provision and access to pharmaceutical services.

Locally Commissioned Services and Enhanced Services are those that secure improvements or better access to, or that have contributed towards meeting the need for pharmaceutical services in Brent HWB area.

- **Current and future access to Advanced Services**

There are no gaps in the provision of Advanced Services that would secure improvements or better access to Advanced Services in Brent.

- **Current and future access to Enhanced Services**

No gaps have been identified that if provided either now or in the future would secure improvements or better access to Enhanced Services across Brent.

- **Current and future access to Locally Commissioned Services**

Based on current information no current gaps have been identified in respect of securing improvements or better access to Locally Commissioned Services across Brent, to meet the needs of the population.

Abbreviations

AF – Atrial Fibrillation

AUR – Appliance Use Review

A&E – Accident and Emergency

BAME – Black, Asian and Minority Ethnic

BSA – Business Services Authority

CCG – Clinical Commissioning Group

CHAIN – Combined Homelessness and Information Network

CHD – Coronary Heart Disease

COA – Census Output Area

COPD – Chronic Obstructive Pulmonary Disease

CPCF – Community Pharmacy Contractual Framework

CPCS – Community Pharmacist Consultation Service

CVD – Cardiovascular Disease

DAC – Dispensing Appliance Contractor

DALY – Disability Adjusted Life Years

DHSC – Department of Health and Social Care

DMIRS – Digital Minor Illness Referral Service

DMS – Discharge Medicines Service

DSP – Distance-Selling Pharmacy

EHC – Emergency Hormonal Contraception

EoLC – End of Life Care

EPS – Electronic Prescription Service

eRD – Electronic Repeat Dispensing

ES – Essential Services

GLA – Greater London Authority

GP – General Practitioner

Hep C – Hepatitis C

HIV – Human Immunodeficiency Virus
HWB – Health and Wellbeing Board
ICB – Integrated Care Board
ICS – Integrated Care Systems
IMD – Index of Multiple Deprivation
JHWS – Health and Wellbeing Strategy
JSNA – Joint Strategic Needs Assessment
LARC – Long-Acting Reversible Contraception
LCS – Locally Commissioned Services
LFD – Lateral Flow Device
LPC – Local Pharmaceutical Committee
LPS – Local Pharmaceutical Service
LSOA – Lower Layer Super Output Area
LTP – Long Term Plan
MSK – Musculoskeletal
MUR – Medicines Use Review
NDTMS – National Drug Treatment Monitoring System
NHS – National Health Service
NHSE&I – NHS England and NHS Improvement
NMS – New Medicine Service
NUMSAS – NHS Urgent Medicine Supply Advanced Service
NWL – North West London
OHID – Office for Health Improvement and Disparities
ONS – Office for National Statistics
PCN – Primary Care Network
PGD – Patient Group Direction
PhAS – Pharmacy Access Scheme
PHE – Public Health England

PNA – Pharmaceutical Needs Assessment

POCT – Point-of-Care Testing

PQS – Pharmacy Quality Scheme

PSNC – Pharmaceutical Services Negotiating Committee

PWID – People Who Inject Drugs

QOF – Quality and Outcomes Framework

SAC – Stoma Appliance Customisation

SRH – Sexual and Reproductive Health

STP – Sustainability and Transformation Partnership

WDP – Westminster Drug Project

List of Tables

Table 1: Timeline for PNAs.....	18
Table 2: Localities and wards in Brent.....	35
Table 3: Population size by locality and ward.....	41
Table 4: Predicted population size by locality	43
Table 5: Breakdown of single homeless approaches and referrals received 2021.....	52
Table 6: Brent care home placements.....	53
Table 7: Life expectancy in Brent wards compared with the England average, 2015-19	54
Table 8: Life expectancy, healthy life expectancy, years in poor health and proportion of life in poor health, England 2016-18.....	55
Table 9: Under-18 conceptions, rate per 1,000 population	68
Table 10: Under-16 conceptions, rate per 1,000 population.....	68
Table 11: Oral health among five-year-olds across London, England and Brent.....	71
Table 12: Number of pharmacies per 100,000 population.....	84
Table 13: A breakdown of average community pharmacies per 100,000 population.....	85
Table 14: Community pharmacy ownership, 2020-21	85
Table 15: Number of 100-hour pharmacies (and percentage of total)	85
Table 16: Percentage of community pharmacy providers open Monday to Friday (excluding bank holidays) beyond 6.30 pm, and on Saturday and Sunday (not including DSP)	87
Table 17: Providers of Advanced Services in Brent (2021-22): percentage of community pharmacy providers by locality (number of pharmacies).....	89
Table 18: Advanced Service provision from community pharmacy contractors: percentage of providers currently providing	90
Table 19: Commissioned services from community pharmacies in Brent.....	93
Table 20: Awareness of Advanced Services	101
Table 21: Demographic analysis of the community pharmacy user questionnaire respondents	102
Table 22: Number and type of contractor per locality	107
Table 23: Provision of NHSE&I Advanced and Enhanced Services by locality (number of community pharmacies)	107
Table 24: Provision of LCS (CCG and LA) by locality (number of community pharmacies).....	108

List of Figures

Figure 1: COVID-19 impact on ethnicity	40
Figure 2: Brent population size by wards (2019 ward boundaries).....	43
Figure 3: Brent projected population change (2019 ward boundaries)	44
Figure 4: Population by age and gender	45
Figure 5: Median age in Brent	45
Figure 6: Population by ethnic group in Brent	46
Figure 7: Population by religion in Brent, England and Wales.....	47
Figure 8: Residents' main language in Brent.....	48
Figure 10: Rough sleepers new or returning to Brent	51
Figure 11: Rough sleeping population in Brent.....	52
Figure 12: IMD for Brent	56
Figure 13: IMD (2019 ward boundaries).....	57
Figure 14: Changes in the relative deprivation of LSOAs in Brent.....	57
Figure 15: Trends in the employment rate, 2004-18.....	58
Figure 16: Trends in employment rate by age, Brent 2010-18	59
Figure 17: Employment rates by population group, Brent 2016-18.....	60
Figure 18: Planned housing developments (2022 ward boundaries).....	61
Figure 19: Crime rate in Brent.....	61
Figure 20: Crime rate in Brent compared with Metropolitan Police force area	62
Figure 21: Percentage of physically inactive adults	63
Figure 22: Prevalence of obese children rate in Brent.....	64
Figure 22: Obesity prevalence in children in Brent	65
Figure 23: Smoking prevalence in Brent	66
Figure 24: Adult substance misuse estimates in Brent versus London and England averages	67
Figure 25: Number of new STI diagnoses (excluding chlamydia aged <25) in Brent, 2014-2020.....	67
Figure 26: Under-18 conceptions and abortions in Brent (rate per 1,000 population)	68
Figure 27: Percentage of under-25-year-olds who chose LARC (excluding injections) at SRH services.....	69
Figure 28: Percentage of over-25-year-olds who chose LARC (excluding injections) at SRH services.....	70
Figure 29: 2019 National Dental Epidemiology programme survey	70
Figure 30: Premature causes of mortality in Brent compared to London and England (rates per 100,000)	72
Figure 31: Brent early mortality rate caused by CVD	73

Figure 32: QOF Prevalence of diabetes in Brent	74
Figure 33: Model estimated prevalence of diabetes in Brent and England.....	74
Figure 34: Percentage of people reporting long-term MSK pain in Brent, 2018-21.....	75
Figure 35: Proportion of population living in AQMAs.....	76
Figure 36: Mortality burden of air pollution (no cut off) by wards in Greater London in 2019	77
Figure 37: Mortality burden of air pollution (with cut off) by wards in Greater London in 2019	77
Figure 38: Recorded prevalence (aged 18+) of depression for Brent.....	78
Figure 39: Percentage of registered patients diagnosed with dementia.....	79
Figure 40: Recorded prevalence of dementia (aged 65+)	80
Figure 41: Palliative and EoLC prevalence for all ages, 2020	81
Figure 42: All pharmacy contractors in Brent.....	83

List of Maps

Map A: Pharmacies and population density by LSOA	199
Map B: Pharmacies and deprivation by LSOA	200
Map C: Brent pharmacies and opening hours	201
Map D–H: Travel access maps	202
Map D: Average walk times to community pharmacies in Brent	203
Map E: Public transport times (mornings) to the nearest pharmacy in Brent	204
Map F: Public transport times (evenings) to the nearest pharmacy in Brent	205
Map G: Average drive times during off-peak times by car to pharmacies in Brent	206
Map H: Average drive times during peak times by car to pharmacies in Brent	207

Section 1: Introduction

1.1 Background

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (SI 2013/349),¹ hereafter referred to as the Pharmaceutical Regulations 2013, came into force on 1 April 2013. The Pharmaceutical Regulations 2013 require each Health and Wellbeing Board (HWB) to assess the needs for pharmaceutical services in its area and publish a statement of its assessment. This document is called a Pharmaceutical Needs Assessment (PNA). This document should be revised within three years of its previous publication. The last PNA for Brent was published in April 2018 and since then has been kept updated with accompanying supplementary statements.

Due to the COVID-19 pandemic the Department of Health and Social Care (DHSC) postponed the requirement for all HWBs to publish until 1 October 2022. This PNA for Brent fulfils this regulatory requirement.

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

Table 1: Timeline for PNAs

2009	2011	2013	2015	Ongoing
Health Act 2009 introduces statutory framework requiring primary care trusts to prepare and publish PNAs	PNAs to be published by 1 February 2011	The Pharmaceutical Regulations 2013 outline PNA requirements for HWB	HWB required to publish own PNAs by 1 April 2015	PNAs reviewed every 3 years* *publication of PNAs was delayed during the coronavirus pandemic

Since the 2018 PNA there have been several significant changes to the Community Pharmacy Contractual Framework (CPCF), national directives and environmental factors, which need to be considered as part of this PNA.

1.2 National changes since the last PNA

- **NHS Long Term Plan (LTP):**² The NHS LTP was published in January 2019, and it set out the priorities for healthcare for the next ten years. It is wide-ranging and includes chapters on new service models, action on prevention and health inequalities, and

¹ The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013

www.legislation.gov.uk/uksi/2013/349/contents/made

² NHS Long Term Plan. www.longtermplan.nhs.uk/

progress on care quality and outcomes. A more detailed description is available in [Section 2.1](#).

- Clinical Commissioning Groups (CCGs) are to be replaced by **Integrated Care Boards** (ICBs) as part of Integrated Care Systems (ICS). In an ICS, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards and improving the health of the population they serve. NWL CCG will become NWL ICB.
- From 1 January 2021, being a Healthy Living Pharmacy was an essential requirement for all community pharmacy contractors in England. The Healthy Living Pharmacy framework is aimed at achieving consistent provision of a broad range of health promotion interventions through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities.³
- **Coronavirus pandemic:** The COVID-19 pandemic placed greater demands on health systems and community pharmacies. Community pharmacists had to adapt and adopt changes to healthcare services provided and remain open during the pandemic to provide for the pharmaceutical needs for the population.⁴ During the pandemic there was a national net loss of 215 pharmacies, with 236 opening while 451 closed during 2020-21, which resulted in the lowest number of pharmacies in England since 2015-16.⁵ In response to the pandemic, two Advanced Services were also created: the pandemic delivery service and COVID-19 Lateral Flow Device (LFD) provision. The COVID-19 vaccination service was also added as an Enhanced Service provided from community pharmacies and commissioned by NHS England and NHS Improvement (NHSE&I). Due to the easing of COVID-19 restrictions by the government, the pandemic delivery service was decommissioned on 5 March 2022 at 23:59. From 1 April, the government also stopped providing free universal symptomatic and asymptomatic testing for the general public in England.⁶

³ PSNC. Healthy Living Pharmacies. <https://psnc.org.uk/services-commissioning/essential-services/healthy-living-pharmacies/>

⁴ Hayden JC and Parkin R. The Challenges of COVID-19 for community pharmacists and opportunities for the future. Irish J Psych Med 2020; 37(3), 198-203. <https://doi.org/10.1017/ipm.2020.52>

⁵ Wickware C. Lowest number of community pharmacies in six years, official figures show. Pharmaceutical J. 28 October 2021. <https://pharmaceutical-journal.com/article/news/lowest-number-of-community-pharmacies-in-six-years-official-figures-show>

⁶ Cabinet Office. COVID-19 Response: Living with COVID-19. 6 May 2022. www.gov.uk/government/publications/covid-19-response-living-with-covid-19/covid-19-response-living-with-covid-19

- **Remote access:** From November 2020, community pharmacies had to facilitate remote access to pharmaceutical services at or from the pharmacy premises.⁷
- **Community Pharmacist Consultation Service (CPCS):**⁸ An Advanced Service introduced on 29 October 2019 to enable community pharmacies to play a greater role in urgent care provision. The service replaces the NHS Urgent Medicine Supply Advanced Scheme (NUMSAS) and local pilots of Digital Minor Illness Referral Service (DMIRS). The first phase was to offer patients a consultation with pharmacist on referral from NHS 111, integrated urgent clinical assessment services and, in some cases, 999. From 1 November 2020; GP CPCS was launched, where GPs can refer patients for a minor illness consultation but not for urgent supply of medicine or appliances, with a locally agreed referral pathway. The CPCS and GP CPCS aim to relieve pressure on the wider NHS by connecting patients with community pharmacies who are integrated with primary care-level services, part of the NHS LTP.
- **Discharge Medicines Service (DMS):** A new Essential Service from 15 February 2021. NHS trusts are now able to refer patients who would benefit from extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by the NHSE&I Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.⁹
- **Medicines Use Reviews (MURs)** were decommissioned on 31 March 2021. A number of additional services have been introduced including additional eligible patients for the New Medicine Service (NMS).
- **Pharmacy Quality Scheme (PQS):** The PQS scheme is a voluntary scheme that forms part of the CPCF.¹⁰ It supports delivery of the NHS LTP and rewards community pharmacy contractors that deliver quality criteria in three quality dimensions: clinical effectiveness, patient safety and patient experience. The PQS has been developed to incentivise quality improvement in specific areas yearly. At the time of writing, the 2022-23 scheme was still being negotiated by the Pharmaceutical Services Negotiating Committee (PSNC) with the DHSC and NHSE&I.

⁷ PSNC. Regs explainer (#12): Facilitating remote access to pharmacy services. 6 November 2020. <https://psnc.org.uk/our-news/regs-explainer-12-facilitating-remote-access-to-pharmacy-services/>

⁸ PSNC. Community Pharmacist Consultation Service. <https://psnc.org.uk/services-commissioning/advanced-services/community-pharmacist-consultation-service/>

⁹ PSNC. Discharge Medicines Service. <https://psnc.org.uk/services-commissioning/essential-services/discharge-medicines-service/>

¹⁰ NHSE&I. Pharmacy Quality Scheme Guidance 2021/22. September 2021. www.england.nhs.uk/wp-content/uploads/2021/09/Pharmacy-Quality-Scheme-guidance-September-2021-22-Final.pdf

1.3 Purpose of the PNA

NHSE&I is required to publish and maintain pharmaceutical lists for each HWB area. Any person wishing to provide NHS pharmaceutical services is required to be listed on the pharmaceutical list. NHSE&I must consider any applications for entry to the pharmaceutical list. The Pharmaceutical Regulations 2013 require NHSE&I to consider applications to fulfil unmet needs determined within the PNA of that area, or applications for benefits unforeseen within the PNA. Such applications could be for the provision of NHS pharmaceutical services from new premises or to extend the range or duration of current NHS pharmaceutical services offered from existing premises. As the PNA will become the basis for NHSE&I to make determinations on such applications, it is therefore prudent that the PNA is compiled in line with the regulations and with due process, and that the PNA is accurately maintained and up to date. Although decisions made by NHSE&I regarding applications to the pharmaceutical list may be appealed to the NHS Primary Care Appeals Unit, the final published PNA cannot be appealed. It is likely the only challenge to a published PNA will be through application for a judicial review of the process undertaken to conclude the PNA.

The PNA should be read alongside other Joint Strategic Need Assessment (JSNA) products.¹¹ The Brent Open Data Portal presents local JSNA topics along with supporting data and previous reports with the aim of providing “robust evidence of health needs of our population to improve health and wellbeing in Brent”. Each topic is regularly updated to cover relevant statistics, provide an assessment of unmet needs, address knowledge and information gaps and finally suggests opportunities for improvement. The JSNA is currently in process of being updated.

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

It is anticipated that ICBs will take on the delegated responsibility for pharmaceutical services from NHSE&I and therefore some services currently commissioned from pharmacies by CCGs may fall under the definition of Enhanced Services. For the purpose of this PNA, at the time of writing, only services commissioned by NHSE&I as per the regulations have been considered ‘pharmaceutical services’.

¹¹ Brent Open Data Portal. JSNA 2019-2020: <https://data.brent.gov.uk/dataset/e1ky8/brent-joint-strategic-needs-assessment-201920>

Although the Steering Group is aware that during the lifetime of this PNA, CCGs will transition into ICBs, we have referred to CCGs throughout the document with the intention that the CCG will refer to its successor body when in place.

1.4 Scope of the PNA

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

- Pharmacy contractors
- Dispensing Appliance Contractors (DACs)
- Local pharmaceutical service providers
- Dispensing doctors

For the purposes of this PNA, 'pharmaceutical services' have been defined as those that are/may be commissioned under the provider's contract with NHSE&I. A detailed description of each provider type and the pharmaceutical services as defined in their contract with NHSE&I, is set out below.

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

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

What are Necessary Services?

The Pharmaceutical Regulations 2013 require the HWB to include a statement of those pharmaceutical services that it identified as being necessary to meet the need for pharmaceutical services within the PNA. There is no definition of Necessary Services within the regulations and the HWB therefore has complete freedom in the matter.¹²

The HWB has decided that all Essential Services are **Necessary Services** in Brent.

¹² DHSC. Pharmaceutical needs assessments: information pack for local authority health and wellbeing boards. October 2021.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1029805/pharmaceutical-needs-assessment-information-pack.pdf

What is classed as relevant?

These are services that the HWB is satisfied are not necessary to meet the need for pharmaceutical services but their provision has secured improvements or better access to pharmaceutical services. Once the HWB has decided which services are necessary then the remaining services will be other relevant services.

For the purpose of the Brent PNA, Advanced Services are therefore considered **relevant**.

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

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

1.4.1 Community pharmacy contractors

Pharmacy contractors comprise both those located within the Brent HWB area as listed in Appendix A, those in neighbouring HWB areas and remote suppliers, such as Distance-Selling Pharmacies (DSPs).

A DSP provides services as per the Pharmaceutical Regulations 2013. As part of the terms of service for DSPs, provision of all services must be offered throughout England. It is therefore possible that patients within Brent HWB area will receive pharmaceutical services from a DSP outside Brent HWB area, however, DSPs outside of the Brent area are not considered in this PNA.

The CPCF, last agreed in 2019,¹³ is made up of three types of services:

- Essential Services
- Advanced Services
- Enhanced Services

Although DSPs may provide services from all three levels as described above, and must provide all Essential Services, they may not provide Essential Services face-to-face on the premises, therefore provision is by mail order and/or wholly internet.

Figures for 2020-21 show that in England there were 372 DSPs, accounting for 3.2% of the total number of pharmacies. This has increased significantly from 2015-16, when there were 266 DSPs, accounting for 2.3% of all pharmacy contractors.

¹³ DHSC. Community Pharmacy Contractual Framework: 2019 to 2024. 22 July 2019. www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024

1.4.1.1 Essential Services (ES)

Brent has designated that all Essential Services are to be regarded as Necessary Services.

There are seven Essential Services that are nationally negotiated and **must** be provided by all community pharmacy contractors. The Essential Services are listed below:

- ES 1: Dispensing of medicines
- ES 2: Repeat dispensing/electronic repeat dispensing (eRD)
- ES 3: Disposal of unwanted medicines
- ES 4: Public health (promotion of healthy lifestyles)
- ES 5: Signposting patients to other healthcare providers
- ES 6: Support for self-care
- ES 7: Discharge Medicines Service (DMS)

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

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

ES4 can support local and national campaigns informing people of managing risk factors associated with many long-term conditions, such as smoking, healthy diet, physical activity and alcohol consumption.

ES4 provides the ability to:

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

Community pharmacy also plays a vital role in the management of minor ailments and self-care. Community pharmacists are potentially the most-accessed healthcare professionals in any health economy and are an important resource in supporting people in managing their own self-care and in directing people to the most appropriate points of care for their symptoms. Although the evidence base is currently very small in measuring the effectiveness and value of community pharmacies' contribution to urgent care, emergency care and

unplanned care, there is a growing recognition of the importance of this role. The pandemic highlighted this even further and there appears to be a desire and appetite to do more to integrate the system and pharmacy workforce spanning across community pharmacy, primary and secondary care to improve the health outcomes and reduce inequalities.

Using ES5, pharmacies can signpost patients and carers to local and national sources of information and reinforce those sources already promoted. Appropriate signposting has a significant role in supporting the numerous outcomes highlighted as priorities in the Brent Joint Health and Wellbeing Strategy (JHWS). Essential Services may also identify other issues such as general mental health and wellbeing, providing an opportunity to signpost to other local services or services within the pharmacy, e.g. repeat dispensing.

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

ES7: From 15 February 2021, NHS trusts were able to refer patients who would benefit from extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHSE&I's Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.

Underpinning the Essential Services is a governance structure for the delivery of pharmacy services. This structure is set out within the Pharmaceutical Regulations 2013 and includes:

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

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

Both Essential and Advanced Services provide an opportunity to identify issues with side effects or changes in dosage, confirmation that the patient understands the role of the medicine or appliance in their care, and opportunities for medicine optimisation. Appropriate referrals can be made to GPs or other care settings, resulting in patients receiving a better outcome from their medicines and, in some cases, cost-saving for the commissioner.

1.4.1.2 Advanced Services (AS)

Brent HWB has designated that all Advanced Services are to be regarded as relevant services, however they encourage existing pharmaceutical service providers to make available all Advanced Services where appropriate.

There are ten Advanced Services which are nationally negotiated and **can** be provided by any community pharmacy contractor if they meet the requirements set out in the Secretary of State Directions. The Advanced Services are listed below and the percentage of pharmacy participants for each service in Brent can be seen in [Section 3.2.4](#).

- AS.1: Appliance Use Review (AUR)
- AS.2: Stoma Appliance Customisation (SAC)
- AS.3: C-19 LFD distribution service (stopped 1 April 2022)
- AS.4: Pandemic delivery service (stopped 5 March 2022, at 23:59)
- AS.5: Community Pharmacist Consultation Service (CPCS)
- AS.6: Flu vaccination service
- AS.7: Hepatitis C testing service
- AS.8: Hypertension case-finding service
- AS.9: New Medicine Service (NMS)
- AS.10 Smoking cessation Advanced Service

Advanced Services have a role in highlighting issues with medicines or appliance adherence and in reducing waste through inappropriate or unnecessary use of medicines or appliances.

Both Essential and Advanced Services provide an opportunity to identify issues with side effects or changes in dosage, confirmation that the patient understands the role of the medicine or appliance in their care, and opportunities for medicine optimisation. Appropriate referrals can be made to GPs or other care settings, resulting in patients receiving a better outcome from their medicines and, in some cases, cost-saving for the commissioner.

AS.1 Appliance Use Review (AUR)

AURs should improve the patient's knowledge and use of any 'specified appliance' by:

1. Establishing the way the patient uses the appliance and the patient's experience of such use;
2. Identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient;
3. Advising the patient on the safe and appropriate storage of the appliance; and
4. Advising the patient on the safe and proper disposal of the appliances that are used or unwanted.

AS.2 Stoma Appliance Customisation (SAC)

The service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste. The stoma appliances that can be customised are listed in Part IXC of the Drug Tariff.

AS.3 and AS.4 Services provided to give support during the COVID-19 pandemic

From 16 March 2021, people who had been notified of the need to self-isolate by NHS Test and Trace were able to access support for the **delivery of their prescriptions from community pharmacies**.

C-19 LFD distribution service was a service that pharmacy contractors could choose to provide, as long as they met the necessary requirements, aimed at improving access to COVID-19 testing by making LFD test kits readily available at community pharmacies for asymptomatic people, to identify COVID-positive cases in the community and break the chain of transmission.

From 24 February 2022, the government eased COVID-19 restrictions. Therefore, the pandemic delivery was decommissioned on 6 March 2022. Since 1 April, the government no longer provides free universal symptomatic and asymptomatic testing for the general public in England.¹⁴

AS.5 Community Pharmacist Consultation Service (CPCS)

Since 1 November 2020, general practices have been able to refer patients for a minor illness consultation via CPCS, once a local referral pathway has been agreed. As well as referrals

¹⁴ Cabinet Office. COVID-19 Response: Living with COVID-19. 6 May 2022. www.gov.uk/government/publications/covid-19-response-living-with-covid-19/covid-19-response-living-with-covid-19

from general practices, the CPCS takes referrals from NHS 111 (and NHS 111 online for requests for urgent supply), Integrated Urgent Care Clinical Assessment Services and, in some cases, via the 999 service. CPCS has been available since 29 October 2019.

AS.6 Flu vaccination

The inclusion of flu vaccination as one of the Advanced Services contributes to improving access and opportunity for the public to receive their seasonal vaccine, therefore increasing uptake across the population. Community pharmacy has been providing flu vaccinations under a nationally commissioned service since September 2015. The accessibility of pharmacies, their extended opening hours and the option to walk in without an appointment have proved popular with patients seeking vaccinations – provided each year from September to March.

Vaccination is a key intervention to protect at-risk groups, such as older people, people living with diabetes, Chronic Obstructive Pulmonary Disease (COPD) or CVD, or carers, against diseases such as seasonal flu or shingles.

AS.7 Hepatitis C testing service

The service is focused on provision of Point-of-Care Testing (POCT) for hepatitis C (Hep C) antibodies to People Who Inject Drugs (PWIDs), i.e. individuals who inject illicit drugs such as steroids or heroin, but who haven't yet moved to the point of accepting treatment for their substance use. Where people test positive for Hep C antibodies, they will be referred for a confirmatory test and treatment, where appropriate. Recent developments in the treatment options for Hep C make the early identification of patients an important part of the management of the condition.

AS.8 Hypertension case-finding service

This Advanced Service has recently been introduced. The service has two stages – the first is identifying people at risk of hypertension and offering them blood pressure measurement (a 'clinic check'). The second stage, where clinically indicated, is offering 24-hour ambulatory blood pressure monitoring. The blood pressure test results will then be shared with the patient's GP to inform a potential diagnosis of hypertension.

AS.9 New Medicine Service (NMS)

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

The service is split into three stages: 1. patient engagement; 2. intervention; and 3. follow-up.

From 1 September 2021, the following conditions are covered by the service:

- Asthma and COPD
- Diabetes (type 2)
- Hypertension
- Hypercholesterolaemia
- Osteoporosis
- Gout
- Glaucoma
- Epilepsy
- Parkinson's disease
- Urinary incontinence/retention
- Heart failure
- Acute coronary syndromes
- Atrial fibrillation
- Long-term risks of venous thromboembolism/embolism
- Stroke/transient ischaemic attack
- Coronary Heart Disease (CHD)

The antiplatelet/anticoagulant therapy eligibility continues, but it is now included in the above list by reference to the underlying condition/reason for prescribing.

The NHS Business Services Authority (NHS BSA) has published a list of medicines that are suitable for the NMS.¹⁵

AS.10 Smoking Cessation

This service enables NHS trusts to refer patients discharged from hospital to a community pharmacy of their choice to continue their smoking cessation care pathway, including providing medication and behavioural support as required, in line with the NHS LTP care model for tobacco addiction.

1.4.1.3 Enhanced Services

There are currently three Enhanced Services commissioned through community pharmacies from NHSE&I in Brent:

- London Vaccination Service
- COVID-19 vaccination service
- Bank holiday, Christmas Day and Easter Sunday services

¹⁵ NHS BSA. New Medicine Service (NMS) – Drug Lists. www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/new-medicine-service-nms-drug-lists

London Vaccination Service

This service is provided in addition to the national flu vaccination Advanced Service and includes a top-up element to cover additional groups of patients, e.g. carers, asylum seekers and the homeless, as well as providing vaccination for those aged 2–18.

There is also provision for pneumococcal vaccination to eligible cohorts.

COVID-19 vaccination

This has been added to the Enhanced Services provided from community pharmacies and commissioned by NHSE&I. In June 2022 it was the one-year anniversary of providing C-19 vaccinations in Brent from community pharmacies.

The number of pharmacies currently providing COVID-19 vaccination nationally under the terms of an Enhanced Service has doubled from October 2021 to January 2022, and the latest reports are that over 22 million doses have been provided by community pharmacies in the 12 months to 14 January 2022.

There are currently seven (9%) community pharmacies providing this service in Brent. The pharmacies providing the service are listed in Appendix A and highlighted by locality in [Section 6.2](#).

Bank holiday, Easter Sunday and Christmas Day coverage

For the last two years NHSE&I has had two Enhanced Services for coverage over bank holidays to ensure that there are pharmacies open on these days and their location is near to the hubs and out-of-hours providers so patients can easily access medication if required

This service is provided by four pharmacies to cover the whole of Brent.

1.4.2 Distance Selling Pharmacies (DSPs)

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

It is therefore likely that patients in Brent will be receiving pharmaceutical services from DSPs outside Brent. There are eight DSPs in Brent: figures for 2020-21 show that in England there were 372 DSPs, accounting for 3.2% of the total number of pharmacies. This has increased significantly from 2015-16, when there were 266 DSPs, accounting for 2.3% of all pharmacy contractors. From 2018 to 2021, average items dispensed per month from DSPs nationally has increased by 16%. Of items prescribed in Brent, 3.91% have been dispensed by DSPs nationally in 2021-22 (1 April 2022 to 31 January 2022).

1.4.3 Dispensing Appliance Contractors (DACs)

DACs operate under the Terms of Service for Appliance Contractors as set out in Schedule 5 of the Pharmaceutical Regulations 2013. They can supply appliances against an NHS prescription such as stoma and incontinence aids, dressings, bandages etc. They are not required to have a pharmacist, do not have a regulatory body and their premises do not have to be registered with the General Pharmaceutical Council.

DACs must provide a range of Essential Services such as dispensing of appliances, advice on appliances, signposting, clinical governance and home delivery of appliances. In addition, DACs may provide the Advanced Services of AUR and SAC.

Pharmacy contractors, dispensing doctors, and Local Pharmaceutical Service (LPS) providers may supply appliances, but DACs are unable to supply medicines.

There is 1 DAC in Brent.

1.4.4 Local Pharmaceutical Service (LPS) providers

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

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

There are no LPS providers in Brent

1.4.5 Pharmacy Access Scheme (PhAS) providers¹⁶

The PhAS has been designed to capture the pharmacies that are most important for patient access, specifically those pharmacies where patient and public access would be materially affected should they close. The PhAS takes isolation and need levels into account.

Pharmacies in areas with dense provision of pharmacies remain excluded from the scheme. In areas with high numbers of pharmacies, public access to NHS pharmaceutical services is not at risk. The scheme is focused on areas that may be at risk of reduced access, for example, where a local population relies on a single pharmacy.

DSPs, DACs, LPS contractors and dispensing doctors remain ineligible for the scheme.

¹⁶ DHSC. 2022 Pharmacy Access Scheme: guidance. 3 February 2022. www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024/2021-to-2022-pharmacy-access-scheme-guidance

From 1 January 2022, the revised PhAS is to continue to support patient access to isolated, eligible pharmacies and ensure patient access to NHS community pharmaceutical services is protected.

There are no PhAS providers in Brent.

1.4.6 Other providers of pharmaceutical services in neighbouring areas

There are seven other HWBs that border Brent:

- Barnet HWB
- Harrow HWB
- Ealing HWB
- Camden HWB
- Hammersmith and Fulham HWB
- Kensington and Chelsea HWB
- Westminster HWB

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

1.4.7 Dispensing GP practices

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

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

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

There are no dispensing GP practices in Brent.

1.4.8 Other services and providers in Brent

As stated in [Section 1.4](#), for the purpose of this PNA, 'pharmaceutical services' have been defined as those which are or may be commissioned under the provider's contract with NHSE&I.

[Section 4](#) outlines services provided by NHS pharmaceutical providers in Brent, commissioned by organisations other than NHSE&I or provided privately, and which are therefore out of scope of the PNA. At the time of writing, the commissioning organisations primarily discussed are the local authority and CCG.

1.5 Process for developing the PNA

Brent HWB has statutory responsibilities under the Health and Social Care Act to produce and publicise a revised PNA at least every three years. The last PNA for Brent was published in 2018 and is therefore due to be reassessed in line with the extended timetable by October 2022.

Public Health Brent has a duty to complete this document on behalf of Brent HWB. After a competitive tender process, Public Health Brent commissioned Soar Beyond Ltd to undertake the PNA, the process by which this was achieved can be seen in below.

- **Step 1: Steering group**

On 21 March 2022, Brent's PNA Steering Group was established. The terms of reference and membership of the group can be found in Appendix B.

- **Step 2: Project management**

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

- **Step 3: Review of existing PNA and JSNA**

Through the project manager, the PNA Steering Group reviewed the existing PNA and subsequent [supplementary statements](#) and JSNA.

- **Step 4a: Public questionnaire on pharmacy provision**

A public questionnaire to establish views about pharmacy services was co-produced by the Steering Group, which was circulated to residents in Brent via various channels. Further detail is provided in [Section 5](#).

A total of 94 responses were received. A copy of the public questionnaire can be found in Appendix D with detailed responses.

- **Step 4b: Pharmacy contractor questionnaire**

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

A total of 53 responses were received. A copy of the pharmacy questionnaire can be found in Appendix E with detailed responses.

- **Step 5: Mapping of services**

Details of services and service providers were collated and triangulated to ensure the information upon the assessment was based on was the most robust and accurate. NHSE&I, as the commissioner of service providers and services classed as necessary and relevant, was predominantly used as a base for information due to their contractual obligation to hold and maintain pharmaceutical lists. Information was collated, ratified and shared with the Steering Group before the assessment was commenced. The pharmaceutical list from NHSE&I dated 29 March 2022 was used for this assessment.

- **Step 6: Preparing the draft PNA for consultation**

The Steering Group reviewed and revised the content and detail of the existing PNA. The process took into account the JSNA and other relevant strategies in order to ensure the priorities were identified correctly. As the PNA is an assessment taken at defined moment in time, the Steering Group agreed to monitor any changes and, if necessary, update the PNA before finalising or publish with accompanying supplementary statements as per the regulations, unless the changes had a significant impact on the conclusions. In the case of the latter, the group was fully aware of the need to reassess.

- **Step 7: Consultation**

In line with the Pharmaceutical Regulations 2013, a consultation on the draft PNA was undertaken between 13 July and 11 September 2022. The draft PNA and consultation response form was issued to all identified stakeholders. These are listed in the final PNA in Appendix F. The draft PNA was also posted on Brent Council's website.

- **Step 8: Collation and analysis of consultation responses**

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

- **Step 9: Production of final PNA - future stage**

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

The sign off the final PNA was delegated to the Steering Group for approval and publication before 1 October 2022.

1.6 Localities for the purpose of the PNA

The PNA Steering Group, at its first meeting, considered how the localities within Brent geography would be defined.

The majority of health and social care data is available at local authority level and at this level provides reasonable statistical rigour. It was agreed that the five localities used in 2018 PNA would be used to define the localities of the Brent geography.

The localities with wards are shown below in Table 2.

Table 2: Localities and wards in Brent

Locality name	Brent ward (2019)
Harlesden	Harlesden
Harlesden	Kensal Green
Harlesden	Stonebridge
Kilburn	Brondesbury Park
Kilburn	Kilburn
Kilburn	Mapesbury
Kilburn	Queens Park
Kingsbury	Barnhill
Kingsbury	Fryent
Kingsbury	Kenton
Kingsbury	Queensbury
Wembley	Alperton
Wembley	Northwick Park
Wembley	Preston
Wembley	Sudbury
Wembley	Tokington
Wembley	Wembley Central
Willesden	Dollis Hill
Willesden	Dudden Hill
Willesden	Welsh Harp
Willesden	Willesden Green

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

The information contained in Appendix A has been provided by NHSE&I (who is legally responsible for maintaining the pharmaceutical list of providers of pharmaceutical services

in each HWB area), Brent Council and North West London (NWL) CCG. The Steering Group agreed that providers previously included in the Brent 2018 PNA would continue to be included within the 2022 PNA.

Section 2: Context for the PNA

2.1 NHS Long Term Plan¹⁷

The NHS Long Term Plan (LTP) was published in January 2019, and it set out the priorities for healthcare for the next ten years. It is wide-ranging and includes chapters on new service models, action on prevention and health inequalities, and progress on care quality and outcomes.

Priority clinical areas in the LTP include

- Prevention
 - Smoking
 - Obesity
 - Alcohol
 - Antimicrobial resistance
 - Stronger NHS action on health inequalities
 - Hypertension
- Better care for major health conditions
 - Cancer
 - Cardiovascular Disease (CVD)
 - Stroke care
 - Diabetes
 - Respiratory disease
 - Adult mental health services

There are specific aspects of the LTP that include community pharmacy and pharmacists:

- **Section 4.21** states that 'Pharmacists have an essential role to play in delivering the Long Term Plan' and goes on to state: 'In community pharmacy, we will work with government to make greater use of community pharmacists' skills and opportunities to engage patients, while also exploring further efficiencies through reform of reimbursement and wider supply arrangements.'
- **Section 1.10** refers to the creation of fully integrated community-based healthcare. This will be supported through the ongoing training and development of multidisciplinary teams in primary and community hubs. From 2019, NHS 111 started to directly book into GP practices across the country, as well as referring on to **community pharmacies** who support urgent care and promote patient self-care and

¹⁷ NHS Long Term Plan. www.longtermplan.nhs.uk/

self-management. The CPCS has been developed, which has been available since 31 October 2019 as an Advanced Service.

- **Section 1.12** identifies 'pharmacist review' of medication as a method to reduce avoidable A&E attendances, admissions and delayed discharge, streamlining patient pathways to reduce avoidable outpatient visits and over-medication.
- **Section 3.68** identifies **community pharmacists** as part of the process of improving the effectiveness of approaches such as the NHS Health Check, rapidly treating those identified with high-risk conditions, including high blood pressure. The hypertension case-finding service has been developed as an Advanced Service from community pharmacy.
- **Section 3.86** states: 'We will do more to support those with respiratory disease to receive and use the right medication'. Of NHS spend on asthma, 90% goes on medicines, but incorrect use of medication can also contribute to poorer health outcomes and increased risk of exacerbations or even admission. The NMS is an Advanced Service that provides support for people with long-term conditions prescribed a new medicine, to help improve medicines adherence.
- **Section 6.17** identifies ten priority areas. Section 6.17(v) identifies pharmacists as key in delivering value for the £16 billion spent on medicines annually. It states: 'Research shows as many as 50% of patients do not take their medicines as intended and pharmacists will support patients to take their medicines to get the best from them, reduce waste and promote self-care.'

2.2 Joint Strategic Needs Assessment (JSNA)

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

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

Brent's JSNA provides an assessment of health, social care needs, their determinants and forecasted prevalence. The JSNA is based on an analysis of a range of national and Brent datasets, including demographic data, behavioural determinants of health (smoking, drinking and dietary habits etc.) and epidemiology (life expectancy and the prevalence of diseases).¹⁸ Comparisons are drawn against regional and national health outcomes to better understand whether the issues identified in Brent are similar to elsewhere.

The PNA is undertaken in the context of the health, care and wellbeing needs of the local population, as defined in the Brent JSNA. The PNA should therefore be read alongside the JSNA.

2.3 HWB strategy

The HWB has agreed a strategy for 2022 to 2027.¹⁹ This strategy is guided by the JSNA and other relevant sources of information and has defined the following five priorities for the HWB:

- Healthy Lives
- Healthy Places
- Healthy Systems
- Healthy ways of working
- Staying Healthy

Each priority is closely linked to a number of key strategic objectives, with associated actions, milestones and outcomes to ensure that progress can be measured effectively.

2.4 COVID-19 impact

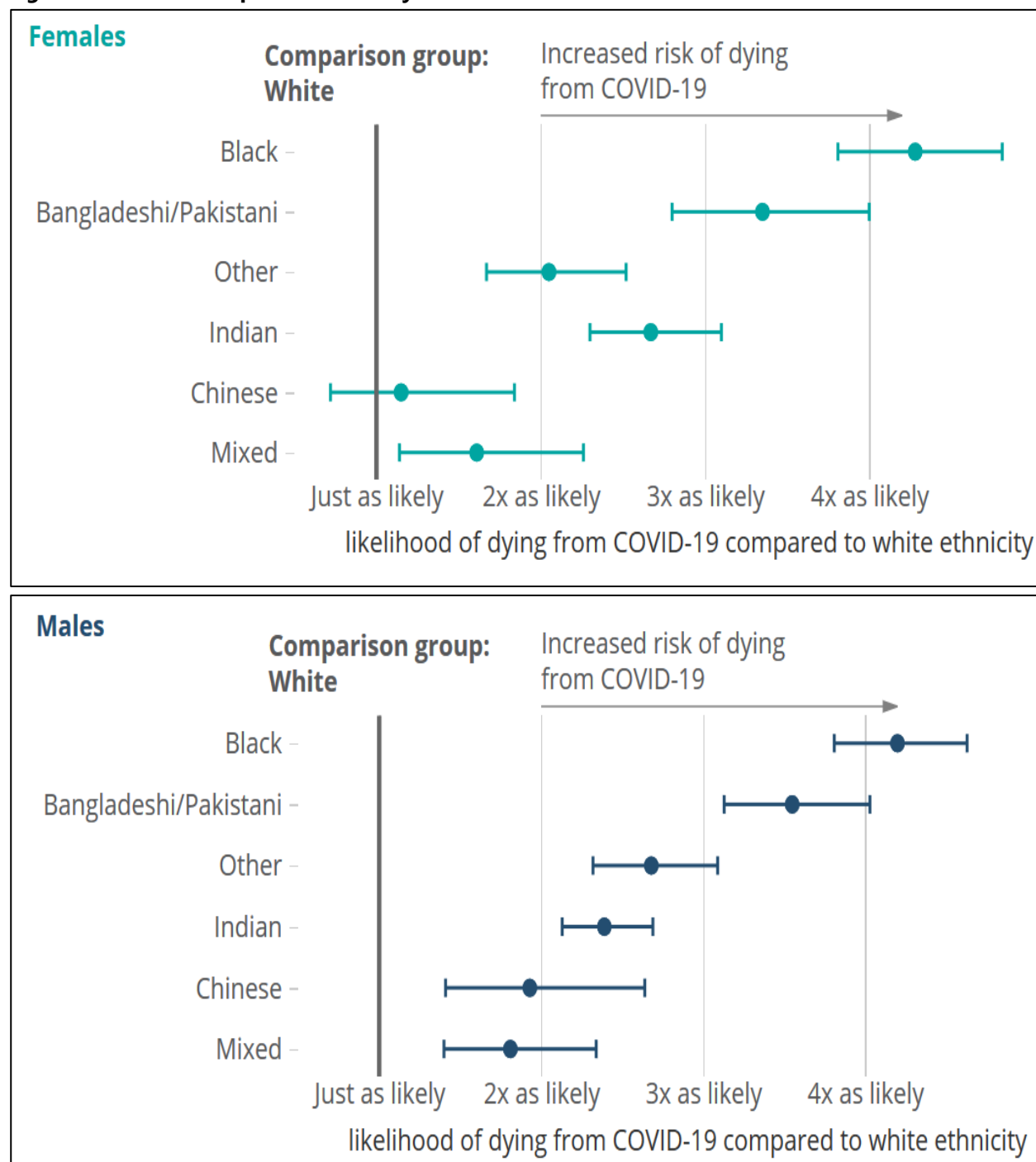
COVID-19 has had a major impact on the world, the country and in Brent communities, where the first wave hit particularly hard. Many people in Brent lost people they loved and cared for, and others are still suffering from long COVID.

COVID-19 has not affected all communities equally. People with disabilities, from deprived areas or of Black, Bangladeshi and Pakistani ethnicity were more likely to be hospitalised or die if they caught COVID-19, as the below charts show.²⁰

¹⁸ Brent Joint Strategic Needs Assessments (JSNA) <https://data.brent.gov.uk/JSNA-2019/2020>

¹⁹ Brent Health and Wellbeing Strategy <https://democracy.brent.gov.uk/health-&-wellbeing-strategy>

²⁰ ONS. Updating ethnic contrasts in deaths involving the coronavirus (COVID-19) in England. 26 January 2022. www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/updatingethniccontrastsindeathsinvolveingthecoronaviruscovid19englandandwales/8december2020to1december2021

Figure 1: COVID-19 impact on ethnicity

Source: ONS. Updating ethnic contrasts in deaths involving the coronavirus (COVID-19) in England

As well as the direct impact of the disease COVID-19, there have been many other effects on Brent communities. Children and young people have missed school and extra-curricular activities. Many people were furloughed or lost their jobs – in March 2021, one in five workers in Brent were on furlough. People have told us they have experienced isolation as they were cut off from their communities when daily routines changed and when lots of service and interventions moved online. Some people have had to wait for routine appointments and surgeries, or even had them cancelled.

These and many other impacts of COVID-19 have affected everybody's lives in different ways. Schools, parents, children and young people had to adapt to new ways of working. The experiences of children and families were affected by where they lived, whether in large family houses with gardens, or flats with no access to private outdoor space. Many workers with desk jobs were able to continue working as organisations adapted and enabled people to work from home. By direct contrast, many workers in the hospitality industry, which closed down during the pandemic, either were placed on furlough or became unemployed as businesses closed down. Throughout, workers in low-paid work with little job security have been more likely to put themselves at risk of contracting the disease to keep themselves in work.

Despite this, there were encouraging outcomes from COVID-19 too. Communities came together to look after each other, building resilience and cohesion. Some people took up new hobbies and activities. The reduction in traffic during the first lockdown had a positive impact on air quality. Some services transformed how they operated, and as a result became more accessible and convenient for service users, improving performance.

2.5 Demographics

Important changes to note:

In 2019, the Local Government Boundary Commission for England carried out a review of Brent's electoral arrangements. Under the new arrangements, made on 5 May 2022, there are six fewer councillors and one more ward than at the last local election.²¹

Almost all wards have changed their boundaries. Some of the information provided below relates to ward boundaries prior to the changes of 5 May 2022.

2.5.1 Population overview

Between the 2011 census and the 2019 Greater London Authority (GLA) Population Projections, Brent's population increased from 311,215 to 329,770.²² This represents an overall increase of 5.9% or 18,555 persons.

Brent has a population density of 77.6 persons per hectare. This is the highest population density of the Outer London boroughs.

Table 3: Population size by locality and ward

Locality	Wards	Ward population	Locality population
Harlesden	Harlesden	18,074	51,726
Harlesden	Kensal Green	14,941	51,726

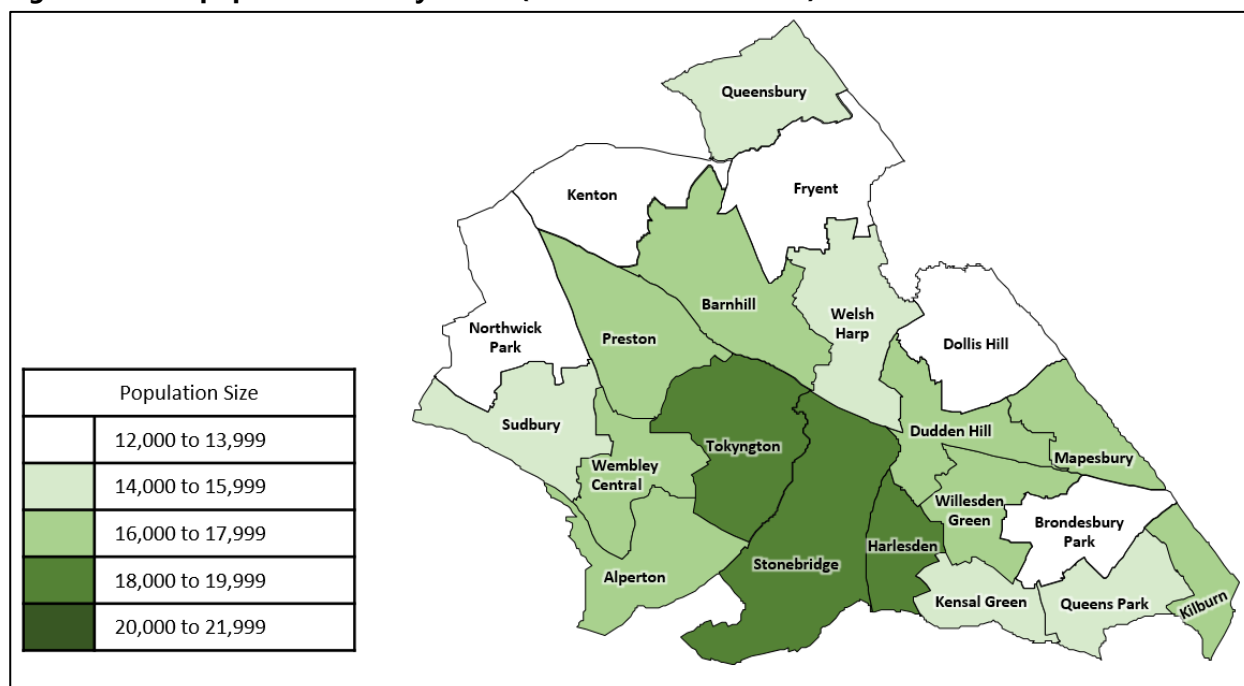
²¹ Brent Local Council Elections 2022. www.brent.gov.uk/changes-to-wards

²² GLA. Brent Population Projections <https://data.brent.gov.uk/population-projections-for-brent-gla>

Locality	Wards	Ward population	Locality population
Harlesden	Stonebridge	18,711	51,726
Kilburn	Brondesbury Park	13,133	61,523
Kilburn	Kilburn	17,008	61,523
Kilburn	Mapesbury	16,624	61,523
Kilburn	Queens Park	14,758	61,523
Kingsbury	Barnhill	16,311	57,480
Kingsbury	Fryent	13,677	57,480
Kingsbury	Kenton	11,766	57,480
Kingsbury	Queensbury	15,726	57,480
Wembley	Alperton	16,132	97,327
Wembley	Northwick Park	13,362	97,327
Wembley	Preston	16,110	97,327
Wembley	Sudbury	15,446	97,327
Wembley	Tokyington	18,801	97,327
Wembley	Wembley Central	17,477	97,327
Willesden	Dollis Hill	13,723	61,714
Willesden	Dudden Hill	16,088	61,714
Willesden	Welsh Harp	14,124	61,714
Willesden	Willesden Green	17,779	61,714
Total population			329,770

Source: GLA 2019-based population projections

The map below shows Brent's population size by wards according to the 2019 GLA Population Projections.

Figure 2: Brent population size by wards (2019 ward boundaries)

Source: GLA 2019 Population Projections

2.5.2 Predicted population growth

In the short term, the projections suggest the Brent population is likely to have fallen over the pandemic year (GLA, 2021): a fall of around 0.5% (-1,800 people) over the period mid-2020 to mid-2021. However, this fall is expected to be a short-term phenomenon – as the economy bounces back, the population is also expected to.

After 2021, the Brent population is expected to continue growing, albeit it at a slower rate than previously predicted. The projections indicate the population is likely to grow by around 17% between 2020 and 2041 (see Table 4). If realised, this would equate to around 56,900 additional residents by 2041 (GLA, 2021).

Table 4: Predicted population size by locality

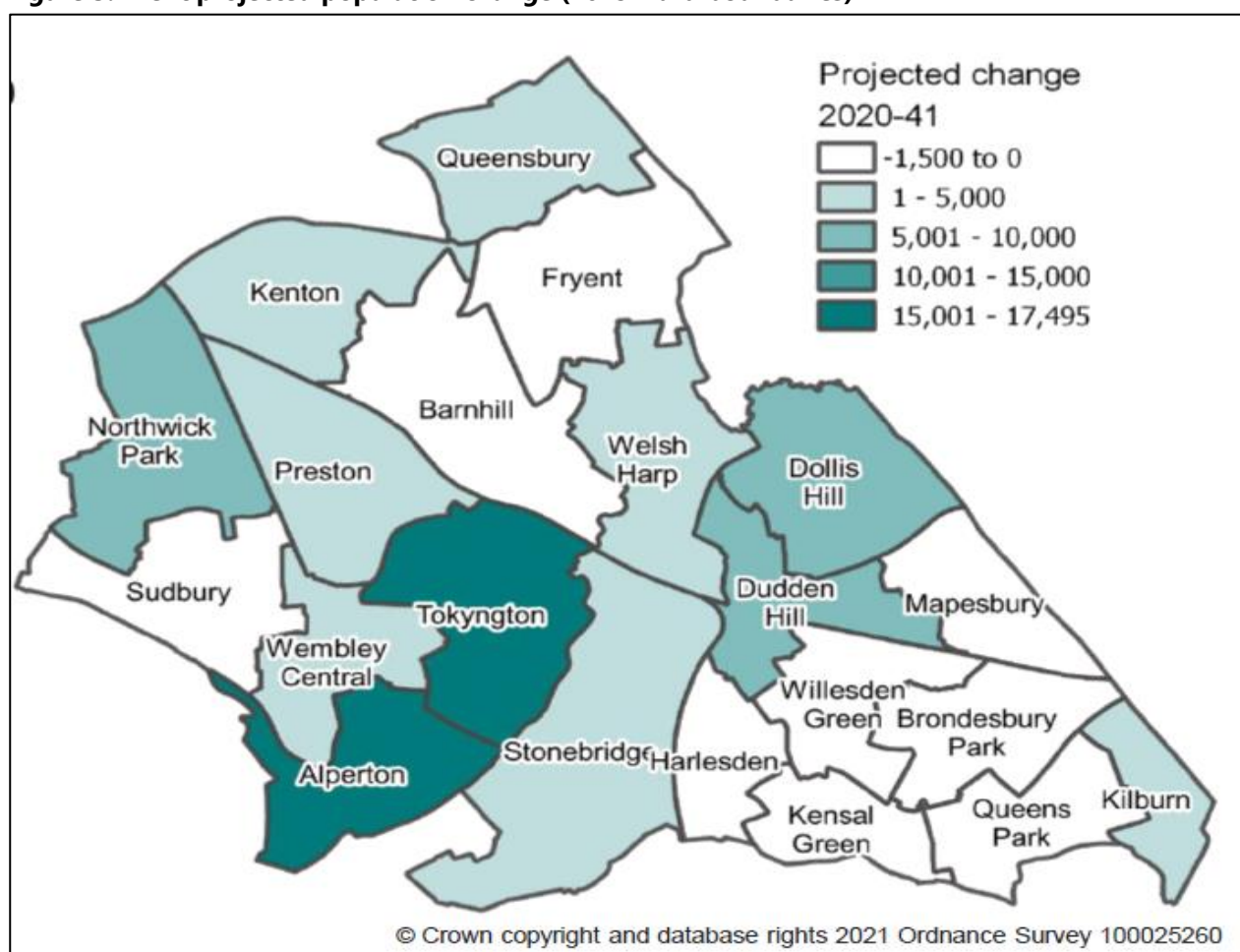
Locality	2025 population	2028 population	2041 population
Harlesden	49,950	49,435	51,485
Kilburn	58,798	58,337	58,775
Kingsbury	57,958	57,941	61,485
Wembley	118,120	129,158	142,614
Willesden	62,534	63,217	74,472
Total	347,360	358,087	388,831

Source: GLA 2019-based population projections

The population is ageing: between 2020-41, the number of residents aged 65 and over is projected to increase by 78% – an additional 33,000 older residents by 2041. Population

growth is likely to be concentrated in the areas where significant housing development is planned. The wards of Tokyngton and Alperton (Wembley locality) are expected to see the fastest growth: considered together, they are projected to accommodate an additional 33,200 residents by 2041.

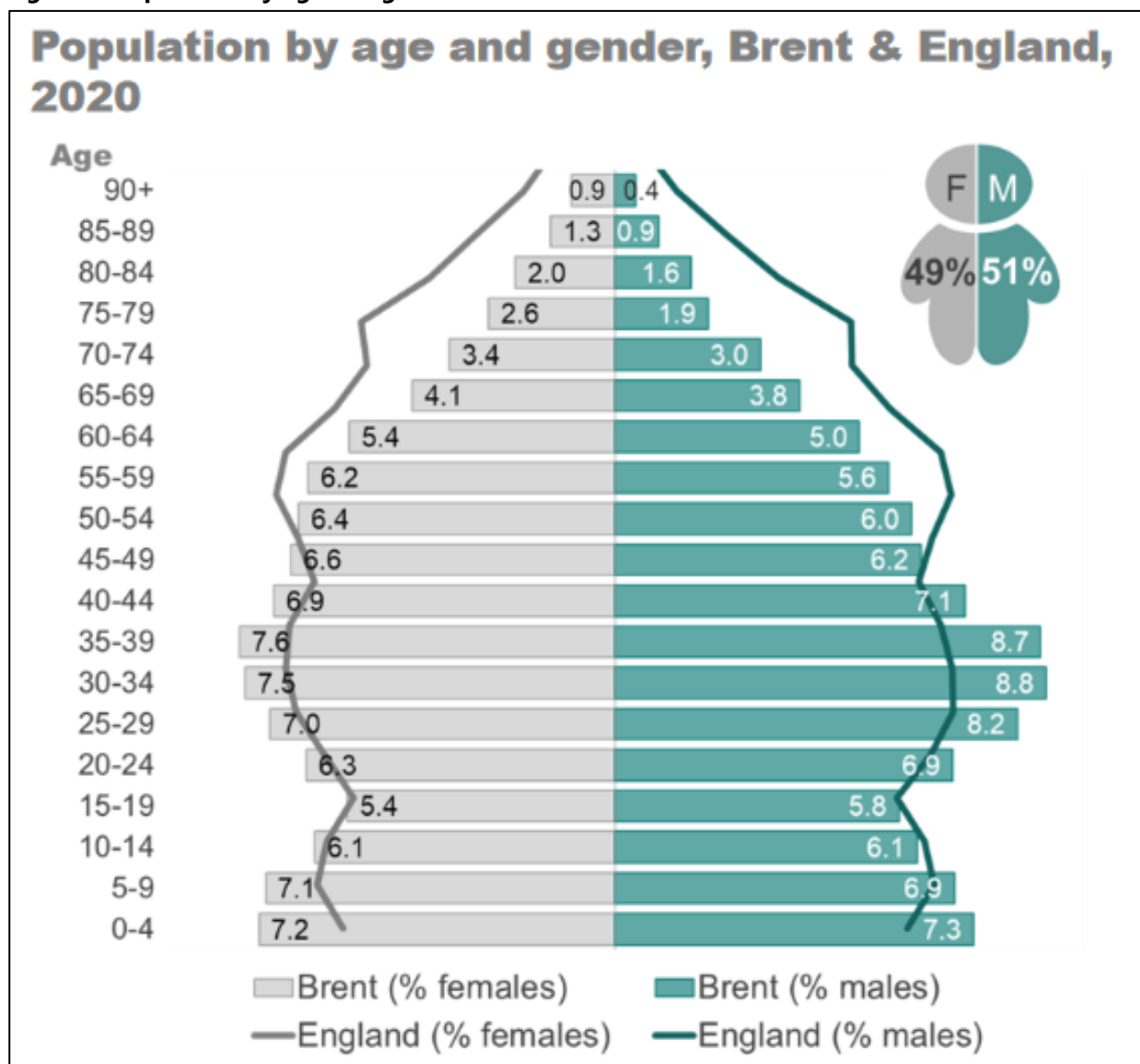
Figure 3: Brent projected population change (2019 ward boundaries)



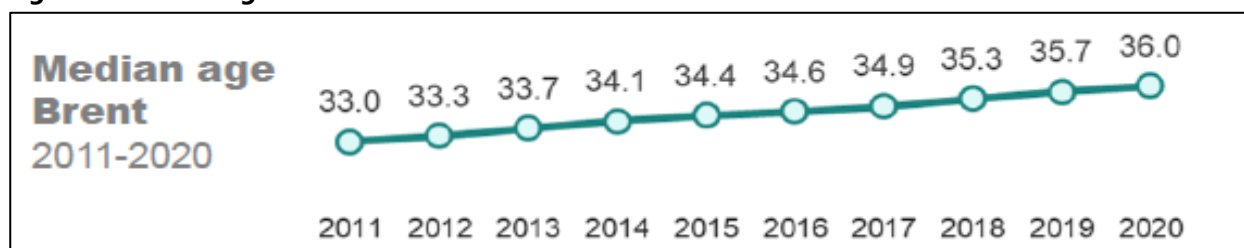
2.5.3 Age and gender

In common with other London boroughs, Brent has a relatively young population: the median age of the Brent population is 36 years old, the same as London, but lower than the England average at 40 years old.²³

²³ Brent Equality Profile <https://data.brent.gov.uk/dataset/equality-profile-of-brent>

Figure 4: Population by age and gender

Brent has proportionately fewer over-50s than England (30% vs 38%), but has more adults aged 25–44 (31% vs 26%), and a higher proportion of children aged under ten (14% vs 12%). The gender split is 51% male and 49% female. The proportion of men is highest in the 20–39 age group (55%), while women make up a higher proportion of the borough's elderly population: 61% of those aged 85 and over are female.

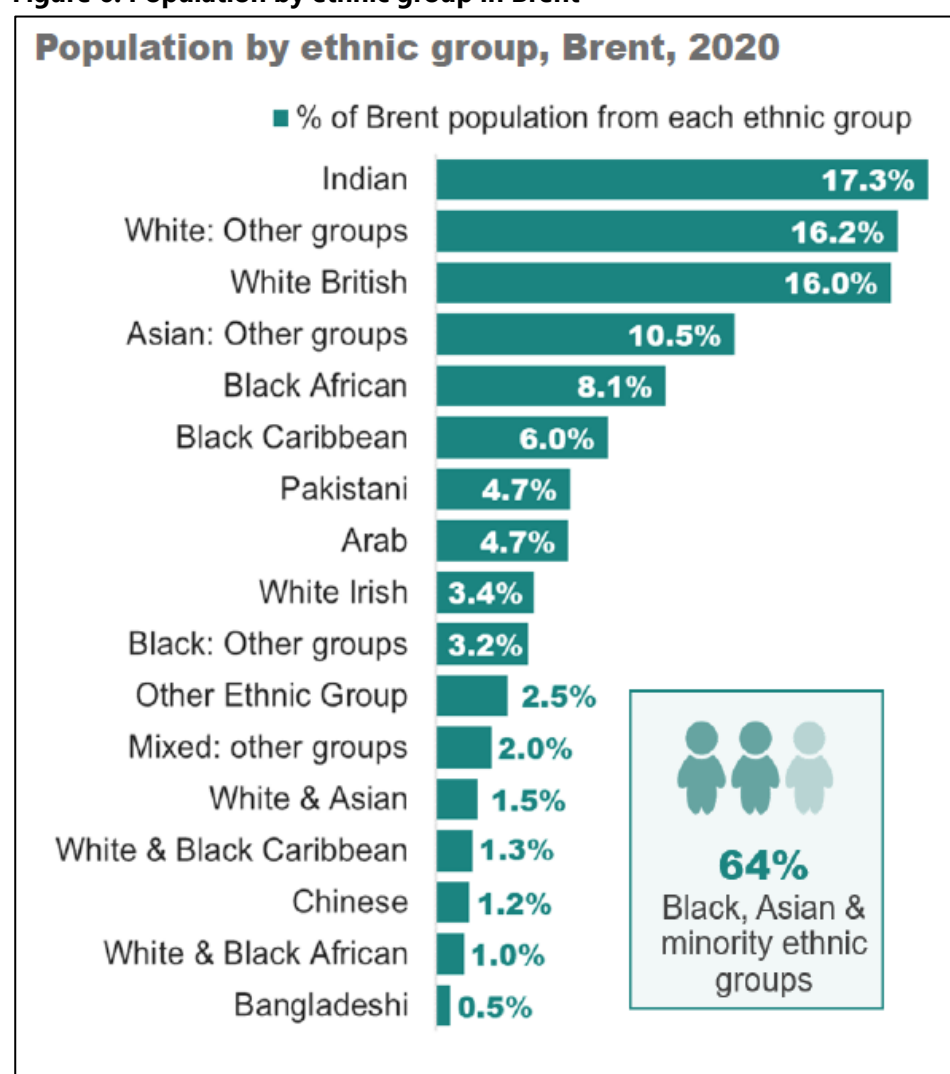
Figure 5: Median age in Brent

The Brent population is ageing: the median age has increased from 33 to 36 between 2011 and 2020.

2.5.4 Ethnicity

Brent is one of the most diverse boroughs in London: estimates for 2020 suggest that almost two-thirds of the population (64%) are from Black, Asian and Minority Ethnic (BAME) groups, the third highest in London (after Newham and Redbridge). One-third of residents are from Asian ethnic groups, compared with 20% across London. Around 16% of residents are White British, the second lowest in London. Brent also has a significant White minority population: 16% from the 'White: Other' group and 3% White Irish. Other groups particularly well represented in Brent (compared with other areas in London) include White Irish, Arab and 'Asian: Other', which includes Sri Lankan, Afghan, Filipino, Nepalese and Tamil residents.²⁴

Figure 6: Population by ethnic group in Brent



²⁴ Brent Equality Profile <https://data.brent.gov.uk/dataset/equality-profile-of-brent>

The last census (2011) found that over half (55%) of the Brent population was born outside the UK, the highest percentage in England and Wales. The 2011 census identified Brent residents born in 215 different countries.

More recent survey estimates for 2019 suggest the percentage born outside the UK remains high in Brent (at around 52%).

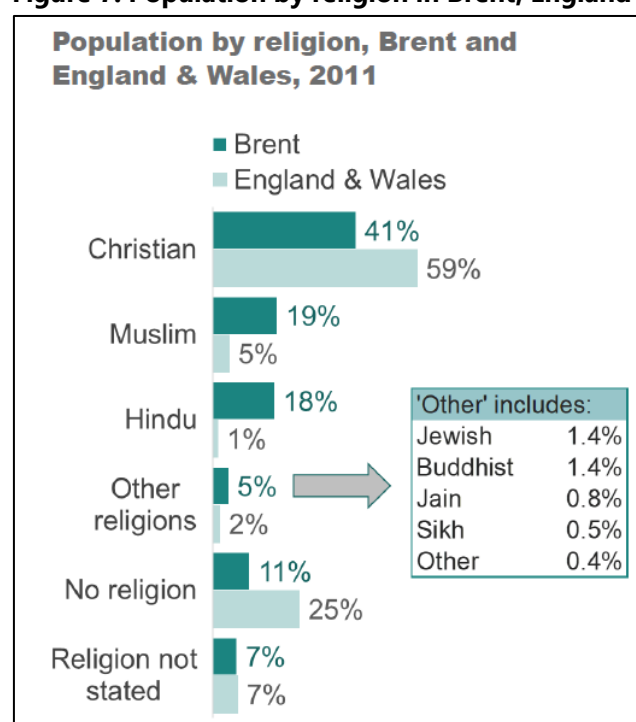
2.5.5 Religion

The borough's three largest religious groups are Christian (41%), Muslim (19%) and Hindu (18%). Other smaller, but significant, groups included, Jewish and Buddhist (both 1.4%), Jain (0.8%) and Sikh (0.5%).²⁵

Compared with other areas, Brent residents are more likely to have a religion: 82% had a religion compared with 71% across London and 68% nationally, the fourth highest rate in England and Wales. Just 11% had no religion and the remaining 7% chose not to state their religion.

Brent has the second largest Hindu population in England and Wales, after Harrow and the tenth largest Muslim population nationally (as a percentage of the population). While a relatively small proportion of residents are Buddhist, just 1.4%, this is the sixth highest percentage nationally. Similarly, Brent has the second largest percentage population of Jain residents in England (0.8%).

Figure 7: Population by religion in Brent, England and Wales



²⁵ Brent Equality Profile <https://data.brent.gov.uk/dataset/equality-profile-of-brent>

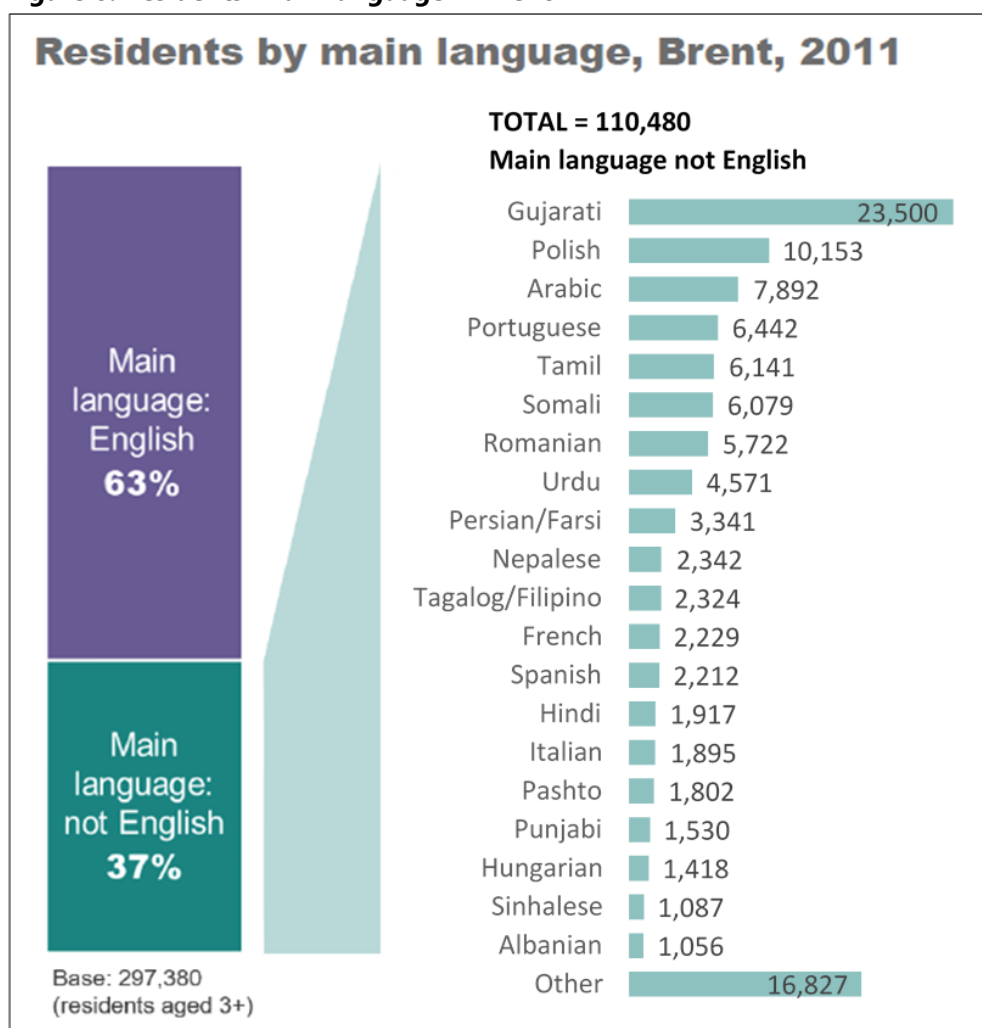
2.5.6 Language

Brent is one of the most linguistically diverse areas in the country, with around 150 different languages used.²⁶

In 2011, 37% of the Brent population used a main language other than English, the second highest in England after Newham (41%). The largest groups were Gujarati and Polish speakers, who made up 7.9% and 3.4% of the Brent population in 2011.

Sign language: in total, 162 Brent residents used some form of sign language (108 used British Sign Language).

Figure 8: Residents' main language in Brent



2.5.7 GP-registered population

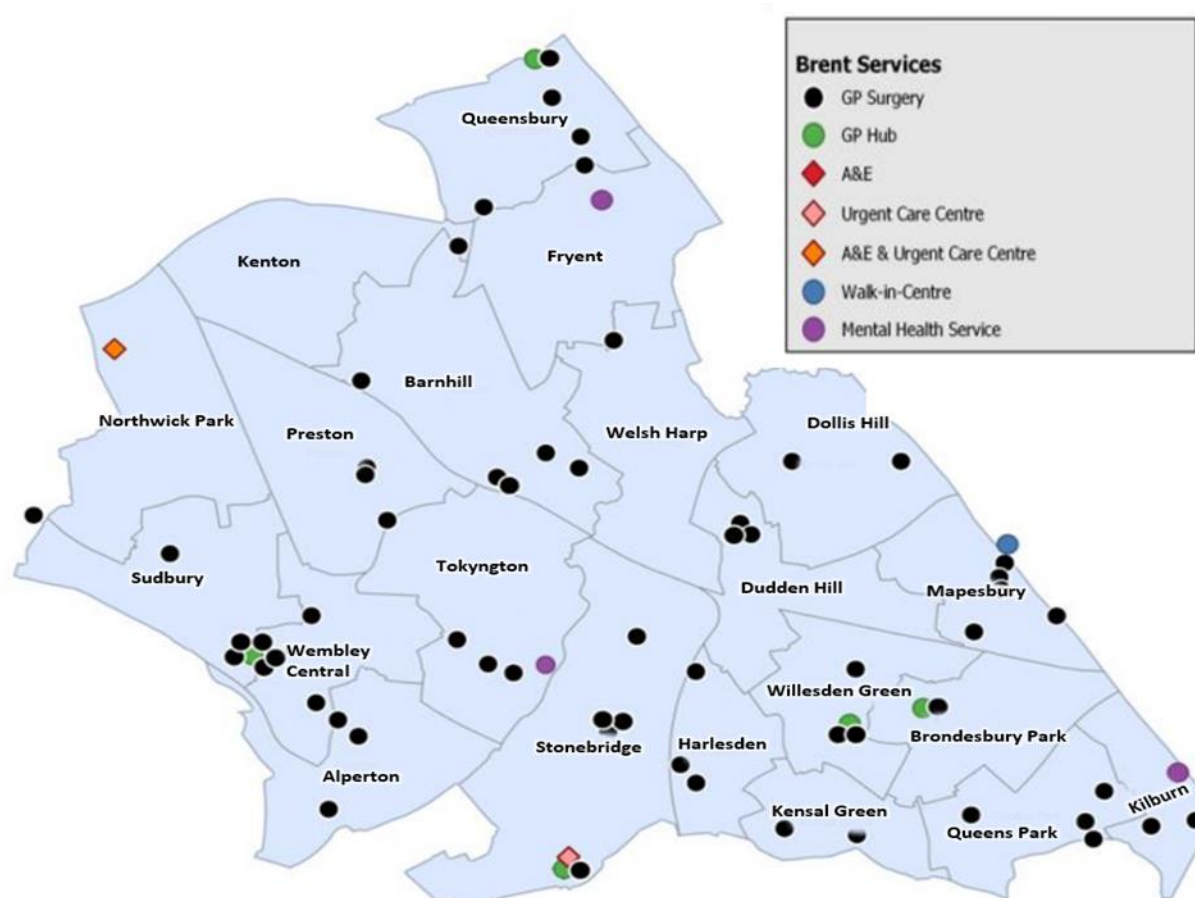
Brent GP-registered population continues to grow, as of 1st April 2022 the Brent registered population was 439,108.²⁷ Brent has 51 GP practices across 59 sites and they form into seven

²⁶ Brent Equality Profile <https://data.brent.gov.uk/dataset/equality-profile-of-brent>

²⁷ NHS Digital. <https://digital.nhs.uk/patients-registered-at-a-gp-practice/april-2022>

separate Primary Care Networks (PCNs). Figure 9 illustrates the spread of 51 Brent GP practices (59 sites) in Brent.

Figure 9: Brent services (2019 ward boundaries)



2.5.8 Working age population

While the population profile of Brent is relatively young (67% of the population are of working age), there are key differences within this. For example, the Black African population is young and growing (26% of children under five are Black), while the Black Caribbean population is ageing.

2.5.9 Vulnerable populations

2.5.9.1 Adult safeguarding

Abuse can take different forms; this includes physical, sexual, emotional abuse, and neglect. It can also happen anywhere: at home, in a care home, hospital, day centre, or in public.²⁸

People may be at increased risk of abuse and unable to protect themselves if they:

²⁸ Brent Adult Social Care <https://www.brent.gov.uk/adult-social-care/protecting-adults-from-risk-of-abuse>

- depend on other people for their care
- are older, frail, or have limited mobility
- have mental health problems
- have a learning disability
- have a sight or hearing impairment
- have dementia
- misuse alcohol or drugs
- have a long-term illness

A safeguarding concern is identified and raised when there is reasonable cause to suspect that an adult who has care and support needs, is at risk of or experiencing abuse and neglect.²⁹

In 2021-22, there were 1,899 adult safeguarding concerns raised in Brent.³⁰

2.5.9.2 Homeless populations

According to Combined Homelessness and Information Network (CHAIN) data, throughout 2018-19, 248 people were seen rough sleeping across Brent.³¹ This is a 24% increase compared with 2017-18. The majority of those seen this year had not been seen rough sleeping in Brent before, however, approximately 30% were returners to street homelessness or had also been seen rough sleeping in the previous year.

Figure 10 shows this compared with 2017-18.

²⁹ Local Government Association (LGA). <https://www.local.gov.uk/understanding-what-constitutes-safeguarding-concern-faqs>

³⁰ Brent Council. Adult Social Care data (2021-2022).

³¹ Brent Homelessness Review <https://data.brent.gov.uk/homelessness-review-2019>

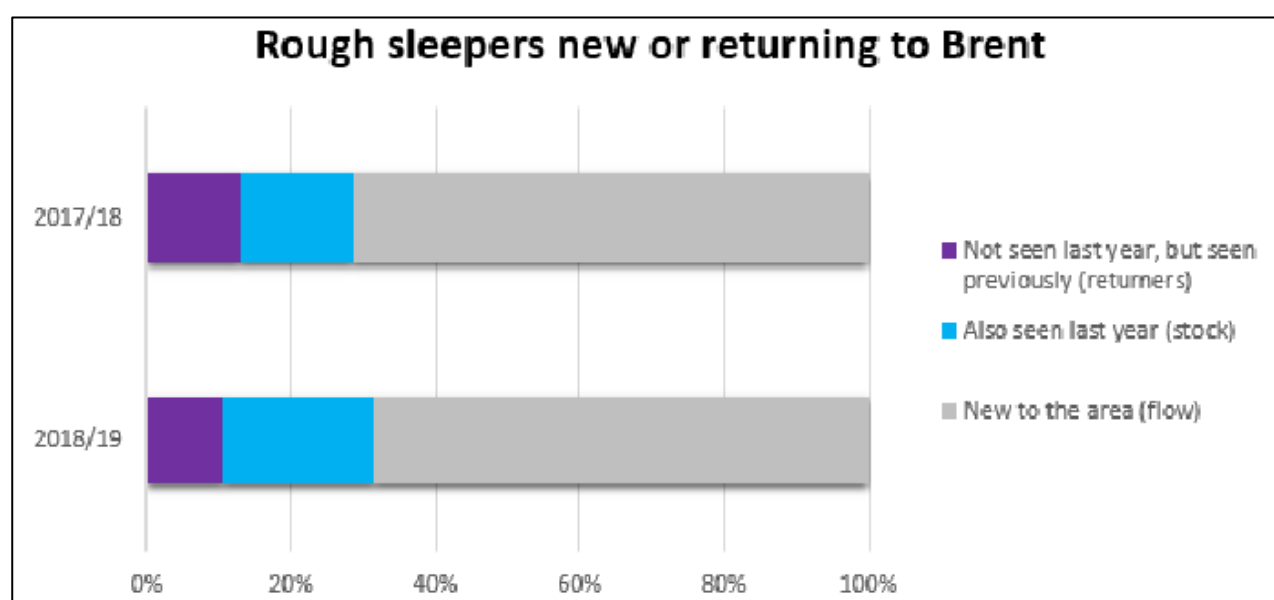
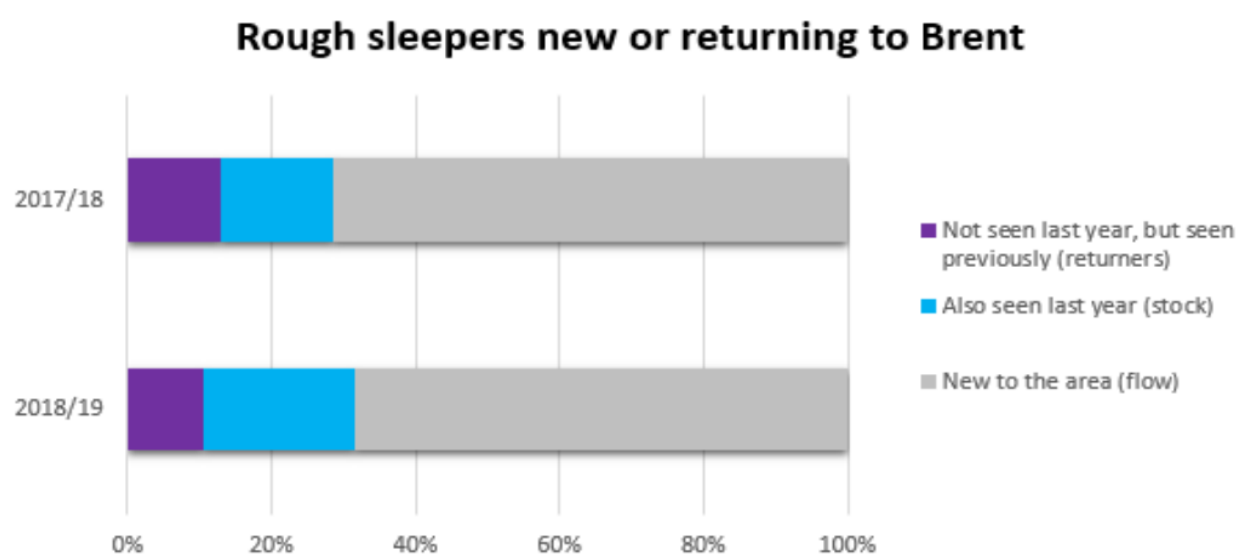
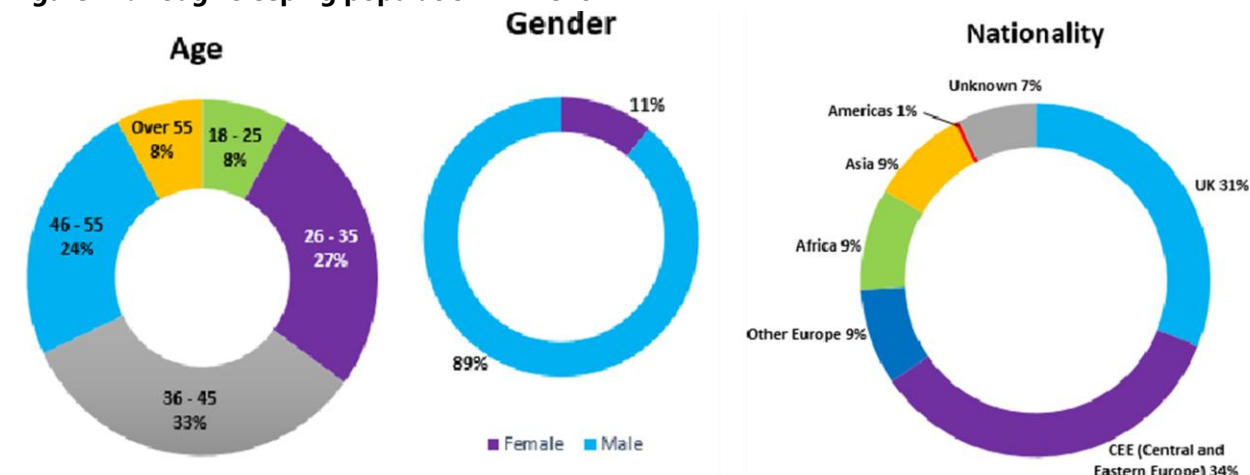
Figure 10: Rough sleepers new or returning to Brent

Figure 11 details demographic information relating to the rough sleeping population in Brent, as reported in CHAIN data for 2018-19. Of particular significance is the large proportion of rough sleepers who are of Central and Eastern European nationalities.

Figure 11: Rough sleeping population in Brent

Source: CHAIN 2018-19

Homeless population and COVID-19

On 26 March 2021, as part of the government's strategy to reduce the impact of the COVID-19 pandemic, local authorities were asked to accommodate all rough sleepers and people at risk of sleeping rough.

Brent Council worked in partnership with Crisis Brent to set up a COVID Homelessness Working Group, made up of key partners working in homelessness, including Crisis, St Mungo's, Adult Social Care, Public Health, Westminster Drug Project (WDP), drug and alcohol services and mental health and support providers

As well as accommodating verified rough sleepers, both directly from the streets and from emergency night shelters, which were required to be decanted, there was a surge in demand from single people. These people had been typically making temporary arrangements such as 'sofa surfing', and were now 'flowing' onto the streets, or were at risk of becoming rough sleepers. This resulted in 423 single homeless people approaching the council for assistance. A breakdown of the applications and referrals received is set out in Table 5.

Table 5: Breakdown of single homeless approaches and referrals received 2021

Direct housing application	219
St Mungo's	139
Crisis Brent	29
Ashford Place	21
Winter shelters/shared sleeping spaces	15
Total	423

2.5.9.3 Gypsy and Traveller population

The 2011 census reported that there were 320 people in Brent, or 0.1% of the total population, who were of Gypsy or Irish Traveller descent.³²

There were 52 Gypsy and Traveller caravans on authorised sites in Brent in January 2011.

2.5.9.4 Residential and nursing home populations

Residential and nursing care services play an important role in the delivery of social care support to people in Brent. There are 57 residential and nursing homes in Brent, with 1,095 beds, employing over 1,200 people. Of the 57 homes, 11 are nursing homes for older adults and 46 are residential services.³³ Of the 46 residential services, there are:

- 28 services for people with learning disabilities
- 6 specialist mental health services
- 10 older adult residential homes
- 1 sensory impairment service
- 1 substance misuse service

Brent is currently commissioning 323 nursing placements and 414 residential placements. Of Brent's commissioned placements, 51.3% are in care homes in the borough; 48.7% of placements are in care homes outside Brent. The London average for placements in borough is 52.5%, suggesting that Brent is not an outlier on this. The vast majority of Brent's placements are in homes rated outstanding or good (83.5%), compared with the London average of 79.5%.

Brent's care home placement categories are broken down as follows:

Table 6: Brent care home placements

Placement type	Number of people
Learning disability	119
Older adults	533
Mental health	32
Physical disabilities	53

³² Brent 2011 Census Profile. <https://data.brent.gov.uk/dataset/brent-2011-census-profile>

³³ Brent Council. Residential and nursing care services. Brent Council Residential and Nursing Care Services [NEW Report Template \(brent.gov.uk\)](#)

2.6 High level health and wellbeing indicators

2.6.1 Life expectancy

Life expectancy at birth for both men and women in Brent is higher than the England average. Life expectancy for males born in 2018-19 was 80.4, lower than for males born in 2017-18. Life expectancy for females born in 2018-19 was 85.0, which is also lower than the figure for those born in 2017-18, which was 85.5.³⁴

Life expectancy at birth varies at ward level in Brent as illustrated in Table 7. Life expectancy for males born in 2015 to 2019 is lowest in Stonebridge (76.7 years) and highest in Kenton (88.4 years). Life expectancy for females born in 2015 to 2019 is lowest in Stonebridge (81.1 years) and highest in Kenton (90.1 years).

Table 7: Life expectancy in Brent wards compared with the England average, 2015-19

Ward or geography	Locality	Male life expectancy (years)	Female life expectancy (years)
Alperton	Wembley	82.4	89.1
Barnhill	Kingsbury	79.0	81.7
Brondesbury Park	Kilburn	81.3	85.8
Dollis Hill	Willesden	82.6	89.1
Dudden Hill	Willesden	83.9	87.3
Fryent	Kingsbury	79.8	83.8
Harlesden	Harlesden	78.7	85.2
Kensal Green	Harlesden	80.2	86.2
Kenton	Kingsbury	88.4	90.1
Kilburn	Kilburn	80.4	84.5
Mapesbury	Kilburn	80.8	87.0
Northwick Park	Wembley	81.2	85.7
Preston	Wembley	83.2	85.5
Queens Park	Kilburn	82.5	86.1
Queensbury	Kingsbury	80.5	86.3
Stonebridge	Harlesden	76.7	81.1
Sudbury	Wembley	78.9	84.4
Tokington	Wembley	80.6	84.9

³⁴ PHE. Analysis of ONS death registration data and mid-year population estimates. <https://fingertips.phe.org.uk/profile/local-health/>

Ward or geography	Locality	Male life expectancy (years)	Female life expectancy (years)
Welsh Harp	Willesden	81.2	85.8
Wembley Central	Wembley	82.9	87.6
Willesden Green	Willesden	79.4	86.4
Brent		80.9	85.3
England		79.7	83.2

2.6.2 Healthy life expectancy and disability-free life years

Healthy life expectancy has remained much lower than life expectancy. Data for 2016 to 2018 from the Office for National Statistics (ONS) indicates that healthy life expectancy is now 64.0 years for males and 68.9 for females.³⁵

As shown in Table 8, not only do females live longer than males but they also spend fewer years in poor health compared with males (16.2 years compared with 16.8 years for males) and the proportion of life spent in poor health was greater for males than females (20.8% compared with 19.0%).

Table 8: Life expectancy, healthy life expectancy, years in poor health and proportion of life in poor health, England 2016-18

	At birth Males	At birth Females	At age 65 Males	At age 65 Females
Life expectancy	80.8	85.1	20.1	22.7
Health life expectancy	64.0	68.9	8.5	13.0
Number of years in poor health	16.8	16.2	11.6	9.7
% of life in poor health	20.8	19.0	57.7	42.7

The trend in life expectancy and healthy life expectancy at age 65 has also been upwards in recent decades. In 2016-18, males reaching the age of 65 could expect to live an additional 20.1 years and females reaching the age of 65 could expect to live an additional 22.7 years.

2.7 Wider determinants of health

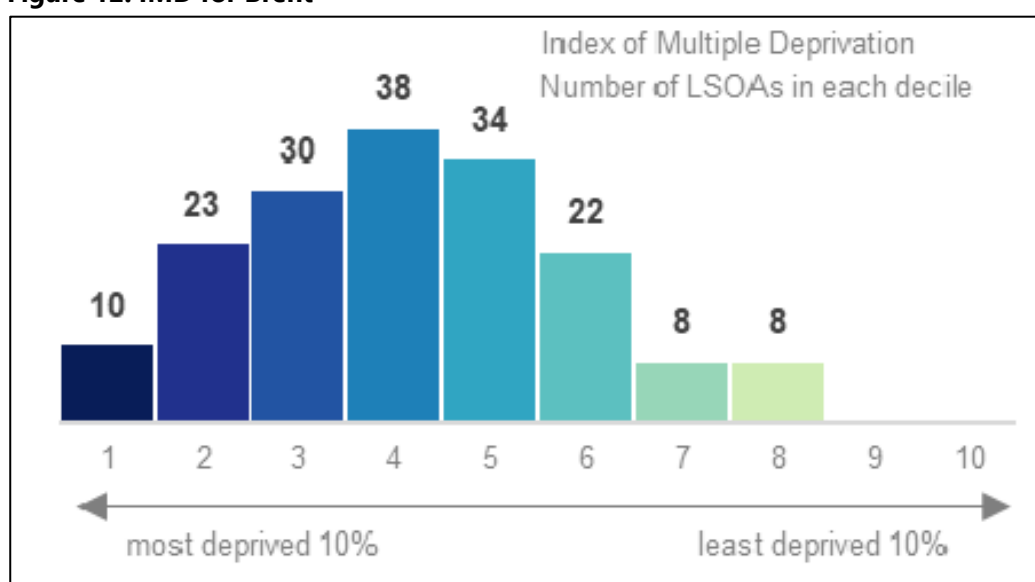
2.7.1 Index of Multiple Deprivation (IMD) 2019

The IMD combines seven distinct aspects of deprivation: income, employment, education, health, crime, barriers to housing and services, and living environment. These are combined and weighted to form one overall index.

³⁵ ONS. Healthy state life expectancies, UK: 2016 to 2018. www.ons.gov.uk/healthandlifeexpectancies/2016to2018

In 2019, 5% of Lower Layer Super Output Areas (LSOAs³⁶) in Brent that were in the most deprived 10% nationally, compared with 8% in 2015. The most highly deprived areas in the borough are concentrated in Stonebridge and Harlesden (both in Harlesden locality). Brent has one LSOA that is within the 5% most deprived in England, and this is located in north Stonebridge. Of the borough's 173 LSOAs, 19% are in the most deprived 20% of LSOAs in England.³⁷

Figure 12: IMD for Brent

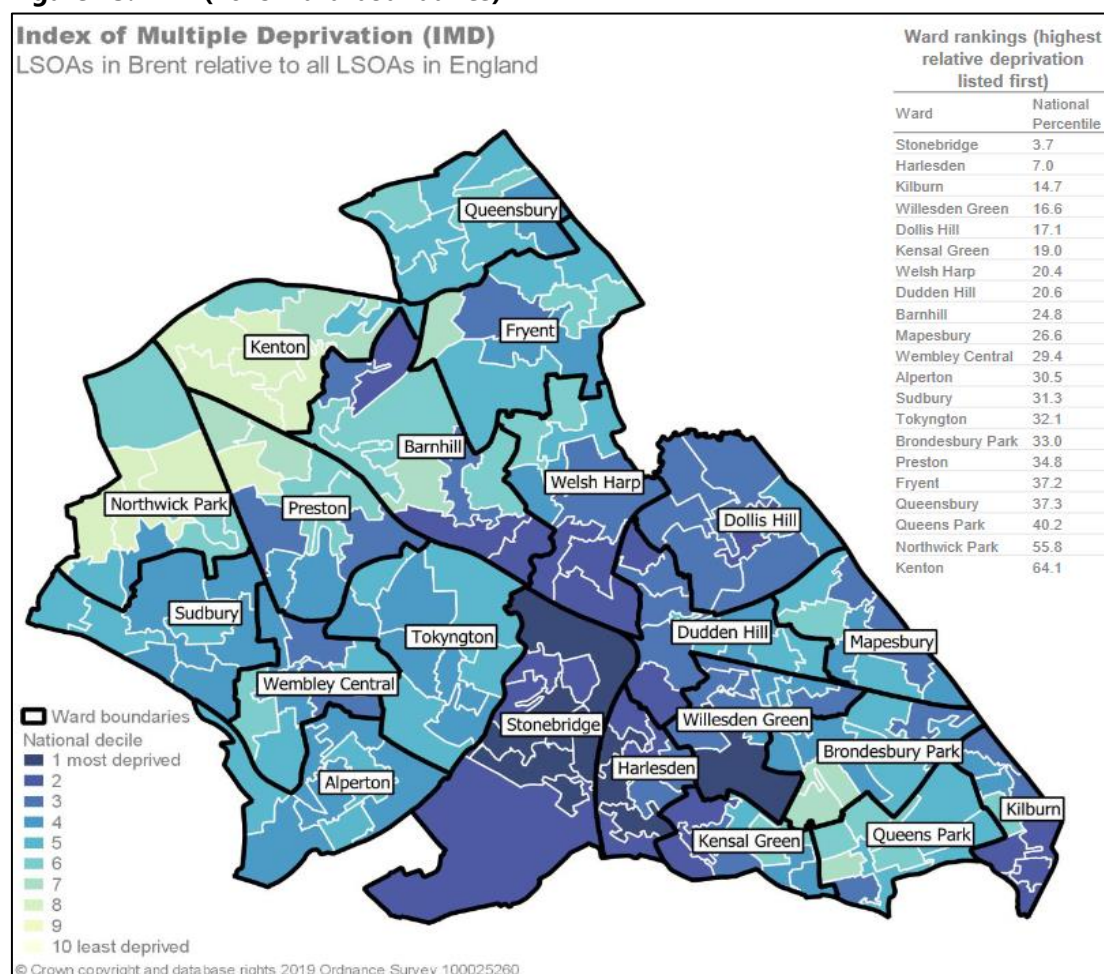


Source: Brent JSNA

The least deprived areas in the borough are located in the north-west, in the wards of Kenton (Kingsbury locality) and Northwick Park (Wembley locality). Brent has no LSOAs in the 20% least deprived LSOAs in England.

³⁶ LSOAs are a geographic hierarchy designed to improve the reporting of small area statistics in England and Wales and there is a minimum population of 1,000 and a maximum of 3,000

³⁷ Brent, Indices of Deprivation 2019 (JSNA) <https://data.brent.gov.uk/dataset/indices-of-deprivation-2019-jsna>

Figure 13: IMD (2019 ward boundaries)

2.7.2 Changes from 2015 (IMD)

Overall, the profile and pattern of deprivation in Brent remains similar to 2015: 70% of Brent's LSOAs have remained in the same decile, 22% have moved up a decile (i.e. relatively less deprived) and 8% have moved down a decile (i.e. relatively more deprived).

Figure 14: Changes in the relative deprivation of LSOAs in Brent

Number of Lower Super Output Areas		Index of Multiple Deprivation 2015										Total
		Most Deprived 10%	10-20%	20-30%	30-40%	40-50%	50-60%	60-70%	70-80%	80-90%	Least deprived 10%	
Index of Multiple Deprivation 2019	Most deprived 10%	9	1									10
	10-20%	5	18									23
	20-30%		3	23	4							30
	30-40%			7	26	5						38
	40-50%			1	11	19	3					34
	50-60%					5	17					22
	60-70%						3	5				8
	70-80%							3	4	1		8
	80-90%											
Total		14	22	31	41	29	23	8	4	1		173

LSOA relatively more deprived than 2015 (light blue cells)

LSOA relatively less deprived than 2015 (grey cells)

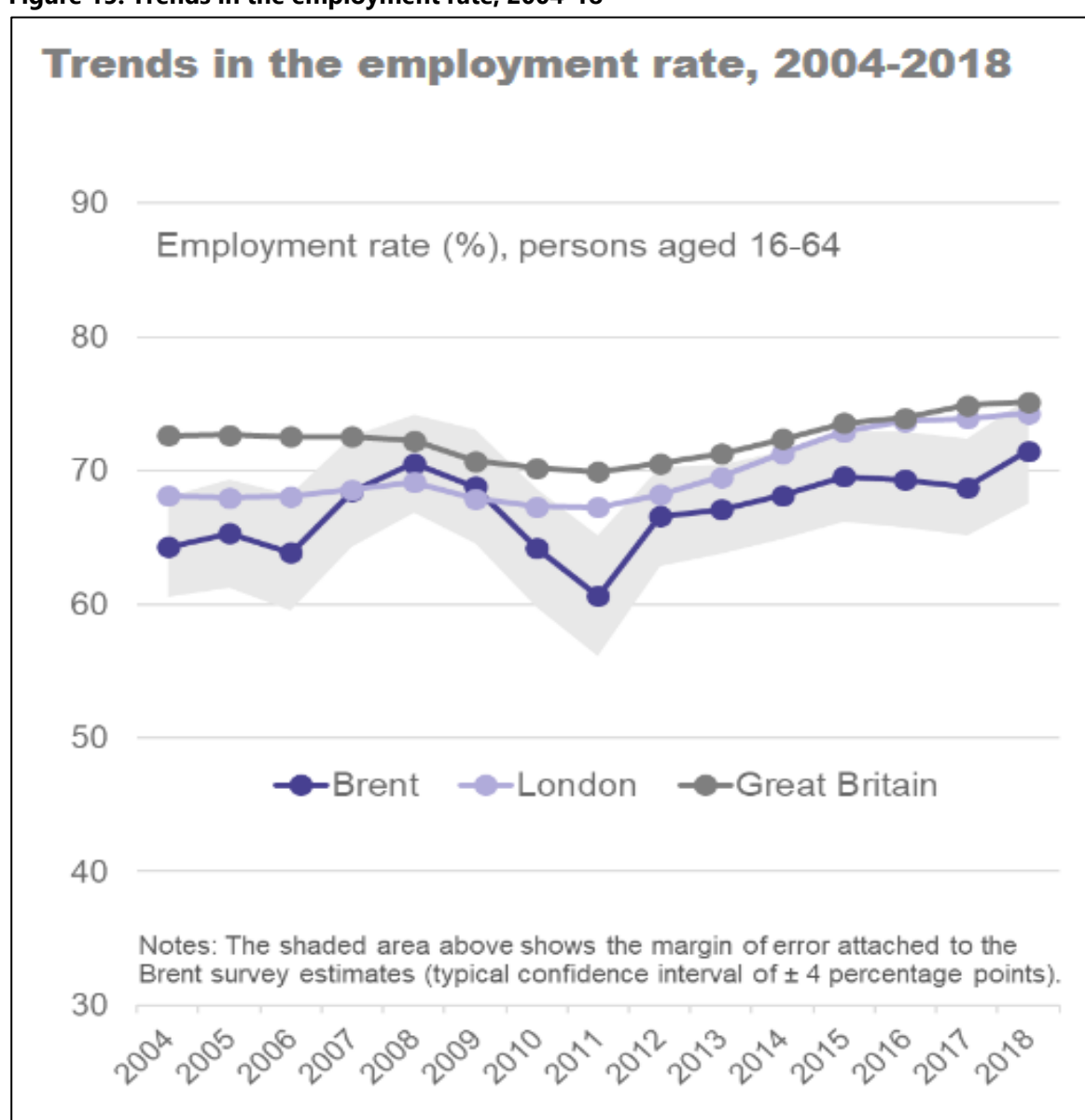
Figure 14 presents the changes in the relative deprivation of LSOAs in Brent by displaying the number of LSOAs in each decile of IMD 2015 and their corresponding deciles in IMD

2019. This illustrates that even though 14 of Brent's LSOAs have moved down a decile (i.e. are relatively more deprived); only one of those LSOAs is now within the 10% most deprived LSOAs. This LSOA is in Stonebridge (Harlesden locality) and encompasses the area from Hillside to Milton Avenue, east of Stonebridge Primary School.

2.7.3 Employment

In 2018, 72% of the working age population were in employment. Brent's employment rate has been rising since 2011, though it remains slightly below the London average (74%). The employment rate has been rising across all age groups, but older workers have seen the biggest rise – 73% of those aged 50–64 and 16% of the over-65s are now in employment.³⁸

Figure 15: Trends in the employment rate, 2004-18

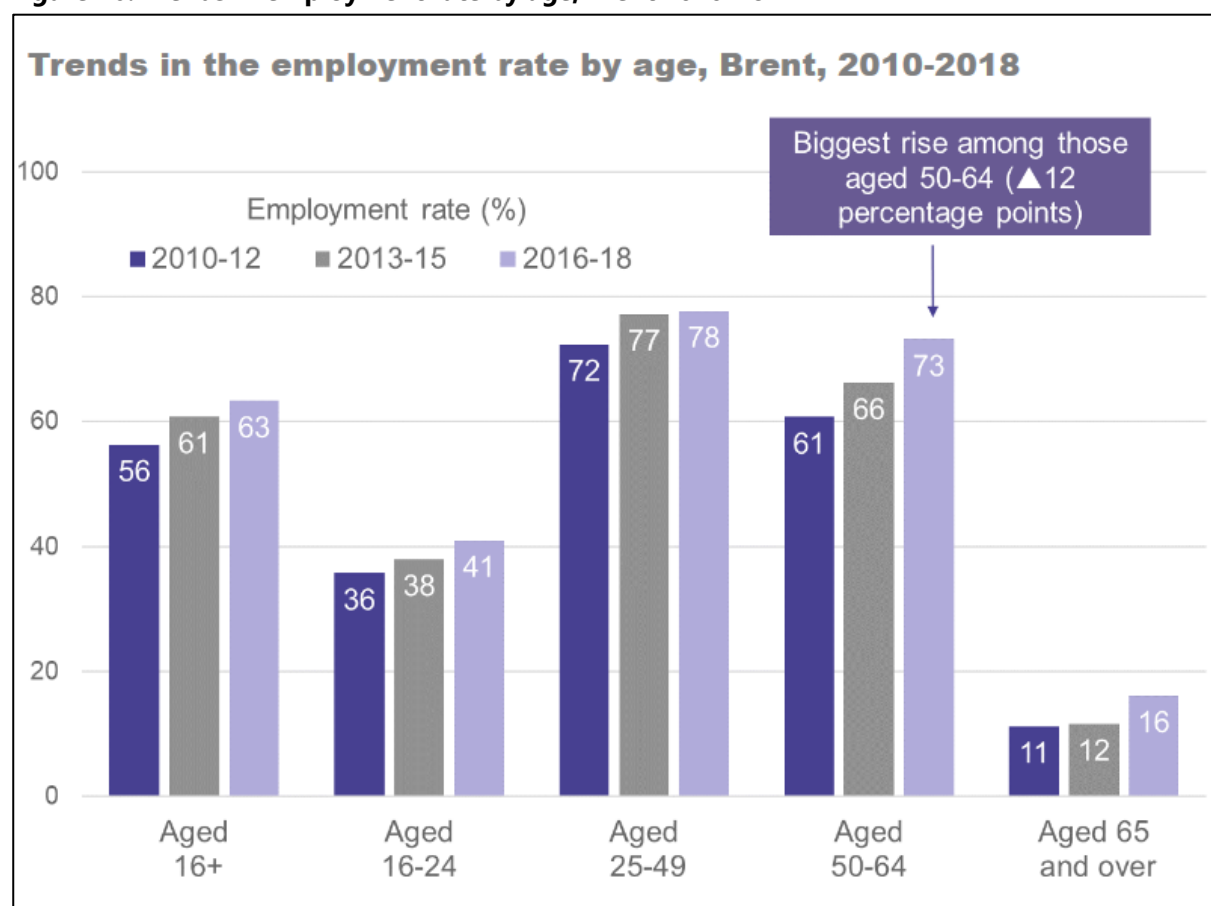


³⁸ Brent. Economy and Employment – JSNA 2019/20. <https://data.brent.gov.uk/dataset/economy-and-employment-jsna-201920>

The employment rate has been rising across all age groups, but older workers have seen the biggest rises.

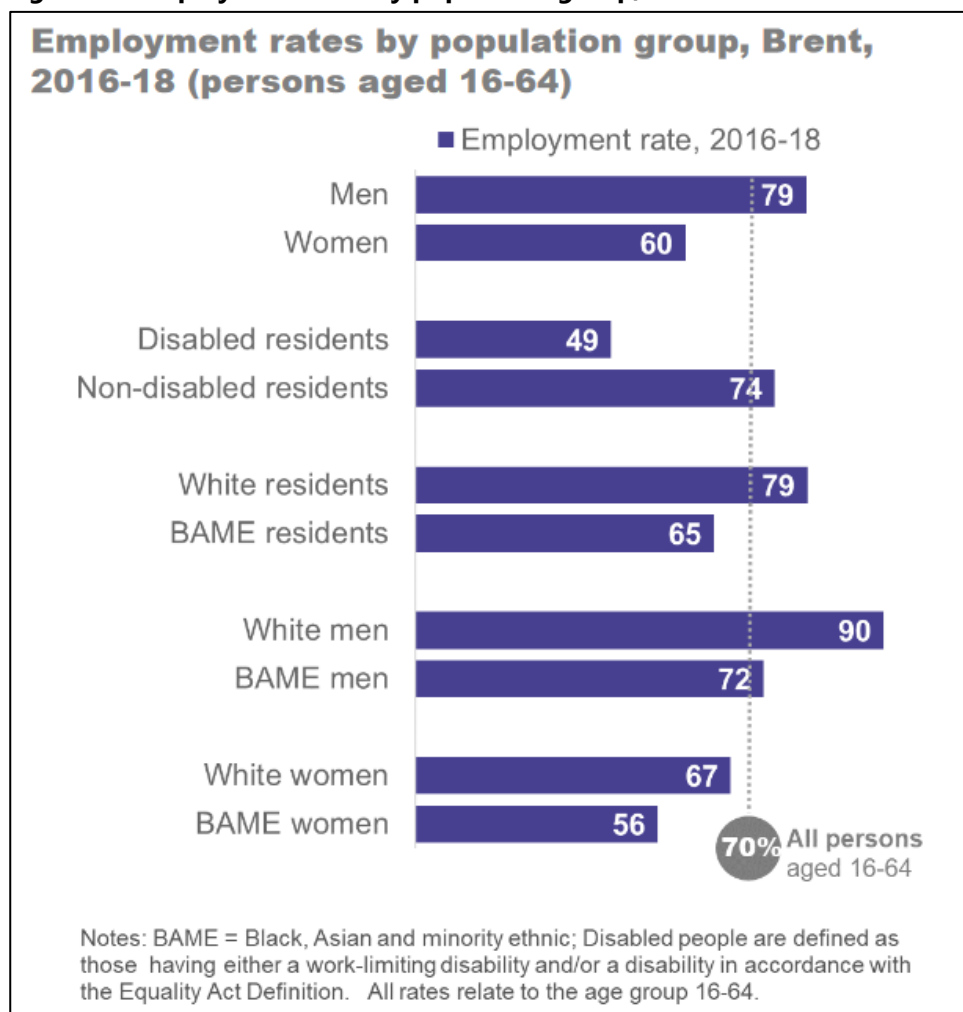
During 2016-18, almost three-quarters (73%) of those aged 50–64 were in work – up from just 61% in 2010-12 – a rise of 12 percentage points. The employment rate has also been rising for those aged 65 and over: around one in six residents in this age group are now in work (16%).

Figure 16: Trends in employment rate by age, Brent 2010-18



While the borough's employment rate has been rising in recent years, some groups continue to face relatively high rates of unemployment. During 2016-18, just half of the disabled population in Brent (working age) were in work, compared with three-quarters of the non-disabled population (49% vs 74%).

Residents from BAME groups had lower employment rates than White residents (65% vs 79%). Women had lower employment rates than men (79% and 60%) and rates continue to be relatively low for BAME women (56%).

Figure 17: Employment rates by population group, Brent 2016-18

2.7.4 Housing

Brent's Local Plan projects development of over 9,000 homes between 2017 and 2026. The London Plan (2021)³⁹ set a new target of 23,250 additional homes to be delivered in Brent over the period 2019-20 to 2028-29, an average of 2,325 per annum. This is an increase of 800 more homes compared to the 2015 target of 1,525 homes per annum.

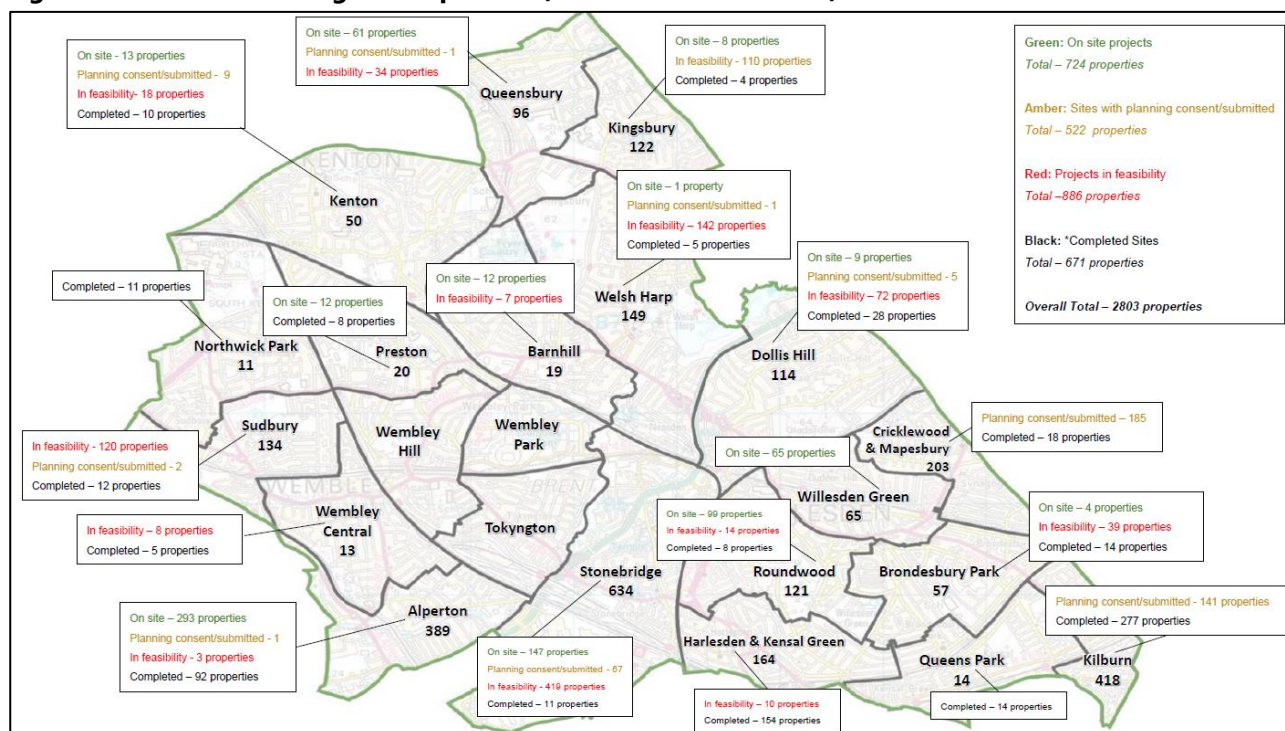
Brent's average household size at 2.8 persons per household is the third highest in London, which affects the nature of the housing demand. Having both a young population and an increasing number of people aged 65 years and over creates challenging and disparate housing requirements in Brent – to supply both larger family dwellings and specialist care facilities.⁴⁰

Figure 18 shows the planned housing developments by ward between 2022 and 2031.

³⁹ The London Plan 2021. https://www.london.gov.uk/sites/default/files/the_london_plan_2021.pdf

⁴⁰ Brent Local plan 2019-2041. <https://legacy.brent.gov.uk/Brent-local-plan.pdf>

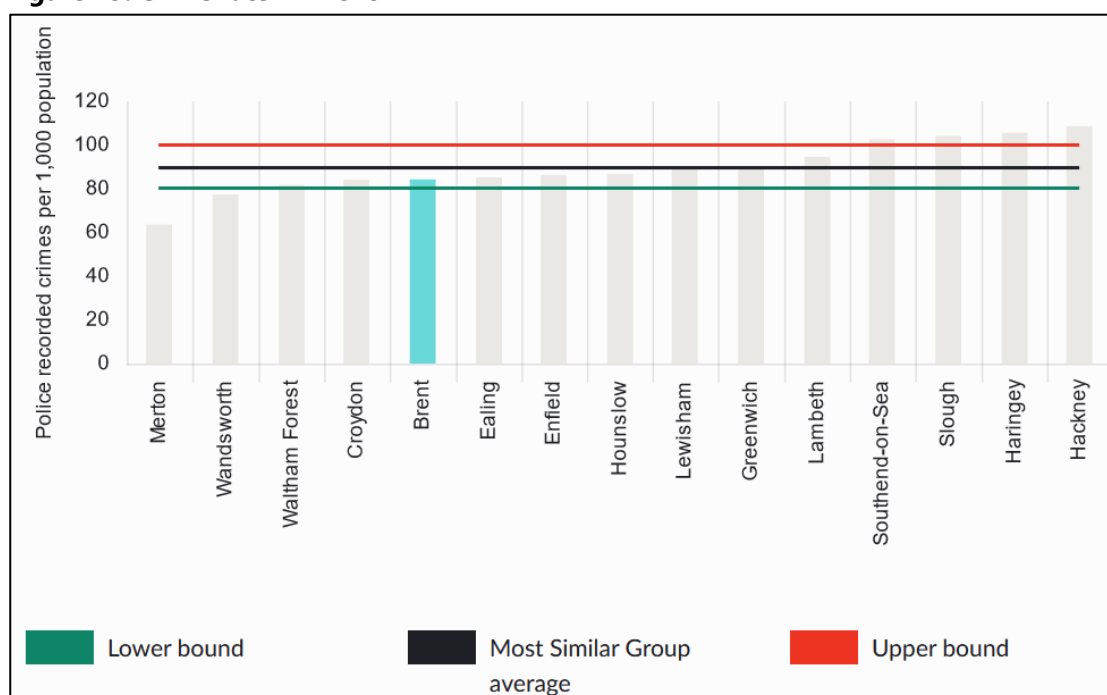
Figure 18: Planned housing developments (2022 ward boundaries)



2.7.5 Crime

In June 2021, the crime rate in Brent was similar to the average rate in comparison to similar areas.⁴¹

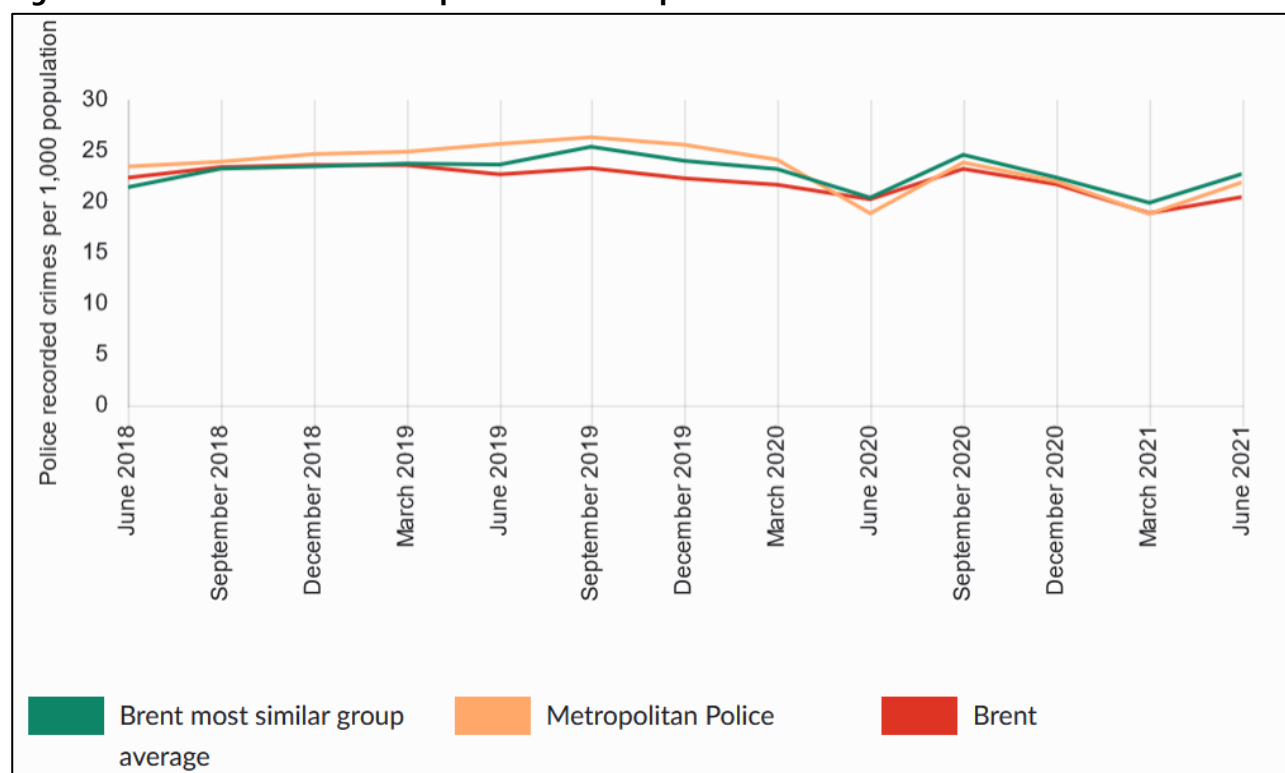
Figure 19: Crime rate in Brent



⁴¹ Metropolitan Police. Crime in Brent compared with crime in similar areas. www.police.uk/metropolitan-police-service/performance

In the quarter ending June 2021, crime rates were up in Brent and in the Metropolitan Police force area compared with the corresponding quarter in 2020.

Figure 20: Crime rate in Brent compared with Metropolitan Police force area



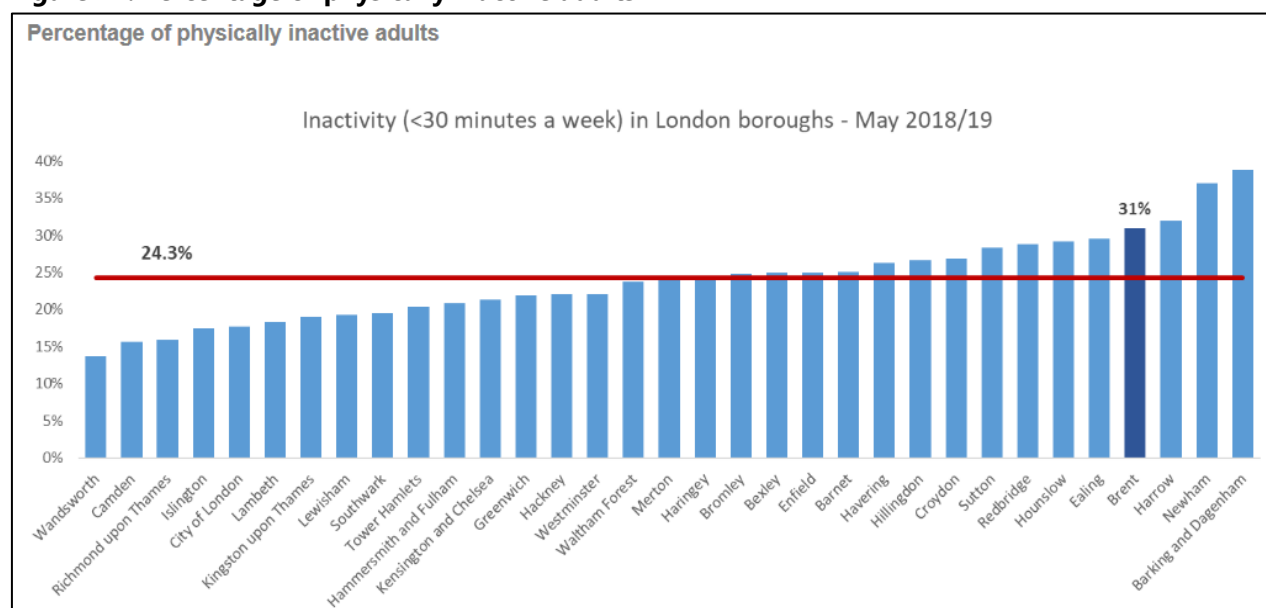
2.8 Lifestyle

2.8.1 Physical activity

The prevalence of inactive adults in Brent is higher than the London average (31% vs 24.3%); this means that roughly three out of every ten people in Brent do less than 30 minutes of activity a week.⁴²

Brent presents as the fourth most inactive borough in London, according to Sport England's Active Lives Survey.

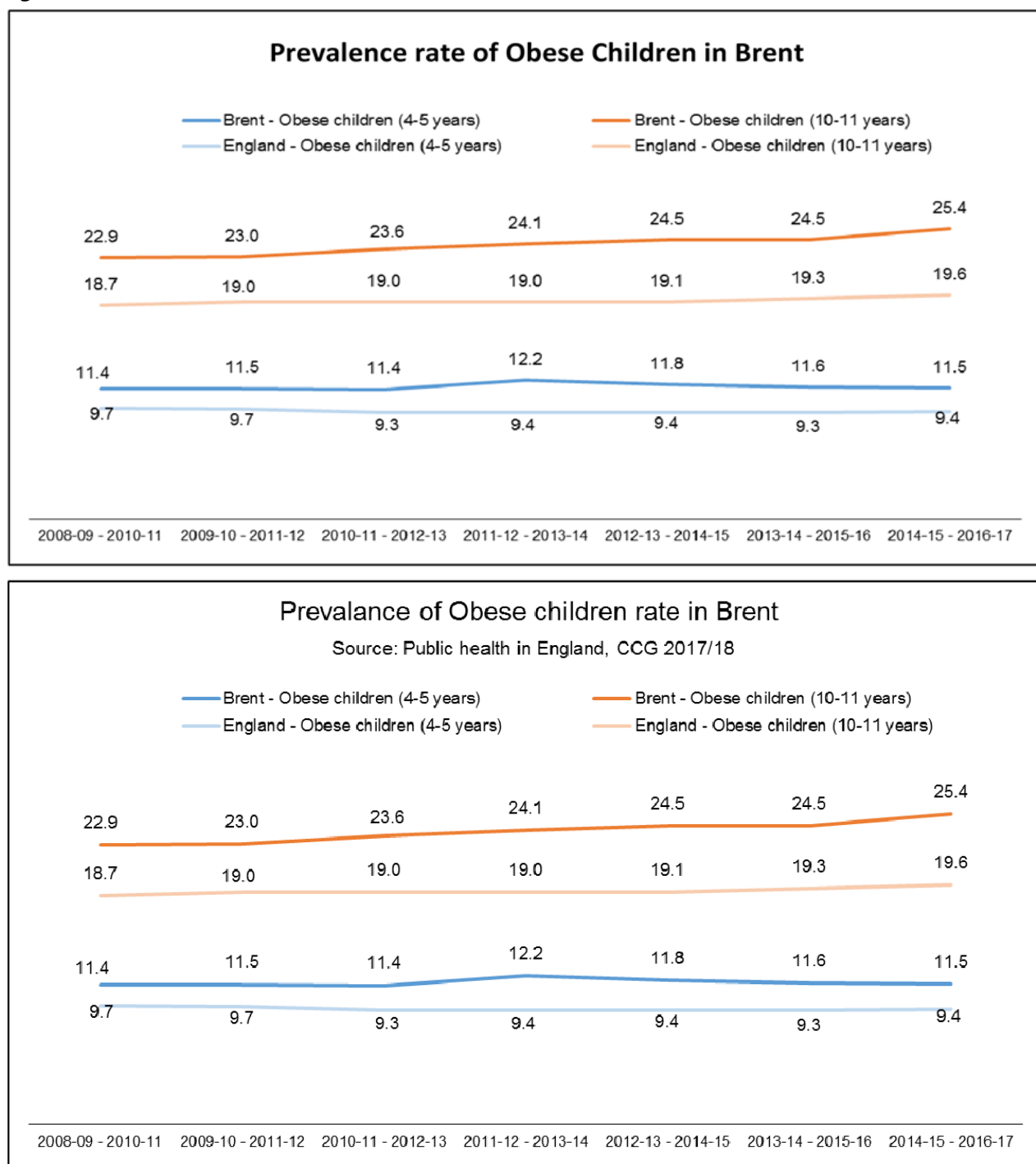
⁴² Brent. Health and Lifestyle – JSNA 2019/20. <https://data.brent.gov.uk/dataset/health-and-lifestyle-jsna-201920>

Figure 21: Percentage of physically inactive adults

2.8.2 Obesity

In Brent, child obesity rates have been above the national average since 2008. The gap between Brent and the national average is smaller in children aged 4–5 than in children aged 10–11.⁴³

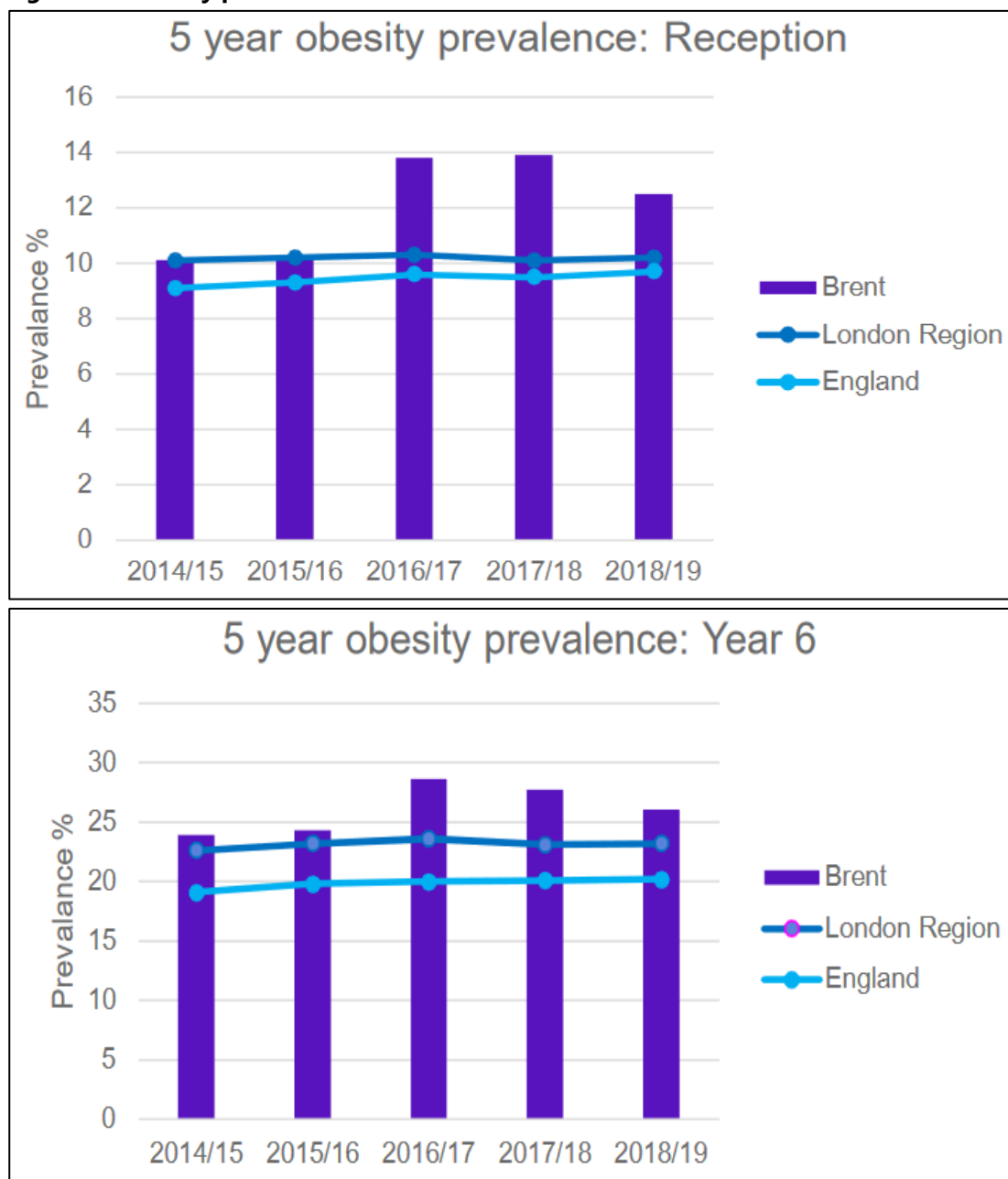
⁴³ Brent. Childhood Obesity – JSNA 2019/20 <https://data.brent.gov.uk/dataset/childhood-obesity-jsna-201920>

Figure 22: Prevalence of obese children rate in Brent

In 2018-19, 12.5% of children in Brent were obese in Reception and 26% were obese in Year 6. This means that the rate of obesity increases by the time children finish primary school.

Brent has a higher prevalence of obese school children leaving primary school than the London and England average. This has been the case for the last five years.

There is similar picture for children who are overweight. In 2018-19, 12.8% of children in Reception and 15.7% of children in Year 6 were overweight.

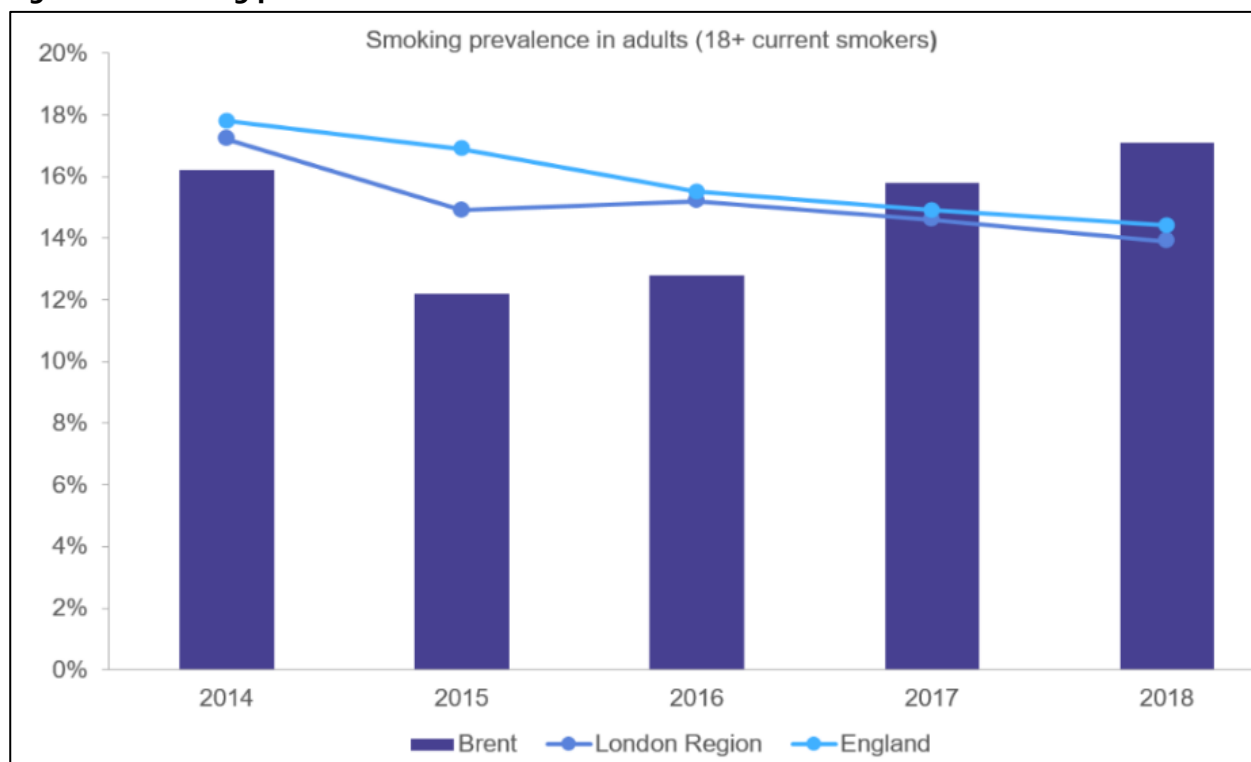
Figure 22: Obesity prevalence in children in Brent

2.8.3 Smoking

In 2014, 14% of the adult population aged 18 and over were estimated to be smokers, in comparison with 17% in 2018 who were estimated to be smokers in Brent.⁴⁴

Figure 23 highlights that the prevalence of smoking in Brent since 2014 has increased and is above London region and England averages.

⁴⁴ Brent. Smoking prevalence – JSNA 2019/20. <https://data.brent.gov.uk/dataset/smoking-prevalence-jsna-201920>

Figure 23: Smoking prevalence in Brent

The prevalence of smoking among routine and manual workers in Brent was 26% in 2018 among adults aged 18 and over. This was higher than the England average, which was 25%, and the London average, 24%. Workers in manual and routine jobs are twice as likely to smoke as those in managerial and professional roles, and unemployed people are twice as likely to smoke as those in employment.

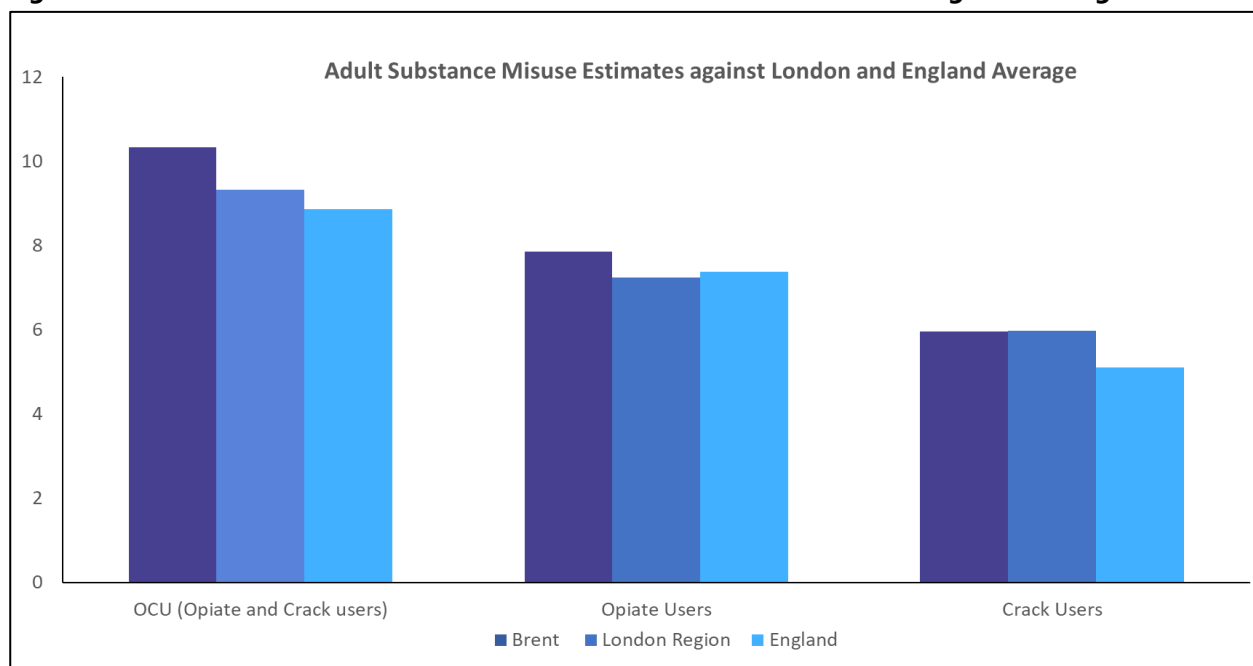
2.8.4 Drug and alcohol misuse

Drug and alcohol misuse is associated with a wide range of health and social issues and creates significant costs to the public purse.

Dependency, in particular, is commonly linked to poor outcomes in relation to physical health, mental health, parenting, education, training, employment and housing, with antisocial and criminal activity that adversely affects individuals, families and communities.

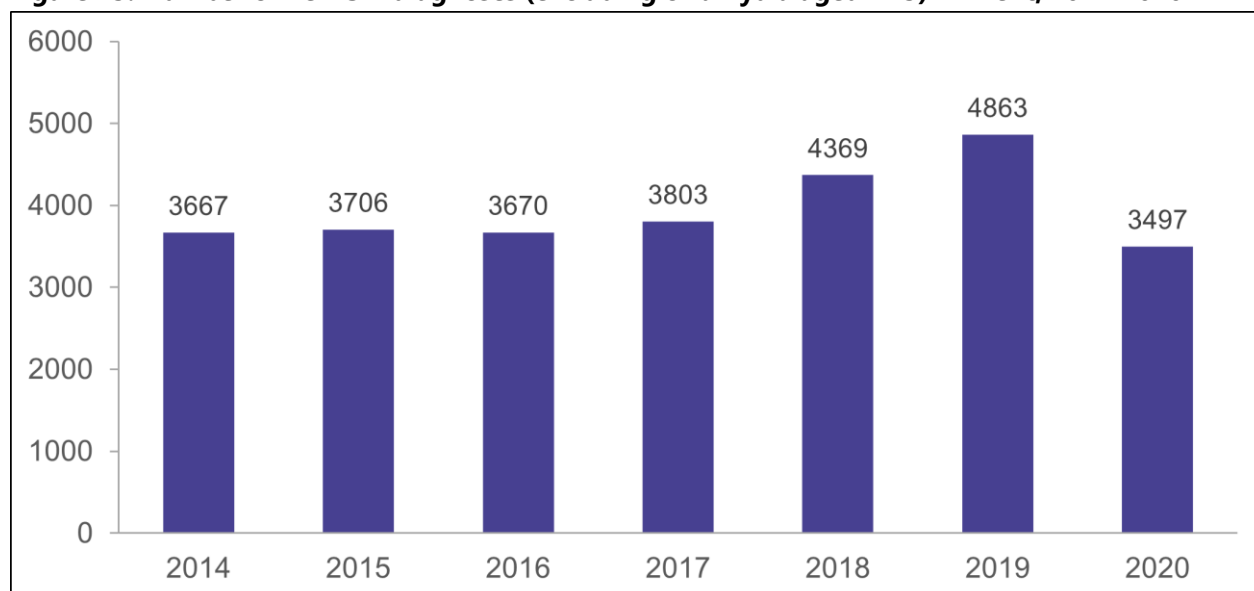
In 2018-19, estimates of the level of substance misuse in Brent (from the National Drug Treatment Monitoring System, NDTMS) indicate that the borough has rates of opiate and crack misuse that are higher than the London or national average; of opiate use which is also higher than the London or national average; and of crack use that is similar to the London average and above the national average.⁴⁵

⁴⁵ Brent. Substance Misuse. JSNA 2019/20. <https://data.brent.gov.uk/dataset/substance-misuse-jsna-201920>

Figure 24: Adult substance misuse estimates in Brent versus London and England averages

2.8.5 Sexual health and teenage pregnancy

Overall, the number of new Sexually Transmitted Infections (STIs), excluding chlamydia in those aged <25, diagnosed among residents of Brent in 2020 was 3,497. This showed a 28% decrease from 2019. The rate was 1,597 per 100,000 residents, considerably higher than the rate of 619 per 100,000 in England.⁴⁶

Figure 25: Number of new STI diagnoses (excluding chlamydia aged <25) in Brent, 2014-2020

Source: OHID Fingertips 2014-2020

⁴⁶ OHID. Fingertips – Sexual and Reproductive Profiles. <https://fingertips.phe.org.uk/profile/sexualhealth/>

2.8.5.1 Teenage pregnancy in Brent

In 2019, there were 5,369 girls aged 15-17 residing in Brent. During the same time period, the rate of girls under the age of 18 conceiving was 11.0 per 1,000 of the population. This was lower than the England national rate of under-18 conceptions at 15.7. The conception rate for girls under the age of 16 in 2019, was 1.8 per 1,000 population; in comparison the England national rate was higher at 2.5 per 1,000 population. Of under-18 conceptions in Brent in 2019, 57.6% led to abortion, compared with the national average of 54.7%.⁴⁷

Table 9: Under-18 conceptions, rate per 1,000 population

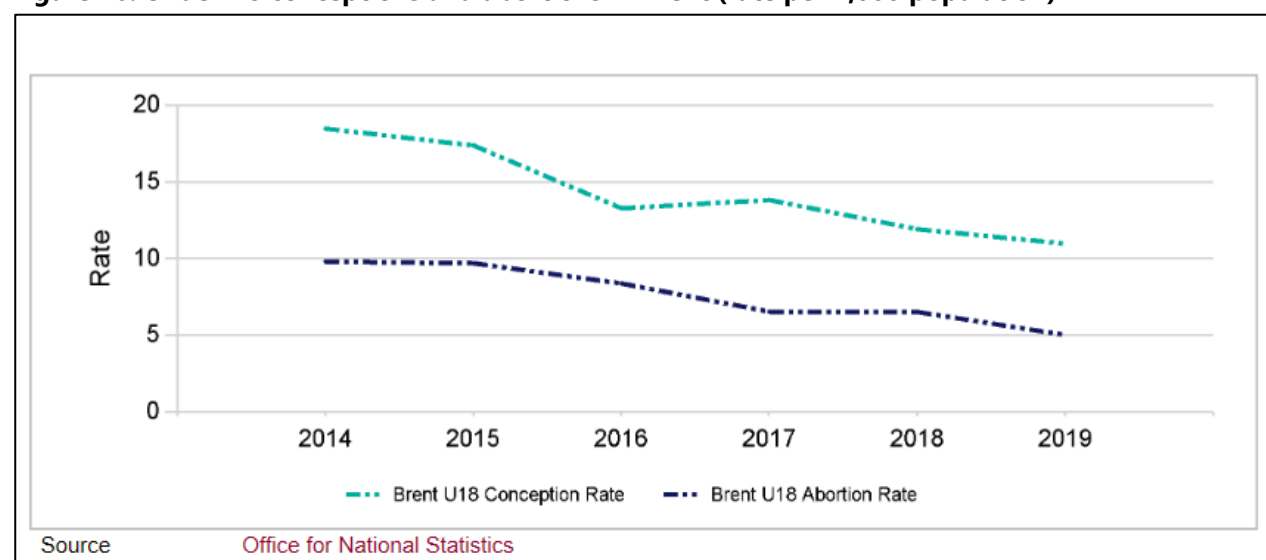
	2014	2015	2016	2017	2018	2019
Brent	18.5	17.4	13.3	13.8	11.9	11.0
England	22.8	20.8	18.8	17.8	16.7	15.7
London	21.5	19.2	17.1	16.4	13.9	13.5

Table 10: Under-16 conceptions, rate per 1,000 population

	2014	2015	2016	2017	2018	2019
Brent	2.9	2.5	1.0	1.1	1.3	1.8
England	4.4	3.7	3.0	2.7	2.5	2.5
London	3.9	3.2	2.4	2.2	1.9	1.8

Figure 26 shows trends in under-18 abortions. The abortion rate (number of abortions per 1,000 population) is also displayed.

Figure 26: Under-18 conceptions and abortions in Brent (rate per 1,000 population)



Source: ONS 2020

⁴⁷ Brent. Sexual and Reproductive Health – JSNA 2019/20 <https://data.brent.gov.uk/dataset/sexual-and-reproductive-health-jsna-201920>

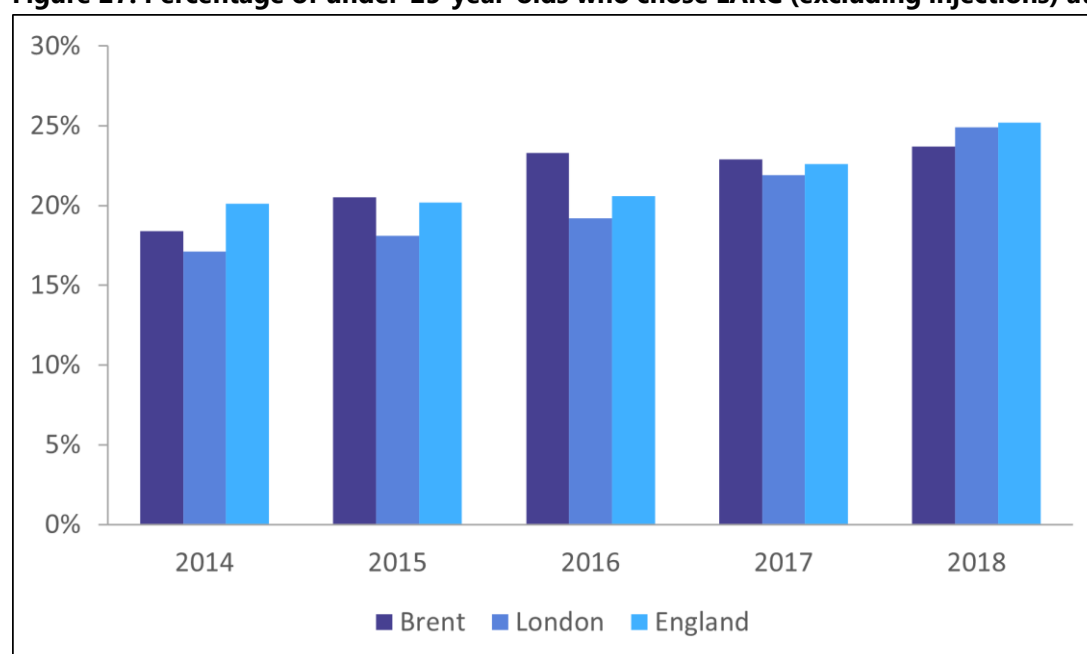
2.8.5.2 Long-Acting Reversible Contraception (LARC)

Long-Acting Reversible Contraception (LARC) is defined as contraceptive methods that require administration less than once per cycle or month. These include:

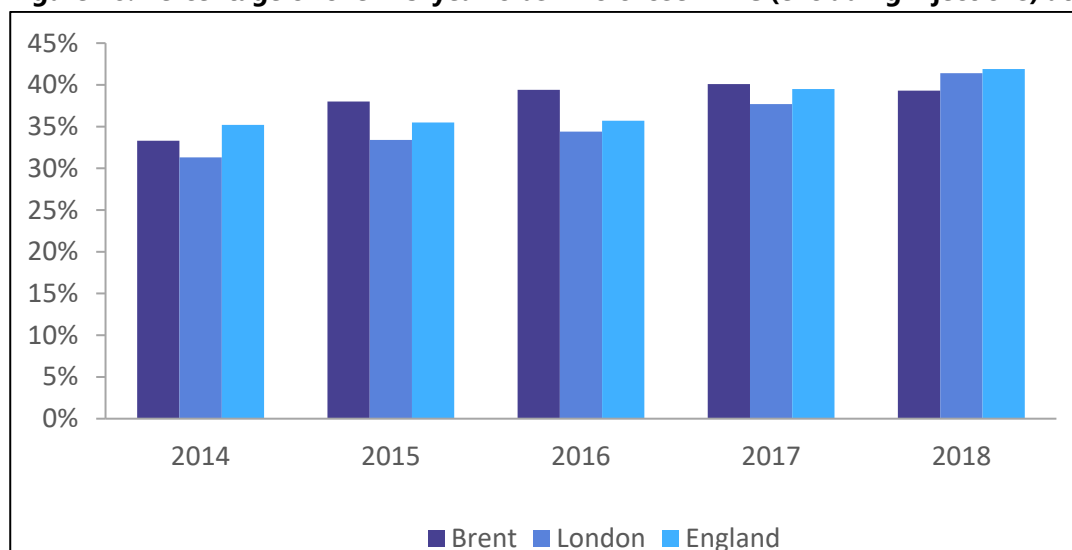
- Copper intrauterine devices
- Progestogen-only intrauterine systems
- Progestogen-only injectable contraceptives
- Progestogen-only subdermal implants

In 2018 in Brent, the number of under-25-year-olds who chose LARC at Sexual and Reproductive Health (SRH) services was 545 (23.7%), lower compared with the London region at 24.9% and England at 25.2%.

Figure 27: Percentage of under-25-year-olds who chose LARC (excluding injections) at SRH services



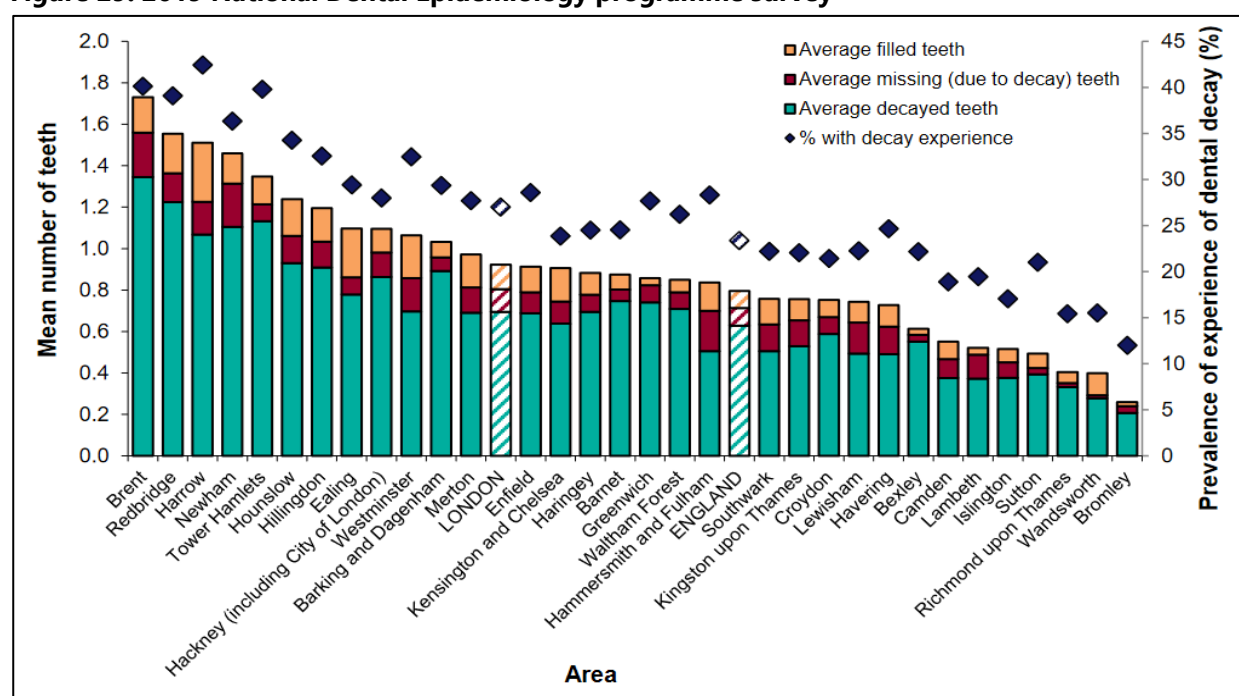
In 2018 in Brent, the number of over-25-year-olds who chose LARC at SRH services was 1,752 (39.3%), lower than the London region at 41.4% and England at 41.9%.

Figure 28: Percentage of over-25-year-olds who chose LARC (excluding injections) at SRH services

2.8.6 Oral health

In the 2015 National Dental Epidemiology programme survey, 542 children were sampled in Brent.

One of the indicators in the survey is the proportion of children aged 5 who are free from dental decay. This data shows Brent dental decay problems for children are significantly higher than London and England averages.⁴⁸

Figure 29: 2019 National Dental Epidemiology programme survey

⁴⁸ Oral Health Profile (2019) <https://Brent.OralHealth.Profile.5yr.2019.pdf>

Table 11 highlights the percentage of a range of measures of oral health among five-year-olds across London, England and Brent. The table shows that the percentage of five-year-olds with active decay is significantly higher than London and England averages. The proportion is significantly higher for decay affecting incisors as well as decay experience.

Table 11: Oral health among five-year-olds across London, England and Brent

	Brent	London	England
% without decay experience	59.9%	73.0%	76.6%
% with decay experience	40.1%	27.0%	23.4%
% with active decay	35.5%	23.2%	20.4%
% with experience of extraction	5.6%	3.2%	2.2%
% with dental abscess	1.9%	0.9%	1.0%
% with teeth decays into pulp	8.1%	3.4%	3.3%
% with decay affecting incisors	15.6%	8.2%	5.2%
% with high levels of plaque present on upper front teeth	3.8%	2.1%	1.2%

2.9 Burden of disease

2.9.1 Life expectancy (preventable and avoidable burden)

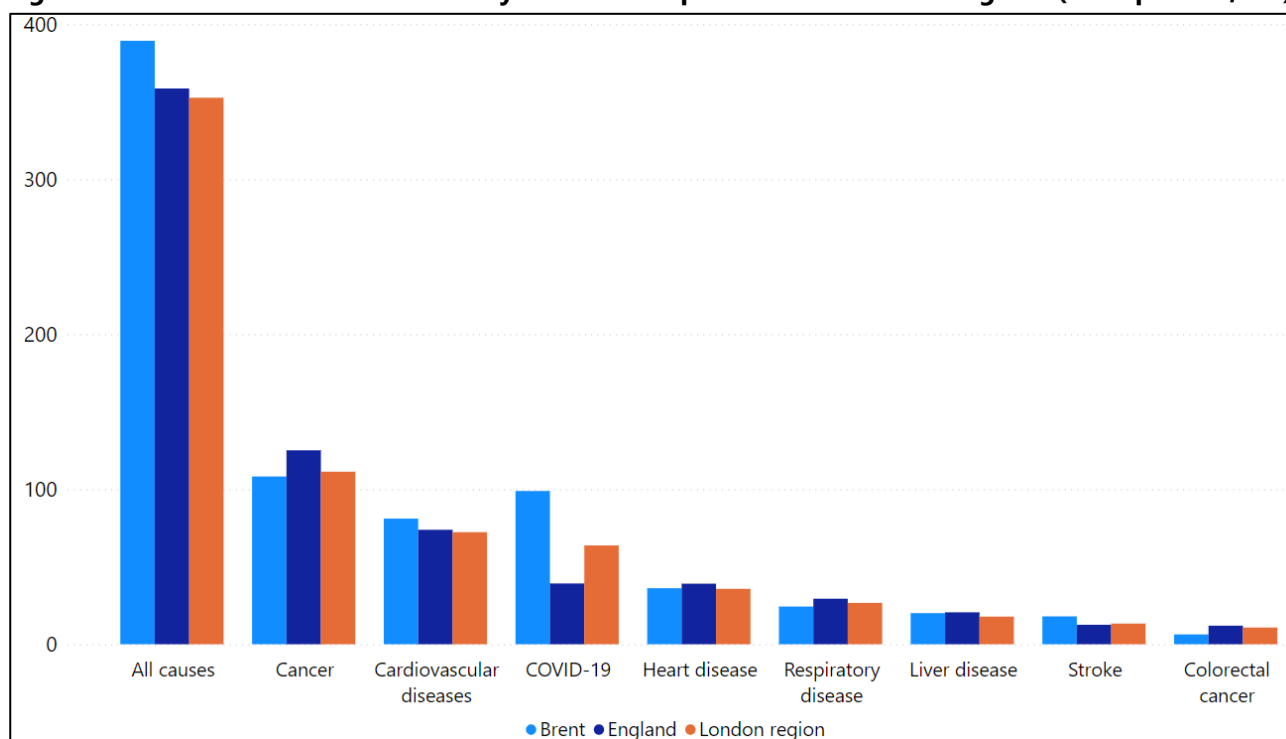
The inequality in life expectancy for males (at age 65 years) in Brent is 5.1 years, which is similar to the England average of 5.2 years and London average of 4.8 years (2018-20 dataset). For females, the difference in ratio is more distinguished: the inequality in life expectancy for females in Brent (at age 65 years) is 5.7 years compared with the London and England variance (3.6 years and 5.8 years respectively).

Likewise, the disability-free life expectancy for males in Brent is 61.5 years, which is similar to the London and England averages (64.6 years and 62.7 years respectively). For females in Brent, the disability-free life expectancy is 64.8 years, compared with the London average of 63 years and England average of 61.2 years (2017-19 dataset). In summary, local health inequalities mean that females in Brent can expect to live more of their lives free of disability than their male counterparts.

Moreover, the one-year standardised early mortality for all causes (under 75 years) rate in Brent is worse than the London and England averages. The mortality rate is also worse in

Brent compared to the London and England averages for cardiovascular disease, Covid-19 and Stroke (see Figure 30).⁴⁹

Figure 30: Premature causes of mortality in Brent compared to London and England (rates per 100,000)

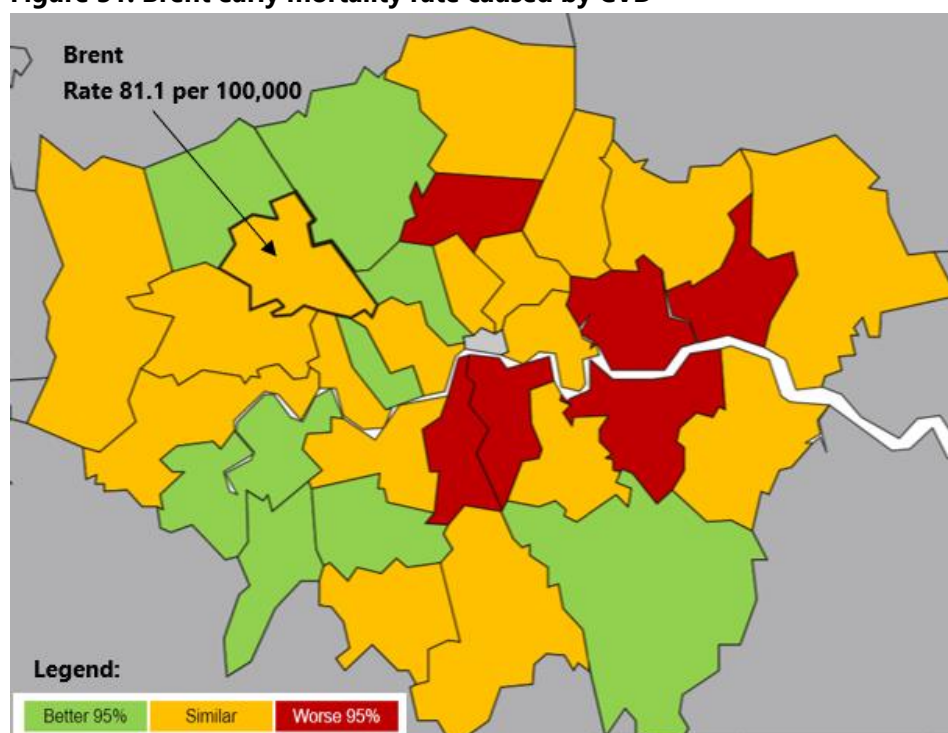


2.9.2 Cardiovascular diseases

From 2017-19, the early mortality (under 75 years) rate caused by all cardiovascular diseases in Brent was 76.2 per 100 000 of the population. This is higher than the London average of 69.1 per 100 000 and the England average of 70.4 per 100 000. The heat map below illustrates Brent early mortality rate caused by CVD profile compared with other London boroughs using the London benchmark score.⁵⁰

⁴⁹ OHID. Fingertips: Mortality Profile. <https://fingertips.phe.org.uk/profile/mortality-profile/data#page/0/gid/1938133009/pat/6/ati/402/are/E09000005/iid/108/age/163/sex/4/cat/-1/ctp/-1/yr/3/cid/4/tbm/1>

⁵⁰ OHID. Fingertips: analysis of ONS death registration data and mid-year population estimates. <https://fingertips.phe.org.uk/profile/mortality-profile>

Figure 31: Brent early mortality rate caused by CVD

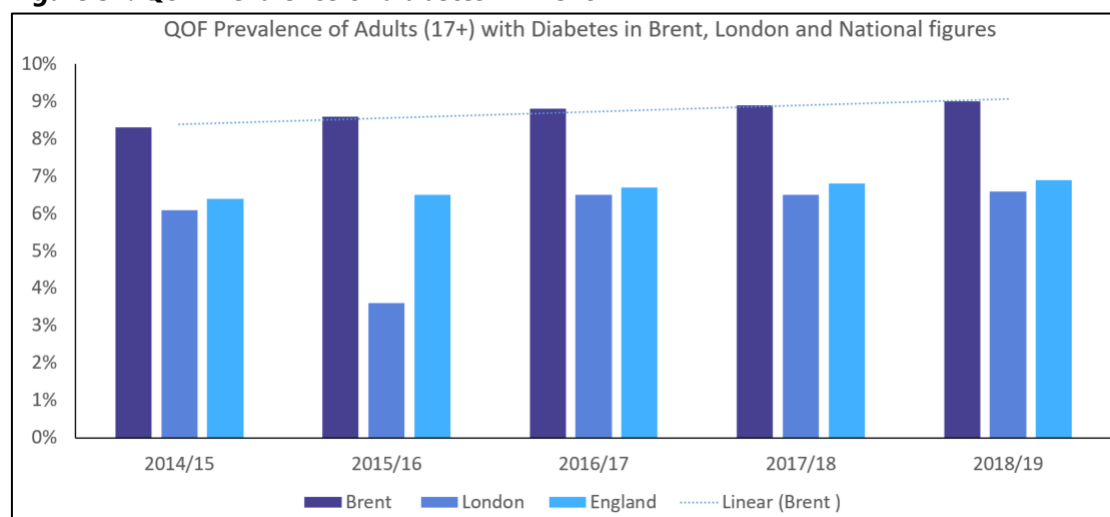
Hypertension is one example of a high-risk condition that can increase a person's risk of chronic vascular disease if not identified early or managed correctly.⁵¹

The percentage of hypertension, or high blood pressure, is recorded on the GP hypertension register. In 2019-20, the prevalence of those from GP populations on the hypertension register was 12.1%; this is higher than the NWL Health & Care Partnership Sustainability and Transformation Partnership (STP) prevalence of 11%, but lower than the England prevalence of 14.1.

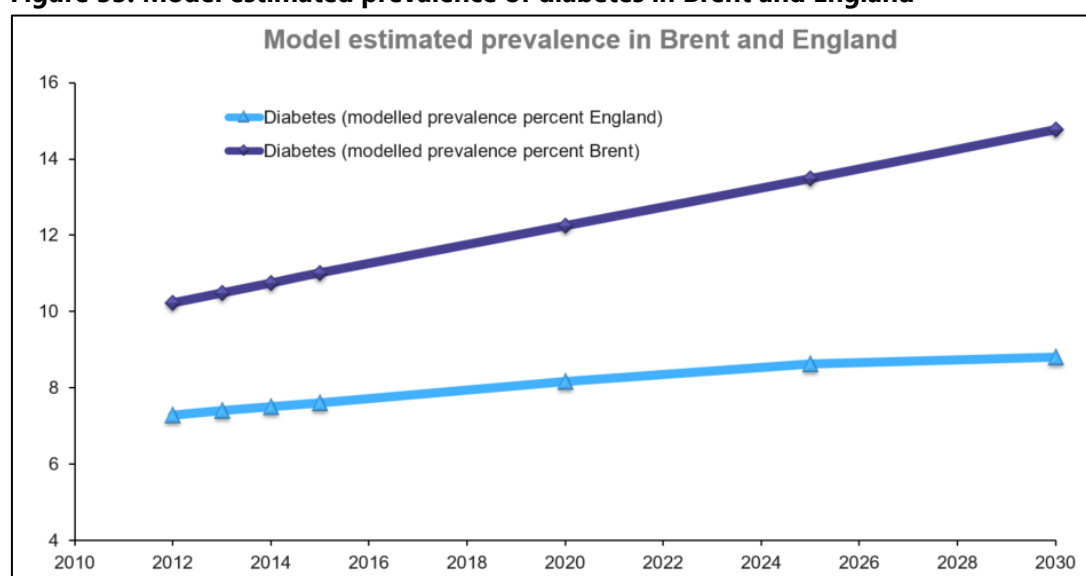
2.9.3 Diabetes and hyperglycaemia

Figure 32 shows the prevalence of diabetes in Brent. The data is taken from GP records. Rates in Brent are much higher than London and England average.

⁵¹ PHE, Analysis of hypertension prevalence estimates; GP QOF Achievement figures 2019-20.

Figure 32: QOF Prevalence of diabetes in Brent

The prevalence of diabetes is projected to rise significantly in Brent over the next 10 to 15 years, reflecting the ageing of the population, increasing numbers of people who are overweight or obese and the high proportion of Black and South Asian ethnic groups in the borough, who are more at risk of diabetes.⁵²

Figure 33: Model estimated prevalence of diabetes in Brent and England

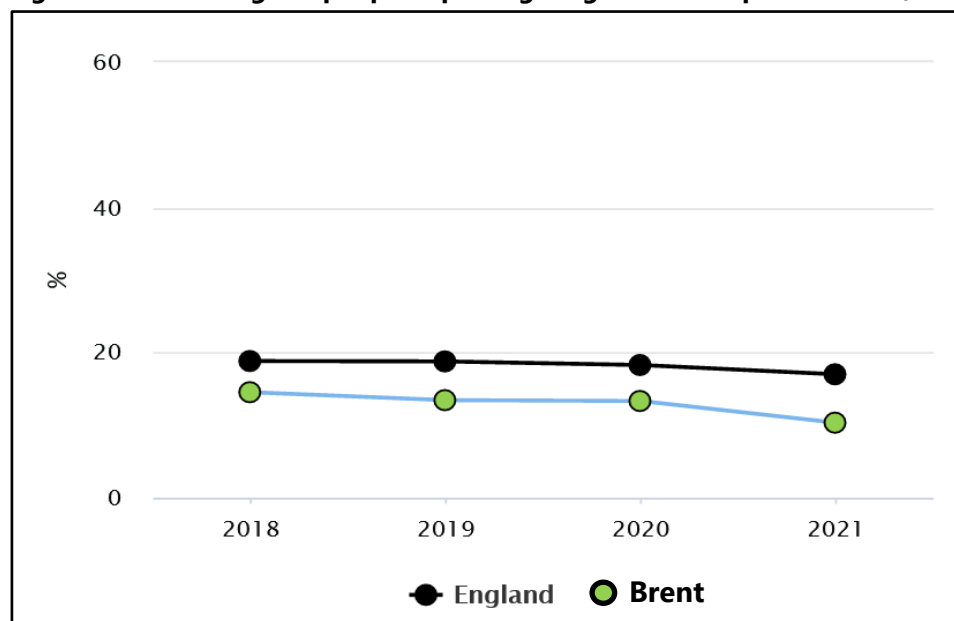
2.9.4 Musculoskeletal (MSK)

MSK conditions are known to impact quality of life by increased pain, limiting range of motion and impacting the ability to take part in daily life such as attending work.

Figure 34 shows the percentage of people reporting long-term MSK pain in Brent, from 2018 to 2021.⁵³

⁵² OHID. Fingertips: Diabetes. <https://fingertips.phe.org.uk/profile/diabetes-ft>

⁵³ OHID. Fingertips: Musculoskeletal Conditions. <https://fingertips.phe.org.uk/profile/msk/data>

Figure 34: Percentage of people reporting long-term MSK pain in Brent, 2018-21

Period	Brent			London	England
		Count	Value		
2018	●	-	14.5%	14.2%	18.8%
2019	●	-	13.4%	14.1%	18.8%
2020	●	-	13.3%	13.5%	18.3%
2021	●	-	10.3%	12.1%	17.0%

Over the years, the percentage of people reporting an MSK condition in Brent has remained similar and remains lower than the London and England averages.

2.9.5 Cancers

Around one person in two in the UK will develop a cancer at some time in their life. The most common cancers are breast, lung, bowel, colorectal and prostate, together accounting for over half of all new cancers each year. For 2014-18, Brent's incidence rate for all cancers was 85.5 per 100,000. This indicator measures the number of new cases of all cancers and present the data as a standardised incidence ratio.⁵⁴

2.9.6 Respiratory diseases

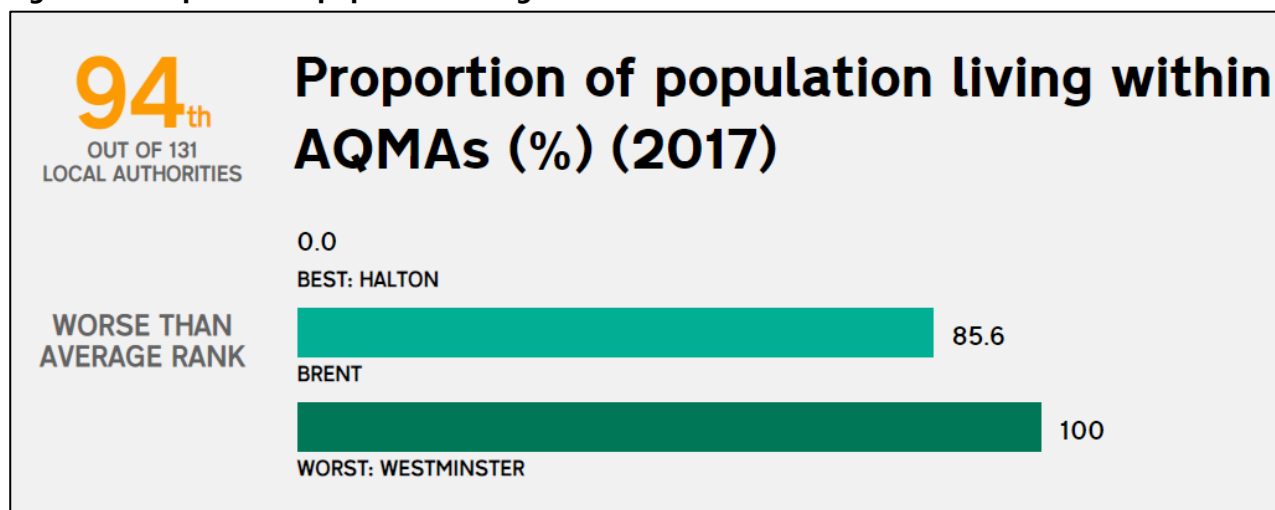
The early (under 75 years) mortality rate from preventable respiratory illnesses in Brent was 12.5 per 100 000 of the population, which is significantly better than the England benchmark of 19.2/100 000 (2016-18 dataset). In 2020, 7.5% of deaths in Brent were attributable to respiratory causes, which is again lower than the England average of 10.2%. However, there are inequalities in terms of early mortality from respiratory illness. In 2020, the rate of male early mortality from respiratory illness in Brent was 34.3/100 000, which is comparable to the

⁵⁴ OHID. Fingertips: Cancer <https://fingertips.phe.org.uk/cancer>

England benchmark of 34.6/100 000. In comparison, 14.7 per 100 000 of the female population under 75 died from respiratory conditions in Brent, meaning the ratio between male and female early mortality caused by respiratory conditions is greater than the England trend.

One indication underlying preventable morbidity and inequalities in respiratory illness outcomes is air quality. In 2017, Brent scored worse than average in terms of percentage of the population living within Air Quality Management Areas (AQMA, see Figure 35).⁵⁵

Figure 35: Proportion of population living in AQMAs



Neighbourhoods from the lower socioeconomic scale are more likely to reside near main roads with higher emission of air pollutants and are therefore more likely to present with respiratory-related morbidity and mortality. Figures 36 and 37 illustrate the estimated burden of road traffic pollution in Brent in comparison with other London boroughs.

⁵⁵ PHE National comparisons – Healthier lives Dashboard [https://healthierlives.phe.org.uk/Air quality](https://healthierlives.phe.org.uk/Air%20quality)

Figure 36: Mortality burden of air pollution (no cut off) by wards in Greater London in 2019

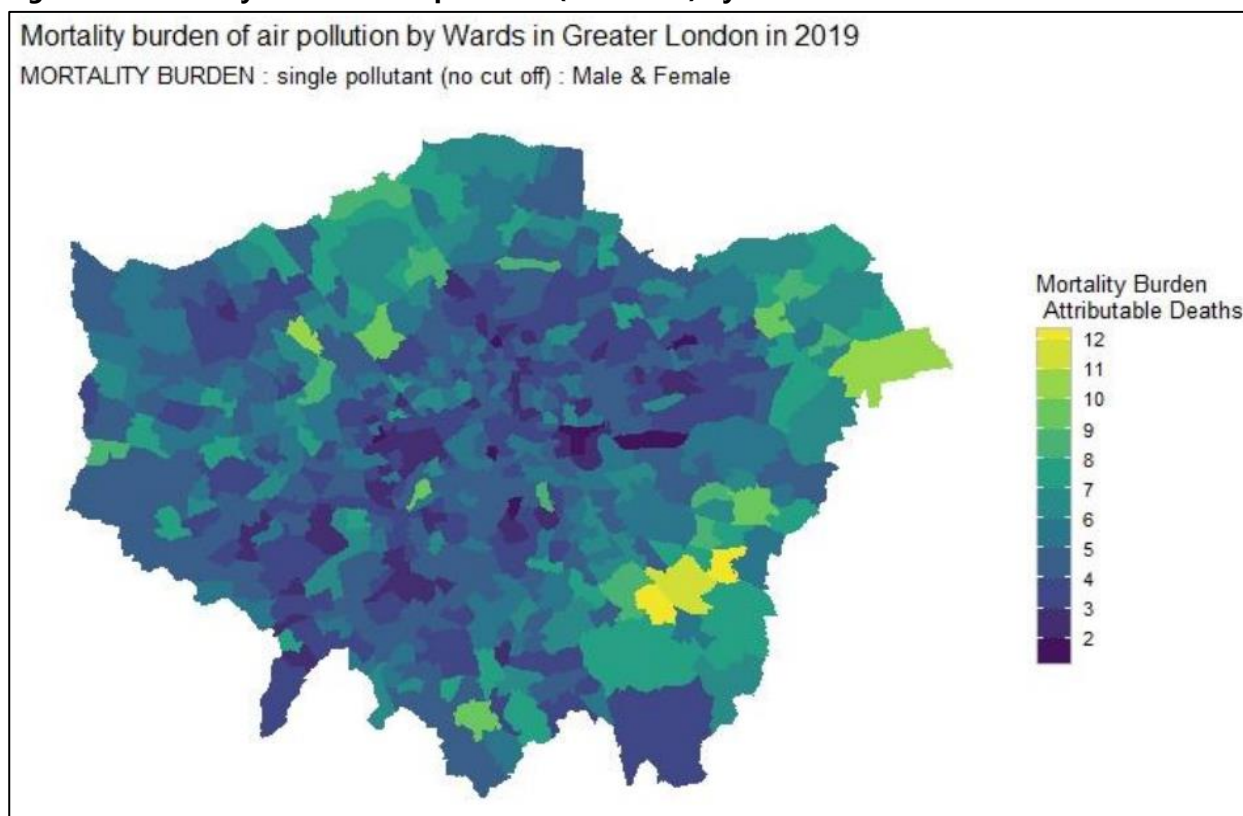
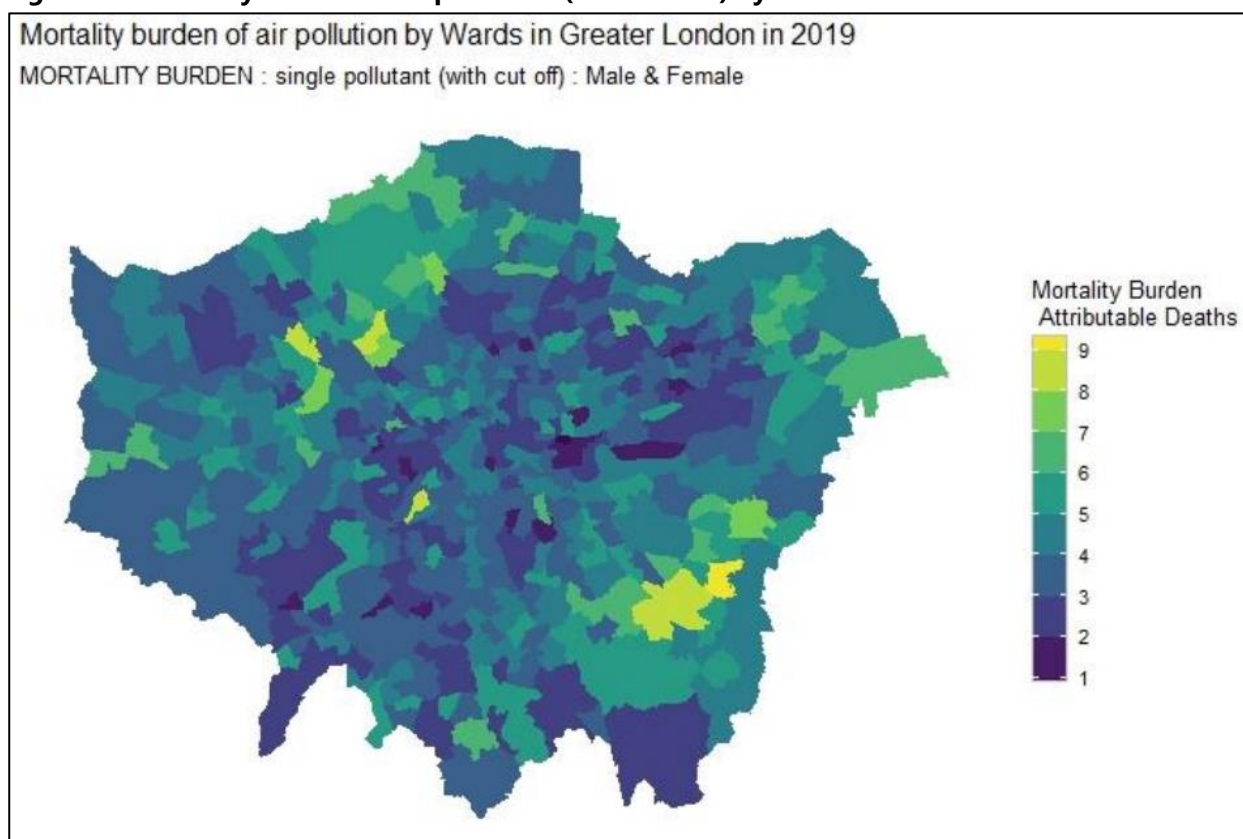


Figure 37: Mortality burden of air pollution (with cut off) by wards in Greater London in 2019



2.9.7 Digestive diseases – IBD, colitis

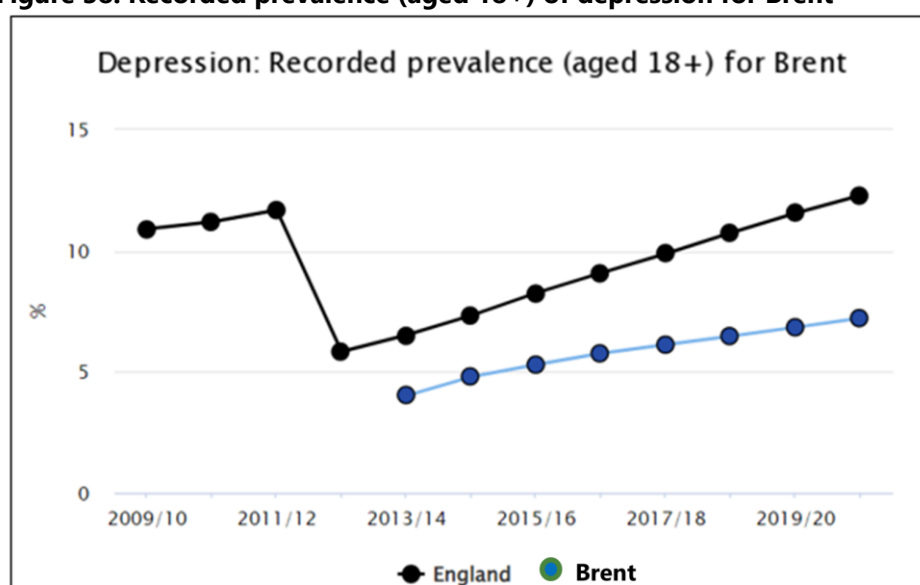
Digestive diseases are illnesses that affect the gut, liver and pancreas. According to the charity Guts UK, digestive diseases account for 1 in 8 deaths in the UK, and more than 40% of the UK population have experienced digestive illness at some point in their lives.

In Brent, cirrhosis and other chronic liver diseases attributable to behavioural factors account for 1.14% of the total Disability Adjusted Life Years (DALYs), at 260.28 per 100,000 of the population. The burden of this disease in Brent is similar to London (1.09% of total DALYs) and England averages (1.03% of total DALYs).⁵⁶

2.9.8 Mental health

In 2020-21, 7.2% of the adult (18+) population of Brent had a diagnosis of depression, lower than the England average of 12.3%. Recorded rates of depression have been on the rise in Brent, as in London and England, over the last few years.⁵⁷

Figure 38: Recorded prevalence (aged 18+) of depression for Brent



In 2017-18, the prevalence of severe and enduring mental illness in Brent was 1.25% of the population, which is above both the London (1.1%) and England (0.94%) averages. These long-term illnesses include schizophrenia, personality disorders and bipolar disorder.⁵⁸

⁵⁶ GBD. Digestive conditions: Global Burden of Diseases data visualisation tool based on the Global Burden of Diseases, Injuries, and Risk Factors Study 2019 <https://vizhub.healthdata.org/gbd-compare/>

⁵⁷ OHID. Fingertips – Mental Health. <https://fingertips.phe.org.uk/mental-health/profile/mh-jsna/data>

⁵⁸ Quality and Outcomes Framework (QOF), NHS Digital 2017/18 <https://digital.nhs.uk/prevalence-and-exceptions-data/2017-18>

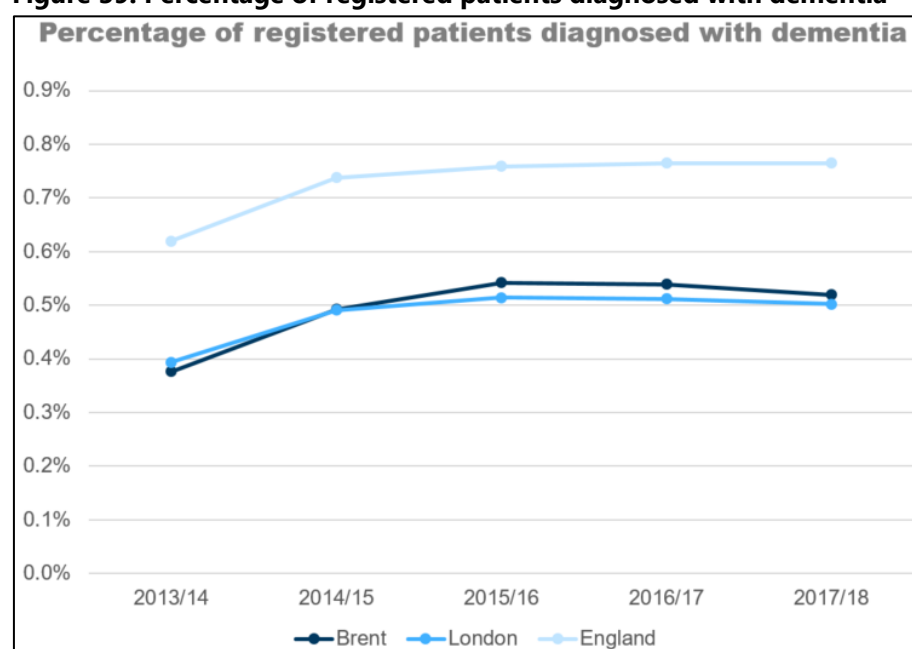
2.9.9 Dementia

The recorded dementia prevalence is the number of people with dementia recorded on GP practice registers as a proportion of the people (all ages) registered at each GP practice.⁵⁹

The prevalence of dementia in Brent has remained constant at 0.5% over the last five years, similar to London and lower than in England 0.8%.

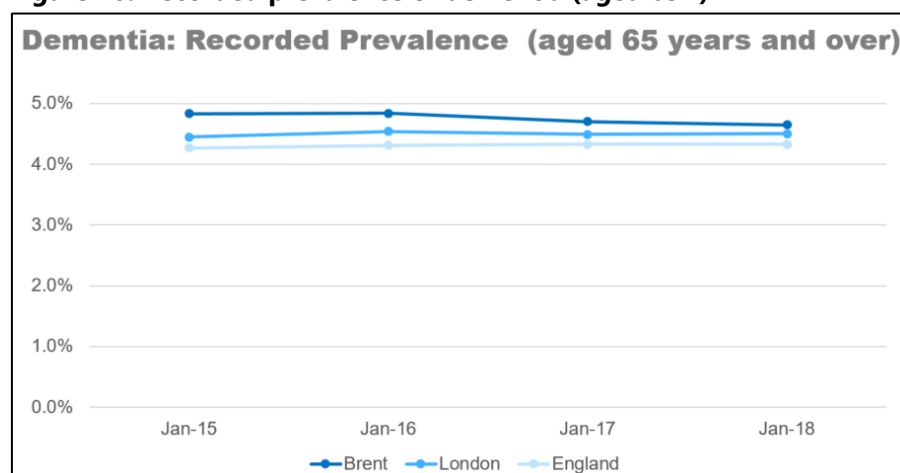
The prevalence of dementia increases with age and, as with other London boroughs, Brent's age profile is younger than that of England.

Figure 39: Percentage of registered patients diagnosed with dementia



The recorded dementia prevalence provides an indication of the concentration, within a population, of the number of people aged 65 or older who have been diagnosed and are living with the condition.

⁵⁹ Brent. Mental Health – JSNA 2019/220. <https://democracy.brent.gov.uk/documents>

Figure 40: Recorded prevalence of dementia (aged 65+)

2.9.10 Accidental injuries

2.9.10.1 Road accidents

The rate of children under 15 years of age killed and seriously injured on Brents's roads between 2018 and 2020 was 9.5 per 100,000, which is lower than the England average of 15.9 per 100,000.

2.9.10.2 Injuries resulting in hospital admissions

Similarly, the hospital admission rate in children under 14 caused by intentional and unintentional injury in Brent is 53.9 per 10,000 of the population. This is lower than the London rate of 55.1 per 100,000 and the England rate of 75.7 per 100 000. The hospital admission rate in young people (aged 15–24) caused by deliberate and unintentional injury in Brent is 91.4 per 10,000, which is higher than the London rate of 80.7 per 10,000, but significantly better than the England rate of 112.4 per 10,000 (2020-21 data).⁶⁰

2.9.10.3 Falls and hip fractures

In Brent, the rate of emergency hospital admission related to hip fractures in persons aged 65 and over is 68.3 per 100,000 of the population. This statistic is lower than most other London boroughs; the only other London borough with a lower prevalence is Westminster, with a hospital admission rate of 68.0 per 100,000. As a comparator, the England rate of emergency hospital admissions related to hip fractures in persons aged 65 and over is 100 per 100,000 of the population.⁶¹

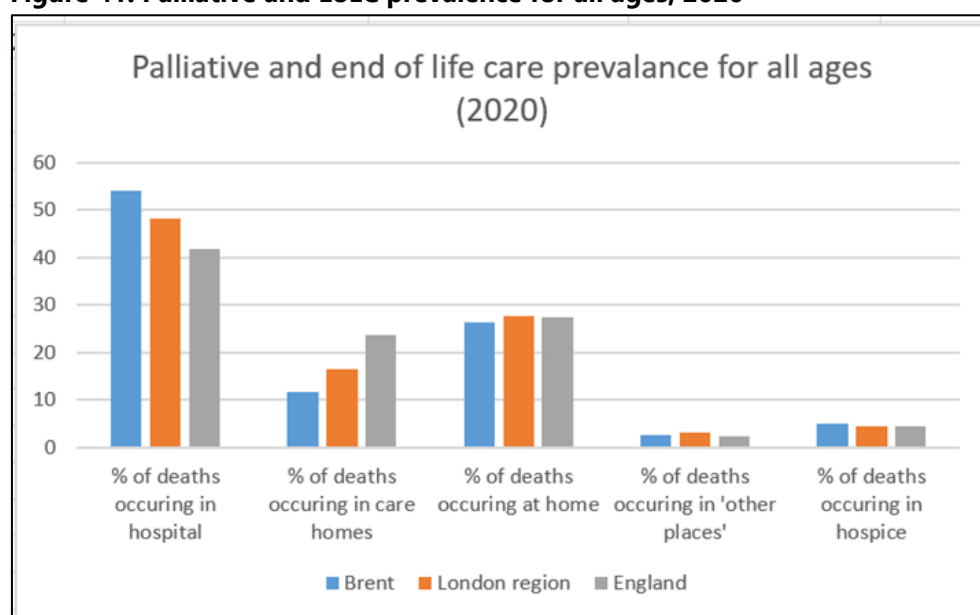
⁶⁰ OHID. Fingertips: Child and Maternal Health. <https://fingertips.phe.org.uk/profile/child-health-profiles>

⁶¹ OHID. Fingertips: Public Health Profiles – fractures. <https://fingertips.phe.org.uk/search/hip%20fractures>

2.9.11 Palliative care

Palliative care relates to practical and emotional support provided to those approaching their end of life and their families. In 2017, over half of Brent residents approaching end of life were in hospital palliative care settings. This mirrors national data but is nevertheless an indicator of socioeconomic inequality, as those from more deprived backgrounds are more likely to receive End of Life Care (EoLC) in hospital rather than at home. Figure 41 indicates place of death for Brent residents approaching end of life in 2020 compared with London and England statistics.⁶²

Figure 41: Palliative and EoLC prevalence for all ages, 2020



⁶² OHID. Fingertips: Palliative and End of Life Care Profiles. <https://fingertips.phe.org.uk/profile/end-of-life>

Section 3: NHS pharmaceutical services provision, currently commissioned

3.1 Overview

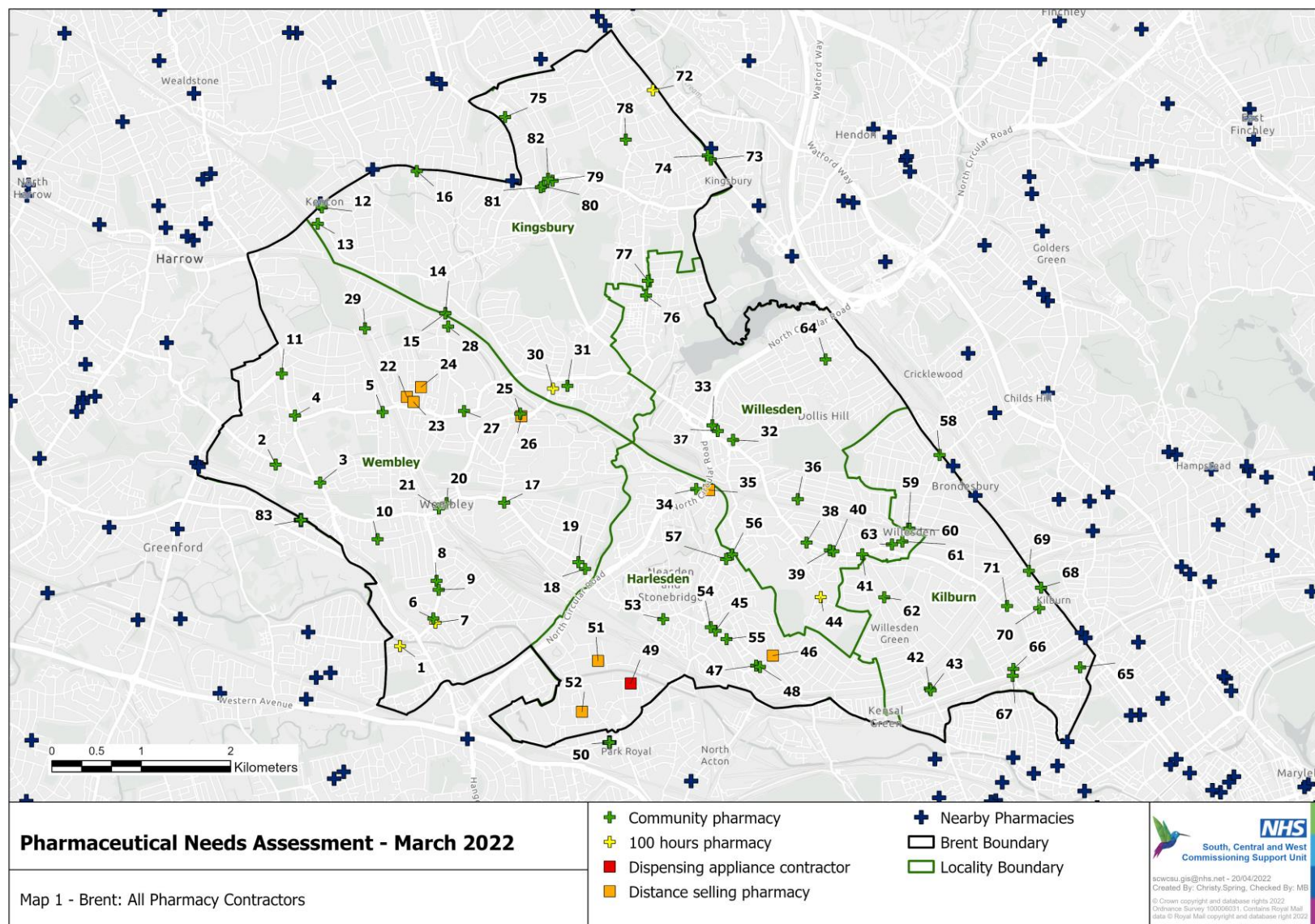
There are a total of 83 contractors in Brent:

Type of contractor	Number
40-hour community pharmacies	69
100-hour community pharmacies	5
LPS	0
DSP	8
DAC	1
Dispensing GP practices	0
PhAS	0

Where discussed, the total number of community pharmacies includes DSPs, i.e. 82 community pharmacies.

DSPs may not provide Essential Services face to face and therefore provision is by mail order and/or wholly internet; when discussing services provided by the community pharmacies it may be appropriate to exclude the DSP from the analysis as they cannot or do not provide the service being discussed. This information will be annotated in the tables and made clear in the discussion.

Figure 42: All pharmacy contractors in Brent



3.2 Community pharmacies

Number of community pharmacies in Brent	Population of Brent	Ratio of pharmacies per 100,000 population*
82	329,770	24.9

*Correct as of 29 March 2022

There are 82 community pharmacies in Brent (see Figure 9 for distribution and spread across Brent).

Since the previous PNA published in 2018, there has been an increase in the number of community pharmacies in Brent from 80 to 82, with the addition of two new DSPs. The England average is 20.6 community pharmacies per 100,000 population, which has decreased slightly from 2018 when the average number was 21.2. The London average has also decreased to 20.7 from the previous 22.3 community pharmacies per 100,000 population.

London has a transient population with generally good transport links. Populations may therefore find community pharmacies in neighbouring HWB areas more accessible and/or more convenient. There is a variable rate of community pharmacies per 100,000 population in neighbouring HWB areas: Harrow (24.6), Ealing (22.3), Barnet (18.8), Camden (22.8), Hammersmith and Fulham (22.3), Kensington and Chelsea (26.6), and Westminster (31.8).

Table 12 shows the change in the numbers of pharmacies over recent years compared with regional and national averages. It can be seen that the numbers of pharmacies per head of population is consistently higher than both the London and national averages.

Table 12: Number of pharmacies per 100,000 population

	England	London	Brent
2020-21	20.6	20.7	24.9
2019-20	21.0	20.2	24.6
2018-19	21.2	20.7	24.4

Source: ONS Population

[Section 1.4.1.1](#) lists the Essential Services of the pharmacy contract. It is assumed that provision of all these services is available from all contractors. Further analysis of the pharmaceutical service provision and health needs for Brent is explored in [Section 6](#).

Table 13 shows the breakdown of community pharmacies per locality.

Table 13: A breakdown of average community pharmacies per 100,000 population

Locality	No of community pharmacies (includes DSPs)	Total population (GLA 2019)	Average number of community pharmacies per 100,000 population*
Harlesden	14	51,726	27.1
Kilburn	13	61,523	21.1
Kingsbury	17	57,480	29.6
Wembley	26	97,327	26.7
Willesden	12	61,714	19.4
Brent	82	329,770	24.9
London (2021)	1,873	8,965,488	20.7
England (2021)	11,636	56,760,975	20.6

* Data as of March 2022

3.2.1 Choice of community pharmacies

Table 14 shows the breakdown of community pharmacy ownership in Brent. The data shows that Brent has a higher percentage of independent pharmacies compared with England and London, with no one provider having a monopoly in any locality. People in Brent therefore have a good choice of pharmacy providers.

Table 14: Community pharmacy ownership, 2020-21

Area	Multiples (%)	Independent (%)*
England	60%	40%
London	39%	61%
Brent	11%	89%

* Includes the pharmacies on AIMP list

3.2.2 Weekend and evening provision

There are 1,094 (9.4%) community pharmacies in England open for 100 hours or more per week. This has decreased slightly since 2017, where there were 1,161 100-hour pharmacies.

Table 15 shows the percentage of Brent pharmacies open for 100 hours or more compared with regionally and nationally. Most 100-hour pharmacies are open late and at the weekends.

Table 15: Number of 100-hour pharmacies (and percentage of total)

Area	Number (%) of 100-hour pharmacies
England (2020-21 data)	1,094 (9.4%)
London	104 (5.5%)

Area	Number (%) of 100-hour pharmacies
Brent	5 (7%)
Harlesden	0
Kilburn	0
Kingsbury	2 (12%)
Wembley	2 (8%)
Willesden	1 (8%)

3.2.3 Access to community pharmacies

Brent, like the rest of London, is highly populated. Many pharmacies also provide extended opening hours and/or open at weekend (see Map C for opening hours).

A previously published article⁶³ suggests:

- 89% of the population in England has access to a community pharmacy within a 20-minute walk
- This falls to 14% in rural areas
- Over 99% of those in areas of highest deprivation are within a 20-minute walk of a community pharmacy

The same study found that access is greater in areas of high deprivation. Higher levels of deprivation are linked to increased premature mortality rates.

A list of community pharmacies in Brent and their opening hours can be found in Appendix A.

3.2.3.1 Routine daytime access to community pharmacies

Maps D–H show travel times to community pharmacies using a variety of options.

In summary:

- Walking: 99.1% of the population can walk to a pharmacy within 15 minutes (100% within 20 minutes)
- Driving off-peak: 98.9% of the population can drive to a pharmacy within 5 minutes (100% within 10 minutes)
- Driving at peak: 96.8% can reach a pharmacy within 5 minutes (100% within 10 minutes)

⁶³ Todd A, Copeland A, Husband A. The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England. *BMJ Open* 2014, Vol. 4, Issue 8. <http://bmjopen.bmj.com/content/4/8/e005764.full.pdf%20html>

- Public transport: approximately 93% can reach a community pharmacy within 10 minutes (afternoon is faster than morning); up to 100% of people can reach a pharmacy within 15 minutes

3.2.3.2 Routine weekday evening access to community pharmacies

The number, location and opening hours of community pharmacy providers open beyond 6.30 pm, Monday to Friday (excluding bank holidays), vary within each locality; they are listed in Table 16. Full details of all pharmacies' opening hours can be found in Appendix A. 'Average' access is difficult, given the variety of opening hours and locations. Access is therefore considered at locality level and can be found in Table 16 where at least 1 in 5 or more is open beyond 6.30 pm in each locality

Table 16: Percentage of community pharmacy providers open Monday to Friday (excluding bank holidays) beyond 6.30 pm, and on Saturday and Sunday (not including DSP)

Locality	Percentage of pharmacies open beyond 6.30 pm	Percentage of pharmacies open on Saturday	Percentage of pharmacies open on a Sunday
Brent	62%	88%	18%
Harlesden	90%	90%	20%
Kilburn	46%	77%	0%
Kingsbury	59%	94%	24%
Wembley	64%	91%	27%
Willesden	67%	83%	8%

3.2.3.3 Routine Saturday daytime access to community pharmacies

The number, location and opening hours of community pharmacy providers open on Saturdays vary within each locality. In Brent, 88% of pharmacies are open on Saturdays, the majority of which are open into the late afternoon. 'Average' access is difficult given the variety of opening hours and locations. Access is therefore considered at locality level. Full details of all pharmacies open on a Saturday can be found in Appendix A.

3.2.3.4 Routine Sunday daytime access to community pharmacies

Of the community pharmacy providers in Brent, 18% open on Sundays. Fewer pharmacies are open on Sundays than any other day in Brent. Full details of all pharmacies open on a Sunday can be found in Appendix A.

3.2.3.5 Routine bank holiday access to community pharmacies

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

For the last two years NHSE&I has had an Enhanced Service for coverage over bank holidays to ensure that there are pharmacies open on these days and their location is near to the hubs and out-of-hours providers, so that patients can easily access medication if required. The current service level agreements expire in August 2022 and are being extended. This is a change since the publication of the 2018 PNA. In Brent there is the following coverage:

- Jade Pharmacy, 204 Ealing Road, Wembley HA0 4QG:
 - Christmas Day and Easter Sunday coverage: 10:00–18:00
 - Bank holiday coverage: 10:00–16:00
- Chana Chemist, Willesden Centre for Health, Robson Avenue NW10 3RY:
 - Christmas Day and Easter Sunday coverage: 10:00–18:00
 - Bank holiday coverage: 12:00–16:00
- Churchills Pharmacy, 207 Kenton Road, Kenton HA3 0HD:
 - Christmas Day and Easter Sunday coverage: 10:00–18:00
 - Bank holiday coverage: 10:00–14:00
- Gimmack Chemist, 177 Cricklewood Lane, Cricklewood NW2 3HT:
 - Christmas Day and Easter Sunday coverage: 10:00–18:00
 - Bank holiday coverage: 10:00–14:00

3.2.4 Advanced Service provision from community pharmacies

[Section 1.4.1.2](#) lists all Advanced Services that may be provided under the pharmacy contract. As these services are voluntary, not all providers will provide them all of the time.

The information in Table 17, provided by NHSE&I, has been used to demonstrate how many community pharmacies in Brent have signed up to provide Advanced Services. Details of individual pharmacy providers can be seen in Appendix A. As discussed in [Section 1.4.1.2](#), these services are voluntary for community pharmacies to provide.

Note: Community pharmacy COVID-19 LFD distribution service stopped on 1 April 2022, and COVID-19 medicine delivery service stopped on 5 March 2022 at 23:59 and have therefore not been included in Table 17.

Table 17: Providers of Advanced Services in Brent (2021-22): percentage of community pharmacy providers by locality (number of pharmacies)

	Harlesden (14)	Kilburn (13)	Kingsbury (17)	Wembley (26)	Willesden (12)
NMS	79%	92%	100%	85%	75%
Community pharmacy seasonal influenza vaccination	50%	69%	88%	69%	83%8/
CPCS*	60%	85%	100%	69%	92%
Hypertension case-finding service	50%	62%	63%	62%	67%
Smoking cessation Advanced Service	21%	38%	24%	23%	33%
Community pharmacy hepatitis C antibody-testing service	0%	0%	6%	0%	0%

* This includes CPCS and GP CPCS consultations

Based on the information provided, none of the community pharmacies in Brent have signed up to provide AUR or SAC. However, it should be noted that for some of these services, such as AUR, pharmacies may still provide it without signing up to the service. The number of providers of the AUR service is also very low regionally and nationally. There were only 65 community pharmacy or DAC providers nationally (1%) and ten community pharmacies or DAC providers in London as of October 2021.

It must be stressed that the impact of the COVID-19 pandemic will have affected this activity data in several ways:

- Face-to-face services needed to be adjusted to enable telephone consultations
- Some Advanced Services had delayed implementation dates
- Referral pathways from NHS 111 and GP practices were focused on the pandemic
- The increased workload and provision of pandemic-specific services will have affected the ability to provide other Advanced Services
- The effect of the extra workload on community pharmacies may have affected the timeliness of claims, which are used to measure activity

New services such as CPCS are in place: data shows fair uptake nationally, based on referrals into the service.⁶⁴ A recent report (October 2021) demonstrated there are currently over 6,500 GP practices in England, and only 862 practices referred patients to CPCS.⁶⁵

⁶⁴ NHS BSA. Dispensing Data. www.nhsbsa.nhs.uk/prescription-data/dispensing-data

⁶⁵ Royal College of General Practitioners. Making the Community Pharmacist Consultation Service a Success. October 2021. www.rpharms.com/recognition/all-our-campaigns/policy-a-z/cpcs

The new hypertension case-finding service started in October 2021. Activity data is still low nationally, and there is low activity in Brent at the time of writing.

The Smoking Cessation Advanced Service started on 10 March 2022, and therefore no activity data is available at time of writing.

To date, there has been one pharmacy recorded as providing community pharmacy hepatitis C antibody-testing service (the service has had a low uptake nationally). There was a delay in introducing these services due to the COVID-19 pandemic.

Table 18: Advanced Service provision from community pharmacy contractors: percentage of providers currently providing

	England	London	Brent
NMS	91%	82%	86%
Community pharmacy seasonal influenza vaccination (31 March 2021 data)	85%	85%	78%
CPCS and GP CPCS	81%	83%	88%
Hypertension case-finding service	43%	71%	7%
Community pharmacy hepatitis C antibody testing service	0.1%	0.3%	1%
AUR	0.5%	0.2%	0%
SAC	8.6%	2%	0%

Source: NHS BSA Dispensing Data 2021-22 (1 April 2022 to 31 January 2022)

Appendix A lists those community pharmacies that have provided these services as of 31 January 2022.

3.2.5 Enhanced Service provision

Under the pharmacy contract, Enhanced Services are those directly commissioned by NHSE&I ([Section 1.4.1.3](#)). Therefore, any Locally Commissioned Services (LCS) commissioned by CCGs or the local authority are not considered here. They are outside the scope of the PNA but are considered in [Section 4](#).

There are currently four Enhanced Services commissioned in Brent:

- Delivery of the COVID-19 vaccination service has been added as an Enhanced Service from community pharmacies to support the public during the pandemic
- NHSE&I (London region) currently commissions the London Vaccination Service from pharmacies in Brent; this Enhanced Service is in addition to the national flu vaccination Advanced Service and includes a top-up element for seasonal flu as well as pneumococcal vaccinations for certain cohorts

- Coverage on Easter Sunday and Christmas Day to ensure that there are pharmacies open on these days and that their location is near to the hubs and out-of-hours providers so patients can easily access medication if required
- Coverage on all other remaining bank holidays to ensure that there are pharmacies open on these days and that their location is near to the hubs and out-of-hours providers so patients can easily access medication if required

3.3 Dispensing Appliance Contractors (DACs)

There is one DAC in Brent, and there are DAC services available to the population from elsewhere in the UK. Appliances may also be dispensed from community pharmacies. The community pharmacy contractor questionnaire received 51 responses to this question and 38 of them reported that they provide stoma and/or incontinence appliances. It is difficult to extrapolate this data over the 83 community pharmacies in Brent.

As part of the Essential Services of appliance contractors, a free delivery service is available to all patients. It is therefore likely that patients will obtain appliances delivered from DACs outside Brent. There were 112 DACs in England in 2020-21. In 2020-21 (across 10 months), 0.68% of items prescribed in Brent were dispensed by DACs.⁶⁶

3.4 Distance-Selling Pharmacies (DSPs)

There are eight DSPs in Brent:

- Karepack Pharmacy, 11 Osram Road, Wembley, London HA9 7NG
- Medico2u, 11 Main Drive, East Lane Business Park, Wembley, London HA9 7NA
- Pharmaelite, G04, 10 Courtenay Road, East Lane, Wembley HA9 7ND
- Private Pharmacy Group, Unit 2, Premier Park Road, London NW10 7NZ
- Pro Chemist, Unit 5, Central Business Centre, Great Central Way, London NW10 0UR
- Rightcare Pharmacy, 29 Park Parade, Harlesden, London NW10 4JG
- Smart Pharm, Suite 18 Space House, Abbey Road, Park Royal, London NW10 7SU
- Smartcare Pharmacy Ltd, Unit B Ground Floor, 110 Wembley Park Drive, Wembley HA9 8HP

3.5 Local Pharmaceutical Service (LPS) providers

There are no LPS pharmacies in Brent.

3.6 Dispensing GP practices

There are no dispensing GP practices in Brent.

⁶⁶ NHS BSA. Dispensing Data. www.nhsbsa.nhs.uk/prescription-data/dispensing-data

3.7 PhAS Pharmacies

There are no PhAS pharmacies in Brent.

3.8 Pharmaceutical service provision provided from outside Brent

Brent is bordered by seven other areas: Harrow, Ealing, Barnet, Camden, Hammersmith and Fulham, Kensington and Chelsea, and Westminster. As previously mentioned, like London, Brent has good transport links. As a result, it is anticipated that many residents in Brent will have reasonable access to pharmaceutical service providers in neighbouring HWB areas and beyond.

It is not practical to list here all those pharmacies outside Brent area by which Brent residents will access pharmaceutical services. A number of providers lie within close proximity to the borders of Brent area boundaries and listed below.

- Akhtar Pharmacy, 134 Cricklewood Broadway, London NW2 3EE
- Bachu Jade's Pharmacy, 708 Kenton Road, Kenton, Harrow HA3 9QX
- Boots Pharmacy, 60/62 Kilburn High Road, London NW6 4HU
- Burnt Oak Pharmacy, 71-73 Burnt Oak Broadway, Edgware HA8 5EP
- Greenlight Pharmacy, 6 Cricklewood Broadway, London NW2 3HD
- Osbon Pharmacy, 39 South Parade, Mollinson Way, Edgware HA8 5QL
- Overton and Pickup Pharmacy, 6 Kenton Park Parade, Kenton Road, Kenton HA8 8DQ
- Procare Pharmacy, 11 Sheaveshill Parade, Sheaveshill Avenue, Colindale NW9 6RSc
- Superdrug Pharmacy, 82-84 High Road, London NW4 4HS
- Wellcare Pharmacy, 157-159 Greenford Road, Sudbury Hill, Harrow HA1 3QN

Further analysis of cross-border provision is undertaken in [Section 6](#).

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

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

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

Locally commissioned community pharmacy services can be contracted via a number of different routes and by different commissioners, including local authorities, CCGs and NHS England's local teams. In Brent, most commissioned services are public health services and hence are commissioned by the Brent Public Health and Communities Brent Team.

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

The services commissioned in Brent are described below and in [Section 6](#). Those commissioned from community pharmacy contractors in Brent are listed in Table 19. Appendix A provides a summary of LCS within Brent pharmacies and [Sections 4.1](#) and [4.2](#) provide a description of those services.

Table 19: Commissioned services from community pharmacies in Brent

Commissioned service	CCG-commissioned service	LA-commissioned service
Emergency Hormonal Contraception (EHC)		x
Needle and syringe exchange		x
Supervised consumption		x
In-hours palliative care medicines supply service	x	
Out-of-hours palliative care medicines supply service	x	

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

Brent Council commissions three services from community pharmacies. These services may also be provided from other providers, e.g. GP practices, community health services. A full list of services and community pharmacy providers can be found in Appendix A.

4.1.1 Emergency Hormonal Contraception (EHC)

The EHC service will operate during normal working hours as well as out of hours (late evenings and weekends) to improve access to emergency contraception services.

The aim of the service is to:

- To improve access to EHC for women aged **13–24**
- To increase knowledge of EHC and all types of contraception in women in order to prevent further unwanted conceptions and pregnancy
- To reach sexually active young people who do not use sexual health services
- To increase understanding and raise awareness of importance of chlamydia infections and other STIs, especially in young sexually active clients (both sexes)
- To raise awareness of safer sexual practices
- To increase access for young people to sexual health advice and referral on to specialist services where required
- To increase partnership working between pharmacists and other healthcare professionals, including sexual health services
- To allow faster response to clients' needs, without the need to see a doctor
- To signpost the availability of other services, thereby increasing numbers of people accessing regular sexual health and reproductive sexual health services
- To enhance pharmacists' professional practice and develop the community pharmacy network

The service provides EHC under Patient Group Direction (PGD) for Levonorgestrel and Ulipristal.

In Brent, nine pharmacies (12%) are commissioned to provide this service

4.1.2 Substance misuse service

4.1.2.1 Supervised consumption

There is a 'lead provider' arrangement, with the local authority holding a contract with WDP who subcontracts with individual contractors. Community pharmacies have been used for a number of years by drug and alcohol service providers in the provision of supervised consumption services and needle exchange services. Access to substance misuse services has a significant role in supporting several outcomes highlighted in the JHWS.

Supervised consumption involves the client consuming methadone or buprenorphine under the direct supervision of a pharmacist in a community pharmacy. It is a medicines adherence service that aims to:

- Reduce the risk of harm to the client by over- or under-usage of drug treatment

- Reduce the risk of harm to the local community by the inappropriate use of prescribed medicines via the illicit drug market
- Reduce the risk of harm to the community by accidental exposure to prescribed medicines

In Brent, 21 pharmacies (28%) are commissioned to provide this service. These are geographically spread across the borough and available in all localities.

4.1.2.2 Needle exchange service

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

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

Fourteen community pharmacies (19%) in Brent are sub-commissioned to provide this service.

4.2 CCG-commissioned services

NWL CCG commissions two services to community pharmacies

- In-hours palliative care medicines supply service
- Out-of-hours palliative care medicines supply service

4.2.1 In-hours palliative care medicines supply service

Good End-of-Life Care (EoLC) ensures all residents have a dignified, controlled, and peaceful end to their life, regardless of age and cause of death. In order to achieve a good outcome, the needs of the patient, carer and family should be identified, and services provided to meet these needs.

The aim of the EoLC/palliative care pharmacy rota service is to improve access to the supply of specialist palliative care drugs within the community in a timely manner for patients, carers and health professionals. National guidance recommends that palliative care formularies should be agreed as part of EoLC pathways. There should be adequate provision to these drugs for both in-hours and out-of-hours (below) settings, supporting home death scenarios.

NWL CCG has a guidance document, 'Access to Anticipatory Medicines from Community Pharmacy', which covers all aspects of this service.

In Brent, 15 pharmacies (20%) currently provide this service. At least one pharmacy in each locality provides this service, except in Willesden. Pharmacies are required to keep medicines

contained within a palliative care formulary in stock for in-hours access by local clinicians, patients and carers. Activity data for this service was not available.

4.2.2 Out-of-hours palliative care medicines supply service

When the pharmacies for the in-hours service are closed or not accessible during the out-of-hours periods, providers such as GPs, hospices, healthcare professionals, care homes and community trusts can access and trigger the pharmacy on-call service.

The GP out-of-hours provider, Care UK, and London Central and West Unscheduled Care Collaborative will have details of the out-of-hours community pharmacy rota's pharmacy stockholding for that duty week and the schedule of the community pharmacists' contact details.

4.3 Other services provided from community pharmacies

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

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

4.4 Collection and delivery services

The delivery services offered by pharmacy contractors are not a commissioned service.

From the pharmacy contractor questionnaire, up to 88% (44) of community pharmacies provide home delivery services free of charge on request. It should be noted that 92% (46) of community pharmacies collect prescriptions from

Free delivery is required to be offered without restriction by all DSPs (internet pharmacies) to patients who request it throughout England. There are eight DSPs based in Brent, and there 372 throughout England. Free delivery of appliances is also offered by DACs. There is one DAC based in Brent providing services nationally and there are 110 DACs throughout England.

4.5 Language services

In 2011, 37% of the Brent population used a main language other than English, the second highest in England after Newham (41%). The largest groups were Gujarati and Polish speakers, who made up 7.9% and 3.4% of the Brent population in 2011.

There were 49 responses to the languages question in the contractor questionnaire. The most-spoken languages in community pharmacy were Gujarati (43), Hindi (35), Urdu (15) and Arabic (12). It is not possible to make any conclusions from this data.

From the contractor questionnaire, 90% would be willing to provide a language access service if commissioned.

4.6 Services for less-abled people

Under the Equality Act 2010,⁶⁷ community pharmacies are required to make 'reasonable adjustments' to their services to ensure they are accessible by all groups, including less-abled persons. In Brent, 162 residents used some form of sign language (108 used British Sign Language).

From those who responded to the contractor questionnaire, 90% provide wheelchair access to the consultation room. Of respondents to the public questionnaire, 39% were aware there is consultation room that is fully accessible.

4.7 Electronic prescription service (EPS)

All practices are enabled to provide the EPS. Of respondents to the public questionnaire, 51% reported that their GP can send prescriptions to their chosen pharmacy via an EPS.

4.8 GP practices providing extended hours

There are a number of GP practices in Brent that provide extended hours. Identifying these allows the HWB to determine whether there is a need for additional pharmaceutical services to ensure adequate service provision for those who might access these services. The most common late opening evening is any weekday and usually the latest opening time is 7 pm. Details may be found in Appendix A.

4.9 Other providers

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

NHS Trusts

Acute hospitals – pharmaceutical service provision is provided to patients by the hospital:

- Central Middlesex Hospital, Acton Lane, Park Royal NW10 7NS
- London North West NHS Trust (includes Central Middlesex Hospital)

The following hospitals are outside the borough but Brent residents could access services at these sites:

⁶⁷ The Equality Act 2010. www.legislation.gov.uk/ukpga/2010/15/contents

- Ealing Hospital, Uxbridge Road, Southall UB1 3HW
- Northwick Park Hospital, Watford Road, Harrow HA1 3UJ
- Imperial College Healthcare Hospital, Hammersmith Hospital, Du Cane Rd, London W12 0HS
- West Middlesex Hospital, Twickenham Road, Isleworth TW7 6AF
- Royal Free Hospital Pond Street, London, NW3 2QG

Mental Health

- Central & North West London NHS Foundation Trust, Head office address: 350 Euston Road, Regent's Place, London, NW1 3AX
- Central London Community Healthcare NHS Trust, head office address: Central London Community Healthcare NHS Trust, Ground Floor, 15 Marylebone Road, London, NW1 5JD

Urgent care centres – residents of Brent have access to urgent care at:

- Northwick Park Hospital Urgent Treatment Centre, Watford Road, Harrow HA1 3UJ.
- Central Middlesex Hospital, Acton Lane, Park Royal NW10 7NS

Out of GP Provision – residents in each locality can access out of hours GP on weekdays between 6.30pm and 8pm and at weekends:

- Kilburn: Staverton Surgery, 51 Staverton Road, London NW2 5HA
- Kingsbury, Wembley & Willesden: Ellis Practice, 1st Floor, Chalkhill Pcc, The Welford Centre 113 Chalkhill Road Wembley Middlesex HA9 9FX
- Harlesden: Park Royal Medical Centre, Health & Well-Being Hub Central Middlesex Hospital Acton Lane, London NW10 7NS

There are no walk in centres or minor injury units in Brent.

The following are services provided by NHS pharmaceutical providers in Brent, commissioned by organisations other than NHSE&I or provided privately, and therefore out of scope of the PNA.

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

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

- Care home service, e.g. direct supply of medicines/appliances and support medicines management services to privately run care homes
- Home delivery service, e.g. direct supply of medicines/appliances to the home

- PGD service, e.g. hair loss therapy, travel clinics
- Screening service, e.g. skin cancer

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

Section 5: Findings from the public questionnaire

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

- All pharmacy contractors in Brent, to distribute to the public
- Brent Council newsletters
- Brent Council staff
- Brent Council social media sites
- Brent Council website
- Charity, voluntary sector, and local groups, for onward distribution to their members

From the **94 responses** received from the public questionnaire:

5.1 Visiting a pharmacy

- 84% have a regular or preferred pharmacy (6% have a combination of traditional or internet pharmacy)
- 61% have visited a pharmacy once a month or more frequently for themselves in the past six months
- 88% found it very easy/fairly easy to speak to their pharmacy team during the 18 months of the COVID-19 pandemic

5.2 Choosing a pharmacy

Reason for choosing pharmacy	% Respondents (extremely/very important)
Quality of service	95%
Convenience	97%
Accessibility	38%
Availability of medication	96%

5.3 Mode of transport to a community pharmacy

The main ways reported that patients access a pharmacy are:

- By walking (63%)
- By car (19%)
- By public transport (10%)
- By bicycle (4%)

5.4 Time to get to a pharmacy

≤30 mins	≤15 mins
99%	89%

From 83 respondents to the question, 72% report no difficulty in travelling to a pharmacy. Of the 23 reporting any difficulty, 17 of them report difficulty in parking (car or bike).

5.5 Preference for when to visit a pharmacy

The information from respondents showed that there was no preferred day or time to visit a pharmacy.

- 92% of respondents suggest that the pharmacy is open on the day and 91% at the time they need it

5.6 Service provision from community pharmacies

There was generally good awareness of Essential Services provided from community pharmacies (over 90%), with the exception of the DMS (28%). However the awareness of the service may be limited to those recently discharged from hospital.

Table 20 shows the awareness of respondents for a selection of services and a second column that identifies the percentage that would wish to see the service provided.

Table 20: Awareness of Advanced Services

Advanced Service	% of respondents who were aware	% of respondent who would wish to see always provided
DMS	28%	71%
CPCS	22%	75%
Flu vaccination	77%	78%
NMS	36%	55%
Needle exchange	13%	51%
Stop smoking	44%	63%
Supervised consumption	18%	42%
Sexual health services (chlamydia testing/treating, condom distribution, emergency contraception)	22%	56%
Access to palliative care medicines	13%	68%
Hepatitis C testing	9%	51%
COVID-19 vaccination	55%	75%

It can be seen that there is a lack of awareness of some of the services that are currently provided, with the exception of flu vaccination and COVID-19 vaccination. Respondents did indicate that they wished to see the provision of many of these services from community pharmacy although specific need may vary within the community (e.g. not everyone would

require a needle exchange service). In addition, some services are not allowed to be advertised to the public, e.g. CPCS. There were few 'No' responses to wishing to see services provided, with many answering 'No opinion', e.g. for supervised consumption (45%) and sexual health services (35%).

As there were only 94 responses from a population of 329,770; the findings should be interpreted with some care regarding the representation of the community as a whole.

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

Table 21 provides some demographic analysis of respondents.

Table 21: Demographic analysis of the community pharmacy user questionnaire respondents

Sex – Male	Sex – Female
30%	65%

Age 16–24	Age 25–34	Age 35–44	Age 45–54	Age 55–64	Age 65–74	Age 75+
1%	9%	19%	16%	25%	22%	7%

Illness or disability – Yes	Illness or disability – No
25%	70%

Section 6: Analysis of health needs and pharmaceutical service provision

6.1 Pharmaceutical services and health needs

Section 2 discusses Brent's [JSNA](#), the JHWS and local strategies. In addition, the priorities outlined in the NHS LTP (especially those where community pharmacies can have an impact) need consideration.

The following priorities can be supported by the provision of pharmaceutical services in Brent. Some of these services are Essential Services and already provided and some will be Advanced or Enhanced Services that are new or are yet to be commissioned.

To note: there have been temporary changes to the service requirements within the NHS CPGF that were introduced during the COVID-19 pandemic. The changes were agreed by PSNC with NHSE&I and the DHSC to allow pharmacy contractors and their teams to prioritise the provision of key services to patients during periods of time when capacity in pharmacies and the wider NHS became very stretched. These services were temporary, with the Advanced Services due to stop, however it should be noted how community pharmacy has contributed as a system provider and has been able to step up to national priorities to meet the needs of the population.

It should also be recognised that there was a significant increase in the demand for self-care, minor ailment treatment and advice during the COVID-19 pandemic. An audit conducted by the PSNC enabled it to measure the reliance that the public has had on pharmacies through the pandemic and the additional pressure that this had put on teams.⁶⁸

At present it is not clear what shape services locally commissioned by CCGs will take in the long-term future. The development of the ICS will conceivably lead to an alignment of these LCS across ICS areas.

6.1.1 Brent health needs

Causes of ill health and the burden of disease in Brent are discussed in detail in [Sections 2.8](#) and [2.9](#) of this document. Some of the key areas are as follows:

- The prevalence of inactive adults in Brent is higher than the London average (31% vs 24.3%)
- Brent has a higher prevalence of obese school children leaving primary school than the London and England average. This has been the case for the last five years

⁶⁸ PSNC. PSNC Advice Audit: 2022 audit. <https://psnc.org.uk/contract-it/essential-service-clinical-governance/clinical-audit/psnc-pharmacy-advice-audit/>

- 17% of the adult population aged 18 and over are estimated to be smokers and this is increasing (which goes against national trends); this was higher than the England and London averages
- In 2018-19, estimates of the level of substance misuse in Brent (from the NDTMS) indicate that the borough has rates of opiate and crack misuse that are higher than the London or national averages
- Overall, the number of new STIs, excluding chlamydia aged <25, diagnosed among residents of Brent in 2020 was considerably higher than the rate in England
- In Brent in 2019, 59 young women aged under 18 conceived, a rate of 11.0 per 1,000 population; of under-18 conceptions in Brent in 2019, 57.6% led to abortion, compared with the national average of 54.7%

Burden of disease:

- CVD
 - The early mortality (under 75 years) rate caused by all cardiovascular diseases in Brent was higher than the London and the England average
 - In 2019-20, the prevalence of hypertension in Brent was higher than the NWL Health & Care Partnership STP prevalence
- Diabetes
 - Rates in Brent are much higher than London and England average
 - The prevalence of diabetes is projected to rise significantly in Brent over the next 10–15 years, reflecting the ageing of the population, increasing numbers of people who are overweight or obese and the high proportion of Black and South Asian ethnic groups in the borough, who are more at risk of diabetes⁶⁹
- Respiratory
 - The early (under 75 years) mortality rate from preventable respiratory illnesses in Brent was 12.5 per 100 000 of the population, which is significantly better than the England benchmark of 19.2/100 000 (2016-2018 dataset)
- Palliative care
 - 2020 data demonstrates that over half of Brent residents approaching end of life were in hospital palliative care settings, with to England where just over 40% of deaths occurred in hospital
 - This is an indicator of socioeconomic inequality, as those from more deprived backgrounds are more likely to receive EoLC in hospital rather than at home

Medicines adherence and review is vital for the successful management of many long-term conditions, e.g. circulatory diseases, mental health conditions and diabetes, therefore having

⁶⁹ OHID. Fingertips: Diabetes. <https://fingertips.phe.org.uk/profile/diabetes-ft>

a positive impact on morbidity and mortality. Disease-specific guidance, e.g. from NICE, regularly emphasises the importance of medicine optimisation and adherence in control of conditions such as hypertension, asthma and stroke.

6.1.2 Brent Joint Health and Wellbeing Strategy (JHWS)

Brent HWB has agreed a strategy for 2022 to 2027.⁷⁰ This JHWS is guided by the JSNA and other relevant sources of information and has defined the following five priorities for the HWB:

- Healthy Lives
- Healthy Places
- Healthy Systems
- Healthy ways of working
- Staying Healthy

6.1.3 Priorities from the NHS LTP

LTP priorities that can be supported from community pharmacy:

- Prevention
 - Smoking
 - Obesity
 - Alcohol
 - Antimicrobial resistance
 - Stronger NHS action on health inequalities
 - Hypertension
- Better care for major health conditions
 - Cancer
 - CVD
 - Stroke care
 - Diabetes
 - Respiratory disease
 - Adult mental health services

From 2019, NHS 111 started direct booking into GP practices across the country, as well as referring on to community pharmacies who support urgent care and promote patient self-care and self-management. **The CPCS** has been available since October 2019 as an Advanced Service, with the addition of GP CPCS from 1 November 2020.

⁷⁰ Brent Health and Wellbeing Strategy <https://democracy.brent.gov.uk/health-&-wellbeing-strategy>

'Pharmacist review' of medication as a method to reduce avoidable A&E attendances, admissions and delayed discharge, streamlining patient pathways to reduce avoidable outpatient visits and over-medication, has been identified as an important part of the services that can be provided from community pharmacies and should include services that support patients in taking their medicines to get the best from them, reduce waste and promote self-care.

The LTP also identifies community pharmacists as part of the process of improving the effectiveness of approaches such as the **NHS Health Check** and rapidly treating those identified with high-risk conditions, including high blood pressure. The **hypertension case-finding service** has been developed as an Advanced Service from community pharmacies as part of this process, but other disease-specific programmes should be made part of the service options available including respiratory, diabetes and cancer. For example, the LTP states: 'We will do more to support those with respiratory disease to receive and use the right medication.' Of NHS spend on asthma, 90% goes on medicines, but incorrect use of medication can also contribute to poorer health outcomes and increased risk of exacerbations or even admission. The NMS is an Advanced Service that provides support for people with long-term conditions prescribed a new medicine, to help improve medicines adherence.

Community pharmacy also has an important role in optimising the use of medicines, and the LTP identifies pharmacists as key in delivering value for the £16 billion spent on medicines annually.

6.2 PNA localities

There are 82 community pharmacies in Brent, eight of which are DSPs. Individual pharmacy opening times are listed in Appendix A.

The eight DSPs and may not provide Essential Services face to face and therefore provision is by mail order and/or wholly internet. Five of the DSPs provide some of the Advanced Services. None of the eight DSPs provide any Enhanced or Locally Commissioned Services.

As described within [Section 1.6](#), the PNA Steering Group decided that the PNA should be divided into five localities:

- Harlesden
- Kilburn
- Kingsbury
- Wembley
- Willesden

Substantial health data is available at this level and populations and their health needs vary widely between wards. This is illustrated and discussed in detail in [Section 2](#).

Community pharmacy information by locality is summarised in the following three tables in terms of opening hours and availability of services.

Table 22: Number and type of contractor per locality

Opening times	Harlesden (14)	Kilburn (13)	Kingsbury (17)	Wembley (26)	Willesden (12)
100-hour pharmacy	0	0	1	3	1
After 18:30 weekday*	9 (90%)	6 (46%)	9 (53%)	15 (68%)	8 (67%)
Saturday*	9 (90%)	10 (77%)	16 (94%)	20 (91%)	10 (83%)
Sunday*	2 (20%)	0	5 (29%)	6 (27%)	1 (8%)
Number of community pharmacies	14	13	17	26	12
DSP	4	0	0	4	0
DAC	0	1	0	0	0
Total 'dispensaries'	14	14	17	26	12

*% excludes DSPs

Table 23: Provision of NHSE&I Advanced and Enhanced Services by locality (number of community pharmacies)

NHSE Advanced or Enhanced Service	Harlesden (14)	Kilburn (13)	Kingsbury (17)	Wembley (26)	Willesden (12)
NMS	11 (79%)	12 (92%)	17 (100%)	22 (85%)	9 (75%)
CPCS	8 (60%)	11 (85%)	17 (100%)	18 (69%)	11 (92%)
Flu vaccination	7 (50%)	9 (69%)	14 (82%)	18 (69%)	10 (83%)
Hypertension case - finding service	7 (50%)	8 (62%)	10 (59%)	16 (62%)	8 (67%)
SAC					
AUC					
Smoking cessation Advanced Service	3 (21%)	5 (38%)	4 (24%)	6 (23%)	4 (33%)
Hep C testing	0	0	1 (6%)	0	0
COVID-19 vaccination*	0	0	5 (29 %)	1 (4%)	1 (8%)
London Vaccination*	Data not available	Data not available	Data not available	Data not available	Data not available

*Enhanced

The smoking cessation Advanced Service has had a delayed implementation nationally and the Hepatitis C testing service has had very low uptake across England for a number of reasons, most significantly the COVID-19 pandemic.

Table 24: Provision of LCS (CCG and LA) by locality (number of community pharmacies)

CCG	Harlesden (14)	Kilburn (13)	Kingsbury (17)	Wembley (26)	Willesden (12)
In-hours palliative care medicines supply service	1 (7%)	3 (23%)	3 (18%)	8 (31%)	0

LA	Harlesden (14)	Kilburn (13)	Kingsbury (17)	Wembley (26)	Willesden (12)
EHC	0	3 (23%)	1 (6%)	3 (12%)	2 (17%)
Needle and syringe exchange	3 (21%)	3 (23%)	1 (6%)	4 (15%)	3 (25%)
Supervised consumption	3 (21%)	5 (38%)	2 (12%)	4 (15%)	7 (58%)

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

6.2.1 Harlesden

Appendix A contains details of pharmacy opening times, contractual status and the provision of Advanced Services, Enhanced Services and LCS. A number of community pharmacies provide free prescription delivery services, which many residents may find helpful.

6.2.1.1 Necessary Services: current provision

Harlesden locality has a population of 51,726.

There are 14 community pharmacies (including four DSPs) in this locality; the estimated average number of community pharmacies per 100,000 population is 27.1, higher than the Brent (24.9) and England (20.6) averages ([Section 3.2](#), Table 12). Ten pharmacies hold a standard 40-core hour contract, and there are four DSPs.

The four DSPs are open Monday to Friday 9 am–5 pm and closed on weekends. The DSPs do not provide face-to-face Necessary Services and therefore information on opening hours are not included in the summary below.

Of the 10 non-DSP pharmacies:

- 9 pharmacies (90%) are open after 6.30 pm on weekdays
- 9 pharmacies (90%) are open on Saturdays
- 2 pharmacies (20%) are open on Sundays

There are also a number of accessible providers open in neighbouring localities and HWB areas.

6.2.1.2 Necessary Services: gaps in provision

There is a projected reduction in population of 1,880 in Harlesden over the lifespan of the PNA (to 2025).

Housing development has not been broken down by locality.

There are pharmacies open beyond what may be regarded as normal hours in that they provide pharmaceutical services during supplementary hours in the evening during the week and are open on Saturday and Sunday.

Travel times within Brent are relatively short and therefore access to community pharmacies in other localities or HWB areas is possible.

Generally, there is adequate pharmaceutical service provision across the whole locality to ensure continuity of provision to the increased population.

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

No gaps in the provision of Necessary Services have been identified for Harlesden locality.

6.2.1.3 Other relevant services: current provision

Table 23 shows the pharmacies providing Advanced Services in Harlesden – it can be seen that there is adequate availability of NMS (79%), CPCS (60%), hypertension case-finding (50%) and flu vaccination (50%) in the locality. There is a low number of providers of the smoking cessation Advanced Service (21%), however, at the time of writing, this is a new service, and more pharmacies may sign up.

DSPs provide some of the Advanced Services in Harlesden.

Brent HWB has designated that all Advanced Services are to be regarded as relevant services, and they encourage existing pharmaceutical service providers to make available all Advanced Services where appropriate.

6.2.1.4 Improvements and better access: gaps in provision

Regarding access to **Enhanced** Services (summarised in Table 23):

- No pharmacies provide the C-19 vaccination service

Regarding access to **LCS** from the 10 non-DSP pharmacies:

- 1 pharmacy (10%) provides the in-hours palliative care medicines supply service
- No pharmacies provide the EHC service
- 3 pharmacies (30%) provide needle and syringe exchange
- 3 pharmacies (30%) provide supervised consumption

None of the DSPs provide any of these services.

Harlesden is the most deprived locality in Brent; based on the correlation between deprivation and ill health, it would be beneficial to have the existing pharmacies making these services available.

Information regarding ill health has not been broken down by locality and therefore the impact of ill health and the provision of pharmaceutical services is discussed on a Brent-wide basis in [Section 6.4](#).

Consideration should be given to incentives for further uptake from current providers and extending provision through community pharmacies. Implementation of the new Advanced Service – hypertension case-finding service – would seem apt. In addition, the smoking cessation Advanced Service would contribute to reducing a major risk factor in CVD.

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

No gaps have been identified that if provided either now or in the future would secure improvements or better access to services across the Harlesden locality.

6.2.2 Kilburn

Appendix A contains details of pharmacy opening times, contractual status and the provision of Advanced Services, Enhanced Services and LCS. A number of community pharmacies provide free prescription delivery services, which many residents may find helpful.

6.2.2.1 Necessary Services: current provision

Kilburn has a population of 61,523.

There are 13 community pharmacies in this locality and the estimated average number of community pharmacies per 100,000 population is 21.1, lower than in Brent (24.9) and higher than England average of 20.6 ([Section 3.2](#), Table 12). All pharmacies hold a standard 40-core hour contract.

The one DAC in Brent is in this locality. The DAC provides the AUR and SAC Advanced Services.

Of the 13 pharmacies:

- 6 pharmacies (46%) are open after 6.30 pm on weekdays
- 10 pharmacies (77%) are open on Saturdays
- No pharmacies are open on Sunday

6.2.2.2 Necessary Services: gaps in provision

There is a projected decrease in population of 2,700 in Kilburn over the lifespan of the PNA (to 2025), which will increase the ratio of community pharmacies per 100,000 population to 22.1.

Housing development has not been broken down by locality.

There are pharmacies open beyond what may be regarded as normal hours in that they provide pharmaceutical services during supplementary hours in the evening during the week and are open on Saturday. There are no pharmacies open on Sunday in Kilburn but there is a 100-hour pharmacy open nearby in Willesden locality.

Travel times within Brent are relatively short and Kilburn has a small geography, therefore access to community pharmacies in other localities or HWB areas is possible. Maps D–H show the access and position of community pharmacies on the border of Kilburn in surrounding HWB areas.

Generally, there is adequate pharmaceutical service provision across the whole locality to ensure continuity of provision to the increased population.

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

No gaps in the provision of Necessary Services have been identified for Kilburn locality.

6.2.2.3 Other relevant services: current provision

Table 23 shows the pharmacies providing Advanced and Enhanced Services in Kilburn locality – there is good availability of NMS (92%), CPCS (85%), hypertension case-finding (62%) and flu vaccination (69%) in the locality. There are five providers (38%) of the smoking cessation Advanced Service, however, at the time of writing, this is a new service and more pharmacies may sign up. There is currently one provider of the hepatitis C antibody-testing service.

Brent HWB has designated that all Advanced Services are to be regarded as relevant services, and they encourage existing pharmaceutical service providers to make available all Advanced Services where appropriate.

6.2.2.4 Improvements and better access: gaps in provision

Regarding access to **Enhanced** Services:

- No pharmacies provide the C-19 vaccination service

Regarding access to **LCS** from the 13 pharmacies:

- 3 pharmacies (23%) provide the in-hours palliative care medicines supply service
- 3 pharmacies (23%) provide EHC
- 3 pharmacies (23%) provide needle and syringe exchange
- 5 pharmacies (38%) provide supervised consumption

Information regarding ill health has not been broken down by locality and therefore the impact of ill health and the provision of pharmaceutical services is discussed on a Brent-wide basis in [Section 6.4](#).

Consideration should be given to incentives for further uptake from current providers and extending provision through community pharmacies. The stop smoking Advanced Service would contribute to reducing a major risk factor in CVD and COPD.

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

No gaps have been identified that if provided either now or in the future would secure improvements or better access to services across the Kilburn locality.

6.2.3 Kingsbury

Appendix A contains details of pharmacy opening times, contractual status and the provision of Advanced Services, Enhanced Services and LCS. A number of community pharmacies provide free prescription delivery services, which many residents may find helpful.

6.2.3.1 Necessary Services: current provision

Kingsbury has a population of 57,480.

There are 17 community pharmacies in this locality and the estimated average number of community pharmacies per 100,000 population is 29.6, significantly higher than the Brent (24.9) and England (20.6) averages ([Section 3.2](#), Table 12). Of these pharmacies, 15 hold a standard 40-core hour contract, and two hold a 100-hour contract.

Of the 17 pharmacies:

- 9 pharmacies (53%) are open after 6.30 pm on weekdays
- 16 pharmacies (94%) are open on Saturdays
- 4 pharmacies (24%) are open on Sundays

6.2.3.2 Necessary Services: gaps in provision

There is a projected increase in population of 500 people in Kingsbury over the lifespan of the PNA (to 2025), which should not make a material difference to access to community pharmacies and their services.

Housing development has not been broken down by locality.

There are pharmacies open beyond what may be regarded as normal hours in that they provide pharmaceutical services during supplementary hours in the evening during the week and are open on Saturday and Sunday.

Travel times within Brent are relatively short, therefore access to community pharmacies in other localities or HWB areas is possible.

Generally, there is good pharmaceutical service provision across the whole locality to ensure continuity of provision to the increased population.

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

No gaps in the provision of Necessary Services have been identified for Kingsbury locality.

6.2.3.3 Other relevant services: current provision

Table 23 shows the pharmacies providing Advanced and Enhanced Services in Kingsbury locality – there is good availability of NMS (100%), CPCS (100%), hypertension case-finding (59%) and flu vaccination (82%) in the locality. There are four providers (24%) of the smoking cessation Advanced Service, however, at the time of writing, this is a new service and more pharmacies may sign up.

Brent HWB has designated that all Advanced Services are to be regarded as relevant services, and they encourage existing pharmaceutical service providers to make available all Advanced Services where appropriate.

6.2.3.4 Improvements and better access: gaps in provision

Regarding access to **Enhanced** Services:

- 5 pharmacies (29%) provide the C-19 vaccination service

Regarding access to **LCS** from the 17 pharmacies:

- 3 pharmacies (18%) provide the in-hours palliative care medicines supply service
- 1 pharmacy (6%) provides EHC
- 1 pharmacy (6%) provides needle and syringe exchange
- 2 pharmacies (12%) provide supervised consumption

The IMD scores for the wards in Kingsbury are generally better than for other localities in Brent, which may indicate improved comparative health.

Information regarding ill health has not been broken down by locality and therefore the impact of ill health and the provision of pharmaceutical services is discussed on a Brent-wide basis in [Section 6.4](#).

Consideration should be given to incentives for further uptake from current providers and extending provision through community pharmacies. The stop smoking Advanced Service would contribute to reducing a major risk factor in CVD and COPD.

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

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

6.2.4 Wembley

Appendix A contains details of pharmacy opening times, contractual status and the provision of Advanced Services, Enhanced Services and LCS. A number of community pharmacies provide free prescription delivery services, which many residents may find helpful.

6.2.4.1 Necessary Services: current provision

Wembley has a population of 97,327.

There are 26 community pharmacies in this locality and the estimated average number of community pharmacies per 100,000 population is 26.7, higher than the Brent (24.9) and England (20.6) averages ([Section 3.2](#), Table 12). Of these pharmacies, all 20 pharmacies hold a standard 40-core hour contract, two pharmacies hold a 100-hour contract and four pharmacies are DSPs.

The four DSPs are open Monday to Friday and closed on weekends. The DSPs do not provide face-to-face Necessary Services and therefore information on opening hours is not included in the summary below.

Of the 22 pharmacies:

- 14 pharmacies (64%) are open after 6.30 pm on weekdays
- 20 pharmacies (91%) are open on Saturdays
- 6 pharmacies (27%) are open on Sundays

6.2.4.2 Necessary Services: gaps in provision

There is a significant projected increase in population of more than 20,000 people in Wembley over the lifespan of the PNA (to 2025). When this is factored in, the ratio of community pharmacies per 100,000 population reduces to 22.9, which remains above the national average. Monitoring the impact of this population growth on access to pharmaceutical services for future PNAs would be worthwhile.

Housing development has not been broken down by locality.

There are pharmacies open beyond what may be regarded as normal hours in that they provide pharmaceutical services during supplementary hours in the evening during the week and are open on Saturday and Sunday.

Travel times within Brent are relatively short, therefore access to community pharmacies in other localities or HWB areas is possible.

Generally, there is good pharmaceutical service provision across the whole locality to ensure continuity of provision to the increased population.

No gaps in the provision of Necessary Services have been identified for Wembley locality.

6.2.4.3 Other relevant services: current provision

Table 23 shows the pharmacies providing Advanced and Enhanced Services in Wembley – there is good availability of NMS (89%), CPCS (69%), hypertension case-finding (62%) and flu vaccination (69%) in the locality. There are six providers (23%) of the smoking cessation Advanced Service, however, at the time of writing, this is a new service and more pharmacies may sign up.

The DSPs provide some Advanced Services.

Brent HWB has designated that all Advanced Services are to be regarded as relevant services, and they encourage existing pharmaceutical service providers to make available all Advanced Services where appropriate.

6.2.4.4 Improvements and better access: gaps in provision

Regarding access to **Enhanced** Services:

- 1 pharmacy provides the C-19 vaccination service

Regarding access to **LCS** from the 27 pharmacies:

- 8 pharmacies (31%) provide the in-hours palliative care medicines supply service
- 3 pharmacies (12%) provide EHC
- 4 pharmacies (15%) provide needle and syringe exchange
- 4 pharmacies (15%) provide supervised consumption

The DSPs do not provide these services.

The IMD scores for the wards in Wembley are generally better than in other localities in Brent (e.g. in Northwick Park to the north of the locality), which may indicate improved comparative health.

Information regarding ill health has not been broken down by locality and therefore the impact of ill health and the provision of pharmaceutical services is discussed on a Brent-wide basis in [Section 6.4](#).

Consideration should be given to incentives for further uptake from current providers and extending provision through community pharmacies. The stop smoking Advanced Service would contribute to reducing a major risk factor in CVD and COPD.

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

No gaps have been identified that if provided either now or in the future, would secure improvements or better access to Advanced Services across the Wembley locality.

6.2.5 Willesden

Appendix A contains details of pharmacy opening times, contractual status and the provision of Advanced Services, Enhanced Services and LCS. A number of community pharmacies provide free prescription delivery services, which many residents may find helpful.

6.2.5.1 Necessary Services: current provision

Willesden has a population of 61,714.

There are 12 community pharmacies in this locality and the estimated average number of community pharmacies per 100,000 population is 19.4, lower than the Brent (24.9) and England (20.6) averages ([Section 3.2](#), Table 12). Of these pharmacies, 11 pharmacies hold a standard 40-core hour contract, and one pharmacy holds a 100-hour contract.

Of the 12 pharmacies:

- 8 pharmacies (67%) are open after 6.30 pm on weekdays
- 10 pharmacies (83%) are open on Saturdays
- 1 pharmacy (8%) is open on Sunday

6.2.5.2 Necessary Services: gaps in provision

There is a projected increase in population of 8,000 in Willesden over the lifespan of the PNA (to 2025), which would reduce the ratio of community pharmacies per 100,000 population to 19.2 from 19.4.

Housing development has not been broken down by locality.

There are pharmacies open beyond what may be regarded as normal hours in that they provide pharmaceutical services during supplementary hours in the evening during the week and are open on Saturday. On Sunday there is one pharmacy open in the south of the locality and there is a 100-hour pharmacy nearby in the neighbouring locality of Kingsbury.

Travel times within Brent are relatively short, therefore access to community pharmacies in other localities or HWB areas is possible.

Generally, there is good pharmaceutical service provision across the whole locality to ensure continuity of provision to the increased population.

No gaps in the provision of Necessary Services have been identified for Willesden locality.

6.2.5.3 Other relevant services: current provision

Table 23 shows the pharmacies providing Advanced and Enhanced Services in Willesden – there is good availability of NMS (75%), CPCS (92%), hypertension case-finding (67%) and flu vaccination (83%) in the locality. There are four providers (33%) of the smoking cessation Advanced Service, however, at the time of writing, this is a new service and more pharmacies may sign up.

Brent HWB has designated that all Advanced Services are to be regarded as relevant services, however, they encourage existing pharmaceutical service providers to make available all Advanced Services where appropriate.

6.2.5.4 Improvements and better access: gaps in provision

Regarding access to **Enhanced** Services:

- 1 pharmacy provides the C-19 vaccination service

Regarding access to **LCS** from the 12 pharmacies:

- No pharmacies provide the in-hours palliative care medicines supply service
- 2 pharmacies (17%) provide EHC
- 3 pharmacies (25%) provide needle and syringe exchange
- 7 pharmacies (58%) provide supervised consumption

Information regarding ill health has not been broken down by locality and therefore the impact of ill health and the provision of pharmaceutical services is discussed on a Brent-wide basis in [Section 6.4](#).

Consideration should be given to incentives for further uptake from current providers and extending provision through community pharmacies. The stop smoking Advanced Service would contribute to reducing a major risk factor in CVD and COPD.

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

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

6.3 Necessary Services: gaps in provision in Brent

For the purposes of the PNA, **Necessary** Services for Brent are all **Essential** Services.

When assessing the provision of pharmaceutical services in Brent and each of the five PNA localities, Brent HWB has considered the following:

- The health needs of the population of Brent from the JNSA, Brent JHWS and nationally from the NHS LTP
- The map showing the location of pharmacies within Brent ([Section 3](#), Figure 42)
- Population information ([Section 2.5](#)) including specific populations
 - Brent is one of the most diverse boroughs in London: estimates for 2020 suggest that almost two-thirds of the population (64%) are from BAME groups, the third highest in London
 - COVID-19 has not affected all communities equally: people with disabilities, from deprived areas or from Black, Bangladeshi and Pakistani ethnicity were more likely to be hospitalised or die if they caught COVID-19
- Deprivation
 - The most highly deprived areas in the borough are concentrated in Stonebridge and Harlesden
 - The least deprived areas in the borough are located in the north-west, in the wards of Kenton and Northwick Park
 - Brent has zero LSOAs in the 20% least deprived LSOAs in England
 - There is a correlation between higher levels of deprivation and ill health
- Access to community pharmacies via various types of transport ([Section 3.2.3](#)); from Maps D–H, the travel times to community pharmacies were:
 - Walking: 99.1% of the population can walk to a pharmacy within 15 minutes (100% within 20 minutes)
 - Driving off-peak: 98.9% of the population can drive to a pharmacy within 5 minutes (100% within 10 minutes)
 - Driving at peak: 96.8% can reach a pharmacy within 5 minutes (100% within 10 minutes)
 - Public transport: Approximately 93% can reach a community pharmacy within 10 minutes (afternoon is faster than morning); up to 100% of people can reach a pharmacy within 15 minutes

- The number, distribution and opening times of pharmacies within each of the five PNA localities and across the whole of Brent (Appendix A)
- Service provision from community pharmacies and DSPs (Appendix A)
- The choice of pharmacies covering each of the five PNA localities and the whole of Brent (Appendix A)
- Results of the public questionnaire, based on 147 responses (Appendix D and Section 5):
 - 84% have a regular or preferred pharmacy
 - 61% have visited a pharmacy once a month or more for themselves in the previous six months
 - The main ways reported is that patients access a pharmacy are:
 - walking 63%
 - driving 19%
 - public transport 10%
 - bicycle 4%
 - 72% report no difficulty in travelling to a pharmacy:
 - of the 20 respondents reporting difficulty 17 identified a lack of parking
 - 92% of respondents suggest that the pharmacy is open on the most convenient day and 91% state it is open at the most convenient time
- Results of the contractor questionnaire (Appendix E) – 53 respondents.
 - 90% of respondents indicated that they would be willing to provide a language access service if it was commissioned; 37% of the Brent population used a main language other than English, the second highest in England
- Projected population growth and housing development ([Section 2.5.2](#))
 - GLA 2019-based housing-led projections indicate that Brent has a total population of 329,770
 - Over the lifespan of the PNA, the population of Brent is expected to rise to approximately 347,360 people (the majority of the increase in Wembley locality)
 - Brent's Local Plan projects development of over 9,000 homes between 2017 and 2026; the draft London Plan (2017) set a new target of 29,150 additional homes to be delivered in Brent over the period 2019-20 to 2028-29, an average of 2,915 per annum

[Section 6.2](#) discusses impact of the population growth by locality.

There are 82 community pharmacies including eight DSPs in Brent. There are 24.9 pharmacies per 100,000 population in Brent, compared with 20.6 per 100,000 in England.

There are five 100-hour pharmacies in Brent and there are many pharmacies open on weekday evenings and weekends. The vast majority of community pharmacies (88%) are open on Saturdays and 62% of community pharmacies open after 6.30 pm on weekdays. While only 18% of pharmacies are open on Sundays within Brent, the travel times are short and, in addition, there are easily accessible pharmacies open in neighbouring HWB areas. Opening hours vary by locality and this is discussed in [Section 6.2](#).

Access to pharmaceutical services on bank holidays is limited but there is access if required as an Enhanced Service from one community pharmacy to cover all of Brent.

There are a significant number of community pharmacies on or near the border of Brent, that further improves the access to pharmaceutical services for the population.

The information provided demonstrates adequate access to community pharmacies within Brent.

There is no evidence to suggest there is a gap in service that would equate to the need for additional access to Necessary Services outside normal hours anywhere in Brent.

Proposed population and housing growth in the future, outside of the lifespan of this PNA, will need to be considered for future PNAs.

6.4 Improvements and better access: gaps in provision in Brent

The Steering Group considers it is those services provided in addition to those considered Necessary for the purpose of this PNA that should reasonably be regarded as providing either an improvement or better access to pharmaceutical provision.

Brent HWB has designated that all Advanced Services are to be regarded as relevant services, however they encourage existing pharmaceutical service providers to make available all Advanced Services where appropriate.

Brent HWB has identified Enhanced Services as pharmaceutical services that secure improvements or better access, or that have contributed towards meeting the need for pharmaceutical services in the HWB area.

Brent HWB has identified LCS that secure improvements or better access or that have contributed towards meeting the need for pharmaceutical services in the HWB area.

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

Causes of ill health in Brent are discussed in [Section 2](#) and summarised in [Section 6.1](#), and more information can be found on the JSNA website. Some of the areas are as follows:

Causes of ill health and the burden of disease in Brent are discussed in detail in [Sections 2.8](#) and [2.9](#). Some of the key areas that could be impacted by existing services (or commonly delivered services) are as follows:

- 17% of the adult population aged 18 and over are estimated to be smokers and this is increasing (which goes against national trends); this was higher than the England and London average
 - Smoking cessation Advanced Service would contribute to reducing a major risk factor in cancer, stroke, respiratory and CVD; 30% of pharmacies are signed up to provide this service as of June 2022
- In 2018-19, estimates of the level of substance misuse in Brent (from the NDTMS) indicate that the borough has rates of opiate and crack misuse that are higher than the London or national averages
 - Delivery of the hepatitis C testing service, which has been extended to March 2023, would seem a relevant service within Brent (currently only one pharmacy is signed up to provide)
 - 28% of pharmacies in Brent provide the LCS supervised consumption and 19% of pharmacies in Brent provide a needle exchange service; these services are available from other providers but the extended opening hours of community pharmacies on weekends and in the evening could be regarded as being beneficial
- Overall, the number of new STIs, excluding chlamydia aged <25, diagnosed among residents of Brent in 2020 was considerably higher than the rate in England
- In Brent in 2019, 59 young women aged under 18 conceived, a rate of 11.0 per 1,000 population; of under-18 conceptions in Brent in 2019, 57.6% led to abortion, compared with the national average of 54.7%
 - 12% of pharmacies in Brent provide the EHC service
- The early mortality (under 75 years) rate caused by all cardiovascular diseases in Brent was higher than the London and England averages
- In 2019-20, the prevalence of hypertension in Brent was higher than the NWL Health & Care Partnership STP prevalence
 - Delivery of the recently introduced Advanced Service – hypertension case-finding service – as a factor in CVD mortality; 66% of community pharmacies in Brent are currently signed up to provide the service
- Rates of diabetes in Brent are much higher than London and England averages
- 2020 data demonstrates that over half of Brent residents approaching end of life were in hospital palliative care settings, compared with England, where just over 40% of deaths occurred in hospital

- 20% of pharmacies in Brent provide the palliative care medicines service to support residents being at home.

Should these areas of health need be a priority target area for commissioners, they may want to give consideration to incentives for further uptake of existing services from current providers and extending provision through community pharmacies. In addition:

- Use the DMS and NMS services to support specific disease areas that are national priorities, e.g. asthma and diabetes
- The Essential Services include signposting patients and carers to local and national sources of information and reinforcing those sources already promoted. Signposting for NHS Health Checks may help in earlier detection of diabetes (increasing prevalence) and CVD (mortality rates).

Respondents to the public questionnaire identified that they wished to see a variety of services provided from community pharmacies, although the questionnaire did highlight that there was a lack of awareness of some of the services that were available. A review of how services are promoted would be worthwhile in an effort to improve uptake (note: some services are not allowed to be advertised). A summary of the questionnaire results can be seen in [Section 5](#) (full results in Appendix D).

There were 53 responses to the community pharmacy contractor questionnaire, found in Appendix E. Respondents were asked to indicate which from a range of other services, including disease-specific, vaccination and screening services, they currently provide, would be willing to provide or would not be willing to provide. The majority of pharmacies indicated that they would be willing to provide services if commissioned – for example:

- CHD (90%)
- COPD (94%)
- Diabetes (96%)
- Chlamydia testing and treatment services (92%)

The impact of the COVID-19 pandemic on service provision from community pharmacies has been significant during the life of the previous PNA:

- New Advanced Services have had their implementation delayed
- Community pharmacy priorities have been centred on pandemic service delivery, e.g. LFD distribution and COVID-19 vaccination
- Significantly increased demand for existing services, e.g. repeat dispensing

The successful implementation of new Advanced and Enhanced Services to support the pandemic response should be an indication that further implementation of new services from community pharmacies in the future is possible.

The PNA Steering Group recognises that there are potential opportunities to commission services from community pharmacy or other healthcare providers that would promote health and wellbeing, address health inequalities and reduce pressures elsewhere in the health system. Where the potential exists for community pharmacies to contribute to the health and wellbeing of the population of Brent, this has been included within the document. Appendix J discusses some possible services that could fulfil these criteria.

While no gaps in pharmaceutical service provision have been identified, the Steering Group recognises that the burden of health needs in Brent will increase as the population grows and ages, and would welcome proactive proposals from commissioners, including NHS England and the CCG to commission pharmacy services that meet local needs but are beyond the scope of the PNA.

Section 7: Conclusions

The Steering Group provides the following conclusions and recommendations on the basis that funding is at least maintained at current levels and or reflects future population changes.

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

For the purposes of this PNA, **Necessary Services** for Brent HWB are defined as Essential Services.

Advanced Services and Enhanced Services are considered **relevant** as they contribute toward improvement in provision and access to pharmaceutical services.

LCS are those services that secure improvements or better access to or that have contributed towards meeting the need for pharmaceutical services in Brent HWB area, and are commissioned by the CCG or local authority, rather than NHSE&I.

7.1 Current provision of Necessary Services

Necessary Services – gaps in provision

Necessary Services are Essential Services, which are described in [Section 1.4.1.1](#). Access to Necessary Service provision in Brent is provided by locality in [Section 6.2](#).

In reference to [Section 6](#), and required by paragraph 2 of schedule 1 to the Pharmaceutical Regulations 2013:

7.1.1 Necessary Services – normal working hours

There is no current gap in the provision of Necessary Services during normal working hours across Brent to meet the needs of the population.

7.1.2 Necessary Services – outside normal working hours

There are no current gaps in the provision of Necessary Services outside normal working hours across Brent to meet the needs of the population.

7.2 Future provision of Necessary Services

There is proposed population growth in the lifespan of this PNA and there is projected significant growth in the population of over-65-year-olds. A clear understanding of the potential impact of this aging population growth over the next ten years would support the meeting of ongoing needs for service provision in future PNAs.

No gaps have been identified in the need for Necessary Services in specified future circumstances across Brent.

7.3 Improvements and better access – gaps in provision

Advanced Services are considered **relevant** as they contribute toward improvement in provision and access to pharmaceutical services.

LCS and Enhanced Services are those services that secure improvements or better access to or that have contributed towards meeting the need for pharmaceutical services in Brent HWB area, and are commissioned by the CCG or local authority, rather than NHSE&I.

7.3.1 Current and future access to Advanced Services

Details of the Advanced Services are outlined in [Section 1.4.1.2](#) and the provision in Brent discussed in [Sections 3.2.4](#) and [6.2](#).

[Section 6.4](#) discusses improvements and better access to services in relation to the health needs of Brent.

Appendix J discusses the opportunities that may be available for expansion of existing services or delivery of new services from community pharmacies that may have benefit to the population of Brent.

There are no gaps in the provision of Advanced Services that would secure improvements or better access to Advanced Services in Brent.

7.3.2 Current and future access to Enhanced Services

Details of the Enhanced Services are outlined in [Section 1.4.1.3](#) and the provision in Brent discussed in [Sections 3.2.5](#) and [6.2](#).

[Section 6.4](#) discusses improvements and better access to services in relation to the health needs of Brent.

No gaps have been identified that if provided either now or in the future would secure improvements or better access to Enhanced Services across Brent.

7.3.3 Current and future access to Locally Commissioned Services (LCS)

With regard to LCS, the PNA is mindful that only those commissioned by NHSE&I are regarded as pharmaceutical services. The absence of a particular service being commissioned by NHSE&I is in some cases addressed by a service being commissioned through the council or local authority; these services are described in [Sections 4.1](#) and [4.2](#).

[Section 6.4](#) discusses improvements and better access to LCS in relation to the health needs of Brent.

Appendix J discusses the opportunities that may be available for expansion of existing services or delivery of new services from community pharmacies that may have benefit to the population of Brent.

Based on current information, the Steering Group has not considered that any of these LCS should be decommissioned, or that any of these services should be expanded.

A full analysis has not been conducted on which LCS might be of benefit as this is out of the scope of the PNA.

Based on current information no current or future gaps have been identified in respect of securing improvements or better access to Locally Commissioned Services across Brent, to meet the needs of the population.

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

Harlesden locality

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced								NHSE&I Enhanced		CCG	LA		
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	Bank holiday	Palliative care medicines	EHC	Needle exchange	Supervised consumption
Private Pharmacy Group	FD419	DSP	Unit 2, Premier Park Road, London	NW10 7NZ	09:00-17:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Catto Chemist	FF283	Community	79 High Street, Harlesden, London	NW10 4NS	09:00-19:00	09:00-18:30	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	
Brights Dispensing Chemist	FFP15	Community	118 Craven Park Road, Harlesden, London	NW10 8QD	09:00-19:00 (Thu 09:00-17:30)	09:00-14:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	
Rightcare Pharmacy	FFP48	DSP	29 Park Parade, Harlesden, London	NW10 4JG	09:00-17:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Smart Pharm	FFQ73	DSP	Suite 18 Space House, Abbey Road, Park Royal, London	NW10 7SU	09:00-17:00	Closed	Closed	-	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	
Pro Chemist	FLE92	DSP	Unit 5, Central Business Centre, Great Central Way, London	NW10 0UR	09:00-17:00	Closed	Closed	-	-	Y	-	-	Y	-	-	-	-	-	-	-	-	-	
Angies Pharmacy	FLW88	Community	96 Craven Park Road, Harlesden, London	NW10 4AG	09:00-19:00	09:00-14:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	Y	Y	
Asda Pharmacy	FQ459	Community	Park Royal Industrial Estate, 2-20 Western Road, Ealing, London	NW10 7LW	08:00-22:00	08:00-22:00	11:00-17:00	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	
Brentmead Chemists	FR289	Community	136-138 Church Road, Willesden, London	NW10 9NH	09:00-19:00	09:00-17:00	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	Y	
Dubison Ltd	FR797	Community	168 Church Road, London	NW10 9NH	09:00-19:00	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	
Serena Dispensing Chemist	FRA07	Community	7 Library Parade, Craven Park Road, Harlesden, London	NW10 8SG	09:00-18:00	Closed	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	
S & S Chemists	FVJ61	Community	23 Hillside, London	NW10 8LY	09:00-19:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	Y	Y	
Tesco Pharmacy	FXA05	Community	Great Central Way, Neasden, London	NW10 0TL	08:00-21:00	08:00-21:00	11:00-17:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	
Chana Chemist	FXA07	Community	96-98 High Street, Harlesden, London	NW10 4SL	08:00-19:30	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	Y	

In addition, there is a Distance Selling Pharmacy, trading as Pharmacy Requirements (FEW02), at A04 Atlas Business Centre, Oxgate Lane NW2 7HJ, which is closed and will be taken off the pharmaceutical list for Brent HWGB.

Kilburn locality

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced										NHSE&I Enhanced	CCG	LA	
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	Bank holiday	Palliative care medicines	EHC	Needle exchange	Supervised consumption
Bliss Chemist	FCX89	Community	50-56 Willesden Lane, Kilburn, London	NW6 7SX	09:00-19:00	09:00-19:00	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y
W N Gimmack	FED17	Community	10 Station Parade, Willesden Green, London	NW2 4NH	09:00-19:00	09:00-19:00	Closed	-	-	Y	-	-	Y	-	-	Y	Y	-	-	-	-	-	Y
Kilburn Park Pharmacy	FGW55	Community	Kilburn Park Station, Cambridge Avenue, London	NW6 5AD	09:00-18:30	Closed	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-
Queens Park Chemist	FK708	Community	67 Salusbury Road, Queens Park, London	NW6 6NJ	09:00-18:30	09:00-18:30	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	Y	-	-
Salts Medilink	FKM09	DAC	10 Oliver Business Park, Park Royal, London	NW10 7JB	09:00-17:00	Closed	Closed	-	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-
Kings Pharmacy	FL763	Community	343 Kilburn High Road, Kilburn, London	NW6 7QB	09:00-19:00	10:00-14:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	Y	-	Y	Y
Newcare Pharmacy	FQW94	Community	16-18 Station Parade, Willesden, London	NW2 4NH	09:30-19:00	09:30-19:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	-	Y	-
Dollmeads Dispensing Chemist	FR520	Community	53 Chamberlayne Road, Kensal Rise, London	NW10 3ND	09:00-18:00	09:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	Y
Hyperchem Pharmacy	FTD56	Community	34 Salusbury Road, Queens Park, London	NW6 6NL	09:00-19:00	09:00-19:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	Y	-	-
Richards & Curtis	FTN30	Community	9 Sidmouth Parade, Sidmouth Road, London	NW2 5HG	09:00-18:30 (Thu 09:00-18:00)	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-
Greenfield Pharmacy	FV117	Community	61 Chamberlayne Road, Kensal Rise, London	NW10 3ND	09:00-19:00	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	Y	-	-
Gimmack W M Chemist	FV742	Community	177 The Broadway, Cricklewood, London	NW2 3HT	09:00-18:00	09:00-18:00	Closed	-	-	Y	-	-	Y	-	-	Y	Y	-	Y	Y	-	-	Y
Day Lewis Pharmacy	FWJ69	Community	271-273 Kilburn High Road, Kilburn, London	NW6 7JR	09:00-18:30	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-
Hyperchem Pharmacy	FWP54	Community	146 Willesden Lane, London	NW6 7TH	09:00-18:30	Closed	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	Y	-

Kingsbury locality

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced								NHSE&I Enhanced		CCG	LA		
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	Bank holiday		Palliative care medicines EHC	Needle exchange	Supervised consumption
UNP Pharmacy	FD307	Community	552 Kingsbury Road, Kingsbury, London	NW9 9HH	09:00-18:00	09:00-18:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	Y	Y	-	-	-	-	-
Alpha Pharmacy	FDE39	Community	193 Edgware Road, Colindale, London	NW9 6LP	09:00-19:00	09:00-14:00	Closed	-	-	Y	-	-	Y	-	-	-	-	-	-	-	-	-	-
Lloyds Pharmacy	FDN23	Community	Sainsbury Store, 1 Nash Way, Kenton	HA3 0JA	08:00-20:00 (Thu-Fri 08:00-21:00)	08:00-20:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-
Andre's Pharmacy	FER47	Community	261 Preston Road, Harrow	HA3 0PS	09:00-18:30	09:00-12:30	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-
Judds Chemist	FFV68	Community	Unit 1, 343B Stag Lane, Kingsbury, London	NW9 9AD	08:30-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	Y	-	-	-	Y	Y
Morrisons Pharmacy	FJE34	Community	Honeypot Lane, Queensbury, London	NW9 6RN	08:00-20:00	08:00-19:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-
Tyrest Ltd	FL709	Community	Gooseacre Parade, 427-429 Kenton Road, Kenton	HA3 0XY	09:00-19:00	09:00-16:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	-	-	-
Well Pharmacy	FLG32	Community	175 Church Lane, Kingsbury, London	NW9 8JS	08:30-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-
Hyde Pharmacy	FLM76	Community	213 Edgware Road, London	NW9 6LR	09:00-18:00 (Thu 09:00-13:00)	Closed	Closed	-	-	Y	-	-	Y	-	-	Y	-	-	-	-	-	-	-
Shri Pharmacy	FMP16	Community	511 Kingsbury Road, Kingsbury, London	NW9 9EG	09:00-18:00	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-
Churchill's Pharmacy	FQ551	Community	207 Kenton Road, Kenton, Harrow	HA3 0HD	09:00-19:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	Y	-	-	-
Asda Pharmacy	FTX15	Community	Forty Lane, Wembley	HA9 9EX	08:00-22:00	08:00-22:00	08:00-22:00	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-
Asda Pharmacy	FVW93	Community	Capitol Way, Colindale, London	NW9 0AS	Mon 07:30-23:00; Tue 07:00-22:30; Wed-Fri 07:00-23:00	07:00-22:00	11:00-17:00	Y	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-
Jade Pharmacy	FW672	Community	533 Kingsbury Road, Kingsbury, London	NW9 9EG	09:00-19:00 (Wed 09:00-18:30)	09:00-18:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	Y	Y	Y	-	-	Y	-	Y
Boots	FX110	Community	483-485 Kingsbury Road, Kingsbury, London	NW9 9ED	09:00-18:00	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-
Leigh Pharmacy	FX822	Community	278 Church Lane, Kingsbury, London	NW9 8LU	09:00-18:00	09:30-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	Y	-	Y	-	-	-

Wembley locality

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced								NHSE&I Enhanced		CCG	LA		
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	Bank holiday		Palliative care medicines EHC	Needle exchange	Supervised consumption
Lloyds Pharmacy	FDW18	Community	Sainsbury Store, 360 Ealing Road, Alperton, Wembley	HA0 1PF	07:00-23:00	07:00-22:00	10:30-16:30	Y	-	Y	-	-	Y	-	-	-	-	-	-	-	-	-	-
Smartcare Pharmacy Ltd	FEW53	DSP	Unit B Ground Floor, 110 Wembley Park Drive, Wembley	HA9 8HP	09:00-18:00 (Fri 09:00-19:00)	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Crystal Pharmacy	FFE50	Community	116 Chaplin Road, Wembley	HA0 4UZ	09:00-19:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-
Sudbury Court Pharmacy	FFX68	Community	221 Watford Road, Harrow	HA1 3UA	09:00-19:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-
Medico2u	FGX25	DSP	11 Main Drive, East Lane Business Park, Wembley, London	HA9 7NA	09:00-17:00	Closed	Closed	-	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-
S & S Chemists	FJ196	Community	40 Harrow Road, Wembley	HA9 6PG	09:00-19:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	-	Y	Y
Rushton Chemists	FJ322	Community	275-277 Preston Road, Harrow	HA3 0PS	09:00-18:30 (Thu 09:00-18:00)	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	-	-	-
Sudbury Chemist	FJC68	Community	879 Harrow Road, Wembley	HA0 2RH	09:00-18:30	09:00-17:00	Closed	-	-	Y	-	-	Y	-	-	-	-	-	-	Y	-	-	Y
G Lowe Chemist	FJT83	Community	203a East Lane, North Wembley	HA0 3NG	09:00-19:00	09:00-18:00	Closed	-	-	Y	-	-	-	-	-	Y	-	-	-	Y	-	-	-
Jade Pharmacy	FK192	Community	204 Ealing Road, Wembley	HA0 4QG	09:00-19:00	09:30-18:30	12:00-18:00	-	-	Y	-	-	Y	-	Y	Y	Y	-	Y	-	Y	-	-
Karepack Pharmacy	FLD31	DSP	11 Osram Road, Wembley, London	HA9 7NG	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Paster Chemist	FM910	Community	212 Preston Road, Wembley	HA9 8PB	09:00-19:00	09:00-18:00	10:00-13:00	-	-	Y	-	-	-	-	Y	-	-	-	-	-	-	-	-
Shiluns Pharmacy	FMC10	Community	3 The Parade, Sudbury Heights Avenue, Greenford, London	UB6 0LZ	09:00-18:30	Closed	Closed	-	-	Y	-	-	-	-	-	Y	-	-	-	-	-	-	-
C K Pharmacy	FN289	Community	820 Harrow Road, Wembley, London	HA0 3EL	09:00-19:00	09:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced								NHSE&I Enhanced		CCG	LA			
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	Bank holiday		Palliative care medicines	EHC	Needle exchange	Supervised consumption
Alpertons Jade Pharmacy	FNA63	Community	282 Ealing Road, Wembley	HA0 4LL	09:30-18:30 (Mon 09:00-18:30; Thu 09:30-18:00)	09:30-13:00	Closed	-	-	-	-	-	Y	-	Y	-	Y	Y	-	-	-	-	-	-
Peace Pharmacy	FNQ01	Community	14 The Broadway, Preston Road, Wembley	HA9 8JU	09:00-22:00	09:00-22:00	09:30-22:00	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	Y	-	-	-	-
RJ's Pharmacy	FPE58	Community	210 Ealing Road, Wembley	HA0 4QG	09:00-19:00	09:30-17:30	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-	-
Health First Pharmacy	FPF94	Community	95 Wembley Park Drive, Wembley	HA9 8HF	09:00-18:00	10:00-12:00	Closed	-	-	Y	-	-	-	-	Y	Y	-	-	-	-	Y	-	-	-
Carters Pharmacy	FPQ29	Community	524-526 High Road, Wembley	HA9 7BS	09:00-19:00	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	Y	-	Y	Y	-
Boots	FV311	Community	500 High Road, Wembley	HA9 7BH	08:30-17:30	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-
Rasons Pharmacy	FVN06	Community	323 Harrow Road, Wembley	HA9 6BA	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	-
Monks Chemists	FVY66	Community	70 Harrow Road, Wembley	HA9 6PL	09:00-19:00	09:00-18:00	10:00-13:00	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Wembley Pharmacy	FW256	Community	183 Ealing Road, Wembley	HA0 4LW	07:00-23:00	07:00-22:00	12:00-17:00	Y	-	Y	-	-	Y	-	Y	Y	Y	-	-	Y	-	Y	Y	-
Optipharm Pharmacy	FW626	Community	29 Bridge Road, Wembley	HA9 9AB	06:00-23:00	06:00-21:00	Closed	Y	-	Y	-	-	Y	-	-	-	-	Y	-	-	-	-	-	-
Health Pharmacy	FX977	Community	122 Windermere Avenue, Wembley	HA9 8RB	09:30-18:00	10:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	Y	-	Y	-	-
Shivakem Pharmacy	FXN54	Community	12A Court Parade, Watford Road, Wembley	HA0 3HU	09:00-19:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	-
Pharmaelite	FXP03	DSP	G04, 10 Courtenay Road, East Lane, Wembley	HA9 7ND	09:00-17:00	Closed	Closed	-	-	Y	-	-	Y	-	-	Y	-	-	-	-	-	-	-	-

Willesden locality

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced								NHSE&I Enhanced		CCG	LA		
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	Bank holiday		Palliative care medicines	EHC	Needle exchange
Clockwork Pharmacy	FAL54	Community	283 Neasden Lane, Willesden, London	NW10 1QJ	09:00-19:00	09:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	Y	-	-	-	Y	Y
Chana Chemist	FCF74	Community	Willesden Centre for Health and Care, Robson Avenue, London	NW10 3RY	08:00-00:00	09:00-21:00	10:00-18:00	Y	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	-
Gudkas Chemist	FDV77	Community	338 Neasden Lane, Neasden, London	NW10 0AD	09:00-19:00	Closed	Closed	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	Y	Y
Frank Wreford Chemists	FHX73	Community	234 Neasden Lane, Neasden, London	NW10 0AA	08:30-19:00	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	Y
Chana Chemist	FK263	Community	138 High Road, Willesden Green, London	NW10 2PJ	09:00-19:30	09:00-18:00	Closed	-	-	-	-	-	Y	-	Y	Y	-	-	-	-	Y	-	-
Grossman Pharmacy	FK807	Community	6 Oxgate Court Parade, Coles Green Road, London	NW2 7ET	09:00-18:00 (Thu 09:00-14:00)	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-
Edgars Chemist	FNQ46	Community	252 Willesden High Road, Willesden, London	NW10 2NY	09:00-18:30	09:00-16:30	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	-	-	Y
Craig Thomson Chemist	FPQ49	Community	70-72 Walm Lane, Willesden, London	NW2 4RA	09:00-18:30	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	Y	-	Y
Coopers Chemist	FQ102	Community	144-150 High Road, Willesden, London	NW10 2PB	09:00-19:00 (Thu 09:00-13:00)	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-
R & C Pharmacy	FQW12	Community	5A Walm Lane, Willesden, London	NW2 5SJ	09:00-18:30	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	-	-	Y
Globe Pharmacy	FRT62	Community	78 Burnley Road, Willesden, London	NW10 1EJ	09:00-19:00	10:00-16:00	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Spivacks Chemist	FX090	Community	91 High Road, Willesden, London	NW10 2TA	09:00-19:00	09:00-14:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	Y	Y

Appendix B: PNA Steering Group terms of reference

Objective/Purpose

To support the production of the Pharmaceutical Needs Assessment (PNA) on behalf of the Brent Health and Wellbeing Board (HWB), to ensure that it satisfies the relevant regulations including consultation requirements.

Delegated responsibility

PNA sign off delegated to the Steering Group.

Accountability

The Steering Group is to report to the Director of Public Health.

Membership

Core members:

- Director of Public Health
- NHSE&I representative.
- Local medical committee representative.
- Local Pharmaceutical Committee (LPC) representative.
- CCG representative.
- Healthwatch representative (lay member).

Soar Beyond is not to be a core member but will chair the meetings. Each core member has one vote. The Deputy Director of Public Health will have the casting vote, if required. Core members may provide a deputy to meetings in their absence and deputies should be authorised to make decisions. The Steering Group shall be quorate with three core members in attendance, one of which must be an LPC member and a council representative. Non-attending members are unable to cast a vote – that vote may otherwise sway the casting decision.

The Director of Public Health confirmed that the HWB has delegated authority for the PNA to the Steering Group.

Additional members (if required):

- CCG commissioning managers
- NHS trust chief pharmacists
- Dispensing doctors representative

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

Frequency of meetings

Meetings will be arranged at key stages of the project plan. The Steering Group will meet in summer 2022 to sign off the PNA for submission to the HWB.

Responsibilities

- Provide a clear and concise PNA process
- Review and validate information and data on population, demographics, pharmaceutical provision, and health needs
- To consult with the bodies stated in Regulation 8 of the Pharmaceutical Regulations 2013:
 - Any LPC for its area
 - Any Local medical committee for its area
 - Any persons on the pharmaceutical lists and any dispensing doctors list for its area
 - Any LPS chemist in its area
 - Any local healthwatch organisation for its area
 - Any NHS trust or NHS foundation trust in its area
 - NHSE&I
 - Any neighbouring HWB
- Ensure that due process is followed.
- Report to HWB on both the draft and final PNA.
- Publish the final PNA by 1 October 2022.

Appendix C: PNA project plan

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Stage 1: Project Planning and Governance <ul style="list-style-type: none"> Stakeholders identified First Steering Group meeting conducted Project Plan, Communications Plan and Terms of Reference agreed PNA localities agreed Questionnaire templates shared and agreed 												
Stage 2: Research and analysis <ul style="list-style-type: none"> Collation of data from NHSE&I, PH, LPC and other providers of services Listing and mapping of services and facilities with the borough Collation of information regarding housing and new care home developments Equalities Impact Assessment Electronic, distribution and collation Analysis of questionnaire responses Steering Group meeting two Draft update for HWB 												
Stage 3: PNA development <ul style="list-style-type: none"> Triangulation, review and analysis of all data and information collated to identify gaps in services based on current and future population needs Develop Consultation Plan Draft PNA Engagement for consultation Steering Group meeting three Draft update for HWB 												
Stage 4: Consultation and final draft production <ul style="list-style-type: none"> Coordination and management of consultation Analysis of consultation responses Production of consultation findings report Draft final PNA for approval Steering Group meeting four Minutes to meetings Edit and finalise final PNA 2022 Draft update for HWB 												

Appendix D: Public questionnaire

Total responses received:¹ 94

1) Do you have a regular or preferred local community pharmacy? (Please select one answer)

Answered – 93; skipped – 1

Response options	%	Total
Yes	84%	78
No	9%	8
I prefer to use an internet/online pharmacy*	1%	1
I use a combination of traditional and internet pharmacy	6%	6

*An internet pharmacy is one which is operated partially or totally online where prescriptions are sent electronically and dispensed medication is sent via a courier to your home.

2) On a scale of 1 to 10 how well does your local community pharmacy meet your needs? (Please select one answer) (1 = Poorly and 10 = Extremely well)

Answered – 94; skipped – 0

Response options	%	Total
1	1%	1
2	0%	0
3	3%	3
4	4%	4
5	2%	2
6	1%	1
7	10%	9
8	17%	16
9	15%	14
10	47%	44

3) How often have you visited/contacted (spoken to, emailed or visited in person) a pharmacy in the last six months? (Please select one answer for yourself and one for someone else)

For yourself: Answered – 89; skipped – 5

Response options	%	Total
Once a week or more	7%	6
A few times a month	29%	26

¹ Please note that some percentage figures will add up to more or less than 100%. This is either due to respondents being able to give more than one response to a question, or figures have been rounded up to the nearest whole percent.

Response options	%	Total
Once a month	25%	22
Once every few months	27%	24
Once in six months	6%	5
I haven't visited/contacted a pharmacy in the last six months	7%	6

For someone else: Answered – 66; skipped – 28

Response options	%	Total
Once a week or more	9%	6
A few times a month	20%	13
Once a month	23%	15
Once every few months	27%	18
Once in six months	8%	5
I haven't visited/contacted a pharmacy in the last six months	14%	9

4) If you have not visited/contacted a pharmacy in the last six months, is there a reason why? (Please select one answer)

Answered – 25; skipped – 69

Response options	%	Total
I have used an internet/online pharmacy	20%	5
Someone has done it on my behalf	28%	7
I have had no need for any pharmacy service during this period	36%	9
Other (please specify below)	16%	4

Other responses	Total
Due to COVID-19	1
Happy with my current pharmacy	1
GP sends online prescription	1
N/A	1

5) How easy has it been to speak to someone at your local pharmacy over the last 18 months, during the pandemic? (Please select one answer)

Answered – 93; skipped – 1

Response options	%	Total
Very easy	55%	51
Fairly easy	33%	31
Neither easy nor difficult	9%	8
Fairly difficult	2%	2
Very difficult	1%	1

6) Who do you normally visit/contact a pharmacy for? (Please select all that apply)

Answered – 94; skipped – 0

Response options	%	Total
Yourself	87%	82
A family member	51%	48
A neighbour/friend	5%	5
Someone you are a carer for	10%	9
All of the above	1%	1
Other (please specify below)	5%	5

Other responses	Total
Mum	2
Carer for a family member	1
My carer	1
Volunteering during lockdown	1

7) If you normally visit/contact a pharmacy on behalf of someone else, please give a reason why? (Please select all that apply)

Answered – 59; skipped – 35

Response options	%	Total
For a child/dependant	32%	19
The person is too unwell	27%	16
Opening hours of the pharmacy are not suitable for the person requiring the service	10%	6
The person can't access the pharmacy (e.g. due to disability/lack of transport)	19%	11
The person can't use the delivery service	2%	1
The person can't access online services	19%	11
All of the above	10%	6
Other (please specify below)	24%	14

Other responses	Total
Convenience	8
N/A	2
They do not use online services	1
COVID-19	1
Housebound	1
Volunteering	1

8) How important are each of the following aspects to you when choosing a pharmacy?

(Please select one answer for each factor)

Answered – 94; skipped – 0

Quality of service (friendly staff, expertise)	%	Total
Extremely important	71%	67
Very important	24%	23
Moderately important	4%	4
Fairly important	0%	0
Not at all important	0%	0

Convenience (location, opening times)	%	Total
Extremely important	72%	66
Very important	25%	23
Moderately important	2%	2
Fairly important	0%	0
Not at all important	1%	1

Accessibility (languages including British sign language, parking, clear signage, wheelchair/buggy access)	%	Total
Extremely important	29%	27
Very important	9%	8
Moderately important	21%	19
Fairly important	14%	13
Not at all important	27%	25

Availability of medication/services (stocks, specific services)	%	Total
Extremely important	76%	71
Very important	20%	19
Moderately important	3%	3
Fairly important	0%	0
Not at all important	1%	1

Other responses	Total
Knowledgeable and helpful	2
Able to speak good English	1
Easy delivery and reorder service	1
Prescriptions ready for collection	1
Range of services, including COVID vaccinations	1

9) Is there a consultation room in your local community pharmacy, and is it fully accessible to wheelchair users, or to people with other accessibility needs (e.g. sight or hearing loss, translation services?) (Please select one answer)

Answered – 94; skipped – 0

Response options	%	Total
Yes, there is a fully accessible consultation room	39%	37
Yes, there is a consultation room, but inaccessible for wheelchair users/pushchairs/buggies	12%	11
No	7%	7
I don't know	41%	38
Other (please specify below)	1%	1

Any other comments you would like to make about the consultation room?	Total
Full of medication and boxes	1

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

Answered – 94; skipped – 0

Response options	%	Total
Bicycle	4%	4
Car	19%	18
Public transport	10%	9
Taxi	0%	0
Walk	63%	59
Wheelchair/mobility scooter	0%	0
I don't, someone goes for me	3%	3
I don't, I use an online pharmacy	0%	0
I don't, I utilise a delivery service	0%	0
Other (please specify below)	1%	1

Other responses	Total
They have a delivery service which is great	1

11) If you travel to a pharmacy, where do you travel from? (Please select all that apply)

Answered – 83; skipped – 11

Response options	%	Total
Home	95%	79
Work	17%	14
Other (please specify below)	2%	2

Other responses	Total
GP	1
Not applicable	1

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

Answered – 83; skipped – 11

Response options	%	Total
0 to 15 minutes	89%	74
16 to 30 minutes	10%	8
Over 30 minutes	1%	1

13) Do you face any difficulties when travelling to a pharmacy? (Please select all that apply)

Answered – 83; skipped – 11

Response options	%	Total
Lack of parking	20%	17
Lack of suitable public transport	1%	1
It's too far away	2%	2
Lack of disabled access/facilities	2%	2
No, I don't face any difficulties	72%	60
Other (please specify below)	8%	7

Other responses	Total
Back of cycle parking	3
Lack of parking	1
Pavement blocked by deliveries	1
Lack of convenient timing (closed evenings and weekends)	1
Not applicable	1

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

Answered – 85; skipped – 9

Response options	%	Total
Monday to Friday	21%	18
Saturday	13%	11
Sunday	1%	1
Varies	40%	34
I don't mind	25%	21

15) Is your preferred pharmacy open on the most convenient day for you? (Please select one answer)

Answered – 84; skipped – 10

Response options	%	Total
Yes	92%	77
No	8%	7

16) What time of the day do you prefer to visit/contact a pharmacy? (Please select one answer)

Answered – 85; skipped – 9

Response options	%	Total
Morning (8 am–12 pm)	18%	15
Lunchtime (12 pm–2 pm)	2%	2
Afternoon (2 pm–6 pm)	18%	15
Early evening (6 pm–8 pm)	11%	9
Late evening (after 8 pm)	4%	3
Varies	38%	32
I don't mind/no preference	11%	9

17) Is your preferred pharmacy open at a time convenient for you? (Please select one answer)

Answered – 85; skipped – 9

Response options	%	Total
Yes	91%	77
No	9%	8

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

Answered – 85; skipped – 9

Response options	%	Total
Daily	0%	0
Weekly	2%	2
Fortnightly	6%	5
Monthly	19%	16
Every few months	45%	38
Yearly	2%	2
Rarely	24%	20
Never	2%	2

19) Which of the following pharmacy services are you aware that a pharmacy may provide? (Please select Yes or No for each service – even if you do not use the service)

Service	Yes (%)	Yes (Total)	No (%)	No (Total)	Answered
Advice from your pharmacist	92%	78	8%	7	85
COVID-19 lateral flow device (LFD) distribution service	79%	66	21%	18	84
COVID-19 asymptomatic (showing no symptoms) testing in pharmacy, using a lateral flow device (LFD)	41%	33	59%	47	80
COVID-19 vaccination services	55%	43	45%	35	78
Flu vaccination services	77%	63	23%	19	82
Buying over-the-counter medicines	95%	80	5%	4	84
Dispensing prescription medicines	92%	78	8%	7	85
Dispensing appliances (items/equipment to manage health conditions)	54%	42	46%	36	78
Repeat dispensing services	84%	70	16%	13	83
Home delivery and prescription collection services	63%	51	37%	30	81
Medication review	35%	28	65%	51	79
New medicine service	36%	27	64%	49	76
Discharge from hospital medicines service	28%	21	72%	54	75
Emergency supply of prescription medicines	53%	41	47%	37	78
Disposal of unwanted medicines	66%	52	34%	27	79
Appliance use review	23%	17	77%	58	75
Community Pharmacist Consultation Service (urgent care referral)	22%	17	78%	60	77
Hepatitis testing service	9%	7	91%	68	75
Stoma appliance customisation service	8%	6	92%	70	76
Needle exchange	13%	10	87%	66	76
Stopping smoking/nicotine replacement therapy	44%	34	56%	44	78
Sexual health services (chlamydia testing/treating, condom distribution, emergency contraception)	22%	17	78%	59	76

Service	Yes (%)	Yes (Total)	No (%)	No (Total)	Answered
Immediate access to specialist drugs, e.g. palliative care medicine	13%	10	87%	65	75
Supervised consumption of methadone and buprenorphine	18%	14	82%	63	77
Travel immunisation	39%	30	61%	47	77
Minor ailments (athletes foot, hay fever/allergies etc.)	57%	46	43%	35	81

Other responses	Total
Help knowing when I need to go to the doctor	1
NB Question relates to my awareness – not if pharmacy has the service	1

20) And which of the following pharmacy services would you like to see always provided by your pharmacy? (Please select a response for each service)

Service	Yes (%)	Yes (Total)	No (%)	No (Total)	No opinion (%)	No opinion (Total)	Answered
Advice from your pharmacist	95%	79	0%	0	5%	4	83
COVID-19 lateral flow device distribution service	90%	73	2%	2	7%	6	81
COVID-19 asymptomatic testing using a lateral flow device (LFD)	77%	61	6%	5	16%	13	79
COVID-19 vaccination services	75%	61	7%	6	17%	14	81
Flu vaccination services	78%	64	7%	6	15%	12	82
Buying over-the-counter medicines	98%	79	0%	0	2%	2	81
Dispensing prescription medicines	94%	76	1%	1	5%	4	81
Dispensing appliances (items/equipment to manage health conditions)	72%	57	5%	4	23%	18	79
Repeat dispensing services	92%	73	1%	1	6%	5	79
Home delivery and prescription collection services	91%	72	1%	1	8%	6	79

Service	Yes (%)	Yes (Total)	No (%)	No (Total)	No opinion (%)	No opinion (Total)	Answered
Medication review	67%	53	13%	10	20%	16	79
New medicine service	55%	43	10%	8	35%	27	78
Discharge from hospital medicines service	71%	56	5%	4	24%	19	79
Emergency supply of prescription medicines	95%	75	0%	0	5%	4	79
Disposal of unwanted medicines	87%	69	4%	3	9%	7	79
Appliance use review	53%	41	9%	7	38%	30	78
Community Pharmacist Consultation Service (urgent care referral)	75%	59	8%	6	18%	14	79
Hepatitis testing service	51%	39	10%	8	39%	30	77
Stoma appliance customisation service	38%	30	9%	7	53%	41	78
Needle exchange	51%	39	9%	7	39%	30	76
Stopping smoking/nicotine replacement therapy	63%	49	10%	8	27%	21	78
Sexual health services (chlamydia testing/treating, condom distribution, emergency contraception)	56%	43	9%	7	35%	27	77
Immediate access to specialist drugs, e.g. palliative medicines	68%	52	5%	4	26%	20	76
Supervised consumption of methadone and buprenorphine	42%	32	13%	10	45%	35	77
Travel immunisation	79%	63	9%	7	13%	10	80
Minor ailments (e.g. athletes foot, hay fever/allergies etc.)	92%	72	4%	3	4%	3	78

Other responses	Total
UTI testing service, prescribing antibiotics	1
Salt pipe for asthma	1

21) Is your pharmacy able to provide medication on the same day that your prescription is sent to it? (Please select one answer)

Answered – 82; skipped – 12

Response options	%	Total
Yes	49%	40
No – it normally takes one day	22%	18
No – it normally takes two or three days	20%	16
No – it normally takes more than three days	0%	0
I don't know	10%	8

22) Is your pharmacy able to alert you (by call/text/email) when your medication is ready for collection? (Please select one answer)

Answered – 83; skipped – 11

Response options	%	Total
Yes – using my preferred method	40%	33
Yes – by using a method that is not convenient to me	0%	0
No – but I would like to be alerted	33%	27
No – and I wouldn't use an alert service	2%	2
I don't know	25%	21

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

Answered – 82; skipped – 12

Response options	%	Total
Paper request form to my GP practice	16%	13
Paper request form through my pharmacy	5%	4
By email to my GP practice	16%	13
Online request to my GP practice	51%	42
My pharmacy orders on my behalf	17%	14
Electronic Repeat Dispensing (eRD)	11%	9
NHS app	16%	13
Varies	6%	5
Other (please specify below)	10%	8

Other responses	Total
Patient access	2
I don't use	2
Repeat prescription always ready for me	1
Telephone request to my GP practice	1
Telephone request through my pharmacy	1

Other responses	Total
Family members uses this service on my behalf	1

24) Have you ever used Electronic Repeat Dispensing (eRD)? (Electronic repeat dispensing is a process that allows your GP to authorise and issue a batch of repeat prescriptions for medication/appliances until you need to be reviewed. The prescriptions are then available at your nominated pharmacy at the intervals specified by your GP).

Answered – 83; skipped – 11

Response options	%	Total
Yes	29%	24
No	35%	29
I don't know/I have never heard of it	36%	30

Any other comments you would like to make about eRD:	Total
I would use but I've never heard of this service	3
Repeat and acute medicines should be available	1
Good service	1
Could result in patient stockpiling	1
Should be universally available	1

A bit about you

25) Which age group do you fit into?

Answered – 81; skipped – 13

Response options	%	Total
Under 16	0%	0
16–24	1%	1
25–34	9%	7
35–44	19%	15
45–54	16%	13
55–64	25%	20
65–74	22%	18
75+	7%	6
Prefer not to say	1%	1

26) What best describes your ethnicity?

Answered – 81; skipped – 13

Response options	%	Total
Asian or Asian British: Indian	19%	15
Asian or Asian British: Pakistani	6%	5
Asian or Asian British: Bangladeshi	1%	1

Response options	%	Total
Asian or Asian British: Sri Lankan	0%	0
Asian or Asian British: Chinese	0%	0
Any other Asian background	0%	0
Black or Black British: Caribbean	4%	3
Black or Black British: African	0%	0
Black or Black British: Somali	0%	0
Any other Black background	0%	0
Mixed background: White and Black Caribbean	1%	1
Mixed background: White and Black African	0%	0
Mixed background: White and Asian	1%	1
Any other Mixed or multiple ethnic background	0%	0
White or White British: English, Welsh, Scottish or Northern Irish	33%	27
White or White British: Irish	19%	15
White or White British: Gypsy or Irish Traveller	0%	0
White or White British: Roma	0%	0
Any other White background	7%	6
Other Ethnic background: Arab	0%	0
Other Ethnic background: Brazilian	0%	0
Other Ethnic background: Latin American	0%	0
Other Ethnic background: Other	0%	0
Prefer not to say	9%	7

27) What is your gender?

Answered – 77; skipped – 17

Response options	%	Total
Female	65%	50
Male	30%	23
Other	0%	0
Non-binary or third gender	0%	0
Prefer not to say	5%	4

28) Do you consider yourself to have a disability?

Answered – 81; skipped – 13

Response options	%	Total
Yes	25%	20
No	70%	57
Prefer not to say	5%	4

29) Is English your first language?

Answered – 80; skipped – 14

Response options	%	Total
Yes	85%	68
No (please specify your first language below)	15%	12

If no, what is your first language?	Total
Gujarati	5
Polish	2
Arabic	1
Dutch	1
Lithuanian	1
Urdu	1
French	1

30) What is your postcode?

Answered – 77; skipped – 17

Appendix E: Pharmacy contractor questionnaire

Total responses received:⁷² 53

1) Premises and contact details

Provided ODS code and address - 52; skipped - 1

2) Is this pharmacy one which is entitled to Pharmacy Access Scheme payments?

Answered – 52; skipped – 1

Response options	%	Total
Yes	12%	6
No	67%	35
Possibly	21%	11

3) Is this pharmacy a 100-hour pharmacy?

Answered – 53; skipped – 0

Response options	%	Total
Yes	9%	5
No	91%	48

4) Does this pharmacy hold a Local Pharmaceutical Services (LPS) contract? (i.e. it is not the 'standard' Pharmaceutical Services contract)

Answered – 52; skipped – 1

Response options	%	Total
Yes	10%	5
No	90%	47

5) Is this pharmacy a Distance Selling Pharmacy? (i.e. it cannot provide Essential Services to persons present at or in the vicinity of the pharmacy)

Answered – 52; skipped – 1

Response options	%	Total
Yes	8%	4
No	92%	48

⁷² Please note that some percentage figures will add up to more or less than 100%. This is either due to respondents being able to give more than one response to a question, or figures have been rounded up to the nearest whole percent.

6) May the LPC update its premises and contact details for you with the above information?

Answered – 53; skipped – 0

Response options	%	Total
Yes	94%	50
No	6%	3

7) Core contractual hours of opening:

Provided hours – 50; skipped – 3

8) Core contractual hours of opening – If you are contracted to close for lunch, please specify your lunchtime closing hours:

Provided hours – 9; skipped – 44

9) Total hours of opening:

Provided hours – 45; skipped – 8

10) Total hours of opening – If you close for lunch, please specify your lunchtime closing hours:

Provided hours – 1; skipped – 52

11) There is a consultation room (that is clearly designated as a room for confidential conversations; distinct from the general public areas of the pharmacy premises; and is a room where both the person receiving the service and the person providing it can be seated together and communicate confidentially) (Please tick as appropriate).

Answered – 52; skipped – 1

Response options	%	Total
None, have submitted a request to NHS England and NHS Improvement (NHSE&I) that the premises are too small for a consultation room	2%	1
None, NHSE&I has approved my request that the premises are too small for a consultation room	0%	0
None (Distance-Selling Pharmacy)	4%	2
Available (including wheelchair access)	90%	47
Available (without wheelchair access) or	4%	2
Planned before 1 April 2023	0%	0
Other (please specify)	0%	0

12) Where there is a consultation area, is it a closed room?

Answered – 52; skipped – 1

Response options	%	Total
Yes	96%	50
No	4%	2

13) During consultations are there hand-washing facilities?

Answered – 51; skipped – 2

Response options	%	Total
In the consultation area	80%	41
Close to the consultation area	16%	8
None	4%	2

14) Do patients attending for consultations have access to toilet facilities?

Answered – 52; skipped – 1

Response options	%	Total
Yes	48%	25
No	52%	27

15) Languages spoken (in addition to English)

Answered – 49; skipped – 4

Language	Total	Language	Total	Language	Total	Language	Total
Gujarati	43	Hindi	35	Urdu	15	Arabic	12
Punjabi	10	Romanian	7	Swahili	7	Tamil	5
Italian	4	Polish	4	Russian	3	Portuguese	3
Greek	3	Lithuanian	3	Somalian	3	Mandarin	3
Cantonese	3	Malay	3	Farsi	3	Marathi	3
French	2	Pashto	2	Spanish	2	Armenian	2
Kutchi	2	Twi	1	Marwadi	1	German	1
Goan	1	Chinese	1	Kurdish	1	Ghanaian	1
Hungarian	1	Sinhalese	1	Irish	1	Konkani	1
Bangoli	1	Hanging	1	Sinhala	1	Slav	1

16) Does the pharmacy dispense appliances?

Answered – 51; skipped – 2

Response options	%	Total
None	12%	6
Yes – All types	73%	37
Yes, excluding stoma appliances, or	2%	1
Yes, excluding incontinence appliances, or	0%	0
Yes, excluding stoma and incontinence appliances, or	2%	1

Response options	%	Total
Yes, just dressings, or	10%	5
Other (please specify below)	2%	1

Other comments	Total
We dispense dressings and can dispense all appliances	1

17) Does the pharmacy provide the following services?

Service	Yes (%)	Yes (Total)	No (%)	No (Total)	No opinion (%)	No opinion (Total)	Answered
Appliance Use Review Service	27%	13	40%	19	33%	16	48
Community Pharmacist Consultation Service (CPCS)	94%	48	6%	3	0%	0	51
C-19 LFD Distribution	94%	47	2%	1	4%	2	50
Flu Vaccination Service	92%	46	6%	3	2%	1	50
Hepatitis C Testing Service (Until 31 March 2022)	19%	9	35%	17	46%	22	48
Hypertension Case Finding	60%	30	32%	16	8%	4	50
New Medicine Service	98%	50	2%	1	0%	0	51
Pandemic Delivery Service (Until 31 March 2022)	77%	37	2%	1	21%	10	48
Stoma Appliance Customisation Service	12%	6	33%	16	55%	27	49

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

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

Service	Currently providing under contract with NHSE&I regional team	Currently providing under contract with NHSE&I regional team	Currently providing under contract with CCG	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Currently providing under contract with Local Authority	Willing to provide if commissioned	Willing to provide if commissioned	Not able or willing to provide	Not able or willing to provide	Willing to provide privately	Willing to provide privately	Answered
Anticoagulant Monitoring Service	0%	0	0%	0	0%	0	96%	48	4%	2	0%	0	50
Antiviral Distribution Service (1)	0%	0	0%	0	0%	0	96%	48	4%	2	0%	0	50
Care Home Service	2%	1	0%	0	0%	0	78%	39	14%	7	6%	3	50
Chlamydia Testing Service (1)	0%	0	0%	0	0%	0	92%	46	6%	3	2%	1	50
Chlamydia Treatment Service (1)	0%	0	0%	0	0%	0	92%	46	6%	3	2%	1	50
Contraceptive service (not EC) (1)	0%	0	0%	0	0%	0	94%	47	2%	1	4%	2	50

19) Which of the following other services does the pharmacy provide, or would be willing to provide? – Disease Specific Medicines Management Services (DSMMS):

Service	Currently providing under contract with NHSE&I regional team	Currently providing under contract with NHSE&I regional team	Currently providing under contract with CCG	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Currently providing under contract with Local Authority	Willing to provide if commissioned	Willing to provide if commissioned	Not able or willing to provide	Not able or willing to provide	Willing to provide privately	Willing to provide privately	Answered
DSMMS – Allergies	0%	0	0%	0	0%	0	96%	48	2%	1	2%	1	50
DSMMS – Alzheimer's/Dementia	0%	0	0%	0	0%	0	94%	47	4%	2	2%	1	50
DSMMS – Asthma	0%	0	2%	1	0%	0	94%	47	2%	1	2%	1	50
DSMMS – CHD	0%	0	2%	1	0%	0	90%	45	6%	3	2%	1	50
DSMMS – COPD	0%	0	0%	0	0%	0	94%	47	4%	2	2%	1	50
DSMMS – Depression	0%	0	0%	0	0%	0	90%	45	8%	4	2%	1	50
DSMMS – Diabetes type I	0%	0	0%	0	0%	0	96%	48	2%	1	2%	1	50
DSMMS – Diabetes type II	0%	0	0%	0	0%	0	96%	48	2%	1	2%	1	50
DSMMS – Epilepsy	0%	0	0%	0	0%	0	90%	45	8%	4	2%	1	50
DSMMS – Heart Failure	0%	0	0%	0	0%	0	92%	46	6%	3	2%	1	50
DSMMS – Hypertension	2%	1	0%	0	0%	0	94%	47	2%	1	2%	1	50

Service	Currently providing under contract with NHSE&I regional team	Currently providing under contract with NHSE&I regional team	Currently providing under contract with CCG	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Currently providing under contract with Local Authority	Willing to provide if commissioned	Willing to provide if commissioned	Not able or willing to provide	Not able or willing to provide	Willing to provide privately	Willing to provide privately	Answered
DSMMS – Parkinson's Disease	0%	0	0%	0	0%	0	90%	45	8%	4	2%	1	50
DSMMS – Other (please state below)	0%	0	0%	0	0%	0	92%	34	5%	2	3%	1	37

Other services	Total
Obesity	1

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

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

Service	Currently providing under contract with NHSE&I regional team	Currently providing under contract with NHSE&I regional team	Currently providing under contract with CCG	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Currently providing under contract with Local Authority	Willing to provide if commissioned	Willing to provide if commissioned	Not able or willing to provide	Not able or willing to provide	Willing to provide privately	Willing to provide privately	Answered
Emergency Contraception Service (1)	2%	1	0%	0	12%	6	72%	36	6%	3	8%	4	50
Emergency Supply Service	22%	11	0%	0	0%	0	76%	38	2%	1	0%	0	50
Gluten-Free Food Supply Service (i.e. not via FP10)	0%	0	2%	1	0%	0	86%	43	12%	6	0%	0	50
Home Delivery Service (not appliances) (1)	10%	5	2%	1	0%	0	70%	35	14%	7	4%	2	50
Independent Prescribing Service	0%	0	0%	0	0%	0	88%	42	8%	4	4%	2	48

If currently providing and independent prescribing services, what therapeutic areas are covered?	Total
Diabetes, hypertension, minor ailments, dermatology and respiratory	2
Currently not providing any independent prescribing schemes	1
Hypertension	1
Emergency supply service and home delivery service provided but not under contract with NHSE or CCG	1

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

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

Service	Currently providing under contract with NHSE&I regional team	Currently providing under contract with NHSE&I regional team	Currently providing under contract with CCG	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Currently providing under contract with Local Authority	Willing to provide if commissioned	Willing to provide if commissioned	Not able or willing to provide	Not able or willing to provide	Willing to provide privately	Willing to provide privately	Answered
Language Access Service	0%	0	0%	0	0%	0	90%	45	8%	4	2%	1	50
Medication Review Service	16%	8	4%	2	0%	0	76%	38	4%	2	0%	0	50
Medicines Assessment and Compliance Support Service	4%	2	0%	0	0%	0	90%	45	6%	3	0%	0	50
Minor Ailment Scheme	8%	4	0%	0	0%	0	90%	45	2%	1	0%	0	50
Medicines Optimisation Service (1)	0%	0	0%	0	0%	0	92%	46	4%	2	4%	2	50

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

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

Service	Currently providing under contract with NHSE&I regional team	Currently providing under contract with NHSE&I regional team	Currently providing under contract with CCG	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Currently providing under contract with Local Authority	Willing to provide if commissioned	Willing to provide if commissioned	Not able or willing to provide	Not able or willing to provide	Willing to provide privately	Willing to provide privately	Answered
Needle and Syringe Exchange Service	4%	2	2%	1	12%	6	62%	31	20%	10	0%	0	50
Obesity Management (adults and children) (1)	2%	1	0%	0	0%	0	90%	45	2%	1	6%	3	50
Not Dispensed Scheme	0%	0	0%	0	0%	0	92%	44	8%	4	0%	0	48
On-Demand Availability of Specialist Drugs Service	0%	0	4%	2	4%	2	80%	40	12%	6	0%	0	50
Out-of-Hours Services	6%	3	8%	4	6%	3	60%	30	18%	9	2%	1	50
Patient Group Direction Service (please name the	8%	4	0%	0	0%	0	74%	37	4%	2	14%	7	50

Service	Currently providing under contract with NHSE&I regional team	Currently providing under contract with NHSE&I regional team	Currently providing under contract with CCG	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Currently providing under contract with Local Authority	Willing to provide if commissioned	Willing to provide if commissioned	Not able or willing to provide	Not able or willing to provide	Willing to provide privately	Willing to provide privately	Answered
medicines below)													
Phlebotomy Service (1)	0%	0	0%	0	0%	0	86%	43	12%	6	2%	1	50
Prescriber Support Service	0%	0	0%	0	0%	0	92%	46	8%	4	0%	0	50
Schools Service	0%	0	0%	0	0%	0	86%	43	14%	7	0%	0	50

Please name the medicines for your patient group direction service	Total
NHS Flu vaccination	2
Travel vaccinations and malaria prophylaxis	2
Obesity	2
Childhood immunisations	2
EHC	2
Pneumonia	1
ED, hair loss, period delay, alcohol abuse	1
Salbutamol inhaler	1
Smoking cessation	1
STDs and end of life medicines	1
Acne, UTI ititis media, Fexofenadine	1
Sildenafil, nasal sprays, ear drops for ear infections	1

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

Service	Currently providing under contract with NHSE&I regional team	Currently providing under contract with NHSE&I regional team	Currently providing under contract with CCG	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Currently providing under contract with Local Authority	Willing to provide if commissioned	Willing to provide if commissioned	Not able or willing to provide	Not able or willing to provide	Willing to provide privately	Willing to provide privately	Answered
Screening Service – Alcohol	0%	0	0%	0	0%	0	84%	42	10%	5	6%	3	50
Screening Service – Cholesterol	0%	0	0%	0	0%	0	90%	45	6%	3	4%	2	50
Screening Service – Diabetes	0%	0	0%	0	0%	0	92%	45	4%	2	4%	2	49
Screening Service – Gonorrhoea	0%	0	0%	0	0%	0	86%	43	10%	5	4%	2	50
Screening Service – H. pylori	0%	0	0%	0	0%	0	90%	44	6%	3	4%	2	49
Screening Service – HbA1C	0%	0	0%	0	0%	0	90%	45	6%	3	4%	2	50
Screening Service – Hepatitis	0%	0	0%	0	0%	0	84%	41	12%	6	4%	2	49
Screening Service – HIV	0%	0	0%	0	0%	0	84%	41	12%	6	4%	2	49

Other screening services	Total
Hypertension	1
Private Phlebotomy	1
Private Diabetes and Cholesterol screening service	1

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

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

Service	Currently providing under contract with NHSE&I regional team	Currently providing under contract with NHSE&I regional team	Currently providing under contract with CCG	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Currently providing under contract with Local Authority	Willing to provide if commissioned	Willing to provide if commissioned	Not able or willing to provide	Not able or willing to provide	Willing to provide privately	Willing to provide privately	Answered
Seasonal Influenza Vaccination Service (1)	72%	36	2%	1	2%	1	18%	9	2%	1	4%	2	50
Childhood vaccinations (1)	2%	1	0%	0	0%	0	78%	39	12%	6	8%	4	50
COVID-19 vaccinations	4%	2	0%	0	0%	0	84%	42	10%	5	2%	1	50
Hepatitis (at-risk workers or patients) vaccinations (1)	0%	0	0%	0	0%	0	82%	41	10%	5	8%	4	50
HPV vaccinations (1)	0%	0	0%	0	0%	0	90%	44	10%	5	0%	0	49
Meningococcal vaccinations	0%	0	0%	0	2%	1	76%	38	4%	2	18%	9	50
Pneumococcal vaccinations	24%	12	0%	0	4%	2	56%	28	4%	2	12%	6	50
Travel vaccinations (1)	0%	0	0%	0	0%	0	64%	32	4%	2	32%	16	50

Service	Currently providing under contract with NHSE&I regional team	Currently providing under contract with NHSE&I regional team	Currently providing under contract with CCG	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Currently providing under contract with Local Authority	Willing to provide if commissioned	Willing to provide if commissioned	Not able or willing to provide	Not able or willing to provide	Willing to provide privately	Willing to provide privately	Answered
Other vaccinations (please state below)	0%	0	0%	0	0%	0	78%	28	6%	2	17%	6	36

Other vaccination services	Total
Travel vaccination clinic	4
Shingles Vaccinations	2
Chicken Pox	2
Typhoid	1
Vitamin D and B12	1

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

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

Service	Currently providing under contract with NHSE&I regional team	Currently providing under contract with NHSE&I regional team	Currently providing under contract with CCG	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Currently providing under contract with Local Authority	Willing to provide if commissioned	Willing to provide if commissioned	Not able or willing to provide	Not able or willing to provide	Willing to provide privately	Willing to provide privately	Answered
Sharps Disposal Service (1)	4%	2	4%	2	6%	3	70%	35	14%	7	2%	1	50
Stop Smoking Service	6%	3	0%	0	0%	0	92%	46	0%	0	2%	1	50
Supervised Administration Service	12%	6	2%	1	14%	7	60%	30	12%	6	0%	0	50
Supplementary Prescribing Service (please name therapeutic areas below)	0%	0	0%	0	0%	0	86%	42	10%	5	4%	2	49
Vascular Risk Assessment Service (NHS Health Check) (1)	0%	0	0%	0	0%	0	90%	45	8%	4	2%	1	50

Please name the therapeutic areas for your supplementary prescribing service	Total
Asthma	1
Antibiotics, Analgesia, Management of chronic conditions	1

26) Non-commissioned services: Does the pharmacy provide any of the following?

Service	Yes (%)	Yes (Total)	No (%)	No (Total)	Answered
Collection of prescriptions from GP practices	92%	46	8%	4	50
Delivery of dispensed medicines – Selected patient groups (Please list patient groups below)	74%	35	26%	12	47
Delivery of dispensed medicines – Selected areas (please list areas below)	70%	31	30%	13	44
Delivery of dispensed medicines – Free of charge on request	88%	44	12%	6	50
Delivery of dispensed medicines – With charge	9%	4	91%	39	43
Monitored Dosage Systems – Free of charge on request	92%	46	8%	4	50
Monitored Dosage Systems – With charge	16%	7	84%	37	44

Please list your criteria for selected patient groups	Total
Elderly/housebound patients	15
All patients	5

Please list your criteria for selected area	Total
Local area	4
All areas	2
2-miles radius	2
3-miles radius	1
5-miles radius	1

27) Is there a particular need for a locally commissioned service in your area? If so, what is the service requirement and why?

Answered – 47; skipped – 6

Response options	%	Total
Yes	66%	31
No	34%	16

Please state the service requirement	Total
Minor ailments	7
Stop smoking	7
Medicines Optimisation Service	6

Please state the service requirement	Total
EHC	5
Care home service	2
Screening and treatment of STDs	2
Weight management	2
Diabetes screening	2
Ear syringing	2
Needle exchange	1
Falls prevention	1
NHS health checks	1
Tuberculosis	1
Cholesterol	1
Meningitis	1
Vascular risk assessment	1
Language access service	1
Blood pressure monitoring	1
Vaccinations	1
COVID-19 vaccinations	1
Phlebotomy	1
Walk-in Community Pharmacist Consultation Service	1
Anti-coagulant	1
Asthma	1
Delivery and blister packing	1

28) May the LPC update its opening hours and related matters and services details for you with the above information?

Answered – 50; skipped – 3

Response options	%	Total
Yes	94%	47
No	6%	3

Appendix F: Consultation plan and list of stakeholders

Consultee as required by Pharmaceutical Regulations 2013 Part 2 (8)

Stakeholder role	PNA briefing letter sent	Steering Group representation	PNA production engagement: Questionnaire (pharmacy contractor/public)	Draft PNA link sent
LPC	Y	Y	All	Y
LMC	Y	Y	All	Y
Any person on pharmaceutical List (Community Pharmacies)	Y	-	Contractor	Y
LPS Pharmacies	Y	Y	-	Y
Healthwatch Brent	Y	Y		Y
Central Middlesex Hospital – Chief Pharmacist	-	-	-	Y
Central London Community Healthcare NHS Trust – Head of Medicine Management	-	-	-	Y
Central and North West London NHS Foundation Trust – Chief Pharmacist	-	-	-	Y
Imperial College Healthcare NHS Trust - Clinical Director of Pharmacy	-	-	-	Y
London North West University Healthcare NHS Trust - Chief Pharmacist & Clinical Director for Medicines Optimisation	-	-	-	Y
London North West Hospital Trust – Chief Pharmacist	-	-	-	Y
NHSE&I	Y	Y	ALL	Y
Harrow HWB	-	-	-	Y

Stakeholder role	PNA briefing letter sent	Steering Group representation	PNA production engagement: Questionnaire (pharmacy contractor/public)	Draft PNA link sent
Ealing HWB	-	-	-	Y
Barnet HWB	-	-	-	Y
Camden HWB	-	-	-	Y
Hammersmith & Fulham HWB	-	-	-	Y
Kensington & Chelsea HWB	-	-	-	Y
Westminster HWB	-	-	-	Y
Brent Council Website Page	-	-	Public	Y
Website News Story	-	-	Public	Y
Social Media Posts	-	-	Public	Y
Posters distributed to all Pharmacies & placed in Brent Council Buildings	-	-	Public	Y
Digital images displayed on all Library screens	-	-	Public	Y
Social media & Newsletter shared with Health & Care Stakeholders & Community Contacts	-	-	Public	Y
Communicated to all Internal staff & Community Champions.	-	-	Public	Y
Healthwatch promoted via website, Social Media & Newsletter to residents & CVS	-	-	Public	Y

Other consultees

Stakeholder role	PNA briefing letter sent	Steering Group representation	PNA production engagement: Questionnaire (pharmacy contractor/public)	Draft PNA link sent
CCG	Y	Y	All	Y
Harrow LMC	-	-	-	Y
Ealing LMC	-	-	-	Y
Barnet LMC	-	-	-	Y
Camden LMC	-	-	-	Y
Hammersmith & Fulham LMC	-	-	-	Y
Kensington & Chelsea LMC	-	-	-	Y
Westminster LMC	-	-	-	Y
Harrow LPC	-	-	-	Y
Ealing LPC	-	-	-	Y
Barnet LPC	-	-	-	Y
Camden LPC	-	-	-	Y
Hammersmith & Fulham LPC	-	-	-	Y
Kensington & Chelsea LPC	-	-	-	Y
Westminster LPC	-	-	-	Y
Consultant in PH, London Borough of Brent	Y	Y	ALL	Y

Stakeholder role	PNA briefing letter sent	Steering Group representation	PNA production engagement: Questionnaire (pharmacy contractor/public)	Draft PNA link sent
Deputy Consultant in Public Health, London Borough of Brent	Y	Y	ALL	Y
Head of Communications, Conference & Events, London Borough of Brent	Y	Y	ALL	Y
Communications Account Manager (Health Inequalities), London Borough of Brent	-	-	Public	Y
Sexual Health Commissioner, London Borough of Brent	Y	Y	ALL	Y
Web Team, London Borough of Brent	-	-	Public	Y
Consultation Team, London Borough of Brent	-	-	-	Y
Local Groups - CVS	-	-	Public	Y

Appendix G: Summary of consultation responses

As required by the Pharmaceutical Regulations 2013, Brent Council HWB held a 60-day consultation on the draft PNA from 13 July to 11 September 2022.

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

There were in total 39 responses, all of them from the internet survey. Responses received:

- 25 from a member of the public
- 4 from a pharmacist
- 2 from a GP
- 2 from a business or organisation
- 2 who identified as other
- 1 from a carer
- 1 from an employee of Brent council
- 1 from a voluntary or community sector organisation
- 1 who did not identify

The following are the main themes, and PNA Steering Group's response, to feedback received during the consultation on the draft PNA:

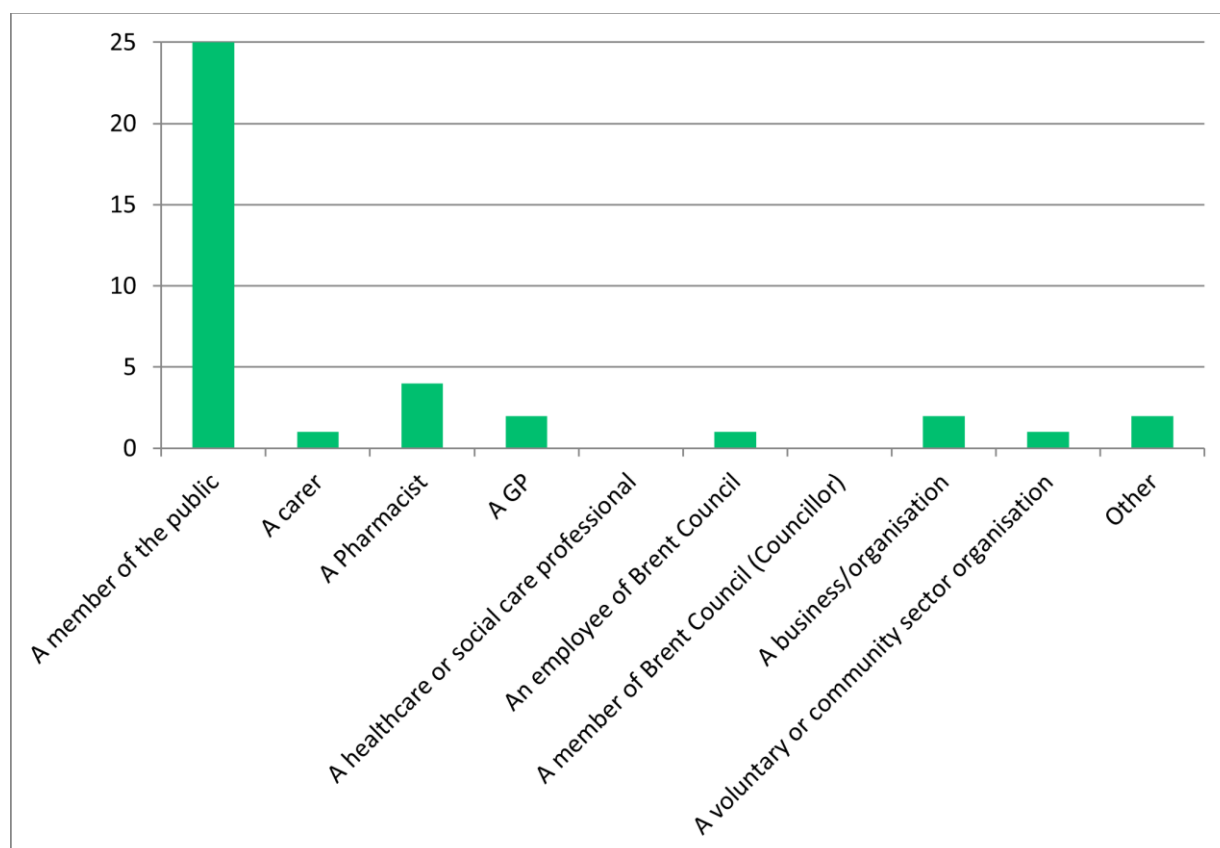
- Information provided in the PNA
- Issues over access to services
- Availability of services currently, and not currently, provided by pharmacies
- Correction of data in the PNA

All responses were considered by the PNA Steering Group at its meeting on 21 September 2022 for the final report. A number of additional comments were received that were considered by the Steering Group in the production of the final PNA and are included in Appendix H.

Below is a summary of responses to the specific questions, asked during the consultation.

Consultation questions and responses:

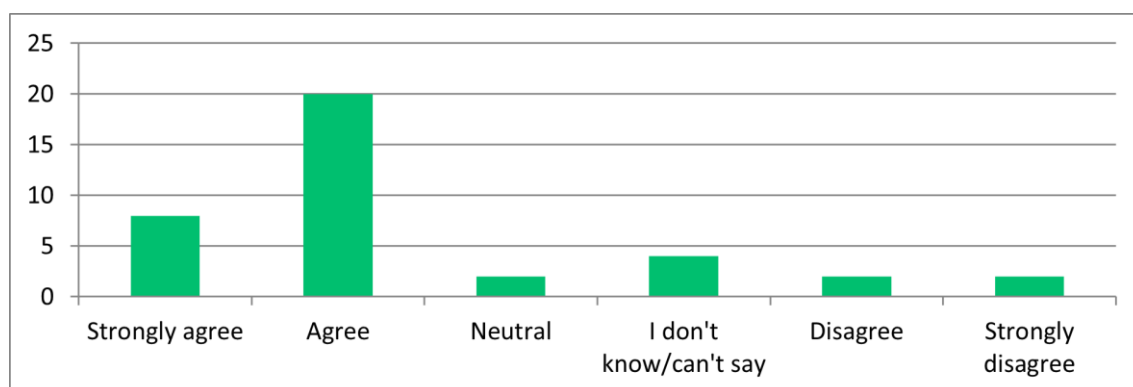
Q1- Which of the following best describes how you are responding to this consultation? (Please select one option)



Response options	Total
A member of the public	25
A carer	1
A Pharmacist	4
A GP	2
A healthcare or social care professional	0
An employee of Brent Council	1
A member of Brent Council (Councillor)	0
A business/organisation	2
A voluntary or community sector organisation	1
Other	2

Answered – 38; skipped – 1

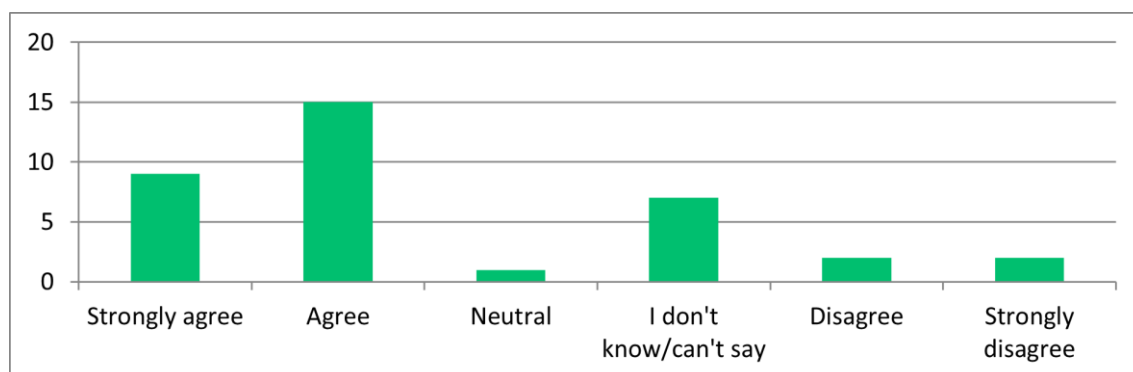
Q2- The Draft Brent PNA reflects the current provision (supply) of pharmaceutical services within Brent.



Response options	Total
Strongly agree	8
Agree	20
Neutral	2
I don't know/can't say	4
Disagree	2
Strongly disagree	2

Answered – 38; skipped – 1

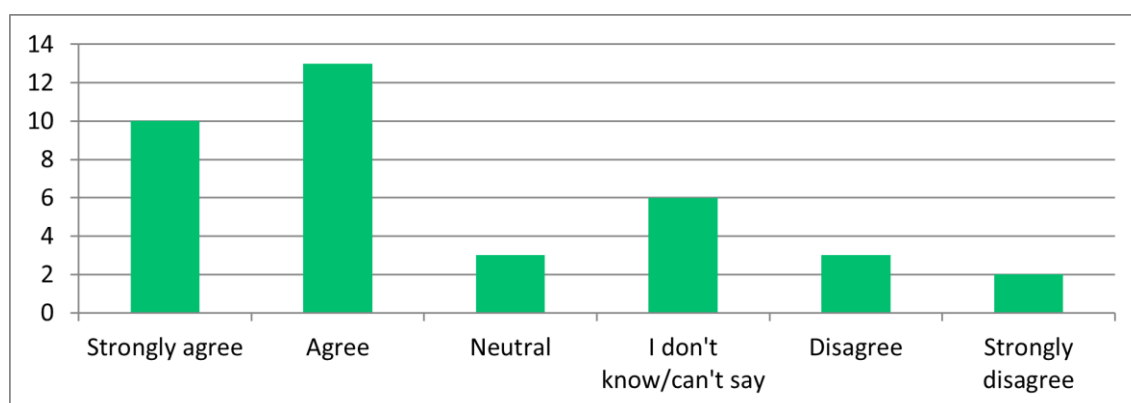
Q3- The Draft Brent PNA reflects the current pharmaceutical needs of the Brent residents.



Response options	Total
Strongly agree	9
Agree	15
Neutral	1
I don't know/can't say	7
Disagree	2
Strongly disagree	2

Answered – 36; skipped – 3

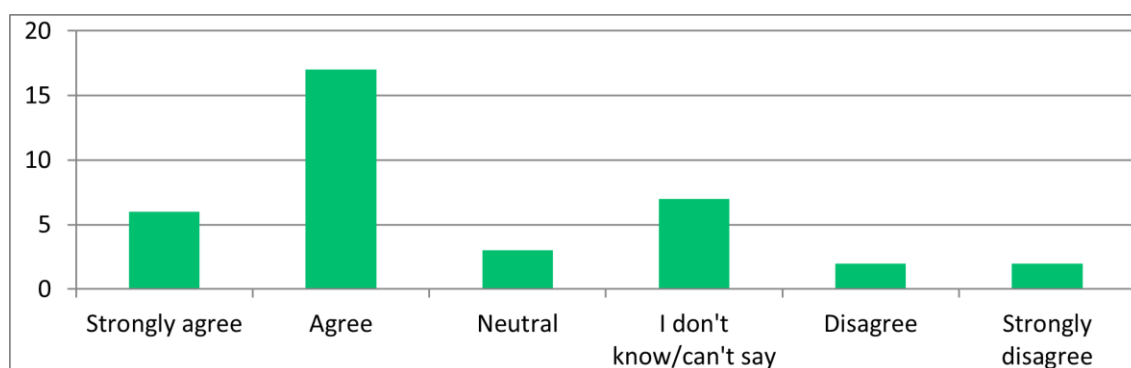
Q4- The Draft Brent PNA reflects the future (over the next three years) pharmaceutical needs of Brent residents.



Response options	Total
Strongly agree	10
Agree	13
Neutral	3
I don't know/can't say	6
Disagree	3
Strongly disagree	2

Answered – 37; skipped – 2

Q5- Regarding the conclusions within the Draft Brent PNA do you:



Response options	Total
Strongly agree	6
Agree	17
Neutral	3
I don't know/can't say	7
Disagree	2
Strongly disagree	2

Answered – 37; skipped – 2

Appendix H: Consultation comments

Comments received to the consultation survey

Comment number	Question	Responding as	Comment	SG response
1	2 – Current provision	A member of the public	They are no pharmacies open 24 hrs in Brent only until 10 or 11 pm.	The assessment concluded there was sufficient provision at weekends and evenings. Pharmacy provision currently mirrors other healthcare service providers.
2	2 – Current provision	A member of the public	It's new to me and I don't know how it will help me	Noted.
3	2 – Current provision	A member of the public	It is impossible to get a service outside of working hours	There is currently five 100-hour pharmacies in Brent providing out of hour provision. 62% of pharmacies are open beyond 9.30pm, 88% open on Saturday and 19% open on Sunday. The assessment concluded there was sufficient provision at weekends and evenings. Pharmacy provision currently mirrors other healthcare service providers.
4	2 – Current provision	A business/organisation - Quintain Ltd	document has 2 pharmacies listed that are not in Brent [Asda Ealing & Shiluns Greenford]	The two pharmacies stated have been confirmed by NHSE that they are located within the Brent HWB boundary.
5	Q2 – Q6	A member of the public	I want to access GP services from my pharmacy. I want to be able to see me GP or nurse on my local pharmacy	Noted, however this is out of scope of the PNA.
6	Q2 – Q6	A pharmacist	We need more funding towards MDS services, which are currently in high demand and we cannot provide due to	Noted, however commissioning and funding for services is out of scope of

Comment number	Question	Responding as	Comment	SG response
			budgetary constraints. Additionally we have no additional funding towards services, which means that we cannot keep enough pharmacists on staff to provide these.	the PNA. There is currently a national workforce issue, which is out of scope of the PNA.
7	Q2 – Q5	A member of the public	Don't know what it is / Couldn't tell	Noted.
8	3 – Current needs	A member of the public	Please kindly let me know how it will help me	Noted.
9	3 – Current needs	A business/organisation - Quintain Ltd	The inclusion of Distance Selling Pharmacies distort the conclusions. DSP's are 'dark pharmacies' and do not provide essential face to face services and provision is online only. Their customers can be nationwide and should not be considered part of the community provision. Furthermore 4 of the 8 DSP's in Brent are in Wembley making the calculations for provisions of pharmacies in this area further distorted.	A DSP is a pharmacy contractor that works exclusively at a distance from patients. The Pharmaceutical Regulations 2013 state that DSPs must not provide essential services face-to-face, but they may however provide advanced and enhanced services on the premises, as long as any essential service which forms part of the advanced or enhanced is not provided in person at the pharmacy premise. As classed as a community pharmacy, they are included in provision calculations.
10	4 – Future needs	A business/organisation - Quintain Ltd	As population grows through 2025 and to 2028 Wembley has the 2nd worst, and worst pharmacies per head of population in Brent respectively, although we recognise that Brent overall has more pharmacies per head of population than the national average. As Wembley grows the changes in demographic profile of the new community reflects an urban, rather than	The assessment has considered the health needs of Brent residents along with current and future provision, access (broken down by locality), and public view to form the conclusions to the PNA. The assessment has concluded there are no gaps in current

Comment number	Question	Responding as	Comment	SG response
			suburban, lifestyle, with lower car ownership and shorter average travel times for pharmacy visits. This would demonstrate a need for a better range of localised services, reflecting a need for incremental services in growth area.	or future provision (during the lifetime of the PNA, 3 years) across Brent.
11	5 – Conclusions	A business/organisation - Quintain Ltd	Pharmacies need to provide a localised service. Whilst the report may have suitable coverage of facilities at a macro view, at a district and ward, where pharmacies should be appropriately distributed, Wembley locality is under provided to meet the future growth demands.	The assessment has considered the health needs of Brent residents along with current and future provision, access (broken down by locality), and public view to form the conclusions to the PNA. The assessment has concluded there are no gaps in current or future provision (during the lifetime of the PNA, 3 years) across Brent.
12	6 – Other comments	A business/organisation - Boots UK Ltd	It appears that possibly due to the timing of production of this draft, the recent changes in the opening hours of a number of Boots pharmacies have not been reflected in the draft PNA.	Reviewed and amended where needed.
13	6 – Other comments	A member of the public	I think we need to have more consistent supply	Noted.
14	6 – Other comments	Member of the public	Vital service for the elderly ,disability, general population.	Noted.
15	6 – Other comments	A business/organisation - Quintain Ltd	Whilst we welcome the work undertaken to make the needs assessment and recognise that as an industry there is a nationwide surplus of community pharmacy licenses, we believe that the Wembley district has factors that are not accounted for in the report and its conclusions.	The evidence that the assessment reviewed for Wembley has concluded there are no gaps in current or future provision (during the lifetime of the PNA, 3 years) for the Wembley locality. The PNA does state that "Brent HWB

Comment number	Question	Responding as	Comment	SG response
				will monitor the uptake and need for additional services. It will also consider the impact of any changes in this locality in the future that may provide evidence that a need exists”.
16	6 – Other comments	7 x A member of the public	No / None	Noted.
17	6 – Other comments	A GP	No	Noted.
18	6 – Other comments	A pharmacist	No	Noted.

Comments received from NHS England

Comment	SG response
There is no statement in the PNA relating to future access to LCS	Future access of LCS has been considered in section 7.3.3.
There are a number of places where there does not appear to have been any information identified, the HWBB is asked to check that there is no relevant information that could be added in these areas (see below):	
Is there a need for specialist or other services, which would improve the provision of, or access to, services such as for specific populations or vulnerable groups?	No, not at the time of writing.

Comment	SG response
Are there known firm plans in and arising from local joint strategic needs assessments or joint health and wellbeing strategies?	These have already been considered as part of the PNA process.
Are there known firm plans for changes in the number and/or sources of prescriptions i.e. changes in providers of primary medical services, or the appointment of additional providers of primary medical services in the area?	No, not at the time of writing.
Are there plans for changing the commissioning of public health services by community pharmacists, for example, weight management clinics, and life checks?	No, not at the time of writing.
Are there plans for introduction of special services commissioned by clinical commissioning groups?	No, not at the time of writing.
Are there plans for new strategies by social care/occupational health to provide aids/equipment through pharmacies or dispensing appliance contractors?	No, not at the time of writing.
Page 30- The PNA states there are 7 Covid Vaccination sites we have agreed that this was as at the end of the Phase 3 Programme and this corresponds with the number of sites at the close of Phase 3. This number does not include any new sites for Phase 5.	PNA is a snapshot at a moment in PNA. Data was correct at the time of writing.
Pharmacy Requirements FWE02 it's a DSP that wasn't included in the draft PNA. This pharmacy is not currently dispensing (temporarily closed) but as yet has not been removed from the pharmacy list as this is in progress – no impact	Added a footnote to App A – confirmed by NHSE as to all intents and purposes this will close at some point in the future in any case.
Page 31- Makes reference to PHAS but does not include numbers, but does later on page 90.	Added.
Page 95 – Refers to a collection & delivery service commissioned by NHSE&I?	Amended.
Page 95 – Refers to NHSE&I commissioning a care home service in Brent?	Removed

Appendix I: Alphabetical list of pharmaceutical service providers in Brent HWB area

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced								NHSE&I Enhanced		CCG	LA		
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	Bank holiday		Palliative care medicines EHC	Needle exchange	Supervised consumption
Alpertons Jade Pharmacy	FNA63	Community	282 Ealing Road, Wembley	HA0 4LL	09:30-18:30 (Mon 09:00-18:30; Thu 09:30-18:00)	09:30-13:00	Closed	-	-	-	-	-	Y	-	Y	-	Y	Y	-	-	-	-	-
Alpha Pharmacy	FDE39	Community	193 Edgware Road, Colindale, London	NW9 6LP	09:00-19:00	09:00-14:00	Closed	-	-	Y	-	-	Y	-	-	-	-	-	-	-	-	-	-
Andre's Pharmacy	FER47	Community	261 Preston Road, Harrow	HA3 0PS	09:00-18:30	09:00-12:30	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-
Angies Pharmacy	FLW88	Community	96 Craven Park Road, Harlesden, London	NW10 4AG	09:00-19:00	09:00-14:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	-	Y	Y
Asda Pharmacy	FTX15	Community	Forty Lane, Wembley	HA9 9EX	08:00-22:00	08:00-22:00	08:00-22:00	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-
Asda Pharmacy	FQ459	Community	Park Royal Industrial Estate, 2-20 Western Road, Ealing, London	NW10 7LW	08:00-22:00	08:00-22:00	11:00-17:00	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-
Asda Pharmacy	FVW93	Community	Capitol Way, Colindale, London	NW9 0AS	Mon 07:30-23:00; Tue 07:00-22:30; Wed-Fri 07:00-23:00	07:00-22:00	11:00-17:00	Y	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-
Bliss Chemist	FCX89	Community	50-56 Willesden Lane, Kilburn, London	NW6 7SX	09:00-19:00	09:00-19:00	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y
Boots	FV311	Community	500 High Road, Wembley	HA9 7BH	08:30-17:30	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-
Boots	FX110	Community	483-485 Kingsbury Road, Kingsbury, London	NW9 9ED	09:00-18:00	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-
Brentmead Chemists	FR289	Community	136-138 Church Road, Willesden, London	NW10 9NH	09:00-19:00	09:00-17:00	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	Y
Brights Dispensing Chemist	FFP15	Community	118 Craven Park Road, Harlesden, London	NW10 8QD	09:00-19:00 (Thu 09:00-17:30)	09:00-14:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-
C K Pharmacy	FN289	Community	820 Harrow Road, Wembley, London	HA0 3EL	09:00-19:00	09:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced										NHSE&I Enhanced		CCG	LA		
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	Bank holiday	Palliative care medicines	EHC		Needle exchange	Supervised consumption	
Carters Pharmacy	FPQ29	Community	524-526 High Road, Wembley	HA9 7BS	09:00-19:00	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	Y	Y			
Catto Chemist	FF283	Community	79 High Street, Harlesden, London	NW10 4NS	09:00-19:00	09:00-18:30	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-				
Chana Chemist	FK263	Community	138 High Road, Willesden Green, London	NW10 2PJ	09:00-19:30	09:00-18:00	Closed	-	-	-	-	-	Y	-	Y	Y	-	-	-	Y	-	-			
Chana Chemist	FCF74	Community	Willesden Centre for Health and Care, Robson Avenue, London	NW10 3RY	08:00-00:00	09:00-21:00	10:00-18:00	Y	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-			
Chana Chemist	FXA07	Community	96-98 High Street, Harlesden, London	NW10 4SL	08:00-19:30	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	Y	-			
Churchill's Pharmacy	FQ551	Community	207 Kenton Road, Kenton, Harrow	HA3 0HD	09:00-19:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	Y	-	-			
Clockwork Pharmacy	FAL54	Community	283 Neasden Lane, Willesden, London	NW10 1QJ	09:00-19:00	09:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	Y	-	-	Y	Y			
Coopers Chemist	FQ102	Community	144-150 High Road, Willesden, London	NW10 2PB	09:00-19:00 (Thu 09:00-13:00)	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	-	-			
Craig Thomson Chemist	FPQ49	Community	70-72 Walm Lane, Willesden, London	NW2 4RA	09:00-18:30	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	Y	-			
Crystal Pharmacy	FFE50	Community	116 Chaplin Road, Wembley	HA0 4UZ	09:00-19:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-			
Day Lewis Pharmacy	FWJ69	Community	271-273 Kilburn High Road, Kilburn, London	NW6 7JR	09:00-18:30	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-			
Dollmeads Dispensing Chemist	FR520	Community	53 Chamberlayne Road, Kensal Rise, London	NW10 3ND	09:00-18:00	09:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	Y			
Dubison Ltd	FR797	Community	168 Church Road, London	NW10 9NH	09:00-19:00	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	-	-			
Edgars Chemist	FNQ46	Community	252 Willesden High Road, Willesden, London	NW10 2NY	09:00-18:30	09:00-16:30	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	-	Y			
Frank Wreford Chemists	FHX73	Community	234 Neasden Lane, Neasden, London	NW10 0AA	08:30-19:00	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	Y			
G Lowe Chemist	FJT83	Community	203a East Lane, North Wembley	HA0 3NG	09:00-19:00	09:00-18:00	Closed	-	-	Y	-	-	-	-	-	Y	-	-	-	Y	-	-			
Gimmack W M Chemist	FV742	Community	177 The Broadway, Cricklewood, London	NW2 3HT	09:00-18:00	09:00-18:00	Closed	-	-	Y	-	-	Y	-	-	Y	Y	-	Y	Y	-	Y			
Globe Pharmacy	FRT62	Community	78 Burnley Road, Willesden, London	NW10 1EJ	09:00-19:00	10:00-16:00	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Greenfield Pharmacy	FV117	Community	61 Chamberlayne Road, Kensal Rise, London	NW10 3ND	09:00-19:00	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	Y	-			

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced								NHSE&I Enhanced		CCG	LA		
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	Bank holiday		Palliative care medicines	EHC	Needle exchange
Grossman Pharmacy	FK807	Community	6 Oxgate Court Parade, Coles Green Road, London	NW2 7ET	09:00-18:00 (Thu 09:00-14:00)	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-
Gudkas Chemist	FDV77	Community	338 Neasden Lane, Neasden, London	NW10 0AD	09:00-19:00	Closed	Closed	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	Y	Y
Health First Pharmacy	FPF94	Community	95 Wembley Park Drive, Wembley	HA9 8HF	09:00-18:00	10:00-12:00	Closed	-	-	Y	-	-	-	-	Y	Y	-	-	-	-	Y	-	-
Health Pharmacy	FX977	Community	122 Windermere Avenue, Wembley	HA9 8RB	09:30-18:00	10:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	Y	-	Y	-
Hyde Pharmacy	FLM76	Community	213 Edgware Road, London	NW9 6LR	09:00-18:00 (Thu 09:00-13:00)	Closed	Closed	-	-	Y	-	-	Y	-	-	Y	-	-	-	-	-	-	-
Hyperchem Pharmacy	FTD56	Community	34 Salusbury Road, Queens Park, London	NW6 6NL	09:00-19:00	09:00-19:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	Y	-	-
Hyperchem Pharmacy	FWP54	Community	146 Willesden Lane, London	NW6 7TH	09:00-18:30	Closed	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	Y	-
Jade Pharmacy	FW672	Community	533 Kingsbury Road, Kingsbury, London	NW9 9EG	09:00-19:00 (Wed 09:00-18:30)	09:00-18:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	Y	Y	Y	-	-	Y	-	Y
Jade Pharmacy	FK192	Community	204 Ealing Road, Wembley	HA0 4QG	09:00-19:00	09:30-18:30	12:00-18:00	-	-	Y	-	-	Y	-	Y	Y	Y	-	Y	-	Y	-	-
Judds Chemist	FFV68	Community	Unit 1, 343B Stag Lane, Kingsbury, London	NW9 9AD	08:30-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	Y	-	-	-	Y	Y
Karepack Pharmacy	FLD31	DSP	11 Osram Road, Wembley, London	HA9 7NG	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Kilburn Park Pharmacy	FGW55	Community	Kilburn Park Station, Cambridge Avenue, London	NW6 5AD	09:00-18:30	Closed	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-
Kings Pharmacy	FL763	Community	343 Kilburn High Road, Kilburn, London	NW6 7QB	09:00-19:00	10:00-14:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	Y	-	Y	Y
Leigh Pharmacy	FX822	Community	278 Church Lane, Kingsbury, London	NW9 8LU	09:00-18:00	09:30-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	Y	-	Y	-	-	-
Lloyds Pharmacy	FDW18	Community	Sainsbury Store, 360 Ealing Road, Alperton, Wembley	HA0 1PF	07:00-23:00	07:00-22:00	10:30-16:30	Y	-	Y	-	-	Y	-	-	-	-	-	-	-	-	-	-
Lloyds Pharmacy	FDN23	Community	Sainsbury Store, 1 Nash Way, Kenton	HA3 0JA	08:00-20:00 (Thu-Fri 08:00-21:00)	08:00-20:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced								NHSE&I Enhanced		CCG	LA		
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	Bank holiday		Palliative care medicines EHC	Needle exchange	Supervised consumption
Medico2u	FGX25	DSP	11 Main Drive, East Lane Business Park, Wembley, London	HA9 7NA	09:00-17:00	Closed	Closed	-	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-
Monks Chemists	FVY66	Community	70 Harrow Road, Wembley	HA9 6PL	09:00-19:00	09:00-18:00	10:00-13:00	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-
Morrisons Pharmacy	FJE34	Community	Honeypot Lane, Queensbury, London	NW9 6RN	08:00-20:00	08:00-19:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-
Newcare Pharmacy	FQW94	Community	16-18 Station Parade, Willesden, London	NW2 4NH	09:30-19:00	09:30-19:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	-	Y	-
Optipharm Pharmacy	FW626	Community	29 Bridge Road, Wembley	HA9 9AB	06:00-23:00	06:00-21:00	Closed	Y	-	Y	-	-	Y	-	-	-	-	Y	-	-	-	-	-
Paster Chemist	FM910	Community	212 Preston Road, Wembley	HA9 8PB	09:00-19:00	09:00-18:00	10:00-13:00	-	-	Y	-	-	-	-	Y	-	-	-	-	-	-	-	-
Peace Pharmacy	FNQ01	Community	14 The Broadway, Preston Road, Wembley	HA9 8JU	09:00-22:00	09:00-22:00	09:30-22:00	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	Y	-	-	-
Pharmaelite	FXP03	DSP	G04, 10 Courtenay Road, East Lane, Wembley	HA9 7ND	09:00-17:00	Closed	Closed	-	-	Y	-	-	Y	-	-	Y	-	-	-	-	-	-	-
Private Pharmacy Group	FD419	DSP	Unit 2, Premier Park Road, London	NW10 7NZ	09:00-17:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pro Chemist	FLE92	DSP	Unit 5, Central Business Centre, Great Central Way, London	NW10 0UR	09:00-17:00	Closed	Closed	-	-	Y	-	-	Y	-	-	-	-	-	-	-	-	-	-
Queens Park Chemist	FK708	Community	67 Salusbury Road, Queens Park, London	NW6 6NJ	09:00-18:30	09:00-18:30	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	Y	-	-
R & C Pharmacy	FQW12	Community	5A Walm Lane, Willesden, London	NW2 5SJ	09:00-18:30	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	-	-	Y
Rasons Pharmacy	FVN06	Community	323 Harrow Road, Wembley	HA9 6BA	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-
Richards & Curtis	FTN30	Community	9 Sidmouth Parade, Sidmouth Road, London	NW2 5HG	09:00-18:30 (Thu 09:00-18:00)	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-
Rightcare Pharmacy	FFP48	DSP	29 Park Parade, Harlesden, London	NW10 4JG	09:00-17:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
RJ's Pharmacy	FPE58	Community	210 Ealing Road, Wembley	HA0 4QG	09:00-19:00	09:30-17:30	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-
Rushton Chemists	FJ322	Community	275-277 Preston Road, Harrow	HA3 0PS	09:00-18:30 (Thu 09:00-18:00)	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	-	-	-
S & S Chemists	FJ196	Community	40 Harrow Road, Wembley	HA9 6PG	09:00-19:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	-	Y	Y
S & S Chemists	FVJ61	Community	23 Hillside, London	NW10 8LY	09:00-19:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	Y	Y	Y

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced								NHSE&I Enhanced		CCG	LA		
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	Bank holiday		Palliative care medicines	EHC	Needle exchange
Salts Medilink	FKM09	DAC	10 Oliver Business Park, Park Royal, London	NW10 7JB	09:00-17:00	Closed	Closed	-	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-
Serena Dispensing Chemist	FRA07	Community	7 Library Parade, Craven Park Road, Harlesden, London	NW10 8SG	09:00-18:00	Closed	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-
Shiluns Pharmacy	FMC10	Community	3 The Parade, Sudbury Heights Avenue, Greenford, London	UB6 0LZ	09:00-18:30	Closed	Closed	-	-	Y	-	-	-	-	Y	-	-	-	-	-	-	-	-
Shivakem Pharmacy	FXN54	Community	12A Court Parade, Watford Road, Wembley	HA0 3HU	09:00-19:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-
Shri Pharmacy	FMP16	Community	511 Kingsbury Road, Kingsbury, London	NW9 9EG	09:00-18:00	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-
Smart Pharm	FFQ73	DSP	Suite 18 Space House, Abbey Road, Park Royal, London	NW10 7SU	09:00-17:00	Closed	Closed	-	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-
Smartcare Pharmacy Ltd	FEW53	DSP	Unit B Ground Floor, 110 Wembley Park Drive, Wembley	HA9 8HP	09:00-18:00 (Fri 09:00-19:00)	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Spivacks Chemist	FX090	Community	91 High Road, Willesden, London	NW10 2TA	09:00-19:00	09:00-14:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	Y	Y
Sudbury Chemist	FJC68	Community	879 Harrow Road, Wembley	HA0 2RH	09:00-18:30	09:00-17:00	Closed	-	-	Y	-	-	Y	-	-	-	-	-	Y	-	-	-	Y
Sudbury Court Pharmacy	FFX68	Community	221 Watford Road, Harrow	HA1 3UA	09:00-19:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-
Tesco Pharmacy	FXA05	Community	Great Central Way, Neasden, London	NW10 0TL	08:00-21:00	08:00-21:00	11:00-17:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-
Tyerest Ltd	FL709	Community	Gooseacre Parade, 427-429 Kenton Road, Kenton	HA3 0XY	09:00-19:00	09:00-16:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	-	-	-
UNP Pharmacy	FD307	Community	552 Kingsbury Road, Kingsbury, London	NW9 9HH	09:00-18:00	09:00-18:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	Y	Y	-	-	-	-	-
W N Gimmack	FED17	Community	10 Station Parade, Willesden Green, London	NW2 4NH	09:00-19:00	09:00-19:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	Y
Well Pharmacy	FLG32	Community	175 Church Lane, Kingsbury, London	NW9 8JS	08:30-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-
Wembley Pharmacy	FW256	Community	183 Ealing Road, Wembley	HA0 4LW	07:00-23:00	07:00-22:00	12:00-17:00	Y	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	Y	Y	Y

Appendix J: Future opportunities for possible community pharmacy services in Brent

Introduction

Any local commissioning of services for delivery by community pharmacy lies outside of the requirements of a PNA; it is considered as being additional to any **Necessary Services** required under the regulations.

In reviewing the provision of **Necessary Services** and considering Advanced, Enhanced and Locally Commissioned Services for Brent as part of the PNA process, it was possible to identify opportunities for service delivery via the community pharmacy infrastructure that could positively affect the population.

Not every service can be provided from every pharmacy and service development and delivery must be planned carefully. However, many of the health priorities either at a national or local level can be positively affected by services provided from community pharmacies, albeit being out of the scope of the PNA process.

Where applicable, all pharmacies and pharmacists should be encouraged to become eligible to deliver Advanced Services in all pharmacies across all CCG localities. This will mean that more eligible patients are able to access and benefit from these services.

The impact of the COVID-19 pandemic on service provision from community pharmacies has been significant during the life of the previous PNA:

- New Advanced Services have had their implementation delayed
- Community pharmacy priorities have been centred on pandemic service delivery, e.g. lateral flow test distribution and COVID-19 vaccination
- Significantly increased demand for existing services, e.g. repeat dispensing

The successful implementation of new Advanced and Enhanced Services to support the pandemic response is an indicator that implementation of additional new services from community pharmacies in the future is possible.

Health needs identified in the NHS Long Term Plan (LTP)

The LTP identifies community pharmacists as part of the process of improving the effectiveness of approaches such as the **NHS Health Check**, rapidly treating those identified with high-risk conditions, including high blood pressure. The **hypertension case-finding service** has been developed as an Advanced Service from community pharmacy as part of this process, but other disease-specific programmes should be made part of the service options available including for respiratory conditions, diabetes and cancer. For example, the LTP states: 'We will do more to support those with respiratory disease to receive and use the

right medication.’ Of NHS spend on asthma, 90% goes on medicines, but incorrect use of medication can also contribute to poorer health outcomes and increased risk of exacerbations or even admission. The New Medicine Service (NMS) is an Advanced Service that provides support for people with long-term conditions newly prescribed a medicine, to help improve medicines adherence.

LTP priorities that can be supported from community pharmacy:

- Prevention
 - Smoking
 - Obesity
 - Alcohol
 - Antimicrobial resistance
 - Stronger NHS action on health inequalities
 - Hypertension
- Better care for major health conditions
 - Cancer
 - Cardiovascular Disease (CVD)
 - Stroke care
 - Diabetes
 - Respiratory disease
 - Adult mental health services

Health needs in Brent

The health needs of the population of Brent were outlined in [Section 2](#) and summarised in [Section 6.1](#) of the PNA.

- The prevalence of inactive adults in Brent is higher than the London average (31% vs 24.3%)
- Brent has a higher prevalence of obese school children leaving primary school than the London and England average; this has been the case for the last 5ive years
- 17% of the adult population aged 18 years and over are estimated to be smokers and this is increasing (which goes against national trends); this was higher than the England and London averages
- In 2018-19, estimates of the level of substance misuse in Brent (from the National Drug Treatment Service Monitoring System, NDTMS) indicate that the borough has rates of opiate and crack misuse that are higher than the London or national averages
- Overall, the number of new Sexually Transmitted Infections (STIs), excluding chlamydia aged <25, diagnosed among residents of Brent in 2020 was considerably higher than the rate in England.

- In Brent in 2019, 59 young women aged under 18 years conceived, which is a rate of 11.0 per 1,000 population; of under-18 conceptions in Brent in 2019, 57.6% led to abortion, compared with the national average of 54.7%

Burden of Disease

- CVD
 - The early mortality (under 75 years) rate caused by all cardiovascular diseases in Brent was higher than the London and the England average
 - In 2019-20, the prevalence of hypertension in Brent was higher than the NWL Health & Care Partnership STP prevalence
- Diabetes
 - Rates in Brent are much higher than London and England average
 - The prevalence of diabetes is projected to rise significantly in Brent over the next 10–15 years, reflecting the ageing of the population, increasing numbers of people who are overweight or obese and the high proportion of Black and South Asian ethnic groups in the borough who are more at risk of diabetes
- Respiratory
 - The early (under 75 years) mortality rate from preventable respiratory illnesses in Brent was 12.5 per 100 000 of the population, which is significantly better than the England benchmark of 19.2/100 000 (2016-2018 dataset)
- Palliative care
 - 2020 data demonstrates that over half of Brent residents approaching end of life were in hospital palliative care settings, compared with England where just over 40% of deaths occurred in hospital
 - This is an indicator of socioeconomic inequality, as those from more deprived backgrounds are more likely to receive end of life care in hospital rather than at home

There were 53 responses to the community pharmacy contractor questionnaire, found in Appendix E. Respondents were asked to indicate which from a range of other services, including disease-specific, vaccination and screening services, they currently provide, would be willing to provide or would not be willing to provide. The majority of pharmacies indicated that they would be willing to provide services if commissioned – for example:

- CHD (90%)
- COPD (94%)
- Diabetes (96%)
- Chlamydia testing and treatment services (92%)

Respondents also indicated that they would be willing to provide a variety of vaccination services, a health area where Brent performs at a level below the England average. For example, childhood vaccinations (78%), hepatitis vaccination (for at-risk workers or patients) (82%), HPV (90%).

Opportunities for further community pharmacy provision

Based on these priorities and health needs community pharmacy can be commissioned to provide services that can help and support the reduction of the variances seen in health outcomes across Brent.

A. Existing services

Essential Services

Signposting for issues such weight management and health checks.

Advanced Services

Some of the existing Advanced Services could be focused on particular areas of ill health within Brent, i.e. NMS in areas such as diabetes, coronary heart disease.

There are several new or recently introduced Advanced Services being implemented that could be beneficial to the population of Brent based on the identified health needs, including:

- **Hypertension case-finding service**
This is a recently introduced Advanced Service. The service has two stages – the first is identifying people at risk of hypertension and offering them blood pressure measurement (a 'clinic check'). The second stage, where clinically indicated, is offering 24-hour ambulatory blood pressure monitoring. The blood pressure test results will then be shared with the patient's GP to inform a potential diagnosis of hypertension.
- **Hepatitis C testing service**
The service is focused on provision of Point-of-Care Testing (POCT) for hepatitis C (Hep C) antibodies to People Who Inject Drugs (PWIDs), i.e. individuals who inject illicit drugs such as steroids or heroin, but who haven't yet moved to the point of accepting treatment for their substance use. Where people test positive for Hep C antibodies, they will be referred for a confirmatory test and treatment, where appropriate.
- **Stop Smoking**
There is a new Stop Smoking Advanced Service for people referred to pharmacies by a hospital, which has been commissioned from January 2022 (delayed). The service is aimed at stop smoking support for those beginning a programme of smoking cessation in secondary care and referred for completion in community pharmacy. The

DHSC and NHSE&I proposed the commissioning of this service as an Advanced Service.

Smoking is the highest cause of preventable ill health and premature mortality in the UK. Smoking is a major risk factor for many diseases, such as lung cancer, Chronic Obstructive Pulmonary Disease (COPD) and heart disease. It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix. Levels of smoking have been increasing in Brent, going against national trends.

B. New services

Based on the local and national health needs identified throughout this document, there are opportunities for community pharmacy to positively impact outcomes.

- Sexual health

Sexual health services are not currently commissioned in community pharmacies in Brent except for EHC. Of respondents to the public questionnaire, 56% indicated that they would wish to see such services available from community pharmacies.

Sexual health services are commissioned by many local authorities in community pharmacy settings across England; models of care and service level agreements could be easily implemented within Brent.

Based on the identified health needs around sexual health, provision of services to include STI screening and/or treatment may be beneficial. In addition, coupling such services with the Hep C Advanced Service could be advantageous.

- NHS Health Check

This is a national programme for people aged 40–74 that assesses a person's risk of developing **diabetes, heart disease, kidney disease** and **stroke**. It then provides the person with tailored support to help prevent the condition, advising on lifestyle changes to reduce their risk. Nationally, there are over 15 million people in this age group who should be offered an NHS Health Check once every five years, and local authorities are responsible for commissioning NHS Health Checks. Health Checks are available from other providers in Brent, e.g. GP practices.

Prevalence of many of these areas of ill health are above the national averages, and they continue to have a significant impact on the health of the population and are national health priorities.

Possible disease-specific services

The following are examples of disease-specific services that have been commissioned in some areas of England either by NHSE&I or CCGs. These would be seen as add-on services to Advanced Services or could be commissioned separately. There are many examples of different service types on the PSNC website, those below are described to give an idea of the type of service available. The conditions listed have been identified as health priorities either as causes of ill health in Brent or in the NHS LTP.

- Weight management

There are many different examples of weight management services already provided from a number of community pharmacies in England. These may be targeted to localities, e.g. areas of higher deprivation, or coupled with programmes for other ill health, e.g. cardiovascular disease or diabetes.

The prevalence of inactive adults in Brent is higher than the London average (31% vs 24.3%); indicating a potential problem in this area. There is also a greater prevalence of obesity in school age children in Brent.

- Diabetes

Diabetes-focused pharmacy (Wessex LPN). The framework is categorised into six elements: 1. The pharmacy team, 2. Prevention and lifestyle, 3. Complications of diabetes, 4. Education programmes, 5. Medicines adherence; 6. Signposting.

Diabetes rates in Brent are much higher than London and England average.

- STI and HIV screening

Chlamydia and STI screening is a service that is commonly provided by many community pharmacies across England. This service may also include a treatment arm. The Advanced Service for Hepatitis C testing uses a POCT methodology and these tests are also available for HIV testing. There have been many such services delivered from community pharmacies around England. Linking such services to the existing needle exchange services could be beneficial.

The number of new STIs, excluding chlamydia aged <25, diagnosed among residents of Brent in 2020 was considerably higher than the rate in England.

- Cardiovascular

Atrial Fibrillation (AF) screening service (multiple areas). This service provides patients at high risk of AF with a consultation that gathers information and screens them for AF using a portable heart monitoring device called an AliveCor monitor. Patients who have this arrhythmia detected will be counselled by the pharmacist about the

implications of the diagnosis and referred to their GP for ongoing management. The pharmacy consultation will: 1. Screen identified cohorts for AF using a portable heart monitor device; 2. Counsel the patient on the results of the analysis; 3. Where appropriate, send the report and refer the patient to their GP for further investigation and management; 4. Offer advice on a healthier lifestyle; and 5. Signpost the patient to other services available in the pharmacy such as a Stop Smoking Service or Weight Loss Support Service

The early mortality (under 75 years) rate caused by all cardiovascular diseases in Brent was higher than the London and the England average.

- Respiratory

Asthma inhaler technique (Greater Manchester) The purpose of the Improving Inhaler Technique through Community Pharmacy service is to provide a brief intervention service to patients receiving inhaled medication for respiratory disease. The service is available to patients registered with a GP practice in Greater Manchester presenting a prescription for inhaled respiratory medication for the treatment of asthma or COPD to a participating pharmacy.

Recommendations

1. Highlight to the public the services that are currently available from community pharmacies to support the improved utilisation of these existing services.

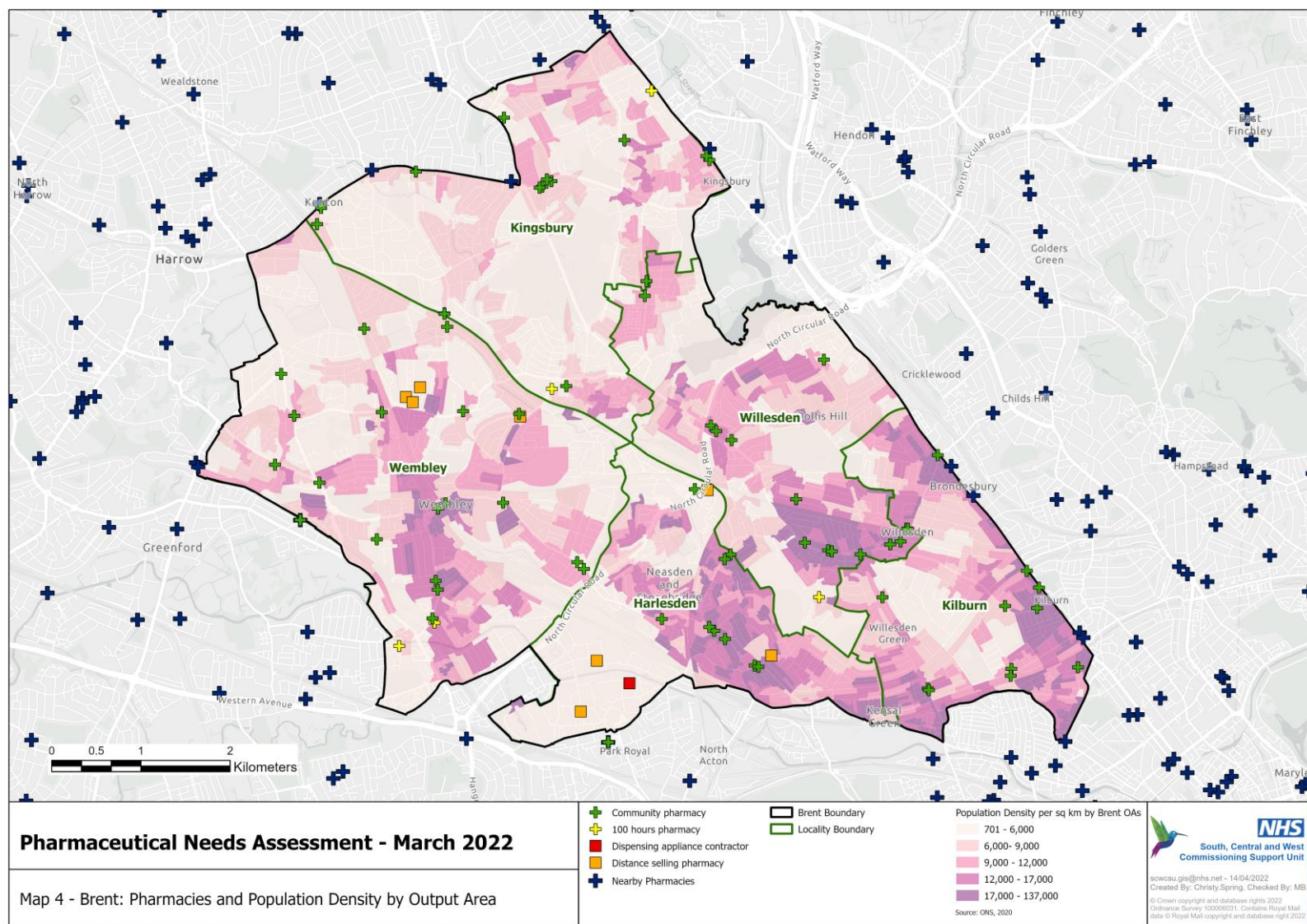
2. Identify the best way to deliver the new Advanced Services

Smoking cessation, hepatitis C screening and hypertension case-finding can meet the health needs of Brent, potentially in targeted wards.

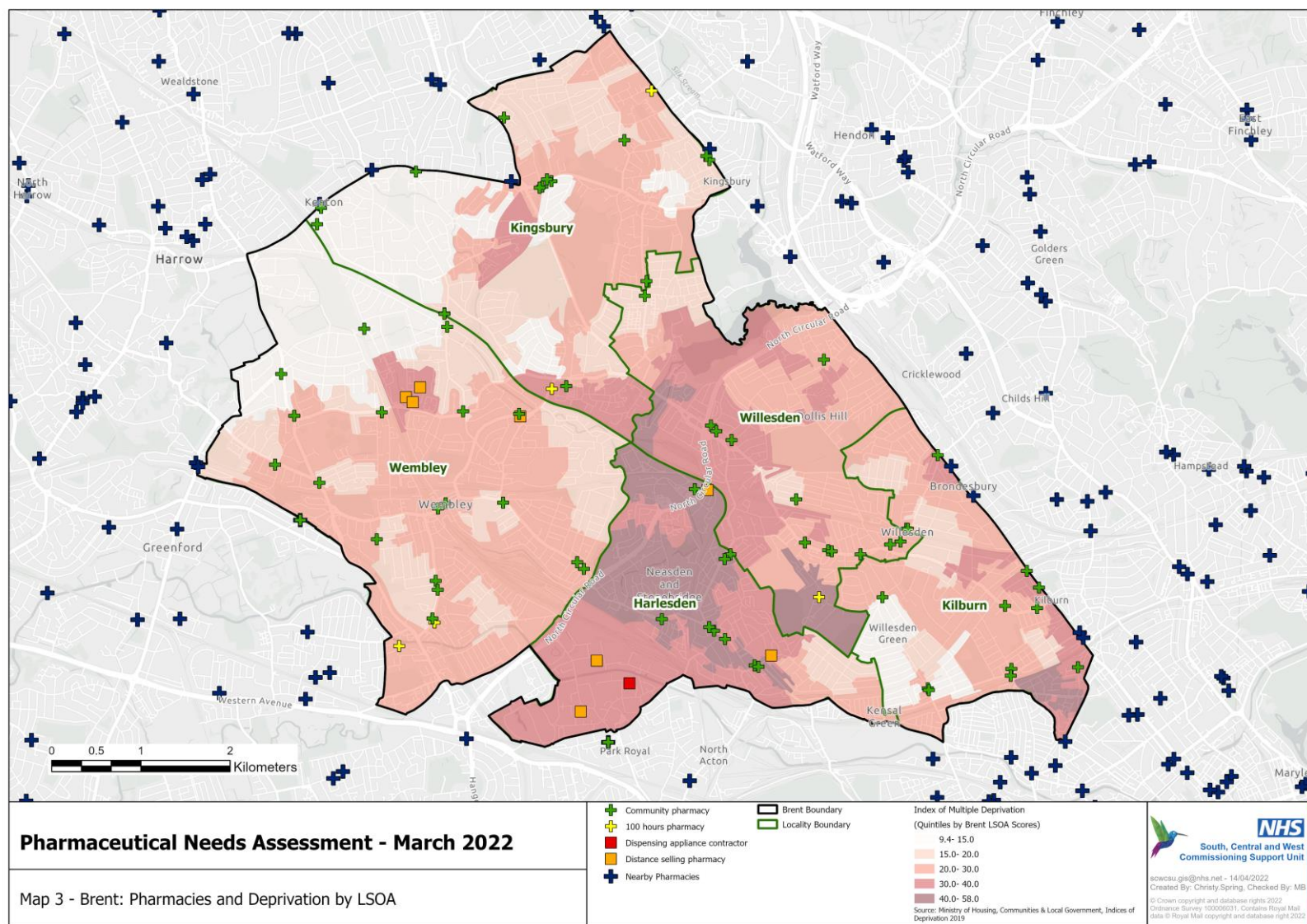
3. Consider the provision of new Locally Commissioned Services

To meet specific health needs in Brent, e.g. NHS Health Checks, diabetes, weight management, sexual health, respiratory and cardiovascular.

Map A: Pharmacies and population density by LSOA

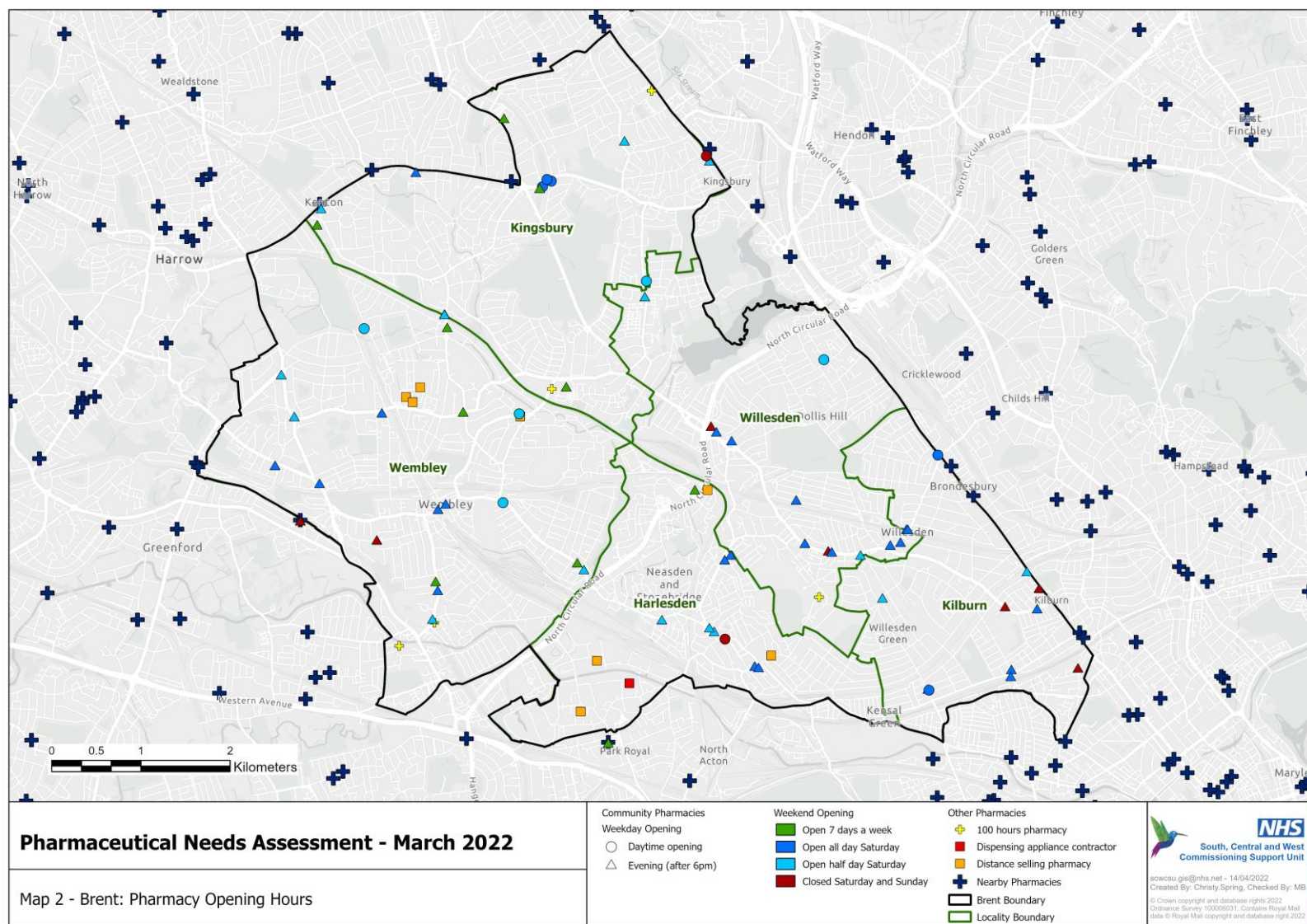


Map B: Pharmacies and deprivation by LSOA



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Map C: Brent pharmacies and opening hours



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Map D–H: Travel access maps

Travel-time analysis has been used to derive the areas from within which it is possible to access pharmacies within specified time limits. This analysis was based on the pharmacies within the study area and also included pharmacies that are outside of the area but could potentially be accessed by residents within the study area. This analysis incorporated community pharmacies (including 100-hour pharmacies) and excluded dispensing GP practices, DACs and DSPs.

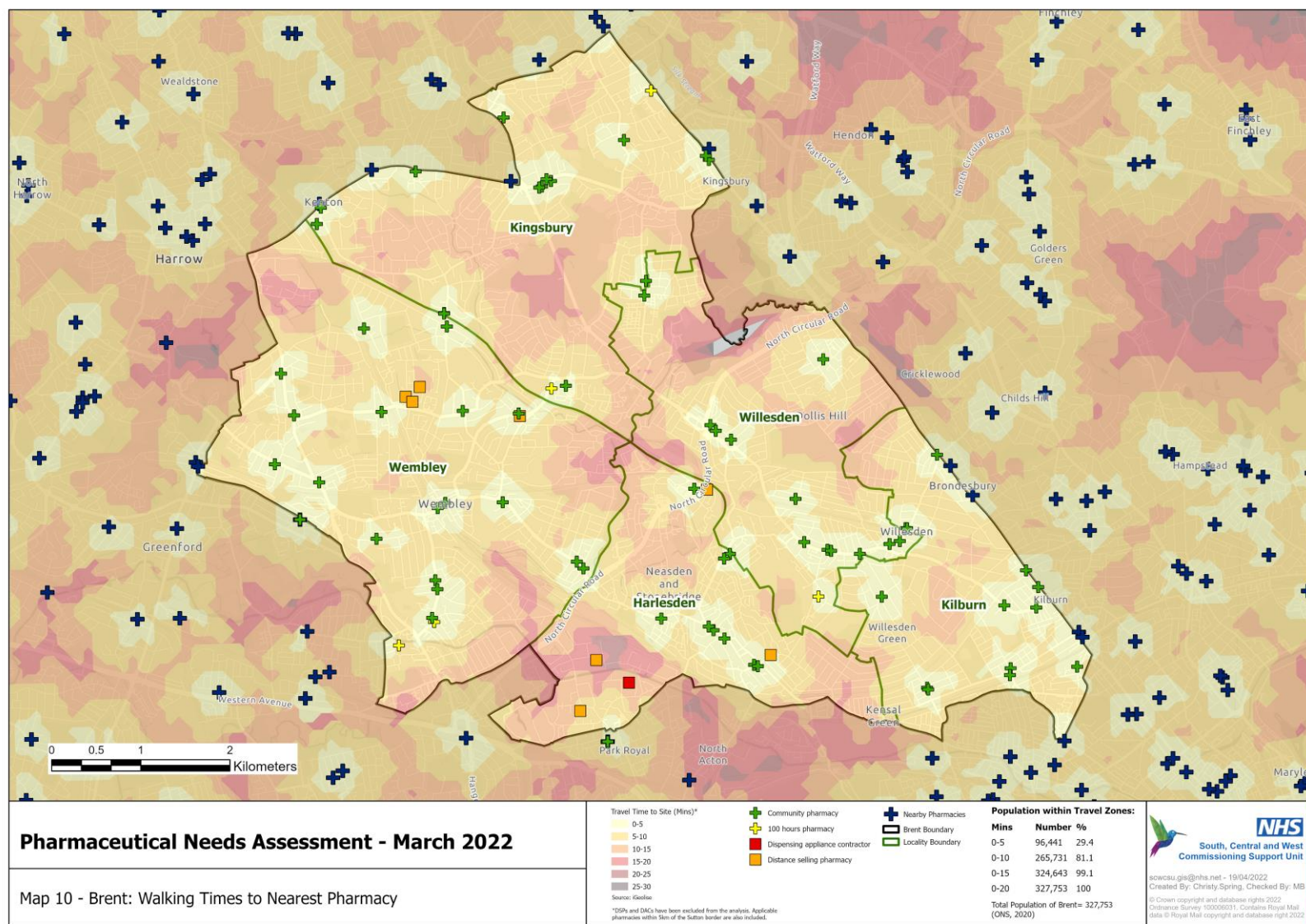
The travel analysis incorporates the road network, public transport schedules and prevailing traffic conditions, and was carried out to model pharmacy accessibility based on driving by car (during peak and off-peak hours), by public transport (during morning and afternoon) and by walking.

The areas from where a pharmacy can be reached within the stated conditions are presented as shaded zones in the following maps. The colour used in the shading on the map corresponds to the time required to travel to a pharmacy from within that area. If an area is not shaded within the map it would take greater than the allocated upper time limit to access any of the pharmacies included in the analysis (or is inaccessible using the travel mode in question).

A point dataset containing the ONS mid-term population estimate (2020) at Census Output Area (COA) level was then overlaid against the pharmacy access zones. The population points that fall within the pharmacy access zones were identified and used to calculate the numbers and percentages of the resident population within the study area who are able to access a pharmacy within the stated times. These calculations are also presented in the following maps.

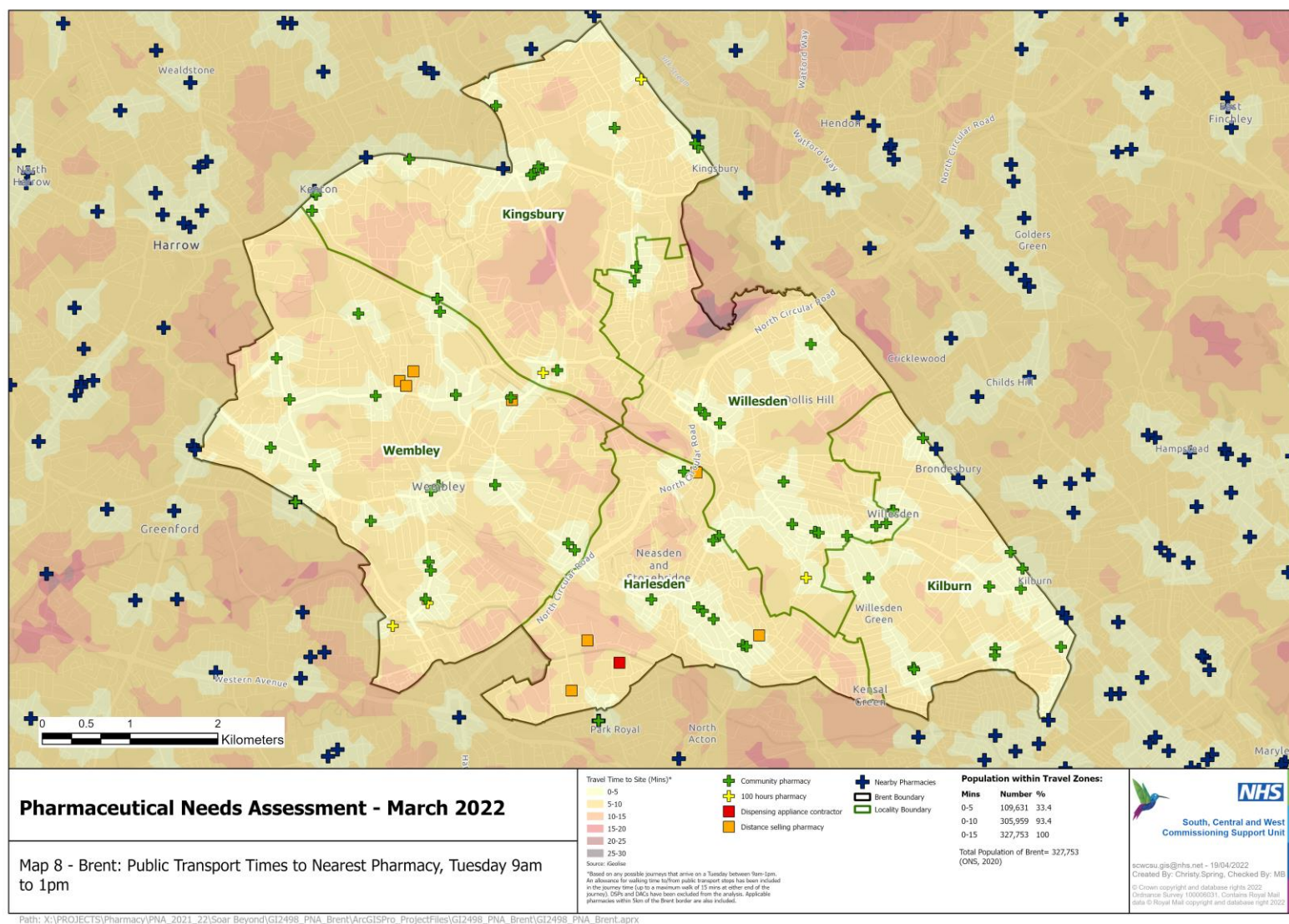
Please note that the COA population dataset represents the location of approximately 125 households as a single point (located on a population-weighted basis) and is therefore an approximation of the population distribution. Also the travel-time analysis is modelled on the prevailing travel conditions and actual journey times may vary. The population coverage should therefore be viewed as modelling rather than absolutely accurate.

Map D: Average walk times to community pharmacies in Brent



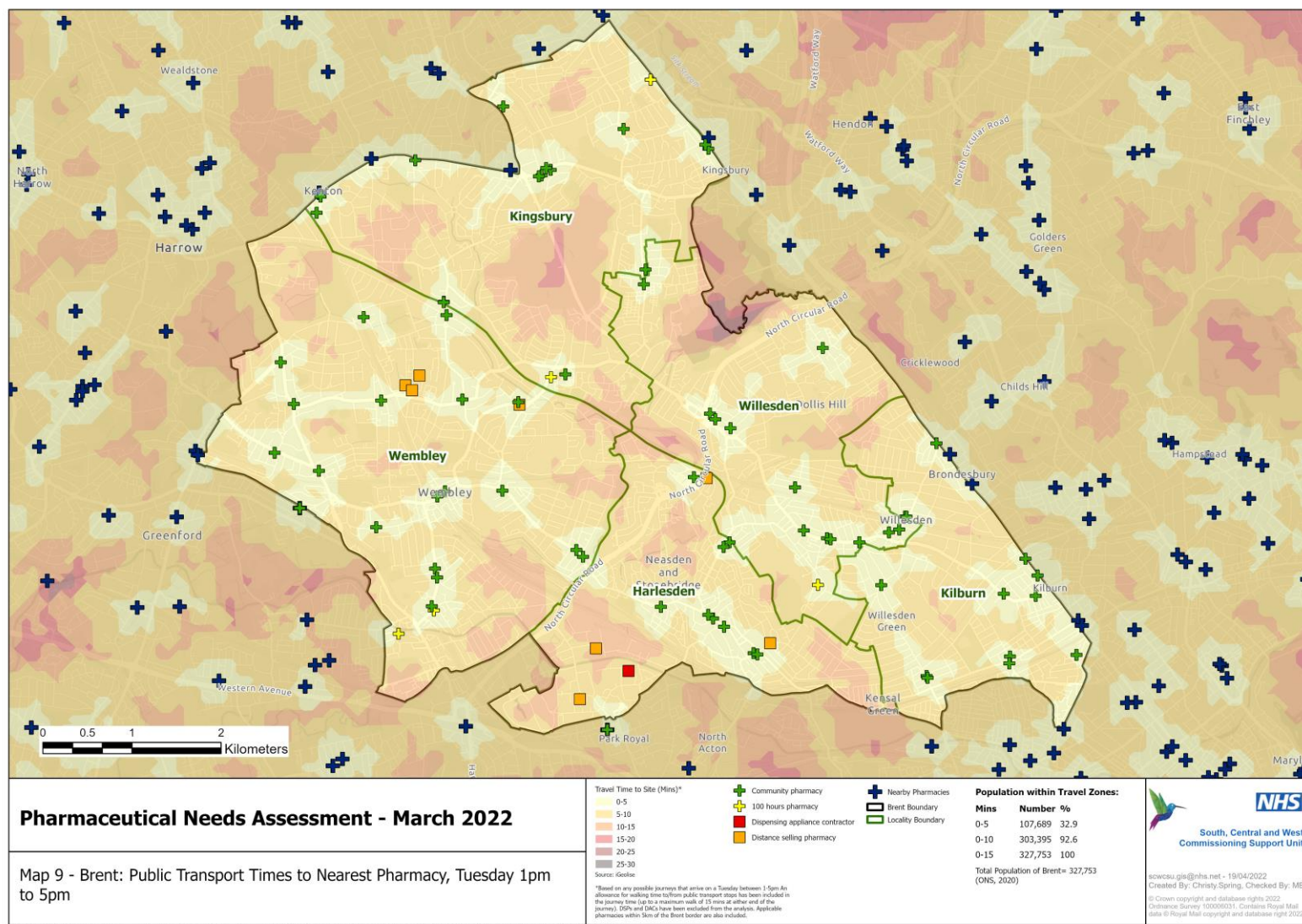
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Map E: Public transport times (mornings) to the nearest pharmacy in Brent



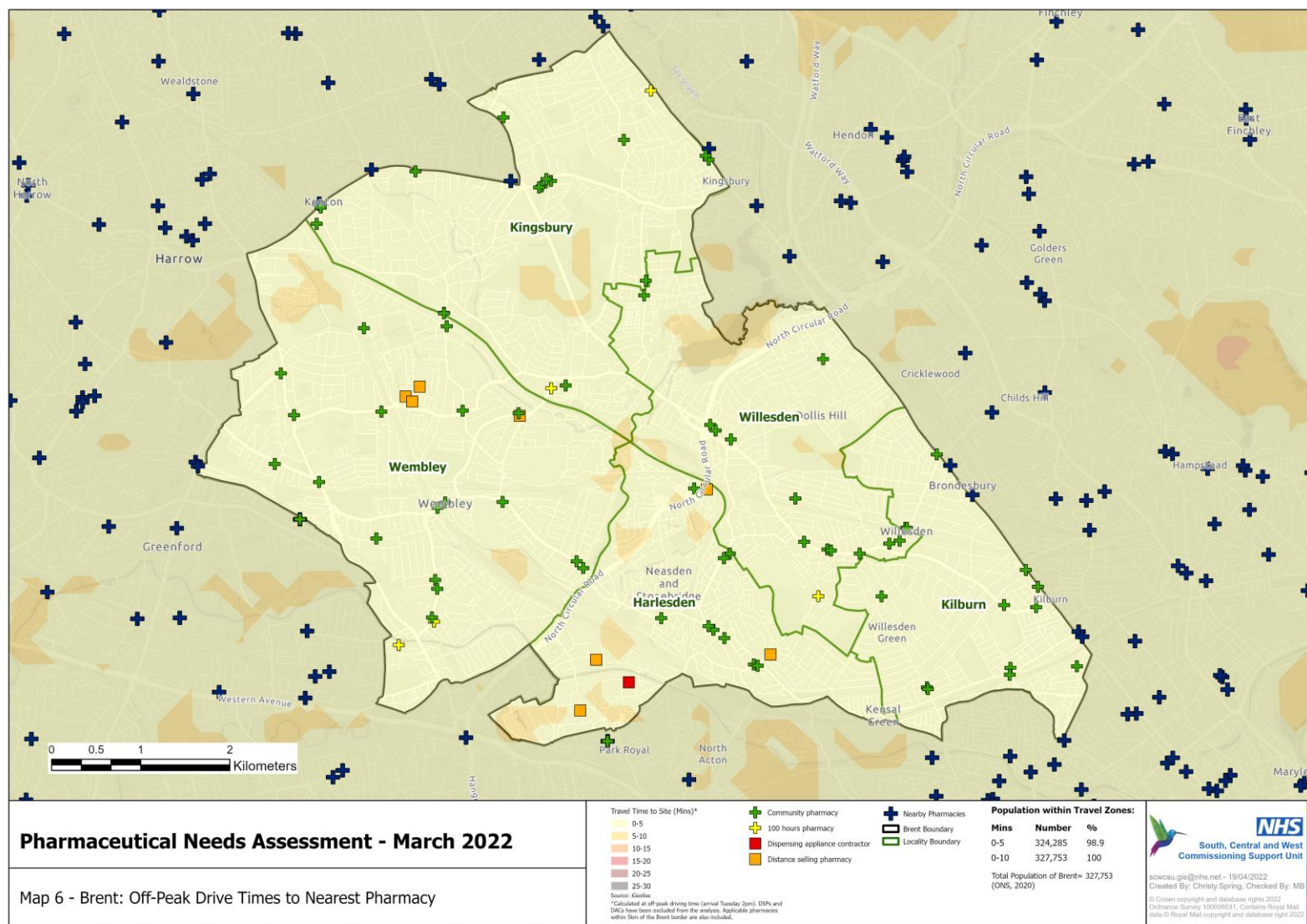
Note: Tuesday was when travel analysis was run, which is a proxy for weekday driving times

Map F: Public transport times (evenings) to the nearest pharmacy in Brent



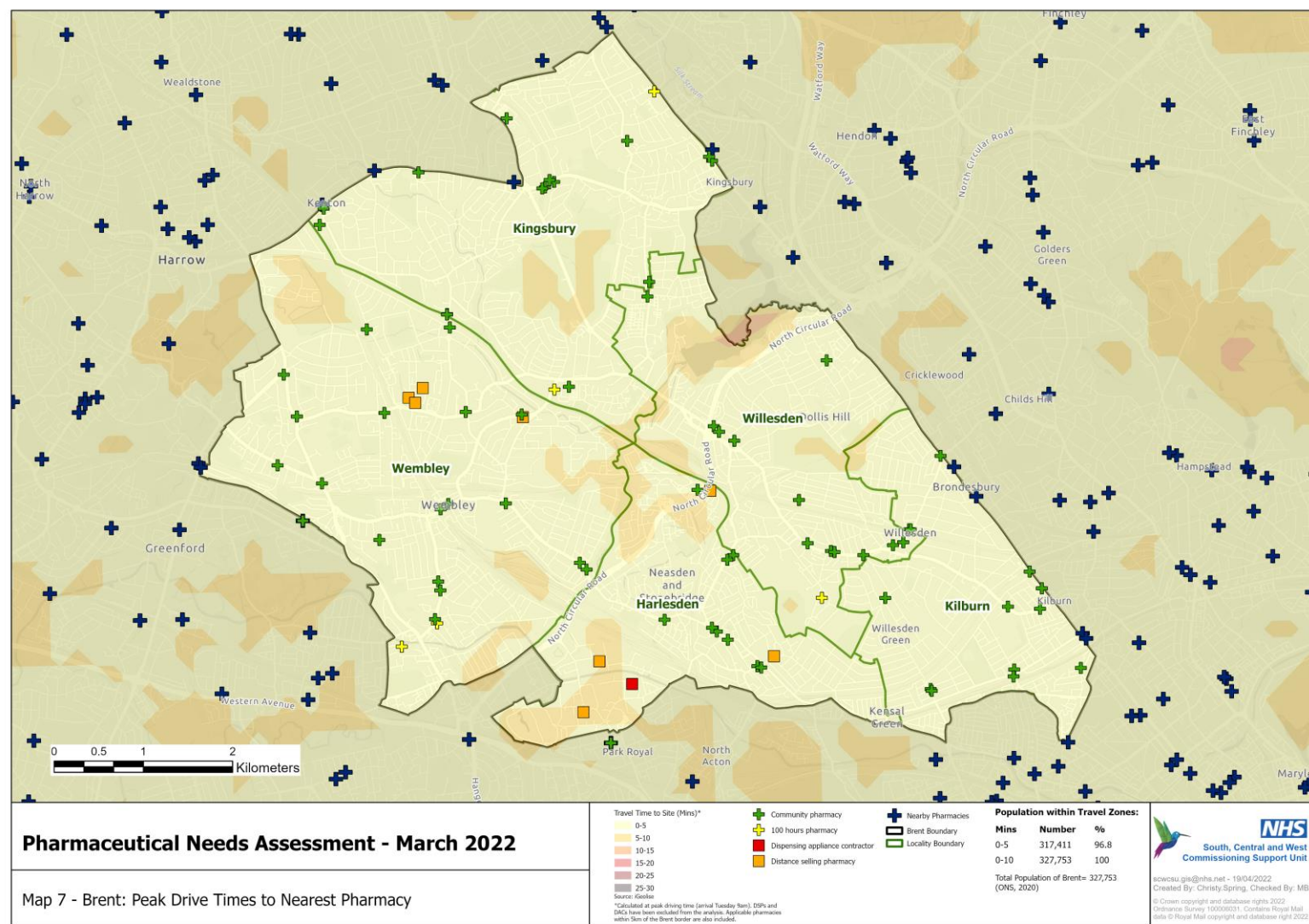
Note: Tuesday was when travel analysis was run, which is a proxy for weekday driving times

Map G: Average drive times during off-peak times by car to pharmacies in Brent



Note: Tuesday was when travel analysis was run, which is a proxy for weekday driving times

Map H: Average drive times during peak times by car to pharmacies in Brent



Note: Tuesday was when travel analysis was run, which is a proxy for weekday driving times