

Lambeth Pharmaceutical Needs Assessment

1st October 2022 to 30th September 2025

Acknowledgments

Written in accordance with the National Health Service, England (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (Statutory Instruments 2013 No.349).

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- Lambeth Pharmaceutical Needs Assessment Steering Group.
- Lambeth Public Health Directorate.
- Lambeth Council.
- Healthwatch Lambeth.
- NHS England and Improvement.
- Lambeth, Southwark and Lewisham Local Pharmaceutical Committee.
- Lambeth Together, South East London Integrated Commissioning Board.

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Executive summary

Scope and purpose of the PNA

A Pharmaceutical Needs Assessment (PNA) sets out the pharmaceutical services which are provided in the borough together with when, and where, these are available to the population. The PNA considers how these services meet the current and future needs of the population.

The provision of NHS Pharmaceutical Services is a controlled market. Under the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations (1), any pharmacist, dispensing appliance contractor (DAC) or dispensing doctor who wishes to provide NHS pharmaceutical services must apply to NHS England & Improvement (NHSE&I) to be included on the Pharmaceutical List and the regulations outline the system of market entry.

NHS Pharmaceutical services refers to services commissioned through NHSE&I. The three main categories, as identified in the Community Pharmacy Contractual Framework (CPCF) are as follows:

- **Essential Services:** include the dispensing of medicines and appliances, disposal of unwanted medicines, clinical governance, and promotion of healthy lifestyles that every community pharmacy providing NHS pharmaceutical services must provide and are set out in their terms of service.
- **Advanced Services:** include services community pharmacy contractors and dispensing appliance contractors can choose to provide subject to accreditation as set out in the Secretary of State Directions.

- **Enhanced Services:** include services commissioned directly by NHSE&I, introduced to assist the NHS in improving and delivering a better level of care in the community. Pharmacy contractors can choose to provide any of these services.

However, in the absence of a particular service being commissioned by NHSE&I, it is in some cases addressed by **Locally Commissioned Services**, funded by the Local Authority or Integrated Commissioning Board (ICB). These are services community pharmacy contractors could choose to provide and are therefore included in the PNA.

A PNA was last published in Lambeth in 2018. Due to the coronavirus pandemic the Department of Health and Social Care postponed the requirement for all HWBs to publish until 1 October 2022. Health and wellbeing boards are required to publish their next pharmaceutical needs assessment within three years of the date their 2022 version was published.

The aim of the Lambeth PNA is to enable local pharmacy service providers and commissioners to:

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

The PNA was developed by a multiagency steering group and engagement with key stakeholders (including a survey of Lambeth residents (completed online or in person via market researchers) as well as an online survey of pharmacists in Lambeth to understand any gaps in provision of services).

A formal 60-day consultation was conducted on 4 July 2022 to review the assessment and conclusions from the assessment before the final PNA was signed off by the HWB and published on 1 October 2022. The final PNA incorporated the feedback from the consultation period with appropriate amendments made as required.

The local picture

In May 2022 the ward boundaries in Lambeth changed to reflect changes by the boundary commission; the number of wards in Lambeth increased in May 2022 from 21 to 25. The health profile and needs assessment for the 2022 Lambeth PNA reflects pre May 2022 boundaries. The 2022 Lambeth PNA is based on the whole of Lambeth as well as three locality areas (North, South East and South West).

Once the data for the new wards becomes available, we will be able to update the PNA based on this updated information.

Lambeth has a resident population of approximately 318,000 people (GLA, 2020). It is predominantly young, 61% are aged under 40 and is expected to grow by 5% overall (to 2032). The rate of growth in the population is greatest for the over 65s (43%) – i.e., we also have an aging population. We have taken account of the housing developments

including where growth in population is happening in Lambeth over the next 3 years for this assessment. Lambeth has a highly diverse population with around 67% of residents describing their ethnicity as other than white British, nearly 150 languages are spoken in schools. Lambeth is ranked as the 11th most deprived borough in London, and the 81st most deprived in England (2019 IMD, rank of average score) with 30% of older people living in income deprivation (6th highest proportion in London and the 7th in England) & 23% of children living in income deprivation, the 7th highest proportion in London and the 38th in England.

Between 2004 and 2018 life expectancy for females and males improved because of reduced deaths from cardiovascular diseases, cancers, infant deaths, and other causes but since 2019 there has been a substantial drop in life expectancy for both men (77) and women (83) largely due to the Covid-19 pandemic. A gap in life expectancy between the most and least deprived areas of Lambeth is evident for both males (5.7 years) and females (4.8 years). The greatest contribution to the gap for males is circulatory diseases (26.5%) followed by cancer (22.7%). The greatest driver of the gap for females was COVID-19 (50%).

For the UK, 40% of disability adjusted life years lost are attributable to smoking, alcohol consumption, hypertension, and obesity. Within Lambeth these risk factors also play a significant role in attributable disease burden. There is substantial variation by age, sex, ethnicity, and deprivation in these risk factors. In addition to risk factors, we profiled a range of long-term conditions such as diabetes, heart disease, stroke and respiratory diseases, and mental health conditions. All of these play a significant role in Lambeth in terms of prevalence, variation by age, sex, ethnicity, and deprivation. These risk factors and long-term conditions

will impact on the use of pharmacies for support with medication and control of these conditions.

An assessment of pharmacy services in Lambeth

The assessment identified those services that are *necessary* (defined in the 2013 regulation as those that are necessary to meet the need for pharmaceutical services and could be provided within or outside of the health and wellbeing board's area); their current and future provision and gap based on the assessment of need. It also identified other *relevant* services provided by community pharmacies that meet the identified needs of the population and their current provision and future need.

There are currently **63 community pharmacies** in Lambeth (six 100-hour pharmacies), but no dispensing appliance contractors, no distance selling pharmacies and no dispensing doctors. Lambeth has a similar number of pharmacies (19.6 pharmacies per 100,000 population) to its CIPFA (Chartered Institute of Public Finance and Accountancy) modelled comparators and the London (20.4 per 100,000) and England (20.2 per 100,000) averages. Pharmacies are distributed throughout the borough with concentrations near high streets and GP practices and located in areas of relatively high deprivation. Lambeth has a level of pharmacy provision that is comparable with its ONS comparators and London and England averages and appropriate for the size of the population. There is a good correlation between deprivation and the number of pharmacies within each locality. Lambeth residents have a choice of pharmacy in most wards. In the three wards where there is only one or no pharmacy, residents have the option of traveling to a neighbouring ward to access

pharmacy services. Travel time analysis suggests Lambeth residents can access a pharmacy within a 20-minute walk. Access and choice are good on weekdays between the hours of 9:00am and 5.00pm and Saturdays 9am to 1.00pm. Outside of these hours, access and choice is more limited particularly on early mornings and late evenings as well as Sundays.

Essential services: are *necessary* to meet the pharmaceutical service needs of the Lambeth population for the following reasons:

- Through pharmacies, the population can obtain the prescribed medicines which they need in a safe and reliable manner for a range of conditions.
- Through participating in local public health campaigns and through a proactive approach to delivering health promotion and signposting advice, community pharmacy plays a valuable role in addressing the health needs and tackling health inequalities of Lambeth's population.

Our assessment shows that current access to essential services (both in term of location and opening times) to community pharmacies **meet the current and future essential pharmaceutical service needs of the Lambeth population and there are no gaps** in current or future provision (in location or opening times) of these services.

Advanced services: There are currently eight Advanced Services within the NHS Community Pharmacy Contractual Framework (CPCF). The following services are considered advanced services and we include a summary of their provision locally:

- **Appliance use review:** Improve the patient's knowledge and use of any 'specified appliance' by establishing correct use, storage, and disposal of the appliance. Our needs assessment has no data on the use of any 'specified appliances'. This service is considered **relevant** to secure improvement in use of specified appliances.
 - No reported activity in Lambeth.
 - 13% (5 out of 38) pharmacies reported in the community pharmacy survey they were intending to provide the AUR service in the next 12 months.
- **Flu vaccination service:** Community pharmacies in England offer a seasonal influenza (flu) vaccination service for patients in at-risk groups. Our needs assessment identified a need to vaccinate a higher proportion of those considered most at risk to prevent illness and reduce flu related hospital admissions; community pharmacy-based vaccination improves access and uptake of seasonal flu vaccination. Pharmacies in combination with other providers play an important role in increases uptake of flu vaccination and this service is considered **relevant** in securing improvement in uptake of this vaccine.
 - 55 (87%) pharmacies are commissioned by NHS England to provide seasonal influenza vaccination in Lambeth.
- **New medicine service:** The service provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence by engagement with the patient, appropriate intervention and follow up. Our needs assessment identified a range of long-term conditions for which this service plays an important role in supporting. This service is considered **relevant** in securing improvement in medication adherence in people with long term conditions.
 - 58 (89%) pharmacies reported as of May 2022 that they provided at least 1 NMS.
 - Whilst access to NMS is good on weekdays (9.30am to 5.00pm) and Saturdays (9.00am to 1pm), 6 community pharmacies do not offer NMS services and access is limited at certain times during the week, particularly before 8.30am on weekdays and on Sundays.
 - No gaps have been identified that if provided either now, or in the future, would secure improvements, or better access to enhanced services across the whole HWBB area.
- **Stoma appliance customisation:** The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, reducing waste. Our needs assessment is not able to access or identify any data on the need for stoma care in the community.
 - No reported activity in Lambeth.
 - 13% (5 out of 38) pharmacies reported in the community pharmacy survey they are intending to provide the SAC service in the next 12 months.
- **Community pharmacist consultation service (CPCS):** The CPCS provides the opportunity for community pharmacy to play a bigger role within the urgent care system and relieve pressure on the wider NHS. This service launched in October 2019 as an advanced service,

facilitates patients, via a referral, having a same day appointment with their community pharmacist for minor illness or an urgent supply of a regular medicine, improving access to services and providing more convenient treatment closer to patients' homes. This service is considered **relevant** in securing improvements in access to medicines or advice on minor illness thus diverting pressures on the primary and secondary care urgent care system.

- 55 (87%) pharmacies are commissioned by NHS England to provide CPCS in Lambeth.
- There is good access and a choice of pharmacy. Whilst this is more limited during certain times, the majority of residents are able to access the service from a pharmacy nearby.
- No gaps have been identified that if provided either now, or in the future, would secure improvements, or better access to CPCS services across the whole HWBB area.
- **Smoking Cessation Service (SCS):** In July 2019, PSNC, NHSE&I and the Department of Health and Social Care (DHSC) agreed a five-year deal for community pharmacies, which included piloting a service to take stop smoking referrals from secondary care and then if successful, in Year 3 (2021/22) to commission such a service nationally. The early findings from the pilot indicated that a consistent, national offer could be achieved through community pharmacy, and that it could create the capacity needed to enable NHS trusts to transfer patients for smoking cessation support into the community. The SCS was therefore added to the NHS Community Pharmacy Contractual Framework (CPCF) as part of Year 3 (2021/22) of the five-year CPCF deal. Pharmacies take referrals from secondary care for patients

who have begun smoking cessation interventions whilst in hospital and continue providing smoking cessation support after the patient has been discharged from hospital. Our needs assessment has not looked at this specific cohort but smoking remains an important priority. This service is considered **relevant** in securing improvements in access to stop smoking advice for a particular cohort of patients recently discharged from hospital requiring ongoing support to stop smoking.

- 8 (12%) pharmacies are commissioned to provide smoking cessation as an advanced service in Lambeth.
- Although we do not have service activity data, it is largely dependent on referrals from secondary care and well organised and efficient referral pathways.
- Lambeth smoking rates are significantly higher than London and England averages, this service is greatly needed and therefore this service should be made widely available across pharmacies in Lambeth.
- **Hepatitis C Testing Service:** The Community Pharmacy Hepatitis C Antibody Testing Service was added to the CPCF in 2020, commencing on 1st September. The introduction of this new Advanced Service was originally trailed in the 5-year CPCF agreement, but its planned introduction in April 2020 was delayed by five months because of the COVID-19 pandemic. As the national Hepatitis C Programme is an elimination exercise, the service will be time limited with a plan to be commissioned until 31st March 2023. Our needs assessment has no data on the need for this cohort. However the service is part of NHSE&I national programme to eliminate Hepatitis C

virus by 2025, This service is considered **relevant** in securing improvements in access to point of care testing for those at risk of having hepatitis C.

- No reported activity in Lambeth
 - 24% (9 out of 38) pharmacies reported in the community pharmacy survey said that they are intending to provide Hepatitis C testing service in the next 12 months.
 - Lambeth has the fifth-highest rate of opiate and crack users in London and therefore there may be higher risk and numbers of residents with undiagnosed Hepatitis C.
 - There is very minimal activity throughout London, with only 8 services provided in the year from pharmacies in Croydon, Sutton, and Westminster.
- **Hypertension case finding service:** The 5-year Community Pharmacy Contractual Framework (CPCF) agreement reached in July 2019 included a plan to pilot case finding for undiagnosed cardiovascular disease. In 2020, NHSE&I commenced a pilot involving pharmacies offering blood pressure checks to people 40 years and over. In some pharmacies within the pilot, where the patient's initial blood pressure reading was elevated, they would be offered 24-hour ambulatory blood pressure monitoring (ABPM), which is the gold-standard for diagnosis of hypertension. Following the initial findings of the pilot, the DHSC and NHSE&I proposed the commissioning of a new Hypertension case-finding service, as an Advanced service, in the Year 3 negotiations from October 2021. Pharmacies identify people with high blood pressure aged 40 years or older and to refer them to general practice to confirm diagnosis and for appropriate

management. Our needs assessment identified and estimated 4 in 10 people remain undetected for hypertension and detection of new cases of hypertension as an important priority. This is deemed a **relevant** service to secure improvements in the case finding of people with undiagnosed hypertension.

- Hypertension case-finding service is a new service and at the time of publication there are currently 28 pharmacies in Lambeth offering this service.
 - No gaps have been identified that if provided either now, or in the future, would secure improvements, or better access to services across the whole HWBB area
 - 42% (16 out of 38) of pharmacies who responded, reported in the community pharmacy survey that they are intending to provide the hypertension case-finding service in the next 12 months.
- **Enhanced services:** Part 4 of the NHS Act 2006 lists several enhanced services which NHSE&I commissioners can authorise to arrange including but not limited to:
 - Anticoagulant Monitoring Service
 - Care home Service
 - Disease Specific Medicines Management Service
 - Gluten Free Food Supply Service
 - Independent Prescribing Service
 - Home Delivery Service
 - Language Access Service
 - Medication Review Service
 - Medicines Assessment and Compliance Support Service

There are four enhanced services commissioned through community pharmacies from NHSE&I: London flu vaccination service, COVID-19 vaccination service, coverage on Easter Sunday and Christmas Day and coverage on all other remaining bank holidays.

- **The London flu vaccination service** is provided in addition to the National Advanced Flu vaccination service and includes a “top up” element to cover additional groups of patients e.g., carers (including carers deployed through local authority social care services), as well as providing vaccination for those aged 2 years to 18 years. Our needs assessment identified a need to vaccinate a higher proportion of those considered most at risk to prevent illness and reduce flu related hospital admissions; community pharmacy-based vaccination improves access and uptake of seasonal flu vaccination. This is deemed a **relevant** service to secure improvements in the uptake of seasonal flu and other vaccines.
 - 45 (68%) pharmacies are commissioned by NHSE&I to provide the London seasonal influenza vaccination in Lambeth.
- **The COVID-19 vaccination service** has been added as an Enhanced Service from community pharmacies to support the delivery of vaccinations. Phase 5 of the vaccination service, the autumn 2022 booster programme, was commissioned as a National Enhanced Service (NES).
 - 14 (22%) pharmacies are commissioned by NHS England to provide COVID-19 vaccination in Lambeth.

- Community pharmacies are well placed to improve uptake of this vaccine. There is adequate access and a choice of pharmacy. However, this becomes more limited on weekends or early morning access hours with only one pharmacy available for both. No gaps have been identified that if provided either now, or in the future, would secure improvements, or better access to enhanced services across the whole HWB area. COVID-19 vaccination is considered an **enhanced** service to meet the pharmaceutical needs of our population, given the benefits, it improves access and provides a choice of provider, for “at risk” patients, other than their GP or community nurse.
- **Easter Sunday, Christmas Day and bank holiday access.** For the last two years NHSE&I has had an Enhanced Service for coverage over bank holidays to ensure that there are pharmacies open on these days; their location is near to the hubs and out-of-hours providers so patients can easily access medication if required. The current SLAs expire in August 2022 and are being extended. This is a change since the publication of the 2018 PNA. In Lambeth there is one pharmacy that is commissioned specifically for bank holiday coverage. Easter Sunday and Christmas Day coverage

Local services: the following local services are commissioned by Lambeth Council and Lambeth Together place based South East London ICB:

- **South East London Palliative Care Scheme:** Timely access to palliative care medication plays a crucial part in the management of symptoms in the last days of life and supports people to live and die in the place of their choice. South East London ICB have commissioned community pharmacies across South East London to hold a stock of

palliative care medicines which are commonly prescribed in end of life, to ensure timely access during normal hours.

- Good access to palliative care medications is crucial in improving quality of life in those with a life limiting conditions and providing end of life care.
- In Lambeth 5 pharmacies provide the SEL palliative care scheme and there is limited access across the borough with many residents having to travel over 1km to access this service.
- Given the benefits and importance of the SEL palliative care scheme, this service secures improvements or better access to, or that have contributed towards meeting the need for, pharmaceutical services.
- **Substance misuse service** (level 1- supervised administration and level 2 – plus needle exchange): The supervised consumption service supports those with an opiate addiction as part of a detoxification programme or those on maintenance therapy. This service promotes harm reduction by reducing the need for clients to inject drugs, presents opportunities for health promotion (e.g., through displaying leaflets and/or opportunistic advice) and signposting / referral on to other drug services as necessary. The needle and syringe exchange service involves the provision of clean injecting equipment and the means to dispose of used needles and syringes. The service also helps to signpost users to the local Community Drugs Team and through the provision of information and advice, encourage those people to access further services.
 - There are 39 (62%) pharmacies in Lambeth that provide level 1 and 7 (11%) of these also provide level 2 substance misuse services. In Lambeth, 2016-17, there were an estimated 12.32 opiate and crack users per 1,000 population aged 15 to 64 years. This is the fifth-highest rate per population in London.
 - The needle and syringe programme aims to reduce the transmission of blood borne viruses in this population.
 - The supervised administration service aims to support drug users to manage their treatment as reduce drug related crime.
 - There is documented evidence that needle and syringe programmes are effective and the service is aligning with local strategic priorities to reduce harm associated with drug misuse.
 - Given the benefits of the substance misuse service, the alignment with local strategic priorities and that there are no non-pharmacy providers of supervised administration service secures improvements or better access to, or that have contributed towards meeting the need for, pharmaceutical services.
- **Stop smoking services:** Lambeth's pharmacy stop smoking service provides support for quitters and aims to target hard to reach groups such as pregnant women and young people as well as being accessible to the general population. Support is face-to-face or remote. Although smoking prevalence continues to fall tobacco use remains a leading cause of preventable mortality and morbidity in Lambeth with a range of inequalities identified in our needs assessment.
 - In Lambeth, 13 (21%) pharmacies are locally commissioned to provide stop smoking services. Stop smoking services are vital in

respect to reducing the health consequences and inequalities associated with smoking.

- They are a high priority for Lambeth given that 17.8% of all residents aged 18 years and older smoke and are an important strand of Lambeth's efforts to reduce smoking rates among the population.
 - There is good evidence to support community pharmacy-based stop smoking services. Pharmacy services are beneficial in that medication to support a quit attempt may be supplied at the point of consultation.
 - The service is in line with strategic priorities around prevention and improved management of long-term conditions (e.g. COPD and CVD).
 - Given the benefits of the stop smoking service, the alignment with local strategic priorities this service secures improvements or better access to, or that have contributed towards meeting the need for, pharmaceutical services.
- **Sexual Health services:** level 1 – emergency hormonal contraception and condom distribution; Oral contraception (progestogen only pill). Pharmacies that are commissioned to provide sexual health services in Lambeth are expected to provide all elements of the service including a) comprehensive contraceptive assessment; b) assessment for, supply of and ongoing support for those needing access to emergency hormonal contraception; c) supply of oral contraception; d) sexual health appointment booking; e) Come Correct C-Card scheme; f) condom purchase offer; g) support for STI testing. A detailed needs assessment and strategy for sexual health have been reported elsewhere (<https://beta.lambeth.gov.uk/adult-social-care->

[and-health/health-and-wellbeing/sexual-health/sexual-health-services-plans-strategies](#)) and remains an important priority.

- Sexual health services within Lambeth pharmacies provide access to appropriate contraception and signposting for STI testing.
 - In Lambeth 14 (22%) pharmacies are locally commissioned to provide sexual health services.
 - Given the benefits of the sexual health service, the alignment with local strategic priorities this service secures improvements or better access to, or that have contributed towards meeting the need for, pharmaceutical services.
- **Vitamin D distribution:** This service, started in 2014, involves universal provision of Vitamin D to all pregnant and breast-feeding women, mothers with children under 1 and all children until their 4th birthday with the aim to prevent vitamin D deficiency among this group. Women receive health start vitamin tablets containing Vitamin C and D3 and Folic Acid. Babies and children receive healthy start vitamin drops containing Vitamins A, C and D3. The National Institute of Clinical and Health Excellence (NICE) recommends increased access & availability to vitamin D for at-risk groups; ensure health professionals recommend vitamin D supplements according to national guidance; raise awareness of the importance of vitamin D among at-risk groups and monitor/evaluate provision and uptake. ([Overview](#) | [Vitamin D: supplement use in specific population groups](#) | [Guidance](#) | [NICE](#)).
 - 19 pharmacies in Lambeth participate in the Vitamin D distribution service.

- This service has the potential to reduce the amount of vitamin D deficiency and associated conditions in Lambeth where there is a high proportion of at risk groups e.g. those with darker skin.
- Given the benefits of the Free D scheme, the alignment with local strategic priorities and accessibility of pharmacy this service secures improvements or better access to, or that have contributed towards meeting the need for, pharmaceutical services.
- **Equality Impact Assessment (EIA):** Section 2 of the PNA updated the health profile including the inequalities in health outcomes in Lambeth, which was used to inform the EIA for each of the service areas listed above, in section 3 based on the Equality Act protected groups. This is integrated into the main body of the report.

Consultation report

Method: A 60-day statutory consultation occurred between 4th July 2022 and 4th September 2022. An email was sent to all key stakeholders with a link to the PNA document and consultation questions. In addition to this, the consultation PNA was promoted by the Local Pharmaceutical Committee (LPC). The consultation was also open to members of the public and their responses were recorded.

Questions: There were 11 questions in total distributed over three sections. Section one focussed on the background, scope, and requirements for the PNA. Section two asked for feedback on whether the health needs of Lambeth in a local and national context had been

adequately explained. Section three asked for feedback on the assessment of Lambeth's pharmacies. In addition, there were questions asked of the respondents to collect information about their affiliation to organisations as well their demographic characteristics. These questions regarding protected characteristics were asked to ensure provision of fair services to all of Lambeth's diverse communities and to meet the needs of different groups. Every response received was reviewed and analysed before being considered in relation to the draft PNA. NHSE&I provided separate feedback on the consultation draft which was also reviewed and appropriate amendments made as relevant to the final PNA.

Findings: There were 149 individual respondents overall. Of these the majority (2 in 3) declined to answer questions on their demographic characteristics. Caution should be used when interpreting these findings. Of those who answered this question:

- 65% of the respondents were female and 31% were male.
- Of the respondents, no one answered below 35 years of age and the largest proportion of respondents were between 55 and 74 years old at 56%. Compared to the general Lambeth population as outlined in section 2.3.1, Lambeth has a younger population than the respondents with 1 in 4 Lambeth residents being between 30-39 years old.
- The ethnic group with the largest proportion of respondents is White British 61% and Black 16%. Compared to the general Lambeth population as outlined in section 2.3.3, only a third of Lambeth's population is White British compared to most respondents who shared their ethnicity.

- 55% of respondents considered themselves as suffering from an illness or have a disability.

Section 1: Most respondents (71%) agreed that the purpose and scope of the PNA has been explained sufficiently.

Section 2: Most respondents (68%) agreed that the health needs of the Lambeth population had been clearly described; that these were described in the context of both national policy and local commissioning intentions (63%); and set out the implications for the PNA (61%).

Section 3: Most respondents (74%) agreed that information in section 3 provided an accurate description; that most services had been included (88%); that the pharmaceutical needs had been accurately reflected throughout the PNA (63%)

General themes: The majority of open suggestions regarding sections 1, 2 and 3 in general were around accessibility of the document instead of the content, stating that it was too long and too technical to be digested by the public.

NHSE&I gave detailed feedback on the PNA based on criteria in terms of meeting the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations (“the 2013 Regulations”). The HWBB has responded to each of these (shown in detail in section 4) and revised the PNA based on this and the public consultation feedback.

1. Introduction

1.1 Why do we need a PNA?

Section 1 - Introduction

1.1 Why do we need a PNA?

A Pharmaceutical Needs Assessment (PNA) sets out the pharmaceutical services which are provided in the borough together with when, and where, these are available to the population. The PNA considers how these services meet the current and future needs of the population. **Table 1** summarises the information which the PNA must contain and the matters which must be considered.

The provision of NHS Pharmaceutical Services is a controlled market. Under the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations (1), any pharmacist, dispensing appliance contractor (DAC) or dispensing doctor who wishes to provide NHS pharmaceutical services must apply to NHS England to be included on the Pharmaceutical List. The 2013 Regulations outline the system of market entry.

The responsibility to develop, keep up to date, and publish PNAs lies with Health and Wellbeing Boards (HWBB) of Local Government. **Table 2** describes the duties of the HWBB. **Table 3** describes service providers included on the Pharmaceutical List for Lambeth and therefore considered within the PNA, services commissioned by NHS England, other services commissioned from specific pharmacies in response to the needs of the local population and services excluded from the scope of the PNA.

The PNA will be used by:

- NHS England, as the basis for determining market entry to a pharmaceutical list – whether a new pharmacy should open or an existing pharmacy relocate - and for commissioning services
- Lambeth Council and Lambeth Together (South East London place based Integrated Commissioning Board or ICB) and other organisations to inform current and future commissioning.

This document has been prepared by Lambeth Health and Wellbeing Board in accordance with the 2013 Regulations and replaces the PNA published by Lambeth Council in 2018.

1. Introduction

1.2 Scope of the PNA?

1.2 Scope of the PNA

Table 1: Requirements for the PNA

Schedule 1 of the 2013 Regulations (1) sets out the information to be contained within the PNA

A statement of the:	<ul style="list-style-type: none">• Provision of services in the area of the HWBB which are necessary to meet the pharmaceutical need and the provision of other relevant services that have secured improvements, or better access, to pharmaceutical services. This will include providers and premises within the HWBB area and those that may lie outside in a neighbouring HWBB but who provide services to the population within the HWBB area. The statement should report current provision as well as current or future gaps in provision.• Other NHS services provided or arranged by the HWBB, NHS England, ICB, an NHS Trust or an NHS Foundation Trust which impact upon the need for pharmaceutical services, or which would secure improvements in, or better access to, pharmaceutical services.
How the assessment was carried out including:	<ul style="list-style-type: none">• The localities which have been used for the basis of the assessment and a description of how the HWBB arrived at the choice of localities.• How it has taken into account (where applicable) the different needs of different localities and people who share a protected characteristic in its area.
Other:	<ul style="list-style-type: none">• A map showing where pharmaceutical services are provided• Likely future needs• A report on the consultation that it has undertaken
The HWBB must also have regard, in so far as it is practicable to do so, to the following:	<ul style="list-style-type: none">• The demography• Whether in its area there is sufficient choice with regard to obtaining pharmaceutical services• Any different needs of different localities within its area• The needs of different groups who share a protected characteristic, as defined within the Equality Act 2010 (Part 11, Chapter 1 (2))• The extent to which the need for pharmaceutical services are affected by:<ul style="list-style-type: none">○ Pharmaceutical services outside the area○ Other NHS services

1. Introduction

1.2 Scope of the PNA?

Table 2: Duties of the HWBB

Each HWBB must:	<ul style="list-style-type: none">• Develop and publish a pharmaceutical needs assessment. The first PNA was published on 1st April 2015 and the last PNA on 1st April 2018.• Keep the existing PNA up to date.<ul style="list-style-type: none">○ If there are significant changes in the availability of pharmaceutical services the HWBB should publish a revised assessment (as soon as is reasonably practical) or, where this is thought to be a disproportionate response, issue a supplementary statement summarising the changes.○ Issue a supplementary statement where the HWBB is in the process of modifying its PNA and considers this to be essential to prevent detriment to the provision of pharmaceutical services.• Publish a revised PNA within 3 years of publication of their first assessment.
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1. Introduction

1.2 Scope of the PNA?

Table 3: Scope of the PNA

Service providers included on the Pharmaceutical List for Lambeth and therefore considered within the PNA

Pharmacy Contractors “Community pharmacists”	Dispensing Appliance Contractors “Provide appliances but not medicines”	Distance selling pharmacy “Local contract, commissioned by NHS England”	Dispensing Doctors “GPs who dispense the medicines they prescribe for their patients”
63	None	None	None

Pharmaceutical Services commissioned by NHS England – Community pharmacists

Essential services	Advanced services	Enhanced services
<p>As set out in the 2013 Regulations (1) all community pharmacy contractors must provide the full range of services which encompass:</p> <ul style="list-style-type: none"> • Dispensing medicines and actions associated with dispensing (e.g. providing advice on medications, and keeping records) • Repeat dispensing • Disposal of unwanted medicines • Public health – promotion of healthy lifestyles campaigns • Clinical governance • Signposting • Discharge medicines service • Support for self-care • Healthy Living Pharmacy level 1 	<p>Advanced Services are defined in the (Advanced and Enhanced Services) (England) Directions 2013 (3). A contractor has discretion as to whether or not they provide advanced services. There are requirements which need to be met in relation to premises, training or notification to NHS England. Advanced services include:</p> <ul style="list-style-type: none"> • Appliance Use Reviews (AUR) • Community Pharmacist Consultation Service (CPCS) • Flu Vaccination Service • Hepatitis C Testing Service • Hypertension Case-Finding Service • New Medicines Service (NMS) • Stoma Appliance Customisation Service (SAC) • Smoking Cessation Service • Pandemic delivery service/Lateral Flow device (decommissioned on 31 March 2022) 	<ul style="list-style-type: none"> • London vaccination service • Covid vaccination • Bank holiday opening hours • Coverage on Easter Sunday and Christmas Day

1. Introduction

1.2 Scope of the PNA?

Other services commissioned from specific pharmacies in response to the needs of the local population		
Services commissioned by Lambeth Council	Services commissioned by SE London ICB	Services commissioned by NHS Trusts or Foundation Trusts
<p>Substance misuse service:</p> <ul style="list-style-type: none">• Level 1 - supervised administration & consumption• Level 2 - plus needle exchange <p>Stop smoking service:</p> <ul style="list-style-type: none">• Varenicline (Champix)• Nicotine replacement therapy• NRT voucher scheme (specialist service clients) <p>Sexual Health:</p> <ul style="list-style-type: none">• Level 1– Emergency hormonal contraception (EHC)– Condom distribution• Oral contraceptives (Progestogen-only pill)	<ul style="list-style-type: none">• Free (vitamin) D distribution• South East London Palliative Care Scheme	<ul style="list-style-type: none">• None

1. Introduction

1.2 Scope of the PNA?

Other services		
Services excluded from the scope of the PNA because they do not fall within the 2013 NHS Regulations 1 and do not impact upon market entry decisions	Other services that affect the need for Pharmaceutical Services	Services that were stopped/decommissioned in Pharmacies since 2015
<ul style="list-style-type: none"> • Non-NHS services provided by pharmacy contractors • The pharmacy services within hospitals providing secondary and tertiary care, including: Guy's and St Thomas's NHS Foundation Trust ; Kings College Hospital NHS Foundation Trust ; South London and the Maudsley NHS Foundation Trust 	<ul style="list-style-type: none"> • Community pharmacists in neighbouring HWBB areas • Community based clinics • General Practitioners • Walk in Centres/Extended Primary Care Access Schemes / GP Out of Hours Service • Drug and alcohol services provided in non-pharmacy settings • NHS Foundation Trusts: Guy's and St Thomas' NHS Foundation Trust; King's College Hospital NHS Foundation Trust; South London and the Maudsley NHS Foundation Trust • Dentists • Optometrists • Care Homes • NHS Health Checks 	<ul style="list-style-type: none"> - NHS Health Checks (April 2017) - Minor ailments (April 2017) - Alcohol (brief intervention) scratch-card scheme - Chlamydia screening (distribution of kits) plus treatment - Advance services: - Medicines Use Review and Prescription Intervention (MUR) Services - NUMSAS – NHS urgent medicine supply advanced service - Covid champions stopped 31 March - 'Medicines Plus' scheme (decommissioned 2018)

1. Introduction

1.3 How was the PNA developed?

1.3 How was the PNA developed?

- The PNA has been developed through a multiagency steering group and engagement with key stakeholders.
- **Table 4** outlines the activities which were carried out at each step.
- Throughout the process it is key to seek different people's points of view to inform the PNA. To achieve this, expert advice was sought from Lambeth Council and Lambeth Together (ICB) communication and engagement teams. The methods used to engage with people were:
 - Survey for completion by residents of Lambeth; carried online or in person via market researchers. Results are incorporated into the main body of the PNA.
 - Seeking the views of a wide range of health and social care professionals within Lambeth Council, Lambeth Together (ICB), Local Pharmaceutical Committee (LPC) and NHS England.
- The formal 60-day consultation will be used as an opportunity to 'sense-check' our assessment and conclusions prior to the final PNA being signed off by the HWBB and published. The feedback from the consultation and the amendments resulting from were discussed and agreed with the joint chairs of the Lambeth Health and Wellbeing Board.
- The full engagement strategy can be found in the appendix
- A full list of pharmacies in Lambeth and their opening times can be found in the appendix.
- Commissioned services from pharmacies can be found in the appendix.

1. Introduction

1.3 How was the PNA developed?

Table 4: Steps and activities undertaken to develop the PNA

Step	Activity
Step 1 Governance	<ul style="list-style-type: none">A multiagency steering group was set up to guide and review the development to the PNA
Step 2 Data collection	<ul style="list-style-type: none">Information and data were requested from commissioners in Lambeth Council, Lambeth Together (SELICB) and NHS EnglandA survey was designed to collect information from the public on how they use pharmaceutical services and their views on servicesA survey was designed to gather information from community pharmacists on current service provision (and to better understand their views on services). A copy is attached in appendixData collected from the commissioners and the Community Pharmacy Survey were comparedNationally available data from NHS Digital and NHS Business Authority was used to compare local data against other local authorities
Step 3 Health needs and local priorities	<ul style="list-style-type: none">The Joint Strategic Needs Assessment (JSNA) and other supporting documents were used to summarise the needs of the local populationInformation was collected from commissioners, public health leads and others to ensure that the current and future priorities for pharmaceutical services were incorporated
Step 4 Analysis	<p>The data were analysed separately for each service</p> <ul style="list-style-type: none">Comparisons between local, regional and national data were undertaken to understand the picture in Lambeth relative to othersMapping software and Ordnance survey maps were used to map local pharmaceutical services. The maps used 500m and 1km buffer zones as these represent a 6 and 12 minute walk for a healthy adult from the relevant service, respectively
Step 5 Drawing Conclusions	<ul style="list-style-type: none">Conclusions were formulated and presented at the steering group for discussion and agreement
Step 6 Formal consultation	<ul style="list-style-type: none">In accordance with the regulations, a formal 60-day consultation will be held between 04 July and 04 September 2022The findings of this consultation were presented to the Steering Group and the HWBB and amendments discussed and agreedA report on the consultation was added following the consultation (see section 4)
Step 7 Publication of the PNA	<ul style="list-style-type: none">The final PNA was signed off by the HWBB in October 2022 and published

2. The local picture

2.1 Lambeth an overview

Section 2 – The Local Picture

2.1 Lambeth an overview

Approach

The local picture in Lambeth is developed from several data sources and geographies ranging from ward, localities and borough. On May 2022 Lambeth ward boundaries changed, this increased the number of wards from 21 to 25 and changed the boundaries of all existing wards as well as changing the names. These can be found on the Lambeth Council News website (4). At the time of writing the analysis carried out in the PNA reflects boundaries pre May 2022, this reflects the availability of data and boundaries at these geographies.

Overview

Lambeth is a diverse and densely populated borough of South East London made up of 21 electoral wards. Neighbouring boroughs are: Southwark, Croydon, Bromley, Merton and Wandsworth. To the North East, the borough is bounded by the River Thames. **Map 1**, overleaf, shows the location of Lambeth and it's neighbouring boroughs within the context of London.

- The Borough of Lambeth extends over an area of 27.25 km² with the 2022 resident population estimated at 318,000 people (GLA 2020 projections (5)). Lambeth is the 7th most densely populated borough in London (excluding the City of London).
- The population is subject to significant annual turnover, with the sum of people leaving and those arriving equating to nearly 16% of the population in any one year.
- Lambeth's population is highly diverse, a characteristic visible in the breadth of ethnic and cultural traditions seen through the length of the borough. 67% of residents describe their ethnicity as other than White British.
- A large proportion (41%) of Lambeth's residents are young adults, aged 20-39 years. Correspondingly, there is a relatively small proportion (15% of the population) of adults aged 60 years and over.
- Pharmaceutical needs assessment regulations require the area be divided into localities as the basis for structuring the assessment.
- For the purpose of this PNA, three localities have been chosen to correspond with those used by Lambeth Together for planning and commissioning services: North, South East and South West.
- Each is defined as the aggregate of a number of administrative wards rather than by a cluster of GP practices.
- The localities are of different size, in terms of area and of the population resident within them, the analysis over the following pages will describe these differences.
- Lambeth's localities and the constituent wards are listed in **table 5** below.

2. The local picture

2.1 Lambeth an overview

Table 5: PNA localities and their composite wards

North	South West	South East
Bishop's	Clapham Common	Brixton Hill
Prince's	Clapham Town	Coldharbour
Oval	Streatham Hill	Fernhill
Stockwell	Streatham South	Gipsy Hill
Larkhall	Streatham Wells	Knights Hill
	St. Leonards	Thurlow Park
	Thornton	Tulse Hill
		Vassall
79,240	103,165	135,360

Source: GLA ward 2020 based population projections, 2022

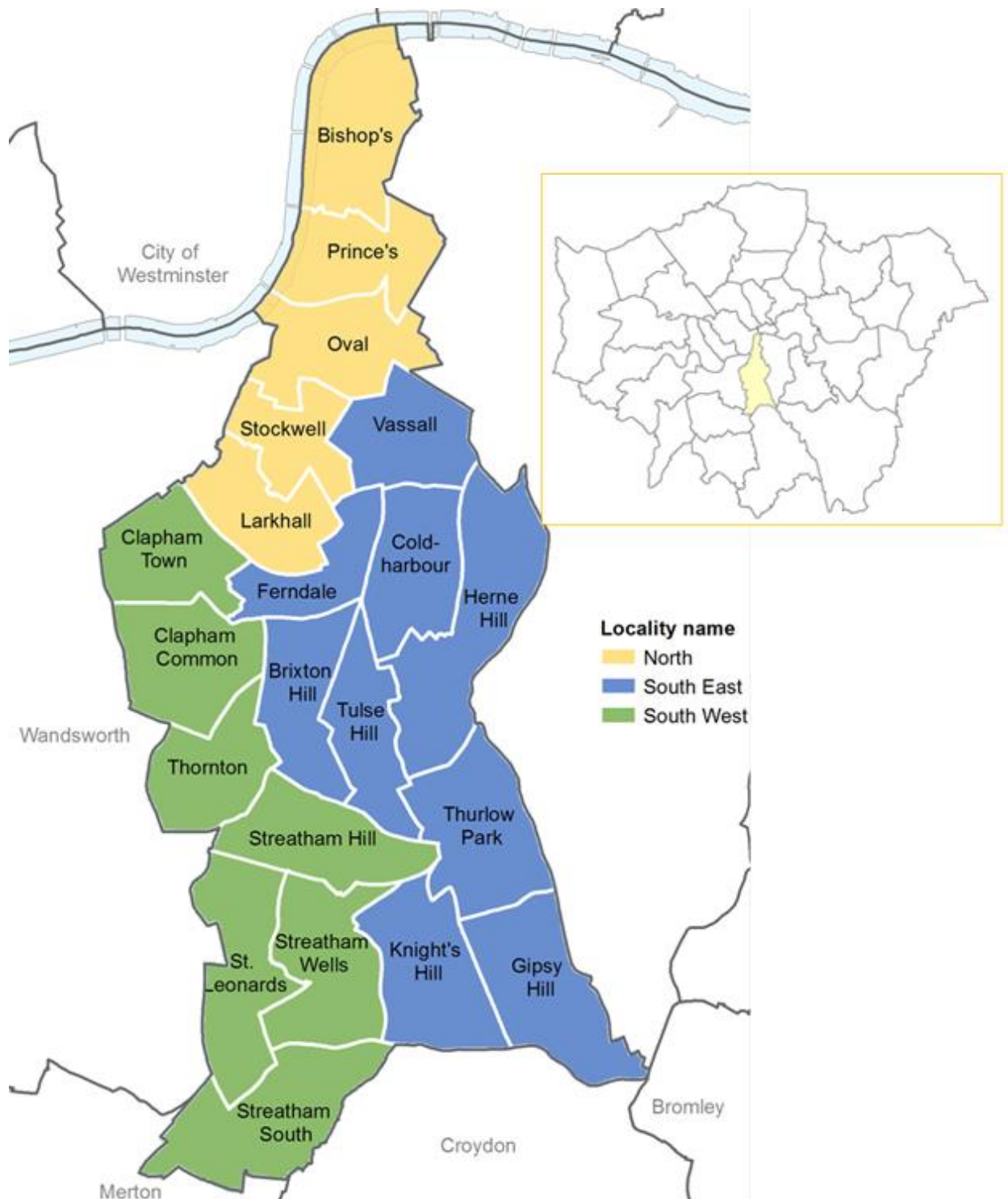
New ward boundaries 2022

Ward boundaries have been updated in 2022 so will be different from the above. Throughout the report we have used the old wards as due to the new wards only just being released, there is very little data for them to make the report as thorough as possible and cohesive throughout. To achieve this the old ward boundary, as listed above, are the ones used.

2.2 Lambeth and surrounding areas

Map 1: London Borough of Lambeth, localities and wards

- The clipped image below shows Lambeth and its position within Greater London.
- The larger map shows the localities which have been defined for the purpose of this pharmaceutical needs assessment, and the wards within each locality.



2.3 Age and sex across Lambeth

Lambeth has a resident population of approximately 318,000 people (5).

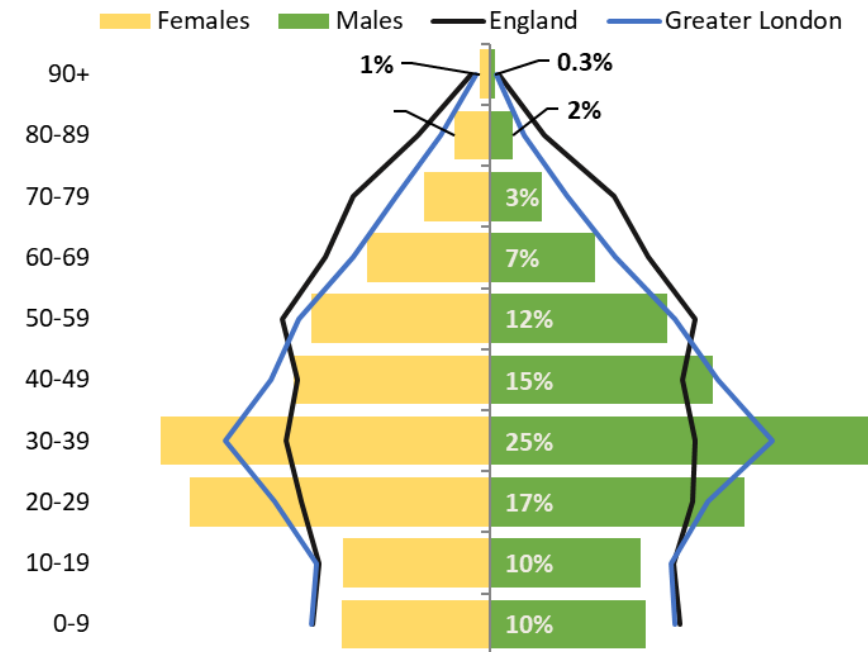
Figure 1 shows a population pyramid illustrating the age/sex breakdown of the resident population of Lambeth. Across all age groups, there is an even split of males to females (50.4% to 49.6%). An exception is seen among young adults:

- In 20 to 39 year olds there are significantly more females than males.
- But among 30 to 39 year olds, there are significantly more males than females.

The population in Lambeth is predominantly young, 61% are aged under 40. Correspondingly, the older population – those aged 60 years and over, account for little over 15%.

In this way Lambeth's population breakdown by age differs from that of England, and to a lesser degree from that of London, where the proportion of younger adults is smaller, and the proportion of older people is greater.

Figure 1: Population pyramid 2022 - Age/sex breakdown



Source: GLA (2020 based) population projections, 2022

Age and sex across the localities

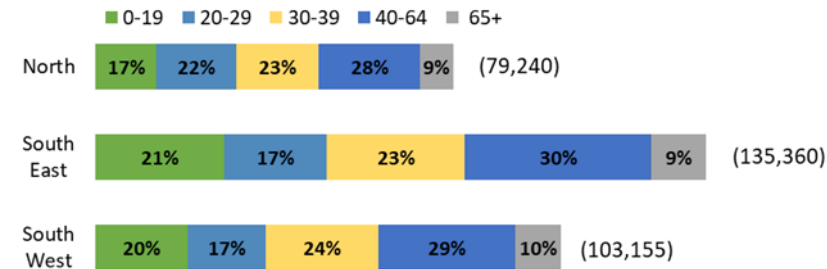
The age breakdown of the population varies across the borough, with some wards having a large proportion of young professional people and others housing larger numbers of families, or older couples.

Figure 2 shows the age breakdown and population size of the three localities of Lambeth: North, South East and South West. The differences in area, and population size are evident; the North locality has the smallest total population of approximately 79,240; this is little under half that of the South East locality where the total population is nearly 135,360.

The North locality has a smaller proportion of 0-19 year olds, and a greater proportion of 20-29 year olds than either of the other localities. This may characterise an area made up of relatively fewer families, and more young professionals than the borough as a whole.

South East locality has the greatest population; it also has the contains the greatest proportion of young people, 0 to 19 years; and of residents age 40-64 years. This may indicate an area made up of relatively more families and established residents than across much of the rest of the borough.

Figure 2: Age breakdown in Lambeth's localities, 2022



Source: 2020-based Scenario Projection: Identified Capacity Scenario

Population Change

The 2011 Census recorded Lambeth’s usual resident population at 303,100. The latest estimate from the Greater London Authority Strategic Housing Authority led projections estimated the 2022 Lambeth population at 318,000; equating to an increase of 5%.

Lambeth’s resident population is expected to increase to 333,680 by 2032, an increase of nearly 16,000 people on the 2022 population, **table 6**.

Table 6: Lambeth projected population change to 2032

Locality	2022 population	Net change to 2032	Net % change to 2032
North	79,240	+10,007	+13%
South East	135,360	+2,157	+2%
South West	103,160	+3,753	+4%
Lambeth	327,600	+15,917	+5%

2020-based Scenario Projection: Identified Capacity Scenario, Ward

These projections take into account both total migration estimates and also proposed development.

Housing development

The London Plan (20/21) required at least 1,335 (revised to 890 due to Covid-19) net additional homes to be built in Lambeth and this target has been exceeded, 1,195 net additional dwellings.

The largest growth in housing with the most units under construction by a significant margin was Oval with work underway on several major scheme including Vauxhall Square, the Tesco Store redevelopment on Kennington Lane and the Gasholder Station redevelopment. The wards with the least activity include Herne Hill, Tulse Hill and Vassall.

There will be many smaller housing projects around the borough, **table 7** shows the projected number of dwellings to be built in Lambeth over the three-year period 2022 to 2024.

Table 7: Lambeth housing development projections

Year	Net additional dwellings
2022	1,036
2023	1,036
2024	1,036
Lambeth	3,107

Source: 2020-based Scenario Projection: Identified Capacity Scenario

What this means for the PNA...

Older people, children, women aged 55 years and over, and people with long term conditions are more likely to visit pharmacies once a month or more. Conversely men, younger adults and people in employment are less likely to visit pharmacies once a month or more.

Taking into account the younger population profile of Lambeth, opportunities to target health promotion and health interventions should be maximised in efforts to improve health and delay the onset of disease.

The trend for population growth in Lambeth (5% over ten years) is less than the national average (4% increase for England). However this factor combined with an ageing population will increase future demand for services, including those provided by community pharmacy. In addition, pharmaceutical services will need to develop to support the needs of an ageing population with long term conditions.

2. The local picture

2.4 Diversity, ethnicity

2.4 Diversity in Lambeth

Ethnicity

Lambeth has a highly diverse population with around 67% of residents describing their ethnicity as other than white British. Within the borough, the ethnic mix varies greatly across the localities; **figure 3** illustrates some of these differences.

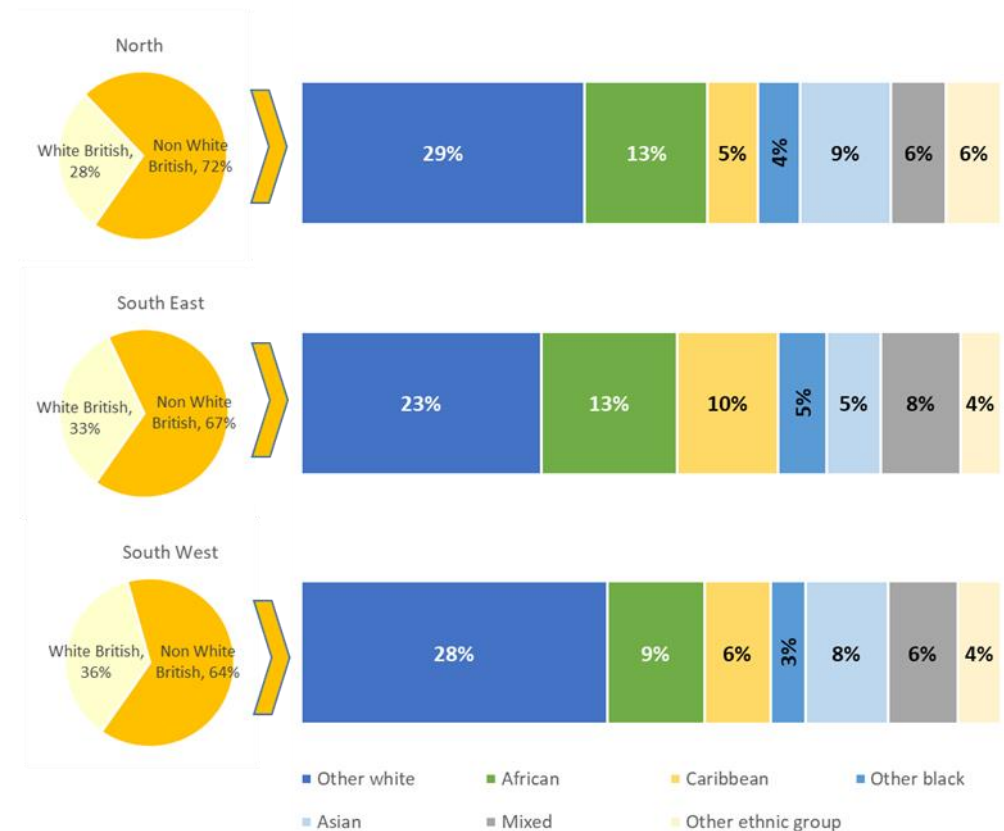
There are larger White British populations in both South West (36%) and South East (33%) localities.

In North locality, among Non-White British ethnic groups, 29% describe themselves as White Other, and a further 22% as Black; 13% Black African, 5% Black Caribbean and 4% Black Other. There are a smaller proportion of Black Caribbean than in any other locality.

South East locality, is the largest locality (135,360 residents); 67% of these describe themselves as of a Non White British ethnic groups. Among these people, 41% in total are Black (combined African, Caribbean, and Other Black).

In South West locality, White British make up a larger proportion of the population, 36%, this locality also has a large proportion of Other White. 28% of the Non-White British ethnic groups are of a Black ethnic group.

Figure 3: Ethnicity breakdown of locality resident population



Source: Lambeth DataNet, Sep 2021

2. The local picture

2.4 Diversity, language

Main languages spoken

The 2021 schools census reports nearly 150 languages spoken by Lambeth school children, with 1 in 10 households having no members of the household who have English as their main spoken language (Census 2011). The most common main spoken language other than English are:

- Portuguese
- Spanish
- Polish
- French
- Italian

17,913 pupils spoke or understood a language other than English at home. This represents 48% of the total respondents. Spanish is now the most common language spoken by pupils with English as an additional language (EAL) with 2566 speakers (6.8%), having overtaken Portuguese with 2374 speakers (6.3%) who for many years have been the largest EAL language group in Lambeth schools. The next largest groups are speakers of Somali (3.9%), French (3.5%), Polish (3.0%) and Arabic (2.8%).

Table 8 shows languages Spoken by Pupils in Lambeth Schools 2021 (20 or more speakers) (6).

Proficiency in English

Due to the impact of Covid on school closures, pupil and staff absences, not all schools were able to submit proficiency in English data this year. The 2021 figures only reflect those schools who made a return (64 schools). 6,639 Lambeth pupils (24.2%) were English as an additional language (EAL) learner who were not fluent in English (Stage A-C). 3.6% were classified as Stage A (New to English), 8.0% as Stage B (Early Acquisition) and 12.6% as Stage C (Developing Competence).

Table 8: Top 12 languages spoken by pupils in Lambeth schools 2021

Language	Number	%
English	19,442	51.8%
Spanish	2,566	6.8%
Portuguese	2,374	6.3%
Somali	1,464	3.9%
French	1,298	3.5%
Polish	1,116	3.0%
Arabic	1,067	2.8%
Akan/Twi-Fante	8,08	2.2%
Yoruba	8,08	2.2%
Urdu	4,51	1.2%
Italian	4,45	1.2%
Bengali	4,41	1.2%

Source: School census 2021

Country of birth

Country of birth is the country in which a person was born. The Annual population survey (7), estimates that a third of Lambeth's residents are non-UK born (114,000). Of these non-UK born, over a third (this equal to 13% of the Lambeth population) are of wider European origin (both EU and non-EU combined), a further 9% are of Asian origin, 5% are of African origin; and 5% of Central or South American origin.

What this means for the PNA...

There is a correlation between health inequalities and levels of diversity in a population. Ethnic minority communities experience a range of health challenges: from low birth weight and infant mortality, through to higher incidence of long term conditions such as diabetes and cardiovascular disease.

Individuals born outside of the UK and those who frequently travel to their countries of origin may be exposed to different health risks and this may be reflected in their needs.

Lambeth's pharmaceutical services need to reflect the specific needs of the black and minority ethnic populations whilst providing a broad range of services to the entire population. In addition, the diversity of spoken languages presents challenges for the delivery of health promotion messages and lifestyle advice. Account needs to be taken of ethnic differences within each locality when planning pharmacy services.

2.5 Other populations

Homeless population

Homelessness is associated with severe poverty and is a social determinant of health. It often results from a combination of events such as relationship breakdown, debt, adverse experiences in childhood and through ill health. Homelessness is associated with poor health, education and social outcomes, particularly for children.

Rough sleeping is the most visible form of homelessness but there are a wide range of situations that are also described as homelessness. Understanding each type of homelessness leads to better support and a better view of homelessness as a whole. Building a picture of the number of people who are homeless is complicated. This is due to the different ways each type is counted and the limitations of each approach.

Rough sleeping

There were an estimated 2,440 people sleeping rough in England on a single night in the Autumn of 2021. Nearly half (45 %) of all people sleeping rough on a single night in autumn are in London and the South East. The full picture of rough sleeping across UK is unknown. The London based CHAIN database currently provides the most robust and comprehensive statistics on rough sleeping. This data (January – March 2022) shows Lambeth rough sleeping numbers estimated at 106 sleepers. This figure is broken down into new rough sleepers, 47, living on the streets, 10 and intermittent rough sleepers, 49.

In temporary accommodation

2,837 households were in temporary accommodation on 31 March 2021. 2,202 of these households included dependent children. There were 4,208 children within these families.

The length of time people can stay in temporary accommodation can range from a single night to indefinite. There are several different types of temporary accommodation: night/winter shelters, hostels, B&Bs, woman's refuges, private and social housing. Each type of temporary accommodation has its own rules on access and lengths of stay and may not always be appropriate for the individuals staying in them.

Hidden homelessness

The majority of homeless people are hidden from statistics and services as they are dealing with their situation informally. This means staying with family and friends, sofa surfing, living in unsuitable housing such as squats or in 'beds in shed' situations (The Homelessness Monitor: England 2018). All these situations leave the person extremely vulnerable. The majority of the hidden homeless will have slept rough at some time (The hidden truth about homelessness, 2011).

Statutory homeless

The Homelessness Reduction Act (HRA) introduced new homelessness duties which meant significantly more households are being provided with a statutory service by local housing authorities than before the Act came into force in April 2018. The HRA introduced new prevention and relief duties, that are owed to all eligible households who are homeless or threatened with becoming homeless, including those single adult

2. The local picture

2.5 Other populations

households who do not have 'priority need' under the legislation. In the 202/21 financial year there were 3,214 households owed a duty under the HRA.

Prison population

Prisoners often come from deprived backgrounds with histories of social exclusion and disadvantage and have greater physical and mental health needs compared to the wider population. Many of them have unhealthy lifestyles and will have had little or no regular contact with healthcare services before coming into prison.⁹ The main issues in prison healthcare are mental health, substance misuse and communicable diseases.¹⁰

The prison population is unlike the rest of the general population, it is transient with rapid turnover, poor general health and a high prevalence of serious and resource intensive conditions such as mental health and substance misuse problems. Young offenders may have a higher proportion with mental health problems and a history of self-harm.

HMP Brixton operates as a resettlement prison, holding adult (18 years old and over) male prisoners, security Category C drawn mainly from the surrounding court catchment areas. A resettlement prison holds prisoners who are preparing for their release back into the community and effectively helped to reduce their likelihood of reoffending.

As of 30 June 2021, the total number of prisoners at HMP Brixton was 658.

Student population

Lambeth has several colleges and proximity to universities with several campus sites across the borough. As such there will be an influx (both on a daily and term-time basis) of (mainly young) people. The requirements of this cohort of population should be noted within the PNA.

Purpose-built student accommodation, both existing and in the pipeline, is concentrated in the north of the borough. This is likely to be due in part to the location of King's College London (KCL) at Waterloo and excellent public transport connections, particularly from Vauxhall and Waterloo.

Table 9 summarises the number of bed spaces within existing purpose-built student accommodation in Lambeth and those coming forward through the development pipeline. One new purpose-built student accommodation scheme, comprising 133 bed spaces, was completed during 2020/21. As of end of March 2021, two schemes relating to student accommodation were under construction (net 815 bed spaces) and one other was permitted but not implemented (272 bed spaces).

Table 9: Student accommodation at end of March 2021

Status	No. of bed spaces
Total existing	4,140
Total development pipeline	1,087
Under construction	815
Schemes with planning permission	272
<i>Source: Lambeth Local Plan, Student Accommodation Assessment 2020/21</i>	

2. The local picture

2.6 Deprivation

2.6 Deprivation

Deprivation: Index of Multiple Deprivation (IMD) 2019

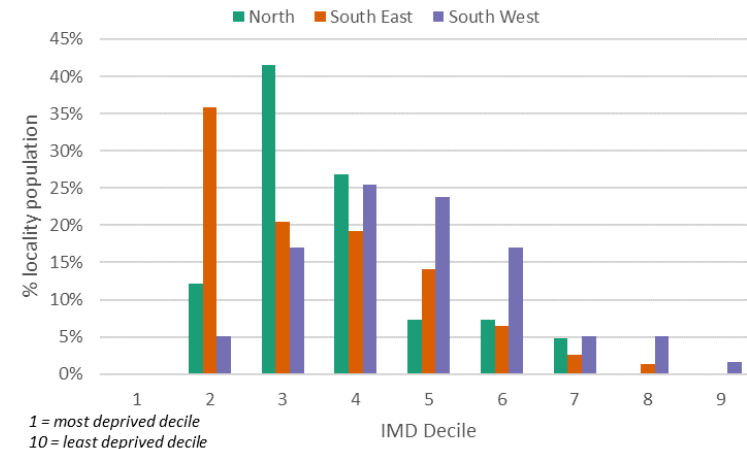
Lambeth is ranked as the 11th most deprived borough in London, and the 81st most deprived in England (IMD, rank of average score). Just over one in five of Lambeth's residents (20.2%) live in an area that is ranked among the 20% most deprived in England, but levels of deprivation vary widely through the length of the borough, **figure 4**.

In North locality, over 40% of residents live in an area categorised as decile 3, with none in decile 1 still the vast majority (80.5%) live in decile 4 or below (describing areas ranked among the most deprived 40% in England). This area has the least variation through deprivation deciles.

The South East locality has the highest proportion of residents categorised among the 20% most deprived at 35.9% of residents within decile 2. The highest decile residents of this area live in is decile 8 but the spread beyond decile 5 is very thin with just under 90% of residents living in decile 5 or below.

Within Lambeth, the South West locality has fewest highly deprived areas; there are 5.1% residents living in an area categorised among the 20% most deprived. Deprivation ranking is then distributed more evenly across deciles 3 to 6 before small proportions are classified as in the higher deciles going up to decile 9.

Figure 4: Proportion of locality population living in areas classified under each (England) deprivation decile



Source: Index of multiple deprivation 2019

What this means for the PNA...

There is correlation between deprivation and health outcomes, with higher incidence of long term conditions, earlier onset of disease and lifestyle related health inequalities.

Access to community pharmacy services in these communities is important in supporting the population to address their health needs.

The PNA will need to consider whether the services provided by pharmacies are available in our most deprived communities and have sufficient capacity to meet the needs of this population.

2. The local picture

2.6 Deprivation

Deprivation: Income Deprivation Affecting Children Index (IDACI)

The Income Deprivation Affecting Children Index (IDACI) measures the proportion of all children aged 0 to 15 living in income deprived families. Lambeth overall is measured as having 23% of children living in income deprivation, the 7th highest proportion in London and the 38th in England.

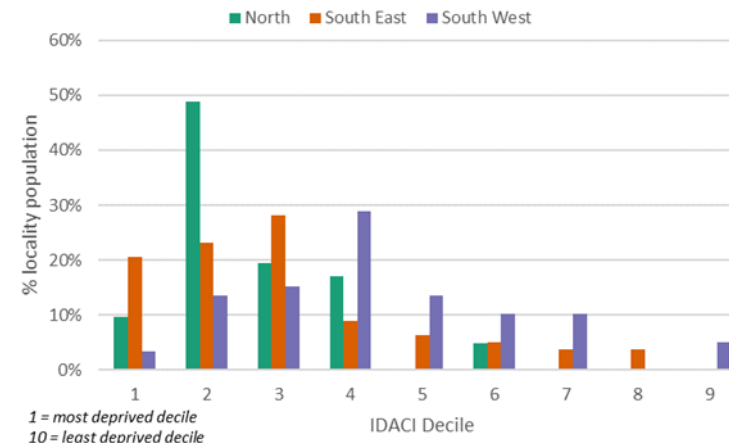
38% Lambeth's residents live in an area that is ranked among the 20% highest proportion of children affected by income deprivation in England. This ranges from proportions of 47% to 27% of children affected, but levels of deprivation vary widely through the length of the borough, **figure 5**.

In North locality, almost 50% of residents live in an area categorised as decile 2, and while some residents reside in decile 6, 95% of the population are among the 40% highest proportion of children affected by income deprivation in England.

In South East locality, just over 70% live in decile 3 and below. Furthermore this locality has the highest proportion of residents living in an area classified as decile 1 at 21% (meaning they are among the 10% highest proportions in England).

Within Lambeth, the South West locality has fewest highly deprived areas; with 17% of residents living in an area categorised among the 20% highest proportions. Deprivation ranking is then split across the locality from decile 3 to 7, with an additional 5% residing in decile 9.

Figure 5: Proportion of locality population living in areas classified under each (England) income deprivation affecting children decile



Source: Income Deprivation Affecting Children Index 2019

What this means for the PNA...

There are several links with adverse childhood circumstances with poor child health outcomes as well as affecting their future health and life chances as adults.

Ensuring a good environment in childhood, especially early childhood, is important. One way to address the populations needs is through access to community pharmacy services.

The PNA will need to consider whether the services provided by pharmacies are available in our most deprived communities and have sufficient capacity to meet the needs of this population.

2. The local picture

2.6 Deprivation

Deprivation: Income Deprivation Affecting Older People Index (IDAOPi)

The Income Deprivation Affecting Older People Index (IDAOPi) measures the proportion of those aged 60+ who experience income deprivation. Lambeth overall is measured as having 30% of older people living in income deprivation, the 6th highest proportion in London and the 7th in England.

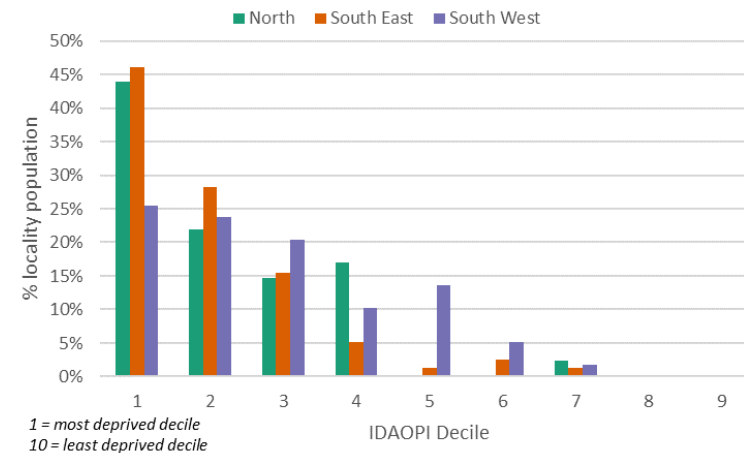
64% of Lambeth's population are among the 20% highest proportion areas of older people affected by income deprivation in England. This ranges from 68% to 26% of older people affected. The highest decile seen in Lambeth is decile 7 but variation depends on area which can be seen in **figure 6**.

In North locality, 44% of residents live in an area categorised as decile 1, and a further 22% in decile 2, so the majority are among the most 20% highest proportion areas of older people experiencing income deprivation in England.

The South East locality has the highest proportion living in highly deprived areas with almost 3 in 4 residents (74%) living in an area categorised as among the 20% highest proportions of older people experiencing income deprivation in England.

Within Lambeth, the South West locality has fewest highly deprived areas, but almost half of all residents still live in an area categorised among the 20% highest proportions. Deprivation ranking goes up to decile 7, but small proportions are seen in the higher deciles.

Figure 6: Proportion of locality population living in areas classified under each (England) income deprivation affecting older people decile

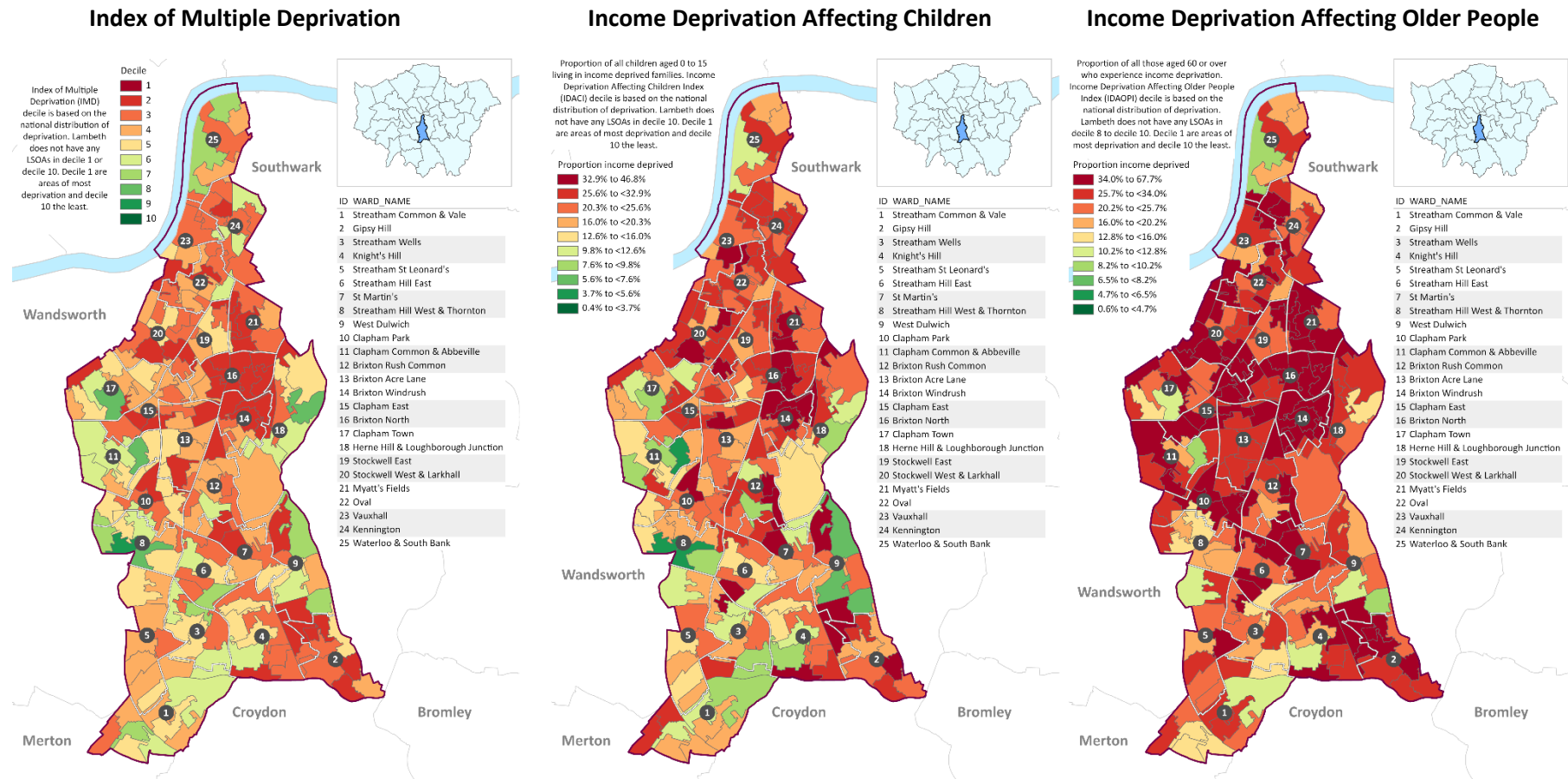


Source: Income Deprivation Affecting Older People Index 2019

What this means for the PNA...

This indicator is a measure of older people living in poverty and further relates to the independence and well-being experienced in later life. Areas with a higher proportion of older people living in income deprivation will have a greater need for health services. The PNA will need to consider whether the services provided by pharmacies are available in our most deprived communities and have sufficient capacity to meet the needs of this population.

Map 2: Distribution of deprivation (2019) by LSOA



2. The local picture

2.7.1 Life expectancy at birth

2.7.1 Life expectancy at birth

Life expectancy at birth is the average number of years a newborn can expect to live if current death rates do not change. However, the death rate of any birth cohort cannot be known in advance, calculations are based only on current death rates. If rates fall in the future, actual life spans will be higher.

Between 2004 and 2018 life expectancy for females, **figure 7**, and males, **figure 8**, improved because of reduced deaths from cardiovascular diseases, cancers, infant deaths, and other causes. However, since 2019 there has been a fall in life expectancy for both men and women.

Figure 7: Life expectancy for females at birth (1 year period), 2004 to 2020

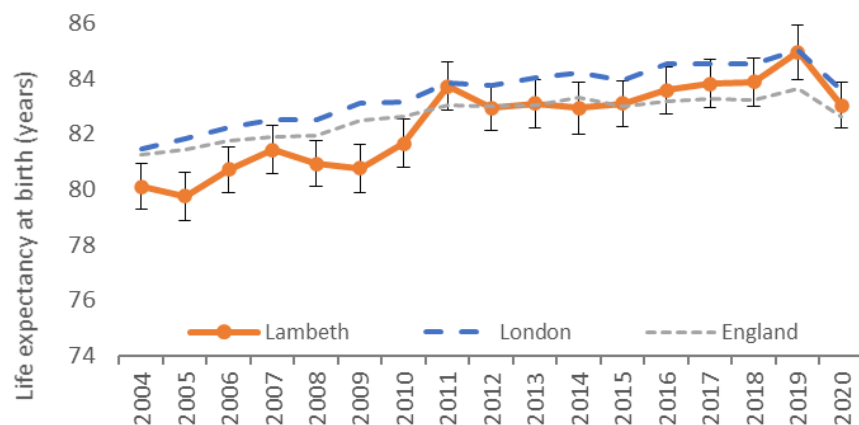
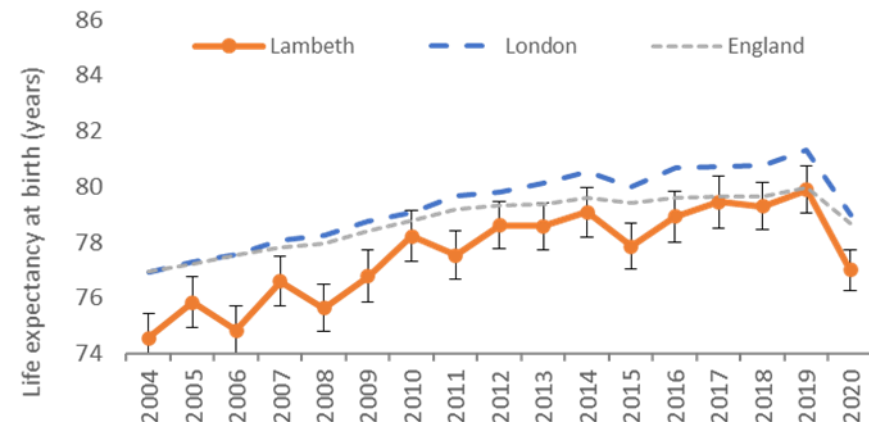


Figure 8: Life expectancy for males at birth (1 year period), 2004 to 2020



Source: Office for Health Improvement & Disparities. Public Health Profiles. April 2022 <https://fingertips.phe.org.uk> © Crown copyright 2022

For those born in the period, 2020, **table 10**, average life expectancy is 77 years for males and 83 years for females in Lambeth. For females this figure is similar to London and England. For males this figure is lower than London and England. Comparing to areas that have similar population composition and deprivation females experience average life expectancies and males are in the lowest quintile.

In Lambeth the gap (6 years) between female and male life expectancies is widening over time. Similarly the gap for Lambeth males and females and England Males and females is widening.

2. The local picture

2.7.1 Life expectancy at birth

Table 10: Life expectancy of males and females: Lambeth, London, England 2020

Sex	Lambeth	London	England
Female	83.0	83.5	82.6
Male	77.0	79.0	78.7

Source: Office for Health Improvement & Disparities. Public Health Profiles. April 2022 <https://fingertips.phe.org.uk> © Crown copyright 2022

Life expectancy of males and females in each of the locality areas is shown in **figure 9** and **figure 10**. Life expectancy in the North locality is estimated as higher than in the South West, for males and females. However, life expectancy for males in all localities of Lambeth is lower than female life expectancy in Lambeth as well as the life expectancy for males in England, and London.

Figure 9: Female life expectancy in the Lambeth localities, 2020-2021

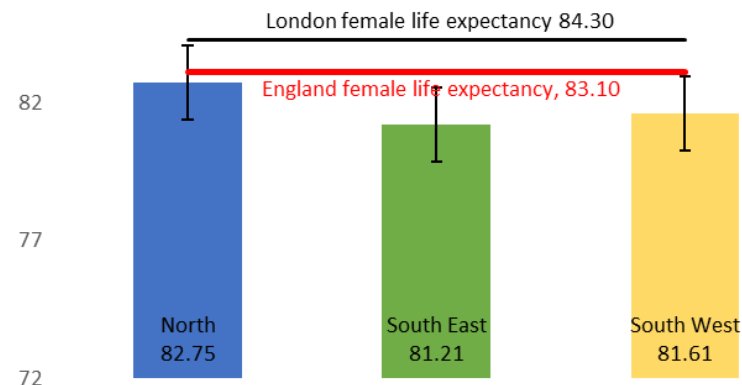
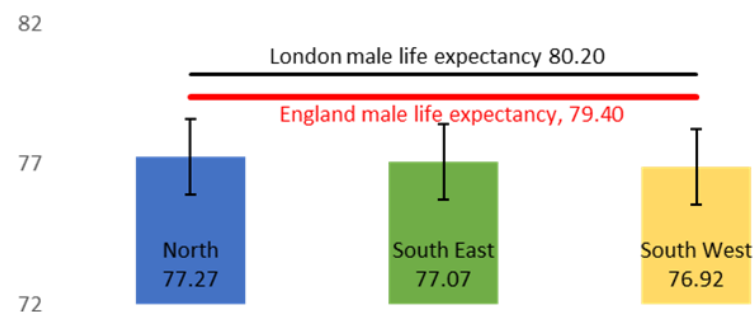


Figure 10: Male life expectancy in the Lambeth localities, 2020-2021



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2.

The local picture

2.7.2

Explaining the difference in life expectancy

2.7.2 Differences in life expectancy for Lambeth residents

The PHE Segment tool (8), 2020 to 2021, provides a useful breakdown of life expectancy gaps by cause of death between Lambeth and England and the most deprived and least deprived quintiles of Lambeth's population.

Compared to England as a whole Lambeth's life expectancy is similar to England's. Males show a small gap in life expectancy and females are expected to live longer, **table 11**.

Table 11: Gap in life expectancy between Lambeth and England

Life expectancy at birth:	Female	Male
in England	82.7	78.7
in Lambeth	82.9	78.2
Gap in life expectancy between England and Lambeth	-0.2 years	0.5 years

Source: Office for Health Improvement & Disparities. Public Health Profiles. April 2022 <https://fingertips.phe.org.uk> © Crown copyright 2022

Differences in life expectancy between the most deprived and least deprived quintiles of Lambeth's population are stark. Deprivation impacts the number of years someone would live at birth, with those in the most deprived areas dying younger, **table 12**.

Table 12: Inequalities in life expectancy within Lambeth

Life expectancy at birth:	Female	Male
in the most deprived quintile of Lambeth	80	74.7
in the least deprived quintile of Lambeth	84.9	80.4
Gap in life expectancy between least deprived and most deprived quintile in Lambeth	4.8 years	5.7 years

Source: Office for Health Improvement & Disparities. Public Health Profiles. April 2022 <https://fingertips.phe.org.uk> © Crown copyright 2022

Life expectancy gap between Lambeth and England by cause

The male life expectancy gap 2020-2021, between Lambeth and England is 0.5 years lower, the female gap is 0.2 years higher. The greatest contributor to the gap in life expectancy between males in Lambeth and in England is Covid-19 (56.2%) followed by cancer (27.8%), **figure 11**.

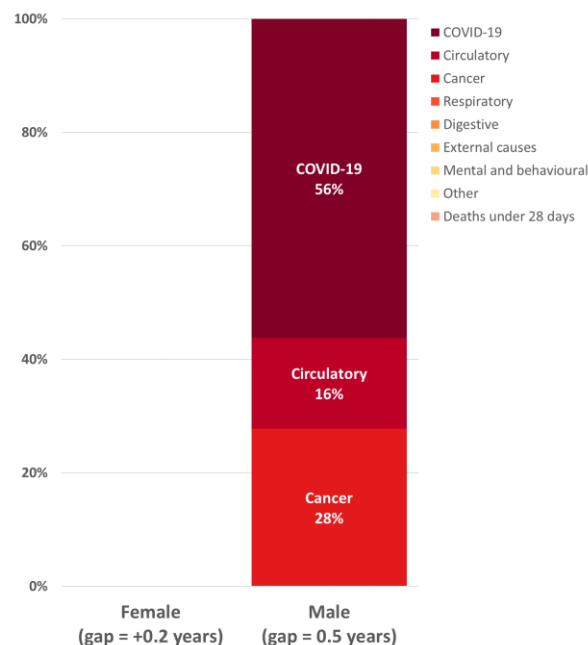
2.

The local picture

2.7.2

Explaining the difference in life expectancy

Figure 11: Breakdown of the life expectancy gap between Lambeth and England by cause of death, 2020 to 2021



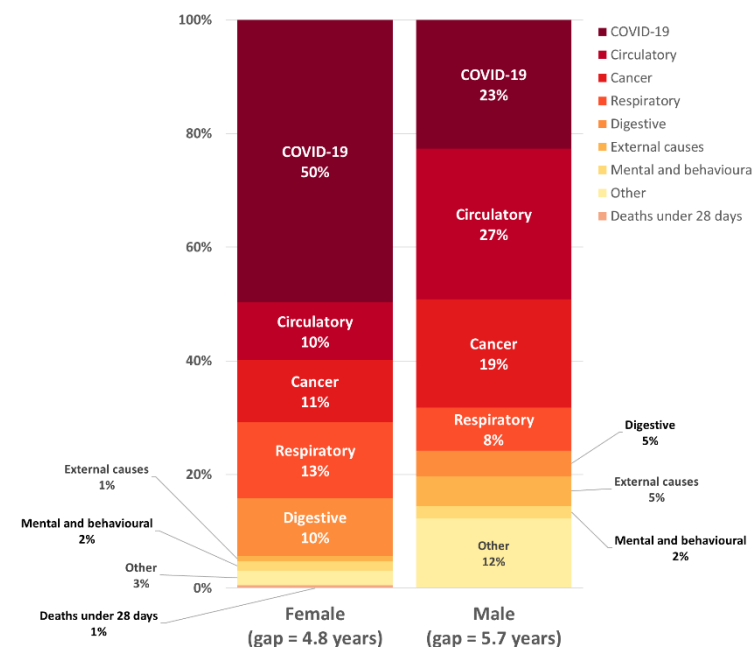
Source: Office for Health Improvement & Disparities. Public Health Profiles. April 2022 <https://fingertips.phe.org.uk> © Crown copyright 2022

Life expectancy gap between the most and least deprived by cause

The male life expectancy gap 2020-2021, between the most and least deprived quintiles of Lambeth is 4.8 years, the female gap is 5.7 years. The greatest contributor to the gap in life expectancy for males between

the most and least deprived is circulatory (26.5%) followed by Covid-19 (22.7%). For females the greatest contributor to the gap in life expectancy is COVID-19 (49.8%) respiratory disease (13.3%), **figure 12**.

Figure 12: Breakdown of the life expectancy gap between the most and least deprived quintiles of Lambeth by cause of death, 2020 to 2021



Source: Office for Health Improvement & Disparities. Public Health Profiles. April 2022 <https://fingertips.phe.org.uk> © Crown copyright 2022

2.

The local picture

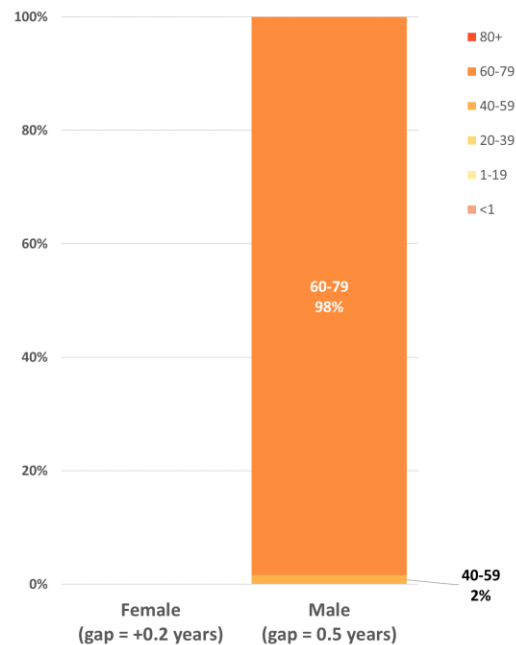
2.7.2

Explaining the difference in life expectancy

Life expectancy gap between Lambeth and England by age

The age group that is the greatest contributor to the gap in life expectancy between males in Lambeth and in England is 60 to 79-year-olds (98.4%), **figure 13**.

Figure 13: Breakdown of the life expectancy gap between Lambeth and England by age group, 2020 to 2021

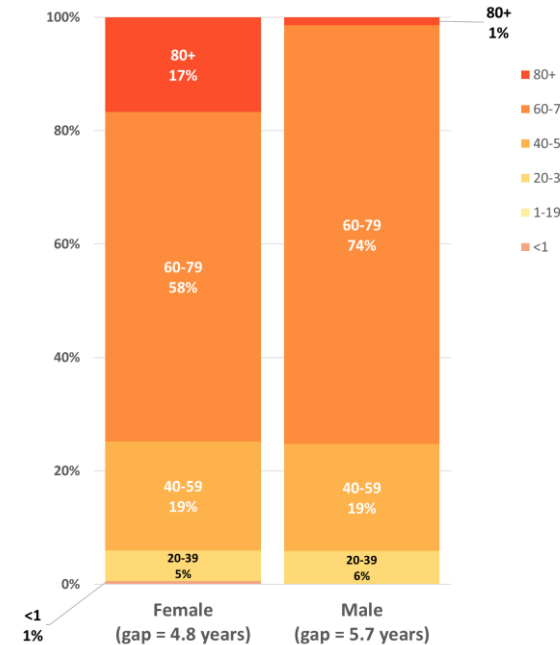


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Life expectancy gap between the most and least deprived by age

The age group that is the greatest contributor to the gap in life expectancy for males and females between the most and least deprived quintiles of Lambeth is 60 to 79-year-olds, **figure 14**.

Figure 14: Breakdown of the life expectancy gap between the most and least deprived quintiles of Lambeth by age group, 2020 to 2021



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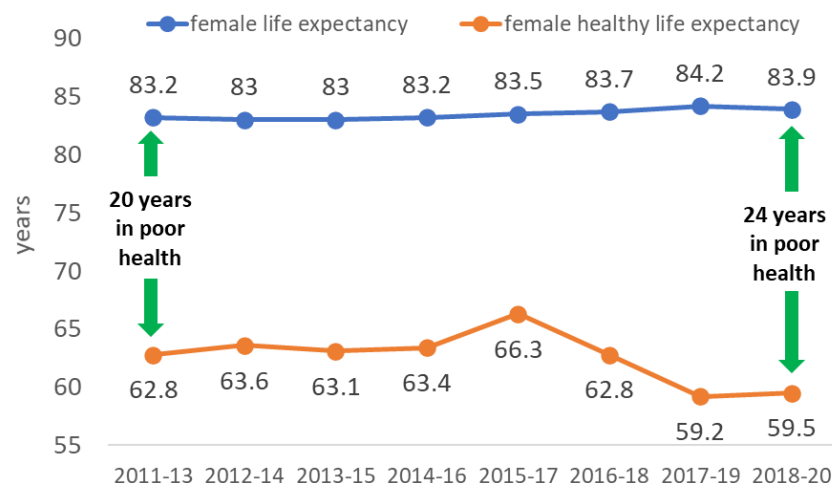
2. The local picture

2.7.3 Healthy life expectancy

2.7.3 Healthy life expectancy at birth

Healthy life expectancy is the number of years in good health a person can be expected to live. In Lambeth, females healthy life expectancy was improving until 2015/17 when the healthy life expectancy declined substantially, **figure 15**. Healthy life expectancy for Lambeth females is 60 years which is similar to men in Lambeth. The gap in healthy life expectancy is widening between England and London. This is 4 years lower than the healthy life expectancy in England and 5 years in London.

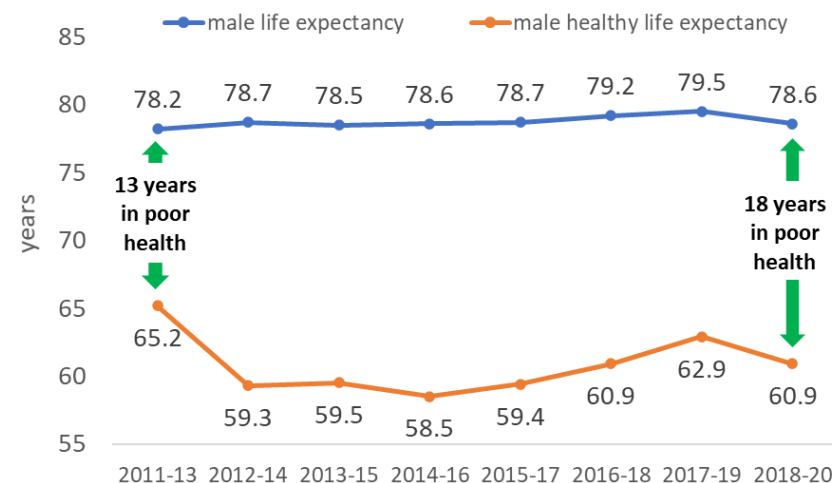
Figure 15: Healthy life expectancy of females at birth, Lambeth, and England, 2011/13 to 2018/20



Source: Office for Health Improvement & Disparities. Public Health Profiles. April 2022 <https://fingertips.phe.org.uk> © Crown copyright 2022

Healthy life expectancy for Lambeth males is 61 years which is lower than the healthy life expectancy in London and England, **figure 16**. Similar to females, the gap in healthy life expectancy is widening between England and London. This is approximately 3 years lower than the healthy life expectancy in England and London.

Figure 16: Healthy life expectancy of males at birth, Lambeth and England, 2011/13 to 2018/20



Source: Office for Health Improvement & Disparities. Public Health Profiles. April 2022 <https://fingertips.phe.org.uk> © Crown copyright 2022

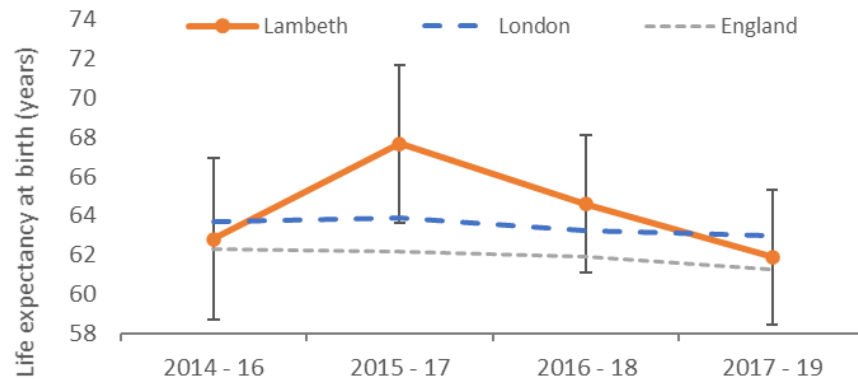
2. The local picture

2.7.4 Disability free life expectancy

2.7.4 Disability free life expectancy at birth

Disability free life expectancy (DLFE) is an estimate of the number of years a person can be expected to live for without a self-reported long-lasting physical or mental health condition that limits their daily activities. In Lambeth, this was improving for females until 2015/17 when it declined substantially, **figure 17**. DFLE for Lambeth females is 62 years which is slightly higher than the DFLE for England females (61.3) and slightly lower than the DFLE for London females (63).

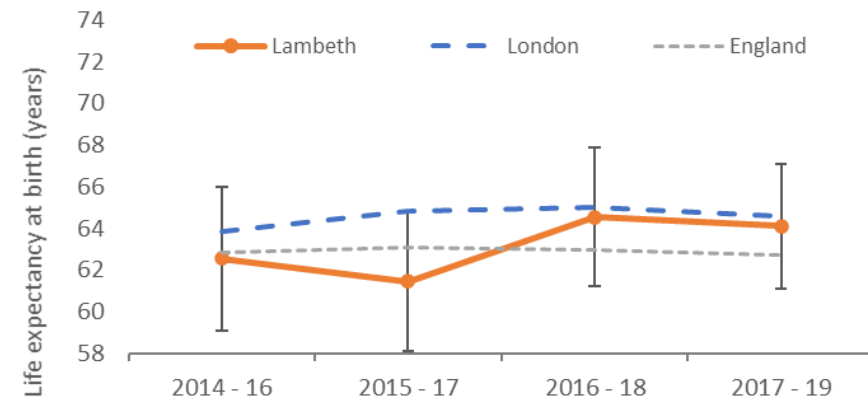
Figure 17: Disability free life expectancy of females at birth - Lambeth, London, England, 2014/16 to 2017/19



Source: OHID Public Health Profiles April 2022
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DFLE for Lambeth males, **figure 18**, is 64 years which is approximately 1.3 years higher than the DFLE for England males (62.7), and about 0.5 years lower than the DFLE for London males (64.5).

Figure 18: Disability free life expectancy of males at birth - Lambeth, London, England, 2014/16 to 2017/19

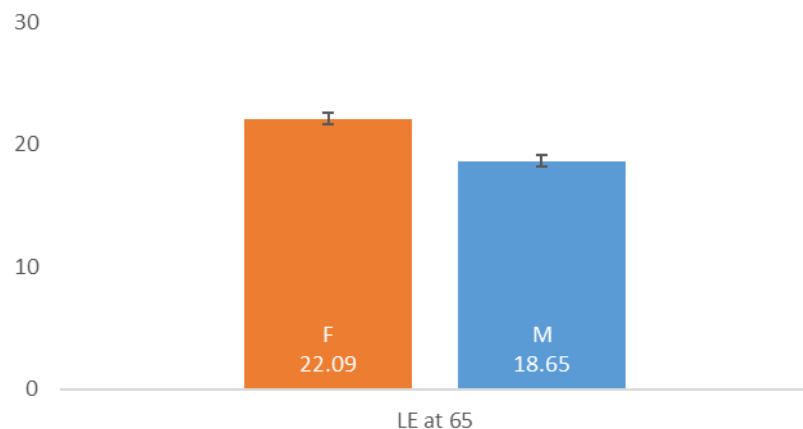


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2.7.5 Life expectancy in the elderly population

Life expectancy from the age of 65, **figure 19**, is higher for Lambeth females than Lambeth males by approximately 3.4 years. Which means the population of Lambeth in the older age groups will contain more females than males.

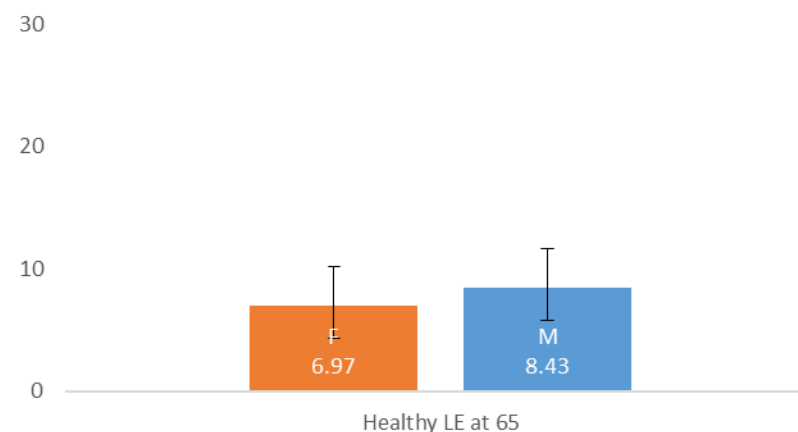
Figure 19: Life expectancy at 65 in Lambeth, 2017/19



Source: OHID Public Health Profiles April 2022
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Healthy life expectancy from the age of 65 is higher for Lambeth males, **figure 20**, than Lambeth females by approximately 1.5 years. Which will mean females in Lambeth may live longer than males, but they may experience fewer years of healthy life than males in Lambeth.

Figure 20: Healthy life expectancy at 65 in Lambeth, 2017/19

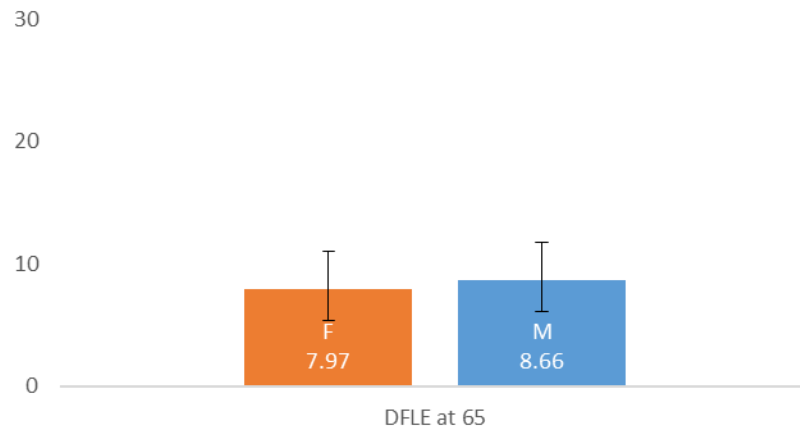


Source: OHID Public Health Profiles April 2022
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Disability free life expectancy in the elderly population

DFLE from the age of 65, **figure 21**, is higher for Lambeth males than Lambeth females by approximately 0.5 years. Again, this may mean the quality of life experienced by the female population as they age may be lower than the male population of Lambeth.

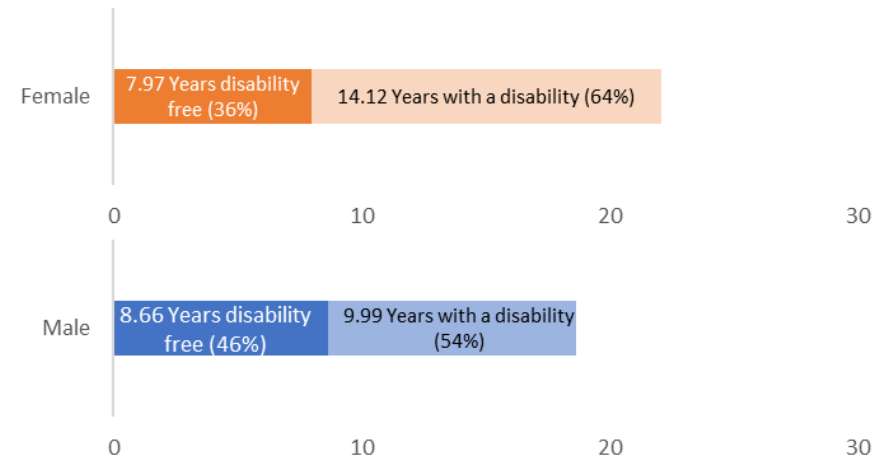
Figure 21: Disability free life expectancy at 65 in Lambeth, 2017/2019



Source: OHID Public Health Profiles April 2022
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In **figure 22**, the data from OHID is summarised to demonstrate life expectancy is higher but the number of years living disability free are lower for Lambeth females when compared to Lambeth males

Figure 22: Disability free life expectancy in Lambeth, 2017/19



Source: OHID Public Health Profiles April 2022
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2.8 Healthy Weight

For the UK as a whole, 40% of disability adjusted life years lost are attributable to smoking, alcohol consumption, hypertension and obesity.

Obesity is associated with reduced life expectancy and a range of health conditions including type 2 diabetes, cardiovascular disease, liver and respiratory disease and cancer. Obesity can also have an impact on mental health and wellbeing.

Rates of obesity in England are high and rising, with a strong systemic relationship between obesity and deprivation. Rates are also higher in women than in men, and in some ethnic minority groups compared to the White British group.

In 2019, 64 per cent of adults in England were overweight, with 28 per cent being obese and 3 per cent morbidly obese. There has been a significant increase in obesity in the most deprived communities in England in recent years, leading to a widening gap between the most and least deprived areas.

The following analysis uses Lambeth DataNet data to describe the prevalence of overweight and obesity among Lambeth's residents.

Overweight is a BMI of 25 to <30

Obese, does not include overweight, is a BMI of 30 and over

Overweight and obesity

Table 13 shows the number and percentage of people in each locality and Lambeth who have been diagnosed by their GP as overweight or obese. There are similar levels of overweight and obesity in the localities. Across the borough nearly 1 in 3 people are recorded as being overweight and 1 in 4 are recorded as being obese. Over half the population is either overweight or obese.

Table 13: People, number and percentage, overweight and obese

Locality	Overweight (not incl. obese)	Obese	Overweight (not incl. obese) (%)	Obese (%)
North	6865	6339	29.4%	27.2%
South East	11,891	11461	29.4%	28.4%
South West	8,826	6824	30.3%	23.4%
Lambeth	27,582	24624	29.7%	26.5%

Source: Lambeth DataNet, September 2021

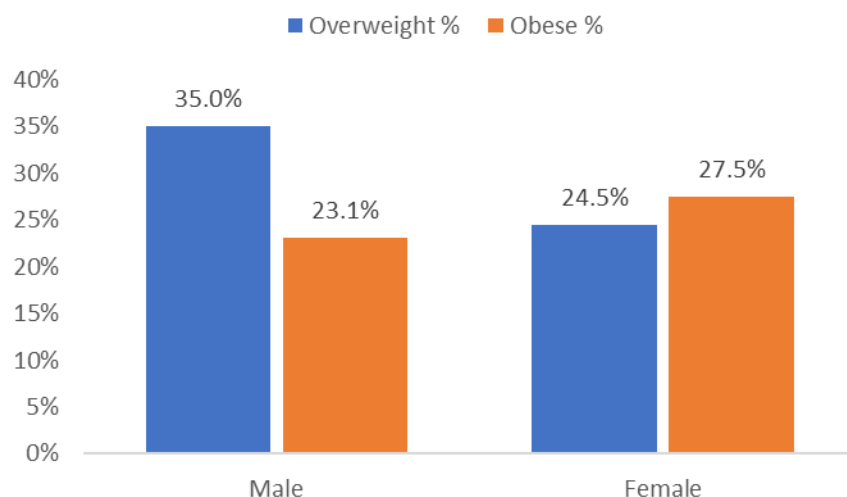
2. The local picture

2.8 Healthy weight

Sex

Looking at prevalence of overweight and obese people by sex using the same dataset, it can be seen that males (35%) are more likely to be overweight compared to females (24.5%) and conversely more females (27.5%) are obese compared to males (23.1%), **figure 23**.

Figure 23: Percentage of people overweight or obese by sex in Lambeth



Source: Lambeth DataNet, September 2021

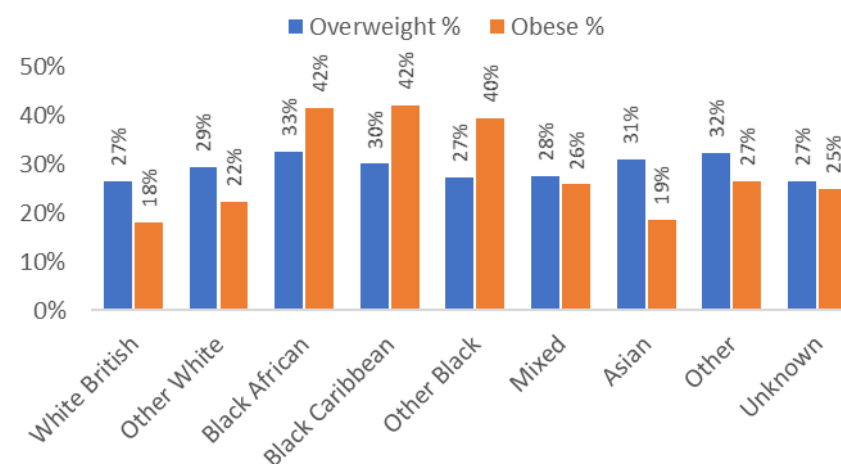
Ethnicity

Comparing observed prevalence of overweight and obese people by ethnicity in Lambeth, it's seen that there is a lot of variation, **figure 24**.

Overweight: Black African has the largest proportion of overweight people 33%, followed by Other Ethnic Groups at 32%. However all ethnicities have a high proportion of overweight people (1 in 4).

Obese: Black Caribbean and Black African has the largest proportion of obese people 42%, followed by Other Black 40%. This contrasts with the White British (18%) and Other White (22%) population.

Figure 24: Percentage of people overweight or obese by ethnicity in Lambeth



Source: Lambeth DataNet, September 2021

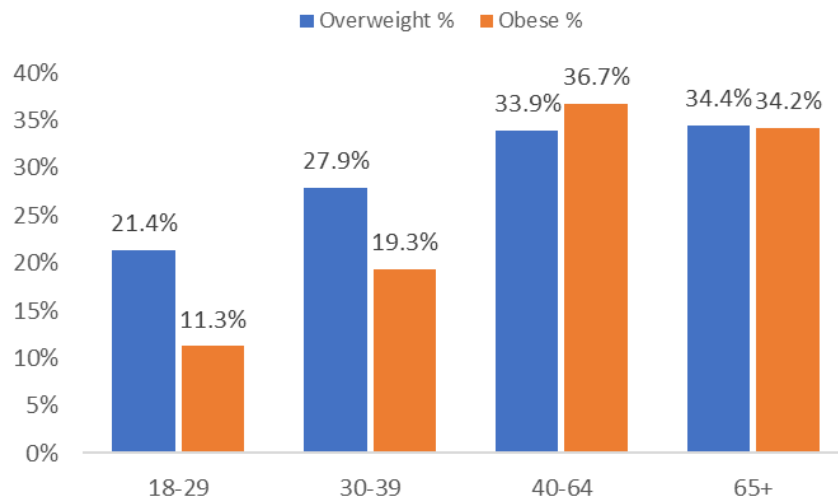
2. The local picture

2.8 Healthy weight

Age

Looking at prevalence of overweight and obese people by age shows that the prevalence increases with age, **figure 25**. People aged 40-64 are 3 times more likely to be obese compared to the people aged 18-29. Nearly 70% of people aged 65+ are either overweight or obese.

Figure 25: Percentage of people overweight or obese by age in Lambeth



Source: Lambeth DataNet, September 2021

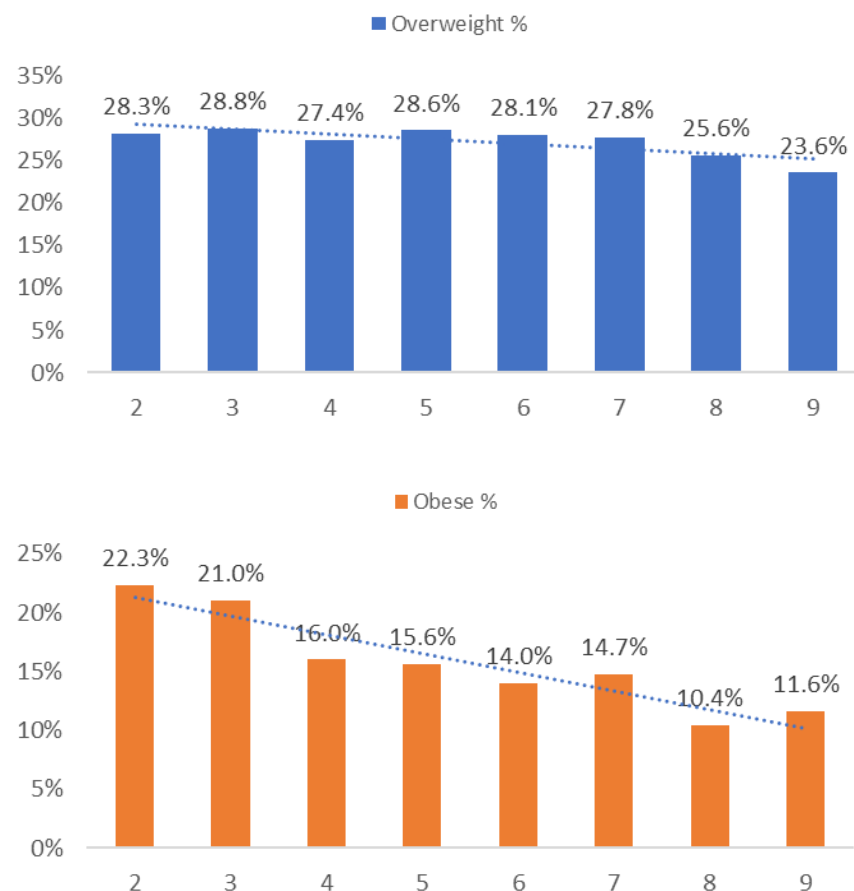
Deprivation

Comparing observed prevalence of overweight and obese people by indices of deprivation (IMD) 2019 deciles (where 1 = living in an area with most deprivation, and 10 = living in an area with least deprivation) relative to England, it's seen that there is a general gradient of decreased prevalence of overweight and obese people when living in areas of less deprivation.

Overweight: People living in the most deprived areas in Lambeth are 1.2 times more likely to be overweight compared people living in the least deprived areas in Lambeth, **figure 26**.

Obese: People living in the most deprived areas in Lambeth are nearly twice as likely to be obese compared people living in the least deprived areas in Lambeth, **figure 26**.

Figure 26: Percentage of people overweight or obese by IMD 2019 in Lambeth



Source: Lambeth DataNet, September 2021

What this means for the PNA...

Obesity is a major public health problem, both internationally and within the UK. Being overweight or obese is associated reduced life expectancy, an increased risk of several diseases including type 2 diabetes, cardiovascular disease, liver and respiratory disease and cancer. Obesity can also have an impact on mental health.

Tackling obesity is one of the greatest long-term health challenges faced in England. Around two-thirds (56%) of adults are above a healthy weight, and of these, half are living with obesity.

Obesity prevalence is highest amongst the most deprived groups in society, increases with age and is more prevalent among some ethnic groups.

Community pharmacy teams can now refer adults living with obesity, and other conditions, to the twelve-week online NHS weight management programme, with support for some people including one-to-one coaching from a weight loss expert.

Adults living with obesity plus hypertension or diabetes will qualify for the service. People from Black, Asian and Minority ethnic backgrounds can join the programme at a lower BMI of 27.5, due to an increased risk of type 2 diabetes.

2. The local picture

2.9 Smoking

2.9 Smoking prevalence in Lambeth

Smoking rates continue to fall, they have been decreasing since 1974, yet tobacco use is still the leading cause of preventable death in England; there are 506,100 hospital admissions, 74,600 deaths, and 710,000 prescription items per year attributable to smoking (9).

There are different estimates for the prevalence of smokers in Lambeth (2019/20) are published nationally, **table 14**.

The Lambeth rate is higher than both the regional and England rate in the QOF and GPPS estimated prevalence and similar to the APS estimate.

Table 15 shows prevalence of smoking in adults and illustrates differences between the localities. Smoking rates are highest in South East (18.9%), and lowest in South West (16.6%). These differences are likely illustrative of the differences in levels of deprivation between the localities (**figure 27**).

Table 14: Current smokers aged 18+

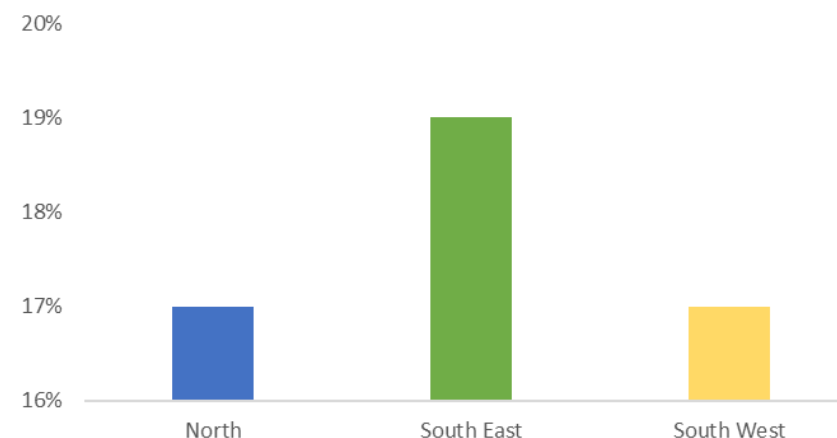
Area	APS	GPPS	QOF
Lambeth	13.4	16.3	17.9
London	12.95	15.39	16.25
England	13.88	14.32	16.46

Table 15: Prevalence and counts of current smokers aged 18+, September 2021

Locality	Population age 18+	Count of smokers	Prevalence of smokers (%)
North	76,742	13,178	17.2%
South East	125,798	23,799	18.9%
South West	84,879	14,103	16.6%
Lambeth	287,419	51,080	17.8%

Source: Lambeth DataNet September 2021

Figure 27: Prevalence of smoking status within geographic location



Source: Lambeth DataNet September 2021

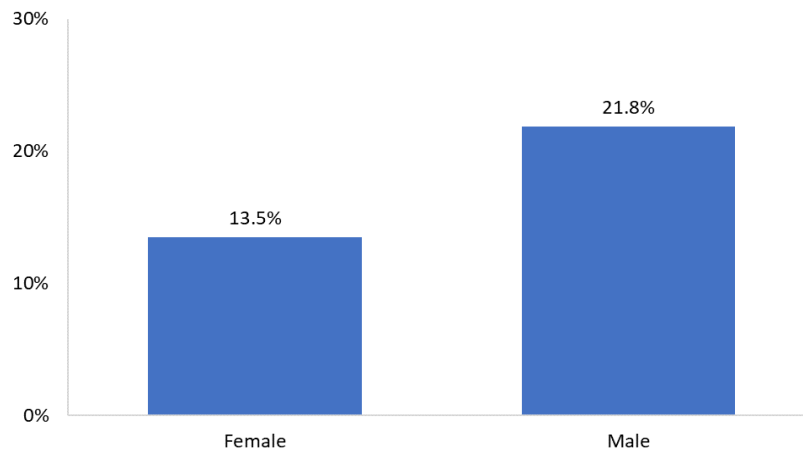
2. The local picture

2.9 Smoking

Sex

The prevalence of smoking is much higher in Lambeth registered males than it is in Lambeth registered females, **figure 28**.

Figure 28: Prevalence of smoking status within sex

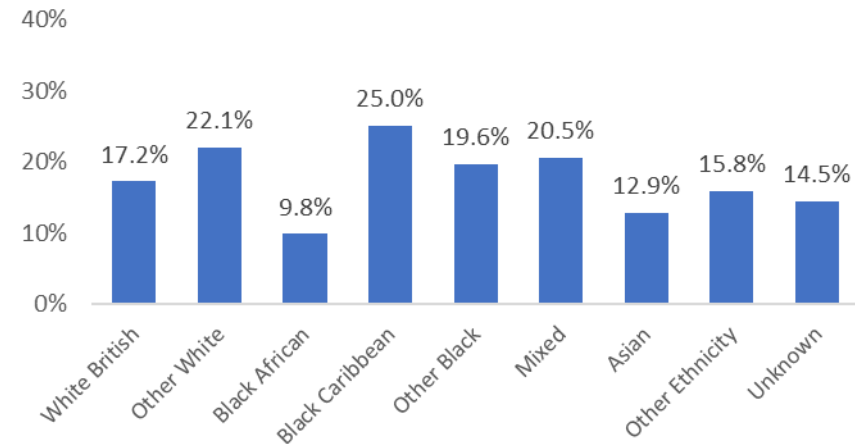


Source: Lambeth DataNet September 2021

Ethnicity

In the Other White and Caribbean population group approximately 1 in 4 people, **figure 29**. Of those people with a recorded status of smoking, 1 in 3 are White.

Figure 29: Prevalence of smoking status within ethnic group population (>=18 years old and status within 1 year)



Source: Lambeth DataNet September 2021

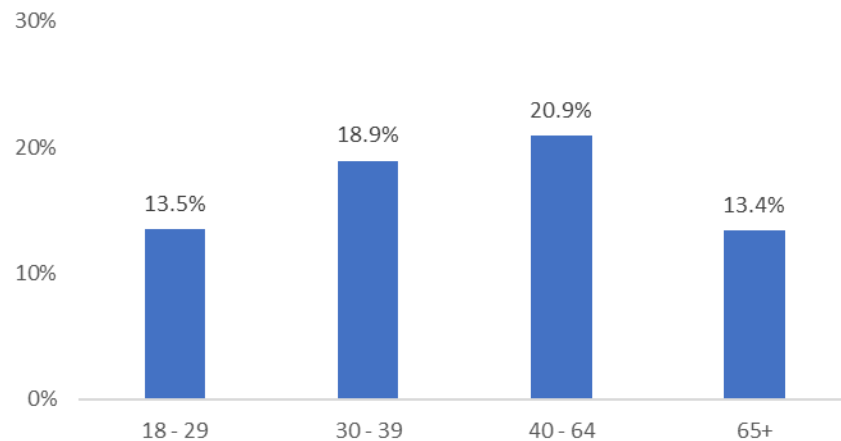
2. The local picture

2.9 Smoking

Age

Within the Lambeth DataNet dataset the age group with the highest prevalence of smokers is the 40 to 64-year-olds, **figure 30**. Within the population of people who smoke, most people who smoke are over the age of 30 and under 65.

Figure 30: Prevalence of smoking status within age group (≥ 18 years old and status within 1 year)

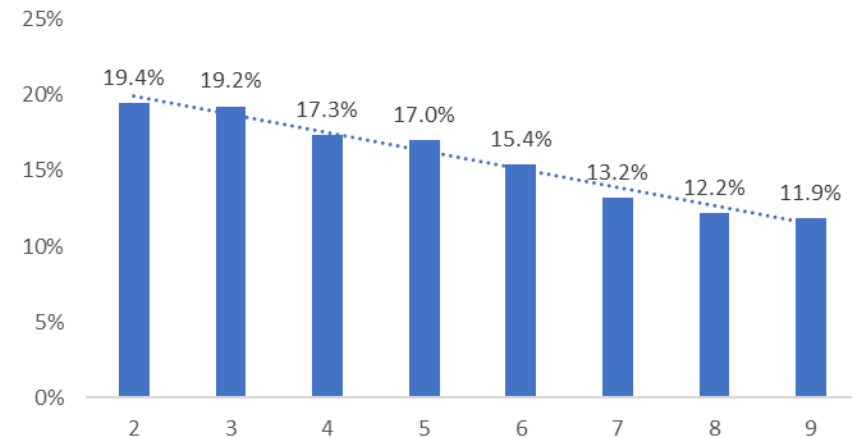


Source: Lambeth DataNet September 2021

Deprivation

The proportion of Lambeth residents who smoke and work in routine or manual occupations is higher than in London or England. Lambeth DataNet data shows smoking prevalence is highest in those areas with the highest deprivation; those who earn less and who live in areas with higher deprivation, **figure 31**, appear to be more likely to smoke and are therefore most affected by the very negative effects of smoking.

Figure 31: Smoking prevalence by IMD decile 2019



Source: Lambeth DataNet September 2021

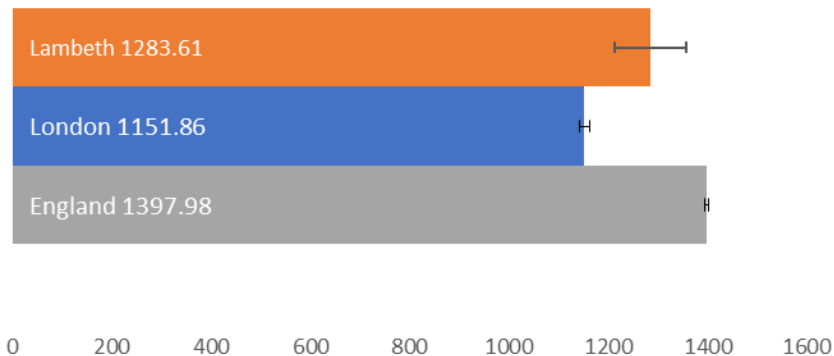
2. The local picture

2.9 Smoking

Smoking and hospital admissions

The impact of smoking on hospital admissions in Lambeth is higher than for London but lower than England, **figure 31**. In turn those people who are going to hospital in Lambeth because of smoking are more likely to be from areas of higher deprivation or earning less.

Figure 31: Smoking attributable hospital admissions in persons aged 35 or over (new Fingertips method) – direct standardised rate per 100,000



Source: Office for Health Improvement & Disparities. Public Health Profiles. April 2022 <https://fingertips.phe.org.uk> © Crown copyright 2022

What this means for the PNA...

Smoking prevalence in Lambeth has been falling in line with the national trend, but rates are higher locally than for either London or England. Stop smoking services remain a priority.

Stop smoking advice and support should be available in community, primary and secondary care settings for everyone who smokes. Offering choice to service users through a variety of cessation methods has the potential to improve abstinence rates.

Community pharmacy based stop smoking services have been shown to be cost effective. Services are delivered in a tiered way:

Level 1 Brief advice Community pharmacists can provide opportunistic information and advice. Brief advice about the benefits of stopping smoking is effective.

Level 2 - Support with treatment 1:1 Community pharmacy stop smoking services with trained level 2 advisors are able to offer behaviour change and pharmacological support.

2. The local picture

2.10 Alcohol

2.10 Alcohol use in Lambeth

Regularly drinking more than the recommended daily limits risks damaging your health. Alcohol is the second biggest preventable killer after smoking and can lead to heart disease, stroke, liver diseases and certain types of cancer. The risk of harm is directly related to levels and patterns of consumption. In January 2016 the Chief Medical Officer (CMO) issued revised guidance on alcohol consumption advising that in order to keep to a low level of risk of alcohol-related harm adults should drink no more than 14 units of alcohol a week.

PHE's Local Alcohol Profiles use Health Survey for England data to estimate (2015-18) (10):

- 32% of Lambeth resident adults regularly drink over 14 units of alcohol a week. This proportion is greater than for both London and England (20% and 23% respectively).
- 25% of Lambeth resident adults binge drink on heaviest drinking day in the last week (women more than 6 units, men more than 8 units). Again, this proportion is greater than for either London or England (15% for both).

Applying these estimates to the local population numbers, **table 16** gives estimates of the number of those at increased risk of harm from alcohol in Lambeth. The 2017 Lambeth Alcohol Rapid Needs Assessment (11) concluded that the high level of alcohol abuse in the borough could indicate that there should be more focus on prevention services to identify and engage with people before their alcohol consumption becomes problematic.

Table 16: Estimates of number of 'at risk' alcohol drinkers by locality

Locality	Population projection (18+)	Estimated no. adults drinking > 14 units per week	Estimated no. adults binge drinking on heaviest day
North	70,150	22,588	17,608
South East	120,150	38,688	30,158
South West	88,700	28,561	22,264
Lambeth	279,000	89,838	70,029

Source: GLA 2016 Ward population projections for 2022

2. The local picture

2.10 Alcohol

Adverse effects of chronic alcohol abuse

Lambeth has among the highest rates of admission episodes for alcohol related conditions (broad measure) and alcohol specific conditions in London. Rates of admission for alcohol related conditions (broad) in Lambeth are the fifth highest of all London CCG's (1,690 admissions per 100,000 people), and for alcohol specific conditions they are seventh highest (PHOF, 2020/21).

What this means for the PNA...

Globally, the use of alcohol is a leading cause of mortality and morbidity. Opportunistic screening and brief interventions (SBIs) have been shown to be effective in reducing alcohol consumption in certain primary care settings and provide a means of reaching some of those who do not seek treatment for alcohol-related problems. Further, community pharmacies have the potential to reach consumers at an early stage of their alcohol use and incorporate intervention and advice into their role in providing medications.

Community pharmacies are accessible to the public. The 'walk in' nature of the service means that pharmacy is ideally placed to provide screening and brief interventions to tackle alcohol misuse. Some community pharmacy contractors are commissioned to do this — some routinely ask questions about alcohol use in their daily practice without even realising. Asking open, non-judgemental questions during medicines use review, for example, can be highly effective.

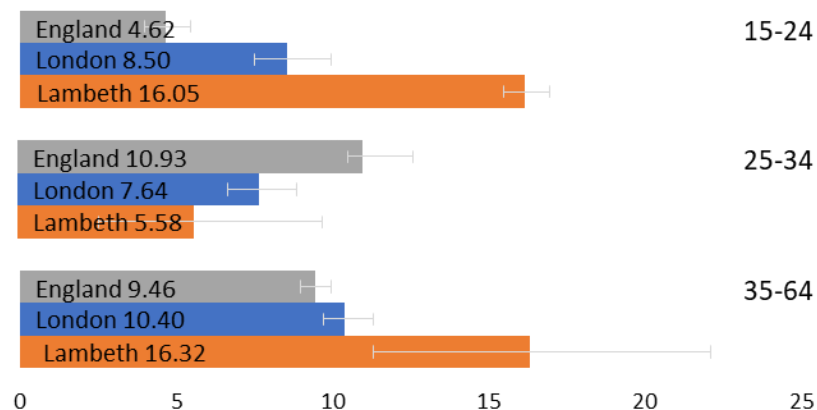
2. The local picture

2.11 Substance misuse

2.11 Substance misuse

There were an estimated 3,001 opiate and crack users (OCU) in Lambeth in 2016-17, or 12.32 OCU per 1,000 population aged 15 to 64 years (12). This is the fifth-highest rate per population in London. This broad population group hides a bigger problem. Lambeth has higher rates of OCU in the 15-24 and 35-64 age groups than London or England. The rate in our 15-24 population is nearly double London's and nearly four times higher than England's, **figure 32**.

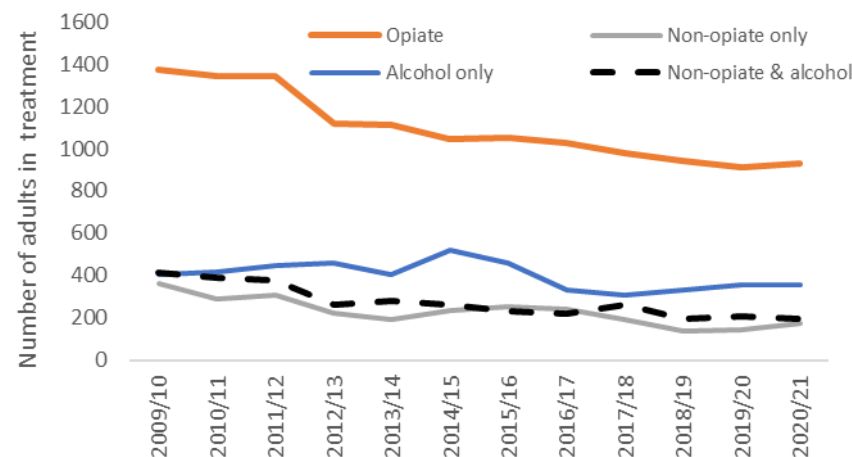
Figure 32: Rate of opiate and crack cocaine usage per thousand of the population 2016/17



Source: Office for Health Improvement & Disparities. Public Health Profiles. April 2022 <https://fingertips.phe.org.uk> © Crown copyright 2022

Lambeth commissions a comprehensive range of treatment and related care and support for the local alcohol and drug-using population and this data can be accessed from the National Drug Treatment Monitoring System. Treatment can be offered in the community or in a residential setting and involves pharmacological and psychosocial interventions. In 2020-21, Lambeth engaged nearly 1,655 people in drug or alcohol treatment. Of these 56% were for opiates and 11% were for non-opiate drugs only, **figure 33**.

Figure 33: Adults in treatment - Lambeth - All in treatment (NTDMS) 2009 to 2021



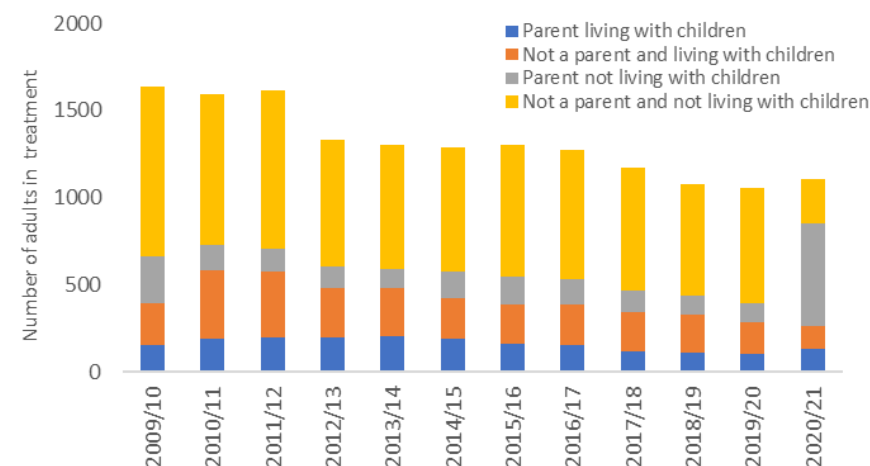
Source: NDTMS – National Drug Treatment Monitoring System April 2022 <https://www.ndtms.net/Home/Index>

2. The local picture

2.11 Substance misuse

Problematic drug use is often associated with complex needs, including poor health and social vulnerability. Using the NTDMS data it is possible to investigate the characteristics of Lambeth residents in treatment for dependencies. In 2020/21 Lambeth had 1,105 people in treatment for opiate and non-opiate dependency, **figure 34**. Of those, 420 reported their housing status. And of this population, 26% (110) reported an urgent or non-urgent housing problem. Of the 1,105 residents with information about their parent/care status, 24% (265) reported living with their own or another child. Worryingly, the number who report as a parent not living with a child has increased fivefold from 110 in 2019/20 to 585 in 2020/21 (figure 17). Of the 965 who provided an employment status, 17% are in regular employment and 77% are unemployed /economically inactive. (13)

Figure 34: Adults in treatment in Lambeth who are parents or carers. All in treatment (NTDMS) 2009 to 2021



Source: NDTMS – National Drug Treatment Monitoring System April 2022
page 36 <https://www.ndtms.net/Home/Index>

Looking at the data we have that is available to us, we can see Lambeth appears to have around 3,000 people (estimated prevalence) classified as having a dependency on opiates or crack cocaine. This is likely to be underreported. This figure was estimated in 2019 using 2016-17 data, because of the difficulty in making these estimates we have not projected an updated figure for 2020/21.

2. The local picture

2.11 Substance misuse

What this means for the PNA...

Substance misuse services are commissioned from pharmacies within Lambeth. This includes supervised consumption of opioid substitutes (Level 1 and Level 2 services) and needle exchange (Level 2 services only).

Supervised consumption (buprenorphine and methadone) provides support to drug users that are in treatment with a view to helping them manage their treatment programme. The service aims to improve patient outcomes and reduce diversion of these opioid substitutes onto the street.

Needle exchange services are commissioned from pharmacy as well as several non-pharmacy providers. They are an important public health service which reduces risk to injecting drug users and the general public.

The substance misuse services strive to address the consequences of substance misuse including blood borne diseases and drug related crime.

2. The local picture

2.12.1 Long term condition, hypertension

2.12.1 Hypertension

Hypertension, also known as high or raised blood pressure, is a condition in which the blood vessels have persistently raised pressure. Blood is carried from the heart to all parts of the body in the vessels. Each time the heart beats, it pumps blood into the vessels. Blood pressure is created by the force of blood pushing against the walls of blood vessels (arteries) as it is pumped by the heart. The higher the pressure, the harder the heart has to pump.

Hypertension is a serious medical condition and can increase the risk of heart, brain, kidney and other diseases. It is a major cause of premature death worldwide, with upwards of 1 in 4 men and 1 in 5 women – over a billion people – having the condition. The burden of hypertension is felt disproportionately in low- and middle-income countries, where two thirds of cases are found, largely due to increased risk factors in those populations in recent decades.

The actual prevalence of hypertension is considerably higher than the detected prevalence, there are people living in the community with hypertension who have not had a diagnosis and are not receiving treatment. Using Lambeth DataNet patient registers there are 30,715 patients with a diagnosis of hypertension in 2021 in Lambeth, [table 17](#).

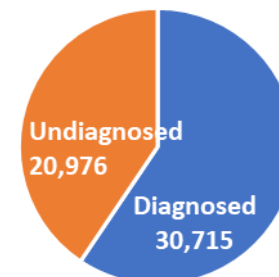
Table 17: Prevalence and counts of diagnosed hypertension, September 2021

Locality	Registered population (17+)	Number of patients with diagnosed hypertension	Observed prevalence (%)
North	77,437	7,796	10.1%
South East	127,240	14,317	11.3%
South West	85,721	8,602	10.0%
Lambeth	290,398	30,715	10.6%

Source: Lambeth DataNet September 2021

It is estimated that 10.6% of adults have hypertension in Lambeth. This rate varies across the country, with an average prevalence of 9% for England. Using the rate based in Lambeth, there is an additional 20,976 people with undiagnosed hypertension in Lambeth alongside the 30,715 diagnosed people based on recent modelling work, [figure 35](#).

Figure 35: Hypertension diagnosed vs undiagnosed



Source: Lambeth DataNet September 2021

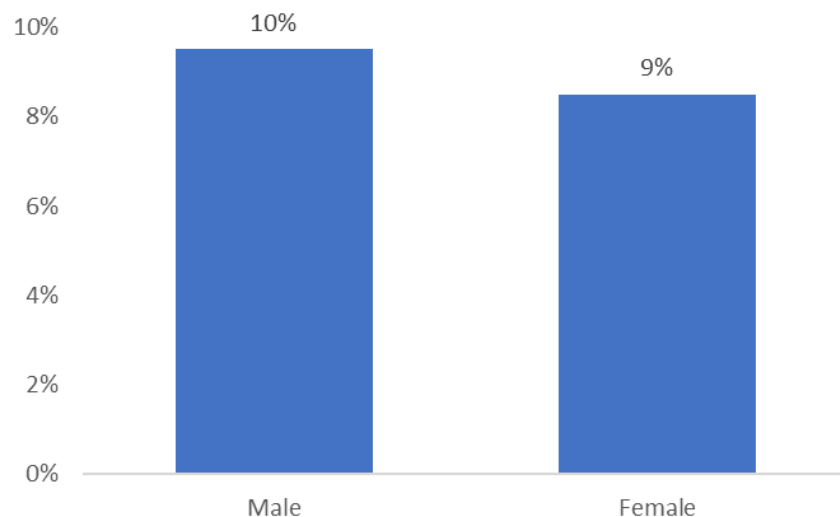
2. The local picture

2.12.1 Long term condition, hypertension

Sex

The distribution of sex within the registered population with hypertension is slightly higher in males than in females, suggesting there may be a small inequality in the distribution of hypertension within the Lambeth GP population, **figure 36**.

Figure 36: Hypertension by sex in Lambeth



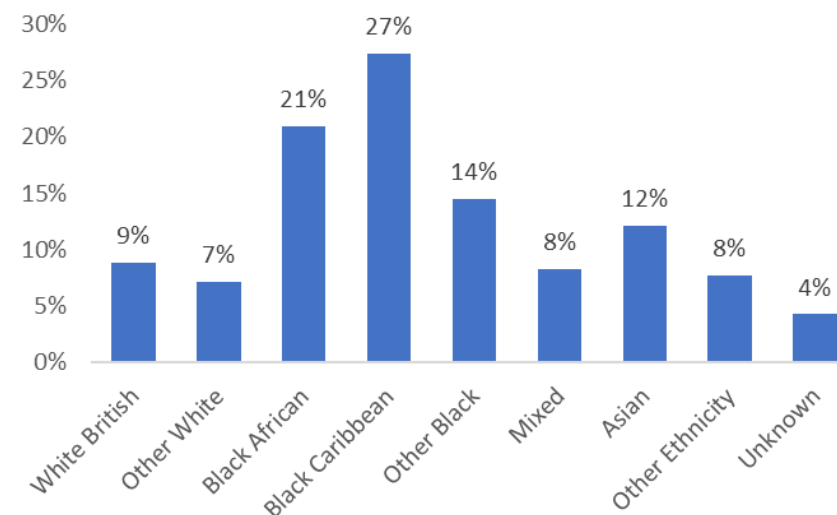
Source: Lambeth DataNet September 2021

Ethnicity

The distribution of ethnicity within the registered adult population with hypertension indicates the prevalence is higher in the Caribbean, African, Other Black and Asian patients than any other ethnic group. The White

British prevalence is one third of the prevalence in the Caribbean population and almost half the prevalence of the African population, **figure 37**.

Figure 37: Hypertension by ethnicity in Lambeth



Source: Lambeth DataNet September 2021

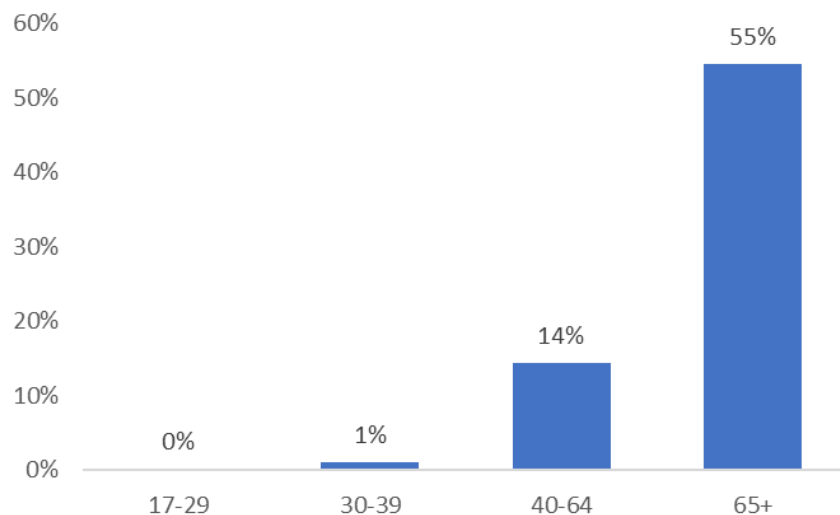
2. The local picture

2.12.1 Long term condition, hypertension

Age

The distribution of age within the registered adult population with hypertension is heavily skewed towards older people. The prevalence of hypertension in the over 65s is higher than the combined prevalence of all the other age groups, **figure 38**.

Figure 38: Hypertension by age

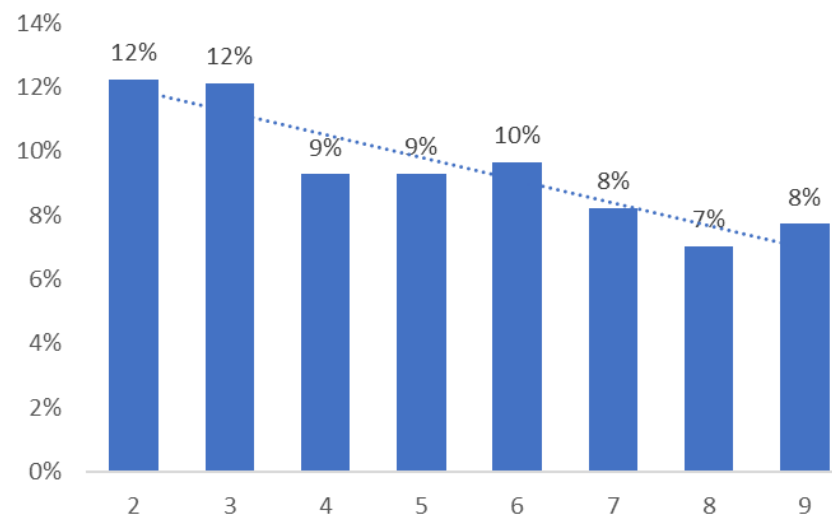


Source: Lambeth DataNet September 2021

Deprivation

There is a gradient of hypertension prevalence by deprivation within the registered adult population with hypertension. It is higher in patients from more deprived wards. Which suggests people in more deprived areas are at greater risk of developing hypertension than those living in less deprived areas, **figure 39**.

Figure 39: Hypertension by IMD decile 2019



Source: Lambeth DataNet September 2021

2.12.2 Diabetes

Diabetes is a chronic, metabolic disease characterised by elevated levels of blood glucose (or blood sugar), which leads over time to serious damage to the heart, blood vessels, eyes, kidneys and nerves. The most common is type 2 diabetes, usually in adults, which occurs when the body becomes resistant to insulin or doesn't make enough insulin. In the past three decades the prevalence of type 2 diabetes has risen dramatically in countries of all income levels. Type 1 diabetes, once known as juvenile diabetes or insulin-dependent diabetes, is a chronic condition in which the pancreas produces little or no insulin by itself. For people living with diabetes, access to affordable treatment, including insulin, is critical to their survival. There is a globally agreed target to halt the rise in diabetes and obesity by 2025.

About 422 million people worldwide have diabetes, the majority living in low-and middle-income countries, and 1.5 million deaths are directly attributed to diabetes each year. Both the number of cases and the prevalence of diabetes have been steadily increasing over the past few decades.

As with hypertension, the actual prevalence of diabetes is considerably higher than the known prevalence, there are people living in the community with diabetes who have not had a diagnosis and are not receiving treatment.

Using Lambeth DataNet patient register there are 15,948 patients with a diagnosis of diabetes in 2021 in Lambeth, [table 18](#). In Lambeth the prevalence of diabetes is 5.5 %, the South East locality has the highest prevalence of diabetes.

In the UK, there are approximately 1 million people with undiagnosed type 2 diabetes which is approximately 1.5% of the UK Population (67.1 million) (14). If this same undetected prevalence is used in the Lambeth GP registered patient population, there could be around 4,355 patients with undiagnosed type 2 diabetes.

Table 18: Prevalence and counts of diagnosed diabetes, September 2021

Locality	Registered population (17+)	Number of patients with diagnosed diabetes	Observed prevalence (%)
North	77,437	4,078	5.3%
South East	127,240	7,439	5.8%
South West	85,721	4,431	5.2%
Lambeth	290,398	15,948	5.5%

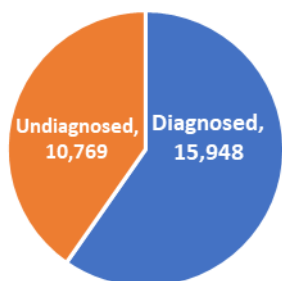
Source: Lambeth DataNet September 2021

2. The local picture

2.12.2 Long term condition, diabetes

It is estimated that 9.2% of adults have diabetes in Lambeth. This rate varies across the country, with an average prevalence of 9% for England. Using the rate based in Lambeth, there is an additional 10,679 people with undiagnosed diabetes in Lambeth alongside the 15,948 diagnosed people based on recent modelling work, **figure 40**.

Figure 40: Diabetes diagnosed vs undiagnosed

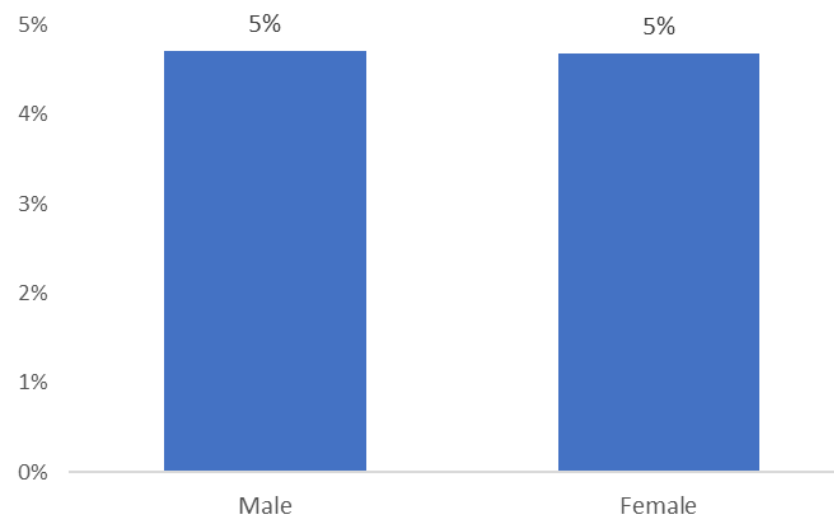


Source: Lambeth DataNet September 2021

Sex

The distribution of sex within the registered population with diabetes appears identical, suggesting there are no inequalities in the distribution of diabetes within the Lambeth GP population, **figure 41**.

Figure 41: Diabetes by sex in Lambeth

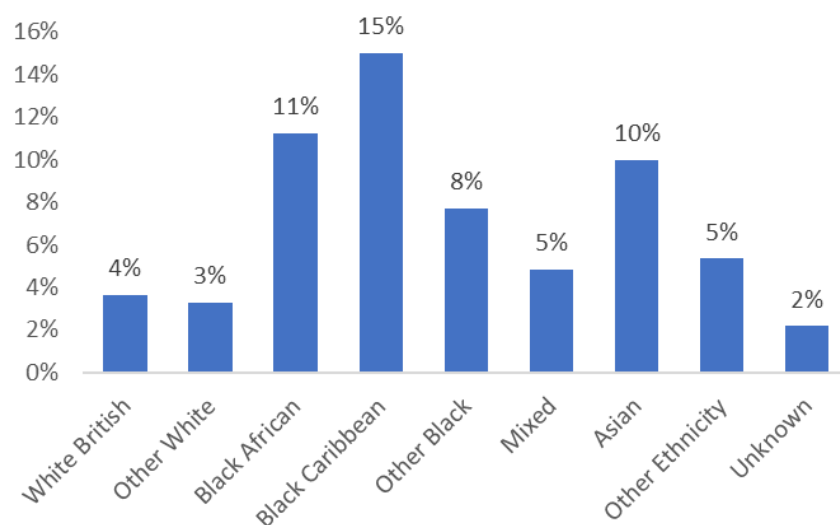


Source: Lambeth DataNet September 2021

Ethnicity

The distribution of ethnicity within the registered adult population with diabetes indicates the prevalence is higher in the Caribbean, African, and Asian patients than any other ethnic group. The White British prevalence is one quarter of the prevalence in the Caribbean population, one third the prevalence of the African population, and half the prevalence in the Asian population, **figure 42**.

Figure 42: Diabetes by ethnicity in Lambeth

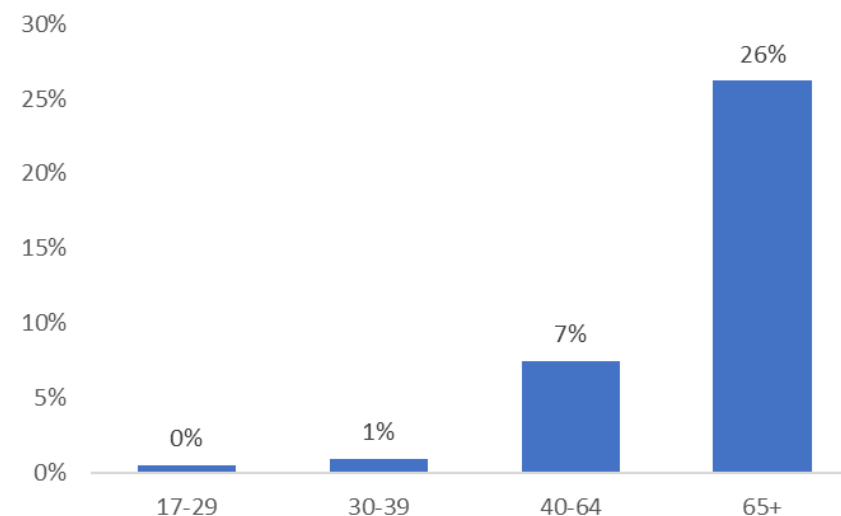


Source: Lambeth DataNet September 2021

Age

The distribution of age within the registered adult population with diabetes is heavily skewed towards older patients. The prevalence of diabetes in the over 65s is higher than the combined prevalence of all the other age groups, **figure 43**.

Figure 43: Diabetes by age

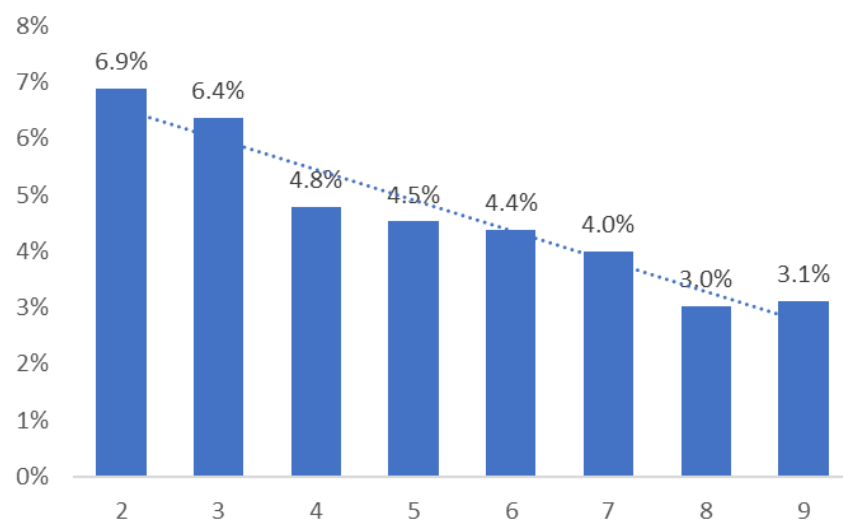


Source: Lambeth DataNet September 2021

Deprivation

The distribution of deprivation within the registered adult population with diabetes is heavily skewed towards those patients from more deprived wards. Which suggests people living in more deprived areas are at greater risk of developing diabetes than those living in less deprived areas, **figure 44**.

Figure 44: Diabetes by IMD decile 2019



Source: Lambeth DataNet September 2021

2. The local picture

2.12.3 Long term condition, coronary heart disease (CHD)

2.12.3 CHD

Coronary heart disease (CHD) is the single most common cause of premature death in the UK. CHD is when the coronary arteries that supply the heart muscle with blood become narrowed or blocked due to a gradual build-up of fatty material. This is the most common type of cardiovascular disease and the most common cause of heart attack.

There are many risk factors that increase the risk of developing CHD, including:

- lifestyle risk factors (for example, diet, inactivity, smoking, obesity, alcohol)
- medical risk factors (for example, high blood pressure, high cholesterol levels, diabetes)
- There are also risk factors that cannot be changed such as age, sex, family history and ethnicity

In 2020/21, Lambeth had one of the lowest proportions of CHD when compared to other areas in England, with the average being at 3.0%. Proportion of observed coronary heart disease in Lambeth has remained stable since 2009/10, decreasing slightly from 1.4% then to 1.2% in 2020/21. (*Fingertips, Cardiovascular disease*)

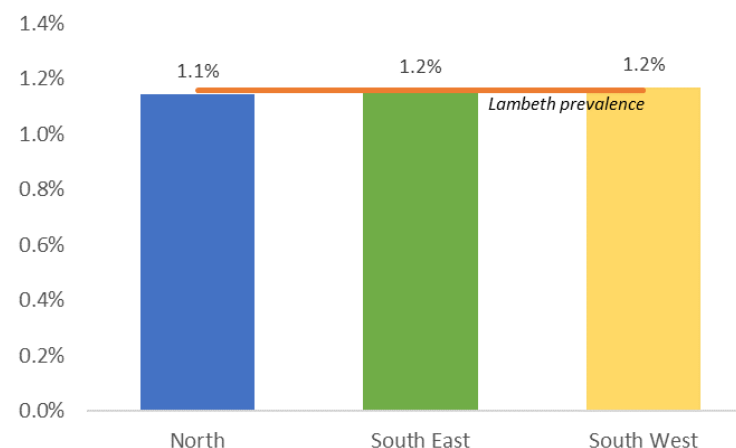
GP records for September 2021 show that around 3,965 people, [table 19](#), in Lambeth (1.2% of the population) have been diagnosed with coronary heart disease. Looking by locality, [figure 45](#), it's seen that there is very little difference in prevalence by locality, with all having around the same proportion as the average.

Table 19: Prevalence and counts of diagnosed CHD, September 2021

Locality	Registered population (All ages)	Number of patients with diagnosed CHD	Observed prevalence (%)
North	88,294	1,012	1.1%
South East	151,924	1,765	1.2%
South West	101,514	1,188	1.2%
Lambeth	341,732	3,965	1.2%

Source: Lambeth DataNet September 2021

Figure 45: CHD by locality



Source: Lambeth DataNet September 2021

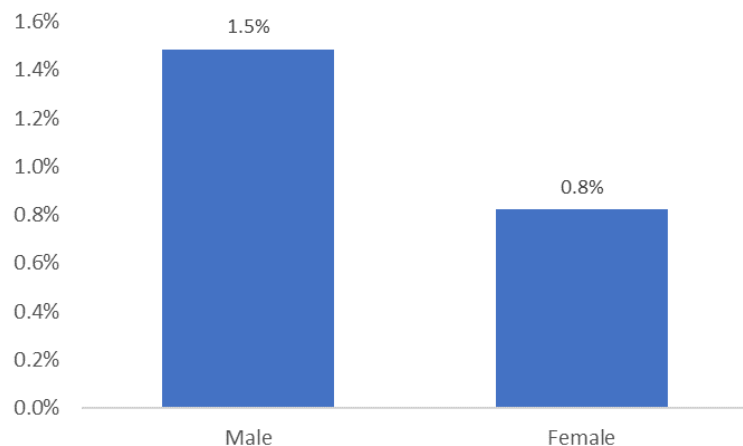
2. The local picture

2.12.3 Long term condition, coronary heart disease (CHD)

Sex

Figure 46 compares the prevalence of CHD in Lambeth by sex using the same dataset as above. It is shown the males have a much higher proportion diagnosed than females at 1.5% compared to 0.8% respectively.

Figure 46: CHD by sex in Lambeth

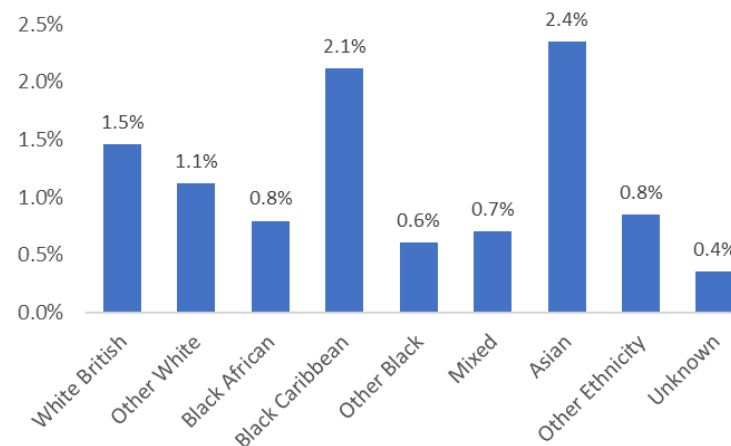


Source: Lambeth DataNet September 2021

Ethnicity

Looking at prevalence of diagnosed CHD by ethnicity in Lambeth, **figure 47**, it's seen that those of Asian ethnicity have the largest proportion at 2.4% closely followed by Black Caribbean at 2.1%. Apart from those from a White background, the rest have a prevalence below 1%, showing the contrast between ethnicities.

Figure 47: CHD by ethnicity in Lambeth



Source: Lambeth DataNet September 2021

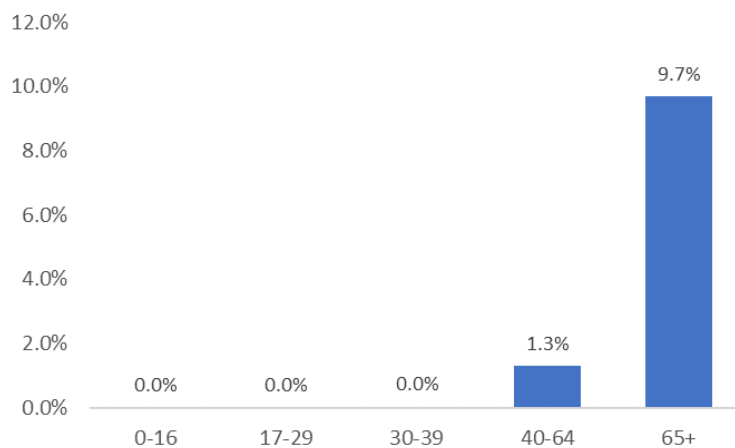
2. The local picture

2.12.3 Long term condition, coronary heart disease (CHD)

Age

Shown by **figure 48**, there is a sharp increase in prevalence of CHD by age which is to be expected as becomes much more likely with older age. It's shown that before 39 years old cases are very rare, before sharply shooting up especially for those about 65 years of age where prevalence reaches 9.7% - over 7 times more than the observed prevalence of 40 to 64-year-olds.

Figure 48: CHD by age

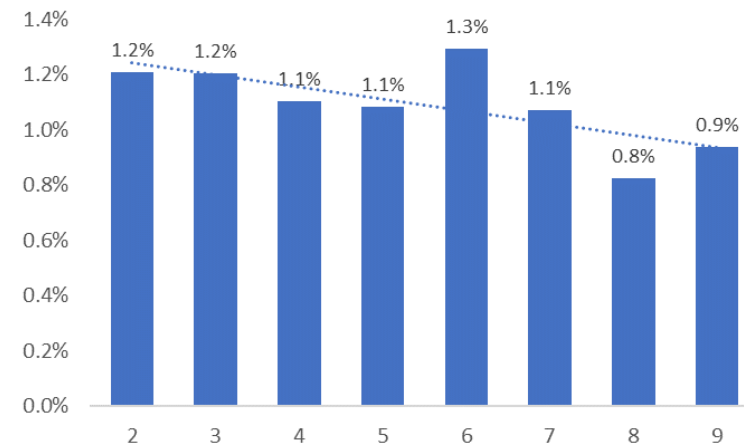


Source: Lambeth DataNet September 2021

Deprivation

There is a general gradient of decreasing observed prevalence when living in areas of less deprivation, **figure 49**. The indices of deprivation (IMD) deciles used (where 1 = living in an area with most deprivation, and 10 = living in an area with least deprivation) are relative to England in 2019.

Figure 49: CHD by IMD decile 2019



Source: Lambeth DataNet September 2021

2. The local picture

2.12.4 Long term condition, chronic obstructive pulmonary disease (COPD)

2.12.4 COPD

Chronic obstructive pulmonary disease (COPD) is a common, preventable and treatable chronic lung disease which affects men and women worldwide.

Abnormalities in the small airways of the lungs lead to limitation of airflow in and out of the lungs. Several processes cause the airways to become narrow. There may be destruction of parts of the lung, mucus blocking the airways, and inflammation and swelling of the airway lining.

COPD is sometimes called emphysema or chronic bronchitis. Emphysema usually refers to destruction of the tiny air sacs at the end of the airways in the lungs. Chronic bronchitis refers to a chronic cough with the production of phlegm resulting from inflammation in the airways.

COPD and asthma share common symptoms (cough, wheeze and difficulty breathing) and people may have both conditions.

It is fifth biggest killer in the UK. Given the high proportion of these deaths that are due to smoking, a reduction in the prevalence of smoking would reduce the incidence of COPD and extend the life of those with this illness.

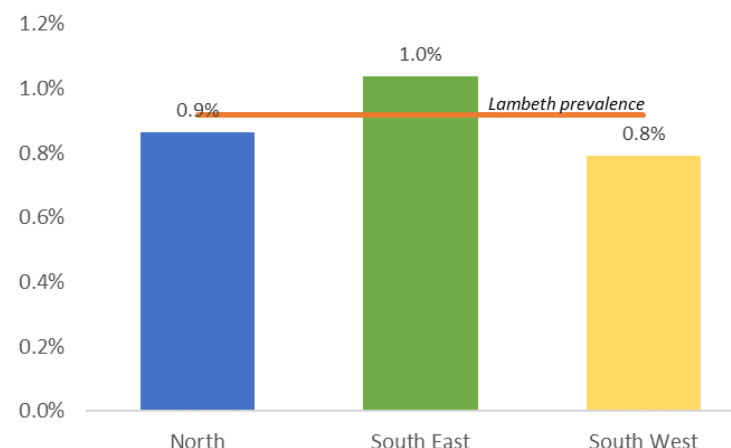
GP records for September 2021 show that around 3,140 people in Lambeth (0.9% of the population) have been diagnosed with chronic obstructive pulmonary disease, [table 20](#). Looking closer, [figure 50](#) shows us that the South East area in Lambeth has the highest prevalence at 1.0%. However the differences by locality are very small.

Table 20: Prevalence and counts of diagnosed COPD, September 2021

Locality	Registered population (All ages)	Number of patients with diagnosed COPD	Observed prevalence (%)
North	88,294	763	0.9%
South East	151,924	1,575	1.0%
South West	101,514	802	0.8%
Lambeth	341,732	3,140	0.9%

Source: Lambeth DataNet September 2021

Figure 50: COPD by locality



Source: Lambeth DataNet September 2021

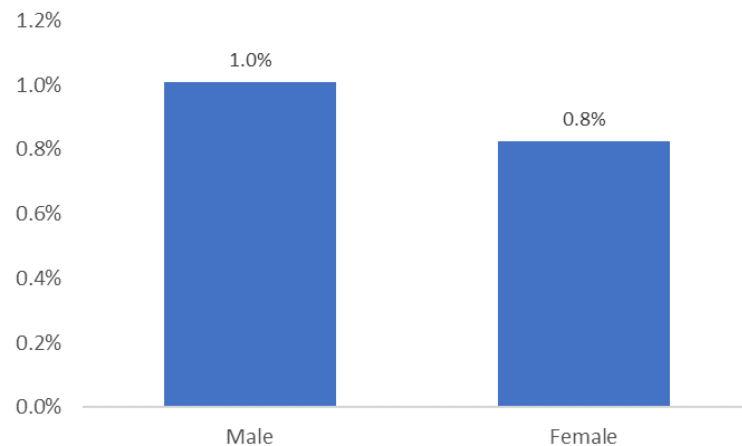
2. The local picture

2.12.4 Long term condition, chronic obstructive pulmonary disease (COPD)

Sex

Using the same dataset to look at differences in prevalence by sex, **figure 51**, it is seen that males have a slightly higher prevalence than females at 1.0% compared to 0.8% for women.

Figure 51: COPD by sex in Lambeth

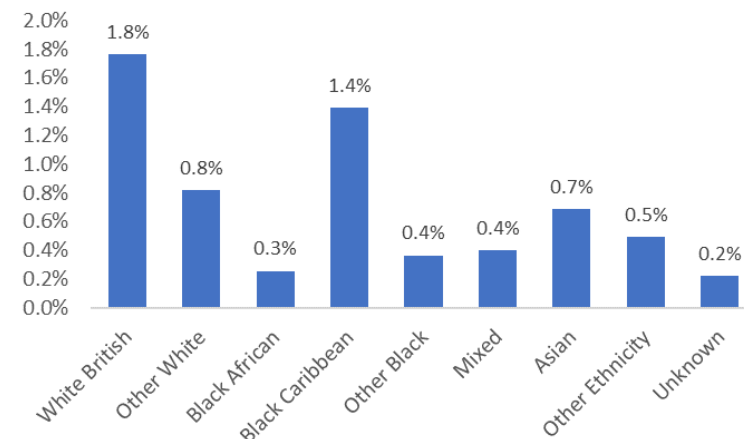


Source: Lambeth DataNet September 2021

Ethnicity

Looking at differences in observed prevalence by ethnicity in **figure 52** it's seen that the White British population have the highest prevalence at 1.8%, closely followed by Black Caribbean population at 1.4%. All other ethnicity groups have below 1% prevalence rate with the lowest being Black African's with 0.3% - over 5 times lower than White British - showing the big contrast between ethnicity groups.

Figure 52: COPD by ethnicity in Lambeth



Source: Lambeth DataNet September 2021

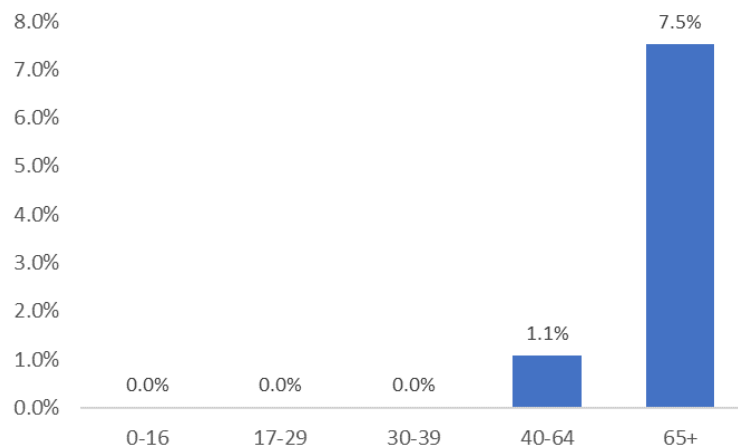
2. The local picture

2.12.4 Long term condition, chronic obstructive pulmonary disease (COPD)

Age

Figure 53 shows observed prevalence of chronic obstructive pulmonary disease by age. It shows that prevalence increases greatly by age, with rare occurrences before 39 years of age and then sharply increasing to 7.5% for 65 and over year olds. This is almost 7 times the prevalence seen in 40 to 64-year-olds.

Figure 53: COPD by age

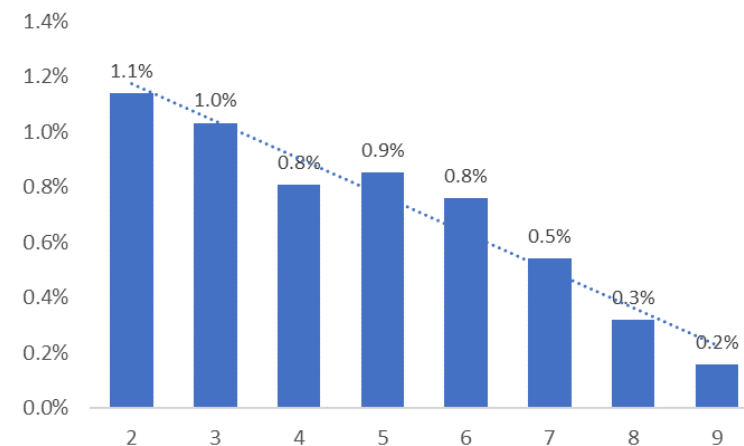


Source: Lambeth DataNet September 2021

Deprivation

Figure 54 compares prevalence of COPD by the indices of deprivation (IMD) deciles (where 1 = living in an area with most deprivation, and 10 = living in an area with least deprivation) relative to England in 2019. **Figure 54** shows that there is a steep gradient with a decrease in prevalence in areas of less deprivation, with the difference between the areas of most deprivation observed in Lambeth (decile 2) and least (decile 9) is 0.9%.

Figure 54: COPD by IMD decile 2019



Source: Lambeth DataNet September 2021

2. The local picture

2.12.5 Long term condition, stroke/transient ischemic attack (TIA)

2.12.5 Stroke/transient ischemic attack (TIA)

A stroke is a very serious condition where blood supply to part of the brain has been cut off. A transient ischemic attack is sometimes called a “mini-stroke” and is when blood supply to your brain has been temporarily disrupted. Having a TIA is often a warning sign of having a full stroke in the near future. Strokes are the third most common cause of death in the developed world but appropriate diagnosis and management can improve outcomes.

In 2020/21, Lambeth had one of the lowest proportions of stroke/TIA compared to other areas in England with the average prevalence being 1.8%. Lambeth’s proportion has increase by 0.1% since 2009/10 to be 0.9% in 2020/21. (*Fingertips, Cardiovascular disease*)

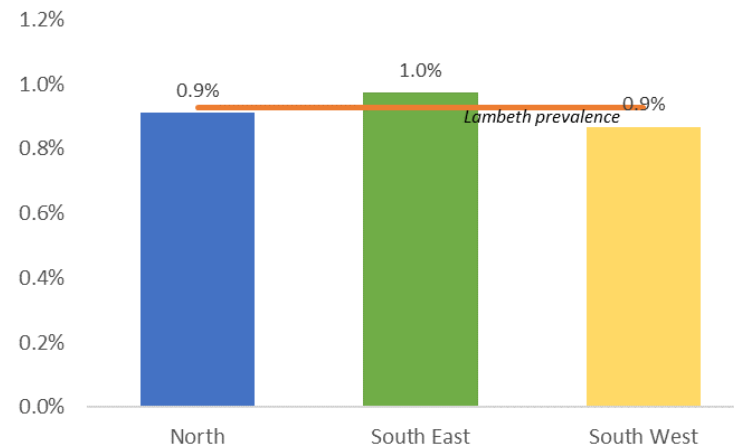
GP records for September 2021 show that around 3,165 people in Lambeth (0.9% of the population) have had a stroke or transient ischemic attack (TIA), **table 21**. In **figure 55** it’s seen that there is very little difference in prevalence by locality. All have a very similar proportion to the average with South East’s just being a bit higher and South West’s being a bit lower.

Table 21: Prevalence and counts of diagnosed stroke, September 2021

Locality	Registered population (All ages)	Number of patients with diagnosed stroke	Observed prevalence (%)
North	88,294	804	0.9%
South East	151,924	1,480	1.0%
South West	101,514	881	0.9%
Lambeth	341,732	3,165	0.9%

Source: Lambeth DataNet September 2021

Figure 55: Stroke/TIA by locality



Source: Lambeth DataNet September 2021

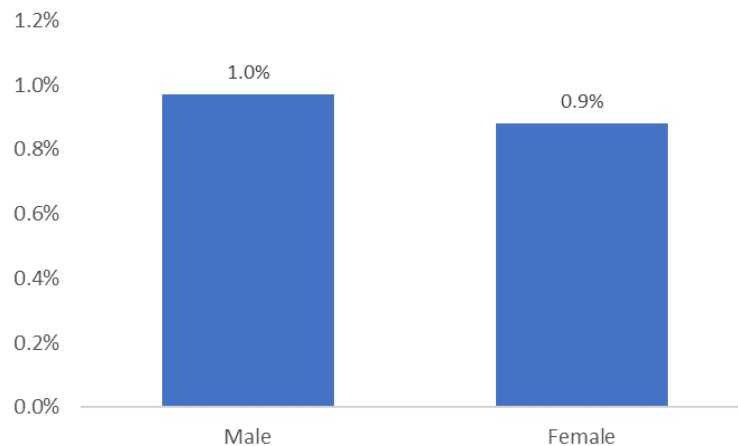
2. The local picture

2.12.5 Long term condition, stroke/transient ischemic attack (TIA)

Sex

Comparing prevalence of stroke/TIA by sex using the same dataset in **figure 56** it is shown that there is minimal difference between them with males at 1.0% and females at 0.9%.

Figure 56: Stroke/TIA by sex in Lambeth

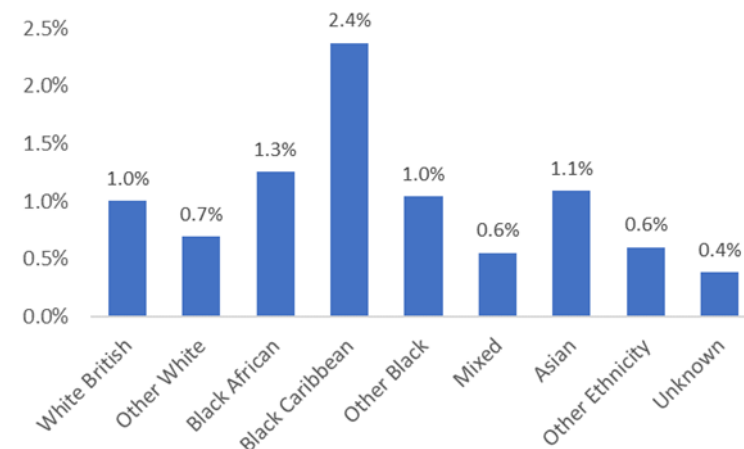


Source: Lambeth DataNet September 2021

Ethnicity

Figure 57 shows difference by ethnicity of stroke/TIA occurrences in Lambeth. The Black Caribbean population have a much higher prevalence compared to all other ethnicity groups at 2.4%. The next highest, Black African, has almost half the prevalence at 1.3%. Most other ethnicities then stay around a similar level with the lowest being Mixed and Other populations at 0.6%.

Figure 57: Stroke/TIA by ethnicity in Lambeth



Source: Lambeth DataNet September 2021

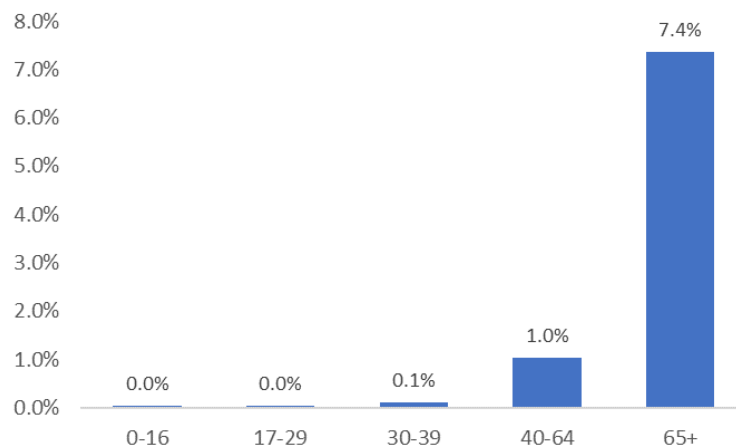
2. The local picture

2.12.5 Long term condition, stroke/transient ischemic attack (TIA)

Age

Shown by **figure 58**, there is a sharp increase in stroke/TIA incidences as age increases which is to be expected. The 65+ year old population has the highest rate at 7.4% of the population, more than 7 times the amount of 40 to 64-year-olds at 1.0% having had an occurrence. Meanwhile, the under 39's have a very low incidence rate in comparison.

Figure 58: Stroke/TIA by age

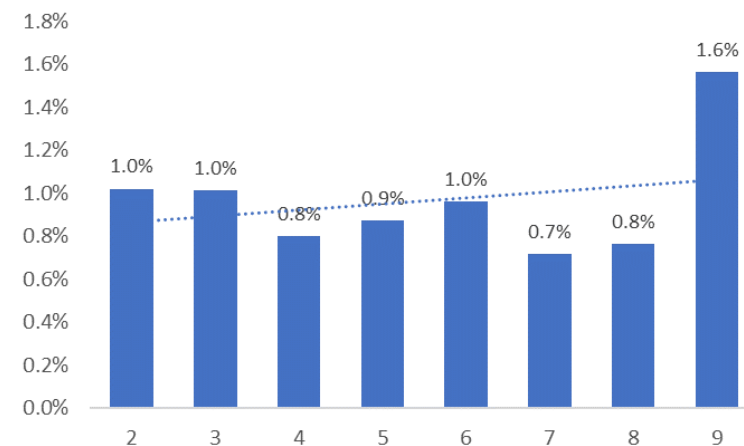


Source: Lambeth DataNet September 2021

Deprivation

Observing prevalence by indices of deprivation (IMD) deciles in 2019 (where 1 = living in an area with most deprivation, and 10 = living in an area with least deprivation) in **figure 59**, it's seen that the rate is similar across deciles 2-8, ranging from 1.0% to 0.7%, with decile 9 being slightly higher at 1.6%. However overall, there appears to be no difference in stroke/TIA prevalence between different IMD deciles.

Figure 59: Stroke/TIA by IMD decile 2019



Source: Lambeth DataNet September 2021

2. The local picture

2.12.5 Long term condition, stroke/transient ischemic attack (TIA)

What this means for the PNA...

It is widely acknowledged that long term conditions (LTCs) are the greatest challenge currently facing the NHS and demand for services to support LTCs is predicted to rise. It is estimated that a third of people in Great Britain are currently living with a LTC. Most people have more than one LTC, and multiple morbidities is the norm in older people. LTCs are a major concern in certain ethnic groups due to poor management and lack of understanding such as the higher risk of diabetes in minority ethnic groups. As well as affecting an individual's health, there can be associated wider social and economic challenges for the individual and implications for family members, who may be providing care for a loved one.

Treatment and support for people with LTCs is placing significant demands on the NHS and other public services. With £15 billion being spent on medicines they are the most common intervention in the management of LTCs. Medicines can be life-prolonging and life-saving but they can also cause harm if used incorrectly. As the experts in medicines and their use, pharmacists can ensure people get the best outcomes from their medicines, reduce adverse events, minimise avoidable harm and unplanned admissions to hospital, while ensuring resources are used more efficiently to deliver the standard and level of care that people with LTCs deserve. LTCs encompass a broad range of conditions such as diabetes, asthma and dementia, which are usually lifelong and cannot currently be cured. The effects and progression of conditions can however often be effectively managed given the right support.

Nonadherence to medicines is between 30-50% and is a considerable issue for the NHS. It has been suggested that improving the effectiveness

of adherence interventions may have a far greater impact on the health of the population than any improvement in specific medical treatments. A report in 2010 stated that up to £500 million of extra value could be generated in just five therapeutic areas (asthma, diabetes, raised blood pressure, vascular disease and the care of people with schizophrenia) if medicines were used in an optimal manner. The principles of medicines optimisation describe how healthcare professionals can enable patients to improve their quality of life and outcomes from medicines use by having a sustained focus on the need to optimise patients' medicines.

2. The local picture

2.13.1 Mental Health, common mental disorders (CMD)

2.13.1 Common mental disorders (CMD)

In 2019, 1 in every 8 people, or 970 million people around the world were living with a mental disorder, with anxiety and depressive disorders the most common. In 2020, the number of people living with anxiety and depressive disorders rose significantly because of the COVID-19 pandemic. Initial estimates show a 26% and 28% increase respectively for anxiety and major depressive disorders in just one year. While effective prevention and treatment options exist, most people with mental disorders do not have access to effective care. Many people also experience stigma, discrimination, and violations of human rights.

Lambeth is a densely populated borough with areas of high deprivation and a comparatively young population. Such demographics are often associated with above average rates of mental distress and mental illness.

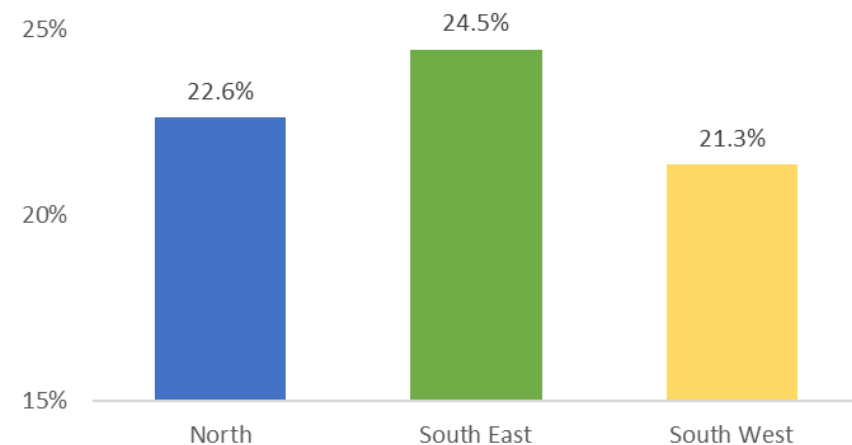
The most recent data from the Annual Psychological Morbidity Survey (APMS) 2014, estimated one in six (15.7%) adults, age 16+ years, in England has symptoms of CMD (e.g. depression, anxiety, panic disorders and phobias) at any one time. Using Lambeth DataNet as a source of registered Lambeth patients, it's possible to calculate the detected prevalence of CMD in Lambeth and within our geographic locations, **table 22**. The observed prevalence is much higher in the South East locality, **figure 60**, these results should be interpreted with caution as it may reflect different rates of depression or different patterns of engagement with health professionals around mental health issues.

Table 22: Prevalence and counts of diagnosed CMD, September 2021

Locality	Registered population (17+)	Number of patients with diagnosed CMD	Observed prevalence (%)
North	77,437	17,511	22.6%
South East	127,240	31,125	24.5%
South West	85,721	18,299	21.3%
Lambeth	290,398	66,935	23.0%

Source: Lambeth DataNet September 2021

Figure 60: CMD by locality



Source: Lambeth DataNet September 2021

2. The local picture

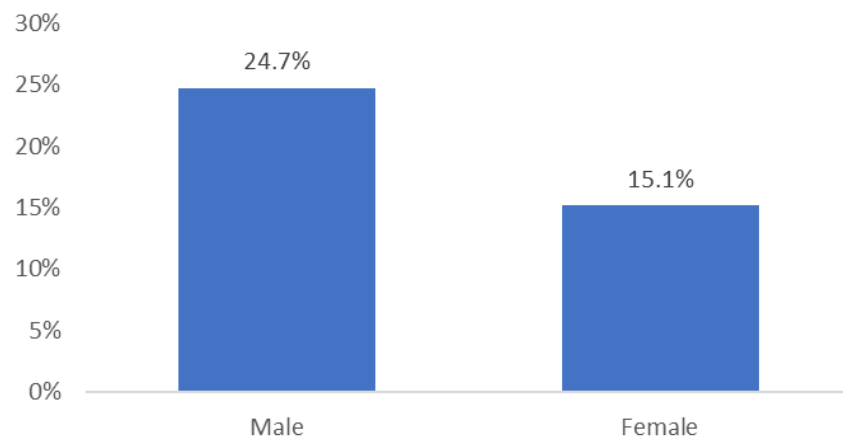
2.13.1 Mental Health, common mental disorders (CMD)

Sex

The prevalence of diagnosed CMD in the registered male population of Lambeth is much higher than in the female population of Lambeth.

Figure 61 shows 1 in 4 males and 1 in 6 females have a diagnosis of CMD within the last year.

Figure 61: CMD by sex in Lambeth

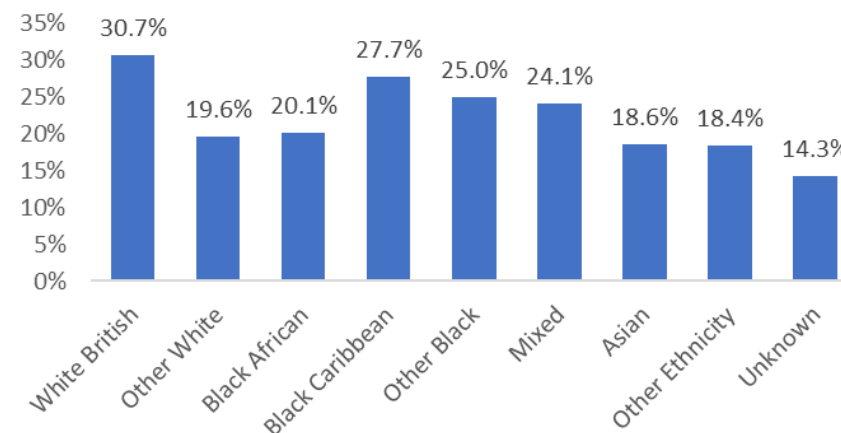


Source: Lambeth DataNet September 2021

Ethnicity

The prevalence of diagnosed CMD is highest in the White British, Caribbean, and Other Black populations within Lambeth, **figure 62**. This may not necessarily indicate higher prevalence in the different ethnicities but may in fact reflect accessibility of care within the different ethnic groups. Approximately 1 in 3 people who are White British or Caribbean, in the analysed dataset, have a diagnosis of CMD.

Figure 62: CMD by ethnicity in Lambeth



Source: Lambeth DataNet September 2021

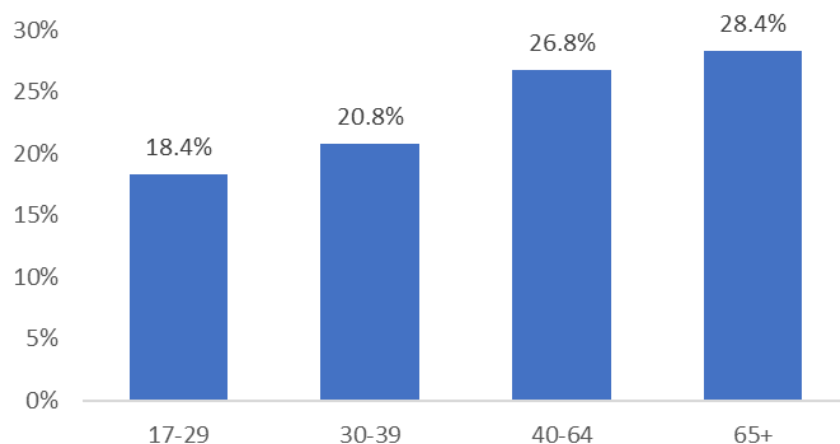
2. The local picture

2.13.1 Mental Health, common mental disorders (CMD)

Age

The prevalence of diagnosed CMD in the registered male population of Lambeth is higher in the 65+ population of Lambeth, **figure 63**. This should be interpreted with caution as it may reflect the patterns of interaction with health care professionals rather than an actual prevalence.

Figure 63: CMD by age

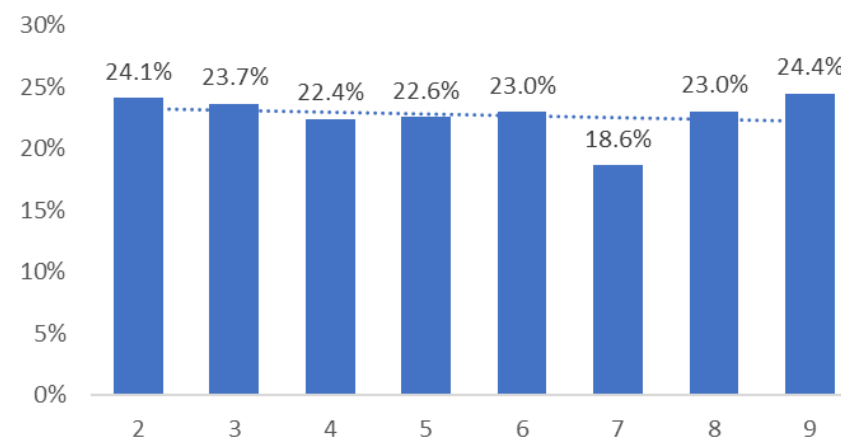


Source: Lambeth DataNet September 2021

Deprivation

The prevalence of diagnosed CMD in those people living in IMD Decile 7 is lower than those in the other IMD Decile classifications which are around 1 in 4 people in each population group, **figure 64**. Overall there appears to be no difference in CMD prevalence by IMD.

Figure 64: CMD by IMD decile 2019



Source: Lambeth DataNet September 2021

2. The local picture

2.13.2 Mental Health, serious mental illness (SMI)

2.13.2 Serious mental illness (SMI)

Mental health is a strategic priority in Lambeth for two reasons:

- Mental ill health is the biggest cause of years of life lost to disability locally. It is also a leading contributor to premature death in people with other long term conditions such as diabetes and cardiovascular disease
- The costs of disability due to mental ill health are very high, not only to the NHS and social care but also to the wider economy and to families and individuals on a social level

Lambeth partners (including voluntary sector and service users and carers) are collaborating on a substantial service redesign 'the Lambeth Living Well Collaborative' (LLWC) for people with severe mental illness. The programme aims to reduce demand for acute mental health provision and residential care by developing community based, user led alternative support arrangements.

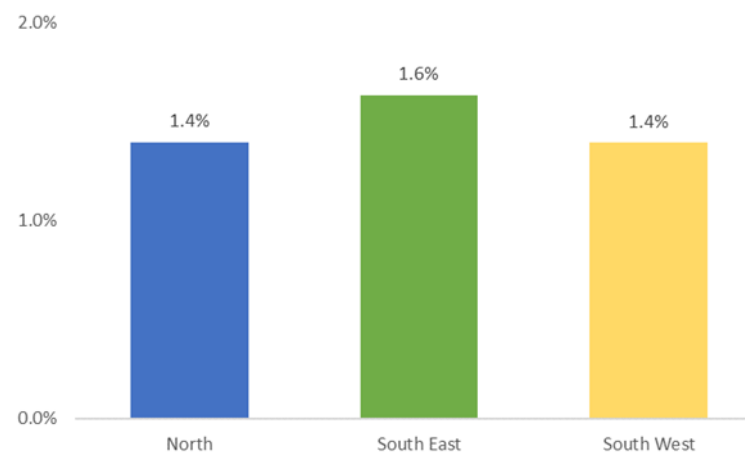
GP records for September 2021 show that around 4,353 people in Lambeth (1.5% of the population) have been diagnosed with a severe mental illness, **table 23**. Looking by locality, **figure 65**, it's seen that the South East has the highest observed prevalence at 1.6%. This correlates to that locality having the most people with diagnosed SMI with almost 1,000 more patients than North and South West localities.

Table 23: Prevalence and counts of diagnosed SMI, September 2021

Locality	Registered population (All ages)	Number of patients with diagnosed SMI	Observed prevalence (%)
North	77,437	1,081	1.4%
South East	127,240	2,078	1.6%
South West	85,721	1,194	1.4%
Lambeth	290,398	4,353	1.5%

Source: Lambeth DataNet September 2021

Figure 65: SMI by locality



Source: Lambeth DataNet September 2021

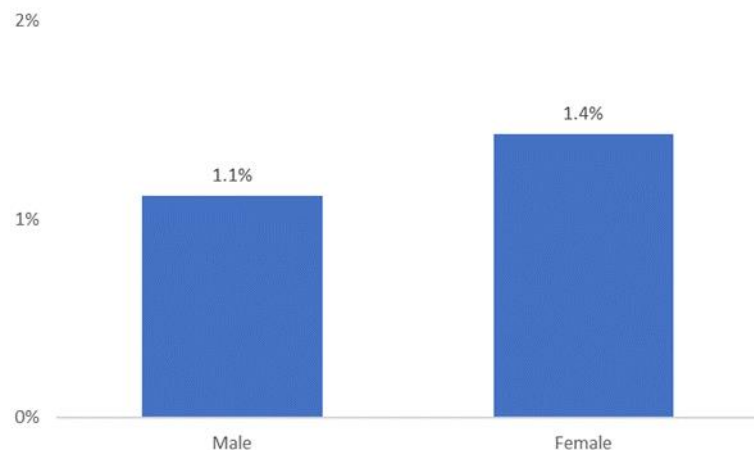
2. The local picture

2.13.2 Mental Health, serious mental illness (SMI)

Sex

Comparing observed prevalence of SMI by sex using the same dataset females have a slightly higher prevalence than males at 1.4% compared to 1.1% for men, **figure 66**.

Figure 66: SMI by sex in Lambeth

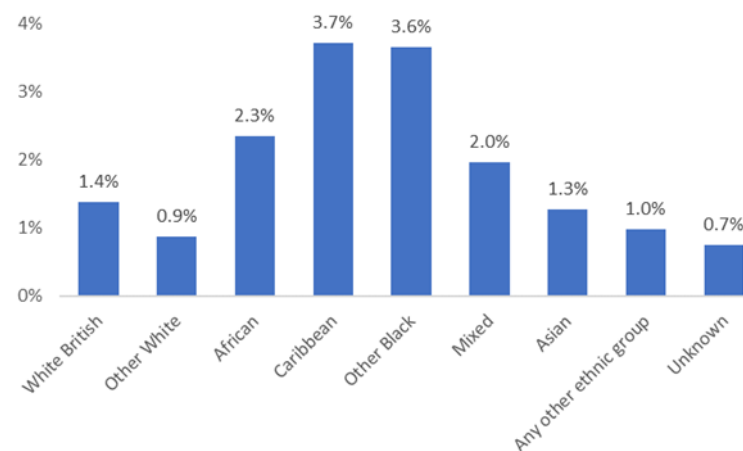


Source: Lambeth DataNet September 2021

Ethnicity

Looking at observed prevalence of SMI by ethnicity in Lambeth, **figure 67**, Caribbean has the largest proportion at 3.7% closely followed by Other Black at 3.6%. The next highest prevalence is a third lower, African at 2.3%, showing how prevalence varies greatly by ethnicity. The White British proportion is close to the average for Lambeth at 1.4% and Other White have the lowest proportion for ethnicity at 0.9%.

Figure 67: SMI by ethnicity in Lambeth



Source: Lambeth DataNet September 2021

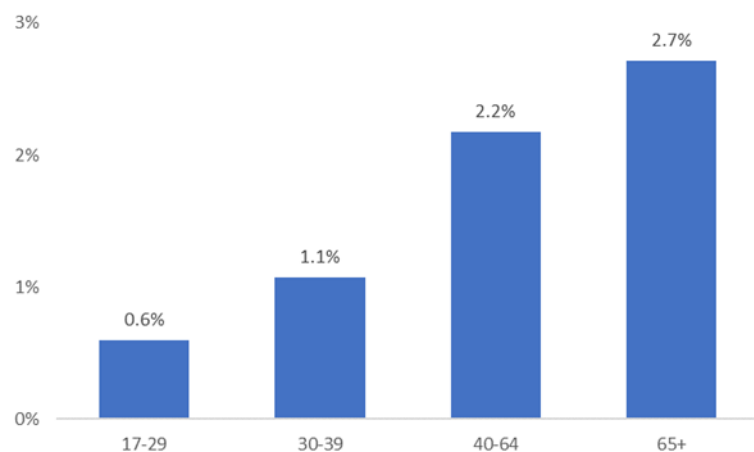
2. The local picture

2.13.2 Mental Health, serious mental illness (SMI)

Age

Shown by **figure 68**, there is a general trend that observed prevalence of SMI increases by age. There is a difference of 2.1% between the youngest and highest age groups, with 17 to 29-year-olds having a proportion of 0.6% and 65+ year olds have 2.7%. The biggest difference between age groups is between 30 to 39-year-olds and 40 to 64-year-olds where prevalence doubles between them.

Figure 68: SMI by age

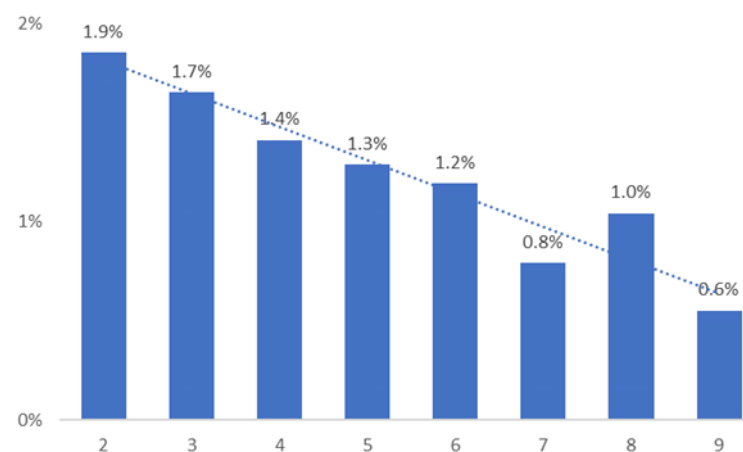


Source: Lambeth DataNet September 2021

Deprivation

There is a steep gradient of decreasing observed prevalence of SMI when living in areas of less deprivation, **figure 69**. There is a difference of 1.3% between the highest and lowest deciles seen (2 and 9) by those living in Lambeth. The indices of deprivation (IMD) deciles used (where 1 = living in an area with most deprivation, and 10 = living in an area with least deprivation) are relative to England in 2019.

Figure 69: SMI by IMD decile 2019



Source: Lambeth DataNet September 2021

2. The local picture

2.13.2 Mental Health, serious mental illness (SMI)

Lambeth's equality objectives set out a priority to improve the physical health of people with mental health problems, especially SMI, through:

- Reducing the proportion of people who smoke with a view to narrowing the gap between people with SMI (44.2% known to be smokers according to GP records) and the general adult population of Lambeth (23% smokers)
- Improving diabetic control from the beyond the Lambeth average (66% achieving good control as measured by HbA1C) towards that of the highest performing practices in Lambeth of 80% or above. Achieving this target presents a challenge, in patients taking anti-psychotic medicine e.g. for Schizophrenia, because many of the medicines increase may cause hyperglycaemia (high blood sugar) and increase the risk of diabetes.

What this means for the PNA...

An individual's mental health is affected by their experiences, social structures and resources, as well as their cultural values. Their mental health is influenced throughout their life and life events impact individuals differently. Mental health conditions can affect approximately 25% of our population at any time.

Numerous medications are available to treat mental health disorders such as anxiety, depression, schizophrenia and other psychotic disorders. Additionally, medicines optimisation is crucial to ensure that treatment is tailored to the needs of patients, good adherence is achieved, and that any adverse effects associated with these medications are identified and managed.

Community Pharmacies provide a range of services which support with the delivery of Lambeth's health goals and equality objectives for those with mental health problems:

- Health promotion advice is provided as part of the core contract. Pharmacies are ideally placed to support local campaigns to deliver healthy lifestyle messages. Patient medication records may be used to identify patients taking medicines for various mental health conditions in order to allow targeting of advice
- Targeted MURs and/or the NMS reviews can promote adherence with the prescribed regimen, and help identify adverse effects and issues with concordance. As such, MURs and NMS will contribute to improving outcomes for patients with serious mental illness.

2. The local picture

2.14 Seasonal influenza

2.14 Seasonal influenza

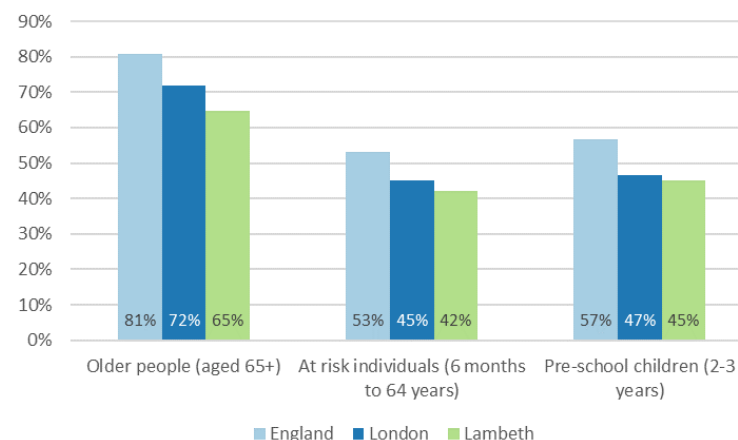
Influenza, or flu, is a highly infectious viral illness spread by droplet infection. In otherwise healthy individuals the illness will be self-limiting; but for older people, the very young, pregnant women and those with a health condition - particularly chronic respiratory conditions, diabetes or heart disease, it can cause severe illness and complications.

Immunisation is one of the most effective healthcare interventions available and flu vaccines can prevent illness and hospital admissions. Increasing the uptake of flu vaccine among high-risk groups should also contribute to easing winter pressure on primary care services and hospital admissions.

Government policy is to recommend immunisation for people aged 65 years and over and those under 65 years in at risk groups. In 2013-14, a childhood influenza vaccine programme was started.

Figure 70 shows population vaccination coverage for flu in the three groups routinely offered flu vaccination under the current guidelines. Flu vaccination coverage in Lambeth is lower than in London, or in England in each of the three targeted 'at risk' groups. The same pattern has been true in all years of the flu vaccination offer, with Lambeth achieving lower rates of coverage than in London or England.

Figure 70: Flu vaccination coverage in targeted groups, Lambeth, London and England, 2020/21



Source: OHID Public Health Profiles April 2022

<https://fingertips.phe.org.uk> © Crown copyright 2022

What this means for the PNA...

There is a need to vaccinate a higher proportion of those considered most at risk to prevent illness and reduce flu related hospital admissions; community pharmacy-based vaccination improves access and uptake of seasonal flu vaccination. Pharmacies are well placed to offer the flu vaccine to at risk groups as medication records provide an effective means for identifying 'at risk' clients to be offered the service. Furthermore, user satisfaction with pharmacy-based services is high.

2. The local picture

2.15 Sexual health

2.15 Sexual Health

Teenage conceptions

Lambeth has the fourth highest rate of teenage (Under 18's) conceptions compared in London, though the rate has been declining for some years. The rate in Lambeth has dropped from 71.8 per 1,000 females aged 15-17 years in 2006 to 19.0 per 1,000 in 2019. However, this rate is still significantly higher than London and England's rate at 13.5 and 15.7 per 1,000 respectively.

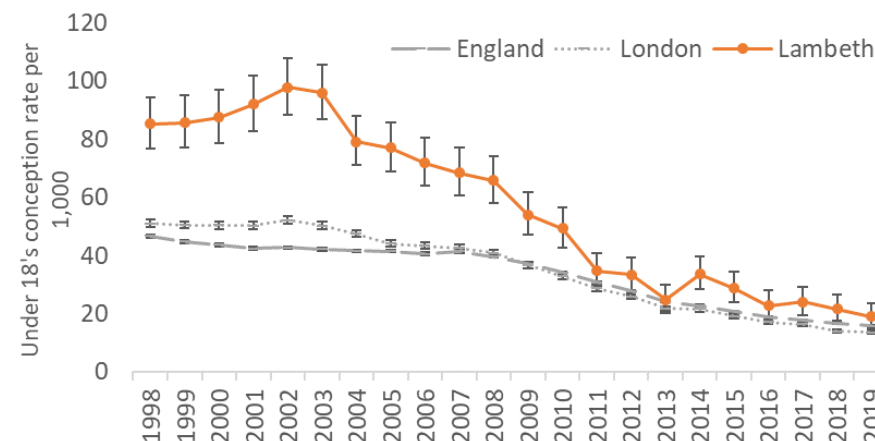
Conceptions among teenage girls aged under 16 in Lambeth has dropped from 10.9 per 1,000 in 2009 to 1.1 per 1,000 in 2019. This is the first year Lambeth's rate has been below England's average.

Conception rates for under 18's has followed a similar pattern - **figure 71**. Lambeth's conception rate has been dropping over the past years to become similar to England and London's rate to reach 19.0 per 1,000 in 2019 compared to 13.5 and 15.7 for London and England respectively.

Abortions

A high abortion rate can be interpreted as an indicator of lack of access to good quality contraception services and advice as well as problems with individual use of contraceptive method. In 2020, 1,792 abortions were performed on Lambeth registered females. This translates into a rate significantly above the England average, although this is true in 22 of the 32 London boroughs. The total abortion rate in Lambeth over the past nine years has remained fairly constant, from 24.0 (per 1,000 females aged 15 to 44 years) in 2012, to 21.3 per 1,000 females in 2020.

Figure 71: Teenage conceptions rate: England, London and Lambeth; 1998 to 2019



Source: *Sexual and Reproductive Health Profiles, Fingertips*

What this means for the PNA...

Pharmacies are seen as a safe, accessible, and non-judgemental provider of emergency hormonal contraception (EHC) services. Some women, particularly younger women, prefer to use town centre pharmacies as these offer a sense of anonymity when compared to 'local' pharmacies.

Community Pharmacies in Lambeth provide access to emergency hormonal contraception to women as part of the enhanced service for sexual health.

2. The local picture

2.15 Sexual health

Sexually transmitted infections (exc. HIV)

Lambeth has a young, diverse and highly mobile population with high rates of sexually transmitted infections (STIs) and human immunodeficiency virus (HIV). Data for 2020 reveals that Lambeth performs at the 'England worst' with respect to:

- the rate of new sexually transmitted infections (STI's), 3,060 per 100,00
- new STI diagnoses (excluding chlamydia) in under 25's, 3,547 per 100,000
- syphilis diagnostic rate, 147.9 per 100,000
- gonorrhoea diagnostic rate, 1,024 per 100,000
- chlamydia diagnostic rate, 1,171 per 100,000
- genital herpes diagnosis rate, 129.6 per 100,000

The chlamydia screening programme completed 13,237 screens in 2020, equivalent to 36.5% of Lambeth's population aged 15 - 24 years and resulting in Lambeth achieving the highest chlamydia detection rate among 15- to 24-year-olds in the country. Also, STI testing (excluding chlamydia) in under 25's at the highest in the country at 19,881.8 per 100,000 but these rates may also reflect high rates of infection in Lambeth in line with other STI's.

HIV

With respect to HIV, Lambeth has the highest diagnosed prevalence rate in England, 12.7 per 1000 population aged 15 and over years; Lambeth also has the highest new HIV diagnosis rate of 27.5 per 100,000 population aged 15+.

Late diagnosis of HIV is the most important factor associated with HIV related morbidity and mortality. HIV late diagnosis rates in Lambeth in the pooled period 2018-20 are lower than those for either London, or England at 36.8%.

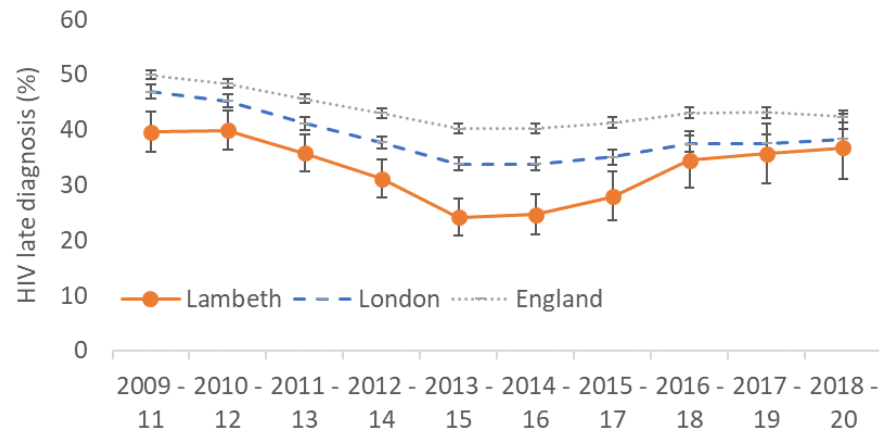
Rate has risen again since dipping in 2013/15 to reach similar levels seen in 2011/13, **figure 72**.

2. The local picture

2.15

Sexual health

Figure 72: HIV late diagnosis rate: Lambeth, London, England; trend of rolling averages 2009/11 to 2018/20



Source: Sexual and Reproductive Health Profiles, Fingertips

What this means for the PNA...

Community pharmacies in Lambeth provide a range of sexual health services:

- Pharmacies are ideally placed to provide advice on contraception and safe sex and health promotion advice is part of the core contract.
- Sexual health services are commissioned from Lambeth's community pharmacies:
- Level 1 services include chlamydia screening, provision of emergency hormonal contraception and condom supply
- Level 2 services include chlamydia screening and treatment, provision of emergency hormonal contraception and condom supply

2.16 Health and care organisations

Healthcare strategy is set by a range of health and care organisations working in an integrated way:

UK Health Security Agency (UKHSA) – is an executive agency of the Department of Health and Social Care, replacing the previous Public Health England. It is responsible for protecting every member of every community from the impact of infectious diseases, chemical, biological, radiological and nuclear incidents and other health threats.

Office for Health and Improvement & Disparities (OHID) – OHID is part of the Department of Health and Social Care and focuses on improving the nation's health so that everyone can expect to live more of life in good health, and on levelling up health disparities to break the link between background and prospects for a healthy life.

Local Authorities – continue to take responsibility for public health, with dedicated funding, as part of the government's 2012 health and social care reforms as well as the more recent health and care act 2022.

Health and Wellbeing Boards (HWBs) – Each top tier and unitary authority continue to have its own HWB. Board members collaborate to understand their local community's needs, agree priorities and encourage commissioners to work in a more joined up way. They lead on the Joint Strategic Needs Assessment (JSNA) and develop a Joint Health and Wellbeing Strategy for how these needs can be best addressed. This will include recommendations for joint commissioning and integrating services across health and care. The current Health and Wellbeing Strategy is in the process of being refreshed. Membership of the HWB

includes local commissioners for health and social care, elected members, Director of Public Health and representatives from Health Watch.

NHS England and NHS Improvement – have worked together as a single organisation since April 2019 to improve health outcomes for people in England and to provide leadership and support to the wider NHS. Their new single operating model has been designed to support delivery of the NHS Long Term Plan. They commission primary health care services (Community Pharmacists, GPs, Optometrists and specialized and highly specialized services).

Integrated Care Systems (ICSs) – are partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area. 42 ICSs are established across England on a statutory basis on 1 July 2022 and each includes: an Integrated Care Partnership (ICP), an Integrated Care Board (ICB), Local authorities, place based partnerships and provider collaboratives. ICSs bring partnership organisations together to: improve population health and healthcare outcomes, tackle inequalities, enhance productivity and value for money and help the NHS support broader social and economic development.

Clinical Commissioning Groups – currently plan and commission the health care services for the local area including, planned hospital care, urgent and emergency care, community health services and mental health. The CCG board is made up of GPs from the local area and at least one registered nurse and one secondary care specialist doctor. However, from July 2022, CCGs were replaced by **Integrated Care Boards (ICBs)** as a part of the new ICSs. ICBs are statutory NHS organisations responsible for developing a plan for meeting the health needs of the population,

managing the NHS budget and arranging for the provision of health services in the ICS area. When ICBs are legally established, clinical commissioning groups (CCGs) will be abolished.

Healthcare strategy influences both the need for pharmaceutical services and how pharmaceutical services are delivered.

This section therefore outlines the high-level strategic health and wellbeing priorities together with the implications for the PNA.

Much of this strategy is evolving and the assessment reflects the emerging themes and priorities at the time the PNA was written. A summary of Local strategy, systems and the key national policy drivers which are of relevance to the PNA is provided below.

Lambeth Health and Wellbeing Strategy

The Lambeth Health and Wellbeing Board published its Health and Wellbeing strategy in 2013, later refreshed in 2016. It is currently in the process of being refreshed again.

The ambitions are set out in the strategy. These were for Lambeth to be a place where:

- Health and well-being are improving for all, and improving fastest for those communities with the poorest health and wellbeing
- People can reach their full potential and to feel good about themselves
- Everyone can make a contribution and to feel valued
- People are safe from harm

The key priorities areas for the refresh of the strategy were:

- Early Action
- Transforming systems and integrated care
- Health and wellbeing in all policies
- Housing

Enabling components included Citizen Involvement and Developing the Health and Wellbeing Board.

Our Healthier South East London (OHSEL) Integrated Care System (ICS)

Our Healthier South East London, the South East London integrated care system, brings together local health and care organisations and local councils to design care and improve population health, through shared leadership and collective action. They aim to address three problems in local healthcare:

- The health and wellbeing gap – people should be helped to lead healthier and longer lives
- The care and quality gap – variation in the accessibility and quality of care should be improved
- The funding and efficiency gap – the NHS must become more efficient and make better use of the money available

Their specific aims for 2021 were to:

- support people to be in control of their physical and mental health and have a greater say in their own care
- help people to live independently and know what to do when things go wrong
- help communities to support each other
- make sure primary care services are sustainable and consistently excellent and have an increased focus on prevention
- reduce variation in outcomes and address inequalities by raising the standards in our health service
- develop joined up care so that people receive the support they need when they need it
- deliver services that meet the same high-quality standards whenever and wherever care is provided
- spend our money wisely, to deliver better outcomes and avoid waste

Our Healthier South East London ICS published a recovery plan in October 2020, following the impacts of COVID-19 (15). The specific shared ambitions are:

1. Working with our staff and communities to keep each other safe
2. Taking practical steps to address existing and new inequalities
3. Supporting people to stay healthy and well at all stages of life
4. Restoring services and 'locking-in' beneficial changes

5. Developing high-quality, joined up and sustainable health and care systems

The NHS Long Term Plan (16)

In January 2019, NHS England published the NHS Long Term Plan, setting out its priorities for healthcare over the next ten years and showing how the NHS funding settlement will be used. The main theme of the plan is prevention; NHS England says that half a million lives could be saved over the next ten years by focussing on prevention and early detection.

The aim is to make the population 'fit for the future' by:

- Enabling everyone to get the best start in life.
- Helping communities to live well; and
- Helping people to age well.

For community pharmacies, the plan is as follows:

- NHS England will work with Government to make greater use of community pharmacists' skills and opportunities to engage patients.
- NHS England and the Government will explore further efficiencies through reform of reimbursement and wider supply arrangements.
- NHS England will work with community pharmacists and others to provide opportunities for the public to check their health, through tests for high blood pressure and other high-risk conditions; and
- From 2019, NHS 111 will start direct booking into GP practices across the country, as well as referring on to community pharmacies who

can support urgent care and promote patient self-care and self-management.

- Pharmacists may be involved in helping to identify and treat people with high-risk conditions, undertaking a range of medicine reviews, including educating patients on the correct use of inhalers, and offering medicine reviews to care home residents.

Community Pharmacy Contractual Framework (CPCF): 2019 to 2024

The Community Pharmacy Contractual Framework (17) is an agreement between the Government, the NHS and the Pharmaceutical Services Negotiating Committee (PSNC) describing their vision for how community pharmacy will support delivery of the NHS Long Term Plan, from 2019 to 2024.

It agrees to spend approximately £13 billion to community pharmacy, with a commitment to spend £2.592 billion in each of the next five financial years. They will build on the reforms started in 2015 with the introduction of Quality Payments Scheme to direct pharmacies to becoming more clinically focused. They also describe the new services which will immediately be offered through community pharmacy, for example the new national NHS Community Pharmacist Consultation Service which connects patients who have a minor illness with a community pharmacy. The framework underlines the critical role of community pharmacy as an agent of improved public health and prevention, embedded in the local community.

What this means for the PNA...

All the key local strategic plans and national policy drivers described in the previous section will change what services are commissioned and how these will be delivered over the next 5 to 10 years. These could have an impact on the PNA and what services are commissioned and delivered by local pharmacy providers.

Table 24: National Policy Drivers		
Policy area	Publication	Link
Community Pharmacy Contractual Framework: 2019 to 2024	July 2019	https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024
NHS Long Term Plan	January 2019	https://www.longtermplan.nhs.uk/
Pharmacy: A Way Forward for Public Health - Opportunities for action through pharmacy for public health	September 2017	https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/642644/Pharmacy a way forward for public health.pdf
Standards for pharmacy professionals	May 2017	https://www.pharmacyregulation.org/spp
Pharmacy contract reforms: 1/ Community pharmacy in 2016/17 and beyond: Final package 2/ Community pharmacy in 2016/17 and beyond: Impact assessment 3/ Community pharmacy in 2016/17 and beyond: The pharmacy access scheme	October 2016	https://www.gov.uk/government/publications/community-pharmacy-reforms
Community Pharmacy Forward View	August 2016	http://psnc.org.uk/services-commissioning/community-pharmacy-forward-view/
Five Year Forward View	April 2016	https://www.england.nhs.uk/gp/gpfv/
NHS Five Year Forward View	October 2014	https://www.england.nhs.uk/five-year-forward-view/
Pharmacy in England: Building on strengths – delivering the future	April 2008	https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/228858/7341.pdf

3. Assessment of pharmaceutical services

3.1 Introduction and approach

Section 3 - Assessment of pharmaceutical services

3.1 Introduction and approach

This section describes the current provision of pharmaceutical services and other services commissioned from pharmacies in response to the needs of the local population. It uses data from a variety of sources which are listed in [table 25](#).

For the PNA, the Health and Wellbeing Board is required to determine whether a service is **necessary** (i.e. required to meet the need for that service) or **relevant** (i.e. has secured improvements, or better access to the service). [Table 26](#) outlines the criteria used to determine whether a service was ‘**necessary**’ or ‘**relevant**’. We have also considered the impact of a range of other factors on the need for services including:

- Services provided outside of the Lambeth HWBB area.
- NHS services provided by other NHS trusts.
- Specific circumstances which influence future needs including projected changes in population size, demography, health needs, plans for future commissioning or service delivery and other local plans.
- A number of data sources were used in the assessment; JSNA/health profiles, commissioning data sets from Office for Health Improvement and Disparities (OHID) via the Knowledge Hub PNA data and methodology support group (KHUB), NHS England and NHS Improvement (NHSE&I), Lambeth Together, South East London

Integrated Care Board (SELICB), a public engagement survey and a local community pharmacy survey.

- Service data only includes those services that are currently recorded as commissioned.
- Opening times of pharmacies is based on current total contracted times held by NHSE&I.

The HWBB is also required to consider whether there is reasonable choice in the area. For service users, choice is a mechanism to drive up the quality of services and improve the user’s satisfaction with the service. At a health system level choice also acts as a mechanism to drive more cost-effective use of resources and services. Factors used to consider whether there is sufficient choice are:

- Current level of access to NHS pharmaceutical services and choice of providers in the area.
- Extent to which existing services already offer a choice.
- Extent to which choice may be improved through the availability of additional providers or additional facilities.
- Extent to which current service provision adequately responds to the changing needs of the community it serves.
- Need for specialist or other services which would improve the provision of, or access to, services for vulnerable people or specific populations.

3. Assessment of pharmaceutical services

3.1 Introduction and approach

The following sections describe essential services (which all pharmacy contractors must provide) and advanced services, enhanced services and locally commissioned services (commissioned from/provided by specific pharmacies).

3. Assessment of pharmaceutical services

3.1 Introduction and approach

Table 25: Sources of data used in the PNA assessment

Community pharmacy survey	The findings from the Community Pharmacy Survey completed by every pharmacy in June 2022. These are self-reported data from each community pharmacy on a range of topics including: <ul style="list-style-type: none">• services currently delivered• interest in providing additional services in the future• views on the opportunities and challenges of using community pharmacies to improve health and wellbeing
Public engagement survey	Insights from our public engagement survey, which was undertaken between 7th March and 10th April 2022, together with views expressed during market research
Stakeholders	The views of stakeholders within partner organisations
NHS Digital, NHS business authority, LG Inform	Nationally produced pharmacy data
Locally commissioned data	Data held by NHSE&I, SELICB and Lambeth Council on the services they commission from pharmacies

3. Assessment of pharmaceutical services

3.1 Introduction and approach

Table 26: Criteria for determining 'necessary' or 'relevant' services

Who can provide the service	If the service can only be provided by a person on the pharmaceutical list and therefore there is no alternative service to meet this need it is more likely to be determined as necessary (e.g. dispensing)
Health needs	Where there is a clear local health need for a specific service it was more likely to be determined as necessary (e.g., dispensing)
Evidence	If there was strong evidence for a service being effective when delivered through pharmacy, it was more likely to be determined as necessary
Performance	When pharmacies are better performers at providing the service than alternatives the service was more likely to be determined as necessary
Future need	Where there is expected to be an increased demand on the service in the next 3 years the service was more likely to be determined as necessary
Access	Where pharmacies offer provision of the service in a more accessible way then it was more likely to be determined as necessary (e.g., pharmacies providing the service with extended opening hours compared to other providers)

3. Assessment of pharmaceutical services

3.2 Essential services

3.2 Essential services

All community pharmacies and dispensing appliance contractors (DAC) must provide the **essential services**, as set out in the 2013 NHS Regulations (18). [Table 27](#) gives a brief overview of these services.

In addition, all community pharmacies must comply with the clinical governance arrangements which were introduced as part of the 2005 Regulations, with amendments in 2012 and 2014.

This must comprise of the following components:

- a patient and public involvement programme.
- a clinical audit programme.
- a risk management programme.
- a clinical effectiveness programme.
- a staffing and staff management programme.
- an information governance programme.
- a premises standards programme.

Essential services are fundamental for patients to obtain prescribed medicines in a safe and reliable manner. Whilst dispensing NHS prescriptions forms the primary basis of this evaluation, other essential services such as public health campaigns, sign-posting and support for self-care, are assessed throughout the PNA.






Before focusing on dispensing, this section will outline the:

- distribution of pharmacies.
- access to pharmacies.

3. Assessment of pharmaceutical services

3.2 Essential services

Table 27: Essential services provided by community pharmacies

<p>Dispensing medicines</p> <p>The supply and record management of medicines ordered on NHS prescriptions. The Electronic Prescription Service (EPS) is also part of the dispensing service.</p>		<p>Dispensing appliances</p> <p>The obligation to dispense arises only if the pharmacist supplies such products 'in the normal course of his business</p>		<p>Repeat dispensing</p> <p>The management and dispensing of repeatable NHS prescriptions for medicines and appliances</p>
<p>Clinical governance</p> <p>A system through which pharmacies are accountable for continuously improving the quality of their services and safeguarding high standards of care</p>	<p>Disposal of unwanted medicines</p> <p>Pharmacies are obliged to accept back unwanted medicines from patients.</p>		<p>Public Health (promotion of healthy lifestyles)</p> <p>The provision of opportunistic public health advice and pro-active participation in national/local campaigns</p>	<p>Discharge Medicines Service</p> <p>A service within pharmacies where NHS trusts refer patients who would benefit from extra guidance around newly prescribed medicines.</p>
<p>Signposting</p> <p>The provision of information or referral to people visiting the pharmacy, who require further support, advice or treatment</p>		<p>Support for self-care</p> <p>The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families</p>		<p>Funding for essential services</p> <p>Pharmacy contractors receive a Single Activity fee for every item dispensed including medicines and appliances.</p>

3. Assessment of pharmaceutical services

3.2.1 Essential services, distribution of pharmacies

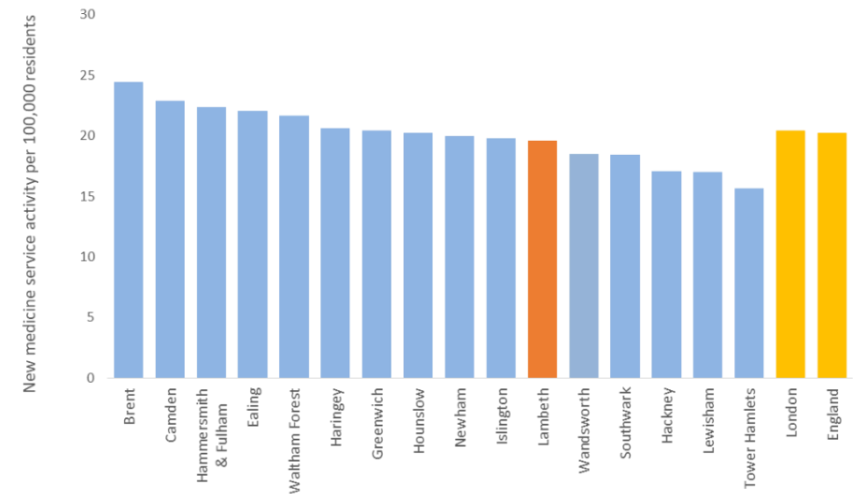
3.2.1 Distribution of pharmacies

- Lambeth has 63 community pharmacies.
- Six of these are 100hr pharmacies.
- There are no dispensing appliance contractors (DAC).
- There are no distance selling pharmacies.

CIPFA: The Chartered Institute of Public Finance and Accountancy (CIPFA) have created a model which seeks to measure similarity between Local Authorities.

- **Figure 70** shows Lambeth has a similar number of pharmacies (19.6 pharmacies per 100,000 population) to its CIPFA comparators and the London (20.4 per 100,000) and England (20.2 per 100,000) averages.
- There is variation across the comparators with Brent reporting 24.4 per 100,00 and Tower Hamlets reporting 15.7 per 100,000.
- Pharmacies are distributed throughout the borough with concentrations near high streets and GP practices and located in areas of relatively high deprivation.

Figure 70: Number of pharmacies per 100,000 residents, Lambeth compared to CIPFA neighbours



Source: KHUB, MYE 2020

3. Assessment of pharmaceutical services

3.2.1 Essential services, distribution of pharmacies

Current picture

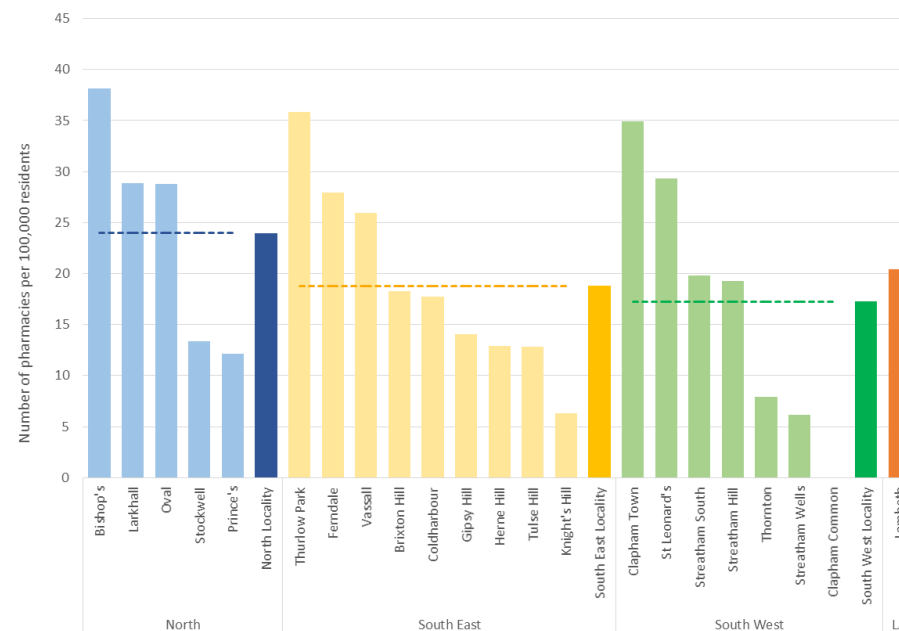
There is variation in the number of pharmacies between localities:

- North Locality 19 pharmacies.
- South East Locality 26 pharmacies.
- South West Locality 18 pharmacies.

Figure 71 shows how the number of pharmacies per 100,000 population in Lambeth's localities and wards:

- This varies across the 3 localities (from 17.3 to 24.0 per 100,000) which is broadly in line with the London and England average.
- The North Locality has the highest number of pharmacies per 100,000.
- There is variation across the wards in Lambeth ranging from 0 to 38.1 per 100,000.
- All wards except Clapham Common ward have at least 1 pharmacy. Residents have a wide choice of services in the neighbouring Clapham Town, Thornton and Ferndale wards.
- Most wards (except for Streatham Wells, Thornton and Knights Hill) have at least 2 pharmacies and therefore offer a choice in provider.
- In the 3 wards where there is only 1 pharmacy, there is access to pharmacies in other wards or across the border in neighbouring HWBB areas.

Figure 71: Number of pharmacies per 100,000 residents, Lambeth localities and wards



Source: NHS BSA, NHSEI, MYE 2020

Table 28 and **Map 3** shows the distribution of community pharmacies across the borough. **Map 4** shows the travel distances around pharmacies at 6-minute and 12-minute walking distances.

- Pharmacies located in other HWBB areas are included to assess cross border accessibility.
- Most Lambeth residents can access a pharmacy within a 6-minute walk either locally or cross border.

3. Assessment of pharmaceutical services

3.2.1 Essential services, distribution of pharmacies

- The remainder of Lambeth is accessible within a 12-minute walk.
- There is good alignment with GP practices and major transport routes and hubs.

Insight from public engagement

Respondents were asked about the pharmacy they normally visit and why they use it, the reasons and proportions of the 209 responses received are stated below:

- 82% - close to their home.
- 43% - close to their GP.
- 11% - close to their workplace.
- 5% - it is in the supermarket they use.
- 26% - the opening hours are convenient.
- 40% - they trusted the pharmacist.
- 39% - the staff were friendly and helpful.
- 25% - the service is efficient.
- 5% - it is easy to access with a wheelchair.

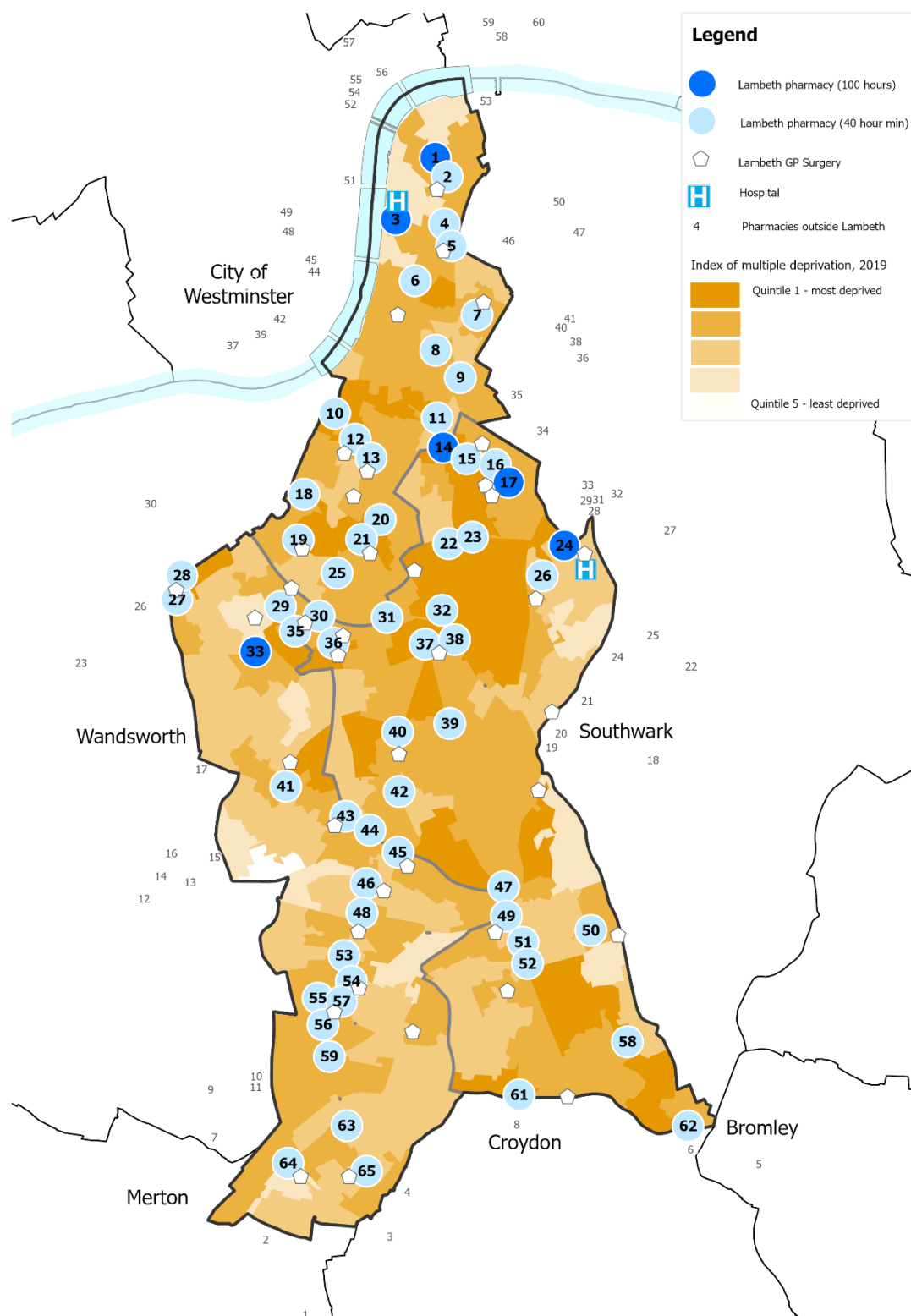
Table 28: Distribution of community pharmacies by locality and ward

Locality	Ward	No.	Pop	per 100,000	No.	per 100,000
North	Bishop's	5	13,117	38.1	19	24.0
	Larkhall	5	17,344	28.8		
	Oval	5	17,375	28.8		
	Prince's	2	16,477	12.1		
	Stockwell	2	14,962	13.4		
South East	Brixton Hill	3	16,428	18.3	26	18.8
	Coldharbour	3	16,902	17.7		
	Ferndale	4	14,336	27.9		
	Gipsy Hill	2	14,269	14.0		
	Herne Hill	2	15,538	12.9		
	Knight's Hill	1	15,824	6.3		
	Thurlow Park	5	13,965	35.8		
	Tulse Hill	2	15,575	12.8		
	Vassall	4	15,426	25.9		
South West	Clapham Town	5	14,305	35.0	18	17.3
	Clapham Common	0	13,304	0.0		
	St Leonard's	5	17,071	29.3		
	Streatham Hill	3	15,590	19.2		
	Streatham South	3	15,130	19.8		
	Streatham Wells	1	16,227	6.2		
	Thornton	1	12,648	7.9		
Lambeth	Grand Total	63	308,509	20.4	63	21.1

3. Assessment of pharmaceutical services

3.2.1 Essential services, distribution of pharmacies

Map 3: Distribution of pharmacies, coverage and alignment with primary care and acute service



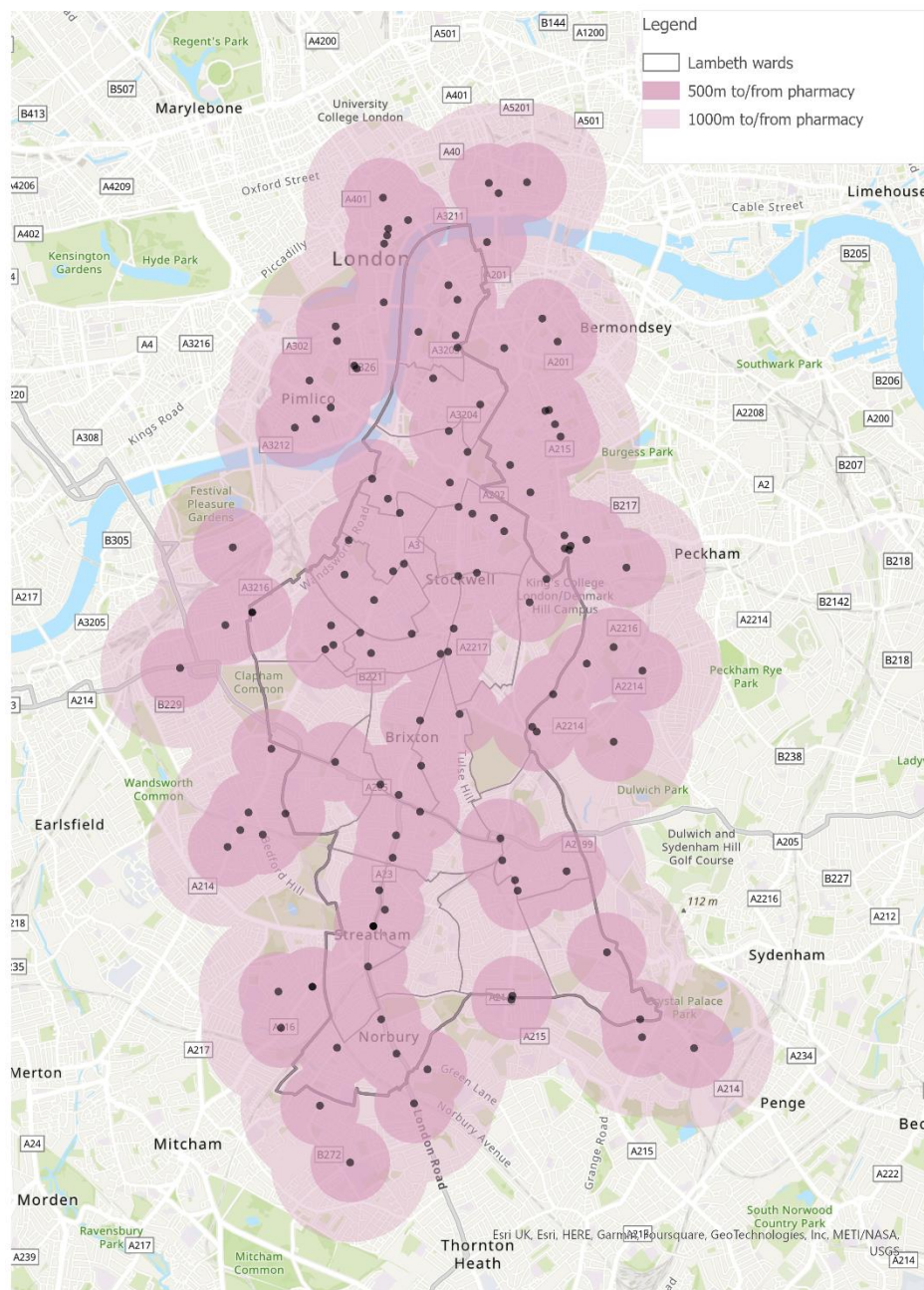
3. Assessment of pharmaceutical services

3.2.1 Essential services, distribution of pharmacies

Map 4: Walking distances to pharmacies within a 1km boundary of the borough of Lambeth

This map considers accessing pharmacies in neighbouring boroughs within 1km of the Lambeth boundary.

It is estimated that the average person will take around 6 minutes to walk 500m and 12 minutes to walk 1000m. These distances are based on a walking pace for healthy adults and may vary due to factors such as age and health conditions. **Map 4** suggests that most pharmacies can be accessed by Lambeth residents within a 6-minute walk. For people walking from certain areas of southern Lambeth (namely wards Streatham Wells and Knight's Hill), the nearest pharmacy is accessible within a 12-minute (1km) walk.



3. Assessment of pharmaceutical services

3.2.1 Essential services, distribution of pharmacies

Relocation of pharmacies

Where there is variation of provision of need within the borough, there is potential to relocate existing pharmacies. Part 4 of “The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013” (18) covers “relocations that do not result in significant change to pharmaceutical services provision” under excepted applications.

Conclusion

- Lambeth has a level of pharmacy provision that is comparable with its ONS comparators and London and England averages and appropriate for the size of the population.
- There is a good correlation between deprivation and the number of pharmacies within each locality.
- Lambeth residents have a choice of pharmacy in most wards. In the four wards where there is only one or no pharmacy, residents have the option of traveling to a neighbouring ward to access pharmacy services.
- Analysing walking distances to/from pharmacies suggests Lambeth residents can access a pharmacy within a 12-minute walk.
- 97% of respondents stated it took less than 30 minutes to get to their local pharmacy.
- 75% stated it took no more than 15 minutes.
- 68% of respondents walk, with 8% driving to their local pharmacy.

3. Assessment of pharmaceutical services

3.2.2 Essential services, opening hours and access

3.2.2 Opening hours and access

- Pharmacies are required to open between specific times by their terms of service. A community pharmacy must open for a minimum of 40 core hours unless it has been granted a contract under the “100-hour exemption” or NHSEI has granted a contract based on more than 40 core hours, under the current market entry system. Additional hours, over and above core hours, are termed “supplementary hours”.
- Lambeth has 6 ‘100-hour’ pharmacies, 2 in the North locality, 3 in the South East locality and 1 in the South West Locality.
- If a pharmacy wishes to amend its core hours, it must seek permission from NHSEI. Supplementary hours may be changed at the discretion of the contractor, subject to approval from NHSEI, providing that they are given 90 days’ notice. This has implications for access if a pharmacy chooses to reduce its supplementary hours.
- Throughout this PNA total hours (core plus supplementary) – as contracted by NHSEI - are used to assess opening hours and access to services. The rationale for this is:
 - Total (rather than core) hours reflect hours of access for residents.
 - The opening hours held by NHSEI reflect the most accurate pharmacy opening times.
- Pharmacy opening times can be found in [Appendix 6.3](#).

Current picture

[Table 30/31/32](#) shows opening times for a pharmacy over a normal week.

- Monday to Friday, early is any pharmacy that opens 8.30am or earlier.
- Monday to Friday, late is any pharmacy that opens 6.30pm or later.
- Monday to Friday, normal is any pharmacy open between 9.00am and 5.00pm.
- Saturday is any pharmacy that is open at any time.
- Sunday is any pharmacy that is open at any time.

Monday to Friday

- 62 out of 63 (98%) pharmacies are open from 9.00am to 5.00pm on four out of five days.
- 1 pharmacy closes early on a Wednesday located in Thurlow Park ward.
- During these times services are provided by other pharmacies.
- 11 out of 63 (17%) pharmacies close for lunch every day of the week.
- A further 1 pharmacy closes at least 1 day of the week for lunch.
- Pharmacies that close for lunch are all situated in wards with more than 1 pharmacy.

3. Assessment of pharmaceutical services

3.2.2 Essential services, opening hours and access

Monday to Friday early opening

- [Map 5](#) shows the geographic distribution of early opening pharmacies.
- 21 pharmacies open 8.30am or earlier, 5 days a week.
- Good distribution across the borough.
- Each locality has pharmacies that open earlier, 9 in the North locality, 6 in the South East and 6 in the South West.
- Most early opening pharmacies are situated on high streets or transport hubs.
- Not every ward has an early opening pharmacy however services are provided by pharmacies in neighbouring wards.

Monday to Friday late opening

- [Map 6](#) shows the geographic distribution of late opening pharmacies.
- 57 pharmacies open 6.30pm or later, 5 days a week.
- Each locality has pharmacies that open late, 17 in the North locality, 23 in the South East and 17 in the South West.
- 9 pharmacies are open very late, 9.00pm or later of which 3 are located in the North locality, 4 South East locality and 2 in the South West locality.
- Most late opening pharmacies are situated on high streets or transport hubs.

Saturday

- [Map 7](#) shows the geographic distribution of Saturday opening pharmacies.
- 57 out of 63 (90%) of pharmacies are open at some point on Saturdays.
- Each locality has pharmacies that open on Saturdays, 16 in the North locality, 24 in the South East and 18 in the South West.
- All wards have a pharmacy that is open at some point on a Saturday
- 9 pharmacies are open 8.30am or earlier.
- Each locality has provision of early opening, 4 in the North locality, 3 in the South East and 2 in the South West.
- 17 pharmacies are open 6.30pm or later, on a Saturday
- Each locality has provision of late opening, 4 in the North locality, 5 in the South East and 4 in the South West.

Sunday

- [Map 8](#) shows the geographic distribution of Sunday opening.
- 13 out of 63 (21%) of pharmacies are open at some point on Sundays.
- Each locality has pharmacies that open on Sunday, 4 in the North locality, 5 in the South East and 4 in the South West.
- Only wards which have high streets or pharmacies located in supermarkets have pharmacies open on Sundays.
- No pharmacies open 8.30am or earlier.
- 4 pharmacies open late on Sundays, at least 1 in each locality.

3. Assessment of pharmaceutical services

3.2.2 Essential services, opening hours and access

Easter Sunday, Christmas Day and bank holiday access to community pharmacies

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

For the last two years NHSE&I has had an Enhanced Service for coverage over bank holidays to ensure that there are pharmacies open on these days; their location is near to the hubs and out-of-hours providers so patients can easily access medication if required. The current SLAs expire in August 2022 and are being extended. This is a change since the publication of the 2018 PNA. In Lambeth there is one pharmacy that is commissioned specifically for bank holiday coverage, [table 29](#).

Table 29: Bank Holiday and Christmas Day and Easter Sunday Services

ODS	Name	Address	Postcode
FGV60	Vittelow Pharmacy	26 Clapham Road	SW9 0JG

3. Assessment of pharmaceutical services

3.2.2 Essential services, opening hours and access

Table 30: North locality opening times of community pharmacies by locality and ward

Locality Ward	Normal opening hours Monday to Friday			Early opening Monday to Friday	Late opening Monday to Friday		Saturday opening			Sunday opening		
	0 days 9am to 5pm	4 days 9am to 5pm	5 days 9am to 5pm	5 days 8.30am or earlier	1 days 6.30pm or later	5 days 6.30pm or later	Open anytime	8.30am or earlier	6.30pm or later	Open anytime	8.30am or earlier	6.30pm or later
North			19	9		17	17	4	5	4		2
Bishop's			5	4		5	5	2	3	2		2
Larkhall			5	1		5	4					
Oval			5	2		4	4	2	2	2		
Prince's			2	1		1	2					
Stockwell			2	1		2	2					
Lambeth	0	1	62	21		57	57	9	17	13		4

3. Assessment of pharmaceutical services

3.2.2 Essential services, opening hours and access

Table 31: South East locality opening times of community pharmacies by locality and ward

Locality Ward	Normal opening hours Monday to Friday			Early opening Monday to Friday	Late opening Monday to Friday		Saturday opening			Sunday opening		
	0 days 9am to 5pm	4 days 9am to 5pm	5 days 9am to 5pm	5 days 8.30am or earlier	1 days 6.30pm or later	5 days 6.30pm or later	Open anytime	8.30am or earlier	6.30pm or later	Open anytime	8.30am or earlier	6.30pm or later
South East		1	25	6		23	23	3	6	5		1
Brixton Hill			3			3	3					
Coldharbour			3			3	2		1	1		
Ferndale			4	2		4	4		1	1		1
Gipsy Hill			2			1	2					
Herne Hill			2	1		2	2	1	1	1		
Knight's Hill			1			1	1					
Thurlow Park		1	4	1		4	5		1			
Tulse Hill			2			1	2					
Vassall			4	2		4	2	2	2	2		
Lambeth	0	1	62	21		57	57	9	17	13		4

3. Assessment of pharmaceutical services

3.2.2 Essential services, opening hours and access

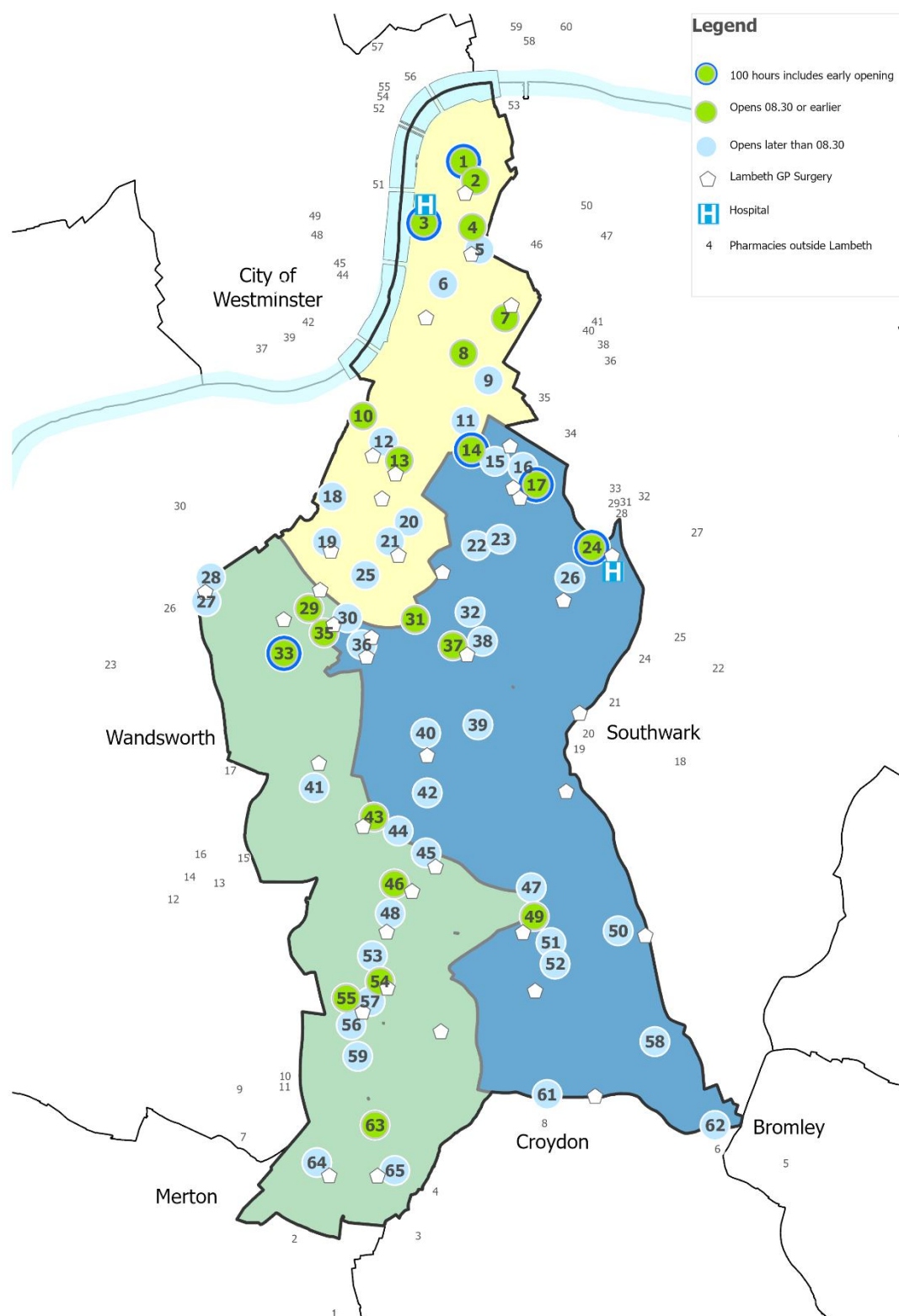
Table 32: South West locality opening times of community pharmacies by locality and ward

Locality Ward	Normal opening hours Monday to Friday			Early opening Monday to Friday	Late opening Monday to Friday		Saturday opening			Sunday opening		
	0 days 9am to 5pm	4 days 9am to 5pm	5 days 9am to 5pm	5 days 8.30am or earlier	1 days 6.30pm or later	5 days 6.30pm or later	Open anytime	8.30am or earlier	6.30pm or later	Open anytime	8.30am or earlier	6.30pm or later
South West			18	6		17	17	2	6	4		1
Clapham Town			5	2		5	4	1	2	1		
St Leonard's			5	1		4	5		2	2		1
Streatham Hill			3	1		3	3		1			
Streatham South			3	1		3	3	1	1	1		
Streatham Wells			1	1		1	1					
Thornton			1			1	1					
Lambeth	0	1	62	21		57	57	9	17	13		4

3. Assessment of pharmaceutical services

3.2.2 Essential services, opening hours and access

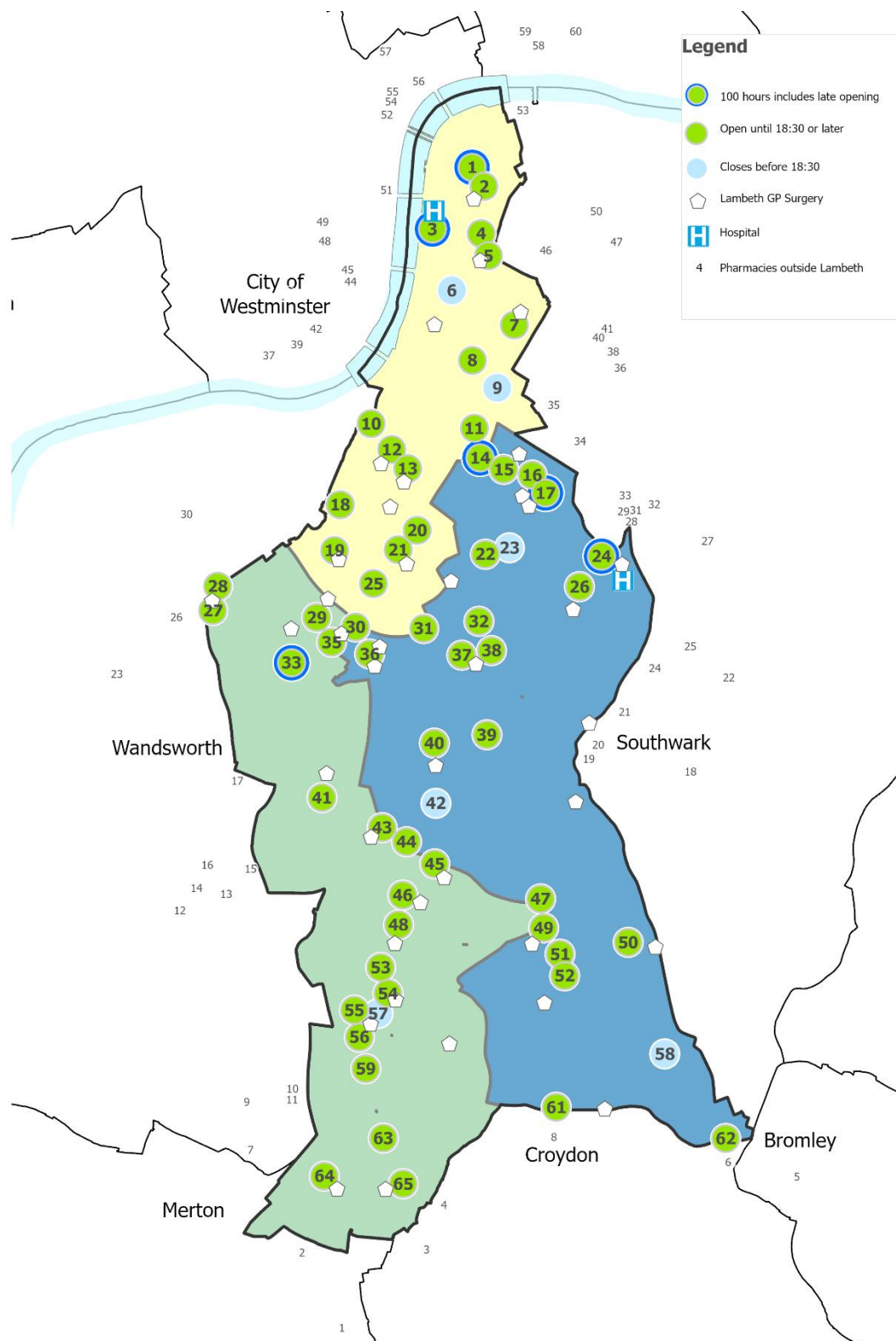
Map 5: Distribution of pharmacies, early opening, 8.30am or earlier



3. Assessment of pharmaceutical services

3.2.2 Essential services, opening hours and access

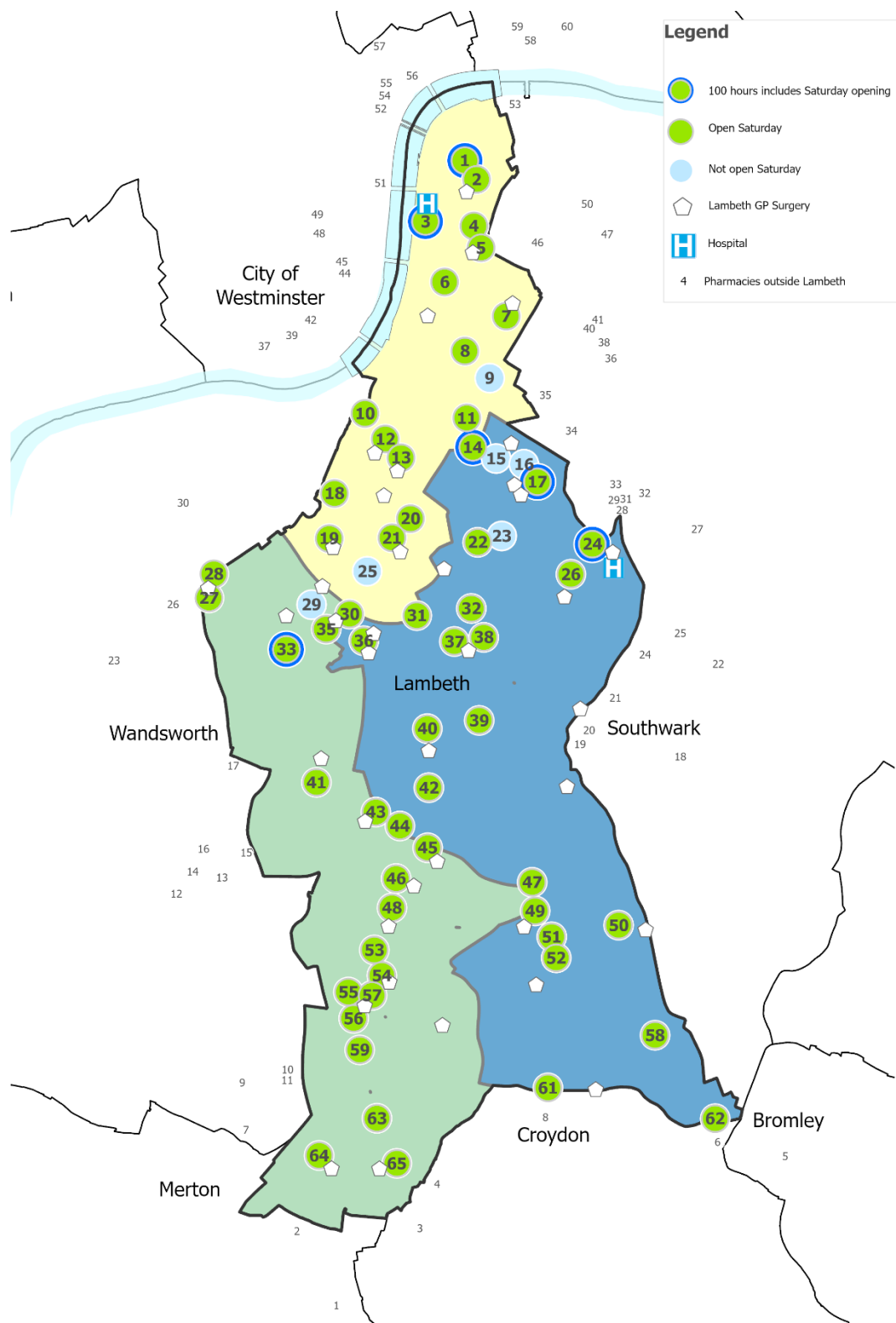
Map 6: Distribution of pharmacies, late opening, 6.30pm or later



3. Assessment of pharmaceutical services

3.2.2 Essential services, opening hours and access

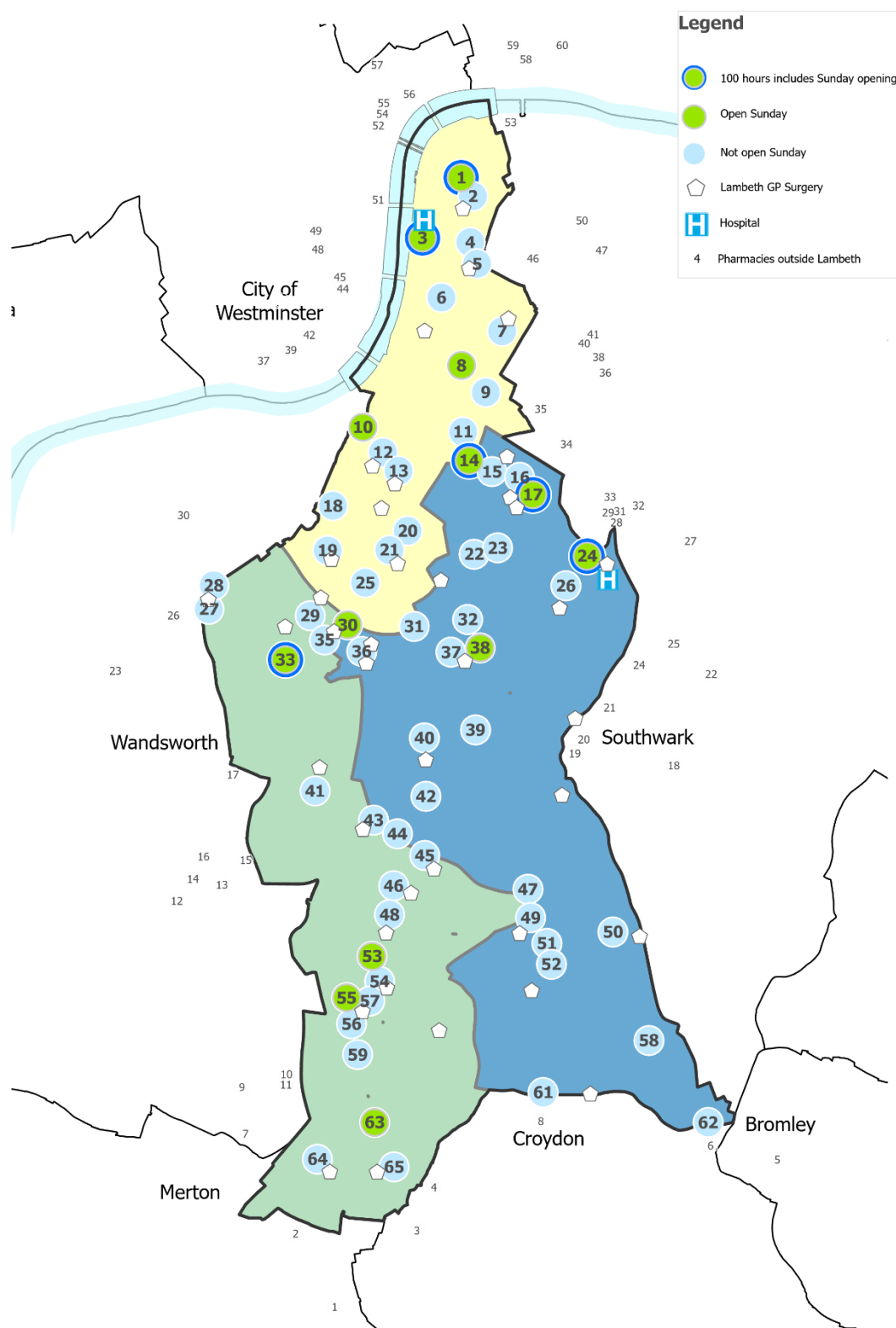
Map 7: Distribution of pharmacies, Saturday opening, anytime



3. Assessment of pharmaceutical services

3.2.2 Essential services, opening hours and access

Map 8: Distribution of pharmacies, Sunday opening, anytime



3. Assessment of pharmaceutical services

3.2.2 Essential services, opening hours and access

Access to GP practices

- All Lambeth practices are open 8am to 6.30pm Monday to Friday.
- Currently, additional GP and nurse appointments in Lambeth are available across 4 sites during the daytime, evenings, and weekends. GP practices will offer patients appointments at the hubs if they cannot offer an appointment at their site.
- NHS 111 is the NHS non-emergency number. Patients can call 111 if they are unable to contact their practice and speak to a highly trained advisor who will look to support.
- One pharmacy in Lambeth participates in the bank holiday opening Enhanced Service.

Out of hours

- An out of hours medical service is provided in Lambeth by the South East London Doctors On-Call service (SELDOC). SELDOC provides a telephone, clinic and home-visiting service.
- Arrangements are in place for medicine supply to be made where these are urgently required and /or prescription to be provided when deemed appropriate by a clinician.

Insight from public engagement

- 89% (171 of 209) of respondents are satisfied with the opening hours of their pharmacy.
- 7% (14 of 209) are very dissatisfied.
- When asked about when they use their pharmacy during the week:
 - 31% of respondents used it in the early evening (5pm – 8pm).
 - 40% used it during school hours (9am – 3pm).
 - 57% used it between 9 am and 5pm.
 - 34% use their pharmacy from 5pm – midnight.
- On weekends, most respondents used their pharmacy before 3pm.
- When asked about extended opening hours, 64% knew where a late opening pharmacy was located.

3. Assessment of pharmaceutical services

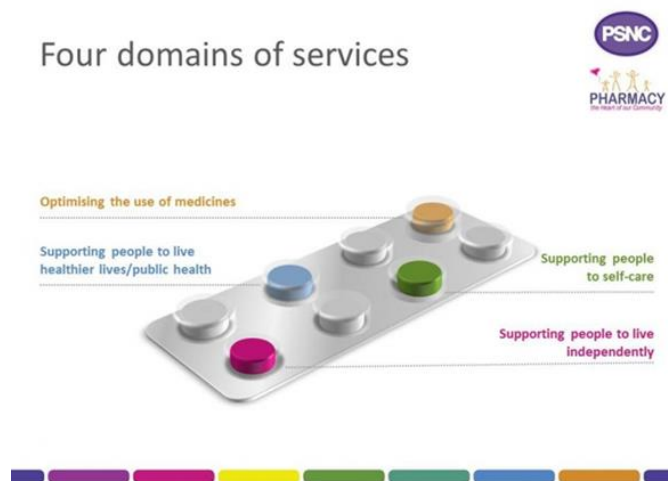
3.2.2 Essential services, opening hours and access

Future capacity

From October 2022, patients will be able to be booked into an Enhanced/Extended appointment from 6.30pm to 8pm on weekdays (Monday to Friday) and 9am to 5pm on Saturdays linked to Primary Care Network geography, final agreements are currently being made.

This will not create a gap as there is sufficient provision of late opening pharmacies across the borough of Lambeth as well as 100-hour pharmacies in each locality.

Four domains of services



Conclusions

- Access and choice are good on weekdays between the hours of 9:00am and 5:00pm and Saturdays 9am to 1:00pm.
- Outside of these hours, access and choice is more limited particularly on:
 - Weekday mornings before and including 8.30am, particularly in Brixton Hill, Coldharbour, Gipsy Hill, Knights Hill, Tulse Hill, and Thornton ward.
 - Saturday mornings there is limited access and choice before and including 8.30am, particularly in the South East and South West locality where a number of wards have no pharmacies open.
 - Saturday evening (6.30pm or later) Larkhall, Princes, Stockwell, Brixton Hill, Gipsy Hill, Knights Hill, Tulse Hill, Streatham Wells and Thornton ward.
 - Sunday mornings there is no access and choice before and including 8.30am.
 - Sunday evenings there is limited access and choice 6.30pm and later.
- The implication of the restricted opening in the early morning, evenings and weekends is that residents in a number of wards within both South East and South West Lambeth may have to travel more than 1km to access a pharmacy, if they require pharmaceutical services.
- Those living close to the boundaries of Lambeth may be able to access pharmacies outside the area, in Southwark and Wandsworth.

3. Assessment of pharmaceutical services

3.2.3 Essential services, dispensing

3.2.3 Dispensing

Dispensing

Dispensing is required to be offered by all pharmacies as part of the NHS Community Pharmacy Contractual Framework (CPCF) (19).

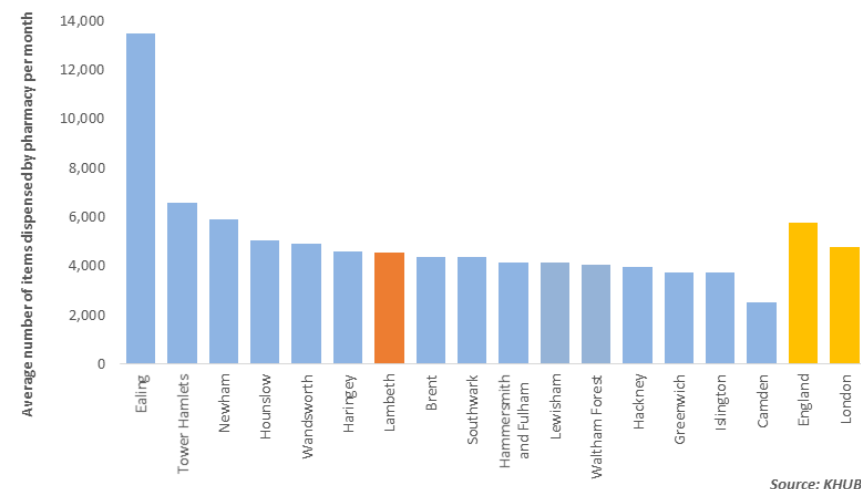
Dispensing includes the supply of medicines and appliances ordered on NHS prescriptions, together with information and advice, to enable safe and effective use by patients and carers, and maintenance of appropriate records.

The Electronic Prescription Service (EPS) is also being implemented as part of the dispensing service.

Current picture

Figure 72 compares the average pharmacy dispensing rate per month compares with CIPFA comparators and the London and England averages. These are dispensing rates for all prescriptions dispensed by Lambeth pharmacists, not just issued by Lambeth GPs.

Figure 72: Average number of items dispensed by pharmacies per month



- Lambeth pharmacies on average dispense similar numbers of items per pharmacy (4,556 prescriptions per pharmacy) compared with CIPFA comparators which range from 2,530 to 6,588.
- The average Lambeth dispensing rate is similar to the London average (4,785) and is lower than the England average (5,760).
- Cross border dispensing is important in that it serves to improve access to pharmaceutical services, particularly for those residents who live close to the borders with other HWBB areas, or for those

3. Assessment of pharmaceutical services

3.2.3 Essential services, dispensing

who choose to get their prescription dispensed closer to their place of work or via an internet pharmacy.

- It is worth noting that Lambeth pharmacies will service non-Lambeth patients and dispense prescriptions for these patients.
- 3,460,754 prescriptions were prescribed by GP practices located in Lambeth between April 2021 to March 2022.
- Of those prescriptions:
 - 85% dispensed by a community pharmacy located in Lambeth.
 - 5% dispensed by a community pharmacy located in Southwark.
 - 3% dispensed by a community pharmacy located in Croydon.
 - 3% dispensed by a community pharmacy located in Wandsworth.
 - 1% dispensed by a community pharmacy outside of London.
- 3,406,515 prescriptions (from GP practices) were dispensed by pharmacies located in Lambeth between April 2021 to March 2022.
- Of those prescriptions:
 - 86% prescribed by a GP practices located in Lambeth.
 - 6% prescribed by a GP practices located in Southwark.
 - 3% prescribed by a GP practices located in Wandsworth.
 - 2% prescribed by a GP practices located in Croydon.

- 1% prescribed by other GP practices.
- Both DACs and community pharmacists may supply appliances against prescription.

Repeat dispensing

Repeat dispensing allows patients who have been issued with a repeatable prescription, to collect their repeat medication from a pharmacy without having to request a new prescription from their GP.

Benefits of repeat dispensing include:

- Reduced GP practice workload, freeing up time for clinical activities.
- Greater predictability in workload for pharmacies which facilitates the delivery of a wider range of pharmaceutical services.
- Reduced waste as pharmacies only dispenses medicines which are needed.
- Greater convenience for patients.

Electronic prescription service (EPS)

- EPS allows for the electronic transfer of prescriptions to a patient's chosen pharmacy. The system is more efficient and reduces errors. It can reduce trips for patients between the GP surgery and pharmacy.
- All pharmacies in Lambeth are providing EPS.

3. Assessment of pharmaceutical services

3.2.3 Essential services, dispensing

Direct mail/ internet pharmacy

- Dispensing can be carried out by direct mail or internet pharmacies
- Market entry for internet pharmacies is governed by Part 4 of “The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013” – under “Distance Selling Pharmacy” (20). The rules governing entry are different and NHSEI reviews applications.
- In addition, all pharmacies in Great Britain, including those providing internet services, must be registered with the General Pharmaceutical Council (GPhC) and meet their standards for registered pharmacies. These standards help to make sure people using pharmacy services receive safe and effective care. The GPhC operates a voluntary internet pharmacy logo scheme reassurance to patients and the public that they are purchasing medicines online from registered pharmacies who must meet GPhC standards.
- As of 1 July 2015 anyone in the UK selling medicines to the public via a website also needs to be registered with the Medicines and Healthcare products Regulatory Agency (MHRA) and to be on the MHRA’s list of UK registered online retail sellers. This is a different scheme to the GPhC’s voluntary internet pharmacy logo. From 1 January 2021 Great Britain based online sellers are no longer required to display the EU common logo (Known as ‘Distance selling Logo’ in the UK. For Great Britain the MHRA will be considering an alternative to the use of the Distance Selling Logo in the future (20).

Insight from provider survey

- 89% of pharmacies will collect prescriptions from GPs on behalf of their patients.
- 92% of pharmacies will deliver dispensed medicines free of charge on request.
- Of the pharmacies that responded to the question, pharmacies would deliver to the following patient groups:
 - 44% Older people.
 - 19% Anyone.
 - 44% People with disabilities.
 - 94% Housebound.
 - 13% Aged 60+.
- Most pharmacies would deliver to the following areas:
 - 29% within 1 mile of pharmacy.
 - 18% within 2 to 3 miles of pharmacy.
 - 18% within 5 to 8 miles of pharmacy.

3. Assessment of pharmaceutical services

3.2.3 Essential services, dispensing

Insight from public engagement

When asked in the survey:

“Have you ever used prescription services”

- 186 out of 209 (89%) people responded yes. 84% thought the service fully met their needs.

“Have you ever used repeat prescription services”

- 132 out of 209 (63%) people responded yes. 84% thought the service fully met their needs.

“Have you ever used dispensing appliance services”

- 45 out of 209 (22%) people responded yes. 38% thought the service fully met their needs and 62% only partially.

“Have you ever used discharge medicine services”

- 12 out of 209 (6%) people responded yes. 92% thought the service fully met their needs and 8% only partially.

“Have you ever used disposal of medicine services”

- 54 out of 209 (26%) people responded yes. 83% thought the service fully met their needs and 9% only partially, the remaining 7% left this part blank.

“Have you ever used advice on current health problems services”

- 61 out of 209 (29%) people responded yes. 70% thought the service fully met their needs and 23% partially, only 2% felt they had not been met. 5% left the answer blank.

“Have you ever used stopping smoking services”

- 11 out of 209 (5%) people responded yes. 27% thought the service fully met their needs and 45% thought it partially met their needs.



3. Assessment of pharmaceutical services

3.2.3 Essential services, dispensing

Future

Proposed housing developments, outlined in chapter 2, which may have an impact on pharmaceutical service need within the next 3 years.

The largest growth in housing with the most units under construction by a significant margin was Oval with work underway on several major scheme including Vauxhall Square, the Tesco Store redevelopment on Kennington Lane and the Gasholder Station redevelopment. The wards with the least activity included Herne Hill, Tulse Hill and Vassall.

Thornton ward had the highest number of unimplemented units by a significant margin (where permission has been granted but construction is yet to begin). The schemes yet to begin construction in Thornton include the latest permission for the redevelopment of Clapham Park. Stockwell and Ferndale wards had among the lowest number.

Oval ward has seen the highest number of units approved mostly due to the Vauxhall Island site permission.

The above areas are well served by the existing network of pharmacies, and we do not anticipate any future gaps. Therefore, there are no specific plans to include a pharmacy in any of the developments.

Conclusions

Dispensing of NHS prescriptions is a fundamental service commissioned nationally by the NHS. Through pharmacies, the population can obtain the prescribed medicines which they need in a safe and reliable manner.

3. Assessment of pharmaceutical services

3.2.3 Essential services, dispensing

Table 33: Meeting the needs of those with a protected characteristic

Age	✓	Advice on, and support with, taking medicines needs to be tailored according to a patient's age. For example: Older people may benefit from the provision of a multi-compartment compliance aid to improve adherence. Parents may require advice on managing their child's medicines during school hours
Disability	✓	Many pharmacy users may have disabilities. This may include disability because of their disease as well as physical and/or sensory disabilities. Pharmacies offer a range of support including: the provision of large print labels for those who are visually impaired; supply of original packs with braille or medicines labelled in braille for those who are blind; the use of hearing loops to aid communications for those with impaired hearing; provision of a multi-compartment compliance aid to improve adherence in those who have memory impairment. People with a disability may exercise a choice and choose a pharmacy which better addresses their needs.
Sex	✓	Younger adults, particularly men, are less likely to visit pharmacies: We need to ensure that our pharmacies maximise opportunities to target health promotion and public health interventions (e.g. smoking cessation advice and stop smoking services) at this group
Race	✓	Language may be a barrier to effectively delivering advice on taking medicines, health promotion advice and public health interventions. We have identified an opportunity to sign post patients to pharmacies where their first language is spoken. Black, Asian and other minoritised ethnic communities are exposed to a range of health challenges from low birth weight and infant mortality through to higher incidence of long-term conditions such as diabetes and cardiovascular disease. This provides an opportunity to target relevant health promotion advice and public health interventions to promote healthy lifestyles and improve outcomes.
Religion or belief	✓	Pharmacies can provide medicines related advice to specific religious groups. For example: advice on taking medicines during Ramadan. Advice on whether a medicine contains ingredients derived from animals products.
Pregnancy and maternity	✓	Pharmacies are ideally placed to provide health promotion advice to women who are pregnant or planning to become pregnant. They play a vital role in helping to ensure that pregnant and breast-feeding mothers avoid medicines which may be harmful.
Sexual orientation	✗	No specific needs identified
Gender reassignment	✓	Pharmacies may be part of the care pathway for people undergoing gender reassignment and play a role in ensuring the medicines which form part of that treatment are available and provided without delay or impediment.
Marriage and civil partnership	✗	No specific needs identified

3. Assessment of pharmaceutical services

3.2.3 Essential services, dispensing

Discharge medicine service

The Discharge Medicines Service (DMS) became a new Essential service within the CPCF on 15th February 2021. This service, which all pharmacy contractors must provide, was originally trialled in the 5-year CPCF agreement, with a formal announcement regarding the service made by the Secretary of State for Health and Social Care in February 2020.

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

The aims of the service:

- The service seeks to ensure better communication of changes made to a patient's medicines in hospital and its aims are to:
- Optimise the use of medicines, whilst facilitating shared decision making.
- Reduce harm from medicines at transfers of care.
- Improve patients' understanding of their medicines and how to take them following discharge from hospital.
- Reduce hospital readmissions.

- Support the development of effective team-working across hospital, community and primary care networks pharmacy teams and general practice teams and provide clarity about respective roles.

Evidence base

Discharge from hospital is associated with an increased risk of avoidable medication related harm and NICE Guideline NG05 (21) includes the following recommendations:

- Medicines-related communication systems should be in place when patients move from one care setting to another.
- Medicines reconciliation processes should be in place for all persons discharged from a hospital or another care setting back into primary care and the act of reconciling the medicines should happen within a week of the patient being discharged.
- Implementation of these recommendations requires pharmacy professionals and their teams across NHS Trusts, Primary Care Networks (PCN) and community pharmacies to work together much more effectively.
- A recent audit of NHS hospital discharges showed that 79% of patients were prescribed at least one new medication after being discharged from hospital. (22) New prescriptions can sometimes cause side effects, or interact with existing treatments, potentially leading to readmission.

Research by the National Institute for Health Research shows that people over 65 are less likely to be readmitted (23) to hospital if they are given

3. Assessment of pharmaceutical services

3.2.3 Essential services, dispensing

help with their medication after discharge. Research on local schemes implemented around the country has also demonstrated that patients who see their community pharmacist after they have been in hospital are less likely to be readmitted and will experience a shorter stay if they are.

Conclusions

All essential services including dispensing of NHS prescriptions are a fundamental service commissioned nationally by the NHS.

Essential services are considered **necessary** to meet the pharmaceutical needs of our population for the following reasons:

- Through pharmacies, the population can obtain the prescribed medicines which they need in a safe and reliable manner.
- Through participating in local public health campaigns and through a proactive approach to delivering health promotion and signposting advice, community pharmacy plays a valuable role in addressing the health needs and tackling health inequalities of Lambeth's population.

Our assessment shows that current access to essential services (both in terms of location and opening times) to community pharmacies meet the current and future essential pharmaceutical service needs of the Lambeth population and there are no gaps in current or future provision (in location or opening times) of these services.

3. Assessment of pharmaceutical services

3.3.1 Premises, consultation area

3.3.1 Consultation area

Consultation areas provide a place in which private discussions may be held within a pharmacy. These areas are a pre-requisite for the provision of advanced, enhanced and locally commissioned services and also facilitate confidentiality when a pharmacy user wishes to seek advice on a sensitive matter.

For advanced services, the characteristics of a pharmacy consultation area have been defined. There must be a sign designating the private consultation area. The area or room must be:

- Clean and not used for the storage of any stock.
- Laid out and organised so that any materials or equipment which are on display are healthcare related.
- Laid out and organised so that when a consultation begins, the patient's confidentiality and dignity is respected and the patient and Pharmacists are able to sit down and speak at a normal volume without being overheard.



Current picture

In recognition of the interdependency between the commissioning of a broad range of services from pharmacies and the presence of a suitable consultation area, we explored the facilities available in our community pharmacy questionnaire. Thirty eight out of 65 pharmacies responded to this survey.

All 38 (100%) pharmacies reported having an on-site consultation room.

Table 34 summarises the facilities in these 38 consultation rooms and other facilities on the premises.

- 20 (53%) pharmacies were willing to undertake consultations in a patient's or at other suitable sites.
- 37 (97%) pharmacies had access to nhs.net email to allow them to send and receive confidential information securely.

38 (100%) pharmacies have enabled NHS Summary Care Record. The Summary Care Record provides up to date clinical patient information, available 24 hours a day - this information is only accessible with patient consent. It contains highly relevant information for pharmacists about patients; medicines and associated information such as allergies and adverse reactions.

3. Assessment of pharmaceutical services

3.3.1 Premises, consultation area

Table 34: Consultation areas and facilities

Feature	Rationale	Number	% of total
Closed room	For confidentiality	38	100% (where there is a room)
Hand washing facilities in the room	Required for services which include examination or taking samples	28	74%
Hand washing facilities close to the room	Required for services which include examination or taking samples	8	21%
Wheelchair access	Improves access to a confidential area for those with a physical disability	37	97%
Hearing loop installed	Improves quality of the consultation for those with a hearing impairment	5	13%
Access to toilet facilities	Facilitates provision of samples	7	18%

3. Assessment of pharmaceutical services

3.3.1 Premises, consultation area

Insight from public engagement

- 54% (56 of 103) were at least satisfied with the availability of private consultations, with 1% (3 of 209) very dissatisfied. (106 left the answer blank or answered not applicable).

Conclusion

All pharmacies responding to the community pharmacy questionnaire reported they have a consultation area.

- All 38 consultation rooms are closed rooms providing confidentiality for patients.
- Consultation rooms should meet the national standards.
- Processes should be implemented to ensure privacy in the shop.

There are opportunities to:

- Set-up nhs.net email accounts to enable secure, confidential sharing of information, where required.
- Complete the roll out of NHS Summary Care Record, to enable pharmacies to see patients' medical records.
- Maintain NHS choices website so patients have access to directories of local health services, information on a wide range of conditions and treatments and accessible public health information.
- Make adaptations to support those with disabilities, particularly with respect to meeting the needs of people with a hearing impairment and wheelchair access, ramps or wider doors.
- Over half (53%) of pharmacies said they would be willing to undertake consultations in patients' own homes, which would improve access to pharmaceutical services for those individuals who are less able to travel to a pharmacy.

3. Assessment of pharmaceutical services

3.3.2 Premises, access for those with a disability

3.3.2 Access for those with a disability

A key consideration, with respect to access, is the extent to which a pharmacy has made adjustments to their premises to meet the needs of those with a disability.

This was explored in our Community Pharmacy Survey and Public Engagement survey.

Current picture

Table 35 summarises the findings from the Community Pharmacy Survey by locality:

Of the pharmacies that responded:

- All are accessible by wheelchair.
- Have a bus stop within walking distance.

The following facilities for disabled people are very limited in all localities for pharmacies responding to the survey:

- Bell at front door accessible to a wheelchair.
- Disabled toilet facility.
- Hearing loop.
- Handrails.
- Removable ramp.

3. Assessment of pharmaceutical services

3.3.2 Premises, access for those with a disability

Table 35: Accessibility of community pharmacies

Locality			Accessibility				Other disabled facilities					
	No. of Pharmacies in locality	No. of pharmacies responded to contractor survey	Bus stop within walking distance	Disabled customers can park within 10 metres of Pharmacy	Is entrance to pharmacy suitable for wheelchair access unaided?	Pharmacy floor accessible by wheelchair	Automatic door assistance	Bell at front door accessible to a wheelchair user	Disabled toilet facility	Hearing loop fitted	Handrails	Removable ramp
North	19	7	7	7	7	7	5	0	0	2	0	1
South East	26	21	21	20	18	21	6	3	1	1	2	4
South West	18	10	10	6	8	10	6	1	1	2	1	0
Lambeth	63	38	38	33	33	38	17	4	2	5	3	5

3. Assessment of pharmaceutical services

3.3.2 Premises, access for those with a disability

Insight from public engagement

- When answering the question relating to the pharmacy the respondent normally visits and why they use it, 5% reported they use it because it is easy to access with a wheelchair.
- 36% of respondents consider themselves to have a disability or long-term health condition (69 of 192 respondents).

Conclusions

The results of our Community Pharmacy Survey indicate that of the pharmacies that responded (38 of 63), all 38 are accessible by wheelchair.

- All pharmacies that responded to the survey reported they have good accessibility in terms of walking distance proximity to a bus stop and 87% reported they have a car parking space within 10 metres of their pharmacy.
- A very small number of pharmacies have facilities to aid those with a disability, this is the case in all 3 localities. This could adversely impact on the quality of pharmaceutical support these patients receive.
- All pharmacies ambition should be to work towards meeting the minimum legislative requirements, in relation to the Equality Act 2010. This includes ensuring that all public areas of a pharmacy are accessible to wheelchair users and providing appropriate facilities and support for those with a hearing impairment.

3. Assessment of pharmaceutical services

3.4 Advanced services

3.4 Advanced services

There are currently eight Advanced Services within the NHS Community Pharmacy Contractual Framework (CPCF). Community pharmacies can choose to provide any of these services provided they meet the requirements set out in the Secretary of State Directions.

New Medicine Service (NMS)

The service provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence; it is focused on specific patient groups and conditions.

Appliance use review (AURs)

AURs is a service that can improve patient's knowledge and use of specified appliances by establishing the way the patient uses the appliance and the patient's experience of such use; identifying, discussing, and assisting in the resolution of poor or ineffective use of the appliance by the patient; advising the patient on the safe and appropriate storage of the appliance; and advising the patient on the safe and proper disposal of the appliances that are used or unwanted.

Stoma Appliance Customisation (SAC)

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

Hypertension Case-Finding Service

This is a new service to detect people with raised blood pressure in the community. Pharmacies identify people with high blood pressure aged 40 years or older and to refer them to general practice to confirm diagnosis and for appropriate management. At the request of a general practice, they also undertake ad hoc clinic and ambulatory blood pressure measurements.

Community Pharmacist Consultation Service (CPCS)

This service facilitates patients, via a referral, having a same day appointment with their community pharmacist for minor illness or an urgent supply of a regular medicine, improving access to services and providing more convenient treatment closer to patients' homes.

3. Assessment of pharmaceutical services

3.4 Advanced services

Hepatitis C testing service

In this service, pharmacies provide of point of care testing (POCT) for Hepatitis C (Hep C) antibodies to people who inject illicit drugs (PWIDs), e.g., steroids or heroin, but who haven't yet moved to the point of accepting treatment for their substance use. Where people test positive for Hep C antibodies, they will be referred for a confirmatory test and treatment, where appropriate.

Stop Smoking Service

The service takes referrals from secondary care for patients who have begun smoking cessation whilst in hospital. Pharmacies will then continue providing smoking cessation support after the patient has been discharged from hospital.

Flu vaccination service

Community pharmacies in England offer a seasonal influenza (flu) vaccination service for patients in at-risk groups, this scheme is enhanced by the London offer which provides the service to wider groups.

The **COVID-19 lateral flow device distribution service** and the **Pandemic Delivery Service** were both decommissioned on 31st March 2022.

3. Assessment of pharmaceutical services

3.4.1 Advanced services, new medicine service

3.4.1 New medicine service

The aim of the New Medicine Service (NMS) is to support patients with long-term conditions, who are taking a newly prescribed medicine, to help improve medicines adherence (24).

The service is focused on the following patient groups and conditions:

- Asthma and COPD.
- Diabetes (Type 2).
- Hypertension.
- Hypercholesterolaemia.
- Osteoporosis.
- Gout.
- Glaucoma.
- Epilepsy.
- Parkinson's Disease.
- Urinary incontinence/retention.
- Heart failure.
- Acute coronary syndromes.
- Atrial fibrillation.
- Long term risks of venous thromboembolism/embolism.

- Stroke/transient ischemic attack.
- Coronary heart disease.

Patients starting a new medicine are either referred into the service by a prescriber when a new medicine is started (this can be from primary or secondary care) or identified opportunistically by the community pharmacist.

The service differs from the previous advance service, Medicines Use Reviews, in that there is no 3-month rule. The number of NMS interventions which a pharmacy may undertake is linked to the volume of dispensing in any given month.

Evidence base

A randomised control trial demonstrated that the NMS intervention in community pharmacy may deliver health benefits by increasing adherence to medication and be cost effective (25) (26).

- The NMS increased adherence to their new medicines by 10-70%.
- Economic modelling showed that the NMS could increase the quality of life for patients, while costing the NHS less than those in the comparator group.
- Pharmacy ownership was likely to have affected effectiveness, with adherence seen to double, following an NMS if conducted by small multiple compared to an independent pharmacy.

3. Assessment of pharmaceutical services

3.4.1 Advanced services, new medicine service

- However, one follow-up study was unable to demonstrate a statistically significant increase in adherence or reduction in costs with NMS at 26 weeks (1).

An analysis was carried out by the PSNC, on PharmOutcomes data covering NMS interventions provided to more than 224,000 patients between 1st October 2011 and 30th September 2012. The analysis found that 31.9% of non-adherent patients became adherent to 31.5% of their medicines after the NMS intervention (27).

Current picture

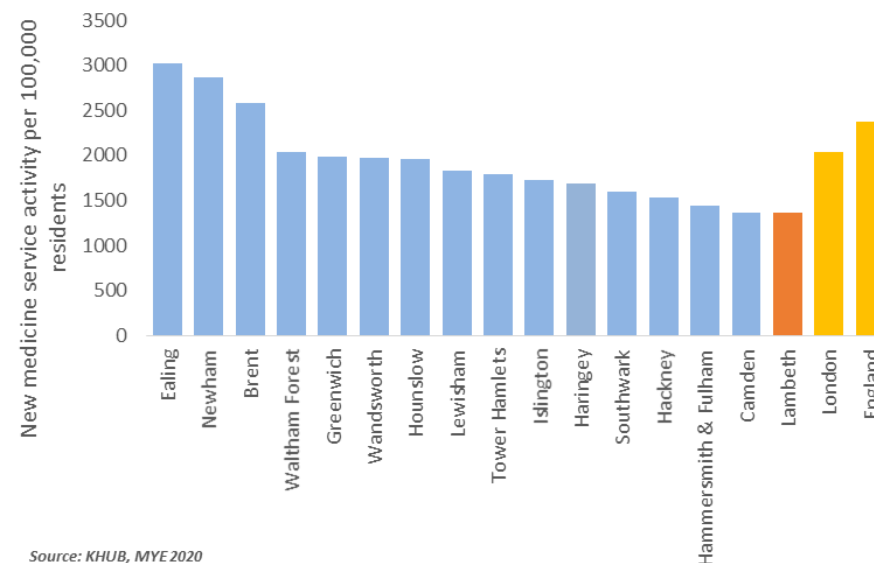
57 out of 63 (90%) pharmacies declared as of May 2022 that they provided NMS. The following data relates to NMS delivered between 01st April 2021 to 31st March 2022.

Figure 73 shows the number of NMS per 100,000 residents in Lambeth compared to CIPFA comparators and London and England.

The rate of NMS activity was low in Lambeth with 1,366 NMS per 100,000, lower than all other CIPFA comparators and London and England averages.

There is significant variation in the delivery of NMS, **table 36**, with more than half of pharmacies delivering less than 50 NMS per annum. The total number of NMS delivered in Lambeth was 4,395 and the average number of NMS delivered per pharmacy (out of all 63 pharmacies in Lambeth) was 69.

Figure 73: Number of NMS per 100,000 residents compared to CIPFA comparators, London and England



Source: KHUB, MYE 2020

Table 36: Variation number of NMS delivered

Range	Number of pharmacies	%
200 or more	7	12%
100 to 199	8	14%
50 to 99	10	18%
1 to 49	32	56%
Total	57	

3. Assessment of pharmaceutical services

3.4.1 Advanced services, new medicine service

Map 9 gives an overview of the distribution of the 58 pharmacies providing NMS and **table 37/38/39** summarises service availability:

- There is good access to the service during normal opening hours Monday to Friday (9.00am to 5.00pm). Most Lambeth residents travel less than 1km if they need to access NMS during these hours.
- There is limited early morning access, Monday to Friday (open earlier than 8.30am) however each locality has a range of choice over several wards.
- There is limited late opening hours access, Monday to Friday (open to at least 6.30pm), however each locality has a range of choice over several wards.
- There is good access to the service Saturday opening hours (open 9.00am to 1.00pm).
- There is limited access Sunday opening hours (open anytime) however each locality has a range of choice over a number of wards.

There is a good distribution and reasonable access for those aged 65+ (a group which stand to benefit from NMS).

3. Assessment of pharmaceutical services

3.4.1 Advanced services, new medicine service

Table 37: North locality number of pharmacies offering NMS						
Area	Provide NMS	Weekday early open	Weekday normal open	Weekday late open	Saturday open	Sunday open
North	17	8	17	16	15	3
Bishop's	4	3	4	4	4	1
Larkhall	5	1	5	5	4	0
Oval	5	2	5	4	4	2
Prince's	1	1	1	1	1	0
Stockwell	2	1	2	2	2	0
Lambeth	57	20	57	52	51	12

3. Assessment of pharmaceutical services

3.4.1 Advanced services, new medicine service

Table 38: South East locality number of pharmacies offering NMS						
Area	Provide NMS	Weekday early open	Weekday normal open	Weekday late open	Saturday open	Sunday open
South East	22	5	22	19	19	5
Brixton Hill	3	1	3	3	3	0
Coldharbour	3	0	3	2	2	1
Ferndale	4	1	4	4	4	1
Gipsy Hill	2	0	2	1	2	0
Herne Hill	2	1	2	2	2	1
Knights Hill	0	0	0	0	0	0
ThurlowPark	3	0	3	3	3	0
Tulse Hill	1	0	1	0	1	0
Vassall	4	2	4	4	2	2
Lambeth	57	20	57	52	51	12

3. Assessment of pharmaceutical services

3.4.1 Advanced services, new medicine service

Table 39: South West locality number of pharmacies offering NMS						
Area	Provide NMS	Weekday early open	Weekday normal open	Weekday late open	Saturday open	Sunday open
South West	19	6	19	18	18	4
Clapham Town	6	2	6	6	5	1
Clapham Common	0	0	0	0	0	0
St Leonard's	5	1	5	4	5	2
Streatham Hill	3	1	3	3	3	0
Streatham South	3	1	3	3	3	1
Streatham Wells	1	1	1	1	1	0
Thornton	1	0	1	1	1	0
Lambeth	57	20	57	52	51	12

3. Assessment of pharmaceutical services

3.4.1 Advanced services, new medicine service

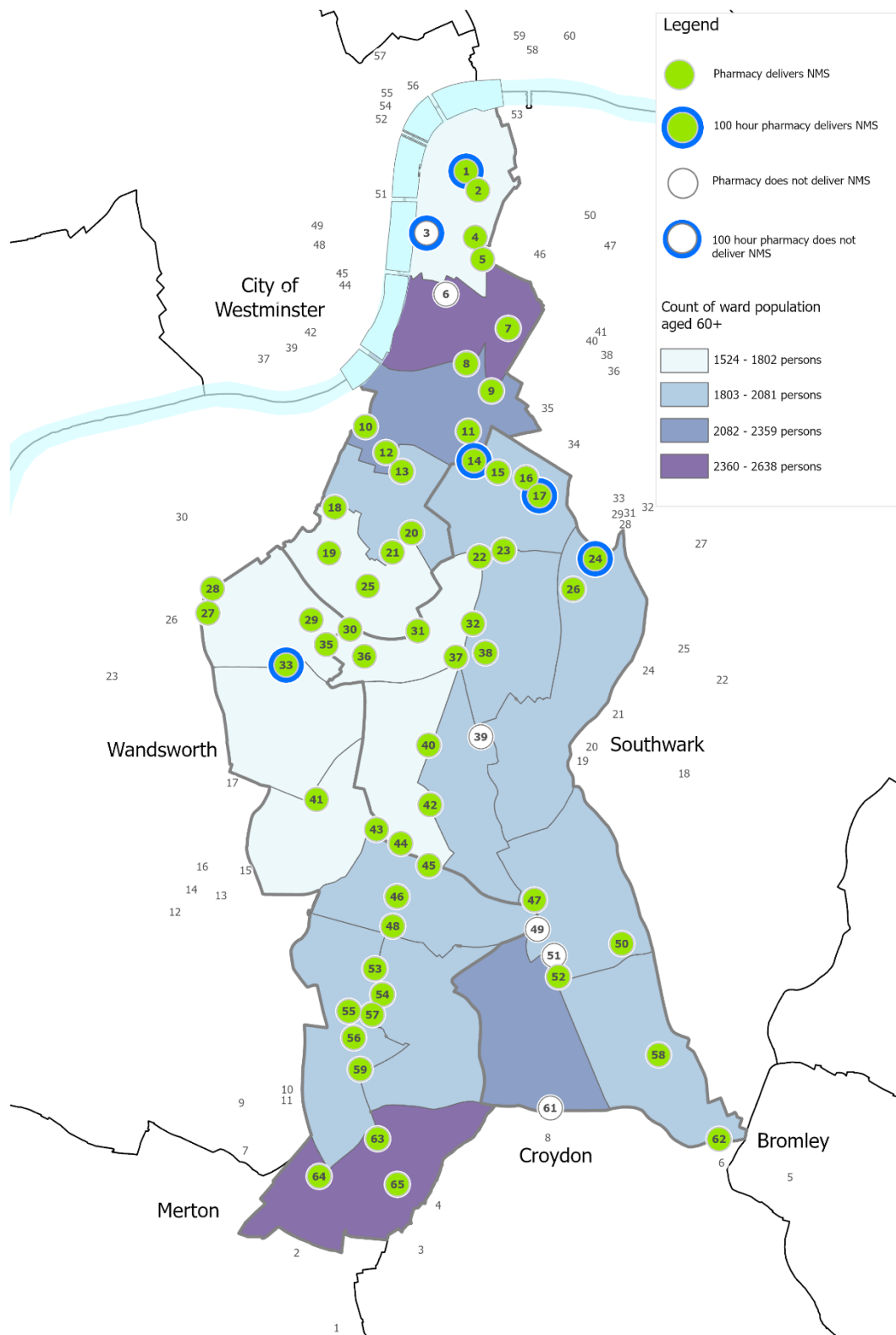
Table 40: Meeting the needs of those with a protected characteristic

Age	✓	Older people, on multiple medications for long term conditions are likely to require NMS. People of working age may wish to access this service during early/late opening hours
Disability	✓	NMS may help to assess and provide support e.g., large print label, monitored dosage systems
Sex	✗	No specific needs identified
Race	✓	Language may be a barrier to delivering successful NMS
Religion or belief	✗	No specific needs identified
Pregnancy and maternity	✓	NMS help pregnant or breast-feeding women to avoid harmful medicines
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage and civil partnership	✗	No specific needs identified

3. Assessment of pharmaceutical services

3.4.1 Advanced services, new medicine service

Map 9: New medicine service (NMS)



3. Assessment of pharmaceutical services

3.4.1 Advanced services, new medicine service

Further provision

We wish to see pharmacies proactively identifying and offering the NMS to patients who will benefit from the service. Prescribers should be encouraged to refer patients, starting an eligible medicine, into the NMS.

Future

Following the positive findings from the randomised controlled trial of the NMS, with the researchers concluding that as the NMS delivered better patient outcomes for a reduced cost to the NHS, it should be continued to be provided locally to meet the pharmacy needs of the population.

NMS will continue to be part of the Community Pharmacy Contractual Framework which NHSE&I will continue commissioning.

Conclusions

Although there is uncertainty regarding the long-term benefits and cost effectiveness of NMS, most of the evidence shows that the NMS improves patients' adherence with medicines. In theory this will bring a range of benefits including:

- Improving outcomes because more patients take their medicines as prescribed.
- Reducing harm because of early identification of side effects or taking the wrong dose of medicine.
- reducing unnecessary medicines related hospital admissions.

NMS supports the delivery of our local strategic priorities particularly with respect to:

- Improving the health-related quality of life of people with one or more long-term conditions, including physical and mental health.
- Reducing the amount of time people spend avoidably in hospital through better and more integrated care in the community.
- Increasing the number of older people living independently at home following discharge from hospital.
- Promoting positive lifestyle changes and responsibility for own health; Improving people's wellbeing, resilience, and connectedness.
- Shift away from over reliance on acute care to primary care and self-care.

3. Assessment of pharmaceutical services

3.4.1 Advanced services, new medicine service

NMS is considered a **relevant** service in securing improvement in medication adherence in people with long term conditions. The service aligns well with local strategic priorities and evidence supports the cost effectiveness of NMS.

Whilst access to NMS is good on weekdays (9.30am to 5.00pm) and Saturdays (9.00am to 1pm), 6 community pharmacies do not offer NMS services and access is limited at certain times during the week, particularly before 8.30am on weekdays and on Sundays.

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



3. Assessment of pharmaceutical services

3.4.2 Advanced services, appliance use review (AUR)

3.4.2 Appliance use review

- Appliance Usage Reviews (AURs) can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. AURs should improve the patient's knowledge and use of any 'specified appliance' that the pharmacy would normally dispense.
- Increased patient knowledge should in turn encourage adherence and help patients make best use of the appliances.
- A pharmacy may undertake a limited number of AURs (the number of AURs is linked to the volume of appliances dispensed) (8).

Evidence base

- There is no published evidence to demonstrate the benefits of AURs.
- The stated benefits of improving adherence and reducing waste are theoretical.

Current picture

- As of May 2022, there was no reported activity of AURs in Lambeth from 2021-2022.
- There was also no reported activity of AURs in pharmacies within South East London HWBBs.
- Only three pharmacies across London had activity the service: in Waltham Forest, Islington, and Brent.
- The pharmacies provided 3303, 367 and 65 respectively, reviews per year.

3. Assessment of pharmaceutical services

3.4.2 Advanced services, appliance use review (AUR)

Table 41: Meeting the needs of those with any protected characteristics		
Age	✓	Older people are likely to use appliances and as such require AURs
Disability	✓	Disabled people are more likely to use appliances and as such require AURs
Sex	✓	Appliance advice can be specific to gender
Race	✓	Language may be a barrier to delivering successful AURs
Religion or belief	✗	No specific needs identified
Pregnancy and maternity	✗	No specific needs identified
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage and civil partnership	✗	No specific needs identified

3. Assessment of pharmaceutical services

3.4.2 Advanced services, appliance use review (AUR)

Further provision

- 13% (5 out of 38) pharmacies reported in the community pharmacy survey they were intending to provide the AUR service in the next 12 months.

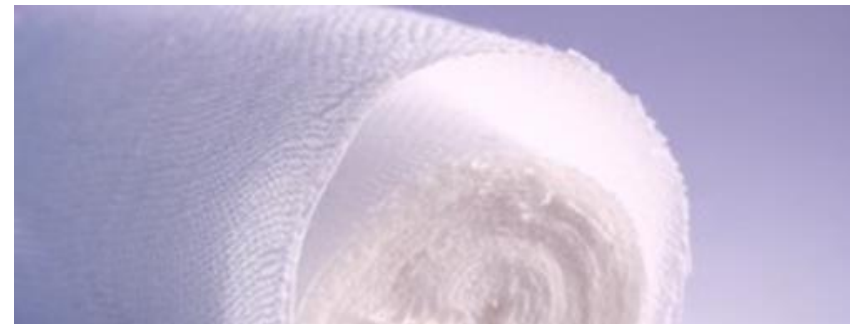
Future

- Actively monitor the quality, outcomes and client experience of service provision; and work with pharmacists to address any issues identified.
- AURs are part of the NHS Community Pharmacy Contractual Framework (CPCF) and will continue to be commissioned.

Conclusions

- The reviews are of a specialist nature and patients often receive the support they need from the hospital or clinic responsible for their ongoing care.
- Hospitals may refer patients directly to appliance manufacturers who supply the patient directly.
- There was no reported activity of AURs in Lambeth from 2021-2022, however 3 other pharmacies within London carried out 3,735 reviews from 2021-22. We have not been made aware of any dissatisfaction, through complaints or other means, with the current service level.

- No gaps have been identified that if provided either now, or in the future, would secure improvements, or better access to enhanced services across the whole HWBB area.
- AURs is considered **relevant** to secure improvement in use of specified appliances and minimise waste by resolving any issues related to poor or ineffective use of the appliance.



3. Assessment of pharmaceutical services

3.4.3 Advanced services, stoma appliance customisation service (SACs)

3.4.3 Stoma appliance customisation service

This service involves the customisation of stoma appliances, based on the patient's measurements or a template.

- The aim of the service is to ensure proper use and comfortable fitting of the appliance and to improve the duration of usage, thereby reducing waste.
- If on the presentation of a prescription for such an appliance, a community pharmacy contractor is not able to provide the service, because the provision of the appliance or the customisation is not within the pharmacist's normal course of business, the prescription must, subject to patient consent, be referred to another pharmacy contractor or provider of appliances.
- If the patient does not consent to the referral, the patient must be given the contact details of at least two pharmacies or suppliers of appliances who are able to provide the appliance or the stoma appliance customisation service.
- There are no limits on the number of Stoma Appliance Customisations (SACs) that may be undertaken.

Evidence base

There is no published evidence to demonstrate the benefits of SACs.

- The stated benefits of improving the duration of usage and reducing waste are theoretical.

Current picture

- As of May 2022, there was no reported activity of SACs in Lambeth from 2021-2022.
- Across London there are 9 appliance contractors and 34 pharmacies across 22 boroughs delivering 42,981 SACs.

Within the CIPFA comparators there are 11 pharmacies and 4 appliance contractors delivering 16,475 SACs (in Brent, Ealing, Greenwich, Hackney, Islington, Lewisham, Southwark, Tower Hamlets and Waltham Forest).

3. Assessment of pharmaceutical services

3.4.3 Advanced services, stoma appliance customisation service (SACs)

Table 42: Meeting the needs of those with any protected characteristics		
Age	✓	Older people are more likely to have stomas and therefore may require access to SACs
Disability	✓	SACs help to assess need and provide support
Sex	✗	No specific needs identified
Race	✓	Language may be a barrier to delivering successful SACs
Religion or belief	✗	No specific needs identified
Pregnancy and maternity	✓	Due to changes in body shape in pregnancy access to SACs may be required
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage and civil partnership	✗	No specific needs identified

3. Assessment of pharmaceutical services

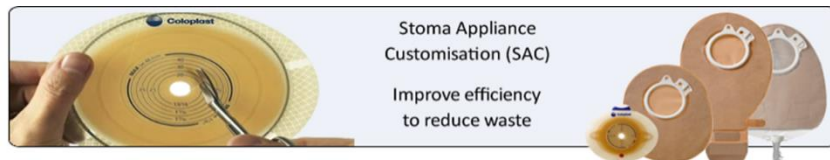
3.4.3 Advanced services, stoma appliance customisation service (SACs)

Further provision

- Actively monitor the quality, outcomes and client experience of service provision; and work with pharmacists to address any issues identified.
- SACs are part of the NHS Community Pharmacy Contractual Framework (CPCF) and will continue to be commissioned.

Future

- 13% (5 out of 38) pharmacies reported in the community pharmacy survey they are intending to provide the SAC service in the next 12 months.



Conclusions

- There was no reported activity of SACs in Lambeth from 2021-2022.
- SACs are of a specialist nature and patients receive the support they need from the hospital, clinic or specialist appliance contractor responsible for their ongoing care.
- Lambeth residents can access pharmacy SAC services from neighbouring boroughs or from specialist contractors.
- Our needs assessment is not able to access or identify any data on the need for stoma care in the community. However, we have not been made aware of any dissatisfaction, through complaints or other means, with the current service level.
- We are not aware of any gaps have been identified that if provided either now, or in the future, would secure improvements, or better access to enhanced services across the whole HWBB area.

SACs is considered a **relevant** service because it should improve efficiency and reduce waste, for “at risk” patients.

3. Assessment of pharmaceutical services

3.4.4 Advanced services, hypertension case finding service

3.4.4 Hypertension case finding service

Cardiovascular disease (CVD) is one of the leading causes of premature death in England and Hypertension is the biggest risk factor for CVD. An estimated 5.5 million people have undiagnosed hypertension across England and those in the most deprived areas are 30% more likely to have high blood pressure (BP) compared to those in the least deprived areas. Community pharmacy BP monitoring has the potential to increase the detection of hypertension within local populations and is expected to positively impact health inequalities by targeting people who do not routinely see their GP or use other NHS services.

The Hypertension case-finding service which was commissioned as an Advanced Service from 1st October 2021 aims to:

- Identify people with high blood pressure aged 40 years or older (who have previously not had a confirmed diagnosis of hypertension), and to refer them to general practice to confirm diagnosis and for appropriate management.
- At the request of a general practice, undertake ad hoc clinic and ambulatory blood pressure measurements; and
- Provide another opportunity to promote healthy behaviours to patients.

Evidence base

- There is no published evidence to demonstrate the benefits of the hypertension case finding service within pharmacies.
- However, Office for Health Improvement and Disparities (OHID) reported that over ten years, an estimated 7,000 quality adjusted life years could be saved, and £120m not spent on related health and social care costs, if England achieved a 15% increase in the proportion of adults who have had their high blood pressure diagnosed.

Current picture

Hypertension case-finding service is a relatively new service and at the time of publication there were 28 pharmacies in Lambeth offering this service. [Map 10](#) provides an overview of the distribution of the 28 providing the hypertension case-finding service. [Table 43/44/45](#) summarises availability by locality and ward. All localities have pharmacies delivering this service.

- There is limited early morning access, Monday to Friday and Sunday.
- There is adequate access to the service during normal opening hours Monday to Friday (open 9.00am to 5.00pm), late opening hours Monday to Friday (open to at least 6.30pm) and Saturday opening hours (open 9.00am to 1.00pm).

Patients may need to travel distances more than 1km if they needed to access these services

3. Assessment of pharmaceutical services

3.4.4 Advanced services, hypertension case finding service

Table 43: North locality number of pharmacies offering Hypertension case-finding						
Area	Provide Hypertension case-finding	Weekday early open	Weekday normal open	Weekday late open	Saturday open	Sunday open
North	9	2	9	8	7	0
Bishop's	2	1	2	2	2	0
Larkhall	2	0	2	2	1	0
Oval	3	0	3	2	2	0
Prince's	1	1	1	1	1	0
Stockwell	1	0	1	1	1	0
Lambeth	28	7	28	25	25	2

3. Assessment of pharmaceutical services

3.4.4 Advanced services, hypertension case finding service

Table 44: South East locality number of pharmacies offering Hypertension case-finding						
Area	Provide Hypertension case-finding	Weekday early open	Weekday normal open	Weekday late open	Saturday open	Sunday open
South East	10	1	10	9	10	1
Brixton Hill	2	0	2	2	2	0
Coldharbour	1	0	1	1	1	0
Ferndale	0	0	0	0	0	0
Gipsy Hill	2	0	2	1	2	0
Herne Hill	1	0	1	1	1	0
Knight's Hill	0	0	0	0	0	0
Thurlow Park	3	0	3	3	3	0
Tulse Hill	0	0	0	0	0	0
Vassall	1	1	1	1	1	1
Lambeth	28	7	28	25	25	2

3. Assessment of pharmaceutical services

3.4.4 Advanced services, hypertension case finding service

Table 45: South West locality number of pharmacies offering Hypertension case-finding

Area	Provide Hypertension case-finding	Weekday early open	Weekday normal open	Weekday late open	Saturday open	Sunday open
South West	9	4	9	8	8	1
Clapham Town	1	1	1	1	0	0
Clapham Common	0	0	0	0	0	0
St Leonard's	1	0	1	0	1	0
Streatham Hill	3	1	3	3	3	0
Streatham South	2	1	2	2	2	1
Streatham Wells	1	1	1	1	1	0
Thornton	1	0	1	1	1	0
Lambeth	28	7	28	25	25	2

3. Assessment of pharmaceutical services

3.4.4 Advanced services, hypertension case finding service

Table 46: Meeting the needs of those with any protected characteristics		
Age	✓	Patients ages 40+ have been identified as higher risk for CVD and therefore service is targeted at this age group. Younger people with high blood pressure are less likely to use primary care
Disability	✓	Patients with disabilities may have complex co-morbidities.
Sex	✓	Men are more likely to have raised blood pressure and less likely to access primary care services.
Race	✓	Language may be a barrier to successfully carrying out blood pressure measurements and communicating the results.
Religion or belief	✗	No specific needs identified.
Pregnancy and maternity	✓	Some women develop high blood pressure during pregnancy. However this should usually be monitored by midwife or doctor.
Sexual orientation	✗	No specific needs identified.
Gender reassignment	✗	No specific needs identified.
Marriage and civil partnership	✗	No specific needs identified.

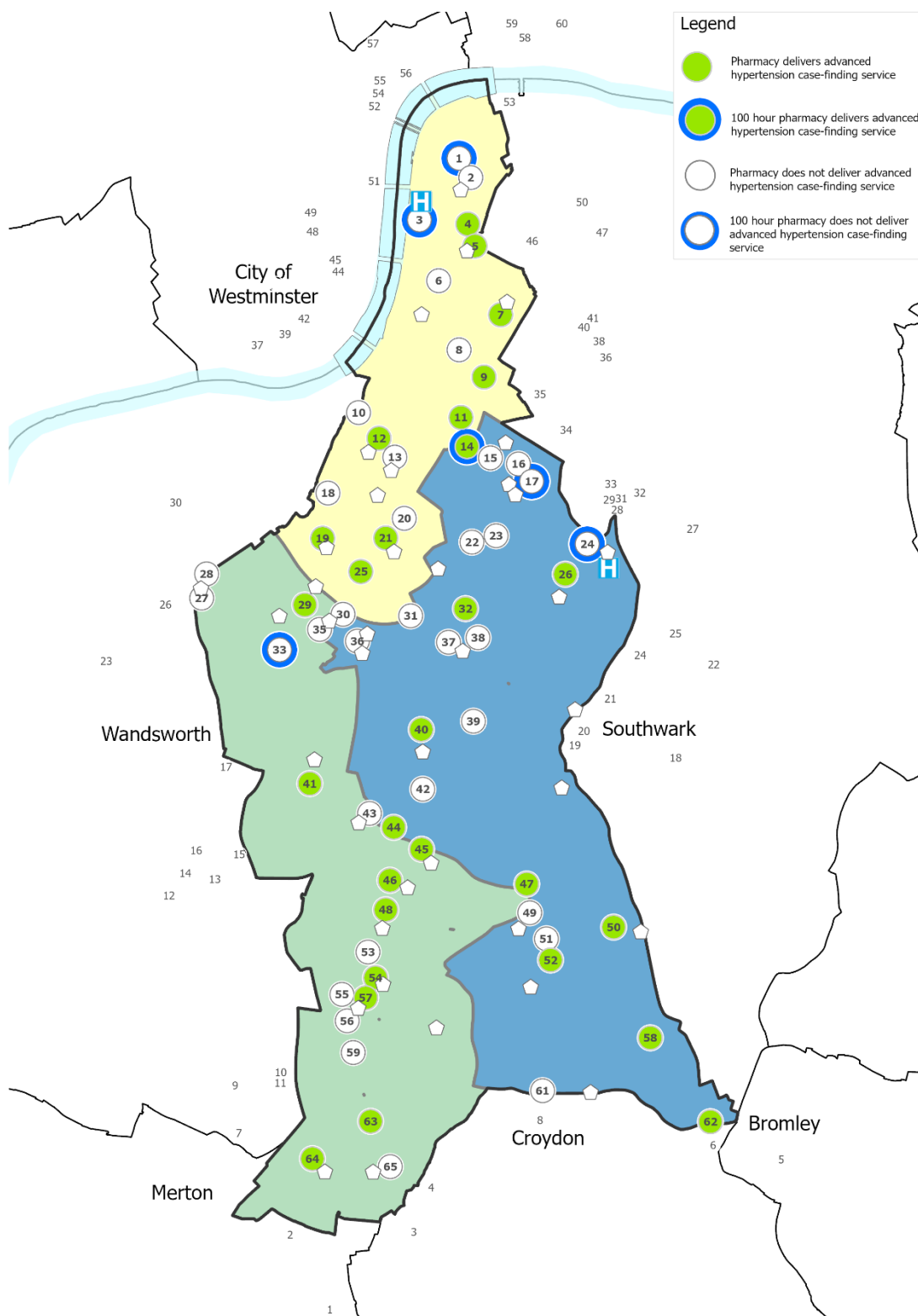
3. Assessment of pharmaceutical services

3.4.4 Advanced services, hypertension case finding service



Lambeth

Map 10: Hypertension case finding



3. Assessment of pharmaceutical services

3.4.4 Advanced services, hypertension case finding service

Further provision

- We wish to see pharmacies proactively identifying and offering hypertension case finding to at risk patients who may benefit from the service.
- 42% (16 out of 38) of pharmacies who responded, reported in the community pharmacy survey that they are intending to provide the hypertension case-finding service in the next 12 months.

Future

- Considering that the prevalence of hypertension in Lambeth is high and high predicted levels of undiagnosed hypertension, at risk groups could greatly benefit from this service and pharmacies should be encouraged to provide this service.
- This is a newly commissioned service by NHSE&I and will continue.

Conclusion

- This service has the potential to increase the detection of hypertension within Lambeth and can reduce health inequalities by targeting people that would otherwise not encounter the opportunity to have their blood pressure checked and appropriately actioned.
- 28 pharmacies in Lambeth currently deliver the hypertension case finding service.
- We have not been made aware of any dissatisfaction, through complaints or other means, with the current service level
- No gaps have been identified that if provided either now, or in the future, would secure improvements, or better access to services across the whole HWBB area.
- Hypertension case finding service is considered a **relevant** service to help secure improvements in case detection of hypertension in our population.

3. Assessment of pharmaceutical services

3.4.5 Advanced services, community pharmacist consultation service (CPCS)

3.4.5 Community pharmacist consultation service

The NHS Community Pharmacist Consultation Service (CPCS) was launched by NHS England and NHS Improvement on the 29 October 2019, to facilitate patients, via a referral, having a same day appointment with their community pharmacist for minor illness or an urgent supply of a regular medicine, improving access to services and providing more convenient treatment closer to patients' homes. Referrals come from General Practice, NHS 111, Integrated Urgent Care Clinical Assessment Services or the 999 service. (28)

Evidence base

- There is no published evidence to demonstrate the benefits of the CPCS.
- The stated benefits are to help alleviate pressure on GP appointments and emergency departments, in addition to developing the skills and medicines knowledge of pharmacists.

Current picture

55 (87%) pharmacies in Lambeth currently provide this service as of June 2017. The following data relates to CPCS delivered between the 1st April 2021 to 31st March 2022.

Figure 74 shows CPCS activity in 2021/2022 compared to CIPFA comparators, London and England.

The data from 2021/2022 suggested that in Lambeth many pharmacies provided CPCS activity. Lambeth delivered 727 CPCSs per 100,00 population; the fifth highest rate among CIPFA comparators and above the average London but below the England average.

Most pharmacies delivered less than 50 CPCS in year 2021/2022. The total number of CPCS delivery in Lambeth is 2,341 and the average number of CPCS delivered per pharmacy is 37 (out of all 63 pharmacies in Lambeth). See **table 47**.

Map 11 gives an overview of the distribution of the 55 pharmacies providing CPCS and **tables 48/49/50** summarises service availability:

- There is good access to the service normal opening hours Monday to Friday (9.00am to 5.00pm). Many Lambeth residents travel less than 1km if they need to access CPCS during these hours and most travel less than 500m.
- There is limited early morning access, Monday to Friday (open earlier than 8.30pm) however each locality has a range of choice over several wards.

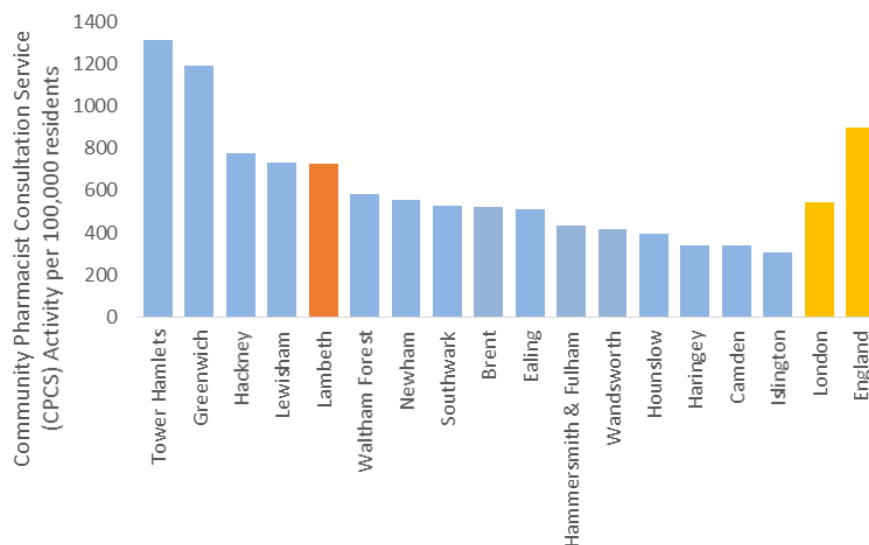
3. Assessment of pharmaceutical services

3.4.5 Advanced services, community pharmacist consultation service (CPCS)

- There is also relatively good access to late opening hours Monday to Friday (open to at least 6.30pm).
- There is good access to the service Saturday opening hours (open 9.00am to 1.00pm).
- There is limited access Sunday opening hours (open anytime) however each locality has a range of choice over a number of wards.

Table 47: Variation number of CPCS delivered		
Range	Number of pharmacies	%
200 or more	2	4%
100 to 199	5	9%
50 to 99	3	5%
1 to 49	45	82%
Total	55	

Figure 74: Number of CPCS per 100,000 residents compared to CIPFA comparators, London and England



Source: NHS BSA, NHSEI, MYE 2020

3. Assessment of pharmaceutical services

3.4.5 Advanced services, community pharmacist consultation service (CPCS)

Table 48: North locality number of pharmacies offering CPCS						
Area	Provide CPCS	Weekday early open	Weekday normal open	Weekday late open	Saturday open	Sunday open
North	16	8	16	15	14	3
Bishop's	4	3	4	4	4	1
Larkhall	5	1	5	5	4	0
Oval	4	2	4	3	3	2
Prince's	1	1	1	1	1	0
Stockwell	2	1	2	2	2	0
Lambeth	55	19	55	50	49	10

3. Assessment of pharmaceutical services

3.4.5 Advanced services, community pharmacist consultation service (CPCS)

Table 49: South East locality number of pharmacies offering CPCS						
Area	Provide CPCS	Weekday early open	Weekday normal open	Weekday late open	Saturday open	Sunday open
South East	22	5	22	19	19	4
Brixton Hill	3	1	3	3	3	0
Coldharbour	2	0	2	1	1	0
Ferndale	3	1	3	3	3	1
Gipsy Hill	2	0	2	1	2	0
Herne Hill	2	1	2	2	2	1
Knight's Hill	1	0	1	1	1	0
Thurlow Park	3	0	3	3	3	0
Tulse Hill	2	0	2	1	2	0
Vassall	4	2	4	4	2	2
Lambeth	55	19	55	50	49	10

3. Assessment of pharmaceutical services

3.4.5 Advanced services, community pharmacist consultation service (CPCS)

Table 50: South West locality number of pharmacies offering CPCS						
Area	Provide CPCS	Weekday early open	Weekday normal open	Weekday late open	Saturday open	Sunday open
South West	17	6	17	16	16	3
Clapham Town	5	3	5	5	4	1
Clapham Common	0	0	0	0	0	0
St Leonard's	4	0	4	3	4	1
Streatham Hill	3	1	3	3	3	0
Streatham South	3	1	3	3	3	1
Streatham Wells	1	1	1	1	1	0
Thornton	1	0	1	1	1	0
Lambeth	55	19	55	50	49	10

3. Assessment of pharmaceutical services

3.4.5 Advanced services, community pharmacist consultation service (CPCS)

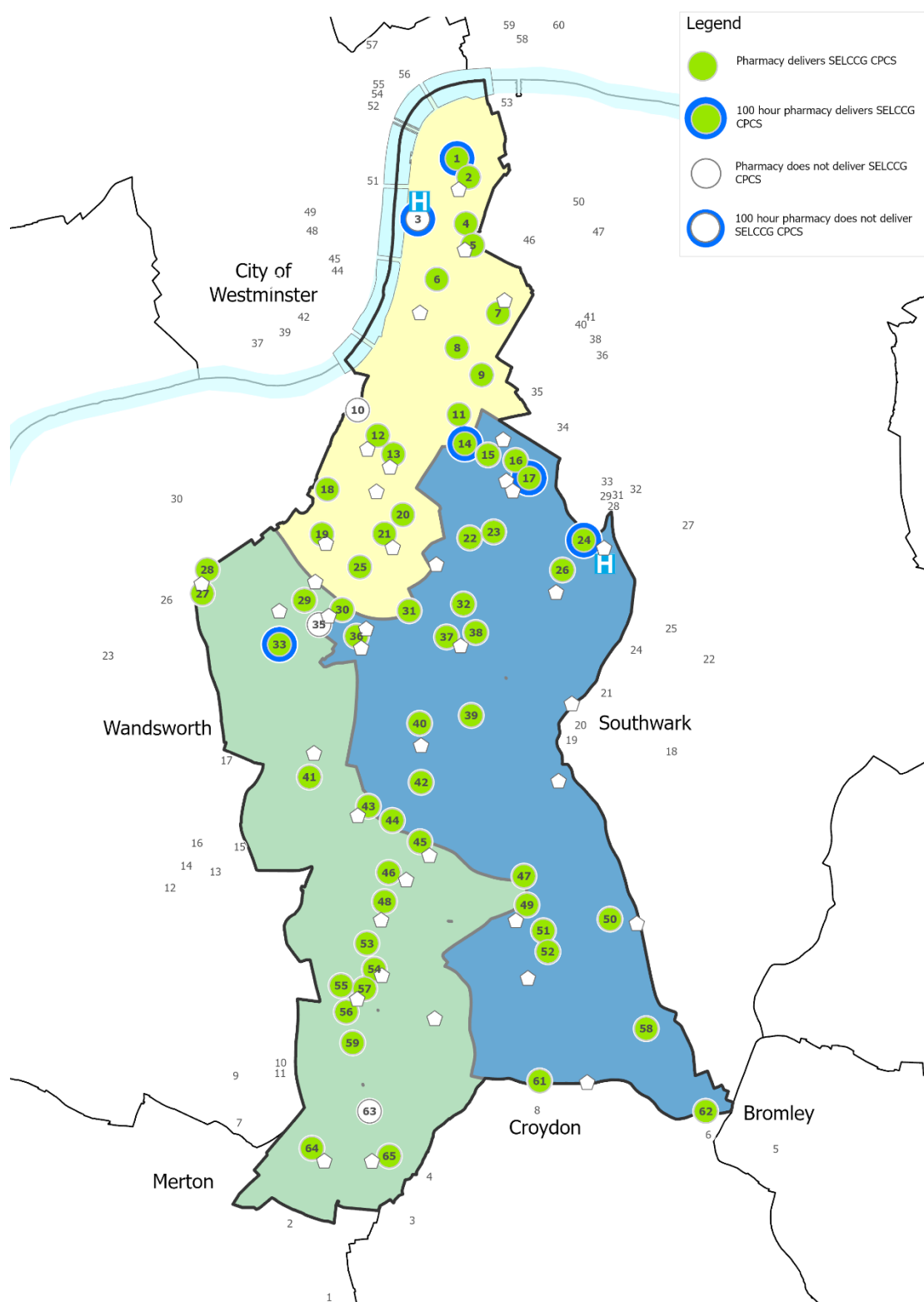
Table 51: Meeting the needs of those with a protected characteristic

Age	✓	Older people, and those with more co-morbidities may be more likely to require CPCSs. People of working age may wish to access this service also.
Disability	✓	CPCSs help to assess need and provide support. Patients with disabilities may have more co-morbidities. Local pharmacy may be more accessible than other service e.g. urgent care centre.
Sex	✗	No specific needs identified.
Race	✓	Language may be a barrier to successfully delivering CPCS.
Religion or belief	✗	No specific needs identified.
Pregnancy and maternity	✗	No specific needs identified.
Sexual orientation	✗	No specific needs identified.
Gender reassignment	✗	No specific needs identified.
Marriage and civil partnership	✗	No specific needs identified.

3. Assessment of pharmaceutical services

3.4.5 Advanced services, community pharmacist consultation service (CPCS)

Map 11: Community pharmacist consultation service



3. Assessment of pharmaceutical services

3.4.5 Advanced services, community pharmacist consultation service (CPCS)

Further provision

- We wish to see all Lambeth pharmacies (now and in the future) providing CPCS.

Future

- We should monitor the quality, outcomes and patient experience of service provision; and work with pharmacists to address any issues.
- identified. Working towards ensuring patients are provided with the most appropriate support according to their needs.
- It will be essential to monitor whether at risk and vulnerable populations are accessing the CPCS.
- This is a relatively newly commissioned service by NHSE&I and will continue.

Conclusion

The aims and outcomes of the service are to:

- facilitate patients having a same day appointment with their community pharmacist for minor illness or an urgent supply of a regular medicine.
- improve access to services.
- provide more convenient treatment closer to patients' homes.
- relieve pressure on the wider NHS by connecting patients with community pharmacy.
- In 2021/22, 55 (87%) pharmacies in Lambeth were offering CPCS and the total activity was 2,341.
- There is good access and a choice of pharmacy. Whilst this is more limited during certain times, the majority of residents are able to access the service from a pharmacy nearby.
- No gaps have been identified that if provided either now, or in the future, would secure improvements, or better access to CPCS services across the whole HWBB area.
- CPCS is a considered a **relevant** service because it improves access and reduces demand on the urgent care system.

3. Assessment of pharmaceutical services

3.4.6 Advanced services, hepatitis C testing service

3.4.6 Hepatitis C testing service

The Hepatitis C Antibody Testing Service was added to the Community Pharmacy Contractual Framework (CPCF) in 2020, commencing on 1st September. The service is part of NHS England and NHS Improvement's national programme to eliminate Hep C virus by 2025. It is focused on provision of point of care testing (POCT) for Hepatitis C (Hep C) antibodies to people who inject drugs (PWIDs), i.e. individuals who inject illicit drugs, e.g. steroids or heroin, but who haven't yet moved to the point of accepting treatment for their substance use. Where people test positive for Hep C antibodies, they will be referred for a confirmatory test and treatment, where appropriate.

The overall aim of the service is to increase levels of testing for HCV amongst PWIDS who are not engaged in community drug and alcohol treatment services to:

- increase the number of diagnoses of HCV infection.
- permit effective interventions to lessen the burden of illness to the individual.
- decrease long-term costs of treatment.
- decrease onward transmission of HCV.

As the national Hepatitis C Programme is an elimination exercise, the service will be time limited. In the first instance ran until 31st March 2022, but the service has been extended to be commissioned until 31st March 2023.

Evidence base

The London Joint Working Group on Substance use and Hepatitis C (LJWG) carried out a pilot in 2017/2018, providing point of care HCV antibody testing for PWIDs accessing Needle and Syringe Provision (NSP) Community pharmacies. They demonstrated success in increasing testing uptake; they tested over 200 people for HCV within 4 months and approximately 40 of these tests revealed new positive results in which all were referred for treatment for the first time. However, there was considerable loss to secondary care follow up and therefore limited treatment uptake.

Current picture

- As of May 2022, there was no reported activity of Hepatitis C testing service in Lambeth from 2021-2022.
- There was also no reported activity in pharmacies within South East London HWBBs.
- Only five pharmacies across London had activity the service; in Croydon, Sutton and Westminster. They provided a total 8 services within the year.

3. Assessment of pharmaceutical services

3.4.6 Advanced services, hepatitis C testing service

Table 52: Meeting the needs of those with a protected characteristic		
Age	✓	Young people are more likely to have problem substance use and thus greater need for Hepatitis C testing.
Disability	✓	Patients with disabilities may be able to access local pharmacy for testing better than other sites e.g. local hospital for blood test.
Sex	✓	Men are more likely than women to have problem substance use thus need for Hepatitis C testing.
Race	✓	Language may be a barrier to successfully delivering Hepatitis C testing.
Religion or belief	✗	No specific needs identified.
Pregnancy and maternity	✗	No specific needs identified.
Sexual orientation	✗	No specific needs identified.
Gender reassignment	✗	No specific needs identified.
Marriage and civil partnership	✗	No specific needs identified.

3. Assessment of pharmaceutical services

3.4.6 Advanced services, hepatitis C testing service

Further provision

- 24% (9 out of 38) pharmacies reported in the community pharmacy survey said that they are intending to provide Hepatitis C testing service in the next 12 months.

Future

- Actively monitor the quality, outcomes, and client experience of service provision; and work with pharmacists to address any issues identified.
- The service will be time limited and likely to be decommissioned on 31st March 2023.

Conclusion

- Hepatitis C testing is focused on provision of point of care testing (POCT) for Hepatitis C (Hep C) antibodies to people PWIDs but who haven't yet moved to the point of accepting treatment for their substance use.
- There was no reported activity of Hepatitis C testing service in Lambeth from 2021-2022. There is very minimal activity throughout London, with only 8 services provided in the year from pharmacies in Croydon, Sutton, and Westminster.
- Lambeth has the fifth-highest rate of opiate and crack users in London and therefore there may be higher risk and numbers of residents with undiagnosed Hepatitis C.
- We wish to see pharmacies proactively offering Hepatitis C testing to PWIDs that are not currently receiving treatment for their substance use. However, there will likely be challenges in identifying and engaging group as if they are not receiving treatment for their substance use, they may be limited opportunity to engage with them within community pharmacy.

3. Assessment of pharmaceutical services

3.4.7 Advanced services, smoking cessation service

3.4.7 Smoking cessation service

Smoking is the leading cause of preventable death and disease in the UK. Around 14% of the adult population in England were reported to smoke in 2019. Smokers see their GP over a third more often than non-smokers, and smoking is linked to nearly half a million hospital admissions each year. About half of all life-long smokers will die prematurely, losing on average about 10 years of life (29). The NHS Long Term Plan set a goal that by 2023/24, all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services. The plan committed to the adoption of the Ottawa Model for Smoking Cessation (OMSC), which has been evidenced across Canada to improve smoking quit rates by 11%. As a part of the OMSC, all patients admitted to hospital are screened for their smoking status and offered smoking cessation advice and support whilst in hospital (including nicotine replacement therapy and pharmacotherapies). They are then referred to a community service for continued smoking cessation support after hospital discharge.

The Smoking Cessation Service (SCS) was commissioned as an Advanced service from 10th March 2022. The service takes referrals from secondary care for patients who have begun smoking cessation whilst in hospital. Pharmacies will then continue providing smoking cessation support after the patient has been discharged from hospital.

The aim of the service is to reduce morbidity and mortality caused by smoking and to reduce health inequalities with the objective of the service being to ensure that any patients referred by NHS trusts to community pharmacies for SCS receive a consistent and effective offer.

(30)

Evidence base

In 2020/21 a Pharmacy Integration Fund pilot on smoking cessation began to test a new model of working in which community pharmacies managed the continuing provision of smoking cessation support initiated in secondary care following patient discharge from hospital. The early findings from the pilot indicated that a consistent, national offer could be achieved through community pharmacy, and that it could create the capacity needed to enable NHS trusts to transfer patients for smoking cessation support into the community. The SCS was therefore added to the NHS Community Pharmacy Contractual Framework (CPCF) in 2021/2022.

3. Assessment of pharmaceutical services

3.4.7 Advanced services, smoking cessation service

Current picture

This smoking cessation service is a relatively new service and at the time of publication. 8 (12%) pharmacies are commissioned to provide smoking cessation as an advanced service in Lambeth. However we have not received any activity data regarding service activity across the borough and comparator boroughs.

Map 12 provides an overview of the distribution of the 8 pharmacies and **Table 53/54/55** summarises availability by locality and ward.

- There is limited access to the service during normal opening hours Monday to Friday (9.00am to 5.00pm). Each locality has a few pharmacies offering currently. Patients may need to travel distances more than 1km if they needed to access these services.
 - There is very limited early morning access, Monday to Friday (open earlier than 8.30pm) and not all localities have a service; there is only one service in North locality and one service in South West locality at this time.
 - There is limited access to the service during late opening hours Monday to Friday (open to at least 6.30pm). Each locality has very few pharmacies offering service currently.
 - There is limited access to the service Saturday opening hours (open 9.00am to 1.00pm) Each locality has very few pharmacies offering service at this time.
 - There is no access to the service during Sunday opening hours (open anytime).
- The services are scattered across the borough, however there is not particularly good access in areas where the smoking rate is higher.

Insight from public engagement

The Public were asked “Have you ever used stopping smoking services”:

- 11 out of 209 people responded yes. 27% of them thought the service fully met their needs and 45% thought it partially met their needs.

3. Assessment of pharmaceutical services

3.4.7 Advanced services, smoking cessation service

Table 53: North locality number of pharmacies offering advanced smoking cessation services						
Area	Provide smoking cessation	Weekday early open	Weekday normal open	Weekday late open	Saturday open	Sunday open
North	3	2	3	2	2	0
Bishop's	1	1	1	1	1	0
Larkhall	0	0	0	0	0	0
Oval	1	0	1	0	0	0
Prince's	1	1	1	1	1	0
Stockwell	0	0	0	0	0	0
Lambeth	8	3	8	7	6	0

3. Assessment of pharmaceutical services

3.4.7 Advanced services, smoking cessation service

Table 54: South East locality number of pharmacies offering advanced smoking cessation services						
Area	Provide smoking cessation	Weekday early open	Weekday normal open	Weekday late open	Saturday open	Sunday open
South East	2	0	2	2	1	0
Brixton Hill	0	0	0	0	0	0
Coldharbour	0	0	0	0	0	0
Ferndale	1	0	1	1	1	0
Gipsy Hill	0	0	0	0	0	0
Herne Hill	0	0	0	0	0	0
Knight's Hill	0	0	0	0	0	0
Thurlow Park	0	0	0	0	0	0
Tulse Hill	0	0	0	0	0	0
Vassall	1	0	1	1	0	0
Lambeth	8	3	8	7	6	0

3. Assessment of pharmaceutical services

3.4.7 Advanced services, smoking cessation service

Table 55: South West locality number of pharmacies offering advanced smoking cessation services						
Area	Provide smoking cessation	Weekday early open	Weekday normal open	Weekday late open	Saturday open	Sunday open
South West	3	1	3	3	3	0
Clapham Town	1	0	1	1	1	0
St Leonard's	0	0	0	0	0	0
Streatham Hill	0	0	0	0	0	0
Streatham South	0	0	0	0	0	0
Streatham Wells	1	1	1	1	1	0
Thornton	1	0	1	1	1	0
Lambeth	8	3	8	7	6	0

3. Assessment of pharmaceutical services

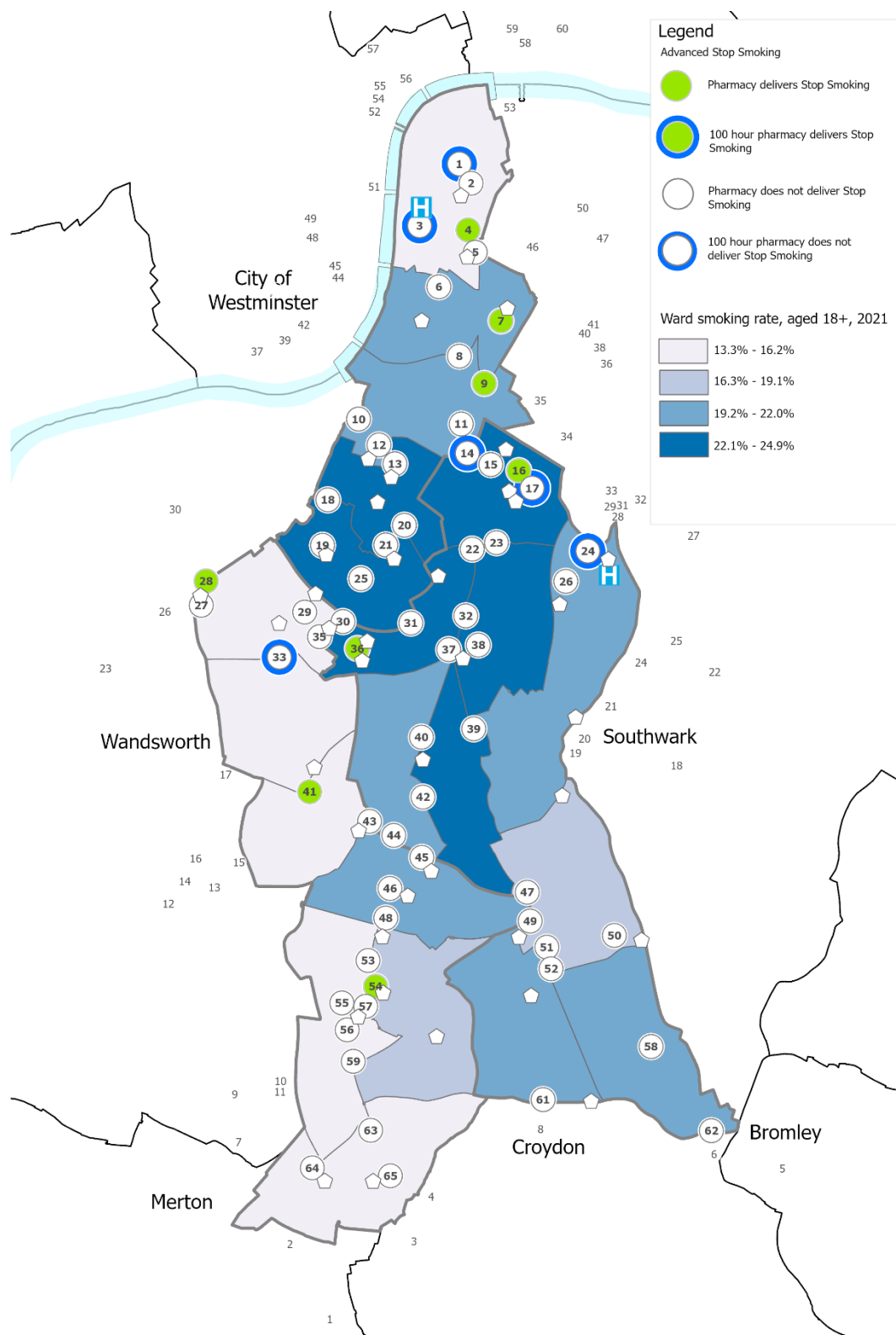
3.4.7 Advanced services, smoking cessation service

Table 56: Meeting the needs of those with a protected characteristic		
Age	✓	Correlation between age and smoking rates which are highest in ages 40-64.
Disability	✓	Smoking cessation at local pharmacy may prove to be more accessible for disabled patients than traditional stop smoking service sites.
Sex	✓	Smoking rates are higher in males.
Race	✓	Language may be a barrier to successfully delivering stop smoking service. However, the specialist team can identify bilingual stop smoking advisors who work within pharmacy settings. BME group more susceptible to diabetes and CVD which are made worse by smoking.
Religion or belief	✗	No specific needs identified
Pregnancy and maternity	✓	Smoking in pregnancy and during postnatal period can cause adverse pregnancy outcomes and is harmful to new born child. Therefore, local smoking cessation for this group is of benefit.
Sexual orientation	✗	No specific needs identified.
Gender reassignment	✗	No specific needs identified.
Marriage and civil partnership	✗	No specific needs identified.

3. Assessment of pharmaceutical services

3.4.7 Advanced services, smoking cessation service

Map 12: Smoking cessation service



3. Assessment of pharmaceutical services

3.4.7 Advanced services, smoking cessation service

Further provision

- 21% (8 out of 38) of pharmacies reported in the community pharmacy survey that they are intending to provide the stop smoking service in the next 12 months.

Future

- Actively monitor the quality, outcomes and client experience of service provision; and work with pharmacists to address any issues identified.
- This is a relatively newly commissioned service by NHSE&I and will continue.

Conclusion

- Smoking Cessation as an advance service is based on the Ottawa model for smoking cessation; a proven model to reduce rates of smoking in patients following time spent in secondary care.
- There were 8 pharmacies in Lambeth delivering this service. We wish to see more pharmacies providing this service to Lambeth residents, especially in areas where smoking rates are higher.
- This service is considered **relevant** in securing improvements in access to stop smoking advice for a particular cohort of patients recently discharged from hospital requiring ongoing support to stop smoking.
- Although we do not have service activity data, it is largely dependent on referrals from secondary care and well organised and efficient referral pathways.
- Considering that the Lambeth smoking rates are significantly higher than London and England averages, this service is greatly needed. The Ottawa model in which this service is based upon has been proven to improve smoking cessation rates and therefore this service should be made widely available across pharmacies in Lambeth.
- However there is also a locally commissioned smoking cessation service available in Lambeth pharmacies where patients can access smoking cessation support via one to one counselling, Nicotine replacement therapy and Champix. This will also help to meet the smoking cessation needs in Lambeth.

3. Assessment of pharmaceutical services

3.4.8 Advanced services, flu vaccination service

3.4.8 Flu vaccination service

The purpose of this service is to provide access to a seasonal influenza immunisation for patients in at-risk groups from September through to January.

The eligible groups include:

- all people aged 65 years and over (for the 2021/22 season, it included people aged 50 years or over).
- people aged from 18 to less than 65 years of age with specified medical conditions.
- pregnant women (including those women who become pregnant during the flu season).
- people living in long-stay residential care homes or other long-stay care facilities.
- Carers aged 18 and over.
- Household contacts of immunocompromised individuals.
- Those under the age of 16 do not receive their vaccination from pharmacies, however, will receive from their GP or at school.
- community pharmacies for SCS receive a consistent and effective offer. (30)

The aims of the services are:

- To protect those who are most at risk of serious illness or death should they develop influenza, by offering protection against the most prevalent strains of influenza virus.
- To sustain and maximise uptake of flu vaccination in at-risk groups by building on the capacity of community pharmacies as a complimentary channel to GP provision.
- To provide more opportunities and improve convenience for eligible patients to access flu vaccinations.
- To reduce variation and provide consistent levels of population coverage of community pharmacy flu vaccination across England by providing a national framework.

3. Assessment of pharmaceutical services

3.4.8 Advanced services, flu vaccination service

Evidence base

A literature review of community pharmacy delivered immunisation services demonstrates (31):

- Immunisation can be safely delivered through community pharmacy.
- Patient medication records are effective at identifying 'at risk' clients to be invited for immunisation and this can increase uptake of vaccine.
- User satisfaction with pharmacy-based services is high.
- Support for non-physician delivered immunisation is greater for adults than children.

A Service evaluation study, looking at patient satisfaction of seasonal influenza vaccination service in a community pharmacy setting showed high levels of patient satisfaction; 90% were satisfied with the pharmacist administering the vaccine (32).

Current picture

55 (87%) pharmacies are commissioned by NHS England to provide flu vaccination in Lambeth.

[Map 13](#) provides an overview of the distribution of the 55 pharmacies and [Table 57/58/59](#) summarises availability by locality and ward.

- There is good access to the service normal opening hours Monday to Friday (9.00am to 5.00pm) Many Lambeth residents travel less than 1km if they need to access pharmacies with flu vaccination during these hours, and most travel less than 500m.
- There is limited early morning access, Monday to Friday (open earlier than 8.30am) however each locality has a range of choice over several wards.
- There is good access to the service late opening hours Monday to Friday (open to at least 6.30pm).
- There is good access to the service Saturday opening hours (open 9.00am to 1.00pm).
- There is limited access to Sunday opening hours (open anytime) however each locality has a range of choice over several wards.
- There is a good distribution and reasonable access for those aged 50+.

3. Assessment of pharmaceutical services

3.4.8 Advanced services, flu vaccination service

Table 57: North locality number of pharmacies offering flu vaccination						
Area	Provide flu vaccination	Weekday early open	Weekday normal open	Weekday late open	Saturday open	Sunday open
North	16	6	16	14	14	3
Bishop's	2	1	2	2	2	1
Larkhall	5	1	5	5	4	0
Oval	5	2	5	4	4	2
Prince's	2	1	2	1	2	0
Stockwell	2	1	2	2	2	0
Lambeth	55	17	55	50	50	12

3. Assessment of pharmaceutical services

3.4.8 Advanced services, flu vaccination service

Table 58: South East locality number of pharmacies offering flu vaccination						
Area	Provide flu vaccination	Weekday early open	Weekday normal open	Weekday late open	Saturday open	Sunday open
South East	25	6	25	23	22	5
Brixton Hill	3	1	3	3	3	0
Coldharbour	3	0	3	2	2	1
Ferndale	4	1	4	4	4	1
Gipsy Hill	2	0	2	1	2	0
Herne Hill	2	1	2	2	2	1
Knight's Hill	1	0	1	1	1	0
Thurlow Park	5	1	5	5	5	0
Tulse Hill	1	0	1	1	1	0
Vassall	4	2	4	4	2	2
Lambeth	55	17	55	50	50	12

3. Assessment of pharmaceutical services

3.4.8 Advanced services, flu vaccination service

Table 59: South West locality number of pharmacies offering flu vaccination

Area	Provide flu vaccination	Weekday early open	Weekday normal open	Weekday late open	Saturday open	Sunday open
South West	14	5	14	13	14	4
Clapham Town	3	1	3	3	3	1
Clapham Common	0	0	0	0	0	0
St Leonard's	4	1	4	3	4	2
Streatham Hill	3	1	3	3	3	0
Streatham South	2	1	2	2	2	1
Streatham Wells	1	1	1	1	1	0
Thornton	1	0	1	1	1	0
Lambeth	55	17	55	50	50	12

3. Assessment of pharmaceutical services

3.4.8 Advanced services, flu vaccination service

Table 60: Meeting the needs of those with any protected characteristics

Age	✓	People aged 65 years and over and healthy children aged 2, 3, and 4 years are eligible for a free seasonal influenza vaccination as they have an increased risk of developing complications if they get flu.
Disability	✓	Patients with disabilities may have complex co-morbidities.
Sex	✗	No specific needs identified.
Race	✓	Language may be a barrier to successfully delivering the seasonal influenza vaccination.
Religion or belief	✓	Some faith belief will not accept vaccination for a number of reasons, including vaccine content (porcine gelatine) and refusal to introduce external chemicals to the body.
Pregnancy and maternity	✓	Pregnant women are eligible for a free seasonal influenza vaccination as they have an increased risk of developing complications if they get flu.
Sexual orientation	✗	No specific needs identified.
Gender reassignment	✗	No specific needs identified.
Marriage and civil partnership	✗	No specific needs identified.

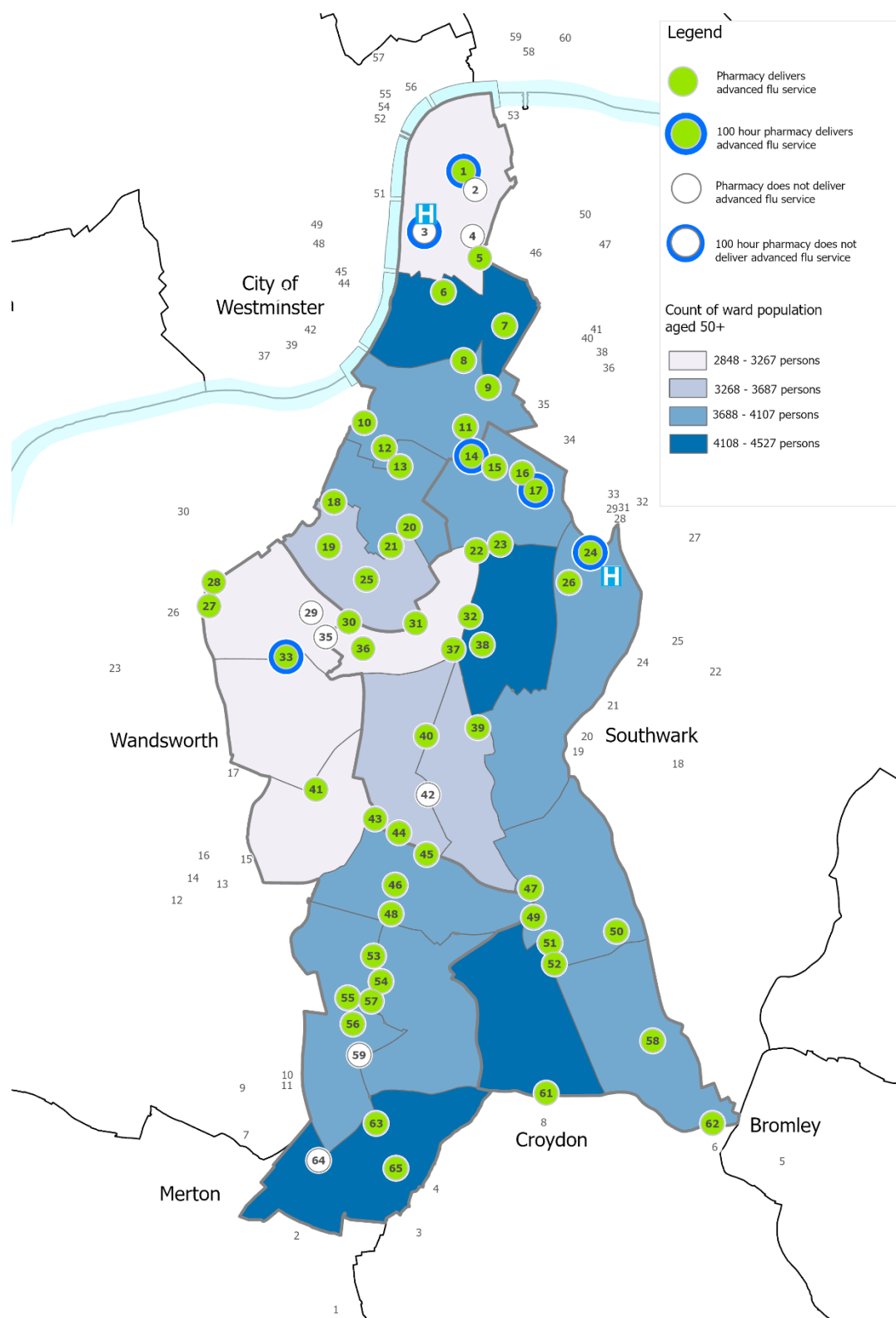
3. Assessment of pharmaceutical services

3.4.8 Advanced services, flu vaccination service



Lambeth

Map 13: Flu vaccination service



3. Assessment of pharmaceutical services

3.4.8 Advanced services, flu vaccination service

Further provision

We wish to see pharmacies proactively identifying and offering the flu vaccine to at-risk patients who will benefit from the service. Health care providers and organisations with at-risk groups should be encouraged to refer patients to a participating pharmacy.

Improve data flow between pharmacies and GPs, and accuracy of data provided by patients, i.e., correct details of GPs and NHS numbers.

Future

- Actively monitor the quality, outcomes and client experience of service provision; and work with pharmacists to address any issues identified.
- It will be essential to monitor whether at risk and vulnerable populations are accessing the flu vaccination service.
- NHS England's decision is to continue commissioning the service.

Conclusion

- Community pharmacies are well placed to improve uptake of this vaccine.
- Pharmacies are accessible, often open for extended hours and may provide the vaccine without the need for an appointment.
- Patient medication records may be used to identify, and proactively target, people who would benefit from immunisation.
- There is evidence to support the role of community pharmacies in delivering this (and other) vaccination services.
- There is good access and a choice of pharmacy. Whilst this is more limited during certain times most residents can access the service from a pharmacy nearby.
- No gaps have been identified that if provided either now, or in the future, would secure improvements, or better access to services across the whole HWBB area.
- Flu vaccination service is considered a **relevant** service to meet the needs of our population, given the benefits, it improves access and provides a choice of provider, for "at risk" patients, other than their GP or community nurse.

3. Assessment of pharmaceutical services

3.5 Enhanced services

3.5 Enhanced services

Part 4 of the NHS Act 2006 lists several enhanced services which NHSE&I commissioners can authorise to arrange including but not limited to:

- Anticoagulant Monitoring Service.
- Care home Service.
- Disease Specific Medicines Management Service.
- Gluten Free Food Supply Service.
- Independent Prescribing Service.
- Home Delivery Service.
- Language Access Service.
- Medication Review Service.
- Medicines Assessment and Compliance Support Service.

Enhanced services are additional services commissioned by NHS England in response to local need. There are currently four enhanced services commissioned in Lambeth through community pharmacies from NHSE&I; London flu vaccination service, COVID-19 vaccination service, coverage on Easter Sunday and Christmas Day and coverage on all other remaining bank holidays.

3. Assessment of pharmaceutical services

3.5.1 Enhanced services, flu vaccination service

3.5.1 Flu vaccination service, London

This service is provided in addition to the National Advanced Flu vaccination service and includes a “top up” element to cover additional groups of patients.

The eligible groups include those in the national scheme and:

- Any homeless person and anyone likely to be sleeping rough in London.
- Asylum seekers, documented migrants and undocumented migrants.
- Hospital Trust staff; where the provider is not holding any more sessions for their staff to be vaccinated.
- Other health inclusion groups such as: those with drug and alcohol dependence, Gypsy, Roma and Traveller communities, sex workers, victims of modern slavery, people experiencing mental health difficulties, people with learning disabilities and people in contact with the justice system and in detained settings.

The purpose of this service is to provide a top up to the national seasonal influenza immunisation for patients in at-risk groups from September through to January.

The aims of the services are:

- To protect those who are most at risk of serious illness or death should they develop influenza, by offering protection against the most prevalent strains of influenza virus.
- To sustain and maximise uptake of flu vaccination in at-risk groups by building on the capacity of community pharmacies as a complimentary channel to GP provision.
- To provide more opportunities and improve convenience for eligible patients to access flu vaccinations.
- To reduce variation and provide consistent levels of population coverage of community pharmacy flu vaccination across England by providing a national framework.

Current picture

Data, including maps, pertaining to pharmacies that provide the London flu vaccination ‘top up’ is the same as advanced flu vaccination. Please see section 3.5.1 for this information.

3. Assessment of pharmaceutical services

3.5.1 Enhanced services, flu vaccination service

Table 61: Meeting the needs of those with any protected characteristics		
Age	✓	People aged 65 years and over are eligible for a free seasonal influenza vaccination as they have an increased risk of developing complications if they get flu.
Disability	✓	Patients with disabilities may have complex co-morbidities. People with learning disabilities are eligible for flu vaccination under this scheme.
Sex	✗	No specific needs identified.
Race	✓	Language may be a barrier to successfully delivering the seasonal influenza vaccination; the enhanced flu programme is expanded to a range of groups including migrants and asylum seekers and those who may be homeless.
Religion or belief	✓	Some faiths will not accept vaccination for several reasons, including vaccine content (porcine gelatine) and introduction of external chemicals to the body.
Pregnancy and maternity	✓	Pregnant women are eligible for a free seasonal influenza vaccination as they have an increased risk of developing complications if they get flu.
Sexual orientation	✗	No specific needs identified.
Gender reassignment	✗	No specific needs identified.
Marriage and civil partnership	✗	No specific needs identified.

3. Assessment of pharmaceutical services

3.5.1 Enhanced services, flu vaccination service

Further provision

Pharmacies should proactively identify and offer the flu vaccine to at risk patients who will benefit from the service. Health care providers and organisations with at risk groups should be encouraged to refer patients to a participating pharmacy.

Future

- Given Lambeth's relatively lower uptake of flu vaccination in all "at-risk" groups, all pharmacies should be delivering the NHS England flu vaccine and pharmacies should be encouraged to take part in the London top-up scheme.
- Actively monitor the quality, outcomes and client experience of service provision; and work with pharmacists to address any issues identified.
- It will be essential to monitor whether at risk and vulnerable populations are accessing the flu vaccination service.

Conclusion

- Community pharmacies are well placed to improve uptake of this vaccine.
- There is good access and a choice of pharmacy. Whilst this is more limited during certain times most residents can access the service from a pharmacy nearby.
- No gaps have been identified that if provided either now, or in the future, would secure improvements, or better access to enhanced services across the whole HWBB area.
- The flu vaccination service is considered a **relevant** service to meet the pharmaceutical needs of our population, given the benefits, it improves access and provides a choice of provider, for "at risk" patients, other than their GP or community nurse.

3. Assessment of pharmaceutical services

3.5.2 Enhanced services, COVID-19 vaccination service

3.5.2 COVID-19 vaccination service

Since the start of the COVID-19 pandemic, the delivery of the COVID-19 vaccination service has been added as an Enhanced Service from community pharmacies to support the delivery of vaccinations. Phase 5 of the vaccination service, the autumn 2022 booster programme, was commissioned as a National Enhanced Service (NES).

NHS England have commenced the autumn booster vaccination programme in September 2022 where it should be offered to the following groups:

- Residents in a care home for older adults and staff working in care homes for older adults.
- Frontline health and social care workers.
- All adults aged 50 years and over.
- Persons aged 5 to 49 years in a clinical risk group, as set out in the Green Book.
- Persons aged 5 to 49 years who are household contacts of people with immunosuppression.
- Persons aged 16 to 49 years who are carers, as set out in the Green Book.

The purpose of this service is to provide a top up to the national COVID-19 immunisation for patients in at-risk groups from September.

Current picture

14 (22%) pharmacies are commissioned by NHS England to provide COVID-19 vaccination in Lambeth.

Map 14 provides an overview of the distribution of the 13 pharmacies and **Table 62/63/64** summarises availability by locality and ward.

- There is good access to the service normal opening hours Monday to Friday (9.00am to 5.00pm).
- Many Lambeth residents travel less than 1km if they need to access pharmacies with COVID-19 vaccination during these hours, with some gaps for instance in areas like Herne Hill, Vauxhall Park and Streatham.
- There is limited early morning access, Monday to Friday (open earlier than 8.30am) with only one pharmacy in the North locality offering this.
- There is good access to the service late opening hours Monday to Friday (open to at least 6.30pm).
- There is one pharmacy offering the service with Saturday opening hours (open 9.00am to 1.00pm) in the South West locality.
- There is limited access to Sunday opening hours (open anytime) however with only one pharmacy in the South West offering this.
- There is a good distribution and reasonable access for those aged 50+.

3. Assessment of pharmaceutical services

3.5.2 Enhanced services, COVID-19 vaccination service

Table 62: North locality number of pharmacies offering COVID-19 vaccinations						
Area	Provide Covid Vaccination	Weekday early open	Weekday normal open	Weekday late open	Saturday open	Sunday open
North	2	1	2	2	2	0
Bishop's	0	0	0	0	0	0
Larkhall	0	0	0	0	0	0
Oval	0	0	0	0	0	0
Prince's	1	1	1	1	1	0
Stockwell	1	0	1	1	1	0
Lambeth	14	1	14	14	14	1

3. Assessment of pharmaceutical services

3.5.2 Enhanced services, COVID-19 vaccination service

Table 63: South East locality number of pharmacies offering COVID-19 vaccinations						
Area	Provide Covid Vaccination	Weekday early open	Weekday normal open	Weekday late open	Saturday open	Sunday open
South East	7	0	7	7	7	0
Brixton Hill	1	0	1	1	1	0
Coldharbour	1	0	1	1	1	0
Ferndale	1	0	1	1	1	0
Gipsy Hill	1	0	1	1	1	0
Herne Hill	1	0	1	1	1	0
Knight's Hill	1	0	1	1	1	0
Thurlow Park	1	0	1	1	1	0
Tulse Hill	0	0	0	0	0	0
Vassall	0	0	0	0	0	0
Lambeth	14	1	14	14	14	1

3. Assessment of pharmaceutical services

3.5.2 Enhanced services, COVID-19 vaccination service

Table 64: South West locality number of pharmacies offering COVID-19 vaccinations

Area	Provide Covid Vaccination	Weekday early open	Weekday normal open	Weekday late open	Saturday open	Sunday open
South West	5	0	5	5	5	1
Clapham Town	2	0	2	2	2	0
Clapham Common	0	0	0	0	0	0
St Leonard's	1	0	1	1	1	1
Streatham Hill	0	0	0	0	0	0
Streatham South	1	0	1	1	1	0
Streatham Wells	0	0	0	0	0	0
Thornton	1	0	1	1	1	0
Lambeth	14	1	14	14	14	1

3. Assessment of pharmaceutical services

3.5.2 Enhanced services, COVID-19 vaccination service

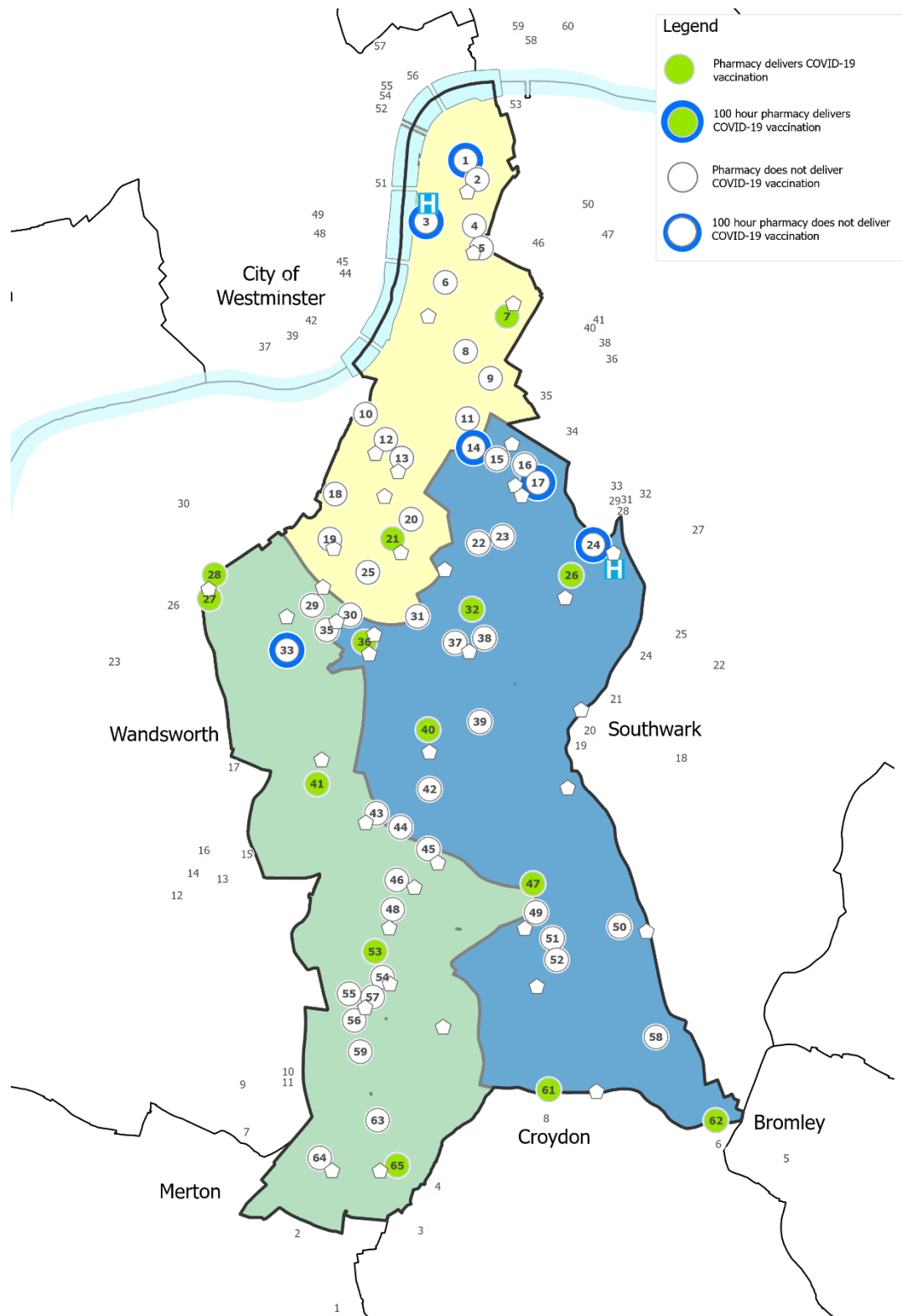
Table 65: Meeting the needs of those with a protected characteristic

Age	✓	Older people are specifically targeted for the COVID-19 vaccination, assistance may be required in reaching them and residents of care homes are incentivised.
Disability	✓	COVID-19 is specifically targeted to those who could be made vulnerable, need to ensure accessibility for all
Sex	✗	No specific needs identified
Race	✓	Language may be a barrier to delivering the vaccine
Religion or belief	✗	No specific needs identified
Pregnancy and maternity	✓	COVID-19 vaccination offered to all pregnant women
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage and civil partnership	✗	No specific needs identified

3. Assessment of pharmaceutical services

3.5.2 Enhanced services, COVID-19 vaccination service

Map 14: COVID-19 vaccination service



3. Assessment of pharmaceutical services

3.5.2 Enhanced services, COVID-19 vaccination service

Further provision

Pharmacies should proactively identify and offer the COVID-19 vaccine to at risk patients who will benefit from the service. Health care providers and organisations with at risk groups should be encouraged to refer patients to a participating pharmacy.

Future

- Given Lambeth's relatively lower uptake of COVID-19 vaccine for the 12+ population compared to other London boroughs, pharmacies should be encouraged to take part in the autumn booster scheme.
- Actively monitor the quality, outcomes and client experience of service provision; and work with pharmacists to address any issues identified.
- It will be essential to monitor whether at risk and vulnerable populations are accessing the COVID-19 vaccination service.

Conclusion

- Community pharmacies are well placed to improve uptake of this vaccine.
- There is adequate access and a choice of pharmacy. However, this becomes more limited on weekends or early morning access hours with only one pharmacy available for both.
- No gaps have been identified that if provided either now, or in the future, would secure improvements, or better access to enhanced services across the whole HWBB area.
- COVID-19 vaccination is considered a **relevant** service to meet the pharmaceutical needs of our population, given the benefits, it improves access and provides a choice of provider, for "at risk" patients, other than their GP or community nurse.

3. Assessment of pharmaceutical services

3.5.3 Enhanced services, Bank Holiday and Christmas Day and Easter Sunday Services

3.5.3 Bank Holiday and Christmas Day and Easter Sunday Services

Community pharmacy contractors do not have to open on days which are specifically mentioned in the Regulations (namely Christmas Day, Good Friday and Easter Sunday) or a day which has been specifically designated as a 'bank holiday', unless directed to open by NHS England and NHS Improvement (NHSE&I).

Contractors also do not have to give formal notice of closures on these public and bank holidays but must ensure that their Directory of Services (DoS) and NHS website entries are accurate (this is now a terms of service requirement with verification carried out quarterly). If contractors want to reduce supplementary hours on other days, for example, to close early, notice of that intention should be given to NHSE&I at least three months in advance.

Current picture

Bank Holiday

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

This service is provided by one pharmacy to cover the whole of Lambeth, [table 66](#).

Christmas Day and Easter Sunday services

For the last two years NHSE&I has had an Enhanced Service for coverage over bank holidays to ensure that there are pharmacies open on these

days and their location is near to the hubs and out-of-hours providers so patients can easily access medication if required.

This service is provided by one pharmacy to cover the whole of Lambeth, [table 66](#).

Table 66: Bank Holiday and Christmas Day and Easter Sunday Services

ODS	Name	Address	Postcode
FGV60	Vittelow Pharmacy	26 Clapham Road	SW9 0JG

Conclusion

- One pharmacy in Lambeth participates in the bank holiday opening Enhanced Service.
- There is no evidence to suggest there is a gap in service that would equate to the need for additional access to pharmacy service.
- Bank Holiday and Christmas Day and Easter Sunday Services is considered a **relevant** service to meet the pharmaceutical needs of our population. It improves access and provides a choice of provider, for patients.

3. Assessment of pharmaceutical services

3.6 Other services that may impact on pharmaceutical service provision

3.6 Other services that may impact on pharmaceutical service provision

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

Locally commissioned community pharmacy services can be contracted via several different routes and by different commissioners, including local authorities, Integrated Commissioning Boards (ICBs) and local NHS England teams.

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

In this section of the PNA, we undertake a review of the services which have been locally commissioned from pharmacies in Lambeth which includes:

- SEL Palliative care scheme
- Substance misuse services:
 - Needle exchange.
 - Supervised administration.
- Smoking cessation.
- Sexual Health.
- Free Vitamin D scheme.

3. Assessment of pharmaceutical services

3.6.1 Locally commissioned services, SEL palliative care scheme

3.6.1 SEL palliative care scheme

- Timely access to palliative care medication plays a crucial part in the management of symptoms in the last days of life and supports people to live and die in the place of their choice. Many palliative care medicines can be supplied by a community pharmacy however timely access can often be delayed if stock needs to be ordered in. This is particularly true of injectable medicines which are rarely held by community pharmacy.
- South East London ICB have commissioned community pharmacies across South East London to hold a stock of palliative care medicines which are commonly prescribed in end of life, to ensure timely access during normal hours. The stock list of palliative care medicines which are commonly prescribed at the end-of-life has been developed by specialist palliative care team across South East London and has been aligned with local and national guidance. The faster access to medicines will expedite the management of breathlessness, anxiety, restlessness, pain, sickness, and nausea of the dying patient. This service was first started in June 2020 and will continue to be funded until March 2023.

Evidence base

- There is no published evidence to demonstrate the benefits of this palliative care scheme.

Current picture

- In Lambeth, 5 pharmacies are locally commissioned to provide the palliative care scheme. [Table 67/68/69](#) summarises availability by locality and ward. All localities have pharmacies delivering this service.
- [Map 15](#) provides an overview of the distribution of the 5 providing the palliative care scheme.
- There is very limited early morning access, Monday to Friday (open earlier than 8.30am) and Sunday access (open anytime).
- Limited access to the service during normal opening hours Monday to Friday (open 9.00am to 5.00pm), late opening hours Monday to Friday (open to at least 6.30pm) and Saturday opening hours (open 9.00am to 1.00pm).
- Patients may need to travel distances more than 1km if they needed to access these services.

3. Assessment of pharmaceutical services

3.6.1 Locally commissioned services, SEL palliative care scheme

Table 67: North locality number of pharmacies offering SEL palliative care scheme						
Area	Provide Palliative care scheme	Weekday early open	Weekday normal open	Weekday late open	Saturday open	Sunday open
North	1	1	1	1	1	1
Bishop's	1	1	1	1	1	1
Larkhall	0	0	0	0	0	0
Oval	0	0	0	0	0	0
Prince's	0	0	0	0	0	0
Stockwell	0	0	0	0	0	0
Lambeth	5	2	5	5	5	2

3. Assessment of pharmaceutical services

3.6.1 Locally commissioned services, SEL palliative care scheme

Table 68: South East locality number of pharmacies offering SEL palliative care scheme						
Area	Provide Palliative care scheme	Weekday early open	Weekday normal open	Weekday late open	Saturday open	Sunday open
South East	3	1	3	3	3	0
Brixton Hill	0	0	0	0	0	0
Coldharbour	0	0	0	0	0	0
Ferndale	1	1	1	1	1	0
Gipsy Hill	0	0	0	0	0	0
Herne Hill	1	0	1	1	1	0
Knight's Hill	1	0	1	1	1	0
Thurlow Park	0	0	0	0	0	0
Tulse Hill	0	0	0	0	0	0
Vassall	0	0	0	0	0	0
Lambeth	5	2	5	5	5	2

3. Assessment of pharmaceutical services

3.6.1 Locally commissioned services, SEL palliative care scheme

Table 69: South West locality number of pharmacies offering SEL palliative care scheme						
Area	Provide Palliative care scheme	Weekday early open	Weekday normal open	Weekday late open	Saturday open	Sunday open
South West	1	0	1	1	1	1
Clapham Town	0	0	0	0	0	0
St Leonard's	1	0	1	1	1	1
Streatham Hill	0	0	0	0	0	0
Streatham South	0	0	0	0	0	0
Streatham Wells	0	0	0	0	0	0
Thornton	0	0	0	0	0	0
Lambeth	5	2	5	5	5	2

3. Assessment of pharmaceutical services

3.6.1 Locally commissioned services, SEL palliative care scheme

Table 70: Meeting the needs of those with a protected characteristic		
Age	✓	Service may be accessed by those individuals of all ages, however more likely used by the older age population.
Disability	✓	Those with requiring palliative care/end of life medicines are more likely to have complex health needs and disabilities.
Sex	✗	No specific needs identified.
Race	✓	Language may be a barrier to delivering this service.
Religion or belief	✗	No specific needs identified.
Pregnancy and maternity	✗	No specific needs identified.
Sexual orientation	✗	No specific needs identified.
Gender reassignment	✗	No specific needs identified.
Marriage and civil partnership	✗	No specific needs identified.

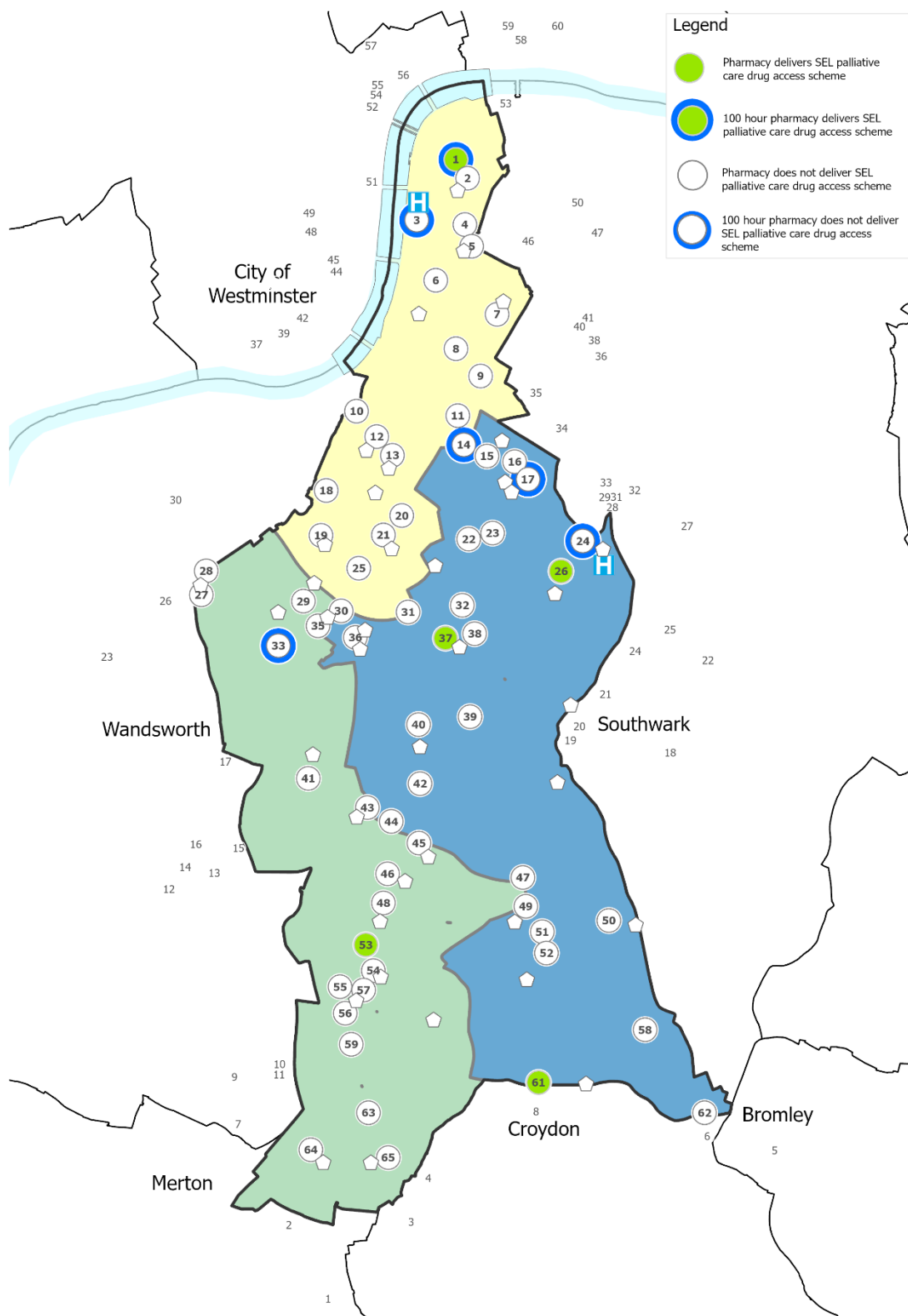
3. Assessment of pharmaceutical services

3.6.1 Locally commissioned services, SEL palliative care scheme



Lambeth

Map 15: SEL palliative care scheme



3. Assessment of pharmaceutical services

3.6.1 Locally commissioned services, SEL palliative care scheme

Further provision

- 58% (22 out of 38) of pharmacies reported in the provider survey they would be able to deliver the palliative care scheme if commissioned.

Future

- Actively monitor the quality, outcomes and client experience of service provision; and work with pharmacists to address any issues identified.

Conclusion

- Good access to palliative care medications is crucial in improving quality of life in those with a life limiting conditions and providing end of life care.
- In Lambeth 5 pharmacies provide the SEL palliative care scheme and there is limited access across the borough with many residents having to travel over 1km to access this service.
- Given the benefits and importance of the SEL palliative care scheme, this service secures improvements or better access to, or that have contributed towards meeting the need for, pharmaceutical services.

3. Assessment of pharmaceutical services

3.6.2 Locally commissioned services, substance misuse service

3.6.2 Substance misuse service

Two levels of substance misuse services are commissioned:

Level 1: Supervised consumption of opioid substitution medication.

This service includes:

- Supervised consumption of buprenorphine and methadone.
- Advice in connection with the risks of intoxicification.
- Advice on overdose prevention and management.
- Reinforcing messages regarding blood borne Virus (BBV) transmission risk reduction and access to screening and immunisation.
- Advice about safe storage to all service users.
- Referring on to specialist treatment centres or other health and social care providers, where required.

Level 2: Supervised consumption of opioid substitution medication and needle exchange.

This service includes the same service elements as level 1 plus:

- Provision of needle exchange.
- Advice on safer injection and use of paraphernalia in line with the agreed local protocol.

3. Assessment of pharmaceutical services

3.6.2 Locally commissioned services, substance misuse service

Supervised consumption

The supervised consumption service supports those with an opiate addiction as part of a detoxification programme or those on maintenance therapy

- The service may be accessed by those aged 16 years or over.
- It involves the pharmacist supervising the consumption of the substitute medicine (methadone, naltrexone, suboxone or buprenorphine) to ensure the patient is complying with their treatment (doses may be dispensed for the patient to take away to cover days when the pharmacy is closed).
- This service promotes harm reduction by reducing the need for clients to inject drugs, presents opportunities for health promotion (e.g. through displaying leaflets and/or opportunistic advice) and signposting / referral on to other drug services as necessary.
- The overall aim and objectives of the service include:
 - Ensuring compliance within an agreed care plan.
 - Reducing the risk of drug related death or health complications.
 - Reducing the likelihood of illicit drug leakage into the community and reducing crime associated with drug misuse.

Supervised consumption provider criteria

Pharmacies should ensure that pharmacists delivering the service have attended the relevant training.

- Pharmacists must supervise consumption themselves.
- The pharmacy should provide the service Monday – Saturday.
- The pharmacy must have a consultation area/ a private space.
- Policies for safeguarding, complaints and data protection must be in place.
- The pharmacy staff should act with dignity, be respectful and non-judgemental towards the clients and see the client within a reasonable timeframe.

3. Assessment of pharmaceutical services

3.6.2 Locally commissioned services, substance misuse service

Supervised consumption evidence base

Studies have demonstrated the effectiveness of community pharmacy based supervised consumption services at improving adherence, improving outcomes, and reducing medicine diversion: (33) (31)

- There is moderate quality evidence that there is high attendance at community pharmacy based supervised methadone administration services and that this service is acceptable to users.
- Evidence suggests inclusion of trained community pharmacists in the care of intravenous drug users attending to obtain methadone substitution treatment, improved testing and subsequent uptake of hepatitis vaccination.
- Most drug users value community pharmacy-based services highly.



3. Assessment of pharmaceutical services

3.6.2 Locally commissioned services, substance misuse service

Needle exchange

The needle and syringe exchange service involves the provision of clean injecting equipment and the means to dispose of used needles and syringes.

- The service also helps to signpost users to the local Community Drugs Team and through the provision of information and advice, encourage those people to access further services. This support is important to enable individuals to remain healthy until they are ready and willing to cease injecting and ultimately achieve a drug-free life.
- The service aims to protect health and reduce the rate of blood-borne infections and drug related deaths among injecting service users by:
 - Reducing the rate of sharing and other high risk injecting behaviours by providing sterile injecting equipment and other support.
 - Promoting safer injecting practices by providing and reinforcing harm reduction messages including safe sex advice and advice on overdose prevention.
 - Protecting the health of the public by preventing the spread of blood-borne infections by ensuring the safe disposal of used injecting equipment.
 - Helping services users access other health and social care and to act as a gateway to other services including Hepatitis B immunisations, Hepatitis and HIV screening, primary care services, drug and alcohol services.

Needle exchange provider criteria

- Pharmacists delivering the service must complete the relevant training delivered by the local needle-exchange coordinator.
- Staff should be aware of the relevant Standard Operating Procedure and follow it.
- The service should be always available when the pharmacy is open.
- The pharmacy must have a consultation area/private area.
- Premises must be insured.
- Policies for safeguarding / complaints / data protection must be in place.
- The pharmacy staff should act with dignity, be respectful and non-judgemental towards the clients and see the client within a reasonable timeframe.

3. Assessment of pharmaceutical services

3.6.2 Locally commissioned services, substance misuse service

Evidence base

The effectiveness of Needle and Syringe Exchange services at improving outcomes and reducing injecting related risks e.g. Hepatitis B/C and HIV infections, has been demonstrated in studies: (33) (31)

- Community pharmacy based needle exchange schemes were found to achieve high rates of returned injecting equipment and are cost effective. However, the evidence is based on descriptive studies only.
- Most drug users value community pharmacy-based services highly.



3. Assessment of pharmaceutical services

3.6.2 Locally commissioned services, substance misuse service

Current picture

Map 16 provides an overview of the distribution of the 39 pharmacies delivering level 1 and the 7 pharmacies deliver level 2 substance misuse services. **Table 71/72/73** summarises availability by locality and ward.

Level 1

- There is limited early morning access, Monday to Friday (open earlier than 8.30am) and patients may need to travel distances more than 1km if they need to access these services at earlier times.
- Good access to the service during normal opening hours Monday to Friday (open 9.00am to 5.00pm).
- Good access to the service late opening hours Monday to Friday (open to at least 6.30pm).
- Good access to the service Saturday opening hours (open 9.00am to 1.00pm).
- Limited access Sunday opening hours (open anytime and patients may need to travel distances more than 1km if they needed to access these services).
- Pharmacies providing this service are located in areas near vulnerable groups.

Level 2

- There is very limited early morning access, Monday to Friday (open earlier than 8.30am), with only one pharmacy providing this in the

borough. Patients may need to travel distances more than 1km if they needed to access these services.

- Limited normal opening hours access, Monday to Friday (open 9.00am to 5.00pm) but each locality has a few choices. Patients may need to travel distances more than 1km if they needed to access these services.
- Limited late opening access Monday to Friday (open to at least 6.30pm), but each locality has a few choices. Patients may need to travel distances more than 1km if they needed to access these services.
- Limited access Saturday opening hours, (open 9.00am to 1.00pm) but each locality has at least one choice.
- Patients may need to travel distances more than 1km if they needed to access these services.
- There is no access during Sunday opening hours (anytime).
- Pharmacies providing this service are located in areas near vulnerable groups.

Other provider

The provision of pharmacy substance misuse services are limited, however a range of non-pharmacy services are available. Examples include foundation 66 and Lambeth Drug and Alcohol Treatment Consortium.

3. Assessment of pharmaceutical services

3.6.2 Locally commissioned services, substance misuse service

Table 71: North locality number of pharmacies offering substance misuse services

Area	Provide level 1 service	Provide level 2 service	Level 1	Level 2	Level 1	Level 2	Level 1	Level 2	Level 1	Level 2	Level 1	Level 2
			Weekday early open		Weekday normal open		Weekday late open		Saturday open		Sunday open	
North	12	2	6	1	12	2	10	2	11	2	1	0
Bishop's	3	0	3	0	3	0	3	0	3	0	1	0
Larkhall	3	1	1	0	3	1	3	1	3	1	0	0
Oval	2	0	0	0	2	0	1	0	1	0	0	0
Prince's	2	1	1	1	2	1	1	1	2	1	0	0
Stockwell	2	0	1	0	2	0	2	0	2	0	0	0
Lambeth	39	7	13	1	39	7	35	7	37	7	5	0

3. Assessment of pharmaceutical services

3.6.2 Locally commissioned services, substance misuse service

Table 72: South East locality number of pharmacies offering substance misuse services

Area	Provide level 1 service	Provide level 2 service	Level 1	Level 2	Level 1	Level 2	Level 1	Level 2	Level 1	Level 2	Level 1	Level 2
			Weekday early open		Weekday normal open		Weekday late open		Saturday open		Sunday open	
South East	18	3	4	0	18	3	16	3	17	3	2	0
Brixton Hill	3	1	1	0	3	1	3	1	3	1	0	0
Coldharbour	3	0	0	0	3	0	2	0	2	0	1	0
Ferndale	3	0	1	0	3	0	3	0	3	0	0	0
Gipsy Hill	1	0	0	0	1	0	0	0	1	0	0	0
Herne Hill	2	1	1	0	2	1	2	1	2	1	1	0
Knight's Hill	1	0	0	0	1	0	1	0	1	0	0	0
Thurlow Park	4	1	1	0	4	1	4	1	4	1	0	0
Tulse Hill	1	0	0	0	1	0	1	0	1	0	0	0
Vassall	0	0	0	0	0	0	0	0	0	0	0	0
Lambeth	39	7	13	1	39	7	35	7	37	7	5	0

3. Assessment of pharmaceutical services

3.6.2 Locally commissioned services, substance misuse service

Table 73: South West locality number of pharmacies offering substance misuse services

Area	Provide level 1 service	Provide level 2 service	Level 1	Level 2	Level 1	Level 2	Level 1	Level 2	Level 1	Level 2	Level 1	Level 2
			Weekday early open		Weekday normal open		Weekday late open		Saturday open		Sunday open	
South West	9	4	3	0	9	2	9	2	9	2	2	0
Clapham Town	1	0	1	0	1	0	1	0	1	0	0	0
Clapham Common	0	0	0	0	0	0	0	0	0	0	0	0
St Leonard's	3	1	1	0	3	1	3	1	3	1	2	0
Streatham Hill	3	0	1	0	3	0	3	0	3	0	0	0
Streatham South	2	1	0	0	2	1	2	1	2	1	0	0
Streatham Wells	0	0	0	0	0	0	0	0	0	0	0	0
Thornton	0	0	0	0	0	0	0	0	0	0	0	0
Lambeth	39	7	13	1	39	7	35	7	37	7	5	0

3. Assessment of pharmaceutical services

3.6.2 Locally commissioned services, substance misuse service

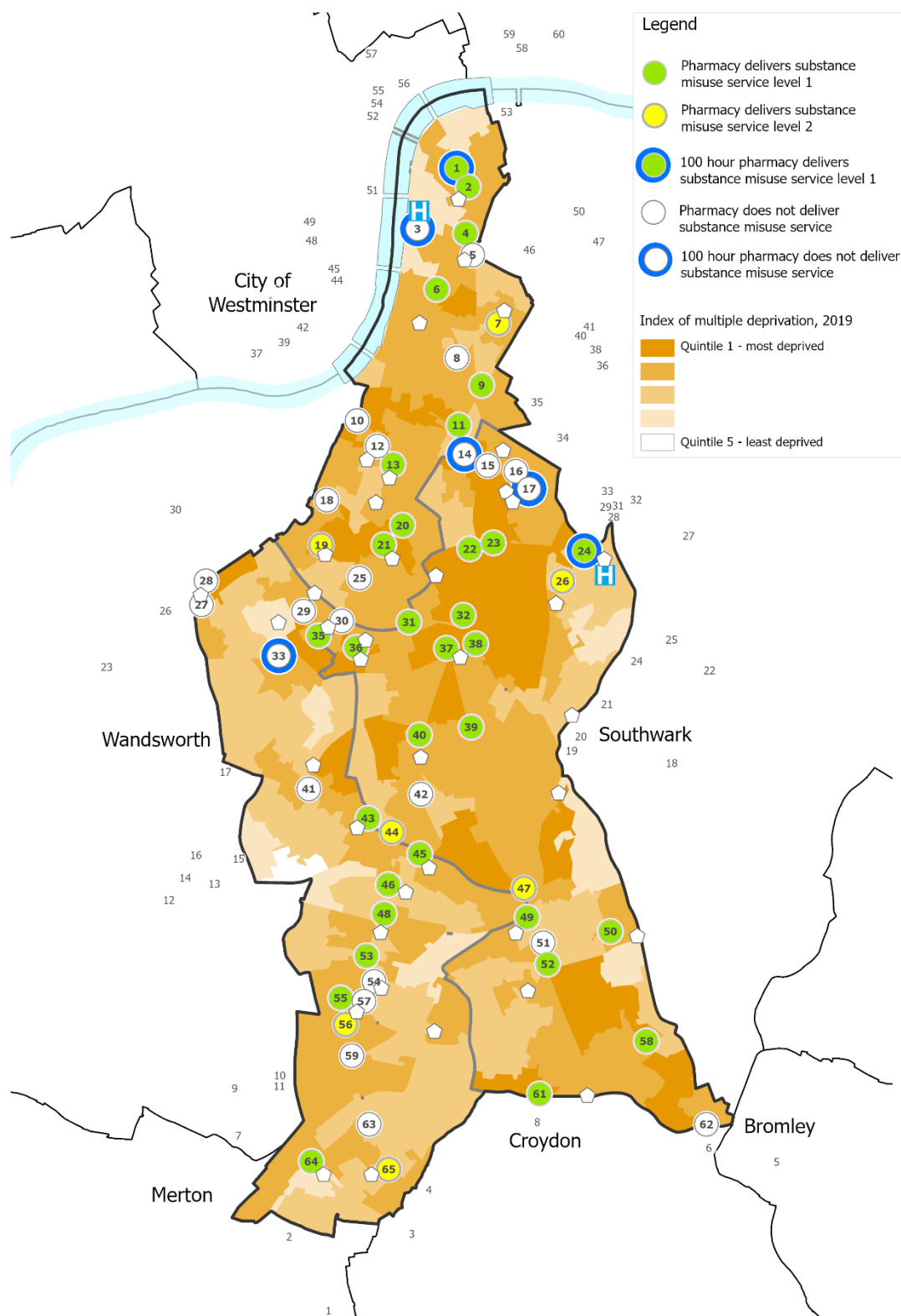
Table 74: Meeting the needs of those with a protected characteristic

Age	✓	Service may be accessed by those aged 18 years and over. Lambeth has particularly high rates of opiate and crack users in those aged 15-24.
Disability	✓	Those with problematic drug use are more likely to have complex needs, poor health and therefore disabilities.
Sex	✓	Men are more likely to be at greater with problematic substance use.
Race	✓	Language may be a barrier to delivering the needle and syringe exchange service.
Religion or belief	✗	No specific needs identified.
Pregnancy and maternity	✓	Support for the unborn child.
Sexual orientation	✗	No specific needs identified.
Gender reassignment	✗	No specific needs identified.
Marriage and civil partnership	✗	No specific needs identified.

3. Assessment of pharmaceutical services

3.6.2 Locally commissioned services, substance misuse service

Map 16: Substance misuse services



3. Assessment of pharmaceutical services

3.6.2 Locally commissioned services, substance misuse service

Further provision

- 29% (11 out of 38) of pharmacies said they would be able to deliver the supervised consumption service if commissioned.
- 47% (18 out of 38) of pharmacies said they would be able to deliver the needle exchange service if commissioned.

Future

- Actively monitor the quality, outcomes and client experience of service provision; and work with pharmacists to address any issues identified.
- It will be essential to monitor whether at risk and vulnerable populations are accessing the substance misuse service.

Conclusion

In Lambeth 39 pharmacies deliver level 1 and 7 pharmacies deliver level 2 substance misuse services.

- In Lambeth, 2016-17, there were an estimated 12.32 opiate and crack users per 1,000 population aged 15 to 64 years. This is the fifth-highest rate per population in London.
- The needle and syringe programme aims to reduce the transmission of blood borne viruses in this population.
- The supervised administration service aims to support drug users to manage their treatment as reduce drug related crime.
- There is documented evidence that needle and syringe programmes are effective and the service is aligning with local strategic priorities to reduce harm associated with drug misuse.
- Given the benefits of the substance misuse service, the alignment with local strategic priorities and that there are no non-pharmacy providers of supervised administration the service secures improvements or better access to, or that have contributed towards meeting the need for, pharmaceutical services.

3. Assessment of pharmaceutical services

3.6.3 Locally commissioned services, stop smoking service

3.6.3 Stop smoking service

Smoking remains the main cause of preventable disease and premature death in the UK.

Lambeth's pharmacy stop smoking service provides support for quitters and aims to target hard to reach groups such as pregnant women and young people as well as being accessible to the general population. Support is face-to-face or remote. Patients can access free one-to-one support during the first six weeks of the journey to become smoke-free, along with up to 12 weeks' worth of NRT supply and Champix.

The service commissioned from pharmacies aims to:

- Improve access to 'stop smoking services' through local community pharmacies, as an alternative to other non-pharmacy providers.
- Reduce smoking related illnesses and deaths by helping people to give up smoking.
- Improve the health of the population by reducing exposure to passive smoke.
- Increase public awareness of the full range of stop smoking services available with pharmacies displaying promotional material and signposting to more specialist services.
- Increase access to brief interventions about smoking risks.
- Help smokers to access additional treatment by offering referral to specialist services where appropriate.

Pharmacies are seen as key providers of this service due to their opening hours, accessibility, and ability to advise and supply NRT (nicotine replacement therapy) and Champix® (restricted to pharmacists who have completed the training and signed the patient group direction), as well as providing counselling in the form of one-to-one support.

Provider criteria

- The Stop Smoking Advisor must be always available during pharmacy opening hours.
- The Advisor must have:
 - completed a refresher training once per year which can include online smoking cessation and transferrable CPD and PGD training.
 - attended a face-to-face refresher at least once every 3 years.
- The pharmacy must have a consultation area, which must be used when providing the stop smoking services.
- The pharmacy must use the "Quit Manager" IT system and respond to the appropriate deadlines.
- Policies for safeguarding / complaints / data protection are required.

3. Assessment of pharmaceutical services

3.6.3 Locally commissioned services, stop smoking service

Evidence base

There is good evidence to support the role of community pharmacists in stop smoking services. (31) (33)

- Studies have demonstrated the effectiveness and cost effectiveness of stop smoking services, provided by trained pharmacy staff, in improving quit rates.
- Community pharmacists trained in behaviour-change methods are effective in helping clients stop smoking. Training increases knowledge, self-confidence and the positive attitude of pharmacists and their staff in relation to smoking cessation.
- Involving pharmacy support staff may increase the provision of brief advice and recording of smoking status in patient medication records.
- Abstinence rates from one-to-one treatment services provided by community pharmacists versus primary care nurses are similar.
- There is evidence to suggest that pharmacies provide good access to all population groups particularly those who may be less likely to access other health services.

Current picture

In Lambeth, 13 pharmacies are locally commissioned to provide stop smoking services. [Table 75/76/77](#) summarises availability by locality and ward. All localities have pharmacies delivering stop smoking services.

[Map 17](#) provides an overview of the distribution of the 13 pharmacies delivering stop smoking services.

- There is limited early morning access; there is one service per locality available at this time. Patients may need to travel distances more than 1km if they needed to access these services (open earlier than 8.30am).
- There is good access to the service during, normal opening hours Monday to Friday (open 9.00am to 5.00pm), late opening hours Monday to Friday (open to at least 6.30pm) and during Saturday opening hours (open 9.00am to 1.00pm).
- There is limited access during Sunday opening hours (open anytime); only one pharmacy offers this service during these hours. Patients may need to travel distances more than 1km if they needed to access these services.

Insight public survey

The Public were asked “Have you ever used stop smoking services”:

- 11 out of 209 (5%) people responded yes. 27% of them thought the service fully met their needs and 45% thought it partially met their needs.

3. Assessment of pharmaceutical services

3.6.3 Locally commissioned services, stop smoking service

Table 75: North locality number of pharmacies offering locally commissioned stop smoking services						
Area	Provide stop smoking	Weekday early open	Weekday normal open	Weekday late open	Saturday open	Sunday open
North	3	1	3	2	3	0
Bishop's	0	0	0	0	0	0
Larkhall	1	0	1	1	1	0
Oval	0	0	0	0	0	0
Prince's	2	1	2	1	2	0
Stockwell	0	0	0	0	0	0
Lambeth	13	4	13	12	13	1

3. Assessment of pharmaceutical services

3.6.3 Locally commissioned services, stop smoking service

Table 76: South East locality number of pharmacies offering locally commissioned stop smoking services

Area	Provide stop smoking	Weekday early open	Weekday normal open	Weekday late open	Saturday open	Sunday open
South East	6	2	6	6	6	1
Brixton Hill	2	1	2	2	2	0
Coldharbour	0	0	0	0	0	0
Ferndale	1	0	1	1	1	0
Gipsy Hill	1	0	1	1	1	0
Herne Hill	0	0	0	0	0	0
Knight's Hill	1	0	1	1	1	0
Thurlow Park	0	0	0	0	0	0
Tulse Hill	0	0	0	0	0	0
Vassall	1	1	1	1	1	1
Lambeth	13	4	13	12	13	1

3. Assessment of pharmaceutical services

3.6.3 Locally commissioned services, stop smoking service

Table 77: South West locality number of pharmacies offering locally commissioned stop smoking services

Area	Provide stop smoking	Weekday early open	Weekday normal open	Weekday late open	Saturday open	Sunday open
South West	4	1	4	4	4	0
Clapham Town	0	0	0	0	0	0
St Leonard's	0	0	0	0	0	0
Streatham Hill	1	0	1	1	1	0
Streatham South	1	0	1	1	1	0
Streatham Wells	1	1	1	1	1	0
Thornton	1	0	1	1	1	0
Lambeth	13	4	13	12	13	1

3. Assessment of pharmaceutical services

3.6.3 Locally commissioned services, stop smoking service

Table 78: Meeting the needs of those with a protected characteristic		
Age	✓	Correlation between age and smoking rates which are highest in ages 40-64.
Disability	✓	Smoking cessation at local pharmacy may prove to be more accessible for disabled patients than traditional stop smoking service sites.
Sex	✓	Smoking rates are higher in males.
Race	✓	Language may be a barrier to successfully delivering stop smoking service. However, the specialist team can identify bilingual stop smoking advisors who work within pharmacy settings. BME group more susceptible to diabetes and CVD which are made worse by smoking.
Religion or belief	✗	No specific needs identified.
Pregnancy and maternity	✓	Smoking in pregnancy and during postnatal period can cause adverse pregnancy outcomes and is harmful to new born child. Therefore, local smoking cessation for this group is of benefit.
Sexual orientation	✗	No specific needs identified.
Gender reassignment	✗	No specific needs identified.
Marriage and civil partnership	✗	No specific needs identified.

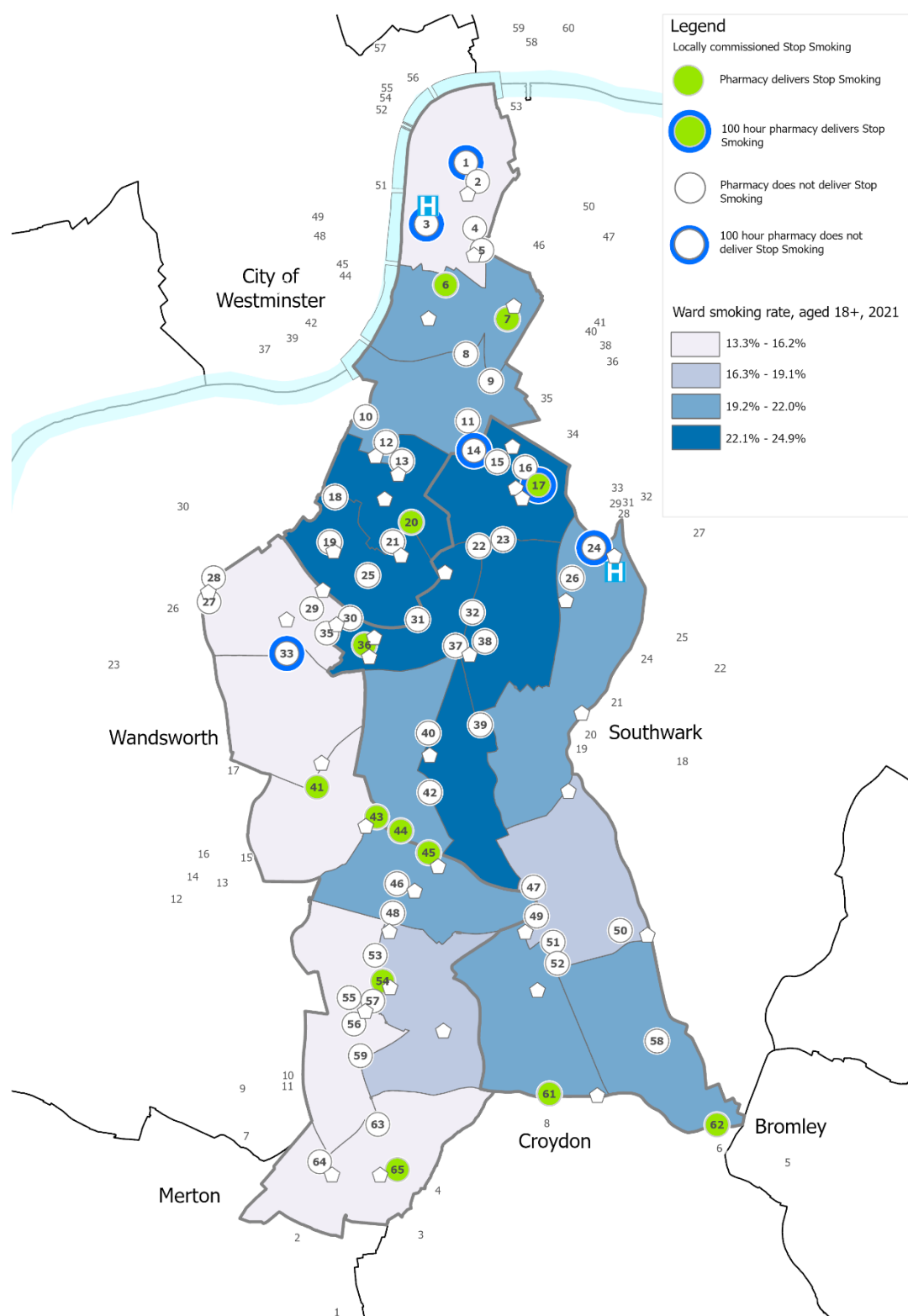
3. Assessment of pharmaceutical services

3.6.3 Locally commissioned services, stop smoking service



Lambeth

Map 17: Stop smoking service



3. Assessment of pharmaceutical services

3.6.3 Locally commissioned services, stop smoking service

Further provision

- We wish to see all Lambeth pharmacies (now and in the future) providing stop smoking services.

Future

- Public health commissioners plan to commission more pharmacies in Lambeth to provide this service in 2022.
- Actively monitor the quality, outcomes and client experience of service provision; and work with pharmacists to address any issues identified.

Conclusion

Stop smoking services are vital in respect to reducing the health consequences and inequalities associated with smoking. They are a high priority for Lambeth given that 17.8% of all residents aged 18 years and older smoke and are an important strand of Lambeth's efforts to reduce smoking rates among the population.

- There is good evidence to support community pharmacy-based stop smoking services. Pharmacy services are beneficial in that medication to support a quit attempt may be supplied at the point of consultation.
- The service is in line with strategic priorities around prevention and improved management of long-term conditions (e.g. COPD and CVD).

In Lambeth, 13 pharmacies are locally commissioned to provide stop smoking services.

- Given the benefits of the stop smoking service, the alignment with local strategic priorities this service secures improvements or better access to, or that have contributed towards meeting the need for, pharmaceutical services.

3. Assessment of pharmaceutical services

3.6.4 Locally commissioned services, sexual health service

3.6.4 Sexual health service

Pharmacies that are commissioned to provide sexual health services in Lambeth are expected to provide all elements of the service set out below and are expected to participate in service development to potentially deliver additional services in liaison with commissioners.

Elements of the service consist of:

- **Comprehensive contraceptive assessment:** All female service users will be clinically assessed to ensure; (1) they are competent under Fraser guidelines (if under 16); (2) they meet the eligibility criteria requirements under the relevant Patient Group Directive (PDG) and; (3) potential safeguarding issues or concerns are identified and managed using the relevant safeguarding procedures for vulnerable adults and children.
- **Assessment for emergency contraception (EC):** Patients who request EC should be invited for a private consultation to discuss their options. Pharmacists will use a calculator to determine the best method of EC for the patient. Through this tool, the pharmacist and/or patient will be able to book an appointment at a sexual health clinic if they choose an emergency Intrauterine device (IUD).
- **Supply of emergency hormonal contraception:** The supply of emergency hormonal contraception will be by an authorised pharmacist under the relevant PGD. Clients who are excluded under the PGD exclusion criteria should be referred to an appropriate health service provider.
- **Support to access ongoing contraception following request for EC:** Consultation for EC should include the offer of suitable ongoing (quick start) oral contraception and/or referral to a GP or sexual health specialist service to for Long Acting Reversible Contraception (LARC) (including the booking of appointments where available).
- **Supply of oral contraception:** Supply patients' choice of ongoing oral contraceptive where appropriate. Pharmacists will be authorised to supply progestogen only pills or combined oral contraception when clients are assessed under the relevant PGD.
- **Sexual health service appointment booking:** Support patients to make appointments at a sexual health clinic or GP for LARC, using where available, online booking systems or advising patients of how to access clinics.
- **Come Correct C-Card scheme:** All sexual health pharmacies will be required to register as C-Card dispensing outlets in the local Come Correct c-card scheme. Pharmacists will then supply condoms, information and advice to under-25s who are already registered as part of this scheme.
- **Condom purchase offer:** For under-25s who decline to join the scheme or for those who do not meet the criteria, pharmacists should offer the option to purchase condoms.

3. Assessment of pharmaceutical services

3.6.4 Locally commissioned services, sexual health service

- **Signposting for STI testing:** Pharmacists should signpost residents to local sexual health clinics for testing only if the service user has symptoms. If service users do not have symptoms, pharmacists should signpost London residents to Sexual Health London (SHL), the online STI self-sampling service or other appropriate online service.

By providing accessible and convenient access to sexual health, the service seeks to address unwanted pregnancies, tackle teenage pregnancy, and reduce rates of sexually transmitted infections.

Evidence base

The effectiveness of Sexual Health Services at improving outcomes has been demonstrated in studies.

- EHC services provide timely access, with most individuals able to receive it within 24 hours of unprotected intercourse. (33) (34)
- EHC services (including supply against prescription, under PGDs or over counter sales) are highly rated by individuals who use them (33) (34)
- Although EHC from pharmacy generally improves access, the need to have a consultation introduces delays in some cases preventing the individual from getting EHC. Often, the issue of ongoing contraception is not discussed. There are recommendations to make EHC available without need for pharmacy consultation. (35)
- Young people using the C-card scheme view it as an effective mechanism in accessing condoms (36).

Other provider

Other providers for sexual health services in Lambeth:

- GP surgeries.
- sexual health clinics.
- GUM.
- e-service.
- young people's sexual health service.
- acute trusts.

3. Assessment of pharmaceutical services

3.6.4 Locally commissioned services, sexual health service

Current picture

In Lambeth, 14 pharmacies are locally commissioned to provide sexual health services. [Table 79/80/81](#) summarises availability by locality and ward. All localities have pharmacies delivering sexual health services.

[Map 18](#) provides an overview of the distribution of the pharmacies delivering sexual health services.

- There is limited early morning access. Patients may need to travel distances more than 1km if they needed to access these services (open earlier than 8.30am).
- There is good access to the service during, normal opening hours Monday to Friday (open 9.00am to 5.00pm), late opening hours Monday to Friday (open to at least 6.30pm) and during Saturday opening hours (open 9.00am to 1.00pm).
- There is limited access during Sunday opening hours (open anytime). Patients may need to travel distances more than 1km if they needed to access these services.



3. Assessment of pharmaceutical services

3.6.4 Locally commissioned services, sexual health service

Table 79: North locality number of pharmacies offering sexual health service						
Area	Provide sexual health service	Weekday early open	Weekday normal open	Weekday late open	Saturday open	Sunday open
North	5	3	5	5	4	1
Bishop's	1	0	1	1	1	0
Larkhall	1	0	1	1	0	0
Oval	1	1	1	1	1	1
Prince's	1	1	1	1	1	0
Stockwell	1	1	1	1	1	0
Lambeth	14	7	14	14	13	3

3. Assessment of pharmaceutical services

3.6.4 Locally commissioned services, sexual health service

Table 80: South East locality number of pharmacies offering sexual health service						
Area	Provide sexual health service	Weekday early open	Weekday normal open	Weekday late open	Saturday open	Sunday open
South East	5	3	5	5	5	2
Brixton Hill	1	1	1	1	1	0
Coldharbour	0	0	0	0	0	0
Ferndale	0	0	0	0	0	0
Gipsy Hill	0	0	0	0	0	0
Herne Hill	2	1	2	2	2	1
Knight's Hill	1	0	1	1	1	0
Thurlow Park	0	0	0	0	0	0
Tulse Hill	0	0	0	0	0	0
Vassall	1	1	1	1	1	1
Lambeth	14	7	14	14	13	3

3. Assessment of pharmaceutical services

3.6.4 Locally commissioned services, sexual health service

Table 81: South West locality number of pharmacies offering sexual health service

Area	Provide sexual health service	Weekday early open	Weekday normal open	Weekday late open	Saturday open	Sunday open
South West	4	1	4	4	4	0
Clapham Town	1	0	1	1	1	0
St Leonard's	0	0	0	0	0	0
Streatham Hill	3	1	3	3	3	0
Streatham South	0	0	0	0	0	0
Streatham Wells	0	0	0	0	0	0
Thornton	0	0	0	0	0	0
Lambeth	14	7	14	14	13	3

3. Assessment of pharmaceutical services

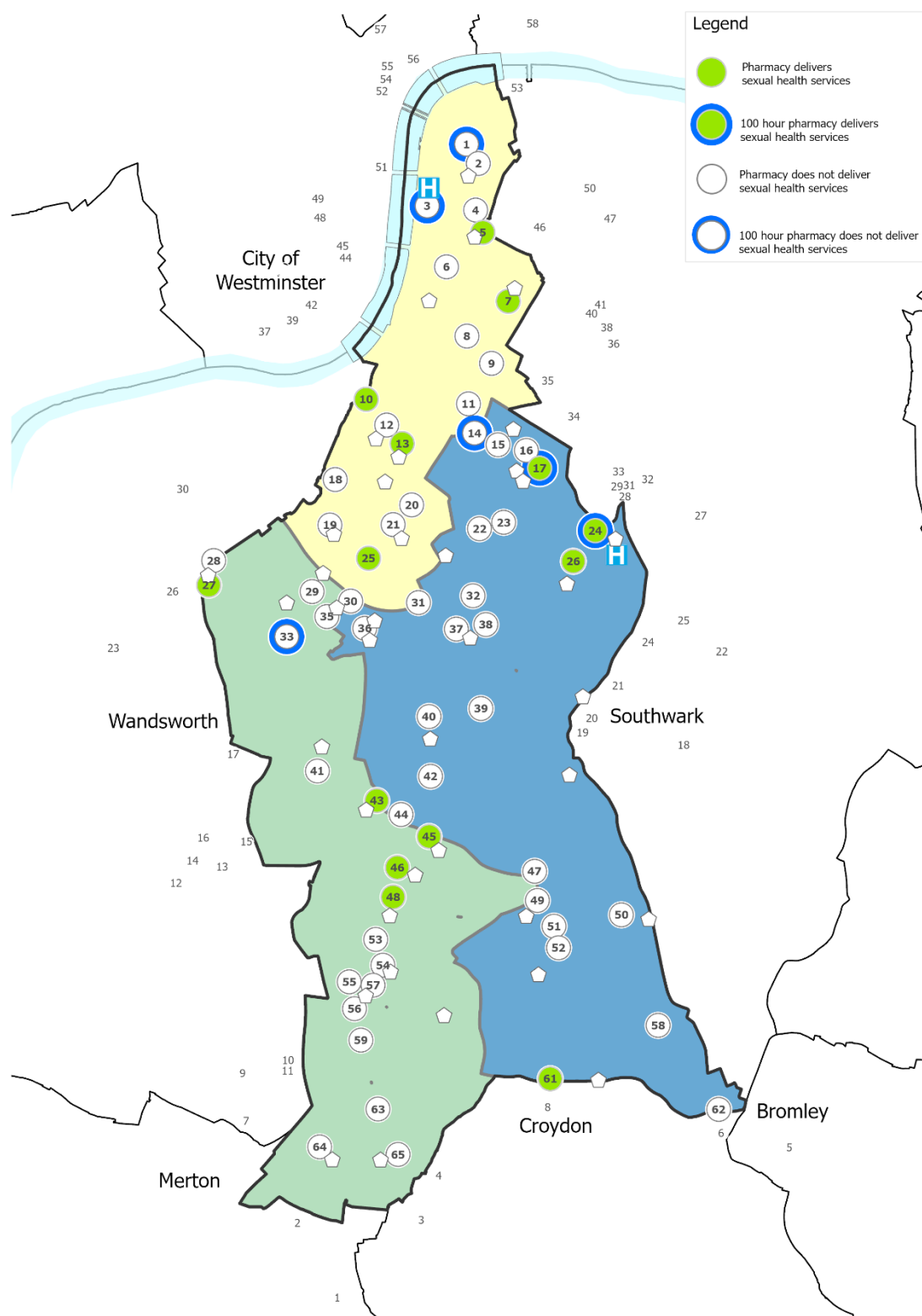
3.6.4 Locally commissioned services, sexual health service

Table 82: Meeting the needs of those with a protected characteristic		
Age	✓	Elements of service provided are targeted at certain at risk age groups. I.e. Come Correct C-card scheme and Condom purchase offer for those under 25. Younger people have a higher burden of STIs in Lambeth.
Disability	✗	No specific needs identified.
Sex	✓	Females provided with emergency contraception and support/supply of ongoing contraception.
Race	✓	Language may be a barrier to delivering successful sexual health services. Black and minority ethnic groups are at higher risk of STIs in Lambeth.
Religion or belief	✓	Religious beliefs need to be taken into account.
Pregnancy and maternity	✓	Chlamydia can have an adverse effect on fertility; support for unwanted pregnancies by referring onto services.
Sexual orientation	✓	Advice on safe sex and risky sexual behaviour. Men who have sex with men have a higher burden of STIs in Lambeth.
Gender reassignment	✗	No specific needs identified.
Marriage and civil partnership	✗	No specific needs identified.

3. Assessment of pharmaceutical services

3.6.4 Locally commissioned services, sexual health service

Map 18: Sexual health services



3. Assessment of pharmaceutical services

3.6.4 Locally commissioned services, sexual health service

Further provision

- 76% (29 out of 38) of pharmacies reported in the provider survey they would be able to deliver contraception (not EC) services if commissioned.
- 68% would deliver EC and 63% would deliver the condom distribution service.

Future

- Actively monitor the quality, outcomes and client experience of service provision; and work with pharmacists to address any issues identified.

Conclusion

- Sexual health services within Lambeth pharmacies provide access to appropriate contraception and signposting for STI testing.
- In Lambeth 14 pharmacies are locally commissioned to provide sexual health services.
- Given the benefits of the sexual health service, the alignment with local strategic priorities this service secures improvements or better access to, or that have contributed towards meeting the need for, pharmaceutical services.

3. Assessment of pharmaceutical services

3.6.5 Locally commissioned services, vitamin D

3.6.5 Vitamin D

The Vitamin D distribution service, which started in September 2014, involves universal free provision of Vitamin D to all pregnant women, breast feeding women, new mothers, and children under 4 years resident in Lambeth.

Women receive Healthy start vitamin tablets containing Vitamin C, Vitamin D3 and Folic acid. Babies and Children receive Healthy Start vitamin drops containing Vitamins A, C and D.

Vitamin D will help the bodies of both mother and child to absorb calcium, which is essential for keeping bones healthy throughout life. Consequences of low levels of vitamin D can include bone and muscle pain and particularly in young children, a soft skull, weak teeth, delayed walking and rickets.

For pregnant women, supplements make sure that their own needs for vitamin D are met and also that they have enough vitamin D to pass onto their developing baby. This will also help make sure that their baby is born with enough stores of vitamin D for the first few months of life.

After birth, mothers can continue to get vitamin D supplements for a year along with vitamin D drops for their child until they reach the age of four. (37) (38)

Evidence base

- A lack of vitamin D can lead to bone deformities such as rickets in children and bone pain caused by osteomalacia in adults. (9)
- The Department of Health recommends that all pregnant and breastfeeding women and infants and young children aged 6 months to 5 years should take a daily vitamin D supplement. (39)
- There is no published evidence on the effectiveness of pharmacies as a setting for vitamin D supplement distribution. However, the National Institute of Clinical and Health Excellence (NICE) recommends increased access & availability to vitamin D for at-risk groups; ensure health professionals recommend vitamin D supplements according to national guidance; raise awareness of the importance of vitamin D among at-risk groups and monitor/evaluate provision and uptake. (40)

3. Assessment of pharmaceutical services

3.6.5 Locally commissioned services, vitamin D

Current picture

Map 19 provides an overview of the distribution of the 18 pharmacies participating in the Vitamin D distribution service. **Table 83/84/85** summarises availability by locality and ward.

There is limited early morning access, Monday to Friday (open earlier than 8.30am), and patients may need to travel distances in excess of 1km if they needed to access this service.

There is good access to the service during normal opening hours Monday to Friday (open 9.00am to 5.00pm), late opening hours Monday to Friday (open to at least 6.30pm) and Saturday opening hours (open 9.00am to 1.00pm).

There is very minimal access to the service during Sunday opening hours (open anytime); only one pharmacy in Lambeth (within Vassall) provides the service during this time. Most patients would need to travel distances in excess of 1km if they needed to access this service.



3. Assessment of pharmaceutical services

3.6.5 Locally commissioned services, vitamin D

Table 83: North locality number of pharmacies offering vitamin D						
Area	Provide vitamin D	Weekday early open	Weekday normal open	Weekday late open	Saturday open	Sunday open
North	5	2	5	4	5	0
Bishop's	1	1	1	1	1	0
Larkhall	0	0	0	0	0	0
Oval	1	0	1	1	1	0
Prince's	2	1	2	1	2	0
Stockwell	1	0	1	1	1	0
Lambeth	19	7	19	17	18	1

3. Assessment of pharmaceutical services

3.6.5 Locally commissioned services, vitamin D

Table 84: South East locality number of pharmacies offering vitamin D						
Area	Provide vitamin D	Weekday early open	Weekday normal open	Weekday late open	Saturday open	Sunday open
South East	9	3	9	8	8	1
Brixton Hill	1	1	1	1	1	0
Coldharbour	1	0	1	0	0	0
Ferndale	2	1	2	2	2	0
Gipsy Hill	0	0	0	0	0	0
Herne Hill	1	0	1	1	1	0
Knight's Hill	1	0	1	1	1	0
Thurlow Park	2	0	2	2	2	0
Tulse Hill	0	0	0	0	0	0
Vassall	1	1	1	1	1	1
Lambeth	19	5	19	17	18	1

3. Assessment of pharmaceutical services

3.6.5 Locally commissioned services, vitamin D

Table 85: South West locality number of pharmacies offering vitamin D

Area	Provide vitamin D	Weekday early open	Weekday normal open	Weekday late open	Saturday open	Sunday open
South West	5	2	5	5	5	0
Clapham Town	1	1	1	1	1	0
Clapham Common	0	0	0	0	0	0
St Leonard's	1	0	1	1	1	0
Streatham Hill	1	1	1	1	1	0
Streatham South	1	0	1	1	1	0
Streatham Wells	0	0	0	0	0	0
Thornton	1	0	1	1	1	0
Lambeth	19	5	19	17	18	1

3. Assessment of pharmaceutical services

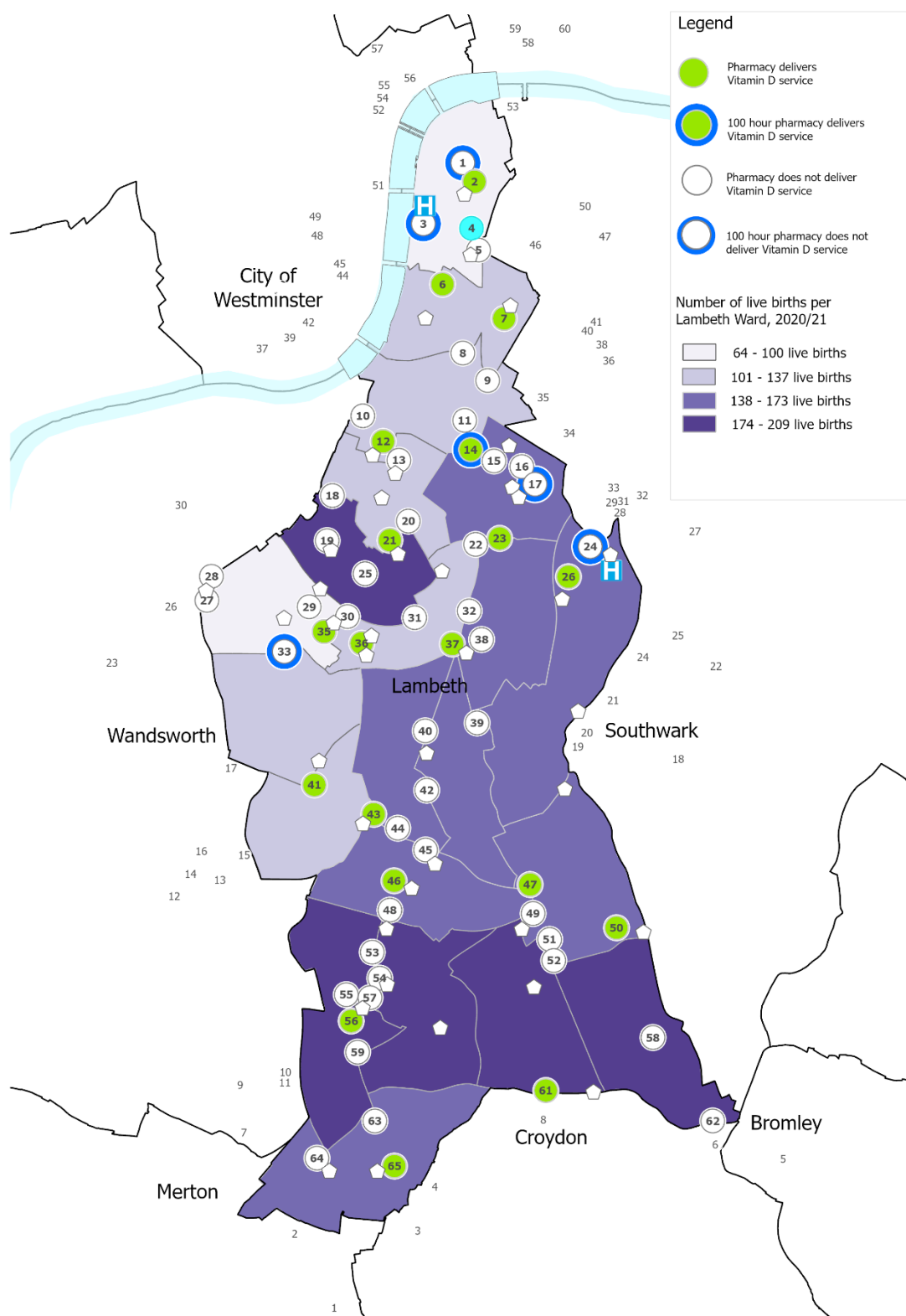
3.6.5 Locally commissioned services, vitamin D

Table 86: Meeting the needs of those with a protected characteristic		
Age	✓	Babies and children under 5 are at increased risk of deficiency.
Disability	✗	No specific needs identified.
Sex	✓	Pregnant and breastfeeding females are at increased risk of deficiency.
Race	✓	Darker skinned populations such as African, African-Caribbean and South Asian populations are at increased risk of deficiency. Lambeth has a high number of residents in these ethnicity groups.
Religion or belief	✓	Religious dress, leading to reduced exposure to the sun, increases risk of deficiency
Pregnancy and maternity	✓	Pregnant and breastfeeding women are at increased risk of deficiency.
Sexual orientation	✗	No specific needs identified.
Gender reassignment	✗	No specific needs identified.
Marriage and civil partnership	✗	No specific needs identified.

3. Assessment of pharmaceutical services

3.6.5 Locally commissioned services, vitamin D

Map 19: Vitamin D



3. Assessment of pharmaceutical services

3.6.5 Locally commissioned services, vitamin D

Further provision

- 55% (21 out of 38) of pharmacies reported they would be able to deliver the vitamin d delivery service if commissioned.

Future

- Actively monitor the quality, outcomes and client experience of service provision; and work with pharmacists to address any issues identified.
- It will be essential to monitor whether at risk and vulnerable populations are accessing the substance misuse service.

Conclusion

19 pharmacies in Lambeth participate in the Vitamin D distribution service.

This service has the potential to reduce the amount of vitamin D deficiency and associated conditions in Lambeth where there is a high proportion of at risk groups e.g. those with darker skin.

Given the benefits of the Free D scheme, the alignment with local strategic priorities and accessibility of pharmacy this service secures improvements or better access to, or that have contributed towards meeting the need for, pharmaceutical services.

Free vitamin D for
you and your baby



3. Assessment of pharmaceutical services

3.7 Further considerations and conclusions

3.7.1 Further considerations

What is the extent to which current service provision in the locality is adequately responding to the changing needs of the community it serves?

The population of HWBB is growing through natural change and migration which would suggest an increasing need for essential services. However, community pharmacies in London dispense well below the England average, indicating capacity within the sector. Any increase in prescribing would be met with current provision which provides good coverage for a 10 or 20 minute walk with no gaps identified. In addition, there is a process in place within the SEL ICB to set up the Overprescribing Group to oversee the prescribing of medicines and prevent excessive prescribing altogether.

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?

Services such as the Enhance London Flu service and locally commissioned substance misuse service specifically cover health inclusion groups such as Asylum Seekers, homeless and unregistered populations. Community pharmacy is able to work at pace with commissioners to provide services to specific populations and vulnerable groups as and when needed e.g. supply of medicines to Ukraine refugees. At this time the HWBB is not aware of any future needs for specialist or other services, which would improve the provision of, or access to, services such as for specific populations or vulnerable groups.

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?

At this time the HWBB is not aware of any future changes to primary medical services which would impact on the on the number and/or sources of prescriptions. Increase in population of the HWBB and large numbers on elective backlogs might mean increases to prescriptions. However, community pharmacies in London dispense well below the England average, indicating capacity within the sector. Any increase in prescribing would be met with current provision which provides good coverage for a 10 or 20 minute walk with no gaps identified. In addition, there is a process in place within the SEL ICB to set up the Overprescribing Group to oversee the prescribing of medicines and prevent excessive prescribing altogether.

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?

At this time the HWBB is not aware of any firm plans for developments which would change the pattern of local social traffic and therefore access to services.

Are there plans for the development of NHS services?

At this time the HWBB is not aware of any plans for the development of NHS services.

3. Assessment of pharmaceutical services

3.7 Further considerations and conclusions

Are there plans for introduction of special services commissioned by clinical commissioning groups?

NHS South East London ICB is expected to take on the commissioning of certain specialised services from NHSE in April 2023 next year, along with Dentistry/Optometry/Pharmacy. The exact arrangements are still being developed, but this may lead to development of pathways. At this time the HWBB is not aware of any plans for introduction of special services commissioned by clinical commissioning groups.

Are there plans for new strategies by social care/occupational health to provide aids/equipment through pharmacies or dispensing appliance contractors?

At this time the HWBB is not aware of any plans for new strategies by social care/occupational health to provide aids/equipment through pharmacies or dispensing appliance contractors.

3.7.2 Conclusions

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

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

For the purposes of this PNA Lambeth HWBB define:

- Essential services are considered **necessary** services.
- Advanced Services are considered **relevant** as they contribute toward improvement in provision and access to pharmaceutical services.
- Enhanced Services are considered **relevant** as they contribute toward improvement in provision and access to pharmaceutical services.
- Locally commissioned services are those that secure improvements or better access to, or that have contributed towards meeting the need for, pharmaceutical services in Lambeth HWBB area, and are commissioned by the CCG or local authority, rather than NHSE.

4. Consultation report

4.1 Method

Section 4 - Consultation report

4.1 Method

A 60-day statutory consultation occurred between 4th July 2022 and 4th September 2022. **Table 86** outlines a list of stakeholders who were invited for consultation on the draft PNA. An email was sent to all stakeholders with a link to the PNA document and consultation questions. In addition to this, the draft PNA was promoted by the Local Pharmaceutical Committee (LPC). The consultation was also open to members of the public and their responses are recorded later in section 4.3.1 around findings.

Table 86: Stakeholders invited to consultation

Response sent to	Detail
Local community Pharmacies	63 Pharmacies
Local Pharmaceutical Committee (LPC)	1 LPC
Local Medical Committee (LMC)	1 LMC
Local Patient Groups	Integrate
	Health Watch Lambeth
Neighbouring HWBB	Southwark HWBB
	Croydon HWBB
	Wandsworth HWBB
	Bromley HWBB
Local Hospital trusts	Guys and St Thomas'
	Kings NHS Trust
	SLAM
Lambeth Together	Local place based ICB
NHS England and NHS Improvement (NHSE&I)	
Lambeth Health and Wellbeing Board Members	

4. Consultation report

4.2 Questions

4.2 Questions

The following questions were posed in the consultation. Responders were invited to leave additional comments/feedback.

Section 1 - In section 1 of Lambeth's draft PNA 2022, we have set out the background, scope and requirements for the PNA.

1. To what extent do you agree that the purpose and scope of the PNA has been explained sufficiently within this section of the draft PNA document?
2. If there is there any additional or amended information that you think we should include in section 1, please provide it here

Section 2 - In section 2 of Lambeth's draft PNA 2022, we have set out the health needs of Lambeth as well as the national and local context.

3. To what extent do you agree that the health needs of the population of Lambeth have been clearly described in this section?
4. To what extent do you agree that the health needs, described in the context of both national policy and South East London Integrated Care System (SELICS) commissioning intentions, have been clearly described in this section?
5. Based on the health needs and local and national context, to what extent do you agree that Section 2 clearly sets out the implications for the PNA?
6. If there is there any additional or amended information that you think we should include in this section, please provide it here

Section 3 - In section 3 of Lambeth's draft PNA 2022, we have set out the assessment of Lambeth's pharmacies.

7. To what extent do you agree that the information in Sections 3.2 (Essential Services); 3.3. (Premises), 3.4 (Advanced Services); 3.5 (Enhanced Service, Flu Vaccination London) and 3.6 (Locally Commissioned Services) provides an accurate description of the services which are provided by pharmacies and dispensing appliance contractors in Lambeth?
8. Are you aware of any pharmaceutical services currently provided which have not been included in this section?
9. To what extent do you agree that the pharmaceutical needs of the population have been accurately reflected throughout the PNA?
10. To what extent do you agree that section 3.7 describes the ambitions, current and potential future services in the PNA?
11. If there is there any additional or amended information that you think we should include in this section, please provide it here

Finally, a number of questions were asked in the 'About you' section regarding whether survey respondents are affiliated with particular organisations or responding as a member of the public. They were also asked about their employment status, health status, age, sex, and ethnicity. These questions regarding protected characteristics were asked to ensure provision of fair services to all of Lambeth's diverse communities and to meet the needs of different groups. Respondents were advised there was no obligation to provide the information requested and that the information would be used to help plan services

4. Consultation report

4.2 Questions

that meet the needs of all its users. Respondents were also made aware that responses would be kept confidential, and any information published would be made anonymous.

Each response received was reviewed and analysed to identify any issue raised, which was then considered in relation to the draft PNA – found in **Table 89**. The draft PNA was amended to reflect any changes arising from the consultation responses received.

In addition, NHS England provided an assessment of the draft Lambeth PNA against Schedule 1 paragraph 1 to 6 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (SI 2013 No. 349) which can be found in full in **Table 91**. Further comments from NHS England are included in **Table 90** with our responses.

4. Consultation report

4.3 Findings

4.3 Findings

There were 149 individuals who responded overall. The participants did not have to respond to every question, so we have classified valid responses as those who have answered the specific question.

Table 87 provides a summary of the overall response from all stakeholders, **table 88** groups additional responses out of the scope on the PNA by broad theme, **table 89** provides qualitative responses and proposed feedback for these from the Lambeth Health and Wellbeing Board and **table 90-91** provides recommendations from NHS England.

Open responses

The majority of suggestions regarding sections 1, 2 and 3 in general were around accessibility of the document instead of the content, stating that it was too long and too technical to be digested by the public. This can be seen in full in **table 89**. In addition, we have grouped additional comments that didn't directly answer the question into broad themes in **table 88**.

For the question around whether any pharmaceutical services currently provided which have not been in section 3, most were around further provisions of services that had not been mentioned in the draft version. From this we have now added sections around Bank Holiday access and COVID-19 vaccinations.

NHSE responses

NHS England criteria is shown in full in **table 90**, where the NHSE feedback and the Lambeth Health and Wellbeing Board response can also be seen side by side.

General comments on the draft PNA made by NHSE can be seen in **table 91** along with the Lambeth Health and Wellbeing Board responses and changes to the draft.

The response flagged some discrepancies between number of pharmacies and opening hours of pharmacies while also marking where we have missed talking about some areas required by the criteria.

4. Consultation report

4.3 Findings

Demographics of respondents, 60 Day Consultation

Table 87/88 provides some detailed demographic analysis of respondents. There were 149 individual respondents overall. Of these the majority (2 in 3) declined to answer questions on their demographic characteristics. Caution should be used when interpreting these findings. Of those who answered this question:

- 65% of the respondents were female and 31% were male.
- Of the respondents, no one answered below 35 years of age and the largest proportion of respondents were between 55 and 74 years old at 56%. Compared to the general Lambeth population as outlined in section 2.3.1, Lambeth has a younger population than the respondents with 1 in 4 Lambeth residents being between 30-39 years old.
- The ethnic group with the largest proportion of respondents is White British 61% and Black 16%. Compared to the general Lambeth population as outlined in section 2.3.3, only a third of Lambeth's population is White British compared to most respondents who shared their ethnicity.
- 55% of respondents considered themselves as suffering from an illness or have a disability.

Table 87: Age of respondents

Age Group	%
Under 16	0%
16-34	0%
35-44	10%
45-54	10%
55-64	25%
65-74	31%
75-84	17%
85+	4%
Prefer not to say	4%
Not answered	

Table 88: Ethnicity of respondents

Any other ethnic background	%
Asian or Asian British - Chinese	0%
Black or Black British - African	0%
Black or Black British - Caribbean	10%
Prefer not to say	10%
White - English / Welsh / Scottish / Northern Irish / British	25%
White - Irish	31%
White - Polish	17%
White - Portuguese	4%

4. Consultation report

4.3 Findings

60 Day Consultation questions

The following questions were posed in the consultation. Responders were invited to leave additional comments/feedback for certain sections. The participants did not have to respond to every question, so we have classified valid responses as those who have answered the specific question. **Table 87** provides a summary of the overall response from all stakeholders, table 3 groups additional responses which are outside of the scope of the question asked by broad theme.

Table 87: Summary of overall response by each question			
Question	Responses (valid responses only)	Percentage agreeing with question	Comments
Section 1			
1. To what extent do you agree that the purpose and scope of the PNA has been explained sufficiently within this section of the draft PNA document?	106/149	71%	
2. If there is there any additional or amended information that you think we should include in section 1, please provide it here	0	NA	17 responses however none related to question, they were mostly around accessibility
Section 2			
3. To what extent do you agree that the health needs of the population of Lambeth have been clearly described in this section?	54/79	68%	
4. To what extent do you agree that the health needs, described in the context of both national policy and South East London Integrated Care System (SELICS) commissioning intentions, have been clearly described in this section?	48/76	63%	
5. Based on the health needs and local and national context, to what extent do you agree that Section 2 clearly sets out the implications for the PNA?	47/77	61%	

4. Consultation report

4.3 Findings

6. If there is there any additional or amended information that you think we should include in section 2, please provide it here	0	NA	11 responses however none related to question, they were mostly around accessibility
Section 3			
7. To what extent do you agree that the information in Sections 3.2 (Essential Services); 3.3. (Premises), 3.4 (Advanced Services); 3.5 (Enhanced Service, Flu Vaccination London) and 3.6 (Locally Commissioned Services) provides an accurate description of the services which are provided by pharmacies and dispensing appliance contractors in Lambeth?	39/53	74%	
8. Are you aware of any pharmaceutical services currently provided which have not been included in this section?	51/58	88%	88% were not aware of any services that hadn't been included
9. To what extent do you agree that the pharmaceutical needs of the population have been accurately reflected throughout the PNA?	33/52	63%	
10. To what extent do you agree that section 3.7 describes the ambitions, current and potential future services in the PNA?	36/53	68%	
11. If there is there any additional or amended information that you think we should include in this section, please provide it here	3	NA	There were 10 responses with 3 being around further provisions of services and the rest around accessibility
About you – please can you provide the following information (respondent details)	53/149	36%	

4. Consultation report

4.3 Findings

Table 88 summarises additional comments from participants which were outside of the scope of the consultation question and the HWBB response. Most suggestions regarding sections 1, 2 and 3 in general were around accessibility of the document instead of the content, stating that it was too long and too technical to be digested by the public.

Table 88: Additional comments received during consultation		
Theme	Description	HWBB response
Accessibility	General comments covering length and use of technical language	Thank you for your comment, some sections require the use of technical language to meet the requirements of NHSEI regulations of a PNA. An executive summary is included in body of the PNA document.
Consultation	Wanted more consultation with public	Thank you for your comment, a public engagement survey was undertaken between 7th March 2022 and 10th April 2022 and a 60-day consultation was held between 4th July 2022 and 4th September 2022.
Sustainability	Around packaging of some medications	Thank you for your comment, please contact your Local Pharmaceutical Committee (https://lpc-online.org.uk/) to discuss sustainability of packaging.
Unknown	Not sure what the response is referring to	Thank you for your comment, we were unable to understand the response in the context of the question.

4. Consultation report

4.3 Findings

Table 89 details the responses received from participants and the HWBB response.

Table 89: Qualitative responses and draft feedback from the Lambeth HWBB		
Ref	Response	Response of the Lambeth HWBB
2. If there is there any additional or amended information that you think we should include in section 1, please provide it here		
1	don't understand	Thank you for your comment not enough detail provided for a response
2	Avoid technical/bureaucratic language - "PNA", "community pharmacy".	Thank you for your comment, we have included a glossary of terms
3	need a summary, no way anyone has the time to read that document	Thank you for your comment, an executive summary is included within the body of the PNA document
4	There is no information in section one. It is in a separate document.	Thank you for your comment, a contact email address was included on the main consultation webpage if additional support was required
5	I do not know yet what PNA really is	Thank you for your comment, what a PNA is, was described on the main consultation webpage and section 1 of the PNA
6	you can't expect us to read and engage with a document of this length.	Thank you for your comment, an executive summary is included within the body of the PNA document
7	I didn't read it, it's boring. I just wanna get on and answer the questions	Thank you for your comment – the consultation requires review of the document to answer the questions
8	The descriptions are very technical. This may well be what is required in a document of this sort, but it is not accessible to the general public.	Thank you for your comment, some sections require the use of technical language to meet the requirements of National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. An executive summary is included in body of the PNA document, and we have also now included a glossary of terms
9	Executive summary.	Thank you for your comment, an executive summary is included within the body of the PNA document
10	More consultation with public	Thank you for your comment, a public engagement survey was undertaken between 7th March 2022 and 10th April 2022 and a 60 day consultation was held between 4th July 2022 and 4th September 2022

4. Consultation report

4.3 Findings

6. If there is there any additional or amended information that you think we should include in section 2, please provide it here		
11	I am prescribed a daily dose of Candesartan for blood pressure regulation. This is packaged in a box with instructions and just 7 tablets which is a week's supply. I am perturbed at the great wastage of card and paper in this packaging and my check with the distributor / manufacturer revealed that they are 'paid by the box' which means that it costs the NHS 8 times as much as if they packaged a month's supply in one box. I have written to several 'bodies' who I thought might have comment but none seems to be bothered. I wonder how many medications are manufactured and distributed under such unethical packaging? Perhaps you are in a position to investigate and work to reduce waste in our ever increasing NHS expenditure which will eventually lead to its failure.	Thank you for your comment, please contact your Local Pharmaceutical Committee (https://lpc-online.org.uk/) to discuss sustainability of packaging
12	You ask me to comment on something you have not shown me. This is a waste of everyone's time.	Thank you for your comment, a link to the full PNA and executive summary is included on the PNA consultation web pages
13	didn't read doc - too long	Thank you for your comment, an executive summary is included in the body of the PNA document
14	The information should be provided in plain English. There is too much technical language/jargon used.	Thank you for your comment. Some sections require the use of technical language to meet the requirements of National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. An executive summary is included in body of the PNA document, and we have also now included a glossary of terms
15	you can't expect us to read and engage with a document of this length.	Thank you for your comment, an executive summary is included in the body of the PNA document
16	It's too long already!	Thank you for your comment, an executive summary is included in the body of the PNA document

4. Consultation report

4.3 Findings

17	This needs to be simplified for public consumption	Thank you for your comment, an executive summary is included in the body of the PNA document
8. Are you aware of any pharmaceutical services currently provided which have not been included in section 3? If 'yes' please specify		
18	General advice from pharmacists. Support for people with addiction problems.	The PNA requires the reporting of essential, advanced and locally commissioned services which have been described in section 3. Information about the supervised consumption service can be found in section 3. In the supervised consumption section, it states 'This service promotes harm reduction by reducing the need for clients to inject drugs, presents opportunities for health promotion (e.g., through displaying leaflets and/or opportunistic advice) and signposting / referral on to other drug services as necessary.'
19	Covid vaccinations and boosters	Thank you for your comment. The PNA section 3 has now been updated to include information around pharmacies providing COVID-19 vaccinations in enhanced services.
20	Wellbeing services and outsourced clinics which can be accessed within local pharmacies	Thank you for your comment, it has been passed onto commissioners.
21	Pulse chemists have coached me to take my own injections	Thank you for your comment, it has been passed onto commissioners.
22	Various Internet provided services previously trialled by NHS Trusts	Thank you for your comment, it has been passed onto commissioners.
23	Day Lewis	Thank you for your comment there was not enough detail to respond.
11. If there is there any additional or amended information that you think we should include in section 3.7, please provide it here		
24	Finances - more money going to pharmacy less for Gp surgeries which SELCCG are doing their best to destroy	Thank you for your comment, this is outside the scope of the PNA for now, but your comment has been passed onto commissioners.
25	Show your provisional needs assessment before you ask for comments.	Thank you for your comment, a link to the full PNA and executive summary is included on the PNA consultation website

4. Consultation report

4.3 Findings

26	Clearer English less consultant speak.	Some sections require the use of technical language to meet the requirements of NHSEI regulations of a PNA
27	you can't expect us to read and engage with a document of this length.	Thank you for your comment, an executive summary is included in body of the PNA document
28	need sharps collections back in pharmacies - currently not available	Thank you for your comment, it has been passed onto commissioners.
29	While the descriptions are fine I was surprised how few pharmacies provide HepC testing. Surely if we are to eradicate HepC we need these services at least in every pharmacy that provides drugs services. Also I was surprised that more didn't provide StopbSmoking services	Thank you for your comment, it has been passed onto commissioners.
30	Internet pharmacy service particularly good and enhanced gp hours	Thank you for your comment, it has been passed onto commissioners.

4. Consultation report

4.3 Findings

Detailed feedback from NHSE

Table 90/91 details several criteria that NHSE use to assess that the PNA meets statutory regulations. Where NHSE raises questions the response from the HWBB can be found in the righthand column.

Table 90: NHS England regulations			
No.	Does the PNA include a statement outlining this provision?	NHS England Response	Health and Wellbeing Board response
1	A statement of the pharmaceutical services that the HWB has identified as services that are provided: (a) in the area of the HWB and which are necessary to meet the need for pharmaceutical services in its area; and	Evidence provided	Thank you
2	(b) outside the area of the HWB but which nevertheless contribute towards meeting the need for pharmaceutical services in its area (if the HWB has identified such services).	Evidence provided	Thank you
No.	Does the PNA include a statement outlining any gaps?	NHS England Response	Health and Wellbeing Board response
3	Schedule 1, paragraph 2 – necessary services: gaps in provision 2. A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied- (a) need to be provided (whether or not they are located in the area of the HWB) in order to meet a current need for pharmaceutical services, or pharmaceutical services of a specified type, in its area;	Evidence provided	Thank you
4	(b) will, in specified future circumstances, need to be provided (whether or not they are located in the area of the HWB) in order to meet a future need for pharmaceutical services, or pharmaceutical services of a specified type, in its area.	Evidence provided	Thank you
5	Schedule 1, paragraph 3 – other relevant services: current provision	Evidence provided	Thank you

4. Consultation report

4.3 Findings

	3. A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are provided- (a) in the area of the HWB 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;		
6	b) outside the area of the HWB 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;	Evidence provided	Thank you
7	(c) in or outside the area of the HWB 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 HWB of the need for pharmaceutical services in its area.	None identified	Amendments have been made to locally commissioned services to identify as other services that may impact on pharmaceutical service provision and in conclusions identified as a service that secures improvements or better access to, or that have contributed towards meeting the need for, pharmaceutical services.
No.	Does the PNA include a statement outlining this provision?	NHS England Response	Health and Wellbeing Board response
8	Schedule 1, paragraph 4 – improvements and better access: gaps in provision 4. A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied- (a) would, if they were provided (whether or not they were located in the area of the HWB), secure improvements, or better access to pharmaceutical services, or pharmaceutical services of a specific type, in its area,	The list of services are individual and have been assessed on an individual basis. From page 128 to page 182. Those listed that are locally commissioned services have been classified incorrectly and are not part of this schedule.	Amendments have been made to the services included in the PNA particular reference to the Covid-19 vaccination service and Bank Holiday service, both Enhanced services. Locally commissioned services have also been reclassified to other services that may impact on pharmaceutical service provision and in conclusions identified as a service that secures improvements or better access to, or that have contributed towards meeting the need for, pharmaceutical services.

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		Not all of the services have been clearly defined. The HWBB need to cross check these across the various parts in the PNA. There is a summary on page 230, but this does not correspond to the exec summary and the main text.	
9	(b) would, if in specified future circumstances they were provided (whether or not they were located in the area of the HWB), secure future improvements, or better access, to pharmaceutical services, or pharmaceutical services or a specified type, in its area.	As above.	
No.	Does the PNA include a statement outlining the services identified in the assessment which affect pharmaceutical needs?	NHS England Response	Health and Wellbeing Board response
10	Schedule 1, paragraph 5 – other services 5. A statement of any NHS services provided or arranged by the HWB, NHS CB, a CCG, an NHS trust or an NHS foundation trust to which the HWB has had regard in its assessment, which affect- (a) the need for pharmaceutical services, or pharmaceutical services of a specified type, in its in its area; or	Pages 183 to 227 These pages detail all of the locally commissioned services in the Lambeth area. Not all of the services have been clearly defined. The HWBB need to cross check these across the various parts in the PNA. There is a summary on page 230, but this does not	Executive summary has been crossed checked with the main PNA document and amended for consistency.

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		correspond to the exec summary and the main text.	
11	(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.	As above.	Locally commissioned services have been reclassified to other services that may impact on pharmaceutical service provision and in conclusions identified as a service that secures improvements or better access to, or that have contributed towards meeting the need for, pharmaceutical services.
No.	Does the PNA include a statement setting out how the HWB has determined the localities; and a report on the consultation undertaken on the PNA?	NHS England Response	Health and Wellbeing Board response
12	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;	Evidence provided	Thank you
13	(b) how it has taken into account (where applicable)- (i) the different needs of different localities in its area, and (ii) the different needs of people in its area who share a protected characteristic; and	Each of the services that has been assessed has a grid that details any needs of anyone with a protected characteristic.	Thank you
14	(c) a report on the consultation that it has undertaken.	Being undertaken now	Section 4 report on the consultation is currently under way
No.	Does the PNA consider the following factors in terms of “benefits of sufficient choice”?	NHS England Response	Health and Wellbeing Board response
15	What is the current level of access within the locality to NHS pharmaceutical services?	Evidence provided	Thank you

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16	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?	Evidence provided	Thank you
17	What is the extent to which there is sufficient choice of providers in the locality, which may be improved, by additional providers?	Evidence provided	Thank you
18	What is the extent to which current service provision in the locality is adequately responding to the changing needs of the community it serves?	None identified	Amendments have been made. The population of HWBB is growing through natural change and migration which would suggest an increasing need for essential services. However, community pharmacies in London dispense well below the England average, indicating capacity within the sector. Any increase in prescribing would be met with current provision which provides good coverage for a 10 or 20 minute walk with no gaps identified. In addition, there is a process in place within the SEL ICB to set up the Overprescribing Group to oversee the prescribing of medicines and prevent excessive prescribing altogether.
19	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	Amendments have been made. Services such as the Enhance London Flu service and locally commissioned substance misuse service specifically cover health inclusion groups such as Asylum Seekers, homeless and unregistered populations. Community pharmacy is able to work at pace with commissioners to provide services to specific populations and vulnerable groups as and when needed e.g. supply of medicines to Ukraine refugees. At this time the

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			HWBB is not aware of any future needs for specialist or other services, which would improve the provision of, or access to, services such as for specific populations or vulnerable groups.
20	What is the HWB's assessment of the overall impact on the locality in the longer-term?	Evidence provided	Thank you
No.	Does the PNA demonstrate that the following have been taken into consideration with regard to "identifying future needs"?	NHS England Response	Health and Wellbeing Board response
21	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?	Evidence provided	Thank you
22	Are there known firm plans in and arising from local joint strategic needs assessments or joint health and wellbeing strategies?	Whilst the JSNA data has been used, no firm plans have been identified.	Thank you – that is correct – the Health and Wellbeing Strategy is currently being refreshed following refresh of the JSNA.
23	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	At this time the HWBB is not aware of any future changes to primary medical services which would impact on the on the number and/or sources of prescriptions. Increase in population of the HWBB and large numbers on elective backlogs might mean increases to prescriptions. However, community pharmacies in London dispense well below the England average, indicating capacity within the sector. Any increase in prescribing would be met with current provision which provides good coverage for a 10 or 20 minute walk with no gaps identified. In addition, there is a process in place within the SEL ICB to set up

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			the Overprescribing Group to oversee the prescribing of medicines and prevent excessive prescribing altogether.
24	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	At this time the HWBB is not aware of any firm plans for developments which would change the pattern of local social traffic and therefore access to services. Emailed Robert East for clarification
25	Are there plans for the development of NHS services?	None identified	At this time the HWBB is not aware of any plans for the development of NHS services.
26	Are there plans for changing the commissioning of public health services by community pharmacists, for example, weight management clinics, and life checks?	Evidence provided	Thank you
27	Are there plans for introduction of special services commissioned by clinical commissioning groups?	None identified	NHS South East London ICB is expected to take on the commissioning of certain specialised services from NHSE in April 2023 next year, along with Dentistry/Optometry/Pharmacy. The exact arrangements are still being developed, but this may lead to development of pathways. At this time the HWBB is not aware of any plans for introduction of special services commissioned by clinical commissioning groups.
28	Are there plans for new strategies by social care/occupational health to provide aids/equipment through pharmacies or dispensing appliance contractors?	None identified	At this time the HWBB is not aware of any plans for new strategies by social care/occupational health to provide aids/equipment through pharmacies or dispensing appliance contractors.
No.	Details of opening hours changes:		

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29	Details of pharmacies with differences in supplementary hours, which PSRC are being asked to approve, as changes with less than 90 days notice:	Evidence provided	Thank you
30	Details of pharmacies with differences in core hours:	As these differ from NHS England records, the changes cannot be taken account of and the HWBB are requested to revert to the hours in the NHS England Pharmaceutical list. Contractors will be asked to formally apply to change these hours. A list of the pharmacies is given in the comments.	Amendments have been made to align the PNA with NHSE opening hours.
Interested NHS England parties notified of the Consultation		Have Parties Commented on the Consultation	Section 4 has detailed parties consulted as part of the 60-day consultation.

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Table 91: Recommendations from NHS England

No.	Recommendation from NHS England	Lambeth Health and Wellbeing Board Response															
1	<p>The PNA states that there are 65 pharmacies in Lambeth. Please note that there are 2 pharmacies that have closed in the last 12 months.</p> <ul style="list-style-type: none">1. FFA37 Day Lewis, 127 Gipsy Road, SE19 1QS, on 01/09/2021 as this was a Consolidation with another Day Lewis Pharmacy2. FC394 Superdrug Stores, 156-158 Clapham High St, SW4 7UG closed on 16/10/2021 <p>Therefore, currently there are 63 pharmacies in Lambeth.</p>	The PNA and relevant sections/analysis have been updated to reflect amendments of the number of pharmacies.															
2	The list of enhanced services commissioned by NHS England is missing the Covid Vaccination services and the Bank Holiday opening services, although the Covid Vaccinations is listed as an Enhanced service on page 17.	The PNA and relevant sections/analysis have been updated to reflect amendments to enhanced services.															
3	Page 10, refers to stop cessation service (SCS). We presume that this is the smoking cessation service.	The PNA has been updated to smoking cessation service.															
4	<p>The list of pharmacy opening hours differs from what is held in our records and these do not appear to be recent notified changes, which probably means some pharmacies may have changed hours and not followed the approved process. These are all detailed below, the HWBB is asked to review these and determine if it should amend the PNA and if any of these make any changes to any statements made in the PNA.</p> <table><tr><th>ODS</th><th>Map Ref</th><th>Trading Name</th><th>Address of Contractor</th><th>Opening hours</th></tr><tr><td>FC258</td><td>4</td><td>Cam Pharmacy</td><td>44 Kennington Road, SE1 7BL</td><td>M to F 8.30am to 7pm, Sat 9am to 6.30pm</td></tr><tr><td>FGV60</td><td>11</td><td>Vitelow Pharmacy</td><td>26 Clapham Road, SW9 0JG</td><td>M to F 9am to 1pm & 2pm to 6.30pm Sat 9am to 1pm & 2pm to 5pm</td></tr></table>	ODS	Map Ref	Trading Name	Address of Contractor	Opening hours	FC258	4	Cam Pharmacy	44 Kennington Road, SE1 7BL	M to F 8.30am to 7pm, Sat 9am to 6.30pm	FGV60	11	Vitelow Pharmacy	26 Clapham Road, SW9 0JG	M to F 9am to 1pm & 2pm to 6.30pm Sat 9am to 1pm & 2pm to 5pm	The PNA has been updated to show these opening times.
ODS	Map Ref	Trading Name	Address of Contractor	Opening hours													
FC258	4	Cam Pharmacy	44 Kennington Road, SE1 7BL	M to F 8.30am to 7pm, Sat 9am to 6.30pm													
FGV60	11	Vitelow Pharmacy	26 Clapham Road, SW9 0JG	M to F 9am to 1pm & 2pm to 6.30pm Sat 9am to 1pm & 2pm to 5pm													

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	FP364	15	Millennium Pharmacy	83 Ramsey House, SW9 6NB	M to F 9am to 6.30pm
	FAD50	19	Springfield Pharmacy	110 Union Road, SW8 2SH	M to F 9am to 7pm, Sat 9am to 1pm
	FWP66	23	Millennium Pharmacy	102 Loughborough Road, SW9 7SB	M to F 9am to 6pm
	FC525	29	Kamsons Pharmacy	The Manor Health Centre, SW4 6EB	M to F 8.30am to 1.15pm & 2.15pm to 7pm
	FFV30	30	Pearl Pharmacy	31 Clapham High Street, SW4 7TR	M to Sun 9am to 10pm
	FQ054	35	Orbis Pharmacy	148 Clapham High Street, SW4 7UH	M to F 8.30am to 7pm, Sat 9am to 7pm
	FV549	43	New Park Pharmacy	85 New Park Road, SW2 4ES	M to F 8.30am to 1.30pm & 2.30pm to 7pm
	FCH16	50	Rosendale Pharmacy	19 Croxted Road, SE21 8SZ	M, T, T & to F 9am to 1pm & 2.15pm to 7pm, Weds & Sat 9am to 1pm
	FYV67	51	Adarshi Pharmacy	485 Norwood Road, SE27 9DJ	M to Sat 9am to 6.30pm
5	Page 229, lists ambitions, current and future services.				The PNA has been updated to remove these sections to avoid any confusion. Simplified conclusions have

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	It is not clear what this page refers to as it is not something required in the regulations, if there are gaps that need addressing then these need to be clarified in the PNA. Otherwise, this is a list of things that the HWBB would like to see, but there is no requirement for these in a new application, in fact some of the items listed are not something that could be enforced as these are not requirements. We can review new applications against the list but would not be able to refuse something if they were not going to provide something.	been included and other considerations added (see non identified sections).
6	The PNA does list the services that are considered relevant and these are advanced, enhanced and local services. However, there is a discrepancy between the executive summary and the text in the PNA. These two do not correlate. Within the PNA the indication that the HWBB considers a service “relevant” is missing for some of the services that the exec summary states are considered relevant. The HWBB needs to ensure that these two correlate, whichever is correct and that services are listed the same.	The PNA main document and executive summary have been checked to ensure consistency.
7	It is also noted that some of the services determined as “relevant” services are services that are locally commissioned. As the PNA is used for the determination of applications to join the pharmaceutical list in terms of new applications, therefore any services that are determined as “relevant” need to be commissioned by NHS England and be a part of the NHS Pharmacy contract. Services that are locally commissioned by other parties outside NHS England are services commissioned on top of the main contract and should be listed elsewhere in the PNA.	Locally commissioned services have been reclassified to other services that may impact on pharmaceutical service provision and in conclusions identified as a service that secures improvements or better access to, or that have contributed towards meeting the need for, pharmaceutical services.
8	There are a number of places where there does not appear to have been anything identified in the PNA. The HWBB are asked to check this and if there is anything to add to clarify any of these statements.	These sections have been checked and statements included in the PNA ‘other considerations’. Please see sections above for non-identified responses.

Section 5 - References

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Section 6 - Appendix

6.1 Pharmacy address

Map Ref	Name	Address	Post Code
1	Boots UK Limited	Waterloo Station	SE1 7LY
2	Boots UK Limited	98/99 Lower Marsh	SE1 7AB
3	Lloyds pharmacy	St Thomas' Hospital	SE1 7EH
4	Cam Pharmacy	44 Kennington Road	SE1 7BL
5	Lloyds pharmacy	76 Kennington Road	SE11 6NJ
6	Paterson Heath & Co Ltd	143 Lambeth Walk	SE11 6EE
7	Hills Pharmacy	99 Kennington Lane	SE11 4HQ
8	Tesco In-Store Pharmacy	227 Kennington Lane	SE11 5QU
9	Medimex Pharmacy	222 Kennington Park Road	SE11 4DA
10	Lloyds pharmacy	62 Wandsworth Road	SW8 2LF
11	Vitelow Pharmacy	26 Clapham Road	SW9 0JG
12	Medirex Pharmacy	28-29 Wilcox Close	SW8 2UD
13	Reenas Pharmacy	165 South Lambeth Road	SW8 1XW
14	Millennium Pharmacy	68 Brixton Road	SW9 6BH
15	Millennium Pharmacy	83 Ramsey House	SW9 6NB
16	Day Lewis Pharmacy	8-10 Cromwell Road	SW9 7RX
17	Millennium Pharmacy	Unit 12-14 Cromwell Road	SW9 7BJ
18	Halls Chemist	240 Wandsworth Road	SW8 2JS
19	Springfield Pharmacy	110 Union Road	SW8 2SH
20	Harfleur Chemist	219 Clapham Road	SW9 9BE
21	Pulse Pharmacy	310 Clapham Road	SW9 9AE
22	Unipharm Pharmacy	290 Brixton Road	SW9 6AG
23	Millennium Pharmacy	102 Loughborough Road	SW9 7SB
24	Peace Pharmacy	Unit 2, 100 Coldhabour Lane	SE5 9PU
25	Day Lewis Pharmacy	136-138 Stockwell Road	SW9 9HR
26	Junction Pharmacy	Unit 1, 222 Coldhabour Lane	SW9 8SA
27	Queens Pharmacy	12 Queenstown Road	SW8 3RX
28	Fairlee Pharmacy	26 Queenstown Road	SW8 3RX
29	Kamsons Pharmacy	The Manor Health Centre, 86 Clapham Manor Street	SW4 6EB
30	Pearl Pharmacy	31 Clapham High Street	SW4 7TR
31	Superdrug Pharmacy	452-456 Brixton Road	SW9 8AE
32	Kingsfield Pharmacy	387 Brixton Road	SW9 7DE
33	Boots The Chemist	174-180 Clapham High St	SW4 7UG
35	Orbis Pharmacy	148 Clapham High Street	SW4 7UH
36	Boss Pharmacy	85 Bedford Road	SW4 7RD
37	Pavilion Pharmacy	9 Brighton Terrace	SW9 8DJ

Map Ref	Name	Address	Post Code
38	Boots UK Limited	449 Brixton Road	SW9 8HH
39	Baba Chemist	7 Tulse Hill	SW2 2TH
40	Day Lewis Pharmacy	110 Brixton Hill	SW2 1AH
41	Phillips Pharmacy	70A Clarence Avenue	SW4 8JP
42	Upper Tulse Hill Chemist	23 Upper Tulse Hill	SW2 2SD
43	New Park Pharmacy	85 New Park Road	SW2 4ES
44	Sg Manning Pharmacy	294 Brixton Hill	SW2 1HT
45	Day Lewis Pharmacy	Palace Rd Surgery	SW2 3DY
46	Jackson Chemist	88 Streatham Hill	SW2 4RD
47	Deejay Chemist	154 Norwood Road	SE27 9AZ
48	Streatham Pharmacy	95 Streatham Hill	SW2 4UD
49	Elmcourt Pharmacy	Unit 4, 220 Norwood Road	SE27 9AW
50	Rosendale Pharmacy	19 Croxted Road	SE21 8SZ
51	Adarshi Pharmacy	485 Norwood Road	SE27 9DJ
52	Superdrug Pharmacy	509-513 Norwood Road	SE27 9DL
53	Westbury Chemist	84-92 Streatham High Road	SW16 1BS
54	Day Lewis Pharmacy	9A Gracefield Gardens	SW16 2SZ
55	Boots UK Limited	206/208 Streatham High Rd	SW16 1BB
56	Touchwood Pharmacy	240 Streatham High Road	SW16 1BB
57	Superdrug Pharmacy	202-204 Streatham High Rd	SW16 1BB
58	Day Lewis Pharmacy	253 Gipsy Road	SE27 9QY
59	Shacklock Chemist	239 Streatham High Road	SW16 6EN
61	Pascoe Pharmacy	235/237 Knights Hill	SE27 0QT
62	Sefgrove Ltd	3-5 Westow Hill	SE19 1TQ
63	Lloyds pharmacy	Sainsburys Store, 480 Streatham High Road	SW16 3PY
64	Watts Pharmacy	2 Streatham Vale	SW16 5TE
65	Copes Pharmacy	570 Streatham High Road	SW16 3QQ

The following 2 pharmacies have been removed from the tables and maps as they have closed in the last 12 months. As a result, map reference numbers 34 and 60 do not appear on any of the maps and are not included in appendix 6.1, appendix 6.3 or appendix 6.4

Pharmacies that have closed in the last 12 months			
Map Ref	Name	Address	Post Code
34	Superdrug Pharmacy	156-158 Clapham High St	SW4 7UG
60	Day Lewis Pharmacy	127 Gipsy Hill	SE19 1QS

6. Appendix

6.2 Pharmacy address within 1km of Lambeth

6.2 Pharmacy address within 1km of Lambeth

Map Ref	Name	Address	Postcode	Borough
e1	Eagle Chemist	301 Northborough Road	SW16 4TR	Merton
e2	Fairlight Pharmacy	186 Rowan Road	SW16 5HX	Merton
e3	Bids Chemists	1495 London Road	SW16 4AE	Croydon
e4	Superdrug Pharmacy	1491-1493 London Road	SW16 3LU	Croydon
e5	Hamlet Pharmacy	45 Anerley Road	SE19 2AS	Bromley
e6	Lloyds pharmacy	66 Westow Street	SE19 3RW	Croydon
e7	Fairoak Pharmacy	270 Mitcham Lane	SW16 6NU	Wandsworth
e8	Klub Pharmacy	10 Crown Point Parade	SE19 3NG	Croydon
e9	C Bradbury	86 Moyser Road	SW16 6SQ	Wandsworth
e10	Markrise Limited	121-125 Mitcham Lane	SW16 6LY	Wandsworth
e11	Saturn Pharmacy	75 Mitcham Lane	SW16 6LY	Wandsworth
e12	Day Lewis Pharmacy	256-258 Balham High Road	SW17 7AW	Wandsworth
e13	Paydens Pharmacy	100 Bedford Hill	SW12 9HR	Wandsworth
e14	Healthchem Pharmacy	4-5 Station Parade	SW12 9AZ	Wandsworth
e15	Pharmalite Limited	296 Cavendish Road	SW12 0PL	Wandsworth
e16	Boots UK Limited	153/155 Balham High Road	SW12 9AU	Wandsworth
e17	Boyes WJ Pharmacy (Amichem Ltd)	61 Balham Hill	SW12 9DR	Wandsworth
e18	Rumsey Chemists	47 Dulwich Village	SE21 7BN	E58r7tSouth wark
e19	Fourway Pharmacy	12 Half Moon Lane	SE24 9HU	Southwark
e20	Brockwell Park Pharmacy	7 Half Moon Lane	SE24 9JU	Southwark
e21	Herne Hill Pharmacy	75 Herne Hill	SE24 9NE	Southwark
e22	Day Lewis Pharmacy	Tessa Jowell Health Centre	SE22 8EY	Southwark
e23	Robards Dispensing Chemist	15 Battersea Rise	SW11 1HG	Wandsworth
e24	Davis Chemist	10 Crossthwaite Avenue	SE5 8ET	Southwark
e25	Lloyds pharmacy	80 Dog Kennel Hill	SE22 8BB	Southwark
e26	Day Lewis Pharmacy	123 Lavender Hill	SW11 5QL	Wandsworth
e27	Ve Lettsom Chemist	84 Vestry Road	SE5 8PQ	Southwark
e28	Butterfly Pharmacy	17 Butterfly Walk	SE5 8RP	Southwark
e29	Fourways Chemists	36 Denmark Hill	SE5 8RZ	Southwark
e30	Day Lewis Pharmacy	299-303 Battersea Park Rd	SW11 4LX	Wandsworth
e31	Superdrug Pharmacy	Unit 4, Butterfly Walk	SE5 8RW	Southwark
e32	Day Lewis Pharmacy	13 Camberwell Church St	SE5 8TR	Southwark
e33	Kembers And Lawrence	10/11 Camberwell Green	SE5 7AF	Southwark
e34	Sheel Pharmacy	2 Sir John Kirk Close	SE5 0BB	Southwark
e35	Maddock Pharmacy	5 Maddock Way	SE17 3NH	Southwark
e36	Superdrug Stores Plc	371-375 Walworth Road	SE17 2AL	Southwark

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6.2 Pharmacy address within 1km of Lambeth

Map Ref	Name	Address	Postcode	Borough
e37	Simmonds Chemist	105 Lupus Street	SW1V 3EN	Westminster
e38	Boots UK Limited	293 Walworth Road	SE17 2TG	Southwark
e39	Paxall Chemist	44 Lupus Street	SW1V 3EB	Westminster
e40	Walworth Pharmacy	204 Walworth Road	SE17 1JE	Southwark
e41	Ridgway Pharmacy	251- 253 Walworth Road	SE17 1RL	Southwark
e42	Portmans Pharmacy	93-95 Tachbrook Stret	SW1V 2QA	Westminster
e43	Clinichem	29 Upper Tachbrook Street	SW1V 1SN	Westminster
e44	Victoria Pharmacy	22 Page Street	SW1P 4EN	Westminster
e45	Charles S Bullen Stomacare	34 Page Street	SW1P 4ES	Westminster
e46	St Georges Pharmacy	Perronet House, 46 St Georges Road	SE1 6ET	Southwark
e47	Lloyds pharmacy	18 Harper Road	SE1 6AD	Southwark
e48	Star Pharmacy	33 Strutton Ground	SW1P 2HY	Westminster
e49	Dolphins Pharmacy	9-11 The Broadway	SW1H 0AZ	Westminster
e50	Qrystal Pharmacy	7 Newington Causeway	SE1 6ED	Southwark
e51	Boots UK Limited	11 Bridge Street	SW1A 2JR	Westminster
e52	Boots	Unit 5, Charing Cross Station	WC2N 5HS	Westminster
e53	Kalmak (Chemists) Ltd	Unit 11, South Bank Tower	SE1 9LP	Southwark
e54	Superdrug The Strand	49-50 The Strand	WC2N 5LH	Westminster
e55	Boots Pharmacy	426-427 Strand	WC2R 0QE	Westminster
e56	Boots	135 The Strand	WC2R 0AA	Westminster
e57	Boots UK Limited	107-115 Long Acre	WC2E 9NT	Westminster
e58	Boots UK Limited	100 Newbridge Street	EC4V 6JJ	City of London
e59	Boots UK Limited	120 Fleet Street	EC4A 2BE	City of London
e60	Boots UK Limited	Unit 9 King Edward Court	EC4M 7DX	City of London

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6.3 Pharmacy opening times

6.3 Pharmacy opening times

Map Ref	Pharmacy Name	Hours (hrs.)	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1	Boots – Waterloo Station	Opening hrs.	06:30-24:00	06:30-24:00	06:30-24:00	06:30-24:00	06:30-24:00	08:00-22:00	09:00-21:00
		Lunch							
2	Boots – Lower Marsh	Opening hrs.	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	09:30-16:00	Closed
		Lunch	14:00-15:00	14:00-15:00	14:00-15:00	14:00-15:00	14:00-15:00	14:00-15:00	
3	Lloyds pharmacy - St Thomas' Hospital	Opening hrs.	07:00-22:00	07:00-22:00	07:00-22:00	07:00-22:00	07:00-22:00	07:00-22:00	09:00-19:00
		Lunch							
4	Cam Pharmacy	Opening hrs.	08:30-19:00	08:30-19:00	08:30-19:00	08:30-19:00	08:30-19:00	09:00-18:30	Closed
		Lunch							
5	Lloyds pharmacy - Kennington Rd	Opening hrs.	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-13:00	Closed
		Lunch							
6	Paterson Heath & Co Ltd	Opening hrs.	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	Closed
		Lunch							
7	Hills Pharmacy	Opening hrs.	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	09:00-12:00	Closed
		Lunch							
8	Tesco In-Store Pharmacy	Opening hrs.	08:00-19:00	08:00-19:00	08:00-19:00	08:00-19:00	08:00-19:00	08:00-19:00	12:00-14:00
		Lunch							
9	Medimex Pharmacy	Opening hrs.	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
		Lunch	13:00-13:30	13:00-13:30	13:00-13:30	13:00-13:30	13:00-14:00		
10	Lloyds pharmacy - Wandsworth Rd	Opening hrs.	08:00-22:00	08:00-22:00	08:00-22:00	08:00-22:00	08:00-22:00	08:00-22:00	12:00-18:00
		Lunch							

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Pharmacy opening times

Map Ref	Pharmacy Name	Hours (hrs.)	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
11	Vitelow Pharmacy	Opening hrs.	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-17:00	Closed
		Lunch	13:00-14:00	13:00-14:00	13:00-14:00	13:00-14:00	13:00-14:00	13:00-14:00	
12	Medirex Pharmacy	Opening hrs.	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	10:00-13:00	Closed
		Lunch	13:00-14:00	13:00-14:00	13:00-14:00	13:00-14:00	13:00-14:00		
13	Reenas Pharmacy	Opening hrs.	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
		Lunch							
14	Millennium Pharmacy - Brixton Rd	Opening hrs.	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	13:00-17:00
		Lunch							
15	Millennium Pharmacy - Vassall Rd	Opening hrs.	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	Closed	Closed
		Lunch							
16	Day Lewis Pharmacy - Cromwell Rd	Opening hrs.	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	Closed	Closed
		Lunch							
17	Millennium Pharmacy - Cromwell Rd	Opening hrs.	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	14:00-18:00
		Lunch							
18	Halls Chemist	Opening hrs.	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
		Lunch							
19	Springfield Pharmacy	Opening hrs.	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
		Lunch							
20	Harfleur Chemist	Opening hrs.	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
		Lunch							
21	Pulse Pharmacy	Opening hrs.	08:00-19:00	09:00-20:00	09:00-20:00	09:00-20:00	08:00-19:00	09:00-18:00	Closed
		Lunch							

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Pharmacy opening times

Map Ref	Pharmacy Name	Hours (hrs.)	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
22	Unipharm Pharmacy	Opening hrs.	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	10:00-18:00	Closed
		Lunch							
23	Millennium Pharmacy - Loughborough Rd	Opening hrs.	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
		Lunch							
24	Peace Pharmacy	Opening hrs.	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	13:00-17:00
		Lunch							
25	Day Lewis Pharmacy - Stockwell Rd	Opening hrs.	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	Closed	Closed
		Lunch							
26	Junction Pharmacy	Opening hrs.	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-13:00	Closed
		Lunch							
27	Queens Pharmacy	Opening hrs.	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
		Lunch							
28	Fairlee Pharmacy	Opening hrs.	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
		Lunch							
29	Kamsons Pharmacy	Opening hrs.	08:30-19:00	08:30-19:00	08:30-19:00	08:30-19:00	08:30-19:00	Closed	Closed
		Lunch	13:15-14:15	13:15-14:15	13:15-14:15	13:15-14:15	13:15-14:15		
30	Pearl Pharmacy	Opening hrs.	09:00-22:00	09:00-22:00	09:00-22:00	09:00-22:00	09:00-22:00	09:00-22:00	09:00-22:00
		Lunch							
31	Superdrug Pharmacy - Brixton Rd	Opening hrs.	08:30-19:00	08:30-19:00	08:30-19:00	08:30-19:00	08:30-19:00	09:00-17:30	Closed
		Lunch	14:00-14:30	14:00-14:30	14:00-14:30	14:00-14:30	14:00-14:30	14:00-14:30	
32	Kingsfield Pharmacy	Opening hrs.	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:00	Closed
		Lunch							

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Pharmacy opening times

Map Ref	Pharmacy Name	Hours (hrs.)	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
33	Boots – Clapham High St	Opening hrs.	08:00-24:00	08:00-24:00	08:00-24:00	08:00-24:00	08:00-24:00	08:00-24:00	11:00-17:00
		Lunch							
35	Orbis Pharmacy	Opening hrs.	08:30-19:00	08:30-19:00	08:30-19:00	08:30-19:00	08:30-19:00	09:00-19:00	Closed
		Lunch							
36	Boss Pharmacy	Opening hrs.	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-13:00	Closed
		Lunch							
37	Pavilion Pharmacy	Opening hrs.	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
		Lunch							
38	Boots – Brixton Rd	Opening hrs.	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	10:00-18:00
		Lunch							
39	Baba Chemist	Opening hrs.	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
		Lunch							
40	Day Lewis Pharmacy - Brixton Hill	Opening hrs.	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-13:00	Closed
		Lunch							
41	Phillips Pharmacy	Opening hrs.	09:00-18:30	09:00-18:30	09:00-19:30	09:00-18:30	09:00-18:30	09:00-13:00	Closed
		Lunch							
42	Upper Tulse Hill Chemist	Opening hrs.	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:30-13:00	Closed
		Lunch	13:00-14:00	13:00-14:00	13:00-15:00	13:00-14:00	13:00-14:00		
43	New Park Pharmacy	Opening hrs.	08:30-19:00	08:30-19:00	08:30-19:00	08:30-19:00	08:30-19:00	09:00-13:00	Closed
		Lunch	13:30-14:30	13:30-14:30	13:30-14:30	13:30-14:30	13:30-14:30		
44	SG Manning Pharmacy	Opening hrs.	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-14:00	Closed
		Lunch							

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Pharmacy opening times

Map Ref	Pharmacy Name	Hours (hrs.)	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
45	Day Lewis Pharmacy - Palace Rd Surgery	Opening hrs.	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-13:30	Closed
		Lunch							
46	Jackson Chemist	Opening hrs.	08:00-20:00	08:00-20:00	08:00-20:00	08:00-19:00	08:00-20:00	09:00-17:00	Closed
		Lunch							
47	Deejay Chemist	Opening hrs.	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-13:00	Closed
		Lunch							
48	Streatham Pharmacy	Opening hrs.	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-18:30	Closed
		Lunch							
49	Elmcourt Pharmacy	Opening hrs.	08:30-19:00	08:30-19:00	08:30-19:00	08:30-19:00	08:30-19:00	09:00-17:30	Closed
		Lunch	14:15-15:15	14:15-15:15	14:15-15:15	14:15-15:15	14:15-15:15		
50	Rosendale Pharmacy	Opening hrs.	09:00-19:00	09:00-19:00	09:00-13:00	09:00-19:00	09:00-19:00	09:00-13:00	Closed
		Lunch	13:00-14:15	13:00-14:15		13:00-14:15	13:00-14:15		
51	Adarshi Pharmacy	Opening hrs.	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	Closed
		Lunch							
52	Superdrug Pharmacy - Norwood Rd	Opening hrs.	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-17:30	Closed
		Lunch	14:00-14:30	14:00-14:30	14:00-14:30	14:00-14:30	14:00-14:30	14:00-14:30	
53	Westbury Chemist	Opening hrs.	09:00-24:00	09:00-24:00	09:00-24:00	09:00-24:00	09:00-24:00	09:00-24:00	09:00-24:00
		Lunch							
54	Day Lewis Pharmacy - Gracefield Gardens	Opening hrs.	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-19:00	09:00-13:00	Closed
		Lunch							
55	Boots - Streatham High Rd	Opening hrs.	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	09:00-18:00	11:00-17:00
		Lunch							

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Pharmacy opening times

Map Ref	Pharmacy Name	Hours (hrs.)	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
56	Touchwood Pharmacy	Opening hrs.	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
		Lunch							
57	Superdrug Pharmacy - Streatham High Rd	Opening hrs.	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
		Lunch	14:00-14:30	14:00-14:30	14:00-14:30	14:00-14:30	14:00-14:30	14:00-14:30	
58	Day Lewis Pharmacy Gipsy Rd	Opening hrs.	09:00-18:15	09:00-18:15	09:00-18:15	09:00-18:15	09:00-18:15	09:00-14:00	Closed
		Lunch							
59	Shacklock Chemist	Opening hrs.	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	Closed
		Lunch							
61	Pascoe Pharmacy	Opening hrs.	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-15:30	Closed
		Lunch							
62	Sefgrove Ltd	Opening hrs.	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:00	Closed
		Lunch							
63	Lloyds pharmacy - Sainsburys	Opening hrs.	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
		Lunch							
64	Watts Pharmacy	Opening hrs.	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-13:00	Closed
		Lunch							
65	Copes Pharmacy	Opening hrs.	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
		Lunch							

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6.4 Pharmacy services

6.4 Pharmacy services

Map Ref	Pharmacy Name	New Medicine Service	Appliance Use Review	Stoma Appliance Customisation	Hypertension case-finding service	Community Pharmacist Consultation Service	Hepatitis C testing service	Smoking Cessation Service	Flu Vaccination Service	London Flu Vaccination Service	COVID-19 vaccination service	Christmas Day and Easter Sunday Services	Palliative care scheme	Substance Misuse Level	Stop Smoking Service	Sexual Health Services	Vitamin D
1	Boots UK Limited	✓				✓			✓	✓			✓	✓			
2	Boots UK Limited	✓				✓								✓			✓
3	Lloyds pharmacy																
4	Cam Pharmacy	✓			✓	✓		✓						✓			
5	Lloyds pharmacy	✓			✓	✓			✓	✓						✓	
6	Paterson Heath & Co Ltd								✓	✓				✓	✓		✓
7	Hills Pharmacy	✓			✓	✓		✓	✓	✓				✓✓	✓	✓	✓
8	Tesco In-Store Pharmacy	✓				✓			✓	✓							
9	Medimex Pharmacy	✓			✓	✓		✓	✓	✓				✓			
10	Lloyds pharmacy	✓				✓			✓	✓						✓	
11	Vitelow Pharmacy	✓			✓	✓			✓	✓		✓		✓			
12	Medirex Pharmacy	✓			✓				✓	✓							✓
13	Reenas Pharmacy	✓				✓			✓	✓				✓		✓	
14	Millennium Pharmacy	✓			✓	✓			✓	✓							✓
15	Millennium Pharmacy	✓				✓			✓	✓							
16	Day Lewis Pharmacy	✓				✓		✓	✓	✓							
17	Millennium Pharmacy	✓				✓			✓	✓					✓	✓	
18	Halls Chemist	✓				✓			✓	✓							

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6.4 Pharmacy services

Map Ref	Pharmacy Name	New Medicine Service	Appliance Use Review	Stoma Appliance Customisation	Hypertension case-finding service	Community Pharmacist Consultation Service	Hepatitis C testing service	Smoking Cessation Service	Flu Vaccination Service	London Flu Vaccination Service	COVID-19 vaccination service	Christmas Day and Easter Sunday Services	Palliative care scheme	Substance Misuse Level	Stop Smoking Service	Sexual Health Services	Vitamin D
19	Springfield Pharmacy	✓			✓	✓			✓	✓				✓✓			
20	Harfleur Chemist	✓				✓			✓	✓				✓	✓		
21	Pulse Pharmacy	✓			✓	✓			✓	✓				✓			✓
22	Unipharm Pharmacy	✓							✓	✓				✓			
23	Millennium Pharmacy	✓				✓			✓	✓				✓			✓
24	Peace Pharmacy	✓				✓			✓	✓				✓		✓	
25	Day Lewis Pharmacy	✓			✓	✓			✓	✓						✓	
26	Junction Pharmacy	✓			✓	✓			✓	✓			✓	✓✓		✓	✓
27	Queens Pharmacy	✓				✓			✓	✓						✓	
28	Fairlee Pharmacy	✓				✓		✓	✓	✓							
29	Kamsons Pharmacy	✓			✓	✓											
30	Pearl Pharmacy	✓				✓			✓	✓							
31	Superdrug Pharmacy	✓				✓			✓	✓				✓			
32	Kingshield Pharmacy	✓			✓	✓			✓	✓				✓			
33	Boots The Chemist	✓				✓			✓	✓							
35	Orbis Pharmacy	✓				✓								✓			✓
36	Boss Pharmacy	✓				✓		✓	✓	✓				✓	✓		✓
37	Pavilion Pharmacy	✓				✓			✓	✓			✓	✓			✓
38	Boots UK Limited	✓							✓	✓				✓			

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6.4 Pharmacy services

Map Ref	Pharmacy Name	New Medicine Service	Appliance Use Review	Stoma Appliance Customisation	Hypertension case-finding service	Community Pharmacist Consultation Service	Hepatitis C testing service	Smoking Cessation Service	Flu Vaccination Service	London Flu Vaccination Service	COVID-19 vaccination service	Christmas Day and Easter Sunday Services	Palliative care scheme	Substance Misuse Level	Stop Smoking Service	Sexual Health Services	Vitamin D
39	Baba Chemist					✓			✓	✓				✓			
40	Day Lewis Pharmacy	✓			✓	✓			✓	✓				✓			
41	Phillips Pharmacy	✓			✓	✓		✓	✓	✓					✓		✓
42	Upper Tulse Hill Chemist	✓				✓											
43	New Park Pharmacy	✓				✓			✓	✓				✓	✓	✓	✓
44	SG Manning Pharmacy	✓			✓	✓			✓	✓				✓✓	✓		
45	Day Lewis Pharmacy	✓			✓	✓			✓	✓				✓	✓	✓	
46	Jackson Chemist	✓			✓	✓			✓	✓				✓		✓	✓
47	Deejay Chemist	✓			✓	✓			✓	✓				✓✓			✓
48	Streatham Pharmacy	✓			✓	✓			✓	✓				✓		✓	
49	Elmcourt Pharmacy								✓	✓				✓			
50	Dulwich Pharmacy	✓			✓	✓			✓	✓				✓			✓
51	Adarshi Pharmacy								✓	✓							
52	Superdrug Pharmacy	✓			✓	✓			✓	✓				✓			
53	Westbury Chemist	✓				✓			✓	✓			✓	✓			
54	Day Lewis Pharmacy	✓			✓	✓		✓	✓	✓					✓		
55	Boots UK Limited	✓							✓	✓				✓			
56	Touchwood Pharmacy	✓				✓			✓	✓				✓✓			✓
57	Superdrug Pharmacy	✓			✓	✓			✓	✓							

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6.4 Pharmacy services

Map Ref	Pharmacy Name	New Medicine Service	Appliance Use Review	Stoma Appliance Customisation	Hypertension case-finding service	Community Pharmacist Consultation Service	Hepatitis C testing service	Smoking Cessation Service	Flu Vaccination Service	London Flu Vaccination Service	COVID-19 vaccination service	Christmas Day and Easter Sunday Services	Palliative care scheme	Substance Misuse Level	Stop Smoking Service	Sexual Health Services	Vitamin D
58	Day Lewis Pharmacy	✓			✓	✓			✓	✓				✓			
59	Shacklock Chemist	✓				✓											
61	Pascoe Pharmacy					✓			✓	✓			✓	✓	✓	✓	✓
62	Sefgrove Ltd	✓			✓	✓			✓	✓					✓		
63	Lloyds pharmacy	✓			✓	✓			✓	✓							
64	Watts Pharmacy	✓			✓	✓								✓			
65	Copes Pharmacy	✓				✓			✓	✓				✓✓	✓		✓

6.5 Engagement strategy

Background

The Pharmaceutical Needs Assessment (PNA) sets out the pharmaceutical services which are provided in the borough together with when, and where, these are available to the population. PNAs will inform commissioning decisions by local authorities (public health services from community pharmacies) and by NHS England & NHS Improvement (NHSE&I) and Clinical Commissioning Groups (CCGs). The PNA is also used by NHSE&I in decisions relating to pharmacy market entry.

There is a legal requirement for Health and Wellbeing Boards to publish the PNA and refresh every three years. The next Lambeth PNA is due for refresh in October 2022 and the last PNA was published in April 2018. The PNA is ultimately the responsibility of the HWB but is being guided and developed by a steering group, with representation from NHSE&I, Lambeth Together SE London CCG, Lambeth Council, Lambeth Public Health Directorate, Lambeth, Southwark, Lewisham Local Pharmaceutical Committee and Lambeth HealthWatch and Lambeth Local Medical Committee.

The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs and can be found at:

<http://www.dh.gov.uk/health/2013/02/pharmaceutical-services-regulations/>

Engagement context and scope

The engagement process has three stages:

1. Pre-consultation engagement with commissioners and community pharmacists (through a survey).
2. Pre-consultation engagement with the public (through a survey).
3. Formal 60-day public consultation (as outlined in the regulations).

Stages 1 and 2 of the engagement will inform the development of the consultation draft of the PNA. The consultation draft will be available for stakeholders to comment on as part of the 60-day consultation. We are planning for the formal consultation to comment from 04 July 2022 to 04 September 2022 (just over 60 days).

Formal consultation

- I. Regulation 8 sets out the requirements for consultation on PNAs. The local authority duty to involve was first introduced in the Local Government and Public Health Involvement in Health Act 2007 and was updated and extended in the Local Democracy, Economic Development and Construction Act 2008.
- II. Lambeth Health and Wellbeing Board must consult on a draft of its PNA, for a minimum of sixty days.
- III. This consultation must include specified stakeholders including:
 - Local Pharmaceutical Committee.
 - Local Medical Committee.
 - Persons on the pharmaceutical list and any dispensing doctors list.
 - Any LPS pharmacy.
 - Any relevant local involvement network, patient or consumer or community group within the Health Wellbeing Board area.
 - NHS Trust & NHS Foundation Trusts within the Health and Wellbeing Board area.
 - Any neighbouring Health and Wellbeing Board.
 - NHSE&I.
 - Local Health Watch.
- IV. A person is to be treated as served with a draft if that person is notified by the Health and Wellbeing Board of the address of a website on which the draft is available and is to remain for the consultation period.
- V. Requests for a copy in hard form must be supplied within 14 days (free of charge).
- VI. Paragraph 7(c) of Schedule 3A requires HWBBs to include a report on the consultation that has been undertaken:
 - a) the persons who have been consulted.
 - b) what information has been provided.
 - c) what matters those persons were consulted about.
 - d) the result of the consultation, including a summary of the differences between the views expressed by those consulted.
 - e) details of the decisions or changes made following the consultation and the influence the results of the consultation had on that decision/change.

Pre consultation surveys

The pharmacy survey was conducted through an online tool used by commissioners and pharmacy providers called “PharmOutcomes”. A survey questionnaire was designed based on nationally agreed survey questions but tailored to local needs and priorities. All Lambeth Pharmacies were sent the questionnaire via “PharmOutcomes”.

The scope of the public survey was to sample the general population who are pharmacy users, while ensuring the views of any population groups with protected characteristics (age, BME groups, people with disabilities, sexual orientation, and religion) were heard. Advice was sought from Lambeth Council’s Communications Team, who assisted in developing the online version of the public survey, provided the platform for it and published it on the Council website’s consultation pages. The survey was promoted widely through the Council’s social media. A link was also emailed to subscribers to a Lambeth Council residents’ communications database and to key stakeholders. PDF posters were emailed to GPs and Pharmacies and they were asked to print and display these on their premises to promote completion of the survey online among service users. Additionally, we utilised market research; market researchers were posted on busy high streets and in front of pharmacies in Lambeth to offer members of the public an opportunity to complete the survey with them.

Community organisations representing residents with protected characteristics were emailed the link to the online survey with a request to promote the survey amongst their members. The online survey was open for a period of 5 weeks.

Summary of response from public survey

We have completed a public survey with 209 responses altogether. The findings of from this survey are largely incorporated into the main body of the PNA.

Preliminary headlines from this are:

- Respondents were asked about the pharmacy they normally visit and why they use it, the reasons and proportions of the 209 responses received are stated below:
 - 82% - close to their home.
 - 43% - close to their GP.
 - 11% - close to their workplace.
 - 5% - it is in the supermarket they use.
 - 26% - the opening hours are convenient.
 - 40% - they trusted the pharmacist.
 - 39% - the staff were friendly and helpful.
 - 25% - the service is efficient.
 - 5% - it is easy to access with a wheelchair.
 - 97% of respondents stated it took less than 30 minutes to get to their local pharmacy.
 - 75% stated it took no more than 15 minutes.

- 68% of respondents walk, with 8% driving to their local pharmacy.
- 89% (171 of 209) of respondents are satisfied with the opening hours of their pharmacy.
- 7% (14 of 209) are very dissatisfied.
 - When asked about when they use their pharmacy during the week:
- 31% of respondents used it in the early evening (5pm – 8pm).
- 40% used it during school hours (9am – 3pm).
- 57% used it between 9 am and 5pm.
- 34% use their pharmacy from 5pm – midnight.
 - On weekends, most respondents used their pharmacy before 3pm.
 - When asked about extended opening hours, 64% knew where a late opening pharmacy was.

When asked in the survey:

- “Have you ever used prescription services”
- 186 out of 209 (89%) people responded yes.
- “Have you ever used repeat prescription services”
- 132 out of 209 (63%) people responded yes.

Summary of response from pharmacy survey

- A survey of current pharmacy providers in Lambeth was carried out - 38 of the 65 pharmacies responded.
- Preliminary headlines from this are:
- 97% of pharmacies reported they had a consultation area including wheelchair access.
- 74% of pharmacies reported they had hand washing facilities in the consultation area.
- Only 18% had toilet facilities.
- 97% had electronic prescribing enabled.
- 100% reported providing advanced services such as New Medicines Service and 100 % provided Community Pharmacist Consultation Service (CPCS).

6. Appendix

6.6 Abbreviations

6.5 Abbreviations

AUR	Appliance Use Review	HSCIC	Health and Social Care Information Centre
CMD	Common mental disorders	HWBB	Health and Wellbeing Board
CCG	Clinical Commissioning Group	ICB	Integrated Care Boards
CHD	Coronary Heart Disease	ICS	Integrated Care Systems
CMO	Chief Medical Officer	IDACI	Income Deprivation Affecting Children Index
COPD	Chronic Obstructive Pulmonary Disease	IDAOP	The Income Deprivation Affecting Older People Index
CPCF	Community Pharmacy Contractual Framework	IMD	Index of Multiple Deprivation
CVD	Cardiovascular Disease	JSNA	Joint Strategic Needs Assessment
DAC	Dispensing Appliance Contractor	KCL	Kings College London
DLFE	Disability free life expectancy	LPC	Local Pharmaceutical Committee
EHC	Emergency Hormonal Contraception	LMC	Local Medical Committee
EU	European Union	MUR	Medicines Use Review
GLA	Greater London Authority	NDTMS	National Drug Treatment Monitoring System
GP	General Practitioner	NHS	National Health Service
GPhC	General Pharmaceutical Council	NHSEI	NHS England and NHS Improvement
HIV	Human Immunodeficiency Virus	NICE	National Institute for Health and Care Excellence
HRA	Homelessness Reduction Act	NMS	New Medicines Service
		NRT	Nicotine Replacement Therapy

6. Appendix

6.6 Abbreviations

OHID	Office for Health Improvement and Disparities
OHSEL	Our Healthier South East London
ONS	Office for National Statistics
PHOF	Public Health Outcomes Framework
PNA	Pharmaceutical Needs Assessment
PSNC	Pharmaceutical Services Negotiating Committee
SAC	Stoma Appliance Customisation
SMI	Serious Mental illness
STI	Sexually Transmitted Infection
TIA	Transient Ischemic Attack
UKHSA	UK Health Security Agency