

# Draft Enfield Pharmaceutical Needs Assessment



Closing date for this questionnaire is 31 January 2015

## Consultation 2015



If you prefer to answer our survey online,  
please go to our website

[www.enfield.gov.uk/pna\\_consultation](http://www.enfield.gov.uk/pna_consultation)

## Contents

<b>Contents</b> .....	<b>1</b>
<b>Executive summary</b> .....	<b>6</b>
<b>Acknowledgements</b> .....	<b>13</b>
<b>Section 1: Introduction</b> .....	<b>14</b>
1.1 Background.....	14
1.2 Purpose of the PNA .....	15
1.3 Scope of the PNA.....	15
1.3.1 Pharmacy contractors.....	16
1.3.2 Dispensing appliance contractors.....	18
1.3.3 Local pharmaceutical service providers.....	18
1.3.4 Dispensing GP practices .....	19
1.3.5 Other providers of pharmaceutical services in neighbouring HWB areas 19	
1.3.6 Other services and providers in the Enfield HWB area, out of scope of the PNA .....	19
1.4 Process for developing the PNA .....	21
1.5 Localities for the purpose of the PNA.....	23
1.6 GP Practices, locality and ward mapping.....	24
<b>Section 2: Context for the PNA</b> .....	<b>27</b>
2.1 Joint Strategic Needs Assessment.....	27
2.2 Health and Wellbeing Board strategy.....	27
2.3 Population characteristics .....	28
2.3.1 Overview.....	28
2.3.2 Age .....	30
2.3.3 Predicted population growth .....	37
2.3.4 Life expectancy.....	37
2.3.5 Specific populations.....	42
2.3.5.1 Ethnicity.....	42
2.3.5.2 Children and young people.....	45
2.3.5.3 Children in care .....	47
2.3.5.4 Older People.....	47
2.3.5.5 Prison populations .....	49

2.3.5.6	Less-abled populations.....	49
2.3.5.6.1	Physical disability .....	49
2.3.3.6.2	Sight impairment.....	50
2.3.5.6.3	Hearing impairment .....	51
2.3.5.6.4	Learning Disabilities .....	52
2.3.5.7	Breastfeeding populations .....	53
2.3.5.8	Homeless populations .....	53
2.3.5.9	Asylum seekers and refugees .....	55
2.3.6	Deprivation .....	57
2.4	Causes of ill health.....	58
2.4.1	Cardiovascular Disease (CVD).....	61
2.4.1.1	Coronary Heart Disease (CHD).....	63
2.4.1.2	Stroke .....	64
2.4.1.3	Hypertension .....	65
2.4.2	Cancers .....	66
2.4.4	Diabetes .....	70
2.4.5	Respiratory Disorders .....	71
2.4.5.1	Chronic Obstructive Pulmonary Disease (COPD) .....	72
2.4.5.2	Asthma .....	73
2.4.6	Depression and mental health .....	74
2.4.7	Hospital admissions and accidental injuries .....	75
2.4.8	Obesity .....	77
2.4.9	Palliative care .....	79
2.5	Lifestyle issues.....	80
2.5.1	Drug misuse .....	80
2.5.1.1	Alcohol.....	80
2.5.2	Teenage pregnancy.....	82
2.5.3	Sexually transmitted infections .....	83
2.5.3.1	Chlamydia .....	84
2.5.3.2	HIV .....	85
2.5.3.2.1	Late diagnosis of HIV .....	86
2.5.4	Smoking.....	87
2.5.4	Oral Health .....	89

**Section 3: NHS pharmaceutical services provision; currently commissioned 90**

3.1	Community pharmacies .....	90
3.1.1	Choice of community pharmacies.....	91
3.1.2	Intensity of current community pharmacy providers .....	92
3.1.3	Weekend and evening provision.....	92
3.2	Dispensing appliance contractors (DACs).....	93
3.3	Distance-selling pharmacies .....	93
3.4	Access to community pharmacies.....	93
3.4.1	Routine daytime access to community pharmacies.....	93
3.4.2	Routine weekday evening access to community pharmacies.....	94
3.4.3	Routine Saturday daytime access to community pharmacies.....	97
3.4.4	Routine Sunday daytime access to community pharmacies.....	101
3.4.5	Routine Bank Holiday access to community pharmacies .....	102
3.4.6	Pharmacy providers in surrounding HWB areas.....	103
3.5	Advanced service provision from community pharmacies.....	105
3.6	Enhanced service provision .....	105
3.7	Pharmaceutical service provision provided from outside Enfield HWB area	106

**Section 4: Other services which may impact on pharmaceutical services****provision ..... 107**

4.1	Local Authority commissioned services provided by community pharmacies in Enfield .....	107
4.2	Clinical Commissioning Group (CCG) commissioned services .....	107
4.3	Other services provided from community pharmacies .....	107
4.4	Collection and delivery services .....	108
4.5	Language services .....	108
4.6	Services for less-abled people .....	108

**Section 5: Findings from the Public Survey ..... 109****Section 6: Analysis of health needs and pharmaceutical service provision .. 112**

6.1	Pharmaceutical services and health needs.....	113
6.1.1	Essential Services .....	114
6.1.2	Advanced Services .....	115
6.1.3	Enhanced Services.....	116
6.1.4	Locally Commissioned Services .....	117

6.1.4.1 Minor Ailments Service .....	117
6.1.4.2 Stop Smoking Services .....	117
6.1.4.3 Emergency Hormonal Contraception (EHC).....	117
6.1.4.4 Screening Services.....	118
6.1.4.5 Drug and Alcohol Misuse Services .....	119
6.2 South West locality.....	119
6.2.1 Necessary services: current provision .....	119
6.2.2 Necessary services: gaps in provision.....	119
6.2.3 Other relevant services: current provision .....	120
6.2.4 Improvements and better access: gaps in provision.....	120
6.2.5 Other services .....	120
6.3 South East locality.....	120
6.3.1 Necessary services: current provision .....	120
6.3.2 Necessary services: gaps in provision.....	121
6.3.3 Other relevant services: current provision .....	121
6.3.4 Improvements and better access: gaps in provision.....	121
6.3.5 Other services .....	121
6.4 North West locality .....	121
6.4.1 Necessary services: current provision .....	121
6.4.2 Necessary services: gaps in provision.....	123
6.4.3 Other relevant services: current provision .....	123
6.4.4 Improvements and better access: gaps in provision.....	123
6.4.5 Other services .....	123
6.5 North East locality .....	123
6.5.1 Necessary services: current provision .....	123
6.5.2 Necessary services: gaps in provision.....	124
6.5.3 Other relevant services: current provision .....	124
6.5.4 Improvements and better access: gaps in provision.....	124
6.5.5 Other services .....	124
<b>Section 7: Conclusions and recommendations .....</b>	<b>125</b>
7.1 Necessary services - current and future access .....	125
7.2 Other NHS services .....	127
7.3 Locally commissioned services.....	127

<b>Appendix A: List of pharmaceutical service providers in Enfield HWB area..</b>	<b>129</b>
<b>Appendix B: PNA Steering Group Terms of Reference .....</b>	<b>138</b>
<b>Appendix C: Patient survey.....</b>	<b>144</b>
<b>Appendix D: Pharmacy contractor survey.....</b>	<b>152</b>
<b>Appendix E: Commissioner Survey.....</b>	<b>164</b>
<b>Appendix F: PNA timeline .....</b>	<b>172</b>
<b>Appendix G: Consultation plan and list of stakeholders.....</b>	<b>174</b>
<b>Appendix H: Summary of consultation responses and comments .....</b>	<b>179</b>
<b>Appendix I: Results of the patient survey.....</b>	<b>180</b>
<b>Appendix J: Results of the pharmacy contractor survey .....</b>	<b>195</b>
<b>Appendix K: Results of the commissioner survey.....</b>	<b>213</b>
<b>Abbreviations .....</b>	<b>220</b>
<b>Equality Impact Assessment.....</b>	<b>221</b>
<b>Map A: Pharmacies and BME population.....</b>	<b>228</b>
<b>Map B: Pharmacies and Index of Multiple Deprivation 2010 by Output Area .</b>	<b>229</b>

## Executive summary

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

This mapping of pharmaceutical services against local health needs provides Enfield 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 pharmacy
- Clearly identify and address any local gaps in pharmaceutical services
- Target services to reduce health inequalities within local health communities.

The PNA Steering Group for Enfield HWB has overseen the production of this PNA. The consultation on the draft PNA is taking place between 1<sup>st</sup> December 2014 and 31<sup>st</sup> January 2015.

### NHS Pharmaceutical Services in England

NHS Pharmaceutical Services are provided by contractors on the 'Pharmaceutical List' held by NHS England. Types of providers are:

- Community pharmacy contractors, including distance-selling pharmacies
- Dispensing appliance contractors
- Local pharmaceutical service providers
- Dispensing doctors

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

<b>Essential Services:</b>	Negotiated nationally. Provided from all pharmacies
<b>Advanced Services:</b>	Negotiated nationally. Provided from some pharmacies, specifically accredited
<b>Enhanced Services:</b>	Negotiated locally to address local health needs. Provided from selected pharmacies, specifically commissioned

This contractual framework enables NHS England area teams to commission services to address local needs, whilst still retaining the traditional dispensing of medicines and access to support, for self-care from pharmacies.

## **Health in Enfield**

### **The area**

Enfield is a borough in the north of London. It has borders with the other London Boroughs of Barnet, Haringey and Waltham Forest as well as Hertfordshire to the north. Enfield is one of the largest boroughs in London, yet two thirds is open spaces or designated green belt land. Enfield is also the home to the largest Cypriot community outside of Cyprus.

### **The population**

The population has grown by 20% over the last 15 years and by 26% over the last 25 years. The current estimated population is 322,295. This number is projected to rise to:

- 337,259 by 2021 (4.6%)
- 356,396 by 2031 (10.6%)

These rates are significantly lower than the London average (8.7% and 16.5% respectively). For both Enfield and England the highest increment will be amongst the persons aged 65 years and over.

Enfield Council plans to develop 6,870 homes during 2015-2020 which will help support the growing population and demand for housing.

Enfield has a considerably larger proportion of black ethnic populations (17.2%) compared to the London average of 13.3% and England average of 3.5%. Enfield also has larger proportion of "White Other" which include Turkish / Kurdish. Enfield has the largest Turkish community in London

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

### **Health inequalities**

Enfield on the whole is a relatively deprived area with pockets of affluent areas. It is often described as "a borough of two halves". The most deprived areas within the borough are concentrated largely in the south east: Edmonton Green, Upper Edmonton, Lower Edmonton, Ponders End and Turkey Street. The three Edmonton wards are within the most deprived 10% of wards in England.

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

### **Health and illness**

Average life expectancy in Enfield is slightly greater than the London and national averages. However, there is a wide variance between Enfield's wards with male life expectancy ranging from 74.7 years to 82.4 years and female life expectancy ranging from 76.6 years to 90.1 years. In general, life expectancy is greater in western wards in Enfield.



Premature all-cause mortality rates in Enfield are the 23<sup>rd</sup> lowest of the 150 local authorities in England. However, rates are significantly higher in the Edmonton Green and Upper Edmonton wards than the national average.

Diabetes prevalence is significantly greater in Enfield than in London and England as a whole. Prevalence by locality in Enfield varies dramatically - from 5.5% of population in the North West locality to 7.9% in the South East locality.

### **Lifestyle**

Alcohol-related hospital admissions in Enfield are increasing at a significantly faster rate than the London and national averages.

Teenage pregnancy rates in Enfield have been falling in recent years and remain below both the London and national averages. However, the Upper Edmonton, Lower Edmonton and Haslebury wards have rates up to five times higher than the lowest wards in Enfield.

Locally commissioned services, through the Local Authority, are provided by several community pharmacies to address many of these lifestyle issues.

### **Pharmacies in Enfield**

Enfield has 61 community pharmacies (as at 19<sup>th</sup> October 2014) for a population of about 322,295. Provision of current pharmaceutical services and locally-commissioned services are well distributed serving all the main population centres. There is excellent access to a range of services commissioned, and privately provided from, pharmaceutical service providers.

Table 1 shows the change in the numbers of community pharmacies compared with regional and national averages. Using current population estimates, the number of community pharmacies per 100,000 population for Enfield is currently 18.9 (England: 21.7, London: 22.3). Enfield is well-served with community pharmacies, although the rate of provision is currently less than both the London average and the national average.

*Table 1 - Number of community pharmacies per 100,000 population*

	<b>Community pharmacies per 100,000 population</b>		
	<b>England</b>	<b>London SHA</b>	<b>Enfield</b>
<b>2012/13</b>	21.6	22.5	19.4
<b>2011/12</b>	21.2	22.2	19.4
<b>2010/11</b>	21.1	23.3	21.0

The majority of community pharmacies in Enfield are open weekday evenings (74%) and Saturdays (90%).

A lesser number are open on Sundays (20%), mainly in shopping areas.

There is also a much higher than national ratio of independent providers to multiples providing a good choice of providers to local residents (National average is 39% independent providers versus 49% in Enfield<sup>6</sup>).

### Feedback on pharmaceutical services

Views of pharmacy service users were gained from a questionnaire circulated for comments from the general public, the results of which provide an insight to Enfield residents' views on pharmaceutical service provision in Enfield HWB area.

From the 231 responses received from the public questionnaire:

- **96%** rated their overall satisfaction on the service received from their local pharmacy as **'Excellent'** or **'Good'**
- **40%** indicated that they used pharmacies up to every month for the purchase of over the counter medicines; with **88%** having a regular or preferred pharmacy they use
- **95%** rated their confidence in the pharmacist's knowledge and advice as **'Excellent'** or **'Good'**
- **45%** rated as important that the pharmacy is **close to their GP surgery**; **71%** that the pharmacy is **close to their home**; **15%** that the pharmacy is **close to where they work** and **57%** that the pharmacy **has friendly staff**
- **55%** walk to their community pharmacy; **28%** use a **car**; **11%** use **public transport**; **4%** use a **bicycle**
- **79%** had **no difficulties travelling** to their pharmacy; **13%** had **parking difficulties**; **5%** had **problems with the location** of the pharmacy and **3%** had **problems with public transport availability**
- The greatest percentage of respondents had no **most convenient day (34%)** or **time (59%)** to **visit their pharmacy**
- **65%** of respondents report having a **journey time of no more than 10 minutes**; **91%** of respondents have a **journey time no greater than 20 minutes**
- **96%** indicated that the **ease of obtaining prescription medication** from their pharmacy was **'Very easy'** or **'Fairly easy'**

### Conclusions

#### *Provision and access to pharmaceutical services and locally commissioned services*

Enfield HWB has identified necessary services as essential services, advanced services as required by paragraphs 1 and 3 of schedule 1 to the Regulations

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

Enfield HWB has identified locally commissioned services which secure improvements or better access, or have contributed towards meeting the need for pharmaceutical services in the area of the HWB.

There is no identified gap in the provision of advanced services as MURs are available in 94-100% of pharmacies across the four localities and NMS is available in 85-100% of pharmacies across localities.

Demand for the appliance advanced services (SAC and AUR) is lower than for the other two advanced services due to the much smaller proportion of the population that may require the services. Pharmacies and DACs may choose which appliances they provide and may also choose whether or not to provide the two related advanced services.

The rate of community pharmacies per population in Enfield is below the average for England and providers in Enfield currently dispense more prescriptions compared with the average community pharmacy in England.

The patient survey did not record any specific themes relating to pharmacy opening times. Enfield HWB therefore concludes there is no significant information to indicate there is a gap in the current provision of pharmacy opening times.

The HWB has not found any evidence of any potential future gaps in pharmaceutical service provision during the three year duration of this PNA.

There is no identified gap in the provision of enhanced services as immunisation services are accessible across all four localities with between 72-100% of pharmacies providing the service.

The HWB notes that all locally commissioned services are available across all PNA localities. The HWB also notes that it is unclear in some cases if these services are meeting the needs of the local population due to a lack of activity data and service review. Nevertheless, the HWB has not been presented with any evidence that any of these enhanced services, or locally commissioned services, should be decommissioned or that any of these enhanced services or locally commissioned services should be expanded.

Overall, Enfield residents are satisfied with the provision of pharmaceutical services. The most important location for choosing a community pharmacy is 'close to home'. Nine out of ten community pharmacies in Enfield are open on Saturdays, almost three out of four are open after 6pm weekdays and one in five are open on Sundays. The majority of Enfield residents report walking to their community pharmacy. Four out of five had no difficulties travelling to their pharmacy.

*The HWB has not identified any gaps for the current provision of necessary services within Enfield HWB area.*

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

*The HWB has not identified any gaps in the need for pharmaceutical services in specified future circumstances within the HWB area.*

#### *Other relevant services*

Enfield HWB has had regard for any other NHS Services that may affect the need for pharmaceutical services in the area of the HWB as required by paragraph 5 of schedule 1 to the 2013 Regulations.

*Based on current information, the HWB has not identified any gaps in respect to securing improvements, or better access to, other NHS services either now or in specified future circumstances.*

With regard to enhanced services and locally commissioned services, the HWB is mindful that only those commissioned by NHS England are regarded as pharmaceutical services. The absence of a particular service being commissioned by NHS England is in some cases addressed by a service being commissioned through Enfield Council (as in the case of EHC, needle exchange and supervised consumption services) or Enfield CCG (as in the case of the Minor Ailments Service). This PNA identifies these services as locally commissioned services (LCS).

The HWB notes that all enhanced services and locally commissioned services are accessible to the population in all localities. The HWB also notes that it is unclear if these services are meeting the needs of the local population due to a lack of activity data and a lack of service review. Nevertheless, the HWB has not been presented with any evidence to date which concludes that any of these enhanced services or locally commissioned services should be decommissioned; or that any of these enhanced services or locally commissioned services should be expanded. Based on current information, the HWB has not identified a need to commission any enhanced pharmaceutical services not currently commissioned.

*Regular PNA reviews are recommended in order to establish if currently, and in future scenarios, locally commissioned services secure improvement or better access in the HWB area.*

It is the belief of Enfield HWB that this PNA is compliant with the Pharmaceutical Regulations 2013.

## **Acknowledgements**

Enfield Health and Wellbeing Board would like to thank the members of the steering group (listed in Appendix B) and colleagues in Enfield Council's Public Health and Communications and Engagement teams for their support in producing this document. The HWB would also like to express gratitude to Soar Beyond Ltd for their assistance with the preparation of this needs assessment.

## Section 1: Introduction

### 1.1 Background

The Health Act 2009, 128A<sup>1</sup>, made amendments to the NHS Act 2006 requiring Primary Care Trusts (PCTs) to assess the needs for pharmaceutical services in its area and publish a statement of its assessment and any revised assessment. The regulations required the Pharmaceutical Needs Assessment (PNA) to be published by the 1<sup>st</sup> February 2011. There was also a requirement to re-write the PNA every three years or earlier if there were significant changes to the pharmaceutical needs of the area. Enfield PCT produced their first PNA in February 2011.

The responsibility for the development, publishing and updating of PNAs became the responsibility of Health and Wellbeing Boards (HWBs) as a result of the Health and Social Care Act 2012<sup>2</sup>. The Act dramatically reformed the NHS from 1<sup>st</sup> April 2013: PCTs were abolished and Health and Wellbeing Boards (HWBs), Clinical Commissioning Groups (CCGs) and NHS England were formed:

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

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (SI 2013/349)<sup>3</sup>, hereafter referred to as the 'Pharmaceutical Regulations 2013', came into force on 1<sup>st</sup> April 2013. Unless required to be produced earlier, these regulations permitted HWBs to a temporary extension of the PNAs previously produced by the PCT; HWBs are now required to publish their first PNA by 1<sup>st</sup> April 2015 latest.

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

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<sup>1</sup> Health Act 2009 - <http://www.legislation.gov.uk/ukpga/2009/21/part/3/crossheading/pharmaceutical-services-in-england?view=plain>

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

<sup>3</sup> Pharmaceutical Regulations 2013 - <http://www.legislation.gov.uk/uksi/2013/349/contents/made>

## 1.2 Purpose of the PNA

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

The PNA should also be considered alongside the local authority's Joint Strategic Needs Assessment (JSNA)<sup>4</sup>. The PNA will identify where pharmaceutical services address public health needs identified in the JSNA as a current or future need. Through decisions made by the local authority, NHS England and the CCGs these documents will jointly aim to improve the health and wellbeing of the local population and reduce inequalities.

## 1.3 Scope of the PNA

The Pharmaceutical Regulations 2013<sup>3</sup> details the information required to be contained within a PNA. A PNA is required to measure the adequacy of pharmaceutical services in the HWB area under five key themes:

- necessary services: current provision
- necessary services: gaps in provision
- other relevant services: current provision
- improvements and better access: gaps in provision
- other services

In addition, the PNA also 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

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<sup>4</sup> Enfield Joint Strategic Needs Assessment:  
[http://www.enfield.gov.uk/healthandwellbeing/info/3/joint\\_strategic\\_needs\\_assessment\\_jsna](http://www.enfield.gov.uk/healthandwellbeing/info/3/joint_strategic_needs_assessment_jsna)



- a report on the PNA consultation

As already mentioned, the PNA is aligned with the Enfield JSNA<sup>4</sup>.

To appreciate the definition of 'Pharmaceutical Services' as used in this PNA, it is firstly important to understand the types of NHS pharmaceutical providers comprised in the 'Pharmaceutical List' maintained by NHS England. They are:

1. Pharmacy contractors
2. Dispensing appliance contractors
3. Local pharmaceutical service providers
4. Dispensing doctors

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

### 1.3.1 Pharmacy contractors

Pharmacy contractors operate under the Community Pharmacy Contractual Framework initially agreed in 2005. This sets three levels of service under which they operate:

**Essential services** - these can be found in Schedule 4 of the Pharmaceutical Regulations 2013<sup>3</sup>. They are nationally negotiated and must be provided from all pharmacies:

- Dispensing of medicines
- Repeat dispensing
- Safe disposal of unwanted medicines
- Promotion of Healthy Lifestyles
- Signposting
- Support for self-care
- Clinical Governance

**Advanced services** - these can be found in parts two and three of The NHS Act 2006, the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 and '2013 Directions'<sup>5</sup>.

They are negotiated nationally and any contractor may provide:

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<sup>5</sup> The 2013 Directions -

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/193012/2013-03-12\\_-\\_Advanced\\_and\\_Enhanced\\_Directions\\_2013\\_e-sig.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/193012/2013-03-12_-_Advanced_and_Enhanced_Directions_2013_e-sig.pdf), and amendment - [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/266023/pharmaceutical\\_services\\_directions\\_amendment\\_2013.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/266023/pharmaceutical_services_directions_amendment_2013.pdf)

- Medicines Use Reviews (MURs)
- New Medicines Service (NMS) - this service is temporarily commissioned and is currently under review nationally
- Appliance Use Reviews (AURs)
- Stoma Appliance Customisation (SAC)

A full list of provision of advanced services provided by pharmacies in Enfield HWB area (correct as of 19<sup>th</sup> October 2014) can be found in Appendix A.

**Enhanced services** - these can be found in part four of the 2013 Directions<sup>5</sup>. They are negotiated locally by NHS England Area Teams and may only be provided by contractors directly commissioned by NHS England:

- Anticoagulant Monitoring Service
- Care Home Service
- Disease Specific Management Service
- Emergency Supply Service\*
- Gluten Free Supply Service
- Independent Prescribing Service
- Home Delivery Service
- Language Access Service
- Medication Review Service
- Minor Ailment Service
- Needle and Syringe Exchange Service\*
- On Demand Availability of Specialist Drugs Service
- Out of Hours Service
- Patient Group Direction Service
- Prescriber Support Service
- Schools Service
- Screening Service\*
- Stop Smoking Service\*
- Supervised Administration Service\*
- Supplementary Prescriber Service

The responsibility for public health services transferred from PCTs to local authorities with effect from 1<sup>st</sup> April 2013. Where these services\* are currently commissioned by local authorities, they are not considered enhanced or pharmaceutical services. The

2013 Directions, however, permit NHS England to commission them from pharmacy contractors if asked to do so by a local authority.

In this case, if commissioned by NHS England, they are enhanced services and fall within the definition of pharmaceutical services. In Enfield HWB area, NHS England does not currently commission any public health services from pharmacies.

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

Additionally, they must provide services to the whole population of England. There is one distance-selling pharmacy located within Enfield HWB area:

- Care Home Meds, 20 Jute Lane, Enfield, EN3 7PJ

It should also be noted that distance-selling pharmacies throughout England (there were 200 in 2012/13<sup>6</sup>) are capable of providing services to Enfield HWB area.

### **1.3.2 Dispensing appliance contractors**

Dispensing Appliance Contractors (DACs) operate under the Terms of Service for Appliance Contractors as set out in Schedule 5 of the 2013 Regulations<sup>3</sup>. They can supply appliances from an NHS prescription such as stoma and incontinence aids, dressings, bandages etc. DACs must provide a range of essential services such as dispensing of appliances, advice on appliances, signposting, clinical governance and home delivery of appliances. In addition, DACs may provide the advanced services of Appliance Use Reviews (AURs) and Stoma Appliance Customisation (SAC). Pharmacy contractors, dispensing doctors and Local Pharmaceutical Service (LPS) providers may supply appliances but DACs are unable to supply medicines.

There are currently no DACs in the Enfield HWB area however residents can access DACs from elsewhere in the UK if required. There were 122 DACs in England 2012/13<sup>6</sup>.

### **1.3.3 Local pharmaceutical service 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 NHS England and provision for such contracts is made in the 2013 Regulations<sup>3</sup> in Part 13 and Schedule 7.

Such contracts are agreed outside the national framework although may be over and above what is required from the national contract. Payment for service delivery is agreed and funded locally.

<sup>6</sup> General Pharmaceutical Services in England - 2003-04 to 2012-13:  
<http://www.hscic.gov.uk/searchcatalogue?productid=13373andtopics=1%2fPrimary+care+services%2fCommunity+pharmacy+servicesandsort=Relevanceandsize=10andpage=1#top>

There are no LPS pharmacies in the Enfield HWB area.

### **1.3.4 Dispensing GP practices**

The 2013 Regulations<sup>3</sup>, 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’ - see Section 3.3 for further details. GP premises for dispensing must be listed within the ‘Pharmaceutical List’ held by NHS England and patients retain the right of choice to have their prescription dispensed from a community pharmacy if they wish.

There are no Dispensing GP practices in Enfield HWB area.

### **1.3.5 Other providers of pharmaceutical services in neighbouring HWB areas**

There are four other HWB areas which border the Enfield HWB area:

- Haringey HWB
- Barnet HWB
- Waltham Forest HWB
- Hertfordshire HWB

Thus in determining the needs of, and pharmaceutical services provision to, the population of the Enfield HWB area, consideration has been made to the pharmaceutical service provision from the neighbouring HWB areas.

A number of maps can be found in the appendices. Map A provides a detailed analysis of pharmacy contractors which lie across the Enfield HWB border but are within easy reach of the Enfield area.

### **1.3.6 Other services and providers in the Enfield HWB area, out of scope of the PNA**

As mentioned earlier, 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 NHS England.

The following are providers of pharmacy services in the Enfield HWB area but are not defined as pharmaceutical services under the regulations, and are therefore out of scope of the PNA.

#### **Acute Hospital Trusts**

- North Middlesex University Hospital NHS Trust

Sterling Way

London

N18 1QX

- Chase Farm Hospital (Royal Free Hospital NHS Trust)  
127 The Ridgeway  
Enfield  
EN2 8JL

### **Urgent Care Centres**

- Chase Farm Hospital Urgent Care Centre  
The Ridgeway  
Enfield  
EN2 8JL  
Open daily 9am to 9pm
- North Middlesex Hospital Urgent Care Centre  
Sterling Way  
Edmonton  
N18 1QX  
Open daily 8am to 10pm
- Edmonton NHS Walk-in Centre  
Evergreen Primary Care Centre  
1 Smythe Close  
Edmonton  
N9 0TW  
Open weekends and bank holidays only from 8am to 8pm.

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

**Local authority public health services** - Enfield Council commission the following 'locally commissioned services' from community pharmacies in the Enfield HWB area:

- Emergency hormonal contraception services
- Supervised administration of medicines (opiates)

- Needle and syringe exchange service

**Privately provided** - many NHS pharmaceutical providers offer the following services privately:

- Care Home Service
- Home Delivery Service
- Patient Group Direction Service
- Screening Service

Services will vary between provider and in some cases may be provided free of charge.

#### **1.4 Process for developing the PNA**

As a direct result of the Health and Social Care Act<sup>2</sup>, a paper was presented to Enfield HWB on 13<sup>th</sup> February 2014.

The purpose of the paper was to inform the HWB of its statutory responsibilities under the Health and Social Care Act<sup>2</sup> to produce and publicise a PNA for its area by 1<sup>st</sup> April 2015.

The HWB accepted the content of the paper at the meeting and the recommendation to delegate responsibility of the PNA to a Steering Group. It also agreed to the funding necessary to research and produce the PNA.

Public Health Enfield has a duty to complete this document on behalf of the HWB.

##### **Step 1: Steering Group**

On 16<sup>th</sup> June 2014, Enfield's PNA Steering Group was established. The terms of reference and membership of the PNA Steering Group can be found in Appendix B.

##### **Step 2: Project Management**

At its first meeting the Local Authority presented and agreed the project plan and ongoing maintenance of the project plan. Appendix F shows an approved time line 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<sup>7</sup> and JSNA<sup>4</sup>.

It was agreed that the existing PNA and subsequent supplementary statements<sup>6</sup> were accurate and up-to-date and the Consultant in Public Health would be responsible for the ongoing maintenance of the current PNA until this PNA is published.

##### **Step 4a: Public Survey on Pharmacy Provision**

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<sup>7</sup> Enfield PNA and subsequent supplementary statements, accessed on 11/9/14 – [http://www.Enfield.gov.uk/downloads/download/3050/pharmaceutical\\_needs\\_assessment](http://www.Enfield.gov.uk/downloads/download/3050/pharmaceutical_needs_assessment)

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

- All pharmacy contractors in Enfield to distribute to the public
- All GP Practices in Enfield to distribute to the public
- A number of voluntary community groups in Enfield
- Enfield Voluntary Action (EVA)
- Enfield HealthWatch

A total of 231 responses were received. A copy of the Public Survey can be found in Appendix C and the detailed responses can be found in Appendix I.

#### **Step 4b: Pharmacy Survey**

The steering group agreed a survey be distributed to the local community pharmacists to collate information for the PNA. The local LPC supported this survey to gain responses.

A copy of the Pharmacy Survey can be found in Appendix D.

#### **Step 4c: Commissioner Survey**

The steering group also agreed a survey be distributed to all relevant commissioners in Enfield to inform the PNA.

A copy of the Commissioner Survey can be found in Appendix E.

#### **Step 5: Preparing the draft PNA for consultation**

The steering group, facilitated by the Director of Public Health reviewed and revised the content and detail of the existing PNA. The process took into account the JSNA<sup>4</sup> and other relevant strategies in order to ensure the priorities were identified correctly. A draft PNA was approved for consultation by the PNA Steering Group at its meeting on 20<sup>th</sup> November 2014.

#### **Step 6: Consultation - current stage**

In line with the 2013 Regulations<sup>3</sup>, a consultation on the draft PNA is planned to be undertaken for 60 days between 1<sup>st</sup> December 2014 and 31<sup>st</sup> January 2015. The draft PNA and consultation response form will be issued to all identified stakeholders. These will be listed in the final PNA. The draft PNA will also be posted on the Enfield Council's website.

**Step 7: Collation and analysis of consultation responses - future stage**

The consultation responses will be collated and analysed by the Council's Engagement Manager. A summary of the responses received and analysis will be noted in the final PNA.

**Step 8: Production of final PNA - future stage**

The collation and analysis of consultation responses will be used by the project manager to revise the draft PNA and a final PNA will be presented to the PNA Steering Group. The final PNA will then be presented to the Enfield HWB for approval and publication before 1<sup>st</sup> April 2015.

**1.5 Localities for the purpose of the PNA**

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

The majority of health and social care data is available at local authority council ward level and at this level provides reasonable statistical rigor.

It was agreed that the four CCG localities, which are defined by clustering council wards, would be used to define the localities of the Enfield HWB geography.

The localities used for the PNA for Enfield HWB area are:

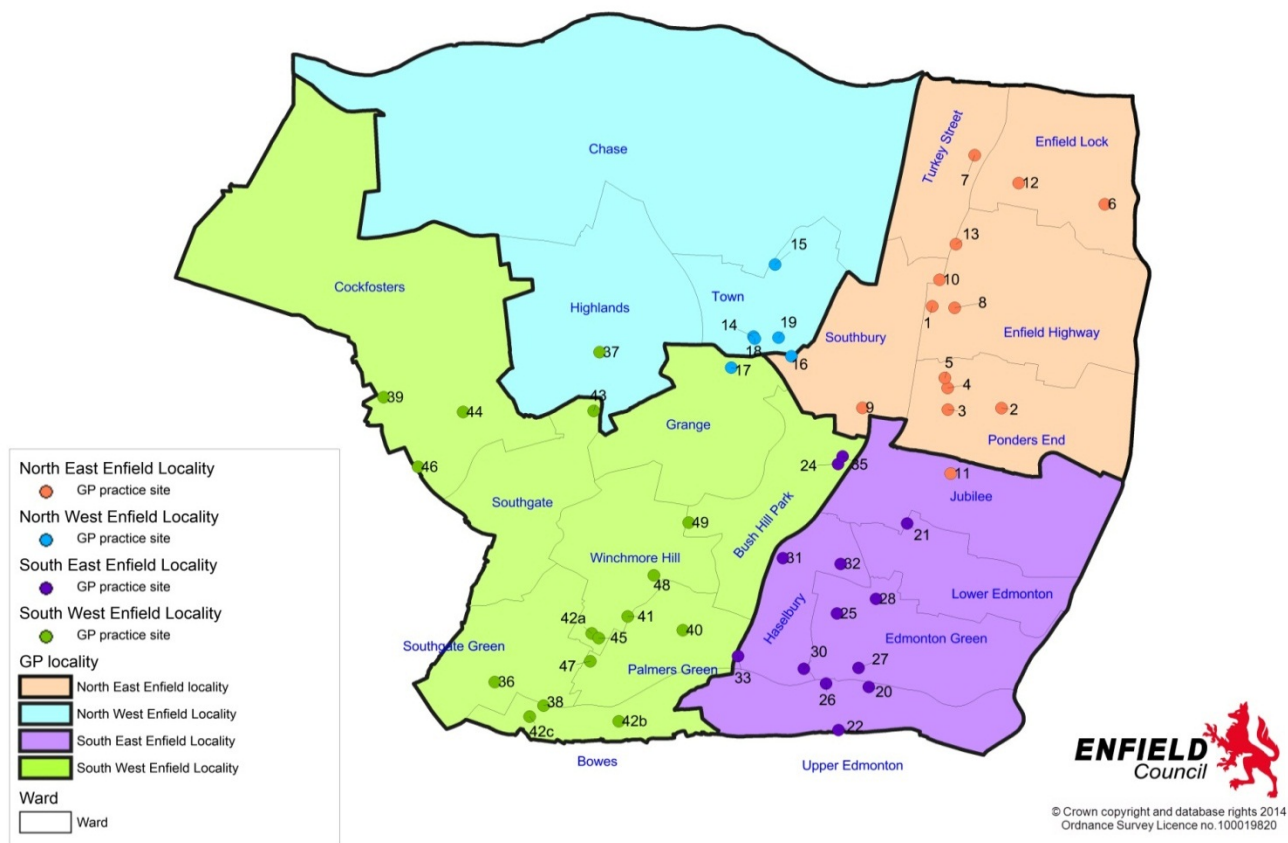
- South West Enfield
- South East Enfield
- North West Enfield
- North East Enfield

Figure 1 below maps the relationship between the localities, wards and GP practices in Enfield. A list of providers of pharmaceutical services in each locality is found in Appendix A. The information contained in Appendix A has been provided by NHS England (who are legally responsible for maintaining the 'Pharmaceutical List' of providers of pharmaceutical services in each HWB area) and checked by Brent, Enfield & Haringey LPC, Enfield Council and Enfield CCG.



## 1.6 GP Practices, locality and ward mapping

Figure 1 - Map of GP practices, ward and locality boundaries



### North East Enfield Locality

- 1 Brick Lane Surgery
- 2 Curzon Avenue Surgery
- 3 Dean House Surgery
- 4 Eagle House Surgery
- 5 East Enfield Practice
- 6 Enfield Island Surgery
- 7 Freezywater Primary Care Centre
- 8 Green Street Surgery
- 9 Lincoln Road Med Practice
- 10 Moorfield Road Health Ctr
- 11 Nightingale House Surgery
- 12 Ordnance Road Surgery
- 13 Riley House Surgery

### North West Enfield Locality

- 14 Abernethy House Surgery
- 15 Carlton House Surgery
- 16 Southbury Surgery
- 17 Town Surgery
- 18 White Lodge Medical Practice
- 19 Willow House Surgery

### South East Enfield Locality

- 20 Angel Surgery
- 21 Bounces Road Surgery
- 22 Boundary Court Surgery
- 23 Boundary House Surgery
- 24 Bush Hill Park Medical Centre
- 25 Chalfont Road Surgery
- 26 Dover House Surgery
- 27 Edmonton Medical Centre
- 28 Evergreen Surgery Ltd
- 29 Forest Rd Group Practice
- 30 Green Cedars Medical Centre
- 31 Keats Surgery
- 32 Latymer Road Surgery
- 33 Morecambe Surgery
- 34 Rainbow Surgery
- 35 Trinity Avenue Surgery

### South West Enfield Locality

- 36 Arnos Grove Medical Centre
- 37 Bincote Road Surgery
- 38 Bowes Medical Centre
- 39 Cockfosters Medical Ctr
- 40 Connaught Surgery
- 41 Gillan House Surgery
- 42a Grovelands Medical Centre
- 42b Grovelands Medical Centre - Grenoble Gardens Surgery Site
- 42c Grovelands Medical Centre - Natal Road Practice Site
- 43 Highlands Practice
- 44 Oakwood Medical Centre
- 45 Park Lodge Medical Centre
- 46 Southgate Surgery
- 47 The North London Health Centre
- 48 Woodberry Practice
- 49 Winchmore Practice

Source: Registered population data breakdown by practice and ward: PDS Extract of Registered Population as at 31<sup>st</sup> December 2011; Enfield CCG

Enfield CCG localities have been formed by GP practices in neighbouring areas within Enfield. As of July 2014, there are 49 GP practices with one practice operating from three different sites in Enfield and four localities; South East Enfield locality, North East Enfield locality, South West Enfield locality and North West Enfield locality.

Enfield wards have been assigned to an Enfield CCG locality according to the residence of patients who are registered with GP practices in Enfield. For example, almost 70% of Jubilee Ward residents are registered to GP practices assigned to the South East locality – on the map these are numbered 21, 24 and 35 and are all part of the South East locality (Source of Registered population data breakdown by practice and ward: PDS Extract of Registered Population as at 31<sup>st</sup> December 2011).

Table 2 below lists the GP practices in Enfield CCG, their localities and the wards within Enfield.

Table 2 - List of GP practices, wards, and allocated localities in Enfield

PLT Locality Name	Practice Code	Ref. on Map	Practice Name	Ward
North East Enfield	F85654	1	Brick Lane Surgery	Enfield Highway
	F85684	2	Curzon Avenue Surgery	Enfield Lock
	F85024	3	Dean House Surgery	Ponders End
	F85004	4	Eagle House Surgery	Southbury
	F85634	5	East Enfield Practice	Turkey Street
	F85707	6	Enfield Island Surgery	
	F85076	7	Freezywater PCC	
	F85681	8	Green Street Surgery	
	F85703	9	Lincoln Road Medical Practice	
	F85048	10	Moorfield Road HC	
	F85058	11	Nightingale House Surgery	
	F85023	12	Ordnance Road Surgery	
	F85003	13	Riley House Surgery	
North West Enfield	F85029	14	Abernethy House	Chase
	F85027	15	Carlton House Surgery	Highlands
	F85652	16	Southbury Surgery	Town
	F85678	17	Town Surgery	
	F85025	18	White Lodge MC	
	F85036	19	Willow House Surgery	
South East Enfield	Y00057	20	Angel Surgery	Edmonton Green
	F85044	21	Bounces Road Surgery	Haselbury
	F85043	22	Boundary Court Surgery	Jubilee
	F85676	23	Boundary House Surgery	Lower Edmonton
	F85656	24	Bush Hill Park Medical Centre	Upper Edmonton
	F85682	25	Chalfont Road Surgery	
	F85015	26	Dover House Surgery	
	F85666	27	Edmonton MC	
	Y03402	28	Evergreen Surgery	
	F85002	29	Forest Road Group Practice	
	Y00612	30	Green Cedars Medical Centre	
	F85010	31	Keats Surgery	
	F85663	32	Latymer Road Surgery	
	F85650	33	Morecambe Surgery	
	F85039	34	Rainbow Practice	
F85686	35	Trinity Avenue Surgery		
South West Enfield	F85700	36	Amos Grove Medical Centre	Bowes
	F85625	37	Bincote Road Surgery	Bush Hill Park
	F85011	38	Bowes Medical Centre	Cockfosters
	F85016	39	Cockfosters Medical Centre	Grange
	F85055	40	Connaught Surgery	Palmers Green
	F85701	41	Gillan House Surgery	Southgate
	F85072	42a	Grovelands Medical Centre	Southgate Green
		42b	Grovelands Medical Centre - Grenoble Gardens Surgery Site	Winchmore Hill
		42c	Grovelands Medical Centre - Natal Road Practice Site	
	F85035	43	Highlands Practice	
	F85687	44	Oakwood Medical Centre	
	F85053	45	Park Lodge Medical Centre	
	F85032	46	Southgate Surgery	
	F85642	47	The North London Health Centre	
	F85020	48	Woodberry Practice	
	F85033	49	Winchmore Practice	

## Section 2: Context for the PNA

### 2.1 Joint Strategic Needs Assessment

The Pharmaceutical Needs Assessment (PNA) is undertaken in the context of the health, care and wellbeing needs of the local population as defined in the Enfield Joint Strategic Needs Assessment (JSNA)<sup>4</sup>. The JSNA defines the needs of the local population and also identifies a strategic direction of service delivery to meet those needs. In addition, the JSNA sets out commissioning priorities to improve the public's health and reduce inequalities. The PNA should therefore be read alongside the JSNA.

### 2.2 Health and Wellbeing Board strategy

The Health and Wellbeing Board (HWB) has agreed a strategy<sup>8</sup> for 2014-2019. This strategy is guided by the JSNA and other relevant sources of information. The vision of Enfield's HWB is that the people of the borough live longer, healthier and happier lives. As a result of their consultation involving over two thousand people, the HWB was heartened not only by the numbers, but also that the vast majority agreed with their vision and aims.

This strategy is as much about wellbeing as it is about health. Along with its commitment to promoting and supporting wellbeing throughout the life course, the HWB wants to build flourishing communities and places some emphasis on good mental health being as important to wellbeing as good physical health.

The following are the five priority areas that have been identified as key to the improvement of the health of the local population and in reducing health inequalities:

- Ensuring the best start in life
- Enabling people to be safe, independent and well; and delivering high quality health and care services
- Creating stronger, healthier communities
- Reducing health inequalities – narrowing the gap in life expectancy
- Promoting healthy lifestyles and making healthy choices

Regulation 9 of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations<sup>5</sup> requires that HWBs, when carrying out assessments for the purpose of publishing PNAs, have regard to:

- The number of people in its area who require pharmaceutical services
- The demography of its area

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<sup>8</sup> Enfield Health and Wellbeing Board Strategy:

[http://www.enfield.gov.uk/healthandwellbeing/info/4/health\\_and\\_wellbeing\\_strategy/229/executive\\_summary\\_and\\_strategy](http://www.enfield.gov.uk/healthandwellbeing/info/4/health_and_wellbeing_strategy/229/executive_summary_and_strategy)

- The risks to the health or wellbeing of people in its area

Pharmaceutical service providers have the potential to play a greater role in identifying and helping address priority health needs as they are strategically placed in the community and have daily interactions with the local population. Evidence from the Healthy Living Pharmacy Initiative<sup>9</sup>, implemented since 2010, shows that community pharmacies can make a significant impact in the improvement of the health and wellbeing of local populations.

In consideration of the three areas highlighted above, Section 2.3 and 2.4 further examine Enfield's population characteristics and major causes of ill health as a prerequisite to understanding local health needs and how pharmaceutical service providers can be involved in various interventions.

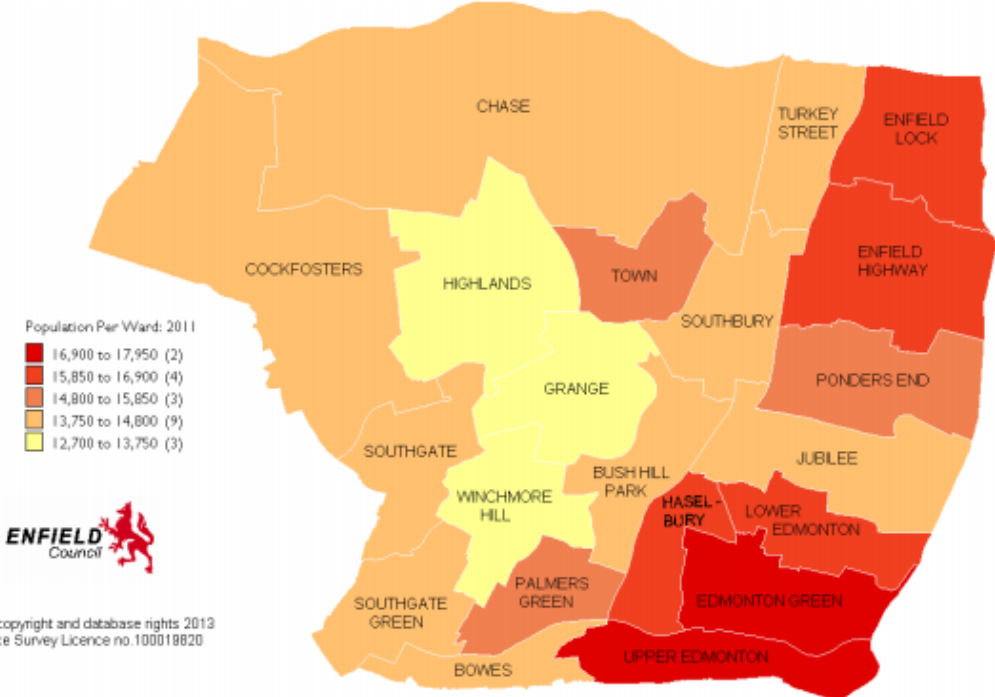
## **2.3 Population characteristics**

### **2.3.1 Overview**

Enfield is the most northerly of the London Boroughs with 100% of the Borough classified as urban. It is a Borough characterised by an east-west divide. The east of the Borough is generally more deprived with three of the most deprived wards in England, whilst many wards in the west of the Borough are affluent. The population of Enfield is ethnically diverse and has grown by 20% over the last 15 years and 26% over the last 25 years. The current estimated population is 322,295 with Figure 2 below showing the population per ward. Of the 32 Boroughs of London, Enfield currently boasts the fourth highest population figure.

There is a high level of childhood poverty in the Borough with 32.8% of children under 16 living in poverty.

Population per Ward: 2011



Source: Census 2011

In terms of where people live in Enfield, the 2011 Census shows us that the highest concentration of the population can be found in the eastern wards, particularly the south eastern wards of Edmonton Green and Upper Edmonton.

Figure 2 - Population density in Enfield

### 2.3.2 Age

Enfield's population is younger than both the England and London averages with 21.2% of the population under 15. Table 3 provides a summary of the population by age group with Figure 3 showing that the proportion of 0-19 year olds in Enfield (27.3%) is higher compared to London (24.5%) and England (23.8%) averages.

Age band	Enfield			London			England		
	Male	Female	Persons	Male	Female	Persons	Male	Female	Persons
0-4	12698	12079	24777	319814	303749	623563	1736916	1656440	3393356
5-9	11762	11057	22819	265398	255156	520554	1578490	1505092	3083582
10-14	10230	9610	19840	228976	219961	448938	1539837	1468034	3007871
15-19	10697	9903	20599	242303	231594	473896	1685620	1600686	3286306
20-24	10652	11201	21853	309945	319610	629555	1833395	1788156	3621551
25-29	11926	13758	25684	420164	432117	852281	1825589	1833988	3659577
30-34	12656	13437	26093	424319	416976	841295	1798016	1809201	3607217
35-39	11113	11773	22886	349101	336061	685162	1707213	1716140	3423353
40-44	11063	12088	23151	308815	306055	614870	1901368	1941348	3842716
45-49	11298	12396	23695	284764	291826	576590	1939398	1982210	3921608
50-54	9959	10667	20626	244869	250988	495856	1748433	1775088	3523521
55-59	7835	8254	16089	193115	200783	393898	1509855	1543814	3053669
60-64	6360	6878	13238	157860	171336	329197	1476180	1536714	3012894
65-69	5809	6377	12187	138508	151939	290447	1358608	1433449	2792057
70-74	4236	5139	9375	99477	116228	215705	972550	1079883	2052433
75-79	3576	4385	7961	81902	99424	181326	777026	927064	1704090
80-84	2438	3398	5836	57289	78750	136039	538259	749163	1287422
85-89	1308	2180	3488	30662	51575	82238	285447	496978	782425
90+	564	1536	2100	14482	34111	48593	121248	316833	438081
Total	156180	166115	322295	4171764	4268241	8440005	26333448	27160281	53493729

*Table 3 - Summary of the population by age group*

*Sources:*

*Enfield population - GLA 2013-round population projection (Borough Preferred Option), Greater London Authority*

*London population - GLA 2013-round SHLAA capped population projection, Greater London Authority*

*England population -Mid-2012 population estimates, Office for National Statistics*

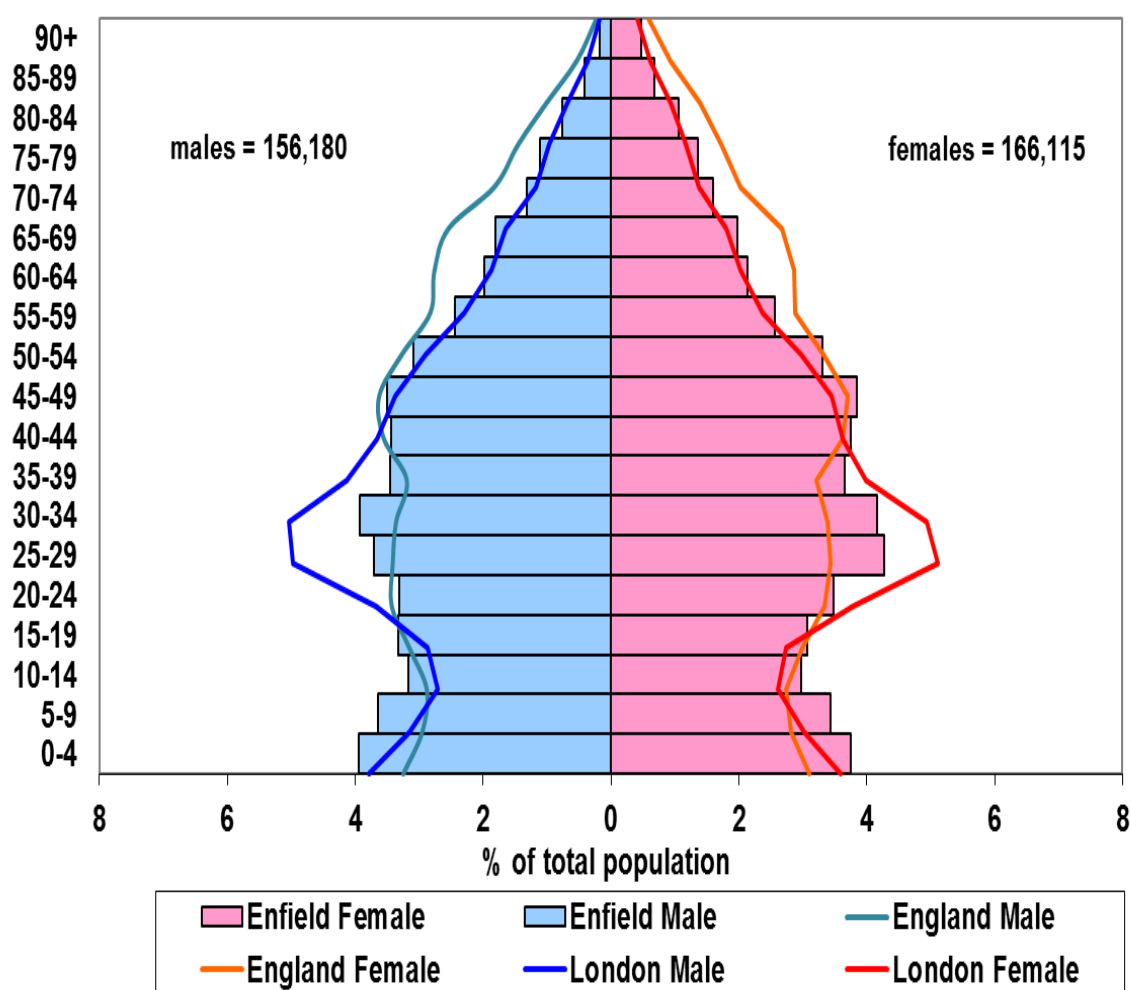


Figure 3 - Population pyramid 2013, Enfield, London and England

Sources:

Enfield population - GLA 2013-round population projection – Borough Preferred Option Variant, Greater London Authority

London population - GLA 2013-round SHLAA capped population projection, Greater London Authority

England population - Mid-2012 population estimates, Office for National Statistics

Table 4 shows that the proportion of 65 years and older in Enfield (12.7%) is similar to the London average (11.3%) but below that of England (16.9%). Figure 4 shows this percentage by locality.

Table 4 - Proportion of population by broad age group

	0-4	5-19	20-64	65+	85+
Enfield	7.7%	19.6%	60.0%	12.7%	1.7%
London	7.4%	17.1%	64.2%	11.3%	1.6%
England	6.3%	17.5%	59.2%	16.9%	2.3%

Sources:

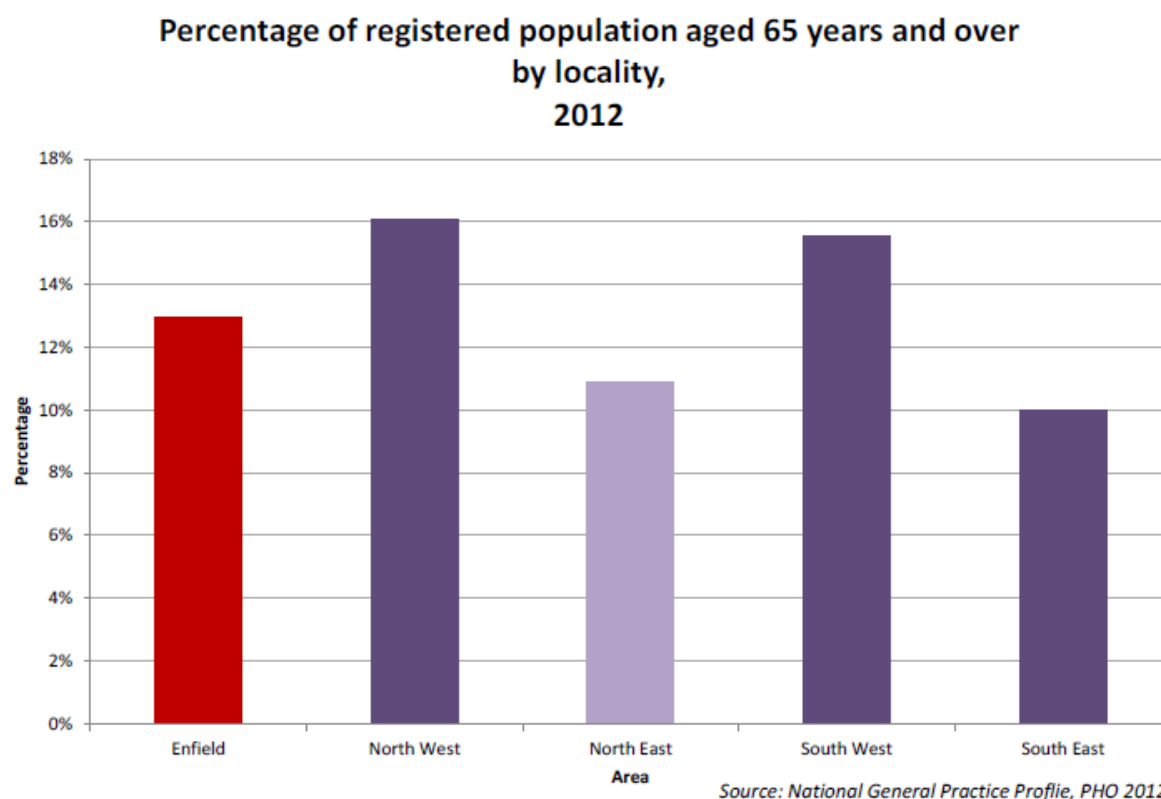
Enfield population - GLA 2013-round population projection – Borough Preferred Option Variant, Greater London Authority

London population - GLA 2013-round SHLAA capped population projection, Greater London Authority

England population - Mid-2012 population estimates, Office for National Statistics



Figure 4 - Percentage of registered population aged 65 years and over by locality



The age profiles have been broken down for each of the four localities and can be viewed in Figures 5 to 8.

South West Enfield locality (Figure 5) has a generally older population compared to the Enfield average. 16% of the South West Enfield locality registered population is 65 years and over compared to the Enfield average of 13%.

The ethnic breakdown of the South West locality is broadly similar to the Enfield average with 49.4% White British.

South East locality (Figure 6) has a generally younger population compared with the Enfield average. 16% of the registered population in this locality is 0-9 years old, compared with 13% in Enfield. The South East locality has the most diverse population amongst all the Enfield localities with only 23% of the borough's population from a White British background. There is a large Turkish population in this part of the Borough.

The North West locality (Figure 7) has a generally older population than the Enfield average and 16% of the locality's registered population is 65 years and over compared to 13% in England. 35% of the locality population is under 30 years old compared to 43% in Enfield as a whole.

69% of the locality population is from a White British background.

The North East locality (Figure 8) has a younger population with 22% of the borough’s population compared to 20% in the Borough. Just 11% of the population was 65 years and over compared with 11% in the Enfield population.

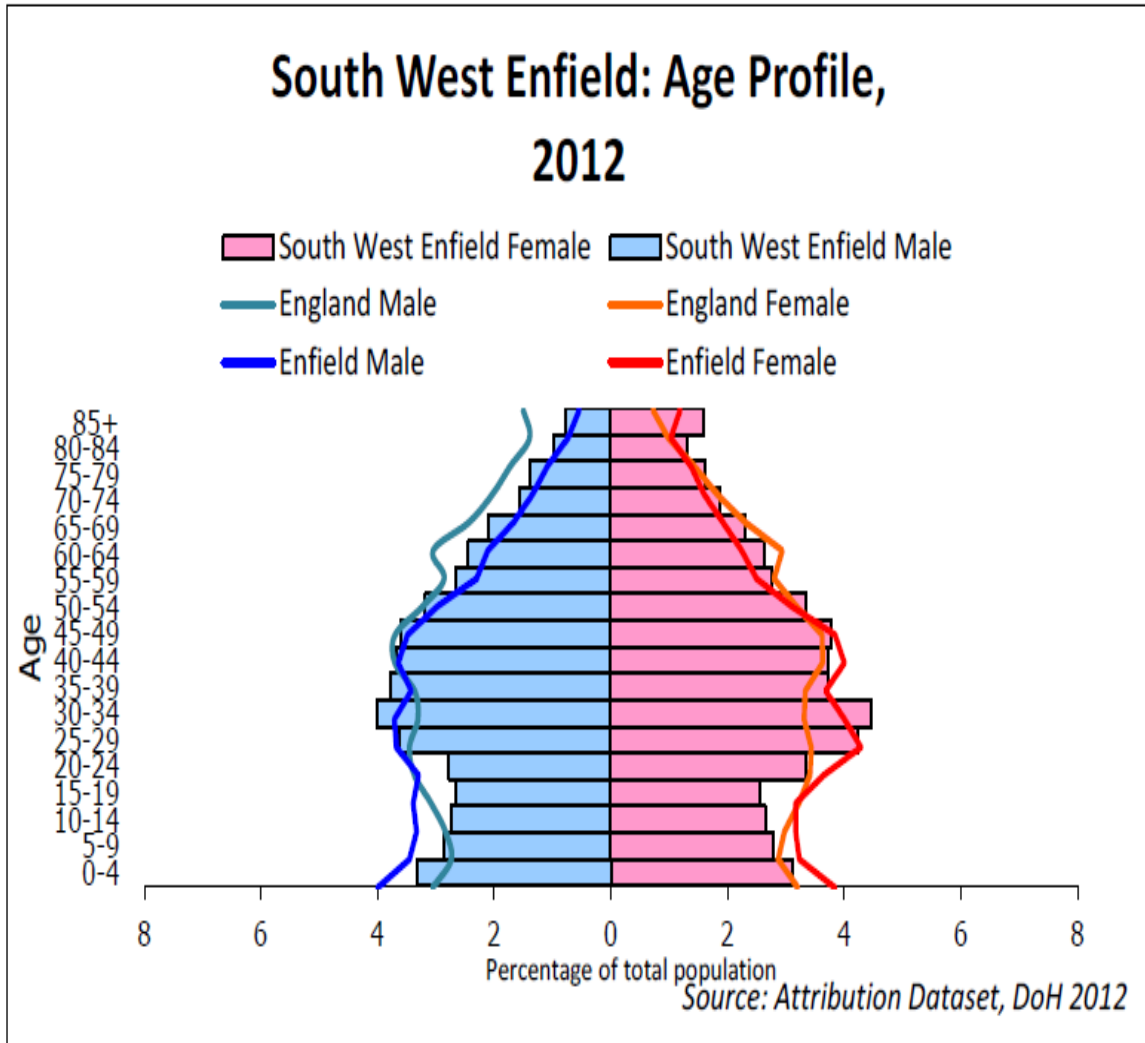


Figure 5 - Population profile for South West Enfield

Figure 6 - Population profile for South East Enfield

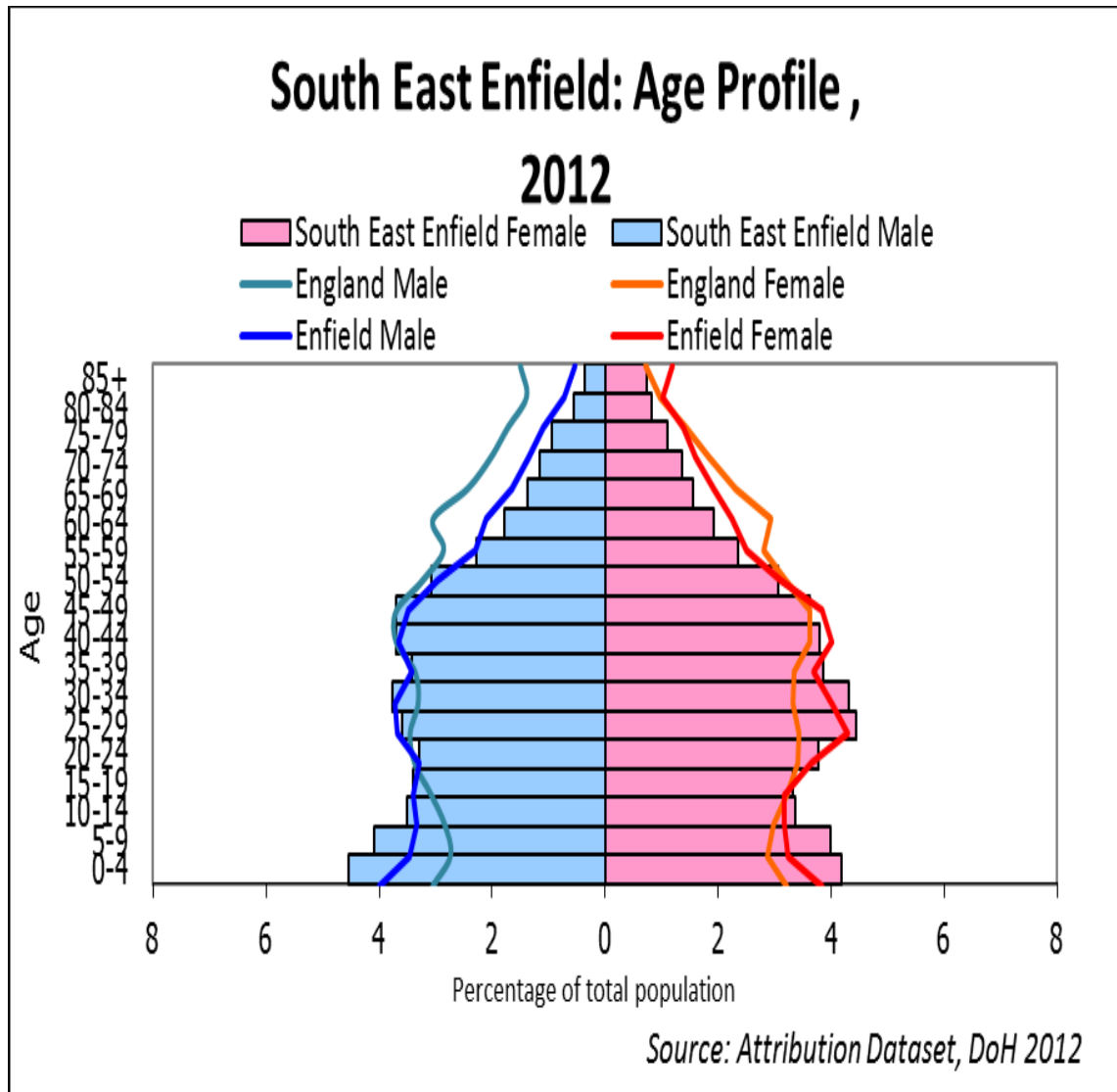


Figure 7 - Population profile for North West Enfield

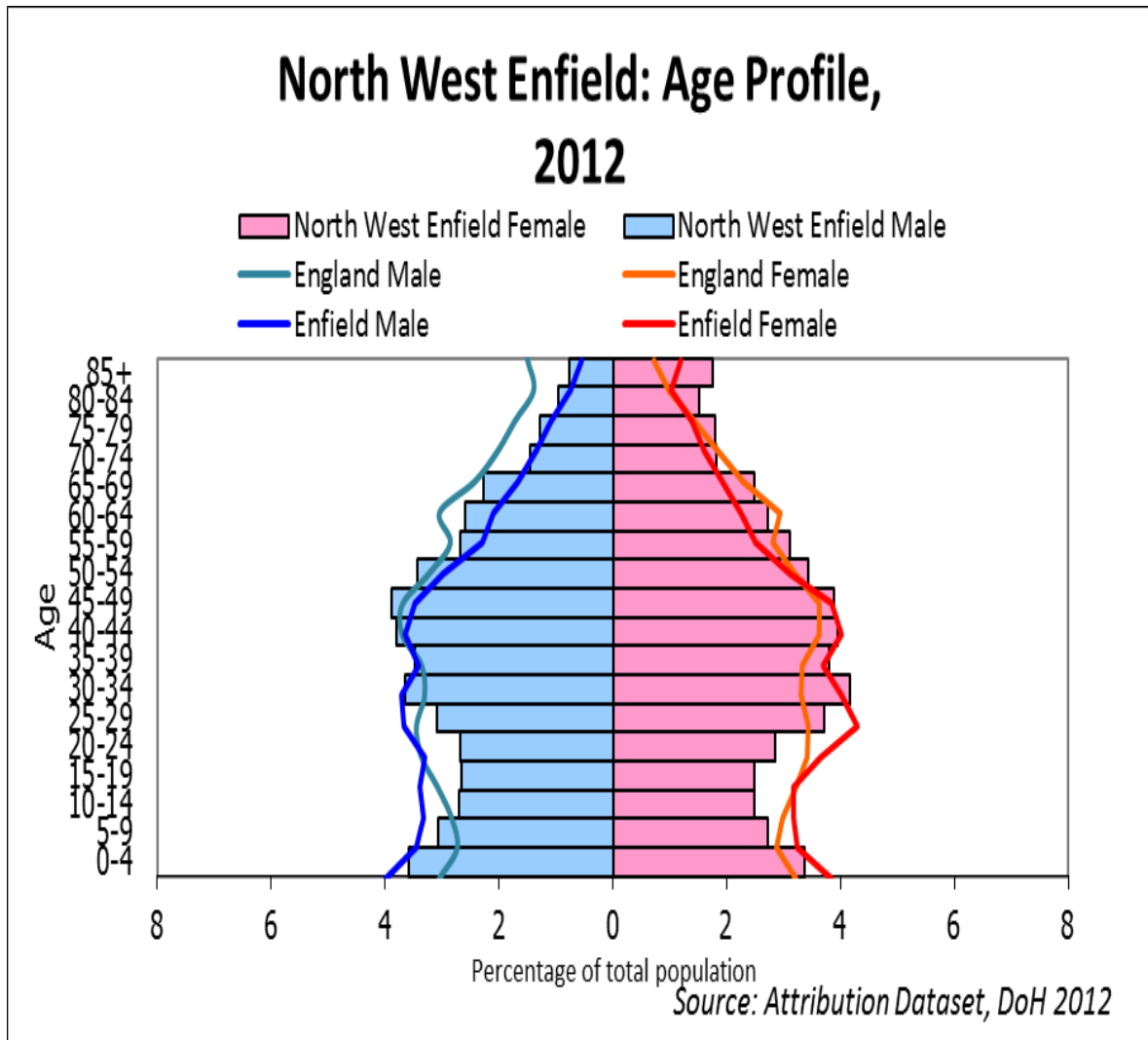
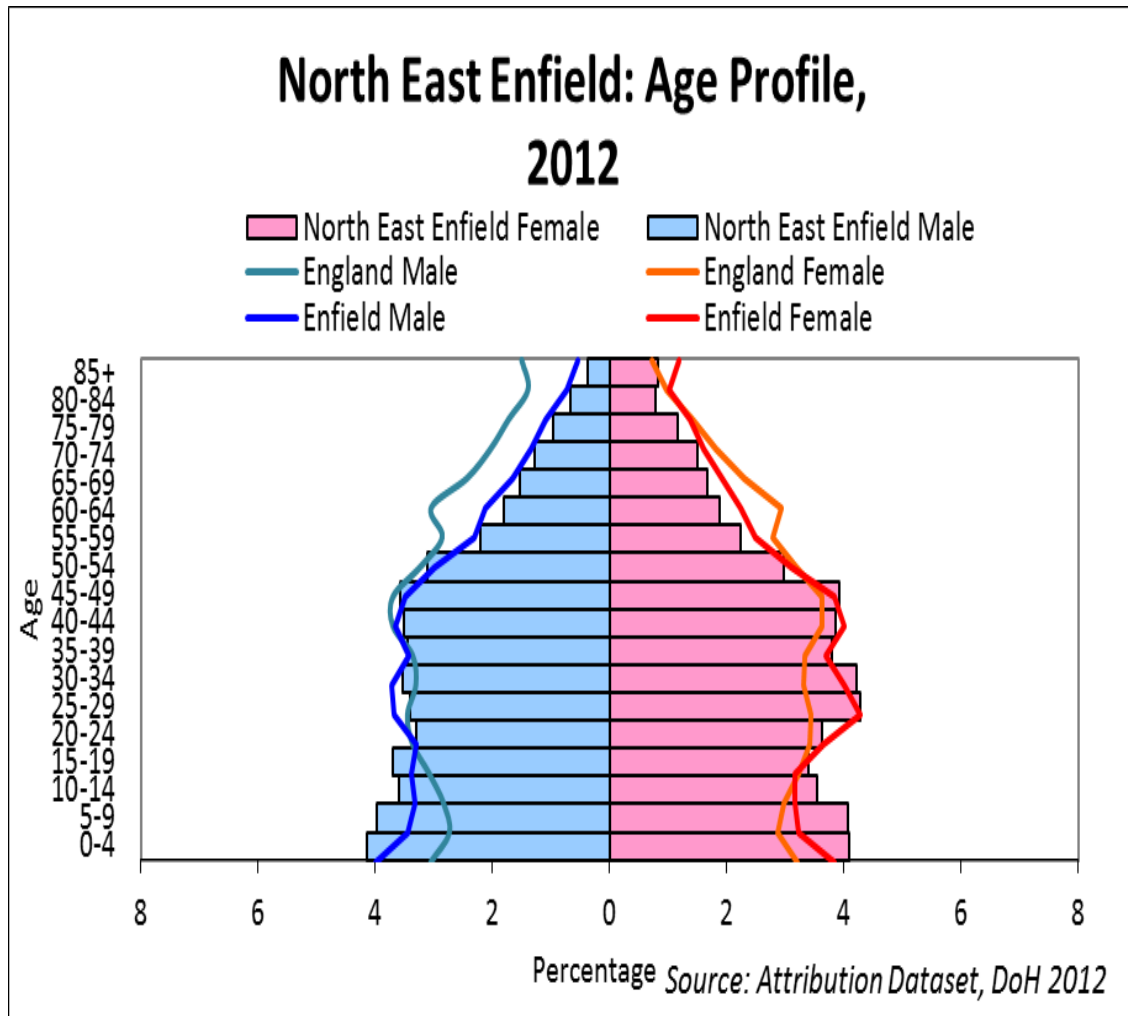


Figure 8 - Population profile for North East Enfield



### 2.3.3 Predicted population growth

The population of Enfield is projected to rise to around 359,000 by 2041. Table 5 demonstrates this in comparison to London and England with Table 6 breaking the Enfield projection down by locality.

*Table 5 - Population projection – Enfield, London and England*

Year	Enfield			London			England		
	Total Population	Difference	% change from 2013	Total Population	Difference	% change from 2013	Total Population	Difference	% change from 2013
2013	322,295			8,440,005			54,068,352		
2021	337,259	14,964	4.6%	9,178,100	738,095	8.7%	57,687,784	3,619,432	6.7%
2031	356,396	34,101	10.6%	9,829,503	1,389,497	16.5%			
2041	358,597	36,302	11.3%	10,268,553	1,828,548	21.7%			

Sources:

*Enfield population - GLA 2013-round population projection (Borough Preferred Option), Greater London Authority*

*London population - GLA 2013-round SHLAA capped population projection, Greater London Authority*

*England population - Mid-2012 population estimates, Office for National Statistics*

*Table 6 - Population projection by Enfield locality*

	2013	2021	2031	2041	% change between 2013 and 2041
<b>North East</b>	78952	81710	83956	86810	10.0%
<b>North West</b>	42445	44401	46966	49635	16.9%
<b>South East</b>	83932	88563	96411	98808	17.7%
<b>South West</b>	113759	119987	123362	127601	12.2%

Source: 2013-round SHLAA capped ward population projection, Greater London Authority

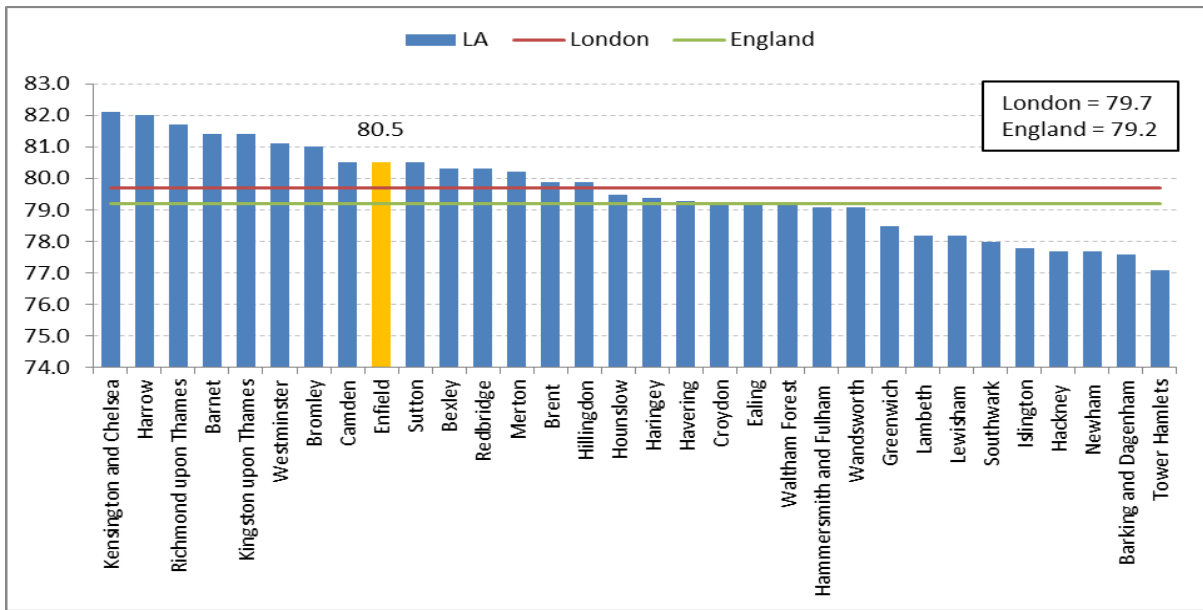
Enfield's Spatial Strategy, set out in the Core Strategy, seeks to focus growth within four broad locations referred to as Regeneration Priority Areas (London Borough of Enfield, 2010, p.29). These are:

1. North West including the affluent areas of Cockfosters and Oakwood
2. South West including Palmers Green and the more deprived area around Bowes
3. South East including Central Leaside which is a large area where growth will be focused south of the North Circular in an area known as the Meridian Water Regeneration Area
4. North East of the Borough including Enfield Lock

### 2.3.4 Life expectancy

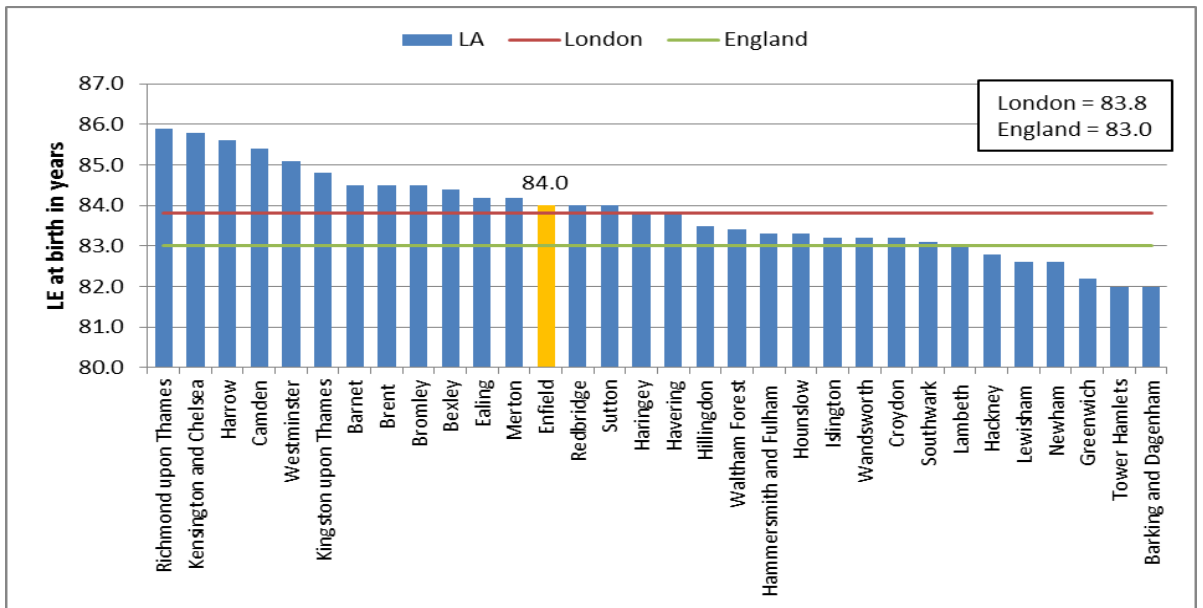
Life expectancy at birth for males living in Enfield is 80.5 years and for females is 84.0 years (life expectancy at birth for 2010/12, Office for National Statistics); life expectancy in Enfield varies hugely by geography and is above London and England averages, however within the LB Enfield there are areas with lower life expectancy compared to London and England (see Figures 9 and 10).

Figure 9 - Life expectancy at birth, Males, 2010/12



Source: Office for National Statistics

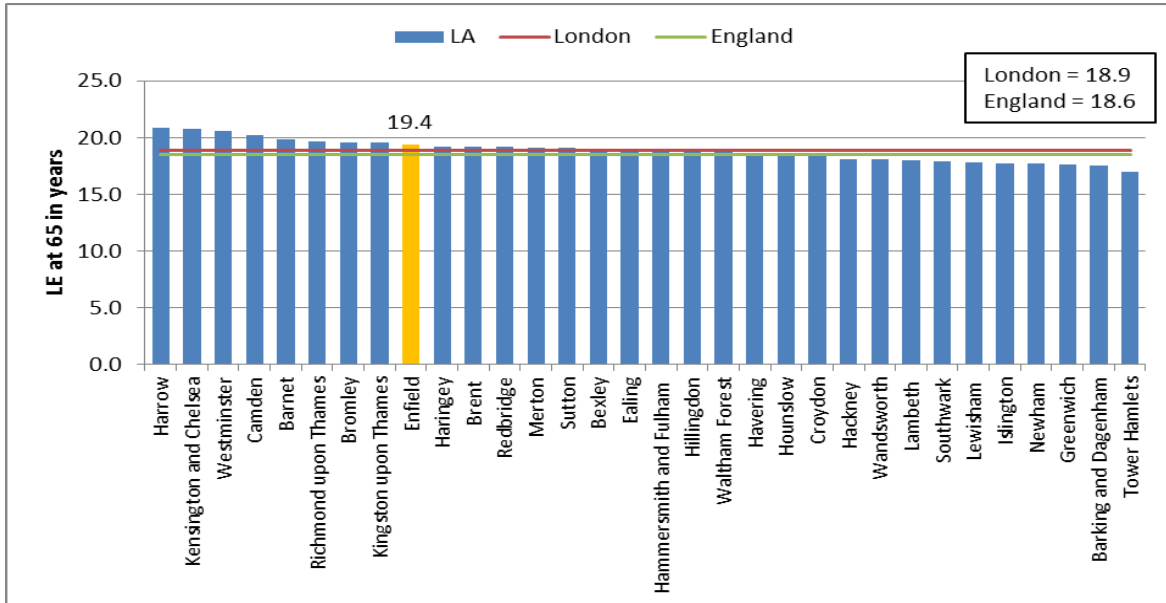
Figure 10 - Life expectancy at birth, Females, 2010/12



Source: Office for National Statistics

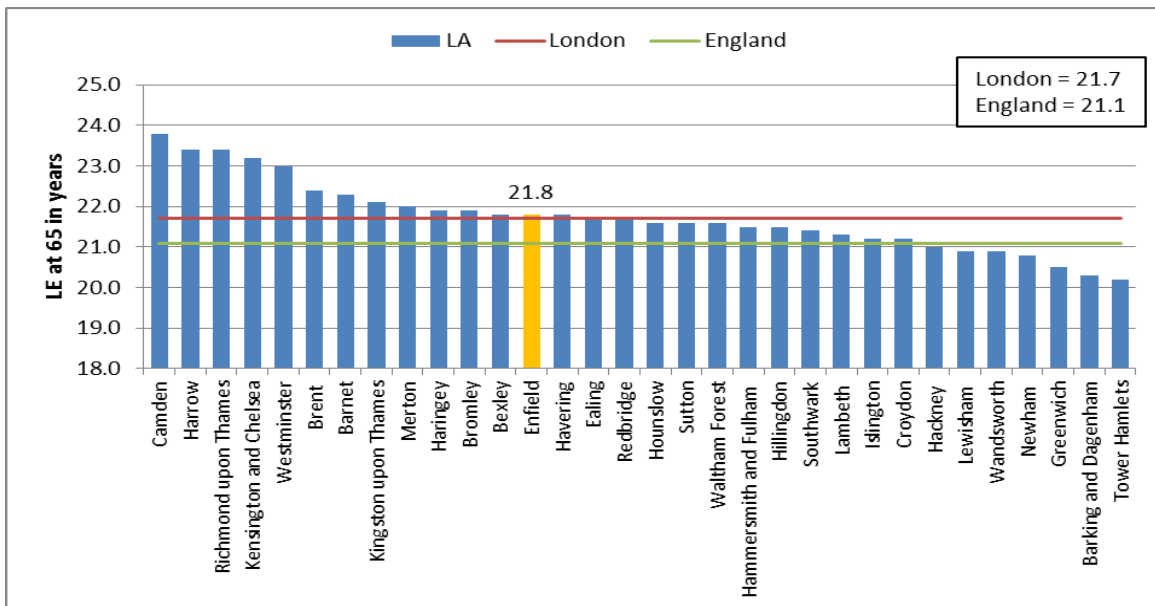
Life expectancy at 65 years for males living in Enfield is 19.4 years and for females is 21.8 years which is similar to London and England averages (life expectancy at birth for 2010/12, Office for National Statistics) see Figures 11 and 12.

Figure 11 - Life expectancy at 65, Males, 2010/12



Source: Office for National Statistics

Figure 12 - Life expectancy at 65 years, Females, 2010/12



Source: Office for National Statistics



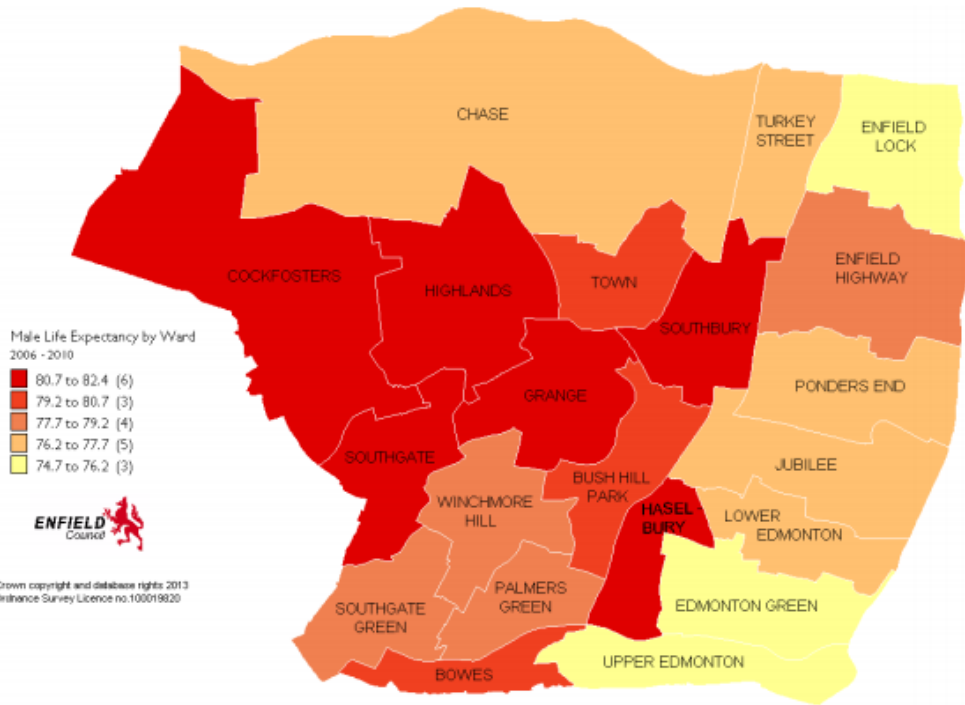
Life expectancies across the different wards is variable.

Figure 13 - Life expectancy at birth by ward, Males, 2006-2010

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Male Life Expectancy at Birth, by Ward: 2006-2010

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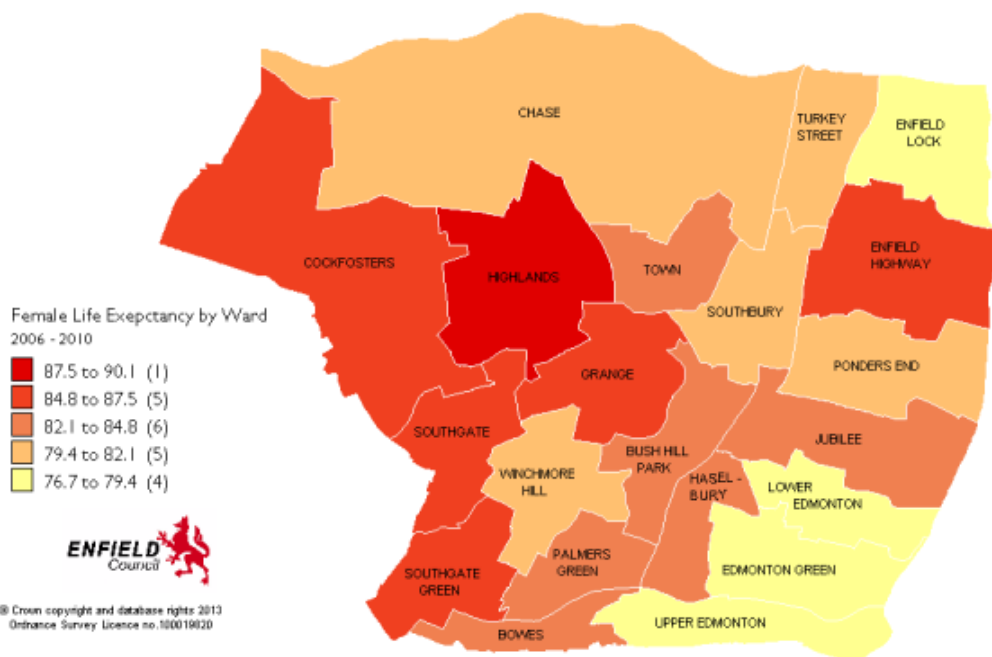
Source: London Health Programmes

Source: Office for National Statistics

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Figure 14 - Life expectancy at birth by ward, Females, 2006-2010

Female Life Expectancy at Birth, by Ward: 2006-2010



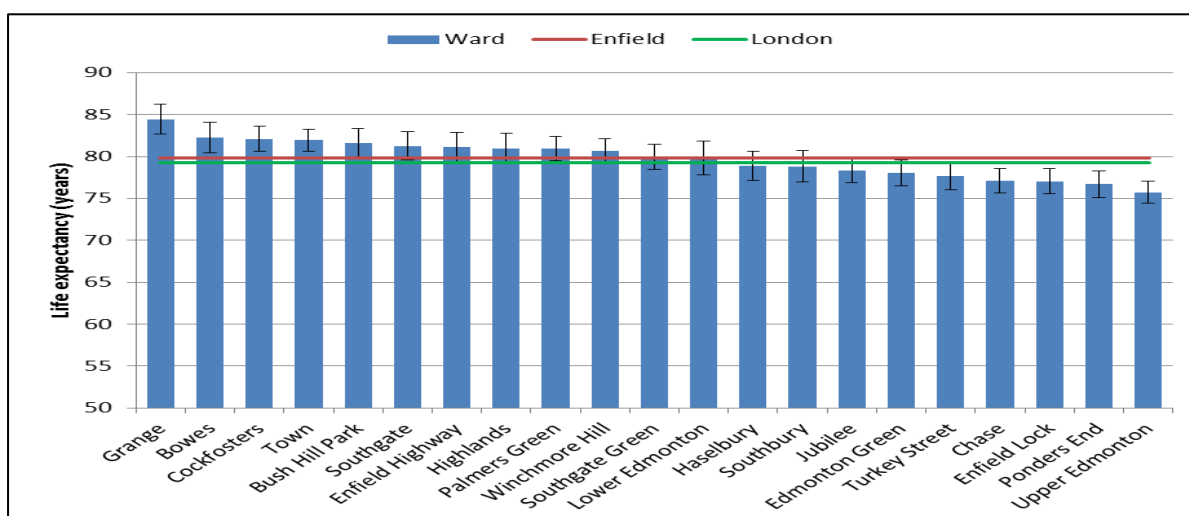
Source: London Health Programmes

Source: Office for National Statistics

There is a wide variation in life expectancy within Enfield. The gap between the highest and lowest life expectancy is 8.7 years for male and 8.6 years for female.

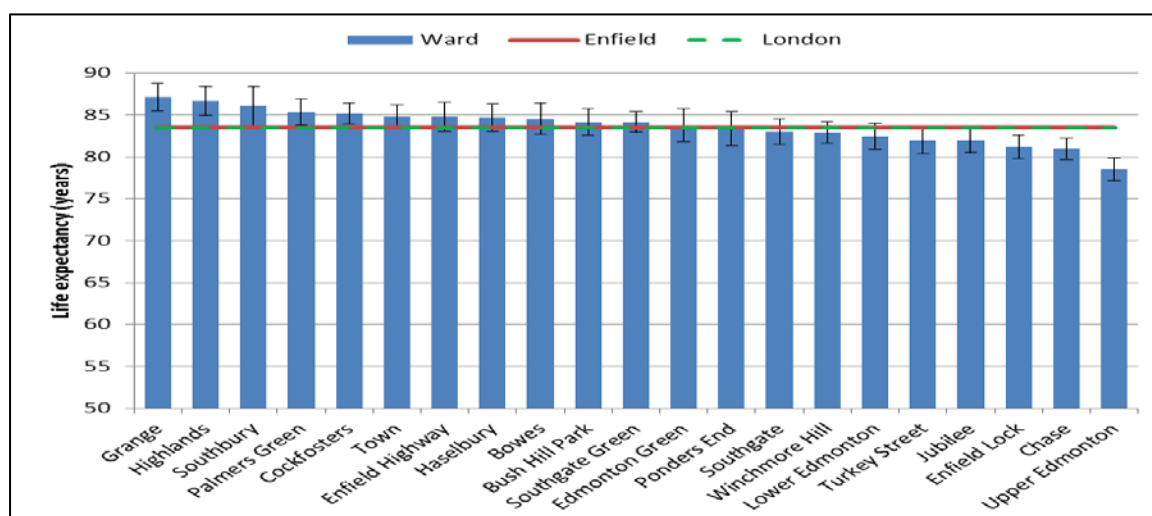
- Male life expectancy ranged from 75.7 years in Upper Edmonton ward to 84.4 years in Grange ward. (Figure 15)
- Female life expectancy was also lowest in Upper Edmonton at 78.5 years and highest in Grange ward at 87.1 years. (Figure 16)

Figure 15 - Male life expectancy at birth, Enfield wards, 2008-2012



Source: Greater London Authority using ONS mortality data and ONS mid-year population estimates

Figure 16 - Female life expectancy at birth, Enfield wards, 2008-2012



Source: Greater London Authority using ONS mortality data and ONS mid-year population estimates

### 2.3.5 Specific populations

#### 2.3.5.1 Ethnicity

As well as having an unusual age mix amongst its residents, another interesting characteristic of Enfield is the ethnic diversity of its population (Table 7).

Table 7 - Ethnicity comparison: Enfield, London and England

	Total	Whit British		White Others		Mixed		Asian / Asian British		Black African/ Black Carribean / Black British		Other Ethnic Group	
		No.	No.	%	No.	%	No.	%	No.	%	No.	%	No.
Enfield	312466	126450	40.5%	64190	20.5%	17183	5.5%	34893	11.2%	53687	17.2%	16063	5.1%
London	8173941	3669284	44.9%	1218151	14.9%	405279	5.0%	1511546	18.5%	1088640	13.3%	281041	3.4%
England	53012456	42279236	79.8%	3001906	5.7%	1192879	2.3%	4143403	7.8%	1846614	3.5%	548418	1.0%

Source: Census 2011, Office for National Statistics

Enfield has an ethnically diverse population with more than half classifying themselves as ethnicity other than White British. See Figures 17 and 18 showing the diversity by ward and locality.

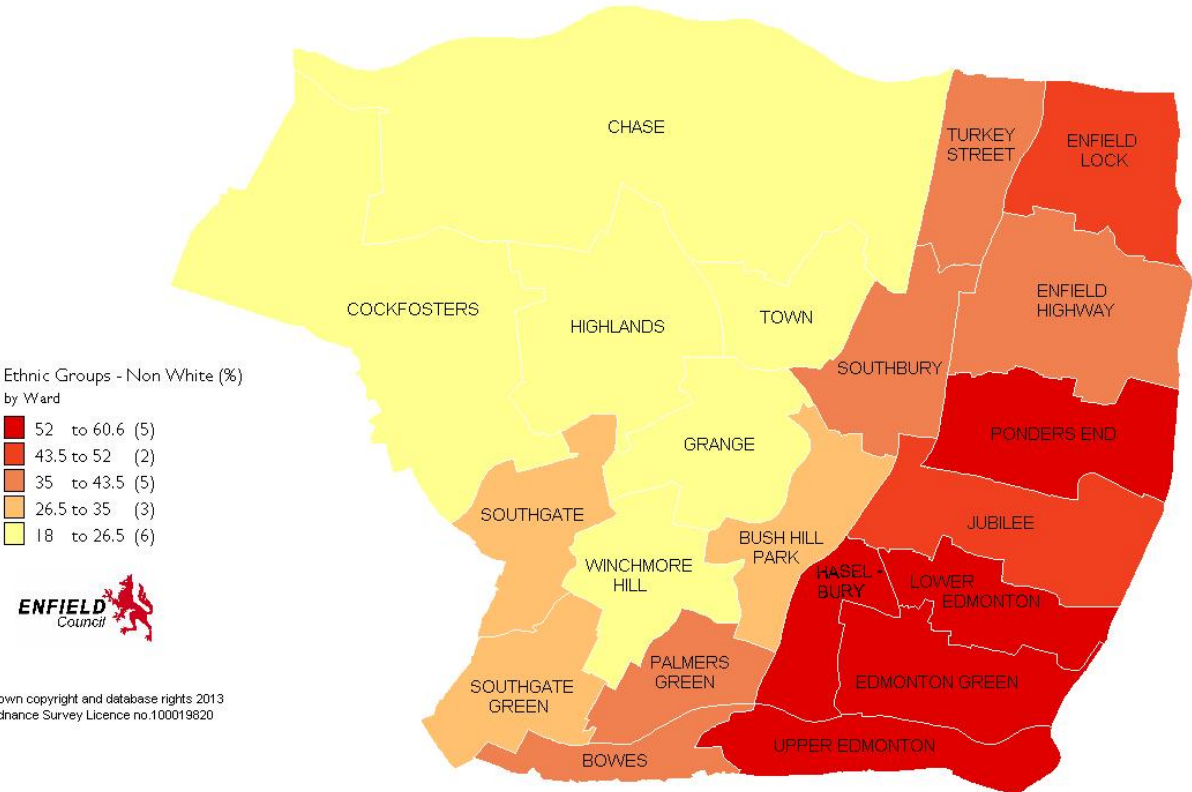
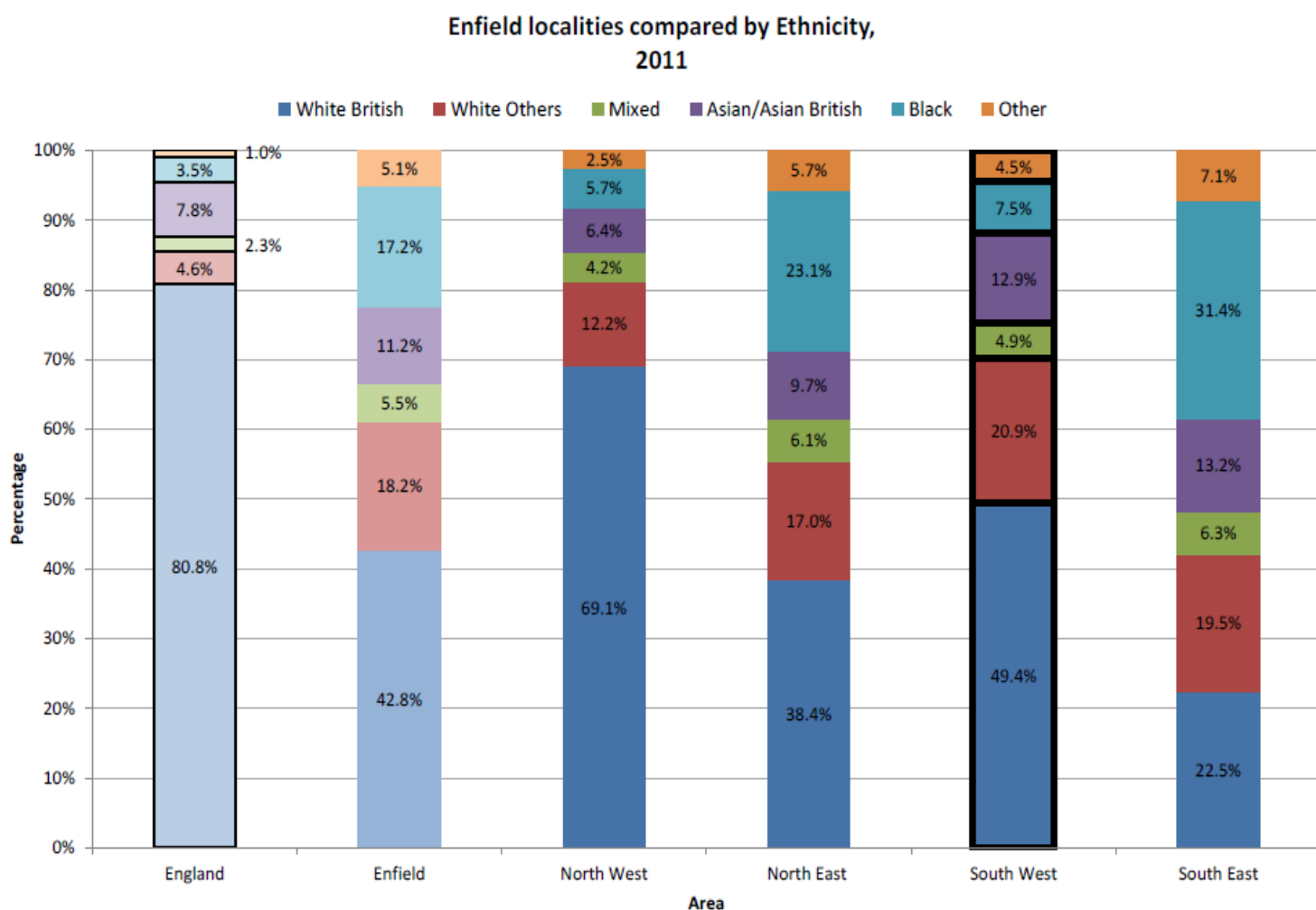


Figure 17 - Percentage of Non-White Ethnic Groups in Enfield, by Ward, 2011

Source: Office for National Statistics

Figure 18 - Ethnic breakdown in Enfield, by locality

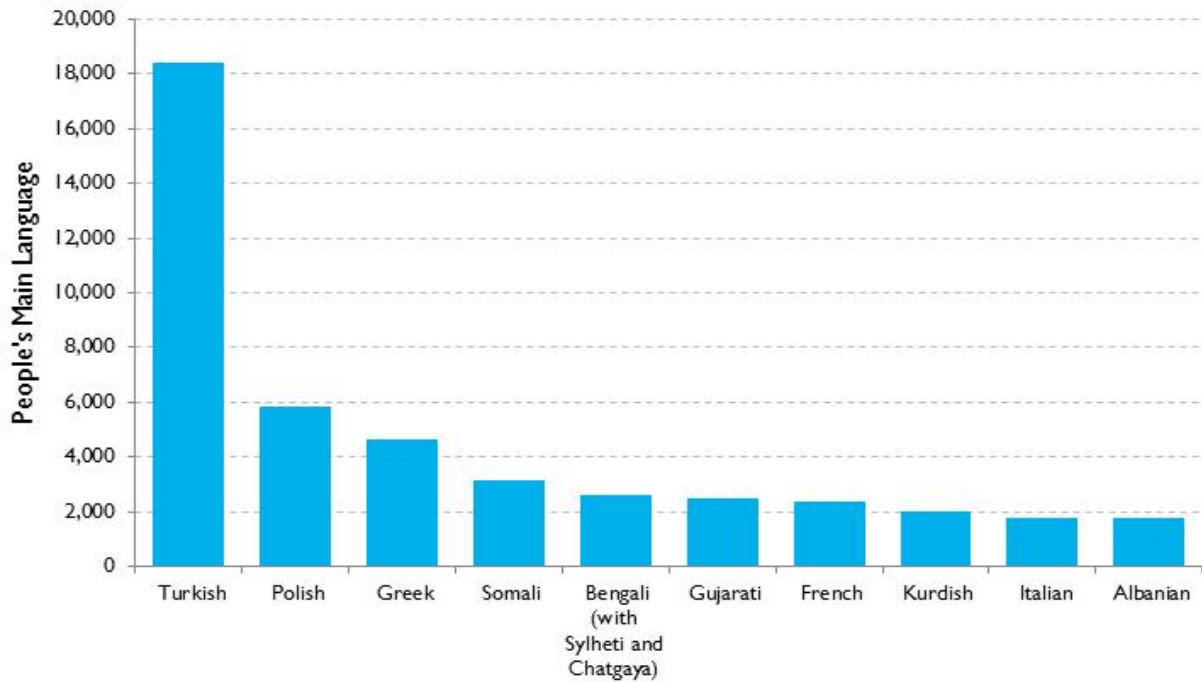


According to the 2011 Census, there were a total of 296,692 people aged three and over living in the Borough. Of this number, 229,660 individuals (77%) stated their main language was English.

Figure 19 shows that the most commonly spoken language in Enfield other than English was Turkish (18,378 people, 6.2% of people aged three and above). This was followed by Polish (5,837 speakers, 2.0%), Greek (4,627 speakers, 1.6%), Somali (3,127, 1.1%) and Bengali (2,549, 0.9%). The extent to which they are spoken tends to vary by geography. Individuals speaking the same language tend to congregate in specific areas of the borough. For each respective language, these areas tend to be different. There is also a strong Central African, French-speaking population in the east of the borough

There is no significant traveller population in Enfield.

Figure 19 - Main language spoken in Enfield by those aged 3 years and over (excluding English) 2011

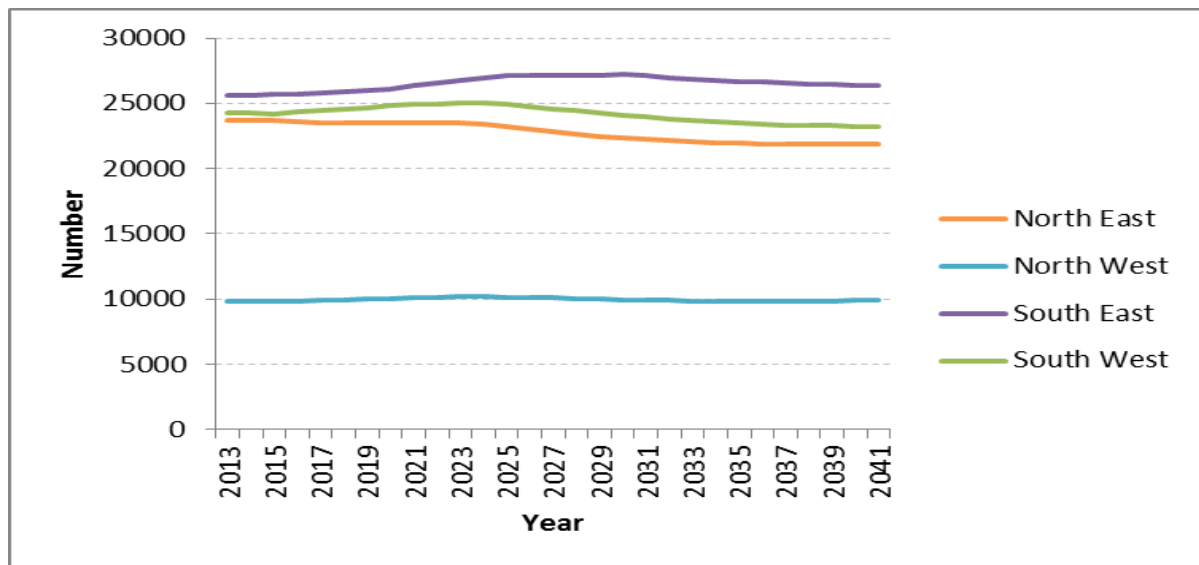


Source: 2011 Census, Office for National Statistics

### 2.3.5.2 Children and young people

Figure 20 below shows the population projection for children and young people (0-18 year olds) by locality. The number of 0-18 year olds is projected to increase in South East Enfield locality, while it is projected to decrease in North East Enfield locality. In North West Enfield locality, it is projected to increase for the next ten years then decrease afterwards. 0-18 year olds population in North West Enfield is projected to be stable over the next 27 years.

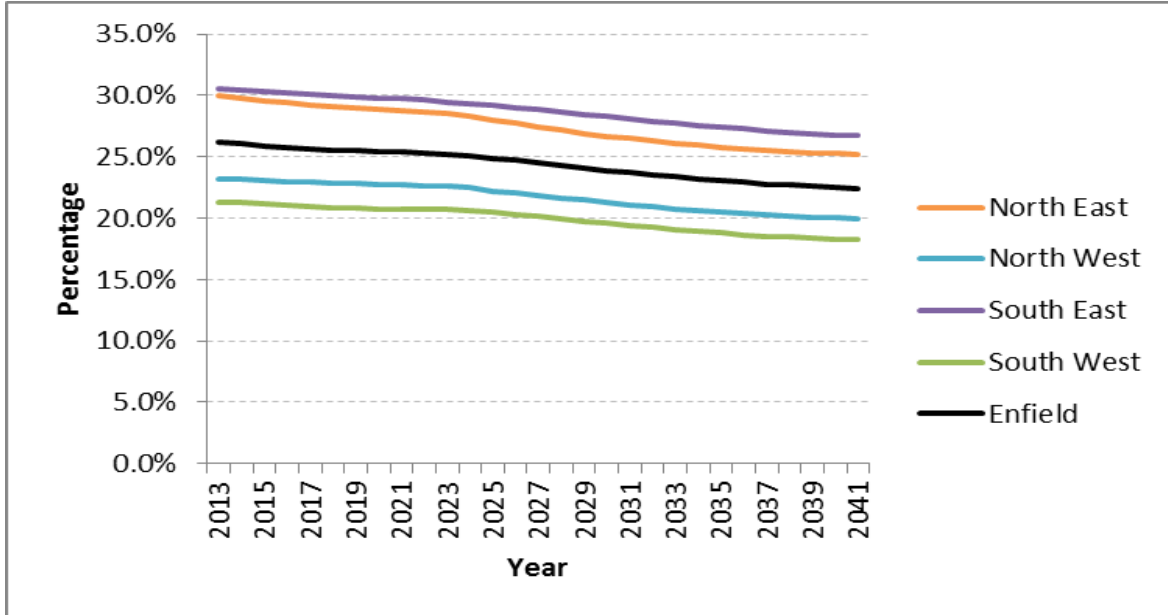
Figure 20 - Population projection for 0-18 year olds, by locality



Source: 2013-round SHLAA capped ward population projection, Greater London Authority

Although the number of 0-18 year olds is projected to increase for some localities, the proportion of 0-18 year olds is projected to decrease through to 2041 (Figure 21).

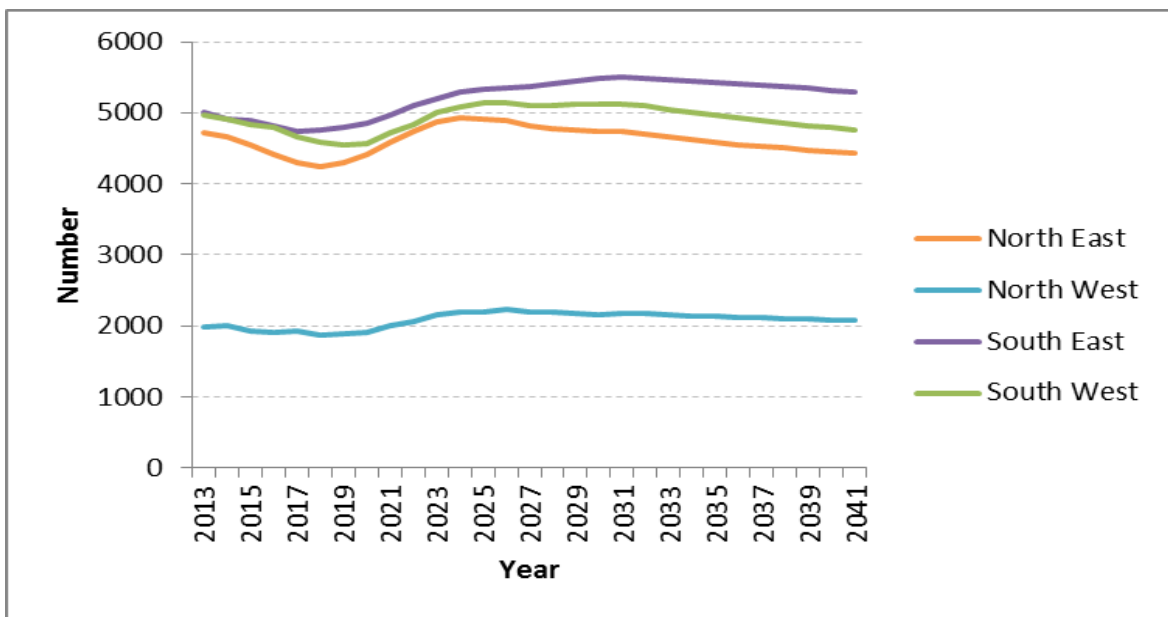
Figure 21 - Population projection for 0-18 year olds as a percentage of total population, by Enfield localities



Source: 2013-round SHLAA capped ward population projection, Greater London Authority

For 15-18 year olds in North East Enfield locality, the population is projected to decrease through to 2019 followed by an increase before it starts to decline from around 2025. The other three localities follow a similar pattern (Figure 22).

Figure 22 - Population projection for 15-18 year olds, by locality

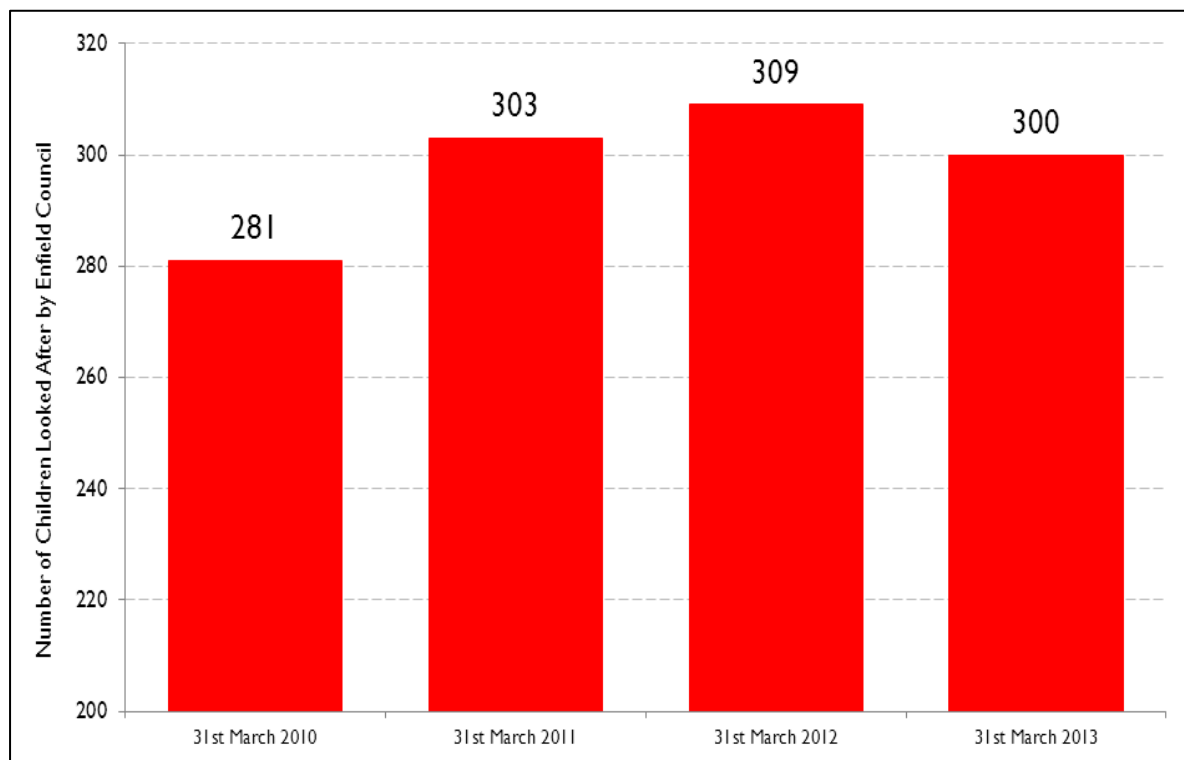


Source: 2013-round SHLAA capped ward population projection, Greater London Authority

### 2.3.5.3 Children in care

The chart below presents the trend in the number of Looked-After Children in Enfield between 2010 and 2013.

Figure 23 - Number of children Looked-After by Enfield Council: 31st March 2010 – 31st March 2013



Source: JSNA 2013, London Borough of Enfield based on data from SCS

At 31<sup>st</sup> March 2013 there were 300 Looked-After Children in Enfield, but the latest picture as of 31<sup>st</sup> October 2013 shows the number of Looked-After Children to be 297.

### 2.3.5.4 Older People

The proportion of older people aged 65 years and older, (Figures 24 and 25) in Enfield (12.7%) is slightly above the London average (11.2%) but considerably below the England average (16.9%). Within Enfield, South West locality has the highest number of people aged 65 years and over and is projected to increase in all four localities in future. By 2041, 17% of Enfield residents are projected to be aged 65 years and older with more than one fifth of the people living in the west of the Borough expected to fall into this age range).



Figure 24 - Number of people aged 65 years and over, projection Enfield locality

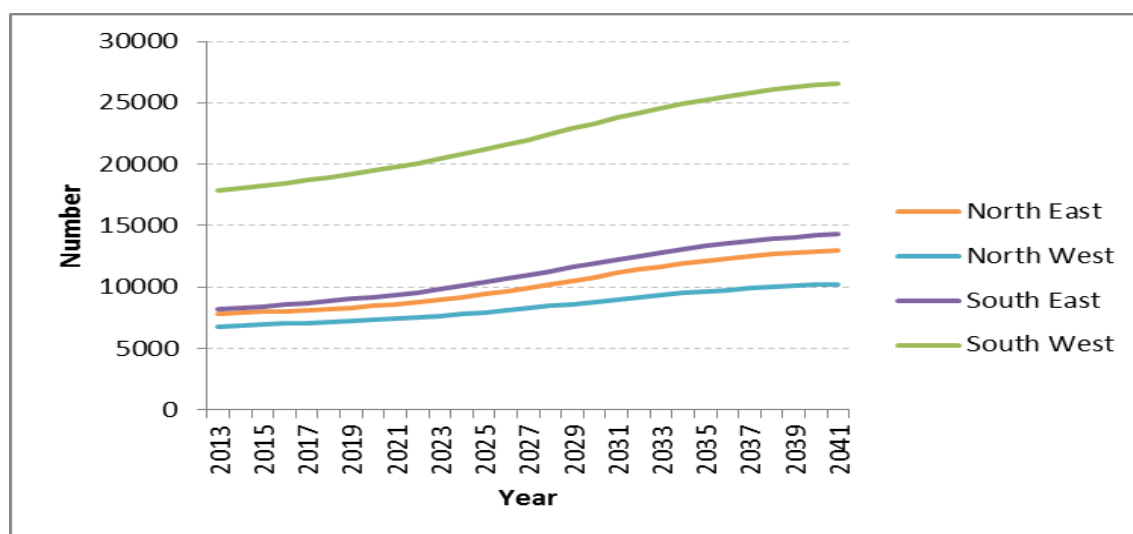
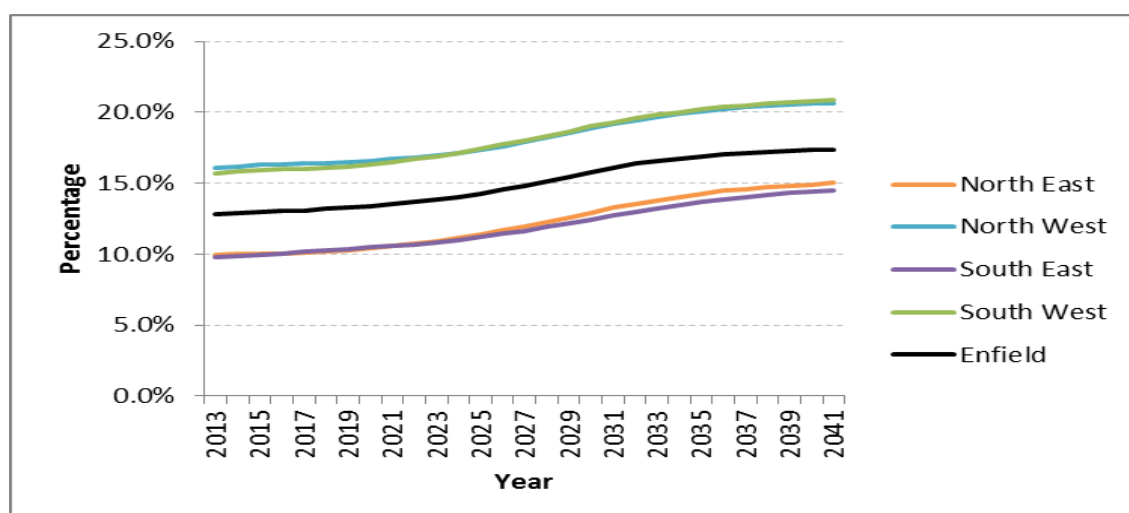


Figure 25 - Proportion of people aged 65 years and over, projection Enfield locality



Source: 2013-round SHLAA capped ward population projection, Greater London Authority

In Enfield, 1.7% of residents are aged 85 years and over (Figures 26 and 27). This compares to 1.6% in London and 2.3% in England. The proportion of people aged 85 years and older is expected to increase steadily over the next decades, reaching 3.5% by 2041. Within Enfield the number of people aged 85 years and older is highest in South West Enfield locality. Around 2.5% of residents in the locality are aged 85 years and older. This is expected to increase to almost 5.0% by 2041.

Figure 26 - Number of people aged 85 years and over, projection, Enfield locality

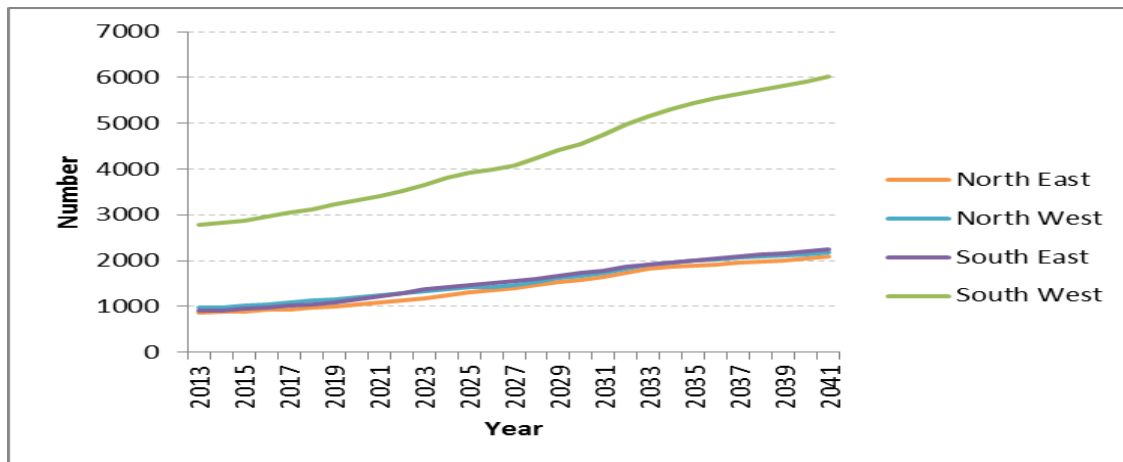
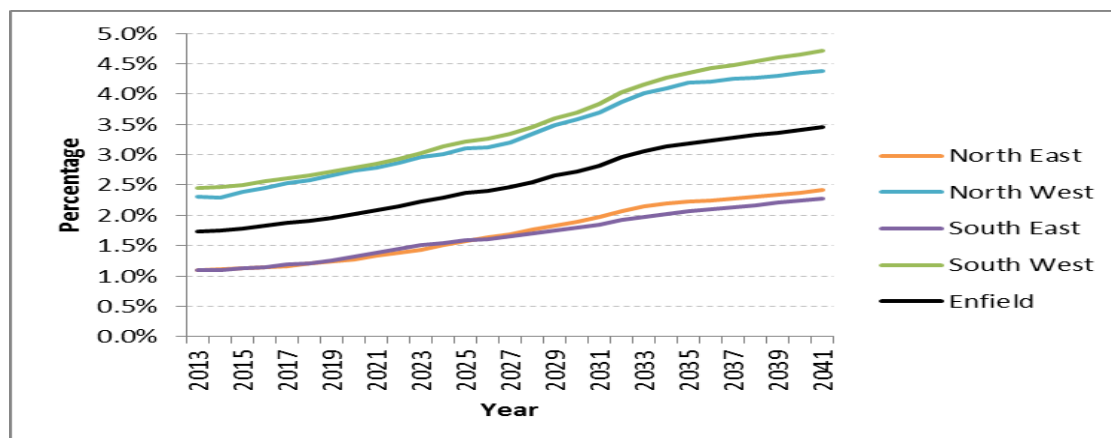


Figure 27 - Proportion of people aged 85 years and over, projection, Enfield locality



Source: 2013-round SHLAA capped ward population projection, Greater London Authority

### 2.3.5.5 Prison populations

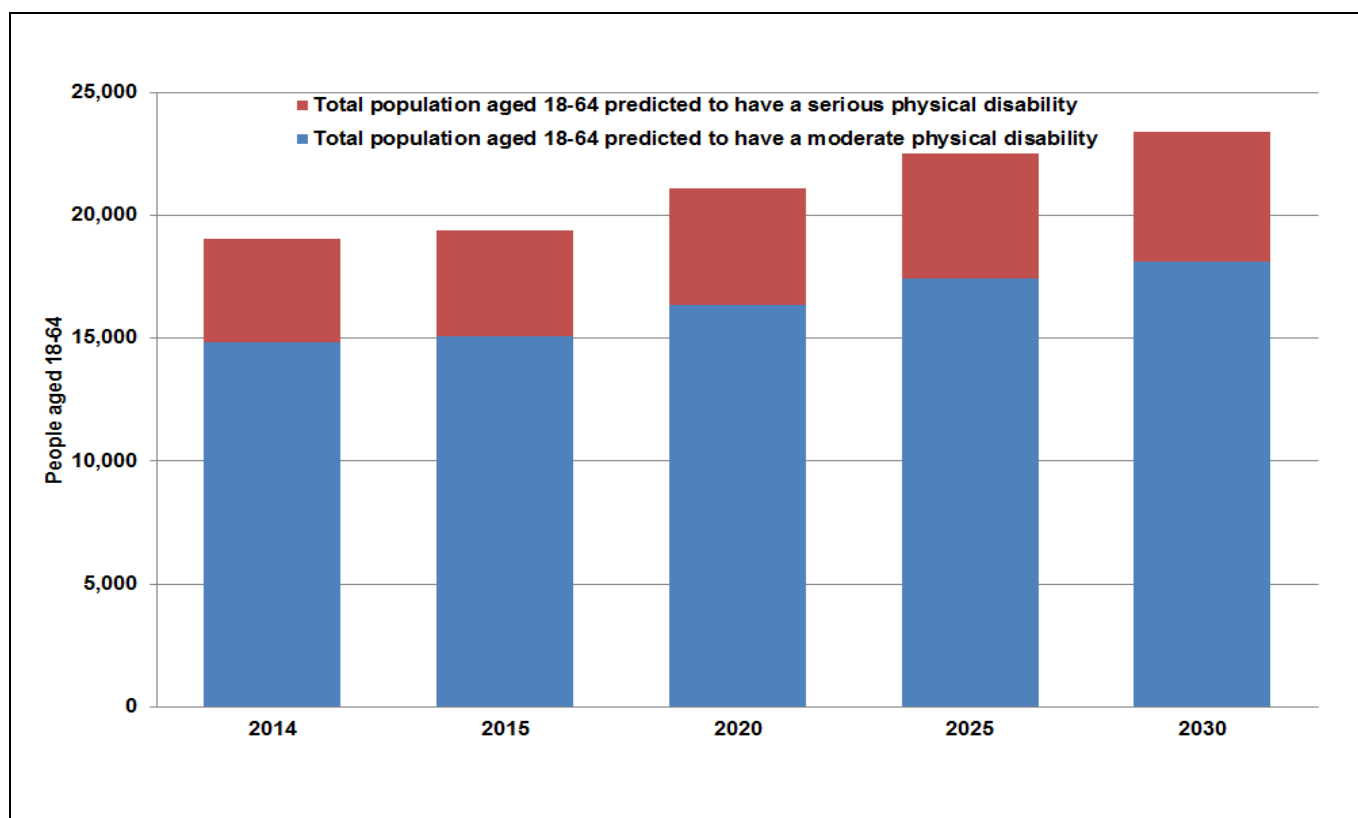
There is no prison or youth offender institute in the Borough.

### 2.3.5.6 Less-abled populations

#### 2.3.5.6.1 Physical disability

Figure 28 shows that in 2014 the number of adults aged 18-64 with a moderate disability is 14,837 and this is predicted to rise to 18,120 in 2030 which is an increase of 3,283. In the same year the number of adults with a serious disability is 4,197 and this is expected to increase by 1,103 to 5,300 in 2030.

Figure 28 - Projected Number of Adults aged 18-64 years in Enfield with either a moderate or serious physical disability: 2014 - 2030

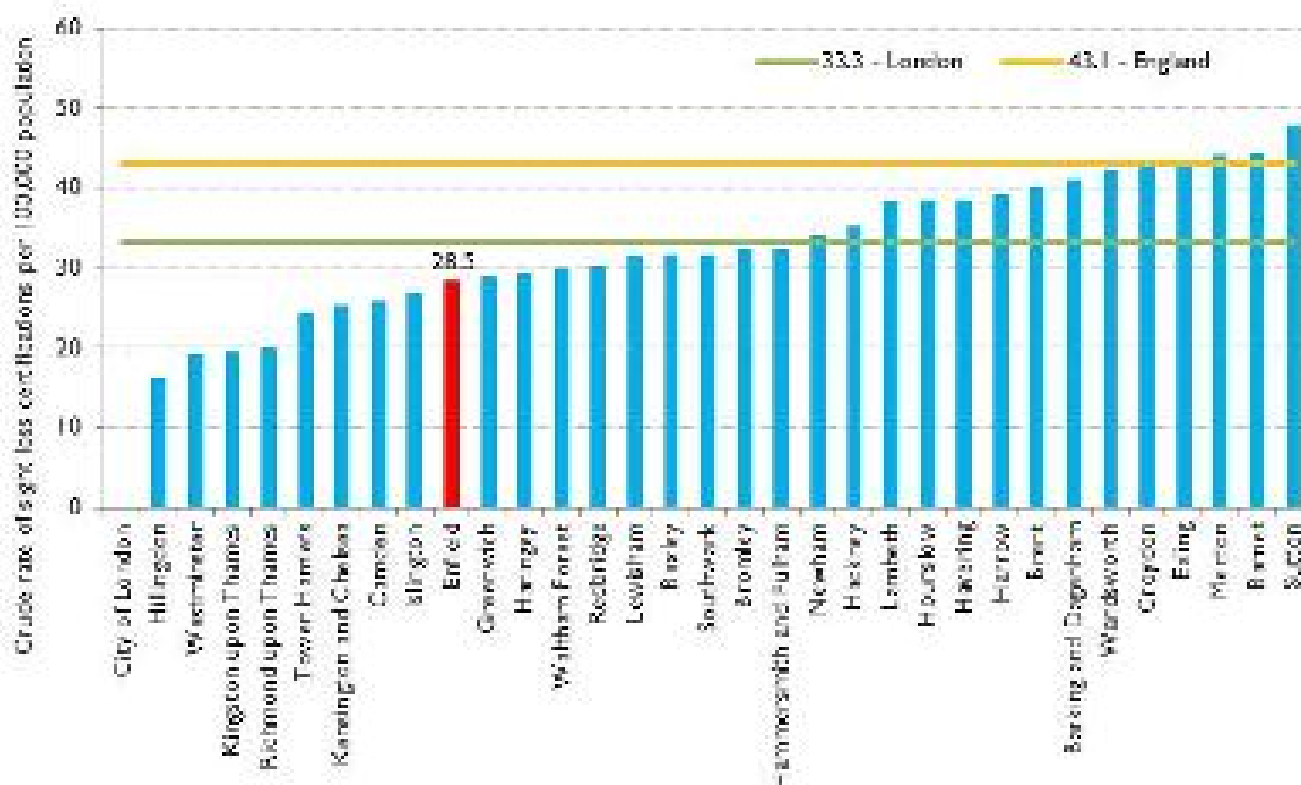


Source: PANSI

### 2.3.3.6.2 Sight impairment

There was a total of 605 people recorded on Enfield's blind register (Figure 29), and 545 people registered as partially sighted in 2010/11 with 84 new cases of sight impairment registered in Enfield during 2010/11. These 84 registrations of sight impairment gave Enfield a sight loss certification rate of 28.5 per 100,000 population, which was below the London and England rates of 33.3 and 43.1 respectively.

Figure 29 - Crude rate of sight loss certifications per 100,000 population, by London Borough: 2010/11



Source: Public Health Outcomes Framework (PHOF) data tool

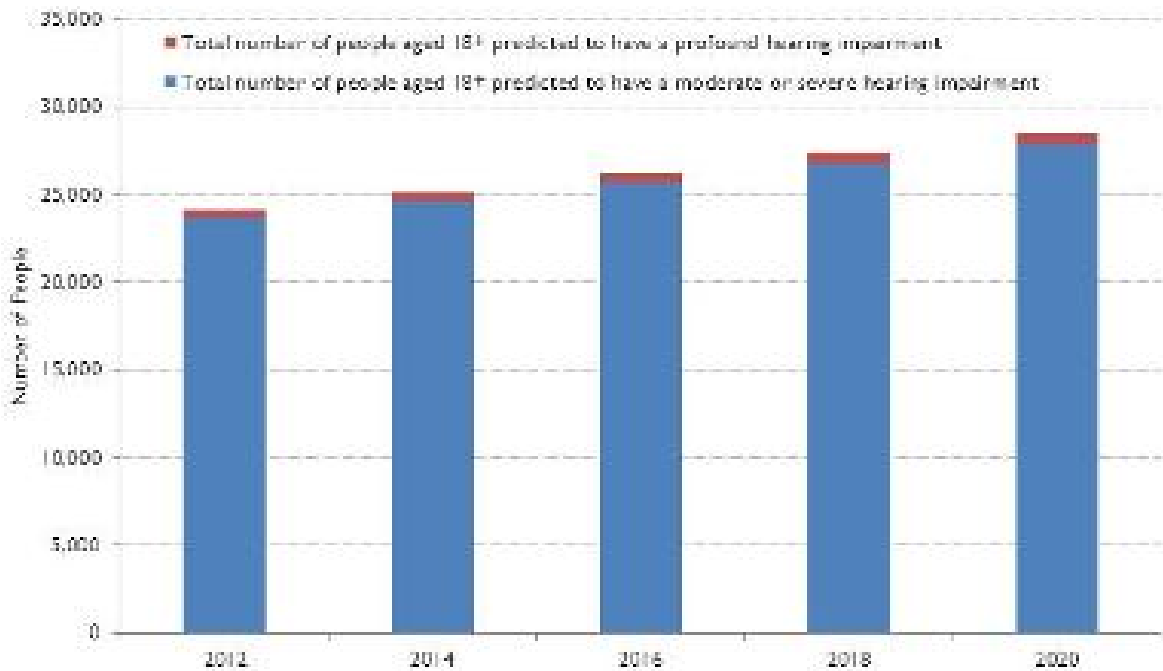
Local intelligence suggests that annual sight loss registrations have increased to approximately 100-120 per year although it is thought that there is still a proportion of people who would be eligible for registration who are currently not on Enfield’s register. As of July 2013, a total of 700 people were recorded on Enfield’s blind register, with an additional 547 people registered as partially sighted.

### 2.3.5.6.3 Hearing impairment

Figure 30 shows that the total number of people aged 18+ with moderate or severe hearing impairment in Enfield is set to rise from 23,657 in 2012 to 27,884 in 2020 – this equates to 4,227 people, or an 18% increase from 2012. While the number of people living with profound deafness in Enfield is significantly smaller than those with moderate or severe hearing loss, the number of profoundly deaf adults is projected to rise from 505 in 2012 to 611 in 2020 – a numerical rise of 106 people that equates to a 21% increase from 2012.

The prevalence of hearing impairment and deafness increases with age, with 72% of adults predicted to have moderate or severe hearing impairment and 89% of those predicted to have profound hearing impairment in 2012 being over 65 years of age. It is thought that 85% of males and 85% of females over the age of 85 suffer from moderate to severe hearing impairment.

**Figure 30 - Projected number of adults aged 18 and over in Enfield with moderate or severe; or profound hearing impairment: 2012-2020**

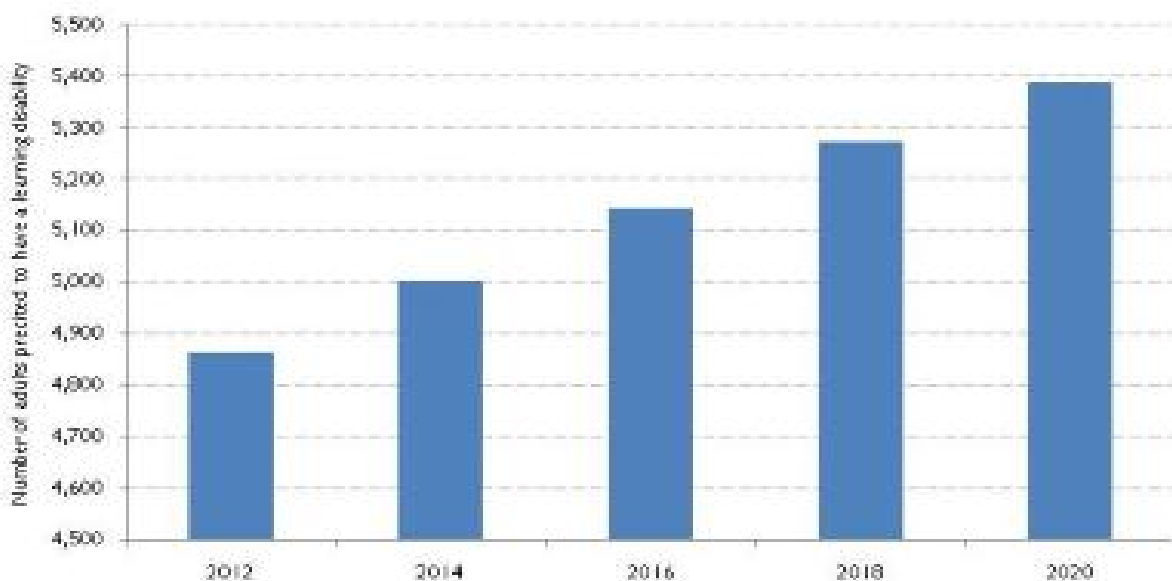


Source: Projecting Adult Needs and Service Information (PANSI)

**2.3.5.6.4 Learning Disabilities**

The projected number of adults expected to be living with a learning disability is set to rise steadily until at least 2020, with numbers predicted to increase from approximately 4,850 in 2012 to close to 5,400 in 2020.

**Figure 31 - Projected trend of the number of adults aged 18-64 years with a learning disability in Enfield: 2012-2020**



Source: Projecting Adult Needs and Service Information (PANSI)

Table 8 below highlights the predicted trends in the number of adults with learning disabilities in Enfield. Increases in the number of adults with each disability group are expected, with a projected rise of between 11% and 13% for each of the disability type shown below.

*Table 8 - Projected trend of the number of adults living with learning disabilities in Enfield: 2012-2020*

	2012	2014	2016	2020
<b>Total population aged 16-18 to have a moderate or severe learning disability.</b>	1,090	1,126	1,197	1,230
<b>Total population aged 16-18 to have a severe learning disability.</b>	292	301	310	319
<b>Total population aged 16-18 to have with a learning disability, predicted to display challenging behaviour</b>	89	92	95	99
<b>Total population aged 16-18 predicted to have autistic spectrum disorders</b>	1,922	1,987	2,051	2,159
<b>Total population aged 16-18 predicted to have Down's Syndrome</b>	124	128	131	138

Source: Projecting Adult Needs and service Information (PANSI)

Source: Projecting Adult Needs and Service Information (PANSI)

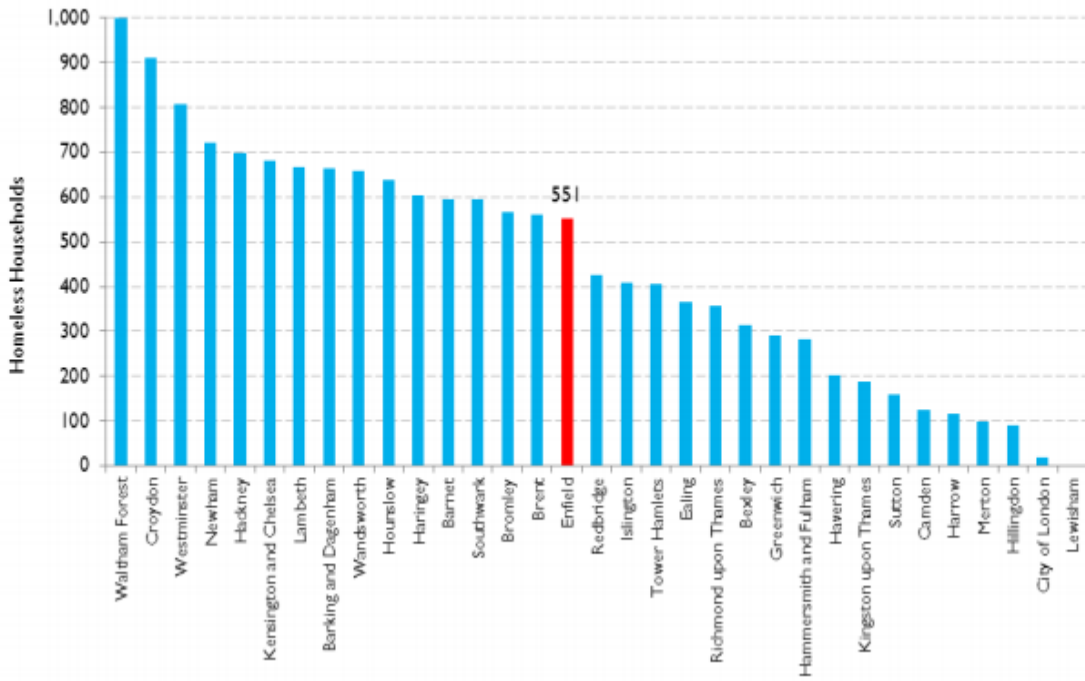
### **2.3.5.7 Breastfeeding populations**

In 2012/13, 88.8% of mothers initiated breastfeeding (3,884 mothers) in Enfield. This is above the London average of 86.8% and England average of 73.9%.

### **2.3.5.8 Homeless populations**

As the Annual Public Health Report from 2012 states, "Lack of secure, permanent accommodation is a major stress factor and contributor to poor health and Wellbeing". In Enfield, in 2012/13, 551 households were identified by the Council as being statutory homeless, giving the rate of statutory homeless households as 4.5 meaning that per 1,000 households, 4.5 were without a permanent home (Figures 32 and 33).

Number of Homeless Households, by London Borough – 2012/13

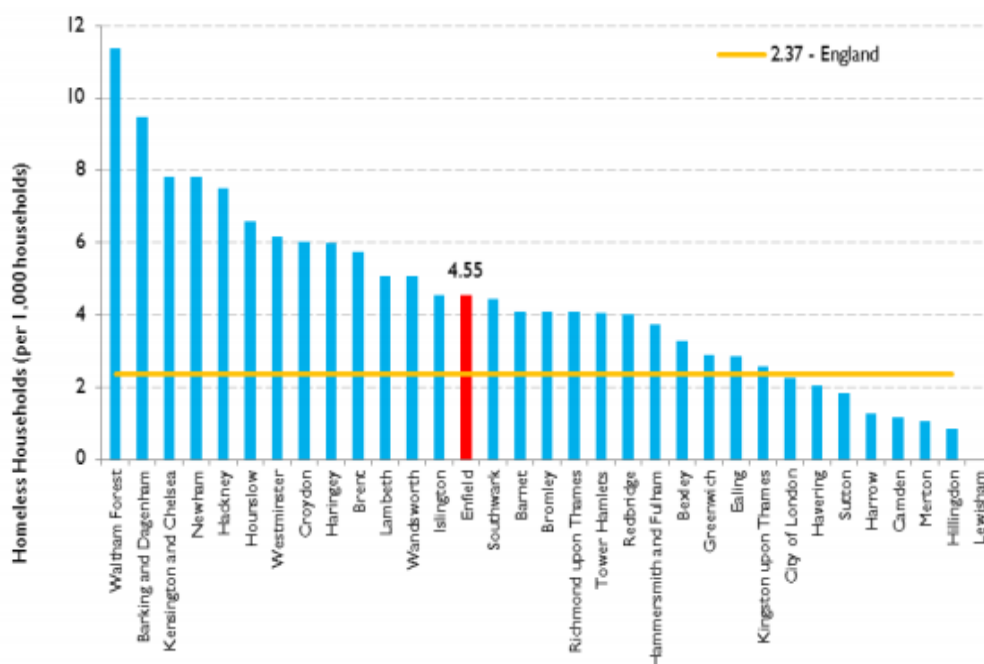


Source: Department for Communities and Local Government

Figure 32 – Number of Homeless Households, by London Borough 2012/13

N.B. No data for Lewisham was available

Homeless Household rate, by London Borough – 2012/13



Source: Department for Communities and Local Government

Figure 33 – Homeless Household rate, by London Borough 2012/13

N.B. No data for Lewisham was available

In a London context this homeless household rate is fairly low – the 14<sup>th</sup> highest across the Capital. However in a national context the figure is high – significantly above the national average of 2.37. Furthermore, the count figure of 551 is relatively high and means Enfield has the 20<sup>th</sup> highest number of homeless households amongst district and Borough councils in England.

**2.3.5.9 Asylum seekers and refugees**

Asylum seekers are excluded from claiming mainstream welfare benefits and, in most cases, from working. They can access support in the form of housing and / or basic living expenses while in the UK through Section 95 support (Figure 34). This is aimed at asylum seekers whose claims are ongoing, who are destitute or about to become destitute, and their dependents.

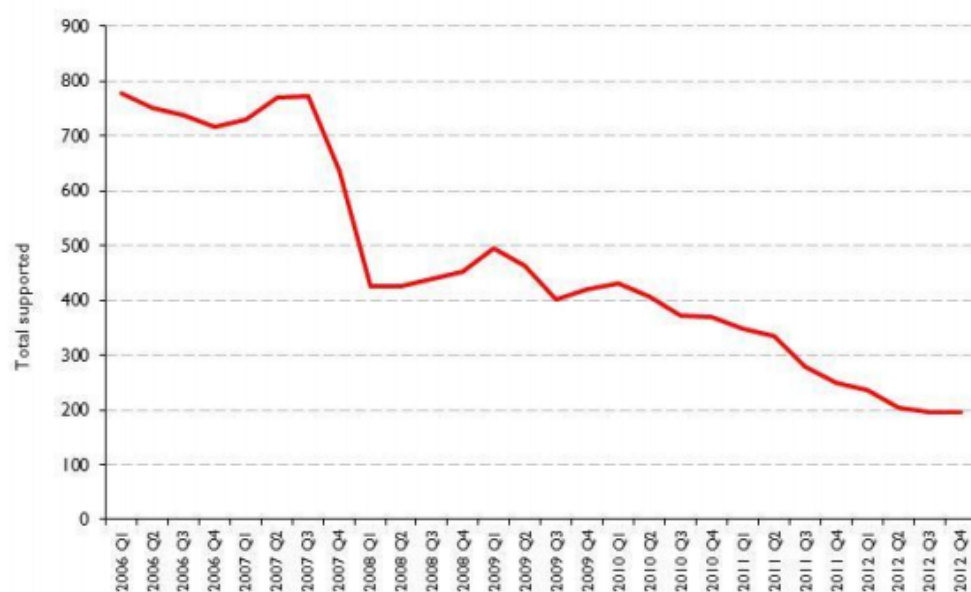
Figure 34 – Number of Asylum Seekers in Enfield supported under Section 95 2006-2012



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**Enfield, Number of Asylum Seekers Supported Under Section 95: 2006 – 2012**


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Source: Home Office

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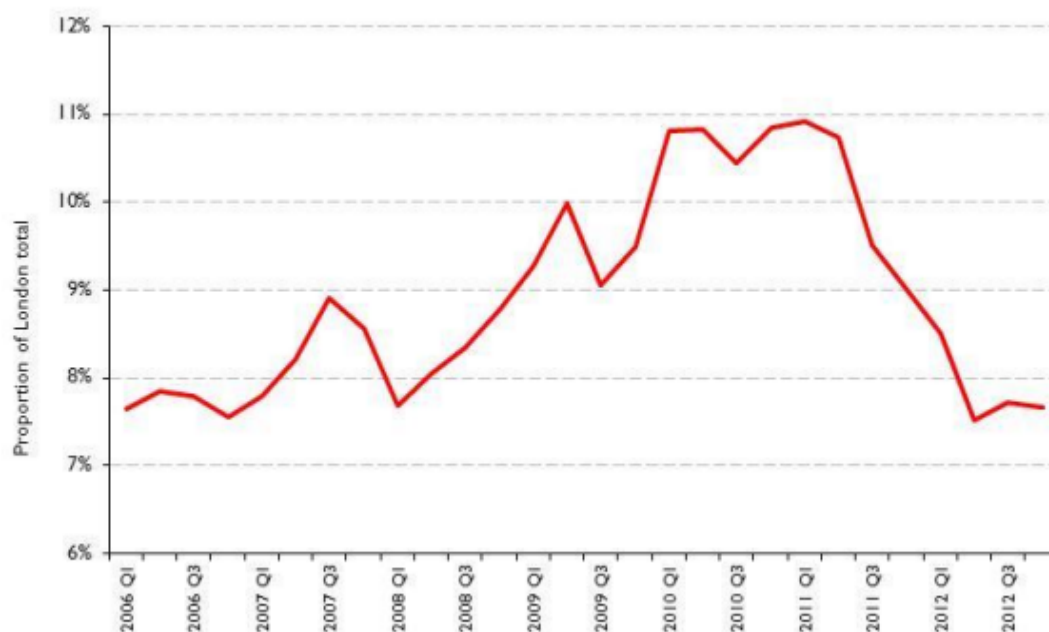
As recently as 2006, Enfield was offering Section 95 support to close to eight hundred asylum seekers, a quarter of whom were being provided with accommodation. However, there has been a rapid decline in the number of asylum seekers in the Borough since and, as of 2012, the number receiving Section 95 support has fallen to 196, with around half of these being provided with accommodation.

In a London context, the proportion of asylum seekers receiving Section 95 support living in Enfield is now the lowest it has been since 2006 (Figure 35). Having peaked at close to 11% in 2011, the figure is now 7.7%.

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**Total Proportion of London's Asylum Seekers in Enfield: 2006 – 2012**


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Source: Home Office

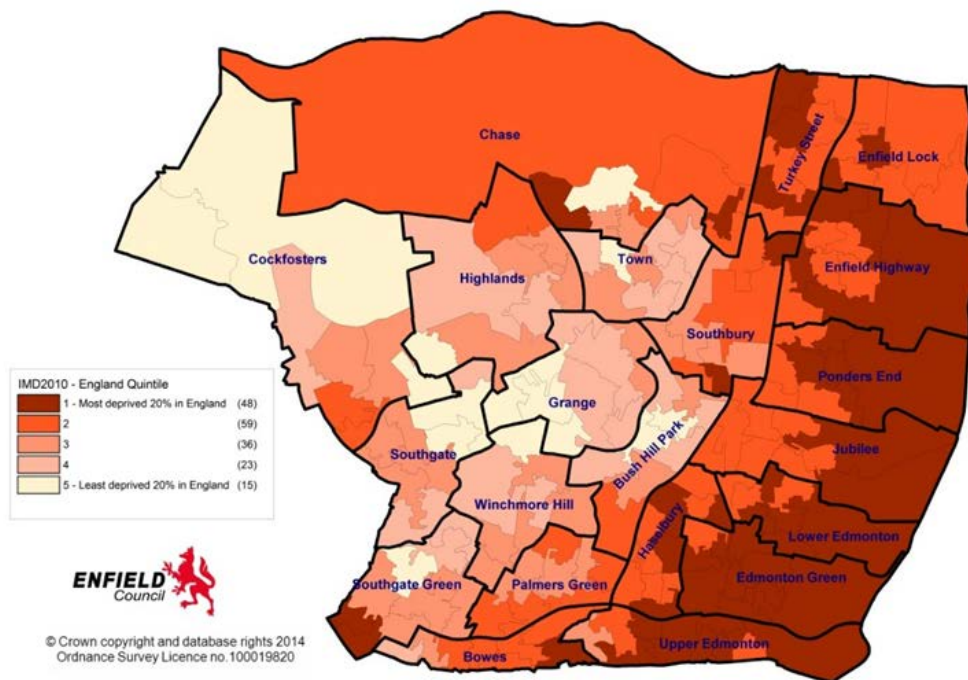
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*Figure 35 – Total proportion of London's asylum Seekers in Enfield 2006-2012*

### 2.3.6 Deprivation

Deprivation can be considered to be a key determinant of ill health. Overall the deprivation structure in Enfield is very similar to the London average, but more deprived than England, with nearly 60% of the Enfield population falling in the two most deprived quintiles. In Enfield, the more deprived areas using deprivation quintiles are in the east of the Borough, with the south-east of the Borough particularly deprived (Figure 36). In rank order, these are Edmonton Green, Upper Edmonton, Lower Edmonton, Ponders End and Turkey Street. Such are the levels of deprivation in the three Edmonton wards that all three are within the most deprived 10% of wards in England.

Figure 36 - Index of Multiple Deprivation 2010, Enfield LSOAs, based on national quintiles

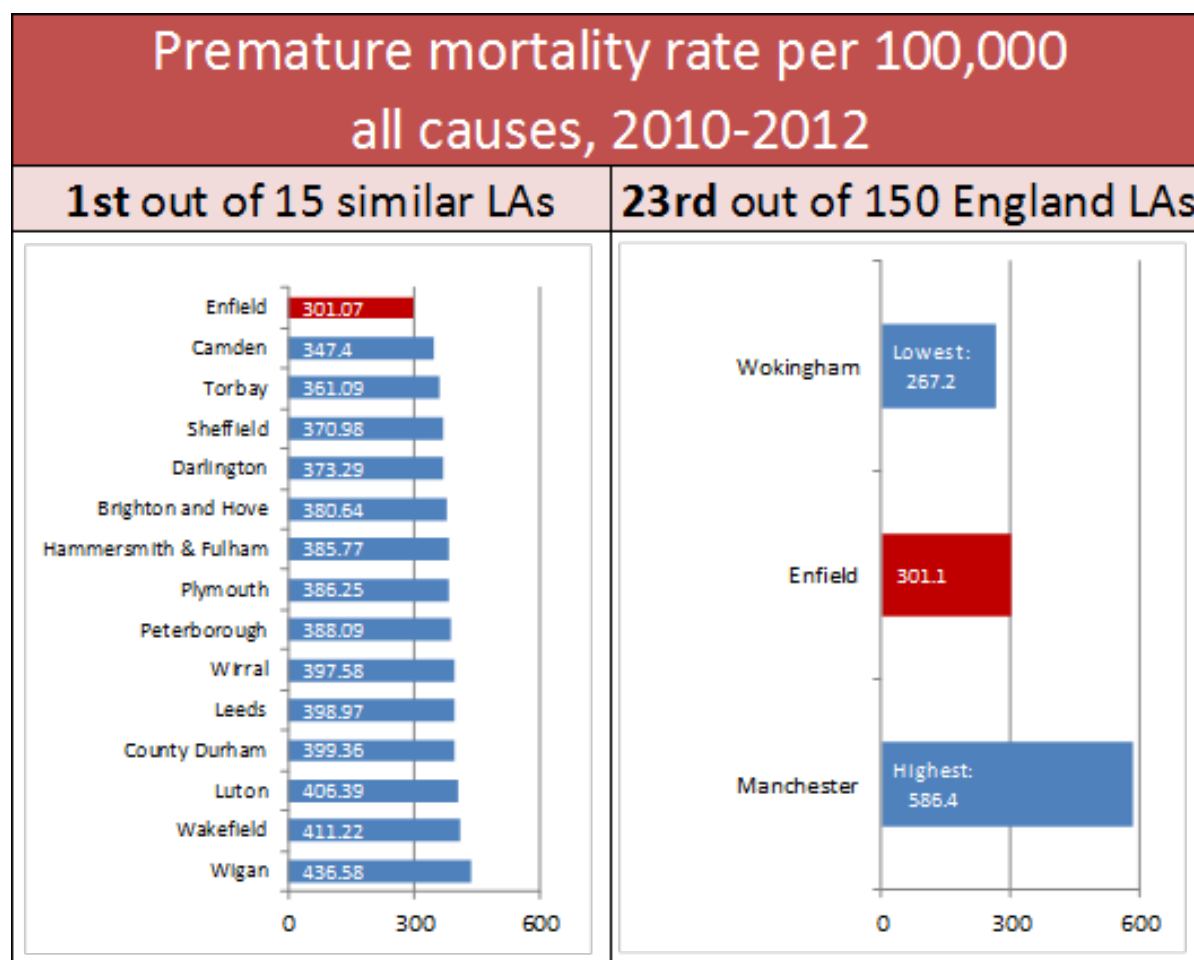


Source: IMD 2010

## 2.4 Causes of ill health

The standardised rate for premature mortality (persons under 75 years) due to all causes in Enfield was 301.1 per 100,000, below the England average of 350.0 per 100,000 population and the 23<sup>rd</sup> lowest out of 150 England local authorities (Public Health England based on ONS Mortality File, 2010-2012). (Figure 37)

Figure 37 - Directly age, sex-standardised mortality rate per 100,000 population, all causes and people under 75 years, 2010/12



Source: Public Health England based on ONS mortality file

Within Enfield, Edmonton Green and Upper Edmonton ward has a premature mortality rate significantly higher compared to the England average and corresponds with the high level of deprivation rate. In addition to Edmonton Green and Upper Edmonton, Turkey Street also has the all causes mortality rate (all ages) significantly above the national average (Figures 38 and 39).

Figure 38 - Indirectly age, sex-standardised ratio, all causes, persons aged 75 years and under, 2006-2010

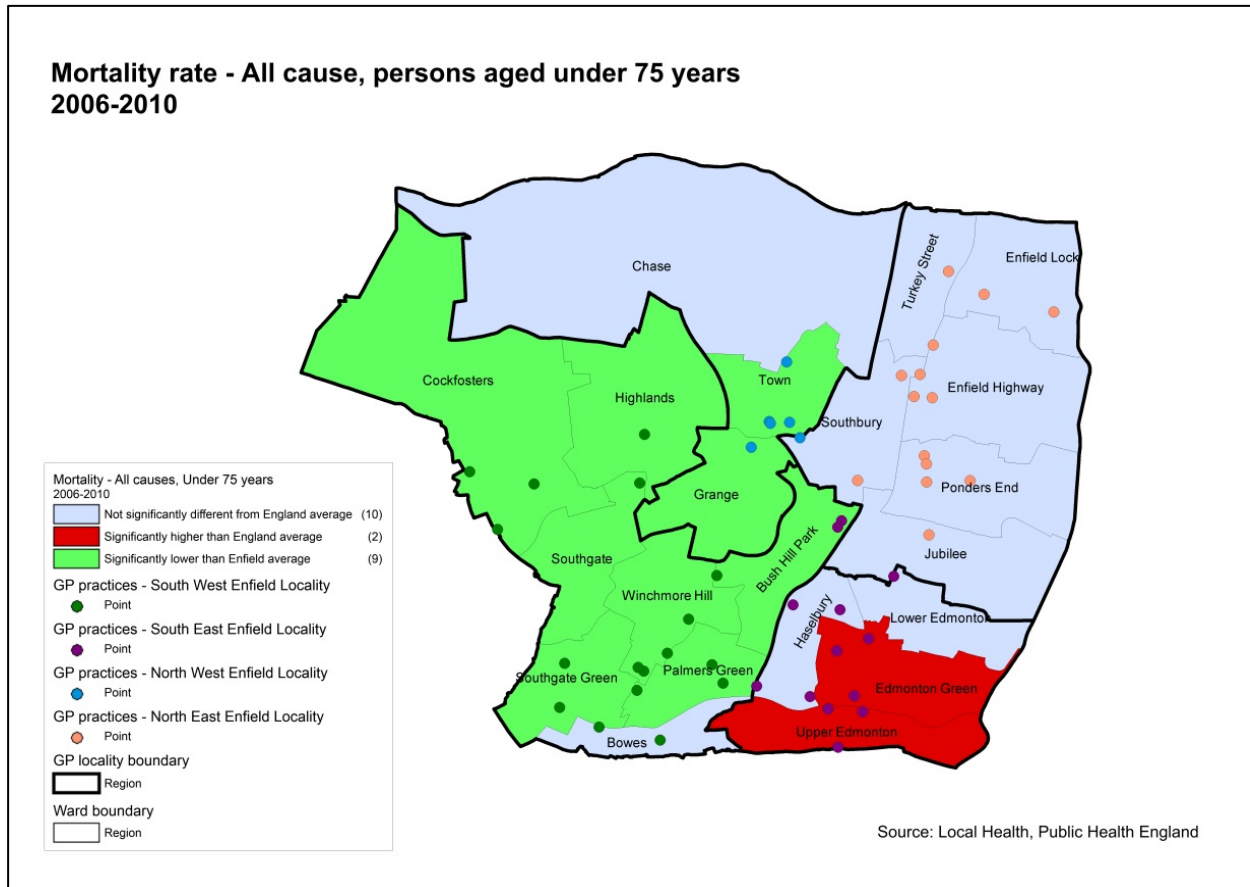
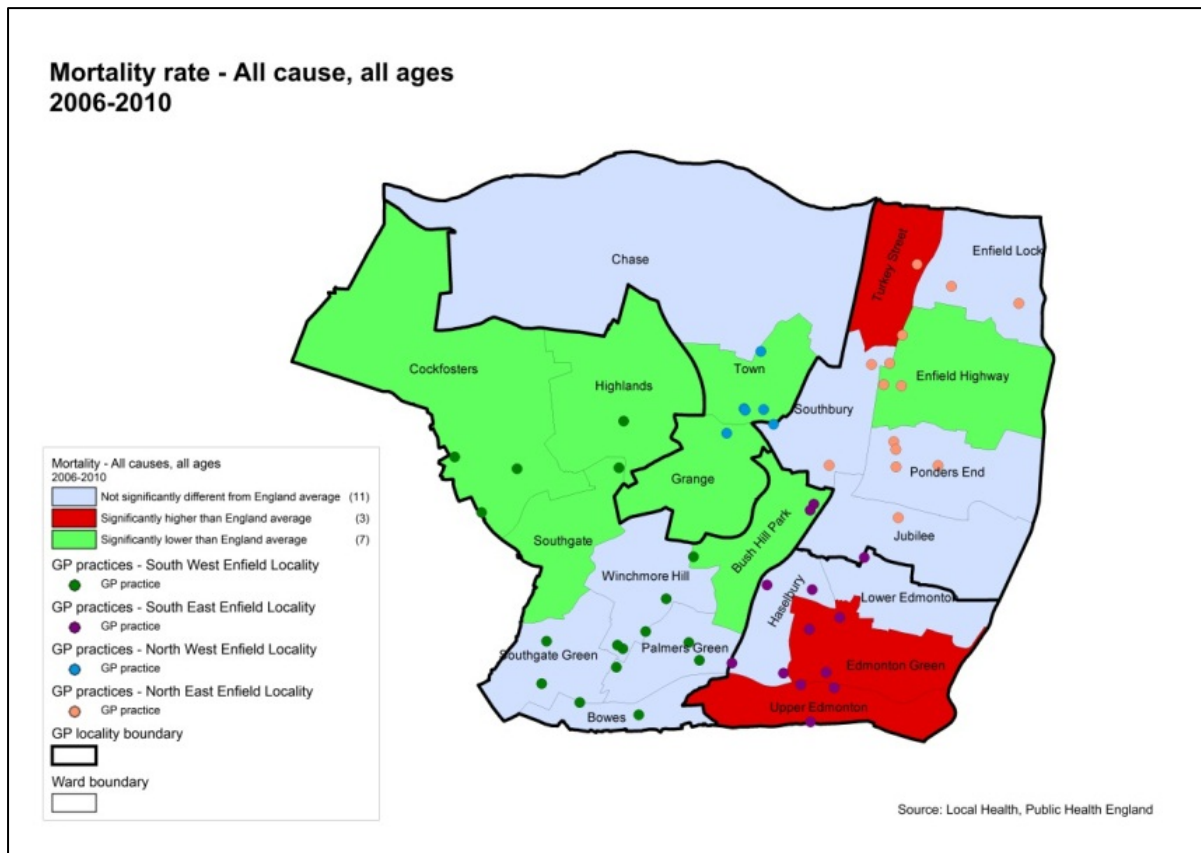


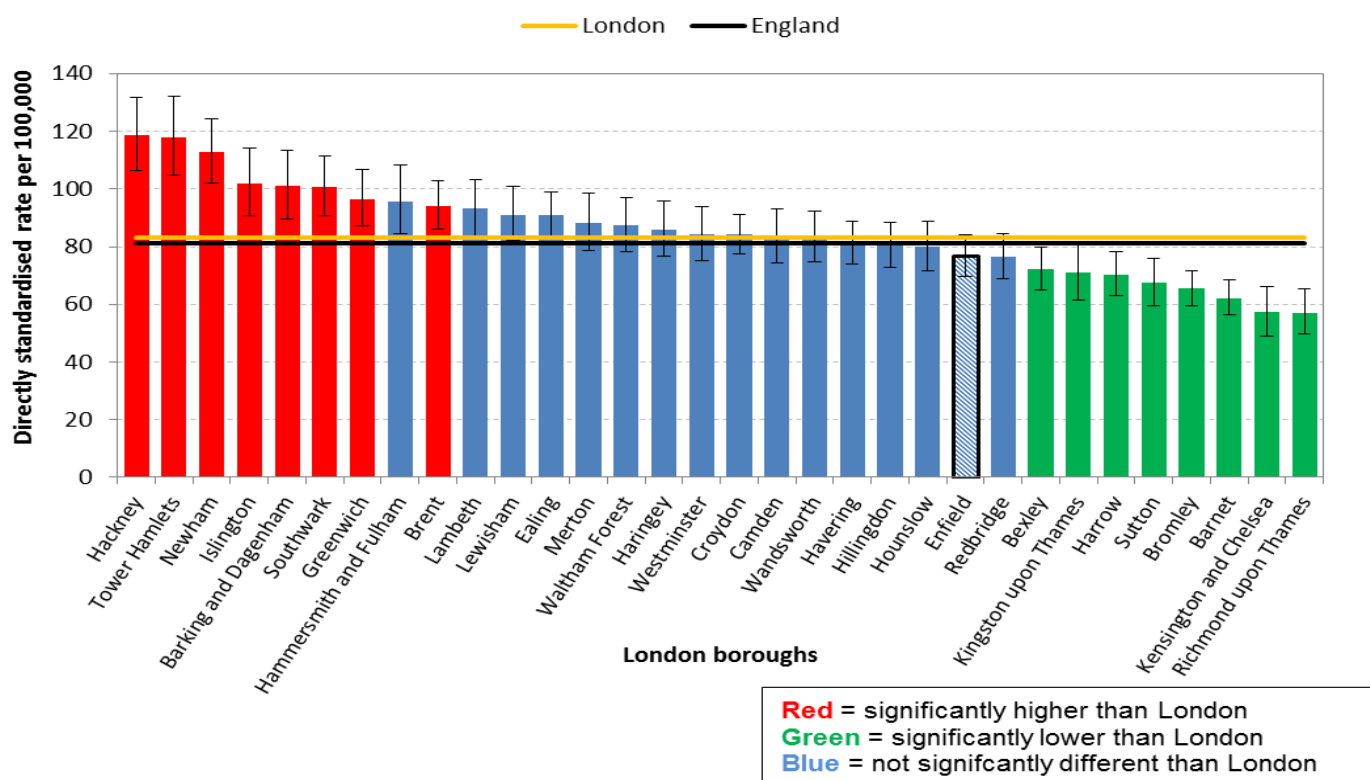
Figure 39 - All age (all-cause) mortality rate for Enfield as a whole and for each of the localities 2010/12



### 2.4.1 Cardiovascular Disease (CVD)

Enfield's premature mortality (under 75 years) rate from CVD (76.8 per 100,000) is the 10<sup>th</sup> lowest amongst 32 London Boroughs (Figure 40) and is similar to London (83.1 per 100,000) and England (81.1 per 100,000) averages.

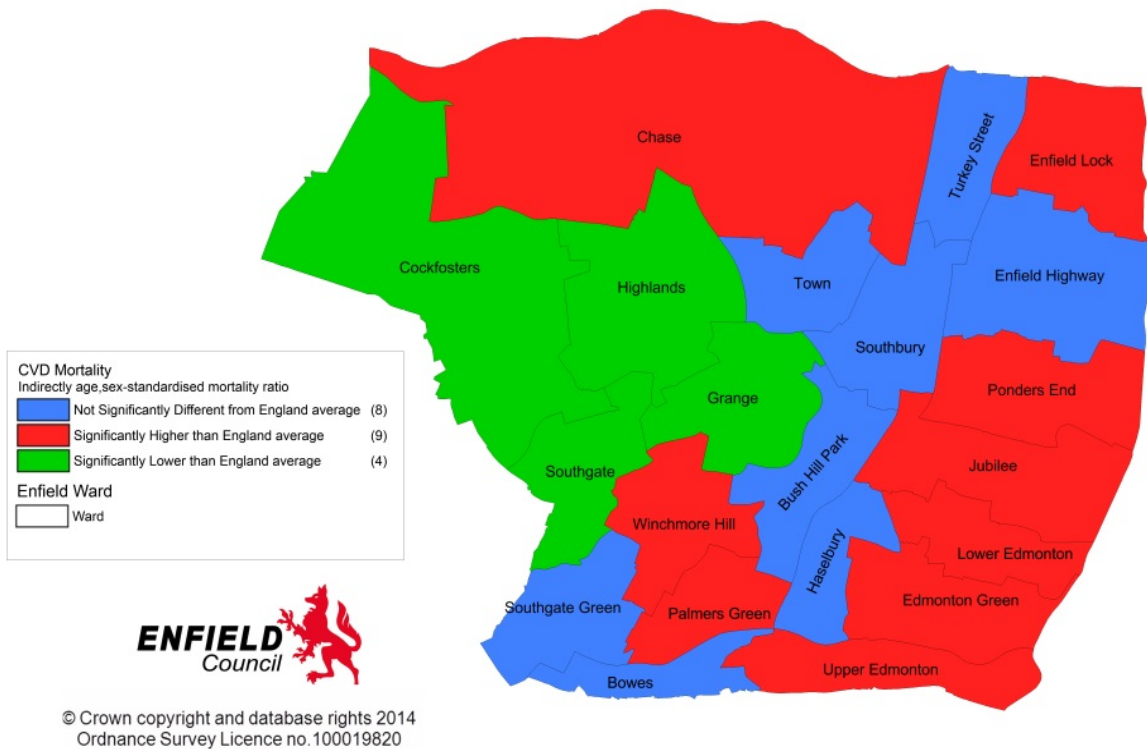
Figure 40 - Directly age, sex standardised rate for cardiovascular disease, persons aged under 75 years, London Boroughs, 2010/12 (pooled)



Source: Public Health Outcomes Framework (PHOF), Public Health England

Within Enfield, CVD mortality (under 75 years) is significantly higher than England average in the following nine wards: Chase, Enfield Lock, Ponders End, Jubilee, Lower Edmonton, Edmonton Green, Upper Edmonton, Winchmore Hill, and Palmers Green (Figure 41).

Figure 41 - CVD mortality – indirectly age and sex standardised ratio for persons aged under 75 years in Enfield wards, 2006-2010 (pooled)



Source: Local Health, Public Health England

### 2.4.1.1 Coronary Heart Disease (CHD)

Enfield’s recorded prevalence of CHD (2.5%) is above London (2.1%) and below England (3.3%) averages. Within Enfield, North West and South West Enfield localities have higher recorded prevalence compared to the East of the Borough.



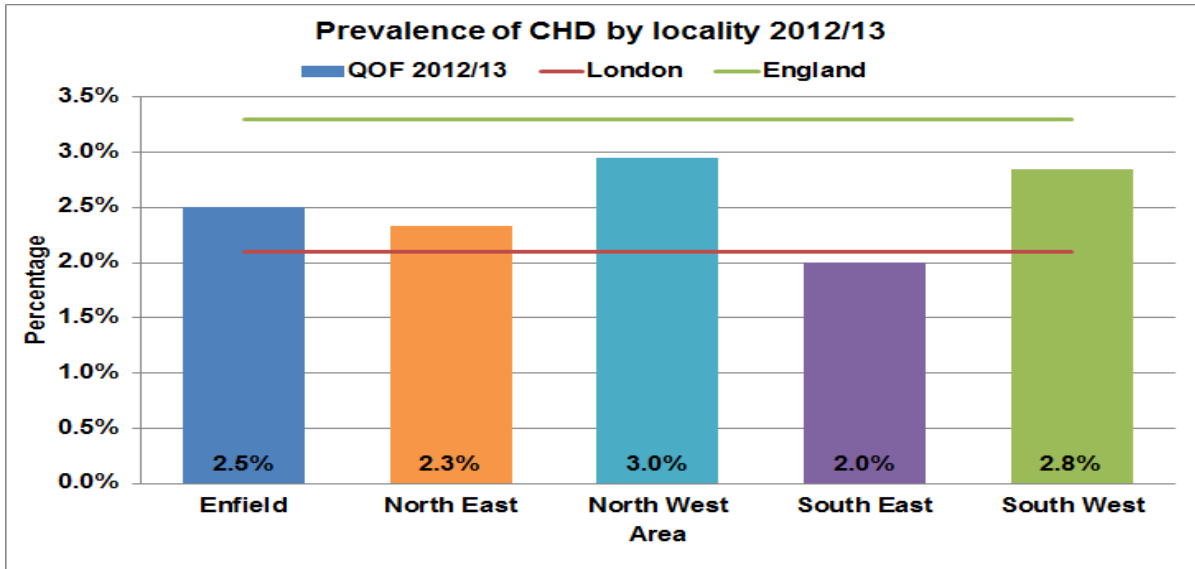


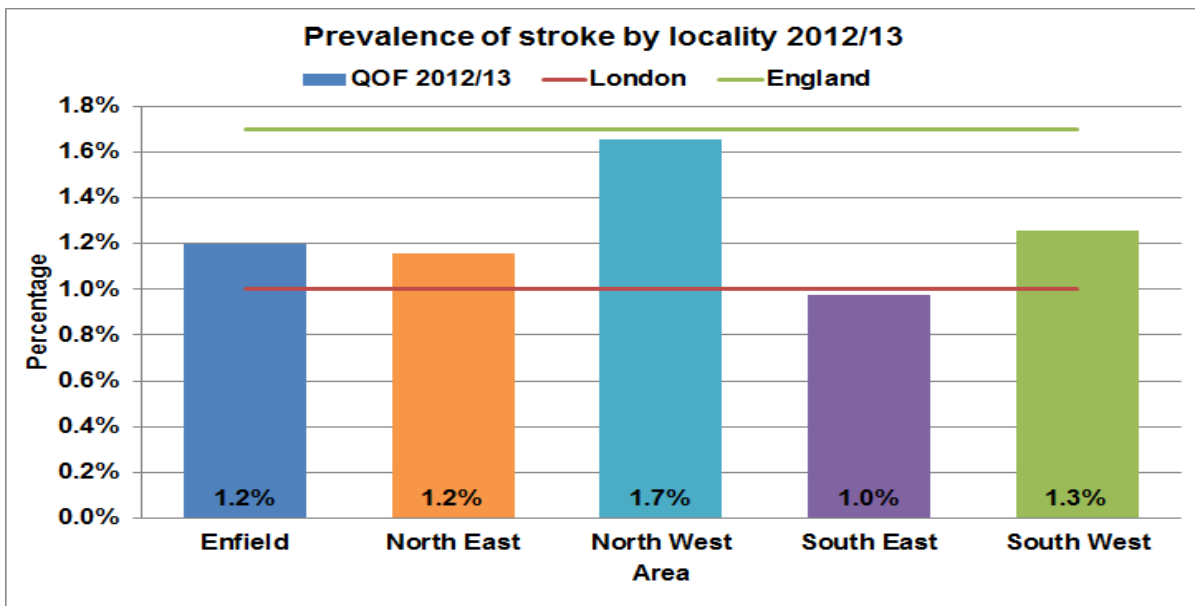
Figure 42 - Recorded prevalence of CHD, Enfield localities, 2012/13

Source: QOF 2012/13

### 2.4.1.2 Stroke

Enfield’s recorded prevalence of stroke (1.2%) is above London (1.0%) and below England (1.7%) averages. Within Enfield, North West and South West Enfield localities have higher recorded prevalence compared to the East of the Borough.

Figure 42 - Recorded prevalence of stroke, Enfield localities, 2012/13



Source: QOF 2012/13

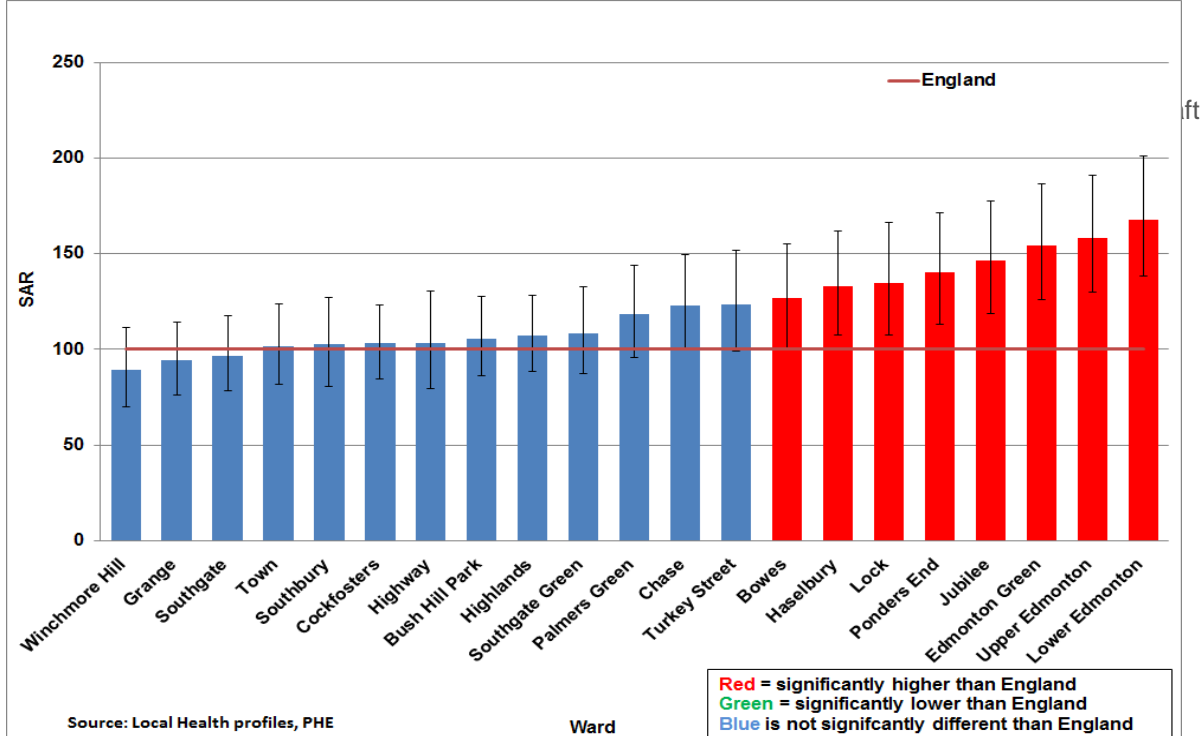


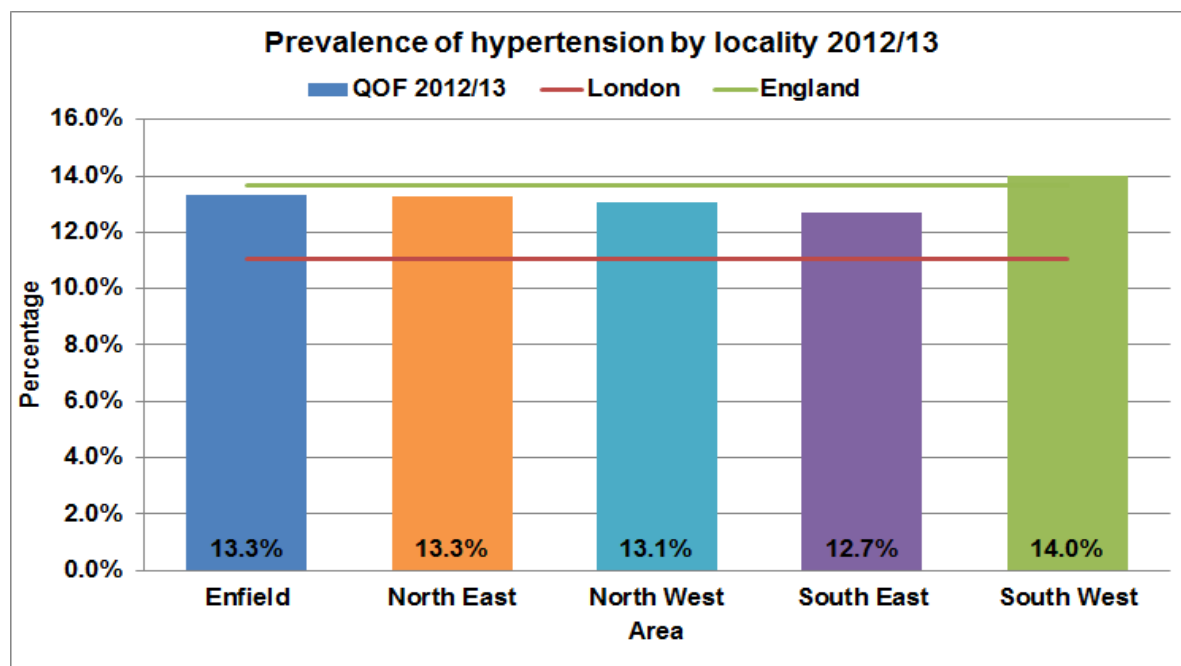
Figure 43 - Standardised admission ratios emergency hospital admissions (SAR) due to stroke, 2008/09 to 2012/13

Figure 43 above shows standardised admission ratios due to stroke for Enfield wards. 8 wards have a significantly higher ratio than England. The highest ratio is in Lower Edmonton (168) which means that residents in this ward are 1.7 times more likely to be admitted to hospital for stroke.

### 2.4.1.3 Hypertension

Enfield's recorded prevalence of hypertension (13.3%) is above London (11%) and below England (13.7%) averages. Within Enfield, prevalence is similar with the lowest being in South East Enfield locality (12.7%) and the highest recorded prevalence in South West locality (14%).

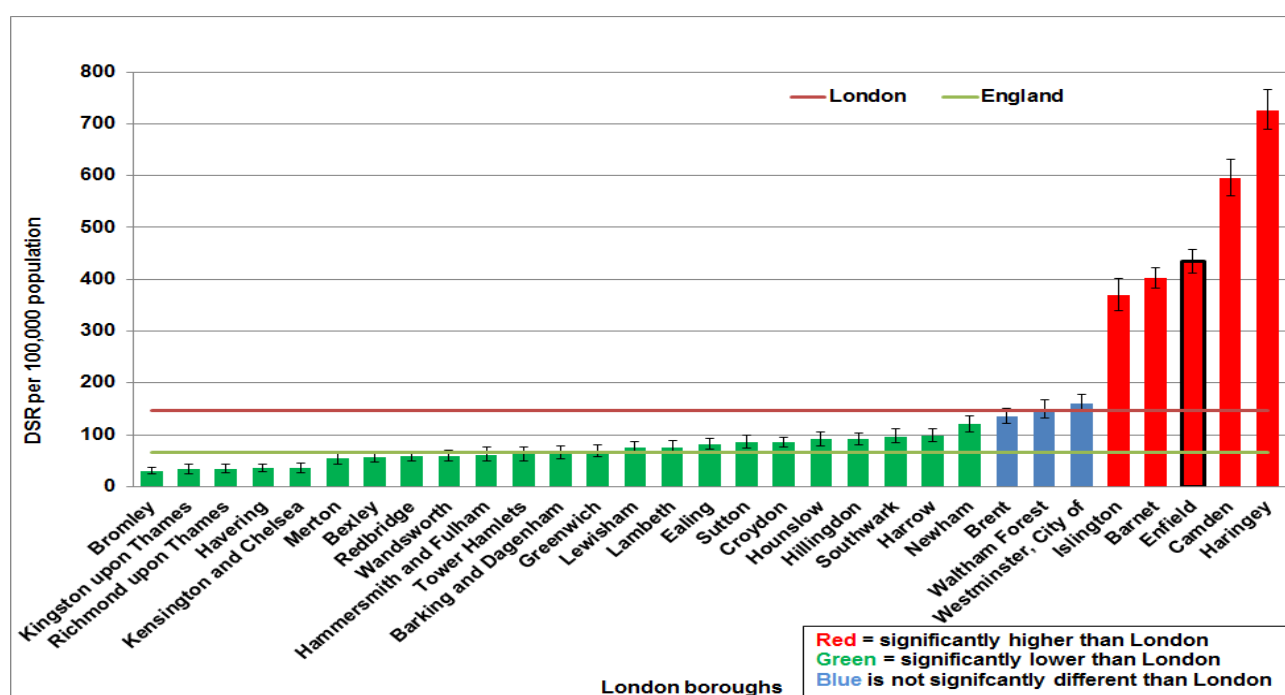
Figure 44 - Recorded prevalence of stroke, Enfield localities, 2012/13



Source: QOF 2012/13

Figure 45 below shows directly age-standardised rates for hospital admissions due to acute hypertensive disease for London boroughs in 2010/11. Enfield (434 per 100,000 population) has the 3<sup>rd</sup> highest rate out of all London boroughs and this is significantly higher than London.

Figure 45 - Directly age standardised hospital admissions due to acute hypertensive disease, 2010/11



Source: London Health Programmes, HNA toolkit

### 2.4.2 Cancers

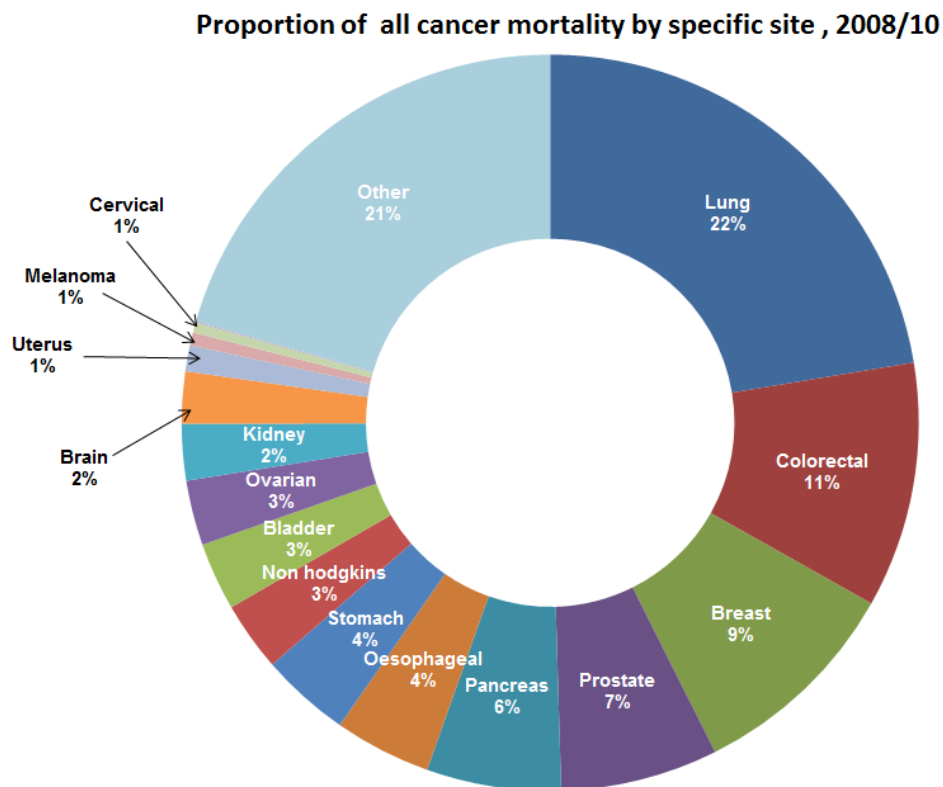
The impact of lifestyle on the development of cancer is very important. For example, in a review of the epidemiology of a wide range of cancers, it was identified that about one third overall can be attributed to just four lifestyle choices – alcohol, overweight and obesity, inappropriate diet and tobacco.

Overall, cancer is responsible for around 250 premature deaths per year i.e. persons aged less than 75 years (based on 2010/12 data). It is also the largest contributor to premature mortality within the Borough (40%), although according to Public Health England, premature deaths in Enfield (that is, under the age of 75 years) are below

the national average for cancers overall and for those cancers that are considered to be preventable.

Figure 46 shows the contribution of specific cancer sites to the overall mortality (persons all ages) due to cancer within Enfield in 2008/10.

Figure 46 - Proportion of cancer deaths by specific site 2008-2010 Enfield.

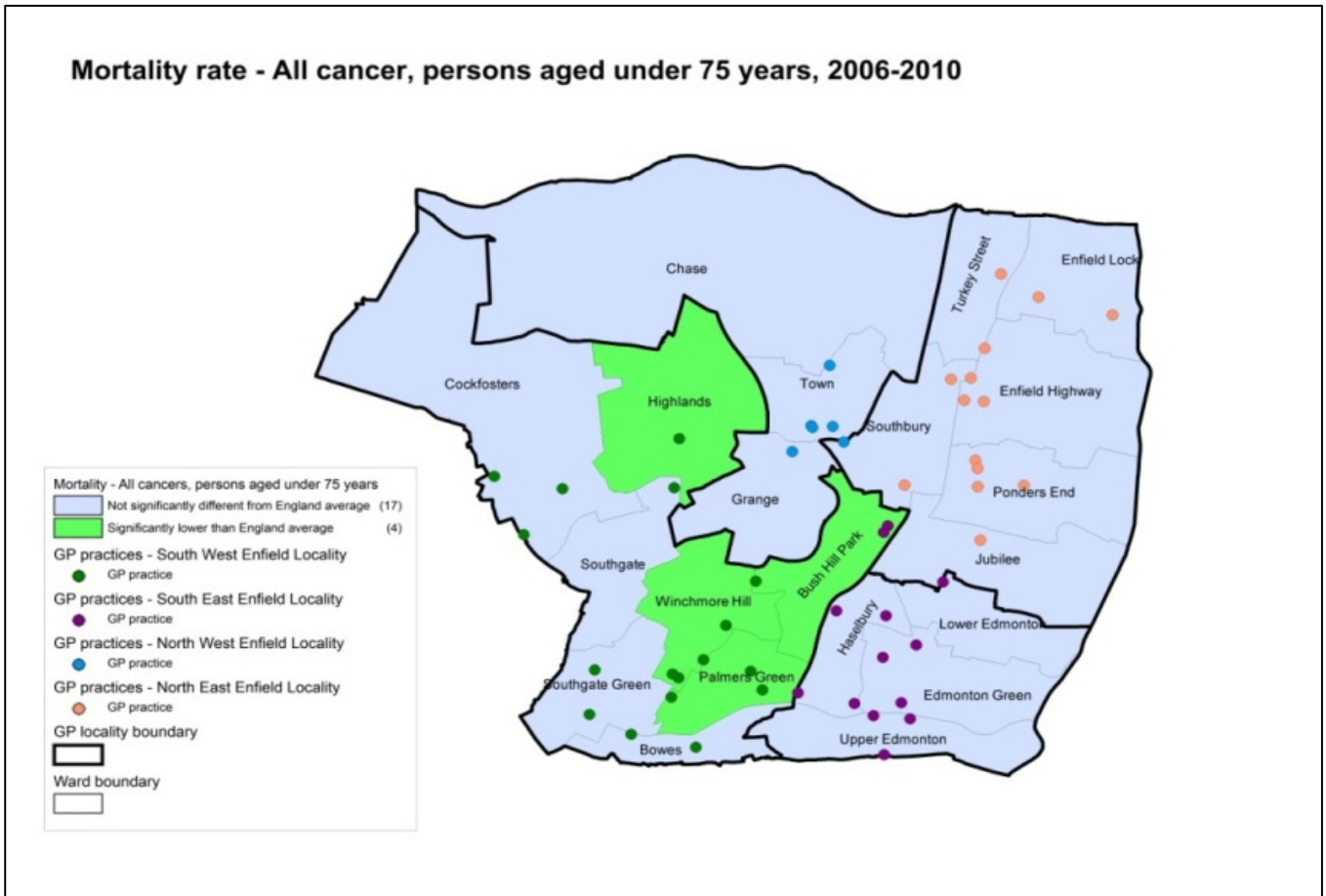


Source: Health and Social Care Information Centre, Indicator Portal

Deaths due to lung cancer are the biggest cause of mortality related to cancer, accounting for 22% of all cancer deaths in Enfield between 2008 and 2010. Colorectal accounts for 11% and breast cancer and prostate cancers are responsible for 9% and 7%, respectively.

Within Enfield, under 75 mortality rate for cancer is significantly lower than England in the following wards: Highlands, Winchmore Hill, Palmers Green and Bush Hill Park (Figure 47).

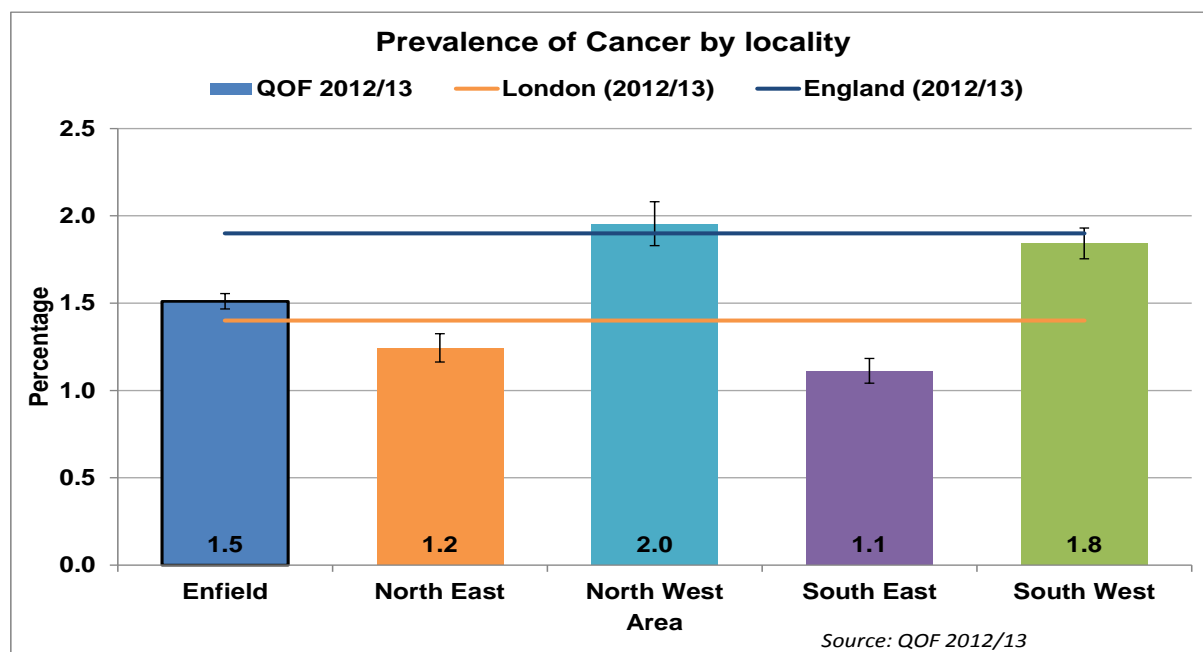
Figure 47 - Cancer mortality – indirectly age and sex standardised ratio for persons aged under 75 years in Enfield wards, 2006-2010 (pooled)



Source: Local Health, Public Health England

Enfield's recorded prevalence of cancer (1.5%) is similar to London (1.4%) and below England (1.9%) averages. Recorded prevalence of cancer is significantly higher in the west of the Borough compared to Enfield average, which is a likely reflection of the older population in the west of the Borough (Figure 48).

Figure 48 - Recorded prevalence of cancer, Enfield locality, 2012/13

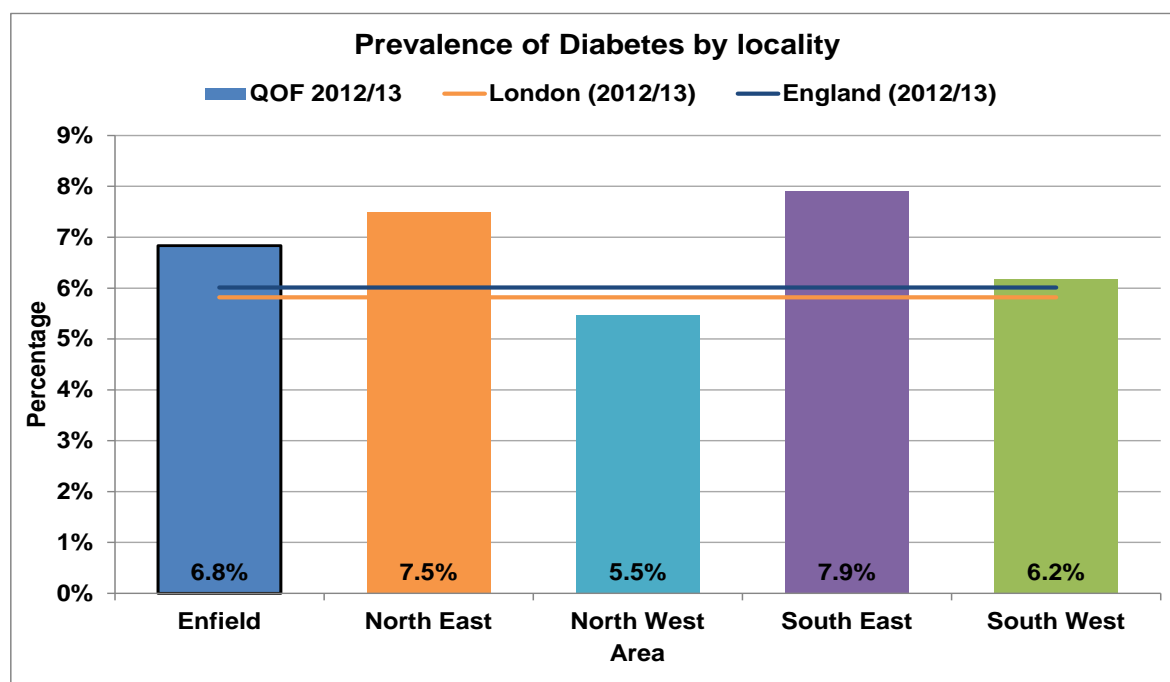


Source: Quality Outcomes Framework, Health and Social Care Information Centre

#### 2.4.4 Diabetes

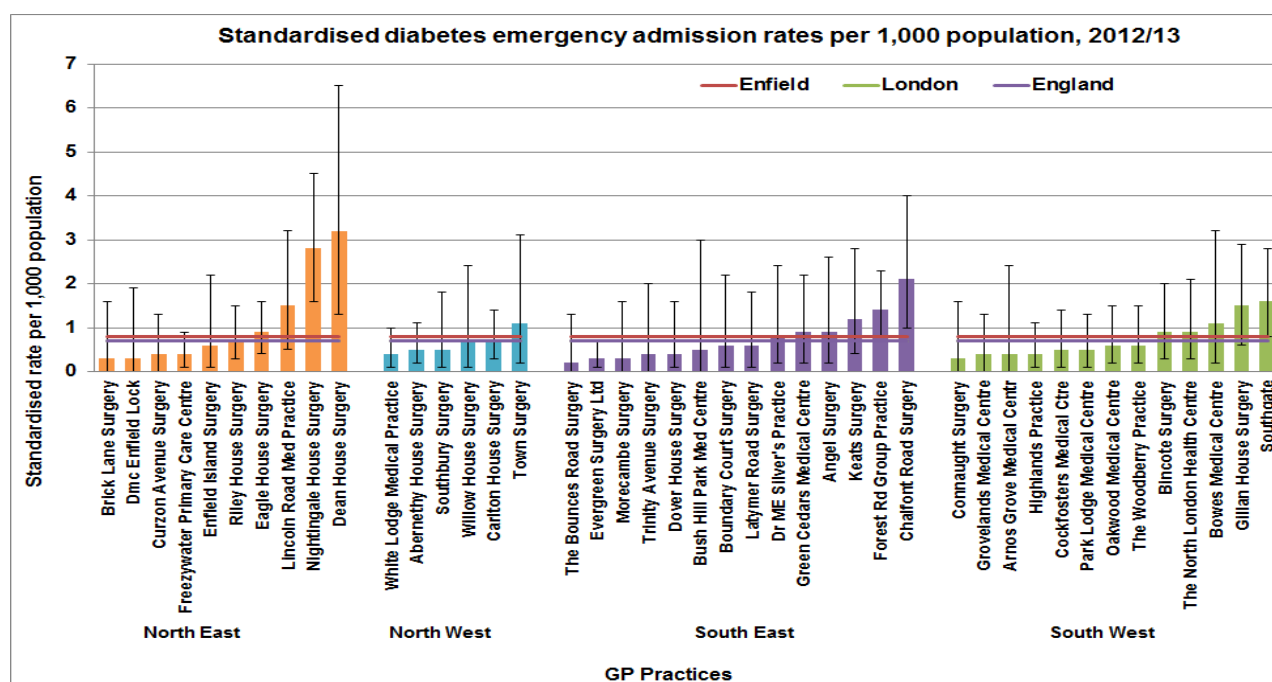
Enfield’s recorded prevalence of diabetes (6.8%) is above London (5.8%) and England (6.0%) averages (Figure 49). Within Enfield, North East and South East localities have higher recorded prevalence compared to the west of the Borough.

Figure 49 - Recorded prevalence of diabetes, Enfield localities, 2012/13



Source: Quality Outcomes Framework, Health and Social Care Information Centre

Figure 50 - Standardised diabetes emergency admission rates per 1,000 population, 2012/13



Source NHS comparators

Please note that data for 6 practices was not available.

Figure 50 above shows diabetes emergency admission standardised rates per 1,000 population for GP practices in Enfield. The rates range from 0.1 to 3.2 per 1,000 population. Two practices, Nightingale House and Dean House, have rates significantly higher than Enfield.

### 2.4.5 Respiratory Disorders

There are more than 40 conditions affecting the lungs and / or airways which can have a significant impact on a person's ability to breathe. These conditions include asthma, COPD (chronic obstructive pulmonary disease), pneumonia, flu, cystic fibrosis, tuberculosis and many others. Conditions that significantly affect breathing can have serious implications for an individual's mobility and their ability to undertake day-to-day activities.

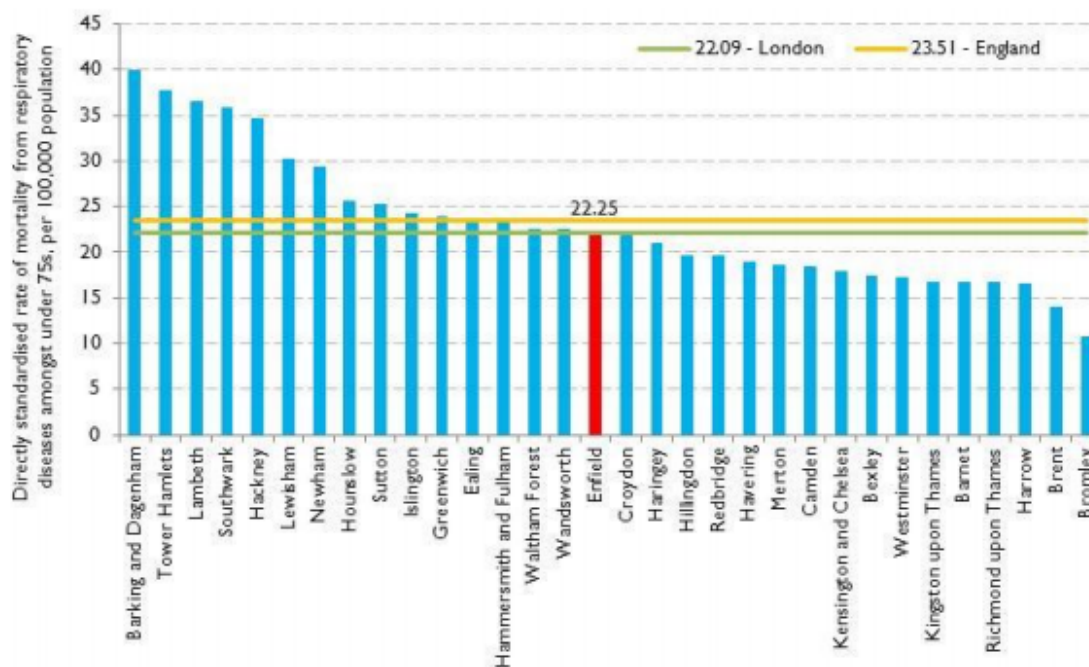
In Enfield, respiratory diseases are the third most common cause of all age mortality, accounting for 14% of deaths between 2007 and 2009. Respiratory disease in Enfield is lower at 1.02% compared to the London rate of 1.1% and the England average of 1.7%.

As Figure 51 below shows, in 2011, Enfield had the 16th highest standardised mortality rate from respiratory disease in London. Enfield's rate was below the England rate of 23.51 but above the London rate of 22.09.



Figure 51 – Directly standardised mortality rate from respiratory diseases for people under 75 years of age by London Borough: 2011

**Directly Standardised Mortality Rate from Respiratory Diseases for people under 75 years of age, by London Borough: 2011**

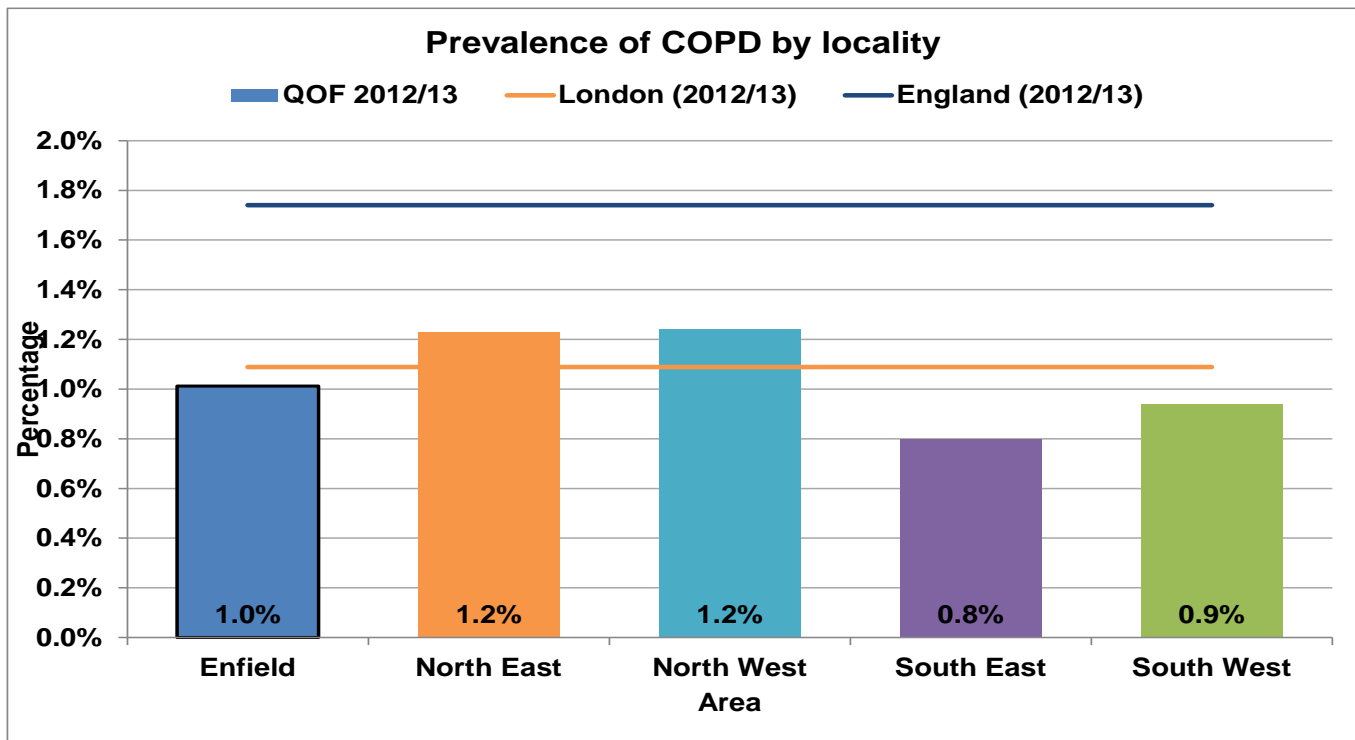


Source: Health and Social Care Information Centre (HSCIC)

**2.4.5.1 Chronic Obstructive Pulmonary Disease (COPD)**

Recorded prevalence of COPD in Enfield (1.0%) is below the London (1.1%) and England (1.7%) averages. Within Enfield, North East and North West Enfield localities have higher recorded prevalence of COPD (Figure 52).

Figure 52 - Recorded prevalence of COPD, Enfield localities, 2012/13

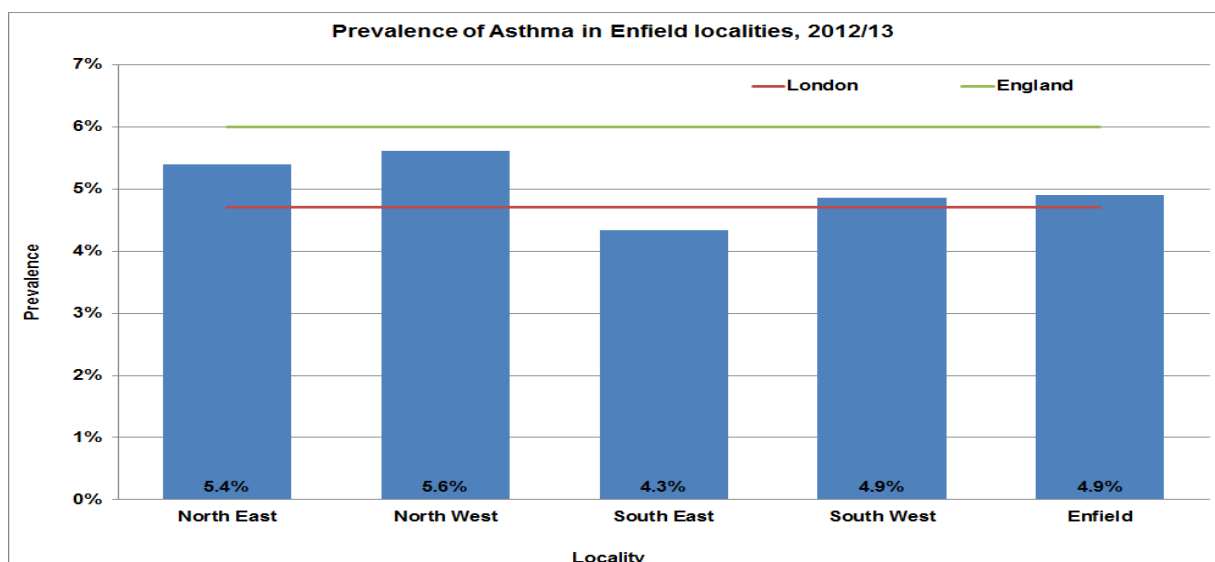


Source: QOF 2012/13

### 2.4.5.2 Asthma

In 2012/13, 4.9% of the Enfield population was recorded as having asthma. The locality with the highest recorded prevalence is the North West (5.6%), with the South East locality having the lowest recorded prevalence (4.3%).

Figure 53 - Prevalence of asthma in Enfield localities



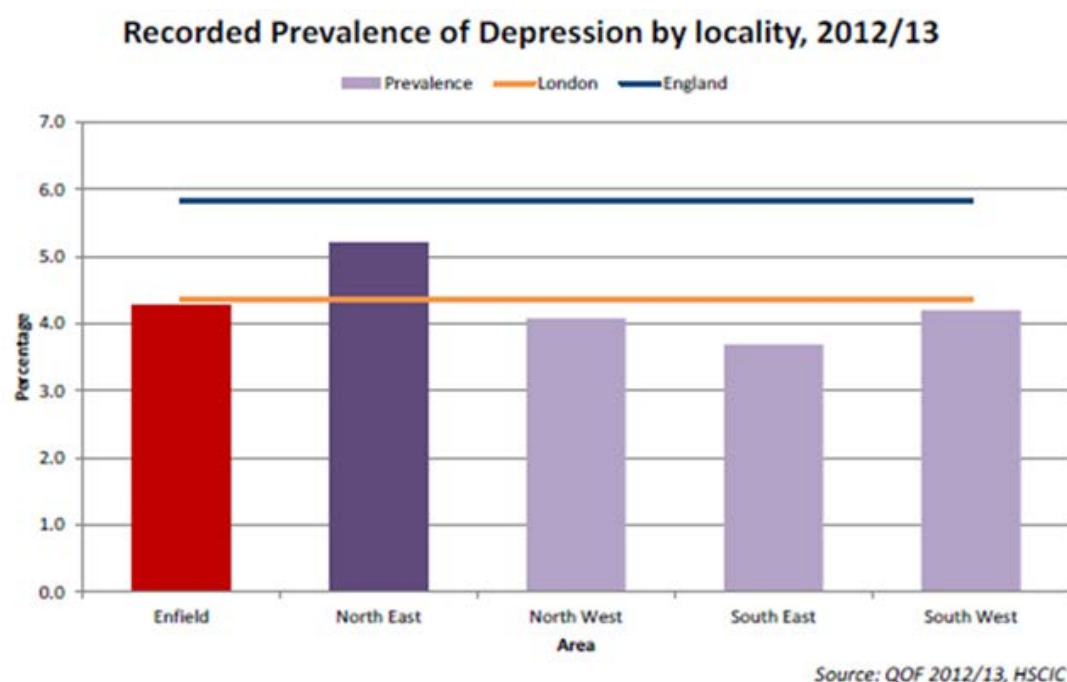
Source QOF 21012/13

## 2.4.6 Depression and mental health

It is estimated that one in every four people will suffer from some form of mental health problem at some point in their life, with one in six adults thought to be affected by mental ill health at any one time. Mental ill health can have a significant impact upon people's physical and mental wellbeing and is associated with an increased risk of premature death. People suffering from severe mental illnesses die on average 20 years earlier than the general population.

Figure 54 shows that in 2012/3, 4.3% of the Enfield population was recorded as having depression. Recorded prevalence in the North East Enfield locality (5.2%) is above Enfield (4.3%) and London (4.4%) averages, but was below the national average of 5.9%.

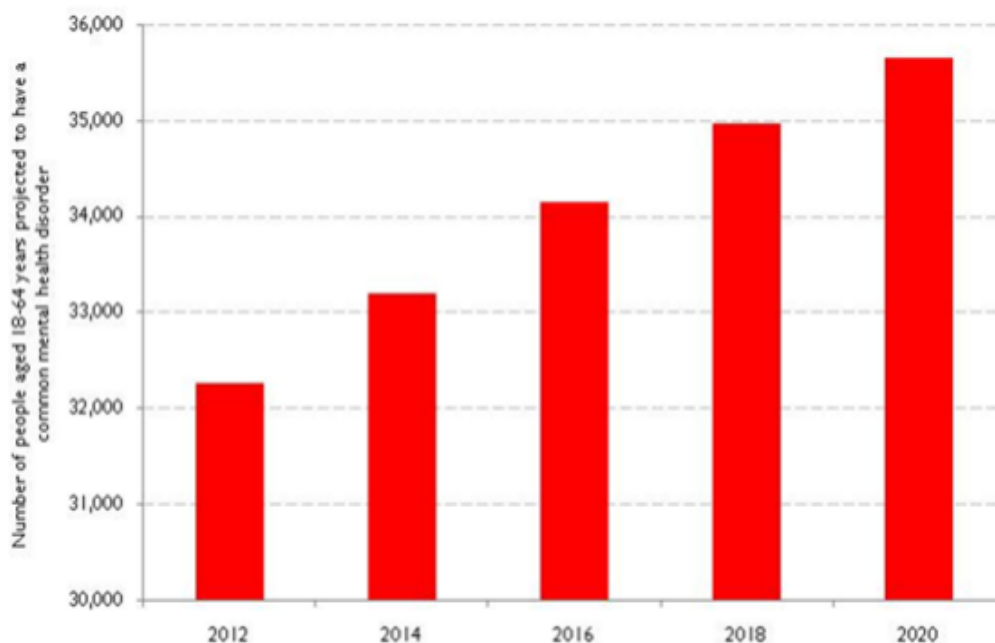
Figure 54 – Recorded prevalence of depression by locality 2012/13



In 2012, it was estimated that 32,263 adults aged 18-64 years in Enfield were living with a common mental health disorder such as depression, anxiety or obsessive compulsive disorder. As Figure 55 shows, factoring in the increase in population size, it is estimated that around an additional 3,500 people between 18 and 64 years will be living with a common mental health disorder in Enfield by 2020.

Figure 55 – Projected number of adults aged 18-64 with a common mental health disorder in Enfield 2012-2020

#### Projected Number of Adults aged 18-64 years with a Common Mental Health Disorder in Enfield: 2012 - 2020



Source: Projecting adult needs and service information (PANSI)

#### 2.4.7 Hospital admissions and accidental injuries

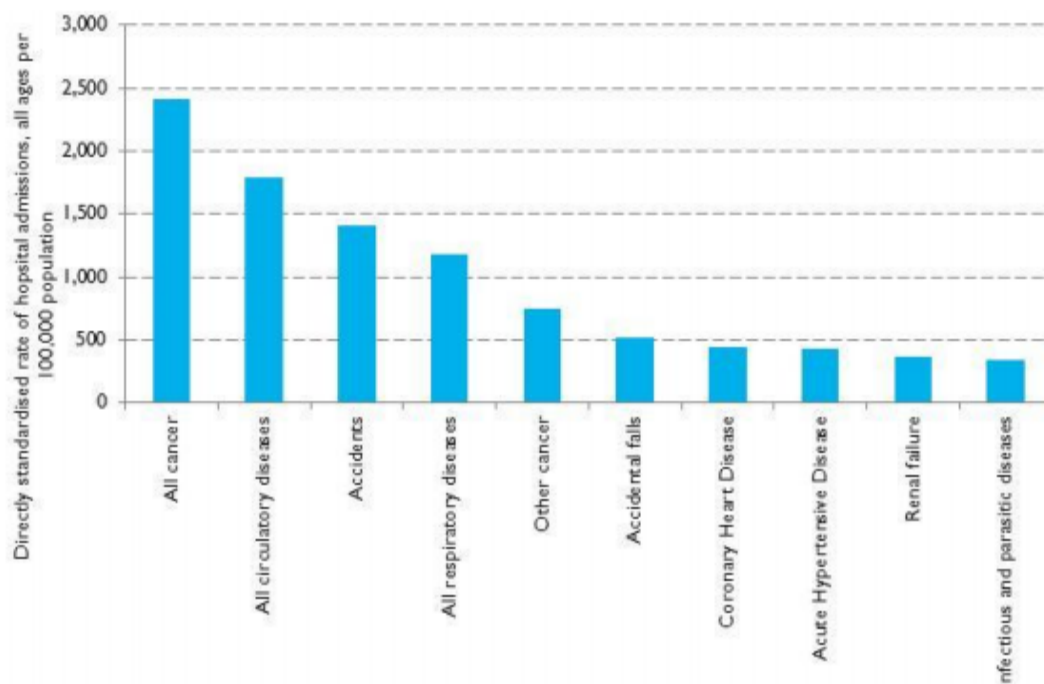
Figure 56 shows that the most common cause of hospital admissions in Enfield in 2010/11 were 'all cancers', accounting for 7,539 admissions and giving a directly standardised admission rate of 2,407 per 100,000 population. Admissions for 'other cancers' (including cancers of the blood, bone, and brain) had the highest rate of admissions of the cancer groups but this may be influenced by the wide range of cancer types that fall within the 'other cancer' category.

\*There is no single correct definition of the top ten causes of hospital admissions. In place of a top ten, the Health Needs Assessment (HNA) toolkit provides hospital statistics for a range of common causes of admission. The conditions below represent the ten greatest causes of admission in Enfield from a list of 37 conditions, the full list can be found at the HNA toolkit website.

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**Directly standardised hospital admissions rate (planned and unplanned) for the top 10 causes of admission\* in Enfield, all ages per 100,000 population: 2010/11**

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Source: London health Programmes Health Needs Assessment (HNA) Toolkit

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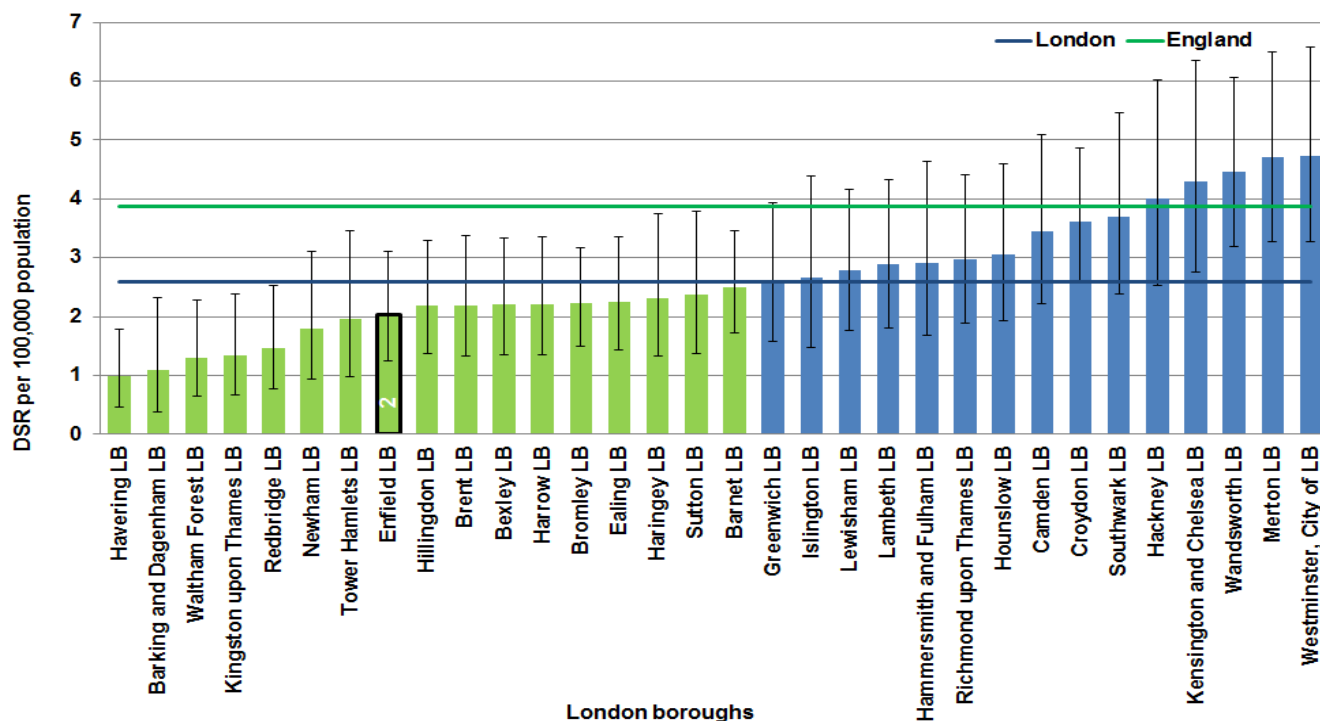
*Figure 56 - Common causes of hospital admissions*

Accidents accounted for 4,716 admissions in Enfield in 2010/11, with an admission rate of 1,404.45 per 100,000 population and an additional 1,974 admissions (or 519.15 per 100,000 population) caused by accidental falls. Compared to London, in 2010/11 Enfield had significantly higher rates of admissions for all cancers, all circulatory disease, diabetes and stroke; similar admission rates for coronary heart disease and significantly lower admission rates for all respiratory disease and COPD.

Information from NHS England (<http://www.england.nhs.uk/statistics/tag/emergency-admissions/>) shows that the standardised emergency admission ratio for Enfield in 2010/11 was significantly above the London ratio of 94.3, but not significantly different to the England ratio. Enfield had the 10th highest emergency admission ratio in London. The emergency admission ratios of a number of wards in the Eastern half of the Borough, including Enfield Lock, Enfield Highway and Edmonton Green, have significantly higher emergency admission ratios than the overall Enfield ratio, with 13 of Enfield's wards having significantly higher ratios than that of London.

Figure 57 shows that Enfield had the 8<sup>th</sup> lowest rate (2 per 100,000 population) of mortality due to accidental falls in persons in 2010/12. The rate is significantly lower than England (3.9) but not significantly different than London (2.6).

Figure 57 - Directly standardised rates per 100,000 population, mortality due to accidental falls, persons, 2010/12



Source: HSCIC

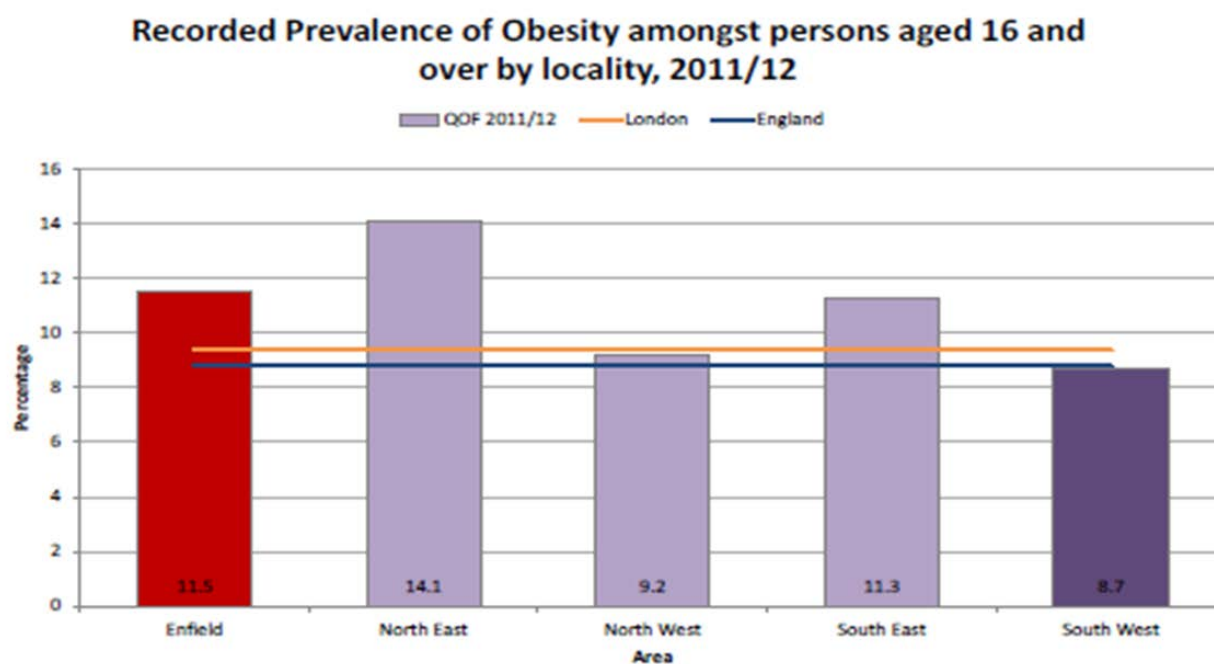
### 2.4.8 Obesity

Obesity is defined as an excess of adiposity (body fat) and should be measured as such. Unfortunately, gold standard measures (bioelectrical impedance, hydro densitometry) are impractical or expensive at a macro level and proxy measures such as skin fold thickness and waist circumference are difficult to use consistently across populations. Body mass index (BMI) therefore tends to be the measure of choice in assessing obesity in adults and children.

Data from the National Obesity Observatory indicates that obesity in adults (aged 16+) has risen from 15% 1993 to 1995 to just below 25% in 2009-2011. Since 1994, prevalence of normal weight has declined, that of overweight has remained relatively static and prevalence of obesity has increased by approximately 60%.

For adults there is little reliable local obesity data. However, 12% are recorded as obese in Enfield, although this is likely to be an underestimate and the real figure is modelled to be approx. 23% (Figure 58).

Figure 58 - Recorded prevalence of obesity amongst persons aged 16 and over by locality 2011/12



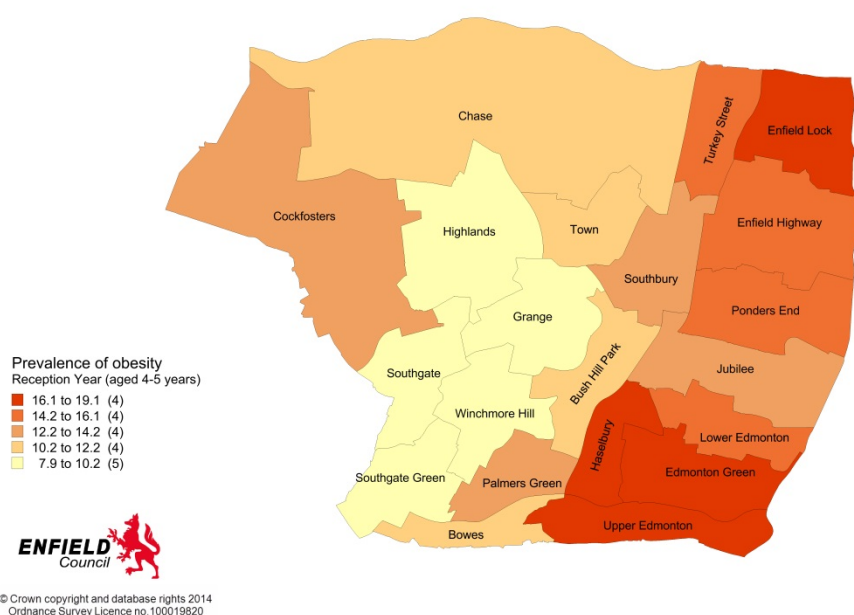
Source QOF 2011/12

Childhood obesity is an area of concern within Enfield due to the high levels of overweight and obese children in the Borough. Obesity rates amongst Enfield's population of reception pupils are at their highest in the east of the Borough, particularly in the south-east of this area: obesity in reception year was 12.6% compared to 10.8% in London and 9.3% nationally (Figure 59). In year 6, the rates of obesity in Enfield are 24.1% compared to 22.4% in London and 18.9% nationally.

The highest rates of obesity in reception year are in Enfield Lock, Haselbury, Edmonton Green and Upper Edmonton wards.

The wards of Highlands, Grange and Winchmore Hill have the Borough's lowest rates of obesity amongst reception pupils.

Figure 59 – Percentage of Reception year children (4-5 years) who are obese, 2010/11-2012/13



### 2.4.9 Palliative care

Many people are living longer due to improved lifestyles and treatments of previously fatal long-term diseases such as cancer. Death rates from serious illnesses such as cancer and heart disease have fallen in Enfield over the past ten years, and remain below the England average (Table 9).

Table 9 - Prevalence of diseases by locality

	North East	North West	South East	South West	ENFIELD	LONDON	ENGLAND
<b>Stroke or TIA</b>	1.2%	1.7%	1.0%	1.3%	1.2%	1.0%	1.7%
<b>CHD</b>	2.3%	3.0%	2.0%	2.8%	2.5%	2.1%	3.3%
<b>Hypertension</b>	13.3%	13.1%	12.7%	14.0%	13.3%	11.0%	13.7%
<b>COPD</b>	1.2%	1.2%	0.8%	0.9%	1.0%	1.1%	1.7%
<b>Diabetes</b>	7.5%	5.5%	7.9%	6.2%	6.8%	5.82%	6.0%

Source: Quality Outcomes Framework (QOF) 2012/13, Health and Social Care Information Centre

The experience of people nearing end-of-life and families using services is generally positive and in line with national findings. Although more Enfield residents need to benefit from the approach, these findings may reflect the range of high-quality and well-coordinated care and support across different sectors, strengthened by development of a Palliative Care Community Support Service. This helped people plan for and die at home if this is what they preferred.



Table 10 shows the number of people on the palliative care register by locality.

*Table 10 - Palliative care register for Enfield Localities (2012/13)*

<b>Locality</b>	<b>Number on Palliative Care Register QOF 2012/13</b>
North East Enfield	53
North West Enfield	30
South East Enfield	58
South West Enfield	137
<b>Grand Total</b>	<b>278</b>

## **2.5 Lifestyle issues**

### **2.5.1 Drug misuse**

In England 2.7 million adults used an illegal drug in the last year. There are 299,000 heroin and crack users in the country and 40% of all prisoners have used heroin. 1,200,000 people are affected by drug addiction in their families and most of these reside in deprived communities. The total cost of drug misuse to society is £15.4bn each year and the NHS incurs annual costs of £488 million on drug misuse. The cost of looking after drug misusing parents' children who have been taken into care is £42.5m a year. Public Health England has noted that for every £1 spent on drug treatment it saves society £2.50 (PHE 2014). In 2011/12 approximately 1,128 individuals over the age of 18 received specialist treatment from one or more of Enfield's Substance Misuse Services at some point during the year (NDTMS, 2014).

#### **2.5.1.1 Alcohol**

The latest Public Health England analysis has confirmed that there are 1.6m people in England who show signs of an alcohol dependency. Alcohol is the third biggest factor correlated with illness and premature death and it costs society £21bn a year. For every 5,000 patients screened in primary care for alcohol misuse it prevents 67 A&E presentations and 61 hospital admissions (costs £25,000 but saves £90,000). One alcohol liaison nurse can prevent 97 A&E presentations and 57 hospital admissions (costs £60,000 but saves £90,000). For every 100 people with an alcohol dependency treated by specialist community drug and alcohol services it prevents 18 A&E presentations and 22 hospital admissions (costs £40,000 but saves £60,000) (PHE 2014). Drinking alcohol is a very common behaviour in this country and, although the majority of people drink responsibly, there is still an estimated 9 million people in England who drink alcohol at levels that pose risks to their health.

It is estimated that about 45,904 adults in Enfield drink at levels which puts them at risk of harm to their health, known as “increased risk drinking” and “higher risk drinking” (Local Alcohol Profiles for England (LAPE), 2013) and a further 3,648 adults in Enfield are thought to be dependent drinkers (HM Government, 2012), of which approximately 10% are currently being supported in specialist treatment services.

Whilst Enfield has been below both London and national averages for the number of alcohol-related hospital admissions in the past, numbers have increased in the Borough at a faster rate than both London and national averages in recent years. Between 2007/08 and 2011/12 the rate increased by 114%, demonstrating a sharp rise especially in the 45 to 64 year age group (Figure 60).

Between 2010 and 2012, there were 56 deaths caused by alcohol in Enfield. 75% of these deaths were in males and 25% in females (LAPE, 2013). The number of deaths where alcohol is a possible cause is higher, a total of 255 deaths (LAPE, 2013).

Compared to London and the national average, Enfield has significantly lower rates of chronic liver disease, lying on the 75<sup>th</sup> percentile. For alcohol-related recorded crimes, Enfield is significantly worse than the England average, lying below the 25<sup>th</sup> percentile, although it has a lower rate than London (LAPE, 2013).

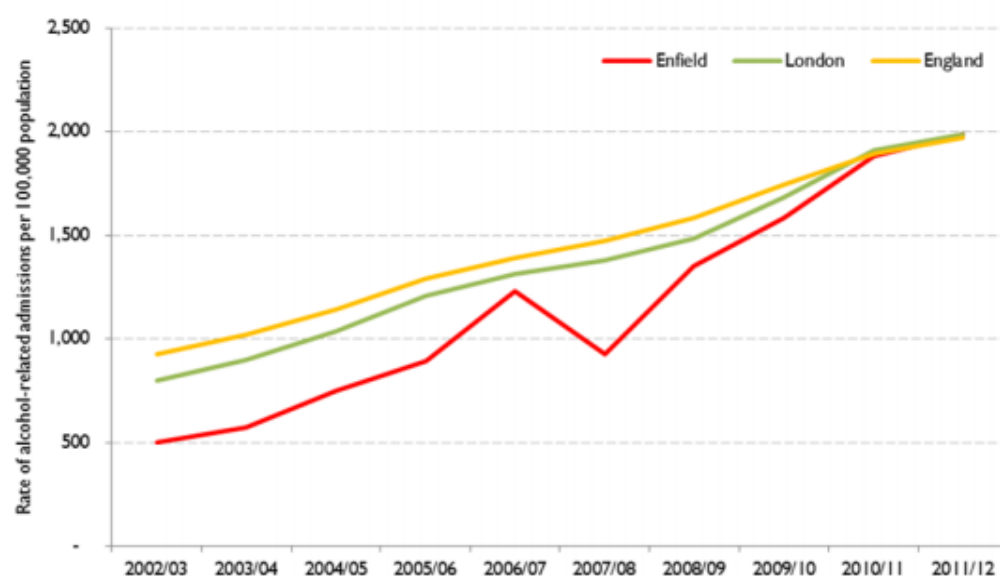
80% of those requiring treatment for harmful drinking reside in those areas of the Borough where life expectancy is ten years lower than for those who live in the more affluent areas.

*Figure 60 – Trend in rate of hospital admissions due to alcohol related harm for all ages per 100,000 population in Enfield, London and England 2002/3-2011/12*

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**Trend in the Rate of Hospital Admissions due to Alcohol Related Harm, for all ages per 100,000 population in Enfield, London and England: 2002/2003 - 2011/2012**

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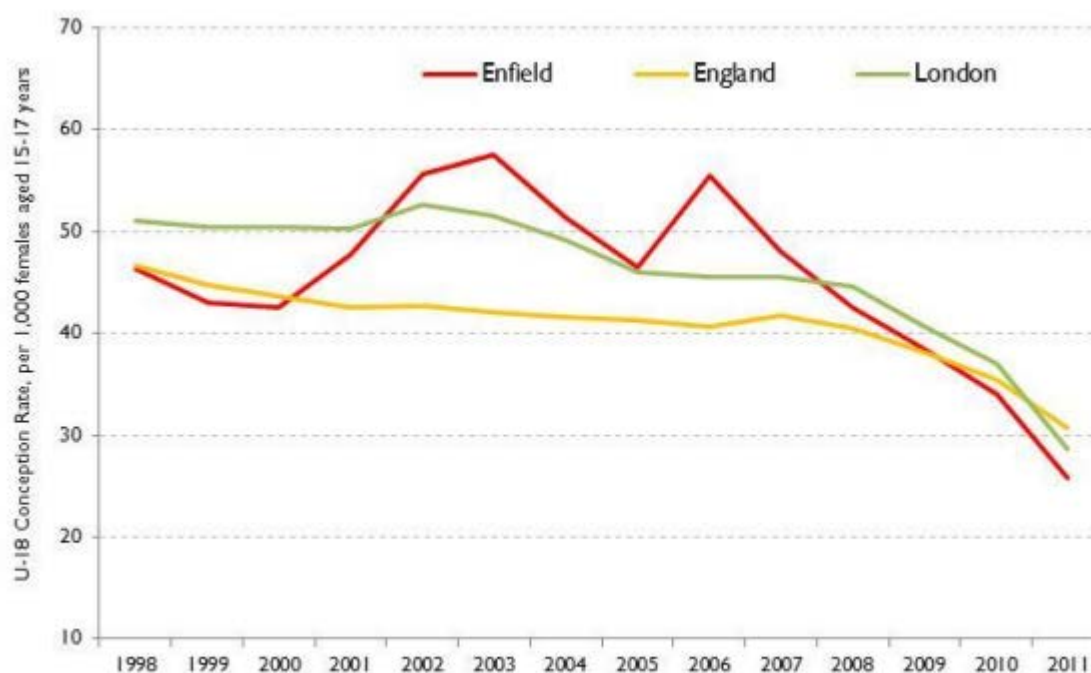
## 2.5.2 Teenage pregnancy

Enfield's teenage pregnancy rate in 2011 was 25.8 per 1000 females aged 15-17 years. This was lower than the London rate of 28.7 and the England rate of 30.7. It was a 24.3% reduction from the Enfield rate in 2010 of 34.1 and a 44.4% reduction from the baseline rate in 1998 of 46.4 per 1000 females aged 15-17 years. The teenage pregnancy rates in Enfield have been going down since 2007 as illustrated in Figure 61.

Even though the teenage pregnancy rates in Enfield have been reducing, there is still a disproportionate rate of teenage conceptions taking place in Upper Edmonton, Lower Edmonton and Haselbury which are within the most deprived areas of Enfield. The rates in these areas are more than five times higher than the teenage conception rates in the areas of the Borough with the lowest rates.

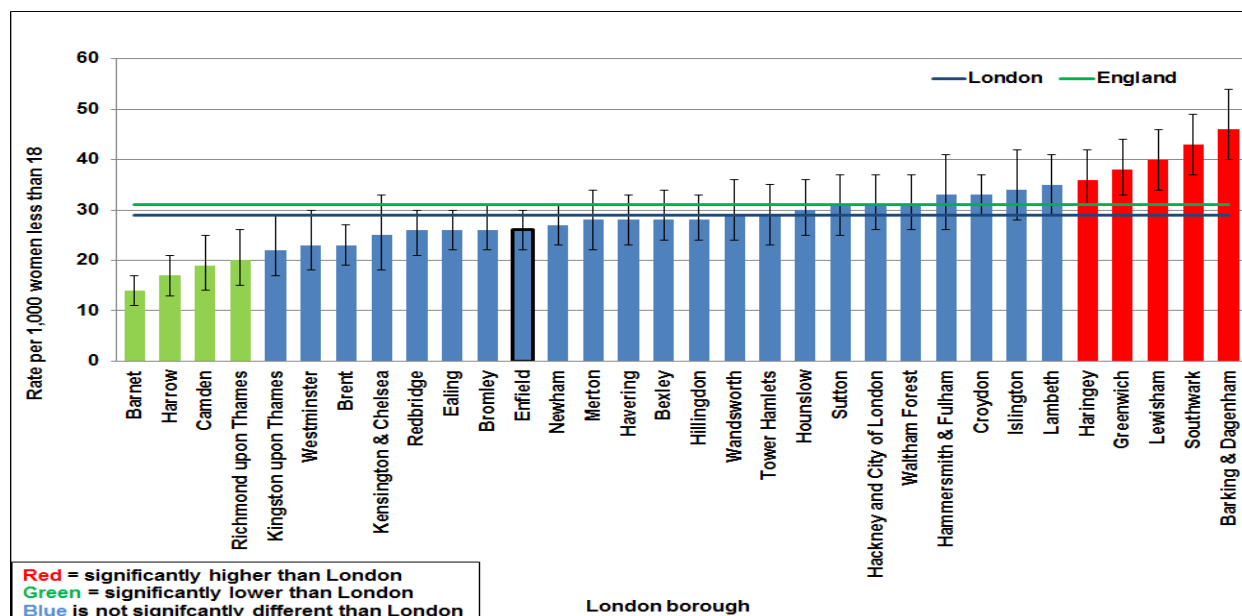
Figure 62 shows teenage conception rates in London Boroughs in 2011. Enfield (26 per 1000) has the 12<sup>th</sup> highest rate of all London Boroughs. The rate is not significantly different to either London (29 per 1000) or England (31 per 1000).

Figure 61 – Under 18 conception rate in Enfield, London and England: 1998 to 2011



The Office of National Statistics (ONS), 2012

Figure 62 - Conception rate per 1,000 women aged less than 18 years, London Boroughs, 2011



Source: ONS

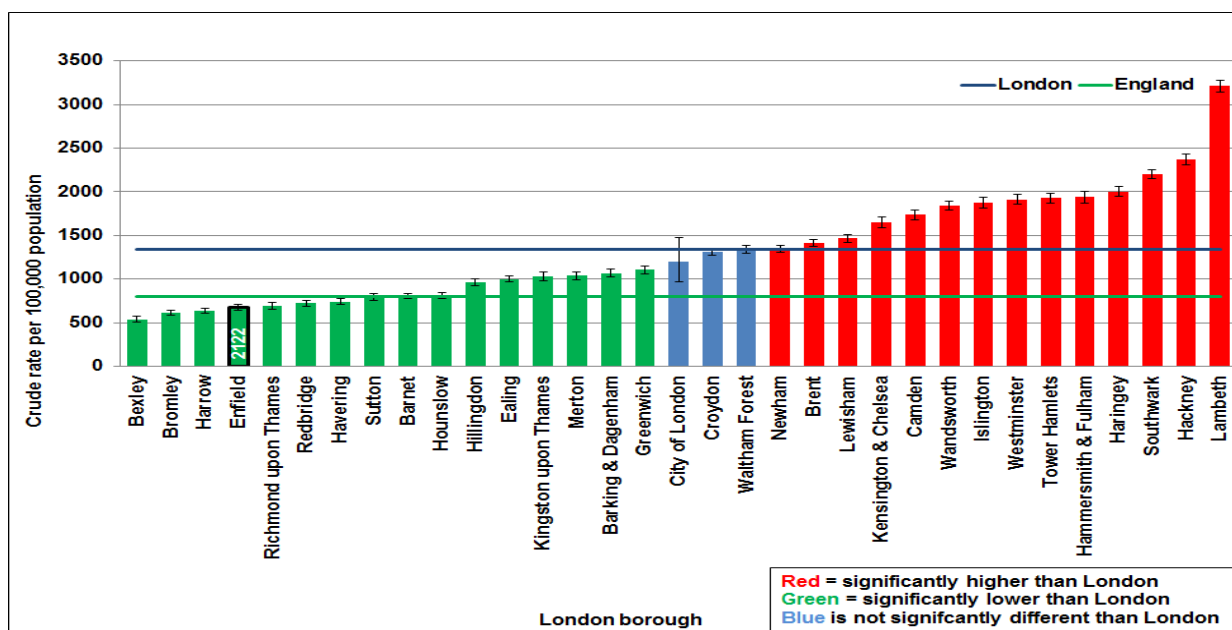
### 2.5.3 Sexually transmitted infections

Rates of gonorrhoea in Enfield in 2012 were 53.2 per 100,000 population, a decrease from 57.3 recorded in 2011. This is a reversal of the trend since 2009 when the rates showed a year on year increase from 42.6. The 2012 rate is higher than the England average of 45.9 but considerably lower than the London average of 129.8. Rates of syphilis in 2012 were 2.9 per 100,000 showing a marked decrease from the 2011 rate of 5.7 and lower than the 2012 England rate of 5.4. The London rate was 17 in 2012. The decreasing trend for syphilis in Enfield is in marked contrast to an increasing trend in both London and England between 2009 and 2012. This may be due to differences in population groups.

Figure 63 shows crude rates of acute sexually transmitted infections for London Boroughs in 2012. All diagnosis of chancroid / LGV / donovanosis, chlamydia, gonorrhoea, herpes, molluscum contagiosum, non-specified genital infection (NSGI), PID & epididymitis, scabies / pediculosis pubis, syphilis, trichomoniasis and warts are included in this data.

Enfield's rate of 675.9 per 100,000 population is the 4<sup>th</sup> lowest rate of all London Boroughs; this rate is significantly lower than both London (1,336.7) and England (803.7) both per 100,000 population. The Enfield rate equates to a total of 2,122 infections recorded in 2012.

Figure 63 - Crude rate of acute STI diagnosis, per 100,000 population, 2012

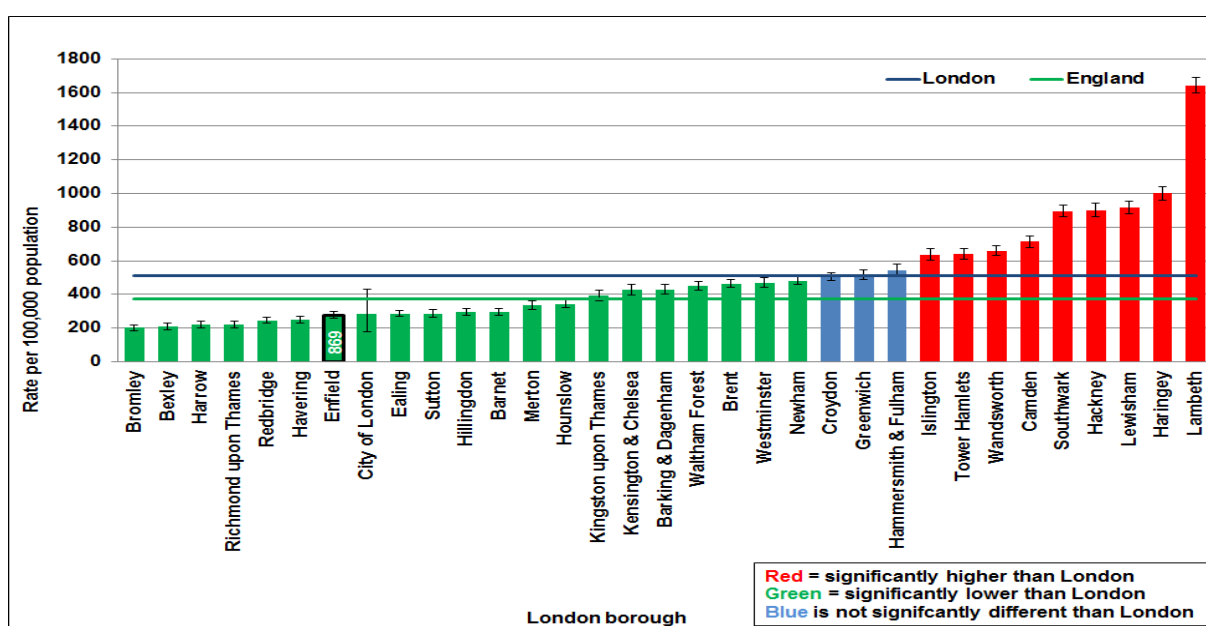


### 2.5.3.1 Chlamydia

Chlamydia is the most common STI and accounted for around 46% of all acute STIs in England in 2012. If left untreated it can cause infertility and ectopic pregnancies. Chlamydia screening in Enfield is now embedded in core sexual health services.

In 2012, Enfield had a chlamydia diagnosis crude rate of 276.8 per 100,000; this is significantly lower than London (512.2) but is not significantly different to England (371.6). The Enfield rate is the 7<sup>th</sup> lowest rate of all London Boroughs and the rate equates to a total of 869 cases in 2012 (Figure 64).

Figure 64 - Rates of chlamydia diagnoses, per 100,000 population, 2012



Source: PHE

### **2.5.3.2 HIV**

Continuing transmission of HIV nationally, and also improved survival, has led to a shift in the age distribution of people living with HIV. In 2011 one in five adults (22%; 16,550) accessing HIV care were aged 50 years and over, compared with one in nine (12%; 3,640) in 2002 (HPA 2012).

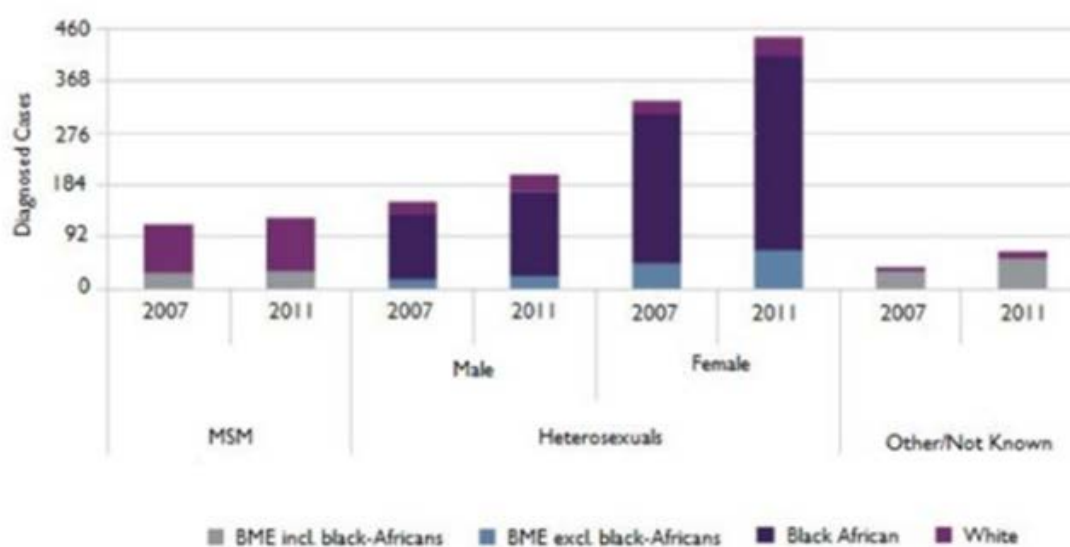
This pattern is similar locally in Enfield with 58% of people accessing care aged 45-54 in 2012, compared to 45% in 2008. This compares to the reduction seen in persons aged 25-34 (48% in 2008 to 32% in 2012).

Looking at variation by smaller geographic area in Enfield, rates by middle layer super output area (MSOA) range from between 0.4 and 5.1 per 1,000 population. High prevalence is described as being two (or over) per 1,000 population. In Enfield, 24 out of the 36 MSOAs have a rate of two or above per 1,000 population and therefore considered high prevalence. In 2011, HIV prevalence in Enfield was 4.0 per 1000 population aged 15-59 compared to 2.0 in England and 5.4 in London.

Incidence of HIV in adults aged between 15 and 59 years in Enfield has fallen by 34% in the past year, from 56 diagnoses in 2010 to 37 in 2011 as shown in Figure 65. There were 842 Enfield residents that accessed HIV related care in 2011 (372 males and 470 females), an increase of 26 residents from the 816 that accessed HIV related care in 2010 (355 males and 461 females). Between 2007 and 2011 there has been a 31% increase in the number of people living with HIV in Enfield.

In Enfield, those most at risk of HIV infection are heterosexual black African women, followed by heterosexual black African men. The greatest numbers of patients accessing care were in the black African (64%) and white (20%) ethnic groups.

Figure 65 - Number of adults (aged between 15 and 59 years) with diagnosed HIV living in Enfield by route of transmission, ethnicity and gender: 2007 and 2011



Source: Health Protection Agency, 2013

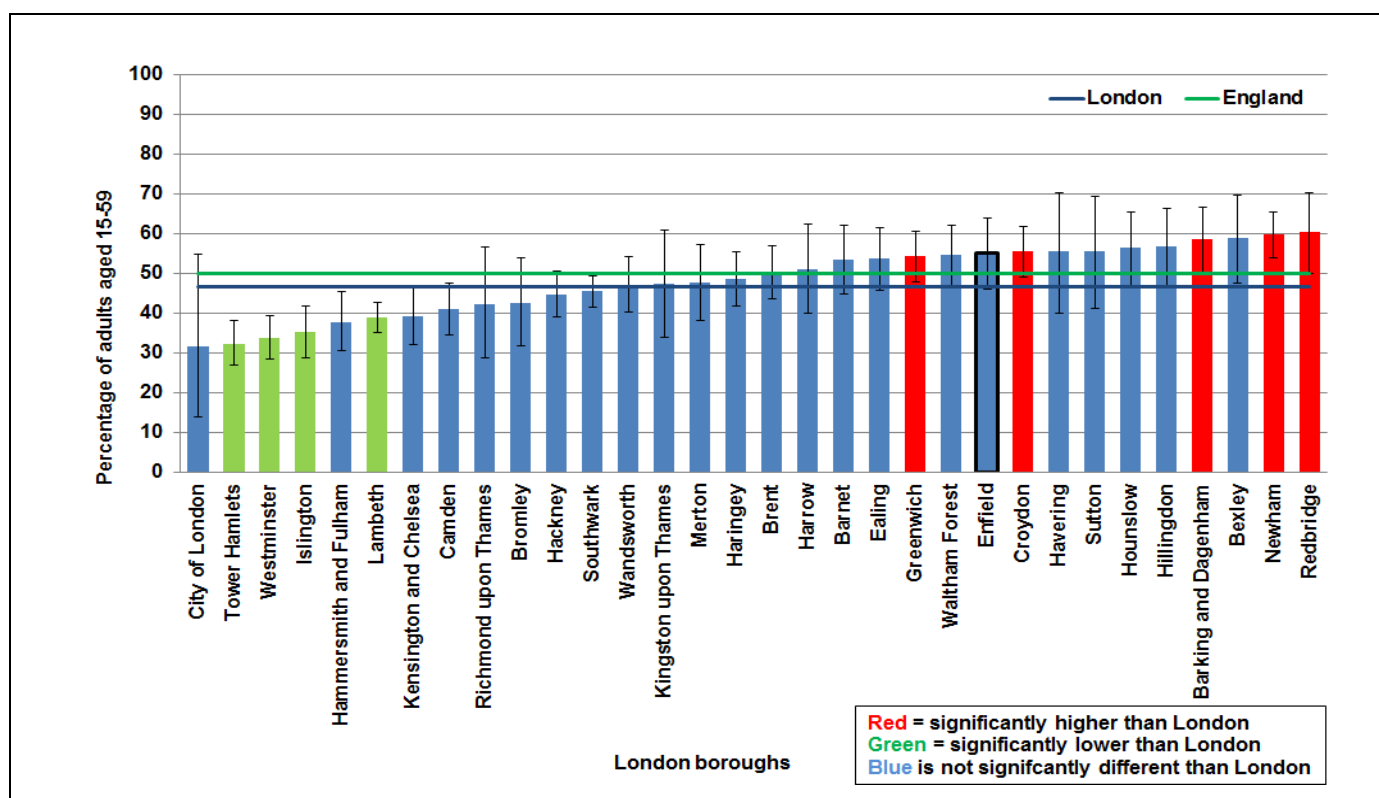
### 2.5.3.2.1 Late diagnosis of HIV

58% of people with HIV were diagnosed late (with a CD4 count of less than 350) in Enfield in 2010 compared to 44% overall in London and 52% in England. The median age of those accessing care for HIV in Enfield was 41.

Individuals diagnosed with HIV infection with CD4 cell counts less than 350 cells per  $\text{mm}^3$  cannot start anti-HIV therapy because of guidelines concerning underlying immune function; these people may not fully benefit from therapy and subsequently have a higher risk of HIV-related death (Figure 66).

Enfield has the 10<sup>th</sup> highest proportion of all London Boroughs of patients presenting with HIV at a late stage of infection (CD4 count of  $<350$  cells per  $\text{mm}^3$ ) in 2009/11 with 55%. However, this is not significantly different to either London (47%) or England (50%).

Figure 66 - Percentage of people presenting with HIV at a late stage of infection CD4 count of <350 cells per mm3, 2009-11



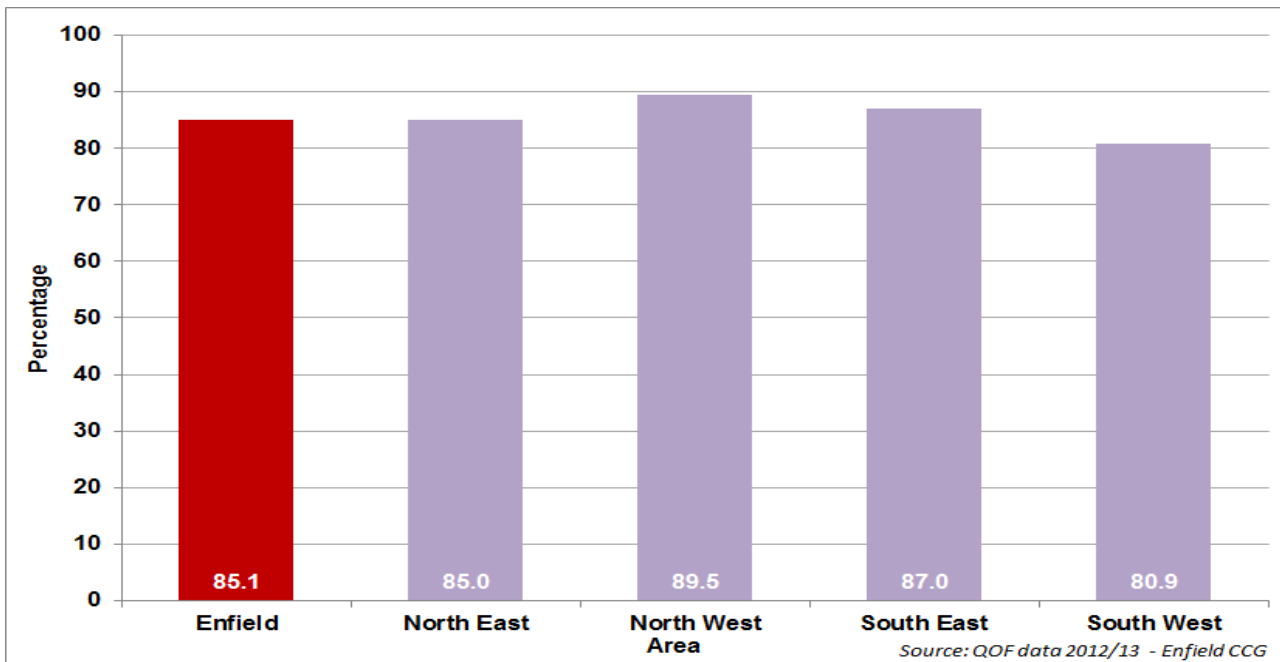
Source: Public Health Outcomes Framework Tool

### 2.5.4 Smoking

Some two-thirds of smokers would like to stop smoking. Those who access NHS support for quitting are nearly four times more likely to quit than those who go ‘cold turkey’. Recording smoking status and referring smokers to Stop Smoking Services is therefore of fundamental importance. In 2012/13 the percentage of patients aged 15 years and over who are recorded as current smokers, and who have a current record of an offer of support and treatment within the preceding 27 months (smoking Indicator 8), ranged from 80.9% in South West locality to 89.5% in North West locality; the Enfield average was (85%) (Figure 67).



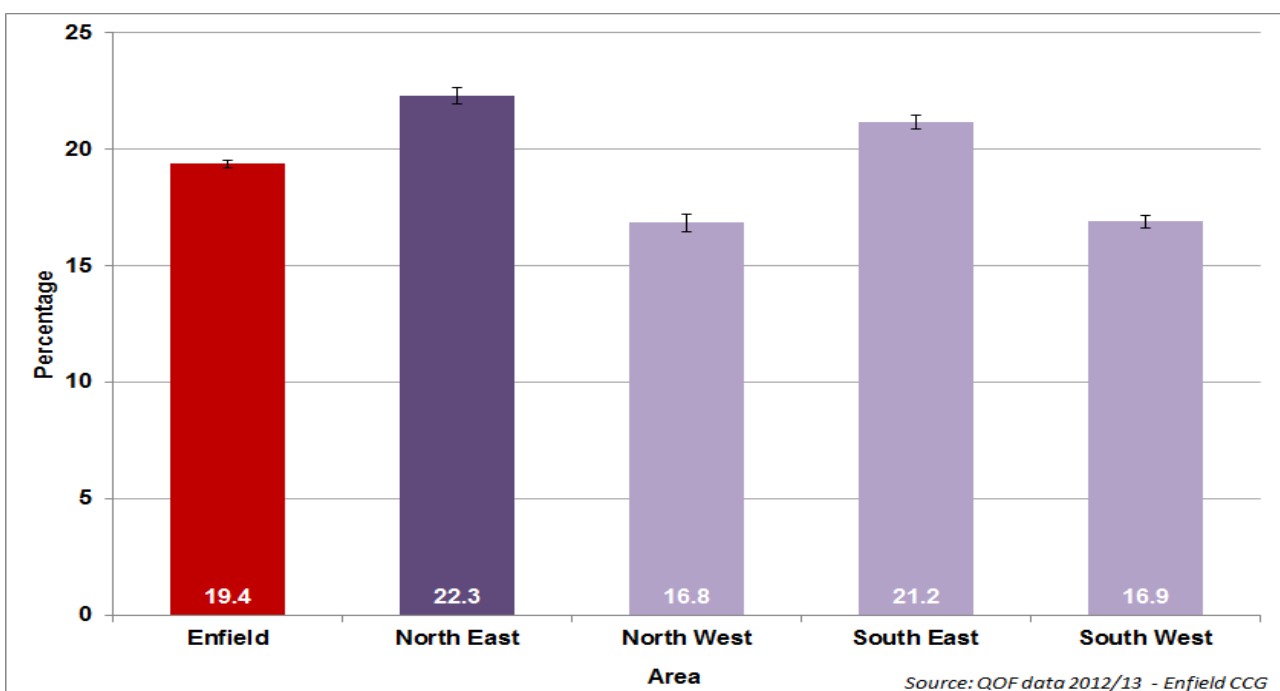
Figure 67 - Percentage of patients, aged 15 years and over, who are recorded as current smokers who have a record of an offer of support and treatment within the preceding 27 months by locality, 2012/13



Source: QOF 2012/13

Recorded smoking prevalence in Enfield localities ranged from 16.9% in South West locality to 22.3% in North East locality in 2012/13 compared to 19.4% in Enfield (Figure 68).

Figure 68 - Prevalence of smoking for population aged 15 and over by locality, 2012/13

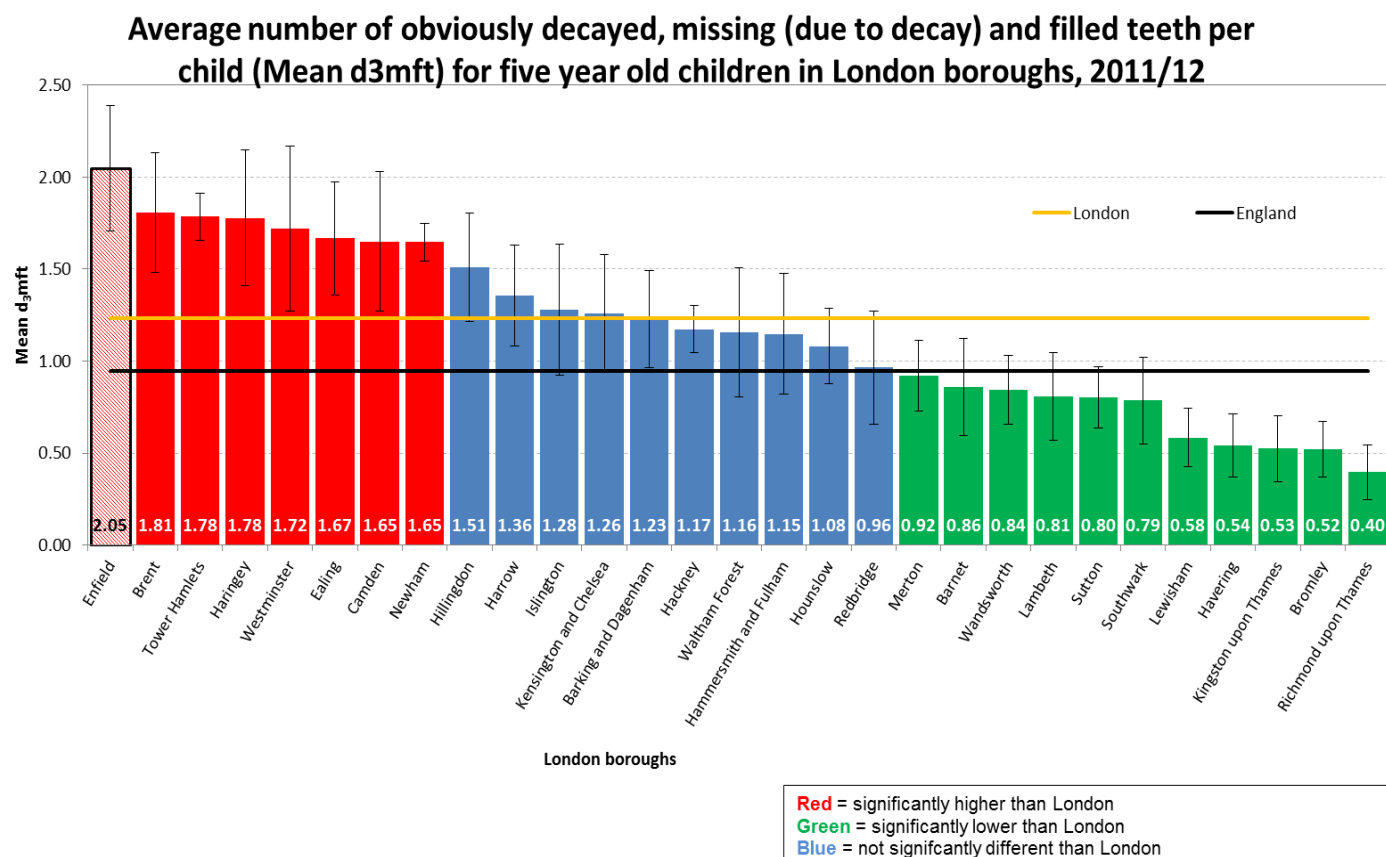


Source: QOF 2012/13

### 2.5.4 Oral Health

The average number of obviously decayed, missing (due to decay) and filled teeth per child amongst five year old children in Enfield (2.05 d<sub>3</sub>mft) is the highest amongst 29 Boroughs in London where data was available. It is also significantly above London (1.23 d<sub>3</sub>mft) and England (0.94 d<sub>3</sub>mft) averages.

Figure 69 – Average number of obviously decayed, missing (due to decay) and filled teeth per child (mean d<sub>3</sub>mft) for five year old children in London



Boroughs 2011/12

Source: Public Health Outcomes Framework, Public Health England<sup>9</sup>

<sup>9</sup> Protecting Older People Population Information, Institute of Public Care: <http://www.poppi.org.uk/>

## **Section 3: NHS pharmaceutical services provision; currently commissioned**

### **3.1 Community pharmacies**

There are 61 community pharmacies in Enfield HWB area (as at 19<sup>th</sup> October 2014) for a population of 322,295. This equates to an average of 18.9 pharmacies per 100,000 population. Latest data shows the England average is 21.6 community pharmacies per 100,000 population and London average is 22.5 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 high rate of community pharmacies per 100,000 population in neighbouring HWB areas to Enfield: Barnet (21.5), Haringey (22.2), Waltham Forest (22.7) and Hertfordshire (22.2).

231 responses were received to the pharmacy user questionnaire undertaken in the summer of 2014. Over 88% of respondents use the same, or a preferred, pharmacy. When asked what factors they considered when choosing their pharmacy, over 71% indicated 'Close to home' and over 45% 'Close to GP surgery' as important reasons. Almost 55% respondents walk to their community pharmacy, whilst 28% use a car. The full results of the pharmacy user survey is detailed in Section 5 and Appendix I.

Table 11 provides a breakdown, by locality, of the average number of community pharmacies per 100,000 population. All localities have at least one community pharmacy. The number and rate of community pharmacies vary widely by locality.

Populations in all localities have access to extensive public transport links and road networks and, for some populations, the nearest community pharmacy provision from their home may be in a neighbouring locality or HWB area.

Table 11 - A breakdown of average community pharmacies per 100,000 population<sup>6</sup>

Area	Number of community pharmacies (as of 19 <sup>th</sup> Oct 2014)	Total population (mid-ONS 2013 estimates)	Average number of community pharmacies per 100,000 population (as of 19 <sup>th</sup> Oct 2014)
South West locality	20	115,250	17.4
South East locality	18	85,100	21.2
North West locality	6	42,900	14.0
North East locality	17	80,000	21.3
<b>Enfield Health and Wellbeing Board area (mid 2013 population estimates data)</b>	<b>61</b>	<b>322,295</b>	<b>18.9*</b>
London region (2012/13 data)	1,846*	8,204,000	22.5*
England (2012/13 data)	11,495*	-	21.6*

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

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

### 3.1.1 Choice of community pharmacies

Table 12 shows the breakdown of community pharmacy ownership in Enfield. The data shows that independent pharmacy ownership is at levels higher than those seen nationally and slightly lower than those seen regionally, with no one provider having a monopoly in any locality. People in Enfield therefore have a good choice of pharmacy providers.

Area	Multiples (%)	Independent (%)
England	61.4	38.6
London	38.5	61.5
Enfield	50.8	49.2

Table 12 -  
Community pharmacy ownership, 2012/13<sup>6</sup>

### 3.1.2 Intensity of current community pharmacy providers

For most community pharmacy providers, dispensing provides the majority of their activity. Table 13 shows the average monthly dispensing activity from community pharmacies. The data shows that average activity in Enfield is higher than the London region average and higher than the England average.

*Table 13 - Average dispensed items per community pharmacy, 2012/13<sup>6</sup>*

Area	Average number of monthly dispensed item per community pharmacy
England	6628
London region	5225
Enfield	7238

### 3.1.3 Weekend and evening provision

It is estimated that, collectively, community pharmacies in England are open approximately 150,000 hours per week more than 10 years ago<sup>10</sup>. This has been mainly driven through the opening of '100 hour' pharmacies. There are over 700 community pharmacies in England open for 100 hours or more per week.

Table 14 shows that Enfield has a similar percentage of its pharmacies open for 100 hours or more compared with England, but a higher percentage compared to London. Most 100 hour pharmacies are open late and at the weekends.

*Table 14 - Numbers of 100 hour pharmacies (and percentage of total)*

Area	Number (%) of 100 hr pharmacies
England (2012/13 data) <sup>6</sup>	773 (6.7%)
London region	71 (3.8%)
Enfield	4 (6.5%)
South West locality	0
South East locality	2 (11.1%)
North West locality	0

<sup>10</sup> 'Who do you think we are? Community Pharmacy: dispensers of health', Pharmacy Voice: <http://www.dispensinghealth.org/wp-content/uploads/2014/01/DH-Launch-FINA1.pdf>

<b>North East locality</b>	2 (11.7%)
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### 3.2 Dispensing appliance contractors (DACs)

There are no DACs in Enfield HWB area however DAC services are available to the population from elsewhere in the UK. Appliances may also be dispensed from community pharmacies. 54 responses (89% of contractors) were received from the community pharmacy contractor questionnaire. 79% of respondents reported that they provide all stoma and incontinence appliances, with over a further 8% indicating that they provide some, but not all, appliances.

As part of the essential services of appliance contractors, a free delivery service is available to all patients. It is therefore likely that patients will obtain appliances delivered from DACs outside the HWB area. There were 118 DACs in England in 2012/13, 14 in London<sup>6</sup>.

### 3.3 Distance-selling pharmacies

A distance-selling pharmacy provides services as per the Pharmaceutical Regulations, 2013<sup>3</sup>. It may not provide essential services face-to-face and therefore provision is by mail order and / or wholly internet. As part of the terms of service for distance-selling pharmacies, provision of all services offered must be offered throughout England. It is therefore likely that patients within Enfield HWB area will be receiving pharmaceutical services from a distance-selling pharmacy outside Enfield HWB area. There is one distance-selling pharmacy in Enfield HWB area. Figures in 2012/13<sup>6</sup> show that in England there were 200 distance-selling pharmacies, accounting for 1.7% of the total number of pharmacies (London: 7 (0.4%)).

### 3.4 Access to community pharmacies

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

The white paper, 'Pharmacy in England: Building on strengths – delivering the future'<sup>11</sup> noted that 99% of the population – even those living in the most deprived areas – can get to a community pharmacy within 20 minutes by car and 96% by walking or using public transport. A list of community pharmacies in Enfield HWB area and their opening hours can be found in Appendix A.

#### 3.4.1 Routine daytime access to community pharmacies

<sup>11</sup> 'Pharmacy in England: Building on strengths – delivering the future', Department of Health (2008) - <http://www.official-documents.gov.uk/document/cm73/7341/7341.pdf>

A recently published article<sup>12</sup> suggests that over 89% of the population of England has a maximum 20 minute walk to a community pharmacy, however this figure falls to as low as 14% in rural areas.

The same study found that access is greater in areas of high deprivation. Higher levels of deprivation are linked with increased premature mortality rates. There are many wards in Enfield with populations amongst the most deprived in England. Map B demonstrates pharmacies in Enfield and deprivation score by ward.

Appendix A lists the pharmacies in Enfield, by locality, and their opening times. Results of the pharmacy user survey show that 45% rated as important that the pharmacy is close to their GP surgery and 71% that the pharmacy is close to their home.

Table 11 above shows that the rate of pharmacies per 100,000 population varies significantly across Enfield.

55% of pharmacy users walk to their community pharmacy, 28% use a car, 11% use public transport and 4% use a bicycle. 79% of pharmacy users report that they had no difficulties travelling to their pharmacy. 13% had parking difficulties. 5% report that they had problems with the location of the pharmacy and 3% had problems with public transport availability. The greatest percentage of respondents had no most convenient day (34%) or time (59%) to visit their pharmacy.

### **3.4.2 Routine weekday evening access to community pharmacies**

The number, location and opening hours of community pharmacy providers open beyond 6pm, Monday to Friday (excluding bank holidays) varies within each locality; they are listed in the table below. 'Average' access is difficult given the variety of opening hours and locations. Access is therefore considered at locality level and, as seen in Table 15, the population of Enfield have reasonable access to community pharmacies in the evening as the majority of providers in Enfield HWB area are open after 6pm. A further analysis of provision in each locality is detailed in Section 6.

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<sup>12</sup> 'The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England', BMJ Open 2014, Vol. 4, Issue 8 - <http://bmjopen.bmj.com/content/4/8/e005764.full.pdf%20html>

Table 15 - Community pharmacy providers open Monday to Friday (excl BH's) beyond 6pm

Locality	Pharmacy name and address	Opening hours (Mon-Fri, excl BHs)
<b>South West locality</b>	Aldermans Pharmacy, 30 Aldermans Hill, Palmers Green, N13 4PN	9:00 am - 7:00 pm
	Asda Pharmacy, 130 Chase Side, Southgate, N14 5PW	8:30 am- 1:00 pm 2:30 pm - 10:00pm
	Boots UK Limited, 315-317 Green Lanes, Palmers Green, N13 4YB	8:30 am - 6:30 pm
	Boots UK Limited, 78 Chase Side, Southgate, N14 5PH	8:00 am - 7:00 pm
	C & M Whipman Chemists, 73 Bramley Road, Oakwood, N14 4EY	9:00 am - 7:30 pm
	Capricorn Pharmacy, 16 Enfield Road, Enfield, EN2 7HW	9:00 am – 7:00 pm
	Greens Pharmacy, 48 Green Lanes, Palmers Green, N13 6JU	9:00 am -1:00 pm 2:00 pm - 6:30 pm (Thurs 9:00 am - 6:00 pm)
	Lloydspharmacy, 4 Florey Square, Highlands Village, Winchmore Hill, N21 1UJ	8:30 am - 6:30 pm (Thurs close 6pm)
	Morrisons Pharmacy, Aldermans Hill, Palmers Green, N13 4YD	9:00 am - 8:00 pm
	Nr Patel Chemists, 153 Bowes Road, Palmers Green, N13 4SE	9:00 am – 7:00 pm (Mon close 8:00pm)
	Parkview Pharmacy, 195 Bramley Road, Southgate, N14 4XA	9:00 am - 6.30 pm
	Sainsbury's Pharmacy, 681 Green Lanes, Winchmore Hill, N21 3RS	8:00 am - 8:00 pm
	Walker Pharmacy, 410-412 Green Lanes, N13 5XG	9:00 am - 7:00 pm
	Simmons Chemist, 111 Cockfosters Road, Herts, EN4 0DA	9:00 am - 1:00 pm 2:00 pm - 6:30 pm (Wed 9:00 am - 1:00 pm 2:00 pm - 6:00 pm)
<b>South East locality</b>	Aqua Chemists, 55 Bounces Road, Edmonton, N9 8JE	9:00 am - 6:30 pm (Wed: 9:00 am - 5:30 pm)
	Asda Pharmacy, Edmonton Green Shop Centre, The Broadway, N9 0TS	Mon: 8:00 am - 11:00 pm Tue-Fri: 7:00 am - 11:00 pm



Locality	Pharmacy name and address	Opening hours (Mon-Fri, excl BHs)
	Bees Dispensing Chemist, 172 Fore St, Edmonton, N18 2JB	9:00 am - 7:00 pm
	Boots UK Ltd, 29 North Square, Edmonton Green, N9 0HW	8:00 am - 2:00 pm 3:00 pm - 8:00 pm
	Estons Pharmacy, 93 Fore Street, Edmonton, N18 2TW	9:30 am - 7:30 pm
	Forest Pharmacy, Forest Primary Care Centre, 308a Hertford Road, Edmonton, N9 7HD	8:30am – 7:00pm
	Green Cross (London) Ltd, 213 Fore Street, Edmonton, N18 2TZ	9:00 am - 7:00 pm
	Green Lanes Pharmacy, Green Lanes Surgery, 808 Green Lanes, Winchmore Hill, N21 2SA	8:00 am - 8:00 pm
	Hayward Chemist Ltd, 10 Queen Anne's Place, Bush Hill Park, Enfield, EN1 2PT	9:00 am - 7:00 pm (Wed: 9:00 am - 6:00 pm)
	Lloydspharmacy, 261 Fore Street, Edmonton, N18 2TY	9:00 am - 7:00 pm
	Rocky's Pharmacy, 14 Kendal Parade, Silver Street, N18 1ND	9:00 am - 7:00 pm (Wed 9:00 am – 4:00 pm)
	Scotts Pharmacy, 97-99 Silver Street, Edmonton, N18 1RP	9:00 am – 6:30 pm
	Tesco Extra, 1 Glover Drive, Upper Edmonton, N18 3HF	Mon: 8:00 am - 10:30 pm Tue-Fri 6:30 am – 10:30 pm
<b>North West locality</b>	Lloydspharmacy, 304 Baker Street, EN1 3LD	8:45 am - 7:30 pm
	The Co-Operative Pharmacy, 66 Silver St, Enfield, EN1 3EP	8:30 am - 7:00 pm (Mon and Thurs 8:30 am - 8:00 pm)
	Whitakers Pharmacy, 68 Silver Street, Enfield, EN1 3EW	9.00 am- 1:00 pm 2:00 pm - 6:30 pm (Mon 8:30 am - 8:00 pm)
<b>North East locality</b>	Boots Uk Ltd, Enfield Retail Park, 2a Crown Road, Enfield, EN1 1TH	8:00 am - 8:00 pm
	Elgon (Enfield) Ltd, Eagle House Surgery, 291 High Street, Ponders End, EN3 4DN	9:00 am - 7:00 pm

Locality	Pharmacy name and address	Opening hours (Mon-Fri, excl BHs)
	Healthfare Pharmacy, 9 Coleman Parade, Southbury Road, Enfield, EN1 1YY	9:30 am – 7:00 pm
	Lloydspharmacy, 226-228 Hertford Road, Enfield, EN3 5BH	9:30 am - 7:00 pm
	Lloydspharmacy, 98a South Street, Ponders End, EN3 4QA	9:00 am - 7:00 pm
	MK Shah Pharmacy, 734-736 Hertford Road, Enfield, EN3 6PR	9:00 am - 6:30 pm
	Ronshetti Pharmacy, 68 Island Centre Way, The RSA Island Centre, Enfield Lock, EN3 6GS	9:00 am - 8:00 pm
	Ronchetti Pharmacy, 135 Ordnance Road, EN3 6AE	9:00 am - 7:00 pm
	Sainsburys Pharmacy, 3 Crown Road, Enfield, EN1 1TH	9:00 am - 7:30 pm
	Tesco In-Store Pharmacy, 288 High Street, Ponders End, EN3 4DP	8:00 am - 10:30 pm Tue-Fri 6:30 am – 10:30 pm
	The Co-Operative Pharmacy, 255-257 Hertford Road, Enfield, EN3 5JL	8:00 am - 10:30 pm
	The Co-Operative Pharmacy, 417 Hertford Road, Enfield, EN3 5PT	8:30 am - 7:00 pm
	The Co-Operative Pharmacy, 670 Hertford Road, Enfield, EN3 6LZ	9:00 am - 7:00 pm
	Virens Chemist, 560 Hertford Rd, Edmonton, N9 8AG	9:00 am - 6:30 pm
	Vms Pharmacy Lrd, 291 Hertford Road, Edmonton, N9 7ES	9:00 am – 6:30 pm

### 3.4.3 Routine Saturday daytime access to community pharmacies

The number, location and opening hours of community pharmacy providers open on a Saturday vary within each locality. 'Average' access is difficult given the variety of opening hours and locations. Access is therefore considered at locality level. Table 16 shows that there are 90% of all pharmacies in Enfield HWB area open on Saturdays. A further analysis of provision is detailed in Section 6.

Table 16 - Community pharmacy providers open Saturdays

Locality	Pharmacy name and address	Saturday opening hrs
South West locality	Aldermans Pharmacy, 30 Aldermans Hill, Palmers Green, N13 4PN	9:00 am - 1:00 pm
	Asda Pharmacy, 130 Chase Side, Southgate, N14 5PW	8:30 am - 10:00 pm
	Atkinson Chemist, 750 Green Lanes, Winchmore Hill, N21 3RE	9:30 am - 6:00 pm
	Boots UK Ltd, 315-317 Green Lanes, Palmers Green, N13 4YB	8:30 am - 6:30 pm
	Boots UK Ltd, 78 Chase Side, Southgate, N14 5PH	8:00 am - 7:00 pm
	Capricorn Pharmacy, 16 Enfield Road, Enfield, EN2 7HW	9.00 am - 7.00 pm
	Coopers Chemist 364 Bowes Road, Arnos Grove, N11 1AH	9:00 am – 1:00 pm
	Greenacre Pharmacy, 9 Station Parade, Cockfosters, Barnet, EN4 0DL	9.00 am - 6:00 pm
	Greens Pharmacy, 48 Green Lanes, Palmers Green, N13 6JU	9.00 am - 6:00 pm
	Jhoots Pharmacy, 44 Cannon Hill, Southgate, N14 6LH	9:00 am - 1:00 pm
	Lloydspharmacy, 4 Florey Square, Highlands Village, Winchmore Hill, N21 1UJ	9:00 am - 5:00 pm
	Morrisons Pharmacy, Aldermans Hill, Palmers Green, N13 4YD	9:00 am - 8:00 pm
	NR Patel Chemists, 153 Bowes Road, Palmers Green, N13 4SE	9:00 am – 5:00 pm
	Palmers Chemist, 325 Green Lanes, Palmers Green, N13 4YB	9.00 am - 6:00 pm
	Parkview Pharmacy, 195 Bramley Road, Southgate, N14 4XA	9:00 am - 6:00 pm

Locality	Pharmacy name and address	Saturday opening hrs
	Sainsbury's Pharmacy, 681 Green Lanes, Winchmore Hill, N21 3RS	8:00 am - 8:00 pm
	Simmons Chemist, 111 Cockfosters Road, Herts, EN4 0DA	9:00 am - 1:00 pm 2:00 pm - 5:30 pm
	Walker Pharmacy, 410-412 Green Lanes, N13 5XG	9:00 am - 5:00 pm
	Waterhouse K Ltd, 88 Crown Lane, Southgate, N14 5EN	9:00 am - 1:00 pm
<b>South East locality</b>	Aqua Chemists, 55 Bounces Road, Edmonton, N9 8JE	9:00 am - 1:00 pm
	Asda Pharmacy, Edmonton Green Shop Centre, The Broadway, N9 0TS	7:00 am - 10:00 pm
	Bees Dispensing Chemist, 172 Fore St, Edmonton, N18 2JB	9:30 am - 6:00 pm
	Boots UK Ltd, 29 North Square, Edmonton Green, N9 0HW	8:00 am - 6:00 pm
	Estons Pharmacy, 93 Fore Street, Edmonton, N18 2TW	9.30 am - 6:30 pm
	Forest Pharmacy, Forest Primary Care Centre, 308a Hertford Road, Edmonton, N9 7HD	10.00 am - 2:00 pm
	Green Cross (London) Ltd, 213 Fore Street, Edmonton, N18 2TZ	9:00 am - 5:30 pm
	Green Lanes Pharmacy, Green Lanes Surgery, 808 Green Lanes, Winchmore Hill. N21 2SA	9:00 am - 1.30 pm
	Hayward Chemist Ltd, 10 Queen Anne's Place, Bush Hill Park, Enfield, EN1 2PT	9:00 am - 6:00 pm
	Lamis Chemists, 20 Bush Hill Parade, Village Road, EN1 2HB	9:00 am - 4:00 pm
	Lloydspharmacy, 13 The Concourse, Edmonton Green, N9 0TY	9:00 am - 5:00 pm
	Lloydspharmacy, 261 Fore Street, Edmonton, N18 2TY	9:00 am - 5:00 pm
	Reids Pharmacy, 1 Cambridge Terrace, Bury Street West, Edmonton, N9 9JJ	9:00 am - 5:30 pm

Locality	Pharmacy name and address	Saturday opening hrs
	Rocky's Pharmacy, 14 Kendal Parade, Silver Street, N18 1ND	9:00 am- 2:00 pm
	Skot Dispensing Chemists, 139 Victoria Road, Edmonton, N9 9BA	9:00 am - 1:00 pm
	Superdrug Pharmacy, 21 Market Square, Edmonton Green, N9 0TZ	9:00 am - 6:00 pm
	Tesco Extra, 1 Glover Drive, Upper Edmonton, N18 3HF	6:30 am - 10:00 pm
<b>North West locality</b>	Boots UK Ltd, 30-32 Palace Gardens, Enfield, EN2 6SN	8:30 am - 6:00 pm
	C Atkinson Chemist, 20 The Grangeway, Grange Park, N21 2HG	9:30 am - 6:00 pm
	Lloyds Pharmacy , 198 Lancaster Road, Enfield, EN2 0JH	9:00 am - 5:30 pm
	Lloyds Pharmacy, 304 Baker Street, 304 Baker Street, EN1 3LD	9:00 am - 4:00 pm
	The Co-Operative Pharmacy, 66 Silver St, Enfield, EN1 3EP	8:30 am - 12:30 pm
	Whitakers Pharmacy, 68 Silver Street, Enfield, EN1 3EW	8:30 am - 11:00 am
<b>North East locality</b>	Boots UK Ltd, Enfield Retail Park, 2a Crown Road, Enfield, EN1 1TH	8:00 am - 8:00 pm
	Elgon (Enfield) Ltd, Eagle House Surgery, 291 High Street, Ponders End, EN3 4DN	9.00 am - 12:00 pm
	Healthfare Pharmacy, 9 Coleman Parade, Southbury Road, Enfield, EN1 1YY	9:30 am – 5:30 pm
	Lloydspharmacy, 226-228 Hertford Road, Enfield, EN3 5BH	9:00 am - 5:30 pm
	Lloydspharmacy, 98a South Street, Ponders End, EN3 4QA	9:00 am - 1:00 pm

Locality	Pharmacy name and address	Saturday opening hrs
	MK Shah Pharmacy, 734-736 Hertford Road, Enfield, EN3 6PR	9:00 am - 6:00 pm
	Ronchetti Pharmacy, 135 Ordnance Road, EN3 6AE	9:00 am - 6:00 pm
	Sainsburys Pharmacy, 3 Crown Road, Enfield, EN1 1TH	7:00 am - 10:00 pm
	Tesco In-Store Pharmacy, 288 High Street, Ponders End, EN3 4DP	6:30 am - 10:00 pm
	Zara Pharmacy, 247 High Street, Ponders End, EN3 4DR	9:00 am - 5:00 pm
	The Co-Operative Pharmacy, 670 Hertford Road, Enfield, EN3 6LZ	9:00 am - 6:00 pm
	Virens Chemist, 560 Hertford Road, Edmonton, N9 8AG	9:30 am - 1:00 pm
	Vms Pharmacy Ltd, 291 Hertford Road, Edmonton, N9 7ES	10.00 am - 2:00 pm

### 3.4.4 Routine Sunday daytime access to community pharmacies

The number, location, and opening hours of community pharmacy providers open on a Sunday vary within each locality. Fewer pharmacies are open on Sundays than any other day in Enfield HWB area, however each of the main shopping areas has a pharmacy open on Sundays.

*Table 17 - Community pharmacy providers open on Sundays*

Locality	Pharmacy name and address	Openings hours (Sundays)
<b>South West locality</b>	Asda Pharmacy, 130 Chase Side, Southgate, N14 5PW	11:00 am - 5:00 pm
	Boots UK Ltd, 78 Chase Side, Southgate, N14 5PH	10:00 am - 6:00 pm
	Morrisons Pharmacy, Aldermans Hill, Palmers Green, N13 4YD	10:00 am - 4:00 pm
	Sainsbury's Pharmacy, 681 Green Lanes, Winchmore Hill, N21 3RS	10:00 am - 4:00 pm

Locality	Pharmacy name and address	Openings hours (Sundays)
<b>South East locality</b>	Asda Pharmacy, Edmonton Green Shop Centre, The Broadway, N9 0TS	11:00 am - 5:00 pm
	Boots UK Ltd, 29 North Square, Edmonton Green, N9 0HW	10:00 am - 6:00 pm
	Green Cross (London) Limited, 213 Fore Street, Edmonton, N18 2TZ	10:30 am - 2:00 pm
	Tesco Extra, 1 Glover Drive, Upper Edmonton, N18 3HF	11:00 am - 5:00 pm
<b>North West locality</b>	Boots UK Ltd, 30-32 Palace Gardens, Enfield, EN2 6SN	10:30 am - 4:30 pm
<b>North East locality</b>	Boots UK Ltd, Enfield Retail Park, 2a Crown Road, Enfield, EN1 1TH	10:30 am - 4:30 pm
	Sainsbury's Pharmacy, 3 Crown Road, Enfield, EN1 1TH	10:00 am - 4:00 pm
	Tesco In-Store Pharmacy, 288 High Street, Ponders End, EN3 4DP	10:00 am - 4:00 pm

### 3.4.5 Routine Bank Holiday access to community pharmacies

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

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

### 3.4.6 Pharmacy providers in surrounding HWB areas

As mentioned in Section 3.1, there is a high rate of community pharmacies per 100,000 population in neighbouring HWB areas to Enfield. In many parts of Enfield HWB area, the nearest pharmacy provider will be in a neighbouring area.

Table 11 lists a number of those providers in neighbouring areas within close proximity to the Enfield HWB area. These are also presented on Maps A and B.

*Table 18 - Some pharmacy providers within close proximity to Enfield HWB borders.*

HWB area	Map ref	Pharmacy name and address	Openings hours
<b>Barnet</b>	1	Boots UK Ltd 788 High Road, North Finchley, N12 9QR	Mon-Sat 08:30-18:30 Sun 10:30-16:30
	2	Brand - Russell Chemists Ltd 280 East Barnet Road, East Barnet, EN4 8TD	Mon-Sat 09:00-18:00
	3	H Haria Chemists 25 Friern Barnet Road, New Southgate, N11 1NE	Mon-Sat 09:00-18:00 (Thurs, Sat 09:00-13:00)
	4	Hampden Square Pharmacy 14 Hampden Square, N14 5JR	Mon-Fri 09:00-18:30 Sat 09:00-13:00
	5	Wilkinson Chemist 190 High Street, Barnet, Barnet Road, EN5 5SZ	Mon-Sat 09:00-17:30
	6	Mountford Chemists Ltd 11 East Barnet Road, New Barnet, EN4 8BR	Mon-Fri 09:00-19:00 Sat 09:00-14:00
	7	Svr Chemist 145-147 East Barnet Road, East Barnet, EN4 8QZ	Mon-Fri 08:30-18:30
	8	Oakleigh Pharmacy 253 Oakleigh Road, Whetstone, N20 0TX	Mon-Fri 09:00-19:00 Sat 09:00-18:00
	9	Tesco Stores Ltd Coppetts Centre, North Circular, North Finchley. N12 0SH	Mon-Sat 08:30-21:00 Sun 10:00-16:00
<b>Haringey</b>	20	Warwick Pharmacy Ltd 48-50 Bounds Green Road, New Southgate, N11 2EU.	Mon-Fri 09:00-19:00 Sat 09:00-18:00
	10	Alpha Pharmacy 18 Commerce Road, Wood Green, N22 8ED	Mon-Fri 09:00-18:30 (Thurs 09:00-18:00) Saturday 10:00-14:00
	11	Beauty Chem Ltd 11 Great Cambridge Road, Tottenham, N17 7LH	Mon-Fri 09:00-18:00 (Thurs 09:00-13:00) Sat 09:00-13:00



HWB area	Map ref	Pharmacy name and address	Openings hours
	12	Clockwork Pharmacy 9 Queens Parade, Brownlow Road, Bounds Green, N11 2DN	Mon-Sat 09:30-19:00 (Thurs, Sat 09:30-13:00)
	13	GF Porter Chemist 48 Great Cambridge Road, Tottenham, N17 8BU	Mon-Sat 09:00-19:00 (Thurs, Sat 09:00-18:00)
	14	Grace Pharmacy 165-167 Park Lane, Tottenham, N17 0HJ	Mon-Fri 09:00-19:00 Sat 09:00-18:30
	15	Lloyds Pharmacy Ltd 352 High Road, Wood Green, N22 8JW	Mon-Sat 09:00-19:00
	16	Napclan Ltd 753 High Road, Tottenham, N17 8AH	Mon-Sat 09:00-18:30 (Wed, Sat 09:00-13:00)
	17	Pharmaocare 65A White Hart Lane, Tottenham, N17 8HH	Mon-Sat 09:00-19:00 (Thurs, Sat 09:00-13:00)
	18	Shan Chemist Unit 3, Rear of 867-869 High Road, Tottenham, N17 8EY	Mon-Sat 09:00-19:00 Sat 09:00-17:30
	19	Somerset Gardens Pharmacy 4 Creighton Road, Tottenham, N17 8NW	Mon-Sat 07:00-22:30 Sun 10:00-17:00
<b>Hertfordshire</b>	21	Boots UK Ltd Waltham Cross Shopping Centre, Pavilion, Waltham Cross, EN8 7BZ	Mon-Fri 09:00-18:00 Sat 09:00-17:30
<b>Waltham Cross</b>	22	Benjamin Pharmacy 263 Chingford Mount Road, Chingford, E4 8LP	Mon-Fri 09:00-19:30 (Weds, Thur 09:00-19:00) Sun 09:00-17:30
	23	The Co-Operative Pharmacy 267 Chingford Mount Road, Chingford, E4 8LP	Mon-Fri 09:00-18:30 Sun 09:00-13:00
	24	Boots UK Ltd 9-11 Church Road, Chingford, E4 6SJ	Mon-Sat 08:00-18:00
	25	Michael Franklin Chemists Ltd 59 Swardstone Road, Chingford, E4 7PA	Mon-Fri 09:00-18:00 Sat 09:00-17:30
	26	Sainsbury's Supermarket Ltd 11 Walthamstow Avenue, Chingford. E4 8ST	Mon-Fri 07:00-23:00 Sat 07:00-22:00 Sun 10:00-16:00

### 3.5 Advanced service provision from community pharmacies

Section 1.3 lists all Advanced Services which may be provided under the pharmacy contract. As these services are discretionary, not all providers will provide them all of the time.

Data supplied from NHS England has been used to demonstrate in Appendix A which pharmacies have previously claimed (and therefore provided) MURs and NMSs until 31<sup>st</sup> March 2014.

Table 18 lists a summary of the latest available data (2012/13) on provision of advanced services.

*Table 18 - Advanced Service provision*

Advanced Service	Percentage of providers currently providing (Average number per provider, 2012/13)		
	England	London	Enfield
<b>Medicines Use Reviews (MURs)</b>	92% (267)	89.9% (263)	100% (277)
<b>New Medicines Service (NMS)</b>	82.3% (68)	78.7% (74)	78.7% (73)
<b>Appliance Use Review (AUR)*</b>	1.2% (197)	0.5% (242)	0
<b>Stoma Customisation (SC)*</b>	15.2% (635)	4.1% (921)	11.5% (9)

*\*AUR and SC data includes provision from Dispensing Appliance Contractors*

The number of providers and rate of provision of the MUR service in Enfield HWB area is greater than the regional and national levels, whereas the rate and provision of the NMS service is similar to regional and national levels. Appendix A lists those community pharmacies who have provided these services (up until 31<sup>st</sup> March 2014). Six community pharmacies in Enfield HWB area (10% of providers) had not provided the NMS service and one community pharmacy in Enfield HWB area (1.6% of providers) had not provided the MUR service. No respondents to the community pharmacy contractor questionnaire indicated that they do not have a consultation room which complies with the requirements to perform NMS / MUR services.

Provision of the SC service is low compared with nationally but higher than rates seen regionally. There has been no recorded provision of the AUR service from community pharmacy providers in Enfield HWB area up until 31<sup>st</sup> March 2014. The number of providers of the AUR is very low regionally and nationally. There were only 143 community pharmacy or DAC providers nationally (1.2%), and 9 community pharmacy or DAC providers (0.5%) in the whole of London in 2012/13.

### 3.6 Enhanced service provision

Under the pharmacy contract, enhanced services are those directly commissioned by NHS England. Therefore any 'locally commissioned services' commissioned by

CCGs or the Local Authority are not considered here. They are outside the scope of the PNA but are considered in Chapter 4.

There is currently one enhanced services commissioned by NHS England from pharmacies in Enfield HWB area: the Vaccination Service. There are 37 (61%) community pharmacies in Enfield HWB area commissioned to provide this service.

The vaccines are administered under a Patient Group Direction (PGD) to patients who meet the criteria for inclusion of the PGD and service specification.

In a 2013/14 campaign across London, there was a mean rate of 13 provider pharmacies per 100,000 population (SD 6.85 per 100000 to 18.74 per 100,000). In Enfield the mean rate is 11.5 per 100,000 and the 37 pharmacies providing the service are geographically spread across the borough and are listed in Appendix A.

Immunisation services are commissioned as a pan-London service by NHS England and are open to any pharmacy within Enfield via criteria for inclusion.

### **3.7 Pharmaceutical service provision provided from outside Enfield HWB area**

Enfield HWB area is bordered by four other HWB areas: Barnet, Haringey, Waltham Forest and Hertfordshire. As previously mentioned, like most London Boroughs, Enfield has a comprehensive transport system. As a result, it is anticipated that many residents in Enfield HWB area will have reasonable access to pharmaceutical service providers in neighbouring HWB areas and beyond.

It is not practical to list here all those pharmacies outside the HWB area by which Enfield residents are able to access pharmaceutical services. A number of providers lie within close proximity to the borders of Enfield HWB area boundaries and are demonstrated on Maps A and B. Further analysis of cross-border provision is undertaken in Section 6.

Over 71% of respondents to the pharmacy user questionnaire noted that they choose a pharmacy provider close to their home, whilst over 45% chose a provider close to their GP. Over 79% had no difficulties in accessing their community pharmacy, whilst over 13% had difficulties with parking. Almost 96% rated ease of obtaining medication as 'Very easy' or 'Fairly easy'.

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

Community pharmacies and GP practices provide a range of other services. These are not considered 'pharmaceutical services' under the 2013 Pharmaceutical Regulations<sup>3</sup> and may be either free of charge, privately funded or commissioned by NHS England, the local authority or the CCG.

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

### **4.1 Local Authority commissioned services provided by community pharmacies in Enfield**

Enfield Council commission the following services from community pharmacies:

- Emergency contraception service
- Supervised consumption service (opiates)
- Needle exchange service

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

### **4.2 Clinical Commissioning Group (CCG) commissioned services**

Enfield CCG currently commissions a minor ailments scheme from 51 community pharmacies in Enfield HWB area. A full list of community pharmacy providers is listed in Appendix A.

Local Authority and CCG commissioners were asked for their views on which services they would consider commissioning from community pharmacy providers. Many services are already commissioned by the CCG or local authority from other providers. The CCG or local authority would be willing to commission the majority of services from community pharmacies. A copy of the survey can be found in Appendix E and the full results of the survey in Appendix K.

### **4.3 Other services provided from community pharmacies**

As part of the community pharmacy contractor survey, found in Appendix D, community pharmacies were asked to indicate against a range of other services which they currently provide, would be willing to provide or would not be willing to provide. A number of pharmacies indicated that they currently provide a number of these services. Apart from those services commissioned by the local authority, these services are not currently commissioned. Therefore any services are privately provided and funded.

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

#### **4.4 Collection and delivery services**

From the pharmacy contractor survey, 73% of pharmacies offer a free delivery service of dispensed medicines, upon request. 26% offer a chargeable delivery service. 71% offer this service only to selected patient groups. Almost all pharmacies who responded offer a repeat prescription service, to order repeat prescription on the patient's behalf, collect the prescription from their surgery and dispense it ready for the patient to collect/be delivered.

#### **4.5 Language services**

4% pharmacies who responded to the community pharmacy contractor questionnaire reported that they offer at least a language access service for people who do not speak English well. 71% reported that they would be willing to provide this service if commissioned. Out of the 54 pharmacies responding to the survey, 45 (83%) reported that they employ staff who can speak a language other than English. Most common spoken additional languages were Gujarati (76% of respondents), Hindi (60% of respondents), Turkish (33% of respondents), Greek (22% of respondents) and Swahili (16% of respondents).

#### **4.6 Services for less-abled people**

As a requirement of the Equalities Act 2012, community pharmacies are required to make 'reasonable adjustments' to their services to ensure they are accessible by all equalities groups, including less-abled persons. From the patient survey, 9% of respondents visit a pharmacy on behalf of someone else because of access (for example disability or transport) reasons.

#### **4.7 Electronic Prescription Service (EPS)**

Many GP practices are now able to transmit prescriptions electronically (Electronic Prescription Service) to a pharmaceutical service provider (community pharmacy or dispensing appliance contractor). This system is known as EPS Release 2 and means that the patient no longer needs to obtain a paper prescription and present it at their pharmacy for dispensing. Electronic prescriptions are sent directly to the pharmacy nominated by the patient. GP practices enabled to provide this service are only able to transmit electronic prescriptions to a pharmacy who has a dispensing system set up to receive electronic ('Release 2') prescriptions.

100% of respondents to the community pharmacy contractor questionnaire report that they have a system which is compliant to receive electronic prescriptions. Data available on which pharmacies in England are enabled to offer the EPS is available from NHS Choices<sup>13</sup>. Appendix A contains information (correct as at 19<sup>th</sup> October 2014) from the NHS Choices website showing that all pharmacies in Enfield HWB area are enabled to provide the EPS.

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<sup>13</sup> NHS Choices website: <http://www.nhs.uk/Service-Search/Pharmacy/LocationSearch/10>

## Section 5: Findings from the Public Survey

A public survey about pharmacy provision was developed (Appendix C) and compiled by Enfield PNA Steering Group. This was circulated by the Local Authority to a range of stakeholders listed below:

- All pharmacy contractors in Enfield to distribute to the public
- All GP Practices in Enfield to distribute to the public
- A number of voluntary community groups in Enfield
- Enfield Voluntary Action (EVA)
- Enfield HealthWatch

A total of 231 surveys were received. A summary of the results can be found in Appendix I and Table 19 provides the demographic analysis of respondents.

- **96%** rated their overall satisfaction on the service received from their local pharmacy as '**Excellent**' or '**Good**'
- **40%** indicated that they used pharmacies up to every month for the purchase of over the counter medicines, with **88%** having a regular or preferred pharmacy they use
- **95%** rated their confidence in the pharmacist's knowledge and advice as '**Excellent**' or '**Good**'
- **45%** rated as important that the pharmacy is **close to their GP surgery**; **71%** that the pharmacy is **close to their home**; **15%** that the pharmacy is **close to where they work** and **57%** that the pharmacy **has friendly staff**
- **55%** walk to their community pharmacy; **28%** use a **car**; **11%** use **public transport**; **4%** use a **bicycle**
- **79%** had **no difficulties travelling** to their pharmacy; **13%** had **parking difficulties**; **5%** had **problems with the location** of the pharmacy; and **3%** had **problems of public transport availability**
- The greatest percentage of respondents had no **most convenient day (34%)** or **time (59%)** to **visit their pharmacy**
- **65%** of respondents report having a **journey time of no more than 10 minutes**; **91%** of respondents have a **journey time no greater than 20 minutes**
- **96%** indicated that the **ease of obtaining prescription medication** from their pharmacy was '**Very easy**' or '**Fairly easy**'

A summary of the results can be found in Appendix I. Table 19 provides the demographic analysis of respondents.

Table 19 - Demographic analysis of the community pharmacy user questionnaire respondents

Sex (%)									
Male					Female				
28.14%					71.86%				
Age (%)									
16-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90+	Do not wish to state
1.49%	7.96%	11.94%	22.39%	14.93%	18.91%	10.45%	8.96%	1.99%	1%
Illness or disability (%)?									
Yes					No				
28.92%					71.08%				
Ethnic origin (%)							Survey	2011 census	
Arab							0%	0.6%	
Asian / Asian British- Bangaldeshi							0.51%	1.8%	
Asian / Asian British – Indian							11.62%	3.7%	
Asian / Asian British – Pakistani							2.53%	0.8%	
Asian / Asian British – Chinese							0.51%	0.8%	
Asian / Asian British – Other							1.52%	4%	
Black / African / Caribbean / Black British – African							0%	9%	
Black / African / Caribbean / Black British – Caribbean							2.53%	5.5%	
Black / African / Caribbean / Black British – Other (please state)							1.01%	2.6%	
Mixed / Multiple Ethnic Groups – White and Asian							0.51%	1.3%	
Mixed / Multiple Ethnic Groups – White and Black African							1.01%	0.8%	
Mixed / Multiple Ethnic Groups – White and Black Caribbean							0%	1.6%	
Mixed / Multiple Ethnic Groups – Other							0%	1.8%	
English / Welsh / Scottish / Northern Irish / British							55.05%	40.5%	
Irish							3.54%	2.2%	
White Gypsy or Irish Traveller							0%	0.1%	

Ethnic origin (%)	Survey	2011 census
Greek	2.02%	Other White: 18.2%
Greek Cypriot	3.03%	
Turkish	2.02%	
Turkish Cypriot	3.03%	
Italian	1.52%	
Do not wish to state	3.03%	-
Other	5.05%	4.5%



## **Section 6: Analysis of health needs and pharmaceutical service provision**

As described within Section 1.5, the PNA Steering Group decided that the Enfield HWB PNA should be divided into four localities – South West, South East, North West and North East. Substantial health data is available at this level and populations and their health needs vary widely between wards.

Each locality has pockets of marked health inequalities. This chapter analyses the health needs of each of the localities of Enfield and considers the pharmaceutical service provision.

The demographics of the population of Enfield is characterised by a geographical split. This is most noticeable comparing North West and South East localities. North West locality comparably has an older population: 16% of the population is aged over 65 (England = 13%). 69% of the population in this locality are White British (Enfield = 43%). South West locality has a relatively more diverse, younger population. 23% of this locality are White British. Enfield as a whole has a younger age profile compared with London and England. 27.3% of the population of Enfield is aged 0-19, compared to 24.5% and 23.8% in London and England respectively. Enfield also has high levels of child poverty with 32.8% of children under the age of 16 living in poverty. Pharmaceutical services commissioning within Enfield's localities should consider the needs of the varying populations of each locality.

Enfield HWB's vision is for its people to live longer, healthier, happier lives. It has developed a strategy to enable this. The Enfield Health and Wellbeing Board Strategy for 2014-2019<sup>8</sup> focusses on five priority areas identified as key to the improvement of the health of the local population and reduction in health inequalities:

1. Ensuring the best start in life
2. Enabling people to be safe, independent and well, and delivering high quality health and care services
3. Creating stronger, healthier communities
4. Reducing health inequalities – narrowing the gap in life expectancy
5. Promoting healthy lifestyles and making healthy choices

The Pharmaceutical Needs Assessment is an opportunity to further the aims of the Health and Wellbeing Board strategy and a number of recommendations are made here to facilitate this.

For the purposes of this PNA, necessary services are defined as:

- essential services provided at all premises on the pharmaceutical list during all the opening hours of the pharmacy in line with their terms of service as set out in the 2013 regulations
- advanced services in line with their terms of service as set out in the 2013 regulations

The HWB have considered the White Paper Pharmacy in England: Building on Strengths – Delivering the Future (2008)<sup>11</sup> which states that it is a strength of the current system that community pharmacies are easily accessible. The HWB consider that the population of Enfield currently experience this situation in all four PNA localities.

The HWB has considered the following when assessing the provision of necessary services in the HWB area and each of the five PNA localities:

- Population density by ward by Census 2011 Output Area (Figure 2)
- Index of Multiple Deprivation (IMD) and deprivation ranges compared to the relative location of pharmacy premises.(Map B)
- BME % population compared to the relative location of pharmacy premises.(Map A)
- The location of pharmacies within each of the four PNA localities and across the whole Enfield HWB area (Maps A and B)
- The number, distribution and opening times of pharmacies within each of the four PNA localities and across the whole Enfield HWB area (Appendix A & Tables 15, 16 and 17)
- The choice of pharmacies covering the each of the four PNA localities and the whole Enfield HWB ( Appendix A)
- The average number of items per month per pharmacy dispensed within Enfield HWB area (Table 13)
- Results of the patient survey (Section 5)
- Projected population growth (Section 2.3.3)

## **6.1 Pharmaceutical services and health needs**

The core purpose of the Joint Health and Wellbeing Strategy (JSNA) and Action Plan<sup>8</sup> is to ensure that the needs identified through the JSNA are addressed. It remains important that the strategy should pick up the key messages from the JSNA, these are highlighted in Section 3 of the PNA.

Many of these priorities can be supported by the provision of pharmaceutical services within the HWB area.

Medicines management is vital in the successful control of many long-term conditions e.g. circulatory diseases, mental health, diabetes which will in turn have a positive impact on morbidity and mortality. Disease-specific guidance e.g. National Institute for Clinical & Healthcare Excellence (NICE) regularly emphasises the importance of medicines optimisation and adherence in control of conditions such as hypertension, asthma and stroke.

### 6.1.1 Essential Services

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

- ES 1: Dispensing of medicines
- ES 2: Repeat Dispensing
- ES 3: Disposal of unwanted medicines
- ES 4: Promotion of healthy lifestyles
- ES 5: Signposting patients to other healthcare providers
- ES 6: Support for self-care
- ES 7: Clinical governance

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

Using ES3, pharmacies can direct patients in the safe disposal of medicines and reduce the risk of hoarding medicines at home which may increase the risk of errors in taking medicines or in taking 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. Evidence shows that community pharmacists are potentially the most accessed healthcare professionals in any health economy. They 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<sup>11</sup>.

Although the evidence base is currently very small in measuring the effectiveness and cost effectiveness of community pharmacies' contribution to urgent care, emergency care and unplanned care, there is a growing recognition of the importance of this role and also for further research. This has been highlighted as a key area for improving health outcomes in the Enfield Health and Well Being Action Plan and in particular in reducing unplanned and general hospital admissions.

Using ES5, pharmacies can signpost patients and carers to local and national sources of information and reinforce those sources already promoted.

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

ES7 provides the governance structure for the delivery of pharmacy services. This structure is set out within the 2013 regulations 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 influence to the evidence base for the best practice and contribution of pharmacy services, especially in meeting local health priorities within Enfield.

### **6.1.2 Advanced Services**

Evidence shows that up to half of medicines may not be taken as prescribed or simply not taken at all. Advanced services have a role in highlighting issues with medicines or appliance adherence issues and also in reducing waste through inappropriate or unnecessary use of medicines or appliances. Polypharmacy is highly prevalent in long-term conditions management. Advanced services provide an opportunity to identify issues with side effects, changes in dosage, confirmation that the patient understands the role of the medicine or appliance in their care and opportunities for medicine optimisation.

Appropriate referrals can be made to GPs or other care settings resulting in patients receiving a better outcome from their medicines and, in some cases, cost saving for the CCG. Advanced services may also identify other issues such as general mental health and well-being providing an opportunity to signpost to other local services or service within the pharmacy e.g. seasonal flu immunisation or repeat dispensing.

Promotion of self-care is an important aspect to the management of many long-term conditions and advanced services provide a key opportunity for the pharmacist to do so e.g. promoting the importance of dry weight monitoring in heart failure management.

The rate and provision of the MUR and NMS services from pharmacies in Enfield is at levels similar to the London and England averages.

Most recent data shows that there are no pharmacies in Enfield providing Appliance Use Reviews. Numbers of this service are low nationally and there is no data to suggest that there is an unmet need in Enfield. Should a need be identified in Enfield then current providers should be invited to provide this service.

The percentage of contractors in Enfield providing Stoma Customisation services is at a level greater than London and slightly less than seen nationally. Numbers of this service are also low nationally and there is no evidence to suggest that there is any unmet needs in Enfield.

### **6.1.3 Enhanced Services**

In Enfield there is only one pharmaceutical enhanced services commissioned by NHS England (section 3.6) which is immunisation services. Enhanced services are included within this assessment where they affect the need for pharmaceutical services, or where the further provision of these services would secure improvements or better access to pharmaceutical services. Appendix A provides details of the pharmacies providing enhanced services.

Commissioning, delivery, and regulation of immunisation services are now shared at national level between NHS England, Public Health England (PHE), and the Department of Health (DH); the local operating model divides responsibilities between NHSE, PHE, and Enfield Local Authority.

Immunisation is a key intervention to protect at-risk groups such as older people, people living with diabetes, COPD, CVD or carers against diseases such as seasonal flu or shingles, which can cause additional health complications that can be associated with unplanned hospital admissions. Therefore, there is a vital need for this service.

There is a strong evidence base for the role of immunisation in reducing morbidity and mortality in the adult and child population. For example, seasonal flu immunisation is established as an effective and cost effective intervention in

reducing unplanned hospital admissions in many long-term conditions e.g. respiratory disease, circulatory disease.

In 2014/15, three additional immunisation services may be commissioned from pharmacies by NHS England in line with national immunisation programmes. These services are:

- Immunisation against pertussis in pregnancy
- Shingles immunisation programme
- Pneumococcal immunisation programme

#### **6.1.4 Locally Commissioned Services**

Appendix A provides a summary of enhanced and locally commissioned services within Enfield pharmacies and section 4.1 and 4.2 a description. It is important to note the commissioning status of each service as this defines whether or not it is a locally commissioned service.

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

##### **6.1.4.1 Minor Ailments Service**

Enfield CCG commissions a Minor Ailment Service from 51 (84%) pharmacies across all localities in Enfield. The Minor Ailment Service allows pharmacists to supply medicines free of charge to patients to treat minor ailments without the need for a GP appointment.

##### **6.1.4.2 Stop Smoking Services**

Smoking is the UK's single greatest cause of preventable illness and early death. Adults who smoke lose on average 13 to 14 years of their lives and more than 86,000 people in the UK die from smoking each year. It is a priority health issue highlighted in the JSNA for Enfield<sup>4</sup>.

Nationally the number of people who smoke is estimated at 21%. In Enfield, it is estimated 19.4% of the population smoke compared to 19.5% in London. However, there is a variation of 16.9% to 22.3% across the borough with smoking prevalence higher in areas of greater deprivation.

Enfield Council currently commission pharmacies to provide stop smoking services through a contract with Innovision.

##### **6.1.4.3 Emergency Hormonal Contraception (EHC)**

Sexual health has a major focus in the Joint Health and Well Being Strategy and action plan with pharmacies' role already highlighted in the provision of EHC.

Teenage conception includes all conceptions before the mother's 20th birthday but the national focus is on conception under 18. The conception rate is the number of pregnancies that start before the mother's 18th birthday (per 1,000 young women aged 15 to 17) and includes pregnancies that end either in birth or in termination.

Teenage pregnancy is a significant public health issue in England. Teenage parents are prone to poor antenatal health, lower birth weight babies and higher infant mortality rates. Their health, and that of their children, is likely to be worse than average. Teenage mothers are less likely to finish their education, less likely to find a good job, and more likely to end up both as single parents and bringing up their children in poverty. The children themselves run a much greater risk of poor health, and have a much higher chance of becoming teenage mothers themselves

Enfield had a lower teenage conception rate compared to England and London averages in 2011. There was a crude rate of around 25.8 conceptions for every 1,000 women aged between 15 and 17 years. The England rate in 2011 was 30.7 per 1,000 females aged 15 to 17 and the London rate was 28.7 per 1,000 females aged 15 to 17. Notably, rates in Enfield have been steadily falling since 2007, however there are a number of deprived wards within South East locality in Enfield where teenage pregnancy rates are more than five times higher than the areas in the Borough with the lowest rates.

EHC is provided as a free service to females aged 13 to 24 years of age presenting at a commissioned pharmacy in Enfield. 24 pharmacies or 39% of pharmacies in the HWB area are commissioned to provide this service.

Activity data for this service was not available however there is a very strong evidence base for the use of EHC in reducing unplanned or unwanted pregnancies, especially within teenage years. Its use forms part of an overall national strategy to reduce the rate of teenage pregnancy with England (National Institute for Health and Care Excellence (NICE)).

The drug levonorgestrel is used for emergency hormonal contraception. Through this service it is supplied under a Patient Group Direction (PGD) service to women who meet the criteria for inclusion of the PGD and service specification. Note the drug can also be prescribed using an NHS prescription. It may also be bought as an over-the-counter medication from pharmacies, however the user must be 16 years or over, hence the need for a PGD service within pharmacies which provides access from 13 years of age.

#### **6.1.4.4 Screening Services**

Increasingly community pharmacies have been commissioned to provide screening services providing additional choice and access to local populations. Currently there are no screening services commissioned from pharmacies within the Enfield HWB area. Some examples are chlamydia screening, HIV screening,

alcohol screening, weight management and NHS Health Checks. The commissioners survey (Appendix E) highlighted the potential for utilising pharmacies for diabetes, cholesterol and HbA1c screening.

Access to screening services have a significant role in supporting the numerous outcomes highlighted in priorities two, four and five of the Enfield Health and Well Being Action Plan.

#### **6.1.4.5 Drug and Alcohol Misuse Services**

Community pharmacies have been utilised for a number of years by Drug and Alcohol Action Team (DAAT) service providers in the provision of supervised consumption services and needle exchange services.

Most recent data suggests that there are over 1,100 adults aged over 18 years old receiving specialist treatment for substance misuse. Currently there are two DAAT services commissioned from community pharmacies: Needle Exchange and Supervised Consumption. Currently there are 25 pharmacies (41%) in Enfield commissioned to provide Supervised Consumption and 10 (16%) commissioned to provide Needle Exchange.

Access to these two DAAT services play a significant role in supporting several outcomes highlighted in priority two of the Health and Well Being Action Plan. There are no providers of the locally commissioned needle exchange services in North West locality. In many cases providers may be in neighbouring localities, although in some cases these are not easily accessible. Whilst a potential gap in provision may have been identified, there has been no information available to ascertain whether there is a need for these services in these areas. Commissioners may wish to review current provision and needs and consider it as a priority to commission further provision from existing providers.

Alcohol-related admissions in Enfield have risen sharply in recent years and are growing at a faster rate than London and England averages. There is no alcohol-related service currently commissioned locally through community pharmacies in Enfield.

## **6.2 South West locality**

### **6.2.1 Necessary services: current provision**

There are 20 community pharmacies in this locality, 19 of which are open on Saturdays. 15 are open after 6pm weekdays and 4 are open on Sunday. The majority of pharmacies provide the MUR and NMS advanced services. 18 pharmacies provide the Vaccination Service in this area. Access to necessary services is satisfactory.

### **6.2.2 Necessary services: gaps in provision**



*No gaps have been identified in South West locality for the provision of necessary services*

### **6.2.3 Other relevant services: current provision**

Almost half (nine) of community pharmacies in this locality are commissioned through Enfield Council to provide the Emergency Contraception service.

Four providers of this service are open weekday evenings after 6pm, eight providers are open on Saturdays and one is open on Sunday.

The CCG-commissioned Minor Ailments Service is commissioned from 18 pharmacies in this locality, 13 of which are open weekday evenings after 6pm, 17 are open on Saturdays, and 3 are open on Sundays.

### **6.2.4 Improvements and better access: gaps in provision**

The HWB consider 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.

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

There are two providers of the needle exchange service in this locality, one of which is open after 6pm on weekday evenings and Saturday mornings. There are no providers of this service open Saturday afternoons or Sundays.

Six community pharmacies in this locality are commissioned to provide the methadone supervision service, five of which are open weekday evenings after 6pm, three of which are open Saturday all day and one on Saturday morning. There are no providers of this service open on Sundays.

There is no data to confirm any unmet needs but should commissioners deem it a priority, improvements and better access to these services are possible by commissioning provision from a provider to open on a Sunday. These potential gaps in provision should be able to be met by an existing provider: no new pharmacies need be commissioned.

### **6.2.5 Other services**

A number of community pharmacies provide free prescription delivery services, which it is anticipated many residents may rely upon.

## **6.3 South East locality**

### **6.3.1 Necessary services: current provision**

There are 18 community pharmacies in this locality, the majority of which (13) are open on weekday evenings after 6pm. There are 17 providers in this locality open

on Saturdays. 14 are open after 6pm weekdays and 4 are open on Sunday. The majority of pharmacies provide the MUR and NMS advanced services.

12 pharmacies provide the Vaccination Service in this locality. Access to necessary services is satisfactory.

### **6.3.2 Necessary services: gaps in provision**

*No gaps have been identified in South East locality for the provision of necessary services*

### **6.3.3 Other relevant services: current provision**

The local authority-commissioned Emergency Contraception service is commissioned from seven community pharmacy providers in this locality of which six are open weekday evenings after 6pm, six are open on Saturdays and three are open on Sundays.

The methadone supervision service is commissioned from eight community pharmacy providers in this locality. Six of these providers are open weekday evenings after 6pm, six are open on Saturdays and one is open on Sundays.

There are 14 community pharmacies in this locality commissioned by Enfield CCG to provide the Minor Ailments service; ten of which are open weekday evenings after 6pm, 13 are open on Saturdays and four are open on Sundays.

### **6.3.4 Improvements and better access: gaps in provision**

There are three providers of the needle exchange service in this locality all of which are open after 6pm on weekday evenings and two are open on Saturdays. There are no providers of this service open on Sundays.

There is no data to confirm an unmet need but should commissioners deem it a priority, improvements and better access to this service is possible by commissioning provision from a provider to open on a Sunday. This potential gap in provision should be able to be met by an existing provider: no new pharmacies need be commissioned.

### **6.3.5 Other services**

A number of community pharmacies provide free prescription delivery services, which it is anticipated many residents may rely upon.

## **6.4 North West locality**

### **6.3.1 Necessary services: current provision**

There are six community pharmacies in this locality, all of which are open on Saturdays and four of which are open on weekday evenings after 6pm. There is one provider in this locality open on Sundays.

All pharmacies provide the MUR and NMS advanced services. Four pharmacies provide the Vaccination Service in this locality. Access to necessary services is satisfactory.

#### **6.4.2 Necessary services: gaps in provision**

*No gaps have been identified in North West locality for the provision of necessary services*

#### **6.4.3 Other relevant services: current provision**

There are two providers of the Emergency Contraception service in this locality. Both providers are open weekday evenings after 6pm and Saturdays, one provider is open on Sundays.

The methadone supervision service is commissioned from two community pharmacy providers in this locality. One provider is open weekday evenings after 6pm and Sundays. Both providers are open on Saturdays.

All six community pharmacies in this locality are commissioned to provide the Minor Ailments service. All six are open on Saturdays, four are open on weekday evenings after 6pm, and one is open on Sundays.

#### **6.4.4 Improvements and better access: gaps in provision**

Although there is provision in neighbouring localities, there are no providers of the needle exchange service in this locality. There is no data to confirm an unmet need, but should commissioners deem it a priority, improvements and better access to this service is possible by commissioning provision from a provider in this locality.

This potential gap in provision should be able to be met by an existing provider: no new pharmacies need be commissioned.

#### **6.4.5 Other services**

A number of community pharmacies provide free prescription delivery services, which it is anticipated many residents may rely upon.

### **6.5 North East locality**

#### **6.5.1 Necessary services: current provision**

The North East locality has 16 community pharmacy providers and one distance-selling pharmacy. The distance-selling pharmacy is not currently commissioned to provide any local authority or CCG-commissioned services.

Of the 16 community pharmacies in this locality, only two are not open weekday evenings after 6pm, and only three are not open on Saturdays. There are three providers open on Sundays. With the exception of the distance-selling contractor, all community pharmacies in this locality provide the MUR and NMS advanced services. Ten pharmacies provide the Vaccination Service in this locality. Access to necessary services is satisfactory.

### 6.5.2 Necessary services: gaps in provision

*No gaps have been identified in North East locality for the provision of necessary services*

### 6.5.3 Other relevant services: current provision

There are 13 community pharmacies commissioned by Enfield CCG to provide the Minor Ailment service in this locality. Three providers are open on Sundays, ten are open on Saturdays and 12 are open on weekday evenings after 6pm.

### 6.5.4 Improvements and better access: gaps in provision

There are six community pharmacy providers of the Emergency Contraception service in this locality, all of which are open weekday evenings after 6pm. Four are also open on Saturdays. There is no community pharmacy provider open on Sunday in this locality commissioned to provide the Emergency Contraception service.

The needle exchange service is commissioned from five community pharmacies in this locality. All five providers are open on Saturdays, four are open after 6pm on weekday evenings. No commissioned providers are open on a Sunday in this locality.

Eight community pharmacies in North East locality are commissioned to provide the supervised consumption service. All are open on Saturdays and only one is not open on weekday evenings after 6pm. There are no commissioned providers of this service open on a Sunday in this locality.

There is no data to confirm any unmet needs and providers of these services are open in neighbouring localities on Sundays. However, should commissioners deem it a priority, improvements and better access to these services are possible by commissioning provision from a provider open on a Sunday in the North East locality. These potential gaps in provision should be able to be met by an existing provider: no new pharmacies need be commissioned.

### 6.5.5 Other services

A number of community pharmacies provide free prescription delivery services, which it is anticipated many residents may rely upon.

## Section 7: Conclusions and recommendations

Enfield HWB has identified necessary services in section 6 as essential services and advanced services as required by paragraphs 1 and 3 of schedule 1 in the Regulations.

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

### 7.1 Necessary services - current and future access

Enfield HWB has identified locally commissioned services in section 4.1, 4.2 and 6.1.4 which secure improvements or better access, or have contributed towards meeting the need for pharmaceutical services in the area of the HWB.

In order to assess the provision of essential services against the needs of the residents of Enfield, the HWB consider opening hours as the most important factor in determining the extent to which the current provision of essential services meets the needs of the population. Enfield HWB has determined that opening hours of pharmacies in all four localities and across the whole HWB area are reasonable in all the circumstances. Supplementary opening hours are offered by all pharmacies in each locality. There are also four 100 hour contract pharmacies and five “late night” pharmacies (open after 9pm) within the HWB area. These are geographically spread across the HWB area and the four PNA localities. Enfield HWB has not identified services that would, if provided either now or in future specified circumstances, secure improvements to or better access to essential services in any of the five localities.

*No gaps have been identified in the provision of essential services in South West, South East, North West and North East localities or across the whole HWB area. No gaps have been identified in essential services that if provided either now or in the future, would secure improvements, or better access, to essential services in South West, South East, North West, and North East localities or across the whole HWB area.*

Section 6.2 defines the level of access to advanced services. There is no identified gap in the provision of advanced services as NMS and MURs are available in almost 100% of pharmacies across localities. Where applicable, NHS England will encourage all pharmacies and pharmacists to become eligible to deliver the service so that more patients are able to access and benefit from this service.

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

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

*No gaps have been identified in the provision of advanced services in South West, South East, North West, and North East localities or across the whole HWB area.*

Section 6.1.3 defines the level of access to enhanced services. NHS England commissioned just one enhanced service (immunisation services) from pharmacies. It also commissions this service from other non-pharmacy providers, principally GP practices. There is no identified gap in the current provision of enhanced services as immunisation services are accessible across all four localities. Some of the enhanced services listed in the 2013 Directions (section 1.3.1) are now commissioned by Enfield CCG (minor ailments service) or Enfield Council (EHC, supervised consumption and needle exchange and Stop Smoking) and therefore fall outside of the definition of both enhanced services and pharmaceutical services.

There are no gaps identified in respect of securing improvements, or better access, to enhanced services provision on a locality basis as identified in section 6.1.3 either now or in specified future circumstances. The HWB will monitor the uptake and need for immunisation services within the HWB area to establish if immunisation services are meeting the needs of the local population.

*No gaps have been identified in the provision of enhanced services (immunisation services) in South West, South East, North West, and North East localities or across the whole HWB area. There are no gaps in the provision of advanced services at present or in the future that would secure improvement or better access to advanced services in South West, South East, North West and North East localities or across the whole HWB area.*

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

*No gaps have been identified in the need for pharmaceutical services in specified future circumstances have been identified in South West, South East, North West, and North East localities or across the whole HWB area.*

*Comprehensive service reviews are required in order to establish if currently and in future scenarios immunisation services secure improvement or better access as an enhanced services in South West, South East, North West, and North East localities or across the whole HWB area.*

## **7.2 Other NHS services**

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

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

## **7.3 Locally commissioned services**

With regard to enhanced services and locally commissioned services, the HWB is mindful that only those commissioned by NHS England are regarded as pharmaceutical services. The absence of a particular service being commissioned by NHS England is, in some cases, addressed by a service being commissioned through the Enfield CCG - such is the case with a minor ailments service - and through Enfield Council as in the case of emergency hormonal contraception, supervised consumption and needle exchange. This PNA identifies those as locally commissioned services (LCS).

The HWB notes that all enhanced services and LCS are accessible to the population in all PNA localities. The HWB also notes that it is unclear if these services are meeting the needs of the local population due to a lack of activity data and a lack of service review. Nevertheless the HWB has not been presented with any evidence to date which concludes that any of these enhanced services or LCS should be decommissioned; or that any of these enhanced services or LCS should be expanded. Based on current information, the HWB has not identified a need to commission any enhanced pharmaceutical services not currently commissioned.



*Regular service reviews are recommended in order to establish if currently and in future scenarios locally commissioned services secure improvement or better access in South West, South East, North West, and North East localities*

## Appendix A: List of pharmaceutical service providers in Enfield HWB area

Map index	Name of Pharmacy	Address	Opening Hrs			Electronic Prescription Service, as per NHS Choices (Y/N)	Provide appliances (Y/N)	NHS England Advanced service providers			NHS England enhanced service providers 2014/15	CCG commissioned service providers in 2014/15	Local Authority commissioned service providers in 2014/15		
			Mon-Fri Opening hrs	Sat opening Hrs	Sun opening hrs			MURS	NMS	Stoma Customisation	Vaccination service	Minor Ailment Service	Methadone supervision	Needle exchange	Emergency contraception
<b>South West Enfield</b>															
5	Aldermans Pharmacy	30 Aldermans Hill, Palmers Green, N13 4PN	9:00 am - 7:00 pm	9:00 am - 1:00 pm	Closed	Y	Y	Y	Y	N	Y	Y	Y	Y	Y
7	Asda Pharmacy	130 Chase Side, Southgate, N14 5PW	8:30 am- 1:00 pm , 2:30 pm - 10:00pm	8:30 am - 10:00 pm	11:00 am - 5:00 pm	Y	N	Y	Y	N	Y	Y	N	N	Y
8	Atkinsons Chemist	750 Green Lanes, Winchmore Hill, N21 3RE	9:30 am - 6:00 pm	9:30 am - 6:00 pm	Closed	Y	N	Y	Y	N	Y	Y	N	N	Y
13	Boots Uk Limited	315-317 GREEN LANES, PALMERS GREEN, N13 4YB	8:30 am - 6:30 pm	8:30 am - 6:30 pm	Closed	Y	N	Y	Y	N	Y	Y	N	N	N
14	Boots UK Limited	78 Chase Side, Southgate, N14 5PH	8:00 am - 7:00 pm	8:00 am - 7:00 pm	10:00 am - 6:00 pm	Y	N	Y	Y	N	Y	Y	N	N	N
15	C & M Whipman Chemists	73 Bramley Road, Oakwood, N14 4EY	9:00 am - 7:30 pm	Closed	Closed	Y	N	N	N	N	N	N	Y	N	N
17	Capricorn Pharmacy	16 Enfield Road, Enfield, EN2 7HW	9:00 am – 7:00 pm	9.00 am - 7.00 pm	Closed	Y	N	Y	N	N	Y	Y	N	N	N
19	Coopers Chemist	364 Bowes Road, Arnos Grove, N11 1AH	9:00 am - 6:00 pm	9:00 am – 1:00 pm	Closed	Y	N	Y	N	N	Y	Y	Y	Y	Y
23	Greenacre Pharmacy	9 Station Parade, Cockfosters, Barnet, EN4 0DL	9:00 am - 6:00 pm	9.00 am - 6:00 pm	Closed	Y	Y	Y	Y	N	Y	Y	N	N	Y

Map index	Name of Pharmacy	Address	Opening Hrs			Electronic Prescription Service, as per NHS Choices (Y/N)	Provide appliances (Y/N)	NHS England Advanced service providers			NHS England enhanced service providers 2014/15	CCG commissioned service providers in 2014/15	Local Authority commissioned service providers in 2014/15		
			Mon-Fri Opening hrs	Sat opening Hrs	Sun opening hrs			MURS	NMS	Stoma Customisation			Vaccination service	Minor Ailment Service	Methadone supervision
26	Greens Pharmacy	48 Green Lanes, Palmers Green, N13 6JU	9:00 am - 1:00 pm , 2:00 pm - 6:30 pm (Thur 9:00 am - 6:00 pm)	9.00 am - 6:00 pm	Closed	Y	N	Y	Y	N	Y	Y	N	N	Y
29	Jhoots Pharmacy	44 Cannon Hill, Southgate, N14 6LH	9:00 am - 6:00pm (Wed 9:30 am - 7:00 pm)	9:00 am - 1:00 pm	Closed	Y	N	Y	Y	N	Y	Y	N	N	N
36	Lloyds Pharmacy	4 Florey Square, Highlands Village, Winchmore Hill, N21 1UJ	8:30 am - 6:30 pm (Thurs close 6pm)	9:00 am - 5:00 pm	Closed	Y	N	Y	Y	N	Y	Y	N	N	N
39	Morrisons Pharmacy	Aldermans Hill, Palmers Green, N13 4YD	9:00 am - 8:00 pm	9:00 am - 8:00 pm	10:00 am - 4:00 pm	Y	N	Y	Y	N	Y	Y	N	N	N
40	Nr Patel Chemists	153 Bowes Road, Palmers Green, N13 4SE	9:00 am - 7:00 pm	9:00 am - 5:00 pm	Closed	Y	N	Y	Y	N	Y	Y	Y	N	N
41	Palmers Chemist	325 Green Lanes, Palmers Green, N13 4YB	9:00 am - 6:00 pm	9:00 am - 6:00 pm	Closed	Y	Y	Y	Y	N	Y	Y	N	N	Y
42	Parkview Pharmacy	195 Bramley Road, Southgate, N14 4XA	9:00 am - 6.30 pm	9:00 am - 6:00 pm	Closed	Y	N	Y	Y	N	Y	Y	Y	N	N
47	Sainsbury's Pharmacy	681 Green Lanes, W'more Hill, N21 3RS	8:00 am - 8:00 pm	8:00 am - 8:00 pm	10:00 am - 4:00 pm	Y	N	Y	Y	N	N	N	N	N	N
49	Simmons	111 Cockfosters Road, EN4	9:00 am -	9:00 am -	Closed	Y	N	Y	Y	N	Y	Y	N	N	N

Map index	Name of Pharmacy	Address	Opening Hrs			Electronic Prescription Service, as per NHS Choices (Y/N)	Provide appliances (Y/N)	NHS England Advanced service providers			NHS England enhanced service providers 2014/15	CCG commissioned service providers in 2014/15	Local Authority commissioned service providers in 2014/15		
			Mon-Fri Opening hrs	Sat opening Hrs	Sun opening hrs			MURS	NMS	Stoma Customisation			Vaccination service	Minor Ailment Service	Methadone supervision
	Chemist	0DA	1:00 pm, 2:00 pm - 6:30 pm (Wed close 6:00pm)	1:00 pm, 2:00 pm - 5:30 pm											
59	Walker Pharmacy	410-412 Green Lanes, N13 5XG	9:00 am - 7:00 pm	9:00 am - 5:00 pm	Closed	Y	Y	Y	Y	N	Y	Y	Y	N	Y
60	Waterhouse K Ltd	88 Crown Lane, Southgate, N14 5EN	9:00 am - 6:00 pm	9:00 am - 1:00 pm	Closed	Y	Y	Y	Y	N	Y	Y	N	N	Y

Map index	Name of Pharmacy	Address	Opening Hrs			Electronic Prescription Service, as per NHS Choices (Y/N)	Provide appliances (Y/N)	NHS England Advanced service providers			NHS England enhanced service providers 2014/15	CCG commissioned service providers in 2014/15	Local Authority commissioned service providers in 2014/15		
			Mon-Fri Opening hrs	Sat opening Hrs	Sun opening hrs			MURS	NMS	Stoma Customisation	Vaccination service	Minor Ailment Service	Methadone supervision	Needle exchange	Emergency contraception
<b>South East Enfield</b>															
1	Asda Pharmacy	Edmonton Green Shop Centre, The Broadway, N9 0TS	Mon: 8:00 am - 11:00 pm; Tue-Fri: 7:00 am - 11:00 pm	7:00 am - 10:00 pm	11:00 am - 5:00 pm	Y	N	Y	Y	N	Y	Y	Y	N	Y
6	Aqua Chemists	55 Bounces Road, Edmonton, N9 8JE	Mon-Fri: 9:00 am - 6:30 pm (Wed: 9:00 am - 5:30 pm)	9:00 am - 1:00 pm	Closed	Y	Y	Y	Y	N	Y	Y	Y	Y	Y
9	Bees Dispensing Chemist	172 Fore St, Edmonton, N18 2JB	9:00 am - 7:00 pm	9:30 am - 6:00 pm	Closed	Y	Y	Y	Y	N	Y	Y	Y	N	Y
12	Boots UK Limited	29 North Square, Edmonton Green, N9 0HW	8:00 am - 2:00 pm , 3:00 pm - 8:00 pm	8:00 am - 8:00 pm	10:00 am - 6:00 pm	Y	N	Y	Y	N	Y	Y	N	N	Y
21	Estons Pharmacy	93 Fore Street, Edmonton, N18 2TW	9:30 am - 7:30 pm	9:30 am - 6:30 pm	Closed	Y	N	Y	N	N	Y	Y	Y	N	N
22	Forest Pharmacy	Forest Primary Care Centre, 308a Hertford Road, Edmonton, N9 7HD	9:00 am - 7:00 pm	10.00 am - 2:00 pm	Closed	Y	N	Y	Y	N	Y	Y	N	N	N
24	Green Cross (London) Ltd	213 Fore Street, Edmonton, N18 2TZ	9:00 am - 7:00 pm	9:00 am - 5:30 pm	10:30 am - 2:00 pm	Y	N	Y	Y	N	Y	Y	N	N	Y

Map index	Name of Pharmacy	Address	Opening Hrs			Electronic Prescription Service, as per NHS Choices (Y/N)	Provide appliances (Y/N)	NHS England Advanced service providers			NHS England enhanced service providers 2014/15	CCG commissioned service providers in 2014/15	Local Authority commissioned service providers in 2014/15		
			Mon-Fri Opening hrs	Sat opening Hrs	Sun opening hrs			MURS	NMS	Stoma Customisation	Vaccination service	Minor Ailment Service	Methadone supervision	Needle exchange	Emergency contraception
25	Green Lanes Pharmacy	Green Lanes Surgery, 808 Green Lanes, Winchmore Hill, N21 2SA	8:00 am - 8:00 pm	9:00 am - 1.30 pm	Closed	Y	Y	Y	Y	N	Y	Y	N	N	N
27	Hayward Chemist Ltd	10 Queen Anne's Place, Bush Hill Park, Enfield, EN1 2PT	9:00 am - 7:00 pm (Wed 9:00 am - 6:00 pm)	9:00 am - 6:00 pm	Closed	Y	N	Y	Y	N	Y	Y	Y	Y	N
30	Lamis Chemists	20 Bush Hill Parade, Village Road, Enfield, EN1 2HB	9:00 am - 6:00 pm	9:00 am - 4:00 pm	Closed	Y	N	Y	Y	N	Y	Y	N	N	N
34	Lloyds Pharmacy	13 The Concourse, Edmonton Green, N9 0TY	9:00 am - 6:00 pm	9:00 am - 5:00 pm	Closed	Y	N	Y	Y	N	N	N	Y	N	N
37	Lloyds Pharmacy	261 Fore Street, Edmonton, N18 2TY	9:00 am - 7:00 pm	9:00 am - 5:00 pm	Closed	Y	N	Y	Y	N	Y	Y	Y	N	N
43	Reids Pharmacy	1 Cambridge Terrace, Bury Street West, Edmonton, N9 9JJ	9:00 am - 6:00 pm	9:00 am - 5:30 pm	Closed	Y	N	Y	Y	N	Y	Y	Y	N	Y
44	Rocky's Pharmacy	14 Kendal Parade, Silver Street, N18 1ND	9:00 am - 7:00 pm (Wed 9:00 am - 4:00 pm)	9:00 am - 2:00 pm	Closed	Y	Y	Y	Y	N	Y	Y	Y	Y	Y
48	Scotts Pharmacy	97-99 Silver Street, Edmonton, N18 1RP	9:00 am - 6:30 pm	Closed	Closed	Y	N	Y	Y	N	N	N	N	N	N
50	Skot Dispensing Chemists	139 Victoria Road, Edmonton, N9 9BA	9:00 am - 6:00 pm	9:00 am - 1:00 pm	Closed	Y	Y	Y	N	N	Y	Y	N	N	N
Map index	Name of Pharmacy	Address	Opening Hrs					NHS England Advanced service			NHS England enhanced	CCG commissioned service	Local Authority commissioned service providers		

						Electronic Prescription Service, as per NHS Choices (Y/N)	Provide appliances (Y/N)	providers			service providers 2014/15	providers in 2014/15	in 2014/15		
			Mon-Fri Opening hrs	Sat opening Hrs	Sun opening hrs			MURs	NMS	Stoma Customisation			Vaccination service	Minor Ailment Service	Methadone supervision
51	Superdrug Pharmacy	21 Market Square, Edmonton Green, N9 0TZ	9:00 am - 1:15 pm, 1:45 pm - 6:00 pm	9:00 am - 6:00 pm	Closed	Y	N	Y	Y	N	N	N	N	N	N
3	Tesco Extra	1 Glover Drive, Upper Edmonton, N18 3HF	8:00 am - 10:30 pm, Tue-Fri 06:30 am – 10:30 pm	6:30 am - 10:00 pm	11:00 am - 5:00 pm	Y	N	Y	Y	N	N	N	N	N	N

Map index	Name of Pharmacy	Address	Opening Hrs			Electronic Prescription Service, as per NHS Choices (Y/N)	Provide appliances (Y/N)	NHS England Advanced service providers			NHS England enhanced service providers 2014/15	CCG commissioned service providers in 2014/15	Local Authority commissioned service providers in 2014/15		
			Mon-Fri Opening hrs	Sat opening Hrs	Sun opening hrs			MURS	NMS	Stoma Customisation	Vaccination service	Minor Ailment Service	Methadone supervision	Needle exchange	Emergency contraception
<b>North West Enfield</b>															
11	Boots UK Limited	30-32 Palace Gardens, Enfield, EN2 6SN	8:30 am - 6:00 pm (Thur 8:30am-7:00pm)	8:30 am - 6:00 pm	10:30 am - 4:30 pm	Y	N	Y	Y	N	Y	Y	Y	N	Y
16	C Atkinson Chemist	20 The Grangeway, Grange Park, N21 2HG	9:30 am - 6:00 pm	9:30 am - 6:00 pm	Closed	Y	N	Y	Y	N	Y	Y	N	N	N
32	Lloyds Pharmacy	198 Lancaster Road, Enfield, EN2 0JH	9:00 am - 6:00 pm	9:00 am - 5:30 pm	Closed	Y	N	Y	Y	N	Y	Y	Y	N	N
33	Lloyds Pharmacy	304 Baker Street, 304 Baker Street, EN1 3LD	8:45 am - 7:30 pm	9:00 am - 4:00 pm	Closed	Y	N	Y	Y	N	Y	Y	N	N	Y
61	Whitakers Pharmacy	68 Silver Street, Enfield, EN1 3EW	9.00 am-1:00 pm, 2:00 pm - 6:30 pm (Mon 8:30 am - 8:00 pm)	8:30 am - 11:00 am	Closed	Y	N	Y	Y	N	Y	Y	N	N	N
53	The Co-Operative Pharmacy	66 Silver St, Enfield, EN1 3EP	8:30 am - 7:00 pm (Mon and Thurs 8:30 am - 8:00 pm)	8:30 am - 12:30 pm	Closed	Y	N	Y	Y	N	Y	Y	N	N	N



Map index	Name of Pharmacy	Address	Opening Hrs			Electronic Prescription Service, as per NHS Choices (Y/N)	Provide appliances (Y/N)	NHS England Advanced service providers			NHS England enhanced service providers 2014/15	CCG commissioned service providers in 2014/15	Local Authority commissioned service providers in 2014/15		
			Mon-Fri Opening hrs	Sat opening Hrs	Sun opening hrs			MURs	NMS	Stoma Customisation	Vaccination service	Minor Ailment Service	Methadone supervision	Needle exchange	Emergency contraception
<b>North East Enfield</b>															
10	Boots UK Limited	Enfield Retail Park, 2a Crown Road, Enfield, EN1 1TH	8:00 am - 8:00 pm	8:00 am - 6:00 pm	10:30 am - 4:30 pm	Y	N	Y	Y	N	Y	Y	N	N	N
18	Care Home Meds (Distance Selling Pharmacy)	20 Jute Lane, Enfield, EN3 7PJ	9:00 am - 6:00 pm	10:00 am - 12:00 pm	10:00 am - 4:00 pm	Y	N	N	N	N	N	N	N	N	N
20	Elgon (Enfield) Ltd	Eagle House Surgery, 291 High St, Ponders End, EN3 4DN	9:00 am - 7:00 pm	9:00 am - 12:00 pm	Closed	Y	Y	Y	Y	N	Y	Y	Y	Y	Y
28	Healthfare Pharmacy	9 Coleman Parade, Southbury Road, Enfield, EN1 1YY	9:30 am - 7:00 pm	9:30 am - 5:30 pm	Closed	Y	N	Y	Y	N	Y	Y	Y	Y	Y
31	Lloyds Pharmacy	226-228 Hertford Rd, Enfield, EN3 5BH	9:00 am - 7:00 pm	9:00 am - 5:30 pm	Closed	Y	N	Y	Y	N	Y	Y	Y	Y	N
35	Lloyds Pharmacy	98a South Street, Ponders End, EN3 4QA	9:00 am - 6:30 pm	9:00 am - 1:00 pm	Closed	Y	N	Y	Y	N	Y	Y	N	N	Y
38	Mk Shah Pharmacy	734-736 Hertford Road, Enfield, EN3 6PR	9:00 am - 8:00 pm	9:00 am - 6:00 pm	Closed	Y	N	Y	Y	N	N	N	Y	N	N
45	Ronchetti Pharmacy	68 Island Centre Way, The RSA Island Centre, Enfield Lock, EN3 6GS	9:00 am - 6:30 pm	Closed	Closed	Y	N	Y	Y	N	Y	Y	N	N	Y
46	Ronchetti Pharmacy	135 Ordnance Road, EN3 6AE	9:00 am - 7:00 pm	9:00 am - 6:00 pm	Closed	Y	N	Y	Y	N	Y	Y	Y	Y	Y
2	Sainsbury's Pharmacy	3 Crown Road, Enfield, EN1 1TH	7:00 am - 11:00 pm	7:00 am - 10:00 pm	10:00 am - 4:00 pm	Y	N	Y	Y	N	Y	Y	N	N	N
<b>Map</b>	<b>Name of</b>	<b>Address</b>	<b>Opening Hrs</b>					<b>NHS England</b>			<b>NHS</b>	<b>CCG</b>	<b>Local Authority</b>		

index	Pharmacy					Electronic Prescription Service, as per NHS Choices (Y/N)	Provide appliances (Y/N)	Advanced service providers			England enhanced service providers 2014/15	commissioned service providers in 2014/15	commissioned service providers in 2014/15		
			Mon-Fri Opening hrs	Sat opening Hrs	Sun opening hrs			MURs	NMS	Stoma Customisation	Vaccination service	Minor Ailment Service	Methadone supervision	Needle exchange	Emergency contraception
4	Tesco In-Store Pharmacy	288 High Street, Ponders End, EN3 4DP	8:00 am - 10:30 pm; Tue-Fri 06:30 am – 10:30 pm	6:30 am - 10:00 pm	10:00 am - 4:00 pm	Y	N	Y	Y	N	Y	Y	N	N	N
52	The Co-Operative Pharmacy	255-257 Hertford Road, Enfield, EN3 5JL	9:00 am - 7:00 pm	Closed	Closed	Y	N	Y	Y	N	Y	Y	N	N	Y
54	The Co-Operative Pharmacy	417 Hertford Road, Enfield, EN3 5PT	9:00 am - 7:00 pm	Closed	Closed	Y	N	Y	Y	N	Y	Y	N	N	N
55	Zara Pharmacy	247 High Street, Ponders End, EN3 4DR	9:00 am - 6:00 pm	9:00 am - 5:00 pm	Closed	Y	N	Y	Y	N	Y	Y	Y	Y	N
56	The Co-Operative Pharmacy	670 Hertford Road, Enfield, EN3 6LZ	9:00 am - 7:00 pm	9:00 am - 6:00 pm	Closed	Y	N	Y	Y	N	N	N	Y	N	N
57	Virens Chemist	560 Hertford Road, Edmonton, N9 8AG	9:00 am – 6:30 pm	9:30 am - 1:00 pm	Closed	Y	N	Y	Y	N	N	N	N	N	N
58	Vms Pharmacy Ltd	291 Hertford Road, Edmonton, N9 7ES	9:00 am - 6:30 pm	10.00 am - 2:00 pm	Closed	Y	Y	Y	Y	N	Y	Y	Y	N	N

## Appendix B: PNA Steering Group Terms of Reference

### Background

The Health and Social Care Act 2012 transferred responsibility for the developing and updating of a Pharmaceutical Needs Assessment (PNA) to Health and Wellbeing Boards (HWBs). The first PNAs were produced by Primary Care Trusts (PCTs) in 2011. “*Healthy lives, healthy people*” the public health strategy for England (2010) states: “Community pharmacies are a valuable and trusted public health resource”.

### Purpose of the PNA

- The PNA will identify the pharmaceutical services that are needed and those that are currently provided. It will also identify pharmaceutical services that could bring about improvements in or better access to pharmaceutical services.
- The PNA will include details of NHS services commissioned in the borough that could have an impact on the need to commission pharmaceutical services.
- The PNA is a market analysis tool, used to determine market entry in the borough (decisions regarding new contracts and movement of existing pharmacies).
- The PNA is an important tool for identifying how pharmacy services can be used to deliver on the principles and values set out in the NHS Constitution
- The PNA is of importance to all commissioners of health and wellbeing services.

### Health and Wellbeing Board responsibilities

The Health and Wellbeing Board (HWB) has a statutory duty to produce the PNA which has to be published by April 2015. This will require board level sign-off and a minimum period of 60 days public consultation before publication. Failure to produce a robust PNA can lead to legal challenges because of the PNA’s relevance to decisions about commissioning services and the opening of additional, new pharmacies.

#### **A good PNA should cover the following:**

Regulation 4 and schedule 1 of the 2013 Regulations outline the minimum requirements for PNAs. A good PNA should cover the following:

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

- Look at other services, such as dispensing by GP surgeries, and services available in neighbouring HWB areas that might affect the need for services in its own area.
- Examine the demographics of its local population, across the area and in different localities and their needs.
- Look at the gaps that could be met by providing more pharmacy services, or through opening more pharmacies. It should also take account of likely future needs.
- Contain relevant maps relating to the area and its pharmacies.

### **Steering group responsibilities**

The steering group has responsibility to oversee the production of Enfield's PNA for the Health and Wellbeing board for Enfield, in accordance with the Department of Health (DH) regulations and deadlines.

- The group will ensure that the PNA specifically captures the specific needs of the local population, with a focus on reducing inequalities and aligning the existing corporate plans of the HWB, where relevant.
- The group will strive to work to the agreed project plan, to ensure that the process falls in line with the timelines and requirements prescribed by the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 which sets out the legislative basis for developing and updating PNAs<sup>14</sup>.
- The group will ensure that the findings of the published PNA are disseminated to those who need to know information and who will work towards implementation of any recommendations.

### **Policy implications**

- The PNA will overlap with other corporate strategies and plans such as the Joint Strategic Needs Assessment (JSNA) and other relevant strategies like the Children and Young People's Plan, the local Housing Plan and the Crime and Disorder strategy
- The PNA should take into account these other relevant strategies and plans to avoid duplication but should not be subsumed into these other documents. It can however be annexed to them.
- The PNA should be treated as a separate document that compliments the other relevant documents.
- The PNA can be used as part of the Joint Strategic Needs Assessment to inform future commissioning strategies.

### **Governance**

The steering group will be governed by the Enfield Health and Wellbeing Board (HWB) and will report the progress of the PNA to the HWB on a quarterly basis.

The HWB will be responsible for approving the consultation document, approving the draft PNA to go for consultation along with the consultation questions and signing off the final PNA.

The Director of Public Health will act as the responsible member of the HWB to maintain the PNA going forward. A suitable member of the Public Health Department, usually a Consultant of Public Health, will chair the meetings and report directly to the Director.

The chair of the PNA steering group has delegated authority from the HWB to make decisions between the quarterly meetings in order to remove blockages and barriers. The chair of the steering group will need to give an account of any actions or decisions to the HWB via the Director of Public health who is the responsible member to the HWB.

All members will be asked to sign a conflict of interest declaration and this will be documented from the onset of the project. Where members declare a conflict which would impact on their ability to make impartial judgement, they will abstain from that decision making process. The PNA is a public document available to all. Some pharmacy data is commercially confidential and cannot be released in the public domain hence this data will be suppressed in accordance with information governance arrangements surrounding their use.

### **Membership**

Membership is drawn from across agencies with a vested interest in the pharmaceutical services. It reflects that pharmacy commissioning involves: NHS England, Public Health and the CCG.

The following will be core members of the steering group:

<b>Name</b>	<b>Job Title</b>	<b>Organisation</b>	<b>Role / Interest in group</b>
Shahed Ahmad	Director of Public Health	LBE	Project sponsor
Allison Duggal	Public Health Consultant	LBE	Project Lead
Estella Makumbi	Public Health Strategist	LBE	Project Manager
Naheed Rana	Head of Public health Intelligence	LBE	Public Health Intelligence Lead
Kate Gill-Martin	Legal service	LBE	Legal

Shaun Rogan	Head of Communities, Partnerships and external Relations	LBE	Stakeholder engagement and external relations
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Name	Job Title	Organisation	Role/Interest in group
Janice Green	Communications and Marketing Officer	LBE	Communication and planning
Paul Gouldstone	Heads of Medicines Management	CCG	Medicines management
Subrina Ramdarshan	Prescribing Adviser	CCG	Prescribing advice and author of previous PNA
John James	Board member	Health Watch Enfield	Independent consumer of health & social care.
Litsa Worrel	Chair	EVA	Voluntary sector interest
Gerald Alexander	Chair	Enfield, Haringey and Barnet LPC	Local pharmaceutical committee
Greg Cairn	Chair	LMC	Local medical committee
Jason Nair	Snr. Commissioning Manager,	NHS England	NHS England's input in the process

Communications, Communities and Partnerships, and Legal will attend the meetings to provide information and advice to the PNA steering group. Other representatives of partner agents may be invited by the chair to attend the PNA steering group for specific items.

### Frequency of meetings

The steering group will meet quarterly each year:

- June 2014
- September 2014
- November / December 2014
- February / March 2015
- June 2015

Some additional business may be performed outside of meetings, but will need to be ratified by the Steering Group at the next available meeting.

**Review**

The terms of reference will be reviewed every six months. Next review date is 4<sup>th</sup> December 2014.



## Appendix C: Patient survey



### Tell us what you think of pharmacy services

Your local health services want to get a better understanding of how pharmaceutical services are used in your local area. Pharmaceutical services are mostly provided by pharmacies (chemists), though some or all may also be provided by GP dispensing practices and Dispensing Appliance Contractors.

We want to make sure Enfield residents receive the highest quality services and would like to hear all about:

1. Your experiences and opinions of the pharmaceutical services you receive
2. What you would like to change or see improved

We would be grateful if you would take a few minutes to answer the questions below about your own experience and views.

Your answers to this survey are private and will be kept in line with the Data Protection Act 1988. This information will be stored and held by Soar Beyond Ltd on behalf of Enfield County Council

Closing date for this questionnaire is 30<sup>th</sup> September 2014

Please post the completed questionnaire to:

XXXXXX  
XXXXXX  
XXXXXX  
XXXXXX

Or e-mail the completed form to [XXX@XXXX.XXX.XX.X](mailto:XXX@XXXX.XXX.XX.X)

If you prefer to answer our survey online, please go to

[https://www.surveymonkey.com/s/EnfieldPNA\\_Public\\_Survey](https://www.surveymonkey.com/s/EnfieldPNA_Public_Survey)

Should you require this questionnaire in any other format, please contact XXXX on XXXX XXXX.

Please base the answers to this questionnaire on the pharmacy that you usually use

### Transport, access, and choice of pharmacy

1) How often do you visit your pharmacy in a six month period?

For yourself

For someone else

2) Do you have a regular or preferred pharmacy that you visit?

Yes  No

3) When considering choice of pharmacy, which of the following helps you choose? (You may tick more than one answer)

- |  |  |
|--|--|
| <input type="checkbox"/> Close to home     | <input type="checkbox"/> Close to GP surgery           |
| <input type="checkbox"/> Close to work     | <input type="checkbox"/> They offer a specific service |
| <input type="checkbox"/> Friendly staff    | <input type="checkbox"/> Other (please specify)        |
| <input type="checkbox"/> Prefer not to say |  |

4) Who would you normally visit the pharmacy for?

- Yourself  A family member  
 Someone you are a carer for  Other

5) If you visit your pharmacy on behalf of someone else, please give a reason why

- You are the main carer  
 Opening hours of the pharmacy not suitable for patient  
 Access (for example disability/transport)  
 Other

6) How do you usually travel to your regular pharmacy? (Please tick one only)

- Walk  Car  Public transport  Bicycle  
 Other - please specify

7) On average, how long does it take you to travel to a pharmacy?

- 0 to 10 minutes  10 to 20 minutes  20 to 30 minutes  
 Over 30 minutes  Don't know/ not sure/ varies

8) Do you have any difficulties when travelling to your pharmacy? (Please tick one only)

- Location of pharmacy  Parking difficulties  
 Public transport availability  No difficulties

9) What is the most convenient day(s) for you to visit your pharmacy?

- Monday to Friday  Saturday  Sunday  Don't mind/ varies

10) What time is most convenient for you to visit your pharmacy

- Morning  Afternoon  Lunchtime  Early Evening  Late Evening  
 Don't mind/ varies

### Over-the-counter medicines

11) How regularly do you buy an over-the-counter medicine from a pharmacy?

- More than once a week  Weekly  
 More than once a month  Monthly  
 More than once a year but less than monthly  Yearly  
 Less regularly  Never  
 Prefer not to say

12) Do you buy over-the-counter medicines anywhere else?

- Nowhere else  Supermarket  
 The internet  Garage/ petrol station  
 Local/ community shop  Other Shop  
 Vending machine  Prefer not to say



### Medication and Illness

13) How do you rate the ease of obtaining prescription medication (for example – waiting time or stock availability)?

- Very easy    Fairly easy    Fairly difficult    Very difficult

14) Are you provided with sufficient information about your medication (such as dosage and side effects)?

- Yes  No

### Advice

15) Would you ask your pharmacist for advice about medication prescribed by your GP?

- Yes  No

Please give examples

16) Do you know that your pharmacist can provide advice on general health, lifestyle and disease prevention (such as smoking or weight issues)?

- Yes    No

17) How would you rate your confidence in the pharmacist's knowledge and advice?

- Excellent    Good    Fair    Poor

18) Did you know the pharmacists can give private consultations?

- Yes    No

19) Is there a private consultation room available?

- Yes    No    Don't know

### Services

20) Would you like to see any other services provided by pharmacies?

- Such as: Annual review of medication  
 Cholesterol/lipid measurement and advice  
 Head lice management  
 Pregnancy testing  
 Prescription home delivery service  
 Smoking Cessation

- Yes    No

Other services not identified above



### The pharmacy you use

21) Please could we have the name and address of your pharmacy?

22) How would you rate your overall satisfaction with this pharmacy?

Excellent  Good  Fair  Poor

If you have any other comments you would like to make about your pharmacy please write them below

*Thank you for your time completing this questionnaire*

If you wish to be kept informed about the Pharmaceutical Needs Assessment and the consultation we will be running in the near future, you can give us your contact details here:

Your information will only be used for the purpose of informing you of the consultation.

Name

Address

Telephone

Email

Alternatively, you can contact XXXXX by either:

Emailing XXXX@XXXX.XXX.XXX

Calling XXXX XXX XXXX

Writing to: Freepost, XXXX, XXXX, XXXX,XXXX,XXXX.



## Equalities Monitoring

The completion of the following will be a great help to us in planning appropriate services for the whole community. Please put a tick in the boxes that apply to you.

1) Please tick the box that best describes your ethnicity?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> British                   | <input type="checkbox"/> White and Black African | <input type="checkbox"/> Irish           |
| <input type="checkbox"/> White and Black Caribbean | <input type="checkbox"/> Greek                   | <input type="checkbox"/> White and Asian |
| <input type="checkbox"/> Greek Cypriot             | <input type="checkbox"/> Indian                  | <input type="checkbox"/> Turkish         |
| <input type="checkbox"/> Pakistani                 | <input type="checkbox"/> Turkish Cypriot         | <input type="checkbox"/> Bangladeshi     |
| <input type="checkbox"/> Kurdish                   | <input type="checkbox"/> Sri Lankan              | <input type="checkbox"/> Italian         |
| <input type="checkbox"/> Caribbean                 | <input type="checkbox"/> Polish                  | <input type="checkbox"/> African         |
| <input type="checkbox"/> Russian                   | <input type="checkbox"/> Ghanaian                | <input type="checkbox"/> Traveller       |
| <input type="checkbox"/> Nigerian                  | <input type="checkbox"/> Gypsy / Romany          | <input type="checkbox"/> Somali          |
| <input type="checkbox"/> Chinese                   | <input type="checkbox"/> Other - please state    | <input type="text"/>                     |
| <input type="checkbox"/> Do not wish to state      |  |  |

2) Are you:  Male  Female

3) Do you consider yourself to have a disability or long-term illness?  Yes  No

4) How old are you?

- |                                  |                                  |                                  |                                      |   |
|----------------------------------|----------------------------------|----------------------------------|--------------------------------------|---|
| <input type="checkbox"/> 16 - 19 | <input type="checkbox"/> 20 - 29 | <input type="checkbox"/> 30 - 39 | <input type="checkbox"/> 40 - 49     | <input type="checkbox"/> 50 - 59              |
| <input type="checkbox"/> 60 - 69 | <input type="checkbox"/> 70 - 79 | <input type="checkbox"/> 80 - 89 | <input type="checkbox"/> 90 and over | <input type="checkbox"/> Do not wish to state |

5) Please tick the postcode area you live in:

- |                              |                              |                              |                              |   |                             |                              |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|---|-----------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> EN1 | <input type="checkbox"/> EN2 | <input type="checkbox"/> EN3 | <input type="checkbox"/> EN4 | <input type="checkbox"/> EN8                  | <input type="checkbox"/> N9 | <input type="checkbox"/> N11 | <input type="checkbox"/> N13 |
| <input type="checkbox"/> N14 | <input type="checkbox"/> N18 | <input type="checkbox"/> N21 | <input type="checkbox"/> N22 | <input type="checkbox"/> Other - please state |                             |                              |                              |

6) How did you find out about this questionnaire?

- |  |  |
|--|--|
| <input type="checkbox"/> From the Enfield Council website        | <input type="checkbox"/> From another website        |
| <input type="checkbox"/> Through my social worker / care manager | <input type="checkbox"/> Voluntary / community group |
| <input type="checkbox"/> An advert in the local paper            | <input type="checkbox"/> From a poster               |
| <input type="checkbox"/> GP surgery / clinic                     | <input type="checkbox"/> Library                     |
| <input type="checkbox"/> Other - please state                    |  |



## **Appendix D: Pharmacy contractor survey**

**Premises Details**

**\*1. Contractor Code (ODS Code)**

**\*2. Name of contractor (i.e. name of individual, partnership or company owning the pharmacy business)**

**\*3. Trading name**

**\*4. Is this pharmacy a Distance Selling Pharmacy? (i.e. it cannot provide Essential Services to persons present at the pharmacy)**

Yes  
 No

**\*5. Pharmacy email address**

**\*6. Pharmacy telephone**

**7. Pharmacy fax**

**8. Pharmacy website address**

**\*9. Can we store the above information and use this to contact you?**

Yes  
 No

**\*10. Core opening hours**

	Open from	To	Lunchtime (From - To)
Monday	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tuesday	<input type="text"/>	<input type="text"/>	<input type="text"/>
Wednesday	<input type="text"/>	<input type="text"/>	<input type="text"/>
Thursday	<input type="text"/>	<input type="text"/>	<input type="text"/>
Friday	<input type="text"/>	<input type="text"/>	<input type="text"/>
Saturday	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sunday	<input type="text"/>	<input type="text"/>	<input type="text"/>

**11. Total opening hours**

	Open from	To	Lunchtime (From - To)
Monday	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tuesday	<input type="text"/>	<input type="text"/>	<input type="text"/>
Wednesday	<input type="text"/>	<input type="text"/>	<input type="text"/>
Thursday	<input type="text"/>	<input type="text"/>	<input type="text"/>
Friday	<input type="text"/>	<input type="text"/>	<input type="text"/>
Saturday	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sunday	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Consultation Facilities**

**\*12. On the premises, is there a consultation area (meeting the criteria for the Medicines Use Review service)?**

- None
- Available (including wheelchair access)
- Available (without wheelchair access)
- Planned within the next 12 months

Other (please specify)

**13. Where there is a consultation area, is it a closed room?**

- Yes
- No

**\*14. Does the pharmacy have access to an off-site consultation area (i.e. one which the former PCT or Area Team has given consent for use)**

- Yes
- No
- Don't know
- Not applicable

**\*15. Is the pharmacy willing to undertake consultations in patient's home/ other suitable site?**

- Yes
- No
- Don't know
- Not applicable

**\*16. During consultations, are there hand-washing facilities?**

- In the consultation area
- Close to the consultation area
- None

**\*17. Do patients attending consultations have access to toilet facilities?**

- Yes
- No

**18. Languages spoken (in addition to English)**



## IT Facilities

### \*19. Electronic Prescription Service (select any that apply)

- Release 1 enabled
- Release 2 enabled
- Intending to become Release 1 enabled within next 12 months
- Intending to become Release 2 enabled within next 12 months
- No plans for EPS at present

## Services

### \*20. Does the pharmacy dispense appliances?

- Yes, all types
- Yes, excluding stoma appliances
- Yes, excluding incontinence appliances
- Yes, excluding stoma and incontinence appliances
- Yes, just dressings
- None

Other (please specify)

### \*21. Does the pharmacy provide the following advanced services?

	Yes	Intending to begin within next 12 months	No - not intending to provide
Medicines Use Review service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New Medicine Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appliance Use Review service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stoma Appliance Customisation service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### \*22. Which of the following services does the pharmacy provide, or would be willing to provide?

	Currently providing under contract with Area Team	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide
Anticoagulant Monitoring Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anti-viral Distribution Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care Home Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chlamydia Testing Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chlamydia Treatment Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contraceptive Service (not EHC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\*23. Which of the following Disease Specific Medicines Management services does the pharmacy provide, or would be willing to provide?**

	Currently providing under contract with Area Team	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide
Allergies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alzheimer's/dementia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COPD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes type I	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes type II	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Epilepsy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart Failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hypertension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parkinson's disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

**\*24. Which of the following services does the pharmacy provide, or would be willing to provide?**

	Currently providing under contract with Area Team	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide
Emergency Hormonal Contraception Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gluten Free Food Supply Service( i.e. not via FP10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Delivery Service (not appliances)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Independent Prescribing Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If currently providing an Independent Prescribing Service, what therapeutic areas are covered



**\*25. Which of the following services does the pharmacy provide, or would be willing to provide?**

	Currently providing under contract with Area Team	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide
Language Access Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication Review Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicines Assessment and Compliance Support Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Minor Ailment Scheme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MUR plus/ Medicines Optimisation Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If currently providing MUR plus/ Medicines Optimisation Service, what therapeutic areas are covered?

**\*26. Which of the following services does the pharmacy provide, or would be willing to provide?**

	Currently providing under contract with Area Team	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide
Needle and Syringe Exchange Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity management (adults and children)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On Demand Availability of Specialist Drugs Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Out of Hours Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient Group Direction Service(name the medicines covered by the Patient Group direction below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phlebotomy Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescriber Support Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Schools Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Name here

**\*27. Which of the following screening services does the pharmacy provide, or would be willing to provide?**

	Currently providing under contract with Area Team	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide
Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cholesterol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gonorrhoea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H.pylori	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HbA1c	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hepatitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seasonal Influenza Vaccination Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

**\*28. Which of the following other vaccination services does the pharmacy provide, or would be willing to provide?**

	Currently providing under contract with Area Team	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide
Childhood vaccinations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hepatitis (at risk workers or patients)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HPV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Travel vaccines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

**\*29. Which of the following services does the pharmacy provide, or would be willing to provide?**

	Currently providing under contract with Area Team	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide
Sharps Disposal Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stop Smoking Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supervised Administration Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vascular Risk Assessment Service (NHS Health Check)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Supplementary Prescribing Service (what therapeutic areas are covered?)

Non-commissioned Services		
<b>*30. Does the pharmacy provide any of the following?</b>		
	Yes	No
Collection of prescriptions from GP practices	<input type="radio"/>	<input type="radio"/>
Delivery of dispensed medicines - Free of charge on request	<input type="radio"/>	<input type="radio"/>
Delivery of dispensed medicines - Selected patient groups (list criteria in Other below)	<input type="radio"/>	<input type="radio"/>
Delivery of dispensed medicines - Selected areas (list areas in Other below)	<input type="radio"/>	<input type="radio"/>
Delivery of dispensed medicines - chargeable	<input type="radio"/>	<input type="radio"/>
Other (please specify)		
<input style="width: 100%;" type="text"/>		
<b>*31. Contact name of person completing questionnaire, if questions arise</b>		
<input style="width: 100%;" type="text"/>		
<b>*32. Contact telephone number</b>		
<input style="width: 100%;" type="text"/>		

## Appendix E: Commissioner Survey

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

	Currently commissioned under contract with Area Team	Currently commissioned under contract with CCG	Currently commissioned under contract with LA	May consider commissioning	Not able or willing to commission
Anticoagulant Monitoring Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anti-viral Distribution Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care Home Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chlamydia Testing Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chlamydia Treatment Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contraceptive service (not EHC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



<b>Disease Specific Medicines Management Service</b>					
<b>2. Which of the following services do you commission or may be considering commissioning from local community pharmacies?</b>					
	Currently commissioned under contract with Area Team	Currently commissioned under contract with CCG	Currently commissioned under contract with LA	May consider commissioning	Not able or willing to commission
Allergy management service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alzheimers/dementia management service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asthma management service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHD management service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COPD management service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression management service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes type I management service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes type II management service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Epilepsy management service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart Failure management service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hypertension management service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parkinson's disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Hormonal Contraception Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gluten Free Food Supply Service (i.e. not via FP10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Delivery Service (not appliances)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Independent Prescribing Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If currently providing an Independent Prescribing Service, what therapeutic areas are covered?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Language Access Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication Review Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicines Assessment and Compliance Support Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Minor Ailment Scheme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MUR Plus/Medicines Optimisation Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If currently providing an	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>MUR Plus/ Medicines Optimisation Service, what therapeutic areas are covered?</b>					
Needle and Syringe Exchange Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obesity management (adults and children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On Demand Availability of Specialist Drugs Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out of Hours Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Group Direction Service (name the medicines covered by the Patient Group Direction)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phlebotomy Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber Support Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schools Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<div style="border: 1px solid black; height: 20px; width: 100%; background-color: #e6e6fa;"></div>					



## Screening Service

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

	Currently commissioned under contract with Area Team	Currently commissioned under contract with CCG	Currently commissioned under contract with LA	May consider commissioning	Not able or willing to commission
Alcohol screening service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cholesterol screening service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes screening service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gonorrhoea screening service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. pylori screening service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HbA1C screening service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hepatitis screening service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV screening service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seasonal Influenza Vaccination Service(2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please state below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Other Vaccinations

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

	Currently commissioned under contract with Area Team	Currently commissioned under contract with CCG	Currently commissioned under contract with LA	May consider commissioning	Not able or willing to commission
Childhood vaccinations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hepatitis (at risk workers or patients)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HPV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Travel vaccines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Other miscellaneous**

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

	Currently commissioned under contract with Area Team	Currently commissioned under contract with CCG	Currently commissioned under contract with LA	May consider commissioning	Not able or willing to commission
Sharps Disposal Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stop Smoking Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supervised Administration Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supplementary Prescribing Service (what therapeutic areas are covered?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vascular Risk Assessment Service (NHS Health Check)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please state below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thank you for completing this survey.

Your answers to this survey are private and will be kept in line with the Data Protection Act.

## Appendix F: PNA timeline

Stage	Dates	Key Actions	Outcomes
<b>Set up</b>	June-Sept 2014	HWB paper to outline PNA responsibilities First steering group meetings Produce project plan and secure resources. Agree work stream plans and timelines.	Delegated authority to PNA Steering Group for PNA production. Isolation of necessary funding and resource for PNA production. Formation of PNA Steering Group and PNA Project Group. Roles and responsibilities defined. Terms of Reference and meeting dates agreed.
<b>Information finding</b>	Sept-Oct 2014	Second steering group meeting	Workstreams and timeline agreed. Public and Pharmacy questionnaires agreed. Consultation plan drafted. Localities agreed. Maps agreed. Public Health and Pharmaceutical provision information presented. Results from public and pharmacy questionnaires presented. Pharmaceutical provision and access maps presented.
<b>Analysis</b>	Oct-Nov 2014	Third steering group meeting  Further, focussed public engagement	Analysis of information finding. Collation of findings to inform draft PNA. Consideration of need for further public qualitative feedback. Identification and agreement to any potential gaps in provision of services Agreement of consultation plan.
<b>Draft PNA Production</b>	Nov 2014	Electronic circulation of various draft PNA documents to steering group members HWB Board paper	Agreement of final draft PNA for consultation Presentation to HWB on progress and draft PNA

<b>Stage</b>	<b>Dates</b>	<b>Key Actions</b>	<b>Outcomes</b>
<b>Consultation</b>	1 <sup>st</sup> Dec 2014 to 31 <sup>st</sup> Jan 2015		Distribution and (60 day) consultation on draft PNA. Feedback obtained on draft PNA Collation of responses to consultation.
<b>Final considerations</b>	Feb 2015	Fourth steering group meeting	Analysis of consultation responses. Agreement on Final PNA
<b>HWB approval</b>	March 2015	Health and Wellbeing Board report	Approval and sign-off by HWB Board of Final PNA. Obtain HWB approval and resource allocation for ongoing review / update PNA
<b>Publish Final PNA</b>	March 2015	Circulate final PNA and host on HWB / Council website	HWB PNA now 'live' and used by NHS England to consider 'Control of Entry' applications

## Appendix G: Consultation plan and list of stakeholders

PNA Engagement and Consultation Plan								
Stakeholder		Engagement during PNA production			Draft PNA consultation			
	Role	PNA Briefing letter sent (Y/N)	Steering group representation (Y/N)	Questionnaire (Pharmacy contractor/ Service User/ Commissioner)	Briefing letter sent (Y/N)	Draft PNA summary and link to full document sent (Y/N)	Meeting / workshop attendance	Other
<b>Consultees as required by Pharmaceutical regulations, 2103, Part 2 (8)</b>	HWB Area LPC	Y	Y	User Questionnaire	Y	Y	Will be completed after consultation	
	HWB Area LMC	Y	Y	User Questionnaire	Y	Y		
	All Pharmacy contractors in Enfield	Y	N	User Questionnaire Pharmacy Questionnaire	Y	Y		
	Pharmacy commissioner CCG	N	N	Commissioner's Questionnaire	Y	Y		
	Dispensing appliance contractor	N	N	Commissioner's Questionnaire	Y	Y		
	LA participation groups and forum	N	N	User Questionnaire	Y	Y		

PNA Engagement and Consultation Plan								
Stakeholder		Engagement during PNA production			Draft PNA consultation			
Role	PNA Briefing letter sent (Y/N)	Steering group representation (Y/N)	Questionnaire (Pharmacy contractor/ Service User/ Commissioner)	Briefing letter sent (Y/N)	Draft PNA summary and link to full document sent (Y/N)	Meeting / workshop attendance	Other	
Various relevant focus groups	N	N	User Questionnaire	Y	Y	Will be completed after consultation		
Various relevant participation group	N	N	User Questionnaire	Y	Y			
Various relevant forum	N	N	User Questionnaire	Y	Y			
GP Surgeries	Y	N	User Questionnaire	Y	Y			
Enfield Local Healthwatch	Y	Y	User Questionnaire	Y	Y			
Voluntary Community groups	N	N	User Questionnaire	Y	Y			
Physical Disability residential homes	N	N	User Questionnaire	Y	Y			
Older people's residential homes	N	N	User Questionnaire	Y	Y			
Various relevant patient groups	Y	Y	User Questionnaire	Y	Y			
Enfield Voluntary Action (EVA)	N	Y	User Questionnaire	Y	Y			



PNA Engagement and Consultation Plan								
Stakeholder		Engagement during PNA production			Draft PNA consultation			
	Role	PNA Briefing letter sent (Y/N)	Steering group representation (Y/N)	Questionnaire (Pharmacy contractor/ Service User/ Commissioner)	Briefing letter sent (Y/N)	Draft PNA summary and link to full document sent (Y/N)	Meeting / workshop attendance	Other
	Various relevant community groups	N	Y	User Questionnaire	Y	Y	Will be completed after consultation	
	Royal Free Hospital NHS Trust (Chase Farm Hospital)	N	N	None	Y	Y		
	North Middlesex University Hospital	N	N	None	Y	Y		
	NHS England Area Team	Y	Y	Commissioner's Questionnaire	Y	Y		
	Hertfordshire HWB	N	N	None	Y	Y		
	Waltham Forest HWB	N	N	None	Y	Y		
	Barnet HWB	N	N	None	Y	Y		
	Haringey HWB	N	N	None	Y	Y		
	Hertfordshire LPC	N	N	None	Y	Y		
	Enfield Public	N	N	User questionnaire	Y	N	Will be completed after consultation	Enfield Staff Matters- electronic newsle

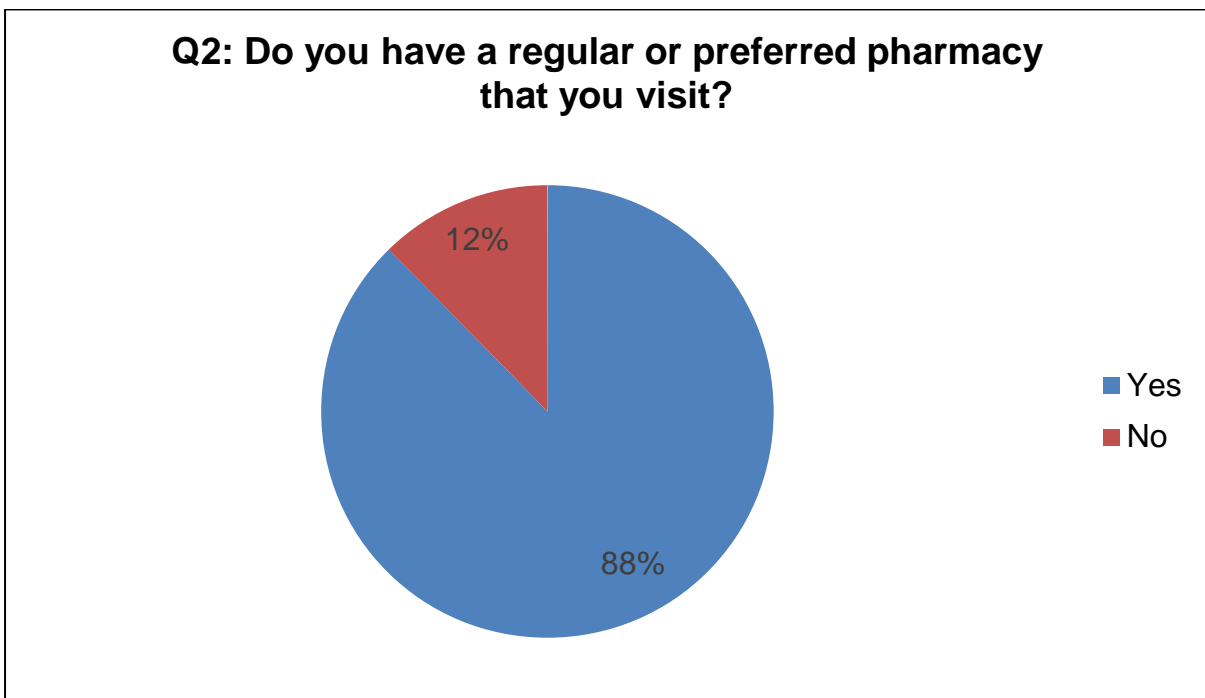
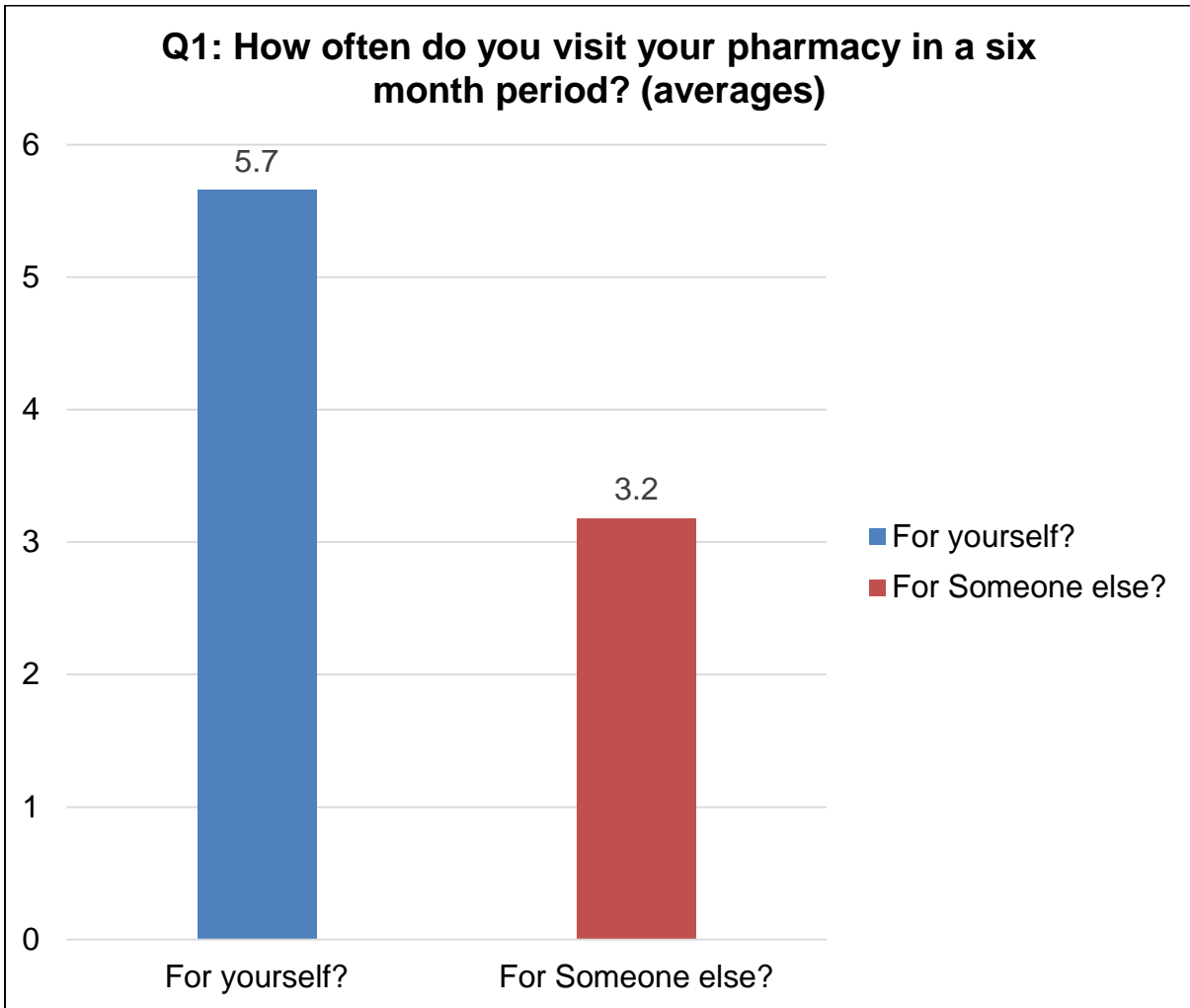
PNA Engagement and Consultation Plan								
Stakeholder		Engagement during PNA production			Draft PNA consultation			
	Role	PNA Briefing letter sent (Y/N)	Steering group representation (Y/N)	Questionnaire (Pharmacy contractor/ Service User/ Commissioner)	Briefing letter sent (Y/N)	Draft PNA summary and link to full document sent (Y/N)	Meeting / workshop attendance	Other
								tter & Posters
		N	N	User questionnaire	Y	N	Will be completed after consultation	Use of Council social media accounts to promote: Twitter etc
		N	N	User questionnaire	Y	N		TV screens in entrance &

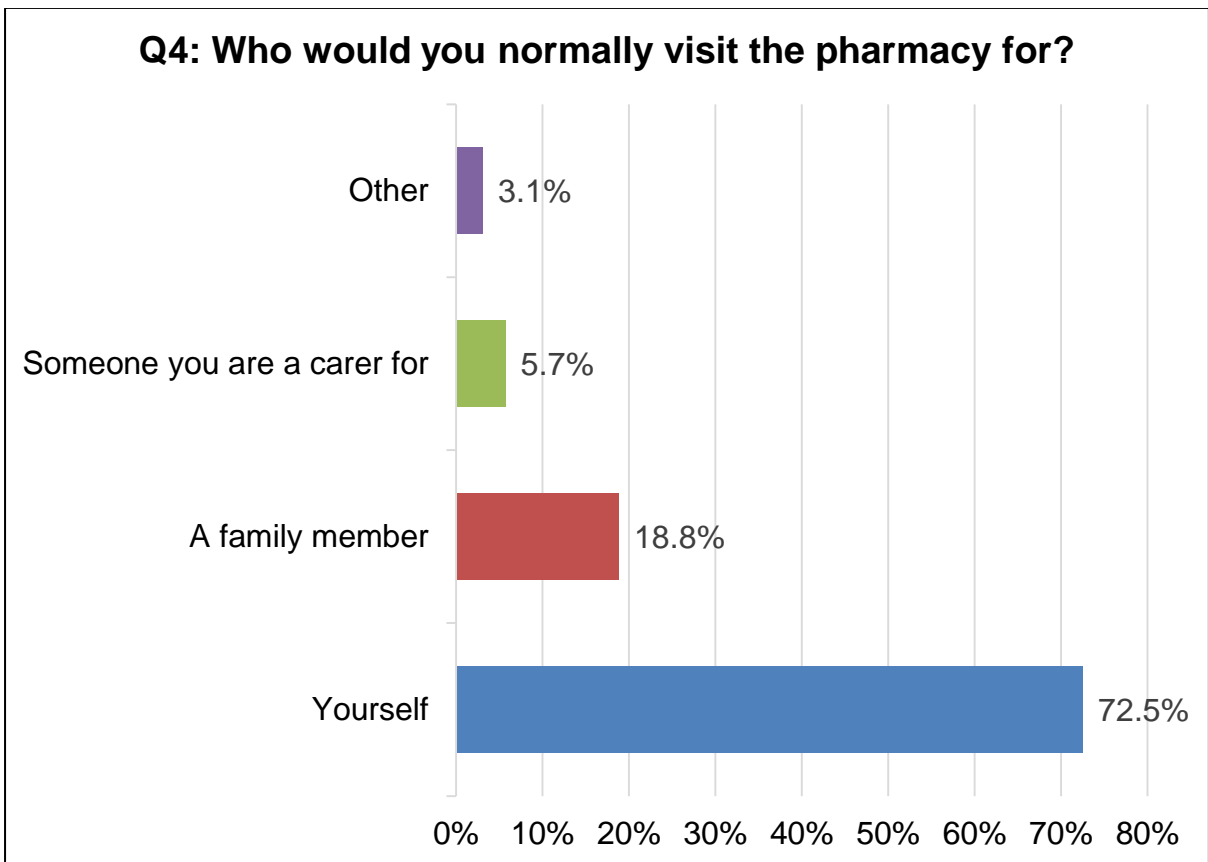
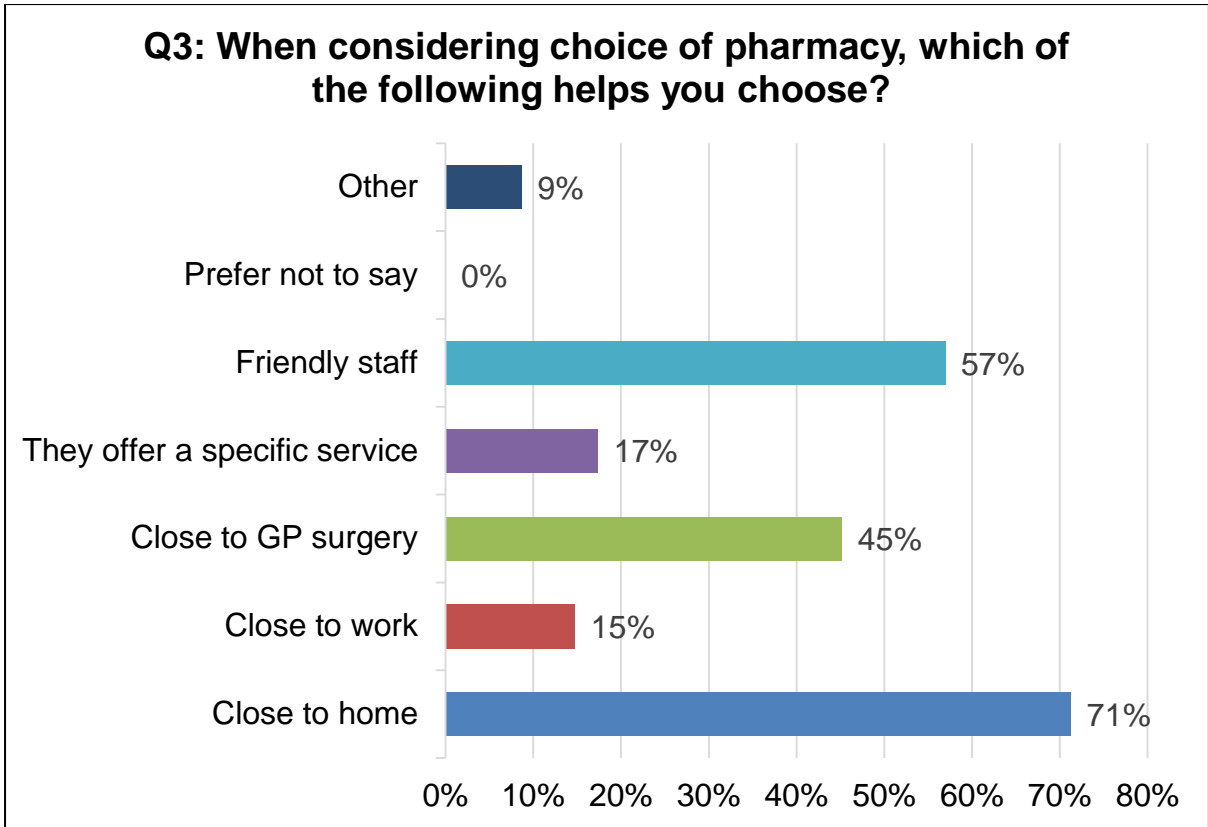
PNA Engagement and Consultation Plan								
Stakeholder		Engagement during PNA production			Draft PNA consultation			
	Role	PNA Briefing letter sent (Y/N)	Steering group representation (Y/N)	Questionnaire (Pharmacy contractor/ Service User/ Commissioner)	Briefing letter sent (Y/N)	Draft PNA summary and link to full document sent (Y/N)	Meeting / workshop attendance	Other
								posters
		N	N	User questionnaire	Y	N		Article in local news paper
<b>Other consultees</b>	Waltham Forest LPC	N	N	None	Y	N	Will be completed after consultation	
	Barnet LPC	Y	Y	None	Y	N		
	Haringey LPC	Y	Y	None	Y	N		
	Hertfordshire LMC	N	N	None	Y	N		
	Waltham Forest LMC	N	N	None	Y	N		
	Barnet LMC	N	N	None	Y	N		
	Haringey LMC	N	N	None	Y	N		
	Enfield CCG	Y	Y	Commissioner's Questionnaire	Y	N		

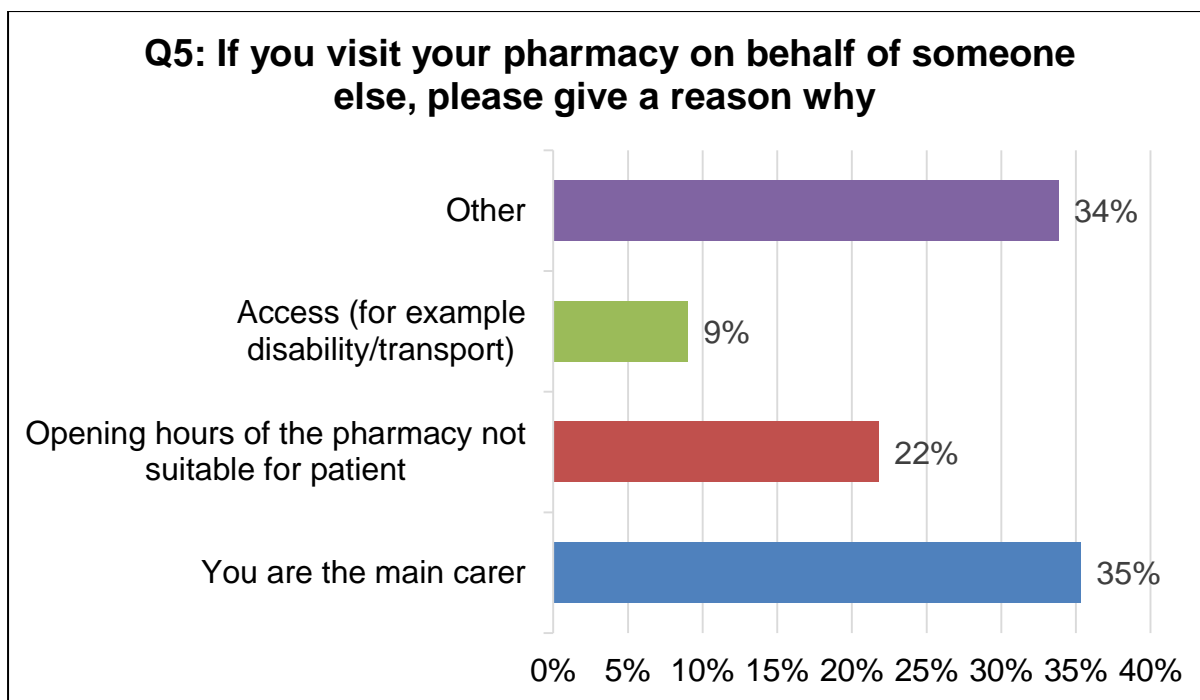
## **Appendix H: Summary of consultation responses and comments**

To be completed after the consultation on the Draft PNA

## Appendix I: Results of the patient survey

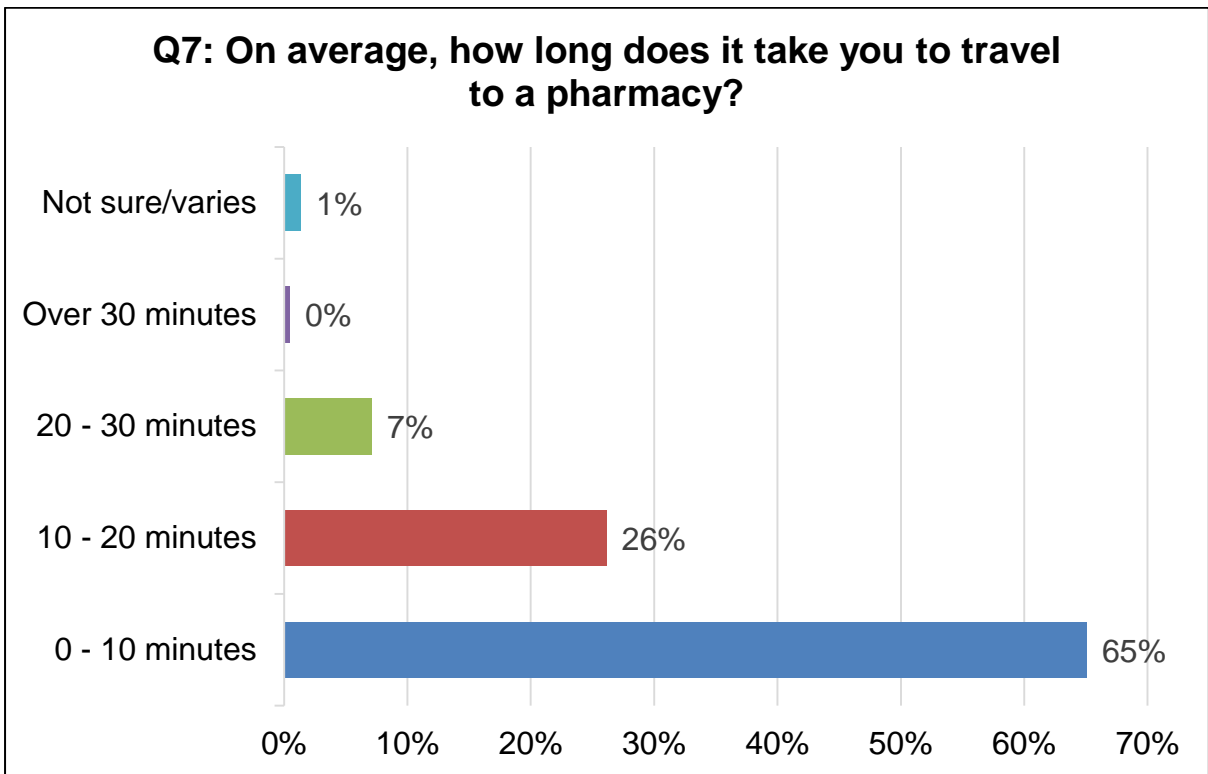
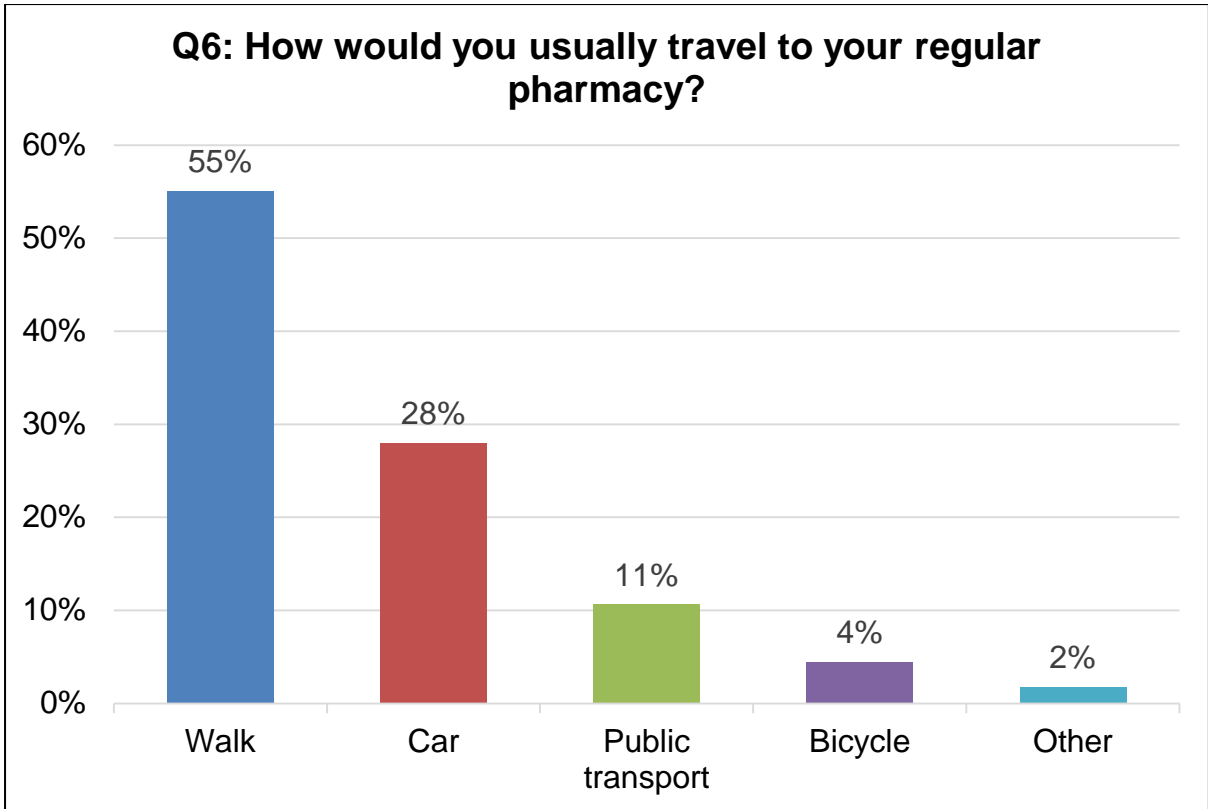




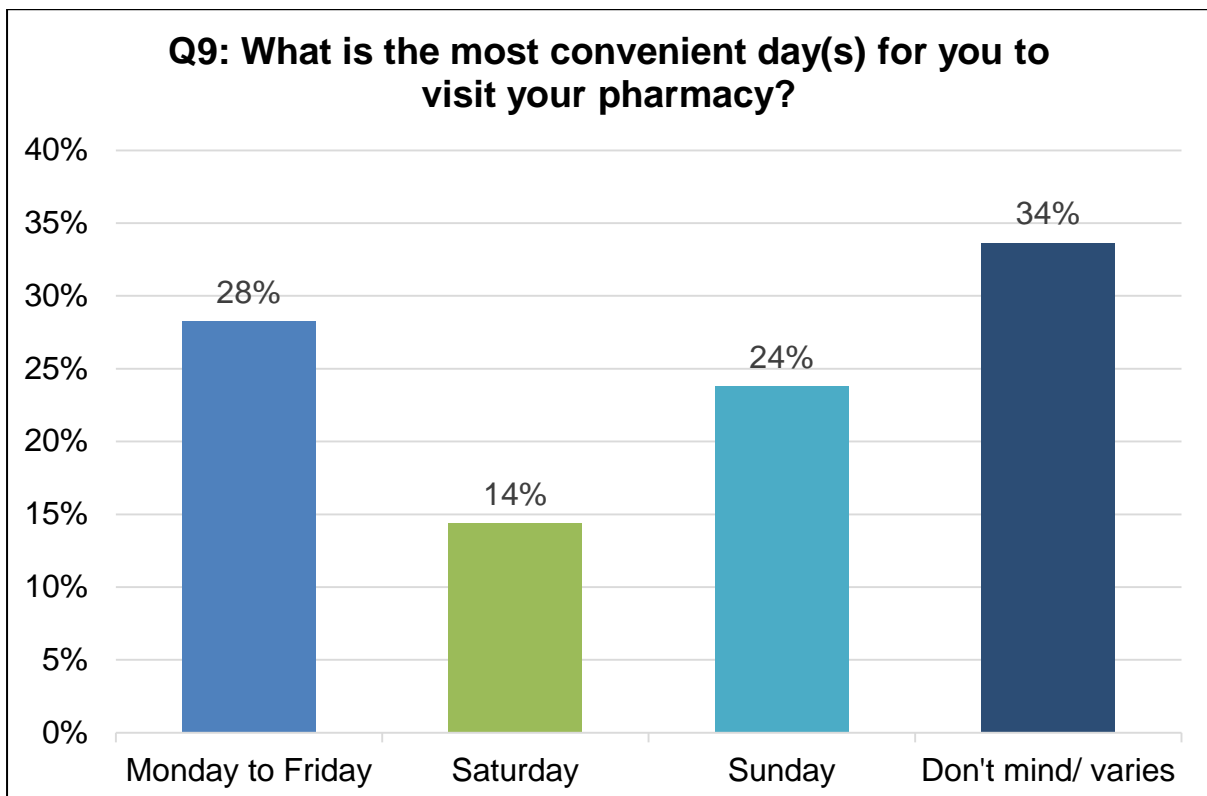
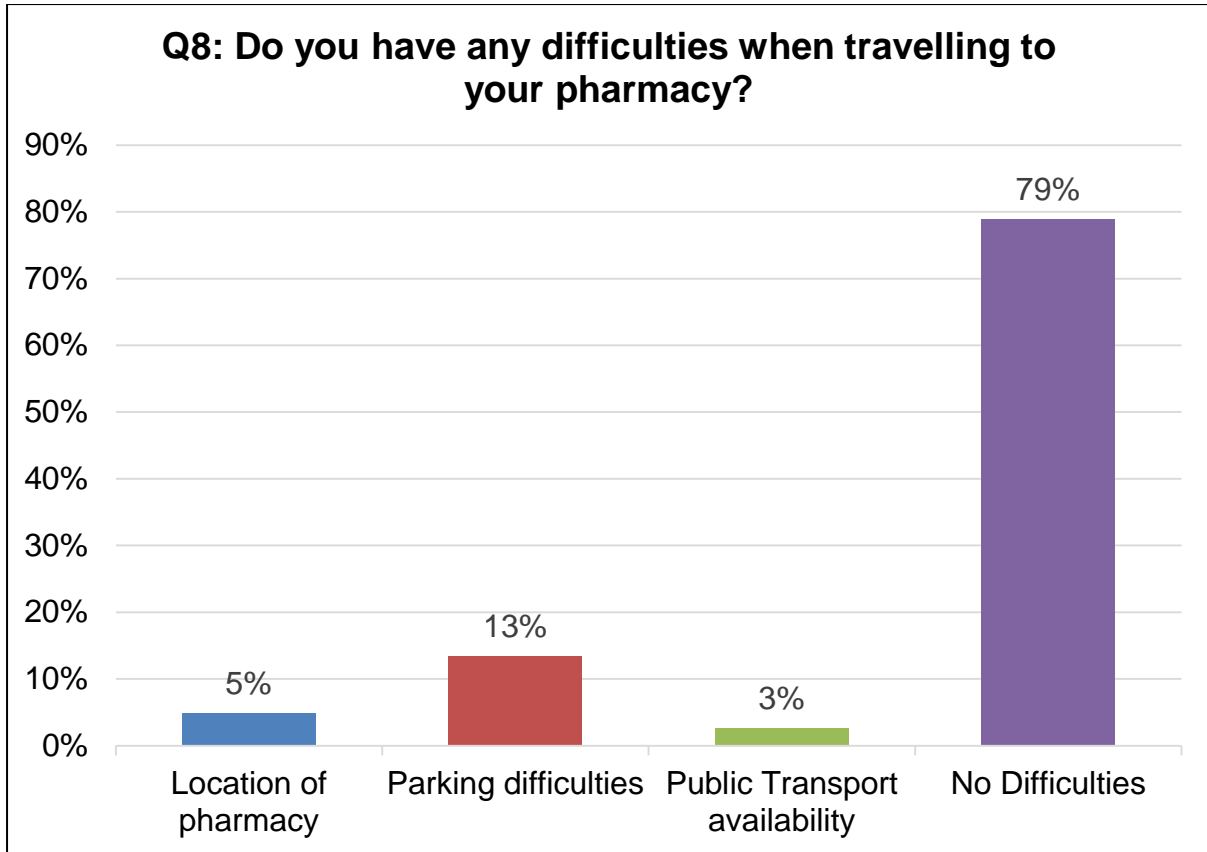


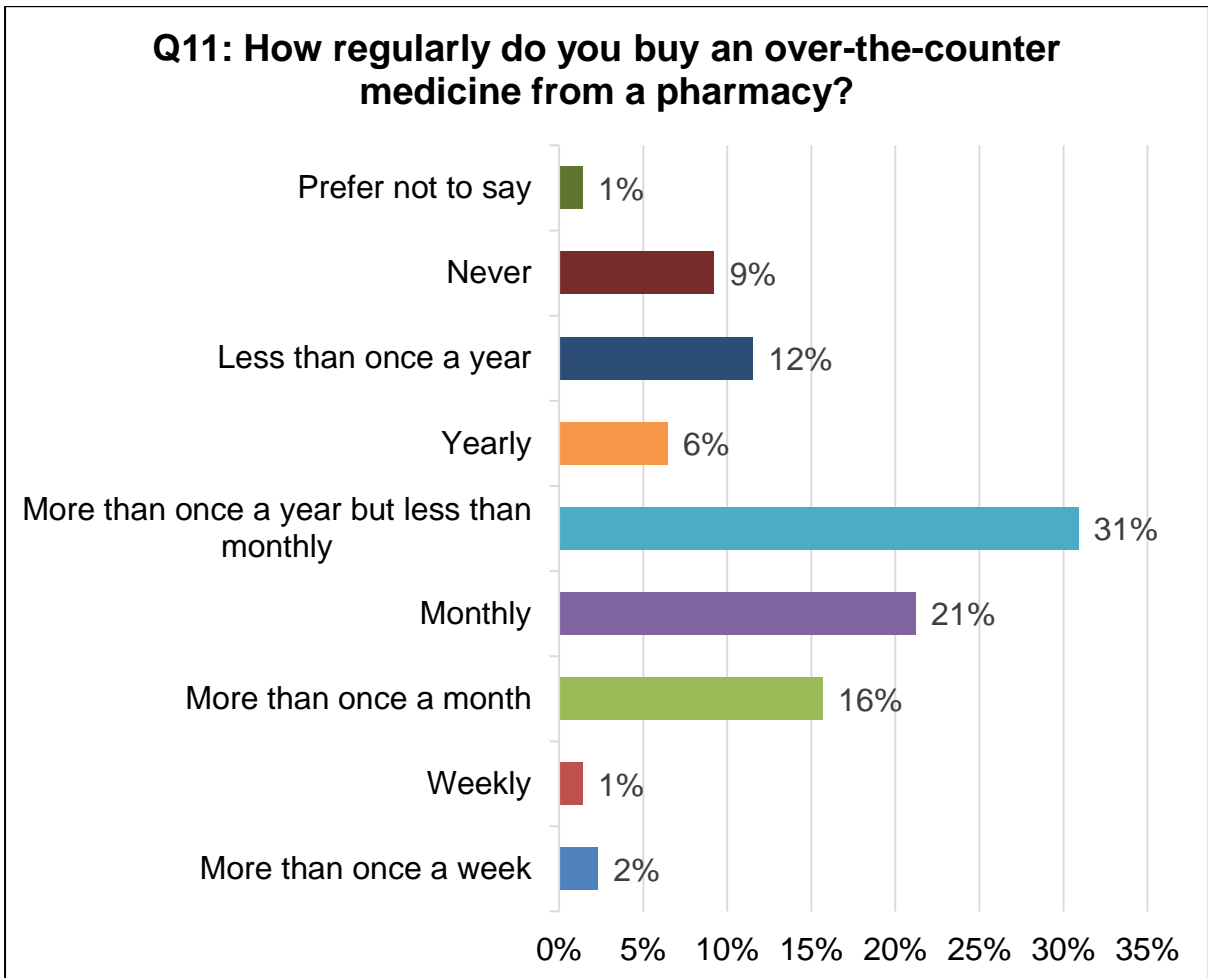
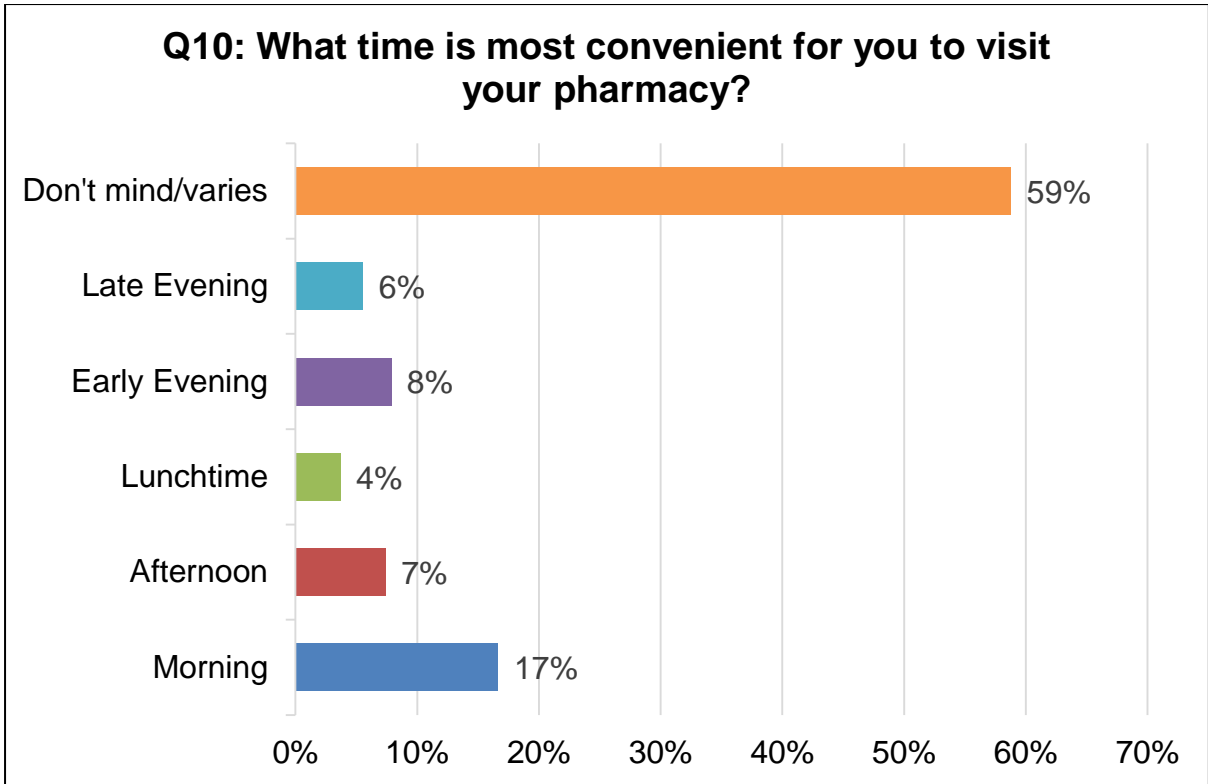
## Reasons

To be helpful	If they were unwell / ill
For my children / partner / neighbour / wife / husband	I have the time
If they are at work	Convenient to collect meds for both of us
Convenient pick up or drop in	I drive
Patient unable to get there	Electronic prescriptions
Elderly / disabled not able to come	Residents in a care home
It is a bit easier for me to stop at on way to work	Childcare arrangements
My husband still works, it's easier for me to do	Can pop in on way to work

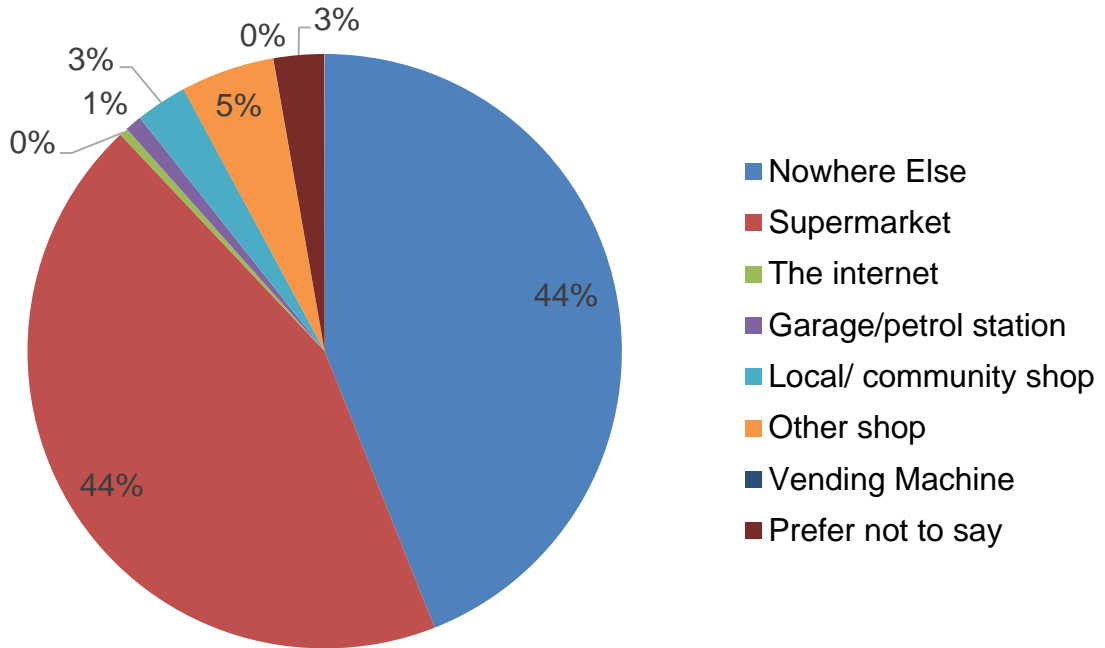




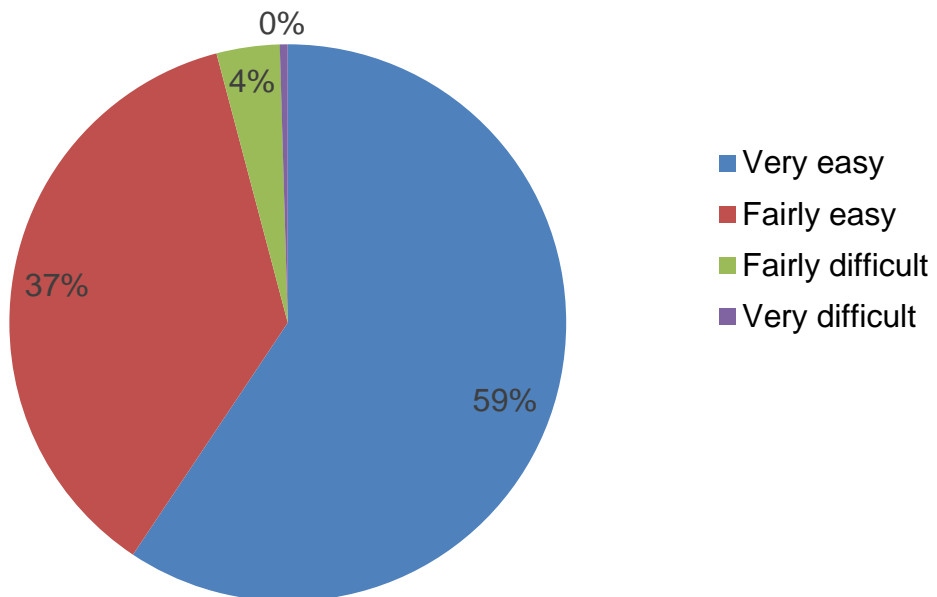


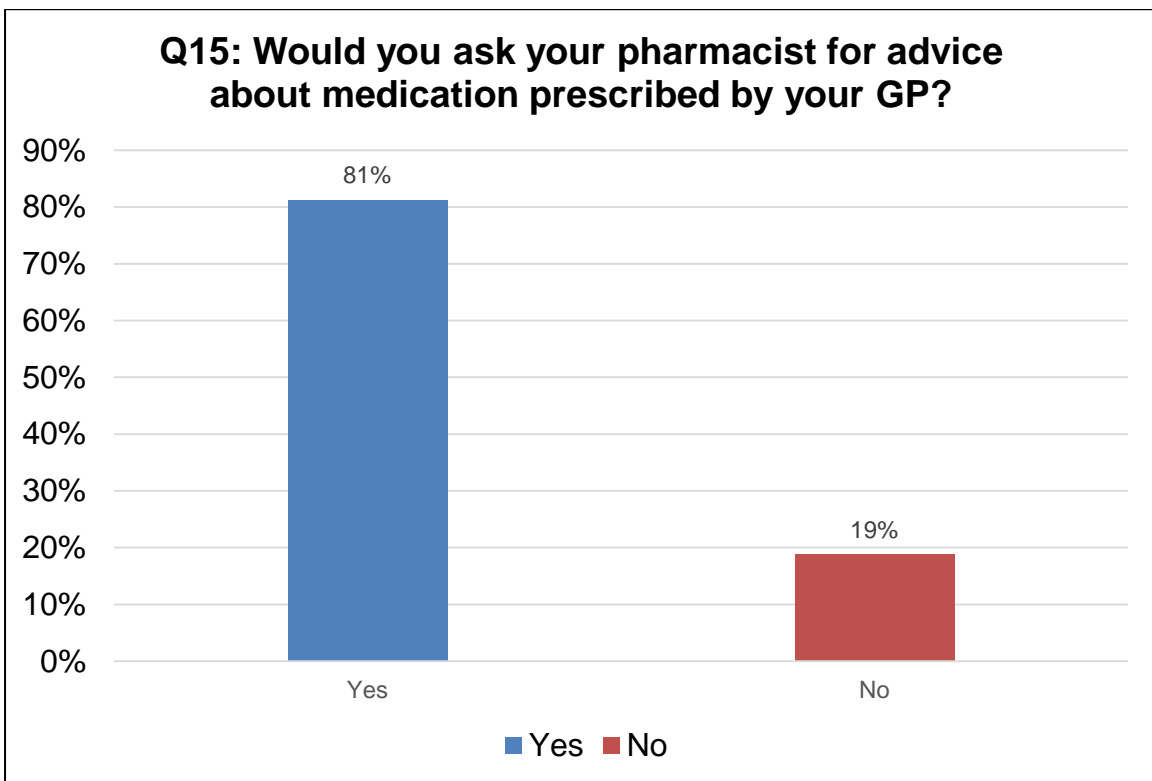
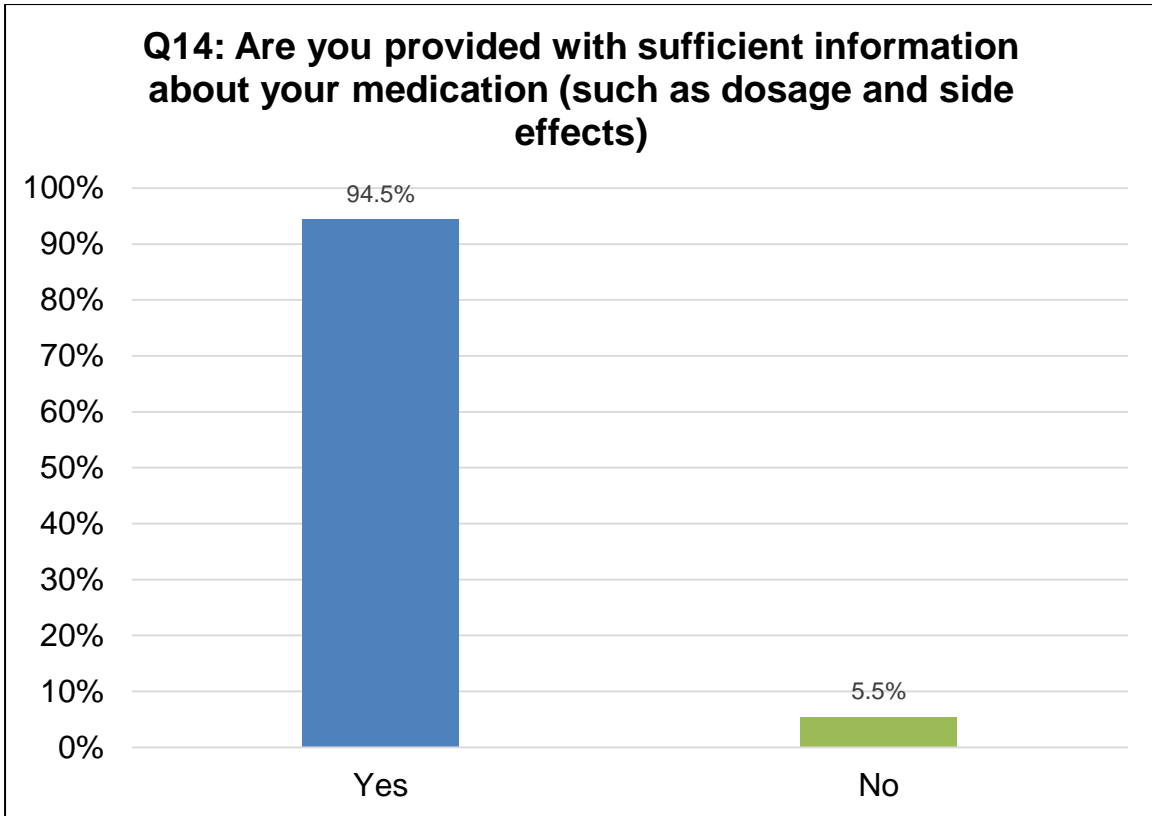


**Q12: Do you buy over-the-counter medicines anywhere else?**



**Q13: How do you rate the ease of obtaining prescription medication (for example waiting time or stock availability)?**

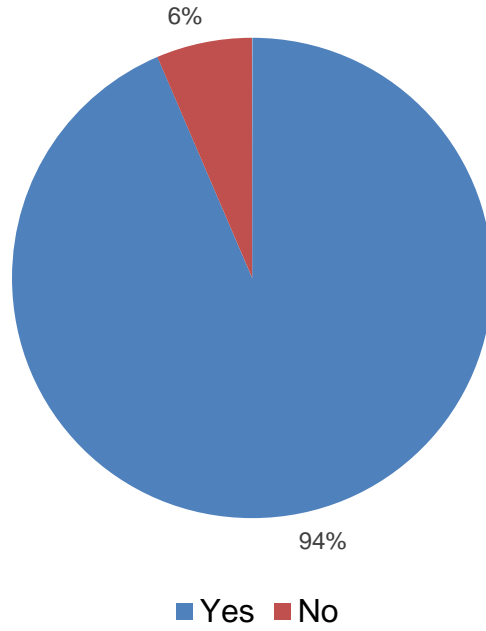




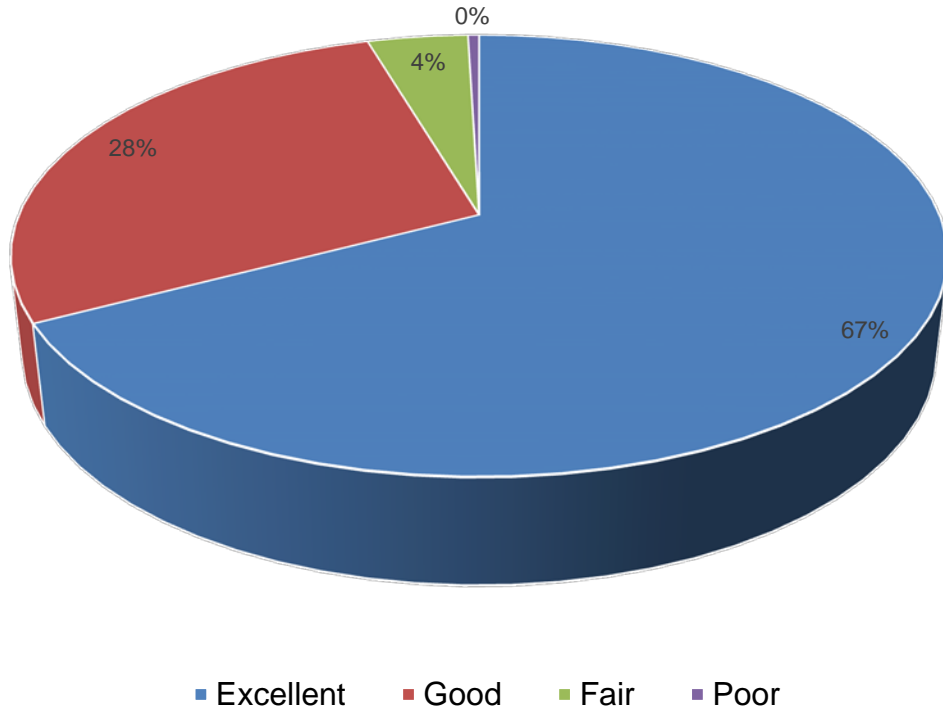
## Reasons

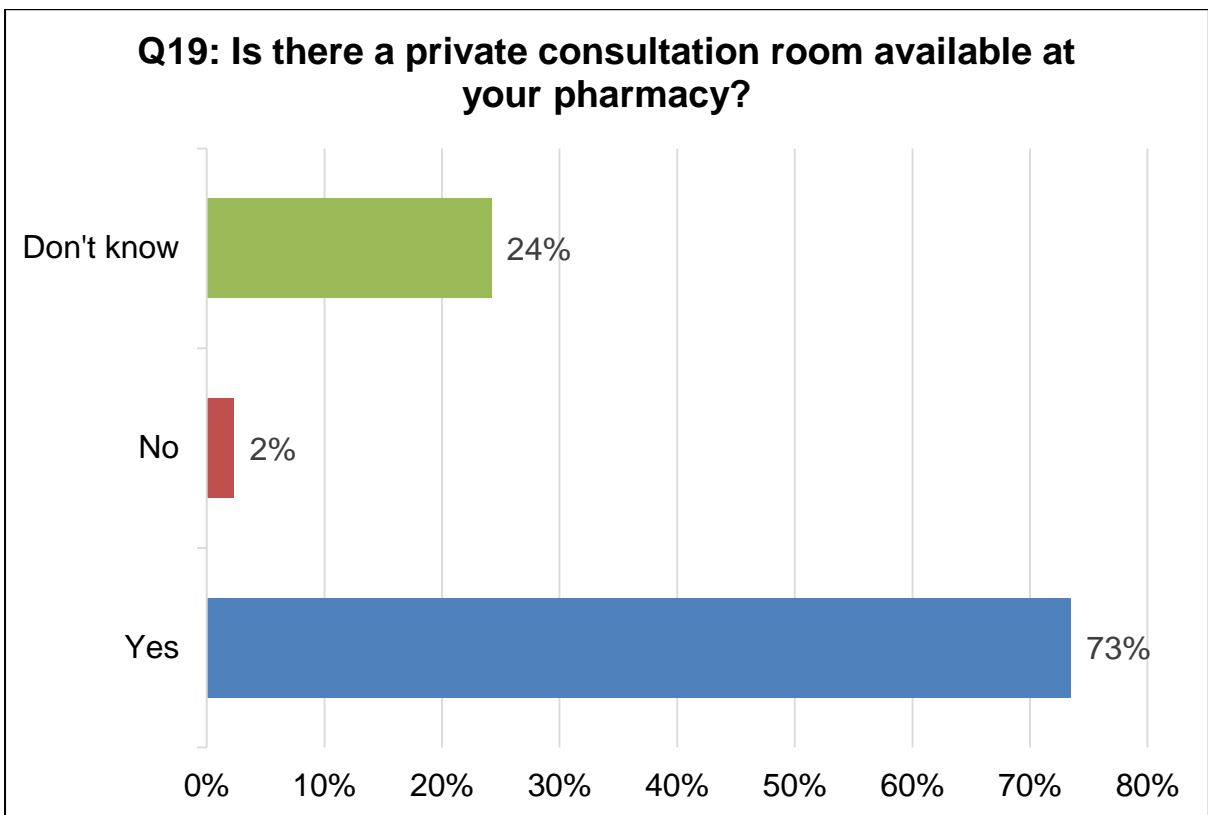
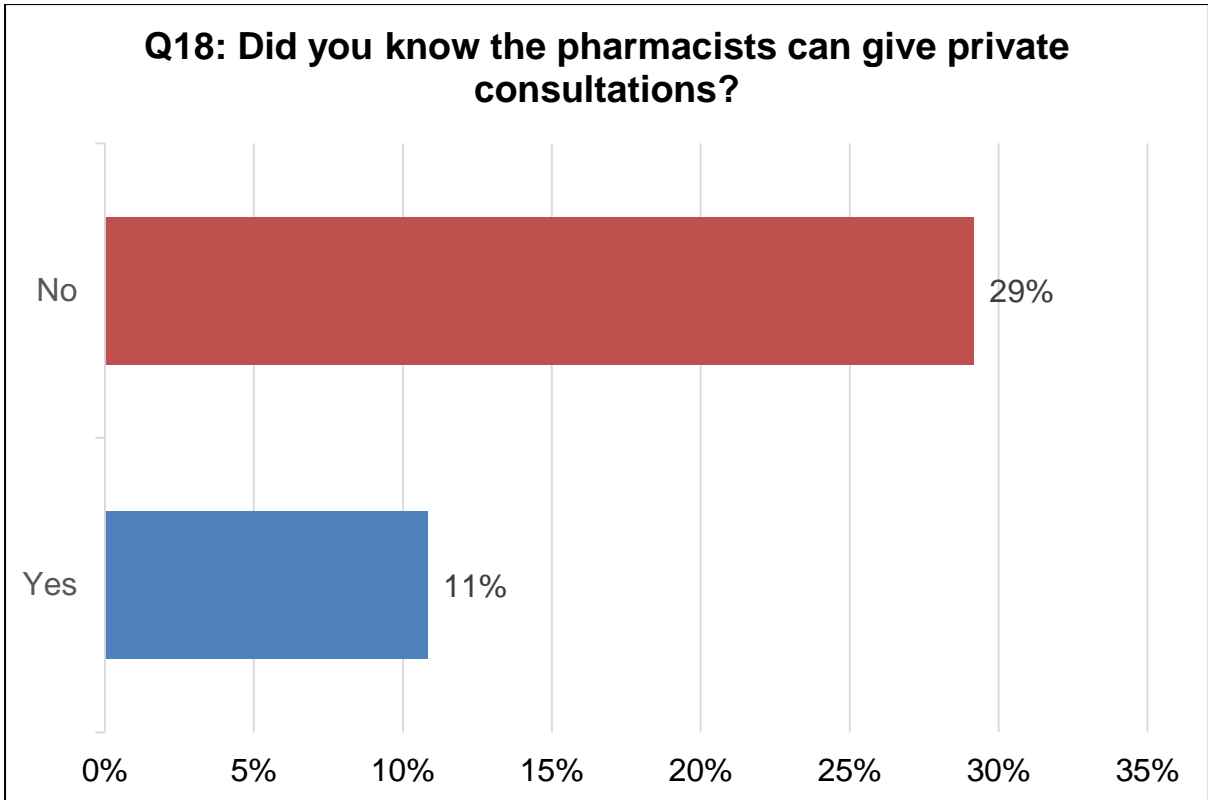
I usually ask about the side effects, if only taken with other over the counter medicines	What the medicine is for, its dosage and usage
Compatibility with other medication if not sure	The pharmacy and all pharmacists all seem to know their job and are very helpful if I ask a question
Usually the GP is very supportive and has knowledge on individual residents	Advice on taking new medicines, what to avoid eg alcohol etc
If prescribed a medication, the pharmacist always discusses information with me	Taking antibiotics with other medicines and advice about side effects that are not listed
Sometimes the dose would not match what I take and the pharmacist would notice and check (he always helps me)	Dossett box management
Clarification on what time of day to take the medicine, usually they explain without having to ask	Yes, in case I needed advice when the surgery is closed.
Blood pressure checking	Changes in medication and impact on other medications
Time gap between dosage, health concerns, information about medicine	About medication and other minor problems
To confirm or question doctor's instructions	Why do they give the cheap one and it does not work?
For diabetes and pain	Easier to ask Pharmacist than ringing the surgery
Time between medication if for example late three times we would confirm time gap with pharmacy	How to use an inhaler

**Q16: Do you know that your pharmacist can provide advice on general health, lifestyle and disease prevention (such as smoking or weight issues)?**



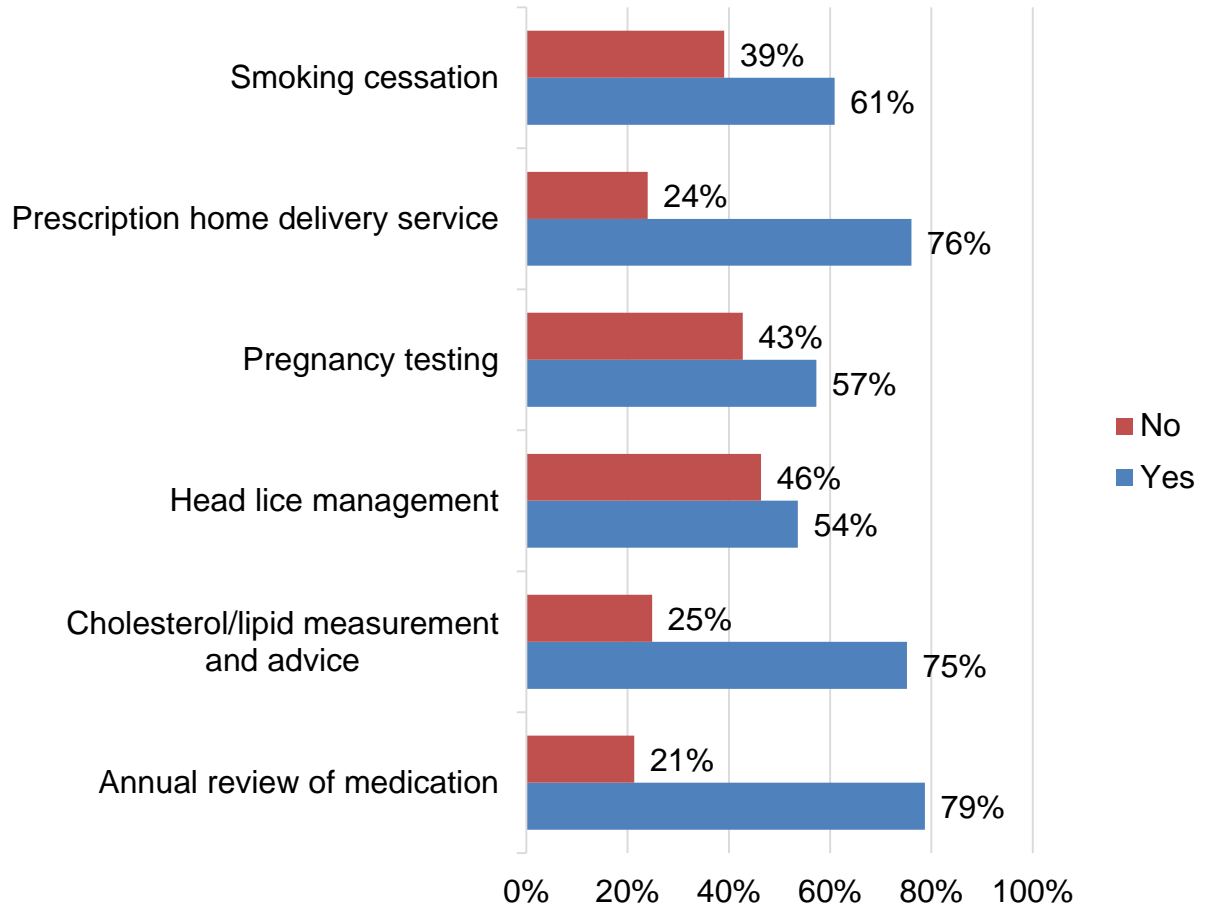
**Q17: How would you rate your confidence in the pharmacist's knowledge and advice?**

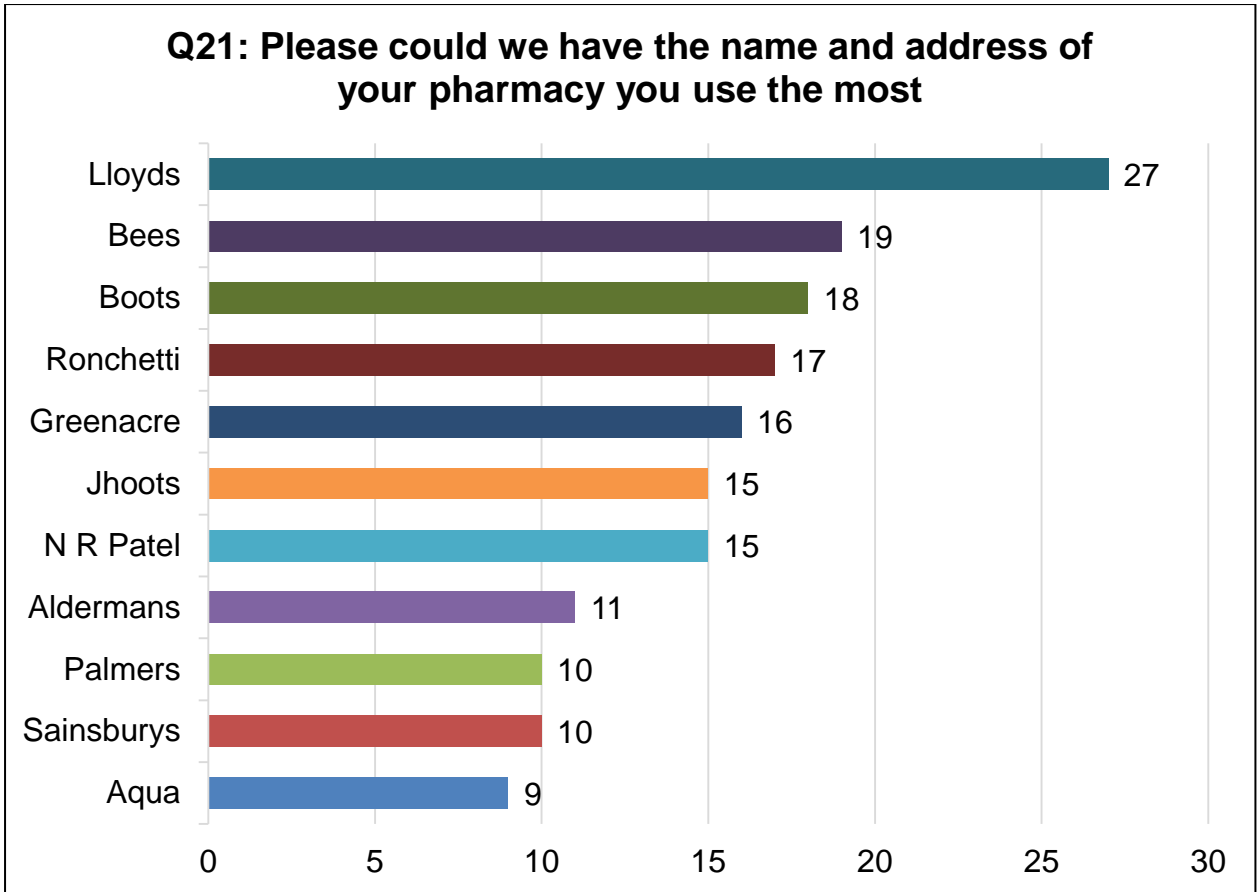




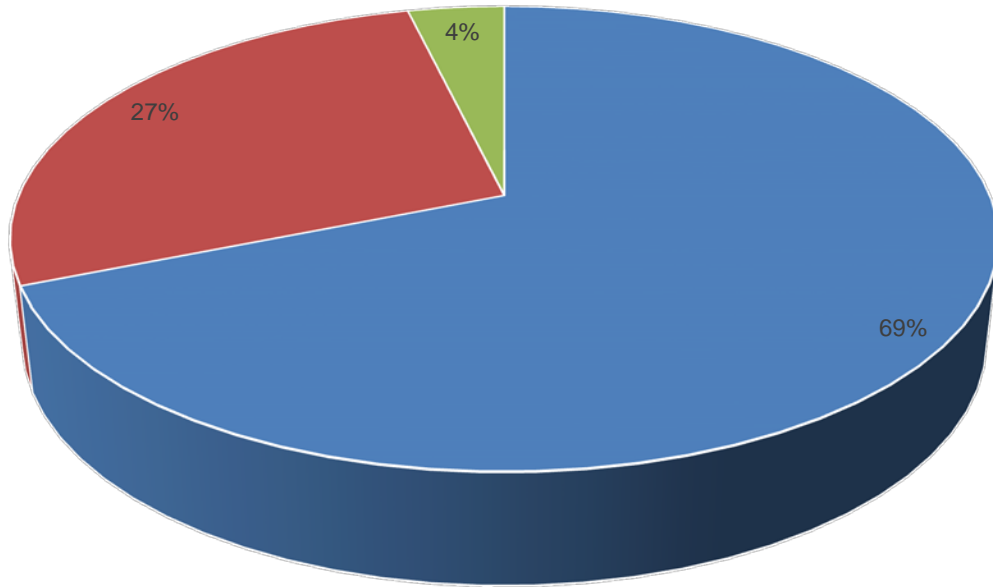


**Q20: Would you like to see any other services provided by pharmacists?**



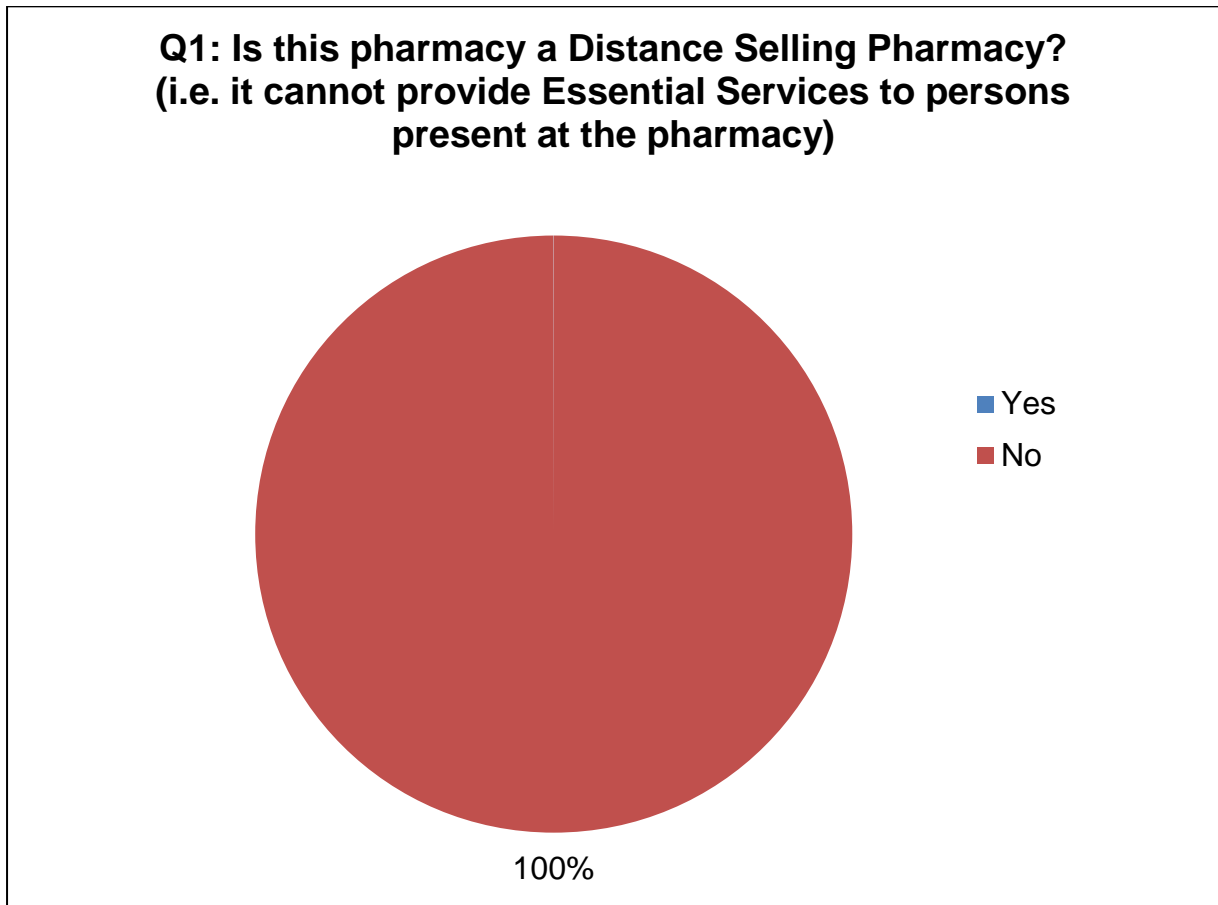


**Q22: How would you rate your overall satisfaction with this pharmacy?**



■ Excellent ■ Good ■ Fair ■ Poor

## Appendix J: Results of the pharmacy contractor survey



**Q2: Please select the times your pharmacy is open from**

	Open on or before 9am	Closed on or after 6pm
<b>Monday</b>	91%	78%
<b>Tuesday</b>	91%	78%
<b>Wednesday</b>	91%	74%
<b>Thursday</b>	91%	76%
<b>Friday</b>	91%	78%

	Yes	No	Open after 1pm
<b>Saturday</b>	80%	20%	59%

	Yes	No
<b>Sunday</b>	21%	79%

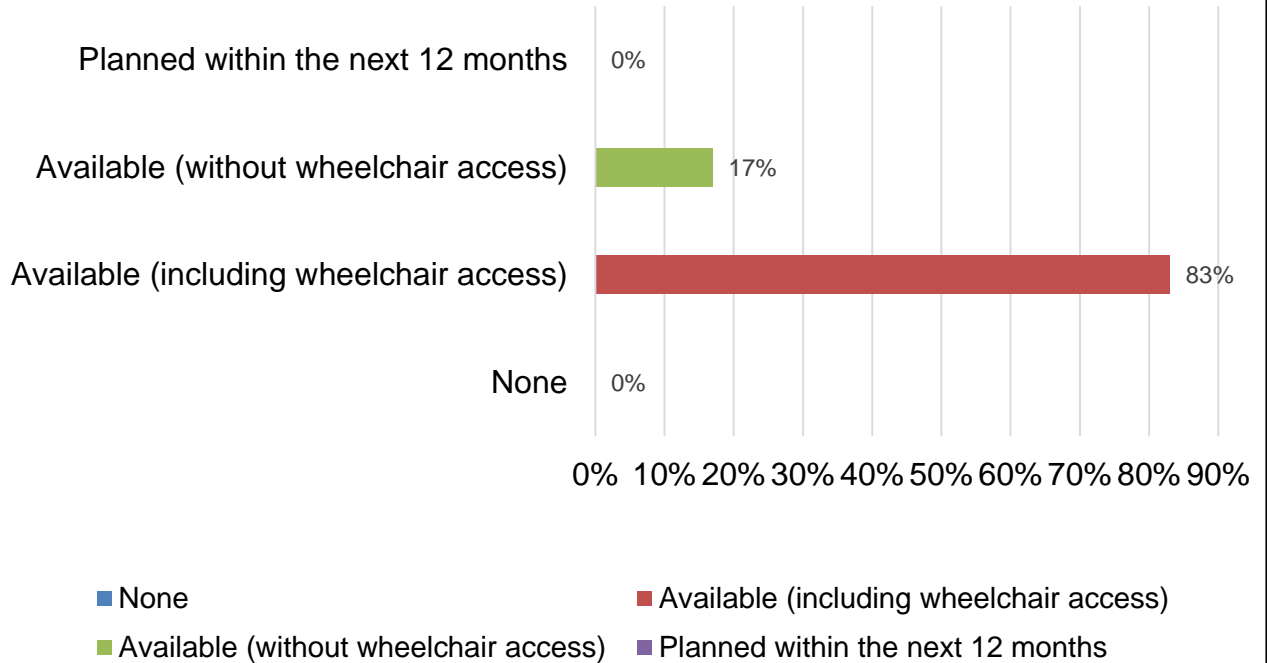
**Q3: With regard to the above opening times, what are your core contracted hours at the pharmacy?**

	Before 9am	Close After 6pm
<b>Monday</b>	96%	86%
<b>Tuesday</b>	96%	86%
<b>Wednesday</b>	96%	82%
<b>Thursday</b>	96%	86%
<b>Friday</b>	96%	86%

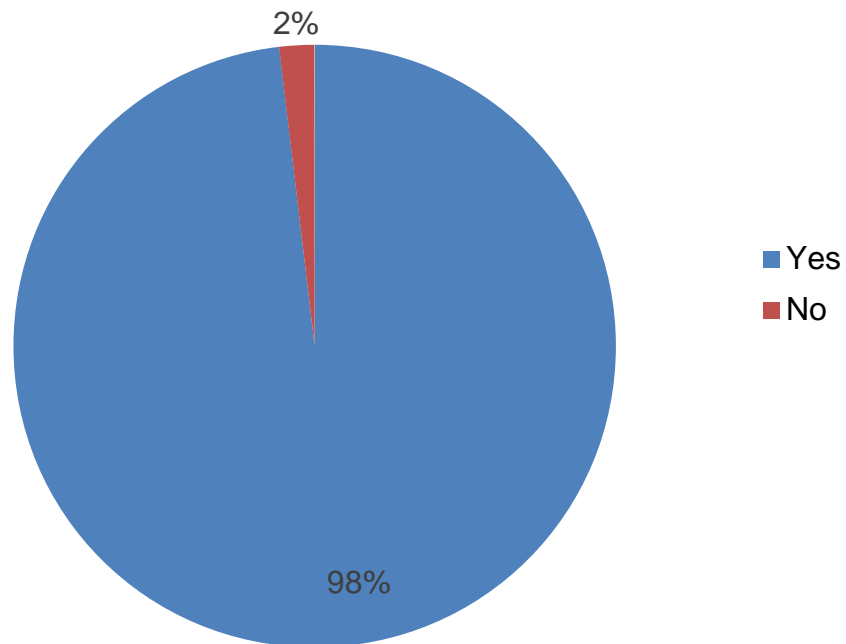
	Yes	No	Open after 1pm
<b>Saturday</b>	90%	10%	74%

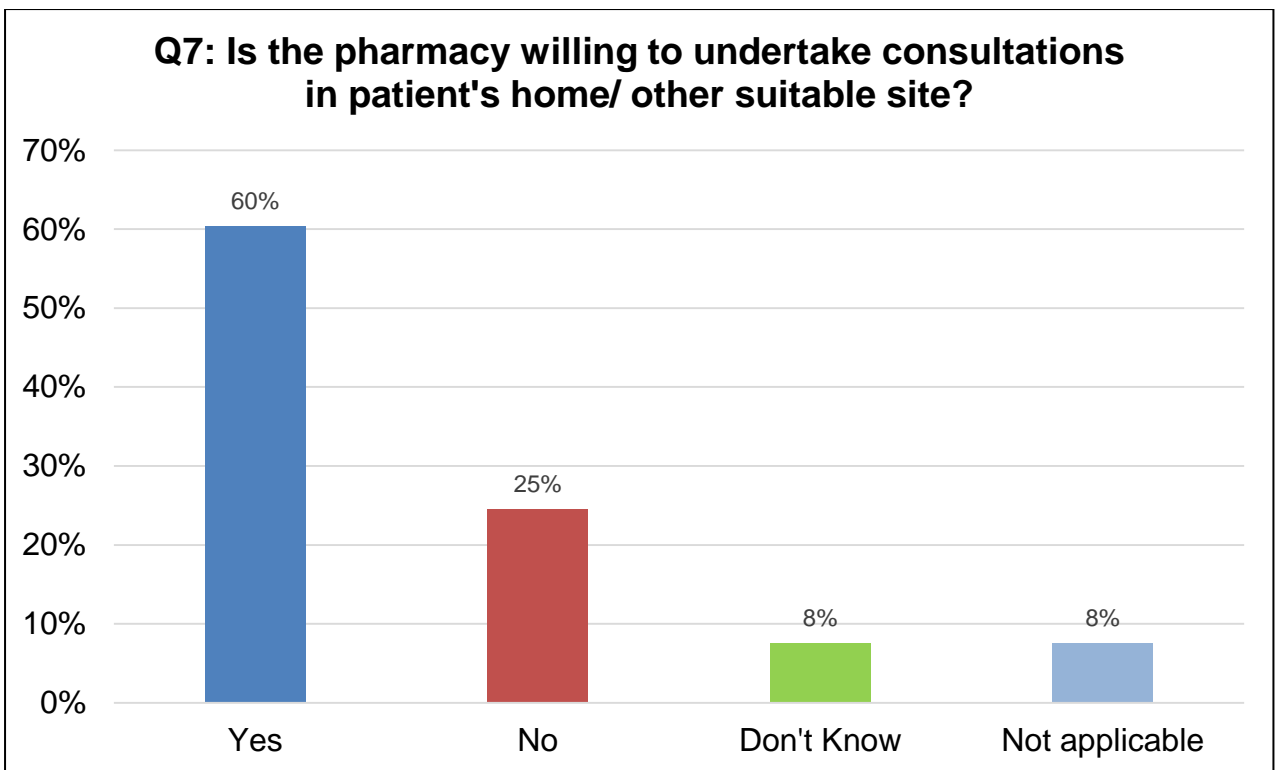
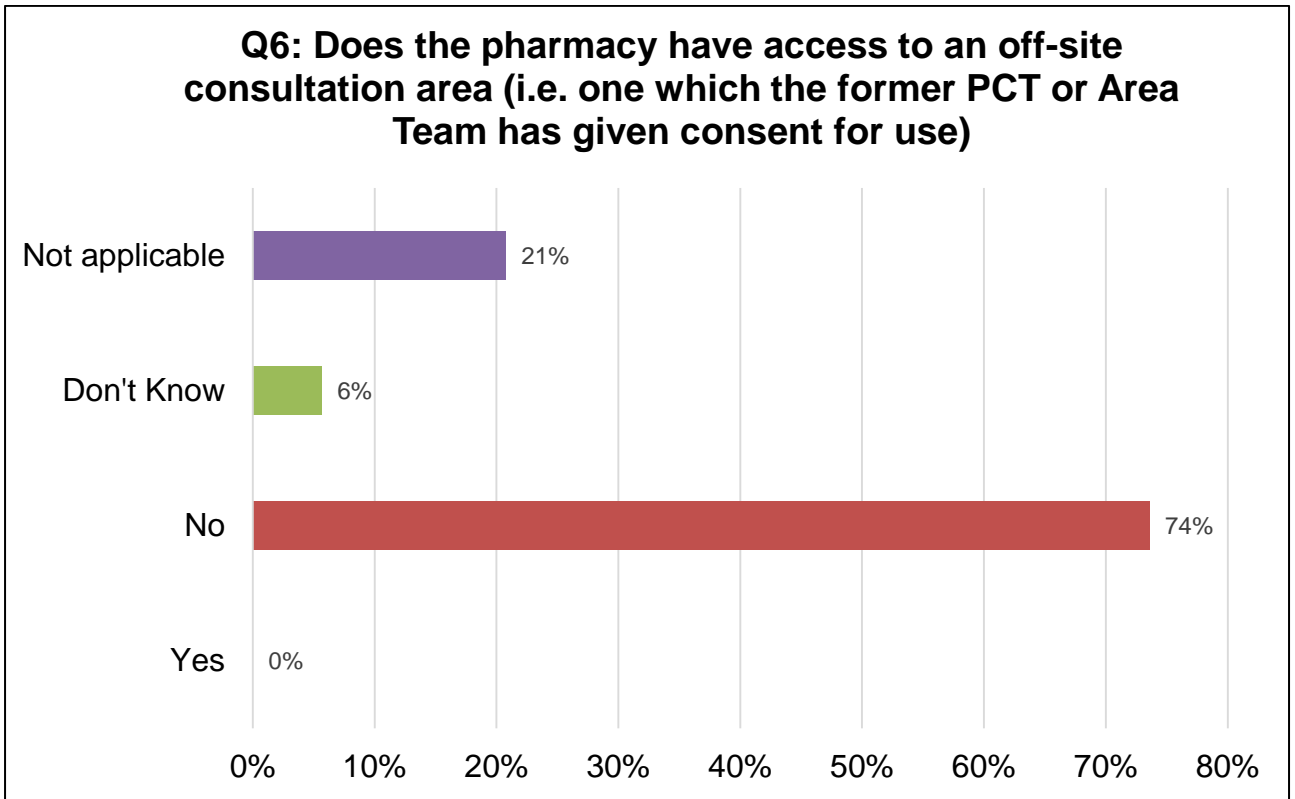
	Yes	No
<b>Sunday</b>	26%	74%

**Q4: On the premises, is there a consultation area (meeting the criteria for the Medicines Use Review service)?**



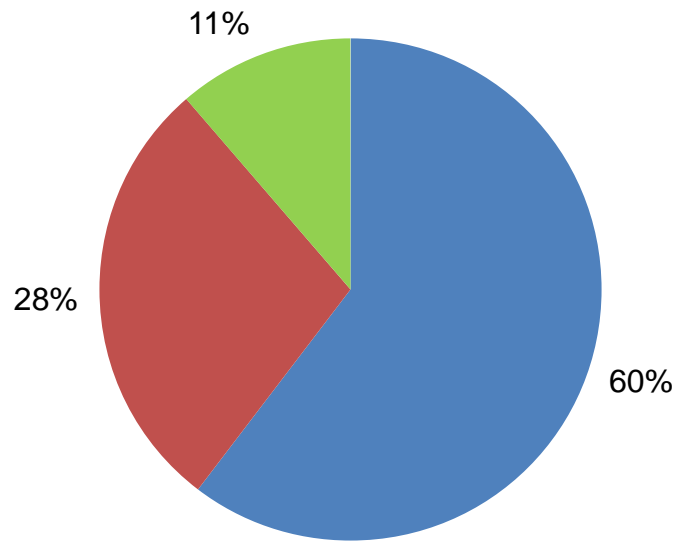
**Q5: Where there is a consultation area, is it a closed room?**





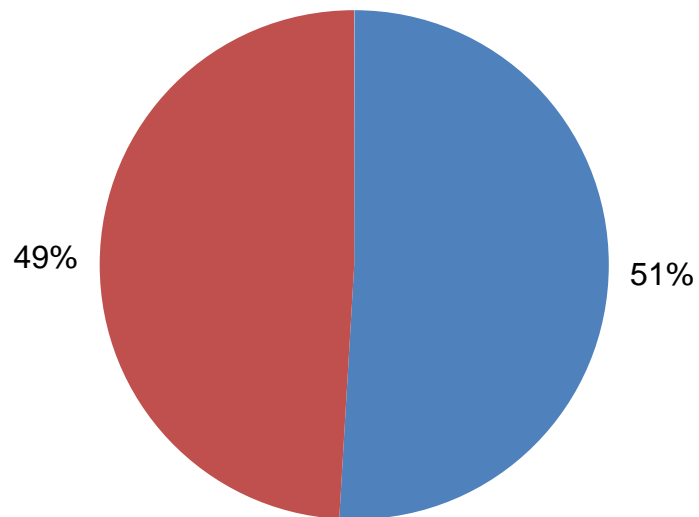


**Q8: During consultations, are there hand-washing facilities?**

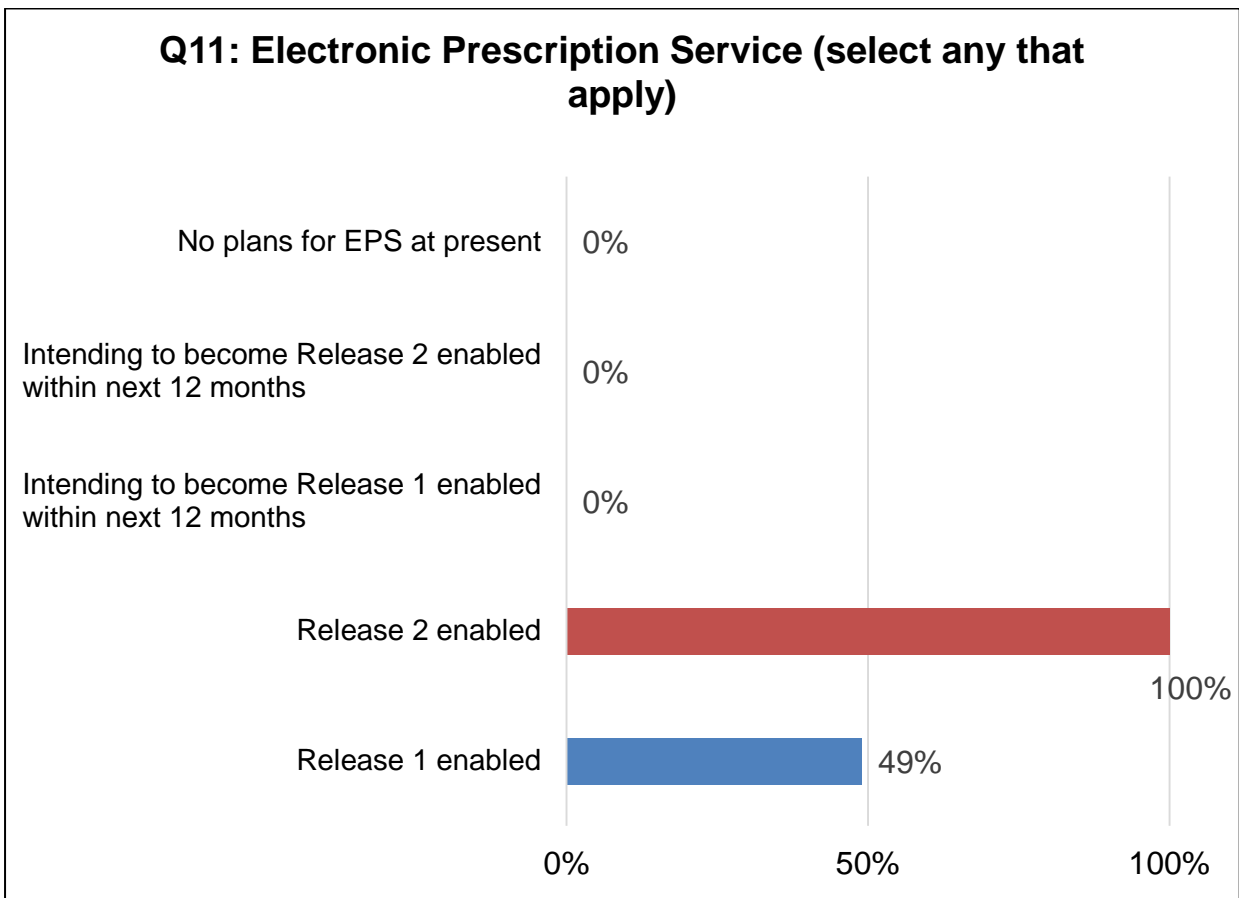
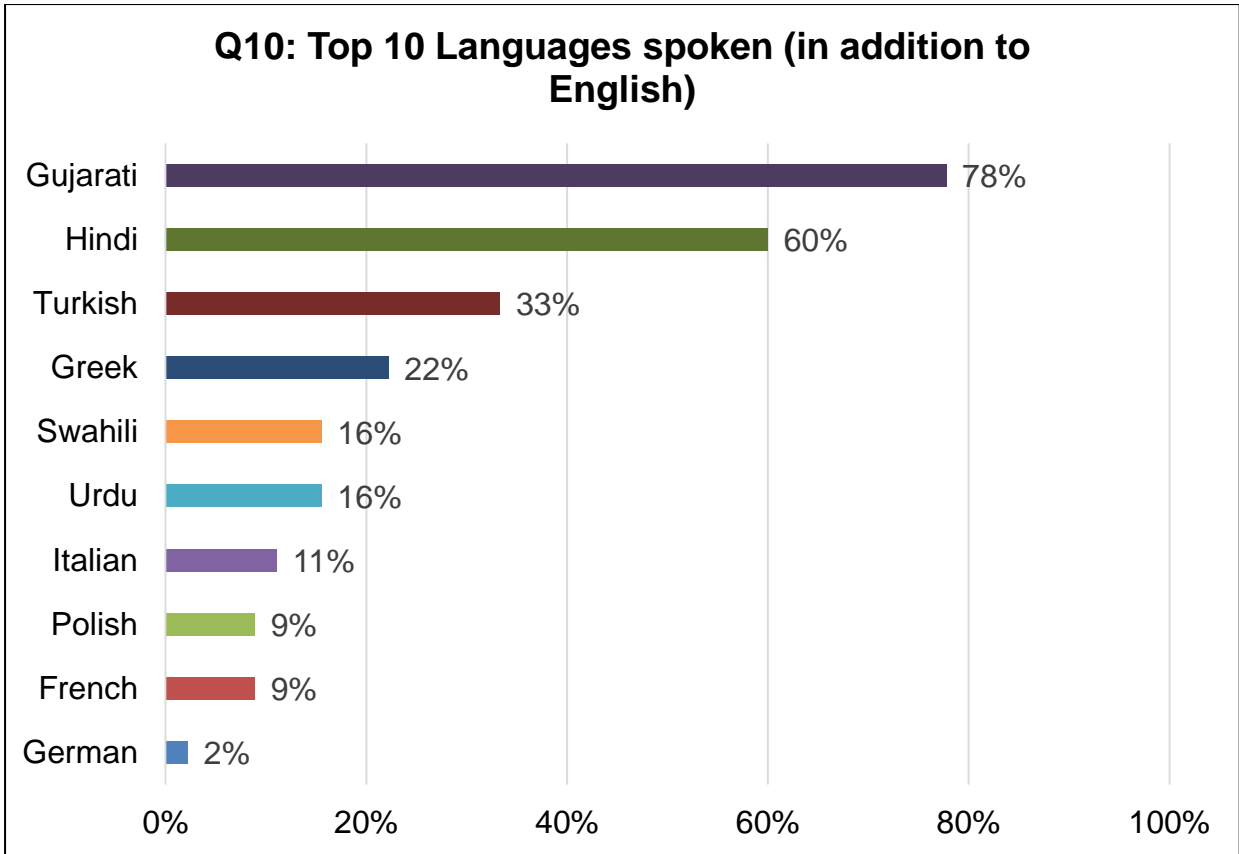


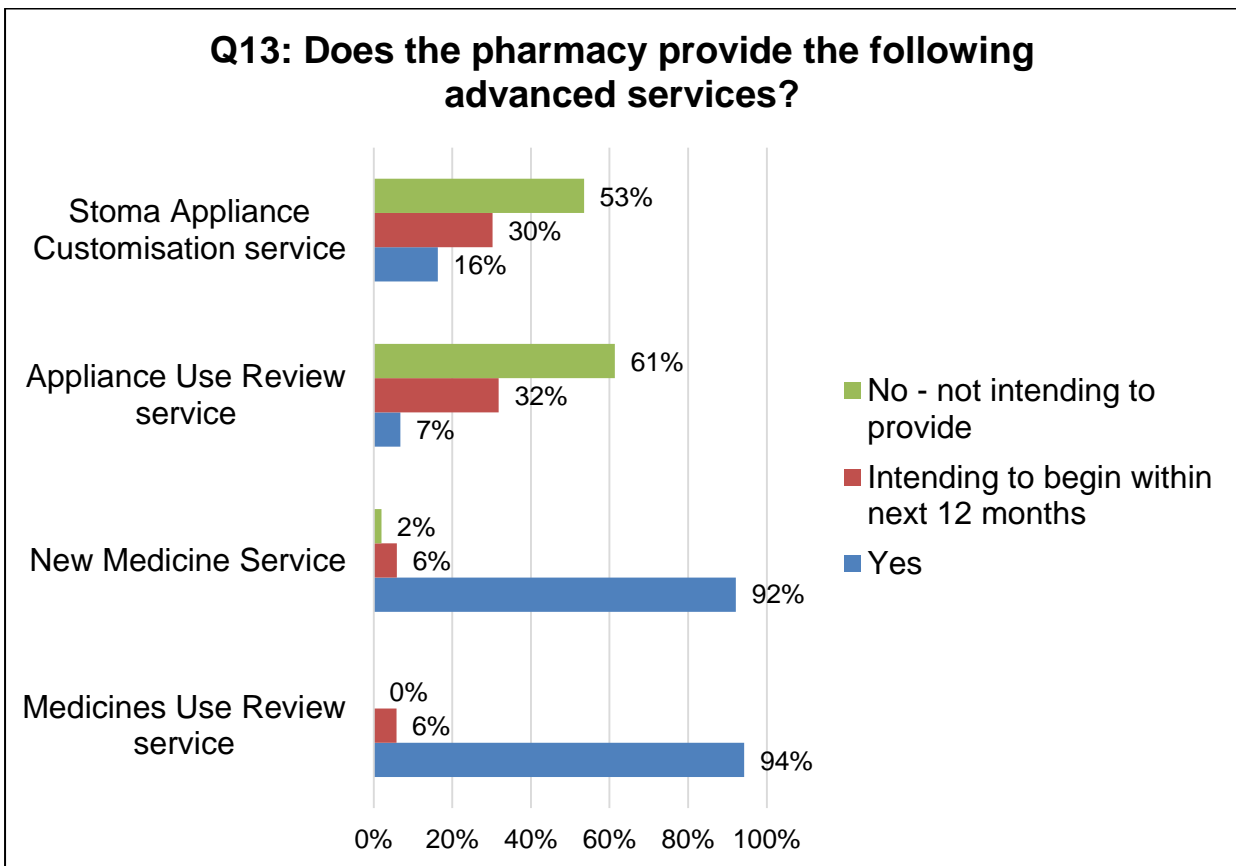
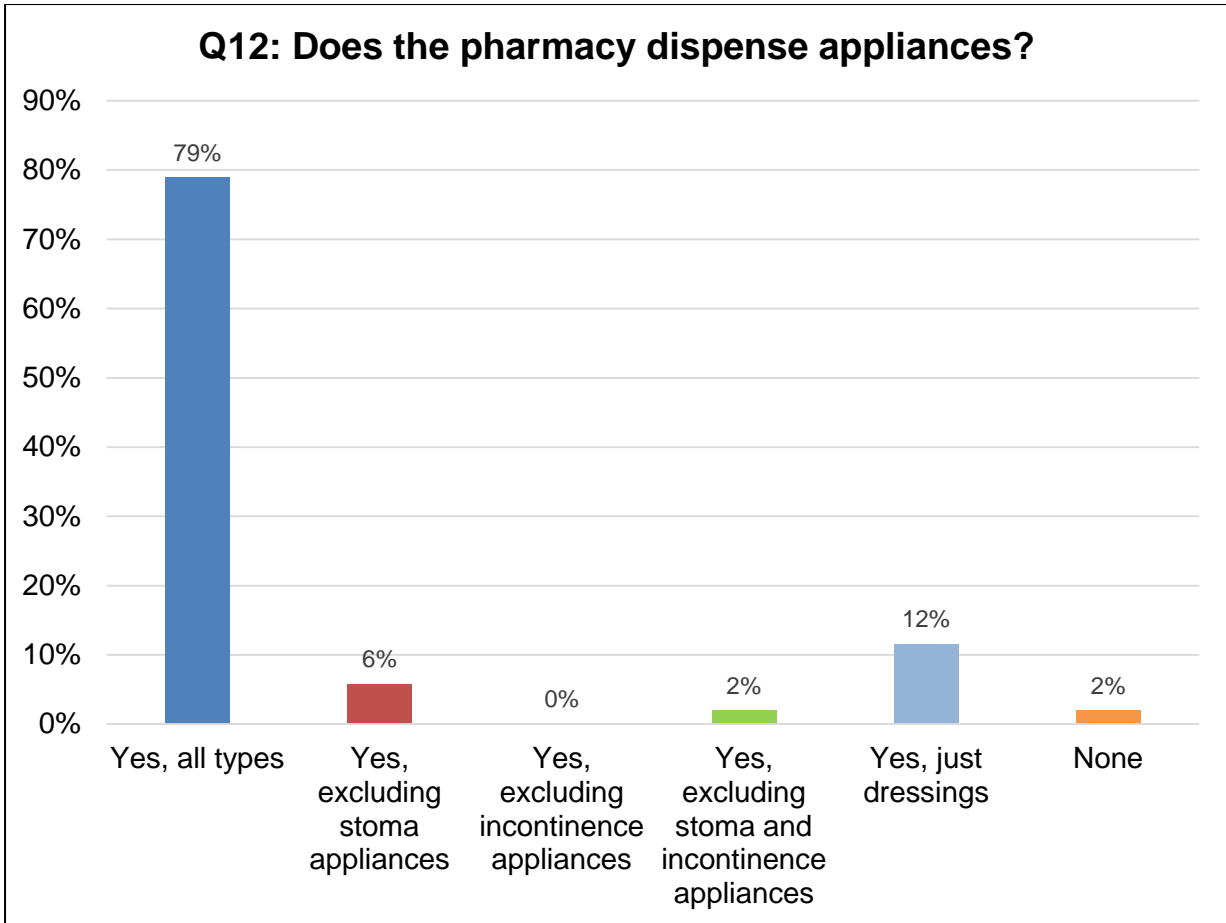
■ In the consultation area ■ Close to the consultation area ■ None

**Q9: Do patients attending consultations have access to toilet facilities?**

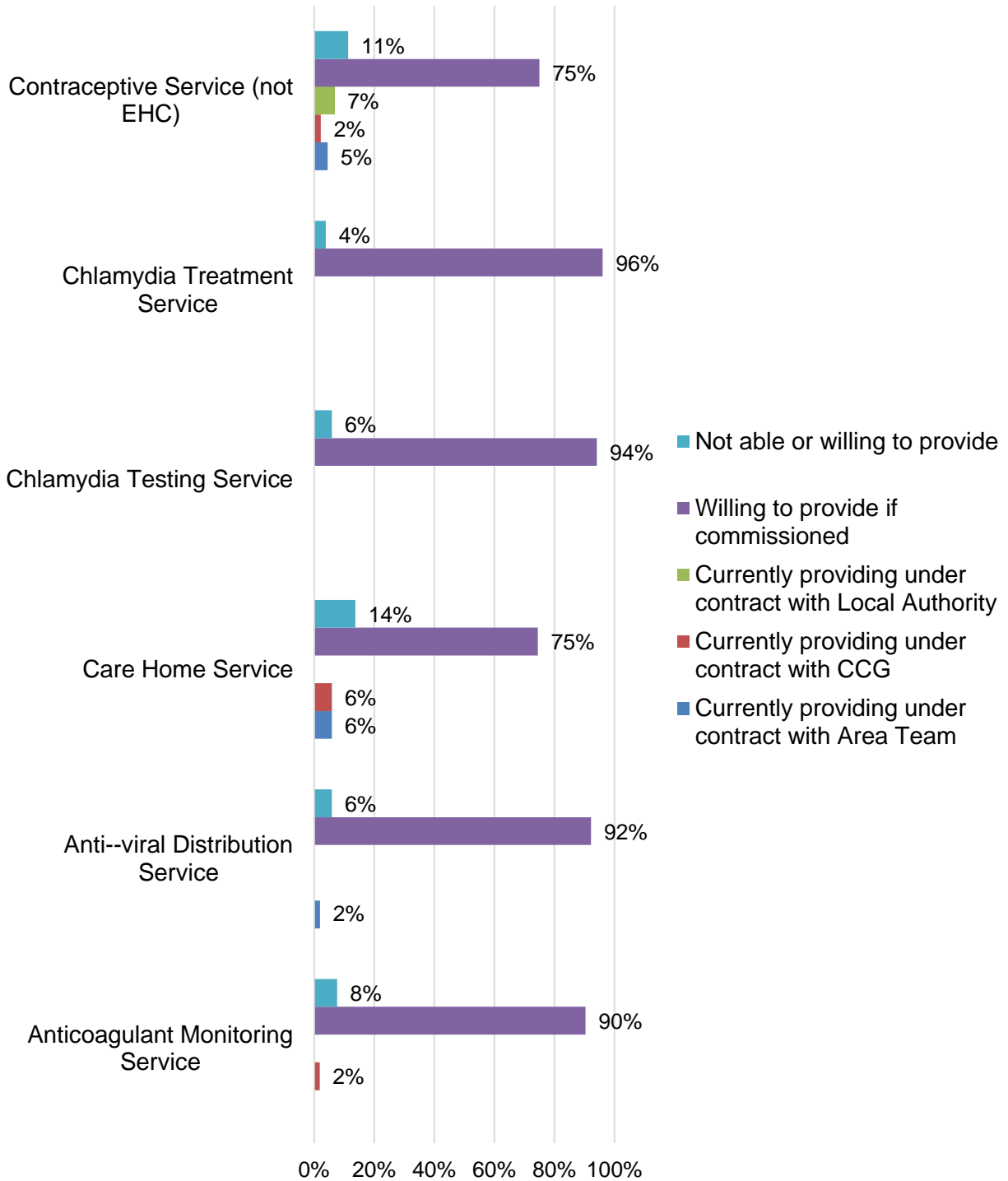


■ Yes ■ No

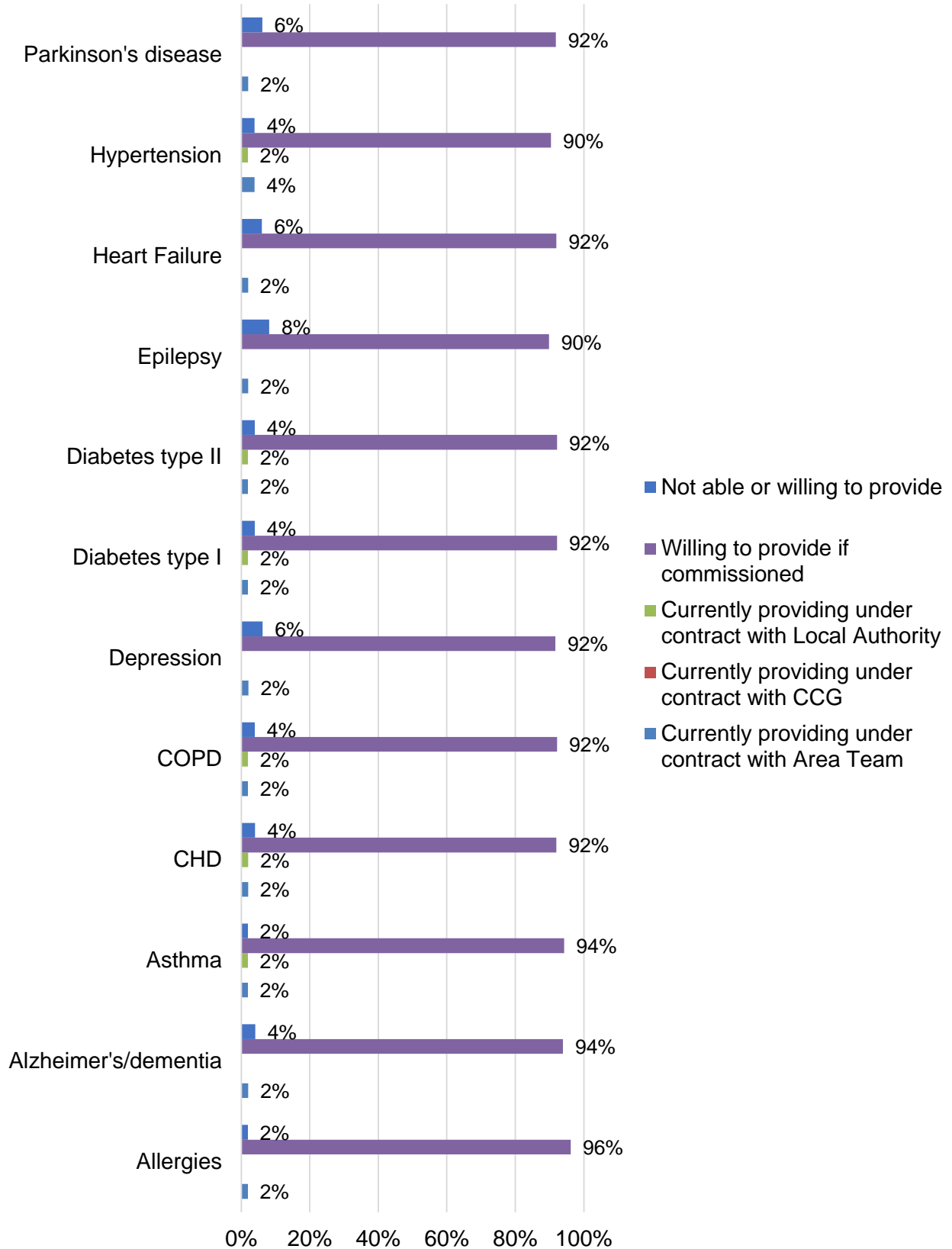




**Q14: Which of the following services does the pharmacy provide, or would be willing to provide?**

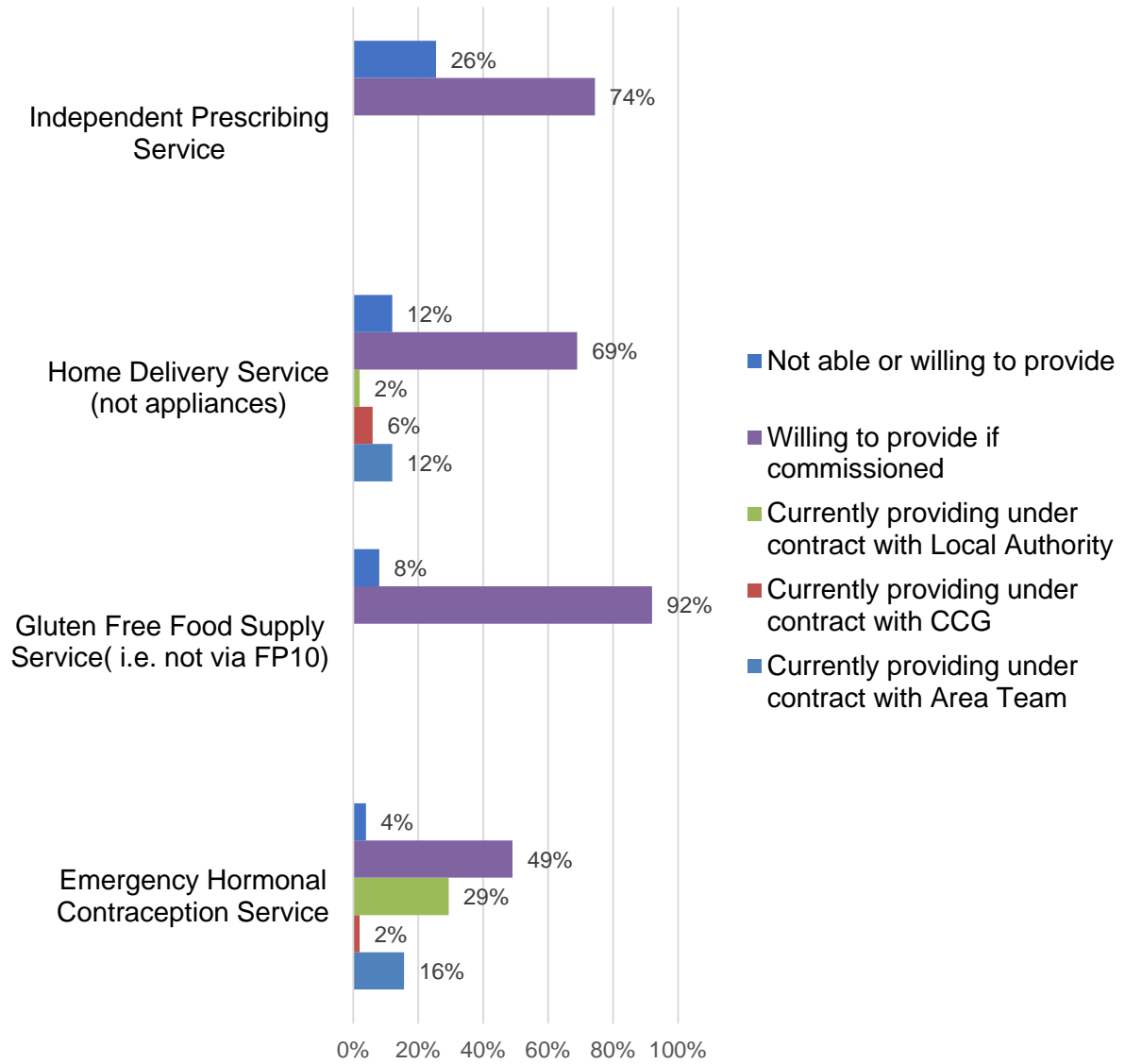


**Q15: Which of the following Disease Specific Medicines Management services does the pharmacy provide, or would be willing to provide?**

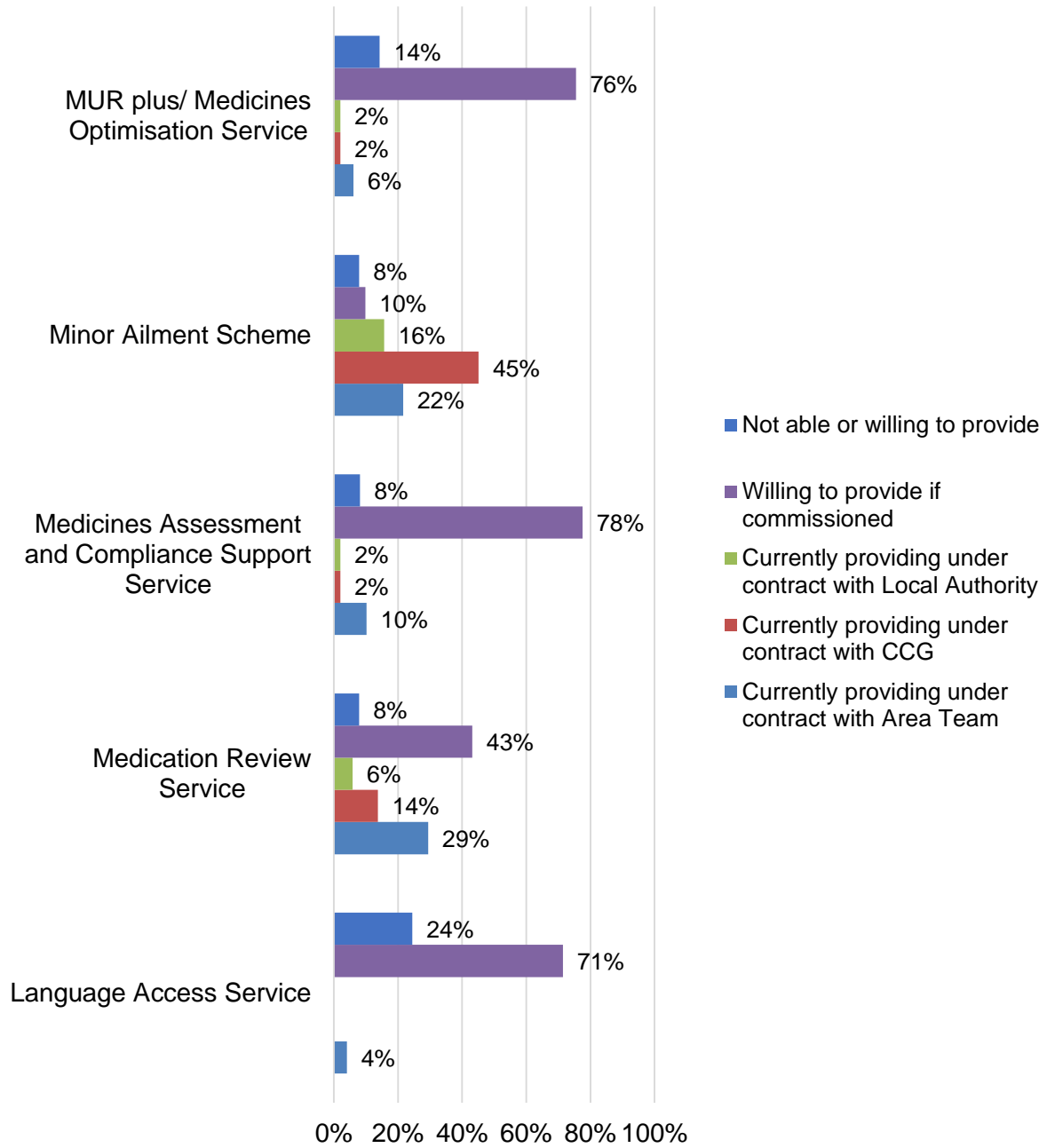




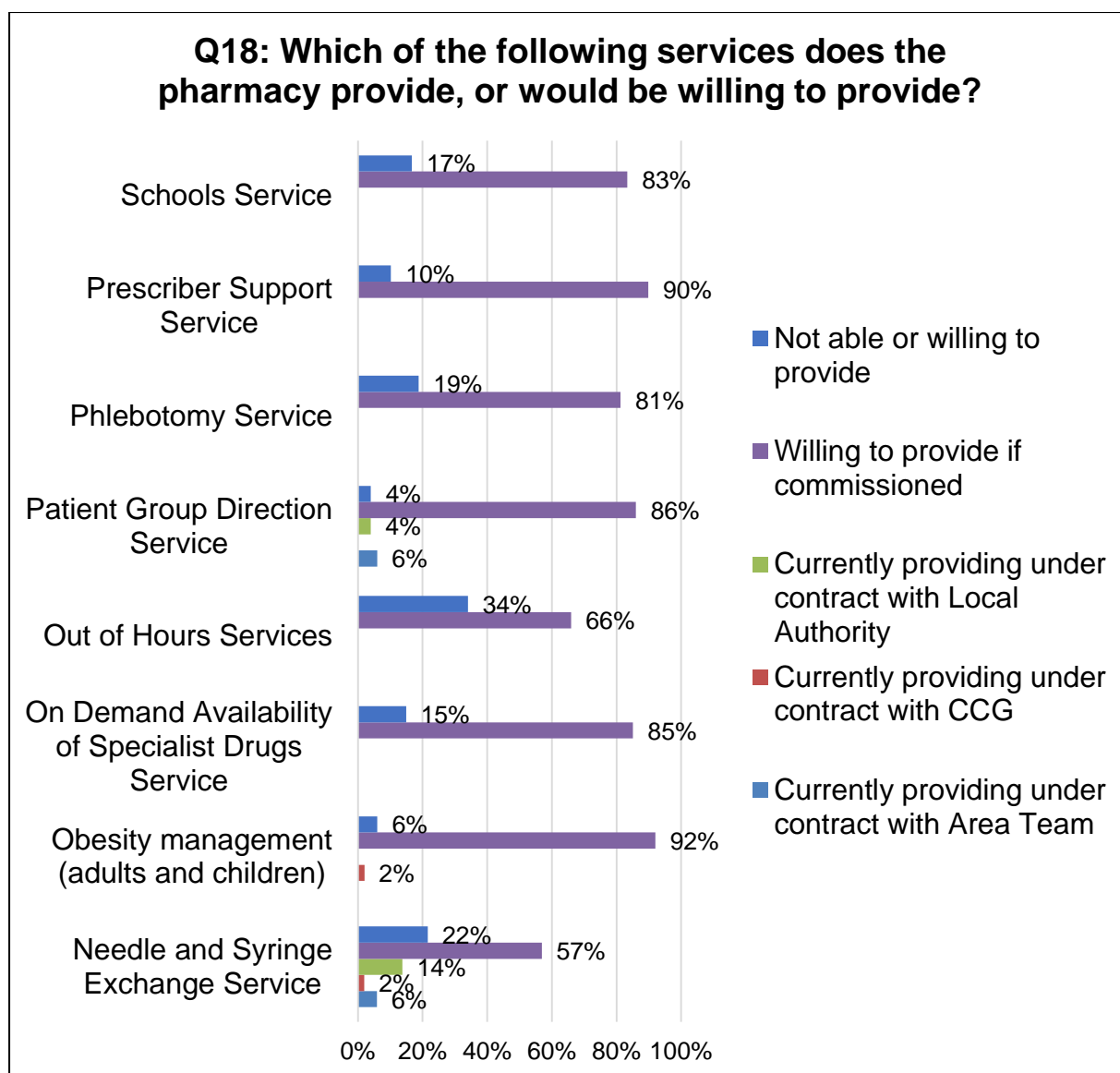
**Q16: Which of the following services does the pharmacy provide, or would be willing to provide?**



### Q17: Which of the following services does the pharmacy provide, or would be willing to provide?

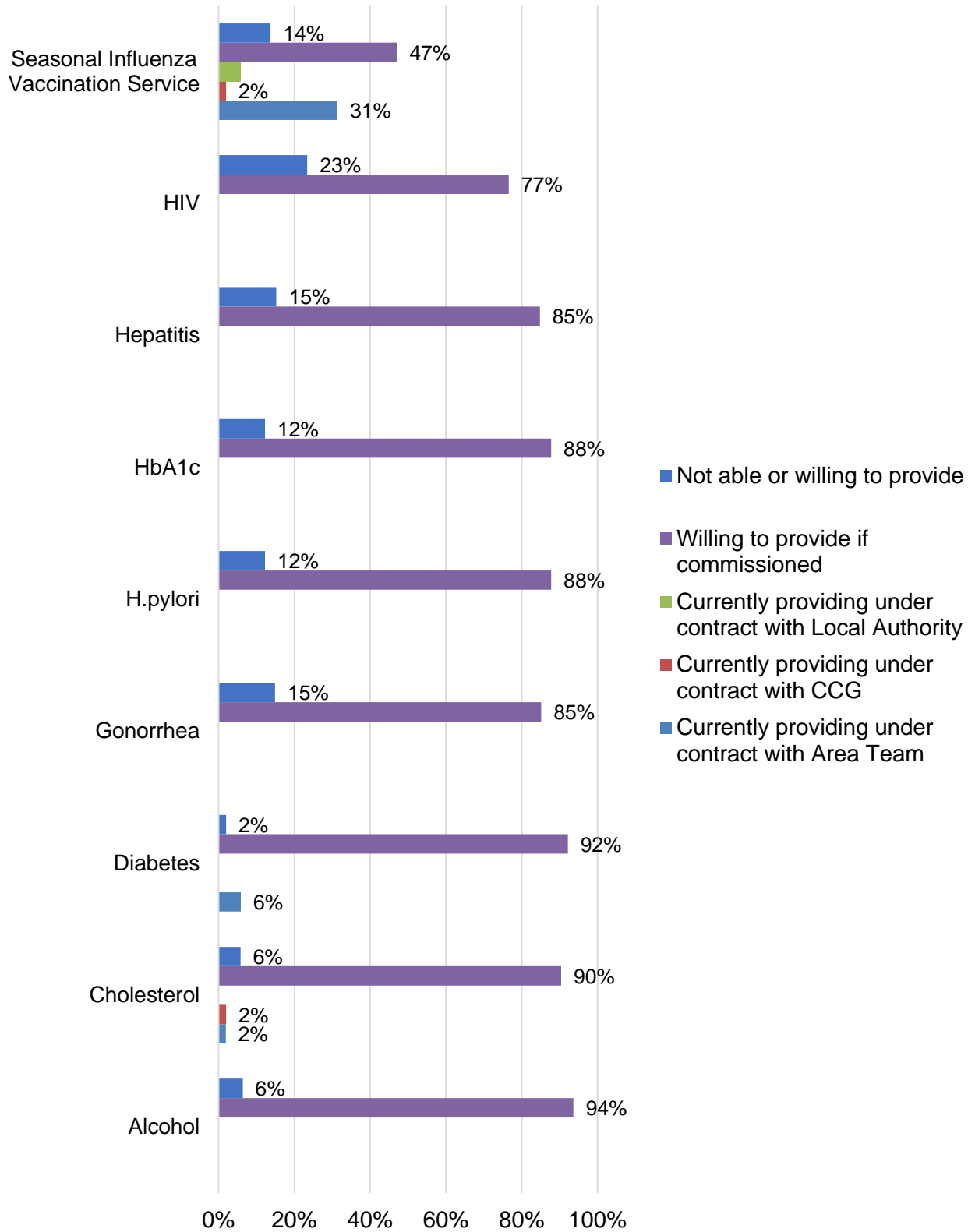




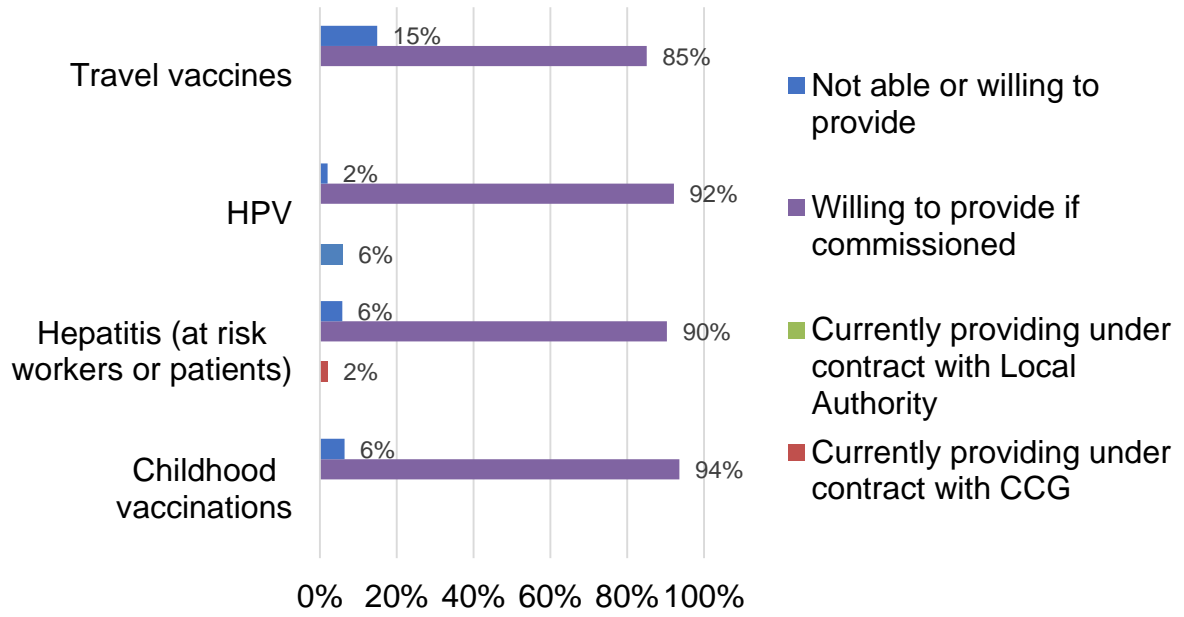


<b>Patient Group Direction(medicines covered by the Patient Group Direction)</b>	
1	Erectile dysfunction, flu vaccination
2	EHC, flu vaccination, Minor Ailments Scheme
3	Malarone, Ventolin, Sildenafil (Viagra)
4	Levonelle
5	We offer a private PGD service for malaria prophylaxis and erectile dysfunction

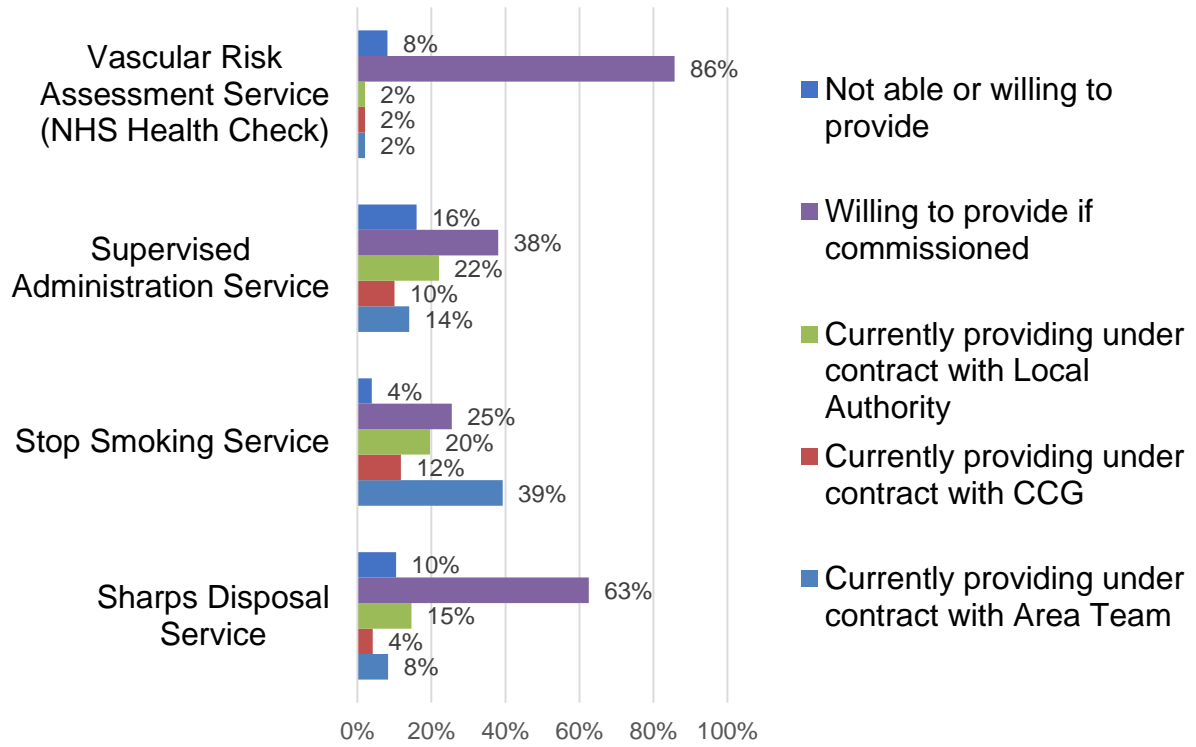
**Q19: Which of the following services does the pharmacy provide, or would be willing to provide?**

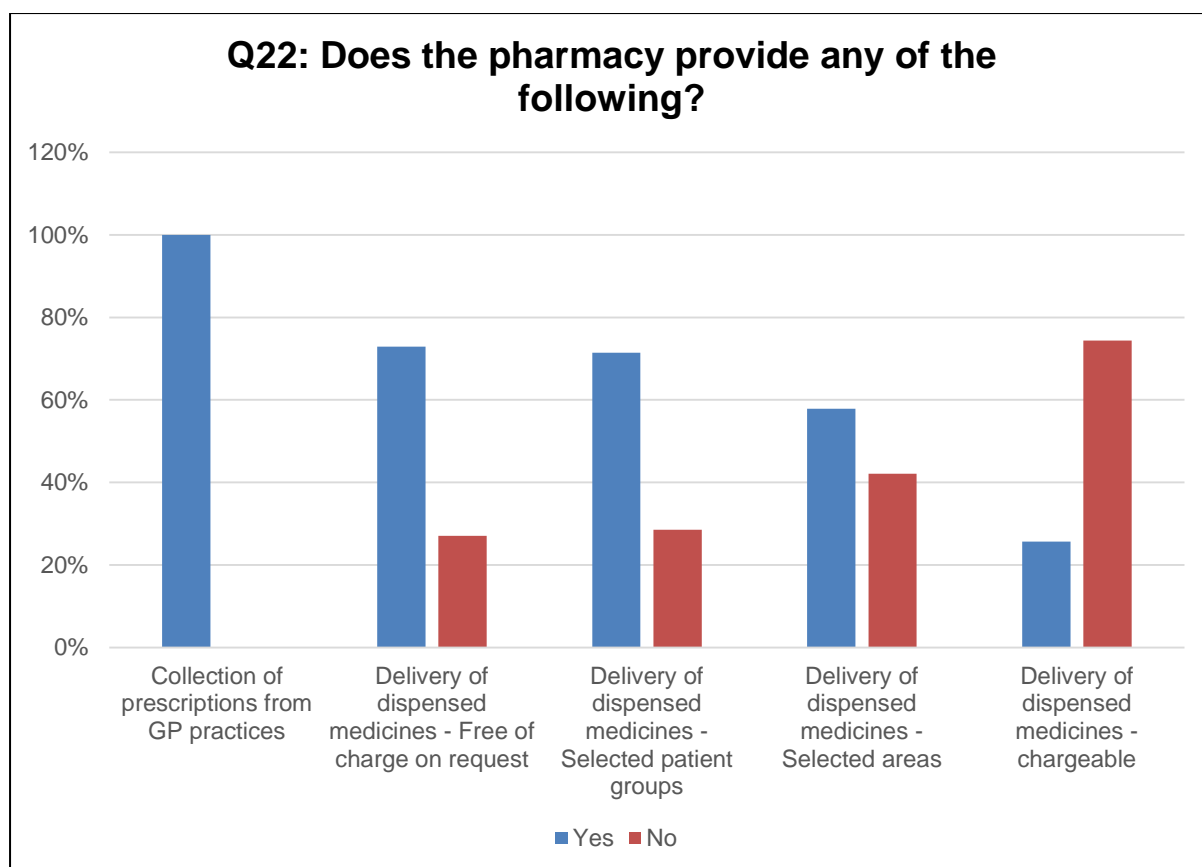


**Q20: Which of the following other vaccination services does the pharmacy provide, or would be willing to provide?**



**Q21: Which of the following services does the pharmacy provide, or would be willing to provide?**

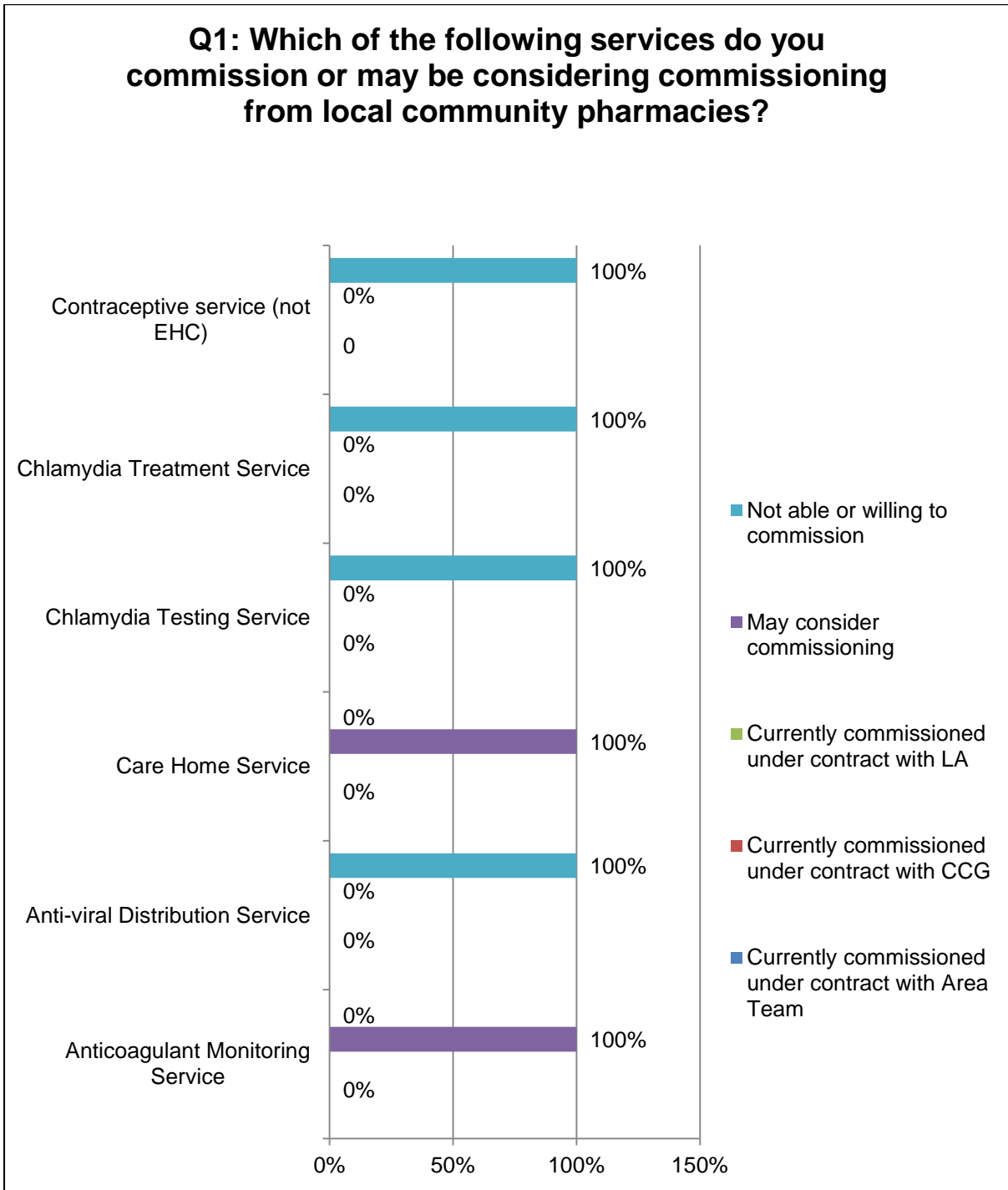




<b>Selected patient groups</b>	
1	Elderly and housebound - 10
2	Disabled – 4
3	All patients – 2
4	Dossett patients
<b>Selected Areas</b>	
1	N11 and N12
2	All areas – 2
3	Areas Covered by Enfield and Barnet
4	Southgate, Enfield, Winchmore Hill, Palmers Green
5	Enfield, Edmonton and Walthamstow

6	Local N13, N14, N22, N21
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**Appendix K: Results of the commissioner survey**



**Q2: Which of the following services do you commission or may be considering commissioning from local community pharmacies?**

	Currently commissioned under contract with Area Team	Currently commissioned under contract with CCG	Currently commissioned under contract with LA	May consider commissioning	Not able or willing to commission
Allergy management service	0%	0%	0%	0%	100%
Alzheimer's / dementia management service	0%	0%	0%	0%	100%
Asthma management service	0%	0%	0%	0%	100%
CHD management service	0%	0%	0%	0%	100%
COPD management service	0%	0%	0%	0%	100%
Depression management service	0%	0%	0%	0%	100%
Diabetes type I management service	0%	0%	0%	0%	100%
Diabetes type II management service	0%	0%	0%	0%	100%
Epilepsy management service	0%	0%	0%	0%	100%
Heart Failure management service	0%	0%	0%	0%	100%
Hypertension management service	0%	0%	0%	0%	100%

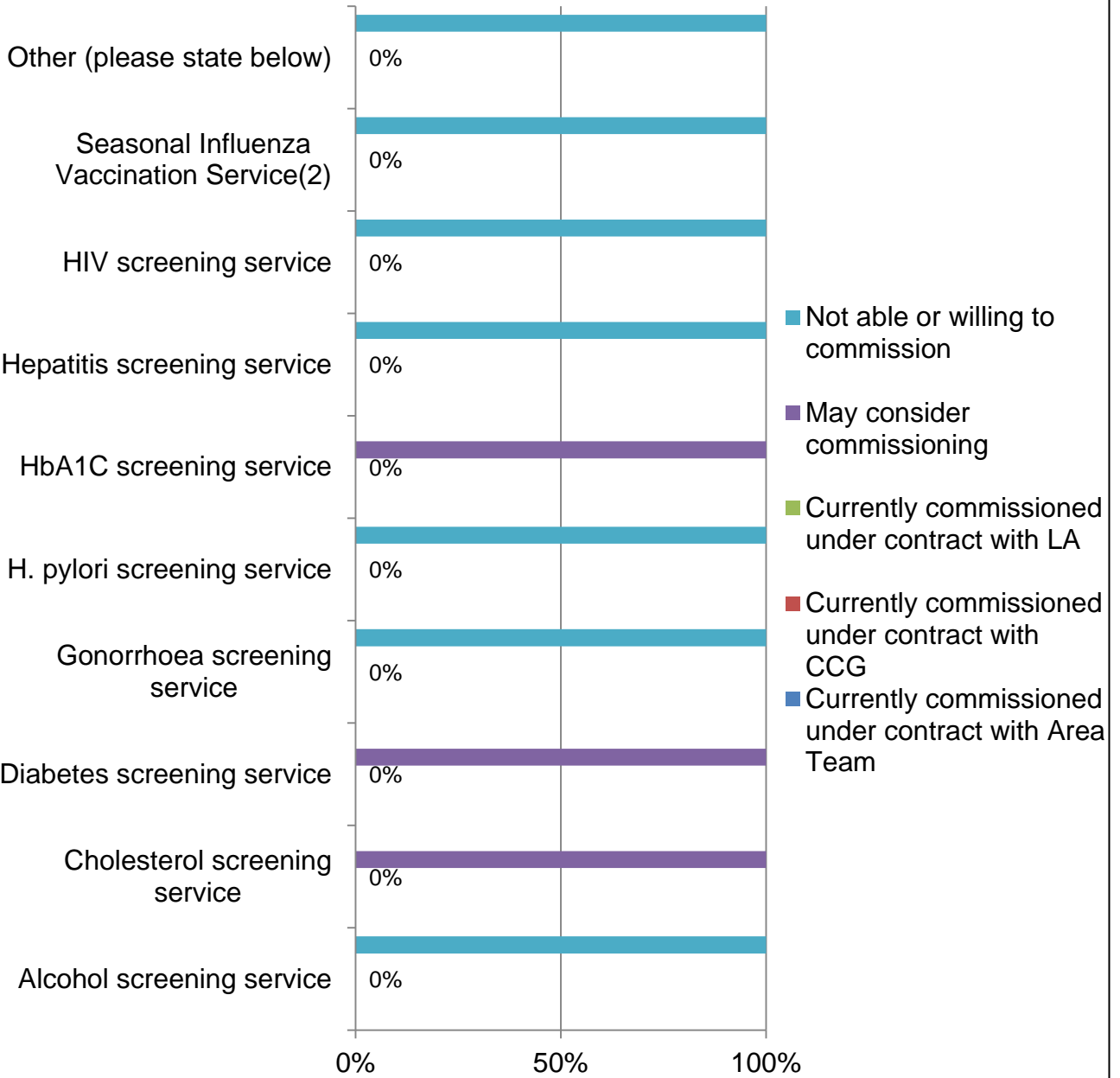
	Currently commissioned under contract with Area Team	Currently commissioned under contract with CCG	Currently commissioned under contract with LA	May consider commissioning	Not able or willing to commission
Parkinson's disease	0%	0%	0%	0%	100%
Emergency Hormonal Contraception Service	0%	0%	0%	0%	100%
Gluten Free Food Supply Service (i.e. not via FP10)	0%	0%	0%	0%	100%
Home Delivery Service (not appliances)	0%	0%	0%	0%	100%
Independent Prescribing Service	0%	0%	0%	0%	100%
If currently providing an Independent Prescribing Service, what therapeutic areas are covered?	0%	0%	0%	0%	100%
Language Access Service	0%	0%	0%	0%	100%
Medication Review Service	0%	0%	0%	0%	100%
Minor Ailment Scheme	0%	100%	0%	0%	0%
Medicines Assessment and Compliance Support Service	0%	0%	0%	0%	100%



	Currently commissioned under contract with Area Team	Currently commissioned under contract with CCG	Currently commissioned under contract with LA	May consider commissioning	Not able or willing to commission
<b>MUR Plus/Medicines Optimisation Service</b>	0%	0%	0%	0%	100%
<b>If currently providing an MUR Plus/ Medicines Optimisation Service, what therapeutic areas are covered?</b>	0%	0%	0%	0%	100%
<b>Needle and Syringe Exchange Service</b>	0%	0%	0%	0%	100%
<b>Obesity management (adults and children)</b>	0%	0%	0%	0%	100%
<b>On Demand Availability of Specialist Drugs Service</b>	0%	0%	0%	0%	100%
<b>Out of Hours Services</b>	0%	0%	0%	0%	100%
<b>Patient Group Direction Service (name the medicines covered by the Patient Group Direction)</b>	0%	0%	0%	0%	100%
<b>Phlebotomy Service</b>	0%	0%	0%	0%	100%
<b>Prescriber Support Service</b>	0%	0%	0%	0%	100%
<b>Schools</b>	0%	0%	0%	0%	100%

	<b>Currently commissioned under contract with Area Team</b>	<b>Currently commissioned under contract with CCG</b>	<b>Currently commissioned under contract with LA</b>	<b>May consider commissioning</b>	<b>Not able or willing to commission</b>
<b>Service</b>					
<b>Other (please state)</b>	0%	0%	0%	0%	100%

**Q3: Which of the following services do you commission or may be considering commissioning from local community pharmacies?**



**Q4: Which of the following services do you commission or may be considering commissioning from local community pharmacies?**

	Currently commissioned under contract with Area Team	Currently commissioned under contract with CCG	Currently commissioned under contract with LA	May consider commissioning	Not able or willing to commission
Childhood vaccinations	0%	0%	0%	0%	100%
Hepatitis (at risk workers or patients)	0%	0%	0%	0%	100%
HPV	0%	0%	0%	0%	100%
Travel vaccines	0%	0%	0%	0%	100%

**Q5: Which of the following services do you commission or may be considering commissioning from local community pharmacies?**

	Currently commissioned under contract with Area Team	Currently commissioned under contract with CCG	Currently commissioned under contract with LA	May consider commissioning	Not able or willing to commission
Sharps Disposal Service	0%	0%	0%	0%	100%
Stop Smoking Service	0%	0%	0%	0%	100%
Supervised Admin Service	0%	0%	0%	0%	100%
Supplementary Prescribing Service (what therapeutic areas are covered?)	0%	0%	0%	0%	100%
Vascular Risk Assessment Service (NHS Health Check)	0%	0%	0%	0%	100%

## **Abbreviations**

AURs - Appliance Use Reviews  
BME - Black and Minor Ethnicity Groups  
CCGs - Clinical Commissioning Groups  
COPD - Chronic Obstructive Pulmonary Disease  
CHD - Coronary Heart Disease  
DSR - Directly Standardised Ratio  
EHC - Emergency Hormonal Contraception  
HNA - Health Needs Assessment  
HIV - Human Immunodeficiency Virus  
HWB - Health and Wellbeing Board  
IMD - Index of Multiple Deprivation  
JSNA - Joint Strategic Needs Assessment  
LAPE - Local Alcohol Profiles for England  
LPS - Local Pharmaceutical Service  
LSOAs - Lower Super Output Areas  
MIU - Minor Injuries Unit  
MURs - Medicines Use Reviews  
NHS - National Health Service  
NMS - New Medicines Service  
ONS - Office for National Statistics  
PCTs - Primary Care Trusts  
PNA - Pharmaceutical Needs Assessment  
PSNC - Pharmaceutical Services Negotiating Committee  
SAC - Stoma Appliance Customisation  
SHA - Strategic Health Authority  
STI - Sexually Transmitted Infection

## Equality Impact Assessment

<b>Department:</b>	Public Health	<b>Service:</b>	Pharmaceutical Needs Assessment 2015
<b>Author:</b>	Estella Makumbi	<b>Date completed:</b>	28 October 2014
<b>Contact details:</b>	<a href="mailto:Estella.makumbi@enfield.gov.uk">Estella.makumbi@enfield.gov.uk</a>		

### 1. Brief description of service or policy covered by this assessment

Enfield HWB is legally required to publish a Pharmaceutical Needs Assessment (PNA) by 1<sup>st</sup> April 2015, and thereafter at least every 3 years. This will be an assessment of pharmaceutical service provision in Enfield HWB area with comparison to service provision. The assessment will be used by NHS England to determine access to pharmaceutical services. It will be also be used by Enfield Council and Enfield Clinical Commissioning Group, in conjunction with strategic documents, such as the JSNA, to plan pharmaceutical services to reduce health inequalities in Enfield.

### 2. Please list the main partners, council depts, organisations and service user or target groups for this service/ policy.

Main partners include the Enfield Clinical commissioning Group, Local Pharmaceutical Committee,(LMC) Local Medical Committee, (LMC) Neighbouring HWB for Haringey, Barnet , Waltham forest and Hertfordshire and their LMCs and LPCs, Enfield Voluntary Action ( EVA) Enfield Health Watch, NHS England

### 3. How does the service/ policy contribute to eliminating discrimination, advancing equality of opportunity and fostering good relations between different groups in the community?

The PNA will assess current health needs and access to pharmaceutical services in Enfield. The assessment will make recommendations to fill any gaps and recommend improvements in the provision of pharmaceutical services to facilitate better access to pharmaceutical services. This will ensure equality of access for all people within Enfield and ensure that the pharmaceutical services commissioned by NHS England can sustain the needs of Enfield community such that no individual group is disadvantaged in terms of access to pharmaceutical services. This Needs Assessment will consult different sections of the community and all stakeholders and partners to involve them in the decision making process which will advance equality of opportunity and foster good relations between different groups in the community.

**4. If the service is provided by another organisation or agency on behalf of the Council, please give their names and how you ensure they comply with the Council's Equal Opportunities and Valuing Diversity**

The PNA will be conducted by Enfield Public Health Department to ensure that they deliver the product as required by Enfield HWB and in line with the council's equal Opportunities and valuing Diversity policies. To ensure that this document complies with the Equalities policy, Public Health has provided the contacts for the different demographic groups and organisations in Enfield, so that community involvement will be effective. One of the criteria for appointing this provider was because they declared their commitment to Equal Opportunities and Valuing Diversity.

**5. Equalities Impact**

Indicate Yes, No or Not Known for each group

	Disability	Gender	Age	Race	Religion & Belief	Sexual Orientation	Gender reassignment	Pregnancy & Maternity	Marriage & Civil Partnerships
Do you carry out equalities monitoring of the use of your service by the following groups? What groups?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Does equalities monitoring information show that the recipients of the service, policy or budget, include people from the following groups?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Does a comparison against baseline population figures show that you are reaching the following disadvantaged groups?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Do you carry out equalities monitoring of satisfaction with your service?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Does the equalities analysis of satisfaction levels identify any concerns?	No	No	No	No	No	No	No	No	No

**Please list the actions you are taking to address equalities concerns raised by your monitoring in the action plan at the end of this assessment.**

If you do not include some groups in your equalities monitoring please explain why:

N/A

**6. Please list any performance targets relating to equality that your service or policy has/ uses.**

(If as a result of this assessment you are going to introduce new targets, please list these in your action plan at the end of this form)

N/A The Pharmaceutical Needs Assessment does not have any performance targets as it simply seeks to establish the community's pharmaceutical service needs

**7. Have you received any complaints about your service/policy in respect of equality issues?**

If so, please give a brief description and what action has been taken as a result.

No

**8. Please list any recent consultation activity on your service, any specific equalities groups that were targeted, how the results have been publicised and what action has been taken in response to the results. (please state the source of data)**

(If more information is needed to understand the views of disadvantaged groups please add this to your action plan)

A pharmacy user survey was undertaken to receive the views of Enfield community on current pharmaceutical services provision. This targeted all sections of Enfield Community including hard to reach ethnic minority groups through the Enfield Voluntary Action as well as directly reaching them using the corporate mailing list with community addresses. People with disabilities, senior citizens and people with long term conditions were actively approached through their GP, Pharmacists, and / or Residential homes. All Pharmacists in Enfield were consulted by sending an electronic survey to their pharmacies and the LPC to supported the process by reminding pharmacists to respond to the survey. A 60 days consultation on the draft PNA will be undertaken. This will involve the PNA being put on the council's website; Stakeholders will be sent a link to the draft or sent hard copy where electronic facilities are not possible. Two focus groups will be held to engage with the local community in these discussions. The final PNA will be publicised on the Internet and communicated to all key stakeholders



<b>9. Tackling Socio-economic inequality</b> Indicate Yes, No or Not Known for each group	Communities living in deprived wards/areas	People not in employment, education or training	People with low academic qualifications	People living in social housing	Lone parents	People on low incomes	People in poor health	Any other socio-economic factor Please state;
Does the service or policy specifically impact on communities disadvantaged through the following socio-economic factors?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Does the service or policy contribute to promoting equality of opportunity?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

**10.** If Yes answered above – please describe the impact (including any positive impact on social economic inequality) and any mitigation if applicable

The PNA will have a positive impact on social economic inequality because it will be the market entry tool that will guide NHS England’s commissioning process. This will enable the right level of pharmaceutical services to be commissioned in Enfield as well as giving opportunity to all pharmacists in Enfield to considered on the merit of the service they are able to provide and number of people in their catchment areas especially people with long term conditions and the elderly.

<b>11. Adverse Impact</b> Indicate Yes, No or YES (Not applicable) for each group	Disability	Gender reassignment	Age	Race	Religion & Belief	Sexual Orientation	Gender reassignment	Pregnancy & Maternity	Marriage & Civil Partnerships
Does your evidence show an adverse impact on different groups?	No	No	No	No	No	No	No	No	No
Are there known or potential barriers to participation for the different groups?	No	No	No	No	No	No	No	No	No
<i>If yes, please set out the actions you will take to mitigate the impact/barriers in your action plan at the end of this form.</i>									
<b>12. Could the service or policy discriminate, directly or indirectly, according to the accompanying definitions? If yes, please set out how it is justifiable under legislation in the box below.</b>									
No									
<b>13. Could the service or policy have an adverse impact on relations between different groups/community cohesion? If yes, describe below and add any actions to mitigate this impact in your action plan.</b>									
No									
<b>14. Does your service or policy provide financial support for the protected groups? If yes, please list below and the value of the financial support.</b>									
No									

**15. Please set out the staff training undertaken on equalities. If there is a need for additional staff training please show this in your action plan.**

**Evidence of staff training:**

Our records show that over the last 3 years, 153 staff from Health, Housing and Adult Social Care have undertaken training on equalities.

**Outcomes from such training:**

Good understanding and implementation of Equal Opportunities and Diversity enabling staff to embed the practice in day to day service provision, policy development and increase access to service.

**16. Review and publicity – please set out in your action plan when you will review this assessment and how it will be publicised (all EQIAs sent to Corporate Policy are published on the Council’s website)**

The draft PNA will be circulated to all key stakeholders some of whom are prescribed by statute. It will also be made available on the website for consultation. This process will last 60 days and all responses will be analysed and incorporated in the Final PNA. This will be published on the Internet and passed on to NHS England, Clinical Commissioning group ( CCG), The Local Pharmaceutical and the Local Medical Committee.in April 2015. It will be reviewed annually for the next three years and any new findings will be presented as supplementary statements. Another PNA will be undertaken after three years.

**17. Review**

**How and when will you monitor and review the effects of this proposal?**

We will review the effects of this PNA in line with the commissioning cycle, to compare the need established by the PNA to the level of pharmaceutical services commissioned by NHS England for the people of Enfield. We will endeavour to explain the differences where the expectations have not been fully met by the commissioning decisions and we will identify possible alternative innovative ways of providing those services by tapping into our existing day to day services to cover identified gaps.

## Enfield Council Retrospective Equality Impact Assessment/Analysis

### Action plan template for existing services/policies

Name of service/policy: Enfield Public Health Department/ Pharmaceutical Needs assessment .....

Team: Public Health.... Department :Health, Housing, and Adult Social Care.....

Service manager/ Consultant: Allison Duggal – Consultant in Public Health. :....

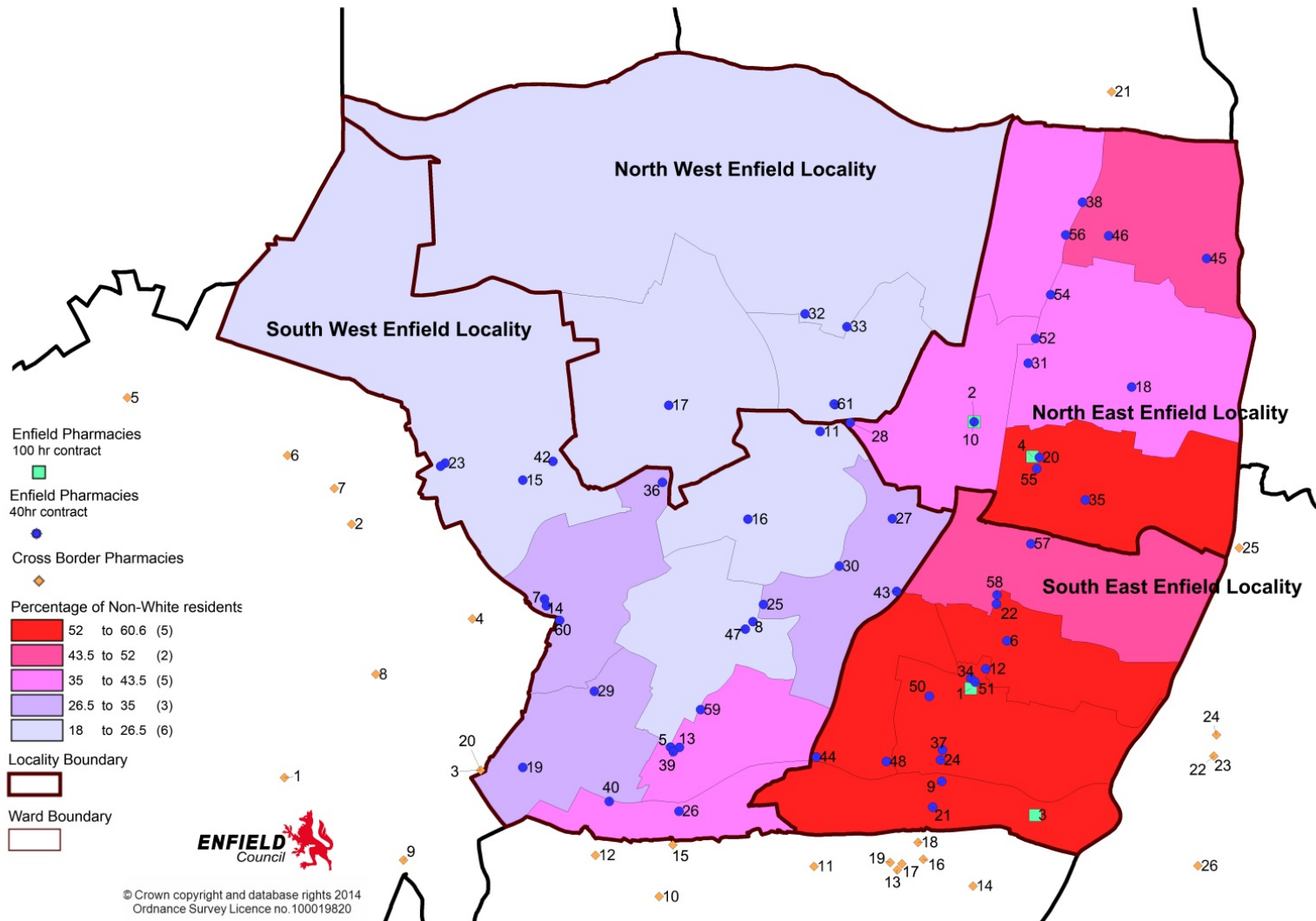
*This section is not applicable because this is the first year where the Local authority has been responsible for undertaking the PNA. This role previously sat with the PCT who would have the information required for this section. The PCT s have been disbanded hence the table below is N/A.*

Identified Issue	Action Required	Lead Officer	Timescale/ By When	Costs	Review Date/ Comments
None					

Date to be Reviewed: .....N/A

**APPROVAL BY THE RELEVANT ASSISTANT DIRECTOR :-NAME.....SIGNATURE.....**

## Map A: Pharmacies and BME population



## Map B: Pharmacies and Index of Multiple Deprivation 2010 by Output Area

