

Tower Hamlets Pharmaceutical Needs Assessment (PNA) 2023



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Executive Summary

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

This PNA has been undertaken during a time of uncertainty around how pharmacy services will develop over the next three years. The NHS Long Term Plan (LTP) states that “Pharmacists have an essential role to play in delivering the “Long Term Plan”. They state that “The funding for the new primary care networks will be used to substantially expand the number of clinical pharmacists” and “To make greater use of community pharmacists’ skills and opportunities to engage patients, while also exploring further efficiencies through reform of reimbursement and wider supply arrangements”. The LTP also includes ways in how community pharmacy and pharmacists can support the changes.

Since the last Tower Hamlets PNA was published in 2018, no major changes to pharmaceutical provision have been observed and provision is generally good. There are 51 community pharmacies in Tower Hamlets (as of November 2022) for a population of 331,969. This is an average of 15.4 pharmacies per 100,000 population, lower than the London (20.7) and England (20.5). All localities have at least one community pharmacy, however the number of pharmacies in each locality varies across the borough with the localities in the North having a higher numbers per resident compared to the rest of the borough.

Overall access is good. By using a car, 100% of residents can access to their nearest pharmacy within 4 minutes, and the majority of residents, the nearest pharmacy can be reached within 10 minutes of walking. There are three 100-hour pharmacies across the borough and five pharmacies provide Sunday opening. Demand for community pharmacies is likely to increase due to national policy and population growth. Current national policies highlight the potential of community pharmacies delivering enhanced community-based healthcare thereby reducing demand on urgent and primary care services.

Since the 2018 PNA was published, both the resident population and GP registered population of Tower Hamlets borough has increased. Analysis of housing data shows that there are likely to be population increases in parts of the borough, particularly in the South East locality, with population projections showing an increase of 20.6% of population increase by 2032. As these developments take place there will be an increasing requirement for pharmacy services, although as a locality which is quite densely populated, current pharmacies are likely to remain accessible.

Throughout COVID, Tower Hamlets community pharmacies remained open and went above and beyond to support their local community. They had a number of pharmacy vaccination sites set up that administered COVID vaccinations. This has shown what Community Pharmacy can deliver when it is commissioned and remunerated appropriately.

The current climate post COVID shows the value of Community Pharmacy within their community. Community Pharmacy is often the gateway to the NHS for many

patients and you don't need to make an appointment to see them, you can just walk in. They are accessible with respect to location and opening hours as many pharmacies open extended hours. In London there are a high number of pharmacies within a small area and a low number of prescriptions being issued compared to areas outside of London. Tower Hamlets is rapidly developing and we know that there will be an increase in the population in the future. According to the LPC all pharmacies currently have the capacity to take on an additional workload with respect to services and prescriptions.

A review of the Joint Strategic Needs Assessment (JSNA) and Health and Wellbeing Strategy (HWS) identified that there may be scope for pharmacies to support local health needs. Priority areas identified by Tower Hamlet's Health and Wellbeing Board (HWBB) in which there are potential roles for pharmacists are as follows:

- Access to high quality care and support for new mothers
- Good parenting
- High quality early education
- High quality educational and skills development provision
- A sense of control over one's life
- Secure employment
- Being in a workplace that supports health and wellbeing
- Having an income that is sufficient for healthy living
- Living in a physical environment that supports health (housing, public space)
- Having social and community support networks
- Evidence based programmes addressing behaviour risk factors for health
- Access to high quality health and social care services throughout life

Other areas that pharmacists could play a role in include: collaborating with initiatives aimed at increasing cancer screening coverage; improving the number of people offered an NHS health check; supporting people to recover from the effects of the pandemic; delivering more proactive and preventative services that focus on long-term conditions; preventing childhood and adult obesity; improving vaccination coverage and promoting screening for aortic aneurysm by signposting.

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

Conclusions

The Tower Hamlets HWBB has updated the information in relation to pharmacy services in its borough as well as information regarding changes in pharmacy services. In addition, the HWBB has reviewed the current health needs of its population in relation to the number and distribution of the current pharmacies in the borough and those pharmacies in neighbouring boroughs adjoining the borough of Tower Hamlets. The PNA is required to clearly state what is considered to constitute essential services as required by paragraphs 1 and 3 of Schedule 1 to the Pharmaceutical Regulations 2013.

For the purposes of this PNA, essential services are defined as essential services.

The advanced, enhanced and locally commissioned services are considered relevant services as they contribute towards improvement in provision and access to pharmaceutical services.

When assessing the provision of essential services in Tower Hamlets, the following have been considered:

- The maps showing the location of pharmacies within Tower Hamlets and the Index of Multiple Deprivation
- The number, distribution and opening times of pharmacies within Tower Hamlets
- Pharmacy locations across the border
- Population density in Tower Hamlets
- Projected population growth
- The ethnicity of the population
- Neighbourhood deprivation in Tower Hamlets
- Location of GP practices
- Location of NHS Dental contractors
- Results of the public questionnaire
- Proposed new housing developments

Based on the latest information on the projected changes in population of the HWBB area within its geographical area over the next three years, alongside the latest information regarding building plans and expected additional population increases during this time, the HWBB has concluded that the current pharmacy services are adequate and have a good geographical spread, particularly covering those areas of higher population density.

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

Essential Services

- No gaps have been identified in essential that if provided either now or over the next three years would secure improvements, or better access, to essential services across the whole borough.
- There is no gap in the provision of essential services during normal working hours across the whole borough.
- There are no gaps in the provision of essential services outside of normal working hours across the whole borough.

Advanced Services

- No gaps have been identified that if provided either now or in the future would secure improvements, or better access to advanced services across the whole borough.
- There are no gaps in the provision of advanced services across the whole borough.

Enhanced Services

- No gaps have been identified that if provided either now or in the future would secure improvements, or better access to enhanced services (relevant services) across the whole borough.
- There are no gaps in the provision of enhanced services across the whole borough.

Locally Commissioned Services

- There are no gaps in the provision of locally commissioned services (relevant services) at present or over the next three years that would secure improvement or better access to locally commissioned services across the whole borough.
- There are no gaps in the provision of locally commissioned services across the whole borough.

The conclusions reached in this PNA report include assessments that have addressed relevant protected characteristics of groups living in the borough localities in relation to access to pharmacies. The assessments show no evidence of any overall differences between or within the localities in Tower Hamlets.

Based on the review of building plans and population projections, there may be a need to review the level of pharmacy services in specific places in the borough in the period up to 2025.

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

Whether there is sufficient choice of pharmacy in Tower Hamlets has been reviewed, it was decided there was sufficient choice of pharmacy in Tower Hamlets. London boroughs have a greater choice of pharmacy provider compared to many other areas in England.

Tower Hamlets recognises that there may continue to be developments in pharmacy provision that is different from the high street pharmacies, for example, online prescriptions or pharmacists working more closely with primary care.

Key to Services

- **Essential services** are commissioned by NHS England and are provided by all pharmacy contractors. These are services which every community pharmacy providing NHS pharmaceutical services must provide and is set out in their terms of service – these include the dispensing of medicines, promotion of healthy lifestyles and support for self-care. Distance-selling pharmacy contractors cannot provide essential services face to face at their premises.
- **Advanced services** (relevant services) are commissioned by NHS England and can be provided by all contractors once accreditation requirements have been met. These services include Appliance Use Review (AUR), New Medicine Service (NMS), Stoma Appliance Customisation (SAC), Flu Vaccination Service, Hepatitis C Testing, Community Pharmacist Consultation Service (CPCS), Hypertension Case-finding and Smoking Cessation Advanced Service.
- **Enhanced services** (relevant services) commissioned by NHS England are pharmaceutical services, such as London flu service, Bank holiday service – Christmas and Easter Sunday, Bank holiday service – other bank holidays, Covid-19 vaccination service.
- **Locally commissioned services** (relevant services) are commissioned by local authorities and NEL ICBs in response to the needs of the local population.

Results of the Tower Hamlets PNA Report - Formal Consultation

A formal consultation and a wider resident survey on local pharmacies was conducted between January and 31 March 2023. The draft PNA documents were uploaded on the local authority website with the Get Involved links.

- A PNA executive summary and conclusion (short version) was produced in addition to the draft Tower Hamlets PNA report.
- The Tower Hamlets communications team at the borough sent out communications about the consultation and survey through their normal channels.
- The communications plan for the consultation and survey is provided in the appendices.

Summary Formal Consultation findings

- 10 individuals responded to the formal Tower Hamlets PNA consultation. In addition, the NHSE lead for PNAs nationally gave detailed written feedback rather than completing the formal consultation questionnaire. Therefore, the total number of individuals responding was 11. Most of the respondents were members of the public were residents in Tower Hamlets (9/10).
- There was limited recorded information about the demographics of the individuals and therefore as numbers are low there will be no analysis around these individuals' demographic characteristics.
- There were 10% who considered themselves to have a disability of which it was stated as a learning disability. 90% preferred not to say or did not respond.
- In response to the question how much do you agree or disagree with the final recommendations of the Tower Hamlets PNA Report? - 70% of the respondents mostly agreed with the final recommendations of the PNA (7/10). 20% neither agreed nor disagreed, 10% did not know or were not sure about this. No one disagreed.
- In response to the question asking how much do you think the PNA accurately identifies any possible gaps in pharmaceutical services that might exist up to March 2025 due to the growing population and housing developments their response was 70% stated that the PNA gives an accurate description of possible gaps, 20% stating partly and 10% stated I don't know/I am not sure about this.
- In response to the question how much do you think the PNA accurately describes community pharmacy services as they exist at present within Tower Hamlets? 20% percent consider the PNA gives an accurate description, 40% think partly with 10% thought that it does not and 30% stated I don't know/I am not sure.
- In response to the question regarding whether they think that the PNA shows a good understanding or not of the health and well-being needs of people in Tower Hamlets and its localities, - 40% considered the PNA shows a good understanding of this with the rest feeling that it partly shows a good understanding.
- In response to the question about whether the right methods had been used to create the PNA, - 40% stated yes, I think all the right methods have been used, 30% stated I think some of the methods are not quite right. The remaining did not respond.
- In response to the question asking whether overall the PNA gives sufficient information for the NHS, Local Authority, and other organisations to use the PNA to commission to make their commissioning decisions for the next three years, 40% stated yes, I thought overall the PNA gives sufficient information for this, 30% stated partly, 10% stated I don't know/I am not sure about this and 20% stated I think much of the PNA does not give sufficient information for this.

1 Introduction

1.1 Background

It is a statutory requirement under the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 for a Pharmaceutical Needs Assessment (PNA) to be developed and published every three years (or earlier where significant changes have occurred) by each area covered by a Health and Wellbeing Board (HWBB). The last PNA in Tower Hamlets was published in 2018.

1.2 Purpose of the PNA

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

As such, it is required to cover the following:

- What services are essential to meet the needs of the local population?
- Which services have improved and/or have better access since the publication of the last PNA?
- What provision is currently available? highlighting any immediate or future gaps in services.
- Any impact other NHS services have on pharmaceutical services.
- How the assessment was carried out and the resulting conclusions.

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

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

1.3 Scope of the PNA

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

The minimum requirement for a PNA includes the following -

- A statement of the pharmaceutical services currently provided that are essential to meet needs in the area
- A statement of pharmaceutical services that have been identified by the HWBB that are needed in the area, and are not provided (gaps in provision)
- A statement of the other relevant services which are provided, which are not needed, but which have secured improvements or better access to pharmaceutical services in the area
- A statement of the services that the HWBB has identified as not being provided, but which would, if they were to be provided, secure improvements or better access to pharmaceutical services in the area

- A statement of other NHS services provided by a local authority, the NHS commissioning board (NHS England), an integrated care board (ICB) (formally a clinical commissioning group (CCG)) or an NHS trust, which affect the needs for pharmaceutical services
- A map of providers of pharmaceutical services
- An explanation of how the assessment has been carried out (including how the consultation was carried out)

The HWBB must consult the bodies set out in Regulation 8 at least once during the process of developing PNA. The minimum consultation period required is 60 days.

1.4 Process for developing the PNA

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

Appendix J – Terms of Reference.

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

The activities of the process and timescales are set out in the project chart -

Appendix K – Gantt chart. This involved-

- Updating information and evidence since the previous PNA, including latest priorities
- Setting the scene for pharmacy services (using April 2022 as the data cut off point)
- Updating information on the population of and latest health information
- Conducting surveys of pharmacies, of pharmacy users and of particular interest groups who may have specific needs
- Preparing a draft for consultation

Following this consultation, the comments will be assessed by the steering group and the final PNA will be published in 2023.

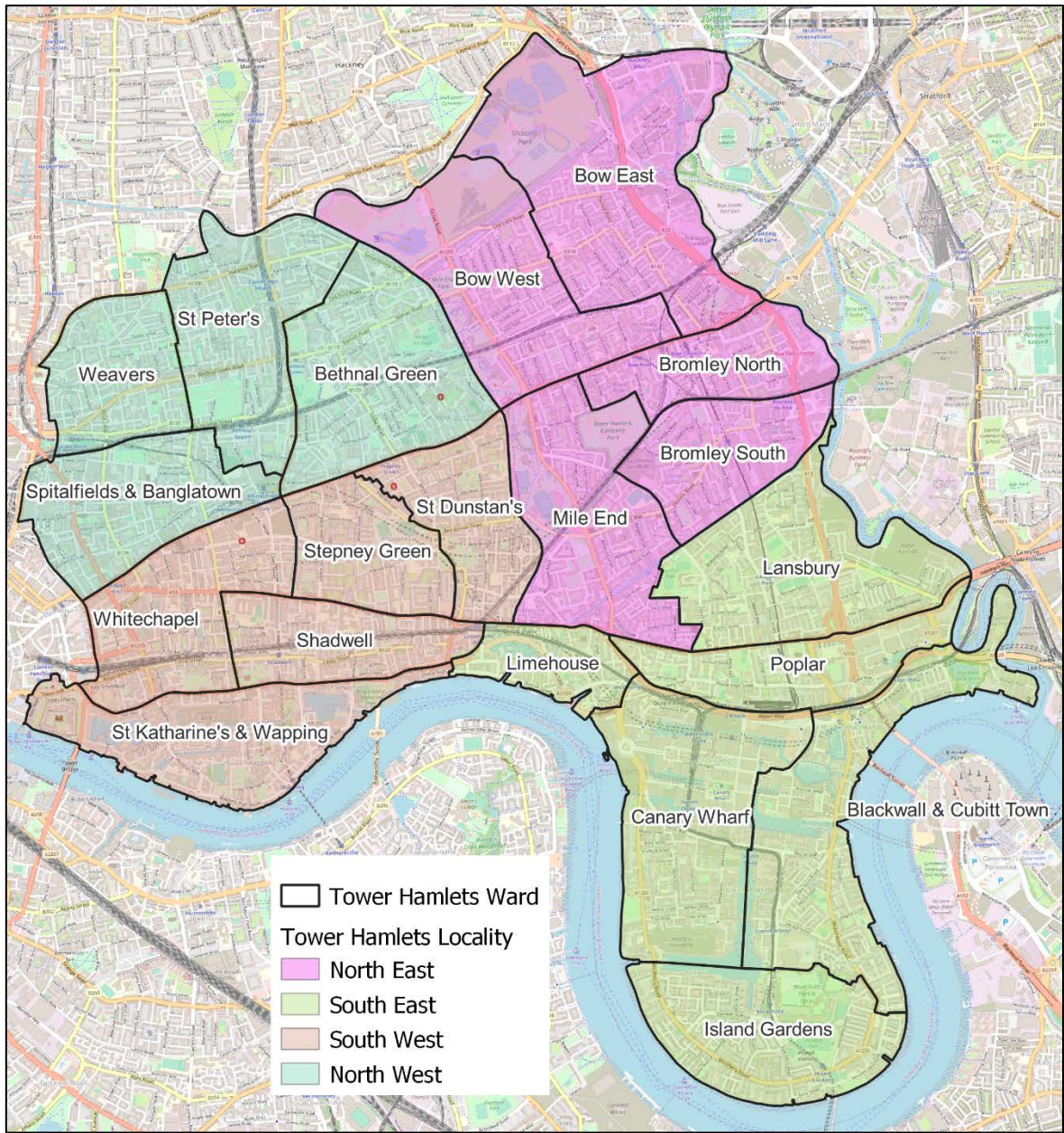
1.5 Localities for the purpose of the PNA

The Localities for the Tower Hamlets PNA are set out in Table 1 and Figure 1 below.

Table 1 Localities in Tower Hamlets

Locality	Ward	Locality	Ward
North East	Bow East	South West	Shadwell
	Bow West		St Dunstan's
	Bromley North		St Katherine's & Wapping
	Bromley South		Stepney Green
	Mile End		Whitechapel
South East	Blackwall & Cubit Town	North West	Bethnal Green
	Canary Wharf		Spitalfields & Banglatown
	Island Gardens		St Peter's
	Lansbury		Weavers
	Limehouse		
	Poplar		

Figure 1 Tower Hamlets localities and wards



Tower Hamlets has 4 localities and 20 wards as illustrated above and, in the table, below.

2 PNA Context

2.1 National policies on pharmacy services

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

The [National Health Service \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013](#) set out PNA requirements ([Part 2, Regulations 3–9](#)).

The minimum requirement for PNAs include the following:

- A statement of the pharmaceutical services currently provided that are essential to meet needs in the area.
- A statement of pharmaceutical services that have been identified by the HWBB that are needed in the area, and are not provided (gaps in provision).
- A statement of the other relevant services which are provided, which are not needed, but which have secured improvements or better access to pharmaceutical services in the area.
- A statement of the services that the HWBB has identified as not being provided, but which would, if they were to be provided, secure improvements or better access to pharmaceutical services in the area.
- A statement of other NHS services provided by a local authority, the NHS commissioning board (NHS England), a clinical commissioning group NEL ICB or an NHS trust, which affect the needs for pharmaceutical services.
- An explanation of how the assessment has been carried out (including how the consultation was carried out).
- A map of providers of pharmaceutical services.
- Consultation. HWBB must consult the bodies set out in Regulation 8 at least once during the process of developing PNA. The minimum consultation period required is 60 days.
- 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.

The structure and content of the report is based on [2021 guidance](#) provided by the Department of Health and Social Care.

2.1.2 The National Health Service Act 2006

Part 7 of the [NHS Act 2006](#) applies to ‘pharmaceutical services and local pharmaceutical services’ and includes a description of pharmaceutical arrangements that must be put in place within an area and the type of professional authorised to prescribe ([Section 128A](#)).

2.1.3 2021 White paper: People at the Heart of Care

The [2021 White paper](#) sets out the legislative proposals for a health and care Bill, which promotes the establishment of integrated care systems (ICS) as statutory bodies in all parts of England. It lists ICSs as two parts – ICS NHS body (integration within the NHS) and ICS health and care partnership (integration between the NHS and local government). The White Paper includes the following themes: working together and supporting integration; reducing unnecessary bureaucracy; enhancing public confidence and accountability; and supporting public health, social care, and quality and safety.

2.1.4 NHS Long Term Plan

[NHS Long Term Plan \(LTP\)](#) was published in January 2019 and it sets out:

- How the NHS will move to a new service model in which patients get more options, better support, and properly joined-up care at the right time in the optimal care setting
- New, funded, action the NHS will take to strengthen its contribution to prevention and health inequalities
- The NHS's priorities for care quality and outcomes improvement for the decade ahead
- How current workforce pressures will be tackled, and staff supported
- A wide-ranging and funded programme to upgrade technology and digitally enabled care across the NHS
- How the 3.4% five-year NHS funding settlement will help put the NHS back onto a sustainable financial path funded programme to upgrade technology and digitally enabled care across the NHS
- Next steps in implementing the Long-Term Plan

To meet the needs of patients and their families and change for better, LTP focuses on 13 key areas: ageing well, cancer, cardiovascular disease, digital transformation, learning disabilities and autism, mental health, personalised care, prevention, primary care, respiratory, starting well, stroke, and workforce.

The LTP states that “Pharmacists have an essential role to play in delivering the “Long Term Plan”. They state that “The funding for the new primary care networks will be used to substantially expand the number of clinical pharmacists” and “To make greater use of community pharmacists’ skills and opportunities to engage patients, while also exploring further efficiencies through reform of reimbursement and wider supply arrangements”. The LTP also includes ways how community pharmacy and pharmacists can support the changes.

- NHS 111 to refer on to community pharmacies who support urgent care and promote patient self-care and self-management. NEL ICBs also developed pharmacy connection schemes for patients who don't need primary medical services.
- Care home residents to get regular clinical pharmacist-led medicine reviews where needed

- Urgent Treatment Centres to work alongside other parts of the urgent care network including community pharmacists to provide a locally accessible and convenient alternative to A&E for patients who do not need to attend hospital
- Working with local authorities and PHE (now replaced by UK Health Security Agency and Office for Health Improvement and Disparities), to improve the effectiveness of approaches such as the NHS Health Check, rapidly treating those identified with high-risk conditions by working with several organisations, including community pharmacists, to provide opportunities for the public to check on their health, through tests for high blood pressure and other high-risk conditions
- To support pharmacists in primary care networks to case find and treat people with high-risk conditions
- Pharmacists in primary care networks to undertake a range of medicine reviews, including educating patients on the correct use of inhalers and contributing to multidisciplinary working; pharmacists can also support uptake of new smart inhalers, as clinically indicated
- The workforce implementation plan to continue recent provision for a range of other roles – including pharmacists
- Pharmacists to routinely work in general practice helping to relieve pressure on GPs and supporting care home
- Pharmacists to support patients to take their medicines to get the best from them, reduce waste and promote self-care

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

The [Community Pharmacy Contractual Framework](#) (CPCF) for 2019/20 to 2023/24 explains how community pharmacy will support delivery of the NHS Long Term Plan. Currently, CPCF is in its 3rd year on the agreement. The CPCF is made up of three different service types:

- Essential services are commissioned by NHS England/Improvement and are provided by all pharmacy contractors (including distance selling pharmacies). For the purposes of this PNA, essential services are defined as **Essential Services**. These services include the dispensing of medicines and appliances, repeat dispensing, disposal of unwanted medicines, clinical governance (including safeguarding responsibilities), promotion of healthy lifestyles, signposting and support for self-care. The Discharge Medicines Service became a new Essential service, and is listed in the CPCF, to improve medicines safety on discharge from hospital. In addition, all pharmacies are now Level 1 Healthy Living Pharmacies providing healthy living advice and support and health promotion in their local communities.
- All community pharmacies are required to open for a minimum of 40 hours per week (core opening hours), while many pharmacies choose to open for longer hours outside of the core hours (supplementary opening hours). Some pharmacies are contracted as 100-hour pharmacies and required to open at least 100 hours per week.

- Pharmacies may choose to provide **Advanced Services**, all or some of the following: Flu Vaccination, New Medicines Service (NMS), Appliance Use Reviews (AUR), Stoma Appliance Customisation (SAC), Hepatitis C Testing, Community Pharmacist Consultation Service (CPCS), Hypertension Case-finding, and Smoking Cessation Advanced Service. During the pandemic, two COVID-19 related services were part of the Advanced Services: The Pandemic Delivery Service (discontinued in March 2022) and COVID-19 Lateral Flow Device Distribution Service (discontinued in March 2022). Advanced services are commissioned by NHS England and can be provided by all contractors once accreditation requirements have been met.
- **Enhanced services** are commissioned by NHS England/Improvement in response to these needs of the local population.
- **Locally Commissioned Services (LCS)** are commissioned by local authorities. They are not considered as “pharmaceutical services” under the Pharmaceutical Regulation 2013.

2.1.6 The Pharmacy Integration Programme

The Pharmacy Integration Fund (PhIF) was introduced in 2016 and updated further to be in line with the NHS Long Term Plan. Currently, the Pharmacy Integration Programme is providing support to the following workstreams:

- Routine monitoring and supply of contraception in community pharmacy
- GP referral pathway and the NHS 111 referral pathway to the Community Pharmacist Consultation Service (CPCS)
- Hypertension case-finding pilot
- Smoking cessation transfer of care pilot
- Palliative Care and end of life medicines supply service
- Structured medication reviews in PCNs for people with a learning disability, autism or both, linking with the STOMP programme
- Expanding the existing New Medicines Service (NMS)
- Developing and testing peer and professional support networks for all pharmacists and pharmacy technicians working in PCNs
- Exploring a national scheme for pharmacists and pharmacy technicians to gain access to essential medicines information resources working with SPS Medicines Information Services
- Workforce development for pharmacy professionals in collaboration with Health Education England (HEE) including medicines optimisation in care homes, primary care pharmacy educational pathway, and integrated urgent care

2.2 Joint Strategic Needs Assessment (JSNA) Review

2.2.1 Introduction

Tower Hamlet's Health and Wellbeing Board brings together commissioners and providers of services (across the NHS, public health, adult social care and children's services), elected councillors and Health Watch to assess local needs, provide an overarching strategy for health and wellbeing, scrutinise policies and performance and support the integration of services.

Their Joint Strategic Needs Assessment (JSNA) outlines priorities for improving the health and wellbeing of those who live and work in the borough and reflects the changing health and social care needs of the population, as described by the JSNA.

The London Borough of Tower Hamlets JSNA can be viewed via [here](#).

2.2.2 Selected data and analysis

2.2.2.1 Demography

Tower Hamlets has a diverse population, attracting communities from all over the country and the rest of the world. In 2016 the population is estimated to be 298,1087. It is expected to reach 345,360 by 2025.

2.2.2.2 Deprivation

Tower Hamlets is the 10th most deprived borough in the country. 58% of the population reside in the 20% most deprived areas in England; 24% live in the 10% most deprived.

At aggregate level, the health of this population tends to be significantly worse than elsewhere and this is linked primarily to the levels of socioeconomic deprivation experienced by a significant segment of the population.

Welfare reform is being phased in by the government, encompassing change to many means tested benefits such as Housing Benefit, Job Seekers Allowance, and Incapacity Benefits.

2.2.2.3 Age distribution

Tower Hamlets has a young population. 48% are aged 20-39 compared to 36% across London. The borough has the lowest proportion of residents aged 65 and older in London and nationally, with only 6.0% of the total population in this age group

Based on the most recent population projections from the Greater London Authority (GLA):

- 22,372 (7.6%) are aged 0 to 4 years old
- 50,099 (16.8%) are aged 5 to 19 years old
- 142,205 (47.7%) are aged 20 to 39 years old
- 65,463 (22.0%) are aged 40 to 64 years old
- 17,978 (6.0%) are aged 65 and over

2.2.2.4 Turnover

As well as being highly diverse this is a mobile and relatively young population, and its composition is continually changing due to both population growth and trends in national and international migration.

The borough has the 11th highest rate of change in England and Wales. There is a total turnover of 224 per 1000 persons who move in or out of the borough per year (23%)

2.2.2.5 Ethnicity

In 2014/15 the total number of National Insurance number registrations to adult overseas nationals in Tower Hamlets was 18,867, which was an increase of 23.74% from the previous year. There were also increases in London (37.36%) and the UK (36.6%)

In 2014 there were over 14,000 migrant registrations with local GPs in Tower Hamlets, representing one of the highest rates in the country

Almost 69% of the borough's population are from a minority ethnic group: 45% white, 41% Asian (32% Bangladeshi, 3% Indian, 3% Chinese), 7% black, 4% mixed ethnic, and 2% other.

In the last decade international migration has shaped the profile of the borough's communities; 38% (about 113,000) of the population were born outside of the UK.

In 2011 the single largest ethnic group was the Bangladeshi population, although this group has decreased slightly as a proportion from 33.4% in 2001.

Since 2001 the White British population has decreased by 6% in the context of 30% population growth overall, resulting in a significant decrease in the proportion of the borough that is white British (from 42.9% in 2001 to 31% in 2011).

The White Other population is one of the fastest growing ethnic groups in the borough: the population more than doubled between 2001 and 2011 from 12,825 to 31,550. The proportion grew from 7% to 12% in that period, mirroring trends regionally and nationally.

English is not a main language in 19% of all households in the borough.

Healthy Start

- 9.0% of babies born to Tower Hamlets mothers have a low birth weight, compared to 7.5% in London. This is the second highest rate in England
- The low-birth-weight rate varies by ward from 4% in St Katharine's and Wapping to 11% in Bromley South; there is a small correlation between low birth weight and ward deprivation
- 22 babies died at under one year old in Tower Hamlets in 2014 (4.8 per 1000 live births). This is higher than the London rate (3.1 per 1000 live births) and those of neighbouring boroughs such as Hackney (4.1 per 1000 live births) and Newham (2.5 per 1000 live births). The three-year average number of infant deaths in Tower Hamlets is 19.

- 34.4% of children in Tower Hamlets live in poverty (the highest in the UK). Following adjustment for housing costs, the figure rises to 49.2%
- Tower Hamlets has relatively low rates of teenage (age under 18 years) conceptions (18.1 per 1000) compared to England as a whole (22.9 per 1000). The rate has fallen sharply since 2010 both locally and nationally.
- The percentage of mothers smoking at time of delivery is relatively low at 3.9%, compared to 4.9% in London and 10.6% nationally. The low percentage in Tower Hamlets may reflect the low smoking prevalence in mothers of Bangladeshi ethnic origin.
- 80.3% of mothers initiate breastfeeding (exclusively or partially) and 74.1% are still exclusively or partially breastfeeding at the six-eight-week check

2.2.2.6 Children

- There are around 50,000 children and adolescents aged 5-19
- Prevalence of obesity in 4–5-year-olds is falling, but is increasing amongst 10–11-year-olds
- 55.9% of children aged 10-11 are a healthy weight, compared to 61.1% in London and 65.3% in England
- 27.1% 10–11-year-olds are obese (3rd highest in the country) and 14.8% are overweight
- 2.24% of 10–11-year-olds are underweight, compared to 1.70% in London and 1.42% in England
- Around 1 in 10 children are estimated to have a mental health disorder of any kind, similar to national averages
- There are 565 children in all schools with Autistic Spectrum Disorder and 1420 with Social/Emotional/Mental Difficulty
- Rates of children with Learning disabilities are among the lowest in the country, according to the schools' statement in 2014 (5.7 cases per 1000, vs England average of 33.7 England), but 4% of pupils have a plan for education support, the highest level in London

2.2.2.7 Adult

- There are around 142,200 people aged 20-39 and 65,500 people aged 40-64 living in Tower Hamlets
- Tower Hamlets has amongst the highest premature death rates from the major killers: cancer, cardiovascular disease, and chronic lung disease
 - High premature death rates from circulatory disease (112 per 100,000), from cancer (157 per 1000, 7th highest in England) and respiratory disease (45.5 per 100,000). These conditions typically constitute 75% of all premature deaths
 - These death rates vary across the borough and in general are higher in areas of higher deprivation

Cancer

- Despite relatively low incidence of cancer in the borough (593/100,000 population compared to 615/100,000 in England), mortality in Tower Hamlets is worse than the national average, with a one-year survival rate of 66.5% compared to 70.2% for England
- Around 40% of cancers can be linked to modifiable factors including smoking, excess alcohol, obesity and low levels of physical activity
- Tower Hamlets has particularly high rates of premature mortality from 'cancer considered preventable' (102.6 per 100,000; London 78.2; England 83)
- Although improving, one year survival from cancer is significantly worse than the national average (66.5% compared to 70.2% in England). Survival rates are worse for breast, colorectal and prostate cancer. For lung cancer, the rate is similar to the England average
- Late diagnosis is a significant contributor to poor survival. The proportion of common cancers diagnosed at a stage when they are treatable (stages 1 and 2) is improving locally and nationally. The most recent data shows that Tower Hamlets' rate (44.4%) is not significantly lower than the England rate of 48.2%
- More cancers are diagnosed through emergency routes in Tower Hamlets than elsewhere (Tower Hamlets 27%, England 20%; 2015 data). People diagnosed as an emergency generally have very poor survival and worse experience
- Cancer screening can prevent some cancers (by removing pre-cancerous cells) and detect cancer early before symptoms are noticed. Cancer screening programme coverage in Tower Hamlets remains below the national minimum standards

Cardiovascular Disease

- 4,927 adults (1.6%) in Tower Hamlets are recorded as having coronary heart disease, and 22,807 (7.7%) as having hypertension. These are higher crude prevalence rates than national levels
- The NHS health check programme identifies people aged 40-74 at high risk of cardiovascular disease (CVD). In Tower Hamlets:
 - There are 47,173 eligible patients
 - 27.5% were offered health checks (7th highest rate in London and higher than the national average of 19.7%)
 - 20.6% of eligible people received health checks. This is the highest rate in London, and is more than double the national average of 9.6%
 - 77% of 'high risk' patients are prescribed a statin (68% nationally)
- Health checks across Tower Hamlets, Hackney, and Newham appear to be equitably reaching the local South Asian community, the more socially deprived, and those at older ages

Diabetes

- 15,874 adults in Tower Hamlets are on the general practice diabetes register, equating to 6.8% of the GP-registered population, compared to 6.4% in London. The prevalence of diabetes in the Bangladeshi population is significantly higher (8-10%)
- It is estimated that there are around 4000 people in Tower Hamlets with undiagnosed diabetes
- It is estimated that 16% of deaths in adults in Tower Hamlets are attributable to diabetes compared to 12% nationally
- Diabetes prevalence is increasing year on year and is driven primarily by increased levels of obesity in the population

Respiratory Disease

- The crude prevalence of COPD, based on the general practice register, is lower than the national average. There are about 3800 patients with COPD; 1.3% of the population
- There are likely to be up to 3000 cases of COPD (2.9% of the local population) that are undiagnosed
- The rate of emergency hospital admissions for COPD is among the highest in London
- Tower Hamlets has the second highest rate in London of under-75 mortality from respiratory disease: 36.7/100,000 population compared to 25.1/100,000 in London. This high rate may reflect the comparatively high numbers of smokers and ex-smokers in the population aged over 40
- GP reported outcomes for COPD are good compared to England

Liver Disease

- Mortality from liver disease in that under-75 is 25.3/100,000 population in Tower Hamlets, significantly higher than the England average of 17.8
- Mortality in under-75s from end stage liver disease from hepatitis B and C is higher than the national average

Tuberculosis

- The tuberculosis incidence in Tower Hamlets has decreased from 64.7 per 100,000 populations in 2010 to 32.5 per 100,000 population in 2013-15. It remains higher than the incidence in London (30.4 per 100,000) and England (10.5 per 100,000)

Mental Health

- Assessing the burden of mental health problems in Tower Hamlets is not straightforward, although modelling data indicates a high prevalence relative to London

Disability

- Tower Hamlets has a slightly higher rate of severe disability in its working age population (4.1%) compared to that of London (3.4%) and England (3.6%)

2.2.2.8 Older People

- There are around 17,000 people who are 65 or over living in Tower Hamlets, of whom 4,800 are aged over 80.
- Of persons aged 65 and over, 63% are white and 21% are of Bangladeshi origin
- The number of residents aged over 65 is projected to increase by 39% between 2016 and 2026
- Older people living in Tower Hamlets experience multiple forms of disadvantage which increase their need for health and social care

Long Term Illness

- 56% of 65–84-year-olds report long term activity-limiting illness compared to 48% nationally
- Over 80% of over 65s have at least one chronic condition, of whom 40% have at least 3 'comorbid' conditions
- Stroke is predominantly a condition of older age; patients aged over 65 account for 63% of all stroke diagnoses in the borough. Tower Hamlets has a high stroke mortality for under 75s; the 9th highest in England. Hospital admission rates for stroke are higher than the national average, and three times higher than those of the local authority with the lowest stroke admission rate
- The local age-standardised prevalence of COPD shows that Tower Hamlets has a higher burden of COPD than neighbouring boroughs, although the crude prevalence rate is lower than national average. Under-75 mortality from respiratory disease is similar to that of England, but significantly higher than that of London. The percentage of deaths from respiratory disease in adults aged 65 and over is similar to that of London and England.
- Tower Hamlets has lower proportions of older people with a diagnosis of diabetes (33%) and coronary heart disease (56%) than City and Hackney, but similar to those in Newham.
- Nearly half of those with hypertension are aged 65 and over (45%). This is similar to City and Hackney, but higher than in Newham (39%)

Mental Health

- Tower Hamlets is estimated to have over 1100 people with dementia
- The prevalence of dementia in patients aged 65+ in Tower Hamlets was significantly higher (4.87%) than in London (4.45%) and England (4.27%)
- The proportion of hospital deaths in those with dementia, rather than deaths at home or in a hospice, is significantly higher than national and local averages
- An estimated 1412 people over the age of 65 suffered from depression in 2015, and this is projected to increase to 2060 by 2020. This will represent 8.6% of the population aged over 65
- Approximately 11.4% of the serious mental illness register is made up of people aged 65 and over

Falls

- Approximately 4,300 people aged 65 and over had a fall in Tower Hamlets in 2015 (1,700 men and 2,600 women). Falls can lead to long hospital stays, costly social care packages, long term nursing or residential care, and premature death. Falls can often result in bone fractures, and sometimes death.

Life Expectancy

- Healthy life expectancy is in the bottom thirtieth in the country for both males and females. Although the gap between life expectancy in Tower Hamlets and in England has decreased in recent years, local residents live significantly fewer years in good health than those in the country as a whole.

2.2.2.9 Healthy Lifestyle

Behavioural Risk Factors & Mental Health in Adults

- The Tower Hamlets health and lifestyle survey highlighted the high prevalence of behavioural risk factors for poor physical health in people with poor mental health, such as smoking, poor diet, and little physical activity

Nutrition and Physical Activity in Adults

- 52.5% of adults are classified as overweight or obese, compared to 58.8% in London, and 64.8% in England
- 32% of the adult population do not do the recommended level of physical activity of at least 30 minutes per week in the last 28 days, a little worse than London and England (28.1% and 28.7% respectively)
- 44.9% of the adult population do not consume the recommended five portions of fruits and vegetables a day compared to 52.3% nationally

Smoking in Adults

- Amongst the highest smoking prevalence in the country
- 20% of residents report that they are current smokers. This is higher than the London average of 16.3% and the national average of 16.9%
- It is unsurprising therefore that Tower Hamlets has the second highest smoking attributable mortality rate in London (595 deaths between 2012-4)
- For the past three years, over 3,500 people have accessed stop smoking services annually, with a quit rate of 50-65%
- The target number of people stopping smoking for the current year is 1300

Drug and alcohol use in adults

- Of the 50% of the adult population who are drinkers, 43% had alcohol consumption patterns that were either hazardous or harmful to their health (around twice the national average)

- The alcohol-specific mortality rate is 11.0/100,000 population, which is higher than the London rate of 9.0/100,000 and similar to the national rate of 11.6/100,000
- There are 3561 users of opiates or crack cocaine aged 15-64 in Tower Hamlets. This is a rate of 18.5/1000 population compared to the rate of 8.4/1000 in England; the third highest local authority rate in the country

Oral Health in Adults

- 39% of adults in Tower Hamlets have tooth decay, and 77% have gum disease, higher than national rates. Fewer adults in the borough use dental services than in London or England
- Oral cancer incidence has risen by a third in the last decade; possibly caused by drinking, smoking, and Human Papilloma Virus infection. The age standardised rate for oral cancer registrations per 100,000 population in Tower Hamlets is 23.1, compared to 15.0 for London and 14.2 for England
- Use of chewing tobacco, betel quid, and paan in the South Asian ethnic community is also likely to have increased risk of oral cancer

Sexual Health in Adults

- There is a high rate of sexually transmitted infection (STI) diagnoses in adults
- The prevalence of HIV is 6.5 per 1000 population aged 15-59 compared to 2.2 in England
- 20.3% of people with HIV in Tower Hamlets are diagnosed late, compared to 40.3% in England. This is now the lowest rate in London and the second lowest in England
- The syphilis diagnostic rate is 68.7/100,000, compared to 32.9/100,000 in London, and 9.3/100,000 in England
- The prescription rate for long-acting reversible contraceptives (LARCs) is 28.9/1,000 women, compared to 35.3/1,000 in London and 50.2/1,000 in England

Adolescents

- 4.3% of 15-year-olds currently smoke cigarettes to some extent, lower than the national average. 24.6% have tried other tobacco products such as shisha, higher than the national average
- 4.6% of 15-year-olds have tried an alcoholic drink, considerably lower than the England rate of 62.4%. This may be reflective of the high proportion of Muslim children in Tower Hamlets.
- 9.3% of 15-year-olds are physically active for more than one hour each day of the week, and under half (47.0%) think they are the right body size
- 5.6% of 15-year-olds have tried cannabis, compared to 10.9% in London. 0.8% have taken a drug other than cannabis in the past month
- The 2014 under-18 conception rate for Tower Hamlets was 18.1 per 1000 females aged 15-17. The rate has decreased a further 30% since 2010 in line with national reductions

- The rate of STI diagnoses (excluding chlamydia) in under 25s is 2245/100,000 population, significantly higher than the national rate of 815/100,000
- The diagnostic rate for chlamydia in 15–24-year-olds is 1,947/100,000 population. This is comparable to the England rate (1,887/100,000), and lower than the London rate (2,200/100,000)

Older People

- 90% of older people eat less than the recommended 5 fruit and vegetables a day
- 9% of people over the age of 65 years admitted to hospital have a micronutrient deficiency, of whom 14% had a nutritional deficiency as the primary reason for admission to hospital. This is likely to be an underestimation
- 27% of older adults in Tower Hamlets have decayed teeth. White and Black older adults are more likely to have decayed teeth than Asians

2.3 Health and Wellbeing Strategy (HWS) Review

2.3.1 Introduction

The Health and Wellbeing Board's *Tower Hamlets Health and Wellbeing Strategy* sets out an approach and key ambitions for improving the health and wellbeing of people and communities within the borough. The published HWS can be viewed via this [link](#).

2.3.2 Ambitions & Priority Areas

2.3.2.1 Ambition 1: We can all access safe, social spaces near our homes, so that we can live active, healthy lives as a community

Priority areas:

- Reduce traffic, and with it sound and air pollution, across the borough;
- Make use of unused open spaces, such as small green spaces on estates, rooftops or unused land;
- Ensure that all open space is safe, accessible for all, and actively used by the communities in the vicinity.

Initial Actions:

BETTER TARGETING

Inform targeting of changes to our environment through research and evaluation on needs and impacts of major works like the Liveable Streets Programme

STRONGER NETWORKS

Strengthen the network of residents and organisations (such as housing providers) who can help transform our built environment

EQUALITIES & ANTI-RACISM

Develop a toolkit for embedding health impact assessments in key programmes, with independent experts advising on the impact to health equalities

COMMUNICATIONS

Strengthen communication and engagement with underserved communities, through health care and voluntary sector voices, as well as empowering the views of children and young people to create sustainable change to the environment.

COMMUNITY FIRST

Locality Health & Wellbeing Committees could help link developers and planners into communities to ensure a representative group of residents is involved in planning, design and development

USING WHAT WE HAVE

Create an interlinked network of high quality, multifunctional, accessible, green open spaces and waterways in Tower Hamlets that will encourage active lifestyles and improve quality of life as well as improve community safety and reduce environmental risk exposures

2.3.2.2 Ambition 2: Children and families are healthy, happy, and confident

Priority areas:

- Support improvements in the food environment for children and families, including cooking together
- Enable improvements in the support offered to parents and families (e.g., unlocking more peer support through community networks)
- Drive increase in activity levels in children
- Support and align efforts to build life skills in children, particularly around
- Managing their wellbeing

Initial Actions:

BETTER TARGETING

A schools' health & wellbeing dashboard, developed jointly with schools across the borough, could set out key indicators on diet, activity and the overall health and wellbeing of children

STRONGER NETWORKS

Health & Wellbeing Board partners to join the LBTH Food Partnership to link with existing programmes and ensure alignment

EQUALITIES & ANTI-RACISM

Partners to work with existing programmes (such as adaptations to fast food outlets) to ensure they are addressing health inequalities rather than exacerbating them

COMMUNICATIONS

Work across the sector to ensure families know what support is available to them

COMMUNITY FIRST

Embed a Health & Wellbeing Champion from the local community in every school and support with training and accreditation

USING WHAT WE HAVE

An expansion of 'Play Streets', working with locality Health & Wellbeing Committees, so that all residents use the streets as a safe, social space

2.3.2.3 Ambition 3: Young adults have the opportunities, connections and local support they need to live mentally and physically healthy lives

- Work with employers across the borough (particularly Small to Medium Enterprises) to improve the health of current employees and workplaces, and to advise on tackling health inequalities in recruitment;
- Work with community and voluntary groups to ensure young adults have strong networks of support and connection to their communities.

Initial Actions:

BETTER TARGETING

Help employers target recruitment according to health inequalities, for example 'employment maps', to highlight groups with low important

STRONGER NETWORKS

Promote and support an upcoming mapping exercise (under the volunteering plan) to advertise local volunteering offers, with a focus on young adults

EQUALITIES & ANTI-RACISM

Create tools for employers to embed health inequalities in existing jobs (especially small-medium size enterprises) and recruitment

COMMUNICATIONS

Work with employers, businesses and community groups to ensure young adults are linked to their communities and aware of the opportunities in their area

COMMUNITY FIRST

Promote peer-led and volunteer programmes among young adults

USING WHAT WE HAVE

As employers, Health and Wellbeing Board members to start change in their own organisations, for example, by becoming London Living Wage employers or leading by example (e.g. promoting regular breaks)

1.1.1.1 Ambition 4: Middle-aged and older people are enabled to live healthy lives and get support early if they need it – whether it is for their mental or physical health

Priority areas:

- Ensure our borough and our services (including health, social care, voluntary sector and community support) are age friendly.
- Ensure that those with a health condition are supported as early as possible so that they lead active and healthy lives for as long as possible.

Initial Actions:

BETTER TARGETING

Map risk pathways for those likely to develop a long-term condition, working with social prescribers, voluntary sector, primary care and community networks to ensure support is targeted early

STRONGER NETWORKS

Promote and support an upcoming mapping exercise (under the volunteering plan) to advertise local volunteering offers, with a focus on middle aged and older people

EQUALITIES & ANTI-RACISM

Run inclusive mass participation events that welcome people from different cultures, older people, and those often sidelined in public activities (such as people with a disability or health condition)

COMMUNICATIONS

Work with health and care services and community groups to tailor communications to older people's needs; Link to digital exclusion programmes (such as Digital Buddies)

COMMUNITY FIRST

Bring middle aged and older people into coproduction, ensuring that methods include all ages, cultures, and those with a disability or health condition

USING WHAT WE HAVE

Bring older people into peer support services and use faith and community networks to improve the health and wellbeing of older people

2.3.2.4 Ambition 5: Anyone needing help knows where to get it, and is supported to find the right help

- Improve join-up across health, social care, VCS and wider community services.
- Create networks across organisations and improve visibility and proactive communications between services and those who need them most.

Initial Actions:

BETTER TARGETING

We will drive a 'no wrong door' policy across all health and social care services, so that people reach the right service faster

STRONGER NETWORKS

We will support the development of the new information and advice service commissioned by LBTH to link up services

EQUALITIES & ANTI-RACISM

We will continually challenge organisations, starting with our member organisations, to create more accessible and culturally competent services that everyone in our community feels comfortable accessing

COMMUNICATIONS

We will promote the new LBTH information and advice service, using its networks to ensure key services are aware and joining it

COMMUNITY FIRST

We will ensure that our residents are at the heart of decision-making at every level by ensure all member organisations have the training and systems to embed coproduction in everything that they do

USING WHAT WE HAVE

We will oversee a review of funding across our organisations to ensure we are aligning our efforts and focusing on prevention and addressing inequalities

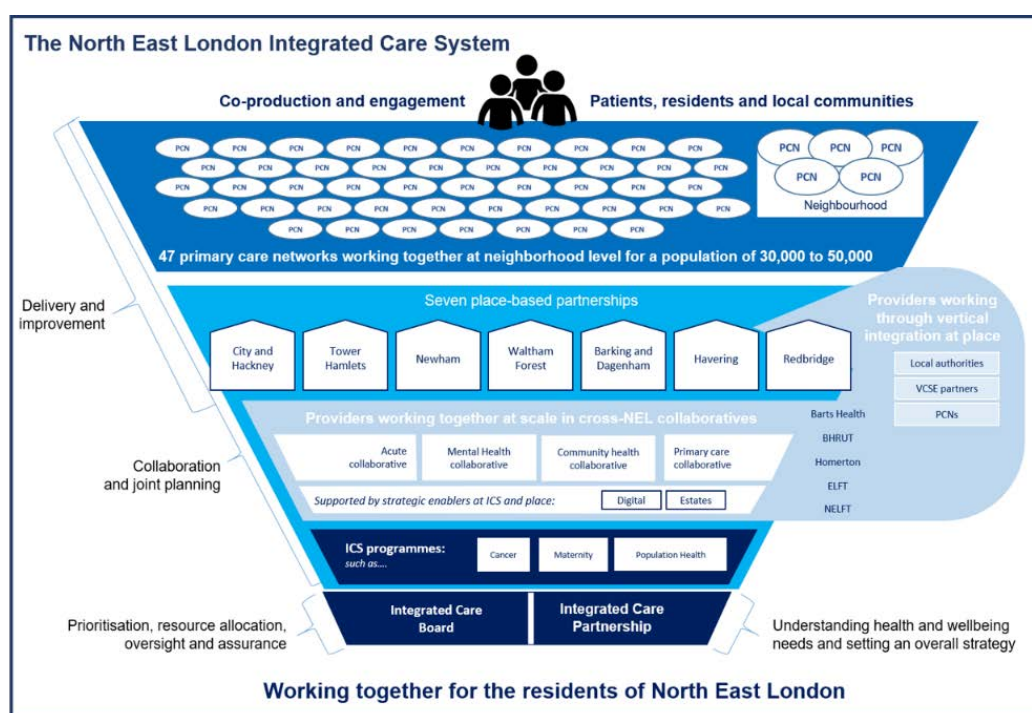
2.4 North East London Health & Care Partnership (NEL HCP)

2.4.1 Introduction

North east London is a vibrant, diverse and distinctive area of London steeped in history and culture. NHS North East London serves over two million people across eight local authority areas: Barking & Dagenham, City of London, Hackney, Havering, Newham, Redbridge, Tower Hamlets and Waltham Forest.

2.4.2 Partnership

North East London Health and Care Partnership (NEL HCP) is a formal alliance of partners with a role in improving the health, wellbeing and equity of residents. It achieves this by bringing together health partners, local authorities and the voluntary, community and social enterprise sector, with residents, patients and service users to improve planning and delivery of care and support services. Together it sets the overall strategy that will guide collective work and hold the wider health and care system to account for how services are delivered in a more joined up way.



2.4.3 Ambitions and Priorities

The partnership has agreed an agreed ambition: to work with and for all the people of north east London to create meaningful improvements in health, wellbeing and equity. To help guide its work, together they have agreed four priorities where they want to create measurable change. These are:

1. **Employment and workforce** – to work together to create meaningful work opportunities and employment for people in north east London now and in the future.
2. **Long term conditions** – to support everyone living with a long-term condition in north east London to live a longer, healthier life and to work to prevent conditions occurring for other members of our community

3. **Children and young people** – to make north east London the best place to grow up, through early support when it is needed and the delivery of accessible and responsive services.
4. **Mental health** – to transform accessibility to, experience of and outcomes from mental health services and well-being support for the people of north east London.

2.5 Public Health Outcomes Framework Review

2.5.1 Introduction

National priority areas for improving health and wellbeing are set out by the Department of Health as an outcomes framework to offer local authorities a tool and as PDF profiles for each local authority, most notable the Public Health Outcomes Framework (PHOF). The PHOF sets out a vision for public health, that is to improve and protect the nation's health, and improve the health of the poorest fastest. These tools allow accessible analysis of trends over time and comparison of figures between different areas.

2.5.2 Latest public health outcomes framework: priorities for improvement

The latest public health outcomes framework of the Office for Health Improvement and Disparities (OHID) for Tower Hamlets (July 2022) highlights poor performance as compared to the England average for the following indicators:

2.5.2.1 Domain: Wider determinants of health

- Children in absolute low-income families (under 16s)
- Children in relative low-income families (under 16s)
- School readiness: percentage of children achieving a good level of development at the end of Reception
- School readiness: percentage of children achieving at least the expected level in communication and language skills at the end of Reception
- School readiness: percentage of children achieving at least the expected level of development in communication, language and literacy skills at the end of Reception
- First time entrants to the youth justice system
- Adults in contact with secondary mental health services who live in stable and appropriate accommodation
- Gap in the employment rate between those with a physical or mental long term health condition (aged 16 to 64) and the overall employment rate
- The percentage of the population with a physical or mental long term health condition in employment (aged 16 to 64)
- The percentage of the population who are in contact with secondary mental health services and on the Care Plan Approach, that are in paid employment (aged 18 to 69)

- Killed and seriously injured (KSI) casualties on England's roads
- Violent crime - hospital admissions for violence (including sexual violence)
- The rate of complaints about noise
- Homelessness - households owed a duty under the Homelessness Reduction Act
- Children in low-income families (all dependent children under 20)

2.5.2.2 Domain: Health improvement

- Low birth weight of term babies
- Year 6: Prevalence of overweight (including obesity)
- Percentage of physically active children and young people
- Percentage of physically active adults
- Percentage of physically inactive adults
- Successful completion of drug treatment - opiate users
- Successful completion of drug treatment - non-opiate users
- Successful completion of alcohol treatment
- Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison
- Cancer screening coverage: breast cancer
- Cancer screening coverage: cervical cancer (aged 25 to 49 years old)
- Cancer screening coverage: cervical cancer (aged 50 to 64 years old)
- Cancer screening coverage: bowel cancer
- Abdominal Aortic Aneurysm Screening Coverage
- Newborn Hearing Screening: Coverage
- Newborn and Infant Physical Examination Screening Coverage

2.5.2.3 Domain: Health protection

- New STI diagnoses (excluding chlamydia aged under 25) per 100,000
- Population vaccination coverage - Dtap / IPV / Hib (1 year old)
- Population vaccination coverage - MenB (1 year)
- Population vaccination coverage - Rotavirus (Rota) (1 year)
- Population vaccination coverage - Dtap / IPV / Hib (2 years old)
- Population vaccination coverage - MenB booster (2 years)
- Population vaccination coverage - MMR for one dose (2 years old)
- Population vaccination coverage - PCV booster
- Population vaccination coverage - Flu (2-3 years old)

- Population vaccination coverage - Hib / MenC booster (2 years old)
- Population vaccination coverage - DTaP/IPV booster (5 years)
- Population vaccination coverage - MMR for one dose (5 years old)
- Population vaccination coverage - MMR for two doses (5 years old)
- Population vaccination coverage - Flu (primary school aged children)
- Population vaccination coverage - HPV vaccination coverage for one dose (12–13-year-old)
- Population vaccination coverage - Flu (at risk individuals)
- Population vaccination coverage - Flu (aged 65+)
- Population vaccination coverage - PPV
- Population vaccination coverage – Shingles vaccination coverage (71 years)
- TB incidence (three-year average)

2.5.2.4 Domain: Healthcare and premature mortality

- Percentage of 5-year-olds with experience of visually obvious dental decay
- Under 75 mortality rate from causes considered preventable (2019 definition)
- Under 75 mortality rate from all cardiovascular diseases
- Under 75 mortality rate from cardiovascular diseases considered preventable (2019 definition)
- Under 75 mortality rate from cancer considered preventable (2019 definition)
- Under 75 mortality rate from respiratory disease
- Under 75 mortality rate from respiratory disease considered preventable (2019 definition)
- Premature mortality in adults with severe mental illness (SMI)
- Emergency readmissions within 30 days of discharge from hospital

2.6 Addressing priority areas -the potential role of pharmacists

Section 2.2 to 2.6 discuss Tower Hamlet's priorities identified in JSNA, HWS, Tower Hamlets Health and Care Partnership, and Public Health Outcomes Framework. In addition, the priorities from NHS LTP are detailed in 2.1.4.

2.6.1 The potential role of pharmacists in addressing the key themes identified by the JSNA

Overarching factors in Tower Hamlets:

- Deprivation in Tower Hamlets is high (10th most deprived borough in the country)
- Tower Hamlets has a young population (48% aged 20-39 years)
- Lowest proportion of residents age 65 and older in London and nationally
- Tower Hamlets has a high rate of population turnover (23% of people move in or out of the borough per year)
- High rate of migrant registration with GPs (38% of population born outside of UK)
- Over two thirds of the population are from a minority ethnic group (Bangladeshi being the largest ethnic group)
- The White British population has decreased whilst the White Other population is one of the fastest growing ethnic groups in the borough
- English is not a main language in 19% of all households in the borough

Areas where Tower Hamlets is under performing compared to London average:

- Lifestyle Behaviours - pharmacists' role in improving lifestyle behaviours (healthy diet, physical activity, smoking and alcohol consumption) that help protect against risk of chronic conditions
 - High prevalence of behavioural risk factors for poor physical health in people with poor mental health, such as smoking, poor diet, and little physical activity
 - Higher % of adults do not do the recommended level of exercise
 - One of the highest smoking prevalence's in the country (20% of residents smoke) and second highest smoking attributable mortality rate in London
 - 90% of older people eat less than the recommended 5 fruit and vegetables a day
 - Half the adult population drink alcohol with 43% of these having alcohol consumption patterns harmful to their health (twice national average)
 - Alcohol-specific mortality rate higher than London and similar nationally
 - Third highest local authority rate of opiate/ crack cocaine users age 15-64 in the country

- 39% of adults have tooth decay and 77% have gum disease, higher than national rates. Fewer adults in the borough use dental services than in London or England
 - Use of chewing tobacco, betel quid, and paan in the South Asian ethnic community is likely to have increased risk of oral cancer
 - The prevalence of HIV in those aged 15-59 is almost three times higher than the figure for England
 - Much higher syphilis diagnosis rate compared to London and England
 - The prescription rate for long-acting reversible contraceptives (LARCs) in women is low compared to London and England
 - The rate of STI diagnoses (excluding chlamydia) in under 25s is significantly higher than the national rate
- Clinical Risk Factors: - pharmacists' role in identifying and supporting those with clinical risk factors (e.g., excess body weight, hypertension) for chronic conditions
 - Higher than average prevalence of diabetes particularly among Bangladeshi population
 - Diabetes prevalence is increasing year on year and is driven primarily by increased levels of obesity in the population
 - Higher prevalence rates of hypertension than national level
- Burden of Disease – pharmacists' role in targeting conditions that contribute to disease burden in Tower Hamlets (cancers, cardiovascular disease, chronic lung disease, diabetes)
 - Tower Hamlets has amongst the highest premature death rates from the major killers: cancer, cardiovascular disease, and chronic lung disease. These death rates vary across the borough and in general are higher in areas of higher deprivation
 - Cancer mortality in Tower Hamlets is worse than the national average (one year survival rate of 66.5% compared to 70.2% for England). Survival rates are worse than national average for breast, colorectal and prostate cancer.
 - Tower Hamlets has particularly high rates of premature mortality from 'cancer considered preventable'. Late diagnosis is a significant contributor to poor survival (cancer screening programme coverage in Tower Hamlets remains below the national minimum standards)
 - High rate for oral cancer compared to London and England
 - Higher prevalence rates of coronary heart disease than national level
 - The rate of emergency hospital admissions for COPD is among the highest in London

- Tower Hamlets has the second highest rate in London of under-75 mortality from respiratory disease. This high rate may reflect the comparatively high numbers of smokers and ex-smokers in the population aged over 40
- Higher than average prevalence of diabetes and deaths attributable to diabetes
- Mortality from liver disease in those under-75 in Tower Hamlet is significantly higher than the England average
- Mortality in under-75s from end stage liver disease from hepatitis B and C is higher than the national average
- Although reduced, the TB incidence in Tower Hamlets remains higher than the incidence in both London and England
- Assessing the burden of mental health problems in Tower Hamlets is not straightforward, although modelling data indicates a high prevalence relative to London
- Tower Hamlets has a slightly higher rate of severe disability in its working age population compared to that of London and England
- Older People – pharmacists' role in supporting vulnerable older people
 - Older people living in Tower Hamlets experience multiple forms of disadvantage which increase their need for health and social care
 - Healthy life expectancy is in the bottom thirtieth in the country for both males and females
 - Local residents live significantly fewer years in good health than those in the country as a whole
 - 56% of 65–84-year-olds report long term activity-limiting illness compared to 48% nationally
 - Tower Hamlets has a high stroke mortality for under 75s and high hospital admission rates for stroke
 - Under-75 mortality from respiratory disease is significantly higher than that of London
 - The prevalence of dementia in patients aged 65+ in Tower Hamlets was significantly higher than in London and England
- Children & Young People
 - Low birth weight (second highest rate in England) – pharmacists' role in supporting low birth weight babies
 - Children living in poverty (highest in UK) – pharmacists' role in identifying children in need
 - Obesity in 10–11-year-olds (27.1 obese, 3rd highest in country) – pharmacists' role in preventing childhood obesity

2.6.2 The potential role of pharmacists in addressing the key themes identified by the HWS

PNA relevant priority areas to improve health and wellbeing include:

- Ensure that all open space is safe, accessible for all, and actively used by the communities in the vicinity - *pharmacists' role in promoting health lifestyles through the use of local open spaces*
- Support improvements in the food environment for children and families, including cooking together - *pharmacists' role in creating a healthier food environment*
- Enable improvements in the support offered to parents and families (e.g. unlocking more peer support through community networks) – *pharmacists' role in pregnancy, early year and parent health education and support initiatives*
- Drive increase in activity levels in children - *pharmacists' role in promoting physical activity to young people*
- Support and align efforts to build life skills in children, particularly around managing their wellbeing - *pharmacists' role in delivering health and wellbeing education and improvement services to young people*
- Work with employers across the borough (particularly Small to Medium Enterprises) to improve the health of current employees and workplaces, and to advise on tackling health inequalities in recruitment – *pharmacy owners role promoting a healthy work environment within the pharmacy for their employees and addressing health inequalities in their recruitment process*
- Work with community and voluntary groups to ensure young adults have strong networks of support and connection to their communities – *pharmacists' role in young adult support and community connectivity*
- Ensure our borough and our services (including health, social care, voluntary sector and community support) are age friendly - *pharmacists' role in ensuring equity through improving accessibility and provision of services targeting older people*
- Ensure that those with a health condition are supported as early as possible so that they lead active and healthy lives for as long as possible - *pharmacists' role in early health improvement support for middle-aged and older adults with health conditions*
- Improve join-up across health, social care, VCS and wider community services- *pharmacists' role in community connectivity*
- Create networks across organisations and improve visibility and proactive communications between services and those who need them most- *pharmacists' role in inter-service connectivity, clear patient care pathways and relevant sign posting*

2.6.3 The potential role of pharmacists in addressing the key themes identified by the North East London Health and Care Partnership

PNA relevant priority areas where the partnership want to create measurable change:

Long Term Conditions

- To support everyone living with a long-term condition in north east London to live a longer, healthier life and to work to prevent conditions occurring for other members of our community – *pharmacists' role in both prevention and support initiatives addressing long term health conditions*

Children and Young People

- To make North East London the best place to grow up, through early support when it is needed and the delivery of accessible and responsive services - *pharmacists' role in delivering accessible, responsive health initiatives aimed at supporting children and young people*

Mental Health

- To transform accessibility to, experience of and outcomes from mental health services and well-being support for the people of north east London - *pharmacists' role in signposting ways to access mental health services*

2.6.4 The potential role of pharmacists in addressing the key themes identified by the PHOF

2.6.4.1 Domain: Health improvement

- Low birth weight of term babies – pharmacists' role in supporting low birth weight babies
- Year 6: Prevalence of overweight (including obesity)- pharmacists' role in promoting good nutrition and signposting to healthy eating initiatives within the borough to parents and carers of children and young people
- Percentage of physically active children and young people- pharmacists' role in promoting exercise and signposting to activity initiatives within the borough to parents and carers of children and young people
- Percentage of physically active/ inactive adults- pharmacists' role in promoting exercise and signposting adults to activity initiatives within the borough
- Successful completion of drug treatment - opiate /non-opiate users- pharmacists' role in signposting and supporting delivery of drug treatment services
- Successful completion of alcohol treatment - pharmacists' role in supporting people to reduce their alcohol intake
- Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison
- Cancer screening coverage: breast, cervical and bowel cancer - pharmacists' role in promoting cancer screening
- Abdominal Aortic Aneurysm Screening Coverage - pharmacists' role in promoting screening

- Newborn Screening Coverage - pharmacists' role in promoting newborn screening

2.6.4.2 Domain: Health protection

- New STI diagnoses (excluding chlamydia aged under 25) - pharmacists role in promoting sexual health and STI testing to relevant populations and signposting individuals to sexual health services
- Population vaccination coverage 18 areas (see PHOF chapter above) where Tower Hamlets has worse vaccination coverage compared to London - pharmacists role in prevention, promoting and delivering a wide range of vaccinations

2.6.4.3 Domain: Healthcare and premature mortality

- Percentage of 5-year-olds with experience of visually obvious dental decay - pharmacists' role in identifying and managing poor oral health including signposting to dental services
- Under 75 mortality rate from causes considered preventable, cardiovascular diseases, cardiovascular diseases considered preventable, cancer considered preventable, respiratory disease, respiratory disease considered preventable - pharmacists' role in screening
- Premature mortality in adults with severe mental illness (SMI) - pharmacists' role in supporting individuals with mental health problems and signposting them to mental health and other social services
- Emergency readmissions within 30 days of discharge from hospital - pharmacists' role in supporting and monitoring patients who have recently been discharged from hospital

2.7 Implications for pharmacy services

2.7.1 Introduction

Community pharmacists work at the heart of communities and are trusted professionals in supporting individual, family and community health. Pharmacies are uniquely placed to deliver public health services due to their access, location and informal environment (1).

2.7.2 Tiers of Community Pharmacy Service

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

2.7.3 Modifiable behaviours/healthier lifestyles

Non-communicable diseases (NCDs) affect people of all ages. Modifiable behaviours such as physical inactivity, poor diet, harmful alcohol or tobacco use all increase the risk of non-communicable diseases. Although community pharmacies already offer health promoting services, they have the potential to play an increasing role in the future, in promoting health and wellbeing by combatting such behaviours through

joint working (often in partnership with other service providers) on health improvement initiatives. Key areas to address include strategies to:

- Build trust with the public to improve the level of insight and honesty regarding health behaviours that other health professionals might not have access to.
- Promote healthier lifestyles via motivational interviewing; education, information and brief advice; providing on-going support for behaviour change; and signposting to other services or resources.
- Be recognised as optimal, providers in the process of delivering health improvement initiatives and planning integrated care pathways.

2.7.4 Addressing inequalities

Long-term and lifestyle related conditions are more prevalent in deprived populations. Often the only healthcare facility located in an area of deprivation, pharmacies have the potential to play a vital role in improving the health of deprived communities by offering convenient and equitable access to health improvement services¹.

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

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

2.7.5 Healthy Start/children

The Department of Health's *Healthy Start* scheme helps pregnant women and children under four in low-income families eat healthily through the provision of breastfeeding and nutrition support including free food and vitamin vouchers. The scheme provides vitamin supplements through arrangements with local community pharmacies. More information can be access via this [link](#).

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

2.7.6 Older people/care homes

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

¹ The community pharmacy offer for improving the public's health. Local Government Association. 2016

2.7.7 Long-term conditions

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

A key recommendation of the Murray report includes integrating community pharmacists and their teams into long-term condition management pathways². Pharmacists may form part of an integrated care pathway working alongside GPs and other community practitioners to deliver optimal, integrated care closer to home.

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

3 Population characteristics

Figures used in this and other sections are based on the information available during the summer of 2022 when the tables were compiled. It has not always been possible to update them if later figures have been published since this time. Figures used will tend to be the latest available, but on occasions certain breakdowns of the figures require going back to earlier published data, including the 2011 Census. Where this is the case, overall totals may not always tally, however, it is the breakdowns of the figures that are important.

3.1 Current population

In 2020, the population of Tower Hamlets was 331,969 (53% male and 47% female). Table 2 and Table 3 show the age breakdown of the current population. The borough's age structure is generally younger than the London average and the England average. The 20–49-year-olds are 57% of the population, greater than London at 16% and England at 19%.

Table 2 Population estimates by age and gender for Tower Hamlets, London, and England: mid-2020

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

Population Estimate By Age and Gender 2020							
Population	Tower Hamlets					ONS-Mid-2020	
Age Range	Male		Female			Total	
	Number	% of Total Population	% of Total Population		Number	Number	%
0-4yrs	11,171	3.37%			3.23%	21,883	6.59%
5-19yrs	30,638	9.23%			8.77%	59,746	18.00%
20-49yrs	102,133	30.77%			26.67%	190,653	57.43%
50-64yrs	20,620	6.21%			5.21%	37,916	11.42%
65-84yrs	8,905	2.68%			3.08%	19,116	5.76%
85+yrs	1,076	0.32%			0.48%	2,655	0.80%
All Ages	174,543	52.58%			47.42%	331,969	100%

Population Estimate By Age and Gender 2020							
London	London					ONS-Mid-2020	
Age Range	Male		Female			Total	
	Number	% of Total Population	% of Total Population		Number	Number	%
0-4yrs	305,415	3.39%			3.23%	595,799	6.62%
5-19yrs	838,323	9.31%			8.81%	1,631,542	18.12%
20-49yrs	2,147,946	23.86%			22.71%	4,192,458	46.57%
50-64yrs	729,552	8.10%			8.38%	1,484,236	16.49%
65-84yrs	434,616	4.83%			5.83%	959,758	10.66%
85+yrs	58,526	0.65%			1.04%	152,480	1.69%
All Ages	4,514,378	50.15%			49.85%	9,002,488	100%

Population Estimate By Age and Gender 2020							
England	England					ONS-Mid-2020	
Age Range	Male		Female			Total	
	Number	% of Total Population	% of Total Population		Number	Number	%
0-4yrs	1,577,153	2.79%			2.79%	3,239,447	5.73%
5-19yrs	4,913,221	8.69%			8.69%	10,090,908	17.84%
20-49yrs	10,902,844	19.28%			19.28%	21,921,818	38.77%
50-64yrs	5,501,546	9.73%			9.73%	10,833,946	19.16%
65-84yrs	4,791,876	8.47%			8.47%	9,057,609	16.02%
85+yrs	880,680	1.56%			1.56%	1,406,410	2.49%
All Ages	28,567,320	50.52%			50.52%	56,550,138	100%

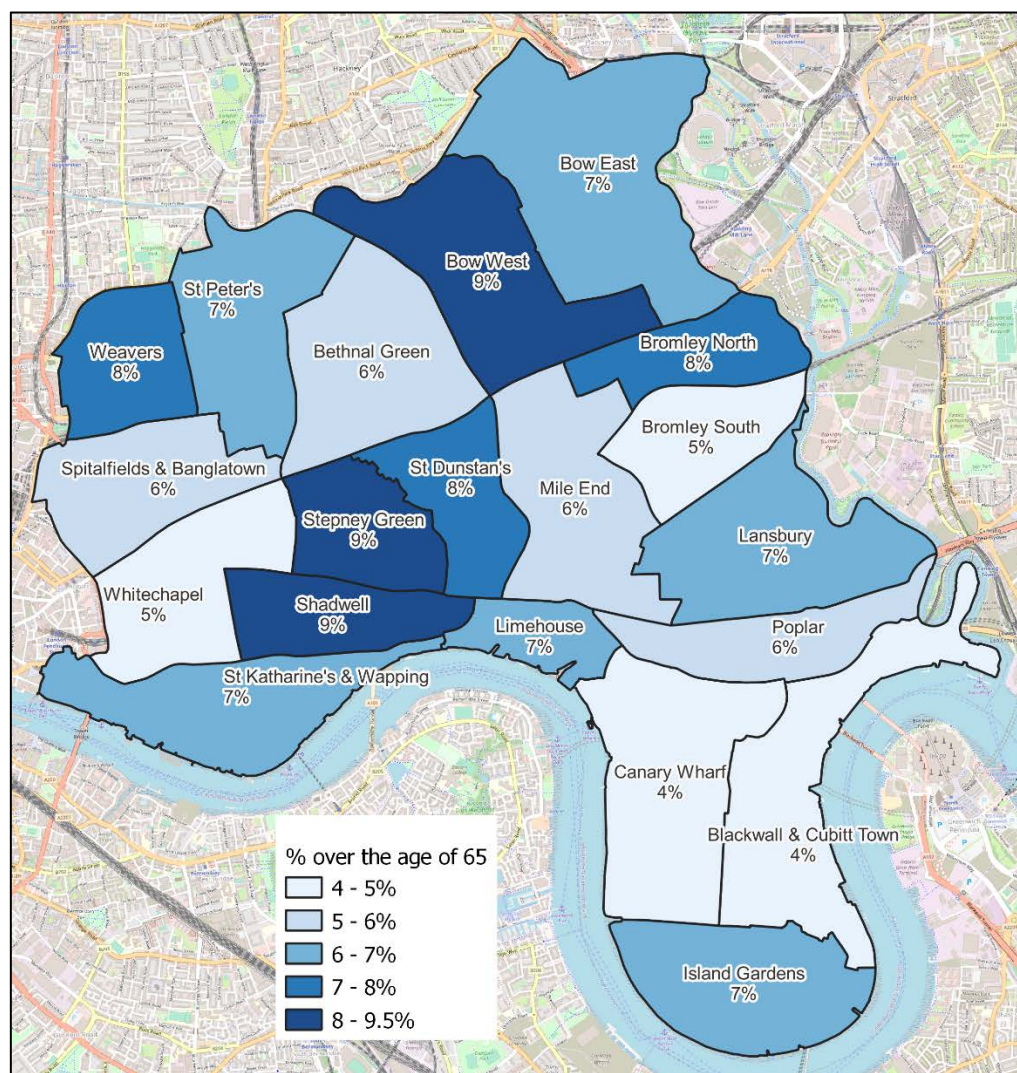
Table 3 MYE2 - Population estimates by age for Tower Hamlets, London and England: mid-2020

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

Age Range	Tower Hamlets %	London%	England%
0-4yrs	6.59%	6.62%	5.73%
5-19yrs	18.00%	18.12%	17.84%
20-49yrs	57.43%	46.57%	38.77%
50-64yrs	11.42%	16.49%	19.16%
65-84yrs	5.76%	10.66%	16.02%
85+yrs	0.80%	1.69%	2.49%

Figure 2 Percentage of the ward population over the age of 65 in Tower Hamlets

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



3.2 Population distribution by localities

Figure 3 and Table 4 shows the age distribution by locality. South East is the largest of the localities, with North East the smallest. North West has a lower proportion of children than the other localities, and South West has a higher proportion of over 65s.

Figure 3 Age distribution by locality – mid-year population estimates – mid-2020

Area	Locality	Age Range %						Gender %		Population Number
		0-4yrs	5-19yrs	20-49yrs	50-64yrs	65-84yrs	85+yrs	Male	Female	
Tower Hamlets	North West	5.51%	17.72%	59.00%	11.12%	5.75%	0.90%	39,290	36,591	75,881
		51.78%	48.22%							
	North East	7.12%	19.33%	55.45%	11.46%	5.88%	0.76%	43,465	41,293	84,758
		51.28%	48.72%							
Tower Hamlets	South East	7.17%	16.99%	58.84%	11.38%	4.97%	0.65%	50,700	43,546	94,246
		53.80%	46.20%							
Tower Hamlets	South West	6.36%	18.03%	56.34%	11.72%	6.61%	0.93%	41,088	35,996	77,084
		53.30%	46.70%							
Tower Hamlets		6.59%	18.00%	57.43%	11.42%	5.76%	0.80%	53%	47%	331,969
London		6.62%	18.12%	46.57%	16.49%	10.66%	1.69%	50%	50%	9,002,488
England		5.73%	17.84%	38.77%	19.16%	16.02%	2.49%	49%	51%	56,550,138

Table 4 Age distribution by ward – mid-year population estimates – mid-2020

Ward/Locality	0-4yrs	5-19yrs	20-49yrs	50-64yrs	65-84yrs	85+yrs	Male	Female	Population No
North West									
Bethnal Green	1,408	4,926	12,993	2,568	1,270	184	39,290	36,591	23,349
Spitafields & Banglatown	709	2,189	9,529	1,522	839	144			14,932
St Peter's	1,252	3,903	13,248	2,373	1,251	184			22,211
Weavers	810	2,431	9,000	1,975	1,000	173			15,389
Total	4,179	13,449	44,770	8,438	4,360	685			75,881
Total%	6%	18%	59%	11%	6%	1%			100%
North East									
Bow East	1,371	3,299	12,136	2,469	1,160	187	43,465	41,293	20,622
Bow West	954	2,505	7,779	2,030	1,241	100			14,609
Bromley North	776	2,242	5,486	1,350	759	101			10,714
Bromley South	1,192	3,395	8,201	1,443	656	73			14,960
Mile End	1,745	4,939	13,394	2,425	1,164	186			23,853
Total	6,038	16,380	46,996	9,717	4,980	647			84,758
Total%	7%	19%	55%	11%	6%	1%			100%
South East									
Blackwall & Cubitt Town	1,486	3,274	14,657	2,035	839	78	50,700	43,546	22,369
Canary Wharf	1,195	2,441	12,788	2,178	775	77			19,454
Island Gardens	1,344	2,763	10,111	2,149	1,062	143			17,572
Lansbury	1,520	4,796	8,961	2,489	1,145	192			19,103
Limehouse	574	868	4,768	1,090	440	77			7,817
Poplar	642	1,874	4,172	783	419	41			7,931
Total	6,761	16,016	55,457	10,724	4,680	608			94,246
Total%	7%	17%	59%	11%	5%	1%			100%
South West									
St Dunstan's	1,027	3,248	7,540	1,698	924	140	41,088	35,996	14,577
St Katharine's & Wapping	770	1,415	7,927	2,117	1,109	87			13,425
Shadwell	1,052	3,208	7,690	1,823	1,069	167			15,009
Stepney Green	852	2,698	6,577	1,631	1,031	191			12,980
Whitechapel	1,204	3,332	13,696	1,768	963	130			21,093
Total	4,905	13,901	43,430	9,037	5,096	715			77,084
Total%	6%	18%	56%	12%	7%	1%			100%

3.3 Population density

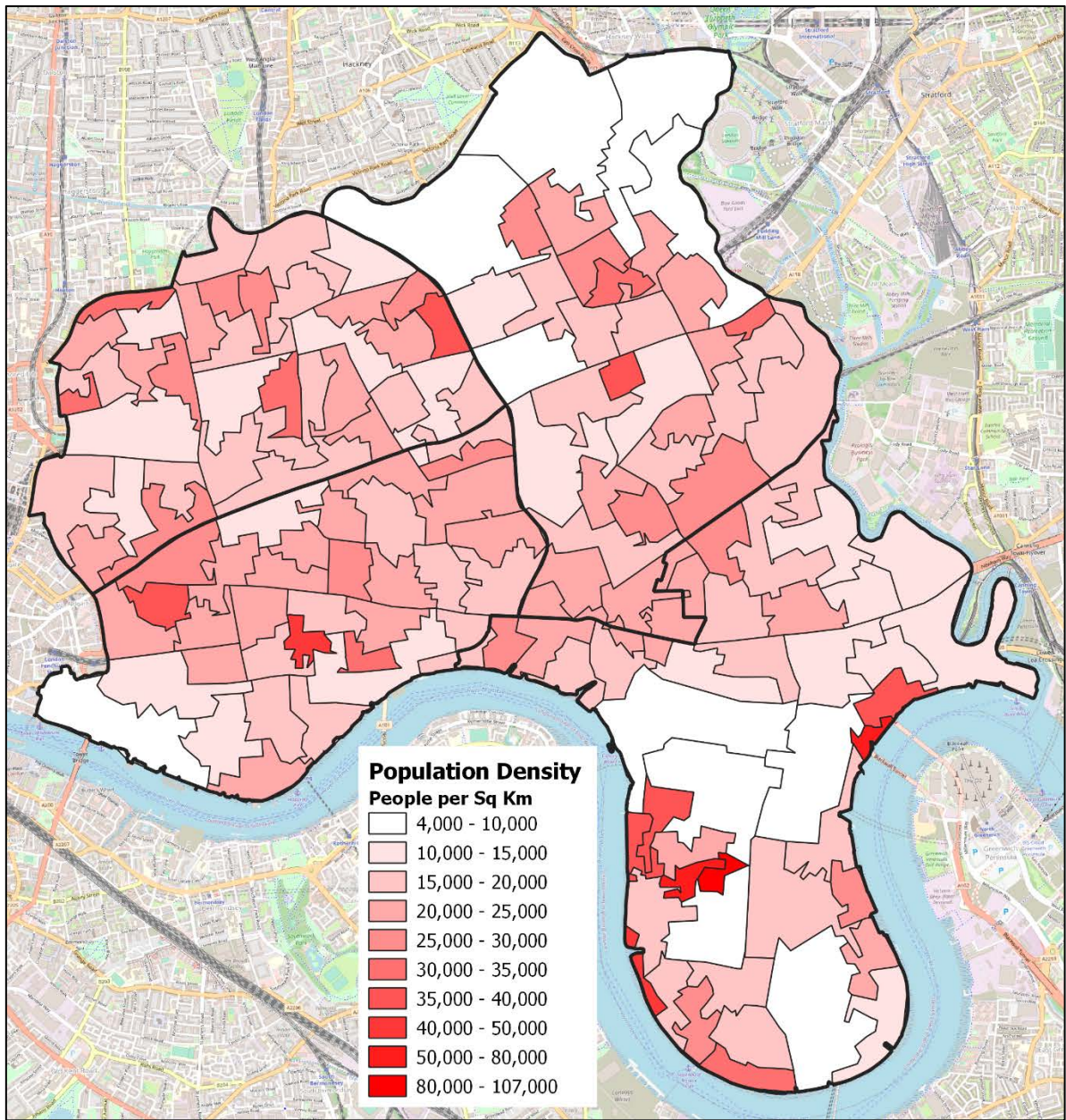
Table 5 shows the population density (people per Sq. Km) by locality and compared with London and England. The borough has a higher population density to London, but within the borough, the North West locality has more people per square kilometre than the other four localities. All figures are considerably above the London and England average which includes rural areas.

Table 5 Locality level mid-year population estimates

Area	Locality	Population	sq.km	People per sq.km	
Tower Hamlets	North West	75881.0	3.9	19658.3	
	North East	84758.0	5.8	14613.4	
	South East	94246.0	6.1	15450.2	
	West	77084.0	4.0	19271.0	
Tower Hamlets		331,969	19.77	16792	
London		9,002,488	1,572.1	5726	
England		56,550,138	130,259.7	434	

Figure 4 LSOA population density

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



3.4 Ethnicity

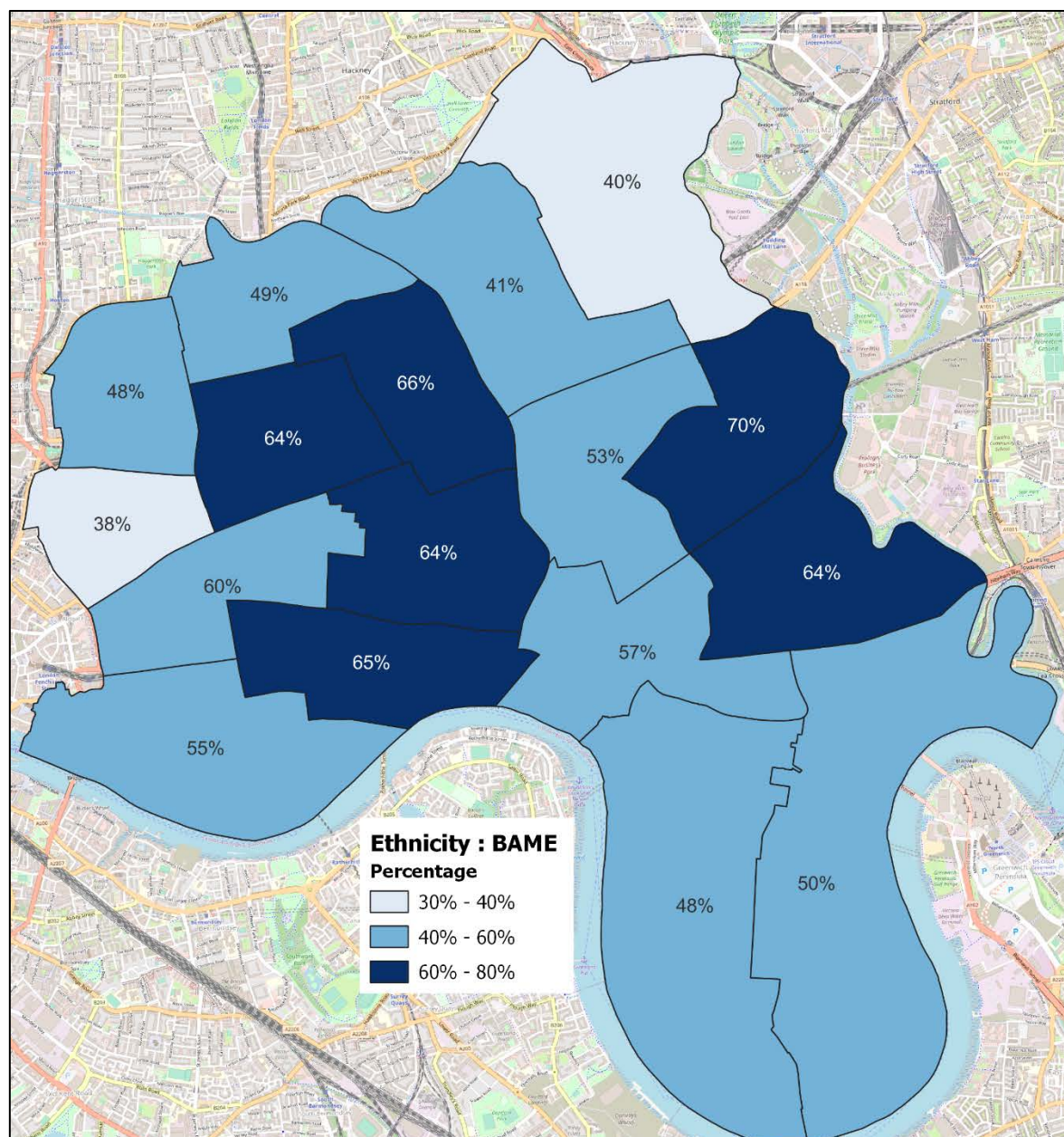
Table 6 indicates that the percentage of the population that is white (including white other) is 45%, lower than both London and England. There is a large Asian population spread across the borough.

Table 6 Ethnicity by locality

Area	Locality	Ethnicity%					Population Number
		White	Black	Asian	Mixed	Other	
Tower Hamlets	North West	47.09%	6.78%	39.47%	4.32%	2.3%	54,738
Tower Hamlets	North East	46.07%	9.13%	38.30%	4.4%	2.1%	70,744
Tower Hamlets	South East	43.6%	8.8%	41.1%	4.2%	2.2%	50,306
Tower Hamlets	South West	42.1%	5.5%	46.6%	3.5%	2.3%	58,621
Tower Hamlets		45.19%	7.33%	41.13%	4.08%	2.28%	254,096
	London	59.8%	13.3%	18.5%	5.0%	3.4%	8,173,941
	England	85.4%	3.5%	7.8%	2.3%	1.0%	53,012,456

Figure 5 Percentage of the ward population from mixed, Asian, black or other ethnic group

Census 2011: QS211EW Ethnic group (detailed), wards in England and Wales



3.5 Deprivation

Since the last PNA, a new national Index of Multiple Deprivation (IMD 2019) has been published and is examined here for the borough. IMD is typically analysed by small areas called Lower Super Output Areas (LSOAs) which have an average population of 1500 and a minimum of 1000. Each LSOA is categorised into one of ten groups nationally (known as deciles) according to whether the area is in the 10% of most deprived areas (decile 1), the next 10% (decile 2) and so on. Looking at localities or other larger areas it is possible to create a deprivation score by scoring 1 for an area in decile 1, 2 for the next and so on. The higher the score the less deprived is the area.

As seen in Figure 6, North East locality shows high percentage of total population in deprivation Decile 1-3. Table 7 shows the distribution of LSOAs for each locality, the borough overall and for London.

For Tower Hamlets, Lansbury Gardens (ward) has the highest percentage of total population in deprivation Decile 1-3 (Table 7).

Figure 6 English Indices of Deprivation - 2019 – for LSOAs in each ward and locality in Tower Hamlets

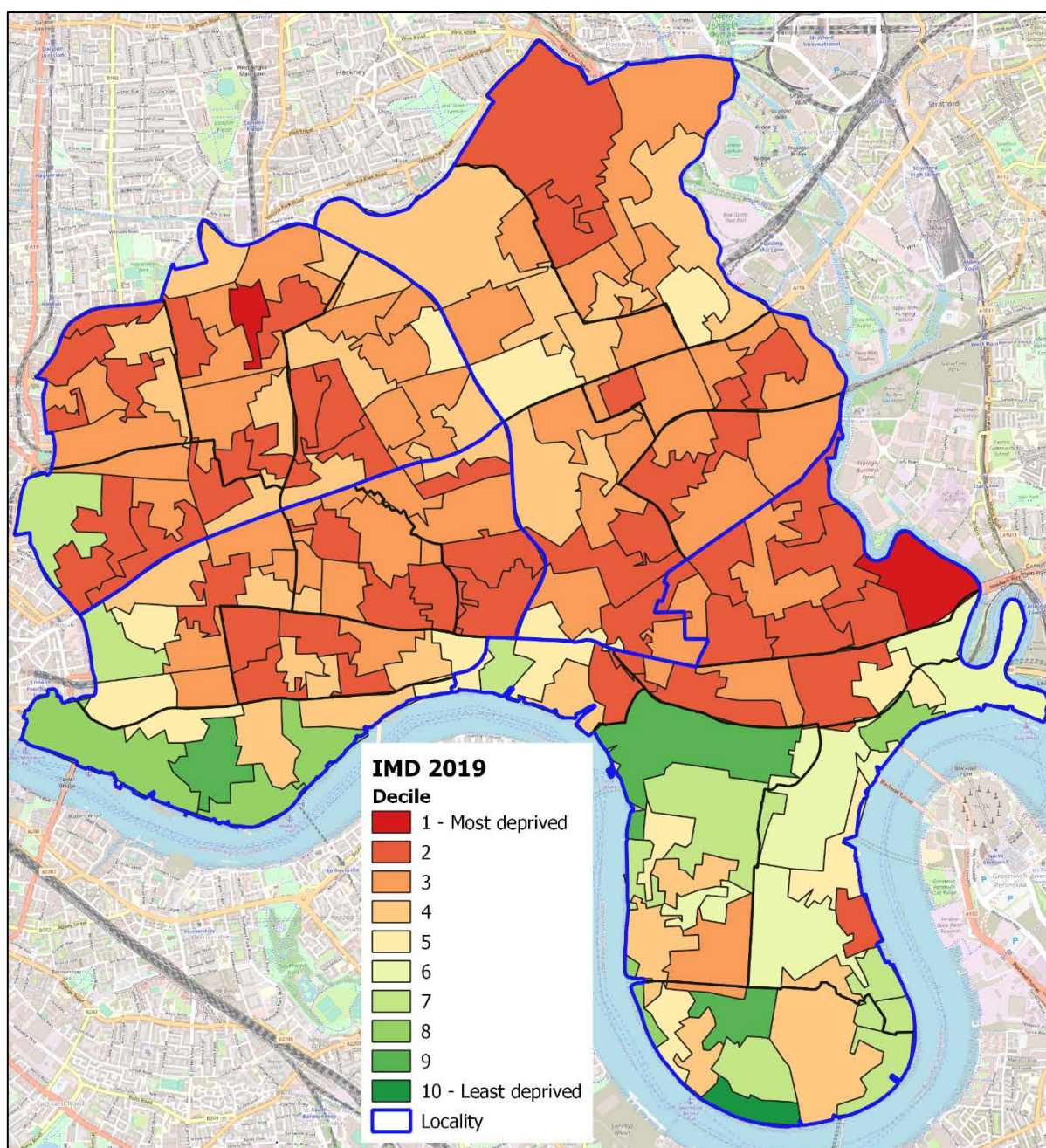


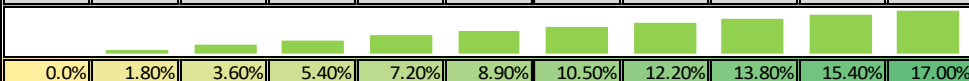
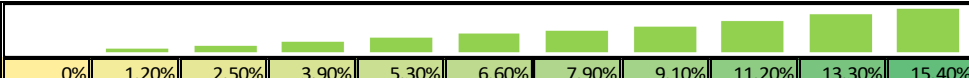
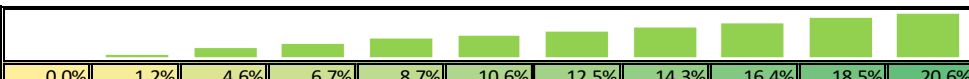
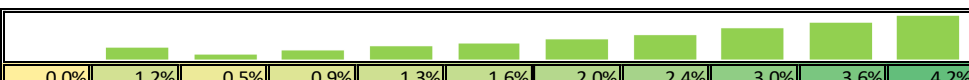
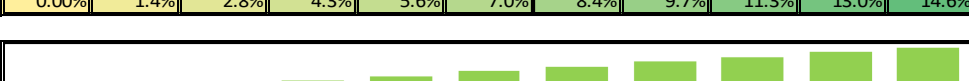
Table 7 English Indices of Deprivation - 2019 - For LSOAs in each ward in Tower Hamlets

Bethnal Green			Blackwall and Cubitt Town			Bow East			Bow West		
Deprivation	% of Total Population		Deprivation	% of Total Population		Deprivation	% of Total Population		Deprivation	% of Total Population	
Decile 1		0.00%	Decile 1		0.00%	Decile 1		0.00%	Decile 1		0.00%
Decile 2		26.72%	Decile 2		7.05%	Decile 2		15.56%	Decile 2		0.00%
Decile 3		34.39%	Decile 3		0.00%	Decile 3		27.04%	Decile 3		43.27%
Decile 4		32.01%	Decile 4		4.70%	Decile 4		50.30%	Decile 4		42.04%
Decile 5		6.88%	Decile 5		23.24%	Decile 5		7.10%	Decile 5		14.69%
Decile 6		0.00%	Decile 6		52.74%	Decile 6		0.00%	Decile 6		0.00%
Decile 7		0.00%	Decile 7		4.96%	Decile 7		0.00%	Decile 7		0.00%
Decile 8		0.00%	Decile 8		7.31%	Decile 8		0.00%	Decile 8		0.00%
Decile 9		0.00%	Decile 9		0.00%	Decile 9		0.00%	Decile 9		0.00%
Decile 10		0.00%	Decile 10		0.00%	Decile 10		0.00%	Decile 10		0.00%
Bromley North			Bromley South			Canary Wharf			Island Gardens		
Deprivation	% of Total Population		Deprivation	% of Total Population		Deprivation	% of Total Population		Deprivation	% of Total Population	
Decile 1		0.00%	Decile 1		0.00%	Decile 1		0.00%	Decile 1		0.00%
Decile 2		38.31%	Decile 2		15.96%	Decile 2		0.39%	Decile 2		0.00%
Decile 3		61.69%	Decile 3		83.57%	Decile 3		6.21%	Decile 3		0.00%
Decile 4		0.00%	Decile 4		0.00%	Decile 4		10.49%	Decile 4		31.73%
Decile 5		0.00%	Decile 5		0.47%	Decile 5		4.85%	Decile 5		10.04%
Decile 6		0.00%	Decile 6		0.00%	Decile 6		11.46%	Decile 6		0.00%
Decile 7		0.00%	Decile 7		0.00%	Decile 7		36.89%	Decile 7		24.10%
Decile 8		0.00%	Decile 8		0.00%	Decile 8		0.00%	Decile 8		12.45%
Decile 9		0.00%	Decile 9		0.00%	Decile 9		29.71%	Decile 9		10.04%
Decile 10		0.00%	Decile 10		0.00%	Decile 10		0.00%	Decile 10		11.65%
Lansbury Gardens			Limehouse			Mile End			Poplar		
Deprivation	% of Total Population		Deprivation	% of Total Population		Deprivation	% of Total Population		Deprivation	% of Total Population	
Decile 1		13.08%	Decile 1		0.00%	Decile 1		0.00%	Decile 1		0.00%
Decile 2		66.49%	Decile 2		34.97%	Decile 2		77.70%	Decile 2		72.66%
Decile 3		20.44%	Decile 3		0.00%	Decile 3		16.30%	Decile 3		27.34%
Decile 4		0.00%	Decile 4		16.78%	Decile 4		4.48%	Decile 4		0.00%
Decile 5		0.00%	Decile 5		34.97%	Decile 5		1.52%	Decile 5		0.00%
Decile 6		0.00%	Decile 6		0.00%	Decile 6		0.00%	Decile 6		0.00%
Decile 7		0.00%	Decile 7		13.29%	Decile 7		0.00%	Decile 7		0.00%
Decile 8		0.00%	Decile 8		0.00%	Decile 8		0.00%	Decile 8		0.00%
Decile 9		0.00%	Decile 9		0.00%	Decile 9		0.00%	Decile 9		0.00%
Decile 10		0.00%	Decile 10		0.00%	Decile 10		0.00%	Decile 10		0.00%
Shadwell			Spitfields and Banglatown			St Dunstan's			St Katharine's and Wapping		
Deprivation	% of Total Population		Deprivation	% of Total Population		Deprivation	% of Total Population		Deprivation	% of Total Population	
Decile 1		0.00%	Decile 1		0.00%	Decile 1		0.00%	Decile 1		0.00%
Decile 2		44.15%	Decile 2		48.33%	Decile 2		53.77%	Decile 2		0.00%
Decile 3		14.62%	Decile 3		12.08%	Decile 3		37.67%	Decile 3		0.00%
Decile 4		34.80%	Decile 4		2.92%	Decile 4		8.56%	Decile 4		20.33%
Decile 5		6.43%	Decile 5		0.00%	Decile 5		0.00%	Decile 5		19.39%
Decile 6		0.00%	Decile 6		0.00%	Decile 6		0.00%	Decile 6		0.00%
Decile 7		0.00%	Decile 7		36.67%	Decile 7		0.00%	Decile 7		0.00%
Decile 8		0.00%	Decile 8		0.00%	Decile 8		0.00%	Decile 8		49.82%
Decile 9		0.00%	Decile 9		0.00%	Decile 9		0.00%	Decile 9		10.46%
Decile 10		0.00%	Decile 10		0.00%	Decile 10		0.00%	Decile 10		0.00%
St Peter's			Stepney Green			Weavers			Whitechapel		
Deprivation	% of Total Population		Deprivation	% of Total Population		Deprivation	% of Total Population		Deprivation	% of Total Population	
Decile 1		3.42%	Decile 1		0.00%	Decile 1		0.00%	Decile 1		0.00%
Decile 2		9.19%	Decile 2		40.99%	Decile 2		40%	Decile 2		4.28%
Decile 3		15.19%	Decile 3		54.50%	Decile 3		33.82%	Decile 3		64.65%
Decile 4		72.21%	Decile 4		4.50%	Decile 4		26.18%	Decile 4		10.67%
Decile 5		0.00%	Decile 5		0.00%	Decile 5		0.00%	Decile 5		12.92%
Decile 6		0.00%	Decile 6		0.00%	Decile 6		0.00%	Decile 6		0.00%
Decile 7		0.00%	Decile 7		0.00%	Decile 7		0.00%	Decile 7		7.48%
Decile 8		0.00%	Decile 8		0.00%	Decile 8		0.00%	Decile 8		0.00%
Decile 9		0.00%	Decile 9		0.00%	Decile 9		0.00%	Decile 9		0.00%
Decile 10		0.00%	Decile 10		0.00%	Decile 10		0.00%	Decile 10		0.00%

3.6 Population projections

Population projections are used for a range of purposes and are often considered of equal validity as they are each based on specific assumptions. The particular assumptions here show a projected increase of some 4.3% up to 2025 (the time frame for this PNA) rising to 11.3% in 10 years. Locality projections show the highest rises in South East locality.

Table 8 Projected change in ward population from 2022 to 2032 (2020-based Scenario Projection: Housing Targets Scenario)

Area	Neighbourhoods	Population 2022	Year										Population 2032
			2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	
Tower Hamlets	North West	77,355											77,403
Tower Hamlets	North East	91,603											100,508
Tower Hamlets	South East	74,215											98,671
Tower Hamlets	South West	74,224											77,444
Tower Hamlets		298,519											342,028
London		9,008,266											9,608,996

Increase in population of asylum seekers in Tower Hamlets

In addition, it will be important to take in to account the new government hotels for asylum seekers that are currently being requisitioned in Tower Hamlets. In January 2023 there were already 700 asylum seekers in hotels in Tower Hamlets with an additional 400 about to arrive.

NEL LPC reassures us that the current pharmacies across TH and neighbouring boroughs can take on the extra workload if there is a significant increase in the number of asylum seekers or residents across TH)

3.7 Health lifestyles

Table 9 Office for Health Improvement and Disparities – Tower Hamlets

<https://fingertips.phe.org.uk/profile/health-profiles>

Indicator Name	Sex	Age	Time period	Value	Recent Trend	Compared to England	Compared to London
Life expectancy at birth	Male	All ages	2018 - 20	79.9	Cannot be calculated	Similar	Similar
Life expectancy at birth	Female	All ages	2018 - 20	83.3	Cannot be calculated	Similar	Worse
Under 75 mortality rate from all causes	Persons	<75 yrs	2018 - 20	350.3	Cannot be calculated	Similar	Worse
Under 75 mortality rate from all cardiovascular diseases	Persons	<75 yrs	2017 - 19	86.9	Cannot be calculated	Worse	Worse
Under 75 mortality rate from cancer	Persons	<75 yrs	2017 - 19	116.6	Cannot be calculated	Better	Similar
Suicide rate	Persons	10+ yrs	2018 - 20	8.1	Cannot be calculated	Similar	Similar
Killed and seriously injured (KSI) casualties on England's roads	Persons	All ages	2020	213.6	Cannot be calculated	Worse	Worse
Emergency Hospital Admissions for Intentional Self-Harm	Persons	All ages	2020/21	69.9	No significant change	Better	Better
Hip fractures in people aged 65 and over	Persons	65+ yrs	2020/21	337.3	Decreasing and getting better	Better	Better
Percentage of cancers diagnosed at stages 1 and 2	Persons	All ages	2019	57.0	No significant change	Similar	Not compared
Estimated diabetes diagnosis rate	Persons	17+ yrs	2018	80.5	Cannot be calculated	Similar	Better
Estimated dementia diagnosis rate (aged 65 and over)	Persons	65+ yrs	2022	70.2	No significant change	Similar	Similar
Admission episodes for alcohol-specific conditions - Under 18s	Persons	<18 yrs	2018/19 - 20/21	16.1	Cannot be calculated	Better	Similar
Admission episodes for alcohol-related conditions (Narrow): New method.	Persons	All ages	2020/21	283.8	No significant change	Better	Better
Smoking Prevalence in adults (18+) - current smokers (APS)	Persons	18+ yrs	2019	15.1	Cannot be calculated	Similar	Similar
Percentage of physically active adults	Persons	19+ yrs	2020/21	60.3	Cannot be calculated	Worse	Worse
Percentage of adults (aged 18+) classified as overweight or obese	Persons	18+ yrs	2020/21	53.5	Cannot be calculated	Better	Similar
Under 18s conception rate / 1,000	Female	<18 yrs	2020	7.0	Decreasing and getting better	Better	Better
Smoking status at time of delivery	Female	All ages	2020/21	3.5	No significant change	Better	Better
Homelessness - households owed a duty under the Homelessness Reduction Act	Not applicable	Not applicable	2020/21	14.2	Cannot be calculated	Worse	Similar
Baby's first feed breastmilk	Persons	Newborn	2018/19	71.6	Cannot be calculated	Better	Worse
Infant mortality rate	Persons	<1 yr	2018 - 20	3.3	Cannot be calculated	Similar	Similar
Year 6: Prevalence of obesity (including severe obesity)	Persons	10-11 yrs	2019/20	25.9	No significant change	Worse	Worse
Deprivation score (IMD 2019)	Persons	All ages	2019	27.9	Cannot be calculated	Highest quintile	Highest quintile
Smoking prevalence in adults in routine and manual occupations (18-64) - current smokers (APS)	Persons	18-64 yrs	2019	17.7	Cannot be calculated	Similar	Similar
Inequality in life expectancy at birth	Male	All ages	2018 - 20	8.9	Cannot be calculated	Not compared	Not compared
Inequality in life expectancy at birth	Female	All ages	2018 - 20	4.3	Cannot be calculated	Not compared	Not compared
Children in relative low income families (under 16s)	Persons	<16 yrs	2020/21	25.3	No significant change	Worse	Worse
Children in absolute low income families (under 16s)	Persons	<16 yrs	2020/21	21.1	No significant change	Worse	Worse
Average Attainment 8 score	Persons	15-16 yrs	2020/21	53.4	Cannot be calculated	Better	Worse
Percentage of people in employment	Persons	16-64 yrs	2020/21	74.8	Increasing and getting better	Similar	Similar
Homelessness - households owed a duty under the Homelessness Reduction Act	Not applicable	Not applicable	2020/21	14.2	Cannot be calculated	Worse	Similar
Violent crime - hospital admissions for violence (including sexual violence)	Persons	All ages	2018/19 - 20/21	59.9	Cannot be calculated	Worse	Worse
Excess winter deaths index	Persons	All ages	Aug 2019 - Jul 2020	1.9	Cannot be calculated	Better	Better
New STI diagnoses (excluding chlamydia aged under 25) per 100,000	Persons	15-64 yrs	2021	1390	Decreasing and getting better	Worse	Worse
TB incidence (three year average)	Persons	All ages	2018 - 20	19.3	Cannot be calculated	Worse	Similar

Full analysis of the health of the people of Tower Hamlets is available on the council's website in the Annual Public Health Report via this [link](#), and in this JSNA via this [link](#). Key figures for the borough are also available on Public Health England's fingertips system via this [link](#).

Many of the borough's health indicators compare unfavourably with London and England averages. Some areas worthy of note are:

1. Mortality in under 75s from all cardiovascular diseases was higher in Tower Hamlets than London as a whole and England and has remained so since 2001.
2. In Year 6, 41.8% of children are classified as overweight and obese, worse than the average for London (38.2%) and England (35.2%).

Figure 7 Under 75 mortality rate from all cardiovascular diseases: trend from 2001-30 to 2017-19

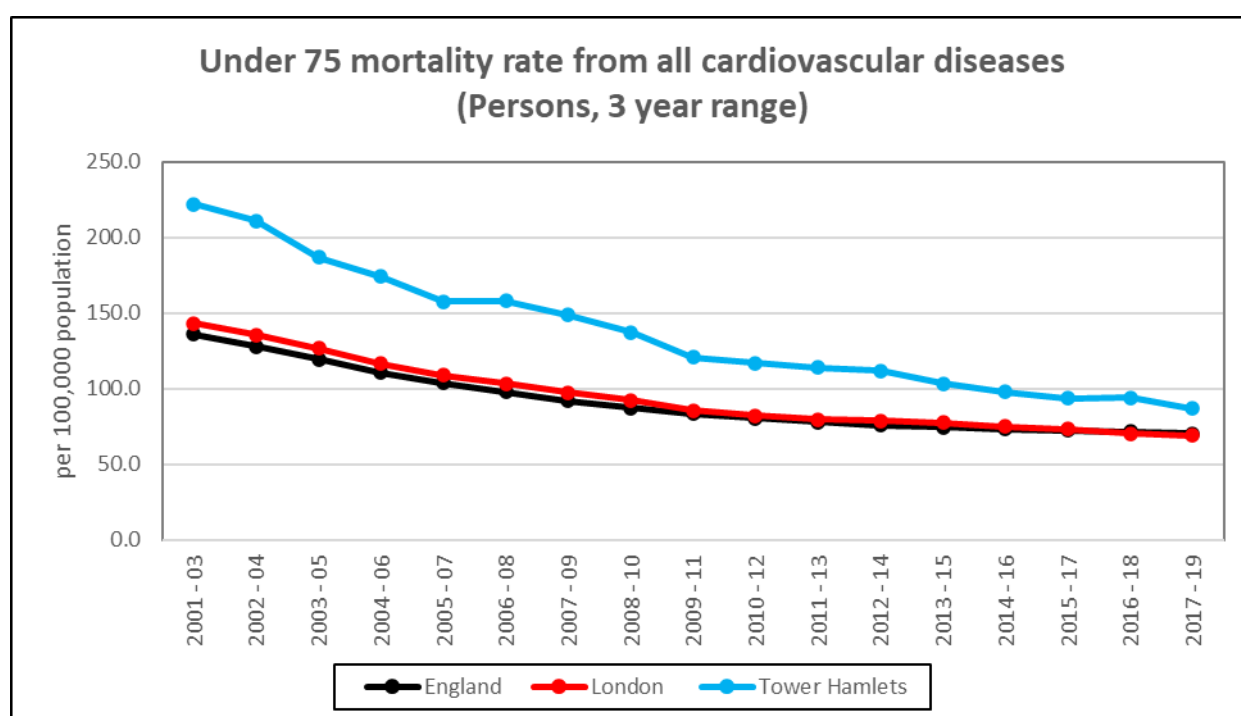
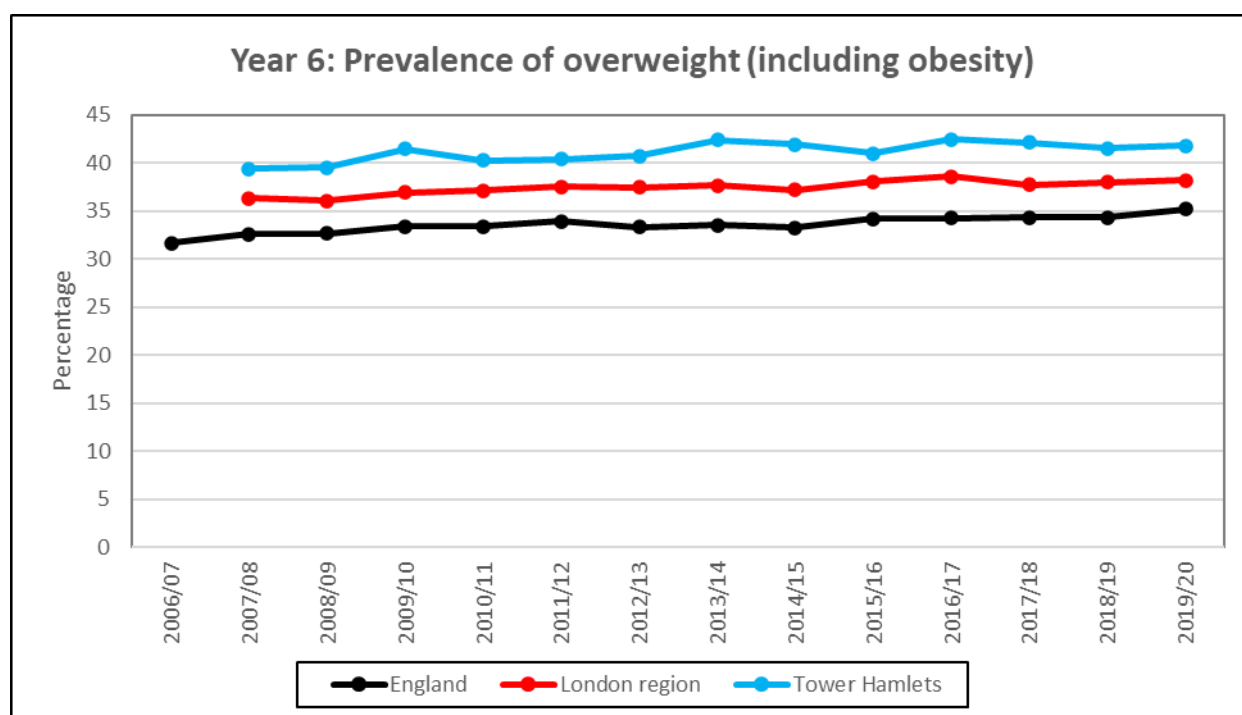
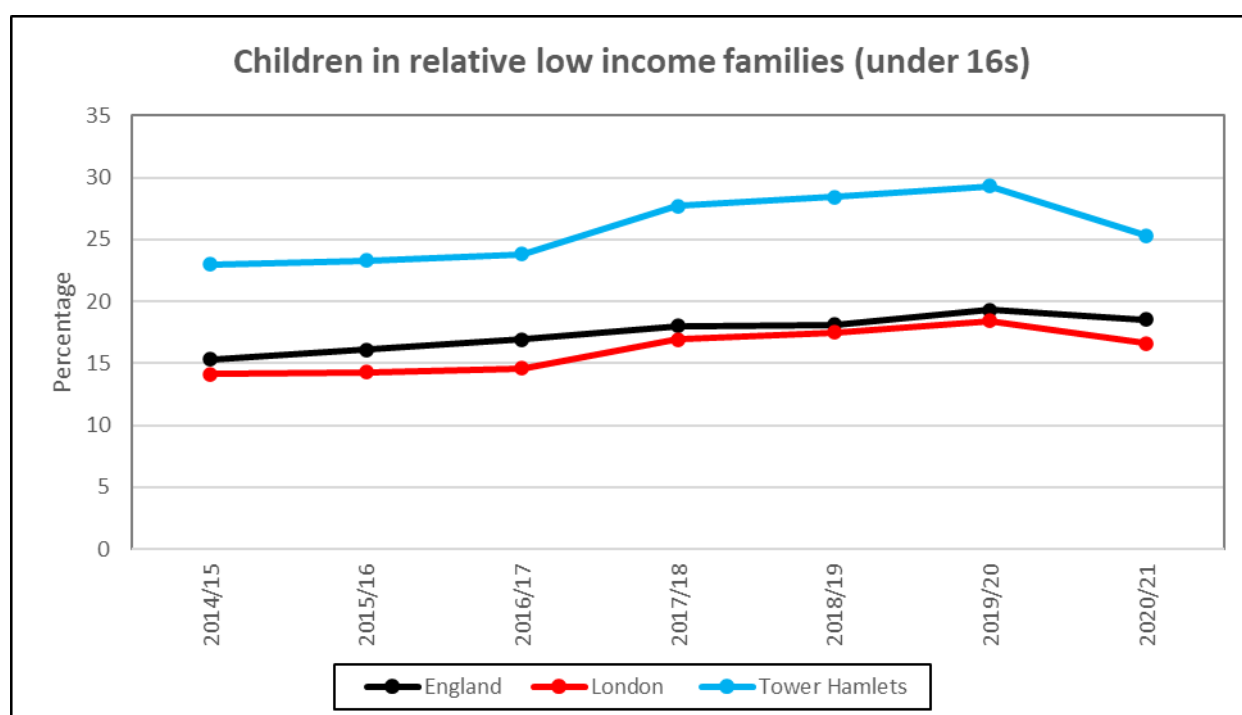


Figure 8 Prevalence of overweight (including obesity) for Tower Hamlets: trend from 2006/07 to 2019/20



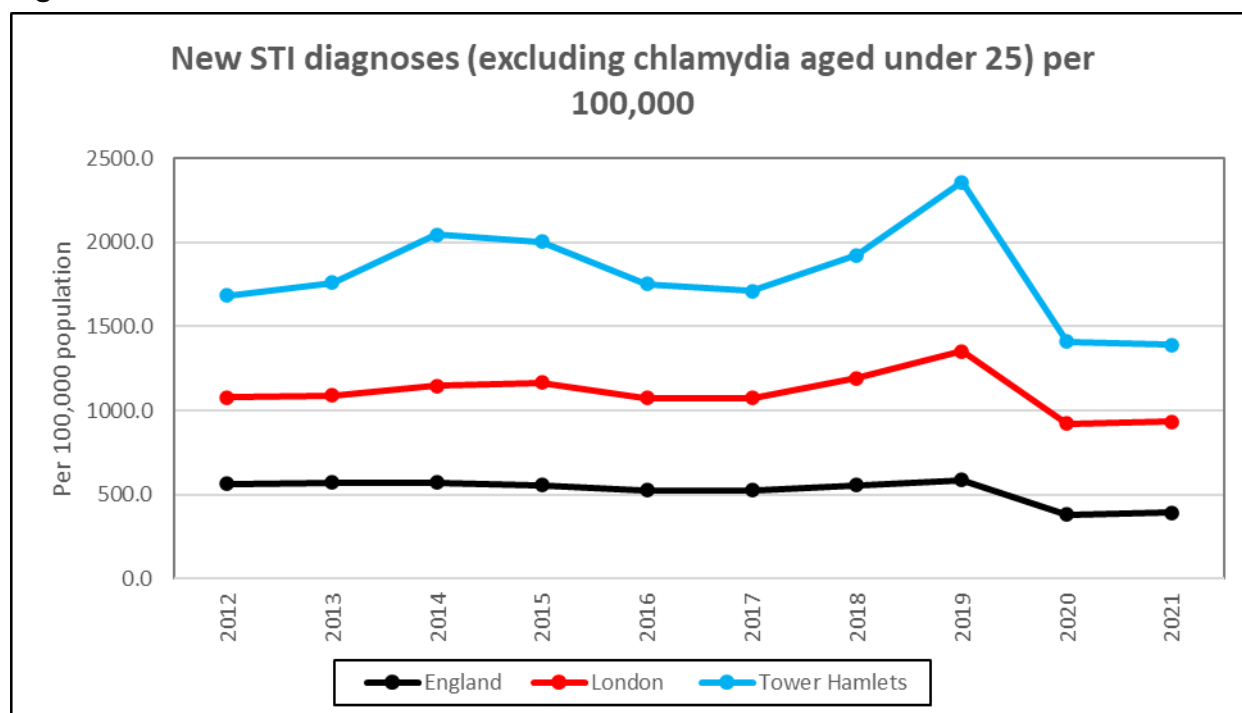
- The percentage of children in low-income families (25.3%) is higher in Tower Hamlets than London (16.6%) and England (18.5%) overall.

Figure 9 Children in relative low-income families (under 16s): trend from 2014/15 to 2020/21



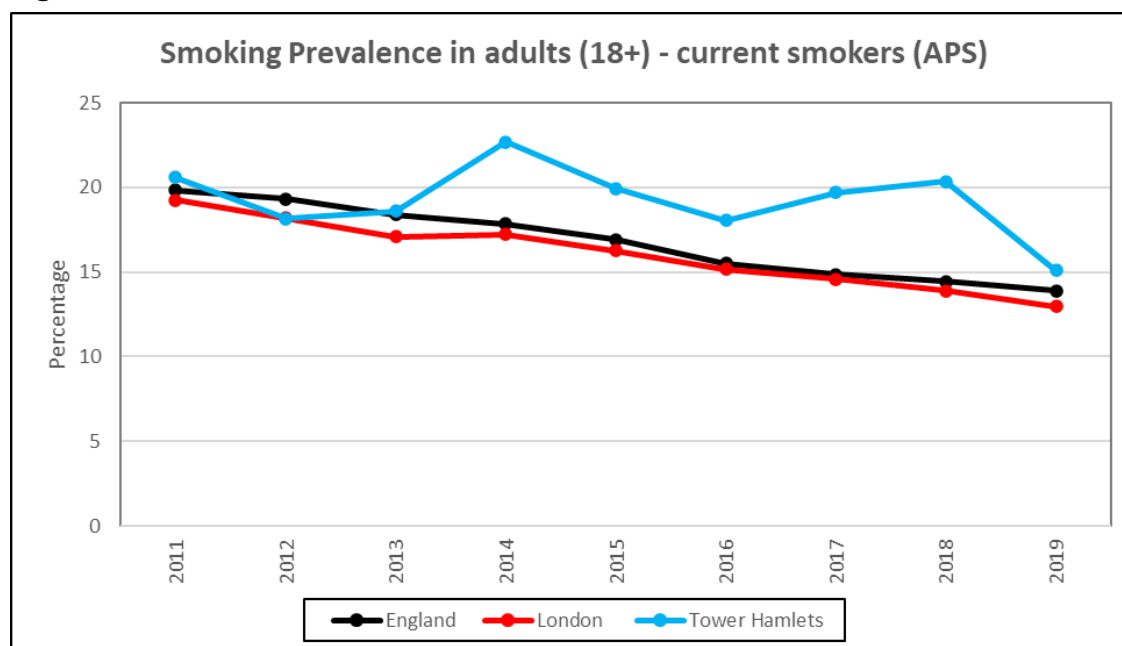
4. The number of new sexually transmitted infections (STIs) diagnosed in those aged under 25 (excluding chlamydia) was 1,391 per 100,000 population in 2021. This number was higher than the London average (935 per 100,000) but significantly higher than the England average (395 per 100,000).

Figure 10



5. The percentage of adult smokers aged 18 and over is higher in Tower Hamlets (15.1%) compared to London (13%) and England (13.9%).

Figure 11



3.8 Life expectancy and mortality

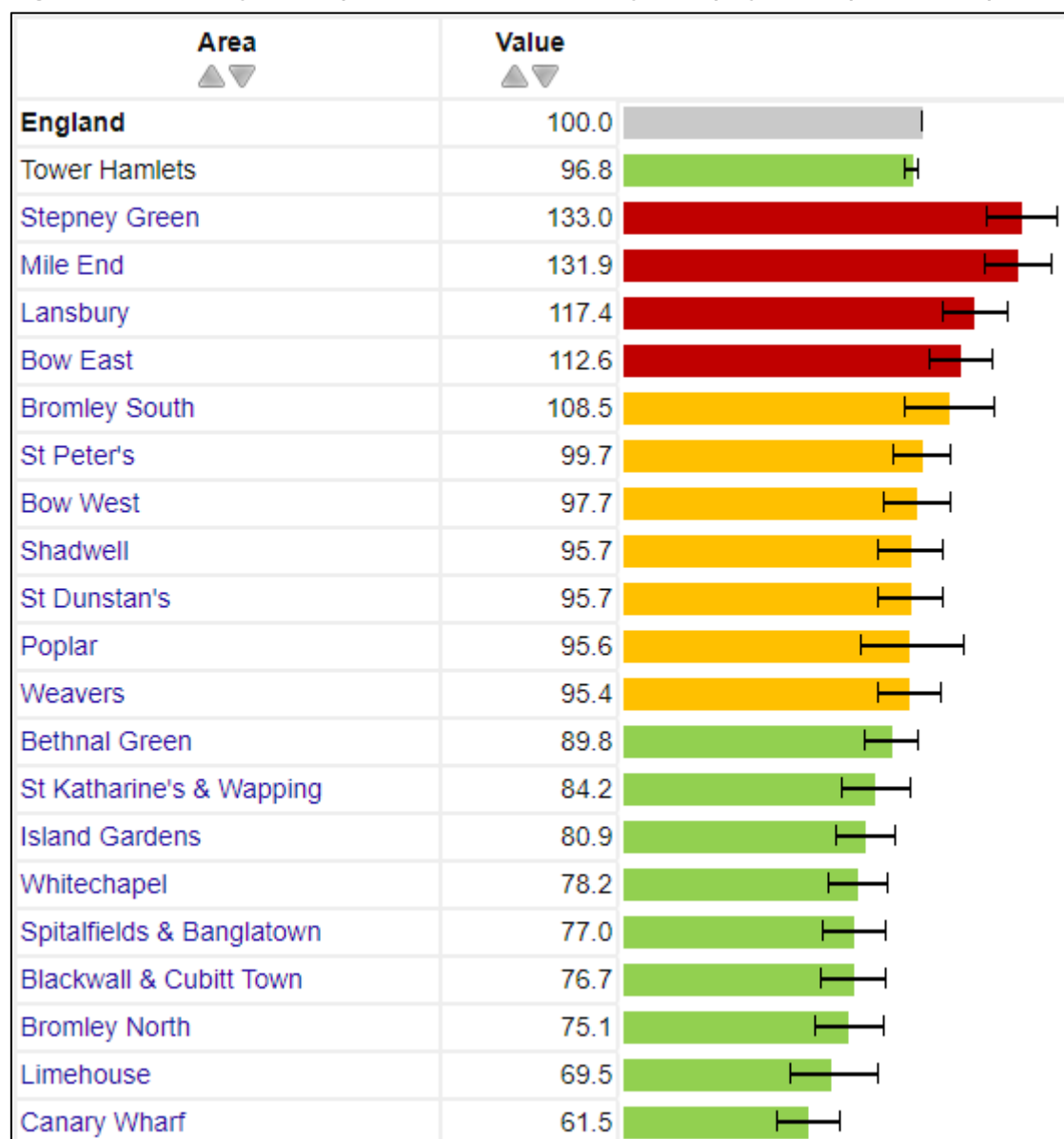
Life Expectancy rates (2020) in Tower Hamlets are similar to London and England. Healthy life expectancy at 65 rates (2018/20) are higher in Male than Female, meaning Men have better health at age 65 than women in Tower Hamlets. Both male and female healthy life expectancy at 65 was lower than both London (11.2) and England average (11.3).

Table 10 Life expectancy and healthy life expectancy

Life Expectancy & Healthy Life Expectancy Tower Hamlets					
Indicator	Year	Gender	Tower Hamlets	London	England
Life Expectancy	2020	Male	79.9	80.3	78.7
	2020	Female	83.3	84.3	78
Healthy Life Expectancy at 65	2018	Male	6.4	10.3	10.5
	2018	Female	9.2	11.2	11.3
Life Expectancy at 65 (1 year)	2020	Male	17.2	18.3	18.1
	2020	Female	20.6	21.3	20.7

Figure 12 shows mortality rates by all ward (all causes, all ages), indicating variations that exist across the borough. The wards indicated in red bar have higher mortality rates than Tower Hamlets average. Stepney Green and Mile End have the highest mortality rates.

Figure 12 Mortality rates (standardised mortality ratio) by ward (2016-2020)



Source: Office for Health Improvement and Disparities, produced from ONS data

Table 11 shows the key mortality rates for Tower Hamlets, which are higher than the London and England rates.

Table 11 Key mortality rates for Tower Hamlets

Key Mortality Rates Tower Hamlets					
Community Indicators	Year	Tower Hamlets		London	England
Indicator		Count	Value	Value	Value
Under 75 mortality rate from causes considered preventable (2019 definition)	2020	598	400.2	122.7	140.5
Mortality under 75 from CVD (1 year range)	2020	109	74.5	72.3	73.8
Mortality under 75 from cancer (1 year range)	2020	183	123.1	111.3	125.1
Mortality under 75 from respiratory disease (1 year range)	2020	43	33.4	26.7	29.4

4 Tower Hamlets housing trajectory

Tower Hamlets has a five-year housing trajectory outlining specific deliverable sites (consented/under construction) that will meet Tower Hamlets housing requirements.

As the centre of London expands east, Tower Hamlets will embrace its role as a key focus for London's growth, making best use of the economic benefits from Canary Wharf, the City of London and Stratford. The connections between the borough and surrounding areas will be improved, whilst maintaining our distinct East End identity. This growth will be primarily delivered in the City Fringe, the Lower Lea Valley and Isle of Dogs and South Poplar and at key locations along transport corridors.

Figure 13 Growth in homes in Tower Hamlets

<https://www.towerhamlets.gov.uk/Documents/Planning-and-building-control/Strategic-Planning/Local-Plan/Policies-Map-15-01-2020.pdf>

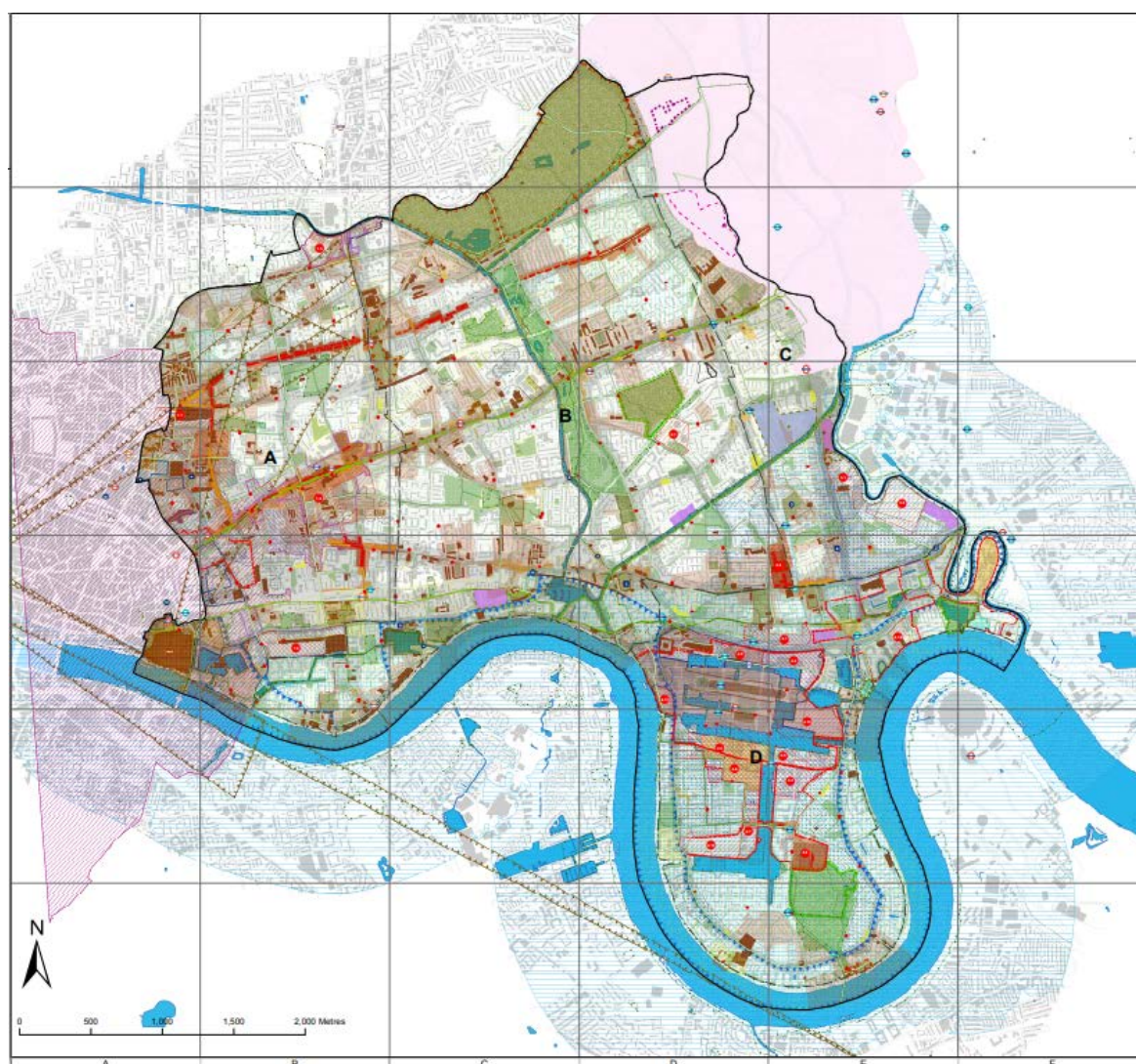


Table 12 Planned number of developments across Tower Hamlets 2022/23-2026/27

	2022-23 (FY2022)	2023-24 (FY2023)	2024-25 (FY2024)	2025-26 (FY2025)	2026-27 (FY2026)
Number of developments	5509	5001	4726	4314	2150

5 Pharmaceutical service provision within Tower Hamlets

5.1 NHS England pharmaceutical services currently commissioned from community pharmacies

5.1.1 Introduction

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

Essential services – all pharmacies are required to provide

Advanced services – to support patients with safe use of medicines

Enhanced services and locally commissioned services

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

5.1.2 Essential Services

The essential services offered by all pharmacy contractors are specified by a national contractual framework that was agreed in 2005. For the purposes of this PNA, essential services are defined as all essential services.

The following description of these services is an excerpt from a briefing summary on NHS community pharmacy services by the Pharmaceutical Services Negotiating Committee:

The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Available at:

http://www.legislation.gov.uk/ukxi/2013/349/pdfs/ukxi_20130349_en.pdf

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

Dispensing – the safe supply of medicines or appliances. Advice is given to the patient about the medicines being dispensed and how to use them. Records are kept of all medicines dispensed and significant advice provided, referrals and interventions made.

Repeat dispensing – the management of repeat medication for up to one year, in partnership with the patient and prescriber. The patient will return to the pharmacy for repeat supplies, without first having to visit the GP surgery. Before each supply the pharmacy will ascertain the patient's need for a repeat supply of a particular medicine.

Disposal of unwanted medicines – pharmacies accept unwanted medicines from individuals. The medicines are then safely disposed of.

Promotion of Healthy Lifestyles (Public Health) – opportunistic one to one advice is given on healthy lifestyle topics, such as stopping smoking, to certain patient groups who present prescriptions for dispensing. Pharmacies will also get involved in

six local campaigns a year, organised by NHS England. Campaign examples may include promotion of flu vaccination uptake or advice on increasing physical activity.

Signposting patients to other healthcare providers – pharmacists and staff will refer patients to other healthcare professionals or care providers when appropriate. The service also includes referral on to other sources of help such as local or national patient support groups.

Support for self-care – the provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families. The main focus is on self-limiting illness, but support for people with long-term conditions is also a feature of the service.

Clinical governance – pharmacies must have a system of clinical governance to support the provision of excellent care, requirements include:

- Provision of a practice leaflet for patients
- Use of standard operating procedures
- Patient safety incident reporting to the National Reporting and Learning Service (NRLS)
- Conducting clinical audits and patient satisfaction surveys
- Having complaints and whistle-blowing policies
- Acting upon drug alerts and product recalls in order to minimise patient harm
- Having cleanliness and infection control measures in place.

Discharge Medicines Service – The Discharge Medicines Service (DMS) became a new Essential service on 15th February 2021. Patients are digitally referred to their pharmacy after discharge from hospital, and using the information in the referral, pharmacists are able to compare the patient's medicines at discharge to those they were taking before admission to hospital.

Level 1 Healthy Living Pharmacies – Pharmacies must have a skilled team to proactively support and promote behaviour change and improve health and wellbeing, including a qualified Health Champion and a team member who has undertaken leadership training. Pharmacy premises, other than Distance Selling Pharmacies, must have a consultation room.

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

5.1.3 Advanced Services

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

- Appliance Use Review (AUR)
- New Medicine Service (NMS)
- Stoma Appliance Customisation (SAC)
- Flu Vaccination Service
- Hepatitis C Testing
- Community Pharmacist Consultation Service (CPCS)
- Hypertension Case-finding
- Smoking Cessation Advanced Service

During the pandemic, two COVID-19 related services were part of the Advanced Services: The Pandemic Delivery Service (discontinued in March 2022) and COVID-19 Lateral Flow Device Distribution Service (discontinued in March 2022). These services can only be referred to as enhanced services if they are commissioned by NHS England. If local services are commissioned by NEL ICBs or local authorities, they are referred to as locally commissioned services.

5.1.4 Enhanced Services

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

- London flu service
- Bank holiday (Christmas and Easter Sunday) service
- Covid-19 vaccination service

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

5.1.5 Locally Commissioned Services

Pharmacies are commissioned to provide a number of services by the local authority and ICB. The locally commissioned services in Tower Hamlets are:

Needle Exchange Programme

The Substance Misuse Integrated Commissioning Team commission seven Tower Hamlets Pharmacies to deliver the Needle Exchange Programme, which helps to reduce the transmission of blood-borne viruses and other infections caused by sharing injecting equipment. This programme also aims to reduce the other harms caused by drug use, including advice on minimising the harms caused by drugs, support to stop using drugs by providing access to drug treatment (for example, opioid substitution therapy (OST), and access to other health and welfare services.

Supervised Consumption Programme

The Substance Misuse Integrated Commissioning Team commission forty Tower Hamlets Pharmacies to deliver the Supervised Consumption Programme. This allows Pharmacies to supervise the consumption of prescribed medicines (Methadone and Buprenorphine) at the point of dispensing, ensuring the dose has been administered to the intended patient. This reduces the risk to local communities of Methadone or Buprenorphine diverted onto the illicit drugs market, accidental exposure to Methadone and overuse or underuse of controlled Medicines. Furthermore, Pharmacies are also able to provide support and advice to the patient, including referral to primary care or specialist centres where appropriate.

	Individuals registered for Needle Exchange	1ml kits distributed via Needle Exchange	2ml kits distributed via Needle Exchange	Number of Individuals registered for Supervised Consumption	Number of OST doses supervised
2019/2020	785	1585	742	1044	22 254
2020/2021	461	16 508	5479	639	11 006
2021/2022	240	10 013	23 712	420	6440

Sexual Health Services in Community Pharmacies

- The Emergency Hormonal Contraception (Levonorgestrel, EllaOne and Progestogen-only Pill) Service can be accessed by any female aged 13 years and over. During the consultation, along with being given the pill, a client will be offered a STI (Chlamydia and Gonorrhoea) kit and 3 condoms.
- The pharmacies also provide the Come Correct Condom Distribution Scheme (C-card) targeting young men and women of 25 years of age and under.
- STI testing is also a provision that resident can access separately from other provisions from all commissioned pharmacies.

	EHC Supplied	STI Test Kits		Condoms		
		Offered	Supplied	Offered	Supplied via EHC	Supplied via C-card
2018/19	6508	6825	1936	7054	3205	546
2019/20	6071	6250	1557	6408	2826	337
2020/21	5388	5493	1420	5511	2659	123
2021/22	6631	6726	1822	6697	3994	66

Tobacco Cessation Service in Community Pharmacies

The aim of the service is to support smokers who live, work or study in Tower Hamlets to quit smoking by community pharmacists. Pharmacies provide a maximum of 12-week smoking cessation programme, with behavioural support and 6-week funded medications.

	2018/19	2019/20	2010/21	2021/22
Quit date set (QDS)	1,091	729	362	421
Quits	562	295	206	234
Quit rate	51.5%	40.5%	56.9%	55.6%

Addressing COVID-19 vaccine hesitancy in targeted communities by community pharmacies

The aim of this service is to utilise existing community pharmacy services and pharmacists' knowledge base for a targeted intervention (1:1 consultations with targeted population groups) addressing the main barriers to access to COVID-19 vaccination and subsequently to improve the vaccination uptake. Currently, 12 pharmacies actively deliver the service.

- As of 22nd November 2022, the total number of interventions 1,687
 - 806 (47.8%) decided to get vaccinated post consultations
 - 387 (48%) out of 806 were offered vaccine in-house

5.1.6 North East London Integrated Care Board (NEL ICB) Commissioned Services

Increasing Access to end-of-life medicines

Community Palliative Care teams often experience difficulties in obtaining emergency drugs. North East London Health and Care Partnership has arranged with some Pharmacy Contractors to guarantee stocking an agreed selection of routine palliative care drugs in order to overcome such difficulties. Pharmacies outside the scheme can also dispense these medications. There are enough pharmacies in Tower Hamlets providing the service.

5.2 Local Pharmaceutical Services (LPS) contract

A Local Pharmaceutical Services (LPS) contract is one that is commissioned locally by the local commissioner, not nationally by NHSE. Tower Hamlets has two LPS contracts³, initially commissioned by NHS London, both of which terminate in 2025. In addition, there is a nearby LPS pharmacy in Newham which will likewise terminate in 2024.

Since 2012 a pharmacy has operated at 2 Hannaford Walk E3 3FF which is to expire on 7 June 2025, this being co-located with the St Andrews Health Centre, under a contract for local pharmaceutical services (a “LPS contract”) in order to provide pharmaceutical services. Tower Hamlets Health & Wellbeing Board recognises the important function of a pharmacy at the St Andrews Health Centre and has determined that the termination of the current LPS contract will create a gap in provision. Tower Hamlets Health & Wellbeing Board determines that, an NHS pharmacy, at the same premises as the current LPS pharmacy, will be needed to secure access to pharmaceutical services in the event that the existing LPS pharmacy at St Andrews Health Centre ceases to provide pharmaceutical services under their LPS contract.

Any routine application should only be granted subject to a condition that pharmaceutical services are not provided at the premises to which the application relates until the services provided by the current LPS pharmacy at St Andrews Health Centre cease to be provided and this condition should be included within any approval of a routine application in accordance with Schedule 2, Part 5, 33(2)(a) of the Regulations

Since 2012 a pharmacy has operated at 115 Harford St, E1 4FG, this being co-located with the Harford Health Centre, under a contract for local pharmaceutical services (a “LPS contract”) in order to provide pharmaceutical services. This LPS contract terminates on 1 April 2025. Tower Hamlets Health & Wellbeing Board recognises the important function of a pharmacy at the Harford Health Centre and has determined that the termination of the current LPS contract will create a gap in provision. Tower Hamlets Health & Wellbeing Board determines that, an NHS pharmacy, at the same premises as the current LPS pharmacy, will be needed to secure access to pharmaceutical services in the event that the existing LPS pharmacy at Harford Health Centre ceases to provide pharmaceutical services under their LPS contract.

Any routine application should only be granted subject to a condition that pharmaceutical services are not provided at the premises to which the application relates until the services provided by the current LPS pharmacy at Harford Health Centre cease to be provided and this condition should be included within any approval of a routine application in accordance with Schedule 2, Part 5, 33(2)(a) of the Regulations

³ Tower Hamlets only has two LPS contracts not 28 as stated in the contractor survey - there was a misunderstanding on the meaning of LPS

5.3 Dispensing appliance contractor

Appliance suppliers are a sub-set of NHS pharmaceutical contractors that supply, on prescription, appliances such as stoma and incontinence aids, dressings, bandages etc. They cannot supply medicines.

5.4 Distance-selling pharmacies

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

5.5 Self-care pharmacy initiative

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

5.6 Community pharmaceutical services for people from special groups

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

5.7 Community pharmacies in Tower Hamlets

There are 51 community pharmacies in Tower Hamlets (as of November 2022) for a population of 331,969. This is an average of 15.4 pharmacies per 100,000 population, lower than the London (20.7) and England (20.5).

The information on community pharmacies, opening hours and core /supplementary hours correlates with the data provided by NHS England in their data pack issued in April 2022. This information is updated from time to time. Current information on individual pharmacies can be found on the NHS Choices website.

Table 13 Breakdown of average community pharmacies per 100,000 population in Tower Hamlets

Area	Number of community pharmacies	Total population (mid-2020 estimates)	Average number of community pharmacies per
------	--------------------------------	---------------------------------------	--

				100,000 population
Locality	North East	13	84,758	15.3
	North West	15	75,881	19.8
	South West	10	77,084	13.0
	South East	13	94,246	13.8
	Tower Hamlets (Apr 2022)	51	331,969	15.4
	London (2020/21)	1,863	9,002,488	20.7
	England (2020/21)	11,600	56,550,138	20.5

5.8 Choice of community pharmacies

Table 14 shows a breakdown of community pharmacy ownership in the borough. The data shows that a lower proportion are multiple chains (10+) than for England, although at 45% is slightly higher than the London average of 39%. There remains a good selection of pharmacy providers well spread across the localities.

Table 14 Community Pharmacy ownership in Tower Hamlets

	Area	Multiples (10+)	Multiples (<10)	Independent	Multiples (10+) %
Locality	North East	1	3	9	7.7%
	North West	2	5	8	13.3%
	South West	1	2	7	10.0%
	South East	3	3	7	23.0%
	Tower Hamlets (Apr 2022)	7	13	31	13.7%
	London (2020/21)	726	1,137		39%
	England (2020/21)	6,960	4,640		60%

5.9 Intensity of current community pharmacy providers

For most pharmacy providers, dispensing provides the majority of their activity. Table 15 shows their average monthly dispensing activity. The data shows that the average activity in Tower Hamlets is higher than the average for London but lower than for England. This may reflect the average age of the residents.

Table 15 Average number of monthly dispensed item per community pharmacy

Number of items dispensed per community pharmacy per month (2021-22)	
Tower Hamlets	6,711
London	6,206
England	7,230

5.10 Access to pharmacy services

Opening hours for pharmacies are shown in Appendix D– Pharmacy opening hours and services and Appendix F – Maps show the numbers and locations of pharmacies open in the evenings and at weekends.

There are three 100-hour community pharmacies in the borough (3.9% of the total), lower than the figure for London and lower than the figure for England. Table 15 shows the spread across the borough.

It will be important over the next year to monitor the number of 100-hour pharmacies especially taking into consideration that North West and South West have none.

Table 16 Number of 100-hour pharmacies in Tower Hamlets

	Area	Number of community pharmacies	Number of 100-hour pharmacies	Percentage of 100-hour pharmacies
Locality	North East	13	2	15.4%
	North West	15	0	0%
	South West	10	0	0%
	South East	13	1	7.7%
	Tower Hamlets (Apr 2022)	51	3	3.9%
	London (2020/21)	1,863	104	5.6%
	England (2020/21)	11,600	1094	9.4%

Figure 14 Location of pharmacies in Tower Hamlets by locality
The pharmacies shown below are the pharmacies open on weekdays.

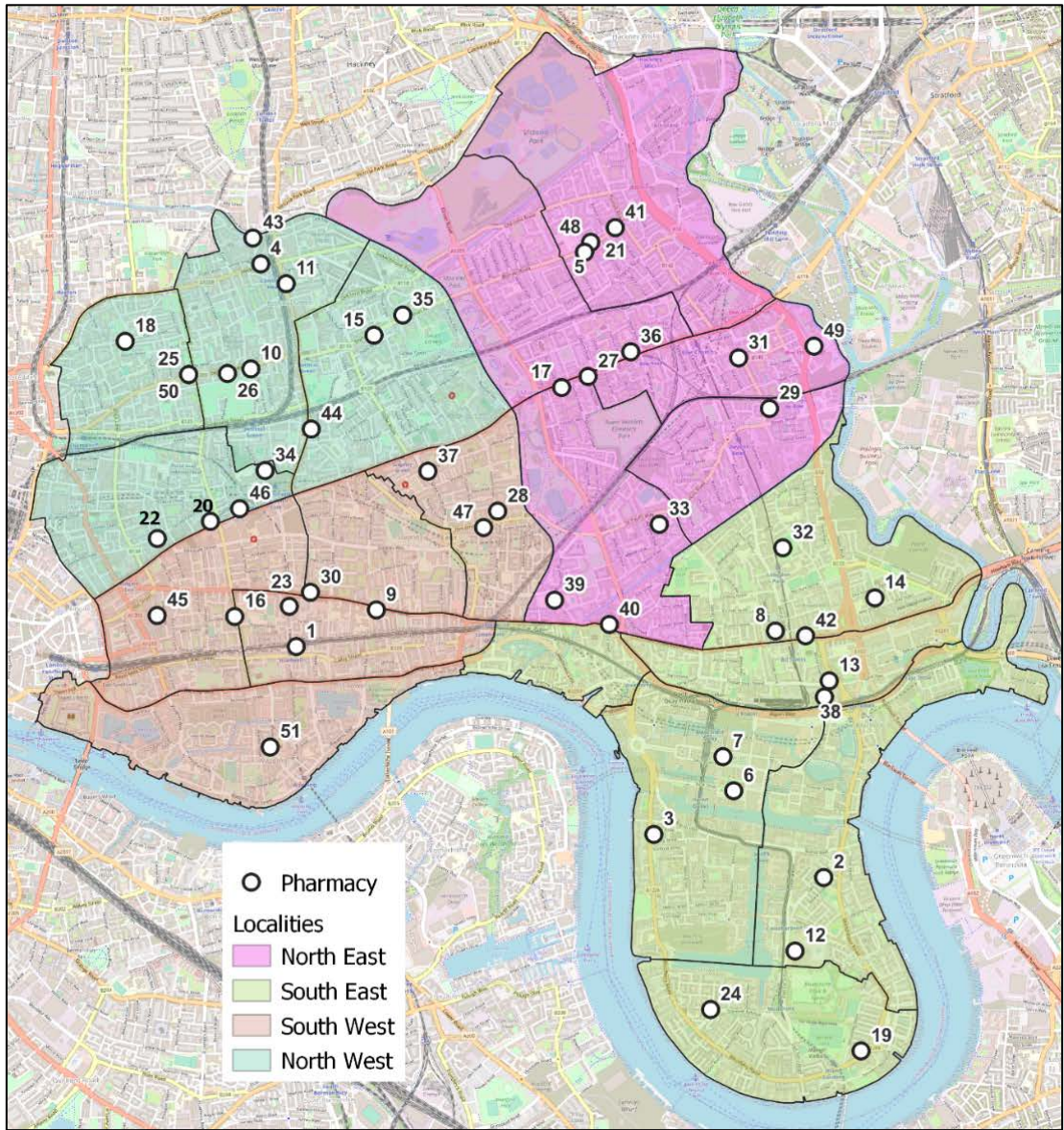


Table 17 Pharmacy Look-up List (sorted by map ID and Pharmacy Name)

Map ID	ODS Code	Name	PostCode	Ward Name	Locality	Map ID	Name
5	FWT93	BELL PHARMACY BOW	E3 5ES	Bow East	North East	1	ALI'S PHARMACY
17	FWG99	CHRISCHEM	E3 4PH	Mile End	North East	2	ALLENS PHARMACY
21	FD356	DAY LEWIS PHARMACY	E3 5ES	Bow East	North East	3	BARKANTINE PHARMACY
27	FR843	FORWARD PHARMACY	E3 4LH	Mile End	North East	4	BEE PHARMACY
29	FM494	GREENLIGHT PHARMACY	E3 3FF	Bromley South	North East	5	BELL PHARMACY BOW
31	FW017	KAMSONS PHARMACY	E3 3EW	Bromley North	North East	6	BOOTS THE CHEMIST
33	FEP40	LINCOLN PHARMACY	E3 4QA	Mile End	North East	7	BOOTS THE CHEMIST
36	FCV86	MAYORS CHEMIST	E3 2AD	Bow West	North East	8	BOOTS UK LIMITED
39	FVW94	MYMEDS PHARMACY	E14 7PQ	Mile End	North East	9	BOOTS UK LIMITED
40	FD649	NASH CHEMIST	E14 7HG	Mile End	North East	10	BOOTS UK LIMITED
41	FT030	PARNELL CHEMIST	E3 2RN	Bow East	North East	11	BORNO CHEMISTS LIMITED
48	FNH88	SINCLAIRS	E3 5EL	Bow East	North East	12	BRITANNIA PHARMACY
49	FRJ96	TESCO INSTORE PHARMACY	E3 3DA	Bromley North	North East	13	BRITANNIA PHARMACY
4	FV078	BEE PHARMACY	E2 9ED	St Peter's	North West	14	BRITANNIA PHARMACY
10	FLP93	BOOTS UK LIMITED	E2 0DJ	St Peter's	North West	15	BRITANNIA PHARMACY
11	FRD18	BORNO CHEMISTS LIMITED	E2 9NQ	St Peter's	North West	16	CHAPEL PHARMACY
15	FTW15	BRITANNIA PHARMACY	E2 0PG	Bethnal Green	North West	17	CHRISCHEM
18	FKA84	COLUMBIA PHARMACY	E2 7QB	Weavers	North West	18	COLUMBIA PHARMACY
20	FD028	DAY LEWIS PHARMACY	E1 1DN	Spitalfields & Banglatown	North West	19	CUBITT TOWN PHARMACY
22	FHF74	DAY LEWIS PHARMACY	E1 5NG	Spitalfields & Banglatown	North West	20	DAY LEWIS PHARMACY
25	FDN37	FLORIDA PHARMACY	E2 6AH	Weavers	North West	21	DAY LEWIS PHARMACY
26	FXE78	FLORIDA PHARMACY	E2 0AH	St Peter's	North West	22	DAY LEWIS PHARMACY
34	FLG13	LLOYDS PHARMACY LTD	E1 5SD	Spitalfields & Banglatown	North West	23	DMB CHEMIST
35	FGH29	MASSINGHAM	E2 0QY	Bethnal Green	North West	24	DOCKLANDS PHARMACY
43	FWE15	PHLO-DIGITAL PHARMACY	E2 9EZ	St Peter's	North West	25	FLORIDA PHARMACY
44	FQD10	REGIONCHOICE LTD	E1 5QJ	Bethnal Green	North West	26	FLORIDA PHARMACY
46	FXR56	SHANTY'S	E1 1DB	Spitalfields & Banglatown	North West	27	FORWARD PHARMACY
50	FG327	THE OLD MAIDS PHARMACY	E2 6AH	Weavers	North West	28	GREEN LIGHT PHARMACY
2	FL171	ALLENS PHARMACY	E14 3PQ	Blackwall & Cubitt Town	South East	29	GREENLIGHT PHARMACY
3	FX059	BARKANTINE PHARMACY	E14 8JH	Canary Wharf	South East	30	JAYPHARM
6	FK564	BOOTS THE CHEMIST	E14 5AX	Canary Wharf	South East	31	KAMSONS PHARMACY
7	FQV39	BOOTS THE CHEMIST	E14 5NY	Canary Wharf	South East	32	LANSBURY CHEMIST
8	FGA03	BOOTS UK LIMITED	E14 6BT	Lansbury	South East	33	LINCOLN PHARMACY
12	FXQ52	BRITANNIA PHARMACY	E14 3BT	Blackwall & Cubitt Town	South East	34	LLOYDS PHARMACY LTD
13	FRX84	BRITANNIA PHARMACY	E14 0BE	Poplar	South East	35	MASSINGHAM
14	FNW37	BRITANNIA PHARMACY	E14 0NU	Lansbury	South East	36	MAYORS CHEMIST
24	FW883	DOCKLANDS PHARMACY	E14 9WU	Island Gardens	South East	37	MEDICHEM
32	FHH61	LANSBURY CHEMIST	E14 6GG	Lansbury	South East	38	MEDINO.COM
38	FMM64	MEDINO.COM	E14 9RL	Poplar	South East	39	MYMEDS PHARMACY
42	FWL24	PHARMADOCS UK LIMITED	E14 0ED	Lansbury	South East	40	NASH CHEMIST
19	FH732	CUBITT TOWN PHARMACY	E14 3DN	Island Gardens	South East	41	PARNELL CHEMIST
1	FWP36	ALI'S PHARMACY	E1 2QE	Shadwell	South West	42	PHARMADOCS UK LIMITED
9	FN17	BOOTS UK LIMITED	E1 0LB	Shadwell	South West	43	PHLO-DIGITAL PHARMACY
16	FQJ20	CHAPEL PHARMACY	E1 2LX	Whitechapel	South West	44	REGIONCHOICE LTD
23	FRD61	DMB CHEMIST	E1 2PR	Shadwell	South West	45	SAI PHARMACY
28	FFQ37	GREEN LIGHT PHARMACY	E1 4FG	St Dunstan's	South West	46	SHANTY'S
30	FYF57	JAYPHARM	E1 2PS	Stepney Green	South West	47	SINCLAIRS
37	FA012	MEDICHEM	E1 4LR	St Dunstan's	South West	48	SINCLAIRS
45	FA089	SAI PHARMACY	E1 8ZF	Whitechapel	South West	49	TESCO INSTORE PHARMACY
47	FE194	SINCLAIRS	E1 3NN	St Dunstan's	South West	50	THE OLD MAIDS PHARMACY
51	FVE07	TOWER PHARMACY	E1W 2RL	St Katharine's & Wapping	South West	51	TOWER PHARMACY

Figure 15 Location of pharmacies in Tower Hamlets with Population Density for LSOA

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

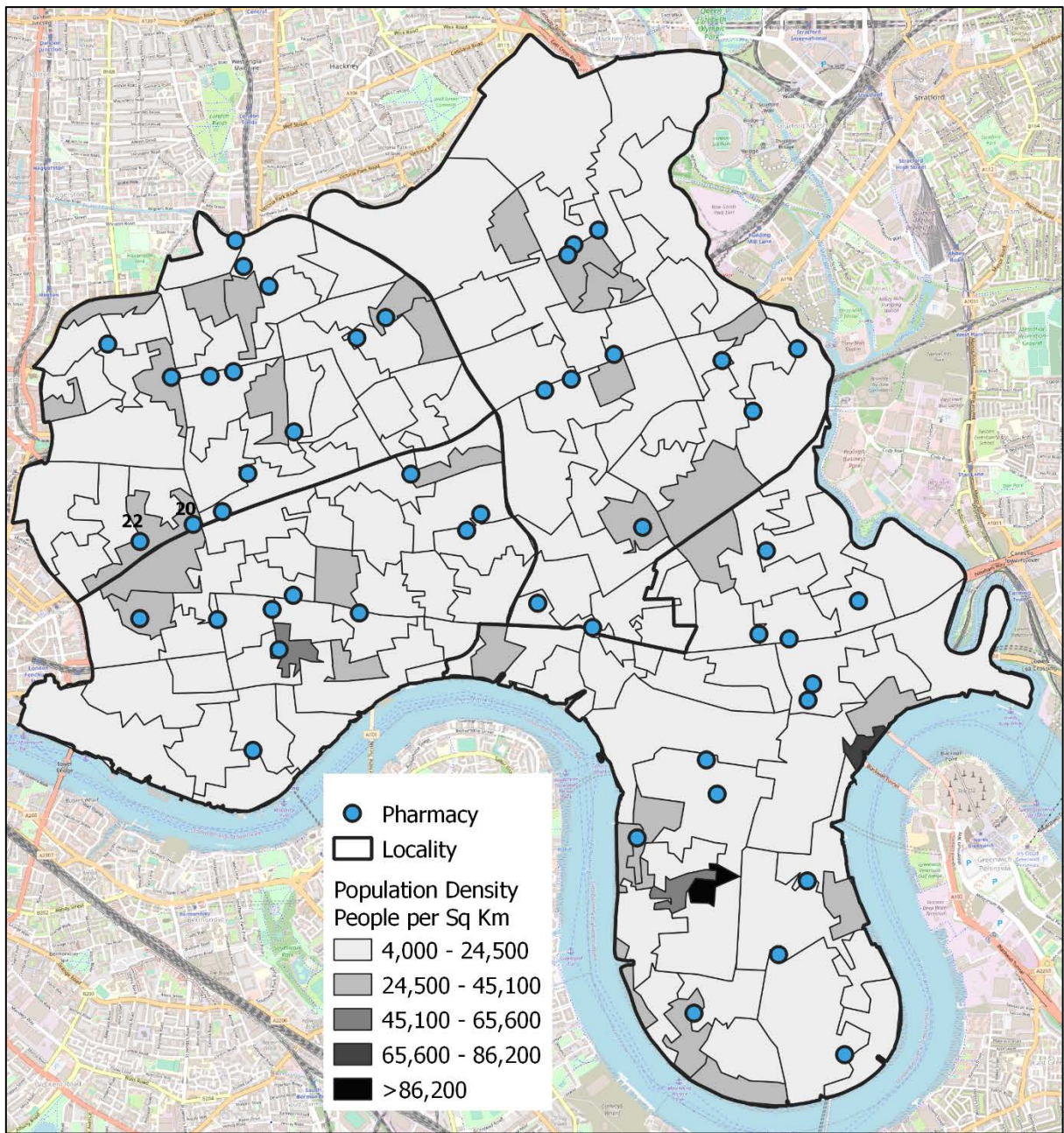


Figure 16 Location of pharmacies in Tower Hamlets with LSOA Deprivation Decile

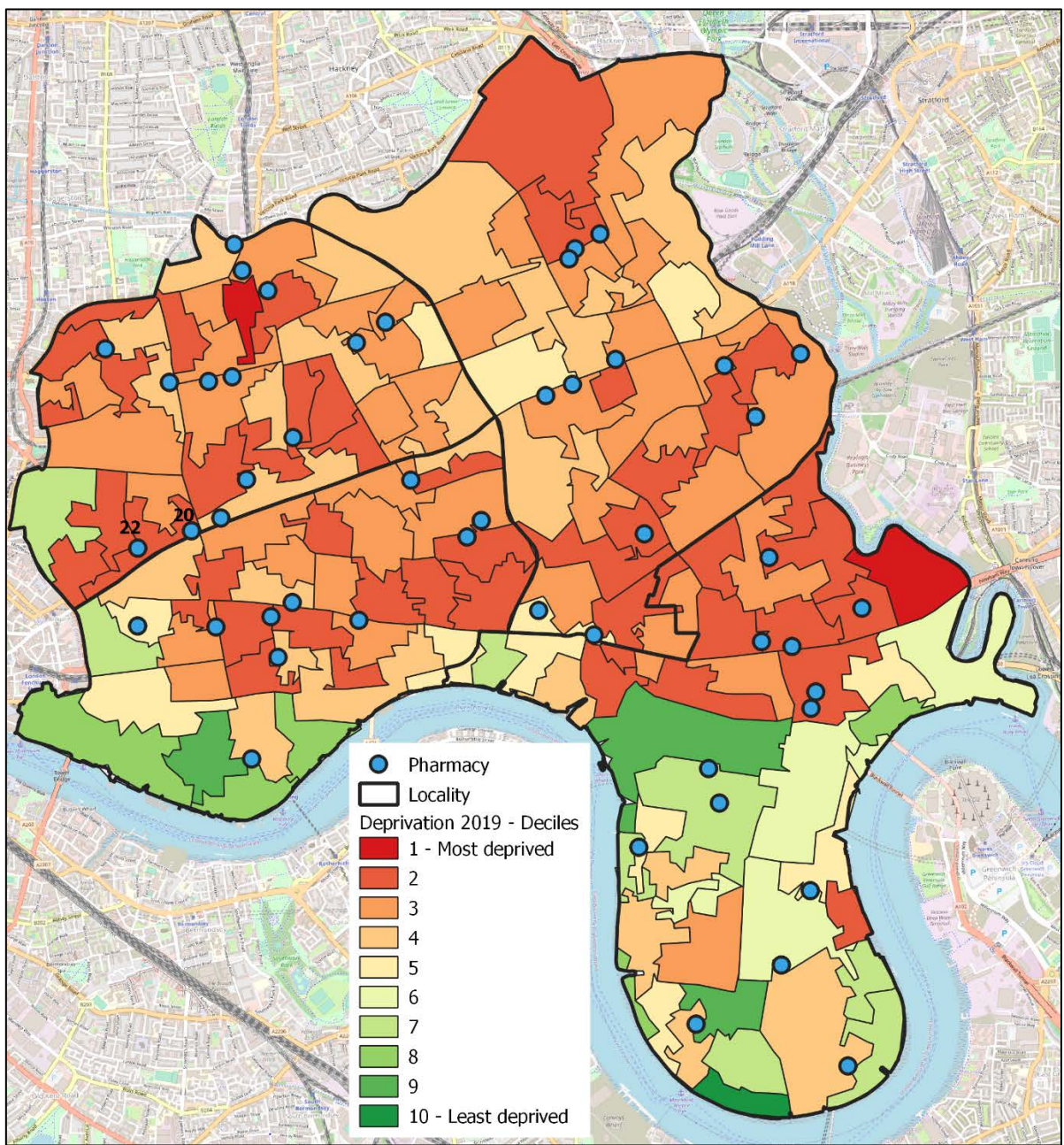
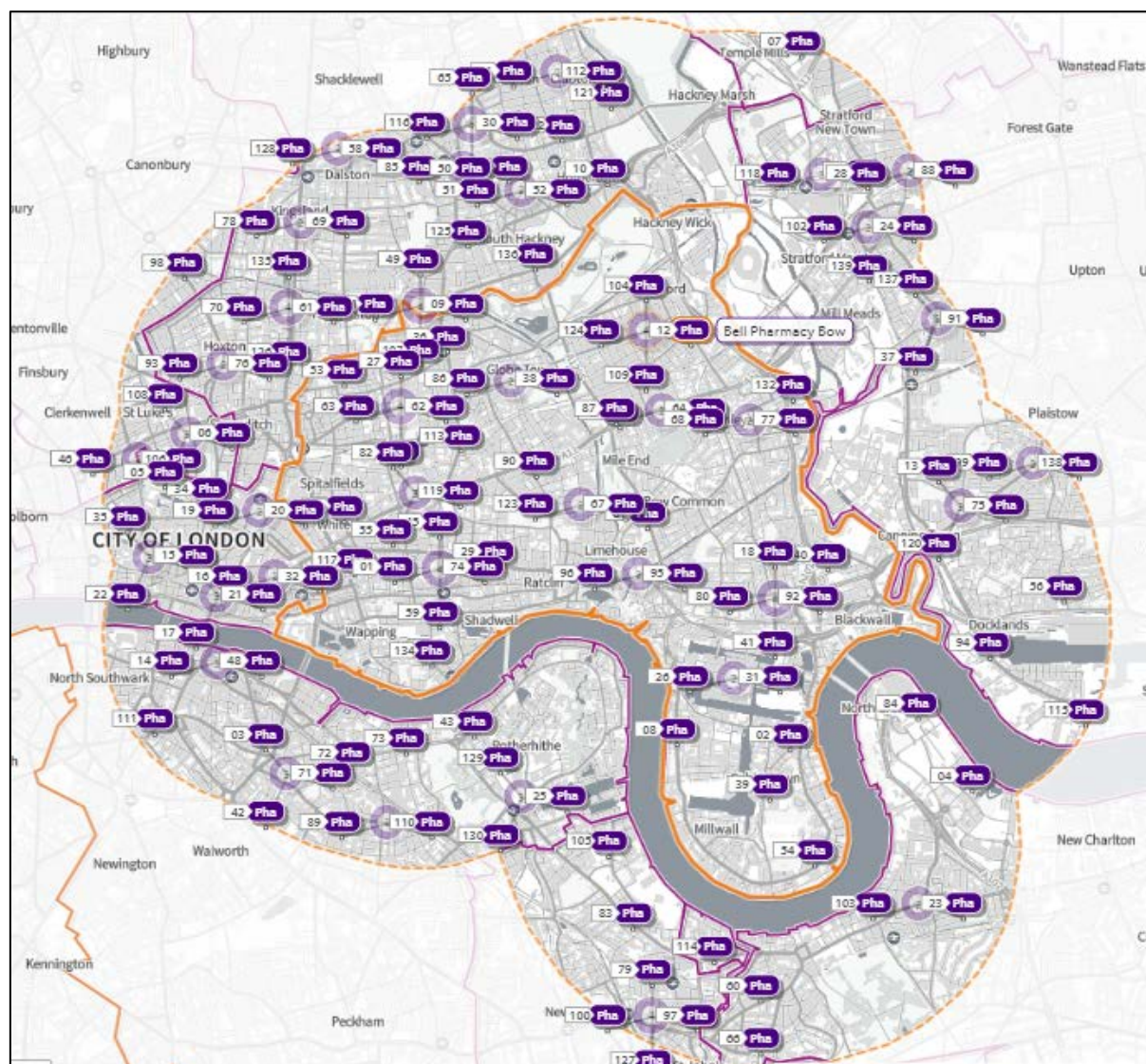


Figure 17 Location of pharmacies by locality in Tower Hamlets and surrounding areas (1.6km)

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Table 18 Pharmacy Look-up List for pharmacies in surrounding areas (1.6 km) (sorted by map ID)

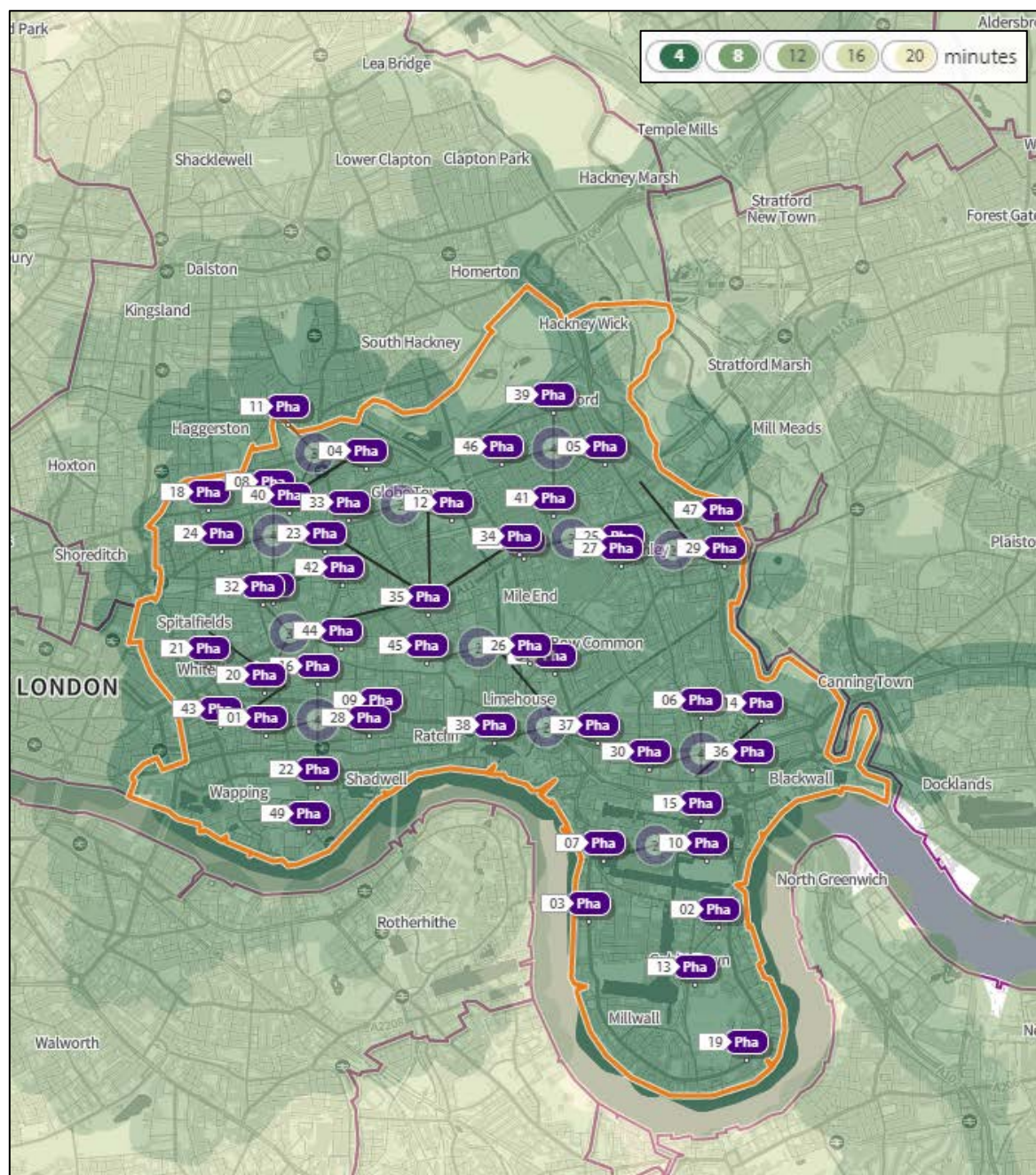
Map ID	ODS Code	Name	Address	Postcode
1	FWP36	Ali's Pharmacy	London	E1 2QE
2	FL171	Allens Pharmacy	Isle of Dogs	E14 3PQ
3	FKC34	Amadi's Chemist	London	SE1 3NP
4	FVH88	Amal Pharmacy	Greenwich	SE10 0EL
5	FC850	Apex Appliances	London	EC1V 9NP
6	FHD65	Apex Pharmacy	London	EC1V 9NP
7	FLG01	Asda Pharmacy	Leyton	E10 5NH
8	FX059	Barkantine Pharmacy	Millwall	E14 8JH
9	FV078	Bee Pharmacy	London	E2 9ED
10	FV223	Bees Chemist	London	E9 5DG

Map ID	ODS Code	Name	Address	Postcode
11	FR228	Bees Pharmacy	Upper Clapton	E5 0HD
12	FWT93	Bell Pharmacy Bow	Bow	E3 5ES
13	FE672	Berg's Pharmacy	London	E16 1EH
14	FDA71	Boots	North Southwark	SE1 2HD
15	FDC23	Boots	London	EC4N 6AE
16	FF501	Boots	London	EC3M 6BL
17	FFJ28	Boots	London	EC4R 9AD
18	FGA03	Boots	London	E14 6BT
19	FGC54	Boots	London	EC2M 4NR
20	FGG53	Boots	London	EC2M 2AB
21	FGQ44	Boots	London	EC3V 0HR
22	FHN79	Boots	London	EC4M 9AG
23	FJ128	Boots	Greenwich	SE10 9ER
24	FJE68	Boots	Stratford	E15 1XD
25	FK300	Boots	Rotherhithe	SE16 7LL
26	FK564	Boots	Canary Wharf	E14 5AX
27	FLP93	Boots	London	E2 0DJ
28	FN420	Boots	Westfield Stratford City	E20 1EH
29	FNP17	Boots	Stepney	E1 0LB
30	FPQ52	Boots	London	E8 1HR
31	FQV39	Boots	Canary Wharf	E14 5NY
32	FTH22	Boots	London	EC3N 1LH
33	FTP53	Boots	London	EC2V 6DN
34	FVC98	Boots	London	EC2M 6XQ
35	FXD18	Boots	Paternoster Square	EC4M 7DX
36	FRD18	Borno Chemists Limited	London	E2 9NQ
37	FHP29	Britannia Pharmacy	London	E15 3HX
38	FTW15	Britannia Pharmacy	London	E2 0PG
39	FXQ52	Britannia Pharmacy	London	E14 3BT
40	FNW37	Britannia Pharmacy	London	E14 0NU
41	FRX84	Britannia Pharmacy	London	E14 0BE
42	FRR51	Cambelle Pharmacy	London	SE1 3GF
43	FQC29	Campion & Co Chemist	Rotherhithe	SE16 7JQ
44	FJM53	Cartwrights Pharmacy	Stratford	E15 1JA
45	FQJ20	Chapel Pharmacy	London	E1 2LX
46	FD099	Chauhan S Chemist	London	EC1M 7AA
47	FWG99	Chrischem	London	E3 4PH
48	FJH24	City Pharmacy	London	SE1 1LZ
49	FAK32	Clarks Chemist	London	E8 4QJ
50	FM050	Clockwork Pharmacy	Hackney	E8 1HP
51	FR127	Clockwork Pharmacy	Hackney	E9 6QT
52	FXG01	Clockwork Pharmacy	London	E9 6RG
53	FKA84	Columbia Pharmacy	London	E2 7QB
54	FH732	Cubitt Town Pharmacy	London	E14 3DN
55	FD028	Day Lewis Pharmacy	Stepney	E1 1DN
56	FF672	Day Lewis Pharmacy	London	E16 3AR
57	FHF74	Day Lewis Pharmacy	London	E1 5NG
58	FR817	Devs Chemist	Hackney	E8 1NH
59	FRD61	Dmb Chemist	London	E1 2PR
60	FEA03	Duncans Pharmacy	Greenwich	SE10 8JA

Map ID	ODS Code	Name	Address	Postcode
61	FNH97	Finstead (Hoxton) Ltd	London	N1 6RA
62	FDN37	Florida Pharmacy	London	E2 6AH
63	FXE78	Florida Pharmacy	London	E2 0AH
64	FR843	Forward Pharmacy	London	E3 4LH
65	FEJ54	Friends Pharmacy	London	E5 0RN
66	FGR61	Geepharm Chemists	Greenwich	SE10 8PB
67	FFQ37	Green Light Pharmacy	London	E1 4FG
68	FM494	Greenlight Pharmacy	Bromley by Bow	E3 3FF
69	FMW48	Guardian Pharmacy	Dalston	E8 4AE
70	FQT86	Haggerston Pharmacy	Hackney	E8 4HU
71	FTP89	Harfleur Chemist	London	SE1 4TW
72	FJ023	Hobbs Pharmacy	London	SE16 4BN
73	FV390	Jamaica Road Pharmacy	North Southwark	SE16 4RT
74	FYF57	Jaypharm	London	E1 2PS
75	FQF62	Jetsol Pharmacy	Canning Town	E16 4PZ
76	FFE07	Judds Chemist	City and Hackney	N1 6BT
77	FW017	Kamsons Pharmacy	London	E3 3EW
78	FH739	Kingsland Pharmacy	London	E8 4AA
79	FQA51	Krisons Chemist	London	SE14 6TJ
80	FHH61	Lansbury Chemist	Poplar	E14 6GG
81	FEP40	Lincoln Pharmacy	London	E3 4QA
82	FLG13	Lloyds Pharmacy	Mile End Gate	E1 5SD
83	FWA34	Lockyer's Pharmacy	London	SE8 5BZ
84	FWW22	Mangal Pharmacy	Greenwich	SE10 0PE
85	FMH45	Marijak Ltd	London	E8 1EJ
86	FGH29	Massingham	London	E2 0QY
87	FCV86	Mayors Chemist	London	E3 2AD
88	FAK87	Mayors Chemist	London	E15 1EN
89	FK033	Medica Pharmacy	London	SE16 3RW
90	FA012	Medichem	Stepney	E1 4LR
91	FCP18	Medina Pharmacy	Stratford	E15 3ET
92	FMM64	Medino.Com	London	E14 9RL
93	FW125	Murray's Chemist	Islington	N1 7QP
94	FF694	Mychemistonline	London	E16 1AH
95	FVW94	Mymeds Pharmacy	London	E14 7PQ
96	FD649	Nash Chemist	London	E14 7HG
97	FXJ41	New Cross Pharmacy	London	SE14 6LD
98	FVG24	New North Pharmacy	London	N1 7AA
99	FTM85	Newmans Pharmacy	London	E13 8HL
100	FAD49	Nightingale Pharmacy	London	SE8 4RG
101	FJ119	Norlington Ltd	Dalston	E8 4PH
102	FJ753	Osbon Pharmacy	Stratford	E15 1XE
103	FD551	PE Logan	Greenwich	SE10 9EQ
104	FT030	Parnell Chemist	Bow	E3 2RN
105	FJW95	Pepys Pharmacy	London	SE8 3QG
106	FEW08	Pharmica	London	EC1M 5PA
107	FWE15	Phlo-Digital Pharmacy	London	E2 9EZ
108	FJJ16	Portmans Pharmacy	London	EC1Y 8NX
109	FTT82	Pyramid Pharmacy	London	E3 5ES
110	FV019	Pyramid Pharmacy	London	SE16 3TU

Map ID	ODS Code	Name	Address	Postcode
111	FCR97	Qrystal Pharmacy	London	SE1 1JH
112	FVG39	Regal Pharmacy	Upper Clapton	E5 0LP
113	FQD10	Regionchoice Ltd	Stepney	E1 5QJ
114	FTT80	Rose Pharmacy	Deptford	SE8 3BN
115	FD513	Royal Docks Pharmacy	London	E16 2TQ
116	FJL58	Safedale Ltd	Upper Clapton	E5 0NS
117	FA089	Sai Pharmacy	London	E1 8ZF
118	FVM47	Salus Pharmacy	London	E20 1AS
119	FXR56	Shanty's	Stepney	E1 1DB
120	FNJ57	Sherman Chemists	Canning Town	E16 4HP
121	FVX01	Silverfields	Hackney	E9 5QG
122	FDL21	Silverfields Chemists	London	E9 6AS
123	FE194	Sinclairs	London	E1 3NN
124	FNH88	Sinclairs	Bow	E3 5EL
125	FG591	Sonigra Pharmacy	Hackney	E9 7PX
126	FE438	Spring Pharmacy Ltd	London	N1 5LG
127	FHL15	Station Pharmacy	London	SE14 6LD
128	FLP16	Superdrug Pharmacy	London	E8 2LX
129	FEF54	Surdock Pharmacy	London	SE16 2UN
130	FEM83	Tesco Instore Pharmacy	Rotherhithe	SE16 7LL
131	FQV62	Tesco Instore Pharmacy	Hackney	E9 6ND
132	FRJ96	Tesco Instore Pharmacy	Bromley by Bow	E3 3DA
133	FG327	The Old Maids Pharmacy	London	E2 6AH
134	FVE07	Tower Pharmacy	London	E1W 2RL
135	FN141	Unipharm Pharmacy	London	E2 8AN
136	FNX01	Victoria Park Pharmacy	London	E9 7HD
137	FG493	Wagpharm Chemist	Stratford	E15 3JF
138	FTW53	Weston Ltd	Plaistow	E13 8EE
139	FWC46	Www.Your-Chemist.Com	Stratford	E15 2SP

Figure 18 The territories of pharmacies inside and outside Tower Hamlets that give the shortest journey time by car

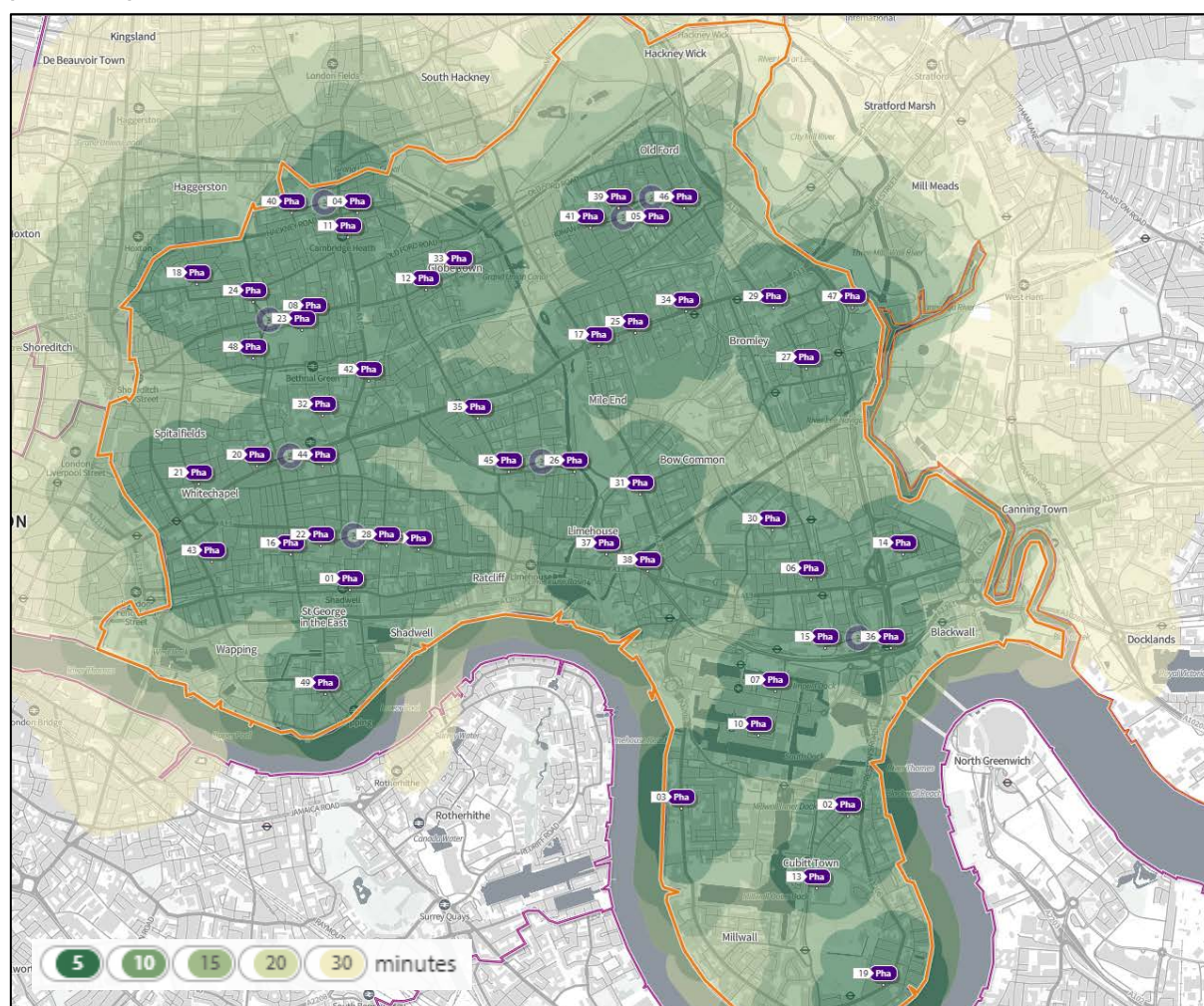


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The dark green area shows where in the borough it is quicker to drive to a pharmacy inside the borough rather than outside. This is based on average travel speeds by car.

There are 331,969 Tower Hamlets residents and 100% of them can access to their nearest pharmacy by car in 4 minutes.

Figure 19 Walk time to nearest pharmacy in Tower Hamlets or surrounding areas (minutes)



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Walking Time use a fixed speed of 5 kilometres per hour (3.1 miles per hour) and follow pedestrian walkways as well as designated streets (while ignoring rules that affect automobiles, such as one-way streets).

There are 331,969 Tower Hamlets residents and 35% of them can access to their nearest pharmacy in less than 5 minutes, and 72% of them can access to their nearest pharmacy in 10. 100% of the Tower Hamlets residents can access to their nearest pharmacy in 30 minutes.

6 Other NHS Services

6.1 Other NHS services that may reduce the demand for pharmaceutical services in Tower Hamlets

6.1.1 Hospital pharmacies

Tower Hamlets Health Services hosts an in-patient pharmacy and contracts a pharmacy to provide outpatient dispensing. Both services only provide medication for patients of the hospital and would not be considered to reduce the demand for pharmaceutical services. With the promise of electronic transmission of outpatient prescriptions in the future, there may be increased demand. In the financial year 2021/22, there were 31 other NHS services in Tower Hamlets that provided medication and total item dispensed was 3,936,095 (see Appendix D – Other NHS Services).

6.1.2 GP practices

There are no dispensing GP practices in Tower Hamlets.

6.1.3 GP out of hours service

There is a GP out of hours service that may occasionally provide a very urgent medication, but this will not be significant to affect pharmaceutical needs.

6.1.4 Public health services commissioned by the local authority

All GP practices provide NHS health checks in Tower Hamlets.

There are 31 GP practices who are contracted to provide NHS Health Check Services which are commissioned by the Public Health Team on behalf of the Local Authority.

6.1.5 Prison pharmacy services

There are no prison pharmacy services in Tower Hamlets.

6.1.6 Flu vaccination by GP practices

GP practices provide flu vaccination in Tower Hamlets.

6.2 Other NHS services that may increase the demand for pharmaceutical services in Tower Hamlets

Activity data is not available from all these services. We are therefore not able to analyse whether there is a net increase or decrease in demand for pharmacy services in Tower Hamlets.

6.2.1 GP out of hours services (where a prescription is issued)

There are GP out of hours services within Tower Hamlets where a prescription is issued but they do not administer prescription items themselves and need to be dispensed by the pharmacies.

6.2.2 Walk-in centres and minor injury units (where a prescription is issued)

There are walk-in centres and minor injury units within Tower Hamlets where a prescription is issued but they do not administer prescription items themselves and need to be dispensed by the pharmacies.

6.2.3 GP extended access hubs

There are GP extended access hubs within Tower Hamlets where a prescription is issued but where they do not administer prescription items themselves and need to be dispensed by the pharmacies.

6.2.4 Public health services commissioned by the local authority

There are 44 pharmacies contracted to provide Enhanced Sexual Health Pharmacy service and three pharmacies contracted to provide NHS Health Check Services. These services are commissioned by the Public Health Team on behalf of the Local Authority.

6.2.5 Community nursing prescribing

There is community nursing prescribing within Tower Hamlets where a prescription is issued but where they do not administer prescription items themselves and need to be dispensed by the pharmacies.

6.2.6 Dental services

There are dental services within Tower Hamlets where a prescription is issued but where they do not administer prescription items themselves and need to be dispensed by the pharmacies.

6.2.7 Substance misuse services

There is [Change, Grow Live \(CGL\)](#), a substance misuse provider for Tower Hamlets. The Supervised Administration of Methadone/Buprenorphine and Needle Exchange contracts with pharmacies are now directly commissioned through Change Grow Live and have been since 1 October 2021 when CGL started the substance misuse service.

6.2.8 End of life services

There are three community pharmacies that are commissioned to provide end of life services within Tower Hamlets where a prescription is issued but where they do not

administer prescription items themselves and need to be dispensed by the pharmacies.

6.2.9 Services that have been moved into the primary care setting

There are no services that have been moved into the primary care setting within Tower Hamlets where a prescription is issued but where they do not administer prescription items themselves and need to be dispensed by the pharmacies.

7 Stakeholder Engagement

7.1 General stakeholder engagement

7.1.1 Introduction

Pharmacies are an important asset within local communities offering several NHS services. Public health was transferred to local government under the Health and Social Care Act 2012. Therefore, since 2013, local authorities have been responsible to implement the government's strategies for improving the health of their local populations.

7.1.2 Why public engagement and consultation is important?

PHAST was commissioned by the Tower Hamlets council to develop its current PNA and consult and engage with stakeholders. Public involvement in commissioning enables residents to voice their views, needs and wishes, and to contribute to plans, proposals, and decisions about the services available in their local communities.

The National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), NEL ICBs and NHS England have duties to involve the public in commissioning (under sections 14Z2 and 13Q respectively). The local authorities also have a duty to consult and involve residents in planning and commissioning.

7.2 Outline methodology of stakeholder engagement

7.2.1 Aims

The aims of the consultation and engagement are:

1. To encourage constructive feedback from key professional stakeholders and communities throughout the PNA process. This includes ensuring good stakeholder engagement during the statutory PNA formal consultation, which lasts for a minimum period of 60 days.
2. To ensure a wide range of key public stakeholders offer opinions and views on what is contained within in the draft PNA.

7.2.2 Process

To meet Aim 1 above, PHAST set up a stakeholder advisory group for the PNA to give advice from the start of the process. The Terms of Reference for the PNA stakeholder advisory board is given in

Appendix J – Terms of Reference.

The advisory group identified two separate processes which were needed to satisfy Aim 2 as follows:

- A statutory consultation on the draft PNA as set out in the PNA regulations.
- A wider engagement with local communities and residents to get their views on the services offered by local pharmacies and their experiences of using the pharmacies.

Please see Appendix I – Draft Statutory PNA Consultation Process for details regarding the statutory consultation.

7.3 Pharmacy/Contractor Survey

The Tower Hamlets Pharmacy Contractor Survey was conducted to inform the PNA. The survey was developed and refined to ensure the Public Health lead as well as the LPC lead were all in agreement with its content. It covered the full range of topic areas relating to the development of community pharmacies. The online survey was hosted and managed by the Local Pharmaceutical Committee (LPC) team, with PHAST project manager's support.

All Tower Hamlets pharmacies were invited to take part by way of an invitation letter, which was emailed by the LPC to each pharmacy. The survey was open between September 2022 and November 2022 and during this period weekly email reminders and phone calls were sent out/made to those who had not responded.

At the time of survey, there were 51 pharmacies in Tower Hamlets. A total of 51 pharmacies completed the survey (including 3 Distance Selling Pharmacies) giving the overall response rate of 100%.

The LPC should be congratulated on achieving 100 percent response rate

The survey findings were as follows:

Pharmacy details and contact details

- Out of 51 pharmacies that completed the survey, 13 were from North East, 15 were from North West, 14 were from South East, and 9 were from South West localities.
- 14 pharmacies reported to be entitled to Pharmacy Access Scheme payments and 2 pharmacies hold a Local Pharmaceutical Services (LPS) contract.

Staff languages spoken

- No information was collected around fluency of foreign languages of staff at the pharmacies. No pharmacies offered a language access service but two thirds (34/51) said they would be willing to provide if commissioned.

Services

- Almost all pharmacies (49/51) reported to participate in mandatory health campaigns. Most of them participate in winter pressures (stay well this winter), smoking, obesity and alcohol. Some pharmacies said they participate in flu vaccination, weight management and Covid-19 related campaigns.
- 80% of the pharmacies (41/51) dispense all types of appliances. 9 pharmacies do not dispense any appliances.

Advanced services: non-Covid

- Almost all pharmacies (49/51) provide New Medicine Service, Seasonal Influenza Vaccination Service Vaccination (48/51) and Community Pharmacist Consultation Service (49/51).
- Nearly three-quarters of pharmacies provide Hypertension Case-Finding Service (36/51), and 14% (7/51) intend to begin within next 12 months.
- Other advanced services that were only provided by a few pharmacies were: Stop Smoking Service (26/51), Appliance Use Review (5/51), and Hepatitis C Antibody Testing Service (4/51). Though many pharmacies intend to begin these advanced services within next 12 months: Stop Smoking Service (12/51), Appliance Use Review (8/51), Hepatitis C Antibody Testing Service (13/51).
- Some pharmacies reported to be providing Stoma Appliance Customisation (7/51), and 7 pharmacies intend to begin within next 12 months.

Enhanced services

- The following enhanced services (general) are currently provided under contract with local NHS England Team: Antiviral Distribution Service for Influenza, Body Weight Assessment, Care Home Service (advice and support visit), Chlamydia Testing Service, Chlamydia Treatment Service, Contraceptive service (not EC), Emergency Contraception Service, Emergency Supply Service, Gluten Free Food Supply Service (i.e. not via FP10), Home Delivery Service (not appliances), Head Lice Eradication, NHS Health Checks, Medication Review Service, Medicines Assessment and Compliance Support Service, Minor Ailment Scheme, Needle and Syringe Exchange Service, Obesity management (adults and children), Out of Hours Services, Prescriber Support Service, and Supervised Administration Service (opioid substitution).
- Pharmacists were asked whether they would be willing to provide some of the enhanced services (general) in the future. Pharmacies are willing to provide Antiviral Distribution Service for Influenza services if commissioned. Body Weight Assessment (41/51), Care Home Service (advice and support visit) (32/51), Chlamydia Testing Service (36/51), Chlamydia Treatment Service (38/51), Contraceptive service (not EC) (38/51), Emergency Contraception Service (42/51), Emergency Supply Service (43/51), Gluten Free Food Supply Service (i.e. not via FP10) (36/51), Home Delivery Service (not appliances) (38/51), Medication Review Service (45/51), Medicines Assessment and Compliance Support Service (40/51), Minor Ailment Scheme (42/51), Needle and Syringe Exchange Service (30/51), Out of Hours Services (27/51), Prescriber Support Service (35/51), and Supervised Administration Service (opioid substitution) (40/51).
- The following enhanced services (Disease Specific Management Service) are currently provided under contract with local NHS England Team: Hypertension. This is currently not provided, although many pharmacies (43/51) are willing to provide if commissioned. Other enhanced services (Disease Specific Management Service) that a large number of pharmacists stated they would be willing to provide, if commissioned, include Allergies (44/51), and Asthma (44/51).
- The following enhanced services (vaccination) are currently provided under contract with local NHS England Team: COVID-19 vaccinations, Hepatitis (at risk workers or patients) vaccinations, HPV vaccinations, Meningococcal

vaccinations, and Pneumococcal vaccinations. A large number of pharmacists stated they would be willing to provide, if commissioned, include Hepatitis (at risk workers or patients) vaccinations (38/51), Travel vaccinations (36/51), and COVID-19 vaccinations (40/51).

Locally commissioned services

- Locally commissioned services under contract with the local authority include: Antiviral Distribution Service for Influenza, Alcohol Screening and Brief Intervention, Smoking Cessation, Care Home Service (advice and support visit), Chlamydia Testing Service, Chlamydia Treatment Service, Contraceptive service (not Emergency Contraception), Emergency Contraception Service, Emergency Supply Service), Gluten Free Food Supply Service (i.e. not via FP10), Home Delivery Service (not appliances), NHS Health Checks, Minor Aliment Scheme, Medicines Optimisation Service, Needle and Syringe Exchange Service, Obesity management (adults and children), Out of Hours Services, Phlebotomy Service, Palliative Care, Schools Service, Sharps Disposal Service, Supervised Administration Service (opioid substitution), Vascular Risk Assessment Service (NHS Health Check), COVID-19 vaccinations), Pneumococcal vaccinations, and Travel vaccinations. No pharmacy survey responses stated that they were currently providing any of these locally commissioned services but the majority stated that they would be interested.

Non-commissioned services

- Most of pharmacies (37/51) provide collection of prescriptions from GP practices and provide monitored dosage systems (excluding those provided under the Equality Act) free of charge on request (40/51).
- Only a few pharmacies provide monitored dosage systems with charge (8/51).
- Many pharmacies deliver dispensed medicines to vulnerable patient groups (39/51), and deliver dispensed medicines free of charge on request (38/51).
- All wards in Tower Hamlets have at least 8 pharmacies that deliver the dispensed medicines.

Information technology

- All pharmacies have computers that can access the internet and a printer that will print A4 size of paper. Most of the pharmacies have good IT facilities for accessing dispensary software, accessing internet while PMR system is running, accessing NHS Summary Care Records.
- All pharmacies have the electronic prescription service and are Release 2 enabled.

For a detailed review of the survey responses please see Appendix D.

7.4 Public Survey: have your say on pharmacy services

The public survey: have your say on pharmacy services in Tower Hamlets was held between beginning of October 2022 – beginning of December 2022. The design of the public survey was approved by the PNA steering group and made available in accessible formats to optimise responses from those people living in Tower Hamlets with protected characteristics that were related to ability to read and complete surveys. Let's talk Tower Hamlets was used to collect responses.

Details about the public survey results are described in Appendix D

Overall, 194 participants completed the survey, and 98% were Tower Hamlets residents. Most of the respondents were from E3 (postcode). Majority of the respondents were female (68%) and age group of 75-84 (17%). Around 37% of the respondents consider themselves to have a disability and a long-standing illness or health condition was declared from 46.5% of the respondents who said to have a disability.

The survey findings were as follows:

- The majority (96.4%) of the respondents use a pharmacy in Tower Hamlets. Using a pharmacy one a month (34.5%) or a few times a month (34.5%) were the most common usage by the respondents.
- Most of the respondents said they use the local pharmacy to collect prescribed medication (92.3%). Many used their local pharmacy for advice (34%) and to buy medication that doesn't need a prescription (over the counter medicines) (62.9%).
- More than half of the respondents use the same pharmacy on a regular basis (61.3%).
- The majority of the respondents usually walk to their pharmacy (83%), and it takes less than 10 minutes (72.2%)
- A third of the respondents said there is a more convenient or closer pharmacy that they do not use (30%).
- For weekdays, mornings (44.8%) and evenings (47.9%) were the most convenient time for respondents to access as pharmacy.
- For Saturday, mornings (62.4%) and afternoon (50%) were the most convenient time for respondents to access as pharmacy.
- For Sunday, lunchtimes (37.1%) and late nights after 7pm (37.1%) were the most convenient time for respondents to access as pharmacy.
- The most important reasons for choosing a pharmacy that were chosen by the most respondents were: it is close to my home (7.68%), served quickly (63.4%) and staff are friendly (61.3%).
- Collecting prescriptions or repeat prescriptions (96.9%), buying over the counter medicines (82.9%) and buying over the counter medical devices and other health related products (54.1%) were the most selected services that the respondents have used from the pharmacy.
- Most of the respondents wanted to have the sale of over-the-counter medicines offered by the pharmacy, however, services that were not sure or not wanted by the majority of respondents were needle exchange (no: 16.0%, don't know: 67%),

supervised consumption of methadone and buprenorphine (no: 31%, don't know: 43.3%).

- Majority of the respondents were satisfied or very satisfied with the opening times (80.9%), consultation rooms (51.5%), and medicines review and advice (65.5%).

When we asked the respondents of the public survey if they have any other comments, they wished to make about any other service provision, many commented: longer opening times or opening on the weekends, more discrete areas to speak to a pharmacist, more staff provision, friendlier/more knowledgeable staff for health advice/minor treatments.

Figure 20 Feedback: Any other comments you wish to make about any other service provision?



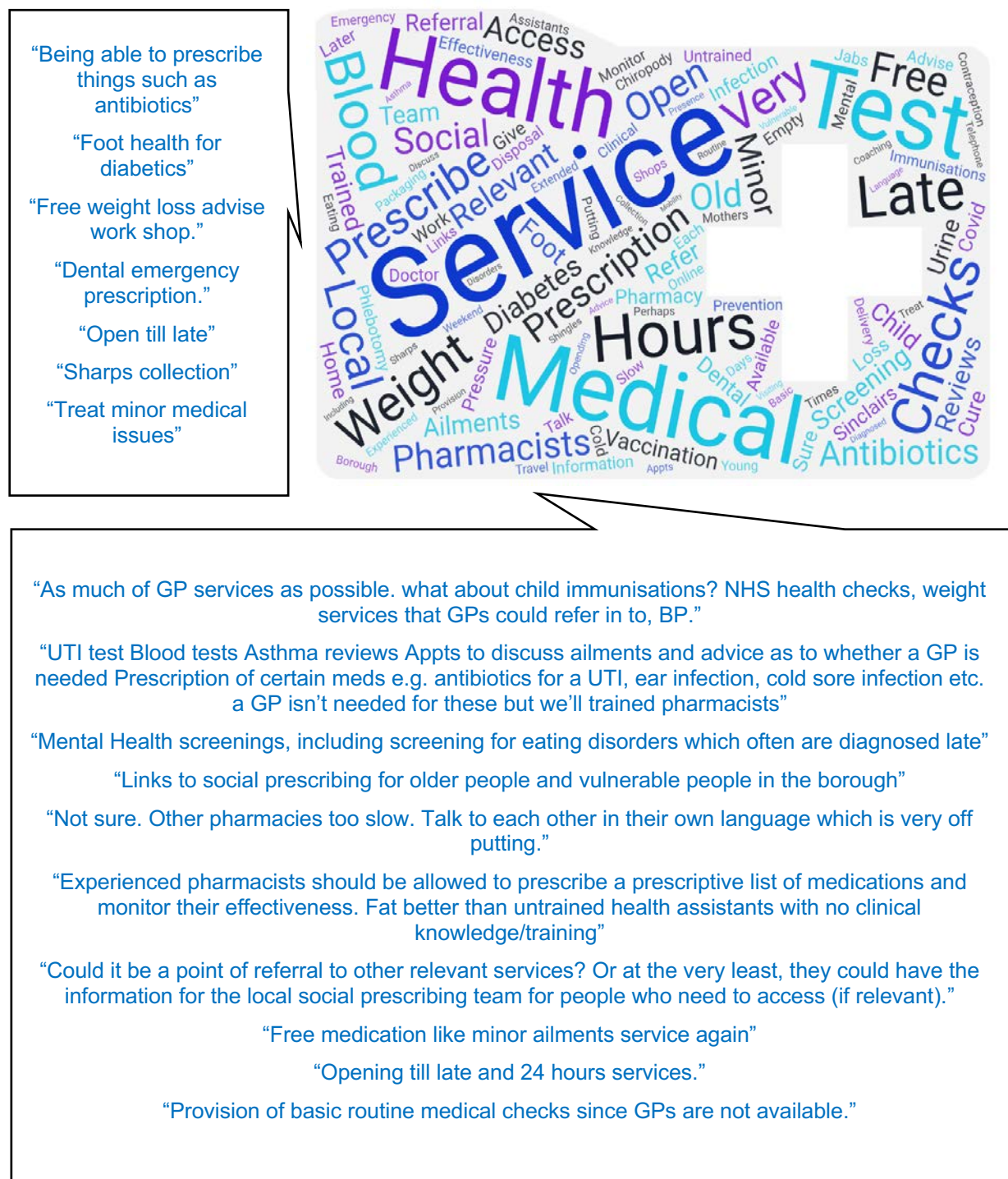
When we asked the respondents of the public survey how could we make better use of pharmacies in Tower Hamlets as a local health resource, many comments proposed: better publicity of opening times and services that are available, , wider range of health tests and more clean space for consultations and private discussions.

Figure 21 Feedback: How could we make better use of pharmacies in Tower Hamlets as a local health resource?



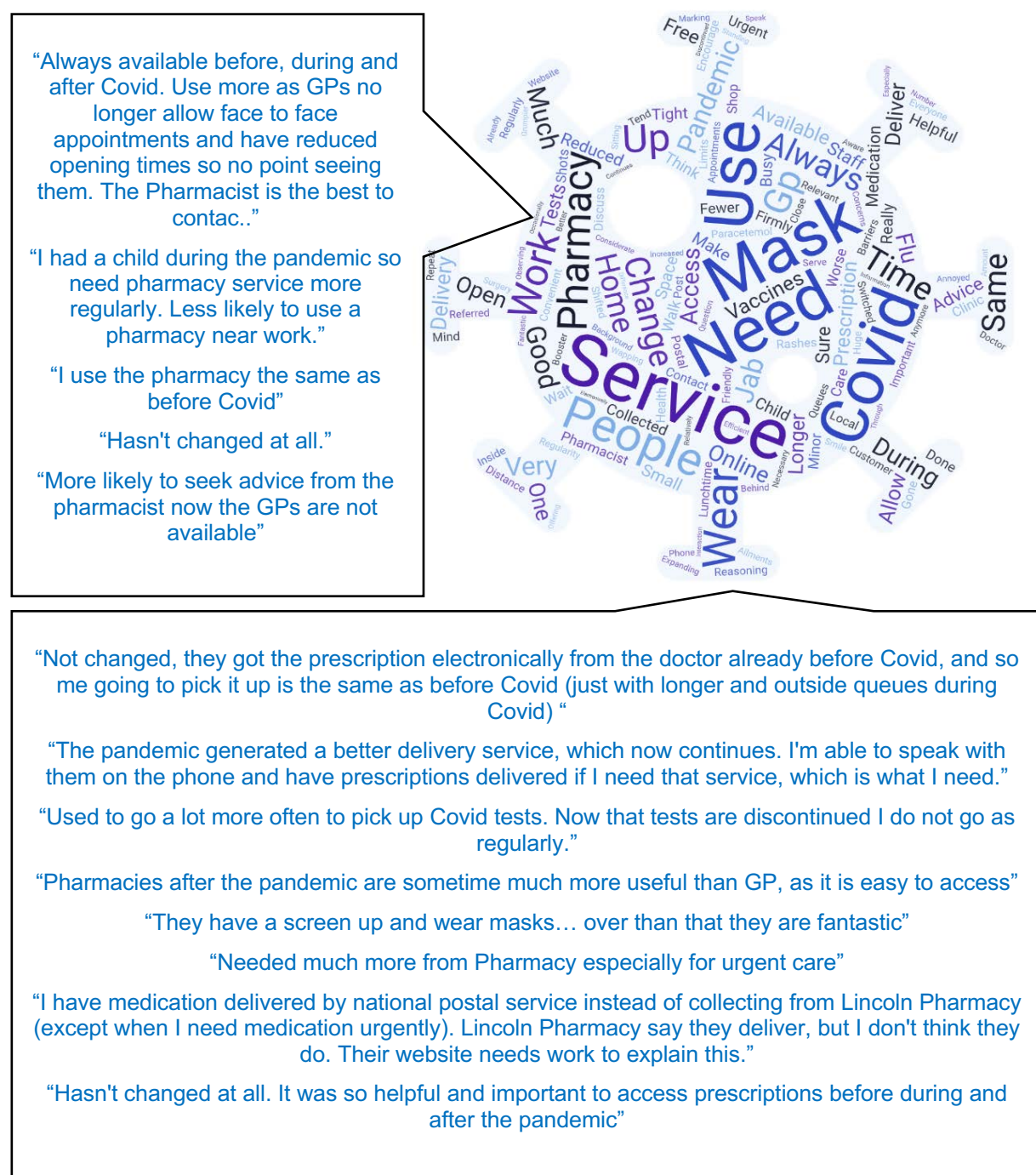
When we asked the respondents of the public survey how new services would you like pharmacies in Tower Hamlets to provide in the future, many comments proposed: offer walk-in services for minor injuries and health advice, vaccinations services, more health checks/tests to be available, better provision of space (venue).

Figure 22 Feedback: What new services would you like pharmacies in Tower Hamlets to provide in the future?



When we asked the respondents of the public survey how their use of their pharmacy has changed since the Covid-19 pandemic, many commented: visited more often to collect Covid-19 tests and advice, used online pharmacy methods or increased reliance on home delivery, utilised the pharmaceutical services instead of visiting the GP surgery (especially when appointments were harder to get), used masks or other protections when using the pharmacy. Many also commented that there was no or very little change.

Figure 23 Feedback: Please tell us how your use of your pharmacy has changed since the Covid-19 pandemic.



7.5 Meeting the needs of specific populations within society

The overall intention of a PNA is to assess current access to pharmacy services and identify any service areas that may need improving – this outcome should impact disadvantaged groups in a positive manner. The PNA is expected to have a positive impact on protected groups as it seeks to highlight service gaps and encourage better provision of pharmaceutical services. The PNA is unlikely to have a high differential impact on any particular group with relevant protected characteristics, which include age, disability, sex, gender identity, race, sexual orientation and disability.

Age:

Age has an influence on which medicine and method of delivery is prescribed. Older people have a higher prevalence of illness and take many medicines. The medicines management of older people is complicated by multiple disease, complex medication regimes and the aging process affecting the body's capacity to metabolise and eliminate medicines from it. Younger people, similarly, have different abilities to metabolise and eliminate medicines from their bodies. The PNA can provide how pharmacies are supporting the safe use of medicines for children and older people, as well as optimisation of the use of medicines, support with ordering, re-ordering medicines, home delivery to the housebound and appropriate provision of multi-compartment compliance aids and other interventions such as reminder charts to help people to take their medicines.

Disability:

Where the patient is assessed as having a long term physical or mental impairment that affects their ability to carry out everyday activities, such as managing their medication, the pharmacy contract includes funding for reasonable adjustments to the packaging or instructions that will support them in self-care. The PNA can provide information and identify issues around access to pharmacy services and types of services provided and how they are complying with the Equality Act 2010. The PNA specifically addresses access to pharmacies for individuals with physical /sensory disabilities. Pharmacies that do not offer disabled access will be identified.

Gender and gender identity:

Pharmacies can provide specific conception or contraception related services to women. The men are less likely to access healthcare services. The PNA can provide information and identify issues around access to pharmacy services and types of services provided by gender. Pharmacies can provide essential medicines and advice on adherence and side effects related to gender reassignment. The PNA can provide information and identify issues around access to pharmacy services and types of services provided related to gender reassignment.

Race, ethnicity and nationality:

Language can be a barrier to delivering effective advice on medicines, health promotion and public health interventions. The PNA can provide information and identify issues around access to pharmacy services and types of services provided to accommodate different language needs. The survey specifically addresses the languages offered by pharmacy staff.

Religion or belief:

Pharmacies can provide advice to specific religious groups on medicines derived from animal sources and taking medicine during periods of fasting. The PNA can provide information and identify issues around access to pharmacy services and types of services provided by religion or belief.

Pregnancy and maternity:

Pharmacies sell pregnancy tests and can provide advice to pregnant mothers on medicines and self-care. They have the expertise on advising which medicines are safe for use in pregnancy and during breast feeding. The PNA report can provide information and identify issues around access to pharmacy services and types of services provided in regard to pregnancy and maternity.

Sexual orientation:

Access to private consultation rooms is a factor that is considered important in respect of this protected characteristic. The PNA specifically addresses confidentiality and addresses whether the pharmacy has a room where individuals can have a confidential discussion with the pharmacist. The PNA report will provide information and address access to confidential pharmacy services.

7.6 The value of community pharmacy

The current climate post COVID shows the value of Community Pharmacy within their community. Community Pharmacy is often the gateway to the NHS for many patients and you don't need to make an appointment to see them, you can just walk in. They are accessible with respect to location and opening hours as many pharmacies open extended hours. In London there are a high number of pharmacies within a small area and a low number of prescriptions being issued compared to areas outside of London. Tower Hamlets is rapidly developing and we know that there will be an increase in the population in the future. According to the LPC all pharmacies currently have the capacity to take on an additional workload with respect to services and prescriptions.

8 Conclusions

The Tower Hamlets HWBB has updated the information in relation to pharmacy services in its borough as well as information regarding changes in pharmacy services. In addition, the HWBB has reviewed the current health needs of its population in relation to the number and distribution of the current pharmacies in the borough and those pharmacies in neighbouring boroughs adjoining the borough of Tower Hamlets. The PNA is required to clearly state what is considered to constitute essential services as required by paragraphs 1 and 3 of Schedule 1 to the Pharmaceutical Regulations 2013.

For the purposes of this PNA, essential services are defined as essential services.

The advanced, enhanced and locally commissioned services are considered relevant services as they contribute towards improvement in provision and access to pharmaceutical services.

When assessing the provision of essential services in Tower Hamlets, the following have been considered:

- The maps showing the location of pharmacies within Tower Hamlets and the Index of Multiple Deprivation
- The number, distribution and opening times of pharmacies within Tower Hamlets
- Pharmacy locations across the border
- Population density in Tower Hamlets
- Projected population growth
- The ethnicity of the population
- Neighbourhood deprivation in Tower Hamlets
- Location of GP practices
- Location of NHS Dental contractors
- Results of the public questionnaire
- Proposed new housing developments.

Based on the latest information on the projected changes in population of the HWBB area within its geographical area over the next three years, alongside the latest information regarding building plans and expected additional population increases during this time, the HWBB has concluded that the current pharmacy services are adequate and have a good geographical spread, particularly covering those areas of higher population density.

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

8.1 Essential services

- No gaps have been identified in essential services that if provided either now or over the next three years would secure improvements, or better access, to essential services across the whole borough.
- There is no gap in the provision of essential services during normal working hours across the whole borough.
- There are no gaps in the provision of essential services outside of normal working hours across the whole borough.

8.2 Advanced Services

- No gaps have been identified that if provided either now or in the future would secure improvements, or better access to advanced services across the whole borough.
- There are no gaps in the provision of advanced services across the whole borough.

8.3 Enhanced Services

- No gaps have been identified that if provided either now or in the future would secure improvements, or better access to enhanced services (relevant services) across the whole borough.
- There are no gaps in the provision of enhanced services across the whole borough.

8.4 Locally Commissioned Services

- There are no gaps in the provision of locally commissioned services (relevant services) at present or over the next three years that would secure improvement or better access to locally commissioned services across the whole borough.
- There are no gaps in the provision of locally commissioned services across the whole borough.

The conclusions reached in this PNA report include assessments that have addressed protected characteristics of groups living in the borough localities in relation to access to pharmacies. The assessments show no evidence of any overall differences between or within the localities in Tower Hamlets.

Based on the review of building plans and population projections, there may be a need to review the level of pharmacy services in specific places in the borough in the period up to 2025.

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

Whether there is sufficient choice of pharmacy in Tower Hamlets has been reviewed, it was decided there was sufficient choice of pharmacy in Tower Hamlets. London boroughs have a greater choice of pharmacy provider compared to many other areas in England.

Tower Hamlets recognises that there may continue to be developments in pharmacy provision that is different from the high street pharmacies, for example, online prescriptions or pharmacists working more closely with primary care.

Key to Services

- Essential services are commissioned by NHS England and are provided by all pharmacy contractors. These are services which every community pharmacy providing NHS pharmaceutical services must provide and is set out in their terms of service – these include the dispensing of medicines, promotion of healthy lifestyles and support for self-care. Distance-selling pharmacy contractors cannot provide essential services face to face at their premises.
- Advanced services (relevant services) are commissioned by NHS England and can be provided by all contractors once accreditation requirements have been met. These services include Appliance Use Review (AUR), New Medicine Service (NMS), Stoma Appliance Customisation (SAC), Flu Vaccination Service, Hepatitis C Testing, Community Pharmacist Consultation Service (CPCS), Hypertension Case-finding and Smoking Cessation Advanced Service.
- Enhanced services (relevant services) commissioned by NHS England are pharmaceutical services, such as London flu service, Bank holiday service – Christmas and Easter Sunday, Bank holiday service – other bank holidays, Covid-19 vaccination service.
- Locally commissioned services (relevant services) are commissioned by local authorities in response to the needs of the local population.

9 Appendix A – PNA Formal Consultation Methodology

A formal consultation and a wider resident survey on local pharmacies was conducted between 27 January and 31 March 2023. The PNA formal consultation process including the formal consultation questionnaire was approved by the PNA steering group. The Formal Consultation questionnaire is provided below.

The draft PNA documents were uploaded on the local authority website with the Get Involved links.

- A PNA executive summary and conclusion (short version) was produced in addition to the draft PNA report.
- The Tower Hamlets communications team at the borough sent out communications about the consultation and survey through their normal channels.
- The communications plan for the consultation and survey is provided below.

9.1 Tower Hamlets Formal PNA Consultation-Communications Action Plan

In the tables below Tower Hamlets formal consultation action plan is described

Table 19 - Tower Hamlets Communications Action Plan

Stakeholders	Channel	Description	Responsible lead
Local Area HWBB	The Board Secretary	Board paper with draft report attached Board members and email link to consultation or collective feedback through secretary	Ibrahim Khan
Neighbouring HWBBs	The Board Secretary	Email with PDF report and link to consultation questionnaire	Ibrahim Khan
Local Pharmaceutical Committee	LPC CEO	Email with PDF report and link to consultation questionnaire	Ibrahim Khan

NHS North East London Integrated Care Board (NEL ICB)	NEL ICB Board secretary	Email with PDF report and link to consultation questionnaire	Ibrahim Khan
Local Pharmacists	CEO NEL LPC	Email with PDF report and link to consultation questionnaire	Ibrahim Khan
Local Medical Committee	LMC Secretary	Email with PDF report and link to consultation questionnaire	Ibrahim Khan
GP practices	Practice manager	Email with PDF report and link to consultation questionnaire	Ibrahim Khan
Acute Trusts	Chief Pharmacist and Chief Executive	Mail with PDF report and link to consultation questionnaire	Ibrahim Khan
Local HealthWatch	HealthWatch Rep on MASG	Mail with PDF report and link to consultation questionnaire	Aine Fuller
Patient Groups	HealthWatch	Mail with PDF and link to consultation questionnaire	Aine Fuller
NHSE Area Team	NHSE lead for area	Mail with PDF and link to consultation questionnaire	CP contact SA Kayes
North East London ICB	Board Secretary	Mail with PDF and link to consultation questionnaire	Aine Fuller
Living Well membership	Living Well secretary	Mail with PDF and link to consultation questionnaire	Aine Fuller

Table 20 – Tower Hamlets Wider Engagement and Consultation Plan

Who will we engage?	How will we engage?	Who will be lead the engagement	How will we collect feedback
Patient and community groups	Through HealthWatch we will send out easy read summary and Let's talk Tower Hamlets Survey link We will use a standard Slide deck for presentation at Forums when requested and appropriate	HealthWatch	Through Let's talk Tower Hamlets Survey link We will make PDF of questionnaire available but the data will need to be entered in Let's talk Tower Hamlets Survey link by the organiser
Resident population	Through the LA consultation channel • Advert on Council Website • Resident Bulletin • Libraries • Screens • Social Media	LA communication lead	Through Let's talk Tower Hamlets Survey link
Registered population	Through NEL ICB consultation channel • Advert on Council Website • GP screens • Social Media	LA communication lead	Through Let's talk Tower Hamlets Survey link
Voluntary and community sector	Any stakeholder groups	LA communication and NEL ICB lead	Through Let's talk Tower Hamlets Survey link

9.2 Summary Formal Consultation findings

- 10 individuals responded to the formal Tower Hamlets PNA consultation. In addition, the NHSE lead for PNAs nationally gave detailed written feedback rather than completing the formal consultation questionnaire. Therefore, the total number of individuals responding was 11. Most of the respondents were members of the public were residents in Tower Hamlets (9/10).
- There was limited recorded information about the demographics of the individuals and therefore as numbers are low there will be no analysis around these individuals' demographic characteristics.
- There were 10% who considered themselves to have a disability of which it was stated as a learning disability. 90% preferred not to say or did not respond.
- In response to the question how much do you agree or disagree with the final recommendations of the Tower Hamlets PNA Report? - 70% of the respondents mostly agreed with the final recommendations of the PNA (7/10). 20% neither agreed nor disagreed, 10% did not know or were not sure about this. No one disagreed.
- In response to the question asking how much do you think the PNA accurately identifies any possible gaps in pharmaceutical services that might exist up to March 2025 due to the growing population and housing developments their response was 70% stated that the PNA gives an accurate description of possible gaps, 20% stating partly and 10% stated I don't know/I am not sure about this.
- In response to the question how much do you think the PNA accurately describes community pharmacy services as they exist at present within Tower Hamlets? 20% percent consider the PNA gives an accurate description, 40% think partly with 10% thought that it does not and 30% stated I don't know/I am not sure.
- In response to the question regarding whether they think that the PNA shows a good understanding or not of the health and well-being needs of people in Tower Hamlets and its localities, - 40% considered the PNA shows a good understanding of this with the rest feeling that it partly shows a good understanding.
- In response to the question about whether the right methods had been used to create the PNA, - 40% stated yes, I think all the right methods have been used, 30% stated I think some of the methods are not quite right. The remaining did not respond.
- In response to the question asking whether overall the PNA gives sufficient information for the NHS, Local Authority, and other organisations to use the PNA to commission to make their commissioning decisions for the next three years, 40% stated yes, I thought overall the PNA gives sufficient information for this, 30% stated partly, 10% stated I don't know/I am not sure about this and 20% stated I think much of the PNA does not give sufficient information for this.

9.3 Tower Hamlets Formal PNA Consultation Questionnaire

- 1. Please select the most relevant description of yourself from this list: (Select all of your choices)**

Member of the public who is resident in Tower Hamlets
Member of the public who works in Tower Hamlets
Member of the Tower Hamlets Council Employee
A healthcare or social care professional
Councillor
Pharmacist/Other Pharmacy staff
GP
Primary Care Nurse/Other Nurse
Hospital Manager/Hospital Staff
Ambulance Service
Other NHS Professional Other Care Professional
Business/organisation
Voluntary or community sector organisation
Other – please state

- 2. If responding on behalf of a business or organisation, please tell us its name (please write in box below)**

- 3. To help us locate the area that your comments make reference to, please provide us with the first half of your postcode? Eg CR0**

- 4. Has the purpose of the pharmaceutical needs assessment been explained?**

Yes
Partly
No
Don't know

- 5. Please explain your answer: (please write in box below)**

- 6. How much do you think we have used or not used the right methods to create the PNA? (Tick any one option)**

Yes, I think all the right methods have been used
No, I think many of the methods are not quite right
I don't know/I am not sure about this

- 7. Please tell us what we have got wrong in our methods or which better methods we could have used.**

- 8. Please indicate if you think that the PNA shows a good understanding or not of the health and well-being needs of people in Tower Hamlets and its localities. (Tick any one option)**

Yes, I think overall the PNA shows a good understanding of this

No, I think much of the PNA does not show a good understanding of this
I don't know/I am not sure about this

9. Please tell us what we have missed out or misunderstood.

10. How much do you think the PNA accurately or inaccurately describes community pharmaceutical services as they exist at present within Tower Hamlets? (Tick any one option)

Yes, I think overall the PNA gives an accurate description of this
No, I think much of the PNA does not give an accurate description of this
I don't know/I am not sure about this

11. Please tell us what we have got wrong. Also please tell us if there is a service or aspect of a service we have overlooked.

12. How much do you think the PNA accurately or inaccurately identifies any possible gaps in pharmaceutical services that might exist up to March 2025, due to a growing population and new housing developments, for example? (Tick any one option)

Yes, I think overall the PNA gives an accurate description of possible gaps
No, I think much of the PNA does not give an accurate description of possible gaps
I don't know/I am not sure about this

13. Please tell us what we have got wrong or anything we have missed. Please let us know if there is a local area or service need we have overlooked.

14. Do you consider that the PNA properly highlights other relevant issues and challenges which people in Tower Hamlets might face in using a community pharmacy? (These could include mobility issues, access to public transport, difficulties in walking through a neighbourhood, difficulties in crossing a road, language issues, problems with hearing, problems with sight, problems with communication.) (Tick any one option)

Yes, I think overall the PNA shows a good understanding of these
No, I think much of the PNA does not show a good understanding of these
I don't know/I am not sure about this

15. Please tell us what we have missed out or misunderstood.

16. North East London Integrated Care Group (NEL ICB) and Tower Hamlets Public Health Team and similar bodies also commission (pay for) special services in pharmacies (e.g., stop-smoking services, help with minor health problems, emergency contraception). Do you think the PNA gives these bodies the right information or not to make these commissioning decisions for the next three years? (Tick any one option)

Yes, I think overall the PNA gives sufficient information for this
No, I think much of the PNA does not give sufficient information for this
I don't know/I am not sure about this

17. Please tell us what we have missed out or misunderstood.

**18. How much do you agree or disagree with the final recommendations of the PNA?
(Tick any one option)**

Strongly agree. I think overall the PNA gets these right
Mostly agree. I think mostly the PNA gets these right
Neither agree nor disagree
Mostly disagree. I think the PNA gets most of these wrong
I don't know/I am not sure about this

19. Please tell us where we have got something wrong or missed something out.

20. Please give any other comments you may have here (please write in box below)

Equalities Monitoring

To ensure that the survey is representative of the population of the borough, please help us by filling in the information below. This will only be used for the purposes of monitoring and will not be passed on for use by third parties.

1. What is your gender? (Please select only one option)

Male
Female
Non-binary
Prefer not to say
Other (prefer to self-describe)

2. Is your gender identity the same as the sex you were assigned at birth? (Please select only one option)

Yes
No
Prefer not to say

3. How would you define your sexual orientation? (Please select only one option)

Bi/bisexual
Heterosexual/straight
Homosexual/gay/lesbian
Prefer not to say
Other

4. What age group are you in? (Please select only one option)

Under 16
16-24 years
25-34 years
35-44 years
45-54 years
55-64 years
65-74 years
74-85 years
85 years or over

Prefer not to say

5. What is your ethnic group? (Please select only one option)

Arab
Arab British
Asian Bangladeshi
Asian British
Asian Chinese
Asian Indian
Asian Pakistani
Any other Asian background
Black African
Black British
Black Caribbean
Any other Black/African/ Caribbean Black background
Gypsy/Traveller
White and Asian
White and Black African
White and Black Caribbean
Any other mixed background
White British
White Irish
Any other White background
Other
Prefer not to say

6. Do you consider yourself to have a disability? Disability is defined as a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.

Yes (please answer Q7)
No
Prefer not to say
Other

7. If 'yes' please tick all that apply that best describes your impairment. This information helps us to improve access to our services.

Visually impaired
Hearing impaired
Mobility disability
Communication difficulty
Hidden disability: autism spectrum disorder (ASD)
Hidden disability: attention deficit hyperactivity disorder (ADHD)
Hidden disability: Asthma
Hidden disability: Epilepsy
Hidden disability: Diabetes
Hidden disability: Sickle cell
Prefer not to say
Other (please specify)

10 Appendix B – Consultation Log

Table 21 London Borough of Tower Hamlets PNA Consultation Log showing questionnaire responses 2023

Please select the most relevant description of yourself from this list: (Select all of your choices)		
Response	Count	%
Tower Hamlets resident	7	70%
Someone who works in Tower Hamlets	1	10%
Tower Hamlets Council employee	0	0%
Councillor	0	0%
Pharmacist or other pharmacy staff	0	0%
GP	2	20%
Nurse	0	0%
Hospital staff	0	0%
Ambulance service	0	0%
Other healthcare or social care professional	0	0%
Business/organisation	0	0%
Voluntary or community sector organization	0	0%
Other	0	0%
TOTAL	10	

Has the purpose of the Pharmaceutical Needs Assessment (PNA) been explained?		
Response	Count	%
Yes	7	70%
Partly	2	20%
No	1	10%
TOTAL	10	

How much do you think we have used or not used the right methods to create the PNA? (Tick one option)		
Response	Count	%
Yes, I think all the right methods have been used	4	40%
Yes, I think some of the methods used are right	3	30%
Yes, I think most of the methods used are right	0	0%

No, I think many of the methods are not quite right	0	0%
I don't know/I am not sure about this	3	30%
TOTAL	10	

Please indicate if you think that the PNA shows a good understanding or not of the health and well-being needs of people in Tower Hamlets and its localities. (Tick one option)

Response	Count	%
Yes	7	70%
Partly	2	20%
No	0	0%
Don't know	1	10%
TOTAL	10	

Does the PNA accurately describe community pharmacy services in Tower Hamlets?

Response	Count	%
Yes	7	70%
Partly	2	20%
No	0	0%
I don't know	1	10%
TOTAL	10	

Does the PNA accurately identify any gaps in pharmacy services that might arise in the next few years?

Response	Count	%
Yes	2	20%
Partly	4	40%
No	1	10%
I don't know	3	30%
TOTAL	10	

Does the PNA include enough information on the issues and challenges people might face when using a community pharmacy?

Response	Count	%
Yes	2	20%
Partly	6	60%
No	2	20%
I don't know	0	0%
TOTAL	10	

Is there enough information in the PNA for decisions to be made around funding special pharmacy services in future?

Response	Count	%
Yes	4	40%
Partly	3	30%
No	2	20%
I don't know	1	10%
TOTAL	10	

How much do you agree or disagree with the final recommendations of the PNA?

Response	Count	%
Strongly agree	0	0%
Mostly agree	7	70%
Neither agree nor disagree	2	20%
Mostly disagree	0	0%
I don't know	1	10%
TOTAL	10	

Please let us know if you have any other feedback on the questions asked so far.

Little on impact of large drug using population on pharmacies and customers (who are not drug users). Questions on quality of service provided are lacking. Ditto impact of chain pharmacies on quality of service (e.g. Boots is poor). Little on provision for those with rare diseases or allergies or impact of requirement for hard to get hold of medicines and the quality of that service.

The report rightly highlights high levels of child poverty in Tower Hamlets. Given the cost of living crisis, it is essential to ensure that all public services work in aligned manner to implement the recommendations from the Institute of Health Equity report (Munro, 2023) on interventions to tackle the rising cost of living in London.

This report outlines a simple framework for responding to the cost of living crisis which entails:

- Support to manage cost of essential outgoings
- Maximising incomes
- Financial resilience and debt management

*** To support managing the cost of essential outgoings***, pharmacy services should:

- proactively use electronic systems to check if a patient is entitled to free prescriptions to maximise uptake
- proactively advertise and promote prescription prepayment certificates to those who are on multiple regular medications
- proactively encourage application for exemption or partial exemption on the basis of low incomes, bearing in mind the threshold for eligibility is lower than most means tested benefits (as council tax and housing costs are factored into the assessment alongside income, so people may be eligible even if their income is too high for routine exemptions.)
- proactively promote 'healthy start' vouchers

Additionally, to improve access to primary care services by encouraging self-care, and to improve health equity, the council should consider funding free supply of medications advised via the community pharmacy consultation scheme (CPCS), in line with previous 'pharmacy first' schemes, for those eligible for free prescriptions.

*** To support people with maximising incomes***, pharmacy services should:

- be encouraged to ensure all their staff are on the London Living Wage in recognition of their roles as anchor institutions
- encourage and recognise trade union membership of their staff

*** Finally, to support financial resilience*** pharmacy services should:

- advertise debt advice services prominently

Pharmacies are often the most local health services to patients, and can mostly be accessed by foot from the patient's home. The majority (68%) of tower hamlets households do not own a car. As such, it is a shame that the report first addresses access by car (page 6).

As we are living in one of the boroughs with the poorest child poverty in the country, we should be establishing services so that patients who cannot afford to buy medicines such as paracetamol and ibuprofen are provided with them free of charge. The minor ailments scheme was disbanded a few years ago and was popular with patients and with GP surgeries - it allowed GPs to promote self care without fear of children going without essential medicines. It was popular with patients too. In a cost of living crisis a similar scheme needs to urgently be reintroduced as there is a scheme in a neighbouring borough

Pls consider the following: Social prescribing referrals via comm pharm; all flu injections to be moved to comm pharm, all travel meds to be private services from comm pharm e.g. meds to delay menses, travel sickness, travel anxiety.
A directory of services to be made available
Incentivise pharmacies to promote and help patients download NHS APP to request repeat meds

I did not understand all that was said in this survey so I was unable to help fully.

Little on impact of large drug using population on pharmacies and customers (who are not drug users). Questions on quality of service provided are lacking. Ditto impact of chain pharmacies on quality of service (e.g. Boots is poor). Little on provision for those with rare diseases or allergies or impact of requirement for hard to get hold of medicines and the quality of that service.

Table 22 Detailed NHSE Responses

London Region Pharmaceutical Services Regulations Committee March 2023

Consultation report on a new PNA

Name of HWBB	Tower Hamlets
Consultation response to be sent to:	PHAST
Address of HWBB	Email to PHAST
Consultation response deadline:	31 March 2023
Relevant regulations and guidance	The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, Part 2.

Does the PNA include a statement outlining this provision?	NHS England Response	PNA Report revisions amended/resolution
A statement of the pharmaceutical services that the HWBB has identified as services that are provided: (a) in the area of the HWBB and which are necessary to meet the need for pharmaceutical services in its area; and	Page 8 & Page 95 For the purposes of this PNA, necessary services are defined as essential services.	Revisions amended

(b) outside the area of the HWBB but which nevertheless contribute towards meeting the need for pharmaceutical services in its area (if the HWBB has identified such services).	The PNA mentions in the conclusions that it has taken into account pharmacies across the border but these have not been listed.	Pharmacies across the border have been listed
Schedule 1, paragraph 2 – necessary services: gaps in provision 2. A statement of the pharmaceutical services that the HWBB has identified (if it has) as services that are not provided in the area of the HWBB but which the HWBB is satisfied- (a) need to be provided (whether or not they are located in the area of the HWBB) in order to meet a current need for pharmaceutical services, or pharmaceutical services of a specified type, in its area;	Page 96 Essential services • No gaps have been identified in essential services that if provided either now or over the next three years would secure improvements, or better access, to essential services across the whole borough. • There is no gap in the provision of essential services during normal working hours across the whole borough. • There are no gaps in the provision of essential services outside of normal working hours across the whole borough.	No revision required
(b) will, in specified future circumstances, need to be provided (whether or not they are located in the area of the HWBB) in order to meet a future need for pharmaceutical services, or pharmaceutical services of a specified type, in its area.	Page 96 Essential services • No gaps have been identified in essential services that if provided either now or over the next three years would secure improvements, or better access, to essential services across the whole borough. • There is no gap in the provision of essential services during normal working hours across the whole borough. There are no gaps in the provision of essential services outside of normal working hours across the whole borough.	No revision required

Schedule 1, paragraph 3 – other relevant services: current provision 3. A statement of the pharmaceutical services that the HWBB has identified (if it has) as services that are provided- (a) in the area of the HWBB and which, although they are not necessary to meet the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access to pharmaceutical services in its area;	Page 8 & Page 95 The advanced, enhanced and locally commissioned services are considered relevant services as they contribute towards improvement in provision and access to pharmaceutical services.	No revision required
(b) outside the area of the HWBB and which, although they do not contribute towards meeting the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area;	The PNA mentions in the conclusions that it has taken into account pharmacies across the border, but these have not been listed.	Pharmacies across the border have been listed
(c) in or outside the area of the HWBB and, whilst not being services of the types described in sub-paragraph (a) or (b), or paragraph 1, they nevertheless affect the assessment by the HWBB of the need for pharmaceutical services in its area.	The PNA mentions in the conclusions that it has taken into account pharmacies across the border, but these have not been listed.	Pharmacies across the border have been listed

Schedule 1, paragraph 4 – improvements and better access: gaps in provision 4. A statement of the pharmaceutical services that the HWBB has identified (if it has) as services that are not provided in the area of the HWBB but which the HWBB is satisfied- (a) would, if they were provided (whether or not they were located in the area of the HWBB), secure improvements, or better access to pharmaceutical services, or pharmaceutical services of a specific type, in its area,	Page 96 Advanced Services • No gaps have been identified that if provided either now or in the future would secure improvements, or better access to advanced services across the whole borough. • There are no gaps in the provision of advanced services across the whole borough. Enhanced Services • No gaps have been identified that if provided either now or in the future would secure improvements, or better access to enhanced services (relevant services) across the whole borough. • There are no gaps in the provision of enhanced services across the whole borough. Locally Commissioned Services • There are no gaps in the provision of locally commissioned services (relevant services) at present or over the next three years that would secure improvement or better access to locally commissioned services across the whole borough. There are no gaps in the provision of locally commissioned services across the whole borough.	No revision required
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(b) would, if in specified future circumstances they were provided (whether or not they were located in the area of the HWBB), secure future improvements, or better access, to pharmaceutical services, or pharmaceutical services or a specified type, in its area.	Page 96 Advanced Services • No gaps have been identified that if provided either now or in the future would secure improvements, or better access to advanced services across the whole borough. • There are no gaps in the provision of advanced services across the whole borough. Enhanced Services • No gaps have been identified that if provided either now or in the future would secure improvements, or better access to enhanced services (relevant services) across the whole borough. • There are no gaps in the provision of enhanced services across the whole borough. Locally Commissioned Services • There are no gaps in the provision of locally commissioned services (relevant services) at present or over the next three years that would secure improvement or better access to locally commissioned services across the whole borough. There are no gaps in the provision of locally commissioned services across the whole borough.	No revision required
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Schedule 1, paragraph 5 – other services 5. A statement of any NHS services provided or arranged by the HWBB, NHS CB, a CCG, an NHS trust or an NHS foundation trust to which the HWBB has had regard in its assessment, which affect- affect- (a) the need for pharmaceutical services, or pharmaceutical services of a specified type, in its in its area; or	Page 96 Locally Commissioned Services • There are no gaps in the provision of locally commissioned services (relevant services) at present or over the next three years that would secure improvement or better access to locally commissioned services across the whole borough. There are no gaps in the provision of locally commissioned services across the whole borough.	No revision required
(b) whether further provision of pharmaceutical in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area.	Page 96 Locally Commissioned Services • There are no gaps in the provision of locally commissioned services (relevant services) at present or over the next three years that would secure improvement or better access to locally commissioned services across the whole borough. There are no gaps in the provision of locally commissioned services across the whole borough.	No revision required
Schedule 1, paragraph 6 – how the assessment was carried out 6. An explanation of how the assessment has been carried out, in particular – (a) how it has determined what are the localities in its area;	Page 13 & 14 Lists the localities in Tower Hamlets Tower Hamlets has 4 localities and 20 wards	Revision amended
(b) how it has taken into account (where applicable)- Meeting the needs of specific populations within	Page 93 & 94 Meeting the needs of specific populations within society.	No revision required

society the different needs of different localities in its area, and the different needs of people in its area who share a protected characteristic; and	These pages work through the needs of those who share a protected characteristic.	
(c) a report on the consultation that it has undertaken.	Being undertaken now	No revision required
What is the current level of access within the locality to NHS pharmaceutical services?	Page 69 <i>Access to pharmacy services</i> Opening hours for pharmacies are shown in Appendix D– Pharmacy opening hours and services and Appendix F – Maps show the numbers and locations of pharmacies open in the evenings and at weekends. There are three 100-hour community pharmacies in the borough (3.9% of the total), lower than the figure for London and lower than the figure for England. Table 15 shows the spread across the borough. It will be important over the next year to monitor the number of 100-hour pharmacies especially taking into consideration that North West and South West have none. Page 96 The conclusions reached in this PNA report include assessments that have addressed protected characteristics of groups living in the borough localities in relation to access to pharmacies. The assessments show no evidence of any overall differences between or within the localities in Tower Hamlets.	No revision required

What is the extent to which services in the locality already offer people a choice, which may be improved by the provision of additional facilities?	Page 97 Whether there is sufficient choice of pharmacy in Tower Hamlets has been reviewed, it was decided there was sufficient choice of pharmacy in Tower Hamlets. London boroughs have a greater choice of pharmacy provider compared to many other areas in England. Tower Hamlets recognises that there may continue to be developments in pharmacy provision that is different from the high street pharmacies, for example, online prescriptions or pharmacists working more closely with primary care.	No revision required
What is the extent to which there is sufficient choice of providers in the locality, which may be improved, by additional providers?	Page 97 Whether there is sufficient choice of pharmacy in Tower Hamlets has been reviewed, it was decided there was sufficient choice of pharmacy in Tower Hamlets. London boroughs have a greater choice of pharmacy provider compared to many other areas in England. Tower Hamlets recognises that there may continue to be developments in pharmacy provision that is different from the high street pharmacies, for example, online prescriptions or pharmacists working more closely with primary care.	No revision required
What is the extent to which current service provision in the locality is adequately responding to the changing needs of the community it serves?	Page 97 Tower Hamlets recognises that there may continue to be developments in pharmacy provision that is different from the high street pharmacies, for example, online prescriptions or pharmacists working more closely with primary care.	No revision required

Is there a need for specialist or other services, which would improve the provision of, or access to, services such as for specific populations or vulnerable groups?	None Identified	No revision required
What is the HWBB's assessment of the overall impact on the locality in the longer- term?	Page 95 Based on the latest information on the projected changes in population of the HWBB area within its geographical area over the next three years, alongside the latest information regarding building plans and expected additional population increases during this time, the HWBB has concluded that the current pharmacy services are adequate and have a good geographical spread, particularly covering those areas of higher population density.	No revision required
Are there known firm plans for the development/expansion of new centres of population i.e., housing estates, or for changes in the pattern of population i.e., urban regeneration, local employers closing or relocating?	Wharf, the City of London and Stratford. The connections between the borough and surrounding areas will be improved, whilst maintaining our distinct East End identity. This growth will be primarily delivered in the City Fringe, the Lower Lea Valley and Isle of Dogs and South Poplar and at key locations along transport corridors. Page 96 Based on the review of building plans and population projections, there may be a need to review the level of pharmacy services in specific places in the borough in the period up to 2025. Regular reviews of all the above services are recommended in order to establish if in the future whether changes in these services will secure improvement or better access to pharmacies across the whole borough.	No revision required

Are there known firm plans in and arising from local joint strategic needs assessments or joint health and wellbeing strategies?	None Identified	No revision required
Are there known firm plans for changes in the number and/or sources of prescriptions i.e. changes in providers of primary medical services, or the appointment of additional providers of primary medical services in the area?	None Identified	No revision required
Are there known firm plans for developments which would change the pattern of local social traffic and therefore access to services, i.e. shopping centres or significant shopping developments whether these are in town, on the edge of town or out of town developments?	None Identified	No revision required
Are there plans for the development of NHS services?	None Identified	No revision required
Are there plans for changing the commissioning of public health services by community pharmacists, for example, weight management clinics, and life checks?	None Identified	No revision required
Are there plans for introduction of special services commissioned by clinical commissioning groups?	None Identified	No revision required
Are there plans for new strategies by social care/occupational health to provide aids/equipment through pharmacies or dispensing appliance contractors?	None Identified	No revision required

11 Appendix C – Pharmacy opening hours and services

11.1 Opening hours

The information on community pharmacies, opening hours and core /supplementary hours correlates with the data provided by the contractor survey and NHS England in their data pack issued in April 2022 (highlighted in green). This information is updated from time to time. Current information on individual pharmacies can be found on the NHS Choices website.

Table 23 Opening times by pharmacy – locality: North West

ODS Code	Name	Locality	Postcode	Monday			Tuesday			Wednesday			Thursday			Friday			Saturday			Sunday			Total Hours
				Open	Close	Lunch	Open	Close	Lunch	Open	Close	Lunch	Open	Close	Lunch	Open	Close	Lunch	Open	Close	Lunch	Open	Close	Lunch	
FV078	Bee Chemist	North West	E2 9ED	09:00	19:00		09:00	19:00		09:00	19:00		09:00	19:00		09:00	19:00		10:00	19:00		CLOSED			
FLP93	Boots	North West	E2 0DJ	10:00	19:00		10:00	19:00		10:00	19:00		10:00	19:00		10:00	19:00		09:00	18:00		11:00	17:00		65
FRD18	Borno Chemists Ltd	North West	E2 9NQ	09:00	19:00		09:00	19:00		09:00	19:00		09:00	19:00		09:00	19:00		09:00	13:00		CLOSED			54
FTW15	Britannia Pharmacy	North West	E2 0PG	09:00	19:00		09:00	19:00		09:00	19:00		09:00	18:00		09:00	19:00		09:00	13:00		CLOSED			53
FKA84	Columbia Pharmacy	North West	E2 7QB	09:00	18:30		09:00	18:30		09:00	18:30		09:00	18:30		09:00	18:30		CLOSED			10:00	16:00		53.5
FD028	Day Lewis Pharmacy	North West	E1 1DN	09:30	18:30		09:30	18:30		09:30	18:30		09:30	18:30		09:30	18:30		09:00	17:30		CLOSED			53.5
FHF74	Day Lewis Pharmacy	North West	E1 5NG	08:00	19:00		08:00	19:00		08:00	19:00		08:00	19:00		08:00	19:00		09:00	13:00		CLOSED			54
FXE78	Florida Pharmacy	North West	E2 0AH	09:00	18:30		09:00	18:30		09:00	18:30		09:00	13:00		09:00	18:30		09:00	17:00		CLOSED			50
FDN37	Florida Pharmacy	North West	E2 6AH	09:00	19:00		09:00	19:00		09:00	19:00		09:00	19:00		09:00	19:00		09:00	17:30		CLOSED			58.5
FLG13	Lloyds Pharmacy	North West	E1 5SD	08:00	20:00		08:00	20:00		08:00	20:00		08:00	20:00		08:00	20:00		08:00	20:00		11:00	17:00		78
FGH29	Massingham	North West	E2 0QY	09:00	18:30		09:00	18:30		09:00	18:30		09:00	18:00		09:00	18:30		09:00	17:00		CLOSED			55
FG327	Old Maids Pharmacy	North West	E2 6AH	09:00	19:00		09:00	19:00		09:00	19:00		09:00	19:00		09:00	19:00		09:00	17:30		CLOSED			58.5
FWE15	Philo – Digital Pharmacy	North West	E2 9EZ	09:00	18:00	13:00 to 14:00	09:00	18:00	13:00 to 14:00	09:00	18:00	13:00 to 14:00	09:00	18:00	13:00 to 14:00	09:00	18:00	13:00 to 14:00							40
FQD10	Regionchoice Ltd	North West	E1 5QJ	09:15	18:30		09:15	18:30		09:15	18:30		09:15	18:30		09:15	18:30		09:30	13:30		CLOSED			50.25
FXR56	Shanty's	North West	E1 1DB	09:00	18:00		09:00	18:00		09:00	18:00		09:00	18:00		09:00	18:00		09:00	17:30		CLOSED			53.5

Table 24 Opening times by pharmacy – locality: North East

ODS Code	Name	Locality	Postcode	Monday			Tuesday			Wednesday			Thursday			Friday			Saturday			Sunday			Total Hours
				Open	Close	Lunch	Open	Close	Lunch	Open	Close	Lunch	Open	Close	Lunch	Open	Close	Lunch	Open	Close	Lunch	Open	Close	Lunch	
FWT93	Bell Pharmacy	North East	E3 5ES	07:00	23:00		07:00	23:00		07:00	23:00		07:00	23:00		07:00	23:00		07:00	23:00		10:00	14:00		100
FWG99	Chrischem	North East	E3 4PH	09:00	18:00		09:00	18:00		08:00	18:00		09:00	18:00		09:00	18:00		09:00	17:00		CLOSED			53
FR843	Forward Pharmacy	North East	E3 4LH	09:00	19:00		08:00	19:00		09:00	19:00		09:00	19:00		09:00	19:00		09:00	18:00		10:00	18:00		67
FW017	Kamsons Pharmacy	North East	E3 3EV	08:30	18:30		08:30	18:30		08:30	18:30		08:30	18:30		08:30	18:30		09:00	14:00		CLOSED			55
FFP40	Lincoln Pharmacy	North East	E3 4QA	09:00	20:00		09:00	20:00		08:00	20:00		08:00	20:00		08:00	20:00		09:00	17:00		CLOSED			68
FCV86	Mayors Pharmacy	North East	E3 2AD	08:00	19:00		09:00	19:00		09:00	19:00		09:00	19:00		09:00	19:00		09:00	16:00		CLOSED			58
FWW94	MyMeds Pharmacy	North East	E14 7PQ	09:00	18:00	13:00 to 14:00	09:00	18:00	13:00 to 14:00	09:00	18:00	13:00 to 14:00	09:00	18:00	13:00 to 14:00	09:00	18:00	13:00 to 14:00	Closed			CLOSED			40
FD649	Nash Chemist	North East	E14 7HG	08:30	19:00		08:30	19:00		08:30	19:00		08:30	19:00		08:30	19:00		09:00	14:00		CLOSED			57.5
FT030	Parnell Chemists	North East	E3 2RN	09:00	19:00		09:00	19:00		09:00	19:00		09:00	19:00		09:00	19:00		09:00	18:00		CLOSED			59
FTT82	Pyramid Pharmacy	North East	E3 5ES	09:00	19:00		09:00	19:00		09:00	19:00		09:00	18:30		09:00	18:30		Closed						49
FNH88	SINCLAIRS	North East	E3 5EL	09:00	19:00		09:00	19:00		09:00	19:00		09:00	18:00		09:00	19:00		09:00	18:00		CLOSED			59
FRJ96	Tesco Instore Pharmacy	North East	E3 3DA	08:00	22:30		06:30	22:30		06:30	22:30		06:30	22:30		06:30	22:30		06:30	22:00		10:00	16:00		100

Pharmaceutical Needs Assessment 2023

Table 25 Opening times by pharmacy – locality: South East

				Monday			Tuesday			Wednesday			Thursday			Friday			Saturday			Sunday			
ODS Code	Name	Locality	Postcode	Open	Close	Lunch	Open	Close	Lunch	Open	Close	Lunch	Open	Close	Lunch	Open	Close	Lunch	Open	Close	Lunch	Open	Close	Lunch	Total Hours
FL171	Allens Pharmacy	South East	E14 3PQ	09:00	19:30		09:00	18:30		09:00	19:30		09:00	18:00		09:00	18:30		09:00	14:00		CLOSED			54
FX059	Barkantine Pharmacy	South East	E14 8JH	08:00	20:00		08:00	20:00		08:00	20:00		08:00	20:00		08:00	20:00		09:00	17:00		CLOSED			68
FGA03	Boots	South East	E14 6BT	09:00	18:00		09:00	18:00		09:00	18:00		09:00	18:00		09:00	18:00		10:00	18:00					53
FK564	Boots	South East	E14 5AX	07:00	21:00		07:00	21:00		07:00	21:00		07:00	21:00		07:00	21:00		10:00	18:00		12:00	18:00		84
FQV39	Boots	South East	E14 5NY	07:00	00:00		07:00	00:00		07:00	00:00		07:00	00:00		07:00	00:00		09:00	18:00		12:00	18:00		100
FNW37	Britannia Pharmacy	South East	E14 0NU	09:15	18:30		09:15	18:30		09:15	18:30		09:15	13:00		09:15	18:30		CLOSED						40.75
FRX84	Britannia Pharmacy	South East	E14 0BE	09:00	19:00		09:00	19:00		09:00	18:30		09:00	19:00		09:00	19:00		11:00	15:00		CLOSED			53.5
FXQ52	Britannia Pharmacy	South East	E14 3BT	09:00	20:00		09:00	20:00		09:00	20:00		09:00	20:00		09:00	20:00		09:00	20:00		11:00	17:00		72
FH732	Cubitt Town Pharmacy	South East	E14 3DN	09:00	18:00		09:00	18:00		09:00	18:00		09:00	18:00		09:00	18:00		09:30	12:30		CLOSED			48
FW883	Docklands Pharmacy	South East	E14 9WU	07:00	19:00		07:00	20:00		08:00	20:00		08:00	19:00		08:00	19:00		09:00	14:00		CLOSED			64
FHH61	Lansbury Pharmacy	South East	E14 6GG	09:00	20:00		09:00	20:00		09:00	20:00		09:00	20:00		09:00	20:00		09:00	15:00		CLOSED			59
FMM64	Medino Online	South East	E14 9RL	09:00	18:00	13:00 to 14:00	09:00	18:00	13:00 to 14:00	09:00	18:00	13:00 to 14:00	09:00	18:00	13:00 to 14:00	09:00	18:00	13:00 to 14:00							40

Table 26 Opening times by pharmacy – locality: South West

				Monday			Tuesday			Wednesday			Thursday			Friday			Saturday			Sunday			
ODS Code	Name	Locality	Postcode	Open	Close	Lunch	Open	Close	Lunch	Open	Close	Lunch	Open	Close	Lunch	Open	Close	Lunch	Open	Close	Lunch	Open	Close	Lunch	Total Hours
FWP36	Ali's Pharmacy	South West	E1 2QE	09:00	19:00		09:00	19:00		09:00	19:00		09:00	19:00		09:00	19:00		10:00	17:00		CLOSED			57
FNP17	Boots	South West	E1 0LB	09:00	19:00		09:00	19:00		09:00	19:00		09:00	19:00		09:00	19:00		09:00	13:00		CLOSED			54
FQJ20	Chapel Pharmacy	South West	E1 2LX	09:00	20:00		09:00	20:00		09:00	20:00		09:00	19:00		09:00	20:00		09:00	18:00		CLOSED			63
FRD61	DMB Chemist	South West	E1 2PR	09:00	19:00		09:00	19:00		09:00	19:00		09:00	19:00		09:00	19:00		09:00	18:00		CLOSED			59
FM494	Green Light Pharmacy	South West	E3 3FP	08:00	20:00		08:00	20:00		08:00	20:00		08:00	20:00		08:00	20:00		08:00	20:00		08:00	20:00		84
FFQ37	Greenlight Pharmacy	South West	E1 4FG	08:00	20:00		08:00	19:30		08:00	19:30		08:00	19:30		08:00	19:30		08:30	18:30		09:00	13:00		72
FYF57	Jaypharm	South West	E1 2PS	09:00	19:00		09:00	19:00		09:00	19:00		09:00	18:00		09:00	19:00		09:00	12:00		CLOSED			52
FA012	Medichem	South West	E1 4LR	09:00	19:00		09:00	19:00		09:00	19:00		09:00	19:00		09:00	19:00		09:00	17:00		CLOSED			58
FA089	Sai Pharmacy	South West	E1 8ZF	09:00	19:00		09:00	19:00		09:00	19:00		09:00	19:00		09:00	19:00		CLOSED						50
FE194	SINCLAIRS	South West	E1 3NN	09:00	19:00		09:00	19:00		09:00	19:00		09:00	19:00		09:00	19:00		09:00	18:00		CLOSED			59
FVE07	Tower Pharmacy	South West	E1W 2RL	09:00	19:00		09:00	19:30		09:00	19:30		09:00	19:30		09:00	19:00		09:00	17:30		CLOSED			60

Table 27 Pharmacy services offered per pharmacy by locality (advanced services)

Map ID	ODS	Name	PostCode	Ward Name	Locality	NMS	AUR	SCA	CPCS	Flu Vaccine	Hep C Anti	DMSI	MUR	Covid
1	FWP36	AU'S PHARMACY	E1 2QE	Shadwell	South West	Y	N	N	N	N	N	N	N	N
2	FL171	ALLENS PHARMACY	E14 3PQ	Blackwall & Cubitt Town	South East	Y	N	N	Y	Y	N	Y	N	Y
3	FX059	BARKANTINE PHARMACY	E14 8JH	Canary Wharf	South East	Y	N	N	Y	Y	N	Y	N	Y
4	FV078	BEE PHARMACY	E2 9ED	St Peter's	North West	Y	N	N	Y	Y	N	N	N	N
5	FWT93	BELL PHARMACY BOW	E3 5ES	Bow East	North East	Y	N	N	N	N	N	N	N	N
6	FK564	BOOTS THE CHEMIST	E14 5AX	Canary Wharf	South East	Y	N	N	Y	Y	N	Y	N	Y
7	FQV39	BOOTS THE CHEMIST	E14 5NY	Canary Wharf	South East	Y	N	N	Y	Y	N	N	N	Y
10	FLP93	BOOTS UK LIMITED	E2 0DJ	St Peter's	North West	Y	N	N	Y	Y	N	N	N	N
8	FGA03	BOOTS UK LIMITED	E14 6BT	Lansbury	South East	Y	N	N	Y	Y	N	N	N	Y
9	FNP17	BOOTS UK LIMITED	E1 0LB	Shadwell	South West	N	N	N	N	N	N	N	N	N
11	FRD18	BORNO CHEMISTS LIMITED	E2 9NQ	St Peter's	North West	Y	N	N	Y	Y	N	Y	N	N
15	FTW15	BRITANNIA PHARMACY	E2 0PG	Bethnal Green	North West	Y	N	N	N	Y	N	N	N	N
12	FXQ52	BRITANNIA PHARMACY	E14 3BT	Blackwall & Cubitt Town	South East	Y	N	N	Y	Y	N	N	N	N
13	FRX84	BRITANNIA PHARMACY	E14 0BE	Poplar	South East	Y	N	N	Y	Y	N	N	N	N
14	FNW37	BRITANNIA PHARMACY	E14 0NU	Lansbury	South East	Y	N	N	Y	N	N	N	N	N
16	FQJ20	CHAPEL PHARMACY	E1 2LX	Whitechapel	South West	Y	N	N	Y	N	N	N	Y	N
17	FWG99	CHRISCHEM	E3 4PH	Mile End	North East	Y	N	N	Y	Y	N	Y	N	N
18	FKA84	COLUMBIA PHARMACY	E2 7QB	Weavers	North West	Y	N	N	Y	Y	N	N	N	Y
19	FH732	CUBITT TOWN PHARMACY	E14 3DN	Island Gardens	South East	Y	N	N	N	Y	N	N	N	N
21	FD356	DAY LEWIS PHARMACY	E3 5ES	Bow East	North East	Y	N	N	Y	Y	N	N	N	N
20	FD028	DAY LEWIS PHARMACY	E1 1DN	Spitalfields & Banglatown	North West	N	N	N	Y	Y	N	Y	N	N
22	FHF74	DAY LEWIS PHARMACY	E1 5NG	Spitalfields & Banglatown	North West	Y	N	N	Y	Y	N	N	N	N
23	FRD61	DMB CHEMIST	E1 2PR	Shadwell	South West	Y	N	N	Y	Y	N	Y	N	Y
24	FW883	DOCKLANDS PHARMACY	E14 9WU	Island Gardens	South East	Y	N	N	Y	Y	N	Y	N	N
25	FDN37	FLORIDA PHARMACY	E2 6AH	Weavers	North West	Y	N	N	Y	Y	N	N	N	N
26	FXE78	FLORIDA PHARMACY	E2 0AH	St Peter's	North West	Y	N	N	Y	Y	N	Y	N	N
27	FR843	FORWARD PHARMACY	E3 4LH	Mile End	North East	Y	N	N	Y	N	N	N	N	N
28	FFQ37	GREEN LIGHT PHARMACY	E1 4FG	St Dunstan's	South West	N	N	N	Y	Y	N	N	N	Y
29	FM494	GREENLIGHT PHARMACY	E3 3FF	Bromley South	North East	Y	N	N	Y	Y	N	Y	Y	N
30	FYF57	JAYPHARM	E1 2PS	Stepney Green	South West	Y	N	N	Y	Y	N	Y	N	N
31	FW017	KAMSONS PHARMACY	E3 3EW	Bromley North	North East	Y	N	N	Y	Y	N	N	N	N
32	FHH61	LANSBURY CHEMIST	E14 6GG	Lansbury	South East	N	N	N	N	N	N	N	N	N
33	FEP40	LINCOLN PHARMACY	E3 4QA	Mile End	North East	Y	N	N	Y	Y	N	N	N	Y
34	FLG13	LLOYDS PHARMACY LTD	E1 5SD	Spitalfields & Banglatown	North West	Y	N	N	N	Y	N	N	Y	N
35	FGH29	MASSINGHAM	E2 0QY	Bethnal Green	North West	Y	N	N	Y	Y	N	N	N	N
36	FCV86	MAYORS CHEMIST	E3 2AD	Bow West	North East	Y	N	N	Y	Y	N	N	N	N
37	FA012	MEDICHEM	E1 4LR	St Dunstan's	South West	N	N	N	N	Y	N	N	N	N
38	FMM64	MEDINO.COM	E14 9RL	Poplar	South East	N	N	N	Y	N	N	N	N	N
39	FVW94	MYMEDS PHARMACY	E14 7PQ	Mile End	North East	Y	N	N	Y	Y	N	N	N	N
40	FD649	NASH CHEMIST	E14 7HG	Mile End	North East	Y	N	N	Y	Y	N	N	N	N
41	FT030	PARNELL CHEMIST	E3 2RN	Bow East	North East	Y	N	N	Y	Y	N	N	N	N
42	FWL24	PHARMADOCS UK LIMITED	E14 0ED	Lansbury	South East	Y	N	N	Y	Y	N	N	N	N
43	FWE15	PHLO-DIGITAL PHARMACY	E2 9EZ	St Peter's	North West	Y	N	Y	Y	Y	N	N	N	N
44	FQD10	REGIONCHOICE LTD	E1 5QJ	Bethnal Green	North West	Y	N	Y	Y	Y	N	N	N	N
45	FA089	SAI PHARMACY	E1 8ZF	Whitechapel	South West	Y	N	N	Y	Y	N	N	N	N
46	FXR56	SHANTY'S	E1 1DB	Spitalfields & Banglatown	North West	N	N	N	Y	Y	N	N	N	Y
48	FNH88	SINCLAIRS	E3 5EL	Bow East	North East	Y	N	N	Y	Y	N	N	N	N
47	FE194	SINCLAIRS	E1 3NN	St Dunstan's	South West	Y	N	N	Y	Y	N	N	N	N
49	FRU96	TESCO INSTORE PHARMACY	E3 3DA	Bromley North	North East	Y	N	N	Y	Y	N	N	N	N
50	FG327	THE OLD MAIDS PHARMACY	E2 6AH	Weavers	North West	Y	N	N	Y	Y	N	N	N	Y
51	FVE07	TOWER PHARMACY	E1W 2RL	St Katharine's & Wapping	South West	Y	N	N	Y	Y	N	N	Y	Y

Table 28 Number of pharmacies open in each locality (weekdays, Saturday and Sunday) in Tower Hamlets

		7-8am	8-9am	9-10am	10-11am	11-12pm	12-1pm	1-2pm	2-3pm	3-4pm	4-5pm	5-6pm	6-7pm	7-8pm	8-9pm	9-10pm	10-11pm	11-Midnight
Weekdays	North East	2	3	10	13	13	13	10	13	13	13	6	3	3	2	2	1	
	North West			13	15	15	14	11	14	15	15	5	1					
	South East	2	2	11	12	12	11	8	10	12	12	9	2	2	1	1	1	1
	South West		1	9	10	10	10	7	9	10	10	5	1	1				
	Tower Hamlets	4	6	43	50	50	48	36	46	50	50	25	7	6	3	3	2	1
		7-8am	8-9am	9-10am	10-11am	11-12pm	12-1pm	1-2pm	2-3pm	3-4pm	4-5pm	5-6pm	6-7pm	7-8pm	8-9pm	9-10pm	10-11pm	11-Midnight
Saturday	North East	2	3	6	7	7	6	6	4	3	3	3	3	3	2	2	1	
	North West			2	3	3	3	3	2	1								
	South East			3	3	5	5	4	3	3	1	1						
	South West		1	2	2	2	2	1	1	1	1	1						
	Tower Hamlets	2	4	13	15	17	16	14	10	8	5	5	3	3	2	2	1	0
		7-8am	8-9am	9-10am	10-11am	11-12pm	12-1pm	1-2pm	2-3pm	3-4pm	4-5pm	5-6pm	6-7pm	7-8pm	8-9pm	9-10pm	10-11pm	11-Midnight
Sunday	North East				2	2	2	2	1	1								
	North West																	
	South East						1	1	1	1	1	1						
	South West			1	1	1	1											
	Tower Hamlets	0	0	1	3	3	4	3	2	2	1	1	0	0	0	0	0	0

11.2 Advanced Services

Table 29 Pharmacy services offered by locality (advanced services)

Locality	NMS	AUR	SCA	CPCS	Flu Vaccine	Hep C Anti	DMSI	MUR	Covid
North East	13	0	0	12	11	0	2	1	1
North West	13	0	0	13	15	0	3	1	3
South East	11	0	0	11	10	0	4	0	5
South West	7	0	0	7	7	0	2	2	3

11.3 Locally Commissioned Services

Table 30 Pharmacies in Tower Hamlets that have registered for needle exchange as part of the substance misuse services

Provider
Nash Chemist
Lincoln Pharmacy
Green Light Pharmacy
Lansbury Chemist
Greenlight Pharmacy
Ali's Pharmacy
Bell Pharmacy Bow

Table 31 Pharmacies in Tower Hamlets that have administration of Methadone/Buprenorphine – as part of the substance misuse services

Provider			
Ali's pharmacy	Borno Chemists Ltd	Florida Pharmacy	Medichem
Allens Pharmacy	Britannia Pharmacy	Florida Pharmacy	Medino.com
Barkantine Pharmacy	Britannia Pharmacy	Forward Pharmacy	Mymeds Pharmacy
Bee Pharmacy	Britannia Pharmacy	Green Light Pharmacy	Nash Chemist
Bell Pharmacy Bow	Britannia Pharmacy	Greenlight Pharmacy	Pharmadocs UK Limited
Boots the Chemist	Chapel Pharmacy	Jaypharm	Phlo-digital pharmacy
Boots the Chemist	ChrisChem	Lansbury Chemist	Sinclair's
Boots UK Limited	Cubitt Town Pharmacy	Lincoln Pharmacy	Sinclair's
Boots UK Limited	Day Lewis Pharmacy	Lloyds pharmacy ltd	The Old Maids Pharmacy
Boots UK Limited	Day Lewis Pharmacy	Massingham	
Boots UK Limited	Docklands Pharmacy	Mayors Chemist	

Table 32 Pharmacies in Tower Hamlets that provide Enhanced Sexual Health Pharmacy Service

Provider			
Ali's pharmacy	Britannia Pharmacy	Docklands Pharmacy	Massingham
Allens Pharmacy	Britannia Pharmacy	Florida Pharmacy	Mayors Chemist
Barkantine Pharmacy	Britannia Pharmacy	Florida Pharmacy	Medichem
Bee Pharmacy	Britannia Pharmacy	Forward Pharmacy	Nash Chemist
Bell Pharmacy Bow	Chapel Pharmacy	Green Light Pharmacy	Regionchoice Ltd
Boots the Chemist	ChrisChem	Greenlight Pharmacy	Sai Pharmacy
Boots the Chemist	Columbia Pharmacy	Jaypharm	Shanty's
Boots UK Limited	Cubitt Town Pharmacy	Kamsons Pharmacy	Sinclairs
Boots UK Limited	Day Lewis Pharmacy	Lansbury Chemist	Sinclairs
Boots UK Limited	Day Lewis Pharmacy	Lincoln Pharmacy	The Old Maids Pharmacy
Borno Chemists Ltd	DMB Chemist	Lloyds pharmacy ltd	Tower Pharmacy

All pharmacies in Tower Hamlets provide NHS Health Check services.

Table 33 Emergency Supply Service in Tower Hamlets for End-of-Life Treatment

Provider
Bell Pharmacy
Chrischem Pharmacy
Forward Pharmacy

12 Appendix D – Other NHS Services

Table 34 Tower Hamlets health services that dispensed medicine in Tower Hamlets (2021/22)

Practice Code	Practice	Items
F84012	ALBION HEALTH CENTRE	9460
F84016	THE MISSION PRACTICE	12486
F84025	GOUGH WALK PRACTICE	11691
F84030	RUSTON STREET CLINIC	3793
F84031	JUBILEE STREET PRACTICE	14488
F84034	ST. STEPHENS HEALTH CENTRE	13414
F84039	GOODMAN'S FIELD HEALTH CENTRE	28268
F84044	HARLEY GROVE MEDICAL CTR.	7749
F84046	BRAYFORD SQUARE SURGERY	
F84051	STROUTS PLACE MEDICAL CENTRE	7941
F84054	THE LIMEHOUSE PRACTICE	11681
F84055	THE GROVE ROAD SURGERY	4208
F84062	THE CHRISP STREET HTH CTR	15371
F84079	THE WAPPING GROUP PRACTICE	11768
F84081	THE SPITALFIELDS PRACTICE	14383
F84083	BETHNAL GREEN HEALTH CTR.	9565
F84087	HARFORD HEALTH CENTRE	9950
F84114	CITY SQUARE MEDICAL GROUP	10063
F84118	MERCHANT STREET PRACTICE	5767
F84122	XX PLACE HEALTH CENTRE	16316
F84123	SUTTONS WHARF HEALTH CENTRE	16119
F84647	ROBERTON STREET SURGERY	8696
F84656	DOCKLANDS MEDICAL CENTRE	9816
F84676	THE STROUDLEY WLK HTH CTR	4155
F84682	EAST ONE HEALTH	
F84696	TREDEGAR PRACTICE	5852
F84698	ABERFELDY PRACTICE	10741
F84710	ISLAND HEALTH	14366
F84714	ST. PAUL'S WAY MEDICAL CTR	15887
F84718	THE BLITHEHALE MED.CTR.	14831
F84731	ST. KATHERINE'S DOCK PRACTICE	2095
F84733	HEALTH E1	896
F84747	THE BARKANTINE PRACTICE	26166
Y00212	POLLARD ROW SURGERY	40
Y03023	ST ANDREWS HEALTH CENTRE	15004

13 Appendix E – Pharmacy/Contractor PNA Survey

At the time of survey, there were 51 pharmacies in Tower Hamlets. Total of 51 pharmacies completed the survey (including 3 Distance Selling Pharmacies), giving the overall response rate of 100%.

- Out of 51 pharmacies that completed the survey, 13 were from North East, 15 were from North West, 14 were from South East and 9 were from South West.

Is this pharmacy one which is entitled to Pharmacy Access Scheme payments?		Responses	%
Yes		14	27.5%
No		37	72.5%
Is this pharmacy a 100-hour pharmacy?		Responses	%
Yes		4	7.8%
No		47	92.2%
Does this pharmacy hold a Local Pharmaceutical Services (LPS) contract?		Responses	%
Yes		25	49.0%
No		26	51.0%
Is this pharmacy a Distance Selling Pharmacy?		Responses	%
Yes		3	5.9%
No		48	94.1%
Does the pharmacy dispense appliances?		Responses	%
Yes, just dressings		6	11.8%
Yes, excluding stoma appliances		3	5.9%
Yes, excluding stoma and incontinence appliances		1	2.0%
Yes, excluding incontinence appliances		1	2.0%
Yes – All types		29	56.9%
None of the above		9	17.6%
Other (please specify)*		1	2.0%

*yes, specified in Part IX of the Drug Tariff

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Does the pharmacy provide the following services?	Responses	%
New Medicine Service		
Yes	49	96.1%
No - not intending to provide	1	2.0%
Appliance Use Review service		
Yes	5	9.8%
No - not intending to provide	37	72.5%
Intending to begin within next 12 months	8	15.7%
Stoma Appliance Customisation service		
Yes	7	13.7%
No - not intending to provide	36	70.6%
Intending to begin within next 12 months	7	13.7%
Seasonal Influenza Vaccination Service		
Yes	47	92.2%
No - not intending to provide	2	3.9%
Intending to begin within next 12 months	1	2.0%
Community Pharmacist Consultation Service (GPCPCS, 111/IUC CPCS)		
Yes	47	92.2%
No - not intending to provide	1	2.0%
Intending to begin within next 12 months	2	3.9%
Hepatitis C Antibody Testing Service		
Yes	4	7.8%
No - not intending to provide	33	64.7%
Intending to begin within next 12 months	13	25.5%
Hepatitis C Antibody Testing Service		
Yes	36	70.6%
No - not intending to provide	7	13.7%
Intending to begin within next 12 months	7	13.7%
Stop Smoking Service (introduced early 2022)		
Yes	26	51.0%
No - not intending to provide	12	23.5%
Intending to begin within next 12 months	12	23.5%
Which of the following other services would the pharmacy be willing to provide?	Responses	%
Anticoagulant Monitoring Service		
Currently providing under contract with local NHS England Team	0	0.0%
Currently providing under contract with CCG	0	0.0%
Currently providing under contract with Local Authority	0	0.0%
Willing to provide if commissioned	38	74.5%
Not able or not willing to provide	11	21.6%
Willing to provide privately	5	9.8%
Antiviral Distribution Service for Influenza		
Currently providing under contract with local NHS England Team	0	0.0%
Currently providing under contract with CCG	0	0.0%
Currently providing under contract with Local Authority	0	0.0%
Willing to provide if commissioned	37	72.5%
Not able or not willing to provide	11	21.6%
Willing to provide privately	6	11.8%
Body Weight Assessment		
Currently providing under contract with local NHS England Team	0	0.0%
Currently providing under contract with CCG	0	0.0%
Currently providing under contract with Local Authority	0	0.0%
Willing to provide if commissioned	41	80.4%
Not able or not willing to provide	8	15.7%
Willing to provide privately	11	21.6%
Care Home Service (advice and support visit)		
Currently providing under contract with local NHS England Team	0	0.0%
Currently providing under contract with CCG	0	0.0%
Currently providing under contract with Local Authority	0	0.0%
Willing to provide if commissioned	32	62.7%
Not able or not willing to provide	16	31.4%
Willing to provide privately	5	9.8%

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Chlamydia Testing Service			
Currently providing under contract with local NHS England Team		0	0.0%
Currently providing under contract with CCG		0	0.0%
Currently providing under contract with Local Authority		0	0.0%
Willing to provide if commissioned		36	70.6%
Not able or not willing to provide		10	19.6%
Willing to provide privately		10	19.6%
Chlamydia Treatment Service			
Currently providing under contract with local NHS England Team		0	0.0%
Currently providing under contract with CCG		0	0.0%
Currently providing under contract with Local Authority		0	0.0%
Willing to provide if commissioned		38	74.5%
Not able or not willing to provide		8	15.7%
Willing to provide privately		9	17.6%
Contraceptive service (not EC)			
Currently providing under contract with local NHS England Team		0	0.0%
Currently providing under contract with CCG		0	0.0%
Currently providing under contract with Local Authority		0	0.0%
Willing to provide if commissioned		38	74.5%
Not able or not willing to provide		6	11.8%
Willing to provide privately		13	25.5%
Emergency Contraception Service			
Currently providing under contract with local NHS England Team		0	0.0%
Currently providing under contract with CCG		0	0.0%
Currently providing under contract with Local Authority		0	0.0%
Willing to provide if commissioned		42	82.4%
Not able or not willing to provide		3	5.9%
Willing to provide privately		10	19.6%
Emergency Supply Service			
Currently providing under contract with local NHS England Team		0	0.0%
Currently providing under contract with CCG		0	0.0%
Currently providing under contract with Local Authority		0	0.0%
Willing to provide if commissioned		43	84.3%
Not able or not willing to provide		3	5.9%
Willing to provide privately		9	17.6%
Gluten Free Food Supply Service (i.e. not via FP10)			
Currently providing under contract with local NHS England Team		0	0.0%
Currently providing under contract with CCG		0	0.0%
Currently providing under contract with Local Authority		0	0.0%
Willing to provide if commissioned		36	70.6%
Not able or not willing to provide		12	23.5%
Willing to provide privately		7	13.7%
Home Delivery Service (not appliances)			
Currently providing under contract with local NHS England Team		0	0.0%
Currently providing under contract with CCG		0	0.0%
Currently providing under contract with Local Authority		0	0.0%
Willing to provide if commissioned		38	74.5%
Not able or not willing to provide		7	13.7%
Willing to provide privately		11	21.6%
Independent Prescribing Service			
Currently providing under contract with local NHS England Team		0	0.0%
Currently providing under contract with CCG		0	0.0%
Currently providing under contract with Local Authority		0	0.0%
Willing to provide if commissioned		36	70.6%
Not able or not willing to provide		11	21.6%
Willing to provide privately		11	21.6%
If currently providing an Independent Prescribing Service, what therapeutic areas are covered?			
Travel vaccines, erectile dysfunction, period delay, antimalarial		1	2.0%
Hypertension		1	2.0%
Common Ailments, Hair Loss Treatment, Erectile Dysfunction, Travel		1	2.0%
Diabetes		1	2.0%
Cops/asthma, Diabetes and BP cardiovascular		1	2.0%

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Which of the following other services would the pharmacy be willing to provide?	Responses	%
Language Access Service		
Currently providing under contract with local NHS England Team	0	0.0%
Currently providing under contract with CCG	0	0.0%
Currently providing under contract with Local Authority	0	0.0%
Willing to provide if commissioned	34	66.7%
Not able or not willing to provide	15	29.4%
Willing to provide privately	6	11.8%
Medication Review Service		
Currently providing under contract with local NHS England Team	0	0.0%
Currently providing under contract with CCG	0	0.0%
Currently providing under contract with Local Authority	0	0.0%
Willing to provide if commissioned	45	88.2%
Not able or not willing to provide	3	5.9%
Willing to provide privately	8	15.7%
Medicines Assessment and Compliance Support Service		
Currently providing under contract with local NHS England Team	0	0.0%
Currently providing under contract with CCG	0	0.0%
Currently providing under contract with Local Authority	0	0.0%
Willing to provide if commissioned	40	78.4%
Not able or not willing to provide	8	15.7%
Willing to provide privately	7	13.7%
Minor Ailment Scheme		
Currently providing under contract with local NHS England Team	0	0.0%
Currently providing under contract with CCG	0	0.0%
Currently providing under contract with Local Authority	0	0.0%
Willing to provide if commissioned	42	82.4%
Not able or not willing to provide	6	11.8%
Willing to provide privately	6	11.8%
Medicines Optimisation Service		
Currently providing under contract with local NHS England Team	0	0.0%
Currently providing under contract with CCG	0	0.0%
Currently providing under contract with Local Authority	0	0.0%
Willing to provide if commissioned	40	78.4%
Not able or not willing to provide	8	15.7%
Willing to provide privately	7	13.7%
If currently providing a Medicines Optimisation Service, what therapeutic areas are covered?		
All areas	1	2.0%
Needle and Syringe Exchange Service		
Currently providing under contract with local NHS England Team	0	0.0%
Currently providing under contract with CCG	0	0.0%
Currently providing under contract with Local Authority	0	0.0%
Willing to provide if commissioned	30	58.8%
Not able or not willing to provide	19	37.3%
Willing to provide privately	4	7.8%
Obesity management (adults and children)		
Currently providing under contract with local NHS England Team	0	0.0%
Currently providing under contract with CCG	0	0.0%
Currently providing under contract with Local Authority	0	0.0%
Willing to provide if commissioned	44	86.3%
Not able or not willing to provide	6	11.8%
Willing to provide privately	10	19.6%
Not Dispensed Scheme		
Currently providing under contract with local NHS England Team	0	0.0%
Currently providing under contract with CCG	0	0.0%
Currently providing under contract with Local Authority	0	0.0%
Willing to provide if commissioned	32	62.7%
Not able or not willing to provide	16	31.4%
Willing to provide privately	5	9.8%

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On Demand Availability of Specialist Drugs Service			
Currently providing under contract with local NHS England Team		0	0.0%
Currently providing under contract with CCG		0	0.0%
Currently providing under contract with Local Authority		0	0.0%
Willing to provide if commissioned		31	60.8%
Not able or not willing to provide		18	35.3%
Willing to provide privately		5	9.8%
Out of Hours Services			
Currently providing under contract with local NHS England Team		0	0.0%
Currently providing under contract with CCG		0	0.0%
Currently providing under contract with Local Authority		0	0.0%
Willing to provide if commissioned		27	52.9%
Not able or not willing to provide		22	43.1%
Willing to provide privately		4	7.8%
Phlebotomy Service			
Currently providing under contract with local NHS England Team		0	0.0%
Currently providing under contract with CCG		0	0.0%
Currently providing under contract with Local Authority		0	0.0%
Willing to provide if commissioned		32	62.7%
Not able or not willing to provide		15	29.4%
Willing to provide privately		10	19.6%
Prescriber Support Service			
Currently providing under contract with local NHS England Team		0	0.0%
Currently providing under contract with CCG		0	0.0%
Currently providing under contract with Local Authority		0	0.0%
Willing to provide if commissioned		35	68.6%
Not able or not willing to provide		13	25.5%
Willing to provide privately		7	13.7%
Schools Service			
Currently providing under contract with local NHS England Team		0	0.0%
Currently providing under contract with CCG		0	0.0%
Currently providing under contract with Local Authority		0	0.0%
Willing to provide if commissioned		35	68.6%
Not able or not willing to provide		13	25.5%
Willing to provide privately		6	11.8%
Sharps Disposal Service			
Currently providing under contract with local NHS England Team		0	0.0%
Currently providing under contract with CCG		0	0.0%
Currently providing under contract with Local Authority		0	0.0%
Willing to provide if commissioned		32	62.7%
Not able or not willing to provide		17	33.3%
Willing to provide privately		5	9.8%
Supervised Administration Service (opioid substitution)			
Currently providing under contract with local NHS England Team		0	0.0%
Currently providing under contract with CCG		0	0.0%
Currently providing under contract with Local Authority		0	0.0%
Willing to provide if commissioned		40	78.4%
Not able or not willing to provide		9	17.6%
Willing to provide privately		6	11.8%
Vascular Risk Assessment Service (NHS Health Check)			
Currently providing under contract with local NHS England Team		0	0.0%
Currently providing under contract with CCG		0	0.0%
Currently providing under contract with Local Authority		0	0.0%
Willing to provide if commissioned		38	74.5%
Not able or not willing to provide		11	21.6%
Willing to provide privately		6	11.8%

Disease Specific Medicines Management Service: Which of the following other services would the pharmacy be willing to provide?		Responses	%
Allergies			
Currently providing under contract with local NHS England Team		0	0.0%
Currently providing under contract with CCG		0	0.0%
Currently providing under contract with Local Authority		0	0.0%
Willing to provide if commissioned		44	86.3%
Not able or not willing to provide		5	9.8%
Willing to provide privately		9	17.6%
Alzheimer's/dementia			
Currently providing under contract with local NHS England Team		0	0.0%
Currently providing under contract with CCG		0	0.0%
Currently providing under contract with Local Authority		0	0.0%
Willing to provide if commissioned		37	72.5%
Not able or not willing to provide		12	23.5%
Willing to provide privately		6	11.8%
Asthma			
Currently providing under contract with local NHS England Team		0	0.0%
Currently providing under contract with CCG		0	0.0%
Currently providing under contract with Local Authority		0	0.0%
Willing to provide if commissioned		44	86.3%
Not able or not willing to provide		5	9.8%
Willing to provide privately		8	15.7%
CHD			
Currently providing under contract with local NHS England Team		0	0.0%
Currently providing under contract with CCG		0	0.0%
Currently providing under contract with Local Authority		0	0.0%
Willing to provide if commissioned		38	74.5%
Not able or not willing to provide		11	21.6%
Willing to provide privately		5	9.8%
COPD			
Currently providing under contract with local NHS England Team		0	0.0%
Currently providing under contract with CCG		0	0.0%
Currently providing under contract with Local Authority		0	0.0%
Willing to provide if commissioned		43	84.3%
Not able or not willing to provide		6	11.8%
Willing to provide privately		6	11.8%
Depression			
Currently providing under contract with local NHS England Team		0	0.0%
Currently providing under contract with CCG		0	0.0%
Currently providing under contract with Local Authority		0	0.0%
Willing to provide if commissioned		38	74.5%
Not able or not willing to provide		11	21.6%
Willing to provide privately		7	13.7%
Diabetes type I			
Currently providing under contract with local NHS England Team		0	0.0%
Currently providing under contract with CCG		0	0.0%
Currently providing under contract with Local Authority		0	0.0%
Willing to provide if commissioned		43	84.3%
Not able or not willing to provide		6	11.8%
Willing to provide privately		8	15.7%
Diabetes type II			
Currently providing under contract with local NHS England Team		0	0.0%
Currently providing under contract with CCG		0	0.0%
Currently providing under contract with Local Authority		0	0.0%
Willing to provide if commissioned		43	84.3%
Not able or not willing to provide		6	11.8%
Willing to provide privately		7	13.7%

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Epilepsy			
Currently providing under contract with local NHS England Team		0	0.0%
Currently providing under contract with CCG		0	0.0%
Currently providing under contract with Local Authority		0	0.0%
Willing to provide if commissioned		35	68.6%
Not able or not willing to provide		14	27.5%
Willing to provide privately		5	9.8%
Heart Failure			
Currently providing under contract with local NHS England Team		0	0.0%
Currently providing under contract with CCG		0	0.0%
Currently providing under contract with Local Authority		0	0.0%
Willing to provide if commissioned		38	74.5%
Not able or not willing to provide		11	21.6%
Willing to provide privately		5	9.8%
Hypertension			
Currently providing under contract with local NHS England Team		0	0.0%
Currently providing under contract with CCG		0	0.0%
Currently providing under contract with Local Authority		0	0.0%
Willing to provide if commissioned		43	84.3%
Not able or not willing to provide		6	11.8%
Willing to provide privately		6	11.8%
Parkinson's disease			
Currently providing under contract with local NHS England Team		0	0.0%
Currently providing under contract with CCG		0	0.0%
Currently providing under contract with Local Authority		0	0.0%
Willing to provide if commissioned		35	68.6%
Not able or not willing to provide		14	27.5%
Willing to provide privately		5	9.8%

Other vaccinations: Which of the following other services would the pharmacy be willing to provide?	Responses	%
Childhood vaccinations		
Currently providing under contract with local NHS England Team	0	0.0%
Currently providing under contract with CCG	0	0.0%
Currently providing under contract with Local Authority	0	0.0%
Willing to provide if commissioned	 37	72.5%
Not able or not willing to provide	 11	21.6%
Willing to provide privately	 11	21.6%
COVID-19 vaccinations		
Currently providing under contract with local NHS England Team	0	0.0%
Currently providing under contract with CCG	0	0.0%
Currently providing under contract with Local Authority	0	0.0%
Willing to provide if commissioned	 40	78.4%
Not able or not willing to provide	 8	15.7%
Willing to provide privately	 8	15.7%
Hepatitis (at risk workers or patients) vaccinations		
Currently providing under contract with local NHS England Team	0	0.0%
Currently providing under contract with CCG	0	0.0%
Currently providing under contract with Local Authority	0	0.0%
Willing to provide if commissioned	 38	74.5%
Not able or not willing to provide	 8	15.7%
Willing to provide privately	 15	29.4%
HPV vaccinations		
Currently providing under contract with local NHS England Team	0	0.0%
Currently providing under contract with CCG	0	0.0%
Currently providing under contract with Local Authority	0	0.0%
Willing to provide if commissioned	 37	72.5%
Not able or not willing to provide	 9	17.6%
Willing to provide privately	 13	25.5%

Meningococcal vaccinations			
Currently providing under contract with local NHS England Team		0	0.0%
Currently providing under contract with CCG		0	0.0%
Currently providing under contract with Local Authority		0	0.0%
Willing to provide if commissioned		40	78.4%
Not able or not willing to provide		5	9.8%
Willing to provide privately		15	29.4%
Pneumococcal vaccinations			
Currently providing under contract with local NHS England Team		0	0.0%
Currently providing under contract with CCG		0	0.0%
Currently providing under contract with Local Authority		0	0.0%
Willing to provide if commissioned		41	80.4%
Not able or not willing to provide		4	7.8%
Willing to provide privately		14	27.5%
Travel vaccinations			
Currently providing under contract with local NHS England Team		0	0.0%
Currently providing under contract with CCG		0	0.0%
Currently providing under contract with Local Authority		0	0.0%
Willing to provide if commissioned		36	70.6%
Not able or not willing to provide		6	11.8%
Willing to provide privately		19	37.3%

Does the pharmacy provide the following services?		Responses	%
Collection of prescriptions from GP practices			
Yes		37	72.5%
No		11	21.6%
Monitored Dosage systems excluding those provided under the Equality Act – Free of charge on request			
Yes		40	78.4%
No		8	15.7%
Monitored Dosage Systems – with charge			
Yes		36	70.6%
No		8	15.7%
Is there a particular need for a locally commissioned service in your area?			
Yes		26	51.0%
No		18	35.3%

If there is a particular need for a locally commissioned service in your area, what is the service requirement and why?
<i>As a distance selling pharmacy it would be difficult to fulfil all the requirements for some of the services requested above.</i>
<i>Ear check- high volume of patients present with acute ear infections Urine sample check- patients present with UTI rate high</i>
<i>Diabetes check</i>
<i>Free minor ailment service</i>
<i>Health checks including Blood tests for cholesterol / diabetes - easy access to to diagnose conditions early. To include hypertension .</i>
<i>Can also check previous vaccination history and recommend and vaccinate any missing childhood or adult vaccination thats still required.</i>
<i>Independent Prescribing Services in the community pharmacy setting - https://pharmaceutical-journal.com/article/news/pharmacist-independent-prescribing-pilots-will-begin-across-england-from-2023 - we are geared to be at the forefront for this pilot and urge that have a meeting to discuss this. Hepatitis Testing and Medication Supply - (discussions for this happened but nothing came forward) Common Ailments</i>
<i>Locally commissioned MDS supply Minor Ailment Service for patients in need of financial support Community pharmacy based Independent Prescribing for Urgent Care</i>
<i>Locally commissioned MDS supply. Minor Ailment Service for patients in need to financial support. Community pharmacy based Independent Prescribing for urgent care.</i>
<i>Minor ailment scheme</i>
<i>Minor ailment service - since this has been decommissioned, there has been immense pressure on local GPs to see patients. We are also primary care and the first port of call for such problems for patients.</i>
<i>minor ailment service (Pharmacy first) is required as many customers are still asking for it although this service ended. Many customers are unemployed.</i>
<i>Minor Ailment service and health screening services. Help with cost of living.</i>
<i>Minor Ailments Need to keep funding in place for MDS Phlebotomy Childhood vaccinations Prescribing</i>
<i>Minor ailments service like Scottish system</i>
<i>Minor ailments service where medicines can be supplied because some patients cannot afford to buy etc.</i>
<i>Supplying Contraceptive pills and supplying medicines for minor ailments as getting a GP appointment is hard and often patient can't afford to buy the medicines fir minor ailments</i>
<i>Testing for different diseases/illnesses - and treatment</i>

Does the pharmacy provide delivery of dispensed medicines?		Responses	%
Delivery of dispensed medicines to vulnerable patient groups			
Yes		39	76.5%
No		9	17.6%
Delivery of dispensed medicines – Free of charge on request			
Yes		38	74.5%
No		10	19.6%
Delivery of dispensed medicines – with charge			
Yes		13	25.5%
No		35	68.6%

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Select wards if you provide delivery of dispensed medicine		Responses	%
Bethnal Green ward		23	45.1%
Blackwall and Cubitt Town ward		11	21.6%
Bow East ward		20	39.2%
Bow West ward		20	39.2%
Bromley North ward		13	25.5%
Bromley South ward		13	25.5%
Canary Wharf ward		10	19.6%
Island Gardens ward		10	19.6%
Lansbury ward		14	27.5%
Limehouse ward		15	29.4%
Mile End ward		19	37.3%
Poplar ward		15	29.4%
Shadwell ward		11	21.6%
Spitalfields and Banglatown ward		15	29.4%
St Dunstan's ward		9	17.6%
St Katharine's and Wapping ward		10	19.6%
St Peter's ward		8	15.7%
Stepney Green ward		18	35.3%
Weavers ward		9	17.6%
Whitechapel ward		18	35.3%
Other (please specify)		4	7.8%
<i>Any deliveries in Tower Hamlets</i>			
<i>Anywhere in Tower Hamlets</i>			
<i>E1, E2, E3, E1W, E14</i>			
<i>Everywhere in UK as we are a DSP</i>			

Did your pharmacy offer any additional/new services during the COVID-19 pandemic?		Responses	%
Pandemic delivery service			
Yes		40	78.4%
No		8	15.7%
Covid-19 lateral flow device distribution service			
Yes		44	86.3%
No		4	7.8%
Other (please specify)			
<i>Aiding patients to use Covid Test Kits, Taking temperatures, Providing free advice, The pharmacy was fully functional throughout the pandemic.</i>			
<i>Covid-19 Vaccinations</i>			

14 Appendix F – Public PNA Survey Results

Have your say on pharmacy services in Tower Hamlets

1. Do you live in Tower Hamlets?

Yes

No

2. Please state the first part of your postcode (allow only 4 letters or numbers)

3. Where do you usually access pharmacies?

I usually use pharmacies in Tower Hamlets

I usually use pharmacies outside of Tower Hamlets

I usually use online pharmacies

4. Are the pharmacies you access usually in the surrounding boroughs of Tower Hamlets, for example, Newham or Hackney? Once a week

Yes

No

Don't know

5. How often do you use a pharmacy?

More than once a week

Once a week

A few times a month

Once a month

Once in three months

Once in six months

Less than once a year

6. What do you usually use a pharmacy for?

For advice

To collect prescribed medication

To buy toiletries like shampoo or toothpaste

To buy medication that doesn't need a prescription (over the counter medicines)

To get support long-term conditions (for example, diabetes or high blood pressure)

If I can't get a GP appointment

To find out about service available

For specialised services (for example, stop smoking services)

7. Do you use the same pharmacy on a regular basis?

Yes - I use the same pharmacy all of the time

Yes - I use the same pharmacy most of the time

Yes - I use online pharmacies all of the time

Yes - I use online pharmacies most of the time

No - I use several different pharmacies

No - I use a combination of pharmacies and online pharmacies

8. How do you usually travel to your pharmacy?

Walk

Cycle

Drive by car, motorbike or van
Public transport
Taxi
I have my medicine delivered
Other (please specify)

9. How long does it take for you to travel to your pharmacy?

Less than 5 minutes
5 - 10 minutes
10 - 15 minutes
15 - 20 minutes
20 - 25 minutes
25 - 30 minutes
More than 30 minutes
I have my medicine delivered

10. Is there a more convenient or closer pharmacy that you don't use?

Yes
No

11. Please explain why you do not use this pharmacy

12. What are the most convenient times for you to access a pharmacy?

Early morning (before 9am)
Morning
Lunchtime
Afternoon
Evening
Late evening (after 7pm)

13. What are the most important things you consider when choosing a pharmacy?

It's close to my home
It's close to my GP surgery
It's close to my workplace
It's in my local supermarket
It has good parking facilities nearby
It has disabled access
Staff are friendly
Staff are knowledgeable
I trust the pharmacist who works there
Staff speak my first language
I am served quickly
It sells the things I need
It has convenient opening times
It delivers medication to my home
It has a private consultation area
It has the prescriptions that I need
It uses an electronic prescription service (EPS)
It offers a prescription collection service from my GP surgery
It offers lifestyle/behaviour change services
It offers weight management services
It offers stop smoking services

Other (please specify)

14. What are the most convenient times on weekdays (Monday to Friday) for you to access a pharmacy?

Early mornings (before 9am)
Mornings
Lunchtime
Afternoon
Evening
Late nights (after 7pm)
Not needed/not available on weekdays

15. What are the most convenient times on Saturday for you to access a pharmacy?

Early mornings (before 9am)
Mornings
Lunchtime
Afternoon
Evening
Late nights (after 7pm)
Not needed/not available on Saturday

16. What are the most convenient times on Sunday for you to access a pharmacy?

Early mornings (before 9am)
Mornings
Lunchtime
Afternoon
Evening
Late nights (after 7pm)
Not needed/not available on Sunday

17. How satisfied or dissatisfied are you with the current service provision at your local pharmacy?

Very satisfied
Satisfied
Neither satisfied nor dissatisfied
Dissatisfied
Very dissatisfied

18. What services have you used from your pharmacy?

Collecting prescriptions or repeat prescriptions
Buying over the counter medicines that do not need a prescription
Flu vaccinations
Travel vaccinations
Buying over-the-counter medical devices and other health-related products (for example, plasters and bandages)
Advice and information on medication
Advice and information on healthy lifestyles and disease prevention
Advice and information on minor ailments or injuries
Blood pressure, cholesterol and/or weight checks
Screening check (for example, diabetes)
Sexual health checks (for example, chlamydia and HIV)
H-Pylori testing (stomach ulcer breath test)
Contraception
Emergency contraception (the morning after pill)

Disposing of old or unwanted medicines
Support for drug problems
Support for alcohol problems
Accessing needle and syringe programmes (NSPs)
Other (please specify)

19. What services would you like to see provided by your local pharmacy?

Yes
No
Don't know

20. Are there any other services you would like to see provided by your local pharmacy?

Yes
No

21. Please specify what other services you would like to see provided.

22. Please rank how satisfied or dissatisfied you are with the current service provision at your local pharmacy.

Very satisfied
Satisfied
Neither satisfied nor dissatisfied
Dissatisfied
Very dissatisfied

23. Do you have any comments for 1) opening times, 2) consultation rooms, and 3) medicines review and advice?

24. Do you have any other comments?

25. How could we make better use of pharmacies in Tower Hamlets as a local health resource?

26. What new services would you like pharmacies in Tower Hamlets to provide in the future?

27. Please tell us how your use of your pharmacy has changed since the Covid-19 pandemic?

28. How old are you?

0-15
16-24
25-34
35-44
45-54
55-64
65-74
75-84
85+
Prefer not to say

29. Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? Please include any problems related to old age.

Yes

No

Prefer not to say

30. Please select the type(s) of health problem or disability that applies to you (please tick all that apply).

Sensory impairment (such as being blind / having a visual impairment or being deaf / having a hearing impairment)

Physical impairment (such as using a wheelchair to get around and / or difficulty using your arms)

Learning disability (such as Downs syndrome or dyslexia) or cognitive impairment (such as autism or head injury)

Mental health condition (such as depression or schizophrenia)

Long-standing illness or health condition (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)

Prefer not to say

Prefer to self-describe (please specify)

31. Which of the following best describes your gender?

Man

Woman

Non-binary

Prefer not to say

Prefer to self-describe (please specify)

32. Is your gender identity the same as the sex you were assigned at birth? Yes

No

Prefer not to say

33. Which of the following describes your sex?

Male

Female

Intersex

Prefer not to say

Prefer to self-describe (please specify)

34. Are you legally married or in a civil partnership?

Yes

No

Prefer not to say

35. Which best describes your current marital, civil partnership or cohabitation status?

Single (never married or never registered a civil partnership)

Married

In a registered civil partnership

Separated, but still legally married

Separated, but still in a registered civil partnership
Divorced
Formally in a registered civil partnership which is now dissolved
Widowed
Surviving partner from a registered civil partnership
Cohabiting with a partner
Prefer not to say

36. Are you currently pregnant or did you give birth in the last 12 months?

Yes
No
Prefer not to say

37. How would you best describe your ethnic group?

White British (English, Scottish, Northern Irish, Wales)
White Irish
White Traveller of Irish heritage
White Gypsy/Roma
Any other white background
White and Black Caribbean
White and Black African
White and Asian
Any other Mixed background
Black British
Black African
Black Caribbean
Any other Black/African/Caribbean Black background
Arab
Arab British
Asian Bangladeshi
Asian British
Asian Chinese
Asian Indian
Asian Pakistani
Any other Asian background
Prefer not to say
Other (please specify)

38. What is your religion or belief?

No religion or belief
Agnostic
Muslim
Christian
Jewish
Buddhist
Sikh
Hindu
Humanist
Prefer not to say
Prefer to self-describe (please specify)

39. Which of the following describes your sexual orientation?

Gay/lesbian
Bi/bisexual (attracted to more than one gender)
Heterosexual/straight
Prefer not to say
Prefer to self-describe (please specify)

40. Do you have caring or parenting responsibilities?

Yes
No
Prefer not to say

14.1 Public Survey results

Do you live in Tower Hamlets?		Responses	%
Yes		190	97.9%
No		4	2.1%
Where do you usually access pharmacies?		Responses	%
I usually use pharmacies in Tower Hamlets		187	96.4%
I usually use pharmacies outside of Tower Hamlets		4	2.1%
I usually use online pharmacies		3	1.5%
Are the pharmacies you access usually in the surrounding boroughs of Tower Hamlets, for example, Newham or		Responses	%
Yes		4	2.1%
No		0	0.0%
I don't know		0	0.0%
How often do you use a pharmacy?		Responses	%
More than once a week		5	2.6%
Once a week		12	6.2%
A few times a month		67	34.5%
Once a month		67	34.5%
Once in three months		33	17.0%
Once in six months		7	3.6%
Less than once a year		3	1.5%
What do you usually use your local pharmacy for?		Responses	%
For advice		66	34.0%
To collect prescribed medication		179	92.3%
To buy toiletries like shampoo or toothpaste		26	13.4%
To buy medication that doesn't need a prescription (over the counter medicines)		122	62.9%
To get support long-term conditions (for example, diabetes or high blood pressure)		10	5.2%
If I can't get a GP appointment		45	23.2%
To find out about service available		5	2.6%
For specialised services (for example, stop smoking services)		12	6.2%
Do you use the same pharmacy on a regular basis?		Responses	%
Yes - I use the same pharmacy all of the time		119	61.3%
Yes - I use the same pharmacy most of the time		60	30.9%
Yes - I use online pharmacies all of the time		0	0.0%
Yes - I use online pharmacies most of the time		3	1.5%
No - I use several different pharmacies		11	5.7%
No - I use a combination of pharmacies and online pharmacies		1	0.5%
How do you usually travel to your pharmacy?		Responses	%
Walk		161	83.0%
Cycle		5	2.6%
Drive by car, motorbike or van		15	7.7%
Public transport		7	3.6%
Taxi		1	0.5%
I have my medicine delivered		4	2.1%
Other (please specify)		1	0.5%
How long does it take for you to travel to your pharmacy?		Responses	%
Less than 5 minutes		69	35.6%
5 - 10 minutes		71	36.6%
10 - 15 minutes		33	17.0%
15 - 20 minutes		10	5.2%
20 - 25 minutes		5	2.6%
25 - 30 minutes		2	1.0%
More than 30 minutes		4	2.1%
I have my medicine delivered		2	1.0%
Is there a more convenient or closer pharmacy that you don't use?		Responses	%
Yes		58	29.9%
No		136	70.1%

Pharmaceutical Needs Assessment 2023

What are the most important things you consider when choosing a pharmacy?		Responses	%
It's close to my home		149	76.8%
It's close to my GP surgery		94	48.5%
It's close to my workplace		19	9.8%
It's in my local supermarket		5	2.6%
It has good parking facilities nearby		15	7.7%
It has disabled access		7	3.6%
Staff are friendly		119	61.3%
Staff are knowledgeable		123	63.4%
I trust the pharmacist who works there		117	60.3%
Staff speak my first language		32	16.5%
I am served quickly		75	38.7%
It sells the things I need		47	24.2%
It has convenient opening times		92	47.4%
It delivers medication to my home		33	17.0%
It has a private consultation area		46	23.7%
It has the prescriptions that I need		97	50.0%
It uses an electronic prescription service (EPS)		75	38.7%
It offers a prescription collection service from my GP surgery		73	37.6%
It offers lifestyle/behaviour change services		10	5.2%
It offers weight management services		3	1.5%
It offers stop smoking services		8	4.1%
Other (please specify)		18	9.3%
What are the most convenient times on weekdays (Monday to Friday) for you to access a pharmacy?		Responses	%
Early mornings (before 9am)		30	15.5%
Mornings		87	44.8%
Lunchtime		58	29.9%
Afternoon		84	43.3%
Evening		93	47.9%
Late nights (after 7pm)		62	32.0%
Not needed/not available on weekdays		4	2.1%
What are the most convenient times on Saturday for you to access a pharmacy?		Responses	%
Early mornings (before 9am)		16	8.2%
Mornings		121	62.4%
Lunchtime		83	42.8%
Afternoon		97	50.0%
Evening		54	27.8%
Late nights (after 7pm)		30	15.5%
Not needed/not available on Saturday		17	8.8%
What are the most convenient times on Sunday for you to access a pharmacy?		Responses	%
Early mornings (before 9am)		15	7.7%
Mornings		70	36.1%
Lunchtime		7	3.6%
Afternoon		70	36.1%
Evening		38	19.6%
Late nights (after 7pm)		26	13.4%
Not needed/not available on Sunday		72	37.1%

Pharmaceutical Needs Assessment 2023

What services have you used from your pharmacy?		Responses	%
Collecting prescriptions or repeat prescriptions		188	96.9%
Buying over the counter medicines that do not need a prescription		161	83.0%
Flu vaccinations		90	46.4%
Travel vaccinations		19	9.8%
Buying over-the-counter medical devices and other health-related products (for example, plasters and bandages)		94	48.5%
Advice and information on medication		105	54.1%
Advice and information on healthy lifestyles and disease prevention		12	6.2%
Advice and information on minor ailments or injuries		69	35.6%
Blood pressure, cholesterol and/or weight checks		13	6.7%
Screening check (for example, diabetes)		3	1.5%
Sexual health checks (for example, chlamydia and HIV)		1	0.5%
H-Pylori testing (stomach ulcer breath test)		0	0.0%
Contraception		15	7.7%
Emergency contraception (the morning after pill)		10	5.2%
Disposing of old or unwanted medicines		58	29.9%
Support for drug problems		1	0.5%
Support for alcohol problems			0.0%
Accessing needle and syringe programmes (NSPs)			0.0%
Other (please specify)		5	2.6%
What services would you like to see provided by your local pharmacy?		Responses	%
Dispensing of prescriptions		176	90.7%
Repeat dispensing of prescriptions		177	91.2%
Home delivery and prescription collection services		133	68.6%
Need exchange		33	17.0%
Advice from your pharmacist		173	89.2%
Sale of over-the-counter medicines		180	92.8%
Disposal of unwanted medicines		165	85.1%
Minor ailments service		163	84.0%
Flu vaccination		162	83.5%
Detailed discussion with your pharmacist on how to take your existing and newly prescribed medicines		140	72.2%
Stopping smoking/nicotine replacement therapy		66	34.0%
Sexual health services (chlamydia testing/treating, condom distribution, emergency contraception)		92	47.4%
Immediate access to specialist drugs (for example, end of life care medicines)		91	46.9%
Supervised consumption of methadone and buprenorphine		50	25.8%
Emergency supply of prescription medicines		168	86.6%

Pharmaceutical Needs Assessment 2023

Please specify what other services you would like to see provided.			
Advice and services available			
App based so you can be in and out. Two ques for collecting and paying over the counter.			
B12 injections for those in need for life free of charge same as methadone. It keeps us well and a healthy issue			
Blood pressure diabetes test			
Collection of diabetic testing waste.			
combination of meds pick up consultation			
Covid vaccination			
Cystitis relief service (diagnose and treat)			
Dental care			
Extended hours, 24/7 ideal			
General health check included blood tests, urine tests for a uti Things that do require a gp			
having access to vaccines such as shingles and pneumonia, given the government campaign to encourage old and vulnerable people to go to their chemist and get vaccinated.			
Healthy Start vitamins,			
Lincoln Pharmacy - go back to using entrance area for GP Surgery for waiting. Area inside pharmacy is too small, too risky for Covid			
NHS Healthcheck			
Open at the weekends			
Open on weekends and later			
Operating out of hours services including weekends. Home delivery services.			
providing medicines like antibiotics when urgently needed and the GP is not available (by the way, the GP is never available and this is just embarrassing)			
Selling Mustela cold cream for baby			
Support in navigating the NHS system, understanding what services are generally available, where to go when GP is not available, and a system "how-to" for those of us who are new to the UK. This could include things like support registering with a GP, finding and registering with a dentist, or understanding where to get an eye test.			
Telephone service			
stopped a while back, but it was such a great service and saved so much time, especially with reducing having to visit a GP (which is hard to get appointments for anyway!). This should definitely be brought back.			
To have the medication in stock			
To prescribe antibiotics if needed.			
Travel vaccinations			
Vaccination			
When I go into my pharmacy and ask for some advice, I would like to get some. I had an appointment with my pharmacy, I was taken into a room and none of my questions answered. The appointment was a total waste of my time! They should have sent me else where since they already knew that they was not going to deal with me.			

Please rank how satisfied or dissatisfied you are with the current service provision at you local		Responses	%
Very satisfied		95	49.0%
Satisfied		62	32.0%
Neither satisfied nor dissatisfied		15	7.7%
Dissatisfied		14	7.2%
Very dissatisfied		8	4.1%

Please rank how satisfied or dissatisfied you are with the current service provision at you local pharmacy: Consultation rooms		Responses	%
Very satisfied		55	28.4%
Satisfied		44	22.7%
Neither satisfied nor dissatisfied		69	35.6%
Dissatisfied		19	9.8%
Very dissatisfied		7	3.6%

Please rank how satisfied or dissatisfied you are with the current service provision at you local pharmacy: Medicines Review and advice		Responses	%
Very satisfied		77	39.7%
Satisfied		50	25.8%
Neither satisfied nor dissatisfied		48	24.7%
Dissatisfied		14	7.2%
Very dissatisfied		5	2.6%

Pharmaceutical Needs Assessment 2023

Do you have any comments for 1) opening times, 2) consultation rooms, and 3) medicines review and advice?		
consultation room cramped and doesn't feel very private (although it is)		
1) 24/7 would be ideal		
1) Ensure opening times are adhered to as per Rota displayed.		
1) opening times ok, 2) N/A, 3) awful and unprofessional		
1) Very good. Open most times I walk by. 2) Not available. Everybody listens in. 3) They advice well on how to use the medication.		
1) would prefer earlier opening hours at weekdays, even 30 mins (at 8.30 am) would make a difference		
Advice I've received is generally very helpful and staff is nice, but none of my needs are complex and I do not know how much support I		
All my local pharmacies close @ 7pm mon-fri. The only late one is too far for me too walk. I also think they should rotate to open on bank		
All very good		
Can be difficult to speak with the pharmacist. Counter staff insist on asking what the issue is and details can get confused as the messages		
Close at 6pm and during lunch!		
Consultation room too small and not confidential		
Consultation rooms that I've seen are not very nice. More like cupboards		
currently blocked access to NHS shingles and pneumonia vaccines for old and vulnerable people		
Have ticked don't know to above questions as my pharmacy already provides all those services.		
I have recently switched my pharmacy to a large chain as it offered more convenient opening hours.		
I just find that the pharmacy that I use, next to Wapping Health Clinic - seems to stock the medicines I need - but the staff are unhelpful -		
I often get medication with no leaflet		
i think i would appreciate early mornings just for advice. GP surgeries open at 8am and it is mental. Urgent Care Centre is awful as they		
It should be open on Saturdays, at least in the morning if not all day		
It would be helpful to have pharmacy open one or two evenings a week until 7pm		
It would help if you could be more discreet as you can't really ask for some advice without everyone over hearing. Opening hours currently		
It's very un inviting and messy		
its open after i start work and closes before i end.		
Knowledgeable, helpful, heros of our community.		
Late opening and weekend		
Later openings and open over weekends		
like to see local pharmacy open in the weekend		
Longer opening times would be beneficial		
My chemist is open until 11pm everyday and does deliveries same day Mon - Saturday		
My new pharmacy have no consultation rooms at the moment.		
My pharmacist has actually told me I am allergic to something the doctor prescribed, always very helpful and on the ball		
My pharmacy does not have a consultation room, but I'm comfortable with the pharmacist so just talk with them at the counter		
My pharmacy is open til 11pm. Unfortunately there are only 2 in London that are open 24 hours and based in West London		
Need tio accommodate people who work		
Never open at the weekend, staff lack understanding of needs, staff unhelpful and always get prescriptions incorrect, always late		
Never used consultation room or had medicine advice		
No consultation room, don't always have the correct medication in stock which means another visit		
No I find my local pharmacy very efficient & friendly		
Opening times are fine, consultation rooms are very clinical in nature, generally don't get a lot of advice from the pharmacist unless		
Opening times could be longer in the evening.		
Opening times should make it possible to park near and to come before or after work, in that combination there is not good opening times		
Pharmacy is quite disorganised with prescriptions sent from GP - often takes a long time to find them and long waiting times		
Saturday opening would be helpful		
Staff not all on the ball or polite		
The opening times for my pharmacy (Columbia) could be extended. It's always really busy and they take a very long time to process		
The opening times for pharmacy should get extended as most people around the local area work until 17:00-17:30. Factoring in average		
There isn't a consultation room that I am aware off.		
Very unfriendly staff who are not caring or understanding		
We don't have a local pharmacy open at weekends. Nearest is Liverpool Street Station or Wapping. Boots in Aldgate is very good for reviews		
We dont have a local pharmacy that opens at the weekends.		
We have no local pharmacy that is open at weekends! Local pharmacy at Goodman's Fields is open 9-7 on weekdays, which is impossible to		
We need 24 hours pharmacy. If at night you come out with a prescription, you don't have a pharmacy to go and get it instantly.		
When being given medication there is no checking to see if you know how to take your prescribed medication		

Pharmaceutical Needs Assessment 2023

Do you have any other comments ?			
A lot of your questions need a NA answer, eg drug/sexual health etc are not relevant to me			
Able to prescribe medication			
Access to apps as nowadays its convenient with all the technology that other retailers and companies are using.			
As I say, you need a rehaul of services.			
Better publicity about what pharmacists can do. Pharmacies are much friendlier and accessible than GP practices, nothing is ever too much			
Counter Staff at the pharmacy have poor English and it's increasingly disorganised, late with delivery unless chased up			
Everyone time i go theres a queue which can be quite a long wait			
Excellent pharmacy			
Generally I have to say though that pharmacies in Tower Hamlets are not the ones I would go to for a consultation for a question I might			
Have prescription sent electronically to pharmacies means one less visit to GP to pick up prescription (though it was often the same trip			
hood service			
I am committed to use pharmacies from other neighbourhood or borough next time			
I am very satisfied with the work of this pharmacy			
I finally witnessed somebody else paying for their prescription on my last visit.			
I'd like Sunday delivery aswell			
Improve the process when collecting prescription. Waiting time is more than 10 minutes with longer queues. It seems the way it's			
It's appalling that neither staff nor most customers wear masks during a global pandemic - why should immune compromised and disabled			
It's not the cheapest, but it's a great local service with a knowledgable pharmacist			
Just love my pharmacy.			
like to see local pharmacy open in the weekend			
Lincoln ~Pharmacy staff do not always wear masks, and do not understand that the Covid pandemic IS STILL HERE! Vulnerable people still			
Make it possible for pharmacists to provide medication for small ailments like nausea, vomiting, dizziness and others without asking for a			
My local pharmacy - Cubitt Town Pharmacy - is far better than any pharmacy I ever used. It is my first stop for advice/help as my GP practice			
My pharmacy is amazing!			
My pharmacy is E14 as I'm on border or E3			
My pharmacy is outstanding and a valuable asset to the community			
Need to get more staff			
Need very clean premises and staff. Pharmacy to be located in safe area. Need professional staff committed to their work. Waiting time far			
Not clean			
One the the most annoying part of visiting my pharmacy at Barkantine Health on Westferry Rd is that they delay so long to dispense			
Outstanding service from all the staff they go beyond and above			
Pharmacist comes across to be very rude & unhelpful although the assistant's are polite.			
Pharmacy service in Tower Hamlets is very good.			
Please keep queueing to a minimum. Please also explain why some prescriptions take more time to dispense.			
Sinclair's is THE BEST. Amazing staff, helpful, m courteous and friendly. Deliver my meds.They are just perfect. Can't rate them highly			
Sinclair's on roman Rd is fantastic. Staff are brilliant. Services excellent. Opening times great.			
The best pharmacy around. Zac the pharmacist has been there since my kids were small. Great man, nothing too much trouble. Staff helpful			
The public need to have more direct contact with their pharmacy. For example, I would like to have more email and telephone contact with			
The staff are friendly and familiar, they know and recognise you, but still make sure they do checks before discussing anything. Community			
The staff are not friendly and stand around chatting. I hate that they make you repeat your your address within ear shot of everyone and			
There is a pharmacy called Bells which continues to order medicines I have not ordered and I don't even want my prescriptions going there			
There needs to be much more and better signposting on how to dispose of medication in general. Pharmacies have refused to take back			
They serve the cheap brand of medicine.			
Think it's really nice that there are a lot of small independent community pharmacies, and not just big chains.			
Tower Pharmacy in Wapping is a small outfit, always busy, polite and helpful staff. As I can't seem to see a doctor in the local health centre			
Unfortunately my local pharmacy doesn't always have stock of my HRT medication			
Very pleased with the service from my pharmacy.			
very satisfied			
We need a local pharmacy that is open at weekends - 100's of new flats have been built on Royal Mint Street and now they want to build 200			

Pharmaceutical Needs Assessment 2023

How could we make better use of pharmacies in Tower Hamlets as a local health resource?			
Able to prescribe antibiotics when needed			
Add services to their portfolio			
Advertise their services locally, in newspapers and leaflets.			
Advice on treatment of minor ailments and injuries			
allow to take over some surgery services to reduce long wait for doctor appointments			
As above			
As stated above.			
authorise them to give other vaccinations: Covid and shingles			
Better opening hours.			
Bigger and better selection, rather than several small ones. Bring in a big name brand in Bow especially			
Blood pressure taken every few months .			
By empowering them to prescribe medication and give more medical advice as they are knowledgeable			
Ensuring that people in the community fully understand how much pharmacists can do and trust them to give good advice.			
Experienced pharmacists should be allowed to prescribe a prescriptive list of medications and monitor their effectiveness. Fat better than			
Extend opening hours during winter if you can't do 24 hours.			
Extended hours			
First of all they all need to bring more order into how they present themselves. Most of those pharmacies look unorderly. Too small and			
For my local one reduce the queue times			
Friendlier staff			
Give them access to all the resources required the services that they are qualified to deliver, i.e. shingles and pneumonia vaccines for old			
Good quite medicine.			
Have available staff and good relationships with patients			
Have extra pharmacists so one can speak to customers properly while other is doing the meds			
Have programs with medicine disposal in more spaces, collected by pharmacies on a regular basis.			
Have welcoming staff who show compassion			
Having more diversity of staff			
I am happy with the service I currently receive from Nash on Commercial road			
I think the fact that pharmacists are very knowledgeable should be more widely known to help relieve pressure on gps			
I work for RESET and have a lot of clients who use pharmacies for their OST and needle exchange. I think it would be great to continue both!			
I would call for advice as I can't get through to my doctor.			
Improve opening hours, especially on sundays, and if possible adopt some measures that are currently in place in the EU where there are			
Improve public PR and importance of pharmacy.			
Improve staff on counters.			
Improved services for minor ailments. Improved opening times including weekends			
Inviting clean space			
It's not clear what services are available at pharmacies. Often you hear from the NHS to go to your pharmacy, but it's really unclear what			
Let them be more openly known to the public of exactly what they do and how welcome we are to go in and speak with them about any			
like to see local pharmacy open in the weekend			
Make more of them opening on Sunday morning			
More "super pharmacists" with higher diagnosis and prescription writing authorities for day to day issues.			
More and better access to sexual health services.			
My local pharmacist - Ali's pharmacy - is great but the waiting times can be long. It is clearly overworked and it would be great if another			
Need a pharmacy in Hackney Wick/Fish Island			
Need better promotion of minor ailments scheme to help local families with cost of living crisis			
No idea, because of the double checking (good thing!) which is always VERY, VERY slow, I am not sure that any other services could be given			
Offer more services , esp when a gp appt is so hard to get			
Options to go see your pharmacist instead of your GP for minor illnesses.			
Professionalise them			
Provide vaccinations, able to provide prescriptions and medication reviews			
Publicity - including opening hours - a map of the longer opening ones, 'did you know your pharmacy can..... and in tower hamlets these			
Start pharmacy first again and allow for pharmacies to allow us to get prescriptions without a visit to the GP			
Stop playing music.			
Teach em some manners.			
The pharmacy that I use near Mile End Station is excellent and I can't see how it can readily be improved.			
They can definitely help alleviating the pressure on GPs (alongside family support workers, social prescribers and other services providing a			
They so far have had female Muslim staff and I really do not know how to talk to them. I do not want to upset them or be improper as I do			
To be able to supply prescribed medication in other dose sizes to make up the total dose required. I.e. if you have tablets which are			
Trained people, some level of basic communication skills (not language but customer oriented mindset)			
Try to get the medication needed.			
Vaccinations, not just flu. Covid boosters, etc.			
Weekend and evening opening hours.			
Weekend opening availability			

How old are you?		Responses	%
0-15		0	0.0%
16-24		3	1.5%
25-34		23	11.9%
35-44		35	18.0%
45-54		36	18.6%
55-64		33	17.0%
65-74		33	17.0%
75-84		20	10.3%
85+		2	1.0%
Prefer not to say		7	3.6%
Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to		Responses	%
Yes		71	36.6%
No		112	57.7%
Prefer not to say		8	4.1%
Please select the type(s) of health problem or disability that applies to you (please tick all that apply).		Responses	%
Sensory impairment (such as being blind / having a visual impairment or being deaf / having a hearing impairment)		10	5.2%
Physical impairment (such as using a wheelchair to get around and / or difficulty using your arms)		21	10.8%
Learning disability (such as Downs syndrome or dyslexia) or cognitive impairment (such as autism or head injury)		5	2.6%
Mental health condition (such as depression or schizophrenia)		18	9.3%
Long-standing illness or health condition (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)		33	17.0%
Prefer not to say		7	3.6%
Prefer to self-describe (please specify)		7	3.6%
Which of the following best describes your gender?		Responses	%
Man		49	25.3%
Woman		132	68.0%
Non-binary		2	1.0%
Prefer not to say		9	4.6%
Prefer to self-describe (please specify)		0	0.0%
Is your gender identity the same as the sex you were assigned at birth? Yes		Responses	%
Yes		182	93.8%
No		0	0.0%
Prefer not to say		8	4.1%
Which of the following describes your sex?		Responses	%
Male		48	24.7%
Female		131	67.5%
Intersex		0	0.0%
Prefer not to say		10	5.2%
Prefer to self-describe (please specify)		1	0.5%
Are you currently pregnant or did you give birth in the last 12 months?		Responses	%
Yes		2	1.0%
No		180	92.8%
Prefer not to say		5	2.6%
Which of the following describes your sexual orientation?		Responses	%
Gay/lesbian		14	7.2%
Bi/bisexual (attracted to more than one gender)		6	3.1%
Heterosexual/straight		148	76.3%
Prefer not to say		19	9.8%
Prefer to self-describe (please specify)		5	2.6%
26. Do you have caring or parenting responsibilities?		Responses	%
Yes		59	30.4%
No		125	64.4%
Prefer not to say		8	4.1%

15 Appendix G –GP & Dental service providers

Table 35 GP practices in Tower Hamlets (Apr 2022)

Organisation Code	Organisation Name	Postcode
F84012	ALBION HEALTH CENTRE	E1 1BU
F84016	THE MISSION PRACTICE	E2 9LS
F84025	GOUGH WALK PRACTICE	E14 0EY
F84030	RUSTON STREET CLINIC	E3 2LR
F84031	JUBILEE STREET PRACTICE	E1 0LS
F84034	ST. STEPHENS HEALTH CENTRE	E3 5ED
F84039	GOODMAN'S FIELD HEALTH CENTRE	E1 8ZF
F84044	HARLEY GROVE MEDICAL CTR.	E3 2AT
F84046	BRAYFORD SQUARE SURGERY	E1 0SG
F84051	STROUTS PLACE MEDICAL CENTRE	E2 7QU
F84054	THE LIMEHOUSE PRACTICE	E14 8HQ
F84055	THE GROVE ROAD SURGERY	E3 5TW
F84062	THE CHRISP STREET HTH CTR	E14 6PG
F84079	THE WAPPING GROUP PRACTICE	E1W 2RL
F84081	THE SPITALFIELDS PRACTICE	E1 5PB
F84083	BETHNAL GREEN HEALTH CTR.	E2 6LL
F84087	HARFORD HEALTH CENTRE	E1 4FG
F84114	CITY SQUARE MEDICAL GROUP	E1 2QA
F84118	MERCHANT STREET PRACTICE	E3 4NE
F84122	XX PLACE HEALTH CENTRE	E1 4DG
F84123	SUTTONS WHARF HEALTH CENTRE	E2 0FA
F84647	ROSERTON STREET SURGERY	E14 3PG
F84656	DOCKLANDS MEDICAL CENTRE	E14 9WU
F84676	THE STROUDLEY WLK HTH CTR	E3 4NE
F84682	EAST ONE HEALTH	E1 2QA
F84696	TREDEGAR PRACTICE	E3 5JD
F84698	ABERFELDY PRACTICE	E14 0PU
F84710	ISLAND HEALTH	E14 3BQ
F84714	ST. PAUL'S WAY MEDICAL CTR	E14 7LJ
F84718	THE BLITHEHALE MED.CTR.	E2 6JA
F84731	ST. KATHERINE'S DOCK PRACTICE	E1W 1UA
F84733	HEALTH E1	E1 6PU
F84747	THE BARKANTINE PRACTICE	E14 8JH
Y00212	POLLARD ROW SURGERY	E2 6NA
Y03023	ST ANDREWS HEALTH CENTRE	E3 3FF

Table 36 Dental practices in Tower Hamlets (Apr 2022)

ODS Code	Name	Postcode
V00048	ABBEY DENTAL	E1 1BJ
V00051	COMMERCIAL STREET (DENTAL SURGERY)	E1 6BD
V12539	WATERSIDE DENTAL HEALTH	E14 9SN
V13607	UNIT 6 (DENTAL SURGERY)	E14 9PA
V13715	DENTAL SUITE	E14 9WU
V02113	CARE DENTAL PRACTICE	E1 2LP
V02184	DENTAL SURGERY	E2 7AP
V02186	AP DENTAL PRACTICE	E2 0AA
V02220	DENTAL SURGERY (BURDETT ROAD)	E14 7DL
V02239	WHITECHAPEL DENTAL SURGERY	E1 1BJ
V02256	TOYNBEE STREET (DENTAL SURGERY)	E1 7NE
V02286	2ND FLOOR DENTAL PRACTICE	E1 2AD
V02322	DENTAL SURGERY	E2 0AN
V02399	ISLAND HEALTH DENTAL SURGERY	E14 3BQ
V30919	WAPPING DENTAL CENTRE	E1W 3DD
V02472	DENTAL SURGERY	E2 9PJ
V43380	ALDGATE HOUSE DENTAL CARE	E1 2JT
V16763	WHITECHAPEL DENTAL PRACTICE	E1 1JE
V18269	SMILE DENTAL CARE TOWER HAMLETS	E1 4FG
V80449	THE BRACE ORTHODONTIC CENTRE	E1 7LJ
V82730	SMILEPOD CANADA PLACE	E14 5HX
V82728	SMILEPOD JUBILEE PLACE	E14 5NY
V82611	HERMITAGE CLINIC	E1W 1NR
V82830	M C LEWIS & ASSOCIATES LTD	E3 5ES
V82766	BUPA DENTAL CARE (COLUMBUS COURTYARD)	E14 4DA
V82765	CHRYSANTH DENTAL CARE	E2 9BU
V82687	PLATINUM DENTAL CARE LTD	E14 4AE
V82826	BUPA HEALTH AND DENTAL CENTRE	E14 5AR
V82708	SDA DENTAL STUDIO	E14 8NW
V21656	TOYNBEE STREET (DENTAL SURGERY)	E1 7NE
V45541	CHRISP STREET (DENTAL SURGERY)	E14 6GG
V40784	BARKANTINE HEALTH CENTRE	E14 8JH
V83470	BISHOPSGATE DENTAL CARE	E1 6DY
V00190	ALL SAINTS DENTAL CARE	E14 0ED
V02180	DENTAL SURGERY	E1 4AA
V02182	DENTAL SURGERY	E2 0QY
V02206	CHRISP STREET DENTAL CENTRE	E14 6AH
V02297	DENTAL SURGERY	E2 0HU
V02326	BOW DENTAL SURGERY	E3 2AN
V02389	DENTAL SURGERY	E14 7PQ

V02471	NEW ROAD DENTAL PRACTICE	E1 1HE
V02473	ALTMORE DENTAL PRACTICE	E14 3UU
V11253	BARKANTINE CLINIC	E14 8JH
V14969	MILE END HOSPITAL	E1 4DG
V16915	195 BOW COMMON LANE (DENTAL PRACTICE)	E3 4JJ
V28499	MILLHARBOUR DENTISTRY (DENTAL SURGERY)	E14 9DH
V12564	WILLIAM PLACE DENTAL AESTHETICS	E3 5ED
V44836	E14 DENTAL CENTRE	E14 7HG

16 Appendix H – Maps of Tower Hamlets Health Services

Figure 24 The location of health services in the Tower Hamlets boroughs

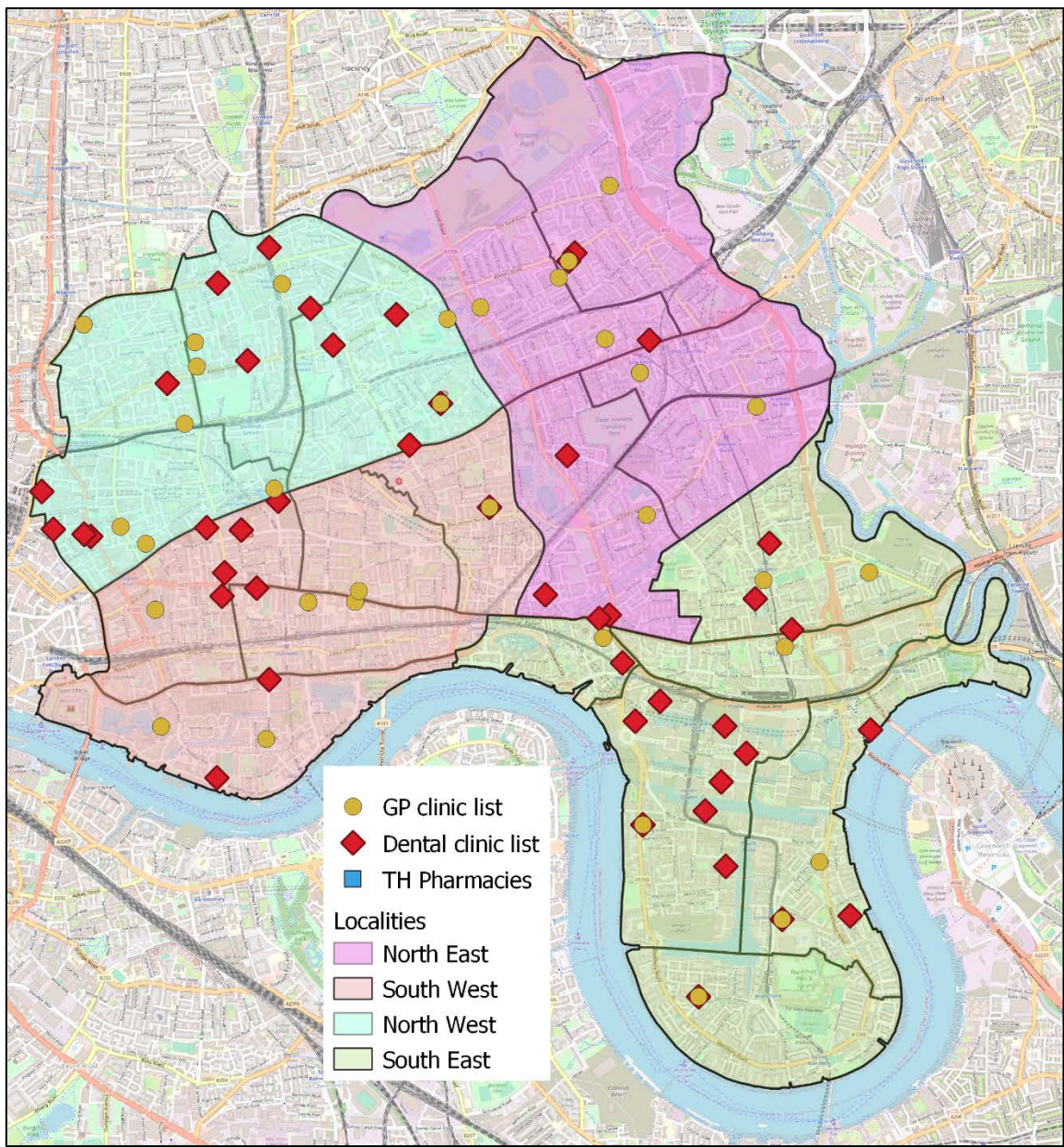


Figure 25 Drive time to nearest pharmacy in Tower Hamlets (minutes)

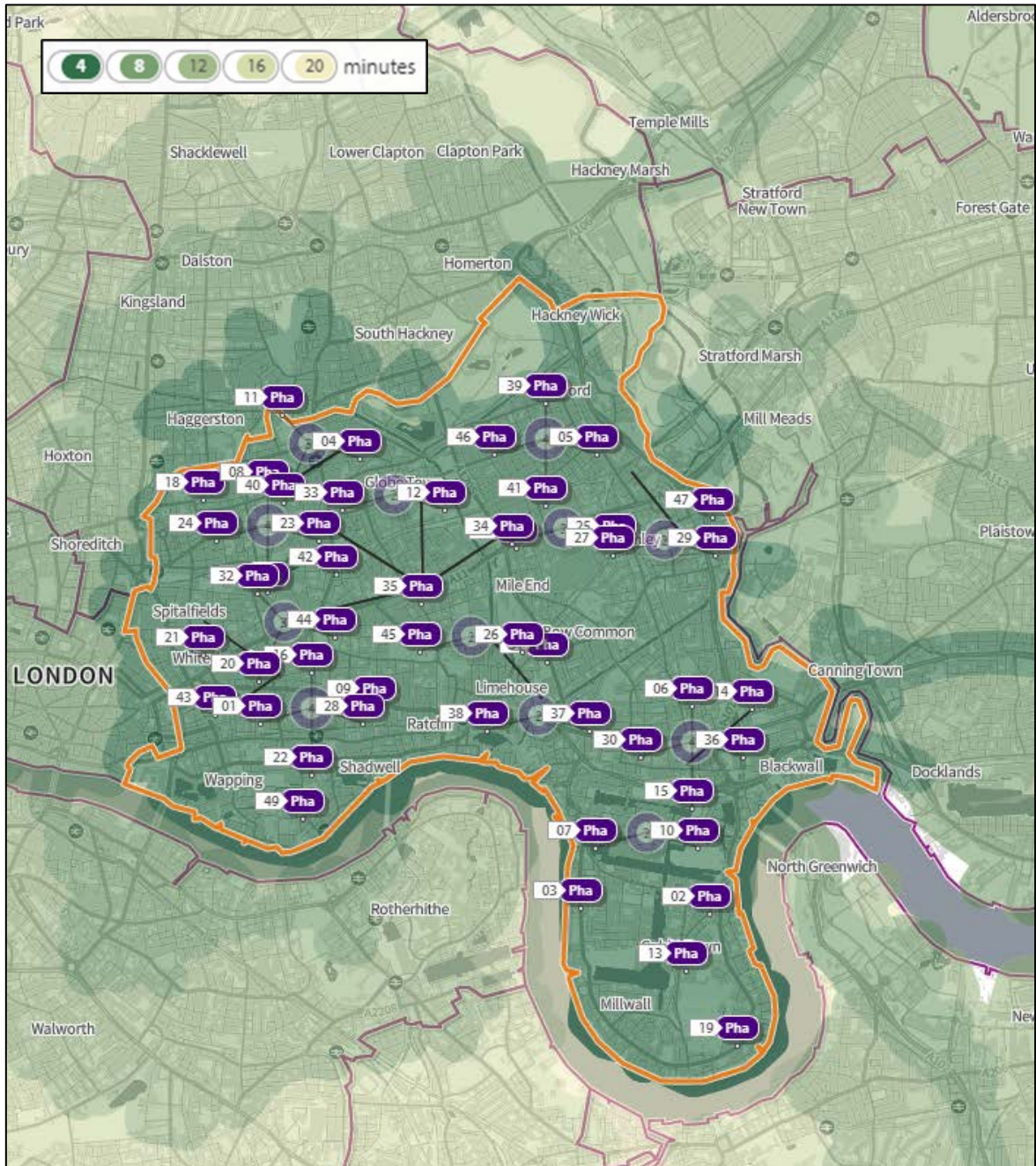


Figure 26 Drive time to nearest pharmacy in Tower Hamlets or surrounding areas (minutes)

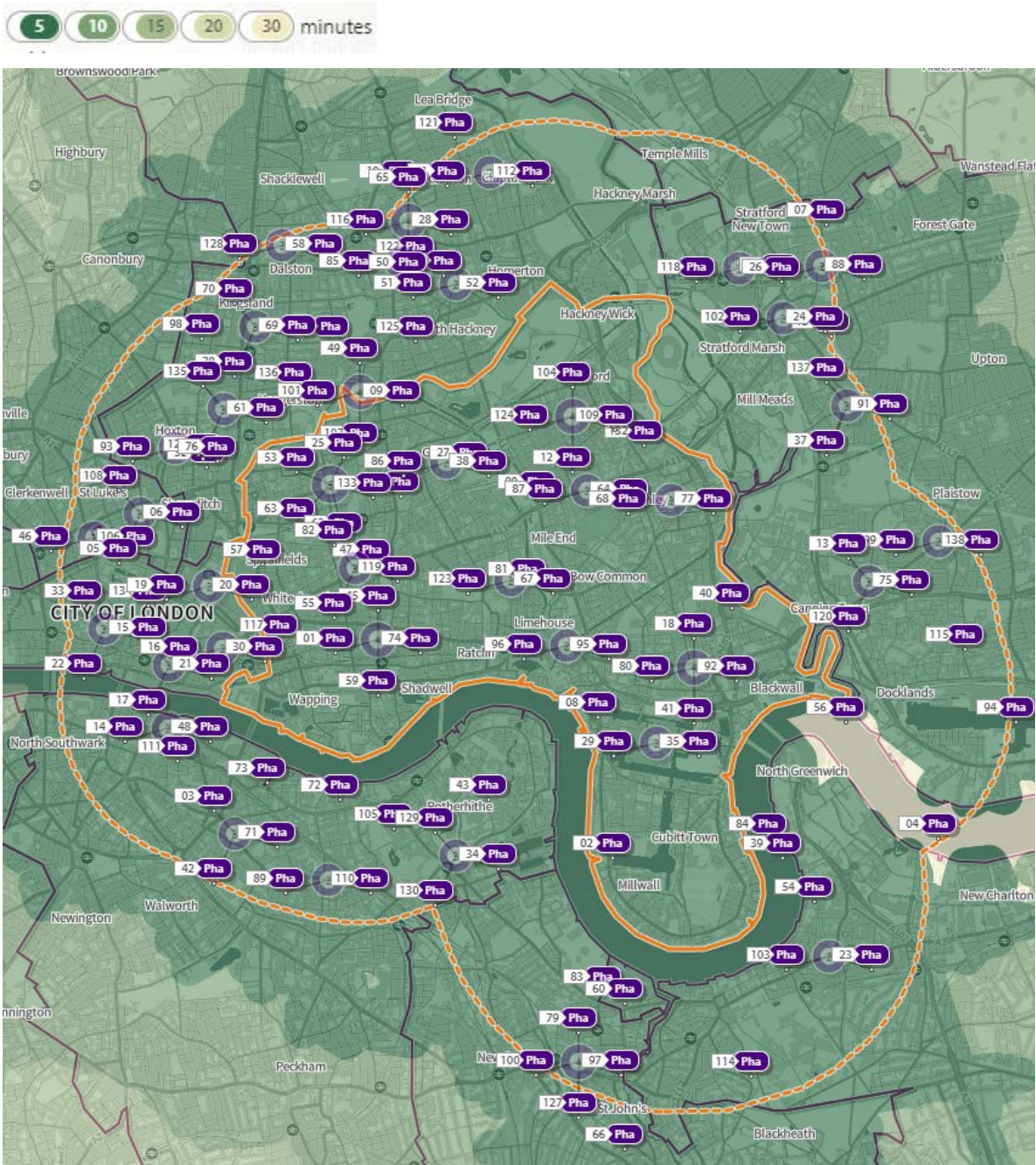


Figure 27 Location of pharmacies by locality in Tower Hamlets open on weekdays

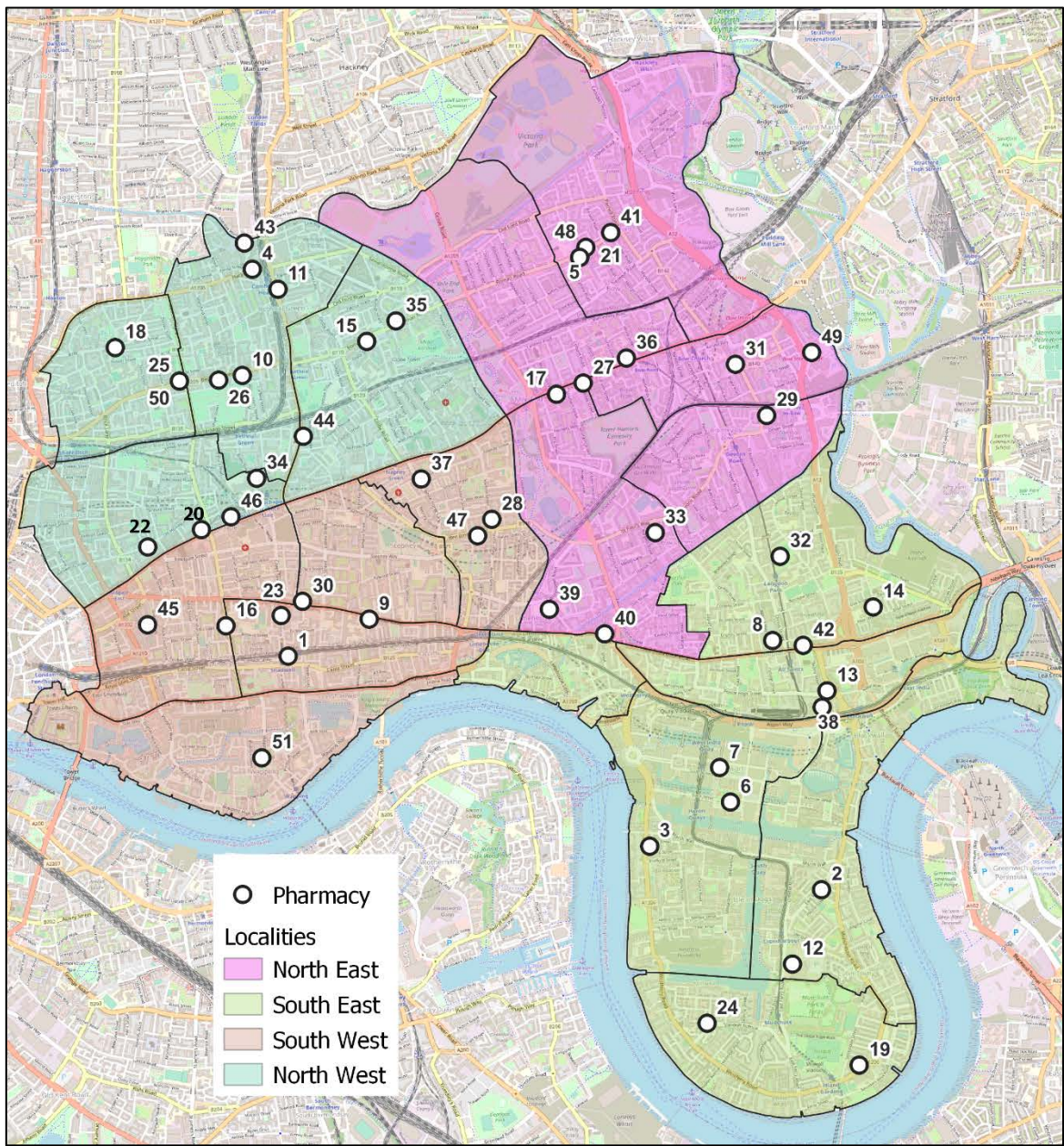


Figure 28 Location of pharmacies by locality in Tower Hamlets open on weekday evenings (after 5pm) with Population Density for LSOA

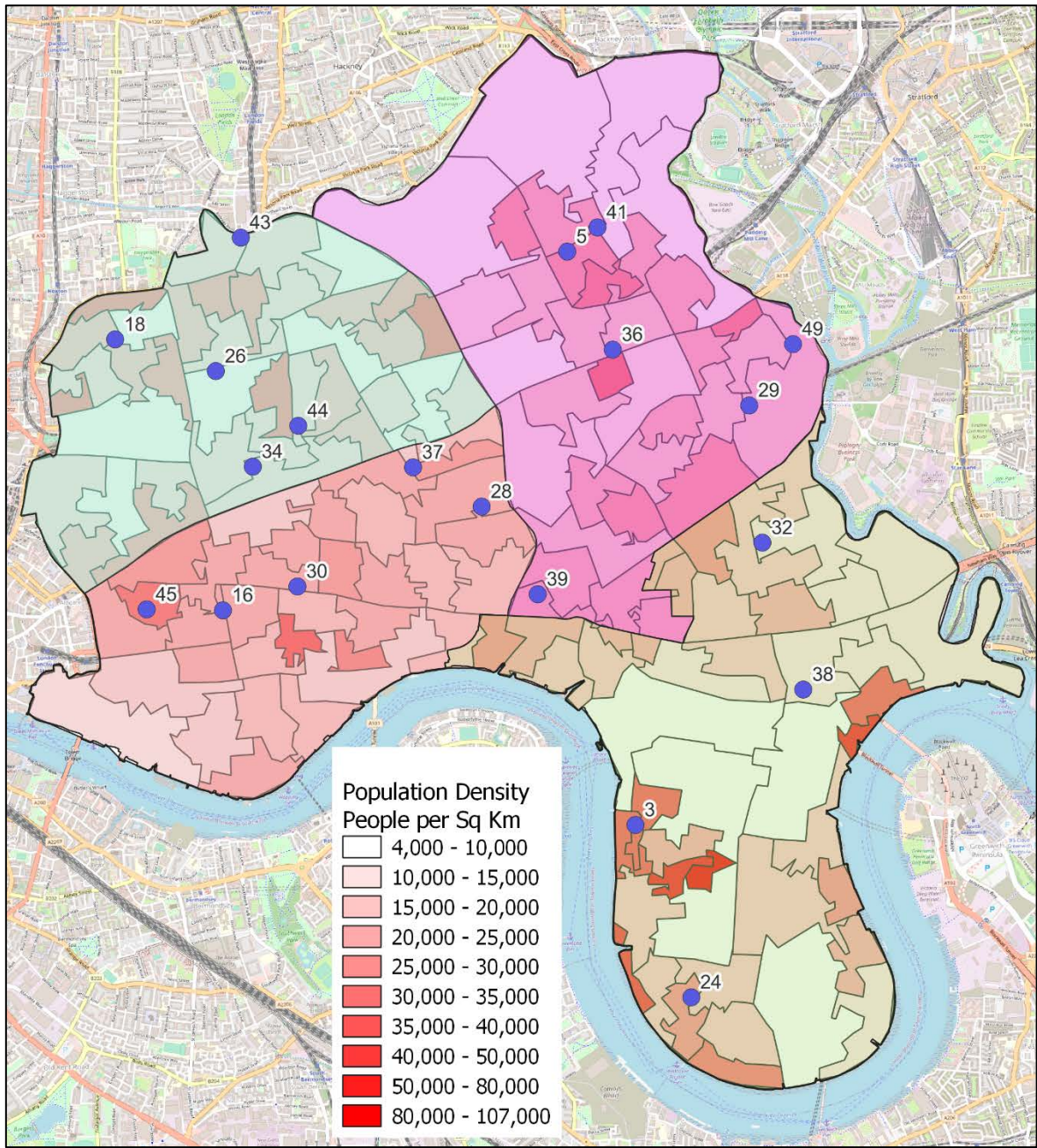


Figure 29 Location of pharmacies by locality in Tower Hamlets open on Saturdays with Population Density for LSOA

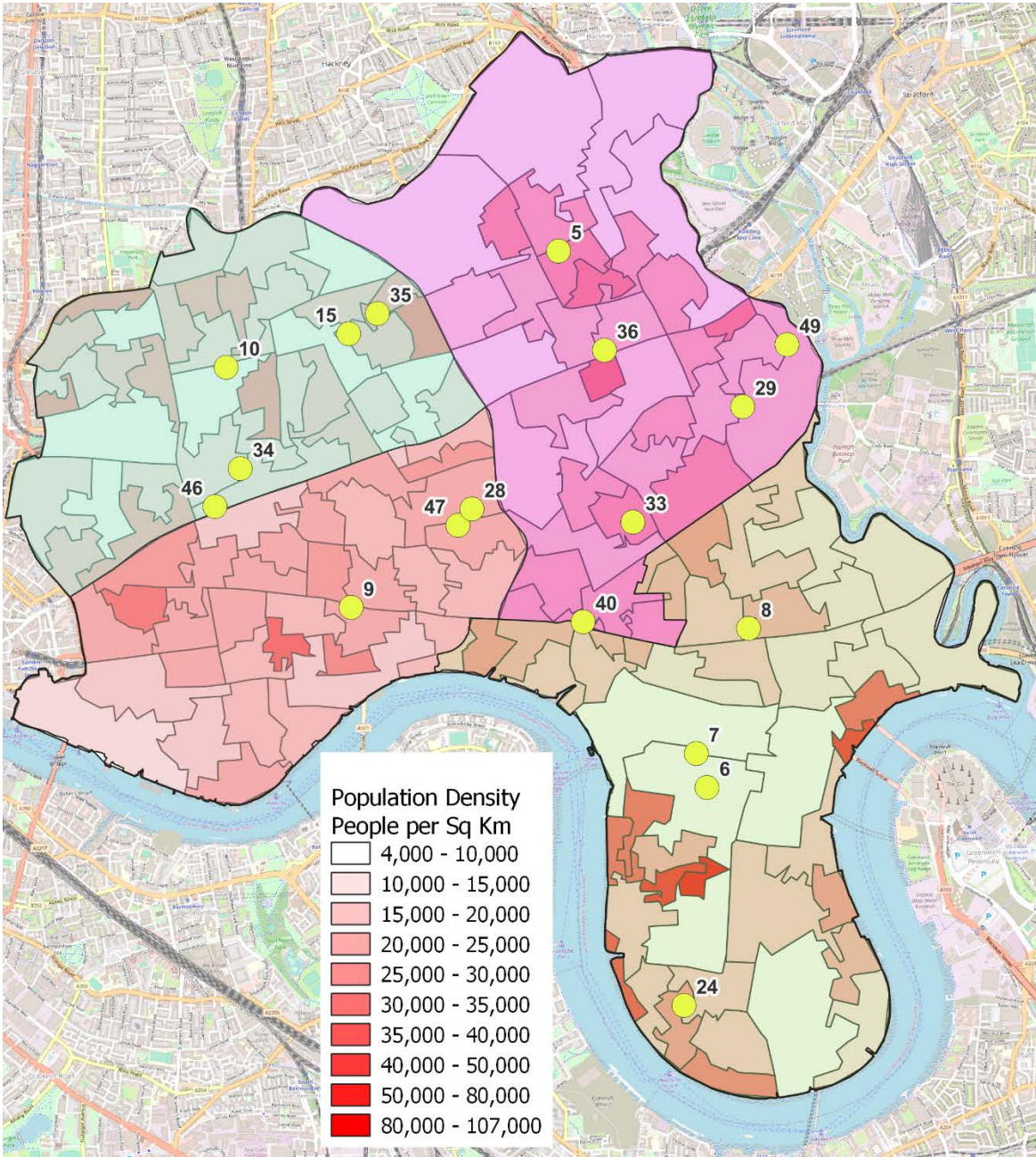


Figure 30 Location of pharmacies by locality in Tower Hamlets open on Saturday evening (after 5pm) with Population Density for LSOA

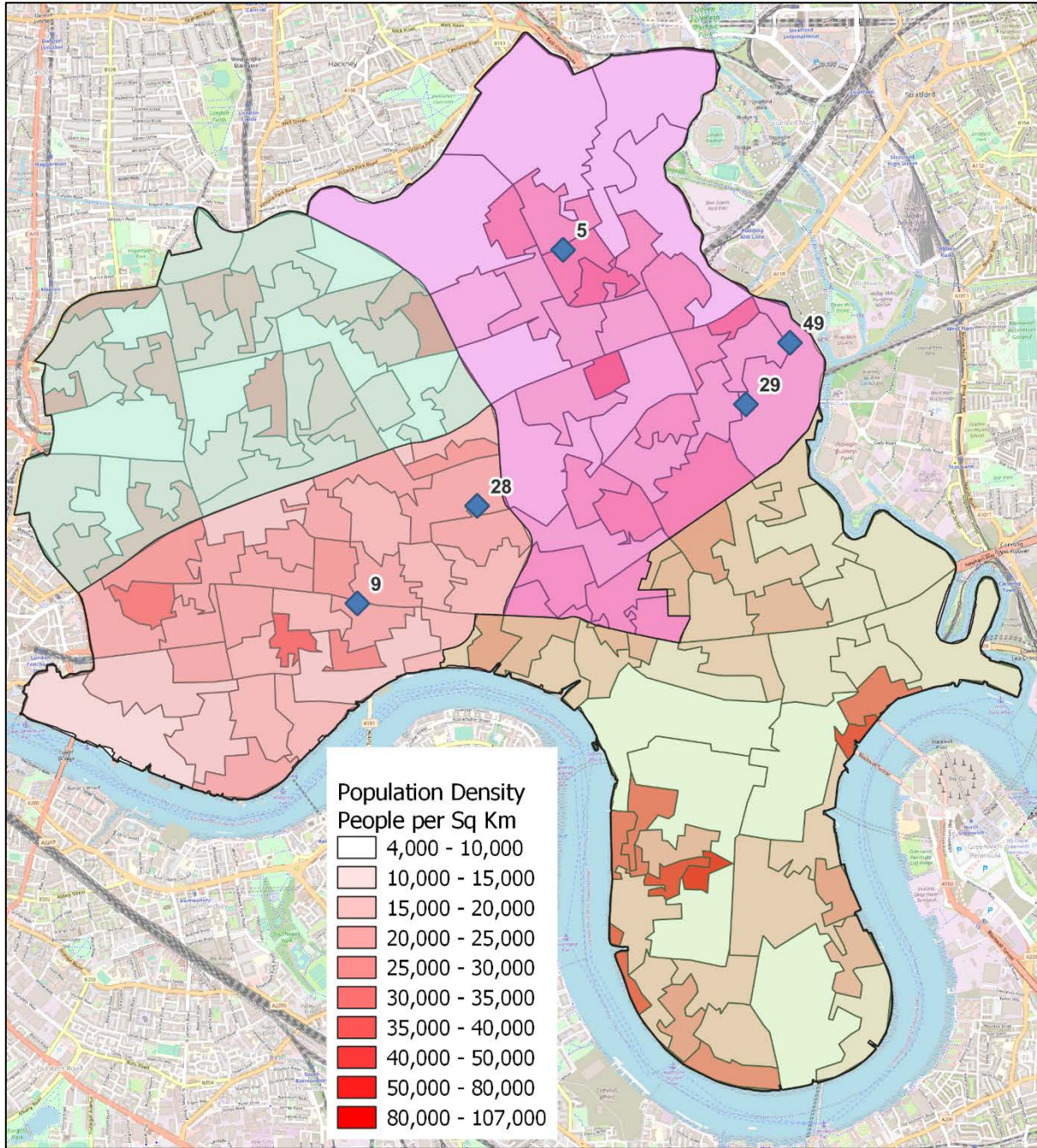


Figure 31 Location of pharmacies by locality in Tower Hamlets open on Sunday with Population Density for LSOA

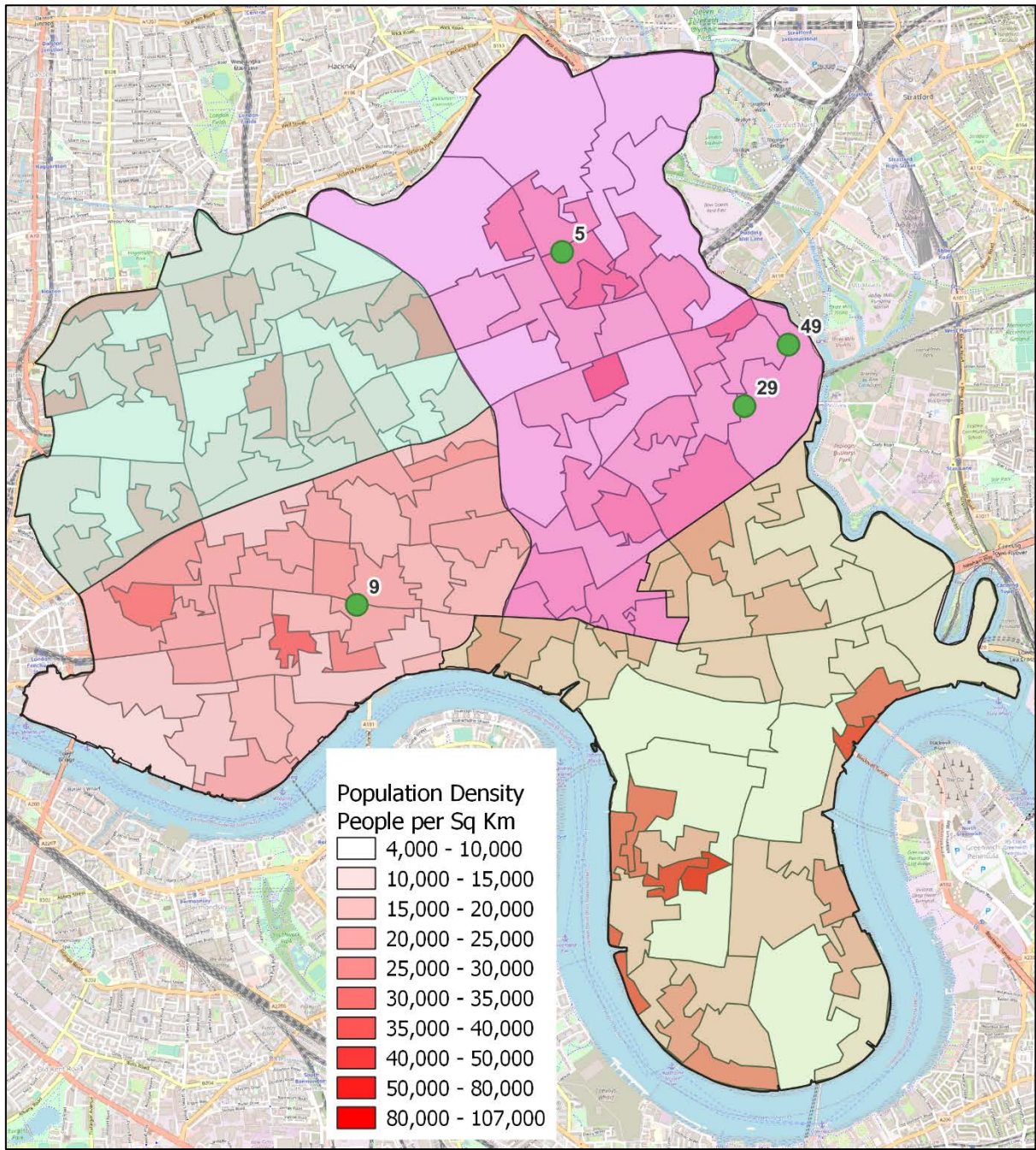


Figure 32 Location of 100-hour pharmacies by locality in Tower Hamlets with Population Density for LSOA

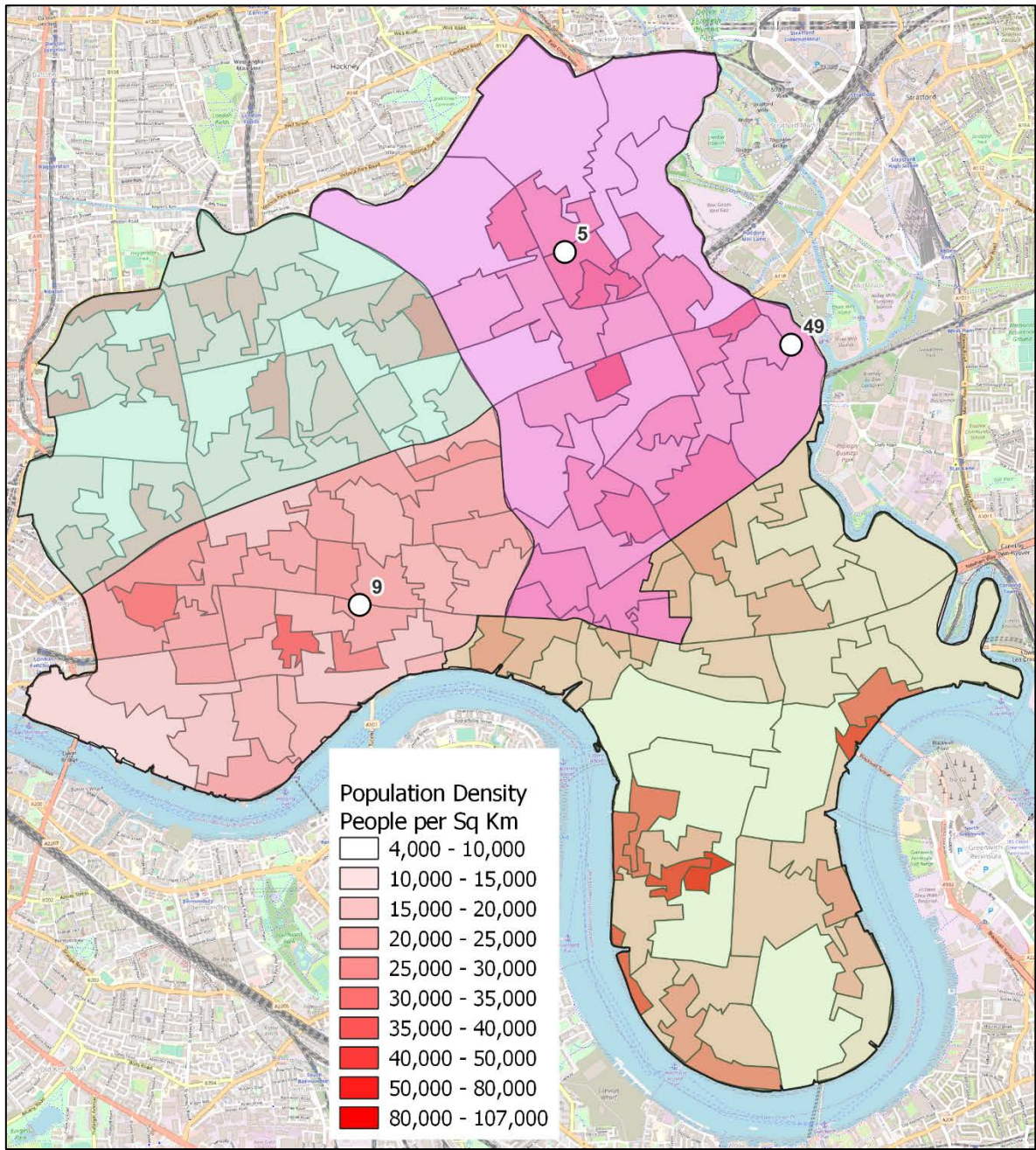
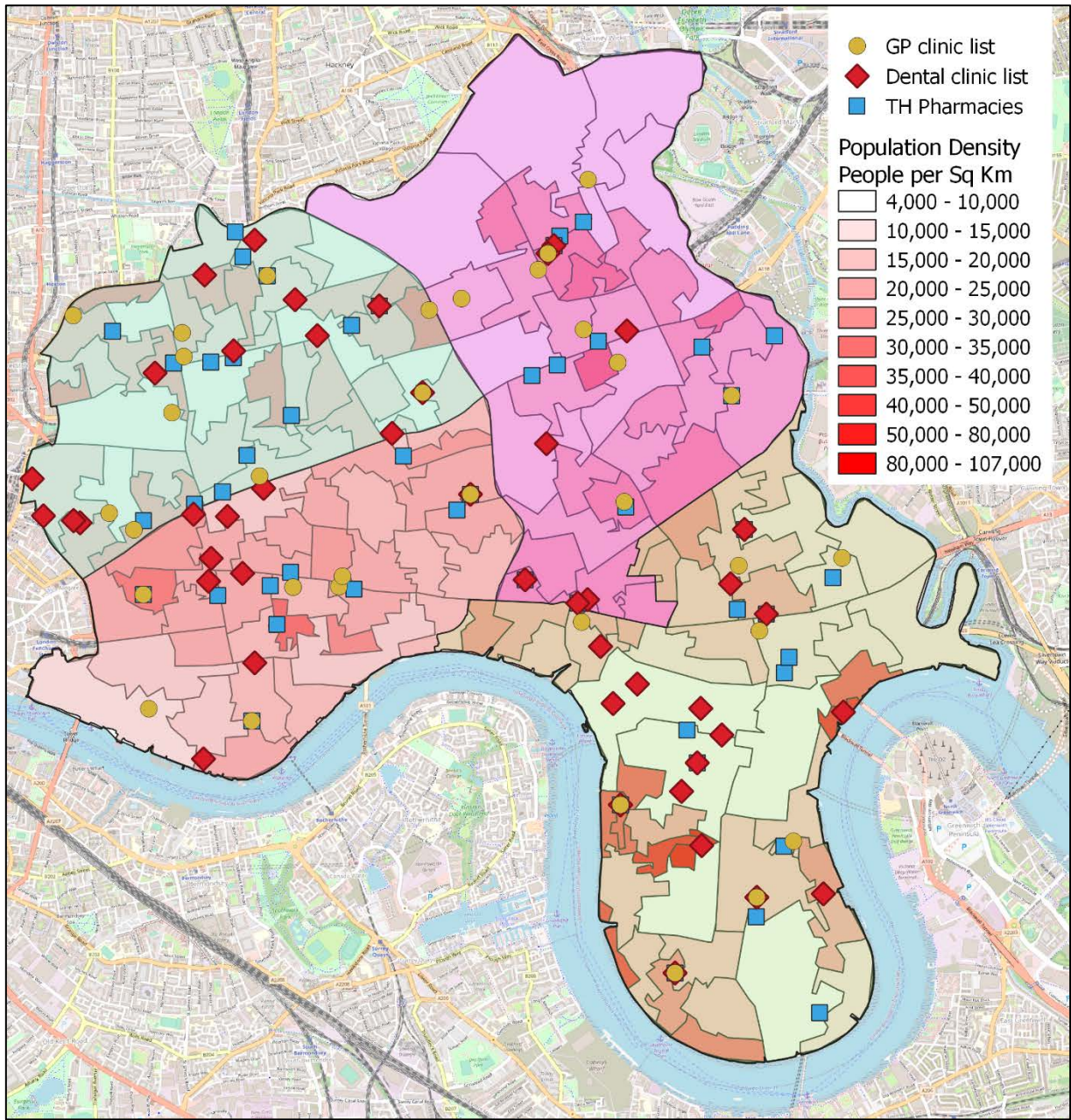


Figure 33 Location of pharmacies and other health services in Tower Hamlets with Population Density for LSOA



17 Appendix I – Draft Statutory PNA Consultation Process

The Pharmaceutical Regulations state that:

When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWBB must consult the following about the contents of the assessment it is making:

- a) any Local Pharmaceutical Committee for its area (including any Local Pharmaceutical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBBs);
- b) any Local Medical Committee for its area (including any Local Medical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBBs);
- c) any persons on the pharmaceutical lists and any dispensing doctors list for its area;
- d) any LPS chemist in its area with whom the NHSCB has made arrangements for the provision of any local pharmaceutical services;
- e) any Local Healthwatch organisation for its area, and any other patient, consumer, or community group in its area which in the opinion of HWBB1 has an interest in the provision of pharmaceutical services in its area;
- f) any NHS trust or NHS foundation trust in its area;
- g) the NHSCB; and
- h) any neighbouring HWBB.

What are the statutory time requirements for the consultation?

The consultation must be for a minimum of 60 days. This consultation will start in January 2023

How are we consulting?

The survey for consultation is being conducted using a structured questionnaire using Let's talk Tower Hamlets (see Appendix A).

The survey is advertised through:

- the Tower Hamlets local authority consultation channels
- the NEL ICB consultation channels, including all GP practices
- the LPC to all pharmacists and the public pharmacy groups
- the Health Watch to local groups
- direct email to neighbouring NEL ICBs and Health and Wellbeing Boards
- direct email to Chief Pharmacist of acute and mental health trust.

Wider engagement

The PNA advisory group and a follow-on meeting with the local authority communications lead and Health Watch agreed the following groups and engagement method for the wider group.

Audience

The audience for the wider engagement will be

- Health Watch identified current forums and groups
- Residents through local authority communications channels with voluntary sector/community groups, housing associations and residents.

Process

The questionnaire for the engagement is provided in Appendix A.

A PowerPoint slide deck explaining:

1. What is the PNA?
2. Why are we engaging with the local communities?
3. How will the data be used?
4. How will the communities receive feedback on the outcomes of the engagement process?
5. Questionnaire and link to Let's talk Tower Hamlets

Similarly, the Get Involved should have the descriptions (a-d) above in the introduction.

Data analyses

Responses will be collected and analysed using quantitative and qualitative methods. Findings will be used to update the draft PNA.

18 Appendix J – Terms of Reference

18.1 Tower Hamlets PNA – Steering Group Terms of Reference

Establish a steering group that will include key PNA stakeholders. A small management group within the wider steering group will manage the implementation of the PNA.

Background

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

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

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.

Purpose

To provide input and advice to the development of the Pharmaceutical Needs Assessment in Tower Hamlets, in particular advising on stakeholder perspectives and engagement.

Areas of input will be on:

1. Public engagement on current services
2. Commenting on the emerging evidence and its implications
3. Consultation on the draft PNA
4. Final proposals
5. Other aspects of the process as appropriate.

Roles and functions of the steering group

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

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

Key Objectives

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

Steering group membership

Tower Hamlets Steering Group	
Name	Role
Ibrahim Khan	Public health programmes lead
Liam Crosby	Associate director of public health
Cecilia Pyper	PNA lead - PHAST
Shilpa Shah LPC CEO	LPC representative
Dr Mike McHugh	Associate Director, Public Health, London Borough of Tower Hamlets
Dalveer Johal	Pharmacy Services Manager NEL LPC
Yasmin Korimbux	Senior Transformation Manager/Lead Pharmacist Medicines Optimisation Team
Hannah Jowett	Senior Communications Officer, London Borough of Tower Hamlets

Frequency of meetings - every 4 weeks

Quorum - Chair (or nominated deputy)

Community Pharmacist (LPC, Pharmacy Local Professional Network or local contractor) - three other members

1.2 Tower Hamlets PNA – Stakeholder Advisory Group Terms of Reference

Background

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

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

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.

The London Borough of Tower Hamlets published the PNA in 2022 under these regulations. The Health and Wellbeing Board has now initiated the process to refresh the PNA; this is in accordance with the Regulations which require a new document to be published every 3 years.

Objective / Purpose

To support and advise the production of a Pharmaceutical Needs Assessment and to ensure that it satisfies the relevant regulations including consultation requirements and meets the needs of all communities.

Membership - The Stakeholder Advisory Reference Group membership is as follows:

All members of the Tower Hamlets Living Well group are members of the TH PNA stakeholder advisory group - Additional members may be co-opted on to the group for particular roles.

Frequency of meetings

Ad-hoc as needed.

Role and Responsibilities - The Stakeholder Advisory Reference Group is established to:

- Advise on all aspects of stakeholder engagement including surveys
- To comment on the PNA process and documents from a stakeholder perspective in order to meet the requirements of the PNA
- To provide advice on the process of public consultation and how to deal with comments
- Promote integration of the PNA with other strategies and plans including the Joint Strategic Needs Assessment, the Joint Health & Wellbeing Strategy, NEL ICB Commissioning Strategy Plan and other relevant strategies including the Sustainability and Transformation Plan.
- Champion the work to develop the PNA with internal and external stakeholders, including patients, service users and the public

Key tasks of the Stakeholder Advisory Reference Group include to:

- Provide local support to the PHAST team by providing local intelligence – stakeholders
- Review and validate information and data on population, demographics, pharmaceutical provision, and health needs
- Ensure the PNA that is presented to the HWBB is fully representative of the borough's needs.
- Oversee the consultation ensuring that this meets the requirements set out in the Regulations Regulation 8 of The NHS Regulations 2013
 - Any Local Pharmaceutical Committee for its area
 - Any Local Medical Committee for its area
 - Any persons on the 'Pharmaceutical Lists' and any dispensing doctors list for its area
 - Any LPS chemist in its area
 - Any Local Healthwatch organisation for its area
 - Any NHS trust or NHS foundation trust in its area
 - NHS England
 - Any neighbouring HWBB
 - Ensure that due process is followed
- Determine the impact of changes which have occurred since the current PNA was written, including: changes to the application process which allow consolidation of contracts; the new remuneration arrangements for community pharmacy and the Pharmacy Access Scheme
- Approve the framework for the PNA

- Develop and approve a draft PNA for formal consultation with stakeholders
- Consider and act upon formal responses received during the formal consultation process, making appropriate amendments to the PNA Develop and approve a consultation report as required by the Regulations and ensure that this is included within the final PNA

Quorum

Chair (or nominated deputy)

Community Pharmacist (LPC, Pharmacy Local Professional Network or local contractor)

Three other members

19 Appendix K – Gantt chart

Table 37 Gantt chart

PHAST - Draft Project Plan for the Tower Hamlets PNA 2022					Week		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
					Week Start (Monday)		05-09-22	12-09-22	19-09-22	26-09-22	03-10-22	10-10-22	17-10-22	24-10-22	31-10-22	07-11-22	14-11-22	21-11-22	28-11-22	05-12-22	12-12-22	19-12-22	26-12-22	02-01-23	09-01-23	16-01-23	23-01-23	30-01-23
					Week End (Friday)		16-09-22	23-09-22	30-09-22	07-10-22	14-10-22	21-10-22	28-10-22	04-11-22	11-11-22	18-11-22	25-11-22	02-12-22	09-12-22	16-12-22	23-12-22	30-12-22	06-01-23	13-01-23	20-01-23	27-01-23	03-02-23	10-02-23
PNA Stage		PNA Activity		Date	Week	Parallel	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
Establish a PNA steering group to oversee development of the PNA	1. Launch / Management	I.1	Initial Client Meeting	05-03-22	1	2																						
		I.2	Develop the PNA framework	05-03-22	1	2																						
		I.3	Organise the overall project management and governance	05-03-22	1	2																						
		I.4	Identify key stakeholders for steering group and reference group	05-03-22	1	2																						
		I.5	Set up and facilitate the PNA steering group	05-03-22	1	2																						
		I.6	Develop project plan with timeline, work plan meeting schedule and risk register	05-03-22	1	2																						
		I.7	Agree project plan	05-03-22	1	2																						
Work with the LHB to identify information required to draft the PNA and where it can be sourced from review, Scoping and Acquisition	2. Data Review, Scoping and Acquisition	II.1	Create a data request framework	12-03-22	2	2																						
		II.2	Identify a key contact with the Local Health Board (LHB)	12-03-22	2	2																						
		II.3	Identify a key contact the Local Pharmaceutical Committee (LPC)	12-03-22	2	2																						
		II.4	Agree data requirements to analyse Newham pharmacies activities	12-03-22	2	3																						
		II.5	Start data collection	12-03-22	2	3																						
		II.6	Scope geography and areas	12-03-22	2	3																						
		II.7	Scope demographics (at MSDA/Ward and CCG level)	12-03-22	2	3																						
		II.8	Scope population projections including demographic change	12-03-22	2	3																						
	II.9	Agree geographic localities based on commissioning or other area divisions	12-03-22	2	3																							
	II.10	Review health profile and health improvements relevant to pharmacies	12-03-22	2	3																							
	II.11	Review current and future pharmaceutical service provisions	12-03-22	2	3																							
	II.12	Review pharmaceutical service provisions in surrounding areas	12-03-22	2	3																							
	II.13	Review pharmaceutical service provision at key times throughout the week	12-03-22	2	3																							
	II.14	Review nationally commissioned pharmaceutical services	12-03-22	2	3																							
	II.15	Review Locally commissioned services, including public health services	12-03-22	2	3																							
	II.16	Scope other relevant services that may impact on local pharmaceutical needs	12-03-22	2	3																							
3. Document Review	III.1	Review previous PNA and JSNA	12-03-22	2	3																							
	III.2	Review national policy documents	12-03-22	2	3																							
	III.3	Review Health profile	12-03-22	2	3																							
	III.4	Review housing developments that may impact on local pharmacy needs	12-03-22	2	3																							
	III.5	Address ways to improve equity in access to pharmaceutical services	12-03-22	2	3																							
Develop and conduct the contractor and patient/public questionnaires	4. Wider Stakeholder Engagement	IV.1	Review Draft Contractor Survey	12-03-22	2	3																						
		IV.2	Review Public Surveys and engage with people in Wandsworth and Richmond	12-03-22	2	3																						
		IV.3	Work with Healthwatch to engage with hard to reach groups	12-03-22	2	4																						
		IV.4	Send out surveys including reminders to improve response rate	12-03-22	3	5																						
		IV.5	Survey return deadline	10-10-22	7	1																						
Analyze the service provision and health needs and draft a template PNA including the production of maps required	5. Data Analysis	V.1	Analyse PNA data to assess the adequacy of existing services	03-10-22	5	3																						
		V.2	Population analysis to identify any gaps in current need	03-10-22	5	3																						
		V.3	Housing Development analysis to identify any gaps for future need	03-10-22	5	3																						
		V.4	Analyse pharmaceutical services offered and opening times	03-10-22	5	3																						
		V.5	Produce a series of GIS maps that have been agreed by the steering group	03-10-22	5	3																						
		V.6	Analyse all survey data	03-10-22	5	3																						
		V.7	Review if pharmacy location and services impacts on health inequalities	03-10-22	5	3																						
6. Produce final draft PNA Report for sign off for public consultation		VI.1	Finalise draft PNA Report for consultation	03-10-22	5	2																						
		VI.2	Draft PNA reports circulated to steering and stakeholder reference group	03-10-22	5	2																						
		VI.3	Stakeholder Reference Group meeting / review	10-10-22	6	1																						
		VI.4	Produce final version of draft Consultation Report ready for formal consultation	14-10-22	6	2																						
8. Formal 60 Day Consultation		VII.1	Stakeholder consultation communications agreed	17-10-22	7	2																						
		VII.2	Dissemination list of key stakeholders finalized	17-10-22	7	2																						
		VII.3	Consultation questionnaire agreed	24-10-22	8	2																						
		VII.4	Start Formal 60 day Consultation	31-10-22	8	3																						
		VII.5	Complete Formal 60 day Consultation	26-12-22	17	1																						
3. Produce Final PNA Report		IX.1	Analyses of Responses and production of final PNA report	26-12-22	17	2																						
		IX.2	Stakeholder Reference Group meeting / review	02-01-23	18	1																						
		IX.3	Produce final PNA Report	02-01-23	18	3																						
		IX.5	Submit final report to authorizing officer	20-01-23	20	1																						
		IX.6	Steering group meeting to sign off Final PNA Report	16-01-23	20	1																						
		IX.7	Stakeholder Reference Group to sign off FINAL PNA Report	16-01-23	20	1																						
		IX.8	Final PNA Report for approval by HWBB	20-01-23	20	1																						
		IX.9	Final PNA Report signed off by HWBB and published	20-01-23	20	1																						
		Updates and Meetings		M.1	Phone check-ins with the Authorized Officer	Every 2 Weeks																						
M.2	Steering Group meeting / review			When required																								
M.3	Stakeholder Reference Group meeting / review			When required												</												

20 Appendix L – Acknowledgements

We thank all those who have helped us to produce this PNA plan through signposting, contribution during engagement process; and providing comments to earlier drafts. We would particularly like to thank members of the Steering Group and the Stakeholder Advisory Group for their advice and guidance throughout the process.

21 Appendix M – Glossary of Abbreviations & Terms

Table 38 Glossary of terms and phrases defined in regulation 2 of the 2013 Regulations

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

Distance selling premises	Listed chemist premises, or potential pharmacy premises, at which essential services are or are to be provided but the means of providing those services are such that all persons receiving those services do so otherwise than at those premises.	These premises could have been approved under the 2005 Regulations in which case they could be pharmacies or DACs. Under the 2012 and 2013 Regulations only pharmacy contractors may apply to provide services from distance selling premises. Distance-selling contractors are in the main internet and some mail-order, but they all cannot provide “essential services” to persons face to face at their premises and must provide a service across England to anyone who requests it.
Enhanced services	Means the additional pharmaceutical services that are referred to in direction 4 of the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013.	These are pharmaceutical services commissioned by NHS England, such as services to Care Homes, language access and patient group directions.
Essential services	Except in the context of the definition of “distance selling premises”, is to be construed in accordance with paragraph 3 of Schedule 4.	These are services which every community pharmacy providing NHS pharmaceutical services must provide and is set out in their terms of service – these include the dispensing of medicines, promotion of healthy lifestyles and support for self-care. Distance- selling pharmacy contractors cannot provide essential services face to face at their premises.
Neighbouring HWBB	In relation to a HWBB (HWBB1), means the HWBB of an area that borders any part of HWBB1.	Used when, for example, an HWBB is consulting on their draft PNA and needs to inform the HWBBs which border their HWBB area.
NHS chemist	Means an NHS appliance contractor or an NHS pharmacist.	

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