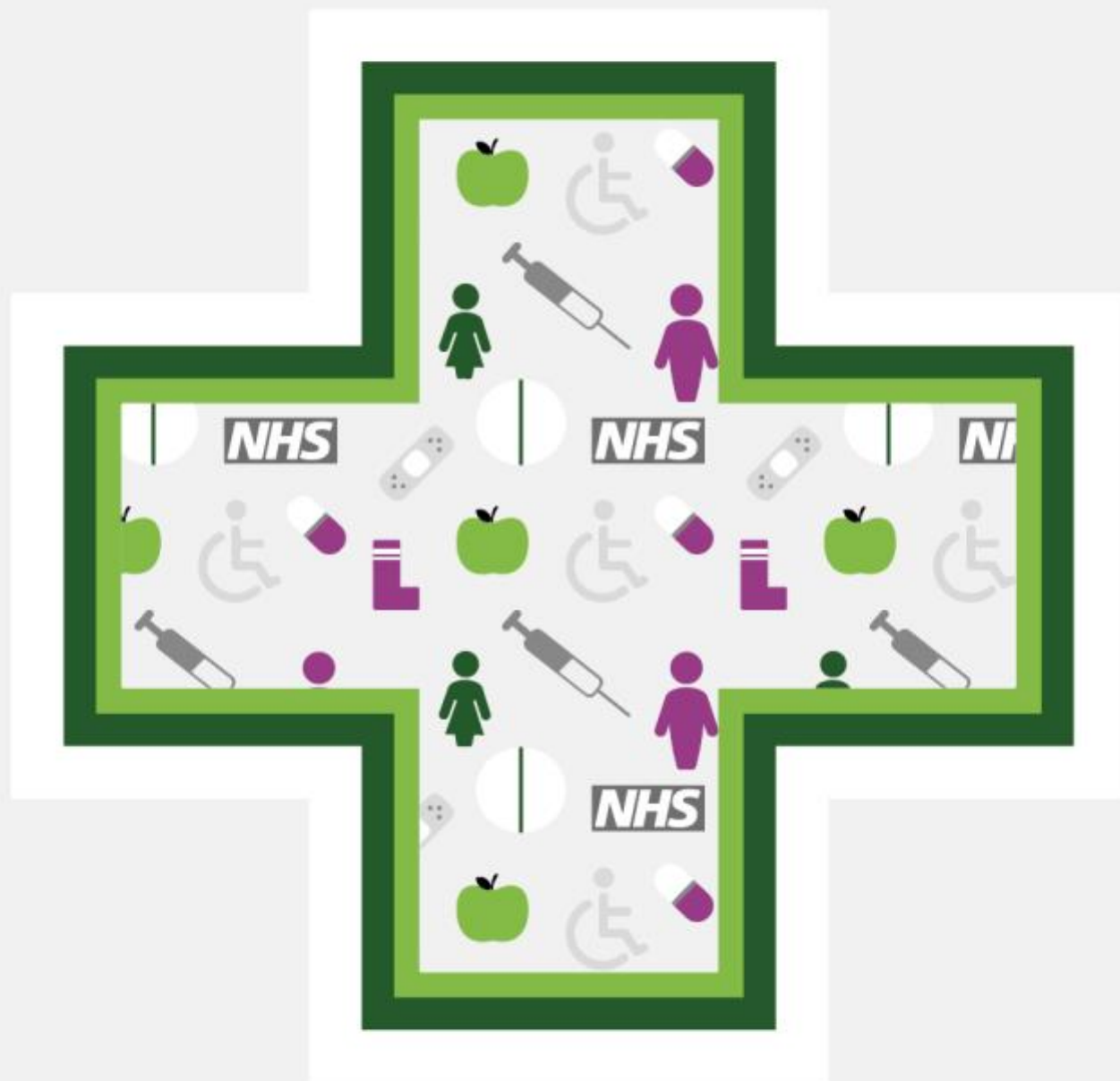


Enfield Health and Wellbeing Board

Pharmaceutical Needs Assessment

Draft Report for Consultation 2017



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Commissioner Lead Contact Details	
Name:	Miho Yoshizaki
Role:	Health Intelligence Manager London Borough of Enfield
PHAST Contact Details	
Name	Richard Willmer
Role:	Project Lead
Email:	rwillmer@btinternet.com
Address:	Public Health Action Support Team CIC Westlington Farm Dinton Buckinghamshire HP17 8UL
PHAST PNA TEAM	
Richard Willmer	
Dr Cecilia Pyper MBBS MFPH	
Dr Torquil Pyper PhD	
Tasmin Harrison BSc	
Heema Shukla	

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Executive Summary

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

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

Since the last Enfield PNA was published in 2015, no major changes to pharmaceutical provision have been observed and provision is generally good. There are 59 community pharmacies in the Enfield HWB area for a population of 328,433, an average of 18 pharmacies per 100,000 population. The England and London averages are 21.3 and 21.4 respectively. All localities have at least one community pharmacy, however the rate varies across the borough with the south having a greater number of pharmacies per population than the north. In the North there are fewer services because there is a lower population density in this area. Pharmacies over the boundary in Southgate are available to residents in this area.

Overall access is good. Over 98% of residents are within walking distance of a pharmacy, and for over 95% of residents, the closest pharmacy is within the borough. Only one locality does not have a pharmacy providing services on Sunday – this may need to be considered in the future if other pharmacies were to close.

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

Since the 2015 PNA was published, both the resident population and GP registered population of Enfield has increased. However, analysis of housing data has not indicated that there will be localised population increases of a sufficient size to impact on need for new pharmaceutical providers over the next three years. The largest housing scheme identified is being developed in Meridian Water, but it has yet to enter the construction phase.

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

Enfield is currently developing better integrated care via localities (care closer to home).

Addressing many of Enfield's 'areas of opportunity', as identified in the JSNA and JHWS, could include an expanded role for pharmacists. Priority areas identified by the Health and Wellbeing Board (HWB) are as follows in which there are potential roles for pharmacists:

- Best start in life
- Healthy Weight
- Mental health resilience

Other priorities that pharmacists could play a role in include collaborating with initiatives aimed at reducing domestic violence, and supporting enhanced promotion of the following: cancer detection and care; Flu vaccination amongst Health Care Workers; improved housing with a focus on vulnerable adults; monitoring of hospital admissions caused by injuries in children; diabetes prevention; living well with people with multiple chronic illness; improved end of life care and monitoring the tipping point into need for health and care services

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

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

Conclusions

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

Based on the latest information on the projected changes in population of the Enfield HWB area within its geographical area over the next three years, alongside the latest information regarding building plans and expected additional population increases during this time, the HWB has concluded that the current pharmacy services are adequate and have a good geographical spread, particularly covering those areas of higher population density. Based on the assumptions in this PNA report, the HWB has identified no gaps in the need for pharmaceutical services up to 2021.

The detailed conclusions are as follows (key types of pharmacy services are specifically detailed below).

1. 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 across the whole HWB area.
 - There is no gap in the provision of **essential services during normal working hours** across the whole HWB area.
 - There are no gaps in the provision of **essential services outside of normal working hours** across the whole HWB area.

2. 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 across the whole HWB area.
 - There are no gaps in the provision of **advanced services** across the whole HWB area.
3. No gaps have been identified that if provided either now or in the future would secure improvements, or better access to **enhanced services** across the whole HWB area.
 - There are no gaps in the provision of **enhanced services** across the whole HWB area.
4. There are no gaps in the provision of **locally commissioned services** at present or in the future that would secure improvement or better access to **locally commissioned services** across the whole HWB area.
 - There are no gaps in the provision of **locally commissioned services** across the whole HWB area.

If any of the assumptions in this report, particularly on building plans, are significantly revised, there will be a need to revisit these conclusions

Regular reviews of all the above services are recommended in order to establish if in the future whether changes in these services will secure improvement or better access across the whole HWB area.

Key to Services

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

1 Introduction

1.1 Background

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

The responsibility to publish the PNA is given to the local HWB pursuant to the Health and Social Care Act 2012. The HWB is hosted by the local authority and includes members from the NHS, the Clinical Commissioning Group (CCG) as well as local government. Its remit is to oversee how best the health needs of the local population can be met as well as addressing health inequalities.

1.2 Purpose of the PNA

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

As such, it is required to cover the following:

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

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

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

1.3 Scope of the PNA

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

The minimum requirement for PNAs include the following:

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

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

1.4 Process for developing the PNA

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

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

The activities of the process and timescales are set out in the project chart in Appendix E – PNA timeline. This involved

- Updating information and evidence since the last review, including latest priorities in Joint Strategic Needs Assessments (JSNA), the health and wellbeing strategy and commissioning priorities
- Setting the scene for pharmacy services
- Updating information on the population of Enfield and latest health information
- Conducting surveys of pharmacies, of pharmacy users and of particular interest groups who may have specific needs
- Preparing a draft for consultation

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

1.5 Localities for the purpose of the PNA

This PNA analyses services by locality, as set out in Figure 1. These specified areas are based on the aggregation of wards, and are widely used by public health and other bodies.

Figure 1 Localities in Enfield

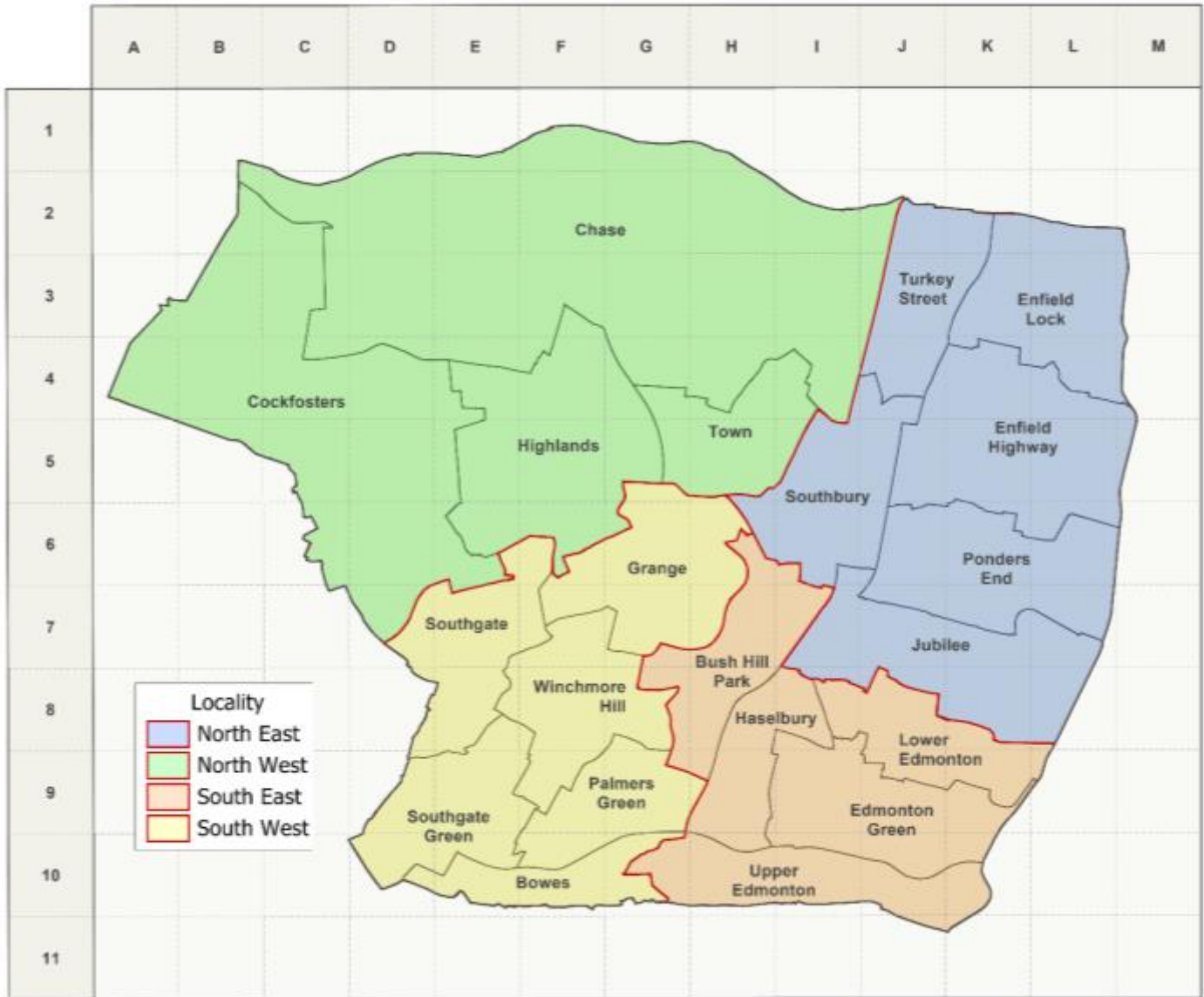


Table 1 Localities for the purpose of the PNA

Locality	Areas covered
North East	Enfield Highway
	Enfield Lock
	Jubilee
	Ponders End
	Southbury
	Turkey Street
North West	Chase
	Cockfosters
	Highlands
	Town
South East	Bush Hill Park
	Edmonton Green
	Haselbury
	Lower Edmonton
	Upper Edmonton
South West	Bowes
	Grange
	Palmers Green
	Southgate
	Southgate Green
	Winchmore Hill

2 Context for the Pharmaceutical Needs Assessment

2.1 Context

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

National policies on pharmacy services

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

2.1.2 The National Health Service Act 2006

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

2.1.3 2008 White Paper

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

2.1.4 The Murray Report

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

'Community pharmacy has the potential to help meet both the short-term and long-term challenge to provide better outcomes as part of wider integrated services that are efficient and that work for patients. It is widely recognised that community pharmacists and their teams are an underutilised resource.'²

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

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

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

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

- **Essential Services** are commissioned by NHS England and are provided by all pharmacy contractors. These services include the dispensing of medicines and appliances, repeat dispensing, disposal of unwanted medicines, clinical governance, promotion of healthy lifestyles, signposting and support for self-care.
- **Advanced Services** are commissioned by NHS England and can be provided by all contractors once accreditation requirements have been met. These services include Medicines Use Reviews (MUR), Flu Vaccination, New Medicines Service (NMS), Appliance Use Reviews (AUR), Stoma Appliance Customisation (SAC), NHS Urgent Medicine Supply Advanced Services (NUMSAS).
- **Locally commissioned/enhanced Services** are commissioned by local authorities, CCGs and NHS England in response to the needs of the local population.

2.1.6 2016 Changes to the pharmacy contract

2.1.6.1 Overview

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

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

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

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

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

'More efficient dispensing arrangements remain largely unavailable to pharmacy providers.'

2.1.6.2 Key changes in the way pharmaceutical services are delivered

Key changes include:

- simplifying the NHS pharmacy remuneration system

³ [Consultation document](#)

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

- helping pharmacies to become more efficient and innovative
- encouraging longer prescription durations where clinically appropriate

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

2.1.6.3 Change to payment fees

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

2.1.6.4 A new quality payments scheme

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

2.1.6.5 The Pharmacy Access Scheme (PhAS)

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

2.1.6.6 Changes to Regulations to Facilitate Pharmacy Mergers

Amendments to NHS 2013 Regulations⁶ were made in December 2016, including a new regulation that facilitates the consolidation of two or more pharmacies onto one existing site. 'Importantly a new pharmacy would be prevented from stepping in straight away if a chain closes a branch or two pharmacy businesses merge and one closes. This would protect two pharmacies that choose to consolidate on a single existing site – where this does not create a gap in provision.'⁷

"Applications to consolidate will be dealt with as 'excepted applications' under the 2013 Regulations, which means in general terms they will not be assessed against ... the pharmaceutical needs assessment ("PNA") produced by the Health and Wellbeing Board, (HWB). Instead, they will follow a simpler procedure, the key to which is whether or not a gap in pharmaceutical service provision would be created by the consolidation.... If the NHSCB is satisfied that the consolidation would create a gap in pharmaceutical services provision, it must

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

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

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

refuse the application. The opinion of the HWB on this issue must be given when the application is notified locally and representations are sought (Regulations 12 and 13).

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

2.2 Joint Strategic Needs Assessment (JSNA) Review

2.2.1 Introduction

A Joint Strategic Needs Assessment (JSNA) is an assessment of the health and wellbeing needs of the local area. Since 2007, there has been a statutory duty for local authorities and Clinical Commissioning Groups (CCGs) to undertake this assessment and there is also a legal requirement for NHS and Local Authority commissioners to use the information in the JSNA when commissioning services. In practice, the JSNA process is led by the Director of Public Health and undertaken on behalf of the Health and Wellbeing Board (HWB) for the Enfield area.

The work is undertaken each year to provide a shared, evidence-based consensus about key local priorities and to support commissioning to improve health and wellbeing outcomes and reduce health inequalities.

The London Borough of Enfield continues to experience deprivation with high rates of unemployment. The demography comprises a young, fast growing, mobile population.

Enfield has strong partnerships and is developing new approaches to integrated care and place-based care via localities.

The new Enfield Health and Wellbeing website <https://new.enfield.gov.uk/healthandwellbeing/jsna/> presents local JSNA topics (Enfield People, Enfield Place, Healthy Living, Life Stage and Group) along with supporting data and previous reports with an aim to providing “*robust evidence of health needs of our population to improve health and wellbeing in Enfield*”.⁹ This an ongoing process with regular updates.

Each topic covers relevant statistics, an assessment of unmet needs, knowledge and information gaps and finally suggests opportunities for improvement. The JSNA is an on-going process that identifies the current and future health and wellbeing needs of the local population.

2.2.2 Implications for Pharmacy Services

Whilst the role of pharmacists is not directly mentioned/described in this JSNA, an expanded role of pharmacists could mean their involvement in addressing many of Enfield’s ‘areas of opportunity’

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

⁹ <https://new.enfield.gov.uk/healthandwellbeing/jsna/>

as identified in the JSNA. Priority areas, and where relevant, the potential role of pharmacists in addressing these are suggested below.

- Increased demand for early years services
Potential pharmacist role: Healthy Start vitamins, Healthy Start service, vaccination service
- Increased older population (65+ years)
Potential pharmacist role: supportive services, care home service, carer support, domiciliary support service, palliative care service, home delivery service, blood pressure monitoring, dementia identification service, repeat prescription service, medication review service, medicines assessment and compliance support service, post hospital discharge medication support, Appliance Use Reviews (AURs), Medicines Use Reviews (MURs), new medicines service, out of hours access to medicines, electronic prescriptions, independent prescribing by pharmacists
- Reduce inequalities among this ethnically diverse population through planning and services
Potential pharmacist role: language access service
- Healthy Streets Approach (improve environment to increase physical activity participation)
Potential pharmacist role: weight management service, promoting healthier lifestyles including exercise such as walking and cycling in a safe streets environment
- Improving health and behaviours of children to help prevent lifestyle related long term conditions
Potential pharmacist role: promoting healthier lifestyles, schools service
- Interventions to prevent childhood obesity and increase physical activity
Potential pharmacist role: weight management service, promoting healthier lifestyles, schools service

2.2.2.1 Older People

- Multifactorial risk assessments for older people with a history of falls
Potential pharmacist role: supportive services within the community e.g. the early identification of older people who are falling and referring them to the falls clinics
- Improving population coverage for flu and pneumonia
Potential pharmacist role: vaccination service
- Coordination of health and social care
Potential pharmacist role: supportive services within the community e.g. care home service, carer support and domiciliary support services

2.3 Joint Health and Wellbeing Strategy (JHWS) Review

2.3.1 Introduction

Enfield Health and Wellbeing Board (HWB) is a partnership comprising the Council, Enfield Clinical Commissioning Group, Healthwatch and the voluntary and community sector. The Enfield Joint Health and Wellbeing Strategy 2014-2019 sets out the vision for how the HWB will work with the population of Enfield to improve health and wellbeing across the borough over this time frame. The JHWS can be viewed in full at: www.enfield.gov.uk/jhws

2.3.2 Relevant Data and Analysis

Data and analysis relevant to the Health and Wellbeing Strategy is outlined by the JSNA.

2.3.3 Latest Priorities

The Health and Wellbeing Board's vision is *Working together to enable you to live longer, healthier, happier lives in Enfield*. This vision is underpinned by five supporting principles and delivered through five key priority areas as outlined below.¹⁰

2.3.4 Supporting principles

- prevention and early intervention
- integration
- equality and diversity
- addressing health inequalities
- ensuring good quality services

2.3.5 Key priorities

- ensure 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

HWB monitor the progress of these priorities, which can be found at:

<https://new.enfield.gov.uk/healthandwellbeing/jhws/measuring-our-progress/>

The HWB has agreed on the priority areas it wishes to focus on the final two years of the Joint Health and Wellbeing Strategy 2014-2019.

¹⁰ Enfield Joint Health and Wellbeing Strategy 2014-2019. Enfield Health and Wellbeing Board. April 2014

The HWB top priority areas are:

- Best start in life
- Healthy Weight
- Mental health resilience

Although some of these activities have been introduced by pharmacists, ensuring comprehensive coverage in Enfield will benefit the whole community

Potential Pharmacists Role - Collaboration

- Domestic Violence

Potential Pharmacists Role - Enhanced Monitoring

- Cancer
- Flu vaccination amongst Health Care Workers
- Housing with a focus on vulnerable adults
- Hospital admissions caused by injuries in children
- Diabetes prevention
- Living well with people with multiple chronic illness
- End of life care
- Tipping point into need for health and care services

2.3.6 Implications of pharmacy services

Whilst the role of pharmacists is not directly mentioned/described in this JSNA, an expanded role of pharmacists could mean their involvement in addressing many of Enfield's 'areas of opportunity' as identified in the JSNA. Priority areas, and where relevant, the potential role of pharmacists in addressing these are suggested below.

Increased demands for early years services

Potential pharmacist role:

Healthy Start vitamins, Healthy Start service, vaccination service

- Improving health and behaviours of children to help prevent lifestyle related long term conditions
- Schools service
- Interventions to prevent childhood obesity and increase physical activity
- Weight management service
- Promoting healthier lifestyles including exercise such as walking and cycling in a safe streets environment

Mental Health Resilience

Potential pharmacist role is to support initiatives to build resilient communities, identify and signpost vulnerable individuals (i.e. unemployment, physical or mental health problems, bereavement or other difficult circumstances) to services that promote mental and physical wellbeing. <https://pharmacistsupport.org/fact-sheets/8406-2/>

Increased older population (65+ years)

Potential pharmacist role: supportive services, care home service, carer support, domiciliary support service, palliative care service, home delivery service, blood pressure monitoring, dementia identification service, repeat prescription service, medication review service, medicines assessment and compliance support service, post hospital discharge medication support, Appliance Use Reviews (AURs), Medicines Use Reviews (MURs), new medicines service, out of hours access to medicines, electronic prescriptions, independent prescribing by pharmacists

Reduce inequalities among this ethnically diverse population through planning and services

Potential pharmacist role: language access service

Healthy Weight

Potential pharmacist role: weight management service, promoting healthier lifestyles including exercise such as walking and cycling in a safe streets environment

Long Term Conditions Multifactorial risk assessments for older people with a history of falls

Potential pharmacist role: supportive services within the community e.g. the early identification of older people who are falling and referring them to the falls clinics

Improving population coverage for flu and pneumonia

Potential pharmacist role: vaccination service

Coordination of health and social care

Potential pharmacist role: supportive services within the community e.g. care home service, carer support and domiciliary support service

2.4 Commissioning Priorities Review

2.4.1 Introduction

NHS Enfield Clinical Commissioning Group (ECCG) plans, commissions and monitors a wide range of health services for patients in Enfield. Lead by a governing body (board), ECCG has 48 member GP practices serving a patient population of around 328,000 people. Further information about the CCG is available at: <http://www.enfieldccg.nhs.uk/>.

2.4.2 Latest priorities

ECCG's document NHS Enfield CCG Commissioning Intentions 2017/18 sets out the groups key commissioning objectives and intent for 2017-18. Programme areas covered include elective care, cancer, stroke, neurological conditions, long-term conditions, acute medicines management, urgent and emergency care, primary care, mental health, integrated care, community services, contract form reviews and currency, and procurements. Full details of the associated commissioning

intentions can be viewed at: [http://www.enfieldccg.nhs.uk/Downloads/Enfield Commissioning Intentions 2017 -18 - 30.09.16.pdf](http://www.enfieldccg.nhs.uk/Downloads/Enfield_Commissioning_Intentions_2017_-18_-_30.09.16.pdf)

2.5 Public Health Outcomes Framework Review

2.5.1 Introduction

National priority areas for improving health and wellbeing are set out by The Department of Health as an outcomes framework to offer local authorities a tool by which to measure progress. Based on results, Public Health England publishes health profiles for each local authority annually as a means of comparing indicator figures to national averages and as such identifying areas of poor performance that need to be addressed.

The Public Health Outcomes Framework (PHOF) for England, 2013- 2016 sets out a vision 'to improve and protect the nation's health and wellbeing, and improve the health of the poorest fastest' ¹¹ with a focus on two high-level outcomes:

- increased healthy life expectancy
- reduced differences in life expectancy and healthy life expectancy between communities

2.5.2 Latest Public Health Outcomes Framework: priorities for improvement

The May 2017 Public Health England health profile for Enfield highlights poor performance as compared to the England average for the following indicators:

- domain: wider determinants of health
 - children in low income families
 - school readiness (several indicators)
 - pupil absence
 - the rate of complaints about noise
 - statutory homelessness
- domain: health Improvement
 - Child excess weight in 4-5 and 10-11 year olds
 - Proportion of the population meeting the '5 a day'- adults and age 15
 - Cancer screening coverage- breast, cervical, bowel
 - Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who receive an NHS Health Check
- domain: health protection – Chlamydia detection rate (15-24 year olds)
 - Population vaccination coverage- Hib/ MenC booster (2 years old), PCV booster, MMR for one dose (2 years old), flu (aged 65+), Flu (at risk individuals), HPV vaccination coverage for two doses (females 13-14 years old), flu (2-4 years old)
 - Incidence of TB
- domain: healthcare & premature mortality – proportion of five-year-old children free from dental decay
 - health related quality of life for older people

- excess winter deaths – single year all ages female, single year age 85+ persons and female, 3 years all ages female

2.6 Implications for pharmacy services

2.6.1 Introduction

Community pharmacists work at the heart of communities and are trusted professionals in supporting individual, family and community health. Pharmacies are uniquely placed to deliver public health services due to their access, location and informal environment.¹¹

Tiers of Community Pharmacy Service

As previously mentioned, the Pharmacy Contract describes three tiers of community service as set out in 2.1.5. See Appendix A – Services provided and opening hours for further details of all services within each tier. The broad spectrum of services described highlights the potential for pharmacist involvement in improving population health and wellbeing beyond just the dispensing of medicines.

2.7 Modifiable behaviours/healthier lifestyles

Non-communicable diseases (NCDs) affect people of all ages. Modifiable behaviours such as physical inactivity, poor diet, harmful alcohol or tobacco use all increase the risk of non-communicable diseases.¹² Community pharmacies have the potential to play an important role in promoting health and wellbeing to combat such modifiable behaviours through jointly working (often in partnership with other service providers) on health improvement initiatives.

Pharmacy staff build trust with the public and may therefore receive a level of insight and honesty (regarding health behaviours) not always communicated between patients and other health professionals.

Pharmacies may promote healthier lifestyles via motivational interviewing; education, information and brief advice; providing on-going support for behaviour change; and signposting to other services or resources.

Pharmacies should be considered as suitable, and in some cases optimal, providers in the process of delivering health improvement initiatives and planning integrated care pathways.

2.8 Addressing inequalities

Long-term and lifestyle related conditions are more prevalent in deprived populations. Often the only healthcare facility located in an area of deprivation, pharmacies have the potential to play a

¹¹ The community pharmacy offer for improving the public's health. Local Government Association. 2016

¹² <http://www.who.int/mediacentre/factsheets/fs355/en/>

vital role in improving the health of deprived communities by offering convenient and equitable access to health improvement services.¹³

Pharmacy staff often reflect the social and ethnic backgrounds of the community they serve making them approachable to those who may not choose to access other health care services. Pharmacies may also offer a language access service where required.

Pharmacy support could prove particularly valuable in more deprived communities or for vulnerable groups such as ethnic minorities who have a variety of poorer health outcomes.

2.9 Healthy Start/children

The Department of Health's *Healthy Start*¹⁴ scheme helps pregnant women and children under four in low-income families eat healthily through the provision of breastfeeding and nutrition support including free food and vitamin vouchers. The scheme provides vitamin supplements through arrangements with local community pharmacies.

Other ways in which pharmacists may play a role in child health include school services, promoting healthier lifestyles and weight management services for children.

2.10 Older people/care homes

Preventative approaches ensure older people remain healthy and independent in the community for longer, and to reduce the cost of health and social care services for this growing population. Pharmacists can support patients as they get older in maintaining their independence and avoiding hospital admissions through understanding safe use of medicines, offering services closer to home, providing healthy lifestyle and self-care advice (where appropriate), signposting services and when necessary making GP referrals. There is also potential for pharmacist teams to be involved in providing various forms of support and care home service that benefit the elderly.

2.11 Long-term conditions

For people living with long-term conditions pharmacy can play an important role in raising awareness of the risks associated with long term conditions, medicines optimisation, patient reviews (monitoring medicines, appliances etc.), providing advice regarding health promotion and signposting and support for self-care.

A key recommendation of the Murray report includes integrating community pharmacists and their teams into long-term condition management pathways.¹⁵ Pharmacists may form part of an integrated care pathway working alongside GPs and other community practitioners to deliver optimal, integrated care closer to home.

¹³ The community pharmacy offer for improving the public's health. Local Government Association. 2016

¹⁴ <https://www.healthystart.nhs.uk/>

¹⁵ Murray R. Community Pharmacy Clinical Services Review. The Kings Fund. December 2016

2.12 Services for people whose first language is not English

Although many pharmacists employ people with a large range of languages currently the language access service is not available from pharmacists in Enfield. Pharmacists currently have to refer patients back to the GP in order to access the service.

3 Population characteristics

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

3.1 Current population

In 2016, the population of Enfield was 331,395 (51% female and 49% male). The borough's population has increased by 15% over the past ten years, a rate in line with London but higher than the England average of 8%. The population density has followed this rate of increase, from 4,833 people per square kilometre to 5,590, although this remains below the London average.

Table 2 shows the age breakdown of the current population. Enfield has a higher percentage of under 20s than both London and England, but a smaller proportion of working-age adults than London. The number of over 65s is similar to London but lower than England.

Table 2 Population breakdown by age and gender for Enfield, London and England, 2016

Source: ONS 2016 population estimates

Population		Enfield						ONS - Mid-2016		
Age Range	Number	Male			Female			Total		
		Number	% of Total Population	% of Total Population	% of Total Population	Number	Number	%		
85+	2077	0.6%			1.1%	3744	5821	1.8%		
65 - 84	16737	5.1%			6.0%	19998	36735	11.1%		
50 - 64	26510	8.0%			8.6%	28482	54992	16.6%		
20 - 49	69280	20.9%			22.1%	73123	142403	43.0%		
5 - 19	34300	10.4%			9.7%	32067	66367	20.0%		
0 - 4	12894	3.9%			3.7%	12183	25077	7.6%		
All Ages	161798	48.8%	35%	0%	0%	35%	51.2%	169597	331395	100%

Population		London						ONS - Mid-2016		
Age Range	Number	Male			Female			Total		
		Number	% of Total Population	% of Total Population	% of Total Population	Number	Number	%		
85+	50878	0.6%			1.0%	89433	140311	1.6%		
65 - 84	404899	4.6%			5.4%	475914	880813	10.0%		
50 - 64	661877	7.5%			7.8%	688962	1350839	15.4%		
20 - 49	2149252	24.5%			23.8%	2095201	4244453	48.3%		
5 - 19	786982	9.0%			8.5%	748933	1535915	17.5%		
0 - 4	325403	3.7%			3.5%	310158	635561	7.2%		
All Ages	4379291	49.8%	35%	0%	0%	35%	50.2%	4408601	8787892	100%

Population		England						ONS - Mid-2016		
Age Range	Number	Male			Female			Total		
		Number	% of Total Population	% of Total Population	% of Total Population	Number	Number	%		
85+	471396	0.9%			1.6%	856696	1328092	2.4%		
65 - 84	4020074	7.3%			8.2%	4534675	8554749	15.5%		
50 - 64	5018607	9.1%			9.3%	5163121	10181728	18.4%		
20 - 49	11073301	20.0%			19.9%	11023221	22096522	40.0%		
5 - 19	4959903	9.0%			8.5%	4718027	9677930	17.5%		
0 - 4	1757639	3.2%			3.0%	1671407	3429046	6.2%		
All Ages	27300920	49.4%	35%	0%	0%	35%	50.6%	27967147	55268067	100%

3.2 Population distribution

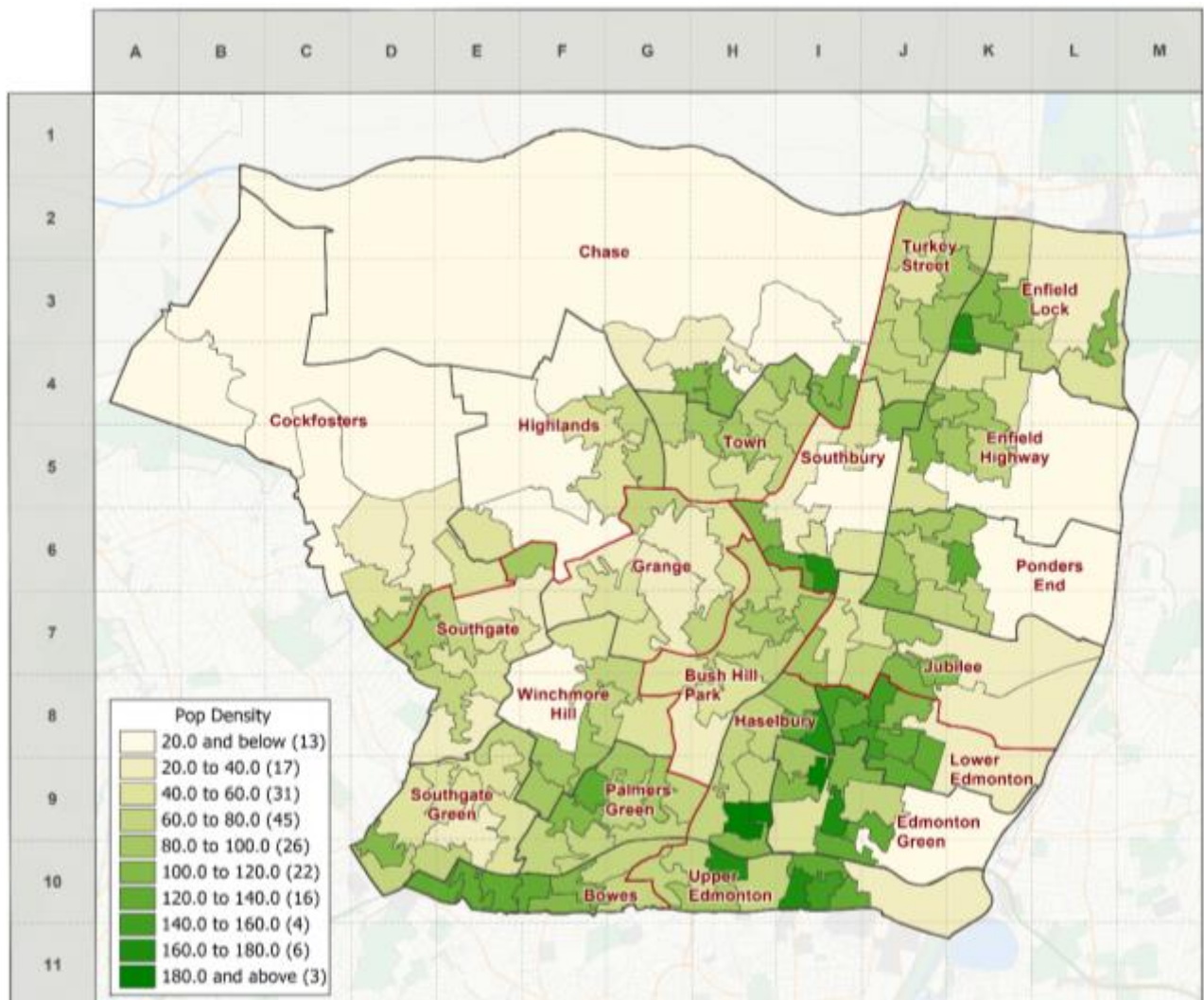
Table 3 shows the population breakdown by locality, age and gender. The North East has the highest population and the North West the lowest. Age distribution is similar across the borough however the North West and South West have greater numbers of those over 65, the South West has more younger working-age adults, and the North East and South East has the highest number of those under 20.

Table 3 Population estimates by locality, age and gender 2015

Source: ONS 2015 population estimates

Area	Locality	Age Range %						Gender %		Population Number
		0 - 4	5 - 19	20 - 49	50 - 64	65 - 84	85+	Male	Female	
Enfield	North East	8.6%	23.2%	42.9%	15.1%	9.1%	1.2%	48.1%	51.9%	95946
Enfield	North West	6.6%	17.5%	40.4%	18.1%	14.8%	2.6%	48.3%	51.7%	56563
Enfield	South East	8.5%	22.1%	43.2%	15.5%	9.3%	1.3%	48.4%	51.6%	88140
Enfield	South West	6.8%	15.8%	45.6%	17.1%	12.6%	2.2%	49.8%	50.2%	87784
Enfield		7.7%	20.0%	43.2%	16.3%	11.1%	1.7%	48.7%	51.3%	328433
London		7.3%	17.4%	48.7%	15.1%	10.0%	1.6%	49.7%	50.3%	8673713
England		6.3%	17.5%	40.3%	18.2%	15.4%	2.4%	49.3%	50.7%	54786327

Figure 2 Mid-2015 Population density for Lower Layer Super Output Areas in Enfield
Source: ONS Ward Level Mid-Year Population Estimates (Experimental Statistics) - Mid-2015: SAPE18DT8



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

3.3 Population density

Table 4 (and Figure 2) shows the population density (people per square kilometre) by locality. Enfield has a lower population density than London but, given it is an urban area, is still higher than the England average. The density varies across the borough, being higher in the South East and South West and lower in the North West. It has also increased over the past ten years as a result of population growth.

Table 4 Population density by locality

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

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

Area	Locality	Population	sq.km	People per sq.km
Enfield	North East	95946	19.4	4938.0
	North West	56563	34.7	1631.4
	South East	88140	12.0	7375.5
	South West	87784	14.8	5940.6
Enfield		328433	81	4063
London		8673713	1572	5518
England		54786327	129213	424

3.4 Ethnicity

Table 5 provides a breakdown of the population by broad ethnic categories. In Enfield, 61% of the population is white, which is close to the London average of 60% but lower than England at 85%. The percentages vary across the borough from 78% in the North West to 47% in the South East.

17% of the population is black compared to the London average of 13% but, again, this varies across the borough from 27.6% in the South East to 6.3% in the North West. The Asian population is 11% compared to the London average of 18.5%, with figures varying from 8% to 13% across different parts of the borough.

The 2011 Census reported that the most commonly spoken language in Enfield, second to English, was Turkish (18,378 speakers, 6.2% of the population aged three and above). This was followed by Polish (5,837 speakers, 2%), Greek (4,627 speakers, 1.6%), Somali (3,127, 1.1%) and Bengali (2,549, 0.9%). There is also a smaller French-speaking population, mainly from Central Africa. The extent to which these languages are spoken varies by locality with a tendency for those sharing a language to form communities in specific parts of the borough.

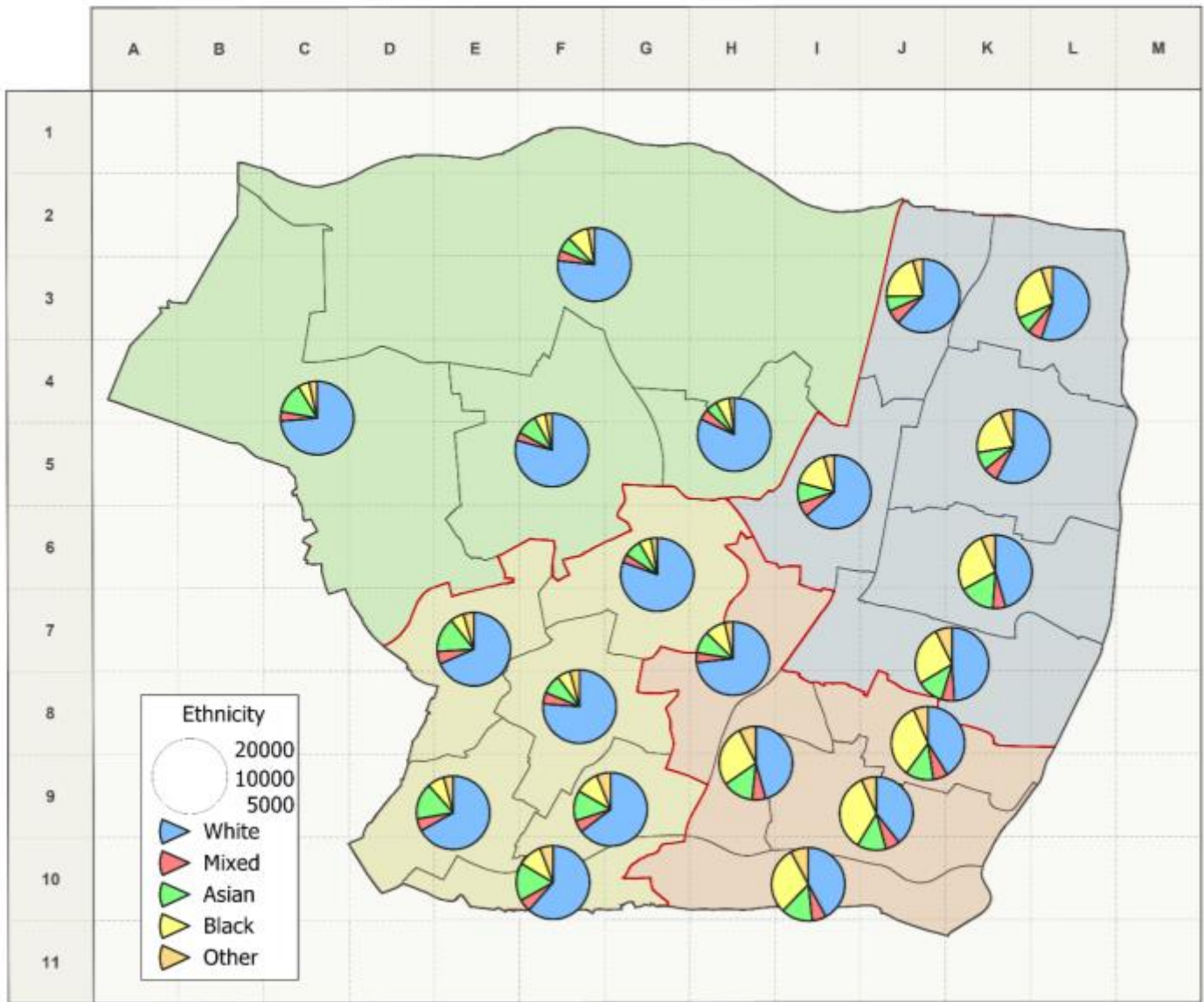
There is no significant traveller population in Enfield.

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

Source: 2011 Census

Area	Locality	Ethnicity %					Population Number
		White	Mixed	Asian	Black	Other	
Enfield	North East	55.4%	6.1%	9.7%	23.1%	5.7%	95946
Enfield	North West	77.9%	4.3%	8.5%	6.3%	2.9%	56563
Enfield	South East	47.3%	6.0%	12.6%	27.6%	6.5%	88140
Enfield	South West	69.4%	5.1%	13.1%	7.7%	4.7%	87784
Enfield		61.0%	5.5%	11.2%	17.2%	5.1%	312466
London		59.8%	5.0%	18.5%	13.3%	3.4%	8173941
England		85.4%	2.3%	7.8%	3.5%	1.0%	53012456

Figure 3 Ward level - Ethnic group (note: 'white' includes 'white other')
Source: 2011 Census



3.5 Deprivation

Since the last PNA, a new national Index of Multiple Deprivation (IMD 2015) has been published and is analysed in Table 6. IMD is typically analysed by small areas called Lower Super Output Areas (LSOAs) with each LSOA categorised into one of ten groups nationally according to whether the area is in the 10% of most deprived areas (group 1), the next 10% (group 2) and so on.

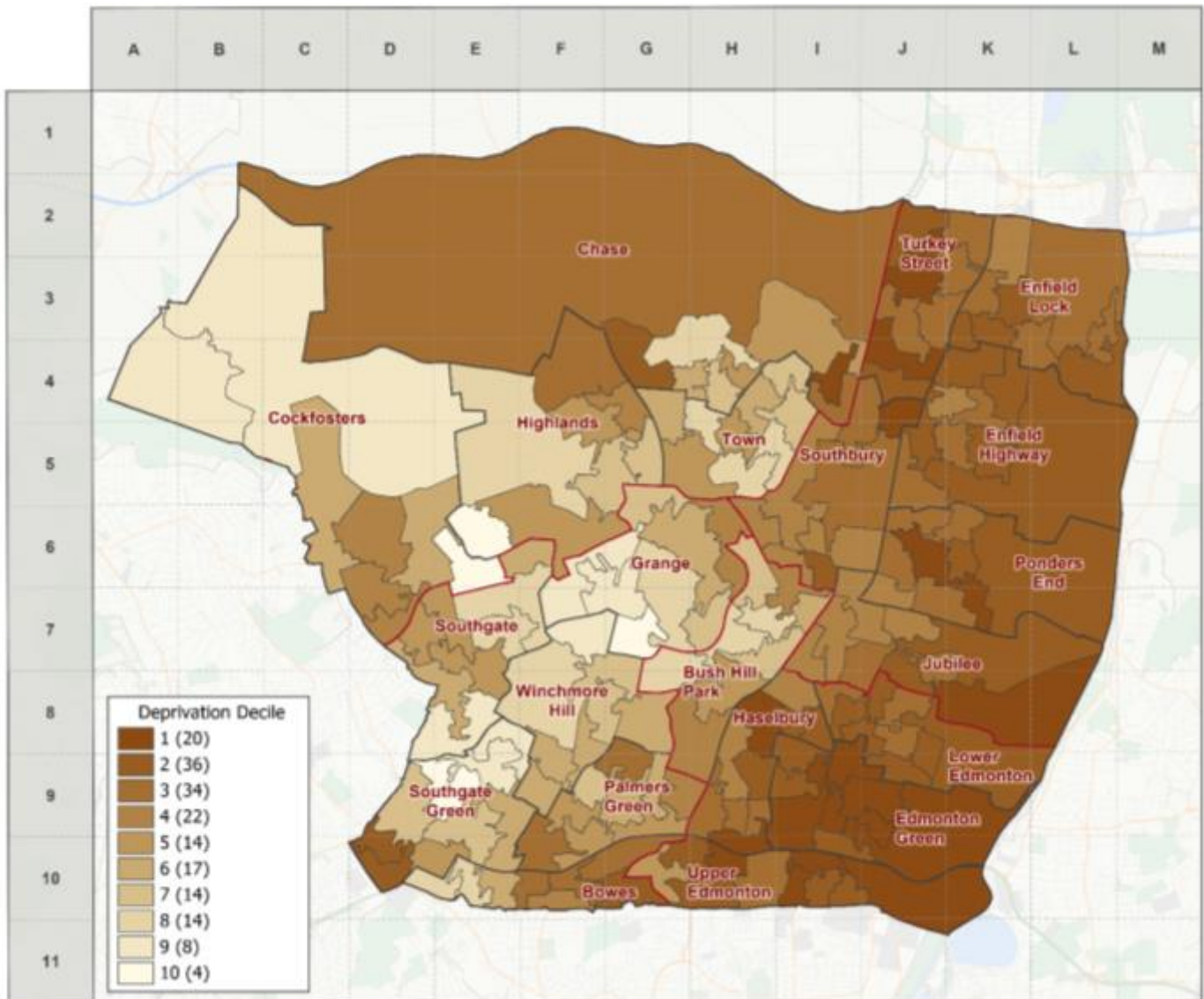
In Enfield, there are 183 LSOAs. Of these around half are in the 30% most deprived areas nationally and only 30% are in the top half nationally. Overall Enfield has an IMD average score of 4.2, which is below the London average of 4.8, indicating that overall it has more deprivation. Analysis by locality shows a wide disparity across the borough with the North West and South West having a higher average ranking of around 6, with the North East and South East an average ranking of only 2.7 and 2.8 respectively. Figure 4 illustrates the east/west deprivation split in the borough

Table 6 Deprivation at locality level

Source: IMD 2015

Area	Locality	% of LSOA's in each Index of Multiple Deprivation England decile										Total LSOA's	
		1	2	3	4	5	6	7	8	9	10	LSOA Number	Average IMD Rank
Enfield	North East	12%	31%	37%	21%	0%	0%	0%	0%	0%	0%	52	2.7
Enfield	North West	3%	3%	9%	12%	15%	15%	15%	15%	6%	6%	33	5.9
Enfield	South East	27%	33%	15%	8%	4%	2%	4%	6%	0%	0%	48	2.8
Enfield	South West	0%	6%	10%	6%	14%	22%	14%	12%	12%	4%	50	6.1
Enfield	Enfield	11%	20%	19%	12%	8%	9%	8%	8%	4%	2%	183	4.2
London	London	6%	17%	16%	13%	11%	10%	9%	8%	7%	4%	4835	4.8

Figure 4 LSOA Level – English Indices of Deprivation 2015 – Enfield
www.gov.uk/government/statistics/english-indices-of-deprivation-2015



3.6 Population projections

Population projections are used for a range of purposes and are often considered to be of equal validity to current data given they are based on very specific assumptions.

Figure 5 How do population projections compare for Enfield

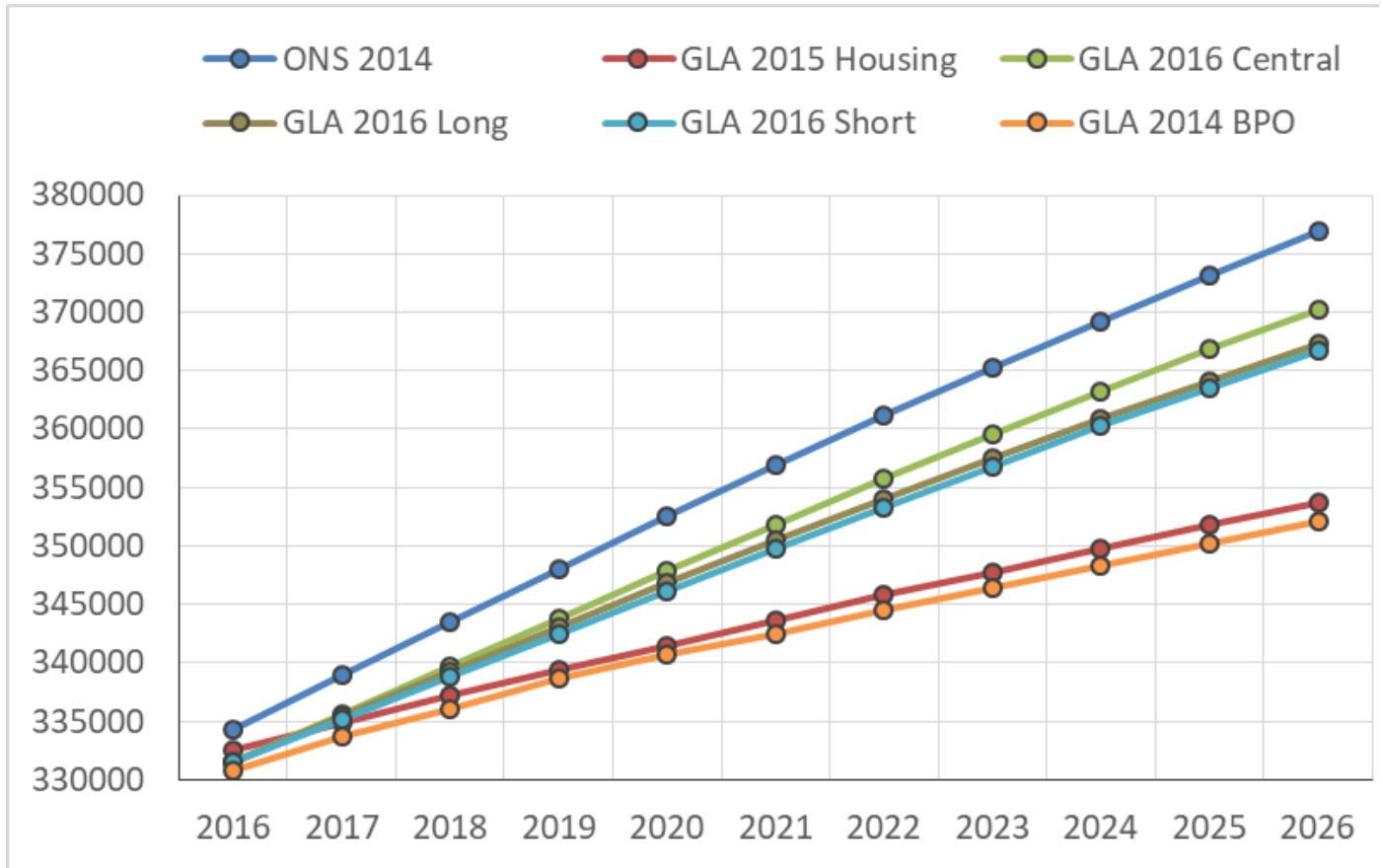


Table 7

Enfield	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
ONS 2014	334300	338900	343500	348000	352500	356900	361100	365200	369200	373200	377000
GLA 2015 Housing	332600	334900	337200	339400	341500	343700	345800	347800	349800	351800	353600
GLA 2016 Central	331500	335600	339800	343800	347900	351800	355700	359500	363200	366800	370300
GLA 2016 Long	331500	335400	339300	343100	346800	350500	354000	357500	360800	364100	367200
GLA 2016 Short	331500	335100	338800	342400	346100	349700	353300	356800	360200	363500	366800
GLA 2014 BPO	330800	333700	336000	338700	340700	342500	344400	346400	348300	350200	352100

Enfield % Change	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
ONS 2014	0.0%	1.4%	2.8%	4.1%	5.4%	6.8%	8.0%	9.2%	10.4%	11.6%	12.8%
GLA 2015 Housing	0.0%	0.7%	1.4%	2.0%	2.7%	3.3%	4.0%	4.6%	5.2%	5.8%	6.3%
GLA 2016 Central	0.0%	1.2%	2.5%	3.7%	4.9%	6.1%	7.3%	8.4%	9.6%	10.6%	11.7%
GLA 2016 Long	0.0%	1.2%	2.4%	3.5%	4.6%	5.7%	6.8%	7.8%	8.8%	9.8%	10.8%
GLA 2016 Short	0.0%	1.1%	2.2%	3.3%	4.4%	5.5%	6.6%	7.6%	8.7%	9.7%	10.6%
GLA 2014 BPO	0.0%	0.9%	1.6%	2.4%	3.0%	3.5%	4.1%	4.7%	5.3%	5.9%	6.4%

London % Change	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
ONS 2014	0.0%	1.4%	2.8%	4.1%	5.4%	6.5%	7.7%	8.8%	9.9%	11.0%	12.0%
GLA 2015 Housing	0.0%	1.1%	2.2%	3.3%	4.3%	5.3%	6.3%	7.3%	8.2%	9.1%	10.0%
GLA 2016 Central	0.0%	1.2%	2.4%	3.5%	4.6%	5.7%	6.7%	7.7%	8.7%	9.7%	10.6%
GLA 2016 Long	0.0%	1.0%	2.1%	3.1%	4.0%	5.0%	5.9%	6.7%	7.6%	8.4%	9.2%
GLA 2016 Short	0.0%	1.3%	2.5%	3.7%	4.9%	6.1%	7.2%	8.3%	9.4%	10.4%	11.4%
GLA 2014 BPO											

The current Greater London Authority (GLA) Borough Preferred Option (BPO) has been used for this analysis. However, for more detailed analysis by age and locality, it has been necessary to refer back to earlier GLA projections.

The BPO projects a borough-wide population increase of 3.5% up to 2021 (which covers the period of this PNA) and 6.4% up to 2026.

An analysis by locality is set out in Table 8. It shows a lower increase projected for the North East of the borough and the highest increases in the North West and South East. Although ward level analyses can be difficult, large increases in excess of 15% are projected for Upper Edmonton and Southgate Green wards, with Upper Edmonton increasing by 41% to 2026.

Table 8 Population projections by locality to 2026

Source: GLA 2015 based population projections – housing-led projection

<https://www.data.london.gov.uk/dataset/interim-2015-based-population-projections>

Area	Locality	2016 Population	Year										2026 Population	
			2016	2017	2018	2019	2020	2021	2022	2023	2024	2025		2026
Enfield	North East	97720	0.0%	0.3%	0.6%	0.9%	1.2%	1.5%	1.8%	1.9%	2.2%	2.3%	2.5%	100191
Enfield	North West	58868	0.0%	1.1%	2.2%	3.2%	4.2%	5.0%	5.9%	6.6%	7.2%	8.0%	8.7%	63992
Enfield	South East	86862	0.0%	0.8%	1.4%	2.1%	2.7%	3.9%	5.1%	6.3%	7.6%	8.8%	9.8%	95406
Enfield	South West	89115	0.0%	0.8%	1.7%	2.4%	3.3%	3.7%	4.0%	4.4%	4.8%	5.2%	5.5%	94058
Enfield	Enfield	332565	0.0%	0.7%	1.4%	2.0%	2.7%	3.3%	4.0%	4.6%	5.2%	5.8%	6.3%	353647
London	London	8778252	0.0%	1.1%	2.2%	3.3%	4.3%	5.3%	6.3%	7.3%	8.2%	9.1%	10.0%	9658419

Table 9 Components of population change for Enfield, London and England, mid-2016

	Enfield			LONDON			ENGLAND		
Estimated Population mid-2015	328433			8673713			54786327		
		%	change		%	change	Number	%	change
Births	5039	1.53%		129847	1.50%		668063	1.22%	
Deaths	-2064	-0.63%		-48513	-0.56%		-484202	-0.88%	
Births minus Deaths	2975	0.91%		81334	0.94%		183861	0.34%	
Internal Migration Inflow	16821	5.12%		198327	2.29%		95356	0.17%	
Internal Migration Outflow	-20234	-6.16%		-291629	-3.36%		-107541	-0.20%	
Internal Migration Net	-3413	-1.04%		-93302	-1.08%		-12185	-0.02%	
International Migration Inflow	4819	1.47%		220908	2.55%		579326	1.06%	
International Migration Outflow	-1404	-0.43%		-94829	-1.09%		-277709	-0.51%	
International Migration Net	3415	1.04%		126079	1.45%		301617	0.55%	
Other	-15	0.00%		68	0.00%		8447	0.02%	
Total Change	2962	0.90%		114179	1.32%		481740	0.88%	
Estimated Population mid-2016	331395			8787892			55268067		

Table 10 shows how these projections change the age distribution up to 2021, with the largest proportional increases in the over 50s and the 5-19s. There is little or no change in the younger working-age population aged 20-49. These changes reflect London-wide predictions.

Table 10 Projection of population changes by age and locality to 2021

Source: GLA 2015 based population projections

<https://data.london.gov.uk/dataset/interim-2015-based-population-projections>

Area	Locality	2016 Population	Age Range %						Gender %		Projected Change	2021 Population
			0 - 4	5 - 19	20 - 49	50 - 64	65 - 84	85+	Male	Female		
Enfield	North East	97720	-5.2%	3.4%	-3.1%	11.9%	6.1%	12.3%	2.0%	3.1%	1.5%	99228
Enfield	North West	58868	0.1%	8.4%	3.6%	9.3%	6.5%	10.0%	5.8%	4.3%	5.0%	61825
Enfield	South East	86862	-1.5%	5.7%	0.5%	10.3%	8.2%	12.5%	4.4%	3.4%	3.9%	90260
Enfield	South West	89115	-0.9%	7.3%	-0.7%	8.6%	8.5%	12.4%	3.9%	3.4%	3.7%	92174
Enfield		332565	-2.3%	5.7%	-0.7%	10.1%	7.4%	11.8%	3.8%	2.9%	3.3%	343687
London		8778252	-0.8%	6.8%	3.1%	10.6%	8.8%	12.9%	5.9%	4.8%	5.3%	9247065

3.7 Health and lifestyles

Set out below is some of the key health information pertaining to the population in Enfield. It is not intended to replicate the Joint Strategic Needs Assessment (JSNA), which, together with locality profiles, is currently under development, but rather to illustrate some of the main differences between Enfield, London and England as well as, where possible, variations within Enfield by locality.

The borough's JSNA can be found at <https://new.enfield.gov.uk/healthandwellbeing/jsna/>

The latest Public Health Information from fingertips is shown at Table 11. This shows high numbers of children in low income families, high unemployment rates and low rates of GCSE attainments.

Table 11 Public Health England – Health Profile – Enfield
<https://fingertips.phe.org.uk/profile/health-profiles>

Community Indicators		Enfield		London			
Indicator	Period	Count	Value	Value	Min	Range	Max
Deprivation score (IMD 2015)	2015	-	27.0	-	-	Could not be Calculated	-
Children in low income families (under 16s)	2014	20720	28.1%	23.4%	9.6%		39.2%
Statutory homelessness	2015/16	70	0.5	1.2	0.2		4.4
GCSEs achieved	2015/16	2214	58.1%	61.3%	54.8%		74.6%
Violent crime (violence offences)	2015/16	5909	18.2	21.8	12.4		35.2
Long term unemployment	2016	997	4.7	4.1	1.7		6.8

Children's and young people's health		Enfield		London			
Indicator	Period	Count	Value	Value	Min	Range	Max
Smoking status at time of delivery	2015/16	-	-	5.0%	1.8%		8.6%
Breastfeeding initiation	2014/15	3801	86.7%	86.1%	-	Insufficient number of values	-
Obese children (Year 6)	2015/16	999	25.7%	23.2%	11.0%		28.5%
Hospital stays for alcohol-specific conditions (under 18s)	13/14 - 15/16	46	18.7	22.4	11.7		47.0
Under 18 conceptions	2015	138	22.7	19.2	10.6		31.0

Adults Health and Lifestyle		Enfield		London			
Indicator	Period	Count	Value	Value	Min	Range	Max
Smoking prevalence in adults	2016	-	13.1%	15.2%	7.4%		22.3%
Percentage of physically active adults - current method	2015/16	-	60.3	64.6	55.7		73.7
Percentage of physically active adults - historical method	2015	-	55.5%	57.8%	44.8%		69.3%
Excess weight in adults	2013 - 15	-	63.5%	58.8%	46.5%		70.6%

Disease and Poor Health		Enfield		London			
Indicator	Period	Count	Value	Value	Min	Range	Max
Cancer diagnosed at early stage	2015	509	52.4%	50.2%	41.6%		55.3%
Hospital stays for self-harm	2015/16	227	66.2	93.8	58.7		193.0
Hospital stays for alcohol-related harm	2015/16	1499	548.0	545.0	390.0		785.0
Recorded diabetes	2014/15	17477	7.1%	6.1%	3.7%		8.8%
Incidence of TB	2013 - 15	209	21.5	30.4	5.9		85.6
New sexually transmitted infections (STI)	2016	1891	877.0	1547.0	684.0		3288.0
Hip fractures in people aged 65 and over	2015/16	222	511.0	509.0	391.0		671.0
Estimated dementia diagnosis rate (aged 65+)	2017	1990	71.8%	71.1%	59.1%		90.6%

Life Expectancy and Causes of Death		Enfield		London			
Indicator	Period	Count	Value	Value	Min	Range	Max
Life expectancy at birth (Male)	2013 - 15	-	80.1	80.2	77.5		83.4
Life expectancy at birth (Female)	2013 - 15	-	84.2	84.1	81.8		86.4
Infant mortality	2013 - 15	48	3.3	3.4	2.0		5.4
Killed and seriously injured on roads	2013 - 15	194	19.9	25.7	11.8		64.3
Suicide rate	2013 - 15	56	6.9	8.6	6.7		11.3
Smoking related deaths	2013 - 15	992	245.3	260.4	183.3		394.9
Under 75 mortality rate: cardiovascular	2013 - 15	447	69.6	77.4	45.4		108.8
Under 75 mortality rate: cancer	2013 - 15	831	131.3	129.7	105.8		169.6
Excess winter deaths	Aug 12 - Jul 15	471	25.3	18.6	10.5		30.5

Inequality Indicators		Enfield		London			
Indicator	Period	Count	Value	Value	Min	Range	Max
Premature mortality from all causes (Male)	2013 - 15	1205	384	398	304		543
Premature mortality from all causes (Female)	2013 - 15	800	231	246	181		323
Per cent of ethnic minorities (Female)	2015	51900	39.9%	38.7%	10.4%		62.2%
Per cent of ethnic minorities (Male)	2015	33300	28.5%	35.8%	10.6%		60.9%
Dependency ratio	2015	119583	57.3%	48.5%	33.9%		63.3%

3.7.1 Smoking prevalence

Latest figures show that smoking prevalence across the borough is below both the London and England averages, and has fallen in line with national trends.

Table 12 Smoking prevalence in Enfield, London and England

Source: Public Health Outcomes Framework

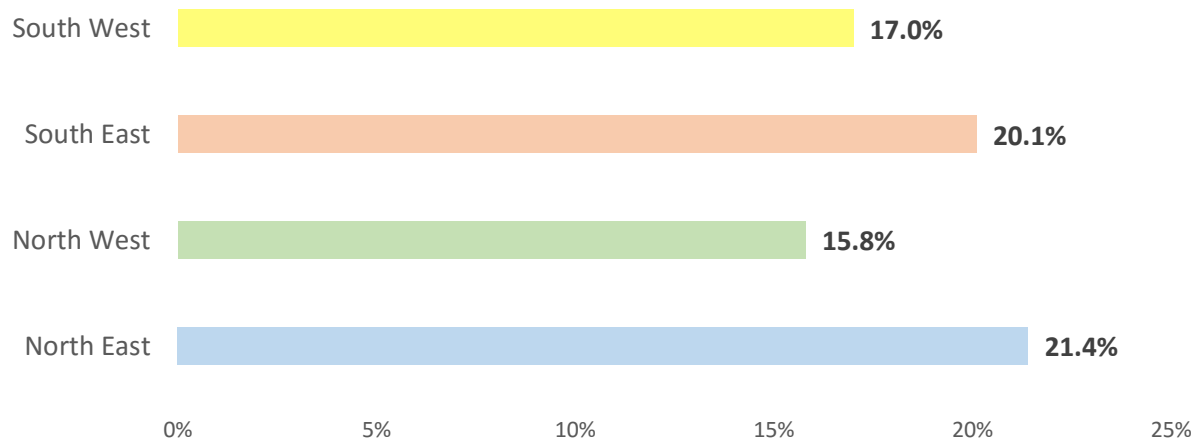
Indicator	Enfield (%)	London (%)	England (%)
Smoking prevalence among adults	13.28	15.2	15.5
Smoking prevalence at age 15	2.0	3.4	5.5

Smoking rates vary across the localities as shown in Figure 6 (these figures are based on all smokers aged 15 and over, but are useful in demonstrating the variation across the borough)

Figure 6 data originates from a different source and therefore varies slightly from Table 12.

Figure 6 Percentage of smokers aged 15 and over by locality

Source: GP survey data



3.7.2 Diet and obesity

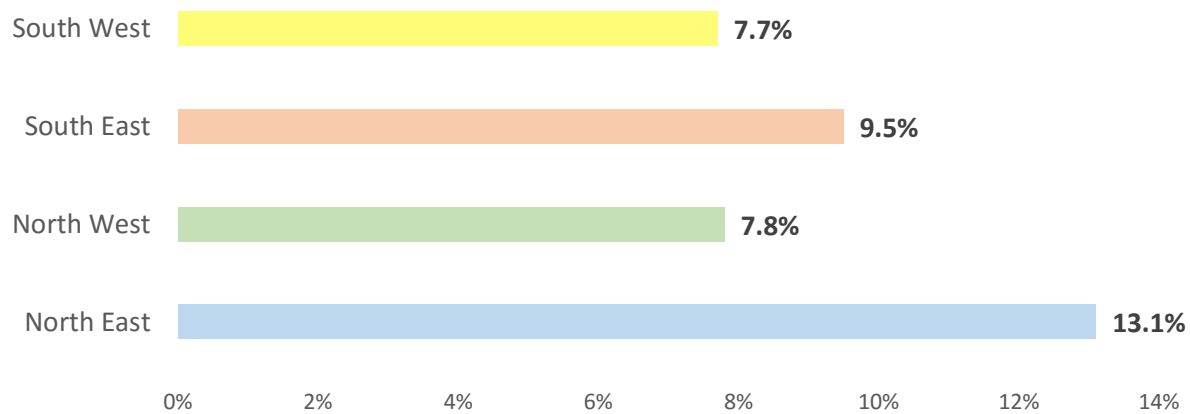
63.5% of adults in Enfield are classified as overweight or obese, which is higher than the London average of 58.5% but slightly below England at 64.8%. The rates for children are higher with 41.5% of 10-11-year-olds considered to be overweight or obese compared to 38.1% in London and 34.2% for England (see Table 13). Figure 7 shows the variation across localities with higher numbers in the South East and North East.

Table 13 Excess weight in adults and children

Source: PHOF

Indicator	Enfield (%)	London (%)	England (%)
Adults excess weight	63.5	58.5	64.8
Child excess weight	41.5	38.1	34.2

Figure 7 Percentage of adult obesity 2015-16

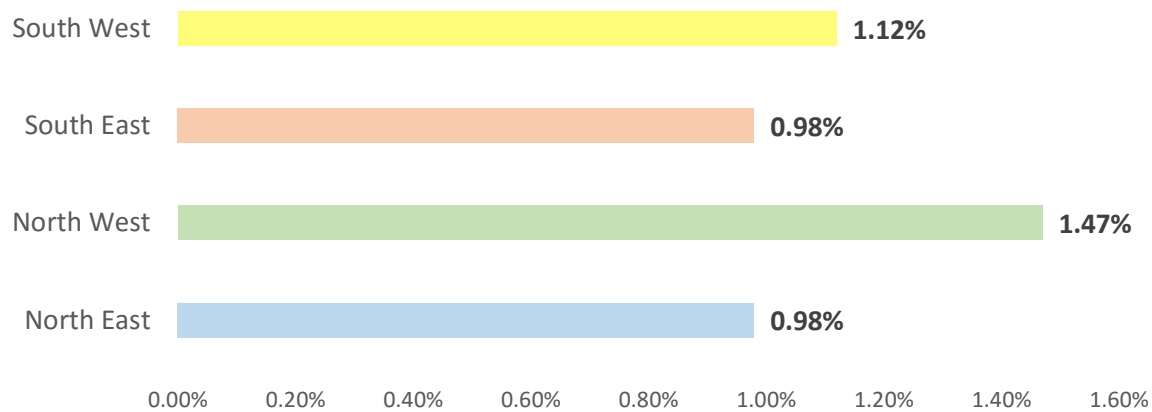


3.7.3 Stroke Prevalence

Stroke prevalence varies across the borough being highest in the western side of Enfield. This may in part be due to a higher number of older people.

Figure 8 Recorded prevalence of stroke by locality 2015-16

Source: QoF 2015-16

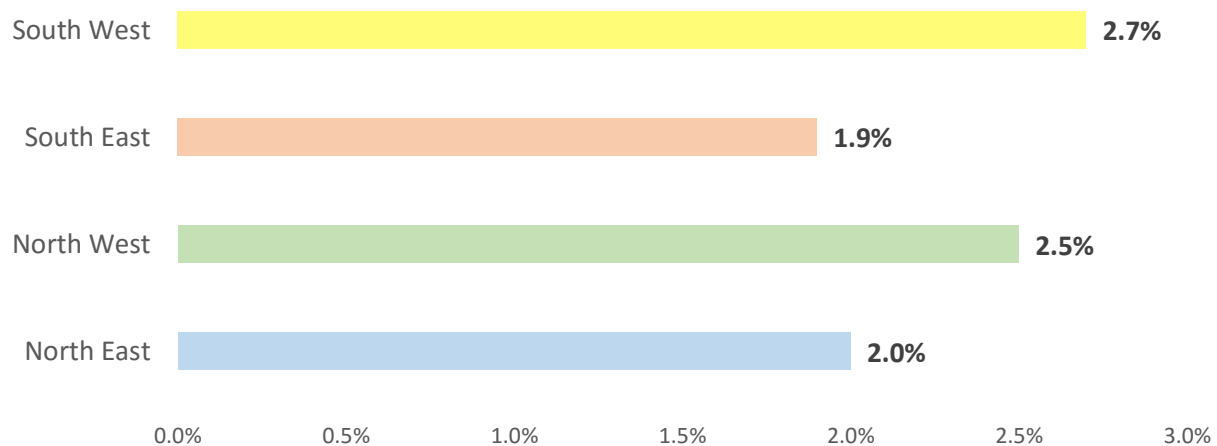


3.7.4 Coronary heart disease

Coronary heart disease also varies across the borough with higher rates in the North West and South West localities.

Figure 9 Recorded prevalence of coronary heart disease by locality 2015-16

Source: QoF 2015-16

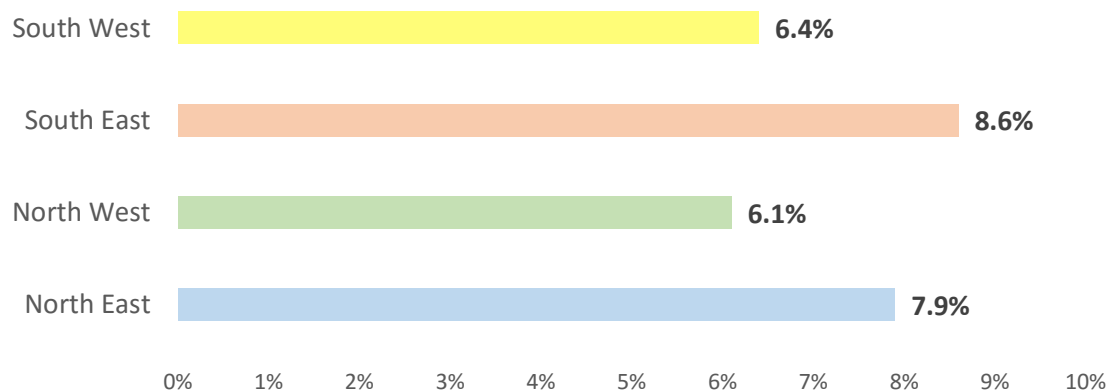


3.7.5 Diabetes

Diabetes rates in Enfield are generally high, as shown in the fingertips Table 11. It shows higher rates in the North East and South East localities.

Figure 10 Recorded prevalence of diabetes by locality 2015-16

Source: QoF 2015-16

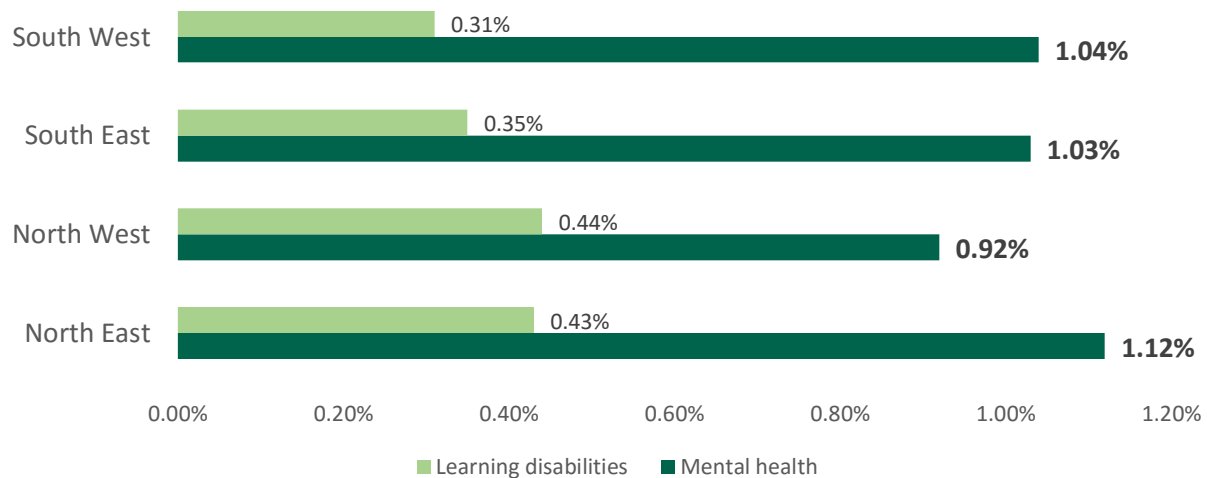


3.7.6 Mental health (including bipolar, schizophrenia etc) and learning disabilities

Mental health rates are similar across the borough, although rates for learning disabilities are slightly higher in the north.

Figure 11 Recorded prevalence of mental health and learning disabilities by locality 2015-16

Source: QoF 2015-16



3.8 Life expectancy and mortality

Both life expectancy and healthy life expectancy have been rising in line with national trends. The rate of life expectancy is close to the London average, but higher than for England. Life expectancy at 65 is also similar to London while remaining above the England average. Healthy life expectancy (years spent in good health) is above both London and national figures suggesting that Enfield residents spend less time in poor health.

Table 14 Life expectancy comparison

Source: PHOF

Indicator	Gender	Enfield	London	England
Life expectancy at birth	Male	80.1	80.2	79.5
	Female	84.2	84.1	83.1
Healthy life expectancy at birth	Male	68.4	64.1	63.4
	Female	66.0	64.1	64.1
Life expectancy at 65	Male	19.0	19.1	18.7
	Female	21.8	21.7	21.1

Higher life expectancy is the result of lower mortality figures. Table 15 shows that in many key areas, Enfield's mortality rates are below those of England and for the most part lower than London.

Table 15 Comparison of mortality rates

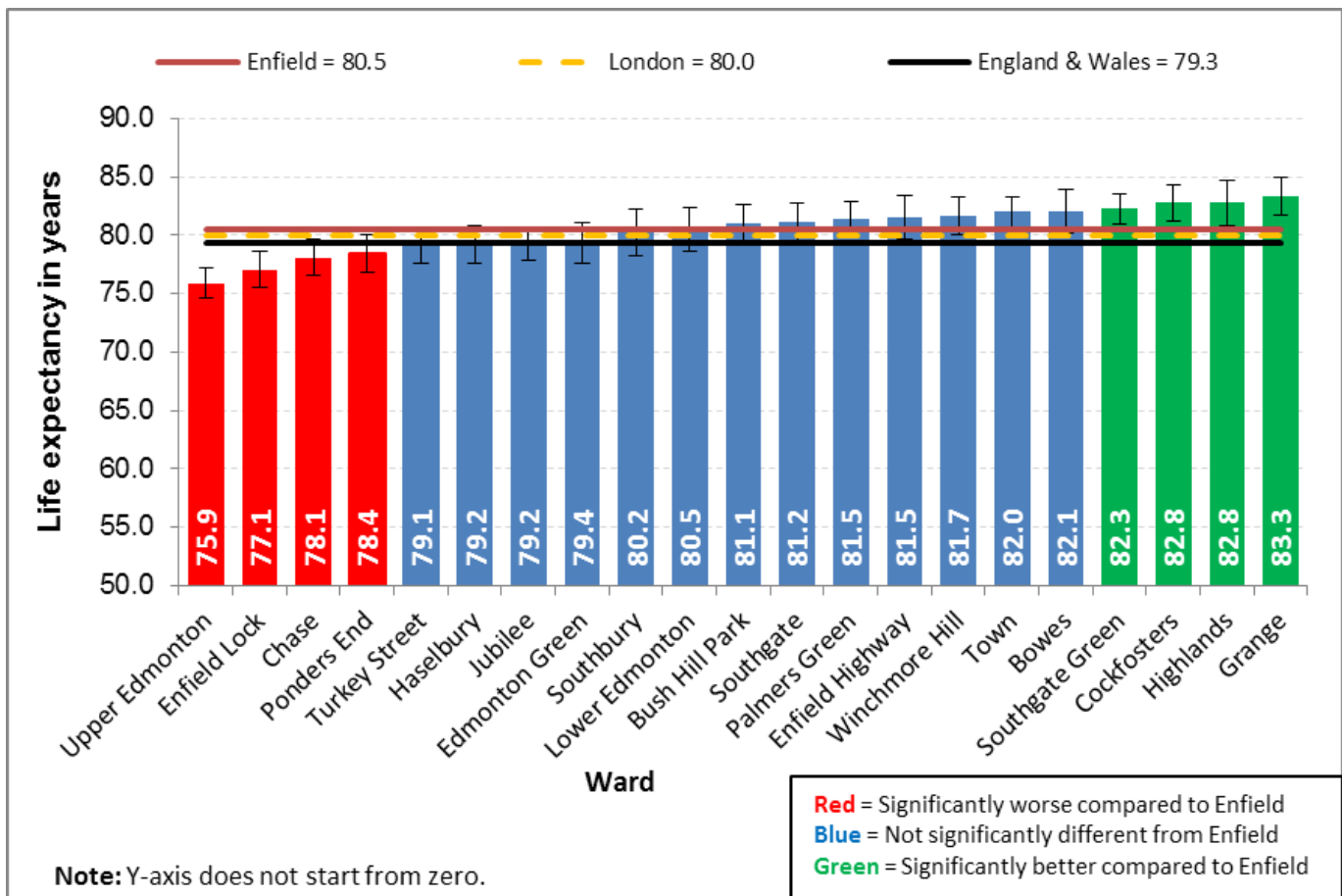
Source: PHOF 2015-16

Indicator	Enfield	London	England
Mortality from preventable causes	154.9	170.8	184.5
Under 75 all CVD	69.6	77.4	74.6
Under 75 cancer mortality	131.3	129.7	138.8
Under 75 liver disease	13.7	17.0	18.0

There are variations in life expectancy across the borough as shown in the figure below.

Figure 12 Life expectancy at birth, Males, Enfield wards 2010-2014

Source: Greater London Authority (GLA) based on ONS mortality data and ONS mid-year population estimates



3.9 Enfield housing trajectory

The latest figures for additional dwellings in Enfield up to 2021 are shown by locality in Table 16. These are taken from Enfield’s Housing Trajectory 2016, as published in the Authorities Monitoring Report 2015/2016.

Enfield is currently reviewing its Local Plan 2032, a strategy which sets out guiding principles for future development in the borough. It will identify the areas in which the majority of future housing and urban development will occur, setting out the criteria for which all proposals are to be assessed. The Local Plan will conform to national and regional policy, but will be tailored to deliver the council’s vision as set out in its corporate priorities. The first stage of the plan will commence in 2018 with an Issues and Options consultation. It will then go through several draft stages and is anticipated to be formally adopted and published in 2019.

The plan includes social infrastructure, which encompasses a wide range of services around health and well-being. As such, the pharmaceutical needs of the borough’s increasing population will be addressed under this section. The council’s ambition is to create lifetime neighbourhoods, whereby social infrastructure serves the needs of its residents.

Given there is considerable development planned for north London, it is unlikely that, in the future, Enfield will be able to access health and pharmacy care from neighbouring boroughs.

Table 16 Number of additional dwellings up to 2021

Source: Enfield's Housing Trajectory 2016 as published in the Authorities Monitoring Report 2015/2016

Locality	Number of additional dwellings, 2021
North East	800
North West	610
South East	909
South West	1367
TOTAL	3,686

4 Pharmaceutical service provision within Enfield

4.1 NHS England pharmaceutical services currently commissioned from community pharmacies

4.1.1 Introduction

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

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

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

4.1.2 Essential service provision currently commissioned from community pharmacies

The essential services offered by all pharmacy contractors are specified by a national contractual framework that was agreed in 2005. The following description of these services is an excerpt from a briefing summary on NHS community pharmacy services by the Pharmaceutical Services Negotiating Committee:

The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Available at: http://www.legislation.gov.uk/ukxi/2013/349/pdfs/ukxi_20130349_en.pdf

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

- **Dispensing** – the safe supply of medicines or appliances. Advice is given to the patient about the medicines being dispensed and how to use them. Records are kept of all medicines dispensed and significant advice provided, referrals and interventions made.
- **Repeat dispensing** – the management of repeat medication for up to one year, in partnership with the patient and prescriber. The patient will return to the pharmacy for repeat supplies, without first having to visit the GP surgery. Before each supply the pharmacy will ascertain the patient's need for a repeat supply of a particular medicine.
- **Disposal of unwanted medicines** – pharmacies accept unwanted medicines from individuals. The medicines are then safely disposed of.
- **Promotion of Healthy Lifestyles** (Public Health) – opportunistic one to one advice is given on healthy lifestyle topics, such as stopping smoking, to certain patient groups who present prescriptions for dispensing. Pharmacies will also get involved in six local campaigns a year, organised by NHS England. Campaign examples may include promotion of flu vaccination uptake or advice on increasing physical activity.
- **Signposting patients to other healthcare providers** – pharmacists and staff will refer patients to other healthcare professionals or care providers when appropriate. The service also includes referral on to other sources of help such as local or national patient support groups.

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

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

4.1.3 Advanced service provision currently commissioned from community pharmacies

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

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

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

In addition, NHS England London region commissions PPV and Meningitis for 19-24 year olds

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

community, pharmacists should work with GPs and nurse prescribers to ensure safe and rational prescribing of medication.

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

At present, the following advanced services are commissioned in Enfield:

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

4.1.4 Enhanced Services

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

- anticoagulation monitoring
- care home service
- disease specific medicines management service
- gluten free food supply service
- independent prescribing service
- home delivery service
- language access service
- medication review service
- medicines assessment and compliance support
- minor ailment service
- on demand availability of specialist drugs
- out of hours service
- patient group direction service (not related to public health services)
- prescriber support service
- schools service
- supplementary prescribing service

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

4.2 Locally commissioned services

4.2.1 Local authority commissioned pharmaceutical services currently commissioned from community pharmacies

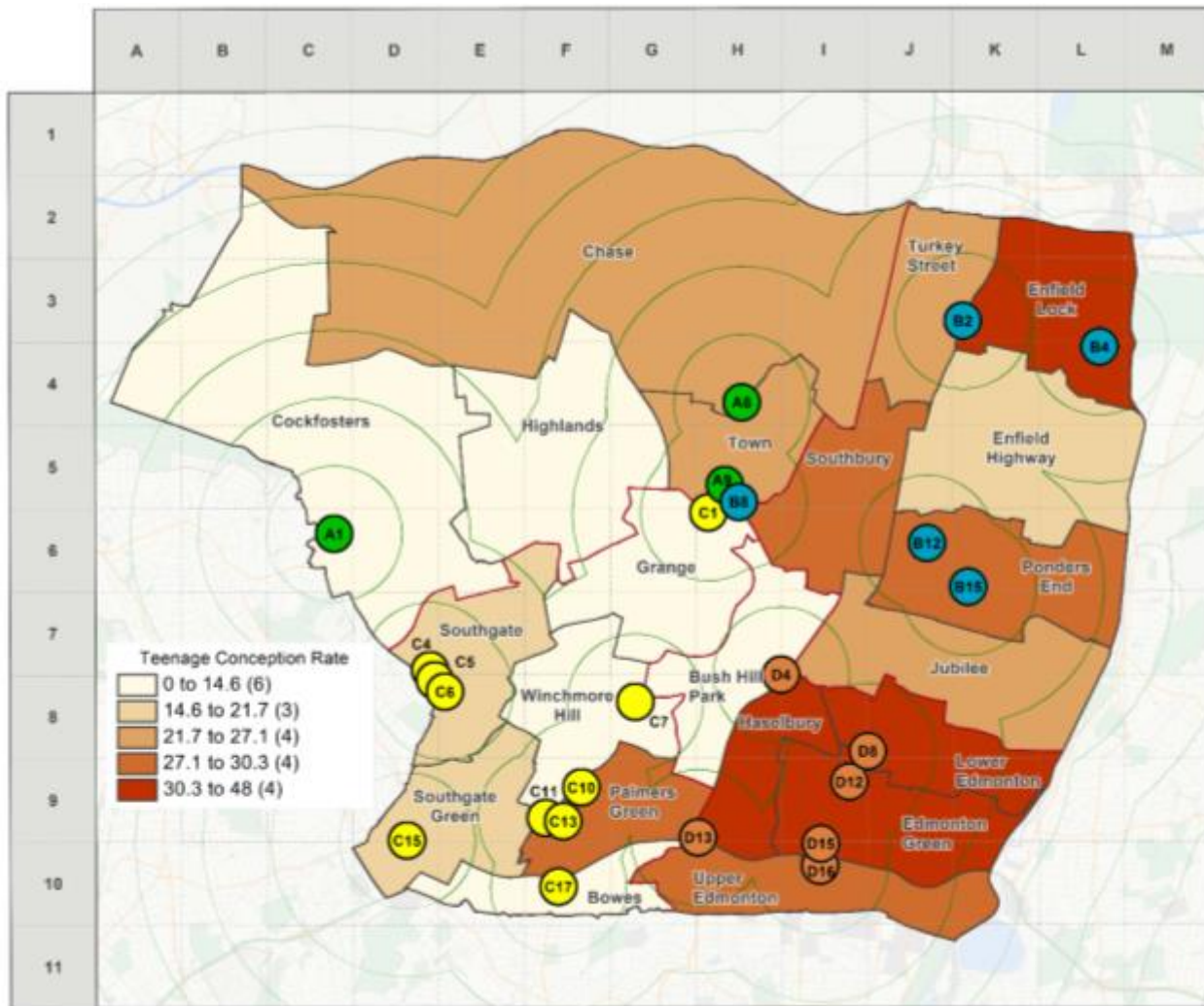
The London Borough of Enfield commissions community pharmacies for the provision of Emergency Contraception (EHC). However, this can also be provided by other providers such as GP practices.

In Enfield, Drug and Alcohol Community service provider commissions local pharmacies to provide supervised consumption and needle exchange services.

A full list of community pharmacy providers of these services is set out in Appendix A – Services provided and opening hours.

Figure 13 shows the location of the pharmacies providing EHC services across the borough and compares with ward level teenage conception rates.

Figure 13 shows the location of the pharmacies providing EHC services across the borough and compares with ward level teenage conception rates.



Source: London Borough of Enfield (Children, Young People and Their Families Report 2017)

Distance Miles	Population	
	Number	Percent
0.5	209200	63.7%
1	106300	32.4%
1.5	9800	3.0%
2	2600	0.8%
2.5	300	0.1%

4.2.2 Clinical commissioning group (CCG) commissioned pharmaceutical services currently commissioned from community pharmacies

At present, the CCG commissions a minor ailments scheme. This service is for people, including children, who do not pay prescription charges. Pharmacists provide advice, and where appropriate, dispense over the counter medications, free of cost. This allows residents to get the same service as they would from their GP, but without having to wait for an appointment.

4.3 Dispensing appliance contractor

Appliance suppliers are a sub-set of NHS pharmaceutical contractors that supply, on prescription, appliances such as stoma and incontinence aids, dressings, bandages etc. They cannot supply medicines. There are no dispensing appliance contractors (DACs) in the Enfield HWB area, however DAC services are available to the population from elsewhere in the UK.

Appliances may also be dispensed from community pharmacies. Of the responses received from the community pharmacy contractor questionnaire, five (12%) respondents reported that they provided a stoma appliance customisation service with a further eight (19%) that planned to offer this service in the next 12 months. The national figure is 15%

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 112 DACs in England in 2015-16.

4.4 Distance-selling pharmacies

A distance-selling pharmacy provides services as per the Pharmaceutical Regulations, 2013. It may not provide essential services face-to-face at the pharmacy premises and therefore provision may only be by mail order and/or the internet. As part of the terms of service for distance-selling pharmacies, provision of all their services must be offered throughout England. It is therefore possible that patients within Enfield will be receiving pharmaceutical services from a distance-selling pharmacy from outside the borough. Currently, there is one distance-selling pharmacy in the Enfield HWB area.

4.5 Self-care pharmacy initiative

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

4.6 Community pharmaceutical services for people from special groups

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

4.7 Community pharmacies in Enfield

There are 59 community pharmacies in Enfield (as at September 2017) for a population of 328,433. This is an average of 18 pharmacies per 100,000 population. Latest data shows the average per 100,000 population in England is 21.3 and in London 21.4. 90% of the population have access to a pharmacy within the borough within 20 minutes walking (1 mile).

Figure 14 Location of pharmacies by locality and ward, 2017

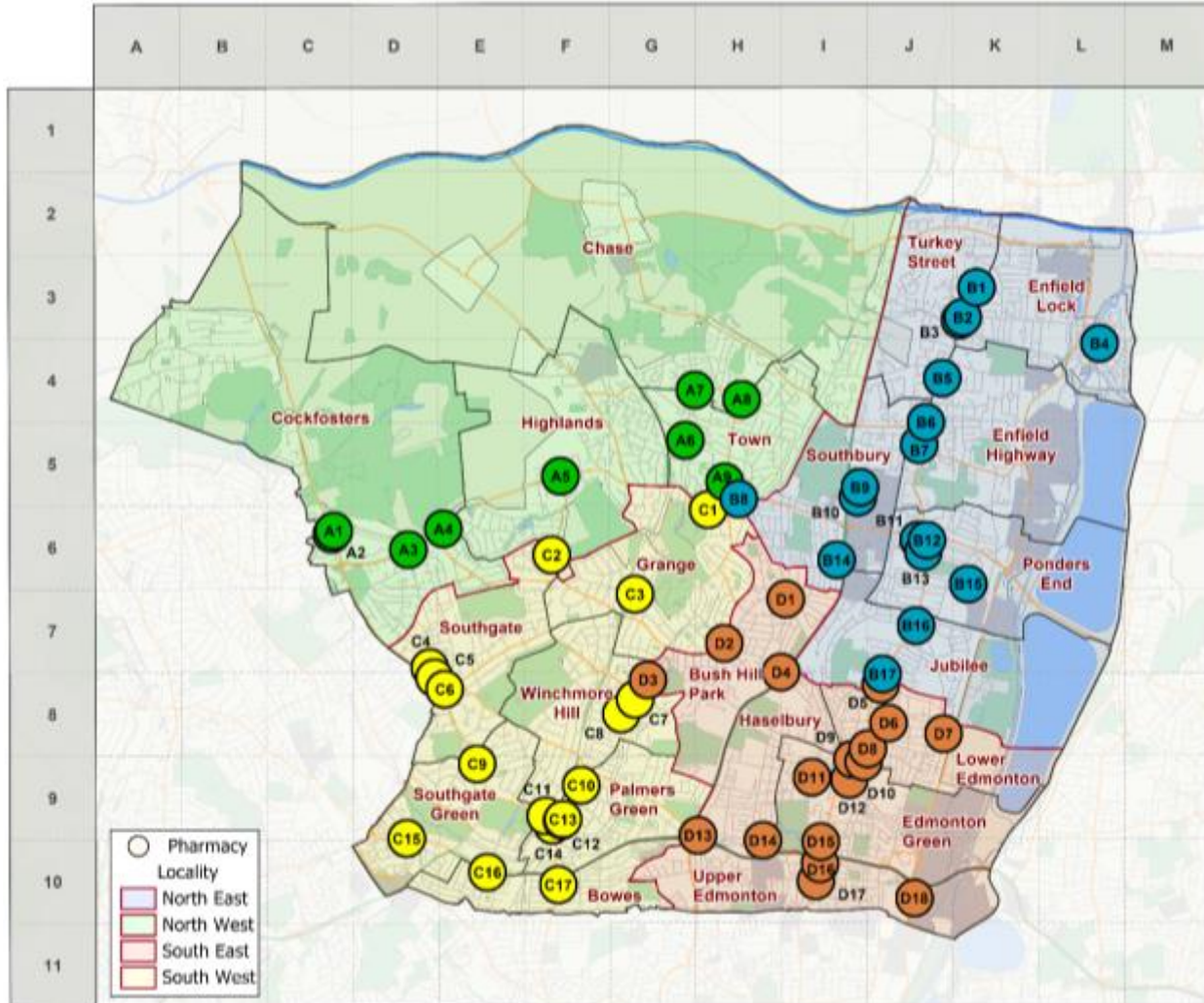


Table 17 Pharmaceutical service provision by locality (number of pharmacies providing each service)

Area	Ward	Pharmacy Number	Pharmaceutical Services													Ward Population (mid 2015)	Ward Population per Pharmacy	Ward Area (Hec)	Ward Area Per Pharmacy	
			EPs 1 or 2	MUR	NMS	AUR	SAC	Flu	NUMSAS	Minor Ailments	Enhanced service Flu	Palliative Care	Care Homes	EHC	SC					NEX
Enfield	North East	16	0	16	13	1	1	11	4	1	6	0	0	5	4	3	95946	5712	1943	121
	North West	9	0	9	7	2	2	4	0	1	2	0	0	3	1	0	56563	6162	3467	385
	South East	17	0	17	9	1	1	11	3	0	9	0	0	6	5	3	88140	4826	1195	70
	South West	17	0	17	15	1	1	12	2	2	8	0	0	10	4	3	87784	4916	1478	87
Enfield		59	0	59	44	5	5	38	9	4	25	0	0	24	14	9	328433	5567	8083	137

Table 18 Breakdown of the number of average community pharmacies per 100,000 population

Table 18 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 varies across the borough with a greater concentration in the south than in the north.

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.

4.8 Choice of community pharmacies

Table 19 shows a 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 regionally, with no one provider having a monopoly in any locality. Enfield therefore has a good selection of pharmacy providers.

Table 19 Community pharmacy ownership 2015-16

Area	Multiples	Independent	Multiple %
North East	8	9	47%
North West	3	6	33%
South East	4	13	24%
South West	8	9	47%
Enfield	23	37	38%
London	726	1127	39%
England	7240	4448	62%

4.9 Intensity of current community pharmacy providers

For most community pharmacy providers, dispensing provides the majority of their activity. Table 20 shows their average monthly dispensing activity. The data shows that the average activity in Enfield is higher than the averages in both London and England.

Table 20 Average dispensed items per community pharmacy 2015-16

Area	Average number of monthly dispensed items per community pharmacy
Enfield	7,335
London	5,642
England	7,096

Enfield data from: https://data.gov.uk/dataset/ccg_prescribing_data

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

4.10 Access to community pharmacies

Opening hours for pharmacies are shown in Appendix A – Services provided and opening hours and maps in Appendix I – Pharmacy Maps show the numbers and locations of pharmacies open in the evenings and at weekends. These are all based on the information provided by NHS England.

Also a list of the GP surgeries and dental practices in the HWB area, along with the list of urgent care centres across London, are in Appendix B – List of other providers.

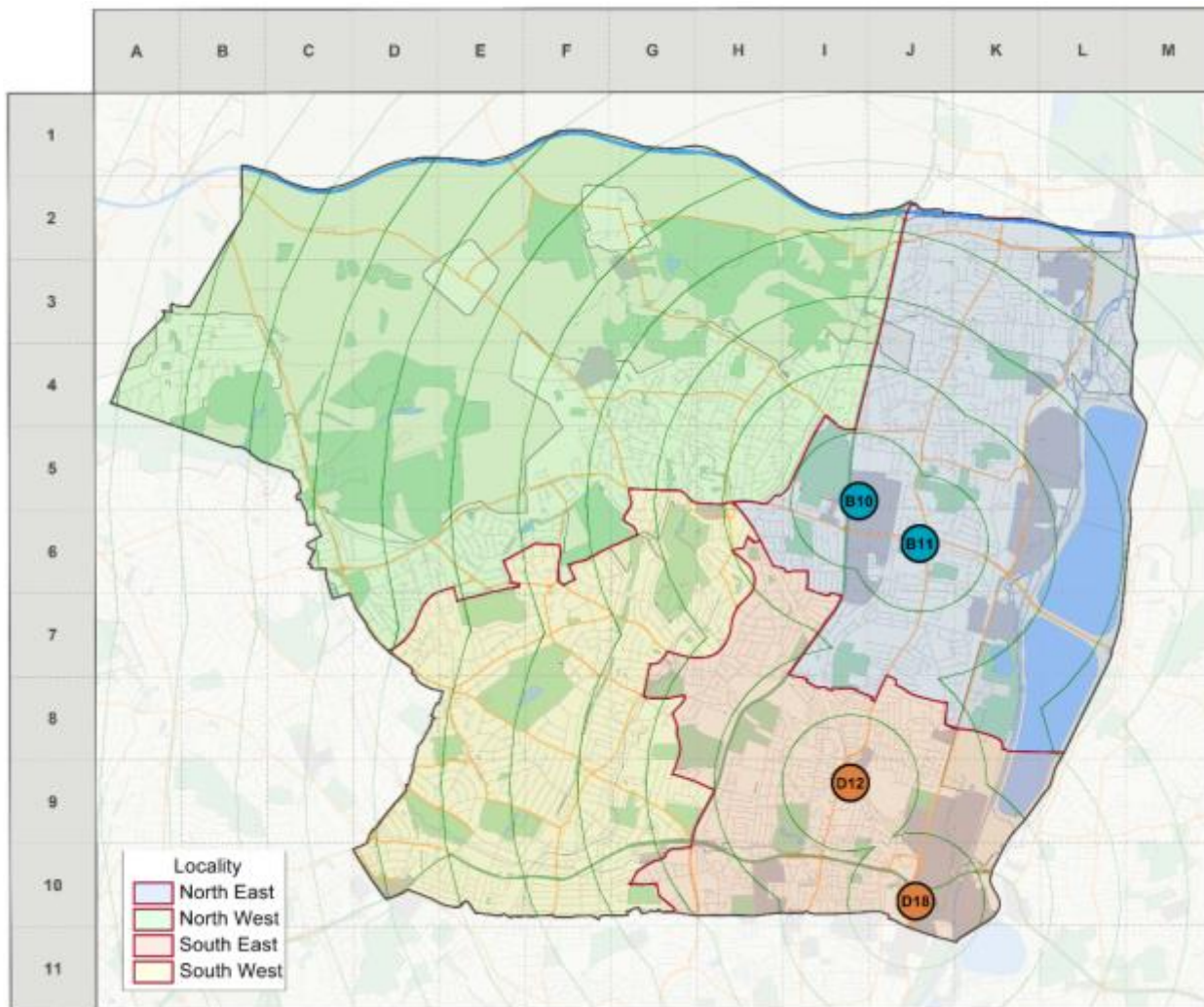
A 100 hour pharmacy is a pharmacy that has a hundred core contracted hours. These hours cannot be amended without the consent of NHS England. There will be no further 100 hour pharmacies in the borough.

There are four 100 hour pharmacies in the borough (6.8% of the total). This compares with 5.5% of pharmacies across London and 9.9% in England. See Table 21 which shows that the four pharmacies are split between the North East and South East.

Table 21 Number of 100 hour pharmacies (and percentage of total)

Area	Number of community pharmacies	Number of 100 hour pharmacies	Percentage of 100 hour pharmacies
North East	17	2	11.8%
North West	9	0	0.0%
South East	17	2	11.8%
South West	17	0	0.0%
Enfield	60	4	6.7%
London	1853	103	5.6%
England	11688	1161	9.9%

Figure 15 100 hour pharmacies



Distance Miles	Population	
	Number	Percent
0.5	47000	14.3%
1	91100	27.8%
1.5	52800	16.1%
2	54400	16.6%
2.5	32900	10.0%
3	23000	7.0%
3.5	17800	5.4%
4	5600	1.7%
4.5	900	0.3%
5	1400	0.4%
5.5	1300	0.4%

4.11 Location of pharmacies in Enfield

Figure 16 Location of pharmacies by locality in Enfield and in surrounding areas - September 2017

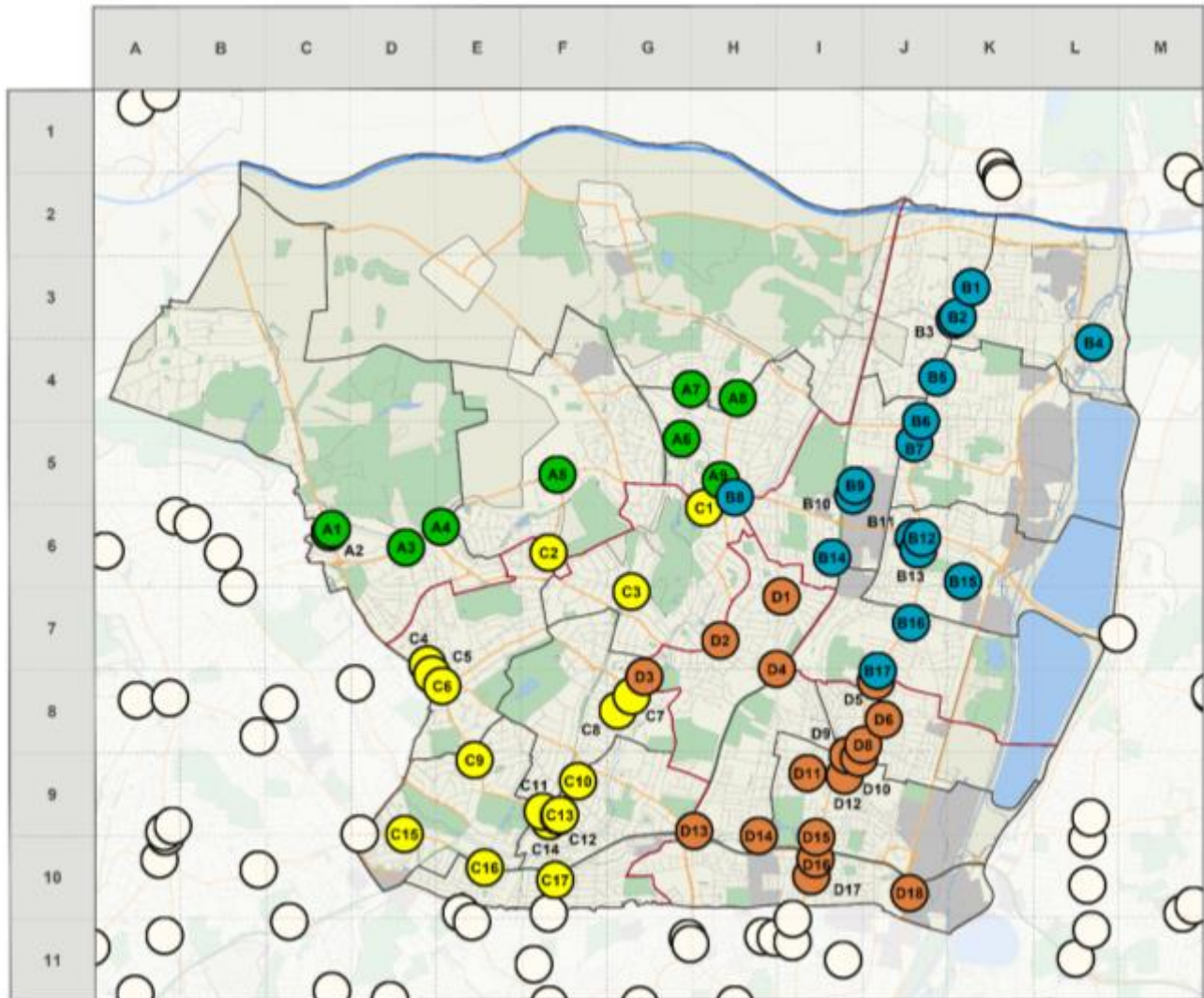


Figure 17 Location of pharmacies by ward in Enfield with mid-2015 population estimates for Lower Layer Super Output Areas in Enfield - September 2017

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

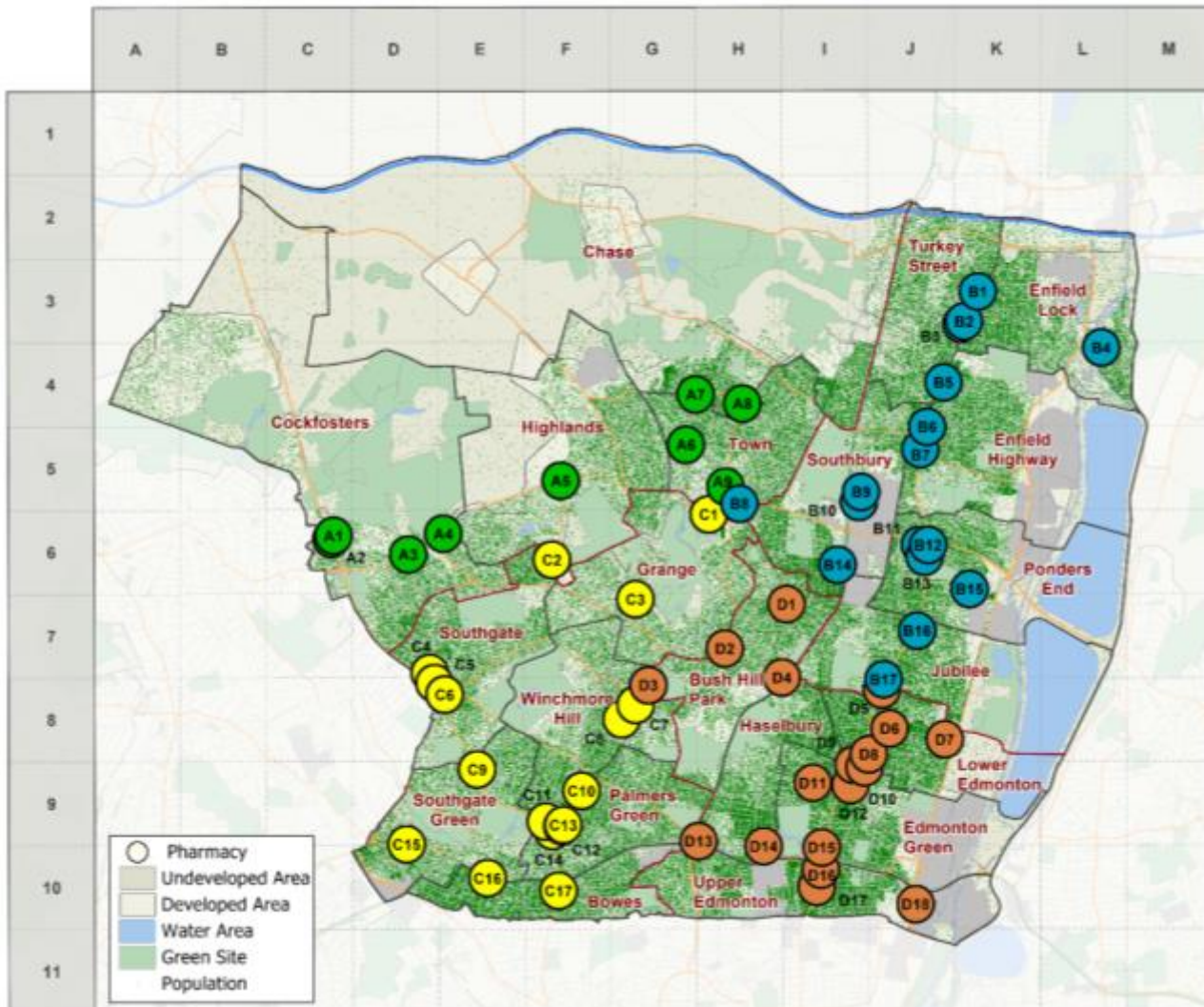


Figure 18 Location of pharmacies in Enfield with mid-2015 population density for LSOA in Enfield

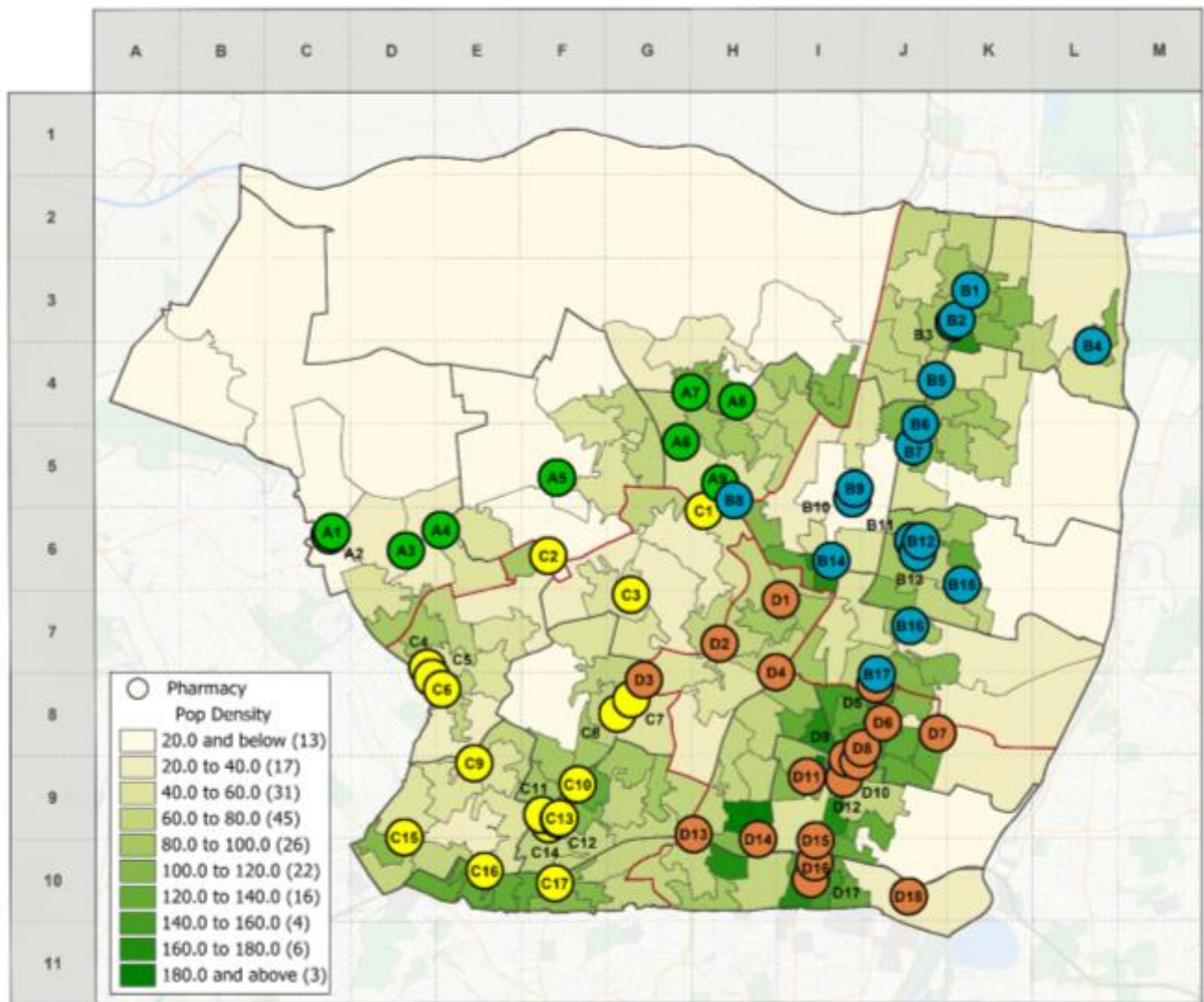


Figure 19 All pharmacies (including distance selling) by LSOA deprivation decile
 English Indices of Deprivation – 2015 – For LSOAs in each ward and locality in Enfield
www.gov.uk/government/statistics/english-indices-of-deprivation-2015

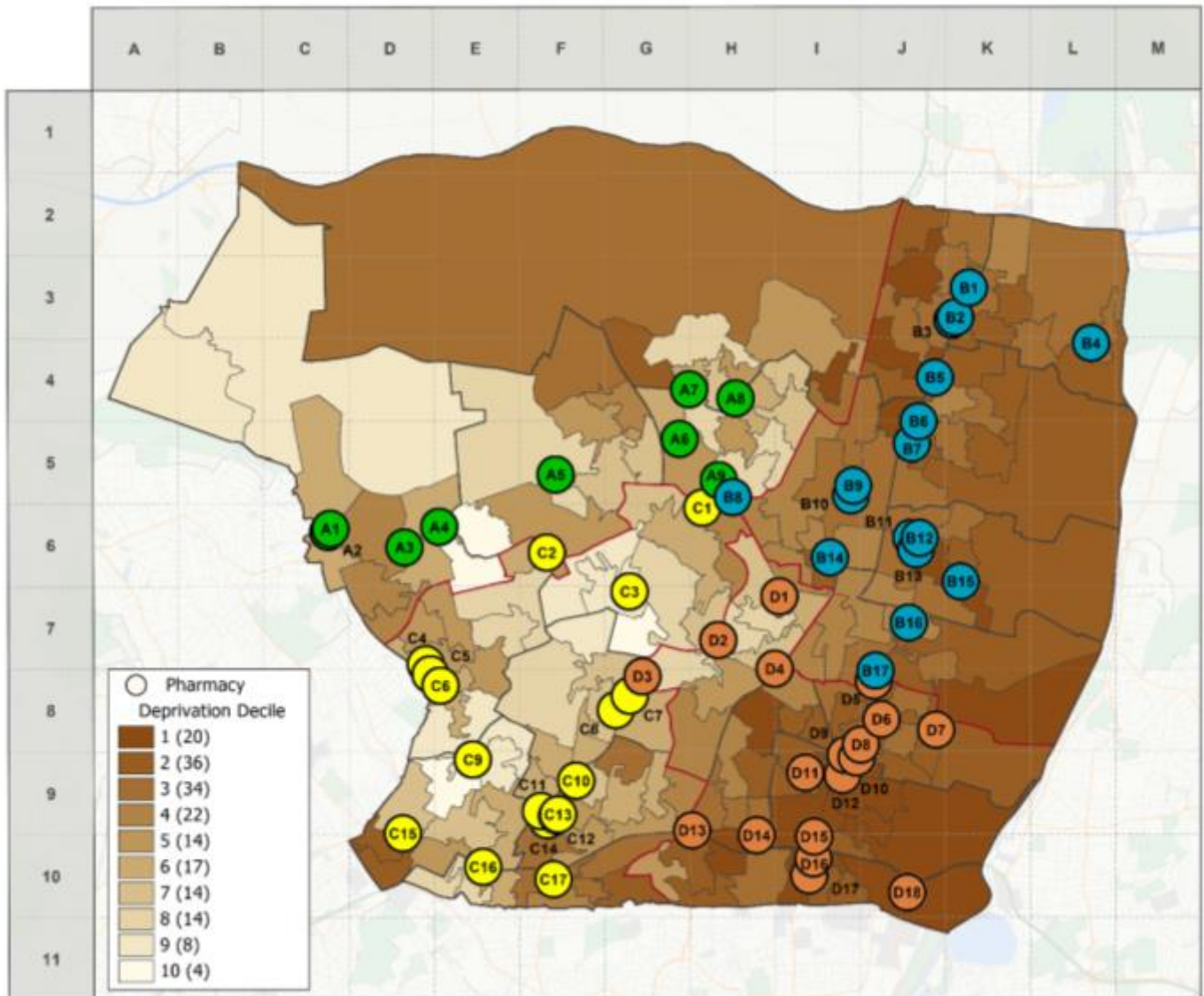


Figure 20 Pharmacy look up list

New ID	Name	ODS Code	Ward	Locality
A1	GREENACRE PHARMACY	FXE62	Cockfosters	North West
A2	SIMMONS CHEMIST	FLH33	Cockfosters	North West
A3	WHIPMAN CHEMISTS	FF371	Cockfosters	North West
A4	PARKVIEW PHARMACY	FJ506	Cockfosters	North West
A5	CAPRICORN PHARMACY	FHG73	Highlands	North West
A6	WHITAKERS PHARMACY	FPE95	Town	North West
A7	LLOYDSPHARMACY	FEX16	Chase	North West
A8	LLOYDSPHARMACY	FJT40	Chase	North West
A9	Bestway National Chemists Ltd	FNV07	Town	North West

New ID	Name	ODS Code	Ward	Locality
B1	MK SHAH PHARMACY	FR633	Turkey Street	North East
B2	RONCHETTI PHARMACY	FRK86	Enfield Lock	North East
B3	Bestway National Chemists Ltd	FYA05	Turkey Street	North East
B4	RONCHETTI PHARMACY	FHW08	Enfield Lock	North East
B5	Bestway National Chemists Ltd	FXF01	Enfield Highway	North East
B6	Bestway National Chemists Ltd	FGR74	Enfield Highway	North East
B7	LLOYDSPHARMACY	FCP59	Enfield Highway	North East
B8	HEALTHFARE PHARMACY	FK860	Southbury	North East
B9	BOOTS THE CHEMIST	FWX81	Southbury	North East
B10	LLOYDSPHARMACY	FA568	Southbury	North East
B11	TESCO IN-STORE PHARMACY	FVW31	Ponders End	North East
B12	ELGON (ENFIELD) LTD	FMD42	Ponders End	North East
B13	Zara Pharmacy	FH734	Ponders End	North East
B14	Ridwan Vazda		Southbury	North East
B15	LLOYDSPHARMACY	FR706	Ponders End	North East
B16	VIRENS CHEMIST	FE184	Jubilee	North East
B17	VMS PHARMACY LTD	FGH75	Jubilee	North East

New ID	Name	ODS Code	Ward	Locality
C1	BOOTS THE CHEMIST	FD495	Grange	South West
C2	LLOYDSPHARMACY	FW055	Southgate	South West
C3	C ATKINSON CHEMIST	FN008	Grange	South West
C4	BOOTS THE CHEMIST	FXM15	Southgate	South West
C5	ASDA PHARMACY	FLM04	Southgate	South West
C6	K WATERHOUSE	FJF30	Southgate	South West
C7	ATKINSONS CHEMIST	FP643	Winchmore Hill	South West
C8	LLOYDSPHARMACY	FET81	Winchmore Hill	South West
C9	JHOOTS PHARMACY	FWJ06	Southgate Green	South West
C10	WALKER PHARMACY	FW327	Palmer's Green	South West
C11	ALDERMAN'S PHARMACY	FAQ59	Winchmore Hill	South West
C12	BOOTS THE CHEMIST	FNN52	Palmer's Green	South West
C13	PALMERS CHEMIST	FC766	Palmer's Green	South West
C14	MORRISON'S PHARMACY	FFW87	Palmer's Green	South West
C15	COOPERS CHEMIST	FE026	Southgate Green	South West
C16	NR PATEL CHEMISTS	FPQ44	Bowes	South West
C17	GREENS PHARMACY	FEJ40	Bowes	South West

New ID	Name	ODS Code	Ward	Locality
D1	HAYWARD CHEMIST LTD	FM975	Bush Hill Park	South East
D2	LAMIS CHEMISTS	FJ919	Bush Hill Park	South East
D3	Green Lanes Pharmacy	FLA59	Bush Hill Park	South East
D4	REIDS PHARMACY	FNA19	Bush Hill Park	South East
D5	FOREST PHARMACY	FW034	Lower Edmonton	South East
D6	AQUA CHEMISTS	FKR69	Lower Edmonton	South East
D7	Mobility2You Ltd		Lower Edmonton	South East
D8	BOOTS THE CHEMIST	FGJ87	Edmonton Green	South East
D9	LLOYDSPHARMACY	FKW41	Edmonton Green	South East
D10	SUPERDRUG PHARMACY	FXN07	Edmonton Green	South East
D11	SKOT DISPENSING CHEMISTS	FJA11	Edmonton Green	South East
D12	ASDA PHARMACY	FGP94	Edmonton Green	South East
D13	ROCKY'S PHARMACY	FFQ09	Haselbury	South East
D14	SCOTT'S PHARMACY	FJN81	Haselbury	South East
D15	GREEN CROSS PHARMACY	PWE71	Edmonton Green	South East
D16	BEE'S DISPENSING CHEMIST	FTD22	Upper Edmonton	South East
D17	ESTONS PHARMACY	FNE05	Upper Edmonton	South East
D18	TESCO EXTRA	FFM28	Upper Edmonton	South East

5 Stakeholder Engagement

5.1 General stakeholder engagement

5.2 Pharmacy survey

A pharmacy survey was conducted to inform the PNA. Local Pharmaceutical Committee (LPC) recommended questionnaire was adopted for this purpose. The questionnaire covered full range of topics relating to the development of community pharmacies. The online survey was hosted and managed by the LBE Consultation team.

All Enfield pharmacies were invited to take part in this survey between the 4 August 2017- 11 September 2017. An invitation letter was posted to each pharmacy as well as an email invitation sent via Barnet, Enfield and Haringey LPC, to promote uptake. During the survey period, weekly email reminders were sent by LPC lead to those who had not completed. Closing date was extended by a week to ensure sufficient uptake rates.

At the time of survey, there were 59 pharmacies in Enfield. 42 pharmacies completed the survey, giving the overall response rate of 71%. It was highest in the South East at 80% and lowest in the North West at 57%.

Some of the key findings are as follows:

- the majority of pharmacies have wheelchair access, however the ones that don't have no plans to change this over the next 12 months
- nearly all pharmacies have a confidential consultation area in a closed room
- around half have toilet facilities that are close to the consultation area
- none of the pharmacies have access to an off-site consultation area. At least 50% of all pharmacies (except those in the North West) are willing to undertake consultations in the patient's home or other suitable sites. In the North West, this figure is 25% i.e. one pharmacist is willing to undertake these types of consultations
- the majority of pharmacies have wheelchair access and have disabled customer parking within 10 metres of the pharmacy.
- in all localities, a good range of languages are used by pharmacy staff when speaking to customers
- all pharmacies have electronic prescription services release 2 enabled and are using the NHS summary care record. Most pharmacists are using NHSmail, except in the North West where only 50% are using it. In the North East and South West all pharmacies have up-to-date NHS choices entries but in the North West and South East only 75% and 58% respectively have this.
- only two pharmacists stated they have achieved Healthy Living Pharmacy status and they are both in the North East. Most of the other pharmacies are in the process of working towards this. 10 Enfield pharmacies are currently on the Royal Society for Public Health's list of Healthy Living Pharmacy.
- there is variation across the localities regarding which pharmacies provide the full range of advanced services. There is a notable absence of pharmacies that provide a stoma appliance customisation service or appliance use review in two of the localities

- there is a paucity of pharmacies currently being commissioned to provide a wide range of services by any of the commissioning bodies. The pharmacies have clearly identified their willingness to provide these services should they be commissioned
- all the pharmacies collect prescriptions from GP practices and the majority are willing to deliver dispensed medicines – chargeable, monitored dosage systems free of charge on request or chargeable

Detailed breakdowns can be found in Appendix D – Pharmacy Contractor Survey.

5.3 Pharmacy user survey

An online survey was conducted between 4 August–11 September 2017, to gather users' views on local pharmacies. It was promoted on the council's website, on partner websites (including the CCG), via social media and advertised in relevant newsletters. Posters were also distributed to community pharmacies and GP practices.

157 respondents completed the survey, detailed results can be found in Appendix G – Pharmacy Users Survey. Summaries of the key points are set out below.

The survey wasn't suitable for everyone, in particular those who find it problematic to access services offered by local pharmacies due to language barriers or mobility difficulties. It was determined that the use of an online survey was not the best method to reach out to these users. Where networks were available to facilitate contact with these groups during the consultation phase, questions were asked about their specific experiences. These are detailed in Section 0.

Table 22 Profile of respondents

Profile	Percent
Over 65	53%
Female	78%
With mobility difficulties	20%
Ethnic origin British	77%

Figure 21 Respondents by locality

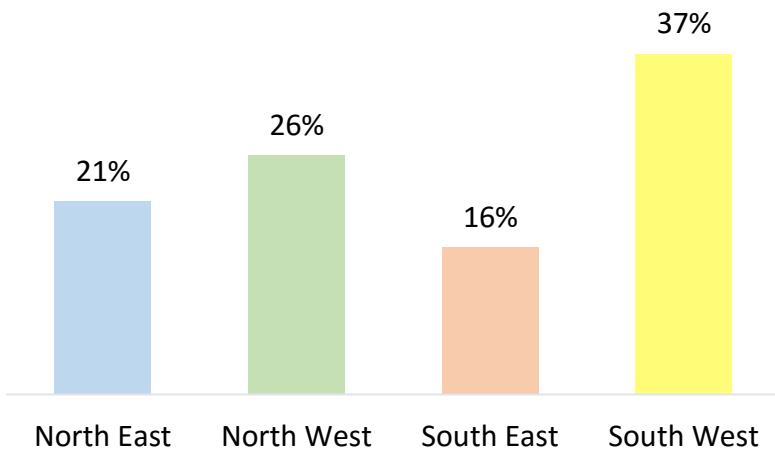
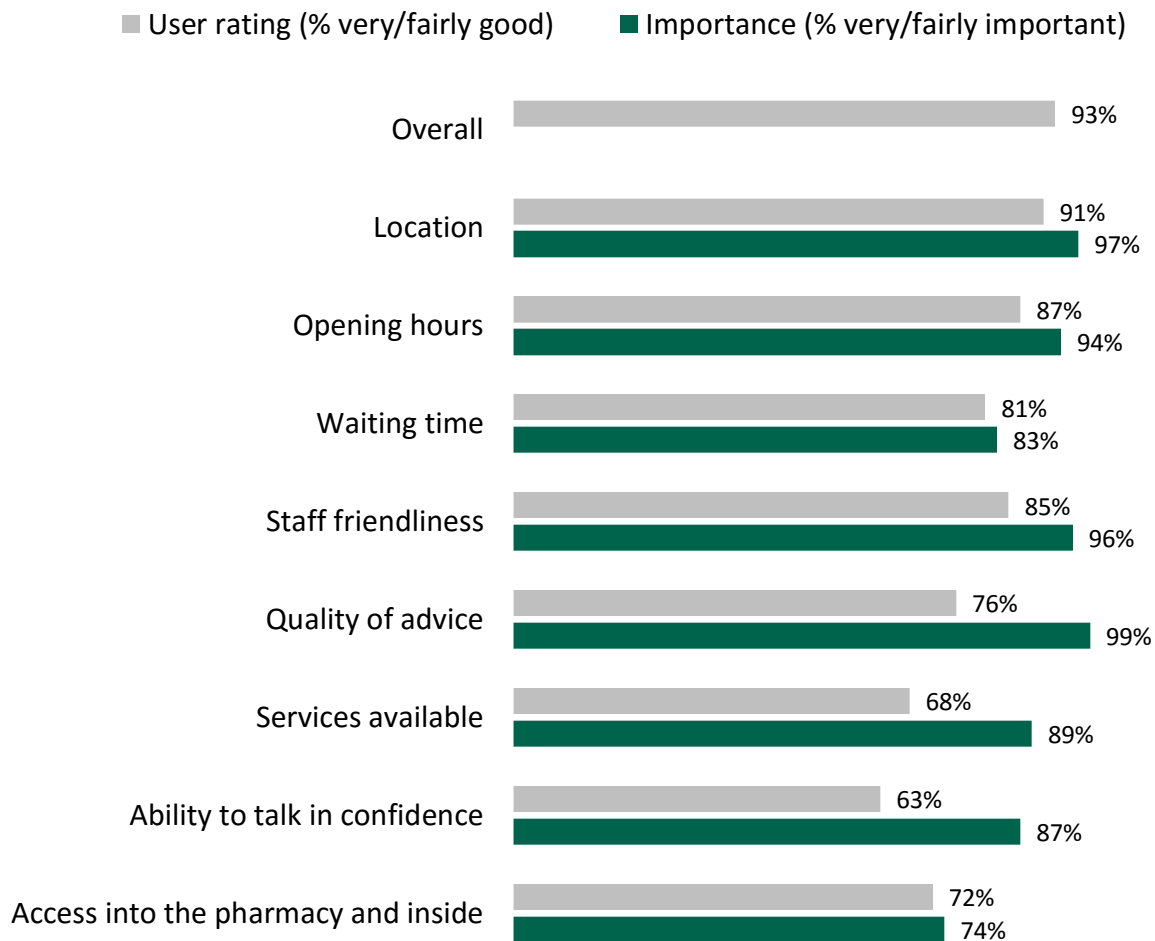


Table 23 Respondents by pharmacy use

Frequency of use of pharmacy	For a prescription	Other services
Once a week or more often	2%	6%
Once every two or three weeks	18%	26%
Once a month	47%	12%
Less than once a month	34%	54%

Figure 22 Importance and ratings of services



A high importance rating was given to the majority of the aspects of pharmacy services set out in the survey. A high satisfaction rating was given overall, but in particular to location and opening hours.

Lower ratings were assigned to the range of services available and the ability to talk in confidence, albeit there was a higher number of 'don't knows' for some of these given that not all respondents would have had need of them.

A small number of respondents rated some of the services as poor. These are detailed in Appendix G – Pharmacy Users Survey and may be useful for pharmacies in terms of assessing their own services.

5.4 Special interest/hard to reach groups

In addition to the general survey, and with the help of voluntary organisations in Enfield, local meetings were held to gather views about pharmacy services from groups who may have particular problems using pharmacy services and who may not have responded to the general user survey.

5.4.1 Greek and Greek Cypriot community meeting

This meeting was attended by 33 residents from the Greek and Greek Cypriot community. They expressed strong support for their local pharmacy services, giving positive feedback on opening times, accessibility and being understood. One attendee commented:

“All service users are happy with the pharmacies in their local area. They have been going there for many years, some 20-30 years. They have got to know all the staff.”

5.4.2 VOW –Voice of Women Initiative-African French Speaking Women

This group of ten discussed pharmacy services and made the following points:

- six had used pharmacy services in the last six months
- opening times suited all the group, in particular supermarket services
- they found access easy into and around the pharmacies
- there were some difficulties being understood as a result of language barriers
- there was support for more privacy when speaking confidentially
- they all rated their local pharmacy as good or very good.

5.4.3 Chairs of patient participation groups

This meeting was attended by 15 representatives of patient participation groups. Overall the feedback was positive, with satisfaction levels highest for opening times, access and being understood. Views around the ability to speak in confidence were divided, a few of these are listed below together with other comments that were made:

- they don't ask you if you want a confidential discussion. Room [for a confidential discussion] is always full up with boxes
- tablet not in stock even though they are repeated each month, therefore, I have to go twice
- repeat prescriptions come every three weeks instead of every four weeks
- special medication that is to be on its own individual prescription is often missed off the repeat prescription
- I would like service with a service
- why do I have to wait for 15 minutes to get my already prepared prescription?
- no questions asked about my taking the tablets, i.e. has the doctor explained about taking this medicine?
- can the best before date be in braille?

6 Conclusions

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

Based on the latest information on the projected changes in population of the Enfield HWB area within its geographical area over the next three years, alongside the latest information regarding building plans and expected additional population increases during this time, the HWB has concluded that the current pharmacy services are adequate and have a good geographical spread, particularly covering those areas of higher population density. Based on the assumptions in this PNA report, the HWB has identified no gaps in the need for pharmaceutical services up to 2021.

The detailed conclusions are as follows (key types of pharmacy services are specifically detailed below).

1. 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 across the whole HWB area.
 - There is no gap in the provision of **essential services during normal working hours** across the whole HWB area.
 - There are no gaps in the provision of **essential services outside of normal working hours** across the whole HWB area.
2. 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 across the whole HWB area.
 - There are no gaps in the provision of **advanced services** across the whole HWB area.
3. No gaps have been identified that if provided either now or in the future would secure improvements, or better access to **enhanced services** across the whole HWB area.
 - There are no gaps in the provision of **enhanced services** across the whole HWB area.
4. There are no gaps in the provision of **locally commissioned services** at present or in the future that would secure improvement or better access to **locally commissioned services** across the whole HWB area.
 - There are no gaps in the provision of **locally commissioned services** across the whole HWB area.

If any of the assumptions in this report, particularly on building plans, are significantly revised, there will be a need to revisit these conclusions

Regular reviews of all the above services are recommended in order to establish if in the future whether changes in these services will secure improvement or better access across the whole HWB area.

Key to Services

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

7 Appendix A – Services provided and opening hours

Based on the information provided by NHS England. Core and Supplementary hours have been combined as they were not always recorded in a consistent way.

Table 24 Pharmacy services offered

Locality	Ward	Pharmacy ODS Code	Name	MAP ID	EPS 1 or 2	MUR	NMFS	AUR	SAC	Flu	NUMSAS	Minor Ailments	Enhanced service Flu	Palliative Care	Care Homes	EHC	SC	NEX	
North East	Enfield Highway	FCP59	LLOYDSPHARMACY	B7		✓	✓	✓	✓	✓	✓						✓	✓	
		FGR74	Bestway National Chemists Ltd	B6	✓	✓					✓								
		FXF01	Bestway National Chemists Ltd	B5	✓	✓					✓								
	Enfield Lock	FHW08	RONCHETTI PHARMACY	B4	✓	✓					✓						✓		
		FRK66	RONCHETTI PHARMACY	B2	✓	✓					✓						✓	✓	✓
	Jubilee	FE164	VIRENS CHEMIST	B16	✓	✓					✓								
		FGH75	VMS PHARMACY LTD	B17	✓	✓					✓								
	Ponders End	FH734	Zara Pharmacy	B13	✓	✓					✓								
		FMD42	ELGON (ENFIELD) LTD	B12	✓	✓					✓							✓	✓
		FR706	LLOYDSPHARMACY	B15	✓	✓					✓								
	Southbury	FVW31	TESCO IN-STORE PHARMACY	B11	✓	✓					✓			✓					
		FAS68	LLOYDSPHARMACY	B10	✓	✓					✓			✓					
		FKB60	HEALTHFARE PHARMACY	B8	✓	✓					✓							✓	✓
		FWX81	BOOTS THE CHEMIST	B9	✓	✓					✓								
		New	Ridwan Vawda	B14	✓	✓					✓								
Turkey Street	FR633	MK SHAH PHARMACY	B1	✓	✓					✓									
	FYA05	Bestway National Chemists Ltd	B3	✓	✓					✓									
North West	Chase	FEX16	LLOYDSPHARMACY	A7	✓	✓	✓	✓		✓								✓	
		FJT40	LLOYDSPHARMACY	A8	✓	✓	✓	✓	✓	✓									✓
	Cockfosters	FF371	WHIPMAN CHEMISTS	A3	✓	✓					✓								
		FJ506	PARKVIEW PHARMACY	A4	✓	✓					✓			✓					
		FLH33	SIMMONS CHEMIST	A2	✓	✓					✓			✓					
		FXE62	GREENACRE PHARMACY	A1	✓	✓					✓								✓
	Highlands	FHG73	CAPRICORN PHARMACY	A5	✓	✓					✓								
	Town	FNY07	Bestway National Chemists Ltd	A9	✓	✓					✓								
		FP695	WHITAKERS PHARMACY	A6	✓	✓					✓								
	South East	Bush Hill Park	FJ919	LAMIS CHEMISTS	D2	✓	✓				✓								
FLA59			Green Lanes Pharmacy	D3	✓	✓					✓								✓
FM975			HAYWARD CHEMIST LTD	D1	✓	✓					✓								✓
FNA19			REIDS PHARMACY	D4	✓	✓					✓								✓
Edmonton Green		FGJ87	BOOTS THE CHEMIST	D8	✓	✓					✓								✓
		FGP94	ASDA PHARMACY	D12	✓	✓					✓								✓
		FJA11	SKOT DISPENSING CHEMISTS	D11	✓	✓					✓								✓
		FKW41	LLOYDSPHARMACY	D9	✓	✓	✓	✓			✓								
		FWE71	GREEN CROSS PHARMACY	D15	✓	✓					✓								✓
Haselbury		FXN07	SUPERDRUG PHARMACY	D10	✓	✓					✓								✓
		FFQ09	ROCKY'S PHARMACY	D13	✓	✓					✓								✓
Lower Edmonton		FJN81	SCOTT'S PHARMACY	D14	✓	✓					✓								✓
		FKR69	AQUA CHEMISTS	D6	✓	✓					✓								✓
		FW034	FOREST PHARMACY	D5	✓	✓					✓								✓
Upper Edmonton		New	Mobility to You LTD	D7	✓	✓					✓								
	FFM28	TESCO EXTRA	D18	✓	✓					✓									
	FNE05	ESTONS PHARMACY	D17	✓	✓					✓									
South West	Bowes	FTD22	BEES DISPENSING CHEMIST	D16	✓	✓				✓								✓	
		FEJ40	GREENS PHARMACY	C17	✓	✓					✓								✓
		FPQ44	NR PATEL CHEMISTS	C16	✓	✓					✓								✓
	Grange	FD495	BOOTS THE CHEMIST	C1	✓	✓					✓								✓
		FN008	C ATKINSON CHEMIST	C3	✓	✓					✓								✓
	Palmers Green	FC266	PALMERS CHEMIST	C13	✓	✓					✓								✓
		FFW67	MORRISONS PHARMACY	C14	✓	✓					✓								
		FNN52	BOOTS THE CHEMIST	C12	✓	✓					✓								
	Southgate	FW327	WALKER PHARMACY	C10	✓	✓					✓								✓
		FJF30	K WATERHOUSE	C6	✓	✓					✓								✓
		FLM04	ASDA PHARMACY	C5	✓	✓					✓								
		FW055	LLOYDSPHARMACY	C2	✓	✓			✓	✓	✓								✓
		FXM15	BOOTS THE CHEMIST	C4	✓	✓					✓								✓
	Southgate Green	FE026	COOPERS CHEMIST	C15	✓	✓					✓								✓
		FWJ06	JHOOTS PHARMACY	C9	✓	✓					✓								✓
Winchmore Hill	FAQ59	ALDERMANS PHARMACY	C11	✓	✓					✓								✓	
	FET81	LLOYDSPHARMACY	C8	✓	✓					✓								✓	
	FP643	ATKINSONS CHEMIST	C7	✓	✓					✓								✓	

Table 25 Pharmacy services offered by locality and ward

Locality	Ward	Pharmacy Number	EPS 1 or 2	MUR	NMS	AUR	SAC	Flu	NUMSAS	Minor Ailments	Enhanced service Flu	Palliative Care	Care Homes	EHC	SC	NEX	Ward Population (mid 2015)	Ward Population per Pharmacy	Ward Area (Hec)	Ward Area Per Pharmacy
North East	Enfield Highway	3		3	3	1	1	3	1						1	1	16663	5342	464	155
	Enfield Lock	2		2	2			2	2		2			2	1	1	18033	8235	325	163
	Jubilee	2		2	1			1	1		1						15037	7178	287	144
	Ponders End	4		4	3			2			1			2	1		15657	3916	354	89
	Southbury	3		3	3			2		1	1			1	1	1	15316	4835	286	95
Turkey Street	2		2	1			1			1						15240	7189	226	113	
North West	Chase	2		2	2	2	2	1						1	1		13851	6881	1694	847
	Cockfosters	4		4	4			2		1	2			1			14066	3447	1041	260
	Highlands	1		1													13445	13006	509	509
	Town	2		2	1			1						1			15201	7453	223	112
South East	Bush Hill Park	4		4	3			1			1			1	1	1	14501	3481	253	63
	Edmonton Green	6		6	3	1	1	5	2	5				3	1		19384	2992	313	52
	Haselbury	2		2	1			2			1			1	1	1	17253	8132	180	90
	Lower Edmonton	2		2				1			1				1	1	17705	8266	185	93
	Upper Edmonton	3		3	2			2	1		1			1	1		19297	5791	265	88
South West	Bowes	2		2	2			1		1	1			1			15324	7026	148	74
	Grange	2		2	2			1			1			1	1		13174	6355	329	164
	Palmers Green	4		4	3			4			1			2			15767	3791	194	49
	Southgate	4		4	4	1	1	4			3			3	1	1	15329	3614	269	67
	Southgate Green	2		2	1									1	1	1	14081	6894	262	131
	Winchmore Hill	3		3	3			2	2	1	2			2	1	1	14109	4468	276	92
Area	Locality	Pharmacy Number	EPS 1 or 2	MUR	NMS	AUR	SAC	Flu	NUMSAS	Minor Ailments	Enhanced service Flu	Palliative Care	Care Homes	EHC	SC	NEX	Ward Population (mid 2015)	Ward Population per Pharmacy	Ward Area (Hec)	Ward Area Per Pharmacy
Enfield	North East	16		16	13	1	1	11	4	1	6			5	4	3	95946	5712	1943	121
	North West	9		9	7	2	2	4		1	2			3	1		56563	6162	3467	385
	South East	17		17	9	1	1	11	3		9			6	5	3	88140	4826	1195	70
	South West	17		17	15	1	1	12	2	2	8			10	4	3	87784	4916	1478	87
Enfield	59		59	44	5	5	38	9	4	25				24	14	9	328433	5567	8083	137

Table 26 The number of pharmacies open each hour on weekdays, Saturdays and Sundays by locality

Day	Locality	Opening Times - Core and Supplementary																	
		06:00 -07:00	07:00 -08:00	08:00 -09:00	09:00 -10:00	10:00 -11:00	11:00 -12:00	12:00 -13:00	13:00 -14:00	14:00 -15:00	15:00 -16:00	16:00 -17:00	17:00 -18:00	18:00 -19:00	19:00 -20:00	20:00 -21:00	21:00 -22:00	22:00 -23:00	23:00 -24:00
weekdays	North East	2	2	19	20	20	20	16	20	20	20	19	13	2	2	2	1		
	North West		2	11	11	11	11	7	11	11	11	11	6	2	1				
	South East	2	4	18	19	19	19	18	17	19	19	17	9	3	2	2	2		
	South West		1	28	30	30	30	19	29	29	29	23	9	3					
	Enfield	3	9	75	80	80	80	60	76	78	78	70	37	9	5	4	3		
Saturday	North East	1	4	10	30	32	32	30	22	26	28	27	22	13	10	8	8	4	4
	North West			2	7	7	6	6	4	5	5	5	4	1	1	1			
	South East	1	4	6	24	26	26	24	18	22	22	21	17	9	5	4	4		
	South West			3	17	20	20	19	12	13	13	13	11	4	3	1	1		
	Enfield	2	8	20	78	85	84	79	56	65	67	66	54	27	19	14	13	4	4
Sunday	North East			1	5	10	11	11	11	11	11	7	5	3	2				
	North West			1	1	1	1	1	1	1	1	1	1	1	1	1			
	South East				4	4	8	8	7	8	8	8	4	3					
	South West				4	4	5	5	3	5	5	5	3	1	1				
	Enfield			2	14	19	25	25	22	24	24	21	12	7	4	1			

8 Appendix B – List of other providers

Table 28 GP practices in Enfield

ID	Practice_Name	Post_Code	Branch / GP Led / Walk in Centre
1	Abermethyl House	EN1 3EP	Main Practice
2	Angel Surgery	N18 2JF	Main Practice
3	Arnos Grove Medical Centre	N11 1BD	Main Practice
4	Bincote Road Surgery	EN2 7RD	Main Practice
5	Bounces Surgery - Forest PCC	N9 7HD	Main Practice
6	Boundary Court Surgery	N18 2TB	Main Practice
7	Boundary House Surgery - Forest PCC	N9 7HD	Main Practice
8	<i>Branch of Grovelands & Grenoble Medical Centre</i>	N11 2HU	Branch
9	Brick Lane Surgery	EN3 5BA	Main Practice
10	Bush Hill Park Medical Centre	EN1 1XG	Main Practice
11	Carlton House Surgery	EN1 3LL	Main Practice
12	Chalfont Road Surgery	N9 9LW	Main Practice
13	Cockfosters Medical Centre	EN4 9NB	Main Practice
14	Connaught Surgery	N13 5ST	Main Practice
15	Curzon Avenue Surgery	EN3 4UE	Main Practice
16	Dean House	EN3 4DZ	Main Practice
17	Dover House Surgery	N18 1HR	Main Practice
18	Eagle House Surgery	EN3 4DN	Main Practice
19	East Enfield Practice	EN3 4DE	Main Practice
20	Edmonton Medical Centre	N18 2LY	Main Practice
21	Enfield Island Surgery	EN3 6GS	Main Practice
22	Evergreen Surgery	N9 0TW	Main Practice
23	Forest Road Group Practice	N9 7HD	Main Practice
24	Freezywater PCC	EN3 6PN	Main Practice
25	Gillan House	N13 4BS	Main Practice
26	Green Cedars Medical Centre	N18 1RP	Main Practice
27	Green Street Surgery	EN3 7HW	Main Practice
28	Grovelands & Grenoble Medical Centre	N13 4RJ	Main Practice
29	Highlands Practice	N21 1UJ	Main Practice
30	Keats Surgery	N9 9HJ	Main Practice
31	Latymer Road Surgery	N9 9PU	Main Practice
32	Lincoln Road Medical Practice	EN1 1LJ	Main Practice
33	Moorfield Road Health Centre	EN3 5TU	Main Practice
34	Morecambe Surgery (Dr Theivacumar)	N18 1LA	Main Practice
35	Nightingale House Surgery	N9 8AJ	Main Practice
36	North London Health Centre	N13 4JJ	Main Practice
37	Oakwood Medical Centre	N14 4AQ	Main Practice
38	Park Lodge Medical Centre	N13 4RG	Main Practice
39	Rainbow Practice	N9 0TW	Main Practice
40	Riley House Surgery	EN3 5PR	Main Practice
41	Southbury Surgery	EN1 1PJ	Main Practice
42	Southgate Surgery	N14 4PR	Main Practice
43	The Ordnance Unity Centre	EN3 6ND	Main Practice
44	Town Surgery	EN2 6TJ	Main Practice
45	Trinity Ave Surgery	EN1 1HS	Main Practice
46	White Lodge Medical Practice	EN1 3EW	Main Practice
47	Willow House Surgery	EN1 3AZ	Main Practice
48	Winchmore Hill Practice	N21 2SA	Main Practice
49	Woodberry Practice	N21 3LE	Main Practice

Table 29 Dental practices in Enfield

ID	Dental Practice Name	Postcode	Practice Address
1	Adams Dental	N14 4PL	244A Chase Side Enfield
2	Angel Dental Practice	N18 2TW	91 Fore Street Enfield
3	Angle House Orthodontics (Edm)	N18 1JX	38 Harington Terrace Great Cambridge Road
4	Angle House Orthodontics (Enf)	EN2 8PD	Angle House 39 The Ridgeway
5	Bounces Dental Surgery	N9 8JS	82 Bounces Road Enfield
6	Bowes Road Dental Practice	N11 1AF	3 Chiltern Court 359 Bowes Road
7	Broadway Dental Practice	N21 3PA	1 Compton Road Enfield
8	Bullsmoor Dental Practice	EN3 6TG	63 Bullsmoor Lane Enfield
9	Chase Side Dental Practice	N14 5HD	117 Chase Side Enfield
10	Church Street Dental Practice	N9 9DY	25 Church Street Enfield
11	Cockfosters Dental Care	EN4 0DW	23 Station Parade Cockfosters Road
12	Community Dental Services	N15 3TH	First Floor G Block, St Ann's Hospital
13	Dental Arts Studio	EN2 6EB	6 - 8 London Road Enfield
14	Dental Practice On The Green	N21 1HS	33 The Green Enfield
15	Dental Practice on the Hill	EN2 6PJ	11 Old Park Avenue Enfield
16	Dental Surgery	EN3 5PT	415 Hertford Road Enfield
17	Dental Surgery	EN3 6GS	James Lee Square Island Centre Way
18	Dental Surgery	EN3 6GS	James Lee Square Island Centre Way
19	Dental Surgery	N13 5LD	45 The Grove
20	DIPS Dental Surgery	N13 5XD	456 Green Lanes Enfield
21	Edmonton Village Dental Practice	N18 1ND	17 Kendal Parade Silver Street
22	Enfield Dental Practice	EN3 5JL	253 Hertford Road Enfield
23	Fenton Dental Studio	N21 2LD	20 Green Dragon Lane Enfield
24	Ferneigh Dental Practice	N21 3AL	6 Ferneigh Road Enfield
25	Ferneigh Dental Practice	N21 3AL	6 Ferneigh Road Enfield
26	Fox Lane Dental Care	N13 4AH	12 Fox Lane Enfield
27	Integrated Dental Holding	EN8 7RU	Waltham Cross Dental Centre 966 Hertford Road
28	Leigh Dental Practice	EN1 3BX	325 Willow Road Enfield
29	Market Square Dental Practice	N9 0TZ	61 The Market Square Enfield
30	Mr Trewella, Dental Surgery	N9 7DU	461 Hertford Road Enfield
31	N13 Dental Clinic	N13 4NP	138 Bowes Road Enfield
32	North Square Dental Practice	N9 0PD	277 Fore Street Enfield
33	North Square Dental Practice	N9 0PD	277 Fore Street Enfield
34	Oakwood Dental Clinic	N14 4BB	19 Reservoir Road Enfield
35	Perfect Teeth	N11 1AT	324 Bowes Road Enfield
36	Phoenix Dental Practice	N13 6JP	1B Upsdell Avenue
37	Ponders End Dentistry	EN3 4DZ	195 High Street Enfield
38	R G Matthey Ltd	EN4 0AX	3 Westpole Avenue Cockfosters
39	Smile Lounge	N13 4BS	489 Green Lanes Enfield
40	Southgate Dental Practice	N14 5BP	9 Chase Side Enfield
41	Southgate Smiles Dental Centre	N14 6PH	5 The Broadway Enfield
42	Sterling Way Dental Surgery	N18 2XZ	40 Sterling Way Enfield
43	The Grove Dental Care	N13 5LD	45 The Grove Enfield
44	The Hazelwood Dental Practice	N13 5EU	1E Hazelwood Lane Enfield
45	The Smile Studios: Park Parade	N13 4PP	86 Aldermans Hill Enfield
46	Trinity Dental Surgery Ltd	EN1 1HT	87 Trinity Avenue Enfield
47	Vaswani Dental Practice	N14 5BP	1 Chase Side Enfield

9 Appendix C – PNA Steering Group Terms of Reference

Background

The provision of NHS Pharmaceutical Services is a controlled market. Any pharmacist, dispensing appliance contractor or dispensing doctor (rural areas only), who wishes to provide NHS Pharmaceutical services, must apply to be on the Pharmaceutical List.

The National Health Service England (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (SI 2013 No. 349) set out the system for market entry. Under the Regulations, Health and Wellbeing Boards are responsible for publishing a Pharmaceutical Needs Assessment (PNA); and NHS England is responsible for considering applications.

The purpose of the PNA is to review current and future needs for pharmaceutical services within the borough. It maps the pharmaceutical services which are currently provided, together with when and where these are available to the local population, in order to establish any gaps in provision.

PNAs are used by NHS England as a basis to determine market entry to a pharmaceutical list, move an existing pharmacy or to provide additional services. PNAs can also be used to inform the commissioning of enhanced or locally commissioned services from pharmacies by NHS England, Local Authority, Clinical Commissioning Groups (CCG) and other local commissioners.

Roles and functions of the steering group

The Enfield PNA Steering Group (PNA SG) has been established to:

- Oversee and drive the formal process required for the development of a PNA for Enfield
- Ensure that the published PNA complies with all the requirements set out under the Regulations
- Promote integration of the PNA with other strategies and plans including the Joint Health and Wellbeing Strategy, the CCG's Commissioning Strategy Plans and other relevant strategies.

Key Objectives

- Champion the work to develop the PNA with internal and external stakeholders, including patients, service users and the public
- Approve the project plan and timeline
- Drive the project ensuring that key milestones are met
- Ensure that the requirements for the development and content of PNAs are followed and that the appropriate assessments are undertaken, in line with the Regulations
- Determine the localities which will be used for the basis of the assessment
- Determine the criteria for necessary and relevant services and apply these to pharmaceutical services, taking into account stakeholder feedback including views from patients and the public
- Oversee the consultation ensuring that this meets the requirements set out in the Regulations
- Consider and act upon formal responses received during the formal consultation process, making appropriate amendments to the PNA
- Develop and approve a consultation report as required by the Regulations and ensure that this is included within the final PNA
- Submit the final PNA to the Health & Wellbeing Board for approval prior to publication

- Consider and document the processes by which the HWB will discharge its responsibilities in relation to maintaining the PNA; and formally responding to consultations initiated by neighbouring HWBs. This includes making a recommendation on the long-term structures required to underpin these responsibilities
- Document and manage potential and actual conflicts of interests

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 as appropriate.

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 Health Intelligence Manager, will chair the meetings and report directly to the Director.

The chair of the PNA steering group has delegated authority to make decisions between the steering group 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 steering group and also to the HWB via the Director of Public health who is the responsible member to the HWB.

Transparent arrangements to manage actual and potential conflicts of interest have been established as follows:

- A register of interests will be maintained. This will be updated at each PNA Steering Group meeting and signed by members.
- The register will be kept under review by the HWB.
- Declaration of interests will be a standing item on each PNA Steering Group agenda.
- Where a member has a conflict of interest for any given agenda item, they will be entitled to participate in the discussion but will not be permitted to be involved in final decision making.

Name	Title	Organisation	Role/interest in group
Miho Yoshizaki	Health Intelligence Manager	LBE	Chair, Project Lead
Stuart Lines	Public Health Consultant	LBE	Public Health Consultant
Gerald Alexander	Chair	Enfield, Haringey and Barnet LPC	Local Pharmaceutical committee
Paul Gouldstone	Head of Medicines Management	Enfield CCG	Medicines Management
	Chair	LMC	Local Medical Committee
Jill Bayley	Principal Lawyer	LBE	Legal

Philip Webb	Consultations and Resident Engagement Technical Manager	LBE	Stakeholder engagement and external relations
Shima Tailor	Communications and Marketing		Communication and planning
Hassan Ahmed	Senior Planner, Strategic Planning & Design	LBE	Strategic Planning
Noelle Skivington	Board member	Health Watch Enfield	Independent consumer of health and social care
Litsa Worrel	Chair	EVA	Voluntary sector interest
Richard Willmer	Director of Information and Intelligence	PHAST	External consultants
Cecilia Pyper		PHAST	External consultants

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 PNA SG will meet, either on a face-to-face basis or virtually (conference call or email discussion), approximately every 8-12 weeks, in accordance with the needs of the project plan.

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

Quorum

- Chair (or nominated deputy)
- Community Pharmacist (LPC representative)
- CCG representative
- Healthwatch/voluntary sector representative
- PHAST representative

Review

Next planned review of the TOR is February 2018.

10 Appendix D – Pharmacy Contractor Survey

Pharmacy response rates

Locality	Number of pharmacies	Number of responses to PNA	Response rate (%)
North East	13	9	69.2
North West	7	4	57.1
South East	15	12	80.0
South West	24	17	70.8
TOTAL	59	42	71.2

Consultation facilities – on premises

Locality	Available (including wheelchair access), or		Available (without wheelchair access), or		Planned within the next 12 months, or		Other (specify)		Where there is a consultation area, is it a closed room?			
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
North East	8	88.9	1	11.1	0	0.0	0	0.0	9	100.0	0	0.0
North West	3	75.0	1	25.0	0	0.0	0	0.0	4	100.0	0	0.0
South East	9	75.0	2	16.7	0	0.0	0	0.0	12	100.0	0	0.0
South West	11	64.7	5	29.4	0	0.0	0	0.0	15	88.2	2	11.8
TOTAL	31	75.9	9	20.55	0	0	0	0	40	97.05	2	2.95

During consultations are there hand-washing facilities?

Locality	In the consultation area, or		Close to the consultation area, or		None	
	Number	%	Number	%	Number	%
North East	8	88.9	0	0.0	1	11.1
North West	3	75.0	1	25.0	0	0.0
South East	8	66.7	3	25.0	1	8.3
South West	6	35.3	10	58.8	1	5.9
TOTAL	25	66.48	13	27.2	3	6.3

Patients attending for consultations have access to toilet facilities

Locality	In the consultation area, or		Close to the consultation area	
	Yes	%	No	%
North East	5	55.6	4	44.4
North West	3	75.0	1	25.0
South East	6	50.0	6	50.0
South West	7	41.2	10	58.8
TOTAL	21	55.45	21	44.55

Off-site

Locality	The pharmacy has access to an off-site consultation area (i.e. one which the former PCT or NHS England local team has given consent for use)		The pharmacy is willing to undertake consultations in patient's home/other suitable site		Neither	
	Number	%	Number	%	Number	%
North East	0	0.0	6	66.7	3	33.3
North West	0	0.0	1	25.0	2	50.0
South East	0	0.0	6	50.0	6	50.0
South West	0	0.0	8	47.1	9	52.9
TOTAL	0	0	21	47.2	20	46.55

Disabled access

Locality	Can disabled customers park within ten metres of your pharmacy? (with a 'blue badge')				Is the entrance to the pharmacy suitable for wheelchair access unaided?			
	Yes	%	No	%	Yes	%	No	%
North East	8	88.9	1	11.1	8	88.9	1	11.1
North West	3	75.0	1	25.0	3	75.0	1	25.0
South East	8	66.7	4	33.3	11	91.7	1	8.3
South West	12	70.6	5	29.4	15	88.2	2	11.8
TOTAL	31	75.3	11	24.7	37	87.45	5	14.05

Which languages can the pharmacy use when speaking with customers?

	North East	North West	South East	South West
Languages	Guajarati Hindi Turkish Italian Swahili	Gujarati Hindi Urdu Punjabi Farsi Arabic French Spanish Portuguese	Turkish Arabic Swahili Gujrati Hindi Greek Urdu Polish	Gugarti Swahili Punjabi Hindi Albanian Polish Greek

IT facilities

Locality	Electronic prescription service Release 2 enabled				NHSmail being used				NHS Summary Care Record Enabled				Up-to-date NHS Choice entry			
	Yes	%	No	%	Yes	%	No	%	Yes	%	No	%	Yes	%	No	%
North East	9	100	0	0	6	66.7	3	33.3	9	100	0	0	9	100	0	0
North West	4	100	0	0	2	50	2	50	4	100	0	0	3	75	1	25
South East	12	100	0	0	9	75	3	25	12	100	0	0	7	58.3	5	41.7
South West	17	100	0	0	13	76.5	4	23.5	17	100	0	0	17	100	0	0
TOTAL	42	100	0	0	30	67	12	32.9	42	100	0	0	36	83.3	6	16.7

Healthy Living Pharmacies (HLP)

Locality	The pharmacy has achieved HLP status		The pharmacy is working toward HLP status		The pharmacy is not currently working toward HLP status	
	Number	%	Number	%	Number	%
North East	2	22.2	7	77.8	0	0.0
North West	0	0.0	4	100.0	0	0.0
South East	0	0.0	12	100.0	0	0.0
South West	3	17.6	11	64.7	3	17.6
TOTAL	5	9.95	34	85.63	3	4.4

Does the pharmacy dispense appliances?

Locality	Yes – all types		Yes, excluding stoma appliances, or		Yes, excluding incontinence appliances, or		Yes, excluding stoma and incontinence appliances, or		Yes, just dressings, or		None		Other	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
North East	7	77.8	0	0.0	0	0.0	0	0.0	1	11.1	1	11.1	0	0.0
North West	4	100.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
South East	8	66.7	0	0.0	0	0.0	1	8.3	3	25.0	0	0.0	0	0.0
South West	15	88.2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	5.9
TOTAL	34	83.18	0		0	0	1	2.08	4	9	1	2.7	1	1.47

Does the pharmacy provide the following services?

Locality	Advanced Services	Number responding Yes	Percent (%) responding Yes	Number responding intending to begin within next 12 months	Percent (%) responding intending to begin within 12 months	Number responding No	Percent (%) responding No
North East	Medicines Use Review service	9	100.0	0	0.0	0	0.0
	New Medicine Service	9	100.0	0	0.0	0	0.0
	Appliance Use Review service	1	11.1	3	33.3	5	55.6
	Stoma Appliance Customisation service	0	0.0	3	33.3	6	66.7
	Flu Vaccination Service	7	77.8	2	22.2	0	0.0

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	NHS Urgent Medicine Supply Advanced Service	4	44.4	3	33.3	2	22.2
North West	Medicines Use Review service	4	100.0	0	0.0	0	0.0
	New Medicine Service	4	100.0	0	0.0	0	0.0
	Appliance Use Review service	2	50.0	2	50.0	0	0.0
	Stoma Appliance Customisation service	1	25.0	2	50.0	1	25.0
	Flu Vaccination Service	2	50.0	2	50.0	0	0.0
	NHS Urgent Medicine Supply Advanced Service	1	25.0	2	50.0	1	25.0
South East	Medicines Use Review service	12	100.0	0	0.0	0	0.0
	New Medicine Service	11	91.7	1	8.3	0	0.0
	Appliance Use Review service	0	0.0	2	16.7	10	83.3
	Stoma Appliance Customisation service	1	8.3	1	8.3	10	83.3
	Flu Vaccination Service	10	83.3	1	8.3	1	8.3
	NHS Urgent Medicine Supply Advanced Service	4	33.3	4	33.3	4	33.3
South West	Medicines Use Review service	17	100.0	0	0.0	0	0.0
	New Medicine Service	15	88.2	2	11.8	0	0.0
	Appliance Use Review service	3	17.6	2	11.8	12	70.6
	Stoma Appliance Customisation service	3	17.6	2	11.8	12	70.6
	Flu Vaccination Service	11	64.7	4	23.5	2	11.8
	NHS Urgent Medicine Supply Advanced Service						

Commissioned Services – North East

Please note that this is based on the response of the survey and may not accurately reflect the commissioners.

Service type	Currently providing under contract with the local NHS England 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	
	Number	%	Number	%	Number	%	Number	%	Number	%
Anticoagulant Monitoring Service	0	0.0	0	0.0	0	0.0	8	88.9	1	11.1
Anti-viral Distribution Service	0	0.0	0	0.0	0	0.0	9	100.0	0	0.0
Care Home Service	0	0.0	0	0.0	0	0.0	8	88.9	1	11.1
Chlamydia Testing Service	0	0.0	0	0.0	0	0.0	8	88.9	1	11.1
Chlamydia Treatment Service	0	0.0	0	0.0	0	0.0	8	88.9	1	11.1
Contraceptive service (not EC)	0	0.0	0	0.0	0	0.0	8	88.9	1	11.1
Patient Group Direction	2	22.2	0	0.0	0	0.0	7	77.8	0	0.0
Disease Specific Medicines Management Service										
Allergies	0	0.0	0	0.0	0	0.0	9	100.0	0	0.0
Alzheimer's/dementia	0	0.0	0	0.0	0	0.0	8	88.9	1	11.1
Asthma	0	0.0	0	0.0	0	0.0	9	100.0	0	0.0
CHD	0	0.0	0	0.0	0	0.0	9	100.0	0	0.0
COPD	0	0.0	0	0.0	0	0.0	9	100.0	0	0.0
Depression	0	0.0	0	0.0	0	0.0	8	88.9	1	11.1
Diabetes type I	0	0.0	0	0.0	0	0.0	9	100.0	0	0.0
Diabetes type II	0	0.0	0	0.0	0	0.0	9	100.0	0	0.0
Epilepsy	0	0.0	0	0.0	0	0.0	8	88.9	1	11.1
Heart Failure	0	0.0	0	0.0	0	0.0	9	100.0	0	0.0
Hypertension	0	0.0	0	0.0	0	0.0	9	100.0	0	0.0
Parkinson's disease	0	0.0	0	0.0	0	0.0	8	88.9	1	11.1
Emergency Contraception Service (2)	0	0.0	0	0.0	2	22.2	7	77.8	0	0.0
Emergency Supply Service	1	11.1	0	0.0	0	0.0	7	77.8	0	0.0
Gluten Free Food Supply Service (i.e. not via FP10)	0	0.0	0	0.0	0	0.0	8	88.9	1	11.1

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Home Delivery Service (not appliances)	0	0.0	0	0.0	0	0.0	5	55.6	3	33.3
Independent Prescribing Service	0	0.0	0	0.0	0	0.0	9	100.0	0	0.0
Language Access Service	0	0.0	0	0.0	0	0.0	4	44.4	4	44.4
Medication Review Service	1	11.1	1	11.1	0	0.0	6	66.7	0	0.0
Medicines Assessment and Compliance Support Service	0	0.0	0	0.0	0	0.0	9	100.0	0	0.0
Minor Ailment Scheme	0	0.0	3	33.3	1	11.1	5	55.6	0	0.0
MUR Plus/Medicines Optimisation Service	0	0.0	0	0.0	0	0.0	9	100.0	0	0.0
Needle and Syringe Exchange Service	0	0.0	0	0.0	3	33.3	5	55.6	1	11.1
Obesity management (adults and children)	0	0.0	0	0.0	0	0.0	8	88.9	1	11.1
Not Dispensed Scheme	0	0.0	0	0.0	0	0.0	8	88.9	1	11.1
On Demand Availability of Specialist Drugs Service	0	0.0	0	0.0	0	0.0	6	66.7	2	22.2
Out of Hours Services	0	0.0	0	0.0	0	0.0	6	66.7	2	22.2
Phlebotomy Service	0	0.0	0	0.0	0	0.0	8	88.9	1	11.1
Prescriber Support Service	0	0.0	0	0.0	0	0.0	8	88.9	1	11.1
Schools Service	0	0.0	0	0.0	0	0.0	5	55.6	4	44.4
Screening Service										
Alcohol	0	0.0	0	0.0	0	0.0	8	88.9	1	11.1
Cholesterol	0	0.0	0	0.0	0	0.0	8	88.9	1	11.1
Diabetes	0	0.0	0	0.0	0	0.0	8	88.9	1	11.1
Gonorrhoea	0	0.0	0	0.0	0	0.0	7	77.8	2	22.2
H. pylori	0	0.0	0	0.0	0	0.0	8	88.9	1	11.1
HbA1C	0	0.0	0	0.0	0	0.0	8	88.9	1	11.1
Hepatitis	0	0.0	0	0.0	0	0.0	7	77.8	2	22.2
HIV	0	0.0	0	0.0	0	0.0	7	77.8	2	22.2
Seasonal Influenza Vaccination Service	4	44.4	0	0.0	0	0.0	4	44.4	1	11.1
Other Vaccinations										
Childhood vaccinations	0	0.0	0	0.0	0	0.0	8	88.9	1	11.1
Hepatitis (at risk workers or patients)	0	0.0	0	0.0	0	0.0	7	77.8	2	22.2
HPV	0	0.0	0	0.0	0	0.0	7	77.8	2	22.2

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Travel vaccines	0	0.0	0	0.0	0	0.0	8	88.9	0	0.0
Sharps Disposal Service	0	0.0	0	0.0	0	0.0	9	100.0	0	0.0
Stop Smoking Service	0	0.0	0	0.0	0	0.0	9	100.0	0	0.0
Supervised Administration Service	0	0.0	0	0.0	3	33.3	5	55.6	1	11.1
Supplementary Prescribing Service (what therapeutic areas are covered?)	0	0.0	0	0.0	0	0.0	8	88.9	1	11.1
Vascular Risk Assessment Service (NHS Health Check)	0	0.0	0	0.0	0	0.0	8	88.9	1	11.1

Commissioned Services – North West

Please note that this is based on the response of the survey and may not accurately reflect the commissioners.

Service type	Currently providing under contract with the local NHS England 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	
	Number	%	Number	%	Number	%	Number	%	Number	%
Anticoagulant Monitoring Service	0	0.0	0	0.0	0	0.0	4	100.0	0	0.0
Anti-viral Distribution Service	1	25.0	0	0.0	0	0.0	3	75.0	0	0.0
Care Home Service	0	0.0	0	0.0	0	0.0	4	100.0	0	0.0
Chlamydia Testing Service	1	25.0	0	0.0	0	0.0	3	75.0	0	0.0
Chlamydia Treatment Service	1	25.0	0	0.0	0	0.0	3	75.0	0	0.0
Contraceptive service (not EC)	0	0.0	0	0.0	0	0.0	4	100.0	0	0.0
Patient Group Direction	1	25.0	0	0.0	0	0.0	3	75.0	0	0.0
Disease Specific Medicines Management Service										
Allergies	0	0.0	0	0.0	0	0.0	4	100.0	0	0.0
Alzheimer's/dementia	0	0.0	0	0.0	0	0.0	4	100.0	0	0.0
Asthma	0	0.0	0	0.0	0	0.0	4	100.0	0	0.0
CHD	0	0.0	0	0.0	0	0.0	4	100.0	0	0.0
COPD	0	0.0	0	0.0	0	0.0	4	100.0	0	0.0
Depression	0	0.0	0	0.0	0	0.0	4	100.0	0	0.0

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Diabetes type I	0	0.0	0	0.0	0	0.0	4	100.0	0	0.0
Diabetes type II	0	0.0	0	0.0	0	0.0	4	100.0	0	0.0
Epilepsy	0	0.0	0	0.0	0	0.0	4	100.0	0	0.0
Heart Failure	0	0.0	0	0.0	0	0.0	4	100.0	0	0.0
Hypertension	0	0.0	0	0.0	0	0.0	4	100.0	0	0.0
Parkinson's disease	0	0.0	0	0.0	0	0.0	4	100.0	0	0.0
Emergency Contraception Service (2)	0	0.0	1	25.0	0	0.0	3	75.0	0	0.0
Emergency Supply Service	1	25.0	0	0.0	0	0.0	3	75.0	0	0.0
Gluten Free Food Supply Service (i.e. not via FP10)	0	0.0	0	0.0	0	0.0	4	100.0	0	0.0
Home Delivery Service (not appliances)	1	25.0	0	0.0	0	0.0	3	75.0	0	0.0
Independent Prescribing Service	0	0.0	0	0.0	0	0.0	4	100.0	0	0.0
Language Access Service		0.0	0	0.0	0	0.0	3	75.0	1	25.0
Medication Review Service	0	0.0	0	0.0	0	0.0	3	75.0	0	0.0
Medicines Assessment and Compliance Support Service	0	0.0	0	0.0	0	0.0	4	100.0	0	0.0
Minor Ailment Scheme	1	25.0	1	25.0	0	0.0	2	50.0	0	0.0
MUR Plus/Medicines Optimisation Service	0	0.0	0	0.0	0	0.0	4	100.0	0	0.0
Needle and Syringe Exchange Service	0	0.0	0	0.0	0	0.0	4	100.0	0	0.0
Obesity management (adults and children)	0	0.0	0	0.0	0	0.0	4	100.0	0	0.0
Not Dispensed Scheme	0	0.0	0	0.0	0	0.0	4	100.0	0	0.0
On Demand Availability of Specialist Drugs Service	0	0.0	0	0.0	0	0.0	4	100.0	0	0.0
Out of Hours Services	0	0.0	0	0.0	0	0.0	4	100.0	0	0.0
Phlebotomy Service	0	0.0	0	0.0	0	0.0	4	100.0	0	0.0
Prescriber Support Service	0	0.0	0	0.0	0	0.0	4	100.0	0	0.0
Schools Service	0	0.0	0	0.0	0	0.0	4	100.0	0	0.0
Screening Service										
Alcohol	0	0.0	0	0.0	0	0.0	4	100.0	0	0.0
Cholesterol	0	0.0	0	0.0	0	0.0	4	100.0	0	0.0
Diabetes	1	25.0	0	0.0	0	0.0	3	75.0	0	0.0
Gonorrhoea	0	0.0	0	0.0	0	0.0	4	100.0	0	0.0

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H. pylori	0	0.0	0	0.0	0	0.0	4	100.0	0	0.0
HbA1C	0	0.0	0	0.0	0	0.0	4	100.0	0	0.0
Hepatitis	0	0.0	0	0.0	0	0.0	4	100.0	0	0.0
HIV	0	0.0	0	0.0	0	0.0	4	100.0	0	0.0
Seasonal Influenza Vaccination Service	2	50.0	0	0.0	0	0.0	2	50.0	0	0.0
Other Vaccinations										
Childhood vaccinations	0	0.0	0	0.0	0	0.0	4	100.0	0	0.0
Hepatitis (at risk workers or patients)	0	0.0	0	0.0	0	0.0	4	100.0	0	0.0
HPV	0	0.0	0	0.0	0	0.0	4	100.0	0	0.0
Travel vaccines	0	0.0	0	0.0	0	0.0	4	100.0	0	0.0
Sharps Disposal Service	0	0.0	0	0.0	0	0.0	4	100.0	0	0.0
Stop Smoking Service	0	0.0	0	0.0	0	0.0	4	100.0	0	0.0
Supervised Administration Service	0	0.0	0	0.0	0	0.0	4	100.0	0	0.0
Supplementary Prescribing Service (what therapeutic areas are covered?)	0	0.0	0	0.0	0	0.0	4	100.0	0	0.0
Vascular Risk Assessment Service (NHS Health Check)	0	0.0	0	0.0	0	0.0	4	100.0	0	0.0

Commissioned Services – South East

Please note that this is based on the response of the survey and may not accurately reflect the commissioners.

Service type	Currently providing under contract with the local NHS England 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	
	Number	%	Number	%	Number	%	Number	%	Number	%
Anticoagulant Monitoring Service	0	0.0	0	0.0	0	0.0	9	75.0	3	25.0
Anti-viral Distribution Service	0	0.0	0	0.0	0	0.0	10	83.3	2	16.7
Care Home Service	1	8.3	0	0.0	0	0.0	8	66.7	3	25.0
Chlamydia Testing Service	1	8.3	0	0.0	2	16.7	8	66.7	1	8.3

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Chlamydia Treatment Service	0	0.0	0	0.0	0	0.0	11	91.7	1	8.3
Contraceptive service (not EC)	0	0.0	1	8.3	0	0.0	10	83.3	1	8.3
Patient Group Direction	1	8.3	0	0.0	1	8.3	9	75.0	1	8.3
Disease Specific Medicines Management Service										
Allergies	0	0.0	1	8.3	0	0.0	10	83.3	1	8.3
Alzheimer's/dementia	0	0.0	0	0.0	0	0.0	10	83.3	2	16.7
Asthma	0	0.0	0	0.0	0	0.0	11	91.7	1	8.3
CHD	0	0.0	0	0.0	0	0.0	10	83.3	2	16.7
COPD	0	0.0	0	0.0	0	0.0	11	91.7	1	8.3
Depression	0	0.0	0	0.0	0	0.0	10	83.3	2	16.7
Diabetes type I	0	0.0	0	0.0	0	0.0	10	83.3	2	16.7
Diabetes type II	0	0.0	0	0.0	0	0.0	11	91.7	1	8.3
Epilepsy	0	0.0	0	0.0	0	0.0	10	83.3	2	16.7
Heart Failure	0	0.0	0	0.0	0	0.0	10	83.3	2	16.7
Hypertension	0	0.0	0	0.0	0	0.0	11	91.7	1	8.3
Parkinson's disease	0	0.0	0	0.0	0	0.0	10	83.3	2	16.7
Emergency Contraception Service (2)	1	8.3	1	8.3	2	16.7	6	50.0	1	8.3
Emergency Supply Service	2	16.7	0	0.0	0	0.0	9	75.0	1	8.3
Gluten Free Food Supply Service (i.e. not via FP10)	0	0.0	0	0.0	0	0.0	9	75.0	3	25.0
Home Delivery Service (not appliances)	3	25.0	0	0.0	0	0.0	4	33.3	3	25.0
Independent Prescribing Service	1	8.3	0	0.0	0	0.0	9	75.0	2	16.7
Language Access Service	0	0.0	0	0.0	0	0.0	6	50.0	6	50.0
Medication Review Service	3	25.0	0	0.0	1	8.3	7	58.3	1	8.3
Medicines Assessment and Compliance Support Service	1	8.3	0	0.0	0	0.0	10	83.3	1	8.3
Minor Ailment Scheme	1	8.3	0	0.0	5	41.7	4	33.3	1	8.3
MUR Plus/Medicines Optimisation Service	1	8.3	0	0.0	0	0.0	11	91.7	0	0.0
Needle and Syringe Exchange Service	0	0.0	1	8.3	0	0.0	6	50.0	5	41.7
Obesity management (adults and children)	0	0.0	0	0.0	0	0.0	11	91.7	1	8.3
Not Dispensed Scheme	0	0.0	0	0.0	0	0.0	9	75.0	3	25.0

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On Demand Availability of Specialist Drugs Service	0	0.0	0	0.0	0	0.0	7	58.3	5	41.7
Out of Hours Services	0	0.0	0	0.0	0	0.0	7	58.3	5	41.7
Phlebotomy Service	0	0.0	0	0.0	0	0.0	7	58.3	5	41.7
Prescriber Support Service	0	0.0	0	0.0	0	0.0	9	75.0	3	25.0
Schools Service	0	0.0	0	0.0	0	0.0	9	75.0	3	25.0
Screening Service										
Alcohol	0	0.0	0	0.0	0	0.0	11	91.7	1	8.3
Cholesterol	0	0.0	0	0.0	0	0.0	11	91.7	1	8.3
Diabetes	0	0.0	0	0.0	0	0.0	10	83.3	1	8.3
Gonorrhoea	0	0.0	0	0.0	0	0.0	10	83.3	2	16.7
H. pylori	0	0.0	0	0.0	0	0.0	10	83.3	2	16.7
HbA1C	0	0.0	0	0.0	0	0.0	10	83.3	2	16.7
Hepatitis	0	0.0	0	0.0	0	0.0	10	83.3	2	16.7
HIV	0	0.0	0	0.0	0	0.0	10	83.3	2	16.7
Seasonal Influenza Vaccination Service	7	58.3	1	8.3	0	0.0	3	25.0	1	8.3
Other Vaccinations										
Childhood vaccinations	0	0.0	0	0.0	0	0.0	9	75.0	3	25.0
Hepatitis (at risk workers or patients)	0	0.0	0	0.0	0	0.0	10	83.3	2	16.7
HPV	0	0.0	0	0.0	0	0.0	10	83.3	2	16.7
Travel vaccines	0	0.0	0	0.0	1	8.3	10	83.3	1	8.3
Sharps Disposal Service	0	0.0	1	8.3	0	0.0	9	75.0	2	16.7
Stop Smoking Service	0	0.0	1	8.3	0	0.0	10	83.3	1	8.3
Supervised Administration Service	2	16.7	1	8.3	2	16.7	4	33.3	3	25.0
Supplementary Prescribing Service (what therapeutic areas are covered?)	0	0.0	0	0.0	0	0.0	10	83.3	2	16.7
Vascular Risk Assessment Service (NHS Health Check)	0	0.0	0	0.0	0	0.0	10	83.3	2	16.7

Commissioned Services – South West

Please note that this is based on the response of the survey and may not accurately reflect the commissioners.

Service type	Currently providing under contract with the local NHS England 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	
	Number	%	Number	%	Number	%	Number	%	Number	%
Anticoagulant Monitoring Service	0	0.0	0	0.0		0.0	17	100.0	0	0.0
Anti-viral Distribution Service	0	0.0	0	0.0		0.0	17	100.0	0	0.0
Care Home Service	2	11.8	0	0.0	0	0.0	12	70.6	3	17.6
Chlamydia Testing Service	2	11.8	0	0.0	5	29.4	10	58.8	0	0.0
Chlamydia Treatment Service	0	0.0	0	0.0	1	5.9	16	94.1	0	0.0
Contraceptive service (not EC)	0	0.0	0	0.0	0	0.0	16	94.1	1	5.9
Patient Group Direction	2	11.8	0	0.0	3	17.6	11	64.7	0	0.0
Disease Specific Medicines Management Service										
Allergies	1	5.9	0	0.0	0	0.0	16	94.1	0	0.0
Alzheimer's/dementia	1	5.9	0	0.0	0	0.0	16	94.1	0	0.0
Asthma	1	5.9	0	0.0	0	0.0	16	94.1	0	0.0
CHD	1	5.9	0	0.0	0	0.0	16	94.1	0	0.0
COPD	1	5.9	0	0.0	0	0.0	16	94.1	0	0.0
Depression	1	5.9	0	0.0	0	0.0	16	94.1	0	0.0
Diabetes type I	1	5.9	0	0.0	0	0.0	16	94.1	0	0.0
Diabetes type II	1	5.9	0	0.0	0	0.0	16	94.1	0	0.0
Epilepsy	1	5.9	0	0.0	0	0.0	16	94.1	0	0.0
Heart Failure	1	5.9	0	0.0	0	0.0	16	94.1	0	0.0
Hypertension	1	5.9	0	0.0	0	0.0	16	94.1	0	0.0
Parkinson's disease	1	5.9	0	0.0	0	0.0	16	94.1	0	0.0
Emergency Contraception Service (2)	3	17.6	0	0.0	4	23.5	10	58.8	0	0.0
Emergency Supply Service	2	11.8	0	0.0	0	0.0	14	82.4	0	0.0
Gluten Free Food Supply Service (i.e. not via FP10)	1	5.9	0	0.0	0	0.0	15	88.2	1	5.9
Home Delivery Service (not appliances)	2	11.8	0	0.0	0	0.0	14	82.4	1	5.9

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Independent Prescribing Service	0	0.0	0	0.0	0	0.0	13	76.5	4	23.5
Language Access Service	0	0.0	0	0.0	0	0.0	14	82.4	3	17.6
Medication Review Service	12	70.6	0	0.0	0	0.0	5	29.4	0	0.0
Medicines Assessment and Compliance Support Service	1	5.9	0	0.0	0	0.0	16	94.1	0	0.0
Minor Ailment Scheme	3	17.6	7	41.2	1	5.9	6	35.3	0	0.0
MUR Plus/Medicines Optimisation Service	2	11.8	0	0.0	0	0.0	15	88.2	0	0.0
Needle and Syringe Exchange Service	1	5.9	0	0.0	3	17.6	9	52.9	4	23.5
Obesity management (adults and children)	0	0.0	0	0.0	0	0.0	17	100.0	0	0.0
Not Dispensed Scheme	0	0.0	0	0.0	0	0.0	17	100.0	0	0.0
On Demand Availability of Specialist Drugs Service	1	5.9	0	0.0	0	0.0	14	82.4	2	11.8
Out of Hours Services	0	0.0	0	0.0	0	0.0	10	58.8	7	41.2
Phlebotomy Service	0	0.0	0	0.0	0	0.0	14	82.4	3	17.6
Prescriber Support Service	0	0.0	0	0.0	0	0.0	15	88.2	2	11.8
Schools Service	0	0.0	0	0.0	0	0.0	14	82.4	3	17.6
Screening Service										
Alcohol	0	0.0	0	0.0	0	0.0	17	100.0	0	0.0
Cholesterol	0	0.0	0	0.0	0	0.0	17	100.0	0	0.0
Diabetes	0	0.0	0	0.0	0	0.0	17	100.0	0	0.0
Gonorrhoea	0	0.0	0	0.0	0	0.0	17	100.0	0	0.0
H. pylori	0	0.0	0	0.0	0	0.0	17	100.0	0	0.0
HbA1C	0	0.0	0	0.0	0	0.0	17	100.0	0	0.0
Hepatitis	0	0.0	0	0.0	0	0.0	16	94.1	1	5.9
HIV	0	0.0	0	0.0	0	0.0	16	94.1	1	5.9
Seasonal Influenza Vaccination Service	6	35.3	0	0.0	0	0.0	10	58.8	1	5.9
Other Vaccinations										
Childhood vaccinations	0	0.0	0	0.0	0	0.0	13	76.5	4	23.5
Hepatitis (at risk workers or patients)	0	0.0	0	0.0	0	0.0	14	82.4	3	17.6
HPV	0	0.0	0	0.0	0	0.0	14	82.4	3	17.6
Travel vaccines	0	0.0	0	0.0	0	0.0	16	94.1	1	5.9
Sharps Disposal Service	0	0.0	0	0.0	1	5.9	14	82.4	2	11.8

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Stop Smoking Service	0	0.0	0	0.0	1	5.9	14	82.4	2	11.8
Supervised Administration Service	2	11.8	1	5.9	2	11.8	10	58.8	2	11.8
Supplementary Prescribing Service (what therapeutic areas are covered?)	0	0.0	0	0.0	0	0.0	15	88.2	2	11.8
Vascular Risk Assessment Service (NHS Health Check)	0	0.0	0	0.0	0	0.0	15	88.2	2	11.8

Does the pharmacy provide any of the following (non-commissioned services)?

Locality	Collection of prescriptions from GP practices				Delivery of dispensed medicines - Chargeable				Monitored Dosage Systems – Free of charge on request				Monitored Dosage Systems – chargeable			
	Yes	%	No	%	Yes	%	No	%	Yes	%	No	%	Yes	%	No	%
North East	9	100.0	0	0.0	5	55.6	4	44.4	6	66.7	3	33.3	0	0.0	9	100.0
North West	4	100.0	0	0.0	4	100.0	0	0.0	4	100.0	0	0.0	0	0.0	4	100.0
South East	12	100.0	0	0.0	10	83.3	2	16.7	11	91.7	1	8.3	2	16.7	10	83.3
South West	17	100.0	0	0.0	16	94.1	1	5.9	17	100.0	0	0.0	4	23.5	13	76.5
TOTAL	42	100	0	0	35	83.25	7	16.75	38	89.6	4	10.4	6	10	36	89.95

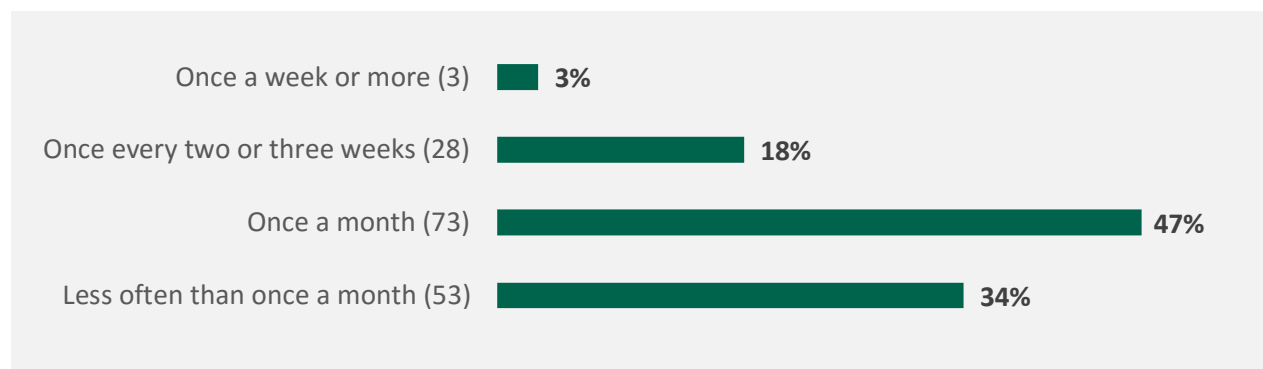
12 Appendix F – Formal consultation plan

To be added when finalised.

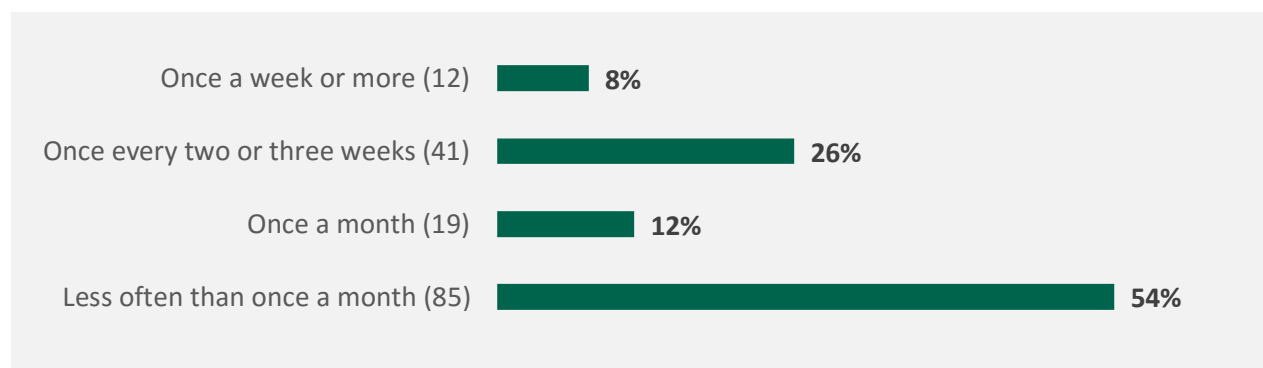
13 Appendix G – Pharmacy Users Survey

An online survey was conducted between 31 July–11 September 2017, to gather users' views on local pharmacies. It was promoted on the council's website, on partner websites (including the CCG), via social media and advertised in relevant newsletters. Posters were also distributed to community pharmacies and GP practices. 157 respondents completed the survey.

Over the last year, how often have you used a local pharmacy for a prescription?

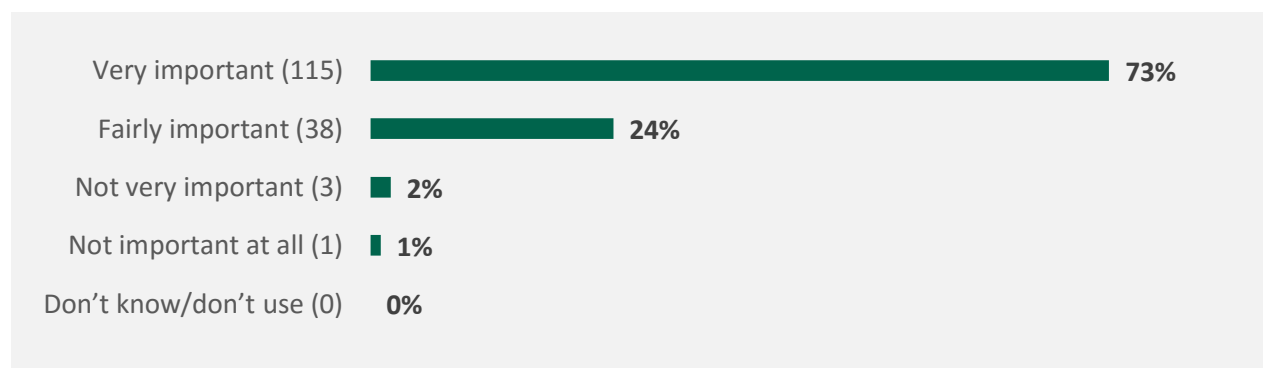


Over the last year, how often have you used a local pharmacy to purchase another product (e.g. over the counter remedies) or for accessing other services or information (e.g. smoking cessation)?

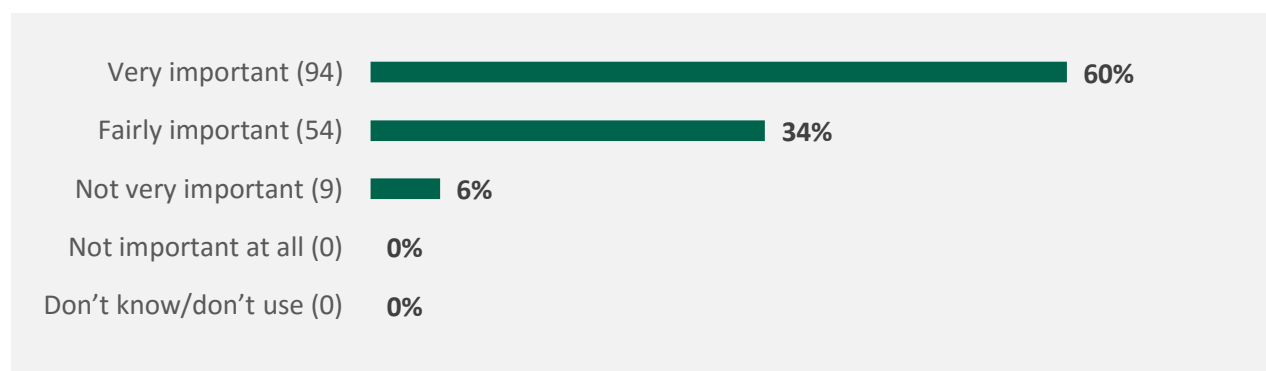


How important are the following pharmacy services to you? (Please select no more than one response on each row)

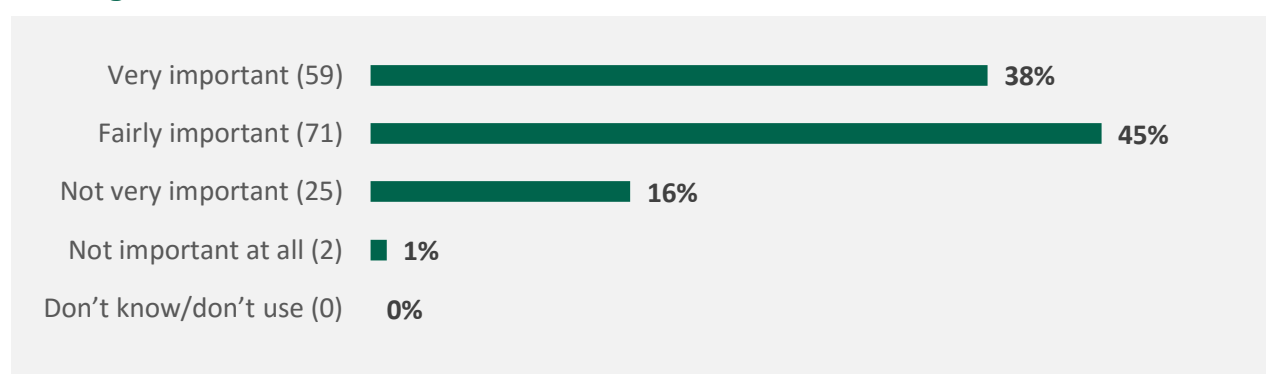
Location of pharmacy



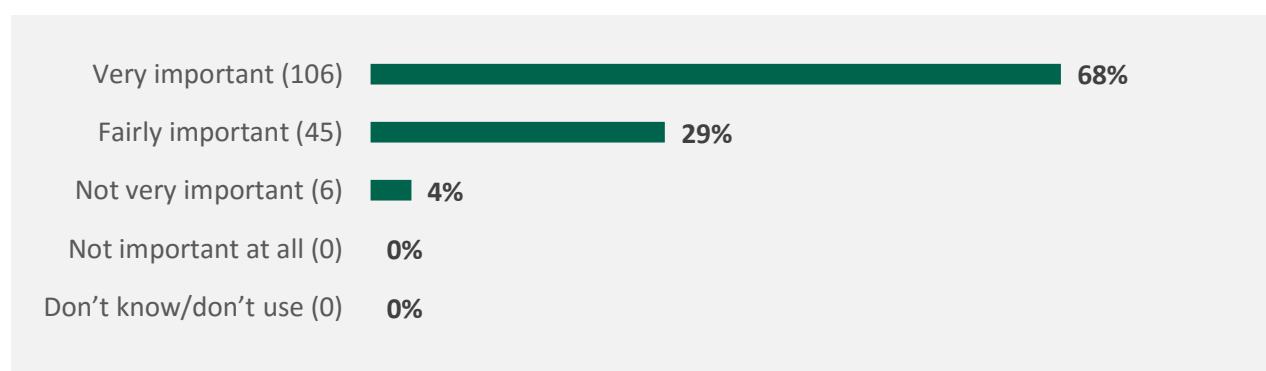
Opening hours



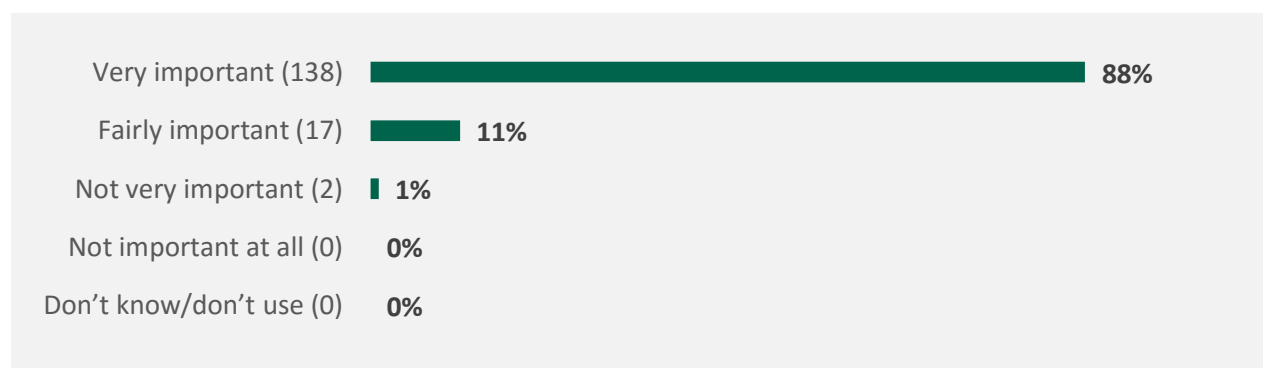
Waiting times



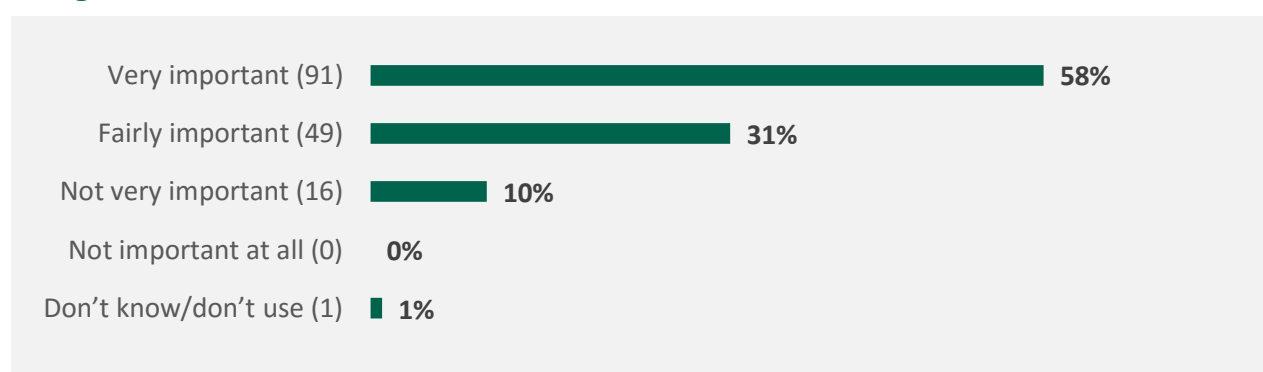
Staff friendliness



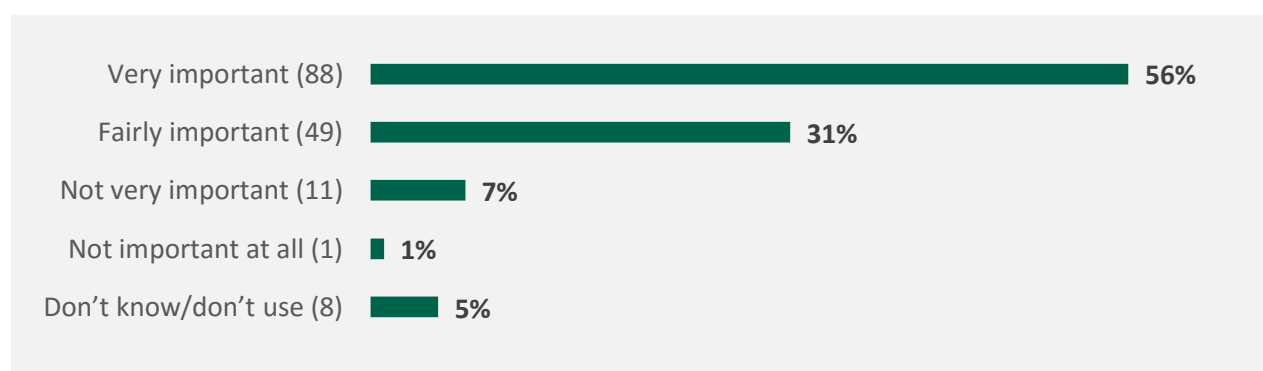
Quality of advice



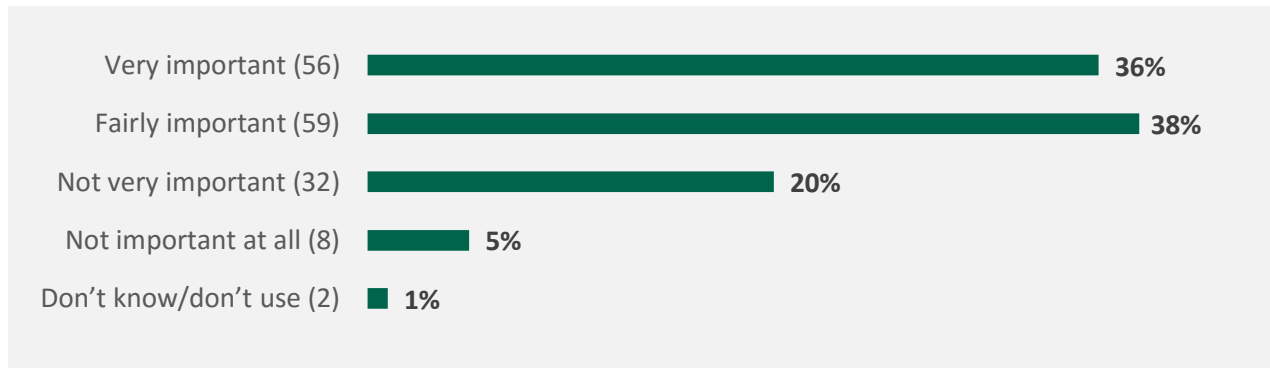
Range of available services



Ability to talk in confidence

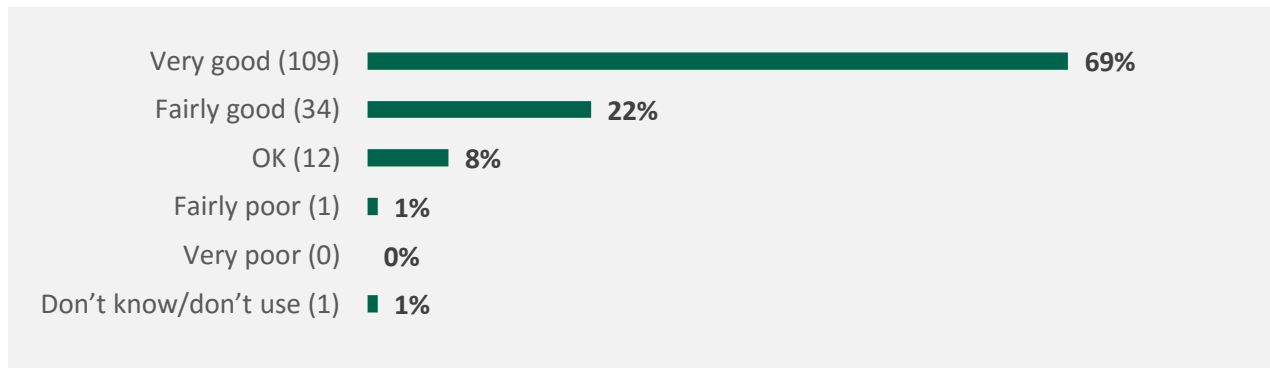


Access to the pharmacy and the ability to move around

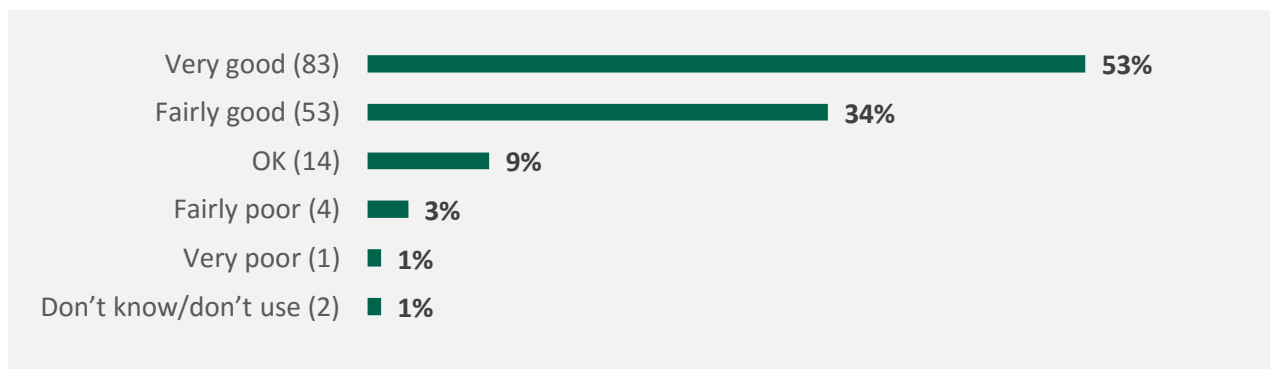


How would you rate your local pharmacy in relation to the following?

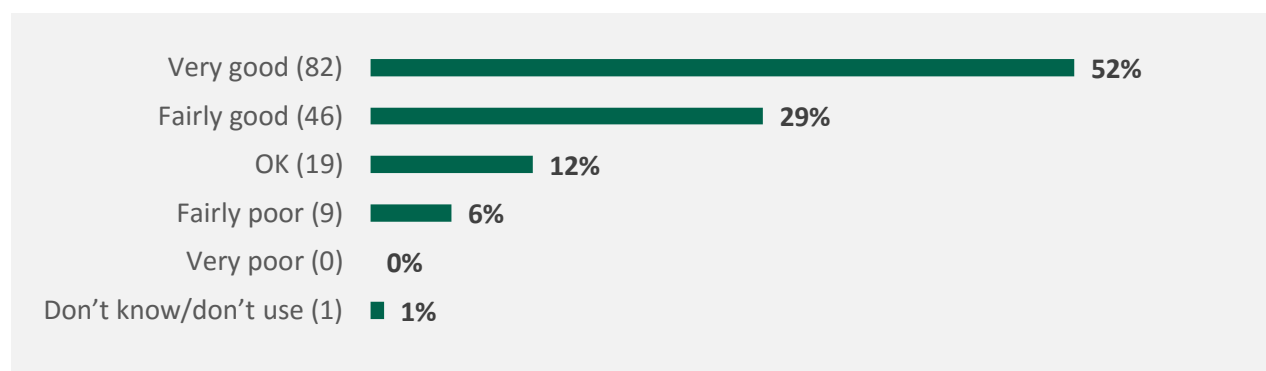
Location of pharmacy



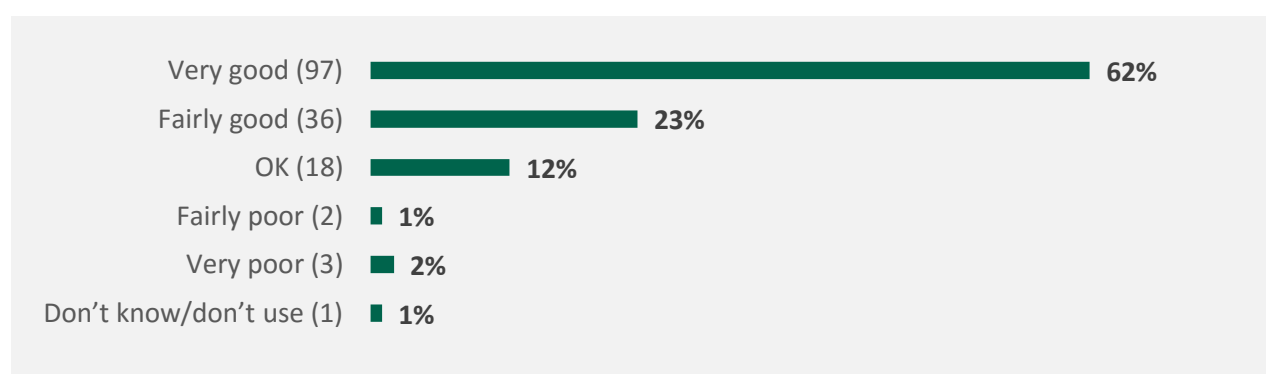
Opening hours



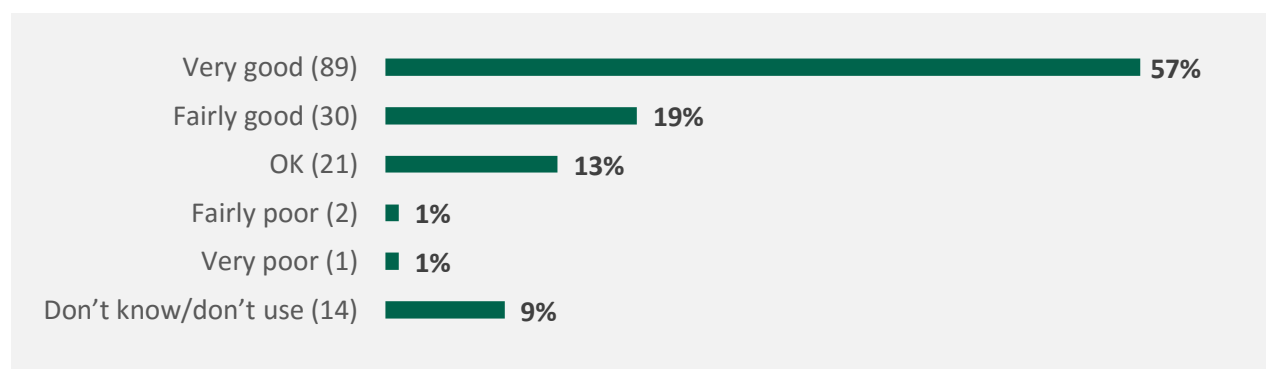
Waiting times



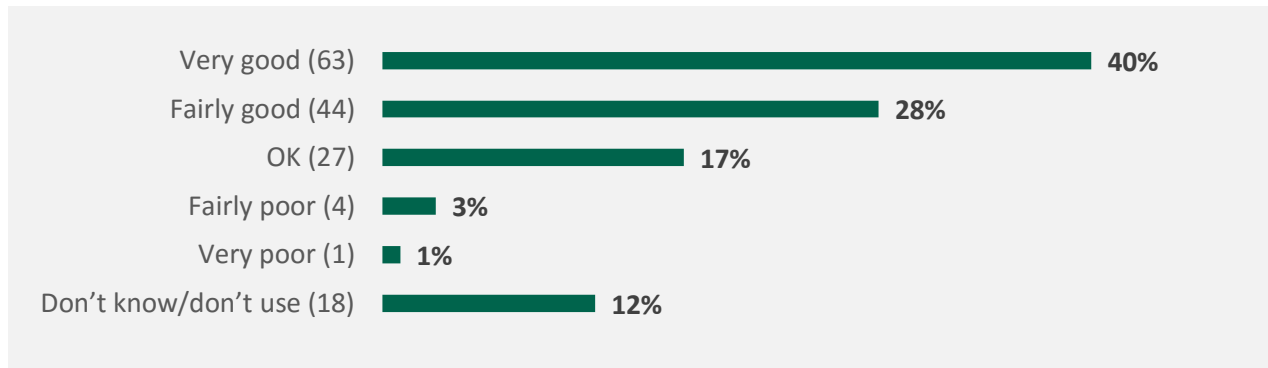
Staff friendliness



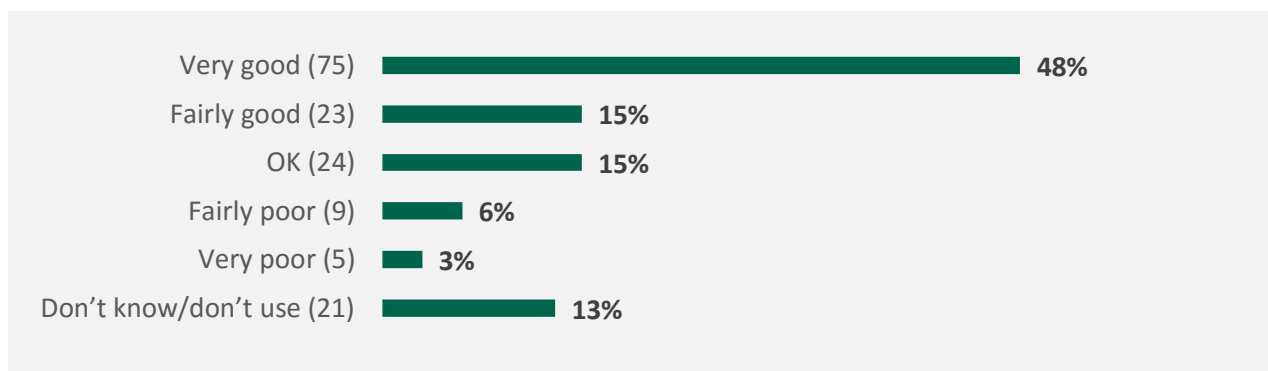
Quality of advice



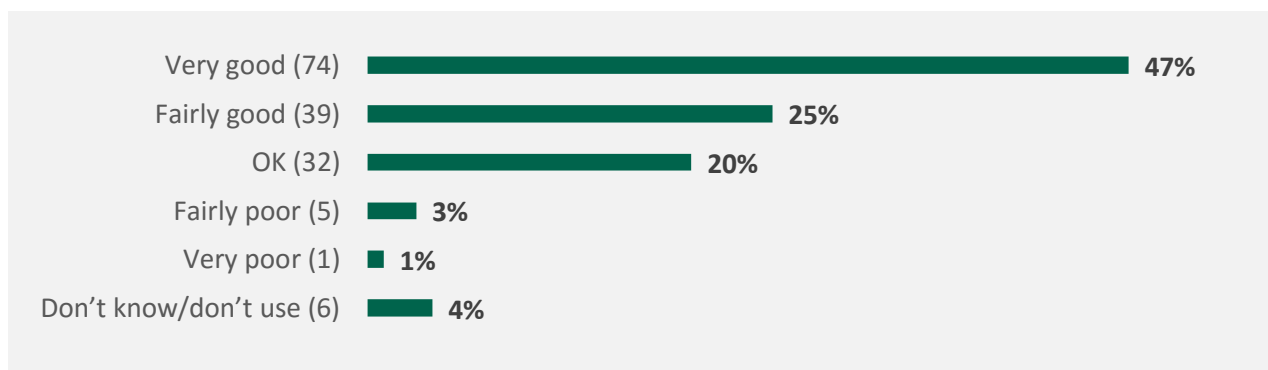
Range of available services



Ability to talk in confidence



Access to the pharmacy and the ability to move around



Please tell us why you regard the opening hours as poor. Please use the space below.

- closes early on Saturdays
- I work 9-5 – my pharmacy is only open until 5pm so I have to ask to leave work early to get my prescription every month
- closes at 6pm, Monday to Friday – no late evenings or early openings
- limited hours on late nights and at the weekend which, as I work full-time, is not always convenient
- there is limited out-of-hours opening

Please tell us why you regard the waiting times as poor. Please use the space below.

- waiting too long
- there is always a queue and only one person serving. Wait time can be around 20 minutes
- there is very rarely anyone at the counter when I go in, even though there is a bell to alert them they don't come to the counter. Usually the prescription isn't ready even though they've got it or they deny it's been received even though I know the GP has expressly sent it
- rarely a member of staff at the pharmacy counter and often very busy with inadequate staffing
- store has to provide other services to care homes which bumps up waiting times
- despite prescriptions being ordered regularly each month, the drugs are never ready and very often are out of stock
- there is usually only one person serving at the time that I go so it will take some time to serve people generally and dispense or the person serving has poor knowledge and then has to interrupt the pharmacist and that slows everything down!

Please tell us why you regard the friendliness as poor. Please use the space below.

- my pharmacist is very abrupt and not friendly and always in a hurry. I have a lot of medication but feel I am a nuisance when I phone a request
- some of the staff aren't friendly or helpful with problems
- staff can be awkward and I have had two instances where the staff have made me feel uncomfortable about difficulties with ordering a particular prescription. I was 'told off' for my prescription not arriving on time through no fault of my own and needing an emergency prescription to cover the weekend. The most recent incident has meant I have left their services
- I've found staff at my local pharmacy to be rude and unhelpful on occasion

Please tell us why you regard the quality of advice as poor. Please use the space below.

- shop floor employees seem to be on the pharmacy desk and are unable to offer advice
- see above – when staff are rude, unhelpful, it does not instil confidence regarding their advice

Please tell us why you regard the range of services as poor. Please use the space below.

- small local pharmacy
- well it's just a shop no separate area to be assessed
- limited range of services available

Please tell us why you regard the ability to talk in confidence as poor. Please use the space below.

- small local pharmacy – no room to talk privately
- no private space to talk to pharmacist
- I have never been offered somewhere private to talk and speak to the pharmacist at the counter

- as I said above, there is no privacy there and the pharmacist shouts and take down to me when asked about anything
- there is nowhere to discuss issues off of the shop floor and away from the main pedestrian entrance
- there is no private area. Often feel uncomfortable as I hear other's issues, and they can hear mine!
- I have not seen a consultation room and on one occasion the pharmacist did a MUR over the counter with the other patients present
- far too open a space in the pharmacy, no area for a discrete discussion
- I try to speak quietly and they respond really loudly so everyone can hear! They also show everyone what you are buying by not putting it in a bag before paying for it
- often have to talk in open area where there are a lot of people around lining up for their medication or shopping as pharmacy based in supermarket
- conversations usually occur where other customers are waiting
- there is no area to talk pharmacist does not come from his area

Please tell us why you regard the access to the pharmacy and ability to move around as poor.
Please use the space below.

- it's a very small pharmacy
- small waiting area
- very small
- small shops
- very small waiting area and steps to access the shop
- very difficult to get a buggy in and a double buggy would not fit through the door. Once inside the pharmacy, the space is very limited and there is no turning circle for large buggy, pram or wheelchair.

14 Appendix H – Enfield Maps

Figure 23 Enfield neighbours

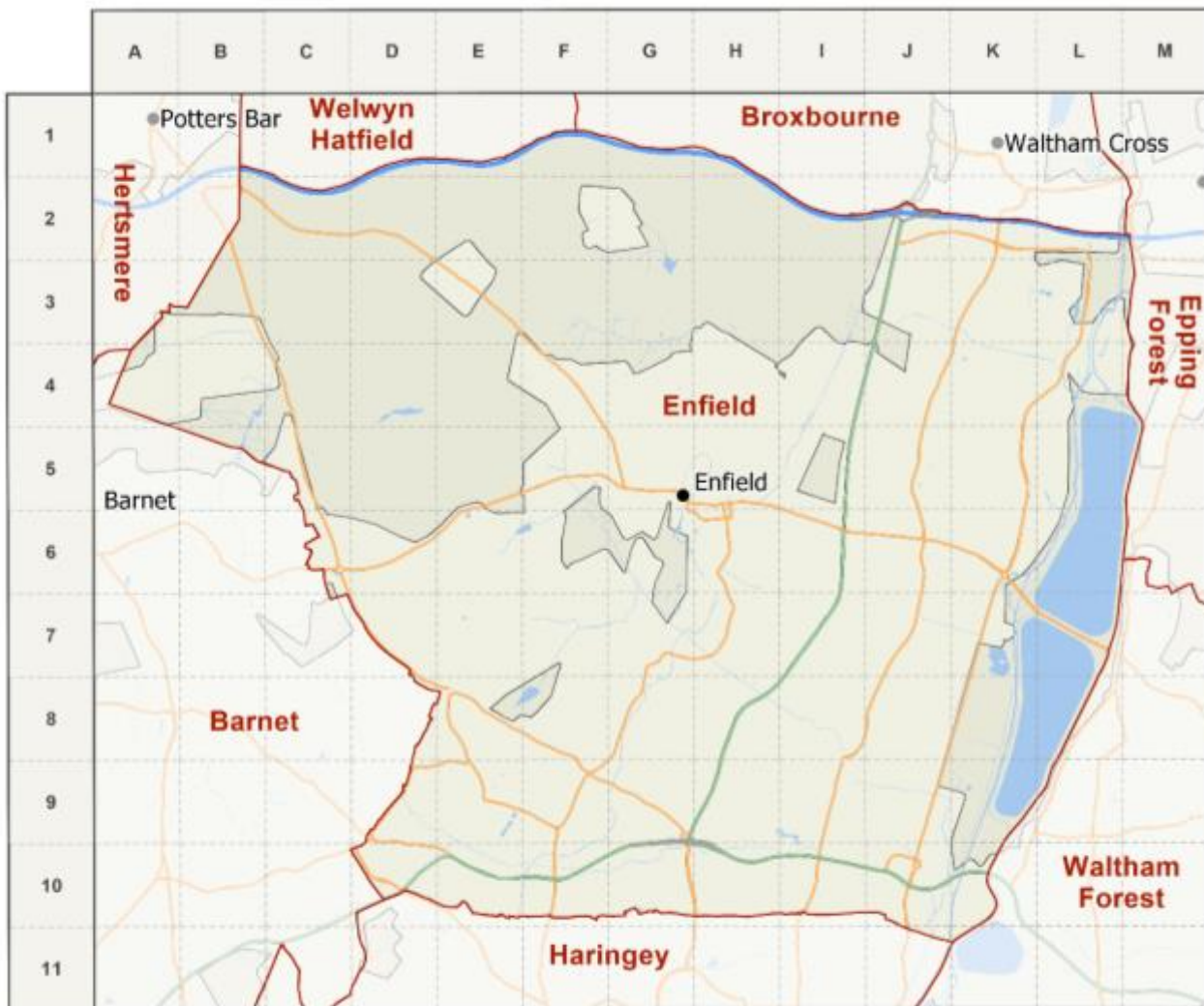


Figure 24 Enfield localities and wards

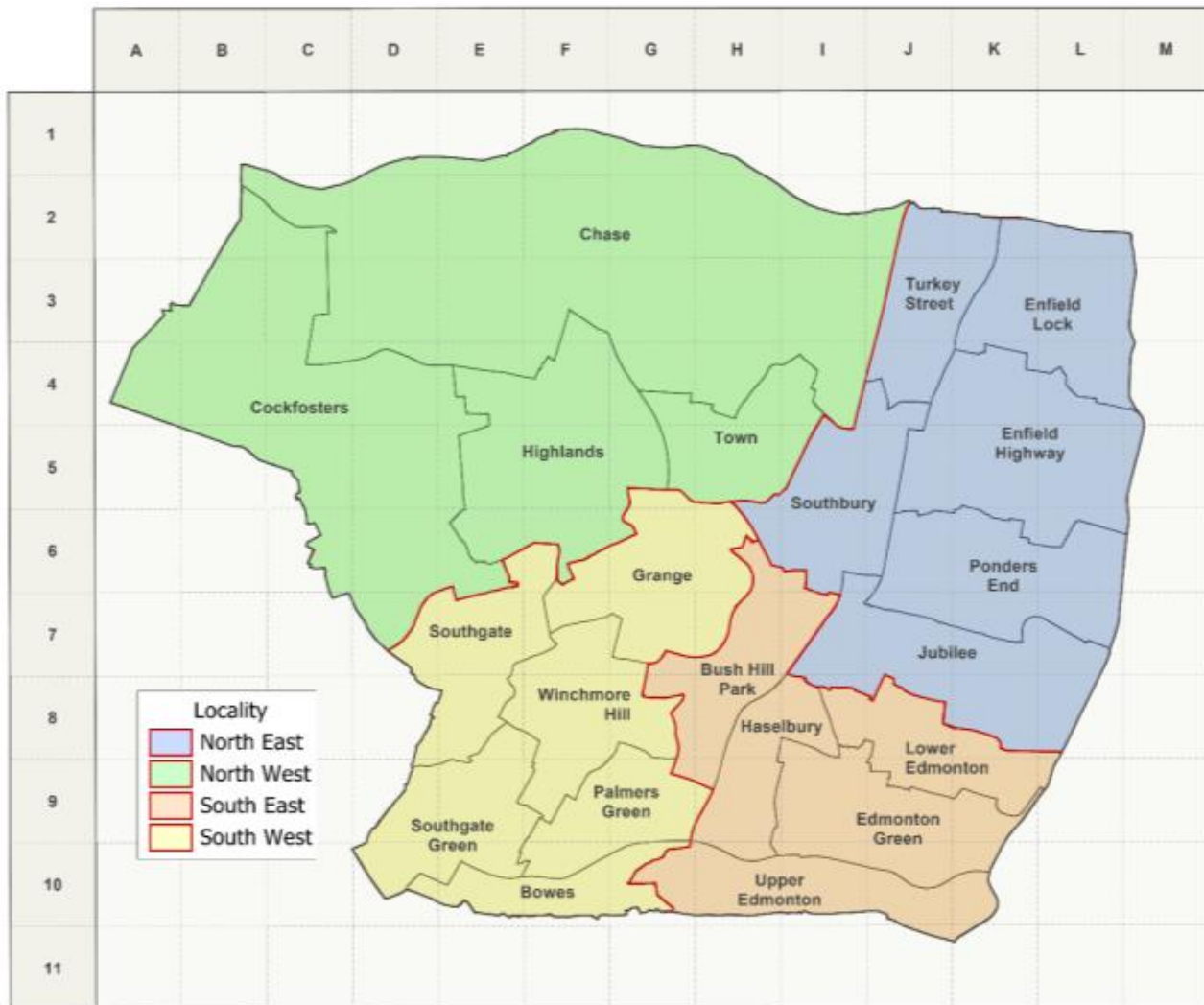
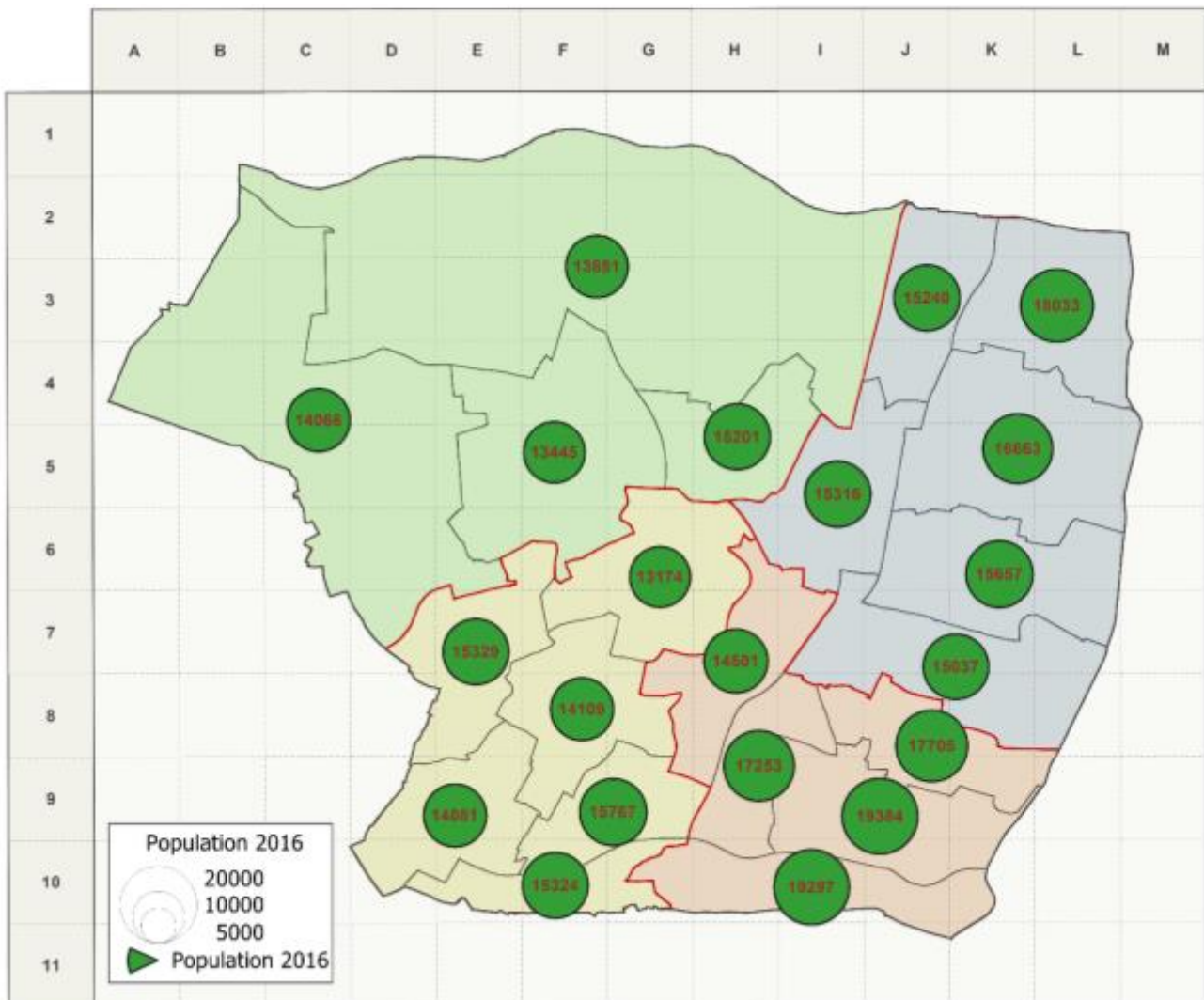
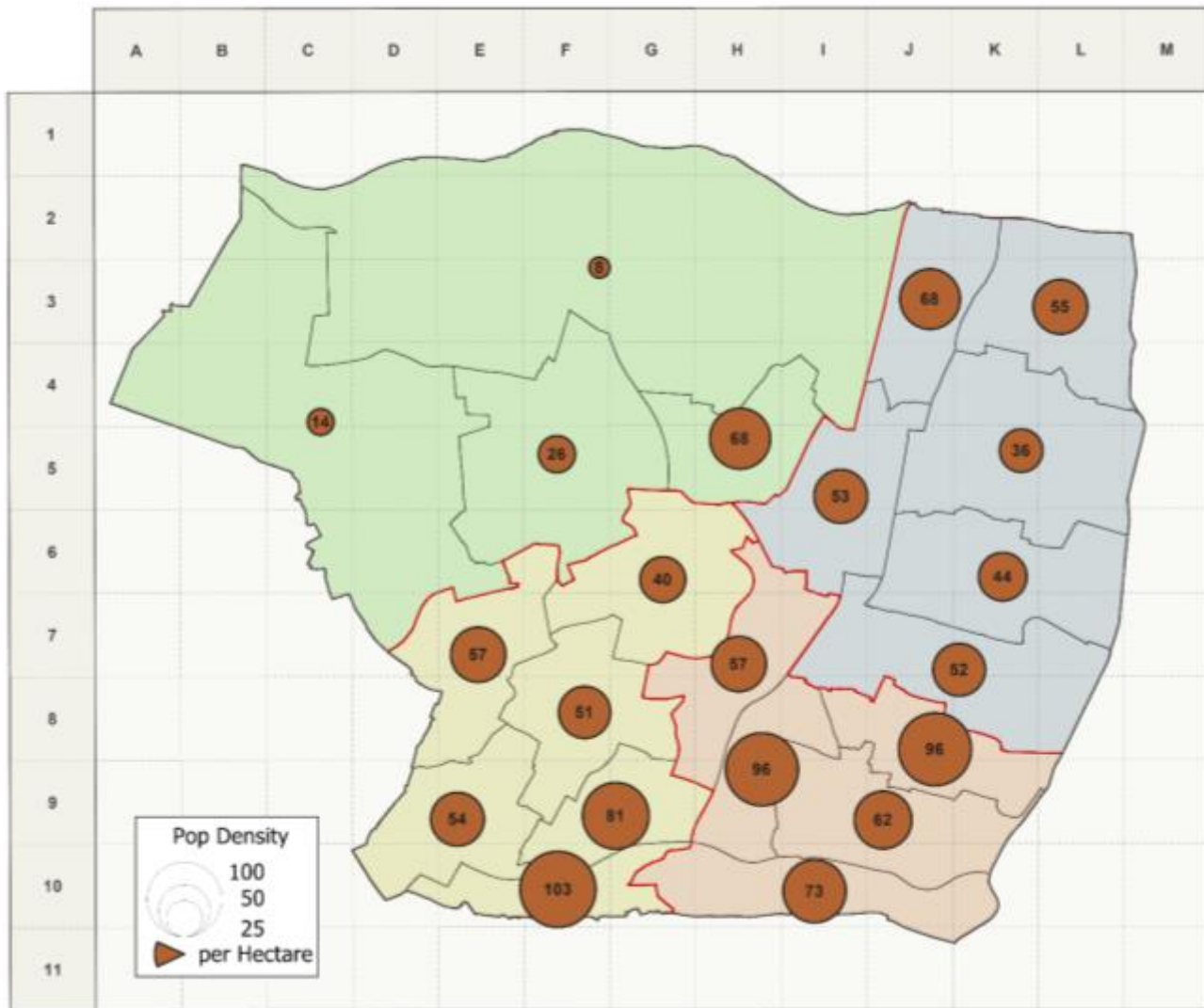


Figure 25 Ward Level Mid-Year Population Estimates (Experimental Statistics) - Mid-2015



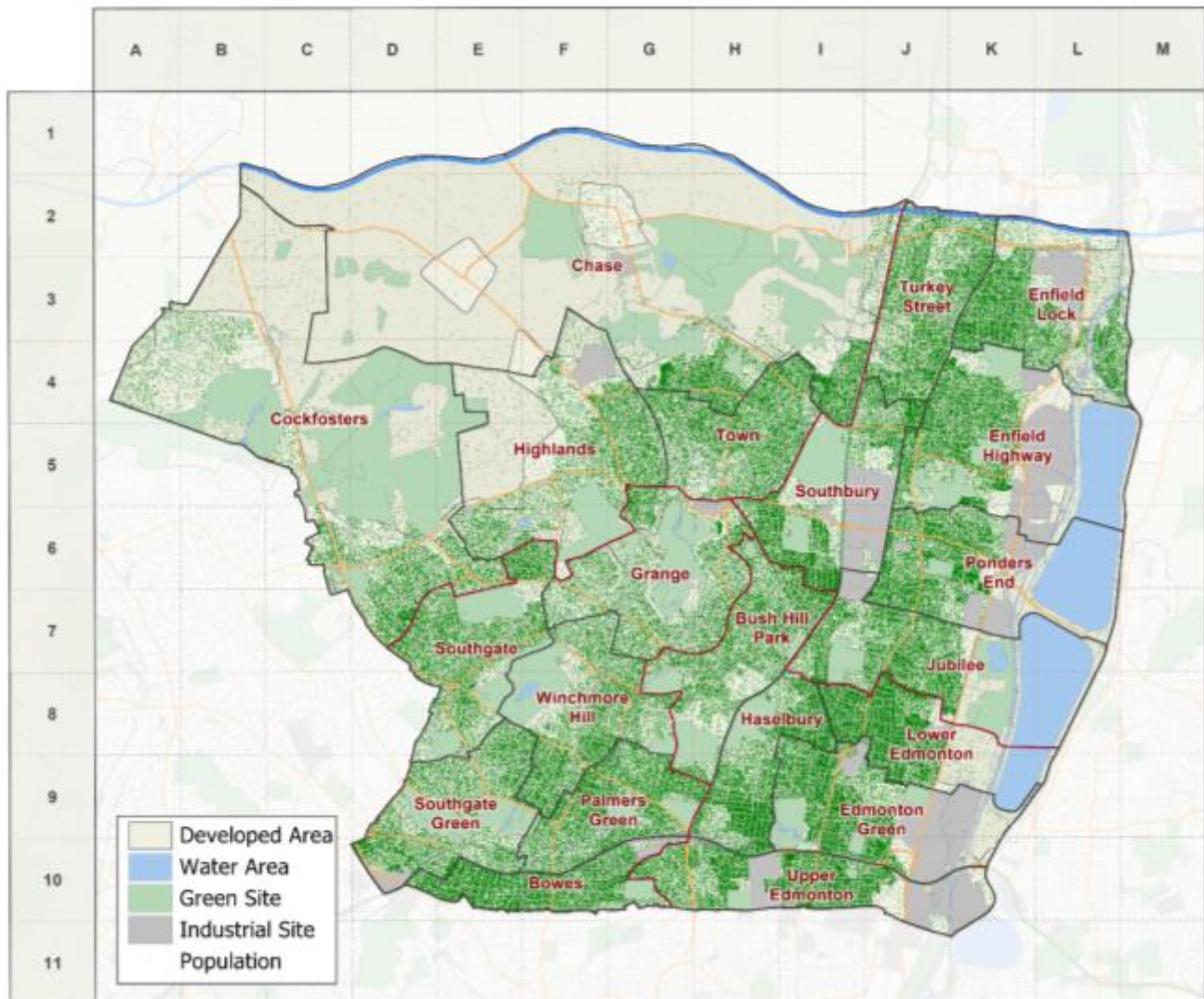
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/wardlevelmidyearpopulationestimatesexperimental>

Figure 26 Ward Level Mid-Year Population Density (Experimental Statistics) - Mid-2015



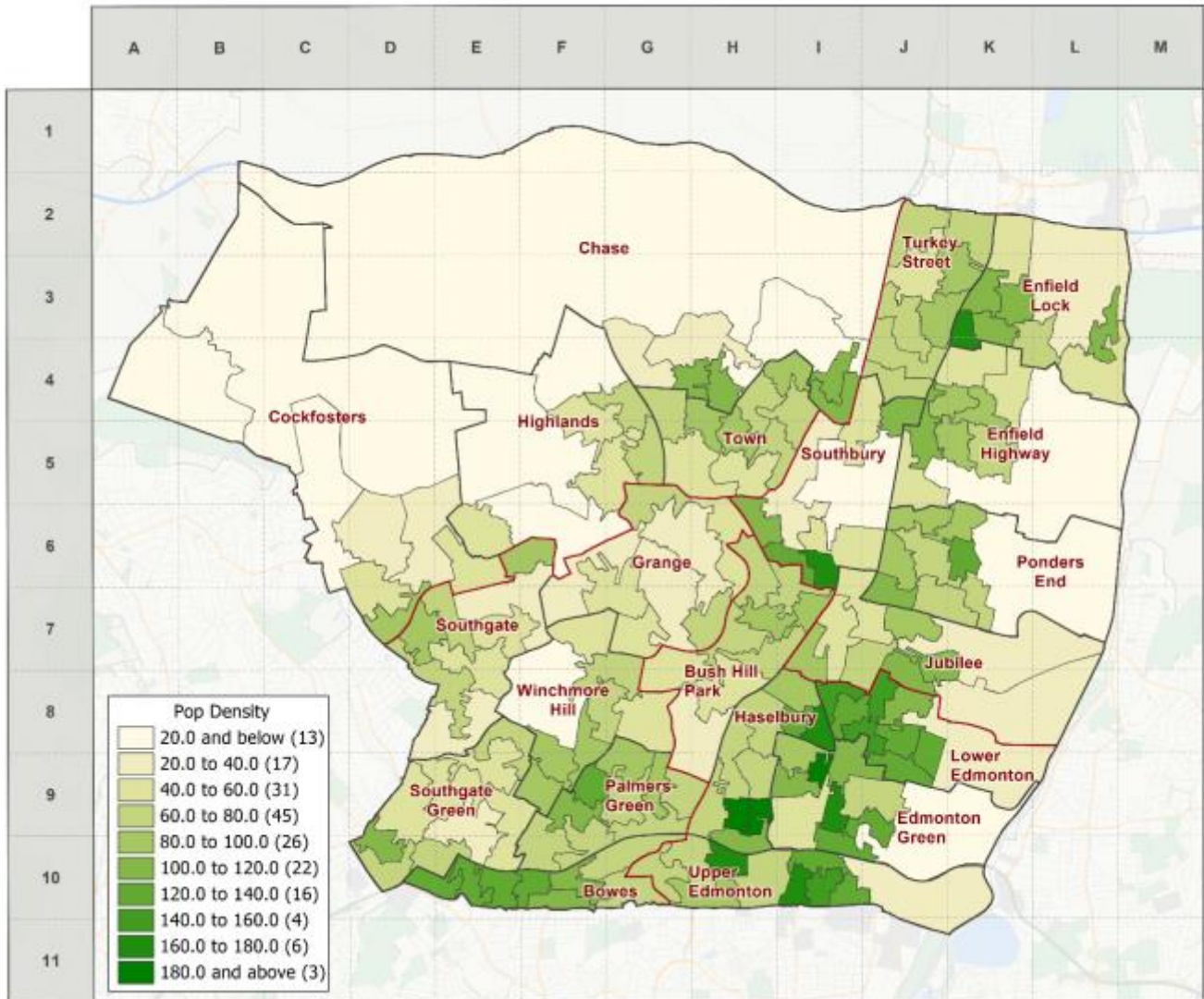
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/wardlevelmidyearpopulationestimatesexperimental>

Figure 27 Mid-2015 Population Estimates for Lower Layer Super Output Areas in Enfield



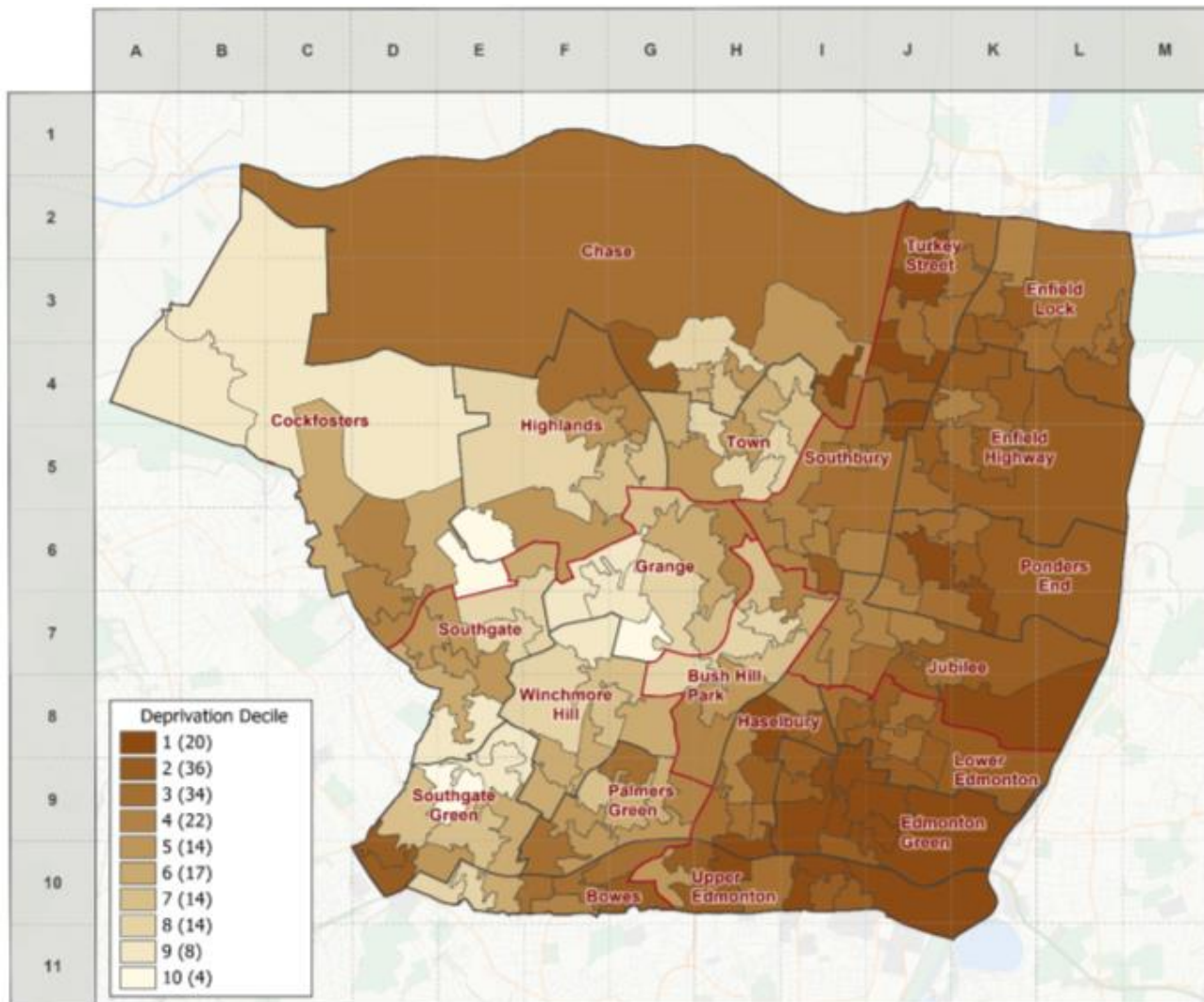
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/lowersuperoutputareamidyearpopulationestimates>

Figure 28 Mid-2015 Population Density for Lower Layer Super Output Areas in Enfield



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

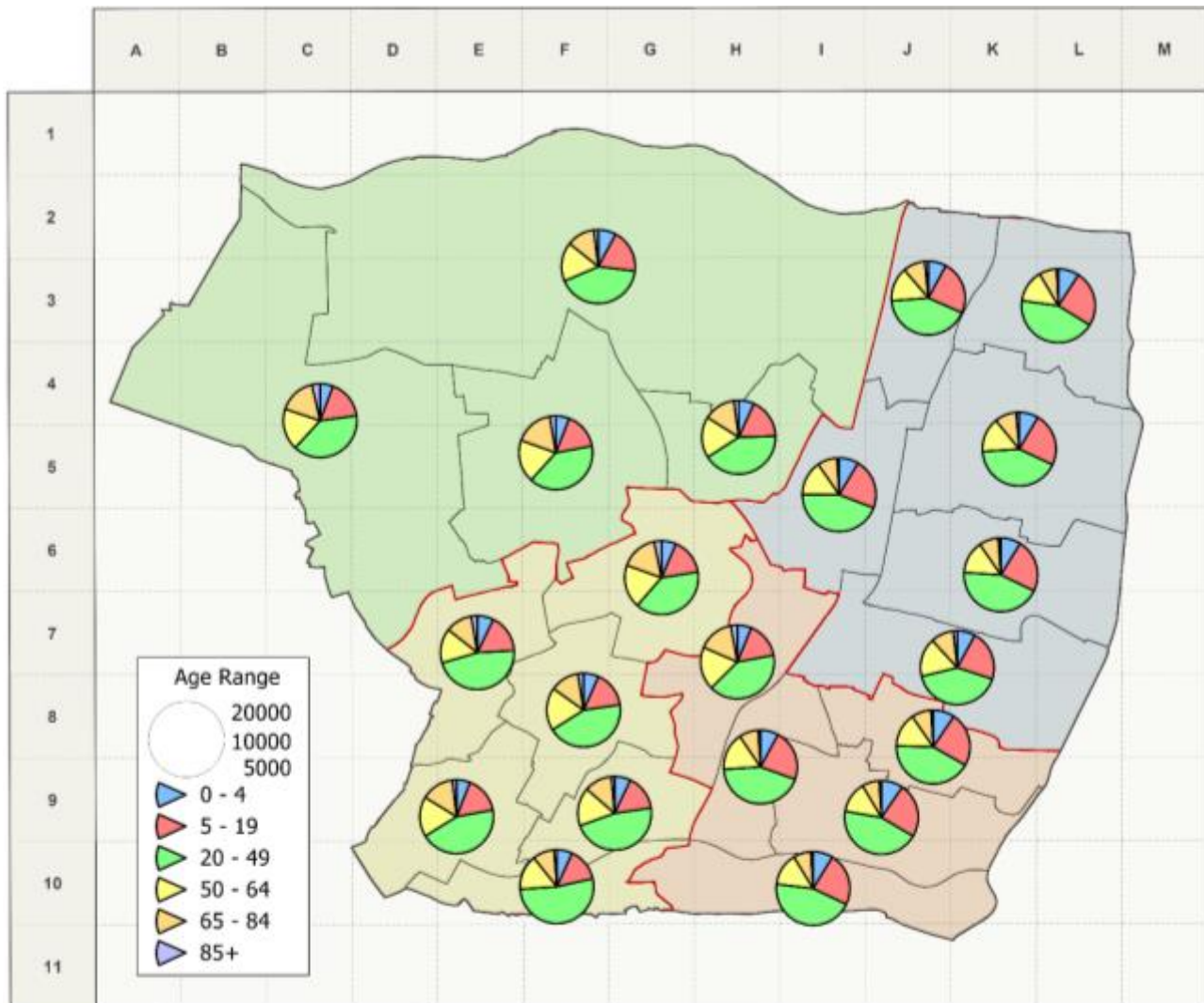
Figure 29 LSOA Level – English Indices of Deprivation – 2015



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

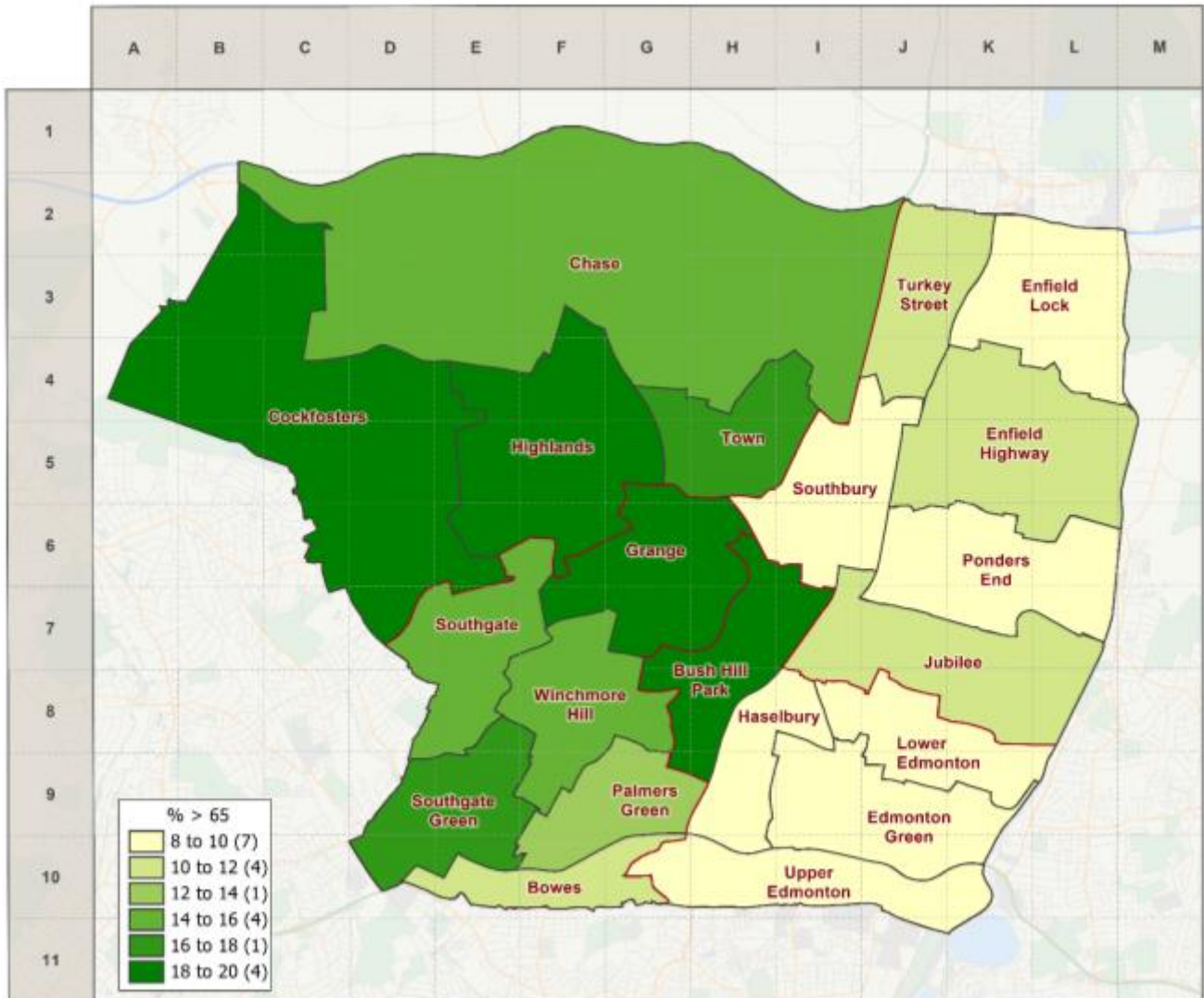
LSOAs in decile 1 fall within the most deprived 10% of LSOAs nationally and LSOAs in decile 10 fall within the least deprived 10% of LSOAs nationally.

Figure 30 Ward Level – Age Range - Mid-2015



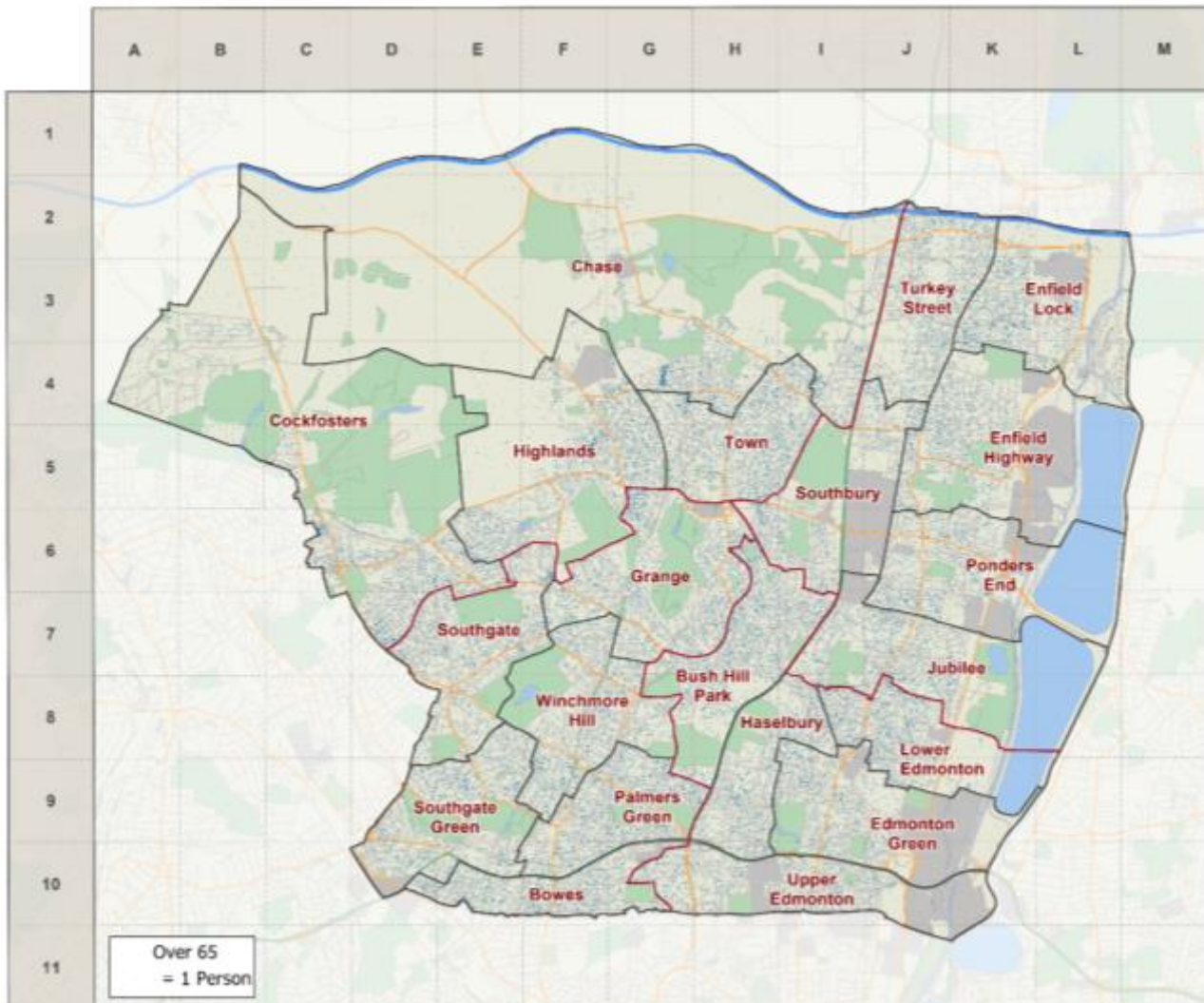
Ward Level Mid-Year Population Estimates (Experimental Statistics) - Mid-2015: SAPE18DT8
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/wardlevelmidyearpopulationestimatesexperimental>

Figure 31 Ward Level – Percentage of population over 65 – Mid-2015



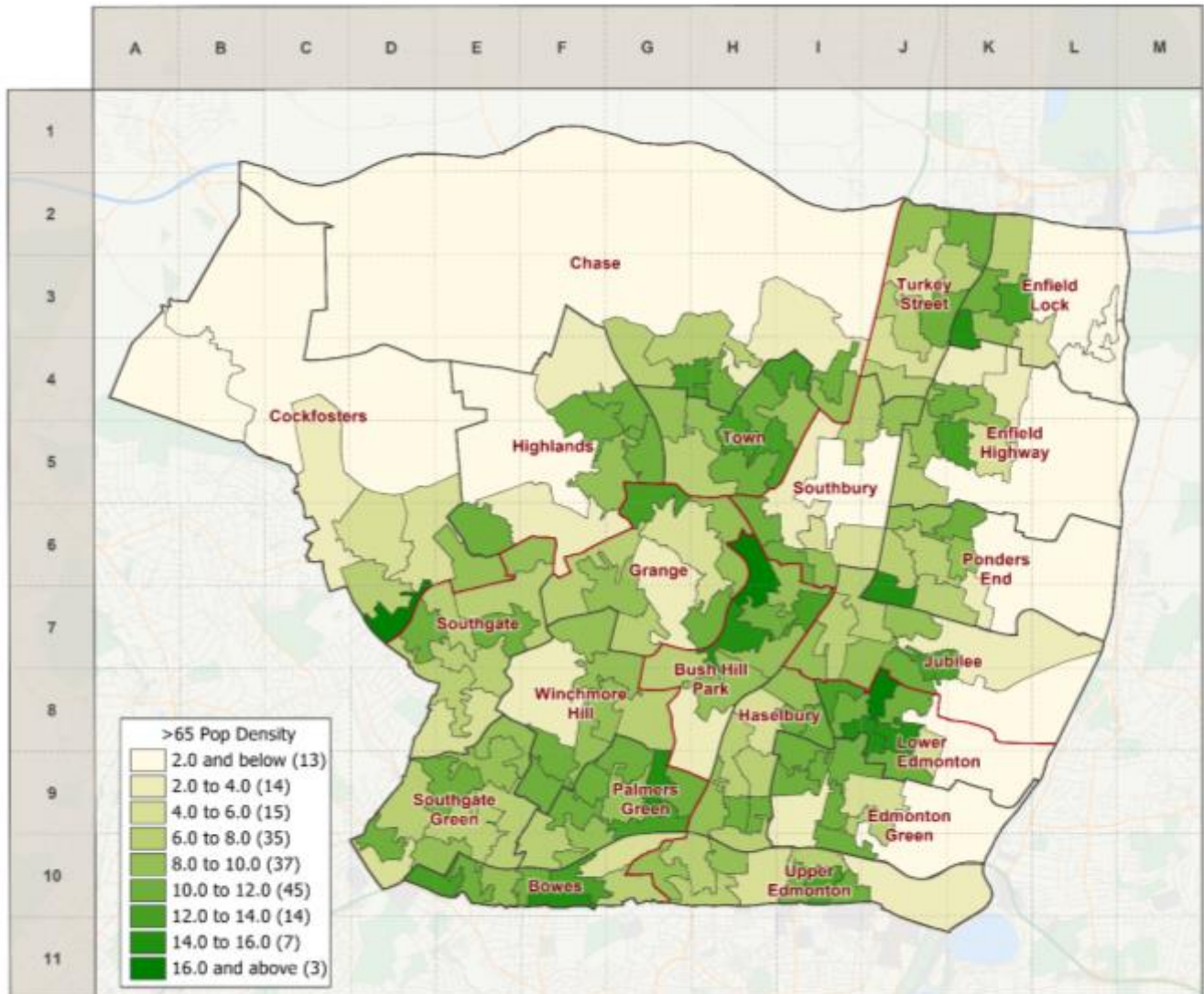
Ward Level Mid-Year Population Estimates (Experimental Statistics) - Mid-2015: SAPE18DT8
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/wardlevelmidyearpopulationestimatesexperimental>

Figure 32 Population over 65 - dot density



Ward Level Mid-Year Population Estimates (Experimental Statistics) - Mid-2015: SAPE18DT8
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/wardlevelmidyearpopulationestimatesexperimental>

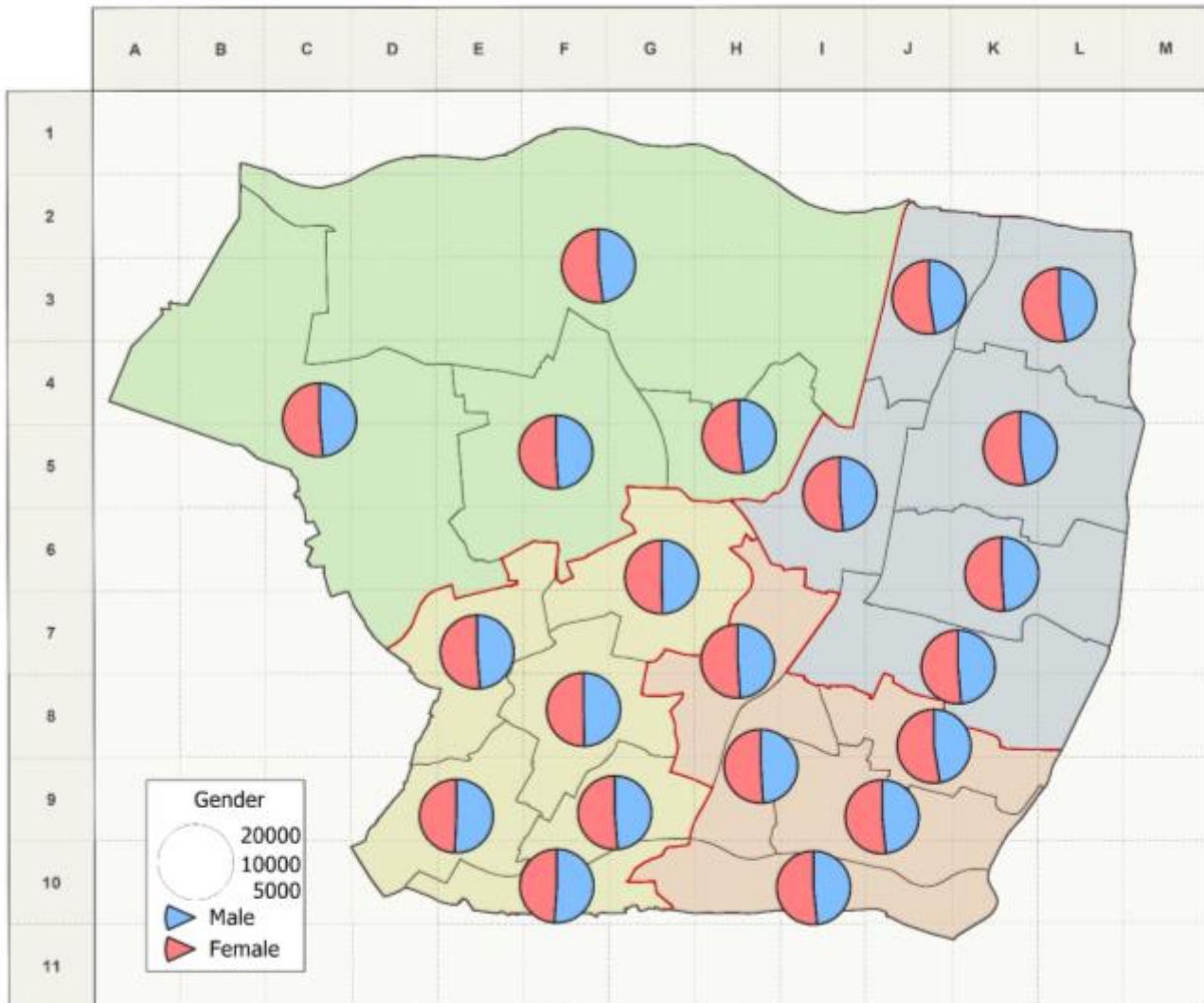
Figure 33 Population density per hectare of people over 65 in each LSOA



Mid-2015 Population Density for Lower Layer Super Output Areas in Enfield

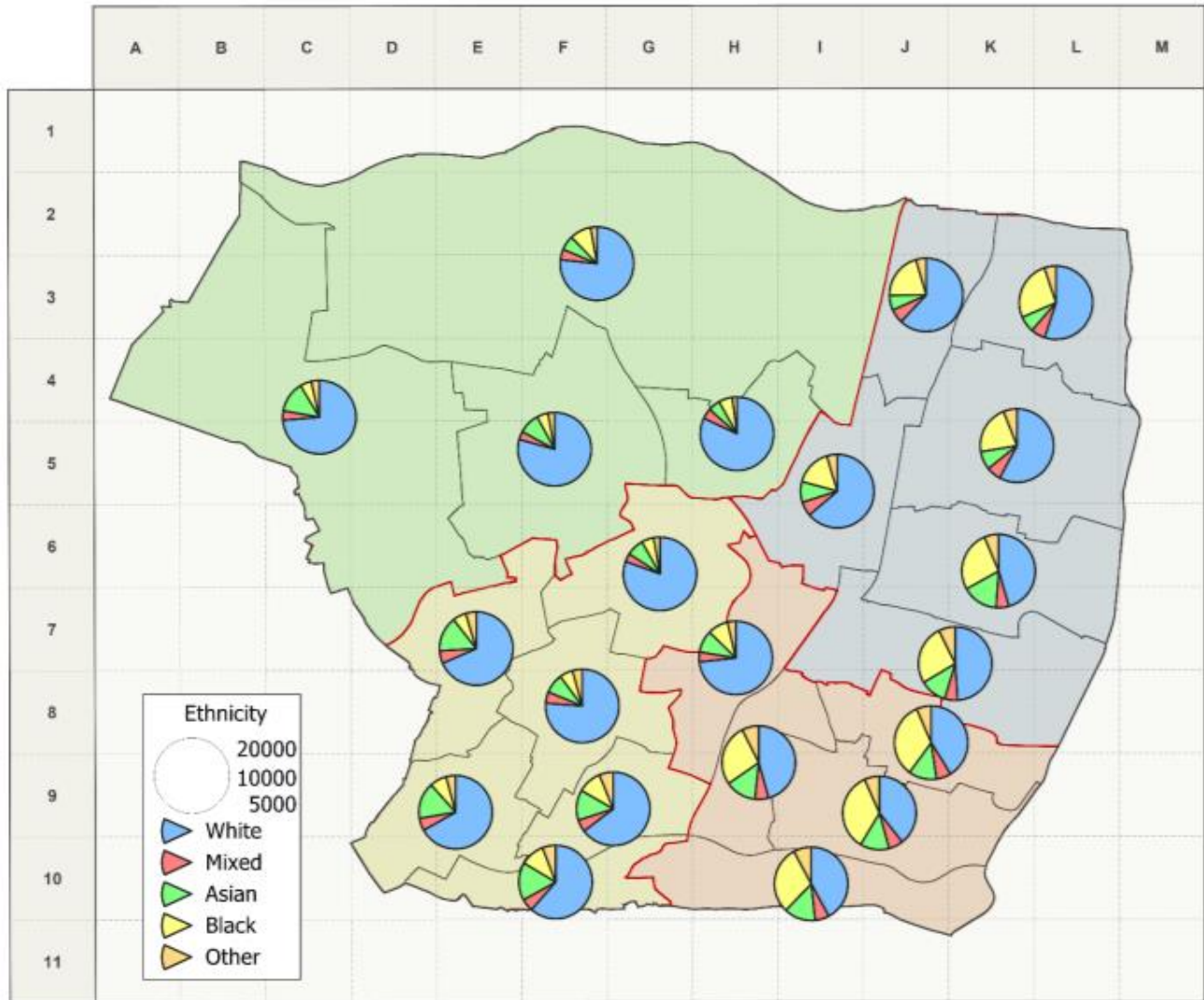
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/lowersuperoutputareamidyearpopulationestimates>

Figure 34 Ward Level - Gender - Mid-2015



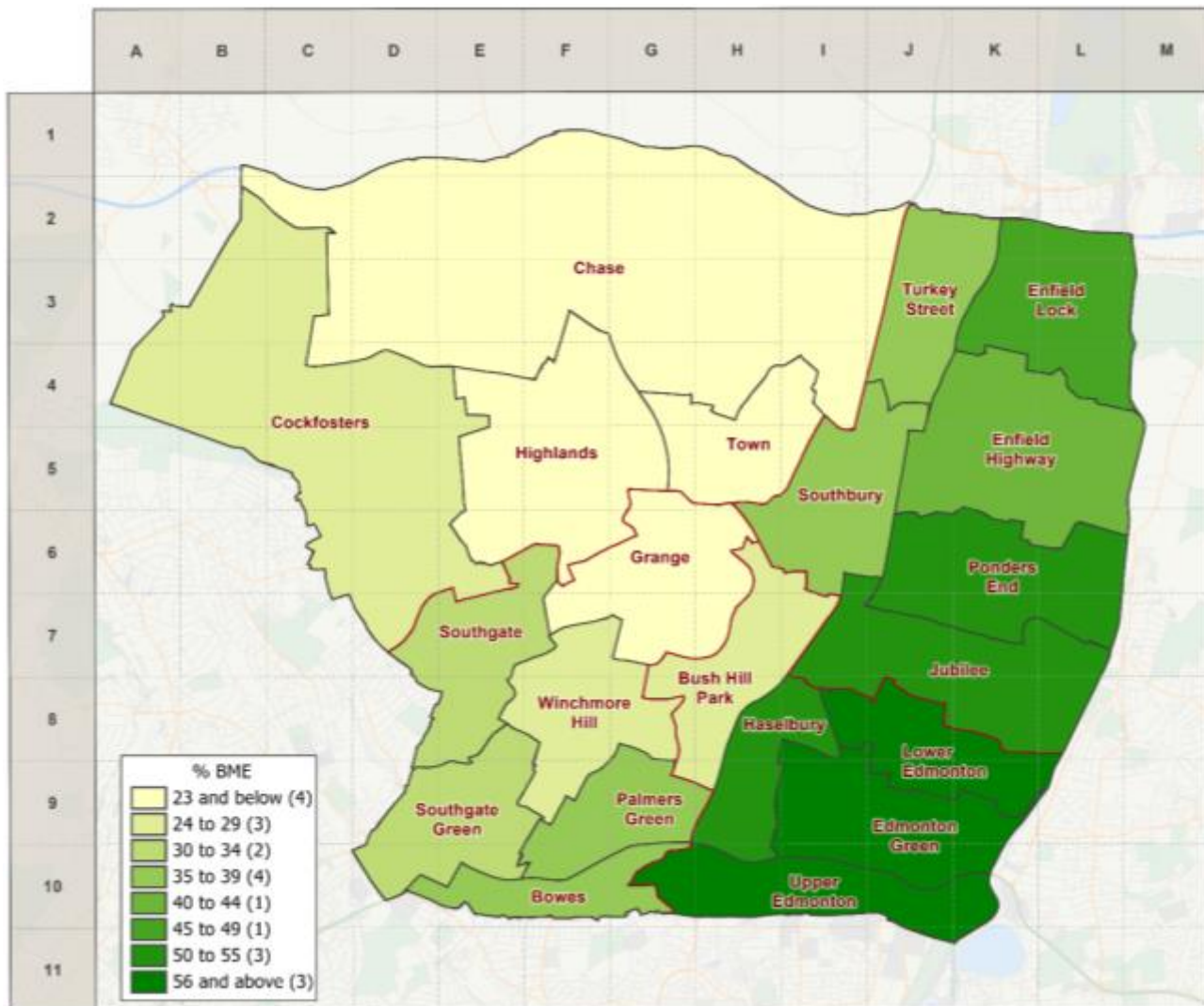
Ward Level Mid-Year Population Estimates (Experimental Statistics) - Mid-2015: SAPE18DT8
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/wardlevelmidyearpopulationestimatesexperimental>

Figure 35 Ward Level – Ethnic Group - Census 2011



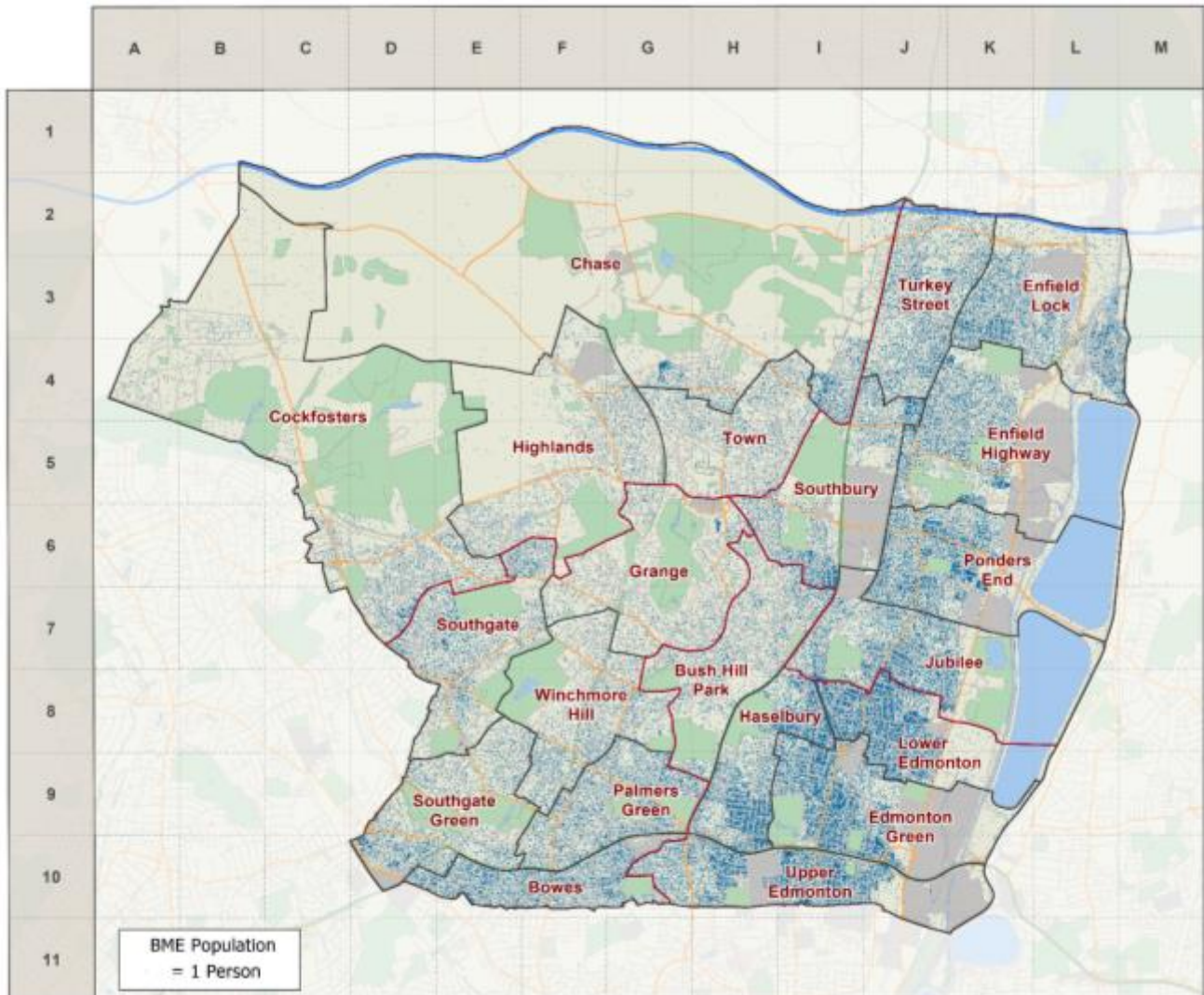
<http://www.nomisweb.co.uk/census/2011/ks201ew>

Figure 36 Ward Level – Percentage BME - Census 2011



Ward Level Mid-Year Population Estimates (Experimental Statistics) - Mid-2015: SAPE18DT8
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/wardlevelmidyearpopulationestimatesexperimental>

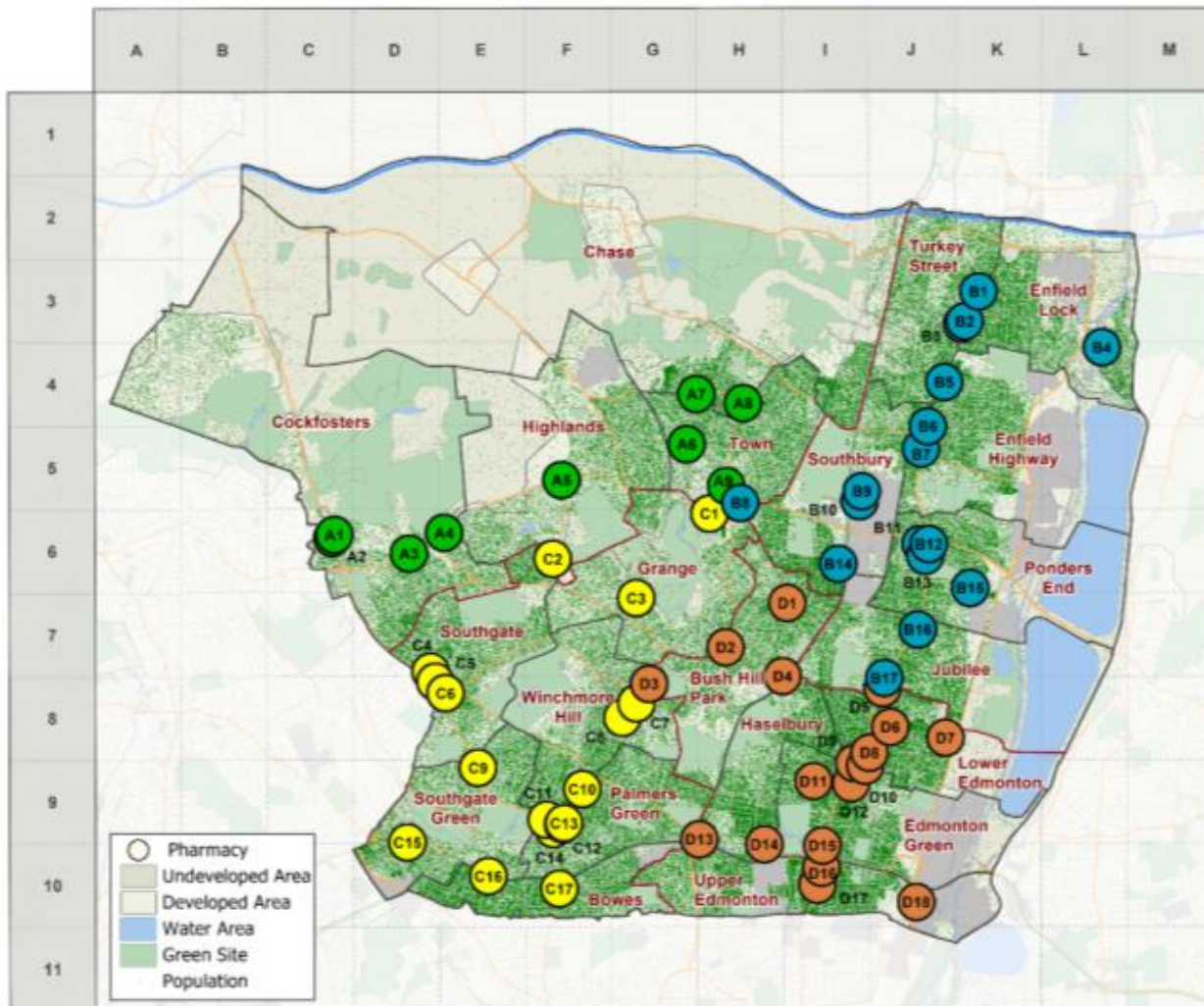
Figure 37 BME Population dot density



Ward Level Mid-Year Population Estimates (Experimental Statistics) - Mid-2015: SAPE18DT8
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/wardlevelmidyearpopulationestimatesexperimental>

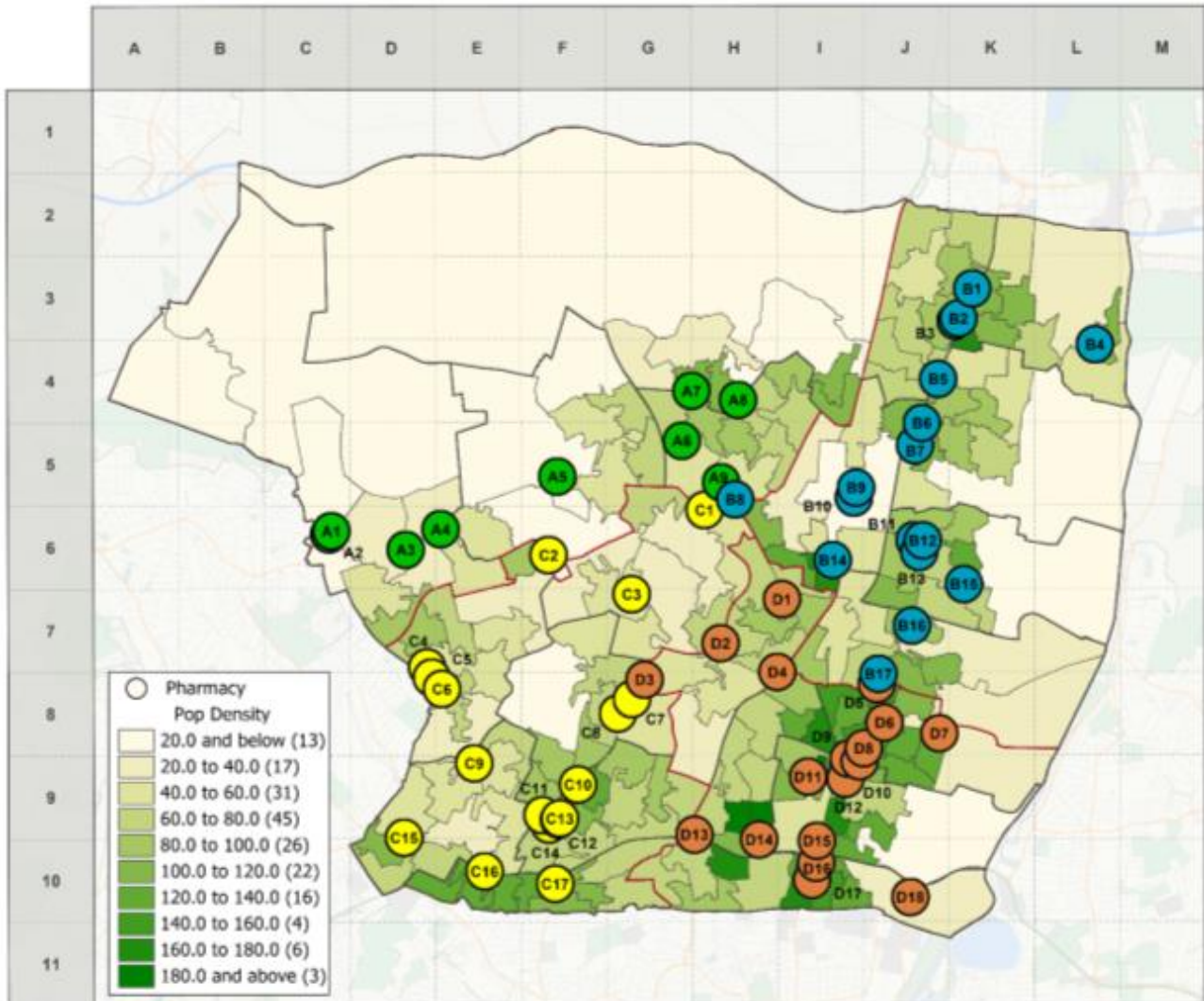
15 Appendix I – Pharmacy Maps

Figure 38 Location of pharmacies by ward in Enfield with mid-2015 population estimates for Lower Layer Super Output Areas in Enfield – September 2017 (key geographic features included)



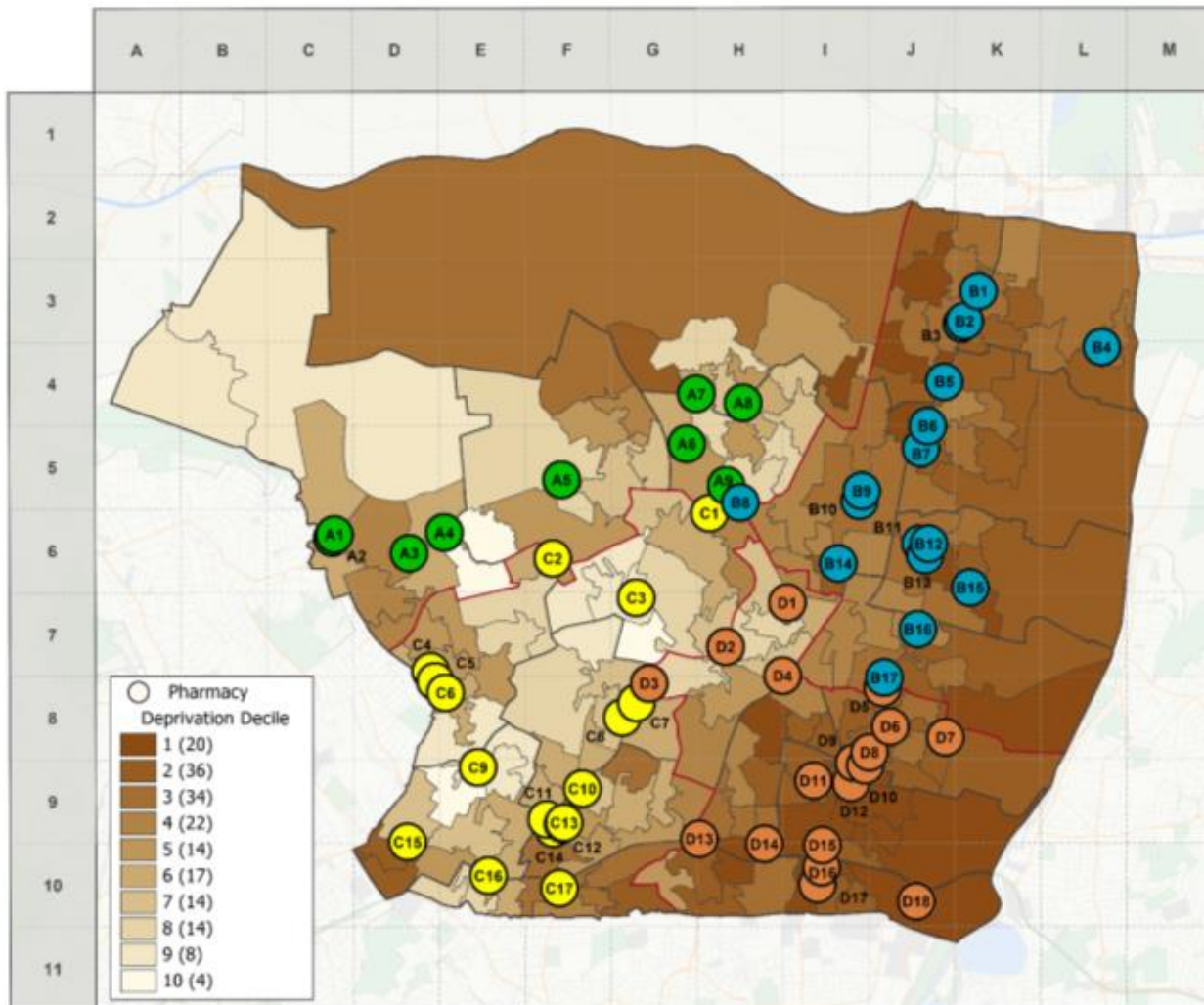
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/lowersuperoutputareamidyearpopulationestimates>

Figure 39 Location of Pharmacies in Enfield with Mid-2015 Population Density for LSOA in Enfield



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

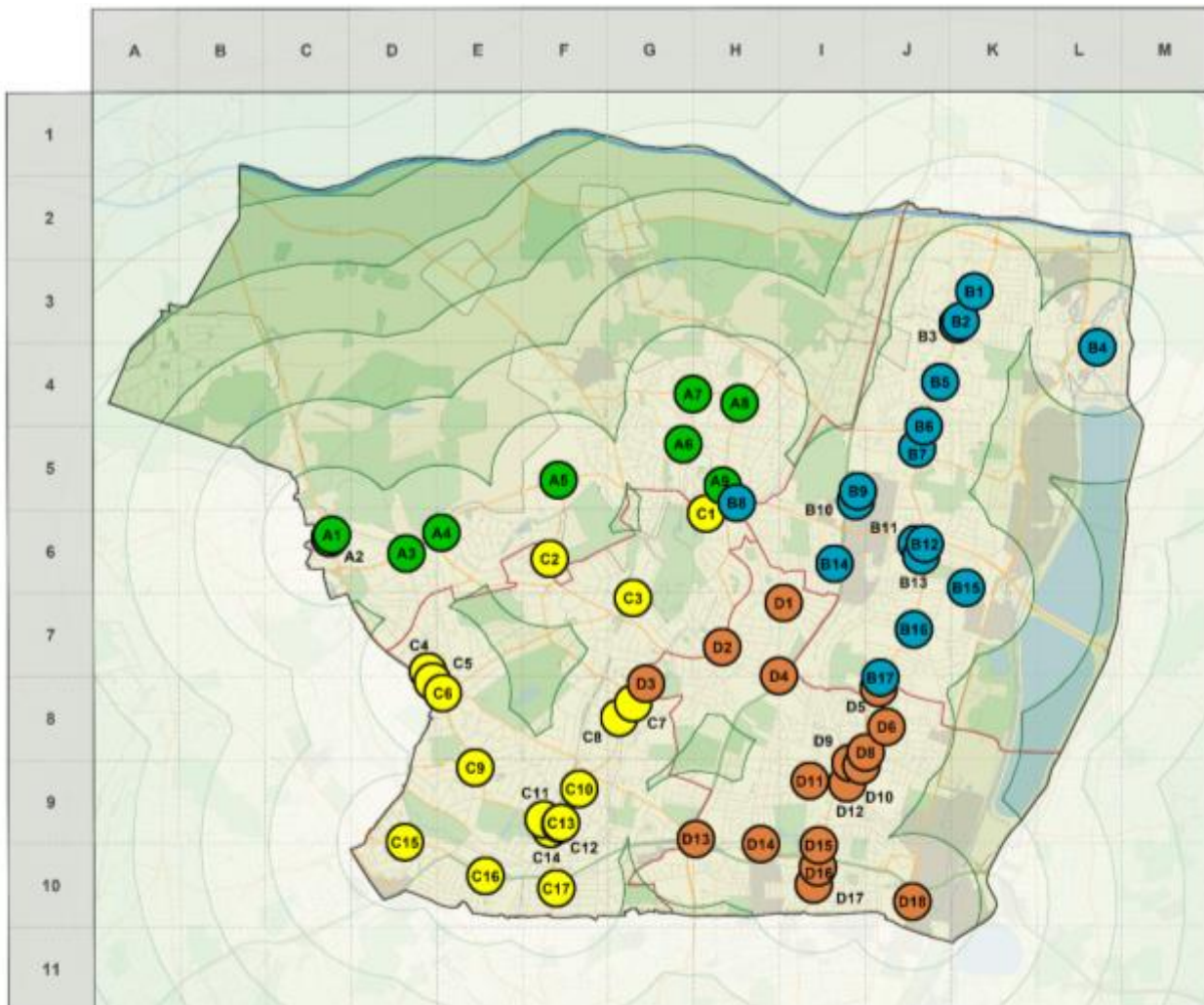
Figure 40 All pharmacies (including distance selling) by LSOA deprivation decile (darker colour, greater the deprivation)



English Indices of Deprivation - 2015 - For LSOAs in each ward and locality in Enfield
www.gov.uk/government/statistics/english-indices-of-deprivation-2015

Figure 41 Radiant travel distance to nearest pharmacy in Enfield (0.5 mile increments) (distance selling pharmacies excluded)

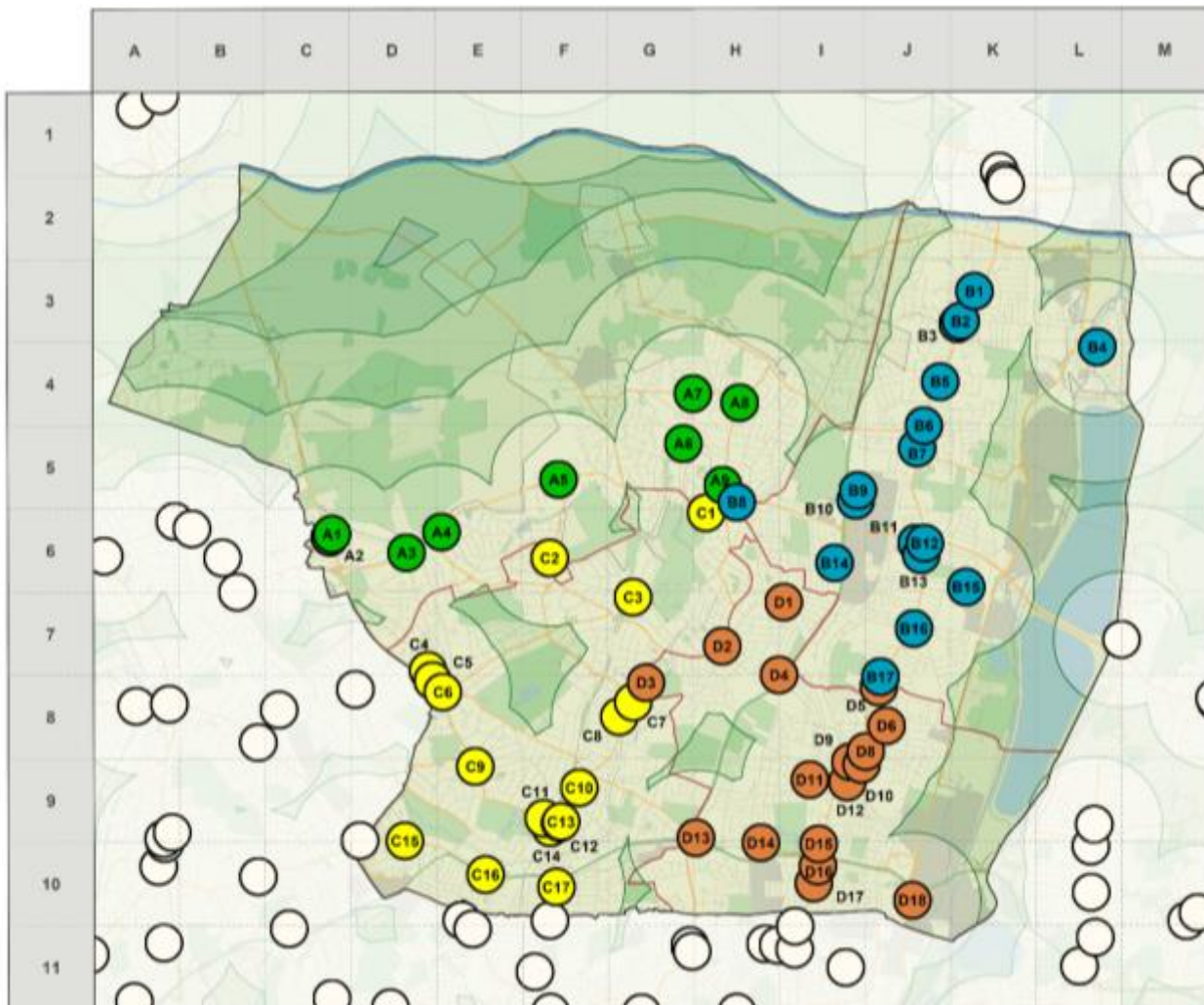
The Enfield population in each 0.5 mile direct travel radiant from all pharmacy inside Enfield



Distance Miles	Walking Time Min	Population	
		Number	Percent
0.5	10	293700	89.5%
1	20	30200	9.2%
1.5	30	1700	0.5%
2	40	2400	0.7%
2.5	50	200	0.1%

(assuming walking speed of 3 miles per hour)

Figure 42 Radiant travel distance to nearest pharmacy (0.5 mile increments) (distance selling pharmacies excluded)

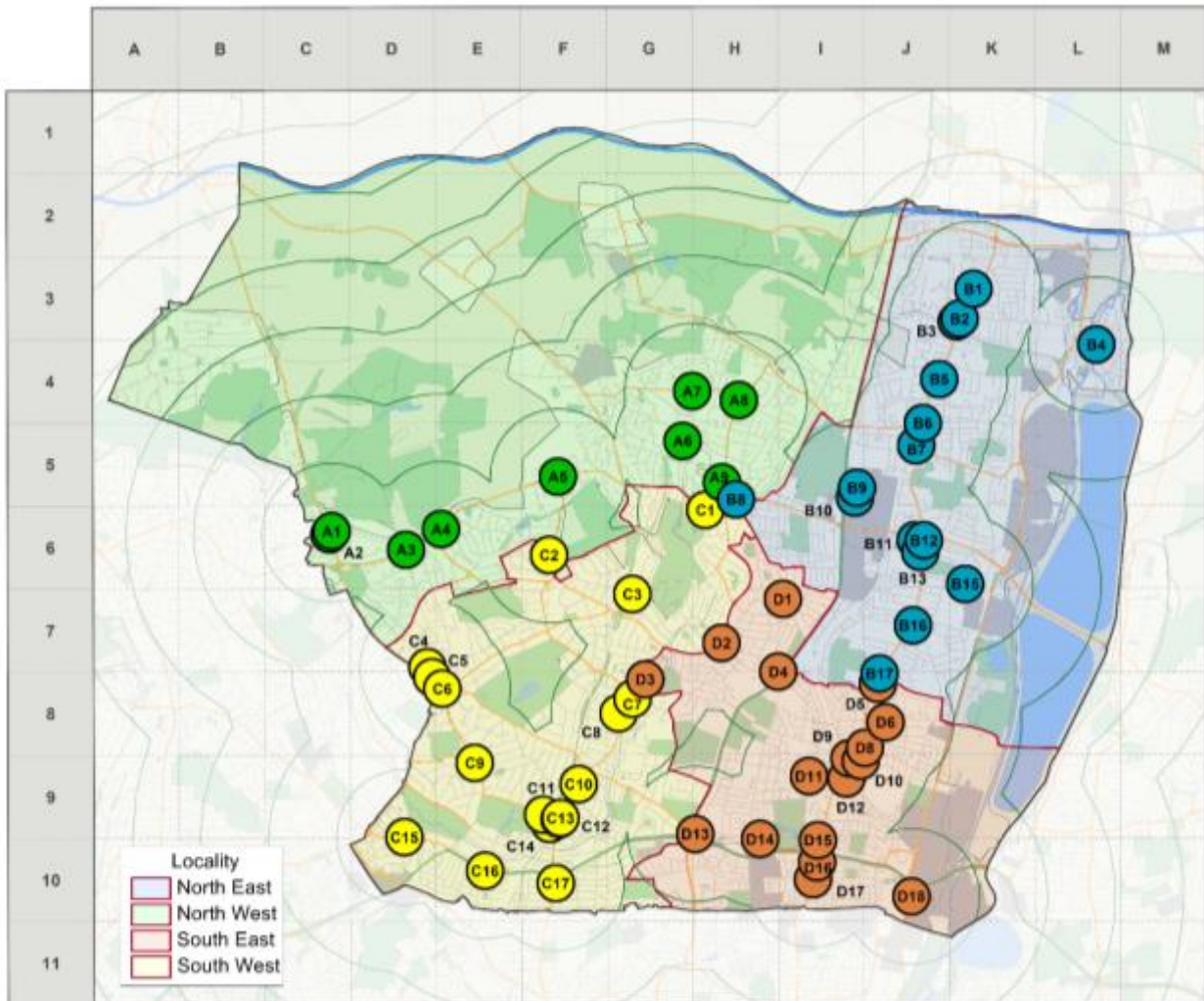


The Enfield population in each 0.5 mile direct travel radiant from all pharmacy inside or outside of Enfield.

Distance Miles	Walking Time Min	Population	
		Number	Percent
0.5	10	295900	90.1%
1	20	29300	8.9%
1.5	30	2500	0.8%
2	40	700	0.2%
2.5	50	0	0.0%

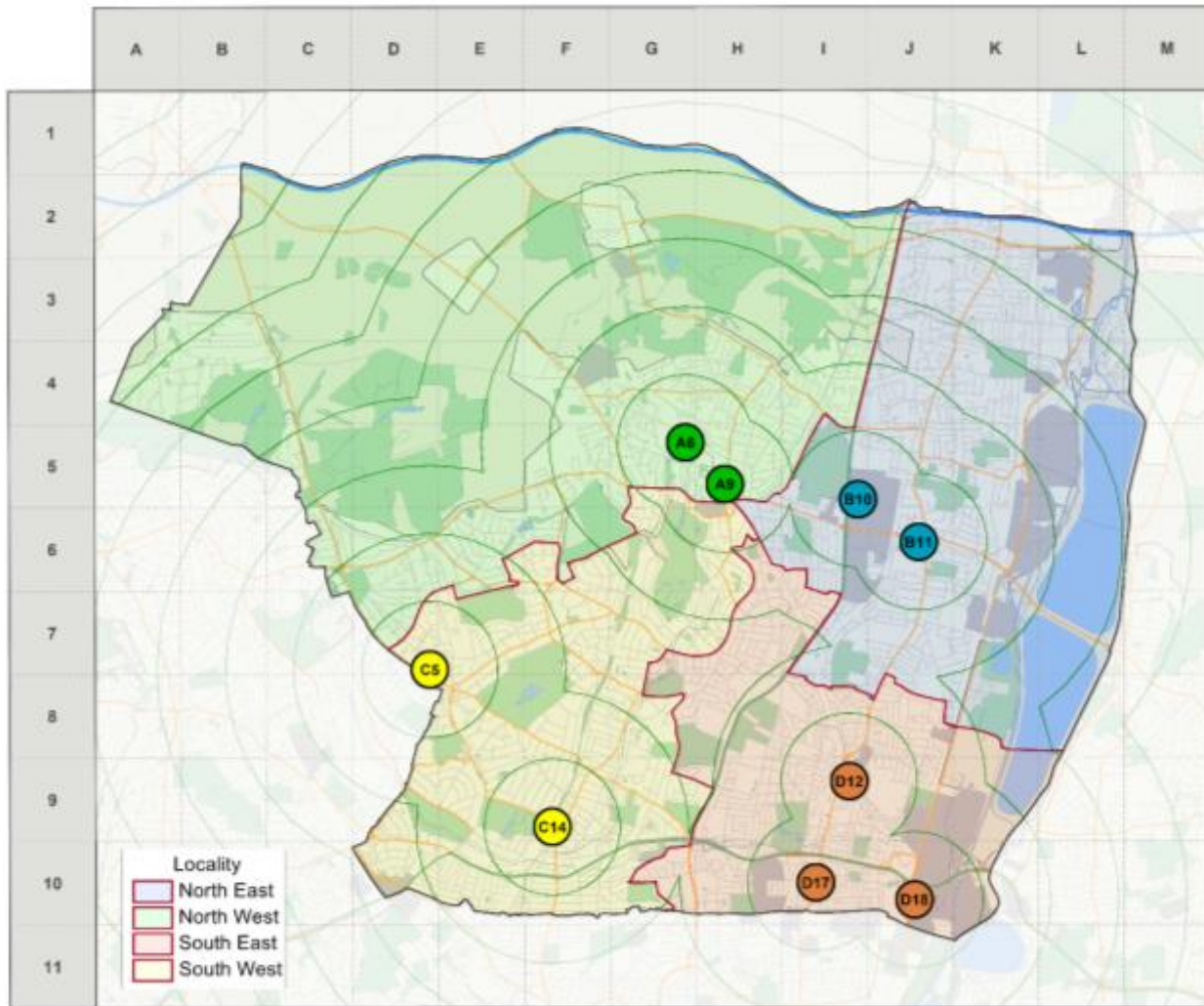
(assuming walking speed of three miles per hour)

Figure 43 Pharmacies open weekdays



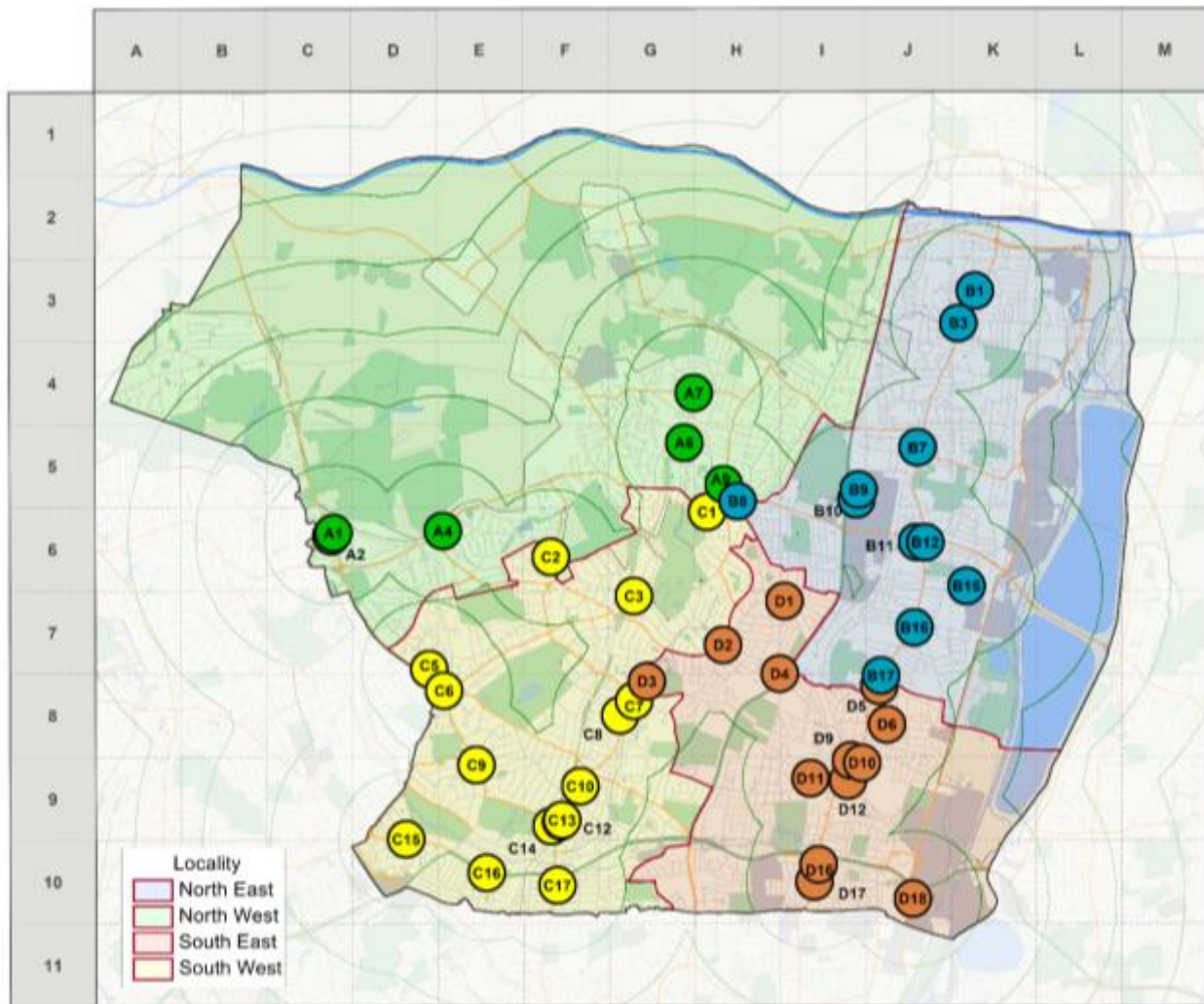
Distance Miles	Population	
	Number	Percent
0.5	293700	89.5%
1	30200	9.2%
1.5	1700	0.5%
2	2400	0.7%
2.5	200	0.1%

Figure 44 Pharmacies open weekday evenings



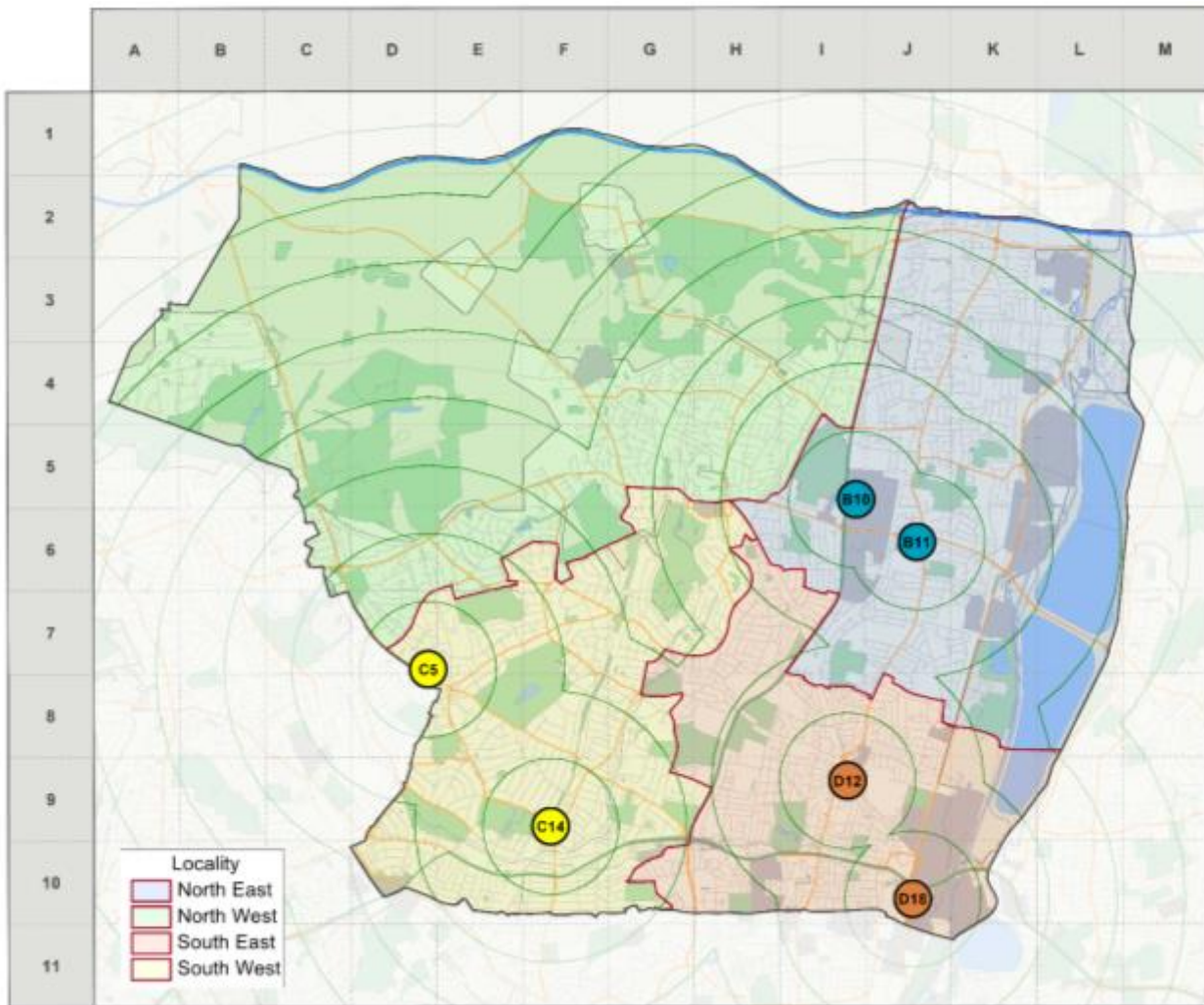
Distance Miles	Population	
	Number	Percent
0.5	102800	31.3%
1	144600	44.0%
1.5	50300	15.3%
2	19600	6.0%
2.5	8100	2.5%
3	1900	0.6%
3.5	1000	0.3%

Figure 45 Pharmacies open Saturday



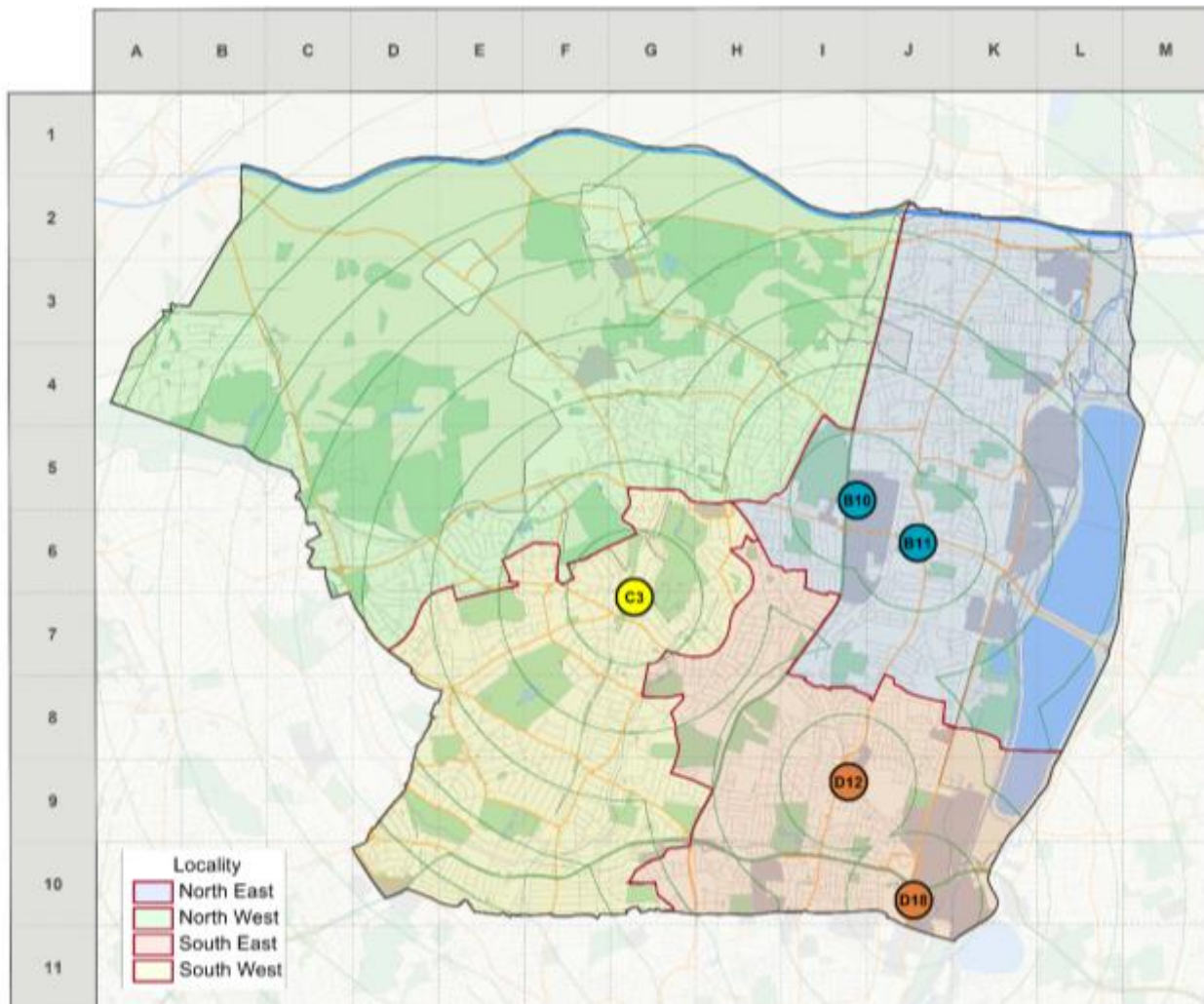
Distance Miles	Population	
	Number	Percent
0.5	258800	78.8%
1	60800	18.5%
1.5	6000	1.8%
2	2500	0.7%
2.5	200	0.1%

Figure 46 Pharmacies open Saturday evening (after 7pm)



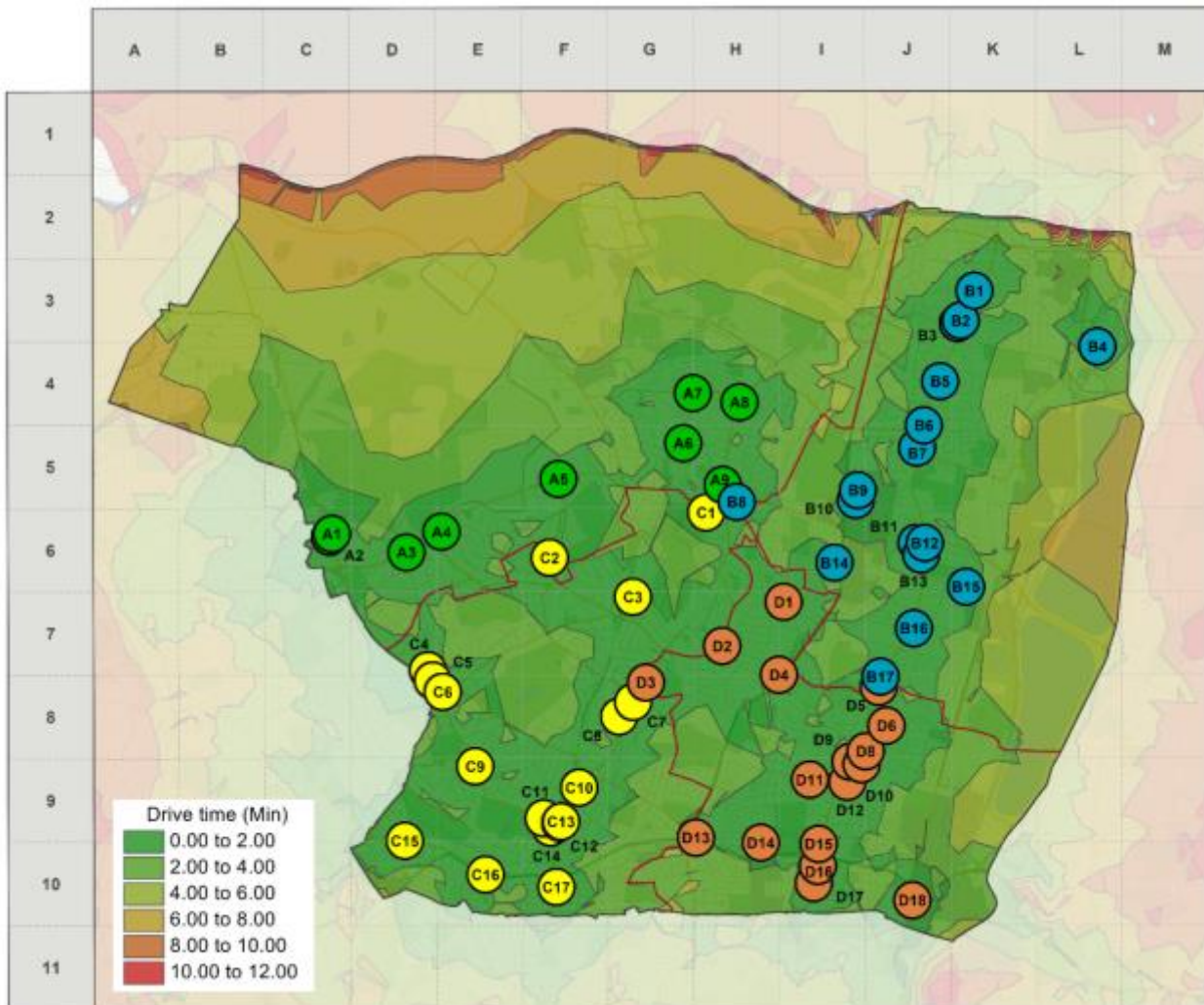
Distance Miles	Population	
	Number	Percent
0.5	72100	22.0%
1	137700	41.9%
1.5	8500	20.9%
2	36100	11.0%
2.5	10400	3.2%
3	2300	0.7%
3.5	1200	0.4%
4	100	0.0%

Figure 47 Pharmacies open at any point on Sunday



Distance Miles	Population	
	Number	Percent
0.5	54300	16.5%
1	118800	36.2%
1.5	67800	20.7%
2	51800	15.8%
2.5	25100	7.6%
3	7300	2.2%
3.5	1000	0.3%
4	1900	0.6%
4.5	300	0.1%

Figure 48 Drive time to nearest pharmacy in Enfield



Travel Time Minutes	Population	
	Number	Percent
0	72300	22.0%
1	139900	42.6%
2	85600	26.1%
3	19400	5.9%
4	5300	1.6%
5	3200	1.0%
6	1600	0.5%
7	600	0.2%
8	100	0.0%

Figure 49 Location of pharmacies by locality in Enfield and in surrounding areas – September 2017 (key geographic features included) (distance selling pharmacies excluded)

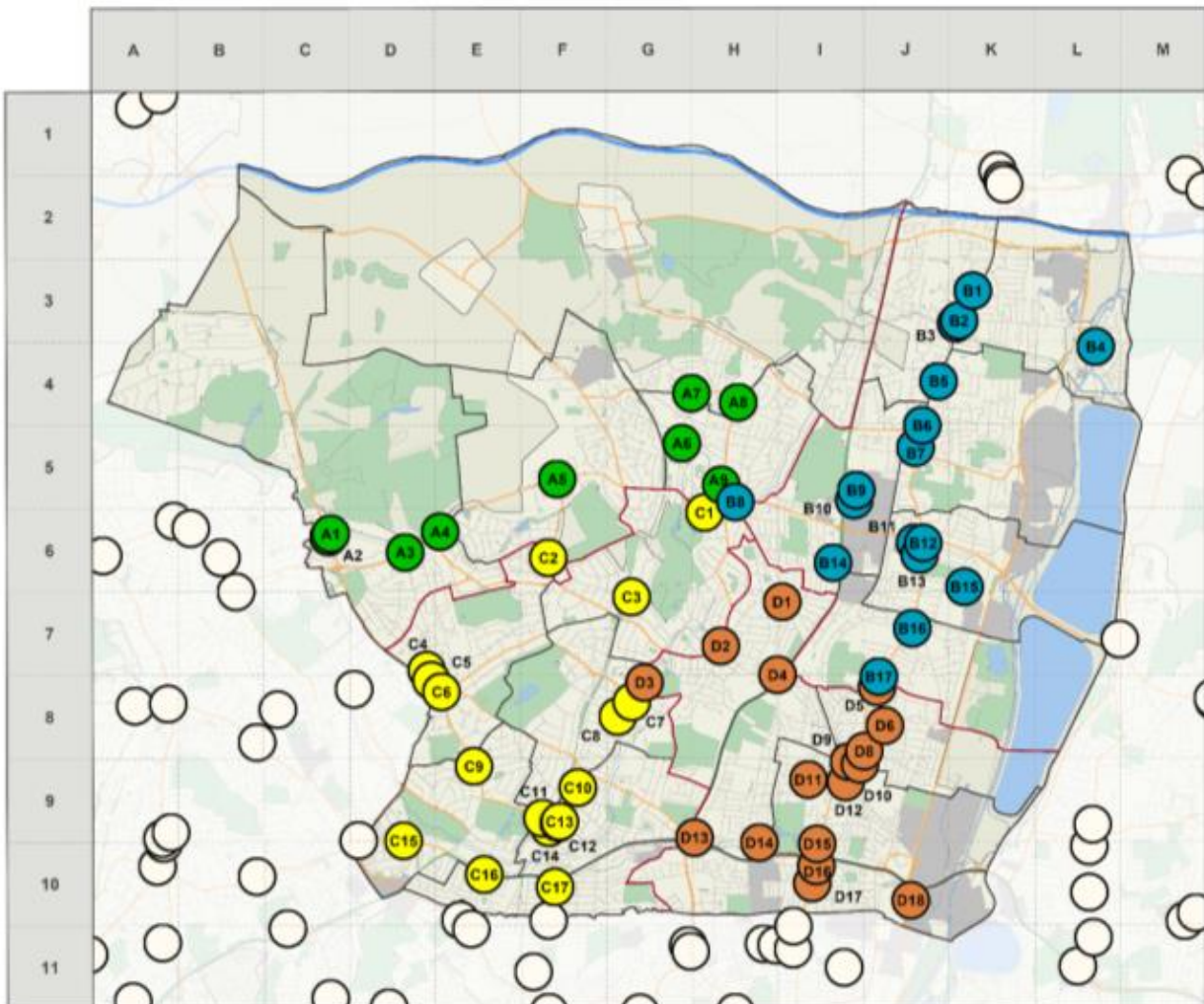
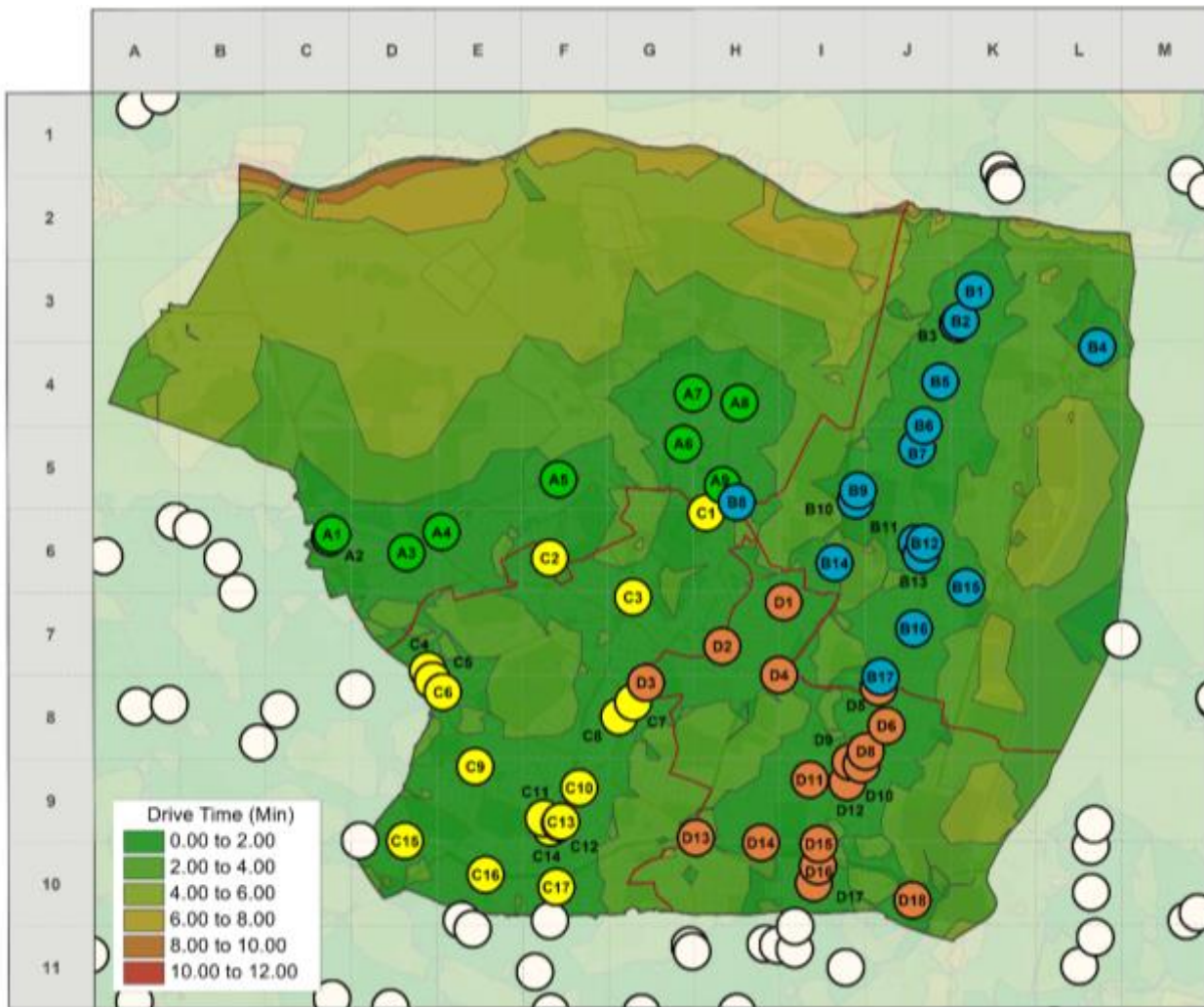
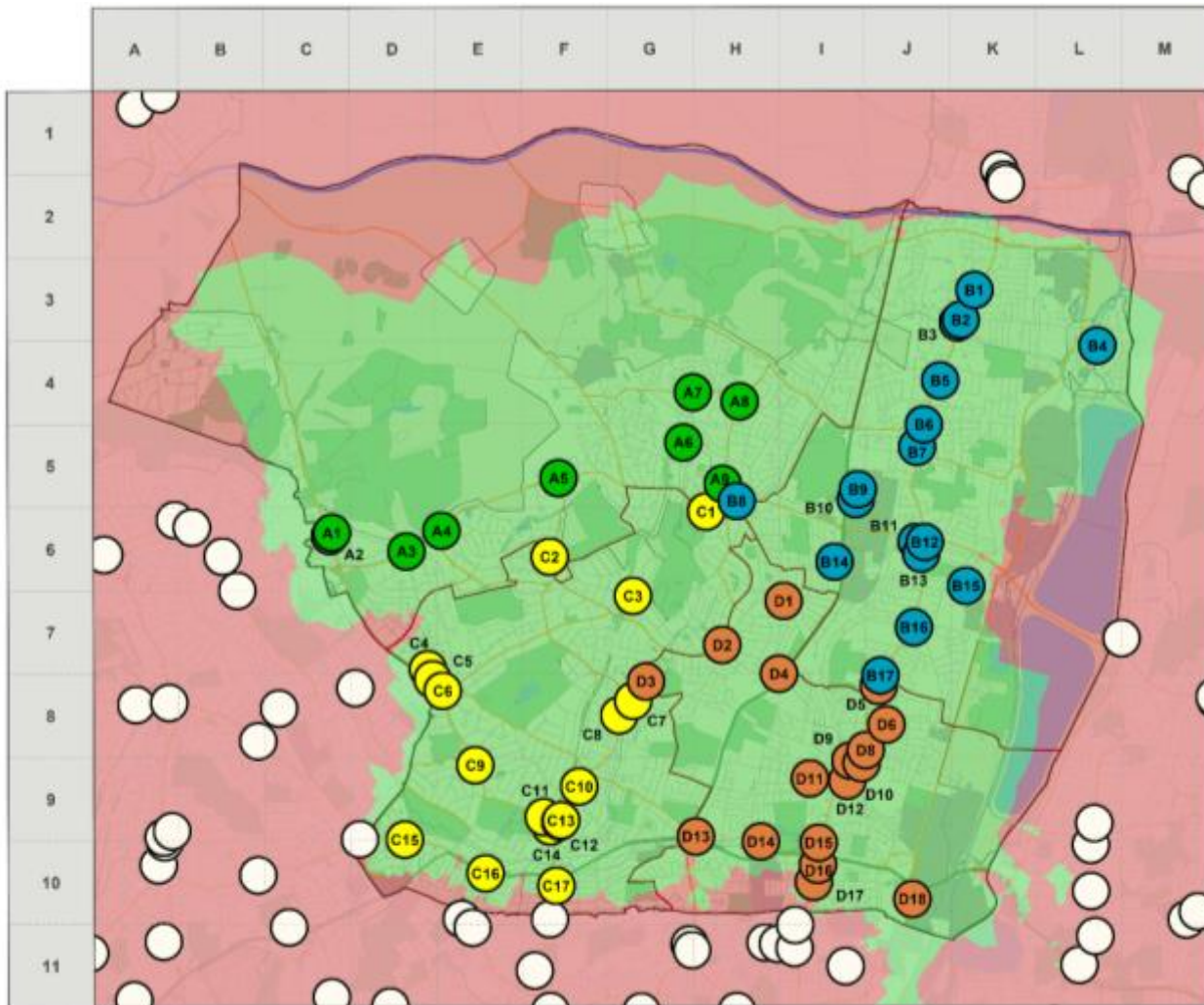


Figure 50 Drive time to nearest pharmacy in Enfield or surrounding areas



Travel Time Minutes	Population	
	Number	Percent
0	220000	67.0%
1	100500	30.6%
2	7400	2.3%
3	400	0.1%

Figure 51 The territories of pharmacies inside and outside Enfield that give the shortest journey time by car



In total, 334,700 people have a closest pharmacy (by road) located in Enfield. This can be visualised as the green area of the map.

Of the 328,400 people that live in Enfield, 15,000 people (4.6 %) have a closest pharmacy outside the Enfield boundary. This is visualised as the population living in the red area .

Of the population living in neighbouring areas, 21,200 have a closest pharmacy inside Enfield. This is visualised as the population living in the green area outside the Enfield boundary. Neighbouring populations account for 6.4% of the total population that have a closest pharmacy inside Enfield.

Figure 52 Location of other health services in Enfield

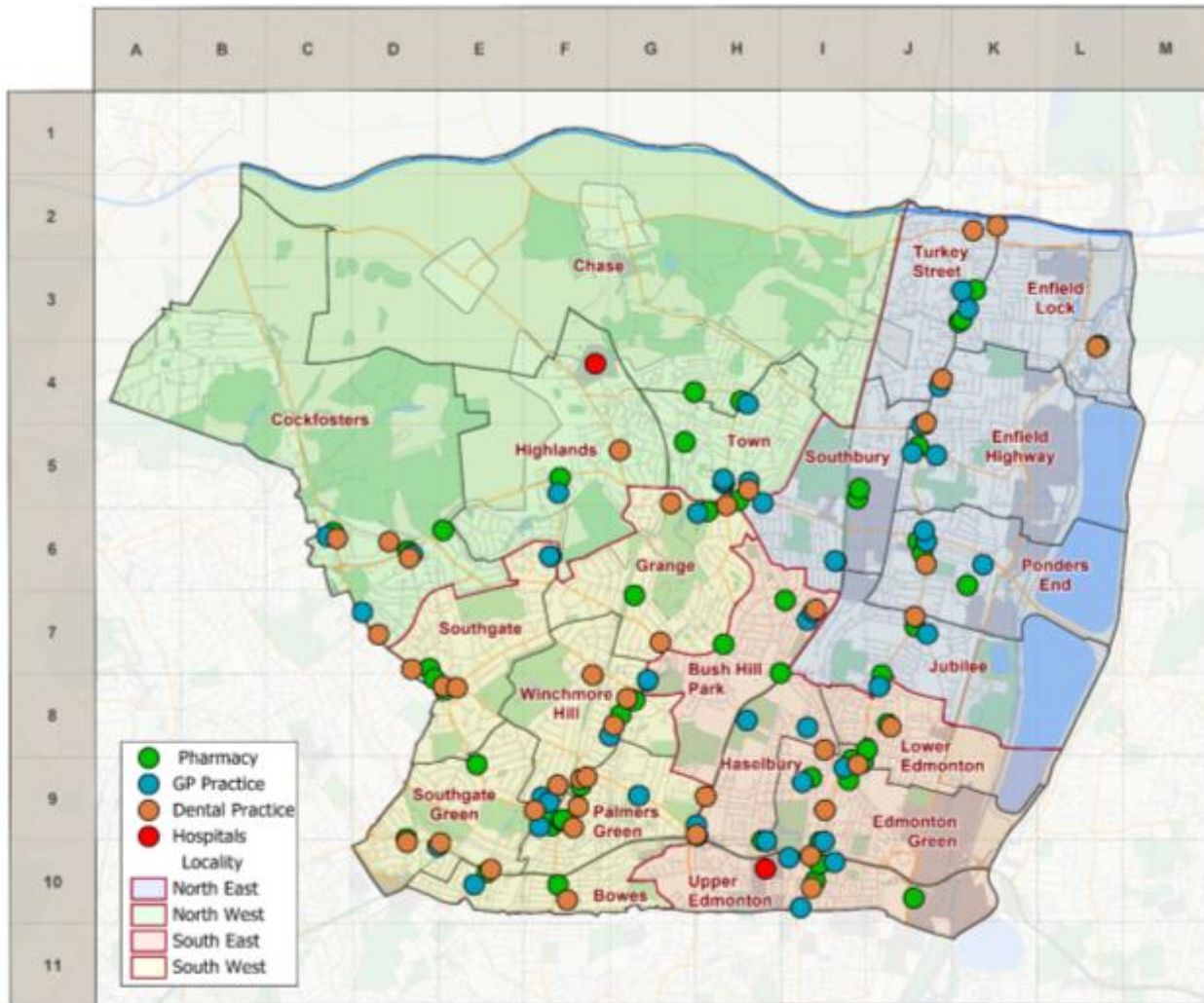
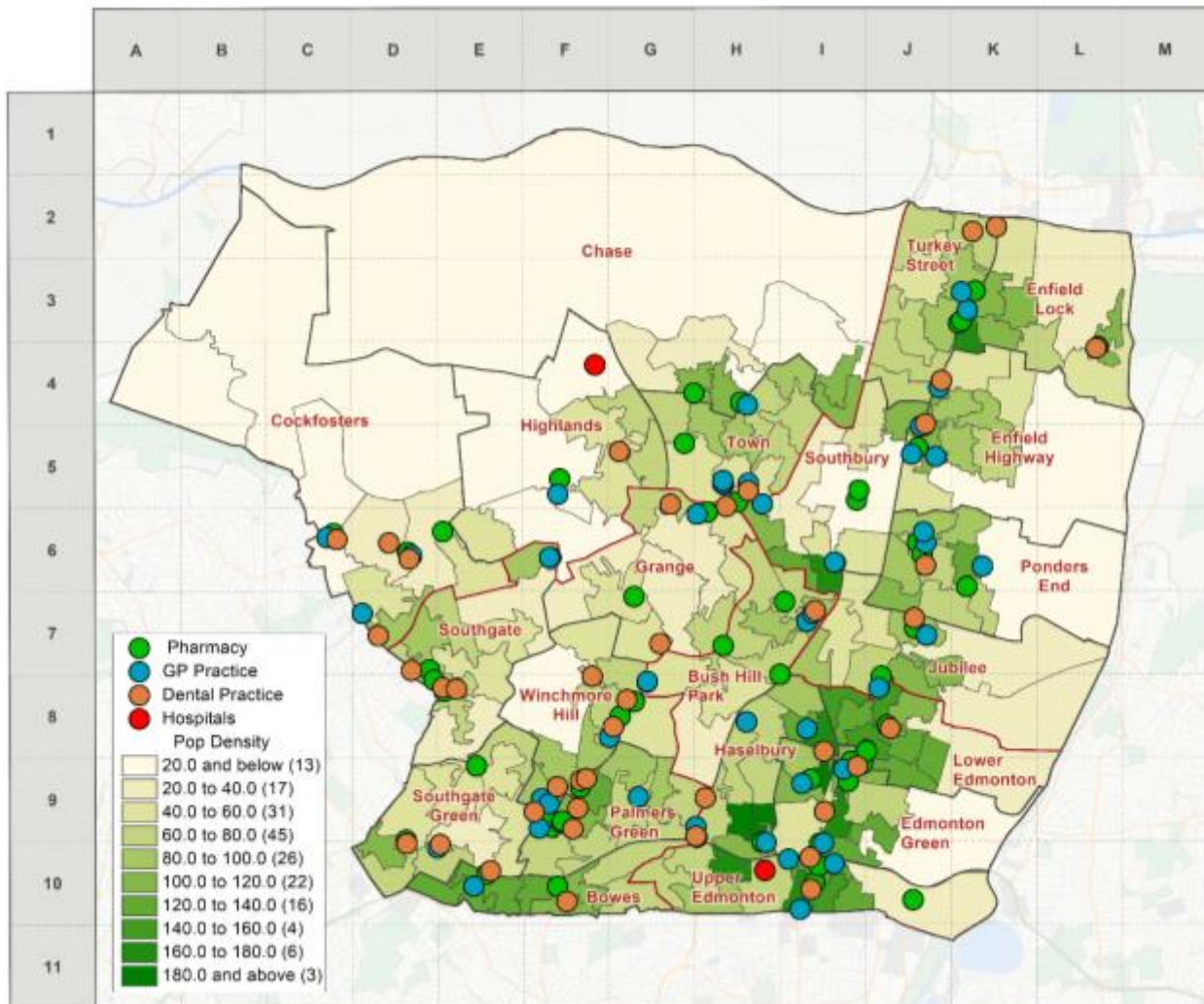
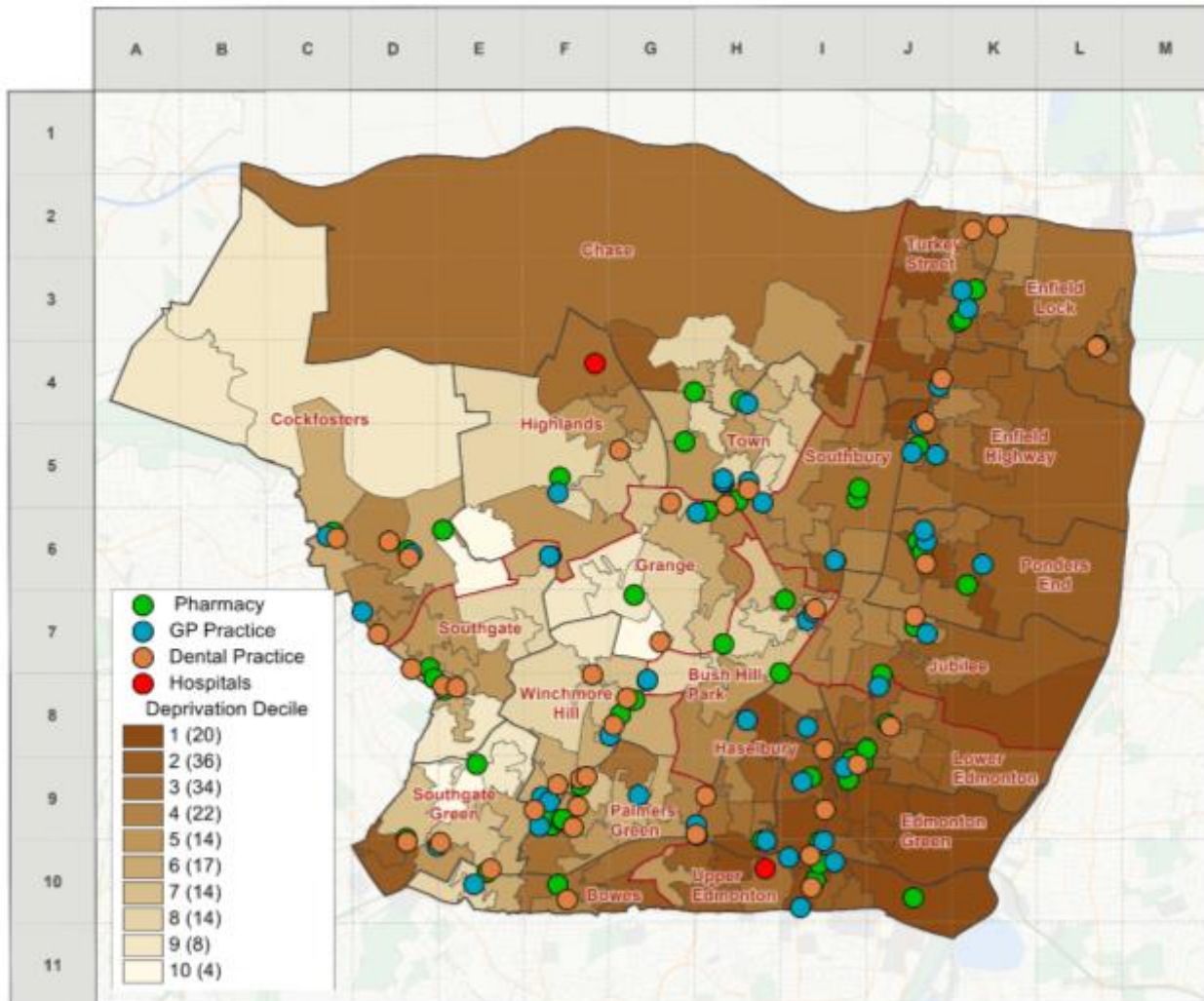


Figure 53 Location of other health services in Enfield
Mid-2015 Population Density for Lower Layer Super Output Areas in Enfield



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

Figure 54 Location of other Health services in Enfield
LSOA Level – English Indices of Deprivation – 2015



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

16 Appendix J – Acknowledgements

Name	Job title	Organisation	Role/interest in group
Miho Yoshizaki	Health Intelligence Manager	LBE	Chair, Project Lead
Stuart Lines	Public Health Consultant	LBE	Public Health Consultant
Gerald Alexander	Chair	Enfield, Haringey and Barnet LPC	Local Pharmaceutical committee
Paul Gouldstone	Head of Medicines Management	Enfield CCG	Medicines Management
	Chair	LMC	Local Medical Committee
Jill Bayley	Principal Lawyer	LBE	Legal
Philip Webb	Consultations and Resident Engagement Technical Manager	LBE	Stakeholder engagement and external relations
Shima Tailor	Communications and Marketing		Communication and planning
Hassan Ahmed	Senior Planner, Strategic Planning & Design	LBE	Strategic Planning
Noelle Skivington	Board member	Health Watch Enfield	Independent consumer of health and social care
Litsa Worrel	Chair	EVA	Voluntary sector interest
Richard Willmer	Director of Information and Intelligence	PHAST	External consultants
Dr Cecilia Pyper	Director	PHAST	External consultants
PHAST Team			
Richard Willmer	PNA Lead	PHAST	External consultants
Dr Cecilia Pyper	PNA Review and surveys	PHAST	External consultants
Tasmin Harrison	PNA Review	PHAST	External consultants
Dr Torquil Pyper	PNA Analyst	PHAST	External consultants
Cheryl Westmacott	PNA Report Coordinator	PHAST	External consultants

17 Appendix K – Glossary of abbreviations and terms

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

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

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

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

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