



LONDON BOROUGH OF REDBRIDGE

PHARMACEUTICAL NEEDS ASSESSMENT 2022

London Borough of
Redbridge



Healthy Dialogues
LTD

Executive Summary

Introduction

Local pharmacies are a frontline healthcare resource located within the heart of communities. They provide prescription medications, health promotion, signposting, retail health and care products. They can be the first point of contact for patients seeking medical information or advice, and for some the only contact with a healthcare professional.

Each Health and Wellbeing Board (HWB) has a statutory responsibility to publish and keep up to date a statement of needs for pharmaceutical services for their population. This is called the Pharmaceutical Needs Assessment (PNA). The purpose of the PNA is to:

- inform local plans for the commissioning of specific and specialised pharmaceutical services
- to support the decision-making process for applications for new pharmacies or changes of pharmacy premises undertaken by NHS England.

This PNA was conducted at a time of substantial change within the health and social care landscape as the North East London Health and Care Partnership is being created in response to the NHS Long Term Plan. This includes an increased use and acknowledgement of community pharmacies within newly developed primary care networks, ensuring greater opportunities for patient engagement.

There are 52 community pharmacies and two dispensing appliance contractors located within the London Borough of Redbridge. This PNA assesses the health and wellbeing needs of the population, including patients' and the public's views, with respect to:

- Necessary Services, i.e., current pharmacy provision of Essential Services.
- Other Relevant Services including Advanced and Enhanced Pharmacy Services commissioned by NHS England, and Other NHS Services commissioned by Barking and Dagenham, Havering and Redbridge Clinical Commissioning Group or the London Borough of Redbridge.

Key findings are outlined below.

Findings

Key demographics and health needs of Redbridge

Redbridge is an urban local authority situated in outer, northeast London. It has an estimated 307,416 residents. Its population is set to increase by nearly 2% by 2025 due to its high birth rate and retail, employment, and housing development plans in various parts of the borough.

There is great variance in deprivation across Redbridge, neighbourhoods range from the 2nd least deprived deciles in England to the most affluent deciles.

8.6% of the population don't speak English well or at all, the most common non-English languages are Urdu, Panjabi and Tamil (ONS, 2011 census).

Life expectancy for Redbridge residents is higher than the national life expectancy for both males and females (PHE, Public Health Profiles, 2021).

In terms of health behaviours, there are several areas of interest (PHE, Local Health Indicators, 2021):

- 13.4% of adults smoke, higher than London figures, although lower than England figures
- 60.6% of adults are overweight or obese, this is also higher than London but lower than England figures
- Rates of overweight and obese, and underweight Year 6 children are higher than the England rates.
- Dental decay in children is also higher than London and England.

There are a number of population health and wellbeing needs that were identified, including cancer, tuberculosis, diabetes and childhood asthma all of which have higher incidence rates than England overall (PHE, Public Health Profiles, 2021).

There is also an estimated 36.5% people in Redbridge living with dementia who do not have a formal diagnosis (PHE, Public Health Profiles, 2021).

End of life care indicators including percentage of people who had three or more emergency admissions in the last three months of life; and proportion of deaths in the usual place of residence (PHE, Palliative and End of Life Care Profiles, 2021) suggest that there is more to be done in terms of anticipatory planning and supporting people to die in their usual place of residency.

Key findings from patient and public engagement

A community survey was disseminated across Barking and Dagenham, Havering and Redbridge. 364 people responded to tell us how they use their pharmacy and their views on specific 'necessary' pharmacy services, 49 of whom were from Redbridge.

The most stated reasons people used their chosen pharmacy were that they were happy with their overall service, the good location and staff are friendly. Most stated they prefer to use their pharmacies during weekdays and during normal working hours.

There were no significant differences between groups in terms of their use, reasons for their chosen pharmacy and expectations in their local pharmacy provision.

Health and Wellbeing Board Statements on Service Provision

The Health and Wellbeing Board has assessed whether the current and future pharmacy provision meets the health and wellbeing needs of the Redbridge population. It has also determined whether there are any gaps, or need for improvements or better access, in the provision of pharmaceutical service either now or within the lifetime of this document, 1st October 2022 to 30th September 2025.

The London Borough of Redbridge is well served in relation to the number and location of pharmacies. The Health and Wellbeing Board has concluded that there is good access to essential, advanced, enhanced and other pharmaceutical services for the residents of Redbridge with no gaps in the current and future provision of these services identified and no needs for improvements or better access. Additionally, no services were identified that would secure improvements or better access to pharmaceutical services if provided, either now or in the future.

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Chapter 1 - Introduction

Purpose of the Pharmaceutical Needs Assessment

- 1.1** Local pharmacies play a pivotal role in Redbridge working in the centre of communities and providing quality healthcare to local individuals, families and carers. They can be patients' and the public's first point of contact and, for some, their only contact with a healthcare professional.
- 1.2** The Pharmaceutical Needs Assessment (PNA) identifies the key health needs of the local population and how those needs are being fulfilled, or could be fulfilled, by pharmaceutical services in different parts of the borough. The purpose of the PNA is to:
- Support the 'market entry' decision making process (undertaken by NHS England) in relation to applications for new pharmacies or changes of pharmacy premises.
 - Inform commissioning of enhanced services from pharmacies by NHS England, and the commissioning of services from pharmacies by the local authority and other local commissioners, for example Clinical Commissioning Groups (CCGs).
- 1.3** This document can also be used to:
- Assist the Health and Wellbeing Board (HWB) to work with providers to target services to the areas where they are needed and limit duplication of services in areas where provision is adequate.
 - Inform interested parties of the pharmaceutical needs in the borough and enable work on planning, developing and delivery of pharmaceutical services for the population.

Legislative Background

- 1.4** From 2006, NHS Primary Care Trusts had a statutory responsibility to assess the pharmaceutical needs for their area and publish a statement of their first assessment and of any revised assessment.
- 1.5** With the abolition of Primary Care Trusts and the creation of Clinical Commissioning Groups in 2013, Public Health functions were transferred to local authorities. Health and Wellbeing Boards were introduced and hosted by local authorities to bring together Commissioners of Health Services (CCGs), Public Health, Adult Social Care, Children's services and Healthwatch.
- 1.6** The Health and Social Care Act of 2012 gave a responsibility to Health and Wellbeing Boards for developing and updating Joint Strategic Needs Assessments and Pharmaceutical Needs Assessments.
- 1.7** This PNA covers the period between 1st October 2022 and 30th September 2025. It must be produced and published by 1st October 2022. The Health and Wellbeing Board are also required to revise the PNA publication if they deem there to be significant changes in pharmaceutical services before 30th September 2025.

1.8 A draft PNA must be put out for consultation for a minimum of 60 days prior to its publication. The 2013 Regulations list those persons and organisations that the HWB must consult, which include:

- Any relevant local pharmaceutical committee (LPC) for the HWB area
- Any local medical committee (LMC) for the HWB area
- Any persons on the pharmaceutical lists and any dispensing GP practices in the HWB area
- Any local Healthwatch organisation for the HWB area, and any other patient, consumer and community group, which in the opinion of the HWB has an interest in the provision of pharmaceutical services in its area
- Any NHS Trust or NHS Foundation Trust in the HWB area
- NHS England
- Any neighbouring Health and Wellbeing board.

1.9 The NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013 and the Department of Health Information Pack for Local Authorities and Health and Wellbeing Boards¹ provide guidance on the requirements that should be contained in the PNA publication and the process to be followed to develop the publication. The development and publication of this PNA has been carried out in accordance with these Regulations and associated guidance.

Minimum requirements of the PNA

1.10 As outlined in the 2013 regulations, this PNA must include a statement of the following:

- **Necessary Services – Current Provision:** services currently being provided which are regarded to be “necessary to meet the need for pharmaceutical services in the area”. This includes services provided in the borough as well as those in neighbouring boroughs.
- **Necessary Services – Gaps in Provision:** services not currently being provided which are regarded by the HWB to be necessary “in order to meet a current need for pharmaceutical services”.
- **Other Relevant Services – Current Provision:** services provided which are not necessary to meet the need for pharmaceutical services in the area, but which nonetheless have “secured improvements or better access to pharmaceutical services”.
- **Improvements and Better Access – Gaps in Provision:** services *not* currently provided, but which the HWB considers would “secure improvements, or better access to pharmaceutical services” if provided.
- **Other Services:** any services provided or arranged by the local authority, NHS England, the CCG, an NHS trust or an NHS foundation trust which affects the need for pharmaceutical services in its area or where future provision would secure improvement, or better access to pharmaceutical services specified type, in its area.

¹ Department of Health & Social Care (October 2021) Pharmaceutical needs assessments Information pack for local authority health and wellbeing boards.

- 1.11** Additionally, the PNA must include a map showing the premises where pharmaceutical services are provided and an explanation of how the assessment was made.

Circumstances under which the PNA is to be revised or updated

- 1.12** It is important that the PNA reflects changes that affect the need for pharmaceutical services in Redbridge. Where the HWB becomes aware that a change may require the PNA to be updated, then a decision to revise the PNA will be made.
- 1.13** Not all changes in a population or an area will result in a change to the need for pharmaceutical services. However, where these changes do require a review of pharmaceutical services, the HWB will issue supplementary statements to update the PNA.
- 1.14** The PNA will be updated every three years.

Chapter 2 - Strategic Context

- 2.1** This section summarises a few of the key policies, strategies and reports which contribute to our understanding of the strategic context for England's community pharmacy services at a national, regional and local level. Since PNAs were last updated in 2018, there have been significant changes to the wider health and social care landscape and to society. This includes but is not limited to the publication of the NHS Long Term Plan, the introduction of the Community Pharmacy Contractual Framework, a greater focus on integrated care, and the significant impact of the COVID-19 pandemic.

National context

Department of Health and Social Care Policy Paper - Integration and Innovation: working together to improve health and social care for all²

- 2.2** In recent years, the health and social care system has adapted and evolved to face a variety of challenges. With the population growing, people living longer, but also suffering from more long-term health conditions, and challenges from the COVID-19 pandemic, there is a greater need for the health and social care system to work together to provide high quality care. This paper sets out the legislative proposals for the Health and Care Bill which capture the learnings from the pandemic.
- 2.3** **Working together to integrate care:** The NHS and local authorities will be given a duty to collaborate and work with each other. Measures will be brought forward to bring about Integrated Care Systems (ICSs) which will be comprised of an ICS Health and Care partnership, and an ICS NHS Body. The ICS NHS Body will be responsible for the day to day running of the ICS, whilst the ICS Health and Care Partnership will bring together systems to support integration and development which plan to address the system's health, public health, and social care needs. A key responsibility for these systems will be to support place-based working i.e., working amongst NHS, local government, community health including community pharmacy, voluntary and charity services. The ICS will align geographically to a local authority boundary, and the Better Care Fund plan (BCF) will provide a tool for agreeing priorities.
- 2.4** **Reducing bureaucracy:** The legislation will aim to remove barriers that prevent people from working together and put pragmatism at the heart of the system. The NHS should be free to make decisions without the involvement of the Competition and Markets Authority (CMA). With a more flexible approach, the NHS and local authorities will be able to meet the current future health and care challenges by avoiding bureaucracy.

² Department of Health & Social Care. Policy paper: Integration and innovation: working together to improve health and social care for all (updated February 2021). Available at: <https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-html-version#executive-summary>

2.5 Improving accountability and enhancing public confidence: The public largely see the NHS as a single organisation, and the same should happen at a national level. By bringing together NHS England, and NHS Improvement together, organisations will come together to provide unified leadership. These measures will support the Secretary of State to mandate structured decisions and enable the NHS to be supported by the government. With any significant service changes, these measures will ensure a greater accountability with the power for ministers to determine service reconfigurations earlier in the process.

The NHS Long Term Plan (2019)³

2.6 As health needs change, society develops, and medicine advances, the NHS must ensure that it is continually moving forward to meet these demands. The NHS Long Term Plan (2019) (NHS LTP) introduces a new service model for the 21st century and includes action on preventative healthcare and reducing health inequalities, progress on care quality and outcomes, exploring workforce planning, developing digitally enabled care, and driving value for money.

2.7 More specifically, pharmacies will play an essential role in delivering the NHS LTP. £4.5 billion of new investment will fund expanded community multidisciplinary teams aligned with the new primary care networks (PCNs). These teams will work together to provide the best care for patients and will include pharmacists, district nurses, allied health professionals, GPs, dementia workers, and community geriatricians. Furthermore, the NHS LTP stipulates that as part of the workforce implementation plan, and with the goal of improving efficiency within community health, along with an increase in the number of GPs, the range of other roles will also increase, including community and clinical pharmacists, and pharmacy technicians.

2.8 Research indicates that around 10% of elderly patients end up in hospital due to preventable medicine related issues and up to 50% of patients do not take their medication as intended. PCN funding will therefore be put towards expanding the number of clinical pharmacists working within general practices and care homes, and the NHS will work with the government to ensure greater use and acknowledgement of community pharmacists' skills and better utilisation of opportunities for patient engagement. As part of preventative healthcare and reducing health inequalities, community pharmacists will support patients to take their medicines as intended, reduce waste, and promote self-care.

2.9 Within PCNs, community pharmacists will play a crucial role in supporting people with high-risk conditions such as atrial fibrillation (AF) and cardiovascular disease (CVD). The NHS will support community pharmacists to case-find, e.g., hypertension case-finding. Pharmacists within PCNs will undertake a range of medicine reviews, including educating patients on the correct use of inhalers, and supporting patients to reduce the use of short acting bronchodilator inhalers and to switch to clinically appropriate, smart inhalers.

³ NHS. *The NHS Long Term Plan* (2019). <https://www.longtermplan.nhs.uk/>

- 2.10** In order to provide the most efficient service, and as part of developing digitally enabled care, more people will have access to digital options. The NHS app will enable patients to manage their own health needs and be directed to appropriate services, including being prescribed medication that can be collected from their nearest pharmacy.

Health Equity in England: Marmot review 10 years on⁴

- 2.11** This document summarises the developments in particular areas that have an increasing importance for equity. These include:

- Give every child the best start in life by increasing funding in earlier life and ensuring that adequate funding is available in areas with higher deprivation.
- Improve the availability and quality of early years' services.
- Enable children, young people and adults to maximise their capabilities by investing in preventative services to reduce school exclusions.
- Restore per-pupil funding for secondary schools and in particular in 6th form and further education.
- Reduce in-work poverty by increasing the national minimum wage.
- Increase number of post-school apprenticeships and support in-work training.
- Put health equity and well-being at the heart of local, regional and national economic planning.
- Invest in the development of economic, social and cultural resources in the most deprived communities.

We explore these in the context of Redbridge in Chapter 4.

Public Health England (PHE)⁵ Strategy 2020-2025⁶

- 2.12** PHE exists to protect and improve the nation's health and wellbeing and reduce health inequalities. Priorities include creating a smoke-free society by 2030, healthier diets, healthier weight, cleaner air, better mental health, best start in life, effective responses to major incidents, reduced risk from antimicrobial resistance, predictive prevention, enhanced data and surveillance capabilities, and a new national science campus.

- 2.13** PHE produced a briefing: 'Pharmacy teams – seizing opportunities for addressing health inequalities.'⁷ The briefing highlights the unique role that pharmacy teams can play in helping

⁴ Institute of Health Equity. *Health Equity in England: The Marmot Review 10 Years On* (2020).

<https://www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on/the-marmot-review-10-years-on-executive-summary.pdf>

⁵ As of October 2021, PHE ceased to exist. Responsibilities formally undertaken by PHE are now the responsibility of OHID, UKHSA and NHS England.

⁶ Public Health England Strategy 2020-2025 (2019).

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/831562/PHE_Strategy_2020-25.pdf

⁷ Public Health England. Pharmacy teams – seizing opportunities for addressing health inequalities (September 2021). <https://psnc.org.uk/wp-content/uploads/2021/09/Pharmacy-teams-seizing-opportunities-for-addressing-health-inequalities.pdf>

to address health inequalities. It suggests ways for making the most of pharmacy teams' potential to work with local community and faith leaders, reach out to under-served communities and those with the poorest health outcomes, and to take on a health inequalities leadership role. It also sets out recommendations for system leaders, commissioners and community pharmacy teams themselves.

Community Pharmacy Contractual Framework (CPCF) 2019/20-2023/24⁸

2.14 The CPCF is an agreement between the Department of Health and Social Care (DHSC), NHSE&I and the Pharmaceutical Services Negotiating Committee (PSNC) and describes a vision for how community pharmacy will support delivery of the NHS Long Term Plan. The CPCF highlights and develops the role of pharmacies in urgent care, common illnesses, and prevention. It aims to “develop and implement the new range of services that we are seeking to deliver in community pharmacy”, making greater use of Community Pharmacists' clinical skills and opportunities to engage patients. The deal:

- Through its contractual framework, commits almost £13 billion to community pharmacy, with a commitment to spend £2.592 billion over 5 years.
- Prioritises quality - The Pharmacy Quality Scheme (PQS) is designed to reward pharmacies for delivering quality criteria in clinical effectiveness, patient safety and patient experience.
- Confirms community pharmacy's future as an integral part of the NHS, delivering clinical services as a full partner in local primary care network (PCNs).
- Underlines the necessity of protecting access to local community pharmacies through a Pharmacy Access Scheme.
- Includes new services such as the NHS Community Pharmacist Consultation Service (CPCS), which connects patients who have a minor illness with a community pharmacy, taking pressure off GP services and hospitals by ensuring patients turn to pharmacies first for low-acuity conditions and support with their general health.
- Continues to promote medicines safety and optimisation, and the critical role of community pharmacy as an agent of improved public health and prevention, embedded in the local community.
- Through the Healthy Living Pharmacy (HLP) framework, requires community pharmacies to have trained health champions in place to deliver interventions such as smoking cessation and weight management, provide wellbeing and self-care advice, and signpost people to other relevant services.

Pharmacy Integration Fund (PhIF)⁹

2.15 The PhIF and PCN Testbed programme will be used to test a range of additional prevention and detection services, which if found to be effective and best delivered by a community

⁸ Community Pharmacy Contractual Framework (2019).

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/819601/cpcf-2019-to-2024.pdf

⁹ NHS Pharmacy Integration Programme. <https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-integration-fund/>

pharmacy, could (with appropriate training) be mainstreamed within the CPCF over the course of the settlement period. Workstreams supported by the PhIF Programme include:

- GP referral pathway to the NHS CPCS.
- Smoking Cessation Transfer of Care Pilot – hospital inpatients (including antenatal patients) will be able to continue their stop smoking journey within community pharmacy upon discharge.
- Exploring the routine monitoring and supply of contraception (including some long-acting reversible contraceptives) in community pharmacy.
- Palliative Care and end of life medicines supply service building on the experience of the COVID-19 pandemic.
- Structured medication reviews in PCNs for people with a learning disability, autism, or both, linked with the STOMP programme.
- Workforce development for pharmacy professionals in collaboration with Health Education England (HEE), e.g., medicines optimisation in care homes; primary care pharmacy educational pathway; leadership; integrated urgent care; independent prescribing; enhanced clinical examination skills.

Regional Context

London Community Pharmacy: Our offer to London – Pharmacy Strategy 2020¹⁰

2.16 This document was developed jointly by London’s local pharmaceutical committees (LPCs), supported by NHS England and NHS Improvement – London region. It presents a service offer to PCNs, local authorities and other health, social care and public health stakeholders, and the people of London. In summary, the offer from London Community Pharmacy is to:

- Expand the range of clinical services
- Increase the range of – and access to – wellness services
- Develop community pharmacy as a social asset – working to increase the social capital of our communities
- Integrate community pharmacy into primary care networks
- Provide strong leadership within integrated care partnerships

The Health and Care Vision for London (2019)¹¹

2.17 In partnership with Public Health England, NHS, Mayor of London, and London Councils, the vision states a shared ambition to make London the healthiest global city; by making commitments in 10 key areas. The key focus areas are to:

- reduce childhood obesity
- improve the emotional wellbeing of children and young Londoners
- improve mental health and progress towards zero suicides
- improve air quality

¹⁰ London LPCs and NHSE&I. *London Community Pharmacy: Our offer to London. Pharmacy Strategy (2020)*. <https://psnc.org.uk/pharmacylondon/wp-content/uploads/sites/112/2020/09/Offer-to-London.pdf>

¹¹ The London Vision (2019). <https://www.healthylondon.org/wp-content/uploads/2019/09/London-Vision-short-summary-1.pdf>

- improve tobacco control and reduce smoking
- reduce the prevalence and the impact of violence
- improve the health of homeless people
- improve services and prevention for HIV and other STIs
- support Londoners with dementia to live well
- improve care and support at the end of life.

North East London Health and Care Partnership (NEL HCP)¹²

- 2.18** Integrated Care Systems (ICSs) are partnerships between the organisations that meet health and care needs across an area, to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups. An ICS exists to improve the health and care of all residents, preventing illness, tackling variation in care and delivering seamless services while getting maximum impact for every pound. The collective strength of these organisations work together to address their residents' biggest health challenges, many exacerbated by COVID-19.
- 2.19** NEL HCP is the North East London ICS, which brings together NHS organisations, local authorities, and community organisations to support local people to live healthier and happier lives. NEL HCP has started responding to the NHS LTP. It is made up of the following London Councils: Barking & Dagenham, Redbridge, Havering, City and Hackney, Newham, Tower Hamlets, and Waltham Forest; and one CCG, five NHS Provider Trusts (three acute and two community), and 286 GP practices.

Local context

Redbridge Health & Wellbeing Strategy (2017-2021)¹³

- 2.20** Health and Wellbeing Boards are required to produce Health and Wellbeing Strategies to set out how partners will meet local health needs, improve outcomes, and reduce health inequalities within the borough.
- 2.21** **The Redbridge Health and Wellbeing Strategy 2017-2021** sets out plans to address gaps and health inequalities, and to achieve realistic and measurable improvements in the health and wellbeing of the residents of Redbridge. Following the Annual Public Health Reports and Joint Strategic Needs Assessment (JSNA), the Redbridge Health and Wellbeing strategy sets out six key ambitions relating to child health, diabetes, cancer, mental health, housing, and end of life care.
- **Achieving the best start in life:** by continuing to support residents to have healthy pregnancies and antenatal care. Promoting physical activity and healthy diets for children and families. Working with voluntary and statutory organisations for young people to have good mental wellbeing and keeping them safe from bullying, FGM and child exploitation.

¹² North East London Health and Care Partnership website: <https://www.eastlondonhcp.nhs.uk>

¹³ A Health and Wellbeing Strategy for Redbridge 2017-2021.

https://www.redbridge.gov.uk/media/4814/health-wellbeing-strategy-2017_2021.pdf

- **Diabetes prevention and management:** includes working with local communities to raise awareness of the risks of diabetes, and to ensure all residents receive access to advice and information about managing diabetes, and care and support about how to maintain and adopt healthy lifestyles.
- **Mental wellbeing:** includes promoting access to good quality housing, open spaces, physical activity & leisure and supportive networks. To work with voluntary sector and local communities to tackle stigma and raise awareness around mental health and wellbeing. Ensuring that all local health, social care and law enforcement workers are trained in mental wellbeing.
- **Cancer survival:** means supporting residents to maintain healthy lifestyles, reduce obesity and smoking, by redeveloping behaviour change services, and working with local partners to raise awareness around how to reduce the risks of preventable cancers. To pilot new ways to increase the uptake of cancer screening, and target work with communities with higher levels of tobacco use.
- **Living well:** includes supporting people into sustainable work, understand factors that increase homelessness, appropriate signposting to local support, making use of existing housing stock, and ensuring households can access affordable warmth.
- **End of life care:** includes planning care and supporting people reaching their end of life by involving carers in the planning process, raising awareness and empowering professionals to have timely conversations around the choices for end of life. It also includes earlier identification of people who are reaching the end of their lives and exploring how to support people with communication difficulties to make informed choices about their end-of-life care.

Redbridge Joint Strategic Needs Assessment (2019/20)¹⁴

2.22 The Redbridge JSNA 2019/20 outlines the strategic estimates of the health and wellbeing needs of the population within Redbridge. The document has covered 24 topics which have been condensed into six key topics:

- Wider determinants of health
- Health behaviours and lifestyles
- Places and communities
- Integrated health and care system
- Health outcomes
- Child health

2.23 The JSNA highlighted key challenges faced by the area such as high levels of homelessness, employment issues, childhood obesity, the prevalence of diabetes, the number of people projected to live with dementia by 2030, a sharp drop in the uptake of the MMR vaccine, and a low uptake of cancer screening. There were also key successes such as a low rate of teenage pregnancies, TB incidence levels dropping, and a reduced rate of premature mortality due to cancer.

¹⁴ The Redbridge Joint Strategic Needs Assessment 2019-20.
https://www.redbridge.gov.uk/media/7877/redbridge-2019_20-jsna_final.pdf

Redbridge Suicide Prevention Strategy 2018-2021¹⁵

2.24 Between 2001 and 2016, 698 lives were lost in Redbridge to suicide. This has a significant impact on families, and the community. This strategy outlined three key areas to ensure that the residents of Redbridge experience good mental health support and workforces can identify and respond to needs as soon as possible.

- Maximise early contact to improve health and resilience
- Improve mental health and resilience via quality education
- Provision of good quality services and improve crisis response

Redbridge Substance Misuse Recovery Strategy 2017-2020¹⁶

2.25 All councils are tasked with implementing national policies and strategies in preventing substance use, reducing the harm caused by substance use, and supporting people to stop taking them. With the aim to reduce substance misuse across the lifespan of Redbridge residents, the strategy is focused around:

- Reducing the number of residents drinking at harmful levels and misusing drugs
- Contributing to reducing the availability and use of substances, especially for those who are involved with the Criminal Justice System.
- Reducing the health, social and economic harms caused by substance misuse.
- Promoting recovery by ensuring those exiting treatment are free from substance dependence and are supported back into integrating into society.

Annual Public Health Report 2020. COVID-19 and inequality in Redbridge¹⁷:

2.26 This report summaries and sets out plans to address the issues faced by the COVID-19 pandemic and inequalities, both locally and nationally. The reports highlight the inequalities that have been exacerbated by the pandemic. Across all age groups, disruption to services caused by lockdown are likely to have had immediate and long-term impacts. Though digital services were put in place, this is likely to have increased inequalities amongst BAME (Black, Asian and Minority Ethnic) communities where access to digital technologies are limited. Similarly, language barriers amongst BAME communities may have reduced access to alternative services.

2.27 There was a 45% reduction in the request of hormonal contraception and a 60% reduction in referrals to secondary mental health services which is likely to increase the demands on service provision coming out of the crisis. Cancer treatment is essential but many who may have missed appointments, may have worsened the condition.

2.28 Overcrowding in Redbridge averages 10.8% of all homes, with 2.2% being severely crowded. The overcrowding and multi-generational households increased the risk of the spread of

¹⁵ A zero suicide Redbridge. Redbridge suicide prevention strategy 2018-21.

<https://www.redbridge.gov.uk/media/6867/redbridge-suicide-prevention-strategy-2018-2021.pdf>

¹⁶ Redbridge substance misuse recovery strategy 2017-20.

<https://www.redbridge.gov.uk/media/4041/substance-misuse-recovery-strategy-2017-2020.pdf>

¹⁷ Annual public health report 2020. COVID-19 and inequality in Redbridge.

https://www.redbridge.gov.uk/media/8937/annual_public_health_report_20.pdf

COVID-19. Additionally, 32% of Redbridge residents are unlikely to have private green space, which can impact mental wellbeing.

2.29 Based on these inequalities, the annual public health report summaries 4 key recommendations:

1. **Engage with high-risk groups to better understand their experiences of the COVID-19 pandemic and how it has exposed and exacerbated the inequalities they face:** organise community engagement events representing BAME groups and conduct appropriate research.
2. **Build on local and national digital strategies to improve digital accessibility across healthcare services, education and for older people who are socially isolated:** train healthcare professionals to be digital health champions who can support residents, encourage socially prescribed digital interventions where people can access support from digital health tools, understand where the gaps lie for people to access online resources and support this need.
3. **Promote resilience in routine care services, communities and the economy as a wider determinant of health and wellbeing:** strengthen community resilience by identifying local community networks and work alongside CVS partners, provide mid and post-Covid support to local businesses, and target messaging to vulnerable communities to improve accessibility to the COVID-19 vaccinations.
4. **Focus on reducing long term risk factors for Covid, through active travel and the environment:** introduce digital tools to encourage people to be more physically active, increase other modes of active travel (setting up cycle ride groups), introducing more quiet street zones, and temporary restrictions on motorised traffic near schools.

Chapter 3 - The Development of the PNA

3.1 This PNA has been developed using a range of information sources to describe and identify population needs and current service provision from the network of community pharmacies (see Table 3.1). This includes:

- Nationally published data
- The Redbridge Joint Strategic Needs Assessment
- Local policies and strategies such as the Joint Health and Wellbeing Strategy
- A survey to Redbridge pharmacy providers
- A survey to the patients and public of Barking and Dagenham, Havering and Redbridge
- Local Authority and BHR CCG commissioners

Table 3.1 PNA 2022-25 data sources

Health need and priorities	<ul style="list-style-type: none"> • National benchmarking ward and borough-level data from Public Health England¹⁸ • London Borough of Redbridge Joint Strategic Needs Assessment¹⁹ • A range of GLA demographic data sets • Synthesis from a range of national datasets and statistics
Current Pharmaceutical Services	<ul style="list-style-type: none"> • Commissioning data held by the NHS England • Commissioning data held by London Borough of Redbridge • Commissioning data held by North East London CCG • Questionnaire to community pharmacy providers
Views from community pharmacy contractors	<ul style="list-style-type: none"> • Questionnaire to community pharmacy providers and follow-up interviews
Patients and the Public	<ul style="list-style-type: none"> • Patient and public survey

3.2 These data have been combined to describe the Redbridge population, current and future health needs and how pharmaceutical services can be used to support the Health and Wellbeing Board (HWB) to improve the health and wellbeing of our population.

3.3 This PNA was published for public consultation 24th January to 31st March 2022. All comments have been considered and incorporated into the final PNA final report.

¹⁸ Public Health England (2021) Public Health Profiles: <https://fingertips.phe.org.uk/>

¹⁹ BHR JSNA profile: LB Redbridge 2020

Methodological considerations

Geographical Coverage

- 3.4 For the purposes of the PNA the geographical localities of Redbridge is presented as electoral wards to summarise demographic and health need. Redbridge has 22 in total; these are illustrated in figure 3.1.

Figure 3.1 London Borough of Redbridge Electoral Wards



- 3.5 Provision and choice of pharmacies is determined by using 1 mile radius from the centre of the postcode of each pharmacy. This is approximately a 20-minute walk from the outer perimeter of the buffer zone created.
- 3.6 The 1-mile radius approach illustrates where there is pharmacy coverage and areas without coverage. The coverage distance was chosen by the Steering Group as being a reasonable measure to identify variation and choice (for example, see Figure 6.1).
- 3.7 Where areas of no coverage are identified, other factors are taken into consideration to establish if there is a need. Factors include population density, whether the areas are populated (e.g. Green Belt areas), travel time by public transport, patient demand for services (such as needle exchange) and dispensing outside normal working hours. These instances have all been stated in the relevant sections of the report.

Patient and Public Survey

- 3.8 Patient and public engagement in the form of a survey was undertaken to understand how people use their pharmacies, what they use them for and their views of the pharmacy provision. 364 Barking and Dagenham, Havering and Redbridge residents and workers

responded to the survey, their views were explored, including detailed analysis of the Protected Characteristics. The findings from the survey are presented in Chapter 5 of this PNA.

Pharmacy Contractor Survey

3.9 The contractor survey was sent to the community pharmacies within Redbridge and 32 pharmacies responded. The results from this survey are referred to throughout this document.

3.10 The contractor survey included free-text questions on contractor views on Covid-19 and changes to the wider health and social care landscape. Community pharmacists across Barking and Dagenham, Havering and Redbridge were also invited for an interview for further elaboration on these views. Six community pharmacists participated in telephone interviews. Findings from these free-text questions and the telephone interviews are presented in Chapter 6 of this PNA.

Governance and Steering Group

3.11 The development of the PNA was advised by a Steering group whose membership included representation from:

- Public Health teams in London Borough of Barking and Dagenham, the London Borough of Havering and the London Borough of Redbridge
- North East London Clinical Commissioning Group
- North East London Local Pharmaceutical Committee (LPC)
- Healthwatch Barking and Dagenham, Healthwatch Havering and Healthwatch Redbridge.

The membership and Terms of Reference of the Steering Group is described in Appendix A.

Regulatory consultation process and outcomes

3.12 The PNA for 2022-25 will be published for statutory consultation on the 24th of January 2022 for 60 days and will also be open on the Council website for public comment. All comments will be considered and incorporated into the final report to be published by 1st October 2022.

Chapter 4 - Demographics and Health Needs

- 4.1** This chapter presents an overview of health and wellbeing in Redbridge, particularly the areas likely to impact on needs for community pharmacy services. It includes an analysis of the latest Redbridge population and inequalities projections.
- 4.2** The analysis of health needs and population changes are outlined in five sub-sections of this chapter and are guided by the Redbridge JSNA²⁰ priority areas. These are:
- Redbridge demographic characteristics
 - Wider determinants of health
 - Our health behaviours and lifestyles
 - Places and communities in which we live
 - Health Outcomes
 - Child Health
- 4.3** All the maps that follow present the size of population in relation to different factors such as population density, deprivation, and obesity. They are displayed in gradients, where the lower the marker, the lighter the colour. The gradients are illustrated in the legends attached to each map.

Redbridge Demographic Characteristics

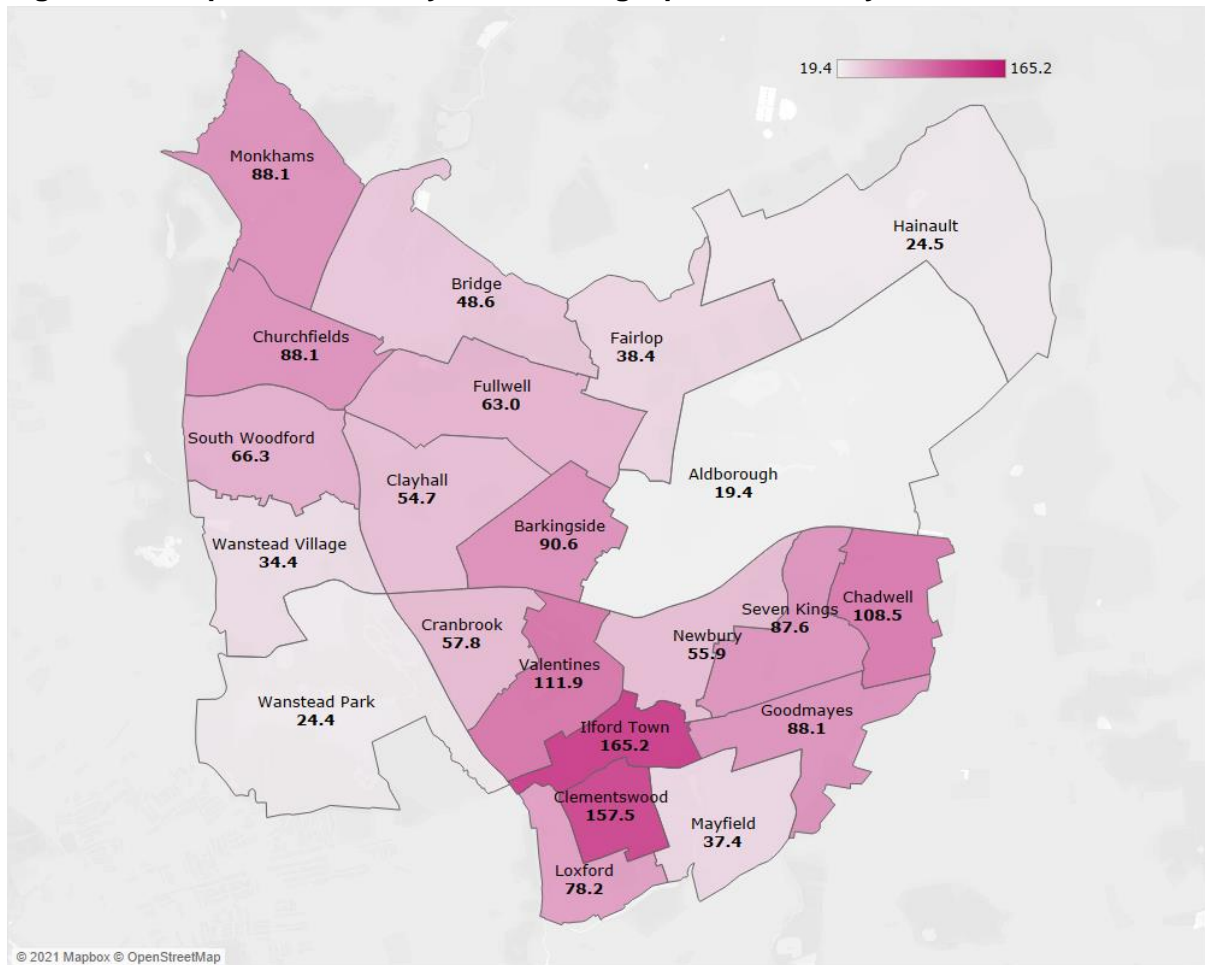
Population size and density

- 4.4** The London Borough of Redbridge is a North East London Borough situated in Outer London. It borders Havering, Waltham Forest, Newham, Barking and Dagenham, and Essex County Council (Epping Forest District Council). It is a predominantly residential borough and includes 11 shopping areas and a metropolitan centre in Ilford. One third of the Borough is made up of open space including land which is Green Belt.
- 4.5** Greater London Authority estimates that the population of Redbridge is 307,416 in 2022 (Housing-led population projections).
- 4.6** The borough's overall population density is comparable to the London average (53.9 vs 56.2 (per hectare respectively) with the most densely populated wards being the wards of Ilford Town and Clementswood in the south of the Borough (see Figure 4.1). The population density

²⁰ BHR JSNA profile: LB Barking and Dagenham 2019-20

in these wards (165.2 and 157.5 respectively) is about three times the borough average, showing there is wide range of population densities among Redbridge wards.

Figure 4.1 Population Density of Redbridge per hectare by Ward, 2022 estimates

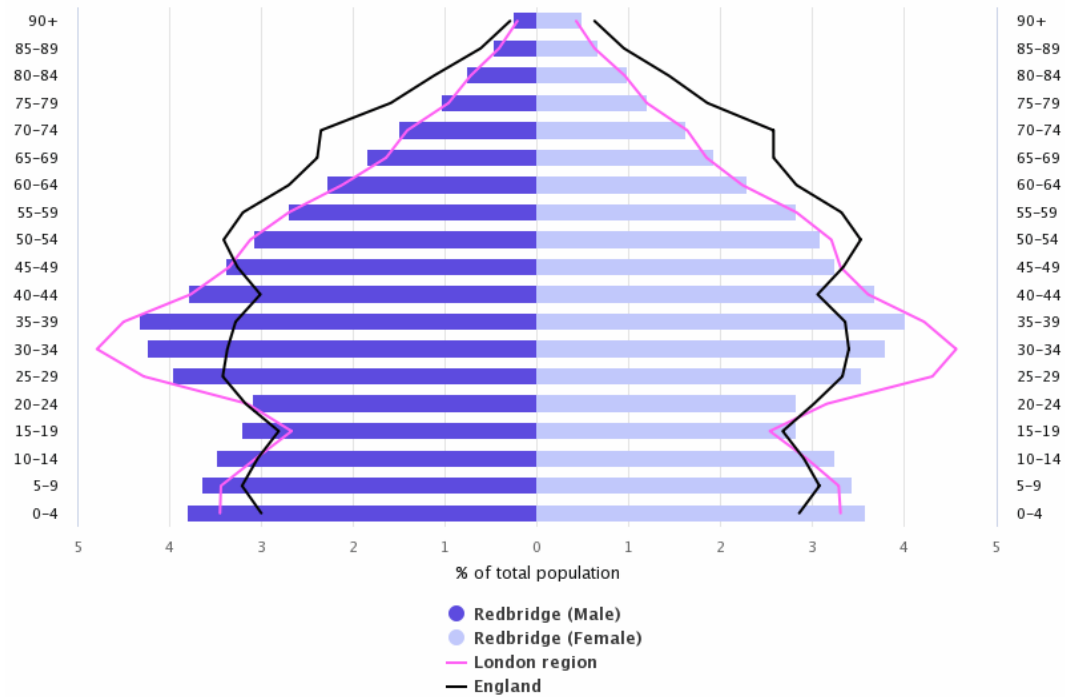


Source: GLA, Land Area, and Population Density

Age and Gender Structure

- 4.7 According to 2019 mid-year estimates, 22.4% of the resident population are aged between **0-15 years**, slightly higher than England figures (19.2%).
- 4.8 The proportion of **working age population** is slightly higher than that of the rest of London. 64.7% of the population are age between 16 and 64.
- 4.9 12.7% of Redbridge residents (38,852 people) are **aged 65 and over**. This is similar than London overall (12.5%). Figure 4.2 presents a breakdown of the age and gender of Redbridge residents (ONS 2020 Mid-Year Estimates).

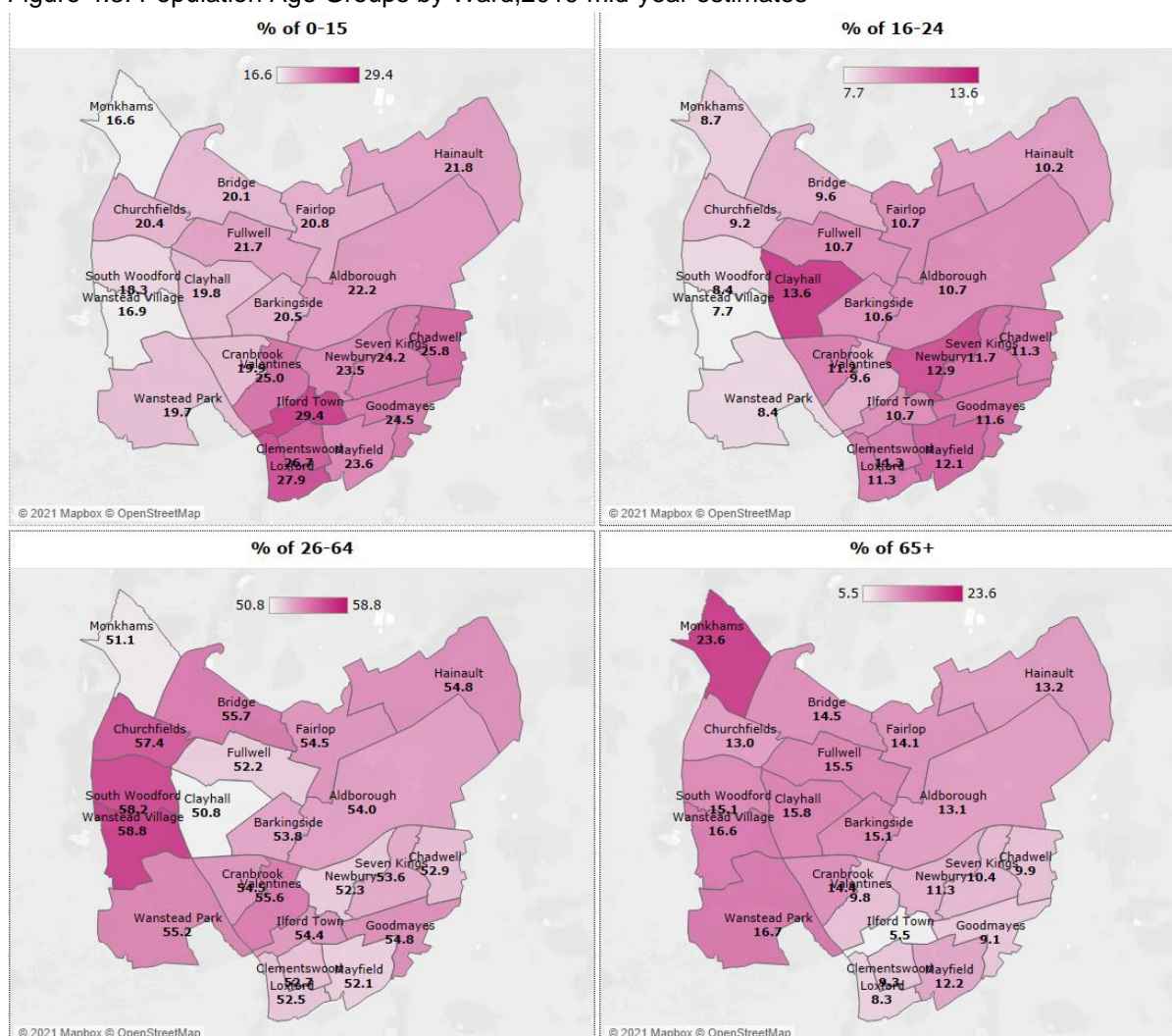
Figure 4.2: Proportion of resident population by age-band and gender, Mid-year 2019 estimates for Redbridge



Source: PHE, 2021 (based on ONS mid-2019 population estimates)

4.10 The southern wards of Ilford Town and Loxford have the highest representation of the 0-15 population, while Monkams in the northwest has the highest representation of those aged 65+ (see figure 4.3 below).

Figure 4.3: Population Age Groups by Ward, 2019 mid-year estimates



Source: PHE, Local Authority Health Profiles, 2018

Ethnicity and diversity

- 4.11 Areas where diversity is higher correlate with areas of higher levels of deprivation and poorer health. 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.²¹
- 4.12 NICE Guidance²² highlights that community pharmacies can impact on health inequalities in several ways. For example, they recommend that community pharmacists take into consideration how a patient's personal factors may impact on the service they receive. Personal factors would include, but not limited to, gender, identity, ethnicity, faith, culture or any disability. It also recommends that community pharmacists make use of any additional languages staff members may have.

²¹ NICE guideline (2018) Community pharmacies: promoting health and wellbeing [NG102]

²² NICE guideline (2018) Community pharmacies: promoting health and wellbeing [NG102]

4.13 According to the 2011 census, Redbridge had the 4th **highest BAME population** of all the boroughs in London. More than half (53%) of the Redbridge resident population are from BAME groups. One in ten residents identify as Asian while 6.5% are Black (Table 4.1).

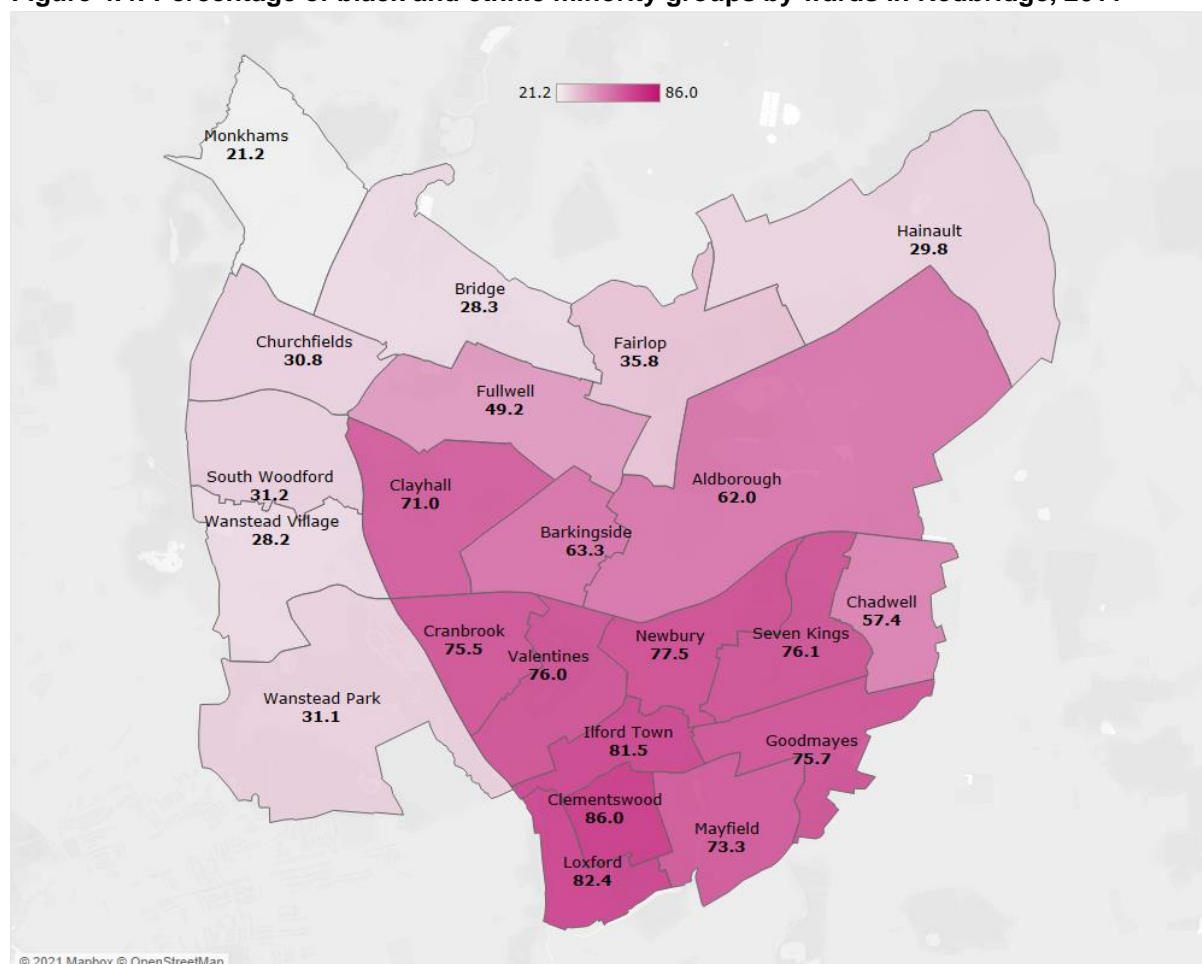
Table 4.1 Ethnicity population breakdown for Redbridge, London and England and Wales

Area	White	Asian	Black	Mixed/ Other
Redbridge	46.6%	41.0%	6.5%	5.9%
London	59.2%	18.4%	11.9%	10.6%
United Kingdom	85.9%	7.3%	3.3%	3.5%

Source: UK Data Service, Annual Population Survey, 2019

4.14 There is great variability in the distribution of Black, Asian and Minority Ethnic populations in Redbridge borough, with Monkham having the lowest population (21.2%), while Clementswood has the highest representation at 86% (see Figure 4.4).

Figure 4.4: Percentage of black and ethnic minority groups by wards in Redbridge, 2011

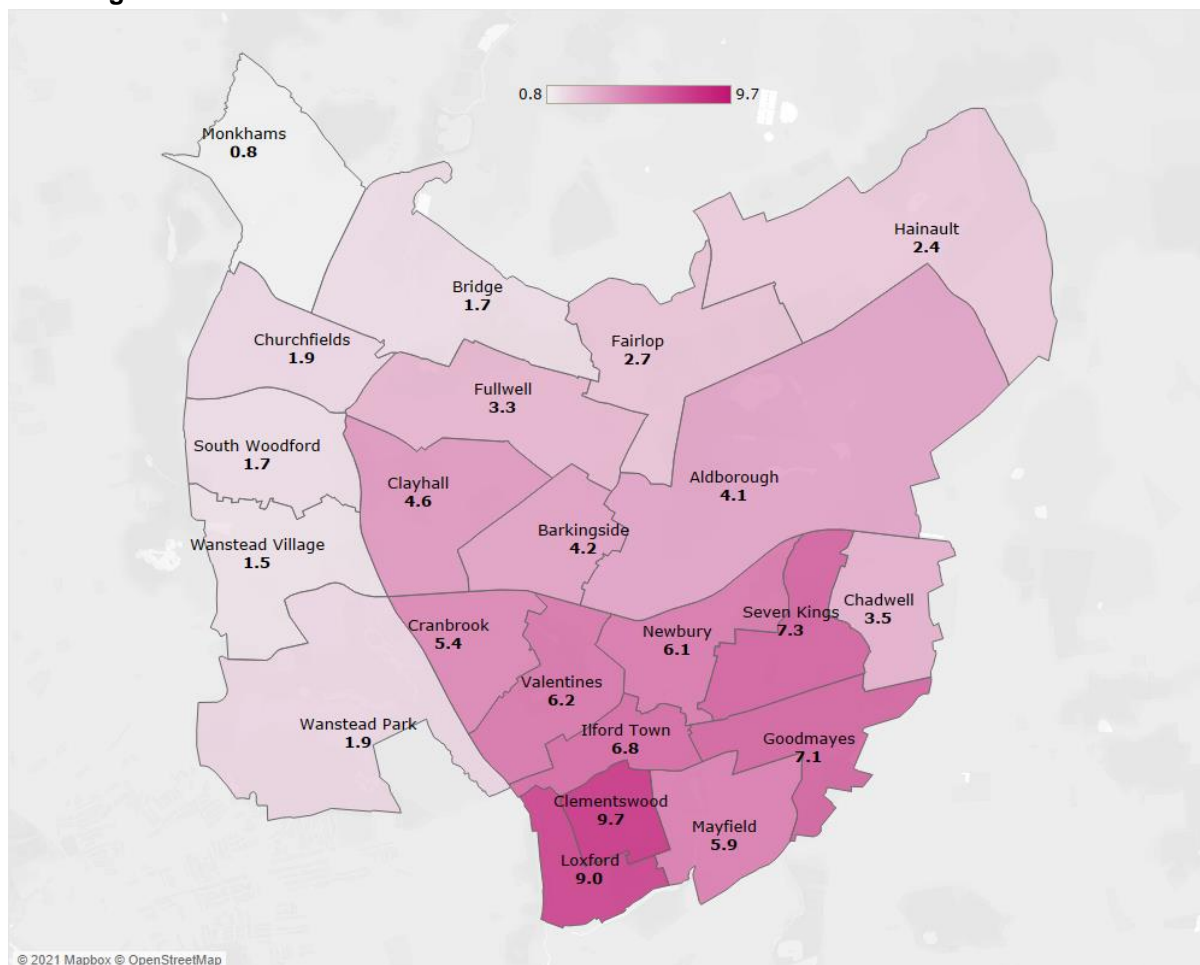


Source: ONS Census, 2011

4.15 24.6% of the borough’s residents who are aged 3+ state their main language is not English (2011 census). This is likely to increase significantly due to levels of international and intranational migration.

4.16 Figure 4.5 shows a breakdown of the population who **do not speak English well or at all**. As with the data on black, Asian and minority ethnic data, the wards with the greatest population of residents not proficient in English are Clementswood and Loxford. Please note, this map is created from 2011 census data.

Figure 4.5: Percentage of population who do not speak English well or at all by wards in Redbridge 2011



Source: PHE, Local Authority Health Profiles, 2021

4.17 2011 data shows that Urdu, Panjabi and Tamil (all South Asian languages) are the most spoken languages in the borough after English (Table 4.2).

Table 4.2: Proportion of languages spoken in Redbridge

Language	Percentage
English	75.4%
Urdu	3.8%

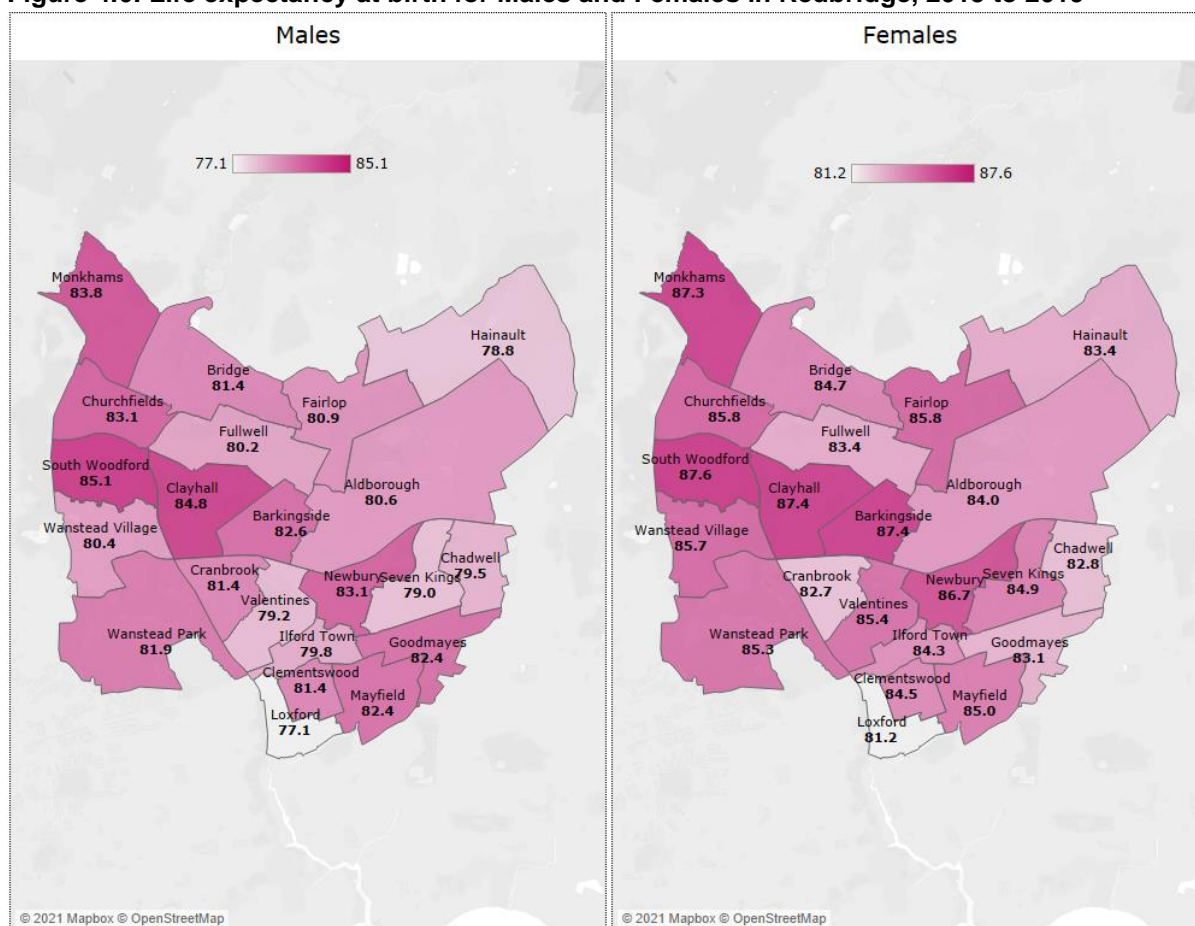
Punjabi	3.1%
Tamil	2.6%
Bengali	2.5%
Gujarati	2.3%
Lithuanian	1.0%
Polish	0.9%
Hindi	0.7%
Romanian	0.7%

Source: ONS Census, 2011

Population Health Outcomes

- 4.18 Life expectancy at birth** is the average number of years a person would expect to live based on contemporary mortality rates. For males in Redbridge this is 81.5, and 85.2 years for females (2017-19 figures). This is higher than national figures for both males and females at 79.8 and 83.4 years respectively (PHE 2021).
- 4.19** The variation in life expectancy across Redbridge is low. The **inequality in life expectancy at birth**, which is the measure of the absolute difference in life expectancy between the most and least deprived areas, shows a 5.7-year life expectancy gap for men and a 4.5-year gap for women between those who live in the most deprived areas and the least deprived areas. In terms of national comparators, Redbridge are within the lowest quintile for differences in life expectancy (PHE, 2021). This means that they have comparatively low inequality in life expectancy at birth.
- 4.20** A breakdown of life expectancy figures at a ward level is presented in Figures 4.6. Loxford has the lowest life expectancy for both males and females, while South Woodford males and females have the highest life expectancy.

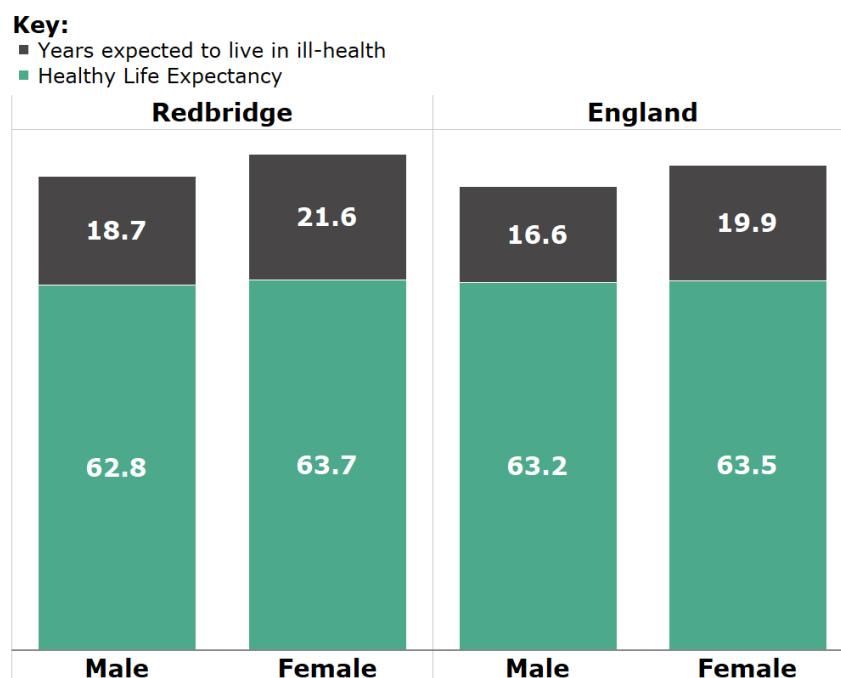
Figure 4.6: Life expectancy at birth for Males and Females in Redbridge, 2015 to 2019



Source: PHE, Local Authority Health Profiles, 2021

- 4.21 **Healthy life expectancy** at birth is the average number of years an individual should expect to live in good health considering age-specific mortality rates and prevalence for good health for their area.
- 4.22 The healthy life expectancy for males and females are also significantly lower than national figures. They are also the lowest in London for males and third lowest in London for females. Males have a healthy life expectancy of 62.8 years and females have a healthy life expectancy of 63.7 years (2017-19). The England healthy life expectancy for men is 63.2 and 63.5 for women. These figures indicate that males living in Redbridge could live with ill health for 18.7 years and females for 21.6 years (see figure 4.7).

Figure 4.7 Life expectancy and Healthy life expectancy in years for males and females in Redbridge 2017-2019



Source: PHE, Public Health Profiles, 2021

Wider Determinants of Health

- 4.23** There are a range of social, economic, and environmental factors that impact on an individual’s health behaviours, choices, goals and ultimately health outcomes and life expectancy. These include factors such as deprivation, housing, education, and employment.
- 4.24** Redbridge Joint Health and Wellbeing Strategy²³ acknowledges the role of services to influence wider determinants of health to improve health and wellbeing and independence of its residents. We will explore each of these in this section.
- 4.25** Community pharmacies are typically well-placed within communities that are most likely to experience health inequalities. ‘Underserved’ communities, such as those who are homeless or sleeping rough, people who misuse drugs or alcohol may be more likely to go to a community pharmacy than a GP or another primary care service²⁴.
- 4.26** Pharmacies have the potential to play a vital role in improving the health of deprived communities by offering convenient and equitable access to health improvement services.

Deprivation and Inequalities

- 4.27** Access to community pharmacy services in communities where there is high deprivation is important in addressing health inequalities. IMD deciles enable a comparison of

²³ A Health and Wellbeing Strategy for Redbridge 2017-2021

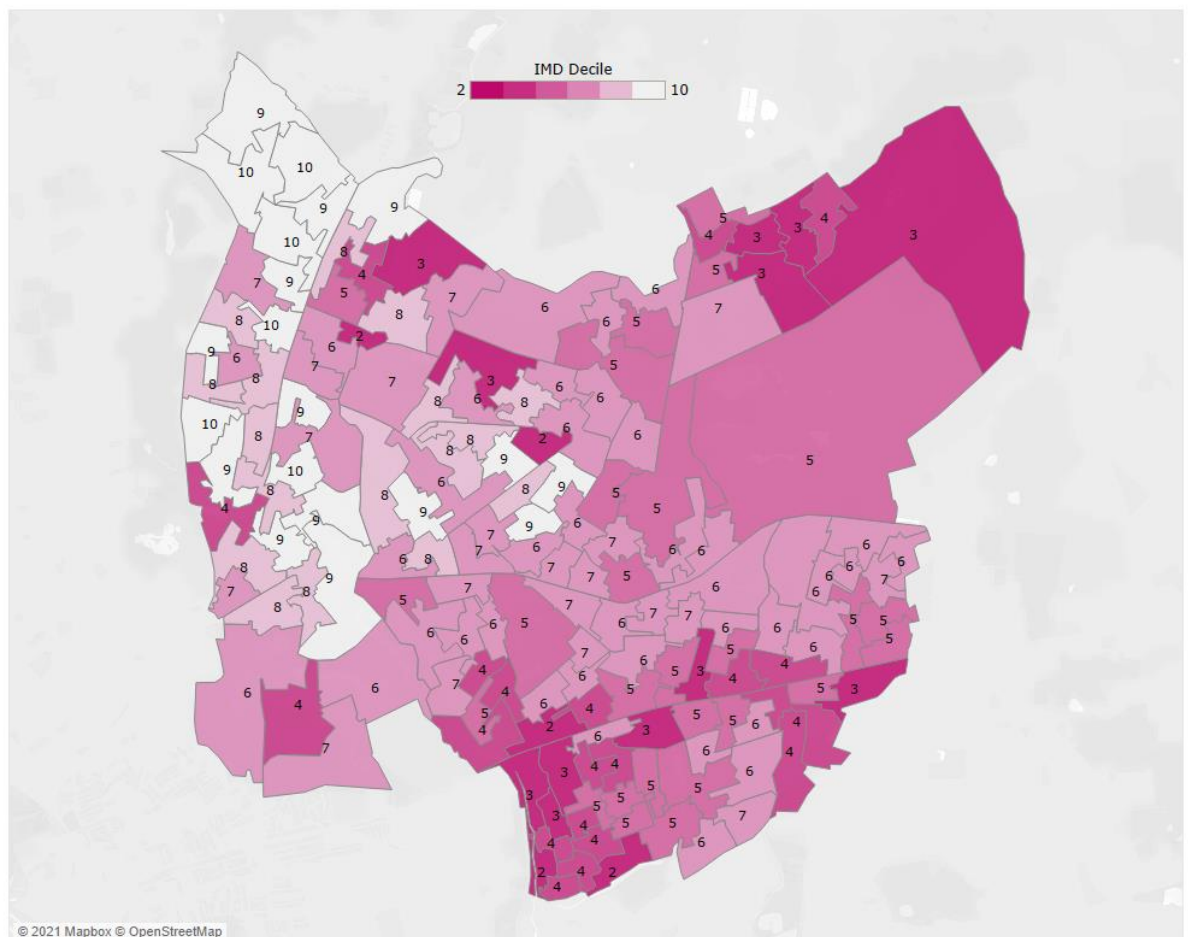
²⁴ NICE guideline (2018) Community pharmacies: promoting health and wellbeing [NG102]

deprivation in neighbourhoods across England. A decile of one, for instance, means, that the neighbourhood is among the most deprived 10% of neighbourhoods nationally (out of a total of 32,844 neighbourhoods in England).

4.28 Redbridge has 161 neighbourhoods (LSOAs). The borough's overall average IMD decile figure is 6.0 compared to the national figure of 5.5. This means there is less deprivation in Redbridge than in England as a whole.

4.29 As seen in Figure 4.8, there is great variability in deprivation at LSOA level, with some neighbourhoods showing the least deprivation in the nation (decile of 10), mostly in the west of borough, but pockets of neighbourhoods with very low IMD deciles dotted throughout the borough.

Figure 4.8 The Index of Multiple Deprivation deciles in Redbridge by LSOA, 2019



Source: MHCLG, 2019

4.30 In 2019/20 71.2% people of the working age population of the borough are in **employment**. This is lower than the London and England rate at 75.1 and 76.2% respectively (Annual Population Survey, 2020).

- 4.31** The impact of **COVID-19** has affected those from more deprived areas and ethnic minority groups the most. Nationally, the people who have suffered the worst outcomes from COVID-19 have been older, of black or Asian heritage and have underlying health conditions such as obesity or diabetes.²⁵ In Redbridge COVID-19 case analysis showed that people from Black ethnic groups were most likely to be diagnosed with COVID-19, and death rates from COVID-19 were highest among people of Black and Asian ethnic groups.
- 4.32** After accounting for the effects of sex, age, deprivation and region, people of Bangladeshi ethnicity had around twice the risk of death than people of White British ethnicity²⁶.
- 4.33** **Air quality** is of concern in Redbridge. Particulate matter contributes to mortality, particularly cardiopulmonary mortality. Like most of London, Redbridge is within the worst quintile of proportion for fine particulate matter within the air. In 2019, 6.7% of mortality in Redbridge could be attributed to particulate air pollution. This is higher than London and England at 6.4% and 5.1% respectively (PHE, 2021).

Our health behaviours and lifestyles

- 4.34** Health-related behaviours such as smoking, excess drinking, being physical inactive and having a poor diet can significantly impact on health outcomes.
- 4.35** Community pharmacy teams support the delivery of community health promoting interventions, by for example, engaging public health campaigns and implementing locally commissioned initiatives such as stop smoking services, sexual health services and dementia friends.
- 4.36** As an essential service, pharmacies participate in up to six national health campaigns at the request of NHS England and NHS Improvement. The first mandated health campaign of 2021/22 was the COVID-19 vaccination campaign to inform the public about the vaccine and encourage people to take it up when it is offered to them.
- 4.37** In addition, pharmacies are required to signpost people to other health and social care providers and provide brief advice where appropriate.
- 4.38** In this section of chapter 4 we explore different health behaviours and lifestyles that impact the health of the Redbridge population that pharmacies can support people with.

Smoking

- 4.39** Smoking is the leading cause for preventable death in the world. 13.4% of adults surveyed in Redbridge in 2019 smoke. This is higher than the London rate of 12.9% and lower than England where 13.9% smoke (Annual Population Survey, 2021)

²⁵ PHE (2020). Beyond the data: Understanding the impact of COVID-19 on BAME groups.

²⁶ London Borough of Redbridge (2020). Annual Public Health Report 2020. Covid-19 and inequality in Redbridge.

Dietary risks

- 4.40** Obesity is recognised as a major determinant of premature mortality and avoidable ill health. It increases the risk of a range of diseases including certain cancers, high blood pressure and type 2 diabetes²⁷ and increases the risk of death from COVID-19 by 40- 90%²⁸. In 2019/20, 60.6% of adults are overweight or obese in Redbridge.
- 4.41** This proportion is slightly higher than the London rate of 55.7% but slightly lower than the England rate where 62.8% of adults are overweight or obese (PHE, 2021).
- 4.42** As part of the Pharmacy Quality Scheme (PQS) 2021/22²⁹ pharmacies are now expected to help identify people who would benefit from weight management advice and provide an onward referral to local weight management support or the NHS Digital Weight Management Programme.

Low physical activity

- 4.43** Just over one-half of adults (53.7%) residing in the borough in 2019/20 are considered **physically active**, meaning they engage in at least 150 minutes of moderate physical activity per week (PHE, 2021). People who are physically active reduce their chances of cardiovascular disease, coronary heart disease and stroke. Physical activity also decreases the risk of obesity, diabetes, osteoporosis and some cancers and can improve mental health.
- 4.44** Redbridge has the 2nd highest proportion of **physical inactive** adults in London. 32% of Redbridge adults are inactive (2019/20 data), meaning they are doing less than 30 minutes a week. This is significantly higher than regional national figures. 23.8% of Londoners and 22.9% of England residents are physically inactive (PHE, 2021).

Alcohol use

- 4.45** Alcohol consumption contributes to morbidity and mortality from a diverse range of conditions. 7.4 per 100,000 deaths were wholly caused by alcohol consumption in Redbridge in 2017-19. This is lower than London and national figures of 7.9 and 10.9 respectively (PHE 2021).
- 4.46** In 2019/20 there were in 865 admission episodes for Redbridge residents where alcohol was the main reason for admission. This equates to 331 per 100,000 hospital admissions. This is the lowest figure in London and significantly lower than national figures at 519 per 100,000 (PHE 2021).

²⁷ Public Health England (2017). Guidance: Health matters: obesity and the food environment.

²⁸ Public Health England. Excess weight and covid-19. Jul 2020.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/903770/PHE_insight_Excess_weight_and_COVID-19.pdf.

²⁹ Pharmacy Quality Scheme (2021/22): <https://www.nhsbsa.nhs.uk/provider-assurance-pharmaceutical-services/pharmacy-quality-scheme-pqs>

- 4.47 Binge drinking** in Redbridge is substantially lower than the rest of England. 8% of adults binge drink on their highest drinking day (2015-18), this is lower than England at 15.4% and the second lowest in London (Health Survey for England, 2021).
- 4.48 Substance misuse** is defined as intoxication or regular excessive consumption and/or dependence on psychoactive substances. It can lead to mental health problems such as depression or suicides, adverse experiences and behaviours such as truancy, exclusion from school and social and legal problems such as homelessness, time in care and serious or frequent offending.
- 4.49** Pharmacies can provide support for people with substance misuse problems through needle and syringe services; supervised consumption of medicines to treat addiction, e.g., methadone; Hepatitis testing and Hepatitis B and C vaccination; HIV testing; provision of naloxone to drug users for use in emergency overdose situations.
- 4.50** An estimated 7.4 per 1,000 residents of Redbridge are opiates and/or crack cocaine users. This is lower than the estimated prevalence for London and England at 8.9 and 9.3 per 1,000 residents respectively (2018/19 figures, PHE 2021). 552 Redbridge residents are receiving treatment at specialist **drug misuse** services (2017/18 figures, PHE 2021).

Unsafe Sex

- 4.51** In 2019 753 per 100,000 Redbridge residents were diagnosed with a **Sexually Transmitted Infection** (STI), this is lower than national figures (830 per 100,00) and one of the lowest in London where 1,683 per 100,000 tested positive with an STI (PHE, 2021).

The places and communities in which we live

Regeneration Population Growth

- 4.52** The population of the borough is expected to increase by 1.9% between 2022 and 2025 (the lifetime of the PNA) to stand at 313,265.
- 4.53** Between 2022 and 2032 it is expected to increase by 3.97% to 319,611 residents (GLA, Housing-led population projections – Identified Capacity Scenario, 2021). These figures are based on mid-year population estimates and assumptions such as births, deaths, and migration.
- 4.54** The wards with the highest anticipated population increases are Aldborough, Clementswood and Seven Kings (Table 4.3). These increases are likely due to retail, employment and housing development plans in these areas.³⁰ This will be considered in Chapter 6 where we look at the capacity of the current pharmacy provision.

³⁰ Redbridge Local Plan, 2015 – 2030 (March 2018)

Table 4.3: Projected population increase by ward between 2022 - 2032

Ward Name	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032
Aldborough	0.0%	1.4%	2.8%	4.0%	5.5%	6.9%	8.2%	9.5%	12.5%	15.5%	18.6%
Barkingside	0.0%	0.7%	1.1%	1.6%	2.0%	2.5%	2.7%	3.0%	2.7%	2.4%	2.1%
Bridge	0.0%	-0.3%	-0.8%	-0.8%	-1.0%	-1.2%	-1.2%	-1.3%	-1.4%	-1.6%	-1.7%
Chadwell	0.0%	0.5%	0.8%	1.0%	1.0%	1.0%	1.1%	1.3%	1.8%	2.6%	3.2%
Church End	0.0%	0.2%	0.2%	0.2%	0.0%	-0.1%	-0.3%	-0.5%	-0.8%	-1.1%	-1.4%
Clayhall	0.0%	-0.2%	-0.5%	0.0%	0.3%	0.5%	0.9%	1.2%	1.0%	0.6%	0.3%
Clementswood	0.0%	3.0%	5.8%	7.1%	8.7%	10.3%	12.0%	13.7%	13.5%	13.2%	13.0%
Cranbrook	0.0%	0.0%	0.0%	0.2%	0.2%	0.2%	0.3%	0.5%	0.3%	0.1%	-0.1%
Fairlop	0.0%	0.7%	1.0%	1.0%	1.1%	1.0%	0.9%	0.9%	2.8%	4.6%	6.5%
Fullwell	0.0%	-0.1%	-0.4%	-0.6%	-0.7%	-0.9%	-1.1%	-1.3%	-1.7%	-2.1%	-2.6%
Goodmayes	0.0%	0.1%	0.0%	0.1%	0.1%	0.1%	0.1%	0.0%	-0.5%	-0.9%	-1.2%
Hainault	0.0%	-0.1%	-0.4%	-0.5%	-1.0%	-1.4%	-1.9%	-2.2%	-2.7%	-3.3%	-3.9%
Loxford	0.0%	3.7%	7.4%	7.5%	7.3%	7.0%	6.8%	6.5%	6.0%	5.5%	4.9%
Mayfield	0.0%	-0.3%	-1.0%	-0.1%	0.9%	1.9%	2.9%	4.0%	3.6%	3.3%	2.9%
Monkhams	0.0%	-0.1%	-0.3%	-0.3%	-0.5%	-0.6%	-0.7%	-0.9%	-1.2%	-1.5%	-1.9%
Newbury	0.0%	1.2%	2.1%	2.6%	2.7%	2.9%	3.0%	2.9%	5.7%	8.4%	11.1%
Roding	0.0%	-0.3%	-0.7%	-0.9%	-1.2%	-1.4%	-1.6%	-1.7%	-1.9%	-2.2%	-2.5%
Seven Kings	0.0%	2.8%	5.7%	6.4%	7.0%	7.4%	8.1%	8.6%	10.0%	11.5%	13.0%
Snaresbrook	0.0%	0.1%	-0.3%	-0.5%	-0.7%	-0.9%	-1.0%	-1.1%	-1.4%	-1.6%	-1.8%
Valentines	0.0%	1.6%	3.2%	4.4%	6.1%	7.8%	9.4%	11.1%	11.0%	10.8%	10.4%
Wanstead	0.0%	-0.4%	-1.0%	-1.3%	-1.6%	-1.9%	-2.2%	-2.4%	-2.8%	-3.2%	-3.6%
Borough Total	0.0%	0.9%	1.6%	1.9%	2.2%	2.5%	2.8%	3.1%	3.4%	3.7%	4.0%

Source: GLA, Housing-led population projections – Identified Capacity Scenario, 2021³¹

Health Outcomes

4.55 The Redbridge health and wellbeing strategy has several priorities related to physical and mental wellbeing outcomes. They include diabetes prevention management, mental wellbeing, cancer survival and end of life care. In addition, the JSNA highlights tuberculosis and cardiovascular disease as additional areas of concern in Redbridge.

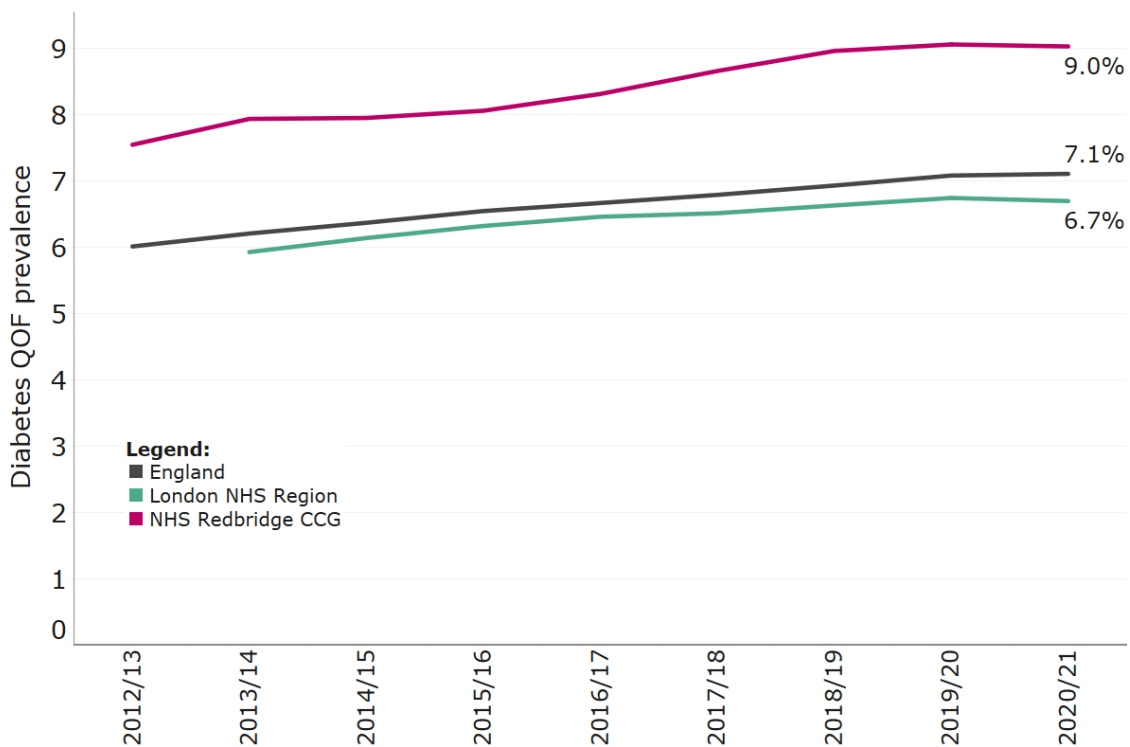
Diabetes

4.56 Diabetes prevention and management is another ambition of the Redbridge Health and Wellbeing Strategy. It aims to not only support local people to be physically active and achieve a healthy weight but people who are at risk of diabetes, or already have diabetes are identified early and are supported to prevent or manage their condition.

4.57 The prevalence of Diabetes is high in Redbridge in comparison to regional and national rates and has been increasing year on year (see figure 4.10). 9.0% of registered patients have diabetes in Redbridge, this is the fourth highest figure in London.

³¹ GLA population projections at the time of publishing showed old ward divisions

Figure 4.10: Diabetes QOF prevalence, 2012/13 to 2020/21



Source: PHE 2021

4.58 Pharmacies play an important role in diabetes care as they see people with diabetes more frequently than any other professional. Pharmacists can provide people with diabetes guidance on the proper use of medications and equipment, lifestyle advice and answer questions about diabetes and related health conditions.

Mental Health and Wellbeing

4.59 **Common mental illnesses** include depression, general anxiety disorder, panic disorder, phobias, social anxiety disorder, obsessive-compulsive disorder and post-traumatic stress disorder. PHE estimates that 41,428 adults, 17.7%, of the Redbridge population have a common mental illness (based on Adult Psychiatric Morbidity Survey, 2017 data). This is similar to the England estimated prevalence of 16.9%.

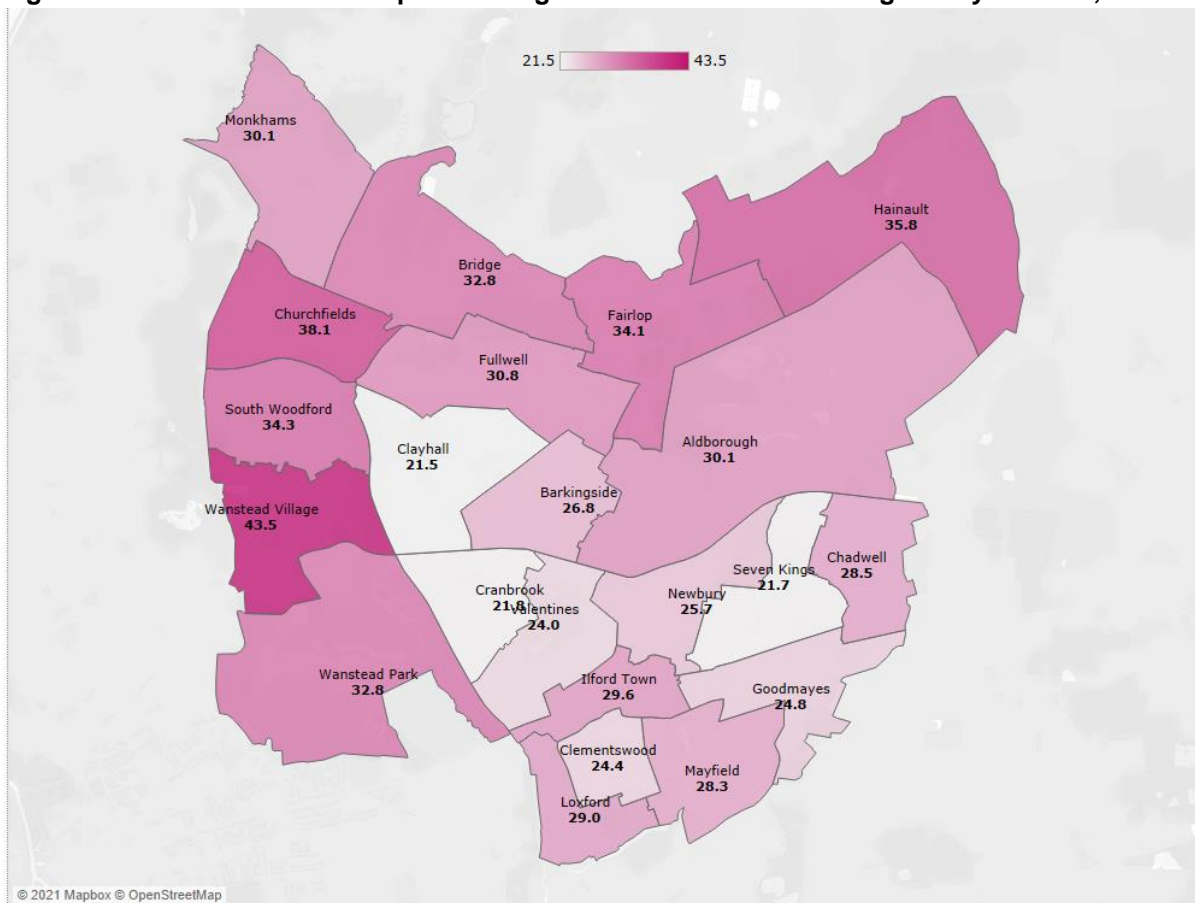
4.60 14.8% of Redbridge patients who have a long-term mental health condition are current smokers (PHE, 2019/20). This can substantially impact on their life expectancy and healthy life expectancy. This is substantially lower than the national rate and nearly half the rate for Redbridge in the previous year (28.5%). Nationally, a quarter (25.8%) of patients who have a long-term mental health condition currently smoke (GP Patient Survey, 2021).

4.61 Social isolation and loneliness can impact people of all ages but is more prominent in older adults. It is linked to increased behavioural risk factors, poor mental health as well as morbidity

and mortality from acute myocardial infarction and stroke³². Adult social care survey explores isolation and loneliness in its survey. Findings show that in Redbridge 43.2% of adult social care users (18 years and older) who responded to the survey have as much social contact as they would like. Although this is higher than national figures of 32.5%, it still shows that more than half of older adults in receipt of social care do not have as much social contact as they would like and are likely feeling isolated and lonely (Adult Social Care Survey, 2021).

4.62 29.9% of Redbridge over 65s live alone. Although this is lower than England rate 31.5% figure 4.11 shows that there are wards within Redbridge where the rates of living alone are high. 43.5% of Wanstead Village residents live alone (PHE 2021, ONS 2011 Census).

Figure 4.11: Older People living alone in Redbridge by ward, 2011



Source: PHE, Local Authority Health Profiles, 2018

Dementia

4.63 Approximately 1,987 people (0.6% of GP registered patients) have dementia in Redbridge in 2019/20. Early diagnosis is important in enabling people to access the right services and support early and live well with dementia³³. The estimated rate of people living with dementia

³² Hakulinen C, Pulkki-Råback L, Virtanen M, et al (2018). Social isolation and loneliness as risk factors for myocardial infarction, stroke and mortality: UK Biobank cohort study of 479 054 men and women. *Heart*;104:1536-1542.

³³ Social Care Institute for Excellence (2020) Why early diagnosis of dementia is important.

who have a formal diagnosis in Redbridge is 63.5%. This means that there is a potentially high number of people living with dementia who are not receiving the support they need. This rate is similar to the national rates of 61.6% (NHS Digital, 2021).

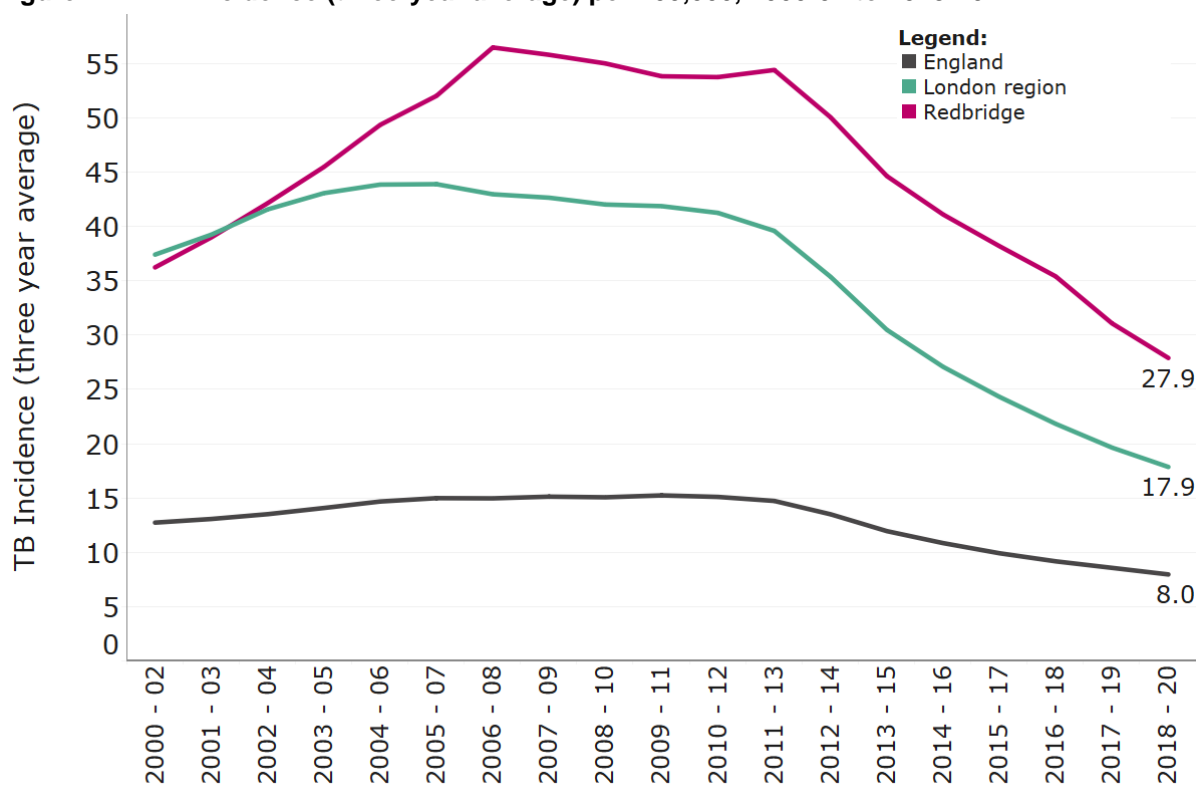
Cancer

- 4.64** Around one in every two people will get cancer at some point in their lifetime. Pharmacists can play in an important role in the early detection and diagnosis of cancer. Raising awareness through public health campaigns and talking to patients about signs and symptoms of different cancers can result in earlier diagnosis and therefore better treatment options for patients.
- 4.65** The incidence of all cancers is high in Redbridge in comparison to the rest of England. 2014-2018 data shows 92.1 new cases of cancer per 100,000 GP population. This is the lower than the national rate of 100 new cases per 100,000 population (AV2018 CASREF01, 2020).
- 4.66** The **premature mortality rate for cancer** (i.e., under 75 years) for Redbridge is low in comparison to the national rate, and the fifth lowest in London. Most recent figures (2017-19) show 102.8 per 100,000 residents of the borough died prematurely each year from cancer, compared with 129.2 for England. Premature mortality considered preventable has been on a downward trend over the last decade, and consistently lower than regional and national rates.
- 4.67** The low premature mortality rate for cancer may be a result of the success of the cancer screening programmes in Redbridge. NHS Redbridge CCG **screening coverage** for bowel, breast and cervical cancers are high in comparison to England (NHS Cancer Screening Programme, 2021).

Tuberculosis

- 4.68** Tuberculosis has been a concern in Redbridge. The three-year average rate of TB in Redbridge has been consistently higher than London and England comparators in the last two decades. 2018-20 data show the rate of TB to be 27.9 per 100,000 population, more than three times the national rate of 8.0 per 100,000. On a positive note, this rate is on a downward trend and half the rate of 55.0 per 100,000 from 10 years prior (Enhanced Tuberculosis Surveillance system (ETS) and ONS, 2021).

Figure 4.12: TB incidence (three-year average) per 100,000, 2000-02 to 2018-20



Source: PHE 2021

Cardiovascular Disease

4.69 Cardiovascular disease is a general term for conditions affecting the heart or blood vessels, examples include heart attacks, stroke and heart failure.

4.70 Overall, 1.1% of the Redbridge GP registered population have suffered a stroke or transient ischaemic attack at some point in their lives, this is lower than national prevalence is 1.8% (QOF 2021).

4.71 In 2020/21, the NHS Redbridge CCG prevalence rate for coronary heart disease is 2.3% of patients. This is lower than the national prevalence of 3.1% (QOF, 2021).

End of Life Care

4.72 Another ambition of the Redbridge Health and Wellbeing Strategy is that people who are reaching the end of their life are identified early and supported with their family or carers to live their end of life as well as possible. This includes enabling people at the end of their lives to make choices about where they receive their care and ensuring that services and professional work together to provide the right care at the right time.

4.73 Pharmacies can support this ambition by providing quick access to palliative care medications, including controlled drugs, for symptoms management of patients dying at home or in their usual place of residence.

- 4.74** There are a number of indicators that can provide guidance on end-of-life care experiences for people in Redbridge. These are emergency admissions in the last three months of life and excess winter deaths,
- 4.75** 8.7% of people who died in Redbridge in 2018 had **three or more emergency admissions in the last three months of life**. This indicator highlights where more can be done to improve anticipatory planning and co-ordinated and timely end of life care. This rate is higher than the overall England rate of 7.6% (HES, 2021).
- 4.76** Redbridge has one of the lowest proportions of **deaths in the usual place of residence** in the country. The usual place of residence is typically a person's home, care home or religious establishment. 37.0% of people who died were in their usual place of residence in 2017, substantially lower than the overall national proportion of 46.6% (ONS 2019).

Excess winter deaths

- 4.77** In Redbridge there were 110 excess winter deaths during the winter months in 2019/20, this equates to a proportion of 20.2%, higher than the proportion of excess winter deaths in England of 17.4% (ONS, 2021). Excess winter deaths typically affect the older population and those with circulatory, respiratory diseases or dementia.
- 4.78** Excess winter deaths are also linked to drops in temperature in winter, and fuel poverty hinder resilience to the cold. 13,172 households (12.7%) were in fuel poverty in 2018, higher than regional and national figures of 11.4% and 10.3% respectively (Department for Business, Energy and Industrial strategy, 2020).

Child Health

- 4.79** A Redbridge Health and Wellbeing board strategy ambition is that families, children and young people achieve optimum physical and mental health and wellbeing in life stages from pregnancy through to transition into adulthood.³⁴

Maternity

- 4.80** Redbridge has the fifth highest birth rate in London. In 2019, there were 4,495 births in Redbridge, this equates to a birth rate of 71.2 per 1,000 females aged 15 to 44 years. The national birth rate was 57.7 per 1000 females (ONS, 2021).
- 4.81** There are a couple of areas of concern in child and maternal health in Redbridge. 76.6 per 1,000 **births were premature** (before 37 gestation), this is a total of 749 in 2016-18, this is lower than regional and national rates of 79.2 and 81.2 per 1,000 births respectively (ONS, 2021). However, 3.9% of Redbridge babies are born with a **low birth weight** (weighting under 2500 grams), one of the highest rates in London (ONS, 2021).
- 4.82** Nearly half (48.8%) of pregnant women have early access to maternity care, meaning that they have their booking appointment with a midwife within 10 weeks of their pregnancy. Early booking improves identification of women who might more than their usual care and risk

³⁴ A Health and Wellbeing Strategy for Redbridge 2017-2021

factors such as smoking or poor mental health. While this is an improvement on the London rate of pregnant women having early access to maternity care (47.8%), it is substantially lower than the national rate of 57.8% (NHS Digital, 2020).

- 4.83** Positively, Redbridge has a relatively low rate of teenage mothers. 0.4% of births in Redbridge were to teenage mothers in 2019/20. The England and London rate are 0.7% and 0.4% respectively (HES, 2021).

Children and young people

- 4.84** In this section we explore the wider determinants of health in children, health behaviours and health outcomes that are of concern in Redbridge.

Wider determinants of Health for children

- 4.85** Strong **educational attainment** in childhood is linked to better health outcomes and better access to work opportunities and higher income. In Redbridge the proportion of children meeting expected standards at key stage 2 in reading, writing and maths are above national and England comparators. In 2019/20, 73.2% of children are meeting these expected standards, whereas 70.7% of London children and 65.3% of children in England overall are meeting expected standards (Department for Education, 2021).

- 4.86** Redbridge persistent school absences are lower than national comparators. In 2018/19, 8.5% of primary school enrolled children and 12.0% of secondary school enrolled children missed 10% or more school sessions. The primary school figure is substantially lower than national figures of 11.8% and the secondary figure is nearly half of the national figure of 21.8% (Department for Education, 2020).

- 4.87** Since March 2020 children's development has been disrupted by national and local lockdowns, leading to breaks in their education, inequalities in online education and lack of social contact. This may result in long-term impact on not only educational outcomes but their physical, mental, and emotional wellbeing. Information on the actual impact has not yet been quantified.

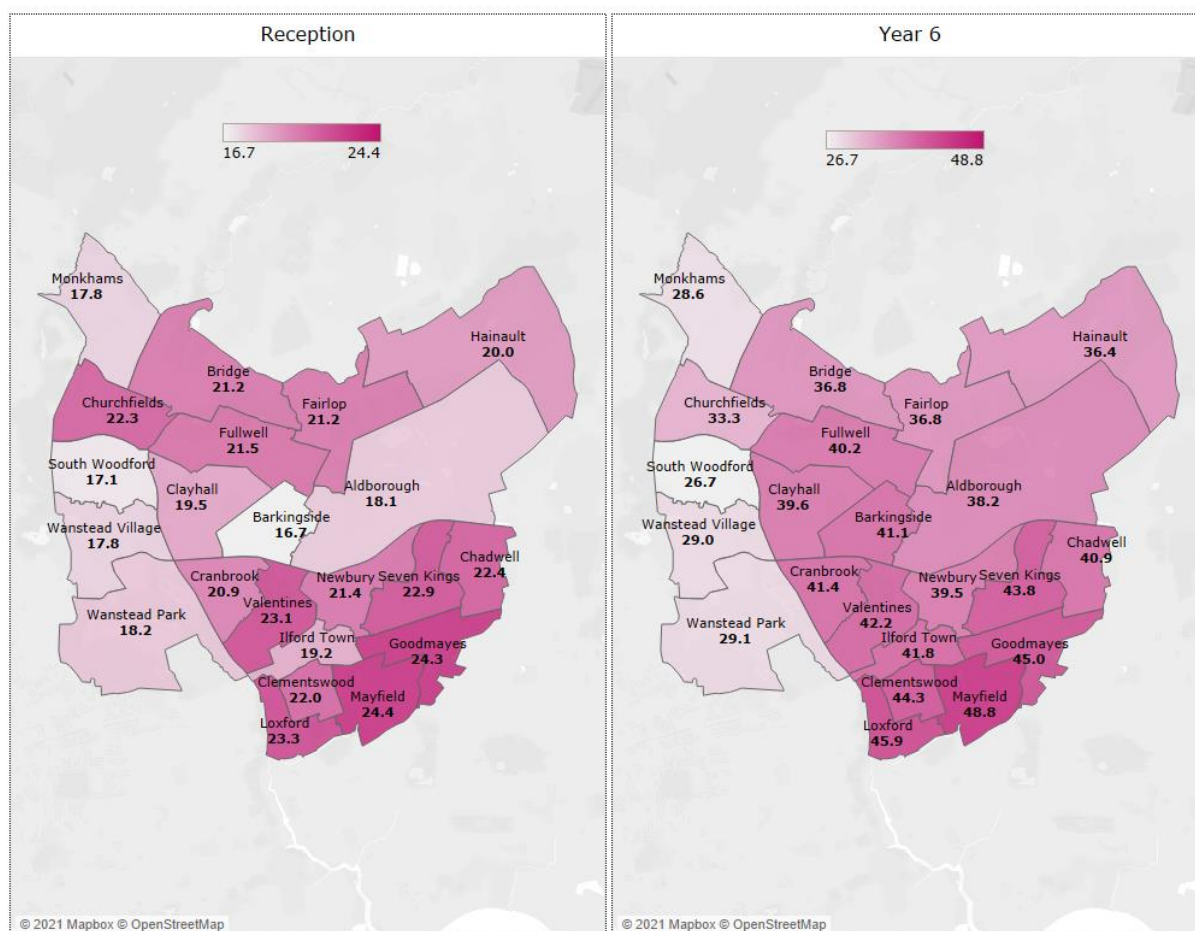
- 4.88** Childhood poverty is high in Redbridge. Children living in poverty are at more exposed to a range of risks that can impact on their mental health. In 2019/20 13,032 (16.5%) children are living in **absolute low-income families**. Nationally 15.6% of children are living in absolute low-income families.

Health behaviours and health outcomes for children

- 4.89** **Childhood obesity** is on the rise and can have significant impact on health outcomes. In England, one in 10 children are obese at reception age and one in five Year 6 children are obese. A child who is overweight or obese can have increased blood lipids, glucose intolerance, Type 2 diabetes risk, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions such as asthma and psychological problems such as social isolation, low self-esteem, teasing and bullying.

- 4.90** The COVID-19 pandemic is likely to have impacted on the number of children who are overweight or obese. The impact of the pandemic and lockdowns meant that routines of the children and their families were disrupted, thus hindering opportunities to maintain healthy lifestyle behaviours.
- 4.91** In 2019/20, one in five, or 22.3% of reception age children are overweight or obese in Redbridge, this is slightly lower than national figures of 23%. However, 39.6% of Year 6 children are overweight or obese, slightly higher than England overall rate of 35.2% and London rate of 38.2% (PHE, 2021).
- 4.92** At a ward level, Mayfield and Lockford have the highest percentage of children that are overweight in both Reception and Year 6 (see Figure 4.13)

Figure 4.13 Percentage of children who are overweight or obese by ward



Source: PHE, Local Health Profiles, 2020

- 4.93** Redbridge has the third highest proportion of **underweight Year 6 age** children in London and fourth highest reception age. 2.6% of Year 6 children are underweight, nearly double the national figure of 1.4%, while 2% of reception age children are underweight, substantially higher than the national rate of 0.9%.
- 4.94** **Asthma** is the most common long-term health condition in children in the UK. It is also the one of the most common reasons for emergency hospital admissions in the UK. In 2019/20 there were 140 hospital admissions for asthma for Redbridge children (under 19 years), this equates to a rate of 175.1 per 100,000 admissions, higher than both London and England rates of 160.7 and 167.6 per 100,000 respectively (HES, 2021).
- 4.95** **Dental decay** is a highly preventable condition increased by a high-sugar diet. Two out of five (39.1%) of age-5 children have visual obvious dental decay in Redbridge in 2018/19; this is higher than regional and national figures of 27.0% and 23.4% respectively (Dental Public Health Epidemiology Programme for England, 2019). It is the fifth highest rate of dental decay in children in London.

Summary of Demographics and Health Needs of Redbridge

This chapter looks at the overall health and wellbeing of the population of Redbridge guided by the JSNA priority areas.

Redbridge Demographic Characteristics

The London Borough of Redbridge is a North East London Borough situated in Outer London. The population is comparable to the rest of London in terms of density and age.

According to the 2011 census, Redbridge had the 4th highest BAME population in London. The ward with the highest population of BAME population is Clementswood. In addition, 8.6% Clementswood population do not speak English well or at all. Urdu, Panjabi and Tamil are the most spoken languages in the borough after English in Redbridge.

Life expectancy for Redbridge residents is higher than the national life expectancy for both males and females.

Wider determinants of health

There is great variance in deprivation across Redbridge. Redbridge neighbourhoods range from the 2nd least deprived deciles in England to the most affluent deciles. The most affluent areas are within the north and west areas of Redbridge, particularly in Monkhamms and South Woodford wards.

People from Black ethnic groups who were most likely to be diagnosed with COVID-19. Death rates from COVID-19 were highest among people of Black and Asian ethnic groups.

6.7% of mortality in Redbridge is attributed to particulate air pollution, higher than regional and national comparators.

Our health behaviours and lifestyles

Smoking is the leading cause of preventable death in the world, 13.4% of adults smoke, higher than the London rate. The proportion of adults who are overweight or obese is also higher than London and England.

Rates of alcohol and illicit drug use are lower than regional and national comparators, as are rates of sexually transmitted infections.

The places and communities in which we live

The population of the borough is expected to increase by 1.9% between 2022 and 2025 due to the high birth rate and planned retail, employment, and housing developments.

An integrated Health and care system

There are areas of concern in Redbridge. These include cancer, tuberculosis and diabetes, all of which have higher incidence rates than England overall. There is also a potentially high number of people living with dementia who are not receiving the support they need.

The prevalence of common and severe mental health illness is similar to regional and national comparators.

End of life care indicators suggest that there is more to be done in terms of anticipatory planning and supporting people to die in their usual place of residency.

Redbridge has the fifth highest birth rate in London. Unfortunately, rates of babies born with low birthweight are one of the highest in London and fewer women have early access to maternity care than national comparators.

Rates of overweight and obese, and underweight Year 6 children are higher than the England rates. Asthma and dental decay in children is also higher than London and England.

Chapter 5 – Patient & Public Engagement

- 5.1** This chapter discusses the results of the patient and public engagement that was carried out in Barking and Dagenham, Havering & Redbridge (BHR) between the period of 1st November 2021 to the 31st of December 2021. Feedback by Redbridge residents is presented, then BHR results are explored for differences between protected characteristic groups.
- 5.2** 49 of the responses were from Redbridge residents, and a further seven more were from residents who lived in postcodes that bordered Redbridge and other boroughs. This is a small sample size of the population and therefore not a representative sample, therefore there are limits to the conclusions made from this analysis.
- 5.3** A “protected characteristic” means a characteristic listed in section 149(7) of the Equality Act 2010. There are also certain vulnerable groups that experience a higher risk of poverty and social exclusion than the general population. These groups often face difficulties that can lead to further social exclusion, such as low levels of education and unemployment or underemployment.
- 5.4** A community questionnaire was used to engage with residents to understand their use and experience of local pharmacies. This questionnaire was approved for use with the local population by the PNA Steering Group and the communication teams of BHR.
- 5.5** The community questionnaire was disseminated via online and social media platforms. Over the period between 1st November 2021 to 31st December 2021, we engaged with 364 residents in BHR.

Online:

- Residents E-Newsletters
Across BHR, e-newsletters were sent to 74947 residents from public health communications teams. This was done on multiple occasions.
- VCS community leads
Across BHR a total of 689 faith and community organisations were contacted by VCS community leads.
- Healthwatch website
The patient and public engagement survey was accessible on the Havering & Redbridge Healthwatch websites, and survey was available via Havering Healthwatch e-bulletin
- Public health website

Survey was also accessible via the Havering public health consultations page

Social media:

5.6 BHR public health communications teams disseminated links to the survey using various social media channels multiple times. Social media channels included Twitter, Facebook, Instagram, LinkedIn, and Next Door.

Other engagement:

5.7 Healthy Dialogues also contacted 18 cultural community and faith-based organisations within BHR via email, with a link to the survey to be disseminated to their community groups.

5.8 This chapter will first look at responses from people from Redbridge, then will take a deeper look at responses across groups of people from protected characteristics across BHR.

Pharmacy use by Redbridge residents

5.9 We first looked at how and why Redbridge residents use their pharmacy and what services they would like to see. When asked how **long it takes them to travel to their pharmacy** the top two responses were:

- Between 5-20 minutes: 37 respondents
- 5 minutes: 18 respondents

5.10 This result was similar across Havering and Barking and Dagenham where the top response from residents in both boroughs also indicated that 5-20 minutes of travel was the most popular choice.

5.11 When analysing the reasons for chosen pharmacy and **why the residents chose their pharmacy**, the top three responses from Redbridge residents were:

- **Accessibility:** Good location (42 responses)
- **Patient interaction:** Happy with the overall service provided by the pharmacy (37 responses)
- **Satisfaction with the service:** Short wait for prescriptions (30 responses)

5.12 This result was similar across Havering and Barking and Dagenham where residents chose their pharmacy based on good location, satisfaction with the overall service provided by the pharmacy, and the short waiting times for prescriptions.

5.13 185 comments were left around **what services the residents would like to see being provided** from their local pharmacy that they do not currently provide. When breaking this down further, 18 comments were left by Redbridge residents. The main service the Redbridge residents would like to see within their pharmacies was Blood checks (7 respondents).

5.14 These results were similar across Havering and Barking & Dagenham, where the most popular service the residents of these boroughs would like to see within their pharmacy was also blood checks.

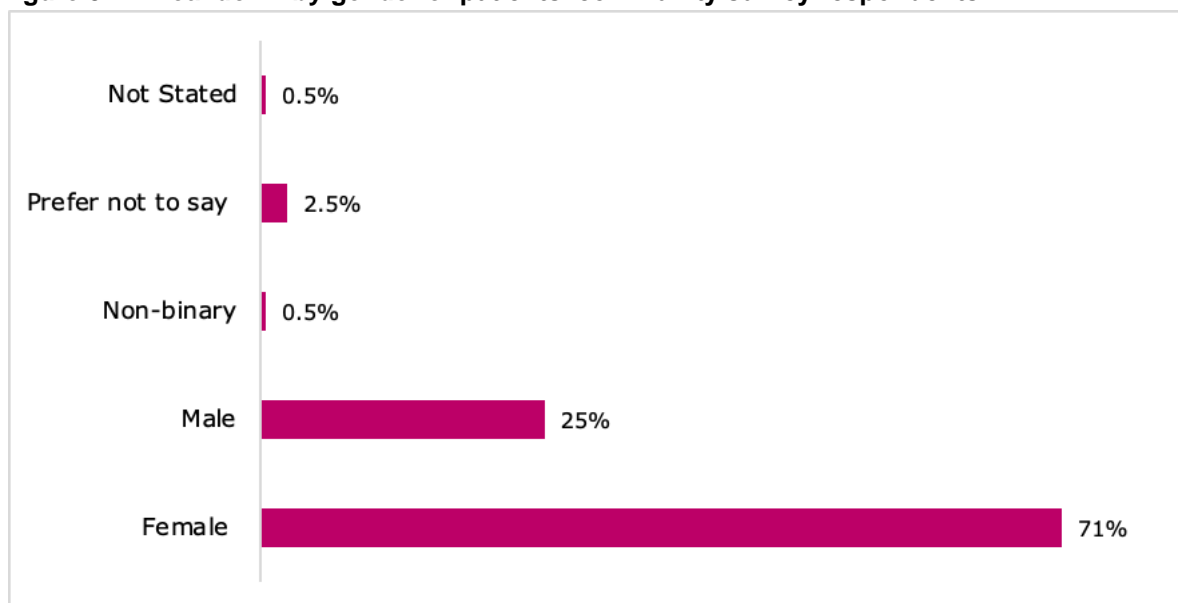
Results of the Community Pharmacy Questionnaire

5.15 The 364 questionnaires collated were analysed to better understand the use of community pharmacies by residents of BHR and identify any potential gaps in service provision for the protected characteristics.

Demographics of the sample population

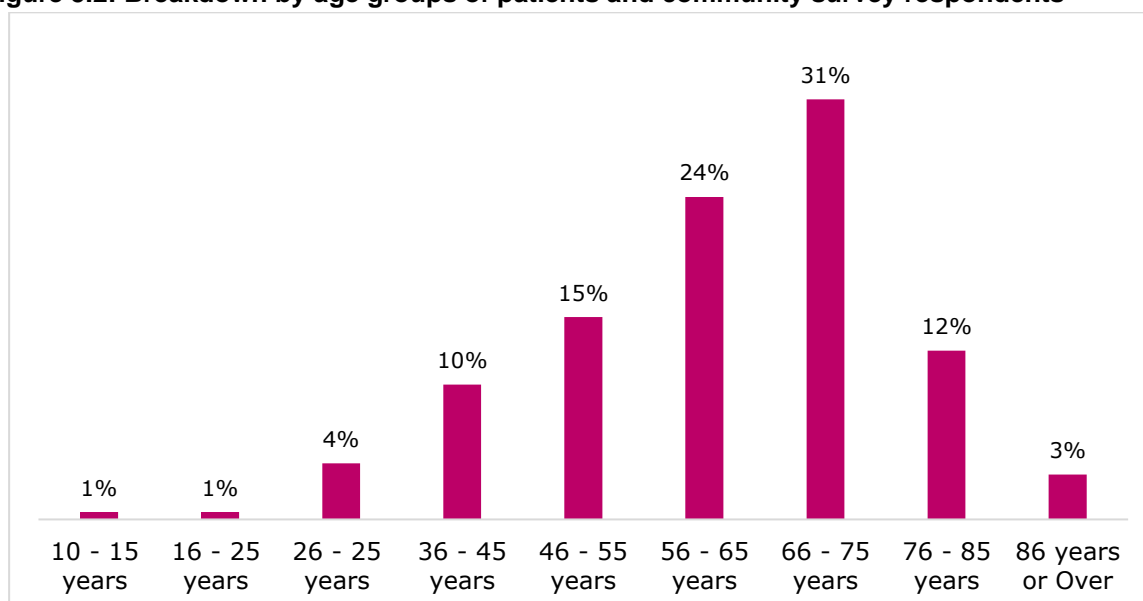
5.16 A breakdown of the gender shows that 71% of the respondents were female, 25% were males, 2.5% preferred not to state their gender, 0.5% were non-binary, and 0.5% did not state their gender on the survey (see figure 5.1)

Figure 5.1: Breakdown by gender of patients' community survey respondents



5.17 The survey sample represented a wide range of **age** categories, with the highest representation from the 66-75 age group (31%), followed by the 56-65 age group (24%). The least represented group was between the age categories of 10–15-year-olds (1 %) and 16–25-year-olds (1%) (see figure 5.2).

Figure 5.2: Breakdown by age groups of patients and community survey respondents



5.18 Below is the breakdown data from the survey represented the following **ethnic groups** between the period of 1st November 2021, to 31st December 2021 (figure 5.3):

Figure 5.3: Breakdown of respondent's ethnicities

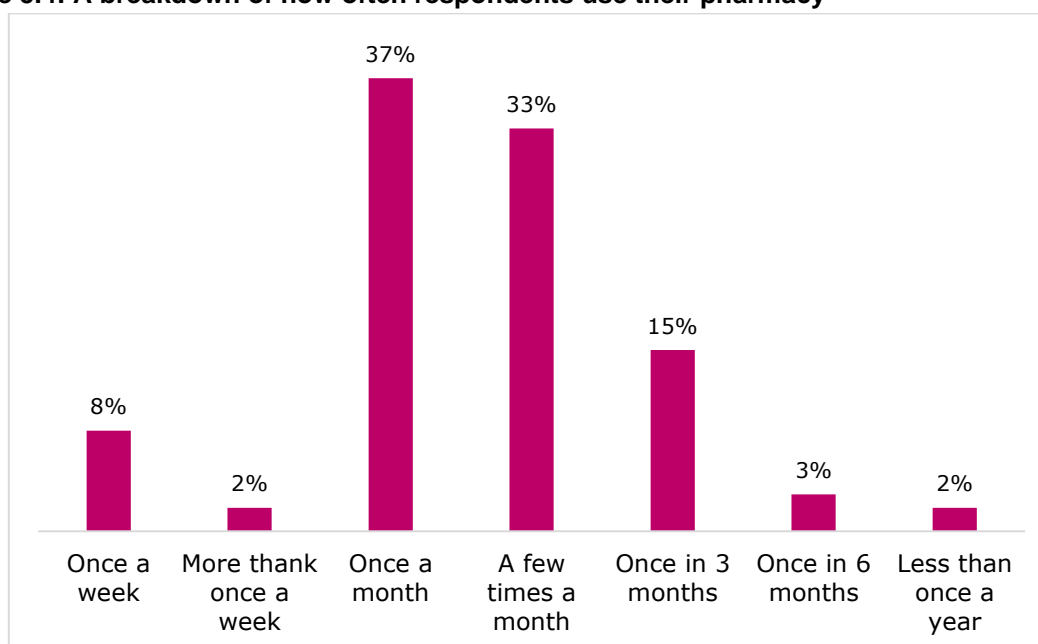
Ethnicity	Number of respondents
White (including English, Welsh, Scottish, Northern Irish, British, Irish, Gypsy or Irish Traveller, and other White background)	317 residents of BHR (87%)
Mixed ethnic groups (including White and Black Caribbean, White and Black African, White and Asian, any other mixed ethnic background)	5 residents of BHR (1.4%)
Asian or British Asian (including Indian, Pakistani, Bangladeshi, Chinese, any other Asian background)	26 residents of BHR (7%)
Black African, Caribbean or Black British (including African, Caribbean, any other Black African or Caribbean background)	11 residents of BHR (3%)

Any other ethnic group (including Arab)	1 resident of BHR (0.3%)
Did not state their ethnic background	4 residents of BHR (1%)

Overall use of Pharmacies

5.19 When asked around **how often they use the pharmacy** around 37% of the BHR residents use the pharmacy monthly, with 33% of residents use the pharmacy a few times in a month, and around 15% using it once in 3 months. Only 8% of residents use the pharmacy weekly, and around 2% more than once a week (figure 5.4).

Figure 5.4: A breakdown of how often respondents use their pharmacy



5.20 The majority (82%) of the respondents indicated that they would prefer to use the pharmacy during the weekday (figure 5.5), with the most popular times being between 9am- 12pm, followed by 2pm- 5pm (see figure 5.6). Note: residents could select multiple responses for this survey question.

Figure 5.5: Preference of when to use the pharmacy

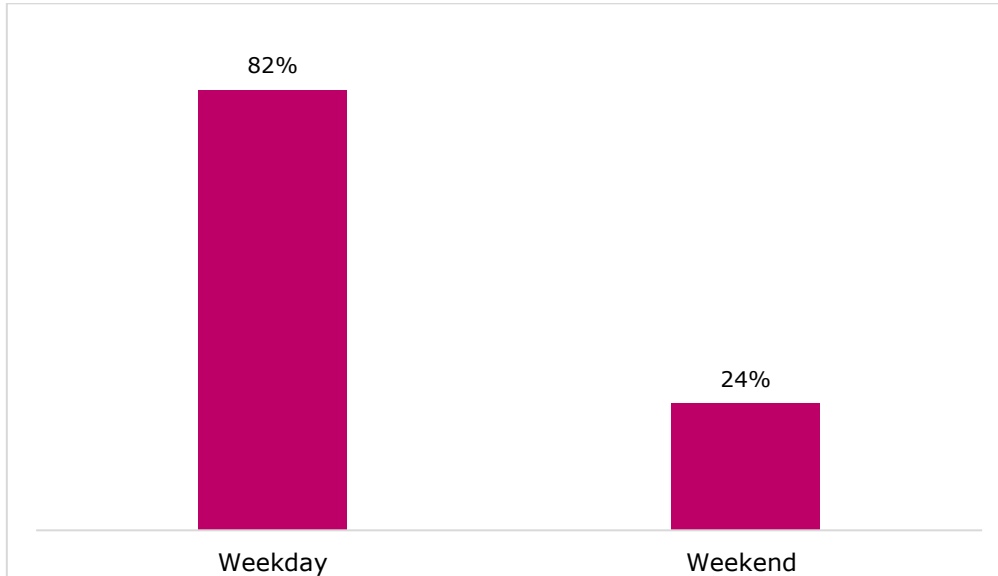
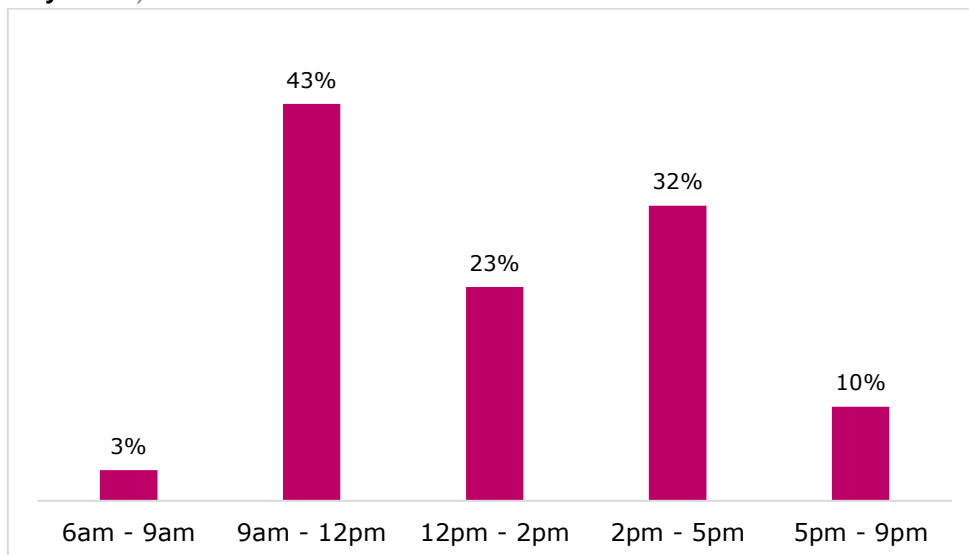


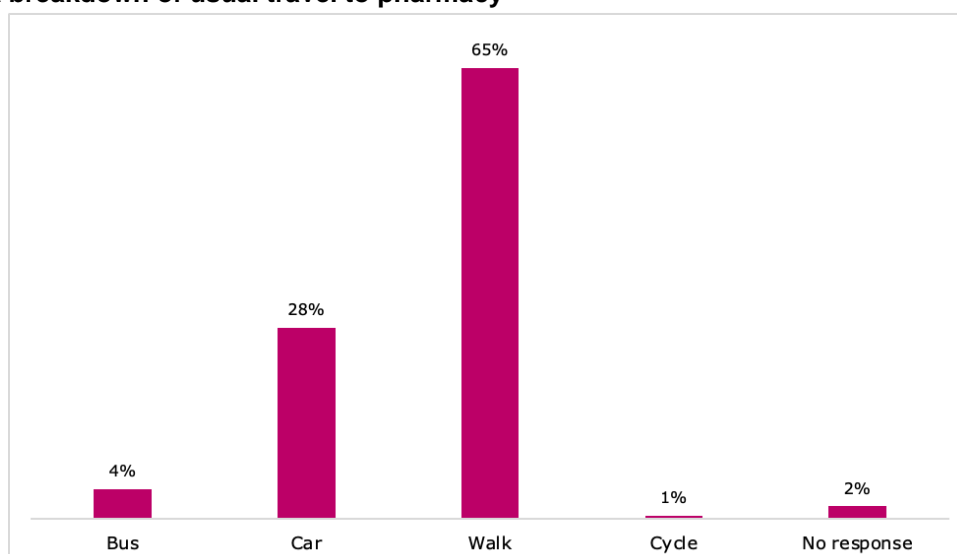
Figure 5.6: A breakdown of preference for time of day to use the pharmacy (includes weekend and weekday times)



5.21 When asked **who they are using the pharmacy for**, 91% of respondents use the pharmacy for themselves, 35% use the pharmacy for their partner/spouse, and 13% use the pharmacy for their children.

5.22 When asked around how they usually travel to their pharmacy, the majority of respondents, 65%, walk to their pharmacy. 28% use their car to get to their pharmacy, and 4% take the bus (figure 5.7).

Figure 5.7: A breakdown of usual travel to pharmacy



5.23 Of the 364 responses, 61 residents indicated that they do use an **online pharmacy service**. When asked **what they use their online pharmacy for**, 87% said that they use their online pharmacy to order repeat prescriptions.

5.24 The survey also asked how the patients and public's **use of pharmacy had changed since the COVID-19 pandemic**. 274 people responded to this question, of whom, 38% (107) felt that their use of the pharmacy had not changed since the start of the pandemic.

5.25 230 respondents (63%) left a comment on what they felt **could be improved about their pharmacy**. Of the 230 responses, 82 (35%) residents were very pleased, or had no further recommendations on improving their current pharmacy service.

5.26 An additional 140 comments were left around how residents felt pharmacy services could be improved. These have been categorised below into the top four recommendations for improvement:

The top four recommendations for improvement included:

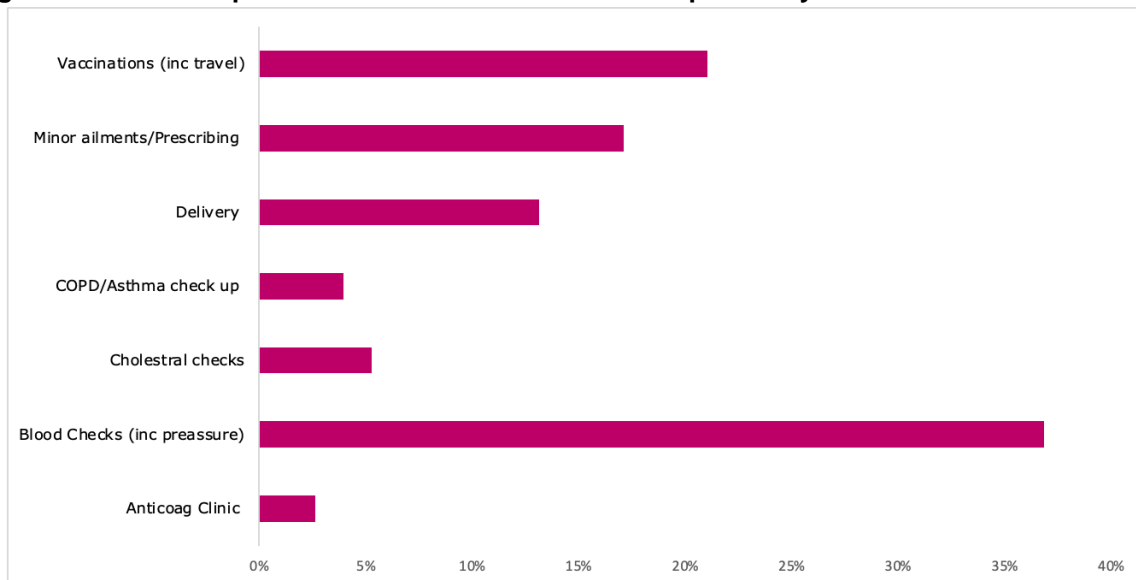
1. Increased opening hours (11%)
2. Staffing, including more staff, and friendlier staff (7%)
3. Accessibility, including parking and disabled access (4%)
4. Better, or more seating inside the pharmacy (3%)

5.27 Of the 364 respondents, 185 left a comment on how **what services they would like to see available** in their pharmacy (figure 5.8).

The top five services the public would like to see within their pharmacy were:

1. Blood checks, including blood tests, and pressure checks
2. Vaccinations, including travel, COVID-19, flu-jab
3. Minor ailments and prescribing
4. Delivery service
5. Cholesterol checks

Figure 5.8: Services public would like to see within their pharmacy



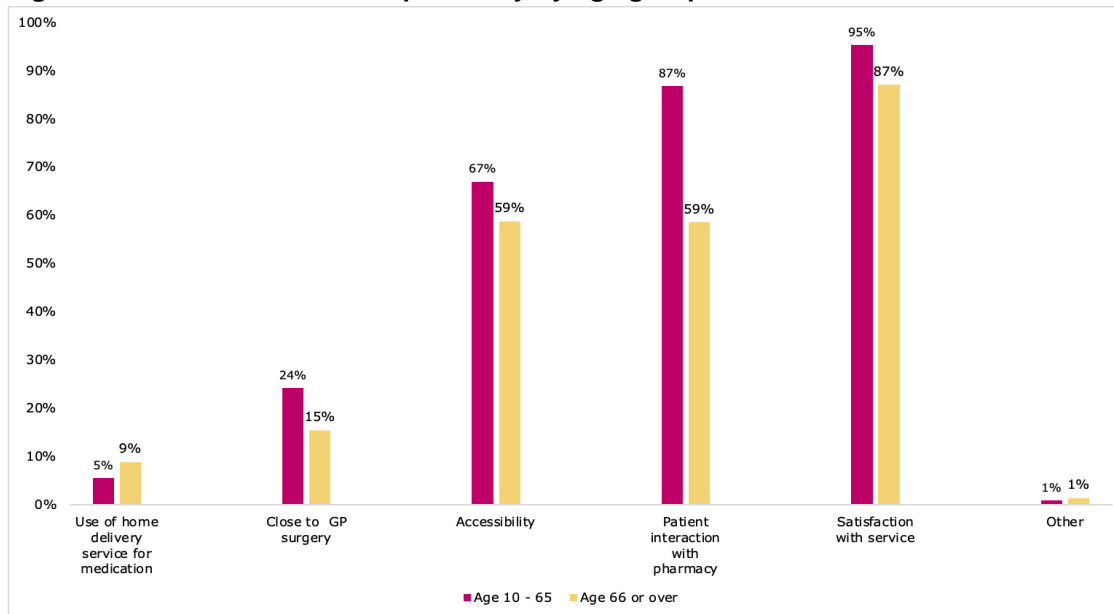
Protected Characteristics

Age

- 5.28** The current age profile and projections of the borough are discussed in Chapter 4. Pharmacies provide essential services to all age groups such as dispensing, promotion of healthy lifestyles and signposting patients to other healthcare providers. Pharmacies providing services to vulnerable adults and children are required to be aware of the safeguarding guidance and local safeguarding arrangements.
- 5.29** To understand any differences, we carried out the analysis by grouping together age groups that are over 66 and compared this with age groups under the age of 65.
- 5.30** We analysed the reasons for chosen pharmacy by age groups i.e., under 65's (n= 195) and over 66's (n=169).
- 5.31** The use of home delivery service for medication was more prevalent in the over 66's compared to the under 65 age group.

5.32 When analysing other reasons for chosen pharmacy, the under 65 age categories were more satisfied with the service compared to the over 66 age group. The under 65's also stated that they felt they had better patient-pharmacy interaction, the pharmacy was accessible, and it was closer to their GP surgery. (Figure 5.9)

Figure 5.9: reasons for chosen pharmacy by age group



5.33 There were no differences between the two age categories in terms of which services residents would like to see within their pharmacy. The top three services both age categories would like to see included:

- Blood testing
- Vaccinations
- Blood pressure checks

Ethnicity

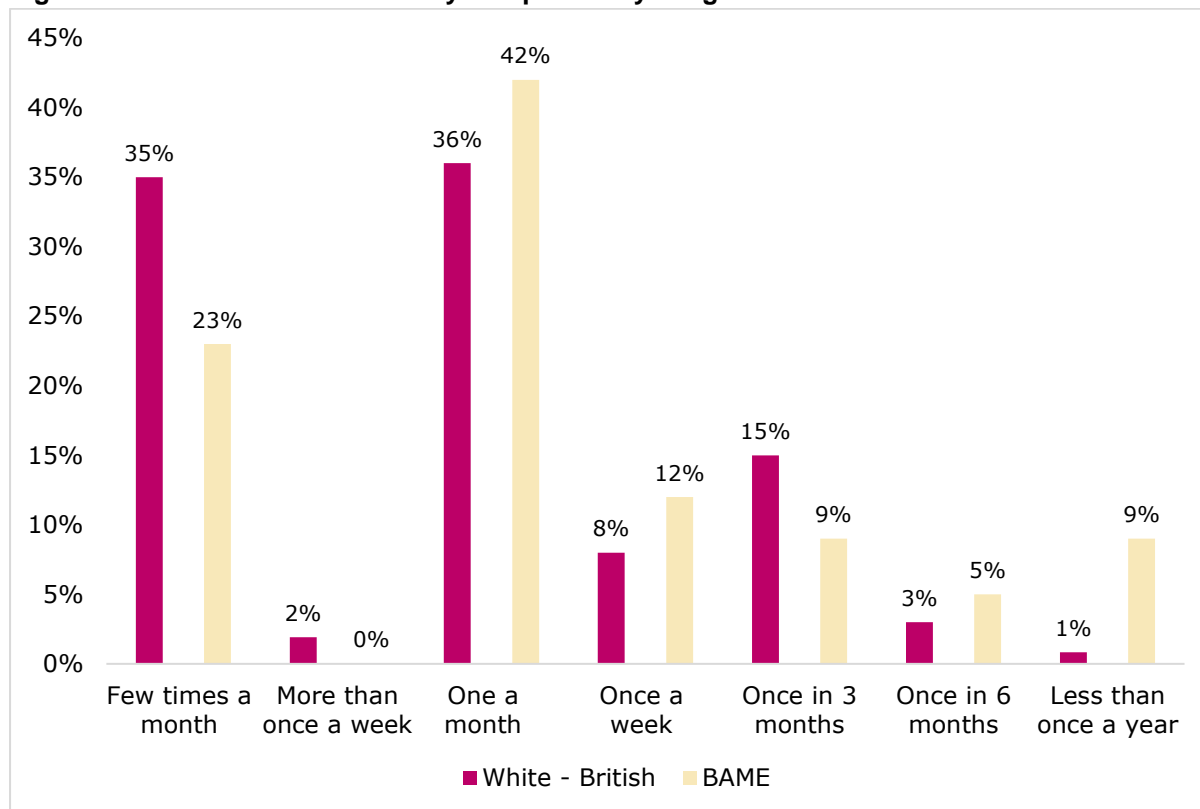
5.34 Of the respondents, 43 (12%) identifying as being from a Black, Asian and Ethnic minority (BAME) background (breakdown in section 5.9). 317 (87%) respondents identified themselves as White.

5.35 For the purposes of studying differences in the use and experience of pharmacies, we compared BAME populations with groups identifying as White (including British, Irish, and other White).

5.36 The majority of the residents used the pharmacy at least once a month, or a few times a month across all ethnic groups.

5.37 Those from a BAME background were more likely to be using the pharmacy at least once a week, White ethnic residents, are more likely to use the pharmacy at least once a month (figure 5.10).

Figure 5.10: Breakdown of ethnicity and pharmacy usage



5.38 19 comments were left by the BAME community in relation to what services they would like to see within their pharmacy. This entailed, delivery service including for single mothers, more minor ailments services and blood checks (cholesterol, pressure, blood tests).

5.39 162 comments were left by the White ethnic groups around what services they would like to see within their pharmacy. 43% of the respondents were happy with the service that was already being provided. Others that left comments felt their pharmacy could offer blood checks (cholesterol, blood tests), COVID-19 vaccinations and other vaccinations.

Pregnancy and maternity

5.40 Five (1%) of the respondents to the community engagement survey were pregnant or breastfeeding. Four of the respondents were aged between 26-35, and one aged between 36-45.

5.41 Those who were pregnant, or breastfeeding tended to use the pharmacy on the weekday. There was no significant difference in their use of pharmacies in comparison to the rest of the survey population.

- 5.42 No comments were left by those who were pregnant or breastfeeding in relation to what services they would like to see within their pharmacy.
- 5.43 Reasons for chosen pharmacy included being in a good location, within a 5-minute walk or drive.
- 5.44 Though pregnant and breastfeeding respondents made a small representation to the overall survey responses, this could be explained by the fact that the majority of people who completed this survey were aged 66 and over.

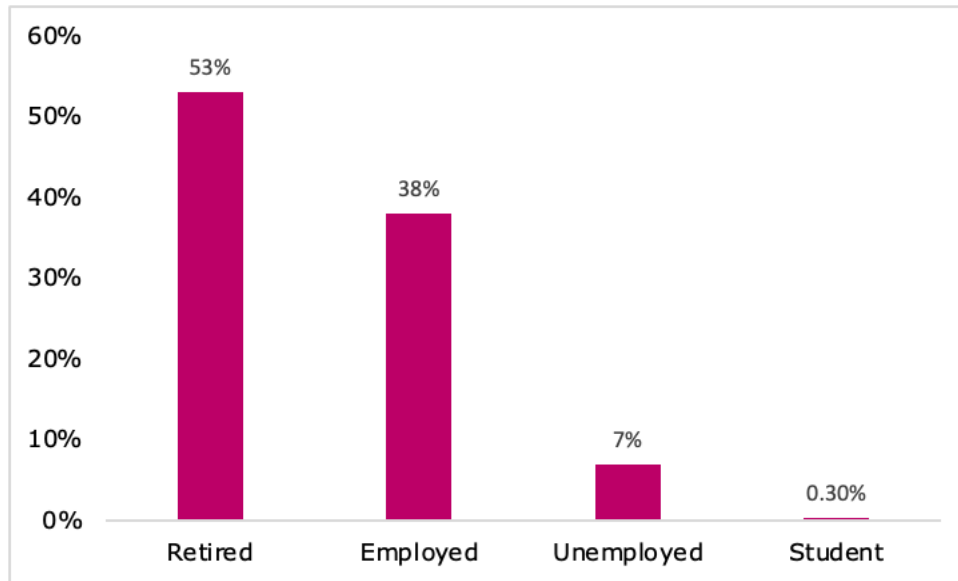
Gender

- 5.45 Of the survey respondents, 259 identified themselves as female, 92 as males, 9 preferred not to state, 2 as non-binary, and 2 were left blank.
- 5.46 The usage of pharmacy showed 38% of the 92 males, used the pharmacy a few times a month, compared to 31% of the 259 females. 49% of females used the pharmacy at least once a month, compared to 30% of males.
- 5.47 Overall, women also tended to use the pharmacies for their children, more than their male counterparts.
- 5.48 There were no significant differences in the reasons for chosen pharmacies across the genders.

Employment Status

- 5.49 A breakdown of employment status showed that over half of the survey responses were from retired residents. This was followed by employed (part-time, full-time, self-employed, full-time and part-time carers). 7% were unemployed, and we received one response from a student (figure 5.11).

Figure 5.11: Breakdown of employment status



5.50 The analysis showed that those working in employment still preferred to use their pharmacy during the weekday over the weekend. However, there were no significant differences across the groups around when they would prefer to use the pharmacy (weekend or weekday).

Disability

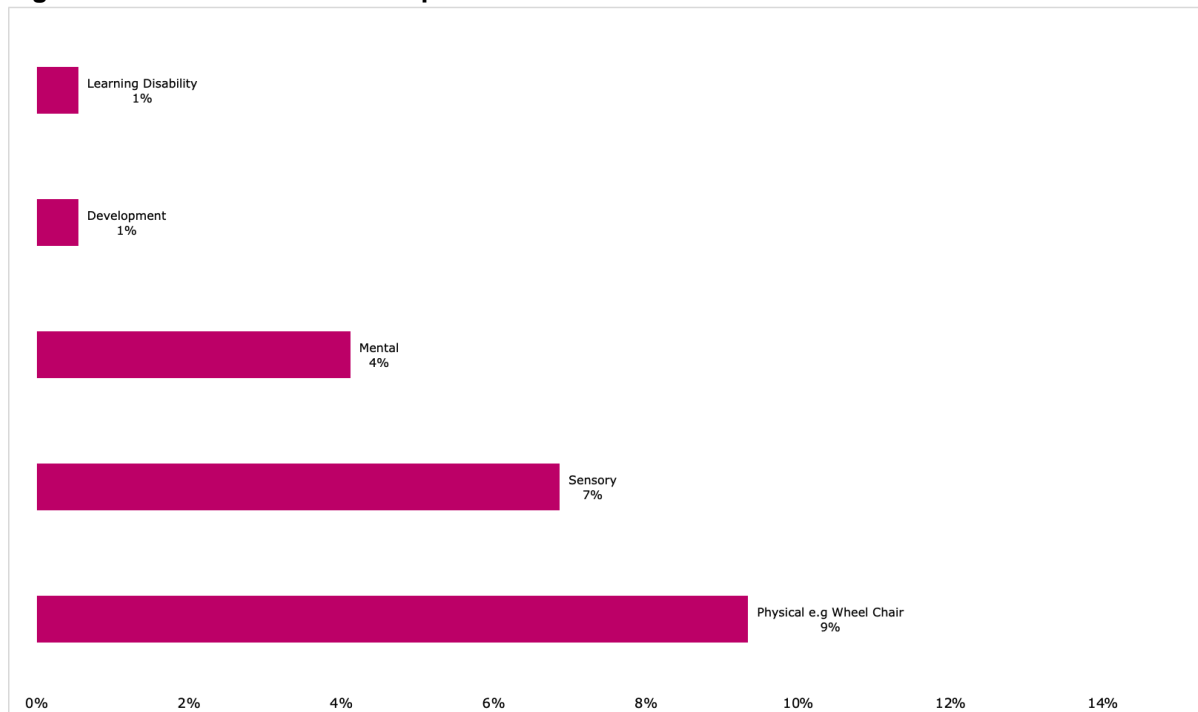
5.51 All pharmacies must comply with the Disability Discrimination Act 1995. Pharmacy contractors may have assessed the extent to which it would be appropriate to install hearing loops or provide access ramps wide aisles to allow wheelchair access. Accessible information formats are alternatives to printed information, used by blind and partially sighted people, or others with a print impairment.

5.52 The survey categorised disabilities into five main groups, followed by other:

1. Physical e.g., wheelchair user
2. Mental health issues e.g., bi-polar disorder, schizophrenia, depression
3. Sensory e.g., mild deafness, partially sighted, blindness
4. Learning disabilities e.g., Down Syndrome, Cerebral Palsy
5. Developmental e.g., autistic spectrum disorder, dyslexia, dyspraxia
6. Other

5.53 112 (31%) respondents answered yes to having a disability (figure 5.12) When asked to state what kind, of which the majority of respondents had a physical disability (9%), followed by sensory (7%), and mental health disability (4%).

Figure 5.12: Breakdown of the top 5 disabilities



5.54 Those who said that they have a disability preferred to use the pharmacy during the weekday over the weekend. Weekdays between 9am – 12pm seemed to be the most popular time for use of pharmacies.

5.55 43 residents left comments on how they felt the pharmacy services could be improved for them. Of this, 28 felt very pleased with the service and had no recommendations. The top 3 recommendations included:

1. Better access to pharmacy
2. Home deliveries
3. Opening hours at weekends

5.56 The top 2 services respondents with a disability would like to see included:

1. Blood checks (blood testing, cholesterol and pressure)
2. Vaccinations

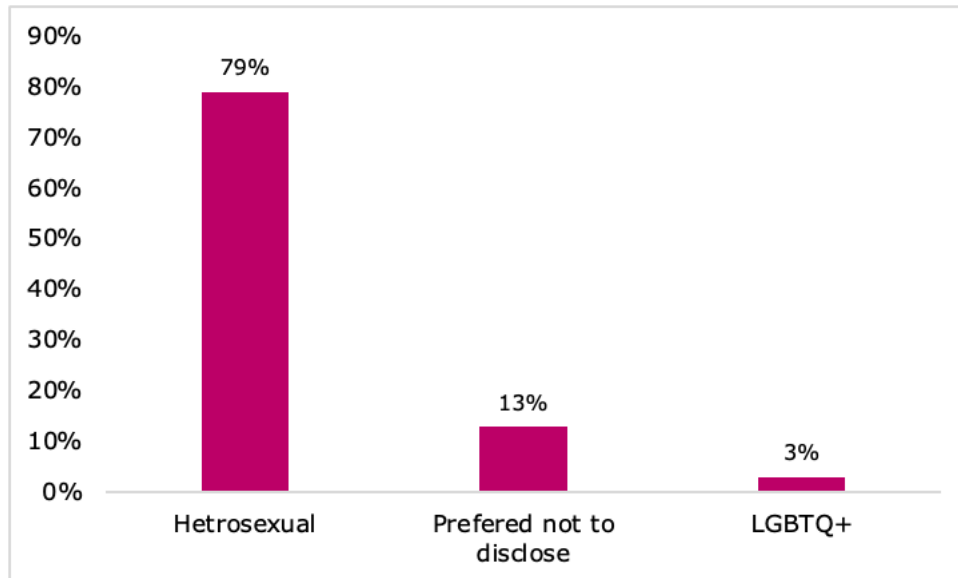
5.57 No significant differences were identified between the overall responses and this protected characteristic in relation to improvements to the pharmacy, and services residents would like to see within their pharmacy.

Sexual Orientation

5.58 Of the total number of respondents, 289 identified as heterosexual, 12 identified as LGBTQ+, and 46 preferred not to disclose (figure 5.13).

5.59 No significant differences were identified between groups of sexual orientation around the use of pharmacy, and services they would like to see.

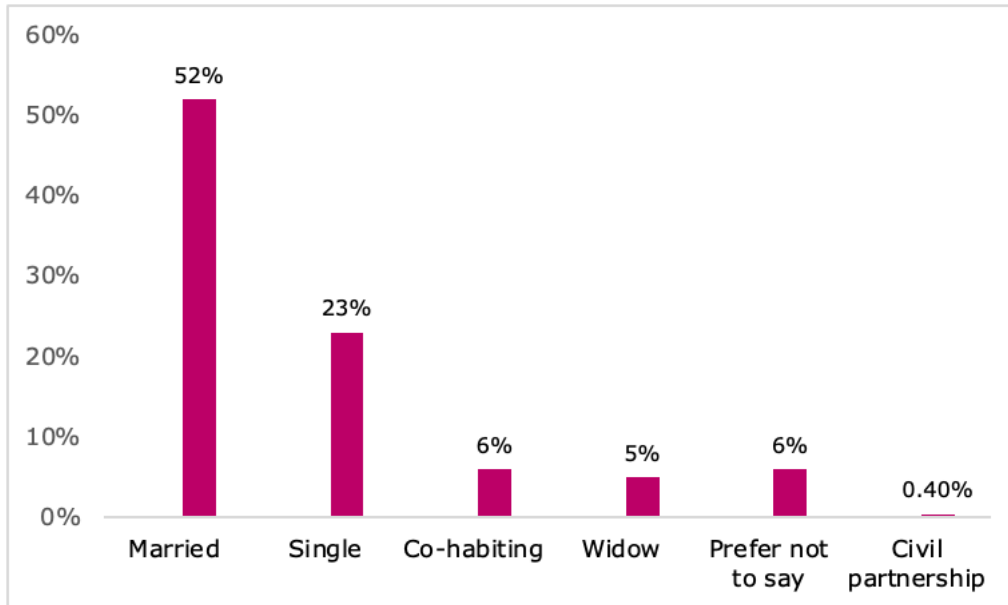
Figure 5.14: Breakdown of sexual orientation



Relationship Status

5.60 190 respondents were married, 85 respondents were single, 23 preferred not to disclose their relationship status, 22 were co-habiting, and 5 in a civil partnership (figure 5.14).

Figure 5.14: Breakdown of relationship status



5.61 No differences were found in the use and experience of those who were single and those who were married, co-habiting or in a civil partnership.

Summary of the Patient and Public Engagement and the Protected Characteristics

Patient and public engagement in the form of a survey was undertaken to understand how people use their pharmacies, what they use them for and their views of the pharmacy provision. It included an exploration of the health needs specific to protected characteristics and vulnerable groups.

Overall, 364 BHR residents and workers responded to the survey, 49 of whom were from Redbridge. Results showed that residents choose their pharmacy based on overall satisfaction of their pharmacy service, ease of location, and friendly staff.

Most people surveyed used their pharmacy during weekdays and normal working hours.

Overall, people are happy with the pharmacy services they receive in BHR. A small number of survey respondents made some suggestions for improvement. These were mainly around provision of providing simple health check-ups which largely included blood checks (cholesterol, pressure and testing). Other suggestions included providing vaccinations, including Covid-19 vaccines and travel vaccines flu vaccines.

Chapter 6 – Provision of Pharmaceutical Services

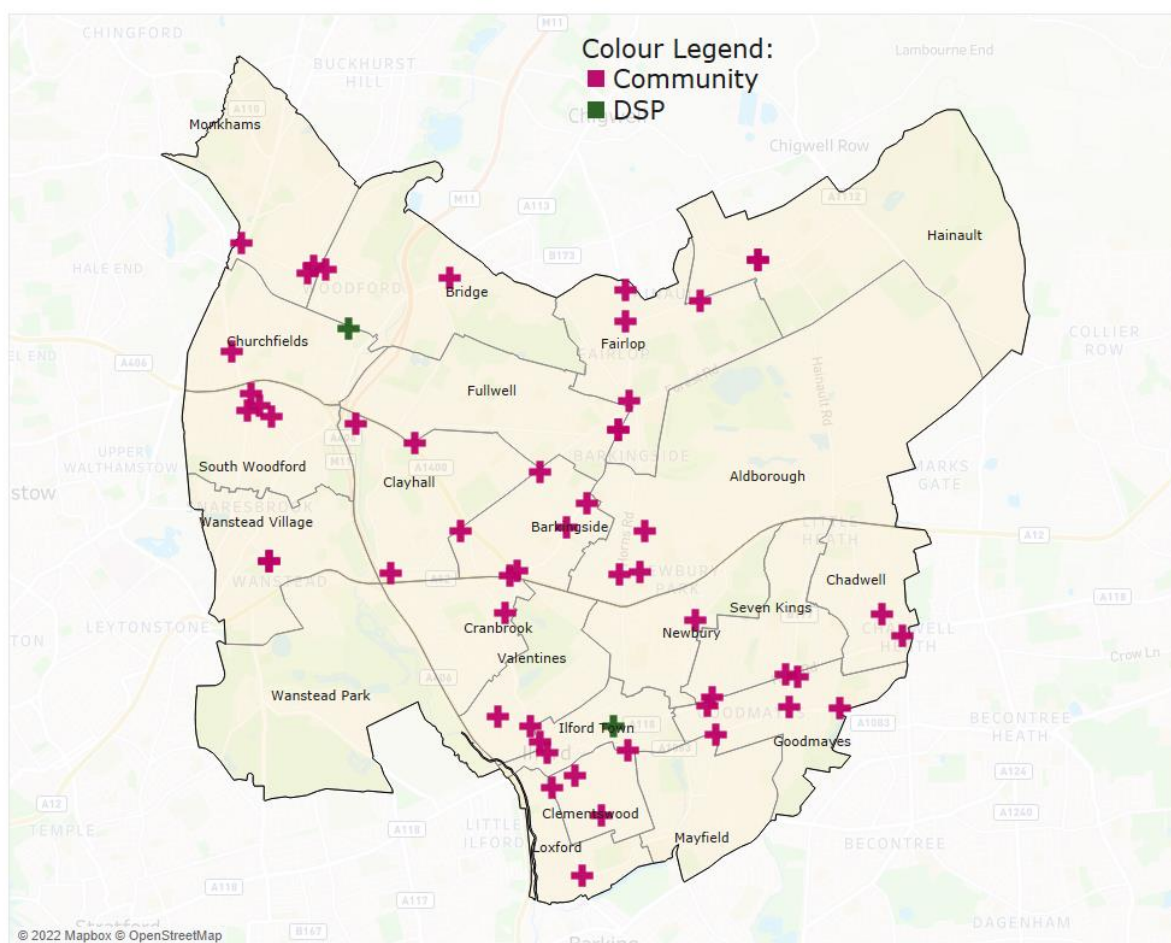
- 6.1** This chapter identifies and maps the current provision of pharmaceutical services to assess the adequacy of provision of such services. Information was collected up until October 2021.
- 6.2** It assesses of the adequacy of the current provision of necessary services by considering:
- Different types of pharmaceutical service providers
 - Geographical distribution and choice of pharmacies, within and outside the borough
 - Opening hours
 - Dispensing
 - Pharmacies that provide essential, advanced and enhanced services

In addition, this chapter also summarises responses to the contractor survey where contractors have indicated willingness to provide a service to address a specific population health and wellbeing need in Redbridge, if commissioned.

Pharmaceutical Service Providers

- 6.3** As of April 2022, there are 54 pharmacies in Redbridge that hold NHS contracts, 52 community pharmacies and 2 distance selling pharmacies. They are presented in the map in Figure 6.1 below.
- 6.4** All the pharmacy providers in the borough as well as those within 1 mile of its border are also listed in Appendix B.

Figure 6.1: Map of pharmacies in Redbridge, April 2022



Source: Contractor Survey and NHS England, 2022

Community Pharmacies

6.5 The 52 community pharmacies in Redbridge equates to 1.7 community pharmacies per 10,000 residents (based on a 2022 population estimate of 307,416). This ratio is below the London and England averages, both of which stand at 2.2 based on 2014 data (LGA, 2021³⁵).

Distance Selling Pharmacies (DSP)

6.6 A distance Selling Pharmacy works exclusively at a distance from patients. They include mail order and internet pharmacies that remotely manage patients medicine logistics and distribution. DSPs collect prescriptions and provide them to patients at their homes, care homes or nursing homes. They can also provide a 'click and collect' service.

³⁵ Local Government Association: LG Inform. Ratio of pharmacies per 10,000 population (Snapshot: 29 November 2014) https://lginform.local.gov.uk/reports/lgastandard?mod-area=E92000001&mod-group=DEFRA2009_OtherUrbanList&mod-metric=3707&mod-type=namedComparisonGroup (Accessed in December 2021).

- 6.7 There are two DSP in Redbridge: Clickrx on Liston Way and Mydirect Pharmacy on Thompson Close.

Dispensing Appliance Contractor (DAC)

- 6.8 There are no DACs on the Redbridge's pharmaceutical list. A DAC is a contractor that specialises in dispensing prescriptions for appliances, including customisation. They cannot dispense prescriptions for drugs.

GP Dispensing practices

- 6.9 There are no GP dispensing practices in Redbridge.

Local Pharmaceutical services

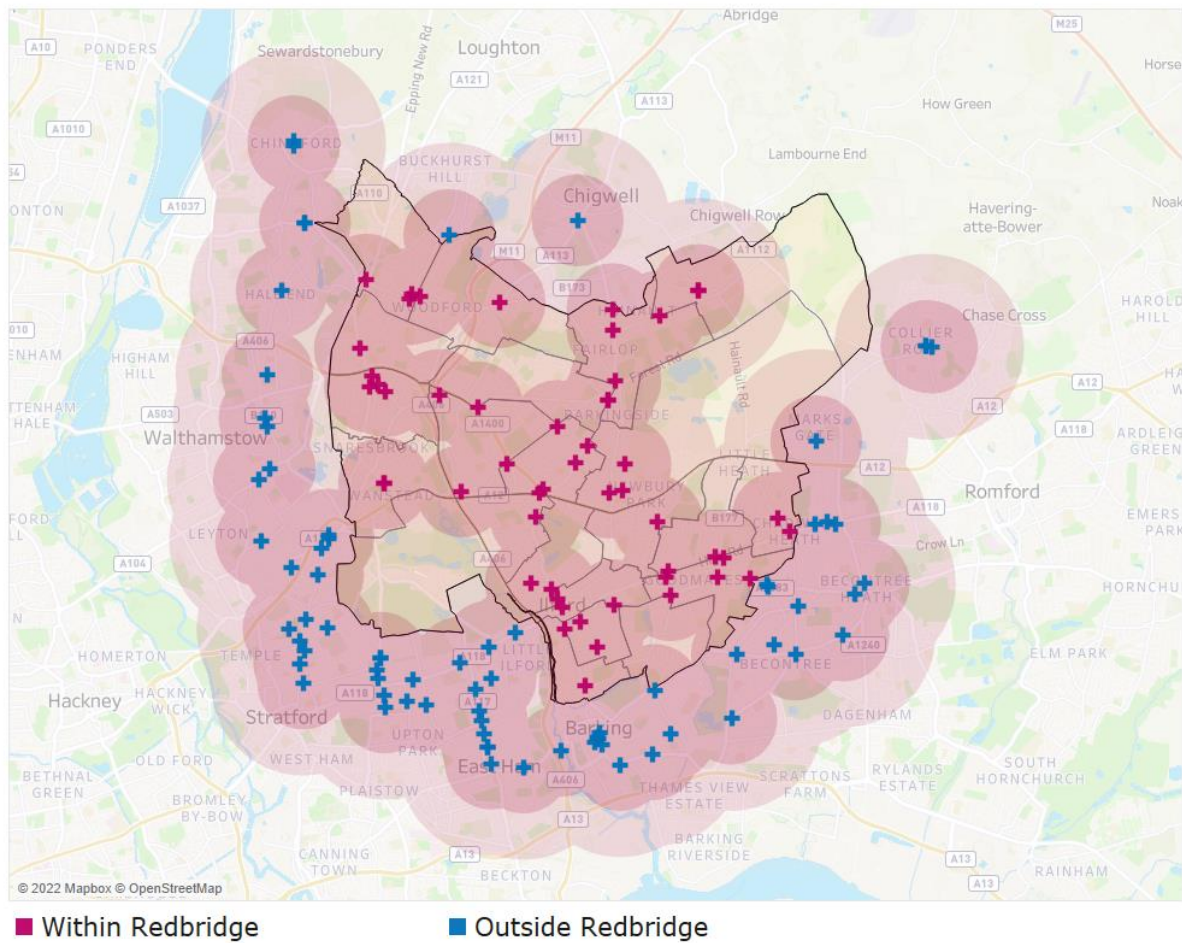
- 6.10 There are no Local Pharmaceutical Service (LPS) contracts within Redbridge. No area in Redbridge have been designated as LPS areas.

Accessibility

Distribution and choice

- 6.11 The PNA Steering Group agreed that the maximum distance for residents in Redbridge to access pharmaceutical services, should be no more than 1 mile. This distance equates to about a 20-minute walk.
- 6.12 Figure 6.2 below shows the 52 community pharmacies located in Redbridge as well as an additional 24 that are located in other boroughs but are within 1 mile of Redbridge's border. A 0.5- and 1-mile radius from each pharmacy's location is shown. These have been included in the pharmacies shown in Figure 6.2 as well as in Appendix B.
- 6.13 Figure 6.2 shows that most of the borough is within 1 mile of at least one pharmacy. There is a small area within Hainault and Aldborough that are not within 1 mile of a pharmacy (a greenbelt area in Redbridge). Therefore, travel distance, population density, distance to travel in relation to GP services and deprivation are also considered.

Figure 6.2: Distribution of community pharmacies in Redbridge and within 1 mile of the borough boundaries, with 0.5- and 1-mile coverage



Source: Contractor Survey and NHS England, 2022

6.14 The geographical distribution of the pharmacies by electoral ward and the pharmacy to population ratio is shown in Figure 6.3 and Table 6.1. As seen, with the exception of Wanstead Park, all wards in the borough have at least one pharmacy and there is good distribution of pharmacy most wards.

Table 6.1: Distribution of community pharmacies by ward

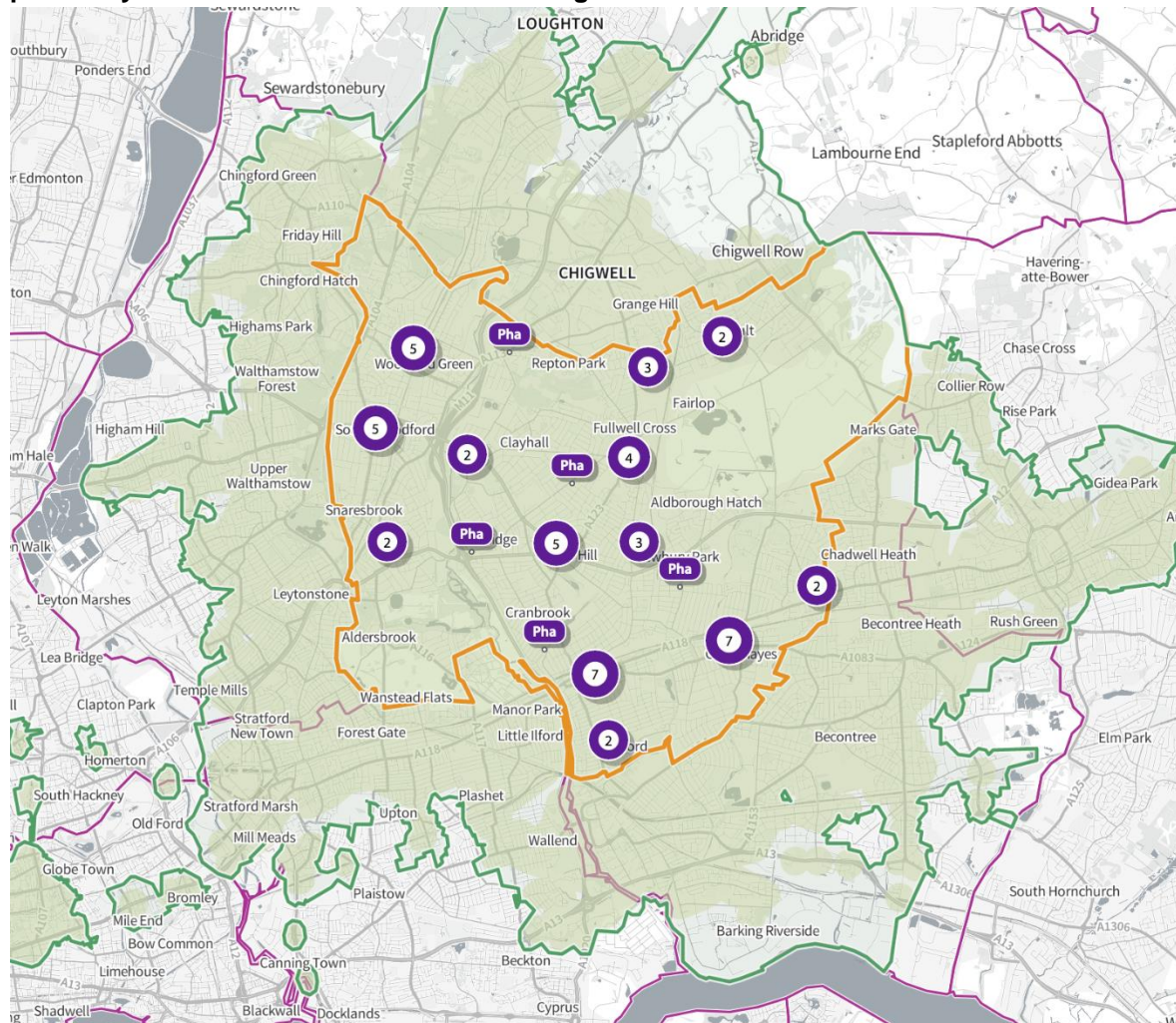
Ward	Number of Community Pharmacies	Ward	Number of Community Pharmacies
Barkingside	6	Fullwell	2
Fairlop	4	Hainault	2
Goodmayes	4	Seven Kings	2
South Woodford	4	Valentines	2
Aldborough	3	Wanstead Village	2
Clayhall	3	Churchfields	1
Clementswood	3	Cranbrook	1

Iford Town	3	Loxford	1
Monkhams	3	Mayfield	1
Bridge	2	Newbury	1
Chadwell	2	Wanstead Park	0
		Borough Total	52

Source: NHSE

- 6.15** Additionally, all Redbridge residents (100%) live within 20 minutes of a Redbridge pharmacy by public transport, attesting to the accessibility of the pharmacy provision in the borough (Shapeatlas.net). A total of 1,026,860 people in and outside the borough can reach a Redbridge pharmacy by public transport within 20 minutes (OHID, SHAPE Atlas Tool, 2021).
- 6.16** Figure 6.3 presents the coverage of the Redbridge pharmacies in consideration of public transport, both inside and outside the borough. Coverage is presented in green while the Redbridge borough border is highlighted in orange.

Figure 6.3: Areas covered by 20-minute travel time by public transport to a Redbridge pharmacy from within and outside the borough.



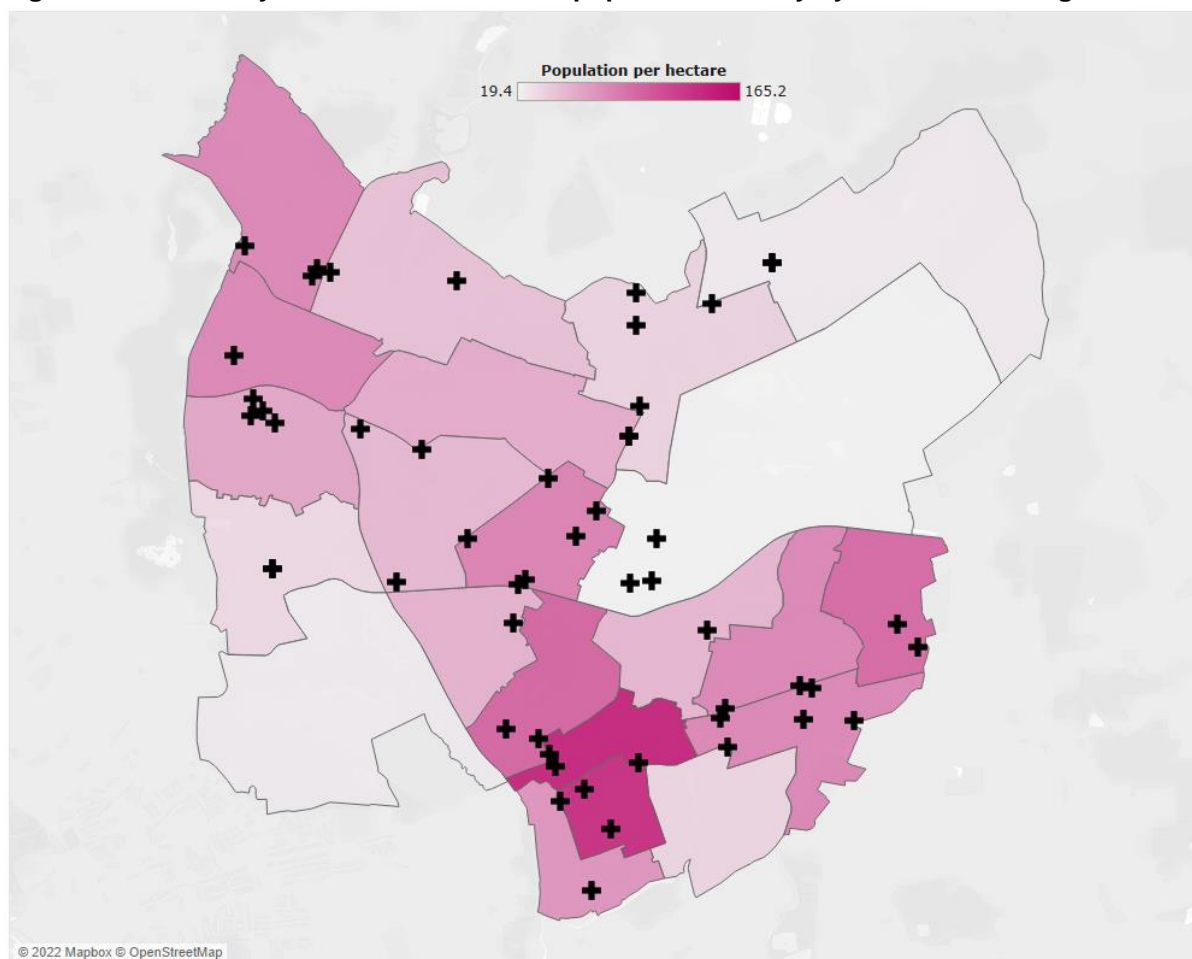
Source: OVID, Strategic Health Asset Planning and Evaluation Atlas Tool, 2021

6.17 Redbridge residents tend to fill their prescriptions at local pharmacies. NHSE data shows that in 2020-21, 88.5% (3,959,773) of items prescribed by GPs in Redbridge were dispensed by community pharmacies in the borough. 2.4% and 1.9% were dispensed by Waltham Forest and Newham pharmacies respectively.

Pharmacy Distribution in relation to population density

6.18 The population density map (figure 6.4) indicates that the community pharmacy premises are predominantly located in areas of highest population density although a small number of pharmacies were identified in areas with comparatively low population densities.

Figure 6.4: Pharmacy locations in relation to population density by ward in Redbridge



Sources: GLA (Land Area, and Population Density and NHSE)

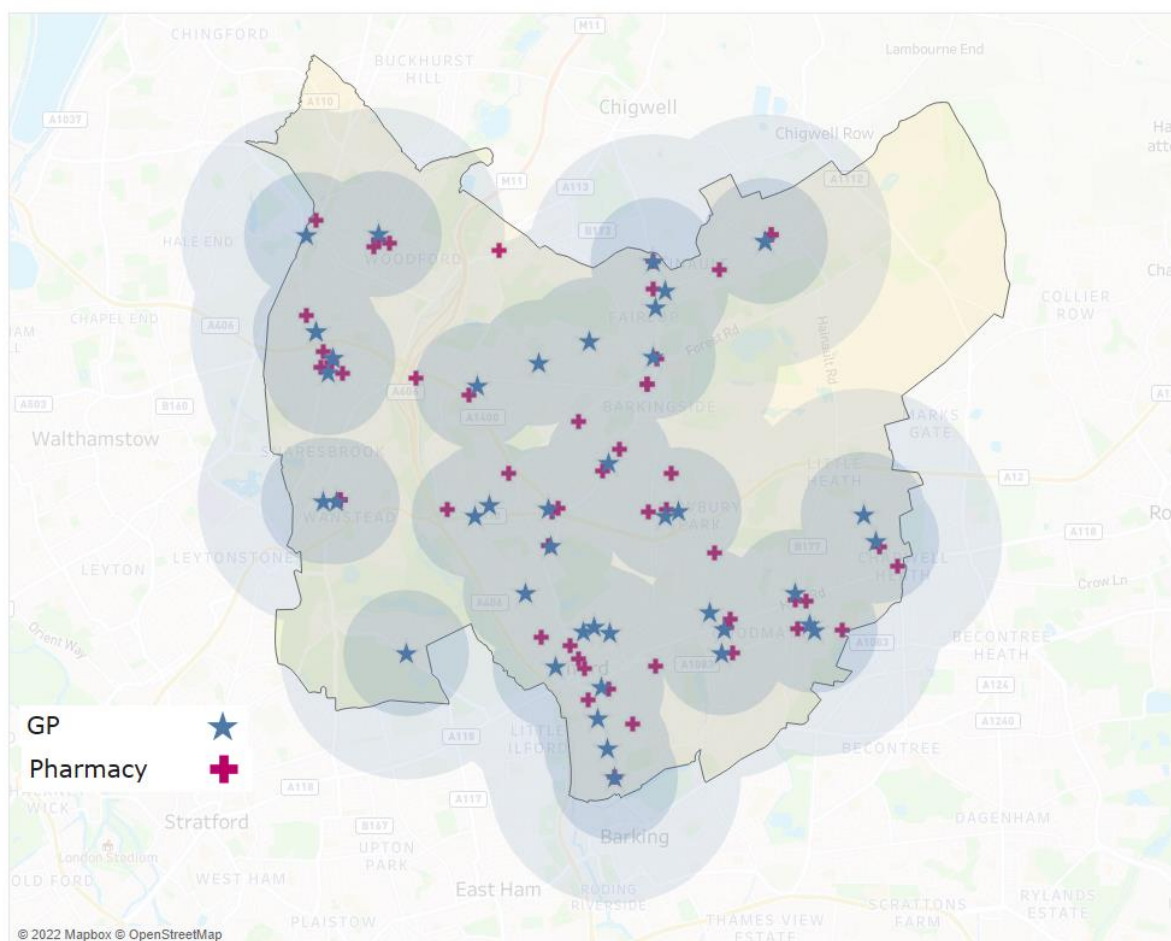
Pharmacy Distribution in relation to GP surgeries

- 6.19** As part of the NHS Long Term Plan³⁶ all general practices were required to be in a primary care network (PCN) by June 2019. Since January 2019 Redbridge GPs organised themselves into four PCNs within Redbridge. Altogether there are 42 GP member practices across these PCNs. These are presented in Figure 6.5.
- 6.20** Each of these networks have expanded neighbourhood teams which will comprise of a range of healthcare professionals including GPs, district nurses, community geriatricians, Allied Health Professionals and pharmacists. It is essential that community pharmacies are able to fully engage with the PCNs to maximise service provision for their patients and residents.

³⁶ NHS England (2019). *The NHS long term plan*. London, England

6.21 There is a pharmacy within accessible distance to all GP practices in Redbridge. Figure 6.5 shows that there is a pharmacy within half a mile of all GP practices in the borough.

Figure 6.5: GP practices in Redbridge and their 0.5- and 1-mile coverage, October 2021



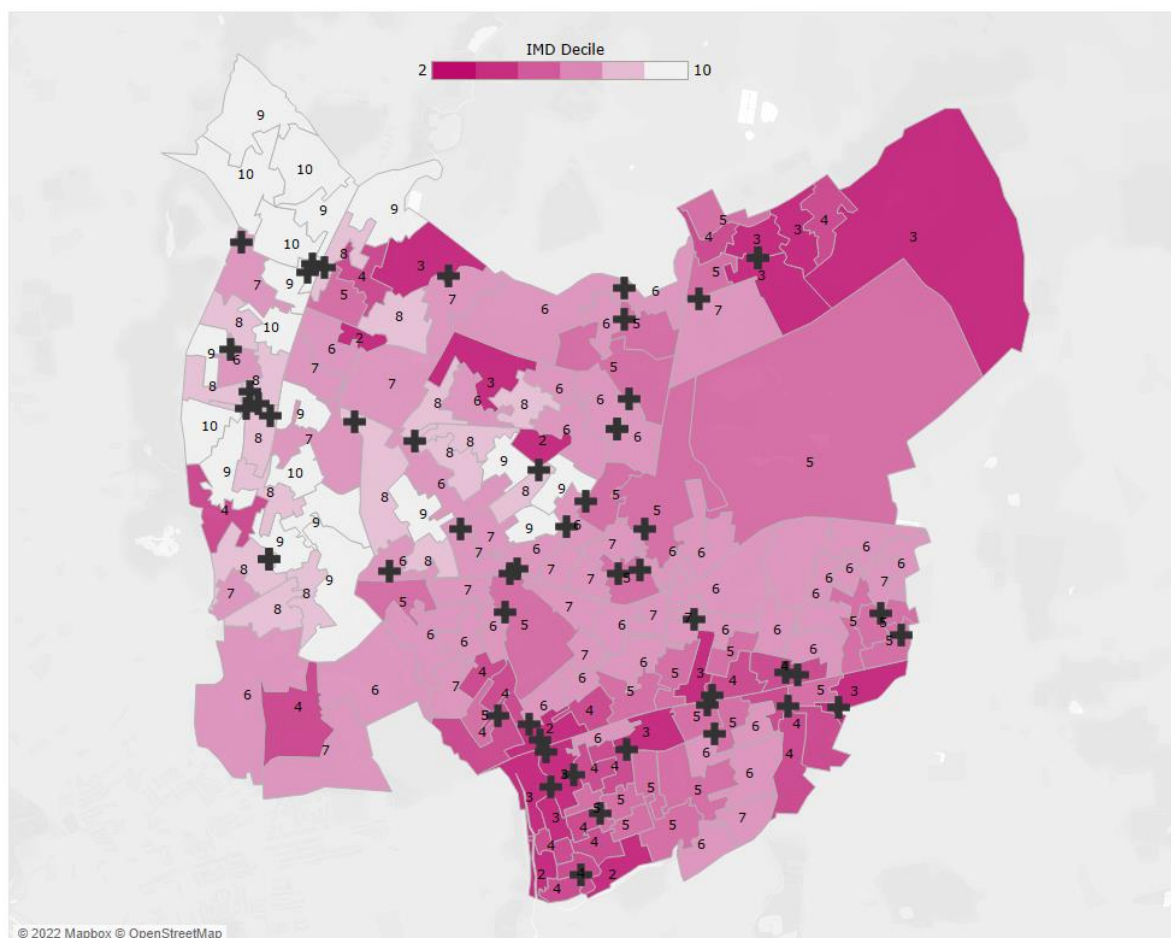
Source: NHS England, 2021

6.22 The Health and Wellbeing Board is not aware of any firm plans for changes in the provision of Health and Social Care services within the lifetime of this PNA.

Pharmacy Distribution in relation to Index of Multiple Deprivation

6.23 There is correlation between health inequalities and the levels of deprivation. Figure 6.6 illustrates that people in many of the areas of high deprivation have access to a number of pharmacies. However, areas that are less densely populated, such as the greenbelt areas of Hainault and Aldborough have fewer pharmacies. It is anticipated that those who live in such areas are more likely to use public transport or car to reach their pharmacy.

Figure 6.6: Pharmacy locations in relation to deprivation deciles in Redbridge, 2021



Source: MHCLG & NHSE

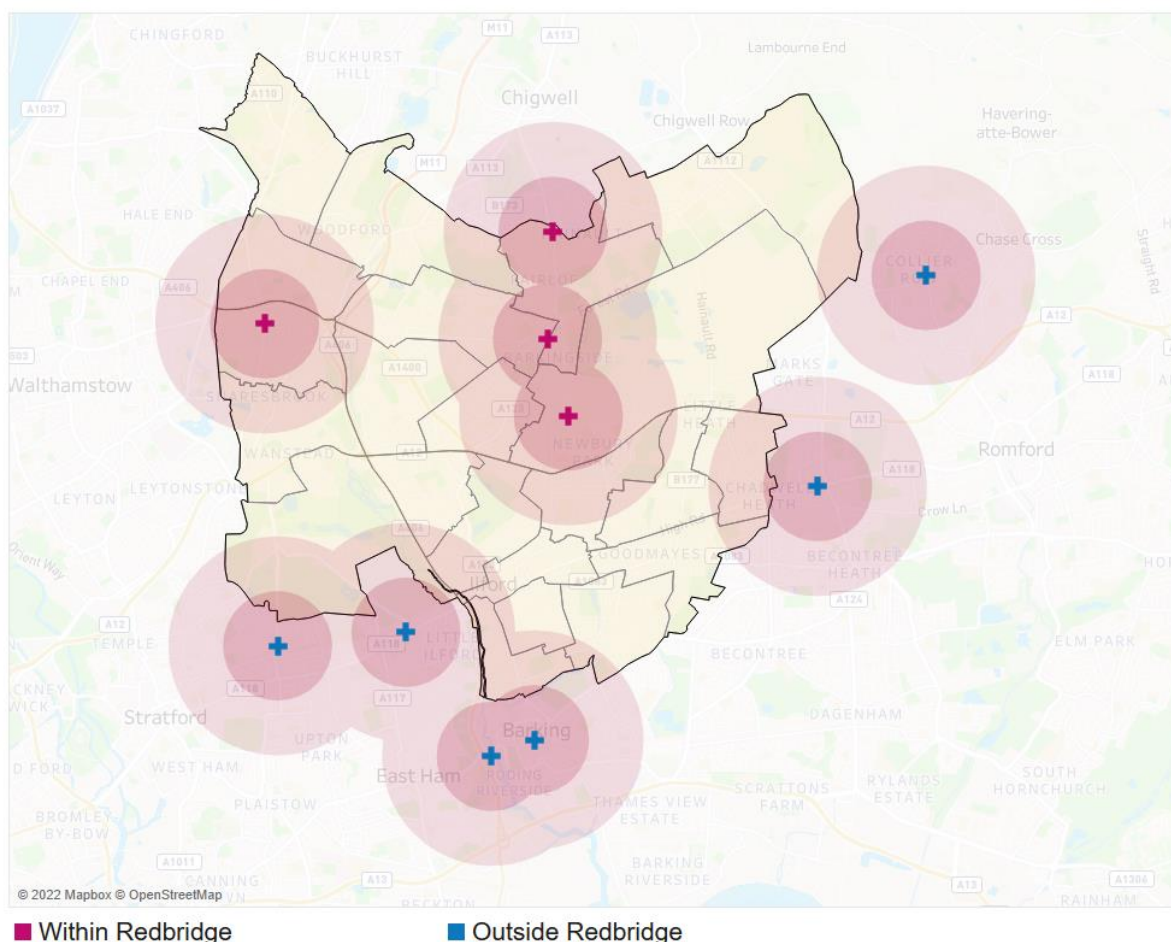
Opening times

- 6.24 Pharmacy contracts with NHS England stipulate the core hours during which each pharmacy must remain open. Historically these have been 40-hour contracts (and some recent 100-hour contracts). A pharmacy may stay open longer than the stipulated core opening hours, these are called supplementary hours.
- 6.25 Opening times were obtained from NHS England in October 2021. Additionally, market entry updates to the NHS England pharmaceutical list were reflected on the original list.

100-hour pharmacies

- 6.26 NHS England has four 100-hour pharmacies (core hours) on their list for Redbridge. These are presented in Figure 6.7 and Table 6.2. There are six other 100-hour pharmacies which are outside the borough but within 1 mile of its border (Figure 6.7).

Figure 6.7: 100-hour community pharmacies in Redbridge and their 0.5- and 1-mile coverage October 2021



Source: Contractor Survey and NHS England, 2021

Table 6.2: 100-hour pharmacies in Redbridge, October 2021

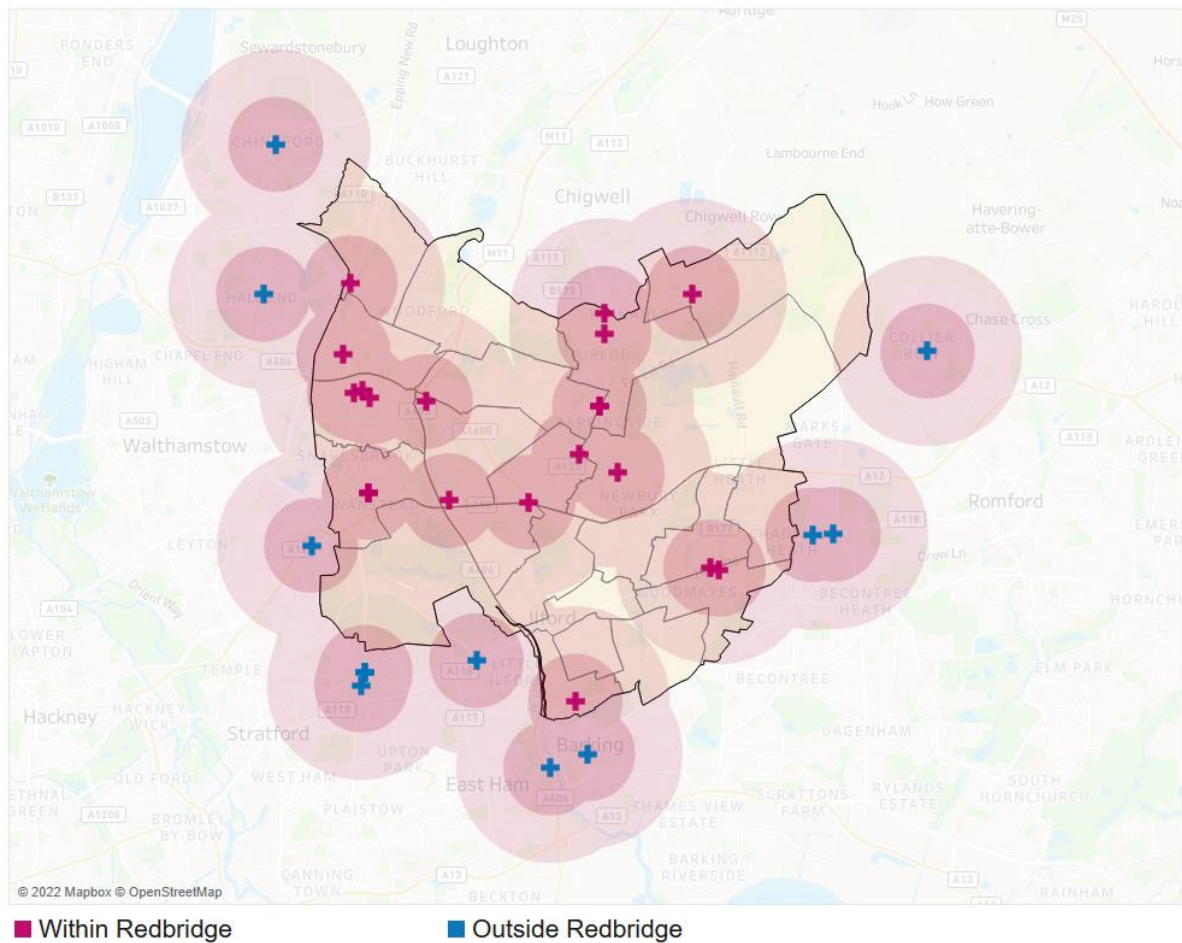
Pharmacy	Address	Ward
Chigwell Pharmacy	Chigwell Medical Centre, 300 Fencepiece Road, Hainault	Fairlop
Fairlop Pharmacy	87 High Street, Barkingside, Ilford	Fullwell
Lloyds Pharmacy	King George Avenue, Newbury Park, Ilford	Aldborough
Ocean Pharmacy	30 High Road, South Woodford, Redbridge	South Woodford

Source: Contractor Survey and NHS England, 2021

Early morning Opening

6.27 20 pharmacies are open before 9am on weekdays within the borough and another four that are within 1 mile of the borough’s border. These are shown in Figure 6.8. Table 6.3 and show that there is good coverage of early opening pharmacies in the borough, particularly within areas of higher population density.

Figure 6.8: Pharmacies that are open before 9am on a weekday and their 0.5- and 1-mile coverage, October 2021



Source: Contractor Survey and NHS England, 2021

Table 6.3: Community Pharmacies open before 9am on weekdays in Redbridge by ward

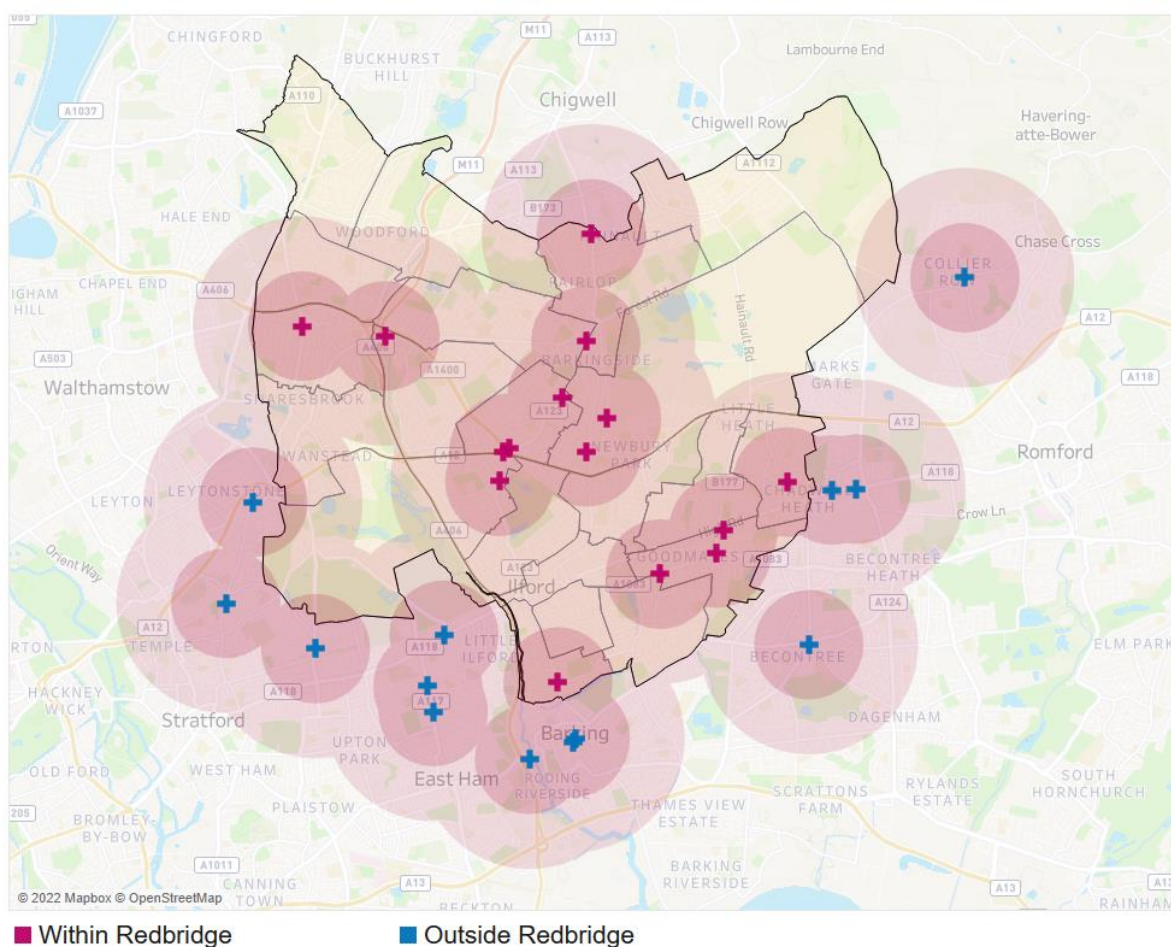
Ward	Number of Pharmacies	Ward	Number of Pharmacies
South Woodford	3	Monkhams	1
Wanstead Village	2	Loxford	1
Fullwell	2	Hainault	1
Fairlop	2	Goodmayes	1
Clayhall	2	Churchfields	1
Barkingside	2	Aldborough	1
Seven Kings	1		

Source: Contractor Survey and NHS England, 2021

Late Evening Closure

6.28 There are fifteen pharmacies in the borough that still open after 7pm on weekdays with thirteen other pharmacies within 1 mile of Redbridge (see Figure 6.9 and Table 6.4).

Figure 6.9: Community Pharmacies that are open after 7pm on weekdays and their 0.5- and 1-mile coverage, October 2021



Source: Contractor Survey and NHS England, 2021

Table 6.4: Community Pharmacies closing after 7pm on weekdays in Redbridge by ward

Ward	Number of pharmacies	Ward	Number of pharmacies
Barkingside	3	Fullwell	1
Goodmayes	2	Fairlop	1
Aldborough	2	Cranbrook	1
South Woodford	1	Clayhall	1
Mayfield	1	Chadwell	1
Loxford	1		

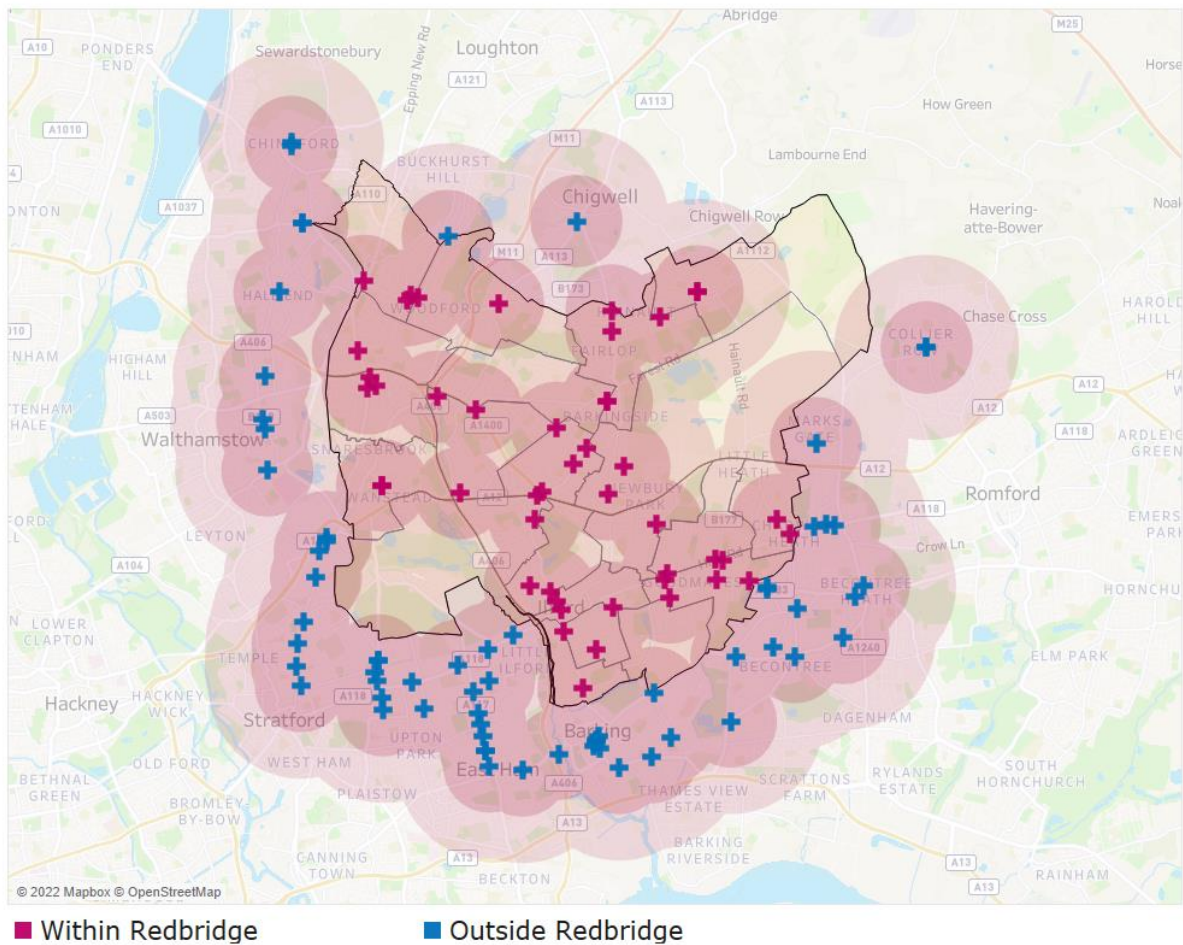
Source: Contractor Survey and NHS England, 2021

6.29 In terms of travel distance, 100% Redbridge residents live within 20-minute reach of an early opening and late closing pharmacy by public transport (OHID, SHAPE Atlas Tool, 2021).

Saturday Opening

6.30 47 of the community pharmacies in Redbridge are open on Saturday. There are another 65 pharmacies near the borough's border that are also open on Saturday.

Figure 6.10 Community Pharmacies open on Saturday and their 0.5- and 1-mile coverage, October 2021

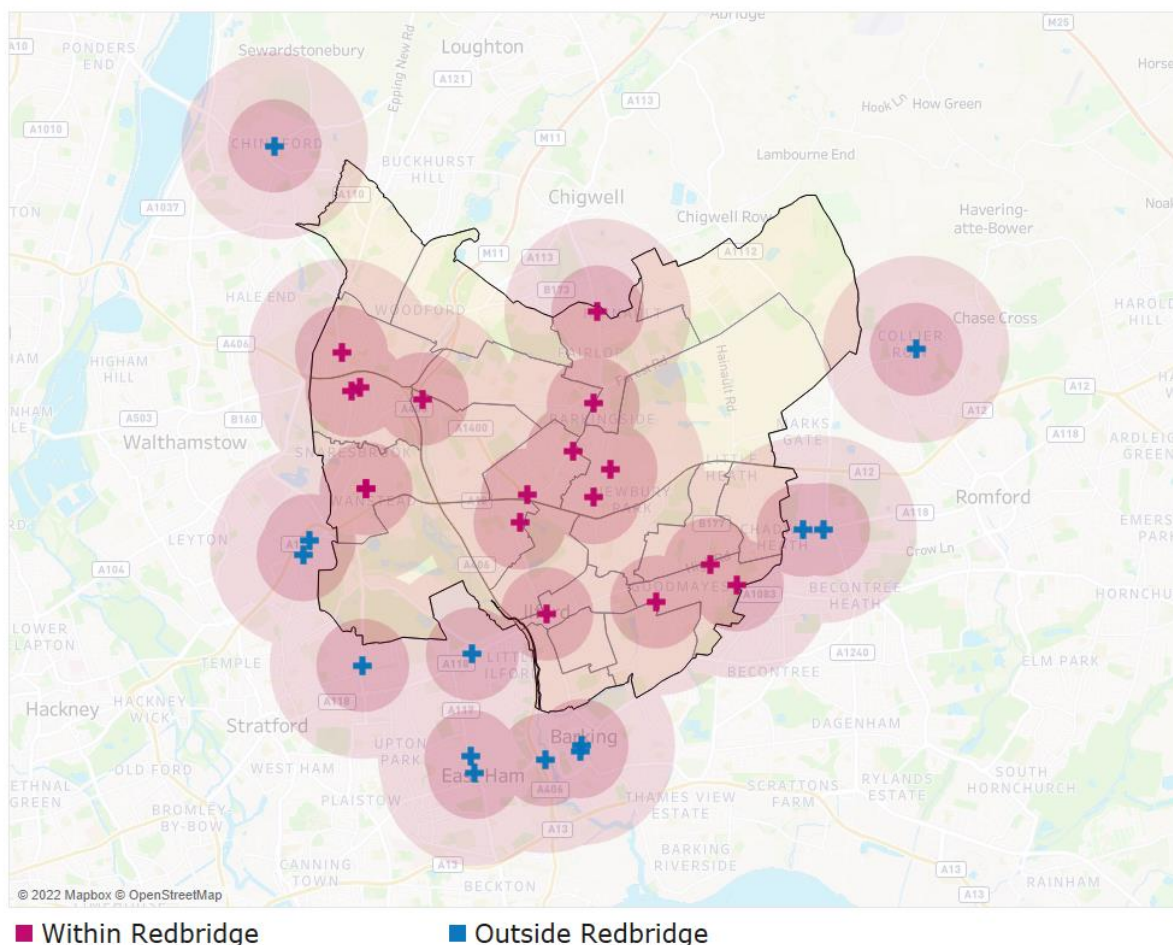


Source: Contractor Survey and NHS England, 2021

Sunday Opening

6.31 17 pharmacies are open on a Sunday within Redbridge with another thirteen open in boroughs around Redbridge within 1 mile of the borough’s borders (Figure 6.11, Table 6.5).

Figure 6.11: Pharmacies open on a Sunday and their 0.5- and 1-mile coverage, October 2021



Source: Contractor Survey and NHS England, 2021

Table 6.5: Community Pharmacies open on Sunday in Redbridge by ward, October 2021

Ward	Number of Pharmacies	Ward	Number of Pharmacies
Wanstead Village	2	Mayfield	1
South Woodford	2	Ilford Town	1
Goodmayes	2	Fullwell	1
Aldborough	2	Cranbrook	1
Barkingside	2	Clayhall	1
Fairlop	1	Churchfields	1

Source: Contractor Survey and NHS England, 2021

6.32 Overall, there is good coverage accessible pharmacy provision in both inside and outside normal working hours.

Essential Services

6.33 Essential services are offered by all pharmacy contractors as part of the NHS Community Pharmacy Contractual Framework. All pharmacy contractors required to deliver and comply with the specifications for all essential services, these are:

- Dispensing Medicines
- Dispensing Appliances
- Repeat Dispensing
- Clinical governance
- Discharge Medicines Service
- Public Health (Promotion of Healthy Lifestyles)
- Signposting
- Support for self-care
- Disposal of Unwanted Medicines

Dispensing

6.34 Redbridge pharmacies dispense an average of 6,896 items per month (based on NHS Business Services Authority, 2020/21 financial year data). While this is higher than the London average of 5,295 per month and comparable to the England average at 6,675 per month, there is good distribution and capacity amongst Redbridge pharmacies to fulfil current and anticipated need in the lifetime of this PNA.

Summary of the accessibility pharmacy services and of essential services

Overall, there is good geographical coverage of pharmacies to provide necessary, essential services across the borough.

Advanced pharmacy services

6.35 Advanced services are NHS England commissioned services that community pharmacy contractors and dispensing appliance contractors can provide subject to accreditation as necessary.

6.36 As at October 2021, the following services may be provided by pharmacies:

- new medicine service
- community pharmacy seasonal influenza vaccination
- community pharmacist consultation service
- community pharmacy blood pressure service, and
- community pharmacy hepatitis C antibody testing service (currently until 31 March 2022).

6.37 In early 2022 a stop-smoking service in pharmacies will be introduced for patients who started their stop-smoking journey in hospital.

6.38 As at October 2021, the community pharmacy Covid-19 lateral flow device distribution service and community pharmacy Covid-19 medicines delivery service are also commissioned to be

delivered from community pharmacies. NHS England data was not yet available at the time of publication of this PNA.

- 6.39** There are two appliance advanced services that pharmacies and dispensing appliance contractors may choose to provide:
1. appliance use reviews, and
 2. stoma appliance customisation.

- 6.40** Medicine Use Reviews is an Advanced Service that was decommissioned on the 31st of March 2021.

New Medicines Services

- 6.41** The New Medicine Service (NMS) supports patients with long-term conditions, who are taking a newly prescribed medicine, to help improve medicines adherence.

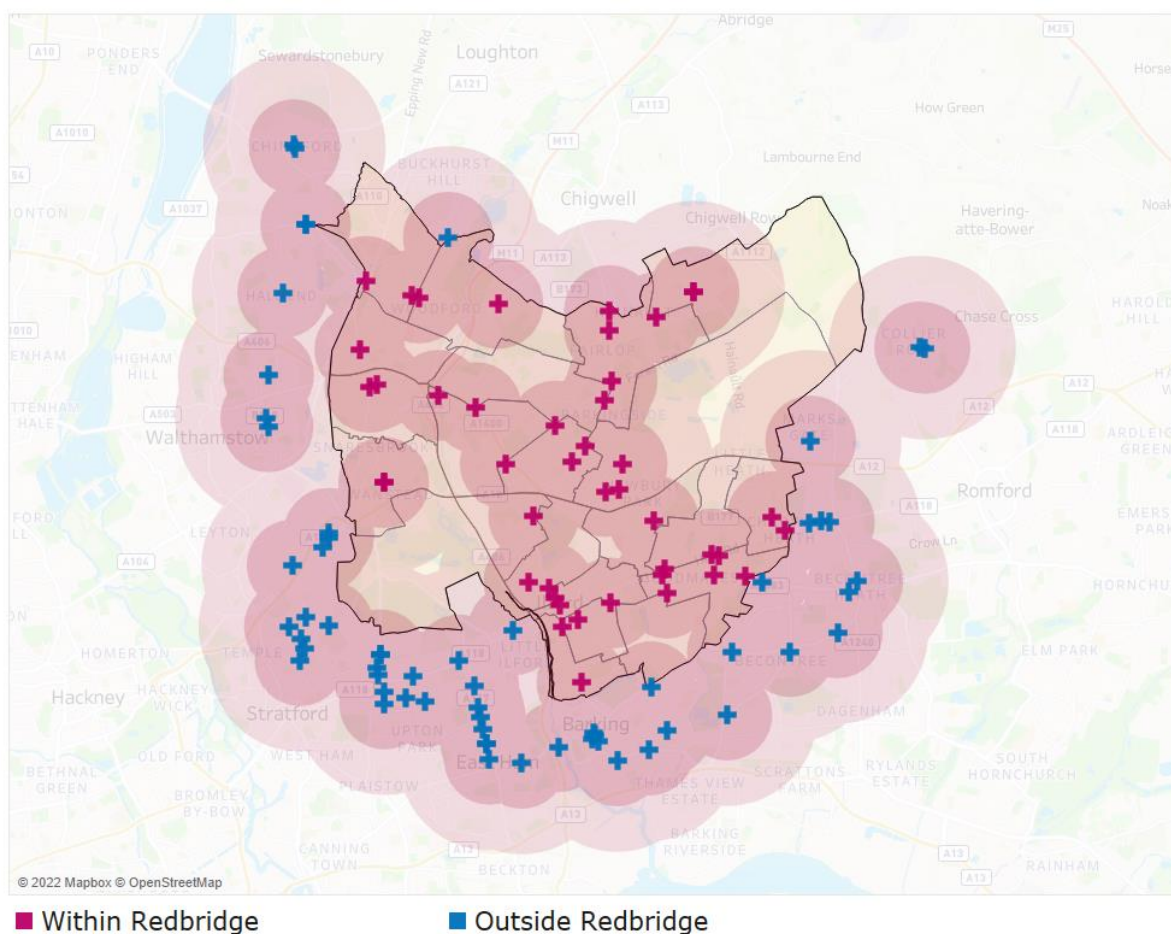
- 6.42** This service is designed to improve patients' understanding of a newly prescribed medicine for their long-term condition and help them get the most from the medicine. It aims to improve adherence to new medication, focusing on people with specific conditions

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

- 6.43** New Medicines Service can only be provided by pharmacies and is conducted in a private consultation area to ensure patient confidentiality.

- 6.44** 44 pharmacies provided NMS in Redbridge in 2020/21. An additional 60 pharmacies in bordering boroughs provided NMS. All these pharmacies are shown in Figure 6.12.

Figure 6.12: Pharmacies providing NMS and their 0.5- and 1-mile coverage, October 2021



Source: NHS England, 2021

6.45 Table 6.6 below shows NMS provision by ward.

Table 6.6: Number of NMS provided by Redbridge pharmacies by ward, 2020/21

Ward	Number of Pharmacies	Total Number of NMSs provided	Average NMS per pharmacy
Aldborough	3	559	186
Barkingside	4	322	81
Bridge	2	106	53
Chadwell	2	307	154
Churchfields	1	70	70
Clayhall	2	297	149
Clementswood	2	142	71
Cranbrook	1	316	316
Fairlop	4	154	39
Fullwell	1	22	22
Goodmayes	4	418	105
Hainault	2	377	189

Iford Town	3	100	33
Loxford	1	535	535
Mayfield	1	311	311
Monkhams	2	97	49
Newbury	1	144	144
Seven Kings	2	271	136
South Woodford	2	138	69
Valentines	2	119	60
Wanstead Village	2	296	148
Borough Total	45	5,101	116

Source: NHS England, 2021

NMS is supplied widely across the borough within areas of high density and need, therefore the current provision of the NMS is sufficient to meet the needs of this borough.

Community pharmacy seasonal influenza vaccination

6.46 Flu vaccination by injection, commonly known as the "flu jab" is available every year on the NHS to protect certain groups who are at risk of developing potentially serious complications, such as:

- anyone over the age of 65
- pregnant women
- children and adults with an underlying health condition (particularly long-term heart or respiratory disease)
- children and adults with weakened immune systems

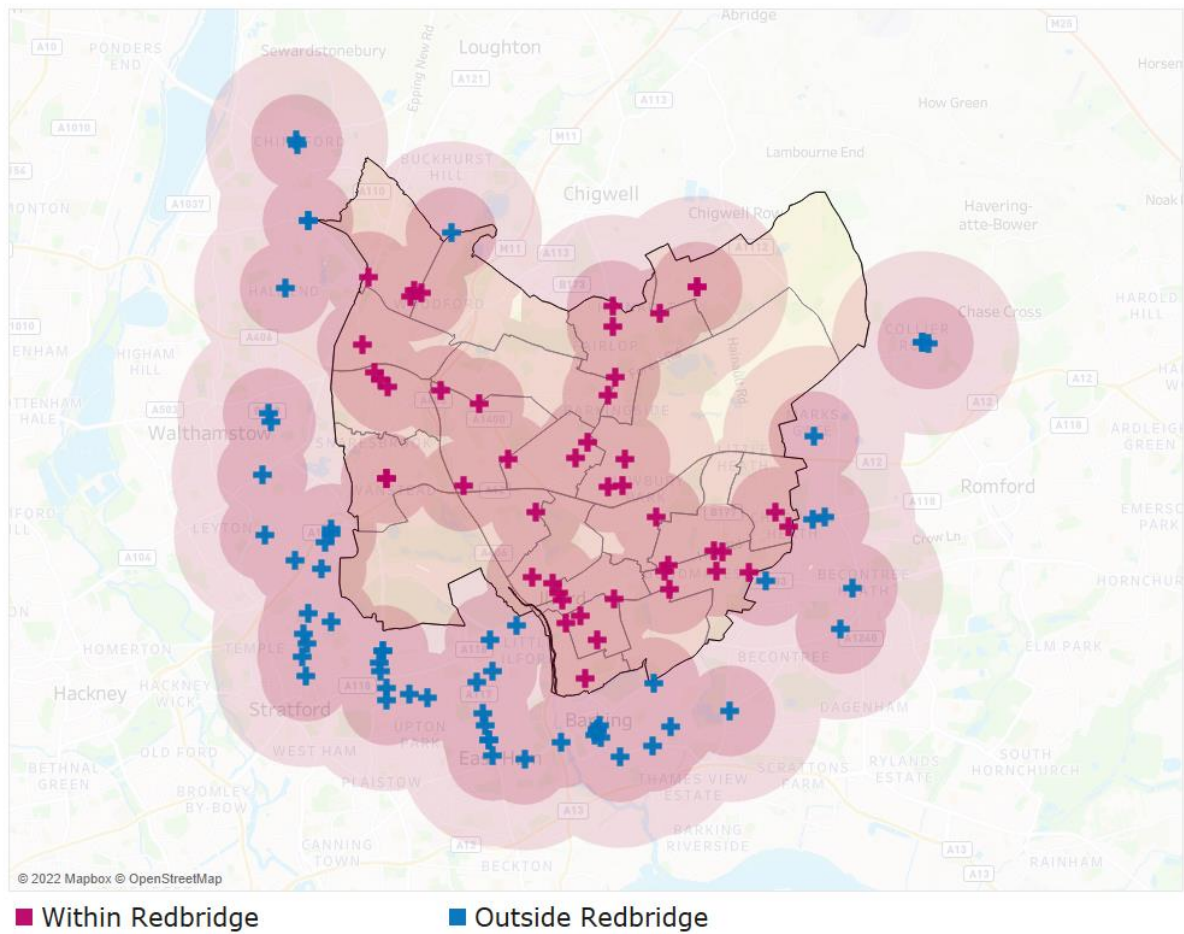
6.47 GPs currently provide most flu vaccinations, pharmacies can help improve access to this service given their convenient locations, extended opening hours and walk-in service. The National Advanced Flu Service is an advanced service commissioned by NHS England to maximise the uptake of the flu vaccine by those who are 'at-risk' due to ill-health or long terms condition.

6.48 In addition to the Advanced Flu Service the NHS England London Region commissions the London Pharmacy Vaccination Service. This can be provided by any pharmacy in London. The aims of the service are to:

- sustain and maximise uptake of flu vaccine in at risk groups by continuing to build the capacity of community pharmacies as an alternative to general practice attendance
- to provide more opportunities and improve convenience for eligible patients to access flu vaccinations

6.49 A vast majority of community pharmacies in the borough provided flu vaccines (46/52) in Redbridge in 2020/21. Another 59 outside but bordering the borough provided the service. The distribution of these pharmacies is shown in Figure 6.13 and Table 6.7.

Figure 6.13: Pharmacies providing Flu vaccination and their 0.5- and 1-mile coverage, October 2021



Source: NHS England, 2021

Table 6.7: Pharmacies that provide Flu Vaccinations in Redbridge by ward, October 2021

Ward	Number of Pharmacies	Ward	Number of Pharmacies
Fairlop	4	Seven Kings	2
Goodmayes	4	Hainault	2
South Woodford	3	Chadwell	2
Monkhams	3	Newbury	1
Ilford Town	3	Mayfield	1
Clementswood	3	Loxford	1
Clayhall	3	Fullwell	1
Barkingside	3	Cranbrook	1
Aldborough	3	Churchfields	1
Wanstead Village	2	Bridge	1
Valentines	2		

Source: NHS England, 2021

6.50 Overall, there is strong coverage of this service across Redbridge. Therefore, the current provision Advanced Flu Service is sufficient to meet the needs of this borough.

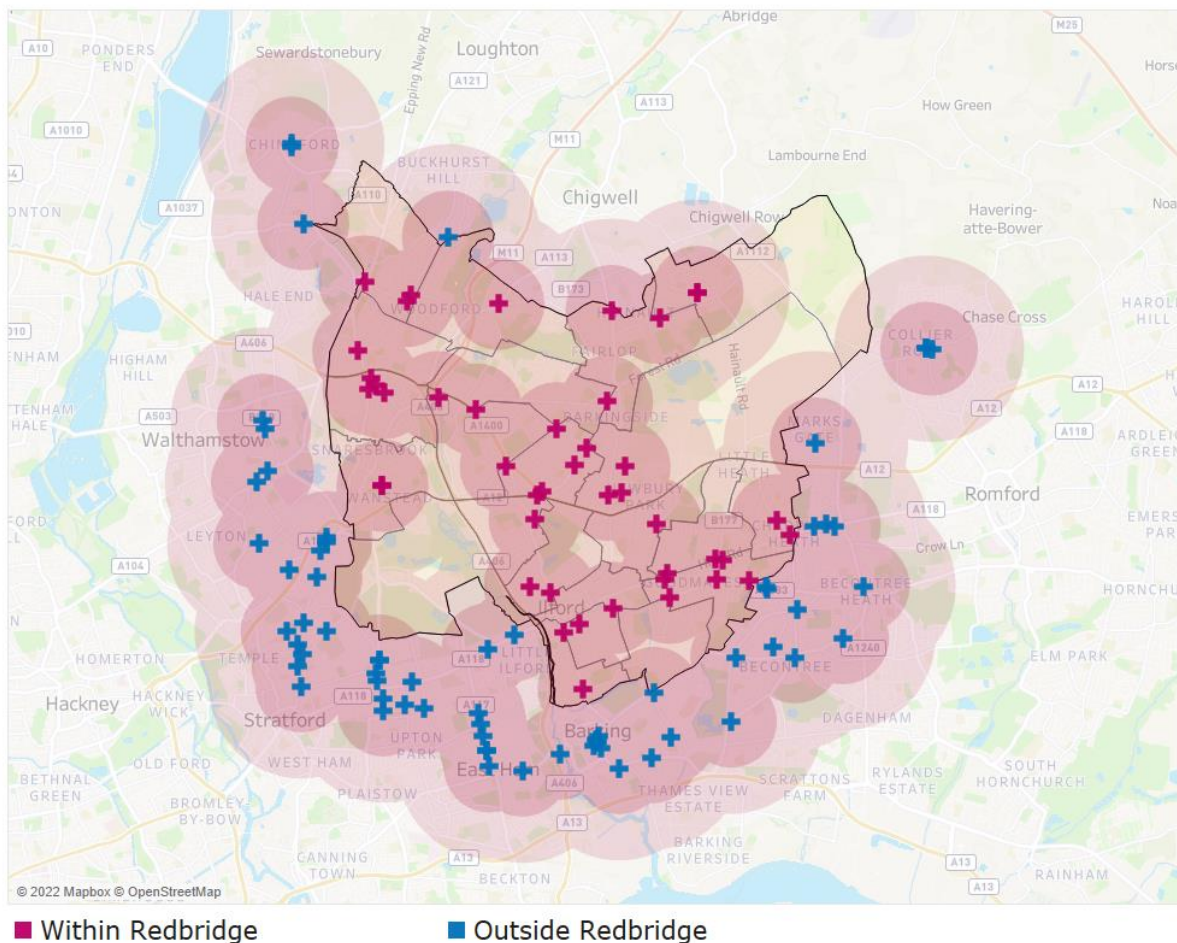
Community pharmacist consultation service (CPCS)

6.51 The community pharmacist consultation service (CPCS) is a new service provided by pharmacies that was launched in October 2019. The aims of the service are to support the integration of community pharmacy into the urgent care system, and to divert patients with lower acuity conditions or who require urgent prescriptions from the urgent care system and to community pharmacy.

6.52 It will also offer patients who contact NHS 111 the opportunity to access appropriate urgent care services in a convenient and easily accessible community pharmacy setting on referral from an NHS 111 call advisor and via the NHS 111 Online service.

6.53 There is strong coverage of CPCS in Redbridge (Figure 6.14 and Table 6.9). Majority of the community pharmacies (44/52) in the borough provided CPCS in 2020/21. There are an additional 65 pharmacies in neighbouring boroughs that provided the service. Therefore, the current provision of CPCS is sufficient to meet the needs of this borough.

Figure 6.14: Pharmacies providing CPCS and their 0.5- and 1-mile coverage, October 2021



Source: NHS England, 2021

Table 6.9: Pharmacies that provide CPCS in Redbridge by ward, October 2021

Ward	Number of Pharmacies	Ward	Number of Pharmacies
Barkingside	6	Clayhall	2
South Woodford	4	Chadwell	2
Goodmayes	4	Newbury	1
Monkhams	3	Mayfield	1
Aldborough	3	Loxford	1
Fairlop	2	Ilford Town	1
Wanstead Village	2	Fullwell	1
Valentines	2	Cranbrook	1
Seven Kings	2	Churchfields	1
Hainault	2	Bridge	1
Clementswood	2		

Source: NHS England, 2021

Community pharmacy blood pressure service

- 6.54** Community pharmacy blood pressure service is a relatively new service and at the time of publication NHSE does not report any pharmacy in Redbridge offering this service.
- 6.55** Twenty-seven respondents to the contractor survey indicated being willing to provide the service if commissioned.

Community pharmacy hepatitis C antibody testing service

- 6.56** NHSE data does not show any pharmacy offering Community pharmacy hepatitis C antibody testing service as of the time of publication.
- 6.57** Twenty-three respondents to the contractor survey indicated being willing to provide the service if commissioned.

Community pharmacy Covid-19 lateral flow device distribution service and community pharmacy Covid-19 medicines

- 6.10** As at the time of publication, NHSE data was not yet available for these services. However, these services are stopping at the end of March 2022.
- 6.58** Three respondents from the contractor survey indicated that they currently provide COVID-19 vaccinations, while another 25 indicated being willing to provide the service if commissioned.
- 6.59** Twenty-five respondents to the survey indicated they currently provide rapid COVID-19 lateral flow test kits and another six are willing to provide the kits if commissioned to do so.

Appliance Use Reviews

- 6.60** Appliance Use Review (AUR) is another advanced service that community pharmacy and appliance contractors can choose to provide so long as they fulfil certain criteria

6.61 AURs can be carried out by, a pharmacist or a specialist nurse either at the contractor's premises or at the patient's home. AURs help patient's to better understand and use their prescribed appliances by:

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

6.62 No pharmacies within or bordering the borough provided this AURs in 2020/21. However, NEL LPC have assured the Health and Wellbeing Board that should the need arise, there would be pharmacies in Redbridge willing to provide the service. Therefore, no gap is evident in the current provision of AURs.

Stoma Appliance Customisation service (SAC)

6.63 The SAC service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.

6.64 Currently three pharmacies provided SACs within Redbridge in 2020/21: Lloyds Pharmacy on Green Lane (Goodmayes ward), Lloyds Pharmacy on Manford Way (Hainault ward) and Lloyds Pharmacy on New North Road (Fairlop ward).

6.65 Residents can access the SAC service either from non-pharmacy providers within the borough (e.g., community health services) or from dispensing appliance contractors outside of the borough. Therefore, the current provision of SAC service is sufficient to meet the needs of this borough.

Medicine Use Reviews

6.11 54 pharmacies in Redbridge delivered Medicine Use Reviews (MURs) up until the service contract was decommissioned by NHS England in March 2021. With MURs patients were offered a structured review of their medicine use to help them manage their medicines more effectively. MURS ensured that patients understood how their medicines should be used, why they have been prescribed and identified any problems patients may encounter. Where necessary would provide feedback to the prescriber.

Summary of the Advanced Pharmacy Services

It is concluded that there is currently sufficient provision for the following enhanced services to meet the likely needs of residents in Redbridge:

- new medicine service
- community pharmacy seasonal influenza vaccination
- community pharmacist consultation service
- community pharmacy blood pressure service
- community pharmacy hepatitis C antibody testing service (currently until 31 March 2022).
- Stoma Appliance Customisation service

At the time of data collection for this PNA, no data was available on the following newly commissioned services:

- stop-smoking service in pharmacies for patients who started their stop-smoking journey in hospital
- Covid-19 lateral flow device distribution service and community pharmacy Covid-19 medicines delivery service. This service is stopping at the end of March 2022.

Redbridge pharmacies have indicated their willingness to provide this service, therefore no gap is evident for future access to these advanced services.

No local pharmacies provided Appliance Use Reviews between October 2020 and October 2021. However, Redbridge pharmacies will be willing to provide them, should the need arise. Therefore, the current provision of the AUR service is sufficient to meet the current and future needs of this borough.

Enhanced Pharmacy Services

- 6.35** There are currently three locally enhanced services commissioned by NHE&I, the London Region. These are the London Seasonal Influenza Vaccination Service, the Bank Holiday Rota Service and the COVID-19 Vaccination Service.

London Seasonal Influenza Vaccination Service

- 6.36** In addition to the Advanced Flu Service the NHSE&I commissions the London Seasonal Influenza Vaccination Service. It provides a vaccination service where there may otherwise be gaps and is offered to a wider patient group, including carers, asylum seekers and the homeless and children from 2 to 18 years.
- 6.37** They also offer provision for pneumococcal vaccination to eligible cohorts and MenACWY for 18–24-year-olds living permanently or temporarily in London.
- 6.38** As at the time of publication, NHSE data was not yet available for these services.

Bank Holiday Rota Service

- 6.39** Community pharmacies are not obliged to open on nominated bank holidays. Since 2020 NHSE&I commission pharmacies to open during bank holidays on a rota basis as an enhanced service. This is to ensure pharmacy services are available during bank holidays and they are accessible to other out of hours providers, thus enabling patients to easily access medication if required.
- 6.40** In Redbridge this service is provided by two pharmacies: Eden Pharmacy, 11 79-85 Goodmayes Road, Goodmayes and Britannia Pharmacy, Loxford Polyclinic, 417 Ilford Lane, Ilford.

COVID-19 Vaccination Service

- 6.12** The aim of this service is to maximise uptake of COVID-19 vaccine by providing vaccination services from accessible pharmacy locations and improving patients' convenience and choice. This service is commissioned as and when required. At the time of the production of this PNA, seven pharmacies provide COVID-19 vaccinations in Redbridge.

Other NHS pharmacy services

- 6.66** These are services commissioned by the London Borough of Redbridge and Barking and Dagenham, Havering and Redbridge CCG to fulfil a local population health and wellbeing need.
- 6.67** Local authority commissioned services:
- Needle exchange and supervised consumption
 - Sexual health services
- 6.68** Barking and Dagenham, Havering and Redbridge CCG commissioned services:
- Community anticoagulation service
 - End of life care medication provision

The provision of these services is explored below.

Needle exchange and supervised consumption

- 6.69** The needle exchange service in Redbridge supplies needles, syringes and other equipment used to prepare and take illicit drugs. The purpose of this services is to reduce the transmission of blood-borne viruses such as hepatitis B and C, and other infections caused by sharing injecting equipment.
- 6.70** Needle exchange services also aim to reduce the harm caused by injecting drugs through providing information and advice and acting as a gateway to other services, including drug treatment centres.
- 6.71** The Supervised Consumption Programme is an integral and complementary part of the London borough of Redbridge's strategy for substance misuse.

6.72 The London Borough of Redbridge commission community pharmacies to provide supervised consumption as part of as part of treatment services for opioid dependency.

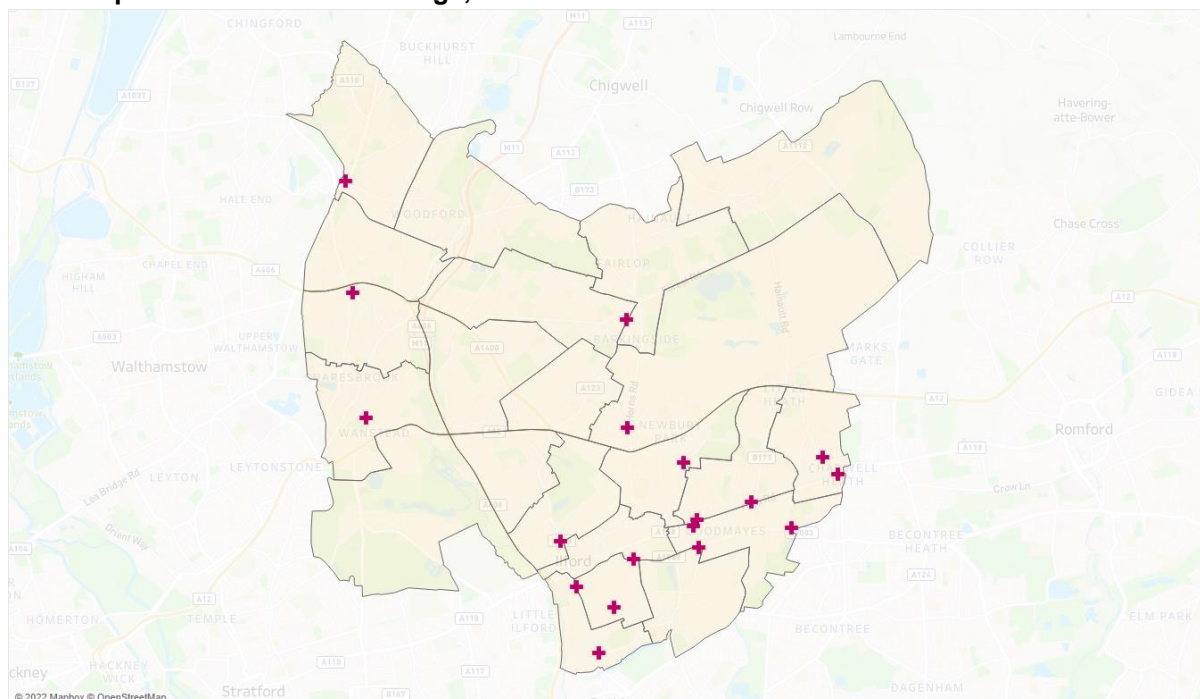
6.73 Supervised consumption of opioid substitution treatment forms a critical element of safe and effective treatment in the community. It reduces risk of overdose and non-compliance with treatment, minimises diversion and enables people being treated for opioid dependency to utilise the benefits of pharmacy intervention around health choices. It is typically used for people who are new to treatment and/or have complex needs.

6.74 Pharmacies that provide this service:

- ensure each supervised dose is correctly administered to the service user for whom it was intended
- liaise with the prescriber, named key worker and others directly involved in the care of the service user
- monitor service user's response to the prescribed treatment
- help service users access treatment by offering referral to specialist drug and alcohol treatment centres and health and social care professionals where appropriate.

6.75 There is good provision of this service in the borough. 18 pharmacies have been commissioned to provide needle exchange and supervised consumption services in Redbridge. These are presented in Figure 6.15 and Table 6.10.

Figure 6.15: Location of pharmacies that provide Needle Exchange and Supervised Consumption services in Redbridge, October 2021



Source: London Borough of Redbridge, 2021

Table 6.10: Location of pharmacies that provide Needle Exchange and Supervised Consumption services in Redbridge by ward, October 2021

Ward	Number of Pharmacies	Ward	Number of Pharmacies
Seven Kings	2	Newbury	1
Goodmayes	2	Monkhams	1
Clementswood	2	Mayfield	1
Chadwell	2	Loxford	1
Wanstead Village	1	Ilford Town	1
Valentines	1	Fullwell	1
South Woodford	1	Aldborough	1

Source: London Borough of Redbridge, 2021

Sexual Health

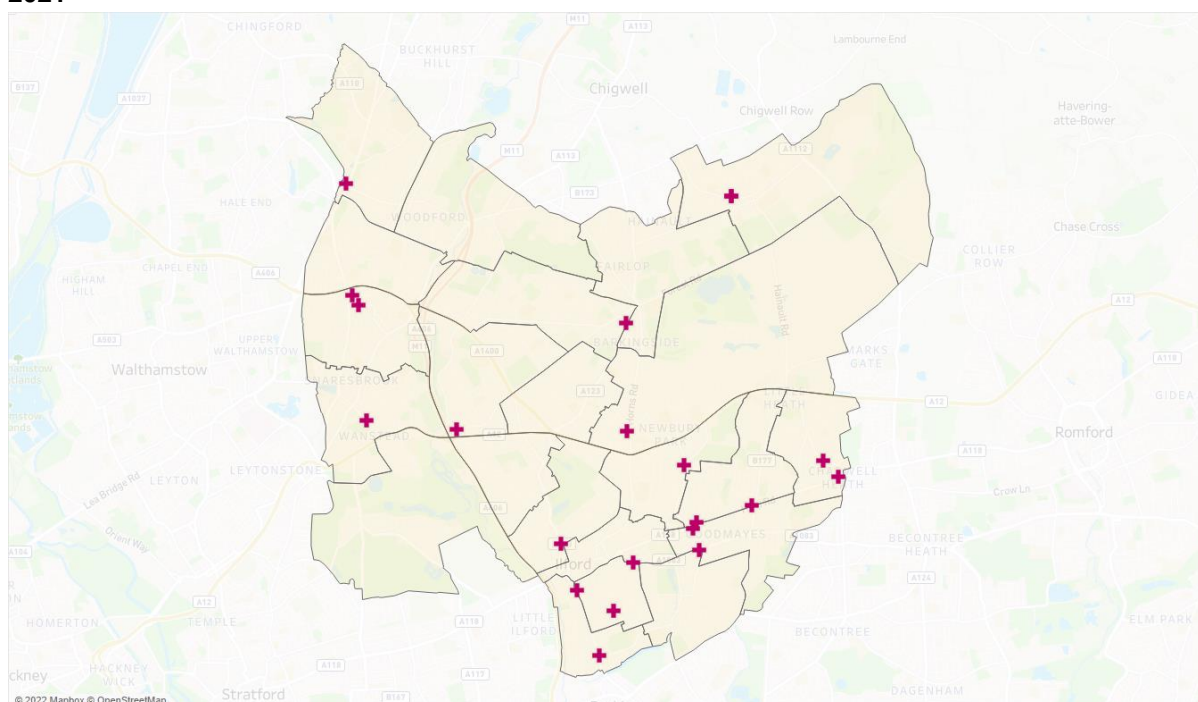
6.76 This is a combined sexual health service. Pharmacies are commissioned to provide free and confidential sexual health services incorporating sexual health information and advice, emergency hormonal contraception, chlamydia screening, chlamydia treatment, and condoms. The aims are to:

- Promote a preventative approach to sexual health and healthy living through information, advice and early intervention.
- Increase the availability and provision of high quality, cost effective sexual health interventions in Redbridge.
- Increase the uptake of the C-card condom distribution scheme amongst young people and increase condom use for our most at risk populations.
- Increase detection rates for STI, in particular Chlamydia and Gonorrhoea.
- Increase access to treatment of Chlamydia to young people and partners to reduce transmission rates.
- Reduce unintended conceptions for females aged 13 to 25 by improving access to emergency hormonal contraception. Over the life of the contract, the age range maybe subject to change.
- Promote Long-Acting Reversible Contraception to women accessing condoms and EHC and offer signposting to Integrated Sexual Health Services or their GP.
- Provide high quality information & advice about safe sex and STIs.
- Provide high quality signposting to other health services (i.e., stop smoking, domestic violence support and addiction services).

6.77 Pharmacies that deliver this service work in partnership with local services, such as safeguarding and young people's services to promote and support sustained behaviour change interventions.

6.78 Twenty-one pharmacies provide sexual health services in the borough. They are shown in Figure 6.16 and Table 6.11.

Table 6.15: Location of pharmacies that provide Sexual Health services in Redbridge, October 2021



Source: London Borough of Redbridge, 2021

Table 6.11: Location of pharmacies that provide Sexual Health services in Redbridge by ward, October 2021

Ward	Number of Pharmacies	Ward	Number of Pharmacies
South Woodford	2	Monkshams	1
Seven Kings	2	Mayfield	1
Hainault	2	Loxford	1
Clementswood	2	Ilford Town	1
Chadwell	2	Goodmayes	1
Wanstead Village	1	Fullwell	1
Valentines	1	Clayhall	1
Newbury	1	Aldborough	1

Source: London Borough of Redbridge, 2021

Community anticoagulation service

6.79 This service is commissioned by Barking and Dagenham, Havering and Redbridge CCG to reduce the expected prevalence of atrial fibrillation in Redbridge.

6.80 The overall aim of this service is to provide on-going monitoring and management of anticoagulation therapy in the community for patients aged 18 and over, who are registered with a GP practice in Redbridge and Redbridge CCG, including temporary residents.

6.81 The provision of the service includes:

- Point of Care Testing
- Organisation and provision of domiciliary service for housebound patients who require anticoagulation monitoring and on-going management.
- Use of Computer Decision Support Software (CDSS) for dosing advice and frequency of testing.
- Prescribing conducted in accordance with the prescribing protocol

6.82 Two pharmacies in the borough offer this service as shown in Table 7.12

Table 6.12: Pharmacies that provide Community anticoagulation service in Redbridge October 2021

Pharmacy	Address	Ward
Britannia Pharmacy	21/23 Horns Road, Newbury Park	Aldborough
Britannia Pharmacy	53 Green Lane, Ilford	Ilford Town

Source: BHR CCG, 2021

End of life care medication provision

6.83 The aim of the end-of-life care (EoLC) medication is to improve access to medications for patients, carers and healthcare professional when they are required. This is to ensure that there is no delay to treatment whilst also providing access and choice.

6.84 Commissioned pharmacies who provide this service maintain a required stock of EoLC medication. Where requested, the pharmacist will provide advice to the healthcare professional regarding the prescribing or dosage of EoLC that should be administered to the patient.

6.85 Commissioned pharmacies may also opt-in to provide an Out-Of-Hours dispensing service for EoLC medication. These pharmacies would provide EoLC medication when no other commissioned pharmacies are open, namely:

- Mon- Saturday 12am-7am
- Sunday 12am - 9am

6.86 The Out-Of-Hour's service is to ensure there is 24 hours 7 days a week availability of medicines for EoLC from community pharmacies across the CCGs three boroughs, Barking and Dagenham, Havering and Redbridge.

6.87 Three pharmacies in Redbridge offer EoLC medication only (Table 6.13).

Table 6.13: Pharmacies providing the EOLC medication access

Pharmacy	Address	Ward
Britannia Pharmacy	21/23 Horns Road, Newbury Park	Aldborough
Chigwell Pharmacy	Chigwell Medical Centre, 300 Fencepiece Road, Hainault	Fairlop
Fairlop Pharmacy	87 High Street, Barkingside, Ilford	Fullwell

Source: BHR CCG, 2021

6.88 Another three pharmacies in the borough offer both EoLC and OOH provision are shown in table below.

Table 6.14: Pharmacies providing the EOLC medicines and OOH in Redbridge

Pharmacy	Address	Ward
Gold's Pharmacy Gants Hill	24 Seven Ways Parade, Woodford Avenue, Gants Hill, Ilford	Barkingside
Beehive Pharmacy	8 Beehive Lane, Ilford	Cranbrook
Pharmaram Chemist	600 High Road, Seven Kings, Ilford	Goodmayes

Source: BHR CCG, 2021

Summary of Other NHS services

It is concluded that there is currently sufficient provision for the following enhanced services to meet the likely needs of residents in Redbridge:

- Needle exchange and supervised consumption
- Sexual health services
- Community anticoagulation service
- End of life care medication provision

Contractor survey responses

6.89 There are some areas of population health and wellbeing need identified in Chapter 4 that pharmacies do not provide specialist support for. The contractor survey identified where pharmacies would be willing to provide additional services to address these needs if commissioned. These are summarised below.

6.90 The rates of people who smoke in Redbridge are higher than the regional figures, although lower than national figures. Twenty-four Redbridge pharmacies stated in the contractor survey they would be willing to provide a stop smoking service if commissioned.

6.91 A high proportion of Redbridge adults and Year 6 children are overweight or obese. 30 pharmacies responded that they would be willing to provide a disease specific service for obesity management for children and adults.

- 6.92** There is a high incidence rate of diabetes and childhood asthma in Redbridge. 26 pharmacies stated that they are willing to provide a disease specific service for asthma if commissioned. 24 pharmacies are willing to provide a disease specific service for Diabetes if commissioned.
- 6.93** Dementia detection rates are low in Redbridge. 28 pharmacies stated that they were willing to provide an Alzheimer’s or Dementia disease specific service if commissioned.

Communication

- 7.91 The most common **languages** spoken by residents in the borough other than English are Urdu, Punjabi, Tamil, Bengali and Gujarati (ONS 2011 data).
- 7.92 According to the responses to the contractor survey most common languages besides English spoken by pharmacy staff are Hindi, Punjabi and Urdu. Table 7.15 lists the most common languages spoken by a member of staff in Redbridge pharmacies.

Table 6.15: Top 10 languages spoken by a member of staff at the pharmacies in Redbridge

Language	Number of Pharmacies
Hindi	17
Punjabi	17
Urdu	16
Gujarati	16
Bengali	7
Lithuanian	4
Romanian	4
Russian	4
Tamil	4
French	2

Source: Redbridge Contractor Survey, 2021

- 7.93** 28 Redbridge pharmacies would be willing to provide a Language Access Service if commissioned.

Chapter 7: Conclusions

- 7.1** This pharmaceutical needs assessment has considered the current provision of pharmaceutical services across Redbridge in alongside the health needs and demographics of its population.
- 7.2** It has assessed whether current provision meets the needs of the population and whether there are any gaps in the provision of pharmaceutical service either now or within the lifetime of this document, 1st October 2022 to 30th September 2025.
- 7.3** This chapter will summarise the provision of these services in Redbridge and its surrounding local authorities.

Current provision

- 7.4** The Redbridge Health and Wellbeing Board has identified the following services as necessary to this PNA to meet the need for pharmaceutical services:
- Essential services provided at all premises included in the pharmaceutical lists.
- 7.5** Other Relevant Services are services provided which are not necessary to meet the need for pharmaceutical services in the area, but which nonetheless have secured improvements or better access to medicines. The Redbridge Health and Wellbeing Board has identified the following as Other Relevant Services:
- Good provision of advanced and enhanced services to meet the need of the local population.

Current access to essential services

- 7.6** In assessing the provision of essential services against the needs of the population, the Health and Wellbeing Board considered access (distance, travel time and opening hours) as the most important factor in determining the extent to which the current provision of essential services meets the needs of the population.
- 7.7** To determine the level of access with the borough to pharmaceutical services, the following criteria were considered:
- The ratio of community pharmacies per 10,000 population
 - Distance and travel time to pharmacies
 - Opening hours of pharmacies
 - Proximity of pharmacies to GP practices
- 7.8** There are 1.7 community pharmacies per 10,000 residents in Redbridge. Though this ratio is lower than the national average of 2.2, as indicated by the contractor survey, the pharmacies have capacity to offer more services.

7.9 As demonstrated by the maps in Chapter 7, the entirety of borough's population is within 1 mile (or 20 minutes commute) of a pharmacy. Additionally, all GP practices are within 1 mile of a pharmacy.

7.10 No difference in needs for vulnerable groups or people who share protected characteristics were identified

7.11 Considering all this, the residents of the borough are well served in terms of the number and location of pharmacies.

Current access to essential services during normal working hours

7.12 All pharmacies are open for at least 40 hours each week. There are 52 community pharmacies in the borough, providing good access as determined in the previous section.

Based on the information available at the time of developing this PNA, the Health and Wellbeing Board identified no current gaps in the provision of essential services during normal working hours.

Current access to essential services outside normal working hours

7.13 On weekdays, 20 pharmacies are open before 9am and 15 are open after 7pm. These are mapped out on Chapter 7 and show good coverage of services available on weekdays outside normal working hours.

Based on the information available at the time of developing this PNA, the Health and Wellbeing Board identified no current gaps in the provision of essential services outside normal working hours.

7.14 47 of the borough's 52 community pharmacies are open on Saturday. 17 pharmacies in the borough are open on Sunday. Considering these pharmacies and those in neighbouring local authorities, as shown in the maps in Chapter 7, there is good accessibility of pharmacies to residents on weekends.

Based on the information available at the time of developing this PNA, the Health and Wellbeing Board identified no current gaps in the provision of essential services on Saturdays or Sundays.

Current access to advanced services

7.15 The following advanced services are currently available for provision by community pharmacies: new medicine service, community pharmacy seasonal influenza vaccination,

community pharmacist consultation service, Community pharmacy blood pressure service, community pharmacy hepatitis C antibody testing service, COVID-19 lateral flow device distribution service and COVID-19 medicines delivery service (finishing in March 2022), appliance use reviews and stoma appliance customisation.

- 7.16 NMS is widely available with 44 pharmacies in the borough providing it.
- 7.17 Though majority of flu vaccinations are currently provided by GPs, they are also available from 46 pharmacies in the borough.
- 7.18 44 of the borough's 52 community pharmacies offer CPCS.
- 7.19 Hypertension case-finding service, hepatitis C antibody testing service, Covid-19 lateral flow device distribution and Covid-19 medicines, will no longer be required in from March 2022.
- 7.20 Though there are pharmacies in the borough and its surrounding that dispense appliances, no pharmacies provided appliance use reviews in the last recorded year. The LPC has assured the Health and Wellbeing Board that should the need arise, there would be pharmacies willing to provide the service in Redbridge.
- 7.21 Stoma Appliance Customisation service is offered by three pharmacies.
- 7.22 It is therefore concluded that there is sufficient provision of advanced services to meet the needs of the residents of Redbridge.

Based on the information available at the time of developing this PNA, the Health and Wellbeing Board identified no current gaps in the provision of advanced services.

Current access to enhanced pharmacy services

- 7.23 There are currently three enhanced services commissioned by the London region of NHSE&I. These are the London Seasonal Influenza Vaccination Service, the Bank Holiday Rota Service (provided by two pharmacies) and the COVID-19 Vaccination Service (delivered by three pharmacies). These are commissioned as and when required.

Based on the information available at the time of developing this PNA, the Health and Wellbeing Board identified no current gaps in the provision of advanced services.

Current access to other NHS services

- 7.24 Enhanced services are other services commissioned by the London Borough of Redbridge, or the Barking and Dagenham, Havering and Redbridge Clinical Commissioning Group. Pharmacies are commissioned to deliver these services to fulfil the specific health and wellbeing of the Redbridge population. Enhanced services include needle exchange and supervised consumption, sexual health services, community anticoagulation service and end of life care medication provision.

- 7.25** 18 pharmacies offer the needle exchange and supervised consumption services, sexual health services are available from 21 pharmacies while two offer anticoagulation services.
- 7.26** Three pharmacies offer End of Life Care medicines, and three offer both the medications and out-of-hours provision.
- 7.27** Overall, there is very good availability of the enhanced services in the borough.

Based on the information available at the time of developing this PNA, the Health and Wellbeing Board identified no current gaps in the provision of enhanced services.

Future Provision

- 7.28** The Health and Wellbeing Board has considered the following future developments:
- Forecasted population growth
 - Housing Development information
 - Regeneration projects
 - Changes in the provision of health and social care services
 - Other changes to the demand for services

Future access to essential services

Future access to essential services during normal working hours

- 7.29** The Health and Wellbeing Board is not aware of any firm plans for changes in the provision of Health and Social Care services within the lifetime of this PNA.
- 7.30** There are some areas of retail, employment and housing developments underway in various parts of Redbridge. These will have the biggest impact in Aldborough, Clementswood and Seven Kings in terms of population increases. Current pharmacy services have capacity to serve the expected future growth in population.

Based on the information available at the time of developing this PNA, the Health and Wellbeing Board identified no gaps in the future provision of essential services during normal working hours.

Future access to essential services outside normal working hours

- 7.31** The Health and Wellbeing Board is not aware of any notifications to change the supplementary opening hours for pharmacies at the time of publication.

Based on the information available at the time of developing this PNA, the Health and Wellbeing Board identified no gaps in the future provision of essential services outside of normal working hours.

Future access to advanced services

- 7.32** Through the contractor survey local pharmacies have indicated that they have capacity for future increases in demand for advanced services.

Based on the information available at the time of developing this PNA, the Health and Wellbeing Board identified no gaps in the future provision of advanced services.

Future access to enhanced services

- 7.33** Through the contractor survey local pharmacies have indicated that they have capacity and future increases in demand for enhanced services.

Based on the information available at the time of developing this PNA, the Health and Wellbeing Board identified no gaps in the future provision of enhanced services.

Future access to other NHS services

- 7.34** Through the contractor survey local pharmacies have indicated that they have capacity and future increases in demand for other NHS services.

Based on the information available at the time of developing this PNA, the Health and Wellbeing Board identified no gaps in the future provision of other NHS services.

Improvements and better access

Current and future access to essential services

- 7.35** In consideration of population health and wellbeing needs and needs of those who share protected characteristics the PNA did not identify any services, that if provided either now or in future would secure improvements or better access to essential services. Further, there is sufficient capacity to meet any increased future demand.

The Health and Wellbeing Board identified no gaps in essential services that if provided, either now or in the future, would secure improvements or better access to essential services.

Current and future access to advanced services

- 7.36** NMS, CPCS and flu vaccination services are all widely available throughout Redbridge.

- 7.37** Though there is no data available publicly for the relatively new services, namely Hypertension case-finding and hepatitis C antibody testing services, there is sufficient capacity for the pharmacies to provide them.
- 7.38** There is SAC provision in the borough, and pharmacies are willing, and have capacity to provide both SAC and AUR. Additionally, advice on both services is offered by hospital and other health providers.
- 7.39** The PNA analysis has concluded that there is sufficient capacity to meet any increased demand of advanced services.

The Health and Wellbeing Board did not identify any gaps in the provision of advanced services at present or in the future, that would secure improvements or better access to advanced services.

Current and future access to enhanced services

- 7.40** These are commissioned as and when required. The PNA did not identify any services, that if provided either now or in future would secure improvements or better access to the enhanced services offered. Through the contractor survey local pharmacies have indicated that they have capacity for future increases in demand for enhanced services.

Based on the information available at the time of developing this PNA, the Health and Wellbeing Board identified no services that if provided would secure improvements or better access to enhanced services.

Current and future access to other NHS services

- 7.41** There is good provision of services commissioned by NHE&I, the London Region. The PNA did not find any evidence to conclude that these services should be expanded.

The Health and Wellbeing Board identified no gaps, either now or in the future, that if provided would secure improvements or better access to other NHS services in the area.

Appendix A - Steering group membership and terms of reference

BARKING AND DAGENHAM, HAVERING AND REDBRIDGE PHARMACEUTICAL NEEDS ASSESSMENT STEERING GROUP

Terms of reference

1. 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 (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (SI 2013 No. 349) and subsequent amendments 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.

A PNA is a document which records the assessment of the need for pharmaceutical services within a specific area. As such, it sets out a statement of the pharmaceutical services which are currently provided, together with when and where these are available to a given population. The PNA is used by NHS England to consider applications to open a new pharmacy, move an existing pharmacy or to provide additional services. In addition, it will provide an evidence base for future local commissioning intentions.

The Barking and Dagenham, Havering and Redbridge Health and Wellbeing Boards have now initiated the process to refresh the PNAs by 1st April 2021.

2. Role

The primary role of the group is to advise and develop structures and processes to support the preparation of a comprehensive, well researched, well considered and robust PNA, building on expertise from across the local healthcare community; and managed by Healthy Dialogues Ltd.

In addition, the group is responsible for:

- Responding to formal PNA consultations from neighbouring HWBs on behalf of the Barking and Dagenham, Havering and Redbridge Health and Wellbeing boards.

- Establishing arrangements to ensure the appropriate maintenance of the PNA, following publication, in accordance with the Regulations.
- 3. Objectives**
- Ensure the new PNA meets the requirements of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and its amendments.
 - Develop the PNA so that it documents all locally commissioned services, including public health services commissioned; and services commissioned by the CCG/ICS and other NHS organisations as applicable; and provides the evidence base for future local commissioning.
 - Agree a project plan and ensure representation of the full range of stakeholders.
 - Ensure a stakeholder and communications plan is developed to inform pre-consultation engagement and to ensure that the formal consultation meets the requirements of the Regulations.
 - Ensure that the PNA, although it is a separate document, integrates, and aligns with, with both the joint strategic needs assessment and the health and wellbeing strategies of each of the boroughs as well as other key regional and national strategies.
 - Ensure that the requirements for the development and content of PNAs are followed, and that the appropriate assessments are undertaken, in accordance with the Regulations. This includes documenting current and future needs for, or improvements and better access to, pharmaceutical services as will be required by the Barking and Dagenham, Havering and Redbridge populations.
 - Approve the framework for the PNA document, including determining the maps which will be included.
 - Ensure that the PNA contains sufficient information to inform commissioning of enhanced services, by NHS England; and commissioning of locally commissioned services by the CCG and other local health and social care organisations.
 - Ensure a robust, and timely consultation is undertaken in accordance with the Regulations; including formally considering and acting upon consultation responses and overseeing the development of the consultation report for inclusion in the final PNA.
 - Consider and document the processes by which the HWB will discharge its responsibilities for maintaining the PNA.
 - Comment, on behalf of the Barking and Dagenham, Havering and Redbridge Health and Wellbeing boards, on formal PNA consultations undertaken by neighbouring HWBs
 - Advise the HWB, if required, when consulted by NHS England in relation to consolidated applications.
 - Document and manage potential and actual conflicts of interest.

4. Accountability and reporting

The Barking and Dagenham, Havering and Redbridge Health and Wellbeing boards have delegated responsibility for the development and maintenance of the PNA; and for formally responding to consultations from neighbouring HWBs to the PNA Steering Group

The PNA steering group will be accountable to the Barking and Dagenham, Havering and Redbridge Health and Wellbeing boards and will report on progress on a two-monthly frequency or as required by the Health and Wellbeing Board.

The pre-consultation draft and the final draft PNAs will be presented to the Health and Wellbeing Board for approval.

5. Membership

Membership of the group shall be:

Name	Organisation
Chair: Ian Diley	Redbridge Council
Janaka Perera	NEL LPC
Wassim Fattahi-Negro	LB Barking & Dagenham
Anthony Wakhisi	LB Havering
Leaman Jane	LB Barking & Dagenham
Ashlee Mulimba	Healthy Dialogues
Beattie Sturrock	Redbridge Council
Camille Barker	Redbridge Council
Emily Plane	BHR CCG
Manisha Modhvia	Healthwatch Barking and Dagenham
Ian Buckmaster	Healthwatch Havering
Cathy Turland	Healthwatch Redbridge

An agreed deputy may be used where the named member of the group is unable to attend.

Other staff members / stakeholders may be invited to attend meetings for the purpose of providing advice and/or clarification to the group.

6. Quorum

A meeting of the group shall be regarded as quorate where there is one representative from each of the following organisations / professions:

- Chair (or nominated deputy)
- Barking and Dagenham HWB
- Havering HWB
- Redbridge HWB
- LPC
- Healthy Dialogues

7. Declaration of Interests

It is important that potential, and actual, conflicts of interest are managed:

- Declaration of interests will be a standing item on each PNA Steering Group agenda.
- A register of interests will be maintained and will be kept under review by the HWB.
- Where a member has a potential or actual 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.

8. Frequency of meetings

The group will meet monthly for the lifetime of this project. Meetings may be held, or decisions taken, virtually, where appropriate.

Appendix B – Pharmacy provision within Redbridge and within 1 mile of border

Borough	ODS Code	Pharmacy	Contract Type	Address	Post Code	Early Opening?	Late Closing?	Open on Saturday?	Open on Sunday?
Redbridge	FQV26	Beehive Pharmacy	Community	8 Beehive Lane, Ilford	IG1 3RD	No	Yes	Yes	Yes
	FE174	Boots UK Limited	Community	117-119 High Road, Ilford, Essex	IG1 1DE	No	No	Yes	Yes
	FJL42	Boots UK Limited	Community	169 Manford Way, Hainault, Ilford	IG7 4DN	No	No	Yes	No
	FJY11	Boots UK Limited	Community	172 George Lane, South Woodford, London	E18 1AY	Yes	No	Yes	Yes
	FLM83	Boots UK Limited	Community	59-61 High Street, Wanstead, London	E11 2AE	Yes	No	Yes	Yes
	FKA10	Borno Chemists Limited	Community	15 Broadway Market, Fencepiece Road, Barkingside, Ilford	IG6 2JR	No	No	No	No
	FNK71	Borno Chemists Limited	Community	69 Perrymans Farm Road, Barkingside, Ilford	IG2 7LT	No	No	No	No
	FC396	Britannia Pharmacy	Community	414-416 Green Lane, Seven Kings, Ilford	IG3 9JX	No	Yes	Yes	Yes
	FCX56	Britannia Pharmacy	Community	Loxford Polyclinic, 417 Ilford Lane, Ilford	IG1 2SN	Yes	Yes	Yes	No
	FDK37	Britannia Pharmacy	Community	265 Aldborough Road South, Seven Kings, Ilford	IG3 8JB	No	No	Yes	No
	FG463	Britannia Pharmacy	Community	21/23 Horns Road, Newbury Park	IG2 6BN	No	Yes	Yes	Yes
	FMN80	Britannia Pharmacy	Community	53 Green Lane, Ilford	IG1 1XG	No	No	Yes	No
	FWN26	Britannia Pharmacy	Community	429-431 High Road, Woodford Green	IG8 0XE	Yes	No	Yes	No
	FJ605	Chigwell Pharmacy	Community	Chigwell Medical	IG6 2TA	Yes	Yes	Yes	Yes

Borough	ODS Code	Pharmacy	Contract Type	Address	Post Code	Early Opening?	Late Closing?	Open on Saturday?	Open on Sunday?
				Centre, 300 Fencepiece Road, Hainault					
	FXH15	Chrystalls Pharmacy	Community	12 The Broadway, Woodford Green	IG8 0HL	No	No	Yes	No
	FJ842	Churchfields Pharmacy	Community	211 High Road, South Woodford, London	E18 2PB	Yes	No	Yes	Yes
	FP222	Clickrx	DSP	Unit 11 Broadmead Ic, Liston Way, Woodford Green	IG8 7BN	No	No	No	No
	FYT00	Cordeve Ltd Dispensing Chemist	Community	70 Chadwell Heath Lane, Chadwell Heath, Romford	RM6 4NP	No	Yes	Yes	No
	FNA06	Daniels Pharmacy	Community	133 George Lane, South Woodford, London	E18 1AN	Yes	No	No	No
	FCX67	Day Lewis Pharmacy	Community	6 Claybury Broadway, Clayhall, Ilford	IG5 0LQ	No	No	Yes	No
	FV839	Day Lewis Pharmacy	Community	342 Cranbook Road, IG6 1HJ	IG6 1HJ	No	No	Yes	No
	FEL84	DP Pharmacy	Community	84 Albert Road, Ilford	IG1 1HW	No	No	No	No
	FG274	Eden Pharmacy	Community	79-85 Goodmayes Road, Goodmayes, Ilford	IG3 9UB	No	Yes	Yes	No
	FNA07	Fairlop Pharmacy	Community	87 High Street, Barkingside, Ilford	IG6 2AH	Yes	Yes	Yes	Yes
	FHL60	Fencepiece Pharmacy	Community	109 Fencepiece Road, Barkingside, Ilford	IG6 2LD	Yes	No	Yes	No
	FLX84	Gold'S Pharmacy Gants Hill	Community	24 Seven Ways Parade, Woodford Avenue, Gants Hill, Ilford	IG2 6JX	No	Yes	Yes	Yes
	FPN09	In-Store Pharmacy	Community	Tesco Stores, 822 High Road, Chadwell Heath	RM6 4HY	Yes	Yes	Yes	Yes

Borough	ODS Code	Pharmacy	Contract Type	Address	Post Code	Early Opening?	Late Closing?	Open on Saturday?	Open on Sunday?
	FFG00	J R Richards Pharmacy	Community	11 Redbridge Lane East, Redbridge	IG4 5ET	No	No	No	No
	FJF69	Lloyds Pharmacy	Community	King George Avenue, Newbury Park, Ilford	IG2 7SH	Yes	Yes	Yes	Yes
	FN372	Lloyds Pharmacy	Community	2 Brooks Parade, Green Lane, Goodmayes	IG3 9RT	No	No	Yes	Yes
	FR823	Lloyds Pharmacy	Community	155 Manford Way, Chigwell, Essex	IG7 4DN	Yes	No	Yes	No
	FWM34	Lloyds Pharmacy	Community	208 New North Road, Hainault, Ilford	IG6 3BS	No	No	Yes	No
	FKF63	Longwood Pharmacy	Community	162-166 Longwood Gardens, Barkingside, Ilford	IG5 0EW	No	No	Yes	No
	FH113	Mayors Pharmacy	Community	113-115 Snakes Lane West, Woodford Green	IG8 0DY	No	No	Yes	No
	FHR36	Mydirect Pharmacy	DSP	Unit 19, Thompson Close, Ilford	IG1 1TY	No	No	Yes	No
	FPL60	Ocean Pharmacy	Community	30 High Road, South Woodford, Redbridge	E18 2QL	Yes	Yes	Yes	Yes
	FNA31	P & S Chemist	Community	111 Ilford Lane, Ilford, Essex	IG1 2RJ	No	No	Yes	No
	FT835	Pelton Chemist	Community	90 Belgrave Road, Ilford, Essex	IG1 3AL	No	No	Yes	No
	FTL36	Pharmaram Chemist	Community	600 High Road, Seven Kings, Ilford	IG3 8BS	No	No	Yes	No
	FQX71	Roding Pharmacy	Community	214 Redbridge Lane East, Redbridge, Ilford	IG4 5BQ	Yes	No	Yes	No
	FK675	Rohpharm Ltd	Community	149 Cranbrook Road, Ilford, Essex	IG1 4PU	No	No	Yes	No
	FD728	Sheldons Pharmacy	Community	367 Eastern Avenue, Gants Hill, Ilford	IG2 6NE	Yes	Yes	Yes	No
	FGA58	Superdrug	Community	50 Cranbrook Road, Ilford	IG1 4NF	No	No	Yes	No

Borough	ODS Code	Pharmacy	Contract Type	Address	Post Code	Early Opening?	Late Closing?	Open on Saturday?	Open on Sunday?
	FTL30	Sv Pharmacy	Community	19 Electric Parade, George Lane, South Woodford	E18 2LY	No	No	Yes	No
	FCR80	Tesco Store	Community	Tesco Stores Ltd, 796 Cranbrook Road, Barkingside, Ilford	IG6 1HY	Yes	Yes	Yes	Yes
	FPC57	Tesco Stores	Community	Southend Road, Woodford Green	IG8 8GE	Yes	Yes	Yes	Yes
	FEP64	The Bridge Pharmacy	Community	696/702 Chigwell Road, Woodford Bridge, Woodford Green	IG8 8AL	No	No	Yes	No
	FLD13	Wanstead Pharmacy	Community	75-77 High Street, Wanstead	E11 2AE	Yes	No	Yes	Yes
	FXY87	Well Pharmacy	Community	125 High Street, Barkingside, Ilford	IG6 2AH	Yes	No	Yes	No
	FA065	Well Woodford - Jubilee Parade	Community	2 Jubilee Parade, Snakes Lane, Woodford Green	IG8 7QF	No	No	Yes	No
	FQD31	Well-Chem Pharmacy	Community	641 High Road, Seven Kings, Ilford	IG3 8RA	No	No	Yes	No
	FMC24	Wellbeing Pharmacy	Community	1207 High Road, Chadwell Heath, Romford	RM6 4AL	No	No	Yes	No
	FEY00	Woodlands Pharmacy	Community	119 Hampton Road, Ilford, Essex	IG1 1PR	No	No	Yes	No
	FML03	Zadams Chemist	Community	841 High Road, Goodmayes, Essex	IG3 8TG	Yes	No	Yes	No
Barking & Dagenham	FYG11	Alvin Rose Chemist	Community	606 Longbridge Road, Dagenham, Essex	RM8 2AJ	No	No	Yes	No
	FH672	Andrew Bass Pharmacy	Community	1148 Green Lane, Becontree	RM8 1BP	No	No	Yes	No

Borough	ODS Code	Pharmacy	Contract Type	Address	Post Code	Early Opening?	Late Closing?	Open on Saturday?	Open on Sunday?
				Heath, Dagenham					
	FV010	Boots UK Limited	Community	68 East Street, Barking, Essex	IG11 8EQ	No	No	Yes	Yes
	FKA24	Britannia Pharmacy	Community	167- 169 High Road, Chadwell Heath, Romford	RM6 6NL	No	No	Yes	No
	FL779	Britannia Pharmacy	Community	Barking Community Hosp, Upney Lane, Barking	IG11 9LX	No	No	Yes	No
	FPW40	Britannia Pharmacy	Community	453 Porters Avenue, Dagenham	RM9 4ND	No	No	Yes	No
	FTY66	Britannia Pharmacy	Community	19 Faircross Parade, Barking, Essex	IG11 8UW	No	No	Yes	No
	FH855	David Lewis Chemist	Community	16 Porters Avenue, Dagenham, Essex	RM8 2AQ	No	Yes	Yes	No
	FVG95	Day Lewis Pharmacy	Community	359 Ripple Road, Barking	IG11 9PN	No	No	Yes	No
	FMP00	Daynight Pharmacy	Community	17 Station Parade, Barking	IG11 8ED	Yes	Yes	Yes	Yes
	FGH11	Hannigan	Community	240 Bennetts Castle Lane, Beacontree, Dagenham	RM8 3UU	No	No	Yes	No
	FRH15	Lloyds Pharmacy	Community	97-131 High Road, Chadwell Heath, Essex	RM6 6PA	Yes	Yes	Yes	Yes
	FWG54	Lloyds Pharmacy	Community	281 Wood Lane, Dagenham	RM8 3NL	No	No	Yes	No
	FYX52	Lords Dispensing Chemists	Community	35 Station Parade, Barking, Essex	IG11 8EB	No	Yes	Yes	No
	FAR43	Mastaa-Care Pharmacy Ltd	Community	26 Whalebone Lane South, Dagenham, Essex	RM8 1BJ	No	No	Yes	No
	FTH55	Mayors Chemist	Community	214 Ripple Road, Barking, Essex	IG11 7PR	No	No	Yes	No
	FTK70	NuChem	Community	778 Green Lane, Dagenham, Essex	RM8 1YT	No	No	Yes	No
	FAV09	Sandbern Chemist	Community	703-705 Green Lane,	RM8 1UU	No	No	Yes	No

Borough	ODS Code	Pharmacy	Contract Type	Address	Post Code	Early Opening?	Late Closing?	Open on Saturday?	Open on Sunday?
				Dagenham, Essex					
	FJT17	Super.Care Pharmacy +	Community	198-200 High Road, Chadwell Heath, Romford	RM6 6LU	Yes	Yes	Yes	Yes
	FPE92	Superdrug Chemist	Community	12-13 Station Parade, Barking	IG11 8DN	No	No	Yes	No
	FA207	Tesco Pharmacy	Community	Highbridge Road, Barking	IG11 7BS	Yes	Yes	Yes	Yes
	FNW81	Thomas Pharmacy	Community	19 Ripple Road, Barking, Essex	IG11 7NP	No	No	Yes	No
	FFX94	Valence Pharmacy	Community	453 Becontree Avenue, Dagenham, Essex	RM8 3UL	No	No	Yes	No
	FML56	Well Chadwell Heath - Rose Lane	Community	107 Rose Lane, Chadwell Heath, Romford	RM6 5NR	No	No	Yes	No
Epping Forest	FQD42	Brookhouse Pharmacy	Community	20 Brook Parade, High Road, Chigwell	IG7 6PF	No	No	Yes	No
	FTC47	Easter Pharmacy	Community	54 Station Way, Buckhurst Hill, Essex	IG9 6LL	No	No	Yes	No
Havering	FVE89	Alliance Pharmacy	Community	21 Clockhouse Lane, Collier Row, Romford	RM5 3PH	No	No	Yes	No
	FFX17	Clockhouse Pharmacy	Community	5 Clockhouse Lane, Collier Row, Romford	RM5 3PH	Yes	Yes	Yes	Yes
	FN391	Lloyds Pharmacy	Community	12 Chase Cross Road, Collier Row, Romford	RM5 3PR	No	No	Yes	No
Newham	FMT53	Akro Pharmacy	Community	404 Katherine Road, Forest Gate, London	E7 8NP	No	No	Yes	No
	FVH94	Bell Pharmacy	Community	995 Romford Road, Manor Park, London	E12 5JR	No	No	Yes	No
	FEV46	Boots UK Limited	Community	82-84 High Street North, East Ham, London	E6 2HT	No	No	Yes	Yes
	FX075	Britannia Pharmacy	Community	155 Leytonstone Road, Stratford	E15 1LH	No	No	Yes	No

Borough	ODS Code	Pharmacy	Contract Type	Address	Post Code	Early Opening?	Late Closing?	Open on Saturday?	Open on Sunday?
	FJM53	Cartwrights Pharmacy	Community	67 Leytonstone Road, Stratford, London	E15 1JA	No	No	Yes	No
	FNM10	Catto Chemist	Community	388 High Street North, Manor Park, London	E12 6RH	No	Yes	Yes	No
	FWR56	Church Road Pharmacy	Community	30 Church Road, Manor Park	E12 6AQ	No	No	Yes	No
	FW547	Craillmay Pharmacy	Community	70 Green Street, Forest Gate	E7 8JG	No	No	No	No
	FK366	Day Lewis Pharmacy	Community	79 Upton Lane, Forest Gate	E7 9PB	No	No	Yes	No
	FL753	Ghir Limited	Community	426-428 Barking Road, East Ham, London	E6 2SA	No	No	Yes	No
	FL521	Kingsway Chemist	Community	214 High Street North, London,	E6 2JA	No	No	Yes	No
	FV542	Malchem	Community	63 Woodgrange Road, Forest Gate	E7 0EL	Yes	No	Yes	No
	FC272	Manor Park Pharmacy	Community	683 Romford Road, Manor Park, London	E12 5AD	No	No	Yes	No
	FL163	Mansons Chemists	Community	15 Woodgrange Road, Forest Gate, London	E7 8BA	No	No	Yes	No
	FKQ97	Mayors Dispensing Chemist	Community	45 Upton Lane, Forest Gate, London	E7 9PA	No	No	Yes	No
	FE374	Muhammads Pharmacy	Community	829 Romford Road, Manor Park	E12 6EA	Yes	Yes	Yes	Yes
	FQX93	Munro Pharmacy	Community	5-7 High Street North, East Ham	E6 1HS	No	No	Yes	Yes
	FRK52	Prime Pharmacy	Community	234 High Street North, Manor Park, London	E12 6SB	No	No	Yes	No
	FFD95	Push Pharmacy	DSP	Unit 3, 242 Romford Road	E7 9HZ	No	No	No	No
	FHH62	Sai Pharmacy	Community	150-152 High Street North, East Ham,	E6 2HT	No	No	Yes	No
	FCG45	Shan Chemist	Community	453 Romford Road, Forest Gate, London	E7 8AB	No	No	Yes	No

Borough	ODS Code	Pharmacy	Contract Type	Address	Post Code	Early Opening?	Late Closing?	Open on Saturday?	Open on Sunday?
	FK684	Sherman Chemists	Community	100-102 Woodgrange Road, London,	E7 0EW	Yes	No	Yes	No
	FQX57	Solanky Mk	Community	324 High Street North, Manor Park, London	E12 6SA	No	Yes	Yes	No
	FLW84	Woodgrange Pharmacy	Community	116 Woodgrange Road, Forest Gate	E7 0EW	Yes	Yes	Yes	Yes
Waltham Forest	FEG29	Acheason Pharmacy	Community	273 High Road, Leytonstone	E11 4HH	No	No	Yes	No
	FLN64	Boots UK Limited	Community	19 Station Road, Chingford, London	E4 7BJ	Yes	No	Yes	Yes
	FP089	Boots UK Limited	Community	813 High Road, Leytonstone, London	E11 1HQ	No	No	Yes	Yes
	FGH86	Bower Chemists	Community	340 Grove Green Road, Leytonstone	E11 4EA	No	No	No	No
	FLC80	Burns Chemist	Community	334 High Road, Leytonstone, London	E11 3HR	No	Yes	Yes	No
	FTR68	Day Lewis Pharmacy	Community	121 Wood Street, Walthamstow	E17 3LL	No	No	Yes	No
	FCD48	Granshaw' S Chemist	Community	137 Cann Hall Road, Leytonstone, London	E11 3NJ	No	No	No	No
	FTV13	Hainault Pharmacy	Community	55 Hainault Road, Leytonstone	E11 1EA	No	No	No	No
	FEN07	Hatch Pharmacy	Community	30 Hatch Lane, Chingford, London	E4 6LQ	No	No	Yes	No
	FKP20	Langthorne Pharmacy	Community	Langthorne Health Centre, 13 Langthorne Road, Leytonstone	E11 4HX	No	No	No	No
	FEW28	Lea Bridge Pharmacy	Community	881 Lea Bridge Road, Walthamstow	E17 9DS	No	No	Yes	No
	FRT99	Leyton Green Pharmacy	Community	768 Lea Bridge Road, Walthamstow	E17 9DN	No	No	No	No
	FGN06	Lloyds Pharmacy	Community	Electric House, 2C Station	E4 7BH	No	No	Yes	No

Borough	ODS Code	Pharmacy	Contract Type	Address	Post Code	Early Opening?	Late Closing?	Open on Saturday?	Open on Sunday?
				Road, Chingford					
	FJ436	Safedale Ltd	Community	144 High Road, Leytonstone, London	E15 1UA	No	No	No	No
	FMV67	Tesco Instore Pharmacy	Community	Tesco Stores, Gainsborough Road, Leytonstone	E11 1HT	Yes	Yes	Yes	Yes
	FCG13	Triplsave (Chemists) Ltd	Community	8 Macdonald Road, Walthamstow, London	E17 4AZ	No	No	Yes	No
	FFF08	Well Chingford - Hatch Lane	Community	20 Hatch Lane, Chingford, London	E4 6LQ	No	No	Yes	No
	FA976	Well Highams Park - The Avenue	Community	10 The Avenue, Higham Park, London	E4 9LD	Yes	No	Yes	No
	FD441	Well Walthamstow - Wood Street	Community	147-151 Wood Street, Walthamstow	E17 3LX	No	No	Yes	No
	FJT86	Woodside Pharmacy	Community	851 High Road, Leytonstone, London	E11 1HH	No	No	Yes	No
	FMM53	Woodside Pharmacy Beacontree	Community	633 High Road, Leytonstone	E11 4RD	No	No	Yes	No