



DRAFT Pharmaceutical Needs Assessment 2025 –2028

Haringey Health and Wellbeing
Board

Contents

Executive Summary	7
1. Introduction.....	10
1.1 Background.....	10
1.2 Purpose.....	10
1.3 Pharmacy market.....	11
1.4 National context	12
1.5 Pharmacy services NHS overview	12
1.6 Community Pharmacy Contractual Framework.....	14
1.7 Working across the North Central London Integrated Care System.....	15
1.8 Haringey strategic objectives	16
2. The Health System in Haringey.....	17
2.1 General practice.....	17
2.2 GP enhanced services	17
2.3 Primary Care Networks (including GP enhanced access arrangements)....	17
2.4 GP out-of-hours	19
2.5 Urgent treatment centre and walk-in centres	19
2.6 Hospital services.....	20
3. Pharmaceutical Needs Assessment process	22
3.1 PNA development group	22
3.2 Determination of localities	22
3.3 Necessary pharmaceutical services.....	23
3.4 Other relevant services	24
3.5 Other NHS services	25
3.6 Assessing health needs	25
3.7 Current provision within Haringey	26
3.8 Future provision	26
3.9 Stakeholder engagement.....	27
3.10 Statutory consultation	27
3.11 Recommendations and update from the previous PNA 2022 – 2025	27
4. An Overview of Health Needs in London Borough of Haringey.....	29
4.1 Introduction	29
4.2 Population profile	31
4.2.2 Protected characteristics and vulnerable populations.....	35
4.3 Life expectancy	38

4.4	Wider determinants of Health.....	43
4.4.1	Income.....	46
4.4.2	Employment.....	46
4.4.3	Education, skills, qualifications.....	47
4.4.4	Housing and homelessness.....	47
4.4.5	Housing and regeneration.....	51
4.4.6	Crime.....	54
4.4.7	Domestic abuse related incidents and crimes.....	54
4.4.8	Prison populations.....	55
4.5	Transport.....	56
4.6	Modifiable risk factors affecting health outcomes.....	56
4.6.1	Smoking.....	57
4.6.2	Alcohol.....	58
4.6.3	Healthy weight.....	58
4.6.4	Physical activity.....	59
4.6.5	Sexual health.....	60
4.6.6	Teenage pregnancy.....	62
4.6.7	Oral health.....	63
4.7	Cancers.....	65
4.8	Long-term conditions.....	65
4.8.1	Cardiovascular disease.....	66
4.8.2	Hypertension.....	68
4.8.3	Chronic kidney disease.....	69
4.8.4	Diabetes.....	69
4.8.5	Respiratory.....	70
4.8.6	Older people.....	72
4.8.7	Dementia.....	73
4.8.8	Rheumatoid arthritis and osteoporosis.....	74
4.8.9	Visually impaired.....	75
4.9	Mental health and mental wellbeing.....	76
4.10	Learning disabilities.....	77
4.11	Health protection.....	78
4.11.1	Seasonal influenza and COVID-19.....	78
4.11.2	Population vaccination coverage.....	79
4.12	Accidental injuries.....	81
4.13	Summary of health needs analysis.....	81
5.	Current Provision of Pharmaceutical Services.....	83

5.1	Overview.....	83
5.1.1	Core hours.....	85
5.1.2	Supplementary hours.....	85
5.2	100-hour pharmacies.....	85
5.3	Pharmacy Access Scheme.....	85
5.4	Dispensing appliance contractors.....	86
5.5	Distance selling pharmacies.....	86
5.6	Dispensing doctors.....	87
5.7	Hospital pharmacy services.....	87
5.8	Out of area providers of pharmaceutical services.....	87
5.9	Government consultations.....	88
5.9.1	Pharmacy supervision.....	88
5.9.2	Hub and spoke dispensing.....	88
5.9.3	Independent prescribing.....	88
6.	Access to Community Pharmacy Services in Haringey.....	90
6.1	Number, type of pharmacies and geographical distribution.....	90
6.2	Dispensing activity in Haringey.....	91
6.3	Access to pharmacies by opening hours.....	92
6.4	Ease of access to pharmacies.....	92
6.4.1	Weekday opening.....	92
6.4.1.2	Weekday evenings.....	97
6.4.2	Weekend opening.....	100
6.4.2.1	Saturday opening.....	100
6.4.2.2	Sunday opening.....	105
6.4.3	Access to pharmaceutical services during urgent treatment centre and walk-in centre opening hours.....	108
6.4.4	Access to pharmacy services out of the Haringey area.....	108
6.4.5	Feedback from public regarding pharmacy opening hours.....	109
6.5	Disability access.....	110
6.6	Access to translation services.....	111
7	Pharmaceutical Services Overview.....	112
7.1	Essential services.....	112
7.1.1	Digital solutions.....	113
7.2	Advanced services.....	114
7.2.1	Appliance use review.....	115
7.2.2	Influenza vaccination service.....	115
7.2.3	Hypertension case-finding service.....	116

7.2.4	Lateral flow device (LFD) tests supply service	116
7.2.5	New medicine service (NMS).....	117
7.2.6	Pharmacy contraception service	117
7.2.7	Pharmacy First service	118
7.2.8	Smoking cessation advanced service	119
7.2.9	Stoma appliance customisation service (SAC)	119
7.3	National enhanced services	120
8	Haringey Locally Commissioned Services	121
8.1	ICB Locally Commissioned services	121
8.1.1	On demand availability of palliative care and antimicrobial drugs from community pharmacies.....	121
8.1.2	Self-care medicines scheme (SCMS)	122
8.1.3	Bank holiday rota	122
8.2	Haringey Public Health Commissioned services.....	122
8.2.1	Haringey stop smoking service	123
8.2.2	Drug and alcohol dependence services	123
8.2.2.1	Supervised self-administration (SSA) of methadone and buprenorphine	123
8.2.2.2	Needle exchange.....	124
8.2.2.3	Naloxone supply	124
8.2.3	Sexual health service.....	124
8.2.3.1	Emergency hormonal contraception	125
8.2.3.2	Condom distribution service.....	125
8.2.3.3	Chlamydia and gonorrhoea self-testing and chlamydia treatment	125
8.2.3.3	HIV and syphilis testing	126
8.2.4	Healthy Start vitamins service.....	126
8.3	Non-commissioned services	127
8.4	Collection and delivery service.....	127
8.5	Monitored dosage systems	127
9	Current and Future Pharmacist Role.....	129
10.	Engagement and Consultation	130
10.1	Stakeholder engagement.....	130
10.1.1	Overview of response to the public questionnaire	130
10.1.2	Overview of response to pharmaceutical service providers' questionnaire	131
10.2	Formal consultation.....	135
11	Summary of Findings.....	136
11.1	Central locality	137

11.2 East locality.....	137
11.3 West locality.....	138
12 Statement of Pharmaceutical Needs Assessment.....	139
Appendix 1 – PCNs, GP Practices and Surgeries.....	140
Appendix 2 – Membership of Steering Committee	142
Appendix 3 - Pharmaceutical Contractors Questionnaire.....	143
Appendix 4 – Equality Impact Assessment	150
Appendix 5 - Community Engagement Questionnaire Results.....	167
Appendix 6 – List of pharmacies and services provided in Haringey HWB area	173
Appendix 7 - Consultation on the Draft Pharmaceutical Needs Assessment for Haringey.....	177
Appendix 8 - Future opportunities for community pharmacy service provision in Haringey.....	178
Appendix 9 – Abbreviations.....	183
Appendix 10 – References and data sources.....	185

Executive Summary

The Health and Social Care Act 2012⁽¹⁾ transferred the responsibility for developing and maintaining Pharmaceutical Needs Assessments (PNAs) from Primary Care Trusts (PCTs) to Health and Wellbeing Boards (HWBs). Under this legislation, each board was mandated to publish its first PNA by 1 April 2015, with subsequent updates required every three years or sooner if significant changes in service provision arise, provided an earlier review is justified. The previous PNA⁽²⁾ for Haringey was published on 1 October 2022, with the next update scheduled for release by 1 October 2025.

PNAs play an important part in public health and healthcare planning. They are strategic documents used to inform the development of local healthcare planning and commissioning of services. PNAs assess the availability and accessibility of pharmaceutical services, taking into account the health needs of the local population, identifying where there may be a lack of pharmaceutical services or unmet needs.

The Health and Care Act 2022⁽³⁾ restructured the commissioning of community pharmacy services, shifting responsibility from NHS England (NHSE) to Integrated Care Boards (ICBs), while NHSE retained oversight. As of 1 April 2023, NHS North Central London (NCL) ICB assumed this role. Recent announcements indicate that the architecture of the NHS is likely to undergo significant changes during the lifespan of this Pharmaceutical Needs Assessment (2025-2028). These potential changes include shifts in service delivery models and integration with local healthcare systems. As these developments are subject to ongoing policy discussions and government reviews, the information provided in this document reflects the current position as of the date of publication.

The PNA remains a crucial document for the ICB in evaluating applications for inclusion in the pharmaceutical list and plays a key role in commissioning enhanced community pharmacy and locally tailored services.

To develop this PNA, Haringey Council commissioned North of England Care System Support (NECS), an independent subject matter expert organisation. NECS collaborated with Haringey Council's Public Health team, which led the development process. A steering group, comprising representatives from NCL ICB, Haringey Council, Middlesex Pharmaceutical Group and Healthwatch Haringey provided strategic guidance. Their collective aim was to assess current service provision, address commissioning challenges, and set future priorities for community pharmacy services in Haringey.

A statutory consultation was conducted between [insert dates following consultation] gathering input from statutory consultees, the public, and other stakeholders. The

final PNA integrates this feedback and aligns with the health priorities outlined in Haringey's Joint Strategic Needs Assessment (JSNA)⁽⁴⁾.

This PNA examines the current provision of pharmacy services in Haringey and evaluates potential gaps in service delivery.

This PNA covers the following areas:

- An overview of the PNA process, including the identification of localities
- An analysis of current and future health needs
- A description of community pharmacies in Haringey
- An evaluation of existing service provision, accessibility, and any gaps
- Insights into potential future roles for community pharmacies
- An assessment of community pharmacy's contributions to the Health and Wellbeing Strategy⁽⁵⁾
- Key findings from stakeholder engagement and the statutory consultation
- A summary of findings and the PNA statement.

The 2013 NHS (Pharmaceutical and Local Pharmaceutical) regulations⁽⁶⁾ require the HWB to include a statement of necessary pharmaceutical services.

Necessary services are those pharmaceutical services that are considered key to meet the pharmaceutical needs of the population. They form the baseline level of services that must be provided to ensure adequate access to medicines and related healthcare. The classification helps in decision making about pharmacy applications, service commissioning, and resource allocation. For the purpose of this PNA, the HWB has agreed that as in the previous PNA, necessary services are defined as the essential services in the NHS Community Pharmacy Contractual Framework⁽⁷⁾. Essential services are mandatory for community pharmacies.

Relevant services are those pharmaceutical services, other than necessary services, that contribute to meeting the health and wellbeing needs of the population. Haringey HWB has identified advanced services and enhanced services as relevant services that secure improvements or better access to pharmaceutical services, contributing to meeting the need for pharmaceutical services in the HWB area.

Services provided by pharmacies located in neighbouring Health and Wellbeing Board areas are considered relevant services where they play a role in meeting patient needs.

Pharmaceutical service providers in Haringey

Haringey has 54 community pharmacies (as of March 2025) for a population of around 261,811 (based on ONS mid-2022 ward-level population estimates⁽⁸⁾) including two distance selling pharmacies. Combining these, Haringey has an average of 20.6 community pharmacies per 100,000 population, compared with 18.3 per 100,000 in England. This document uses Greater London Authority (GLA) population estimates (central fertility and 10-year migration assumptions)⁽⁹⁾ as the base population where possible. The GLA 2025 population estimate for Haringey was 271,119. Where national or alternative comparisons are needed, data from the Office for National Statistics (ONS) has been used instead.

Conclusions:

Provision of necessary services

- There is **no current gap** in the current provision of necessary services **during normal working hours** across Haringey to meet the needs of the population.
- There is **no current gap** in the current provision of necessary services **outside normal working hours** across Haringey to meet the needs of the population.
- **No gaps** have been identified in the need for pharmaceutical services in **future** circumstances across Haringey.

Improvements and better access

- There are **no gaps in the provision of advanced services** at present or in the future (lifetime of this PNA) that would secure improvements or better access in Haringey.
- There are **no gaps in the provision of enhanced services** at present or in the future (lifetime of this PNA) that would secure improvements or better access in Haringey.
- Based on current information **no current gaps have been identified in respect of securing improvements or better access to locally commissioned services**, either now or in specific future (lifetime of this PNA) circumstances across Haringey to meet the needs of the population.

1. Introduction

1.1 Background

The Health Act 2009⁽¹⁰⁾ established a legal requirement for all Primary Care Trusts (PCTs) to publish a Pharmaceutical Needs Assessment (PNA) by 1 February 2011. Subsequently, the Health and Social Care Act 2012⁽¹⁾ transferred responsibility for developing and updating PNAs to Health and Wellbeing Boards (HWBs).

Under this framework, each HWB was mandated to publish its first PNA by 1 April 2015. Thereafter, updates must be issued every three years following the previous publication or sooner if significant changes affect pharmaceutical service availability, provided an early update is warranted.

Haringey Health and Wellbeing Board last published its PNA in October 2022⁽²⁾ and has now prepared an updated version for release by 1 October 2025.

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013⁽⁶⁾ define the statutory requirements for PNAs. The development of this PNA adhered to the guidance outlined in the PNA Information Pack for Local Authority Health and Wellbeing Boards⁽¹¹⁾, published by the Department of Health in October 2021.

As stipulated by these regulations, the PNA must include a statement identifying any pharmaceutical services that the HWB has determined are lacking within its area but are deemed necessary to:

- address a current need
- meet a future need in specified circumstances
- provide improvements or better access if implemented or
- provide future improvements or better access in specified future circumstances.

This PNA relates to community pharmacies (including distance selling pharmacies), dispensing appliance contractors and dispensing GP practices (at the time of publication there were no dispensing appliance contractors or dispensing GP practices in Haringey). Prison pharmacy and hospital pharmacy are beyond the scope of the PNA.

1.2 Purpose

The PNA provides a comprehensive evaluation of both current and future pharmaceutical needs within the local population. It outlines the area's health needs (Section 4), assesses the availability of existing pharmaceutical services, and

identifies any service gaps (Sections 7 and 8). Additionally, it highlights potential new services to address unmet health needs and support the objectives of the Health and Wellbeing Strategy 2024-2029⁽⁵⁾.

The PNA is informed by the Joint Strategic Needs Assessment (JSNA)⁽⁴⁾ and serves as a key strategic commissioning document, primarily guiding North Central London Integrated Care Board (NCL ICB) in determining applications for inclusion in the pharmaceutical list, in accordance with the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013⁽⁶⁾.

Beyond this primary function, the PNA is also instrumental in:

- Ensuring that decisions regarding market entry for pharmaceutical services are based on robust and relevant data
- Informing commissioning plans for pharmaceutical services that could be delivered by community pharmacists or other providers to meet local needs - these services may be commissioned by local authorities, NHSE, or NCL ICB (Sections 7 and 8)
- Supporting the commissioning of high-quality pharmaceutical services, including locally enhanced services
- Ensuring that pharmaceutical and medicines optimisation services align with the health priorities outlined in the Health and Wellbeing Strategy⁽⁵⁾
- Promoting opportunities for community pharmacies to play a vital role in improving the health and wellbeing of Haringey residents.

1.3 Pharmacy market

Community pharmacies (including distance selling pharmacies and dispensing appliance contractors) play a crucial role in dispensing medications, medical appliances, and devices to NHS patients. While they operate independently from the NHS, they deliver essential healthcare services on its behalf to the public.

Under the NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013⁽⁶⁾, individuals or entities - such as pharmacists, appliance dispensers, or, in some rural areas, GPs - who wish to provide NHS pharmaceutical services must apply through Primary Care Support England (PCSE) for inclusion on the pharmaceutical list. Applicants must demonstrate their ability to meet a pharmaceutical need as outlined in the PNA. However, some exceptions exist, such as applications for distance selling pharmacies (i.e., internet or mail-order services).

There are five types of market entry applications for inclusion on the pharmaceutical list:

- Meeting a current need identified in the PNA
- Addressing a future need projected in the PNA
- Enhancing current access to pharmaceutical services
- Improving future access to meet anticipated demand
- Providing an unforeseen benefit, where an applicant presents evidence of an unanticipated need not identified in the existing PNA.

Community pharmacies and appliance contractors are responsible for dispensing medications, appliances, and medical devices to NHS patients. They are not a direct part of the NHS but provide essential services on behalf of the NHS to the general public.

1.4 National context

The NHS Long Term Plan in 2019⁽¹²⁾ set out the ambition to accelerate the redesign of patient care to future proof the NHS for the decade ahead. The plan acknowledged the essential role pharmacists play within a health and care system with a commitment to community pharmacy.

The government is in the process of developing a 10-year plan to build a health service fit for the future. The first step in the process was Lord Darzi's independent report on the State of the NHS in England⁽¹³⁾. The report was published in September 2024, and it identified challenges faced by the health service which will be addressed by the plan. The review noted that:

"There is huge potential for a step change in the clinical role of pharmacists within the NHS. Expanded community pharmacy services are likely to include greater treatment of common conditions and supporting active management of hypertension. But there is a very real risk that on current trajectory, community pharmacy will face similar access problems to general practice, with too few resources in the places where it is needed most."

The NHS is likely to see changes in its architecture over the lifespan of the PNA, with the future abolition of NHS England being announced early in 2025.

1.5 Pharmacy services NHS overview

The NHS Business Services Authority (NHSBSA) published a report on General Pharmaceutical Services in England 2015/16–2023/24⁽¹⁴⁾.

This report notes that there were more than 12,009 community pharmacies in England providing accessible healthcare alongside the dispensing of medicines. For a typical pharmacy, NHS income accounts for around 90% of their total income⁽¹⁵⁾.

Community pharmacies in England provide a range of services including:

- Dispensing and Repeat Dispensing
- Support for self-care
- Signposting patients to other healthcare professionals
- Participation in set public health campaigns (e.g. to promote healthy lifestyles)
- Disposal of unwanted medicines.

Key findings of General Pharmaceutical Services in England 2015/16-2023/24⁽¹⁴⁾ indicated that:

- There were 12,009 active community pharmacies and 112 active appliance contractors in England during 2023/24. This is the first increase shown since 2017/19. It is important to note that if a pharmacy has opened, submitted a prescription to the NHSBSA and then closed again in the same year, it would still be classed as an active pharmacy. When a pharmacy contract changes providers, it can remain in the same premises but may be given a new organisation code. This measure uses the pharmacy organisation code to determine active pharmacies.
- The number of items dispensed by community pharmacies in England between 2022/23 and 2023/24 increased by 3.15% from 1.08 billion to 1.11 billion. Overall, the number of items dispensed is 11.8% higher than the 995 million items dispensed in 2015/16.
- 1.08 billion prescription items were dispensed via the Electronic Prescription Service (EPS) in 2023/24, 96.1% of all items dispensed in the year. This is an increase of 60.7 percentage points from 2015/16.
- The cost of drugs and appliances reimbursed to community pharmacies and appliance contractors totalled £10.2 billion in 2023/24. Costs reimbursed to contractors increased in 2023/24 for the fifth consecutive year. Costs increased by 4.97% between 2022/23 and 2023/24 from £9.72 billion to £10.2 billion, the highest costs in 9 years.
- The number of vaccines administered by pharmacies as part of the influenza vaccination advanced service decreased in 2023/24 after increasing every year since the service began in 2015/16. In 2023/24 there were 3.77 million vaccines administered by 9,170 community pharmacies, at an average of 412 vaccines per pharmacy. This was a decrease of 24.7% on the 5.01 million vaccines administered in 2022/23.
- New medicines services (NMSs) have shown sizable increases for the last three financial years. Thirteen additional conditions were added to the specification list in September 2021. The number of NMSs claimed in 2023/24 has increased by 42% from 2022/23.

- Pharmacy First, which was introduced on 1 February 2024, continues to grow with over 750,000 interactions nationally in September 2024 compared with an average of 141,000 per month in the first 3 months.

1.6 Community Pharmacy Contractual Framework

The Department of Health and Social Care (DHSC), NHSE and the Pharmaceutical Services Negotiating Committee (now known as Community Pharmacy England), agreed a five-year plan covering 2019-2024, the Community Pharmacy Contractual Framework (CPCF)⁽¹⁶⁾ which described a vision for how community pharmacy will support delivery of the NHS Long Term Plan⁽¹²⁾.

In April 2025, agreement was reached between the DHSC, NHSE and Community Pharmacy England (CPE), on the funding arrangements for both the CPCF for 2024/25 and 2025/26⁽⁷⁾, and Pharmacy First. These new arrangements aim to reflect joint ambition to focus on stabilising medicines supply and pharmacy funding for this core function. This funding also provides an uplift to key clinical service fees, while supporting Pharmacy First to continue to grow and embed at pace. Contractual arrangements post April 2026 have yet to be agreed.

The success of the Pharmacy Quality Scheme (PQS) across the CPCF in 2019-2024 was recognised within the review of the CPCF with a targeted PQS being reinstated from 1 April 2025.

The criterial focus included:

- Being signed up to deliver Pharmacy First pathway and the Pharmacy Contraception Service
- Develop or update a palliative and end of life care action plan
- Referral of patients aged five to 15 years who do not have a spacer and all patients using three or more short-acting bronchodilators without any corticosteroid inhaler in six months
- Pharmacy First – completion of clinical audit and ensure all registered professionals have completed appropriate training
- Emergency contraception - ensure relevant staff have completed appropriate training
- New Medicine Service - ensure relevant staff have completed relevant depression training
- Enhanced Disclosure and Barring Service (DBS) checks undertaken for all registered pharmacy professionals within the last three years.

1.7 Working across the North Central London Integrated Care System

Integrated care systems (ICSs) were set up in 2022 to facilitate joint working across local partners, such as the NHS, councils, voluntary sector organisations and others. Their aim is to improve health and care services – with a focus on prevention, better outcomes and reducing health inequalities. They achieve this by creating services based on local need.

The 42 ICSs in England are local partnerships that bring health and care organisations together to develop shared plans and joined-up services. ICSs were legally established on 1 July 2022, covering all of England. These arrangements built on partnerships that were already in place across the country.

They aim to:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development.

Integrated Care Boards (ICBs) are NHS organisations responsible for planning health services for their local population. There is one ICB in each ICS area. They manage the NHS budget and work with local providers of NHS services, such as hospitals and GP practices, to agree a joint five-year plan which says how the NHS will contribute to the integrated care partnership's integrated care strategy.

The NHS organisations and upper-tier local authorities in each ICS run a joint committee called an integrated care partnership (ICP). This is a broad alliance of partners who all have a role in improving local health, care and wellbeing. They may also include social care providers, the voluntary, community and social enterprise sector and others with a role in improving health and wellbeing for local people such as education, housing, employment or police and fire services.

Each ICP must develop a long-term strategy to improve health and social care services and people's health and wellbeing in the area. They may also take on additional responsibilities, as agreed locally between the members.

Community pharmacy is a vital part of the NHS, and North Central London ICB recognises its key role in delivering safe, effective, and accessible care. The ICB is committed to embedding clinical pharmacy services across the system and ensuring they are well integrated with other care settings. This integration is essential for delivering joined-up, high-quality care for patients.

The ICB sees the expansion of clinical services in community pharmacies as a major opportunity to improve access to primary care. Enabling pharmacies to provide more clinical support helps to better meet the health needs of the population and ensures that community pharmacy plays a central role alongside other health and care services.

Community pharmacy is a key partner in delivering the ambition around neighbourhood health, supporting local population health priorities, working in collaboration with GPs, hospitals, local authorities, voluntary sector organisations and, most importantly, patients.

1.8 Haringey strategic objectives

The Health and Care Act 2022⁽³⁾ established ICB and ICPs as part of the health and care system. The ICP brings together Haringey Council, NCL ICB, NHS providers and other partners to foster collaboration among health service commissioners, public health, and social care providers. This partnership aims to enhance the health and wellbeing of the Haringey residents.

Health and Wellbeing Boards continue to play a key role in setting the strategic direction to improve the health and wellbeing of people in their communities.

As part of its responsibilities, the board develops a Joint Strategic Needs Assessment (JSNA)⁽⁴⁾, which evaluates the health and wellbeing of Haringey's population and compares it with national averages. Alongside the JSNA, the PNA is also an integral component of understanding health needs to inform the development of the Joint Health and Wellbeing Strategy⁽⁵⁾.

The Haringey Joint Health and Wellbeing Strategy 2024-2029⁽⁵⁾ sets out a vision of "Haringey as a place where we can all belong and thrive" recognising that health and wellbeing are fundamental to individual and collective success. The strategy aims to improve the health and wellbeing of all people in Haringey and reduce health inequalities so that people can thrive regardless of their age, gender, ethnicity, sexuality, religion and whether or not they are disabled.

The areas of focus are:

- Housing and health
- Mental health and wellbeing
- Healthy place
- Preventative health and care services.

2. The Health System in Haringey

2.1 General practice

There are 34 GP Practices (plus 6 branch surgeries) in Haringey delivering primary medical services (Appendix 1). All are open for the same core hours of 8am until 6.30pm, Mondays to Fridays.

2.2 GP enhanced services

NHS England or ICBs may commission enhanced services from general practice. These are primary medical services (other than essential services, additional services or out of hours services) that go beyond what is required through the GP core contract. These have previously been referred to as Directed Enhanced Services (DES), National Enhanced Services (NES) or Local Enhanced Services (LES).

Enhanced services that are currently available with national specifications produced by NHS England are:

- Targeted immunisation programmes
- Weight Management.

NCL ICB commissions the following enhanced services for practices in Haringey:

- Gonadotrophin Releasing Hormone (GnRH) Analogue Injections
- Methotrexate – Prescribing and Monitoring
- Primary Care Anticoagulation Initiation and Monitoring Service.

Community pharmacies could (and many do) help to deliver elements of the enhanced services by providing advice and support, helping with self-care and signposting to other services. Community pharmacies make a significant contribution to improving access to the COVID-19 and seasonal influenza vaccines for targeted groups of patients. For other immunisation programmes, community pharmacies can support uptake by promoting the benefits of immunisation and providing accurate information and advice.

2.3 Primary Care Networks (including GP enhanced access arrangements)

Primary Care Networks (PCNs) are geographically based teams, led by GP practices in the PCN area and delivering services to registered populations of between 30,000 and 50,000 patients. Appendix 1 details the GP surgeries within Haringey and which PCN they are a member of. PCNs have a Clinical Director providing strategic

leadership and oversight of service delivery of the PCN and representing the PCN as part of the wider health and social care system. In Haringey, there are 7 PCNs.

A PCN has four key functions:

- co-ordinate, organise and deploy shared resources to support and improve resilience and care delivery at both PCN and practice level
- improve health outcomes for its patients through effective population health management and reducing health inequalities
- target resource and efforts in the most effective way to meet patient need, which includes delivering proactive care
- collaborate with non-GP providers to provide better care, as part of an integrated neighbourhood team.

Mechanisms of delivering this are outlined in the Network Contract Directly Enhanced Service (DES) Specification ⁽¹⁷⁾ and includes:

1. Improving Health Outcomes and Reducing Health Inequalities:
 - Population Health Management
 - Health Inequalities
 - CVD prevention and diagnosis
 - Early Cancer diagnosis.
2. Targeting resource and efforts:
 - Proactive care (for frailty)
 - Structured Medication Reviews (SMRs) and Medicines Optimisation
 - Social Prescribing
 - Enhanced Health in Care Homes (EHCH).
3. Delivering Enhanced Access to GP services

Within Haringey, PCNs ensure enhanced access for their patients is in place between the hours of 6.30pm and 8pm Mondays to Fridays and between 9am and 5pm on Saturdays. In Haringey, the NCL Bridging Access Service (previously known as the NCL Extended Access Hubs) provides general practice appointments that are outside both the core GP opening hours and the enhanced access service offered through DES contract. The service runs Saturday 5pm – 8pm and Sunday & Bank Holidays 8am – 8pm. Appointments are managed by telephone or video call but where there is a need for a face-to-face appointment. The bridging access service has 4 hubs in Haringey:

- Somerset Gardens – Creighton Road
- Queenswood Medical Practice – Park Road

- Bounds Green – Gordon Road
- Lawrence House – Philip Lane.

Community pharmacy services play an important role in supporting the services provided by general practice and the PCNs as reflected by the changes in the essential, advanced and locally commissioned services as described later in this report.

2.4 GP out-of-hours

The GP out-of-hours service in Haringey is provided by London Central and West (LCW). The service is part of the NHS 111 Integrated Care Service in North Central London, for which the London Ambulance Service is the lead provider, working with others under an alliance model.

The service is accessed by calling NHS 111. The service includes telephone triage and if required appointments at an urgent care centre or by home visiting. Home visiting runs from 6.30pm – 8am weekdays and 24 hours at the weekend. Appointments at urgent care/walk-in centre bases are from 7.30pm – 12 midnight, with two bases also open throughout the night to 8am. The bases in North Central London are:

- Haringey – The Laurels (hosts a range of services including GP practice)
- Barnet – Finchley Hospital
- Camden – Royal Free Hospital
- Enfield – Chase Farm Hospital
- Islington – Whittington Hospital.

2.5 Urgent treatment centre and walk-in centres

There are no walk-in centres in Haringey, but there is a walk-in centre just over the border at the Finchley Memorial Hospital site. The service is open 8am to 8pm, 7 days a week. Outside of these hours, an adult with a minor injury or illness will be given an appointment to attend the Urgent Treatment Centre (UTC) the following day. Appointments can be booked via the NHS 111 service, with the last patient booking at 7pm.

There are 6 UTCs in North Central London. While none are located within Haringey, all can be accessed by people within Haringey. The UTCs are located at:

- Whittington Hospital
- North Middlesex University Hospital
- University College London Hospital

- Royal Free Hospital
- Chase Farm Hospital
- Barnet Hospital

2.6 Hospital services

People living in Haringey primarily go to North Middlesex University Hospital and Whittington Health NHS Trust for acute hospital services. North London NHS Foundation Trust provides inpatient mental health services for the residents of Haringey. It also provides community support including crisis resolution and home treatment.

Hospital pharmacies do not provide services under the community pharmacy contractual framework and are therefore outside the scope of the PNA.

Figure 1: Map showing the locations of hospitals, urgent treatment centres and walk in centres in Haringey



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Key

- MH - Mental Health Facility
- HAc – Acute Hospital
- HMS – Mixed Services Hospital
- HCo - Community Hospital
- TC - Treatment Centre
- OIP – Other Inpatient Service (also Walk in Centre at same location)

3 Pharmaceutical Needs Assessment process

3.1 PNA development group

As set out within Section 1 of this PNA, the legislation that describes the duties of the HWB in regard to PNAs is the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013⁽⁶⁾ (as amended). As well as describing what each PNA was required to take into account when they were first developed and published, these 2013 Regulations also describe how each local PNA must be maintained by the HWB during its life.

The public health team in Haringey Council oversaw the development of this PNA on behalf of the Haringey HWB. In the process of undertaking the PNA, a steering group was established in February 2025. The core membership of the group included representatives from the public health, NCL ICB, Middlesex Pharmaceutical Group and Healthwatch. Membership is set out in Appendix 2.

The steering group agreed the following:

- Terms of reference of the steering group, including the frequency of meetings
- Determination of localities for the PNA
- Definition of necessary pharmaceutical services, other relevant services and other NHS services
- Content of a PNA questionnaire to pharmacists in Haringey
- Timeline of the PNA process
- Structure of the PNA document
- Process and questionnaires for engagement and consultation
- Appropriate governance, including declaration of interests, and reporting arrangements.

The group was responsible for overseeing the completion of the PNA and ensuring it met the minimum requirements set out in the regulations.

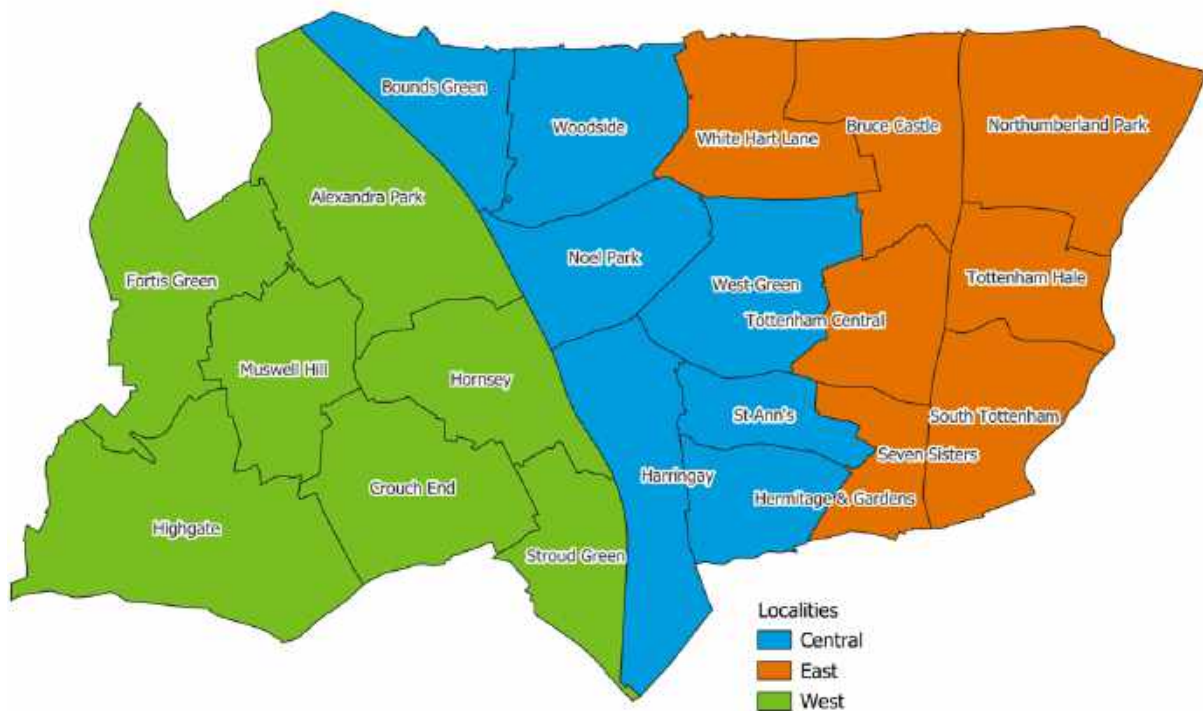
3.2 Determination of localities

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013⁽⁶⁾ state that, in making its assessment of needs, the HWB should have regard to the different needs of different localities in its area. In accordance with this, the steering group considered how to assess these different needs and concluded that the most appropriate means of dividing the Haringey area was to use the localities adopted in the previous PNA.

The three localities in Haringey for the purposes of the PNA are:

- Central
- East
- West.

Figure 2: Map of localities within Haringey for the purposes of the PNA



Source: Haringey Council Public Health Team

3.3 Necessary pharmaceutical services

The 2013 regulations⁽⁶⁾ require the health and wellbeing board to include a statement of necessary pharmaceutical services.

Necessary services are those pharmaceutical services that are considered key to meet the pharmaceutical needs of the population. They form the baseline level of services that must be provided to ensure adequate access to medicines and related healthcare. The classification helps in decision-making about pharmacy applications, service commissioning, and resource allocation.

For the purpose of this PNA, the HWB has agreed that as in the previous PNA, necessary services are defined as the essential services in the NHS CPCF. Essential services are mandatory for community pharmacies.

At the time of publication, the essential services are:

- Dispensing medicines
- Repeat dispensing
- Disposal of unwanted medicines
- Promotion of healthy lifestyles (Public Health)
- Signposting
- Support for self-care
- Healthy Living Pharmacies
- Discharge medicines service
- Dispensing of appliances (in the "normal course of business").

3.4 Other relevant services

Pharmaceutical services not included as necessary services have been deemed by the HWB as other relevant services. These are pharmaceutical services that the HWB is satisfied are not necessary to meet the need for pharmaceutical services, but their provision contributes to meeting the health and wellbeing needs of the population. The provision of these has secured improvements, or better access, to pharmaceutical services for the population of Haringey.

The HWB has determined that relevant services for the purposes of this PNA are advanced services and enhanced services within the NHS CPCF, and ICB-commissioned enhanced services. These are:

- Appliance Use Review
- Influenza Vaccination Service
- Hypertension Case-Finding Service
- Lateral Flow Device Tests Supply Service
- New Medicine Service
- Pharmacy Contraception Service
- Pharmacy First Service
- Smoking Cessation Service
- Stoma Appliance Customisation Service
- The COVID-19 Vaccination Programme
- Palliative care medicines and antimicrobial drugs
- Self-Care Medicines Scheme (SCMS).

The HWB has also determined that services provided by pharmacies located in neighbouring HWB areas are considered relevant services where they play a role in meeting patient needs, particularly in border regions.

The statement of pharmaceutical service provision in Section 12 is based on this definition of other relevant services.

3.5 Other NHS services

Other NHS services that the HWB considers affect the need for pharmaceutical services are deemed to be:

- a) those NHS services that reduce the need for pharmaceutical services, particularly the dispensing service, including:
- hospital pharmacies
 - personal administration of items by GP practices
 - public health services commissioned by the local authority:
 - Stop smoking
 - Supervised self-administration (SSA) of methadone and buprenorphine
 - Needle exchange
 - Naloxone supply
 - Emergency hormonal contraception
 - Condom distribution
 - Chlamydia and gonorrhoea testing and chlamydia treatment
 - HIV and syphilis testing
 - Healthy Start vitamins
 - ICB place based-commissioned pharmacy services
 - Influenza and Covid-19 vaccination by GP practices.
- b) NHS services that increase the demand for pharmaceutical services including:
- GP out of hours services (where a prescription is issued)
 - walk-in centres and minor injury units (where a prescription is issued)
 - community nursing prescribing
 - dental services.

The statement of pharmaceutical service provision in Section 12 is based on this definition of other NHS services.

3.6 Assessing health needs

The Local Government and the Public Involvement in Health Act 2007⁽¹⁸⁾ created the duty to undertake JSNAs. From April 2008, this duty was carried out by with local authorities and PCTs. The Health and Social Care Act 2012⁽¹⁾ transferred this duty to local authorities and CCGs to be exercised by HWBs, with the Health and Care Act 2022⁽³⁾ transferring the CCG's responsibilities to ICBs.

This PNA is directly aligned to the Haringey JSNA⁽⁴⁾ and the statement of health needs, presented in Section 4 of this document, are consistent with it.

3.7 Current provision within Haringey

In order to assess the adequacy of provision of pharmaceutical services and other services provided by community pharmacies, the current provision of such services was identified and mapped using the previous PNA as a baseline, with updated information being provided by North Central London ICB and the public health service in Haringey.

The information was then supplemented using a questionnaire made available to all community pharmacies. The survey was undertaken between 4 March – 7 April 2025.

A total of 28 out of 54 community pharmacies responded, giving a response rate of 52%.

A summary of the findings from the survey is described in Section 10 with detail within Appendix 3.

3.8 Future provision

This PNA seeks to assess the current and future needs of the area, identifying any gaps in pharmaceutical services. Any such gaps may highlight the need for necessary provision or may require provision in specified future circumstances. In considering the future needs of the area and identifying any gaps in service the PNA has, in accordance with regulation 9 (1) and (2)⁽⁶⁾, had regard to:

- The demography of Haringey
- Whether there is sufficient choice regarding obtaining pharmaceutical services within Haringey
- The different needs of the localities within Haringey
- The pharmaceutical services provided in the area of any neighbouring HWBs
- Any other NHS services provided for the population in or outside of Haringey
- Likely changes to the demography of Haringey and/or the risks to the health or wellbeing of people in Haringey.

The Equality Act (2010)⁽¹⁹⁾ requires that in making this assessment, the needs of different population groups have been taken into account. Section 4.2.2 describes the different population groups that have been considered in the PNA. The PNA has also been subject to an equality impact assessment; this is included as Appendix 4.

The questionnaire for community pharmacies also provided the opportunity for pharmacy contractors to comment on services not currently provided, that they felt could contribute to meeting the health needs of the local population. Therefore, only

the views of those who responded to the questionnaire have been considered in this regard.

3.9 Stakeholder engagement

The views of the public were gathered in the form of a questionnaire on pharmacy services. The questionnaire was made available between 13 March – 11 April 2025 and promoted using the council's social media and Healthwatch Haringey.

In total, 205 questionnaire responses were received. These have been considered as part of this PNA. Section 10 and Appendix 5 of this document provide a summary of the analysis and outcomes of the public engagement.

3.10 Statutory consultation

To be inserted following the consultation

A detailed summary can be found in Appendix 7. [Results will be summarised here]

3.11 Recommendations and update from the previous PNA 2022 – 2025

Following development of the PNA 2022-2025⁽²⁾ Haringey HWB made the following statements:

Necessary services – normal working hours:

There were no current gaps in the provision of necessary services during normal working hours across Haringey to meet the needs of the population.

Necessary services – outside normal working hours:

There were no current gaps in the provision of necessary services outside normal working hours across Haringey to meet the needs of the population.

Future provision of necessary Services:

A clear understanding of the potential impact of proposed population growth and housing development over the next ten years by locality would support the understanding of ongoing needs for service provision in future PNAs. No gaps were identified in the need for pharmaceutical services in specified future (lifetime of this PNA) circumstances across Haringey.

Improvements and better access:

There were no gaps in the provision of advanced services at present or in the future (lifetime of the PNA) that would secure improvements or better access to advanced services in Haringey.

No gaps were identified that if provided either now or in the future (lifetime of the PNA) would secure improvements or better access to enhanced services across Haringey.

A full analysis was not conducted on which future locally commissioned services might be of benefit as this is out of the scope of the PNA. There was reasonable provision and access to locally commissioned services within Haringey. Based on current information no current gaps were identified in respect of securing improvements or better access to locally commissioned services, either now or in specific future (lifetime of the PNA) circumstances across Haringey to meet the needs of the population.

DRAFT

4 An Overview of Health Needs in London Borough of Haringey

This section includes information from the latest published Haringey JSNA⁽⁴⁾ and data from the Office for Health Improvement and Disparities Fingertips tool⁽²⁰⁾. Data from both sources was based on the most up to date information available when accessed in April 2025. Wherever possible, this document uses Greater London Authority (GLA) population estimates (central fertility and 10-year migration assumptions)⁽⁹⁾ as the base population. Where national or alternative comparisons are needed, data from the Office for National Statistics (ONS) has been used instead.

The JSNA provides a summary of the health needs of Haringey and highlights relevant issues for the commissioning of pharmacy services, building on the recommendations of the JSNA. For more detailed information on health needs, the JSNA can be accessed at: [Joint Strategic Needs Assessment \(JSNA\) | Haringey Council](#)

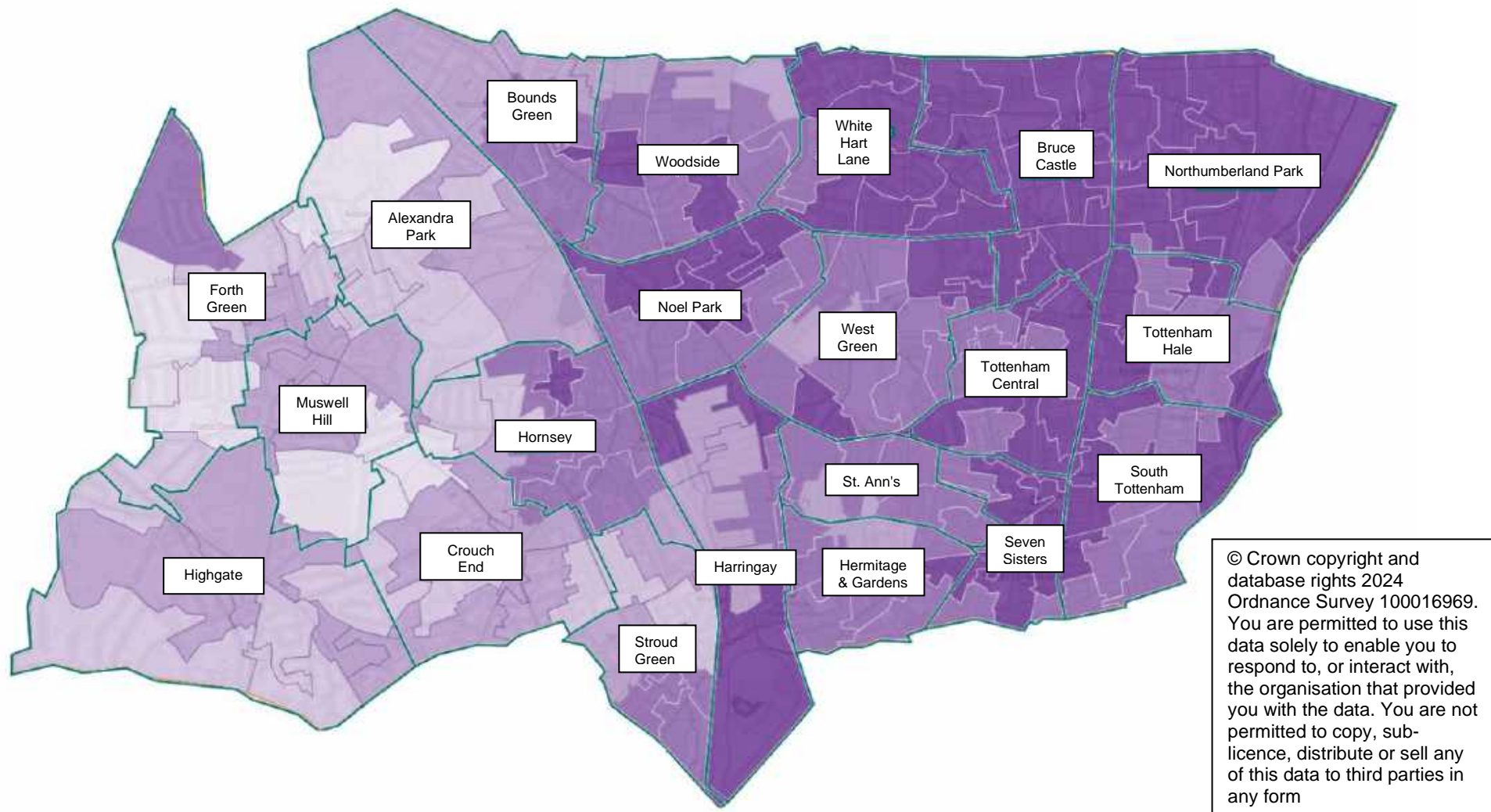
4.1 Introduction

Haringey is a local authority in London, England. It is ranked as the 4th most deprived borough in London as measured by the Index of Multiple Deprivation (IMD) score 2019 (where 1 = most deprived).

Haringey is one of the relatively more deprived authorities in the country, ranking 49 out of 317 local authorities. This has improved over time with Haringey no longer in the top 10% most deprived authorities. Throughout this section, London and England averages are used to give a direct comparison.

Figure 3 below shows IMD by LSOA in each ward within Haringey. The darker purple shading relates to the areas calculated as being more deprived (IMD1&2), the lighter shading relates to the most affluent (IMD9&10).

Figure 3: Haringey household deprivation (IMD 2019)



The most deprived areas in Haringey are located in the East locality, with particularly high levels of deprivation recorded in Northumberland Park and Bruce Castle wards.

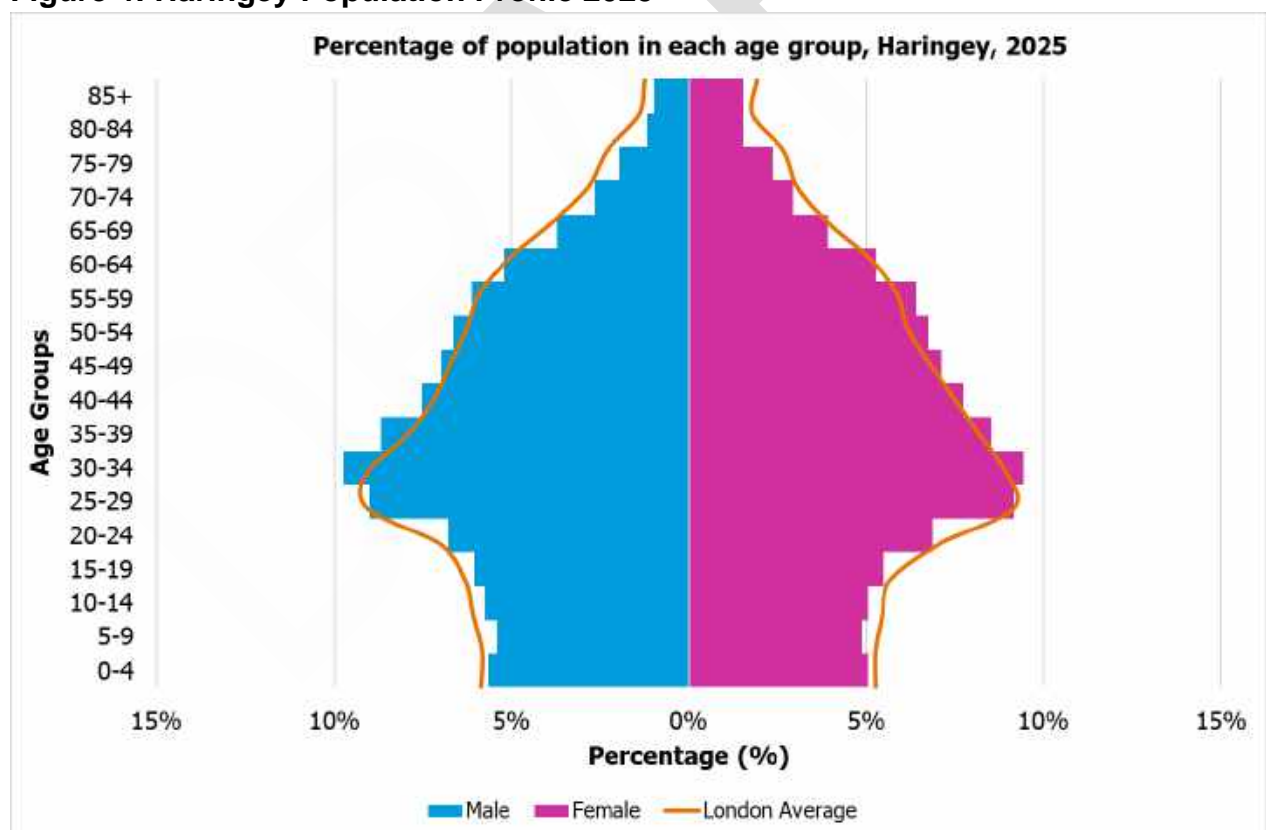
4.2 Population profile

According to Greater London Authority population projections (using 2022 based with 10-year migration and central fertility scenarios) the 2025 population estimates for Haringey was 271,119⁽⁹⁾. This population is spread across three localities. East locality has the largest population with 118,397 residents (44% of the population), West locality has the second largest population at 82,140 residents (30% of the population), and Central locality has the smallest population at 70,560 residents (26% of the population)⁽⁹⁾.

Between 2015 and 2025, the population of Haringey reduced by 0.8%, from 273,235 in 2015 to 271,119 in 2025⁽⁹⁾. Between the last two censuses, the average (median) age of Haringey increased by 3.1 years, from 33.5 to 36.6 years of age⁽²¹⁾.

Figure 4 below shows the population profile in 2025 across Haringey, with a comparison to London, split in 5-year age groups. Haringey has a similar age profile to that of London.

Figure 4: Haringey Population Profile 2025



Source: GLA 2022-based Demographic Projections ⁽⁹⁾

In 2021, 7.0% of Haringey residents identified their ethnic group within the "Mixed or Multiple" category. 57.0% of people in Haringey identified their ethnic group within the "White" category (34.1% White British/Irish and 22.9% Other White), whilst 8.7%

identified their ethnic group within the "Asian, Asian British or Asian Welsh" category. The percentage of people who identified their ethnic group within the "Black, Black British, Black Welsh, Caribbean or African" category was 17.6%⁽²¹⁾. Table 1 shows the population by broad ethnic group across Haringey.

Table 1: Population by broad ethnic group by locality, 2021

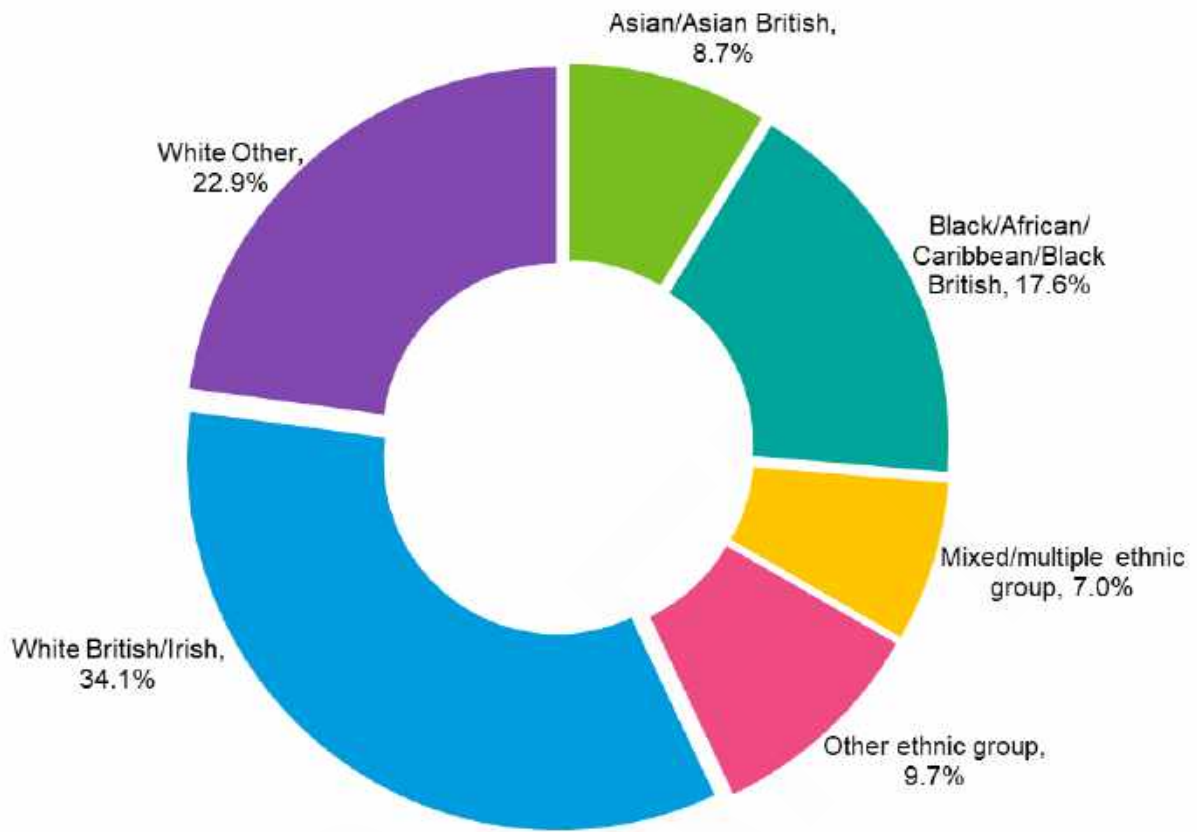
Area	Asian/ Asian British	Black/ African/ Caribbean/ Black British	Mixed/ multiple ethnic group	Other ethnic group	White British/Irish	White Other
Central	10.1%	15.6%	6.8%	10.4%	28.8%	28.2%
East	9.5%	26.2%	6.9%	12.3%	23.1%	22.1%
West	6.5%	7.3%	7.4%	5.4%	53.8%	19.6%
Haringey	8.7%	17.6%	7.0%	9.7%	34.1%	22.9%
England	9.6%	4.2%	3.0%	2.2%	74.4%	6.6%

Source: ONS Census, 2021⁽²¹⁾

Haringey's ethnic demographic profile continues to change. Between 2011 and 2021⁽²¹⁾:

- White Residents: Decreased from 60.5% in 2011 to 57.0% in 2021.
- Asian Residents: Decreased from 9.5% to 8.7%.
- Black Residents: Decreased from 18.8% to 17.6%.
- Mixed Background Residents: Increased from 6.5% to 7.0%.
- Other Ethnic Groups: Increased from 4.7% to 9.7%

Chart 1: Haringey population by ethnicity, 2021

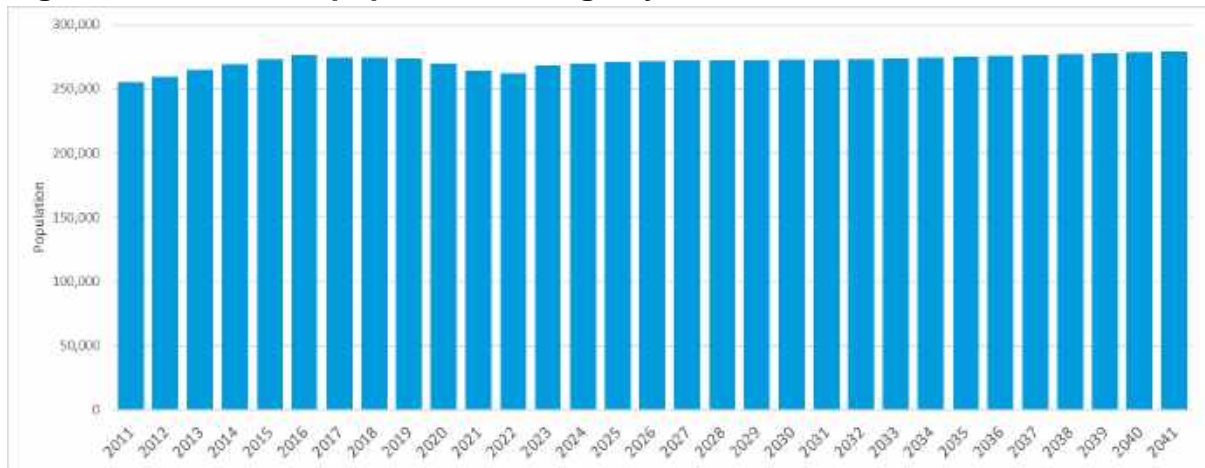


Source: ONS Census, 2021⁽²¹⁾

4.2.1 Predicted population growth

Figures 5, 6 and 7 show population size and GLA projections (10-year migration and central fertility scenario) for the borough of Haringey. Overall population size between 2025 and 2041 is expected to increase by 3.0% from 271,119 in 2025 to 279,132 in 2041.

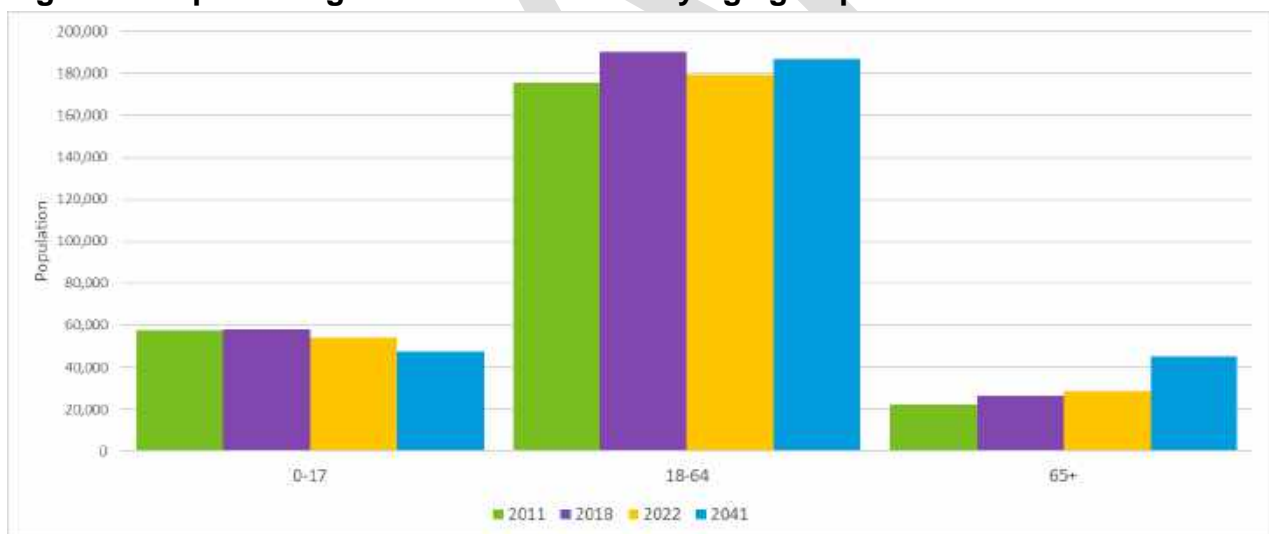
Figure 5: Forecasted population change by 2041



Source: GLA Projections 10yr Migration and Central Fertility Scenario ⁽⁹⁾

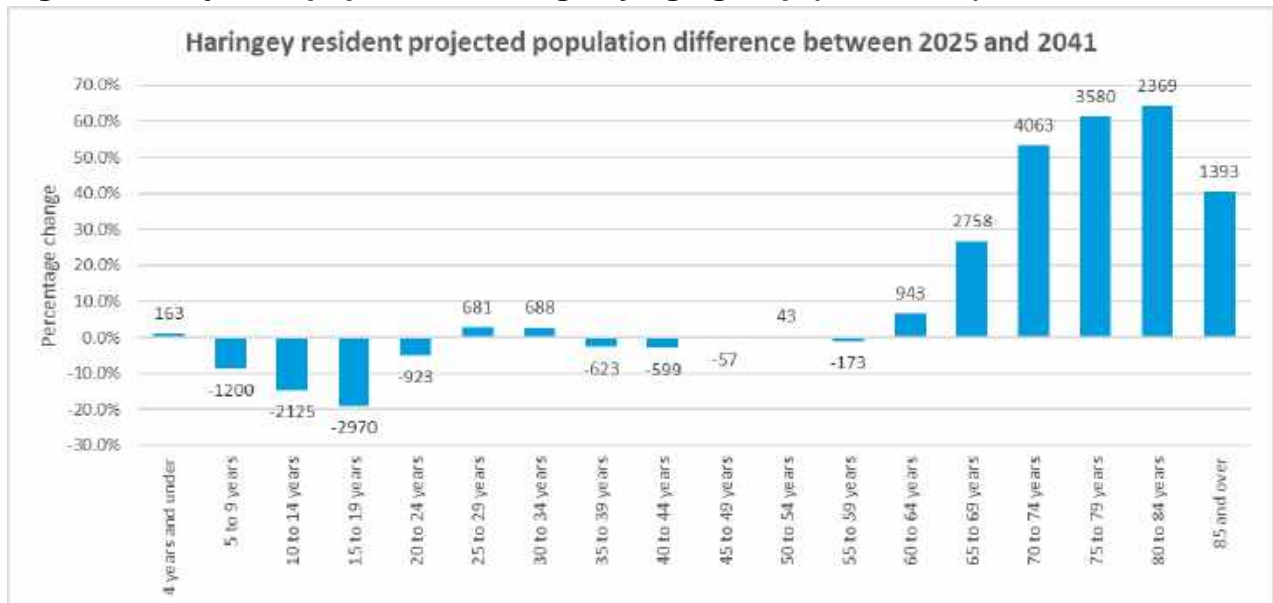
People aged 65 plus will see an increase of 45.8% from 30,942 in 2025 to 45,105 in 2041. The predicted population growth is generally due to several factors such as; older residents living longer and staying independent in their homes; student population fluctuation; and domestic and non-domestic migration. An increase in the ageing population will impact on health and social care services, including pharmacy.

Figure 6: Population growth and forecasts by age group



Source: GLA Projections 10yr Migration and Central Fertility Scenario ⁽⁹⁾

Figure 7: Projected population change by age group (2025-2041)



Source: GLA Projections 10yr Migration and Central Fertility Scenario ⁽⁹⁾

4.2.2 Protected characteristics and vulnerable populations

In addition to the age and ethnicity of the resident population, there are other sections of the population, and communities who can be defined as 'vulnerable' or have additional needs, and visitors to the area who potentially need healthcare services. These individuals often experience barriers to accessing universal health care services and poorer health outcomes. They can also increase demands on services in local areas which need to be considered.

Daytime population

Within Haringey, the daytime population (in 2014) was 225,474 people, with an estimated 15,630 of those as tourists⁽²²⁾. This highlights the resident, working and visiting volume of people in Haringey, who may, at some point require access to health care to varying extents, including pharmacy. This does not take into account seasonal peaks and is based upon an average day.

Prisons and offender populations

Although there are no prisons located within Haringey, individuals leaving prison establishments across the country and being repatriated to the Haringey area may need consideration. Evidence suggests that people leaving prison establishments experience difficulties with a range of health and social factors. For example, less than half of individuals (45.9%) leaving prison and resettling in the London area in 2023/24 were documented as being in settled, secured accommodation which, as discussed below in the housing section of this document, can lead to additional health needs⁽²⁶⁾. Within London, the continuity of Substance misuse care within the

community following prison release was the lowest in the country (26.0%), increasing risk of overdose and the need for unplanned healthcare or premature mortality⁽²⁶⁾.

Asylum seekers

Based upon the Immigration System Statistics from the Home Office (December 2024)⁽²³⁾, in Haringey there were 1,279 people seeking asylum. This data is made up of three specific programmes; Homes for Ukraine scheme, Afghanistan resettlement programme and supported asylum scheme. The majority of these individuals are within contingency housing across Haringey. As a proportion of the total population, the people seeking asylum during this reporting period was 0.5%, which is similar to the London (0.6%) and England (0.4%) proportions.

Gypsy, Roma and Traveller population

Based upon the census 2021 data, less than 0.2% of the Gypsy, Roma or Traveller community within England and Wales reside within in Haringey⁽²⁴⁾. Across England and Wales, 71,440 people identified as Gypsy or Irish Traveller⁽²⁴⁾.

Although the number of Gypsy, Roma or Traveller individuals within Haringey is relatively small compared with other vulnerable groups, we know they are more likely to report poorer health compared to the wider population, regardless of age and gender⁽²⁵⁾. Individuals from these communities are more likely to have multiple long-term conditions, including Musculoskeletal issues. In 2022, 20.5% of the Gypsy, Roma or Traveller population across England reported multiple long-term conditions⁽²⁵⁾.

Children from Gypsy, Roma or Traveller ethnic groups are more likely to experience poor educational attainment, which in turn can contribute to poorer health outcomes.

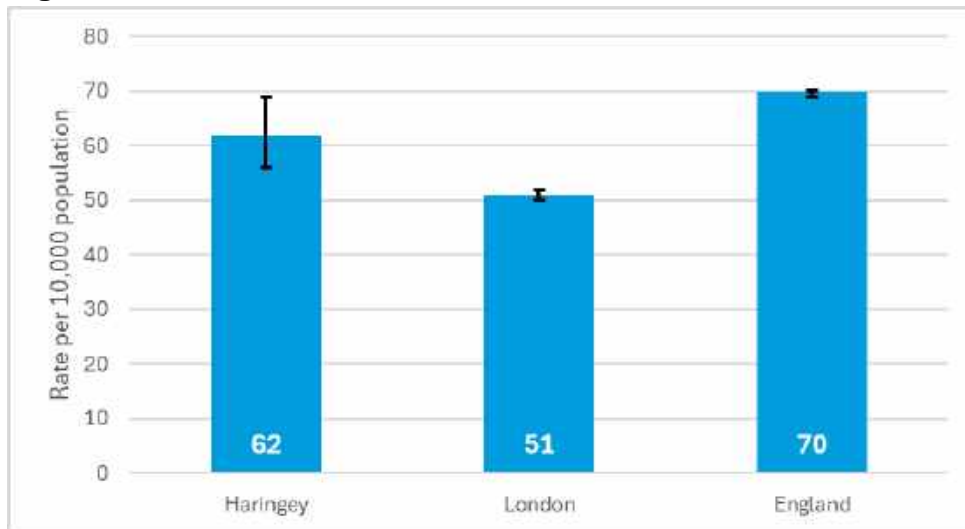
Children looked after (CLA) and children in care populations

Most children become looked after as a result of abuse and neglect. Although they have many of the same health issues as their peers, the extent of these is often greater because of their past experiences⁽²⁶⁾. Snapshot data from Haringey Borough Council taken in February 2025 detailed that there were 316 children looked after with an open episode of care⁽²⁷⁾.

The same snapshot data also highlights that there were 724 care leavers who have reached the threshold for receiving leaving care services⁽²⁷⁾.

Figure 8 shows the rate of children in care in 2023/24 per 10,000 children in Haringey, London and England. The rate for Haringey was 62 per 10,000 children which is higher than London (51 per 10,000) but lower than the England average of 70 per 10,000 children.

Figure 8: Children in care, 2023/24



Source: OHID Fingertips, [accessed April 2025]⁽²⁰⁾

Children with special educational needs populations

Pupils with Special Educational Need or Disabilities (SEND) face barriers that make it harder for them to learn than most pupils of the same age. In addition, they often experience poorer outcomes than their peers in educational achievement, physical and mental health status, social opportunities, and transition to adulthood. In 2023/24, 18.8% of school pupils in Haringey were identified as having Special Educational Needs, this is higher than the London (17.6%) and England (18.4%) average⁽²⁰⁾.

Care home populations

There are currently 11 care homes located within Haringey, with a total of 115 residents, detailed in table 2 below (where number of residents is less than 6, numbers have been suppressed).

The majority of care homes are located within the East or Central localities (with 92 residents). Where the number of residents is less than 6, numbers have been suppressed.

Table 2: Number of adult social care clients in residential homes, Haringey, breakdown by ward and locality

Ward Name	Count of Client ID	Locality
Alexandra Park	8	West
Bounds Green	7	Central
Bruce Castle	16	East
Muswell Hill	15	West
Noel Park	<6	Central
Northumberland Park	11	East
Seven Sisters	11	East
South Tottenham	<6	East
St Ann's	21	Central
West Green	8	Central
Woodside	10	Central
Total	115	

Source: Internal Council data, Haringey [Data as of 12th March 2025]

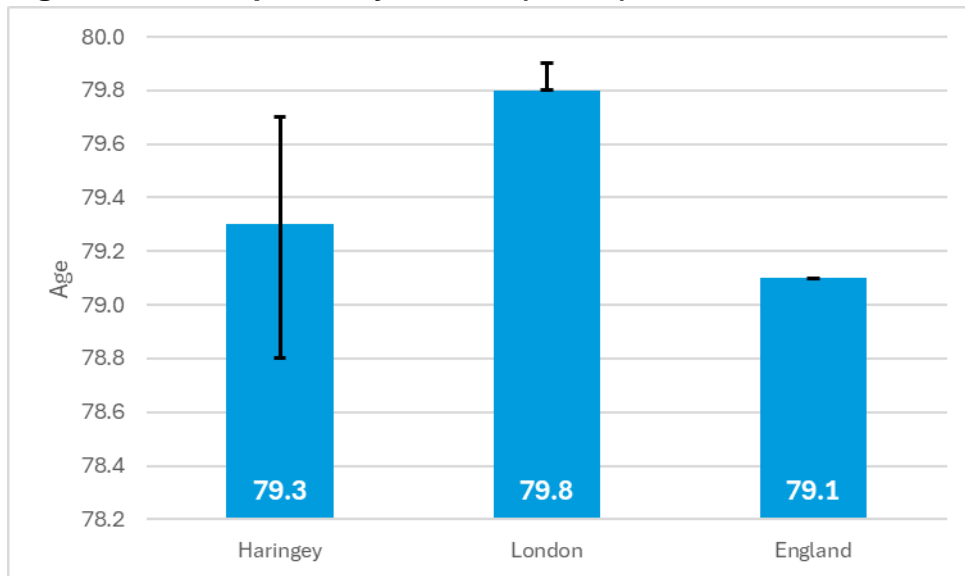
4.3 Life expectancy

Life expectancy at birth is a measure of the average number of years a person would expect to live based on contemporary mortality rates. Healthy life expectancy at birth shows the years a person can expect to live in good health (rather than in poor health). Disability-free life expectancy at birth is a measure of the average number of years a person would expect to live without a long lasting physical or mental health condition or disability that limits activities.

Figure 9 and figure 10 show the life expectancy at birth for both males and females across Haringey, the London average and England, using the most recently available data (2021-2023).

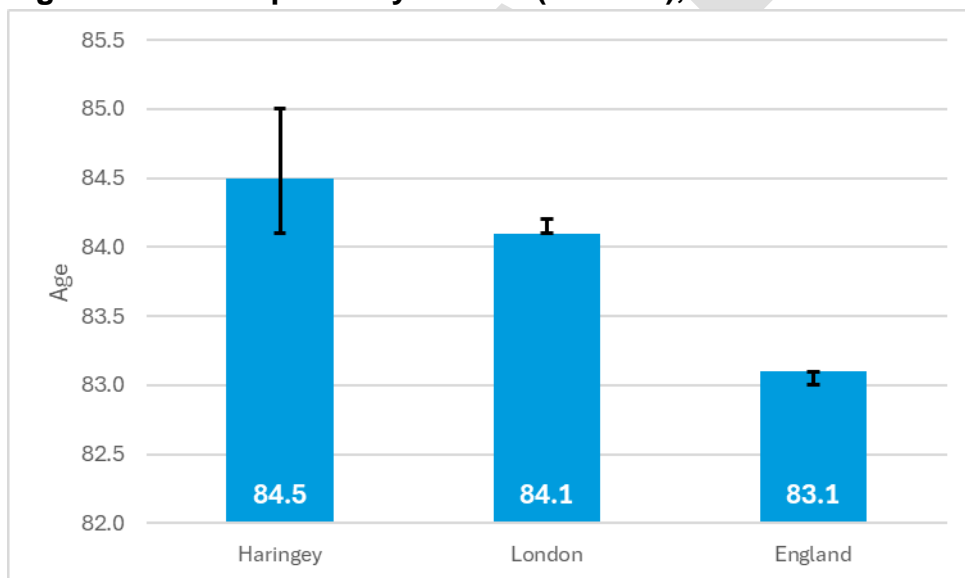
- The life expectancy at birth for males in Haringey is 79.3 which is lower than the London average (79.8) but similar to the England average (79.1).
- The life expectancy at birth for females in Haringey is 84.5, similar to the London average (84.1) but higher than the England average (83.1).

Figure 9: Life expectancy at birth (males), 2021-2023



Source: OHID Fingertips, [accessed April 2025]⁽²⁰⁾

Figure 10: Life expectancy at birth (females), 2021-2023



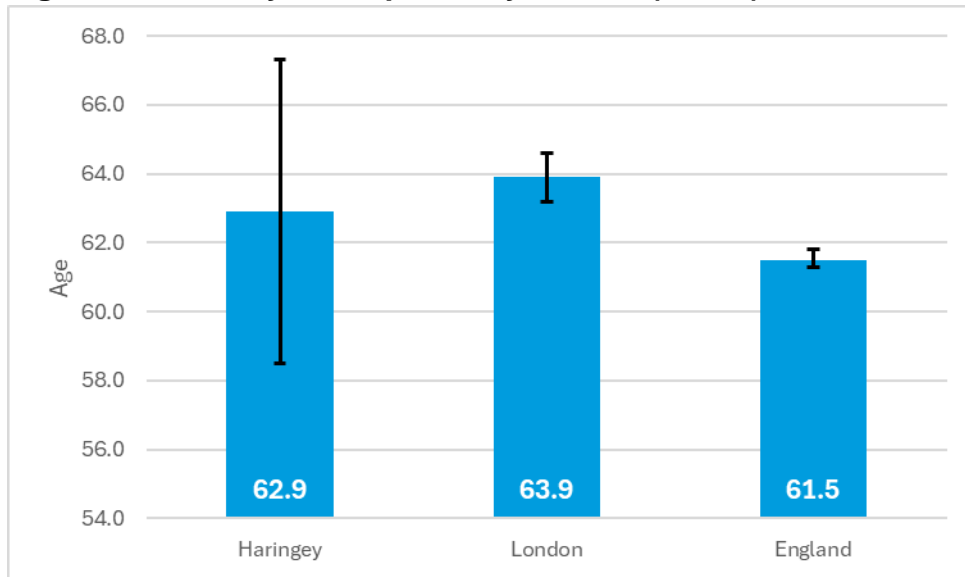
Source: OHID Fingertips, [accessed April 2025]⁽²⁰⁾

Life expectancy is not equitable across Haringey, varying by area. Based upon the 2016-2020 middle super output area (MSOA) analysis, Crouch End East reported the highest life expectancy at birth for males (86.6 years) and Tottenham Green East and Roundway had the lowest at 75.9 years. For females, Harringay Warehouse District and Vartry reported the highest life expectancy at birth (90 years), compared with Hornsey East (80.6 years) which was the lowest.

Figure 11 and figure 12 show the healthy life expectancy at birth for both males and females across Haringey, London and England, using the most recently available data (2021-2023).

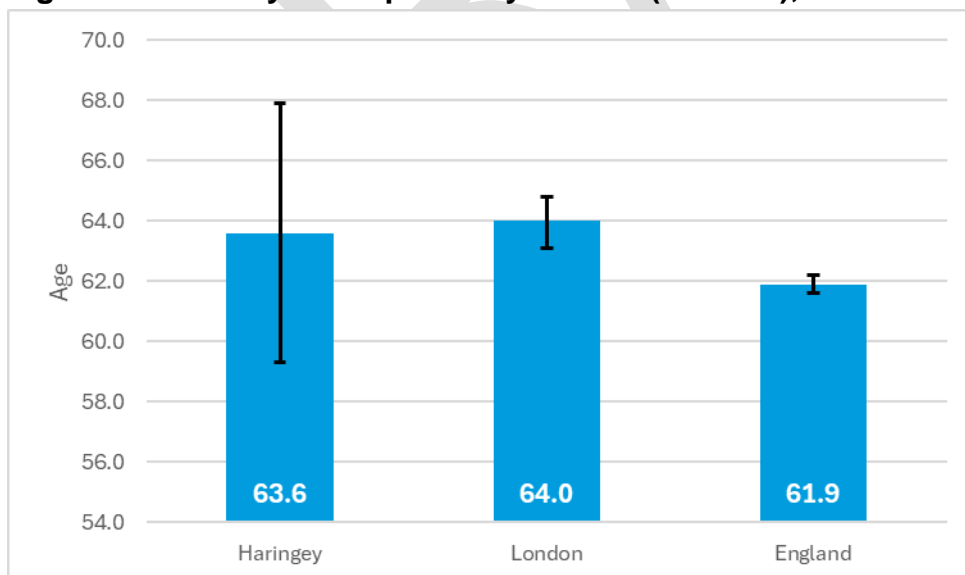
- Healthy life expectancy at birth for males in Haringey is 62.9 which is similar to both London (63.9) and the England average (61.5).
- Healthy life expectancy at birth for females in Haringey is 63.6, similar to both London (64.0) and the England average (61.9).

Figure 11: Healthy life expectancy at birth (males), 2021-2023



Source: OHID Fingertips, [accessed April 2025]⁽²⁰⁾

Figure 12: Healthy life expectancy at birth (females), 2021-2023

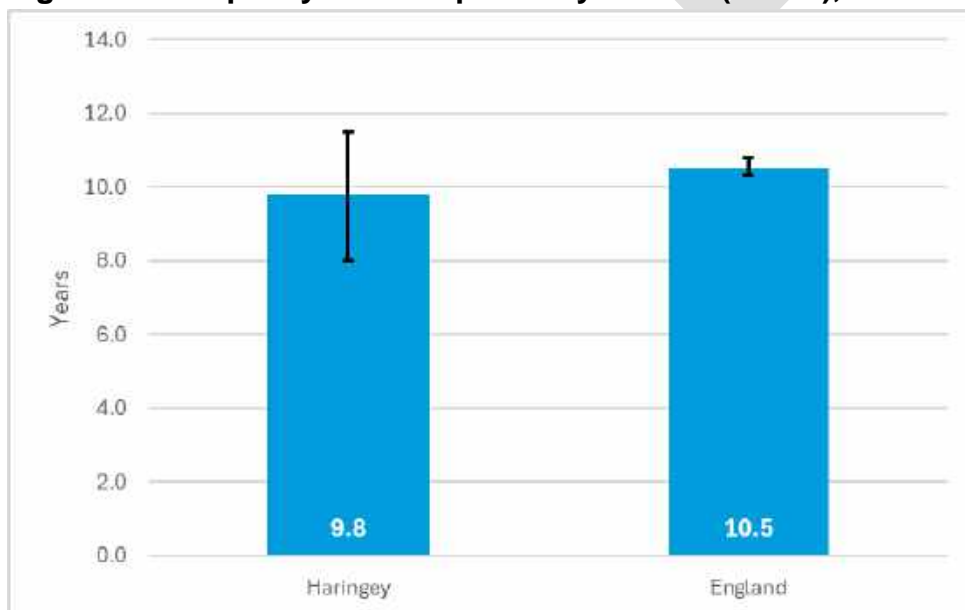


Source: OHID Fingertips, [accessed April 2025]⁽²⁰⁾

Figure 13 and figure 14 show the slope index of inequality (SII) of life expectancy in males and females in Haringey, London and England respectively. The SII is a measure of the social gradient in an indicator, i.e. how much an indicator varies with deprivation. It takes account of health inequalities across the whole range of deprivation within an area and summarises this in a single number. This represents the range in indicator values across the social gradient from most to least deprived. This is the most recent data for the period 2021-2023.

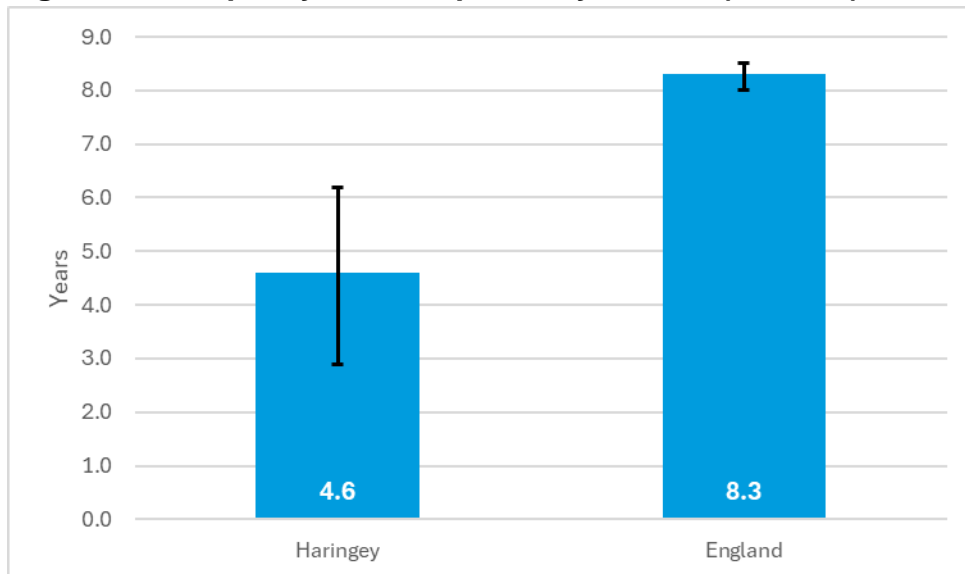
- The slope index of inequality in life expectancy at birth for males in Haringey is 9.8 years, meaning that males in the most deprived wards of Haringey die 9.8 years earlier than males in the most affluent wards. The inequalities in life expectancy at birth for males in Haringey is less than the England average (10.5 years).
- The slope Index of inequality in life expectancy at birth for females in Haringey is 4.6 years. The inequalities are less than the England average (8.3 years).

Figure 13: Inequality in life expectancy at birth (males), 2021-2023



Source: OHID Fingertips, [accessed April 2025]⁽²⁰⁾

Figure 14: Inequality in life expectancy at birth (females), 2021-2023

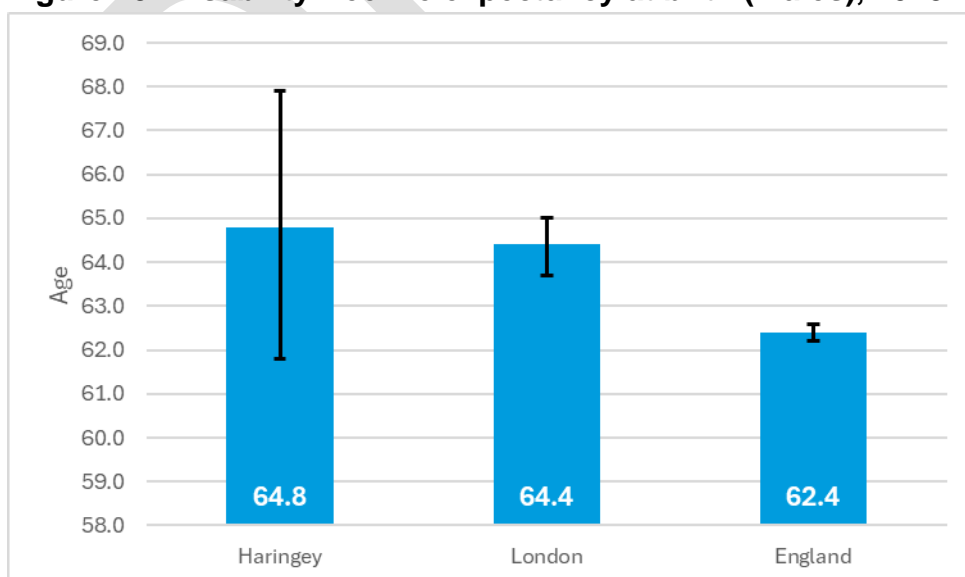


Source: OHID Fingertips, [accessed April 2025]⁽²⁰⁾

Figure 15 and figure 16 show the disability free life expectancy at birth for both males and females across Haringey, London and England, using the most recently available data (2018-2020).

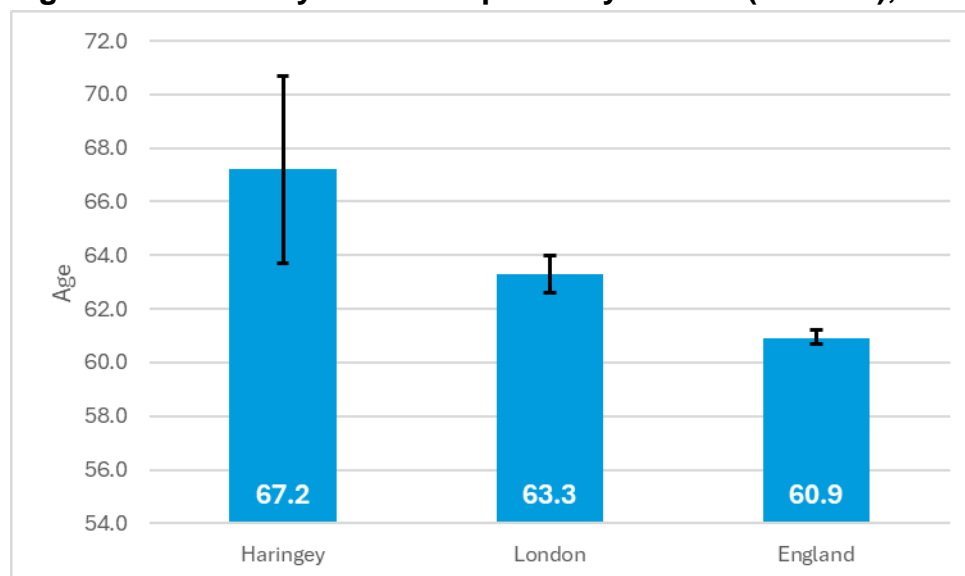
- The disability free life expectancy at birth for males in Haringey is 64.8 years which is similar to London (64.4 years) and the England average (62.4 years).
- The disability free life expectancy at birth for females in Haringey is 67.2 years which is similar to London (63.3) but significantly higher than the England average (60.9).

Figure 15: Disability free life expectancy at birth (males), 2018-2020



Source: OHID Fingertips, [accessed April 2025]⁽²⁰⁾

Figure 16: Disability free life expectancy at birth (females), 2018-2020



Source: OHID Fingertips, [accessed April 2025]⁽²⁰⁾

4.4 Wider determinants of Health

Health is determined by a complex interaction between individual characteristics, modifiable risk factors, and the physical, social and economic environment. Evidence suggests that the social determinants of health contribute more than the impact of accessing high quality healthcare in ensuring good population health outcomes.

From the 'Preventative Health and Care Services' theme of the Health and Wellbeing Strategy⁽⁵⁾ the following key areas emerged from the engagement:

1. Work as a health and wellbeing board to ensure that our communities have access to good quality preventative health and care in the neighbourhoods where they live, including ensuring that moving to digitalisation of services is not a barrier to access.
2. Ensure measurable improvements and improvements in equity in key outcomes including rates of childhood immunisation, premature mortality from strokes and heart attacks, infant mortality and stillbirth rates and speech and language development in children.
3. Co-design holistic support for specific groups for example people with learning disabilities, people experiencing rough sleeping, carers etc.

The reason there are different health outcomes in different areas of Haringey is because health inequalities are strongly linked to disadvantage and deprivation. There is a substantial amount of evidence showing that people living in the most disadvantaged and deprived areas or communities have poorer health and health outcomes than those in the more affluent areas. People living in more disadvantaged and deprived areas are likely to have a higher exposure to negative influences on

health, various barriers to access resources to mitigate against these, and poorer overall outcomes.

The Index of Multiple Deprivation 2019 (IMD2019)⁽²⁸⁾ measures socioeconomic disadvantage across seven domains:

- Income
- Employment
- Health
- Education
- Barriers to housing and services
- Crime
- Living environment.

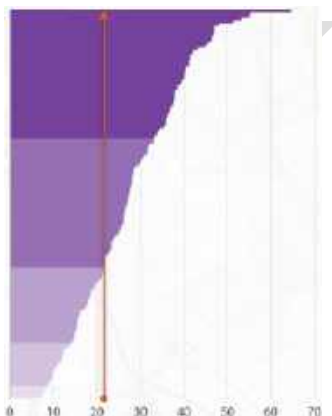
The overall IMD2019 is a weighted average of the indices for the seven domains. Data is published by Lower Super Output Area (LSOA) - Super Output Areas are a geographic hierarchy designed to improve the reporting of small area statistics; Lower Super Output Areas have an average population of 1500.

Haringey is in the second most deprived decile for overall score for deprivation relative to all other local authorities in England (2019)⁽²⁸⁾, but this does mask increasing deprivation in some areas. The households of deprivation dimensions dataset (2021) identified that 35,580 houses in Haringey were classified as deprived in one dimension. This classifies households by employment, education, health and disability, and household overcrowding.

Figure 17 below shows IMD by LSOA for Haringey. The darker purple shading relates to the areas calculated as being more deprived (IMD1&2), the lighter shading relates to the most affluent (IMD9&10). The key for the map is described below.

Distribution

The chart shows the Index of Multiple Deprivation for the selected area. England mean: 21.67

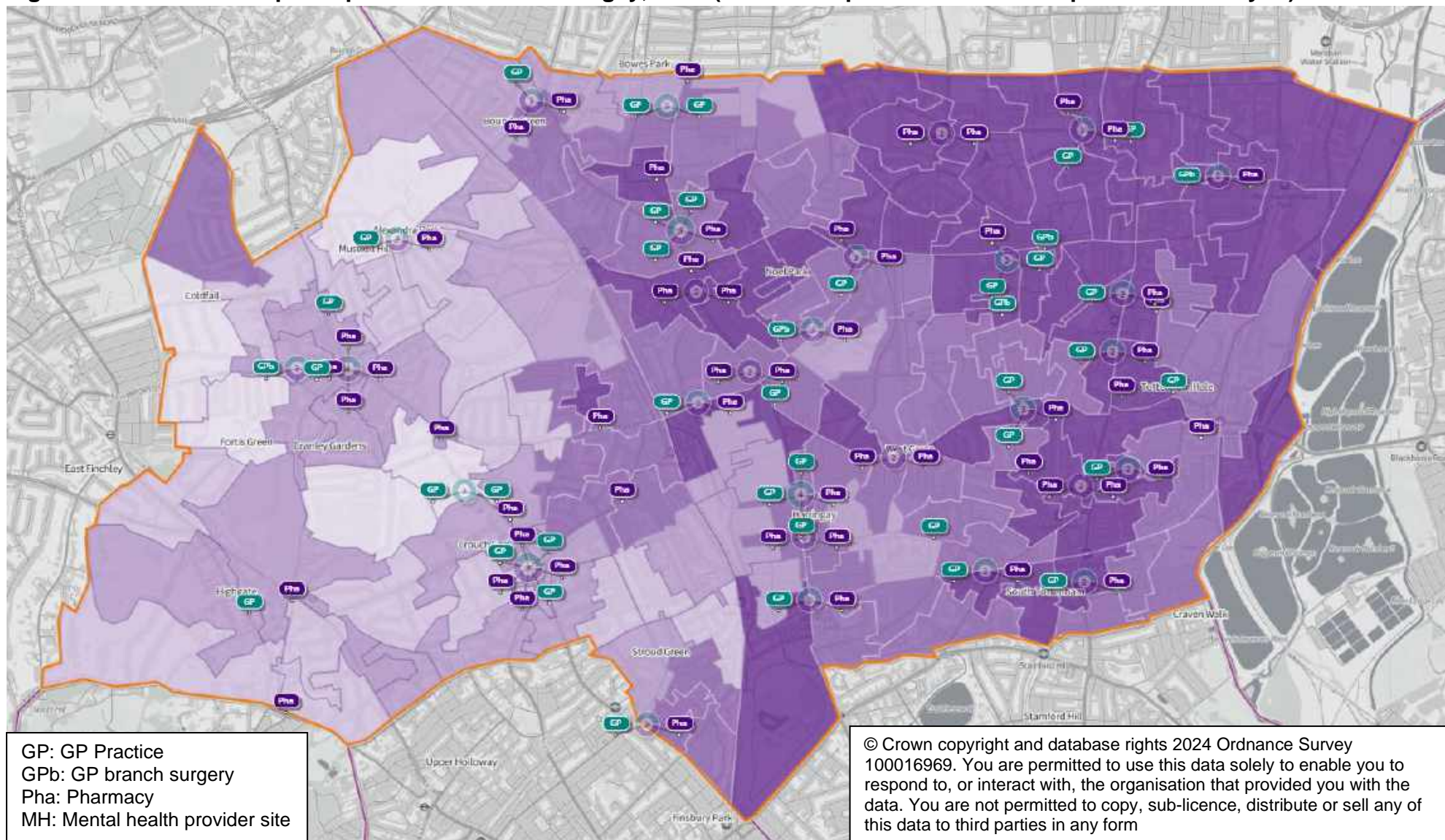


Key

Values for LSOAs within the selected boundary are shown. The larger the value and the deeper the purple, the greater the deprivation.

- 33.26 to 92.73: 48 areas
- 21.56 to 33.25: 48 areas
- 14.25 to 21.55: 28 areas
- 8.63 to 14.24: 16 areas
- 0.54 to 8.62: 5 areas

Figure 17: Index of Multiple Deprivation – LSOA Haringey, 2019 (location of pharmacies and GP practices overlaid)



4.4.1 Income

The impacts of economic disadvantage and low income are far-reaching. Households in employment may still be in poverty, as income may not be sufficient to meet the costs of accommodation and daily living. Low-income households are particularly vulnerable to changes in the cost of living and increased health risks associated with poverty.

The ONS report on exploring local income deprivation⁽²⁹⁾ noted the following:

- In Haringey, 23% of people in the borough lived in households with an income of less than 60% of the UK median after housing costs have been subtracted. 18.5% of residents were estimated to be earning below the living wage in 2022/23. This was around the same as the average London borough⁽²⁹⁾.
- Of the 316 local authorities in England (excluding the Isles of Scilly), Haringey is ranked 42nd most income deprived⁽²⁹⁾.

The median hourly pay for those living in Haringey is now £21.50, an increase of 1.9% in the last year. This was considerably lower than London's growth of 5.2%. However, the median hourly pay has increased by 45.2% for Haringey residents since 2014, which is greater than the rate of growth of London (37.9%). The growth in the latest year may not be representative of a disadvantage to the population of Haringey, rather a reflection of London catching up to previous years⁽³⁰⁾.

17.1% of children under 16 are in relative low-income families in Haringey (2022/23) compared with 15.8% for London and 19.8% for England⁽²⁰⁾. When housing costs are taken into consideration, data from 2021/22 suggests that this increases considerably to 35% in Haringey (two-fold increase) compared with 31% for England (11.2% point increase)⁽³¹⁾.

In 2021, 2.3% of households lacked central heating in Haringey compared with 2% across England⁽³²⁾. In 2022, 14,983 households were living in fuel poverty – 13.3% compared to a national average of 13.1%⁽²⁰⁾.

4.4.2 Employment

Good work for individuals improves health and wellbeing across people's lives and protects against social exclusion. Conversely, poor work and unemployment has an adverse effect on health and wellbeing, as it is associated with an increased risk of mortality and morbidity.

ONS reports on employment⁽³³⁾ note that:

- Percentage of people in employment in 2023 in Haringey compares unfavourably to England. 74.9% people are in employment in Haringey compared with 76.0% across England.
- The percentage of out of work benefit claimants (Job Seekers Allowance, Universal Credit) in Haringey in 2024 was 7.3%, more than twice the rate of the average of all other local authorities.

The percentage of working days lost due to sickness was slightly higher in Haringey (1.2%) compared to England (1.1%) in 2020-2022⁽²⁰⁾.

4.4.3 Education, skills, qualifications

Education and health and wellbeing are intrinsically linked. Education is strongly associated with healthy life expectancy, morbidity, health literacy, and health-seeking behaviours. Educational attainment plays an important role in health by shaping opportunities, employment, and income. Low educational attainment is correlated with poorer life outcomes and poor health.

The average levels of education, skills, and qualifications in Haringey are more favourable than the national average:

- 18.5% of people have no qualifications in Haringey compared with 18.1% across England. In the Tottenham constituency, residents are more likely to have no qualifications (23.2% compared to 13.3% in Hornsey and Wood Green). By contrast, 68% of Hornsey & Wood Green residents are educated to NVQ3 level or above, compared to 52% of Tottenham residents⁽³⁴⁾.
- In 2024, 4.7% of 16-17 year olds in Haringey were not in education, employment or training (NEET) or their activity was not known, compared to 5.4% in England⁽²⁰⁾.

4.4.4 Housing and homelessness

Between 2011 and 2016 Haringey's population was growing at a faster rate than household numbers. Since then, the rate of population growth has reduced whilst household numbers continue to rise by 1% a year on average. This means overall, since 2011, the population has increased by 3.1%, whilst numbers of household have increased by 8.1%⁽³⁵⁾.

2,661 households in Haringey (24.4 per 1,000 households) were living in temporary accommodation (statutory homeless) in 2024. This is the 8th highest rate in London, though has improved since the prior year (5th). It is 27% higher than the London

level (19.2 per 1,000 households). 35% of residents accepted as statutory homeless are Black, while 25% of youth homeless are LGBT, an over-representation compared to the wider borough population⁽³⁵⁾.

Since July 2018, Haringey has achieved a 71% reduction in rough sleeping through investing significantly in this area. This has been achieved via the development of new approaches to working with people experiencing multiple disadvantages, particularly by opening new supported housing and by creating rent-free bedspaces for people affected by immigration restrictions. Figure 18 demonstrates the trend in street counts between 2018-2022, showing this reducing trend.

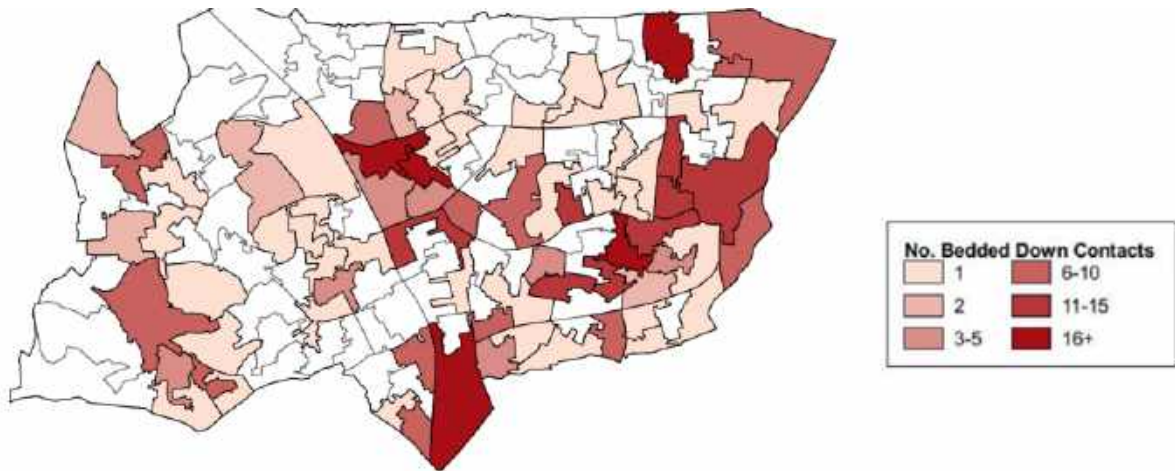
Figure 18: Bi-monthly street counts (rough sleeping estimates) 2018 - 2022



Source: State of the Borough Profile ⁽³⁵⁾

In Haringey, people are generally found to be rough sleeping in the Finsbury Park, Green Lanes, Wood Green and Tottenham areas. Figure 19 represents volume of contacts rather than individuals, and some people may have been seen on multiple occasions within a given area.

Figure 19: Bedded down (rough sleeping) across Haringey – volume of contacts, December 2024



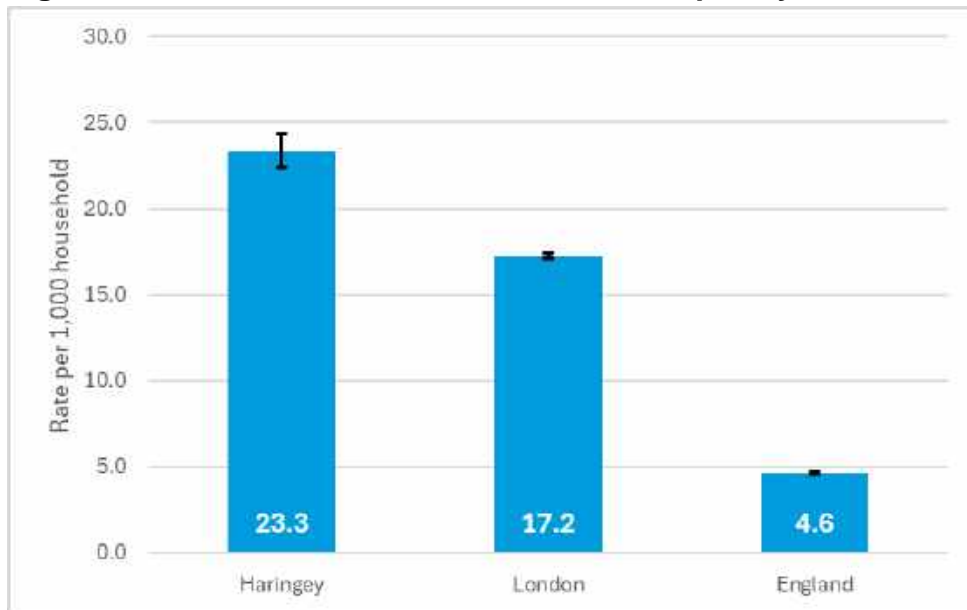
Source: State of the Borough Profile ⁽³⁵⁾

Data from government homeless statistics relating to October 2024 to December 2024⁽³⁶⁾ highlighted 2,661 households were in temporary accommodation in Haringey, 2,061 of which included children. As referenced in the vulnerable and protected characteristics section, people seeking asylum increase the demand for temporary accommodation in Haringey, particularly for contingency housing.

More than half (51.6%) the temporary accommodation provided was classified as nightly paid, privately managed accommodation, self-contained. Less than 13% was from local authority or housing association stock⁽³⁶⁾.

Figure 20 shows the rate (per 1,000 households) in temporary accommodation across Haringey, London, and in England. The 2023/24 rates for Haringey were 23.3 per 1,000 households. This is higher than London (17.2 per 1,000) and the England average of 4.6 per 1,000 households.

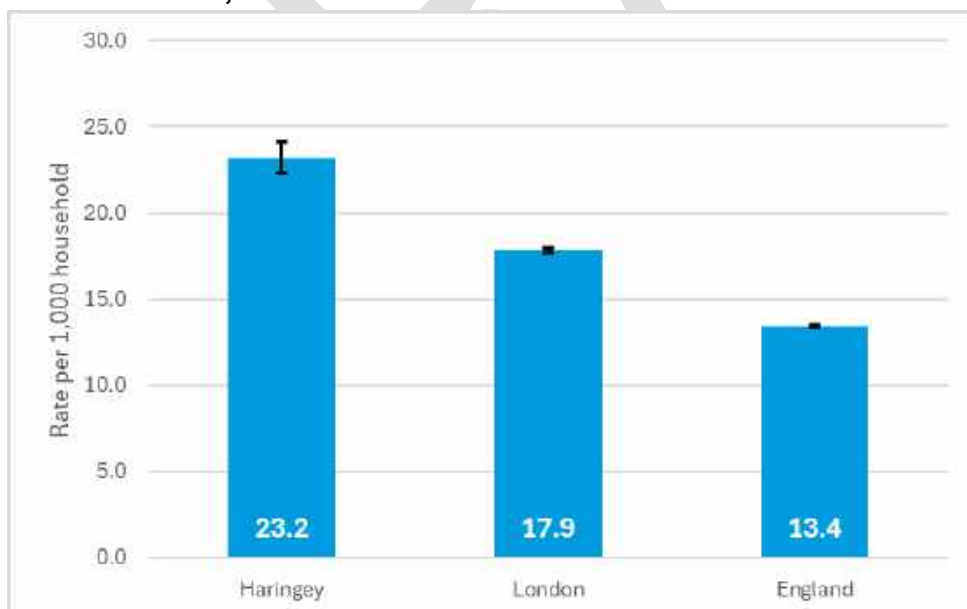
Figure 20: Homelessness: households in temporary accommodation, 2023/24



Source: OHID Fingertips, [accessed April 2025]⁽²⁰⁾

Figure 21 shows the rate (per 1,000 households) owed a duty under the Homelessness Reduction Act across Haringey, London, and in England. The 2023-2024 rates for Haringey were 23.2 per 1,000 households. This is higher than London (17.9 per 1,000) and the England average of 13.4 per 1,000 households.

Figure 21: Homelessness: households owed a duty under the Homelessness Reduction Act, 2023/24



Source: OHID Fingertips, [accessed April 2025]⁽²⁰⁾

4.4.5 Housing and regeneration

It is important that the size and mix of homes delivered reflects the changing demographic and economic makeup of Haringey. The Local Plan 2013-2026⁽³⁸⁾ sought to address this by setting out where new housing could be accommodated (see figure 22). A new Local Plan is under development, with the Strategic Housing Market Assessment⁽³⁹⁾ (undertaken in June 2021) providing a sound evidence base. The local housing need has been identified as 1,592 dwellings per annum – this is higher than the population projected need.

Haringey's Health and Wellbeing Strategy for 2024-29⁽⁵⁾ sets its strategic direction for housing in the Borough and the Housing and Health theme highlights the following:

- Poor housing conditions are a significant driver to poor health and wellbeing, particularly for those with multiple complex needs
- There is a need for more housing that meets the requirements of people with complex health needs
- Concerns around housing quality in social housing and private rented sector
- Concerns around secure and stable housing, with issues exacerbated by the cost-of-living crisis.

Haringey's main objectives as set out in the Local Plan⁽³⁸⁾ include:

1. Improving housing quality
 - Social Housing repairs (including repairs and adaptations to existing stock)
 - Private rented sector (including overcrowding)
 - Tackling damp and mould
 - Reducing fuel poverty through improvement in housing stock (including retrofitting, EPC improvements etc.)
2. Ensuring homes are available for those with highest needs – (e.g. those who are disabled or have significant health and care needs, older people, families etc) – links to housing allocations policy and new build programme.
3. Providing housing and health support for people who are homeless and providing clear information about housing pathways to residents and health professionals.
4. Participate in academic research.

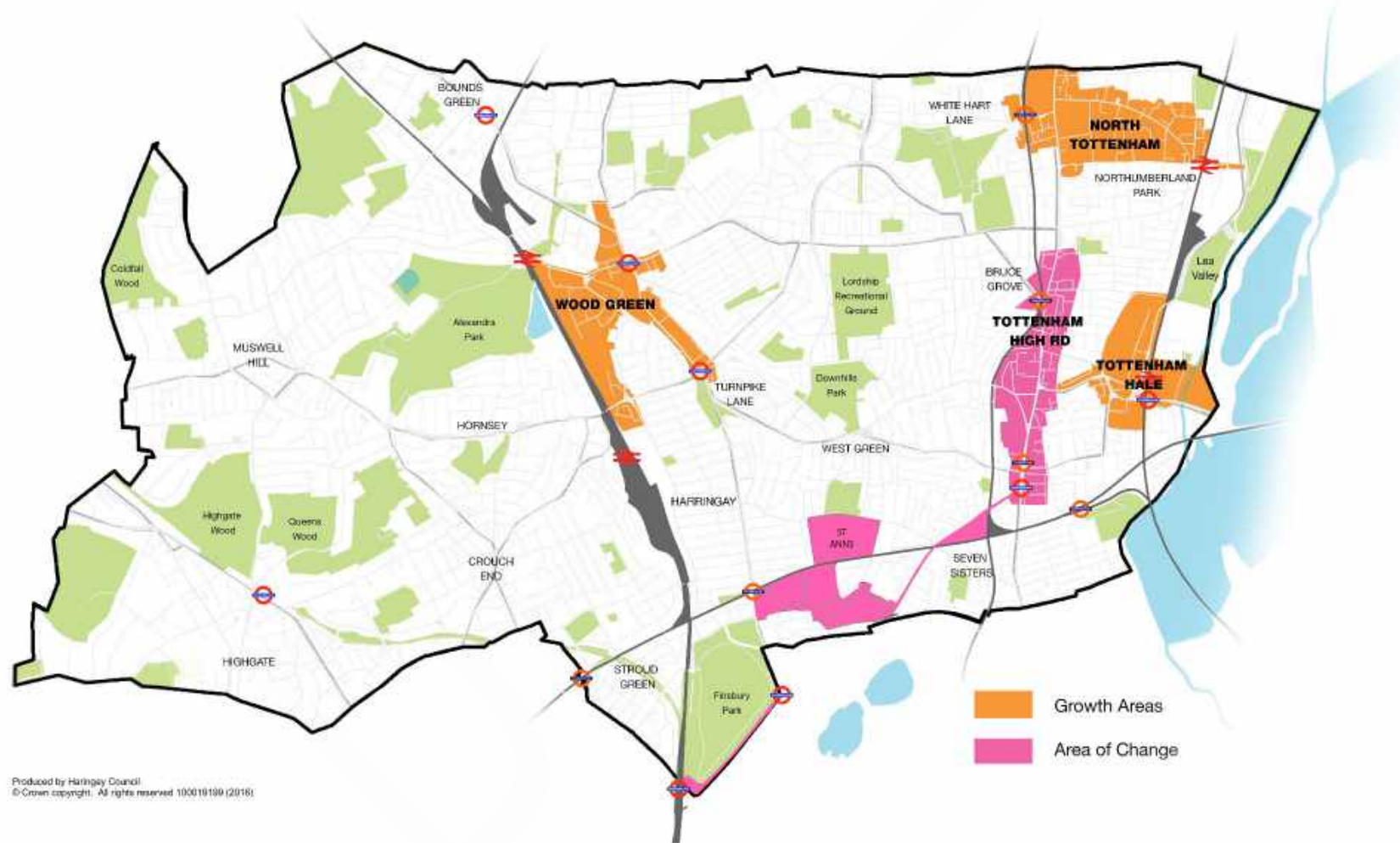
The vast majority of growth is likely to happen in the Wood Green and Tottenham areas with most sites anticipated to be delivered beyond the lifespan of the PNA (see figure 24). Table 3 summarises pipeline residential development that had commencement dates as of April 2025 as a measure of development that is more likely to be completed during the PNA lifespan:

Table 3: Approved plans for residential development with commencement dates by ward

Ward	Developments commenced - total number of bedrooms planned
Bounds Green	95
Bruce Grove	28
Crouch End	8
Fortis Green	24
Highgate	1
Hornsey	18
Muswell Hill	10
Noel Park	1722
Northumberland Park	1521
Seven Sisters	157
St Anns	168
Stroud Green	14
Tottenham Green	308
Tottenham Hale	289
Unknown	99
West Green	14
White Hart Lane	17
Woodside	1
TOTAL	4494

Source: Haringey Planning Department Pipeline Developments provided by Haringey Council.

Figure 22: Haringey growth areas



Source: Haringey Council Planning Department

4.4.6 Crime

Crime can have a wide-ranging effect on people's physical and mental health. The crime rate in Haringey (113.2 per 1,000 population) was higher than the England average during 2023/24 (37). Compared with the previous year, a small reduction (0.3%) in incidents was reported, however this is a considerably lower reduction than England (3.6%). In 2023/24, there were 29,634 incidents of crime, a 93 decrease in incidents when compared to the previous year⁽³⁷⁾.

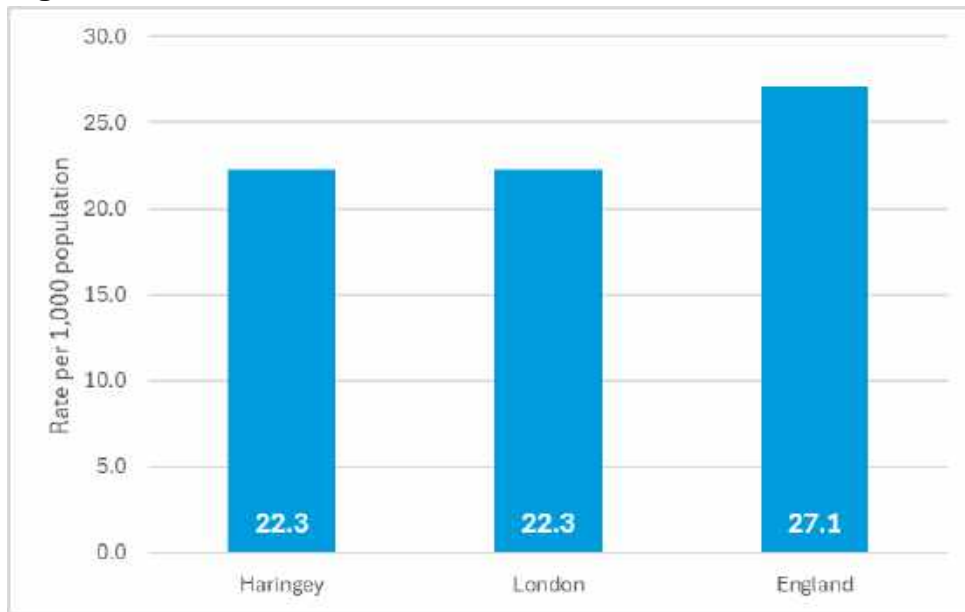
In 2024 Haringey registered the 10th highest rate of knife crime with injury in London, at 5.9 incidents per 10,000 population, an increase from the 14th highest rate in 2023 and an increase in overall rate (from 4.8). This is also above the London rate at 4.1 per 10,000 population overall.

4.4.7 Domestic abuse related incidents and crimes

Haringey has the 17th highest rate of domestic abuse with injury in London over the last year and has seen reductions in rates.

Figure 23 shows the rate per 1,000 population of domestic abuse related incidents and crimes in 2023/24 across Haringey, London and England. The rates for Haringey were 22.3 per 1,000 population which is equal to the overall rate for London. The rate is lower than the England average of 27.1 per 1,000 population (NB statistical significance is not calculated for this indicator).

Figure 23: Domestic abuse-related incidents and crimes, 2023/24



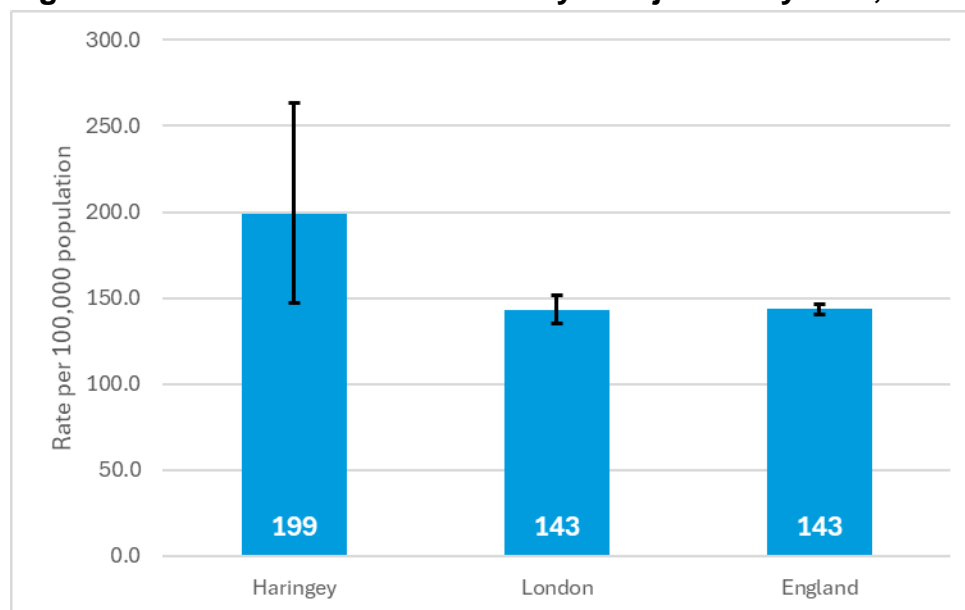
Source: OHID Fingertips, [accessed April 2025]⁽²⁰⁾

4.4.8 Prison populations

A first-time entrant to the youth justice system is a child aged between 10 and 17 who received their first caution or court sentence and was residing in England or Wales at the time of their first offence.

Figure 24 shows the rate per 100,000 population of first-time entrants to the youth justice system in 2023 across Haringey, London and in England. The rates for Haringey were 199 per 100,000 population. This is higher (but not statistically significantly) than the London rate (143 per 100,000) and statistically significantly higher than the England value (143 per 100,000 population). While the values for the London and England rates are the same, the confidence intervals that dictate what is statistically significant differ.

Figure 24: First time entrants to the youth justice system, 2023



Source: OHID Fingertips, [accessed April 2025]⁽²⁰⁾

4.5 Transport

Haringey's Transport Strategy⁽⁴⁰⁾ sets out a vision of delivering a transport system which matches the growth and prosperity ambitions for the borough, whilst also improving the environment, providing accessible choice to make walking, cycling and the use of public transport a first choice.

The vision will be achieved through 4 outcomes:

- A public transport network that is better connected, has greater and more efficient capacity and is more accessible, supporting our growth ambitions
- Active travel the default choice, with more people choosing to travel by walking or cycling
- An improved air quality and a reduction in carbon emissions from transport
- A well-maintained road network that is less congested and safer

4.6 Modifiable risk factors affecting health outcomes

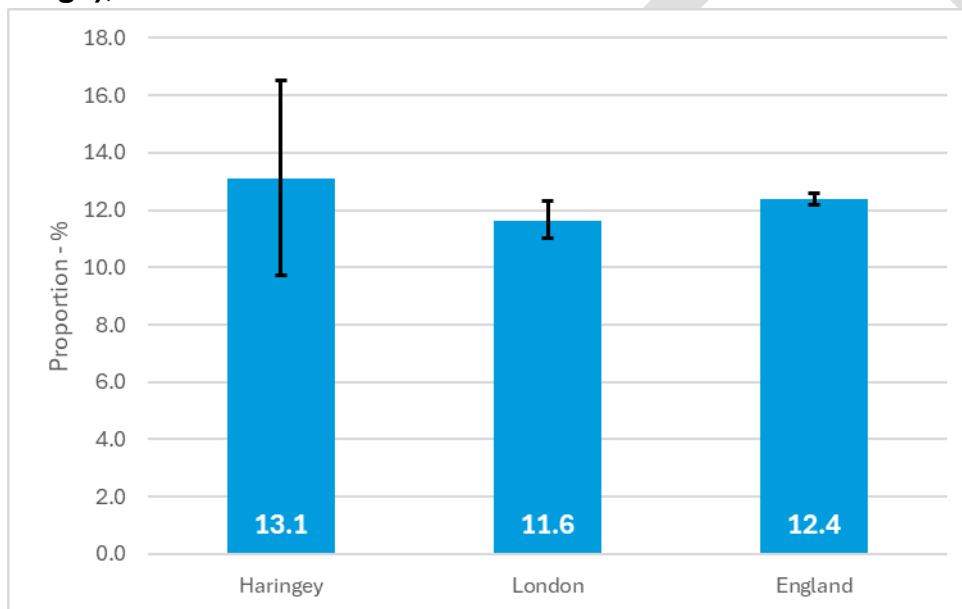
The King's Fund⁽⁴¹⁾ examined how four modifiable risk factors – smoking, excessive alcohol use, poor diet, and low levels of physical activity – occur together in the population and how this distribution has changed over time. The report found that people with no qualifications are currently more than five times as likely as those with higher education to engage in all four behaviours.

4.6.1 Smoking

Smoking is identified as the greatest contributor to premature death and disease. It is estimated that up to half the difference in life expectancy between the most and least affluent groups is associated with smoking.

Figure 25 shows the proportion of the adult population who were self-reported smokers in the Annual Population Survey (APS) 2021-2023. This is based upon the average over the three-year period. The prevalence of smoking in those aged 18 years and over in Haringey was recorded as 13.1%. This is similar to London (11.6%) and the England average of 12.4%.

Figure 25: Smoking prevalence in adults (18+) – current smokers (APS 3-year range), 2021-2023



Source: OHID Fingertips, [accessed April 2025]⁽²⁰⁾

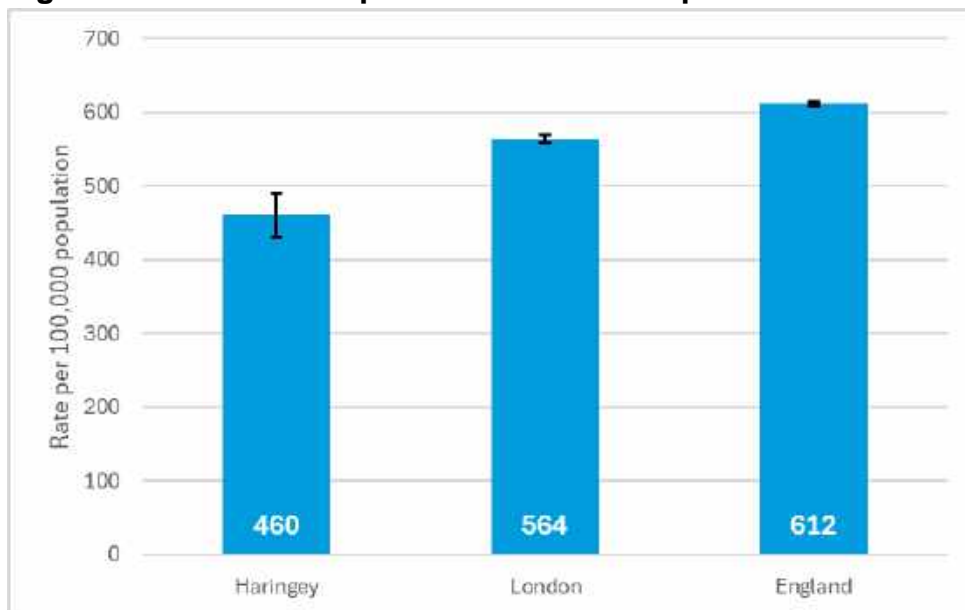
How pharmacies support:

- Nicotine replacement therapy
- Active intervention smoking cessation
- Smoking cessation advanced service
- Supporting annual public health campaigns
- Promotion of Healthy Lifestyle and signposting to local authority provided stop smoking services

4.6.2 Alcohol

Figure 26 shows the admission episodes for alcohol-specific conditions in Haringey, London and England recorded in 2023/24. The rates for Haringey were 460 per 100,000 population which is significantly lower than London (564 per 100,000) and the England average of 612 per 100,000 population.

Figure 26: Admission episodes for alcohol-specific conditions 2023/24



Source: OHID Fingertips, [accessed April 2025]⁽²⁰⁾

How pharmacies support:

- Healthy Lifestyle advice
- Signposting to services

4.6.3 Healthy weight

Being overweight and living with obesity are significant and complex public health challenges. They can have a significant impact on individual and family health and wellbeing, employment and education, and contribute to significant costs across health, social care, and a wide range of services.

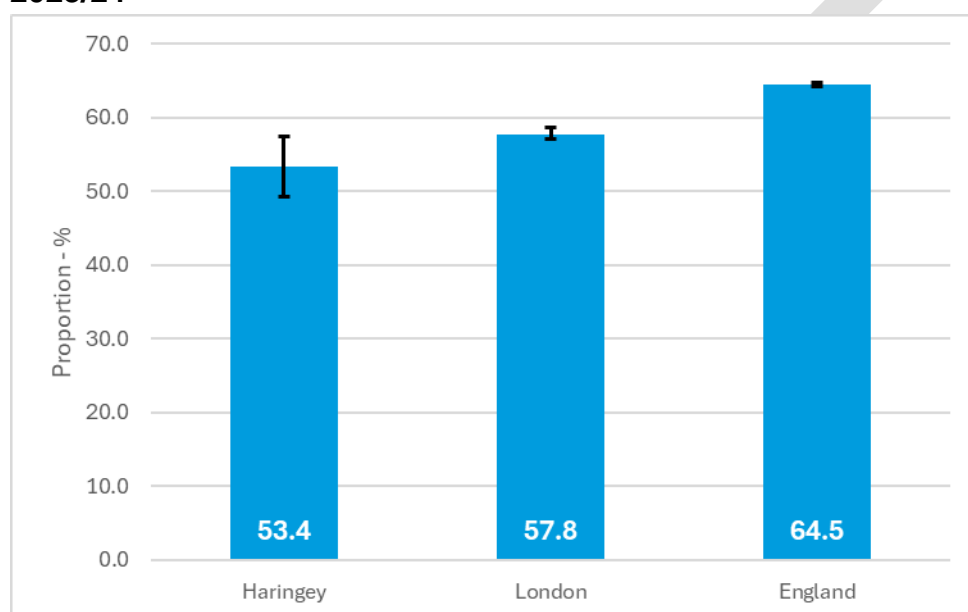
Overweight and living with obesity are terms that refer to having excess body fat, which is related to a wide range of diseases, most commonly:

- Type 2 diabetes
- Hypertension (high blood pressure)
- Some cancers
- Heart disease

- Stroke
- Liver disease.

Figure 27 shows the percentage of adults classified as overweight or living with obesity in Haringey, London, and England in 2023/24. The data used adjusted self-reported rates of obesity (derived from the Sport England, Active Lives Survey), taken from OHID Fingertips. The rates for Haringey were 53.4%, similar to London (57.8%) but lower than the rate for England (64.5%).

Figure 27: Percentage of adults (aged 18+) classified as overweight or obese, 2023/24



Source: OHID Fingertips, [accessed April 2025]⁽²⁰⁾

The National Child Measurement Programme 3-year average (2021/22 to 2023/24) reported 21.7% of children in Reception (aged 4-5 years old) in Haringey were living with excess weight (overweight, including obesity), similar to London (20.9%) and the England average (21.9%)⁽²⁰⁾.

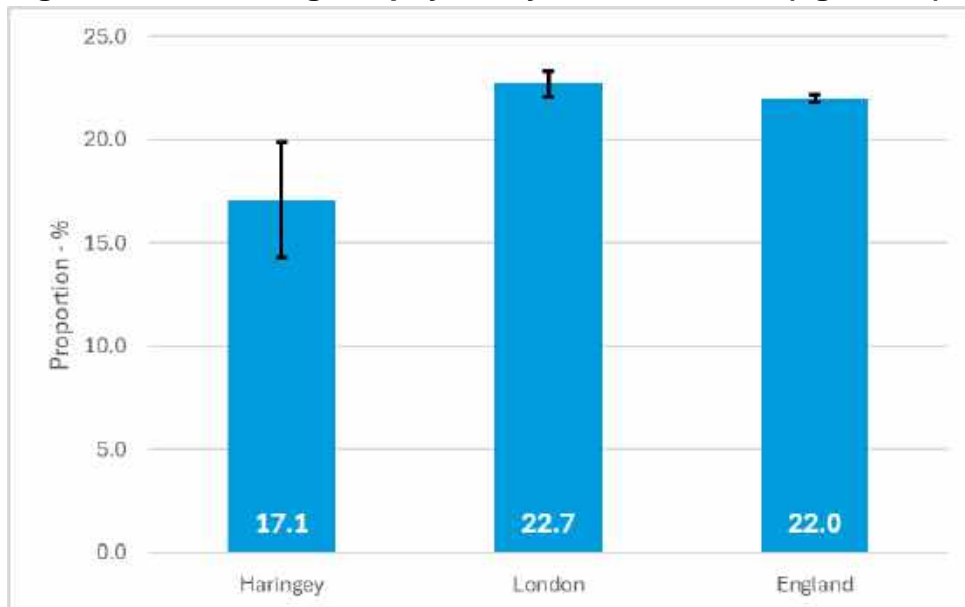
Within the same reporting period, 37.8% of Year 6 children in Haringey (aged 10-11 years old) were living with excess weight (overweight, including obesity), this is similar to the London (39.0%) and the England average of 36.7%⁽²⁰⁾.

4.6.4 Physical activity

The Chief Medical Officer (CMO) for England currently recommends that adults undertake a minimum of 150 minutes (2.5 hours) of moderate physical activity per week, or 75 minutes of vigorous physical activity per week or an equivalent combination of the two (MVPA), in bouts of 10 minutes or more. The overall amount of activity is more important than the type, intensity or frequency⁽⁴²⁾.

Figure 28 shows the percentage of physically inactive adults or the proportion of individuals not currently meeting the CMO in Haringey, London and England in 2023/24. The rates for Haringey were 17.1% which is significantly lower than London (22.7%) and the England average (22%).

Figure 28: Percentage of physically inactive adults (aged 19+), 2023/24



Source: OHID Fingertips, [accessed April 2025]⁽²⁰⁾

How pharmacies support:

- Healthy Lifestyle Advice - offering information, advice and support
- NHS Weight Management Programme referral
- Signposting to Local Authority Tier 2 weight management programmes
- Hypertension case finding service
- Supporting annual public health campaigns

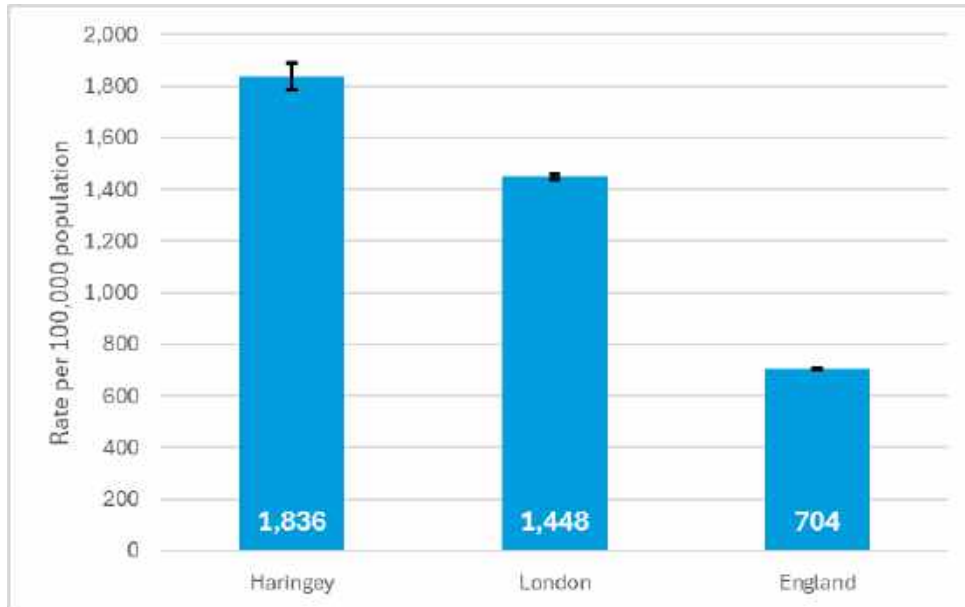
4.6.5 Sexual health

Good sexual health is also an important public health issue and is fundamental to wellbeing and health. Poor sexual health can cause social, economic, emotional and health costs as well as stark health inequalities. Several key population groups can be identified for whom there are greater risks of experiencing sexual ill health including gay, bisexual or other men who have sex with men, black and minority ethnic groups and women of reproductive age.

Sexually transmitted infections can affect anyone but are more common among those aged under 25 years. Many sexual infections have long lasting effects on health, including cervical cancer and infertility.

Figure 29 shows the STI diagnosis rate per 100,000 population in Haringey, London, and England in 2023. The rates for Haringey were 1,836 per 100,000 people, higher than the rate for London (1,448 per 100,000 population) and the rate for England (704 per 100,000 population).

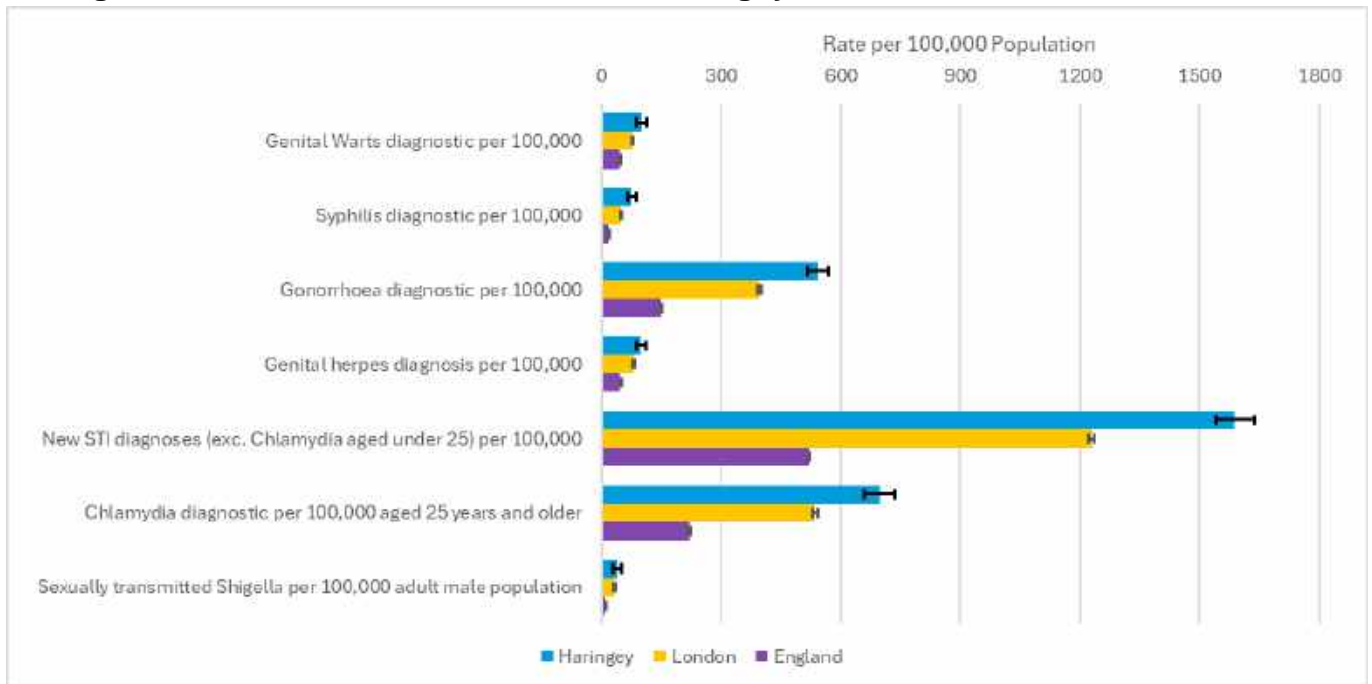
Figure 29: STI diagnosis rate per 100,000 population, 2023



Source: OHID Fingertips, [accessed April 2025]⁽²⁰⁾

Figure 30 shows numerous STI metrics per 100,000 population in Haringey, London and England in 2023. The rates per 100,000 population for Haringey were all worse than both the London and England averages. Rates for syphilis per 100,000 population and sexually transmitted shigella per 100,00 males are both increasing and getting worse.

Figure 30: Sexual health indicators for Haringey, 2023



Source: OHID Fingertips, [accessed April 2025]⁽²⁰⁾

Reducing the burden of poor sexual health requires sustained approaches to support early detection, successful treatment, and partner notification; in conjunction with access to a full range of contraception choices alongside safe sex health promotion, and the promotion of safer sexual behaviour.

How pharmacies support:

- Contraception and emergency contraception
- Testing for some STIs and dispensing of treatment
- Vaccine bookings (hepatitis B, HPV)
- Thrush treatment
- Bacterial vaginosis

4.6.6 Teenage pregnancy

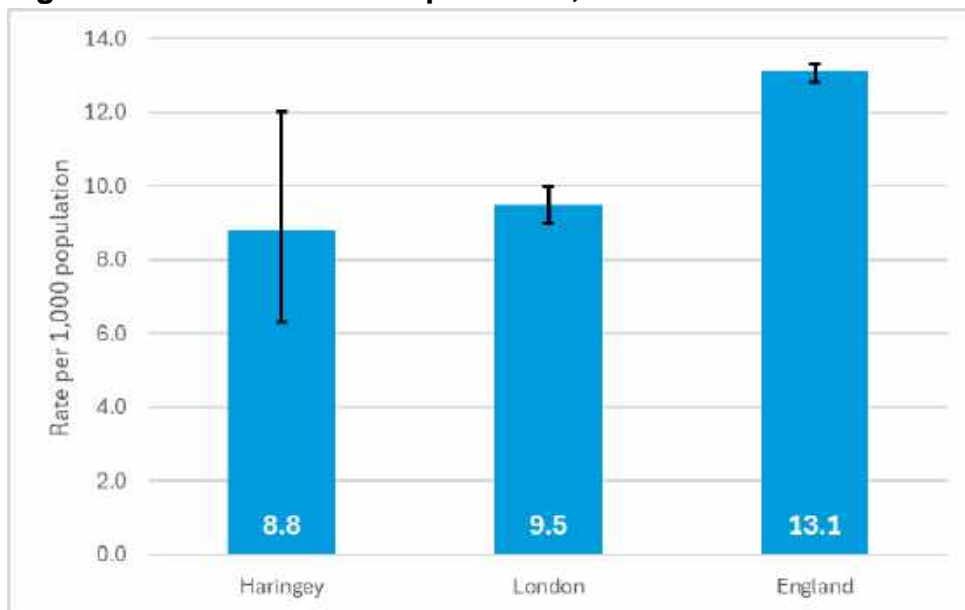
Areas of deprivation often have the highest teenage conception rates and the lowest percentage of conceptions leading to abortions. Consequently, deprived areas can have comparatively high incidence of teenage maternities and can be therefore disproportionately affected by the poorer outcomes associated with teenage conceptions.

Children born to mothers under 20 have higher rates of infant mortality and are at increased risk of low birthweight, which impacts on the child's long-term health.

Teenage mothers are also three times more likely to suffer from post-natal depression and experience poor mental health for up to three years after the birth.

Figure 31 shows the under-18 conception rate in 2021 for Haringey, London and England. The rates per 1,000 population for Haringey were 8.8 per 1,000 similar to London (9.5 per 1,000) but lower than the England average (13.1 per 1,000).

Figure 31: Under 18s conception rate, 2021



Source: OHID Fingertips, [accessed April 2025]⁽²⁰⁾

How pharmacies support:

- Provision of free condoms (C-card scheme)
- Free emergency hormonal contraception
- Pregnancy testing
- Referral on for further contraception services
- Dual screening service

4.6.7 Oral health

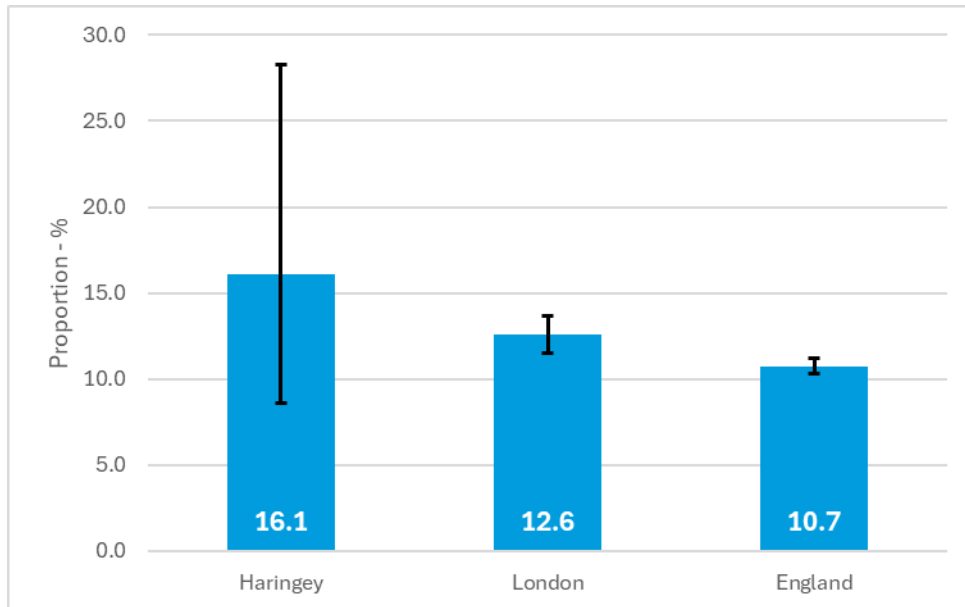
Figures 32 and 33 show visually obvious dental decay in three-year-olds and five-year-olds in Haringey, London and England.

The percentage of three-year-olds with experience of visually obvious tooth decay in Haringey, reported in 2019/20 was 16.1%. This is similar to London (12.6%) and the England average of 10.7%.

The proportion of 5-year-olds with visibly obvious dental decay 2023/24 in Haringey was 36.9%. This is a considerable increase compared with the previous reporting

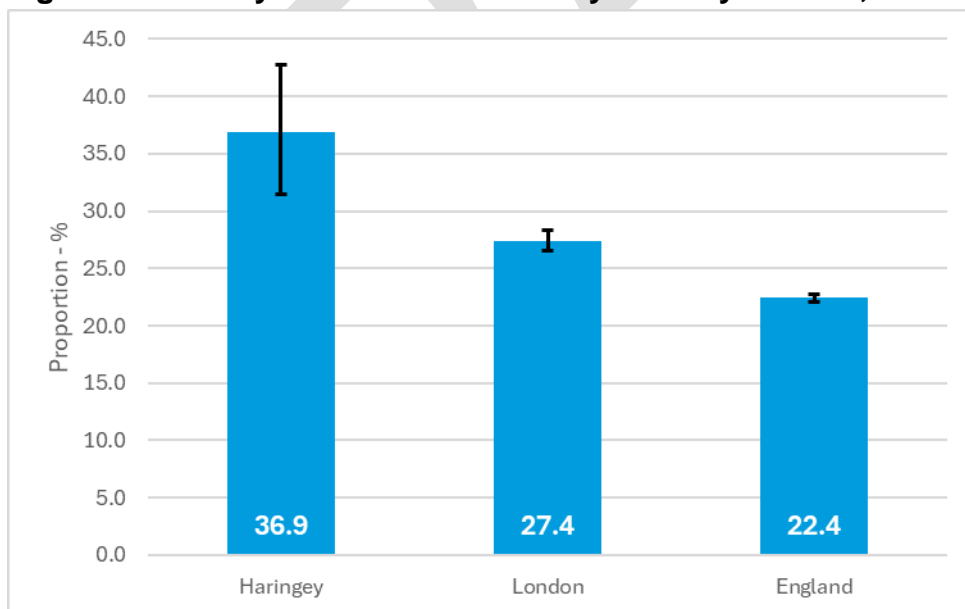
period (27.5%) and is higher compared to London (27.4%) and the England average of 22.4%.

Figure 32: Visually obvious tooth decay in three-year olds, 2019/20



Source: OHID Fingertips, [accessed April 2025]⁽²⁰⁾

Figure 33: Visibly obvious dental decay in five-year olds, 2023/24



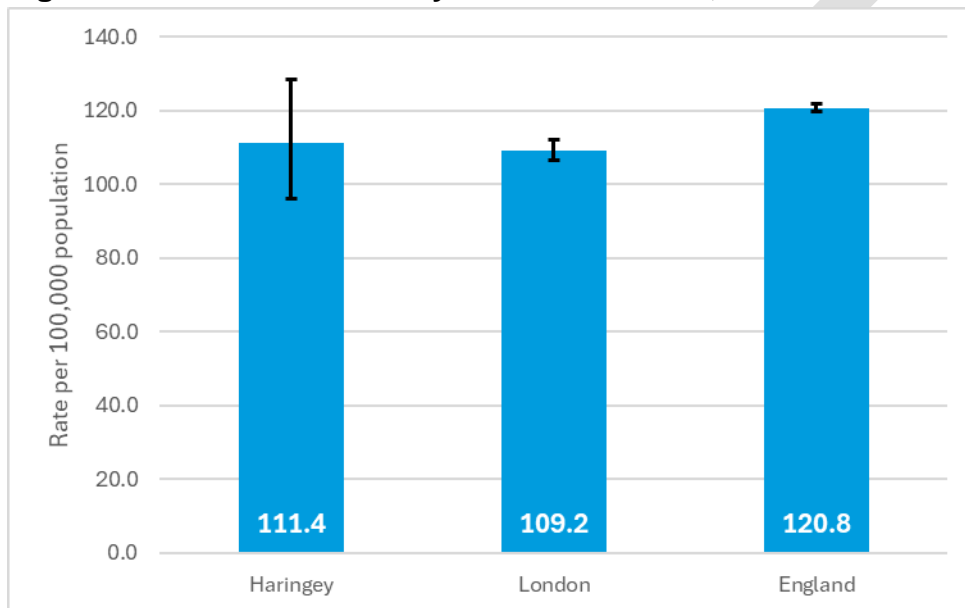
Source: OHID Fingertips, [accessed April 2025]⁽²⁰⁾

4.7 Cancers

Death rates from all cancers have decreased significantly over the last two decades due to a combination of early detection and improved treatment.

Figure 34 shows the under-75 mortality rate from cancer in 2023 for Haringey compared to London and the England average. The standardised mortality rate per 100,000 population under-75 who died from cancer (111.4) was similar to London (109.2) and to the rate for England (120.8 per 100,000 population).

Figure 34: Under 75 mortality rate from cancer, 2023



Source: OHID Fingertips, [accessed April 2025]⁽²⁰⁾

How pharmacies support:

- Advice and support
- Signposting
- Medicines optimisation
- New medicine service
- Discharge medicine service

4.8 Long-term conditions

A long-term condition is a condition that cannot, at present, be cured but is controlled by medication and/or other treatment/therapies. The NHS Long Term Plan⁽¹²⁾ has a strong focus on the treatment and prevention of illness by supporting patients to adopt improved healthy behaviours. This will both help people to live longer, healthier lives and reduce the demand for treatment and care. Focusing in on particular services to support patients to overcome tobacco addiction, treat alcohol

dependence and to prevent and treat obesity – particularly in areas with the highest rates of ill health. The prevalence of long-term conditions increases with age and the proportion of the population with multiple long-term conditions also increases with age. People from lower socio-economic groups have increased risk of developing long-term conditions; better management can help to reduce health inequalities.

For all the conditions discussed below, the identification of people who already have or who are at risk of developing disease followed by successful management of their conditions is important to the efforts to reduce premature mortality, morbidity and inequalities in health. Data from this section is predominantly obtained from the Quality and Outcomes Framework (QOF). It should be noted that this only includes patients who are recorded on GP practice disease registers.

4.8.1 Cardiovascular disease

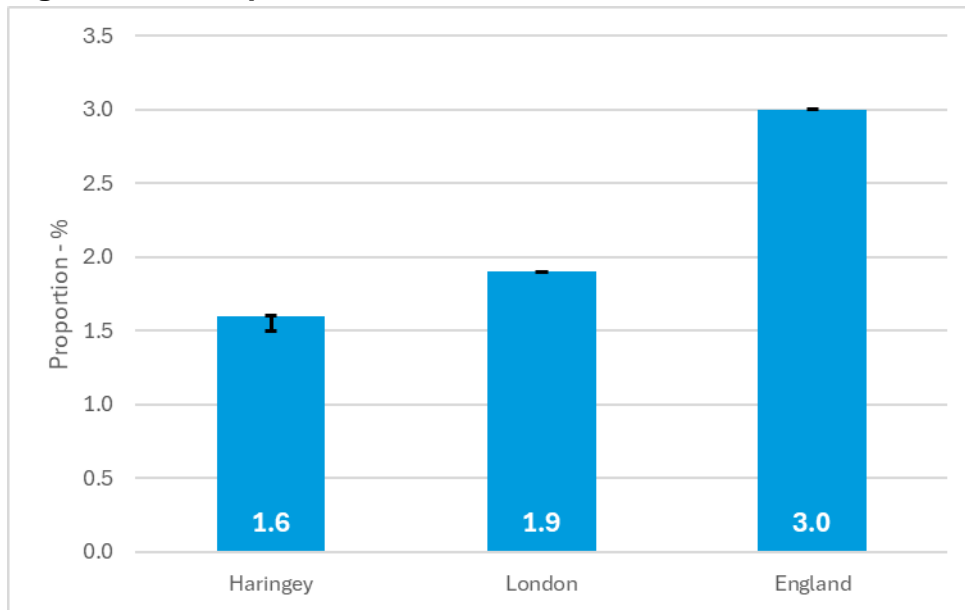
Cardiovascular disease (CVD) includes several different problems of the heart and circulatory system, such as coronary heart disease (CHD), stroke and peripheral vascular disease (PVD). It is strongly linked with other conditions such as diabetes and chronic kidney disease (CKD) and is more prevalent in lower socio-economic and minority ethnic groups.

Death rates from cardiovascular disease have decreased significantly over the last two decades due to a systematic approach to secondary prevention and improved treatment.

Figure 35 and figure 36 shows the QOF prevalence for coronary heart disease (CHD) and Stroke in 2023/24 in Haringey, London and England. The recorded (diagnosed) prevalence for key cardiovascular long-term conditions is as follows:

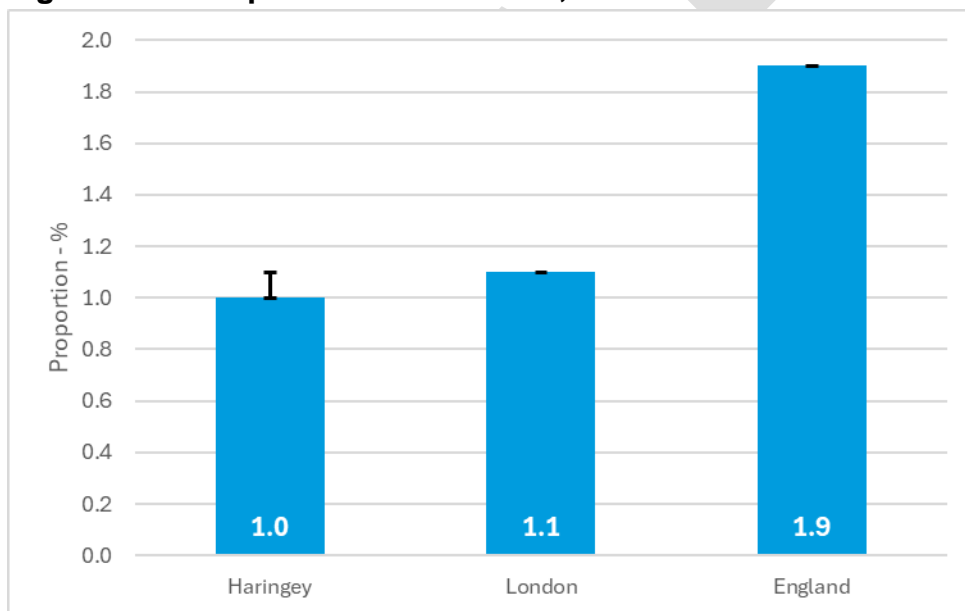
- CHD prevalence (all ages) in Haringey is 1.6%, which is lower than London (1.9%) and the England average, also 3.0%
- Stroke (all ages) prevalence in Haringey (1.0%) is similar to London (1.1%) but lower than the England average (1.9%).

Figure 35: QOF prevalence of CHD, 2023/24



Source: OHID Fingertips, [accessed April 2025]⁽²⁰⁾

Figure 36: QOF prevalence of stroke, 2023/24



Source: OHID Fingertips, [accessed April 2025]⁽²⁰⁾

How pharmacies support:

- Education and support
- Signposting to preventative services e.g. smoking cessation, weight management
- New medicine service – using this to support patients with hypertension management/adherence to new medication
- Discharge medicine service
- Hypertension case finding service

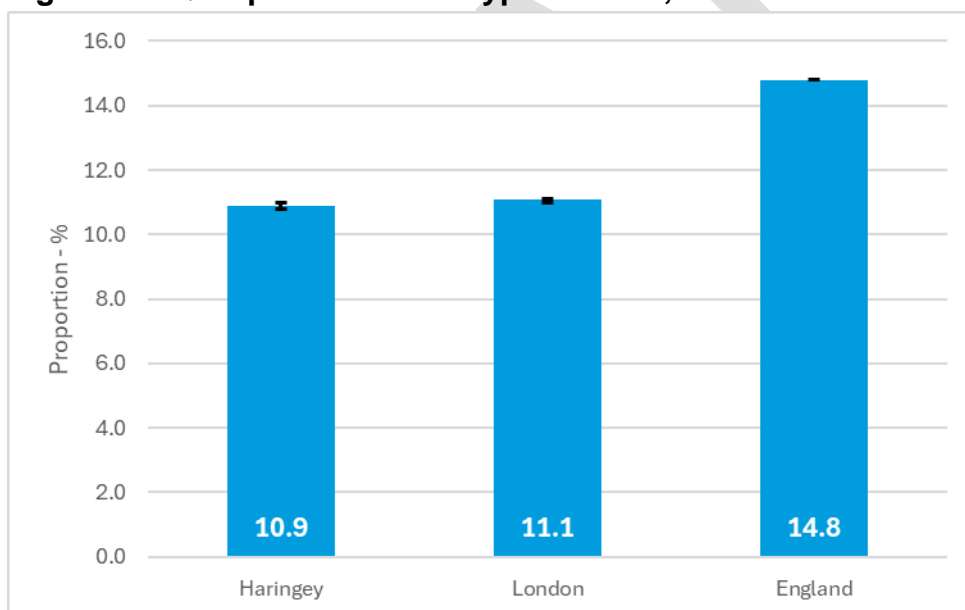
4.8.2 Hypertension

A measurement of blood pressure indicates the pressure that circulating blood puts on the walls of blood vessels. A blood pressure of 140/90 mmHg or greater is usually used to indicate hypertension (high blood pressure) because persistent levels above this start to be associated with increased risk of cardiovascular events. Uncontrolled hypertension is a major risk factor for stroke, heart attack, heart failure, aneurysms and chronic kidney disease. Improvements in hypertension detection (case finding) can improve outcomes and help to reduce inequalities.

Figure 37 shows the QOF prevalence for hypertension (all ages) in 2023/24 in Haringey (10.9%) was similar to London (11.1%), but significantly lower than the England average (14.8%).

The estimated prevalence of hypertension in Haringey is 20.1%⁽⁴³⁾, potentially highlighting lower levels of identification and case finding within the Borough which may explain some of the variation compared with the England average.

Figure 37: QOF prevalence of hypertension, 2023/24



Source: OHID Fingertips, [accessed April 2025]⁽²⁰⁾

How pharmacies support:

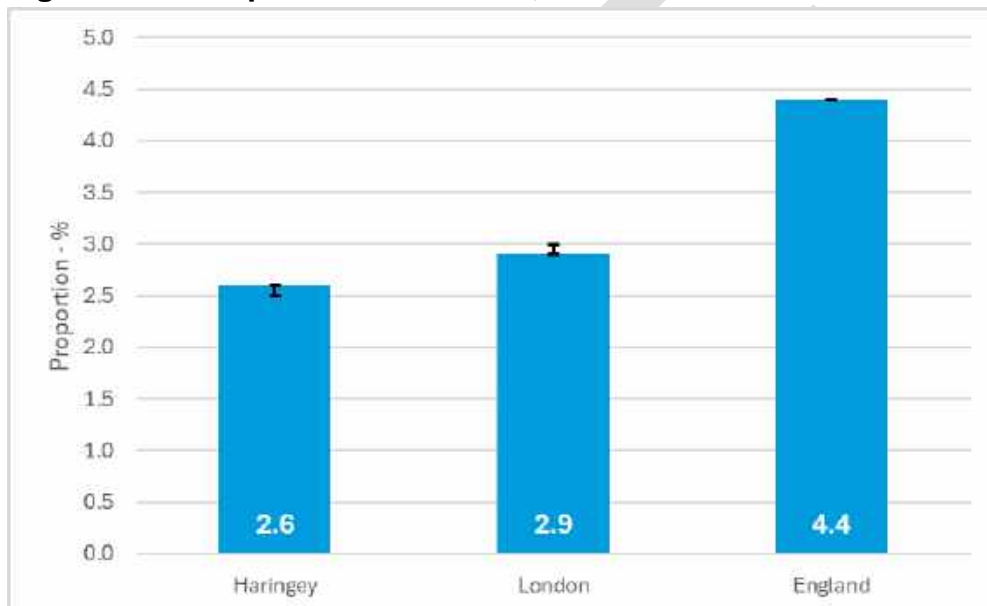
- Signposting to preventative services e.g. smoking cessation, weight management
- Hypertension case finding service
- Medicines Optimisation
- New medicine service
- Discharge medicine service

4.8.3 Chronic kidney disease

Chronic kidney disease (CKD) is the progressive loss of kidney function over time, due to damage or disease. It becomes more common with increasing age and is more common in people from Black or South Asian ethnic groups. Chronic kidney disease is usually caused by other conditions that put a strain on the kidneys such as high blood pressure, diabetes, high cholesterol, infection, inflammation, blockage due to kidney stones or an enlarged prostate, long-term use of some medicines or certain inherited conditions. People with chronic kidney disease are at increased risk of cardiovascular diseases.

Figure 38 shows the QOF prevalence for chronic kidney disease (CKD) for people aged 18 years and over in 2023/24 in Haringey is 2.6% which is significantly lower than London (2.9%) and the England average (4.4%).

Figure 38: QOF prevalence of CKD, 2023/24



Source: OHID Fingertips, [accessed April 2025]⁽²⁰⁾

How pharmacies support:

- Hypertension case finding
- New medicine service
- Over the counter medicines advice

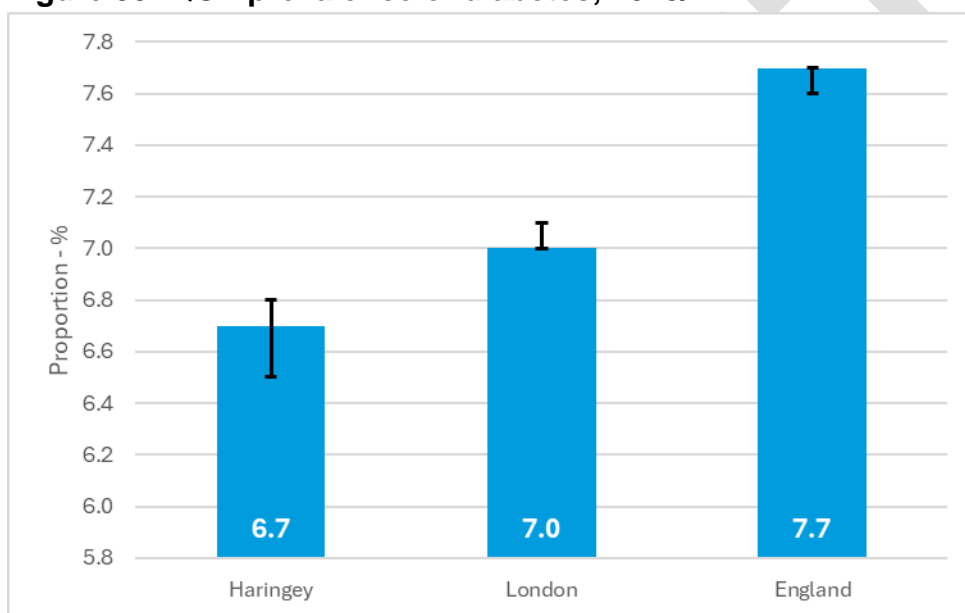
4.8.4 Diabetes

Diabetes is a chronic and progressive disease that can have a significant impact on health and wellbeing. It can affect infants, children, young people and adults of all ages, and is becoming more common. Diabetes can result in premature death, ill-

health and disability, yet these can often be prevented or delayed by high quality care. Preventing Type 2 diabetes (the most common form) requires action to identify those at risk who have non-diabetic hyperglycaemia and prevention activities to tackle obesity, diet and physical activity.

Figure 39 shows the QOF prevalence for diabetes for people aged 17 years and over in 2023/24. The prevalence in Haringey is 6.7%, significantly lower than London (7.0%), and the England average (7.7%). It is estimated that 64% of individuals within Haringey have a formal diagnosis, which is significantly lower than London (71.4%) and England (78.0%)⁽²⁰⁾. This highlights a potential gap in disease detection and case finding within the area.

Figure 39: QOF prevalence of diabetes, 2023/24



Source: OHID Fingertips, [accessed April 2025]⁽²⁰⁾

How pharmacies support:

- Lifestyle advice and support including low carbohydrate diet and exercise
- Signposting to preventative services e.g. smoking cessation, weight management
- Healthy living advice

4.8.5 Respiratory

Respiratory diseases (those affecting the airways and lungs) are diagnosed in 1 in 5 people and are the third leading cause of death in the UK, after cardiovascular disease and cancer. They are also a major driver of health inequalities, and much of this disease is largely preventable. Respiratory disease covers a wide variety of conditions, including asthma and chronic obstructive pulmonary disease (COPD),

lung cancer, infections such as pneumonia and influenza, and less common diseases such as interstitial lung disease and mesothelioma.

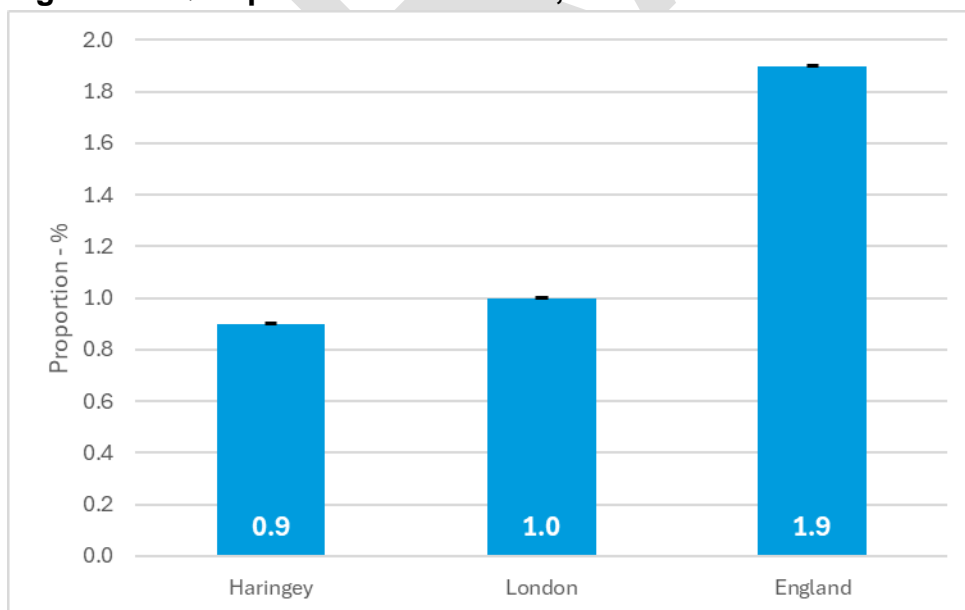
Chronic obstructive pulmonary disease (COPD) is a progressive disease which covers a range of conditions, including bronchitis and emphysema. Its symptoms include cough and breathlessness; over time it can become increasingly severe, having a major impact on mobility and quality of life as it impacts on people's ability to undertake routine activities. In the final stages it can result in heart failure and respiratory failure. Because of its disabling effects, it impacts not only on the person with the disease but also on those who provide informal care to that person. The biggest risk factor for the development and progression of COPD is smoking, so prevention is linked to smoking cessation activities and broader tobacco control.

Asthma is a long-term condition which affects the airways. In England, 1 in 11 people are currently receiving treatment for asthma.

Figure 40 and figure 41 show the QOF prevalence of COPD and asthma in 2023/24 in Haringey. The prevalence of COPD in Haringey (0.9%) is lower than London (1%) and the England average of 1.9%. Given the current smoker prevalence is higher in Haringey, this would suggest possible undetected COPD in the population.

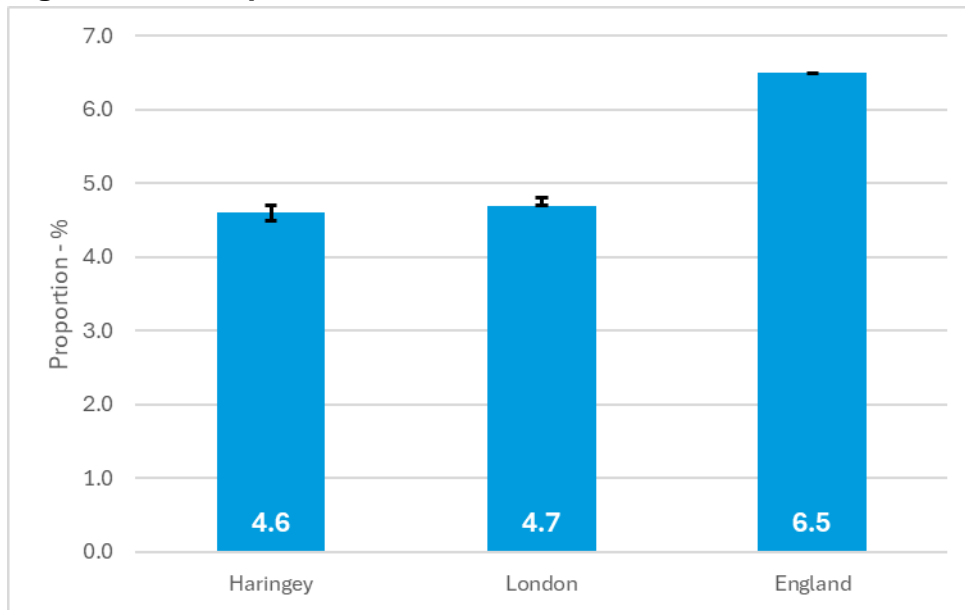
The recorded (diagnosed) prevalence for asthma in people aged 6 years and over in Haringey was 4.6%, similar to London (4.7%) but lower than the England average (6.5%).

Figure 40: QOF prevalence of COPD, 2023/24



Source: OHID Fingertips, [accessed April 2025]⁽²⁰⁾

Figure 41: QOF prevalence of asthma, 2023/24



Source: OHID Fingertips, [accessed April 2025]⁽²⁰⁾

How pharmacies support:

- Advice and support
- Signposting to smoking cessation services
- Correct inhaler technique
- New medicine service
- Discharge medicine service

4.8.6 Older people

As more people live longer, who we perceive to be an older person and what ageing well means has changed. Greater numbers of older people continue in employment and plan for an active retirement. The contribution of older people to the community and economy is well evidenced and the contribution the environment plays in healthy ageing such as healthy towns, cities and settings is well recognised.

However, although we are adding years to life, healthy life expectancy describes a different picture with significant variation seen across England. Declines in mortality rates have not been matched by declines in morbidity and marked inequalities between the least deprived and the most deprived communities remain. Over 4 million (or 40%) of people in the UK over the age of 65 have limiting long-term conditions. These include conditions such as diabetes, heart disease, respiratory disease, cancer and dementia.

Haringey's population is projected to continue growing and will reach 279,132⁽⁹⁾ by 2041. This is a 3.0 percentage increase from 2025 (271,119 residents) and a 9.0 percentage increase from 2011 (255,541)⁽⁹⁾. The population is ageing, with population

estimates seeing a 45.8 percentage increase of those aged 65+ from 2025 (30,942) to 45,518 in 2041⁽⁹⁾. By 2041, this age group will have doubled in numbers from 2011 (22,495)⁽⁹⁾. This poses significant challenges not only to the health and social care sector but also economic challenges in terms of employability and business growth. Prevention and early intervention offer opportunities to reduce long-term conditions and increase healthy life expectancy.

How pharmacies support:

- New medicine service
- Discharge medicine service
- Repeat prescription service
- Reasonable adjustments to aid medicine compliance (large print, non-child-proof lids, reminder charts)
- Provision of medicine in compliance aids (Not a commissioned service but may be reasonable adjustment to meet person's needs)
- Advice to carers and supported living services regarding medicines
- Care home advice and support

4.8.7 Dementia

Dementia is a group of related symptoms associated with an on-going decline of brain functioning. This may include problems with memory loss, confusion, mood changes and difficulty with day-to-day tasks.

The biggest risk factor for dementia is age; the older you are the more likely you are to develop the condition. But dementia is not an inevitable part of ageing. Although it is not possible to completely prevent dementia, leading a healthy lifestyle and taking regular exercise can lower the risk of dementia.

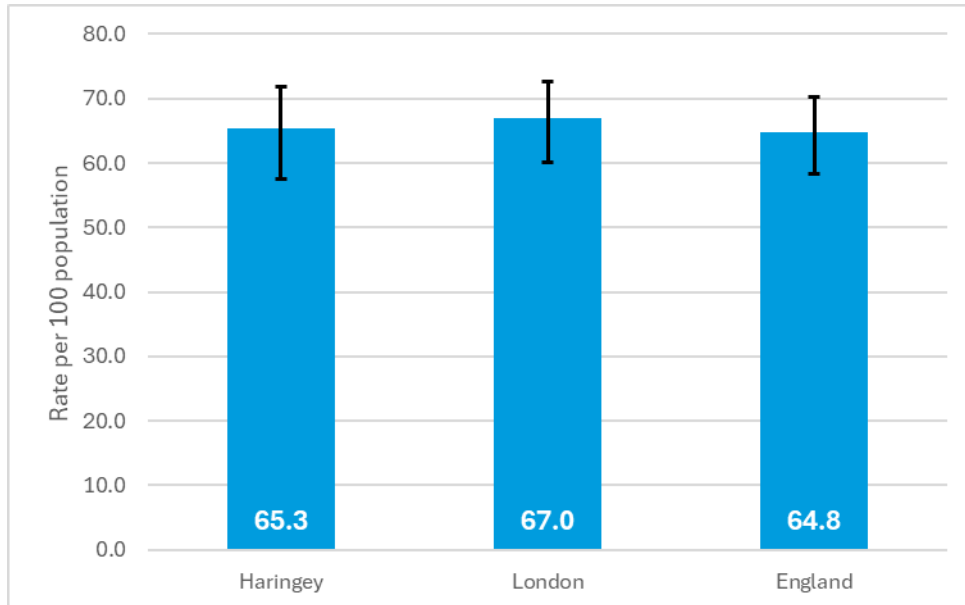
There are different types of dementia; all of them are progressive and impact on daily life. Alzheimer's disease and vascular dementia together make up the vast majority of cases. Although there is no cure for dementia, early diagnosis and the right treatment can slow its progress, help to maintain mental function, and give time to prepare and plan for the future.

Locally the number of cases of dementia is predicted to increase as the proportion of older people in the population grows. Even after diagnosis, people continue to live at home for many years, often with support from family carers. Accurate diagnosis of dementia is the first step to getting help and support.

Figure 42 shows the dementia diagnosis rate (aged 65+) per 100 estimated dementia population for Haringey, London and England, 2024. The data shows the estimated rate of people with a diagnosis of dementia as a rate of those expected to

have dementia, given the population demographics. Haringey was reported 65.3 per 100 population, similar to the London (67.0 per 100 population) and England average (64.8 per 100 population).

Figure 42: Estimated dementia diagnosis rate (aged 65+), 2024



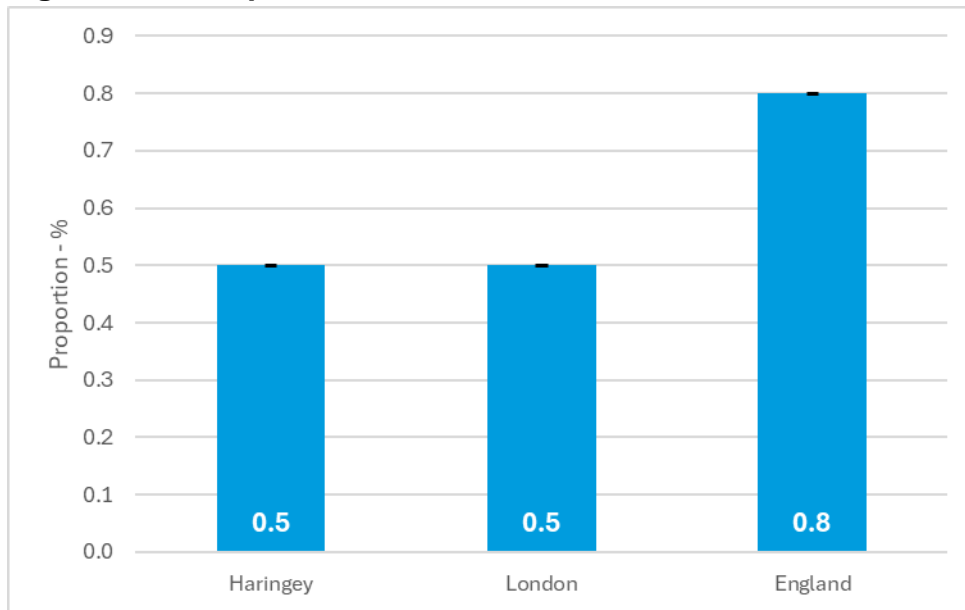
Source: OHID Fingertips, [accessed April 2025]⁽²⁰⁾

4.8.8 Rheumatoid arthritis and osteoporosis

Figure 43 and figure 44 show the Quality Outcome Framework (QOF) prevalence of rheumatoid arthritis (aged 16+) and osteoporosis (aged 50+) in 2023/24 in Haringey, London and England.

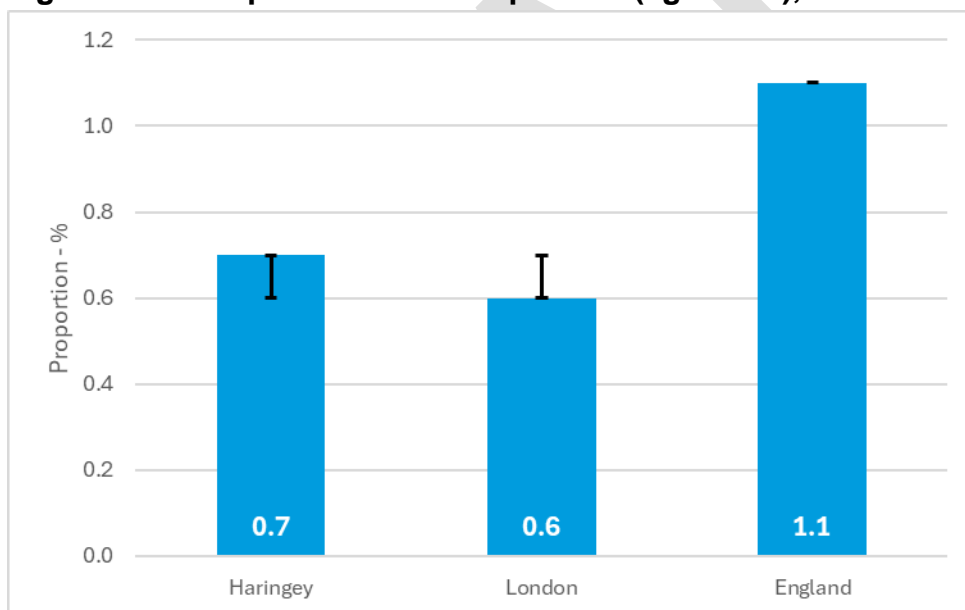
The recorded (diagnosed) prevalence for rheumatoid arthritis in Haringey was 0.5%, similar to London (0.5%) but lower than the England average (0.8%). The recorded prevalence for Osteoporosis in those aged 50 years and over in Haringey was 0.7%, similar to London (0.6%) but lower than the England average (1.1%).

Figure 43: QOF prevalence of rheumatoid arthritis, 2023/24



Source: OHID Fingertips, [accessed April 2025]⁽²⁰⁾

Figure 44: QOF prevalence osteoporosis (aged 50+), 2023/24

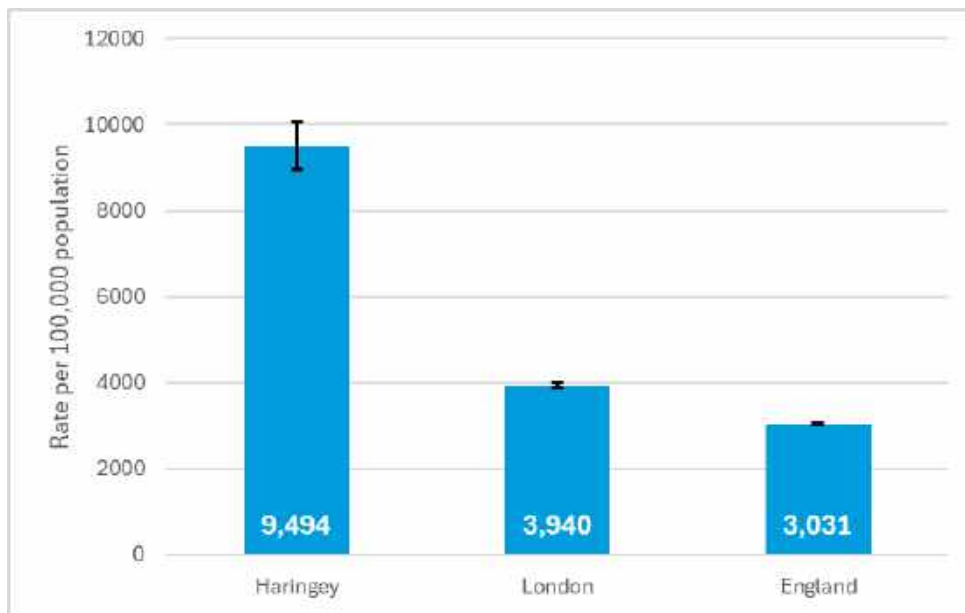


Source: OHID Fingertips, [accessed April 2025]⁽²⁰⁾

4.8.9 Visually impaired

Figure 45 shows the rate of people aged 75+ reporting blindness or partial sight in 2022/23 in Haringey, London and England. The recorded rate in Haringey was 9,494 per 100,000 population, which is higher when compared to 3,940 per 100,000 in London and 3,031 per 100,000 for the England average.

Figure 45: Rate of people (aged 75+) reporting blindness or partially sighted, 2022/23



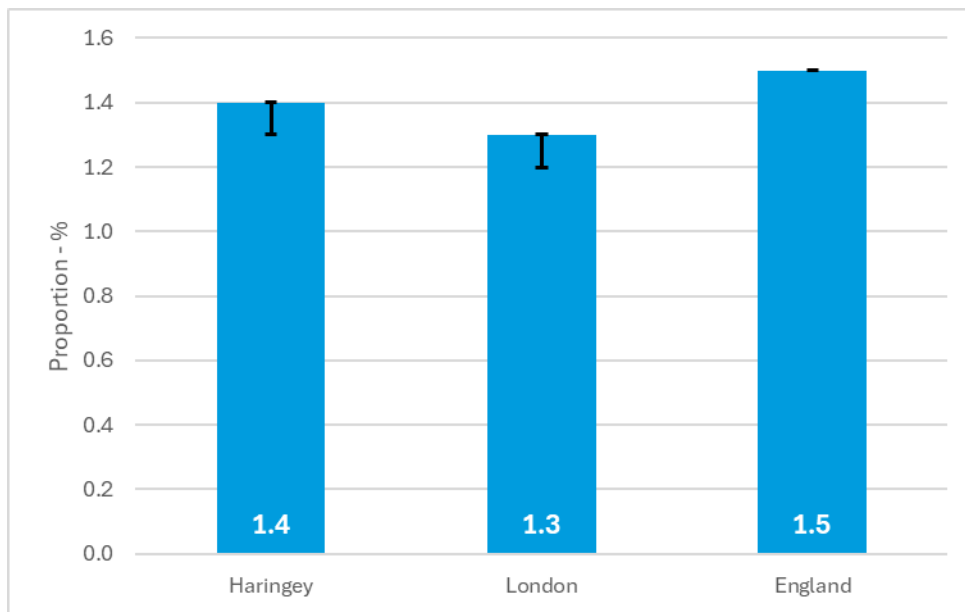
Source: OHID Fingertips, [accessed April 2025]⁽²⁰⁾

4.9 Mental health and mental wellbeing

In recent years, there has been an increasing recognition of the impact of mental illness on the population. Interaction between physical and psychological symptoms is becoming better understood and the inequalities in health outcomes for people with mental health problems are being quantified. We know that people with long-term physical illnesses suffer more complications if they also develop mental health problems.

Figure 46 shows the QOF incidence of depression – new diagnosis in people aged 18 and over in 2023/24 in Haringey, London and England. The incidence of new depression diagnoses in Haringey was 1.4%, similar to London (1.3%) but significantly lower than the England average of 1.5%.

Figure 46: Depression: QOF incidence - new diagnosis (18+ yrs) 2023/24



Source: OHID Fingertips, [accessed April 2025]⁽²⁰⁾

4.10 Learning disabilities

A learning disability affects the way a person understands information and how they communicate, which means they can have difficulty understanding new or complex information, learning new skills and coping independently.

Learning disabilities can be mild, moderate or severe. Some people with a learning disability live independently without much support; others need help to carry out most daily activities. Many people with learning disabilities also have physical and/or sensory impairments, and some might behave in a way that others find difficult or upsetting (called behaviour that 'challenges').

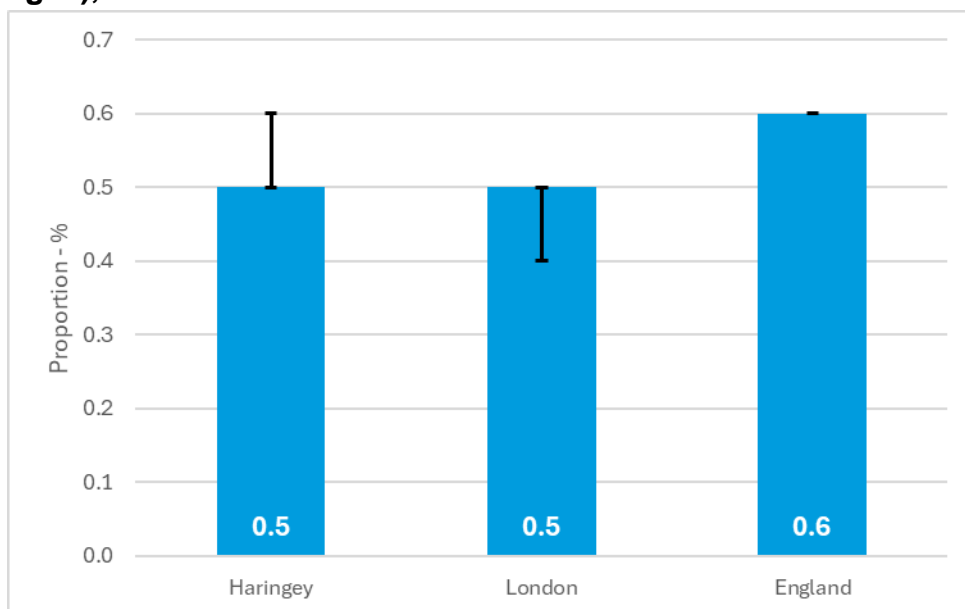
People with learning disabilities can become socially excluded and vulnerable. They have greater health needs than the rest of the population as they are more likely to have:

- Mental illness
- Chronic health problems
- Epilepsy
- Physical disabilities and sensory impairments.

Based on their greater health needs, it is critical that people with a learning disability have full access to health and care services and full access to preventative services.

Figure 47 shows the QOF prevalence of people living with a learning disability in 2023/24 in Haringey, London and England. The recorded (diagnosed) prevalence for people (all ages) living with a learning disability in Haringey was 0.5%, similar to the London prevalence (0.5%) and the England average (0.6%).

Figure 47: QOF prevalence of persons living with a learning disability (all ages), 2023/24



Source: OHID Fingertips, [accessed April 2025]⁽²⁰⁾

How pharmacies support:

- Information, advice and support on self-management and signposting to services
- Compliance aid assessment and other adjustments to support independence with medicines
- Repeat prescription service
- New medicine service
- Discharge medicine service

4.11 Health protection

4.11.1 Seasonal influenza and COVID-19

Immunisation programmes help to protect individuals and communities from diseases. Changes are made to immunisation programmes in response to emerging and changing risks from vaccine preventable illnesses.

Community pharmacies make a significant contribution to the seasonal influenza and COVID-19 immunisation campaigns and continued support for this remains critical in protecting the population.

4.11.2 Population vaccination coverage

Rotaviruses are the most common cause of diarrhoeal disease among infants and young children. Nearly every child in the world is infected with a rotavirus at least once by the age of five. Immunity develops with each infection, so subsequent infections are less severe. Adults are rarely affected.

The MMR vaccine is a vaccine against measles, mumps, and rubella (German measles), abbreviated as MMR. The first dose is generally given to children around 9 months to 15 months of age, with a second dose at 15 months to 6 years of age, with at least four weeks between the doses.

Diphtheria, tetanus, and acellular pertussis vaccine (also known as DTaP) combined with inactivated poliovirus vaccine (also known as IPV) is a combination vaccine that is given to protect against infections caused by diphtheria, tetanus (lockjaw), pertussis (whooping cough), and poliovirus.

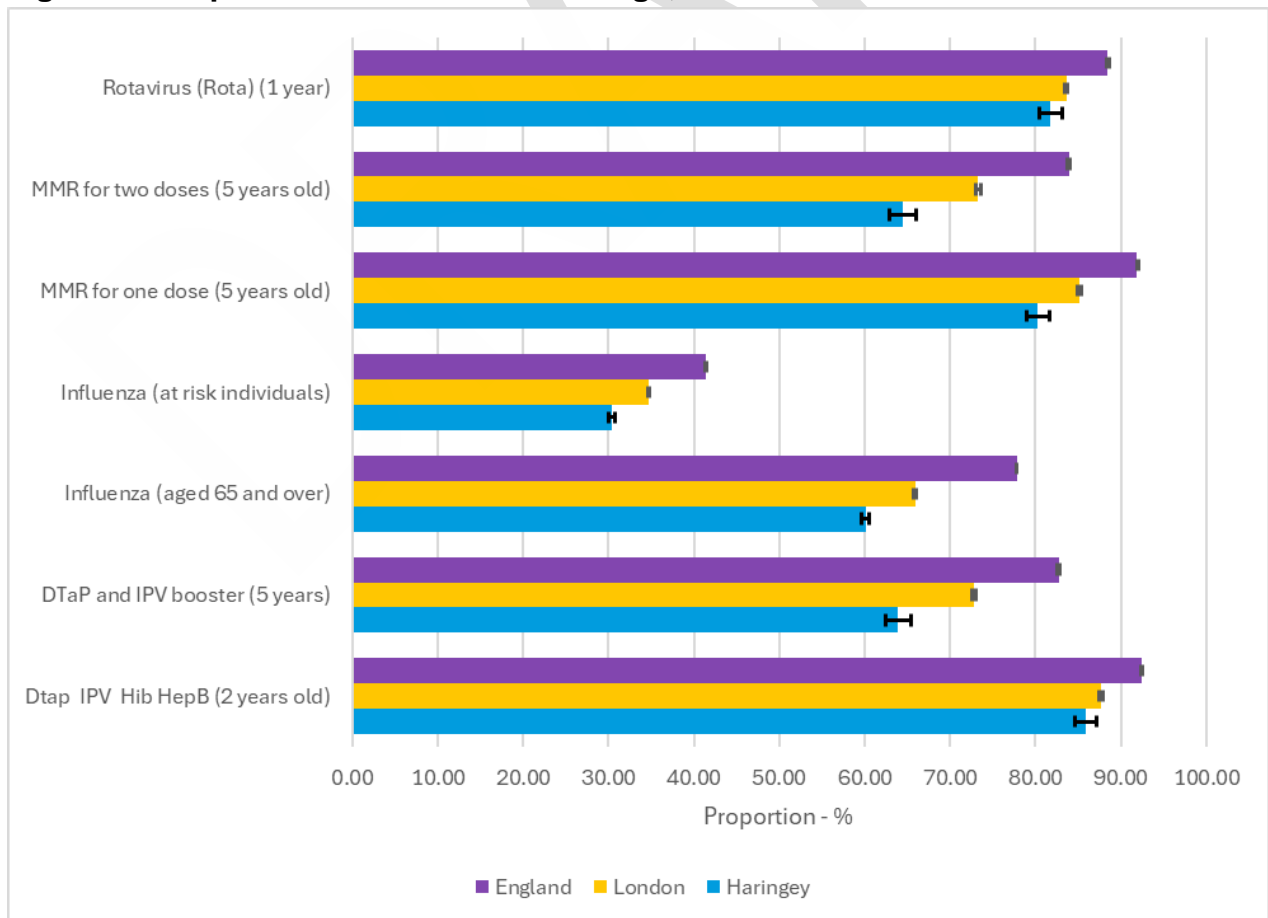
The DTaP/IPV/Hib/HepB vaccine, also commonly known as the '6-in-1 vaccine', helps protect your baby against six serious diseases: Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib) and hepatitis B.

Figure 48 and table 4 shows the population vaccination coverage of the seven vaccination indicators by Haringey, the London rate and England average.

Table 4: Population vaccination coverage, 2023/24

Vaccination type	Haringey	London	England
Rotavirus (Rota) (1 year):	81.8%	83.6%	88.5%
MMR for two doses (5 years old):	64.5%	73.3%	83.9%
MMR for one dose (5 years old):	80.3%	85.2%	91.9%
Influenza (at risk individuals):	30.4%	34.7%	41.4%
Influenza (aged 65 and over):	60.1%	65.9%	77.8%
DTaP and IPV booster (5 years):	63.9%	72.8%	82.7%
DTaP IPV Hib HepB (2 years old):	85.9%	87.7%	92.4%

Figure 48: Population vaccination coverage, 2023/24

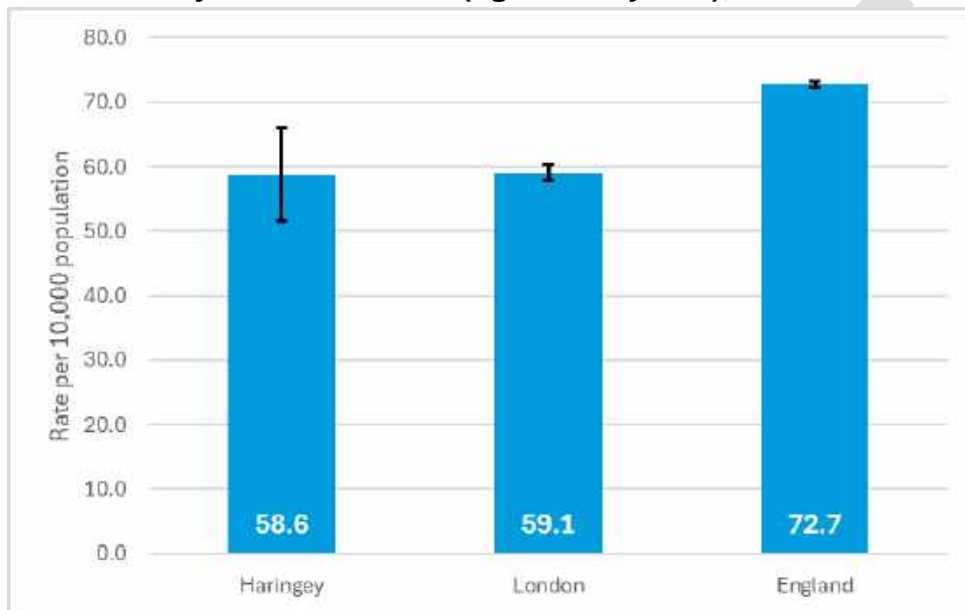


Source: OHID Fingertips, [accessed April 2025] ⁽²⁰⁾

4.12 Accidental injuries

Figure 49 shows the prevalence of hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years) in 2023/24 in Haringey, London, and England. The prevalence rate in Haringey was 58.6 per 10,000 children, similar to London (59.1 per 10,000) but lower than the England average of 72.7 per 10,000 children.

Figure 49: Rate per 10,000 of hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years), 2023/24



Source: OHID Fingertips, [accessed April 2025] ⁽²⁰⁾

4.13 Summary of health needs analysis

Community pharmacies can, and do, make a significant contribution to improving the health of the population in Haringey.

Haringey has some great assets such as a young and diverse population, good transport links, high quality schools and valued green spaces. However, there are vast inequalities in educational attainment based upon where you live.

Haringey is the 4th most deprived borough in London and neighbourhoods in east Haringey are amongst some of the most deprived in London. 12,189 children in Haringey are living in relative low-income families in 2023/24.

Haringey has a similar percentage of children in Reception (aged 4-5 years) and year 6 (aged 10-11) classified as overweight (including obesity), compared with London and the England average.

Life expectancy in Haringey for men is 79.3 years, and for women is 84.5 years. Life expectancy increased over the 2000s and early 2010s but began to stall prior to the COVID pandemic in Haringey. Life expectancy reduced during the COVID pandemic but is now beginning to recover, which follows the same pattern across most of England.

There are significant inequalities in health outcomes including life expectancy aligned with disadvantage and deprivation. A man in the least deprived wards will live on average almost 10 more years than a man from one of the most deprived wards. For women this difference is over four years, and for both genders this difference has widened since the 2017-2019 period.

Cancer and cardiovascular diseases (e.g. heart attacks and strokes) are the main causes of death in adults. However, generally, long term condition prevalence in Haringey is lower than London and the England average.

The rate of people registered blind or partially sighted is significantly higher than the rate for London and England.

Homelessness and rough sleeping are significantly higher than both London and the England average.

The increasingly ageing population will have an impact on demand for pharmaceutical services. Older patients often have more complex health needs and will require more support with their medicines and to access pharmaceutical services.

5. Current Provision of Pharmaceutical Services

5.1 Overview

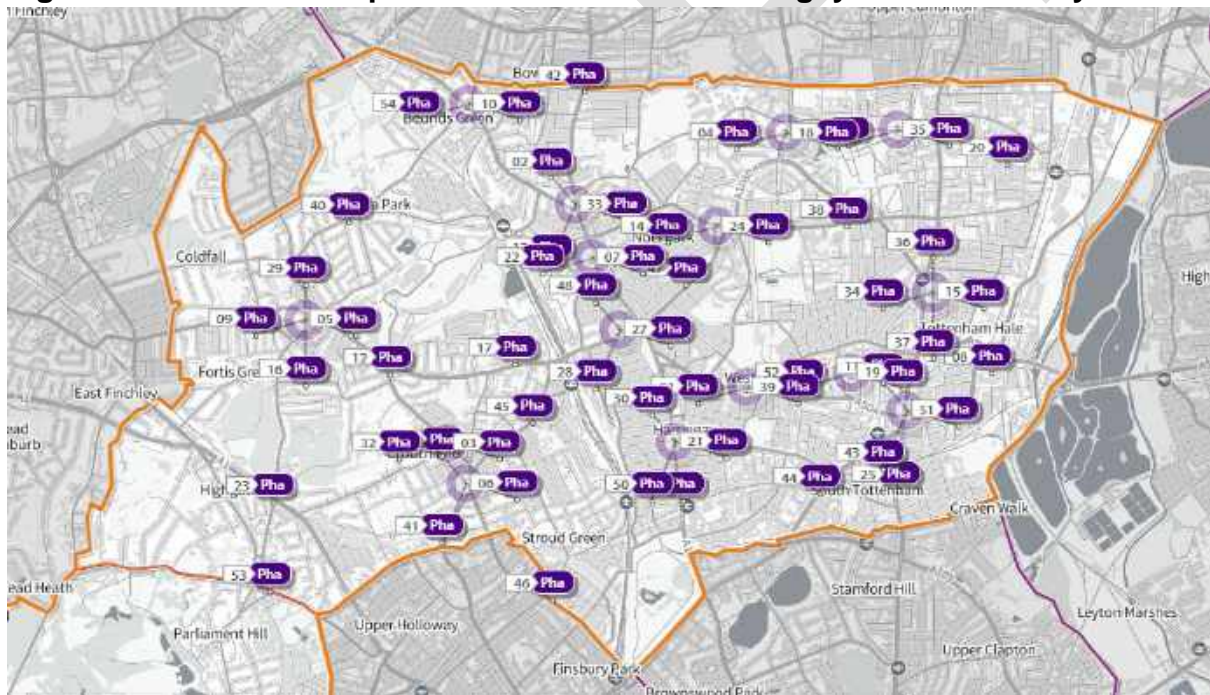
North Central London ICB is responsible for administering pharmacy services and maintaining up-to-date information on the opening hours of all pharmacies.

The information presented in this section reflects the number and distribution of pharmacies in Haringey at the time the data was reported.

Figure 50 illustrates the locations of pharmacies across the borough and table 5 lists the pharmacies and the map index.

A table listing the pharmacy services currently provided, along with key opening times, is included in Appendix 6.

Figure 50: Locations of pharmacies within the Haringey HWB boundary



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Table 5: List of pharmacies and map index

Map index	Code	Name	Locality	Map index	Code	Name	Locality
1	FQC60	Allcures Pharmacy	East	28	FHF75	Morrisons Pharmacy	Central
2	FDL55	Alpha Pharmacy	Central	29	FNP72	Muswell Hill Pharmacy	West
3	FA430	Amy Pharmacy	West	30	FL197	Parade Chemist	East
4	FFK71	Beautychem Chemist	East	31	FPE55	Petter Pharmacy	West
5	FYA07	Boots	West	32	FTE76	Pharmacia Naturale	West
6	FQK44	Boots	West	33	FKL74	Pharmacy Express	Central
7	FP366	Boots	Central	34	FHG01	Pharmacy Warehouse	East
8	FAM62	Boots	East	35	FW269	Pharmacare	East
9	FGV95	Broadway Pharmacy	West	36	FTP75	Pharmacare	East
10	FJJ70	Clockwork Pharmacy	Central	37	FLC31	Pharmacare	East
11	FR702	Coopers Pharmacy	East	38	FM689	Phillips Chemist	East
12	FNF21	Coral Pharmacy	West	39	FD831	Ram Pharmacy	East
13	FKF23	Crescent Pharmacy Express	Central	40	FQL21	Redwood Pharmacy	West
14	FLE67	Cross Chemist	Central	41	FYD39	Reena Pharmacy	West
15	FFR30	Dowsett Pharmacy	East	42	FJW79	Reena Pharmacy	Central
16	FN758	Dukes Pharmacy	West	43	FJ342	Reena Pharmacy	East
17	FTQ82	Frost & Co	West	44	FR778	Safedale Ltd	East
18	FR470	GF Porter Chemist	East	45	FVF76	Saigrace Pharmacy	West
19	FA345	Good Health Pharmacies Ltd	East	46	FQ264	Santas Pharmacy	West
20	FVP54	Grace Pharmacy	East	47	FLV30	Savemore Pharmacy	Central
21	FNJ72	Green Light Pharmacy	East	48	FKP44	Sia Pharmacy	Central
22	FG479	Greenwoods Pharmacy	Central	49	FF252	Somerset Gardens Pharmacy	East
23	FXR08	Hayward Pharmacy	West	50	FQ011	Stearns Pharmacy	Central
24	FW690	J Lord Chemist	Central	51	FPE65	Tesco Instore Pharmacy	East
25	FX076	Mansons Chemists Limited	East	52	FCV53	The Cadge Pharmacy	East
26	FRW62	Med-Chem UK Ltd	East	53	FE047	The Highgate Pharmacy	West
27	FX036	Mintons Chemist	Central	54	FCW41	Warwick Pharmacy	Central

5.1.1 Core hours

54 community pharmacy contractors provide essential Services (see Section 7 essential services) as part of the NHS Community Pharmacy Contractual Framework⁽⁷⁾ (the 'pharmacy contract'). Most community pharmacies provide a core of 40 hours per week although some pharmacies in Haringey are contracted to provide more core hours.

Core opening hours can only be changed by first applying to North Central London ICB and as with all applications, these may be granted or refused.

5.1.2 Supplementary hours

These are provided on a voluntary basis by the pharmacy contractor often based on patient need and business viability. As such, they are additional to the core hours provided. Supplementary hours can be amended by giving North Central London ICB 5 weeks' notice of the intended change.

44 pharmacies in Haringey currently provide some supplementary hours, ranging from 2 to 31.4 hours per week.

5.2 100-hour pharmacies

100-hour pharmacies were required to open for at least 100 hours per week until May 2023 when the Department of Health and Social Care (DHSC) introduced a number of changes to the regulations. Amongst those changes was the option for 100-hour pharmacies to reduce their weekly opening hours to no less than 72, subject to various requirements, which included continuation of 7-day provision and late opening on weekdays. The changes were introduced in an effort to maintain the availability of this provision against a backdrop of pharmacy closures. 100-hour pharmacies were seen as particularly vulnerable to closure due to higher operating costs.

Haringey has two 100-hour contracted pharmacies:

- Somerset Gardens Pharmacy, 4 Creighton Road, London N17 8NW
- Med-Chem UK Ltd, 73 Grand Parade, Green Lanes, Haringey, London N4 1DU

5.3 Pharmacy Access Scheme

In October 2016, as part of the renewed funding package for community pharmacies in England, the Department of Health and Social Care (DHSC) introduced a Pharmacy Access Scheme (PhAS). This was to give patients access to NHS community pharmacy services in areas where there are fewer pharmacies with higher health

needs, so that no area need be left without access to NHS community pharmaceutical services.

This scheme has been updated from January 2022, with revised criteria, and is based on both the dispensing volume of the pharmacy, and distance from the next nearest pharmacy

- There are no PhAS providers in Haringey.

5.4 Dispensing appliance contractors

Dispensing appliance contractors (DAC) specialise in the supply of prescribed appliances such as catheter, stoma and incontinence products and dressings. These items are usually delivered direct to the patient's home. Community pharmacies can also provide this service, in accordance with the pharmaceutical regulations⁽⁶⁾.

Dispensing appliance contractors are different to pharmacy contractors because they only dispense prescriptions for appliances and cannot dispense prescriptions for medicines. They tend to operate remotely and on a national level, receiving prescriptions either via the post or the electronic prescription service, and arranging for dispensed items to be delivered to the patient. They are not therefore directly linked to the provision of pharmaceutical services in any specific locality so are not considered as part of the needs assessment.

There are no changes from the previous PNA and there are no DACs in Haringey

As part of the essential Services of appliance contractors, a free delivery service is available to all patients. It is therefore likely that patients will obtain appliances delivered from DACs outside Haringey.

5.5 Distance selling pharmacies

Distance selling pharmacies are required to deliver the full range of essential services, though the 2013 regulations⁽⁶⁾ do not allow them to provide essential services to people on a face-to-face basis on the premises of the pharmacy. They will receive prescriptions either via the electronic prescription service or through the post, dispense them at the pharmacy and then deliver them free of charge to the patient.

They must provide essential services to anyone, anywhere in England, where requested to do so and may choose to provide advanced services, but when doing so must ensure that they do not provide any essential services whilst the patient is at the pharmacy premises.

As of 31 March 2024, there were 409 distance selling premises in England, based in 115 health and wellbeing board areas. This is an increase on the figures for 2020/21 when there were 372 DSPs in England.

Not every health and wellbeing board therefore has one in their area, however it is likely that some of their residents will use one.

There are two DSPs in Haringey HWB area:

- Pharmacy Warehouse Ltd, Unit 3, 2 Somerset Road, Tottenham, London, N17 9EJ
- Good Health Pharmacies Ltd, 112 West Green Road, Tottenham, London, N15 5AA

5.6 Dispensing doctors

NHS legislation provides that in certain rural areas (classified as controlled localities) general practitioners may apply to dispense NHS prescriptions. A reserved location is designated, in a controlled locality, where the total patient population within 1.6 km (one mile) of the proposed location of a new pharmacy is less than 2,750 at the time an application is received. Patients living in these areas have the choice of having their prescriptions dispensed from a pharmacy or from a dispensing GP, if one is available within their practice. Where an application for a new pharmacy is made in a controlled locality, a determination must also be made as to whether the location of the pharmacy is in a reserved location.

There are no dispensing GP practices in Haringey

5.7 Hospital pharmacy services

NHS hospital trusts and private hospitals do not provide services under the community pharmacy contractual framework and are therefore outside the scope of the PNA.

5.8 Out of area providers of pharmaceutical services

Consideration has been given to pharmaceutical services provided by community pharmacy contractors outside of the Haringey area that provide dispensing services to the registered population of Haringey. This is detailed in Section 6.2.

5.9 Government consultations

5.9.1 Pharmacy supervision

The Government has recently undertaken a consultation exercise to gather views on a proposed change to the regulations on pharmacy supervision. The changes, if enacted, would allow greater delegation of tasks in a community pharmacy, allowing the pharmacist to focus more on clinical services and other patient facing activity. This could free up capacity and enable community pharmacists to deliver a wider range of NHS services.

The results of the consultation have not been shared at the time of writing.

5.9.2 Hub and spoke dispensing

Hub and spoke dispensing occur when a community pharmacy 'spoke' sends prescriptions to another pharmacy 'hub' to be dispensed and is used currently by pharmacy multiples to free up pharmacist time at the spoke and achieve economies of scale at the hub. Legislation permits this provided certain conditions are met, but both parties must be part of the same legal entity.

Following a government consultation in 2022, the government has committed to a change in legislation from 1 January 2025. The change allows hub and spoke dispensing across different legal entities. This will allow independent pharmacies to develop similar models, which levels the playing field across the sector.

This change should create and/or preserve capacity for pharmacists to deliver patient facing services.

5.9.3 Independent prescribing

Independent prescribing by pharmacists has been available since 2006, and in recent years there has been a drive to upskill the current pharmacist workforce, enabling a large number of pharmacists to qualify as independent prescribers. Alongside this, newly registered pharmacists qualifying from 2026 will automatically become independent prescribers following changes made by schools of pharmacy to reflect this significant change to pharmacists' workload.

Despite there being a number of independent prescribing pharmacists working in community pharmacy in England, there are currently no clinical services commissioned nationally by NHS England that enable NHS prescriptions to be issued by independent prescribing pharmacists working in community pharmacy. In 2024, NHS England and ICBs have continued to develop the Community Pharmacy Independent Prescribing Pathfinder Programme, designed to establish a framework

for the commissioning of community pharmacy services that incorporate independent prescribing.

Over the next few years, there could be a significant change to the delivery of community pharmacy services, as the skills and capabilities of community pharmacists are utilised to build on clinical services already commissioned as advanced pharmaceutical services, or to add into locally commissioned services.

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6. Access to Community Pharmacy Services in Haringey

Since the last PNA in 2022 the following significant changes to pharmacy provision in Haringey include:

- Closure of Homeupath Pharmacy, Office 2, Bounds Green Industrial Estate, Bounds Green, London, N11 2UD. This was a DSP.
- Closure of Pharmocare, 753 High Road, Tottenham, London, N17 8AH

Neither of these pharmacies held 100-hour contracts.

6.1 Number, type of pharmacies and geographical distribution

Table 6 shows the number and types of pharmacies across each of the three localities. East locality contains the highest number of pharmacies (including both DSPs and 100-hour pharmacies), and Central has the lowest.

Table 6: Distribution of community pharmacies, by locality

Locality	Number of community pharmacies			
	40 hour	Distance selling	100-hour	TOTAL
Central	15	0	0	15
East	19	2	2	23
West	16	0	0	16
TOTAL	50	2	2	54

Source: NCL ICB

Table 7: Average number of pharmacies per 100,000 population and persons per pharmacy, by locality

Locality	No of community pharmacies	2022 population estimate	Pharmacies per 100,000 population	Persons per pharmacy
Central	15	67,851	22.1	4,523
East	23	113,755	20.2	4,946
West	16	80,205	19.9	5,013
Haringey	54	261,811	20.6	4,848
London	1,724	8,866,180	19.4	5,143
ENGLAND	10,430	57,112,542	18.3	5,476

Sources: ONS⁽⁸⁾, NCL ICB, NHSBSA Consolidated Pharmaceutical List Q3 2024/25⁽⁴⁴⁾

Consideration of the number of pharmacies compared to the resident population, based on population estimates per locality is shown in table 7. 2022 population estimates have been used, as this is able to be broken down to ward and locality level. This shows that overall, Haringey has a slightly higher number of pharmacies per 100,000 population compared to the London and England averages. When broken down to localities within Haringey, the Central, East and West localities all have a comparatively higher provision of pharmacies than the England average.

6.2 Dispensing activity in Haringey

To assess the average dispensing activity levels in Haringey community pharmacies, data from the NHS Business Services Authority on prescribing and dispensing activity⁽⁴⁵⁾ was mapped to Haringey using pharmacy codes and addresses.

Table 8: Average number of items dispensed per pharmacy (including dispensing doctors) in Haringey, 2023/24

	No of pharmacies	Number of prescription items dispensed by pharmacies (2023/24)	Average no. of prescription items dispensed per pharmacy (2023/24)
Haringey	54	4,232,582	78,381
England	10,430	1,113,000,000	106,711

Sources: NCL ICB, NHSBSA Consolidated Pharmaceutical List Q3 2024/25⁽⁴⁴⁾, NHSBSA Dispensing Data⁽⁴⁵⁾

The figures in table 8 show that pharmacies in Haringey dispense lower than average numbers of items than the England average.

Further analysis of this prescribing and dispensing data indicated that in 2023/24, 80.8% of the items prescribed by GP practices in Haringey were dispensed by pharmacies in the Haringey area, 5.7% were dispensed in other North Central London boroughs and 13.5% were dispensed "out of area".

To counter this information, Haringey pharmacies also dispense some prescriptions that are sourced from prescribers located out of the council's boundaries. In 2023/24, 10.9% of the dispensing activity of pharmacies in Haringey was from prescribers out of area.

Out of area dispensing may be due to people choosing to use a distance selling pharmacy for their medicine supplies or people who live on the boundaries of the area accessing pharmacies which are convenient to visit but are in a neighbouring HWB area.

6.3 Access to pharmacies by opening hours

As described in Section 5.1, standard community pharmacy contractors are required to open for a minimum of 40 core hours per week, unless a reduction is agreed with NCL ICB. These core hours are provided as part of essential pharmacy services.

In Haringey, 26 pharmacies are contracted for more than 40 core hours per week, and 44 pharmacies choose to provide supplementary hours to meet the needs of their populations. These extra hours range from 2 hours per week to 31.4 hours per week.

In Haringey, there are currently:

- 45 pharmacies open on Saturday mornings,
- 38 pharmacies which remain open after 1pm on Saturday afternoons,
- 10 pharmacies that are open on Sundays.

These operating hours allow pharmacies greater scope to respond to local population needs and preferences.

The two distance selling pharmacies do not open on Saturdays or Sundays.

Full information regarding opening hours is described in Appendix 6.

6.4 Ease of access to pharmacies

The following sections provide a summary of the opening hours of community pharmacies in Haringey, split between weekdays and weekend provision. For the weekdays, a pharmacy has been counted as being open during a particular time slot if it is open on three out of the five days. Opening hours described in Appendix 6 includes any variations to this general overview.

Where maps and tables have been included to illustrate travel times to pharmacies and population within the boundaries, these have been taken from SHAPE Atlas⁽⁴⁶⁾.

6.4.1 Weekday opening

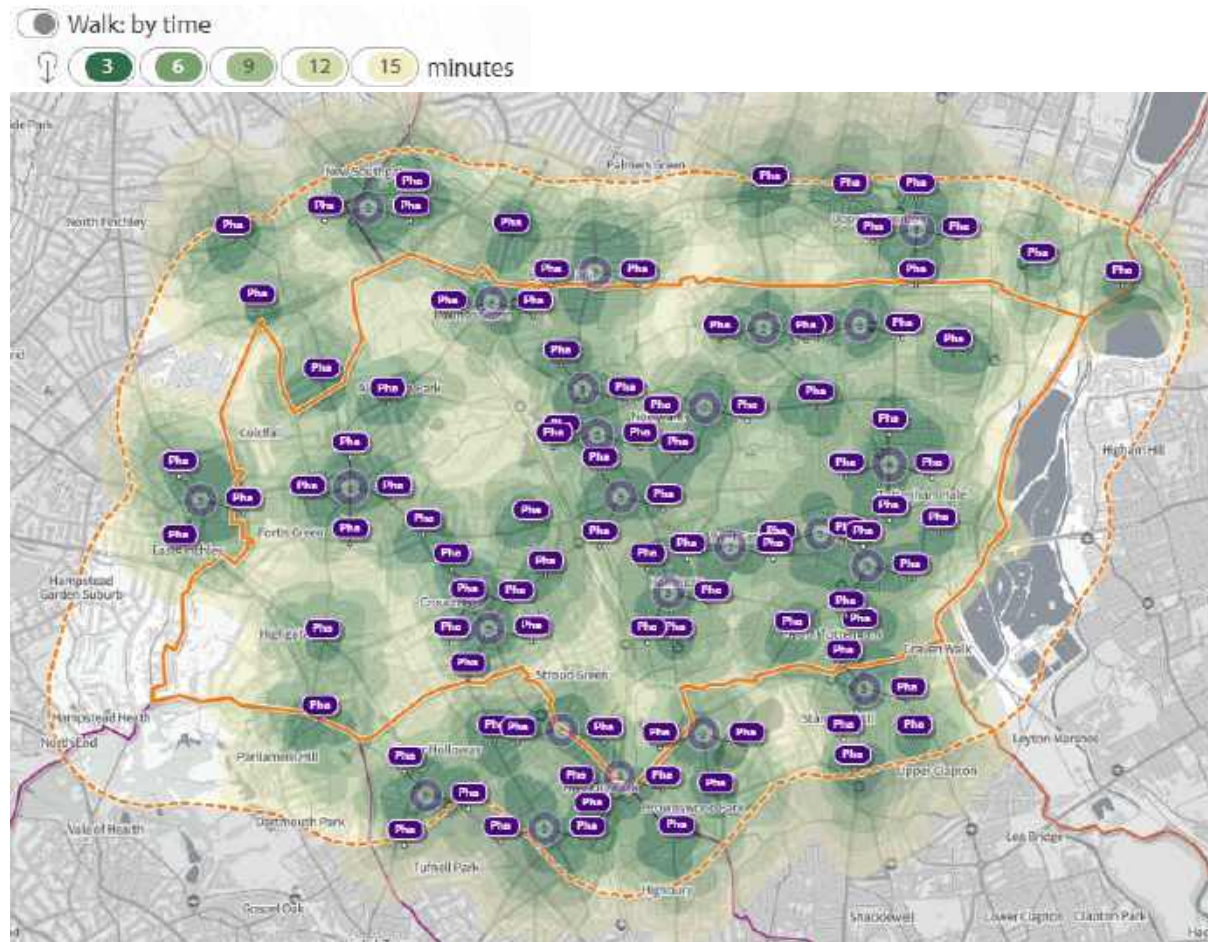
There is extensive access to community pharmacy across Haringey during the hours from 9am until 6pm on weekdays in all localities. 53 pharmacies remain open without closing for lunchtime.

6.4.1.1 Weekday daytime

Most community pharmacies in Haringey are open from 9am on weekday mornings, except for one which opens at 9.30am. 3 pharmacies offer opening times before 9am, which are sometimes provided as supplementary hours. During the weekday daytime, there is adequate access to pharmacies across all localities, with 100% of the population able to get to their nearest pharmacy within a 12-minute walk, and all residents in all areas able to access a pharmacy within a 10-minute public transport or 5-minute private transport journey (see figures 51, 52 and 53).

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Figure 51: Access to pharmacies by travel time on foot – weekday daytime (with 1km buffer zone outside HWB boundary)

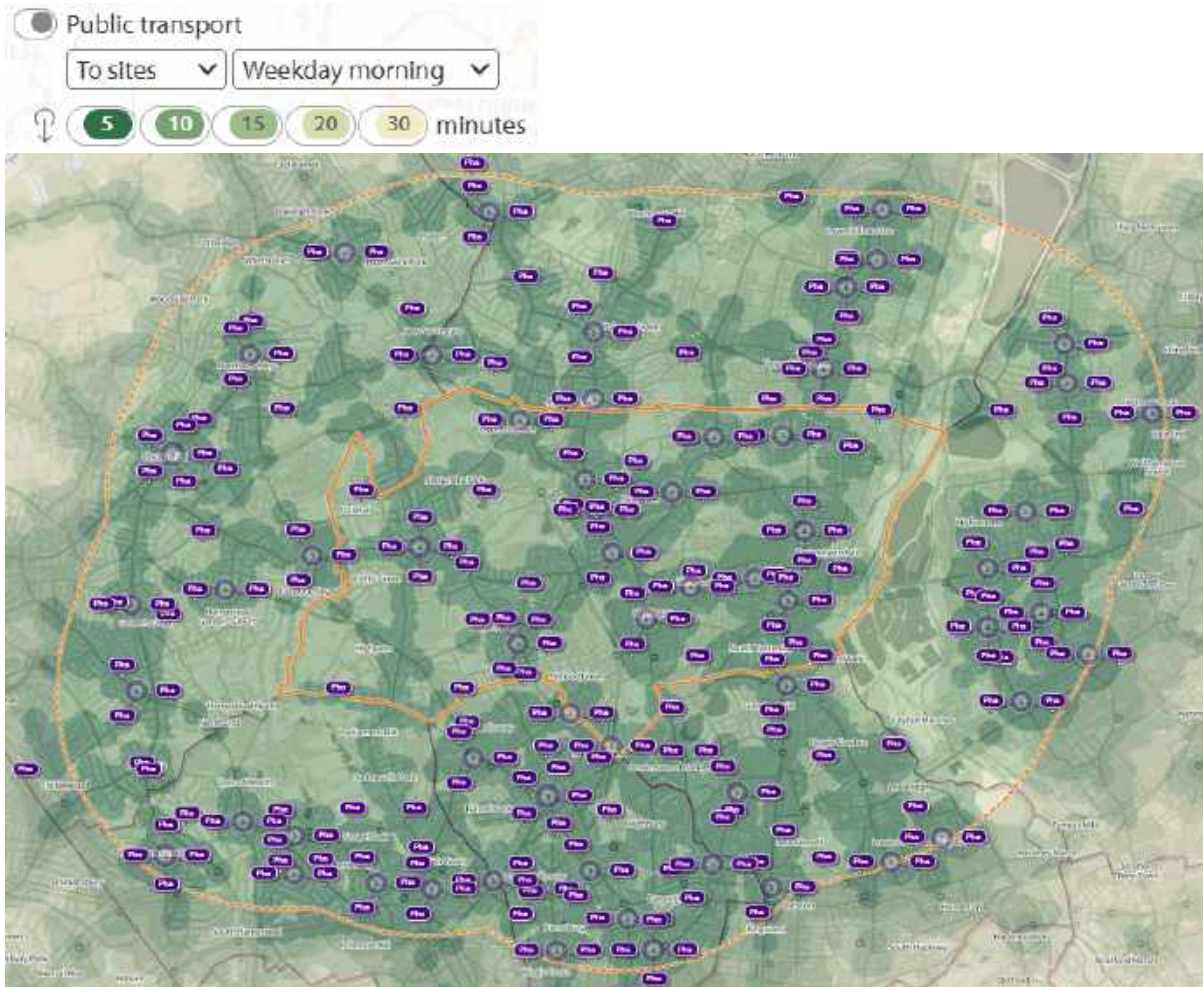


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Table 9: Access to pharmacies by travel time on foot – weekday daytime

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
3	145,277	116,534	261,811	55.5%
6	229,138	32,673	261,811	87.5%
9	253,974	7,837	261,811	97.0%
12	261,811	0	261,811	100.0%
15	261,811	0	261,811	100.0%

Figure 52: Access to pharmacies by travel time on public transport – weekday morning (with 3km buffer zone outside HWB boundary)

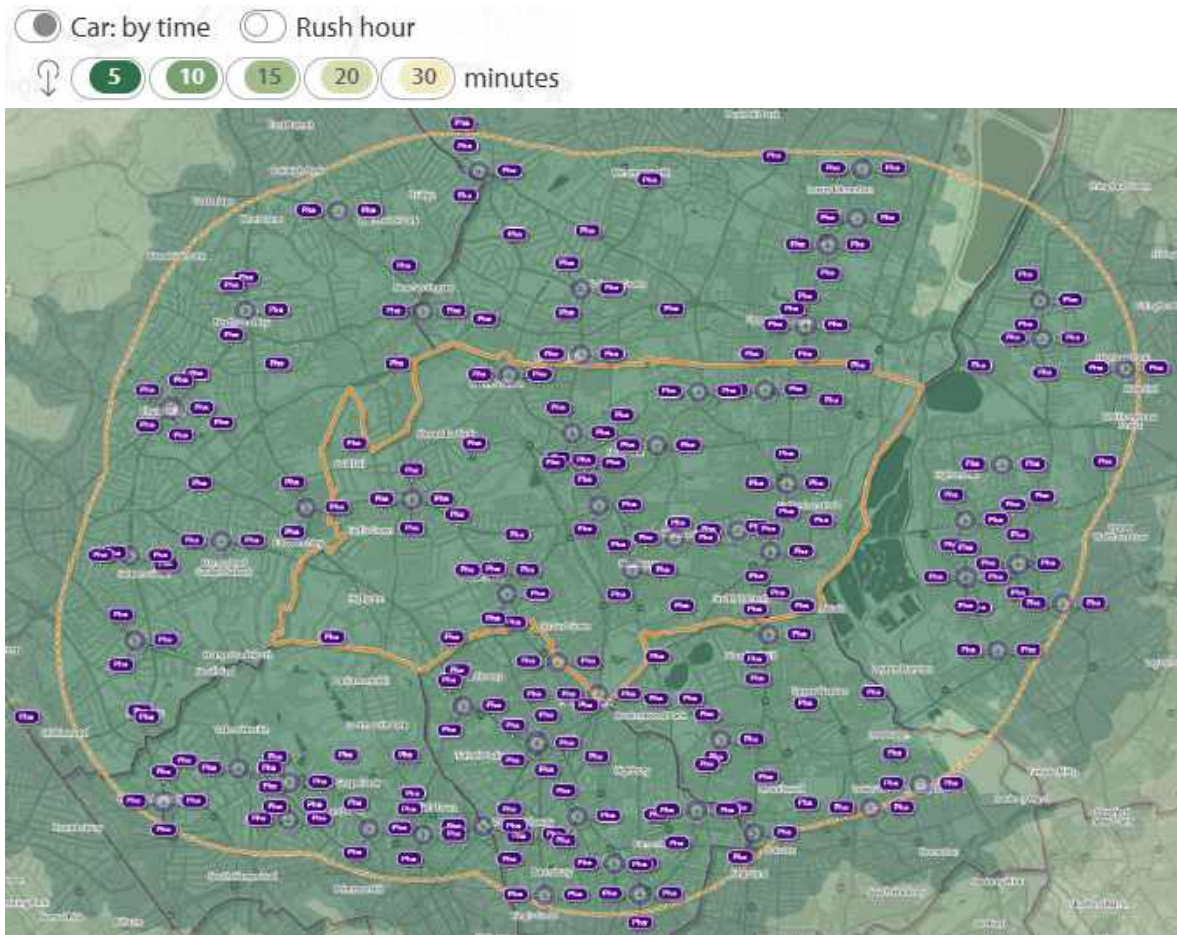


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Table 10: Access to pharmacies by travel time on public transport – weekday morning

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	221,115	40,696	261,811	84.5%
10	261,811	0	261,811	100.0%
15	261,811	0	261,811	100.0%
20	261,811	0	261,811	100.0%
30	261,811	0	261,811	100.0%

Figure 53: Access to pharmacies by travel time by car – weekday daytime (with 3km buffer zone outside HWB boundary)



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Table 11: Access to pharmacies by travel time by car – weekday daytime

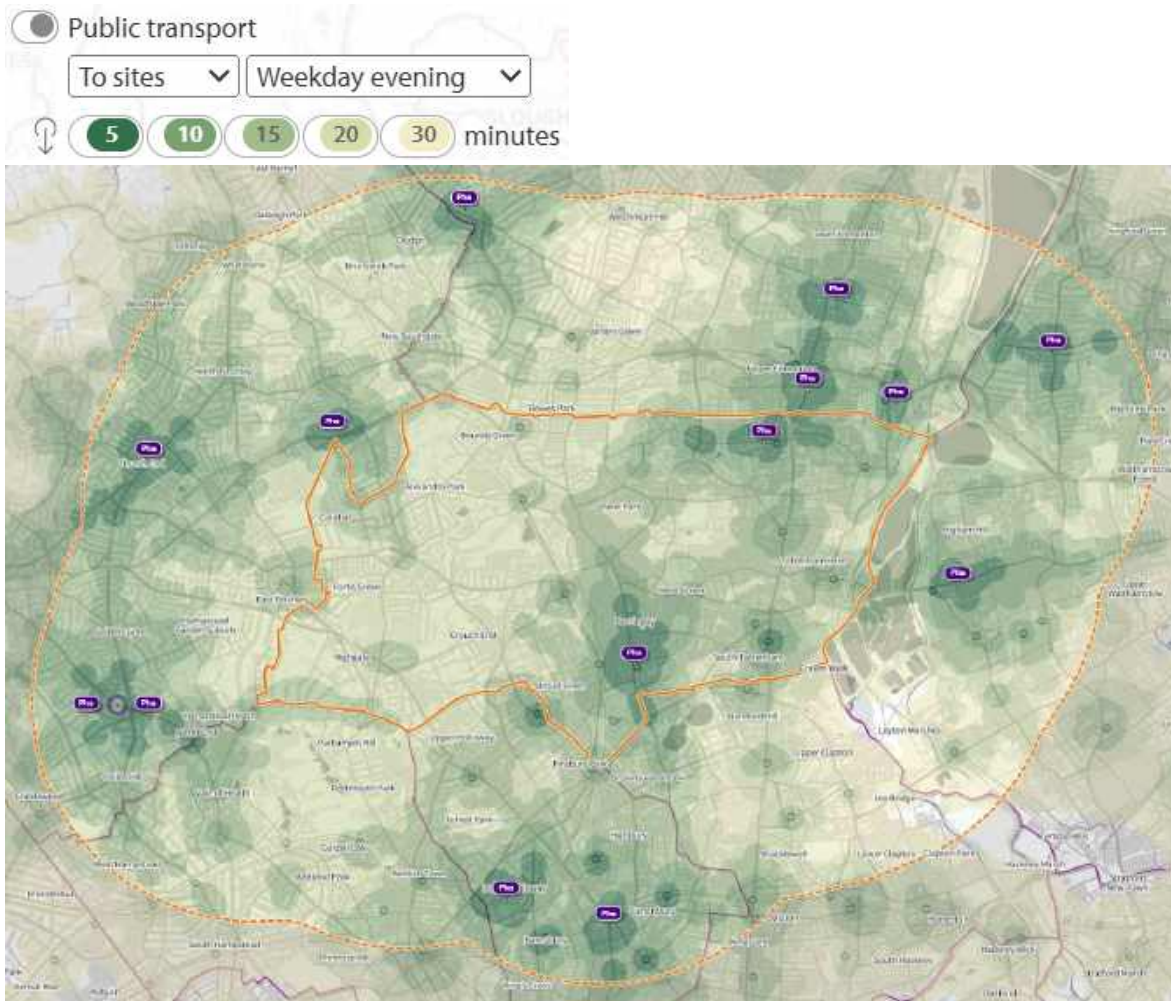
Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	261,811	0	261,811	100.0%
10	261,811	0	261,811	100.0%
15	261,811	0	261,811	100.0%
20	261,811	0	261,811	100.0%
30	261,811	0	261,811	100.0%

6.4.1.2 Weekday evenings

Most pharmacies (53) remain open until at least 6pm, after which there is a reduction in provision with 23 pharmacies open until 7pm. After 7pm there is extended access provided by the two 100-hour contract pharmacies, and from pharmacies in neighbouring HWB areas. All local residents have access to a pharmacy within 30 minutes via public transport (figure 54) and within 10 minutes by private transport (figure 55) after 7pm.

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Figure 54: Map showing travel time by public transport weekday evenings after 7pm (with 3km buffer zone outside HWB boundary)

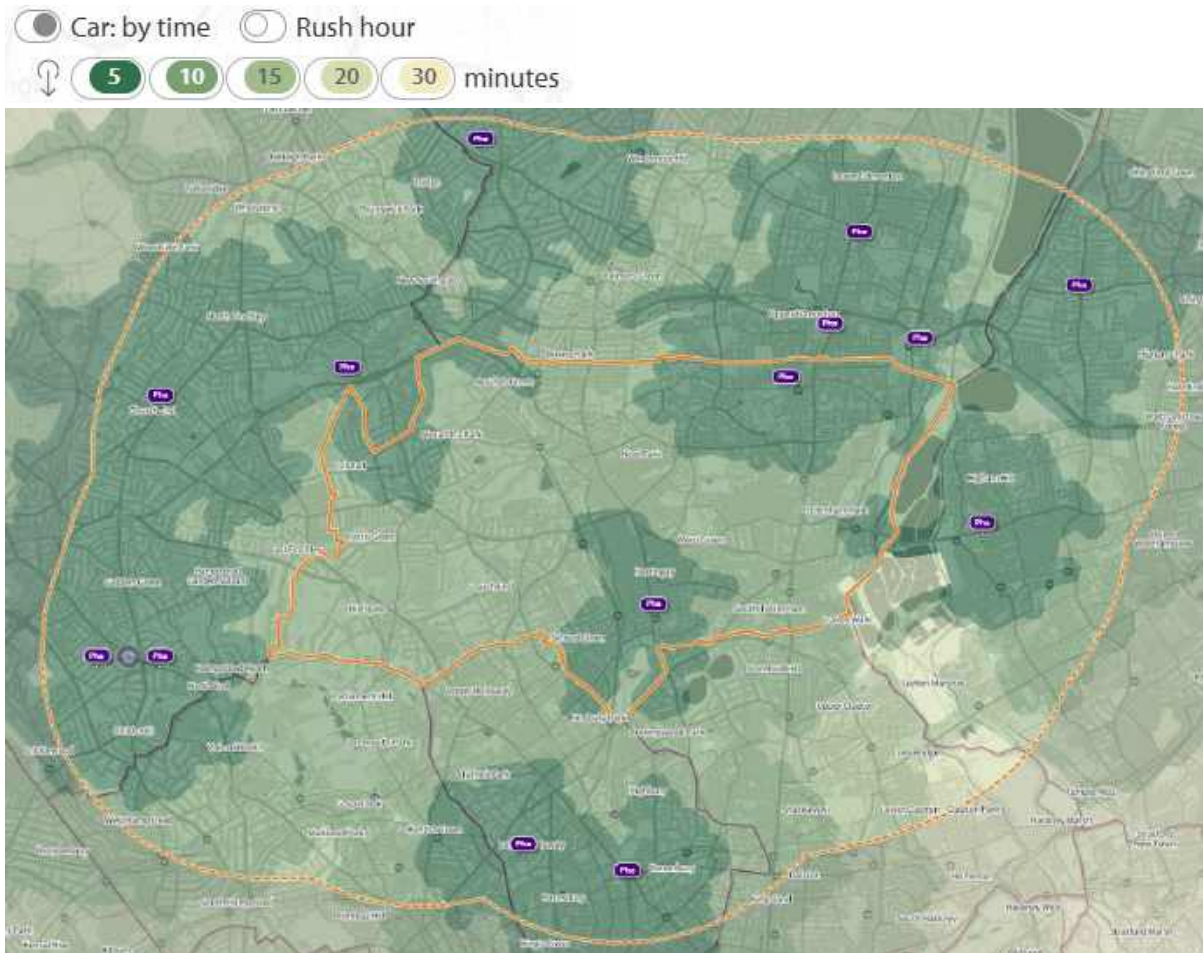


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Table 12: Travel time by public transport weekday evenings after 7pm

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	24,123	237,688	261811	9.2%
10	78,104	183,707	261811	29.8%
15	182,611	79,200	261811	69.7%
20	261,811	0	261811	100.0%
30	261,811	0	261811	100.0%

Figure 55: Map showing travel time by car weekday evenings after 7pm Monday to Friday (with 3km buffer zone outside HWB boundary)



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Table 13: Travel time by car weekday evenings after 7pm Monday to Friday

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	104,438	157,373	261,811	39.9%
10	261,811	0	261,811	100.0%
15	261,811	0	261,811	100.0%
20	261,811	0	261,811	100.0%
30	261,811	0	261,811	100.0%

Section 6.4.3 gives an overview of provision of pharmacy services close to urgent treatment centres and the walk-in centre, located outside of Haringey.

6.4.2 Weekend opening

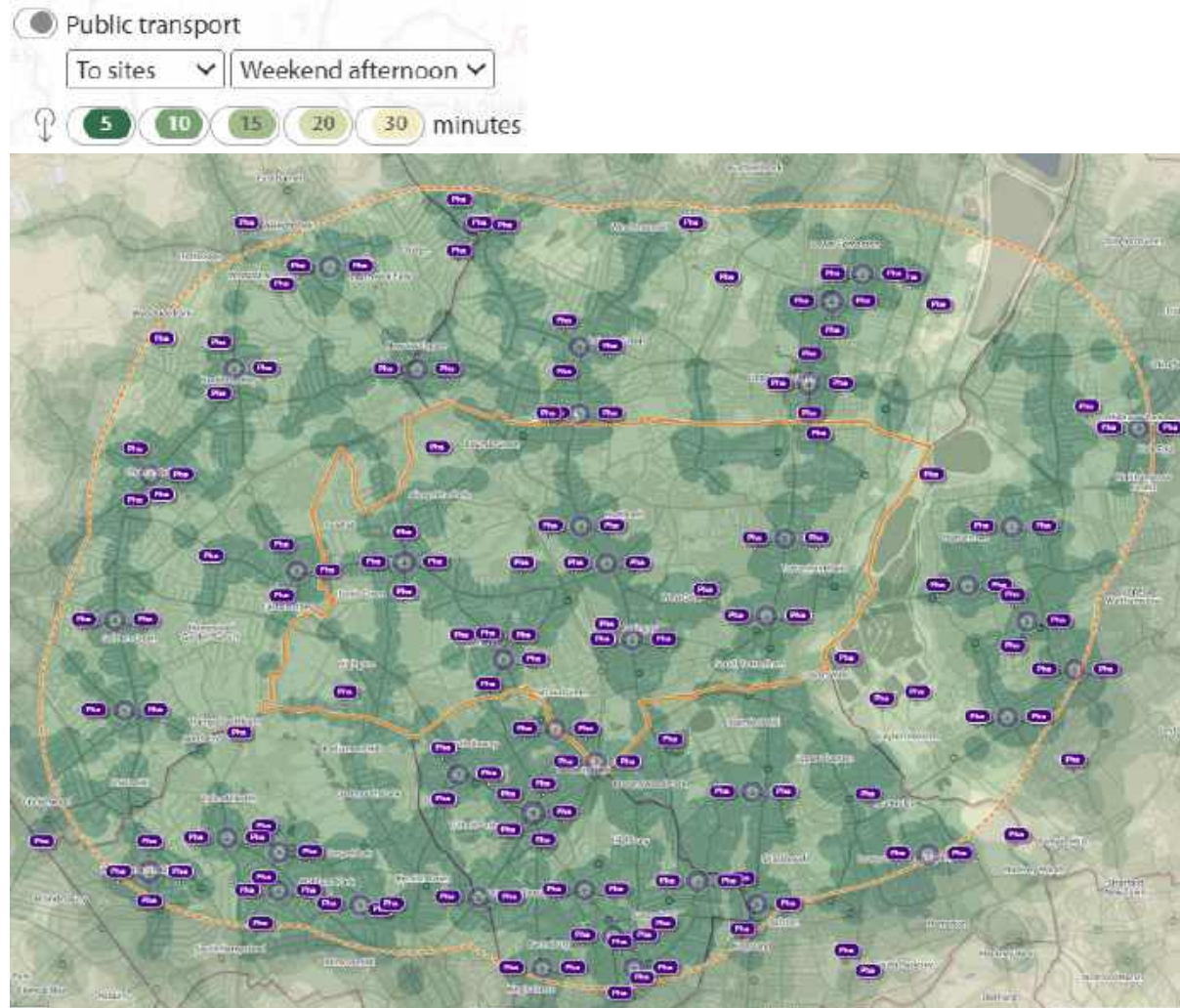
6.4.2.1 Saturday opening

In total, 45 pharmacies open on Saturday mornings. This reduces to 33 pharmacies that remain open on Saturday afternoons after 2pm. 100% of the Haringey population are within a 10 minute travel time via public transport on Saturday afternoons (see figure 56), and within five minutes by car (see figure 57).

After 6pm, nine pharmacies remain open. After 7pm, this reduces to the two pharmacies operating under 100-hour contracts. All residents are within a 10 minute journey time by car to the nearest pharmacy (figure 58), and 100% are within a 30 minute journey time by public transport (figure 59) after 7pm.

Access on Saturdays is considered adequate in all localities.

Figure 56: Map showing travel time by public transport on Saturday afternoon (with 3km buffer zone outside HWB boundary)

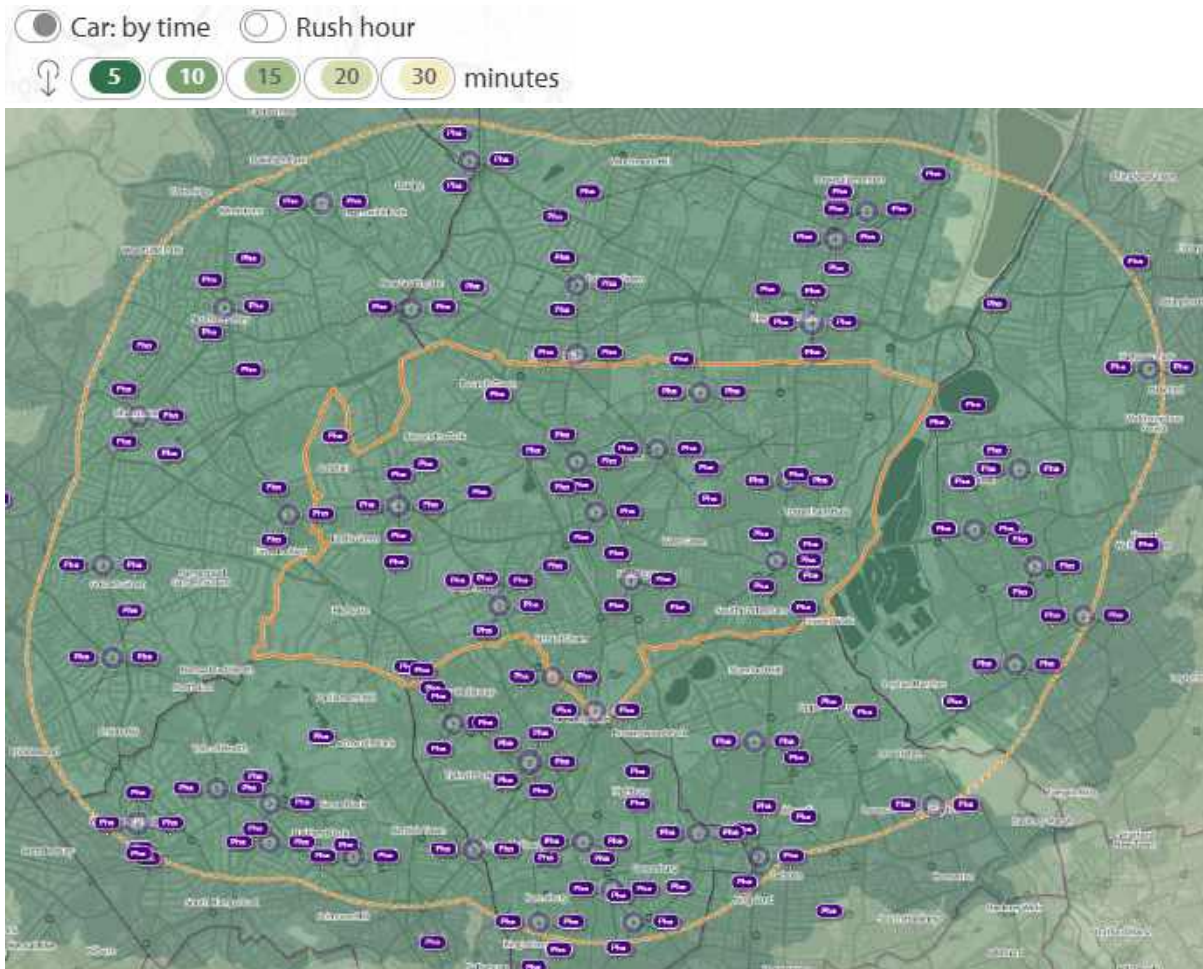


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Table 14: Travel time by public transport on Saturday afternoon

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	185,605	76,206	261,811	70.9%
10	261,811	0	261,811	100.0%
15	261,811	0	261,811	100.0%
20	261,811	0	261,811	100.0%
30	261,811	0	261,811	100.0%

Figure 57: Map showing travel time by car during Saturday daytime (with 3km buffer zone outside HWB boundary)

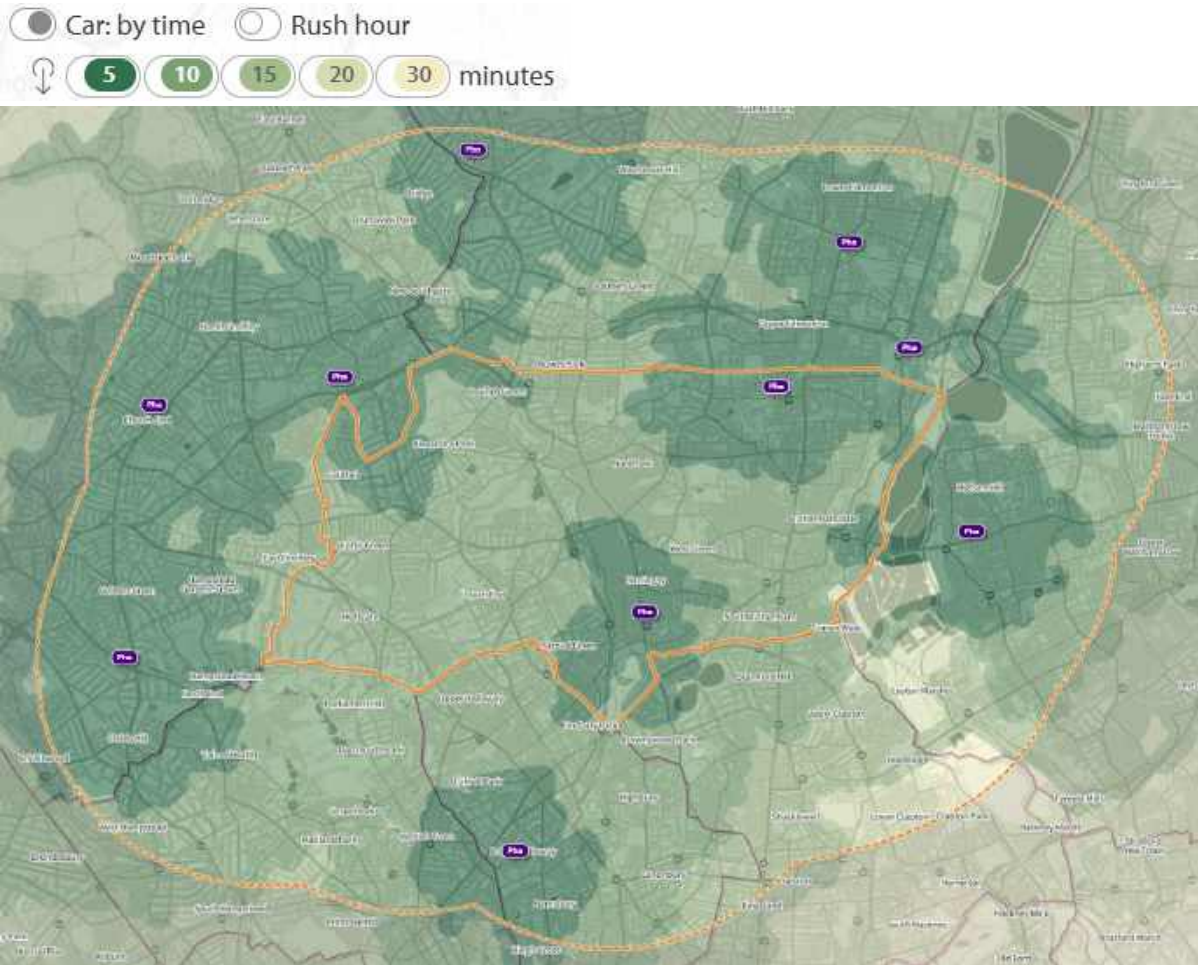


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Table 15: Travel time by car during Saturday daytime

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	261,811	0	261,811	100.0%
10	261,811	0	261,811	100.0%
15	261,811	0	261,811	100.0%
20	261,811	0	261,811	100.0%
30	261,811	0	261,811	100.0%

Figure 58: Map showing travel time by car on Saturday evening after 7pm (with 3km buffer zone outside HWB boundary)

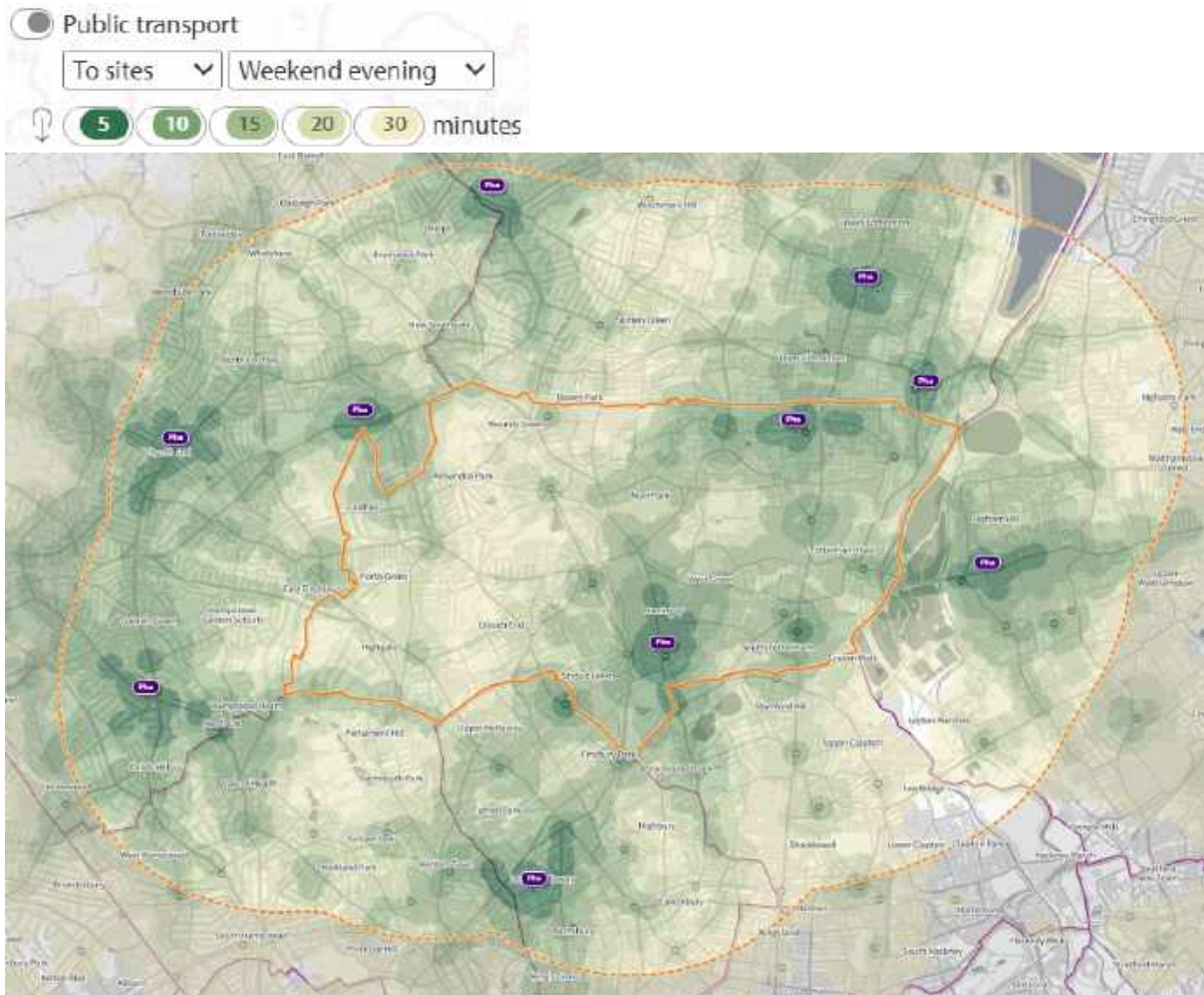


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Table 16: Travel time by car during Saturday evening after 7pm

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	102,484	159,327	261,811	39.1%
10	261,811	0	261,811	100.0%
15	261,811	0	261,811	100.0%
20	261,811	0	261,811	100.0%
30	261,811	0	261,811	100.0%

Figure 59: Map showing travel time by public transport on Saturday evening after 7pm (with 3km buffer zone outside HWB boundary)



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Table 17: Travel time by public transport on Saturday evening after 7pm

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	24,123	237,688	261,811	9.2%
10	74,364	187,447	261,811	28.4%
15	180,657	81,154	261,811	69.0%
20	241,876	19,935	261,811	92.4%
30	261,811	0	261,811	100.0%

6.4.2.2 Sunday opening

In total, 10 pharmacies in Haringey are open on Sundays.

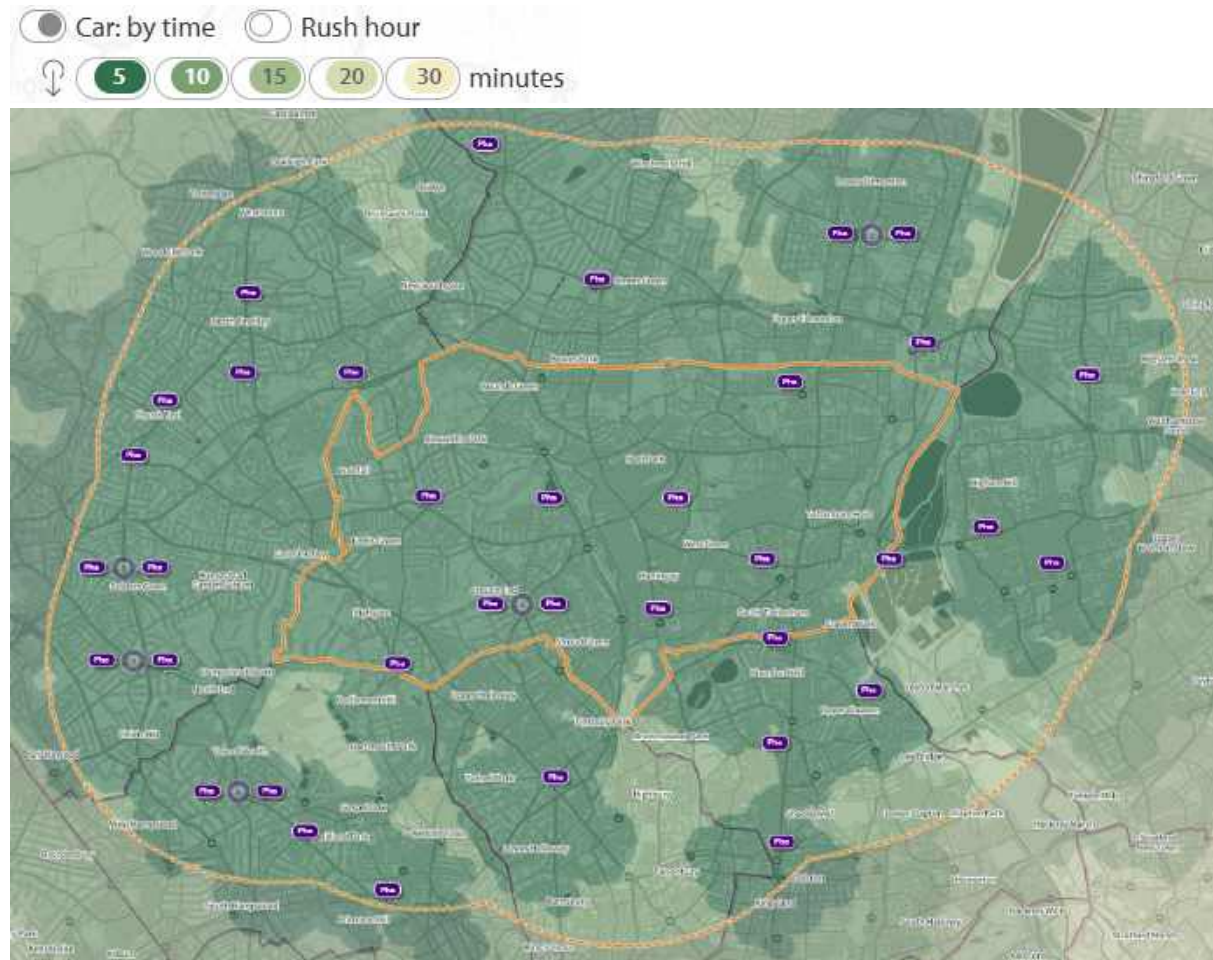
Figure 60 shows that on a Sunday all residents across Haringey are within a five minute journey time to their nearest pharmacy by car and all are within a 15 minute public transport journey time (see figure 61).

Two pharmacies are open on Sundays after 5pm and one remains open until 6.30pm.

Access on Sundays is considered adequate in all localities.

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Figure 60: Map showing travel time by car Sunday daytime (with 3km buffer zone outside HWB boundary)

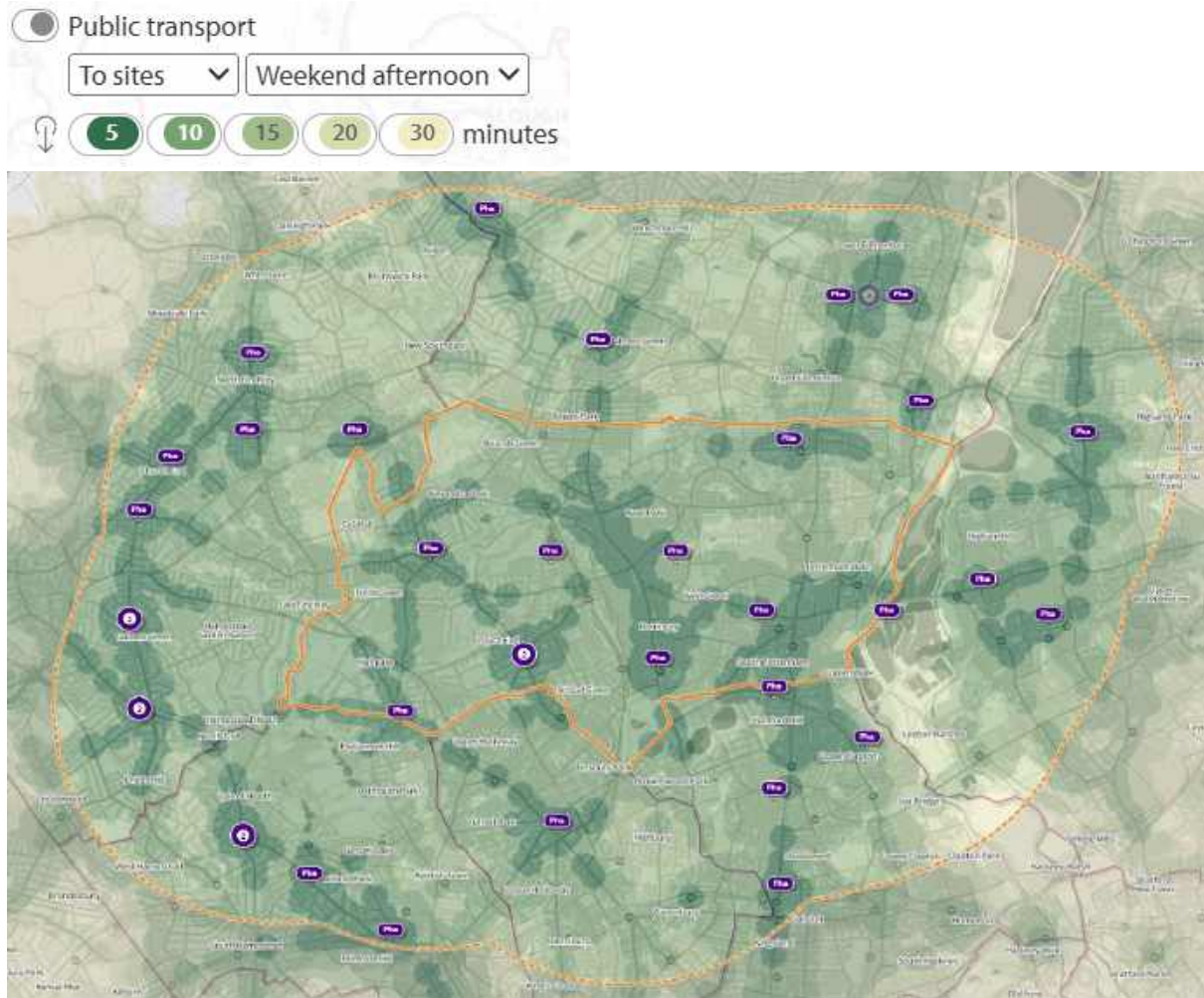


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Table 18: Travel time by car Sunday morning

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	261,811	0	261,811	100.0%
10	261,811	0	261,811	100.0%
15	261,811	0	261,811	100.0%
20	261,811	0	261,811	100.0%
30	261,811	0	261,811	100.0%

Figure 61: Map showing travel time by public transport Sunday afternoon (with 3km buffer zone outside HWB boundary)



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Table 19: Travel time by public transport Sunday afternoon

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	116709	145102	261811	44.6%
10	252956	8855	261811	96.6%
15	261811	0	261811	100.0%
20	261811	0	261811	100.0%
30	261811	0	261811	100.0%

6.4.3 Access to pharmaceutical services during urgent treatment centre and walk-in centre opening hours

There are no walk-in centres located within the London borough of Haringey. However, there is a walk-in centre just over the borough boundary at the Finchley Memorial Hospital site. This service operates from 8am to 8pm, seven days a week. Outside of these hours, adults with minor injuries or illnesses can be given an appointment to attend an Urgent Treatment Centre (UTC) the following day. Appointments can be booked via the NHS 111 service, with the last patient booking at 7pm.

There are six UTCs in North Central London. Although none are based within Haringey, all are accessible to Haringey residents. These UTCs are located at:

- Whittington Hospital
- North Middlesex University Hospital
- University College London Hospital
- Royal Free Hospital
- Chase Farm Hospital
- Barnet Hospital

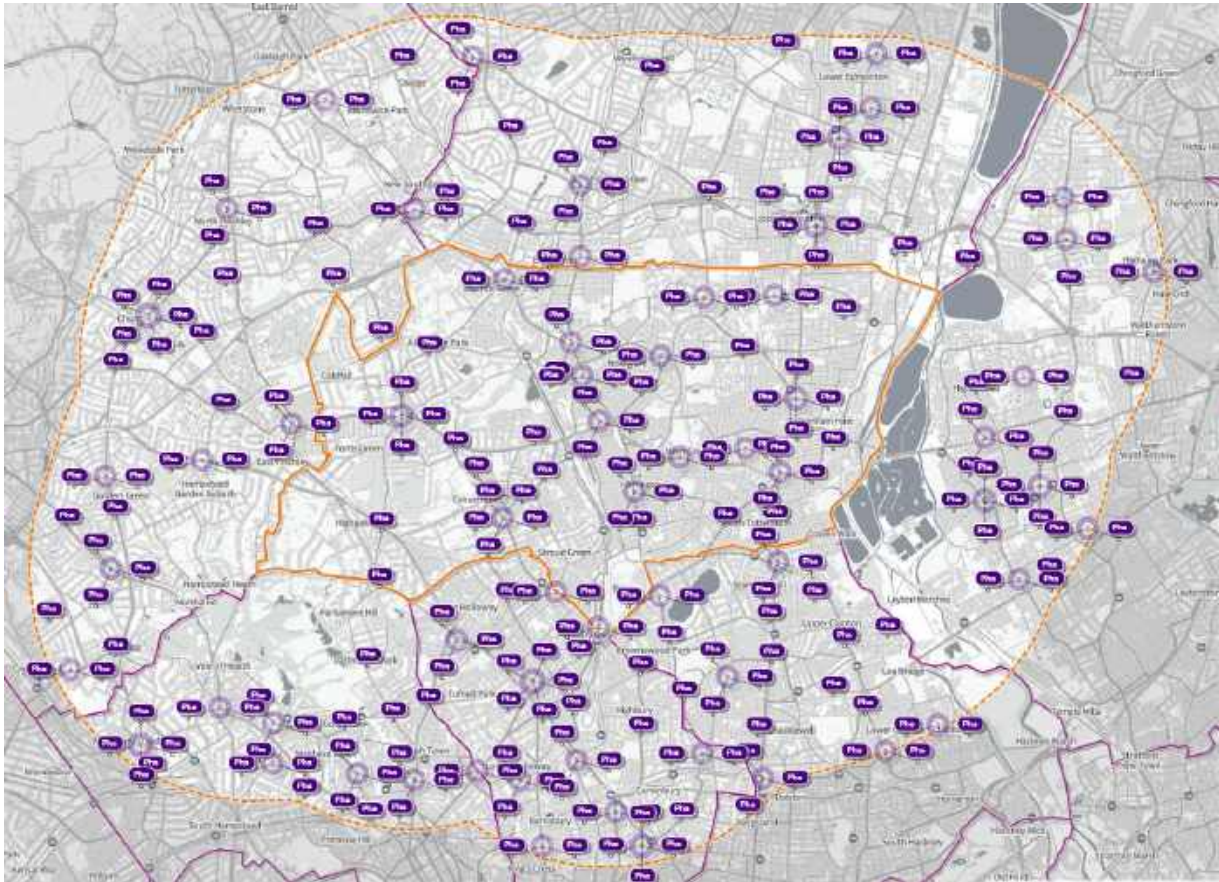
Patients attending these services can obtain prescribed medicines either from pharmacies located near the UTCs or walk-in centre (in neighbouring Health and Wellbeing Board areas), or from pharmacies within Haringey itself. In some cases, UTCs and walk-in centres may also choose to supply medicines directly to patients, depending on the nature of the treatment required and local protocols.

6.4.4 Access to pharmacy services out of the Haringey area

It is important to note that pharmacy services that are out of the Haringey area may provide additional alternatives for people to access medicines and advice.

In particular, there may be pharmacies close to residents who live on or close to the borough boundaries. Figure 62 demonstrates the pharmacy locations within the Haringey boundaries and the neighbouring areas.

Figure 62: Location of pharmacies within Haringey and 3km over the border in to neighbouring areas



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Other options for accessing pharmacy services include choosing to have prescriptions dispensed closer to someone's place of work for convenience or to utilise distance selling pharmacy services.

In addition, some prescriptions may be specialist items which services such as dispensing appliance contractors can supply. This may also be facilitated using out of area provision.

6.4.5 Feedback from public regarding pharmacy opening hours

Eighty percent (164) of respondents to the public questionnaire said that their local pharmacy had convenient opening hours for them. Sixty one percent (125 respondents) stated that weekdays (8am – 4.59pm) was the most convenient time for them to visit a pharmacy, with 11% (22 respondents) stating that Saturday daytime was the most convenient. Ten percent (21 respondents) felt that weekday

evenings (5pm – 7.59pm) was the most convenient time for them to visit their pharmacy.

Appendix 5 summarises all responses from the public questionnaire.

6.5 Disability access

To comply with the Equality Act 2010⁽¹⁹⁾, community pharmacies must make reasonable provision for access by patients who have disabilities. It sets out a framework which requires service providers to ensure they do not discriminate against persons with a disability. A person is regarded as having a disability if they have a physical or mental impairment which has a substantial adverse effect on that person's ability to carry out day to day activities. If there are obstacles to accessing a service, then the service provider must consider what reasonable adjustments are needed to overcome that obstacle.

Common adjustments in community pharmacies include:

- Easy open containers;
- Large print labels;
- Being conscious of placement of labels and position of braille;
- Reminder charts, showing which times of day medicines are to be taken;
- Monitored dosage system (MDS) to improve their adherence to medicines taking.

Most community pharmacies have made arrangements to ensure that those with a disability can access their pharmacy and consultation rooms. As part of the NHSE regulations and guidance almost all pharmacies now comply with the need to have a consultation room as specified in order to deliver advanced services.

The requirements for the consultation room are that it is:

- Clearly designated as a room for confidential conversations, for example a sign is attached to the door to the room saying consultation room
- Distinct from the general public areas of the pharmacy premises
- A room where both the person receiving the service and the person providing it can be seated together and communicate confidentially.

89% of those responding to the pharmacy contractor survey indicated their pharmacy had a consultation room with wheelchair access (25 pharmacies) and that 11% (3) had a room which was not accessible using a wheelchair (Appendix 3).

People responding to the public questionnaire indicated that 26% of respondents were aware of provision for disabled and other access requirements, while 59% did not know whether the pharmacy had access for disabled people and others with access requirements (Appendix 5).

6.6 Access to translation services

NHSE has worked with professionals and the public to work out what good quality interpreting (spoken word or British Sign Language (BSL)) and translation (written word or braille transcription) services look like with primary medical care services (GP surgeries) in mind, but this may also be applicable to other settings, such as other primary care settings.

Respondents to the pharmacy contractor questionnaire indicated that, in addition to English, a wide range of languages are spoken in the majority (26, 96%) of the pharmacies completing the questionnaire. Details of the languages spoken (at the time of the information being collected) are listed in Appendix 3, with the most frequently mentioned being Hindi, Gujarati and Turkish.

Four percent of respondents to the public questionnaire were aware of the availability of language or interpretation facilities at their pharmacy but 77% did not know whether this was available or not (Appendix 5).

7 Pharmaceutical Services Overview

The requirements for the commissioning of pharmaceutical services are set out in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013⁽⁶⁾ and the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013⁽⁴⁷⁾.

NHS England (NHSE) commissions pharmaceutical services via the national Community Pharmacy Contractual Framework (CPCF)⁽⁷⁾. Community pharmacies provide three tiers of pharmaceutical service which have been identified in regulations. These are:

- Essential services: services all community pharmacies are required to provide
- Advanced services: services to support patients with safe and effective use of medicines or appliances that all community pharmacies may choose to provide providing they meet the requirements set out in the directions
- National enhanced services: nationally specified services that are commissioned by NHSE. Currently, there is just one such service – COVID-19 vaccination programme

In addition, a Local Pharmaceutical Service (LPS) contract allows NHSE to commission community pharmaceutical services tailored to meet specific local requirements. It provides flexibility to include a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under the national pharmacy contract arrangements. There are no LPS pharmacies in Haringey.

Locally commissioned community pharmacy services can also be contracted via different routes and by different commissioners, including local authorities and the ICB.

7.1 Essential services

The CPCF states that all pharmacies are required to provide the essential services. The essential services are:

- Dispensing medicines
- Repeat Dispensing, i.e. a process that allows a patient to obtain repeat supplies of their medication or appliances without the need for the prescriber to issue repeat prescriptions each time
- Disposal of unwanted medicines returned to the pharmacy by someone living at home, in a children's home, or in a residential care home

- Promotion of healthy lifestyles, which includes providing advice and participating in NHSE health campaigns
- Signposting people who require advice, treatment, or support that the pharmacy cannot provide to another provider of health or social care services
- Support for self-care which may include advising on over the counter medicines or changes to the person's lifestyle
- Healthy Living Pharmacies - aimed at achieving consistent provision of a broad range of health promotion interventions to meet local need, improving the health and wellbeing of the local population, and helping to reduce health inequalities
- Discharge medicines service. This service was introduced in 2021 and aims to reduce the risk of medication problems when a person is discharged from hospital. The service has been identified by NHSE's Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital
- Dispensing of appliances (in the "normal course of business").

Dispensing appliance contractors have a narrower range of services that they must provide:

- Dispensing of prescriptions
- Dispensing of repeat prescriptions
- For certain appliances, offer to deliver them to the patient and provide access to expert clinical advice
- Where the contractor cannot provide a particular appliance, signposting or referring a patient to another provider of appliances who can.

7.1.1 Digital solutions

Under the terms of service, community pharmacies are now required to have digital solutions in place to provide connectivity across healthcare settings.

Staff working at the pharmacy can access a patient's NHS Summary Care Record (SCR) via the National Care Records Service (NCRS), and that access is consistent and reliable during the pharmacy's opening hours, in so far as that is within the control of the contractor. Subject to the normal patient consent requirements, those registered professionals should access patients' SCRs whenever providing pharmaceutical services to the extent that they consider, in their clinical judgement, that it is appropriate to do so for example: prescription queries, advising patients on suitable medication, providing emergency supplies.

7.2 Advanced services

In addition to the essential services, the NHS CPCF⁽⁷⁾ allows for the provision of advanced services. Community pharmacies can choose to provide any of these services, providing they meet the service requirements including accreditation of the pharmacist providing the service and/or specific requirements regarding premises. They are commissioned by NHSE and the specification and payment is agreed nationally.

Advanced services currently (2025) include:

- Appliance Use Review
- Influenza Vaccination Service
- Hypertension Case-Finding Service
- Lateral Flow Device Tests Supply Service
- New Medicine Service
- Pharmacy Contraception Service
- Pharmacy First Service
- Smoking Cessation Service
- Stoma Appliance Customisation Service

Local information about whether a pharmacy is signed up to deliver an advanced service was unavailable for some services, and activity data from NHSBSA was used with the assumption that zero activity indicated the pharmacy was not delivering the service. It should also be noted that some pharmacies may be signed up to deliver the service but may not have actively delivered the service. Table 20 shows the number of pharmacies providing each of the advanced services.

Table 20: Number of community pharmacies providing advanced services, in Haringey

Pharmacy advanced service	Number of pharmacies providing this service
Appliance Use Review	0
Influenza Vaccination Service	42
Hypertension Case-Finding Service	49
Lateral Flow Device Tests Supply Service	14
New Medicines Service	47
Pharmacy Contraception Service	29
Pharmacy First Service	52
Smoking Cessation Service	19
Stoma Appliance Customisation service	0

Source: NCL ICB and NHSBSA Dispensing Contractors' Data⁽⁴⁸⁾

7.2.1 Appliance use review

Appliance use reviews (AURs) can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. Alternatively, where clinically appropriate and with the agreement of the patient, AURs can be provided by telephone or video consultation (in circumstances where the conversation cannot be overheard by others - except by someone whom the patient wants to hear the conversation, for example a carer). AURs should improve the patient's knowledge and use of any 'specified appliance'.

This service is usually provided by the mail order appliance contractors as a specialism of the services although this service could also be provided by local community pharmacies. Currently no pharmacies in Haringey appear to be delivering this service based on the NHS BSA dispensing contractors' data⁽⁴⁸⁾. However, in response to the pharmacy contractor questionnaire, 7% of respondents indicated that they provided the AUR advanced service with a further 18% intending to begin providing this service within the next 12 months. In addition, 22 (79%) respondents indicated that the pharmacy dispensed appliances, with some indicating that this excluded stoma appliances and incontinence products (Appendix 3).

7.2.2 Influenza vaccination service

Community pharmacy has been providing influenza vaccinations under a nationally commissioned service since September 2015. Each year from September through to March the NHS runs a seasonal influenza vaccination campaign aiming to vaccinate all patients who are at risk of developing more serious complications from the virus. The accessibility of pharmacies, their extended opening hours, and the option to walk in without an appointment have proved popular with patients seeking vaccinations.

Information from ICB indicated that 42 of the community pharmacies in Haringey provided the influenza vaccination service (details listed in Appendix 6).

Eighty-six percent of pharmacy contractors responding to the questionnaire indicated that they provided the influenza vaccination advanced service and a further 11% that they would in the next 12 months (Appendix 3).

Seventy-six (37%) respondents to the public questionnaire indicated that they used their pharmacy to access vaccinations (Appendix 5).

7.2.3 Hypertension case-finding service

The hypertension case-finding service (HCFS) was commenced as an advanced service in October 2021 to support the programme of identification of undiagnosed cardiovascular disease. Previously only being provided by pharmacists and pharmacy technicians, from December 2023, the service was further extended to be provided by suitably trained and competent non-registered pharmacy staff.

The service aims to:

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

Information from ICB indicated that 49 pharmacies were signed up to deliver the HCFS in Haringey (details listed in Appendix 6).

In response to the pharmacy contractor questionnaire, 75% providers indicated that they were offering the Hypertension Case-Finding Service, and 21% plan to implement it soon (Appendix 3).

7.2.4 Lateral flow device (LFD) tests supply service

The NHS offers COVID-19 treatment to people with COVID-19 who are at risk of becoming seriously ill. To access treatment, eligible patients first need to be able to test themselves by using an LFD test if they develop symptoms suggestive of COVID-19. It is therefore important that they have LFD tests at their home in advance of developing symptoms, so they can promptly undertake a test.

The LFD tests supply service was introduced in November 2023 to provide eligible patients with access to LFD tests. It replaced a similar service known as 'COVID-19 Lateral Flow Device Distribution Service', or 'Pharmacy Collect'.

If a patient tests positive, they are advised to call their general practice, NHS 111, or hospital specialist as soon as possible. The test result will be used to inform a clinical assessment to determine whether the patient is suitable for, and will benefit from, NICE recommended COVID-19 treatments.

Information from the ICB indicated that 14 pharmacies were signed up to provide LFD in Haringey (details listed in Appendix 6).

7.2.5 New medicine service (NMS)

In England, around 15 million people have a long-term condition (LTC), and the optimal use of appropriately prescribed medicines is vital to the management of most LTCs. However, reviews conducted across different disease states and different countries are consistent in estimating that between 30 and 50 per cent of prescribed medicines are not taken as recommended. This represents a failure to translate the technological benefits of new medicines into health gain for individuals. Sub-optimal medicines use can lead to inadequate management of the LTC and a cost to the patient, the NHS and society.

The service provides support to people who are newly prescribed a medicine to manage a long-term condition, which will generally help them to appropriately improve their medication adherence and enhance self-management of the LTC. Specific conditions/medicines are covered by the service.

Information from the ICB indicates that 47 community pharmacies were signed up to provide NMS in Haringey (details listed in Appendix 6).

All respondents in the pharmacy contractor questionnaire indicated that they provided the NMS advanced service (Appendix 3) and 54% of the public identified that they received advice from their pharmacy regarding minor ailments and new medicines (Appendix 5).

7.2.6 Pharmacy contraception service

The pharmacy contraception service (PCS) provides an opportunity for community pharmacy to help address health inequalities by providing wider healthcare access in their communities and signposting service users into local sexual health services in line with NICE Guidelines (NG102)⁽⁴⁹⁾.

The objectives of the service are to:

- Provide a model for community pharmacy teams to initiate provision of Oral Contraception (OC), **and to continue** the provision of OC supplies initiated in primary care (including general practice and pharmacies) or sexual health clinics and equivalent. Both initiation and ongoing supply are undertaken using PGDs to support the review and supply process; and
- Establish an integrated pathway between existing services and community pharmacies that provides people with greater choice and access when considering continuing their current form of OC.

The service aims to provide:

- Greater choice from where people can access contraception services; and
- Extra capacity in primary care and sexual health clinics (or equivalent) to support meeting the demand for more complex assessments.

The service involves community pharmacists providing:

- Initiation: where a person wishes to start OC for the first time or needs to restart OC following a pill free break. A person who is being switched to an alternative pill following consultation can also be considered as an initiation; and
- Ongoing supply: where a person has been supplied with OC by a primary care provider, or a sexual health clinic (or equivalent) and a subsequent equivalent supply is needed. Their current supply of OC should still be in use.

The supplies are authorised via a PGD, with appropriate checks, such as the measurement of the patient's blood pressure and body mass index, being undertaken where necessary.

Information from the ICB indicates that 29 community pharmacies were signed up to provide PCS in Haringey (details listed in Appendix 6).

Fifty-three percent of the respondents to the pharmacy questionnaire indicated that they currently provide the PCS with a further 43% indicating that they would within the next 12 months (Appendix 3).

Note that Haringey Council also currently commissions the supply of emergency contraception and other sexual health services via community pharmacy, although this is set to change in October 2025 when this service will become part of the PCS. The current LA commissioned service is described in more detail in the local enhanced services section.

7.2.7 Pharmacy First service

The Pharmacy First service, which commenced on 31 January 2024 and replaces the Community Pharmacist Consultation Service (CPCS), involves pharmacists providing advice and NHS-funded treatment, where clinically appropriate, for seven common conditions (age restrictions apply): sinusitis, sore throat, acute otitis media, infected insect bites, impetigo, shingles, and uncomplicated UTI in women. Consultations for these seven clinical pathways can be provided to patients self-presenting to the pharmacy as well as those referred electronically by NHS 111, general practices and others.

The service also incorporates the elements of the CPCS, i.e. minor illness consultations with a pharmacist, and the supply of urgent medicines (and

appliances), both following an electronic referral from NHS 111, general practices (urgent supply referrals are not allowed from general practices) and other authorised healthcare providers (i.e. patients are not able to present to the pharmacy without an electronic referral).

Fifty-two pharmacies in Haringey are signed up to provide this service (details listed in Appendix 6).

All pharmacy contractors completing the questionnaire indicated that they currently provide Pharmacy First Services with 22 (79%) identifying that they deliver this service often (Appendix 3).

Following the contractual settlement, further changes to the Pharmacy First Service included "bundling" requirements such that providers must provide the Hypertension Case Finding Service (HCFS) and Pharmacy Contraception Service (PCS) in order for them to receive Pharmacy First monthly payments (from June 2025).

7.2.8 Smoking cessation advanced service

The smoking cessation advanced service commenced in March 2022 for people referred to community pharmacies by hospital services. This service enables NHS trusts to refer patients discharged from hospital to a community pharmacy of their choice to continue their smoking cessation care pathway, including providing medication and behavioural support as required. It supplements other locally commissioned smoking cessation services, such as the Haringey council Public Health-commissioned Stop Smoking service detailed in Section 8 of this document.

19 pharmacies in Haringey are signed up to provide this service (details listed in Appendix 6).

Thirty-six percent of contractor responses indicated that they provided the smoking cessation advanced service with a further 43% indicating that they intended to within the next 12 months (Appendix 3).

7.2.9 Stoma appliance customisation service (SAC)

The Stoma Appliance Customisation service is based on modifying stoma appliance(s) to suit 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.

As with the AUR service, this is typically undertaken by mail order appliance contractors. Currently no pharmacies in Haringey appear to be delivering this service based on the NHS BSA dispensing contractors' data⁽⁴⁸⁾. However, 18% of respondents to the pharmacy contractor questionnaire indicated that they did provide this service and 11% were aiming to within the next 12 months (Appendix 3).

7.3 National enhanced services

In December 2021, provisions were made within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013⁽⁶⁾ for a new type of enhanced service, the National Enhanced Service (NES). Under this type of service, NHSE commissions an enhanced service that is nationally specified. This requires NHSE to consult with Community Pharmacy England (CPE) on matters relating to the service specification and remuneration for the service.

This differs from a Local Enhanced Service (LES) that is locally developed and designed to meet local health needs, and for which NHSE would consult with Community Pharmacy England. A NES allows the agreement of standard conditions nationally, while still allowing the flexibility for local decisions to commission the service to meet local population needs, as part of a nationally coordinated programme.

At the time of writing, there is one NES commissioned by NHSE, the COVID-19 vaccination programme (details listed in Appendix 6).

7.3.1 COVID-19 vaccination programme

Phase 5 of the vaccination service, the Autumn 2022, Spring 2023, Autumn/Winter 2023/24 and Spring 2024 booster programmes were all commissioned as a NES. Data provided by ICB suggests that this service was not commissioned in Haringey at the time of writing.

8 Haringey Locally Commissioned Services

Locally commissioned services are not described in the 2013 regulations⁽⁶⁾, but the term is often used to describe those services commissioned from pharmacies by Local Authorities and the ICBs. In the Haringey area, pharmacy services are currently commissioned locally by the council's Public Health Team and North Central London ICB.

8.1 ICB Locally Commissioned services

At the time of preparing this PNA, North Central London ICB commissioned the following services with community pharmacy:

ICB-commissioned enhanced services:

- Palliative care medicines and antimicrobial drugs
- Self-Care Medicines Scheme (SCMS)

Other ICB-commissioned service:

- Bank Holiday Rota

Further details of which pharmacies are delivering these services can be found in Appendix 6.

8.1.1 On demand availability of palliative care and antimicrobial drugs from community pharmacies

The pharmacy palliative care medicines scheme aims to improve and ensure the availability of palliative care medicines in Haringey through community pharmacies during normal opening hours.

The ICB commissions the on-demand availability of palliative care and antimicrobial drugs from community pharmacies across North Central London. This service aims to ensure that patients receiving palliative care in the community have access to specialised drugs when these are required in an emergency. The service is available within the normal opening hours of the pharmacy contractor. Out of hours centres hold their own supplies to meet the demand outside normal pharmacy opening hours.

Community pharmacies are contracted to stock the list of CORE palliative care medications stock. The service will also stock antimicrobials, such as vancomycin as it is not commonly stocked in community pharmacies but is required as first line treatment for *C. difficile* in line with NICE guidance NG199⁽⁵⁰⁾.

As of May 2023, three community pharmacies in Haringey are currently participating in this scheme and there are also participating pharmacies in neighbouring boroughs.

8.1.2 Self-care medicines scheme (SCMS)

Community pharmacies taking part in the new North Central London SCMS (which replaces the Self-Care Pharmacy First Pilot Scheme in Camden, Haringey and Islington), can provide eligible patients with selected free medicines for common minor ailments like allergies, earache or minor injuries. Patients (and their children aged under 16) are eligible to receive this service if they receive free prescriptions in categories relating to income, or they are aged 16, 17, or 18 and in full time education, part-time education or undertaking an accredited apprenticeship.

As of February 2025, there are currently 29 community pharmacies in Haringey taking part in this scheme (details listed in Appendix 6).

8.1.3 Bank holiday rota

Community pharmacies may choose not to open on nominated bank holidays. While many opt to close, a number of pharmacies (often those in regional shopping centres, retail parks, supermarkets and major high streets) opt to open – often for limited hours. The ICB has managed a service for coverage over bank holidays to ensure that there are pharmacies open on these days and their location is near to the hubs and out-of-hours providers. This is so that patients can easily access medication if required. All pharmacies are obliged to participate in the rota if they are directed to do so by the ICB.

As of April 2025, NCL ICB have commissioned the following pharmacies in Haringey to open on bank holidays:

- Coopers Pharmacy, 59a Broad Lane, Tottenham, London, N15 4DJ
- Pharmacy Express, 214 High Road, Wood Green, N22 8HH

8.2 Haringey Public Health Commissioned services

As part of its range of public health interventions, Haringey Public Health team currently commissions the following services from community pharmacies:

- Stop Smoking
- Supervised self-administration of methadone and buprenorphine
- Needle exchange
- Naloxone supply

- Emergency hormonal contraception
- Condom distribution
- Chlamydia and gonorrhoea self-testing and chlamydia treatment
- HIV and Syphilis testing
- Healthy Start vitamins service

Further details of which pharmacies are delivering these services can be found in Appendix 6. Table 21 at the end of this section shows provision of these services across localities.

8.2.1 Haringey stop smoking service

The aim of the Haringey stop smoking service is to provide individuals who wish to quit smoking with access to stop smoking advice and support as appropriate and in convenient locations. There are a number of different providers of the service, including pharmacies and GP practices as well as a community-based service provided by Haringey GP Federation.

A current smoker who wishes to stop smoking is supported by an accredited stop smoking practitioner up to 12 weeks and provided with a suitable replacement therapy, medication or vaping kits where appropriate. Referrals can be self-referring or made by other agencies. Digital options are also available for those wishing to support themselves.

There are 11 community pharmacies⁽⁵⁰⁾ in Haringey registered to deliver this service (details listed in Appendix 6).

8.2.2 Drug and alcohol dependence services

8.2.2.1 Supervised self-administration (SSA) of methadone and buprenorphine

Substances such as heroin, opium and morphine are known as ‘opioids’. Many opioids are ‘psychoactive’, which means they affect the way the brain works and can change a person’s mood or behaviour. Opioid dependence is associated with a wide range of social and health problems, including a high risk of infection and mental health problems. It also presents a danger that a person could take a fatal overdose.

Services are commissioned from community pharmacies to provide a dispensing and SSA scheme for opioid substitutes (such as methadone or buprenorphine) for dependent drug users. To use the services, patients must have been assessed as requiring symptomatic treatment for drug related problems and have made the decision to reduce their illegal opioid use. Substance misuse services prescribe an opioid substitute, tailoring the selected product and dose to the individual’s needs.

The service is therefore only available to patients who are being treated within the local integrated substance misuse and harm reduction service.

As the pharmacy staff supervise the patient's self-administration of the opioid substitute in the pharmacy, risk of illegal diversion or consumption by anybody other than the patient is minimised.

According to data from PharmOutcomes accessed by Haringey's Public Health team, 19 community pharmacies currently provide the SSA of methadone and buprenorphine service (details listed in Appendix 6).

8.2.2.2 Needle exchange

The aim of the needle exchange scheme is to reduce the spread of blood borne viruses (such as HIV, hepatitis B and hepatitis C) and other infections associated with the use of non-sterile injection equipment. It does so through the provision of sterile injecting equipment and other associated products. It also helps to reduce the risk of needle stick injuries to others by reducing drug related litter through the safe collection and disposal of equipment. In addition, the service provides information and advice, and acts as a gateway to other services, such as drug treatment centres.²

The service is currently provided by 10 community pharmacies⁽⁵⁰⁾ in Haringey (details listed in Appendix 6).

8.2.2.3 Naloxone supply

Naloxone is a life-saving medication used to reverse an opioid overdose from drugs like heroin, methadone, and codeine. If someone is having an opioid overdose, this medication can buy extra time for the emergency services to arrive. Supply through community pharmacies improves accessibility both in terms of locations and opening hours. Pharmacy teams can also offer advice and guidance on correct use of naloxone kits.

Seven pharmacies⁽⁵⁰⁾ across Haringey provide this service (details listed in Appendix 6).

8.2.3 Sexual health service

Sexual and reproductive health is a vital aspect of public health. In Haringey Central and North West London NHS Foundation Trust (CNWL) deliver sexual health services. Access to appropriate sexual health services and interventions can significantly enhance the health and wellbeing of both individuals and the wider population.

Pharmacies work as part of a wider network of providers, helping to extend access to emergency hormonal contraception (EHC) condoms, and STI testing and treatment across Haringey. Pharmacies can provide an anonymous service in an environment that respects the dignity and confidentiality of the patient.

8.2.3.1 Emergency hormonal contraception

In Haringey, EHC is available free of charge from a number of pharmacies who have agreed to provide this service. The supply of EHC (levonorgestrel and ulipristal) in pharmacies is made via local patient group direction (PGD) arrangements.

In Haringey, there are 23 pharmacies⁽⁵⁰⁾ signed up to deliver the free EHC service (details listed in Appendix 6). Some of these pharmacies are open weekday evenings and weekends, which allows for improved access outside of normal working hours.

8.2.3.2 Condom distribution service

Come Correct is the name of the free and confidential scheme for young people under the age of 25, where they can register online for a C-card (condom card) and then visit any location displaying the Come Correct logo for a supply of condoms. There are a number of venues across the borough that can provide the condom supply, including colleges, sexual health clinics and pharmacies. This variety of venue types helps to increase accessibility of condoms to young people in the borough.

Across Haringey, there are 23 pharmacies⁽⁵⁰⁾ registered to provide this service (details listed in Appendix 6).

8.2.3.3 Chlamydia and gonorrhoea self-testing and chlamydia treatment

Community pharmacies provide a confidential service where individuals can collect free self-testing kits for chlamydia and gonorrhoea. The service supports early detection and treatment by improving access to sexual health testing within local communities. Self-testing kits are available from all 23 Healthy Living Pharmacies commissioned by Haringey⁽⁵¹⁾.

In addition, chlamydia treatment for people with a positive diagnosis for chlamydia is available at all 23 Healthy Living Pharmacies, if they have used the chlamydia and gonorrhoea self-testing service available in these pharmacies. This service supports the importance of early treatment of chlamydia, thereby reducing prevalence (details listed in Appendix 6).

8.2.3.3 HIV and syphilis testing

Haringey offer a dual HIV and syphilis point of care testing service at specific pharmacies in the borough, widening access to this important service. The service is available to people aged 18 and over and complements services offered by specialist sexual health services. This is available at 11 pharmacies⁽⁵⁰⁾ across Haringey (details listed in Appendix 6).

8.2.4 Healthy Start vitamins service

Healthy Start vitamins are available free of charge in Haringey to eligible residents as part of the national Healthy Start scheme. The vitamins support maternal and early years nutrition, helping to prevent vitamin deficiencies in pregnant women, new mothers, and young children.

In Haringey, eligible residents can collect Healthy Start vitamins from a range of community locations, including selected pharmacies, children’s centres, and health centres. The availability of these vitamins in pharmacies helps ensure accessible and equitable provision across the borough.

Pharmacies have an important role in signposting families to the Healthy Start scheme, supporting wider public health goals related to maternal and child health, and helping to reduce health inequalities. There are 11 community pharmacies⁽⁵⁰⁾ in Haringey registered to deliver this service (details listed in Appendix 6).

Table 21: Provision of local authority commissioned services, by locality

	Stop smoking service	Supervised self-administration	Needle exchange	Naloxone supply	EHC	Condom distribution	HIV and Syphilis Testing	Healthy Start vitamins
East	6	12	4	5	10	10	8	6
West	2	3	2	NIL	5	5	2	2
Central	3	4	4	2	8	8	NIL	3
HARINGEY	11	19	10	7	23	23	10	11

Data Source: Haringey Public Health Team supplied PharmOutcomes data (supervised self-administration) and Haringey Public Health website⁽⁵¹⁾

8.3 Non-commissioned services

Community pharmacies provide a range of services which are neither part of the core contract with the NHS, nor commissioned by Local Authority Council, ICB or NHSE. These services may not be aligned with the strategic priorities of the ICB or the council but may be fulfilling a customer generated demand for non-NHS services and are often very valuable for certain patient groups e.g. the housebound. However, these services are provided at the discretion of the pharmacy owner and may or may not incur an additional fee.

As these services are not reimbursed by the NHS, the decision to provide the service is often a commercial one, especially when the service increases the pharmacy's overhead costs. Non-commissioned services identified in the Pharmacist PNA questionnaire included:

- Collection of prescriptions from GP practices
- Delivery of dispensed medicines
- Dispensing of medicines into Monitored Dosage Systems for patients not requiring reasonable adjustments

It is worth noting that patients are often surprised to find that these are not NHS services.

8.4 Collection and delivery service

The responses from the pharmacy contractor survey (Appendix 3) show that 79% of respondents provide a free prescription delivery service although some may restrict delivery to the local area i.e. within certain postcodes or certain miles radius or define "essential" as being criteria such as elderly, housebound, disability, or for bulky items.

Sixty-eight percent of respondents offer a prescription collection service (although as EPS is now used for almost all prescriptions, there is little need for this service).

To gain a clearer understanding of service provision, further information may need to be gathered. This could help identify where these non-commissioned services are being offered and whether there are any gaps in access for patients who may rely on them.

8.5 Monitored dosage systems

Pharmacies are expected to make suitable arrangements or "reasonable adjustment" for patients who have disabilities which ensure that they can take their medicines as

instructed by the doctor in line with the Equality Act 2010⁽¹⁹⁾. This will sometimes require the use of monitored dose systems (MDS) to help patients take complicated drug regimens. These are often seen as weekly or monthly cassettes with medication placed in boxes relating to the day and time of the day that the medicine is to be taken.

Family or carers may ask for medicines to be dispensed in MDS, without any assessment of whether this is the most appropriate way of providing the help that the patient needs to safely take their medicines. This is an ideal opportunity for the pharmacy service to engage with the person or their representative to ascertain the most appropriate delivery system for medicines to suit their needs.

NICE guidance NG67⁽⁵²⁾ recognised the role that pharmacists play in supporting people in the community and recommended that “use of a monitored dosage system should only be when an assessment by a health professional (for example, a pharmacist) has been carried out”.

This information sharing should help to identify patients who would benefit from interventions such as the provision of medicines in a MDS and evidence assessments that have been undertaken to support this decision.

Eighty-six percent of respondents to the pharmacy contractor survey (Appendix 3) offer an MDS service which may be free on request and 22% would charge for this service.

9 Current and Future Pharmacist Role

Haringey HWB values the contribution that community pharmacy makes to the local health economy through their essential services, advanced services and locally commissioned services. They are an important part of the medicines optimisation approach that helps patients to improve their outcomes, take their medicines correctly, avoid taking unnecessary medicines, reduce wastage, and improve medicines safety.

Haringey Council's Public Health team strongly supports the role that community pharmacy plays in promoting health and healthy lifestyle and in delivering evidence-based interventions for stop smoking, sexual health, and substance misuse.

The national vision for community pharmacy is in line with the local strategy and aspirations. Community pharmacy has a critical role to play in the Haringey health system. It is essential that community pharmacy continues to be recognised and supported, so that they in turn can support the health needs of the population of Haringey. It is also important that the people of Haringey are aware of and fully utilise the services available from their community pharmacies.

The demand on community pharmacy and on community pharmacists and their staff is great and is ever-increasing. The shortage of local pharmacists is acute; there is now increased public demand on pharmacies and their staff, and this has been further exacerbated by the demand for, and recruitment of community pharmacists (and other staff) employed within PCNs and other pharmacy services. It is important to note the pressure that community pharmacies and their staff are under as a result of these two factors. Whilst community pharmacies welcome the introduction of new commissioned services, and have been tenacious, innovative and agile when launching them, locally, it is important for commissioners to be aware of the huge demands being placed on community pharmacy and the capacity of community pharmacy.

Further consideration is given in Appendix 8 regarding future opportunities for community pharmacy service provision in Haringey including recommendations to further enhance service provision and therefore maximise the health benefits offered by community pharmacy to the Haringey population.

10. Engagement and Consultation

10.1 Stakeholder engagement

10.1.1 Overview of response to the public questionnaire

204 people responded to a public questionnaire on pharmacy services and access. Appendix 5 contains a full breakdown to the results.

- 85% (175 respondents) had a preferred local community pharmacy
- 81% (167) stated that convenient location was a factor in their choice of pharmacy. 58% (118 respondents) stated that helpful staff was a factor in their choice
- When asked to rate how well their community pharmacy meets their needs (on a scale of 1 -10), with 10 being extremely well), 76% (156 respondents) rated their pharmacy 8 or above
- 75% (153 respondents) travel to their pharmacy on foot and 67% (138 respondents) stated it took them 10 minutes or less to travel to their pharmacy
- In the public questionnaire, 80% of respondents (164 people) said that their local pharmacy had opening hours that were convenient for them
- When asked about the most convenient time to visit a pharmacy, 61% (125 respondents) indicated weekdays between 8am and 4:59pm
- Meanwhile, 11% (22 respondents) preferred Saturday daytime, and 10% (21 respondents) found weekday evenings (5pm to 7:59pm) to be the most convenient.

Table 22 below summarises which services respondents use at their pharmacy.

Table 22: Questionnaire responses to services people use at their pharmacy

Option	Count	Percentage
Collect prescribed medicines and/or products	180	88%
Buy over the counter medicines	147	72%
Advice from your pharmacist e.g. including minor ailments and new medicines	110	54%
Dispose of unwanted medicine	80	39%
Disposal of used medical equipment e.g. needles / syringes	14	7%
Collect Covid-testing kits	30	15%
Access vaccinations e.g. Covid-19 or flu	76	37%
None	0	0%
Other (please specify)	8	4%
Blank	14	7%

10.1.2 Overview of response to pharmaceutical service providers' questionnaire

Twenty eight of 54 pharmacies responded to the questionnaire, giving a response rate of 51%.

All pharmacies responding had private consultation room(s), and 89% of those responding had consultation room(s) with wheelchair access. Fourteen percent stated they had more than one consultation room available.

Eighteen percent did not have access to hand-washing facilities during consultations. Twenty one percent of those responding to the question stated they have toilet facilities available for customers.

Languages spoken in pharmacies in addition to English were:

- Hindi: 15 mentions
- Gujarati: 14 mentions
- Turkish: 12 mentions
- Urdu: 10 mentions
- Romanian: 6 mentions
- Punjabi: 4 mentions
- Swahili: 4 mentions
- Kurdish: 4 mentions
- Spanish: 3 mentions
- Arabic: 3 mentions
- French: 3 mentions
- Polish: 3 mentions
- Russian: 3 mentions
- Portuguese: 3 mentions
- Albanian: 3 mentions
- Greek: 3 mentions
- Telugu: 2 mentions
- Bengali: 2 mentions
- Mandarin: 1 mention
- Indian: 1 mention
- Marathi: 1 mention
- Singhalese: 1 mention
- Kosovan: 1 mention
- Moroccan: 1 mention
- Somali: 1 mention
- Pashtun: 1 mention
- Filipino: 1 mention
- Italian: 1 mention
- Slovakian: 1 mention

Seventy nine percent of pharmacies responding dispense all types of appliances, 11% dispense dressings only. Four percent do not dispense appliances.

Table 23 summarises pharmacies responding to state whether they deliver or intend to deliver each advanced service:

Table 23: Questionnaire responses showing advanced services provided in pharmacies

Advanced service	Yes	Intending to begin within next 12 months	No - not intending to provide
Pharmacy First	28 (100%)	0 (0%)	0 (0%)
Hypertension Case Finding	21 (75%)	6 (21%)	1 (4%)
Pharmacy Contraception Service	14 (50%)	12 (43%)	2 (7%)
Community Pharmacy Smoking Cessation Service	10 (36%)	12 (43%)	6 (21%)
New Medicine Service	28 (100%)	0 (0%)	0 (0%)
Influenza Vaccination Service	24 (86%)	3 (11%)	1 (4%)
Appliance Use Review	2 (7%)	5 (18%)	21 (75%)
Stoma Appliance Customisation	5 (18%)	3 (11%)	20 (71%)
Lateral Flow Device (LFD) Service	15 (54%)	7 (25%)	6 (21%)

Table 24 below summarises pharmacies responding to state whether they deliver or intend to deliver other services:

Table 24: Questionnaire responses showing other services provided in pharmacies

Service	Currently providing under contract with NHS England	Currently providing under contract with ICB	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide	Willing to provide privately
Anticoagulant Monitoring Service	0 (0%)	0 (0%)	0 (0%)	24 (86%)	3 (11%)	1 (4%)
Anti-viral Distribution Service	0 (0%)	1 (4%)	0 (0%)	24 (86%)	2 (7%)	1 (4%)
Chlamydia Testing Service	0 (0%)	0 (0%)	9 (32%)	13 (46%)	4 (14%)	2 (7%)
Chlamydia Treatment Service	0 (0%)	0 (0%)	10 (36%)	15 (54%)	2 (7%)	1 (4%)
Emergency Contraception Service	0 (0%)	0 (0%)	14 (50%)	10 (36%)	1 (4%)	3 (11%)
Home Delivery Service (not appliances)	2 (7%)	0 (0%)	3 (11%)	14 (50%)	3 (11%)	6 (21%)
Medicines Assessment and Compliance Support Service	2 (7%)	0 (0%)	0 (0%)	21 (75%)	4 (14%)	1 (4%)
Minor Ailment Scheme	4 (14%)	2 (7%)	5 (18%)	14 (50%)	1 (4%)	2 (7%)
Self-care medicines scheme	2 (7%)	2 (7%)	6 (21%)	15 (54%)	2 (7%)	1 (4%)
Supervised Administration Service	7 (25%)	2 (7%)	8 (29%)	6 (21%)	4 (14%)	1 (4%)
Needle and syringe exchange service	1 (4%)	2 (7%)	6 (21%)	10 (36%)	7 (25%)	2 (7%)
Not dispensed scheme	1 (4%)	0 (0%)	0 (0%)	17 (68%)	5 (20%)	2 (8%)
Out of Hours Services	1 (4%)	1 (4%)	0 (0%)	11 (39%)	14 (50%)	1 (4%)
Phlebotomy Service	0 (0%)	0 (0%)	0 (0%)	14 (50%)	10 (36%)	4 (14%)

Service	Currently providing under contract with NHS England	Currently providing under contract with ICB	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide	Willing to provide privately
Seasonal Influenza Vaccination Service	20 (71%)	1 (4%)	2 (7%)	3 (11%)	1 (4%)	1 (4%)
Stop Smoking Service	3 (11%)	1 (4%)	6 (21%)	11 (39%)	5 (18%)	2 (7%)
Vascular Risk Assessment Service	0 (0%)	0 (0%)	0 (0%)	23 (82%)	4 (14%)	1 (4%)
Asthma Medicines Management Service	0 (0%)	0 (0%)	0 (0%)	23 (82%)	3 (11%)	2 (7%)
Screening Service: Gonorrhoea	0 (0%)	0 (0%)	2 (7%)	17 (61%)	7 (25%)	2 (7%)
Screening Service: H. pylori	0 (0%)	0 (0%)	0 (0%)	23 (82%)	4 (14%)	1 (4%)
Screening Service: Hepatitis	0 (0%)	0 (0%)	0 (0%)	18 (67%)	7 (26%)	2 (7%)
Screening Service: HIV	0 (0%)	0 (0%)	4 (15%)	13 (48%)	8 (30%)	2 (7%)
Screening Service: Other	0 (0%)	0 (0%)	0 (0%)	16 (57%)	4 (29%)	2 (14%)
Childhood vaccinations	0 (0%)	0 (0%)	0 (0%)	16 (57%)	8 (29%)	4 (14%)
COVID-19 vaccinations	12 (43%)	0 (0%)	0 (0%)	10 (36%)	5 (18%)	1 (4%)
Hepatitis (at risk workers or patients) vaccinations	0 (0%)	0 (0%)	0 (0%)	19 (68%)	5 (18%)	4 (14%)
HPV vaccinations	0 (0%)	0 (0%)	0 (0%)	19 (68%)	5 (18%)	4 (14%)
Meningococcal vaccinations	0 (0%)	0 (0%)	1 (4%)	16 (57%)	5 (18%)	6 (21%)
Pneumococcal vaccinations	4 (14%)	0 (0%)	1 (4%)	15 (54%)	5 (18%)	3 (11%)
Travel vaccinations	0 (0%)	0 (0%)	2 (7%)	11 (39%)	5 (18%)	10 (36%)
Other vaccinations	0 (0%)	0 (0%)	0 (0%)	6 (55%)	3 (27%)	2 (18%)

When asked about provision of non-commissioned services, pharmacies responding for each service stated whether they provide or intend to provide as summarised in table 25.

Table 25: Questionnaire responses showing non-commissioned services provided in pharmacies

Service	Yes	Intending to begin within next 12 months	No - not intending to provide
Collection of prescriptions from GP practices	19 (68%)	1 (4%)	8 (29%)
Delivery of dispensed medicines – Selected patient groups	22 (79%)	1 (4%)	5 (18%)
Delivery of dispensed medicines – Selected areas	22 (79%)	1 (4%)	5 (18%)
Delivery of dispensed medicines – Free of charge on request	22 (79%)	0 (0%)	6 (21%)
Delivery of dispensed medicines – With charge	5 (18%)	9 (32%)	14 (50%)
Monitored Dosage Systems – Free of charge on request	24 (86%)	1 (4%)	3 (11%)
Monitored Dosage Systems – with charge	6 (22%)	8 (30%)	13 (48%)

10.2 Formal consultation

To be added following the consultation

11 Summary of Findings

There are 54 community pharmacies in Haringey, consisting of 52 standard contract (40 hour) pharmacies and two 100-hour contract pharmacies. Two of the 40-hour contracts are distance selling pharmacies.

Twenty-five of the standard contract pharmacies deliver more than the 40-hours as part of their core contract, ranging between 40.5 and 53.5 hours per week. This is complemented by 44 pharmacies providing supplementary hours covering weekday evenings.

The number of community pharmacies has remained relatively stable since the previous PNA, and no gaps have been identified as a result of recent closures. However, this stability may not continue, and any changes during the lifetime of the PNA will need to be carefully assessed to understand their potential impact.

Residents of Haringey have adequate access to community pharmacies, with a slightly higher number of pharmacies per 100,000 population to the England average. The Central, East and West localities all have a slightly higher number of pharmacies per 100,000 population compared to the England average, and there is good provision of necessary services.

Whereas the majority of pharmacies provide additional supplementary hours to the 40 hours of their core contracted service delivery, some pharmacies are open for significantly longer. These pharmacies provide extended and out of hours cover for pharmaceutical services across Haringey, as they open on weekday evenings and both Saturdays and Sundays. In total, 46 pharmacies are open on Saturdays and 10 pharmacies are open on Sundays across the three localities.

Since the 2022 PNA, two pharmacies have closed in the Haringey HWB area. However, there continues to be adequate pharmacy provision across the area and this does not require additional pharmacy provision.

A number of community pharmacies provide advanced services that seek to improve the safe and effective use of medicines. In particular, the Pharmacy First, Hypertension Case-Finding and New Medicines Services are well supported by the community pharmacies in Haringey, with many pharmacies signed up to deliver these services. The Pharmacy Contraception and Influenza Vaccination services are also provided by well over half of the community pharmacies.

Additionally, a range of Locally Commissioned services are currently being commissioned either totally or in part from community pharmacies. These are; stocking of palliative care medicines and antimicrobial drugs, Self-Care Medicines Scheme, stop smoking, emergency hormonal contraception, condom distribution,

chlamydia and gonorrhoea testing and treatment, HIV and syphilis testing, SSA of methadone and buprenorphine, needle exchange and naloxone supply.

When community pharmacy provision is taken into account, alongside that of other service providers, it is considered that provision of existing Locally Commissioned services across Haringey is adequate and meets identified health needs. For some services, community pharmacies have stated in their survey responses that they would be willing to provide these services if commissioned.

Community pharmacies make a valuable contribution to the objectives of the Haringey Health & Wellbeing Strategy and engagement work shows that people value the services provided by their local community pharmacy.

Community pharmacies may also offer a wide range of non-NHS services. Whilst some of these services are not aligned with the strategic priorities of the ICB or the council, they may be fulfilling a customer generated demand.

It is recognised that out of area provision impacts not only the delivery of dispensing services but also the provision and accessibility of enhanced or locally commissioned services, especially where areas border each other.

11.1 Central locality

Necessary Services: current provision

- There are a significant number of pharmacies open beyond core hours to provide pharmaceutical services, including weekday evenings, Saturdays and Sundays.
- Travel times to reach these community pharmacies are short, further demonstrating good accessibility to pharmaceutical services.
- Access to pharmaceutical services in neighbouring boroughs and localities is good.

11.2 East locality

Necessary services – current provision

- There are a significant number of pharmacies open beyond core hours to provide pharmaceutical services, including weekday evenings, Saturdays and Sundays.
- Travel times to reach these community pharmacies are short, further demonstrating good accessibility to pharmaceutical services.

- Access to pharmaceutical services in neighbouring boroughs and localities is good.

11.3 West locality

Necessary services – current provision

- There are a significant number of pharmacies open beyond core hours to provide pharmaceutical services, including weekday evenings, Saturdays and Sundays.
- Travel times to reach these community pharmacies are short, further demonstrating good accessibility to pharmaceutical services.
- Access to pharmaceutical services in neighbouring boroughs and localities is good.

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12 Statement of Pharmaceutical Needs Assessment

After considering all the elements of the PNA, Haringey Health and Wellbeing Board makes the following statement:

- For the purpose of this PNA, Haringey HWB has agreed that necessary services are defined as the essential services in the NHS CPCF (see Section 3.3).

Provision of necessary services

- There is no current gap in the current provision of necessary services during normal working hours across Haringey to meet the needs of the population.
- There is no current gap in the current provision of necessary services outside normal working hours across Haringey to meet the needs of the population.
- No gaps have been identified in the need for pharmaceutical services in future circumstances across Haringey

Improvements and better access

- There are no gaps in the provision of advanced services at present or in the future (lifetime of this PNA) that would secure improvements or better access in Haringey.
- There are no gaps in the provision of enhanced services at present or in the future (lifetime of this PNA) that would secure improvements or better access in Haringey.
- Based on current information no current gaps have been identified in respect of securing improvements or better access to locally commissioned services, either now or in specific future (lifetime of this PNA) circumstances across Haringey to meet the needs of the population.

Future opportunities

While outside the statutory scope of this assessment, Appendix 8 provides further detail on potential opportunities to expand and enhance community pharmacy services. These are based on local health needs, national policy direction, and pharmacy contractor engagement and may assist commissioners in planning future service developments.

Appendix 1 – PCNs, GP Practices and Surgeries

Correct as of February 2025

Practice Name	Main/Branch	Address	Post Code	PCN
Lawrence House Surgery (Dr Rohan)	Main	107 Philip Lane	N15 4JR	Welbourne
<i>Broadwater Farm Surgery</i>	Branch	Broadwater Farm Community Health Centre	N17 6BF	Welbourne
<i>Spur Road Surgery</i>	Branch	1 Spur Road	N15 4AA	Welbourne
Staunton Group Practice	Main	Morum House Medical Centre	N22 8HE	East Central
Tynemouth Road Health Centre	Main	Tynemouth Road	N15 4RH	Welbourne
Highgate Group Practice	Main	44 North Hill	N6 4QA	North West
Charlton House Medical Centre	Main	581 High Road	N17 6SB	North East
Morris House Group Practice	Main	Lordship Lane Primary Care Health Centre	N17 6AA	North East
Bruce Grove Primary Care Health Centre	Main	461-463 High Road	N17 6QB	North East
<i>Bruce Grove Castleview</i>	Branch	Castleview	N17 6XE	North East
Somerset Gardens Family Health Care	Main	4 Creighton Road	N17 8NW	North East
Westbury Medical Centre (Steinberg/Kirilov)	Main	205 Westbury Avenue	N22 6RX	North East
Arcadian Gardens NHS Medical Centre	Main	1 Arcadian Gardens	N22 5AB	North Central
Hornsey Wood Green GP	Main	114 Turnpike Lane	N8 0PH	East Central
Havergal Surgery	Main	9-10 Havergal Villas	N15 3DY	N15/South East Haringey
Christchurch Hall Surgery	Main	20 Edison Rd, Christchurch Hall	N8 8AE	South West
The Muswell Hill Practice	Main	54 Muswell Hill, London	N10 3ST	North West
The High Road Surgery	Main	Stuart Crescent	N22 5NJ	North Central
Stuart Crescent Medical Practice	Main	Stuart Crescent Health Centre, 8 Stuart Crescent	N22 5NJ	North Central
Bounds Green Group Practice	Main	Gordon Road	N11 2PF	North Central
The 157 Medical Practice	Main	157 Stroud Green Road	N4 3PZ	South West
Crouch Hall Road Surgery	Main	48 Crouch Hall Road	N8 8HJ	South West

Practice Name	Main/Branch	Address	Post Code	PCN
Fernlea Surgery	Main	114 High Road, South Tottenham	N15 6JR	Welbourne
Tottenham Health Centre	Main	759 High Road	N17 8AH	Welbourne
The Surgery, Grove Road	Main	1 Grove Road	N15 5HJ	N15/South East Haringey
Dowsett Road Surgery	Main	Welbourne Health Centre, Unit 1, Walter Tull House, Monument Way, London	N17 9QX	Welbourne
Cheshire Road Surgery	Main	22 Cheshire Road	N22 8JJ	North Central
West Green Road Surgery	Main	590-598 Green Lanes	N8 0RA	East Central
The Alexandra Surgery	Main	125 Alexandra Park Road	N22 4UN	North Central
Rutland House Surgery	Main	40 Colney Hatch Lane	N10 1DU	North West
<i>Rutland House Surgery - Queens Avenue</i>	Branch	46 Queens Avenue	N10 3BJ	North West
The Old Surgery	Main	572 Green Lanes	N8 0RP	East Central
JS Medical Practice	Main	105 - 107 Philip Lane	N15 4JR	N15/South East Haringey
<i>JS Medical Practice - Park Lane</i>	Branch	104-108 Park Lane	N17 0JP	N15/South East Haringey
<i>JS Medical Practice - Westbury Avenue</i>	Branch	26 Westbury Avenue	N22 6RS	N15/South East Haringey
The Vale Practice	Main	50-66 Park Road	N8 8SU	North West
St Ann's Road Surgery	Main	The Laurels Healthy Living Centre, 256 St Anns Road	N15 5AZ	N15/South East Haringey
Queenswood Medical Practice	Main	Hornsey Central Neighbourhood Health Centre	N8 8JD	South West
Bridge House Medical Practice	Main	96 Umfreville Road	N4 1TL	N15/South East Haringey
Welbourne Medical Practice	Main	Welbourne Health Centre, Unit 1, Walter Tull House, Monument Way, London	N17 9QX	Welbourne

Appendix 2 – Membership of Steering Committee

- Andy Reay, Senior Strategic Lead Pharmacist, North of England Care System Support Unit **(Chair)**
- Donna Bradbury, Transformation and Delivery Manager, North of England Care System Support Unit
- Dan Sanderson, Principal Information Analyst, North of England Care System Support Unit
- Damani Goldstein, Public Health Consultant, Haringey Council
- Rick Geer, Public Health Intelligence Specialist, Haringey Council
- Anjil Thapaliya, Public Health Intelligence Analyst, Haringey Council
- Gerald Alexander, Chair, Middlesex LPCs
- Michael Levitan, CEO, Middlesex LPCs
- Kristina Petrou, Head of Medicines Strategy and Programmes, NCL IBC
- Paul Addae, Manager, Healthwatch Haringey
- Tanya Murat, Engagement and Communications Officer, Healthwatch Haringey

Appendix 3 - Pharmaceutical Contractors Questionnaire

Summary of Haringey Pharmacy Contractor Questionnaire

Total responses received – 28

Response rate – 52%

Premises Details (Q1-5)

Answered – 28; Skipped 0

6. Is this pharmacy a 100-hour pharmacy that has applied to reduce hours to not less than 72hrs?

Option	Count	Percentage
Yes	0	01%
No	28	100%

7. May the LPC update its records with information returned by this survey?

Option	Count	Percentage
Yes	27	100%
No	0	0%

8. Contact details – Answered - 28 skipped – 0

9. Languages spoken in the pharmacy (in addition to English) – 26 responses

- Hindi: 15 mentions
- Gujarati: 14 mentions
- Turkish: 12 mentions
- Urdu: 10 mentions
- Romanian: 6 mentions
- Punjabi: 4 mentions
- Swahili: 4 mentions
- Kurdish: 4 mentions
- Spanish: 3 mentions
- Arabic: 3 mentions
- French: 3 mentions
- Polish: 3 mentions
- Russian: 3 mentions
- Portuguese: 3 mentions
- Albanian: 3 mentions
- Greek: 3 mentions
- Telugu: 2 mentions
- Bengali: 2 mentions
- Mandarin: 1 mention
- Indian: 1 mention
- Marathi: 1 mention
- Singhalese: 1 mention
- Kosovan: 1 mention
- Moroccan: 1 mention
- Somali: 1 mention
- Pashtun: 1 mention
- Filipino: 1 mention
- Italian: 1 mention
- Slovakian: 1 mention

The languages most frequently mentioned are Hindi, Gujarati and Turkish

10. Is there is a consultation room, that is clearly designated as a room for confidential conversations; distinct from the general public areas of the pharmacy premises; and is a room where both the person receiving the service and the person providing it can be seated together and communicate confidentially?

Option	Count	Percentage
Yes- including wheelchair access	25	89%
Yes- without wheelchair access	3	11%
No- have submitted a request to the ICB (former NHS England regional team) that the premises are too small for a consultation room	0	0%
No- the ICB (former NHS England regional team) has approved the request that the premises are too small for a consultation room	0	0%
Other, please specify	0	0%

12. Is there more than one consultation room available on the premises?

- 4 respondents said yes and that they had 2 rooms available

14. Where there is a consultation room, is it a closed room?

Option	Count	Percentage
Yes, please specify how many	27	96%
No	1	4%
Other, please specify	0	0%

17. During consultations, are there hand-washing facilities?

Option	Count	Percentage
Yes, in the consultation area	18	64%
Yes, close to the consultation area	5	18%
None	5	18%

19. Does the pharmacy dispense appliances (in addition to normal prescriptions)?

Option	Count	Percentage
Yes- all types	22	79%
Yes- excluding stoma appliances	1	4%
Yes- excluding incontinence appliances	0	0%
Yes- excluding stoma and incontinence appliances	1	4%
Yes- just dressings	3	11%
None	1	4%
Other, please specify	0	0%

21. Does the pharmacy provide the following advanced services?

Advanced service	Yes	Intending to begin within next 12 months	No - not intending to provide
Pharmacy First	28 (100%)	0 (0%)	0 (0%)
Hypertension Case Finding	21 (75%)	6 (21%)	1 (4%)
Pharmacy Contraception Service	14 (50%)	12 (43%)	2 (7%)
Community Pharmacy Smoking Cessation Service	10 (36%)	12 (43%)	6 (21%)
New Medicine Service	28 (100%)	0 (0%)	0 (0%)
Influenza Vaccination Service	24 (86%)	3 (11%)	1 (4%)
Appliance Use Review	2 (7%)	5 (18%)	21 (75%)
Stoma Appliance Customisation	5 (18%)	3 (11%)	20 (71%)
Lateral Flow Device (LFD) Service	15 (54%)	7 (25%)	6 (21%)

22. Have you delivered the Pharmacy First service in the last three months?

Option	Count	Percentage
Yes- often	22	79%
Yes- occasionally	6	21%
Yes- rarely	0	0%
No	0	0%

23. Have you ever provided the Discharge Medicines Service (DMS) - It is an essential service when requested electronically by a hospital?

Option	Count	Percentage
Yes- often	24	86%
Yes- rarely	4	14%
No	0	0%

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24. Which of the following other services does the pharmacy provide, or would be willing to provide? (Please note not all respondents answered for every service listed)

Service	Currently providing under contract with NHS England	Currently providing under contract with ICB	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide	Willing to provide privately
Anticoagulant Monitoring Service	0 (0%)	0 (0%)	0 (0%)	24 (86%)	3 (11%)	1 (4%)
Anti-viral Distribution Service	0 (0%)	1 (4%)	0 (0%)	24 (86%)	2 (7%)	1 (4%)
Chlamydia Testing Service	0 (0%)	0 (0%)	9 (32%)	13 (46%)	4 (14%)	2 (7%)
Chlamydia Treatment Service	0 (0%)	0 (0%)	10 (36%)	15 (54%)	2 (7%)	1 (4%)
Emergency Contraception Service	0 (0%)	0 (0%)	14 (50%)	10 (36%)	1 (4%)	3 (11%)
Home Delivery Service (not appliances)	2 (7%)	0 (0%)	3 (11%)	14 (50%)	3 (11%)	6 (21%)
Medicines Assessment and Compliance Support Service	2 (7%)	0 (0%)	0 (0%)	21 (75%)	4 (14%)	1 (4%)
Minor Ailment Scheme	4 (14%)	2 (7%)	5 (18%)	14 (50%)	1 (4%)	2 (7%)
Self-care medicines scheme	2 (7%)	2 (7%)	6 (21%)	15 (54%)	2 (7%)	1 (4%)
Supervised Administration Service	7 (25%)	2 (7%)	8 (29%)	6 (21%)	4 (14%)	1 (4%)
Needle and syringe exchange service	1 (4%)	2 (7%)	6 (21%)	10 (36%)	7 (25%)	2 (7%)
Not dispensed scheme	1 (4%)	0 (0%)	0 (0%)	17 (68%)	5 (20%)	2 (8%)
Out of Hours Services	1 (4%)	1 (4%)	0 (0%)	11 (39%)	14 (50%)	1 (4%)
Phlebotomy Service	0 (0%)	0 (0%)	0 (0%)	14 (50%)	10 (36%)	4 (14%)

Service	Currently providing under contract with NHS England	Currently providing under contract with ICB	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide	Willing to provide privately
Seasonal Influenza Vaccination Service	20 (71%)	1 (4%)	2 (7%)	3 (11%)	1 (4%)	1 (4%)
Stop Smoking Service	3 (11%)	1 (4%)	6 (21%)	11 (39%)	5 (18%)	2 (7%)
Vascular Risk Assessment Service	0 (0%)	0 (0%)	0 (0%)	23 (82%)	4 (14%)	1 (4%)
Asthma Medicines Management Service	0 (0%)	0 (0%)	0 (0%)	23 (82%)	3 (11%)	2 (7%)
Screening Service: Gonorrhoea	0 (0%)	0 (0%)	2 (7%)	17 (61%)	7 (25%)	2 (7%)
Screening Service: H. pylori	0 (0%)	0 (0%)	0 (0%)	23 (82%)	4 (14%)	1 (4%)
Screening Service: Hepatitis	0 (0%)	0 (0%)	0 (0%)	18 (67%)	7 (26%)	2 (7%)
Screening Service: HIV	0 (0%)	0 (0%)	4 (15%)	13 (48%)	8 (30%)	2 (7%)
Screening Service: Other	0 (0%)	0 (0%)	0 (0%)	16 (57%)	4 (29%)	2 (14%)
Childhood vaccinations	0 (0%)	0 (0%)	0 (0%)	16 (57%)	8 (29%)	4 (14%)
COVID-19 vaccinations	12 (43%)	0 (0%)	0 (0%)	10 (36%)	5 (18%)	1 (4%)
Hepatitis (at risk workers or patients) vaccinations	0 (0%)	0 (0%)	0 (0%)	19 (68%)	5 (18%)	4 (14%)
HPV vaccinations	0 (0%)	0 (0%)	0 (0%)	19 (68%)	5 (18%)	4 (14%)
Meningococcal vaccinations	0 (0%)	0 (0%)	1 (4%)	16 (57%)	5 (18%)	6 (21%)
Pneumococcal vaccinations	4 (14%)	0 (0%)	1 (4%)	15 (54%)	5 (18%)	3 (11%)
Travel vaccinations	0 (0%)	0 (0%)	2 (7%)	11 (39%)	5 (18%)	10 (36%)
Other vaccinations	0 (0%)	0 (0%)	0 (0%)	6 (55%)	3 (27%)	2 (18%)

29. Does the pharmacy provide any of the following non-commissioned services?

Service	Yes	Intending to begin within next 12 months	No - not intending to provide
Collection of prescriptions from GP practices	19 (68%)	1 (4%)	8 (29%)
Delivery of dispensed medicines – Selected patient groups	22 (79%)	1 (4%)	5 (18%)
Delivery of dispensed medicines – Selected areas	22 (79%)	1 (4%)	5 (18%)
Delivery of dispensed medicines – Free of charge on request	22 (79%)	0 (0%)	6 (21%)
Delivery of dispensed medicines – With charge	5 (18%)	9 (32%)	14 (50%)
Monitored Dosage Systems – Free of charge on request	24 (86%)	1 (4%)	3 (11%)
Monitored Dosage Systems – with charge	6 (22%)	8 (30%)	13 (48%)

Criteria for free delivery of dispensed medicines:

- Some pharmacies charge for patients without MDS
- Some restrict delivery to local area plus where it is essential. Some define this as within certain postcodes or certain miles radius (e.g. 1-2 miles, 1-3 miles)). Where essential refers to criteria such as elderly, housebound, disability, or for bulky items.

32. Are there any services you would like to provide that are not currently commissioned in your area

Option	Count	Percentage
Yes- often	7	26%
No	20	74%

Services mentioned were:

- More illnesses in Pharmacy First Scheme
- INR clinics
- MUR
- Vaccinations for health / occupational risk workers
- Phlebotomy
- Needle exchange & HIV testing
- Childhood vaccinations
- Emergency contraception
- STI & chlamydia screening & treatment
- Other vaccinations
- Smoking cessation
- Minor ailments

Appendix 4 – Equality Impact Assessment

Equality Impact Assessment (EQIA)

The Equality Impact Assessment (EQIA) form is a template for analysing a policy or proposed decision for its potential effects on individuals with protected characteristics covered by the Equality Act 2010.

The council has a Public Sector Equality Duty under the Equality Act (2010) to have due regard to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act
- Advance equality of opportunity between people who share protected characteristics and people who do not
- Foster good relations between people who share those characteristics and people who do not

The three parts of the duty apply to the following protected characteristics: age, disability, gender reassignment, pregnancy/maternity, race, religion/faith, sex and sexual orientation. Marriage and civil partnership status applies to the first part of the duty.

Although it is not enforced in legislation as a protected characteristic, Haringey Council treats socioeconomic status as a local protected characteristic.

Responsibility for the Equality Impact Assessment

Name of proposal: Haringey Pharmaceutical Needs Assessment 2025

Service Area: Public Health

Officer Completing Assessment: Rick Geer, Public Health Intelligence Specialist

Equalities Advisor: Guy Latham, Policy and Equalities Officer

Cabinet meeting date (if applicable): n/a

Director/Assistant Director: Dr Will Maimaris, Director of Public Health

Executive summary

Please complete this section *after* completing the rest of the form and summarise:

- The policy proposal, its aims and objectives, the decision in consideration. Please focus on the change that will result from this decision.
- Results of the analysis: potential positive and negative equality impacts
- Mitigations that will be taken to minimise negative equality impacts (if relevant)
- Next steps (this may include: if/when the EQIA will be refreshed, planned consultation, future stages of the project).

Every Health and Wellbeing Board (HWB) in England has a statutory responsibility to publish and keep an up-to-date statement of the needs for pharmaceutical services of the population in its area, referred to as a Pharmaceutical Needs Assessment (PNA).

PNAs are an assessment of provision of pharmaceutical services and do not contain any proposals for changes to services or provision. PNAs are used by Integrated Care Boards (ICBs) to assess applications for new, additional or relocated premises (this role is delegated to ICBs by NHS England). PNAs are also key documents that can be utilised by local authorities and ICBs in commissioning services to meet the health needs of the local population.

PNAs can help support efforts to reduce health inequalities and improve the health and wellbeing of the population by identifying potential gaps or unmet needs and making recommendations to inform future commissioning decisions. It is anticipated that the PNA will have a positive impact on all residents of Haringey, including those with protected characteristics, as defined by the Equality Act 2010 as they highlight the importance of having pharmaceutical services in place which meet the needs of the local population. No negative impacts of the PNA have been identified. Several positive benefits were identified including:

- Meeting access needs for those people with disabilities;
- Consideration of the health needs of people of all ages;
- Consideration of the needs and access to services for those in deprived communities;
- The possibility of improving pharmacy services for the local population

The PNA process includes a review and assessment of information from a wide variety of sources. The information reviewed includes information on the population of Haringey and demography, health needs and the wider determinants of health. Anticipated changes in need (for example resulting from population growth) have also been considered. Information on service provision was also included as part of the review.

The findings of the Pharmaceutical Needs Assessment were:

Current provision of Necessary services

There is no current gap in the current provision of Necessary services during normal working hours across Haringey to meet the needs of the population.

There is no current gap in the current provision of Necessary services outside normal working hours across Haringey to meet the needs of the population.

No gaps have been identified in the need for pharmaceutical services in future circumstances across Haringey

Improvements and better access

There are no gaps in the provision of Advanced services at present or in the future (lifetime of this PNA) that would secure improvements or better access in Haringey.

There are no gaps in the provision of Enhanced services at present or in the future (lifetime of this PNA) that would secure improvements or better access in Haringey.

Based on current information no current gaps have been identified in respect of securing improvements or better access to Locally Commissioned services, either now or in specific future (lifetime of this PNA) circumstances across Haringey to meet the needs of the population.

Consultation and engagement

3a. How will consultation and/or engagement inform your assessment of the impact of the proposal on protected groups of residents, service users and/or staff? Detail how your approach will facilitate the inclusion of protected groups likely to be impacted by the decision.

As the production of PNAs is a statutory responsibility, there is legislation and guidance covering all aspects of the process of developing a PNA, including consultation and engagement:

NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013
PNA Information pack for Local Authority Health and Wellbeing Boards:

The PNA process includes a formal 60-day consultation period, during which stakeholders and members of the public will be able to provide feedback on the draft PNA (as individuals or on behalf of organisations). To inform developing the consultation version of the PNA, a public questionnaire was developed and promoted by the Council and Healthwatch Haringey. In addition, a questionnaire was used to capture views of community pharmacy contractors.

As PNAs do not propose any changes to services, the views expressed helped build up a picture of the public perception of local community pharmacy provision to aid the assessment of adequacy of provision of necessary services within the borough (rather than gathering views on any planned changes to services).

3b. Outline the key findings of your consultation / engagement activities once completed, particularly in terms of how this relates to groups that share the protected characteristics

204 people responded to the public questionnaire on pharmacy services and access.

85% (175 respondents) had a preferred local community pharmacy

81% (167) stated that convenient location was a factor in their choice of pharmacy.

58% (118 respondents) stated that helpful staff was a factor in their choice

When asked to rate how well their community pharmacy meets their needs (on a scale of 1 -10), with 10 being extremely well), 76% (156 respondents) rated their pharmacy 8 or above

75% (153 respondents) travel to their pharmacy on foot and 67% (138 respondents) stated it took them 10 minutes or less to travel to their pharmacy

In the public questionnaire, 80% of respondents (164 people) said that their local pharmacy had opening hours that were convenient for them

When asked about the most convenient time to visit a pharmacy, 61% (125 respondents) indicated weekdays between 8am and 4:59pm

Meanwhile, 11% (22 respondents) preferred Saturday daytime, and 10% (21 respondents) found weekday evenings (5pm to 7:59pm) to be the most convenient.

The following table summarises how respondents utilised their local pharmacy:

Option	Count	Percentage
Collect prescribed medicines and/or products	180	88%
Buy over the counter medicines	147	72%
Advice from your pharmacist e.g. including minor ailments and new medicines	110	54%
Dispose of unwanted medicine	80	39%
Disposal of used medical equipment e.g. needles / syringes	14	7%
Collect Covid-testing kits	30	15%
Access vaccinations e.g. Covid-19 or flu	76	37%
None	0	0%
Other (please specify)	8	4%
Blank	14	7%

4. Data and Impact Analysis

Note: officers may want to complement their analysis with data from the State of the Borough and ward profiles, found here: <https://www.haringey.gov.uk/local-democracy/about-council/state-of-the-borough>.

Please consider how the proposed change will affect people with protected characteristics.

4a. Age

Data

Borough Profile

54,422: 0-17 (21%)

71,660: 18-34 (27%)

63,930: 35-49 (24%)

46,516: 50-64 (18%)

27,706: 65+ (10%)

Target Population Profile

The PNA considers the needs of all of the local population, including the borough's current age profile and predicted future changes, with particular reference to the lifespan of the PNA. The age profile of the borough was considered when assessing health needs.

What data sources will you use to inform your assessment of the impact of the proposal on people under this protected characteristic?

The PNA does not contain any proposals to change services. However, the assessment considers current provision alongside the health needs of the population (including considering the needs of different age groups). Data sources were:

Public engagement survey

Local Needs Analysis: JSNA information and data, OHID fingertips public health data, Council key strategic documents (Local plan, Health and Wellbeing Strategy, Local Transport plan

Other local research: Contractor survey

Demographic Profiles – Census and ONS: ONS, IMD and Census data

Detail the findings of the data.

Might members of this group be disproportionately affected by the proposal due to overrepresentation? How does this compare with the wider demographic profile of the Borough?

Might members of this group be disproportionately affected by this proposal as a result of a need related to their protected characteristic?

The health needs analysis considered the needs of different age groups, including children, young adults and older people. The PNA does not contain any proposals for changes to services. Following the publication of the PNA, further work may be undertaken with local partners to consider the findings and if this results in scoping, proposing, planning or implementing any changes, further equality impact assessments will be undertaken.

Potential Impacts

Consider whether the proposed policy/decision will have positive, neutral, or negative impacts (including but not limited to health impacts).

Positive - Pharmacies can tailor the additional services they provide to meet the needs of their population, for example by offering more services relevant to a younger / older age group. The PNA sought views from the public, examined provision of advanced and enhanced services and population data. As a strategic document, the PNA highlights the needs of particular groups of the population in accessing pharmaceutical services, which can then be taken into consideration by stakeholder organisations in planning or decision making for future service provision.

4b. Disability

Data

Borough Profile

Disabled under Equality Act – 13.7%

Day to day activities limited a lot – 6.1%

Day to day activities limited a little – 7.5%

7.5% of residents people diagnosed with depression

1.7% of residents diagnosed with a severe mental illness

0.4% of people in Haringey have a learning disability

Target Population Profile

The PNA considers the needs of all of the local population, including those with disabilities. The needs of people with disabilities were considered when assessing health needs.

What data sources will you use to inform your assessment of the impact of the proposal on people under this protected characteristic?

The PNA does not contain any proposals to change services. However, the assessment considers current provision alongside the health needs of the population (including considering the needs of those with disabilities). Data sources were:

Public engagement survey (specific questions relating to disability access were included)

Local Needs Analysis: JSNA information and data, Council key strategic documents (Local plan, Health and Wellbeing Strategy, Local Transport plan

Other local research: Contractor survey (specific questions regarding access for those with disabilities were included)

Demographic Profiles – Census and ONS: ONS, IMD and Census data

Detail the findings of the data.

Might members of this group be disproportionately affected by the proposal due to overrepresentation? How does this compare with the wider demographic profile of the Borough?

Might members of this group be disproportionately affected by this proposal by dint of a need related to their protected characteristic?

The health needs analysis considered the needs of the population of Haringey, including looking at disabilities. The PNA does not contain any proposals for changes to services. Following the publication of the PNA, further work may be undertaken with local partners to consider the findings and if this results in scoping, proposing, planning or implementing any changes, further equality impact assessments will be undertaken.

Potential Impacts

Consider whether the proposed policy/decision will have positive, neutral, or negative impacts (including but not limited to health impacts).

Positive - The contractor survey included collecting information regarding facilities and reasonable adjustments pharmacies have in place to help people with disabilities access services. The PNA also incorporates views of the public on access for people for disabilities which pharmacies can utilise alongside other information to consider other adaptations. As a strategic document, the PNA highlights the needs of particular groups of the population in accessing pharmaceutical services, which can then be taken into consideration by stakeholder organisations in planning or decision making for future service provision.

4c. Gender Reassignment

Data

Borough Profile

Gender Identity different from sex registered at birth but no specific identity given – 0.5%

Trans woman – 0.1%

Trans man - 0.1%

Target Population Profile

The PNA does not include any proposals that target this population.

What data sources will you use to inform your assessment of the impact of the proposal on people under this protected characteristic?

Not applicable

Detail the findings of the data.

Might members of this group be disproportionately affected by the proposal due to overrepresentation? How does this compare with the wider demographic profile of the Borough?

Might members of this group be disproportionately affected by this proposal by dint of a need related to their protected characteristic?

Potential Impacts

Consider whether the proposed policy/decision will have positive, neutral, or negative impacts (including but not limited to health impacts).

Neutral - The PNA does not contain any proposals for changes that affect this characteristic

4d. Marriage and Civil Partnership

Note: Only the first part of the equality duty (“Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act”) applies to this protected characteristic.

Data

Borough Profile

Divorced or formerly in a same-sex civil partnership which is now legally dissolved: (9.9%)

Married or registered civil partnership: (35.8%)

Separated (but still legally married or still legally in a same-sex civil partnership): (2.9%%)

Single (never married or never registered a same-sex civil partnership): (45.3%)

Widowed or surviving partner from a same-sex civil partnership: (6.1%)

Target Population Profile

The PNA does not include any proposals that target this population.

What data sources will you use to inform your assessment of the impact of the proposal on people under this protected characteristic?

Not applicable

Detail the findings of the data.

Might members of this group be disproportionately affected by the proposal due to overrepresentation? How does this compare with the wider demographic profile of the Borough?

Might members of this group be disproportionately affected by this proposal by dint of a need related to their protected characteristic?

Not applicable

Potential Impacts

Consider whether the proposed policy/decision will have positive, neutral, or negative impacts (including but not limited to health impacts).

Neutral - The PNA does not contain any proposals for changes that affect this characteristic

4e. Pregnancy and Maternity

Note:

Pregnancy is the condition of being pregnant or expecting a baby.

Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

Data

Borough Profile

Live Births in Haringey 2021: 3,376

Target Population Profile

The PNA does not include any proposals that target this population

What data sources will you use to inform your assessment of the impact of the proposal on people under this protected characteristic?

Not applicable

Detail the findings of the data.

Might members of this group be disproportionately affected by the proposal due to overrepresentation? How does this compare with the wider demographic profile of the Borough?

Might members of this group be disproportionately affected by this proposal by dint of a need related to their protected characteristic?

Not applicable

Potential Impacts

Consider whether the proposed policy/decision will have positive, neutral, or negative impacts (including but not limited to health impacts).
Neutral - The PNA does not contain any proposals for changes that affect this characteristic

4f. Race

In the Equality Act 2010, race can mean ethnic or national origins, which may or may not be the same as a person's current nationality.

Data

Borough Profile

Arab: 1.0%

Any other ethnic group: 8.7%

Asian: 8.7%

Bangladeshi: 1.8%

Chinese: 1.5%

Indian: 2.2%

Pakistani: 0.8%

Other Asian: 2.4%

Black: 17.6%

African: 9.4%

Caribbean: 6.2%

Other Black: 2.0%

Mixed: 7.0%

White and Asian: 1.5%

White and Black African: 1.0%

White and Black Caribbean: 2.0%

Other Mixed: 2.5%

White: 57.0% in total

English/Welsh/Scottish/Norther Irish/British: 31.9%

Irish: 2.2%

Gypsy or Irish Traveller: 0.1%

Roma: 0.8%

Other White: 22.1%

Target Population Profile

The PNA considers the needs of all of the local population, including the borough's ethnic profile and predicted future changes, with particular reference to predicted changes during the lifespan of the PNA. Ethnicity was considered when assessing health needs. The PNA does not contain any proposals for changes to services.

What data sources will you use to inform your assessment of the impact of the proposal on people under this protected characteristic?

The PNA does not contain any proposals to change services. However, the assessment considers current provision alongside the health needs of the population (including considering race). Data sources were:

Public engagement survey

Local Needs Analysis: JSNA information and data, Council key strategic documents (Local plan, Health and Wellbeing Strategy, Local Transport plan

Other local research: Contractor survey

Demographic Profiles – Census and ONS: ONS, IMD and Census data

Detail the findings of the data.

Might members of this group be disproportionately affected by the proposal due to overrepresentation? How does this compare with the wider demographic profile of the Borough?

Might members of this group be disproportionately affected by this proposal by dint of a need related to their protected characteristic?

The PNA does not propose changes to any services. The health needs analysis considered the needs of the population of Haringey, including looking at race. Following the publication of the PNA, further work may be undertaken with local partners to consider the findings and if this results in scoping, proposing, planning or implementing any changes, further equality impact assessments will be undertaken.

Potential Impacts

Consider whether the proposed policy/decision will have positive, neutral, or negative impacts (including but not limited to health impacts).

Positive - The PNA considered current racial diversity and predicted changes. Some diseases are more prevalent in some groups. The contractor survey also collected information regarding languages spoken and knowledge of how to access translation and interpretation services. As a strategic document, the PNA highlights the needs of particular groups of the population in accessing pharmaceutical services, which can then be taken into consideration by stakeholder organisations in planning or decision making for future service provision.

4g. Religion or belief

Data

Borough Profile

Christian: 39%

Buddhist: 0.9%

Hindu: 1.3%

Jewish: 3.6%

Muslim: 12.6%

No religion: 31.6%

Other religion: 2.3%

Religion not stated: 8.0%

Sikh: 0.3%

Target Population Profile

The PNA does not include any proposals that target this population

What data will you use to inform your assessment of the impact of the proposal on people under this protected characteristic?

Not applicable

Potential Impacts

Consider whether the proposed policy/decision will have positive, neutral, or negative impacts (including but not limited to health impacts).

Neutral - The PNA does not contain any proposals for changes that affect this characteristic,

4h. Sex

Data

Borough profile

Females: (51.8%)

Males: (48.2%)

Target Population Profile

The PNA considers the needs of all of the local population, regardless of sex. Sex was considered when assessing health needs. The PNA does not contain any proposals for changes to services.

What data sources will you use to inform your assessment of the impact of the proposal on people under this protected characteristic?

The PNA does not contain any proposals to change services. However, the assessment considers current provision alongside the health needs of the population (including considering sex). Data sources were:

Public engagement survey

Local Needs Analysis: JSNA information and data, Council key strategic documents (Local plan, Health and Wellbeing Strategy, Local Transport plan

Other local research: Contractor survey

Demographic Profiles – Census and ONS: ONS, IMD and Census data

Detail the findings of the data.

Might members of this group be disproportionately affected by the proposal due to overrepresentation? How does this compare with the wider demographic profile of the Borough?

Might members of this group be disproportionately affected by this proposal by dint of a need related to their protected characteristic?

The PNA does not propose changes to any services. The health needs analysis considered the needs of the population of Haringey, including looking at sex. Following the publication of the PNA, further work may be undertaken with local

partners to consider the findings and if this results in scoping, proposing, planning or implementing any changes, further equality impact assessments will be undertaken.

Potential Impacts

Consider whether the proposed policy/decision will have positive, neutral, or negative impacts (including but not limited to health impacts).

Positive - Pharmacies can tailor the additional services they provide to meet the needs of their population, for example by considering services offered based on demographics including considering sex. While the PNA itself contains no proposals to change services, information regarding provision of these services was collected and considered in the PNA and this can be utilised by pharmacies and commissioners in developing proposals to improve access in the future.

4i. Sexual Orientation

Data

Borough profile

Straight or heterosexual: 83.4%

Gay or Lesbian: 2.7%

Bisexual: 2.1%

All other sexual orientations: 0.8%

Not answered: 11.0%

Target Population Profile

PNA does not contain any proposals for changes that affect this characteristic.

What data sources will you use to inform your assessment of the impact of the proposal on people under this protected characteristic?

Not applicable

Detail the findings of the data.

Might members of this group be disproportionately affected by the proposal due to overrepresentation? How does this compare with the wider demographic profile of the Borough?

Might members of this group be disproportionately affected by this proposal by dint of a need related to their protected characteristic?

Not applicable

Potential Impacts

Consider whether the proposed policy/decision will have positive, neutral, or negative impacts (including but not limited to health impacts).

Neutral - The PNA does not contain any proposals for changes that affect this characteristic

4j. Socioeconomic Status

Data

Borough profile

Income

6.9% of the population of Haringey were claiming unemployment benefit as of April 2023

19.6% of residents were claiming Universal Credit as of March 2023

29.3% of jobs in Haringey are paid below the London Living Wage

Educational Attainment

Haringey ranks 25th out of 32 in London for GCSE attainment (% of pupils achieving strong 9-5 pass in English and Maths)

3.7% of Haringey's working age population had no qualifications as of 2021

5.0% were qualified to level one only

Area Deprivation

Haringey is the 4th most deprived in London as measured by the IMD score 2019.

The most deprived LSOAs (Lower Super Output Areas, or small neighbourhood areas) are more heavily concentrated in the east of the borough, where more than half of the LSOAs fall into the 20% most deprived in the country.

Target Population Profile

The PNA considers the needs of all of the local population, regardless of socioeconomic status. This was considered when assessing health needs. The PNA does not contain any proposals for changes to services.

What data sources will you use to inform your assessment of the impact of the proposal on people under this protected characteristic?

The PNA does not contain any proposals to change services. However, the assessment considers current provision alongside the health needs of the population (including considering socioeconomic factors). Data sources were:

Public engagement survey

Local Needs Analysis: JSNA information and data, Council key strategic documents (Local plan, Health and Wellbeing Strategy, Local Transport plan)

Other local research: Contractor survey

Demographic Profiles – Census and ONS: ONS, IMD and Census data

Detail the findings of the data.

Might members of this group be disproportionately affected by the proposal due to overrepresentation? How does this compare with the wider demographic profile of the Borough?

Might members of this group be disproportionately affected by this proposal by dint of a need related to their protected characteristic?

The PNA does not propose changes to any services. The health needs analysis considered the needs of the population of Haringey, including considering the impact of socioeconomic status. Following the publication of the PNA, further work may be undertaken with local partners to consider the findings and if this results in scoping,

proposing, planning or implementing any changes, further equality impact assessments will be undertaken.

Potential Impacts

Consider whether the proposed policy/decision will have positive, neutral, or negative impacts (including but not limited to health impacts).

The PNA considers deprivation and poverty and the wider determinants in the health needs analysis as well as considering travel times by foot and public transport when assessing access. As a strategic document, the PNA highlights the needs of particular groups of the population in accessing pharmaceutical services, including socioeconomic stats, which can then be taken into consideration by stakeholder organisations in planning or decision making for future service provision.

5. Key Impacts Summary

5a. Outline the key findings of your data analysis.

The PNA outlines several health challenges in the borough which community pharmacy is well-placed to support:

Smoking prevalence in adults is 18.7%, significantly above the London and England averages

Cardiovascular disease (CVD), including premature mortality from heart attacks and strokes, remains a key concern

Teenage pregnancy rates, which although below comparably deprived areas, is still an area where pharmacy is ideally placed to continue to support

Sexual health indicators, including new STI diagnoses, are above national averages

Obesity remains a growing concern, although lower than the national average

Vaccination uptake, including influenza and childhood immunisations, is below national levels in several cohorts

Ethnic and social inequality indicators highlight variations in health outcomes, particularly in East Haringey.

These issues, alongside the borough's population growth and ageing profile, create a strong rationale for maximising the role of pharmacies as accessible, community-based health providers.

The findings of the Pharmaceutical Needs Assessment were:

There is no current gap in the current provision of Necessary services during normal working hours across Haringey to meet the needs of the population (which includes considering needs of different groups).

There is no current gap in the current provision of Necessary services outside normal working hours across Haringey to meet the needs of the population (which includes considering needs of different groups).

No gaps have been identified in the need for pharmaceutical services in future circumstances across Haringey

There are no gaps in the provision of Advanced services at present

or in the future (lifetime of this PNA) that would secure improvements or better access in Haringey.

There are no gaps in the provision of Enhanced services at present or in the future (lifetime of this PNA) that would secure improvements or better access in Haringey.

Based on current information no current gaps have been identified in respect of securing improvements or better access to Locally Commissioned services, either now or in specific future (lifetime of this PNA) circumstances across Haringey to meet the needs of the population.

5b. Intersectionality

Many proposals will predominantly impact individuals who have more than one protected characteristic, thereby transforming the impact of the decision.

This section is about applying a systemic analysis to the impact of the decision and ensuring protected characteristics are not considered in isolation from the individuals who embody them.

Please consider if there is an impact on one or more of the protected groups? Who are the groups and what is the impact?

The PNA does not propose any changes as service provision is considered adequate to meet the needs of the population (including when considering the needs of different segments of the population). While provision is considered adequate in Haringey, an appendix within the PNA does detail some areas where further scoping work could be explored to improve the choice available to the population. While these opportunities are informed by local health needs, current service provision, and contractor engagement, they fall outside the statutory requirements of the PNA and are presented for strategic insight to inform any future plans. This may include scoping work to consider whether efforts to expand participation in nationally and locally commissioned services, particularly Advanced services, could increase choice for the local population

Community pharmacies are well placed to support both national and local health priorities. With appropriate planning and support, they can play an expanded role in prevention, long-term condition management, and population health improvement. Based on feedback, local needs, and national direction, the following opportunities could be explored:

A. Better use of existing Advanced services

Improve uptake of influenza vaccination through public awareness campaigns

NMS could be targeted at patients with diabetes, CVD, or mental health conditions

Pharmacy First should be promoted further and integrated into local care pathways.

B. Prioritise recently introduced Advanced services

Smoking cessation support (especially for those referred from hospital)

Contraception provision, especially in areas with high teenage conception rates.

C. Explore commissioning of new local services

AF Screening using portable ECG tools

Weight management support and diet/lifestyle advice

Inhaler technique and respiratory reviews

Childhood immunisations, piloted in pharmacy settings

Expanded STI screening and sexual health support, pending public survey feedback.

Expanded harm reduction services such as naloxone supply from community pharmacies and hepatitis C testing.

D. Address service distribution and equity

Review the geographic distribution of services such as naloxone supply, needle exchange, and palliative care medicines

Identify areas of high need (e.g. East Haringey) where increased pharmacy service delivery could address health inequalities.

5c. Data Gaps

Based on your data are there any relevant groups who have not yet been consulted or engaged? Please explain how you will address this

No data gaps in the PNA process. The development of the PNA included a review of all data required to meet legislative and best practice requirements (as set out in the PNA information pack). This includes considerations of the needs of different groups. Healthwatch supported the development of the engagement questionnaire and distribution in order to encourage engagement from a wide-range of groups to add to the council's communication channels. If further work is scoped or undertaken as a follow up to the findings of the PNA, this may include focussing on particular groups and deeper data dive (for example capturing activity data in relation to locally commissioned services) but this falls outside the scope of this project.

6. Overall impact of the policy for the Public Sector Equality Duty

Summarise the key implications of the decision for people with protected characteristics.

In your answer, please consider the following three questions:

Could the proposal result in any direct/indirect discrimination for any group that shares the relevant protected characteristics?

Will the proposal help to advance equality of opportunity between groups who share a relevant protected characteristic and those who do not?

Will the proposal help to foster good relations between groups who share a relevant protected characteristic and those who do not?

This project is a review of adequacy of current provision and does not identify any gaps in the provision of necessary services, and therefore does not include any proposed changes. However, the document does consider the health needs of the population (including different needs) and projected changes to population over the next 3 years. The PNA is a strategic document, used to inform decision making and planning of pharmaceutical service provision. As such, it does highlight the needs of the population in relation to community pharmacy, which helps enhance the understanding of needs to strategic partners to advance equality when further developing services.

7. Amendments and mitigations

7a. What changes, if any, do you plan to make to your proposal because of the Equality Impact Assessment?

No major change to the proposal: the EQIA demonstrates the proposal is robust and there is no potential for discrimination or adverse impact. All opportunities to promote equality have been taken.

7b. What specific actions do you plan to take to remove or mitigate any actual or potential negative impact and to further the aims of the Equality Duty?

Not applicable

Ongoing monitoring

Summarise the measures you intend to put in place to monitor the equalities impact of the proposal as it is implemented.

Who will be responsible for the monitoring?

What the type of data needed is and how often it will be analysed.

When the policy will be reviewed and what evidence could trigger an early revision

How to continue to involve relevant groups and communities in the implementation and monitoring of the policy?

The PNA does not include any proposed changes to services. However, the current version is the consultation version. Following the 60 day statutory consultation, all feedback will be collated and analysed and action taken as appropriate. A consultation report will be produced identifying where changes have been made in response to the consultation. The EQIA will be reviewed following the statutory consultation by the public health team, working in conjunction with the external provider managing the consultation process on behalf of the council.

Haringey Council has a process for considering any future changes in pharmaceutical provision and producing supplementary statements as required. The PNA will be updated in line with national requirements (currently every three years, or earlier if there are significant changes to provision).

Date of EQIA monitoring review:

September 2025

Appendix 5 - Community Engagement Questionnaire Results

In total, 205 responses to the questionnaire were received.

Do you use pharmacies?

Option	Count	Percentage
Yes	203	99.0%
No	0	0.0%
Blank	2	1.0%

Do you have a regular or preferred local community pharmacy which you use?

Option	Count	Percentage
Yes	175	85.4%
No	7	3.4%
Prefer internet / Online pharmacy	1	0.5%
I use combination (online/traditional)	16	7.8%
Other (please specify)	0	0.0%
Blank	0	0.0%

Why do you choose the pharmacy that you most commonly use? (Respondents were able to select more than one option)

Option	Count	Percentage
Convenient opening hours	77	37.6%
Convenient location	167	81.5%
Helpful staff	118	57.6%
Services offered	75	36.6%
Other (please specify)	22	10.7%
Blank	6	2.9%

Other responses were themed as follows:

- Medication access/supply is good
- Staff expertise and familiarity
- Convenient for carer / dependent
- Prefers smaller business
- Prefers big well-known brand

On a scale of 1 to 10, how well does your local community pharmacy meet your needs? (1= not at all 10=extremely well)

Option	Count	Percentage
1	1	0.5%
2	1	0.5%
3	3	1.5%
4	2	1.0%
5	7	3.4%
6	8	3.9%
7	17	8.3%
8	36	17.6%
9	42	20.5%
10	78	38.0%
Blank	10	4.9%

Which services do you use at a pharmacy? (Respondents were able to select more than one option)

Option	Count	Percentage
Collect prescribed medicines and/or products	180	87.8%
Buy over the counter medicines	147	71.7%
Advice from your pharmacist e.g. including minor ailments and new medicines	110	53.7%
Dispose of unwanted medicine	80	39.0%
Disposal of used medical equipment e.g. needles / syringes	14	6.8%
Collect Covid-testing kits	30	14.6%
Access vaccinations e.g. Covid-19 or flu	76	37.1%
None	0	0.0%
Other (please specify)	8	3.9%
Blank	14	6.8%

8 people (3.9% of respondents) also mentioned home delivery, one (0.5%) mentioned over 40s health check and one person (0.5%) mentioned advice about a minor injury

How often do you use your pharmacy?

Option	Count	Percentage
At least once per week	22	10.7%
At least once per month	109	53.2%
At least once every 3 months	44	21.5%
At least once every 6 months	7	3.4%
At least once a year	1	0.5%
Less than once a year	3	1.5%
Blank	19	9.3%

How important are the following factors when choosing a pharmacy?

Option	Extremely Important	Very Important	Moderately Important	Fairly Important	Not important	Blank
Quality of service	111 (54.1%)	61 (29.8%)	13 (6.3%)	1 (0.5%)	0 (0.0%)	19 (9.3%)
Convenience	123 (60.0%)	54 (26.3%)	6 (2.9%)	3 (1.5%)	0 (0.0%)	19 (9.3%)
Accessibility	83 (40.5%)	45 (22.0%)	31 (15.1%)	12 (5.9%)	13 (6.3%)	21 (10.2%)
Availability of Medication	136 (66.3%)	43 (21.0%)	5 (2.4%)	1 (0.5%)	0 (0.0%)	20 (9.8%)

How do you normally travel to the pharmacy? (select the most common option you use)

Option	Count	Percentage
Car or taxi	7	3.4%
Cycle	1	0.5%
On foot	153	74.6%
Public transport	16	7.8%
N/A as medicines are delivered or collected by someone else	8	3.9%
Blank	20	9.8%

How long does it usually take you to get to the pharmacy?

Option	Count	Percentage
0-5 minutes	63	30.7%
6-10 minutes	75	36.6%
11-15 minutes	31	15.1%
16-20 minutes	10	4.9%
More than 20 minutes	6	2.9%
Blank	20	9.8%

Does your pharmacy have access for disabled people and others with access requirements?

Option	Count	Percentage
Parking	8	3.9%
Wheelchair access	53	25.9%
Don't know	121	59.0%
Blank	23	11.2%

When asked to describe any access requirements / issues, 163 respondents (79.5%) left the question blank and 22 respondents (10.7%) stated none. Other responses were:

- Accessibility at pharmacy (1 respondent (0.5%))
- Caring for others (1 respondent (0.5%))
- Condition related (1 respondent (0.5%))
- Hearing problems (2 respondents (1.0%))
- Pharmacy no longer delivers (1 respondent (0.5%))
- Parking (4 respondent (0.5%))
- Transport / ability to get there (8 respondent (3.9%))
- Waiting time at pharmacy (1 respondent (0.5%))

Does your usual pharmacy have language/interpretation facilities?

Option	Count	Percentage
Yes	9	4.4%
No	15	7.3%
Don't know	158	77.1%
Blank	23	11.2%

Is there another pharmacy closer/more convenient which you don't use?

Option	Count	Percentage
Yes	67	32.7%
No	116	56.6%
Blank	22	10.7%

Does your local pharmacy have convenient opening hours for you?

Option	Count	Percentage
Yes	164	80.0%
No	17	8.3%
Blank	24	11.7%

What time is most convenient for you to visit a pharmacy?

Option	Count	Percentage
Weekdays (8am – 4.59pm)	125	61.0%
Weekday evenings (5pm to 7.59pm)	21	10.2%
Weekdays overnight (8pm to 7.59am)	2	1.0%
Saturdays (8am – 4.59pm)	22	10.7%
Saturdays (5pm to 7.59pm)	2	1.0%
Saturdays (8pm to 7.59am)	1	0.5%
Sundays (8am – 4.59pm)	3	1.0%
Sundays (5pm to 7.59pm)	1	0.5%
Blank	1	0.5%

Respondents were also asked if they had any other comments regarding pharmacy provision. 57.6% (118 respondents) left this blank. Comments were as follows (please note some respondents mentioned more than one issue):

- Access issues (3 respondents)
- Busy (1 respondent)
- Delivery option priceless (3 respondents)
- Difficulty obtaining medicines (3 respondents)
- Everything good (22 respondents)
- Excellent staff (14 respondents)
- Expensive for non-prescriptions (3 respondents)
- Good access (5 respondents)
- Good amount of pharmacies in area (2 respondents)

- Government funding needed (2 respondents)
- Issue with pharmacy building (1 respondent)
- Knowledgeable (2 respondents)
- Knows me (3 respondents)
- Lack of customer privacy (2 respondents)
- Lack of evening access (4 respondents)
- Lack of information around products (2 respondents)
- Lack of information around services (2 respondents)
- Lack of option in pick up times (1 respondent)
- Lack of service (1 respondent)
- Lack of stock (10 respondents)
- Lack of weekend access (7 respondents)
- More services required (1 respondents)
- Pharmacist should be able to refill prescription rather than GP (1 respondent)
- Pharmacy is closing (3 respondents)
- Queues often (2 respondents)
- Repeat prescription service excellent (1 respondent)
- Run down (2 respondents)
- Service for sharps boxes/medical disposal needed (2 respondents)
- Short staffed (1 respondent)
- Should recycle more (1 respondent)
- Timeliness issues (2 respondents)
- Too much emphasis on retail (1 respondent)
- Unfriendly staff (2 respondents)
- Waiting area issue (1 respondent)

Two further public comments about pharmacies were provided by Healthwatch Haringey via webforms, which detailed one specific pharmacy being "extremely slow to fill prescriptions" and another described an adverse reaction to vaccinations where the patient felt they had not been fully informed of any risks/complications.

West locality

Pharmacy Name	ODS number	Pharmacy Type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hours	PhAS	NHSE Advanced										ICB			LA							
										NMS	AUR	SAC	Pharmacy First	Contraception	Flu vaccination	Hypertension case-finding	Lateral Flow Device Tests	Stop smoking	Self-Care Medicines Scheme	Bank holiday	Palliative care and antimicrobials	Stop smoking	Healthy Start vitamins	EHC	Condom distribution	Chlamydia & gonorrhoea testing/chlamydia treatment	HIV & syphilis testing	Supervised self-administration	Needle exchange	Naloxone supply
Amy Pharmacy	FA430	Community	53 Park Road, Crouch End, London	N8 8SY	09:00-19:00	10:00-17:00	Closed	-	-	Y	-	-	Y	Y	-	Y	-	Y	-	-	-	-	-	Y	Y	Y	Y	-	-	-
Boots	FQK44	Community	11 The Broadway, Crouch End, London	N8 8DU	09:00-19:00	09:00-19:00	10:00-18:00	-	-	Y	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-
Boots	FYA07	Community	358 Muswell Hill Broadway, Muswell Hill, London	N10 1DJ	09:00-19:00	09:00-19:00	10:00-18:30	-	-	Y	-	-	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Broadway Pharmacy	FGV95	Community	185 Muswell Hill Broadway, Muswell Hill	N10 3RS	09:00-18:00	09:30-17:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Coral Pharmacy Ltd	FNF21	Community	312 Park Road, Hornsey, London	N8 8LA	09:00-18:30	09:30-18:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	Y	-	
Dukes Pharmacy	FN758	Community	330 Muswell Hill Broadway, Muswell Hill	N10 1DJ	08:00-18:00	09:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	Y	Y	-	Y	Y	-	-	-	-	-	-	-	-
Frost & Co	FTQ82	Community	9 High Street, Hornsey, London	N8 7PS	09:00-18:00	09:00-14:30	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Hayward Pharmacy	FXR08	Community	353 Archway Road, Highgate, London	N6 4EJ	09:00-18:00	09:00-17:30	Closed	-	-	-	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Muswell Hill Pharmacy	FNP72	Community	110 Fortis Green Road, Muswell Hill, London	N10 3HN	09:00-18:30	09:00-17:30	Closed	-	-	Y	-	-	Y	Y	Y	Y	-	-	-	-	-	-	-	Y	Y	Y	-	-	-	-
Petter Pharmacy	FPE55	Community	49/51 The Broadway, Crouch End	N8 8DT	09:00-18:30	09:00-18:00	11:00-16:00	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	-	Y	Y	Y	Y	Y	Y	-	-	-
Pharmacia Naturale	FTE76	Community	27 Veryan Court, Ormsey	N8 8JR	09:00-18:30	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	Y	-	-
Redwood Pharmacy	FQL21	Community	116 Alexandra Park Road, Muswell Hill, London	N10 2AH	09:00-19:00	09:00-16:30	Closed	-	-	Y	-	-	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	-	-	-	-	-	-	-	-
Reena Pharmacy	FYD39	Community	14 Crouch End Hill, Hornsey	N8 8AA	09:00-19:00	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	Y	Y	-	-	-	-	Y	Y	Y	-	Y	-	-
Saigrace Pharmacy	FVF76	Community	93 Tottenham Lane, Hornsey, London	N8 9BG	09:00-18:30	10:00-15:00	Closed	-	-	Y	-	-	Y	-	-	-	-	-	Y	-	-	-	-	Y	Y	Y	-	-	-	-
Santas Limited	FQ264	Community	182 Stroud Green Road, Haringey, London	N4 3RN	09:00-18:30	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	Y	Y	Y	Y	Y	-	Y	Y
The Highgate Pharmacy	FE047	Community	64 Highgate High Street, London,	N6 5HX	09:00-18:00	09:00-18:00	10:00-14:00	-	-	Y	-	-	Y	Y	-	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	-

Appendix 7 - Consultation on the Draft Pharmaceutical Needs Assessment for Haringey

To be added following consultation

Appendix 8 - Future opportunities for community pharmacy service provision in Haringey

Introduction

This section of the PNA sets out potential opportunities for the future development of community pharmacy services within Haringey. While these opportunities are informed by local health needs, current service provision, and contractor engagement, they fall outside the statutory requirements of the PNA and are presented for strategic insight.

The review of necessary, advanced, enhanced, and locally commissioned services in Haringey identified several ways in which community pharmacies could help improve health outcomes and reduce inequalities. While not all pharmacies will be able to deliver every service, efforts to expand participation in nationally and locally commissioned services, particularly advanced services, could increase access and benefit more patients.

Community pharmacies are well placed to support both national and local health priorities. With appropriate planning and support, they can play an expanded role in prevention, long-term condition management, and population health improvement.

Although this section does not form part of the formal PNA duty under the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, it may assist local commissioners in identifying future opportunities for service enhancement.

The opportunities identified reflect a combination of:

- Local need (as detailed in Section 4 of the PNA)
- Willingness and capacity of pharmacies (from the contractor survey), and
- National direction of travel, particularly the ambitions of the NHS Long Term Plan, Community Pharmacy Contractual Framework, and Pharmacy First.

Strategic context and commissioning landscape

Community pharmacy services are commissioned through a blend of national and local mechanisms:

- Essential and advanced services are part of the NHS CPCF and commissioned by NHSE
- Enhanced services are also part of the CPCF but are commissioned locally by NHSE based on local need

- Locally commissioned services are commissioned either by local authorities (e.g., Public Health services) or by the ICB for targeted support, often based on JSNA priorities.

The North Central London ICS aims to embed community pharmacy more deeply in place-based healthcare delivery, including prevention, long-term condition management, and reducing inequalities.

At the time of writing, the NHS Long Term Plan (2019) remains the overarching national strategy informing pharmacy policy. However, a new NHS strategic plan is expected to be published in spring 2025. Given the timing of this PNA, it is not yet possible to align future opportunities with the full detail of that strategy.

Commissioners are advised to revisit this section in light of the forthcoming national plan and any implications for community pharmacy service development.

Health needs identified in Haringey

Section 4 of this PNA outlines several health challenges in the borough which community pharmacy is well-placed to support:

- Smoking prevalence in adults is 13.1%, similar to the London and England averages
- Cardiovascular disease (CVD), including premature mortality from heart attacks and strokes, remains a key concern
- Teenage pregnancy rates, which although below comparably deprived areas, is still an area where pharmacy is ideally placed to continue to support
- Sexual health indicators, including new STI diagnoses, are above national averages
- Obesity remains a growing concern, although lower than the national average
- Vaccination uptake, including influenza and childhood immunisations, is below national levels in several cohorts
- Ethnic and social inequality indicators highlight variations in access to services and health outcomes, particularly in East Haringey.

These issues, alongside the borough's population growth and ageing profile, create a strong rationale for maximising the role of pharmacies as accessible, community-based health providers.

Survey of community pharmacy contractors

In March to April 2025, a survey was undertaken across Haringey's 54 community pharmacies. Key findings from the 28 responses (52% response rate) included:

- **High uptake and engagement with nationally commissioned services:**
 - 100% currently offer or plan to offer new medicine service and Pharmacy First
 - 75% are offering the hypertension case-finding service, and 21% plan to implement it soon
 - 53% currently deliver the pharmacy contraception service, with 43% planning to start in the next year
 - 36% are delivering the smoking cessation advanced service, with 43% indicating plans to do so
- **Willingness to expand service delivery if commissioned locally:**
 - 86% willing to offer anticoagulation monitoring
 - 50-54% would deliver minor ailments, chlamydia testing, and self-care medicines schemes
 - 36% not currently providing emergency hormonal contraception (EHC) expressed willingness to do so

These results suggest that most community pharmacies have the infrastructure and motivation to expand their service offer, especially where this aligns with borough-level priorities.

Locally commissioned service provision and gaps

As of March 2025, locally commissioned pharmacy services in Haringey include:

From Haringey Council (Public Health):

- Stop smoking service – 11 pharmacies
- SSA of methadone and buprenorphine – 19 pharmacies
- Needle exchange – 10 pharmacies
- Naloxone supply – 7 pharmacies
- Sexual health services:
 - EHC - 23 pharmacies

- Condom distribution – 23 pharmacies
- HIV/syphilis testing – 23 pharmacies

From NCL ICB:

- Palliative care and antimicrobial supply – 3 pharmacies
- Self-Care Medicines Scheme (SCMS) – 29 pharmacies
- Bank Holiday Rota and Out-of-Hours availability

While services such as EHC and condom distribution are broadly accessible, needle exchange and naloxone provision are limited, despite ongoing need.

Opportunities to enhance service provision

Based on feedback, local needs, and national direction, the following opportunities could be explored:

A. Better use of existing advanced services

- Improve uptake of influenza vaccination through public awareness campaigns
- NMS could be targeted at patients with diabetes, CVD, or mental health conditions
- Pharmacy First should be promoted further and integrated into local care pathways.

B. Prioritise recently introduced advanced services

- Smoking cessation support (especially for those referred from hospital)
- Contraception provision, especially in areas with high teenage conception rates.

C. Explore commissioning of new local services

- AF Screening using portable ECG tools
- Weight management support and diet/lifestyle advice
- Inhaler technique and respiratory reviews
- Childhood immunisations, piloted in pharmacy settings
- Expanded STI screening and sexual health support, pending public survey feedback.
- Expanded harm reduction services such as naloxone supply from community pharmacies and hepatitis C testing.

D. Address service distribution and equity

- Review the geographic distribution of services such as naloxone supply, needle exchange, and palliative care medicines
- Identify areas of high need (e.g. East Haringey) where increased pharmacy service delivery could address health inequalities.

Recommendations

Based on the above findings, it is recommended to:

1. Publicise and promote uptake of existing services, particularly NMS, Pharmacy First, influenza vaccination, and sexual health support.
2. Encourage pharmacy participation in new advanced services, with targeted support where uptake is lower.
3. Explore opportunities for local commissioning where there is both need and contractor willingness to deliver services.

Appendix 9 – Abbreviations

Abbreviation	
AUR	Appliance Use Review
BSL	British Sign Language
C-card	Condom Card
CCG	Clinical Commissioning Group
CHD	Coronary Heart Disease
CKD	Chronic Kidney Disease
CNWL	Central and North West London
COPD	Chronic obstructive pulmonary disease
COVID	Coronavirus -19
CPCF	NHS Community Pharmacy Contractual Framework
CPCS	Community Pharmacy Consultation Service
CPE	Community Pharmacy England
CVD	Cardiovascular disease
DAC	Dispensing appliance contractors
DBS	Disclosure and Barring Service
DALY	Disability Adjusted Life Year
DES	Directed Enhanced Services
DHSC	Department of Health and Social Care
DMFT	Decayed, Missing or Filled teeth
DTaP	Diphtheria, tetanus, and acellular pertussis vaccine
EHC	Emergency hormonal contraception
EHCH	Enhanced Health in Care Homes
ePACT	Prescribing data
EPS	Electronic Prescription Service
GP	General Practitioners
HCFS	Hypertension Case-Finding Service
HCP	Health and Care Partnership
HepB	Hepatitis B
HiB	Haemophilus influenzae type b
HIV	Human Immunodeficiency Virus
HLP	Healthy Living Pharmacy
HWB	Health and Wellbeing Board
IBD	Inflammatory Bowel Disease
ICB	Integrated Care Board
ICP	Integrated Care Partnership
ICS	Integrated Care System
IMD	Index of Multiple Deprivation
IPV	Inactivated poliovirus vaccine
JSNA	Joint Strategic Needs Assessment

Abbreviation	
LES	Local Enhanced Services
LFD	Lateral Flow Device
LPS	Local Pharmaceutical Service
LSOA	Lower Super Output Area
MDS	Monitored Dose Systems
MMR	Measles, mumps, and rubella
NCRS	National Care Records Service
NCL	North Central London
NECS	North of England Care System Support
NES	National Enhanced Services
NHS	National Health Service
NHSBSA	NHS Business Services Authority
NHSE	NHS England
NICE	National Institute for Health and care Excellence
NMS	New Medicines Service
NRT	Nicotine Replacement Therapy
OC	Oral Contraception
ONS	Office for National Statistics
PCN	Primary Care Network
PCS	Pharmacy Contraception Service
PCSE	Primary Care Support England
PCTs	Primary Care Trust
PGD	Patient Group Direction
PhAS	Pharmacy Access Scheme
PhIF	Pharmacy Integration Fund
PNA	Pharmacy Needs Assessment
PQS	Pharmacy Quality Scheme
PVD	Peripheral vascular disease
QOF	Quality Outcome Framework
SAC	Stoma Appliance Customisation Service
SCR	Summary Care Record
SCMS	Self-Care Medicines Scheme
SMR	Structured Medication Review
STI	Sexually Transmitted Infection
UTC	Urgent Treatment Centre
UTI	Urinary Tract Infection
YLD	Years of Healthy Life Lost due to Disability
YLL	Years of Life Lost due to premature mortality

Appendix 10 – References and data sources

- 1. The Health and Social Care Act 2012:**
<https://www.legislation.gov.uk/ukpga/2012/7/contents>
- 2. Haringey PNA 2022:** [https://www.haringey.gov.uk/sites/default/files/2024-04/Pharmaceutical%20needs assessment report 2022.pdf](https://www.haringey.gov.uk/sites/default/files/2024-04/Pharmaceutical%20needs%20assessment%20report%202022.pdf)
- 3. The Health and Care Act 2022:**
<https://www.legislation.gov.uk/ukpga/2022/31/contents>
- 4. Haringey Joint Strategic Needs Assessment (JSNA):**
<https://www.haringey.gov.uk/health-wellbeing/our-public-health-plans-reports/joint-strategic-needs-assessment-jsna>
- 5. Haringey Health and Wellbeing Strategy:**
<https://www.haringey.gov.uk/sites/default/files/2024-12/haringey-health-and-wellbeing-strategy.pdf>
- 6. NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013:** <https://www.legislation.gov.uk/uksi/2013/349/contents>
- 7. Community Pharmacy Contractual Framework 2024-2025 and 2025 to 2026:**
[Community Pharmacy Contractual Framework: 2024 to 2025 and 2025 to 2026 - GOV.UK](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/1029805/community-pharmacy-contractual-framework-2024-to-2025-and-2025-to-2026)
- 8. ONS Mid-2022 Ward-level population estimates:**
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/wardlevelmidyearpopulationestimatesexperimental>
- 9. 2022 GLA Population Projections 10yr Migration and Central Fertility Scenario:** <https://data.london.gov.uk/demography/population-and-household-projections/>
- 10. The Health Act 2009:** <https://www.legislation.gov.uk/ukpga/2009/21/contents>
- 11. PNA, Information pack for Local Authority Health and Wellbeing Boards:**
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1029805/pharmaceutical-needs-assessment-information-pack.pdf
- 12. NHS Long Term Plan:** <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>
- 13. State of the NHS in England:**
<https://www.gov.uk/government/publications/independent-investigation-of-the-nhs-in-england>
- 14. NHSBSA Report - General Pharmaceutical Services in England 2015/16 – 2023/24:** https://nhsbsa.opendata.s3.eu-west-2.amazonaws.com/gphs/gphs_annual_2023_24_v001.html
- 15. Community Pharmacy England – Funding (2025):** Available at: <https://cpe.org.uk/learn-more-about-community-pharmacy/funding/> (Accessed: 09/01/2025)
- 16. Community Pharmacy Contractual Framework 2019-2024:**
<https://www.england.nhs.uk/primary-care/pharmacy/community-pharmacy-contractual-framework/>
- 17. Network DES Specification:** <https://www.england.nhs.uk/publication/network-contract-des-contract-specification-2024-25-pcn-requirements-and-entitlements/>

- 18. Local Government and Public Involvement in Health Act 2007:**
<https://www.legislation.gov.uk/ukpga/2007/28/contents>
- 19. Equality Act (2010):**
<https://www.legislation.gov.uk/ukpga/2010/15/contents/enacted>
- 20. OHID Fingertips data:** <https://fingertips.phe.org.uk/>
- 21. 2021 Census Population Data:**
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/populationandhouseholdestimatesenglandandwales/census2021>
- 22. Daytime Population of London 2014:** <https://data.london.gov.uk/blog/daytime-population-of-london-2014/>
- 23. Immigration Statistics:** <https://www.gov.uk/government/statistics/immigration-system-statistics-year-ending-december-2024>
- 24. Gypsy or Irish Traveller populations, England and Wales - Office for National Statistics:**
<https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/ethnicity/articles/gypsyoririshtravellerpopulationsenglandandwales/census2021>
- 25. OHID Spotlight Tool:** <https://analytics.phe.gov.uk/apps/spotlight/>
- 26. Health and Wellbeing of Looked After Children:**
https://assets.publishing.service.gov.uk/media/630623bdd3bf7f3660de63da/Promoting_the_health_and_well-being_of_looked-after_children_August_2022_update.pdf
- 27. Children's services Analysis Tool (ChAT) V8.9 - Data to Insight:** Provided by Haringey Council Public Health Team
- 28. IMD 2019:** <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>
- 29.ONS Data Visualisations Income Deprivation based on 2019 IMD:**
<https://www.ons.gov.uk/visualisations/dvc1371/#/E07000223>
- 30.ONS Hourly Pay Below Living Wage:**
<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/datasets/numberandproportionofemployeejobswithhourlypaybelowthelivingwage>
- 31. End Child Poverty Statistics:** <https://endchildpoverty.org.uk/child-poverty-2023>
- 32.ONS Central Heating data:**
<https://www.ons.gov.uk/datasets/TS046/editions/2021/versions/1>
- 33.ONS Data Visualisation Employment:** <https://explore-local-statistics.beta.ons.gov.uk/areas/E09000014-haringey>
- 34.ONS Education and Qualifications:**
<https://www.ons.gov.uk/datasets/TS067/editions/2021/versions/1>
- 35. Haringey State of the Borough Profile Dec 2024:**
https://haringey.gov.uk/sites/default/files/2024-04/state_of_the_borough_final_master_version.pdf
- 36. Statutory Homelessness in England:**
<https://www.gov.uk/government/statistics/statutory-homelessness-in-england-october-to-december-2024>

37. **ONS Crime Report Year Ending March 2024:** <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/crimeinenglandandwales/yearendingmarch2024>
38. **Haringey Local Plan 2013-2026:** <https://www.haringey.gov.uk/planning-building-control/planning/planning-policy/local-plan/local-plan-strategic-policies>
39. **Haringey Strategic Housing Market Assessment:** https://www.haringey.gov.uk/sites/default/files/haringey_strategic_housing_market_assessment_june2021.pdf
40. **Haringey Transport Strategy 2018:** <https://www.haringey.gov.uk/streets-roads-travel/travel/haringeys-transport-strategy>
41. **King's Fund: Clustering of Unhealthy Behaviours over time (2012):** https://assets.kingsfund.org.uk/f/256914/x/c8e05a9788/clustering_unhealthy_behaviours_2012.pdf
42. **CMO Physical Activity Guidelines:** <https://assets.publishing.service.gov.uk/media/5d839543ed915d52428dc134/uk-chief-medical-officers-physical-activity-guidelines.pdf>
43. **Prevalence Estimates:** <https://www.gov.uk/government/publications/hypertension-prevalence-estimates-for-local-populations>
44. **NHSBSA Consolidated Pharmaceutical List:** <https://opendata.nhsbsa.net/dataset/consolidated-pharmaceutical-list>
45. **EPACT data:** <https://www.nhsbsa.nhs.uk/access-our-data-products/epact2>
46. **SHAPE Atlas:** <https://shapeatlas.net/>
47. **NHSE Advanced and Enhanced Directions 2013:** https://assets.publishing.service.gov.uk/media/5a7ae6d6ed915d670dd7f64c/2013-03-12_-_Advanced_and_Enhanced_Directions_2013_e-sig.pdf
48. **NHSBSA Dispensing contractors' data:** <https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data>
49. **NICE Guidance: Community Pharmacies Promoting Health and Wellbeing:** <https://www.nice.org.uk/guidance/ng102>
50. **NICE Guidance: Clostridioides difficile infection: antimicrobial prescribing:** <https://www.nice.org.uk/guidance/ng199>
51. **Haringey Health Living Pharmacy Information:** [Healthy Living Pharmacies | Haringey Council](#)
52. **NICE Guidance NG67:** <https://www.nice.org.uk/guidance/ng67>