

**LONDON BOROUGH OF
BARKING AND DAGENHAM**
PHARMACEUTICAL NEEDS
ASSESSMENT 2022
DRAFT FOR CONSULTATION

Executive Summary

Introduction

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

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

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

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

There are 39 community pharmacies and one dispensing appliance contractor located within the London Borough of Barking and Dagenham. The PNA provides an overview of the health and wellbeing needs of Barking and Dagenham population, including patients' and public's views of their pharmacy services. It assesses whether the current provision of pharmacies and the commissioned services they provide meet the needs of the Barking and Dagenham residents and whether there are any gaps, either now or within the lifetime of this document, 1st October 2022 to 30th September 2025. It assesses current and future provision with respect to:

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

These are outlined in Appendix C. The development of new pharmacy services in relation to the local implementation of place-based partnerships is outside the scope of this PNA.

Key findings are outlined below.

Findings

Key demographics and health needs of Barking and Dagenham

Barking and Dagenham is an urban local authority situated in outer, Northeast London. It has an estimated 217,384 residents. Its population is set to increase by 3% by 2025 due to its high birth rate and new developments underway in the Barking Riverside area.

The London Borough of Barking and Dagenham has highest proportion of young people in London and the highest birth rate in London. Nearly half of the population are from BAME groups, a quarter of the population are Asian.

There are pockets of high deprivation within Barking and Dagenham, most notably in the north of Heath, and Thames where deprivation is highest at LSOA level. The impact of COVID-19 affected those from more deprived areas and from BAME communities the most.

Barking and Dagenham have the lowest life expectancy figures in London and the lowest healthy life expectancy for males and the third lowest for females (PHE, Public Health Profiles, 2022).

In terms of lifestyle factors, there are several areas of concern (PHE, Local Health Indicators, 2021):

- 18.1% of adults smoke, substantially higher than regional and national figures
- 65.5% of adults are overweight or obese, the third highest rate in London
- 31.9% of adults are inactive, the third highest rate in London
- There is a high proportion of opiate and/or crack cocaine users who are not receiving treatment
- Chlamydia detection rates are higher than national figures
- 44.7% of Year 6 children are obese, the highest rate in London

There are several population health and wellbeing needs that were identified (PHE, Local Health Indicators, 2021):

- Nearly a quarter of adults have a common mental illness
- Premature mortality for cancers, stroke, coronary heart diseases and respiratory diseases are high
- Rates of premature births, low birth weight, still births and maternal obesity are among the highest in London. 1% of births are to teenage mothers, the highest rate in London.
- Excess winter deaths, loneliness and isolation, and frailty are areas of concern among the older population.

A comprehensive overview of the demographics and health and wellbeing needs of Barking and Dagenham residents is presented in Chapter 4.

Key findings from patient and public engagement

A community survey was disseminated across Barking and Dagenham, Havering and Redbridge. 364 people responded to tell us how they use their pharmacy and their views on specific 'necessary' pharmacy services, 40 of whom were from Barking and Dagenham.

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

There were no significant differences between groups in terms of their use, reasons for their chosen pharmacy and expectations in their local pharmacy provision. These findings are presented in Chapter 5.

Health and Wellbeing Board Statements on Service Provision

The Health and Wellbeing Board has assessed whether the current and future pharmacy provision meets the health and wellbeing needs of the Barking and Dagenham population. It has also determined whether there are any gaps in the provision of pharmaceutical service either now or within the lifetime of this document, 1st October 2022 to 30th September 2025. This is presented in Chapter 6.

The London Borough of Barking and Dagenham is well served in relation to the number and location of pharmacies. The Health and Wellbeing Board has concluded that there is good access to essential, advanced and enhanced pharmaceutical services for the residents of Barking and Dagenham with no gaps in the current and future provision of these services identified. See Chapter 7 for a full summary of the Health and Wellbeing conclusions on pharmacy services.

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Chapter 1- Introduction

Purpose of the Pharmaceutical Needs Assessment

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

Legislative background

- 1.4 From 2006, NHS Primary Care Trusts had a statutory responsibility to assess the pharmaceutical needs for their area and publish a statement of their first assessment and of any revised assessment.
- 1.5 With the abolition of Primary Care Trusts and the creation of Clinical Commissioning Groups in 2013, Public Health functions were transferred to local authorities. Health and Wellbeing Boards were introduced and hosted by local authorities to bring together Commissioners of Health Services (CCGs), Public Health, Adult Social Care, Children's services and Healthwatch.
- 1.6 The Health and Social Care Act of 2012 gave a responsibility to Health and Wellbeing Boards for developing and updating Joint Strategic Needs Assessments and Pharmaceutical Needs Assessments.

- 1.7 This PNA covers the period between 1st October 2022 and 30th September 2025. It must be produced and published by 1st October 2022. The Health and Wellbeing Board are also required to revise the PNA publication if they deem there to be significant changes in pharmaceutical services before 30th September 2025.
- 1.8 A draft PNA must be put out for consultation for a minimum of 60 days prior to its publication. The 2013 Regulations list those persons and organisations that the HWB must consult, which include:
- Any relevant local pharmaceutical committee (LPC) for the HWB area
 - Any local medical committee (LMC) for the HWB area
 - Any persons on the pharmaceutical lists and any dispensing GP practices in the HWB area
 - Any local Healthwatch organisation for the HWB area, and any other patient, consumer and community group, which in the opinion of the HWB has an interest in the provision of pharmaceutical services in its area
 - Any NHS Trust or NHS Foundation Trust in the HWB area
 - NHS England
 - Any neighbouring Health and Wellbeing board.
- 1.9 The NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013 and the Department of Health Information Pack for Local Authorities and Health and Wellbeing Boards' provide guidance on the requirements that should be contained in the PNA publication and the process to be followed to develop the publication. The development and publication of this PNA has been carried out in accordance with these Regulations and associated guidance.

Minimum requirements of the PNA

- 1.10 As outlined in the 2013 regulations, this PNA must include a statement of the following:
- **Necessary Services – Current Provision:** services currently being provided which are regarded to be “necessary to meet the need for pharmaceutical services in the area”. This includes services provided in the borough as well as those in neighbouring boroughs.
 - **Necessary Services – Gaps in Provision:** services not currently being provided which are regarded by the HWB to be necessary “in order to meet a current need for pharmaceutical services”.
 - **Other Relevant Services – Current Provision:** services provided which are not necessary to meet the need for pharmaceutical services in the area, but which nonetheless have “secured improvements or better access to pharmaceutical services”.
 - **Improvements and Better Access – Gaps in Provision:** services *not* currently provided, but which the HWB considers would “secure improvements, or better access to pharmaceutical services” if provided.
 - **Other Services:** any services provided or arranged by the local authority, NHS England, the CCG, an NHS trust or an NHS foundation trust which affects the need for

pharmaceutical services in its area or where future provision would secure improvement, or better access to pharmaceutical services specified type, in its area.

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

Circumstances under which the PNA is to be revised or updated

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

Chapter 2 - Strategic Context

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

National context

Department of Health and Social Care Policy Paper - Integration and Innovation: working together to improve health and social care for all¹

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

¹ Department of Health & Social Care. Policy paper: Integration and innovation: working together to improve health and social care for all (updated February 2021). Available at: <https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-html-version#executive-summary>

With a more flexible approach, the NHS and local authorities will be able to meet the current future health and care challenges by avoiding bureaucracy.

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

The NHS Long Term Plan (2019)²

- 2.6** As health needs change, society develops, and medicine advances, the NHS must ensure that it is continually moving forward to meet these demands. **The NHS Long Term Plan (2019)** (NHS LTP) introduces a new service model for the 21st century and includes action on preventative healthcare and reducing health inequalities, progress on care quality and outcomes, exploring workforce planning, developing digitally-enabled care, and driving value for money.
- 2.7** More specifically, pharmacies will play an essential role in delivering the NHS LTP. £4.5 billion of new investment will fund expanded community multidisciplinary teams aligned with the new primary care networks (PCNs). These teams will work together to provide the best care for patients and will include pharmacists, district nurses, allied health professionals, GPs, dementia workers, and community geriatricians. Furthermore, the NHS LTP stipulates that as part of the workforce implementation plan, and with the goal of improving efficiency within community health, along with an increase in the number of GPs, the range of other roles will also increase, including community and clinical pharmacists, and pharmacy technicians.
- 2.8** Research indicates that around 10% of elderly patients end up in hospital due to preventable medicine related issues and up to 50% of patients do not take their medication as intended. PCN funding will therefore be put towards expanding the number of clinical pharmacists working within general practices and care homes, and the NHS will work with the government to ensure greater use and acknowledgement of community pharmacists' skills and better utilisation of opportunities for patient engagement. As part of preventative healthcare and reducing health inequalities, community pharmacists will support patients to take their medicines as intended, reduce waste, and promote self-care.
- 2.9** Within PCNs, community pharmacists will play a crucial role in supporting people with high-risk conditions such as atrial fibrillation (AF) and cardiovascular disease (CVD). The NHS will support community pharmacists to case-find, e.g. hypertension case-finding. Pharmacists within PCNs will undertake a range of medicine reviews, including educating patients on the

² NHS. *The NHS Long Term Plan* (2019). <https://www.longtermplan.nhs.uk/>

correct use of inhalers, and supporting patients to reduce the use of short acting bronchodilator inhalers and to switch to clinically appropriate, smart inhalers.

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

Health Equity in England: Marmot review 10 years on³

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

We explore these in the context of Barking and Dagenham in Chapter 4.

Public Health England (PHE)⁴ Strategy 2020-2025⁵

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

³ Institute of Health Equity. *Health Equity in England: The Marmot Review 10 Years On* (2020). <https://www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on/the-marmot-review-10-years-on-executive-summary.pdf>

⁴ As of October 2021, PHE ceased to exist. Responsibilities formally undertaken by PHE are now the responsibility of OHID, UKHSA and NHS England.

⁵ Public Health England Strategy 2020-2025 (2019). https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/831562/PHE_Strategy_2020-25.pdf

- 2.13** PHE produced a briefing: ‘Pharmacy teams – seizing opportunities for addressing health inequalities’.⁶ The briefing highlights the unique role that pharmacy teams can play in helping to address health inequalities. It suggests ways for making the most of pharmacy teams’ potential to work with local community and faith leaders, reach out to under-served communities and those with the poorest health outcomes, and to take on a health inequalities leadership role. It also sets out recommendations for system leaders, commissioners and community pharmacy teams themselves.

Community Pharmacy Contractual Framework (CPCF) 2019/20-2023/24⁷

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

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

⁶ Public Health England. Pharmacy teams – seizing opportunities for addressing health inequalities (September 2021). <https://psnc.org.uk/wp-content/uploads/2021/09/Pharmacy-teams-seizing-opportunities-for-addressing-health-inequalities.pdf>

⁷ Community Pharmacy Contractual Framework (2019).

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

Pharmacy Integration Fund (PhIF)⁸

- 2.15** The PhIF and PCN Testbed programme will be used to test a range of additional prevention and detection services, which if found to be effective and best delivered by a community pharmacy, could (with appropriate training) be mainstreamed within the CPCF over the course of the settlement period. Workstreams supported by the PhIF Programme include:
- GP referral pathway to the NHS CPCS.
 - Hypertension Case-Finding Pilot - A model for detecting undiagnosed cardiovascular disease (CVD) in community pharmacy and referral to treatment within PCNs.
 - Smoking Cessation Transfer of Care Pilot – hospital inpatients (including antenatal patients) will be able to continue their stop smoking journey within community pharmacy upon discharge.
 - Exploring the routine monitoring and supply of contraception (including some long-acting reversible contraceptives) in community pharmacy.
 - Palliative Care and end of life medicines supply service building on the experience of the COVID-19 pandemic.
 - Structured medication reviews in PCNs for people with a learning disability, autism, or both, linked with the STOMP programme.
 - Workforce development for pharmacy professionals in collaboration with Health Education England (HEE), e.g., medicines optimisation in care homes; primary care pharmacy educational pathway; leadership; integrated urgent care; independent prescribing; enhanced clinical examination skills.

Regional Context

London Community Pharmacy: Our offer to London – Pharmacy Strategy 2020⁹

- 2.16** This document was developed jointly by London’s local pharmaceutical committees (LPCs), supported by NHS England and NHS Improvement – London region. It presents a service offer to PCNs, local authorities and other health, social care and public health stakeholders, and the people of London. In summary, the offer from London Community Pharmacy is to:
- Expand the range of clinical services
 - Increase the range of – and access to – wellness services
 - Develop community pharmacy as a social asset – working to increase the social capital of our communities
 - Integrate community pharmacy into primary care networks
 - Provide strong leadership within integrated care partnerships

⁸ NHS Pharmacy Integration Programme. <https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-integration-fund/>

⁹ London LPCs and NHSE&I. *London Community Pharmacy: Our offer to London. Pharmacy Strategy (2020)*. <https://psnc.org.uk/pharmacylondon/wp-content/uploads/sites/112/2020/09/Offer-to-London.pdf>

The Health and Care Vision for London (2019)¹⁰

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

1. reduce childhood obesity
2. improve the emotional wellbeing of children and young Londoners
3. improve mental health and progress towards zero suicides
4. improve air quality
5. improve tobacco control and reduce smoking
6. reduce the prevalence and the impact of violence
7. improve the health of homeless people
8. improve services and prevention for HIV and other STIs
9. support Londoners with dementia to live well
10. improve care and support at the end of life.

North East London Health and Care Partnership (NEL HCP)¹¹

2.18 Integrated Care Systems (ICSs) are partnerships between the organisations that meet health and care needs across an area, to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups. An ICS exists to improve the health and care of all residents, preventing illness, tackling variation in care and delivering seamless services while getting maximum impact for every pound. The collective strength of these organisations work together to address their residents' biggest health challenges, many exacerbated by COVID-19.

2.19 NEL HCP is the North East London ICS, which brings together NHS organisations, local authorities, and community organisations to support local people to live healthier and happier lives. NEL HCP has started responding to the NHS LTP. It is made up of the following London Councils: Barking & Dagenham, Redbridge, Havering, City and Hackney, Newham, Tower Hamlets, and Waltham Forest; and one CCG, five NHS Trusts (three acute and two community), and 286 GP practices.

Local context

Barking and Dagenham Health and Wellbeing Strategy 2019-2023¹²

2.20 Health and Wellbeing Boards are required to produce Health and Wellbeing Strategies to set out how partners will meet local health needs, improve outcomes, and reduce health inequalities within the borough.

¹⁰ The London Vision (2019). <https://www.healthylondon.org/wp-content/uploads/2019/09/London-Vision-short-summary-1.pdf>

¹¹ North East London Health and Care Partnership website: <https://www.eastlondonhcp.nhs.uk>

¹² Barking and Dagenham Health and Wellbeing Strategy (2019).

<https://www.lbbd.gov.uk/sites/default/files/attachments/Joint-Health-and-Wellbeing-Strategy-2019-2023.pdf>

2.21 Health and Wellbeing Boards are required to produce Health and Wellbeing Strategies to set out how partners will meet local health needs, improve outcomes, and reduce health inequalities within the borough.

2.22 The Barking and Dagenham Health and Wellbeing strategy sets out plans to address gaps and health inequalities, and to achieve realistic and measurable improvements in the health and wellbeing of the residents by 2023. The Joint Strategic Needs Assessment (2017) (JSNA) was used to inform the three key priorities as set out by the health and wellbeing board of Barking & Dagenham:

- **The best start in life:** In the UK, Barking and Dagenham has the highest proportion of residents aged between 0-4. Barking & Dagenham pledge several ways to ensure that all children under the age of 8 have the best start. This includes: resilience building within the first 7 years; seeking alternative community solutions earlier and reserving statutory and specialist services for the most vulnerable children; safeguarding vulnerable children; focusing on supporting communities where there is the potential for the largest impact; co-producing and designing services with residents and children; taking a family based approach to reduce the impact of challenges on children and young people; understanding the factors driving adversities in partnerships, having honest conversations around child development with residents; and providing peer to peer networks to support families.
- **Early diagnosis and intervention:** Barking and Dagenham have the highest rates of deaths from cancer considered preventable in London, and the third highest prevalence of chronic obstructive pulmonary disease (COPD) in London, with the second highest rates of emergency COPD related hospital admissions. The borough also has the third highest proportion of late HIV diagnosis within London. Several pledges have been set to focus on earlier interventions and prevention methods, such as the use of social prescribing to reduce the demand on specialist services, working together with residents and the community to design services for their needs, and having open conversations with residents regarding their health.
- **Building resilience:** The residents of Barking and Dagenham face several inequalities and adversities. Building resilience and coping with change can help the residents to thrive within their communities. The strategy outlines some ways to help the residents of Barking and Dagenham build resilience by ensuring a family-based approach is taken to deal with domestic abuse and violence, child sexual exploitation, and working through a peer-to-peer support model to engage with survivors of domestic violence & abuse, child sexual exploitation and serious crime. Additionally aiming to ensure more people are employed or entering higher education, improve physical and mental wellbeing, and helping older residents to age well with dignity and independence.

Annual Public Health Report for Barking and Dagenham 2020-2021. The impact from COVID-19¹³:

2.23 The annual public health report for Barking and Dagenham highlighted some of the inequalities faced by local residents, particularly in relation to the impact of the COVID-19 pandemic. The findings include:

- A high proportion of Black, Asian and Minority Ethnic (BAME) identifying residents living in older cohabitating households compared to White residents.
- A direct impact of COVID-19 on the residents of Barking and Dagenham, for example, the average age at admission for over 65's was seven years lower in those from a Black African and Black Other background, compared to the White British population.
- Bangladeshi men were 4x more affected than women in terms of mortality.
- Indirect impact of COVID-19 included a double in rate of moderate to severe depression in adults between March and June 2020, and increased levels of stress in younger adults from BAME backgrounds.
- 35% of households with low incomes did not have enough devices to access online learning.
- Obesity was thought to have worsened during the lockdown. The significant time spent at home, reduced activity levels.
- Children living in poorer housing, or with special needs or mental health issues have been particularly affected by the harmful effects of the pandemic.

¹³ Annual Public Health Report for Barking and Dagenham 2020-21. The Impact from COVID-19.
<https://www.lbbd.gov.uk/sites/default/files/attachments/LBBD%20Equality%20Challenges%20in%20Barking%20and%20Dagenham%20Report%202021%20summary.pdf>

Chapter 3 - The development of the PNA

- 3.1** This PNA has been developed using a range of information sources to describe and identify population needs and current service provision from the network of community pharmacies (see Table 3.1). This includes:
- Nationally published data
 - The Barking and Dagenham Joint Strategic Needs Assessment
 - Local policies and strategies such as the Joint Health and Wellbeing Strategy
 - A survey to Barking and Dagenham pharmacy providers
 - A survey to the patients and public of Barking and Dagenham, Havering and Redbridge
 - Local Authority and BHR CCG commissioners

Table 3.1 PNA 2022-25 data sources

Health need and priorities	<ul style="list-style-type: none"> • National benchmarking ward and borough-level data from Public Health England¹⁴ • London Borough of Barking and Dagenham Joint Strategic Needs Assessment¹⁵ • A range of GLA demographic data sets • Synthesis from a range of national datasets and statistics
Current Pharmaceutical Services	<ul style="list-style-type: none"> • Commissioning data held by the NHS England • Commissioning data held by London Borough of Barking and Dagenham • Commissioning data held by North East London CCG • Questionnaire to community pharmacy providers
Views from community pharmacy contractors	<ul style="list-style-type: none"> • Questionnaire to community pharmacy providers and follow-up interviews
Patients and the Public	<ul style="list-style-type: none"> • Patient and public survey

- 3.2** These data have been combined to describe the Barking and Dagenham population, current and future health needs and how pharmaceutical services can be used to support the Health and Wellbeing Board (HWB) to improve the health and wellbeing of our population.
- 3.3** This PNA will be published for public consultation 31st January to 4th April 2022. All comments have been considered and incorporated into the final PNA final report.

¹⁴ Public Health England (2021) Public Health Profiles: <https://fingertips.phe.org.uk/>

¹⁵ BHR JSNA profile: LB Barking and Dagenham 2020

Methodological considerations

Geographical Coverage

For the purposes of the PNA the geographical localities of Barking and Dagenham is presented as electoral wards to summarise demographic and health need. Barking and Dagenham has 17 in total, these are illustrated in figure 3.1.

Figure 3.1 London Borough of Barking and Dagenham Electoral Wards



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

Patient and Public Survey

- 3.7** Patient and public engagement in the form of a survey was undertaken to understand how people use their pharmacies, what they use them for and their views of the pharmacy provision. 364 Barking and Dagenham, Havering and Redbridge residents and workers responded to the survey, their views were explored, including detailed analysis of the Protected Characteristics. The findings from the survey are presented in Chapter 5 of this PNA.

Pharmacy Contractor Survey

- 3.8** The contractor survey was sent all to the community pharmacies within Barking and Dagenham and 34 pharmacies responded. The results from this survey are referred to throughout this document.

Governance and Steering Group

- 3.9** The development of the PNA was advised by a Steering group whose membership included representation from:
- Public Health teams in London Borough of Barking and Dagenham, the London Borough of Havering and the London Borough of Redbridge
 - North East London Clinical Commissioning Group
 - North East London Local Pharmaceutical Committee (LPC)
 - Healthwatch Barking and Dagenham, Healthwatch Havering and Healthwatch Redbridge.

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

Regulatory consultation process and outcomes

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

Chapter 4 Demographics and Health Needs

- 4.1** This chapter presents an overview of health and wellbeing in Barking and Dagenham, particularly the areas likely to impact on needs for community pharmacy services. It includes an analysis of the latest Barking and Dagenham population and inequalities projections.
- 4.2** The analysis of health needs and population changes are outlined in five sub-sections of this chapter and are guided by the Barking and Dagenham JSNA¹⁶ priority areas. These are:
- Barking and Dagenham demographic characteristics
 - Wider determinants of health
 - Our health behaviours and lifestyles
 - The places and communities in which we live
 - An integrated health and care system
- 4.3** All the maps that follow present the proportion of the population in relation to different factors such as population density, deprivation, and obesity. They are displayed in gradients, where the lower the marker, the lighter the colour. The gradients are illustrated in the legends attached to each map.

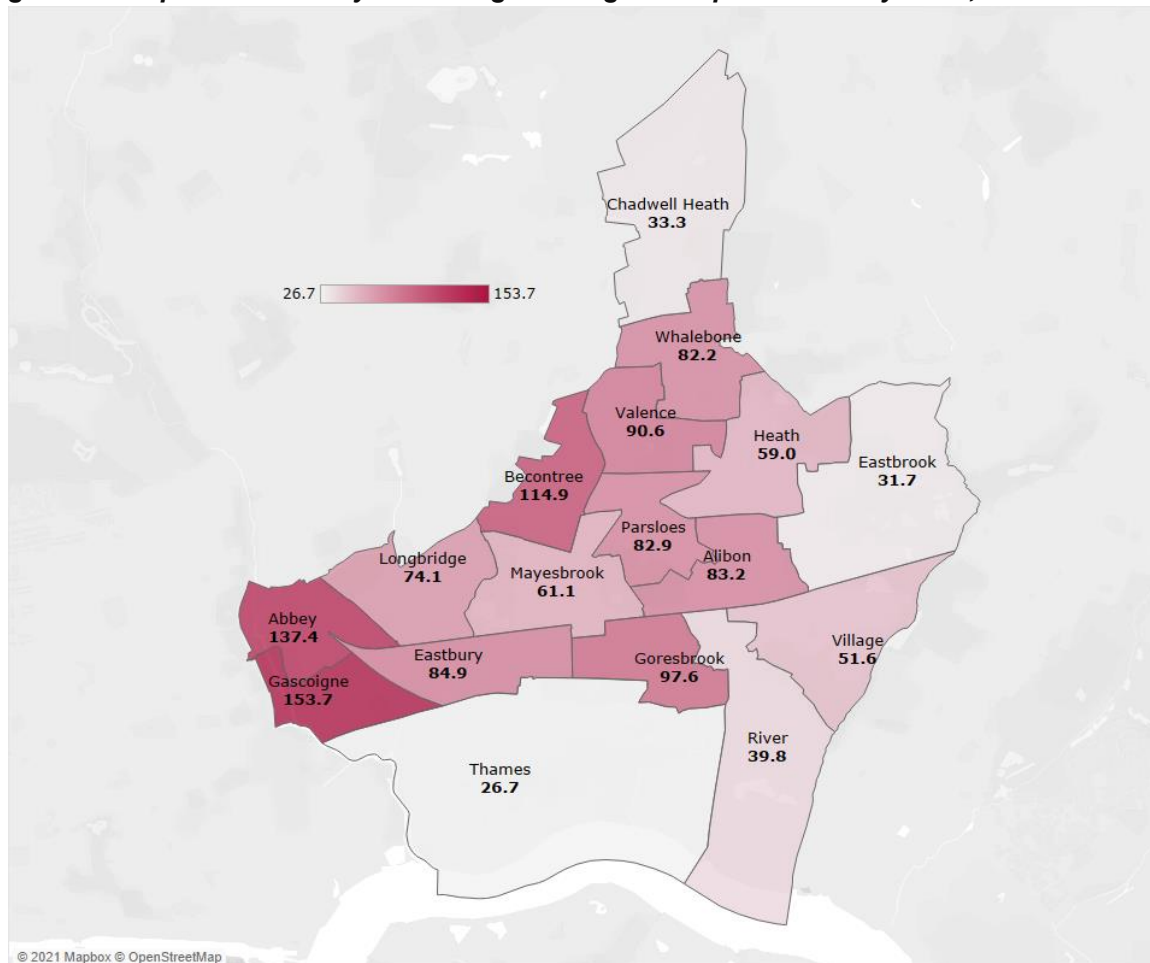
Barking and Dagenham Demographic Characteristics

Population size and density

- 4.4** The London Borough of Barking and Dagenham is a North East London Borough situated in Outer London. It borders Havering, Newham, Bexley, Greenwich, and Redbridge. Barking and Dagenham has a number of local centres and two main town centres, these are Barking Town Centre and Dagenham Heathway, the largest being Barking Town Centre.
- 4.5** Greater London Authority estimates that the population of Barking and Dagenham is 217,384 in 2022 (Housing-led population projections).
- 4.6** The borough's population density is comparable to the London average (57.9 vs 56.2 - per hectare respectively) with the most densely populated wards being the western wards of Gascoigne and Abbey (see Figure 4.1).

¹⁶ BHR JSNA profile: LB Barking and Dagenham 2019-20

Figure 4.1: Population Density of Barking and Dagenham per hectare by Ward, 2022 estimates

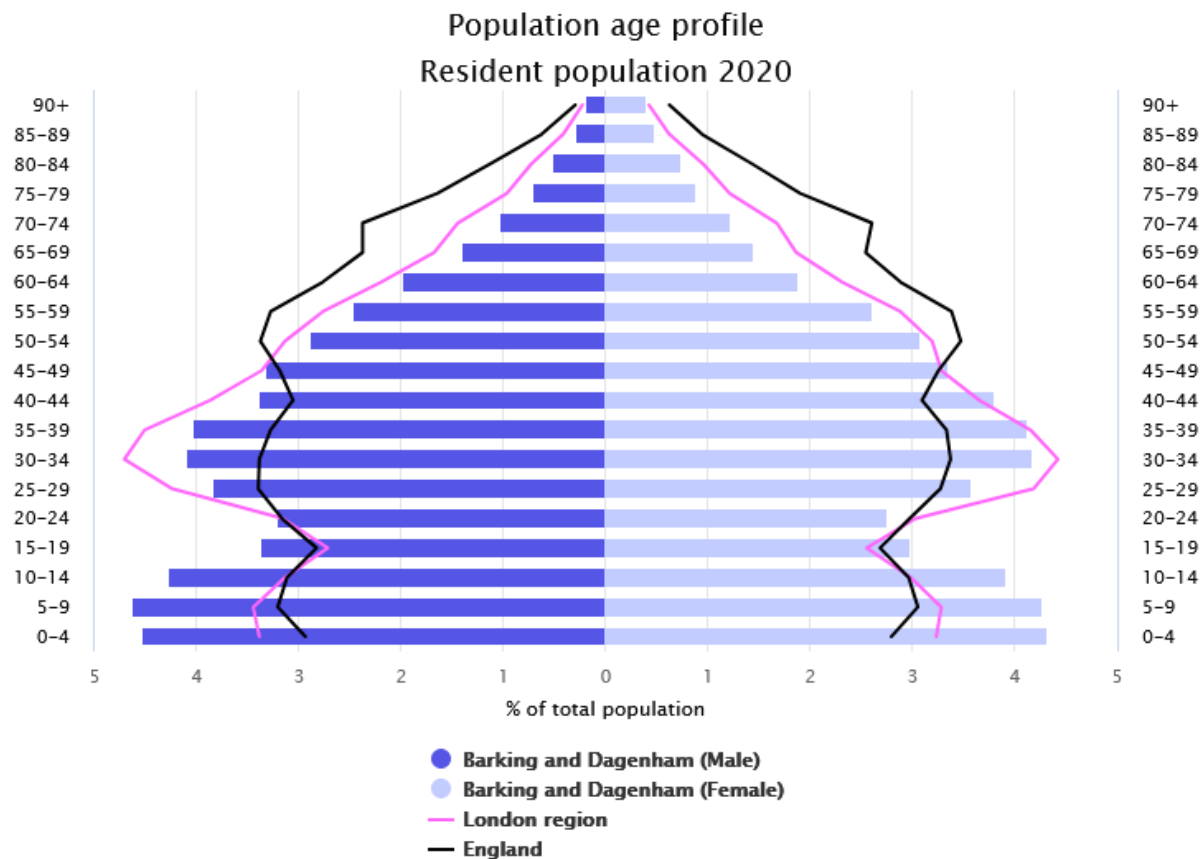


Source: GLA, Land Area, and Population Density

Age and Gender Structure

- 4.7 According to 2020 mid-year estimates Barking and Dagenham has a comparatively young population; in fact, it has the highest proportion of children and young people in the country. 27.3% of the population is aged between **0-15 years**.
- 4.8 The proportion of **working age population** is slightly lower than that of the rest of London. 63.4% of the population are age between 16 and 64, compared to 73.6% for all of London.
- 4.9 9.73% of Barking and Dagenham residents are **aged 65 and over**. This is lower than London overall (12.5%). Figure 4.2 presents a breakdown of the age and gender of Barking and Dagenham residents (ONS 2020 Mid Year Estimates).

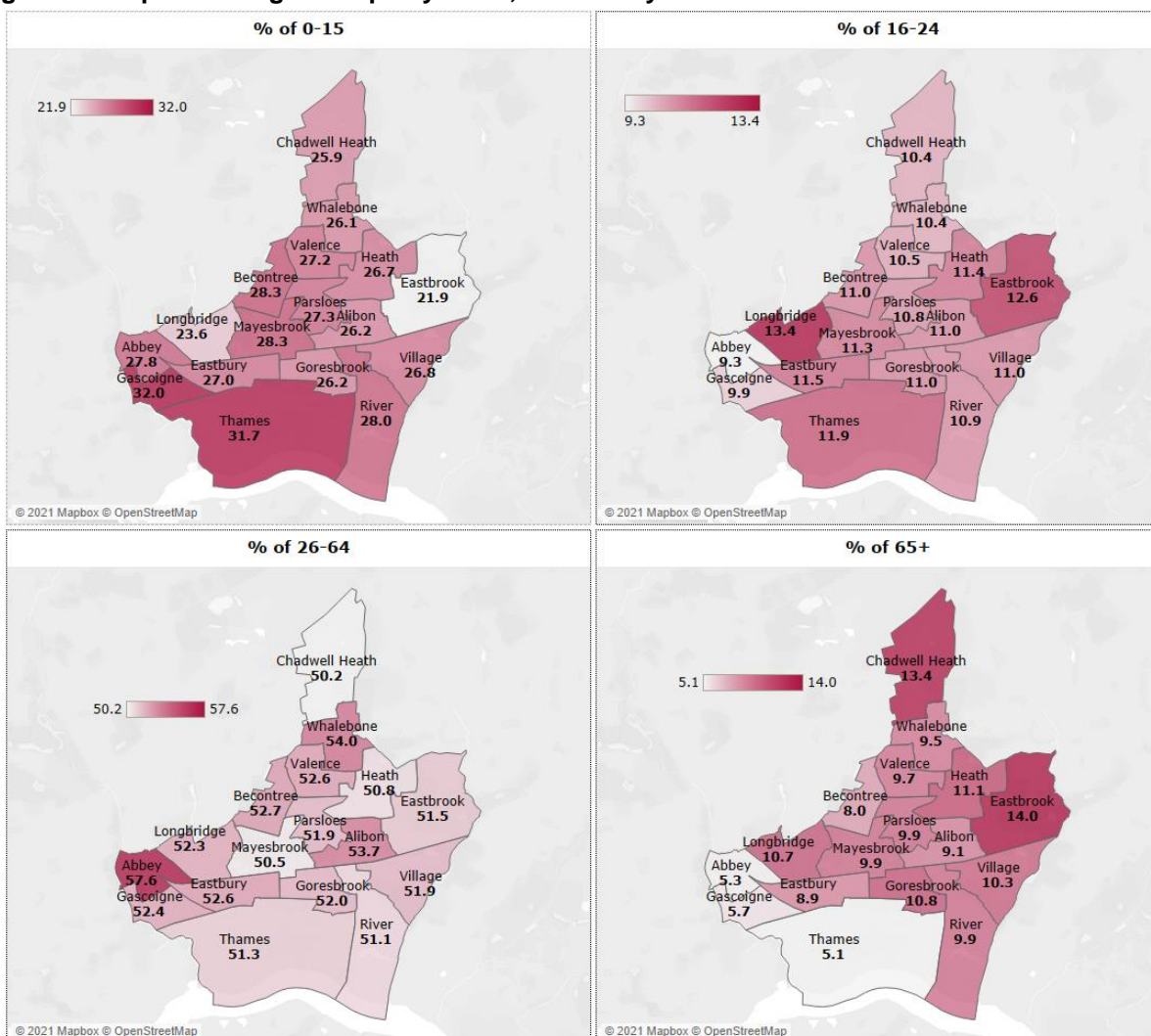
Figure 4.2: Proportion of resident population by age-band and gender, Mid-year 2020 estimates for Barking and Dagenham



Source: PHE, Local Authority Health Profiles, 2022

4.10 The south-western wards of Gascoigne and Thames have the highest representation of the 0-15 population, while Eastbrook in the north-west and Chadwell South, the most northern ward, have the highest representation of those aged 65+ (see figure 4.3).

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



Source: PHE, Local Authority Health Profiles, 2018

Ethnicity and diversity

- 4.11 Areas where diversity is higher correlate with areas of higher levels of deprivation and poorer health. Pharmacy staff often reflect the social and ethnic backgrounds of the community they serve making them approachable to those who may not choose to access other health care services.¹⁷
- 4.12 NICE Guidance¹⁸ highlights that community pharmacies can impact on health inequalities in several ways. For example, they recommend that community pharmacists take into consideration how a patient’s personal factors may impact on the service they receive. Personal factors would include, but not limited to, gender, identity, ethnicity, faith, culture, or

¹⁷ NICE guideline (2018) Community pharmacies: promoting health and wellbeing [NG102]

¹⁸ NICE guideline (2018) Community pharmacies: promoting health and wellbeing [NG102]

any disability. It also recommends that community pharmacists make use of any additional languages staff members may have.

- 4.13 Nearly half (49%) of the Barking and Dagenham resident population are from **BAME groups**. One in four residents identify as Asian and 17% are Black (Table 4.1).

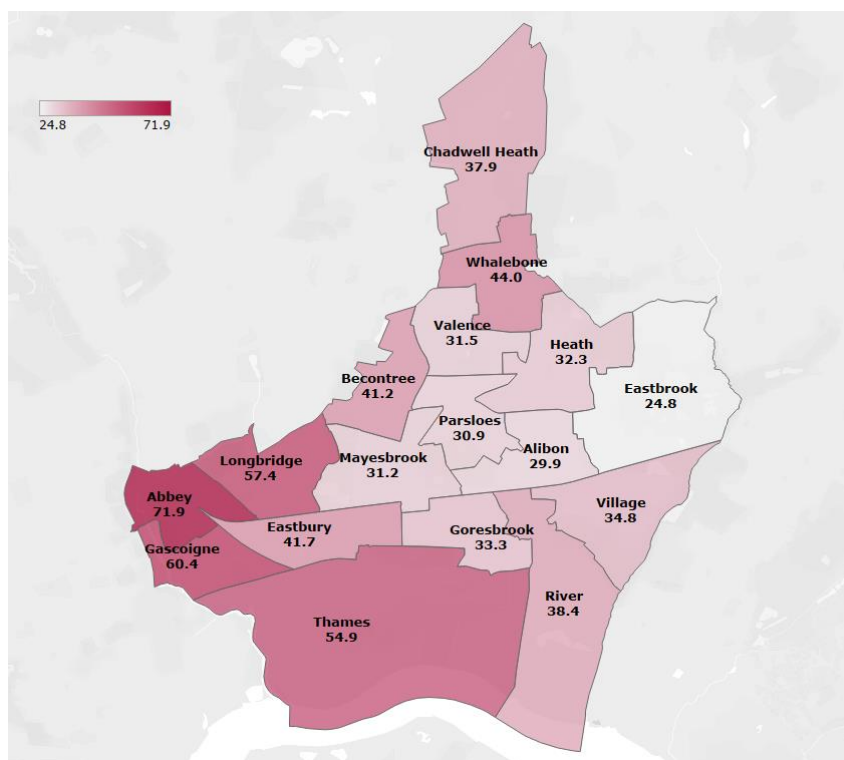
Table 4.1 Ethnicity population breakdown for Barking and Dagenham, London and England and Wales

Area	White	Asian	Black	Mixed/ Other
Barking and Dagenham	50.9%	25.2%	16.8%	7.0%
London	59.2%	18.4%	11.9%	10.6%
United Kingdom	85.9%	7.3%	3.3%	3.5%

Source: UK Data Service, Annual Population Survey, 2019

- 4.14 The highest representation of the Black, Asian and Minority Ethnic population is in the western wards of the borough, particularly Abbey, Gascoigne, and Thames (see Figure 4.4).

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

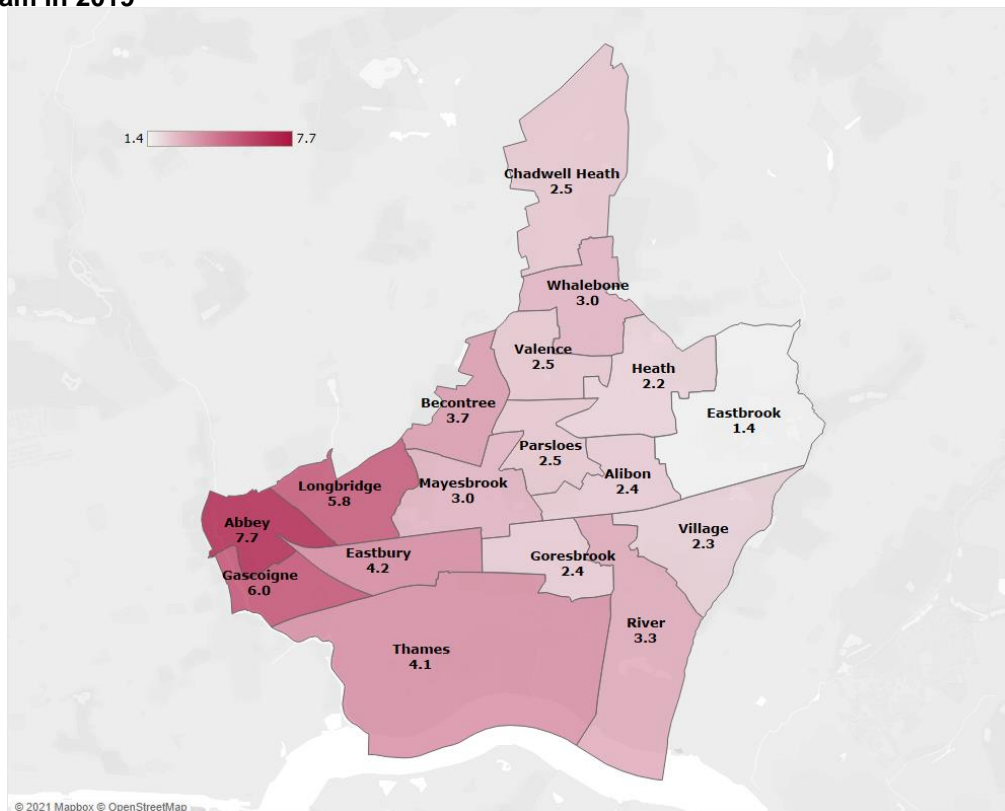


Source: ONS Census, 2011

- 4.15 18.7% of the borough’s residents who are aged 3+ state their main language is not English (2011 census). This is likely to increase significantly due to levels of international migration.

4.16 Figure 4.5 shows a breakdown of the population who **do not speak English well or at all**. As with the BME data, the wards with the greatest population of residents not proficient in English are Abbey, Gascoigne, and Thames. Please note, this map is created from 2011 census data.

Figure 4.5: Percentage of people that cannot speak English well or at all by Ward in Barking and Dagenham in 2019



Source: PHE, Local Authority Health Profiles, 2021

4.17 2011 data shows that Lithuanian, Bengali and Urdu are the most spoken languages in the borough after English (Table 4.2).

Table 4.2: Proportion of languages spoken in Barking and Dagenham

Language	Percentage
English	81.3%
Lithuanian	2.3%
Bengali	2.0%
Urdu	1.7%
Polish	1.0%
Panjabi	0.9%
Albanian	0.8%
Portuguese	0.8%

French	0.7%
Romanian	0.7%

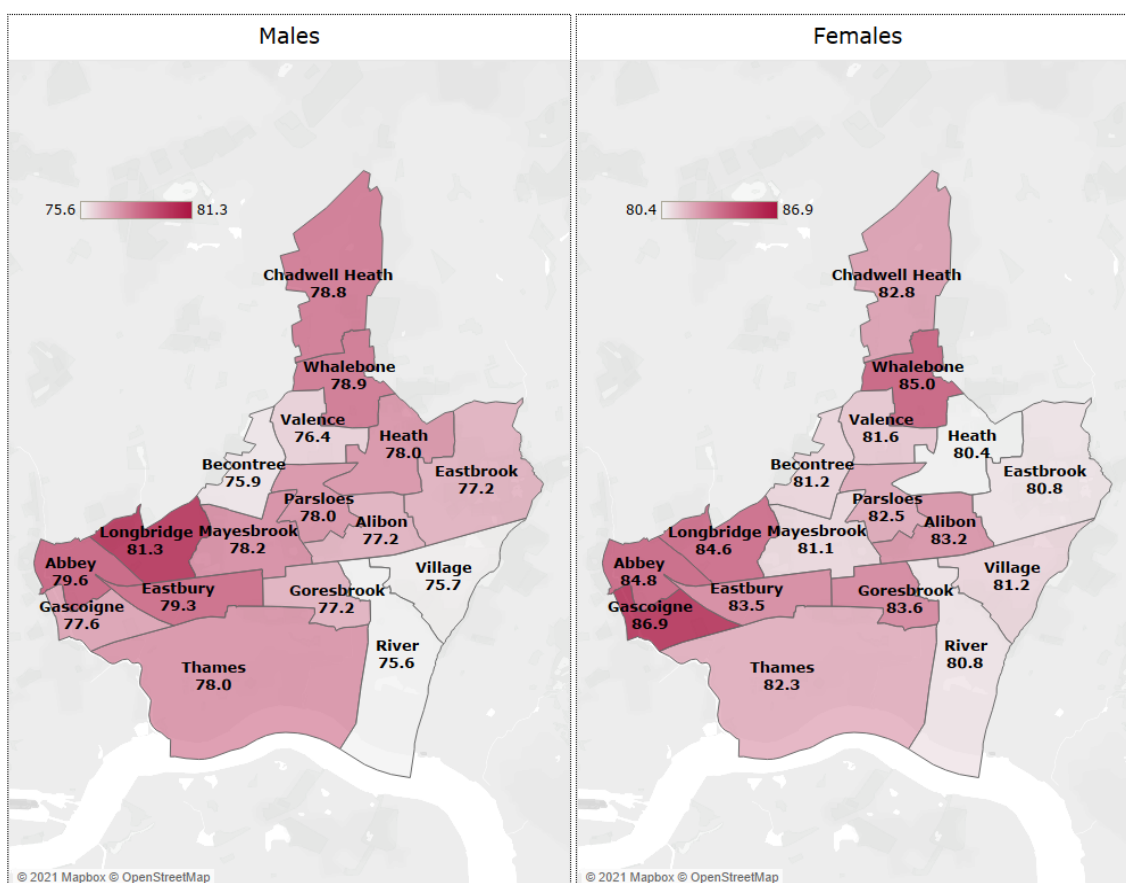
Source: ONS Census, 2011 Population Health Outcomes

4.18 Life expectancy at birth is the average number of years a person would expect to live based on contemporary mortality rates. For males in Barking and Dagenham this is 78.1, and 82.3 years for females (2017-19 figures). This is lower than national figures for both males and females at 79.8 and 83.4 years respectively. Barking and Dagenham have the lowest life expectancy figures in London (PHE 2021).

4.19 The variation in life expectancy across Barking and Dagenham is low. The **inequality in life expectancy at birth**, which is the measure of the absolute difference in life expectancy between the most and least deprived areas, shows a 2.9-year life expectancy gap for men and a 3.2-year gap for women between those who live in the most deprived areas and the least deprived areas in 2017-19. In terms of national comparators, Barking and Dagenham are within the lowest quintile for differences in life expectancy (PHE, 2021). This means that they have comparatively low inequality in life expectancy at birth.

4.20 A breakdown of life expectancy figures at a ward level is presented in Figure 4.6. River has the lowest life expectancy among males, while Heath has the lowest among females.

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

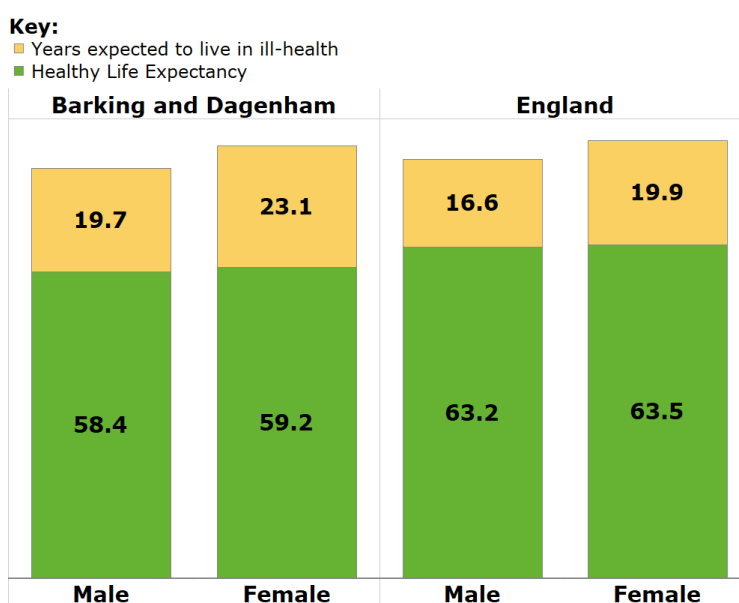


Source: PHE, Local Authority Health Profiles, 2021

4.21 Healthy life expectancy at birth is the average number of years an individual should expect to live in good health considering age-specific mortality rates and prevalence for good health for their area.

4.22 The healthy life expectancy for both males and females is also significantly lower than national figures. They are also the lowest in London for males and third lowest in London for females. Males have a healthy life expectancy of 58.4 years and females have a healthy life expectancy of 59.2 years (2017-19). The England healthy life expectancy for men is 63.2 and 63.5 for women. These figures indicate that males living in Barking and Dagenham could live with ill health for 19.7 years and females for 23.1 years, three years more than the England average (see figure 4.7).

Figure 4.7: Life expectancy and Healthy life expectancy in years for males and females in Barking and Dagenham, 2017-2019



Source: PHE, Public Health Profiles, 2021

Wider Determinants of Health

4.23 There are a range of social, economic, and environmental factors that impact on an individual's health behaviours, choices, goals and ultimately, health outcomes and life expectancy. These include factors deprivation, housing, education, and employment. Barking and Dagenham Joint Health and Wellbeing Strategy¹⁹ acknowledges the need to influence these wider determinants of health to improve health and wellbeing outcomes of its residents. We will explore each of these in this section.

4.24 Community pharmacies are typically well-placed within communities that are most likely to experience health inequalities. Often, they are the only healthcare facility located in an area of deprivation. Additionally, 'underserved' communities, such as those who are homeless or sleeping rough, people who misuse drugs or alcohol may be more likely to go to a community

¹⁹ Barking and Dagenham Joint Health and Wellbeing Strategy 2019-2023

pharmacy than a GP or another primary care service²⁰. They also play a role as a community asset for people who are experiencing violence or abuse. They provide a safe place where people can get information and support and make calls for help.

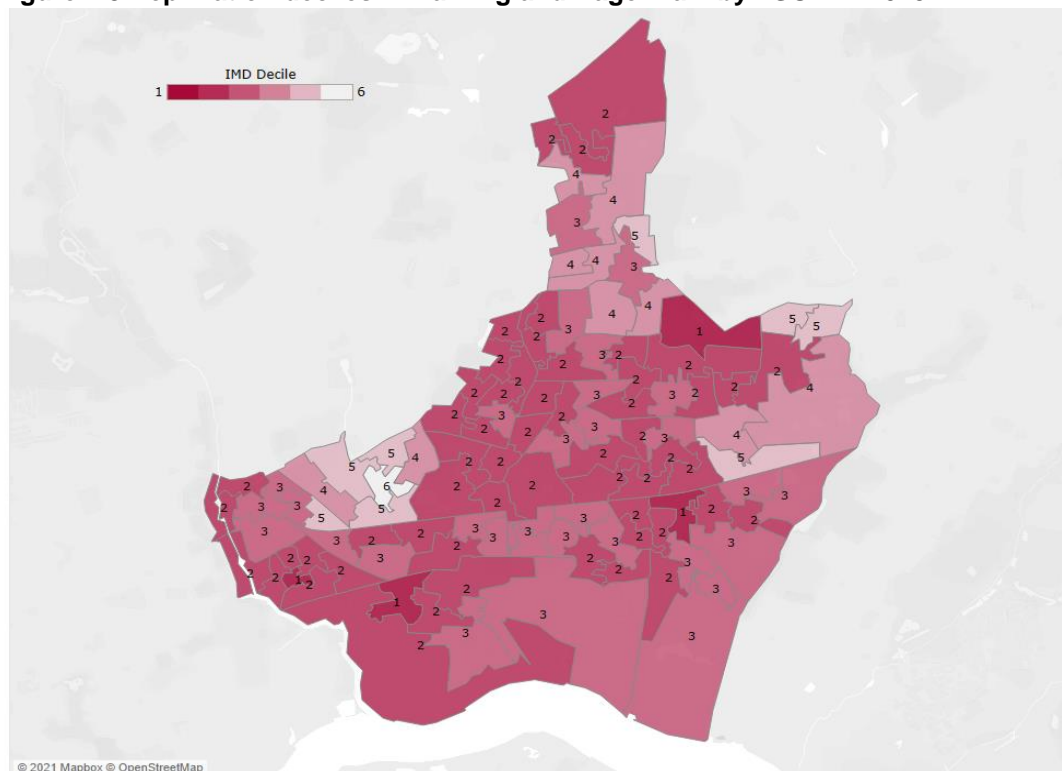
- 4.25** Pharmacies have the potential to play a vital role in improving the health of deprived communities by offering convenient and equitable access to health improvement services. All registered pharmacists must complete the CPPE e-learning on Health Inequalities and pass the accompanying e-assessment. This will enable them to develop the appropriate knowledge and skills required to take action to tackle health inequalities at a local and community level with the individuals they serve.

Deprivation

- 4.26** Access to community pharmacy services in communities where there is high deprivation is important in addressing health inequalities. IMD deciles enable a comparison of deprivation in neighbourhoods across England. A decile of one, for instance, means, that the neighbourhood is among the most deprived 10% of neighbourhoods nationally (out of a total of 32,844 neighbourhoods in England).
- 4.27** Barking and Dagenham has 110 neighbourhoods (LSOAs). The borough's overall average IMD decile figure is 2.7 compared to the national one of 5.5. This means that Barking and Dagenham is considerably more deprived compared to England as a whole.
- 4.28** Figure 4.8 shows deprivation deciles at LSOA level, highlighting that there are high levels of deprivation in Barking and Dagenham, with several areas having deprivation levels that falls within the highest in the nation. 60 of the boroughs 100 LSOAs are among the most deprived 20% in all of England.

²⁰NICE guideline (2018) Community pharmacies: promoting health and wellbeing [NG102]

Figure 4.8 Deprivation deciles in Barking and Dagenham by LSOA in 2019



Source: MHCLG, 2019

- 4.29** Employment is one of the domains that determine index of multiple deprivation scores. In 2019/20, 71.1% people of the working age population of the borough were **in employment**. This is lower than the London and England rate at 75.1 and 76.2% respectively (Annual Population Survey, 2020).
- 4.30** The **COVID-19** pandemic has highlighted the impact of deprivation on health risks and health outcomes. COVID-19 morbidity and mortality has been more pronounced in more deprived areas and in those from ethnic minority groups who experience more social inequalities such as income, housing, education, employment, and conditions of work.
- 4.31** Nationally, the people who have suffered the worst outcomes from COVID-19 have been older, of black or Asian heritage and have underlying health conditions such as obesity or diabetes²¹. In Barking and Dagenham, COVID-19 case analysis showed that there was an over-representation of Bangladeshi, Pakistani, Indian, Other Asian, Other Black, and Other ethnic groups in particular who have tested positive for COVID-19.
- 4.32** The proportion of hospital admissions due to COVID-19 were higher amongst White British, Bangladeshi or Pakistani, and Other Ethnic groups relative to their composition of the

²¹ PHE (2020). Beyond the data: Understanding the impact of COVID-19 on BAME groups.

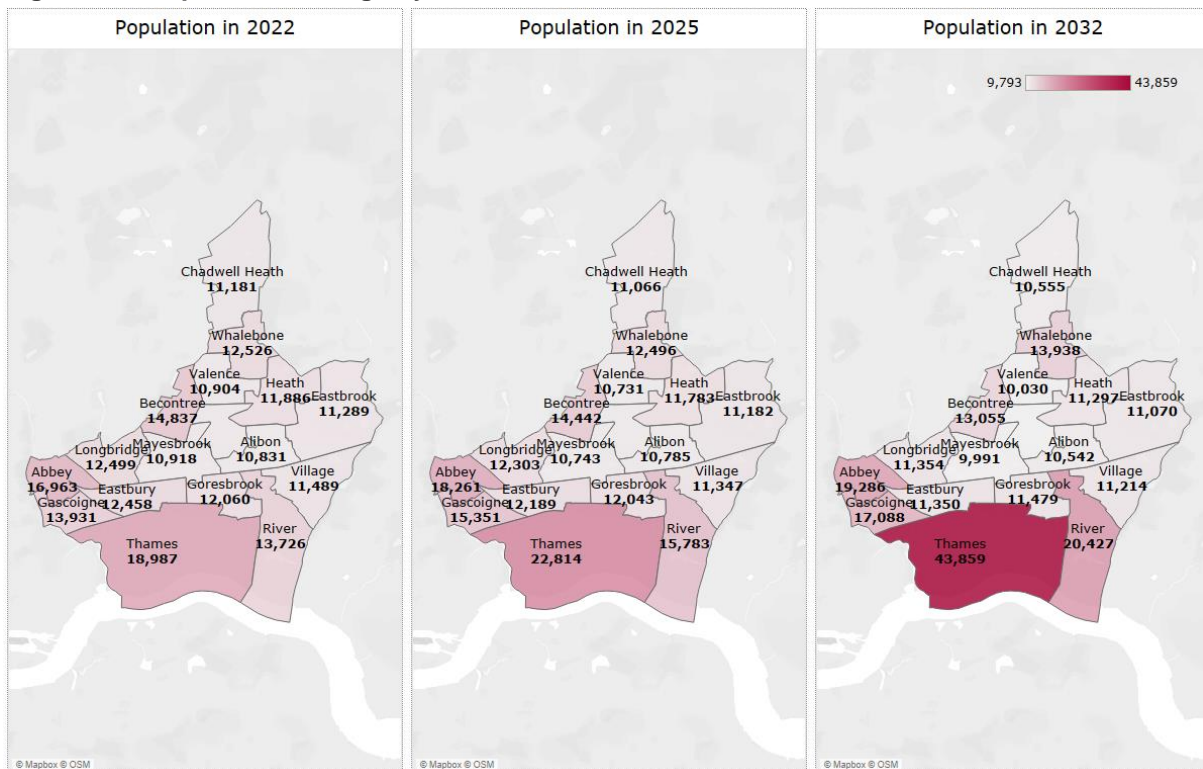
population. The high representation of White British may be due to the older population being predominantly white²².

- 4.33 As part of the Pharmacy Quality Scheme guidance for 2021/22 pharmacists must complete and action plan to actively promote COVID-19 vaccinations, particularly in Black, Asian and minority ethnic and low uptake communities.²³

Regeneration Population Growth

- 4.34 Barking and Dagenham is an area designated as a national priority for urban regeneration. The target for Barking and Dagenham is 22,640 additional homes between 2019/20 and 2028/29. The majority of this development is located in Barking Riverside. A key feature of the District Centre is a proposed Health and Wellbeing hub combining a new leisure centre with pool together with health and community facilities. A new health facility would be provided as part of the new development to service.
- 4.35 The population of the borough is expected to increase by 3% between 2022 and 2025 (the lifetime of this PNA) to 223,986 (See Table 4.3).
- 4.36 Between 2022 and 2032 it is expected to increase substantially by 21.8% to 273,369 residents (GLA, Housing-led population projections – Identified Capacity Scenario, 2021). These figures are based on mid-year population estimates and assumptions such as births, deaths, and migration.

Figure 4.9: Population Change by Ward – 2022, 2025 and 2032



²² Annual Director of Public Health Report 2020/21: Equality Challenges in Barking and Dagenham.

²³ Pharmacy Quality Scheme Guidance 2021/22

Source: GLA, Housing-led population projections – Identified Capacity Scenario, 2021

- 4.37** The wards with the highest anticipated population increases are Thames, River and Gascoigne. Thames ward's population is expected to more than double in size between 2022 and 2032 (from 18,976 to 43,859 residents) (see Table 4.3).

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

Name	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032
Abbey	0.0%	3.1%	6.1%	7.6%	9.3%	11.1%	13.0%	15.0%	14.4%	14.0%	13.7%
Alibon	0.0%	0.2%	-0.3%	-0.4%	-0.8%	-0.7%	-0.5%	-0.6%	-1.4%	-2.1%	-2.7%
Becontree	0.0%	-0.6%	-1.1%	-2.7%	-4.3%	-5.7%	-6.8%	-7.9%	-9.5%	-10.9%	-12.0%
Chadwell Heath	0.0%	-0.3%	-0.7%	-1.0%	-1.7%	-2.2%	-2.4%	-2.3%	-3.6%	-4.7%	-5.6%
Eastbrook	0.0%	-0.3%	-0.8%	-0.9%	-1.1%	-1.1%	-1.1%	-1.0%	-1.4%	-1.7%	-1.9%
Eastbury	0.0%	-0.5%	-1.0%	-2.2%	-3.2%	-3.9%	-4.7%	-5.2%	-6.7%	-7.9%	-8.9%
Gascoigne	0.0%	4.1%	8.0%	10.2%	12.4%	14.7%	17.2%	19.9%	20.6%	21.6%	22.7%
Goresbrook	0.0%	0.1%	0.1%	-0.1%	-0.4%	-0.6%	-0.9%	-1.1%	-2.5%	-3.7%	-4.8%
Heath	0.0%	0.1%	-0.3%	-0.9%	-1.5%	-2.0%	-2.3%	-2.4%	-3.4%	-4.3%	-5.0%
Longbridge	0.0%	-0.1%	-0.6%	-1.6%	-2.5%	-3.4%	-4.2%	-5.1%	-6.6%	-8.1%	-9.2%
Mayesbrook	0.0%	-0.1%	-0.6%	-1.6%	-2.6%	-3.3%	-4.0%	-4.6%	-6.1%	-7.4%	-8.5%
Parsloes	0.0%	-0.2%	-0.7%	-2.1%	-3.4%	-4.7%	-5.8%	-6.7%	-8.0%	-9.2%	-10.1%
River	0.0%	4.3%	8.4%	15.0%	22.7%	30.6%	38.4%	46.3%	47.1%	48.0%	48.8%
Thames	0.0%	6.7%	13.0%	20.2%	28.6%	37.0%	45.4%	53.9%	79.5%	105.3%	131.0%
Valence	0.0%	0.0%	-0.7%	-1.6%	-2.4%	-3.3%	-4.1%	-4.8%	-6.1%	-7.3%	-8.0%
Village	0.0%	-0.6%	-1.5%	-1.2%	-0.9%	-0.3%	0.6%	1.4%	-0.1%	-1.4%	-2.4%
Whalebone	0.0%	0.0%	-0.2%	-0.2%	-0.1%	0.1%	0.3%	0.8%	4.1%	7.6%	11.3%
Borough Total	0.0%	1.2%	2.2%	3.0%	4.1%	5.2%	6.5%	7.9%	9.5%	11.3%	13.3%

Source: GLA, Housing-led population projections – Identified Capacity Scenario, 2021

- 4.38** This growth being driven by the high fertility rate in the population of Barking and Dagenham and by the urban regeneration. Population increases will likely increase demand on community pharmacy services, this will be considered in Chapter 6 where we look at the capacity of the current pharmacy provision.

Our health behaviours and lifestyles

- 4.39** Health-related behaviours such as smoking, drinking alcohol to excess, being physical inactive and having a poor diet can significantly impact on health outcomes.
- 4.40** Community pharmacy teams support the delivery of community health promoting interventions, by for example, engaging public health campaigns and rolling out locally commissioned initiatives such as stop smoking services, sexual health services and dementia friends.
- 4.41** As an essential service, pharmacies participate in up to six national health campaigns at the request of NHS England and NHS Improvement. The first mandated health campaign of

2021/22 was the COVID-19 vaccination campaign to inform the public about the vaccine and encourage people to take it up when it is offered to them.

4.42 In addition, pharmacies are required to signpost people to other health and social care providers and provide brief advice where appropriate.

4.43 This section of the chapter explores different health behaviours and lifestyles that impact the health of the Barking and Dagenham population that pharmacies can support people with.

Smoking

4.44 Smoking is the leading cause for preventable death in the world. 18.1% of adults surveyed in Barking and Dagenham smoke. This is substantially higher rate than London and England where 12.9% and 13.9% smoke respectively.

Dietary risks

4.45 **Obesity** is recognised as a major determinant of premature mortality and avoidable ill health. It increases the risk of a range of diseases including certain cancers, high blood pressure and type 2 diabetes²⁴ and increases the risk of death from COVID-19 by 40- 90%²⁵. In 2019/20, 65.5% of adults are overweight or obese in Barking and Dagenham.

4.46 This proportion is substantially higher than London rate 55.7%, the fourth highest London. It is also slightly higher than the England rate where 62.8% of adults are overweight or obese (PHE, 2021).

Low physical activity

4.47 Just over one-half of adults (53.9%) residing in the borough in 2019/20 are considered **physically active**, meaning they engage in at least 150 minutes of moderate physical activity per week (PHE, 2021). People who are physically active reduce their chances of cardiovascular disease, coronary heart disease and stroke. Physical activity also decreases the risk of obesity, diabetes, osteoporosis and some cancers and can improve mental health.

4.48 Barking and Dagenham have the third highest proportion of **physical inactive** adults. 31.9% of Barking and Dagenham adults are inactive (2019/20 data), meaning they are doing less than 30 minutes a week. This is significantly higher than regional national figures. 23.8% of Londoners and 22.9% of England residents are physically inactive (PHE, 2021).

Alcohol use

4.49 **Alcohol consumption** contributes to morbidity and mortality from a diverse range of conditions. 6.2 per 100,000 deaths were wholly caused by alcohol consumption in Barking

²⁴ Public Health England (2017). Guidance: Health matters: obesity and the food environment.

²⁵ Public Health England. Excess weight and covid-19. Jul 2020.

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

and Dagenham in 2017-19. This is lower than London and national figures of 7.9 and 10.9 respectively (PHE 2021).

- 4.50** There were 592 admission episodes for Barking and Dagenham residents where alcohol was the main reason for admission in 2019/20. This equates to 373 per 100,000 hospital admissions. This is significantly lower than national figures at 519 per 100,000 and lower than London at 416 per 100,000 (PHE 2021).
- 4.51** The rate of **Binge drinking** in Barking and Dagenham is lower to that of the rest of England. 12.9% of adults binge drink on their highest drinking day (2015-18), lower than national and regional figures of 15.4% and 14.6% respectively (Health Survey for England, 2021).

Substance misuse

- 4.52** Substance misuse is defined as intoxication or regular excessive consumption and/or dependence on psychoactive substances. It can lead to mental health problems such as depression or suicides, adverse experiences, and behaviours such as truancy, exclusion from school and social and legal problems such as homelessness, time in care and serious or frequent offending.
- 4.53** Pharmacies can provide support for people with substance misuse problems through needle and syringe services; supervised consumption of medicines to treat addiction, e.g., methadone; Hepatitis testing and Hepatitis B and C vaccination; HIV testing; provision of naloxone to drug users for use in emergency overdose situations.
- 4.54** 771 Barking and Dagenham residents are receiving treatment at specialist **drug misuse** services (2017/18 figures, PHE 2021). 64.2% of opiates and/or crack cocaine users are not in treatment (2018/19 figures, PHE 2021) This is significantly higher than the national proportion of 52.1%.

Unsafe Sex

- 4.55** Barking and Dagenham have a high **Sexually Transmitted Infection** (STI) testing rate, for example, in 2019 7,704 residents (under 25 years) were tested. Despite this, in 2019 941 per 100,000 Barking and Dagenham residents were diagnosed with an STI (excluding Chlamydia), this is similar to national figures (830 per 100,000) and one of the lowest in London where 1,683 per 100,000 tested positive with a STI (PHE, 2021).
- 4.56** **Chlamydia** figures, however, are quite high in comparison to national figures. In 2019, chlamydia was detected in 423 15- to 24-year-olds (equating to 1,606 per 100,000 population). In England the rate at 1,420 per 100,000 population (PHE, 2021).
- 4.57** The latest figures show that there are 713 residents (15- to 59- year-olds) in Barking and Dagenham diagnosed with **HIV**. This equates to 5.49 per 100,000 people. This is significantly higher than the national rates at 2.39, although lower than the regional figure at 5.60 per 100,000 population. 86.7% of those newly diagnosed with HIV start antiretroviral therapy with 91 days of diagnosis (2017-19 figures) and 92.5% achieve virological success meaning they have achieved an undetectable viral load in 2019 (PHE, 2020).

Air pollution

4.58 **Air quality** is of concern in Barking and Dagenham. Particulate matter contributes to mortality, particularly cardiopulmonary mortality. Like most of London, Barking and Dagenham is within the worst quintile for proportion fine particulate matter within the air. In 2019, 6.8% of mortality in Barking and Dagenham is attributed to particulate air pollution. This is higher than London and England at 6.4% and 5.1% respectively (PHE, 2021).

Violence against women and girls

4.59 Violence against women and girls in London is increasing. 1 in every 10 crimes recorded by the Metropolitan Police being **domestic abuse** related. In Barking and Dagenham, the prevalence rate of reported domestic abuse is high. In 2017/18 there were 23 incidents of domestic abuse reported for every 1000 population and there were over 1700 referrals to children's social care for domestic abuse alone. There were also 390 referrals for other forms of violence against women and girls such as female genital mutilation, forced marriage, stalking, sexual abuse and sexual exploitation²⁶.

Community Safety

4.60 London Borough of Barking and Dagenham Community Safety Partnership Plan²⁷ outlines how partner agencies will work collaboratively to ensure that Barking and Dagenham is a safer place to live, work and visit. It's key priorities address:

- anti-social behaviour
- burglary
- non-domestic abuse violence with injury
- serious youth violence and knife crime

An Integrated Health and Care System

4.61 Barking and Dagenham, Havering and Redbridge CCGs have established a number of transformation boards to redesign and integration of health and social care services locally²⁸. These are focused on different stages of the life course, as well as mental health, cancer and long-term conditions. We will explore each of these individually in this section of the PNA.

Maternity

4.62 Barking and Dagenham has the **highest birth rate** in London. In 2019, there were 117,897 births in Barking and Dagenham, this equates to a birth rate of 77.5 per 1,000 females aged 15 to 44 years. The national birth rate was 57.7 per 1000 females (ONS, 2021).

4.63 There are a few areas of concern in child and maternal health in Barking and Dagenham. For example, the **stillbirth rate** is the second highest in London. There were 69 stillbirths in 2017-

²⁶ London Borough of Barking and Dagenham (2018). Ending violence against women and girls: A gender-informed strategy to tackle domestic and sexual violence 2018-2022

²⁷ London Borough of Barking and Dagenham Community Safety Partnership Plan 2019-2022: Annual Refresh 2021.

²⁸ BHR JSNA profile: LB Barking and Dagenham 2019-20

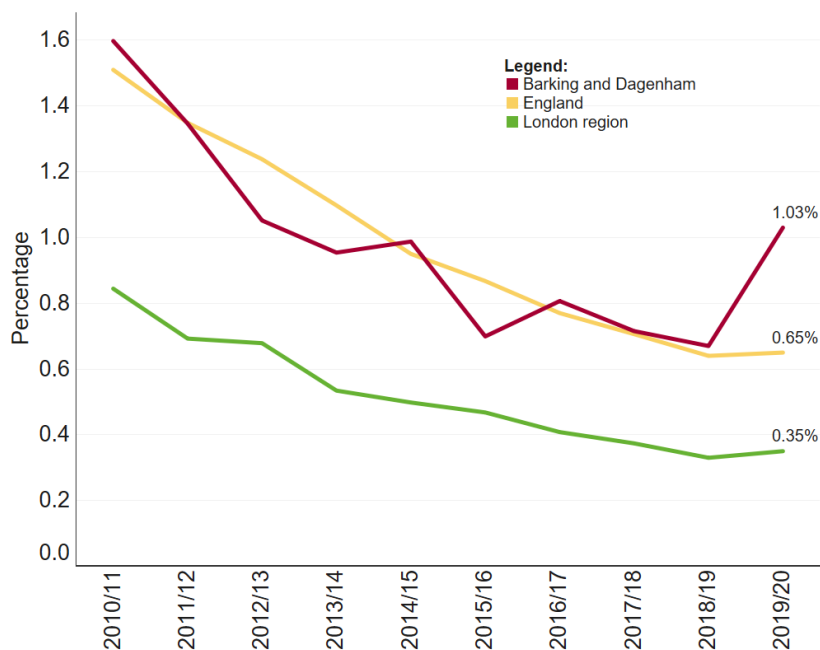
19, equating to a rate of 6.2 per 1,000 births in 2017-19. The national rate is 4.0 per 1,000 stillbirths (ONS, 2021).

4.64 The rate of **premature births** is also among the highest in England and the third highest in London. 89.3 per 1,000 births were premature (before 37 gestation), this is a total of 1,036 in 2016-18 (ONS, 2021).

4.65 Barking and Dagenham has the highest rate of **teenage mothers** in London. Teenage mothers are of a higher risk of postnatal depression and poor mental health. Children born to teenage mothers have higher risk of infant mortality and low birthweight. The rate of births to teenage mothers had been reducing in recent years, in-line with national figures, however increased substantially in 2019/20 (Figure 4.10).

4.66 One percent of births in Barking and Dagenham were to teenage mothers in 2019/20. The England and London rate are 0.7% and 0.4% respectively (HES, 2021).

Figure 4.10: Percentage of Deliveries where the mother is aged under 18 years, 2010/11 to 2019/20



Source: PHE, Local Health Indicators, 2021

4.67 **Folic acid** before and in the first 4 weeks of pregnancy is very important for the development of a healthy foetus, it can significantly reduce the risk of neural tube defects, such as spina bifida. 18.7% of Barking and Dagenham expectant mothers took folic acid supplements before their pregnancy in 2019/20. This is the third lowest in London and substantially lower than national figures where 27.3% expectant mothers took folic acid supplements before their pregnancy (Maternity Services Dataset, 2021).

- 4.68** Barking and Dagenham also has the highest rate of **obesity in early pregnancy**. Excess weight or obesity can lead to increased risk of a number of issues for both mother and baby, including diabetes, miscarriage and maternal death for the mother and foetal death, stillbirth, congenital abnormality for the baby. More than a quarter (27.4%) of mothers were obese in 2018/19, this is higher than London and England with 17.8% and 22.1% respectively (Maternity Services Dataset, 2021).
- 4.69** Nearly three quarters (73.6%) of new mothers gave their babies **breast milk** in their first 48 hours in 2016/17. This is similar to national figures of 74.5% (NHS England, 2018).

Children and young people

- 4.70** Barking and Dagenham has the highest proportion of children and young people in the country and due to the high birth rate the young population is growing. In this section we explore the wider determinants of health in children, health behaviours and health outcomes that are of concern in Barking and Dagenham.

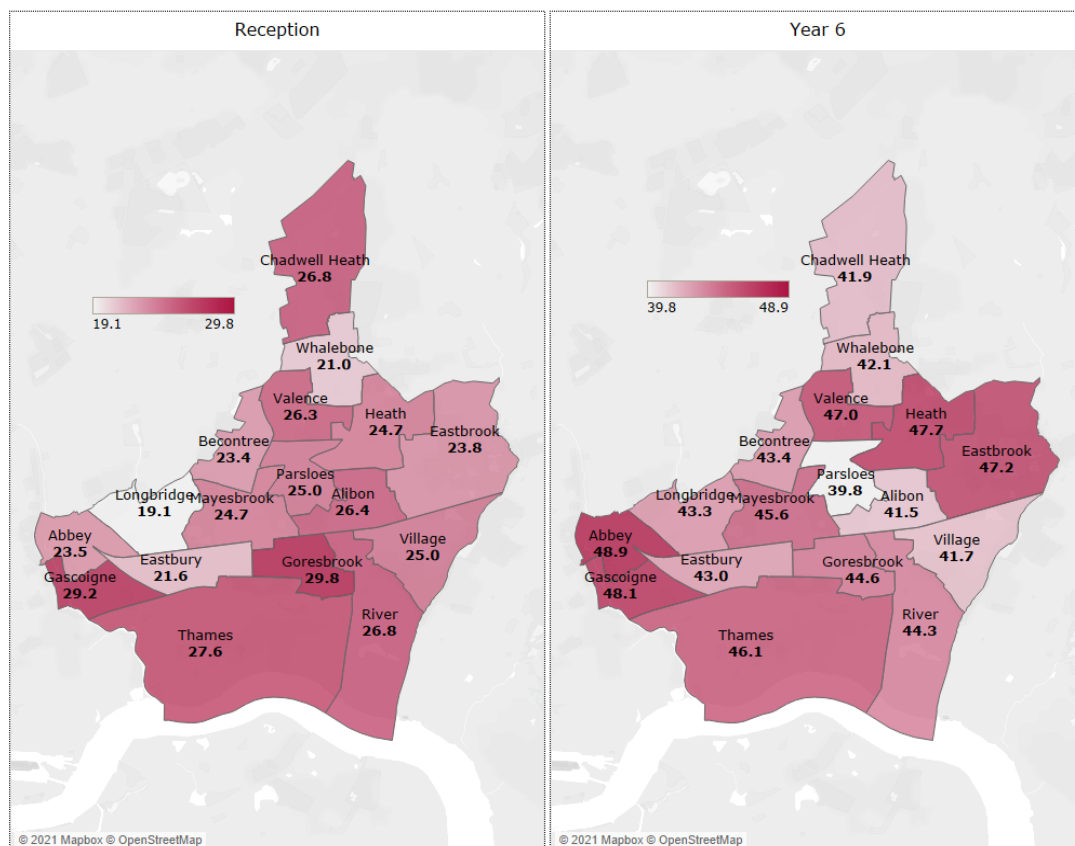
Wider determinants of Health for children

- 4.71** Strong **educational attainment** in childhood is linked to better health outcomes and better access to work opportunities and higher income. In Barking and Dagenham, the proportion of children reaching a good level of development or reaching expected standards are in-line with national figures at most Key Stages. At some stages Barking and Dagenham are doing better than national comparators. For example, 16- and 17-years olds were in Education or training (LAIT, 2021), higher than the national proportion of 93%. In 2021 82.8% of 19-year-olds have achieved a level 2 qualification in Barking and Dagenham, nationally the figure is 81.3%.
- 4.72** **School absences** are lower than national comparators, particularly in children who have been looked after. 3.5% of school absences are from children who have been looked after, whereas nationally 5.1% of absences are of children who have been looked after in 2019 (LAIT, 2021).
- 4.73** Since March 2020 children's development has been disrupted by national and local lockdowns, leading to breaks in their education, inequalities in online education and lack of social contact. This may result in long-term impact on educational outcomes and their physical, mental, and emotional wellbeing. Information on the actual impact has not yet been quantified.
- 4.74** Childhood poverty is high in Havering. Children living in poverty are at more exposed to a range of risks that can impact on their mental health. In 2019/20 13,032 (22.5%) children are living in **absolute low-income families**. The highest in London. Nationally 15.6% of children are living in absolute low-income families.
- 4.75** 25 per 1,000 households with dependent children in Barking and Dagenham are owed a duty under the Homelessness Reduction Act. This means that they have been identified as homeless by the local authority and the local authority must take reasonable steps to help them to secure accommodation. This equates to 847 families, the fifth highest in London.

Health behaviours and health outcomes

- 4.76** **Childhood obesity** is on the rise and can have significant impact on health outcomes. In England, one in 10 children are obese at reception age and one in five Year 6 children are obese. A child who is overweight or obese can have increased blood lipids, glucose intolerance, Type 2 diabetes risk, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions such as asthma and psychological problems such as social isolation, low self-esteem, teasing and bullying.
- 4.77** The COVID-19 pandemic is likely to have impacted on the number of children who are overweight or obese. The impact of the pandemic and lock-downs meant that routines of the children and their families were disrupted, thus hindering opportunities to maintain healthy lifestyle behaviours.
- 4.78** In 2019/20, 12.9% of reception age children are obese in Barking and Dagenham, the second highest rate in London. 44.7% of Year 6 children are obese, the highest rate in London (PHE, 2021).
- 4.79** At a ward level, Goresbrook and Gascoigne have the highest percentage of children who are overweight or obese in Reception, while Abbey and Gascoigne have the highest representation in Year 6 (see Figure 4.11).

Figure 4.11: Percentage of children who are overweight / obese by ward in Barking and Dagenham, 2017-19



Source: PHE, Local Health Profiles, 2020

- 4.80 Asthma** is the most common long-term health condition in children in the UK. It is also the one of the most common reasons for emergency hospital admissions in the UK. In 2019/20 there were 130 hospital admissions for asthma (under 19 years), this equates to a rate of 196.2 per 100,000 admissions, among the highest in England (HES, 2021).
- 4.81 Dental decay** is a highly preventable condition increased by a high-sugar diet. Over one quarter (29.5%) of age-5 children have visual obvious dental decay in Barking and Dagenham in 2018/19; this is higher than regional and national figures of 27.0% and 23.4% respectively (Dental Public Health Epidemiology Programme for England, 2019).

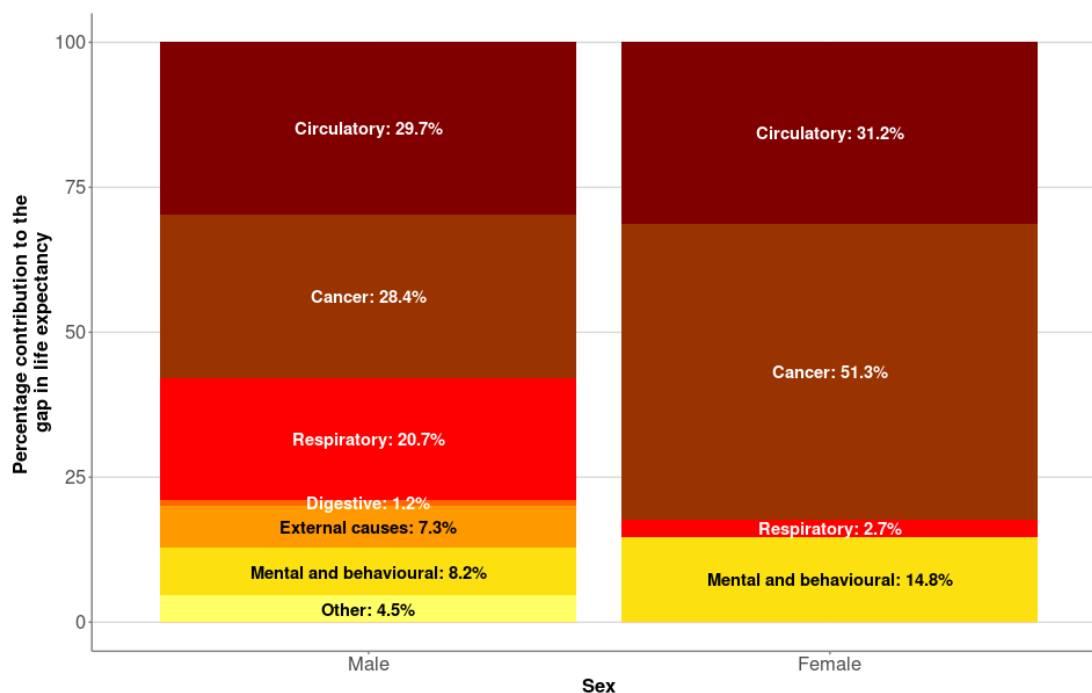
Adult mental health

- 4.82 Common mental illnesses** include depression, general anxiety disorder, panic disorder, phobias, social anxiety disorder, obsessive-compulsive disorder and post-traumatic stress disorder. PHE estimates that 54,096 adults, 22.4%, of the Barking and Dagenham population have a common mental illness (based on Adult Psychiatric Morbidity Survey, 2017 data). This is significantly higher than England (16.9%).
- 4.83** A third of Barking and Dagenham patients who have a long-term mental health condition (33.6%) are current smokers (PHE, 2019/20). This can substantially impact on their life expectancy and healthy life expectancy. Nationally, a quarter (25.8%) of patients who have a **long-term mental health condition currently smoke** (GP Patient Survey, 2021).

Cancer and long-term conditions

- 4.84** The causes of life expectancy gap between the most deprived and least deprived populations within a borough provides a good indicator on what health conditions have a bigger impact on local populations and where a targeted approach is needed.
- 4.85** The scarf chart in Figure 4.12 show, for each broad cause of death the percentage contribution that it makes to the overall life expectancy gap within Barking and Dagenham. It highlights cancer as the biggest cause of the differences in life expectancy between deprivation quintiles, accounting for 28.4% of the life expectancy gap in males and 51.3% in females.

Figure 4.12: Life expectancy gap between the most deprived quintile and least deprived quintile of Barking and Dagenham, by broad cause of death, 2015-17.



Source: Public Health England based on ONS death registration data and mid-year population estimates, and Ministry of Housing, Communities and Local Government Index of Multiple Deprivation, 2022

4.86 This is followed by circulatory diseases which includes heart disease and stroke. Circulatory diseases account for 29.7% the male life expectancy gap and 31.2% in the female life expectancy gap. Respiratory diseases are another substantial contributor to the life expectancy gap in men (20.7%).

4.87 We will look at each of these health classifications and their impact on Barking and Dagenham in more depth.

Cancer

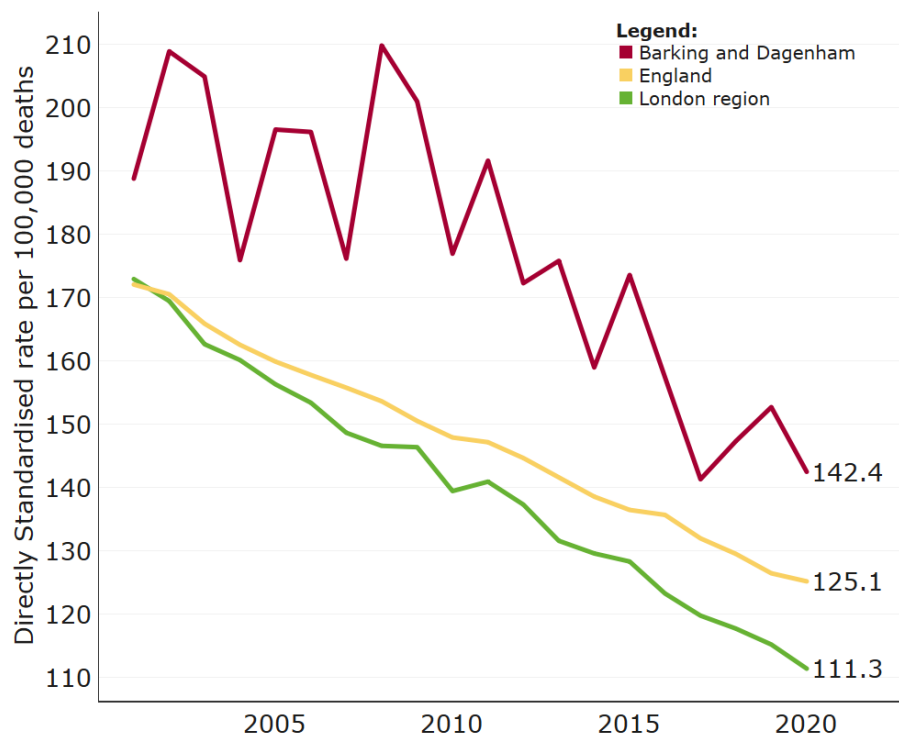
4.88 Pharmacists can play in an important role in the early detection and diagnosis of cancer. Raising awareness through public health campaigns and talking to patients about signs and symptoms of different cancers can result in earlier diagnosis and therefore better treatment options for patients.

4.89 The incidence of all cancers is high in Havering in comparison to the rest of England. 2014-2018 data shows 105.1 new cases of cancer per 100,000 GP population. This is the second highest in London and substantially higher than the national rate of 100 new cases per 100,000 population (AV2018 CASREF01, 2020).

4.90 NHS Barking and Dagenham CCG **screening coverage** for bowel, breast and cervical cancers are low in comparison to England (NHS Cancer Screening Programme, 2021).

4.91 The **premature mortality rate for cancer** (i.e., under 75 years) for Barking and Dagenham is high in comparison to the national rate, and the highest in London. Currently 142.4 per 100,000 residents of the borough died prematurely each year from cancer, compared with 125.1 for England. Premature mortality considered preventable has been on a downward trend over the last decade, however, the borough figures have always been higher than regional and national rates (see Figure 4.13).

Figure 4.13: Under 75 mortality rate from cancer for Barking and Dagenham, London and England from 2001 to 2020



Circulatory Disease

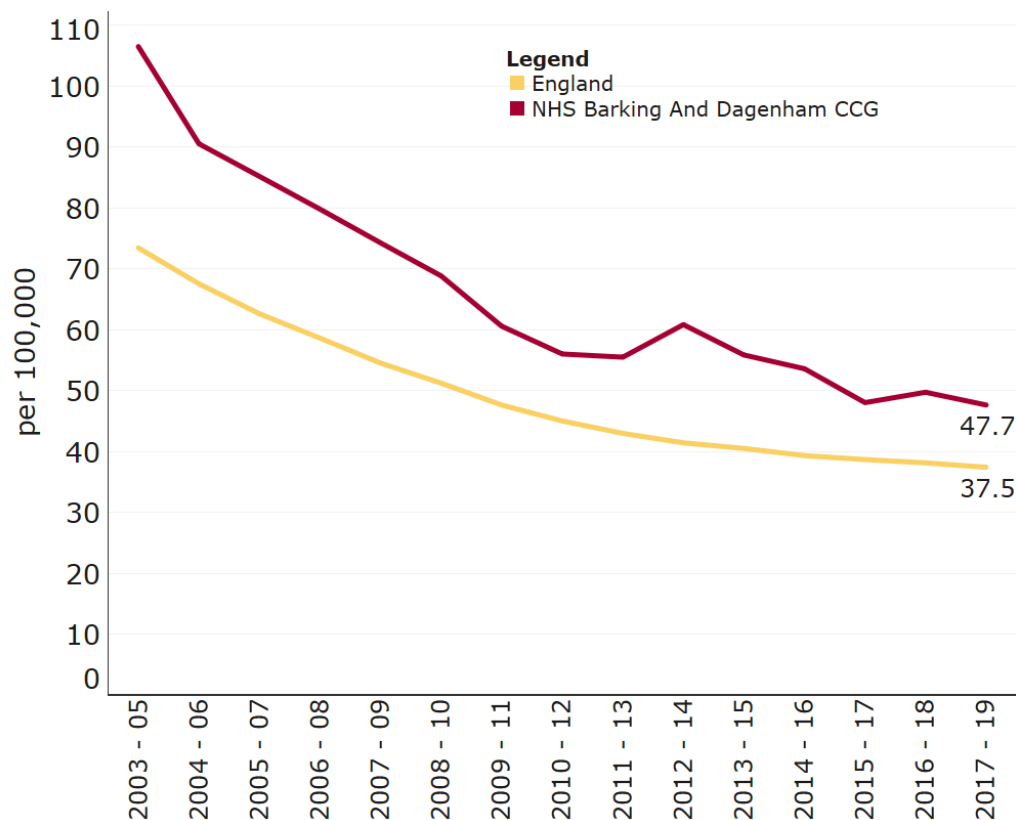
4.92 Circulatory diseases such as coronary heart disease and stroke is the second biggest **cause of the differences in life expectancy** in Barking and Dagenham.

4.93 Barking and Dagenham have the 2nd highest **under 75 stroke mortality** (age standardised) rate, 2017-19. The directly standardised rate for Barking and Dagenham is 17.6 per 100,000 population, substantially higher than the national rate of 12/5 per 100,000 (ONS Mortality Statistics 2020).

4.94 In 2020/21, the NHS Barking and Dagenham CCG prevalence rate for **coronary heart disease** is 1.7% of patients. This was substantially lower than the national prevalence of 3.0% (QOF, 2021).

4.95 However, the under 75 mortality rates for coronary heart disease is the fourth highest in London. The coronary heart disease mortality rate, under 75 years (three year range) is 47.7 deaths per 100,000 population. This is higher than the national rate of 37.5 deaths per 100,000 population (ONS Mortality Statistics, 2020). Rates have been reducing over the years (see Figure 4.14) and this is likely due to timelier and higher quality treatment, effective prescribing, and a reduction in the number of smokers.

Figure 4.14: Coronary heart disease mortality rates, under 75 years (3-year range) for Barking and Dagenham, and England from 2003 to 2017



Source: PHE, Local Health Indicators, 2021

Respiratory diseases

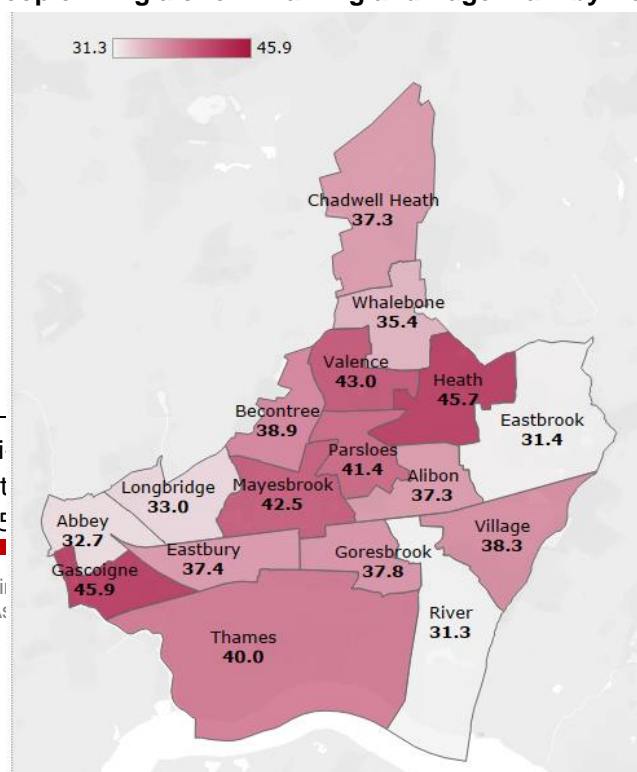
4.96 Respiratory disease is one of the top causes of death in England in under 75s. The under-75 mortality rate by respiratory disease of 61.1 per 100,000 population is substantially higher in Barking and Dagenham than London and England. It is also the highest in London. The London and England rates are 29.9 and 34.2 respectively (PHE, 2020).

4.97 One of the major respiratory diseases is **chronic obstructive pulmonary disease (COPD)**. Emergency hospital admissions for COPD is high in Barking and Dagenham. There were 597 per 100,000 admissions for COPD in 2019/20, substantially higher than London and national comparators of 358 and 415 admissions per 100,000 admissions respectively. Helping people to stop smoking is key to reducing COPD and other respiratory diseases (HES, 2021).

Older people and frailty

- 4.98 Barking and Dagenham has a smaller older population, in comparison to England as a whole. However, community pharmacies can play an important role in the provision of health services and support of older people and those with frailty.
- 4.99 Older people are the majority users of healthcare. Pharmacies provide a vital resource in providing consistency in care, supporting older people’s medicine adherence, and liaising between other health care practitioners and patients to ensure the patient’s optimal pharmaceutical care.
- 4.100 In Barking and Dagenham there were 70 **excess winter deaths** during the winter months in 2019/20, this equates a proportion of 18.2%, similar to the proportion of excess winter deaths in England of 15.1% and a reduction of the proportion of winter deaths in 2018/19 of 25.6% (ONS, 2021). Excess winter deaths typically affect the older population and those with circulatory, respiratory diseases or dementia.
- 4.101 Excess winter deaths are also linked to drops in temperature in winter, and **fuel poverty** hinder resilience to the cold. 9,008 households (12.3%) were considered to be in fuel poverty in 2018, higher than regional and national figures of 11.4% and 10.3% respectively (Department for Business, Energy and Industrial strategy, 2020).
- 4.102 65% of the over 65 population have been vaccinated for the **flu** in 2019/20. This is much lower than the overall proportion of over 65s who are flu vaccinated in England at 80.9% (UK Health Security Agency, 2021).
- 4.103 **Social isolation and loneliness** can impact people of all ages but is more prominent in older adults. It is linked to increased behavioural risk factors, poor mental health as well as morbidity and mortality from acute myocardial infarction and stroke²⁹. The 2011 census found that 38% of people over 65 years were living alone in Barking and Dagenham, higher than the national of 31.5%. The wards with the highest proportion of older adults living alone were Gascoigne and Heath (see Figure 4.15).

Figure 4.15: Older People living alone in Barking and Dagenham by ward, 2011



²⁹ Hakulinen C, Pulkki for myocardial infarct women. *Heart*;104:15
 London Borough of Barking
 Pharmaceutical Needs As

loneliness as risk factors
 479 054 men and

Source: PHE, Local Authority Health Profiles, 2018

- 4.104** The adult social care survey explores isolation and loneliness in its analysis. Findings show that in Barking and Dagenham 49.4% of over 65 adult social care users who responded to the survey have as much social contact as they would like. Although this is higher than national figures of 45.9%, it still shows that more than half of older adults in receipt of social care do not have as much social contact as they would like and are likely feeling isolated and lonely (Adult Social Care Survey, 2021).
- 4.105** Approximately 994 people (0.4% of GP registered patients) have **dementia** in Barking and Dagenham in 2019/20. Early diagnosis is important in enabling people to access the right services and support early and live well with dementia³⁰. However, the estimated percentage of people living with dementia who have a formal diagnosis in Barking and Dagenham is 58.9%, significantly lower than the national rates of 61.6% (NHS Digital, 2021).
- 4.106 Falls** are a major cause of emergency hospital admissions and loss of independence, disability or death in older people. 1670 per 100,000 emergency admissions for the over 65s in Barking and Dagenham are due to falls. In 2019/20 865 per 100,000 hospital admissions were due to falls in people aged 65-79, this is much lower of regional and national rates of 1154 and 1042 per 100,000 admissions respectively (HES 2021). Pharmacy services can support people to manage their medicines and signpost them to services that can assist them to live independently and prevent falls and thereby prevent hospital admissions.
- 4.107** 100 Barking and Dagenham residents (over 65s) had a **hip fracture** in 2019/20. This equates to a directly standardised rate of 472 per 100,000 population, similar to the national rate of 572 per 100,000 population (HES, 2020).
- 4.108 Frailty** defines the group of older people who are at highest risk of adverse outcomes such as falls, disability, admission to hospital, or the need for long-term care. It is typically the result of the effects of natural ageing, the outcomes of multiple long-term conditions and a loss of fitness and reserves.

³⁰ Social Care Institute for Excellence (2020) Why early diagnosis of dementia is important.

- 4.109** It is estimated that 12% of over 65-year-olds are living with moderate frailty. This equates to approximately 2,216 people living with moderate frailty in Barking and Dagenham. Moderate frailty is defined by having at least three or more symptoms from weight-loss, fatigue, weakness in the form of weak grip strength or low energy expenditure³¹. Around 42% of 65+-year-olds are known to be pre-frail (having one or two of these symptoms). This equates to around 7,756 pre-frail older people residing in Barking and Dagenham (GLA, Housing-led population projections, 2021).
- 4.110** Pharmacists can play a role in assisting people who are frail or at risk of becoming frail. This includes highlighting any concerns with the person's GP or reviewing the patient's medication records and identify medications that could amplify the effects of frailty, increase the patient's fall risk, or escalate cognitive decline.

³¹ NHS RightCare Frailty Toolkit (2020): <https://www.england.nhs.uk/rightcare/products/pathways/frailty/>

Summary of Demographics and Health Needs of Barking and Dagenham

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

Barking and Dagenham Demographic Characteristics

The London Borough of Barking and Dagenham is North East London Borough situated in outer London. It has a fairly young population, with the highest proportion of young people in London. Gascoigne and Thames wards have the highest representation of young people in the borough. Nearly half of the population are from BAME groups, a quarter of the population are Asian. Gascoigne, Abbey and Thames have the highest representation of BAME groups. Barking and Dagenham have the lowest life expectancy figures in London and the lowest healthy life expectancy for males and the third lowest for females.

Wider determinants of health

There are pockets of high deprivation within Barking and Dagenham, most notably in the north of Health, and Thames where deprivation is highest at LSOA level. The impact of COVID-19 affected those from more deprived areas and from BAME communities the most.

The places and communities in which we live

The population of Barking and Dagenham is set to increase by 21.8% by 2031. The highest anticipated increase is in Thames ward where the population is expected to more than double by 2032, due to new developments underway in the Barking Riverside area.

Our health behaviours and lifestyles

Smoking is the leading cause of preventable death in the world, 18.1% of adults smoking in Barking and Dagenham. 65.5% of Barking and Dagenham adults are overweight or obese, the third highest in London, 31.9% of adults are inactive, the third highest in London. Barking and Dagenham adults binge drink less and alcohol-related hospital admission episodes are lower than comparators. Barking and Dagenham has a high proportion of opiate and/or crack cocaine users who are not receiving treatment. STI rates are generally low in Barking and Dagenham, except Chlamydia where detection rates are higher than national figures.

An integrated Health and care system

Barking and Dagenham has the highest birth rate in London, including the highest number of babies born to teenage mothers. Rates of premature births, low birth weight, still births and maternal obesity are of concern in Barking and Dagenham. Children and young people are reaching expected educational standards at most key stages. However, family poverty and homelessness are high in Barking and Dagenham. Childhood obesity, asthma and dental decay are other areas of concern within Barking and Dagenham. Nearly a quarter (22.4%) of Barking and Dagenham adults have a common mental illness. Premature mortality for cancers, stroke, coronary heart diseases and respiratory diseases are high in Barking and Dagenham. While Barking and Dagenham has a relatively low older population, excess winter deaths, loneliness and isolation, and frailty are areas of concern.

Chapter 5 – Patient & Public Engagement

- 5.1** This chapter discusses the results of the patient and public engagement that was carried out in Barking and Dagenham, Havering & Redbridge (BHR) between the period of 1st November 2021 to the 31st December 2021. Feedback by Redbridge residents is presented, then BHR results are explored for differences between protected characteristic groups.
- 5.2** A “protected characteristic” means a characteristic listed in section 149(7) of the Equality Act 2010. There are also certain vulnerable groups that experience a higher risk of poverty and social exclusion than the general population. These groups often face difficulties that can lead to further social exclusion, such as low levels of education and unemployment or underemployment.
- 5.3** A community questionnaire was used to engage with residents to understand their use and experience of local pharmacies. This questionnaire was approved for use with the local population by the PNA Steering Group and the communication teams of BHR.
- 5.4** The community questionnaire was disseminated via online and social media platforms. Over the period between 1st November 2021 to 31st December 2021, we engaged with 364 residents in BHR. 40 of those responses were from Barking and Dagenham residents, an additional 53 were from residents living in postcodes bordering Havering making a total of 93 responses. This is a small sample size of the population and therefore not a representative sample. The findings do provide some insights on local views to pharmacy provision, however there are limits to the conclusions made from this analysis

Online:

- Residents E-Newsletters

Across BHR, e-newsletters were sent to 74947 residents from public health communications teams. This was done on multiple occasions.

- VCS community leads

Across BHR a total of 689 faith and community organisations were contacted by VCS community leads.

- Healthwatch website

The patient and public engagement survey was accessible on the Havering & Redbridge Healthwatch websites, and survey was available via Havering Healthwatch e-bulletin

- Public health website

Survey was also accessible via the Havering public health consultations page

Social media:

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

Other engagement:

- 5.6 Healthy Dialogues also contacted 18 cultural community and faith-based organisations within BHR via email, with a link to the survey to be disseminated to their community groups.
- 5.7 This chapter will first look at responses from people from Barking and Dagenham, then will take a deeper look at responses across groups of people from protected characteristics across BHR.

Pharmacy use by Barking and Dagenham residents

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

- Between 5-20 minutes: 56 respondents
- 5 minutes: 32 respondents

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

- 5.10 When analysing the reasons why **chose their pharmacy**, the top three responses from Barking and Dagenham residents were:

- Accessibility: Good location (71 responses)
- Patient interaction: Happy with the overall service provided by the pharmacy (61 responses)
- Patient interaction: staff are friendly (55 responses)

- 5.11 This result was similar across Redbridge and Havering where residents chose their pharmacy based on good location, patient interaction including friendly staff, and satisfaction with the overall service provided by the pharmacy. Residents of Havering and Redbridge also used their pharmacy because of the short waiting times for prescriptions.

- 5.12 185 comments were left around what services the residents would like to see being provided from their local pharmacy that they do not currently provide. When breaking this down further, 27 comments were left by Barking and Dagenham residents. The top two **services the Havering residents would like to see within their pharmacies** included:

- Blood checks: 9 respondents

- Delivery service: 5 respondents

5.13 These results were similar across Redbridge and Havering, where the most popular service the residents of these boroughs would like to see within their pharmacy was also blood checks. Residents of Havering and Redbridge also wanted to see vaccination services within their pharmacy.

Barking and Dagenham, Havering and Redbridge combined results and Equalities Impact Assessment

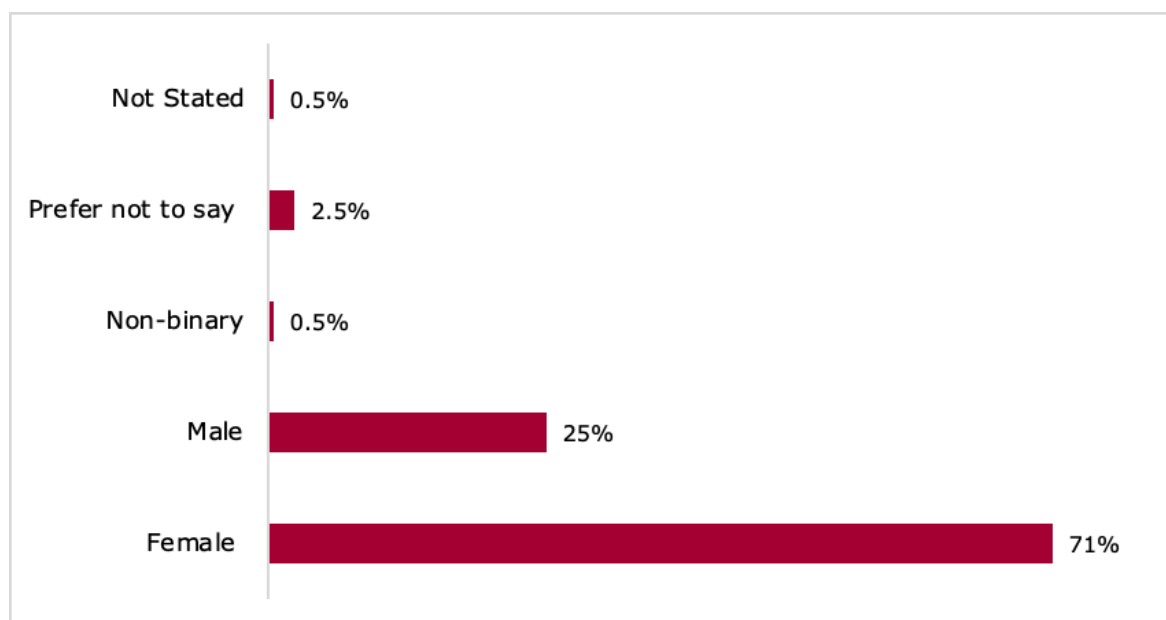
5.14 The 364 question responses collated were analysed to better understand the use of community pharmacies by residents of BHR and identify any potential gaps in service provision for the protected characteristics.

5.15 Please note: the user composition could not reflect the general population because the pharmacy and health needs are different. Therefore the responders would not necessarily represent general population but provide some insights on user views.

Demographics of the sample population

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

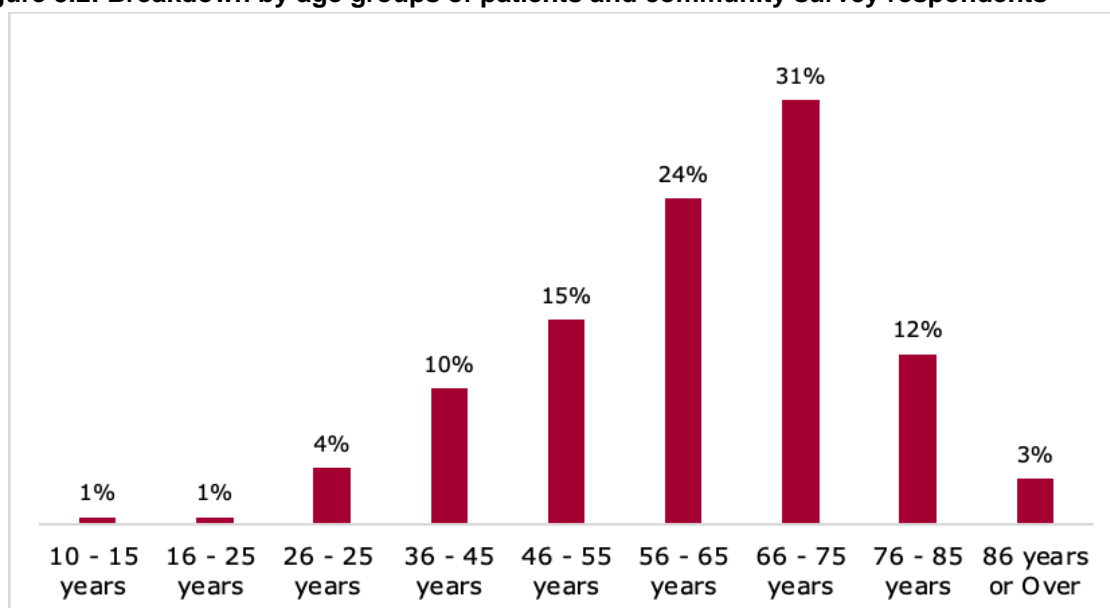
Figure 5.1: Breakdown by gender of patients' community survey respondents



5.17 The survey sample represented a wide range of **age** categories, with the highest representation from the 66-75 age group (31%), followed by the 56-65 age group (24%). The

least represented group was between the age categories of 10-15 year olds (1 %) and 16-25 year olds (1%) (see figure 5.2).

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



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

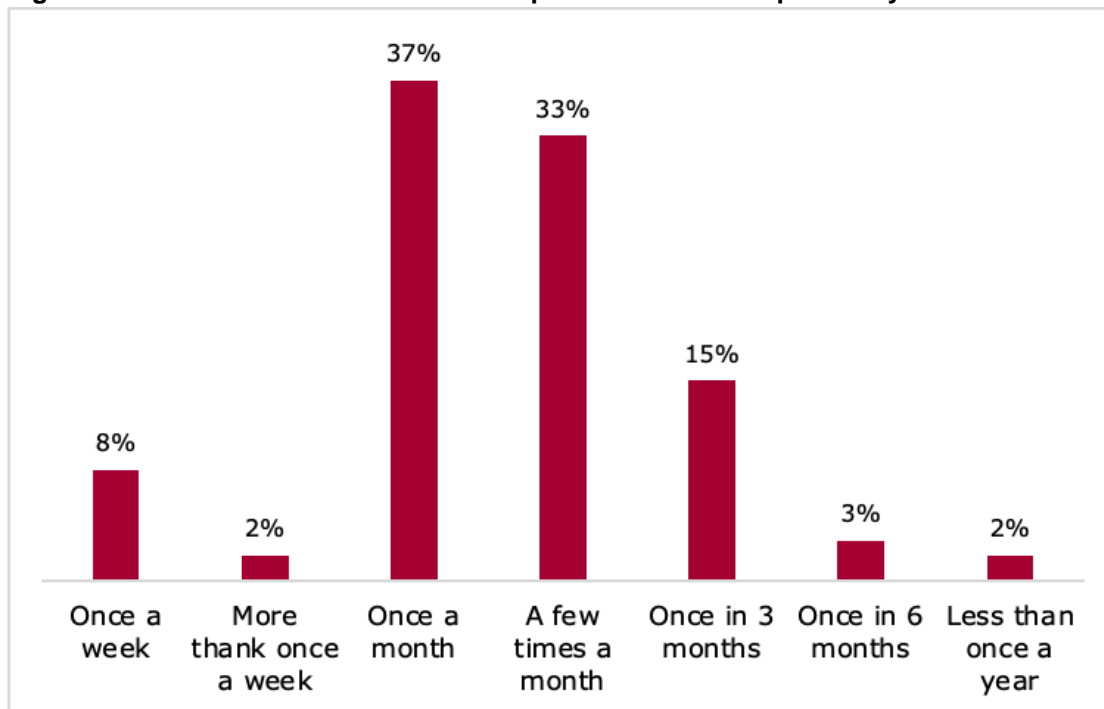
Figure 5.3: Breakdown of respondent's ethnicities

Ethnicity	Number of respondents
White (including English, Welsh, Scottish, Northern Irish, British, Irish, Gypsy or Irish Traveller, and other White background)	317 residents of BHR (87%)
Mixed ethnic groups (including White and Black Caribbean, White and Black African, White and Asian, any other mixed ethnic background)	5 residents of BHR (1.4%)
Asian or British Asian (including Indian, Pakistani, Bangladeshi, Chinese, any other Asian background)	26 residents of BHR (7%)
Black African, Caribbean or Black British (including African, Caribbean, any other Black African or Caribbean background)	11 residents of BHR (3%)
Any other ethnic group (including Arab)	1 resident of BHR (0.3%)
Did not state their ethnic background	4 residents of BHR (1%)

Overall use of Pharmacies

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

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



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

Figure 5.5: Preference of when to use the pharmacy

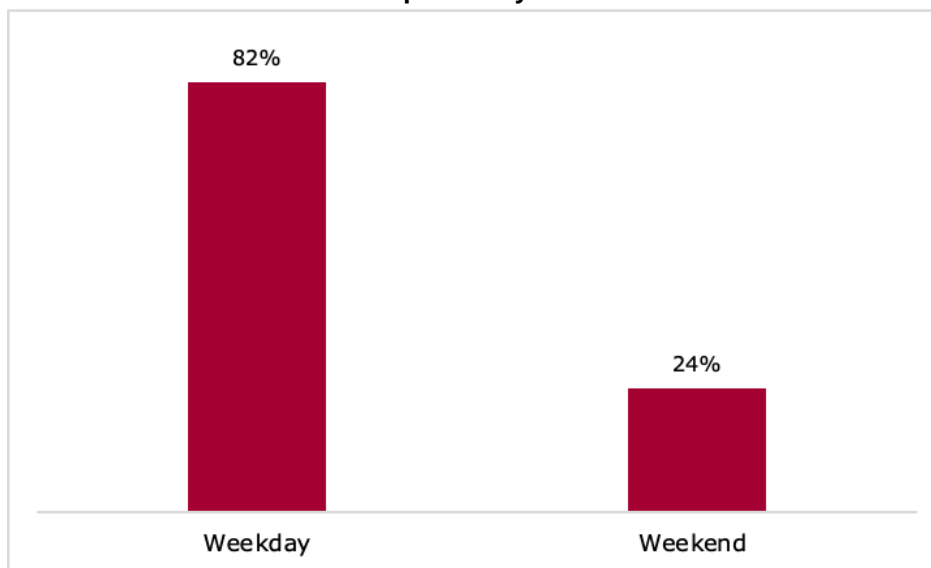
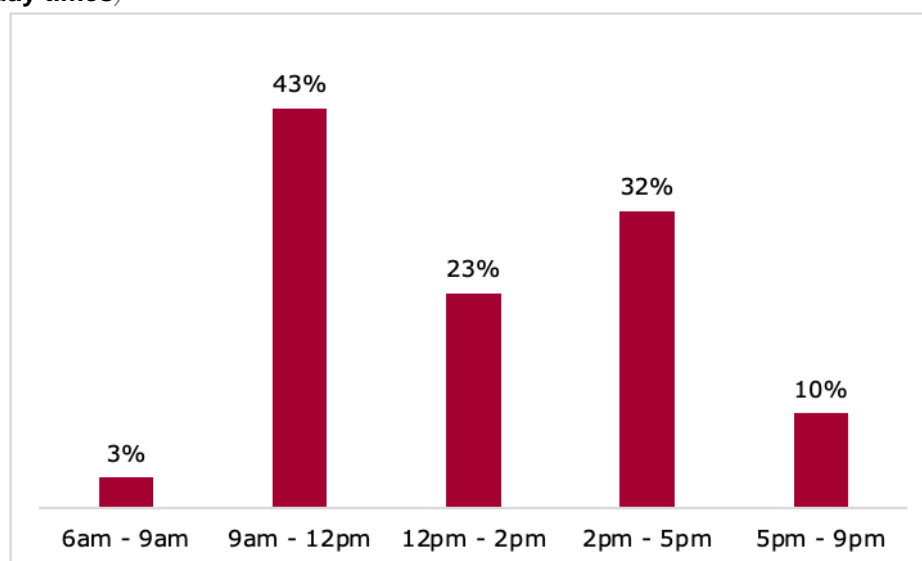


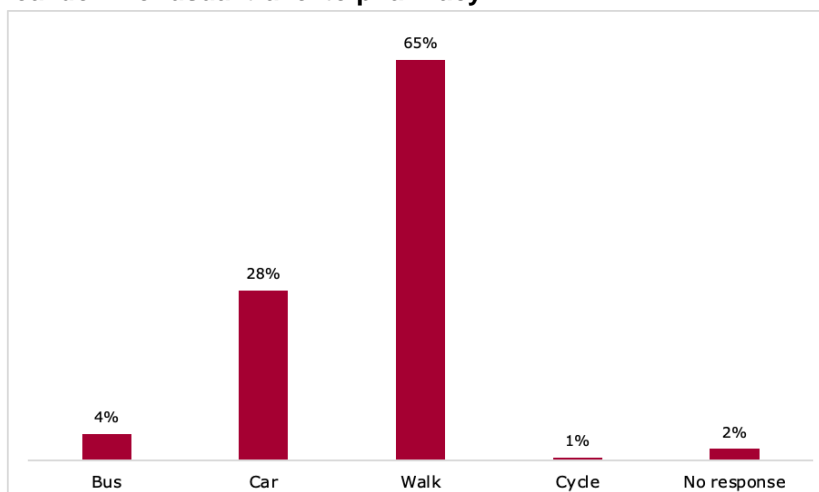
Figure 5.6: A breakdown of preference for time of day to use the pharmacy (includes weekend and weekday times)



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

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

Figure 5.7: A breakdown of usual travel to pharmacy



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

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

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

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

The top four recommendations for improvement included:

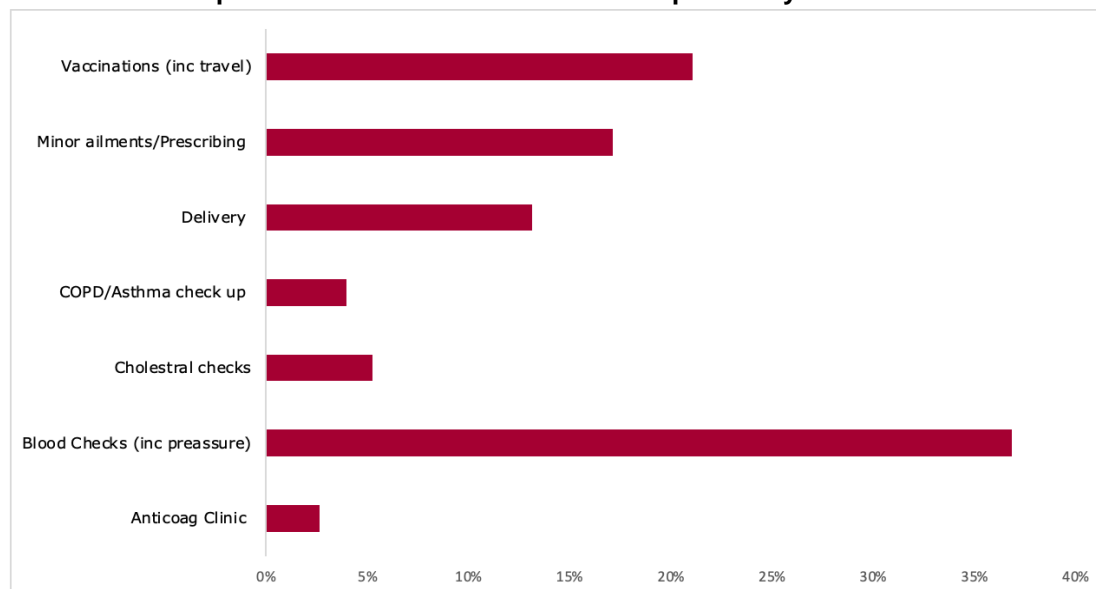
- Increased opening hours (11%)
- Staffing, including more staff, and friendlier staff (7%)
- Accessibility, including parking and disabled access (4%)
- Better, or more seating inside the pharmacy (3%)

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

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

- Blood checks, including blood tests, and pressure checks
- Vaccinations, including travel, COVID-19, flu-jab
- Minor ailments and prescribing
- Delivery service
- Cholesterol checks

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



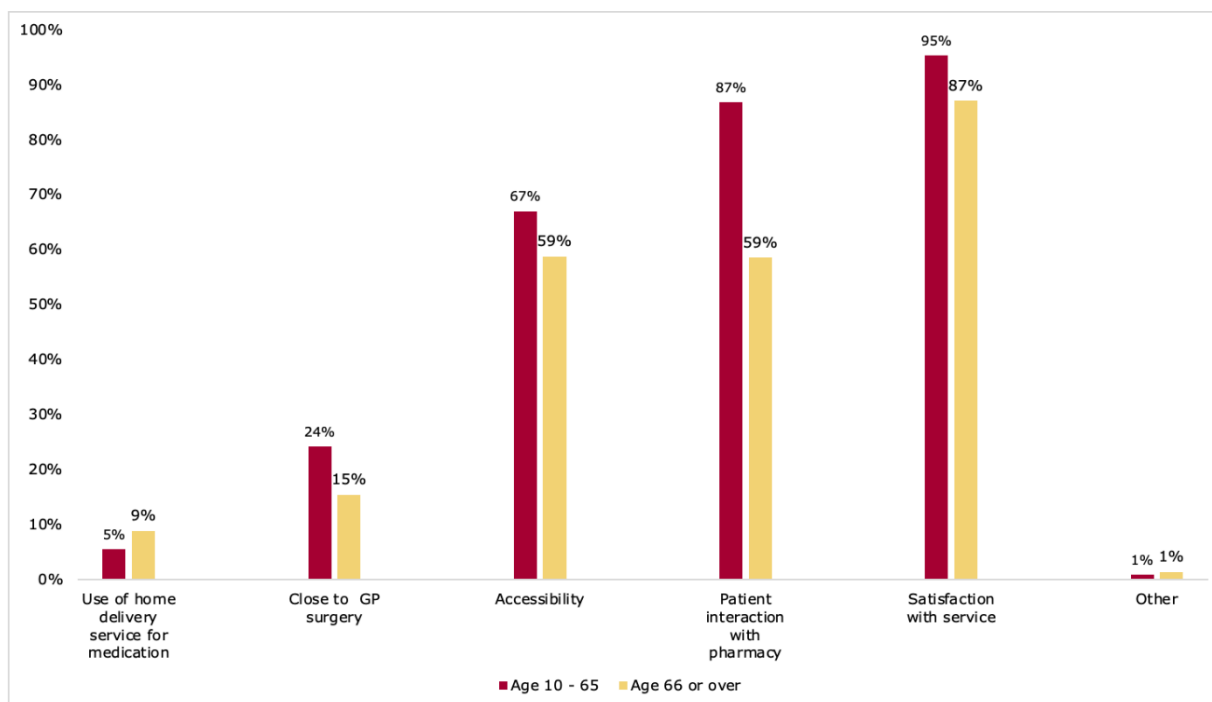
Protected Characteristics

Age

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

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

Figure 5.9: reasons for chosen pharmacy by age group



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

- Blood testing
- Vaccinations
- Blood pressure checks

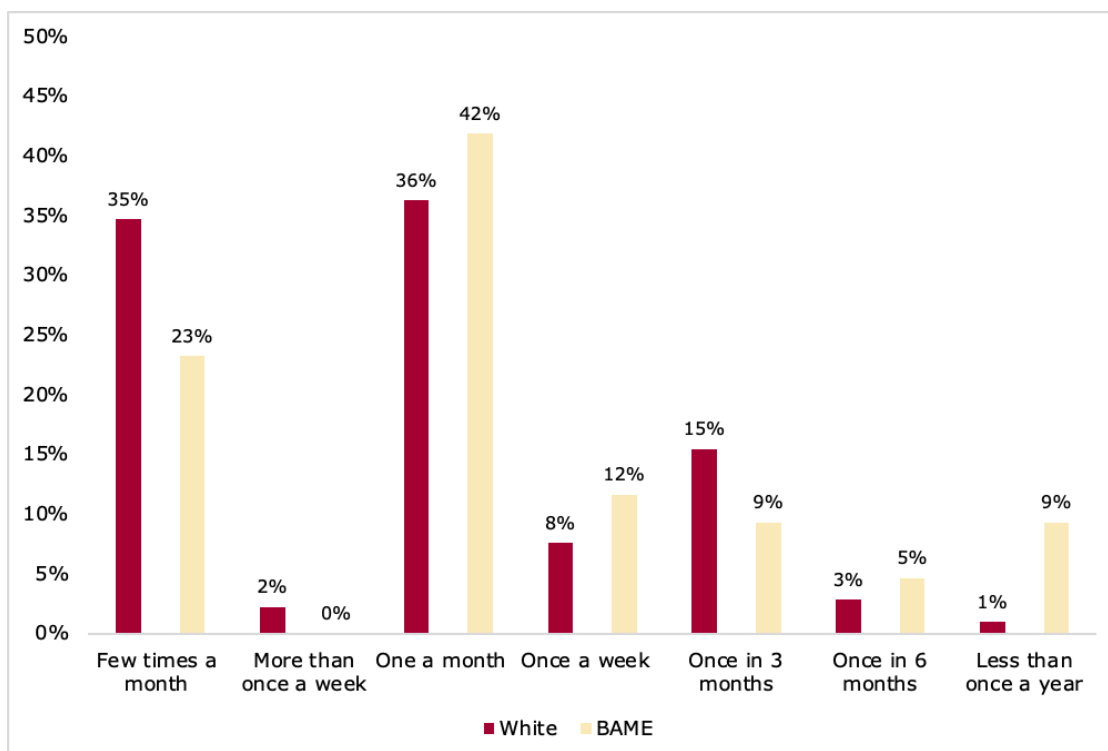
Ethnicity

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

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

- 5.36 The majority of the residents used the pharmacy at least once a month, or a few times a month across all ethnic groups.
- 5.37 Those from a BAME background were more likely to be using the pharmacy at least once a week, White ethnic residents, are more likely to use the pharmacy at least once a month (figure 5.10).

Figure 5.10: Breakdown of ethnicity and pharmacy usage



- 5.38 19 comments were left by the BAME community in relation to what services they would like to see within their pharmacy. This entailed, delivery service including for single mothers, more minor ailments services and blood checks (cholesterol, pressure, blood tests).
- 5.39 162 comments were left by the White ethnic groups around what services they would like to see within their pharmacy. 43% of the respondents were happy with the service that was already being provided. Others that left comments felt their pharmacy could offer blood checks (cholesterol, blood tests), COVID-19 vaccinations and other vaccinations.

Pregnancy and maternity

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

- 5.41 Those who were pregnant, or breastfeeding tended to use the pharmacy on the weekday. There was no significant difference in their use of pharmacies in comparison to the rest of the survey population.
- 5.42 No comments were left by those who were pregnant or breastfeeding in relation to what services they would like to see within their pharmacy.
- 5.43 Reasons for chosen pharmacy included being in a good location, within a 5-minute walk or drive.
- 5.44 Though pregnant and breastfeeding respondents made a small representation to the overall survey responses, this could be explained by the fact that most people who completed this survey were aged 66 and over.

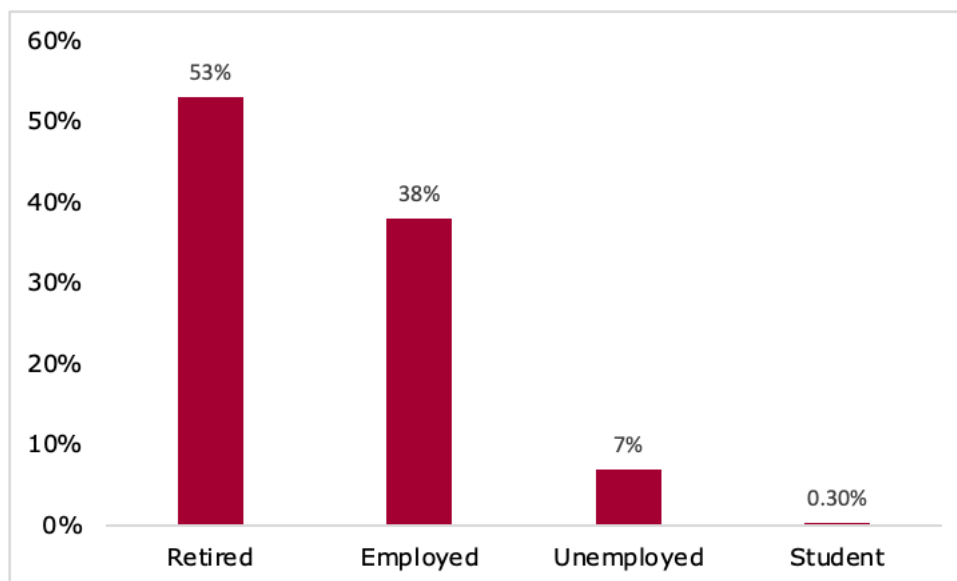
Gender

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

Employment Status

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

Figure 5.11: Breakdown of employment status



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

Disability

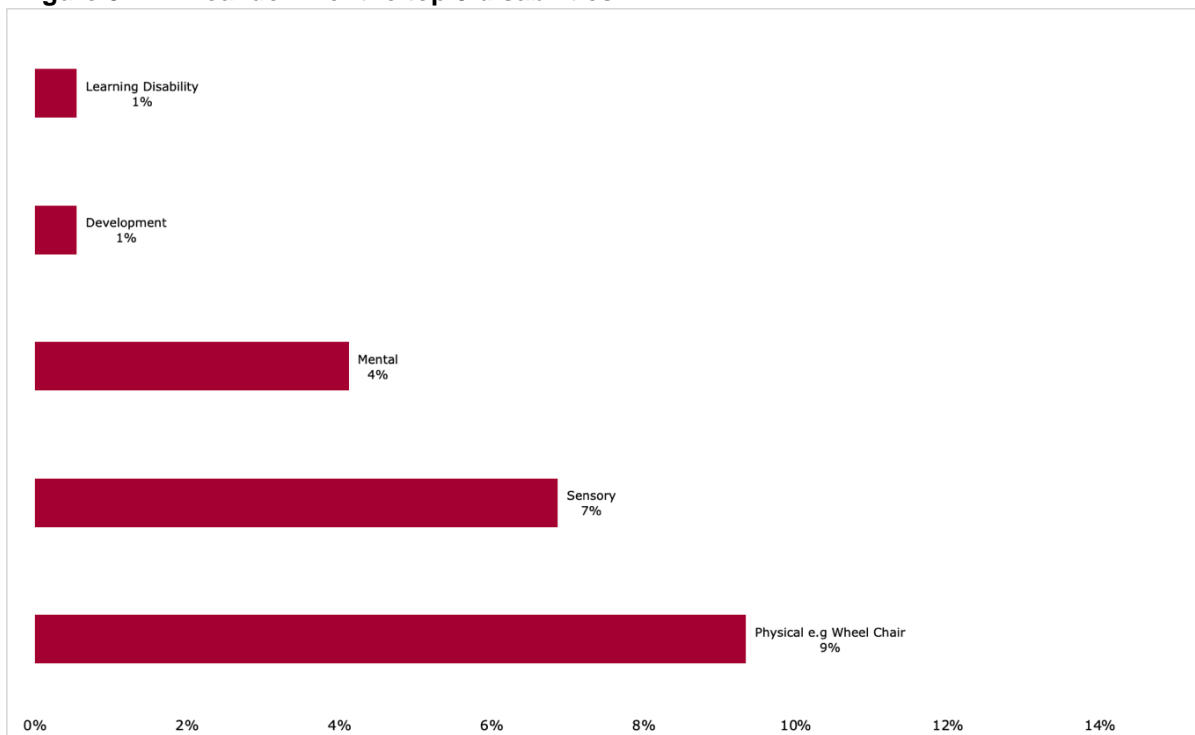
5.51 All pharmacies must comply with the Disability Discrimination Act 1995. Pharmacy contractors may have assessed the extent to which it would be appropriate to install hearing loops, or provide access ramps wide aisles to allow wheelchair access. Accessible information formats are alternatives to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

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

- Physical e.g. wheel chair user
- Mental health issues e.g. bi-polar disorder, schizophrenia, depression
- Sensory e.g. mild deafness, partially sighted, blindness
- Learning disabilities e.g. Down Syndrome, Cerebral Palsy
- Developmental e.g. autistic spectrum disorder, dyslexia, dyspraxia
- Other

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

Figure 5.12: Breakdown of the top 5 disabilities



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

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

- Better access to pharmacy
- Home deliveries
- Opening hours at weekends

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

- Blood checks (blood testing, cholesterol and pressure)
- Vaccinations

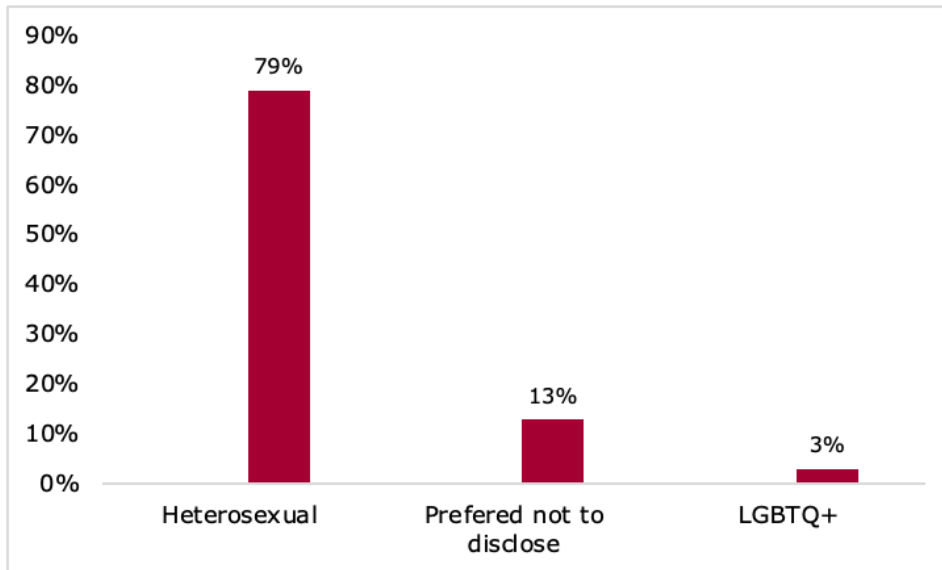
5.57 No significant differences were identified between the overall responses and this protected characteristic in relation to improvements to the pharmacy, and services residents would like to see within their pharmacy.

Sexual Orientation

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

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

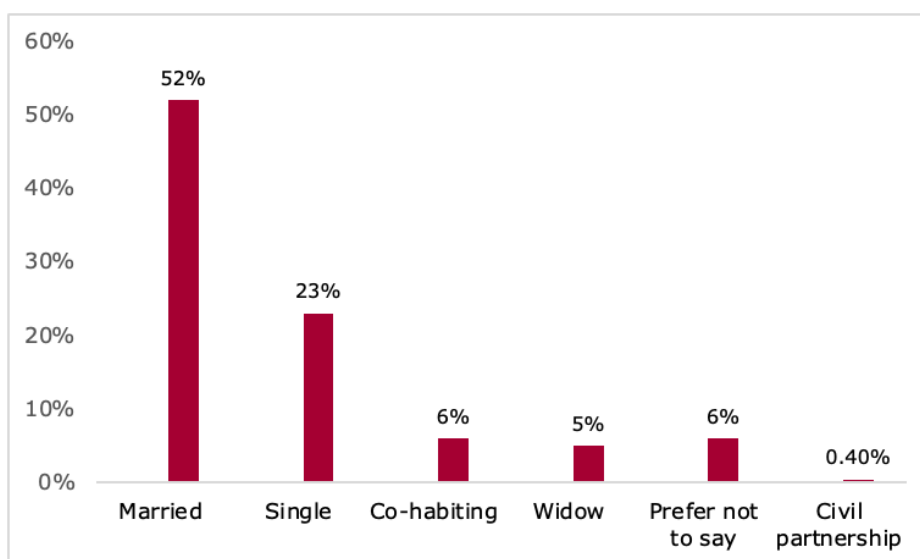
Figure 5.13: Breakdown of sexual orientation



Relationship Status

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

Figure 5.14: Breakdown of relationship status



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

Summary of the Patient and Public Engagement and the Protected Characteristics

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

Overall, 364 BHR residents and workers responded to the survey, 40 of whom were Barking and Dagenham residents. Results showed that residents choose their pharmacy based on overall satisfaction of their pharmacy service, ease of location, and friendly staff. Most people surveyed used their pharmacy during weekdays and normal working hours.

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

Chapter 6 – Provision of Pharmaceutical Services

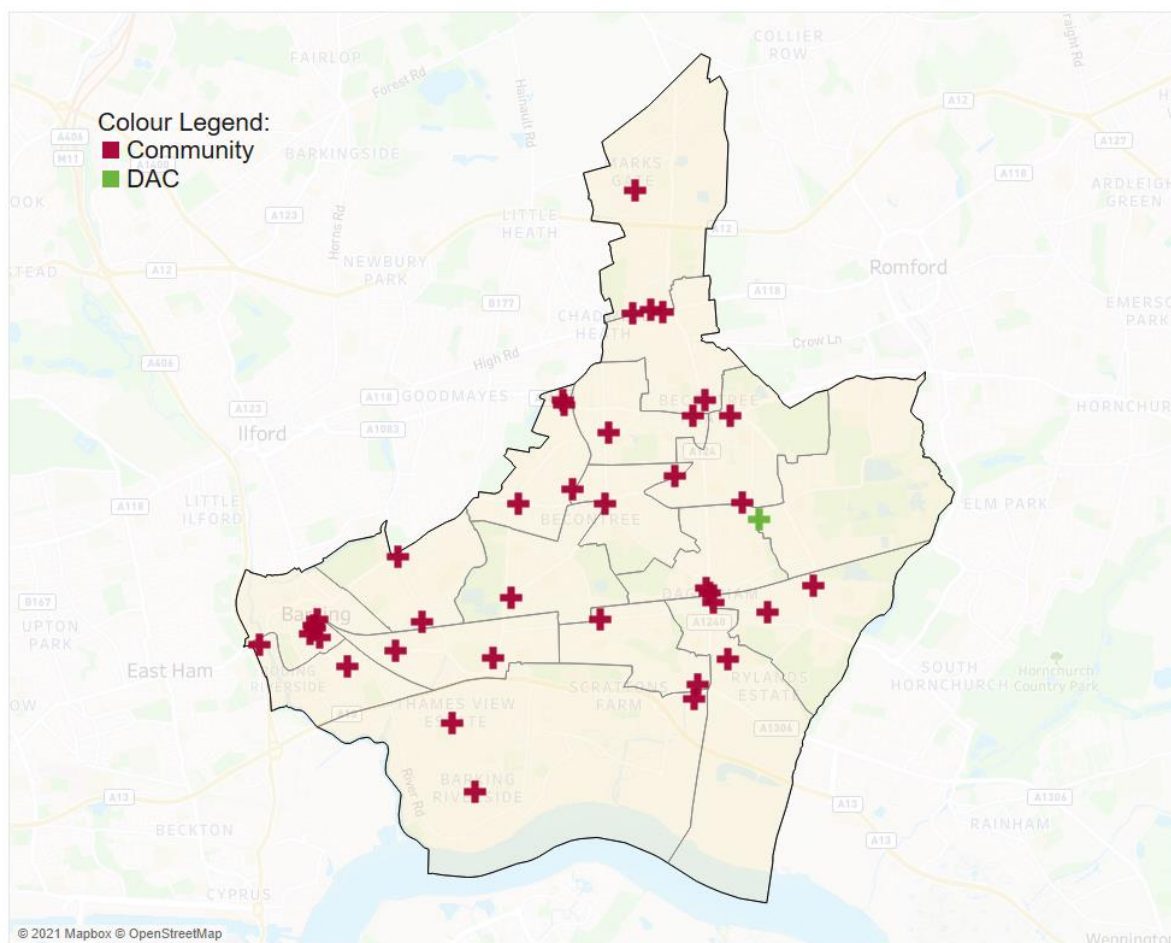
- 6.1** This chapter identifies and maps the current provision of pharmaceutical services in order to assess the adequacy of provision of such services. Information was collected up until October 2021.
- 6.2** It assesses of the adequacy of the current provision of necessary services by considering: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

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

Pharmaceutical Service Providers

- 6.3** As of October 2021, there are currently 39 pharmacies in Barking and Dagenham that hold NHS contracts, 38 community pharmacies and 1 dispensing appliance contractor. They are presented in the map in Figure 7.1 below.
- 6.4** All the pharmacy providers in the borough as well as those within 1 mile of its border are also listed in Appendix B.

Figure 6.1: Map of pharmacies in Barking and Dagenham, October 2021



Source: Contractor Survey and NHS England, 2021

Community Pharmacies

- 6.5 The 38 community pharmacies in Barking and Dagenham equates to 1.8 community pharmacies per 10,000 residents within Barking and Dagenham (based on a 2022 population estimate of 214,107). This ratio is just below the London and England averages, both of which stand at 2.2 based on 2014 data (LGA, 2021³²).

Dispensing Appliance Contractor (DAC)

- 6.6 There is one DAC on the Barking and Dagenham's pharmaceutical list (Fittleworth Medical). A DAC is a contractor that specialises in dispensing prescriptions for appliances, including customisation. They cannot dispense prescriptions for drugs.

GP Dispensing practices

- 6.7 There are no GP dispensing practices in Barking and Dagenham.

³² Local Government Association: LG Inform. Ratio of pharmacies per 10,000 population (Snapshot: 29 November 2014) https://lginform.local.gov.uk/reports/lgastandard?mod-area=E92000001&mod-group=DEFRA2009_OtherUrbanList&mod-metric=3707&mod-type=namedComparisonGroup (Accessed in December 2021).

Distance Selling Pharmacies

- 6.8 There are no distance selling pharmacies in Barking and Dagenham.

Local Pharmaceutical services

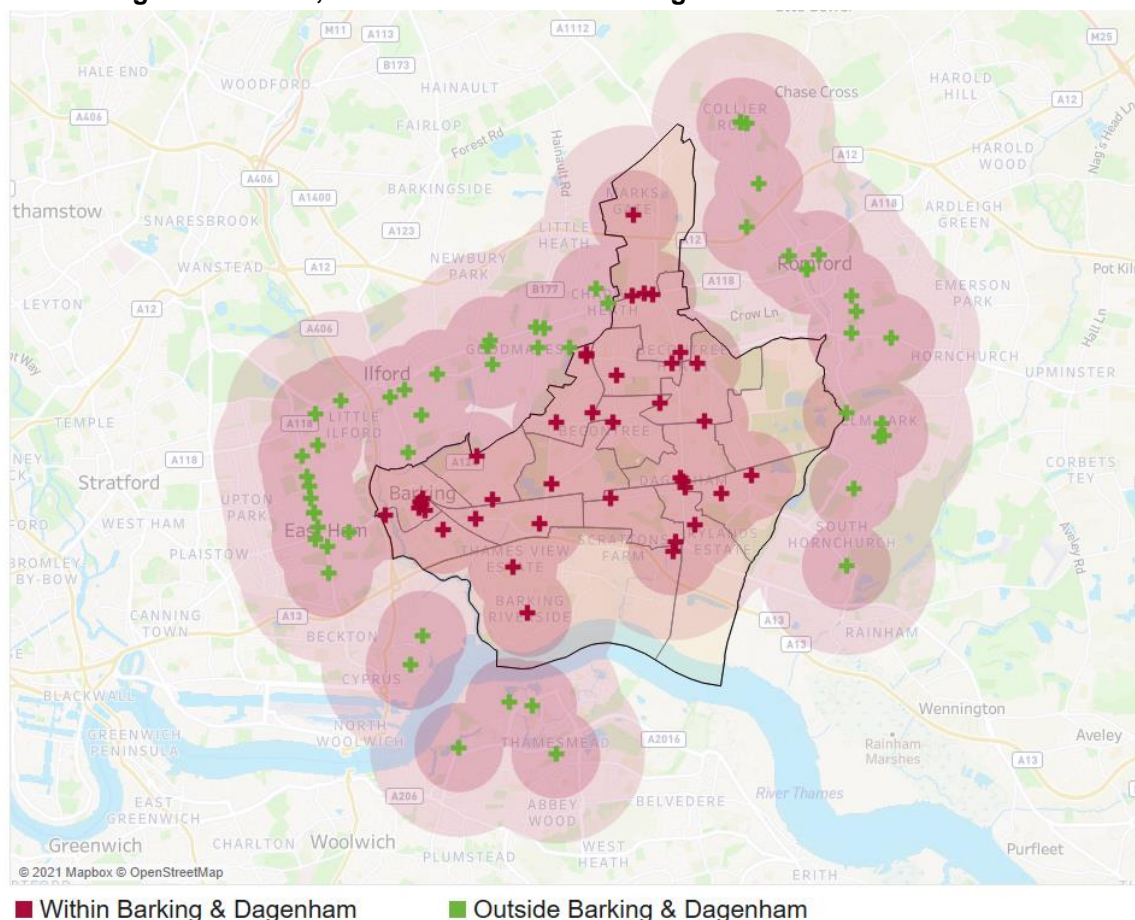
- 6.9 There are no Local Pharmaceutical Service (LPS) contracts within Barking and Dagenham. No area in Barking and Dagenham have been designated as LPS areas.

Accessibility

Distribution and choice

- 6.10 The PNA Steering Group agreed that the maximum distance for residents in Barking and Dagenham to access pharmaceutical services, should be no more than 1 mile. This distance equates to about a 20-minute walk.
- 6.11 Figure 6.1 below shows the 38 community pharmacies located in Barking and Dagenham as well as an additional 23 that are located in other boroughs but are within 1 mile of Barking and Dagenham's border. A 0.5- and 1-mile radius from each pharmacy's location is shown.
- 6.12 This shows that most of the borough is within 1 mile of at least one pharmacy. The south-eastern part of the borough shows a small area in River Ward that is not within 1 mile of any pharmacy, this is a non-residential area.
- 6.13 Additionally, there are 23 pharmacies outside the Barking and Dagenham located within 1 mile of the borough's border. These have been included in the pharmacies shown in Figure 6.2 as well as in Appendix B.

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



Source: Contractor Survey and NHS England, 2021

6.14 The geographical distribution of the pharmacies by electoral ward and the pharmacy to population ratio is shown in Figure 6.2 and Table 6.1. As seen all wards have at least one pharmacy within them, except Eastbrook.

Table 6.1: Distribution of community pharmacies by ward

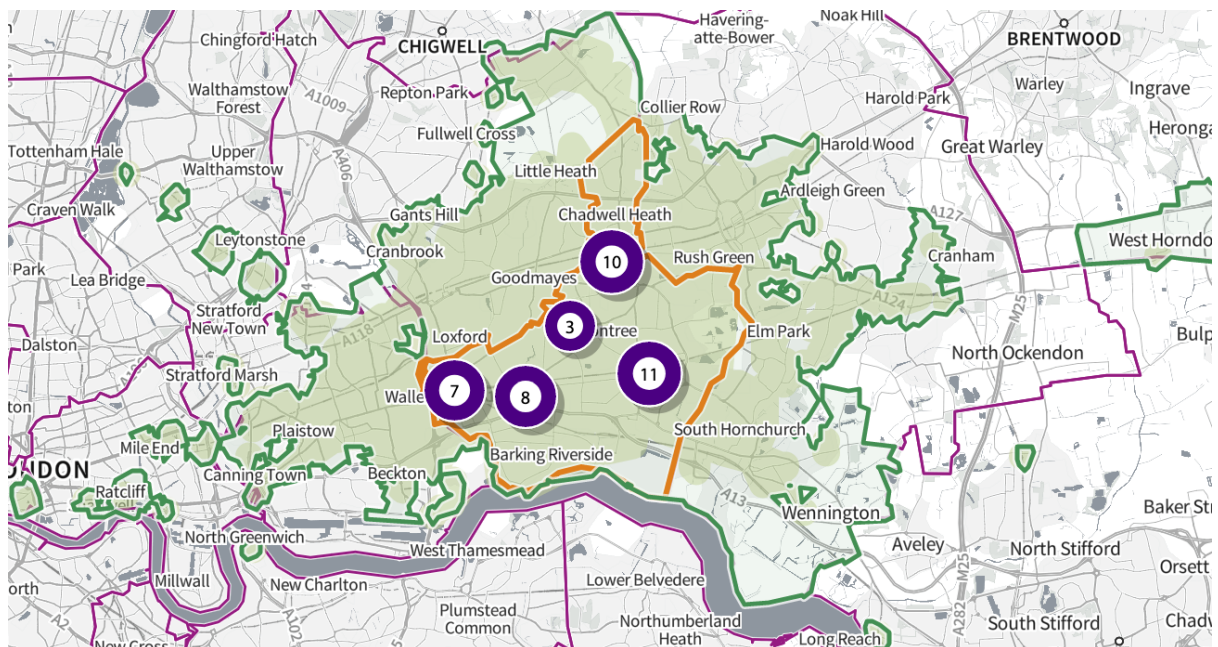
Ward	Number of Community Pharmacies	Population Size	Community Pharmacies per 10,000
Abbey	5	16,963	2.9
Becontree	4	14,837	2.7
Village	3	11,489	2.6
Thames	3	18,987	1.6
Chadwell Heath	3	11,181	2.7
Whalebone	2	12,526	1.6
Valence	2	10,904	1.8
Mayesbrook	2	10,918	1.8
Longbridge	2	12,499	1.6

Heath	2	11,886	1.7
Goresbrook	2	12,060	1.7
Gascoigne	2	13,931	1.4
Eastbury	2	12,458	1.6
Alibon	2	10,831	1.8
River	1	13,726	0.7
Parsloes	1	10,900	0.9
Eastbrook	0	11,289	0.0
Borough Total	38	217,384	1.7

Source: Contractor Survey and NHS England, 2021

- 6.15 Although Eastbrook ward does not have a community pharmacy (it has a DAC), there is sufficient coverage of the ward from neighbouring wards and boroughs.
- 6.16 Additionally, all residents in Barking and Dagenham can reach a pharmacy using public transport within 20 minutes, attesting to the accessibility of the pharmacy provision in the borough. A total of 789,466 people in and outside the borough can reach a Barking and Dagenham pharmacy by public transport within 20 minutes (OHID, SHAPE Atlas Tool, 2021).
- 6.17 Figure 6.3 presents the coverage of the Barking and Dagenham pharmacies in consideration of public transport. Coverage is presented in green. There is a small area at the south-eastern region of Barking and Dagenham that is not covered. This is a non-residential area with River Ward.

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



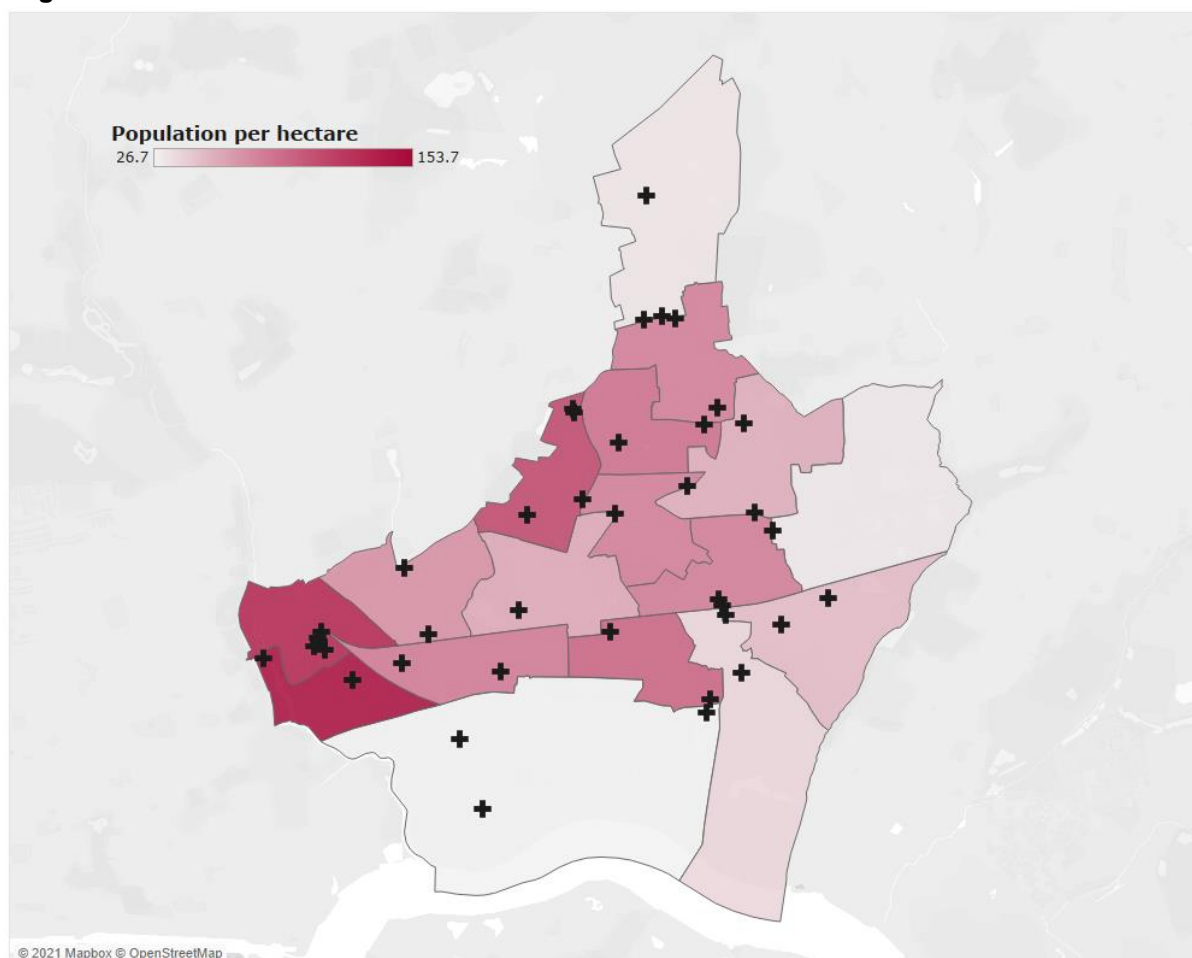
Source: OVID, Strategic Health Asset Planning and Evaluation Atlas Tool, 2021

6.18 Barking and Dagenham tend to fill their prescriptions at local pharmacies. NHSE data shows that in 2020-21, 83% (3,160,919) of items prescribed by GPs in Barking and Dagenham were dispensed by pharmacies in the borough. 6.3% and 5.5% were dispensed by Havering and Redbridge pharmacies respectively.

Pharmacy Distribution in relation to population density

6.19 The population density map below indicates that the community pharmacy premises are predominantly located in areas of highest population density although a small number of pharmacies were identified in areas with the lowest population density.

Figure 6.4: Pharmacy locations in relation to population density by ward in Barking and Dagenham



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

Pharmacy Distribution in relation to GP surgeries

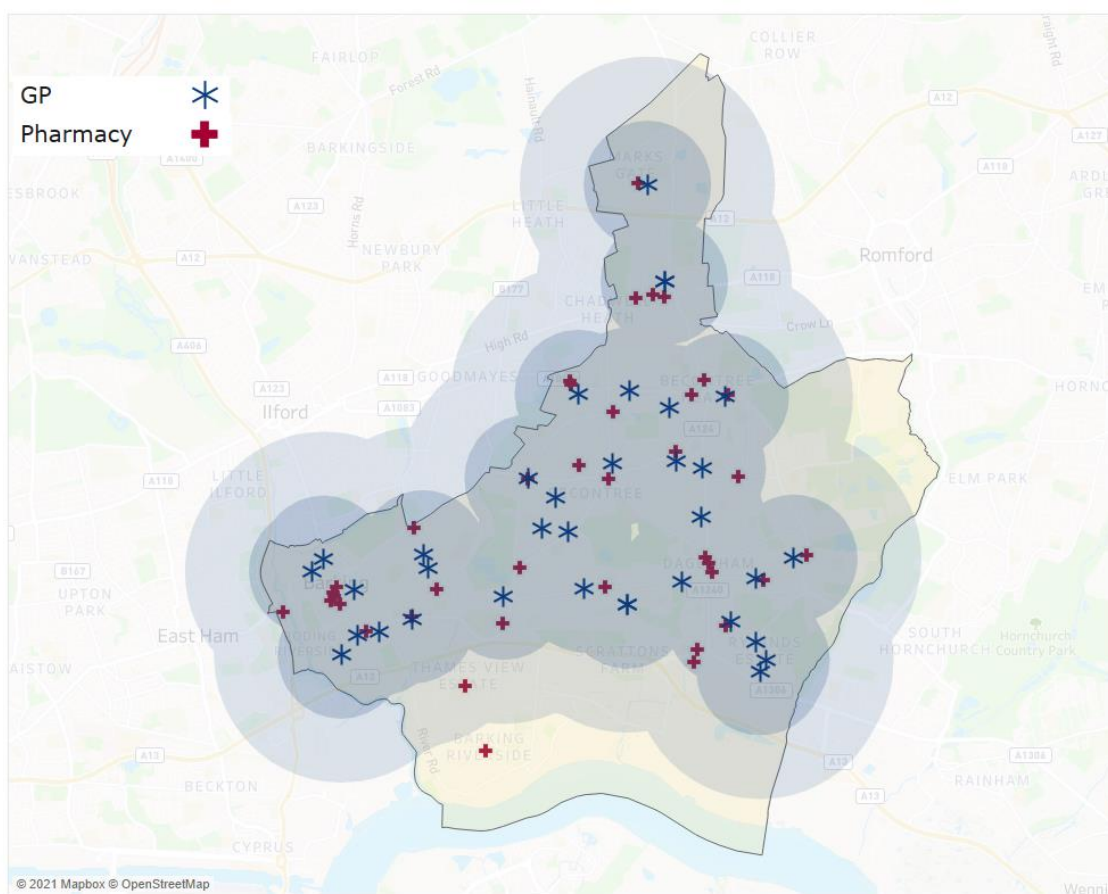
6.20 As part of the NHS Long Term Plan³³ all general practices were required to be in a primary care network (PCN) by June 2019. Since January 2019 Barking and Dagenham GPs

³³ NHS England (2019). The *NHS long term plan*. London, England

organised themselves into six PCNs within Barking and Dagenham. Altogether there are 35 GP member practices across these six PCNs. These are presented in Figure 6.5.

- 6.21 Each of these networks have expanded neighbourhood teams which will comprise of range of healthcare professionals including GPs, district nurses, community geriatricians, Allied Health Professionals and pharmacists. It is essential that community pharmacies are able to fully engage with the PCNs to maximise service provision for their patients and residents.
- 6.22 There is a pharmacy within accessible distance to all GP practices in Barking and Dagenham. Figure 6.5 shows that there is a pharmacy within half a mile of all GP practices in the borough.

Figure 7.5. GP practices in Barking and Dagenham and their 0.5- and 1-mile coverage, October 2021



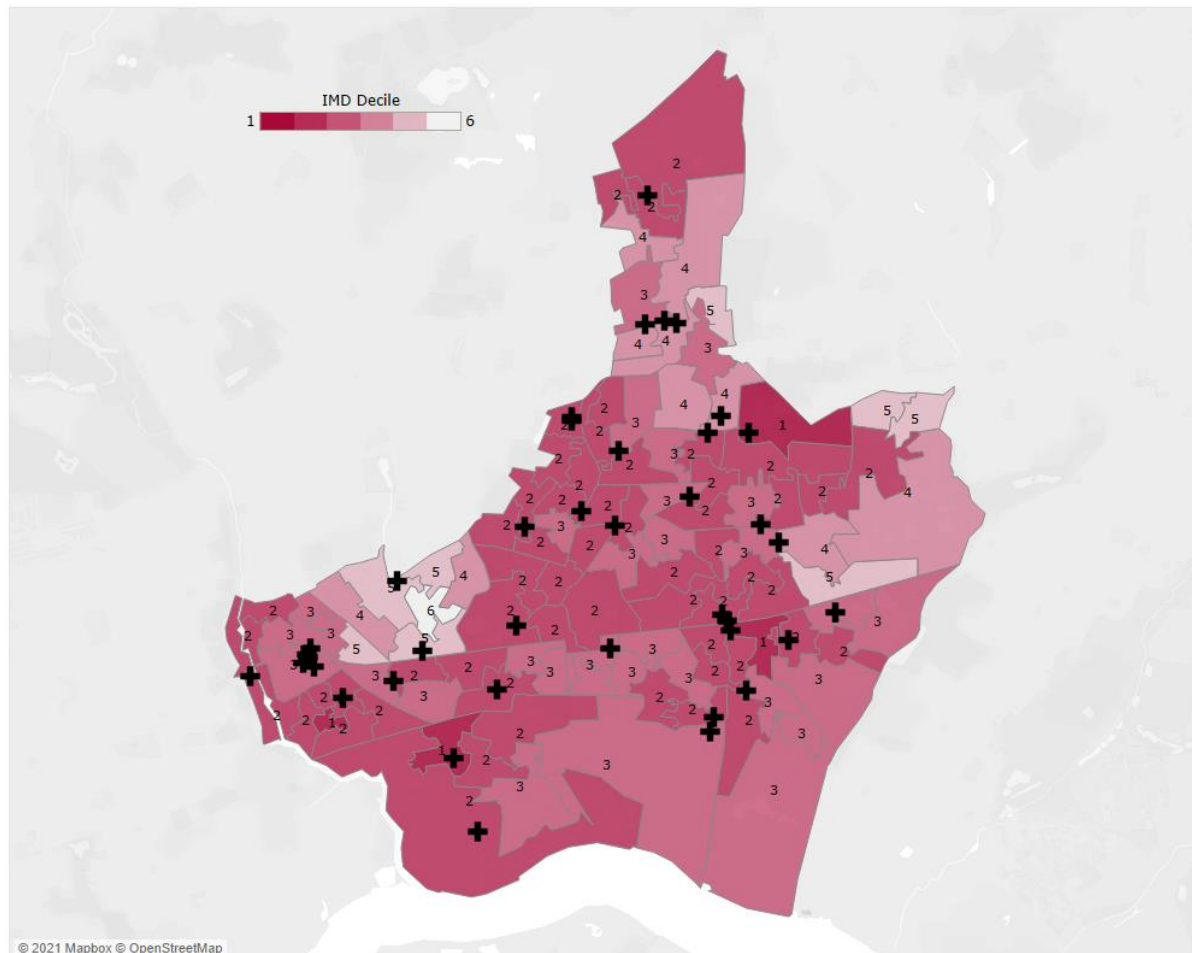
Source: NHS England, 2021

- 6.23 The Health and Wellbeing Board is not aware of any firm plans for changes in the provision of Health and Social Care services within the lifetime of this PNA. A new health and wellbeing hub is under development as part of the urban regeneration within Barking Riverside. It will serve the expected future growth in population and should be considered in future PNAs.

Pharmacy Distribution in relation to Index of Multiple Deprivation

- 6.24** There is correlation between health inequalities and the levels of deprivation. Figure 6.6 illustrates that people in areas of very high or high deprivation have access to a number of pharmacies.

Figure 6.6: Pharmacy locations in relation to deprivation deciles in Barking and Dagenham, 2021



Source: MHCLG & NHSE

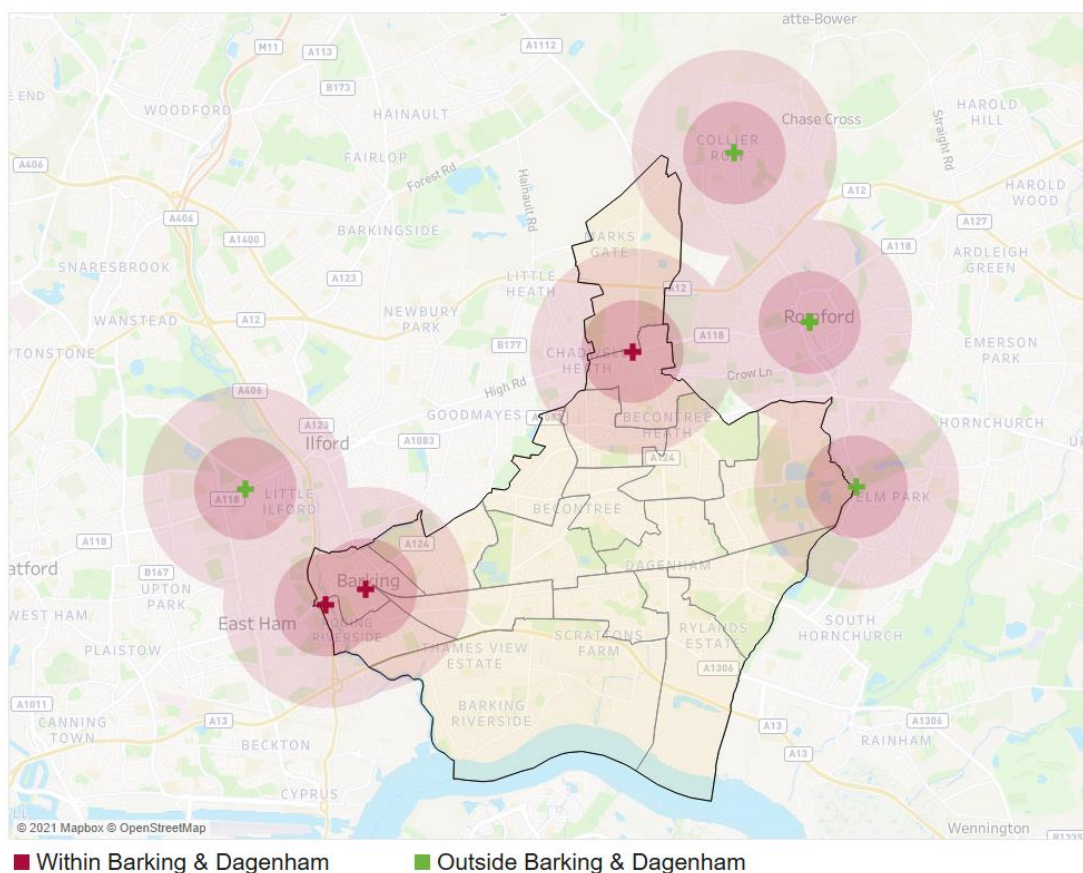
Opening times

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

100-hour pharmacies

- 6.27** NHS England has three 100-hour pharmacies (core hours) on their list for Barking and Dagenham. These are presented in Figure 6.7 and Table 6.2. There are two other 100-hour pharmacies which are outside the borough but within 1 mile of its border (Figure 6.7)

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



Source: Contractor Survey and NHS England, 2021

Table 6.2: 100-hour pharmacies in Barking and Dagenham, October 2021

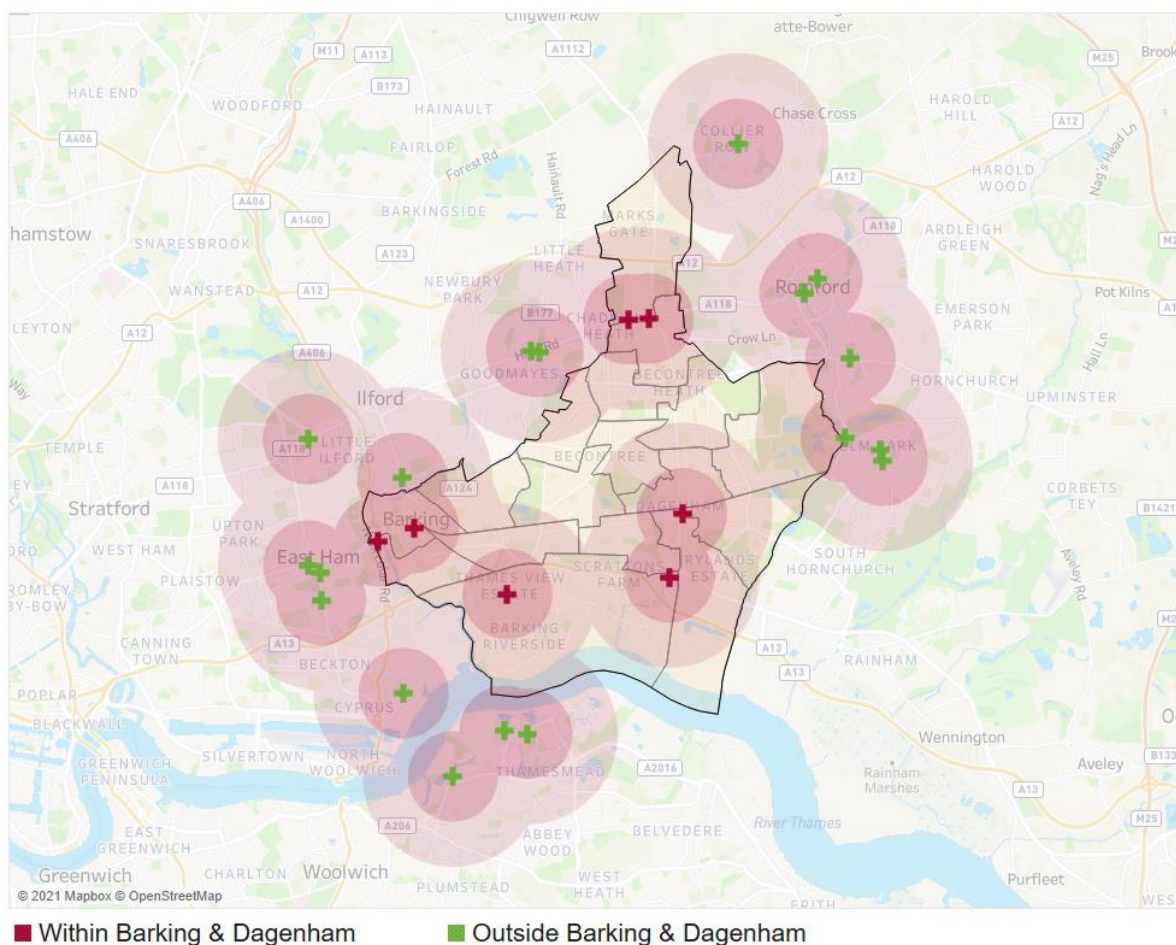
Pharmacy	Address	Ward
Tesco Pharmacy	Highbridge Road, Barking	Gascoigne
Super Care Pharmacy	198-200 High Road, Chadwell Heath	Whalebone
Daynight Pharmacy	17 Station Parade, Barking	Abbey

Source: Contractor Survey and NHS England, 2021

Early morning Opening

6.28 Seven pharmacies are open before 9am on weekdays within the borough and another 10 that are within 1 mile of the borough’s border. These are shown in Figure 6.8, Table 6.3 and show that there is some coverage of early opening pharmacies in the borough.

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



Source: Contractor Survey and NHS England, 2021

Table 6.3: Community Pharmacies open before 9am on weekdays in Barking and Dagenham

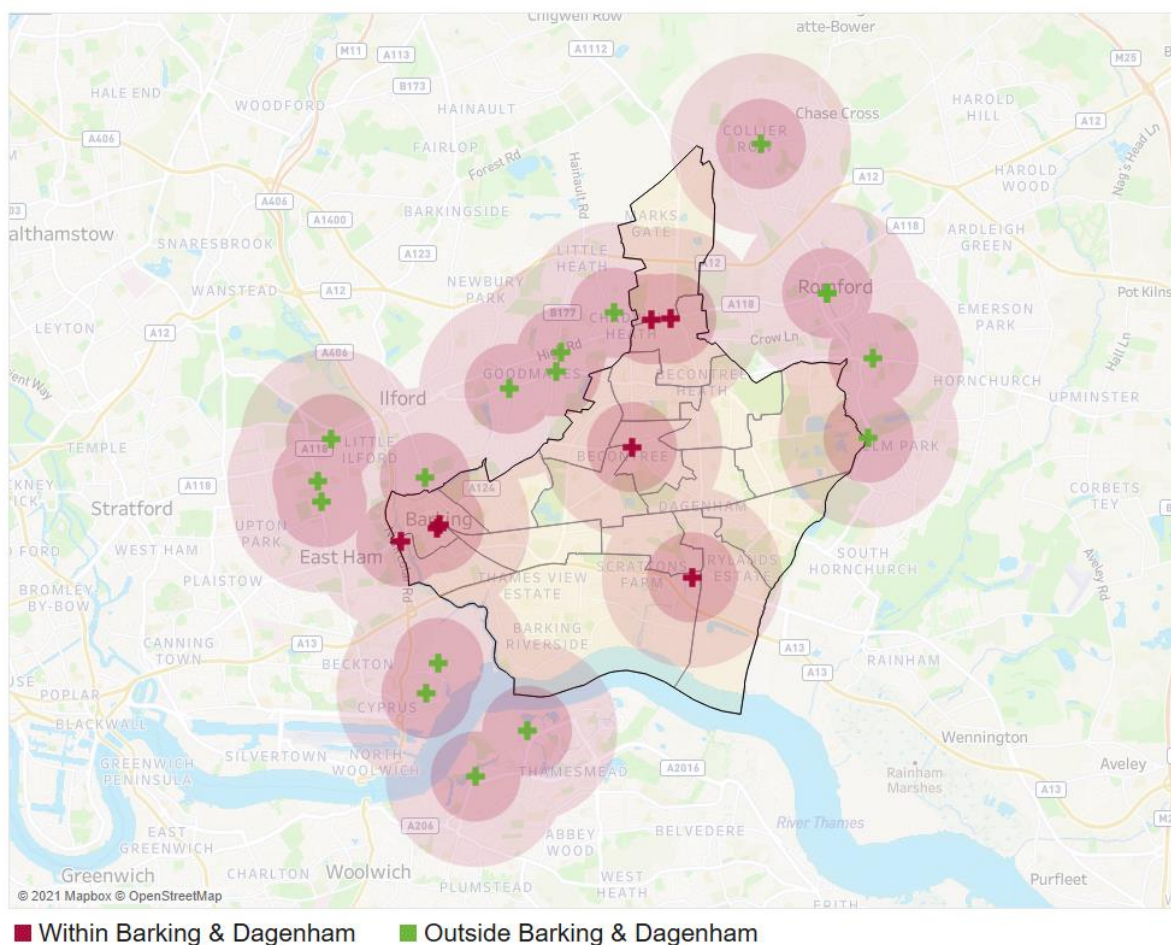
Pharmacy	Address	Ward
Asda Pharmacy	Asda Superstore, Merriellands Crescent, Dagenham	Thames
Boots UK Limited	17 The Mall, Heathway, Dagenham	Village
Britannia Pharmacy	Thames View Health Centre, Bastable Avenue, Barking	Thames
Daynight Pharmacy	17 Station Parade, Barking	Abbey
Lloyds Pharmacy	97-131 High Road, Chadwell Heath, Essex	Chadwell Heath
Super.Care Pharmacy +	198-200 High Road, Chadwell Heath, Romford	Whalebone
Tesco Pharmacy	Highbridge Road, Barking	Gascoigne

Source: Contractor Survey and NHS England, 2021

Late Evening Closure

6.29 There are 6 pharmacies in the borough that still open after 7pm on weekdays with nine other pharmacies within 1 mile of Barking and Dagenham (see Figure 6.9 and Table 6.4).

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



Source: Contractor Survey and NHS England, 2021

Table 6.4: Community Pharmacies closing after 7pm on weekdays in Barking and Dagenham

Pharmacy	Address	Ward
Asda Pharmacy	Asda Superstore, Merrilands Crescent, Dagenham	Thames
David Lewis Chemist	16 Porters Avenue, Dagenham, Essex	Mayesbrook
Daynight Pharmacy	17 Station Parade, Barking	Abbey
Lloyds Pharmacy	97-131 High Road, Chadwell Heath, Essex	Chadwell Heath
Lords Dispensing Chemists	35 Station Parade, Barking, Essex	Abbey
Super.Care Pharmacy +	198-200 High Road, Chadwell Heath, Romford	Whalebone
Tesco Pharmacy	Highbridge Road, Barking	Gascoigne

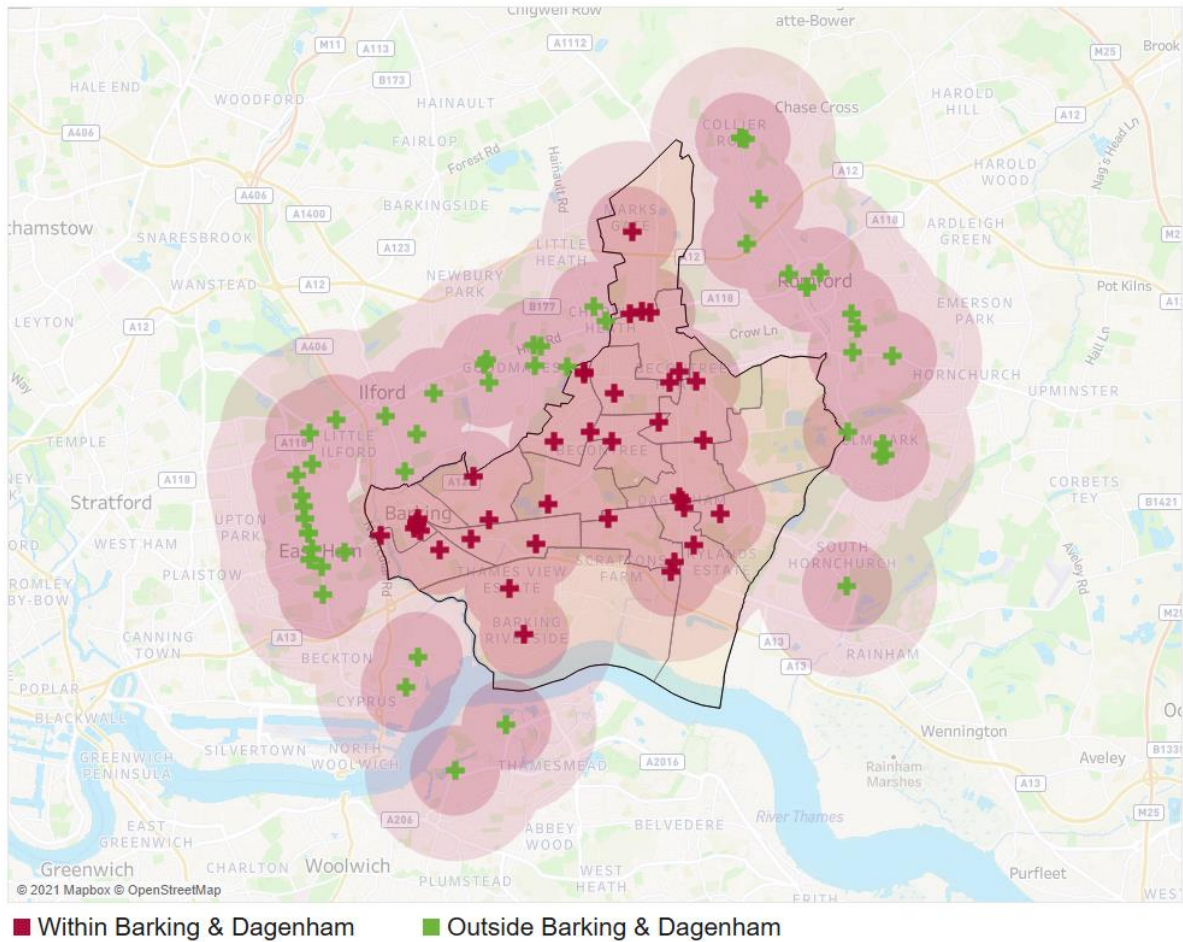
Source: Contractor Survey and NHS England, 2021

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

Saturday Opening

6.31 All but one of the pharmacies in Barking and Dagenham are open on Saturday (the exception being Day Lewis on Beadles Parade). There are another 21 pharmacies near the borough’s border that are also open on Saturday. This highlights that there is good coverage of pharmacies available on Saturdays.

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

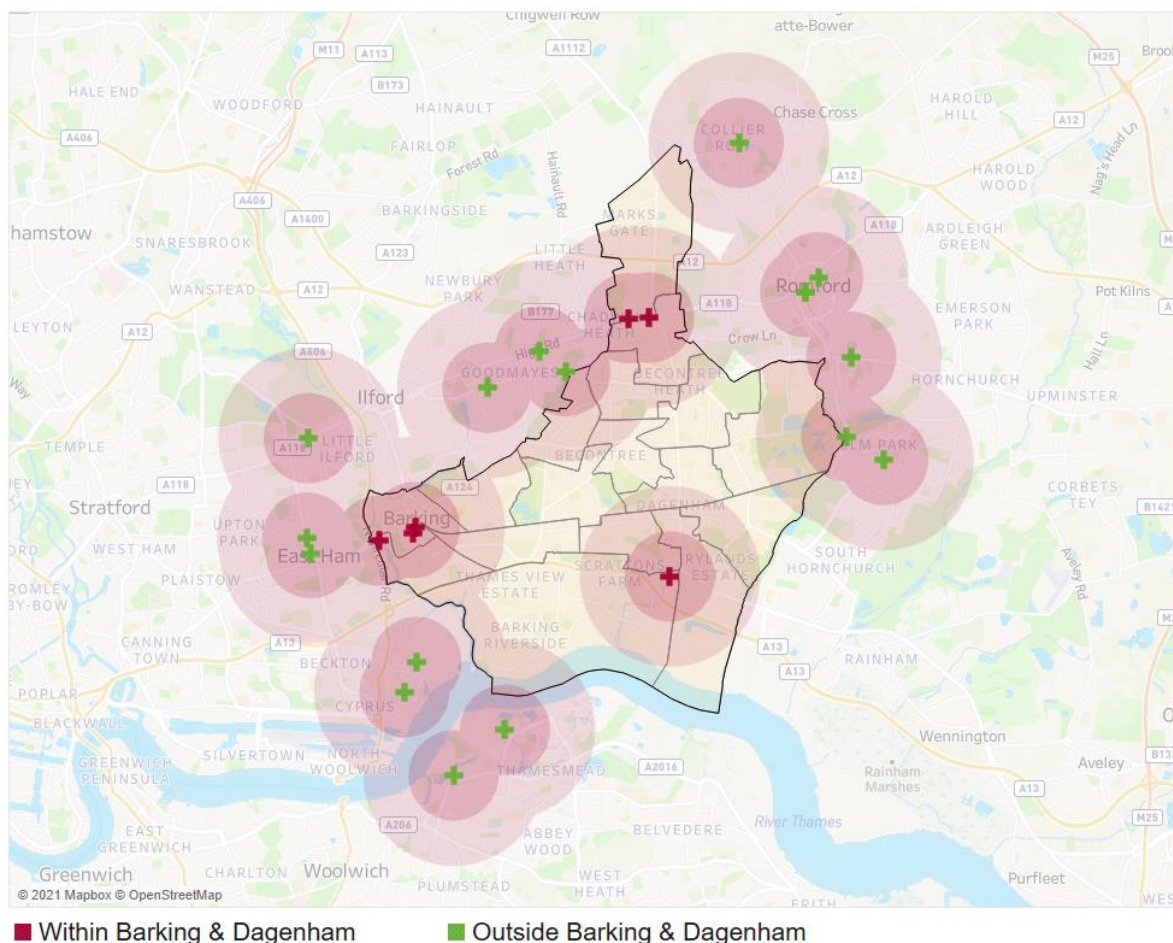


Source: Contractor Survey and NHS England, 2021

Sunday Opening

6.32 Just six pharmacies are open on a Sunday within the borough with eight open in boroughs around Barking and Dagenham within 1 mile of the borough’s borders (Figure 6.11, Table 6.5).

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



Source: Contractor Survey and NHS England, 2021

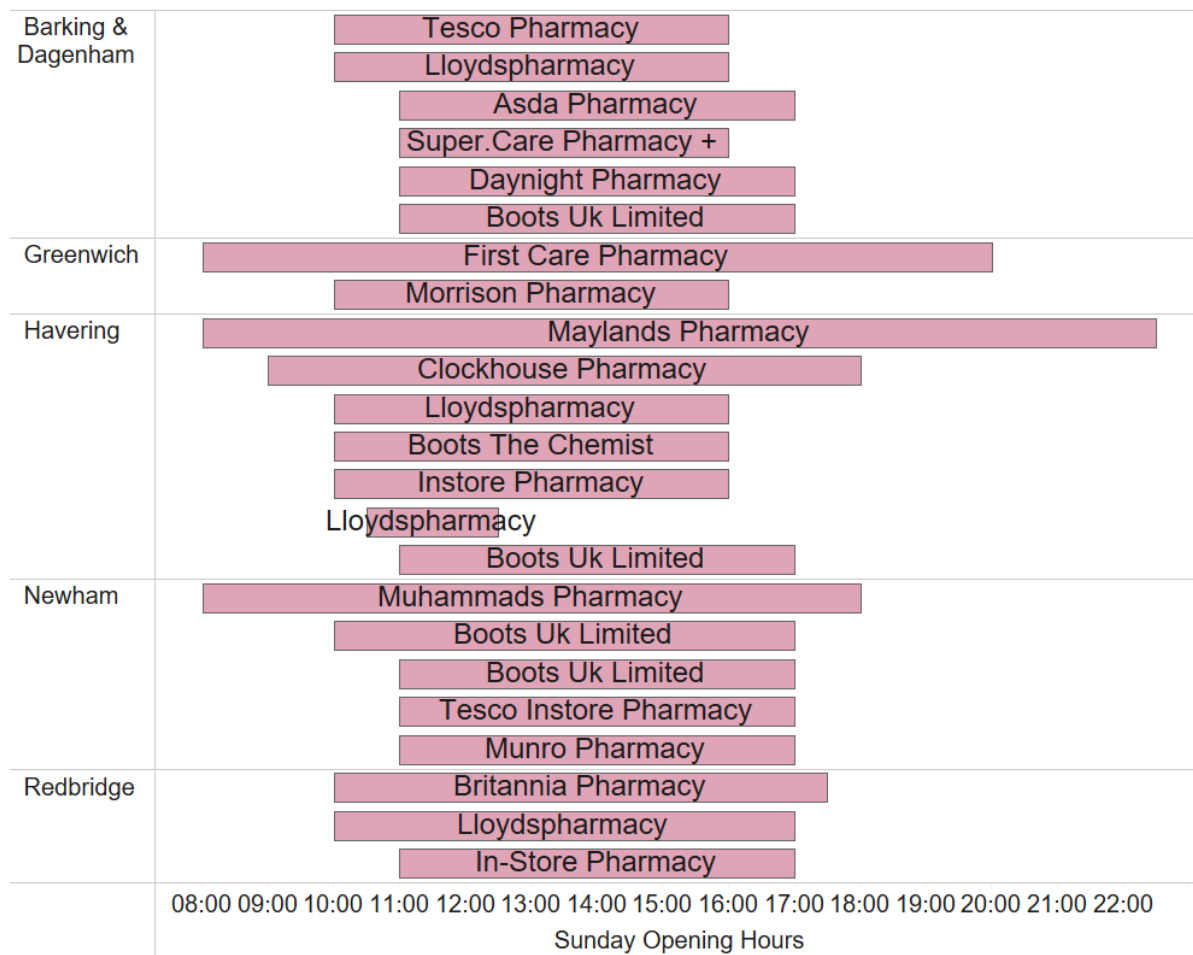
Table 7.5: Community Pharmacies open on Sunday in Barking and Dagenham, October 2021

Pharmacy	Address	Ward
Asda Pharmacy	Asda Superstore, Merriellands Crescent, Dagenham	Thames
Boots UK Limited	68 East Street, Barking, Essex	Abbey
Daynight Pharmacy	17 Station Parade, Barking	Abbey
Lloyd Pharmacy	97-131 High Road, Chadwell Heath, Essex	Chadwell Heath
Super.Care Pharmacy +	198-200 High Road, Chadwell Heath, Romford	Whalebone
Tesco Pharmacy	Highbridge Road, Barking	Gascoigne

Source: Contractor Survey and NHS England, 2021

6.33 Overall, as shown in Figure 6.12 below, there is a wide range of Sunday opening hours offered in Havering.

Figure 6.12: Opening times of pharmacies on Sundays



Source: Contractor Survey and NHS England, 2021

6.34 Data on travel time by public transport on Saturdays and Sundays is not available, however Figure 6.12 show there is adequate accessibility of pharmacies to residents on Sundays.

Essential Services

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

- Dispensing Medicines
- Dispensing Appliances
- Repeat Dispensing

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

Dispensing

- 6.36** Barking and Dagenham pharmacies dispense an average of 7,092 items per month (based on NHS Business Services Authority, 2020/21 financial year data). While this is higher than the London average of 5,295 per month and slightly higher than England average at 6,675 per month, there is good distribution and capacity amongst Barking and Dagenham pharmacies to fulfil current and anticipated need in the lifetime of this PNA.

Summary of the accessibility pharmacy services and of essential services

Overall, there is good pharmacy coverage to provide necessary services across the borough in both inside normal working hours and outside normal working hours.

Advanced pharmacy services

- 6.37** Advanced services are NHS England commissioned services that community pharmacy contractors and dispensing appliance contractors can provide subject to accreditation as necessary
- 6.38** As of October 2021, the following services may be provided by pharmacies:
- new medicine service
 - community pharmacy seasonal influenza vaccination
 - community pharmacist consultation service
 - hypertension case-finding service, and
 - community pharmacy hepatitis C antibody testing service (currently until 31 March 2022).
- 6.39** In early 2022 a stop-smoking service in pharmacies will be introduced for patients who started their stop-smoking journey in hospital.
- 6.40** As of October 2021, the community pharmacy COVID-19 lateral flow device distribution service and community pharmacy COVID-19 medicines delivery service are also commissioned to be delivered from community pharmacies. NHS England data was not yet available at the time of publication of this PNA.
- 6.41** There are two appliance advanced services that pharmacies and dispensing appliance contractors may choose to provide:
- appliance use reviews, and

- stoma appliance customisation.

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

New Medicines Services

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

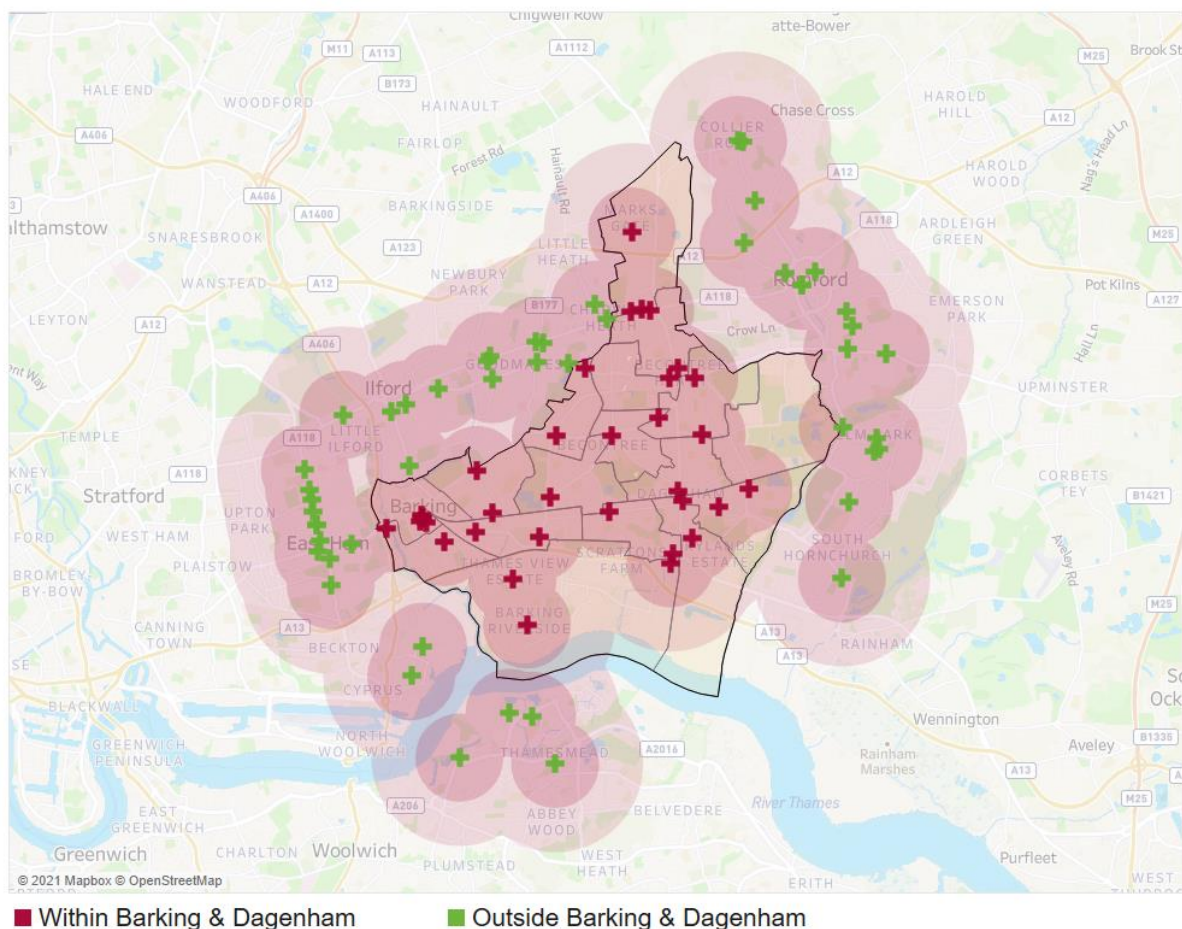
6.44 This service is designed to improve patients' understanding of a newly prescribed medicine for their long-term condition and help them get the most from the medicine. It aims to improve adherence to new medication, focusing on people with specific conditions

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

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

6.46 Thirty-three pharmacies provided NMS in Barking and Dagenham in 2020/21. There are an additional 49 pharmacies in bordering boroughs that provided NMS. All these pharmacies are shown in Figure 6.13 below

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



Source: NHS England, 2021

6.47 Table 6.5 below shows NMS provision by ward.

Table 6.5: Number of NMS provided by Barking and Dagenham pharmacies by ward, 2020/21

Ward	Number of Pharmacies	Total Number of NMSs provided	Average Number per Pharmacy
Abbey	4	613	153
Alibon	1	9	9
Becontree	2	114	57
Chadwell Heath	3	215	72
Eastbury	2	327	164
Gascoigne	2	570	285
Goresbrook	2	665	333
Heath	2	338	169
Longbridge	2	108	54
Mayesbrook	2	122	61
Parsloes	1	317	317
River	1	160	160
Thames	3	136	45

Valence	1	4	4
Village	3	447	149
Whalebone	2	13	7
Total	33	4,158	126

Source: NHS England, 2021

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

Community pharmacy seasonal influenza vaccination

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

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

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

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

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

6.52 A large proportion of community pharmacies in the borough provided flu vaccines (31/38) in Barking and Dagenham in 2020/21. Another 50 outside but bordering the borough provided the service. The distribution of these pharmacies is shown in Figure 6.14 and Table 6.6.

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

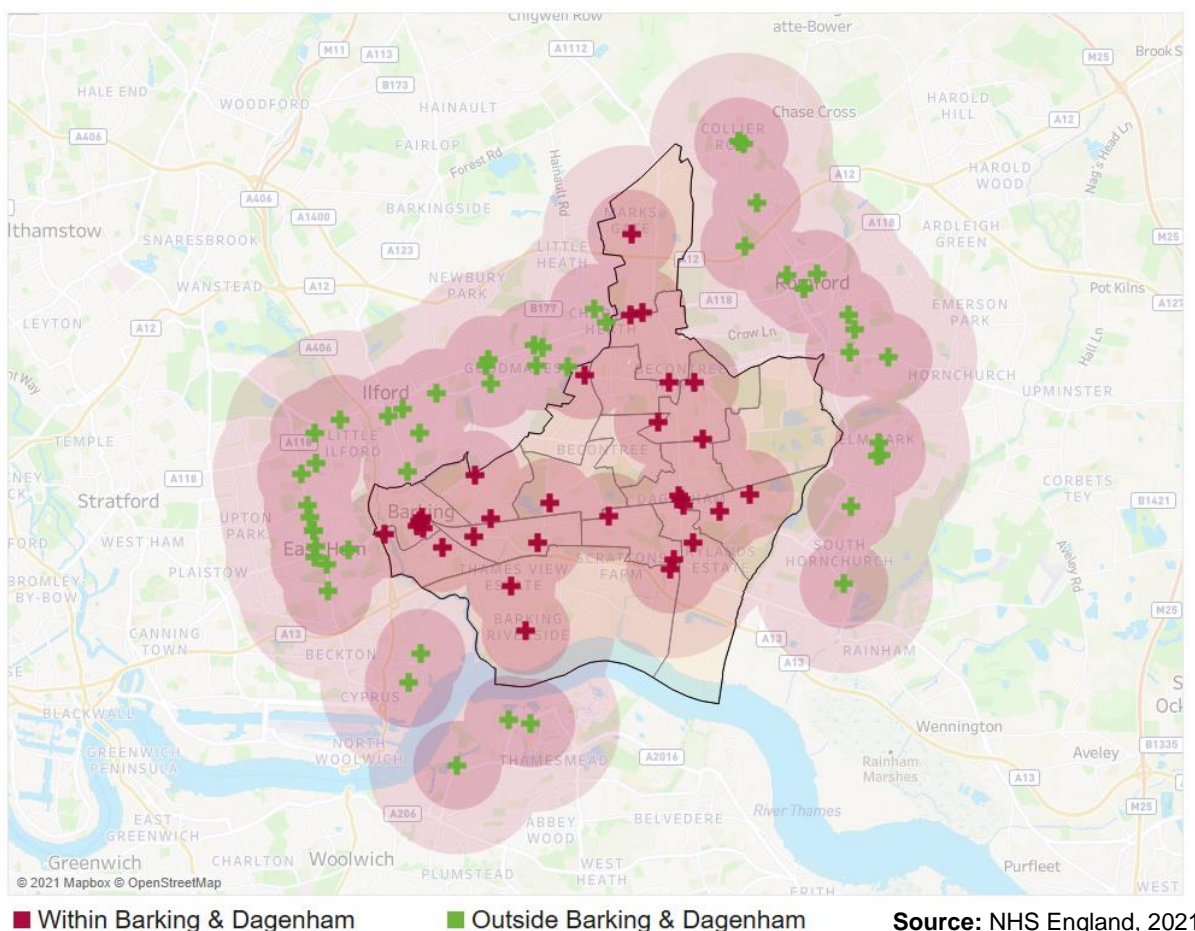


Table 6.6: Pharmacies that provide Flu Vaccinations in Barking and Dagenham by ward, October 2021

Ward	Number of Pharmacies	Ward	Number of Pharmacies
Abbey	5	Eastbury	2
Village	3	Alibon	2
Thames	3	Valence	1
Chadwell Heath	3	River	1
Longbridge	2	Parsloes	1
Heath	2	Mayesbrook	1
Goresbrook	2	Becontree	1
Gascoigne	2	Total	31

Source: NHS England, 2021

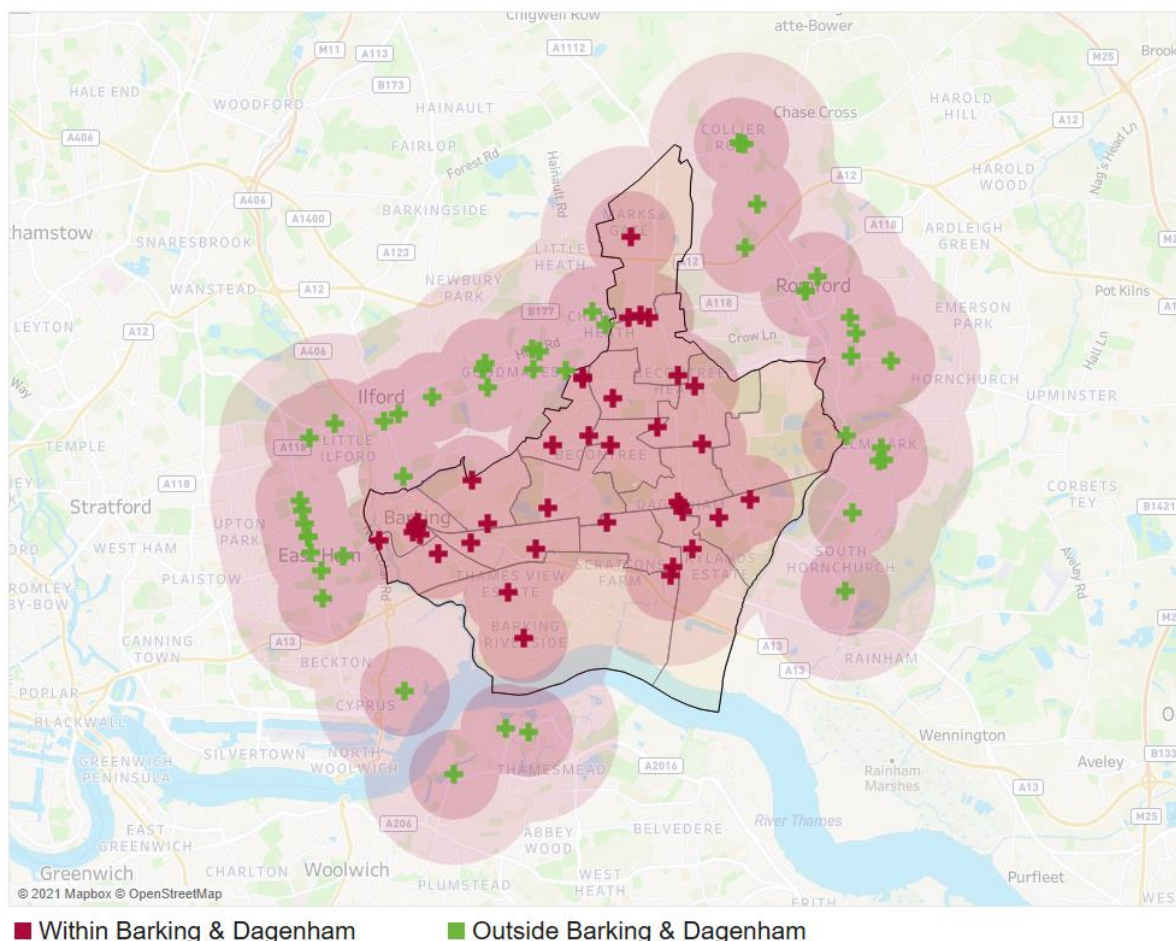
6.53 Overall, there is strong coverage of this service across Barking and Dagenham. Therefore, the current provision **Advanced Flu Service** is sufficient to meet the needs of this borough.

- 6.54** However, as outlined in Chapter 4, UK Health Security Agency vaccination data shows that uptake of the flu vaccination is low among the over 65 population in Barking and Dagenham. In addition, public survey respondents stated they would like their pharmacy to provide flu-vaccinations. Local commissioners should work with community pharmacies and primary care networks to explore how to better promote the service to raise awareness of it and to improve vaccination uptake in the borough.

Community pharmacist consultation service (CPCS)

- 6.55** The community pharmacist consultation service (CPCS) is a new service provided by pharmacies that was launched in October 2019. The aims of the service are to support the integration of community pharmacy into the urgent care system, and to divert patients with lower acuity conditions or who require urgent prescriptions from the urgent care system and to community pharmacy.
- 6.56** It will also offer patients who contact NHS 111 the opportunity to access appropriate urgent care services in a convenient and easily accessible community pharmacy setting on referral from an NHS 111 call advisor and via the NHS 111 Online service.
- 6.57** There is strong coverage of CPCS in Barking and Dagenham. All but one of the community pharmacies (37/38) in the borough provided CPCS in 2020/21. There are an additional 46 pharmacies in neighbouring boroughs that provided the service (Figure 6.15 and Table 6.7).
- 6.58** **The current provision of CPCS is sufficient to meet the needs of this borough.**

Figure 6.15 Pharmacies providing CPCS and their 0.5- and 1-mile coverage, October 2021



Source: NHS England, 2021

Table 6.7: Pharmacies that provide CPCS in Barking and Dagenham by ward, October 2021

Ward	Number of Pharmacies	Ward	Number of Pharmacies
Abbey	5	Heath	2
Becontree Village	4	Goresbrook	2
Thames	3	Gascoigne	2
Chadwell Heath	3	Eastbury	2
Whalebone	2	Alibon	2
Mayesbrook	2	Valence	1
Longbridge	2	River	1
		Parsloes	1
		Total	37

Source: NHS England, 2021

Hypertension case-finding service

6.59 Hypertension case-finding service is a relatively new service and at the time of publication NHSE does not report any pharmacy in Barking and Dagenham offering this service.

- 6.60 Twenty-eight respondents to the contractor survey indicated being willing to provide the service if commissioned.

Community pharmacy hepatitis C antibody testing service

- 6.61 NHSE data does not show any pharmacy offering Community pharmacy hepatitis C antibody testing service as of the time of publication.

- 6.62 Twenty-one respondents to the contractor survey indicated being willing to provide the service if commissioned.

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

- 6.63 As at the time of publication, NHSE data was not yet available for these services.

- 6.64 Six respondents from the contractor survey indicated that they currently provide COVID-19 vaccinations, while another 20 indicated being willing to provide the service if commissioned.

- 6.65 Twenty-four respondents to the survey indicated they currently provide rapid COVID-19 lateral flow test kits and another five are willing to provide the kits if commissioned to do so.

Appliance Use Reviews

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

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

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

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

Stoma Appliance Customisation service

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

- 6.70** Two pharmacies, Fittleworth Medical (Midas Bus Centre, Wantz Road, Dagenham) and Lloyds Pharmacy (281 Wood Lane, Dagenham) provided SACs within Barking and Dagenham in 2020/21.
- 6.71** Residents can access the SAC service either from non-pharmacy providers within the borough (e.g., community health services) or from dispensing appliance contractors outside of the borough. **Therefore, the current provision of SAC service is sufficient to meet the needs of this borough.**

Medicine Use Reviews

- 6.10** 34 pharmacies in Barking and Dagenham delivered Medicine Use Reviews (MURs) up until the service contract was decommissioned by NHS England in March 2021. With MURs patients were offered a structured review of their medicine use to help them manage their medicines more effectively. MURS ensured that patients understood how their medicines should be used, why they have been prescribed and identified any problems patients may encounter. Where necessary would provide feedback to the prescriber.

Summary of the Advanced Pharmacy Services

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

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

However, uptake of the flu vaccination is low among the over 65 population in Barking and Dagenham. Local commissioners should work with community pharmacies and primary care networks to explore how to better promote the community pharmacy seasonal influenza vaccination service locally.

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

- stop-smoking service in pharmacies for patients who started their stop-smoking journey in hospital
- COVID-19 lateral flow device distribution service and community pharmacy COVID-19 medicines delivery service

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

No local pharmacies provided Appliance Use Reviews between October 2020 and October 2021. However, Barking and Dagenham pharmacies will be willing to provide them, should

the need arise. Therefore, the current provision of the AUR service is sufficient to meet the current and future needs of this borough.

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

Community pharmacy enhanced services

- 6.73** These are services commissioned by the London Borough of Barking and Havering and Barking and Dagenham, Havering and Redbridge CCG to fulfil a local population health and wellbeing need. Barking and Dagenham enhanced services are listed below:

- 6.74** Local authority commissioned services:

- Needle exchange
- Supervised consumption
- Stop smoking services
- Emergency hormonal contraception

- 6.75** Barking and Dagenham, Havering and Redbridge CCG commissioned services:

- Community anticoagulation service
- End of life care medication provision

The provision of these services is explored below.

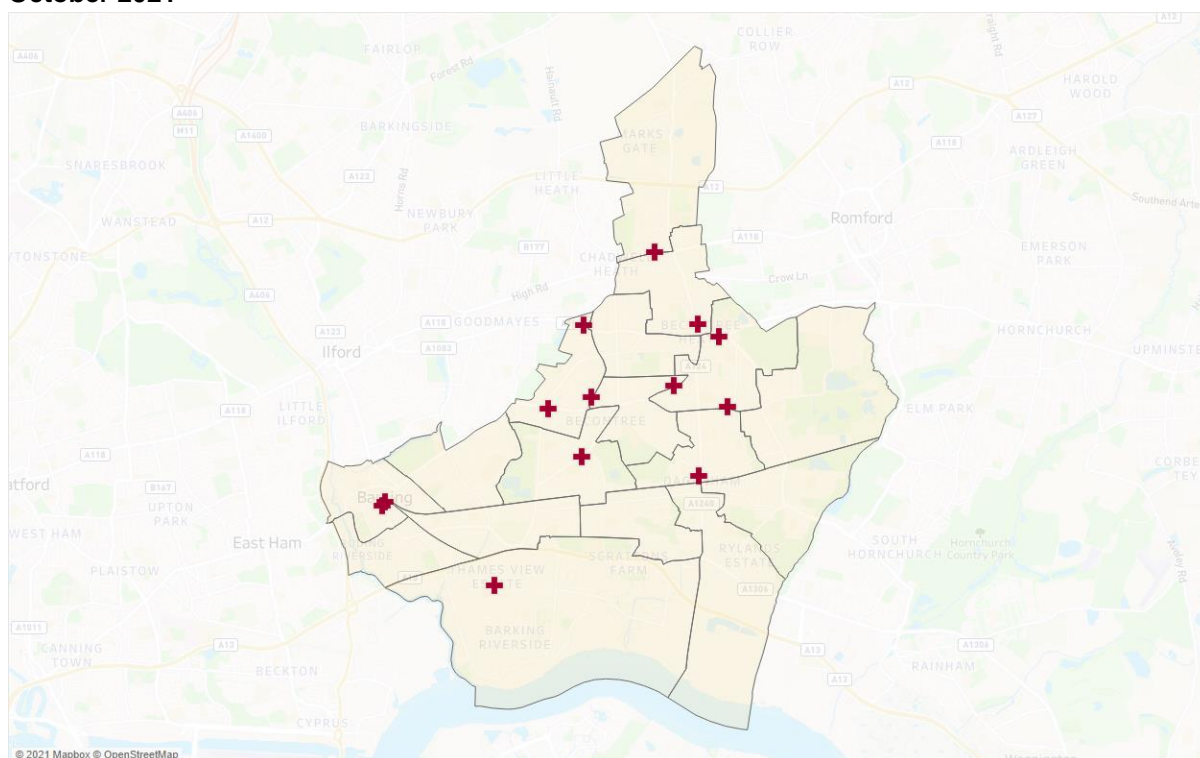
Needle exchange

- 6.76** Needle exchange service in Barking and Dagenham is subcontracted by Change Grow Live, a national health and social care charity. The needle exchange service supplies needles, syringes and other equipment used to prepare and take illicit drugs. The purpose of this services is to reduce the transmission of blood-borne viruses such as hepatitis B and C, and other infections caused by sharing injecting equipment.

- 6.77** Needle exchange services also aim to reduce the harm caused by injecting drugs through providing information and advice and acting as a gateway to other services, including drug treatment centres.

- 6.78** Twelve pharmacies offer the needle exchange service. Their locations are shown in Figure 6.16 and Table 6.8.

Figure 6.16: Pharmacies that provide Needle Exchange Services in Barking and Dagenham, October 2021



Source: NHS England, 2021

Table 6.8: Number of Pharmacies that provide Needle Exchange Services in Barking and Dagenham by ward, October 2021

Ward	Number of Pharmacies	Ward	Number of Pharmacies
Becontree	3	Thames	1
Heath	2	Parsloes	1
Abbey	2	Chadwell Heath	1
Whalebone	1	Alibon	1

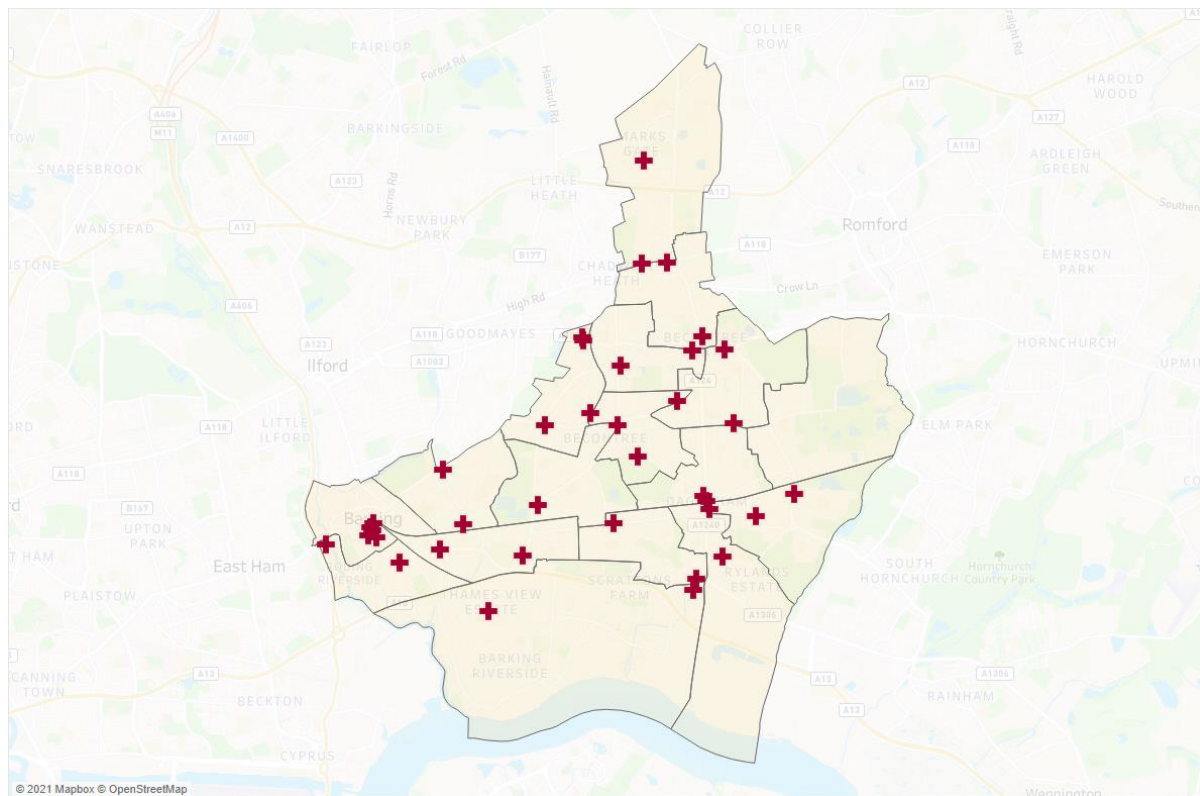
Source: Change Grow Live, 2021

Supervised consumption

- 6.79** The London Borough of Barking and Dagenham commission community pharmacies to provide supervised consumption as part of as part of treatment services for opioid dependency.
- 6.80** Supervised consumption of opioid substitution treatment forms a critical element of safe and effective treatment in the community. It reduces risk of overdose and non-compliance with treatment, minimises diversion and enables people being treated for opioid dependency to utilise the benefits of pharmacy intervention around health choices. It is typically used for people who are new to treatment and/or have complex needs.

6.81 There is good provision of this service in the borough. Thirty-six pharmacies have been commissioned to provide supervised consumption services in Barking and Dagenham. These are presented in Figure 6.17 and Table 6.9.

Figure 6.17: Pharmacies that provide Supervised Consumption in Barking and Dagenham, October 2021



Source: London Borough of Barking and Dagenham, 2021

Table 6.9: Number of Pharmacies that provide Supervised Consumption in Barking and Dagenham by ward, October 2021

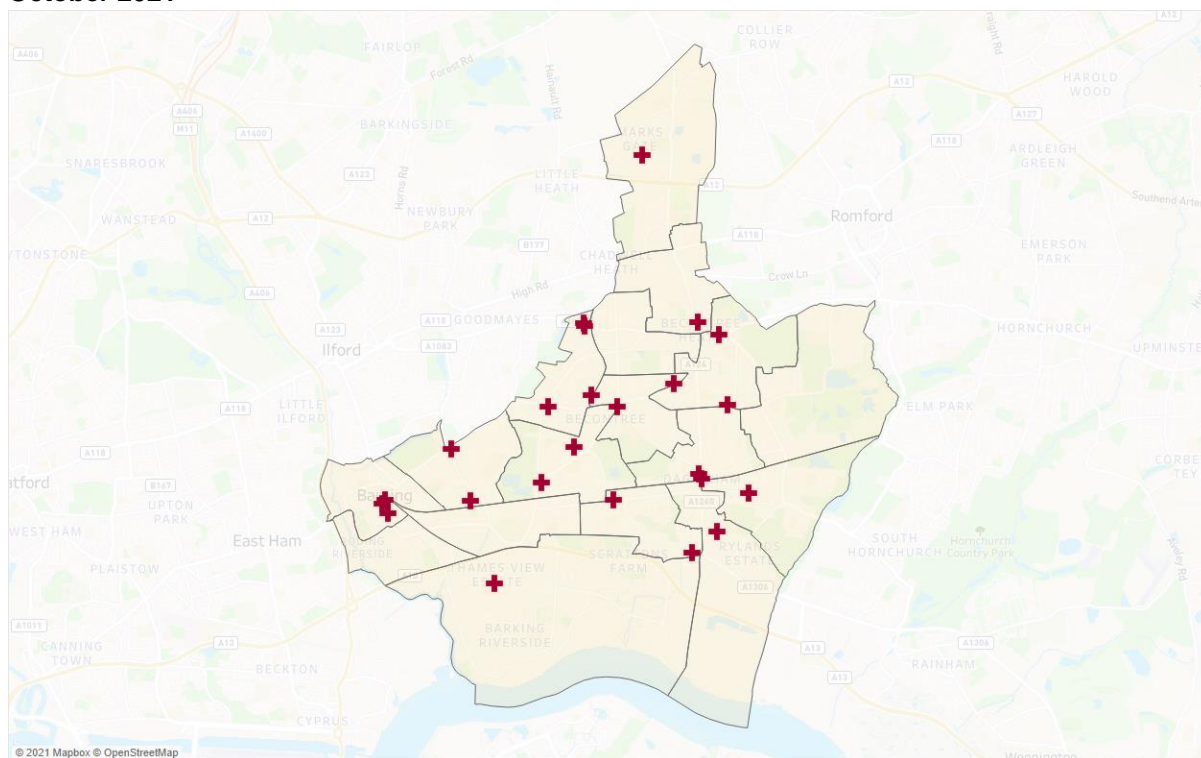
Ward	Number of Pharmacies	Ward	Number of Pharmacies
Abbey	5	Heath	2
Becontree	4	Goresbrook	2
Village	3	Gascoigne	2
Whalebone	2	Eastbury	2
Valence	2	Chadwell Heath	2
Thames	2	Alibon	2
Mayesbrook	2	River	1
Longbridge	2	Parsloes	1

Source: London Borough of Barking and Dagenham, 2021

Stop smoking services

- 6.82** One of the recommendations of the Barking and Dagenham JSNA³⁴ is to ensure that smokers who wish to quit can continue to access counselling support and pharmaceutical aids, including prescription only medication where clinically indicated.
- 6.83** The stop smoking service provided in pharmacies in Barking and Dagenham is a ‘Level 2 enhanced smoking cessation service’ for Barking and Dagenham GP registered patients who have a recorded smoking status. The aim of the service is to provide a comprehensive and consistent smoking cessation treatment for smokers in Barking and Dagenham who wish to quit, which is equitable and accessible, and which meets local authority targets and aspirations.
- 6.84** The service is a Patient Group Direction service which is delivered through community pharmacies by staff trained and accredited as level 2 stop smoking advisors. Patients receive an initial assessment, weekly behaviour change support for four weeks and offer of pharmacotherapies.
- 6.85** Twenty-three pharmacies offer stop smoking services in the borough and are shown in Figure 6.18 and Table 6.10.

Figure 6.18: Pharmacies that provide Stop Smoking Services in Barking and Dagenham, October 2021



Source: London Borough of Barking and Dagenham, 2021

³⁴ BHR JSNA profile: LB Barking and Dagenham 2020

Table 6.10: Number of Pharmacies that provide Stop Smoking Services in Barking and Dagenham by ward, October 2021

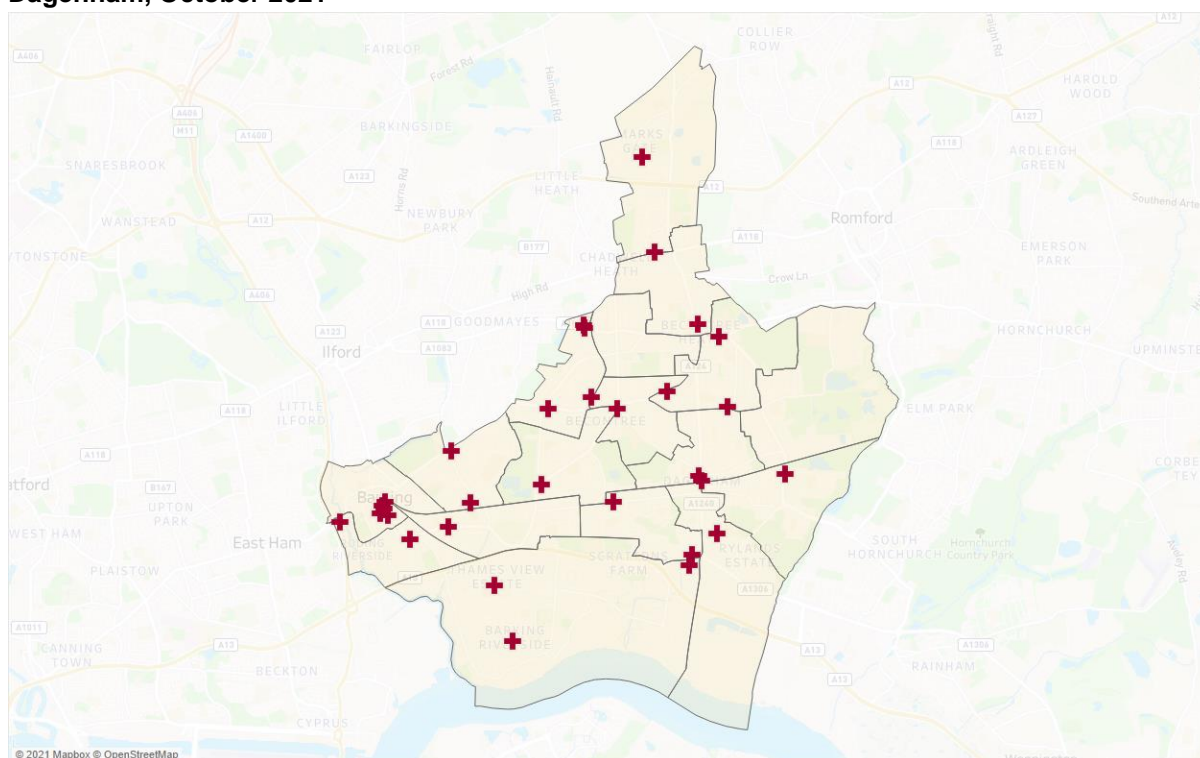
Ward	Number of Pharmacies	Ward	Number of Pharmacies
Becontree	4	Whalebone	1
Abbey	3	Village	1
Mayesbrook	2	Thames	1
Longbridge	2	River	1
Heath	2	Parsloes	1
Goresbrook	2	Chadwell Heath	1
Alibon	2		

Source: London Borough of Barking and Dagenham, 2021

Emergency Hormonal Contraception

- 6.86** There are two Emergency Hormonal Contraception services that are delivered through Barking and Dagenham pharmacies. These are:
1. Ulipristal acetate 30mg
 2. Levonorgestrel 1500mcg
- 6.87** Both services are Patient Group Direction services that are commissioned by the London Boroughs of Barking and Dagenham, Havering and Redbridge, and Barts Health NHS Trust. Community pharmacists must complete mandatory training approved by Train All East, Barts Sexual Health Primary Care Support Team and access regular commissioner-approved updates.
- 6.88** The aim of the emergency contraception is to reduce the number of unwanted pregnancies in Barking and Dagenham, particularly in teenagers and young women. It is for women aged from 13 years to 25 years, within 72 hours following unprotected sexual intercourse or contraceptive method failure with the intention of preventing an unintended pregnancy. Clients who seek this service are also offered advice and guidance on other forms of contraception.
- 6.89** Thirty pharmacies offer this service in Barking and Dagenham. Their locations are showing in Figure 6.19 and Table 6.11 below.

Figure 6.19: Pharmacies that provide Emergency Hormonal Contraception in Barking and Dagenham, October 2021



Source: London Borough of Barking and Dagenham, 2021

Table 6.11: Number of Pharmacies that provide Emergency Hormonal Contraception in Barking and Dagenham by ward, October 2021

Ward	Number of Pharmacies	Ward	Number of Pharmacies
Abbey	5	Gascoigne	2
Becontree	4	Chadwell Heath	2
Thames	3	Alibon	2
Mayesbrook	2	Whalebone	1
Longbridge	2	Village	1
Heath	2	River	1
Goresbrook	2	Eastbury	1

Source: London Borough of Barking and Dagenham, 2021

Community anticoagulation service

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

6.91 The overall aim of this service is to provide on-going monitoring and management of anticoagulation therapy in the community for patients aged 18 and over, who are registered

with a GP practice in Havering and Barking and Dagenham CCG, including temporary residents.

6.92 The provision of the service includes:

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

6.93 Two pharmacies in the borough offer this service: Britannia Pharmacy on Upney Lane, Barking (Longbridge ward) and Oxlow Chemist on Oxlow Lane, Dagenham (Heath ward)

End of life care medication provision

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

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

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

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

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

6.98 Within Barking and Dagenham, three pharmacies offer EoLC medication (shown in Table 6.12)

Table 6.12: Pharmacies providing the EoLC medicines access scheme only in Barking and Dagenham

Pharmacy	Address	Ward
Britannia Pharmacy	Barking Community Hospital, Upney Lane, Barking	Longbridge
Daynight Pharmacy	17 Station Parade, Barking	Abbey
Supercare Pharmacy	198-200 High Road, Chadwell Heath, Romford	Whalebone

- 6.99** Just one pharmacy in the borough offers both EoLC medicines and OOH provision: Alvin Rose Chemist Longbridge Road, Dagenham. It is situated with Beacontree ward.

Summary of enhanced pharmacy services

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

- Needle exchange
- Supervised consumption
- Stop smoking services
- Emergency hormonal contraception
- Community anticoagulation service
- End of life care medication provision

Contractor survey responses

- 6.98** There are some areas of population health and wellbeing need identified in Chapter 4 that pharmacies do not provide specialist support for. The contractor survey identified where pharmacies would be willing to provide additional services to address these needs if commissioned. These are summarised below.
- 6.99** Chlamydia detection rates are higher than national figures, this is an area that pharmacies can support with locally. 26 Barking and Dagenham pharmacies stated in the contractor survey they would be willing to provide chlamydia treatment if commissioned. 24 pharmacies would be willing to provide a contraceptive service that is not EHC if commissioned.
- 6.100** Nearly a quarter (22.4%) of Barking and Dagenham adults have a common mental illness. 20 pharmacies responded that they would be willing to provide a disease specific service for depression.
- 6.101** Premature mortality for cancers, stroke, coronary heart diseases and respiratory diseases are high in Barking and Dagenham. There are a number of services Barking and Dagenham community pharmacies would be willing to provide if commissioned:
- 22 pharmacies stated that they would be willing to provide Anticoagulant Monitoring Service.
 - 25 pharmacies were willing to provide a disease specific service for coronary heart disease
 - 22 pharmacies were willing to provide a disease specific service for heart failure
- 6.102** Dementia detection rates are low in Barking and Dagenham. 21 pharmacies stated that they were willing to provide an Alzheimer's or Dementia disease specific service if commissioned.

Communication

- 6.103** The most common **languages** spoken by residents in the borough other than English are Lithuania, Bengali, Urdu and Polish.
- 6.104** There are a wide range of languages spoken in Barking and Dagenham pharmacies. According to the responses to the contractor survey most common languages besides English spoken by pharmacy staff are Gujarati, Hindi and Punjabi. No pharmacies report Polish as one of the languages they provide.
- 6.105** Table 6.13 lists the most common languages spoken by a member of staff in Barking and Dagenham pharmacies.

Table 6.13: Top 10 languages spoken by a member of staff at the pharmacies in Barking and Dagenham

Language	Number of Pharmacies
Gujarati	15
Hindi	12
Punjabi	9
Urdu	8
Bengali	6
Romanian	6
Lithuanian	5
Russian	5
Cantonese	3
Albanian	2

Source: Barking and Dagenham Contractor Survey, 2021

- 6.106** 31 Barking and Dagenham pharmacies would be willing to provide a Language Access Service if commissioned.

Chapter 7 - Conclusions

- 7.1 There are pockets of high deprivation and inequalities throughout Barking and Dagenham and several health and wellbeing needs have been identified. Pharmacies in Barking and Dagenham are geographically well placed within areas of deprivation and high population density.
- 7.2 They provide an accessible, community-focused service that support efforts to tackle health inequalities by promoting public health campaigns and offering a safe place where people can get information and support as part of the essential services pharmacies provide. They also provide locally commissioned services such as stop smoking services and sexual health services to address locally identified needs. Public survey responses showed that overall people are happy with the pharmacy services they receive.
- 7.3 This pharmaceutical needs assessment has considered the current provision of pharmaceutical services across Barking and Dagenham in alongside the health needs and demographics of its population.
- 7.4 It has assessed whether current provision meets the needs of the population and whether there are any gaps in the provision of pharmaceutical service either now or within the lifetime of this document, 1st October 2022 to 30th September 2025.
- 7.5 This chapter will summarise the provision of these services in Barking and Dagenham and its surrounding local authorities.

Current provision

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

Current access to essential services

- 7.8 In assessing the provision of essential services against the needs of the population, the Health and Wellbeing Board considered access (distance, travel time and opening hours) as the most important factor in determining the extent to which the current provision of essential services meets the needs of the population.

- 7.9** To determine the level of access with the borough to pharmaceutical services, the following criteria were considered:
- The ratio of community pharmacies per 10,000 population
 - Distance and travel time to pharmacies
 - Opening hours of pharmacies
 - Proximity of pharmacies to GP practices
- 7.10** There are 1.8 community pharmacies per 10,000 residents in Barking and Dagenham. Though this ratio is lower than the national average of 2.2, as indicated by the contractor survey, the pharmacies have capacity to offer more services.
- 7.11** As demonstrated by the maps in Chapter 7, the entirety of borough's population is within 1 mile (or 20 minutes commute) of a pharmacy. Additionally, all GP practices are within 1 mile of a pharmacy.
- 7.12** Considering all this, the residents of the borough are well served in terms of the number and location of pharmacies.

Current access to essential services during normal working hours

- 7.13** All pharmacies are open for at least 40 hours each week. There are 38 community pharmacies in the borough, providing good access as determined in the previous section.

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

Current access to essential services outside normal working hours

- 7.14** On weekdays, seven pharmacies are open before 9am and six are open after 7pm. These are mapped out on Chapter 7 and show good coverage of services available on weekdays outside normal working hours.

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

- 7.15** 37 of the borough's 38 community pharmacies are open on Saturday. Six pharmacies in the borough are open on Sunday. Considering these pharmacies and those in neighbouring local authorities, as shown in the maps in Chapter 7, there is adequate accessibility of pharmacies to residents on weekends.

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

Current access to advanced services

- 7.16** The following advanced services are currently available for provision by community pharmacies: new medicine service, community pharmacy seasonal influenza vaccination, community pharmacist consultation service, hypertension case-finding service, community pharmacy hepatitis C antibody testing service, COVID-19 lateral flow device distribution service, COVID-19 medicines delivery service, appliance use reviews and stoma appliance customisation.
- 7.17** NMS is widely available with 33 pharmacies in the borough providing it.
- 7.18** Flu vaccinations are provided by 31 pharmacies in the borough, they are also offered by GPs. There is good provision of this service, however are opportunities for local commissioners and community pharmacies to promote this service to improve vaccination uptake.
- 7.19** 37 of the boroughs 38 community pharmacies offer the Community Pharmacy Consultation Service.
- 7.20** Hypertension case-finding service, hepatitis C antibody testing service, COVID-19 lateral flow device distribution and COVID-19 medicines, are all relatively new services for which no data is available yet.
- 7.21** Though there are pharmacies in the borough and its surrounding that dispense appliances, none provided reviews of their usage in the last recorded year (AURs). The LPC has assured the Health and Wellbeing Board that should the need arise, there would be pharmacies willing to provide the service in Barking and Dagenham.
- 7.22** Stoma Appliance Customisation service is offered by two pharmacies.
- 7.23** It is therefore concluded that there is sufficient provision of advanced services to meet the needs of the residents of Barking and Dagenham.

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

Current access to enhanced services

- 7.24** Enhanced services are other services commissioned by the London Borough of Barking and Dagenham, or the Barking and Dagenham, Havering and Redbridge Clinical Commissioning Group. Pharmacies are commissioned to deliver these services to fulfil the specific health and wellbeing of the Barking and Dagenham population. Enhanced services include: needle exchange, supervised consumption, stop smoking services, emergency hormonal contraception, community anticoagulation service and end of life care medication provision.
- 7.25** Twelve pharmacies offer the needle exchange service, 36 offer supervised consumption, 33 provide stop smoking services, emergency hormonal contraception is available from 33 pharmacies while two offer anticoagulation services.

7.26 Three pharmacies offer End of Life Care medicines, and one offers both the medications and out-of-hours provision.

7.27 Overall, there is very good availability of the enhanced services in the borough.

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

Future Provision

7.28 The Health and Wellbeing Board has considered the following future developments:

- Forecasted population growth
- Housing Development information
- Regeneration projects
- Changes in the provision of health and social care services
- Other changes to the demand for services

Future access to essential services

Future access to essential services during normal working hours

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

7.30 A new health and wellbeing hub is under development as part of the urban regeneration within Barking Riverside. It is not expected to be completed during the lifetime of this PNA but will serve the expected future growth in population and should be considered in future PNAs.

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

Future access to essential services outside normal working hours

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

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

Future access to advanced services

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

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

Future access to enhanced services

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

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

Appendix A - Steering group membership and terms of reference

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

Terms of reference

1. Background

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

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

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

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

2. Role

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

In addition, the group is responsible for:

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

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

- Document and manage potential and actual conflicts of interest.

4. Accountability and reporting

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

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

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

5. Membership

Membership of the group shall be:

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

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

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

6. Quorum

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

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

7. Declaration of Interests

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

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

8. Frequency of meetings

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

Appendix B – Pharmacy provision within Barking and Dagenham and within 1 mile of border

Borough	ODS Code	Pharmacy	Contract Type	Address	Post Code	Early Opening	Late Closing	Open on Saturday	Open on Sunday
Barking & Dagenham	FYG11	Alvin Rose Chemist	Community	606 Longbridge Road, Dagenham, Essex	RM8 2AJ	No	No	Yes	No
	FH672	Andrew Bass Pharmacy	Community	1148 Green Lane, Becontree Heath, Dagenham	RM8 1BP	No	No	Yes	No
	FGR47	Asda Pharmacy	Community	Asda Superstore, Merriellands Crescent, Dagenham	RM9 6SJ	Yes	Yes	Yes	Yes
	FE360	Boots UK Limited	Community	17 The Mall, Heathway, Dagenham	RM10 8RE	Yes	No	Yes	No
	FV010	Boots UK Limited	Community	68 East Street, Barking, Essex	IG11 8EQ	No	No	Yes	Yes
	FX839	Boots UK Limited	Community	454 Lodge Avenue, Dagenham	RM9 4QS	No	No	Yes	No
	FKA24	Britannia Pharmacy	Community	167- 169 High Road, Chadwell Heath, Romford	RM6 6NL	No	No	Yes	No
	FL779	Britannia Pharmacy	Community	Barking Community Hosp, Upney Lane, Barking	IG11 9LX	No	No	Yes	No
	FPR28	Britannia Pharmacy	Community	The Rivergate Centre, Unit 1 Minter Road, Barking	IG11 0TH	No	No	Yes	No
	FPW40	Britannia Pharmacy	Community	453 Porters Avenue, Dagenham	RM9 4ND	No	No	Yes	No
	FQN03	Britannia Pharmacy	Community	420 Wood Lane, Dagenham	RM10 7FP	No	No	Yes	No
	FTY66	Britannia Pharmacy	Community	19 Faircross Parade, Barking, Essex	IG11 8UW	No	No	Yes	No
	FX308	Britannia Pharmacy	Community	Thames View Health Centre, Bastable Avenue, Barking	IG11 0LG	Yes	No	Yes	No
	FH855	David Lewis Chemist	Community	16 Porters Avenue, Dagenham, Essex	RM8 2AQ	No	Yes	Yes	No
	FKX93	Day Lewis Chemist	Community	149 Broad Street, Dagenham	RM10 9HX	No	No	Yes	No
	FAP61	Day Lewis Pharmacy	Community	2 Royal Parade, Church Street, Dagenham	RM10 9XB	No	No	Yes	No
	FRA86	Day Lewis Pharmacy	Community	7 Beadles Parade, Rainham Road South, Dagenham	RM10 8YL	No	No	No	No
	FVG95	Day Lewis Pharmacy	Community	359 Ripple Road, Barking	IG11 9PN	No	No	Yes	No
	FMP00	Daynight Pharmacy	Community	17 Station Parade, Barking	IG11 8ED	Yes	Yes	Yes	Yes

Borough	ODS Code	Pharmacy	Contract Type	Address	Post Code	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FCE87	Fittleworth Medical	DAC	Unit 6A Midas Bus Centre, Wantz Road, Dagenham	RM10 8PS	No	No	Yes	No
	FGH11	Hannigan	Community	240 Bennetts Castle Lane, Beacontree, Dagenham	RM8 3UU	No	No	Yes	No
	FA366	Hedgemans Pharmacy	Community	438 Hedgemans Road, Dagenham	RM9 6BU	No	No	Yes	No
	FE678	Kry-Ba Pharmacy	Community	21 Goresbrook Road, Dagenham, Essex	RM9 6XA	No	No	Yes	No
	FRH15	Lloyds Pharmacy	Community	97-131 High Road, Chadwell Heath, Essex	RM6 6PA	Yes	Yes	Yes	Yes
	FWG54	Lloyds Pharmacy	Community	281 Wood Lane, Dagenham	RM8 3NL	No	No	Yes	No
	FYX52	Lords Dispensing Chemists	Community	35 Station Parade, Barking, Essex	IG11 8EB	No	Yes	Yes	No
	FAR43	Mastaa-Care Pharmacy Ltd	Community	26 Whalebone Lane South, Dagenham, Essex	RM8 1BJ	No	No	Yes	No
	FTH55	Mayors Chemist	Community	214 Ripple Road, Barking, Essex	IG11 7PR	No	No	Yes	No
	FTK70	Nuchem	Community	778 Green Lane, Dagenham, Essex	RM8 1YT	No	No	Yes	No
	FY843	Oxlow Chemist	Community	217 Oxlow Lane, Dagenham, Essex	RM10 7YA	No	No	Yes	No
	FAV09	Sandbern Chemist	Community	703-705 Green Lane, Dagenham, Essex	RM8 1UU	No	No	Yes	No
	FJT17	Super.Care Pharmacy +	Community	198-200 High Road, Chadwell Heath, Romford	RM6 6LU	Yes	Yes	Yes	Yes
	FPE92	Superdrug Chemist	Community	12-13 Station Parade, Barking	IG11 8DN	No	No	Yes	No
	FNA96	Talati Chemist	Community	282 Heathway, Dagenham	RM10 8QS	No	No	Yes	No
	FA207	Tesco Pharmacy	Community	Highbridge Road, Barking	IG11 7BS	Yes	Yes	Yes	Yes
	FNW81	Thomas Pharmacy	Community	19 Ripple Road, Barking, Essex	IG11 7NP	No	No	Yes	No
	FFX94	Valence Pharmacy	Community	453 Becontree Avenue, Dagenham, Essex	RM8 3UL	No	No	Yes	No
	FQF47	Waller Chemist	Community	279 Heathway, Dagenham, Essex	RM9 5AQ	No	No	Yes	No
	FML56	Well Chadwell Heath - Rose Lane	Community	107 Rose Lane, Chadwell Heath, Romford	RM6 5NR	No	No	Yes	No
Greenwich	FTR52	Morrison Pharmacy	Community	2 Twin Tumps Way, Thamesmead, London	SE28 8RD	Yes	Yes	Yes	Yes
	FPG23	Worthcare Ltd	Community	Gallions Reach Health Ctr, Bentham Road, Thamesmead	SE28 8BE	Yes	No	No	No

Borough	ODS Code	Pharmacy	Contract Type	Address	Post Code	Early Opening	Late Closing	Open on Saturday	Open on Sunday
Havering	FVE89	Alliance Pharmacy	Community	21 Clockhouse Lane, Collier Row, Romford	RM5 3PH	No	No	Yes	No
	FR092	Bencrest Chemist	Community	67/69 Park Lane, Hornchurch	RM11 1BH	No	No	Yes	No
	FV092	Boots The Chemist	Community	Unit 7, The Brewery, Waterloo Road, Romford	RM1 1AU	Yes	Yes	Yes	Yes
	FGD64	Boots UK Limited	Community	12 The Liberty, Romford, Essex	RM1 3RL	Yes	No	Yes	Yes
	FFX17	Clockhouse Pharmacy	Community	5 Clockhouse Lane, Collier Row, Romford	RM5 3PH	Yes	Yes	Yes	Yes
	FC513	Day Lewis Pharmacy	Community	113 Rainham Road, Rainham, Essex	RM13 7QX	No	No	Yes	No
	FEP91	Day Lewis Pharmacy	Community	109 Mungo Park Road, Rainham, Essex	RM13 7PP	No	No	No	No
	FQP07	Day Lewis Pharmacy	Community	52 Collier Row Lane, Romford	RM5 3BB	No	No	Yes	No
	FXW05	Day Lewis Pharmacy	Community	6 Station Parade, Broadway Elm Park, Hornchurch	RM12 5AB	No	No	Yes	No
	FMD27	Elm Park Pharmacy	Community	208-212 Elm Park Avenue, Elm Park, Hornchurch	RM12 4SD	Yes	No	Yes	No
	FYN65	Instore Pharmacy	Community	Tesco Superstore, 300 Hornchurch Road, Hornchurch	RM11 1PY	Yes	Yes	Yes	Yes
	FA111	Lloyds Pharmacy	Community	1-15 The Brewery, Waterloo Road, Romford	RM1 1AU	Yes	Yes	Yes	Yes
	FCC42	Lloyds Pharmacy	Community	2 Tadworth Parade, Elm Park, Hornchurch	RM12 5AS	Yes	No	Yes	Yes
	FN391	Lloyds Pharmacy	Community	12 Chase Cross Road, Collier Row, Romford	RM5 3PR	No	No	Yes	No
	FQV93	Maylands Pharmacy	Community	300 Upper Rainham Road, Hornchurch	RM12 4EQ	Yes	Yes	Yes	Yes
	FTV79	Park Lane Pharmacy	Community	Park Lane Pharmacy, 1 Park Lane, Hornchurch	RM11 1BB	No	No	Yes	No
	FRF15	Pharmacare Chemist	Community	164 Hornchurch Road, Hornchurch, Essex	RM11 1QH	No	No	Yes	No
	FKK95	Rowlands Pharmacy	Community	3 Fairview Parade, Mawney Road, Romford	RM7 7HH	No	No	Yes	No
	FN123	Wh Burdess Chemist Ltd	Community	178 Mawney Road, Romford, Essex	RM7 8BU	No	No	Yes	No
	Newham	FVH94	Bell Pharmacy	Community	995 Romford Road, Manor Park, London	E12 5JR	No	No	Yes
FE474		Blakeberry Ltd	Community	9 High Street South, East Ham, London	E6 6EN	Yes	No	Yes	No
FF788		Blakeberry Ltd	Community	96 High Street South, East Ham, London	E6 3RL	Yes	No	Yes	No

Borough	ODS Code	Pharmacy	Contract Type	Address	Post Code	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FEV46	Boots Uk Limited	Community	82-84 High Street North, East Ham, London	E6 2HT	No	No	Yes	Yes
	FMC69	Boots Uk Limited	Community	Unit 15, Galleons Reach, Beckton	E6 7ER	No	Yes	Yes	Yes
	FNM10	Catto Chemist	Community	388 High Street North, Manor Park, London	E12 6RH	No	Yes	Yes	No
	FWR56	Church Road Pharmacy	Community	30 Church Road, Manor Park	E12 6AQ	No	No	Yes	No
	FL753	Ghir Limited	Community	426-428 Barking Road, East Ham, London	E6 2SA	No	No	Yes	No
	FL521	Kingsway Chemist	Community	214 High Street North, London,	E6 2JA	No	No	Yes	No
	FXQ63	Kingsway Chemists	Community	290 Barking Road, East Ham, London	E6 3BA	Yes	No	Yes	No
	FE374	Muhammads Pharmacy	Community	829 Romford Road, Manor Park	E12 6EA	Yes	Yes	Yes	Yes
	FQX93	Munro Pharmacy	Community	5-7 High Street North, East Ham	E6 1HS	No	No	Yes	Yes
	FRK52	Prime Pharmacy	Community	234 High Street North, Manor Park, London	E12 6SB	No	No	Yes	No
	FHH62	Sai Pharmacy	Community	150-152 High Street North, East Ham,	E6 2HT	No	No	Yes	No
	FQX57	Solanky Mk	Community	324 High Street North, Manor Park, London	E12 6SA	No	Yes	Yes	No
	FQC93	Tesco Instore Pharmacy	Community	1 Armada Way Gallions Rch, Royal Dock Road, Beckton	E6 7FB	Yes	Yes	Yes	Yes
Redbridge	FMC24	Allans Pharmacy	Community	1207 High Road, Chadwell Heath, Romford	RM6 4AL	No	No	Yes	No
	FC396	Britannia Pharmacy	Community	414-416 Green Lane, Seven Kings, Ilford	IG3 9JX	No	Yes	Yes	Yes
	FCX56	Britannia Pharmacy	Community	Loxford Polyclinic, 417 Ilford Lane, Ilford	IG1 2SN	Yes	Yes	Yes	No
	FMN80	Britannia Pharmacy	Community	53 Green Lane, Ilford	IG1 1XG	No	No	Yes	No
	FYT00	Cordeve Ltd Dispensing Chemist	Community	70 Chadwell Heath Lane, Chadwell Heath, Romford	RM6 4NP	No	Yes	Yes	No
	FEL84	DP Pharmacy	Community	84 Albert Road, Ilford	IG1 1HW	No	No	No	No
	FG274	Eden Pharmacy	Community	79-85 Goodmayes Road, Goodmayes, Ilford	IG3 9UB	No	Yes	Yes	No
	FPN09	In-Store Pharmacy	Community	Tesco Stores, 822 High Road, Chadwell Heath	RM6 4HY	Yes	Yes	Yes	Yes
	FN372	Lloyds Pharmacy	Community	2 Brooks Parade, Green Lane, Goodmayes	IG3 9RT	No	No	Yes	Yes

Borough	ODS Code	Pharmacy	Contract Type	Address	Post Code	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FHR36	Mydirect Pharmacy	DSP	Unit 19, Thompson Close, Ilford	IG1 1TY	No	No	Yes	No
	FNA31	P & S Chemist	Community	111 Ilford Lane, Ilford, Essex	IG1 2RJ	No	No	Yes	No
	FTL36	Pharmaram Chemist	Community	600 High Road, Seven Kings, Ilford	IG3 8BS	No	No	Yes	No
	FQD31	Well-Chem Pharmacy	Community	641 High Road, Seven Kings, Ilford	IG3 8RA	No	No	Yes	No
	FEY00	Woodlands Pharmacy	Community	119 Hampton Road, Ilford, Essex	IG1 1PR	No	No	Yes	No
	FGK94	Zadams Chemist	Community	841 High Road, Goodmayes, Essex	IG3 8TG	Yes	No	Yes	No

Appendix C: List of Pharmacy Necessary and Other Services

Necessary Services

The Health and Wellbeing Board have identified Essential services as necessary to this PNA to meet the need for pharmaceutical services. Essential services are offered by all pharmacy contractors as part of the NHS Community Pharmacy Contractual Framework. All pharmacy contractors required to deliver and comply with the specifications for all essential services, these include (but not limited to) dispensing medicines and appliances, repeat dispensing, clinical governance, signposting and support for self-care.

In assessing the provision of essential services against the needs of the population, the Health and Wellbeing Board considered access (distance, travel time and opening hours) as the most important factor in determining the extent to which the current provision of essential services meets the needs of the population.

Other Relevant Services

Other Relevant Services are advanced services commissioned by NHS England to be provided by pharmacies. These include:

- New medicine service
- community pharmacy seasonal influenza vaccination
- community pharmacist consultation service
- hypertension case-finding service
- community pharmacy hepatitis C antibody testing service
- COVID-19 lateral flow device distribution service
- appliance use reviews and stoma appliance customisation.

Other Services

Other Services include the locally enhanced services pharmacies provide which are commissioned by the local authority or CCG. These are listed below.

London Borough of Barking and Dagenham commissioned services:

- Needle exchange
- Supervised consumption
- Stop smoking services
- Emergency hormonal contraception

Barking and Dagenham, Havering and Redbridge CCG commissioned services:

- Community anticoagulation service
- End of life care medication provision

The assessment of the provision of Necessary and Other services is presented in Chapter 6 and summarised in Chapter 7 of this PNA.