LONDON BOROUGH OF BEXLEY
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Draft Pharmaceutical Needs Assessment 2022

London Borough of Bexley Health and Wellbeing Board

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This PNA has been produced by Soar Beyond, contracted by the London Borough of Bexley. The production has been overseen by the PNA Steering Group for Bexley Health and Wellbeing Board with authoring support from Soar Beyond Ltd.

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Executive summary

Every Health and Wellbeing Board (HWB) is required to produce a Pharmaceutical Needs Assessment (PNA). There is also a requirement to reassess and revise the PNA within three years of its previous publication. However, the HWB must make a revised assessment as soon as it is reasonably practicable after identifying any changes that have occurred since the previous assessment, which may have an effect on the needs of pharmaceutical services. Due to the coronavirus pandemic the Department of Health and Social Care postponed the requirement for all HWBs to publish until 1 October 2022.

This mapping of pharmaceutical services against local health needs provides Bexley HWB with a framework for the strategic development and commissioning of services. It will enable the local pharmacy service providers and commissioners to:

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

This draft PNA has been produced through the PNA Steering Group on behalf of Bexley HWB by London Borough of Bexley (LBB) with authoring support from Soar Beyond Ltd.

NHS pharmaceutical services in England

NHS pharmaceutical services are provided by contractors on the pharmaceutical list held by NHS England and NHS Improvement (NHSE&I). Types of providers are:

- Community pharmacy contractors, including Distance-Selling Pharmacies (DSPs)
- Dispensing Appliance Contractors (DACs)
- Local Pharmaceutical Service (LPS) providers
- Dispensing doctors

Pharmaceutical service providers in Bexley

Bexley has 45 community pharmacies (as of March 2022) and one DSP for a population of 249,301. Using current population estimates, the number of community pharmacies per 100,000 population for Bexley is 18.0 (18.5 including the DSP).

Conclusions

Provision of current pharmaceutical services and locally commissioned services is well distributed, serving all the main population centres. There is excellent access to a range of services commissioned from pharmaceutical service providers. As part of this assessment no gaps have been identified in provision either now or in the future for pharmaceutical services deemed necessary by Bexley HWB.

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Section 1: Introduction

1.1 Background

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (SI 2013/349),[1] hereafter referred to as the Pharmaceutical Regulations 2013, came into force on 1 April 2013. Unless required to be produced earlier, the Pharmaceutical Regulations 2013 permitted Health and Wellbeing Boards (HWBs) a temporary extension of the Pharmaceutical Needs Assessments (PNAs) previously produced by the Primary Care Trust (PCT); HWBs were then required to publish their first PNA by 1 April 2015 at the latest. The Pharmaceutical Regulations 2013 require each HWB to publish a statement of its revised assessment within three years of its previous publication and this document fulfils this regulatory requirement. Due to the COVID-19 pandemic the Department of Health and Social Care postponed the requirement for all HWBs to publish until 1 October 2022.

The Pharmaceutical Regulations 2013 were updated by the National Health Service (Pharmaceutical and Local Pharmaceutical Services) (Amendment and Transitional Provision) Regulations 2014 on 1 April 2014. This PNA has considered these amendments, but the Pharmaceutical Regulations 2013 have been referenced throughout.

Table 1: Timeline for PNAs

2009	2011	2013	2015	Ongoing
Health Act 2009 introduces statutory framework requiring PCTs to prepare and publish PNAs	PNAs to be published by 1 February 2011	The Pharmaceutical Services Regulations 2013 outline PNA requirements for HWB	HWB required to publish own PNAs by 1 April 2015	PNAs reviewed every 3 years* *publication of PNAs was delayed during the coronavirus pandemic

Since the 2018 PNA there have been several significant changes to the community pharmacy contractual framework, national directives and environmental factors, which need to be considered as part of this PNA.

[1] The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. www.legislation.gov.uk/uksi/2013/349/contents/made

1.1.1 NHS Long Term Plan[2]

The NHS Long Term Plan (LTP) was published in January 2019, and it set out the priorities for healthcare for the next ten years. It is wide-ranging and includes chapters on new service models, action on prevention and health inequalities, and progress on care quality and outcomes. Table 2 identifies the priority clinical areas that could be impacted by community pharmacy services. A more detailed description is available in Section 2.1.

Table 2: Priority clinical areas in the LTP include

Prevention	Better care for major health conditions
Smoking	Cancer
Obesity	Cardiovascular disease
Alcohol	Stroke care
Antimicrobial resistance	Diabetes
Stronger NHS action on health inequalities	Respiratory disease
	Adult mental health services

1.1.2 Services stopped, started and changed

- Medicines Use Reviews (MURs) were decommissioned on 31 March 2021. A number of additional services have been introduced, including additional eligible patients for the New Medicine Service (NMS).
- Discharge Medicines Service (DMS): A new Essential Service from 15 February 2021. NHS Trusts were able to refer patients who would benefit from extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHSE&I Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.[3]
- Community Pharmacy Consultation Service (CPCS):[4] An Advanced Service introduced on 29 October 2019 to enable community pharmacies to play a greater role in urgent care provision. The service replaces the NHS Urgent Supply Advanced Scheme (NUMSAS) and local pilots of digital minor illness referral service (DMIRS). The first phase was to offer patients a consultation with pharmacist from referral from NHS 111, integrated urgent clinical assessment services and, in some cases, from 999. From 1 November 2020 GP CPCS was launched, where GPs can refer patients for minor illness consultation but not for urgent supply of medicine or appliance, with a locally agreed referral pathway. The CPCS and GP CPCS aims to relieve pressure on the wider NHS

[2] NHS Long Term Plan. www.longtermplan.nhs.uk/
[3] Discharge Medicine Service. https://psnc.org.uk/services-commissioning/essential-services/discharge-medicines-service/
[4] Community Pharmacist Consultation Service. https://psnc.org.uk/services-commissioning/advanced-services/community-pharmacist-consultation-service/

by connecting patients with community pharmacies who are integrated with primary care–level services, part of the NHS Long Term Plan.

- Coronavirus pandemic: The COVID-19 pandemic placed greater demands on health systems and community pharmacies. Community pharmacists have to adapt and adopt changes to healthcare services provided and remain open during the pandemic to provide for the pharmaceutical needs for the population.[5] During the pandemic there was a net loss of 215 pharmacies, with 236 opening while 451 closed during 2020-21, which resulted in the lowest number of pharmacies in England since 2015-16.[6] In response to the pandemic, two Advanced Services were also created: pandemic delivery service and COVID-19 lateral flow test provision. The COVID-19 vaccination service was also added as an Enhanced Service provided from community pharmacies and commissioned by NHSE&I. Due to the easing of COVID-19 restrictions by the government, the pandemic delivery service was decommissioned on 5 March 2022 at 23:59. From 1 April, the government no longer provides free universal symptomatic and asymptomatic testing for the general public in England.[7]
- Remote Access: From November 2020, community pharmacies had to facilitate remote access to pharmaceutical services at or from the pharmacy premises.[8]
- Pharmacy Quality Scheme (PQS): The PQS scheme is a voluntary scheme which forms part of the Community Pharmacy Contractual Framework.[9] It supports delivery of the NHS Long Term Plan and rewards community pharmacy contractors that deliver quality criteria in three quality dimensions: clinical effectiveness, patient safety and patient experience. The PQS has been developed to incentivise quality improvement in specific areas yearly. At the time of writing the 2022/23 scheme was still being negotiated by the Pharmaceutical Services Negotiating Committee (PSNC) with the Department of Health and Social Care (HHSC) and NHSE&I.

1.2 Purpose of the PNA

NHSE&I is required to publish and maintain pharmaceutical lists for each HWB area. Any person wishing to provide NHS pharmaceutical services is required to be listed on the pharmaceutical list. NHSE&I must consider any applications for entry to the pharmaceutical list. The Pharmaceutical Regulations 2013 require NHSE&I to consider applications to fulfil unmet needs determined within the PNA of that area, or applications for benefits unforeseen

[5] Hayden JC and Parkin R. The Challenges of COVID-19 for community pharmacists and opportunities for the future. Irish J Psych Med 2020; 37(3), 198-203. https://doi.org/10.1017/ipm.2020.52

[6] Wickware C. Lowest number of community pharmacies in six years, official figures show. Pharmaceutical J. 28 October 2021. https://pharmaceutical-journal.com/article/news/lowest-number-of-community-pharmacies-in-six-years-official-figures-show

[7] Cabinet Office. COVID-19 Response: Living with COVID-19. 23 February 2022. www.gov.uk/government/publications/covid-19-response-living-with-covid-19/covid-19-response-living-with-covid-19

[8] PSNC. Regs explainer (#12): Facilitating remote access to pharmacy services. 6 November 2020. https://psnc.org.uk/our-news/regs-explainer-12-facilitating-remote-access-to-pharmacy-services/

[9] NHSE&I. Pharmacy Quality Scheme: Guidance 2021/22. September 2021. www.england.nhs.uk/wp-content/uploads/2021/09/Pharmacy-Quality-Scheme-guidance-September-2021-22-Final.pdf

within the PNA. Such applications could be for the provision of NHS pharmaceutical services from new premises or to extend the range or duration of current NHS pharmaceutical services offered from existing premises. As the PNA will become the basis for NHSE&I to make determinations on such applications, it is therefore prudent that the PNA is compiled in line with the regulations and with due process, and that the PNA is accurately maintained and up to date. Although decisions made by NHSE&I regarding applications to the pharmaceutical list may be appealed to the NHS Primary Care Appeals Unit, the final published PNA cannot be appealed. It is likely the only challenge to a published PNA will be through application for a judicial review of the process undertaken to conclude the PNA.

The PNA should also be considered alongside the local authority's Joint Strategic Needs Assessment (JSNA).[10] LBB's JSNA is a suite of documents on its website, and this PNA has referred to its 2019-2023 Health and Care Strategy.

The PNA will identify where pharmaceutical services address public health needs identified in the JSNA as a current or future need. Through decisions made by the local authority, NHSE&I and Clinical Commissioning Groups (CCGs), these documents will jointly aim to improve the health and wellbeing of the local population and reduce inequalities.

CCGs are to be replaced by Integrated Care Boards (ICBs) as part of the Integrated Care Systems (ICS). Currently, Bexley will be covered by one ICS. ICS delegation has been delayed until July 2022 due to the COVID-19 pandemic and some will not go live until April 2023. It is anticipated that ICBs will take on the delegated responsibility for pharmaceutical services from NHSE&I and therefore some services commissioned from pharmacies by CCGs currently may fall under the definition of Enhanced Services. For the purpose of this PNA, at the time of writing, only services commissioned by NHSE&I as per the regulations have been considered as pharmaceutical services.

Although the Steering Group is aware that, during the lifetime of this PNA, CCGs will transition into ICBs, we have referred to CCGs throughout the document with the intention that the CCG will refer to its successor body when in place.

1.3 Scope of the PNA

The Pharmaceutical Regulations 2013 detail the information required to be contained within a PNA. A PNA is required to measure the adequacy of pharmaceutical services in the HWB area under five key themes:

- Necessary Services: current provision
- Necessary Services: gaps in provision
- Other relevant services: current provision
- Improvements and better access: gaps in provision
- Other services

In addition, the PNA details how the assessment was carried out. This includes:

[10] LBB. Joint Strategic Needs Assessment. 23 April 2018. https://bexleyjsna.co.uk/

- How the localities were determined
- The different needs of the different localities
- The different needs of people who share a particular characteristic
- A report on the PNA consultation

To appreciate the definition of pharmaceutical services as used in this PNA, it is important to understand the types of NHS pharmaceutical providers comprised in the pharmaceutical list maintained by NHS England. They are:

- Pharmacy contractors
- Dispensing appliance contractors
- Local pharmaceutical service providers
- Dispensing doctors

For the purposes of this PNA, 'pharmaceutical services' has been defined as those services that are/may be commissioned under the provider's contract with NHSE&I. A detailed description of each provider type, and the pharmaceutical services as defined in their contract with NHSE&I, is set out below.

1.3.1 Community pharmacy contractors

The Community Pharmacy Contractual Framework, last agreed in 2019,[11] is made up of three types of services:

- Essential Services
- Advanced Services
- Enhanced Services

Details of these services can be found in Section 6.

All pharmacies were required to become Level 1 Healthy Living Pharmacies by April 2020.

The responsibility for public health services transferred from PCTs to local authorities with effect from 1 April 2013.

Pharmacy contractors comprise both those located within the Bexley HWB area, as listed in Appendix A, those in neighbouring HWB areas and remote suppliers, such as Distance-Selling Pharmacies (DSPs). Although DSPs may provide services from all three levels as described above, and must provide all Essential Services, they may not provide Essential Services face-to-face on the premises. Additionally, they must provide services to the whole population of England.

1.3.2 Dispensing Appliance Contractors (DACs)

Dispensing Appliance Contractors (DACs) operate under the Terms of Service for Appliance Contractors as set out in Schedule 5 of the Pharmaceutical Regulations 2013. They can supply appliances against an NHS prescription such as stoma and incontinence aids, dressings,

[11] Community Pharmacy Contractual Framework. July 2019. www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024

bandages etc. They are not required to have a pharmacist, do not have a regulatory body and their premises do not have to be registered with the General Pharmaceutical Council.

DACs must provide a range of Essential Services such as dispensing of appliances, advice on appliances, signposting, clinical governance and home delivery of appliances. In addition, DACs may provide the Advanced Services of Appliance Use Reviews (AURs) and Stoma Appliance Customisation (SAC).

Pharmacy contractors, dispensing doctors and local pharmaceutical service (LPS) providers may supply appliances, but DACs are unable to supply medicines.

1.3.3 Local Pharmaceutical Service (LPS) providers

A pharmacy provider may be contracted to perform specified services to their local population or a specific population group.

This contract is locally commissioned by NHSE&I and provision for such contracts is made in the Pharmaceutical Regulations 2013 in Part 13 and Schedule 7. Such contracts are agreed outside the national framework, although may be over and above what is required from the national contract. Payment for service delivery is locally agreed and funded.

1.3.4 Pharmacy Access Scheme (PhAS) Providers[12]

The PhAS has been designed to capture the pharmacies that are most important for patient access, specifically those pharmacies where patient and public access would be materially affected should they close. The PhAS takes isolation and need levels into account.

Pharmacies in areas with dense provision of pharmacies remain excluded from the scheme. In areas with high numbers of pharmacies, public access to NHS pharmaceutical services is not at risk. The scheme is focused on areas that may be at risk of reduced access, for example, where a local population relies on a single pharmacy.

DSPs, DACS, LPS contractors, and dispensing doctors remain ineligible for the scheme.

From 1 January 2022, the revised PhAS is to continue to support patient access to isolated, eligible pharmacies and ensure patient access to NHS community pharmaceutical services is protected.

1.3.5 Other providers of pharmaceutical services in neighbouring HWB areas

There are three other HWB areas that border the Bexley HWB area:

- Bromley HWB
- Greenwich HWB
- Kent HWB

[12] DHSC. 2022 Pharmacy Access Scheme Guidance. 3 February 2022. www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024/2021-to-2022-pharmacy-access-scheme-guidance

In determining the needs of, and pharmaceutical service provision to, the population of the Bexley HWB area, consideration has been made to the pharmaceutical service provision from the neighbouring HWB areas.

1.3.6 Dispensing GP practices

The Pharmaceutical Regulations 2013, as set out in Part 8 and Schedule 6, permit GPs in certain areas to dispense NHS prescriptions for defined populations.

These provisions are to allow patients in rural communities, who do not have reasonable access to a community pharmacy, to have access to dispensing services from their GP practice. Dispensing GP practices therefore make a valuable contribution to dispensing services although they do not offer the full range of pharmaceutical services offered at community pharmacies. Dispensing GP practices can provide such services to communities within areas known as 'controlled localities'.

GP premises for dispensing must be listed within the pharmaceutical list held by NHS England and patients retain the right of choice to have their prescription dispensed from a community pharmacy, if they wish.

1.3.7 Other services and providers in Bexley HWB area

As stated in Section 1.3, for the purpose of this PNA, 'pharmaceutical services' have been defined as those which are, or may be, commissioned under the provider's contract with NHSE&I.

Section 4 services provided by NHS pharmaceutical providers in Bexley, commissioned by organisations other than NHSE&I or provided privately, and which are therefore out of scope of the PNA.

CCGs are to be replaced by ICBs as part of ICSs. ICS delegation has been delayed until July 2022, due to the COVID-19 pandemic, and some will not go live until April 2023. It is anticipated that they will take on the delegated responsibility for pharmaceutical services from NHSE&I and therefore some services commissioned from pharmacies by CCGs currently may fall under the definition of Enhanced Services. For the purpose of this PNA, at the time of writing, only services commissioned by NHSE&I as per the regulations have been considered as 'pharmaceutical services'.

1.4 Process for developing the PNA

As a direct result of the Health and Social Care Act 2012, a paper was presented to Bexley HWB on 2 November 2021.

The purpose of the paper was to inform Bexley HWB of its statutory responsibilities under the Health and Social Care Act to produce and publicise a revised PNA at least every three years. The last PNA for LBB was published in March 2018 and is therefore due to be reassessed in line with the extended timetable by October 2022.

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Bexley HWB accepted the content of the paper at the meeting and the recommendation to delegate responsibility of the PNA to a steering group. It also agreed to the funding necessary to research and produce the PNA.

Public Health Bexley has a duty to complete this document on behalf of Bexley HWB.

Soar Beyond Ltd was chosen from a selection of potential candidates due to their significant experience of providing services to assist pharmaceutical commissioning, including the production and publication of PNAs.

- Step 1: Steering group

On 14 December 2021 LBB's PNA Steering Group was established. The terms of reference and membership of the group can be found in Appendix B.

- Step 2: Project management

At this first meeting, Soar Beyond Ltd and the local authority presented and agreed the project plan and ongoing maintenance of the project plan. Appendix F shows an approved timeline for the project.

- Step 3: Review of existing PNA and JSNA

Through the project manager, the PNA Steering Group reviewed the existing PNA[13] and JSNA.

- Step 4a: Public questionnaire on pharmacy provision

A public questionnaire to establish views about pharmacy services was produced by the Steering Group and was circulated to:

- Bexley residents
- Older people
- People with a disability or learning difficulty (easy-read version will be commissioned)
- Councillors
- MPs
- Community champions
- Community leaders
- Council staff
- Partner organisations, including the voluntary sector

A total of 661 responses were received. A copy of the public questionnaire can be found in Appendix C with detailed responses.

- Step 4b: Pharmacy contractor questionnaire

The Steering Group agreed a questionnaire to be distributed to local community pharmacies to collate information for the PNA. The Local Pharmaceutical Committees (LPC) supported this

[13] LBB PNA 2018, https://www.bexley.gov.uk/services/health-and-social-care/bexleys-public-health/our-plans-help-us-live-better

questionnaire to gain responses. The Steering Group thanks the LPC and contractors for their efforts in getting the questionnaire distributed and completed.

A total of 37 responses were received. A copy of the pharmacy questionnaire can be found in Appendix D with responses.

- Step 4c: Commissioner questionnaire

The Steering Group agreed a questionnaire to be distributed to all relevant commissioners in LBB to inform the PNA.

There were four responses to the questionnaire. A copy of the commissioner questionnaire can be found in Appendix E with responses.

- Step 5: Mapping of services

Details of services and service providers were collated and triangulated to ensure the assessment was based was the most robust and accurate information. NHSE&I, being the commissioner of service providers and services classed as necessary and relevant, was predominantly used as a base for information due to its contractual obligation to hold and maintain pharmaceutical lists. Information was collated, ratified and shared with the Steering Group before the assessment was commenced. The pharmaceutical list from NHSE&I dated March 2022 was used for this assessment.

- Step 6: Preparing the draft PNA for consultation

The steering group reviewed and revised the content and detail of the existing PNA. The process took into account the JSNA and other relevant strategies in order to ensure the **priorities** were identified correctly. The steering group was fully aware of the potential changes bought about with the easing of restrictions which had been bought in due to the pandemic. However, as the PNA is an assessment taken at defined moment in time it was agreed the pragmatic way forward would be to monitor such changes and if necessary update the PNA before finalising or publish with accompanying supplementary statements as per the regulations unless the changes had a significant impact on the conclusions. In the case of the later the group were fully aware of the need to reassess.

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1.5 Localities for the purpose of the PNA

The PNA Steering Group, at its first meeting, considered how the localities within the Bexley HWB geography would be defined. The majority of health and social care data is available at local authority council ward level and at this level provides reasonable statistical rigour. It was agreed that the council wards would be used to define the localities of the Bexley HWB geography.

The localities with wards used for the PNA for Bexley HWB area are:

Table 3: Bexley localities for PNA 2022

Locality	Wards
North Bexley	Barnehurst Belvedere Crayford Erith Northumberland Heath Slade Green & Northend Thamesmead East
Clocktower	Bexleyheath Crook Log East Wickham Falconwood & Welling West Heath
Frognal	Blackfen & Lamorbey Blendon & Penhill Longlands Sidcup St Mary's & St James

A list of providers of pharmaceutical services in each locality is found in Appendix A.

The information contained in Appendix A has been provided by NHSE&I (who is legally responsible for maintaining the pharmaceutical list of providers of pharmaceutical services in each HWB area), LBB and South East London CCG.

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Section 2: Context for the PNA

2.1 NHS Long Term Plan[14]

The NHS Long Term Plan (LTP) was published in January 2019, and it set out the priorities for healthcare for the next ten years. It is wide-ranging and includes chapters on new service models, action on prevention and health inequalities, and progress on care quality and outcomes.

Table 3: Priority clinical areas in the LTP include

Prevention	Better care for major health conditions
Smoking	Cancer
Obesity	Cardiovascular disease
Alcohol	Stroke care
Antimicrobial resistance	Diabetes
Stronger NHS action on health inequalities	Respiratory disease
	Adult mental health services

There are specific aspects of the LTP that include community pharmacy and pharmacists:

- Section 4.21 states that 'Pharmacists have an essential role to play in delivering the Long Term Plan' and goes on to state: 'In community pharmacy, we will work with government to make greater use of community pharmacists' skills and opportunities to engage patients, while also exploring further efficiencies through reform of reimbursement and wider supply arrangements.'
- Section 1.10 refers to the creation of fully integrated community-based healthcare. This will be supported through the ongoing training and development of multidisciplinary teams in primary and community hubs. From 2019, NHS 111 will start direct booking into GP practices across the country, as well as referring on to community pharmacies who support urgent care and promote patient self-care and self-management. CCGs will also develop pharmacy connection schemes for patients who do not need primary medical services. Pharmacy connection schemes have developed into the Community Pharmacist Consultation Service (CPCS), which has been available since October 2019 as an Advanced Service.
- Section 1.12 identifies 'pharmacist review' of medication as a method to reduce avoidable A&E attendances, admissions and delayed discharge, streamlining patient pathways to reduce avoidable outpatient visits and over-medication.
- Section 1.26 states that urgent treatment centres will work alongside other parts of the urgent care network including primary care, community pharmacists, ambulance and other community-based services to provide a locally accessible and convenient alternative to A&E for patients who do not need to attend hospital.

[14] NHS Long Term Plan. www.longtermplan.nhs.uk/

- Section 3.68 identifies community pharmacists as part of the process of improving the effectiveness of approaches such as the NHS Health Check, rapidly treating those identified with high-risk conditions, including high blood pressure. The hypertension case-finding service has been developed as an Advanced Service from community pharmacy.
- Section 3.86 states 'We will do more to support those with respiratory disease to receive and use the right medication.' Of NHS spend on asthma, 90% goes on medicines, but incorrect use of medication can also contribute to poorer health outcomes and increased risk of exacerbations, or even admission. The New Medicine Service (NMS) is an Advanced Service that provides support for people with long-term conditions prescribed a new medicine, to help improve medicines adherence.
- Section 6.17 identifies ten priority areas. Section 6.17(v) identifies pharmacists as key in delivering value for the £16 billion spent on medicines annually. It states 'Research shows as many as 50% of patients do not take their medicines as intended and pharmacists will support patients to take their medicines to get the best from them, reduce waste and promote self-care.'

2.2 Joint Strategic Needs Assessment (JSNA)

The PNA is a statutory requirement of the Joint Strategic Needs Assessment (JSNA).[15] The two assessments draw on the same evidence base and are complementary tools for making evidence-based decisions on provision of services for Bexley's population. The PNA should therefore be considered in parallel with Bexley's JSNA.[16]

Bexley's JSNA is an ongoing assessment of the health, social care and wellbeing needs of the local community, describing the current distribution of need and inequality, and anticipating future needs of a changing population and future challenges posed by wider determinants of health. The JSNA informs future service planning, considering evidence of effectiveness. A JSNA steering group with representation from the Council, CCG and the voluntary sector in Bexley oversees the development of the JSNA.

The JSNA:

- Looks at the health of the population, with a focus on behaviours that affect health such as smoking, diet and exercise
- Is concerned with wider social factors that have an effect on people's health and wellbeing, such as housing, poverty and employment
- Provides a common view of health and care needs for the local community
- Identifies health inequalities
- Provides evidence of effectiveness for different health and care interventions

[15] DHSC. Statutory guidance on joint strategic needs assessments and joint health and wellbeing strategies. 26 March 2013. www.gov.uk/government/publications/jsnas-and-jhws-statutory-guidance

[16] LBB. Joint Strategic Needs Assessment. 23 April 2018. https://bexleyjsna.co.uk/[17] LBB. Bexley Obesity Strategy. 2020. www.bexley.gov.uk/sites/default/files/2020-10/bexley-obesity-strategy.pdf

- Documents current service provision
- Identifies gaps in health and care services, documenting unmet needs

2.2.1 Other needs assessment (list)

- 0–5 Population Needs Assessment (unreleased)
- 5–19 JSNA and Health Inequalities Audit (upcoming)

2.3 HWB strategy and ICS-priorities

Building on the insights of the JSNA, 'Our health, our wellbeing, our place: Bexley Health and Wellbeing Strategy 2019 to 2023' (to be released) identifies a set of strategic priorities and broad improvement plans focusing on:

- Obesity: Bexley has high rates of childhood and adult obesity, with more deprived areas of Bexley experiencing higher rates. The strategy is to empower individuals to take responsibility for their own health improvement by increasing access to healthier foods, increading opportunities for physical activity, and supporting healthier lifestyles
- Mental health: Recognising the connectedness and parity of mental and physical health, and placing emphasis on prevention, the strategy is to organise services to provide community and primary care-based support, provide early interventions, and reduce unnecessary attendances at A&E.
- Children and young people: To improve the health and wellbeing of children and young people, the strategy identifies the importance of maternal and family support in prevention of poor mental and physical health and aims to provide the right services closer to home.
- Frailty: Bexley has a higher proportion of people aged 70+ than the London average. The strategy aims to reduce the development and progression of frailty, to better identify people with different levels of frailty, reduce over-medicalisation and unnecessary hospital care, and allow people to stay safely for longer in their own homes and ensure dignity in dying.

In 2018, Our Healthier South East London ICS was formed from London's Sustainability and Transformation Partnership, incorporating the CCG and individual local authorities for Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark, as well as secondary care providers King's College Hospital NHS Foundation Trust, Guy's and St Thomas' NHS Foundation Trust and Lewisham and Greenwich NHS Trust, and mental health providers South London and Maudsley NHS Foundation Trust and Oxleas NHS Foundation Trust. The ICS's purpose is to be a 'system of systems' aiming to improve the health and wellbeing of the entire population of south-east London, specifically in response to an aging population with increasing long-term care needs, variation in service quality and capacity by both geography and time of access, deprivation-associated health inequalities, and financial pressures.

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2.4 Prevention, assets, and self-care

The 'Our health, our wellbeing, our place' focus on prevention not only covers clinical approaches to prevention such as screening, but also, in line with the priority of tackling childhood and adult obesity, places an emphasis on place- and asset-based approaches to providing the opportunity for self-directed activity, exercise, and dietary and lifestyle improvement. The 'Bexley Obesity Strategy'[17] presents the specifics of these plans.

2.5 Demographics

2.5.1 Overview

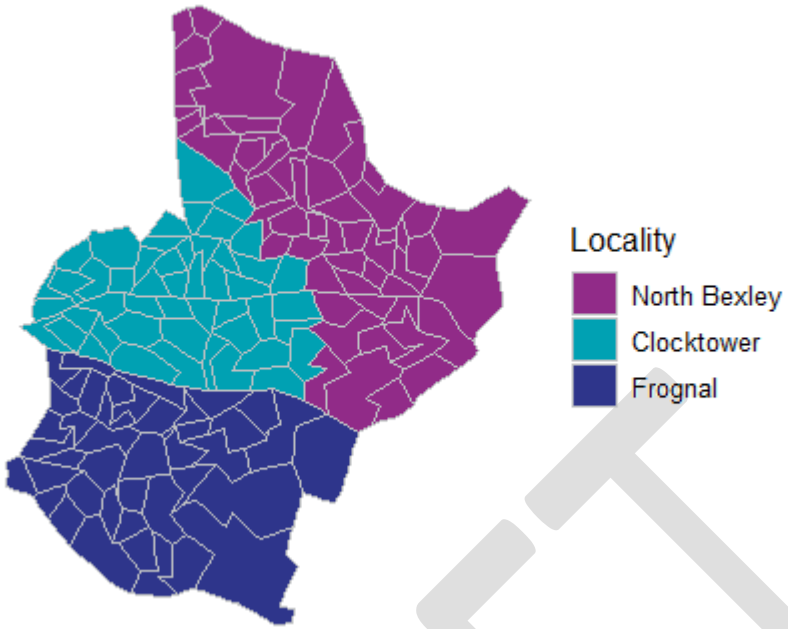
The London Borough of Bexley is located in south-east London, bordering with Kent to the east, Bromley to the south, Greenwich to the west, and the Thames to the north. LBB is made up of 17 wards, which were defined in 2018, and are not coterminous with the 21 wards used in the 2011 census. Where possible, population level data are aggregated to three localities based on the 2018 ward boundaries as follows:

Table 4: Bexley wards to localities

2018 ward	Locality
Barnehurst	North Bexley
Belvedere	North Bexley
Crayford	North Bexley
Erith	North Bexley
Northumberland Heath	North Bexley
Slade Green & Northend	North Bexley
Thamesmead East	North Bexley
Bexleyheath	Clocktower
Crook Log	Clocktower
East Wickham	Clocktower
Falconwood & Welling	Clocktower
West Heath	Clocktower
Blackfen & Lamorbey	Frognal
Blendon & Penhill	Frognal
Longlands	Frognal
Sidcup	Frognal
St Mary's & St James	Frognal

[17] LBB. Bexley Obesity Strategy. 2020. www.bexley.gov.uk/sites/default/files/2020-10/bexley-obesity-strategy.pdf

Figure 1: Bexley Lower Super Output Areas to Localities



The most recent Office for National Statistics (ONS) Mid-Year Population Estimate for Bexley is 249,301, which breaks down by locality as follows:

Table 5: Bexley population by locality

		Population
Bexley		249,301
	North Bexley	100,918
	Clocktower	80,598
	Frognal	67,785

Source: ONS. Mid-Year Population Estimates. June 2020.

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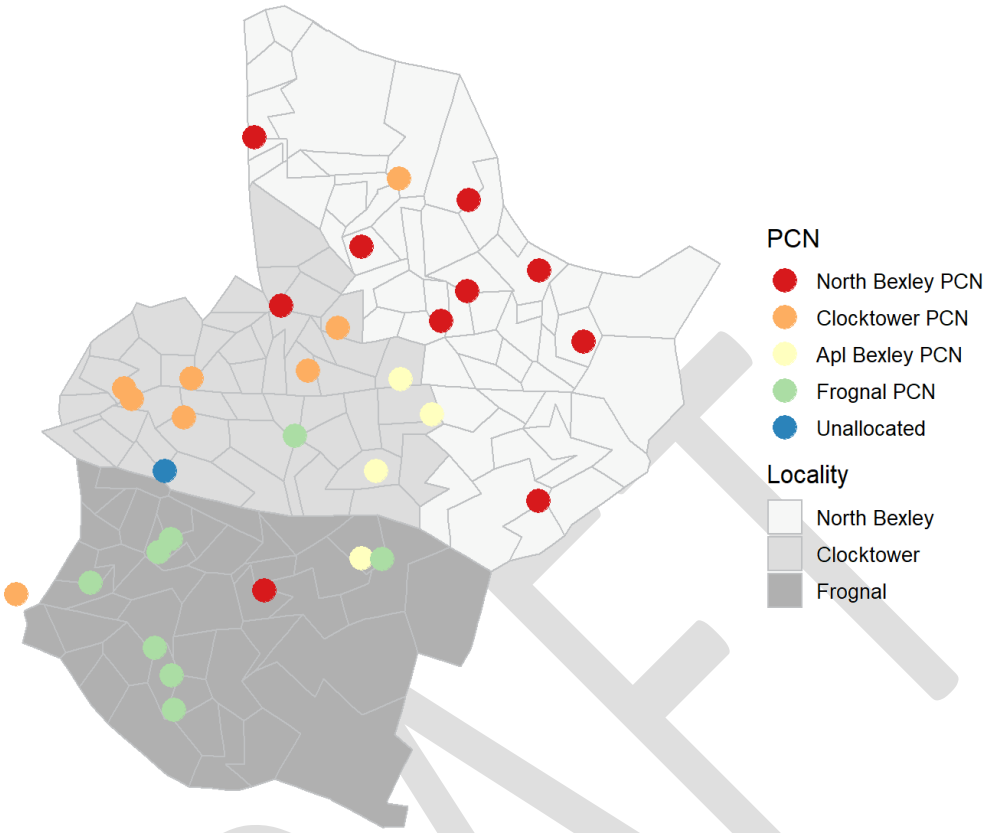
Most of Bexley's health services, including primary care, are commissioned by South East London CCG, which also covers Bromley, Greenwich, Lambeth, Lewisham and Southwark. There are 21 GP practices in Bexley, belonging to four Primary Care Networks (PCNs).

Table 6: Bexley GP practices to PCNs

GP practice	Primary Care Network
Bursted Wood Surgery	APL Bexley PCN
Lyndhurst Road Medical Centre	APL Bexley PCN
Plas Meddyg Surgery	APL Bexley PCN
The Albion Surgery	APL Bexley PCN
Bellegrove Surgery	Clocktower PCN
Bexley Group Practice	Clocktower PCN
Dr Thavapalan And Partners	Clocktower PCN
The Westwood Surgery	Clocktower PCN
Welling Medical Practice	Clocktower PCN
Barnard Medical Group	Frognal PCN
Sidcup Medical Centre	Frognal PCN
Station Road Surgery	Frognal PCN
Woodlands Surgery	Frognal PCN
Belvedere Medical Centre	North Bexley PCN
Bexley Medical Group	North Bexley PCN
Bulbanks Medical Centre	North Bexley PCN
Crayford Town Surgery	North Bexley PCN
Lakeside Medical	North Bexley PCN
Northumberland Heath Medical Centre	North Bexley PCN
Riverside Surgery	North Bexley PCN
Slade Green Medical Centre	North Bexley PCN

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Figure 2: Bexley PCN practice locations



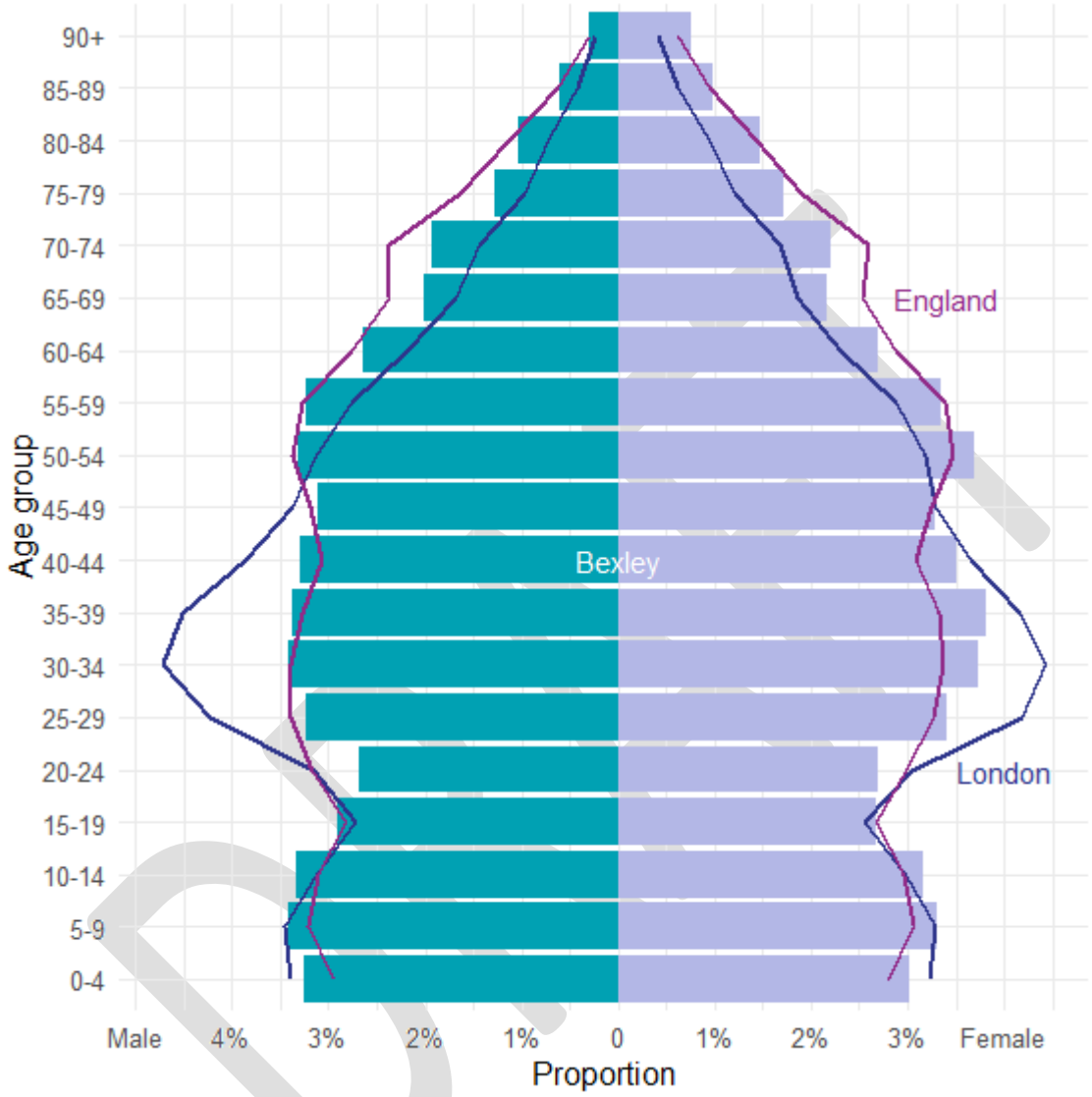
PCNs are not geographical organisations. A person registered with any given GP practice may be resident in another part of Bexley, or outside the borough. Conversely, people resident in LBB may be registered with a GP outside the borough. Please see the section on GP-Registered Population for more detail on the geographical distribution of people registered with Bexley GP practices.

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2.5.2 Age structure

Bexley has a similar age and sex structure to the England average, with a less pronounced spike in the 20–49 age groups than London as a whole:

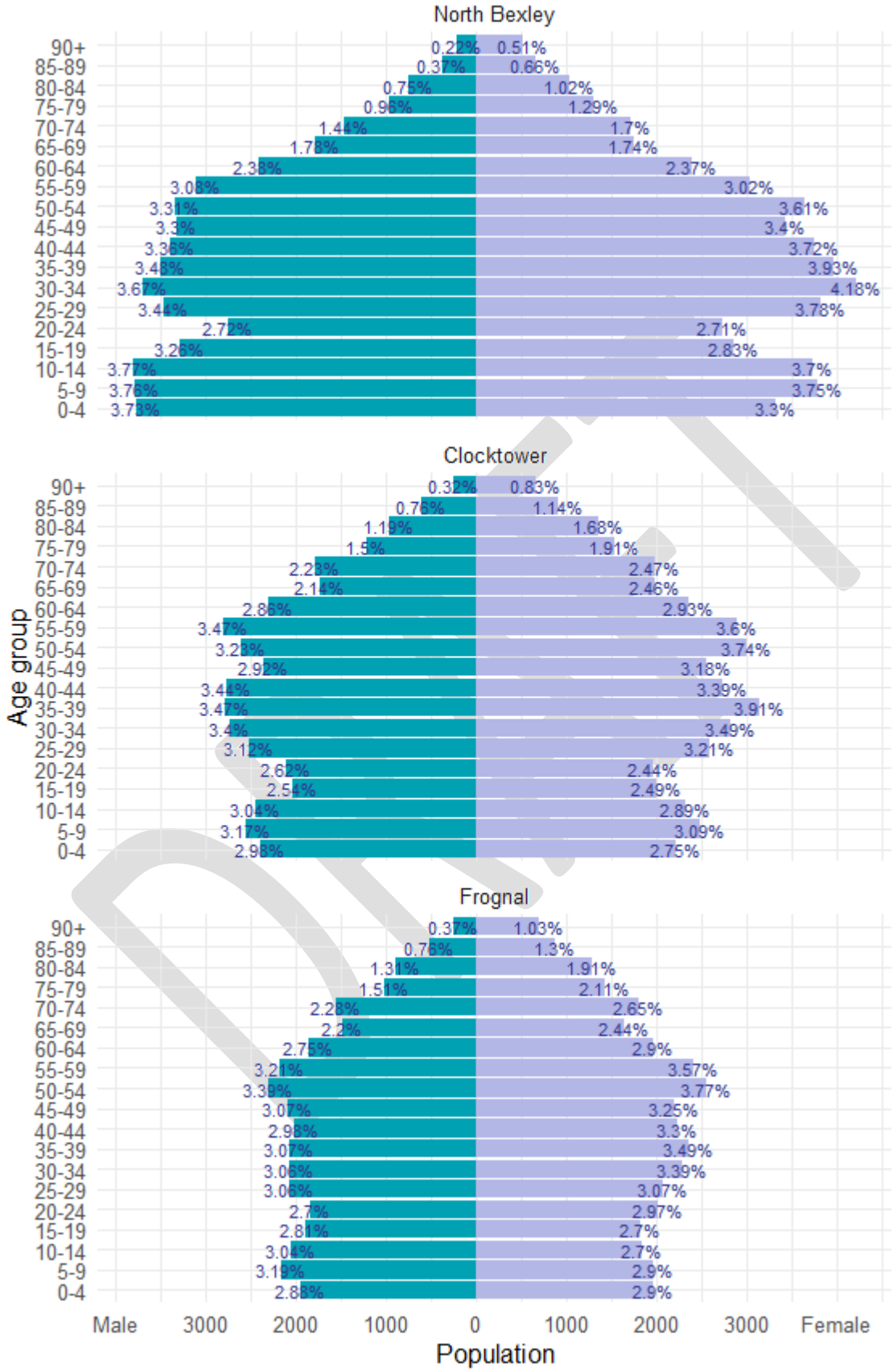
Figure 3: Proportion of population by quinary age band: Bexley, London, England



Source: ONS. Mid-Year Population Estimates. June 2020.

Breaking the population down by geographical locality, North Bexley is the most populous, with 101,000 inhabitants, followed by Clocktower with 81,000 and Frognal with 68,000. The three localities also have different age and sex structures, North Bexley being the youngest locality, with a higher proportion of young and working-age people:

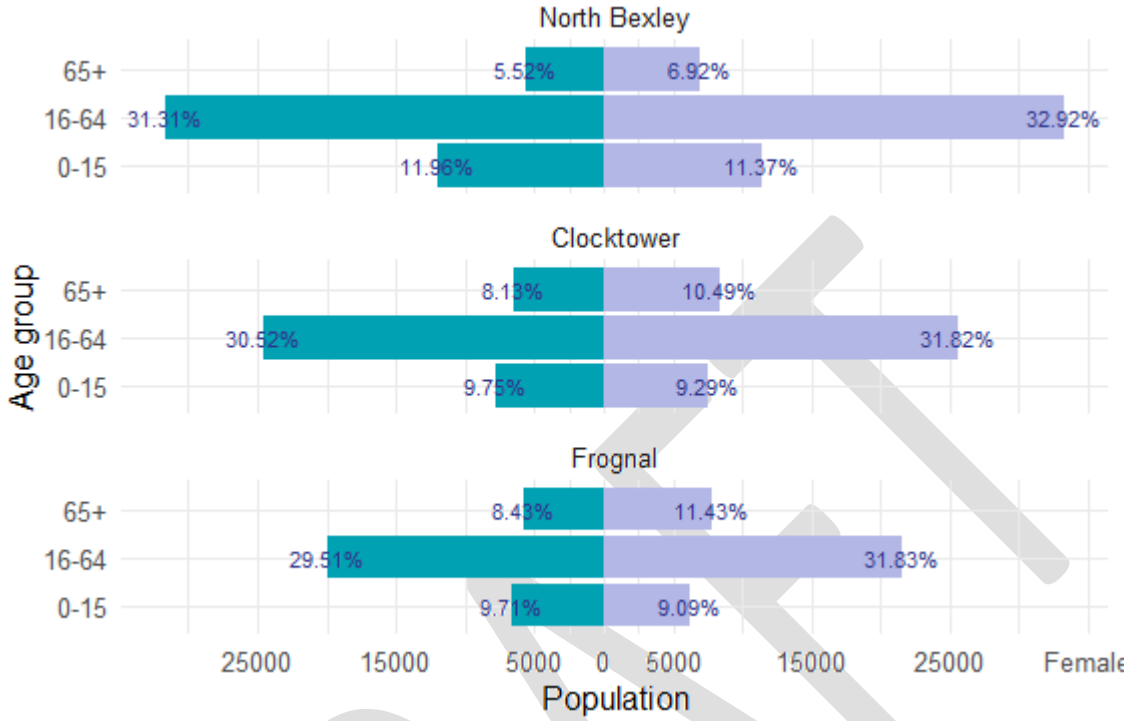
Figure 4: Number and proportion of population by quinary age band: Bexley localities



Source: ONS SAPE23DT2: Mid-2020 Population Estimates for LSOAs in England and Wales by single year of age and sex, 2021

Aggregating the population structures to broad groups defined by working age, Frognal and Clocktower have very similar structures, while North Bexley has a proportionally smaller 65+ population:

Figure 5: Number and proportion of population by work age group: Bexley localities



Source: ONS SAPE23DT2: Mid-2020 Population Estimates for LSOAs in England and Wales by single year of age and sex, 2021

Compared with London, Bexley has a smaller proportion of working-age people: 62.8% compared with London's 67.2%, with the localities ranging from 61.3% in Frognal to 64.2% in North Bexley. North Bexley has a higher proportion of children than London, at 23.3% compared with London's 20.6%. Across the whole borough, the proportion of children is roughly similar to London, at 20.7%. The proportion of ages 65+ in the borough is higher than the London average: 26.5% compared with 12.2% in London. This difference is mostly weighted to Clocktower (18.6%) and Frognal (19.9%):

Table 7: Population by work age group: Bexley, Bexley localities, London, England

	Female	Female	Female	Male	Male	Male
	0–15	16–64	65+	0–15	16–64	65+
Bexley	25,121	80,448	23,191	26,501	76,198	17,842
North Bexley	*11,477*	*33,222*	*6,988*	*12,066*	*31,594*	*5,571*
Clocktower	*7,485*	*25,648*	*8,454*	*7,855*	*24,601*	*6,555*
Frognal	*6,159*	*21,578*	*7,749*	*6,580*	*20,003*	*5,716*
London	902,562	2,980,237	605,311	950,645	3,070,591	493,142
England	5,286,587	17,608,177	5,672,556	5,565,653	17,625,702	4,791,463

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Table 8: Proportion of Population by work age group: Bexley, Bexley Localities, London, England

	Female	Female	Female	Male	Male	Male
	0–15	16–64	65+	0–15	16–64	65+
Bexley	10.1%	32.3%	9.3%	10.6%	30.6%	7.2%
North Bexley	*11.4%*	*32.9%*	*6.9%*	*12.0%*	*31.3%*	*5.5%*
Clocktower	*9.3%*	*31.8%*	*10.5%*	*9.7%*	*30.5%*	*8.1%*
Frognal	*9.1%*	*31.8%*	*11.4%*	*9.7%*	*29.5%*	*8.4%*
London	10.0%	33.1%	6.7%	10.6%	34.1%	5.5%
England	9.3%	31.1%	10.0%	9.8%	31.2%	8.5%

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2.5.3 Ethnicity

North Bexley is the most diverse locality of Bexley, although there is still a majority white population, at 73%, with the next biggest proportion being the black population at 16.6%. The white population in Frognal makes up over 90% of the population, with the Asian population the next largest at 4.6%. Clocktower has a white population of 84.9%, with the next largest being the Asian population at 2.1%.

Table 9: Number and proportion of population by ethnic group: Bexley localities

	North Bexley	North Bexley	Clock-tower	Clock-tower	Frognal	Frognal
Ethnic group	n	%	n	%	n	%
Asian/Asian British:						
Indian	2,804	*3.1%*	3,019	*4.0%*	1,224	*1.9%*
Pakistani	307	*0.3%*	248	*0.3%*	175	*0.3%*
Bangladeshi	248	*0.3%*	307	*0.4%*	222	*0.3%*
Chinese	990	*1.1%*	930	*1.2%*	594	*0.9%*
Other Asian	1,647	*1.8%*	1,697	*2.2%*	831	*1.3%*
Black/African/Caribbean/Black British:						
African	12,672	*14.1%*	2,339	*3.1%*	941	*1.4%*
Caribbean	1,390	*1.5%*	607	*0.8%*	384	*0.6%*
Other Black	926	*1.0%*	246	*0.3%*	119	*0.2%*
Mixed/multiple ethnic groups:						
White and Black Caribbean	821	*0.9%*	450	*0.6%*	405	*0.6%*
White and Black African	644	*0.7%*	178	*0.2%*	161	*0.2%*
White and Asian	575	*0.6%*	438	*0.6%*	356	*0.5%*
Other Mixed	562	*0.6%*	414	*0.5%*	391	*0.6%*
Another ethnic group:						
Arab	143	*0.2%*	94	*0.1%*	66	*0.1%*
Any other ethnic group	637	*0.7%*	537	*0.7%*	296	*0.4%*
White:						
English/Welsh/Scottish/Northern Irish/British	60,934	*67.6%*	61,382	*80.7%*	56,934	*86.5%*
Irish	806	*0.9%*	986	*1.3%*	804	*1.2%*
Gypsy or Irish Traveller	444	*0.5%*	92	*0.1%*	88	*0.1%*
Other White	3,548	*3.9%*	2,124	*2.8%*	1,820	*2.8%*

Source: NOMIS KS201EW – Ethnic group 2011

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2.5.4 Religion

The 2011 census religion reported that the population of Bexley was majority Christian, with the next highest proportion declaring 'No religion'.

Table 10: Number and proportion of population by religion: Bexley localities

	North Bexley	North Bexley	Clocktower	Clocktower	Frognal	Frognal
Religion	n	%	n	%	n	%
Buddhist	596	*0.7%*	488	*0.6%*	293	*0.4%*
Christian	54,471	*60.5%*	47,389	*62.3%*	42,233	*64.2%*
Hindu	1,134	*1.3%*	1,624	*2.1%*	789	*1.2%*
Jewish	80	*0.1%*	63	*0.1%*	91	*0.1%*
Muslim	2759	*3.1%*	1,688	*2.2%*	1,198	*1.8%*
No religion	22,608	*25.1%*	17,618	*23.2%*	15,769	*24.0%*
Other religion	318	*0.4%*	216	*0.3%*	190	*0.3%*
Religion not stated	6,037	*6.7%*	5,301	*7.0%*	4,888	*7.4%*
Sikh	2,095	*2.3%*	1,701	*2.2%*	360	*0.5%*

Source: NOMIS KS209EW – Religion 2011

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2.5.5 Predicted population growth

The last census in 2011 reported the population of Bexley as 231,997, and the last ONS mid-year population data estimated that this had risen by 7.5% to 249,301. The population is projected to rise to 251,923 in 2022 (+1.1%), to 255,182 by 2025 (+2.4%), and to 261,905 by 2032 (+4.0%).

The majority (76%) of the projected increase is due to natural growth, with the remainder (24%) due to net migration. The projections anticipate an aging population, with decreasing numbers of children aged 0–15, small proportional increases in working-age people aged 16–64, and large proportional increases in ages 65+.

Table 11: Population projections by work age group: 2020, 2025, 2032

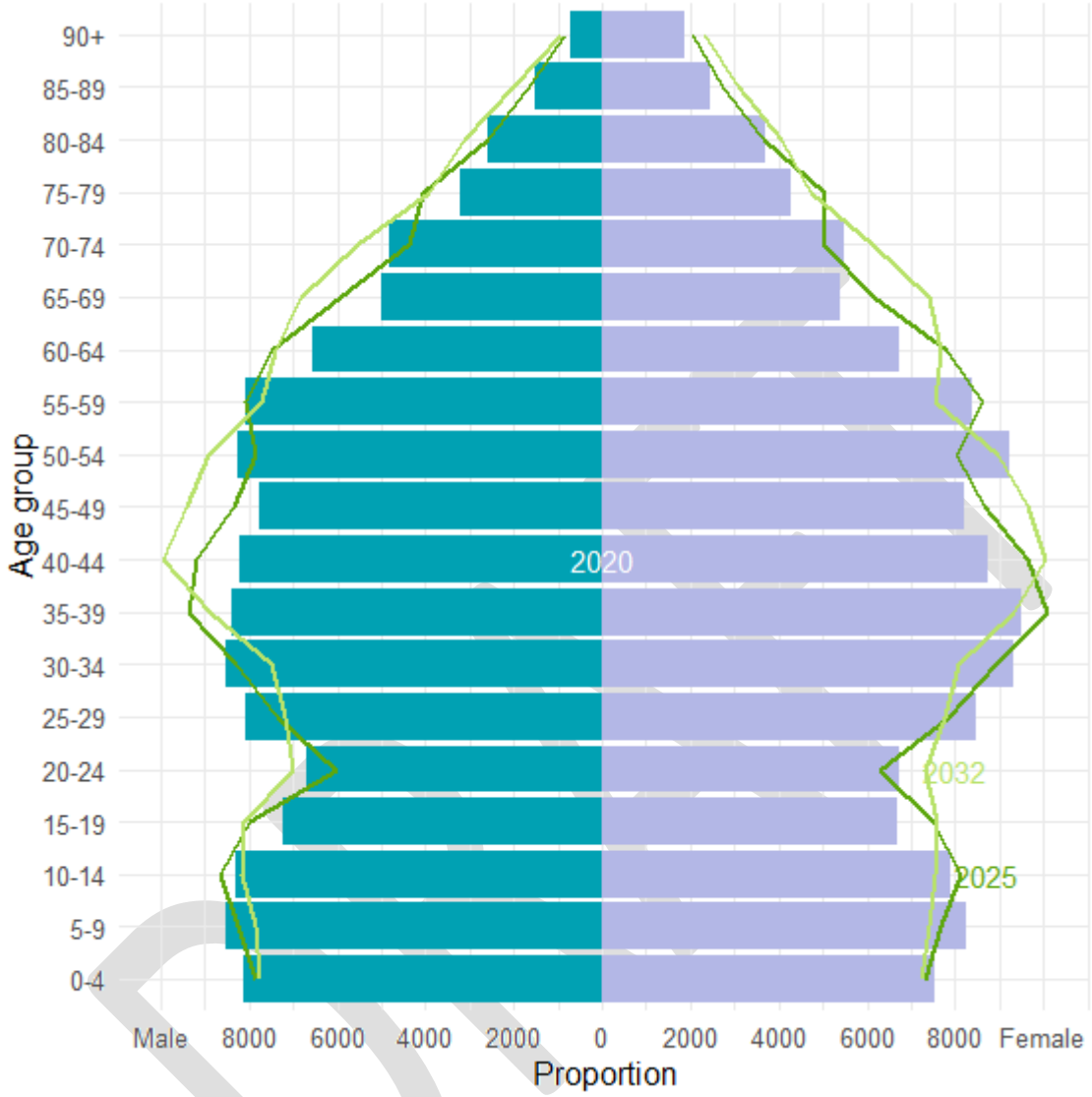
Age	Sex	2020	2025	2025	2032	2032
0–15	F	25,008	24,683	*(-325)*	23,764	*(-1,244)*
0–15	M	26,745	26,467	*(-278)*	25,495	*(-1,250)*
16–64	F	80,941	81,764	*(+823)*	82,249	*(+1,308)*
16–64	M	77,134	78,268	*(+1,134)*	80,321	*(+3,187)*
65+	F	23,727	24,561	*(+834)*	27,721	*(+3,994)*
65+	M	18,368	19,439	*(+1,071)*	22,355	*(+3,987)*

Source: NOMIS Population projections – local authority based by single year of age

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The aging population can be more clearly visualised by quinary age band below, as this reveals the changes in distribution that have little net effect on broader working age groups:

Figure 6: Population projections by quinary age band: 2020, 2025, 2032



Source: NOMIS Population projections – local authority based by single year of age

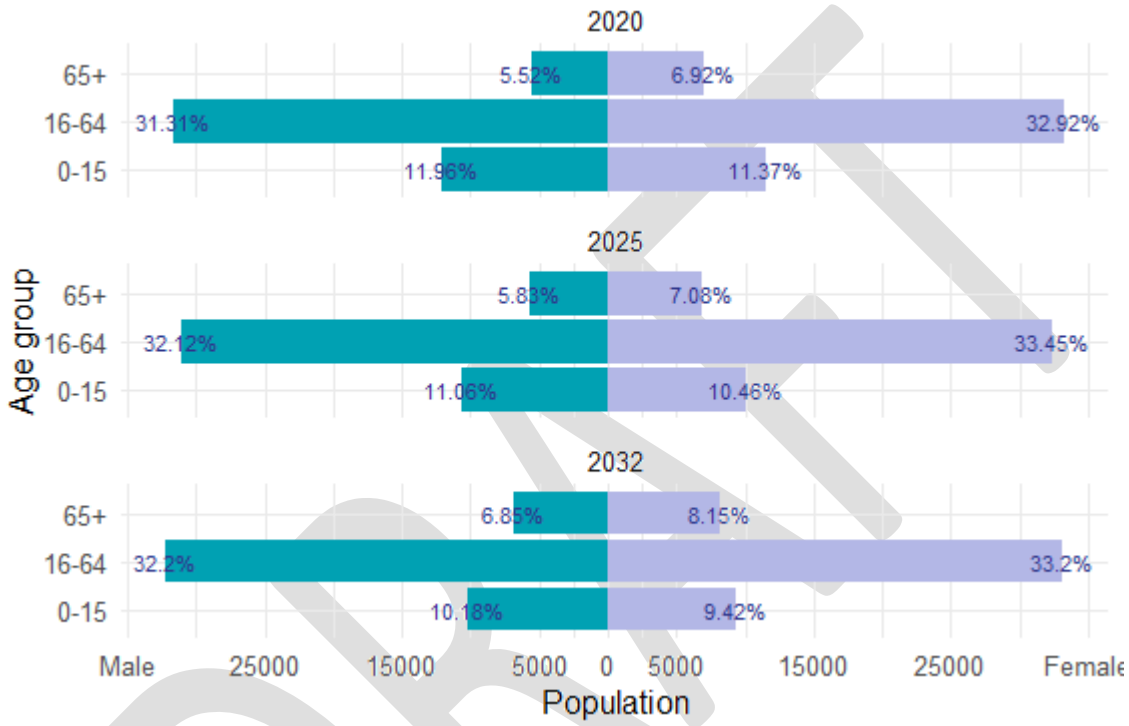
2.5.5.1 Locality population projections

Please note that the following locality projections are not based on the same data as the above local authority–level data. Locality projections are aggregated from LSOA-level data projected on the basis of housing capacity. The individual localities will not sum to the Bexley-level projections for this reason, and because some projected change reflects movement between localities with no net effect at local authority level.

North Bexley

North Bexley has the youngest population in Bexley but is projected to see reductions in numbers of children aged 0–15: -2,721 by 2025 and -3,971 by 2032. The working-age population is projected to decrease slightly by 2025 (-1,259) but then recover to show a small increase by 2032 (+517). The older population aged 65+ is projected to remain almost unchanged in 2025, but then with a large increase to 2032 (+2,425).

Figure 7: Population projections by work age group: North Bexley, 2020, 2025, 2032



Source: GLA 2020-based projections: identified capacity scenario

Table 12: Population projections by work age group: North Bexley, 2020, 2025, 2032

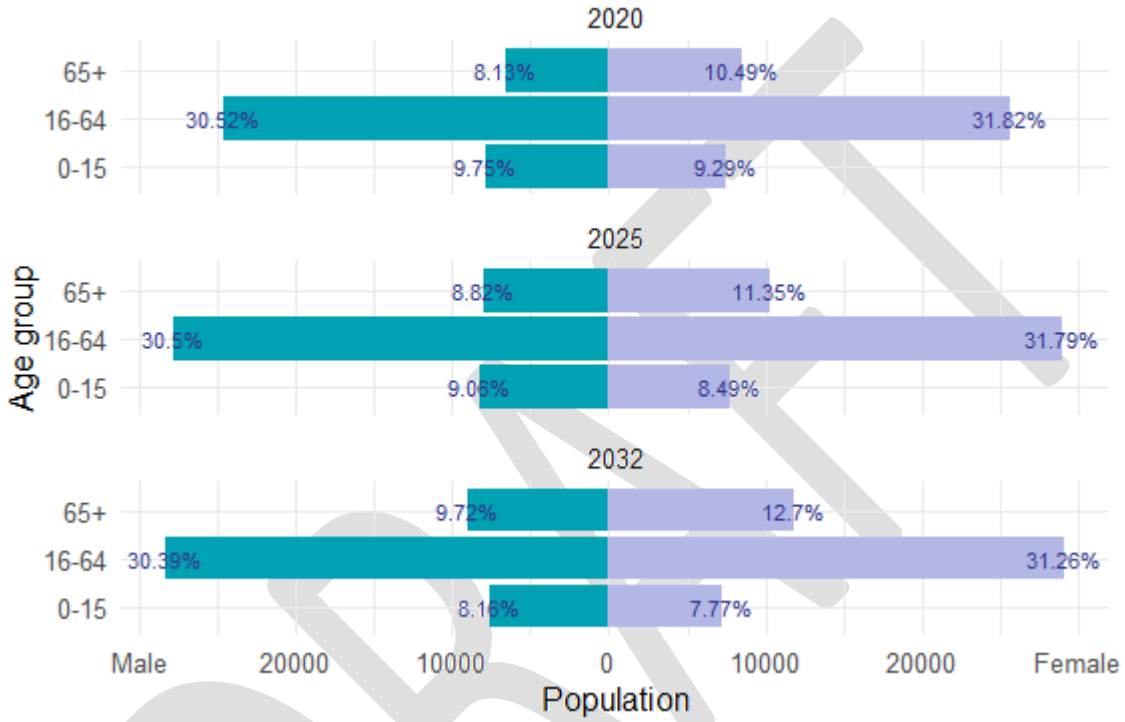
Age	Sex	2020	2025	2025	2032	2032
0–15	F	11,477	10,119	*(-1,358)*	9,407	*(-2,070)*
0–15	M	12,066	10,703	*(-1,363)*	10,165	*(-1,901)*
16–64	F	33,222	32,370	*(-852)*	33,168	*(-54)*
16–64	M	31,594	31,087	*(-507)*	32,165	*(+571)*
65+	F	6,988	6,854	*(-134)*	8,138	*(+1,150)*
65+	M	5,571	5,638	*(+67)*	6,846	*(+1,275)*

Source: GLA 2020-based projections: identified capacity scenario

Clocktower

Clocktower is projected to see very little change in the aged 0–15 population, with a small increase to 2025 (+626) cancelled out by a larger reduction in 2032, leading to a net reduction of -528. Large increases are projected in both the 16–64 and 65+ age groups in the Clocktower locality. The aged 16–64 increase is expected to largely occur by 2025, at +6,436, with only a smaller increase to 2032 to bring the net increase to +7,069. The aged 65+ population is expected to increase more steadily: +3,346 by 2025 and +5,835 by 2032.

Figure 8: Population projections by work age group: Clocktower, 2020, 2025, 2032



Source: GLA 2020-based projections: identified capacity scenario

Table 13: Population projections by work age group: Clocktower, 2020, 2025, 2032

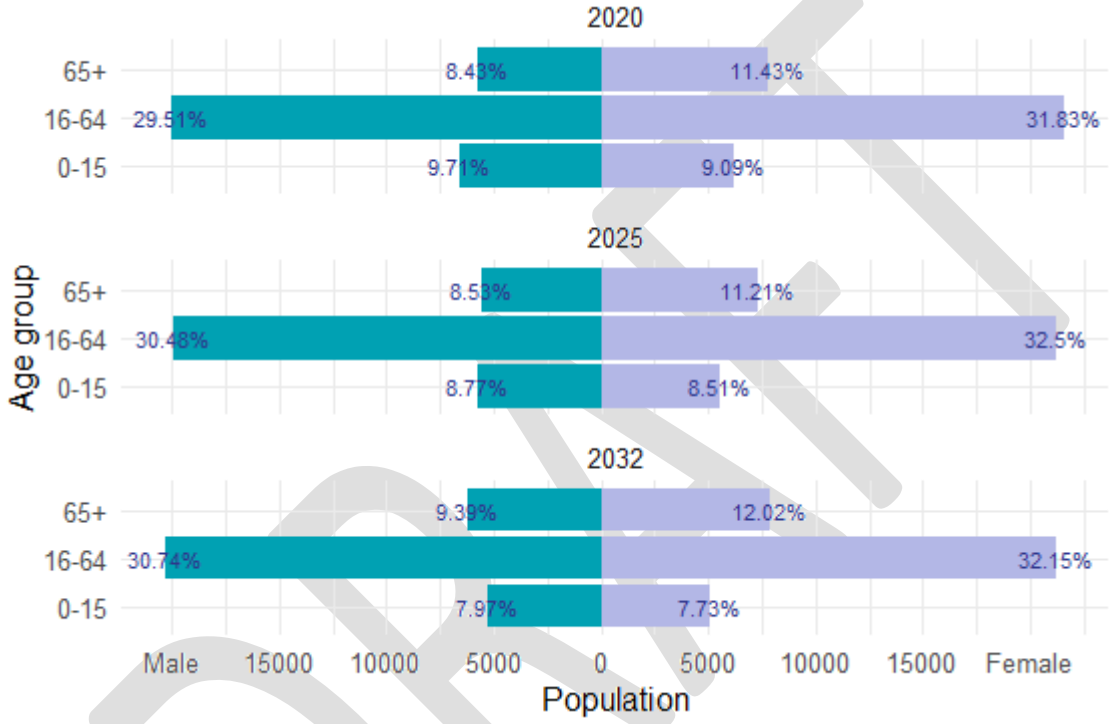
Age	Sex	2020	2025	2025	2032	2032
0–15	F	7,485	7,725	(+240)	7,221	(-264)
0–15	M	7,855	8,241	(+386)	7,591	(-264)
16–64	F	25,648	28,929	(+3,281)	29,066	(+3,418)
16–64	M	24,601	27,756	(+3,155)	28,252	(+3,651)
65+	F	8,454	10,332	(+1,878)	11,807	(+3,353)
65+	M	6,555	8,023	(+1,468)	9,037	(+2,482)

Source: GLA 2020-based projections: identified capacity scenario

Frognal

The total population of Frognal is projected to decrease by 2025 (-2,355) and recover slightly to 2032 but still see a net decrease of -1,872. The majority of this decrease is driven by the 0–15 age group, projected to decrease -1,433 by 2025 and -2,393 by 2032. The working-age population is projected to see little change, with a small decrease (-371) to 2025 and a small increase to 2032, resulting in a net reduction of -126. While the 65+ population is expected to decrease by 2025, by -551, it is projected to increase by a larger amount to 2032, with a net increase of +647.

Figure 9: Population projections by work age group: Frognal, 2020, 2025, 2032



Source: GLA 2020-based projections: identified capacity scenario

Table 14: Population projections by work age group: Frognal, 2020, 2025, 2032

Age	Sex	2020	2025	2025	2032	2032
0–15	F	6,159	5,569	*(-590)*	5,094	*(-1,065)*
0–15	M	6,580	5,737	*(-843)*	5,252	*(-1,328)*
16–64	F	21,578	21,264	*(-314)*	21,192	*(-386)*
16–64	M	20,003	19,946	*(-57)*	20,263	*(+260)*
65+	F	7,749	7,336	*(-413)*	7,925	*(+176)*
65+	M	5,716	5,578	*(-138)*	6,187	*(+471)*

Source: GLA 2020-based projections: identified capacity scenario

2.5.6 GP-registered population

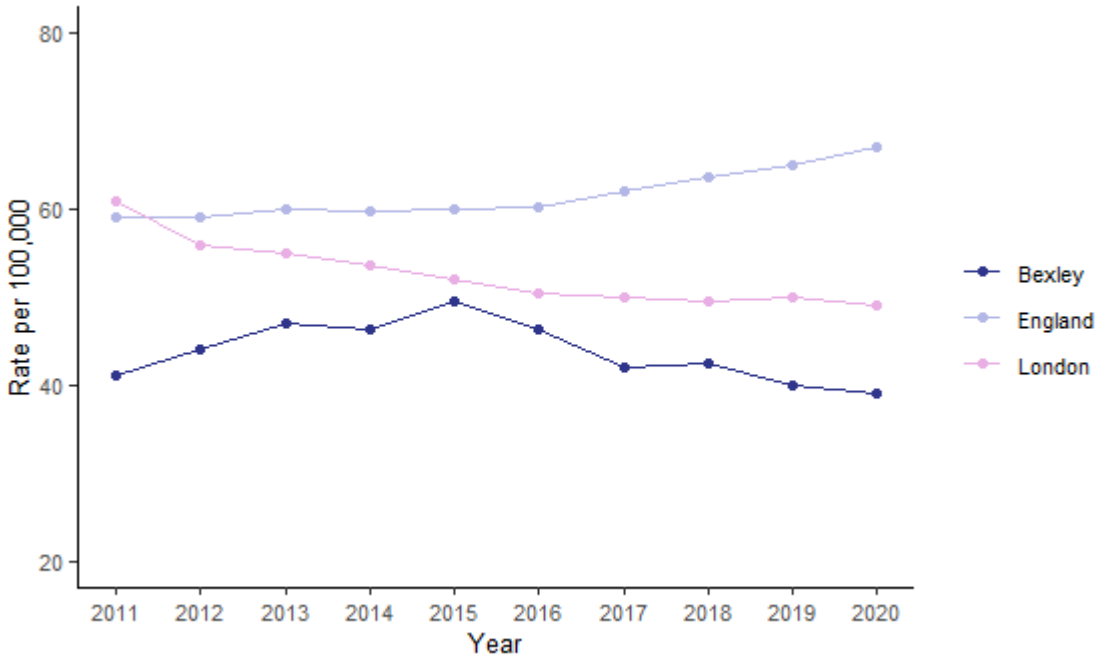
There are 21 GP practices in Bexley, with 243,720 registered patients, 226,477 of whom are resident in Bexley (92.9%). Conversely, there are 32,144 people resident in Bexley but registered with a GP elsewhere. In total, there are 258,621 people resident in Bexley registered with any GP in England, around 4% more than the most recent ONS mid-year estimates. This is due to GP list size inflation caused by double-counting of people on the National Patient Register, and is not unexpected in a highly transient population such as London.

2.5.7 Vulnerable populations

2.5.7.1 Children and adults in care and adult safeguarding

Between 2011 and 2020, Bexley has had a consistently lower rate of children under the care of the local authority compared with London and England.

Figure 10: Looked-after children, rate per 100,000, 2011-2020



Source: Department for Education. Children looked after in England

As of 2020, there were 220 children under the care of the local authority, a rate of 39 per 100,000. This is less than the London rate of 49 per 100,000 and the England rate of 67 per 100,000.

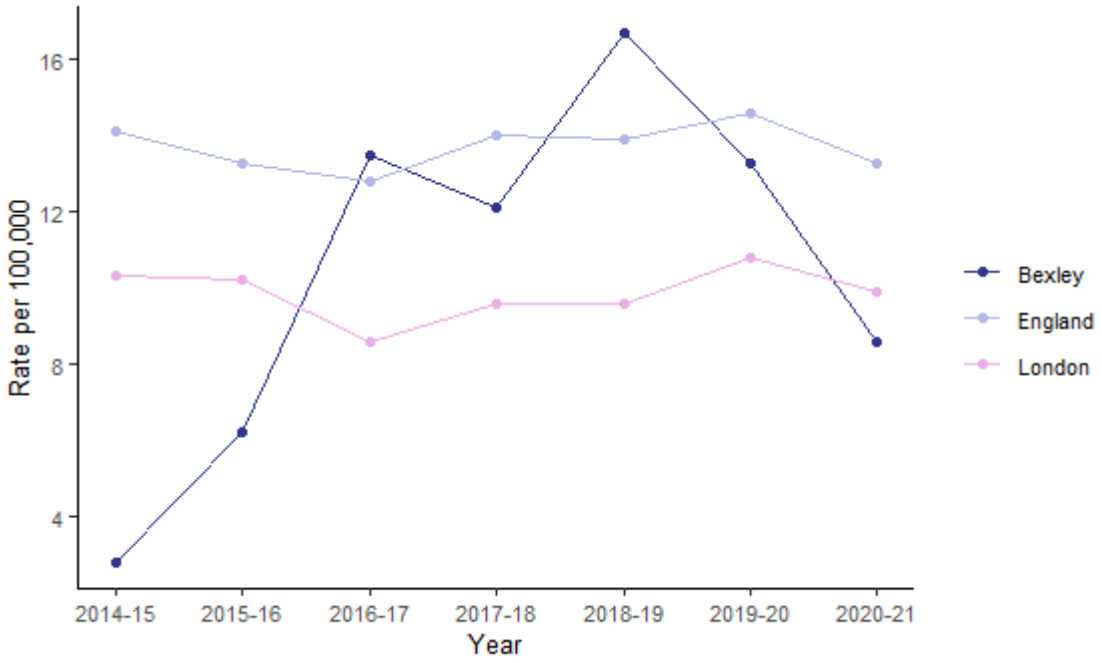
Table 15: Looked-after children, rate per 100,000, 2020

	Number	Rate per 100,000
England	80,080	67
London	10,010	49
Bexley	220	39

Source: Department for Education. Children looked after in England

Between 2014-15 and 2020-21, LBB saw a rise in the rate of adults in care, with a rate higher than both England and London in both 201617 and 2018/-19. The rate has since dropped to below both England and London in 2020-21.

Figure 11: Adults in care, rate per 100,000, 2014/15–2020/21



Source: NHS Digital: Measures from the Adult Social Care Outcomes Framework (ASCOF) 2021

In 2020-21 there were 13 adults in care in Bexley, a rate of 8.6 per 100,000, less than the London rate of 9.9 per 100,000 and the England rate of 13.3 per 100,000.

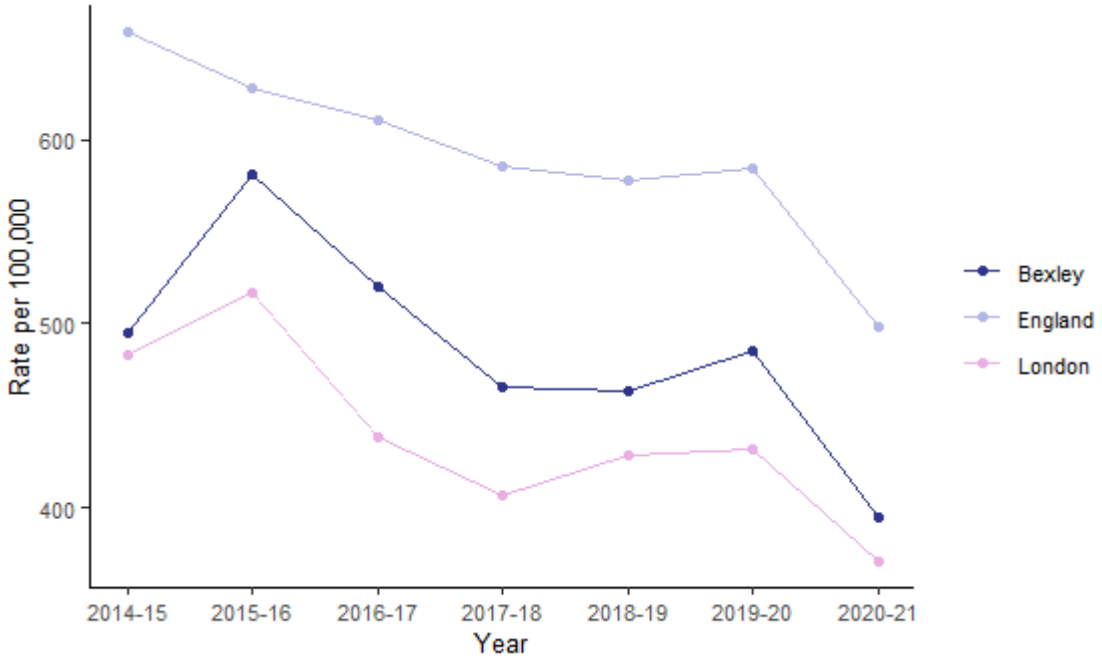
Table 16: Adults in care, rate per 100,000, 2020-21

	Number	Rate per 100,000
England	4,511	13.3
London	580	9.9
Bexley	13	8.6

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For the same time period, the rate of people aged 65+ in care in Bexley was consistently higher than London, but lower than England:

Figure 12: People aged 65+ in care, rate per 100,000, 2014/15–2020/21



Source: NHS Digital: Measures from the Adult Social Care Outcomes Framework (ASCOF) 2021

In 2020-21 there were 162 people aged 65+ in care in Bexley, a rate of 394.8 per 100,000, higher than the London rate of 371 per 100,000 but lower than the England rate of 498.2 per 100,000:

Table 17: People aged 65+ in care, rate per 100,000, 2020-21

	Number	Rate per 100,000
England	52,133	498.2
London	4,075	371
Bexley	162	394.8

Source: NHS Digital: Measures from the Adult Social Care Outcomes Framework (ASCOF) 2021

2.5.7.2 Prison populations

There are no prisons, detention centres, or young offender institutes in Bexley.

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2.5.7.3 People with sensory, physical and learning challenges

Learning disabilities

The Quality and Outcomes Framework (QOF) requires all GPs to maintain a register of people with a learning disability registered at their practice. In 2021, there were 1,126 people registered with a Bexley GP with a learning disability recorded on their primary care record. This is 0.47% of people registered with a Bexley GP, higher than the prevalence in London, but lower than England:

Table 18: People on the QOF learning disability register, 2021

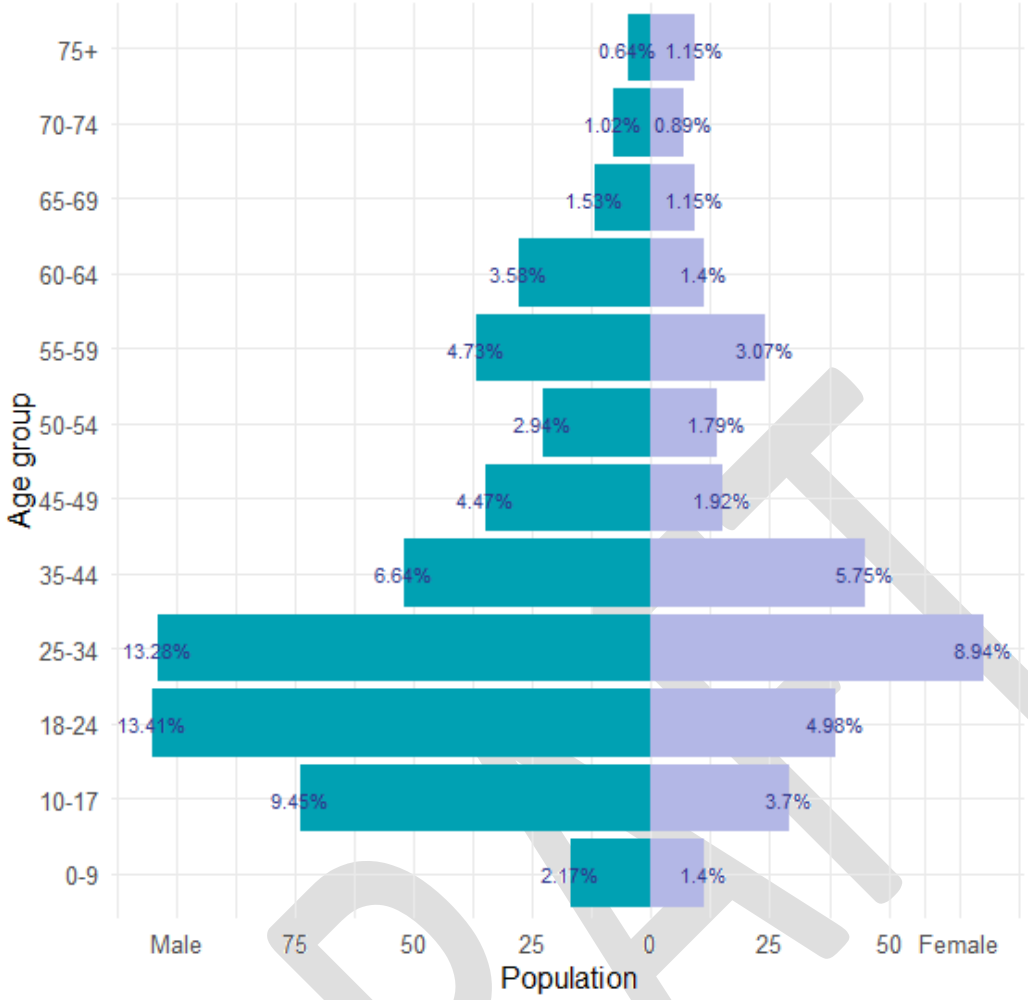
	Number	QOF Prevalence (%)
England	324,291	0.53
London	42,782	0.41
Bexley	1,126	0.47

Source: NHS Digital QOF 2021

The age and sex structure of this population is different from the general population, with a spike in teenage and young adult males reflecting over-diagnosis due to higher exposure to services, and a smaller proportion of older people, reflecting the reduced life expectancy for associated conditions such as Down's syndrome.

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Figure 13: People on the QOF learning disability register by age and sex, 2018-19



Source: NHS Digital: Health and care of people with Learning Disabilities, Experimental Statistics, 2018-19

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Special education needs

The Department for Education's statistics on schools' special educational needs provision reports that there were 5,880 children in Bexley with needs being supported in school. The largest group by primary need was for speech, language, and communication.

Table 19: Children (0–18) with special educational needs, 2020-21

Primary need	Male	Female
Autistic spectrum disorder	765	213
Hearing impairment	44	50
Moderate learning difficulty	153	158
Multi-sensory impairment	1	4
Other difficulty/disability	170	91
Physical disability	84	65
Profound and multiple learning difficulty	20	16
SEN support but no specialist assessment of type of need	189	133
Severe learning difficulty	102	46
Social, emotional and mental health	667	357
Specific learning difficulty	302	304
Speech, language and communications needs	1,289	596
Visual impairment	28	33

Source: DFE, Special educational needs in England 2021

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Sensory disability

There are 435 people in Bexley who are registered as blind or severely sight-impaired, and 415 who are registered as partially sighted or sight-impaired. Visual disability is associated with age, which can be seen in the following age breakdowns:

Table 20: People who are blind or partially sighted, 2019-20

	Age	Number
Blind/severely sight-impaired persons	18–49	70
	50–64	65
	65–74	40
	75+	260
	Total	435
Partial sight/sight impaired persons	18–49	55
	50–64	50
	65–74	45
	75+	265
	Total	415

Source: NHS Digital SSDA902 Registers of people who are blind or partially sighted: England 2019-20

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In 2010, there were 230 people registered as deaf in Bexley, and 1,135 people registered as hard of hearing. The breakdowns below show deafness is likely mostly congenital, as there is no association with age, but that there is a very strong association between age and being hard of hearing:

Table 21: People who are deaf or hard of hearing, 2010

	Age	Number
People registered as deaf (2010)	0–17	20
	18–64	145
	65–74	35
	75+	30
	Total	230
People registered as hard of hearing	0–17	15
	18–64	150
	65–74	115
	75+	855
	Total	1,135

Source: NHS Information Centre 2010

Impact of disability

According to the annual NOMIS Population Survey, 20.2% of the aged 16–64 population of Bexley either have an Equality Act (EA) core disability which limits their day-to-day activities, or a long term disabilitiy that affects the kind or amount of work they may do:

Table 22: Number and proportion of people aged 16–64 with disabilities, 2020

	Number	Proportion (%)
EA core or work-limiting disabled	32,100	20.2
EA core disabled	30,800	19.3
Work-limited core disabled	23,200	14.6

Source: NOMIS Annual Population Survey 2021

The 2011 census provides comparable information at a locality level. There are higher numbers of children and working-age people in North Bexley whose day-to-day activities are limited by a long-term health problem or disability than in the other localities.

Table 23: Day-to-day activities limited a lot by long-term health problem or disability 2011

Age	Clocktower	Frognal	North Bexley
0–15	208	174	376
16–49	819	739	1,579
50–64	1,077	823	1,669
65+	3,200	2,732	2,896

Source: ONS LC3408EW – Long-term health problem or disability by tenure by age

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2.5.7.4 Homeless populations

As of 2018, there were 1,234 people in temporary accomodation in Bexley, most of which live in privately owned residences:

Table 24: Households accommodated by the authority on 31 March 2018

Temporary accommodation	Number
Bed and breakfast (including shared annexe)	124
Private sector leased (by LA or housing authority)	402
Other types (including private landlord)	690
Total	1,234

Source: GLA Statutory homelessness by borough

Rough Sleeping

There were 26 people seen rough sleeping by outreach services in Bexley according to the July to September 2021 Combined Homelessness and Information Network report. This is likely an underestimate as it represents observed incidence during specific outreach exercises.

Table 25: People seen rough sleeping by outreach services, 2021

Age	Number
0–17	0
18–25	7
26–35	5
36–45	8
46–55	3
55+	3
Total	26

Source: CHAIN Quarterly Report Outer Boroughs Jul–Sep 21

2.5.7.5 Gypsy and Traveller population

Following the 2011 census, it was identified that the largest number of Gypsies and Travellers were in the south-east of England and that Bexley had the highest concentration of Gypsies and Travellers in London, followed by Bromley and Hackney. The 2011 census estimated that there were 624 Gypsies and Travellers in Bexley, of which approximately 67% were in the north of the borough.

Table 26: Gypsy and Traveller population by locality, 2011

Locality	Population
Clocktower	92
Frognal	88
North Bexley	444

Source: NOMIS KS201EW – Ethnic group 2011

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In 2015-16, there were 152 school children in state primary and secondary schools in Bexley who were of Gypsy/Roma ethnicity, 0.41% of school children in Bexley (of children whose ethnic group is classified). This was significantly higher than the England average, the London average and the average of Bexley's statistical neighbours. Bexley had the highest proportion of Gypsy/Roma school children in London.

Almost all the Gypsy and Traveller community in Bexley will be in settled accommodation; a total of 204 households are assumed in the borough with 198 in 'bricks and mortar' accommodation.

2.5.7.6 Housebound populations

No exact data is held on the number of housebound people in Bexley. As an approximation, according to POPPI (Projecting Older People Population Information), there are 8,065 people aged 65+ in Bexley who are unable to manage at least one activity on their own.

2.5.7.7 Residential and nursing home populations

There are 31 nursing homes in Bexley with a capacity of 1,457. The majority of this capacity is in the Frognal locality.

Table 27: Residential and nursing home capacity by locality, 2022

	Homes	Capacity
North Bexley	11	362
Clocktower	5	308
Frognal	15	787

Occupancy changes over time, however in February 2022 1,131 (78%) of these beds were occupied.

2.6 Wider determinants of health

2.6.1 IMD 2019

Deprivation is measured and quantified using the Index of Multiple Deprivation (IMD), which scores each LSOA in England on seven domains that cover economic and social factors. LSOAs are divided into deciles for each domain based on their overall ranking, for instance an LSOA in the most deprived 10% of all LSOAs is in the first decile, and an LSOA in the least deprived 10% is in the tenth decile.

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Figure 14: Deprivation decile by domain and LSOA, 2019



Source: ONS English indices of deprivation 2019

Multiple Deprivation

The individual domain scores are weighted and combined to provide an overall index and ranking. The measures and weightings (for the latest IMD figures from 2019) are:

- Income deprivation (22.5%)
- Employment deprivation (22.5%)
- Education, skills and training deprivation (13.5%)
- Health deprivation and disability (13.5%)
- Crime (9.3%)
- Barriers to housing and services (9.3%)
- Living environment deprivation (9.3%)

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At local authority level, Bexley has relatively low levels of deprivation and was ranked the 125th least deprived local authority (out of 309) in England in 2019, and the 9th least deprived local authority in London. At 16.273, Bexley's overall IMD score shows lower deprivation compared with London and England scores (21.801 and 21.722, respectively), however there is an internal divide within the borough. 80% of areas in the Clocktower locality and 86% of areas in the Frognal locality are less deprived than the England median, but in the North Bexley locality 71% of areas are more deprived than the England median.

Table 28: Distribution of LSOA-level multiple deprivation by locality, 2019

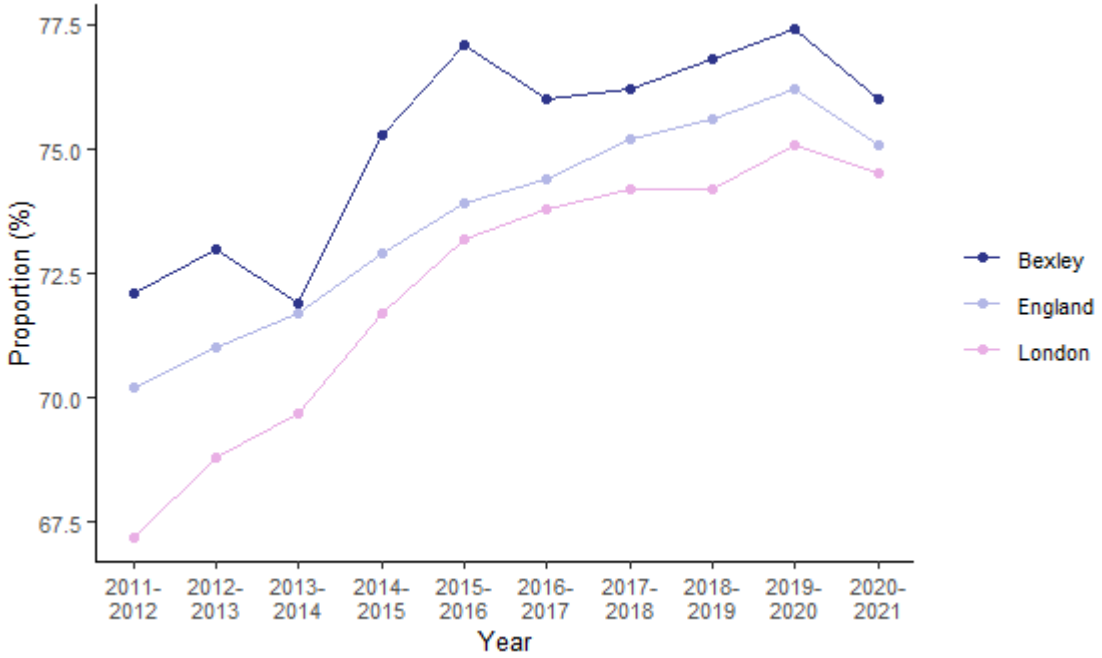
	North Bexley	Clocktower	Frognal
Range of LSOA deciles	2–10	4–10	2–10
Decile with highest proportion of LSOAs	3	9	9
Proportion of LSOAs in deciles 1–5	71%	20%	14%
Proportion of LSOAs in deciles 6–10	29%	80%	86%

Source: ONS English indices of deprivation 2019

2.6.2 Employment

Since 2011-12, Bexley has continually demonstrated a higher working-age employment rate than that seen across London and England.

Figure 15: Proportion of working-age people in employment, 2011/12–2020/21



Source: Annual Population Survey – Labour Force Survey

In 2020-21, 76% of Bexley's working-age population was in work, a higher proportion than London's 74.5% and England's 75.1%.

Table 29: Proportion of working age people in employment, 2020-21

	Number	Proportion
England	26,186,300	75.1%
London	4,551,100	74.5%
Bexley	120,300	76.0%

Source: Annual Population Survey – Labour Force Survey

In 2014, the workday population of employees and self-employed people in Bexley was 68,432, with a total daytime population of 211,551.

Table 30: Daytime population, 2020-21

Total daytime population (includes tourists)	211,551
Workday population (excludes tourists)	194,807
In work (employee)	56,038
In work (self-employed)	12,394
Not in work	71,273
Population aged 0–4	16,330
School children aged 5 or over	38,772
Overseas staying visitors	3,099
Domestic staying Visitors	778
Day-trip visitors	12,867

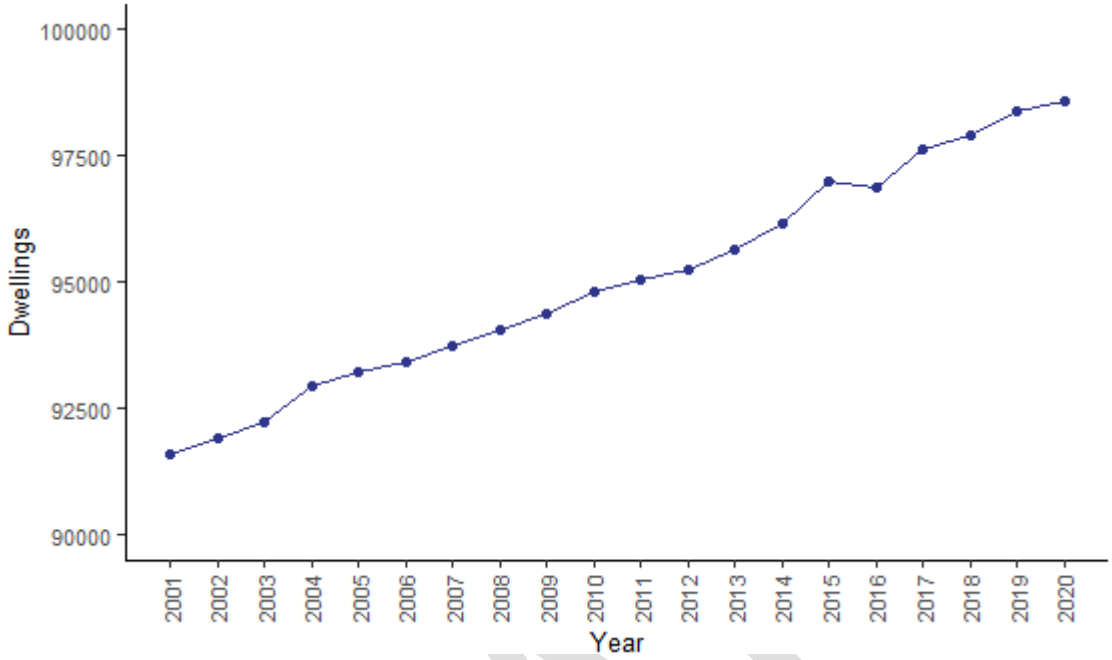
Source: GLA Population during the daytime, LBB 2014

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2.6.3 Housing

Since 2001, the number of dwellings in Bexley has been estimated to be growing steadily.

Figure 16: Estimated dwelling stock, 2001-20



Source: DLHC Dwelling Stock Estimates by Local Authority District

Over the next five years 48.177 hectares of housing land supply has been identified for 4,159 net dwellings, and in the longer term a joint venture by Peabody and Lendlease will create 11,500 homes on the Thamesmead waterfront in the North Bexley locality. The objective of the project is to create new cultural, community and commercial space in addition to the new homes. The newly created transport links are essential to the successful delivery of this scheme, with the new crossrail station at Abbey Wood and the new DLR station at Thames Waterfront. The programme will run over 15 years and deliver homes in five locations: Southmere Village, Abbey Road, Binsey Walk, Coralline Walk and Wolvercote Road.[18]

In the immediate future, the London Development database shows that plans for a total of 3,081 net units have either received planning approval or have gone further and begun development: 828 in the Clocktower locality, 160 in Frognal and 2,093 in North Bexley.

[18] Source: Thamesmead. The Plan. www.thamesmeadnow.org.uk/the-plan/

Table 31: Planning permission approved by locality

Locality	Permission	Affordable	Provider	Net units
Clocktower	Started	No	Private	460
Clocktower	Started	Yes	Housing association	144
Clocktower	Submitted	No	Private	219
Clocktower	Submitted	Yes	Housing association	5
Frognal	Started	No	Private	75
Frognal	Started	Yes	Housing association	8
Frognal	Submitted	No	Private	76
Frognal	Submitted	No	Self-build	1
North Bexley	Started	No	Housing association	21
North Bexley	Started	No	Private	955
North Bexley	Started	Yes	Housing association	370
North Bexley	Submitted	No	Housing association	678
North Bexley	Submitted	No	Private	69
North Bexley	Submitted	Yes	Housing association	192

Source: Planning permissions on the London Development Database

2.6.4 Crime

Like multiple deprivation, there is a divide between North Bexley and the other two localities in the crime domain. Whilst the majority of LSOAs in Clocktower and Frognal are less deprived than the England median, the majority of LSOAs in North Bexley are more deprived than the England median.

Table 32: Distribution of LSOA-level crime domain deprivation by locality, 2019

	North Bexley	Clocktower	Frognal
Range of LSOA deciles	1–9	2–10	2–10
Decile with highest proportion of LSOAs	4	7	8
Proportion of LSOAs in deciles 1–5	65%	22%	17%
Proportion of LSOAs in deciles 6–10	35%	78%	83%

Source: ONS English indices of deprivation 2019

2.6.5 Domestic violence

In the rolling 12 months from January to December 2021, the rate of domestic violence incidents in Bexley was 16 per 1,000, less than the London average of 17.1 per 1,000. However, at locality level, North Bexley experienced a higher rate than London, at 21.9 per 1,000. Clocktower and Frognal both experienced lower rates, at 11.8 and 12.3 per 1,000 respectively.

Table 33: Incidents of domestic violence, rate per 1,000 by locality, 2021

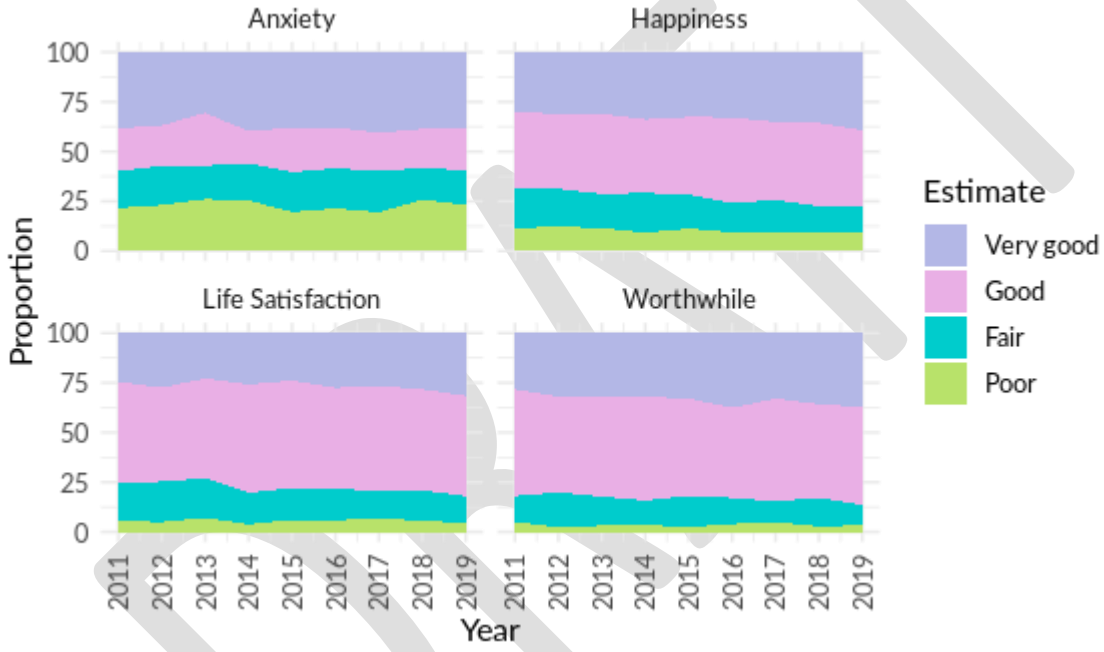
		Rate per 1,000
Bexley		16.0
	North Bexley	*21.9*
	Clocktower	*11.8*
	Frognal	*12.3*

Source MOPAC domestic and sexual violence dashboard

2.7 High level health and wellbeing indicators

According to ONS estimates, in 2019 78.3% of people in Bexley could describe their happiness as 'good' or 'very good'.

Figure 17: Estimates of wellbeing, 2011-19



Source: ONS Estimates of life satisfaction, worthwhile, happiness and anxiety at the UK, country and local authority level, 2021

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Table 34: Estimates of wellbeing, 2019

Measure	Estimate	Proportion
Anxiety	Fair	17.3
Anxiety	Good	21
Anxiety	Poor	23.2
Anxiety	Very good	38.4
Happiness	Fair	12.9
Happiness	Good	38
Happiness	Poor	9.8
Happiness	Very good	39.3
Life satisfaction	Fair	13.3
Life satisfaction	Good	50.6
Life satisfaction	Poor	4.6
Life satisfaction	Very good	31.5
Worthwhile	Fair	10.3
Worthwhile	Good	49.3
Worthwhile	Poor	3.3
Worthwhile	Very good	37.1

Source: ONS Estimates of life satisfaction, worthwhile, happiness and anxiety at the UK, country and local authority level, 2021

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2.7.1 Life expectancy

Both males (79.87 years) and females (83.84) have a significantly higher life expectancy at birth than England, but lower than London, significantly in the case of females. Males and females also have a significantly different life expectancy at birth compared with one another, as is the case at all geographical levels.

Figure 18: Life expectancy at birth 2018-20



Source: OHID Fingertips

Table 35: Life expectancy at birth 2018-20

		Years	95% confidence interval - Lower	95% confidence interval -Upper
Bexley	Female	83.84	83.42	84.25
England	Female	83.14	83.12	83.17
London	Female	84.33	84.26	84.41
Bexley	Male	79.87	79.44	80.3
England	Male	79.4	79.37	79.43
London	Male	80.29	80.21	80.37

Source: OHID Fingertips

While the same pattern is present for life expectancy at age 65 for females (21.62 years), being significantly higher than England but significantly lower than London, male life expectancy at age 65 (18.61) is not significantly higher than England.

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Figure 19: Life expectancy at 65, 2018-20



Source: OHID Fingertips

Table 36: Life expectancy at 65, 2018-20

		Years	95% confidence interval - Lower	95% confidence interval -Upper
Bexley	Female	21.62	21.3	21.95
England	Female	21.14	21.12	21.16
London	Female	22	21.94	22.07
Bexley	Male	18.61	18.3	18.93
England	Male	18.71	18.69	18.73
London	Male	19.23	19.16	19.3

Source: OHID Fingertips

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2.7.2 Healthy life expectancy and disability-free life years

Unlike total life expectancy at birth, males in Bexley have a a higher healthy life expectancy at birth (66.47 years) than females (61.79 years), although not significantly so. There is no significant difference for females compared with England or London, while males have a significantly higher healthy life expectancy compared with England and London.

Figure 20: Healthy life expectancy at birth 2017-19



Source: OHID Fingertips

Table 37: Healthy life expectancy at birth 2017-19

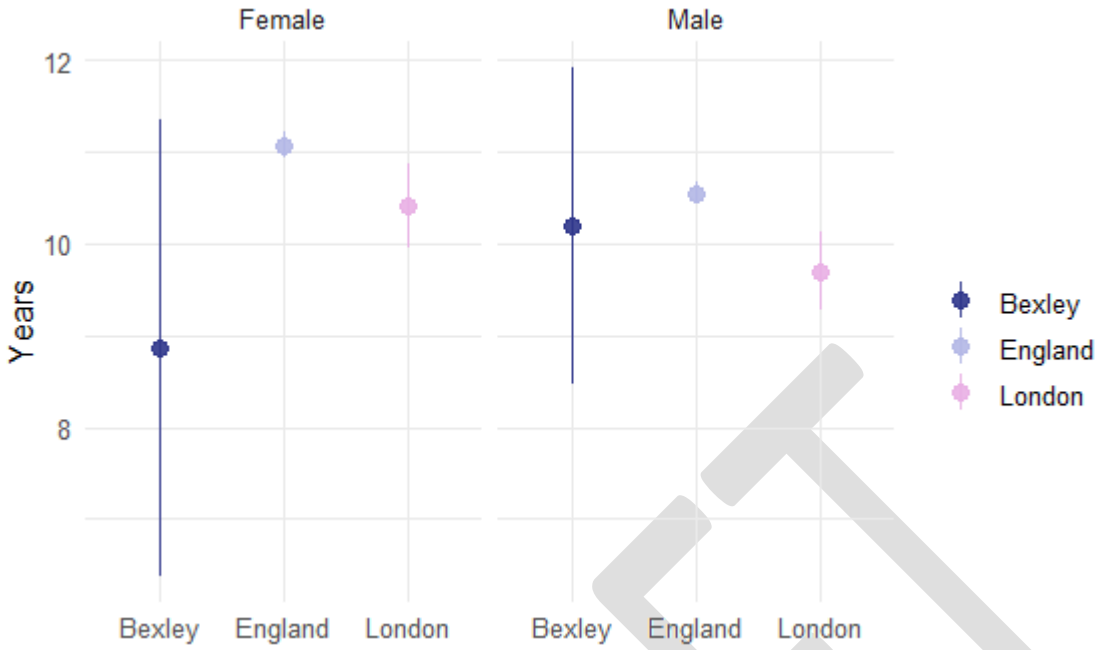
		Years	95% confidence interval - Lower	95% confidence interval -Upper
Bexley	Female	61.79	58.79	64.79
England	Female	63.52	63.33	63.71
London	Female	64.03	63.48	64.59
Bexley	Male	66.47	64.34	68.61
England	Male	63.18	63.01	63.35
London	Male	63.52	62.99	64.05

Source: OHID Fingertips

There is no significant difference in healthy life expectancy at age 65 for females (8.86 years) or males (10.19 years) compared with each other, or with England and London.

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Figure 21: Healthy life expectancy at 65, 2017-19



Source: OHID Fingertips

Table 38: Healthy life expectancy at 65, 2017-19

		Years	95% confidence interval - Lower	95% confidence interval - Upper
Bexley	Female	8.86	6.38	11.34
England	Female	11.07	10.94	11.21
London	Female	10.41	9.96	10.86
Bexley	Male	10.19	8.47	11.91
England	Male	10.55	10.43	10.68
London	Male	9.7	9.27	10.13

Source: OHID Fingertips

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Disability-free life expectancy for females in Bexley (62.99 years) is not significantly different from England or London, however disability-free life expectancy for males (64.59) is significantly higher than England, although not significantly different from London. Disability-free life expectancy for males is significantly higher than for females in Bexley.

Figure 22: Disability-free life expectancy at birth, 2017-19



Source: OHID Fingertips

Table 39: Disability free life expectancy at birth, 2017-19

		Years	95% confidence interval - Lower	95% confidence interval - Upper
Bexley	Female	62.99	62.42	63.55
England	Female	61.24	61.05	61.43
London	Female	59.83	56.83	62.84
Bexley	Male	64.59	64.07	65.11
England	Male	62.69	62.52	62.86
London	Male	66.07	63.88	68.26

Source: OHID Fingertips

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Inequalties in life expectancy at birth measures the difference in life expectancy between the least and most deprived LSOAs of an area. In Bexley, this difference is 9.4 years for females and 7.6 years for males. While the female statistic is not significantly different from England or London, the male statistic is significantly lower than England.

Figure 23: Inequalities in life expectancy at birth, 2017-19



Source: OHID Fingertips

Table 40: Inequalities in life expectancy at birth, 2017-19

		Years	95% confidence interval - Lower	95% confidence interval - Upper
Bexley	Female	9.4	9.3	9.5
England	Female	7.2	6.9	7.5
London	Female	7.3	5.7	8.8
Bexley	Male	7.6	7.5	7.7
England	Male	5.1	4.8	5.4
London	Male	6.5	4.9	8.1

Source: OHID Fingertips

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Inequalties in life expectancy at 65 measures the difference in life expectancy at 65 between the least and most deprived LSOAs of an area. In Bexley, this difference is 4.9 years for females and 4.7 years for males. This is not significantly different from England or Wales for females or males, or compared with each other:

Figure 24: Inequalities in life expectancy at 65, 2017-19



Source: OHID Fingertips

Table 41: Inequalities in life expectancy at 65, 2017-19

		Years	95% confidence interval - Lower	95% confidence interval - Upper
Bexley	Female	4.9	4.9	5
England	Female	4.5	4.2	4.7
London	Female	4.9	3.6	6.1
Bexley	Male	4.7	4.6	4.8
England	Male	3.4	3.2	3.7
London	Male	3.6	2.4	4.8

Source: OHID Fingertips

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2.8 Lifestyle

2.8.1 Physical activity and diet

There is no significant difference between the proportion of people in Bexley regularly eating five portions of fruit and vegetables a day (54.5%) when compared with England or London.

Figure 25: Proportion of people in Bexley regularly eating five portions of fruit and vegetables a day



Source: Health Survey for England

Table 42: Proportion of people in Bexley regularly eating five portions of fruit and vegetables a day

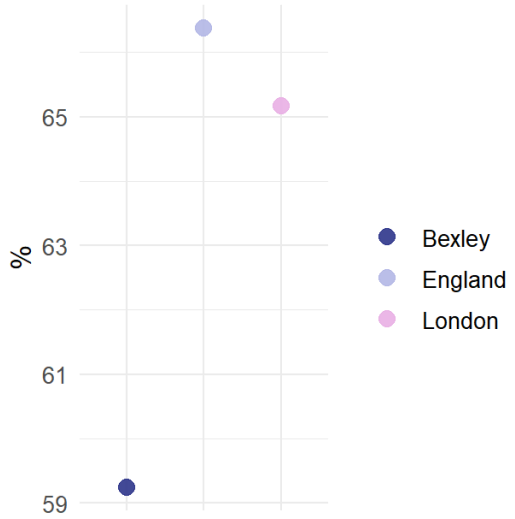
	Percent	95% confidence interval - Lower	95% confidence interval - Upper
Bexley	54.3	49.8	58.7
England	55.4	55.2	55.7
London	55.8	55.1	56.6

Source: Health Survey for England

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Bexley has 106 parks and open spaces of 623 hectares attracting over 4 million visitors each year, however, at 59.2%, the proportion of physically active adults in Bexley is lower than London (65.2%) and England (66.4%).

Figure 26: Proportion of physically active adults



Source: OHID Fingertips

Table 43: Proportion of physically active adults

	Percent
Bexley	59.2
England	66.4
London	65.2

Source: OHID Fingertips

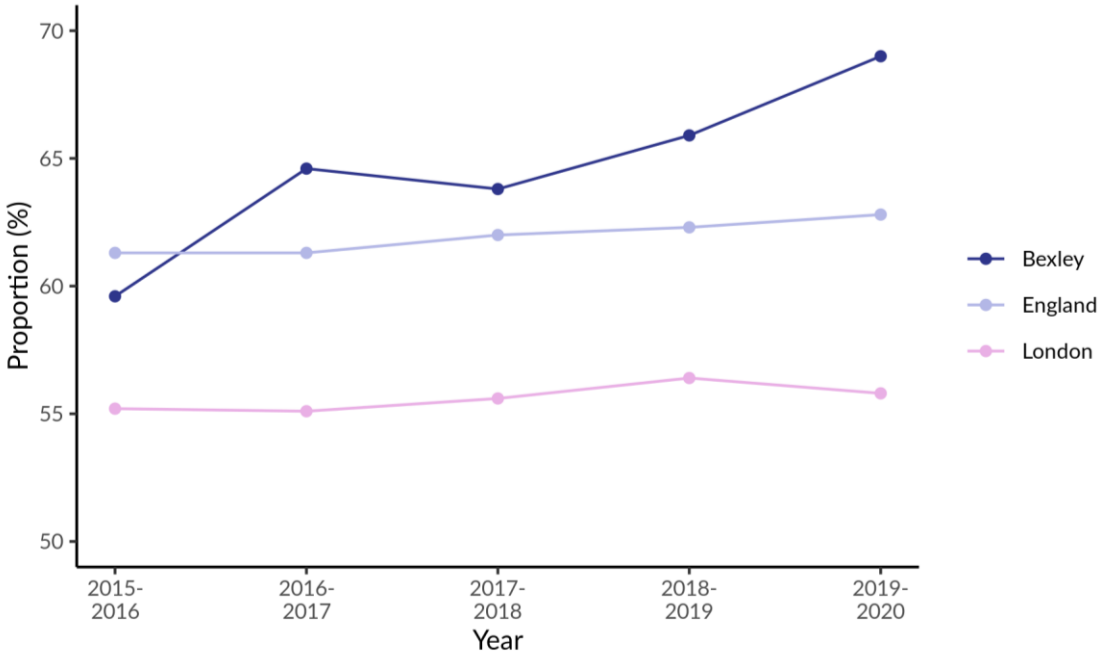
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2.8.2 Obesity

2.8.2.1 Adults

Bexley has the highest proportion of adults aged 18+ classified as overweight or obese of all London boroughs, and has a significantly (95%CI 64.5–73.3) higher proportion than the England average (95%CI 62.6–63.0).

Figure 27: Proportion of Adults (18+) overweight or obese: Bexley, London, England



Source: Public Health England (based on Active Lives survey, Sport England)

The 2021 Quality and Outcomes Framework (QOF) data shows that 11,880 adults registered with a Bexley GP practice have a Body Mass Index (BMI) in the obese category.

Figure 28: QOF prevalence of obesity, Adults (18+), 2021



Source: NHS Digital QOF 2021

Table 44: QOF prevalence of obesity, Adults (18+), 2021

	List size	Register	Prevalence	95% CI - Lower	95% CI - Upper
Bexley	187066	11880	6.4	6.2	6.5
England	48,459,095	3,334,036	6.9	6.9	6.9
London	8,278,376	458,777	5.5	5.5	5.6

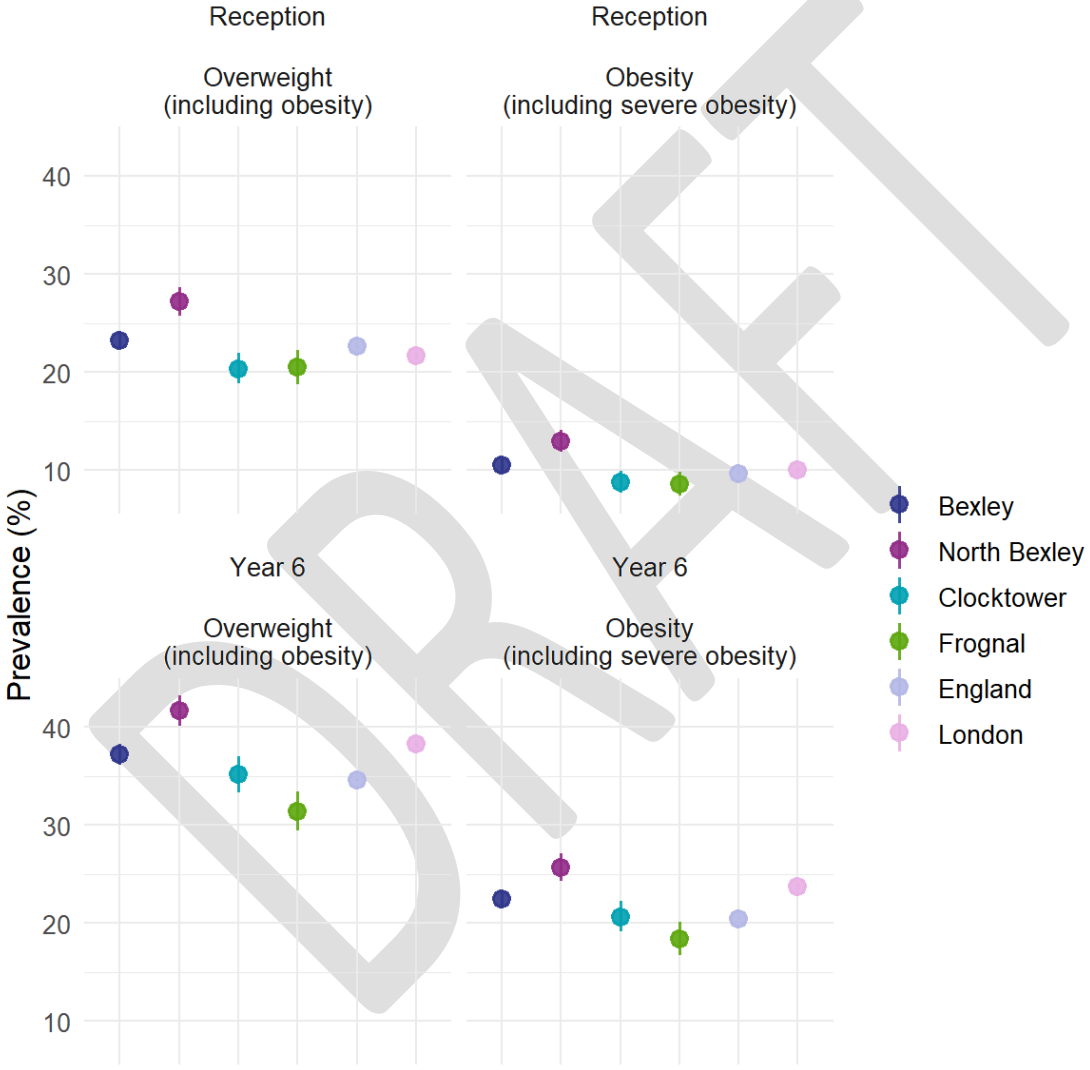
Source: NHS Digital QOF 2021

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2.8.2.2 Children

Children who are obese are five times more likely to grow into adults who are obese, which can predispose them to an increased risk of long-term conditions, including type 2 diabetes, cardiovascular disease such as stroke and heart disease, cancer and musculoskeletal conditions, and can negatively impact on mental health. Across measures of both overweight and obese BMI categories, at both reception (ages 4–5) and year 6 (ages 10–11), North Bexley consistently has a significantly higher proportion of children than the other localities of Bexley, and than England and London.

Figure 29: Proportion of overweight and obese children by school stage and locality



Source: OHID Fingertips

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Table 45: Proportion of overweight and obese children by school stage and locality

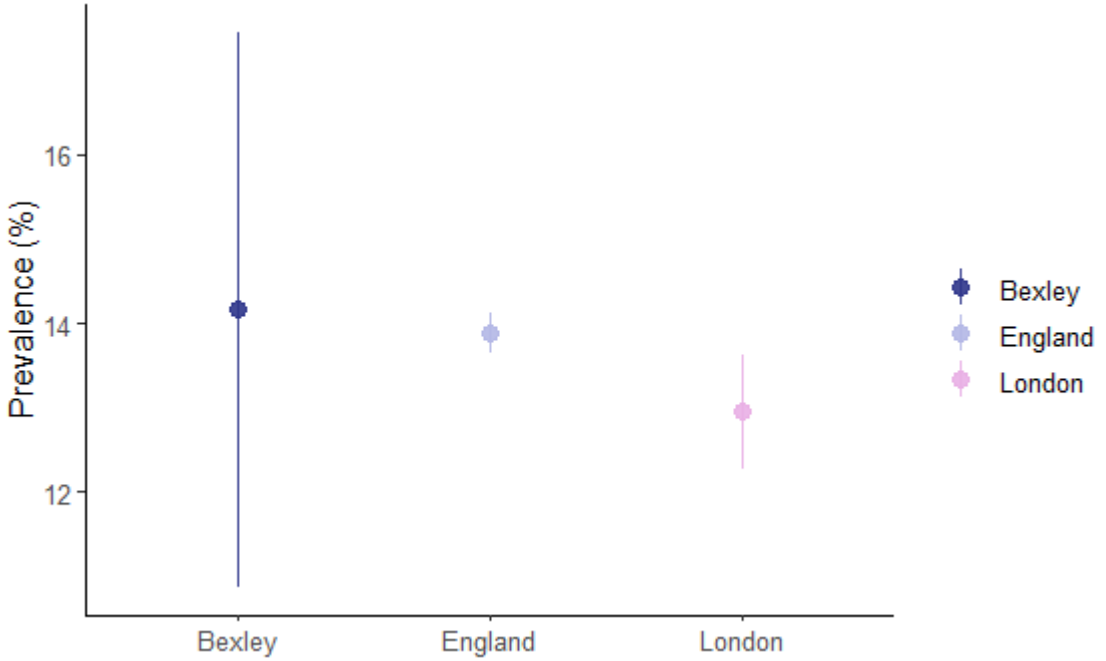
		Overweight (%)	95% CI - Lower	95% CI - Upper	Obese (%)	95% CI - Lower	95% CI - Upper
Reception (ages 4–5)	Bexley	23.2	21.4	24.9	9.9	8.6	11.1
	North Bexley	27.2	25.7	28.7	12.9	11.9	14.1
	Clocktower	20.4	18.8	22.0	8.8	7.7	10.0
	Frognal	20.5	18.8	22.3	8.5	7.4	9.8
	London	21.6	21.3	21.9	10.0	9.8	10.2
	England	23.0	22.8	23.1	9.9	9.8	10.0
Year 6 (ages 10–11)	Bexley	36.8	35.0	38.9	22.8	21.2	24.7
	North Bexley	41.6	40.1	43.2	25.7	24.3	27.1
	Clocktower	35.1	33.3	37.0	20.7	19.1	22.3
	Frognal	31.4	29.4	33.4	18.4	16.8	20.1
	London	38.2	37.9	38.6	23.7	23.4	24.0
	England	35.2	35.1	35.3	21.0	20.9	21.2

Source: OHID Fingertips

2.8.3 Smoking

There is no significant difference between the prevalence of smoking in adults in Bexley (14.2% (13.6-14.1)) compared with England or London:

Figure 30: Smoking prevalence in adults (18+)



Source: OHID Fingertips

Table 46: Smoking prevalence in adults (18+)

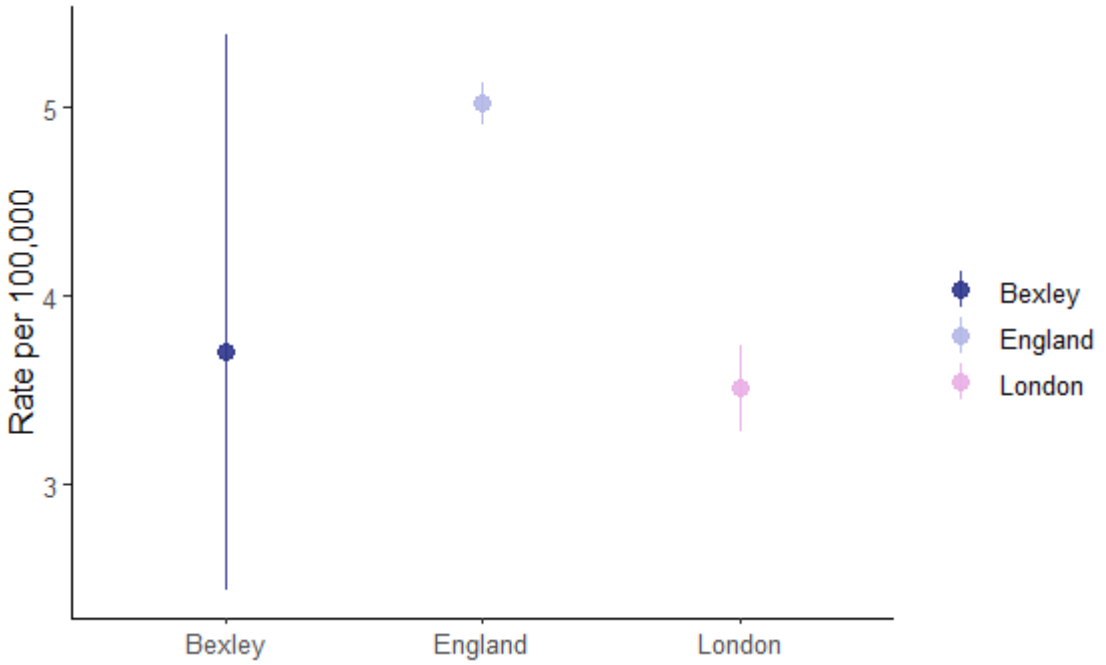
	%	95% CI - Lower	95% CI - Upper
Bexley	14.2	10.9	17.5
England	13.9	13.6	14.1
London	13.0	12.3	13.6

Source: OHID Fingertips

2.8.4 Drug and alcohol misuse

There is no significant difference in the rate of deaths from drug misuse in Bexley (1.52 per 100,000 (3.28–3.74)) compared with England or London:

Figure 31: Deaths from drug misuse all ages



Source: OHID Fingertips

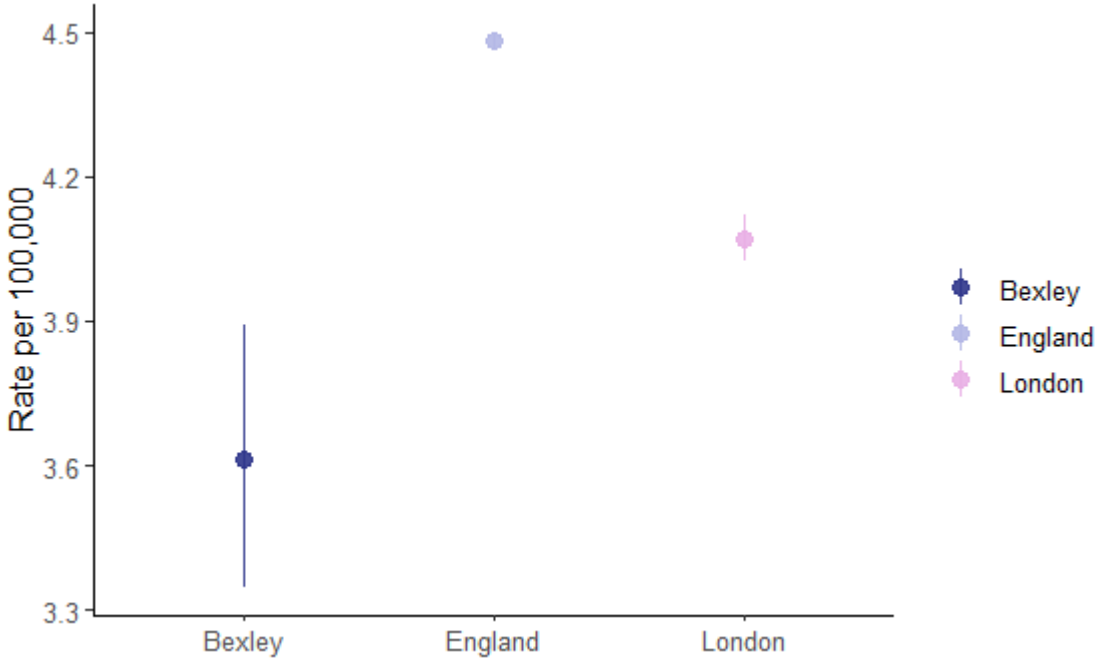
Table 47: Deaths from drug misuse all ages

	Rate per 100,000	95% CI - Lower	95% CI - Upper
England	5.02	4.91	5.13
London	3.51	3.28	3.74
Bexley	3.7	2.44	5.39

Source: OHID Fingertips

At 3.61 per 100,000, there is a significantly lower rate of adults in treatment at specialist drug misuse services in Bexley compared with England and London.

Figure 32: Adults in treatment at specialist drug misuse services



Source: OHID Fingertips

Table 48: Adults in treatment at specialist drug misuse services

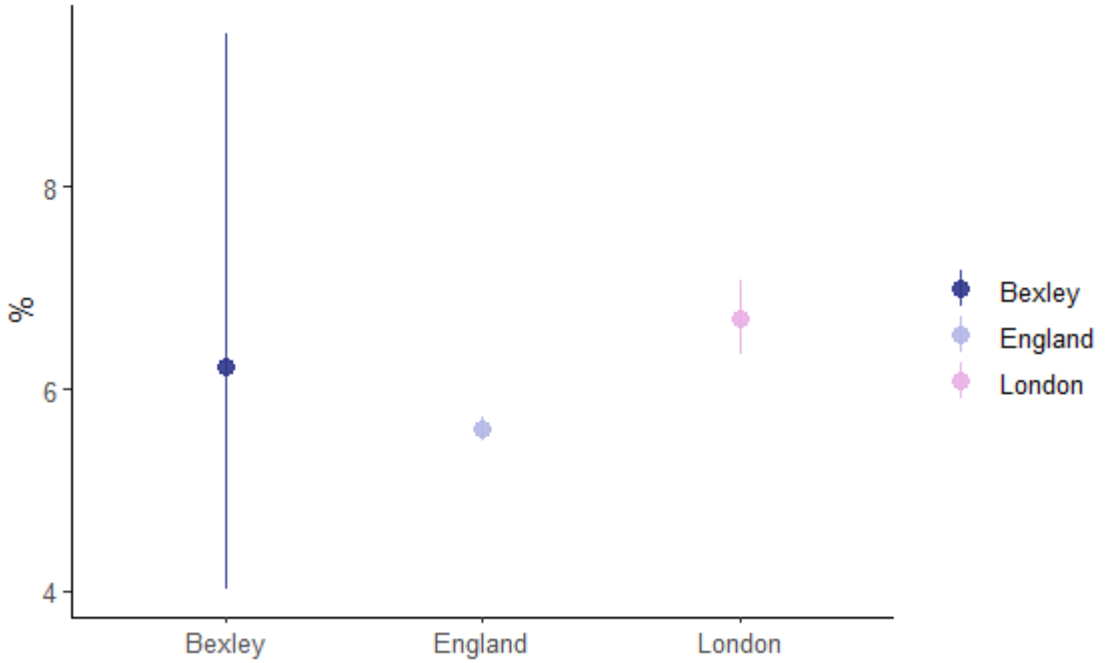
	Rate per 100,000	95% CI - Lower	95% CI - Upper
England	4.48	4.46	4.5
London	4.07	4.02	4.12
Bexley	3.61	3.35	3.89

Source: OHID Fingertips

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There is no significant difference in the rate of successful completion of drug treatment for opiate users in Bexley (6.23% (4.01–9.52)) compared with England or London.

Figure 33: Successful completion of drug treatment – opiate users



Source: OHID Fingertips

Table 49: Successful completion of drug treatment – opiate users

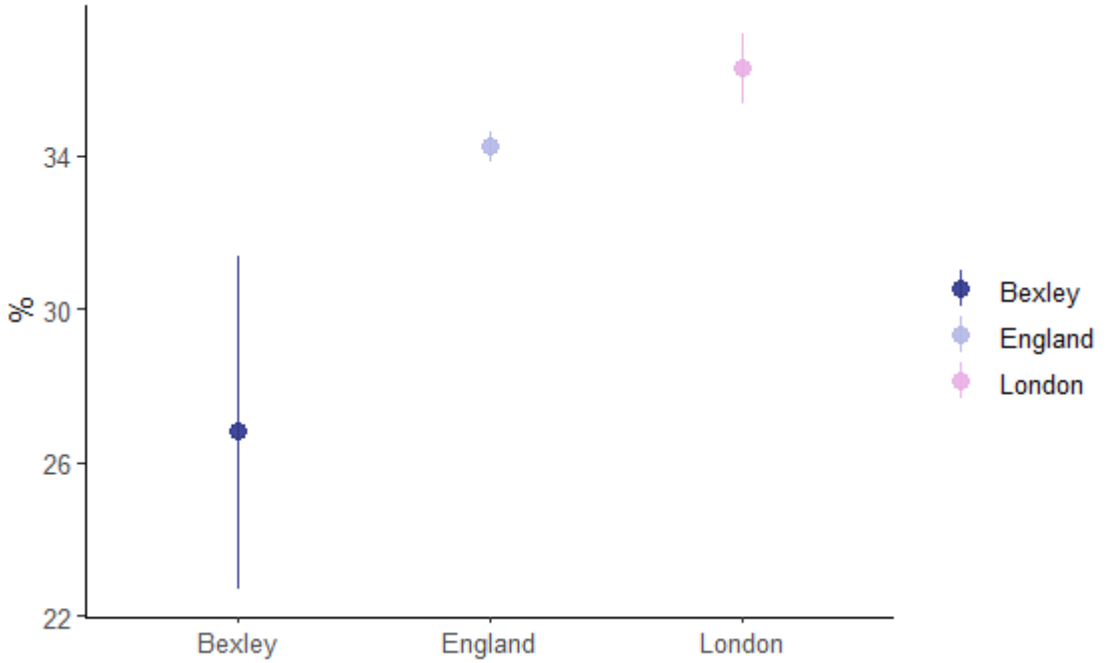
	Percent	95% CI - Lower	95% CI - Upper
England	5.61	5.49	5.73
London	6.7	6.34	7.08
Bexley	6.23	4.02	9.52

Source: OHID Fingertips

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At 26.82% (22.71–31.37), there is a significantly lower rate of successful completion of drug treatment for non-opiate users in Bexley, compared with England and London.

Figure 34: Successful completion of drug treatment – non opiate users



Source: OHID Fingertips

Table 50: Successful completion of drug treatment – non opiate users

	Percent	95% CI - Lower	95% CI - Upper
England	34.25	33.85	34.64
London	36.27	35.35	37.2
Bexley	26.82	22.71	31.37

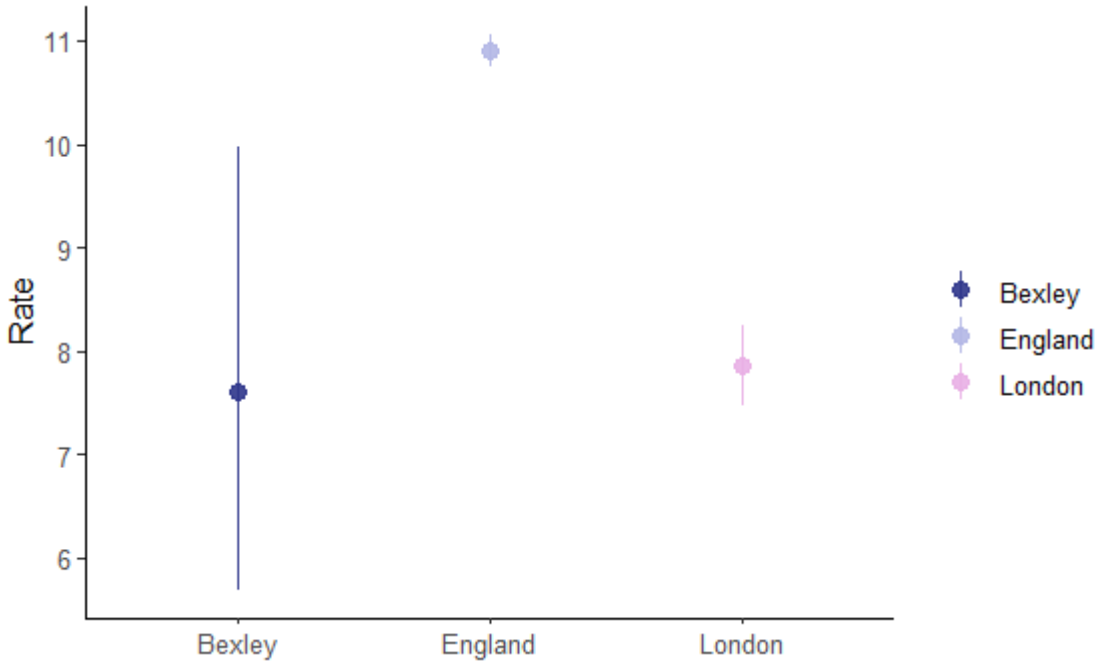
Source: OHID Fingertips

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2.8.4.1 Alcohol

There is a significantly lower alcohol-specific mortality rate in Bexley compared with England, at 7.61 per 100,000 (5.69–9.97), which is comparable to London.

Figure 35: Alcohol-specific mortality rate per 100,000



Source: OHID Fingertips

Table 51: Alcohol specific mortality rate per 100,000

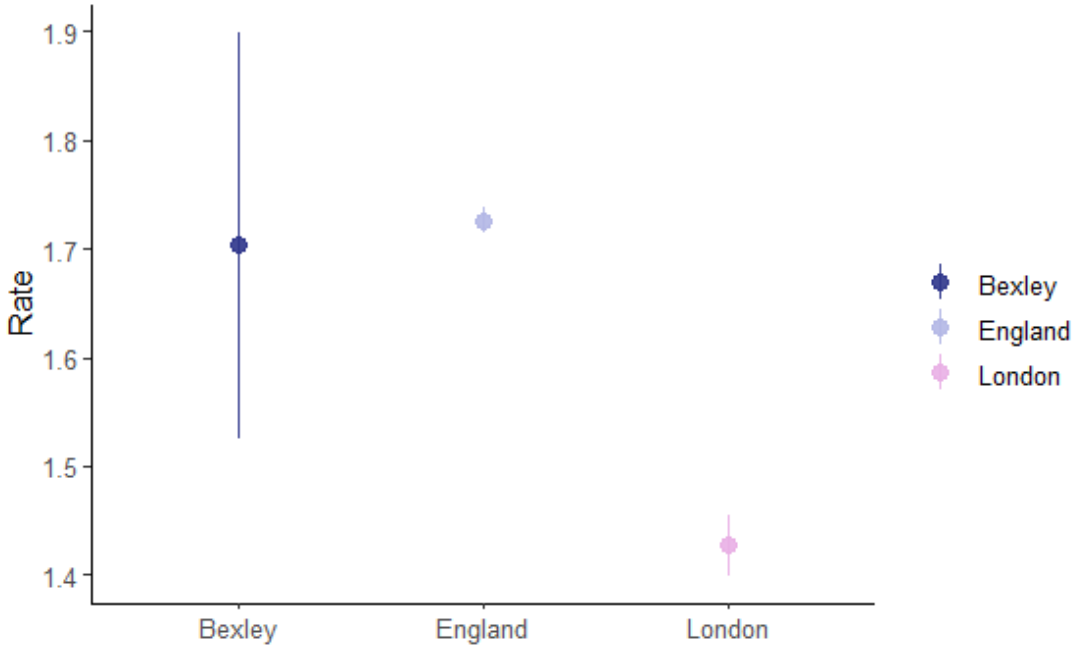
	Rate	95% CI - Lower	95% CI - Upper
Bexley	7.61	5.69	9.97
England	10.90	10.74	11.06
London	7.86	7.48	8.26

Source: OHID Fingertips

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In Bexley, there is a significantly higher rate of adults in treatment for alcohol misuse than in London, at 1.7 per 1,000 (1.52–1.90). There is however no significant difference to England.

Figure 36: Adults in treatment, rate per 1,000



Source: OHID Fingertips

Table 52: Adults in treatment rate per 1,000

	Rate	95% CI - Lower	95% CI - Upper
Bexley	1.70	1.52	1.90
England	1.73	1.71	1.74
London	1.43	1.40	1.46

Source: OHID Fingertips

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2.8.5 Sexual health and teenage pregnancy

Bexley has a significantly lower detection rate for chlamydia in ages 15–24 compared with both England and London, at 1,002.63 per 100,000 (887.42–1,128.66).

Figure 37: Chlamydia detection rate/100,000 aged 15–24



Source: OHID Fingertips

Table 53: Chlamydia detection rate/100,000 aged 15–24

	Rate	95% CI - Lower	95% CI - Upper
Bexley	1002.63	887.42	1128.66
England	1408.39	1399.34	1417.48
London	1818.53	1792.6	1844.75

Source: OHID Fingertips

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Similarly, Bexley also has a significantly lower diagnosis rate for all STIs compared with either England or London, at 447.25 per 100,000 (887.42–1,128.66):

Figure 38: All new STI diagnosis rate/100,000



Source: OHID Fingertips

Table 54: All new STI diagnosis rate/100,000

	Rate	95% CI - Lower	95% CI - Upper
England	562.1578	560.2053	564.1154
London	1166.911	1159.865	1173.989
Bexley	447.2505	421.3805	474.2932

Source: OHID Fingertips

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Teenage Pregnancy

There is a lower under-18 conception rate in Bexley compared with England and London, at 12.59 per 1,000.

Figure 39: Under-18 conception rate per 1,000



Source: ONS Conception Statistics 1998–2019

Table 55: Under 18 conception rate per 1,000

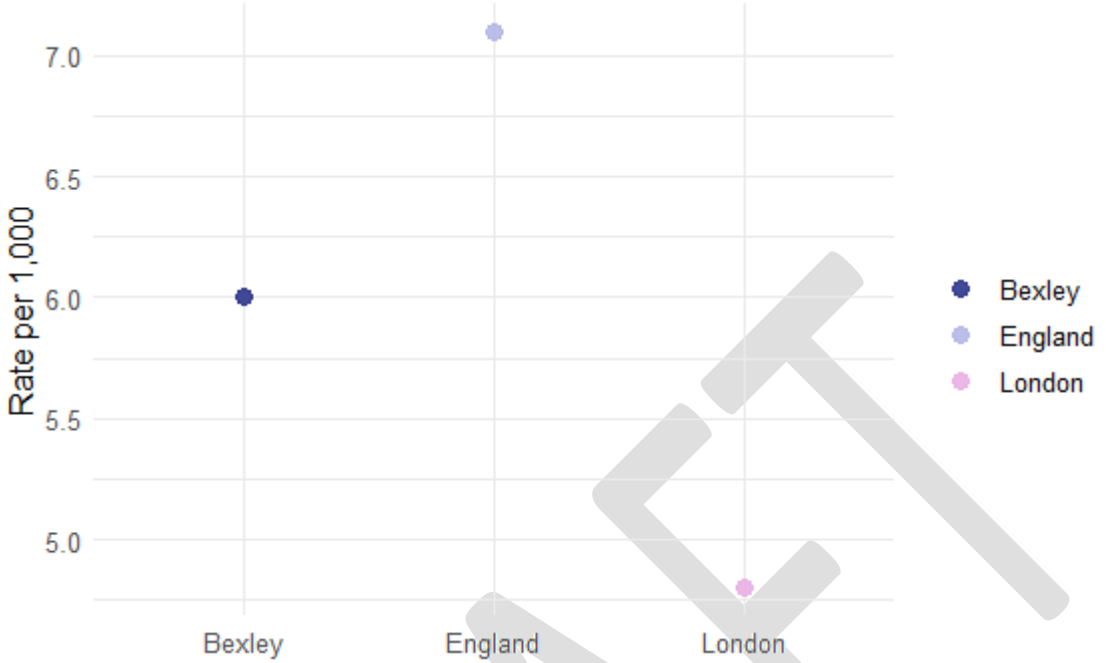
	Rate
Bexley	12.9
England	15.7
London	13.5

Source: ONS Conception Statistics 1998–2019

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There is however a higher rate of under-18 maternity in Bexley when compared with London, at 6 per 1,000.

Figure 40: Under-18 maternity rate per 1,000



Source: ONS Conception Statistics 1998–2019

Table 56: Under-18 maternity rate per 1,000

	Rate
Bexley	6
England	7.1
London	4.8

Source: ONS Conception Statistics 1998–2019

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As suggested by the maternity rate, the termination rate in Bexley is lower than in both England and London, at 6.9 per 1,000.

Figure 41: Under-18 termination rate per 1,000



Source: ONS Conception Statistics 1998–2019

Table 57: Under-18 termination rate per 1,000

	Rate
Bexley	6.9
England	8.6
London	8.7

Source: ONS Conception Statistics 1998–2019

2.8.6 Oral health

There is no significant difference in the percentage of 5-year-olds with experience of visually obvious dental decay in Bexley (22.1% (17.5–27.6)) compared with England or London.

Table 58: Percentage of 5-year-olds with experience of visually obvious dental decay

	%	95% CI - Lower	95% CI - Upper
England	23.4	23.1	23.7
London	27.0	26.0	28.0
Bexley	22.1	17.5	27.6

Source: OHID Fingertips

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2.9 Burden of disease

2.9.1 YLL and YLD (preventable and avoidable burden)

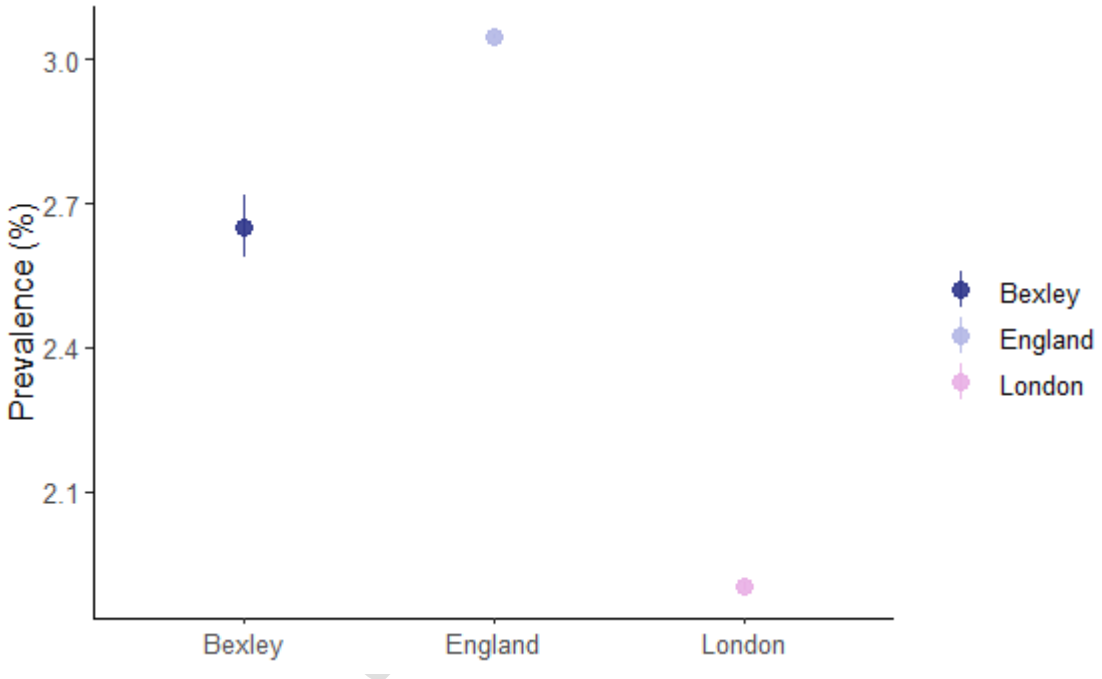
Years of Life Lost (YLL) is integrated into the individual condition groups.

2.9.2 Cardiovascular diseases – CHD, stroke, hypertension, CKD

YLL is a method of for quantifying the burden of disease in terms of the years of life lost due to associated premature mortality. For 2017-19, the directly standardised rate (DSR) per 10,000 population (adjusting for differences in age and sex structures of different populations) of YLL due to circulatory diseases for females in Bexley was 47.2 (95% CI 36.4–58.0), similar to that of London and England. The DSR for males in Bexley is 92.25 (77.7–106.8), significantly lower than London (110.86 (108.1–113.6)) and England (114.1 (113.0–115.12)).[19]

A similar pattern exists for the DSR of YLL for coronary heart disease (CHD), with females in Bexley experiencing a rate of 13.86 (8.5–19.2), which is not significantly different from London or England. Males in Bexley experience a rate of 49.69 (39.6–59.8), which is not significantly different from London, but is significantly lower than England (64.9 (64.1–65.7)).

Figure 42: QOF prevalence of coronary heart disease, adults (18+), 2021



Source: NHS Digital OQF 2021

[19] NHS Digital Compendium: Years of life lost 2021.

Table 59: QOF prevalence of coronary heart disease, adults (18+), 2021

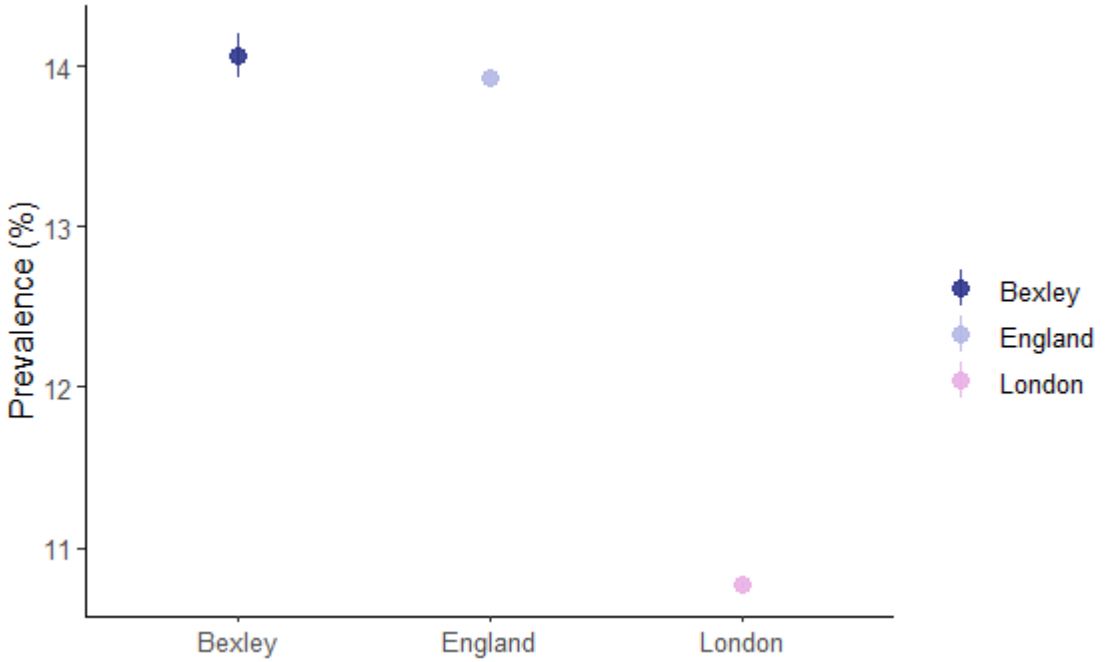
	List size	Register	Prevalence	95% CI - Lower	95% CI - Upper
Bexley	241,753	6,409	2.65	2.59	2.72
England	60,716,244	1,850,657	3.05	3.04	3.05
London	10,359,317	197,255	1.90	1.90	1.91

Source: NHS Digital QOF 2021

2.9.2.1 Hypertension

Sex-specific DSRs are not available for YLL for hypertensive disease in Bexley. The DSR for all persons in Bexley is 4.8 (2.57–7.03), which is not significantly different from London or England.

Figure 43: QOF prevalence of hypertension, 2021



Source: NHS Digital QOF 2021

Table 60: QOF prevalence of hypertension, 2021

	List size	Register	Prevalence	95% CI - Lower	95% CI - Upper
Bexley	241,753	34,002	14.06	13.93	14.20
England	60,716,244	8,457,600	13.93	13.92	13.94
London	10,359,317	1,115,344	10.77	10.75	10.79

Source: NHS Digital QOF 2021

2.9.2.2 Stroke and transient ischaemic attack

The DSR for YLL due to stroke in Bexley is not significantly different from London or England, for either females (11.16 (6.62–15.71)) or males (13.72 (8.21–19.23)). QOF prevalence of stroke and transient ischaemic attack for Bexley is 1.61% (1.56–1.66), significantly higher than London and significantly lower than England.

Figure 44: QOF Prevalence of stroke and transient ischaemic attack, 2021



Source: NHS Digital QOF 2021

Table 61: QOF Prevalence of stroke and transient ischaemic attack, 2021

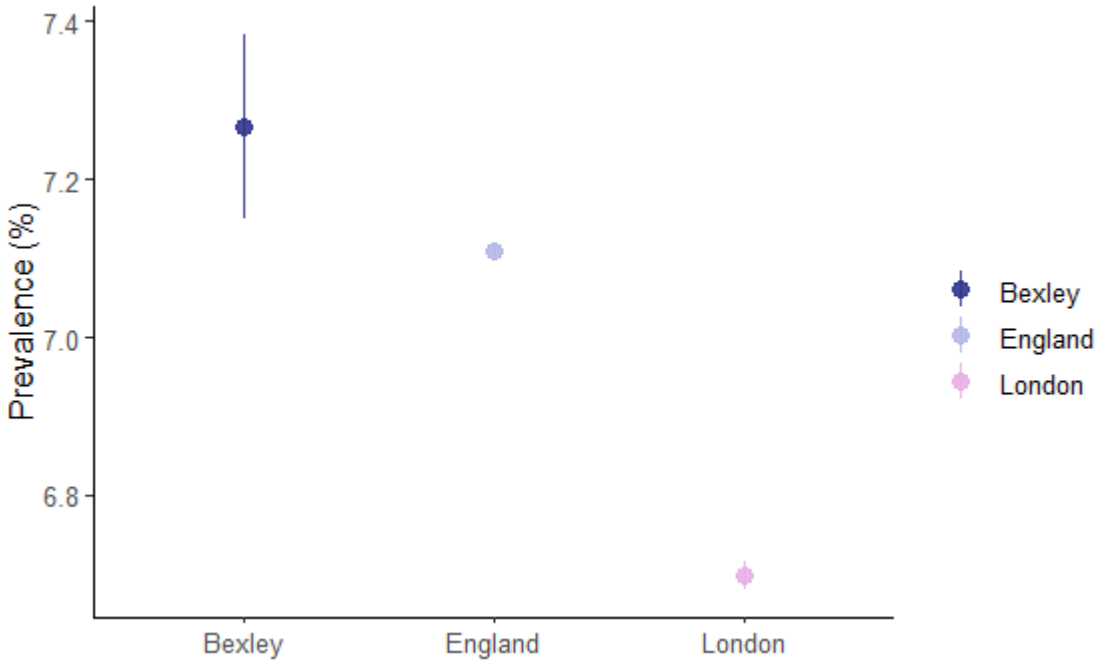
	List size	Register	Prevalence	95% CI - Lower	95% CI - Upper
Bexley	241,753	3,885	1.61	1.56	1.66
England	60,716,244	1,093,593	1.80	1.80	1.80
London	10,359,317	111,251	1.07	1.07	1.08

Source: NHS Digital QOF 2021

2.9.3 Diabetes and hyperglycemia

Sex-specific DSRs are not available for YLL for diabetes for Bexley. The DSR for all persons was 5.00 (2.57–7.44), similar to both London and England. For QOF prevalence of diabetes mellitus, Bexley is significantly higher than both England and London, with a prevalence of 7.27% (7.15-7.38).

Figure 45: QOF Prevalence of diabetes mellitus, 2021



Source: NHS Digital QOF 2021

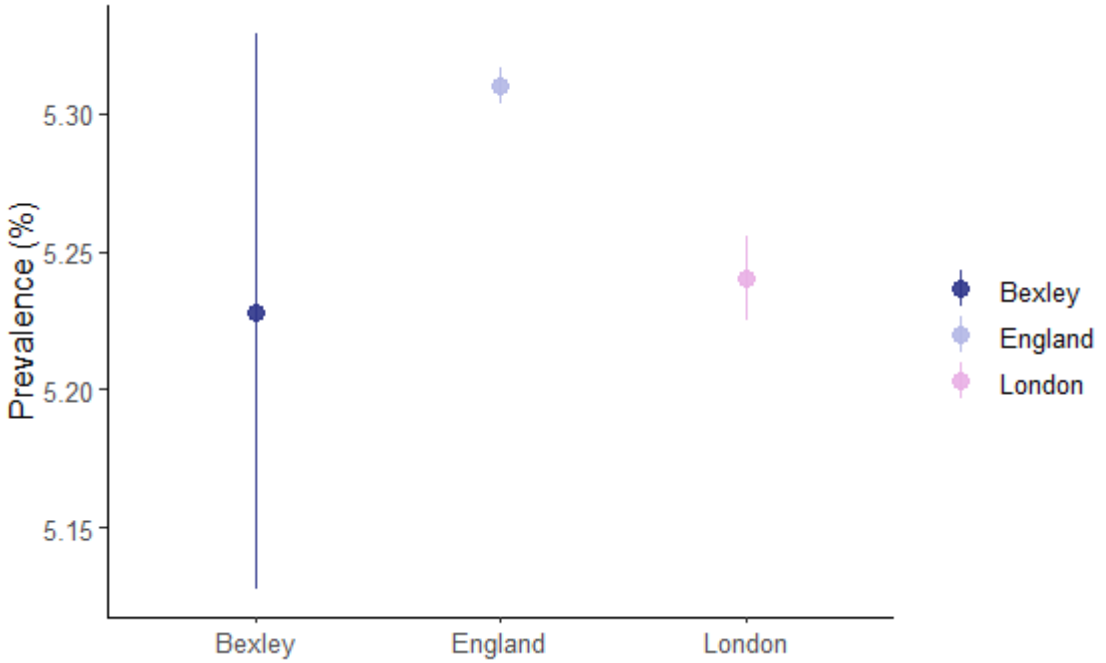
Table 62: QOF Prevalence of diabetes mellitus, 2021

	List size	Register	Prevalence	95% CI - Lower	95% CI - Upper
Bexley	189,927	13,801	7.27	7.15	7.38
England	49,122,259	3,491,868	7.11	7.10	7.12
London	8,384,878	561,616	6.70	6.68	6.71

Source: NHS Digital QOF 2021

There is no significant difference between the QOF prevalence of non-diabetic hyperglycaemia in Bexley (5.23 % (5.13–5.33)) compared with England or London.

Figure 46: QOF prevalence of non-diabetic hyperglycaemia, 2021



Source: NHS Digital QOF 2021

Table 63: QOF prevalence of non-diabetic hyperglycaemia, 2021

	List size	Register	Prevalence	95% CI - Lower	95% CI - Upper
Bexley	187,066	9,779	5.23	5.13	5.33
England	48,459,095	2,573,210	5.31	5.30	5.32
London	8,278,376	433,806	5.24	5.23	5.26

Source: NHS Digital QOF 2021

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2.9.4 Musculoskeletal

At 0.58% (0.53–0.64) QOF prevalence of osteoporosis is significantly higher in Bexley than London, but significantly lower than England.

Figure 47: QOF prevalence of osteoporosis, 2021



Source: NHS Digital QOF 2021

Table 64: QOF prevalence of osteoporosis, 2021

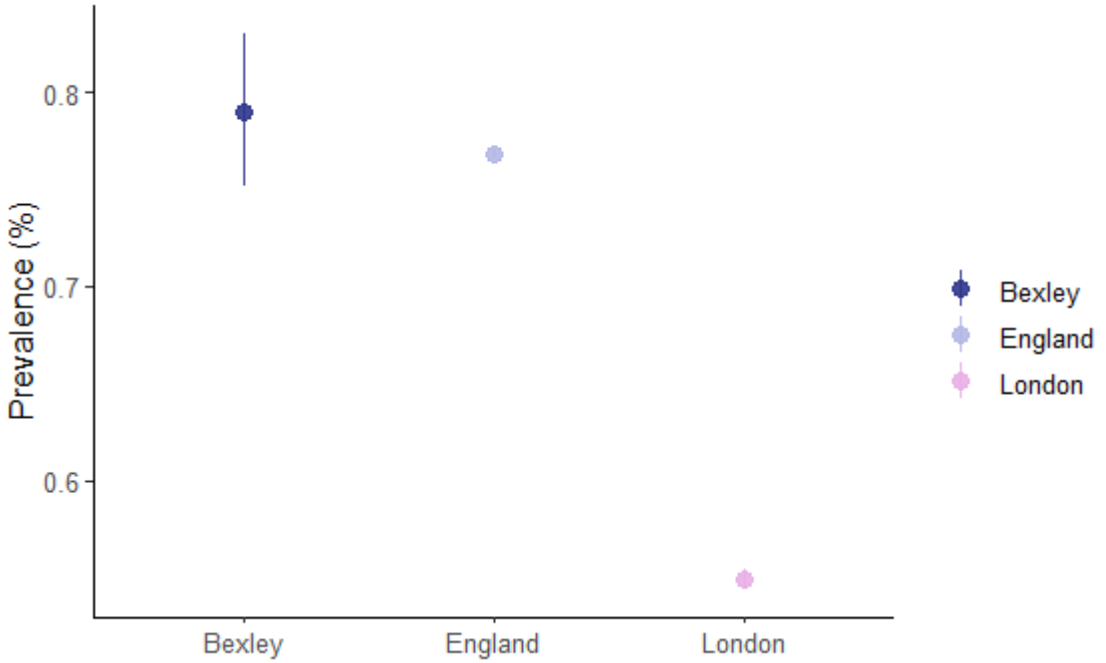
	List size	Register	Prevalence	95% CI - Lower	95% CI - Upper
Bexley	86,025	501	0.58	0.53	0.64
England	22,283,301	169,090	0.76	0.76	0.76
London	2,829,573	13,767	0.49	0.48	0.49

Source: NHS Digital QOF 2021

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There is no significant difference in QOF prevalence of rheumatoid arthritis between Bexley (0.70 (0.75–0.83)) and England, however both are significantly higher than London.

Figure 48: QOF prevalence of rheumatoid arthritis, 2021



Source: NHS Digital QOF 2021

Table 65: QOF prevalence of rheumatoid arthritis, 2021

	List size	Register	Prevalence	95% CI - Lower	95% CI - Upper
Bexley	192,766	1,523	0.79	0.75	0.83
England	49,791,957	382,517	0.77	0.77	0.77
London	8,493,284	46,625	0.55	0.54	0.55

Source: NHS Digital QOF 2021

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2.9.5 Cancers

The DSR for YLL from all cancers in Bexley is 147.4 (128.7–166.1) for females and 135.9 (118.3–153.5) for males. The rate for females is significantly higher than London but not significantly different from England. The QOF prevalence of cancers in Bexley, at 3.27% (3.20–3.35) is not significantly different from England, but is significantly higher than London.

Figure 49: QOF prevalence of cancer, 2021



Source: NHS Digital QOF 2021

Table 66: QOF prevalence of cancer, 2021

	List size	Register	Prevalence	95% CI - Lower	95% CI - Upper
Bexley	241,753	7,914	3.27	3.20	3.35
England	60,716,244	1,948,913	3.21	3.21	3.21
London	10,359,317	226,170	2.18	2.17	2.19

Source: NHS Digital QOF 2021

2.9.6 Respiratory diseases – asthma and COPD

The DSR for YLL from bronchitis, emphysema and other COPD in Bexley for females is 14.13 (9.55–18.7), not significantly different from England or London. The DSR for males is 16.83 (11.77–21.88), also not significantly different from London or England. QOF prevalence of COPD in Bexley (1.87% (1.81–1.92)) is comparable to England and significantly higher than London:

Figure 50: QOF prevalence of COPD, 2021



Source: NHS Digital QOF 2021

Table 67: QOF prevalence of COPD, 2021

	List size	Register	Prevalence	95% CI - Lower	95% CI - Upper
Bexley	241,753	4,509	1.87	1.81	1.92
England	60,716,244	1,170,437	1.93	1.92	1.93
London	10,359,317	114,914	1.11	1.10	1.12

Source: NHS Digital QOF 2021

The DSR for YLL from pneumonia in Bexley was not significantly different from London or England for either females (5.64 (1.86–9.43)) or males (13.3 (6.89–19.71))

The QOF prevalence of asthma in ages 6+ in Bexley (5.29% (5.20–5.38)) is significantly higher than London but significantly lower than England (see figure 51 and table 68).

Figure 51: QOF prevalence of asthma, 2021



Source: NHS Digital QOF 2021

Table 68: QOF prevalence of asthma, 2021

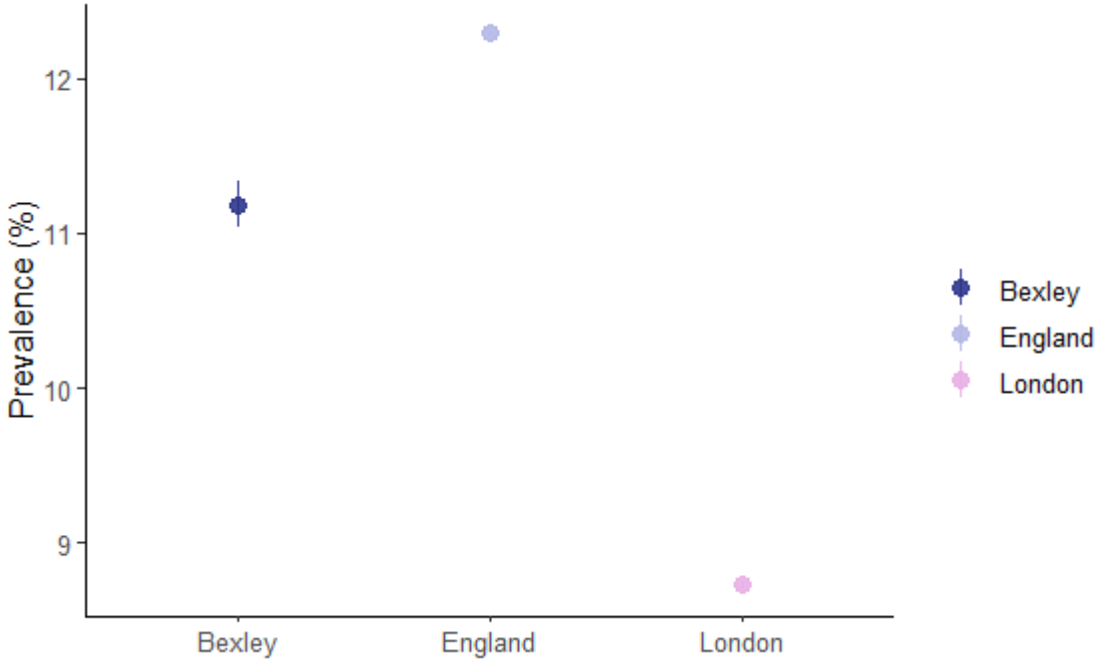
	List size	Register	Prevalence	95% CI - Lower	95% CI - Upper
Bexley	224,429	11,869	5.29	5.20	5.38
England	56,926,476	3,629,071	6.38	6.37	6.38
London	9,679,456	456,962	4.72	4.71	4.73

Source: NHS Digital QOF 2021

2.9.7 Mental health

The QOF prevalence of depression is significantly higher than London in Bexley, at 11.19% (11.04–11.33), but significantly lower than England.

Figure 52: QOF prevalence of depression, 2021



Source: NHS Digital QOF 2021

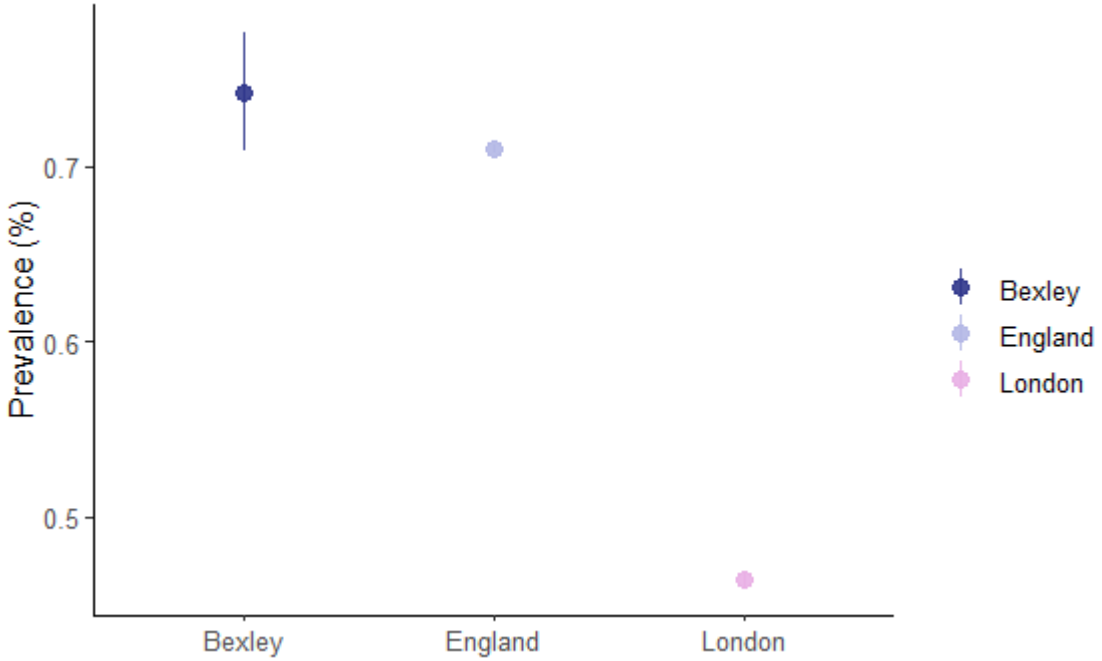
Table 69: QOF prevalence of depression, 2021

	List size	Register	Prevalence	95% CI - Lower	95% CI - Upper
Bexley	187,066	20,927	11.19	11.04	11.33
England	48,459,095	5,955,865	12.29	12.28	12.30
London	8,278,376	722,623	8.73	8.71	8.75

Source: NHS Digital QOF 2021

The QOF prevalence of dementia in Bexley is comparable to England and significantly higher than London, at 0.74% (0.71–0.78). Unlike some other QOF condition registers, dementia data is based on an all-age population, therefore the strongly age-related risk of dementia will confound comparison of prevalences in different aged populations. However, it is also known that there exists wide variation in the diagnosis rate of dementia, reflecting inequalities in access to diagnostics and care.

Figure 53: QOF prevalence of dementia, 2021



Source: NHS Digital QOF 2021

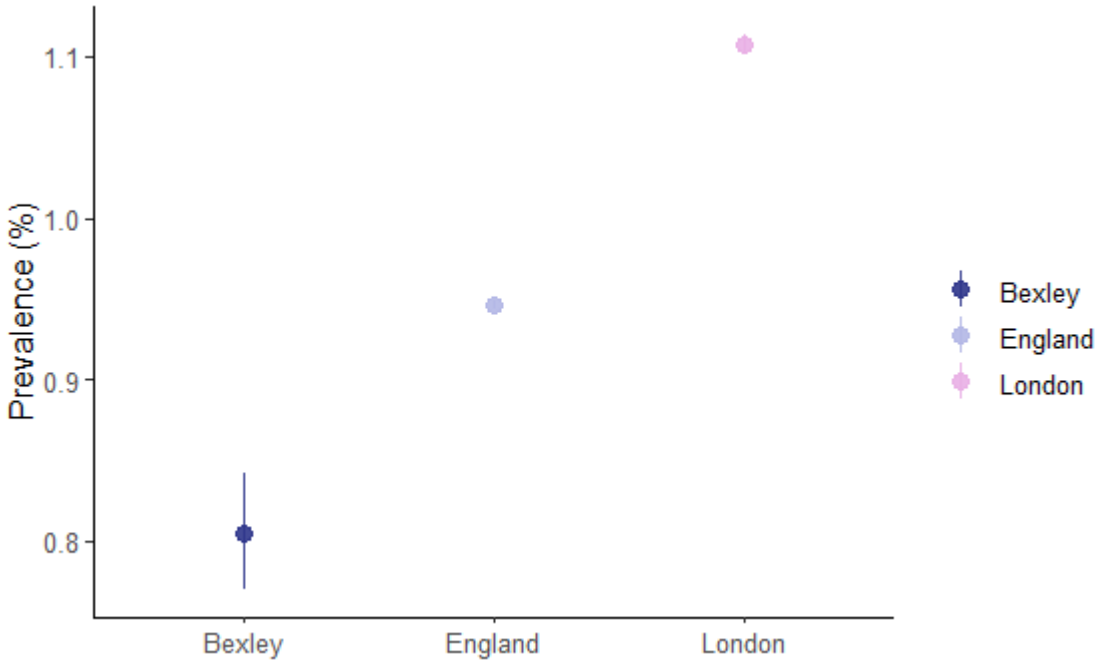
Table 70: QOF prevalence of dementia, 2021

	List size	Register	Prevalence	95% CI - Lower	95% CI - Upper
Bexley	241,753	1,793	0.74	0.71	0.78
England	60,716,244	430,857	0.71	0.71	0.71
London	10,359,317	48,052	0.46	0.46	0.47

Source: NHS Digital QOF 2021

The Quality and Outcomes Framework defines the mental health register as patients with psychosis, schizophrenia or bipolar affective disease, or those receiving lithium therapy. The proportion of patients on the mental health register is significantly below London and England in Bexley, at 0.81% (0.77–0.84).

Figure 54: QOF prevalence of mental health, 2021



Source: NHS Digital QOF 2021

Table 71: QOF prevalence of mental health, 2021

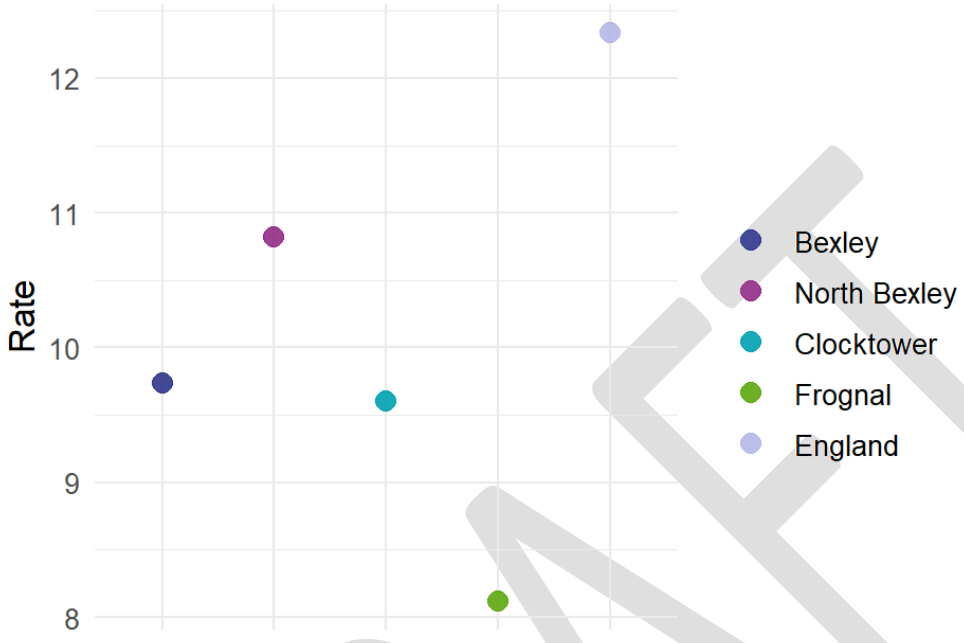
	List size	Register	Prevalence	95% CI - Lower	95% CI - Upper
Bexley	241,753	1,947	0.81	0.77	0.84
England	60,716,244	574,227	0.95	0.94	0.95
London	10,359,317	114,725	1.11	1.10	1.11

Source: NHS Digital QOF 2021

2.9.8 Accidental injuries

While Bexley has a lower rate of admission for injury in under-5s (9.72) compared with England, there is variation at locality level, with North Bexley experiencing a higher rate at 10.82.

Figure 55: Emergency hospital admissions for injuries in under-5s



Source: OHID Fingertips

Table 72: Emergency hospital admissions for injuries in under-5s

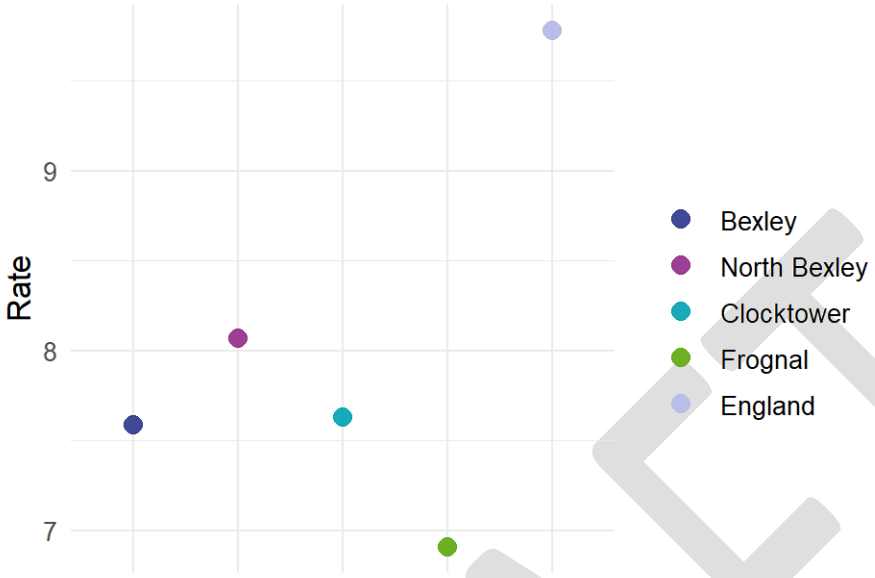
	Rate per 10,000
Bexley	9.74
Clocktower	9.60
England	12.34
Frognal	8.12
North Bexley	10.82

Source: OHID Fingertips

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Similarly, although Bexley has a lower rate of admission for injury in under-15s (7.59) compared with England, there is variation at locality level, with North Bexley experiencing a higher rate at 8.07.

Figure 56: Emergency hospital admissions for injuries in under-15s



Source: OHID Fingertips

Table 73: Emergency hospital admissions for injuries in under-15s

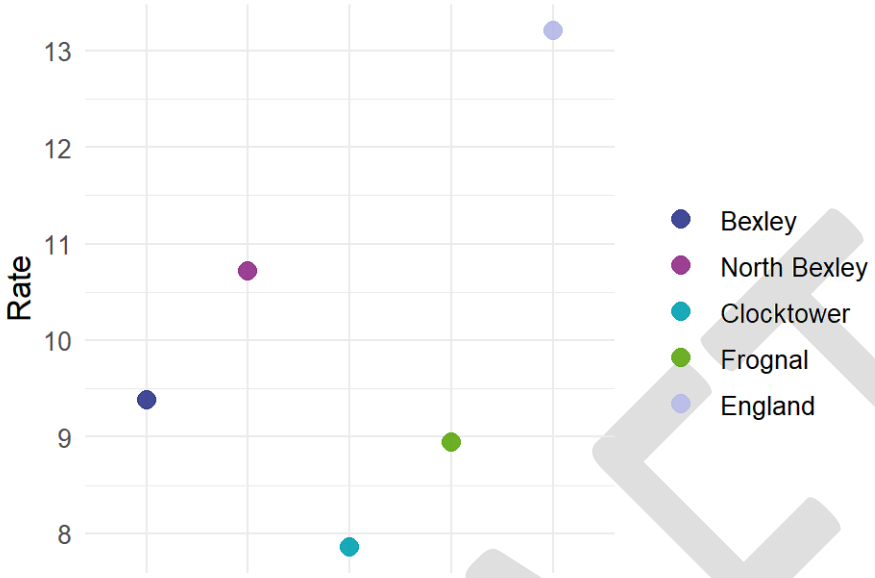
	Rate per 10,000
Bexley	7.59
Clocktower	7.63
England	9.78
Frognal	6.91
North Bexley	8.07

Source: OHID Fingertips

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Again, in the 15–24 age group, Bexley has a lower rate of admission for injury (9.38) compared with England; there is variation at locality level, with North Bexley experiencing a higher rate at 10.72.

Figure 57: Emergency hospital admissions for injuries in 15–24-year-olds



Source: OHID Fingertips

Table 74: Emergency hospital admissions for injuries in 15–24-year-olds

	Rate per 10,000
Bexley	9.38
Clocktower	7.86
England	13.21
Frognal	8.94
North Bexley	10.72

Source: OHID Fingertips

There is no significant difference in the rate of hip fractures in people aged 65 and over in Bexley compared with London or England.

Table 75: Hip fractures in people aged 65 and over

	Rate per 100,000	95% CI - Lower	95% CI - Upper
Bexley	547.08	481.3	619.3
England	571.61	567.1	576.2
London	472.69	460	485.7

Source: OHID Fingertips

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Table 76: Emergency hospital admissions due to falls in people aged 65 and over

	Rate per 100,000	95% CI - Lower	95% CI - Upper
Bexley	2,017.67	1,888.1	2,153.7
England	2,221.76	2,212.8	2,230.8
London	2,214.66	2187	2,242.6

Source: OHID Fingertips

2.9.9 Palliative care

There is a significantly higher proportion of people receiving palliative care in Bexley (0.5% (0.47–0.53)) compared with England and London.

Figure 58: QOF prevalence of palliative care, 2021



Source: NHS Digital QOF 2021

Table 77: QOF prevalence of palliative care, 2021

	List size	Register	Prevalence	95% CI - Lower	95% CI - Upper
Bexley	241,753	1,208	0.50	0.47	0.53
England	60,716,244	282,431	0.47	0.46	0.47
London	10,359,317	30,473	0.29	0.29	0.30

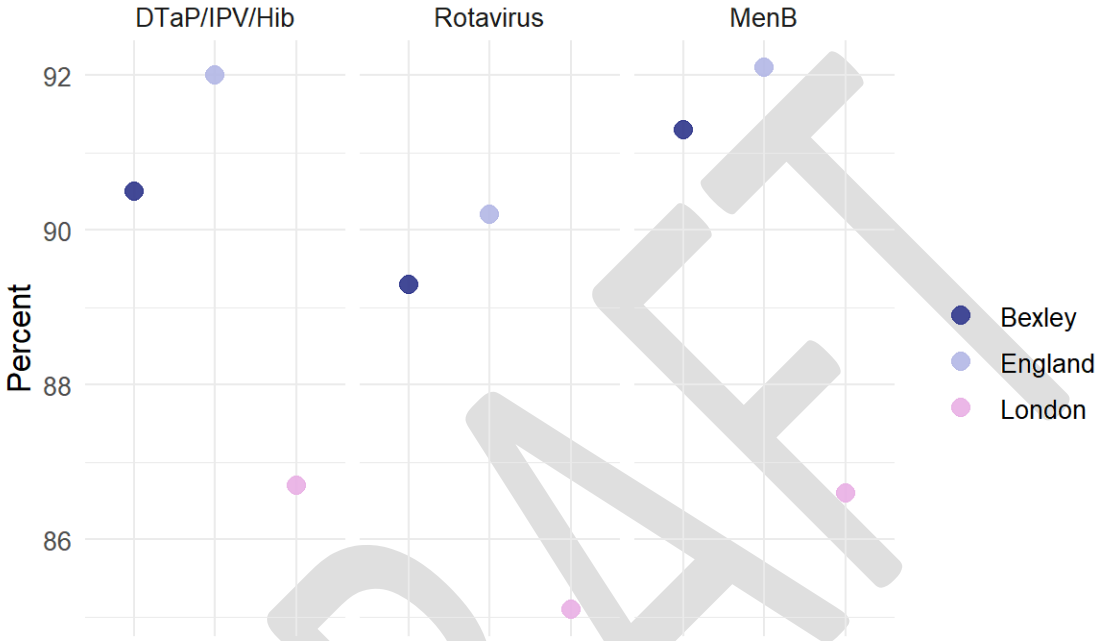
Source: NHS Digital QOF 2021

2.9.10 Infectious diseases

The DSR for YLL to infectious and parasitic disease in Bexley was not significantly different from London or England, for either females at 6.46 (2.59–10.33) or males at 5.96 (1.51–10.41).

Across all age groups and vaccines within the NHS vaccination schedule, childhood immunisation uptake in Bexley is better than London, but below that of England.

Figure 59: Percentage vaccinated by their 1st birthday, 2020-21



Source: NHS Digital Childhood Vaccination Coverage Statistics, England, 2020-21

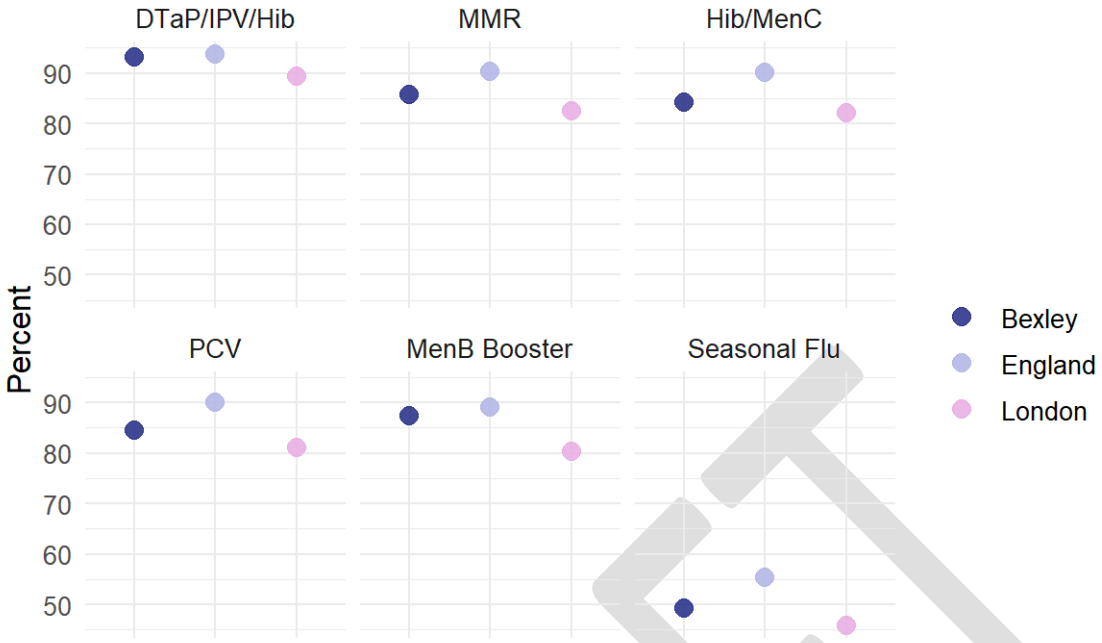
Table 78: Percentage vaccinated by their 1st birthday, 2020-21

Vaccination	Bexley	England	London
DTaP/IPV/Hib	90.5	92	86.7
Rotavirus	89.3	90.2	85.1
MenB	91.3	92.1	86.6

Source: NHS Digital Childhood Vaccination Coverage Statistics, England, 2020-21

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Figure 60: Percentage vaccinated by their 2nd birthday, 2020-21



Source: NHS Digital Childhood Vaccination Coverage Statistics, England, 2020-21

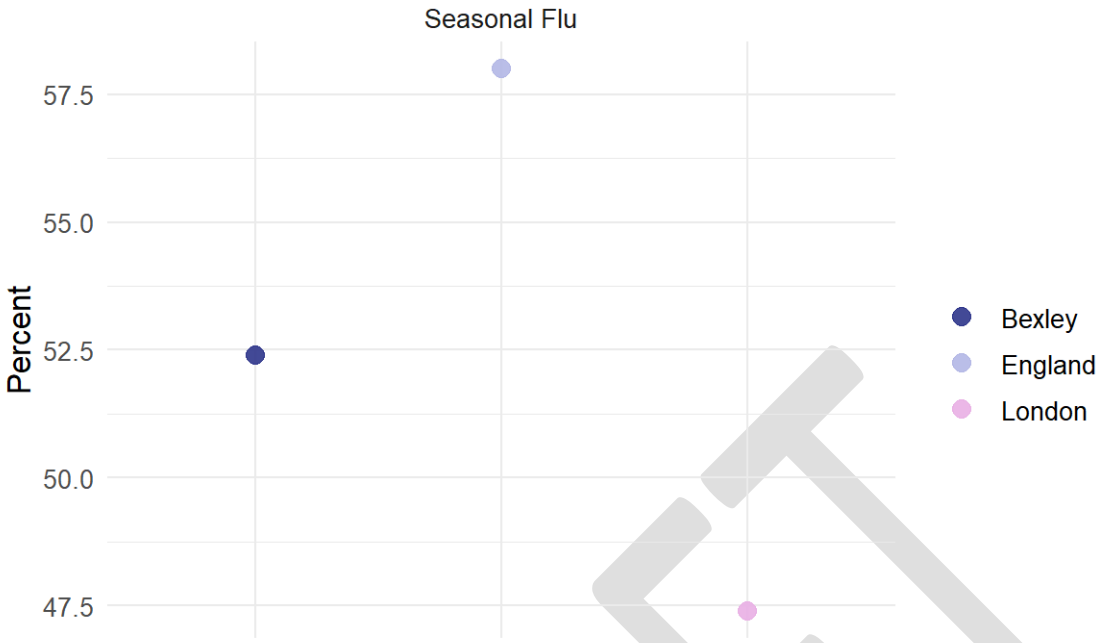
Table 79: Percentage vaccinated by their 2nd birthday, 2020-21

Vaccination	Bexley	England	London
DTaP/IPV/Hib	93.1	93.8	89.4
MMR	85.7	90.3	82.4
Hib/MenC	84.2	90.2	82.2
PCV	84.6	90.1	81.1
MenB Booster	87.4	89	80.3
Seasonal Flu	49.2	55.3	45.8

Source: NHS Digital Childhood Vaccination Coverage Statistics, England, 2020

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Figure 61: Percentage vaccinated by their 3rd birthday, 2020-21



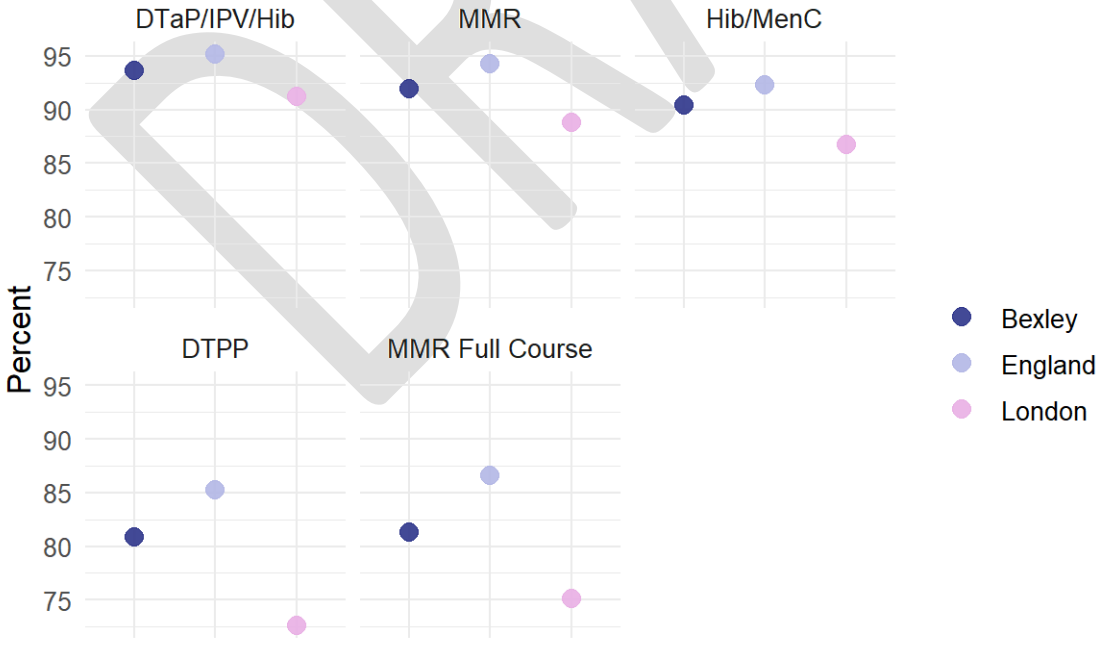
Source: NHS Digital Childhood Vaccination Coverage Statistics, England, 2020-21

Table 80: Percentage vaccinated by their 3rd birthday, 2020-21

Vaccination	Bexley	England	London
Seasonal flu	52.4	58	47.4

Source: NHS Digital Childhood Vaccination Coverage Statistics, England, 2020-1

Figure 62: Percentage vaccinated by their 5th birthday, 2020-21



Source: NHS Digital Childhood Vaccination Coverage Statistics, England, 2020-21

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Table 81: Percentage vaccinated by their 5th birthday, 2020-21

Vaccination	Bexley	England	London
DTaP/IPV/Hib	93.6	95.2	91.2
DTPP	80.9	85.3	72.6
MMR	91.9	94.3	88.8
MMR full course	81.3	86.6	75.1
Hib/MenC	90.4	92.3	86.7

Source: NHS Digital Childhood Vaccination Coverage Statistics, England, 2020-21

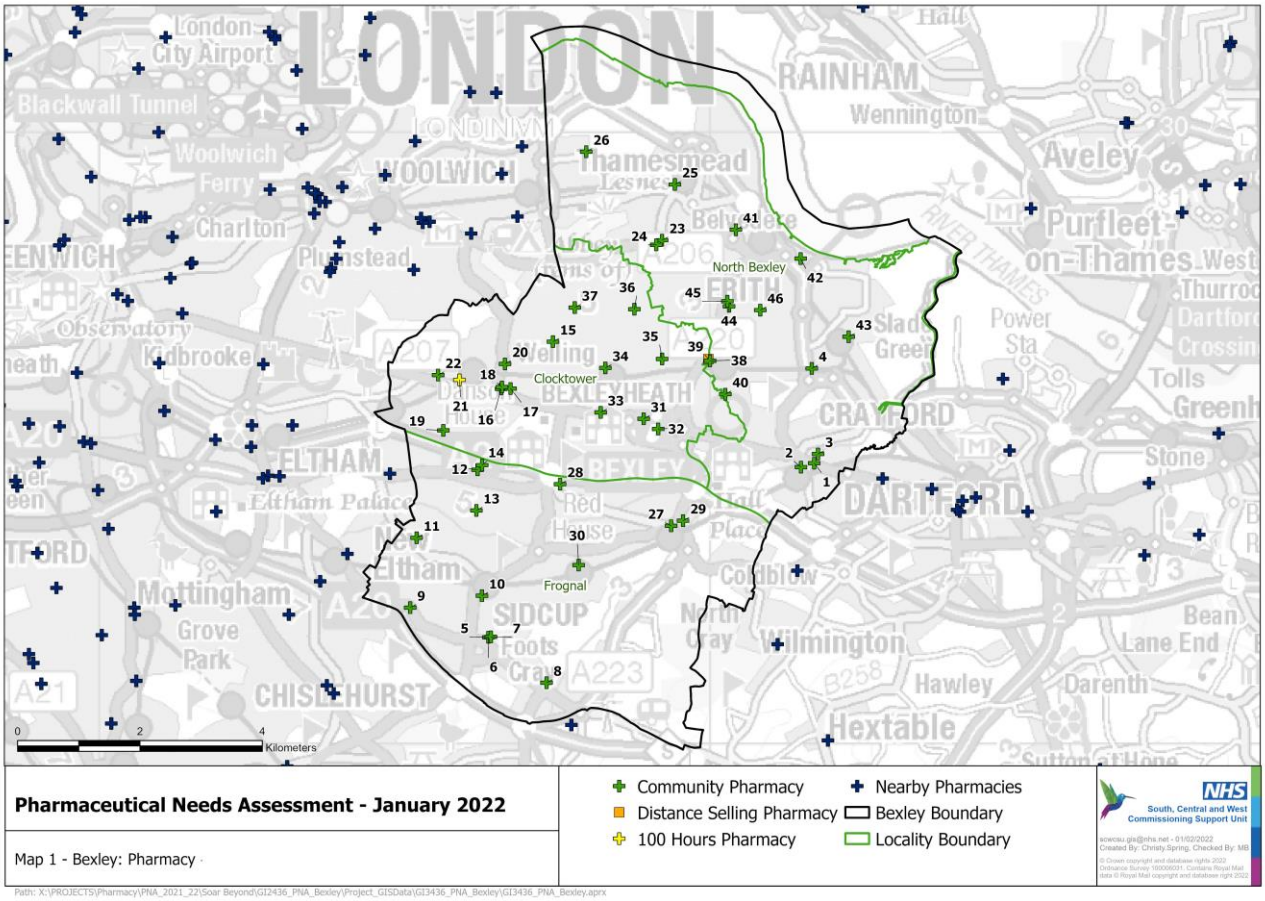
2.9.11 COVID-19 impact

An impact assessment is currently underway to understand the impact of the COVID-19 pandemic on Bexley. Bexley has recorded 68,343 cases to date, a rate of 27,413.80 per 100,000, higher than the London rate of 26,388.50 per 100,000 (Gov.uk). Bexley has experienced a significantly higher mortality rate for deaths involving COVID-19 for males under 75 compared with England (Fingertips). There have been 727 deaths (291.6 per 100,000) to date.

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Section 3: NHS pharmaceutical services provision, currently commissioned

Figure 63: All contractors in Bexley HWB



There are a total of 46 contractors in LBB.

- 44 x 40-hour community pharmacies
- 1 x 100-hour community pharmacy
- 1 x DSP

Where discussed, the total number of community pharmacies includes DSPs apart from when discussing opening times.

Figure 64: Pharmacy and GP practice locations in Bexley

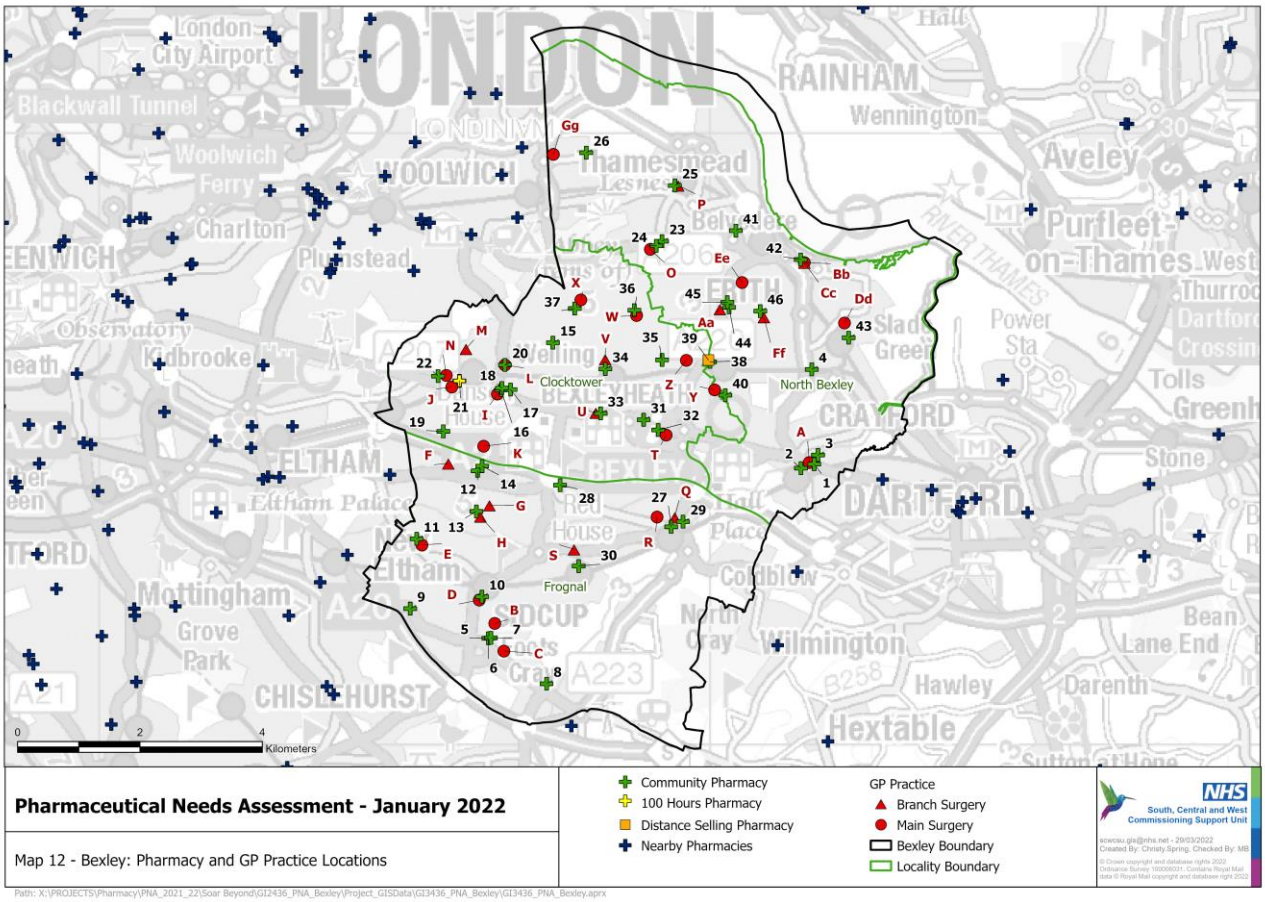


Figure 64 illustrates community pharmacy and GP practice (main and branch surgery) locations within Bexley. This shows that all GP practices have a community pharmacy nearby that can be accessed by Bexley residents.

3.1 Community pharmacies

46 community pharmacies including 1 DSP in Bexley	249,301 population of Bexley	18.5 community pharmacies per 100,000 population*

**Correct as of March 2022*

In England, during the pandemic, there was a net loss of 215 pharmacies, with 236 opening while 451 closed during 2020-21, which resulted in the lowest number of pharmacies in England since 2015-16.[20]

[20] Wickware C. Lowest number of community pharmacies in six years, official figures show. Pharmaceutical J. 28 October 2021. https://pharmaceutical-journal.com/article/news/lowest-number-of-community-pharmacies-in-six-years-official-figures-show

There are 46 community pharmacies including one Distance-Selling Pharmacy (DSP) in Bexley. Since the previous PNA was published in 2018, there has been no change in the number of pharmacies in Bexley. The England average is 20.6 community pharmacies per 100,000 population, which has decreased slightly from 2018, when the average number was 21.2. The London average has also decreased to 21.7 from the previous 22.3 community pharmacies per 100,000 population.

London has a transient population with generally good transport links. Populations may therefore find community pharmacies in neighbouring HWB areas more accessible and/or more convenient. There is a variable rate of community pharmacies per 100,000 population in neighbouring HWB areas to LBB: Kent (17.4), Bromley (18.6) and Greenwich (20.4).

There are no dispensing GP practices in LBB.

Table 82 shows the change in the numbers of community pharmacies over recent years compared with regional and national averages. Bexley is well served with community pharmacies but the number is lower than the London and national averages.

Table 82: Number of community pharmacies per 100,000 population

	England	London	LBB
2020-21	20.6	20.7	18.5
2019-20	21.0	20.2	18.5
2018-19	21.2	20.7	18.8

Source: ONS Mid-Year Population[21]

The public questionnaire details the perception of access to community pharmacies and the services they provide. The full results of the pharmacy user questionnaire are detailed in Section 5.

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[21] ONS. Population Data. Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland. 2021. www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland

Table 83 provides a breakdown, by locality, of the average number of community pharmacies per 100,000 population. The number and rate of community pharmacies vary widely by locality.

Table 83: A breakdown of average community pharmacies per 100,000 population

Locality	Number of pharmacies (March 2022)*	Total population**	Average number of pharmacies per 100,000 population (March 2022)*
Clocktower	15	80,598	18.6
Frognal	14	67,785	20.7
North Bexley*	17	100,918	16.8
Bexley HWB area (2021)	46	249,301	18.5
London	1,873	8,965,488**	20.7
England (2021)	11,636	56,760,975**	20.6

**Data includes DSPs, which do not provide face-to-face services*
*** ONS mid-year 2020*

Section 6 lists the Essential Services of the pharmacy contract. It is assumed that provision of all these services is available from all contractors. Further analysis of the pharmaceutical service provision and health needs for each locality is explored in Section 6.

3.1.1 Choice of community pharmacies

Table 84 shows the breakdown of community pharmacy ownership in Bexley. The data shows that pharmacy ownership is at similar levels to those seen in the rest of London, whereas Bexley has a much higher percentage of independent pharmacies compared with nationally, with no one provider having a monopoly in any locality. People in Bexley therefore have a good choice of pharmacy providers.

Table 84: Community pharmacy ownership, 2021-22

Area	Multiples (%)	Independent (%)
England	60%	40%
London	39%	61%
Bexley HWB area	26%	74%

3.1.2 Weekend and evening provision

There are 1,094 (9.4%) community pharmacies in England open for 100 hours or more per week. This has decreased slightly since 2017, where there were 1,161 100-hour pharmacies.

Table 85 shows that Bexley has one pharmacy open for 100 hours in Clocktower locality.

Table 85: Number of 100-hour pharmacies (and percentage of total)

Area	Number (%) of 100-hour pharmacies
England (2021)	1,094 (9.4%)
London	104 (5.5%)
Bexley HWB area (2021)	1 (2%)

3.1.3 Access to community pharmacies

Community pharmacies in Bexley are particularly located around areas with a higher density of population. Many also provide extended opening hours and/or open at weekends.

A previously published article[22] suggests:

- 89% of the population in England has access to a community pharmacy within a 20-minute walk
- This falls to 14% in rural areas
- Over 99% of those in areas of highest deprivation are within a 20-minute walk of a community pharmacy

The same study found that access is greater in areas of high deprivation. Higher levels of deprivation are linked with increased premature mortality rates.

A list of community pharmacies in Bexley and their opening hours can be found in Appendix A.

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[22] Todd A, Copeland A, Husband A. The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England. BMJ Open 2014, Vol. 4, Issue 8. http://bmjopen.bmj.com/content/4/8/e005764.full.pdf%20html

3.1.3.1 Routine daytime access to community pharmacies

The following maps show travel times to community pharmacies using a variety of options.

Figure 65: Off-peak driving times to nearest pharmacy

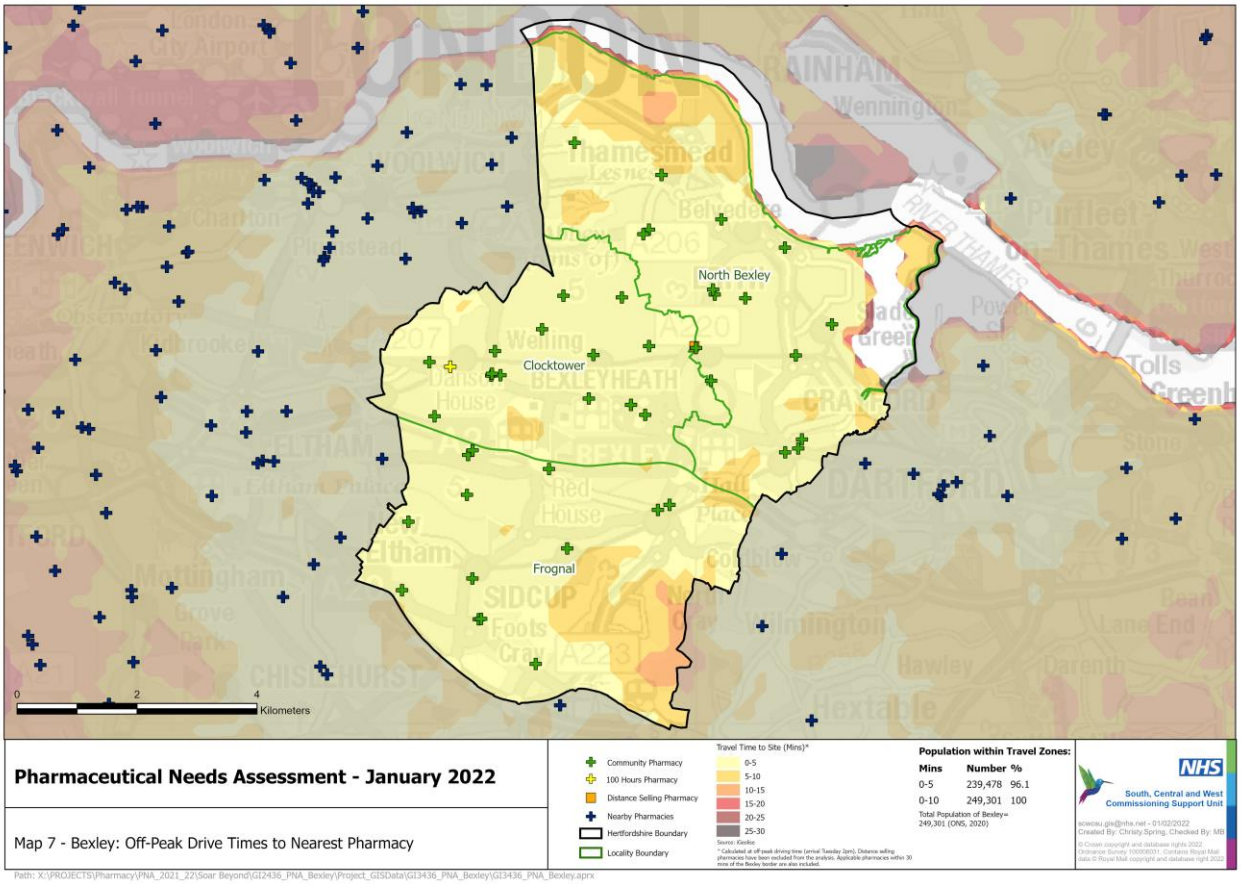


Figure 66: Peak driving times to nearest pharmacy

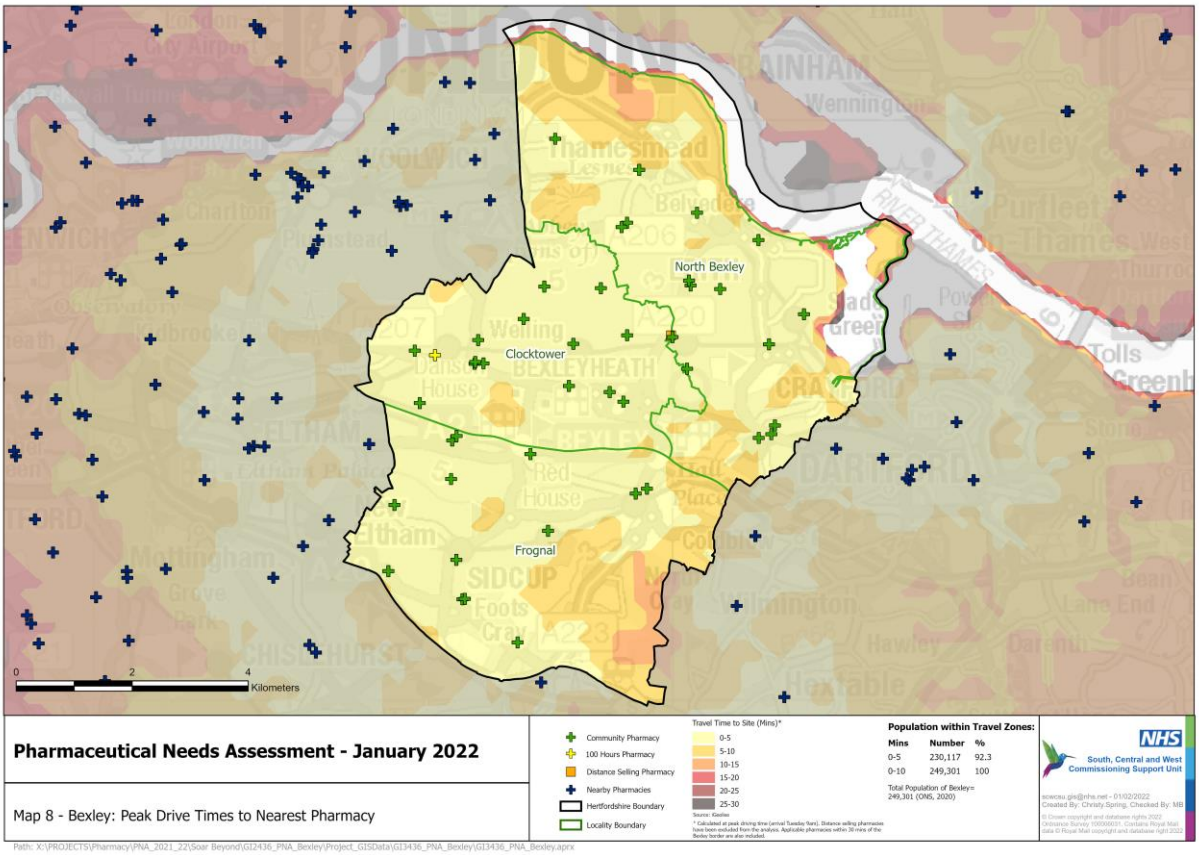


Figure 67: Morning public transport to nearest pharmacy

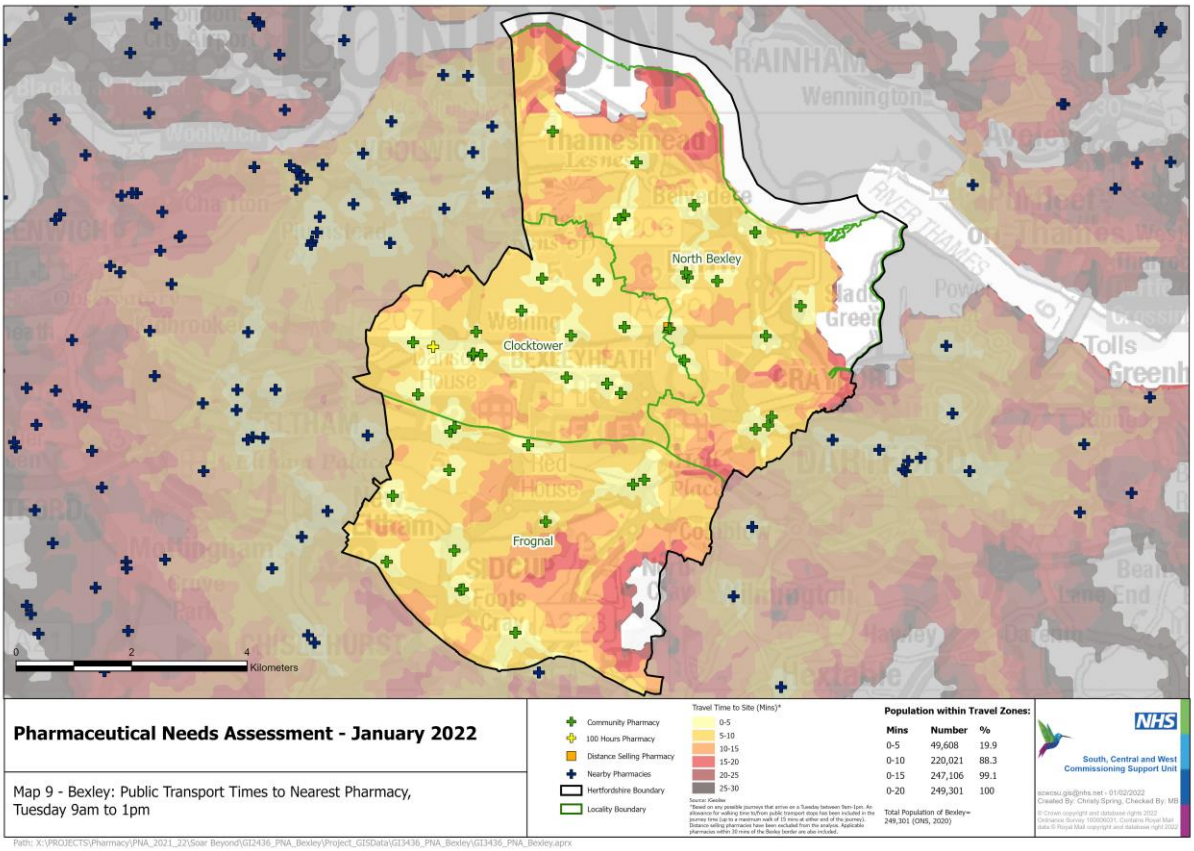


Figure 68: Afternoon public transport to nearest pharmacy

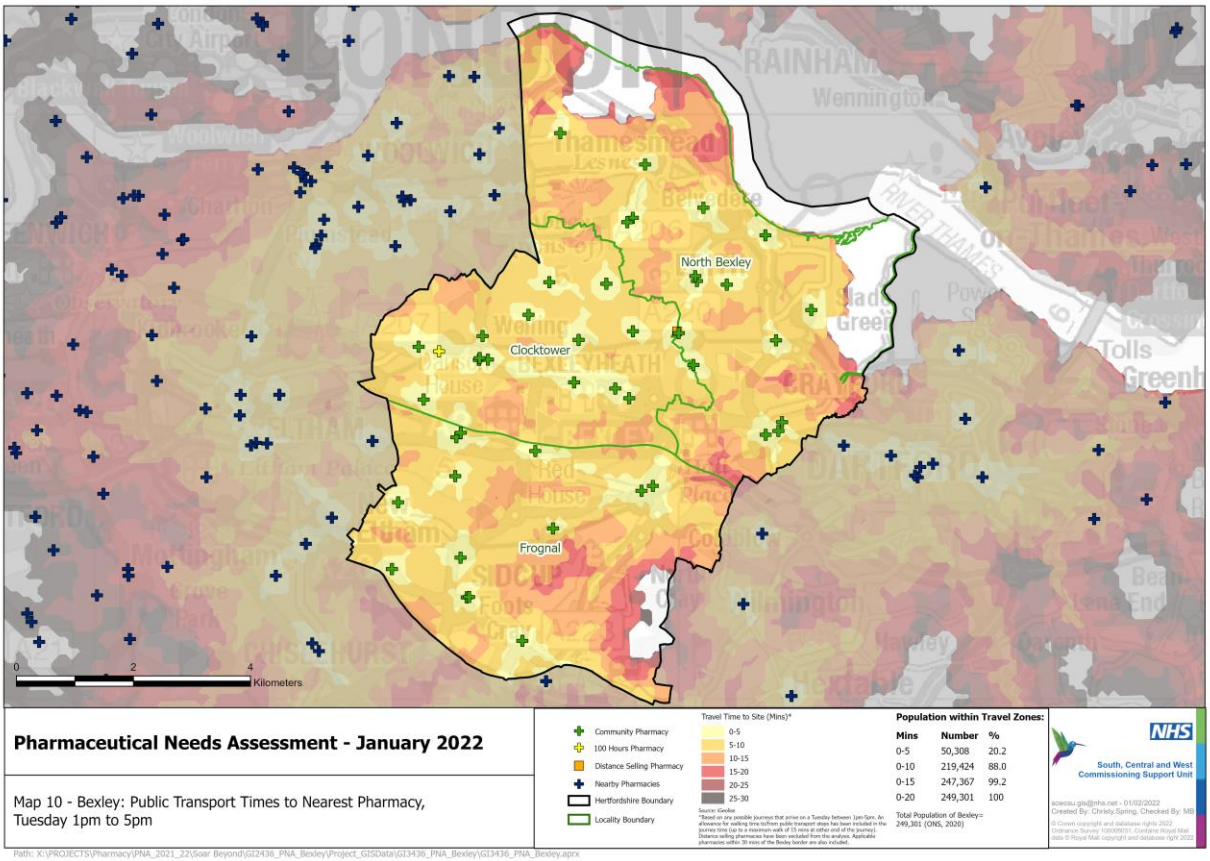
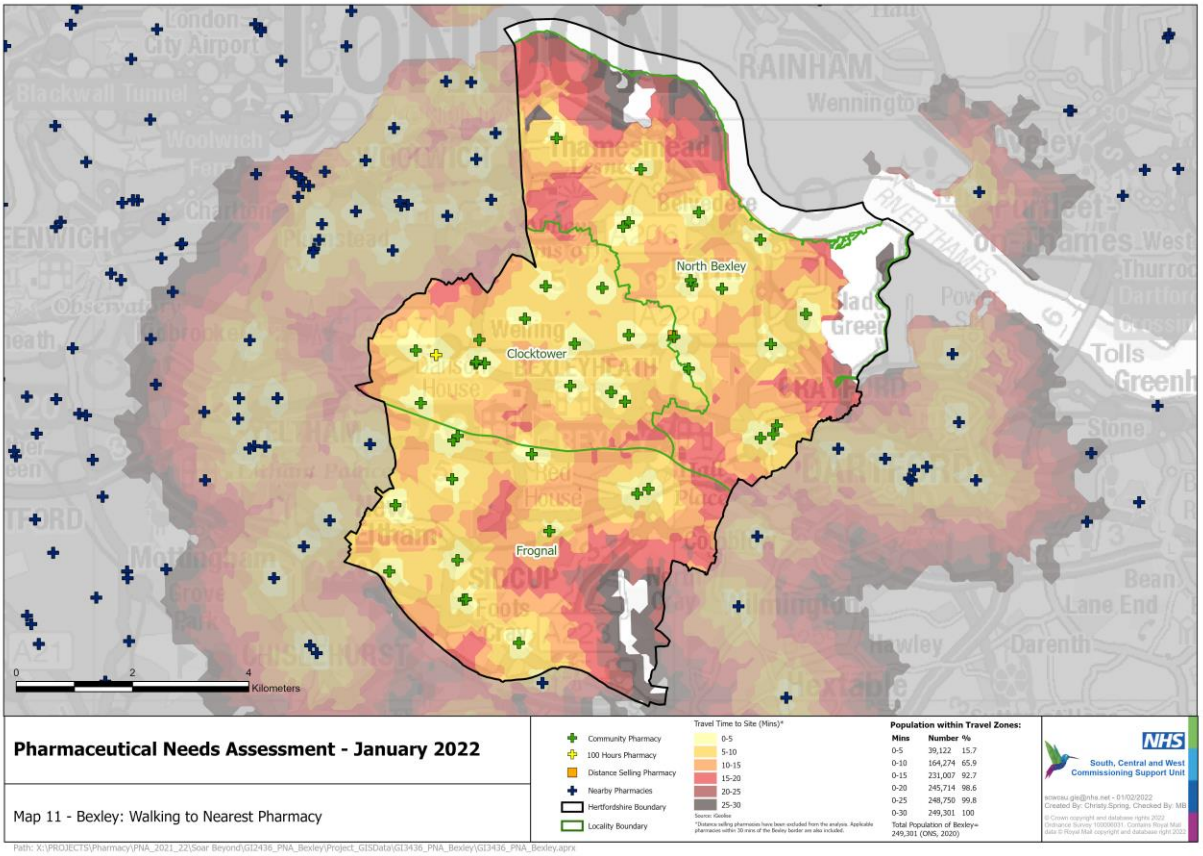


Figure 69: Walking times to nearest pharmacy



In summary:

- Driving: 96.1% of the population can drive (off-peak) to a pharmacy within 5 minutes (100% within 10 minutes) and 92.3% of the population can drive (peak) to a pharmacy within 5 minutes (100% within 10 minutes)
- Public transport: 88.3% of the population can reach the nearest pharmacy in the morning within 10 minutes and 88% in the afternoon
- Walking: 98.6% of the population can walk to a pharmacy within 20 minutes (100% within 30 minutes)

3.1.3.2 Routine weekday evening access to community pharmacies

The number, location and opening hours of community pharmacy providers open beyond 6 pm, Monday to Friday (excluding bank holidays), vary within each locality; they are listed in the table below. Full details of all pharmacies' opening hours can be found in Appendix A. 'Average' access is difficult given the variety of opening hours and locations. Access is therefore considered at locality level and can be found from Table 86. The population of Bexley has reasonable access to community pharmacies in the evening. This is because the majority of providers in Bexley HWB area are open after 6 pm.

Table 86: Percentage of community pharmacy providers open Monday to Friday (excluding bank holidays) beyond 6 pm, on a Saturday and Sunday

Locality	Percentage of pharmacies open beyond 6 pm	Percentage of pharmacies open on a Saturday	Percentage of pharmacies open on a Sunday
Clocktower	60%	87%	13%
Frognal	50%	100%	7%
North Bexley	71%	94%	12%
Bexley HWB area	61%	93%	11%

3.1.3.3 Routine Saturday daytime access to community pharmacies

The number, location and opening hours of community pharmacy providers open on Saturdays vary within each locality. Of the pharmacies in Bexley, 93% are open on Saturdays, the majority of which are open into the late afternoon. 'Average' access is difficult given the variety of opening hours and locations. Access is therefore considered at locality level. Full details of all pharmacies open on a Saturday can be found in Appendix A.

3.1.3.4 Routine Sunday daytime access to community pharmacies

The number, location and opening hours of community pharmacy providers open on Sundays is 11%. Fewer pharmacies are open on Sundays than any other day in Bexley. Full details of all pharmacies open on a Sunday can be found in Appendix A.

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3.1.3.5 Routine bank holiday access to community pharmacies

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

For the last two years NHSE&I has had an Enhanced Service for coverage over bank holidays to ensure that there are pharmacies open on these days and their location is near to the hubs and out-of-hours providers so that patients can easily access medication if required. The current service level agreements expire in August 2022 and are being extended. This is a change since the publication of the 2018 PNA. In Bexley there is the following coverage:

Ormays, 224 Bexley Road, Erith DA8 3HD	Christmas Day and Easter Sunday: 10:00–18:00
	All other bank holidays: 10:00–14:00
St John's Pharmacy, 16 High Street, Sidcup DA14 6EH	Christmas Day and Easter Sunday: 10:00–18:00
	All other bank holidays: 12:00–16:00

3.1.4 Advanced Service provision from community pharmacies

Data supplied from NHSE&I has been used to demonstrate how many community pharmacies per locality have signed up to provide the Advanced Services in Table 87. Details of individual pharmacy providers can be seen in Appendix A.

Note: Community pharmacy COVID-19 lateral flow distribution service stopped on 1 April 2022, and COVID-19 medicine delivery service stopped on 5 March 2022, at 23:59. These services have therefore not been included in the table below.

Table 87: Providers of Advanced Services in Bexley (2021-22) – Percentage of community pharmacy providers by locality (number of pharmacies)

Advanced Service	Clocktower (15)	Frognal (14)	North Bexley (17)
New Medicine Service (NMS)	87%	57%	71%
Community pharmacy seasonal influenza vaccination	80%	79%	76%
Community Pharmacy Consultation Service (CPCS)*	93%	71%	76%
Hypertension case-finding service	80%	57%	29%
Smoking Cessation Advanced Service	13%	7%	0%

** This includes CPCS and GP CPCS consultations*

There is no data on Appliance Use Review (AUR), Stoma Appliance Customisation (SAC), or community pharmacy hepatitis C antibody-testing service (currently until 31 March 2022).

The information in Table 88 provides detail of the recorded activity of Advanced Service delivery in Bexley for 2021-22 (seven months). It must be stressed that the impact of the COVID-19 pandemic will have affected this activity data in several ways:

- Face-to-face services needed to be adjusted to enable telephone consultations
- Some Advanced Services had delayed implementation dates
- Referral pathways from NHS 111 and GP practices were focused on the pandemic
- The increased workload and provision of pandemic-specific services will have affected the ability to provide other Advanced Services
- The effect of the extra workload on community pharmacies may have affected the timeliness of claims, which are used to measure activity

Section 1.3 lists all Advanced Services that may be provided under the pharmacy contract. As these services are discretionary, not all providers will provide them all of the time.

Data supplied from NHSE&I has been used in Table 88 to demonstrate activity of these Advanced Services across the area.

Table 88: Advanced Service provision by percentage of providers currently providing

Advanced Service	England	London	LBB
New Medicine Service (NMS)*	85%	81.5%	72%
Community pharmacy seasonal influenza vaccination*	63.5%	67%	80%
Community pharmacy consultation service (CPCS)*	77%	71%	82%
Hypertension case-finding service (Nov 2021)	5%	2%	2%
Community pharmacy hepatitis C antibody testing service (currently until 31 March 2022)*	0.1%	0.3%	0%
Appliance Use Review (AUR)*	8%	2.1%	0%
Stoma Appliance Customisation (SAC)*	5%	4%	7%

Source: NHS BSA Dispensing Data
**Data from NHS BSA 2021-22 7 months*

Appendix A lists those community pharmacies who have provided these services in December 2021.

Table 88 provides information on the activity of Advanced Services across LBB. All data uses 2021-22 seven-month data, however for this PNA activity data across the last four years is skewed, as the most recent data will have been affected by the COVID-19 pandemic and will therefore not be an accurate reflection.

Activity data shows Advanced Services are used, but information is skewed due to the COVID-19 pandemic. New services, such as CPCS, are being used, but data shows low uptake

nationally.[23] A recent report (October 2021) demonstrated there are currently over 6,500 GP practices in England and only 862 practices referred patients to CPCS.[24] National data as of November 2021 shows that 77% of community pharmacies are using CPCS. CPCS including GP CPCS has only been provided in 82% of community pharmacies as of October 2021 in Bexley. The provision of COVID-19 lateral flow distribution began on 1 April 2021, and this service uptake has been high locally and nationally due to increased awareness by the public.

The new hypertension service that started in October 2021 (but at time of writing only November 2021 activity data is available) shows low use nationally and regionally. Bexley has a lower than national average (2% vs 5%) usage of the hypertension service across the pharmacies.

The Smoking Cessation Advanced service started on 10 March 2022, and therefore no activity data is available at time of writing.

To date, there has been low use of the community pharmacy hepatitis C antibody-testing service.

There has been low activity of the AUR service from community pharmacy providers in Bexley HWB area up until 31 October 2021. The number of providers of AUR is also very low regionally and nationally.

3.1.5 Enhanced Service provision

Under the pharmacy contract, Enhanced Services are those directly commissioned by NHSE&I (Section 1.3). Therefore, any locally commissioned services commissioned by CCGs or the local authority are not considered here. They are outside the scope of the PNA but are considered in Section 4.

NHSE&I (London region) currently commissions the London Vaccination Service from pharmacies in LBB. This Enhanced Service is in addition to the National Advanced Flu Vaccination Service and includes a top-up element for seasonal flu as well as pneumococcal vaccinations for certain cohorts and MenACWY in 18–24-year-olds living in London permanently or temporarily. Delivery of the COVID-19 vaccination has been added as an Enhanced Service from community pharmacies to support the public during the pandemic.

In addition, the bank holiday services listed in Section 3.1.3.5 are Enhanced Services.

3.2 Dispensing Appliance Contractors

There are no Dispensing Appliance Contractors (DACs) in Bexley HWB area, and there are DAC services available to the population from elsewhere in the UK. Appliances may also be dispensed from community pharmacies.

[23] NHS BSA Dispensing Data. www.nhsbsa.nhs.uk/prescription-data/dispensing-data

[24] Royal College of General Practitioners. Making the Community Pharmacy Consultation Service A Success. October 2021. www.rpharms.org

The community pharmacy contractor questionnaire received 37 responses, and 66% of respondents reported that they provide all types of appliances.

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 Bexley HWB area. There were 112 DACs in England in 2020-21.

3.3 Distance-Selling Pharmacies

A Distance-Selling Pharmacy (DSP) provides services as per the Pharmaceutical Regulations 2013. Provision is by mail order and/or wholly internet. As part of the terms of service for DSPs, provision of all services offered must be offered throughout England.

A DSP must not provide Essential Services to a person who is present at the pharmacy, or in the vicinity of it. In addition, the pharmacy's standard operating procedures must provide for the Essential Services to be provided safely and effectively without face-to-face contact with any member of staff on the premises.

A DSP may provide Advanced and Enhanced Services on the premises, as long as any Essential Service that forms part of the Advanced or Enhanced Service is not provided to persons present at the premises.

It is therefore likely that patients within Bexley HWB area will be receiving pharmaceutical services from a DSP outside Bexley HWB area. There is one DSP in Bexley HWB area:

- The Pharmacy Hut, 286 Erith Road, Bexleyheath DA7 6HN

Figures for 2020-21 show that in England there were 372 DSPs, accounting for 3.2% of the total number of pharmacies. This has increased significantly from 2015-16, when there were 266 DSPs, accounting for 2.3% of all pharmacy contractors.

The public questionnaire identifies that 15 of 659 (2%) respondents have regularly prefer to use an online pharmacy (internet pharmacy).

3.4 Local Pharmaceutical Service providers (LPS)

There are no LPS pharmacies in LBB.

3.5 PhAS pharmacies

There is one PhAS pharmacy in Bexley:

- Osbon Pharmacy, 24 Steynton Avenue, Bexley DA5 3HP

3.6 Dispensing GP practices

There are no dispensing GP practices in LBB.

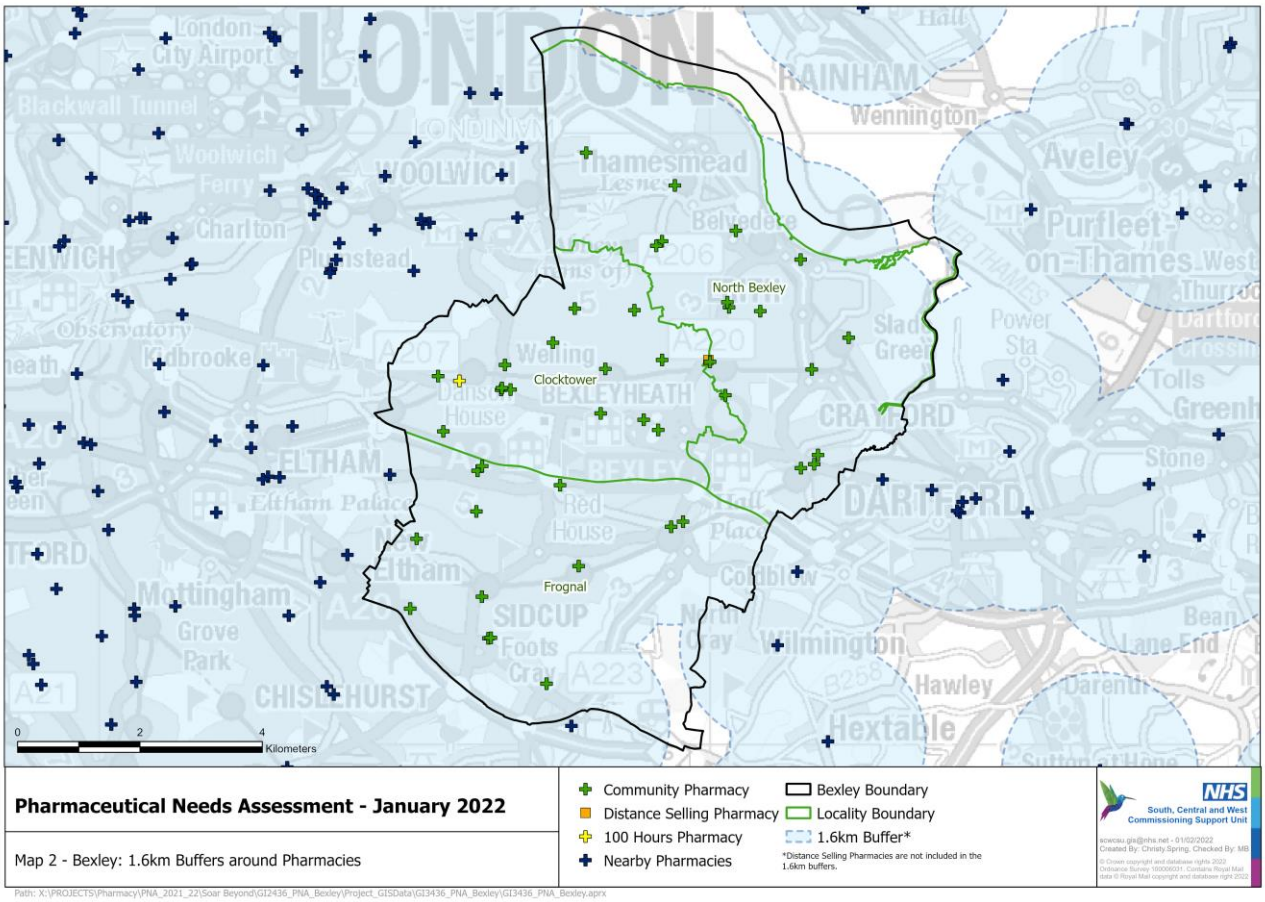
3.7 Pharmaceutical service provision provided from outside Bexley

LBB is bordered by three other HWB areas: Bromley, Kent and Greenwich. As previously mentioned, like most London boroughs, LBB has a comprehensive transport system. As a

result, it is anticipated that many residents in LBB will have reasonable access to pharmaceutical service providers in neighbouring HWB areas and beyond.

It is not practical to list here all those pharmacies outside Bexley HWB area by which LBB residents will access pharmaceutical services. A number of providers lie within close proximity to the borders of Bexley HWB area boundaries and are marked on Figure 70. Further analysis of cross-border provision is undertaken in Section 6.

Figure 70: Map identifying Bexley HWB pharmacies and cross-border pharmacy provision



Section 4: Other services that may impact pharmaceutical services provision

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

Examples of such services include delivery services, allergy testing, care home services and sexual health services, although this is not an exhaustive list.

The services commissioned in LBB are described below and in Section 6, and those commissioned from community pharmacy contractors in LBB are listed in Table 89.

Table 89: Commissioned services from community pharmacies in LBB

Commissioned service	CCG-commissioned service	LA-commissioned service
Needle exchange		x
Supervised consumption		x
COVID Champion scheme		x
EHC		x
Chlamydia screening		x
Chlamydia treatment		x
Palliative care	x	

4.1 Local authority-commissioned services provided by community pharmacies in LBB

Bexley commissions the following services from community pharmacies:

- Needle and syringe programme
- Supervised administration of medicines
- COVID Champion scheme
- Community pharmacy sexual health service, which includes:
    - Chlamydia screening
    - Chlamydia treatment
    - EHC

These services may also be provided from other providers, e.g. GP practices or community health services. A full list of services and community pharmacy providers can be found in Appendix A.

4.2 CCG-commissioned services

South East London (SEL) CCG currently commissions one service:

- Palliative care

A full list of community pharmacy providers is listed in Appendix A.

CCGs are to be replaced by integrated care boards as part of the Integrated Care Systems. It is anticipated that they will take on the delegated responsibility for pharmaceutical services

from April 2022 from NHSE&I and therefore some services commissioned from pharmacies by CCGs will fall under the definition of Enhanced Services.

4.3 Other services provided from community pharmacies

As part of the community pharmacy contractor questionnaire, found in Appendix D, respondents were asked 'Are there any services you would like to provide that are not currently commissioned in your area?' There were 34 responses to the question and 53% responded 'yes'.

A summary of the community pharmacy contractor questionnaire responses is detailed in Appendix D.

4.4 Collection and delivery services

Of the pharmacies who responded, 91% (32 of 35) offer collection of prescriptions from GP practices. Of those who responded, 26 of 35 (84%) stated that they offer a free delivery service of dispensed medicines on request, (the others provides a chargeable service). These numbers are low and therefore cannot be extrapolated to all of the pharmacies in the Bexley HWB area.

Free delivery is required to be offered without restriction by all DSPs to patients who request it throughout England. There is one DSP based in Bexley, but there are 266 throughout England. Free delivery of appliances is also offered by DACs.

4.5 Domiciliary services

It is estimated that 1,100 Bexley residents are considered housebound. It is unclear if this translates into a need for prescription delivery services and whether current provision fulfils this need.

4.6 Services for less-abled people

Under the Equality Act 2010,[25] community pharmacies are required to make 'reasonable adjustments' to their services to ensure they are accessible by all groups, including less-abled persons. The public questionnaire identified that 49% are aware that there is a consultation room that is accessible to wheelchair users.

4.7 GP practices providing extended hours

There are a number of GP practices in Bexley HWB area that provide extended hours. The normal working hours that a GP practice is obliged to be available to patients is 08:00 until 18:30, Monday to Friday: a number of practices offer extended hours both before and after these times, including on Saturday mornings.

Table 86 in Section 3 demonstrates that 61% of pharmacies are open after 6 pm and 93% are open on Saturdays, which ensures there is pharmaceutical provision during GP extended hours.

[25] Equality Act 2010. www.legislation.gov.uk/ukpga/2010/15/contents

4.8 Other providers

The following are providers of pharmacy services in Bexley but are not defined as pharmaceutical services under the Pharmaceutical Regulations 2013.

NHS Hospitals – pharmaceutical service provision is provided to patients by the hospital:

- Erith & District Hospital, Park Crescent, Erith DA8 3EE
- Queen Mary's Hospital, Frognal Avenue, Sidcup DA14 6LT

Urgent care centres and walk-in centres – residents of Bexley have access urgent care centres based at:

- Erith & District Hospital, Park Crescent, Erith DA8 3EE
- Queen Mary's Hospital, Frognal Avenue, Sidcup DA14 6LT

There are no minor injury units or walk in centres in Bexley HWB area.

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Section 5: Findings from the public questionnaire

A public questionnaire about pharmacy provision was developed (Appendix C) and compiled by Bexley PNA Steering Group. This was circulated to a range of stakeholders listed below:

- Bexley residents
- Older people
- People with a disability or learning difficulty (easy-read version will be commissioned)
- Councillors
- MPs
- Community champions
- Community leaders
- Council staff
- Partner organisations, including the voluntary sector

It should be noted that the Steering Group would like to thank the teams who supported the distribution of the questionnaires, especially Healthwatch.

The full results of the public questionnaire can be found in Appendix C.

From the 661 respondents:

5.1 Visiting a pharmacy

- 91% have a regular or preferred pharmacy
- 78% feel the pharmacy meets the needs of the local community, as a rating of 9/10 or 10/10 (10 = extremely well)
- 33% have visited a pharmacy once a month or more for themselves in the past six months

5.2 Choosing a pharmacy

Reason for choosing pharmacy	% Respondents stating 'extremely or very important'
Convenience	94%
Quality of service	95%
Availability of medication	96%

5.3 Mode of transport to a community pharmacy

The method reported to access a pharmacy:

- by walking, 61%
- by car, 30%
- 3% used public transport
- 4% used a delivery service
- 81% report no difficulty in travelling to a pharmacy
- 99 (16%) reported difficulty due to lack of parking

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5.4 Time to get to a pharmacy

≤30 mins	≤15 mins
99%	88%

- 99% indicated that they travel to the pharmacy from home

5.5 Preference for when to visit a pharmacy

- The information from respondents showed that there was no preferred day or time of day to visit a pharmacy
- Of note: 97% of respondents suggest that the pharmacy is open on the most convenient day and 96% state it is open at the most convenient time

5.6 Service provision from community pharmacies

The most common response to the 'other comments' (Q26) was that the pharmacy already provides an excellent service (184 of 301 comments) with a further 28 comments identifying that pharmacies did good work during the COVID-19 pandemic.

From Appendix C (Q 19), it can be seen that there was generally good awareness of Essential Services provided from community pharmacy (most over 90%) except for the Discharge Medicines Service (30%).

Table 90 shows the awareness of respondents for some non-essential services and a second column that identifies the percentage that would wish to see the service provided.

Table 90: Summary of public awareness about services

Service	% of respondents who were aware	% of respondents who would wish to see provided
DMS*	30%	65%
CPCS	22%	64%
Flu vaccination	78%	85%
NMS	34%	55%
Needle exchange	15%	38%
Stop smoking	42%	47%
Supervised consumption	16%	29%
Sexual health services	30%	46%
Access to palliative care medicines	21%	64%
Hepatitis C testing	11%	39%
COVID-19 vaccination	54%	76%

**Essential Service*

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It can be seen that there is a lack of awareness of many of the services that are currently provided, with the exception of flu vaccination and smoking cessation. Respondents did indicate that they wished to see the provision of many of these services from community pharmacy although specific need may vary within the community (e.g. not everyone would require a needle exchange service).

In the comments section, 184 respondents indicated they were happy with the service.

A full copy of the results can be found in Appendix C.

Table 91 provides the demographic analysis of respondents.

Table 91a: Demographic analysis of the community pharmacy user questionnaire respondents - Sex

Sex	Male	Female
Percentage	36%	62%

Table 91b: Demographic analysis of community pharmacy user questionnaire respondents - Age

Age Range	Under 18	18–29	30–44	45–59	60–74	75+	Prefer not to say
Percentage	0%	1%	9%	24%	42%	22%	2%

Table 91c: Demographic analysis of community pharmacy user questionnaire respondents – Illness or disability

Illness or disability?	Yes, affecting mobility	Yes, affecting hearing	Yes, affecting vision	Yes, a learning disability	Yes, mental ill-heath	Prefer not to say	Other	No
Percentage	12%	3%	2%	1%	4%	4%	6%	75%

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Section 6: Analysis of health needs and pharmaceutical service provision

6.1 Pharmaceutical services and health needs

Section 2 discusses Bexley's JSNA and local strategies. In addition, the priorities outlined in the NHS LTP (especially those where community pharmacies can have an impact) need consideration.

The following priorities can be supported by the provision of pharmaceutical services within the Bexley HWB area.

Some of these services are Essential Services and already provided and some will be Advanced or Enhanced Services that are new or are yet to be commissioned.

To note: there have been temporary changes to the service requirements within the NHS Community Pharmacy Contractual Framework that were introduced during the COVID-19 pandemic.

The changes were agreed by PSNC with NHSE&I and the Department of Health and Social Care (DHSC) to allow pharmacy contractors and their teams to prioritise the provision of key services to patients during periods of time when capacity in pharmacies and the wider NHS became very stretched.

These services are temporary, with the Advanced Services recently stopped, however it should be noted how community pharmacy has contributed as a system provider and has been able to step up to national priorities to meet the needs of the population.

It should also be recognised that there was a significant increase in the demand for self-care, minor ailment treatment and advice during the pandemic. An audit conducted by the Pharmaceutical Services Negotiating Committee (PSNC) enabled them to measure the reliance that the public has had on pharmacies through the pandemic and the additional pressure that this had put on teams.[26]

At present it is not clear what shape services locally commissioned by CCG will take in the long-term future. The development of the Integrated Care System (ICS) across LBB will conceivably lead to an alignment of these locally commissioned services across the ICS area.

6.1.1 Bexley health needs

Males in Bexley have a significantly higher healthy life expectancy compared with England and London, but there is no significant difference for females.

Many of the significant diseases that are national priorities are among the leading individual conditions that are a health burden within Bexley. Section 2 discusses these factors in detail and the table below summarises this information.

[26] https://psnc.org.uk/contract-it/essential-service-clinical-governance/clinical-audit/psnc-pharmacy-advice-audit/

Area of ill-health	Prevalence and impact
Diabetes	Significantly higher than both London and England
COPD Asthma	Prevalence is 1.9% higher than London and similar to England Prevalence is 5.3% higher than London and lower than England
Cancer	The prevalence of cancers in Bexley (3.27%) similar to England, but significantly higher than London
Hypertension	Prevalence is 14.1% higher than London and similar to England
Stroke	Prevalence is 1.6% higher than London and lower than England
CHD	Rates similar to London and England (lower for males)
Circulatory disease	Rates similar to London and England (lower for males)

Bexley has the highest proportion of adults aged 18+ classified as overweight or obese of all London boroughs, and has a significantly higher (95%CI 64.5–73.3) proportion than the England average (95%CI 62.6–63.0).

Bexley has a significantly lower detection rate for chlamydia in ages 15 to 24, compared with both England and London, at 1,002.63 per 100,000. Similarly, Bexley also has a significantly lower diagnosis rate for all STIs compared with either England or London, at 447.25 per 100,000.

There is no significant difference between the prevalence of smoking in adults in Bexley (14.2%) compared with England or London, but smoking remain a major cause of ill health.

6.1.2 Bexley Health and Wellbeing Strategy

Building on the insights of the JSNA, 'Our health, our wellbeing, our place: Bexley Health and Wellbeing Strategy 2019 to 2023' (to be released) identifies a set of strategic priorities and broad improvement plans focusing on

- Obesity
- Mental health
- Children and young people
- Frailty

6.1.3 Priorities from the NHS Long Term Plan

Table 92: LTP priorities that can be supported from community pharmacy

Prevention	Better care for major health conditions
Smoking	Cancer
Obesity	Cardiovascular disease
Alcohol	Stroke care
Antimicrobial resistance	Diabetes
Stronger NHS action on health inequalities	Respiratory disease
	Adult mental health services

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From 2019, NHS 111 started direct booking into GP practices across the country, as well as referring on to community pharmacies who support urgent care and promote patient self-care and self-management. The Community Pharmacist Consultation Service (CPCS) has been available since October 2019 as an Advanced Service, with the addition of GP CPCS from 1 November 2020.

'Pharmacist review' of medication as a method to reduce avoidable A&E attendances, admissions and delayed discharge; streamlining patient pathways to reduce avoidable outpatient visits and over-medication has been identified as an important part of the services that can be provided from community pharmacy and should include services that support patients to take their medicines to get the best from them, to reduce waste and promote self-care.

The LTP also identifies community pharmacists as part of the process of improving the effectiveness of approaches such as the NHS Health Check, rapidly treating those identified with high-risk conditions, including high blood pressure. The hypertension case-finding service has been developed as an Advanced Service from community pharmacy as part of this process, but other disease-specific programmes should be made part of the service options available including respiratory, diabetes and cancer. For example, the LTP states 'We will do more to support those with respiratory disease to receive and use the right medication'. Of NHS spend on asthma, 90% goes on medicines, but incorrect use of medication can also contribute to poorer health outcomes and increased risk of exacerbations or even admission. The New Medicine Service (NMS) is an Advanced Service that provides support for people with long-term conditions prescribed a new medicine, to help improve medicines adherence.

Community pharmacy also has an important role in optimising the use of medicines and the LTP identifies pharmacists as key in delivering value for the £16 billion spent on medicines annually.

Bexley HWB has designated that all Essential Services are to be regarded as Necessary Services. Advanced Services are all considered relevant.

6.2 Essential Services (ES)

The Essential Services (ES) of the community pharmacy contract must be provided by all contractors:

- ES 1: Dispensing of medicines
- ES 2: Repeat dispensing/electronic repeat dispensing (eRD)
- ES 3: Disposal of unwanted medicines
- ES 4: Public health (promotion of healthy lifestyles)
- ES 5: Signposting patients to other healthcare providers
- ES 6: Support for self-care
- ES 7: Discharge Medicines Service

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ES1 and ES2 support patients living with long-term conditions by providing timely supply of medicines and advice to patients. ES2 may be of particular benefit to patients on medicines as part of their treatment for long-term conditions, e.g. diabetes, cardiovascular or respiratory.

Using ES3, pharmacies can direct patients in the safe disposal of medicines and reduce the risk of hoarding medicines at home, which may increase the risk of error in taking medicines or the taking of out-of-date medicines.

ES4 can support local and national campaigns informing people of managing risk factors associated with many long-term conditions, such as smoking, diet, physical activity and alcohol consumption.

ES4 provides the ability to:

- Improve awareness of the signs and symptoms of conditions such as stroke, e.g. FAST campaign
- Promote validated information resources for patients and carers
- Collect data from the local population on their awareness and understanding of different types of disease and their associated risk factors
- Target at-risk groups within the local population to promote understanding and access to screening programmes, e.g. men in their 40s for NHS Health Checks

Community pharmacy also plays a vital role in the management of minor ailments and self-care. Community pharmacists are potentially the most accessed healthcare professionals in any health economy and are an important resource in supporting people in managing their own self-care and in directing people to the most appropriate points of care for their symptoms. Although the evidence base is currently very small in measuring the effectiveness and value of community pharmacies' contribution to urgent care, emergency care and unplanned care, there is a growing recognition of the importance of this role. The current pandemic has highlighted this even further and there appears to be a desire and appetite to do more to integrate the system and pharmacy workforce spanning across community pharmacy, primary and secondary care to improve the health outcomes and reduce inequalities.

Using ES5, pharmacies can signpost patients and carers to local and national sources of information and reinforce those sources already promoted. Appropriate signposting has a significant role in supporting the numerous outcomes highlighted as priorities in Bexley's Joint Health and Wellbeing Strategy. Essential Services may also identify other issues such as general mental health and wellbeing, providing an opportunity to signpost to other local services or services within the pharmacy, e.g. repeat dispensing.

Through ES6, pharmacy staff can advise patients and carers on the most appropriate choices for self-care and also direct queries to the pharmacist for further advice when purchasing over-the-counter medicines or general sales lists products. Some over-the-counter medicines are contraindicated, e.g. decongestant use in circulatory disease, and inappropriate use could increase the risk of an unplanned hospital admission. Equally, some symptoms can be much more significant in certain long-term conditions, e.g. foot conditions in diabetes, and the

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attempted purchase of an over-the-counter medicine by a patient or carer could alert a pharmacist and lead to an appropriate referral. Promotion of self-care is an important aspect of the management of many long-term conditions and a key element in the support of patients. Advanced Services provide a key opportunity for the pharmacist to help support patients in reaching their goals.

ES7: From 15 February 2021, NHS Trusts were able to refer patients who would benefit from extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHSE&I's Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.

Underpinning the Essential Services is a governance structure for the delivery of pharmacy services. This structure is set out within the Pharmaceutical Regulations 2013 and includes:

- A patient and public involvement programme
- A clinical audit programme
- A risk management programme
- A clinical effectiveness programme
- A staffing and staff programme
- An information governance programme

It provides an opportunity to audit pharmacy services and to influence the evidence base for the best practice and contribution of pharmacy services, especially to meeting local health priorities within Bexley.

Both Essential and Advanced Services provide an opportunity to identify issues with side effects, changes in dosage, confirmation that the patient understands the role of the medicine or appliance in their care and opportunities for medicine optimisation. Appropriate referrals can be made to GPs or other care settings, resulting in patients receiving a better outcome from their medicines and, in some cases, cost-saving for the commissioner.

6.3 Advanced Services

Advanced Services are not mandatory for providers to provide. In many cases, there are restrictions within the provision and/or availability of these services. The Advanced Services are listed below and the number of pharmacy participants for each service in Bexley can be seen in Section 3.1.4 and later in this section by locality. A description of each service may be found below.

- A.1: Appliance Use Review (AUR)
- A.2: Stoma Appliance Customisation (SAC)
- A.3: COVID-19 lateral flow device distribution service (stopped 1 April 2022)
- A.4: Pandemic delivery service (stopped 5 March 2022, at 23:59)
- A.5: Community Pharmacist Consultation Service (CPCS)
- A.6: Flu vaccination service
- A.7: Hepatitis C testing service

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- A.8: Hypertension case-finding service
- A.9: New Medicine Service (NMS)
- A.10: Smoking Cessation Advanced Service

Although the Steering Group has determined that Advanced Services are relevant but not Necessary Services, Bexley HWB would wish to support all existing pharmaceutical service providers to make available all Advanced Services where appropriate.

Evidence shows that up to half of medicines may not be taken as prescribed or simply not taken at all. Advanced Services have a role in highlighting issues with medicines or appliance adherence and in reducing waste through inappropriate or unnecessary use of medicines or appliances. Polypharmacy is highly prevalent in long-term conditions management.

A.1 Appliance Use Review

AURs should improve the patient's knowledge and use of any 'specified appliance' by:

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

A.2 Stoma Appliance Customisation (SAC)

The service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste. The stoma appliances that can be customised are listed in Part IXC of the Drug Tariff.

A.3 and A.4 Services provided to give support during the COVID-19 pandemic

From 16 March 2021, people who have been notified of the need to self-isolate by NHS Test and Trace have been able to access support for the delivery of their prescriptions from community pharmacies.

COVID-19 lateral flow device distribution service, which pharmacy contractors can choose to provide as long as they meet the necessary requirements, aims to improve access to COVID-19 testing by making lateral flow device (LFD) test kits readily available at community pharmacies for asymptomatic people, to identify COVID-positive cases in the community and break the chain of transmission.

From 24 February 2022, the government eased COVID-19 restrictions. Therefore, the pandemic delivery was decommissioned on 6 March 2022. From 1 April, the government no

longer provides free universal symptomatic and asymptomatic testing for the general public in England.[27]

A.5 Community Pharmacy Consultation Service (CPCS)

Since 1 November 2020, GPs have been able to refer patients for a minor illness consultation via GP CPCS, once a local referral pathway has been agreed. As well as referrals from GPs, the service (CPCS) takes referrals to community pharmacy from NHS 111 (and NHS 111 online for requests for urgent supply), Integrated Urgent Care Clinical Assessment Services and, in some cases, patients referred via the 999 service. CPCS has been available since 29 October 2019.

PCNs across England have a funded target to work collaboratively with local community pharmacies to implement a plan to increase referrals to the CPCS and GP CPCS with referrals increasing no later than 31 March 2022.

A.6 Flu vaccination

The inclusion of flu vaccination as one of the Advanced Services contributes to improving access and opportunity for the public to receive their seasonal vaccine, thus reducing demand on GP practices and helping the HWB achieve its objectives. Community pharmacy has been providing flu vaccinations under a nationally commissioned service since September 2015. The accessibility of pharmacies, their extended opening hours and the option to walk in without an appointment have proved popular with patients seeking vaccinations – provided each year from September through to March.

Vaccination is a key intervention to protect at-risk groups, such as older people, people living with diabetes, COPD or CVD, or carers, against diseases such as seasonal flu or shingles.

A.7 Hepatitis C testing service

The service is focused on provision of point-of-care testing (POCT) for hepatitis C (Hep C) antibodies to people who inject drugs (PWIDs), i.e. individuals who inject illicit drugs such as steroids or heroin, but who haven't yet moved to the point of accepting treatment for their substance use. Where people test positive for Hep C antibodies, they will be referred for a confirmatory test and treatment, where appropriate. Recent developments in the treatment options for Hep C make the early identification of patients an important part of the management of the condition.

A.8 Hypertension case-finding service

This is a new Advanced Service that is due to be introduced imminently. The service has two stages – the first is identifying people at risk of hypertension and offering them blood pressure measurement (a 'clinic check'). The second stage, where clinically indicated, is offering 24-hour

[27] Cabinet Office. COVID-19 Response: Living with COVID-19. 23 February 2022. www.gov.uk/government/publications/covid-19-response-living-with-covid-19/covid-19-response-living-with-covid-19

ambulatory blood pressure monitoring (ABPM). The blood pressure test results will then be shared with the patient's GP to inform a potential diagnosis of hypertension.

A.9 New Medicine Service

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

The service is split into three stages, which are: 1. patient engagement, 2. intervention and 3. Follow-up.

From 1 September 2021, the following conditions are covered by the service:

Asthma and COPD	Parkinson's disease
Diabetes (Type 2)	Urinary incontinence/retention
Hypertension	Heart failure
Hypercholesterolaemia	Acute coronary syndromes
Osteoporosis	Atrial fibrillation
Gout	Long term risks of venous thromboembolism/embolism
Glaucoma	Stroke/transient ischemic attack
Epilepsy	Coronary heart disease

The antiplatelet/anticoagulant therapy eligibility continues, but it is now included in the above list by reference to the underlying condition/reason for prescribing.

The NHS Business Services Authority (NHS BSA) has published a list of medicines that are suitable for NMS.[28]

A.10 Smoking Cessation

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, in line with the NHS Long Term Plan care model for tobacco addiction.

6.4 Enhanced Services

There are currently four Enhanced Services commissioned through community pharmacies from NHSE&I in LBB:

[28] NHS BSA. New Medicine Service (NMS) Drug Lists. [Accessed February 2022.] www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/new-medicine-service-nms-drug-lists

6.4.1 London Vaccination Service

This service is provided in addition to the National Advanced Flu Vaccination Service and includes a top-up element to cover additional groups of patients, e.g. carers, asylum seekers and the homeless, as well as providing vaccination for those aged 2–18.

There is also provision for pneumococcal vaccination to eligible cohorts and MenACWY for 18–24-year-olds living permanently or temporarily in London.

6.4.2 COVID-19 vaccination

This has been added into the Enhanced Services provided from community pharmacies and commissioned by NHSE&I. The numbers of pharmacies currently providing COVID-19 vaccination under the terms of an Enhanced Service has doubled from October 2021 to January 2022, and latest reports are that over 22 million doses have been provided by community pharmacies in the past 12 months (to 14 January 2022).

6.4.3 Bank holiday services

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

This service is provided by two pharmacies to cover whole of LBB.

6.4.4 Christmas Day and Easter Sunday services

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

This service is provided by two pharmacies (same as 6.4.3) cover the whole of LBB.

6.5 Locally commissioned services

Locally commissioned community pharmacy services can be contracted via a number of different routes and by different commissioners, including local authorities, CCGs and NHS England's local teams. In LBB, most commissioned services are public health services and hence are commissioned by the Bexley Public Health Team.

Appendix A provides a summary of Locally Commissioned Services (LCS) within LBB pharmacies and Section 4.1 and 4.2 provides a description of those services.

It is important to note the commissioning status of each service as this defines whether or not it is a locally commissioned service (i.e., some services may look similar but are differentiated by their commissioning status).

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

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6.5.1 CCG-commissioned services

6.5.1.1 Palliative care

South East London (SEL) CCG have commissioned selected community pharmacies across south-east London to hold a stock of palliative care medicines that are commonly prescribed in end of life care, to ensure that there is timely access during normal hours. The stock list of palliative care medicines which are commonly prescribed at the end of life has been developed by a specialist palliative care team across south-east London and has been aligned with local and national guidance. The medicines aim to manage breathlessness, anxiety, restlessness, pain, sickness, and nausea.

The expectation is that the community pharmacies within the scheme are able to fulfil a prescription for any of the injectables listed in situations of emergency.

6.5.2 Local authority-commissioned services

LBB commissions the following services from community pharmacies:

6.5.2.1 Supervised Administration of Medicines (SAMs)

Commissioned by South London & Maudsley NHS Foundation Trust

Community pharmacies play an important role in the care of substance misusers, through enabling service user compliance with a prescribed regime by supervised consumption of methadone, buprenorphine and buprenorphine with naloxone/buprenorphine oral lyophilisate (Espranor) and other prescribed medicines. By the pharmacist supervising consumption of these medicines, the misdirection of controlled drugs is kept to a minimum, which may lead to a reduction of drug-related deaths in the community due to opioid toxicity

6.5.2.2 Needle and Syringe Programme within community pharmacy (NSP)

Commissioned by South London & Maudsley NHS Foundation Trust

The provision of needle exchange services alongside opiate substitution therapy is the most effective way of reducing hepatitis C transmission among drug users.[29] The Service objective is to provide a comprehensive open access healthcare package through the provision of needle exchange outlets through community pharmacy.

Access to the service will be by means of self-referral or referral from a specialist drug and alcohol agency or other health and social care provider including general practice. Service users can choose which participating pharmacy in Bexley they wish to attend in order to access the NSP. The service should be operational on all days that the pharmacy is open.

6.5.2.3 COVID Champion Scheme

COVID vaccinations started to be rolled out in December 2020 across the United Kingdom. Initially the most vulnerable were offered vaccination, starting with all residents in care homes,

[29] NIHR. Harm reduction approaches predicted to reduce rates of new hepatitis C infection for people who inject drugs. 5 December 2017. https://doi.org/10.3310/signal-000518

over-80s, frontline healthcare workers, individuals over 75, then over-70s or clinically extremely vulnerable. In April 2021 additional age groups were offered a vaccination and then from June 2021 all those over 18 were eligible. In south-east London, the CCG, overseen by 'Our Healthier South East London' working with the Local Pharmaceutical Committees (LPCs), identified a need to continue to engage the local community in the vaccination programme to increase uptake.

The COVID champion scheme wanted to address some of the hesitance by open conversations and supporting individuals to be signposted to their local vaccination centre or to support booking of an appointment using the national booking system. Addressing areas of concern and lack of understanding, along with increasing awareness and answering questions to address hesitance was seen as a positive approach. Community pharmacies are uniquely placed to support an increase in vaccination coverage through an 'every contact counts' approach.

6.5.2.4 Community pharmacy sexual health service

Community pharmacies are ideally placed and increasingly required to play a role in the delivery of sexual health services, building on the success of pharmacy-based emergency hormonal contraception (EHC) programmes. The 2008 Pharmacy White Paper includes a range of specific proposals on the contribution that pharmacies can make to sexual health services nationally. Younger people could also benefit from and value this easily accessible local source of trusted advice.

6.5.2.4.1 Level 1

Provision of chlamydia screening, condoms and signposting advice to existing core services.

- Chlamydia testing – issuing of self-sampling postal test kits
  Opportunistic screening, available in both healthcare and non-healthcare settings, remains fundamental in reducing chlamydia prevalence. Whilst the National Chlamydia Screening Programme (NCSP) focus is on finding and treating infections, it is important the programme remains universally accessible, screening large numbers of young people under 25 annually, to achieve a high diagnosis rate and reduce chlamydia prevalence long-term.
- Treatment of positive results of chlamydia infection and instigation of partner notification
  The pharmacist can provide appropriate treatment to those aged 15–24 inclusive under the locally adapted London-wide Patient Group Direction (PGD) (following authorised accreditation) when an individual presents with a text message saying they have a positive result for this infection. If appropriate, client/partner will be encouraged to take the medication at the pharmacy.
- Provision of condoms to include registration where indicated (Condom Card)
  Local provision of the NCSP and free EHC services must also include participation in the local free London-wide condom scheme to the same age group (15–25) as part of a pathway of care and prevention measure.

6.5.2.4.2 Level 2

Level 1 plus provision of EHC (and HIV Point of Care Testing (POCT) and GUM online support – plus referrals for contraception and IUD as per any established referral pathway).

- EHC (Levonorgestrel/Ulipristal and Ella One)

With teenage pregnancy rates the highest in Western Europe, the supply of EHC through community pharmacists has a crucial role in preventing unwanted and unplanned pregnancies and consequential costs to the local social economy. Providing fast, convenient, local access to EHC without an appointment, often out of hours, maximises the effectiveness by as much as 10%. Reducing teenage pregnancy is a national and local priority and, as such, can be considered an 'invest to save measure'.

6.5.2.4.3 Level 3 (not implemented yet)

Level 2 plus provision of oral contraception (when available) and HIV POCT (when available).

- Rapid HIV POCT is currently being piloted within a number of local authorities in the pharmacy setting. Once the results of these pilots are evaluated and the findings demonstrate acceptability for residents, LBB will seek to pilot this intervention in a number of pharmacies in high-prevalence areas of the borough.
- Oral Contraception Service: A limited number of community pharmacy sexual health providers may also be required to seek further training and deliver an oral contraception service to young people in their locality. This would depend on Public Health strategic planning and the needs identified for a particular area. Some other local authorities who have previously introduced this measure have demonstrated that it has contributed to a reduction in their teenage pregnancy numbers (e.g. Croydon).

6.6 PNA localities

There are 45 community pharmacies within Bexley HWB area. Individual pharmacy opening times are listed in Appendix A. In addition, there is one distance-selling pharmacy in Bexley HWB area, in the North Bexley locality.

As described in Section 1.5, the PNA Steering Group decided that the LBB PNA should be divided into three localities:

- Clocktower
- Frognal
- North Bexley

Substantial health data is available at this level and populations and their health needs vary widely between wards. This is illustrated and discussed in detail in Section 2.

There is one DSP in Bexley, located in North Bexley. A DSP must not provide Essential Services to a person who is present at the pharmacy or in the vicinity of it. A DSP may provide Advanced and Enhanced Services on the premises, as long as any Essential Service that forms part of the Advanced or Enhanced Service is not provided to persons present at the premises.

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The DSP only provides one service –NMS – and based on how a DSP functions, opening hours or other service provision become less relevant in this section. This is reflected in the tables and narrative below.

Community pharmacy information by locality is summarised in the following three tables in terms of opening hours and availability of services.

Table 93: Opening hours of community pharmacies by number and type of community pharmacy per locality

Opening times	Clocktower (15)	Frognal (14)	North Bexley (16)*
100-hour pharmacy	1 (7%)	0	0
After 18:30 weekday	7 (47%)	6 (43%)	7 (44%)
Saturday	13 (87%)	14 (100%)	16 (100%)
Sunday	2 (13%)	1 (7%)	2 (13%)

**DSPs are not included as they do not provide Essential Services face to face*

Table 94: Provision of NHSE Advanced and Enhanced Services by locality (number of community pharmacies and DSPs)

Advanced or Enhanced* Service	Clocktower (15)	Frognal (14)	North Bexley (17)^
NMS	13 (87%)	8 (57%)	12 (71%)^
CPCS	14 (93%)	10 (71%)	13 (76%)
Flu vaccination	12 (80%)	11 (79%)	13 (76%)
SAC	2 (13%)	0	1 (6%)
AUR	0	0	0
Hypertension-finding	12 (80%)	8 (57%)	5 (29%)
Smoking cessation advanced service	2 (13%)	1 (7%)	0
C-19 vaccination*	0	2 (14%)	1 (6%)
London Vaccination*	12 (80%)	11 (79%)	13 (76%)
Bank holiday coverage*	0	1 (7%)	1 (6%)

** Enhanced*

^ Service provided by DSP

The two Advanced Services – hepatitis-C screening and smoking cessation– have had delayed implementation due to the pandemic and so are not listed in the table above.

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Table 95: Provision of locally commissioned services (CCG and LA) by locality (number of community pharmacies and DSPs)

Locally Commissioned Services	Clocktower (15)	Frognal (14)	North Bexley (16)*
CCG			
Palliative care service	1 (7%)	2 (14%)	0
LA			
Needle and Syringe Programme	2 (13%)	1 (7%)	3 (19%)
Supervised administration	3 (20%)	3 (21%)	8 (50%)
COVID Champion Scheme	10 (67%)	4 (29%)	8 (50%)
Community pharmacy sexual health services			
- EHC	9 (60%)	4 (29%)	4 (25%)
- Chlamydia treatment	9 (60%)	4 (29%)	4 (25%)
- Chlamydia screening	10 (67%)	4 (29%)	6 (38%)

**None of these services are provided by DSPs therefore they are not included in the table*

Appendix A contains details of pharmacy opening times, contractual status and the provision of Advanced Services, Enhanced Services and locally commissioned services. A number of community pharmacies provide free prescription delivery services, which many residents may find helpful.

For the purposes of the PNA Necessary Services for Bexley are:

- All Essential Services

The following Advanced Services are considered relevant:

- CPCS
- NMS
- Flu vaccination
- Appliance Use Review
- Stoma Appliance Customisation
- Hepatitis C testing service
- Hypertension case-finding service
- Smoking Cessation Advanced Service

Bexley HWB has identified Enhanced Services as pharmaceutical services that secure improvements or better access, or that have contributed towards meeting the need for pharmaceutical services in the HWB area.

Enhanced Services in Bexley:

- COVID-19 vaccination

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- London Flu Vaccination Service
- Bank holiday, Christmas and Easter coverage

Taking the health needs highlighted in each locality into consideration, this section considers the pharmaceutical service provision within each locality.

Bexley's total population is predicted to grow by 4.0% in the next ten years, changing from approximately 251,923 in 2022 to 261,905 by 2032 (2021 population is 249,301).

In Bexley over the next five years, 48.177 hectares of housing land supply has been identified for 4,159 net dwellings, and in the longer term a joint venture by Peabody and Lendlease will create 11,500 homes on the Thamesmead waterfront in the North Bexley locality. Bexley's rising, and ageing, population needs to be considered in planning for future pharmacy services.

6.6.1 Clocktower

6.6.1.1 Necessary Services: current provision

Clocktower has a population of 80,598. Of areas in the Clocktower locality, 80% are less deprived than the England median.

There are 15 community pharmacies in this locality and the estimated average number of community pharmacies per 100,000 population is 18.6, similar to the LBB average (18.5) but below the England average of 20.6. There is one 100-hour pharmacy within this locality.

Information on the opening hours and service provision by locality is provided in the tables above. In summary:

Of the 15 pharmacies:

- 7 pharmacies (47%) are open after 18:30 on weekdays
- 13 pharmacies (87%) are open on Saturdays
- 2 pharmacies (13%) are open on Sundays

6.6.1.2 Necessary Services: gaps in provision

The population of Clocktower is estimated to grow by over 10,000 to 2025, which is disproportionate to the other localities where there is a projected population reduction. When this population growth is factored into the ratio of community pharmacies per 100,000 population this drops to 16.5 (from 18.6).

There are a number of new housing developments in the locality, totalling over 800 units.

While the population growth is significant, generally there is adequate pharmaceutical service provision across the whole locality to ensure continuity of provision.

There are pharmacies open beyond what may be regarded as normal hours in that they provide pharmaceutical services during supplementary hours in the evening during the week and are open on Saturday and Sunday.

Based upon the access to pharmacies across the whole of Bexley or in neighbouring HWB areas, there is no evidence to suggest there is a gap in service that would equate to the need

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for access to Essential Services outside normal hours in this locality. Bexley HWB will monitor the uptake and need for Necessary Services.

Bexley HWB will continue to monitor pharmaceutical service provision in specific areas within the locality where major population growth and housing developments are planned, to ensure there is capacity to meet potential increases in service demand.

No gaps in the provision of Necessary Services have been identified for Clocktower locality.

6.6.1.3 Other relevant services: current provision

The table above shows the number of pharmacies providing Advanced Services in Clocktower– there is good availability of NMS, CPCS and flu vaccination in the locality.

Regarding access to Advanced Services:

- 13 pharmacies (87%) provide NMS
- 14 pharmacies (93%) provide CPCS
- 12 pharmacies (80%) provide flu vaccination services
- 12 pharmacies (80%) provide the hypertension case-finding service
- 2 pharmacies (13%) provides the stop-smoking service

6.6.1.4 Improvements and better access: gaps in provision

Regarding access to Enhanced Services:

- 12 pharmacies (80%) provide the London Vaccination Service
- No pharmacy provides the bank holiday service, however this is provided by LBB in other localities to cover Clocktower

Regarding access to locally commissioned services within the 15 pharmacies:

- 1 pharmacy provides the immediate access to palliative medicines service commissioned via the CCG

Of the local authority–commissioned services:

- 3 pharmacies (20%) provide supervised administration of medicines
- 2 pharmacies (13%) provide the Needle and Syringe Programme
- 10 pharmacies (67%) provide the COVID Champion Scheme
- 9 pharmacies (60%) provide EHC
- 9 pharmacies (60%) provide chlamydia treatment
- 10 pharmacies (67%) provide chlamydia screening

Ill health and the causes of ill health are discussed in Section 2 and summarised in Section 6.1. The information on health needs is not broken down by locality; Section 6.8 discusses improvements and better access to pharmacy services across Bexley.

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There is no evidence to suggest there is a gap in service that would equate to the need for access to Necessary Services outside normal hours.

No gaps have been identified that if provided either now or in the future would secure improvements or better access to relevant services across the Clocktower locality.

6.6.2 Frognal

6.6.2.1 Necessary Services: current provision

Frognal has a population of 67,785, the lowest of the three localities, and 86% of areas in the locality are less deprived than the England median.

There are 14 community pharmacies in this locality and the estimated average number of community pharmacies per 100,000 population is 20.7, above the Bexley average (18.5) and similar to the England average of 20.6. All of these pharmacies hold a standard 40-core hour contract.

Information on the opening hours and service provision by locality is provided in the tables above. In summary:

Of the 14 community pharmacies:

- 6 pharmacies (43%) are open after 18:30 on weekdays
- 14 pharmacies (100%) are open on Saturdays
- 1 pharmacy (7%) is open on Sundays

6.6.2.2 Necessary Services: gaps in provision

The population of Frognal is estimated to reduce by over 2,300 by 2025.

There are few new housing developments in the locality, totalling 160 units.

There are pharmacies open beyond what may be regarded as normal hours in that they provide pharmaceutical services during supplementary hours in the evening during the week and are open on Saturday and Sunday.

Based upon the access to pharmacies across Bexley or in neighbouring HWB areas, there is no evidence to suggest there is a gap in service that would equate to the need for access to Essential Services outside normal hours in this locality. Bexley HWB will monitor the uptake and need for Necessary Services.

No gaps in the provision of Necessary Services have been identified for Frognal locality.

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6.6.2.3 Other relevant services: current provision

The table above shows the number of pharmacies providing Advanced Services in Frognal – it can be seen that there is good availability of NMS, CPCS and flu vaccination in the locality.

Regarding access to Advanced Services:

- 8 pharmacies (57%) provide NMS
- 10 pharmacies (71%) pharmacies provide CPCS
- 11 pharmacies (79%) provide flu vaccination services
- 8 pharmacies (57%) provide the hypertension case-finding service
- 1 pharmacy (7%) provides the stop-smoking service

6.6.2.4 Improvements and better access: gaps in provision

Regarding access to Enhanced Services:

- 11 pharmacies (79%) provides the London Vaccination Service
- 2 pharmacies (14%) provide the COVID-19 Vaccination Service
- 1 pharmacy (7%) provides bank holiday coverage on behalf of LBB

Regarding access to locally commissioned services in the 14 community pharmacies:

- 2 pharmacies (14%) provide the immediate access to palliative medicines service commissioned via the CCG

Of the local authority–commissioned services:

- 3 pharmacies (21%) provide supervised administration of medicines
- 1 pharmacy (7%) provides the Needle and Syringe Programme
- 4 pharmacies (29%) provide the COVID Champion Scheme
- 4 pharmacies (29%) provide EHC
- 4 pharmacies (29%) provide chlamydia treatment
- 4 pharmacies (29%) provide chlamydia screening

Ill health and the causes of ill health are discussed in Section 2 and summarised in Section 6.1. The information on health needs is not broken down by locality; Section 6.8 discusses improvements and better access to pharmacy services across Bexley.

There is no evidence to suggest there is a gap in service that would equate to the need for access to Necessary Services outside normal hours.

There is generally good provision of services deemed relevant in the Frognal locality.

No gaps have been identified that if provided either now or in the future would secure improvements or better access to relevant services across the Frognal locality.

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6.6.3 North Bexley

6.6.3.1 Necessary Services: current provision

North Bexley has a population of 100,918. In the North Bexley locality 71% of areas are more deprived than the England median.

There are 16 community pharmacies in this locality and 1 DSP, and the estimated average number of community pharmacies per 100,000 population is 15.9, below the Bexley average (18.5) and the England average of 20.6. This ratio increases to 16.8 per 100,000 population when the DSP is added to the numbers.

All of the community pharmacies hold a 40-hour contract.

Information on the opening hours and service provision by locality is provided in the tables above. In summary:

Of the 16 community pharmacies:

- 7 pharmacies (44%) are open after 18:30 on weekdays
- 16 pharmacies (100%) are open on Saturdays
- 2 pharmacies (13%) are open on Sundays

6.6.3.2 Necessary Services: gaps in provision

The population of North Bexley is estimated to reduce by over 4,000 by 2025. When this population reduction is factored into the ratio of community pharmacies per 100,000 population this increases to 16.5 (from 15.9).

There are a number of new housing developments in the locality totalling over 2,000 units during the lifetime of this PNA. There is significant housing development in the North Bexley locality over the longer term, with the creation of 11,500 homes on the Thamesmead waterfront.

There is a predicted population reduction and significant housing growth in North Bexley. It is noted that the data presented in section 2 is aggregated from two difference data sources, however the reduction and growth has minimal affect in the access pharmaceutical provision within the life of the PNA.
There are pharmacies open beyond what may be regarded as normal hours in that they provide pharmaceutical services during supplementary hours in the evening during the week and are open on Saturday and Sunday.

Based upon the access to pharmacies across Bexley or in neighbouring HWB areas, there is no evidence to suggest there is a gap in service that would equate to the need for access to Essential Services outside normal hours in this locality. Bexley will monitor the uptake and need for Necessary Services.

Bexley HWB will continue to monitor pharmaceutical service provision in specific areas within the locality where major housing developments are planned, to ensure there is capacity to meet potential increases in service demand.

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No gaps in the provision of Necessary Services have been identified for North Bexley locality.

6.6.3.3 Other relevant services: current provision

The table above shows the number of pharmacies providing Advanced Services in North Bexley – it can be seen that there is good availability of NMS, CPCS and flu vaccination in the locality.

Regarding access to Advanced Services:

- 12 of 17* pharmacies (71%) provide NMS
- 13 pharmacies (76%) provide CPCS
- 13 pharmacies (76%) provide flu vaccination services
- 5 pharmacies (29%) provide the hypertension case-finding service

*The DSP provides the NMS to appropriate patients, which is the only service provided by the DSP

6.6.3.4 Improvements and better access: gaps in provision

The DSP does not provide any of the services listed in this section so the detail is based on the 16 community pharmacies.

Regarding access to Enhanced Services:

- 13 pharmacies (81%) provide the London Vaccination Service
- 1 pharmacy (6%) provides the COVID-19 Vaccination Service
- 1 pharmacy provides the bank holiday services on behalf of LBB

Regarding access to locally commissioned services in the 16 community pharmacies:

- No pharmacy provides the immediate access to palliative medicines service commissioned via the CCG

Of the local authority–commissioned services:

- 8 pharmacies (50%) provide supervised administration of medicines
- 3 pharmacies (19%) provide the Needle and Syringe Programme
- 8 pharmacies (50%) provide the COVID Champion Scheme
- 4 pharmacies (25%) provide EHC
- 4 pharmacies (25%) provide chlamydia treatment
- 6 pharmacies (38%) provide chlamydia screening

Ill health and the causes of ill health are discussed in Section 2 and summarised in Section 6.1. The information on health needs is not broken down by locality; Section 6.8 discusses improvements and better access to pharmacy services across Bexley.

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There is good provision of the local authority–commissioned services, which is supportive of the health needs that would be seen in the locality with the highest levels of deprivation.

There is no evidence to suggest there is a gap in service that would equate to the need for access to Necessary Services outside normal hours.

There is generally good provision of services deemed relevant with the North Bexley locality.

No gaps have been identified that if provided either now or in the future would secure improvements or better access to relevant services across the North Bexley locality.

6.7 Necessary Services: gaps in provision in LBB

When assessing the provision of pharmaceutical services in Bexley and each of the three PNA localities, Bexley HWB has considered the following:

- The health needs of the population of Bexley from the JNSA, Bexley Health and Wellbeing Strategy and nationally from the NHS Long Term Plan
- The map showing the location of pharmacies within LBB (Section 3, Figure 63)
- Population information (Section 2.5.)
- Index of Multiple Deprivation (IMD) 2019 data
- Specific populations (Section 2.5.)
- Access to community pharmacies via various types of transport (Section 3.1)
- The number, distribution and opening times of pharmacies within each of the three PNA localities and across the whole of LBB (Appendix A)
- Service provision from community pharmacies and DSPs (Appendix A)
- The choice of pharmacies covering each of the three PNA localities and the whole of Bexley (Appendix A)
- Results of the public questionnaire (Appendix C)
- Results of the contractor questionnaire (Appendix D)
- Proposed new housing developments (Section 2.6.3)
- Projected population growth (Section 2.5.5)

The current population of Bexley (249,301) is projected to rise to 251,923 in 2022 and to 255,182 by 2025 (+2.4%). As seen in the locality information in Section 6.6, there is a disproportionate growth in population in the Clocktower locality.

The majority (76%) of the projected increase is due to natural growth, with the remainder (24%) due to net migration. The projections anticipate an aging population, with decreasing numbers of children aged 0–15, small proportional increases in working-age people aged 16–64, and large proportional increases in ages 65+, which will increase the proportional demand for access to health services.

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Over the next five years, 48.177 hectares of housing land supply has been identified for 4,159 net dwellings. In the immediate future, the London Development database shows that plans for a total of 3,081 net units have either received planning approval, or have gone further and begun development.

Bexley has an older demographic when compared with London (12.2%), with 26.5% in Bexley aged 65 and over. The projections show that the number of people aged 65 and over will increase further.

From the public questionnaire, 91% of respondents report having a regular or preferred pharmacy; 78% feel the pharmacy meets the needs of the local community with a rating of 9/10 or 10/10 (10 = extremely well)

The main way reported for travel to the pharmacy is by walking, with 61% using this method. The next most common method is by car, 30%. 88% report that they can reach a pharmacy in 15 minutes or less (99% within 30 minutes).

97% of respondents suggest that the pharmacy is open on the most convenient day and 96% state it is open at the most convenient time.

From the maps provided in Section 3, the travel times to community pharmacies were:

- Driving: 96.1% of the population can drive (off-peak) to a pharmacy within 5 minutes (100% within 10 minutes) and 92.3% of the population can drive (peak) to a pharmacy within 5 minutes (100% within 10 minutes).
- Public transport: 88% of the population can reach nearest within 10 minutes
- Walking: 98.6% of the population can walk to a pharmacy within 20 minutes (100% within 30 minutes)

There are 45 community pharmacies and there is one DSP. Community pharmacies are therefore well placed to provide services specifically targeted to improve health outcomes. There are 18.0 community pharmacies per 100,000 population in LBB (18.5 when DSPs are included), compared with 20.6 per 100,000 in England.

A lower percentage of community pharmacies in Bexley are open for 100 hours or more (2.2% versus 9.4% in England), only one in total, although the majority of community pharmacies (96%) are open on Saturdays and 11% of pharmacies are open on Sundays.

It is important to note that the 100-hour pharmacy in Bexley is the only community pharmacy open past 4 pm on Sunday to support the access to pharmaceutical services for Bexley residents following a visit to out of hours providers. Based on the results of the public and pharmacy contractor questionnaires, consultation on the draft PNA, provision of 100-hour pharmacies in Bexley, and access to pharmacies across Bexley or in neighbouring HWB areas, there is no evidence to suggest there is a gap in service that would equate to the need to extend services past 4 pm on Sundays. Bexley HWB will monitor the access and provision of Necessary services past 4 pm on Sundays. It will also consider the impact of any changes within Bexley in the future that may provide evidence that a need exists during these hours.

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Access to pharmaceutical services on bank holidays is limited, but there is access if required as an Enhanced Service across LBB.

There is no evidence to suggest there is a gap in service that would equate to the need for access to Essential Services outside normal hours anywhere in LBB.

No gaps in the provision of Necessary Services have been identified for Bexley.

6.8 Improvements and better access: gaps in provision for Bexley

Males in Bexley have a significantly higher healthy life expectancy compared with England and London, but there is no significant difference for females.

Many of the significant diseases that are national priorities are among the leading individual conditions that are a health burden within Bexley. Section 2 discussions these factors in detail and the table below summarises this information.

Area of ill health	Prevalence and impact
Diabetes	Significantly higher than both London and England
COPD Asthma	Prevalence is 1.9% higher than London and similar to England Prevalence is 5.3% higher than London and lower than England
Cancer	The prevalence of cancers in Bexley (3.27%) similar to England, but significantly higher than London
Hypertension	Prevalence is 14.1% higher than London and similar to England
Stroke	Prevalence is 1.6% higher than London and lower than England
CHD	Rates similar to London and England (lower for males)
Circulatory disease	Rates similar to London and England (lower for males)

Bexley has the highest proportion of adults aged 18+ classified as overweight or obese of all London boroughs, and has a significantly (95% CI 64.5–73.3) higher proportion than the England average (95% CI 62.6–63.0).

Bexley has a significantly lower detection rate for chlamydia in ages 15–24 compared with both England and London, at 1,002.63 per 100,000. Similarly, Bexley also has a significantly lower diagnosis rate for all STIs compared with either England or London, at 447 per 100,000.

There is no significant difference between the prevalence of smoking in adults in Bexley (14.2% compared with England (13.9%) or London (13%)) but smoking remains a major cause of ill health.

Should these areas of health need be a priority target area for commissioners, they may want to give consideration to incentives for further uptake of existing services from current providers and extending provision through community pharmacies including:

- Delivery of the recently introduced Advanced Service – hypertension case-finding service
- Smoking Cessation Advanced Service would contribute to reducing a major risk factor in cancer, stroke, respiratory and cardiovascular disease
- Extending screening services to other STIs (screening services are already in place for some sexual health indications (e.g. chlamydia))

Respondents to the public questionnaire identified that they wished to see a variety of services provided from community pharmacies, although the questionnaire did highlight that there was a lack of awareness of some of the services that were available. A review of how services are advertised would be worthwhile in an effort to improve uptake of services. A summary of the questionnaire results can be seen in Section 5 (full results in Appendix C).

The majority of community pharmacies offer a free delivery service, and many have extended opening hours on weekday evenings and Saturdays.

The impact of the COVID-19 pandemic on service provision from community pharmacies has been significant during the life of the previous PNA:

- New Advanced Services have had their implementation delayed
- Community pharmacy priorities have been centred on pandemic service delivery, e.g. lateral flow test distribution and COVID-19 vaccination
- Managing significantly increased demand for existing services, e.g. repeat dispensing

The successful implementation of new Advanced and Enhanced Services to support the pandemic response should be an indication that further implementation of new services from community pharmacies in the future is possible.

The PNA Steering Group recognises that there are potential opportunities to commission services from community pharmacy or other healthcare providers that would promote health and wellbeing, address health inequalities and reduce pressures elsewhere in the health system. Where the potential exists for community pharmacies to contribute to the health and wellbeing of the population of Bexley, this has been included within the document. Appendix I discusses some possible services that could fulfil these criteria.

While no gaps in pharmaceutical service provision have been identified, the Steering Group recognises that the burden of health needs in Bexley will increase as the population grows and ages, and would welcome proactive proposals from commissioners, including NHS England and all CCGs to commission pharmacy services that meet local needs but are beyond the scope of the PNA.

No gaps have been identified that if provided either now or in the future would secure improvements or better access to relevant services across Bexley.

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Section 7: Conclusions

The Steering Group provides the following conclusions and recommendations on the basis that funding is at least maintained at current levels and or reflects future population changes.

The PNA is required to clearly state what is considered to constitute Necessary Services as required by paragraphs 1 and 3 of Schedule 1 to the Pharmaceutical Regulations 2013.

For the purposes of this PNA, Necessary Services for Bexley HWB are defined as Essential Services.

Other Advanced Services are considered relevant as they contribute toward improvement in provision and access to pharmaceutical services.

For the purpose of this PNA, Enhanced Services are defined as pharmaceutical services that secure improvements or better access to, or that have contributed towards meeting the need for, pharmaceutical services in Bexley HWB area.

Locally commissioned services are those that secure improvements or better access to, or that have contributed towards meeting the need for pharmaceutical services in Bexley HWB area, and are commissioned by the CCG or local authority, rather than NHSE&I.

7.1 Current Provision of Necessary Services

Necessary Services – gaps in provision

Necessary Services are Essential Services that are described in Section 6.2. Information on access to Necessary Service provision in Bexley is provided by locality in Section 6.6.

In reference to Section 6, and required by paragraph 2 of Schedule 1 to the Pharmaceutical Regulations 2013:

7.1.1 Necessary Services – normal working hours

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

7.1.2 Necessary Services – outside normal working hours

There are no current gaps in the provision of Necessary Services outside normal working hours across Bexley to meet the needs of the population

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7.2 Future provision of Necessary Services

No gaps have been identified in the need for pharmaceutical services in specified future circumstances across Bexley.

7.3 Improvements and better access – gaps in provision

Advanced Services are considered relevant as they contribute toward improvement in provision and access to pharmaceutical services.

Enhanced Services are defined as pharmaceutical services that secure improvements or better access to or that have contributed towards meeting the need for pharmaceutical services in Bexley.

Locally commissioned services are those that secure improvements or better access to or that have contributed towards meeting the need for pharmaceutical services in Bexley HWB area, and are commissioned by the CCG or local authority, rather than NHSE&I.

7.3.1 Current and future access to Advanced Services

Details of the services are outlined in Section 6.3 and the provision in each locality discussed in Section 6.6.

Section 6.8 discusses improvements and better access to services in relation to the health needs of Bexley

There are no gaps in the provision of Advanced Services across the whole of Bexley.

Appendix I discusses the opportunities that may be available for expansion of existing services or delivery of new services from community pharmacies that may have benefit to the population of Bexley.

There are no gaps in the provision of Advanced Services at present or in the future that would secure improvements or better access to Advanced Services in Bexley

7.3.2 Current and future access to Enhanced Services

Details of the Enhanced Services are outlined in Section 6.4 and the provision in each locality is discussed in Section 6.6.

Section 6.8 discusses improvements and better access to services in relation to the health needs of Bexley.

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No gaps have been identified that if provided either now or in the future would secure improvements or better access to Enhanced Services across Bexley.

7.3.3 Current and future access to Locally Commissioned Services

With regard to Locally Commissioned Services (LCS), the PNA is mindful that only those commissioned by NHSE&I are regarded as pharmaceutical services. The absence of a particular service being commissioned by NHSE&I is in some cases addressed by a service being commissioned through the council or local authority; these services are described in Section 6.5 and their provision by locality is discussed in Section 6.6.

Section 6.8 discusses improvements and better access to LCS in relation to the health needs of Bexley.

Appendix I discusses the opportunities that may be available for expansion of existing services or delivery of new services from community pharmacies that may have benefit to the population of Bexley.

Based on current information, the Steering Group has not considered that any of these LCS should be decommissioned or that any of these services should be expanded.

A full analysis has not been conducted on which LCS might be of benefit as this is out of the scope of the PNA.

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 circumstances across Bexley to meet the needs of the population.

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Appendix A: List of pharmaceutical service providers in Bexley HWB area

North Bexley locality

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced									NHSE&I Enhanced			CCG	LA					
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	C-19 LFD distribution	Hypertension case-finding	Stop smoking	C-19 vaccination	London Vaccination	Bank holiday	Palliative care	Supervised consumption	Needle exchange	C-19 champions	EHC	Chlamydia treatment	Chlamydia screening
Boots	FA084	Community	Unit 8, Tower Retail Park, Crayford	DA1 4LD	09:00-20:00	09:00-18:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	-	-	Y	-	Y	-	Y	-
Soka Blackmore Pharmacy	FA554	Community	2 Pembroke Parade, Erith	DA8 1DB	09:00-18:00	09:00-13:00	Closed	-	-	-	-	-	Y	-	-	Y	-	-	-	-	-	-	Y	-	Y	Y	Y	Y
Daysol Pharmacy	FAQ24	Community	3 Parkside Parade, Northend Road, Dartford	DA1 4RA	09:00-18:00	09:00-14:00	Closed	-	-	Y	-	-	-	-	Y	Y	Y	-	-	Y	-	-	Y	Y	-	-	-	-
Davidsons Chemists	FCG07	Community	5 Midfield Parade, Barnehurst	DA7 6NA	09:00-19:00 (Wed 09:00-13:00)	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	-	-	-	-	-	-	-	-
Stelling Road Chemist	FDT69	Community	38 Stelling Road, Erith	DA8 3JH	09:00-19:00	10:00-13:00	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	-	-	-	-	-
The Pharmacy Hut	FE715	DSP	286 Erith Road, Bexleyheath	DA7 6HN	09:00-13:00, 13:30-17:00	Closed	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Day Lewis Pharmacy	FER44	Community	249-251 Bexley Road, Erith	DA8 3EX	09:00-18:30	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	Y	Y	-	-	-	-	Y	-	-	Y
Lloyds Pharmacy	FGQ05	Community	Sainsbury's, Stadium Way, Crayford	DA1 4HW	08:00-21:00 (Thu-Fri 08:00-22:00)	07:00-21:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	Y	-	-	-	-	Y	-	-	Y
Barnehurst Pharmacy	FHC92	Community	87 Barnehurst Road, Bexleyheath	DA7 6HD	08:00-18:30	09:00-13:00	Closed	-	-	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced									NHSE&I Enhanced			CCG	LA					
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	C-19 LFD distribution	Hypertension case-finding	Stop smoking	C-19 vaccination	London Vaccination	Bank holiday	Palliative care	Supervised consumption	Needle exchange	C-19 champions	EHC	Chlamydia treatment	Chlamydia screening
Well Pharmacy	FK814	Community	41-49 Forest Road, Slade Green	DA8 2NU	09:00-19:00	09:00-13:00, 14:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	Y	-	-	-	-	Y	Y	Y	Y
Station Road Pharmacy	FKR09	Community	8 Station Road, Crayford	DA1 3QA	09:00-19:00	09:00-12:00	Closed	-	-	-	-	-	Y	-	Y	Y	-	-	-	Y	-	-	Y	-	-	-	-	-
Harrisons Pharmacy	FL579	Community	1 Town Square, Erith	DA8 1RE	09:00-18:00	09:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	-	-	-	Y	-	-	-	-
Knightons Pharmacy	FNW18	Community	36 Nuxley Road, Belvedere	DA17 5JG	08:15-19:00 (Thu 08:15-18:30)	08:45-17:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	-	-	-	-	Y	Y	-	Y
Ormay Chemist	FPN89	Community	224 Bexley Road, Erith	DA8 3HD	09:00-18:30	09:00-14:00	Closed	-	-	-	-	-	Y	-	Y	Y	-	-	-	Y	Y	-	Y	-	Y	-	-	-
Lloyds Pharmacy	FR109	Community	7 Nuxley Road, Belvedere	DA17 5JE	08:30-18:30	09:00-12:00	Closed	-	-	Y	-	Y	Y	-	Y	Y	-	-	-	Y	-	-	Y	-	Y	Y	Y	Y
Belvedere Pharmacy	FRN18	Community	11 Picardy Street, Belvedere	DA17 5QQ	09:00-18:00	10:00-14:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	Y	-	-	Y	Y	-	-	-	-
Brownes Chemist	FWA43	Community	208 Yarnton Way, Erith	DA18 4DR	09:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	-	-	-	-	-	-	-	-

Clocktower locality

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced									NHSE&I Enhanced			CCG	LA						
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	C-19 LFD distribution	Hypertension case-finding	Stop smoking	C-19 vaccination	London Vaccination	Bank holiday	Palliative care	Supervised consumption	Needle exchange	C-19 champions	EHC	Chlamydia treatment	Chlamydia screening
Broadway Pharmacy	FA575	Community	172 Broadway, Bexleyheath	DA6 7BN	08:30-19:00	08:30-18:00	Closed	-	-	-	-	-	Y	-	Y	Y	Y	-	-	Y	-	Y	Y	Y	Y	Y	Y	Y
Well Pharmacy	FCE42	Community	Morrisons, 71-79 High Street, Welling	DA16 1TU	08:30-20:00	08:00-20:00	Closed	-	-	Y	-	-	-	-	Y	Y	Y	-	-	Y	-	-	-	-	Y	Y	Y	Y
Falconwood Pharmacy	FE097	Community	3 Falconwood Parade, Welling	DA16 2PL	09:00-17:30	Closed	Closed	-	-	Y	-	Y	Y	-	-	Y	Y	-	-	-	-	-	-	-	Y	Y	Y	Y
Crook Log Pharmacy	FH066	Community	329 Broadway, Bexleyheath	DA6 8DT	09:00-19:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	Y	-	-	-	-	Y	-	-	Y
Lloyds Pharmacy	FH281	Community	32 Pickford Lane, Bexleyheath	DA7 4QW	09:00-19:00	09:00-17:30	Closed	-	-	Y	-	Y	Y	-	Y	Y	-	-	-	Y	-	-	Y	-	Y	Y	Y	Y
Neem Tree Welling Pharmacy	FKC93	Community	109-111 High Street, Welling	DA16 1TY	09:00-17:30	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	-	Y	-	-	Y	-	-	-	-	-	-	-	-
Well Pharmacy	FLK13	Community	297 Brampton Road, Bexleyheath	DA7 5QR	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	Y	-	-	-	-	Y	Y	Y	Y
Boots	FMH33	Community	31-33 The Mall, Broadway Shopping Centre, Bexleyheath	DA6 7JJ	08:30-18:00 (Thu 08:30-20:00)	08:30-18:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	Y	-	-	-	-	Y	Y	Y	Y
B R Lewis Chemist	FP273	Community	62 Upper Wickham Lane, Welling	DA16 3HQ	08:30-19:30	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	Y	-	Y	-	-	Y	Y	Y	Y	Y	Y
Day Lewis Pharmacy	FQA59	Community	5 The Pantiles, Littleheath Road, Bexleyheath	DA7 5HH	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	Y	-	-	-	-	Y	Y	Y	Y
Hayshine Pharmacy	FRM32	Community	54 Wrotham Road, Welling	DA16 1LN	09:00-18:00	09:00-15:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	Y	-	-	-	-	Y	Y	Y	Y
Bellegrove Pharmacy	FX263	Community	225 Bellegrove Road, Welling	DA16 3RQ	08:30-13:00, 14:00-18:30	09:00-13:00, 14:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-
Praise Pharmacy	FXK04	Community	146 Long Lane, Bexleyheath	DA7 5AH	09:00-18:00	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	-	-	-	-	-	-	-	-

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced									NHSE&I Enhanced			CCG	LA						
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	C-19 LFD distribution	Hypertension case-finding	Stop smoking	C-19 vaccination	London Vaccination	Bank holiday	Palliative care	Supervised consumption	Needle exchange	C-19 champions	EHC	Chlamydia treatment	Chlamydia screening
Seven Day Chemist	FXN89	Community	175A Bellegrove Road, Welling	DA16 3QS	08:30-23:00	08:30-23:00	08:30-23:00	Y	-	Y	-	-	Y	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-
Mistvale Chemist	FYQ93	Community	138-140 Welling High Street, Welling	DA16 1TJ	09:00-13:00, 14:00-19:00	10:00-13:00	Closed	-	-	-	-	-	Y	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-

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Frognal locality

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced									NHSE&I Enhanced			CCG	LA					
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	C-19 LFD distribution	Hypertension case-finding	Stop smoking	C-19 vaccination	London Vaccination	Bank holiday	Palliative care	Supervised consumption	Needle exchange	C-19 champions	EHC	Chlamydia treatment	Chlamydia screening
Southcott Chemist	FD537	Community	281 Main Road, Sidcup	DA14 6QL	09:30-18:00	09:30-17:00	Closed	-	-	-	-	-	Y	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-
Boots	FE434	Community	56 High Street, Sidcup	DA14 6EH	09:00-18:00	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	-	-	Y	-	Y	Y	Y	Y
Osbon Pharmacy	FFL63	Community	24 Steynton Avenue, Bexley	DA5 3HP	09:00-19:00	09:00-19:00	Closed	-	Y	-	-	-	-	-	Y	Y	-	-	-	Y	-	-	-	-	-	-	-	-
Aspire Pharmacy	FFT84	Community	23 High Street, Sidcup	DA14 6EQ	08:30-19:00	08:30-19:00	11:00-16:00	-	-	Y	-	-	Y	-	Y	Y	Y	-	Y	Y	-	-	Y	Y	Y	Y	Y	Y
Olins Pharmacy	FHR27	Community	3 The Oval, Sidcup	DA15 9ER	09:00-18:00	09:00-17:30	Closed	-	-	-	-	-	Y	-	Y	Y	-	-	-	Y	-	-	-	-	-	-	-	-
Hollytree Pharmacy	FLD66	Community	2 Hollytree Parade, Sidcup Hill, Sidcup	DA14 6JR	09:30-19:30	09:00-18:30	Closed	-	-	-	-	-	-	-	-	Y	Y	-	-	-	-	Y	-	-	-	-	-	-
Roadnight Chemists	FMF67	Community	88 Station Road, Sidcup	DA15 7DU	08:30-19:00	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	Y	-	Y	-	-	-	-	Y	Y	Y	Y
Day Lewis Pharmacy	FP029	Community	253 Westwood Lane, Blackfen, Sidcup	DA15 9PS	09:00-18:00	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	Y	-	-	-	-	-	-	-	-
Brownes Chemist	FPX29	Community	252 Blackfen Road, Blackfen, Sidcup	DA15 8PW	09:00-19:00	09:00-18:00	Closed	-	-	-	-	-	Y	-	Y	Y	-	-	-	Y	-	-	Y	-	Y	Y	Y	Y
Compact Pharmacy	FQ282	Community	139 Blendon Road, Bexley	DA5 1BT	09:00-18:00	09:00-15:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	Y	-	Y	-	-	-	-	-	-
St Johns Pharmacy	FQ835	Community	16 High Street, Sidcup	DA14 6EH	09:30-18:00	09:30-16:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	Y	Y	-	-	-	-	-	-	-
Bourne Road Pharmacy	FTK01	Community	7 Bourne Parade, Bourne Road, Bexley	DA5 1LQ	09:00-19:00	09:00-16:00	Closed	-	-	Y	-	-	-	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-
Warren Pharmacy	FX373	Community	24 High Street, Bexley	DA5 1AD	08:30-18:00	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	Y	Y	-	-	-	-	-	-	-	-
Targett Chemist	FY261	Community	172 Halfway Street, Sidcup	DA15 8DJ	09:00-18:30	09:00-17:30	Closed	-	-	-	-	-	-	-	Y	Y	-	-	-	Y	-	-	-	-	-	-	-	-

Appendix B: PNA Steering Group terms of reference

Objective/Purpose

To support the production of the Pharmaceutical Needs Assessment (PNA) on behalf of Bexley London Borough Council, to ensure that it satisfies the relevant regulations including consultation requirements.

Delegated Responsibility

PNA sign-off delegated to Director in Public Health and Steering Group.

Accountability

The Steering Group is to report to the Director in Public Health.

Membership

Core members:

- Director in Public Health
- Consultant for Public Health
- Public Health Policy & Health Integration Officer
- NHSE&I representative
- Local Pharmaceutical Committee representative
- CCG representative
- Healthwatch representative (lay member)

Soar Beyond are not to be a core member however will chair the meetings. Each core member has one vote. The Director in Public Health will have the casting vote, if required. Core members may provide a deputy to meetings in their absence. The Steering Group shall be quorate with three core members in attendance, one of which must be an LPC member. Non-attending members are unable to cast a vote – that vote may otherwise sway the casting decision.

Additional members (if required):

- CCG commissioning managers
- NHS Trust chief pharmacists
- Local Medical Committee representative

In attendance at meetings will be representatives of Soar Beyond Ltd, who have been commissioned by the London Borough of Bexley to support the development of the PNA. Other additional members may be co-opted if required.

Frequency of meetings

Meetings will be arranged at key stages of the project plan. The Steering Group will meet in summer 2022 to sign off the PNA for submission to the Health and Wellbeing Board (HWB).

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Responsibilities

- Provide a clear and concise PNA process
- Review and validate information and data on population, demographics, pharmaceutical provision, and health needs
- To consult with the bodies stated in regulation 8 of the Pharmaceutical Regulations 2013:
    - Any Local Pharmaceutical Committee for its area
    - Any Local Medical Committee for its area
    - Any persons on the pharmaceutical lists and any dispensing doctors list for its area
    - Any LPS chemist in its area
    - Any Local Healthwatch organisation for its area
    - Any NHS Trust or NHS Foundation Trust in its area
    - NHS England
    - Any neighbouring HWB
- Ensure that due process is followed
- Report to the HWB on both the draft and final PNA
- Publish the final PNA by 1 October 2022

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Appendix C: Public questionnaire

Total responses received:[1] 661

1) Do you have a regular or preferred local community pharmacy? (Please select one answer)

Answered – 659; skipped – 2

Yes		91%	599
No		2%	14
I regularly prefer to use an online pharmacy		2%	15
I use a combination of traditional and internet pharmacy		5%	31

2) On a scale of 1 to 10 how well does your local community pharmacy meet your needs? (Please select one answer) *(1 = Poorly and 10 = Extremely well)*

Answered – 656; skipped – 5

1		2%	14
2		1%	5
3		1%	6
4		2%	14
5		2%	11
6		2%	14
7		5%	30
8		8%	53
9		18%	116
10		60%	393

3) How often have you visited/contacted (spoken to, emailed, or visited in person) a pharmacy in the last six months? (Please select one answer for yourself and one for someone else)

For yourself: Answered – 645; skipped – 16

Once a week or more		5%	30
A few times a month		28%	183
Once a month		31%	201
Once every few months		27%	176
Once in six months		6%	36
I haven't visited/contacted a pharmacy in the last six months		3%	19

[1] Please note that some percentage figures will add up to more or less than 100%. This is either due to respondents being able to give more than one response to a question, or figures have been rounded up to the nearest whole percent.

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For someone else: Answered – 418; skipped – 245

Once a week or more		5%	30
A few times a month		28%	183
Once a month		31%	201
Once every few months		27%	176
Once in six months		6%	36
I haven't visited/contacted a pharmacy in the last six months		3%	19

4) If you have not visited/contacted a pharmacy in the last six months, is there a reason why? (Please select one answer)

Answered – 123; skipped – 538

I have used an internet/online pharmacy		15%	18
Someone has done it on my behalf		16%	20
I have had no need for any pharmacy service during this period		38%	47
Other (please specify)		31%	38

Comments:

I have been to the pharmacy	11
N/A / No	9
I get a home delivery	4
Family member collects	3
Mobility issues	3
I go every other month	2
Terrible service, use online now	1
Repeat prescription every two months	1
I don't care for anybody else	1

5) How easy has it been to speak to someone at your local pharmacy over the last 18 months, during the pandemic? (Please select one answer)

Answered – 660; skipped – 1

Very easy		66%	433
Fairly easy		22%	144
Neither easy nor difficult		8%	51
Fairly difficult		3%	23

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Very difficult		1%	9

6) Who do you normally visit/contact a pharmacy for? (Please select all that apply)

Answered – 661; skipped – 0

Yourself		89%	591
A family member		43%	282
A neighbour/friend		2%	15
Someone you are a carer for		3%	22
All of the above		2%	13
Other (please specify)		1%	9

Comments:

A family member	6
Work related	1
Collect as a support worker	1
Flu jab	1

7) If you normally visit/contact a pharmacy *on behalf of someone else*, please give a reason why? (Please select all that apply)

Answered – 328; skipped – 333

For a child/dependant		30%	97
The person is too unwell		21%	69
Opening hours of the pharmacy are not suitable for the person requiring the service		8%	27
The person can't access the pharmacy (e.g. due to disability/ lack of transport)		20%	65
The person can't use the delivery service		1%	2
The person can't access online services		8%	26
All of the above		2%	5
Other (please specify)		30%	100

Comments:

Convenience	61
Mobility issues/vulnerable/elderly	32
Not applicable	4
COVID shielding	3

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Poor opening times	2
Language barrier	1
Hard of hearing	1
COVID test pick-up for school	1

8) How important are each of the following aspects to you when choosing a pharmacy? (Please select one answer for each factor)

Answered – 659; skipped – 2

Quality of service (friendly staff, expertise)			
Extremely important		66%	432
Very important		29%	190
Moderately important		4%	28
Fairly important		1%	4
Not at all important		0%	2
Convenience (e.g. location, opening times)			
Extremely important		61%	390
Very important		33%	213
Moderately important		6%	38
Fairly important		0%	2
Not at all important		0%	1
Accessibility (e.g. parking, clear signage)			
Extremely important		31%	197
Very important		24%	149
Moderately important		24%	153
Fairly important		8%	50
Not at all important		13%	85
Availability of medication/services (e.g. stocks, specific services)			
Extremely important		72%	463
Very important		24%	157
Moderately important		3%	17
Fairly important		1%	4
Not at all important		1%	4

Comments:

Good staff	8	Delivery service	7

Good advice	3	Location	2
Availability of medication	1	Personal touch	1
Orders preferred brand	1	Being COVID safe	1
Linked to GP	1	Quick service	1
Outbound patient care	1		

9) Is there a consultation room in your local community pharmacy, and is it fully accessible to wheelchair users, or to people with other accessibility needs? (Please select one answer)

Answered – 657; skipped – 4

Yes, there is a fully accessible consultation room		49%	322
Yes, there is a consultation room, but inaccessible for wheelchair users		8%	53
No consultation room		9%	61
I don't know		28%	187

Any other comments you would like to make about the consultation room?

Unsure if room is accessible	18	Too small	6
Dirty and unclean	2	Not sure if it's used much	1
Isn't easy to get wheelchair inside	1	Room used for storage	1
No designated room but staff are very courteous	1	Is used as an overflow storage room	1

10) How would you usually travel to the pharmacy? (Please select one answer)

Answered – 655; skipped – 6

Car		30%	196
Taxi		0%	1
Public transport		3%	21
Walk		61%	397
Bicycle		0%	3
Wheelchair/mobility scooter		1%	5
I don't, someone goes for me		0%	1
I don't, I use an online pharmacy		0%	1
I don't, I use a delivery service		4%	23
Other (please specify)		1%	7

Comments:

Delivery service	3	Not applicable	2

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Someone goes for me	1	Van	1

11) If you travel to a pharmacy, where do you travel from? (Please select all that apply)

Answered – 616; skipped – 45

Home		99%	609
Work		6%	37
Other (please specify)		0%	2

Comments:

Home	1	Golf course	1

12) On average, how long does it take you to travel to a pharmacy? (Please select one answer)

Answered – 640; skipped – 21

0 to 15 minutes		88%	563
16 to 30 minutes		11%	72
Over 30 minutes		1%	5

13) Do you face any difficulties when travelling to a pharmacy? (Please select all that apply)

Answered – 627; skipped – 34

Lack of parking		16%	99
Lack of suitable public transport		0%	3
It's too far away		0%	2
Lack of disabled access/facilities		1%	6
No, I don't face any difficulties		81%	510
Other (please specify)		3%	20

Comments:

Mobility issues/pain	4	No issue – it's near to walk	3
Poor public transport	2	Parking	2
No difficulties – using car/taxi	2	Having to wait outside	1
Only one disabled parking bay	1	I don't drive	1
Pavement blocked by parked cars or bins out	1	The door is stiff	1

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14) What is the most convenient day for you to visit/contact a pharmacy? (Pleased select one answer)

Answered – 615; skipped – 46

Monday to Friday		30%	186
Saturday		4%	23
Sunday		1%	4
Varies		25%	152
I don't mind		41%	250

15) Is your preferred pharmacy open on the most convenient day for you? (Please select one answer)

Answered – 613; skipped – 48

Yes		97%	597
No		3%	16

16) What time of the day do you prefer to visit/contact a pharmacy? (Please select one answer)

Answered – 614; skipped – 47

Morning (8 am–12 pm)		26%	161
Lunchtime (12 pm–2 pm)		7%	41
Afternoon (2 pm–6 pm)		12%	72
Early evening (6 pm–8 pm)		4%	22
Late evening (after 8 pm)		0%	2
Varies		26%	162
I don't mind/No preference		25%	154

17) Is your preferred pharmacy open at a time convenient for you? (Please select one answer)

Answered – 612; skipped – 49

Yes		96%	587
No		4%	25

DRAFT

18) How frequently do you buy an over-the-counter (i.e. non-prescription) medicine from a pharmacy? (Please select one answer)

Answered – 617; skipped – 44

Daily		0%	0
Weekly		1%	6
Fortnightly		4%	27
Monthly		14%	89
Every few months		41%	251
Yearly		5%	28
Rarely		32%	199
Never		3%	17

19) Pharmacy services are services that are provided by pharmacists. These services include clinical advice and support for a range of minor illness, including the supply of over-the-counter medicines, dispensing of prescription medication and health and wellbeing advice. Which of the following services are you aware that a pharmacy may provide? (Please circle either *Yes* or *No* for each service – even if you do not use the service)

Service	Yes (%)	Yes	No (%)	No	Answered
Advice from your pharmacist	95%	580	5%	32	612
COVID-19 lateral flow device (LFD) distribution service	85%	499	15%	91	590
COVID-19 asymptomatic testing using an LFD	51%	285	49%	270	555
COVID-19 vaccination services	54%	302	46%	261	563
Flu vaccination services	78%	463	22%	129	592
Buying over-the-counter medicines	97%	587	3%	17	604
Dispensing medicines	98%	595	2%	13	608
Dispensing appliances	58%	314	42%	231	545
Repeat dispensing services	95%	578	5%	28	606
Home delivery and prescription collection services	71%	412	29%	168	580
Medication review	40%	219	60%	333	552
New medicine service	34%	177	66%	345	522
Discharge from hospital medicines service	30%	155	70%	357	512
Emergency supply of prescription medicines	56%	301	44%	235	536
Disposal of unwanted medicines	80%	457	20%	117	574
Appliance Use Review	19%	95	81%	405	500

Service	Yes (%)	Yes	No (%)	No	Answered
Community Pharmacist Consultation Service (urgent care referral)	22%	110	78%	393	503
Hepatitis testing service	11%	57	89%	443	500
Stoma appliance customisation service	7%	34	93%	457	491
Needle exchange	15%	72	85%	418	490
Stopping smoking/nicotine replacement therapy	42%	215	58%	294	509
Sexual health services (chlamydia testing/treating, condom distribution, emergency contraception)	30%	150	70%	351	501
Immediate access to specialist drugs, e.g. palliative care medicines	21%	104	79%	394	498
Supervised consumption of methadone and buprenorphine	16%	79	84%	417	496
Travel immunisation	34%	172	66%	334	506

Comments:

N/A / No / No ticked as I don't know	27
Unable to dispose of old medication after trying 3 pharmacies	1
I used to be able to buy anti-malarial tabs but no longer	1
Pharmacy staff provide a good mental health check-up	1
Blood tests	1
Blood pressure testing	1

20) And which of the following pharmacy services would you like to see always provided by your pharmacy? (Please circle one of the three options for each service)

Service	Yes (%)	Yes	No (%)	No	No Opinion (%)	No Opinion	Answered
Advice from your pharmacist	95%	571	1%	3	5%	29	603
COVID-19 lateral LFD service	84%	491	2%	14	13%	78	583
COVID-19 asymptomatic testing using an LFD	66%	374	4%	23	30%	168	565
COVID-19 vaccination services	76%	435	5%	26	20%	113	574
Flu vaccination services	85%	491	2%	13	13%	72	576
Buying over-the-counter medicines	94%	557	1%	7	4%	26	590
Dispensing medicines	96%	564	1%	3	4%	23	590

Service	Yes (%)	Yes	No (%)	No	No Opinion (%)	No Opinion	Answered
Dispensing appliances	62%	346	3%	16	35%	199	561
Repeat dispensing services	93%	540	2%	9	5%	31	580
Home delivery and prescription collection	83%	480	3%	16	14%	80	576
Medication review	64%	360	9%	49	28%	157	566
New medicine service	55%	304	6%	32	39%	217	553
Discharge from hospital medicines service	65%	359	4%	24	31%	173	556
Emergency supply of prescription medicines	90%	507	2%	12	8%	46	565
Disposal of unwanted medicines	89%	510	2%	12	8%	48	570
Appliance Use Review	36%	195	6%	31	58%	312	538
Community Pharmacist Consultation Service (urgent care referral)	64%	353	5%	28	30%	167	548
Hepatitis testing service	39%	208	6%	33	55%	295	536
Stoma appliance customisation service	32%	171	5%	26	64%	344	541
Needle exchange	38%	204	8%	41	54%	293	538
Stopping smoking/nicotine replacement therapy	47%	250	7%	36	47%	251	537
Sexual health services (chlamydia testing/treating, condom distribution, emergency contraception)	46%	247	6%	35	48%	257	539
Immediate access to specialist drugs, e.g. palliative care medicines	64%	349	5%	26	32%	173	548
Supervised consumption of methadone and buprenorphine	29%	158	10%	52	61%	327	537
Travel immunisation	69%	381	5%	26	26%	144	551

Comments:

All medication should come in containers rather than blister packs	1
Flu jab should be available to all age groups	1
Provision of basic prescription medication without GP approval	1
Eliminate costly but ineffective over-counter options	1
Use of a terminal to pay for prescriptions	1
Community dressing service	1
NHS health checks for diabetes, BP and cholesterol	1
COVID vaccinations	1
B-12 injections	1

DRAFT

21) Is your pharmacy able to provide medication on the same day that your prescription is sent to it? (Please select one answer)

Answered – 614; skipped – 47

Yes		47%	288
No – it normally takes one day		14%	85
No – it normally takes two or three days		22%	137
No – it normally takes more than three days		7%	45
I don't know		10%	59

22) Is your pharmacy able to alert you (by call/text/email) when your medication is ready for collection? (Please select one answer)

Answered – 609; skipped – 52

Yes – using my preferred method		37%	227
Yes – by using a method that is not convenient to me		1%	5
No – but I would like to be alerted		24%	147
No–- and I wouldn't use an alert service		5%	29
I don't know		33%	201

23) If you use your pharmacy to collect regular prescriptions, how do you order your prescriptions? (Please select all that apply)

Answered – 573; skipped – 88

Paper request form to my GP practice		13%	74
Paper request form through my pharmacy		10%	56
By email to my GP practice		11%	61
Online request to my GP practice		33%	189
My pharmacy orders on my behalf		21%	120
Electronic Repeat Dispensing (eRD)		9%	54
NHS app		11%	65
Varies		3%	18
Other (please specify)		8%	45

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Comments:

Telephone	38	Phone app	3
Email	2	GP input	2
Batch prescription	2	N/A	2

24) Have you ever used Electronic Repeat Dispensing (eRD)? (Electronic repeat dispensing is a process that allows your GP to authorise and issue a batch of repeat prescriptions for medication/ appliances until you need to be reviewed. The prescriptions are then available at your nominated pharmacy at the intervals specified by your GP).

Answered – 608; skipped – 53

Yes		26%	159
No		37%	227
I don't know/I have never heard of it		37%	222

Please specify any comments about eRD:

Good service	41	Poor service	23
Never heard of service, but would like to be able to use	11	Unreliable service	3
I use a private app	3	Prefer to do via paper	1
Repeat prescription done in person	1	Good service but unreliable at times	1
Need to be able to request previous medication even if not on current prescription	1	Items can be missing	1
Had my medication increased without request/informing	1	Should have a reminder service	1
Worked well until COVID, have now gone back to emails	1	Doesn't work for all prescriptions	1

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25) Not all health needs require a GP appointment or a visit to an urgent treatment centre or A&E. Many minor health needs can be met by phoning 111 or visiting a pharmacy. What treatments or advice would you like to receive from pharmacies so they can better meet your needs?

Answered – 258; skipped – 403

Nothing/not sure	57	Excellent service as it is	52
Minor ailments or injuries	37	Dedicated health advice	12
Emergency dispensing	11	Age-related health checks	10
Blood pressure testing	8	Sexual health services	8
This is the job of the GP	7	Cancer service	4
Dermatology	4	Asthma	3
Blood test	3	Children's ailments	2
Nutrition and weight management	2	Cystitis	2
Discuss alternative medication	1	Diabetes	1
Chest infection	1	Mental health	1
Foot care	1	Free COVID testing kits	1
Out of hours	1	Better opening hours	1

26) Do you have any other comments you would like to make about your pharmacy?

Answered – 301; skipped – 360

Excellent service	184	No comment	48
Very good work during COVID	28	Could do with more staff	11
Need better stock	6	Lack of parking	5
Long queues	5	Hard to contact	5
Prescriptions not ready to collect	4	Unorganised/unprofessional	4
Increasing reliance on web services is hard on aging patients	2	Preferred to be open on weekends	2
Need better signage and advertising of services	2	Dosette boxes are never ready to be collected	2
Would like same medication brand with each prescription	1	Staff should be more knowledgeable	1
Very unreliable independent system	1	Would like them to offer hospital discharge service	1
They have good stock levels	1	Willing to provide specific brand of medication	1
Pharmacist should be more willing to seek outside expertise to respond to queries	1	Need a trust pilot scheme	1
Pharmacy needs refurbishment	1	Would like delivery service	1

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A bit about you

27) What is your gender? (Please select one answer)

Answered – 607; skipped – 54

Male		36%	219
Female		62%	379
Prefer not to say		1%	8
Other (please specify)		0%	1

Comments:

Non-binary	1

28) Is your gender identity the same as the gender you were assigned at birth? (Please select one answer)

Answered – 604; skipped – 57

Yes		99%	595
No		0%	1
Prefer not to say		1%	8

29) What is your age? (Please select one answer)

Answered – 606; skipped – 55

Under 18		0%	1
18–29		1%	8
30–44		9%	53
45–59		24%	146
60–74		42%	253
75+		22%	135
Prefer not to say		2%	10

30) Do you consider yourself disabled or have a long-standing illness? (Under the Equality Act 2010 a person is considered to have a disability if they have a physical or mental impairment which has a sustained and long-term adverse effect on their ability to carry out normal day-to-day activities) (Please select all that apply)

Answered – 601; skipped – 60

No		75%	452
Yes, affecting mobility		12%	72
Yes, affecting hearing		3%	21

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Yes, affecting vision		2%	11
Yes, a learning disability		1%	6
Yes, mental ill heath		4%	24
Prefer not to say		4%	26
Other (please specify)		6%	38

Comments:

Heart disease	6	Cancer	3
Asthma	3	Rheumatoid arthritis	2
Ulcerative colitis	2	Hearing loss	2
Crohn's disease	2	Scoliosis	2
Multiple sclerosis	1	Thyroid	1
Cognitive impairment	1	Vision loss	1
Fibromyalgia	1	Epilepsy	1
COPD	1	Back pain	1
Stroke dexterity loss	1	Mental health	1
Myasthenia gravis	1	General old age	1
Gastroenterologist	1	Lung disease	1

31) What is your ethnic background? (Please select one answer)

Answered – 604; skipped – 57

White British		87%	528
White – other		4%	24
Black or Black British		1%	7
Asian or Asian British		2%	12
Mixed ethnicity		1%	4
Prefer not to say		3%	18
Other ethnic group: any other ethnic group (please specify)		2%	11

Comments:

White English	3	Jewish	1
Welsh	1	African	1
Chinese	1	Irish	1

32) What is your religion or belief? (Please select one answer)

Answered – 602; skipped – 59

Buddhist		0%	2
Christian		61%	368

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Hindu		1%	4
Jewish		0%	1
Muslim		0%	1
Sikh		0%	2
No religion		28%	171
Prefer not to say		7%	41
Other (please specify)		2%	12

Comments:

Catholic	3	Spiritualist	2
Atheist	2	Jehovah	1
Wiccan	1	Church of England	1
Christadelphian	1	Humanist	1

33) What is your sexual orientation? (Please select one answer)

Answered – 600; skipped – 61

Gay		2%	14
Lesbian		0%	0
Bisexual		1%	8
Heterosexual		87%	520
Prefer not to say		7%	42
Other (please specify)		3%	16

Comments:

Normal	7	It is not relevant	6
Demi-sexual	1		

Thank you for completing this questionnaire

For more information about Bexley Pharmaceutical Needs Assessment, please visit https://www.bexley.gov.uk/pna-survey

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Appendix D: Pharmacy contractor questionnaire

Total responses received:[1] 37

1) Premises and contact details

Provided contractor code (ODS Code) – 37

Provided name of contractor (i.e. name of individual, partnership or company owning the pharmacy business) – 35

Provided trading name – 37

Provided address of contractor pharmacy – 37

2) Does the pharmacy dispense appliances?

Answered – 35; skipped – 2

None		6%	2
Yes – All types		66%	23
Yes, excluding stoma appliances, or		3%	1
Yes, excluding incontinence appliances, or		0%	0
Yes, excluding stoma and incontinence appliances, or		3%	1
Yes, just dressings, or		23%	8
Other (please specify)		0%	0

3) Is there a particular need for a locally commissioned service in your area?

Answered – 32; skipped – 5

Yes (please specify below what is the service requirement and why)		47%	15
No		53%	17

If there is a need for a locally commissioned service, please specify the service requirement and why?

Blood pressure monitoring	3	Phlebotomy	3
Sexual health services	2	Smoking cessation	2
CPCS service	2	Minor ailments	2
Ear infection treatment	1	Elderly population services	1

[1] Please note that some percentage figures will add up to more or less than 100%. This is either due to respondents being able to give more than one response to a question, or figures have been rounded up to the nearest whole percent.

Weight management	1	INR testing	1
Ear syringing	1	Blood glucose levels testing	1
UTI treatment	1		

4) Non-commissioned services: Does the pharmacy provide any of the following?

Answered – 35; skipped – 2

Collection of prescriptions from GP practices			
Yes		91%	32
No		9%	3
Delivery of dispensed medicines – Selected patient groups			
Yes		71%	22
No		29%	9
Delivery of dispensed medicines – Selected areas			
Yes		63%	19
No		37%	11
Delivery of dispensed medicines – Free of charge on request			
Yes		84%	26
No		16%	5
Delivery of dispensed medicines – with charge			
Yes		31%	9
No		69%	20

Please list your criteria for selected patient groups:

All patients	6	Elderly/housebound	4
Isolating/shielding	2	Emergency items	1

Please list your criteria for selected areas:

Local area	6	Any area	4

5) Are there any services you would like to provide that are not currently commissioned in your area?

Answered – 34; skipped – 3

Yes		53%	18
No		47%	16

Please specify:

Smoking cessation	5	Sexual health services	4
UTI treatment	3	Minor ailments scheme	3
PGD services to support CPCS	2	Blood pressure monitoring	2
EHC	2	Ear syringing	2
Home services for vulnerable patients	1	Cholesterol testing	1
INR testing	1	Healthy start vitamins	1
Travel clinic	1	Delivery service by NHS	1
Ear infections	1	Urgent out of hours deliveries	1
Phlebotomy	1	Diabetic testing	1
Blood glucose levels	1	MAS	1
Weight management	1		

5) Do you have any comments you would like to add?

Answered – 6; skipped – 31

No comments	3
More transparency for tenders with commissioned services	1
MDS patients where surgery refuses to issue weekly scripts causes financial problems	1
We have the staff to support more commissioned services, but very little is commissioned by Bexley	1

6) Details of the person completing this form:

Provided contact name of person completing questionnaire on behalf of the contractor – 35

Provided contact telephone number – 35

DRAFT

Appendix E: Commissioner questionnaire

Total responses received:[1] 4

1) Which of the following services do you commission or may be considering commissioning from local community pharmacies? (A 'No response' may indicate that a service is currently commissioned by NHSE to some level, or will become commissioned by NHSE).

Service	Already commissioning (%)	Already commissioning	Willing to commission (%)	Willing to commission	Not able or willing to commission (%)	Not able or willing to commission	Answered
Anticoagulant monitoring Service	0%	0	50%	1	50%	1	2
Antiviral influenza distribution service(1)	0%	0	0%	0	100%	2	2
Care home service	0%	0	0%	0	100%	2	2
Chlamydia testing service(1)	0%	0	0%	0	100%	2	2
Chlamydia treatment service(1)	0%	0	0%	0	100%	2	2
Contraceptive service (not EC)(1)	0%	0	0%	0	100%	2	2

(1) These services are not listed in the Advanced and Enhanced Services Directions, and so are not 'Enhanced Services' if commissioned by the regional NHS England and NHS Improvement Team. The regional NHSE&I team may commission them on behalf of the CCG or Local Authority, but when identified in the PNA they will be described as 'Other Locally Commissioned Services' or 'Other NHS Services'.

[1] Please note that some percentage figures will add up to more or less than 100%. This is either due to respondents being able to give more than one response to a question, or figures have been rounded up to the nearest whole percent.

2) Which of the following Disease-Specific Medicines Management Services (DSMMS) do you commission or may be considering commissioning from local community pharmacies? (A 'No response' may indicate that a service is currently commissioned by NHSE to some level, or will become commissioned by NHSE).

Service	Already commissioning (%)	Already commissioning	Willing to commission (%)	Willing to commission	Not able or willing to commission (%)	Not able or willing to commission	Answered
DSMMS – Allergies	0%	0	0%	0	100%	2	2
DSMMS – Alzheimer's/dementia	0%	0	0%	0	100%	2	2
DSMMS – Asthma	0%	0	0%	0	100%	2	2
DSMMS – CHD	0%	0	0%	0	100%	2	2
DSMMS – COPD	0%	0	0%	0	100%	2	2
DSMMS – Depression	0%	0	0%	0	100%	2	2
DSMMS – Diabetes type I	0%	0	0%	0	100%	2	2
DSMMS – Diabetes type II	0%	0	0%	0	100%	2	2
DSMMS – Epilepsy	0%	0	0%	0	100%	2	2
DSMMS – Heart Failure	0%	0	0%	0	100%	2	2
DSMMS – Hypertension	0%	0	0%	0	100%	2	2
DSMMS – Parkinson's Disease	0%	0	0%	0	100%	2	2
Other DSMMS (please state below)	0%	0	0%	0	100%	2	2

3) Which of the following other services do you commission or may be considering commissioning from local community pharmacies? (A 'No response' may indicate that a service is currently commissioned by NHSE to some level, or will become commissioned by NHSE).

Service	Already commissioning (%)	Already commissioning	Willing to commission (%)	Willing to commission	Not able or willing to commission (%)	Not able or willing to commission	Answered
Emergency contraception service(1)	0%	0	0%	0	100%	2	2
Emergency supply service	0%	0	0%	0	100%	2	2
Gluten-free food supply service (i.e. not via FP10)	0%	0	0%	0	100%	2	2
Home delivery service (not appliances)(1)	0%	0	0%	0	100%	2	2
Independent prescribing service	0%	0	0%	0	100%	2	2

(1) These services are not listed in the Advanced and Enhanced Services Directions, and so are not 'Enhanced Services' if commissioned by the regional NHS England and NHS Improvement Team. The regional NHSE&I team may commission them on behalf of the CCG or Local Authority, but when identified in the PNA they will be described as 'Other Locally Commissioned Services' or 'Other NHS Services'.

DRAFT

4) Which of the following other services do you commission or may be considering commissioning from local community pharmacies? (A 'No response' may indicate that a service is currently commissioned by NHSE to some level, or will become commissioned by NHSE).

Service	Already commissioning (%)	Already commissioning	Willing to commission (%)	Willing to commission	Not able or willing to commission (%)	Not able or willing to commission	Answered
Language access service	0%	0	0%	0	100%	2	2
Medication review service	0%	0	0%	0	100%	2	2
Medicines assessment and compliance support service	0%	0	0%	0	100%	2	2
Minor Ailment Scheme	0%	0	0%	0	100%	2	2
Medicines optimisation service[1]	0%	0	0%	0	100%	2	2

(1) These services are not listed in the Advanced and Enhanced Services Directions, and so are not 'Enhanced Services' if commissioned by the regional NHS England and NHS Improvement Team. The regional NHSE&I team may commission them on behalf of the CCG or Local Authority, but when identified in the PNA they will be described as 'Other Locally Commissioned Services' or 'Other NHS Services'.

DRAFT

5) Which of the following services do you commission or may be considering commissioning from local community pharmacies? (A 'No response' may indicate that a service is currently commissioned by NHSE to some level, or will become commissioned by NHSE).

Service	Already commissioning (%)	Already commissioning	Willing to commission (%)	Willing to commission	Not able or willing to commission (%)	Not able or willing to commission	Answered
Needle and Syringe Exchange Service	0%	0	0%	0	100%	2	2
Obesity management (adults and children)(1)	0%	0	33%	1	67%	2	3
Not-dispensed scheme	0%	0	0%	0	100%	2	2
On-demand availability of specialist drugs service	0%	0	0%	0	100%	2	2
Out-of-hours services	0%	0	0%	0	100%	2	2
Patient Group Direction service (please name the medicines below)	0%	0	0%	0	100%	2	2
Phlebotomy service(1)	0%	0	50%	1	50%	1	2
Prescriber support service	0%	0	0%	0	100%	2	2
Schools service	0%	0	0%	0	100%	2	2

(1) These services are not listed in the Advanced and Enhanced Services Directions, and so are not 'Enhanced Services' if commissioned by the regional NHS England and NHS Improvement Team. The regional NHSE&I team may commission them on behalf of the CCG or Local Authority, but when identified in the PNA they will be described as 'Other Locally Commissioned Services' or 'Other NHS Services'.

6) Which of the following screening services do you commission or may be considering commissioning from local community pharmacies? (A 'No response' may indicate that a service is currently commissioned by NHSE to some level, or will become commissioned by NHSE).

Service	Already commissioning (%)	Already commissioning	Willing to commission (%)	Willing to commission	Not able or willing to commission (%)	Not able or willing to commission	Answered
Screening Services – Alcohol	0%	0	0%	0	100%	2	2
Screening Services – Cholesterol	0%	0	0%	0	100%	2	2
Screening Services – Diabetes	0%	0	0%	0	100%	2	2
Screening Services – Gonorrhoea	0%	0	0%	0	100%	2	2
Screening Services – H. pylori	0%	0	0%	0	100%	2	2
Screening Services – HbA1C	0%	0	0%	0	100%	2	2
Screening Services – Hepatitis	0%	0	0%	0	100%	2	2
Screening Services – HIV	0%	0	0%	0	100%	2	2
Other Screening Services (please state below)	0%	0	0%	0	100%	2	2

7) Which of the following vaccination services do you commission or may be considering commissioning from local community pharmacies? (A 'No response' may indicate that a service is currently commissioned by NHSE to some level, or will become commissioned by NHSE).

Service	Already commissioning (%)	Already commissioning	Willing to commission (%)	Willing to commission	Not able or willing to commission (%)	Not able or willing to commission	Answered
Seasonal influenza vaccination service [1]	0%	0	0%	0	100%	2	2
Childhood vaccinations	0%	0	0%	0	100%	2	2
COVID-19 vaccinations	0%	0	0%	0	100%	2	2
Hepatitis (at-risk workers or patients) vaccinations	0%	0	0%	0	100%	2	2
HPV vaccinations	0%	0	0%	0	100%	2	2
Meningococcal vaccinations	0%	0	0%	0	100%	2	2
Pneumococcal vaccinations	0%	0	0%	0	100%	2	2
Travel vaccinations	0%	0	0%	0	100%	2	2
Other vaccinations (please state below)	0%	0	0%	0	100%	2	2

(1) These services are not listed in the Advanced and Enhanced Services Directions, and so are not 'Enhanced Services' if commissioned by the regional NHS England and NHS Improvement Team. The regional NHSE&I team may commission them on behalf of the CCG or Local Authority, but when identified in the PNA they will be described as 'Other Locally Commissioned Services' or 'Other NHS Services'.

8) Which of the following other services do you commission or may be considering commissioning from local community pharmacies? (A 'No response' may indicate that a service is currently commissioned by NHSE to some level, or will become commissioned by NHSE).

Service	Already commissioning (%)	Already commissioning	Willing to commission (%)	Willing to commission	Not able or willing to commission (%)	Not able or willing to commission	Answered
Sharps disposal service[1]	0%	0	0%	0	100%	2	2
Stop smoking service	0%	0	0%	0	100%	3	3
Supervised administration service	0%	0	0%	0	100%	2	2
Supplementary prescribing service (please name therapeutic areas below)	0%	0	0%	0	100%	2	2
Vascular risk assessment service (NHS Health Check)[1]	0%	0	0%	0	100%	2	2

(1) These services are not listed in the Advanced and Enhanced Services Directions, and so are not 'Enhanced Services' if commissioned by the regional NHS England and NHS Improvement Team. The regional NHSE&I team may commission them on behalf of the CCG or Local Authority, but when identified in the PNA they will be described as 'Other Locally Commissioned Services' or 'Other NHS Services'.

9) Do you have any comments you would like to add?

Answered – 1; skipped – 3

I personally only have remit to commission Stop Smoking Services and Tobacco Control related programmes. Under the NHS LTP for Tobacco Dependency, it will require discharge to community for completion of their programme, but local pathways will ensure that where a local community service is already in place (such as in Bexley), patients will be discharged to the local service rather than local pharmacy.

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Appendix F: PNA project plan

	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Stage 1: Project planning and governance • Stakeholders identified • First Steering Group meeting conducted • Project plan, communications plan and terms of reference agreed • PNA localities agreed • Questionnaire templates shared and agreed											
Stage 2: Research and analysis • Collation of data from NHSE&I, PH, LPC and other providers of services • Listing and mapping of services and facilities with the borough • Collation of information regarding housing and new care home developments • Equalities Impact Assessment • Electronic, distribution and collation • Analysis of questionnaire responses • Steering Group meeting two • Draft update for HWB											
Stage 3: PNA development • Triangulation, review and analysis of all data and information collated to identify gaps in services based on current and future population needs • Develop consultation plan • Draft PNA • Engagement for consultation • Steering Group meeting three • Draft update for HWB											
Stage 4: Consultation and final draft production • Coordination and management of consultation • Analysis of consultation responses • Production of consultation findings report • Draft final PNA for approval • Steering Group meeting four • Edit and finalise final PNA 2022 • Draft update for HWB											

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Appendix G: Alphabetical list of pharmaceutical service providers in Bexley HWB area

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced									NHSE&I Enhanced			CCG	LA					
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	C-19 LFD distribution	Hypertension case-finding	Stop smoking	C-19 vaccination	London Vaccination	Bank holiday	Palliative care	Supervised consumption	Needle exchange	C-19 champions	EHC	Chlamydia treatment	Chlamydia screening
Aspire Pharmacy	FFT84	Community	23 High Street, Sidcup	DA14 6EQ	08:30-19:00	08:30-19:00	11:00-16:00	-	-	Y	-	-	Y	-	Y	Y	Y	-	Y	Y	-	-	Y	Y	Y	Y	Y	Y
B R Lewis Chemist	FP273	Community	62 Upper Wickham Lane, Welling	DA16 3HQ	08:30-19:30	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	Y	-	Y	-	-	Y	Y	Y	Y	Y	Y
Barnehurst Pharmacy	FHC92	Community	87 Barnehurst Road, Bexleyheath	DA7 6HD	08:00-18:30	09:00-13:00	Closed	-	-	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-
Bellegrove Pharmacy	FX263	Community	225 Bellegrove Road, Welling	DA16 3RQ	08:30-13:00, 14:00-18:30	09:00-13:00, 14:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-
Belvedere Pharmacy	FRN18	Community	11 Picardy Street, Belvedere	DA17 5QQ	09:00-18:00	10:00-14:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	Y	-	-	Y	Y	-	-	-	-
Boots	FA084	Community	Unit 8, Tower Retail Park, Crayford	DA1 4LD	09:00-20:00	09:00-18:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	-	-	Y	-	Y	-	Y	-
Boots	FE434	Community	56 High Street, Sidcup	DA14 6EH	09:00-18:00	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	-	-	Y	-	Y	Y	Y	Y
Boots	FMH33	Community	31-33 The Mall, Broadway Shopping Centre, Bexleyheath	DA6 7JJ	08:30-18:00 (Thu 08:30-20:00)	08:30-18:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	Y	-	-	-	-	Y	Y	Y	Y
Bourne Road Pharmacy	FTK01	Community	7 Bourne Parade, Bourne Road, Bexley	DA5 1LQ	09:00-19:00	09:00-16:00	Closed	-	-	Y	-	-	-	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-
Broadway Pharmacy	FA575	Community	172 Broadway, Bexleyheath	DA6 7BN	08:30-19:00	08:30-18:00	Closed	-	-	-	-	-	Y	-	Y	Y	Y	-	-	Y	-	Y	Y	Y	Y	Y	Y	Y
Brownes Chemist	FPX29	Community	252 Blackfen Road, Blackfen, Sidcup	DA15 8PW	09:00-19:00	09:00-18:00	Closed	-	-	-	-	-	Y	-	Y	Y	-	-	-	Y	-	-	Y	-	Y	Y	Y	Y
Brownes Chemist	FWA43	Community	208 Yarnton Way, Erith	DA18 4DR	09:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	-	-	-	-	-	-	-	-

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced									NHSE&I Enhanced			CCG	LA					
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	C-19 LFD distribution	Hypertension case-finding	Stop smoking	C-19 vaccination	London Vaccination	Bank holiday	Palliative care	Supervised consumption	Needle exchange	C-19 champions	EHC	Chlamydia treatment	Chlamydia screening
Compact Pharmacy	FQ282	Community	139 Blendon Road, Bexley	DA5 1BT	09:00-18:00	09:00-15:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	Y	-	Y	-	-	-	-	-	-
Crook Log Pharmacy	FH066	Community	329 Broadway, Bexleyheath	DA6 8DT	09:00-19:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	Y	-	-	-	-	Y	-	-	Y
Davidsons Chemists	FCG07	Community	5 Midfield Parade, Barnehurst	DA7 6NA	09:00-19:00 (Wed 09:00-13:00)	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	-	-	-	-	-	-	-	-
Day Lewis Pharmacy	FP029	Community	253 Westwood Lane, Blackfen, Sidcup	DA15 9PS	09:00-18:00	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	Y	-	-	-	-	-	-	-	-
Day Lewis Pharmacy	FQA59	Community	5 The Pantiles, Littleheath Road, Bexleyheath	DA7 5HH	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	Y	-	-	-	-	Y	Y	Y	Y
Day Lewis Pharmacy	FER44	Community	249-251 Bexley Road, Erith	DA8 3EX	09:00-18:30	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	Y	Y	-	-	-	-	Y	-	-	Y
Daysol Pharmacy	FAQ24	Community	3 Parkside Parade, Northend Road, Dartford	DA1 4RA	09:00-18:00	09:00-14:00	Closed	-	-	Y	-	-	-	-	Y	Y	Y	-	-	Y	-	-	Y	Y	-	-	-	-
Falconwood Pharmacy	FE097	Community	3 Falconwood Parade, Welling	DA16 2PL	09:00-17:30	Closed	Closed	-	-	Y	-	Y	Y	-	-	Y	Y	-	-	-	-	-	-	-	Y	Y	Y	Y
Harrisons Pharmacy	FL579	Community	1 Town Square, Erith	DA8 1RE	09:00-18:00	09:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	-	-	-	Y	-	-	-	-
Hayshine Pharmacy	FRM32	Community	54 Wrotham Road, Welling	DA16 1LN	09:00-18:00	09:00-15:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	Y	-	-	-	-	Y	Y	Y	Y
Hollytree Pharmacy	FLD66	Community	2 Hollytree Parade, Sidcup Hill, Sidcup	DA14 6JR	09:30-19:30	09:00-18:30	Closed	-	-	-	-	-	-	-	-	Y	Y	-	-	-	-	Y	-	-	-	-	-	-
Knightons Pharmacy	FNW18	Community	36 Nuxley Road, Belvedere	DA17 5JG	08:15-19:00 (Thu 08:15-18:30)	08:45-17:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	-	-	-	-	Y	Y	-	Y
Lloyds Pharmacy	FGQ05	Community	Sainsbury's, Stadium Way, Crayford	DA1 4HW	08:00-21:00 (Thu-Fri 08:00-22:00)	07:00-21:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	Y	-	-	-	-	Y	-	-	Y

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced									NHSE&I Enhanced			CCG	LA					
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	C-19 LFD distribution	Hypertension case-finding	Stop smoking	C-19 vaccination	London Vaccination	Bank holiday	Palliative care	Supervised consumption	Needle exchange	C-19 champions	EHC	Chlamydia treatment	Chlamydia screening
Lloyds Pharmacy	FR109	Community	7 Nuxley Road, Belvedere	DA17 5JE	08:30-18:30	09:00-12:00	Closed	-	-	Y	-	Y	Y	-	Y	Y	-	-	-	Y	-	-	Y	-	Y	Y	Y	Y
Lloyds Pharmacy	FH281	Community	32 Pickford Lane, Bexleyheath	DA7 4QW	09:00-19:00	09:00-17:30	Closed	-	-	Y	-	Y	Y	-	Y	Y	-	-	-	Y	-	-	Y	-	Y	Y	Y	Y
Mistvale Chemist	FYQ93	Community	138-140 Welling High Street, Welling	DA16 1TJ	09:00-13:00, 14:00-19:00	10:00-13:00	Closed	-	-	-	-	-	Y	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-
Neem Tree Welling Pharmacy	FKC93	Community	109-111 High Street, Welling	DA16 1TY	09:00-17:30	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	-	Y	-	-	Y	-	-	-	-	-	-	-	-
Olins Pharmacy	FHR27	Community	3 The Oval, Sidcup	DA15 9ER	09:00-18:00	09:00-17:30	Closed	-	-	-	-	-	Y	-	Y	Y	-	-	-	Y	-	-	-	-	-	-	-	-
Ormay Chemist	FPN89	Community	224 Bexley Road, Erith	DA8 3HD	09:00-18:30	09:00-14:00	Closed	-	-	-	-	-	Y	-	Y	Y	-	-	-	Y	Y	-	Y	-	Y	-	-	-
Osbon Pharmacy	FFL63	Community	24 Steynton Avenue, Bexley	DA5 3HP	09:00-19:00	09:00-19:00	Closed	-	Y	-	-	-	-	-	Y	Y	-	-	-	Y	-	-	-	-	-	-	-	-
Praise Pharmacy	FXK04	Community	146 Long Lane, Bexleyheath	DA7 5AH	09:00-18:00	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	-	-	-	-	-	-	-	-
Roadnight Chemists	FMF67	Community	88 Station Road, Sidcup	DA15 7DU	08:30-19:00	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	Y	-	Y	-	-	-	-	Y	Y	Y	Y
Seven Day Chemist	FXN89	Community	175A Bellegrove Road, Welling	DA16 3QS	08:30-23:00	08:30-23:00	08:30-23:00	Y	-	Y	-	-	Y	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-
Soka Blackmore Pharmacy	FA554	Community	2 Pembroke Parade, Erith	DA8 1DB	09:00-18:00	09:00-13:00	Closed	-	-	-	-	-	Y	-	-	Y	-	-	-	-	-	-	Y	-	Y	Y	Y	Y
Southcott Chemist	FD537	Community	281 Main Road, Sidcup	DA14 6QL	09:30-18:00	09:30-17:00	Closed	-	-	-	-	-	Y	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-
St Johns Pharmacy	FQ835	Community	16 High Street, Sidcup	DA14 6EH	09:30-18:00	09:30-16:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	Y	Y	-	-	-	-	-	-	-

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced									NHSE&I Enhanced			CCG	LA					
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	C-19 LFD distribution	Hypertension case-finding	Stop smoking	C-19 vaccination	London Vaccination	Bank holiday	Palliative care	Supervised consumption	Needle exchange	C-19 champions	EHC	Chlamydia treatment	Chlamydia screening
Station Road Pharmacy	FKR09	Community	8 Station Road, Crayford	DA1 3QA	09:00-19:00	09:00-12:00	Closed	-	-	-	-	-	Y	-	Y	Y	-	-	-	Y	-	-	Y	-	-	-	-	-
Stelling Road Chemist	FDT69	Community	38 Stelling Road, Erith	DA8 3JH	09:00-19:00	10:00-13:00	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	-	-	-	-	-
Targett Chemist	FY261	Community	172 Halfway Street, Sidcup	DA15 8DJ	09:00-18:30	09:00-17:30	Closed	-	-	-	-	-	-	-	Y	Y	-	-	-	Y	-	-	-	-	-	-	-	-
The Pharmacy Hut	FE715	DSP	286 Erith Road, Bexleyheath	DA7 6HN	09:00-13:00, 13:30-17:00	Closed	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Warren Pharmacy	FX373	Community	24 High Street, Bexley	DA5 1AD	08:30-18:00	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	Y	Y	-	-	-	-	-	-	-	-
Well Pharmacy	FCE42	Community	Morrisons, 71-79 High Street, Welling	DA16 1TU	08:30-20:00	08:00-20:00	Closed	-	-	Y	-	-	-	-	Y	Y	Y	-	-	Y	-	-	-	-	Y	Y	Y	Y
Well Pharmacy	FLK13	Community	297 Brampton Road, Bexleyheath	DA7 5QR	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	Y	-	-	-	-	Y	Y	Y	Y
Well Pharmacy	FK814	Community	41-49 Forest Road, Slade Green	DA8 2NU	09:00-19:00	09:00-13:00, 14:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	Y	-	-	-	-	Y	Y	Y	Y

Appendix I: Opportunities for service provision from community pharmacies in Bexley

Introduction

Any local commissioning of services for delivery by community pharmacy lies outside the requirements of a PNA; it is considered as being additional to any Necessary Services required under the regulations.

In reviewing the provision of Necessary Services and considering Advanced, Enhanced and Locally Commissioned Services for Bexley as part of the PNA process, it was possible to identify opportunities for service delivery via the community pharmacy infrastructure that could positively impact the population.

Not every service can be provided from every pharmacy and that service development and delivery must be planned carefully. However, many of the health priorities either at a national or local level can be positively impacted by services provided from community pharmacies albeit being out of the scope of the PNA process.

Where applicable, all pharmacies and pharmacists should be encouraged to become eligible to deliver Advanced Services in all pharmacies across all localities. This will mean that more eligible patients are able to access and benefit from these services.

Across Bexley there were 37 responses to the contractor questionnaire. When asked 'Are there any services you would like to provide that are not currently commissioned in your area?' There were 34 responses to the question and 53% responded 'yes', indicating that a broader provision of services is possible.

The impact of the COVID-19 pandemic on service provision from community pharmacies has been significant during the life of the previous PNA.:

- New Advanced Services have had their implementation delayed
- Community pharmacy priorities have been centred on pandemic service delivery, e.g. lateral flow test distribution and COVID-19 vaccination
- Managing significantly increased demand for existing services, e.g. repeat dispensing

The successful implementation of new Advanced and Enhanced Services to support the pandemic response is an indicator that implementation of additional new services from community pharmacies in the future is possible.

Health needs identified in the NHS Long Term Plan

The LTP identifies community pharmacists as part of the process of improving the effectiveness of approaches such as the NHS Health Check, rapidly treating those identified with high-risk conditions, including high blood pressure. The hypertension case-finding service has been developed as an Advanced Service from community pharmacy as part of this process, but other disease-specific programmes should be made part of the service options available including respiratory, diabetes and cancer. For example, the LTP states 'We will do more to

support those with respiratory disease to receive and use the right medication'. Of NHS spend on asthma, 90% goes on medicines, but incorrect use of medication can also contribute to poorer health outcomes and increased risk of exacerbation or even admission. The New Medicines Service (NMS) is an Advanced Service that provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence.

LTP priorities that can be supported from community pharmacy

Prevention	Better care for major health conditions
Smoking	Cancer
Obesity	Cardiovascular disease
Alcohol	Stroke care
Antimicrobial resistance	Diabetes
Stronger NHS action on health inequalities	Respiratory disease
	Adult mental health services

Health needs in Bexley

The health needs of the population of Bexley were briefly outlined in Section 2 and summarised in Section 6.1 of the PNA.

Males in Bexley have a significantly higher healthy life expectancy compared with England and London but there is no significant difference for females.

Many of the significant diseases that are national priorities are among the leading individual conditions that are a health burden within Bexley. Section 2 discussions these factors in detail and the table below summarises this information.

Area of ill-health	Prevalence and impact
Diabetes	Significantly higher than both London and England
COPD Asthma	Prevalence is 1.9% higher than London and similar to England Prevalence is 5.3% higher than London and lower than England
Cancer	The prevalence of cancers in Bexley (3.27%) similar to England, but significantly higher than London
Hypertension	Prevalence is 14.1% higher than London and similar to England
Stroke	Prevalence is 1.6% higher than London and lower than England
CHD	Rates similar to London and England (lower for males)
Circulatory disease	Rates similar to London and England (lower for males)

Bexley has the highest proportion of adults aged 18+ classified as overweight or obese of all London boroughs, and has a significantly (95% CI 64.5–73.3) higher proportion than the England average (95% CI 62.6–63.0).

Bexley has a significantly lower detection rate for chlamydia in ages 15–24 compared with both England and London, at 1,002.63 per 100,000. Similarly, Bexley also has a significantly

lower diagnosis rate for all STIs compared with either England or London, at 447.25 per 100,000.

There is no significant difference between the prevalence of smoking in adults in Bexley (14.2% compared with England (13.9%) or London (13.0%)) but smoking remains a major cause of ill health.

Opportunities for further community pharmacy provision

Should these be priority target areas for commissioners, they may want to consider the current and future service provision from community pharmacies, in particular the screening services they are able to offer.

Based on these priorities and health needs community pharmacy can be commissioned to provide services that can help manage and support in these areas.

A. Existing Services

Essential Services

Signposting for issues such weight management.

Advanced Services

Some of the existing Advanced Services could be better utilised within Bexley, i.e, CPCS and NMS, including a focus on particular health needs in the population for these services, e.g. diabetes, CHD or respiratory (inhaler technique).

Locally Commissioned Services

Sexual health services are commissioned in community pharmacies in Bexley. Expansion of the current chlamydia screening services to include STI screening and/or treatment may be beneficial. In addition, coupling such services with the Advanced hepatitis C testing service could be advantageous.

B. New Services

From the public questionnaire there is a wish to see a variety of services provided from community pharmacies. From the contractor questionnaire there is also a willingness to deliver some services if commissioned, albeit not in all pharmacies.

Advanced Services

These services would be commissioned by NHSE&I.

There are several new or recently introduced Advanced Services being implemented that could be beneficial to the population of Bexley based on the identified health needs, including:

- Hypertension case finding service
  This is a recently introduced Advanced Service. The service has two stages – the first is identifying people at risk of hypertension and offering them blood pressure measurement (a 'clinic check'). The second stage, where clinically indicated, is offering 24-hour ambulatory blood pressure monitoring (ABPM). The blood pressure test results

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will then be shared with the patient's GP to inform a potential diagnosis of hypertension.

- Hepatitis C testing service
  The service is focused on provision of point of care testing (POCT) for hepatitis C (Hep C) antibodies to people who inject drugs (PWIDs), i.e. individuals who inject illicit drugs such as steroids or heroin, but who haven't yet moved to the point of accepting treatment for their substance use. Where people test positive for Hep C antibodies, they will be referred for a confirmatory test and treatment, where appropriate.

- Smoking Cessation Advanced Service
  There is a new Smoking Cessation Advanced Service for people referred to pharmacies by a hospital, which has been commissioned from 10th March 2022. The service is aimed at stop smoking support for those beginning a programme of smoking cessation in secondary care and referred for completion in community pharmacy. The Department of Health and Social Care (DHSC) and NHSE&I proposed the commissioning of this service as an Advanced Service.

Locally Commissioned Services

Based on the local and national health needs identified throughout this document, there are opportunities for community pharmacy to positively impact outcomes.

The NHS Health Check is a national programme for people aged 40–74 that assesses a person's risk of developing diabetes, heart disease, kidney disease and stroke. It then provides the person with tailored support to help prevent the condition, advising on lifestyle changes to reduce their risk. Nationally, there are over 15 million people in this age group who should be offered an NHS Health Check once every five years, and local authorities are responsible for commissioning NHS Health Checks.

As the rates of diabetes are higher than the national average and hypertension, stroke circulatory disease are all priority health areas in Bexley then the provision of Health Checks through community pharmacies within the existing infrastructure could be considered. Note: Health checks are available from other providers, e.g. GP practices.

Below are examples of services that have been commissioned in some areas of England either by NHSE or CCGs. These would be seen as add-on services to Advanced Services or could be commissioned separately.

There are many examples of different service types on the PSNC website, those below are described to give an idea of the type of service available. The conditions listed have been identified as health priorities either as causes of ill health in Bexley or in the NHS LTP.

Possible Disease Specific Services

- Weight management
  There are many different examples of weight management services already provided from a number of community pharmacies in England. These may be targeted to

localities, e.g. areas of higher deprivation or coupled with programmes for other ill health, e.g. cardiovascular disease or diabetes.

- Diabetes
  Diabetes-focused pharmacy (Wessex LPN). The framework is categorised into six elements: 1. The pharmacy team, 2. Prevention and lifestyle, 3. Complications of diabetes, 4. Education programmes, 5. Medicines adherence, 6. Signposting
- Cardiovascular
  In addition to the hypertension case finding Advanced service the following is possible. Atrial Fibrillation screening service (multiple LPC areas). This service provides patients at high risk of AF with a consultation which gathers information and screens them for AF using a portable heart monitoring device called an AliveCor monitor. Patients who have this arrhythmia detected will be counselled by the pharmacist about the implications of the diagnosis and referred to their GP for ongoing management. The pharmacy consultation will: 1. Screen identified cohorts for atrial fibrillation using a portable heart monitor device; 2. Counsel the patient on the results of the analysis; 3. Where appropriate, send the report and refer the patient to their GP for further investigation and management; 4. Offer advice on a healthier lifestyle; and 5. Signpost the patient to other services available in the pharmacy such as a Stop Smoking Service or Weight Loss Support Service.
- Respiratory
  Six pharmacies in north-east Essex are piloting a Chronic Obstructive Pulmonary Disease (COPD) project aimed at reducing demand on GPs and hospitals during the busy winter period. Funded through winter pressures money, the service proactively checks that patients with COPD are aware of what to do if they start an exacerbation (whether this is a formal written plan or not) and also checks that they have a rescue pack at home if this is part of the plan. If they haven't, there is a Patient Group Direction element to supply this. The service is different from other rescue pack schemes in that rescue packs are discussed and supplied to patients when they are well, rather than when they have started to exacerbate.

Recommendations

1. Highlight to the public the services that are currently available from community pharmacies

This will help to manage the following issues:

- The existing services can have improved utilisation
- The public questionnaire made it clear that members of the public were not aware of all the available services
- Members of the public wish to see many of these services provided (Section 5)

2. Identify the best way to deliver the new Advanced Services

Smoking cessation and hypertension case-finding can meet the health needs of Bexley.

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3. Consider the provision of new locally commissioned services

To meet specific health needs in Bexley, e.g. diabetes, weight management, cardiovascular or respiratory services.

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Abbreviations

ABPM – Ambulatory Blood Pressure Monitoring

AUR – Appliance Use Review

BMI – Body Mass Index

BSA – Business Services Authority

C-19 – COVID-19

CCG – Clinical Commissioning Group

CHD – Coronary Heart Disease

CKD – Chronic Kidney Disease

COPD – Chronic Obstructive Pulmonary Disease

CPCF – Community Pharmacy Contractual Framework

CPCS – Community Pharmacist Consultation Service

CVD – Cardiovascular Disease

DAC – Dispensing Appliance Contractor

DHSC – Department of Health and Social Care

DMIRS – Digital Minor Illness Referral Service

DMS – Discharge Medicines Service

DSP – Distance-Selling Pharmacy

DSR – Directly Standardised Rate

EA – Equality Act 2010

EHC – Emergency Hormonal Contraception

ES – Essential Services

GP – General Practitioner

HIV – Human Immunodeficiency Virus

HWB – Health and Wellbeing Board

IBD – Inflammatory Bowel Disease

ICB – Integrated Care Board

ICS – Integrated Care Systems

IMD – Index of Multiple Deprivation

JSNA – Joint Strategic Needs Assessment

LA – Local Authority

DRAFT

LASA – Look Alike Sound Alike

LBB – London Borough of Bexley

LCS – Locally Commissioned Services

LFD – Lateral Flow Device

LPC – Local Pharmaceutical Committee

LPS – Local Pharmaceutical Service

LSOA – Lower Super Output Areas

LTP – Long-Term Plan

MAS – Minor Ailments Scheme

MSOA – Medium Super Output Area

NCSP – National Chlamydia Screening Programme

NHS – National Health Service

NHSE&I – NHS England and NHS Improvement

NMS – New Medicine Service

NSP – Needle and Syringe Programme

NUMSAS – NHS Urgent Medicine Supply Advanced Service

OHID – Office for Health Improvement and Disparities

ONS – Office for National Statistics

PCN – Primary Care Network

PCT – Primary Care Trust

PGD – Patient Group Direction

PhAS – Pharmacy Access Scheme

PNA – Pharmaceutical Needs Assessment

POCT – Point of Care Testing

POPPI – Projecting Older People Population Information System

PQS – Pharmacy Quality Scheme

PSNC – Pharmaceutical Services Negotiating Committee

PWID – People Who Inject Drugs

QOF – Quality Outcomes Framework

SAC – Stoma Appliance Customisation

SEL – South East London

DRAFT

STI – Sexually Transmitted Infection

YLD – Years of Healthy Life Lost due to Disability

YLL – Years of Life Lost

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