

# DRAFT Pharmaceutical Needs Assessment 2025 –2028

Camden Health and Wellbeing  
Board

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# Executive Summary

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

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

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

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

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

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

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

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

This PNA covers the following areas:

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

The 2013 NHS (Pharmaceutical and Local Pharmaceutical) regulations <sup>(6)</sup> require the Health and Wellbeing Board (HWB) to include a statement of necessary pharmaceutical services.

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

Relevant services are those pharmaceutical services, other than necessary services, that contribute to meeting the health and wellbeing needs of the population. Camden HWB has identified advanced services and enhanced services as relevant services that secure improvements or better access to pharmaceutical services, contributing to meeting the need for pharmaceutical services in the HWB area. A full description of all pharmacy services appears in Sections 7 & 8 of this document.

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



## Pharmaceutical service providers in Camden

Camden has 61 community pharmacies (as of March 2025) for a population of around 218,049 (based on ONS mid-2022 ward-level population estimates<sup>(8)</sup>), which includes one distance selling pharmacy. Combining these, Camden has an average of 28 community pharmacies per 100,000 population, compared with 18.3 per 100,000 in England.

## Conclusions:

### Provision of necessary services

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

### Improvements and better access

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

# **1. Introduction**

## **1.1 Background**

The Health Act 2009<sup>(9)</sup> established a legal requirement for all Primary Care Trusts (PCTs) to publish a Pharmaceutical Needs Assessment (PNA) by 1 February 2011. Subsequently, the Health and Social Care Act 2012<sup>(1)</sup> transferred responsibility for developing and updating PNAs to HWBs.

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

Camden HWB last published its PNA in October 2022<sup>(2)</sup> and has now prepared an updated version for release by 1 October 2025.

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013<sup>(6)</sup> define the statutory requirements for PNAs. The development of this PNA adhered to the guidance outlined in the PNA Information Pack for Local Authority Health and Wellbeing Boards<sup>(10)</sup>, published by the Department of Health in October 2021.

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

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

This PNA relates to community pharmacies (including distance selling pharmacies and dispensing appliance contractors) and dispensing GP practices. Prison pharmacy and hospital pharmacy are beyond the scope of the PNA.

## **1.2 Purpose**

The PNA provides a comprehensive evaluation of both current and future pharmaceutical needs within the local population. It outlines the area's health needs (Section 4), assesses the availability of existing pharmaceutical services, and identifies any service gaps (Sections 7 and 8). Additionally, it highlights potential new

services to address unmet health needs and support the objectives of the Health and Wellbeing Strategy 2021 – 2025<sup>(5)</sup>.

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

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

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

### **1.3 Pharmacy market**

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

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

There are five types of market entry applications for inclusion on the Pharmaceutical List:

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

#### **1.4 National context**

The NHS Long Term Plan in 2019<sup>(11)</sup> set out the ambition to accelerate the redesign of patient care to future proof the NHS for the decade ahead. The plan acknowledged the essential role pharmacists play within a health and care system with a commitment to community pharmacy.

The government is in the process of developing a 10-year plan to build a health service fit for the future. The first step in the process was Lord Darzi's independent report on the State of the NHS in England<sup>(12)</sup>. The report was published in September 2024, and it identified challenges faced by the health service which will be addressed by the plan. The review noted that:

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

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

#### **1.5 Pharmacy services NHS overview**

The NHS Business Services Authority (NHSBSA) published a report on General Pharmaceutical Services in England 2015/16 – 2023/24<sup>(13)</sup>.

This report notes that there were more than 12,009 community pharmacies in England providing accessible healthcare alongside the dispensing of medicines. For a typical pharmacy, NHS income accounts for around 90% of their total income<sup>(14)</sup>.

Community pharmacies in England provide a range of services including:

- Dispensing and Repeat Dispensing

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

Key findings of General Pharmaceutical Services in England 2015/16 - 2023/24<sup>(13)</sup> indicated that:

- There were 12,009 active community pharmacies and 112 active appliance contractors in England during 2023/24. This is the first increase shown since 2017/19. It is important to note that if a pharmacy has opened, submitted a prescription to the NHSBSA and then closed again in the same year, it would still be classed as an active pharmacy. When a pharmacy contract changes providers, it can remain in the same premises but may be given a new organisation code. This measure uses the pharmacy organisation code to determine active pharmacies
- The number of items dispensed by community pharmacies in England between 2022/23 and 2023/24 increased by 3.15% from 1.08 billion to 1.11 billion. Overall, the number of items dispensed is 11.8% higher than the 995 million items dispensed in 2015/16
- 1.08 billion prescription items were dispensed via the Electronic Prescription Service (EPS) in 2023/24, 96.1% of all items dispensed in the year. This is an increase of 60.7 percentage points from 2015/16
- The cost of drugs and appliances reimbursed to community pharmacies and appliance contractors totalled £10.2 billion in 2023/24. Costs reimbursed to contractors increased in 2023/24 for the fifth consecutive year. Costs increased by 4.97% between 2022/23 and 2023/24 from £9.72 billion to £10.2 billion, the highest costs in 9 years
- The number of vaccines administered by pharmacies as part of the Influenza Vaccination advanced service decreased in 2023/24 after increasing every year since the service began in 2015/16. In 2023/24 there were 3.77 million vaccines administered by 9,170 community pharmacies, at an average of 412 vaccines per pharmacy. This was a decrease of 24.7% on the 5.01 million vaccines administered in 2022/23
- New medicines services (NMSs) have shown sizable increases for the last three financial years. Thirteen additional conditions were added to the specification list in September 2021. The number of NMSs claimed in 2023/24 has increased by 42% from 2022/23
- Pharmacy First, which was introduced on 1 February 2024, continues to grow with over 750,000 interactions nationally in September 2024 compared with an average of 141,000 per month in the first 3 months.

## **1.6 Community Pharmacy Contractual Framework**

The Department of Health and Social Care (DHSC), NHS England and NHS Improvement, and the Pharmaceutical Services Negotiating Committee (now known as Community Pharmacy England) agreed a five-year plan, 2019-2024, the Community Pharmacy Contractual Framework (CPCF)<sup>(15)</sup> which described a vision for how community pharmacy will support delivery of the NHS Long Term Plan.<sup>(11)</sup>

In April 2025, agreement was reached between the Department of Health and Social Care (DHSC), NHS England and Community Pharmacy England (CPE), on the funding arrangements for both the Community Pharmacy Contractual Framework (CPCF) for 2024 to 2025 and 2025 to 2026<sup>(7)</sup>, and Pharmacy First. These new arrangements aim to reflect joint ambition to focus on stabilising medicines supply and pharmacy funding for this core function. This funding also provides an uplift to key clinical service fees, while supporting Pharmacy First to continue to grow and embed at pace. Contractual arrangements post April 2026 have yet to be agreed. The success of the Pharmacy Quality Scheme (PQS) across the CPCF in 2019-2024 was recognised within the review of the CPCF with a targeted PQS being reinstated from 1 April 2025.

The critical focus included:

- Being signed up to deliver Pharmacy First pathway and the pharmacy contraception service
- Develop or update a palliative and end of life care action plan
- Referral of patients aged 5 to 15 years who do not have a spacer and all patients using 3 or more short-acting bronchodilators without any corticosteroid inhaler in 6 months
- Pharmacy First – completion of clinical audit and ensure all registered professionals have completed appropriate training
- Emergency contraception: ensure relevant staff have completed appropriate training
- New medicine service: ensure relevant staff have completed relevant depression training
- Enhanced Disclosure and Barring Service (DBS) checks undertaken for all registered pharmacy professionals within the last 3 years.

## **1.7 Working across the North Central London Integrated Care System**

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

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

They aim to:

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

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

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

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

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

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

Community pharmacy is a key partner in delivering the ambition around neighbourhood health, supporting local population health priorities, working in

collaboration with GPs, hospitals, local authorities, voluntary sector organisations and, most importantly, patients.

## **1.8 Camden strategic objectives**

The Health and Care Act 2022<sup>(3)</sup> established Integrated Care Boards (ICBs) and Integrated Care Partnerships (ICPs) as part of the health and care system. Camden Council and the NHS work together with the Integrated Care System (ICS) through the North Central London Integrated Care Partnership (ICP). The ICP is a joint committee that brings together Camden Council, NCL ICB, NHS providers and other partners to foster collaboration among health service commissioners, public health, and social care providers. This partnership aims to enhance the health and wellbeing of the Camden residents.

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

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

The Camden Joint Health and Wellbeing Strategy 2022 – 2030<sup>(5)</sup> aims to put health equity at the heart of local policy and make Camden the very best place to start well, live well and age well. The long-term strategic ambition is to make the healthiest choice the easiest choice working in close partnership with citizens and communities, enabling citizens to start well, live well and age well.

The guiding principles of the strategy are:

- Prioritising prevention
- Tackling inequalities and disproportionality
- Empowering Communities
- Integrating and communicating
- Sharing Responsibility

## **2. The Health System in Camden**

### **2.1 General practice**

There are 32 GP Practices (plus 1 branch surgery in Camden delivering primary medical services (see Appendix 1); all are open for the same core hours of 8.00am



until 6.30pm, Mondays to Fridays. One practice is a Special Allocation Scheme General Practice which provides services in a secure environment to patients meeting the criteria for the scheme.

## **2.2 GP enhanced services**

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

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

- Targeted immunisation programmes
- Weight Management

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

Gonadotrophin Releasing Hormone (GnRH) Analogue Injections  
Methotrexate Monitoring  
Direct Oral Anticoagulants Initiation in Atrial Fibrillation  
High Risk Drug Monitoring  
Long Acting Reversible Contraception  
Opiate Drug Misuse

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

## **2.3 Primary Care Networks (including GP extended access arrangements)**

Primary Care Networks (PCNs) are geographically based teams, led by GP practices in the PCN area and delivering services to registered populations of between 30,000 and 50,000 patients. Appendix 1 details the GP surgeries within Camden and which PCN they are a member of. PCNs have a Clinical Director providing strategic leadership and oversight of service delivery of the PCN and representing the PCN as part of the wider health and social care system. In Camden, there are 8 PCNs.

A PCN has four key functions:

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

Mechanisms of delivering this are outlined in the Network Contract Directly Enhanced Service (DES) Specification<sup>(16)</sup> and includes:

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

Within Camden, PCNs ensure enhanced access for their patients is in place between the hours of 6.30pm and 8pm Mondays to Fridays and between 9am and 5pm on Saturdays. In Camden, the NCL Bridging Access Service (previously known as the NCL Extended Access Hubs) provides general practice appointments that are outside both the core GP opening hours and the enhanced access service offered through DES contract. The service runs Saturday 5pm – 8pm and Sunday & Bank Holidays 8am – 8pm. Appointments are managed by telephone or video call but where there is a need for a face-to-face appointment. The bridging access service has 2 hubs in Camden:

- Somers Town Medical Centre, 77-83 Chalton Street, London NW1 1HY
- Brondesbury Medical Centre, 279 Kilburn High Road, London NW6 7JQ

Community pharmacy services play an important role in supporting the services provided by general practice and the PCNs as reflected by the changes in the

essential, advanced and locally commissioned services as described later in this report.

## **2.4 GP out-of-hours**

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

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

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

## **2.5 Urgent treatment centres**

There are 2 Urgent Treatment Centres located in Camden:

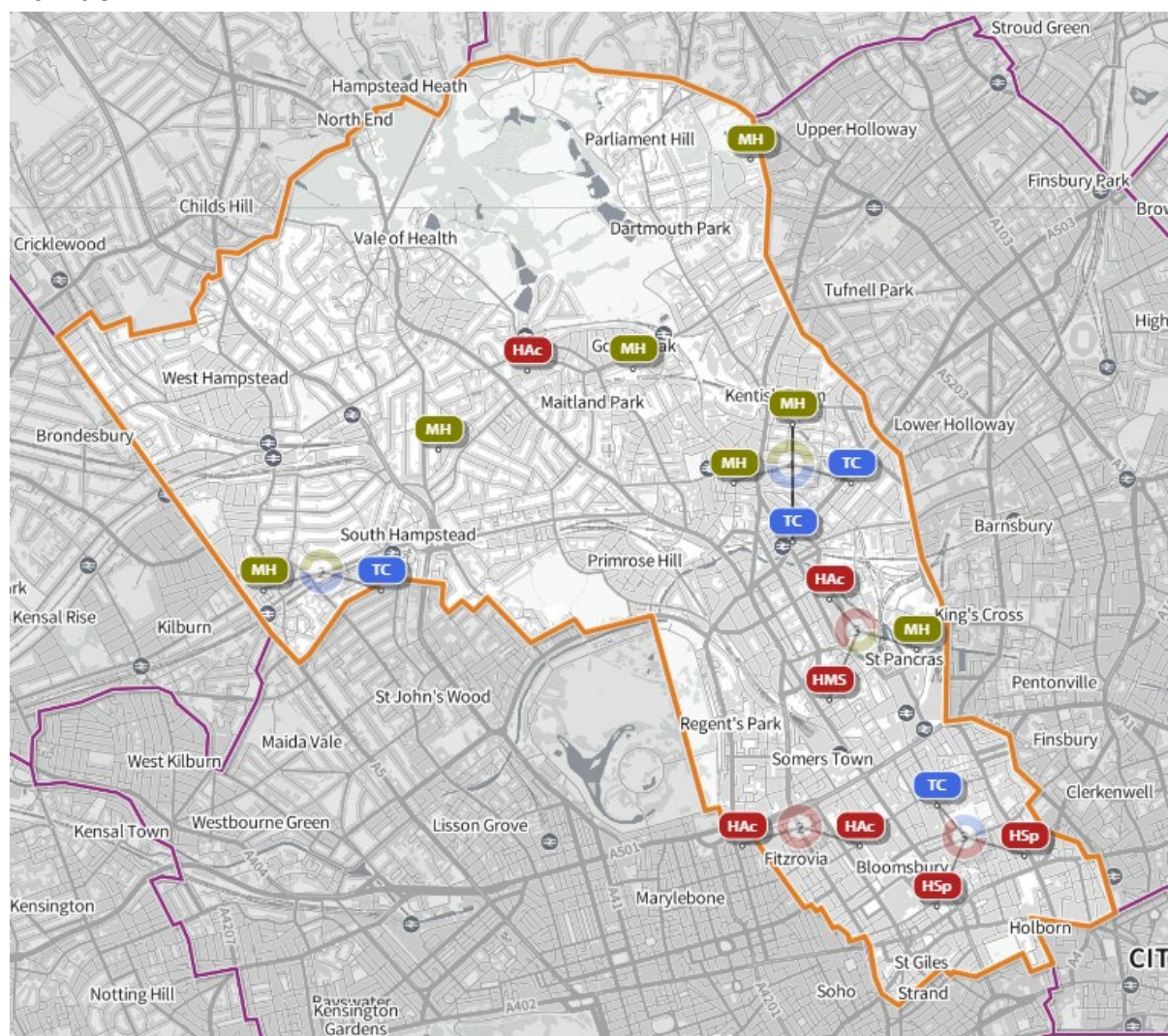
- University College London Hospital (24 hours)
- Royal Free Hospital (10am to 10pm)

## **2.6 Hospital services**

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

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

**Figure 1: Map showing the locations of Hospitals, Urgent Treatment Centres for Camden**



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## Key

MH - Mental Health Facility  
HAc – Acute Hospital  
HMS – Mixed Services Hospital  
HSp - Specialist Hospital  
TC - Treatment Centre

## 3 Pharmaceutical Needs Assessment process

### 3.1 PNA development group

As set out within section 1 of this PNA, the legislation that describes the duties of the HWB in regard to PNAs is the National Health Service (Pharmaceutical and Local

Pharmaceutical Services) Regulations 2013<sup>(6)</sup> (as amended). As well as describing what each PNA was required to take into account when they were first developed and published, these 2013 Regulations also describe how each local PNA must be maintained by the HWB during its life.

The Public Health team in Camden Council oversaw the development of this PNA on behalf of the Camden HWB. In the process of undertaking the PNA, a steering group was established in February 2025. The core membership of the group included representatives from the Public Health team, NCL ICB, Community Pharmacy Camden and Islington and Healthwatch. Membership is set out in Appendix 2.

The steering group agreed the following:

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

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

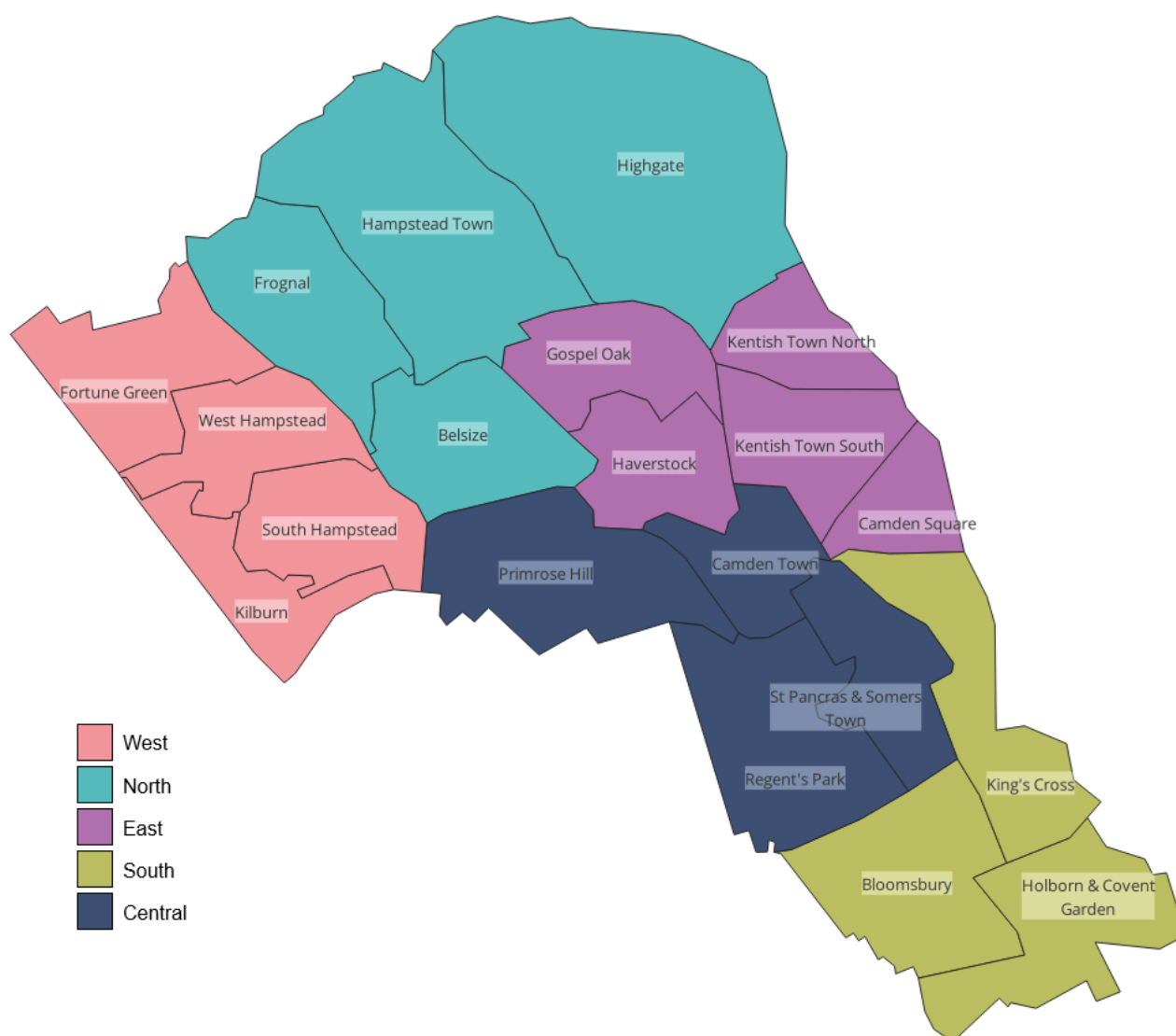
### **3.2 Determination of localities**

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013<sup>(6)</sup> state that, in making its assessment of needs, the HWB should have regard to the different needs of different localities in its area. In accordance with this, the steering group considered how to assess these different needs and concluded that the most appropriate means of dividing the Camden area was to use the following five neighbourhood localities:

- Central
- East
- North
- South
- West

Camden Council and local NHS organisations increasingly recognise these neighbourhoods and plan their services to align or connect with the neighbourhoods, including adult social care, housing, integrated community health and mental health.

**Figure 2: Map of localities within Camden for the purposes of the PNA**



### 3.3 Necessary pharmaceutical services

The 2013 regulations <sup>(6)</sup> require the HWB to include a statement of necessary pharmaceutical services.

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

For the purpose of this PNA, the HWB has agreed that as in the previous PNA, necessary services are defined as the essential services in the NHS CPCF<sup>(7)</sup>. Essential services are mandatory for community pharmacies.

At the time of publication, the essential services are:

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

### **3.4 Other relevant services**

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

The HWB has determined that relevant services for the purposes to this PNA are advanced services and enhanced services within the NHS CPCF<sup>(7)</sup>, and ICB-commissioned enhanced services. These are:

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

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

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

### **3.5 Other NHS services**

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

- a) those NHS services that reduce the need for pharmaceutical services, particularly the dispensing service, including:
  - hospital pharmacies
  - personal administration of items by GP practices
  - public health services commissioned by the local authority:
    - Stop Smoking
    - Supervised Self Administration (SSA) of Methadone and Buprenorphine
    - Needle and Syringe Exchange (NEX) Service
    - Emergency Hormonal Contraception (EHC)
    - Come Correct (C-Card) - managed by Brook (Young People Sexual Health Provider)
  - ICB place based-commissioned pharmacy services (as this reduces the need for such services to be commissioned as national enhanced services)
  - Influenza and Covid-19 vaccination by GP practices.
- b) NHS services that increase the demand for pharmaceutical services including:
  - GP out of hours services (where a prescription is issued)
  - walk-in centres and minor injury units (where a prescription is issued)
  - community nursing prescribing
  - dental services.

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

### **3.6 Assessing health needs**

The Local Government and the Public Involvement in Health Act 2007<sup>(17)</sup> created the duty to undertake JSNAs. From April 2008, this duty was carried out by local authorities and PCTs. The Health and Social Care Act 2012<sup>(1)</sup> transferred this duty,



to local authorities and CCGs to be exercised by HWBs, with the Health and Care Act 2022<sup>(3)</sup> transferring the CCG's responsibilities to ICBs.

This PNA is directly aligned to the Camden JSNA <sup>(4)</sup> and the statement of health needs, presented in section 4 of this document, are consistent with it.

### **3.7 Current provision within Camden**

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

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

A total of 15 out of 61 community pharmacies responded, giving a response rate of 24.6%.

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

### **3.8 Future provision**

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

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

The Equality Act (2010) <sup>(18)</sup> requires that in making this assessment, the needs of different population groups have been taken into account. The health needs analysis in section 4 includes consideration of different groups and section 4.2.2 focuses on the vulnerable and protected characteristic groups within Camden. The

questionnaire for community pharmacies also provided the opportunity for pharmacy contractors to comment on services not currently provided, that they felt could contribute to meeting the health needs of the local population. Therefore, only the views of those who responded to the questionnaire have been considered in this regard.

### **3.9 Stakeholder engagement**

The views of the public were gathered in the form of a questionnaire on Pharmacy Services. The questionnaire was made available between 28 March – 27 April 2025 and promoted using the Council's social media and Healthwatch Camden.

In total, 40 questionnaire responses were received. These have been considered as part of this PNA. Section 10 and Appendix 4 of this document provide a summary of the analysis and outcomes of the public engagement.

### **3.10 Statutory consultation**

To be inserted following the consultation

A detailed summary can be found in Appendix 6. [Results will be summarised here]

### **3.11 Recommendations and update from the previous PNA 2022 – 2025**

Following development of the PNA 2022-2025<sup>(2)</sup> Camden HWB made the following statements:

#### **Necessary services – normal working hours:**

There was no current gap in the provision of necessary services during normal working hours across Camden to meet the needs of the population.

#### **Necessary services – outside normal working hours:**

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

#### **Future provision of necessary services**

No gaps were identified in the need for pharmaceutical services in specified future (lifetime of this PNA) circumstances across Camden.

#### **Improvements and better access**

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

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

No gaps were identified in respect of securing improvements or better access to locally commissioned services, at present or in specific future (in the next three years) circumstances across Camden to meet the needs of the population

DRAFT

## **4 An overview of Health Needs in London Borough of Camden**

This section includes information from the latest published Camden JSNA Hub<sup>(4)</sup> and data from the Office for Health Improvement and Disparities Fingertips tool<sup>(19)</sup>. Data from both sources was based on the most up to date information available when accessed in March 2025.

The JSNA Hub provides a summary of the health needs of Camden and highlights relevant issues for the commissioning of pharmacy services, building on the recommendations of the JSNA. For more detailed information on health needs, the JSNA can be accessed at: <https://jsna.camden.gov.uk/>.

### **4.1 Introduction**

Camden is a borough council in the City of London, England. It is ranked as the 15<sup>th</sup> most deprived borough in London (out of 32 boroughs and City of London) as measured by the Index of Multiple Deprivation (IMD) score 2019<sup>(20)</sup>. It ranks 74<sup>th</sup> out of the 317 local authorities across the country (where 1 = most deprived).

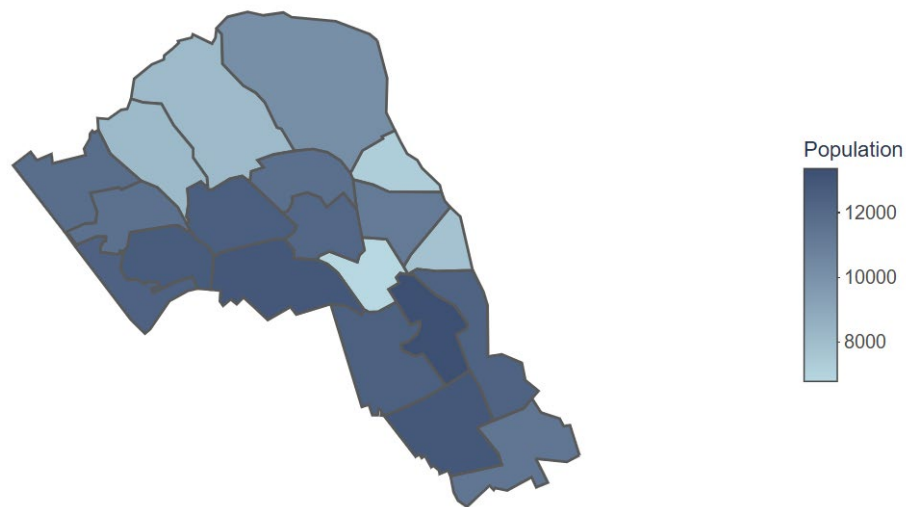
Throughout this section, Camden is compared with London and England averages to identify variation within the population.

### **4.2 Population profile**

The Greater London authority population projections<sup>(21)</sup> are used where comparisons to other areas is not required. The dataset is housing-led and uses central fertility and 10 year migration assumptions. According to Greater London Authority population projections (2022 based with 10-year migration and central fertility scenarios) the 2023 population estimates for Camden was 221,648<sup>(21)</sup>. This population is spread across 20 wards in five localities. The East locality has the largest number of residents by population at 50,270 (23%), the West locality has the second largest population at 49,524 (22% of the population), and the South locality has the smallest population at 37,140 (17% of the population) <sup>(21)</sup>.

St Pancras & Somers Town, Primrose Hill and Bloomsbury are the wards with the largest population. Camden Town, Kentish Town North and Camden Square are the wards with the smallest population.

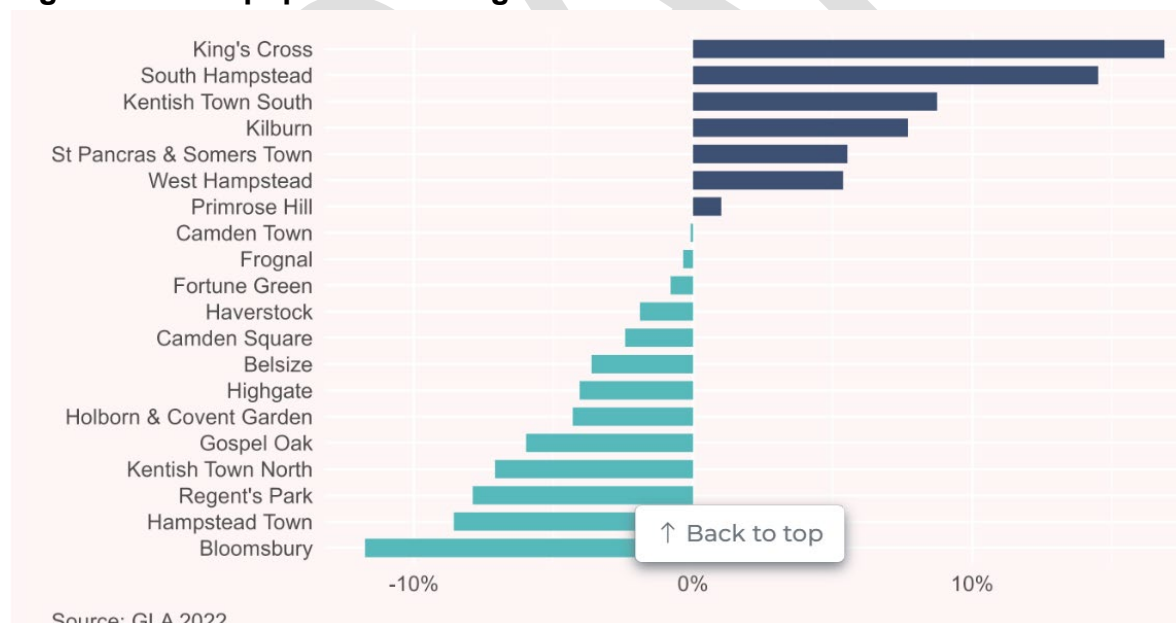
**Figure 3: Camden's ward population estimates, 2025:**



**Source: Camden JSNA<sup>(4)</sup>**

Figure 4 shows the percentage population change between 2022 and 2025 by ward. King's Cross, South Hampstead, and Kentish Town South have seen a noticeable increase. Bloomsbury, Hampstead Town, and Regent's Park have experienced a reduction in population (see figure 4).

**Figure 4: Ward population change between 2022 to 2025**



The composition of Camden's population has changed considerably, and this is expected to continue. Between 2013 and 2023 the proportion of residents aged under 18 fell from 17.9% to 16.2% and it is expected to fall further to 13.3% by 2041. Conversely, the proportion of residents aged 65 and over is expected to rise from 11.6% in 2023 to 15.4% by 2041. The proportion of the population of working age is expected to remain relatively constant.

Camden's population is becoming increasingly diverse. In 2011, 66.3% of Camden's residents described themselves as being of White. In 2021 this decreased to 59.5%. There are particularly high proportions of Black African, Bangladeshi, and other Asian populations resident in Camden. Ethnicity varies considerably by age. The proportion of individuals within Black, Asian and Other Ethnic minority communities in Camden is greater within the younger age groups compared with the older population. 51.5% of children and young people aged 0 to 24 years are from a Black, Asian and other Ethnic minority group, 25.5% of the population aged 65 years and over. These changing demographics leads to different health needs within the population<sup>(4)</sup>.

Table 1 shows the population by broad ethnic group across Camden.

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

Area	Asian/ Asian British	Black/ African/ Caribbean/ Black British	Mixed/ multiple ethnic group	Other ethnic group	White
Central	22.9%	11.8%	6.3%	6.9%	52.2%
East	14.8%	10.8%	6.8%	5.6%	62.0%
North	11.1%	3.7%	6.4%	5.9%	72.9%
South	28.0%	8.5%	6.9%	6.2%	50.4%
West	15.8%	9.3%	6.7%	8.9%	59.3%
<b>Camden</b>	<b>18.1%</b>	<b>9.0%</b>	<b>6.6%</b>	<b>6.8%</b>	<b>59.5%</b>
<b>England</b>	<b>9.6%</b>	<b>4.2%</b>	<b>3.0%</b>	<b>2.2%</b>	<b>81.1%</b>

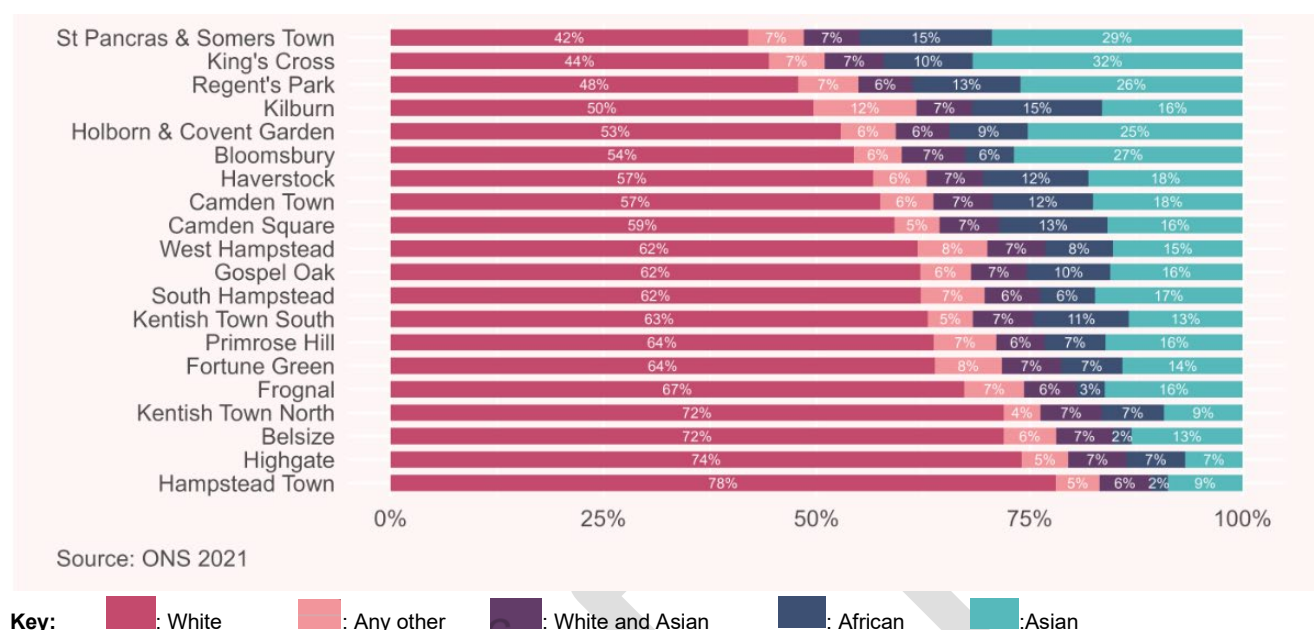
Source: ONS Census, 2021<sup>(22)</sup>

Generally, wards in the South and West tend to have greater diversity whilst those in the North tend to have a higher proportion of the population identifying as White.

Camden's ethnic profile continues to change. Between 2011 and 2021<sup>(22)</sup>:

- White Residents: Decreased from 66.3% in 2011 to 59.5% in 2021.
- Asian Residents: Increased from 16.1% to 18.1%.
- Black Residents: Increased from 8.2% to 9.0%.
- Mixed Background Residents: Increased from 5.6% to 6.6%.
- Other Ethnic Groups: Increased from 3.8% to 6.8%

**Figure 5: % Population ethnicity split by Ward, 2021:**



#### 4.2.1 Migration

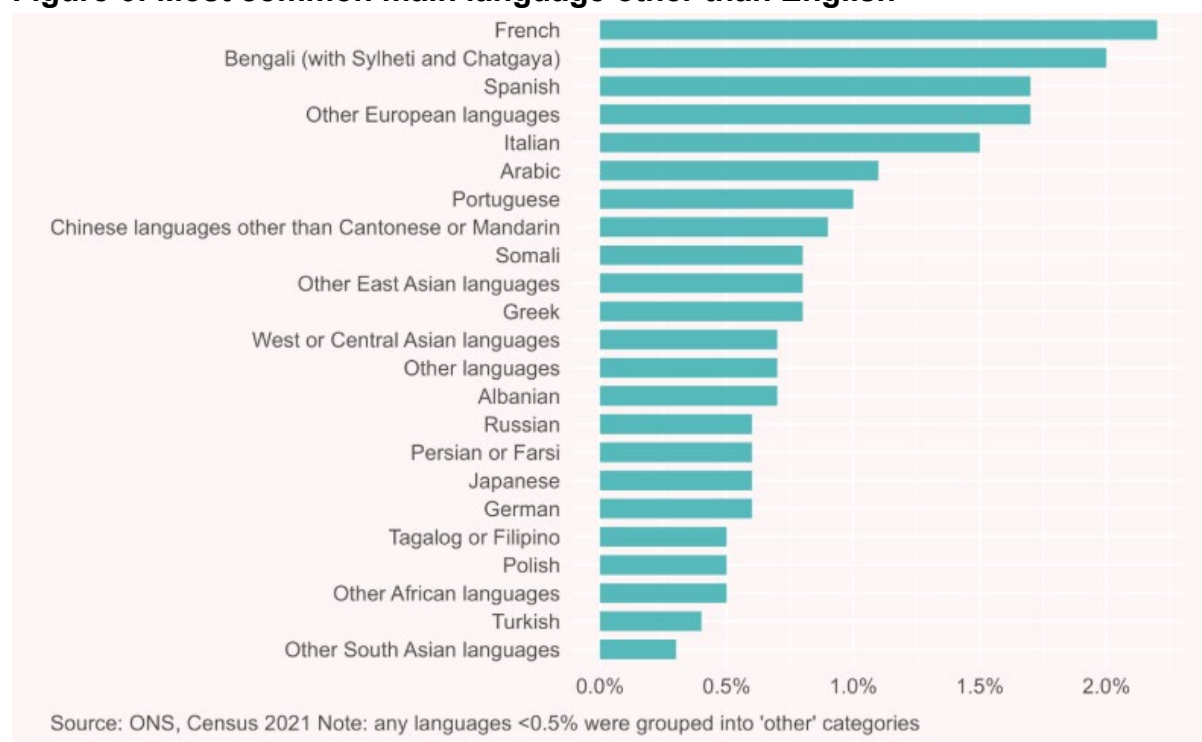
According to the 2021 Census <sup>(22)</sup>, 26,376 people moved out of Camden to elsewhere in the UK and 22,549 moved to Camden from within the UK in the year before the Census. Most of the moves within the UK were within London. There were also 8,196 people who moved from outside of the UK to Camden. This compares to 177,355 people who remained in Camden during the period.

Nearly half (54.6%) of Camden residents were born outside of the UK. This includes 18.1% from Europe, 13.7% from Middle East and Asia, 6.2% from Africa, and 6% from The Americas and the Caribbean.

In 2021, 21.3% of people in Camden had a main language other than English. This is similar to the North Central London average (23.0%) and all of London (21.6%) but more than twice the average for England (8.9%). The most common main languages in Camden other than English are French (2.2%), Bengali (with Sylheti and Chatgaya) (2%) and Spanish (1.7%).

In addition to the differing healthcare needs potentially driven by changes in the ethnicity profile of the population, new migration highlights potential challenges to the delivery of healthcare, i.e. ensuring culturally appropriate access and translation services are provided<sup>(4)</sup>.

**Figure 6: Most common main language other than English**



#### 4.2.2 Predicted Population Growth

Figures 7, 8 and 9 show population growth and projections for the borough of Camden. Overall population growth between 2025 and 2041 is expected to increase by 1.7% from 219,866 in 2025 to 223,536 in 2041<sup>(21)</sup>. The population cohort aged 65 plus will see an increase of 30.7% from 26,425 in 2025 to 34,528 in 2041<sup>(21)</sup>.

Overall the projected population increase is relatively modest, but similar to most parts of the country, demographic shifts are demonstrating an ageing population. Figure 9 shows that we expect to see a fall in the number of children and teenagers in the borough, and an increase in the age groups over 60 years of age.

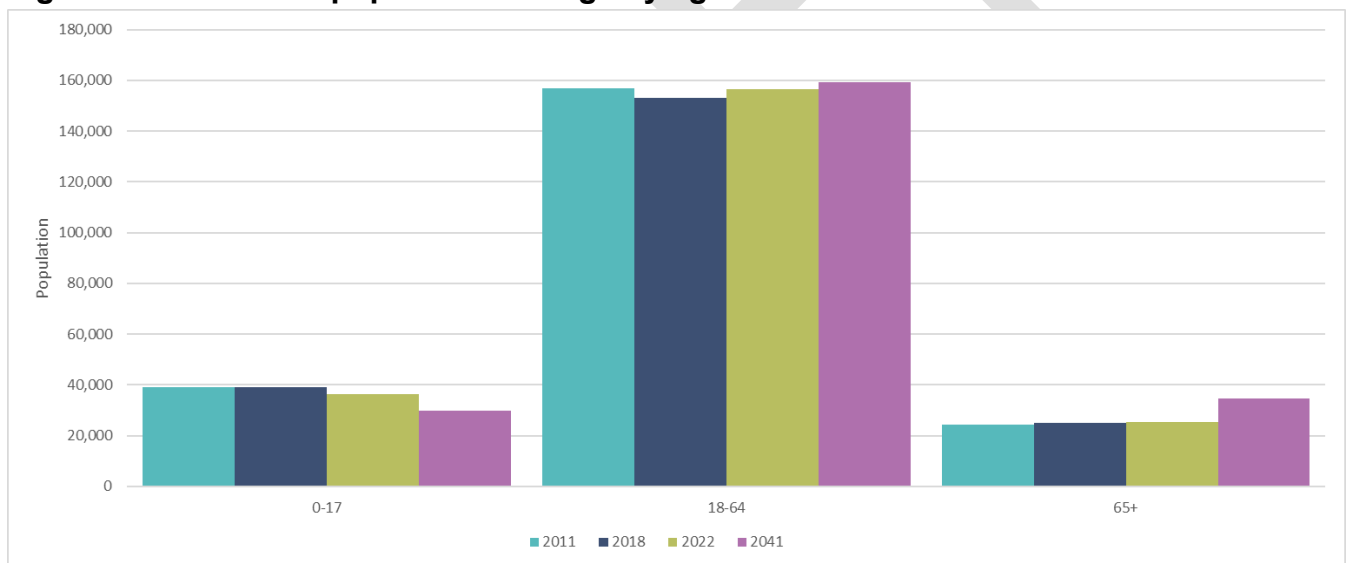


**Figure 7: Forecasted population change by 2041**



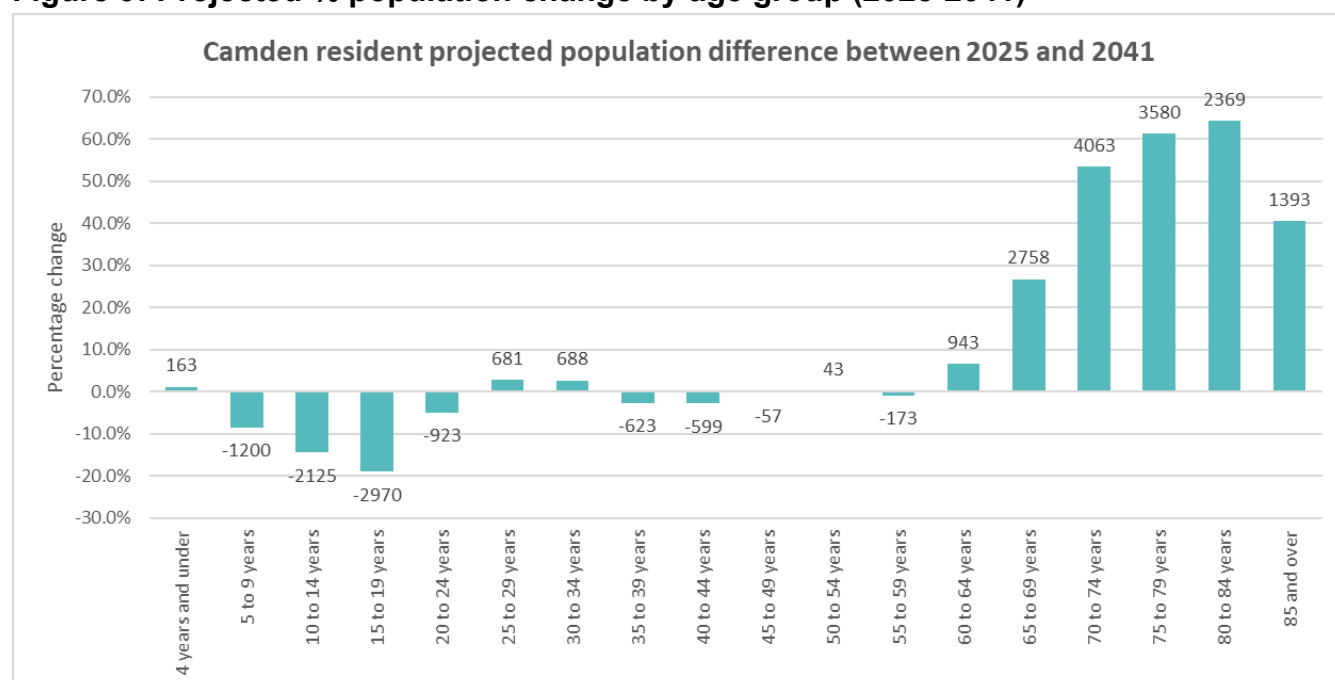
Source: GLA 2022-based Demographic Projections<sup>(21)</sup>

**Figure 8: Forecasted population change by age band**



Source: GLA 2022-based Demographic Projections<sup>(21)</sup>

**Figure 9: Projected % population change by age group (2025-2041)**



Source: GLA 2022-based Demographic Projections<sup>(21)</sup>

#### 4.2.2 Protected characteristics and vulnerable populations

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

Within Camden the daytime population (in 2014) was 495,332 people, with an estimated 61,053 of those as tourists<sup>(23)</sup>. This highlights the resident, working and visiting volume of people in Camden, who may, at some point require access to health care to varying extents, including pharmacy. This does not take into account seasonal peaks and is based upon an average day.

During 2023/24 academic year, there were 112,878 students attending Universities that are based or have a campus in Camden<sup>(24)</sup>. These higher education providers are shown in Table 2 below <sup>(24)</sup>. The students attending these universities are a mix of UK nationals, individuals from Europe, and other Countries worldwide.

**Table 2: Higher education student population and higher education provider, 2023/24**

Higher Education Provider	Number of students
University College London	51,435
The University of Law	18,285
Birkbeck College	8,440
University of the Arts, London	22,800
SOAS – University of London	6,285
The Royal Veterinary College	2,600
The Royal Central School of Speech and Drama	930
London School of Hygiene and Tropical Medicine	980
Royal Academy of Dramatic Arts	180
AA School of Architecture	925
<b>Total</b>	<b>112,878</b>

Source: HESA: Where Students Study<sup>(24)</sup>

Although there are no Prisons located within Camden, individuals leaving prison establishments across the country and being repatriated to the Camden area may need consideration. Evidence suggests that people leaving prison establishments experience difficulties with a range of health and social factors. For example, less than half of individuals (45.9%) leaving prison and resettling in the London area in 2023/24 were documented as being in settled, secured accommodation which, as discussed below in the Housing section of this document, can lead to additional health needs. Within London, the continuity of Substance misuse care within the community following prison release was the lowest in the Country (26.0%), increasing risk of overdose and the need for unplanned healthcare or premature mortality<sup>(25)</sup>.

Based upon the Immigration System Statistics from the Home Office (December 2024)<sup>(26)</sup>, in Camden, there were 1,523 people seeking asylum. This data is made up from three specific programmes; Homes for Ukraine scheme, Afghanistan resettlement programme and Supported asylum scheme. The majority of these individuals are within Local Authority housing or contingency housing across Camden.

Based upon the census 2021 data, 0.2% of the Gypsy, Roma or Traveller community within England and Wales reside within in Camden<sup>(27)</sup>. Across England and Wales, 71,440 people identified as Gypsy or Irish Traveller<sup>(27)</sup>. Although the number of Gypsy, Roma or Traveller individuals within Camden is relatively small compared with other vulnerable groups, we know they are more likely to report poorer health compared to the wider population, regardless of age and gender<sup>(27)</sup>.

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

Pupils with Special Educational Need or Disabilities (SEND) face barriers that make it harder for them to learn than most pupils of the same age. In addition, they often experience poorer outcomes than their peers in educational achievement, physical and mental health status, social opportunities, and transition to adulthood. In 2023/24, 18.5% of school pupils in Camden were identified as having Special Educational Needs, this is similar to the London (17.6%) and England (18.4%) average<sup>(20)</sup>.

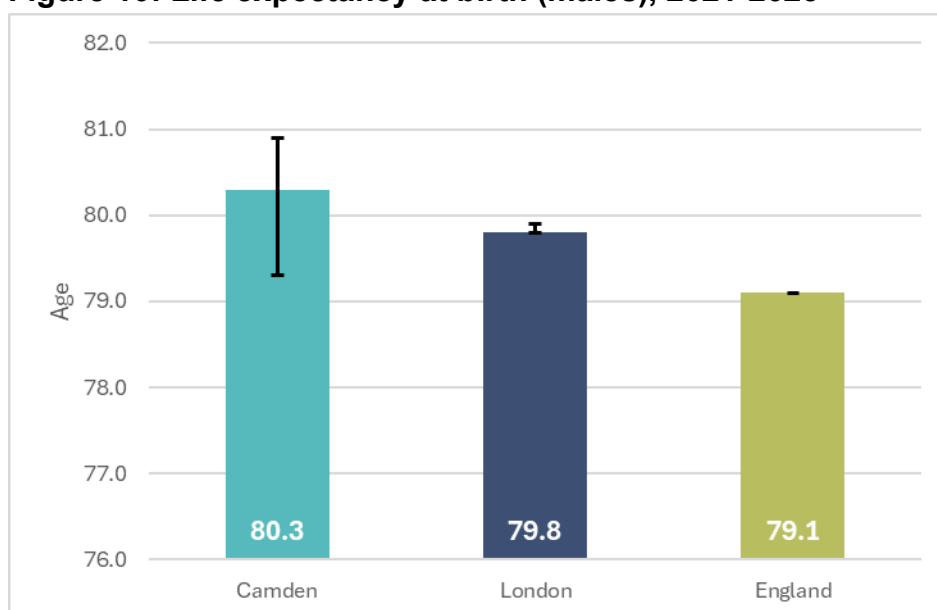
### **4.3 Life expectancy**

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

Figures 10 and 11 show the life expectancy at birth for both males and females across Camden, London and England, using the most recently available data (2021-2023).

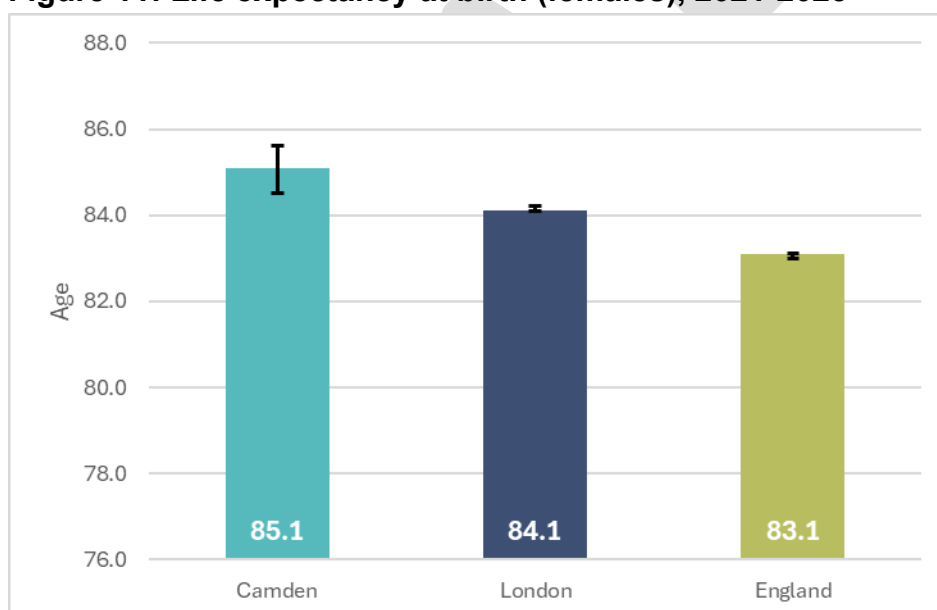
- The life expectancy at birth for males in Camden is 80.3 years which is similar to London (79.8) but significantly higher than the England average (79.1).
- The life expectancy at birth for females in Camden is 85.1 years, significantly higher than London (84.1) and the England average (83.1).

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



**Source: OHID Fingertips, [accessed April 2025]<sup>(19)</sup>**

**Figure 11: Life expectancy at birth (females), 2021-2023**

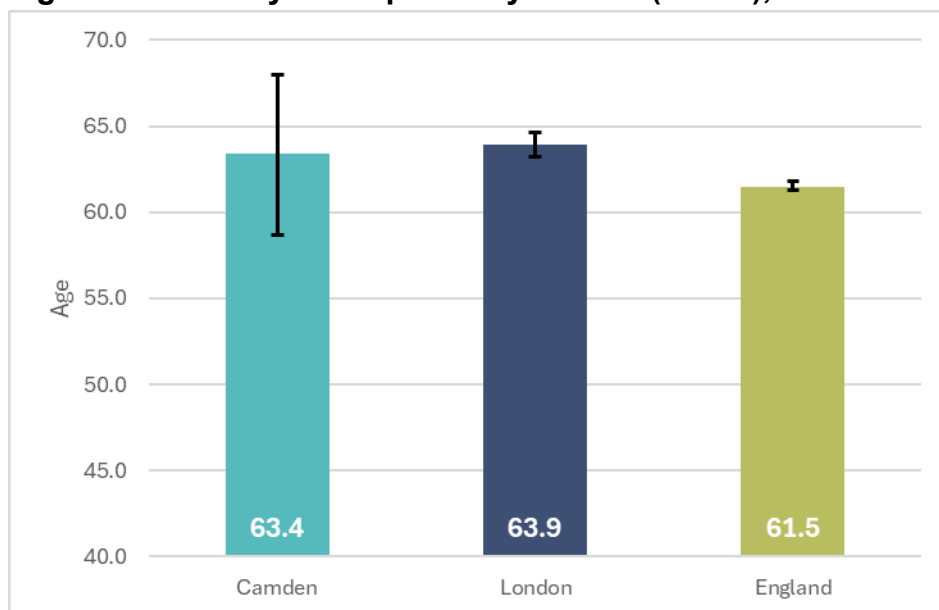


**Source: OHID Fingertips, [accessed April 2025]<sup>(19)</sup>**

Figures 12 and 13 show the healthy life expectancy at birth for both males and females across Camden, London and England, using the most recently available data (2021-2023).

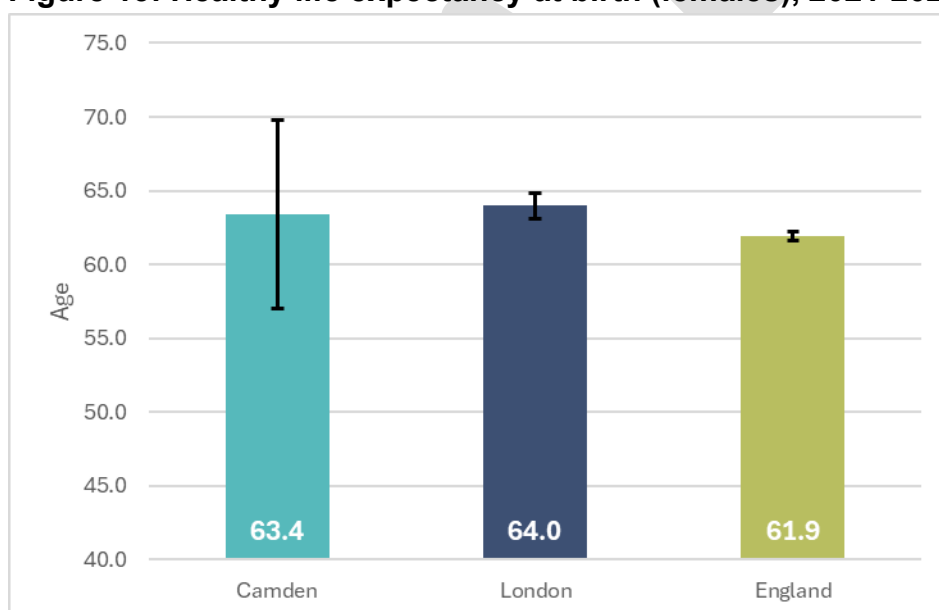
- Healthy life expectancy at birth for males in Camden is 63.4 which is similar to both London (63.9) and the England average (61.5).
- Healthy life expectancy at birth for females in Camden is 63.4, statistically similar to London (64.0) and the England average (61.9).

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



**Source: OHID Fingertips, [accessed April 2025]<sup>(19)</sup>**

**Figure 13: Healthy life expectancy at birth (females), 2021-2023**



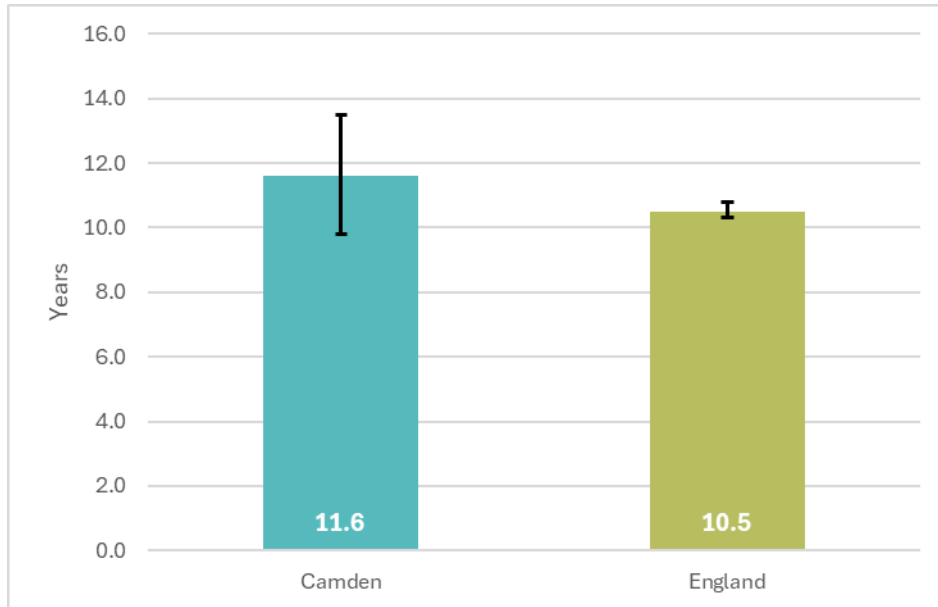
**Source: OHID Fingertips, [accessed April 2025]<sup>(19)</sup>**

Figures 14 and 15 show the slope index of inequality of life expectancy in males and females in Camden and England respectively. It represents the range in years of life expectancy across the social gradient from most to least deprived. This is the most recent data for the period 2021-2023.

- The inequality in life expectancy at birth for males in Camden is 11.6 years which is similar to the England average (10.5 years), meaning males in the most deprived areas of Camden live 11.6 fewer years than males in the most affluent areas on average.

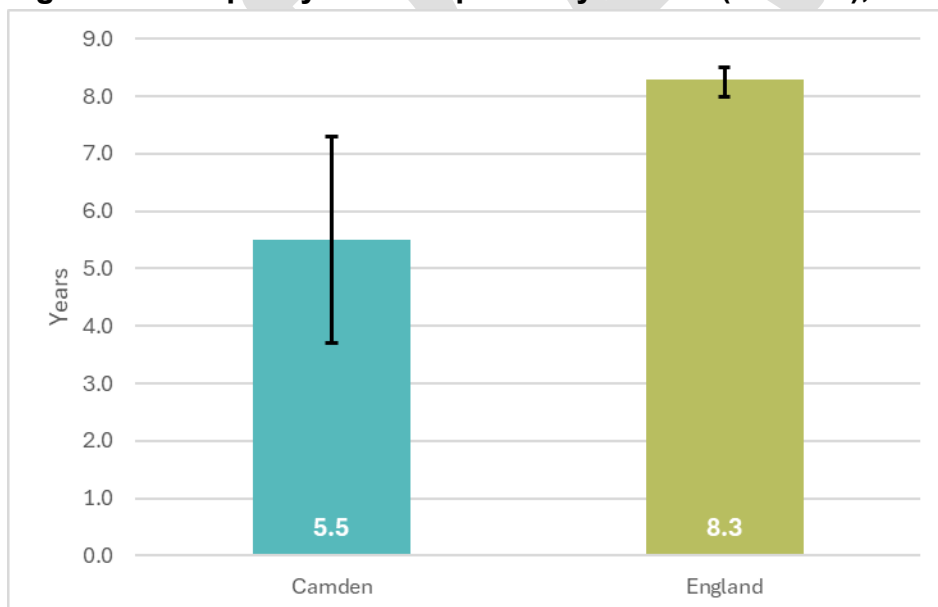
- The inequality in life expectancy at birth for females in Camden is 5.5 years, which is significantly lower than the England average (8.3 years), meaning females in the most deprived areas of Camden live 5.5 fewer years than females in the most affluent areas on average.

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



Source; OHID Fingertips, [accessed April 2025]<sup>(19)</sup>

**Figure 15: Inequality in life expectancy at birth (females), 2021-2023**

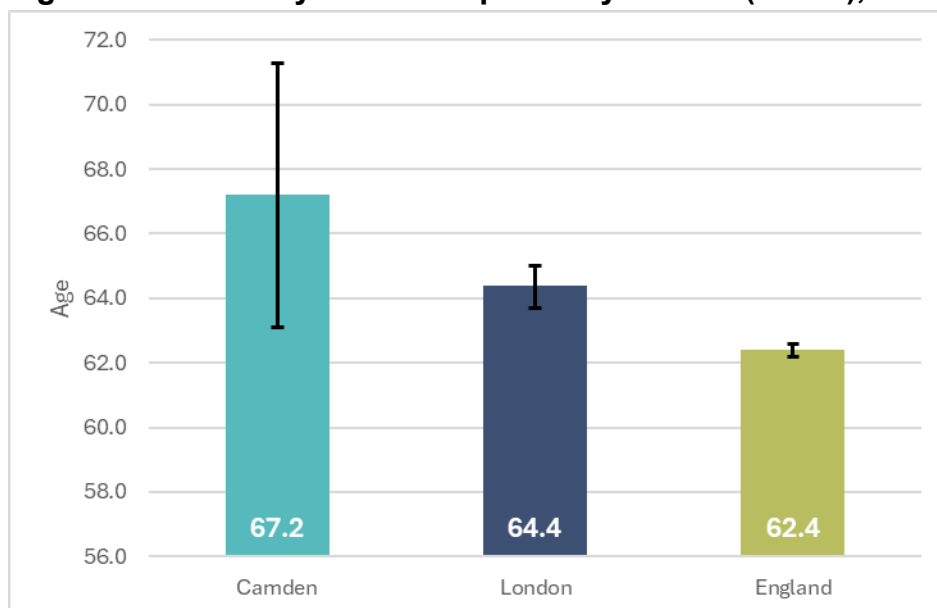


Source; OHID Fingertips, [accessed April 2025]<sup>(19)</sup>

Figures 16 and 17 show the disability free life expectancy at birth for both males and females across Camden, London and England, using the most recently available data (2018-2020).

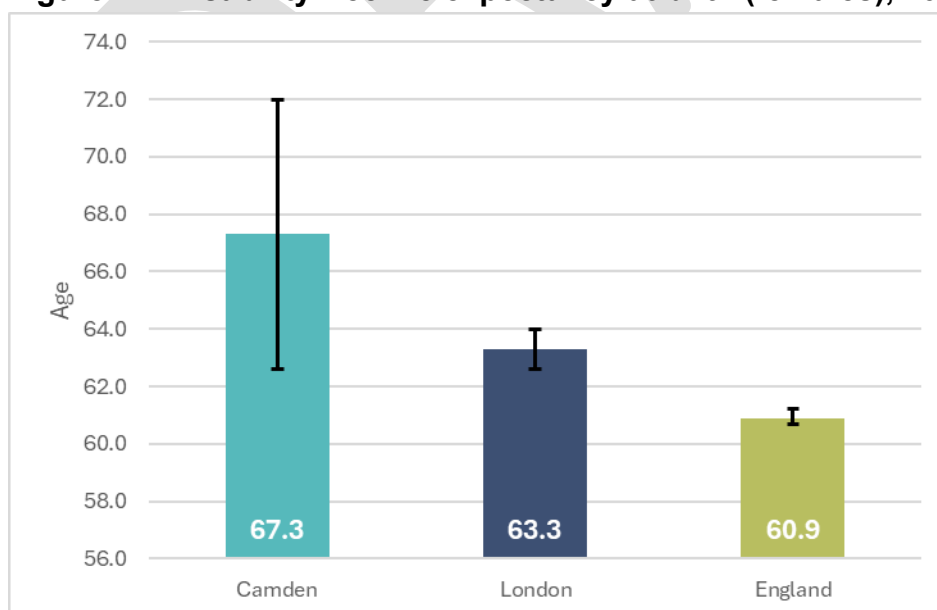
- The disability free life expectancy at birth for males in Camden is 67.2 years which is similar to London (64.4 years) and significantly higher than the England average (62.4 years).
- The disability free life expectancy at birth for females in Camden is 67.3 years which is similar to London (63.3) and significantly higher than the England average (60.9).

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



Source: OHID Fingertips, 2025<sup>(19)</sup>

**Figure 17: Disability free life expectancy at birth (females), 2018-2020**



Source: OHID Fingertips, 2025<sup>(19)</sup>



#### 4.4 Wider determinants of health

Health is determined by a complex interaction between individual characteristics, moderate risk factors, and the physical, social, and economic environment. Evidence suggests that the social determinants of health contribute more than the impact of accessing high quality healthcare in ensuring good population health outcomes. Many factors combine to affect the health of individuals and communities. Whether people are healthy or not is determined by their life circumstances, their environment, their lifestyle choices and their access and use of health services and other services that influence health (e.g. lifestyle change services, social care services). In the long term, it is our social, economic, and environmental circumstances, which include factors such as how safe we feel in the environment in which we live, the physical condition of our housing, and the wider physical environment in which we live, job security, income, and education levels, that have the strongest impact on health outcomes.

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

The Index of Multiple Deprivation 2019 (IMD2019)<sup>(20)</sup> measures socioeconomic disadvantage across seven domains:

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

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

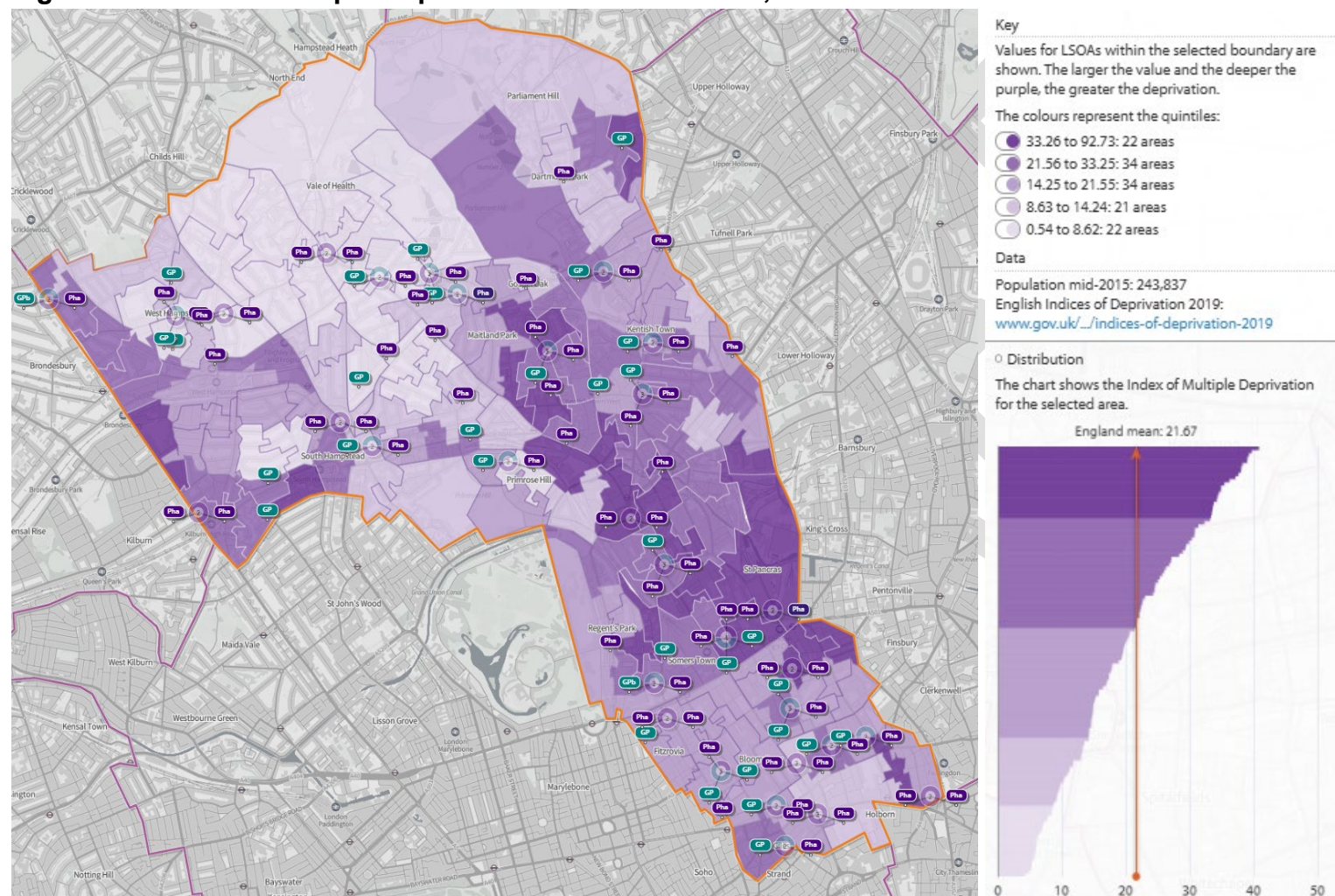
Camden is 15<sup>th</sup> in London for overall score for deprivation relative to all other local authorities in England (2019)<sup>(20)</sup>. The impact that poverty (in terms of unemployment or low income) has on families with young children is particularly important.

Disadvantage experienced in childhood has strong ties with health throughout life. In 2021, 19.8% children in Camden were living in relative poverty before housing costs were accounted for. The emotional health of children is also correlated with poverty. Particularly vulnerable children are those who are looked after, youth offenders, and children of parents with mental health problems. The Cost-of-Living crisis has exacerbated poverty levels and the proportion of children living in poverty varies dramatically between wards - with the highest rates of poverty in St. Pancras and Somers Town<sup>(4)</sup>.

According to the older people's deprivation index (IDAOPI) 2019, more than one fifth (23.2%) of older people aged 60 years and over in Camden are income deprived compared to 14.2% across England<sup>(19)</sup>. Similar to the information on child poverty referenced above, deprivation for older people varies considerably by ward. St Pancras and Somers Town is highlighted as the highest with 38.2% of older people identified as living in poverty. Hampstead Town is the lowest with only 9.3%.

Figure 18 below shows IMD by LSOA for Camden. The areas with the darker purple shades relate to the 20% most deprived and the lighter shades, the most affluent.

**Figure 18: Index of Multiple Deprivation – LSOA Camden, 2019**



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GP: GP Practice  
 GPb: GP branch surgery  
 Pha: Pharmacy

#### 4.4.1 Pollution

The greatest burden of air pollution usually falls on the most vulnerable in the population, in particular the young and older people. Individuals particularly at risk include those with existing respiratory problems and chronic illnesses such as asthma and chronic obstructive pulmonary disease (COPD). Levels of air pollution (Particulate Matter) in Camden are mostly within EU Limit Values; however, they exceed World Health Organisation guidelines, and as this pollutant is dangerous at any level, this is still a key area of concern in Camden. Pollution is also an area that has been highlighted as being important to the wellbeing of residents as part of the community research work.

#### 4.4.2 Income

Camden has one of the highest levels of earnings and income across the UK and in London. Median annual earnings for Camden-resident full-time employees are above London and UK averages but lower than Inner London. In 2023, the median annual pay for full time employees who were Camden residents was £44,973, compared to £46,486 in Inner London, £41,853 in London, and £34,963 in the UK. Median pay in 2023 for Camden residents is back above pre-pandemic levels (2019) by 6%, but increases have been greater for Central London (12%), Greater London (14%) and for the UK (15%)<sup>(28)</sup>.

For employees based in Camden who work full-time (but not necessarily residents), median earnings in 2023 were £45,326 – close to the Central London median of £45,679, and more than Greater London and England, £44,370 and £34,963 respectively. Net annual household income before and after housing costs in Camden varies across neighbourhoods from £32,100 to £57,400 before housing costs, and from £21,500 to £59,100 after housing costs<sup>(28)</sup>.

The ONS report on exploring local income deprivation<sup>(29)</sup> noted the following:

- In 2022/23, 43% of people in Camden lived in households with an income of less than 60% of the UK median after housing costs have been subtracted. 10.5% of residents were estimated to be earning below the Living Wage in 2024. This was better than the average London region<sup>(29)</sup>.
- Of the 316 local authorities in England (excluding the Isles of Scilly), Camden is ranked 91<sup>st</sup> most income deprived<sup>(29)</sup> (where 1 = most deprived).

In addition:

- The 2024 median hourly pay for those living in Camden is now £24.21, an increase of 13.6% in the last year. This was higher than London's growth of 6.2%<sup>(30)</sup>.
- 19.9% of children aged under 16 are in relative low-income families in Camden compared with 21.8% across the United Kingdom in 2024<sup>(31)</sup>.
- In 2022, 10.3% of households were in fuel poverty compared to 10.4% in London and 13.1% nationally<sup>(19)</sup>.

#### **4.4.3 Employment**

Being in good and secure employment has a positive impact on health and wellbeing. Overall unemployment levels in Camden are similar to inner London and lower than London and the UK as a whole. Similar to London and England, the highest levels of unemployment are in young adults aged 16-24. In Camden the female unemployment claimant count has been rising much faster than men. It remains lower than London levels but higher than the UK rate. The high unemployment rate amongst women may in part be due to looking after their families. Groups with particularly high levels of unemployment in Camden include people from BAME communities and people with learning disabilities. Many people claiming out of work benefits in Camden do so because of long-term illness or other health conditions. Mental ill health accounts for the largest proportion of claims for incapacity benefits, reflecting the high prevalence of mental ill health in the borough. 1 in 10 are off work due to musculoskeletal problems (e.g. back pain). Those groups disproportionately affected by long term sickness or disability and unable to work include older residents aged 55-59 and Black or Black British residents<sup>(4)</sup>.

Employment in Camden is relatively low, and economic inactivity is relatively high in comparison with London and England. This is mostly explained by the large number of students living in the borough, but there are also residents that face significant barriers to accessing employment<sup>(4)</sup>.

According to the latest data, the estimated employment rate was 74.8% in the year ending September 2023. This rate is comparable to London (74.6%) and lower than the England figure (75.8%). Around 20.8% of the population aged 16 to 64 years in Camden were economically inactive in the year ending September 2023. This is a decline from the previous year where 32% were economically inactive, and lower than the London average of 21.5%<sup>(4)</sup>.

The Claimant Count for Camden, a measure of the number of people who are claiming unemployment-related benefits, shows that unemployment fell from a peak of 11,690 in March 2021 to 6,730 in July 2022. This then reduced further to a post-

pandemic low of 6,455 in January 2023, before increasing again over the course of the year to 6,640 in December 2023. This means, that as a last reported position, 4.3% of people aged 16 to 64 in Camden were claiming unemployment related benefits<sup>(4)</sup>.

ONS reports on employment<sup>(32)</sup> note that:

- Percentage of people in employment in 2023 in Camden was 71.5% compared with 76.0% in England.
- The percentage of out of work benefit claimants (Job Seekers Allowance, Universal Credit) in Camden in 2024 was 4.8%, higher than the England average of 4.1%.

The percentage of working days lost due to sickness was slightly higher in Camden (1.9%) compared to England (1.1%) in 2020-22<sup>(19)</sup>.

#### **4.4.4 Education, skills, qualifications**

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

In 2023 more than 2 in 3 children, at 68.4%, achieved a good level of development in early years education in Camden, higher than the England average (67.9%), but just lower than average for the rest of London (69.1%)<sup>(4)</sup>.

In 2022/23, 70% of pupils in Camden achieved the expected standard in reading, writing and maths at key stage two (KS2). This is a higher proportion of pupils in Camden who met the expected standard at KS2 than both the London (67%) and England averages (60%)<sup>(4)</sup>.

At Key Stage 4 (KS4), 67.9% pupils in Camden achieved a grade 4 or above in English and maths at GCSEs. In 2023, Camden has higher attainment levels in English and maths than the average for England (65.4%), but lower than the London average (71.2%)<sup>(4)</sup>.

Several black and minority ethnic groups (Congolese, black Caribbean, Bangladeshi, black African and Somali pupils) continue to perform below the Camden average. Pupils from White British background, who are eligible for free school meals, looked after children, and those with special educational needs are also underachieving compared to the Camden average, which is similar to the national picture<sup>(4)</sup>.

The proportion of 16–18 year-olds in Camden who are not in education, employment or training (NEET) has decreased in recent years but remains slightly higher than London. The most recent figure for NEET in Camden is 3.2% (2023/24)<sup>(19)</sup>.

#### **4.4.5 Housing and homelessness**

The availability and quality of housing (e.g. accommodation that may be cold, damp or overcrowded) impacts on both physical and mental wellbeing. In Camden, high house prices and private rents mean securing affordable housing of appropriate quality is a key challenge for many households. The uncertainty that goes with living in temporary accommodation can have a negative impact on health and wellbeing<sup>(28)</sup>.

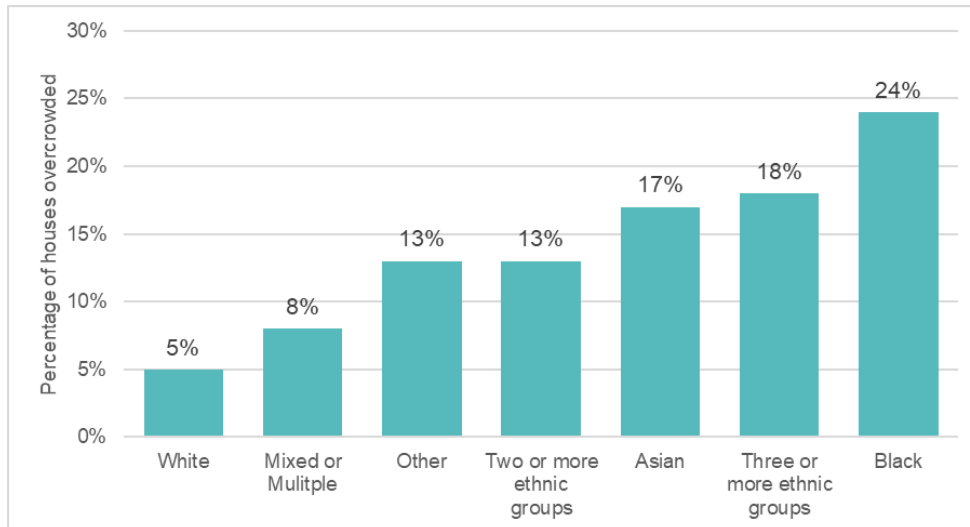
The number of homeless households in Camden placed in temporary accommodation (over 500 households) has remained stable in recent years. However, there are still a significant number of households in temporary accommodation and many of them remain in temporary accommodation for long periods of time<sup>(28)</sup>.

Living in overcrowded situations can also adversely affect health and wellbeing, particularly for children. Levels of overcrowding in Camden are among the highest in the country. Encouraging social housing tenants whose homes are now larger than their household needs to move to smaller homes is critical to freeing up larger homes for overcrowded families<sup>(28)</sup>.

There are early indications that welfare reform is encouraging people to move to smaller homes, although we do not yet know the impact of welfare reform on individuals and families in Camden, and its overall impact on the population. Homes in poor physical condition can put occupants' health and safety at risk, especially where they are children, older people, ill or disabled people. In Camden, homes that present the greatest risks to health and safety are concentrated in the private rented sector, where, on average, residences are older. This presents challenges in designing and delivering broader programmes to improve the quality of housing in Camden<sup>(28)</sup>.

Overcrowded households make up almost 10% of all households, but that differs substantially across ethnic groups, with 24% of Black households overcrowded and 17% of Asian households, whereas across White households only 5% are overcrowded. Figure 19 shows the percentage overcrowding by ethnic group<sup>(28)</sup>.

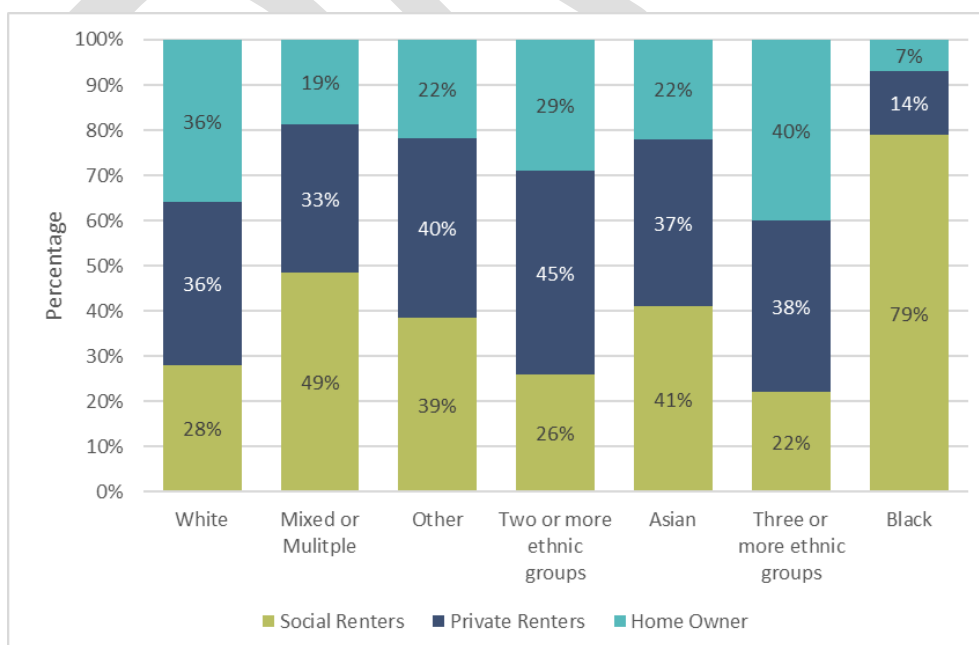
**Figure 19: Overcrowded households by ethnic group, 2021 Census**



**Source: Camden State of the Borough Report 2024<sup>(28)</sup>**

Housing tenure is also different across ethnic groups in Camden. Across all households, 30% own their home, 36% rent privately, and 34% are social renters. The highest share of social renters is among Black households, where 79% are social renters, then Mixed households with 49% social renters. The highest rate of ownership was for households with three or more ethnic groups, where 40% owned their home, and then White households with 36%, and the lowest rates were for Black households with 7% ownership and Mixed households, with 19% ownership<sup>(28)</sup>.

**Figure 20: Housing tenure by ethnic group, 2021 Census**

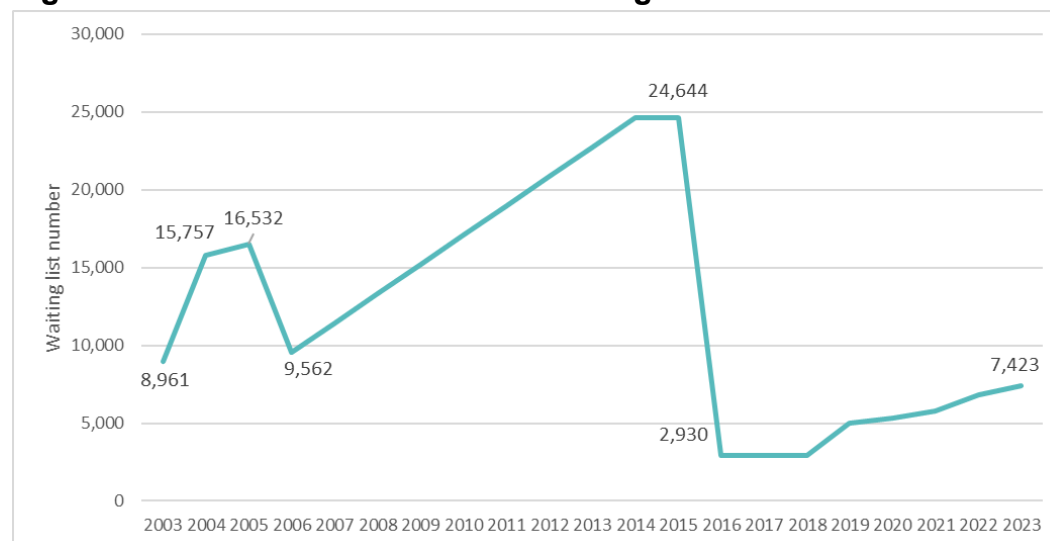


**Source: Camden State of the Borough Report 2024<sup>(28)</sup>**



Figure 21 shows that there were 7,423 households on the waiting list for social housing at the start of December 2023. In 2016, due to changes in the Housing Allocations scheme, the number of households on the waiting list dropped to 2,930 but has since been rising. The latest figure for 2023 is a 9% increase on 2022.

**Figure 21: Camden Council House waiting lists 2003-2023**



**Source: Camden State of the Borough Report 2024<sup>(28)</sup>**

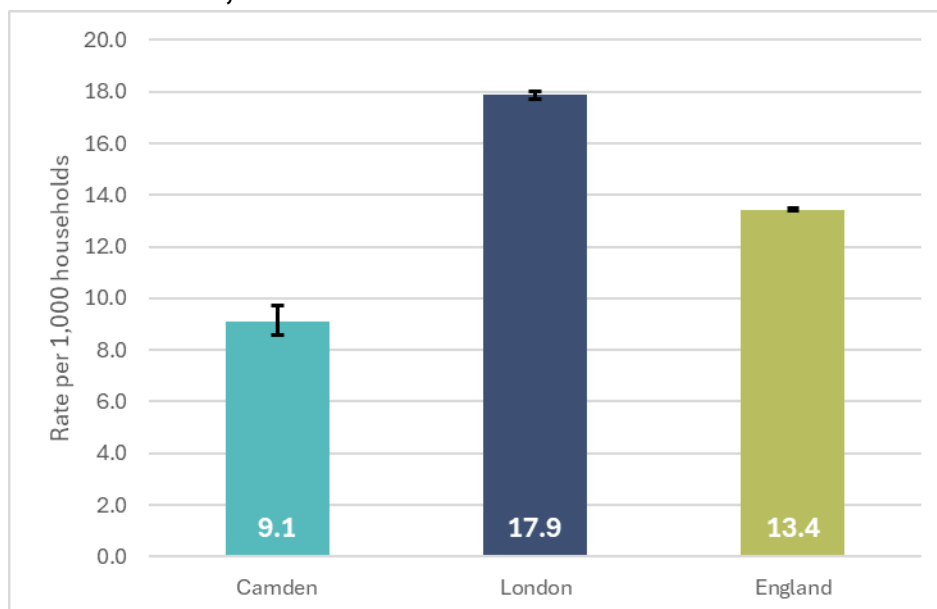
There were 663 households in temporary accommodation in September 2023. Camden has the lowest number of households in temporary accommodation and the lowest number of children in temporary accommodation compared to other Inner London boroughs. A majority (62%) of temporary accommodation is located outside of the borough. Camden has the second most households in temporary accommodation in Bed & Breakfast hotels than any other Inner London borough after Westminster<sup>(28)</sup>.

The Office for National Statistics Census 2021<sup>(22)</sup> reported that:

- 0.1% of households in Camden are living in a caravan or temporary structure.
- 4.8 per 1,000 households are in temporary accommodation (2022/23) and 35.9% are privately rented.

Figure 22 shows the rate (per 1,000 population) of households owed a duty under the Homelessness Reduction Act across Camden, London and in England. The 2023/24 rates for Camden were 9.1 per 1,000 households. This is significantly lower than London (12.2 per 1,000 households) and the England average of 13.4 per 1,000 households.

**Figure 22: Homelessness: households owed a duty under the Homelessness Reduction Act, 2023/24**



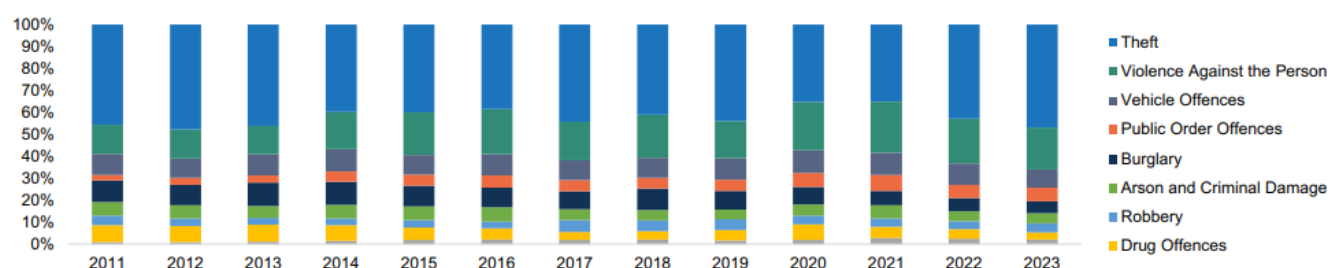
Source; OHID Fingertips, [accessed April 2025]<sup>(19)</sup>

#### 4.4.5 Crime

The most obvious health impact of crime is on the physical and mental health of victims, their friends and relatives. However, crime can also impact on the health of those who are not direct victims. This can come in the form of stress and fear of living in high crime areas. The crime rate in Camden between January and December 2023 was 184.9 offences per 1,000 people. This was an increase of 14.3% compared to the previous year, the 2nd highest percentage increase in crime rates across London (behind Westminster). This means that Camden's overall rate of crime has returned to a very similar level to the rate recorded pre-pandemic, having dropped by 37.5% between 2019 and 2021<sup>(28)</sup>.

Figure 23 shows the numbers of crime per 1,000 population by type. Theft is the most common type of crime in Camden, with a rate of 85.6 offences per 1,000 people in 2023. Theft, as well as similar crimes including robbery, have seen large increases from previous years, increasing 25.3% and 28.3% respectively. But it is the high volume of thefts overall (accounting for 46.3% of all crimes) which has been most significant in driving the overall increased crime rate. Drug offences and possession of weapons saw the largest year on year decreases, with 16% and 14.7% reductions respectively<sup>(28)</sup>.

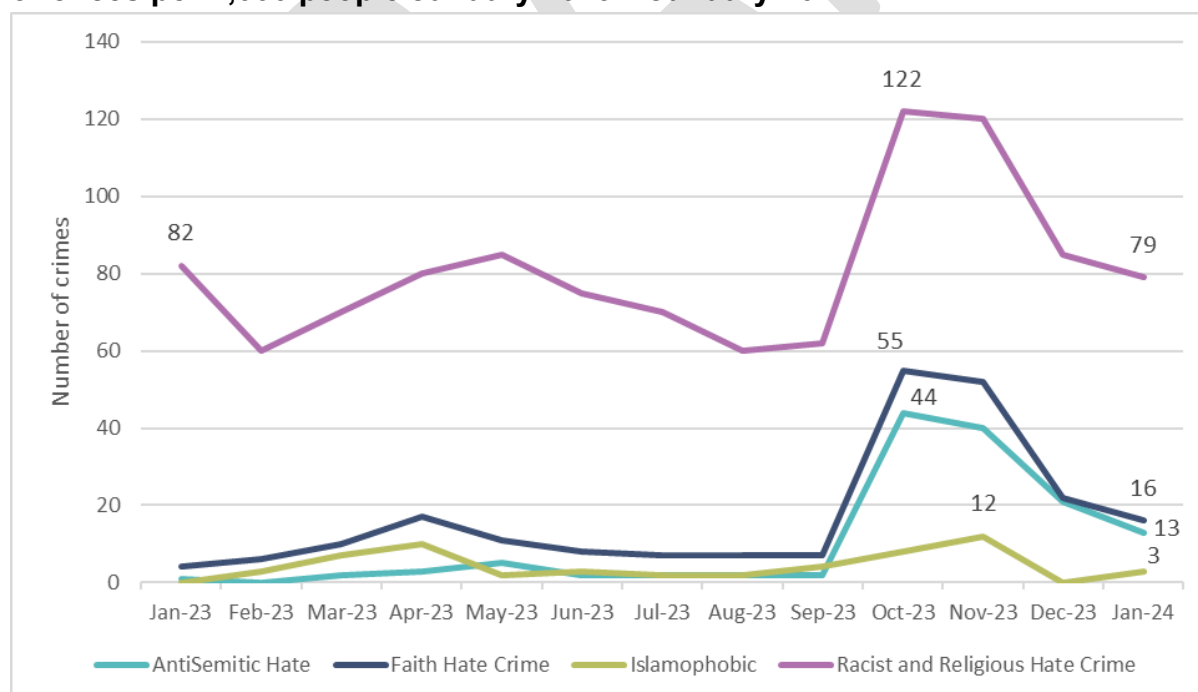
**Figure 23: Rate of crime per 1,000 population by type, 2011-2023**



Source: Camden state of the borough report 2024<sup>(28)</sup>

The rate of hate crime in Camden has increased over the past six years, reaching 5.9 offences per 1,000 people during 2023. This is a higher rate than the London average (3.3). Camden has the second highest rate of hate crime after Westminster, which has a rate of 12.4 per 1,000 people. Figure 24 shows the increase in hate crime during 2023/24.

**Figure 24: Racist and religious, faith hate, Antisemitic and Islamophobic offences per 1,000 people January 2023 – January 2024**



Source: Camden state of the borough report 2024<sup>(28)</sup>

In Camden, indicators relating to crime are higher than England as a whole:

- The crime rate in Camden is 188.0 offences per 1,000 population, compared to 88.6 for England, according to figures published by the ONS for the year ending March 2024<sup>(33)</sup>.
- In the year ending March 2024, there were 40,999 incidents of crime, a 4349 increase in incidents when compared to the previous year<sup>(33)</sup>.
- Between the year ending April 2023 and the year ending March 2024, there was an overall 10.6% increase in crime in Camden. In England, crime decreased by 3.6% year on year<sup>(33)</sup>.

#### 4.4.6 Domestic abuse related incidents and crimes

Domestic abuse refers to any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults, aged 16 and over, who are or have been intimate partners or family members, regardless of gender and sexuality. Both men and women can be victims of domestic abuse, though most reported cases relate to female.

Figure 25 shows the rate per 1,000 population of domestic abuse related incidents and crimes in 2023/24 across Camden, London and England. The rates for Camden were 22.3 per 1,000 population, the same as London and lower than the England average at 27.1 per 1,000 population.

**Figure 25: Domestic abuse-related incidents and crimes per 1,000 population, 2023/24**



**Source: OHID Fingertips, [accessed April 2025]<sup>(19)</sup>**

Locally, the demand for services to support victims of domestic abuse has been increasing, and we suspect undercounting remains a significant issue. However, it should be noted that it is estimated that less than 24% of domestic abuse crime is reported to police.

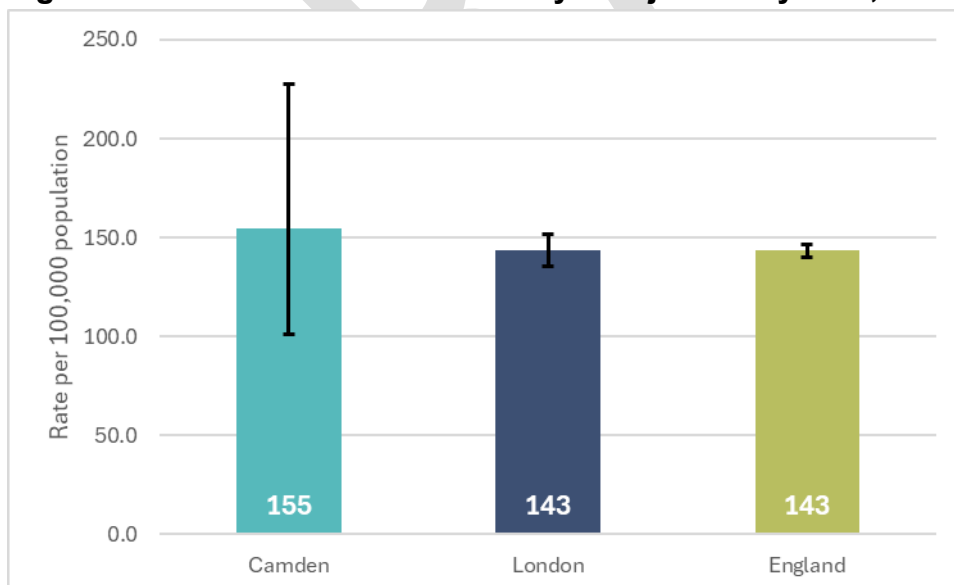
Another increasing issue for Camden is cuckooing. This is where people take over a person's home and use the property to facilitate exploitation. In 2022/23 there were 67 safeguarding adult enquiries where cuckooing was involved. This was around 5% of all safeguarding enquiries. For the first three quarters of 2023/24, 8% (75 enquiries) feature cuckooing. People who have been cuckooed are often isolated from communities and experiencing addiction and mental health issues, making them a target for criminals. The increase in this very serious issue may be linked to the increasing loneliness of the Camden population and the overall rise in crime in the borough. In Camden, 12% of all adult safeguarding enquiries in 2022/23 featured social isolation as a factor, with 69% of those being for people over the age of 65 <sup>(28)</sup>.

#### 4.4.7 Prison populations

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

Figure 26 shows the rate per 100,000 population of first-time entrants to the youth justice system in 2023 across Camden, London and in England. The rates for Camden were 155 per 100,000 population. This is similar to London (143 per 100,000) and the England value (143 per 100,000 population).

**Figure 26: First time entrants to the youth justice system, 2023**



Source: OHID Fingertips, [accessed April 2025] <sup>(19)</sup>

## 4.5 Housing and regeneration

The housing market in Camden is very different to the average UK housing market in terms of ownership and rental, though it is similar to other Inner London boroughs. In Camden, more people live in social rented housing (34%) than the London average (23%), and private renters make up 36% of housing, higher than the UK but in line with other Inner London boroughs. Just under 30% of people in Camden own their homes, which is significantly below the UK average of 62%, and London average of 45%<sup>(28)</sup>.

House prices across England have risen consistently over the past two decades, but the pace of growth has been different in Camden and London, compared to England. Median house prices in Camden (£880,889) are significantly more expensive than London (£527,979), and nearly three times as expensive compared to England and Wales (£301,350). In Camden prices have increased by 72.7% (£370,830) in the last 15 years, compared to 79.8% (£234,374) for London, and 62.0% (£115,299) for England and Wales<sup>(28)</sup>.

House affordability in Camden is among the lowest in the UK, meaning buying a house is extremely difficult for people with average incomes. The average house in Camden costs around 21.4 times the London median income. This is a higher house price to income ratio than both London (13 times) and England and Wales (9 times). Over the past decade, Camden's house price to income ratio has remained relatively consistent with house prices at around 20 times the median annual income for most of the decade<sup>(28)</sup>.

Camden has a higher proportion of residents living in private rented housing. Monthly rents in the private rented sector in Camden are the third highest in the country, meaning Camden is one of the least affordable places to live in the UK.

Private rent has gone up in Camden by £200 since last year (11%). In 2023, median monthly rents in the private rented sector in Camden were £1,950, which is £450 higher than London median (£1,500) and more than twice as high as in England (£825). The average social rent was £500 a month in Camden, compared to £476 for London and £389 for England. Proportionally, private rent in Camden is 65% of Camden median pay making it third highest in terms of private rent affordability compared to other London boroughs, with Westminster and Kensington at the top<sup>(28)</sup>.

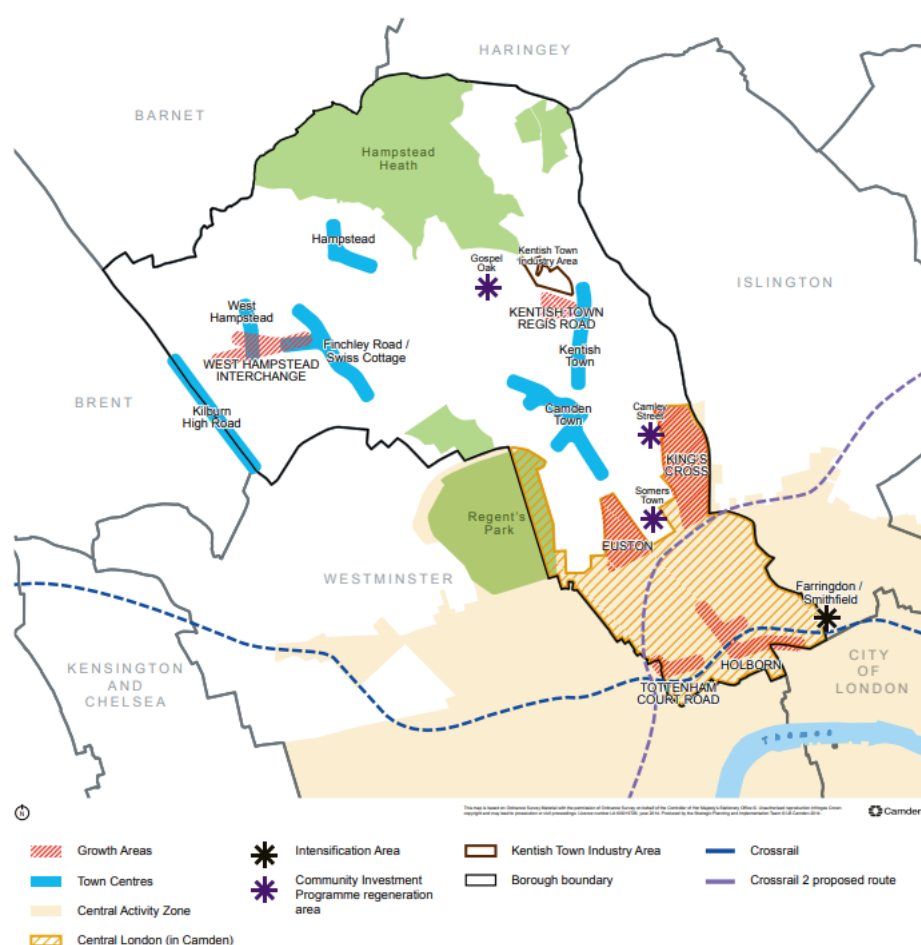
The Camden Local Plan 2017-2031<sup>(34)</sup> ensures that Camden has robust planning policies that respond to the changing circumstances and borough's unique characteristics. A significant proportion of Camden's growth up to 2031 is expected to be delivered in the six identified growth areas of King's Cross, Euston, Tottenham

Court Road, Holborn, West Hampstead Interchange, and Kentish Town Regis Road (see Figure 27).

Camden Council is in the process of developing a new Local Plan<sup>(35)</sup>. The draft version anticipates growth will be centred around Euston, Camley Street & St Pancras Way, Holborn, Regis Road and the Murphy site, Camden Goods Yard and the O<sub>2</sub> site.

DRAFT

**Figure 27: Local Plan Growth Areas**



**Source: Local Plan(34)**

## 4.6 Transport

In Camden, the proportion of people reporting walking for travel at least 3 days per week in 2022/23 was significantly higher than the proportion in London and England (active travel). Derived from the Sports England, Active Lives Survey, 34.7% of people in Camden said they walked at least three days per week for travel over the last year, compared with 18.6% in England and 28.3% in London<sup>(36)</sup>.

Camden's Transport Strategy 2019 - 2041<sup>(37)</sup> sets out the council's vision and objectives for transport in the borough. The vision is to work alongside residents and partners in transforming transport and mobility; enabling and encouraging people to travel sustainably; nurturing healthier lifestyles and creating less polluted places unpinned by upgrading the transport network to meet Camden's needs and those of London as a growing city.



## **4.7 Modifiable risk factors affecting health outcomes**

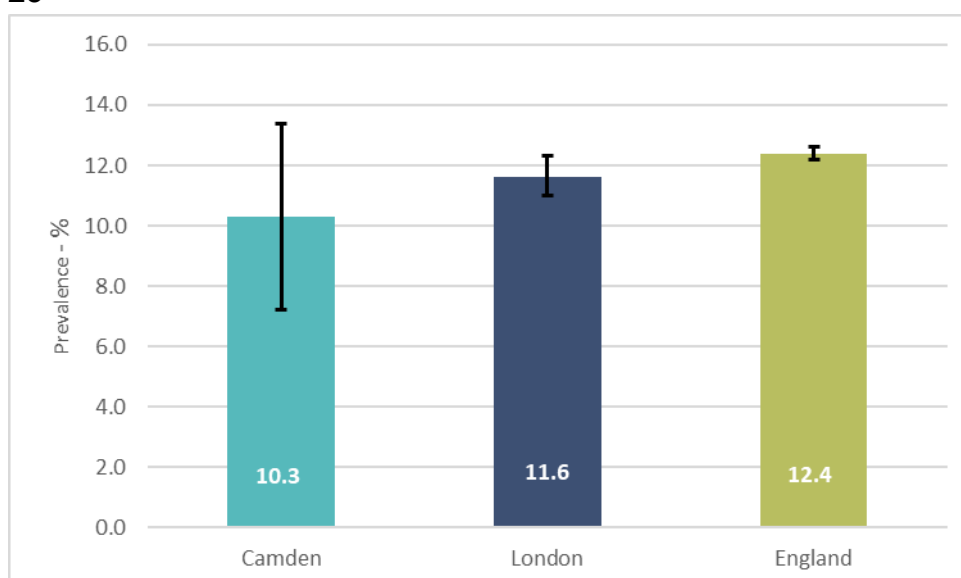
The King's Fund<sup>(38)</sup> examined how four modifiable risk factors – smoking, excessive alcohol use, poor diet, and low levels of physical activity – occur together in the population and how this distribution has changed over time. The report found that people with no qualifications are currently more than five times as likely as those with higher education to engage in all four behaviours.

### **4.7.1 Smoking**

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

Figure 28 shows the proportion of the adult population which were recorded in the Annual Population Survey (APS) as current smokers, on average between 2021 and 2023. The prevalence of smoking in those aged 18 years and over in Camden was recorded as 10.3%. This is similar to London (11.6%) and the England average of 12.4%.

**Figure 28: Smoking Prevalence in adults (18+) – current smokers (APS), 2021-23**



Source; OHID Fingertips, [accessed April 2025]<sup>(19)</sup>

How pharmacies support:

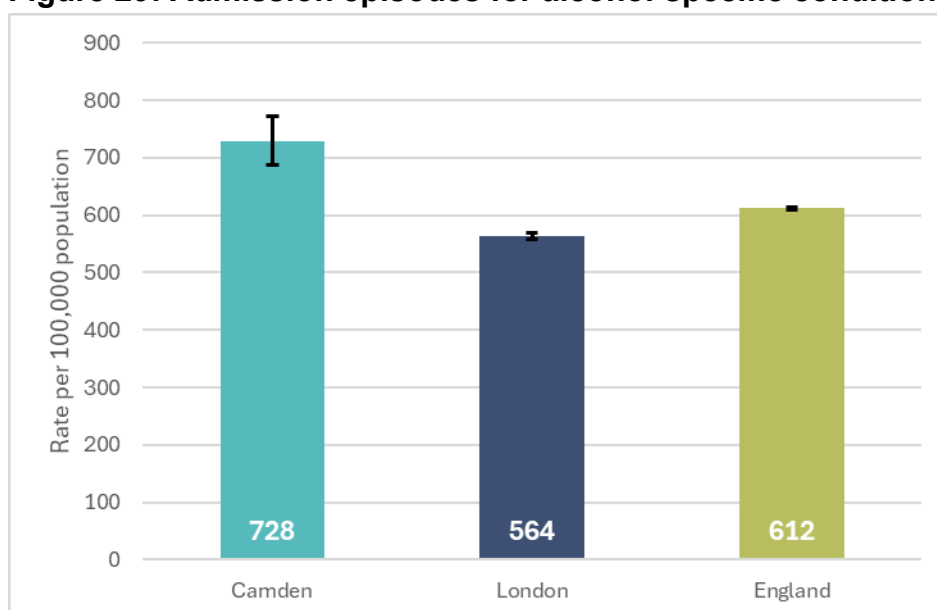
- Nicotine Replacement Therapy
- Active Intervention Smoking Cessation
- Smoking cessation advanced service
- Supporting annual public health campaigns
- Promotion of Healthy Lifestyle and signposting to Local Authority provided Stop Smoking Services

#### 4.7.2 Alcohol

Rates of alcohol related admissions in Camden for males and females are rising and are significantly higher compared to London and England average. Hypertensive disease and mental and behavioural disorders due to alcohol make up the largest proportion of these admissions. Alcohol-specific admissions are significantly higher amongst Camden males compared to both London and England. For females the alcohol specific admission rate is significantly higher compared to London but similar to England. People living in the most deprived areas of Camden are more likely to be admitted for alcohol-specific conditions. Kentish Town and Gospel Oak wards have significantly more alcohol-specific admissions compared to the Camden average.

Figure 29 shows the admission episodes for alcohol-specific conditions in Camden, London and England recorded in 2023/24. The rates for Camden were 728 per 100,000 population which is significantly higher than London (564 per 100,000) and the England average of 612 per 100,000 population.

**Figure 29: Admission episodes for alcohol-specific conditions 2023/24**



**Source; OHID Fingertips, [accessed April 2025]<sup>(19)</sup>**

How pharmacies support:

- Healthy Lifestyle advice
- Signposting to services

### 4.7.3 Healthy weight

Excess weight is one of the most significant and complex public health challenges. It can have a significant impact on individual and family health and wellbeing, employment and education, and contribute to significant costs across health, social care and a wide range of services.

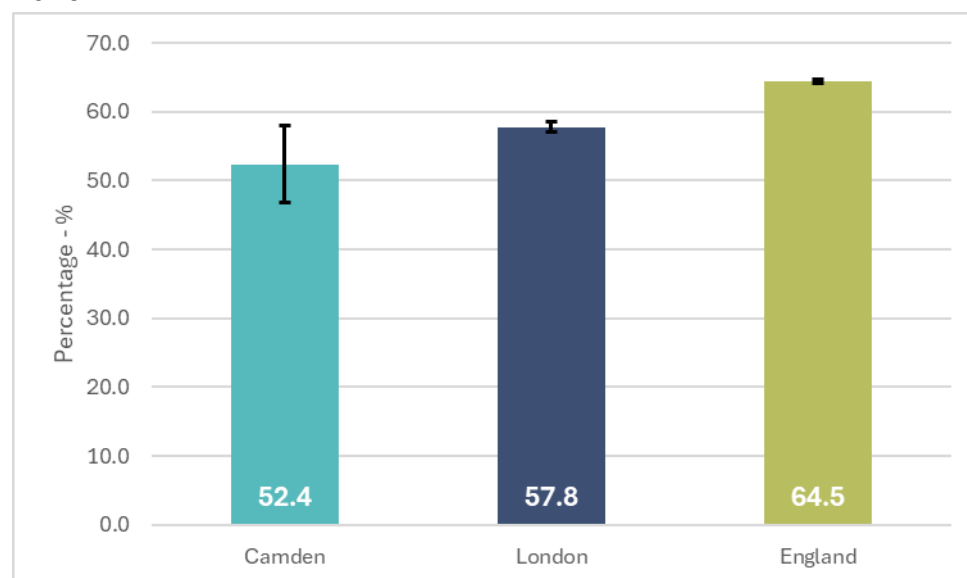
Overweight and living with obesity are terms that refer to having excess body fat, which is related to a wide range of diseases, most commonly:

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

Just over 63,000 adults registered with a Camden GP are living with obesity or overweight and approximately two thirds of adults with a chronic illness are overweight and obese. Obese people are significantly more likely to have diabetes (type II), hypertension, heart failure, heart disease and a range of other conditions. Approximately two thirds of adults with a chronic illness are overweight and obese.

Despite this, Figure 30 shows the percentage of adults classified as overweight or living with obesity in Camden, London, and England in 2023/24. The data is based upon adjusted, self-reported information from the Sport England, Active Lives Survey, accessed via OHID Fingertips Obesity Profiles. The proportion for Camden was 52.4%, similar to the rate for London (57.8%) but significantly lower than the rate for England (64.0%).

**Figure 30: Percentage of adults (aged 18+) classified as overweight or obese, 2023/24**



**Source: OHID Fingertips, [accessed April 2025]<sup>(19)</sup>**

In the three-year period 2021-22 to 2023-24, 19.8% of children in Reception (aged 4-5 years old) in Camden were living with excess weight (overweight, including obesity), similar to London (20.9%) but significantly lower than the England average (21.9%)<sup>(19)</sup>.

In the three-year period 2021-22 to 2023-24, 36.8% of Year 6 children in Camden (aged 10-11 years old) were living with excess weight (overweight, including obesity), significantly lower than London (39.0%) but similar to the England average of 36.7%<sup>(19)</sup>.

#### **4.7.4 Physical activity**

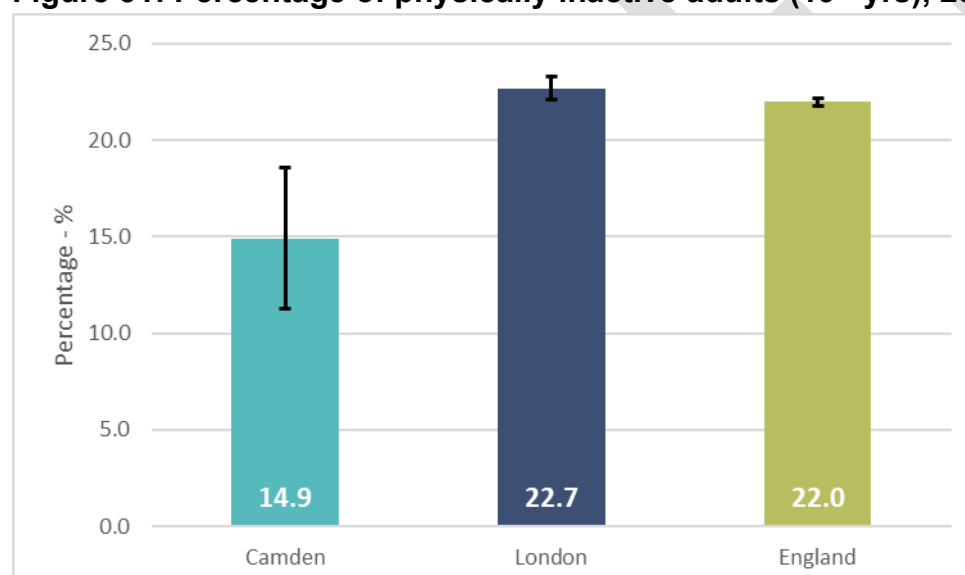
The Chief Medical Officer (CMO) for England currently recommends that adults undertake a minimum of 150 minutes (2.5 hours) of moderate physical activity per week, or 75 minutes of vigorous physical activity per week or an equivalent combination of the two (MVPA), in bouts of 10 minutes or more. The overall amount of activity is more important than the type, intensity or frequency<sup>(39)</sup>.

In adults, physical activity contributes to prevention and management of noncommunicable diseases such as cardiovascular diseases, cancer and diabetes and reduces symptoms of depression and anxiety, enhances brain health, and can improve overall wellbeing. In children and adolescents, physical activity promotes bone health, encourages healthy growth and development of muscle, and improves motor and cognitive development.

Factors which can impact upon levels of activity, or been seen as barriers to include: wider social, cultural, environmental and economic determinants that influence access and opportunities to be active in safe and enjoyable ways.

Figure 31 shows the percentage of physically inactive adults or the proportion of individuals not currently meeting the CMO guidelines in Camden, London and England in 2023/24. The rates for Camden were 14.9% which is significantly lower than London (22.7%) and the England average (22.0%).

**Figure 31: Percentage of physically inactive adults (19+ yrs), 2023/24**



Source: OHID Fingertips, [accessed April 2025] <sup>(19)</sup>

How pharmacies support:

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

#### 4.7.5 Sexual health

Good sexual health is an important public health issue and is fundamental to wellbeing and health. Poor sexual health can cause social, economic, emotional, and

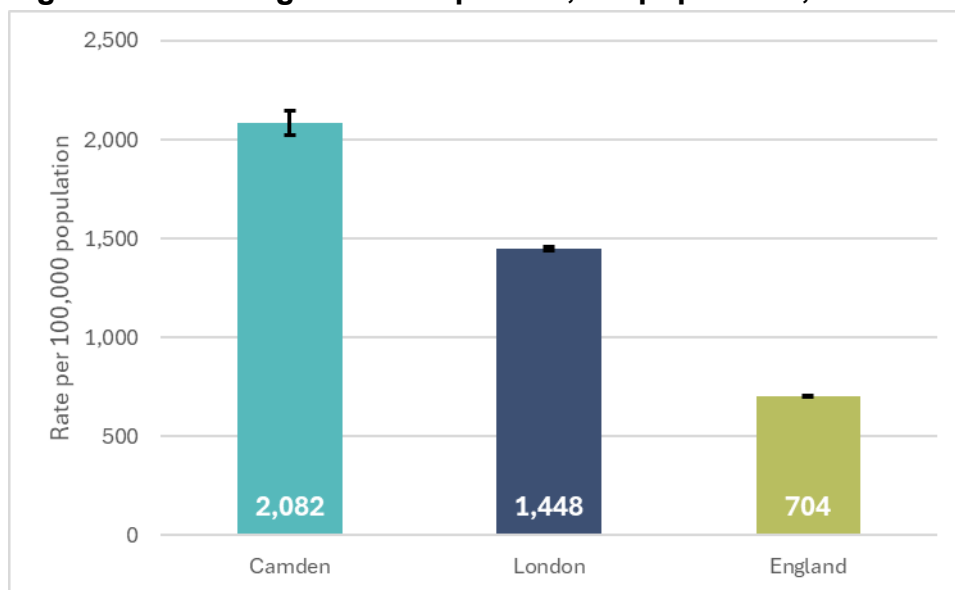
health costs as well as stark health inequalities. Several key population groups can be identified for whom there are greater risks of experiencing sexual ill health including gay, bisexual or other men who have sex with men, black and minority ethnic groups, and women of reproductive age.

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

The number of people living with HIV in Camden has increased by 13% in the last five years. Improved survival and continuing transmission across all age groups has led to this increase in prevalence and to a shift in the age distribution of HIV diagnosed persons receiving care, with older adults living with HIV increasing in both number and proportion. The largest proportion of patients who were resident in Camden were infected through sex between men. Earlier diagnosis of HIV leads to better outcomes. 30.9% of adults newly diagnosed with HIV in Camden were diagnosed late (CD4 count less than 350 cells/mm<sup>3</sup>) in 2021-2023<sup>(19)</sup>. This proportion is significantly lower than the England average and 7th lowest in London.

Figure 32 shows the STI diagnosis rate per 100,000 population in Camden, the fifth more deprived decile, and England in 2023. The rates for Camden were 2,082 per 100,000 people significantly higher than the rate for London (1,448 per 100,000 population) and the rate for England (704 per 100,000 population). Like England and London, the highest rate of STI diagnosis is for chlamydia and the lowest for syphilis. Camden's screening coverage for chlamydia is similar to England yet its positivity rate is lower. This suggests the need for improved targeting of people.

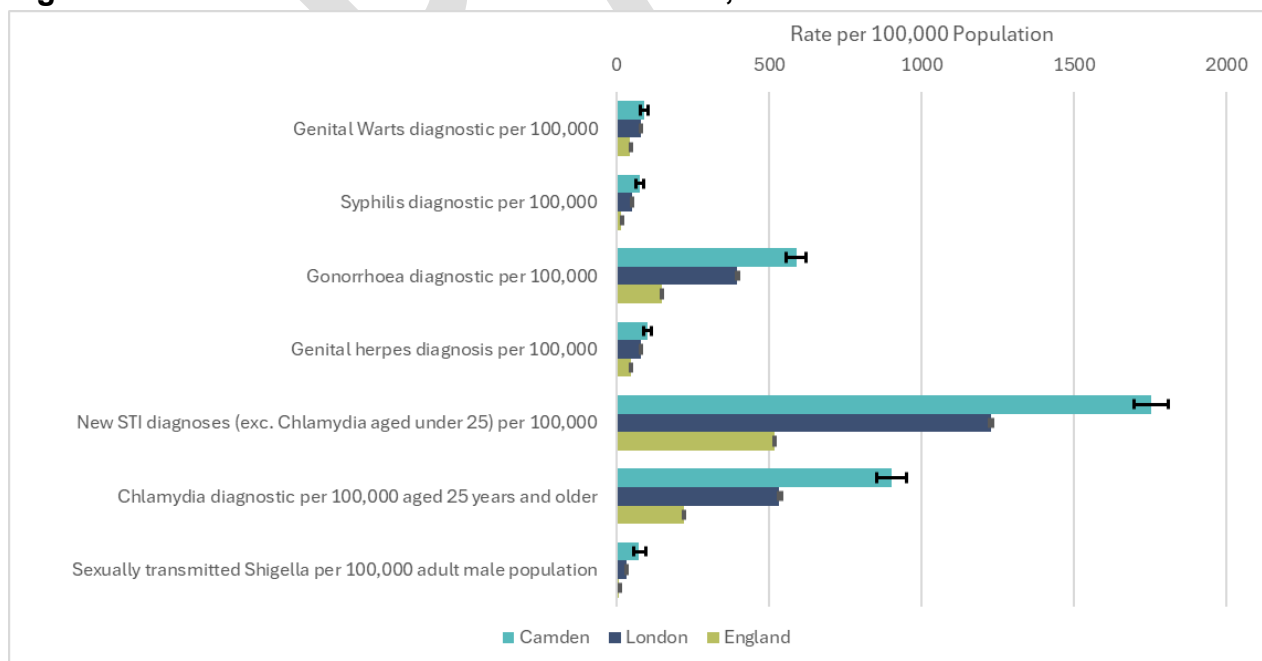
**Figure 32: STI diagnosis rate per 100,000 population, 2023**



**Source: OHID Fingertips, [accessed April 2025] <sup>(19)</sup>**

Figure 33 shows numerous STI metrics per 100,000 population in Camden, London and England in 2023. The rates per 100,000 population for Camden were all higher than both the London and England averages. Rates for gonorrhoea diagnostic per 100,000 population and sexually transmitted shigella per 100,000 males are increasing.

**Figure 33: Sexual health indicators for Camden, 2023**



**Source: OHID Fingertips, [accessed April 2025] <sup>(19)</sup>**

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

How pharmacies support:

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

#### **4.7.6 Teenage pregnancy**

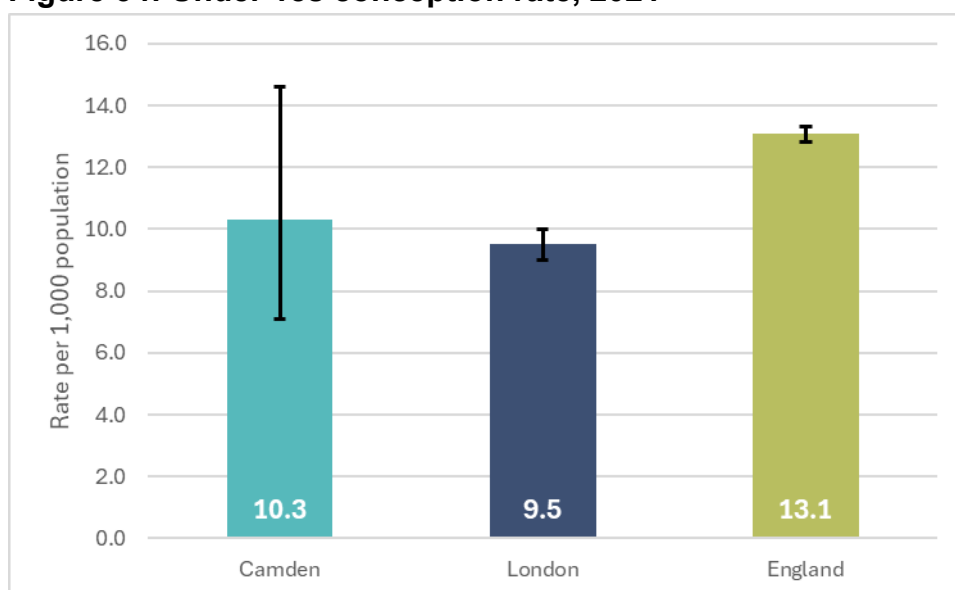
Areas of deprivation often have the highest teenage conception rates and the lowest percentage of conceptions leading to abortions. Consequently, deprived areas can have comparatively high incidence of teenage maternities and can be therefore disproportionately affected by the poorer outcomes associated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

Children born to mothers under 20 have higher rates of infant mortality and are at increased risk of low birthweight which impacts on the child's long-term health. Teenage mothers are also three times more likely to suffer from post-natal depression and experience poor mental health for up to three years after the birth.

Figure 34 shows that the under-18 conception rate in 2021 for Camden, London and England. The rates per 1,000 population for Camden were 10.3%, similar to London of 9.5% and the England average (13.1%). Whilst teenage conceptions are relatively low, the percentage of these leading to abortion is high in Camden. In 2021, 65.6% of under 18 teenage conceptions led to abortion compared to 53.4% in England and 62.1% in London.



**Figure 34: Under 18s conception rate, 2021**



**Source: OHID Fingertips, [accessed April 2025] <sup>(19)</sup>**

How pharmacies support:

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

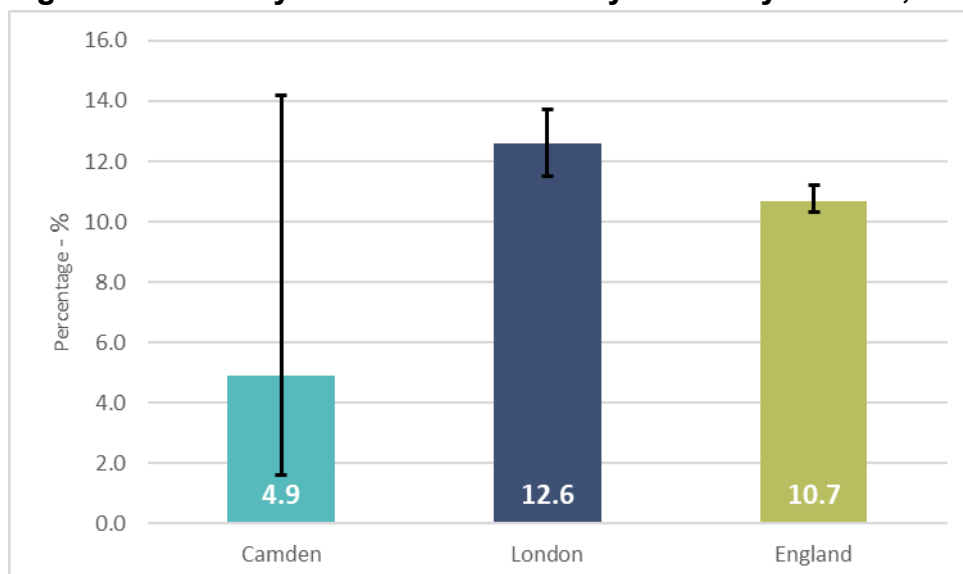
#### **4.7.7 Oral health**

Figures 35 and 36 show the percentage of visually obvious dental decay in three-year-olds and five-year-olds respectively in Camden, London, and England

The percentage of three-year olds with experience of visually obvious dental decay in Camden was 4.9%. This is similar to London (12.6%) and the England average of 10.7%.

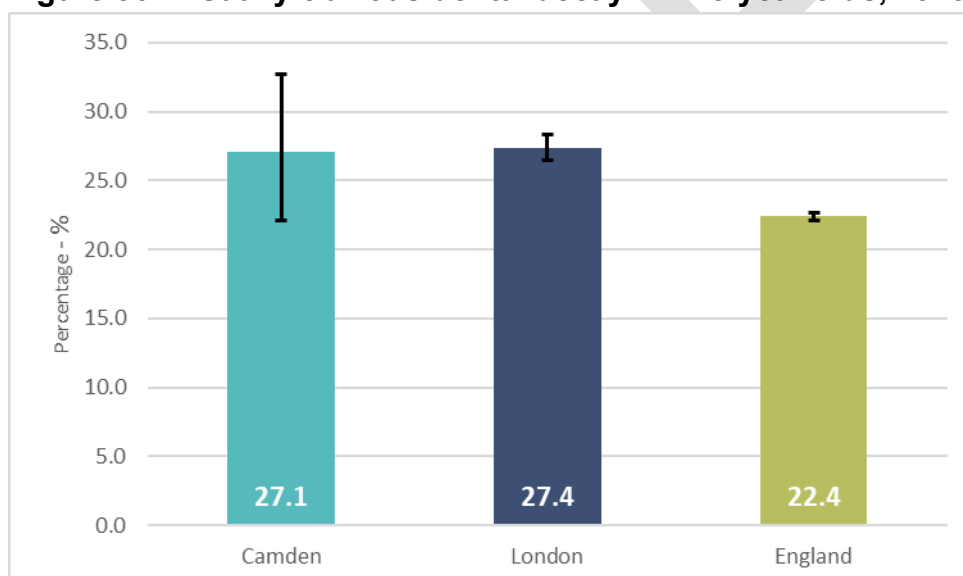
The proportion of five-year-olds with visually obvious dental decay in Camden was 27.1%. This is similar to London (27.4%) and the England average of 22.4%.

**Figure 35: Visually obvious dental decay in three-year olds, 2019/20**



Source: OHID Fingertips, [accessed April 2025]<sup>(19)</sup>

**Figure 36: Visually obvious dental decay in five-year olds, 2023/24**



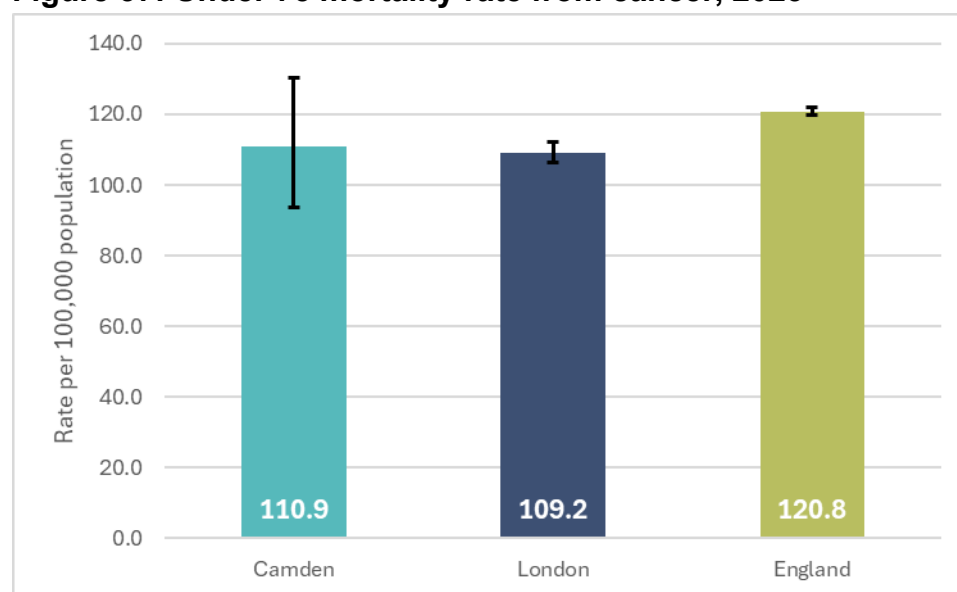
Source: OHID Fingertips, [accessed April 2025]<sup>(19)</sup>

## 4.8 Cancers

Death rates from all cancers have decreased significantly over the last two decades due to a combination of early detection and improved treatment. Preventable mortality means deaths before the age of 75 from cancer that could be prevented through effective public health and primary prevention interventions, compared to existing life expectancy. It can also be affected by behaviour, socioeconomic factors and lifestyle, such as smoking, and drug and alcohol consumption.

Figure 37 shows the under-75 mortality rate from cancer in 2023 for Camden compared to London in England and the England average. The standardised mortality rate per 100,000 population under-75 who died from cancer (110.9 per 100,000 population) was similar in Camden compared to the rate for London (109.2 per 100,000 population) and to the rate for England (120.8 per 100,000 population).

**Figure 37: Under 75 mortality rate from cancer, 2023**



Source: OHID Fingertips, [accessed April 2025]<sup>(19)</sup>

How pharmacies support:

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

## 4.9 Long-term conditions

A long-term condition is a condition that cannot, at present, be cured but is controlled by medication and/or other treatment/therapies. The NHS Long Term Plan<sup>(11)</sup> has a strong focus on the treatment and prevention of illness by supporting patients to adopt improved healthy behaviours. This will both help people to live longer healthier lives and reduce the demand for and delays in treatment and care focusing on services to support patients to overcome tobacco addiction, treat alcohol dependence and to prevent and treat obesity – particularly in areas with the highest rates of ill health. The prevalence of long-term conditions increases with age and the proportion of the population with multiple long-term conditions also increases with age. People from lower socio-economic groups have increased risk of developing long-term conditions; better management can help to reduce health inequalities.

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

Cardiovascular disease, respiratory disease and cancer remain the leading causes of premature death in Camden, although death rates are declining. Diabetes, high blood pressure and obesity are also prevalent conditions that, although frequently not recorded as the underlying cause of death, significantly contribute to early death. The increasing burden of liver disease associated with excessive alcohol consumption is also of particular concern. These conditions cause significant morbidity and are disabling if not diagnosed early and managed effectively.

#### **4.9.1 Cardiovascular disease**

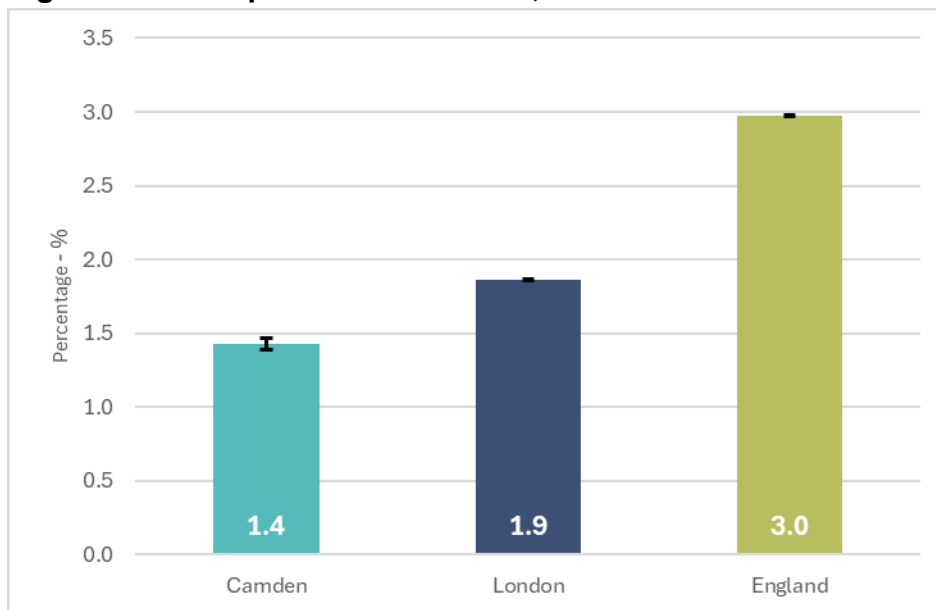
Cardiovascular disease (CVD) includes several different problems of the heart and circulatory system, such as coronary heart disease (CHD), stroke and peripheral vascular disease (PVD). It is strongly linked with other conditions such as diabetes and chronic kidney disease (CKD) and is more prevalent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

Early deaths from cardiovascular conditions, including coronary heart disease are declining in Camden. There continues to be a decrease in the rate of early deaths in Camden from heart disease.

Figures 38 and 39 show the QOF prevalence for coronary heart disease (CHD) and Stroke in 2023/24 in Camden, London and England, though this may reflect Camden's age demographic and lower proportion of older residents. The recorded (diagnosed) prevalence for key cardiovascular long-term conditions is as follows:

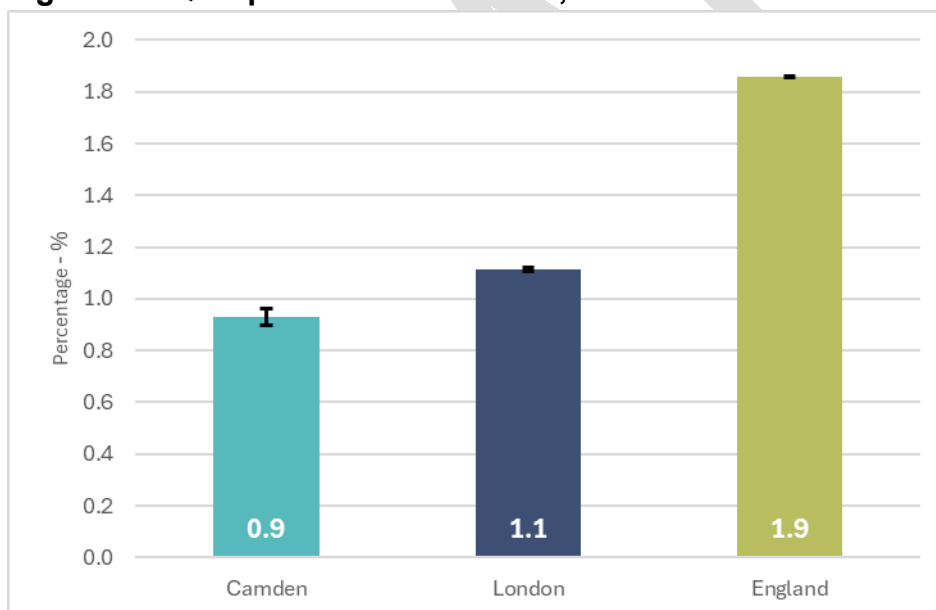
- CHD prevalence in Camden is 1.4%, which is significantly lower than London (1.9%) and the England average at 3.0%.
- Stroke (all ages) prevalence in Camden (0.9%) is significantly lower than London (1.1%) and the England average at 1.9%.

**Figure 38: QOF prevalence of CHD, 2023/24**



Source: OHID Fingertips, [accessed April 2025]<sup>(19)</sup>

**Figure 39: QOF prevalence of stroke, 2023/24**



Source: OHID Fingertips, [accessed April 2025]<sup>(19)</sup>

How pharmacies support:

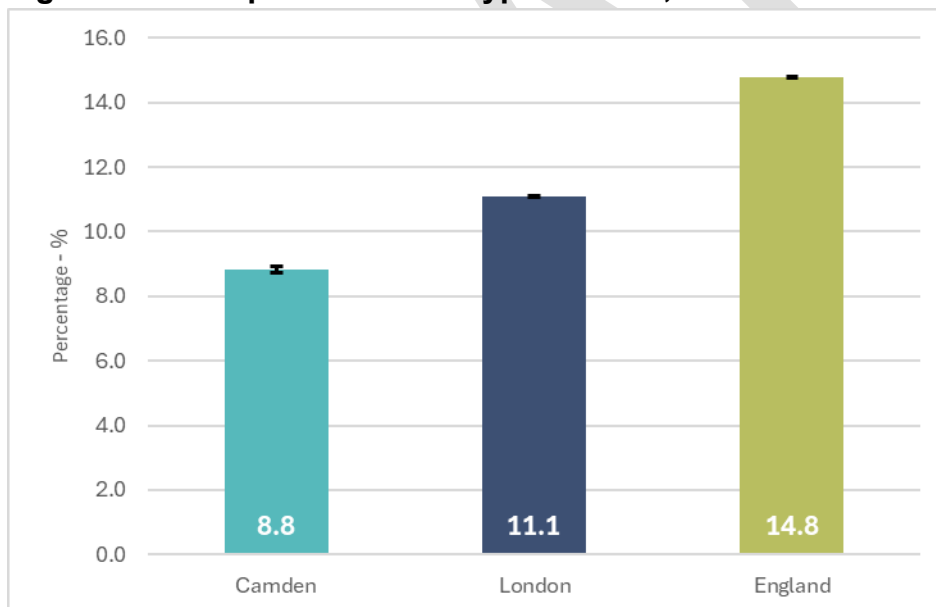
- Education and support
- Signposting to preventative services e.g. smoking cessation, weight management
- New medicine service – using this to support patients with hypertension management/adherence to new medication
- Discharge medicine service
- Hypertension case finding service

## 4.9.2 Hypertension

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

Figure 40 shows the QOF prevalence for hypertension (all ages) in 2023/24 in Camden (8.8%) was significantly lower than London (11.1%) and the England average (14.8%). As high blood pressure is often not accompanied by symptoms, we know that a significant proportion of hypertension remains undetected. The National Cardiovascular Intelligence Network (NCIN) estimate Camden as having 42,190 individuals (20.2% of population) with hypertension. As of 2023/24, 28,380 individuals (8.8% of population) had a diagnosis recorded in General Practice. This highlights a potential gap in diagnoses of approximately 11.4% (13,882 people)<sup>(40)</sup>.

**Figure 40: QOF prevalence of hypertension, 2023/24**



**Source: OHID Fingertips, [accessed April 2025]<sup>(19)</sup>**

### How pharmacies support:

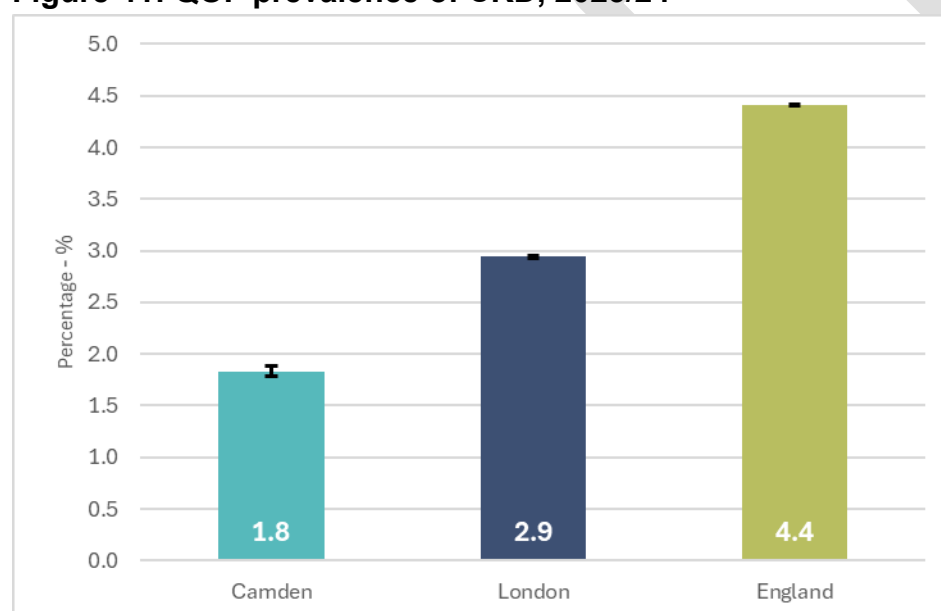
- Signposting to preventative services e.g. smoking cessation, weight management
- Hypertension case finding service
- Medicines Optimisation
- New medicine service
- Discharge medicine service

### 4.9.3 Chronic kidney disease

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

Figure 41 shows the QOF prevalence for chronic kidney disease (CKD) for people aged 18 years and over in 2023/24 in Camden is 1.8% which is significantly lower than London (2.9%) and the England average (4.4%).

**Figure 41: QOF prevalence of CKD, 2023/24**



Source: OHID Fingertips, [accessed April 2025]<sup>(19)</sup>

How pharmacies support:

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

### 4.9.4 Diabetes

Diabetes is a lifelong condition that causes a person's blood sugar level to become too high. There are two main types of diabetes:

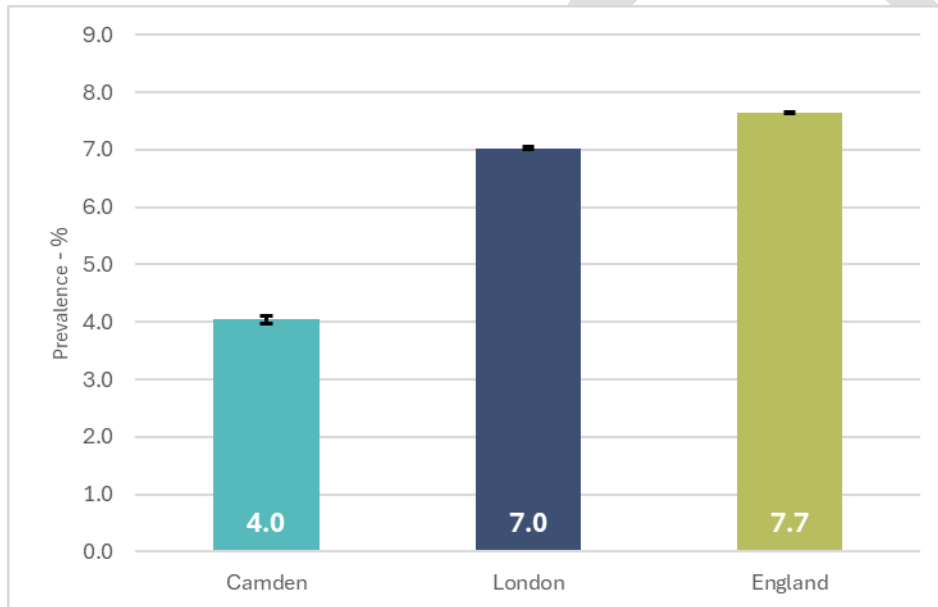
- Type 1 diabetes – where the body's immune system attacks and destroys the cells that produce insulin

- Type 2 diabetes – where the body does not produce enough insulin, or the body's cells do not react to insulin.

Both types can have a significant impact on health and wellbeing. It can affect infants, children, young people and adults of all ages, and is becoming more common. Diabetes can result in premature death, ill-health and disability, yet these can often be prevented or delayed by high quality care. Preventing Type 2 diabetes (the most common form) requires action to identify those at risk and prevention activities to tackle obesity, diet and physical activity.

Figure 42 shows the QOF prevalence for diabetes for people aged 17 years and over in 2023/24. Camden is 4.0%, significantly lower than the London (7.0%) and the England average (7.7%).

**Figure 42: QOF prevalence of Diabetes, 2023/24**



**Source: OHID Fingertips, [accessed April 2025]<sup>(19)</sup>**

How pharmacies support:

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

#### 4.9.5 Respiratory

Respiratory diseases (those affecting the airways and lungs) are diagnosed in 1 in 5 people and are the third leading cause of death in the UK, after cardiovascular disease and cancer. They are also a major driver of health inequalities, and much of



this disease is largely preventable. Respiratory disease covers a wide variety of conditions, including common conditions such as asthma and chronic obstructive pulmonary disease (COPD), lung cancer, infections such as pneumonia and influenza, and less common diseases such as interstitial lung disease and mesothelioma.

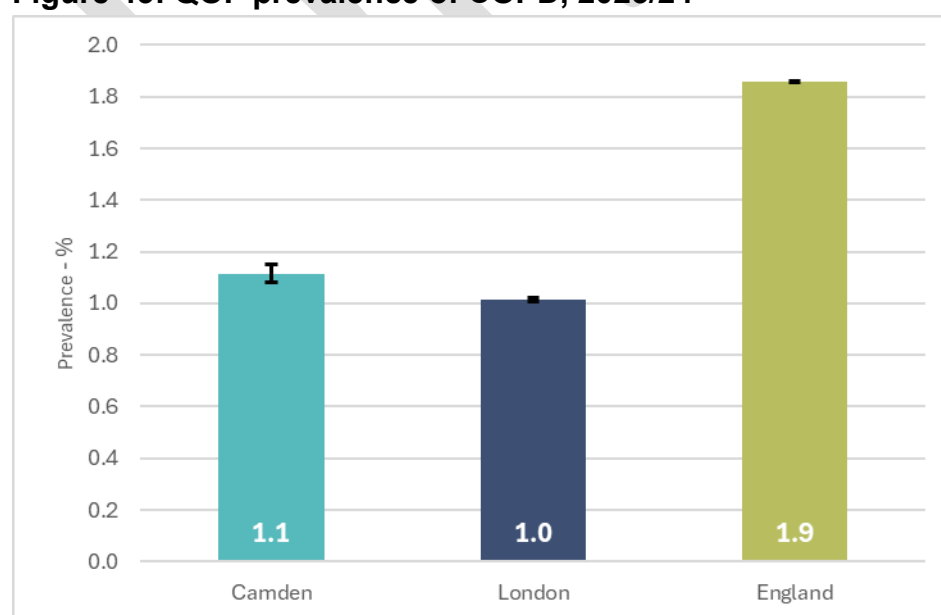
Chronic obstructive pulmonary disease (COPD) is a progressive disease which covers a range of conditions, including bronchitis and emphysema. Its symptoms include cough and breathlessness; over time it can become increasingly severe, having a major impact on mobility and quality of life as it impacts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

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

Figures 43 and 44 show the QOF prevalence of COPD and asthma in 2023/24 in Camden. The prevalence of COPD in Camden (1.1%) is significantly higher than London (1.0%), but significantly lower than the England average of 1.9%.

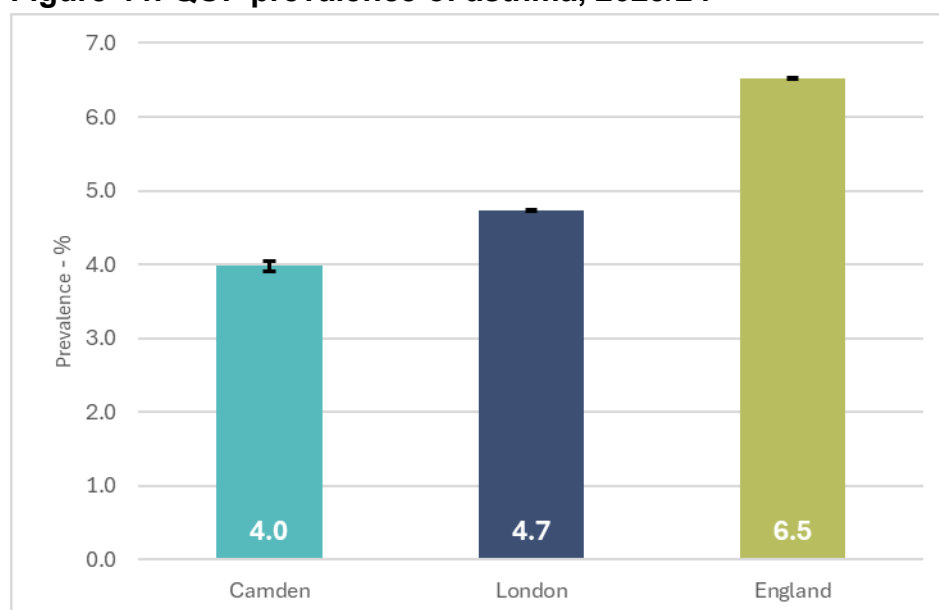
The recorded (diagnosed) prevalence for asthma in people aged 6 years and over in Camden was 4.0%, significantly lower than London (4.7%) and the England average (6.5%).

**Figure 43: QOF prevalence of COPD, 2023/24**



**Source: OHID Fingertips, [accessed April 2025]<sup>(19)</sup>**

**Figure 44: QOF prevalence of asthma, 2023/24**



**Source: OHID Fingertips, [accessed April 2025]<sup>(19)</sup>**

How pharmacies support:

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

#### **4.9.6 Older people**

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

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

Camden's population is projected to continue growing and will reach 223,536 by 2041<sup>(21)</sup>. This is a 1.7 percentage increase from 2025 (219,866). The population is ageing with population estimates seeing a 15.4 percentage increase of those aged 65+ from

2025 (26,425) to 34,528 in 2041. This age group will have seen a 30.7 percentage increase from 2011 at 24,170<sup>(21)</sup>. This poses significant challenges not only to the health and social care sector but also economic challenges in terms of employability and business needs.

How pharmacies support:

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

#### 4.9.7 Dementia

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

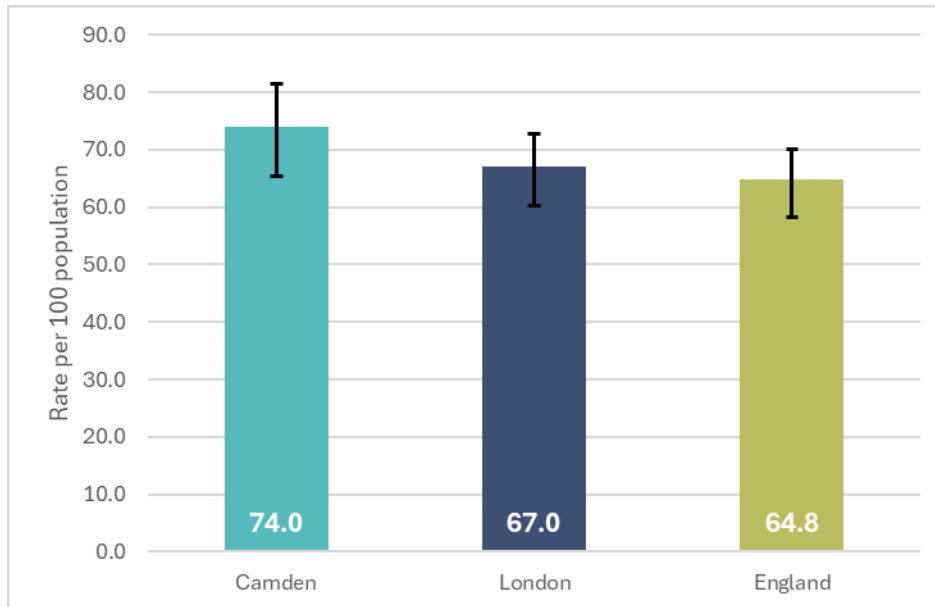
The biggest risk factor for dementia is age; the older you are the more likely you are to develop the condition. But dementia is not an inevitable part of ageing. Although it is not possible to completely prevent dementia, leading a healthy lifestyle and taking regular exercise can lower the risk of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

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

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

Figure 45 shows the estimated dementia diagnosis rate (aged 65+) per 100 population in 2024 in Camden was 74 which is similar to London (67 per 100 population) and the England average (64.8 per 100 population).

**Figure 45: Estimated dementia diagnosis rate (aged 65+), 2024**



**Source: OHID Fingertips, [accessed April 2025] <sup>(19)</sup>**

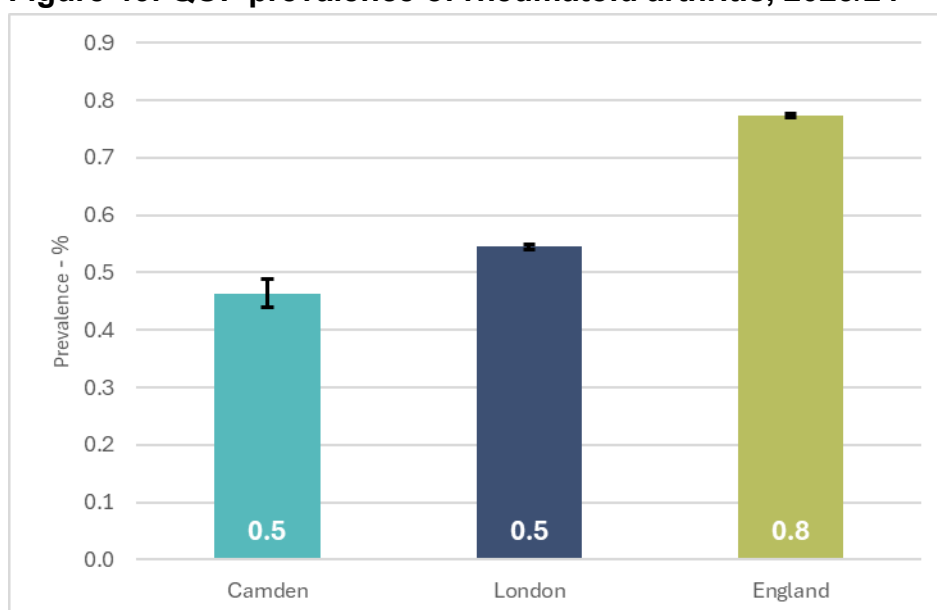
#### **4.9.8 Rheumatoid arthritis and osteoporosis**

Figures 46 and 47 show the Quality Outcome Framework (QOF) prevalence of rheumatoid arthritis and osteoporosis (aged 50+) in 2023/24 in Camden, London and England.

The recorded (diagnosed) prevalence for Rheumatoid arthritis in Camden was 0.5%, significantly lower than London (0.5%) and the England average (0.8%).

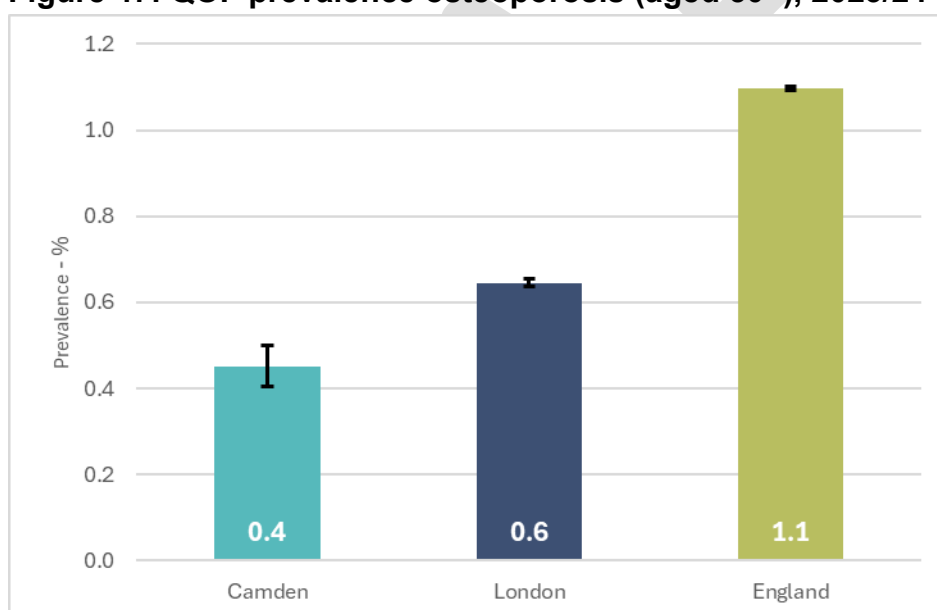
The recorded prevalence for Osteoporosis in those aged 50 years and over in Camden was 0.4%, significantly lower than London (0.6%) and the England average (1.1%).

**Figure 46: QOF prevalence of rheumatoid arthritis, 2023/24**



Source: OHID Fingertips, [accessed April 2025] <sup>(19)</sup>

**Figure 47: QOF prevalence osteoporosis (aged 50+), 2023/24**

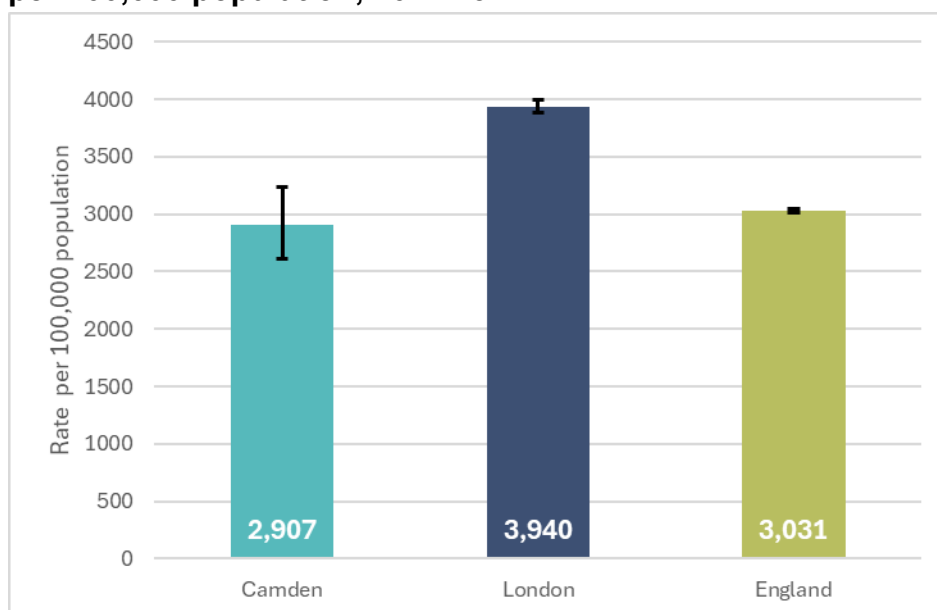


Source: OHID Fingertips, [accessed April 2025] <sup>(19)</sup>

#### 4.9.9 Visually impaired

Figure 48 shows the rate of people aged 75+ reporting blindness or partial sight in 2022/23 in Camden, London and England. The recorded rate of people in Camden was 2,907 per 100,000 population, significantly lower than London (3,940 per 100,000) but similar to the England rate of 3,031 per 100,000.

**Figure 48: Rate of people (aged 75+) reporting being blind or partially sighted per 100,000 population, 2022/23**



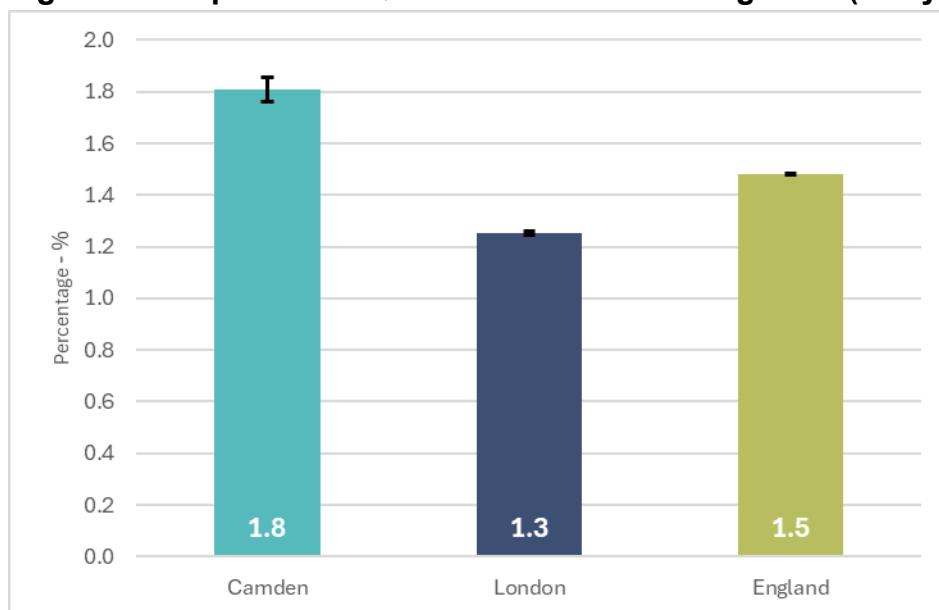
**Source: OHID Fingertips, [accessed April 2025] <sup>(19)</sup>**

#### **4.10 Mental health and mental wellbeing**

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

Figure 49 shows the QOF incidence of depression – new diagnosis in people aged 18 and over in 2023/24 in Camden, London and England. The Incidence of new depression diagnoses in Camden was 1.8%, significantly higher than London (1.3%) and the England average of 1.5%.

**Figure 49: Depression: QOF incidence - new diagnosis (18+ yrs) 2023/24**



Source: OHID Fingertips, [accessed April 2025]<sup>(19)</sup>

#### 4.11 Learning disabilities

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

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

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

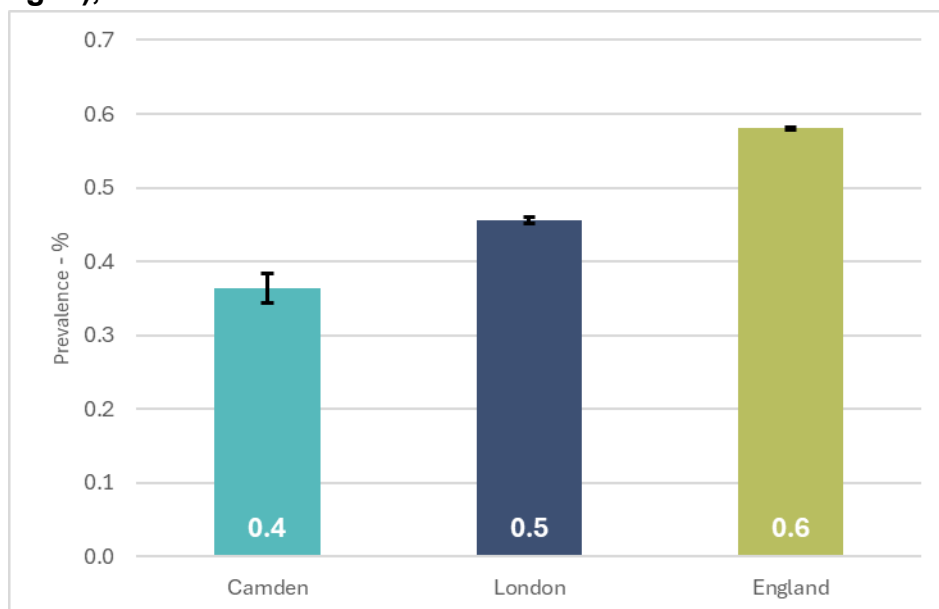
- Mental illness
- Chronic health problems
- Epilepsy
- Physical disabilities and sensory impairments.

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

Figure 50 shows the QOF prevalence of people living with a learning disability in 2023/24 in Camden, London and England. The recorded (diagnosed) prevalence for

people living with a learning disability in Camden was 0.4%, significantly lower than London (0.5%) and the England average (0.6%).

**Figure 50: QOF prevalence of persons living with a learning disability (all ages), 2023/24**



Source: OHID Fingertips, [accessed April 2025]<sup>(19)</sup>

How pharmacies support:

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

## 4.12 Health protection

### 4.12.1 Seasonal influenza and COVID-19

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

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



#### 4.12.2 Population vaccination coverage

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

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

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

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

Figure 51 shows the population vaccination coverage of the seven vaccination indicators by Camden, London and England.

**Rotavirus (Rota) (1 year):** the population vaccination coverage in Camden was 83.0% which is significantly lower than London (83.6%) and the England average (88.5%).

**MMR for two doses (5 years old):** the population vaccination coverage in Camden was 65.7%, which is significantly lower than London (73.3%) and the England average of 83.9%.

**MMR for one dose (5 years old):** the population vaccination coverage in Camden was 82.1%, which is significantly lower than London (85.2%) and the England average (91.9%).

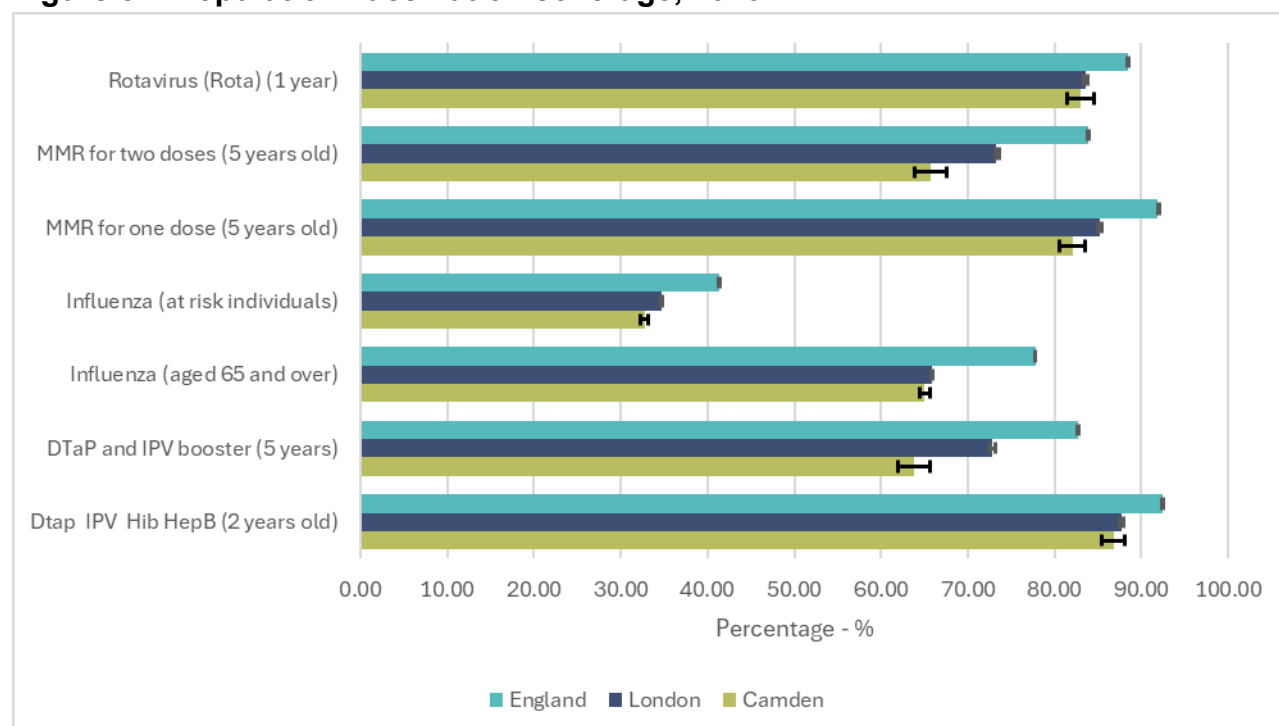
**Influenza (at risk individuals):** the population vaccination coverage in Camden was 32.8%, which is significantly lower than London (34.7%) and the England average (41.4%).

**Influenza (aged 65 and over):** the population vaccination coverage in Camden was 65.0%, which is significantly lower than London (65.9%) and the England average (77.8%).

**DTaP and IPV booster (5 years):** the population vaccination coverage in Camden was 63.80%, which is significantly lower than both London (72.8%) and England average (82.7%).

**DTaP IPV Hib HepB (2 years old):** the population vaccination coverage in Camden was 86.8%, which is significantly lower than both London (87.7%) and England average (92.4%).

**Figure 51: Population vaccination coverage, 2023/24**

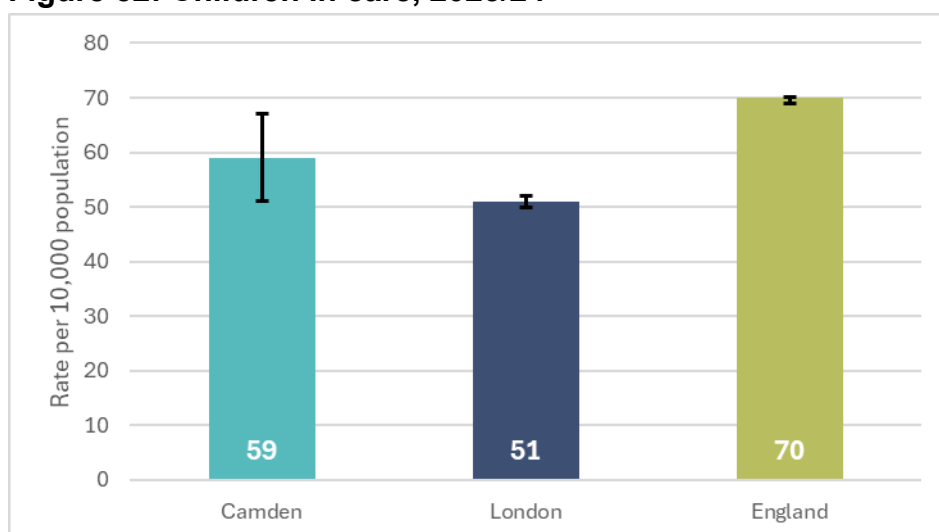


Source: OHID Fingertips, [accessed April 2025]<sup>(19)</sup>

#### 4.13 Children in care

Figure 52 shows the rate of Children in care in 2023/24 per 100,000 children in Camden, London and England. The rate for Camden was 59 per 100,000 children which is similar to London (51 per 100,000), but significantly lower the England average of 70 per 100,000 children across England.

**Figure 52: Children in care, 2023/24**

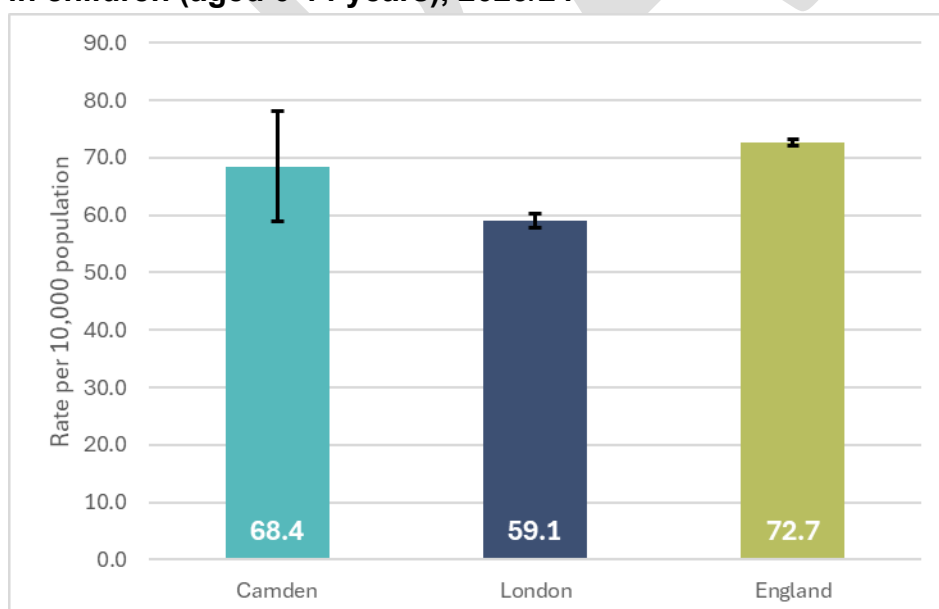


Source: OHID Fingertips, [accessed April 2025] <sup>(19)</sup>

#### 4.14 Accidental injuries

Figure 53 shows the prevalence of hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years) in 2023/24 in Camden, London and England. The prevalence rate in Camden was 68.4 per 10,000 children, similar to London (59.1 per 10,000), and to the England average of 72.7 per 10,000 children.

**Figure 53: Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years), 2023/24**



Source: OHID Fingertips, [accessed April 2025] <sup>(19)</sup>

#### **4.15 Summary of health needs analysis**

The headline health and wellbeing areas to consider for that reside in Camden are as follows:

Camden is the 15<sup>th</sup> most deprived borough in London (out of 32 boroughs and City of London) and ranks 74<sup>th</sup> out of all local authorities.

A large scale, systematic and co-ordinated approach to reducing health inequality is needed that involves all partners and focuses on the wider socio-economic and environmental determinants and on individuals, families and communities.

Despite Camden having one of the highest earnings and incomes within the country, poverty is still one of the greatest threats to health and wellbeing in the borough. Much of this is driven by a lack of affordable, quality housing.

Getting people into work and particularly those population groups that face persistent barriers to moving into work is key. In 2021, 19.8% children in Camden were living in relative poverty before housing costs were accounted for.

The aging population over the next 10 years will lead to a growing number of people living with long-term conditions, including dementia and mental health. Although Camden have significantly lower rates at present, the number of people will continue to grow leading to greater demand. There is an increasing need for health and care services to identify and manage these long-term conditions, and particularly those with multiple conditions.

Life expectancy in Camden is relatively high at 80.3 years for men and 85.1 years for females, with considerable inequalities by deprivation present within the borough for both males and females. Consideration must also be given to the number of years that people are living in poor health.

Health inequalities are high in Camden, which is evident by the variation in life expectancy between the most and least deprived areas. Males in deprived areas die 11.6 years earlier than males in affluent areas of Camden and females die 5.5 years earlier.

The increasing diversity of Camden requires commissioners and providers to ensure services are also culturally sensitive. Certain Black, Asian and Other Ethnic minority groups, such as the Bangladeshi and Black African communities, have a higher risk of developing mental illness, certain chronic conditions such as heart disease and hypertension. Some behavioural risks, such as smoking, are also more common in certain Black, Asian and Other Ethnic minority groups.

Cancer and cardiovascular diseases (e.g. heart attacks and strokes) are the main causes of death in adults nationally. Generally, long term condition prevalence in Camden is significantly lower than London and the England average. However, nationally derived estimates indicate potential gaps in diagnosis rates for conditions such as hypertension and diabetes.

Current smokers are similar to London and England averages, and admissions for alcohol specific conditions are significantly higher.

STI diagnosis in Camden is significantly higher than the London rate and almost triple the England rate.

The children in Reception (aged 4-5 years) in Camden have a similar percentage of those overweight (including obesity) than that of London, but lower than the England average.

Children aged 10-11 years, again have a lower percentage of those overweight (including obesity) than that of London, but similar to the England average.

Children moving from a healthy weight in reception to overweight (including obese) in year 6 in Camden is lower than London and the England average.

Under 18 conceptions in Camden is similar to London and England rates but the proportion of pregnancies to females under 18, leading to an abortion is significantly higher.

Pharmacists play a crucial role in supporting the wide range of health need across a population as well as supporting the ageing population. Older patients often have more complex health needs and will require more support with their medicines and support on managing multiple chronic conditions. Pharmacists can help with the following:

1. Medication Management
2. Chronic Disease management
3. Improving Medication Adherence
4. Vaccination and Preventative Care
5. Health Education and Support
6. Home and Community Support
7. Reducing Hospital Readmissions

The extensive population health needs analysis above, highlighting the headline issues in Camden, needs to be considered in the effective commissioning of pharmacy services moving forward for residents of borough.

# 5. Current Provision of Pharmaceutical Services

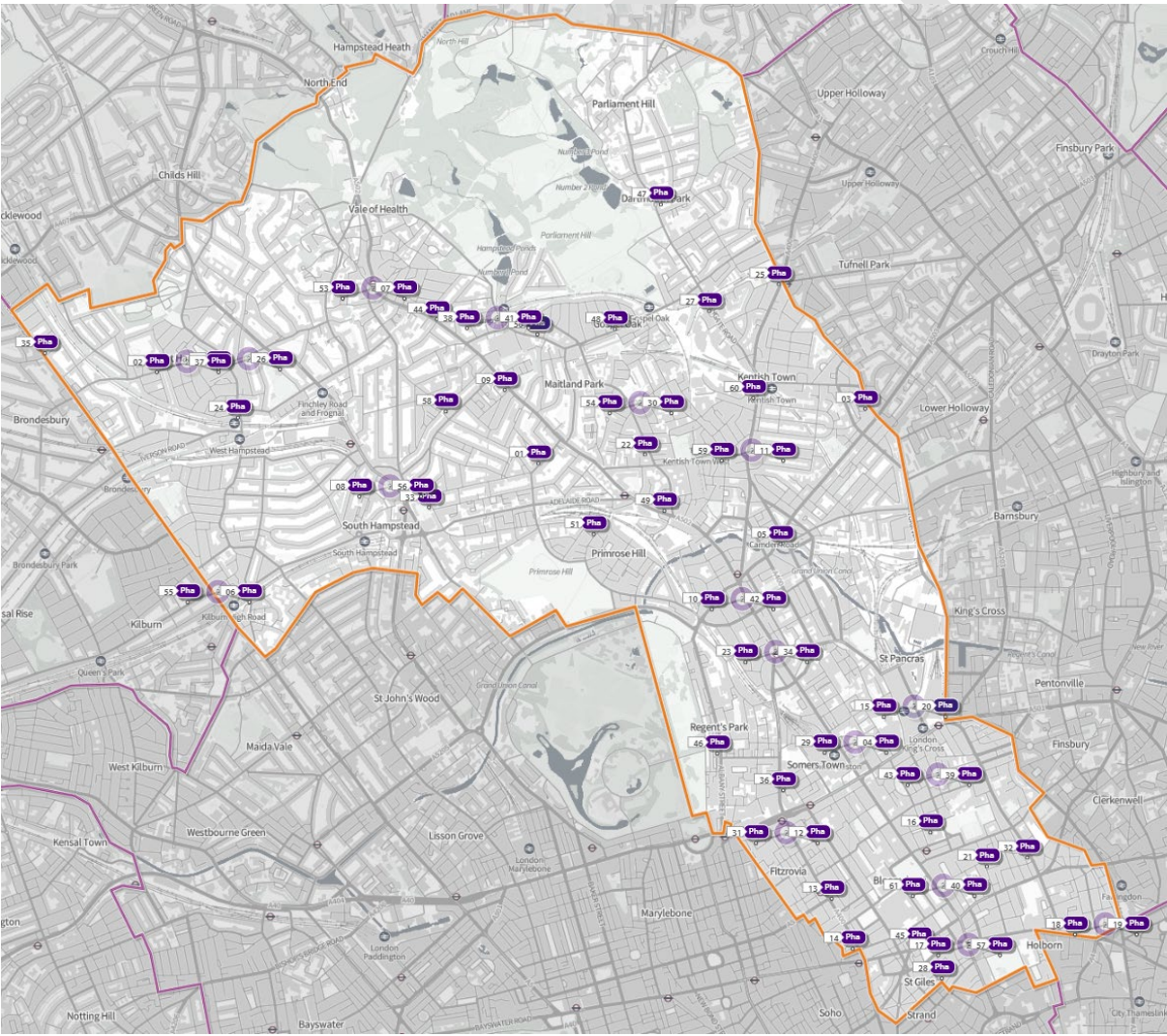
## 5.1 Overview

North Central London ICB is responsible for administering pharmacy services and for maintaining information regarding opening hours for all pharmacies. The information reflects the number of pharmacies at the time the data was reported in February 2025.

Figure 54 illustrates the locations of pharmacies across the borough, and table 3 lists the pharmacies and the map index.

A table listing the current pharmacy services and key opening times is attached in Appendix 5.

**Figure 54: Locations of pharmacies within the Camden HWB boundary**



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**Table 3: List of pharmacies and map index**

Map index	Code	Name	Locality	Map index	Code	Name	Locality
1	FL532	Allchins & Co Chemist	North	32	FN642	Gray's Inn Pharmacy	South
2	FK827	Aqua Pharmacy	West	33	FR693	Green Light Pharmacy	Central
3	FTA56	Aura Pharmacy	East	34	FKT86	Green Light Pharmacy	Central
4	FWX99	Baban Pharmacy	Central	35	FQ664	Greenlight Pharmacy	West
5	FPR95	Biotech Pharmacy	Central	36	FFD81	Greenlight Pharmacy	Central
6	FQ521	Boots	West	37	FFQ54	HV Thomas	West
7	FMV02	Boots	North	38	FRM43	Hampstead Heath Pharmacy	North
8	FJ398	Boots	West	39	FMC51	Hasscon Pharmacy	South
9	FA632	Boots	North	40	FNK76	Holborn Pharmacy	South
10	FJ482	Boots	Central	41	FQL22	House of Mistry (Chemist)	North
11	FR691	Boots	East	42	FFT74	JP Pharmacy	Central
12	FCL17	Boots	South	43	FHK32	John Walker Chemists	South
13	FJT00	Boots	South	44	FTN92	Keats Pharmacy Ltd	North
14	FDY54	Boots	South	45	FX460	Kerrs Chemist	South
15	FE513	Boots	South	46	FX784	Kings Pharmacy	Central
16	FQ977	Boots	South	47	FAD04	M Simmonds	North
17	FN299	Boots	South	48	FG052	Macey Chemist	East
18	FH432	Boots	South	49	FEN40	Morrisons Pharmacy	East
19	FWL66	Boots	South	50	FLJ85	Pharmacy Republic	East
20	FFE92	Boots	South	51	FAG17	Primrose Chemist	Central
21	FPF52	Boutalls Pharmacy	South	52	FG643	Ramco Dispensing Chemist	West
22	FNW97	Camden Pharmacy	East	53	FDE31	Ritz Pharmacy	North
23	FDC25	Camden Pharmacy High Street	Central	54	FK977	Sandylight Ltd	East
24	FR208	Central Pharmacy	West	55	FET01	Superdrug Pharmacy	West
25	FC161	DH Roberts Chemists	East	56	FT034	Superdrug Pharmacy	West
26	FLG94	Dales Pharmacy	West	57	FKD52	Superdrug Pharmacy	South
27	FJ395	Eico Pharmacy	East	58	FF092	Village Pharmacy	North
28	FV174	Essentials Pharmacy	South	59	FNV18	Wellcare Pharmacy	East
29	FG161	Evergreen Pharmacy	Central	60	FJF83	Wellcare Pharmacy	East
30	FGQ34	Fine Pharmacy	East	61	FMK19	Zen Pharmacy	South
31	FCQ11	Grafton Pharmacy	South				

### **5.1.1 Core hours**

61 community pharmacy contractors provide essential services (see Section 7.1) as part of the NHS CPCF. Most community pharmacies provide a core of 40 hours per week, although 10 (16%) pharmacies are contracted for more than 40 core hours per week, ranging between a total of 45 and 62.5 core hours per week.

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

### **5.1.2 Supplementary hours**

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

52 (85%) of pharmacies in Camden currently provide some supplementary hours, ranging from 3 to 33.5 hours per week.

## **5.2 100-hour pharmacies**

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

Camden has four 100-hour contracted pharmacies:

- Baban Pharmacy, 34 Chalton Street, NW1 1JB (Central) – open for 72 hours
- Boots, Unit 19, St Pancras Station, London, N1C 4QL (South) – open for 100 hours
- Boots, Unit 12 Western Concourse, Kings Cross Station, Euston Road, N1C 4AP (South) – open for 100 hours
- Pharmacy Republic, 106 Fleet Road, Hampstead, NW3 2QX (East) – open for 82 hours



### **5.3 Pharmacy Access Scheme**

In October 2016, as part of the renewed funding package for community pharmacies in England, the Department of Health and Social Care (DHSC) introduced a Pharmacy Access Scheme (PhAS). This was to give patients access to NHS community pharmacy services in areas where there are fewer pharmacies with higher health needs, so that no area need be left without access to NHS community pharmaceutical services.

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

There are no changes from the previous PNA and there are no PhAS providers in Camden.

### **5.4 Dispensing appliance contractors**

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

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

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

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 Camden.

### **5.5 Distance selling pharmacies**

Distance selling pharmacies (DSPs) are required to deliver the full range of essential services, though the 2013 regulations<sup>(6)</sup> do not allow them to provide essential services to people on a face-to-face basis on the premises of the pharmacy. They will receive prescriptions either via the electronic prescription service or through the

post, dispense them at the pharmacy and then deliver them free of charge to the patient.

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

As of 31 March 2024, there were 409 DSPs in England, based in 115 HWB areas. This is an increase on the figures for 2020/21 when there were 372 DSPs in England.

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

There is one DSP in Camden HWB area located in the South:

- Hasscon Pharmacy, 76 Cromer Street, Camden, London, WC1H 8DR

## **5.6 Dispensing doctors**

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

There are no changes from the previous PNA and there are no dispensing GP practices in Camden.

## **5.7 Hospital pharmacy services**

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

## **5.8 Out of area providers of pharmaceutical services**

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

## **5.9 Government consultations**

### **5.9.1 Pharmacy supervision**

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

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

### **5.9.2 Hub and spoke dispensing**

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

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

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

### **5.9.3 Independent prescribing**

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

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

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

## 6. Access to Community Pharmacy Services in Camden

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

- Closure of Boots, 8-10 Camden High Road, Mornington Crescent, London, NW1 0JH
- Closure of Boots – 24-26 High Holborn, London WC1V 6AZ

Neither of these pharmacies held a 100-hour contract.

In the last PNA the Boots pharmacy in Main Concourse, Euston Station, London NW1 2DU was temporarily closed due to the refurbishment of the station and it was unsure whether the closure would be permanent, this pharmacy has now permanently closed.

### 6.1 Number, type of pharmacies and geographical distribution

Table 4 shows the number and types of pharmacies across each of the five localities. South locality contains the highest number of pharmacies, and North has the lowest.

**Table 4: Distribution of community pharmacies, by locality**

Locality	Number of community pharmacies			
	40 hour	Distance selling	100-hour	TOTAL
Central	10	0	1	11 (18%)
East	11	0	1	12 (20%)
North	9	0	0	9 (15%)
South	16	1	2	19 (31%)
West	10	0	0	10 (16%)
<b>TOTAL</b>	<b>56</b>	<b>1</b>	<b>4</b>	<b>61</b>

**Source: NCL ICB**

Consideration of the number of pharmacies compared to the resident population, based on population estimates per locality is shown in Table 5. 2022 population estimates have been used as this able to be broken down to ward and locality level.

**Table 5: Average number of pharmacies per 100,000 population and persons per pharmacy, by locality**

Locality	No of community pharmacies	2022 population estimate	Pharmacies per 100,000 population	Persons per pharmacy
Central	11	44,645	24.6	4,059
East	12	49,306	24.3	4,109
North	9	38,781	23.2	4,309
South	19	36,662	51.8	1,930
West	10	48,655	20.6	4,866
<b>Camden</b>	<b>61</b>	<b>218,049</b>	<b>28.0</b>	<b>3,575</b>
<b>London</b>	<b>1,724</b>	<b>8,866,180</b>	<b>19.4</b>	<b>5,143</b>
<b>ENGLAND</b>	<b>10,430</b>	<b>57,112,542</b>	<b>18.3</b>	<b>5,476</b>

Data Sources: ONS<sup>(8)</sup>, NCL ICB, NHSBSA Consolidated Pharmaceutical List Q3 2024/25<sup>(41)</sup>

This shows that overall, Camden has a higher number of pharmacies per 100,000 population compared to the London and England averages. When broken down to localities within Camden, all have a comparatively higher provision of pharmacies than the England average.

## 6.2 Dispensing activity in Camden

To assess the average dispensing activity levels in Camden community pharmacies, data from the NHS Business Services Authority on prescribing and dispensing activity as mapped to Camden using pharmacy codes and addresses.

**Table 6: Average number of items dispensed per pharmacy in Camden, 2023/24**

	No of pharmacies	Number of prescription items dispensed by pharmacies (2023/24)	Average no. of prescription items dispensed per pharmacy (2023/24)
Camden	61	2,509,196	41,134
<b>England</b>	<b>10,430</b>	<b>1,113,000,000</b>	<b>106,711</b>

Data Sources: NCL ICB, NHSBSA Consolidated Pharmaceutical List Q3 2024/25 & NHSBSA EPACT<sup>(42)</sup>

The figures in table 6 show that pharmacies in Camden dispense lower than average numbers of items than the England average.

Further analysis of this prescribing and dispensing data indicated that in 2023/24, 65.8% of the items prescribed by GP practices in Camden were dispensed by pharmacies in the Camden area, 5.5% were dispensed in other North Central

London boroughs and 28.7% were dispensed "out of area".

To counter this information, Camden pharmacies also dispense some prescriptions that are sourced from prescribers located out of the council's boundaries. In 2023/24, 23.8% of the dispensing activity of pharmacies in Camden was from prescribers out of area.

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

### **6.3 Access to pharmacies by opening hours**

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

In Camden, 10 (16%) of pharmacies are contracted for more than 40 core hours per week, and 52 (85%) of pharmacies choose to provide supplementary hours to meet the needs of their populations. These extra hours range from 3 hours per week to 33.5 hours per week.

In Camden, there are currently:

- 9 (15%) of pharmacies open on Saturday until 1pm,
- 42 (69%) of pharmacies which remain open after 1pm on Saturday afternoons,
- 16 (26%) of pharmacies that are open on Sundays.

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

The DSP in the South is not open on Saturdays or Sundays.

### **6.4 Ease of access to pharmacies**

The following sections provide a summary of the opening hours of community pharmacies in Camden, split between weekdays and weekend provision. For the weekdays a pharmacy has been counted as being open during a particular time slot if it is open on three out of the five days. Full information regarding opening hours is described in Appendix 5, including any variations to this general overview.

Where maps and tables have been included to illustrate travel times to pharmacies and population within the boundaries, these have been taken from SHAPE Atlas<sup>(48)</sup>.

### **6.4.1 Weekday opening**

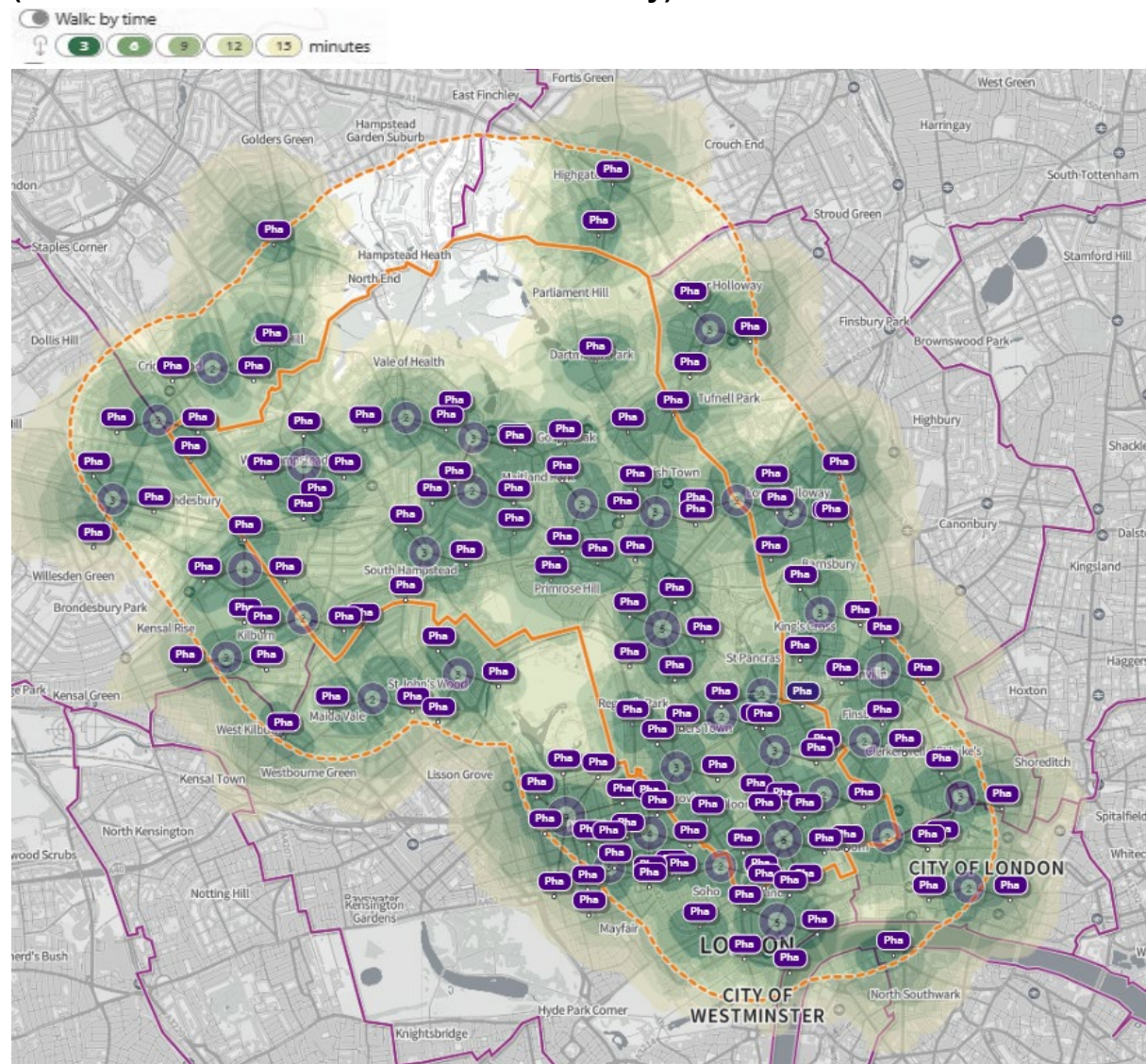
There is extensive access to community pharmacies across Camden during the hours from 9am until 6pm on weekdays in all localities. 54 (89%) of pharmacies remain open without closing for lunchtime.

#### **6.4.1.1 Weekday daytime**

Most community pharmacies in Camden are open from 9:00 am on weekday mornings, except for one which opens at 9:15am. 3 of the 4 100-hour pharmacies offer opening times before 9am. During the weekday daytime, there is adequate access to pharmacies across all localities, with 100% of the population able to get to their nearest pharmacy within a 9-minute walk, or within 10 minutes using public transport, or 5 minutes by car (see figures 55, 56 & 57).



**Figure 55: Access to pharmacies by travel time on foot – weekday daytime  
(with 1km buffer zone outside HWB boundary)**



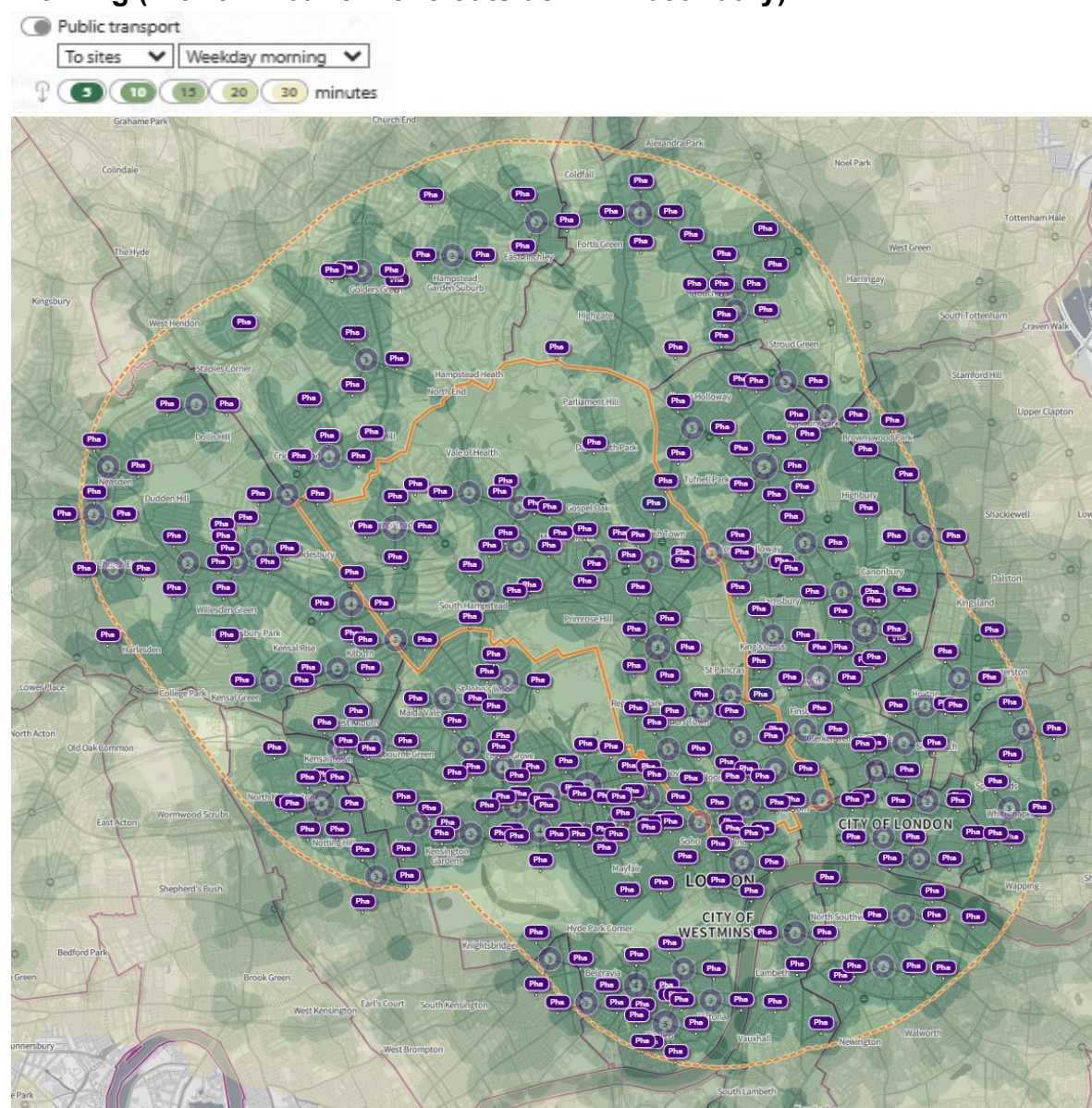
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**Table 7: Access to pharmacies by travel time on foot – weekday daytime**

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
3	154,951	62,414	217,365	71.3
6	192,827	24,538	217,365	88.7
9	217,365	0	217,365	100.0
12	217,365	0	217,365	100.0
15	217,365	0	217,365	100.0



**Figure 56: Access to pharmacies by travel time on public transport – weekday morning (with 3km buffer zone outside HWB boundary)**



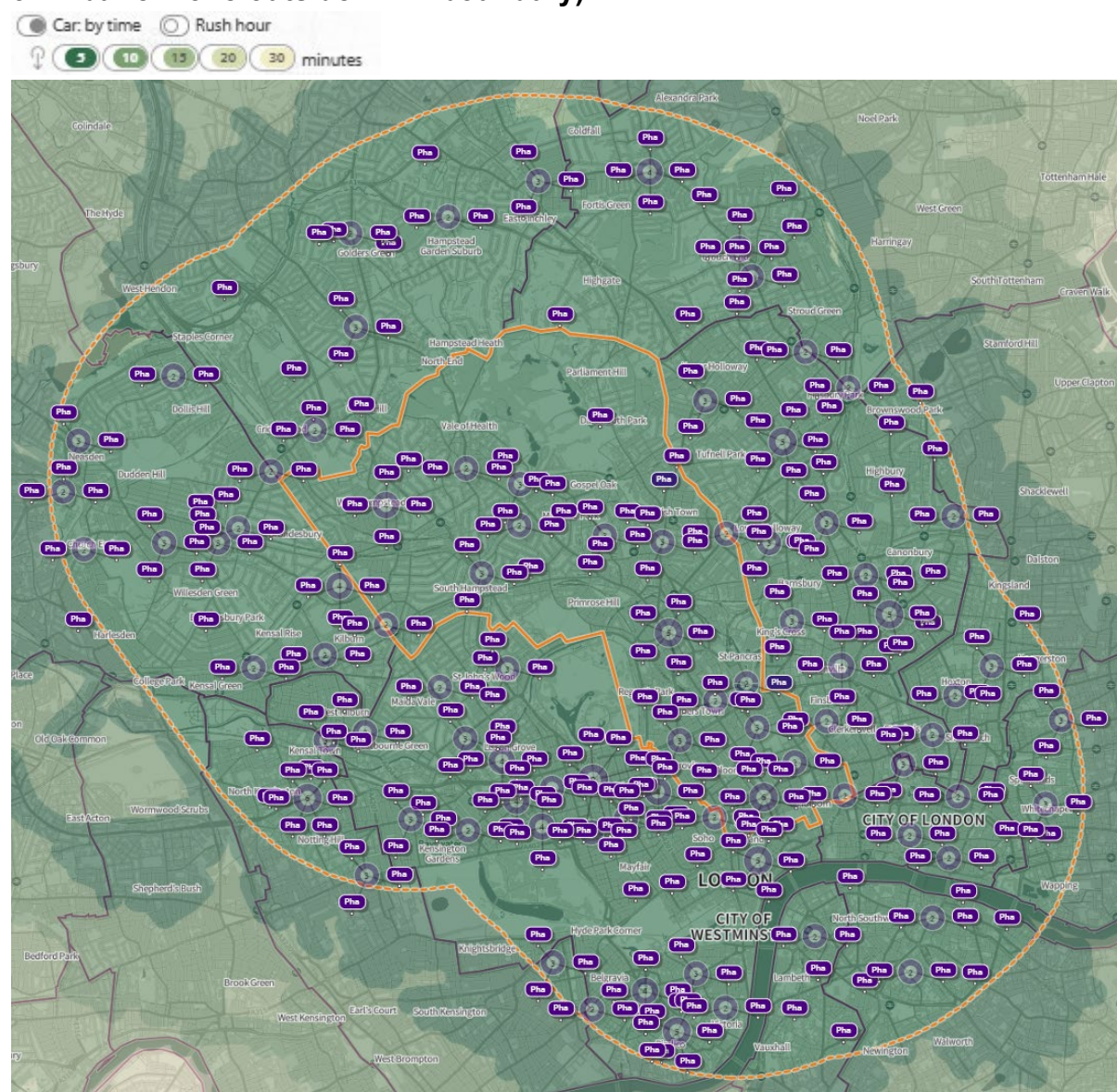
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**Table 8: Access to pharmacies by travel time on public transport – weekday morning**

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	190,604	26,761	217,365	87.7
10	217,365	0	217,365	100.0
15	217,365	0	217,365	100.0
20	217,365	0	217,365	100.0
30	217,365	0	217,365	100.0



**Figure 57: Access to pharmacies by travel time by car – weekday daytime (with 3km buffer zone outside HWB boundary)**



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**Table 9: Access to pharmacies by travel time by car – weekday daytime**

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	217,365	0	217,365	100.0
10	217,365	0	217,365	100.0
15	217,365	0	217,365	100.0
20	217,365	0	217,365	100.0
30	217,365	0	217,365	100.0

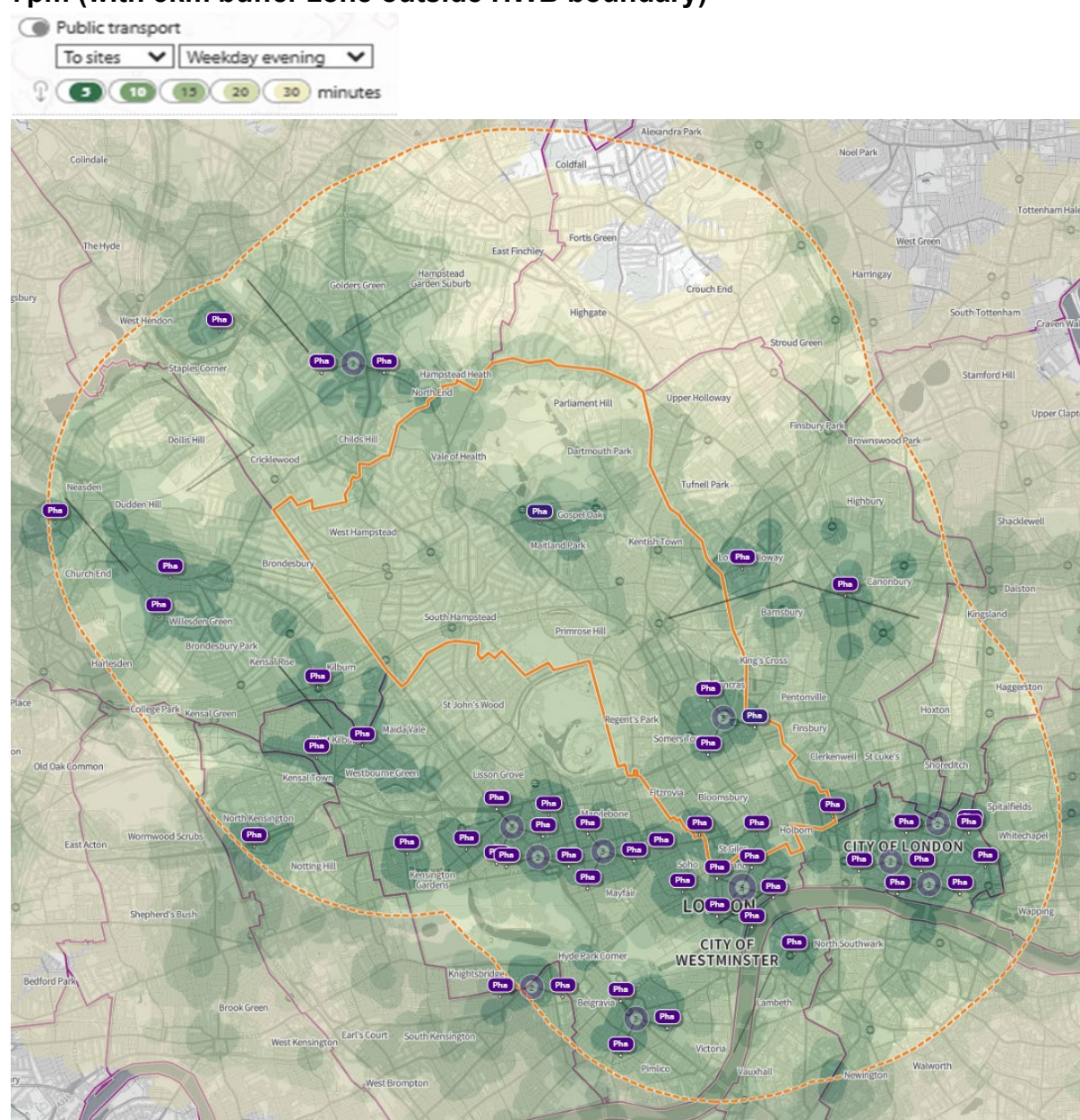
#### **6.4.1.2 Weekday evenings**

A total of 15 (25%) of pharmacies remain open until at least 6pm, and 16 (26%) of pharmacies are open until 7pm. After 7pm there is extended access provided by 7 (11%) pharmacies (four of which are 100-hour contract pharmacies). Pharmacies in neighboring HWB areas also provide extended access for Camden residents. All local residents have access to a pharmacy within 20 minutes via public transport (figure 58) and within 10 minutes by private transport (figure 59) after 7pm.

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**Figure 58: Map showing travel time by public transport weekday evenings after 7pm (with 3km buffer zone outside HWB boundary)**



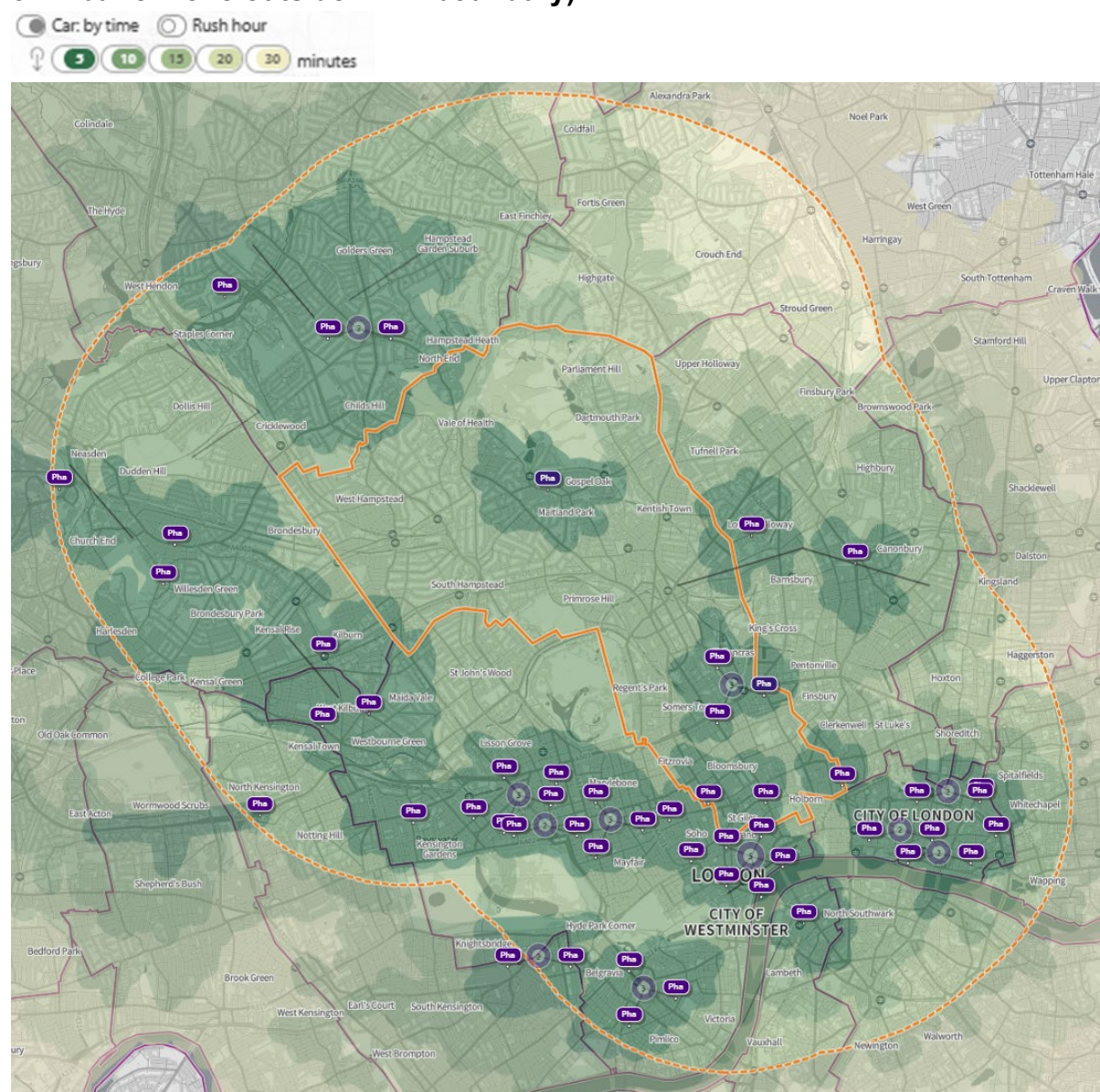
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**Table 10: Travel time by public transport weekday evenings after 7pm**

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	31,499	185,866	217365	14.5
10	111,164	106,201	217365	51.1
15	215,753	1,612	217365	99.3
20	217,365	0	217365	100.0
30	217,365	0	217365	100.0



**Figure 59: Map showing travel time by car weekday evenings after 7pm (with 3km buffer zone outside HWB boundary)**



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**Table 11: Travel time by car weekday evenings after 7pm**

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	75,447	141,918	217,365	34.7
10	217,365	0	217,365	100.0
15	217,365	0	217,365	100.0
20	217,365	0	217,365	100.0
30	217,365	0	217,365	100.0

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

## **6.4.2 Weekend opening**

### **6.4.2.1 Saturday opening**

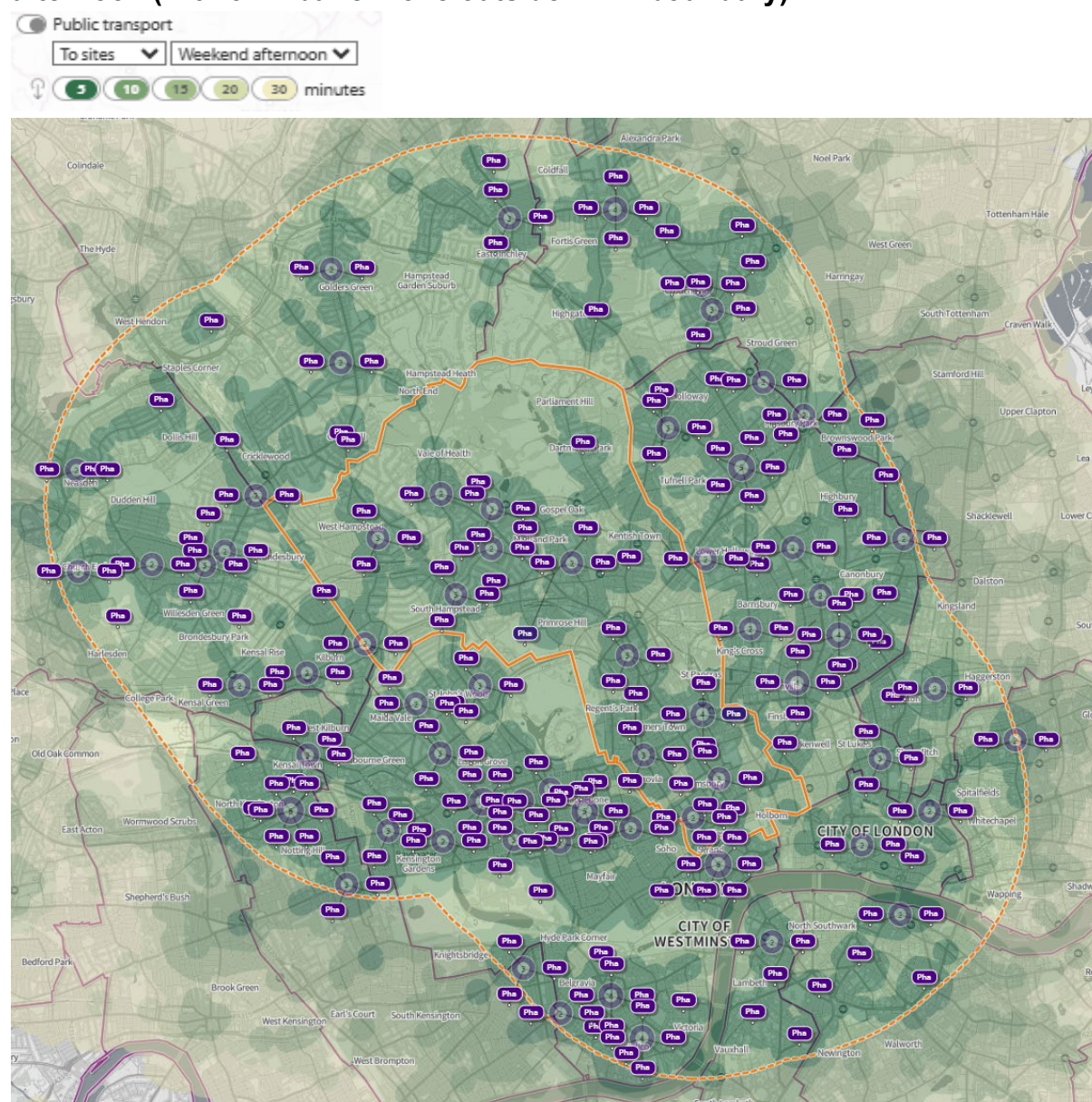
In total, 51 (84%) pharmacies open on Saturday mornings till 1pm. This is reduced to 38 (62%) of pharmacies that remain open on Saturday afternoons after 2pm. 100% of the Camden population are within a 10-minute travel time via public transport on Saturday afternoons (see figure 60), and within 5 minutes by private transport (see figure 61).

After 6pm, 9 (15%) pharmacies remain open. After 7pm, this reduces to 4 (7%) pharmacies, 3 of which are operating under 100-hour contracts. All residents are within a 10-minute journey time by car to the nearest pharmacy (figure 62), and 100% are within a 20-minute journey time by public transport (figure 63) after 7pm.

Access on Saturdays is considered adequate in all localities.



**Figure 60: Map showing travel time by public transport during Saturday afternoon (with 3km buffer zone outside HWB boundary)**



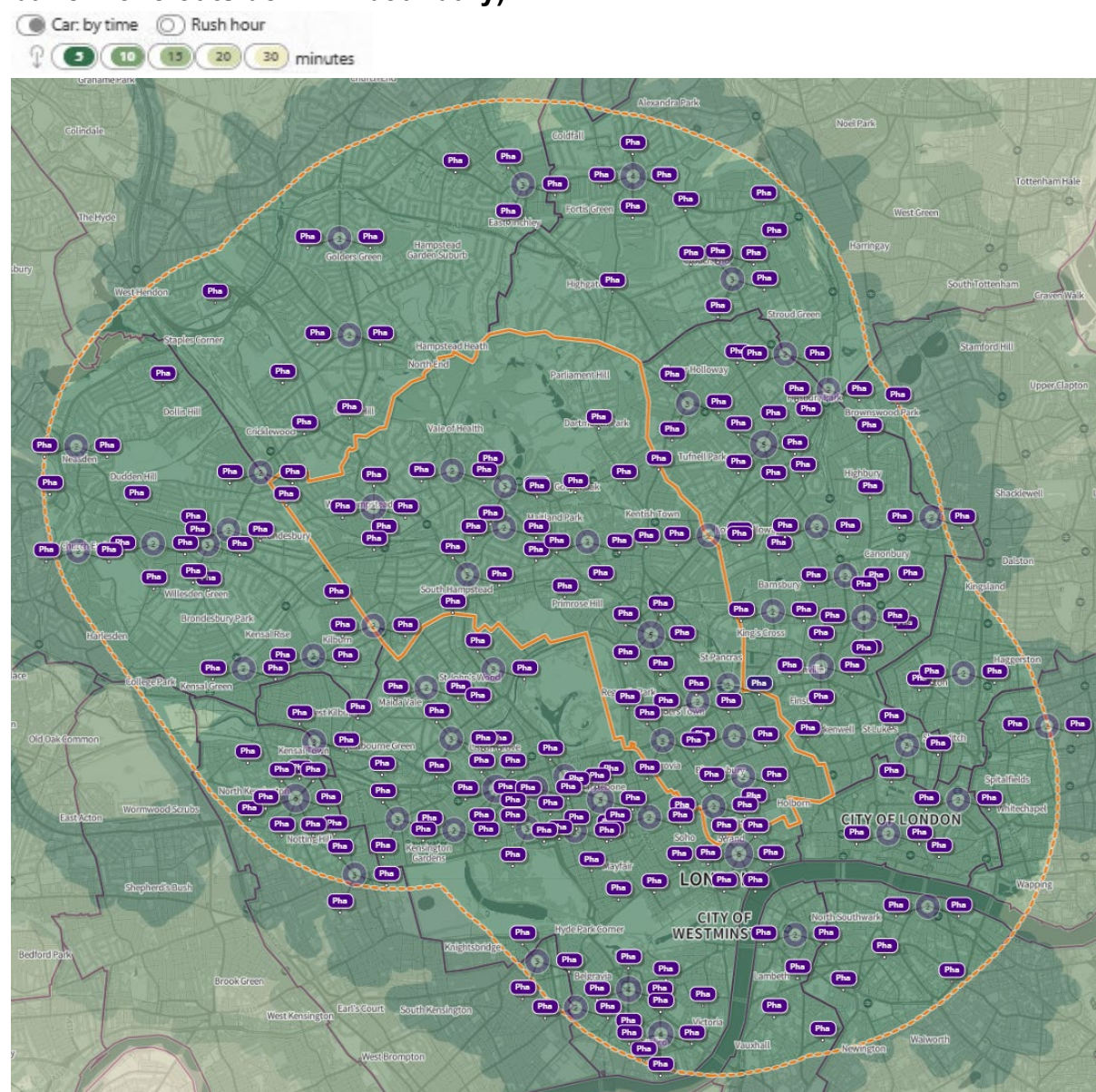
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**Table 12: Travel time by public transport on Saturday afternoon**

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	169,463	47,902	217,365	78.0
10	217,365	0	217,365	100.0
15	217,365	0	217,365	100.0
20	217,365	0	217,365	100.0
30	217,365	0	217,365	100.0



**Figure 61: Map showing travel time by car during Saturday daytime (with 3km buffer zone outside HWB boundary)**



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**Table 13: Travel time by car during Saturday daytime**

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	217,365	0	217,365	100.0
10	217,365	0	217,365	100.0
15	217,365	0	217,365	100.0
20	217,365	0	217,365	100.0
30	217,365	0	217,365	100.0



A map of London illustrating the congestion charge zone. The zone is outlined in orange and includes areas like Central London, the City of London, and parts of the City of Westminster. The map shows various districts and landmarks, with a legend at the top indicating travel times (3, 10, 15, 20, 30 minutes) and a 'Rush hour' indicator. The map also shows the 'CITY OF LONDON' and 'CITY OF WESTMINSTER' labels.

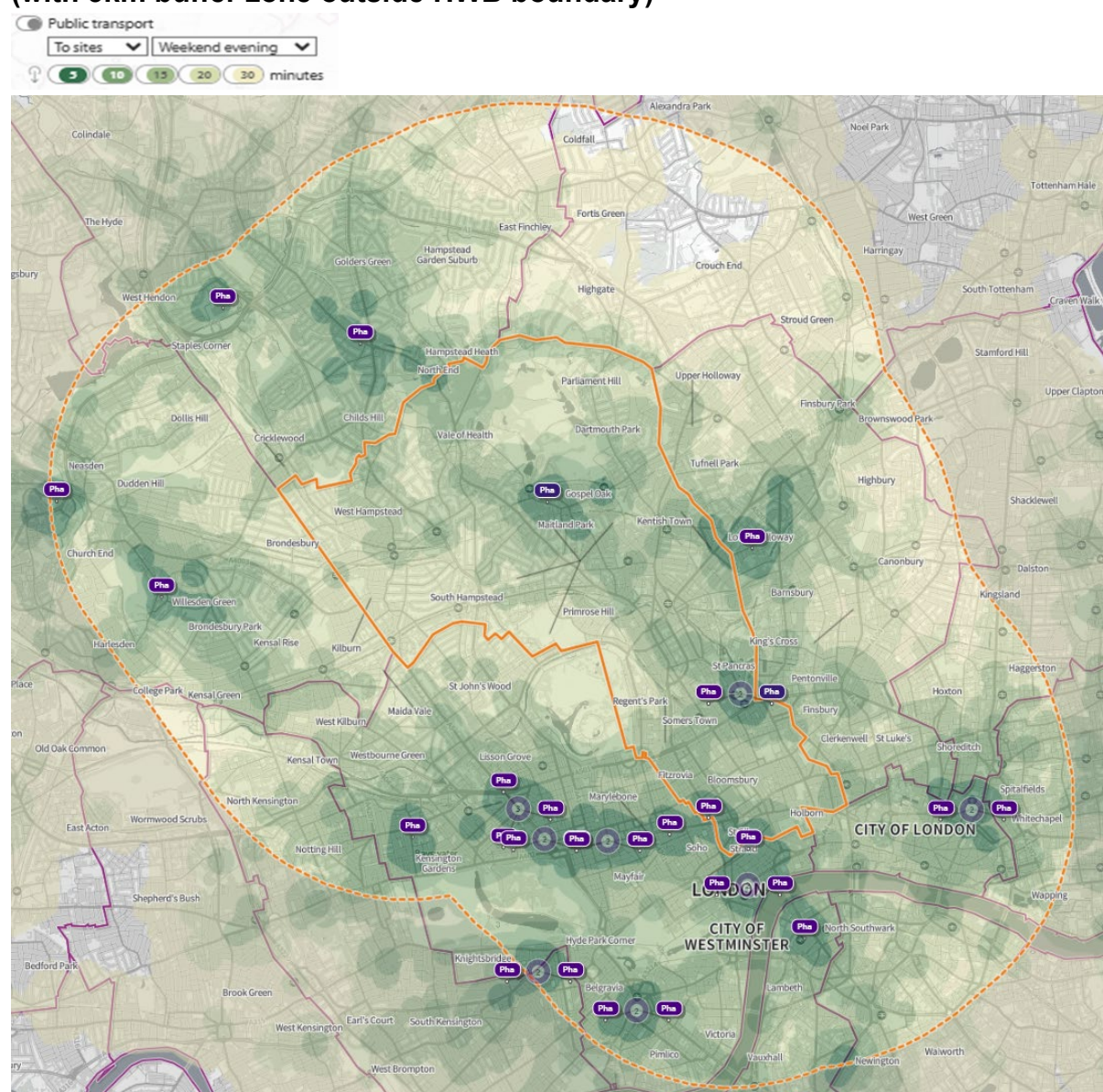
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**Table 14: Travel time by car during Saturday evening**

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	132,972	84,393	217,365	61.2
10	217,365	0	217,365	100.0
15	217,365	0	217,365	100.0
20	217,365	0	217,365	100.0
30	217,365	0	217,365	100.0



**Figure 63: Map showing travel time by public transport during Saturday evening (with 3km buffer zone outside HWB boundary)**



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**Table 15: Travel time by public transport during Saturday evening**

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	23,299	194,066	217,365	10.7
10	93,812	123,553	217,365	43.2
15	169,940	47,425	217,365	78.2
20	217,365	0	217,365	100.0
30	217,365	0	217,365	100.0

#### **6.4.2.2 Sunday opening**

Figure 64 shows that on a Sunday all residents across Camden are within a 10-minute journey time to their nearest pharmacy by car, and within a 15-minute public transport journey time (see figure 65).

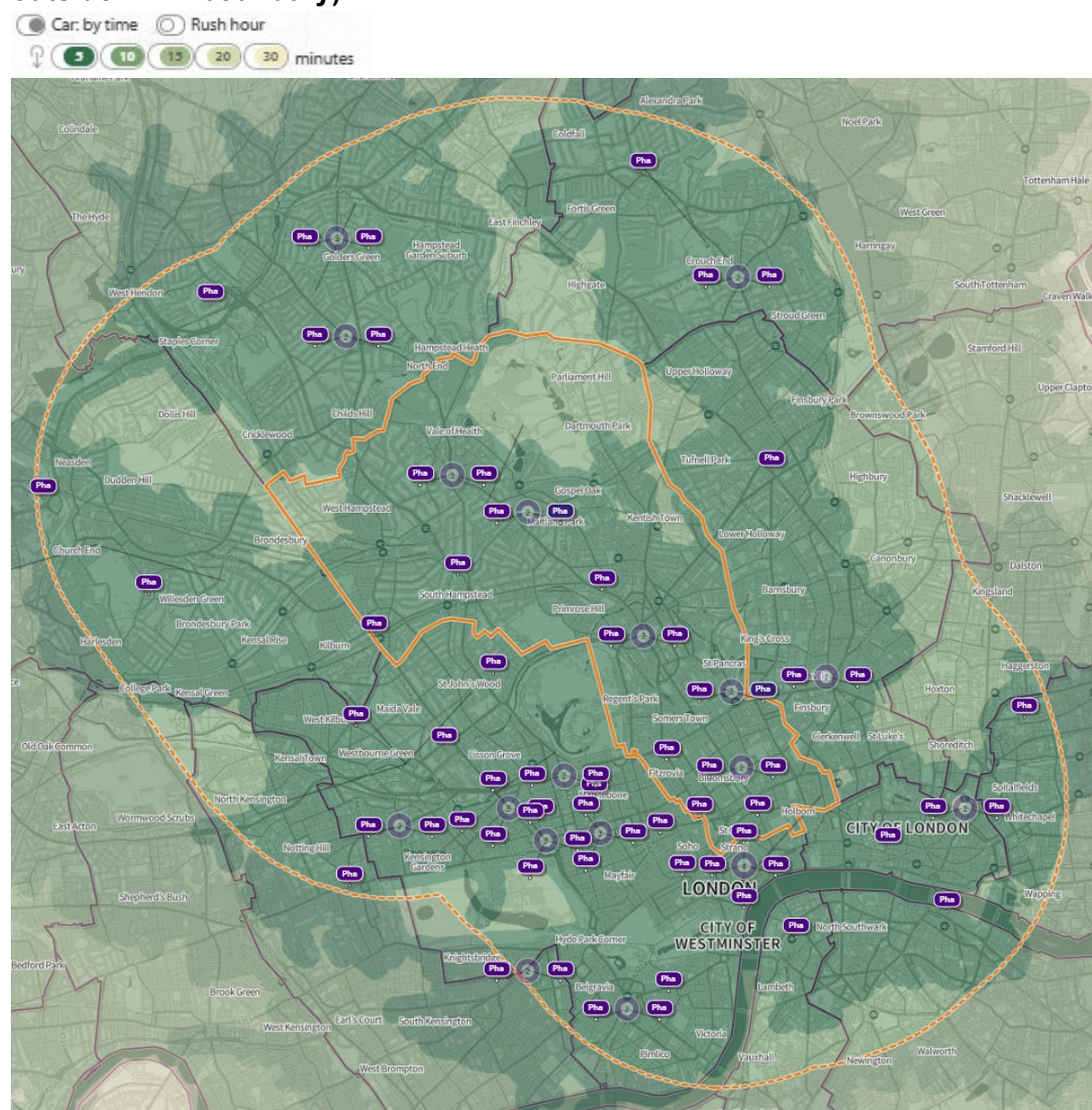
In total, 16 (26%) pharmacies in Camden are open on Sundays. Ten (16%) pharmacies are open on Sundays after 5pm and 2 (3%) of these with 100-hour contracts remain open until 8pm.

Access on Sundays is considered adequate in all localities.

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**Figure 64: Map showing travel time by car Sunday daytime (with 3km buffer zone outside HWB boundary)**



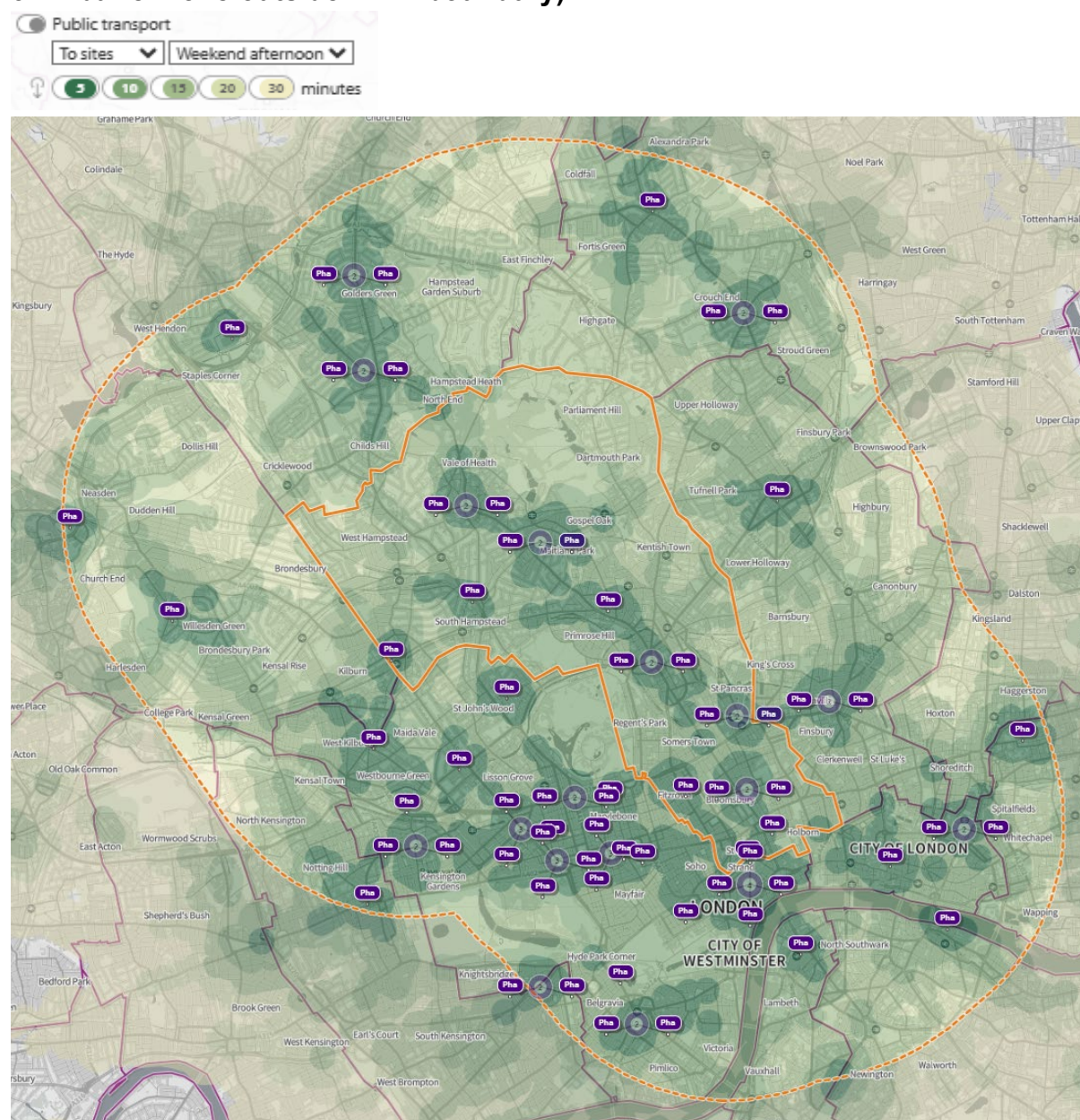
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**Table 16: Travel time by car Sunday morning**

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	201,241	16,124	217,365	92.6
10	217,365	0	217,365	100.0
15	217,365	0	217,365	100.0
20	217,365	0	217,365	100.0
30	217,365	0	217,365	100.0



**Figure 65: Map showing travel time by public transport Sunday afternoon (with 3km buffer zone outside HWB boundary)**



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**Table 17: Travel time by public transport Sunday afternoon**

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	79712	137653	217365	36.7
10	185101	32264	217365	85.2
15	217365	0	217365	100.0
20	217365	0	217365	100.0
30	217365	0	217365	100.0

Table 18 summarises the opening times of pharmacies in Camden after 6pm weekdays and on Saturday and Sundays, broken down by locality.

**Table 18: Number of pharmacies by opening time in each locality**

Opening Times	Central	East	North	South	West
After 6pm weekday	7	8	6	13	8
Saturday	11	9	9	12	10
Sunday	2	2	3	7	2

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

There are two UTCs in Camden:

- University College London Hospital (24 hours)
- Royal Free Hospital (10am – 10pm)

Other UTCs in North Central London are accessible to Camden residents. These UTCs are located at:

- Whittington Hospital
- North Middlesex Hospital
- Chase Farm Hospital
- Haringey Hospital

There are no walk-in centres located within the London Borough of Camden. However, there are two walk-in centres in the neighbouring borough of Barnet (at Finchley Memorial Hospital and Edgware Community Hospital). These services operate from 8am to 8pm, seven days a week. Outside of these hours, adults with minor injuries or illnesses can be given an appointment to attend an Urgent Treatment Centre (UTC) the following day. Appointments can be booked via the NHS 111 service, with the last patient booking at 7pm.

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

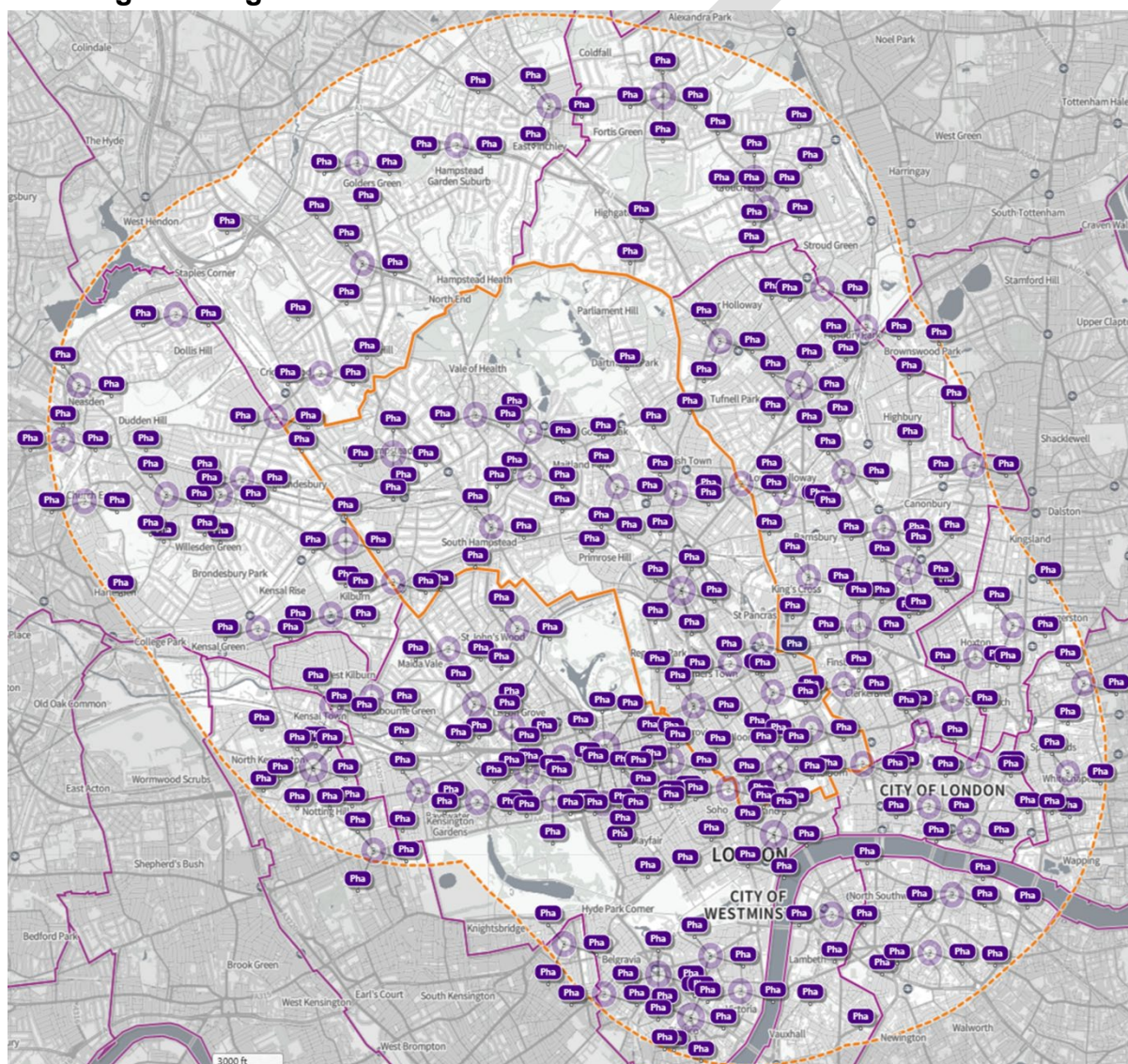


#### 6.4.4 Access to pharmacy services out of the Camden area

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

In particular, there may be pharmacies close to residents who live on or close to the borough boundaries. Figure 66 demonstrates the pharmacy locations within the Camden boundaries and the neighbouring areas.

**Figure 66: Location of pharmacies within Camden and 3km over the border into neighbouring areas**



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

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

#### **6.4.5 Feedback from the public regarding pharmacy opening hours**

74% (29) of respondents to the public questionnaire said that their local pharmacy had convenient opening hours for them. 82% (31 respondents) stated that weekdays (8am – 4.59pm) was the most convenient time for them to visit a pharmacy, with 58% (22) also stating that Saturdays (8am-4.59pm) and 53% (20) stating that weekday evenings (5pm – 7.59pm) were most convenient. Appendix 4 summarises all responses from the public questionnaire.

#### **6.5 Disability access**

To comply with the Equality Act 2010<sup>(18)</sup>, community pharmacies must make reasonable provision for access by patients who have disabilities. It sets out a framework which requires service providers to ensure they do not discriminate against people with a disability. A person is regarded as having a disability if they have physical or mental impairment which has a substantial adverse effect on that person's ability to carry out day-to-day activities. If there are obstacles to accessing a service, then the service provider must consider what reasonable adjustments are needed to overcome that obstacle.

Common adjustments in community pharmacies include:

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

Most community pharmacies in England have made arrangements to ensure that those with a disability can access their pharmacy and consultation rooms. As part of the NHSE regulations and guidance, almost all pharmacies in the country now comply with the need to have a consultation room as specified in order to deliver advanced services. Appendix 3 details consultation room provision in community

pharmacies in Camden based on responses to the pharmaceutical contractors questionnaire.

The requirements for the consultation room are that it is:

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

## **6.6 Access to translation services**

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

## 7 Pharmaceutical Services Overview

The requirements for the commissioning of pharmaceutical services are set out in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013<sup>(6)</sup> and the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013<sup>(43)</sup>.

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

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

In addition, a Local Pharmaceutical Service (LPS) contract allows NHSE to commission community pharmaceutical services tailored to meet specific local requirements. It provides flexibility to include a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under the national pharmacy contract arrangements.

There are no LPS pharmacies in Camden.

Locally commissioned community pharmacy services can also be contracted via different routes and by different commissioners, including Local Authorities and the Integrated Care board (ICB).

### 7.1 Essential services

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

- Dispensing medicines

- Repeat Dispensing, i.e. a process that allows a patient to obtain repeat supplies of their medication or appliances without the need for the prescriber to issue repeat prescriptions each time
- Disposal of unwanted medicines returned to the pharmacy by someone living at home, in a children's home, or in a residential care home
- Promotion of healthy lifestyles, which includes providing advice and participating in NHSE health campaigns
- Signposting people who require advice, treatment, or support that the pharmacy cannot provide to another provider of health or social care services.
- Support for self-care which may include advising on over the counter medicines or changes to the person's lifestyle
- Healthy Living Pharmacies - aimed at achieving consistent provision of a broad range of health promotion interventions to meet local need, improving the health and wellbeing of the local population, and helping to reduce health inequalities
- Discharge medicines service. This service was introduced in 2021 and aims to reduce the risk of medication problems when a person is discharged from hospital. The service has been identified by NHSE's Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospitals
- Dispensing of appliances (in the "normal course of business").

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

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

### **7.1.1 Digital solutions**

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

Staff working at the pharmacy can access a patient's NHS Summary Care Record (SCR) via the National Care Records Service (NCRS), and that access is consistent and reliable during the pharmacy's opening hours, in so far as that is within the control of the contractor. Subject to the normal patient consent requirements, those registered professionals should access patients' SCRs whenever providing

pharmaceutical services to the extent that they consider, in their clinical judgement, that it is appropriate to do so for example: prescription queries, advising patients on suitable medication, providing emergency supplies.

## **7.2 Advanced services**

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

Advanced services currently (2025) include:

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

Local information about whether a pharmacy is signed up to deliver an advanced service was unavailable for some services, and activity data from NHSBSA was used with the assumption that zero activity indicated the pharmacy was not signed up to deliver the service. It should also be noted that some pharmacies may be signed up to deliver the service but may not have actively delivered the service. Table 19 shows the number and percentage of pharmacies providing each of the advanced services.

**Table 19: Number of community pharmacies providing advanced services, in Camden**

Pharmacy advanced service	Number of pharmacies providing this service	% of pharmacies providing this service
Appliance Use Review	0	0
Influenza Vaccination Service	54	89
Hypertension Case-Finding Service	54	89
Lateral Flow Device Test Supply Service	23	38
New Medicines Service	53	87
Pharmacy Contraception Service	48	79
Pharmacy First Service	59	97
Smoking Cessation Service	23	38
Stoma Appliance Customisation service	0	0

Source: NCL ICB, NHSBSA Dispensing Contractors' Data<sup>(44)</sup>

### 7.2.1 Appliance Use Review (AUR)

AURs can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. Alternatively, where clinically appropriate and with the agreement of the patient, AURs can be provided by telephone or video consultation (in circumstances where the conversation cannot be overheard by others - except by someone whom the patient wants to hear the conversation, for example a carer). AURs should improve the patient's knowledge and use of any 'specified appliance'. This service is usually provided by the mail order appliance contractors as a specialism of the services although this service could also be provided by local community pharmacies.

Currently no pharmacies in Camden appear to be delivering this service based on the NHS BSA dispensing contractors' data<sup>(44)</sup>. However, in response to the pharmacy contractor questionnaire, one respondent indicated that they provided the AUR advanced service. None of the other respondents indicated they were intending to start providing the service in the next 12 months. In addition, 13 (87%) respondents indicated that the pharmacy dispensed all types of appliances (see Appendix 3).

### 7.2.2 Influenza Vaccination Service

Community pharmacy has been providing influenza vaccinations under a nationally commissioned service since September 2015. Each year from September through to March the NHS runs a seasonal influenza vaccination campaign aiming to vaccinate all patients who are at risk of developing more serious complications from the virus. The accessibility of pharmacies, their extended opening hours, and the option to

walk in without an appointment have proved popular with patients seeking vaccinations.

In Camden, 54 (89%) community pharmacies are signed up to deliver the Influenza Vaccination Service (details listed in Appendix 5).

### **7.2.3 Hypertension Case-Finding Service (HCFS)**

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

The service aims to:

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

As described in Section 4, the QOF prevalence for hypertension (all ages) in Camden in 2023/24 was comparatively low. However, we know this is likely to reflect lower levels of identification and diagnosis. NCL ICB analysis indicates potentially high prevalence of undetected hypertension (see Section 4.9.2).

In Camden, 54 (89%) community pharmacies are signed up to deliver the HCFS (details listed in Appendix 5), which could aid in the detection of undiagnosed hypertension.

### **7.2.4 Lateral Flow Device (LFD) test supply service**

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

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

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

In Camden, 23 (38%) community pharmacies are signed up to provide the LFD test supply service (details listed in Appendix 5).

### 7.2.5 New Medicine Service (NMS)

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

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

In Camden, 53 (87%) community pharmacies are signed up to provide NMS (details listed in Appendix 5).

### 7.2.6 Pharmacy Contraception Service (PCS)

The service provides an opportunity for community pharmacy to help address health inequalities by providing wider healthcare access in their communities and signposting service users into local sexual health services in line with NICE Guidelines (NG102)<sup>(45)</sup>.

The objectives of the service are to:

- Provide a model for community pharmacy teams to initiate provision of Oral Contraception (OC), **and to continue** the provision of OC supplies initiated in primary care (including general practice and pharmacies) or sexual health clinics and equivalent. Both initiation and ongoing supply are undertaken using PGDs to support the review and supply process; and



- Establish an integrated pathway between existing services and community pharmacies that provides people with greater choice and access when considering continuing their current form of OC.

The service aims to provide:

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

The service involves community pharmacists providing:

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

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

In Camden, 48 (79%) community pharmacies are signed up to provide PCS (details listed in Appendix 5).

Note that Camden Council also currently commissions the supply of emergency contraception and via community pharmacy. The service is described in more detail in the local enhanced services section.

### **7.2.7 Pharmacy First service**

The Pharmacy First service, which commenced on 31 January 2024 and replaces the Community Pharmacist Consultation Service (CPCS), involves pharmacists providing advice and NHS-funded treatment, where clinically appropriate, for seven common conditions (age restrictions apply): sinusitis, sore throat, acute otitis media, infected insect bites, impetigo, shingles, and uncomplicated UTI in women.

Consultations for these seven clinical pathways can be provided to patients self-presenting to the pharmacy as well as those referred electronically by NHS 111, general practices and others.

The service also incorporates the elements of the CPCS, i.e. minor illness consultations with a pharmacist, and the supply of urgent medicines (and appliances), both following an electronic referral from NHS 111, general practices (urgent supply referrals are not allowed from general practices) and other authorised healthcare providers (i.e. patients are not able to present to the pharmacy without an electronic referral). Following the contractual settlement, further changes to the Pharmacy First Service included "bundling" requirements such that providers must provide the Hypertension Case Finding Service (HCFS) and Pharmacy Contraception Service (PCS) in order for them to receive Pharmacy First monthly payments (from June 2025).

In Camden, 59 (97%) pharmacies are signed up to provide the Pharmacy First Service (details listed in Appendix 5).

### **7.2.8 Smoking cessation advanced service**

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

In Camden, 23 (38%) pharmacies are signed up to the smoking cessation advanced service (details listed in Appendix 5). In the community engagement questionnaire, just 32% of respondents were aware of the service. There is good coverage across all localities, including those with higher deprivation.

### **7.2.9 Stoma Appliance Customisation (SAC) service**

The SAC service is based on modifying stoma appliance(s) to suit the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.

As with the AUR service, this is typically undertaken by mail order appliance contractors.

Currently, no community pharmacies in Camden appear to be delivering this service based on the NHS BSA dispensing contractor's data<sup>(44)</sup>. However, one respondent to the pharmacy contractor questionnaire indicated that they did provide this service,

with none of the other respondents indicating that they were intending to provide this within the next 12 months (Appendix 3).

### **7.3 National enhanced services**

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

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

At the time of writing, there is one NES commissioned by NHSE, the COVID-19 vaccination programme.

#### **7.3.1 COVID-19 vaccination programme**

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

## 8 Camden Locally Commissioned Services

Locally commissioned services are not described in the 2013 regulations <sup>(6)</sup>, but the term is often used to describe those services commissioned from pharmacies by Local Authorities and the Integrated Care board (ICB).

In the Camden area, pharmacy services are currently commissioned locally by the council's Public Health team and North Central London ICB.

### 8.1 ICB Locally Commissioned Services

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

ICB-commissioned enhanced services:

- Palliative Care Medicines and Antimicrobial Drugs
- Self-care medicines scheme (SCMS)

Other ICB-commissioned service:

- Bank holiday rota

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

The Pharmacy Palliative Care Medicines scheme aims to improve and ensure the availability of palliative care medicines in Camden through community pharmacies during normal opening hours.

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

Community pharmacies are contracted to stock the list of CORE palliative care medications stock. The service will also stock antimicrobials such as vancomycin as it is not commonly stocked in community pharmacies but is required as first line treatment for c.difficile infections in line with NICE guidance NG199<sup>(46)</sup>.

As of May 2023, 2 (3%) of community pharmacies in Camden are currently participating in this scheme and there are also participating pharmacies in neighbouring boroughs (see Appendix 5 for details).

### **8.1.2 Self-Care Medicines Scheme (SCMS)**

Community pharmacies taking part in the new North Central London self-care medicines scheme, can provide eligible patients with selected free medicines for common minor ailments like allergies, earache or minor injuries. Patients (and their children if aged under 16) are eligible for this service if they receive free prescriptions in categories relating to income, or they are aged 16, 17, or 18 and in full time education, part-time education or undertaking an accredited apprenticeship.

As of February 2025, there are currently 29 (48%) community pharmacies in Camden taking part in this scheme (see Appendix 5 for details).

### **8.1.3 Bank Holiday Rota**

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

Currently, NCL ICB commissions the following pharmacies in Camden to open on bank holidays:

- Dales Pharmacy, 463 Finchley Road, NW3 6HN
- Grafton Pharmacy, 132/132a Tottenham Court Road, W1T 5AZ

## **8.2 Camden Public Health commissioned services**

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

- Stop Smoking
- Supervised Self Administration (SSA) of Methadone and Buprenorphine
- Needle and Syringe Exchange (NEX) Service
- Emergency Hormonal Contraception (EHC)
- Come Correct (C-Card) - managed by Brook (Young People Sexual Health Provider)

### 8.2.1 Camden Stop Smoking Service

Camden Health and Wellbeing Department, jointly with Islington, currently commissions Central and North West London NHS Trust to deliver the community stop smoking service in Camden and Islington, named Breathe – It's about living. Responsibility for the local training of stop smoking practitioners (Level 2 advisers), supporting and quality assuring smoking cessation services in primary care and community pharmacies, data recording and reporting of all smoking cessation activity to commissioners and NHS Digital, and achieving the annual 4-week quit target lies with this organisation.

Breathe operates a three-tiered model that offers people who would like to stop smoking the opportunity to access various levels of support suited to their lifestyle and individual preferences. The service is 'e-cigarette friendly' and offers support to people wishing to stop smoking with the help of self-purchased e-cigarettes.

The three tiers are:

- Tier 1: Self-support for smokers who are interested in stopping smoking, but do not want professional help from a stop smoking practitioner. Clear, easy-to-access information and advice on how to quit is available on the website and through printed materials
- Tier 2: Brief support for smokers who want help with stopping smoking with support and appropriate medication provided by trained professionals in the community. The Tier 2 service is provided by a range of organisations and health professionals including: General Practices, Pharmacy, Breathe community service, Health professionals within secondary care and the mental health trust
- Tier 3: Specialist support for smokers who are highly dependent on nicotine and who are likely to have had multiple failed quit attempts and/ or multiple/ complex needs, want help to quit and are willing and able to put in the time and effort needed to be successful. The Tier 3 specialist service is delivered solely by Breathe Stop Smoking Service.

Community pharmacies may provide a tier 2 service to any eligible smoker, that is any smoker motivated to quit who is aged 12 years or over and lives, works or studies in Camden, and/or is registered with a Camden GP. The tier 2 service consists of evidence-based stop smoking behavioural support and pharmacotherapy (NRT), with the service user's smoking status recorded at 4 weeks (25 – 42 days) after their set quit date.

Information from the Camden Public Health Team indicates that 27 (44%) community pharmacies are signed up to deliver the service in Camden (see Appendix 5 for details).

## **8.2.2 Drug and Alcohol Dependence Services**

### **8.2.2.1 Supervised Self Administration (SSA) of Methadone/Buprenorphine**

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

The DHSC's 'Drug misuse and dependence: UK guidelines on clinical management' (2017) states that supervision of consumption by an appropriate professional provides the best guarantee that a medicine is being taken as prescribed. Following the introduction of supervised consumption in England and Scotland, methadone-related deaths reduced fourfold.

The aim of the service is to ensure individual client compliance with the agreed treatment plan for opiate dependence by:

- Dispensing of Opiate Substitute Treatment (OST) in specified instalments and when appropriate as take away doses. NB: Doses may be dispensed for the patient to take away to cover days when the pharmacy is closed and in agreement with the OST provider
- Ensuring each supervised dose is correctly consumed on site by the patient for whom it was intended.

Information from the Camden Public Health Team indicates that 28 (46%) of community pharmacies are signed up to deliver the service.

### **8.2.2.2 Needle and Syringe Exchange (NEX) service**

There is good evidence that locally commissioned community-based needle exchange services significantly complement and supports other needle exchange and harm minimisation initiatives commissioned by drug treatment agencies. Whilst the level of needle and syringe sharing reported in England, Wales and Northern Ireland has declined from 34% in 2002 to 18% in 2018, there continues to be a need for needle exchange services. People who inject drugs using contaminated equipment (for the preparation or injection of drugs) are at risk of contracting – and transmitting – blood borne viruses such as HIV, hepatitis B and hepatitis C. The most

recently available statistics (2020/21) estimate there are around 1,737 opiate drug users in Camden.

Community based needle exchanges are an important easily accessible public health intervention. Community based needle exchange and harm reduction initiatives are developed as part of the overall wider approach to prevent the spread of blood borne diseases (mostly HIV and hepatitis) and other drug related harm, including drug related death. Their open accessibility and availability mean they often have contact with drug users who are not in touch with other specialist treatment drug services. These services will have a health remit as well as a social welfare role within the wider community.

Community based needle exchange service provides access to sterile needles and syringes, and sharps containers for return of used equipment. Where agreed locally, associated materials, for example condoms, citric acid and swabs, to promote safe injecting practice and reduce transmission of infections by substance misusers will be provided. The service is for adult injecting drug users whose stated age is 18 years or over.

Information from the Camden Public Health Team indicated that 19 (31%) community pharmacies in Camden are signed up to deliver the service (see Appendix 5 for details).

#### **8.2.2.3 Naloxone supply**

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

In Camden, community pharmacies participated in a pilot nasal naloxone distribution scheme whereby nasal naloxone was issued to patients alongside the needle and syringe programme. These pharmacies also provided access to and information on nasal naloxone, including how and when to administer.

Following the pilot findings, there are no immediate plans to procure a stand-alone naloxone service in community pharmacies. However, this will be further explored as part of the reprocurement plans for pharmacy locally commissioned services due in 2026-27

#### **8.2.3 Sexual Health Service**



Sexual and reproductive health is a vital aspect of public health. In Camden, Central and North West London NHS Foundation Trust (CNWL) delivers free and confidential sexual health advice, testing, treatment and contraception services. Access to appropriate sexual health services and interventions can significantly enhance the health and wellbeing of both individuals and the wider population. Pharmacies work as part of a wider network of providers, helping to extend access to emergency hormonal contraception (EHC) condoms, and STI testing across Camden. Pharmacies can provide an anonymous service in an environment that respects the dignity and confidentiality of the patient.

### **8.2.3.1 Emergency Hormonal Contraception (EHC)**

The service can be provided free of charge to people aged 13 to 24 (inclusive) requesting Emergency Hormonal Contraception (EHC) following an incident of Unprotected Sexual Intercourse (UPI) or failure of a contraceptive method, with the aim of preventing unplanned pregnancy. This service must be provided in line with the criteria specified by the Patient Group Direction for the provision of EHC (Levonorgestrel and Ulipristal).

Information from the Camden Public Health Team indicated that 27 (44%) of pharmacies in Camden are signed up to deliver the service (see Appendix 5 for details). Some of these pharmacies are open weekday evenings and weekends, which allows for improved access outside of normal working hours.

### **8.2.3.2 Come Correct (C-Card)**

The Come Correct (C-Card) scheme is managed by Health and Wellbeing commissioned young people sexual health service provider Brook. This scheme provides access to free condoms to under 25s through pharmacies, clinics, youth hubs and a variety of children's services. Pharmacies with interest can register to provide the service provided they demonstrate satisfactorily, the training competencies as outlined in the service specification. Registration is via the Come Correct website managed by Therapy Audit or in-person at a clinic.

Information from the Camden Public Health Team indicated that 12 (20%) pharmacies in Camden are signed up to deliver the service (see Appendix 5 for details).

Table 20 below shows the number of pharmacies providing services commissioned by Camden council, broken down into localities.

**Table 20: Provision of local authority commissioned services, by locality**

	Stop smoking	Supervised self-administration	Needle Exchange	EHC	C-Card
Central	7	5	3	9	4
East	10	11	10	11	4
North	1	2	1	1	1
South	5	7	3	3	1
West	4	3	2	3	2
<b>Camden</b>	<b>27</b>	<b>28</b>	<b>19</b>	<b>27</b>	<b>12</b>

**Source: Camden Public Health Team**

### 8.3 Non-commissioned services

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

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

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

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

## **8.4 Collection and delivery service**

The responses from the pharmacy contractor questionnaire show that 11 (73%) respondents provide a prescription delivery service. In some pharmacies, this may incur a fee for the patient, or may be restricted to selected areas or certain groups of patients (e.g. housebound)

Twelve (80%) respondents offer a prescription collection service (although as EPS is now used for almost all prescriptions, there is likely to be low demand for this service).

## **8.5 Monitored dosage systems**

Pharmacies are expected to make suitable arrangements or “reasonable adjustment” for patients who have disabilities which ensure that they can take their medicines as instructed by the doctor in line with the Equality Act 2010<sup>(18)</sup>. This will sometimes require the use of monitored dose systems (MDS) to help patients take complicated drug regimens. These are often seen as weekly or monthly cassettes with medication placed in boxes relating to the day and time of the day that the medicine is to be taken.

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

NICE guidance NG67<sup>(47)</sup> recognised the role that pharmacists play in supporting people in the community and recommended that “use of a monitored dosage system should only be when an assessment by a health professional (for example, a pharmacist) has been carried out”.

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

## 9 Current and Future Pharmacist Role

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

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

The national vision for community pharmacy is in line with the local strategy and aspirations. Community pharmacy has a critical role to play in the Camden health system. Pharmacies are a key local contact point for residents and so they are important assets for engaging local populations in the broader prevention agenda. As part of the broader infrastructure of local communities they have a growing role to play in the place-based delivery of health and care services, a key priority for both the council and ICB, to make health and care services more responsive and accessible to people where they live. It is essential that community pharmacy continues to be recognised and supported, so that they in turn can support the health needs of the population of Camden. It is also important that the people of Camden are aware of and fully utilise the services available from their community pharmacies.

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

Further consideration is given in Appendix 7 regarding future opportunities for community pharmacy service provision in Camden including recommendations to further enhance service provision and therefore maximise the health benefits offered by community pharmacy to the Camden population.

## **10. Engagement and Consultation**

### **10.1 Stakeholder engagement**

#### **10.1.1 Overview of response to the public questionnaire**

40 people responded to a public questionnaire on pharmacy services and access. Appendix 4 contains a full breakdown to the results.

- 92% (36 respondents) had a preferred local community pharmacy
- 84% (31) stated that convenient location was a factor in their choice of pharmacy. 62% (23 respondents) stated that helpful staff was a factor in their choice, with 49% (18 respondents) selecting convenient opening hours and as a factor.
- When asked to rate how well their community pharmacy meets their needs, 24 respondents (65%) responded extremely well or very well, with 10 (27%) stating their pharmacy met their needs fairly well
- 68% (27 respondents) travel to their pharmacy on foot
- 74% (29 respondents) stated it took them 10 minutes or less to travel to their pharmacy
- 74% of respondents (29 people) said that their local pharmacy had opening hours that were convenient for them
- When asked about the most convenient time to visit a pharmacy, 82% (31 respondents) indicated weekdays between 8am and 4:59pm
- Meanwhile, 58% (22 respondents) preferred Saturday daytime, and 53% (20 respondents) found weekday evenings (5pm to 7:59pm) to be the most convenient.

Table 21 below summarises which services respondents use at their pharmacy.

**Table 21: Public questionnaire responses to services used at pharmacies**

Option	Count	Percentage
Collect prescribed medicines and/or products	37	95%
Buy over the counter medicines	29	74%
Advice from your pharmacist e.g. including minor ailments and new medicines	22	56%
Dispose of unwanted medicine	20	51%
Disposal of used medical equipment e.g. needles / syringes	3	8%
Collect Covid-19 testing kits	7	18%
Access vaccinations e.g. Covid-19 or flu	13	33%
Blood pressure checks	9	23%
Other (please specify)	3	8%

### 10.1.2 Overview of response to pharmaceutical service providers' questionnaire

15 of 61 pharmacies responded to the questionnaire, giving a response rate of 24.6%. Not every pharmacy which completed the questionnaire responded to every question. A full breakdown of questionnaire responses is in Appendix 3.

All pharmacies responding had a private consultation room(s), and 93% of those with consultation room(s) also had wheelchair access. Four pharmacies had more than one consultation room.

All but one of the respondents (93%) stated they did have hand-washing facilities either in, or close to, the consultation area.

In total, 18 languages are spoken by pharmacy staff in addition to English. The most commonly spoken were Gujarati (9 responses), Hindi (6 responses) and Urdu (3 responses).

Eighty-seven percent (13) of pharmacies responding dispense all types of appliances and 13% (2) dispense none.

Table 22 below summarises pharmacies responding to state whether they deliver or intend to deliver each advanced service:

**Table 22: Contractor questionnaire responses to advanced services offered**

Advanced service	Yes	Intending to begin within next 12 months	No - not intending to provide
Pharmacy First	100% (15)	0% (0)	0% (0)
Community Pharmacy Blood Pressure Check Service	80% (12)	20% (3)	0% (0)
Pharmacy Contraception Service	93% (13)	7% (1)	0% (0)
Community Pharmacy Smoking Cessation Service	71% (10)	14% (2)	14% (2)
New Medicine Service	100% (15)	0% (0)	0% (0)
Influenza Vaccination Service	80% (12)	7% (1)	13% (2)
Appliance Use Review	8% (1)	0% (0)	92% (11)
Stoma Appliance Customisation	8% (1)	0% (0)	92% (11)
Lateral Flow Device (LFD) Service	77% (10)	8% (1)	15% (2)

Pharmacies were asked about which commissioned services (other than advanced or enhanced services) they currently provide or are willing to provide. Some of the services listed are currently being commissioned, either nationally, or by the ICB or the local authority such as emergency hormonal contraception, self-care medicine schemes and supervised administration.

A number of the pharmacies responding to the questionnaire stated they were delivering these services, although some of the responses given suggest that the respondent may not have been aware of the commissioner of some of the services they deliver.

For the majority of services listed, pharmacies responding to the questionnaire demonstrated a willingness to deliver services if they were commissioned, with the exception of needle exchange and supervised administration.

For some other services which are commissioned locally, a number of pharmacies indicated they would be willing to provide "if commissioned", which may suggest a lack of awareness of such services, for example, emergency contraception and self-care medicines scheme

When asked about provision of non-commissioned services, pharmacies responding for each service stated whether they provide or intend to provide as summarised below in table 23.

**Table 23: Pharmacy contractor responses to non-commissioned services offered**

Service	Yes	Intending to begin within next 12 months	No - not intending to provide
Collection of prescriptions from GP practices	80% (12)	7% (1)	13% (2)
Delivery of dispensed medicines – Selected patient groups	73% (11)	7% (1)	20% (3)
Delivery of dispensed medicines – Selected areas	73% (11)	7% (1)	20% (3)
Delivery of dispensed medicines – Free of charge on request	67% (10)	7% (1)	27% (4)
Delivery of dispensed medicines – With charge	14% (2)	50% (7)	36% (5)
Monitored Dosage Systems – Free of charge on request	80% (12)	13% (2)	7% (1)
Monitored Dosage Systems – with charge	13% (2)	40% (6)	47% (7)

## 10.2 Formal consultation

To be added following the consultation



## **11 Summary of Findings**

There are 61 community pharmacies in Camden, consisting of 57 standard contract (40 hour) pharmacies (one of which is a distance selling pharmacy), and 4 100-hour contract pharmacies.

In Camden, 10 (16%) pharmacies are contracted for more than 40 core hours per week, ranging between a total of 45 and 62.5 core hours per week. This is complemented by 52 pharmacies providing supplementary hours on weekday evenings and weekends.

Residents of Camden have adequate access to community pharmacies, with a higher number of pharmacies per 100,000 population to the England average.

All localities all have a higher number of pharmacies per 100,000 population compared to the England average, and there is good provision of necessary services.

### **11.1 Central locality**

#### **Necessary services - current provision**

There are a significant number of pharmacies open beyond core hours to provide pharmaceutical services, including weekday evenings, Saturdays and Sundays.

Travel times to reach these community pharmacies are short, further demonstrating good accessibility to pharmaceutical services.

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

### **11.2 East locality**

#### **Necessary services - current provision**

There are a significant number of pharmacies open beyond core hours to provide pharmaceutical services, including weekday evenings, Saturdays and Sundays.

Travel times to reach these community pharmacies are short, further demonstrating good accessibility to pharmaceutical services.

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

### **11.3 North locality**

#### **Necessary services - current provision**

There are a significant number of pharmacies open beyond core hours to provide pharmaceutical services, including weekday evenings, Saturdays and Sundays.

Travel times to reach these community pharmacies are short, further demonstrating good accessibility to pharmaceutical services.

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

### **11.4 South locality**

#### **Necessary services - current provision**

There are a significant number of pharmacies open beyond core hours to provide pharmaceutical services, including weekday evenings, Saturdays and Sundays.

Travel times to reach these community pharmacies are short, further demonstrating good accessibility to pharmaceutical services.

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

### **11.5 West locality**

#### **Necessary services - current provision**

There are a significant number of pharmacies open beyond core hours to provide pharmaceutical services, including weekday evenings, Saturdays and Sundays.

Travel times to reach these community pharmacies are short, further demonstrating good accessibility to pharmaceutical services.

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

### **11.6 Additional findings**

Whereas the majority of pharmacies provide additional supplementary hours to the 40 hours of their core contracted service delivery, some pharmacies are open for significantly longer. These pharmacies provide extended and out of hours cover for pharmaceutical services across Camden, as they open on weekday evenings and

both Saturdays and Sundays. In total, 51 pharmacies open on Saturdays across all five localities. 16 pharmacies across the five localities in Camden are open on Sundays.

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

A number of community pharmacies provide advanced services that seek to improve the safe and effective use of medicines. In particular, the Pharmacy First, Influenza Vaccination Service, Hypertension Case-Finding, New Medicines Service and Pharmacy Contraception Service are well supported by the community pharmacies in Camden, with many pharmacies signed up to deliver these services. The Lateral Flow Device Test Supply Service and Smoking Cessation Service are provided by 38% of community pharmacies in Camden.

Additionally, a range of locally commissioned services are currently being commissioned either totally or in part from community pharmacies. These are; stocking of Palliative care medicines and antimicrobial drugs, Self-Care Medicines Scheme, Bank Holiday Rota, Stop Smoking, Supervised Self Administration (SSA) of Methadone and Buprenorphine, Needle and Syringe Exchange (NEX) Service, Emergency Hormonal Contraception (EHC) and Come Correct (C-Card) condom distribution service. These services are commissioned across all localities including those with high deprivation.

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

Community pharmacies make a valuable contribution to the objectives of the Camden Health & Wellbeing Strategy and engagement work shows that that 65% of respondents stated they felt that their local community pharmacy met their needs very well or extremely well.

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

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

## **12 Statement of Pharmaceutical Needs Assessment**

After considering all the elements of the PNA, Camden HWB makes the following statement:

- For the purpose of this PNA, Camden HWB has agreed that necessary services are defined as the essential services in the NHS Community Pharmacy Contractual Framework (see section 3.3).

### **Provision of necessary services**

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

### **Improvements and better access**

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

### **In addition:**

- Community pharmacy services play an important role in supporting the services provided by GP practices and Primary Care Networks as reflected by the changes in the essential, advanced and locally commissioned services as described in this report
- A number of pharmacies provide extended opening hours as supplementary hours which, if reduced could impact on access for the population of Camden.

Should this be the case, a detailed review of pharmaceutical provision would need to be undertaken to explore provision. Early involvement of Community Pharmacy Camden and Islington, and local community pharmacies in this process would allow for local solutions to be explored

- A number of community pharmacies provide advanced services that seek to improve the safe and effective use of medicines. Almost all pharmacies provide some of these services, and we would wish to encourage all community pharmacies to make greater use of all advanced services, and that referrals via healthcare services such as GP practices and secondary care services further utilise newer services, in particular regarding the Pharmacy First service
- There is adequate provision of existing locally commissioned services across Camden, although access and equity of provision could be improved for some services. It is recommended that the Public Health team should work with partners including the ICB and Community Pharmacy Camden and Islington to explore this further and scope any further work necessary (for example in the needle exchange service, C-card service, supervised consumption of opiate substitutes service, and the end-of-life services)
- With regard to locally commissioned services, the public health team should work with the ICB, Community Pharmacy Camden and Islington, community pharmacies, and PCNs to ensure that services are commissioned to meet local health needs and that any changes serve to maintain or improve equity, access and choice
- Commissioners of NHS as well as local pharmacy services should consider how to communicate about the availability of services with the population of Camden and with other healthcare professional teams to increase awareness of engagement and interaction with services
- Out of area provision impacts not only the delivery of dispensing services but also the provision and accessibility of enhanced or locally commissioned services, especially where areas border each other. Commissioners should take cross border issues into account and consult with relevant stakeholders when they are reviewing, commissioning or decommissioning services, to avoid or mitigate against creating inequity of provision for the local population.

## **Future opportunities**

While outside the statutory scope of this assessment, Appendix 7 provides further detail on potential opportunities to expand and enhance community pharmacy services. These are based on local health needs, national policy direction, and pharmacy contractor engagement and may assist commissioners in planning future service developments.

## Appendix 1 – PCNs, GP Practices and surgeries

Correct as of February 2025

Practice Name	Main/ Branch	Address Line 1	Post Code	PCN
Park End Surgery	Main	3 Park End	NW3 2SE	NORTH CAMDEN
Gower Street Practice	Main	20 Gower Street	WC1E 6DP	WEST AND CENTRAL CAMDEN
Amphill Practice	Main	59 Crowndale Health Centre,	NW1 1TN	CENTRAL CAMDEN
Primrose Hill Surgery	Main	97-99 Regents Park Road	NW1 8UR	CENTRAL HAMPSTEAD
Hampstead Group Practice	Main	75 Fleet Road	NW3 2QU	NORTH CAMDEN
Prince Of Wales Group Practice	Main	52 Prince of Wales Road	NW5 3LN	KENTISH TOWN CENTRAL
Abbey Medical Practice	Main	85 Abbey Road	NW8 0AG	WEST CAMDEN
Adelaide Med Centre	Main	111 Adelaide Road	NW3 3RY	NORTH CAMDEN
Caversham Grp Practice	Main	4 Peckwater Street, Kentish Town	NW5 2UP	KENTISH TOWN CENTRAL
James Wigg Group Practice	Main	2 Bartholomew Road	NW5 2BX	KENTISH TOWN SOUTH
The Regents Park Practice	Branch	Cumberland Market	NW1 3RH	CENTRAL CAMDEN
Grays Inn Road Medical Centre	Main	77 Gray's Inn Road	WC1X 8TS	CENTRAL HAMPSTEAD
Ridgmount (was Gower Place)	Main	8 Ridgmount Street	WC1E 7AA	CENTRAL CAMDEN
Bloomsbury Surgery	Main	1 Handel Street	WC1N 1PD	CENTRAL CAMDEN
Brunswick medical centre	Main	39 The Brunswick Centre	WC1N 1AF	CENTRAL CAMDEN
Fortune Green Surgery	Main	80 Fortune Green Road	NW6 1DS	CENTRAL HAMPSTEAD
Brookfield Park Surgery	Main	68 Chester Road	N19 5BZ	NORTH CAMDEN
West Hampstead Mc (Mill Lane Mc)	Main	9 Solent Road	NW6 1TP	WEST CAMDEN
Parliament Hill Surgery	Main	113 - 117 Highgate Road	NW5 1TR	KENTISH TOWN CENTRAL
Holborn Medical Centre	Main	64-66 Lambs Conduit Street	WC1N 3NA	SOUTH CAMDEN
Brondesbury Medical Centre	Main	279 Kilburn High Road	NW6 7JQ	WEST AND CENTRAL CAMDEN
The Museum Practice	Main	58 Great Russell Street	WC1B 3BA	SOUTH CAMDEN
Cholmley Gardens Medical Centre	Main	1 Cholmley Gardens, Mill Lane	NW6 1AE	CENTRAL HAMPSTEAD
The Keats Group Practice	Main	1b Downshire Hill	NW3 1NR	NORTH CAMDEN
Queens Crescent Surgery	Main	76 Queens Crescent	NW5 4EB	KENTISH TOWN SOUTH

Practice Name	Main/ Branch	Address Line 1	Post Code	PCN
Daleham Gardens Health Centre	Main	5 Daleham Gardens	NW3 5BY	CENTRAL HAMPSTEAD
Kings Cross Road Practice (AT Medics)	Main	77-83 Chalton Street	NW1 1HY	CENTRAL CAMDEN
Belsize Priory Medical Practice	Main	Abbey Centre, 172A Belsize Road	NW6 4BJ	CENTRAL HAMPSTEAD
Swiss Cottage Surgery	Main	2 Winchester Mews	NW3 3NP	CENTRAL CAMDEN
St. Phillips Med Centre	Main	Tower 3 Clements Inn	WC2A 2AZ	SOUTH CAMDEN
Somers Town Medical Centre (AT Medics)	Main	77-83 Chalton Street	NW1 1HY	CENTRAL CAMDEN
Camden Health Improvement Practice (CHIP) (AT Medics)	Main	Margarete Cntr St James Hse, 108 Hampstead Road	NW1 2LS	CENTRAL CAMDEN
Medicus Select Care (SAS)	Main – Special Allocation Scheme	Bingfield Primary Care Centre, 8 Bingfield Street	N1 0AL	

## Appendix 2 – Membership of Steering Committee

- Andy Reay, Senior Strategic Lead Pharmacist, North of England Commissioning Support Unit **(Chair)**
- Donna Bradbury, Transformation and Delivery Manager, North of England Commissioning Support Unit
- Dan Sanderson, Principal Information Analyst, North of England Commissioning Support Unit
- Wikum Jayatunga, Public Health Consultant, Camden Council
- Mayank Mawar, Public Health Strategist, Camden Council
- Caroline Fraser, Lead Public Health Intelligence Analyst, Camden Council
- Esther Amaefule, Primary Care Lead, Camden Council
- Yogendra Parmar, CEO, Community Pharmacy Camden and Islington
- Sanjay Ganvir, Chair, Community Pharmacy Camden and Islington
- Kristina Petrou, Head of Medicines Strategy and Programmes, NCL IBC
- Stephen Heard, Director, Healthwatch Camden



## Appendix 3 - Pharmaceutical Contractors Questionnaire

### Summary of Camden Pharmacy Contractor Questionnaire

Total responses received – 15

Response rate – 24.6%

**Premises Details (Q1-5):** Answered – 15; Skipped 0

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

Option	Count	Percentage
Yes	1	7%
No	14	93%

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

Option	Count	Percentage
Yes	15	100%
No	0	0%

**8. Contact details:** Answered – 15; Skipped – 0

**9. Languages spoken in the pharmacy (in addition to English) – 13 responses**

- Gujarati (9 responses)
- Hindi (6 responses)
- Urdu (3 responses)
- Bengali (2 responses)
- Chinese (2 responses)
- Somali (2 responses)
- Albanian (1 response)
- Arabic (1 response)
- Bangladeshi (1 response)
- Cantonese (1 response)
- Italian (1 response)
- Kurdish (1 response)
- Malay (1 response)
- Polish (1 response)
- Romanian (1 response)
- Russian (1 response)
- Spanish (1 response)
- Turkish (1 response)

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

Option	Count	Percentage
Yes - including wheelchair access	13	93%
Yes - without wheelchair access	1	7%
No- have submitted a request to the ICB (former NHS England regional team) that the premises are too small for a consultation room	0	0%
No - the ICB (former NHS England regional team) has approved the request that the premises are too small for a consultation room	0	0%
Other, please specify	0	0%

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

- Four respondents said yes. Three had 2 rooms and 1 had 3 rooms available

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

Option	Count	Percentage
Yes, please specify how many	15	100%
No	0	0%
Other, please specify	0	0%

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

Option	Count	Percentage
Yes, in the consultation area	12	80%
Yes, close to the consultation area	2	13%
None	1	7%

**18. Do patients attending consultations have access to toilet facilities?**

Option	Count	Percentage
Yes	8	53%
No	7	47%

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

Option	Count	Percentage
Yes - all types	13	87%
Yes - excluding stoma appliances	0	0%
Yes - excluding incontinence appliances	0	0%
Yes - excluding stoma and incontinence appliances	0	0%
Yes - just dressings	0	0%
None	2	13%
Other, please specify	0	0%

**21. Does the pharmacy provide the following advanced services?**

Advanced service	Yes	Intending to begin within next 12 months	No - not intending to provide
Pharmacy First	100% (15)	0% (0)	0% (0)
Community Pharmacy Blood Pressure Check Service	80% (12)	20% (3)	0% (0)
Pharmacy Contraception Service	93% (13)	7% (1)	0% (0)
Community Pharmacy Smoking Cessation Service	71% (10)	14% (2)	14% (2)
New Medicine Service	100% (15)	0% (0)	0% (0)
Influenza Vaccination Service	80% (12)	7% (1)	13% (2)
Appliance Use Review	8% (1)	0% (0)	92% (11)
Stoma Appliance Customisation	8% (1)	0% (0)	92% (11)
Lateral Flow Device (LFD) Service	77% (10)	8% (1)	15% (2)

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

Option	Count	Percentage
Yes - often	12	80%
Yes - occasionally	1	7%
Yes - rarely	2	13%
No	0	0%

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

Option	Count	Percentage
Yes - often	10	67%
Yes - rarely	3	20%
No	2	13%

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**24. Which of the following other services does the pharmacy provide, or would be willing to provide?**

<b>Service</b>	<b>Currently providing under contract with NHS England</b>	<b>Currently providing under contract with ICB</b>	<b>Currently providing under contract with Local Authority</b>	<b>Willing to provide if commissioned</b>	<b>Not able or willing to provide</b>	<b>Willing to provide privately</b>
Anticoagulant Monitoring Service	0% (0)	0% (0)	0% (0)	87% (13)	13% (2)	0% (0)
Anti-viral Distribution Service	0% (0)	0% (0)	0% (0)	93% (14)	7% (1)	0% (0)
Chlamydia Testing Service	0% (0)	0% (0)	0% (0)	79% (11)	21% (3)	0% (0)
Chlamydia Treatment Service	0% (0)	0% (0)	0% (0)	92% (12)	8% (1)	0% (0)
Emergency Contraception Service	21% (31)	7% (1)	7% (1)	64% (9)	0% (0)	0% (0)
Home Delivery Service (not appliances)	7% (1)	0% (0)	0% (0)	67% (10)	13% (2)	13% (2)
Medicines Assessment and Compliance Support Service	14% (2)	0% (0)	0% (0)	71% (10)	14% (2)	0% (0)
Minor Ailment Scheme	36% (5)	7% (1)	7% (1)	36% (5)	14% (2)	0% (0)
Self-care medicines scheme	33% (4)	27% (4)	7% (1)	20% (3)	13% (2)	0% (0)
Supervised Administration Service	36% (5)	29% (4)	14% (2)	7% (1)	14% (2)	0% (0)
Needle and syringe exchange service	29% (4)	21% (3)	7% (1)	14% (2)	29% (4)	0% (0)
Not dispensed scheme	0% (0)	0% (0)	0% (0)	71% (1)	21% (3)	7% (1)
Out of Hours Services	0% (0)	0% (0)	0% (0)	50% (7)	43% (6)	7% (1)
Phlebotomy Service	0% (0)	0% (0)	0% (0)	79% (11)	14% (2)	7% (1)

<b>Service</b>	<b>Currently providing under contract with NHS England</b>	<b>Currently providing under contract with ICB</b>	<b>Currently providing under contract with Local Authority</b>	<b>Willing to provide if commissioned</b>	<b>Not able or willing to provide</b>	<b>Willing to provide privately</b>
Seasonal Influenza Vaccination Service	79% (11)	0% (0)	0% (0)	14% (2)	7% (1)	0% (0)
Stop Smoking Service	43% (6)	0% (0)	14% (2)	29% (4)	14% (2)	0% (0)
Vascular Risk Assessment Service	0% (0)	0% (0)	0% (0)	93% (14)	7% (1)	0% (0)
Asthma Medicines Management Service	0% (0)	0% (0)	0% (0)	87% (13)	13% (2)	0% (0)
Screening Service: Gonorrhoea	0% (0)	0% (0)	0% (0)	85% (11)	15% (2)	0% (0)
Screening Service: H. pylori	0% (0)	0% (0)	0% (0)	93% (14)	7% (1)	0% (0)
Screening Service: Hepatitis	0% (0)	0% (0)	0% (0)	83% (10)	17% (2)	0% (0)
Screening Service: HIV	0% (0)	0% (0)	0% (0)	85% (11)	15% (2)	0% (0)
Screening Service: Other	0% (0)	0% (0)	0% (0)	75% (6)	25% (2)	0% (0)
Childhood vaccinations	0% (0)	0% (0)	0% (0)	67% (10)	27% (4)	7% (1)
COVID-19 vaccinations	53% (8)	0% (0)	0% (0)	27% (4)	20% (3)	0% (0)
Hepatitis (at risk workers or patients) vaccinations	7% (1)	0% (0)	0% (0)	73% (11)	13% (2)	7% (1)
HPV vaccinations	7% (1)	0% (0)	0% (0)	73% (11)	7% (1)	13% (2)
Meningococcal vaccinations	7% (1)	0% (0)	0% (0)	80% (12)	7% (1)	7% (1)
Pneumococcal vaccinations	20% (3)	0% (0)	0% (0)	67% (10)	7% (1)	7% (1)
Travel vaccinations	7% (1)	0% (0)	0% (0)	60% (9)	7% (1)	27% (4)
Other vaccinations	0% (0)	0% (0)	0% (0)	50% (3)	50% (3)	0% (0)

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

Service	Yes	Intending to begin within next 12 months	No - not intending to provide
Collection of prescriptions from GP practices	80% (12)	7% (1)	13% (2)
Delivery of dispensed medicines – Selected patient groups	73% (11)	7% (1)	20% (3)
Delivery of dispensed medicines – Selected areas	73% (11)	7% (1)	20% (3)
Delivery of dispensed medicines – Free of charge on request	67% (10)	7% (1)	27% (4)
Delivery of dispensed medicines – With charge	14% (2)	50% (7)	36% (5)
Monitored Dosage Systems – Free of charge on request	80% (12)	13% (2)	7% (1)
Monitored Dosage Systems – with charge	13% (2)	40% (6)	47% (7)

Criteria for free delivery of dispensed medicines:

- Some stated local area/within specific radius
- Some stated 5 – 10 min travel time
- Some stated disabled or housebound patients, or those with specific medical conditions

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

Option	Count	Percentage
Yes	2	13%
No	13	87%

Respondents stated services they would like to deliver if commissioned were minor ailments (independent prescribing) clinic and independent prescriber pathfinder clinics.

## Appendix 4 - Community Engagement Questionnaire Results

There were 40 responses to the public questionnaire

Do you use pharmacies?

Option	Count	Percentage
Yes	39	98%
No	1	3%

Do you have a regular or preferred local community pharmacy which you use?

Option	Count	Percentage
Yes	36	92%
No	1	3%
Prefer internet / Online pharmacy	0	0%
I use combination (online/traditional)	2	5%
Other (please specify)	0	0%

Why do you choose the pharmacy that you most commonly use?

Option	Count	Percentage
Convenient opening hours	18	49%
Convenient location	31	84%
Helpful staff	23	62%
Services offered	10	27%
Other (please specify)	5	14%

Others responses were:

- Medication availability
- Home delivery
- Know us / helpful (2 responses)

How well does your local community pharmacy meet your needs?

Option	Count	Percentage
Not at all	0	0%
Not very well	3	8%
Fairly well	10	27%
Very well	13	35%
Extremely well	11	30%



Which services do you use at a pharmacy?

Option	Count	Percentage
Collect prescribed medicines and/or products	37	95%
Buy over the counter medicines	29	74%
Advice from your pharmacist e.g. including minor ailments and new medicines	22	56%
Dispose of unwanted medicine	20	51%
Disposal of used medical equipment e.g. needles / syringes	3	8%
Collect Covid-testing kits	7	18%
Access vaccinations e.g. Covid-19 or flu	13	33%
Blood pressure checks	9	23%
None	0	0%
Other (please specify)	3	8%

Other comments stated home delivery

Which services are you aware that pharmacies offer?

Service	Count of respondents aware	Percentage
Anticoagulant monitoring service	1	3%
Antiviral distribution service	2	6%
Needle exchange services	5	16%
Sexual health e.g. condom distribution, emergency contraception, chlamydia testing and treatment	8	26%
Home delivery service	18	58%
Medicines assessment and compliance support service	5	16%
Minor ailment scheme	15	48%
Stop smoking service	10	32%
Supervised administration (to treat morphine or heroin dependence)	9	29%
Not dispensed scheme	1	3%
Out of hours service	4	13%
Phlebotomy service	2	6%
NHS Health Checks (blood pressure checks, height and weight)	17	55%
Vaccinations e.g. flu vaccine	22	71%

How often do you use your pharmacy?

Option	Count	Percentage
At least once per week	8	21%
At least once per month	23	61%
At least once every 3 months	7	18%
At least once every 6 months	0	0%
At least once a year	0	0%
Less than once a year	0	0%

How important are the following factors when choosing a pharmacy?

Option	Extremely Important	Very Important	Slightly Important	Neither important nor unimportant	Not important
Quality of service	29 (76%)	8 (21%)	1 (3%)	0 (0%)	0 (0%)
Convenience	26 (67%)	12 (31%)	1 (3%)	0 (0%)	0 (0%)
Accessibility	26 (68%)	10 (26%)	2 (5%)	0 (0%)	0 (0%)
Availability of Medication	35 (90%)	4 (10%)	0 (0%)	0 (0%)	0 (0%)

How do you normally travel to the pharmacy? (select the most common option you use)

Option	Count	Percentage
Car or taxi	2	5%
On foot	27	68%
Public transport	3	8%
N/A as medicines are delivered or collected by someone else	2	5%
Other	6	15%

Other responses:

- Bike (2)
- Mobility scooter / powered wheelchair (2)

How long does it usually take you to get to the pharmacy?

Option	Count	Percentage
0-5 minutes	9	23%
6-10 minutes	20	51%
11-15 minutes	3	8%
16-20 minutes	6	15%
More than 20 minutes	1	3%

How easy is it for you to get to the pharmacy?

Option	Very easy	Easy	Neither easy or difficult	Difficult	Very Difficult	Don't know/NA
On foot	24 (67%)	6 (17%)	3 (8%)	1 (3%)	1 (3%)	1 (3%)
Public transport	11 (37%)	3 (10%)	1 (3%)	3 (10%)	2 (7%)	10 (33%)
By car or taxi	9 (31%)	1 (3%)	3 (10%)	2 (7%)	2 (7%)	12 (41%)

Does your pharmacy have access for disabled people and others with access requirements?

Option	Yes	No	Don't know
Wheelchair / pushchair access	17 (45%)	9 (24%)	12 (32%)
Parking	2 (5%)	21 (57%)	14 (38%)
Help for sensory impairments	2 (5%)	4 (11%)	31 (84%)
Automatic doors	8 (21%)	26 (68%)	4 (11%)

- One respondent has difficulties accessing local pharmacy due to problems changing the pharmacy that receives electronic prescription
- One respondent stated they require home delivery
- One respondent relies on passersby to open the door for them
- One respondent stated a bus lane makes parking nearby difficult which causes issues when carrying heavy / bulky items
- One respondent stated "security person at door, monitoring who goes in/out?"

Does your usual pharmacy have language/interpretation facilities?

Option	Count	Percentage
Yes	1	3%
No	2	5%
Don't know	36	92%

If there is a pharmacy closer or more convenient which you don't use, please describe the reasons you do not use this pharmacy:

- A preferred pharmacy was chosen due to its location near the GP, helpful staff, and ease of ordering prescriptions by phone with text reminders.

- The Camden Community Support Bus is favoured for vaccinations due to no appointment requirements and combined Flu/Covid availability.
- Local pharmacy was avoided due to identical opening hours, no phone service for ordering, and past issues with delayed prescriptions for a family member.
- Eventually switched to the local pharmacy due to Saturday openings, despite issues with the automated transfer system.
- The local pharmacy now provides a QR code to check prescription status due to difficulty answering calls; online ordering is less ideal but acceptable.

Several respondents noted that:

- Other nearby pharmacies exist but are less preferred.
- Some have limited services or shorter opening hours.
- Some would not provide dosette boxes or were considered inefficient (e.g., meds stored offsite).
- Trust and service quality at the chosen pharmacy were major deciding factors.
- Stock availability and pharmacist behaviour varied; some reported unhelpfulness or rudeness at other pharmacies.
- One respondent refuses to use a national chain due to its ownership.
- A few respondents reported excellent service, stock reliability, and proactive support at their preferred pharmacy.

Does your local pharmacy have convenient opening hours for you?

Option	Count	Percentage
Yes	29	74%
No	7	18%
Blank	3	8%

What time is most convenient for you to visit a pharmacy?

Option	Count	Percentage
Weekdays (8am – 4.59pm)	31	82%
Weekday evenings (5pm to 7.59pm)	20	53%
Weekdays overnight (8pm to 7.59am)	4	11%
Saturdays (8am – 4.59pm)	22	58%
Saturdays (5pm to 7.59pm)	12	32%
Saturdays (8pm to 7.59am)	5	13%
Sundays (8am – 4.59pm)	13	34%
Sundays (5pm to 7.59pm)	9	24%
Sundays (8pm to 7.59am)	2	5%

Other comments on pharmacy provision were themed as follows:

#### Opening Hours & Accessibility (6 mentions)

- Requests for Saturday or weekend openings, late evening hours, and longer Sunday hours.
- Some pharmacies only open on weekdays or have limited hours, which is difficult for those who work.
- Physical accessibility issues, such as shop steps and lack of seating.

#### Service Quality & Staff Attitude (8 mentions)

- Strong praise for certain pharmacies (e.g. Holborn Pharmacy, Pradip Patel, long-standing staff).
- Criticism of others for unhelpful or dismissive staff, incompetence (e.g. faulty BP machine), or lack of rapport.
- Desire for staff training on supporting people without digital access.

#### Stock, Product Range & Facilities (7 mentions)

- Concerns about limited over-the-counter stock, expensive medicines, and unavailable medications.
- Requests for more first aid items, dressings, and plaster variety.
- Noted presence of consulting rooms and good supply efforts by some pharmacists.

#### Advice & Services (5 mentions)

- Need for deprescribing support, side effect guidance, and help with polypharmacy.
- Mixed experiences with minor ailment support (some helpful, others lacking).
- Concerns about lack of privacy and consultation space.

#### Digital & Prescription Process Issues (4 mentions)

- Frustration with prescription delays due to poor GP–pharmacy communication.
- Issues with apps not notifying patients of prescription status.
- Comments on online service gaps, especially for those not digitally literate.

#### Hygiene & Environment (2 mentions)

- BP monitors passed between users without cleaning.
- Lack of waiting area seating and cramped consultation space.

**What is your sex?**

Option	Count	Percentage
Male	39	26%
Female	104	70%
I use another term	2	1%
Prefer not to say	3	2%

Option	Count	Percentage
Male	10	25%
Female	28	70%
I use another term	1	3%
Prefer not to say	1	3%

**Is the gender you identify with the same as your sex registered at birth?**

Option	Count	Percentage
Yes	36	92%
No	0	0%
Prefer not to say	3	8%

**What is your age?**

Option	Count	Percentage
Under 16	0	0%
16-24	0	0%
25-34	2	5%
35-44	3	8%
45-54	2	5%
55-64	12	31%
65-74	14	36%
75-84	5	13%
85 and over	1	3%
Prefer not to say	0	0%

**What is your ethnic group?**

Option	Count	Percentage
Bangladeshi	0	0%
Chinese	1	3%
Indian	2	5%
Pakistani	0	0%

Any other Asian Background (please specify)	0	0%
African	1	3%
Caribbean	1	3%
Any other Black, Black British, Caribbean or African background (please specify)	1	3%
White and Asian	0	0%
White and Black African	1	3%
White and Black Caribbean	0	0%
Any other Mixed or Multiple Background (please specify)	0	0%
English/Welsh/Scottish/Northern Irish/British	18	46%
Irish	4	10%
Gypsy or Irish Traveller	0	0%
Roma	0	0%
Any other White background (please specify)	3	8%
Arab	0	0%
Kurdish	0	0%
Turkish	0	0%
Any other ethnic group (please specify)	2	5%
Prefer not to say	5	13%

Other:

- White European
- American
- Celtic
- British - St Helenian

### What is your religion?

Option	Count	Percentage
No religion	13	33%
Buddhist	1	3%
Christian	14	36%
Hindu	0	0%
Jewish	2	5%
Muslim	3	8%
Sikh	0	0%
Other (please specify)	2	5%
Prefer not to say	4	10%



Other - Adventa Advaita (non-duality)

**Which of the following describes your sexual orientation?**

Option	Count	Percentage
Bisexual	2	5%
Gay/Lesbian	3	8%
Heterosexual/straight	26	67%
Other	1	3%
Prefer not to say	7	18%

**Do you consider yourself to be disabled or have a long-term illness (e.g. cancer, diabetes, mental health condition)?**

Option	Count	Percentage
Yes	19	50%
No	16	42%
Prefer not to say	3	8%

**If 'yes' please select a definition below:**

Option	Count	Percentage
Sensory impairment (e.g. sight or hearing)	3	14%
Mental health condition	2	9%
Physical impairment	7	32%
Non-visible health condition/impairment (e.g. cancer, HIV)	4	18%
Learning difficulties	0	0%
Other (please state)	4	18%
Prefer not to say	2	9%

**Are you a carer?**

Option	Count	Percentage
Yes	10	26%
No	29	74%
Prefer not to say	0	0%

### Do you live or work in the borough?

Option	Count	Percentage
I live in the borough	29	74%
I work in the borough	1	3%
I live and work in the borough	9	23%
I do not live or work in the borough	0	0%
Other link to the borough (please specify)	0	0%

## Appendix 5 – Pharmacy addresses

### Central locality

Pharmacy Name	ODS number	Pharmacy Type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hours	PhAS	NHSE Advanced										ICB			LA			
										NMS	AUR	SAC	Pharmacy First	Contraception	Flu vaccination	Hypertension case-finding	Lateral Flow Device Tests	Stop smoking	Self-Care Medicines Scheme	Bank holiday	Palliative care and antimicrobials	Stop smoking	EHC	Supervised self-administration	Needle exchange	Condom distribution
Baban Pharmacy	FWX99	Community	34 Chalton Street	NW1 1JB	08:00-21:00	08:00-15:00	Closed	Y	-	-	-	-	Y	-	Y	-	-	-	Y	-	-	Y	Y	-	-	-
Biotech Pharmacy	FPR95	Community	96 Camden Road, London	NW1 9EA	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	Y	Y	-	-	Y
Boots	FJ482	Community	173/175 Camden High St, Camden Town, London	NW1 7JY	08:30-19:00	09:00-18:00	12:00-18:00	-	-	Y	-	-	Y	Y	Y	Y	-	-	-	-	-	-	Y	-	-	-
Evergreen Pharmacy	FA614	Community	64 Eversholt Street, London	NW1 1DA	09:00-19:00	09:00-13:00	Closed	-	-	Y	-	-	Y	Y	Y	-	-	Y	Y	-	-	Y	Y	Y	Y	Y
Green Light Pharmacy	FKT86	Community	275 Eversholt Street	NW1 1BA	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	-	Y	Y	-	-	Y	Y	-	-	-
Greenlight Pharmacy	FFD81	Community	62-64 Hampstead Road	NW1 2NU	09:00-19:00	10:00-14:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	-	Y	Y	-	-	Y	Y	Y	Y	Y
Greenlight Pharmacy	FR693	Community	Inside Sugar Cane, 27 - 29 Winchester Road, London	NW3 3NR	09:00-18:00	09:00-17:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	-	Y	Y	-	-	Y	Y	-	-	-
JP Pharmacy	FFT74	Community	139 Camden High Street, London	NW1 7JR	09:00-18:30	09:00-18:00	10:00-16:00	-	-	Y	-	-	Y	Y	Y	Y	-	-	Y	-	-	-	Y	Y	-	Y
Kings Pharmacy	FX784	Community	6 Chester Court, Albany Street, London	NW1 4BU	09:00-18:00	10:00-14:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	-	-	-	-	-	-	Y	-	-	-
Medicine Box	FDC25	Community	21 Camden High Street	NW1 7JE	09:00-18:30	09:00-18:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	Y	Y	Y	Y	-
Primrose Chemist	FAG17	Community	95 Regents Park Road, London	NW1 8UR	09:15-18:15	09:15-18:15	Closed	-	-	Y	-	-	Y	-	-	Y	-	-	Y	-	-	-	-	-	-	-

## East locality

Pharmacy Name	ODS number	Pharmacy Type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hours	PhAS	NHSE Advanced										ICB		LA				
										NMS	AUR	SAC	Pharmacy First	Contraception	Flu vaccination	Hypertension case-finding	Lateral Flow Device Tests	Stop smoking	Self-Care Medicines Scheme	Bank holiday	Palliative care and antimicrobials	Stop smoking	EHC	Supervised self-administration	Needle exchange	Condom distribution
Aura Pharmacy	FTA56	Community	21 Brecknock Road, London	N7 0BL	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	Y	-	-	Y	Y	Y	Y	-
Boots	FR691	Community	196 Kentish Town Road	NW5 2EA	09:00-18:30	09:00-17:30	Closed	-	-	Y	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	-
Camden Pharmacy	FNW97	Community	21-23 Malden Road	NW5 3HY	09:00-18:00	10:00-16:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	Y	Y	Y	Y	Y
Dh Roberts Chemists	FC161	Community	165 Fortess Road, Tufnell Park	NW5 2HR	09:00-19:00	09:00-16:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	-	Y	Y	-	-	-	-	-	-	-
Eico Pharmacy	FJ395	Community	97 Highgate Road, London	NW5 1TR	09:00-18:00	10:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	Y	Y	-	-	Y	Y	Y	Y	-
Fine Chemists	FGQ34	Community	86 Queens Crescent	NW5 4EB	09:00-18:30	Closed	Closed	-	-	Y	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	Y	Y	Y	Y	-
Macey Chemist	FG052	Community	68 Mansfield Road	NW3 2HU	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	Y	Y	-	-	Y	Y	Y	Y	-
Morrisons Pharmacy	FEN40	Community	66 Chalk Farm Road, Camden	NW1 8AN	09:00-19:00	09:00-18:00	10:00-16:00	-	-	Y	-	-	Y	Y	Y	Y	Y	-	Y	-	Y	Y	Y	Y	Y	Y
Pharmacy Republic	FLJ85	Community	106 Fleet Road, Hampstead	NW3 2QX	09:00-21:00	09:00-21:00	10:00-20:00	Y	-	Y	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	Y	Y	Y	Y	-
Sandylight Pharmacy	FK977	Community	131 Queens Crescent, London,	NW5 4EG	09:00-18:30	09:00-18:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	Y	Y	Y	Y	Y
Wellcare Pharmacy	FJF83	Community	321 Kentish Town Road, London	NW5 2TJ	09:00-18:30	Closed	Closed	-	-	Y	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	Y	Y	Y	Y	-
Wellcare Pharmacy	FNV18	Community	126 Kentish Town Road, London	NW1 9QB	09:00-18:30	Closed	Closed	-	-	Y	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	Y	Y	Y	Y	Y

## North locality

Pharmacy Name	ODS number	Pharmacy Type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hours	PhAS	NHSE Advanced										ICB		LA				
										NMS	AUR	SAC	Pharmacy First	Contraception	Flu vaccination	Hypertension case-finding	Lateral Flow Device Tests	Stop smoking	Self-Care Medicines Scheme	Bank holiday	Palliative care and antimicrobials	Stop smoking	EHC	Supervised self-administration	Needle exchange	Condom distribution
Allchins & Co Chemist	FL532	Community	28 Englands Lane	NW3 4UE	09:00-18:00	09:00-18:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	Y	Y	Y	-	Y
Boots	FA632	Community	191 Haverstock Hill	NW3 4QG	09:00-19:00	09:00-18:00	12:00-18:00	-	-	Y	-	-	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-
Boots	FMV02	Community	40 Hampstead High Street, London	NW3 1QE	09:00-18:30	10:00-18:00	10:30-18:00	-	-	Y	-	-	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-
Hampstead Heath Pharmacy	FRM43	Community	35 South End Road, London	NW3 2PY	09:00-18:30	09:00-17:30	Closed	-	-	Y	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-
House Of Mistry Ltd	FQL22	Community	15-17 South End Road, London	NW3 2PT	09:00-18:30	09:00-18:00	Closed	-	-	-	-	-	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	-
Keats Pharmacy	FTN92	Community	30 Rosslyn Hill, Hampstead, London	NW3 1NH	09:00-18:30	09:00-18:00	Closed	-	-	-	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-
M Simmonds	FAD04	Community	4 Swains Lane, Highgate, London	N6 6QS	09:00-18:00	09:00-16:00	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	Y	-	-
Ritz Pharmacy	FDE31	Community	43 Heath Street, London	NW3 6UA	09:00-19:00	09:00-19:00	10:00-18:00	-	-	Y	-	-	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-
Village Pharmacy	FF092	Community	8/9 Belsize Terrace, Hampstead, London	NW3 4AX	09:00-17:30	09:00-17:30	Closed	-	-	-	-	-	Y	Y	Y	Y	-	-	-	-	Y	-	-	-	-	-

## South locality

Pharmacy Name	ODS number	Pharmacy Type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hours	PhAS	NHSE Advanced										ICB		LA			
										NMS	AUR	SAC	Pharmacy First	Contraception	Flu vaccination	Hypertension case-finding	Lateral Flow Device Tests	Stop smoking	Self-Care Medicines Scheme	Bank holiday	Palliative care and antimicrobials	Stop smoking	EHC	Supervised self-administration	Needle exchange
Boots	FE513	Community	Unit 19, St Pancras Station, London	N1C 4QL	07:00-22:00	08:00-22:00	09:00-20:00	Y	-	Y	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	Y	-	-
Boots	FFE92	Community	Unit 12 Western Concourse, Kings Cross Station, Euston Road	N1C 4AP	07:00-22:00	07:00-22:00	09:00-19:00	Y	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	-	-
Boots	FCL17	Community	122 Tottenham Ct Rd, London	W1T 5AP	09:00-19:00	10:00-18:00	11:00-17:00	-	-	Y	-	-	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-
Boots	FDY54	Community	16-17 Tottenham Court Rd, London	W1T 1BE	09:00-20:00	10:00-20:00	12:00-18:00	-	-	Y	-	-	Y	Y	Y	Y	-	-	-	-	-	-	Y	-	-
Boots	FH432	Community	122 Holborn, London,	EC1N 2TD	07:30-18:30	Closed	Closed	-	-	Y	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-
Boots	FJT00	Community	211-212 Tottenham Court Road, London	W1T 7PP	09:00-17:00	Closed	Closed	-	-	Y	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-
Boots	FN299	Community	129-133 Aviation House, Kingsway, Holburn, London	WC2B 6NH	07:30-20:00	10:00-18:00	12:00-18:00	-	-	Y	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-
Boots	FQ977	Community	40-42 Brunswick Shopp Ctr, Marchmont Street	WC1N 1AE	08:30-18:30	09:00-17:00	11:00-17:00	-	-	Y	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	Y	-	-
Boots	FWL66	Community	25-27 Farringdon Road, Smithfield	EC1M 3HA	07:30-19:30	Closed	Closed	-	-	Y	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-
Boutalls Pharmacy	FPF52	Community	60 Lambs Conduit Street, London	WC1N 3LW	09:00-18:00	Closed	Closed	-	-	Y	-	-	Y	Y	Y	Y	-	Y	Y	-	-	Y	Y	-	-
Essentials Pharmacy	FV174	Community	169 Drury Lane, Covent Garden, London	WC2B 5QA	09:00-17:00	10:30-17:30	Closed	-	-	Y	-	-	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-
Grafton Pharmacy	FCQ11	Community	132/132A Tottenham Crt Rd	W1T 5AZ	08:00-19:00	10:00-16:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	-	-	Y	Y	-	Y	Y	Y	Y
Gray's Inn Pharmacy	FN642	Community	81 Grays Inn Road, London	WC1X 8TP	09:00-17:00	Closed	Closed	-	-	Y	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	-
Hasscon Pharmacy	FMC51	DSP	76 Cromer Street, Camden, London	WC1H 8DR	09:00-18:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Holborn Pharmacy	FNK76	Community	88 Southampton Row, London	WC1B 4BB	08:30-18:15	09:00-17:15	Closed	-	-	Y	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	Y	-	-	-
John Walker Chemists	FHK32	Community	2-3 Medway Court, Leigh Street	WC1H 9QX	09:00-18:30	09:30-14:30	Closed	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-
Kerrs Chemist	FX460	Community	41 Bloomsbury Way, London	WC1A 2SA	09:00-18:00	10:00-14:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	Y	-	Y	-	-	Y	-	Y	-
Superdrug Pharmacy	FKD52	Community	232 High Holborn,	WC1V 7EG	07:30-19:00	Closed	Closed	-	-	Y	-	-	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-
Zen Healthcare	FMK19	Community	150 Southampton Row	WC1B 5AN	09:00-19:00	09:00-19:00	12:00-19:00	-	-	-	-	-	Y	-	-	Y	-	-	-	-	-	-	-	-	-

## West locality

Pharmacy Name	ODS number	Pharmacy Type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hours	PhAS	NHSE Advanced										ICB			LA			
										NMS	AUR	SAC	Pharmacy First	Contraception	Flu vaccination	Hypertension case-finding	Lateral Flow Device Tests	Stop smoking	Self-Care Medicines Scheme	Bank holiday	Palliative care and antimicrobials	Stop smoking	EHC	Supervised self-administration	Needle exchange	Condom distribution
Aqua Pharmacy	FK827	Community	59 Mill Lane, West Hampstead, London	NW6 1NB	09:00-19:00	09:00-13:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	Y	-	-	-	-
Boots	FJ398	Community	14 Harben Parade, Finchley Road, London	NW3 6JP	09:00-19:00	09:00-19:00	11:00-17:00	-	-	Y	-	-	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-
Boots	FQ521	Community	60/62 Kilburn High Road, Kilburn, London	NW6 4HJ	09:00-19:00	10:00-19:00	11:00-17:00	-	-	Y	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-
Central Pharmacy	FR208	Community	225 West End Lane, London	NW6 1XJ	09:00-19:00	09:00-17:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-
Dales Pharmacy	FLG94	Community	463 Finchley Road	NW3 6HN	09:00-18:00	09:30-14:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	-	Y	Y	Y	-	Y	Y	Y	-	-
Greenlight Pharmacy	FQ664	Community	6 Cricklewood Broadway, London	NW2 3HD	08:30-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	-	Y	Y	-	-	Y	Y	Y	Y	Y
HV Thomas	FFQ54	Community	81 Mill Lane	NW6 1NB	09:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	Y	Y	Y	Y
Ramco Dispensing Chemist	FG643	Community	270 West End Lane, Hampstead, London	NW6 1LJ	09:00-19:00	09:00-18:00	Closed	-	-	Y	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-
Superdrug Pharmacy	FET01	Community	82-84 High Road, London	NW6 4HS	09:00-18:30	09:00-17:30	Closed	-	-	Y	-	-	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-
Superdrug Pharmacy	FT034	Community	3/5 Harben Parade, Finchley Road, London	NW3 6JP	09:00-18:00	09:00-17:30	Closed	-	-	Y	-	-	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-

## **Appendix 6 - Consultation on the Draft Pharmaceutical Needs Assessment for Camden**

To be added following **consultation**

DRAFT



## **Appendix 7 – Future opportunities for community pharmacy service provision in Camden**

### **Introduction**

This section of the PNA sets out potential opportunities for the future development of community pharmacy services within Camden. While these opportunities are informed by local health needs, current service provision, and contractor engagement, they fall outside the statutory requirements of the PNA and are presented for strategic insight.

The review of necessary, advanced, enhanced, and locally commissioned services in Camden identified several ways in which community pharmacies could help improve health outcomes and reduce inequalities. While not all pharmacies will be able to deliver every service, efforts to expand participation in nationally and locally commissioned services, particularly advanced services, could increase access and benefit more patients.

Community pharmacies are well placed to support both national and local health priorities. With appropriate planning and support, they can play an expanded role in prevention, long-term condition management, and population health improvement.

Although this section does not form part of the formal PNA duty under the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, it may assist local commissioners in identifying future opportunities for service enhancement.

The opportunities identified reflect a combination of:

- Local need (as detailed in Section 4 of the PNA)
- Willingness and capacity of pharmacies (from the contractor questionnaire), and
- National direction of travel, particularly the ambitions of the NHS Long Term Plan, Community Pharmacy Contractual Framework, and Pharmacy First.

### **Strategic context and commissioning landscape**

Community pharmacy services are commissioned through a blend of national and local mechanisms:

- Essential and advanced services are part of the NHS CPCF and commissioned by NHSE
- Enhanced services are also part of the CPCF but are commissioned locally by NHSE based on local need

- Locally commissioned services are commissioned either by local authorities (e.g., Public Health services) or by the ICB for targeted support, often based on JSNA priorities.

The North Central London ICS aims to embed community pharmacy more deeply in place-based healthcare delivery, including prevention, long-term condition management, and reducing inequalities.

At the time of writing, the NHS Long Term Plan (2019) remains the overarching national strategy informing pharmacy policy. However, a new NHS strategic plan is expected to be published in spring 2025. Given the timing of this PNA, it is not yet possible to align future opportunities with the full detail of that strategy.

Commissioners are advised to revisit this section in light of the forthcoming national plan and any implications for community pharmacy service development.

### **Health needs identified in Camden**

Section 4 of this PNA outlines several health challenges in the borough which community pharmacy is well-placed to support:

- Smoking prevalence in adults is 15.0%, significantly above the London and England averages
- Alcohol-specific admissions are significantly higher for both males and females in Camden compared to London as a whole
- Teenage pregnancy rates, which although similar to comparably deprived areas and England, is still an area where pharmacy is ideally placed to continue to support
- Sexual health indicators, including new STI diagnoses, are significantly above national averages
- Although below the national average, obesity remains a growing concern. Over 63,000 adults registered with a Camden GP are overweight or living with obesity
- There is estimated to be a high level of undetected hypertension in the community
- Vaccination uptake, including influenza and childhood immunisations, is significantly below national levels in several cohorts
- Ethnic and social inequality indicators highlight variations in access to services and health outcomes, particularly in more deprived areas within Camden.

These issues, alongside the borough's population growth and ageing profile, create a strong rationale for maximising the role of pharmacies as accessible, community-based health providers.

## Appendix 8 – Abbreviations

Abbreviation	
AUR	Appliance Use Review
BAME	Black and minority ethnic group
BSL	British Sign Language
C-card	Condom Card
CCG	Clinical Commissioning Group
CHD	Coronary Heart Disease
CKD	Chronic Kidney Disease
CNWL	Central and North West London
COPD	Chronic obstructive pulmonary disease
COVID	Coronavirus -19
CPCF	NHS Community Pharmacy Contractual Framework
CPCS	Community Pharmacy Consultation Service
CPE	Community Pharmacy England
CVD	Cardiovascular disease
DAC	Dispensing appliance contractors
DBS	Disclosure and Barring Service
DALY	Disability Adjusted Life Year
DES	Directed Enhanced Services
DHSC	Department of Health and Social Care
DMFT	Decayed, Missing or Filled teeth
DTaP	Diphtheria, tetanus, and acellular pertussis vaccine
EHC	Emergency hormonal contraception
EHCH	Enhanced Health in Care Homes
ePACT	Prescribing data
EPS	Electronic Prescription Service
GP	General Practitioners
HCFS	Hypertension Case-Finding Service
HCP	Health and Care Partnership
HepB	Hepatitis B
HiB	Haemophilus influenzae type b
HIV	Human Immunodeficiency Virus
HLP	Healthy Living Pharmacy
HWB	Health and Wellbeing Board
IBD	Inflammatory Bowel Disease
ICB	Integrated Care Board
ICP	Integrated Care Partnership
ICS	Integrated Care System
IMD	Index of Multiple Deprivation

Abbreviation	
IPV	Inactivated poliovirus vaccine
JSNA	Joint Strategic Needs Assessment
LES	Local Enhanced Services
LFD	Lateral Flow Device
LPS	Local Pharmaceutical Service
LSOA	Lower Super Output Area
MDS	Monitored Dose Systems
MMR	Measles, mumps, and rubella
NCRS	National Care Records Service
NCL	North Central London
NECS	North of England Care System Support
NES	National Enhanced Services
NHS	National Health Service
NHSBSA	NHS Business Services Authority
NHSE	NHS England
NICE	National Institute for Health and care Excellence
NMS	New Medicines Service
NRT	Nicotine Replacement Therapy
OC	Oral Contraception
ONS	Office for National Statistics
PCN	Primary Care Network
PCS	Pharmacy Contraception Service
PCSE	Primary Care Support England
PCTs	Primary Care Trust
PGD	Patient Group Direction
PhAS	Pharmacy Access Scheme
PhIF	Pharmacy Integration Fund
PNA	Pharmacy Needs Assessment
PQS	Pharmacy Quality Scheme
PVD	Peripheral vascular disease
QOF	Quality Outcome Framework
SAC	Stoma Appliance Customisation Service
SCR	Summary Care Record
SCMS	Self-Care Medicines Scheme
SMR	Structured Medication Review
STI	Sexually Transmitted Infection
UTC	Urgent Treatment Centre
UTI	Urinary Tract Infection
YLD	Years of Healthy Life Lost due to Disability
YLL	Years of Life Lost due to premature mortality

## Appendix 9 – References and data sources

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