ISLINGTON
For a more equal future

Pharmaceutical Needs Assessment 2025 - 2028

Islington Health and Wellbeing Board

Publication Date: 1 October 2025

Contents

Executive Summary

The Health and Social Care Act 2012[1] transferred responsibility for developing and maintaining Pharmaceutical Needs Assessments (PNAs) from Primary Care Trusts (PCTs) to Health and Wellbeing Boards. 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. The previous PNA[2] for Islington was published on 1 October 2022, with the next update scheduled for release by 1 October 2025.

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

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

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

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

A statutory consultation was conducted between 15 June 2025 and 16 August 2025 gathering input from statutory consultees, the public, and other stakeholders. The final PNA integrates this feedback and aligns with the health priorities outlined in Islington's Joint Strategic Needs Assessment (JSNA)[4]. The reference section in

Appendix 10 details data sources utilised in the production of this PNA. Unless otherwise stated, the information relating to services is correct as of April 2025.

This PNA examines the current provision of pharmacy services in Islington 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 and demographics of the population
- A description of community pharmacies in Islington
- An evaluation of existing service provision, accessibility, and any gaps
- Insights into potential future roles for community pharmacies
- An assessment of community pharmacy's contributions to the Health and Wellbeing Strategy[5]
- Key findings from stakeholder engagement and the statutory consultation.
- A summary of findings and the PNA statement.

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

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

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

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

Pharmaceutical Service Providers in Islington

Islington has 48 community pharmacies (as of March 2025) including one distance selling pharmacy and three dispensing appliance contractors. Excluding dispensing appliance contractors, Islington has an average of 20.4 community pharmacies per 100,000 population, compared with 18.3 per 100,000 in England. This is based on ONS mid-2022 ward-level population estimates[8]. The Greater London Authority (GLA) population estimates that the population of Islington is 224,745 (2025 estimate, based on central fertility and 10-year migration assumptions)[9]. Wherever possible, this document uses Greater London Authority (GLA) population estimates (central fertility and 10-year migration assumptions)[9] as the base population. Where national or alternative comparisons are needed, data from the Office for National Statistics (ONS) has been used instead.

Conclusions:

Provision of necessary services

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

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 Islington
- 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 Islington
- 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 Islington to meet the needs of the population.

Abbreviations

AUR - Appliance Use Review
BSL - British Sign Language
C-card - Condom Card
CCG - Clinical Commissioning Group
CHD - Coronary Heart Disease
CKD - Chronic Kidney Disease
CNWL - Central and North West London
COPD - Chronic obstructive pulmonary disease
COVID - Coronavirus -19
CPCF - NHS Community Pharmacy Contractual Framework
CPCS - Community Pharmacy Consultation Service
CPE - Community Pharmacy England
CVD - Cardiovascular disease
DAC - Dispensing appliance contractors
DBS - Disclosure and Barring Service
DALY - Disability Adjusted Life Year
DES - Directed Enhanced Services
DHSC - Department of Health and Social Care
DMFT - Decayed, Missing or Filled teeth
DTaP - Diphtheria, tetanus, and acellular pertussis vaccine
EHC - Emergency hormonal contraception
EHCH - Enhanced Health in Care Homes
ePACT - Prescribing data
EPS - Electronic Prescription Service
GP - General Practitioners
HCFS - Hypertension Case-Finding Service
HCP - Health and Care Partnership
HepB - Hepatitis B
HiB - Haemophilus influenzae type b
HIV - Human Immunodeficiency Virus
HLP - Healthy Living Pharmacy
HWB - Health and Wellbeing Board
IBD - Inflammatory Bowel Disease
ICB - Integrated Care Board
ICP - Integrated Care Partnership
ICS - Integrated Care System
IMD - Index of Multiple Deprivation
IPV - Inactivated poliovirus vaccine
JSNA - Joint Strategic Needs Assessment
LES - Local Enhanced Services
LFD - Lateral Flow Device
LPCH - London Pharmacy Commissioning Hub

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 Commissioning 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

1 Introduction

1.1 Background

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

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

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

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

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

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

This PNA relates to community pharmacies (including distance selling pharmacies and dispensing appliance contractors) and dispensing GP practices. There is an in-house pharmacy in HMP Pentonville. Hospital pharmacies do not provide services under the community pharmacy contractual framework and are therefore outside 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 2025 – 2030[5].

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

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

- Ensuring that decisions regarding market entry for pharmaceutical services are based on robust and relevant data
- Informing commissioning plans for pharmaceutical services that could be delivered by community pharmacists or other providers to meet local needs - these services may be commissioned by local authorities, 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 [5]
- Promoting opportunities for community pharmacies to play a vital role in improving the health and wellbeing of Islington residents.

1.3 Pharmacy market

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

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

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

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

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

1.4 National context

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

The government has developed a new plan for the NHS – Fit for the Future: 10-year Health Plan for England[13]. The first step in developing the plan was Lord Darzi's independent report on the State of the NHS in England[14]. The report was published in September 2024, and it identified challenges faced by the health service which will be addressed by the plan. Recent announcements suggest that there will be future changes to the architecture of the NHS during the lifespan of this PNA, including abolition of NHSE, to help build the health service for the future.

Building directly on Lord Darzi's findings, the NHS 10-Year Health Plan[13] outlines a vision to unlock the "huge potential" he identified by transforming community pharmacies into integrated, clinically active "neighbourhood health service" centres. These enhanced roles will see pharmacies contribute more significantly to prevention, long-term condition management, and local care delivery - addressing the risks Darzi warned of by shifting resources and services closer to where patients need them most.

HWBs, along with relevant partners, should continue to ensure that community pharmacy services continue to meet the needs of their populations.

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[15].

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 [16].

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[15] 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% 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 31 January 2024, continues to grow with over 750,000 interactions nationally in September 2024 compared with an average of 141,000 per month in the first 3 months.

1.6 Community Pharmacy Contractual Framework

The Department of Health and Social Care (DHSC), NHSE, and the Pharmaceutical Services Negotiating Committee (now known as Community Pharmacy England) agreed a five-year plan, 2019-2024, the Community Pharmacy Contractual

Framework (CPCF)[17] which described a vision for how community pharmacy will support delivery of the NHS Long Term Plan[12].

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

At the time of publication of the 2025-28 PNA there was no community pharmacy contractual framework in place to support delivery of the NHS 10 Year Health Plan[13] as contractual arrangements post April 2026 have yet to be agreed. It is clear however that the role of community pharmacy within healthcare systems is evolving, and that there may be consequent changes in pharmaceutical need. These will become clearer in the future.

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

The criterial focus included:

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

1.7 Working across the North Central London Integrated Care System

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

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

They aim to:

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

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

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

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

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

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

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

1.8 Islington strategic objectives

The Health and Care Act 2022[3] established Integrated Care Boards (ICBs) and Integrated Care Partnerships (ICPs) as part of the health and care system. Islington 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 Islington 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 Islington residents.

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

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

The Islington Joint Health and Wellbeing Strategy 2025 – 2030[5] is in the process of publication. It seeks to improve the health, wellbeing and independence of people in Islington with overall goals to:

- Improve life expectancy across the population of Islington, narrowing the gap with the rest of London
- Improve healthy life expectancy in Islington, narrowing the gap with the rest of London
- Reduce the inequalities in life expectancy and healthy life expectancy between groups and communities in Islington.

This will be achieved by taking a life course approach, set against a backdrop of healthy environments and the wider determinants which help shape people’s health and wellbeing throughout their lives, focusing on inequalities and informed by local analysis, insight and engagement.

2 The Health System in Islington

2.1 General Practice

There are 31 GP Practices (plus 1 branch surgery) in Islington delivering primary medical services (Appendix 1); all are open for the same core hours of 8am until 6.30pm, Mondays to Fridays.

2.2 GP enhanced services

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

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

- Targeted immunisation programmes
- Weight Management

NCL ICB and Islington Council commission the following enhanced services from general practices in Islington:

- Anticoagulation Monitoring Level 1
- Fitting and Removal of Contraceptive Implants
- Fitting and Removal of Intra-Uterine Device & Intra-Uterine Systems
- Opiate Drug Misuse (shared care)
- Provision of Methotrexate (L1 & L2)
- NHS Health Checks
- Sexual Health
- Smoking Cessation (GP delivered)

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

2.3 Primary Care Networks (including GP enhanced access arrangements)

Primary Care Networks (PCNs) are geographically based teams, led by GP practices in the PCN area and delivering services to registered populations of between 30,000 and 50,000 patients. Appendix 1 details the GP surgeries within Islington 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 Islington, there are 5 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 [18] 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 Islington, 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 Islington, the Urgent Care Bridging Service (commissioned by North Central London Integrated Care Board) supports patients with acute medical issues that are suitable for primary care management but arise outside of core and enhanced primary care hours. The service is open Saturday evenings, Sundays, and Bank

Holidays. It is based at Islington Central Medical Centre and provides a mixture of remote and face to face appointments. Patients registered with an Islington GP can access the service simply by calling their usual GP surgery during the service opening hours at which point their call will be automatically diverted to call handling team. 111 are also able to book directly into the service when they have determined that a patient is suitable to be seen in primary care.

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

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

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

2.5 Urgent treatment centre and walk in centres

There is one urgent treatment centre in Islington at Whittington Hospital.

There are 5 other Urgent Treatment Centres in North Central London that Islington residents can access. The urgent treatment centres are located at:

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

Islington residents can also access Moorfields Eye Hospital for urgent eye care.

There are no walk-in centres in Islington, but people in Islington can access the walk-in centres at Edgeware Community Hospital and Finchley Memorial Hospital.

The services are open 8am to 8pm, 7 days a week. Appointments can be booked via the NHS 111 service, with the last patient booking at 7pm.

Figure 1 shows the urgent care centres, walk in centres and hospitals in Islington and 1km outside the borough's boundary.

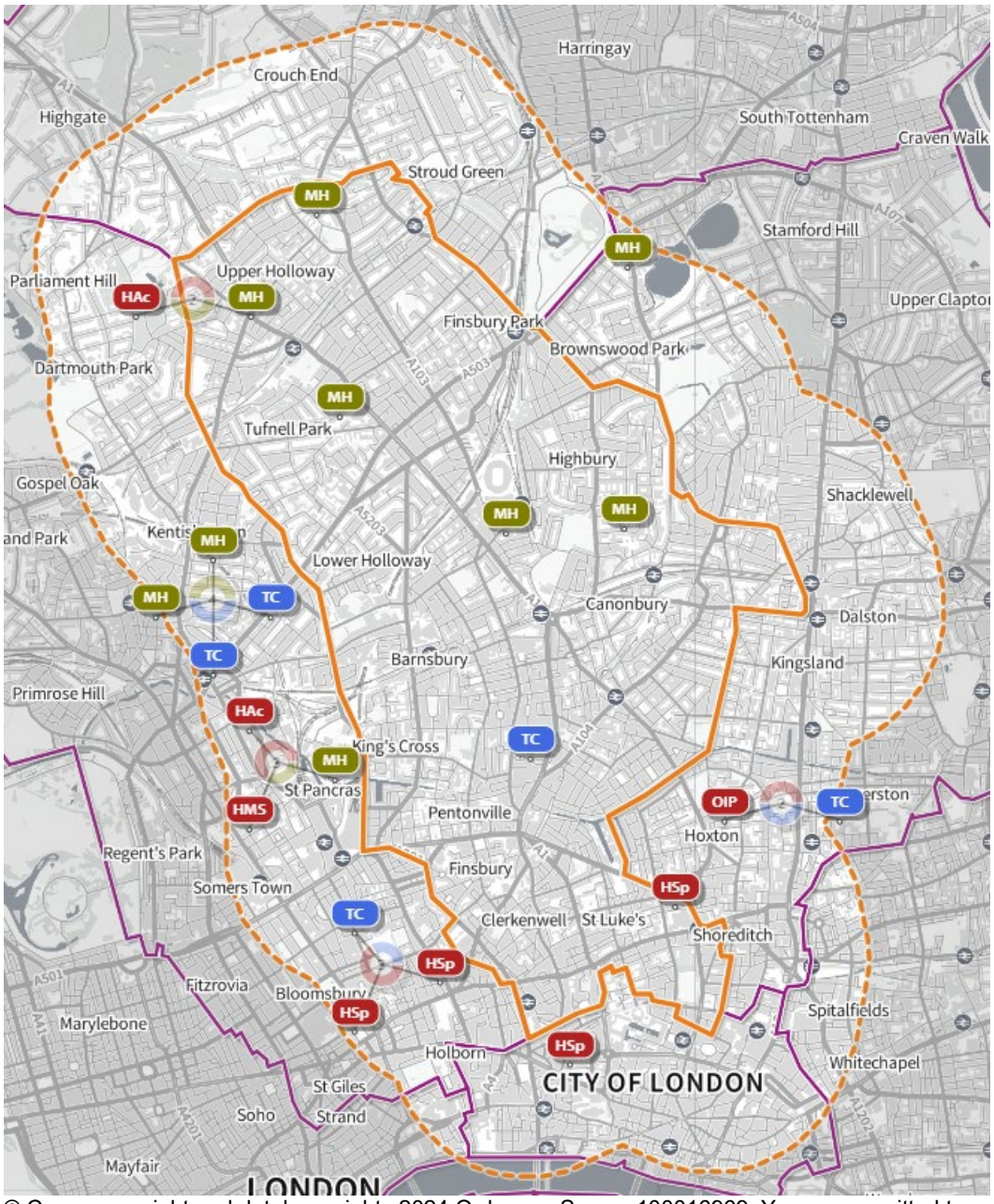
2.6 Hospital services

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

Figure 1 shows the urgent care centres, walk in centres and hospitals in Islington and 1km outside the borough's boundary.

Figure 1: Locations of Hospitals, Urgent Treatment Centres and Walk in Centres located within Islington or within 1km of the borough boundary

Key:
MH – Mental Health Facility
HAc – Acute Hospital
HSp – Specialised Hospital (Moorfields)
TC – Treatment Centre
HMS - Mixed Service Hospital
OIP - Other Inpatient
HWB boundary
HWB boundary +1km



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 Health and Wellbeing Board in regard to PNAs is the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013[6]**.** 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 Islington Council oversaw the development of this PNA on behalf of the Islington Health and Wellbeing Board. In the process of undertaking the PNA, a steering group was established in February 2025. The core membership of the group included representatives from the public health, NCL ICB, 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 Islington
- Timeline of the PNA process
- Structure of the PNA document
- Process and questionnaires for engagement and consultation
- Appropriate governance, including declaration of interests, and reporting arrangements.

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

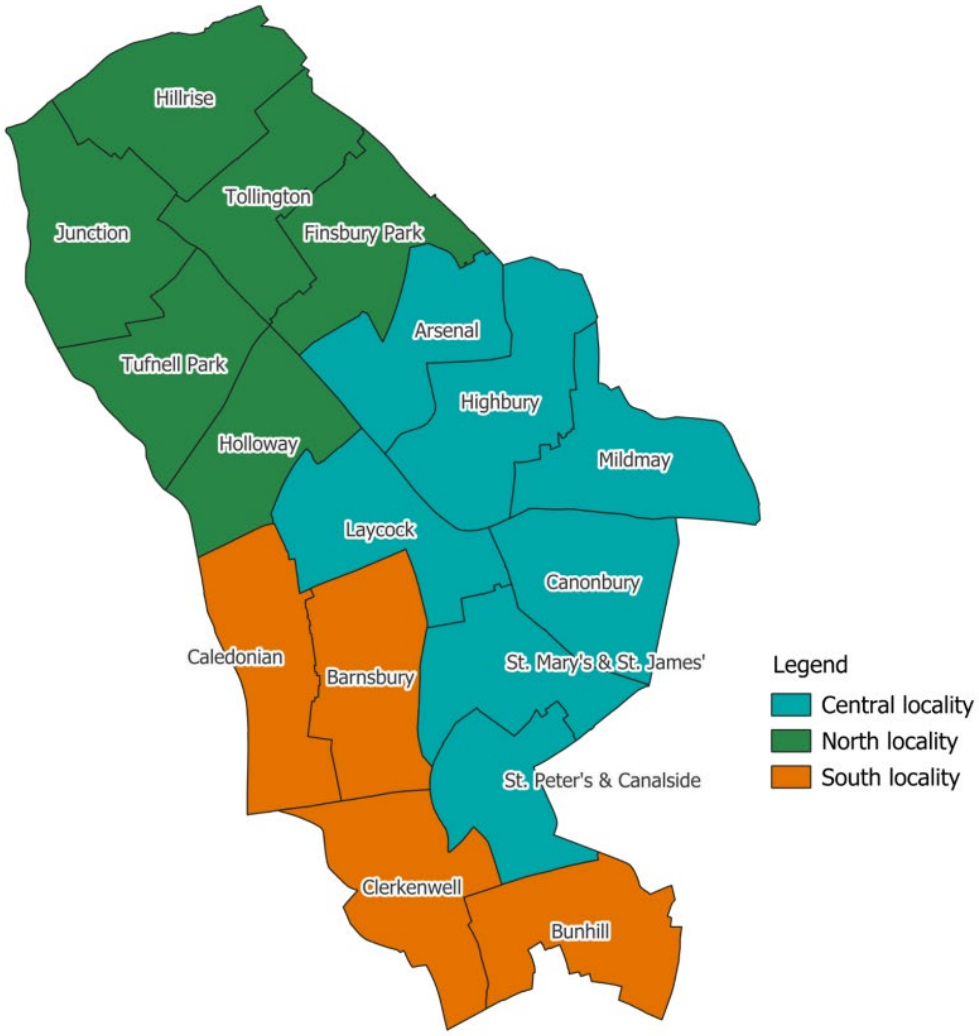
3.2 Determination of localities

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013[6] state that, in making its assessment of needs, the Health and Wellbeing Board 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 Islington area was to use the localities adopted in the previous PNA (noting changes made to ward boundaries).

The three localities in Islington for the purposes of the PNA, and illustrated in figure 2, are:

- North
- Central
- South

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



Source: Islington Council Public Health Team

3.3 Necessary pharmaceutical services

The 2013 regulations[6] require the Health and Wellbeing Board to include a statement of necessary pharmaceutical services.

Necessary services are those pharmaceutical services that are considered key to meet the pharmaceutical needs of the population. They form the baseline level of services that must be provided to ensure adequate access to medicines and related

healthcare. The classification helps in decision-making about pharmacy applications, service commissioning, and resource allocation.

For the purpose of this PNA, the Health and Wellbeing Board has agreed that as in the previous PNA, necessary services are defined as the essential services in the NHS Community Pharmacy Contractual Framework. 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 Islington.

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

- Appliance use review
- Influenza vaccination service
- Hypertension case-finding service
- Lateral flow device tests supply service
- New medicine service
- Pharmacy contraception service
- Pharmacy First service
- Smoking cessation service
- Stoma appliance customisation service
- The COVID-19 vaccination programme
- Palliative care medicines and antimicrobial drugs

- Self-care medicines scheme (SCMS)
- Bank holiday rota

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

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

3.5 Other NHS services

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

a) those NHS services that reduce the need for pharmaceutical services, particularly the dispensing service, including:
    - hospital pharmacies
    - personal administration of items by GP practices
    - public health services commissioned by the local authority
        - Stop smoking
        - Supervised self-administration (SSA) of methadone and buprenorphine
        - Needle exchange
        - Naloxone supply
        - Emergency hormonal contraception
        - Condom distribution
    - Other ICB commissioned pharmacy services that do not meet the definition of enhanced services (see Section 7.4)
    - 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[19] created the duty to undertake JSNAs. From April 2008, this duty was carried out by with local authorities and PCTs. The Health and Social Care Act 2012[1] transferred this duty,

to local authorities and CCGs to be exercised by Health and Wellbeing Boards, with the Health and Care Act 2022[3] transferring the CCG's responsibilities to ICBs.

This PNA is directly aligned to the Islington JSNA[4] and the statement of health needs, presented in section 4 of this document, are consistent with it.

3.7 Current provision within Islington

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 Islington.

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

A total of 17 out of 48 community pharmacies responded, giving a response rate of 35.4%.

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

3.8 Future provision

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

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

The Equality Act (2010)[20] requires that in making this assessment, the needs of different population groups have been taken into account. Section 4.2.2 describes the different population groups that have been considered in the PNA. The PNA has also been subject to an equality impact assessment; this is included as Appendix 4. The questionnaire for community pharmacies also provided the opportunity for

pharmacy contractors to comment on services not currently provided, that they felt could contribute to meeting the health needs of the local population. Therefore, only the views of those who responded to the survey 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 17th March – 16th April 2025 and promoted via:

- The Council's social media
- Age UK's community bulletin
- The Adult Social Care bulletin
- Bright Lives Bulletin
- Voluntary Action Islington Newsletter
- Healthwatch Islington.

Posters were also shared with community pharmacies and Islington GP Federation to display in their premises.

In total, 20 questionnaire responses were received. These have been considered as part of this PNA. Section 10 and Appendix 5 of this document provide a summary of the analysis and outcomes of the public engagement.

3.10 Statutory consultation

The formal consultation on the draft PNA for Islington ran from 15 June to 16 August in line with the guidance on developing PNAs.

In keeping with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations (2013)[6], all statutory consultees received an email containing a copy of the draft PNA, along with information about the consultation and a link to the consultation questionnaire. The draft PNA and a link to the questionnaire were also made available on the council's website to enable members of the public and other local organisations to provide their feedback on the content and accuracy of the PNA and any areas which could be developed further. Feedback received will help to ensure that the PNA is robust and reflective of the population needs.

In total, 5 questionnaire responses were received, along with additional feedback from the London Pharmacy Commissioning Hub on behalf of NCL ICB. These have been considered as part of this PNA. Section 10 and Appendix 7 of this document provide a summary of the outcomes of the consultation, including changes made to the PNA following the consultation.

3.11 Recommendations and update from the previous PNA 2022 – 2025

Following development of the PNA 2022-2025[2] Islington 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 Islington 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 Islington 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 Islington.

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 Islington.

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 Islington.

Based on current information no current gaps were identified in respect of securing improvements or better access to locally commissioned services, either now or in specific future (lifetime of the PNA) circumstances across Islington to meet the needs of the population.

4 An Overview of Health Needs in London Borough of Islington

This section includes information from the latest published Islington JSNA[4], data from the Office for Health Improvement and Disparities Fingertips tool[21], and various other data sources with the purpose of highlighting key areas of potential impact for pharmacy commissioning. Data from all sources is based on the most up to date information available when accessed in April and May 2025. Wherever possible, this document uses Greater London Authority (GLA) population estimates (central fertility and 10-year migration assumptions)[9] as the base population. Where national or alternative comparisons are needed, data from the Office for National Statistics (ONS) has been used instead.

For more detailed information on health needs, the JSNA can be accessed at: Islington data and statistics – Joint Strategic Needs Assessment (JSNA).

4.1 Introduction

Islington is a Local Authority in London, England. It is ranked as the 6th most deprived borough in London (out of 33) as measured by the Index of Multiple Deprivation (IMD) score 2019 (where 1 = most deprived). It is one of the most relatively deprived authorities in the country, ranking 53rd out of 317 local authorities[22]. Deprivation across Islington varies considerably. However, older residents are more likely to live in the more deprived areas of the borough. The size, age profile, and deprivation of a population can have a direct impact upon Pharmacy services in relation to location and services required to support the health needs of Islington.

Throughout this section, Islington is compared with the London region and England to identify where the needs of the population vary.

4.2 Population profile

This document primarily uses GLA population estimates based on central fertility and 10-year migration assumptions[9]. Office for National Statistics (ONS) data is used where national or other comparisons are needed.

Figure 3 shows the latest population of Islington by age group and sex compared with the England average, taken from the Islington JSNA[4].

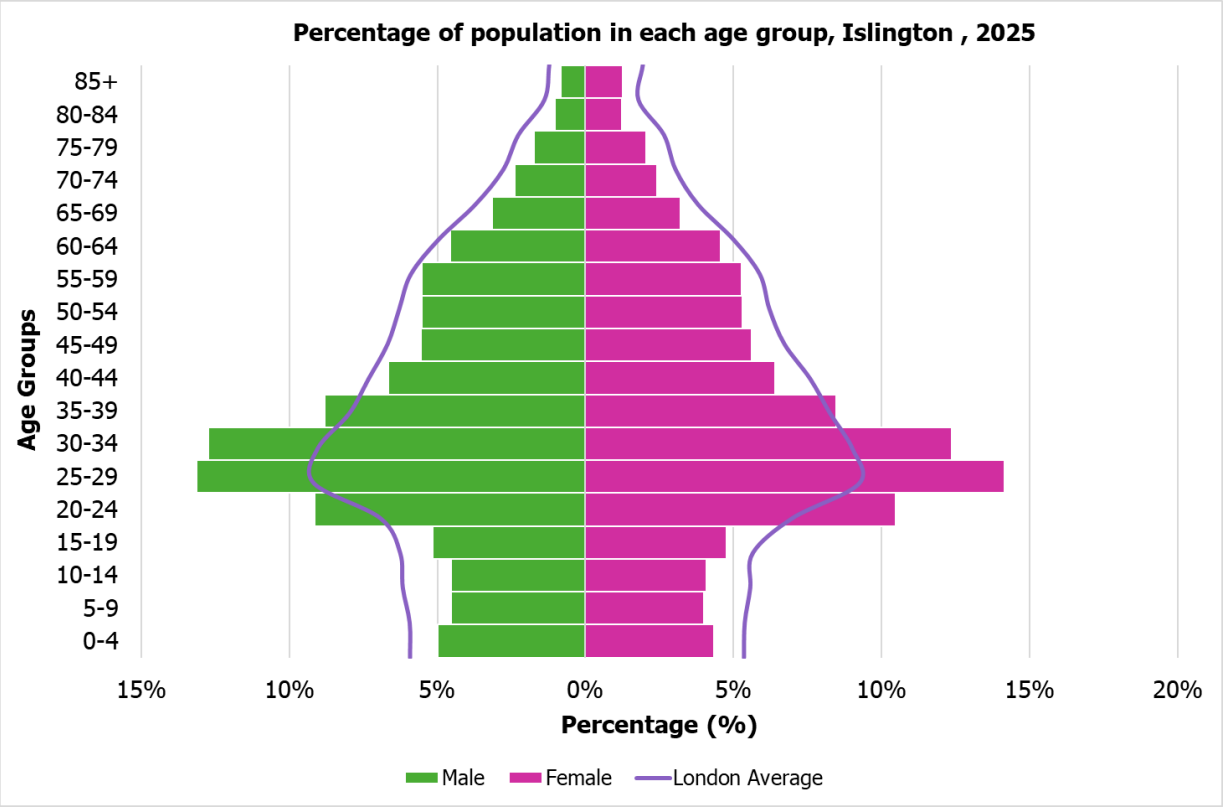
According to Greater London Authority population projections (2022 based with 10-year migration and central fertility scenarios), the 2025 population estimates for Islington was 224,745[9].

The population is distributed across 17 wards in three localities and the population size and estimated population growth in varies. Central locality has the largest number of residents at 91,988 (41% of the population), North locality has the second largest population at 84,490 (38% of the population), and South locality has the smallest population at 48,270 (21% of the population)[9].

Between 2015 and 2025, the population increased in St Peter's & Canalside by 26.4%, Finsbury Park by 12.6% and Holloway by 10.7%. The population decreased in Canonbury by 8.3% and Barnsbury by 5.6%[9].

Figure 3 below shows the Population Profile for Islington in 2025 in 5-year groups, compared against London.

Figure 3: Islington Population Profile 2025



Source: GLA 2022-based Demographic Projections[9]

The demographic profile of Islington's population has changed considerably over time. Between 2015 and 2025 the proportion of residents aged under 18 reduced from 17.2% to 15.7%, and it is expected to reduce further to 13.1% by 2041.

Conversely, the proportion of residents aged 65 and over is expected to rise from 8.8% in 2025 to 14.2% by 2041. This is likely to have considerable impact on the healthcare needs of the population and the demand on healthcare services. The proportion of the population of working is age is expected to remain relatively constant[4].

Islington's population is becoming increasingly ethnically diverse. Based on census data, in 2011, 68.2% of Islington residents described themselves as White. In 2021 this had reduced to 62.2%[4].

Between 2011 and 2021[4]:

- White English, Welsh, Scottish, Northern Irish or British residents: Decreased from 48% in 2011 to 40% in 2021
- Other White residents increased from 16% to 19%
- Asian residents: Increased from 9.2% to 9.9%
- Black residents: Increased from 12.8% to 13.3%
- Residents from Mixed ethnicity groups: Increased from 6.5% to 7.5%
- Residents from Other Ethnic Groups: Increased from 3.4% to 7.1%

Table 1 shows the population by broad ethnic group across Islington localities in the most recent census (2021).

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 (English, Welsh, Scottish, Northern Irish or British)	White (Other)
Central	8.6%	12.4%	7.5%	6.4%	42.4%	22.6%
North	10.0%	15.0%	7.8%	7.8%	37.5%	22..0%
South	12.5%	11.8%	6.9%	7.1%	38.5%	23.1%
Islington	**9.9%**	**13.3%**	**7.5%**	**7.1%**	**39.8%**	**22.5%**
England	**9.6%**	**4.2%**	**3.0%**	**2.2%**	**74.4%**	**8.3%**

Source: ONS census, 2021[23]

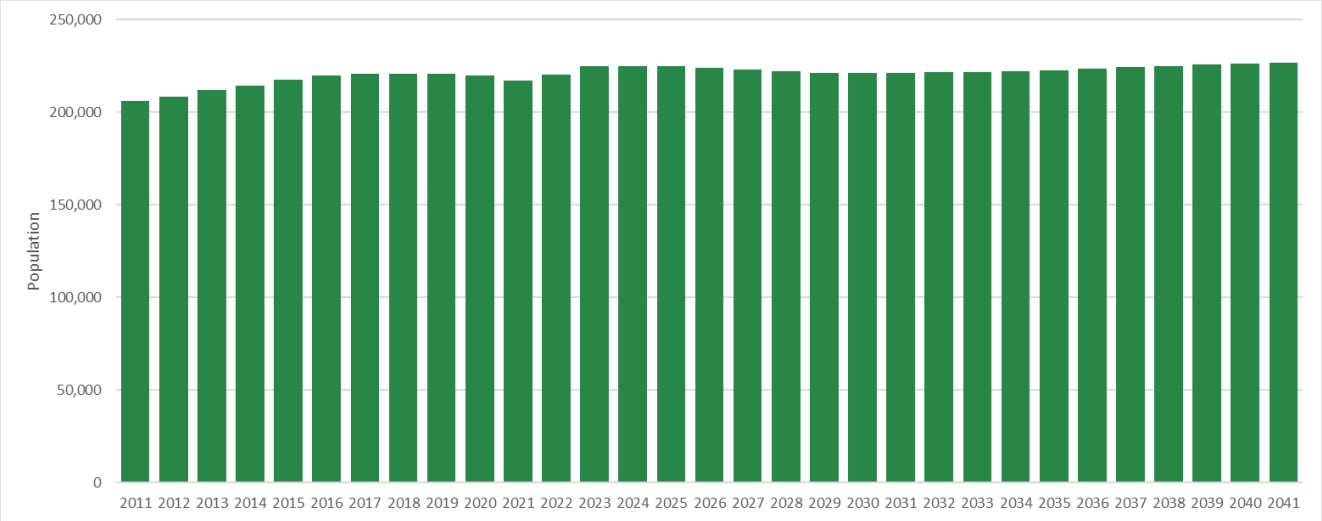
40% of Islington residents in 2021 were born outside of the UK. The most common country of birth among Islington residents, after the UK, is Italy (over 5,000 residents), followed by France, Turkey, United States, and Ireland (all over 4,000 residents). Ethnicity varies considerably by age. The younger population is more diverse in Islington compared to the older population. 50.0% of those aged between 0-24 years are from a Black, Asian, Mixed or Other Ethnic group compared to 27.6% of the population aged 65 years and over[4]. Understanding the cultural, language and differing health needs of individuals from other Countries or other Ethnic minority groups is important for delivering inclusive, effective pharmacy services.

4.2.1 Predicted population growth

Figures 4, 5 and 6 show population growth and GLA projections (10-year migration and central fertility scenario)[9] for the borough of Islington. Overall population size between 2025 and 2041 is expected to increase by 1.0% from 224,745 in 2025 to

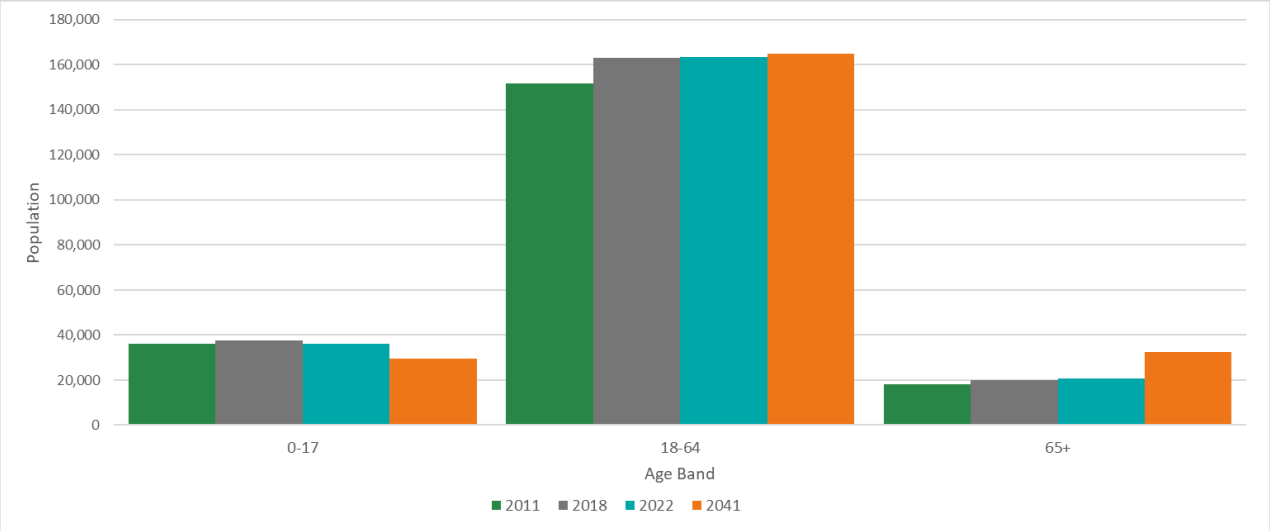
226,976 in 2041[9]. People aged 65 plus will see an increase of 43.8% from 22,455 in 2025 to 32,296 in 2041[9]. Conversely, the number of people under the age of 18 will reduce by 16.6% from 35,202 in 2025 to 29,700 in 2041[9]. The predicted growth is due to several factors such as older residents living longer and staying independent in their homes, student population fluctuation and domestic and non-domestic migration.

Figure 4: Forecasted population change by 2041



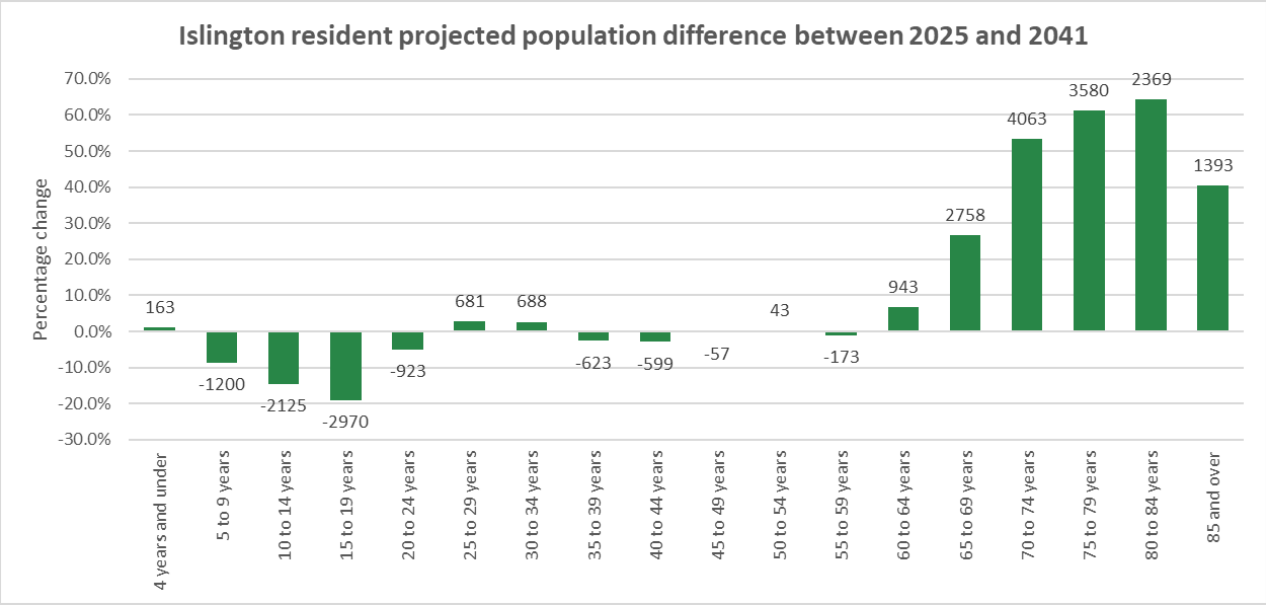
Source: GLA 2022-based population projections [9]

Figure 5: Forecasted population change by age band



Source: GLA 2022-based population projections [9]

Figure 6: Projected population change by age group (2025-2041)



Source: GLA 2022-based population projections [9]

Daytime population

Within Islington the daytime population (in 2014) was 328,050 people, with an estimated 30,590 of those as tourists[24]. This highlights the resident, working and visiting volume of people in Islington, 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 2023-2024, there were 37,290 students attending Universities that are based or have a campus in Islington[25]. These Higher Education providers were City, University of London (22,560) and London Metropolitan University (14,730)[24]. The students attending these universities are a mix of UK nationals, individuals from Europe, and other Countries worldwide.

4.2.2 Protected characteristics and vulnerable populations

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

Prisons and offender populations

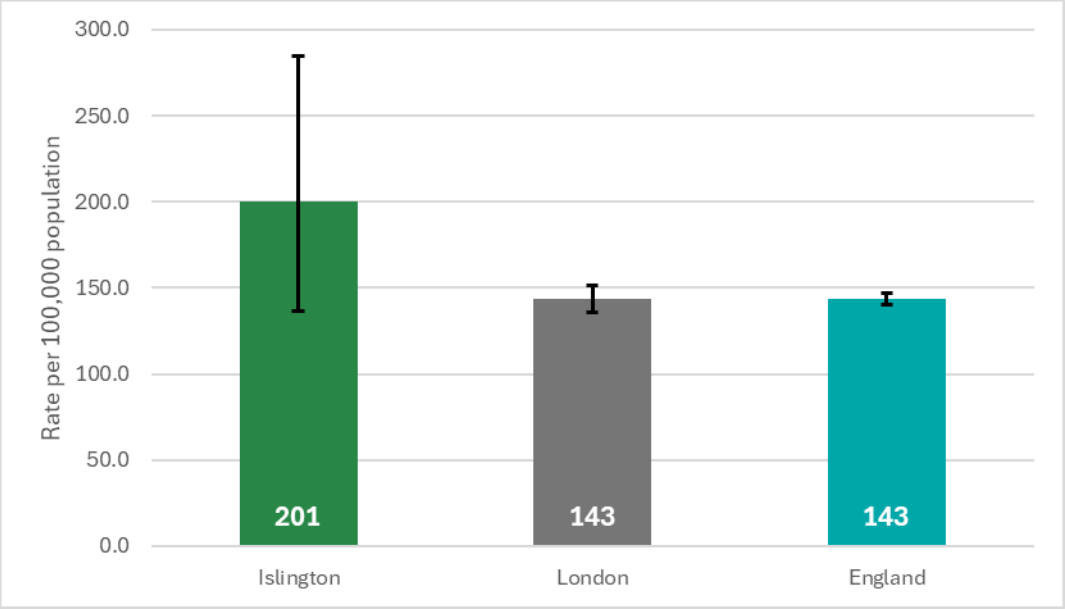
There is one prison establishment within Islington, which is HMP prison Pentonville, located within Laycock ward. As of March 2025, the population of this prison was

recorded as 1,195 individuals. This is a male only prison establishment and more than half of the inmates (53.2%) were aged 30 to 49[26].

In addition to the resident prison population, Islington also have resident populations who will be incarcerated in prisons elsewhere in the country, this includes children and young people aged 10 to 17 years. 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 7 shows the rate per 100,000 population of first-time entrants to the youth justice system in 2023 across Islington, London, and in England. The rates for Islington were 201 per 100,000 population. This is similar to London (143 per 100,000) and the England value (143 per 100,000 population).

Figure 7: First time entrants to the youth justice system, 2023



Source: OHID Fingertips, [accessed April 2025][21]

Those leaving prisons across the country and being repatriated to the Islington area also 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 2023-2024 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. For people leaving prison, the period immediately after release can be difficult because they are at high risk of overdose.

Continuity of care for people leaving prison with a substance misuse treatment need, so they are referred to and engage in community treatment after release, is important. Within London, the continuity of substance misuse care within the community following prison release is the lowest in the country (26.0%), increasing risk of overdose and the need for unplanned healthcare or premature mortality[27].

Asylum Seekers

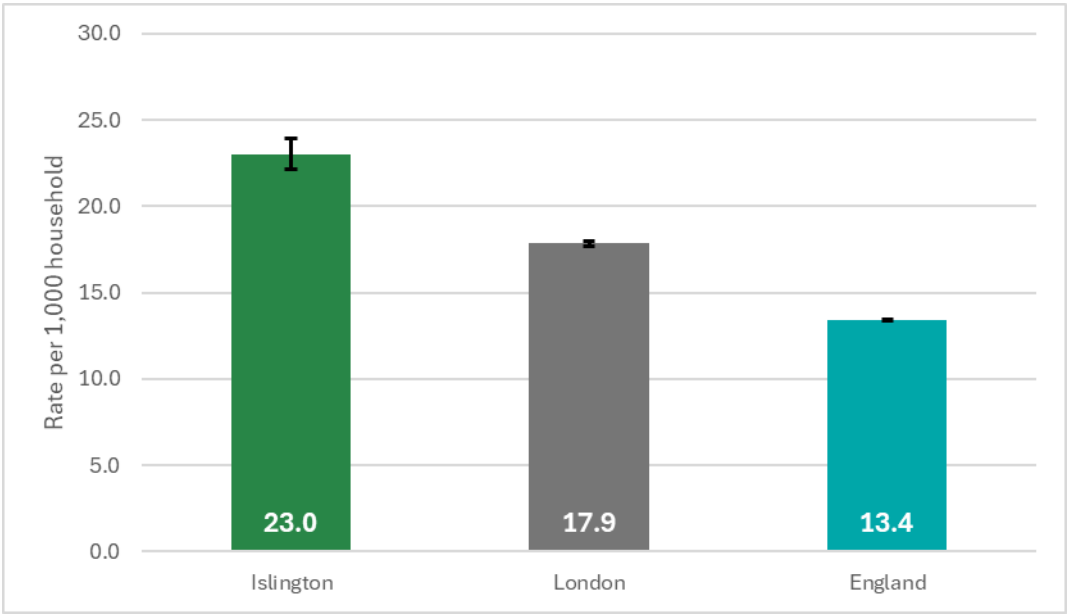
Based upon the Immigration System Statistics from the Home Office (December 2024)[28], In Islington, there were 1,279 people seeking asylum. This is calculated as approximately 0.8% of the population, which is twice that of England (0.4%). This data is made up of three specific programmes; Homes for Ukraine scheme, Afghanistan resettlement programme and Supported Asylum scheme. The majority of these individuals are within contingency housing across Islington. People seeking asylum face significant challenges in terms of their social, economic and health needs.

Homelessness

Figure 8 shows the rate (per 1,000 population) of households owed a duty under the Homelessness Reduction Act across Islington, London and in England during 2023/24. The rate for Islington was 23.0 per 1,000 population. This is higher than London (17.9 per 1,000 population) and the England average (13.4 per 1,000 population).

Between April and June 2024, 951 households were assessed for statutory homelessness and duties owed in Islington[29]. Of those assessed as owed a duty of relief, the biggest driving factors for loss of previous accommodation were family or friends no longer willing or able to accommodate (26.3%), and being required to leave accommodation provided by Home Office as asylum support (27.8%)[29]. The assessments due to asylum support in Islington is higher than London (12.9%) and England (8.3%)[29].

Figure 8: Homelessness: households owed a duty under the Homelessness Reduction Act, 2023/24



Source: OHID Fingertips, 2025[21]

Based upon the Rough sleeping in London (CHAIN reports), quarter 4 2024/25, Islington was reported as having 136 people seen rough sleeping in the area[30]. 83 of these people were newly seen in this quarter.

Gypsy, Roma and Traveller Population

Based upon the census 2021 data, less than 0.2% of the Gypsy, Roma or Traveller community within England and Wales reside within Islington[31]. Across England and Wales, 71,440 people identified as Gypsy or Irish Traveller[31].

Although the number of Gypsy, Roma or Traveller individuals within Islington 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[31]. Individuals from these communities are more likely to have multiple long-term conditions, including Musculoskeletal issues. In 2022, 20.5% of the Gypsy, Roma or Traveller population across England reported multiple long-term conditions[27].

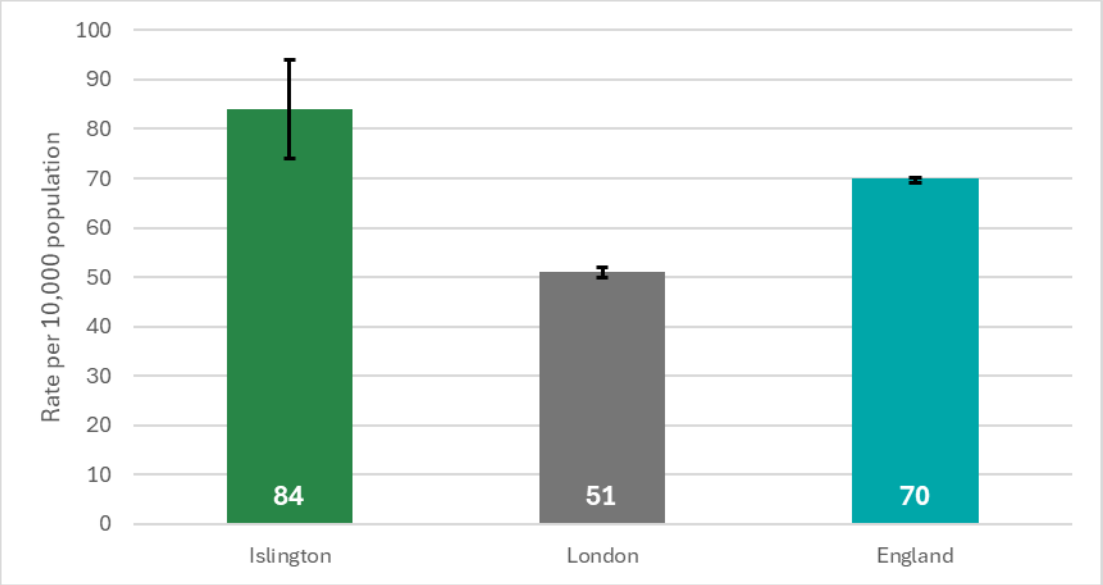
Children looked after (CLA) and children in care populations

Children looked after are a vulnerable group and face a range of social and health inequalities**.** Children and young people looked after have higher levels of health needs than their peers, and these are often met less successfully – leading to poorer outcomes. In particular, they have significantly more prevalent and more serious emotional and mental health needs (mainly because of the frequency with which these children enter care with problems arising from poverty, abuse, neglect, or trauma from other family circumstances)[32]. Snapshot data from Council data taken in November 2024 detailed that were 309 children looked after with an open episode of care[33].

The same snapshot data also highlights that there were 845 care leavers who have reached the threshold for receiving leaving care services and 597 care leavers receiving leaving care services[33].

Figure 9 shows the rate of children in care in 2023/24 per 100,000 children in Islington, London and England. The rate for Islington was 84 per 100,000 children which is significantly higher than London (51 per 100,000) and England (70 per 100,000 children).

Figure 9: Rate of children in care per 10,000 population, 2023/24



Source: OHID Fingertips, [accessed April 2025][21]

Children with special educational needs population

Pupils with Special Educational Needs 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, 24.8% of school pupils in Islington were identified as having special educational needs, this is higher than the London (17.6%) and England (18.4%) average[21].

4.2.3 Older people

As more people live longer, who we perceive to be an older person and what ageing well means has changed. Greater numbers of older people continue in employment and plan for an active retirement.

The contribution of older people to the community and economy is well evidenced and the contribution the environment plays in healthy ageing such as healthy towns, cities and settings is well recognised.

However, although we are adding years to life, healthy life expectancy describes a different picture. 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.

Islington's population is projected to continue growing and will reach 266,976 by 2041[9]. This is a 1.0 percentage increase from 2025 (224,745 residents).

The population is ageing with population estimates seeing a 43.8 percentage increase of those aged 65+ from 2025 (22,455 residents) to 32,296 residents in 2041.

According to the older people's deprivation index (IDAOPI) 2019, a third (33.6%) of people aged 60 years and over in Islington are income deprived compared to 14.2% across England[21]. This varies by area, with places such as Finsbury Park West and Barnsbury West reporting that almost half the people aged 60 and over are income deprived, compared with only 19% in Barnsbury East.

This poses significant challenges not only to the health and social care sector but also economic challenges in employability and business.

Care home populations

There are currently 21 care homes located within Islington with a total of 295 residents, detailed in table 2 below (where number of residents is less than 6, numbers have been suppressed).

The majority of care homes are located within the North locality (with 154 residents). These are a mixture of residential and nursing homes.

Table 2: Care Homes and number of residents in Islington, February 2025

Location Name	Number of residents	Ward	Locality
Highbury New Park (Nursing)	30	Highbury	Central
Highbury New Park (Residential) (Block Rate)	18	Highbury	Central
Bridgeside Lodge Care Centre (Nursing)	17	St Peter's & Canalside	Central
158-162 New North Road (Block)	11	St Mary's & St James'	Central
Islington Social Services - 4 Orchard Close	6	Canonbury	Central
Wilton Villas	<6	St Mary's & St James'	Central
158-162 New North Road (Spot)	<6	St Mary's & St James'	Central
St Anne's Nursing Home	47	Finsbury Park	North
Lennox House (Residential)	24	Finsbury Park	North
Lennox House (Nursing)	17	Finsbury Park	North
Cheverton Lodge (Block Rate)	16	Hillrise	North
St Mungo's Broadway - 2 Hilldrop Road (Block)	13	Tufnell Park	North
BLOCK CARE HORNSEY LANE (RESIDENTIAL)	12	Hillrise	North
Islington Social Services - 3 Wray Court	8	Tollington	North
Cheverton Lodge (Spot Purchase)	6	Hillrise	North
The Highgate Care Home	<6	Junction	North
St Mungo's Broadway - 2 Hilldrop Road (Spot)	<6	Tufnell Park	North
Cardinals Way	<6	Hillrise	North
Cheverton Lodge [Spot Purchase]	<6	Hillrise	North
Muriel Street Resource Centre (Nursing)	34	Barnsbury	South
Muriel Street Resource Centre (Residential) (Block Rate)	19	Barnsbury	South

Source: Islington Council Public Health Team

4.3 Life expectancy

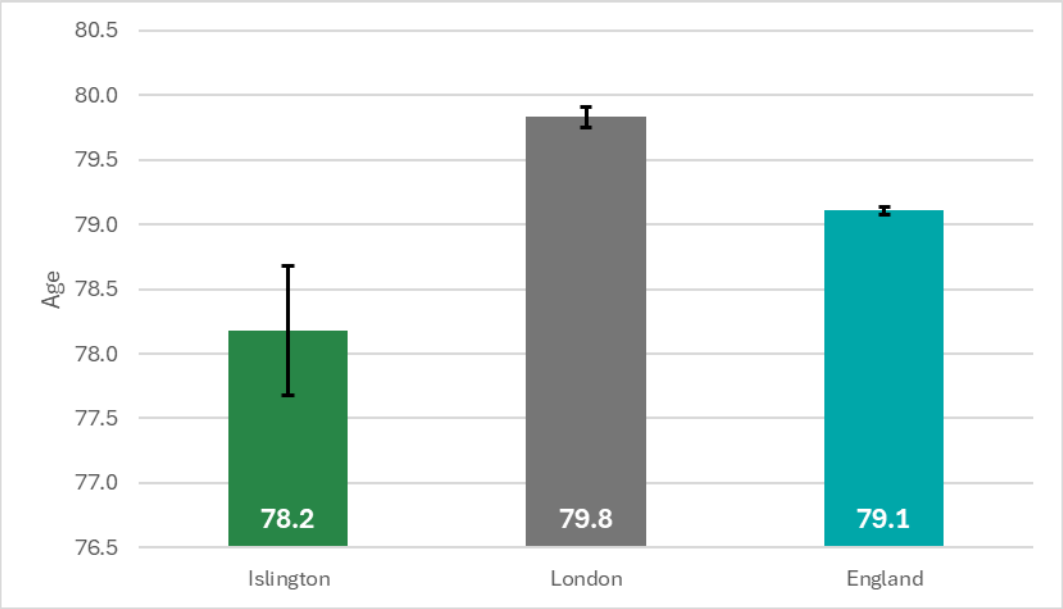
Life expectancy at birth is a measure of the average number of years a person would expect to live based on current age-specific mortality rates. Healthy life expectancy at birth shows the years a person can expect to live in good health (rather than in poor health). Disability-free life expectancy at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

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

- The life expectancy at birth for males in Islington is 78.2 years which is significantly lower than London (79.8 years) and the England average (79.1 years).
- The life expectancy at birth for females in Islington is 83.0 years, significantly lower than London (84.1 years) but similar to the England average (83.1 years).

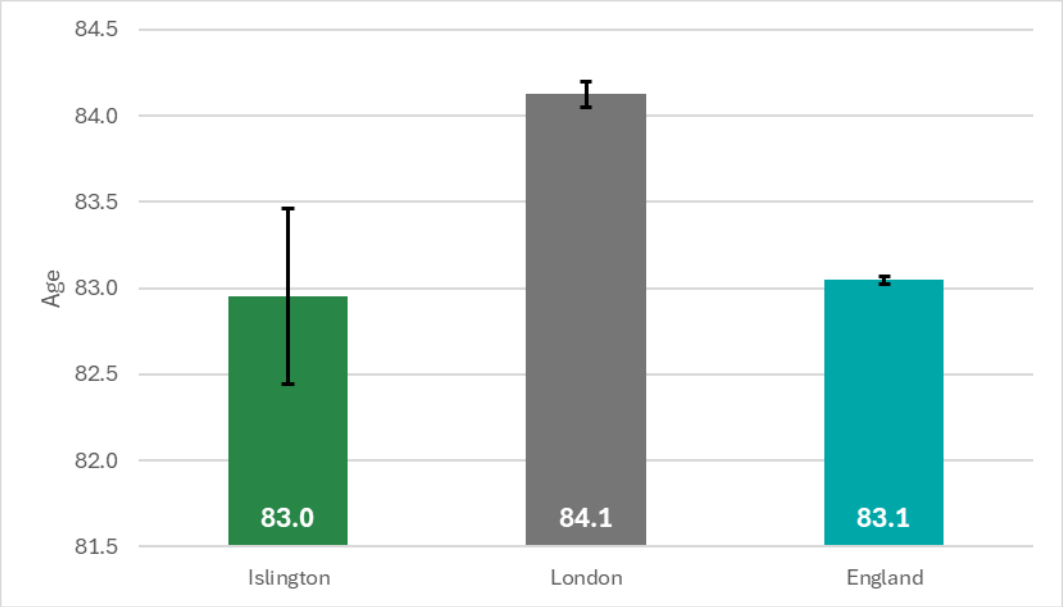
Life expectancy is not equitable across Islington, varying by area. Based upon the 2016-2020 middle super output area (MSOA) analysis, Highbury Fields reported the highest life expectancy at birth for males (83.6 years) and Finsbury Park West had the lowest at 76.4 years. For females, Highbury Fields reported the highest life expectancy at birth (87.6 years), compared with Angel (80.7 years) and Finsbury Park West (80.9 years) which were the lowest.

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



Source: OHID Fingertips, [accessed April 2025][21]

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

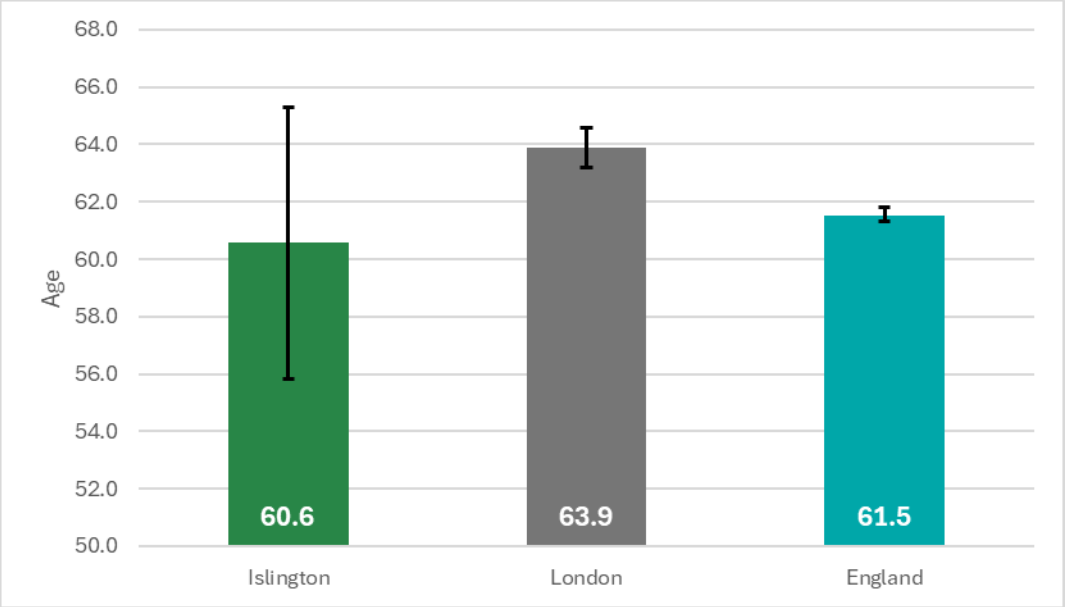


Source: OHID Fingertips, [accessed April 2025][21]

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

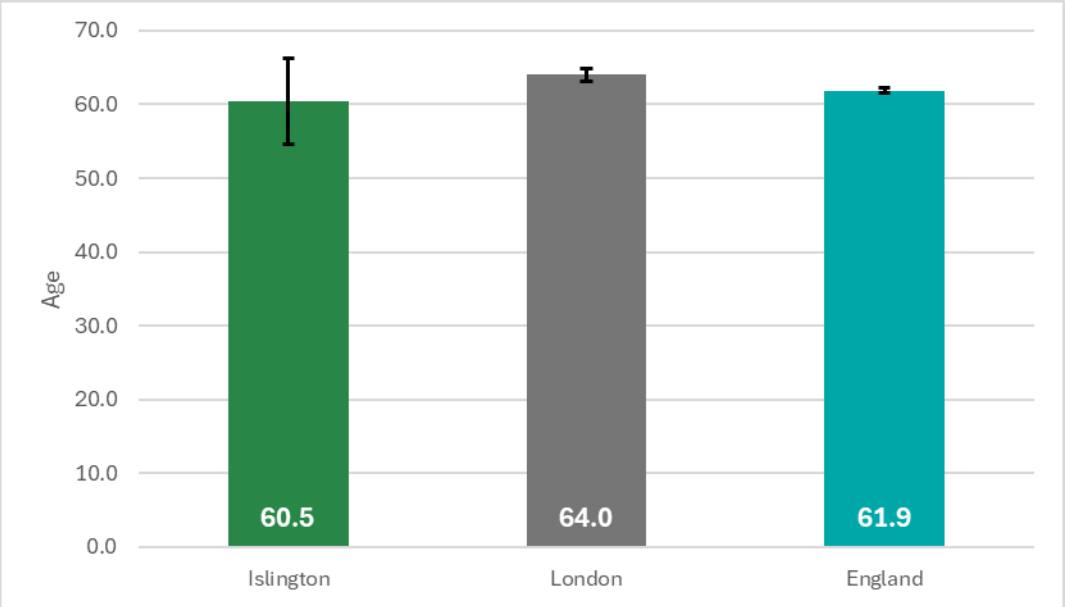
- Healthy life expectancy at birth for males in Islington is 60.6 years which is lower than London (63.9 years) but similar to the England average (61.5 years).
- Healthy life expectancy at birth for females in Islington is 60.5 years, which is lower than London (64.0 years) and but similar to the England average (61.9 years).

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



Source: OHID Fingertips, [accessed April 2025][21]

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

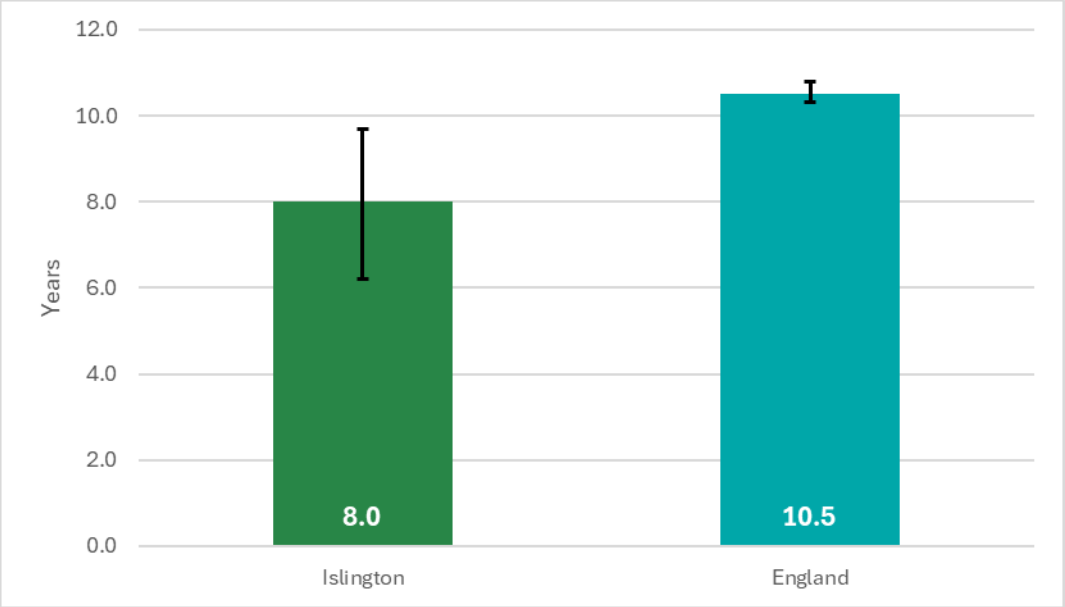


Source: OHID Fingertips, [accessed April 2025][21]

Figure 14 and Figure 15 shows the slope index of inequality of life expectancy in males and females in Islington and England. It represents the range in years of life expectancy across the social gradient from most to least deprived. The most recent data is for the period 2021-2023.

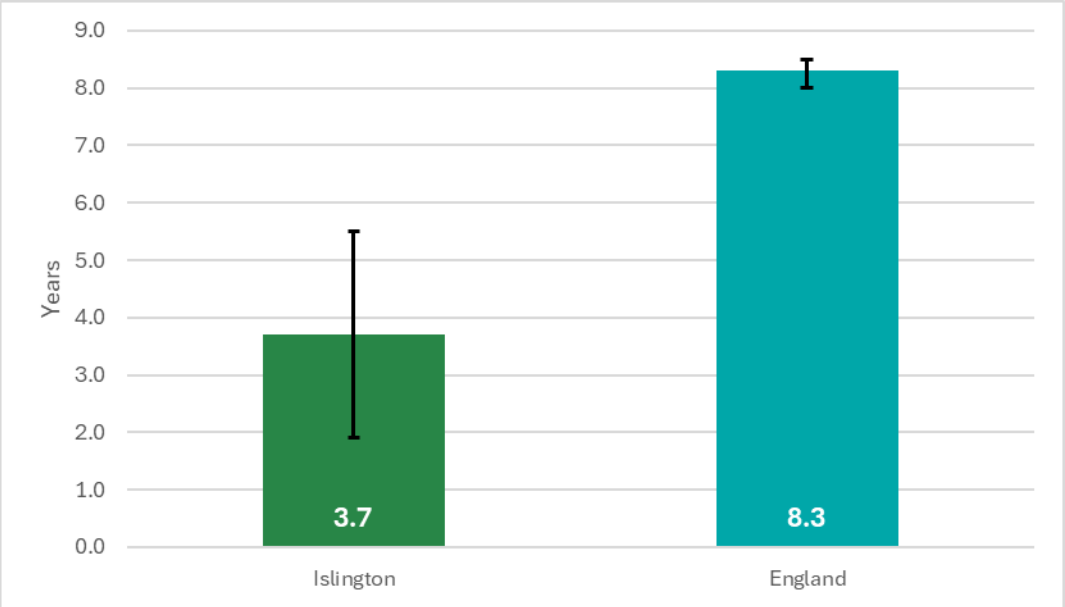
- The inequality in life expectancy at birth for males in Islington is 8.0 years which is lower than the England average (10.5 years).
- The inequality in life expectancy at birth for females in Islington is 3.7 years, again lower than the England average (8.3 years).

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



Source: OHID Fingertips, [accessed April 2025][21]

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

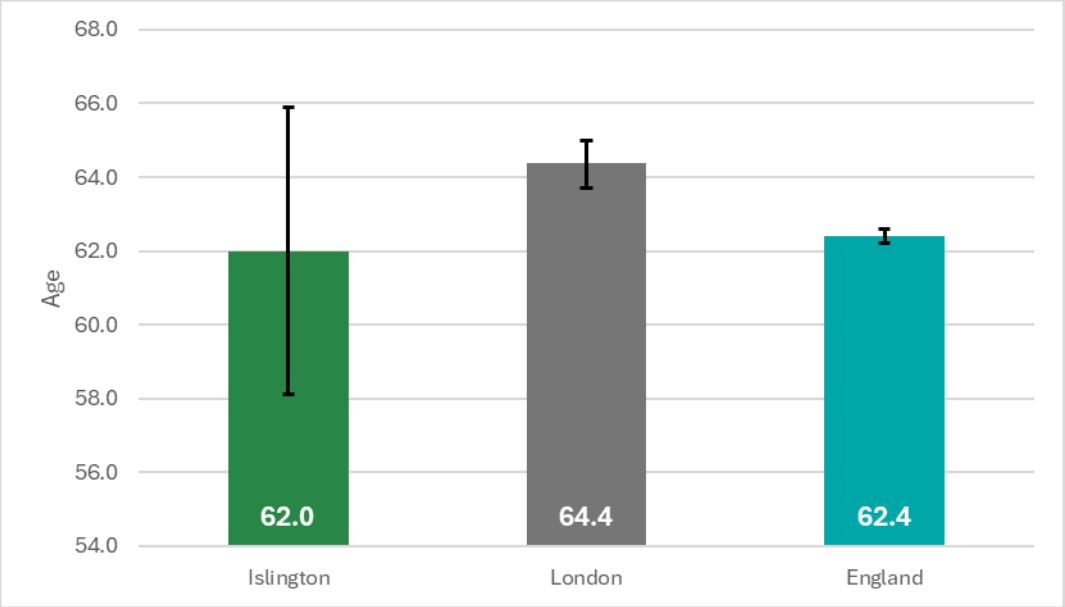


Source: OHID Fingertips, [accessed May 2025][21]

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

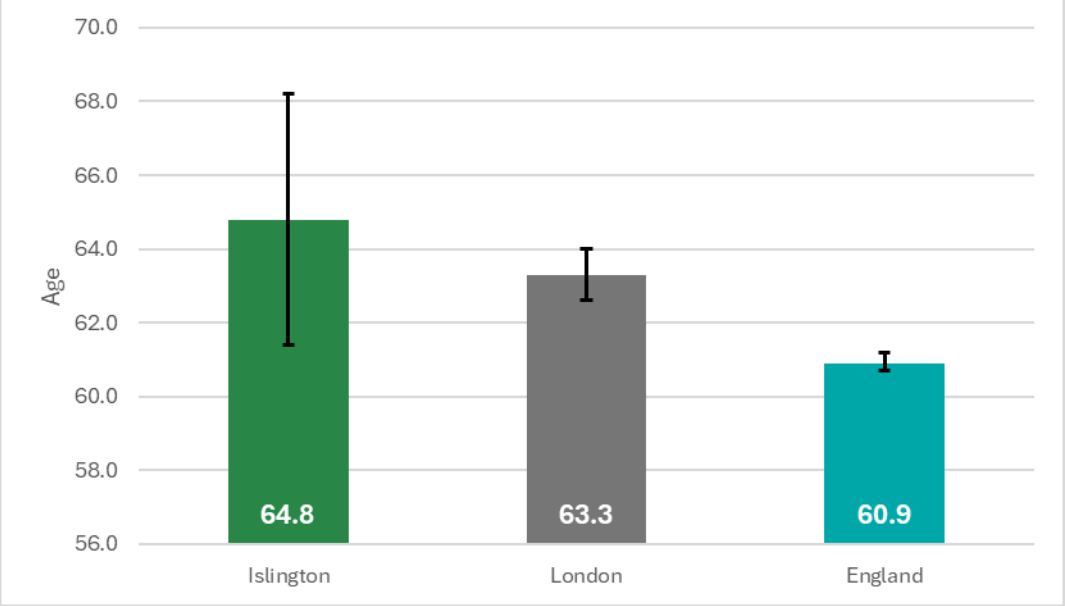
- The disability free life expectancy at birth for males in Islington is 62.0 years which is similar to London (64.4 years) and the England average (62.4 years).
- The disability free life expectancy at birth for females in Islington is 64.8 years which is similar to London (63.3) but significantly higher than the England average (60.9).

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



Source: OHID Fingertips, [accessed April 2025][21]

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



Source: OHID Fingertips, [accessed April 2025][21]

These data highlight that the population of Islington are predicted to live fewer years on average when compared with London or the England average. This is not equal across the Borough, with those residing within the most deprived areas, expected to live fewer years than those in affluent areas. The data also suggests that males in Islington will on average live 17.6 years in poor health compared with males 15.9 in London and females will live on average 22.5 years in poor health compared with 20.1 in London (based upon the variation between life expectancy and healthy life expectancy). This will potentially have a direct impact upon pharmacy commissioning in terms of demand.

4.4 Wider determinants of health

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

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.

Deprivation significantly impacts health outcomes, leading to a poorer physical and mental health, reduced life expectancy and higher rates of chronic diseases like cardiovascular disease and cancer. People living in more disadvantaged and deprived areas are likely to have a higher exposure to negative influences on health, various barriers to access resources to mitigate against these, and poorer overall outcomes.

The Index of Multiple Deprivation 2019 (IMD2019)[22] measures socioeconomic disadvantage across seven domains:

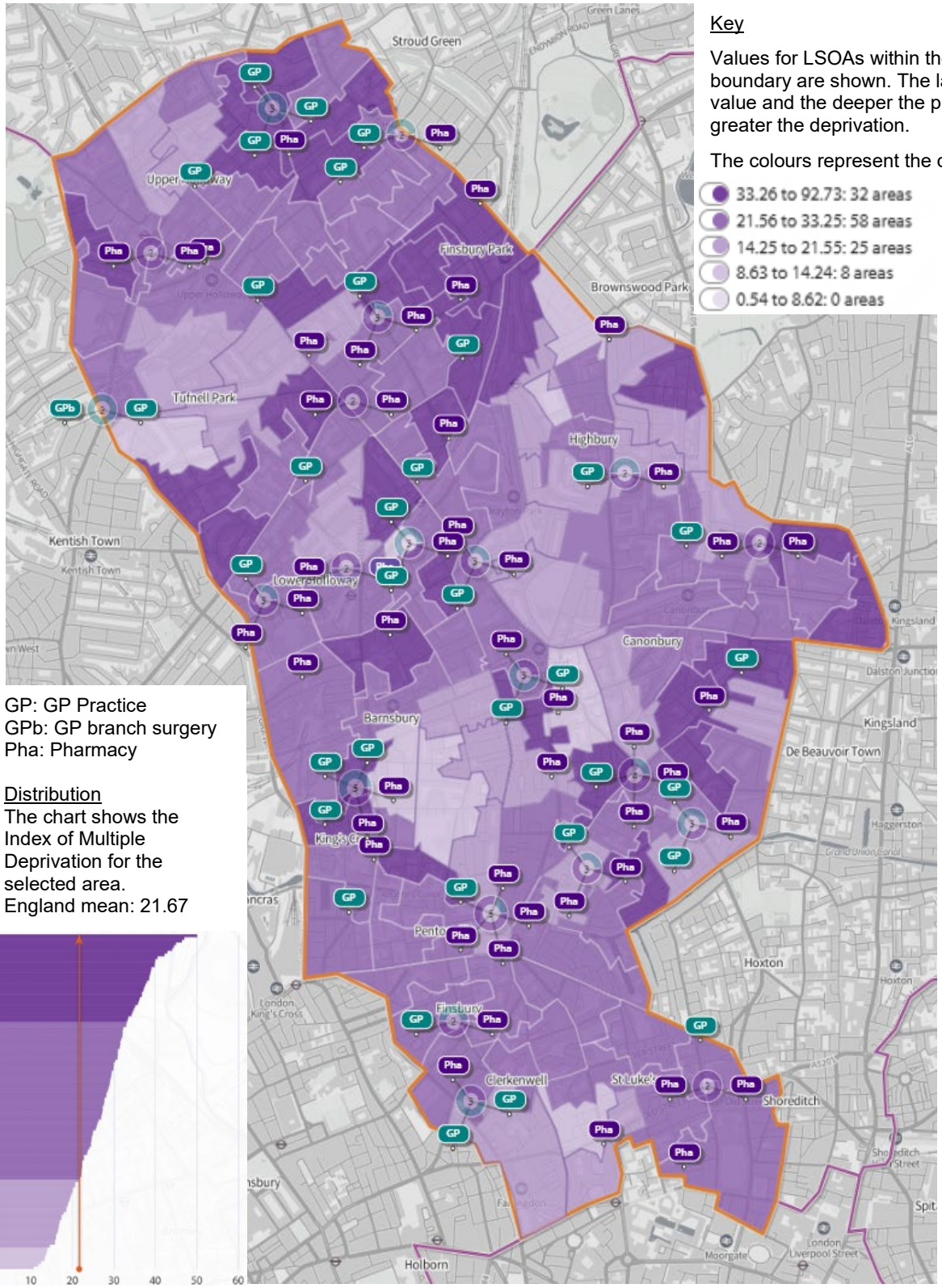
- Income
- Employment
- Health
- Education
- Barriers to housing and services
- Crime
- Living environment.

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

Islington is the 6th most deprived borough in London (out of 32 boroughs and the City of London) and moved from the 24th most deprived local authority (2015) to the 53rd most deprived for overall score for deprivation relative to all other local authorities in England (2019)[22].

Figure 18 below shows IMD by LSOA for Islington. Darker purple shading relates to the more deprived areas, lighter shading, the more affluent.

Figure 18: Index of Multiple Deprivation – LSOA Islington, 2019



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

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

4.4.1 Income

The median full-time salary in Islington (2024) was reported as £50.5k. While this is lower than other parts of London, such as City of London (£64.0k), it remains higher than the UK median of £37.4k. Islington is ranked as the 4th highest Local Authority in England for median monthly pay in 2024[34].

Despite the relatively high median salary for Islington, 17.9% of the population was income-deprived in 2019[35]. Income-deprivation refers to individuals experiencing deprivation due to low income. This includes those who are unemployed and those that are in employment but have low earnings relative to the cost of living. Contributing factors include the high housing or rent costs, low wages and unemployment.

The ONS report on exploring local income deprivation[35] noted the following:

- In Islington, 20% of people in the borough lived in households with an income of less than 60% then UK median after housing costs have been subtracted. 10% of residents were estimated to be earning below the living wage in 2022/23. This was better than the average London borough.
- Of the 316 local authorities in England (excluding the Isles of Scilly), Islington is ranked 35th most income deprived.

In addition:

- The median hourly pay for those living in Islington is now £24.13, an increase of 8.3% in the last year. This was higher than London's growth of 6.2%[36].
- 2.4% of households lack central heating in Islington compared with 2.0% across England[37].
- In 2022, 9.1% of households were in fuel poverty compared to 10.4% in London and 13.1% nationally[38].

The impact that poverty (in terms of unemployment or low income) has on families with young children is particularly important. Disadvantage experienced in childhood strongly ties with health throughout life.

Child poverty rates are high in Islington and more than double the national average. There are various measures of childhood poverty, all using slightly different methodologies.

For example, the Income Deprivation Affecting Children Index 2019 reports Islington as having 27.5% of children living in deprivation. This ranks as the 10th most deprived local authority in England, the highest within London region[21]. However, this measure does not take into consideration the impact of housing costs.

In 2023/24, 21.1% of children under 16 were in relative low-income families in Islington compared with 17.8% for London and 22.1% for England[38]. When housing costs are taken into consideration, data from 2021/22 suggests that this increases considerably to 37.2% in Islington (two-fold increase) compared with 31% for England (an 11.2 percentage point increase)[39].

The emotional and physical health of children is correlated with poverty. Vulnerable children can include those who are looked after, youth offenders and children of parents with mental health problems.

4.4.2 Employment

Being in good and secure employment has a positive impact on wellbeing. Overall unemployment levels in Islington are similar to inner London and lower than London overall but consistently higher than the UK as a whole. Similar to London and England the highest levels of unemployment are in young adults aged 16-24. Groups with particularly high levels of unemployment in Islington include Black, Asian, Mixed, and Other ethnic minority communities, those with learning disabilities, and lone parents. Many people claiming out of work benefits in Islington also 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 levels of complexity associated with mental illness in the borough, however, the prevalence of diagnosed common mental health conditions is significantly lower than the England average[4].

Employment in Islington 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[4].

Overall unemployment levels in Islington at 5% are similar to London but consistently higher than England 3.7% in the year leading up to December 2023[40].

ONS reports on the labour market[40] note that:

- The percentage of people in employment in 2023 in Islington was 79.3% compared with 76.0% across England[40].
- The percentage of out of work benefit claimants (Job Seekers Allowance, Universal Credit) in Islington in 2024 was 5.8%, higher than the England average of 4.1%[40].

The percentage of working days lost due to sickness was lower in Islington (0.7%) compared to England (1.1%) in 2020-22[21].

4.4.3 Education, skills, qualifications

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

Overall educational attainment at key stages for children going to Islington schools is improving and achievement is currently just below or similar to the national average. Children not on free school meals achieve better than those eligible for free school meals (used as a proxy for deprivation). Attendance at school improves the chances of educational attainment. Islington schools have seen an improvement in attendance particularly in secondary schools where attendance is better than the national average. The trend in the proportion of 16–18-year-olds in Islington who are not in education, employment or training (NEET) has not significantly changed, although there has been a reduction in the last year[21]. The proportion of 16 to 18-year-olds who were classified as NEET in Islington was reported as 4.2% in 2023-2024[21]. This does not significantly differ from London (3.8%) or the England average (5.4%)[21].

4.4.4 Housing and regeneration

The availability and quality of housing (e.g. accommodation that may be cold, damp or overcrowded) impacts on both physical and mental wellbeing. Homes in poor physical condition can put occupants' health and safety at risk, especially where they are children, older, ill or disabled people. Living in overcrowded situations can also adversely affect health and wellbeing, particularly for children[41].

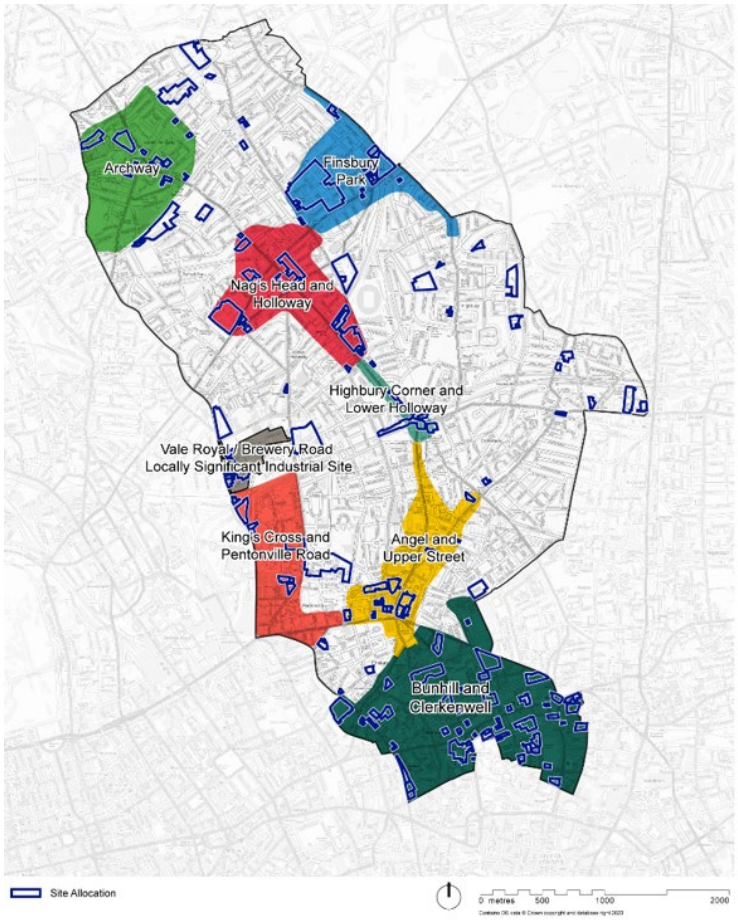
The proportion of households on the housing register who are currently overcrowded was recorded as 9.4% in August 2024, with this increasing to 28.6% where households included children[42].

A greater proportion of households in Islington rely on social and private renting for housing compared with London and the England average[23]. As a smaller proportion own their house, it can reflect less autonomy over the standard condition of the housing in which they live. Poor housing conditions can have a significant impact on physical and mental health, leading to exacerbation or worsening of conditions such as respiratory, musculoskeletal and cardiovascular conditions.

As of September 2024, there were 1,412 households living in temporary accommodation, of which 830 included children[29]. 43.6% (615) of the temporary accommodation was provided by Islington Council via Local Authority or Housing Association stock, and 44.9% (634) in nightly paid, privately managed accommodation[29]. The uncertainty that goes with living in temporary accommodation can have a negative impact on health and wellbeing.

Islington is one of the smallest local authorities in the country by area but one of the most densely populated. As the population continues to increase, housing challenges will arise[43]. Islington has very deprived areas in close proximity to areas of considerable wealth – this contrast and the effects of poverty and lack of affordable housing are key challenges for the borough, reflected in the Local Plan[43]. The Local Plan sets out a vision to make Islington fairer and create a place where everyone, whatever their background (figure 19), has the same opportunity to reach their potential and enjoy a good quality of life. Islington Council's Local Plan site allocations[44] set out the areas designated for development. Understanding the current and future plans for population growth and housing development can have an impact upon where the most effective, accessible locations are for pharmacy.

Figure 19: Local plan growth areas



Source: Local plan site allocations [44]

Table 3 shows which areas residential development is anticipated in over the lifespan of the local plan.

Table 3: Site allocations for new homes in Islington

Area	New homes by time band			
	2021/22 - 2025/26	2026/27 - 2030/31	2031/32 - 2035/36	Total
Kings Cross and Pentonville Road	200	70	0	270
Vale Royal / Brewery Road	0	0	0	0
Angel and Upper Street	30	0	50	80
Nag's head and Holloway	760	630	140	1530
Finsbury Park	200	90	0	290
Archway	470	100	0	570
Highbury Corner and Lower Holloway	50	0	0	50
Other sites	480	830	550	1860
Total	**2190**	**1720**	**740**	**4650**

Source: Local Plan Site Allocations [44]

Appendix 8 provides details of larger housing development sites anticipated to progress during the lifespan of this PNA.

4.4.5 Crime

The most obvious health impact of crime is on the physical and mental health of victims, their friends and relatives, and wider community. This can often lead to an increased need and demand for healthcare services.

Based upon police data between March 2024 and February 2025, the most commonly reported crimes in this area were violence and sexual offence (7,895) and theft from the person (4,592)[45].

4.4.6 Transport

Islington is served by a dense public transport network that provides high levels of access to the rest of London and beyond. As set out in the Local Transport Strategy [46] the public transport network in Islington currently includes:

- 62 bus routes
- 16 rail stations
- London Underground lines, running through 10 stations
- London Overground lines, running through 5 stations
- National Rail lines, running through 4 stations
- Crossrail services from Farringdon

The concept of the 'fifteen minute city' in which local people can carry out most of their daily activities by making short journeys on foot and by bicycle is a reality for many residents in Islington. This can help with accessibility to healthcare services, including pharmacy.

The Transport Strategy seeks to build on this, setting out 8 objectives:

1. Healthy: To encourage and enable residents to walk and cycle as a first choice for local travel
2. Safe: To work with the Mayor of London to achieve “Vision Zero” by 2041, and eliminate all deaths and serious injuries on Islington’s streets and to reduce the number of minor traffic collisions on our streets
3. Carbon Neutral and Protecting and Improving the Environment: To contribute to the Council’s commitment to Islington becoming net zero carbon by 2030, to improve air quality, and protect and improve the environment by reducing all forms of transport pollution
4. Improved Public Transport Services: To work with the Mayor of London, Transport for London and the bus and rail operators to secure investment in the local public transport networks
5. Fair, Accessible and Secure: To work with the Mayor of London and the Police to ensure that Islington’s transport environment is secure, accessible and affordable for all borough residents
6. A Fairer Local Economy: To ensure that investment in Islington’s transport system supports a fairer, stronger and more resilient local economy
7. Sustainable Development: To continue to support walking, cycling, public transport and car free development through our planning policies
8. Digital Innovation: To use new technology to ensure that Islington will be a leader in trialling emerging smart technologies.

4.5 Modifiable risk factors affecting health outcomes

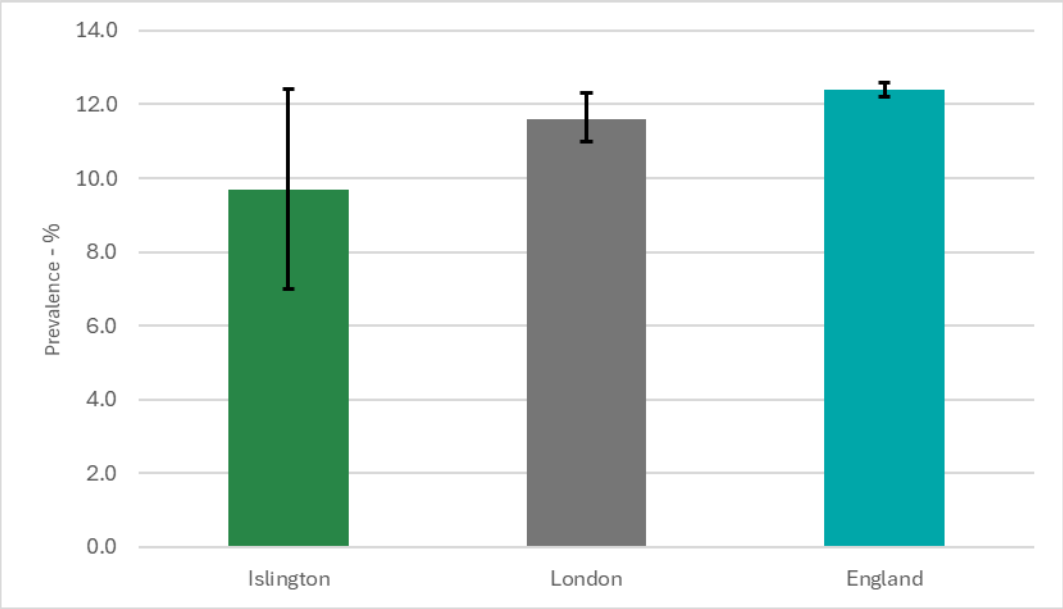
Preventing ill health is imperative. Key modifiable risk factors such as smoking, increased risk alcohol use and obesity can have a direct impact upon the development of long-term conditions and increased use of healthcare services.

4.5.1 Smoking

Nationally, 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 20 shows the proportion of the adult population who were self reported smokers in the Annual Population Survey (APS) 2021-2023, based upon the average over the three-year period. The proportion of adults (aged 18 and over) who were smokers in Islington within the recent reporting period was 9.7%, This is lower than London (11.6%) the England average (12.4%)[21].

Figure 20: Smoking prevalence in adults (18+) – current smokers (APS - 3 year range), 2021-2023



Source: OHID Fingertips, [accessed May 2025][21]

How pharmacies support:

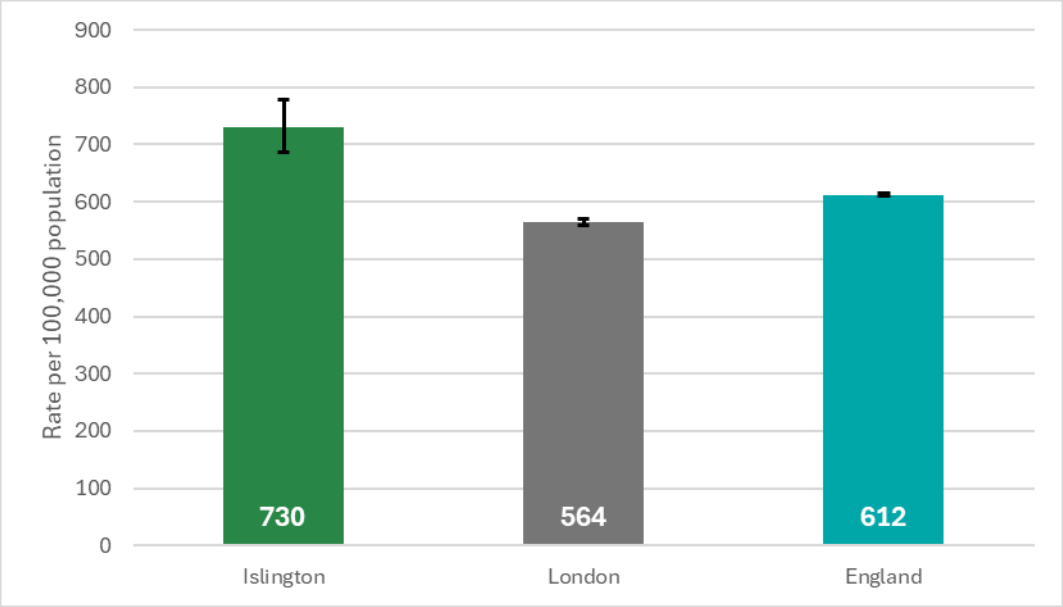
- Nicotine Replacement Therapy
- Active Intervention Smoking Cessation
- Smoking Cessation advanced Service
- Supporting annual public health campaigns
- Promotion of Healthy Lifestyle and signposting to Local Authority provided Stop Smoking Services

4.5.2 Alcohol

Islington is ranked 8th highest in London region for the directly standardised rate (per 100,000 population) of alcohol specific hospital admissions 2023/24. The current trend is shown to be reducing. However, there are inequalities in the rate and trend. The rate for females is lower at 372 per 100,000 and shown to be reducing. The rate for males is 1,142 per 100,000 and continues to increase.

Figure 21 shows the admission episodes for alcohol-specific conditions in Islington, London, and England recorded in 2023/24. The rates for Islington were 730 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 21: Admission episodes for alcohol-specific conditions 2023/24



Source: OHID Fingertips, [accessed April 2025][21]

How pharmacies support:

- Healthy Lifestyle advice
- Signposting to appropriate services

4.5.3 Healthy weight

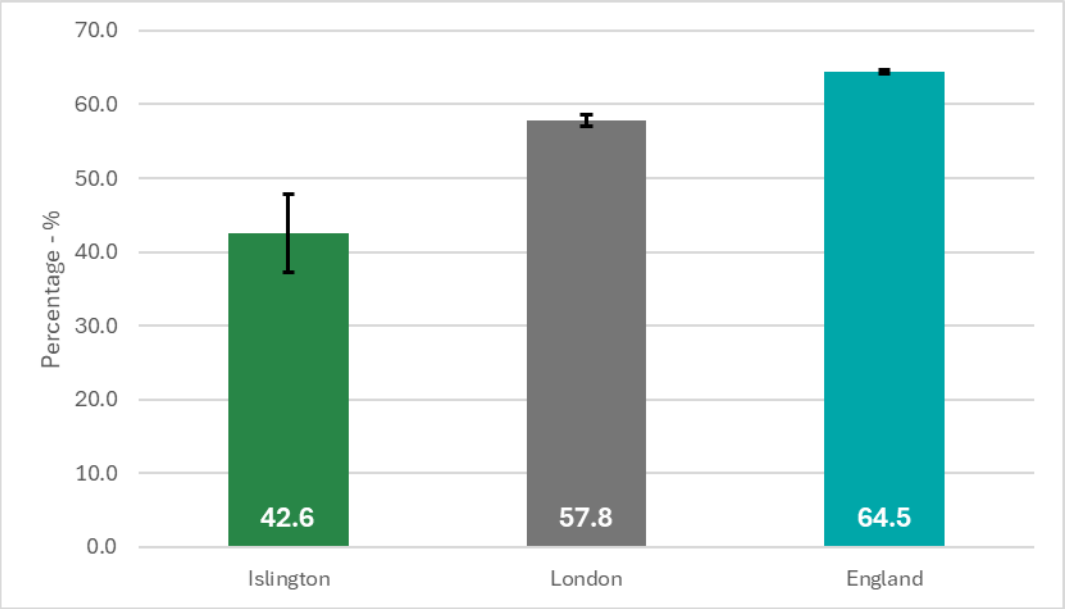
Obesity and being overweight is one of the most significant and complex public health challenges. It can have a significant impact on individual and family health and wellbeing, employment and education, and contributes to significant costs across health, social care and a wide range of services.

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

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

Figure 22 shows the percentage of adults classified as overweight or obese in Islington, London, and the England average in 2023/24. The data used adjusted self-reported rates of obesity (derived from the Sport England, Active Lives Survey), taken from OHID Fingertips. The proportion of adults for Islington was 42.6%, which is significantly lower than the rate for London at 57.8% and the rate for England 64.5%.

Figure 22: Percentage of adults (aged 18+) classified as overweight or obese, 2023/24



Source: OHID Fingertips, [accessed April 2025][21]

The three year average between 2021/22 and 2023/24 shows 21.5% of children in reception year (aged 4-5 years old) in Islington were living with excess weight (overweight, including obesity), similar to London (20.9%) and the England average (21.9%)[21].

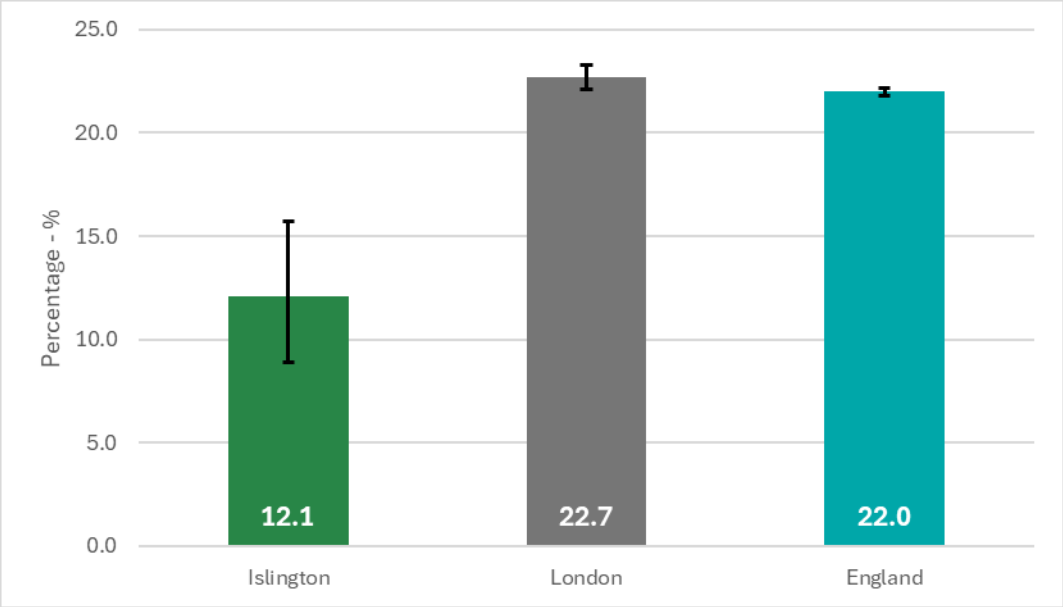
Within the same period, 38.9% of Year 6 children in Islington (aged 10-11 years old) were living with excess weight (overweight, including obesity), similar to London (39.0%) but significantly higher than the England average of 36.7%[21].

4.5.4 Physical activity

Figure 23 shows the percentage of physically inactive adults or the proportion of individuals not currently meeting the CMO guidelines for physical activity[47].

Similar to the obesity prevalence, this data is derived from the Sports England active lives survey and is therefore self-reported rather than clinically documented. The proportion of physically inactive adults in Islington (12.1%), lower than the London (22.7%) and England average (22.0%). Islington has the second highest self-reported rate of physically active adults in London and the fifth highest nationally[21].

Figure 23: Percentage of physically inactive adults (19 + yrs), 2023/24



Source: OHID Fingertips, 2025[21]

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

4.5.5 Sexual health

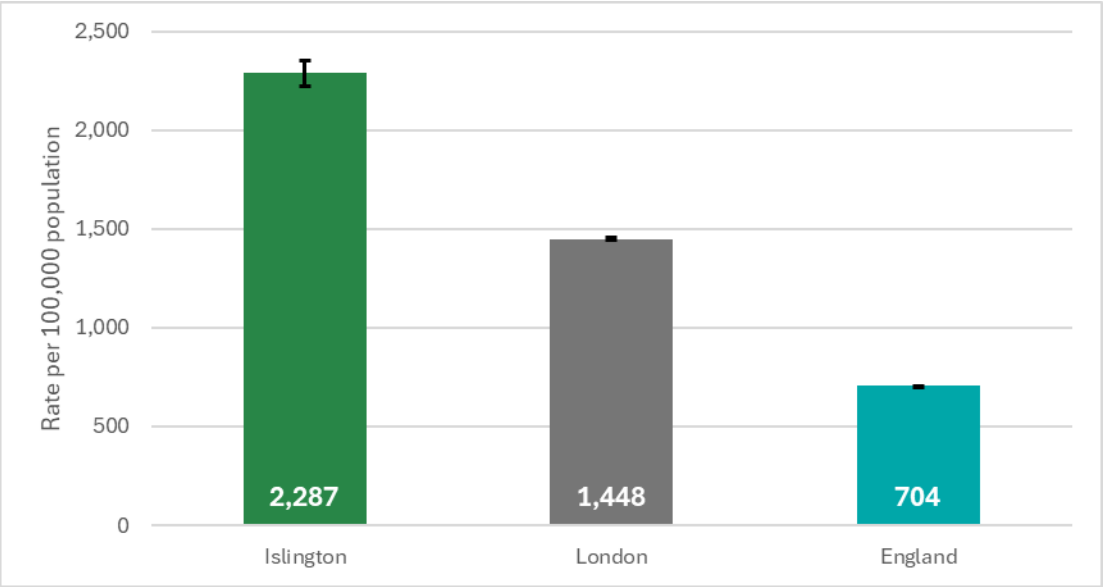
Good sexual health is an important public health issue and is fundamental to health and wellbeing. Poor sexual health can cause social, economic, emotional, and health costs as well as stark health inequalities. Several key population groups can be identified for whom there are greater risks of experiencing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

Most diagnosed HIV infections in the borough are in gay and bisexual men. The age distribution of people living with HIV has changed over time. Contributing factors to the change include improved survival rates, leading to individuals living to an older age; and the detection of new cases continuing across all age groups. A key age group with notable increases are those aged 50 years and over.

Despite improving the life expectancy for individuals living with HIV increasing, the impacts of poverty, social isolation, stigma (including self-stigma), and discrimination continue to be important issues associated with HIV. As with other long-term conditions, there are also higher rates of mental health conditions among people living with HIV.

Figure 24 shows the Sexually Transmitted Infection (STI) diagnosis rate per 100,000 population in Islington, the London, and England in 2023. STI diagnosis in Islington (2,287 per 100,000 population) was significantly higher when compared with London (1,448 per 100,000 population) and England (704 per 100,000 population).

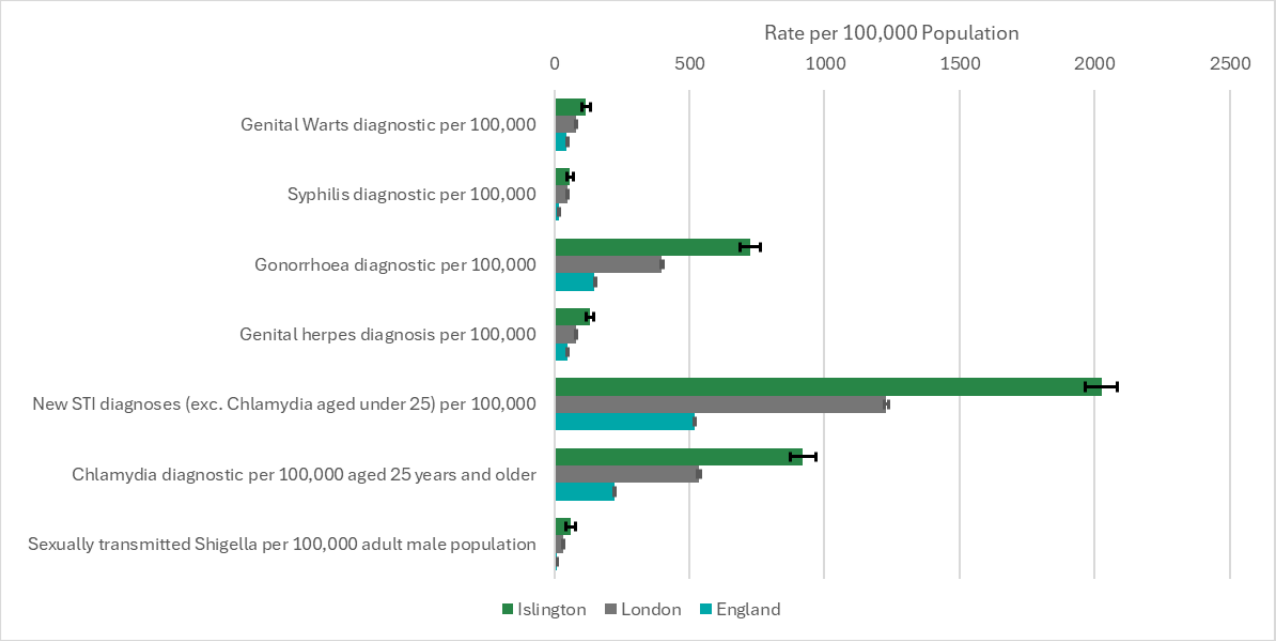
Figure 24: STI diagnosis rate per 100,000 population, 2023



Source: OHID Fingertips, [accessed April 2025][21]

Figure 25 shows multiple STI metrics per 100,000 population in Islington, London and England in 2023. The rates per 100,000 population for Islington were significantly higher across most indicators when compared with London and England averages. The significant rates of STI's within Islington increase needs and demands within healthcare settings, particularly for prevention opportunities, screening and treatment.

Figure 25: Sexual health indicators for Islington, 2023



Source: OHID Fingertips, [accessed April 2025][21]

How pharmacies support:

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

4.5.6 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.

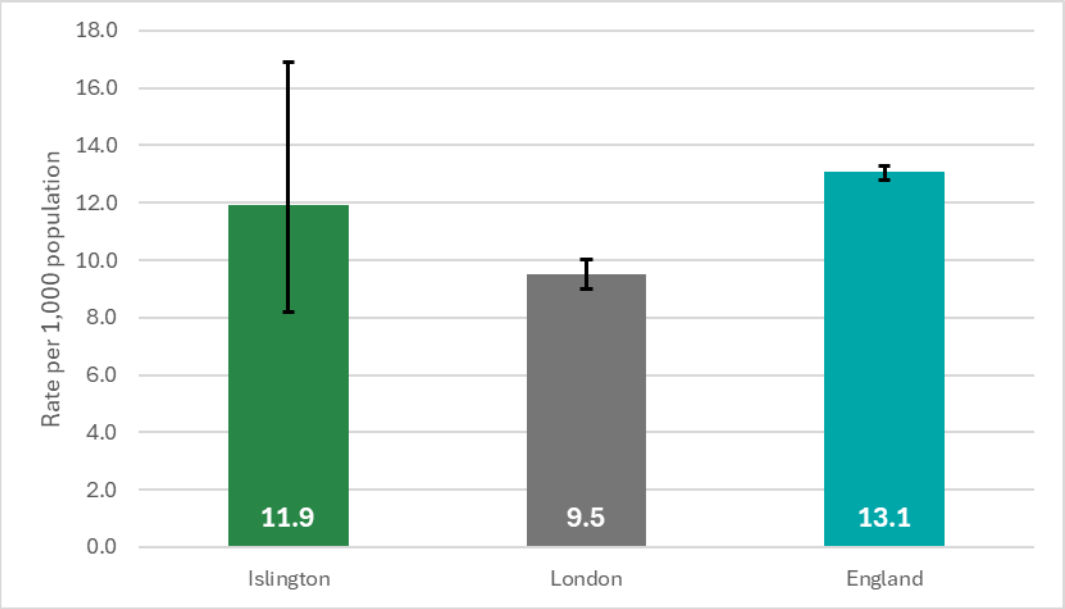
Children born to mothers under 20 have higher rates of infant mortality and are at increased risk of low birthweight which impacts on the child's long-term health. Teenage mothers are also three times more likely to suffer from post-natal depression and experience poor mental health for up to three years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

Figure 26 shows that the under-18 conception rate in 2021 for Islington, London and England. The rate per 1,000 population for Islington was 11.9, similar to London (9.5) and the England average (13.1).

Although the numbers are small and the rates did not vary significantly (compared with London or the England average), 68.8% of conceptions to women under 18 in

2021 were documented as leading to an abortion. This potentially highlights needs within the younger population relating to contraception.

Figure 26: Under 18s conception rate per 1,000 population, 2021



Source: OHID Fingertips, [accessed April 2025][21]

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

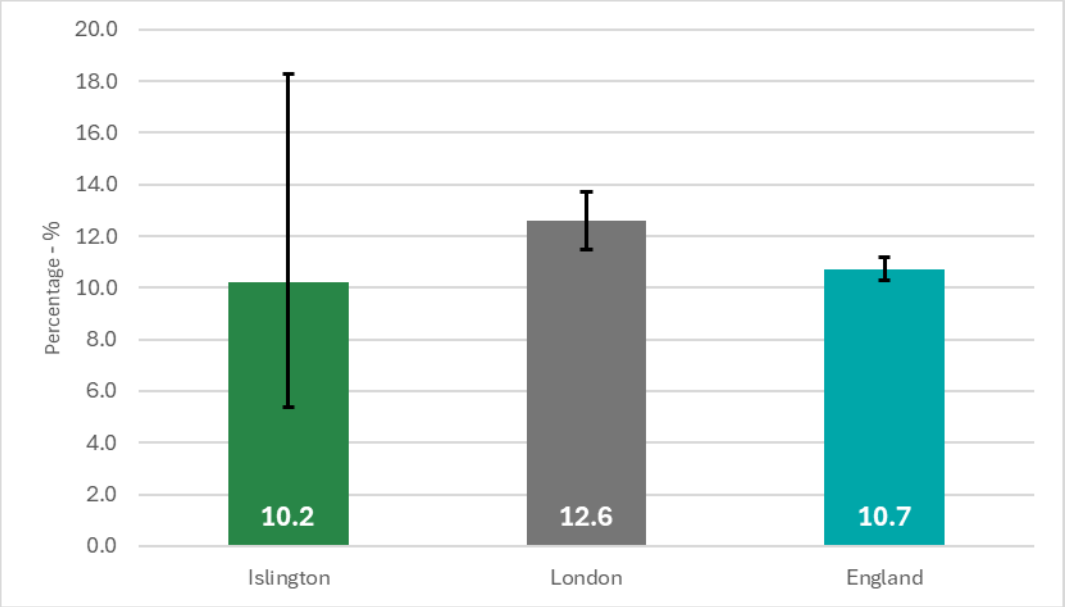
4.5.7 Oral health

Figures 27 and 28 show the proportion of children with visually obvious tooth decay 2023/24 for Islington, London and England at age three years and five years respectively.

The percentage of visually obvious tooth decay in three-year-olds in Islington was 10.2%. This is similar to London at 12.6% and England at 10.7%.

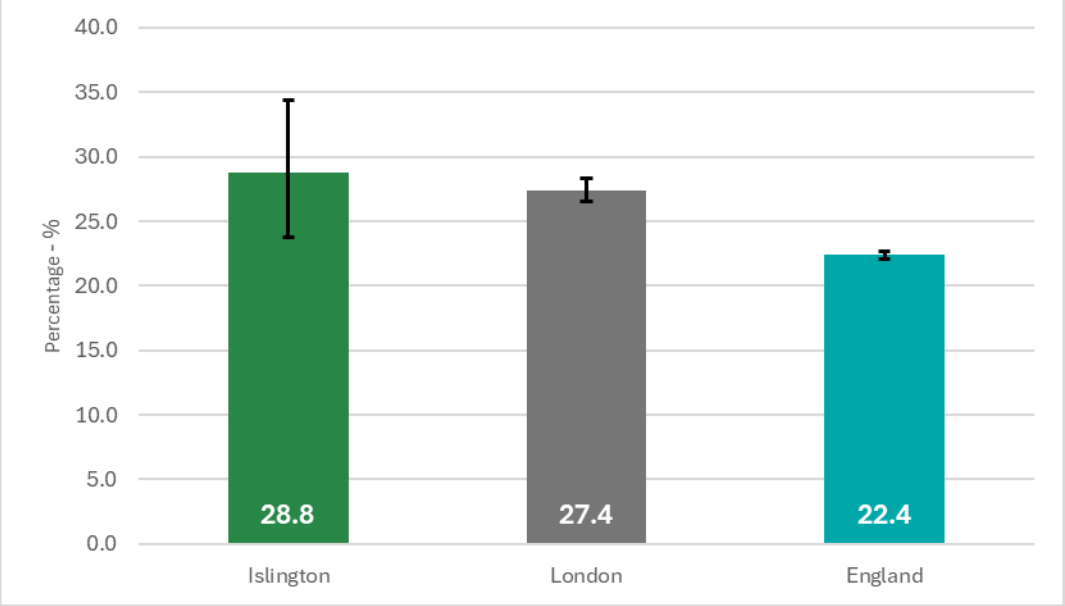
The percentage of children aged 5 with visually obvious tooth decay in Islington was reported as 28.8% in 2023/24. This does not differ significantly compared to London at 27.4%. The England average is lower at 22.4%.

Figure 27: Visually obvious tooth decay in three-year olds, 2023/24



Source: OHID Fingertips, [accessed April 2025][21]

Figure 28: Visually obvious tooth decay in five-year olds, 2023/24



Source: OHID Fingertips, [accessed April 2025][21]

4.6 Cancers

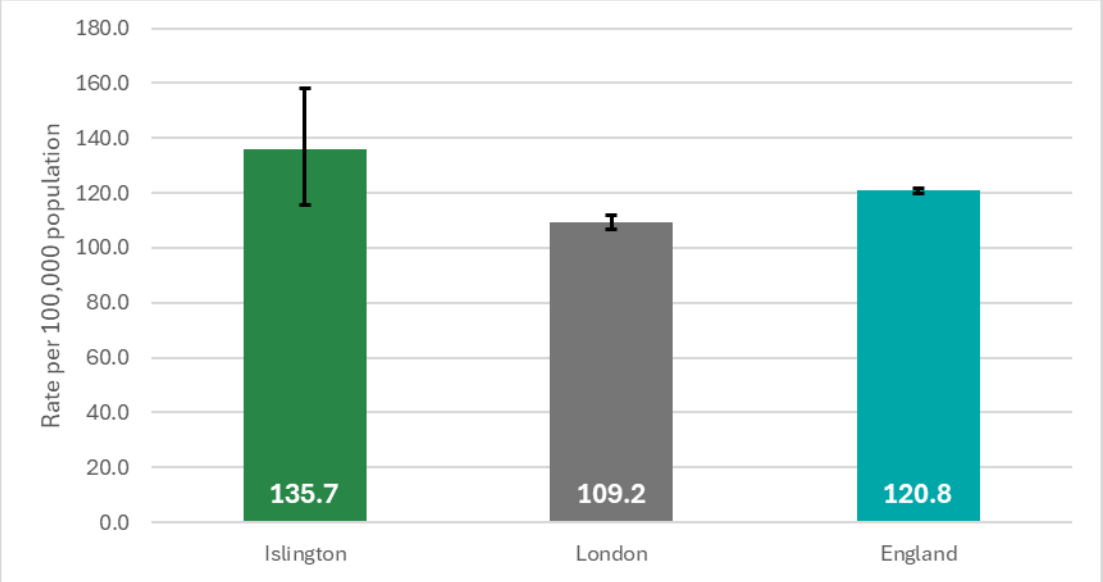
Death rates from all cancers have decreased significantly over the last two decades due to a combination of early detection and improved treatment. Preventable mortality means deaths before the age of 75 from cancer that could be prevented through effective public health and primary prevention interventions.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

Cancers are the leading cause of premature deaths (under 75) in Islington. The rate of early death from all cancers has been falling in the borough but at a slower rate than England, increasing the inequalities gap in early cancer mortality between

Islington and England. Lung cancer is the largest contributor to early death amongst all cancers. The number of people who are alive after a diagnosis of prostate, breast, lung and colorectal cancer at 1 year and 5 years are generally similar compared to England[21]. There is scope to further improve survival by early detection and treatment.

Figure 29 shows the under-75 mortality rate (per 100,000 population) from cancer in 2023 for Islington compared to London and England. The standardised mortality rate per 100,000 population under-75 who died from cancer (135.7) was significantly higher in Islington compared to London (109.2) but similar to the rate for England (120.8 per 100,000 population).

Figure 29: Under 75 mortality rate per 100,000 population from cancer, 2023



Source: OHID Fingertips, [accessed April 2025][21]

How pharmacies support:

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

4.7 Long-term conditions

A long-term condition is a condition that cannot, at present, be cured but is controlled by medication and/or other treatment/therapies. The NHS Long Term Plan[12] has a strong focus on the treatment and prevention of illness by supporting patients to

adopt improved healthy behaviours. This will both help people to live longer healthier lives and reduce the demand for 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.

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

4.7.1 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.

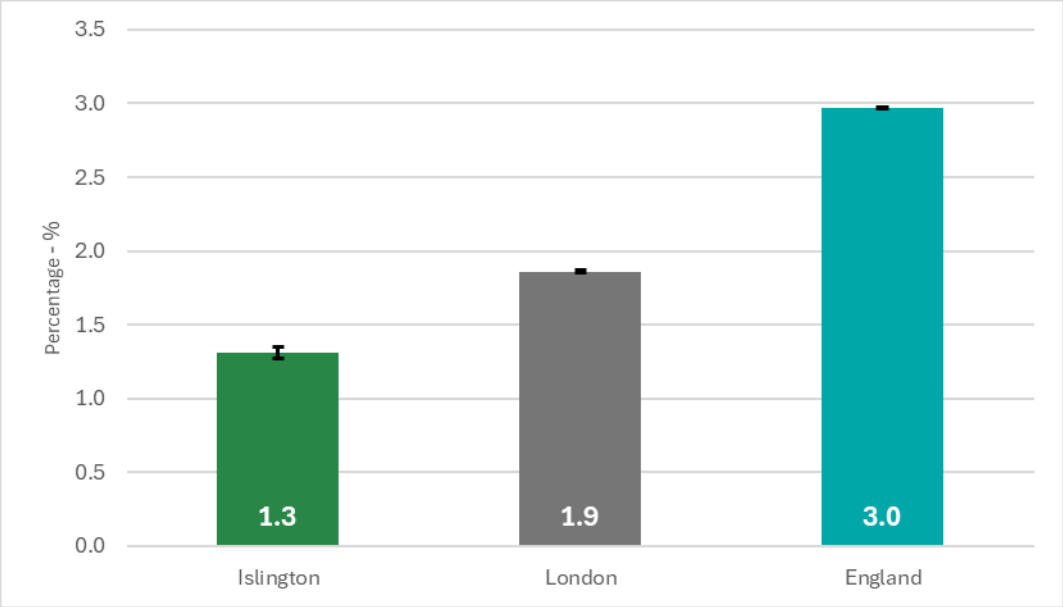
Premature mortality (deaths before the age of 75) from cardiovascular conditions including coronary heart disease in Islington showed a reducing trend between 2001-2003 (3-year range) and 2017-2019 but have since stabilised[21]. Where previously, the rate of premature mortality from Cardiovascular conditions in Islington was significantly higher than the England average, it is now similar[21], although cardiovascular diseases remain the leading cause of deaths across all ages in the borough[48].

Figure 30 and Figure 31 show the QOF prevalence for coronary heart disease (CHD) and stroke in 2023/24 in Islington, London and England. The recorded (diagnosed) prevalence for key cardiovascular long-term conditions is as follows:

- CHD prevalence in Islington is 1.3%, which is significantly lower than London at 1.9% and the England average of 3.0%
- Stroke (all ages) prevalence in Islington (0.9%) is significantly lower than London (1.1%) and the England average at 1.9%

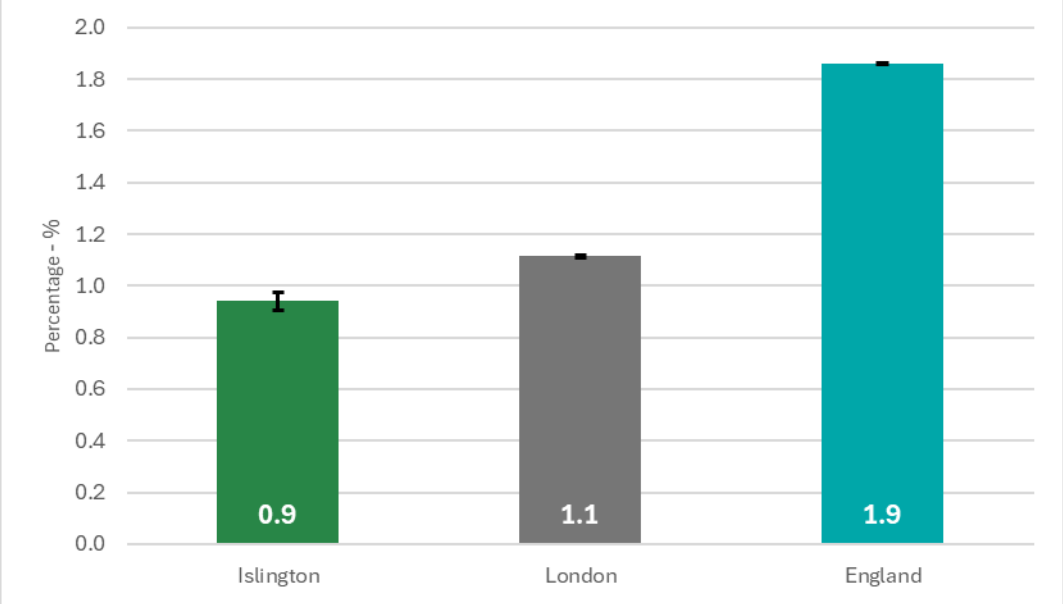
The age profile of the local borough may explain some of the variation compared with England. Islington has a smaller proportion of their population within the age groups most associated with conditions such coronary heart disease and stroke. As the QOF prevalence indicators are not age standardised (merely the number on the disease register as a proportion of practice lists), variation in age is not adjusted for.

Figure 30: QOF prevalence of CHD, 2023/24



Source: OHID Fingertips, [access April 2025][21]

Figure 31: QOF prevalence of stroke, 2023/24



Source: OHID Fingertips, [accessed April 2025][21]

How pharmacies support:

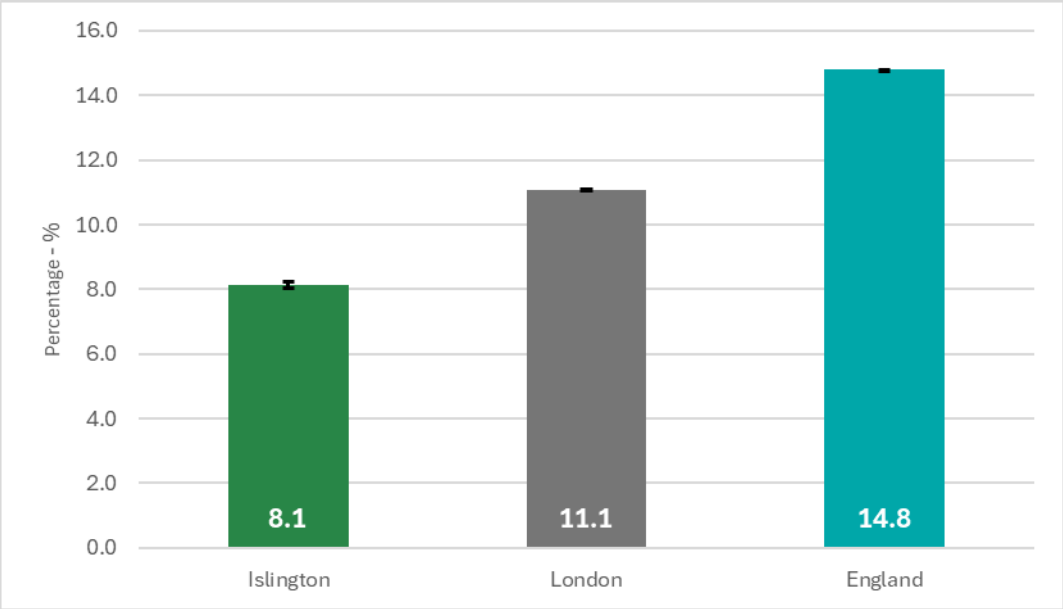
- Education and support
- Signposting to preventative services e.g. smoking cessation, weight management
- New medicine service – using this to support patients with hypertension management/adherence to new medication
- Discharge medicine service
- Hypertension case finding service

4.7.2 Hypertension (high blood pressure)

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 32 shows the QOF prevalence for hypertension (all ages) in 2023/24 in Islington (8.1%) was significantly lower London (11.1%) and the England average (14.8%). A lower recorded prevalence of a condition is not always reflective of lower need within a population. Often a lower prevalence can reflect lower levels of identification and diagnosis. The estimated prevalence of hypertension (created by the National Cardiovascular Intelligence Network, 2017) for Islington was calculated as 17%, potentially suggesting a case finding gap[49].

Figure 32: QOF prevalence of hypertension, 2023/24



Source: OHID Fingertips, [accessed April 2025][21]

How pharmacies support:

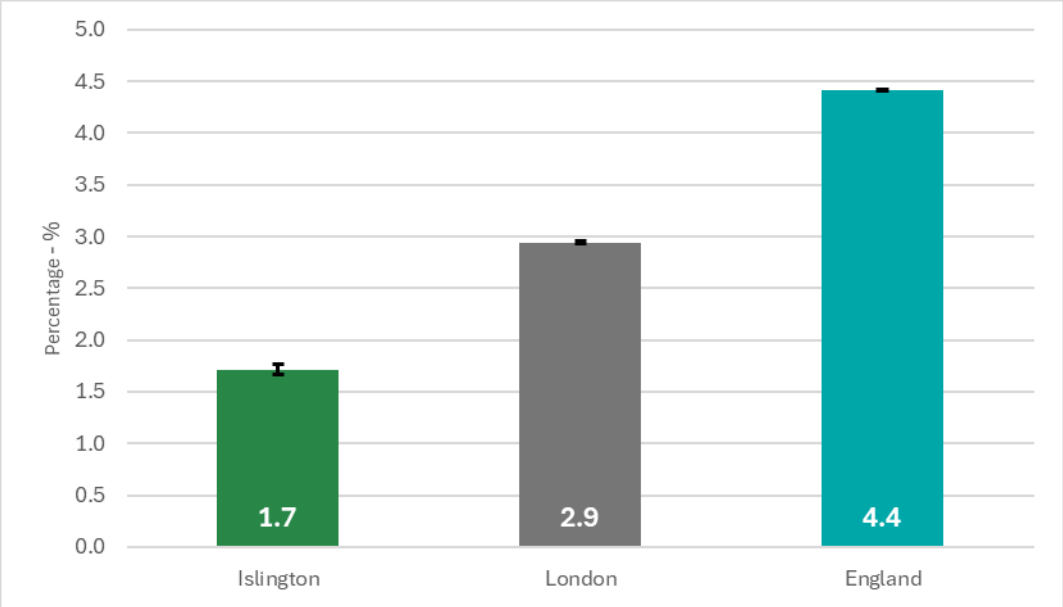
- Signposting to preventative services e.g. smoking cessation, weight management
- Hypertension case finding service
- Medicines Optimisation
- New medicine service
- Discharge medicine service

4.7.3 Chronic kidney disease

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

Figure 33 shows the QOF prevalence for chronic kidney disease (CKD) for people aged 18 years and over in 2023-2024. Islington has a prevalence of 1.7% which is significantly lower than London (2.9%) and the England average (4.4%).

Figure 33: QOF prevalence of CKD, 2023/24



Source: OHID Fingertips, [accessed April 2025][21]

How pharmacies support:

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

4.7.4 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:

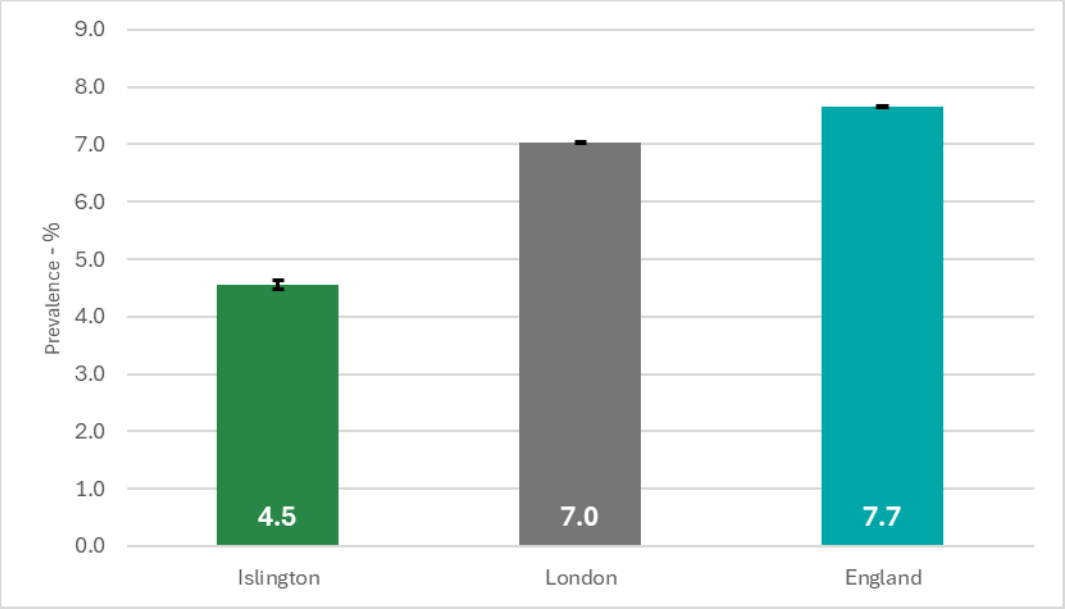
- Type 1 diabetes – where the body's immune system attacks and destroys the cells that produce insulin

- 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 34 shows the QOF prevalence for diabetes for people aged 17 years and over in 2023/24. Islington has a prevalence of 4.5% which is significantly lower than London (7.0%) and England (7.7%).

Figure 34: QOF prevalence of diabetes, 2023/24



Source: OHID Fingertips, [accessed April 2025][21]

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

4.7.5 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 preventable. Respiratory disease covers a wide variety of conditions, including asthma, and chronic obstructive pulmonary disease (COPD), lung cancer,

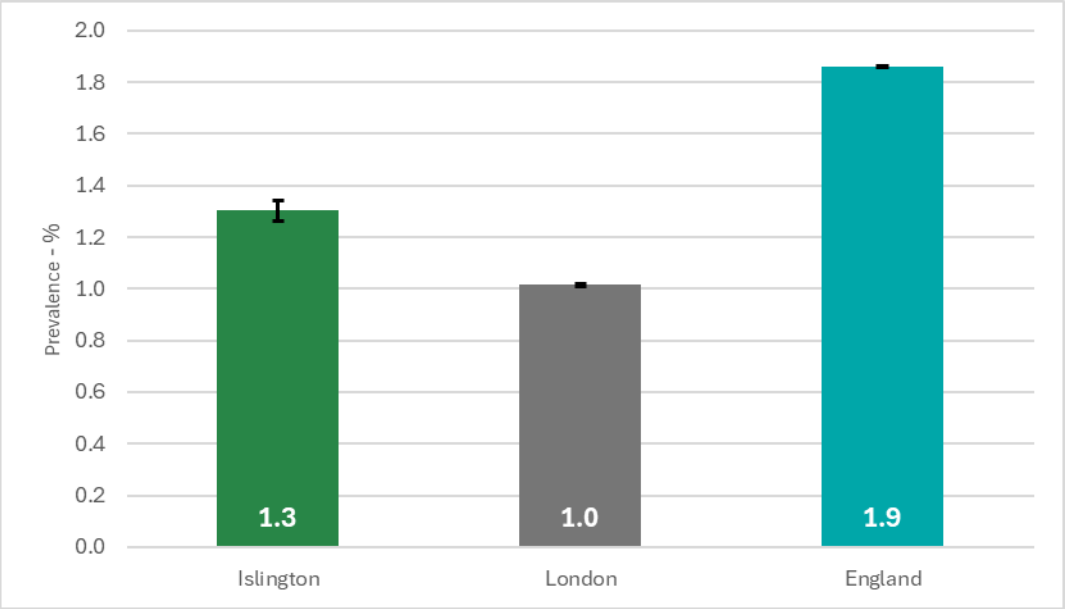
infections such as pneumonia and influenza, and less common diseases such as interstitial lung disease and mesothelioma.

Chronic obstructive pulmonary disease (COPD) is a progressive disease which covers a range of conditions, including bronchitis and emphysema. Its symptoms include cough and breathlessness; over time it can become increasingly severe, having a major impact on mobility and quality of life as it impacts on people's ability to undertake routine activities. In the final stages it can result in heart failure and respiratory failure. Because of its disabling effects, it impacts not only on the person with the disease but also family and friends who provide 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.

Figure 35 and Figure 36 show the QOF prevalence of COPD and asthma in 2023/24 in Islington. The prevalence of COPD in Islington (1.3%) is significantly higher than London (1.0%) but significantly lower than the England average of 1.9%.

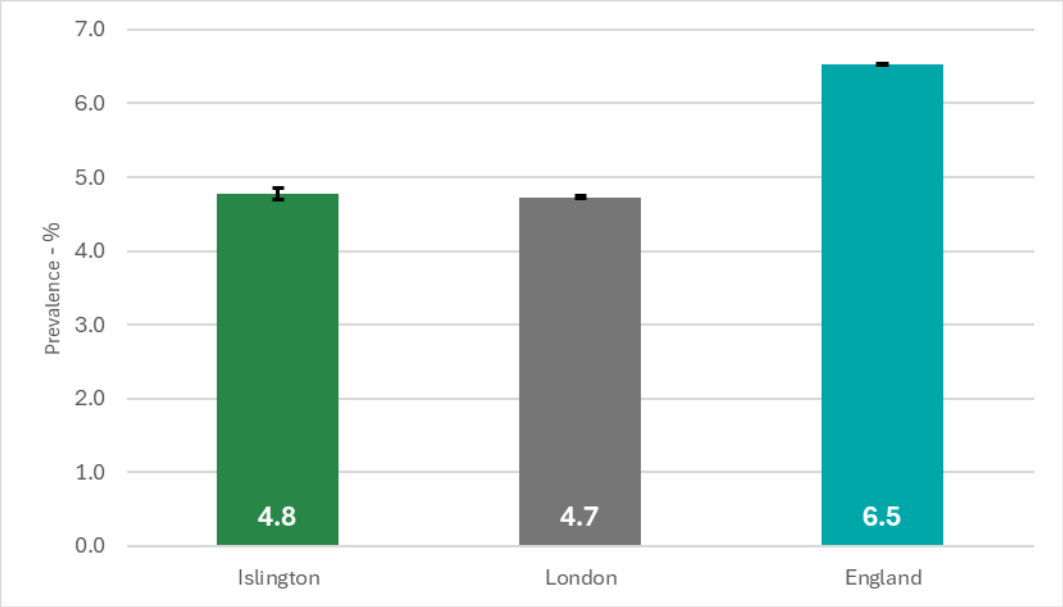
The recorded (diagnosed) prevalence for asthma in people aged 6 years and over in Islington was 4.8%, similar to London (4.7%) but significantly lower than the England average (6.5%).

Figure 35: QOF prevalence of COPD, 2023/24



Source: OHID Fingertips, [accessed April 2025][21]

Figure 36: QOF prevalence of asthma, 2023/24



Source: OHID Fingertips, [accessed April 2025][21]

How pharmacies support:

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

Although the recorded prevalence rates of COPD and asthma in Islington are similar to London and lower than the England averages, respiratory diseases are important causes of ill health in Islington and of emergency admissions to local hospitals, particularly among older people.

The second highest rate of potentially preventable hospital admissions in Islington are as a result of COPD (second only to admissions for influenza and pneumonia). Many of these admissions could potentially be avoided through earlier diagnosis and better medical and lifestyle management: stopping smoking would prevent the majority of cases of COPD occurring in the first place.

4.7.6 Dementia

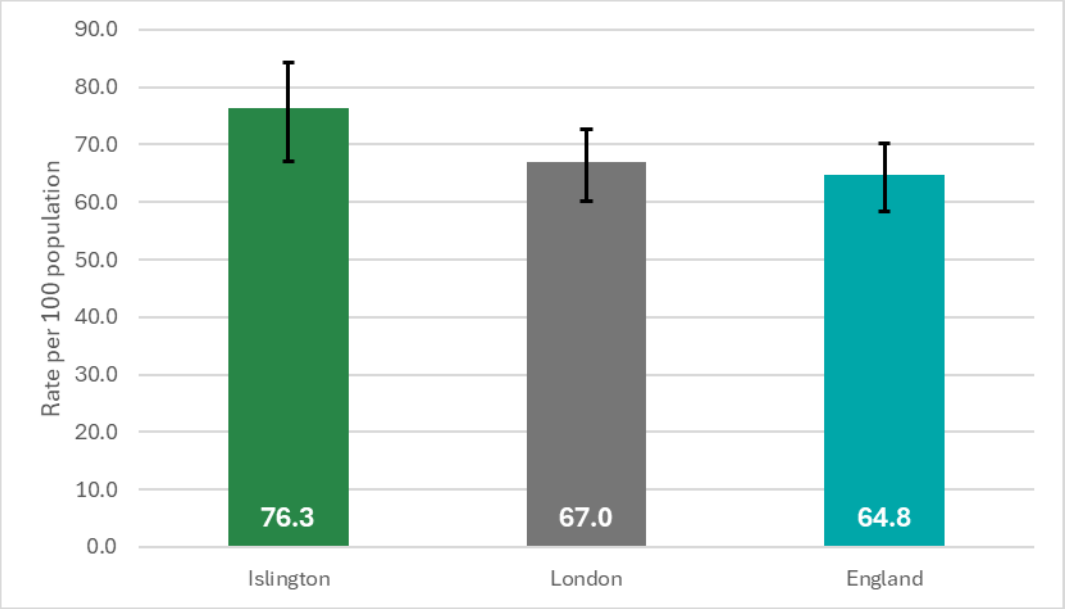
Dementia is a group of related symptoms associated with the on-going decline of brain function. This may include problems with memory loss, confusion, mood changes and difficulty with day-to-day tasks.

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 and vascular dementia together make up the 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.

Figure 37 shows the dementia diagnosis rate (aged 65+) per 100 estimated dementia population for Islington, London and England. The data shows the estimated rate of people with a diagnosis of dementia as a rate of those expected to have dementia, given the population demographics. In 2024, Islington was estimated to have 76.3 people with diagnosis of dementia for every 100 people expected to have it. This is similar to the London (67.0) and the England average of 64.8.

Figure 37: Estimated dementia diagnosis crude rate per 100 population (aged 65+), 2024



Source: OHID Fingertips, [accessed April 2025][21]

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

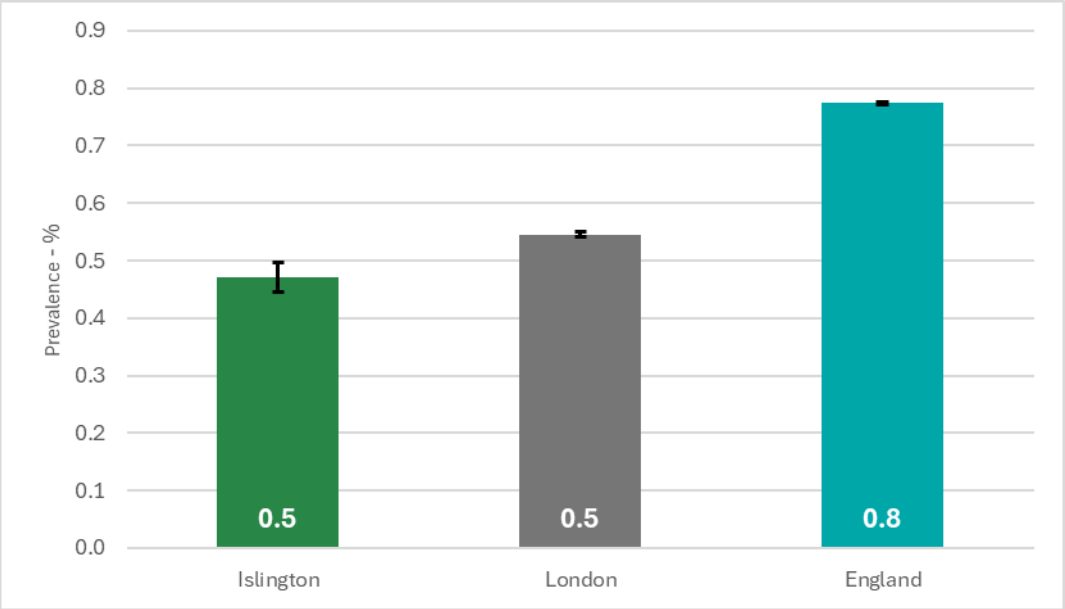
4.7.7 Rheumatoid arthritis and osteoporosis

Figure 38 and Figure 39 show the Quality Outcome Framework (QOF) prevalence of rheumatoid arthritis and osteoporosis (aged 50+) in 2023/24 in Islington, London and England.

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

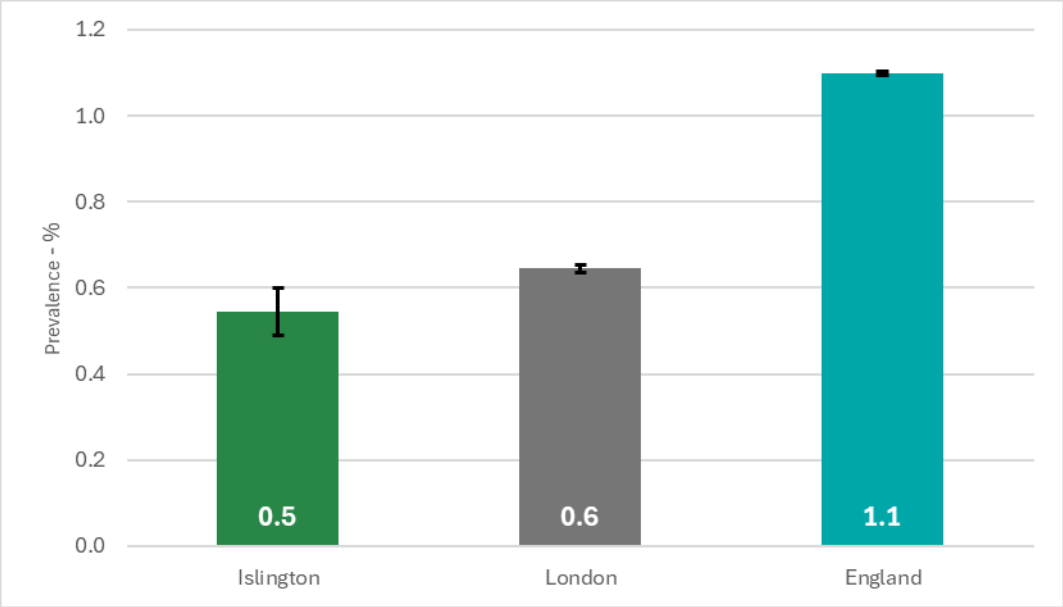
The recorded prevalence for osteoporosis in those aged 50 years and over in Islington was 0.5%, significantly lower than London (0.6%) and the England average (1.1%).

Figure 38: QOF prevalence of rheumatoid arthritis, 2023/24



Source: OHID Fingertips, [accessed April 2025][21]

Figure 39: QOF prevalence osteoporosis (aged 50+) 2023/24

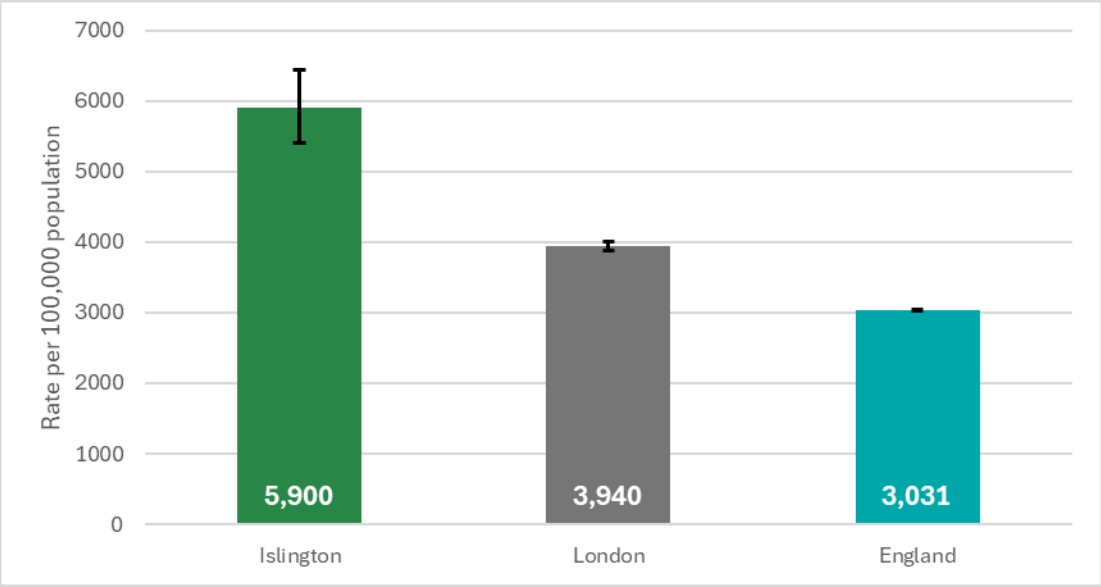


Source: OHID Fingertips, [accessed April 2025][21]

4.7.8 Visually impaired

Figure 40 shows the rate of people aged 75+ reporting blindness or partial sight in 2022/23 in Islington, London and England. The rate of people in Islington was 5,900 per 100,000 population, compared to 3,940 per 100,000 in London and 3,031 per 100,000 population in England. Islington is significantly higher than both comparators.

Figure 40: Rate of people (aged 75+) registered blind or partially sighted per 100,000 population, 2022/23



Source: OHID Fingertips, 2025[21]

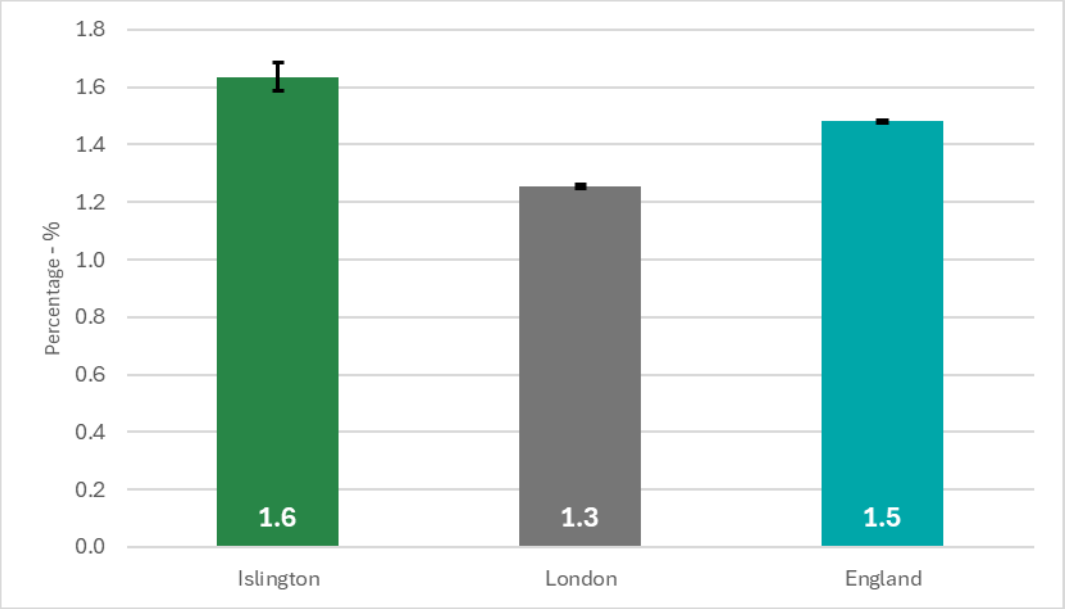
4.8 Mental health and mental wellbeing

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.

Islington has one of the highest (1.4%) prevalence of recorded serious mental illness on primary care registers (schizophrenia, bipolar disorder and other psychoses) across London and compared with England (0.9%). There are significant numbers of people suffering from depression (over 22,000) which is the second highest rate in London[4]. Increasing financial and other pressures caused by long term austerity and the impact of welfare reforms may particularly affect mental health needs in the borough.

Figure 41 shows the QOF incidence of depression – new diagnosis in people aged 18 and over in 2023-2024 in Islington, London, and England. The incidence for a new diagnosis of depression in Islington was 1.6%, significantly higher than London (1.3%) and the England average of 1.5%.

Figure 41: Depression: QOF incidence - new diagnosis (18+ yrs) 2023/24



Source: OHID Fingertips, 2025[21]

4.9 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').

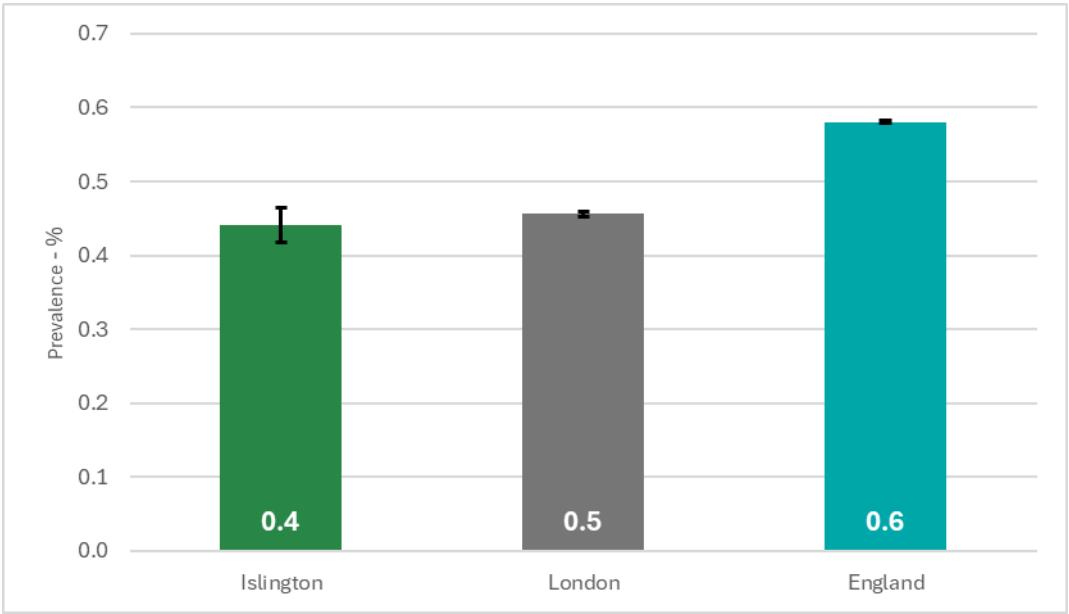
People with learning disabilities can become socially excluded and vulnerable. They have greater health needs than the rest of the population as they are more likely to have:

- 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 42 shows the QOF prevalence of people living with a learning disability in 2023/24 in Islington, London and England. The recorded (diagnosed) prevalence for people living with a learning disability in Islington was 0.4%, similar to London (0.5%) but significantly lower than the England average (0.6%).

Figure 42: QOF prevalence of persons living with a learning disability (all ages), 2023/24



Source: OHID Fingertips, 2025[21]

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

4.10 Vaccine preventable disease

4.10.1 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.

4.10.2 Population vaccination coverage

Vaccination is one of the most important things we can do to protect ourselves and our children against ill health. They prevent millions of deaths worldwide every year.

Since vaccines were introduced in the UK, diseases like smallpox, polio and tetanus that used to kill or disable millions of people are either gone or are now very rarely seen.

Other diseases like measles and diphtheria have reduced to a very low number of cases each year since vaccines were introduced. These cases are often related to travel.

However, if people stop having vaccines, it is possible for infectious diseases to quickly spread again.

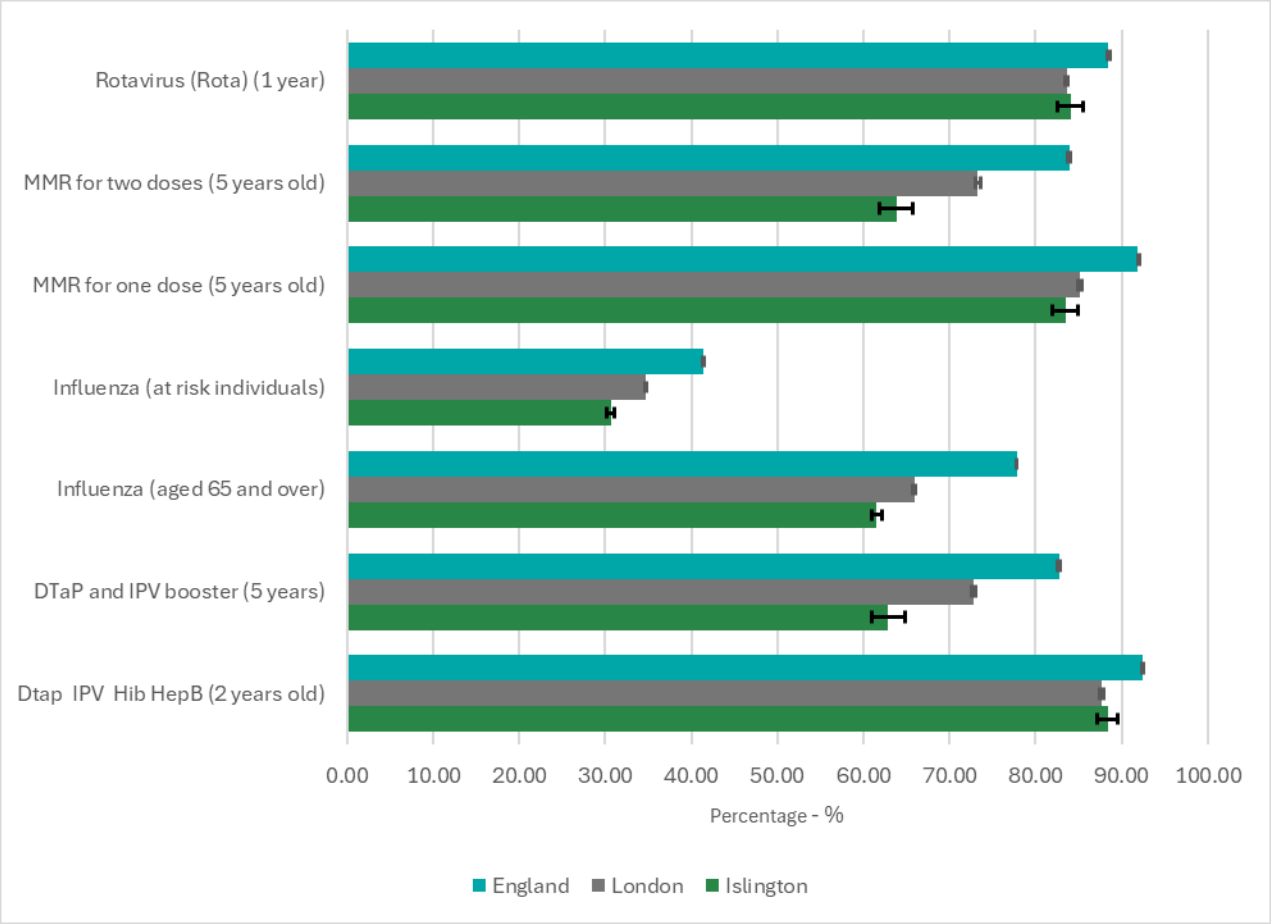
Table 4 and Figure 43 show the population uptake of a number of important vaccinations in Islington, London and England 2023/24. The uptake of all these vaccines included in this analysis is lower in Islington than the England average.

Table 4: Population vaccination coverage by indicator 2023/24

Vaccination type	Islington	London	England
Rotavirus (Rota) (1 year):	84.1%	83.6%	88.5%
MMR for two doses (5 years old):	63.8%	73.3%	83.9%
MMR for one dose (5 years old):	83.5%	85.2%	91.9%
Influenza (at risk individuals):	30.7%	34.7%	41.4%
Influenza (aged 65 and over):	61.5%	65.9%	77.8%
DTaP and IPV booster (5 years):	62.9%	72.8%	82.7%
DTaP IPV Hib HepB (2 years old):	88.4%	87.7%	92.4%

Source: OHID Fingertips, [accessed April 2025][21]

Figure 43: Population vaccination coverage by indicator 2023/24

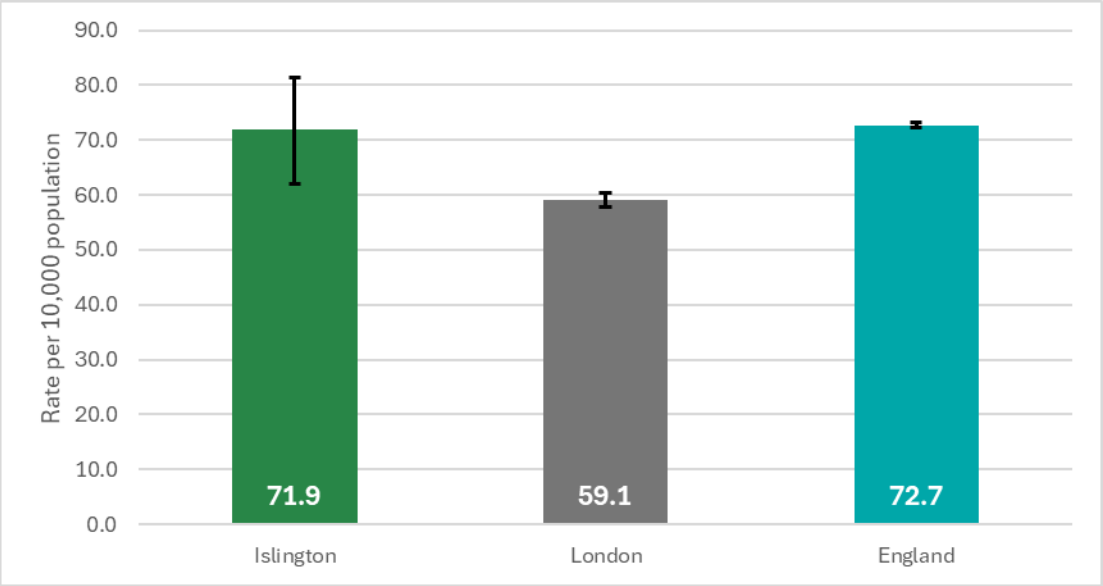


Source: OHID Fingertips, [accessed April 2025][21]

4.11 Accidental injuries

Figure 44 shows the rate (per 10,000 age specific population) of hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years) in 2023/24 in Islington, London and England. The rate in Islington was 71.9 per 10,000 children, significantly higher than London (59.1 per 10,000 children) and the England average of 72.7 per 10,000 children.

Figure 44: Rate of hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years) per 10,000 population, 2023/24



Source: OHID Fingertips, [accessed April 2025][21]

4.12 Summary of health needs analysis

Islington is a local authority with changing populations and health needs. The aging population is projected to continue to grow, and it is becoming more ethnically diverse.

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 and an increasing need for health and care services to identify and manage these long-term conditions, and particularly those with multiple conditions and needs.

Identification and diagnosis of conditions at an early stage will be vital to ensure good outcomes for the population. At present, conditions such as coronary heart disease, hypertension, diabetes and chronic kidney disease, all have a lower prevalence rate when compared with the London and England averages.

The changing demographic of Islington requires commissioners and providers to ensure services are culturally sensitive. Certain ethnic 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 ethnic groups. These factors are often linked to significant socio-economic disadvantage and social exclusion.

In addition to the changing needs of the resident population, Islington also has the needs of additional communities to consider. Additional daytime populations, students, prison populations, asylum seekers and vulnerable children are some of

the vulnerable groups identified within the health needs analysis as requiring consideration when commissioning and delivering pharmacy services. Theses changing demographics will require commissioners and providers to ensure services are culturally sensitive.

Life expectancy at birth in Islington is 78.2 years for men and 83.0 years for females. The sloping index of inequality (2021-2023) shows that males live 8.0 years longer in the least deprived areas compared to the most deprived. For females this is 3.7 years. The life expectancy at birth is not only generally lower than London and the England average, but males and females in Islington are expected to live longer in poorer health.

5 Current Provision of Pharmaceutical Services

5.1 Overview

The London Pharmacy Commissioning Hub (LPCH) is responsible for administering pharmacy services and maintaining up-to-date information on the opening hours of all pharmacies, on behalf of NCL ICB.

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

Figure 45 illustrates the locations of pharmacies across the borough, and table 5 lists the pharmacies and the map index.

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

Figure 45: Locations of pharmacies within the Islington HWB boundary

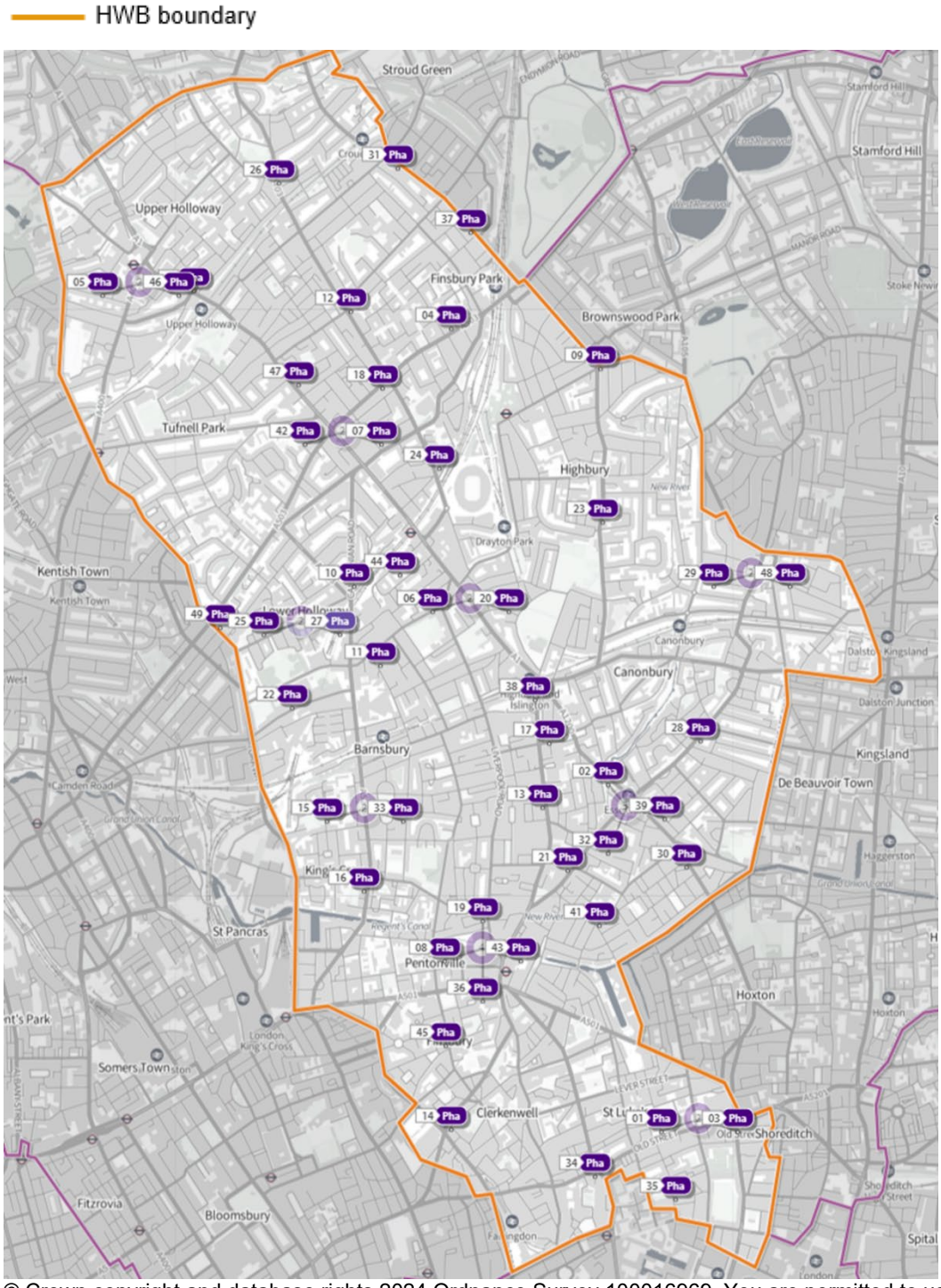


Table 5: List of pharmacies in Islington and map index

Map index	Code	Name	Locality		Map index	Code	Name	Locality
1	FC850	Apex Appliances	South		26	FKF20	J C Wise Pharmacy	North
2	FG894	Apex Pharmacy	Central		27	FGV22	Lemonpill	North
3	FHD65	Apex Pharmacy	South		28	FPP76	Leoprim Chemist	Central
4	FWN43	Apteka Chemist	North		29	FVH52	Mahesh Chemist	Central
5	FND94	Arkle Pharmacy	North		30	FVG24	New North Pharmacy	Central
6	FG127	Atkins Chemist	Central		31	FJA90	Nuchem Pharmaceuticals Ltd	North
7	FMD33	Boots	North		32	FN508	Osbon Pharmacy	Central
8	FFX11	Boots	South		33	FAC32	P Edward Ltd	South
9	FQ525	C&H Pharmacy	Central		34*	FEW08*	Pharmica*	South
10	FVW20	Caledonian Pharmacy	North		35	FJJ16	Portmans Pharmacy	South
11	FWP49	Carters Chemist	South		36	FJH03	Prime Response Pharmacy	South
12	FW897	Chemitex Pharmacy	North		37	FF023	Roger Davies Pharmacy	North
13	FXC57	Clan Pharmacy	Central		38	FG060	Rose Chemist	Central
14	FRM14	Clerkenwell Pharmacy	South		39	FKR70	Savemain Ltd	Central
15	FAG14	Clockwork Pharmacy	South		40	FDL81	Shivo Chemists	North
16	FVA91	Clockwork Pharmacy	South		41	FDN39	St Peter's Pharmacy	Central
17	FWK02	Dermacia Pharmacy	Central		42	FMD88	Superdrug Pharmacy	North
18	FJ680	Devs Chemist	North		43	FJ143	Superdrug Pharmacy	South
19	FRM52	Douglas Pharmacy	South		44	FL755	Vyne	North
20	FLM71	Egerton Chemist	Central		45	FM604	WC & K King Chemist	South
21	FEM36	Essex Pharmacy	Central		46	FPA29	Well	North
22	FG020	Fittleworth Medical Limited	South		47	FP519	Wellcare Pharmacy	North
23	FL630	Highbury Pharmacy	Central		48	FPC65	Wellcare Pharmacy	Central
24	FVQ29	Hornsey Road Pharmacy	Central		49	FDN26	York Pharmacy	North
25	FWQ48	Islington Pharma Limited	North					

*Marked as "temporarily closed" in pharmaceutical list and has not been providing any NHS services, so has not been included in any analysis in this PNA.

5.1.1 Core hours

48 pharmacy contractors (including one distance selling pharmacy and 3 dispensing appliance contractors) provide essential services (see Section 7) as part of the NHS Community Pharmacy Contractual Framework. Most community pharmacies provide a core of 40 hours per week although some pharmacies in Islington are contracted to provide more core hours.

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

5.1.2 Supplementary hours

These are provided on a voluntary basis by the pharmacy contractor often based on patient need and business viability. As such, they are additional to the core hours provided. Supplementary hours can be amended by giving the ICB a minimum of 5 weeks' notice of the intended change where a decrease in hours will occur. Although notification must also be given to the ICB for an increase in hours, there is no notice period stated, however owners are encouraged to give as much notice as possible.

34 pharmacies in Islington currently provide some supplementary hours, ranging from 1.25 to 31 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.

Islington has one 100-hour contracted pharmacy in the North, which was the same in the last PNA:

- Islington Pharmacy, Unit A, 31 North Road, N7 9GL.

5.3 Pharmacy Access Scheme

In October 2016, as part of the renewed funding package for community pharmacies in England, the Department of Health and Social Care (DHSC) introduced a Pharmacy Access Scheme (PhAS). This was to give patients access to NHS

community pharmacy services in areas where there are fewer pharmacies with higher health needs, so that no area need be left without access to NHS community pharmaceutical services.

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

There are no PhAS providers in Islington.

5.4 Dispensing appliance contractors (DAC)

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

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 three DACs in Islington (two in the South locality and one in the North), which is the same as the previous PNA:

- Fittleworth Medical, Unit 8, Ground Floor, Blenheim Court, 62 Brewery Road, London N7 9NY (South)
- Apex Pharmacy (Appliance), 199 Old Street, London EC1V 9NP (South)
- Vyne, Unit 29B Highbury Studios, 8 Hornsey Street, Holloway, London N7 8EG (North)

As part of the essential Services of appliance contractors, a free delivery service is available to all patients.

5.5 Distance selling pharmacies (DSP)

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

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

As of 31st March 2024, there were 409 distance selling premises 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 active DSP in the Islington HWB area, located in the North locality:

- Lemonpill, Office 327 Omnibus House, Busworks, 39-41 North Road, N7 9DP

5.6 Dispensing doctors

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

There are no dispensing GP practices in Islington.

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 Islington area that provide dispensing services to the registered population of Islington. This is detailed in section 6.2.

5.9 Government consultations

5.9.1 Pharmacy supervision

The Government has recently undertaken a consultation exercise to gather views on a proposed change to the regulations on pharmacy supervision. The changes, if

enacted, would allow greater delegation of tasks in a community pharmacy, allowing the pharmacist to focus more on clinical services and other patient-facing activity. This could free up capacity and enable community pharmacists to deliver a wider range of NHS services.

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

5.9.2 General practice 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 October 2025. The change would allow 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) 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 Islington

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

- Closure of one pharmacy in the South locality: Rowlands Pharmacy,16 Exmouth Market, London, EC1R 4QE

This closure was not a 100-hour contract.

6.1 Number, type of pharmacies and geographical distribution

Table 6 shows the number and types of pharmacies across each of the three localities. Central locality contains the highest number of pharmacies. Table 7 shows the number of pharmacies per 100,000 population (ONS 2022 population estimates have been used as this could be broken down to locality level).

This shows that overall, Islington has a higher number of pharmacies per 100,000 population compared to the London and England average. When broken down to localities within Islington, the provision of pharmacy services differs across the three localities, however all have a comparatively higher provision of pharmacies than the England average.

Table 6: Distribution of community pharmacies, by locality

Locality	Number of pharmacies				
	40-hour	DSP	DAC	100-hour	TOTAL
Central	17	0	0	0	17
North	14	1	1	1	17
South	12	0	2	0	14
TOTAL	**43**	**1**	**3**	**1**	**48**

Source: LPCH[50]

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

Locality	No. of community pharmacies*	2022 population estimate	Pharmacies per 100,000 population	Persons per pharmacy
Central	17	89,985	18.9	5,293
North	16	82,839	19.3	5,177
South	12	47,549	25.8	3,962
Islington	**45**	**220,373**	**20.4**	**4,897**
London	**1,724**	**8,866,180**	**19.4**	**5,143**
ENGLAND	**10,430**	**57,112,542**	**18.3**	**5,476**

Sources: ONS 2022 ward-level population estimates[8], LPCH[50], NHSBSA Consolidated Pharmaceutical List Q3 2024/25[51]
(*Includes DSP, but excludes DACs)

6.2 Dispensing activity in Islington

To assess the average dispensing activity levels in Islington community pharmacies, data from the NHSBSA on prescribing and dispensing activity[52] was mapped to Islington using pharmacy codes and addresses.

Table 8: Average number of items dispensed per pharmacy in Islington, 2023/24

	No of pharmacies*	Number of prescription items dispensed by pharmacies (2023/24)	Average no. of prescription items dispensed per pharmacy (2023/24)
Islington	45	3,365,716	74,794
ENGLAND	**10,430**	**1,113,000,000**	**106,711**

Sources: LPCH[50], NHSBSA Consolidated Pharmaceutical List Q3 2024/25 [51], NHSBSA dispensing data[52]
(*Includes DSP, but excludes DACs)

Table 8 shows that pharmacies in Islington dispense lower than average numbers of items than the England average.

Further analysis of prescribing and dispensing data indicated that in 2023/24, 82.9% of the items prescribed by GP practices in Islington were dispensed by pharmacies in the Islington area, 6.2% were dispensed in other North Central London boroughs and 10.9% were dispensed "out of area".

To counter this information, Islington pharmacies also dispense some prescriptions that are sourced from prescribers located out of the council's boundaries. In 2023/24, 17.2% of the dispensing activity of pharmacies in Islington 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. Islington is a central London borough with people commuting to Islington for work. The commuters won't necessarily live in the borough but may get their prescription dispensed at a pharmacy near their workplace as opposed to near to where they live.

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 Islington, in addition to the 100-hour pharmacy, 14 pharmacies are contracted for more than 40 core hours per week, and 32 pharmacies choose to provide supplementary hours to meet the needs of their populations. These extra hours range from 1.25 hours per week to 31 hours per week.

In Islington, there are currently:

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

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

The DSP does 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 Islington, split between weekday 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 6 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[53].

6.4.1 Weekday opening

There is extensive access to a community pharmacy across Islington between the hours of 9am and 6pm on weekdays in all localities. 43 pharmacies remain open without closing for lunchtime. 2 pharmacies across Islington close over lunchtime:

- FJ143 Superdrug Pharmacy – closes for lunch 2pm to 2.30pm
- FMD88 Superdrug Pharmacy – closes for lunch 2pm to 2.30pm

6.4.1.1 Weekday daytime

Most community pharmacies in Islington are open from 9am on weekday mornings, except for one which opens at 9.30am. Five pharmacies offer opening times before 9am, which are sometimes provided as supplementary hours. During the weekday daytime, there is adequate access to pharmacies across all localities, with 100% of the population able to get to their nearest pharmacy within a 12-minute walk, and all residents in all areas are able to access a pharmacy within a 10-minute public transport or 5-minute private transport journey (see figures 46, 47 and 48). Walking time assumes a walking speed of 5km/hour (3.1 miles/hour).

Figure 46: Access to pharmacies by travel time on foot – weekday daytime (with 1km buffer zone outside HWB boundary)

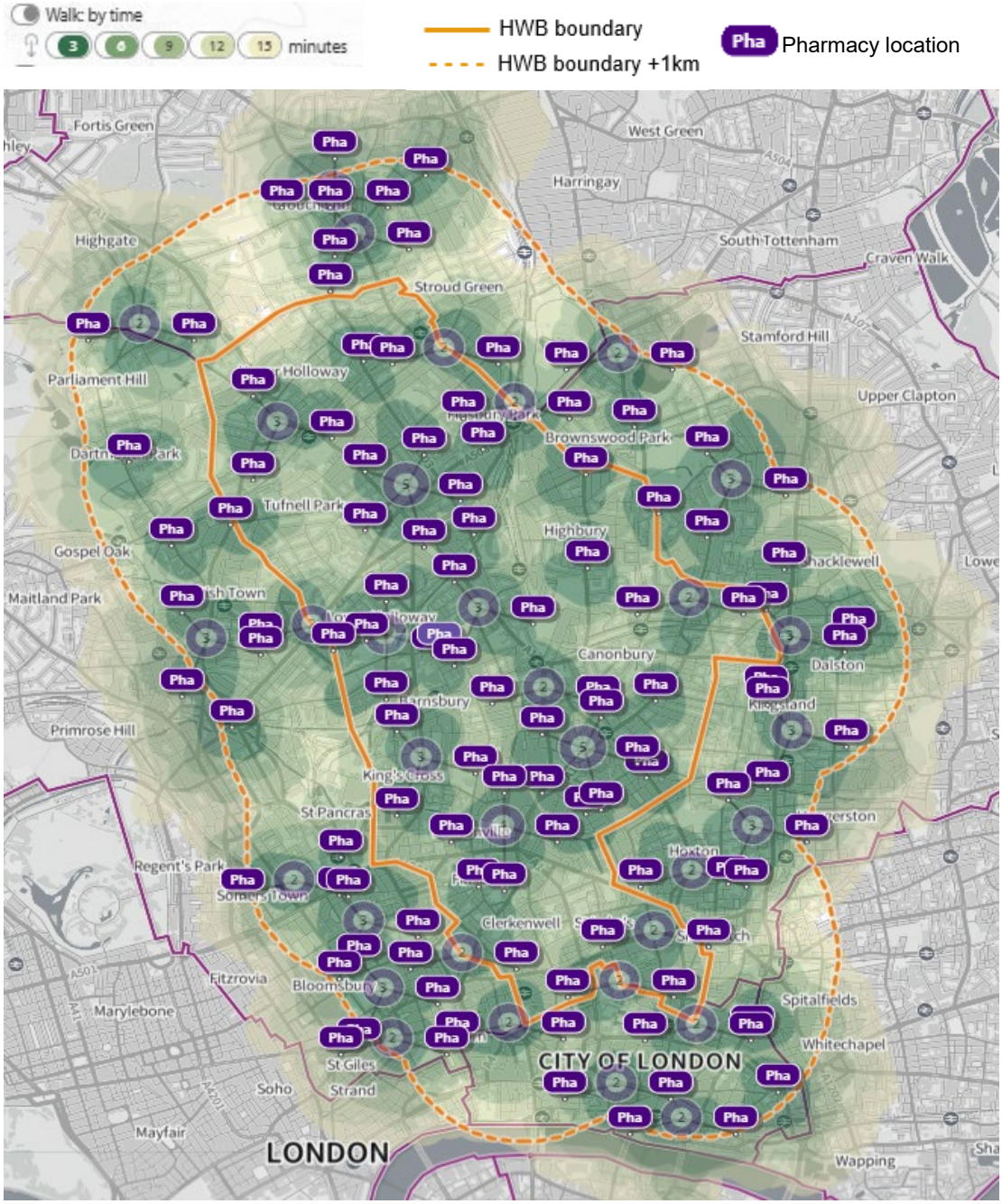


Table 9: Access to pharmacies by travel time on foot – weekday daytime

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
3	151,736	67,858	219,594	69.1
6	208,740	10,854	219,594	95.1
9	218,148	1,446	219,594	99.3
12	219,594	0	219,594	100.0
15	219,594	0	219,594	100.0

*Walk: by time: assumes walking speed of 5km/hour (3.1 miles/hour).

Figure 47: Access to pharmacies by travel time on public transport – weekday morning (with 3km buffer zone outside HWB boundary)

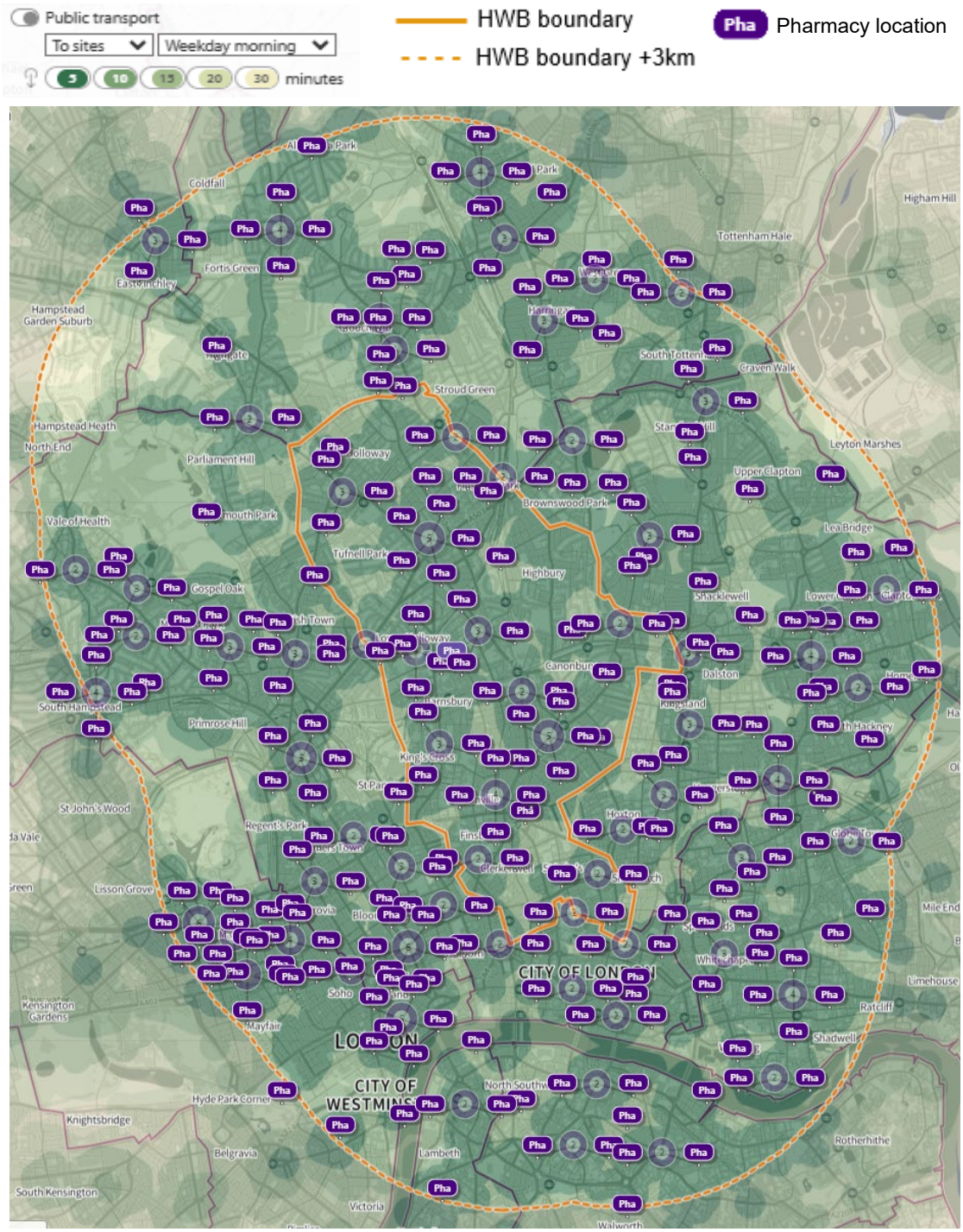


Table 10: Access to pharmacies by travel time on public transport – weekday morning

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	201,928	17,666	219,594	92.0
10	219,594	0	219,594	100.0
15	219,594	0	219,594	100.0
20	219,594	0	219,594	100.0
30	219,594	0	219,594	100.0

Figure 48: Access to pharmacies by travel time by car – weekday daytime (with 3km buffer zone outside HWB boundary)

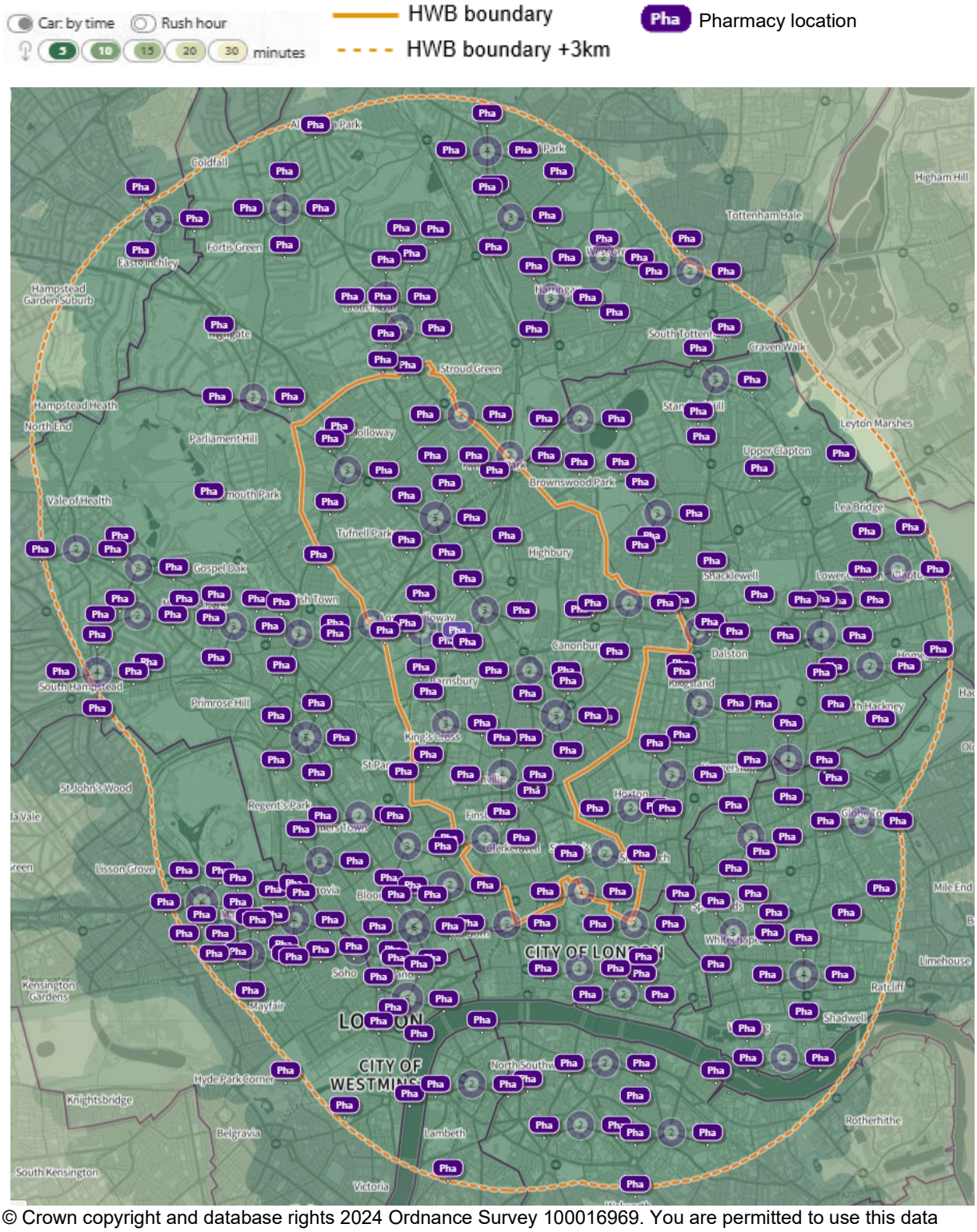


Table 11: Access to pharmacies by travel time by car – weekday daytime

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	219,594	0	219,594	100.0
10	219,594	0	219,594	100.0
15	219,594	0	219,594	100.0
20	219,594	0	219,594	100.0
30	219,594	0	219,594	100.0

6.4.1.2 Weekday evenings

All pharmacies remain open until at least 6pm, after which there is a reduction in provision with 22 pharmacies open until 7pm. After 7pm there is extended access provided by one pharmacy in the central locality, the100-hour contract pharmacy in the north locality, and from pharmacies in neighbouring HWB areas. After 7pm 52% of Islington residents can walk to their nearest pharmacy within 15 minutes (figure 49). All Islington residents have access to a pharmacy within 30 minutes via public transport (figure 50) and within 10 minutes by private transport (figure 51) after 7pm.

Figure 49: Access to pharmacies by travel time on foot – weekday evening (with 1km buffer zone outside HWB boundary)

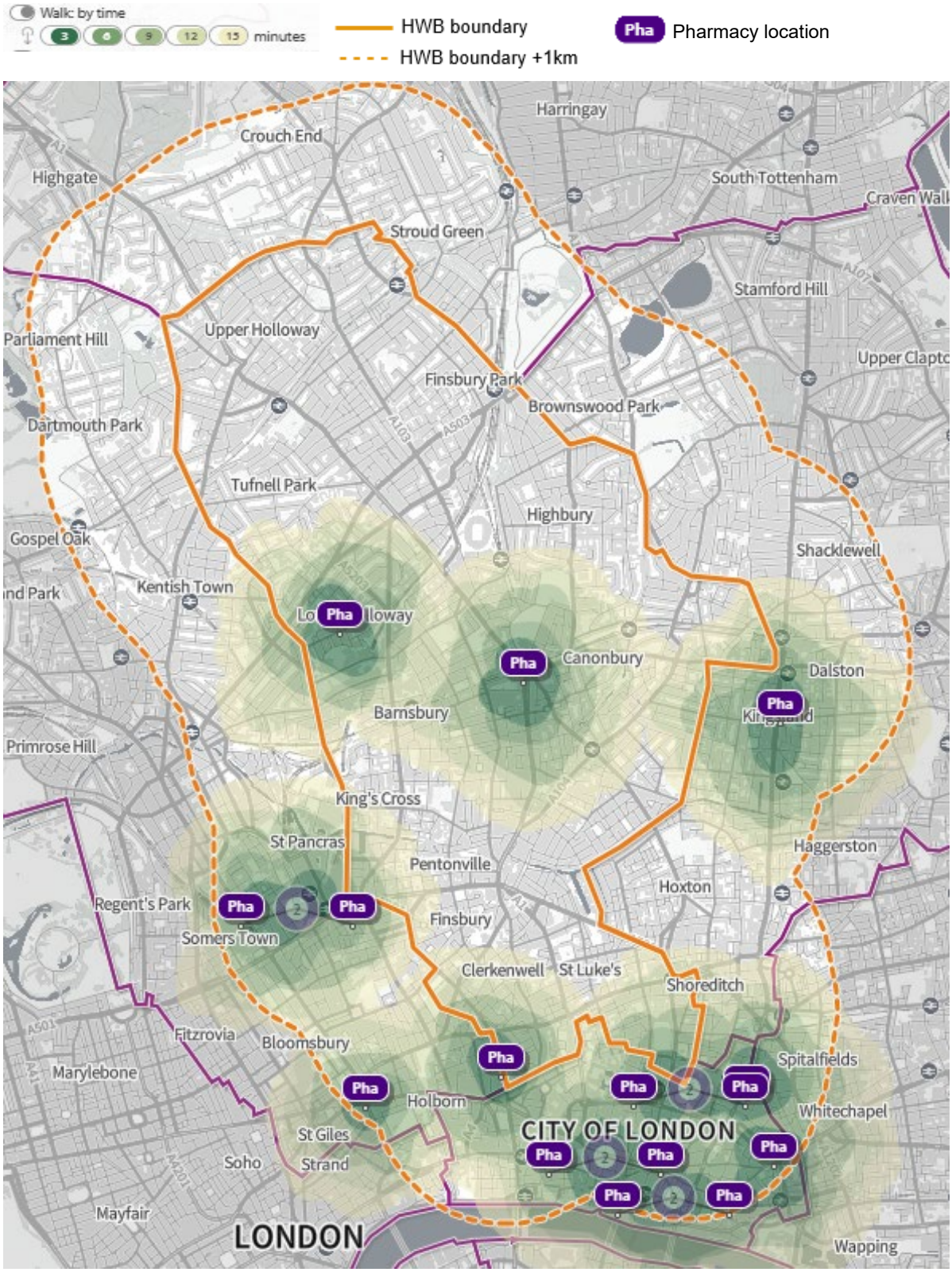


Table 12: Access to pharmacies by travel time on foot – weekday evening

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
3	9,736	209,858	219,594	4.4
6	22,508	197,086	219,594	10.2
9	41,354	178,240	219,594	18.8
12	71,869	147,725	219,594	32.7
15	115,321	104,273	219,594	52.5

*Walk: by time: assumes walking speed of 5km/hour (3.1 miles/hour).

Figure 50: Map showing travel time by public transport weekday evenings after 7pm (with 3km buffer zone outside HWB boundary)

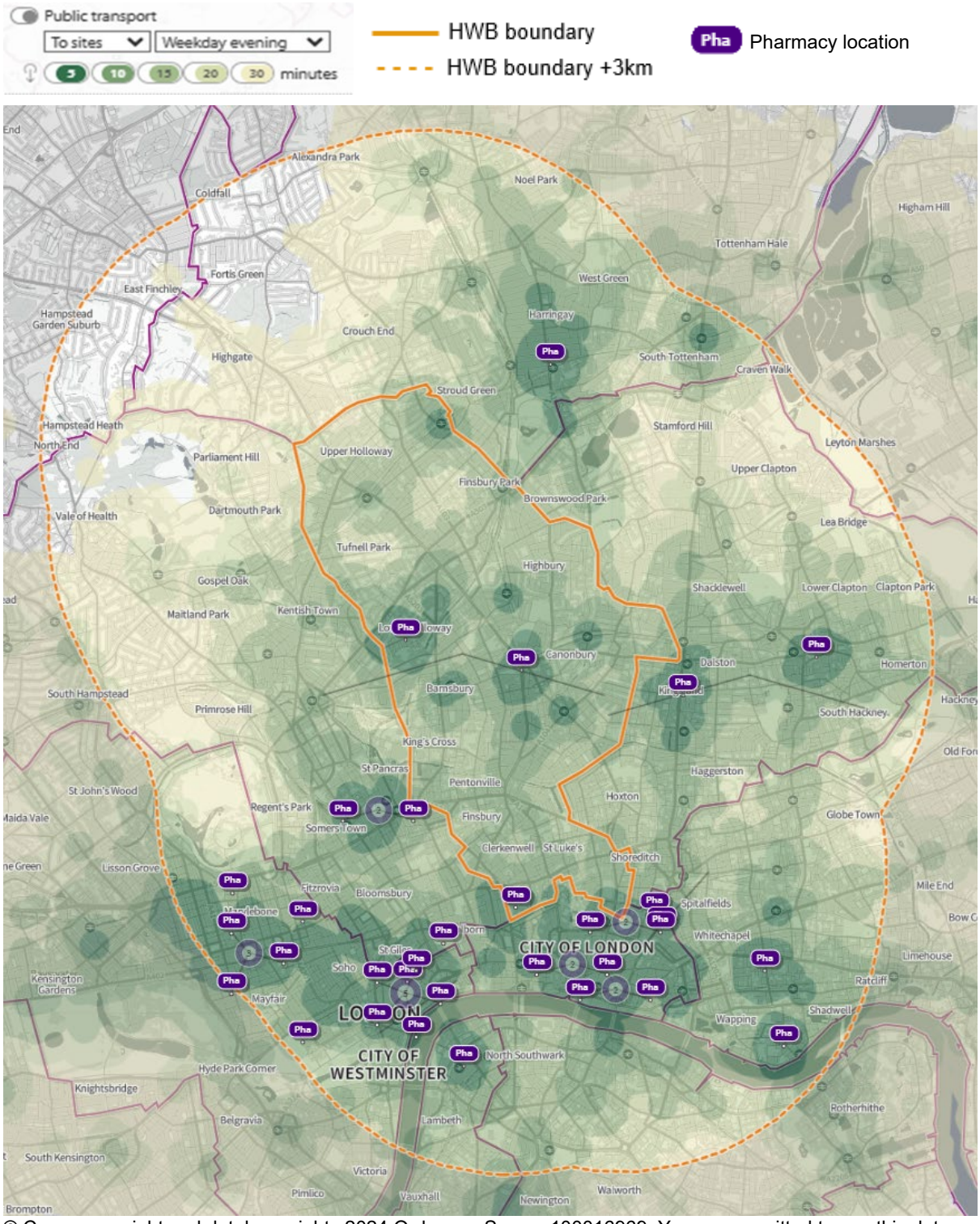


Table 13: Travel time by public transport weekday evenings after 7pm

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	29,494	190,100	219594	13.4
10	129,760	89,834	219594	59.1
15	201,021	18,573	219594	91.5
20	219,594	0	219594	100.0
30	219,594	0	219594	100.0

Figure 51: Map showing travel time by car weekday evenings after 7pm Monday to Friday (with 3km buffer zone outside HWB boundary)

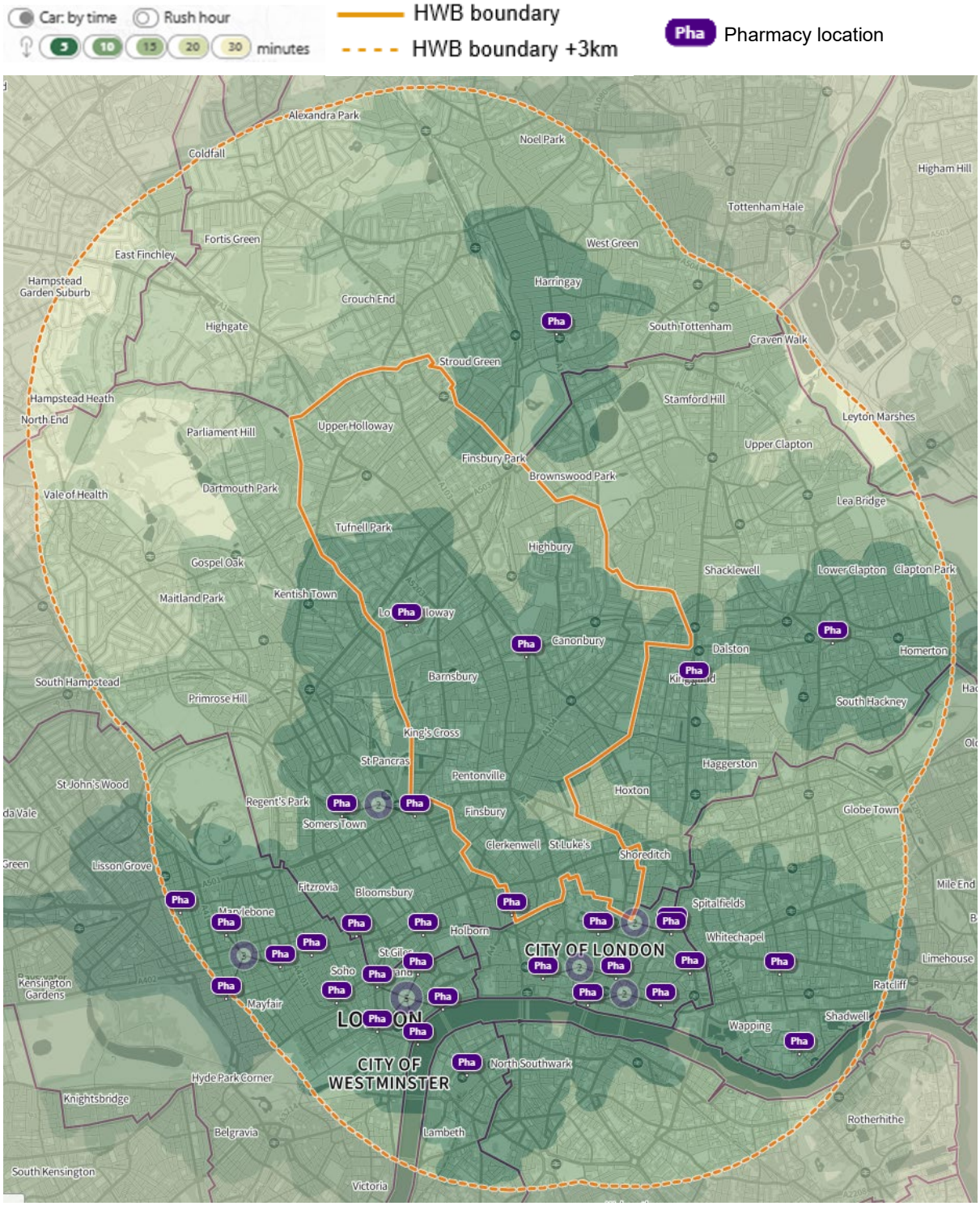


Table 14: Travel time by car weekday evenings after 7pm Monday to Friday

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	149,420	70,174	219,594	68.0
10	219,594	0	219,594	100.0
15	219,594	0	219,594	100.0
20	219,594	0	219,594	100.0
30	219,594	0	219,594	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 Islington.

6.4.2 Weekend opening

6.4.2.1 Saturday opening

In total, 39 pharmacies open on Saturday mornings. This reduces to 25 pharmacies that remain open on Saturday afternoons after 2pm. 100% of the Islington population are within a 12-minute walk to their nearest pharmacy (figure 52), a 10-minute travel time via public transport on Saturday afternoons (see figure 53), and within 5 minutes by private transport (see figure 54).

After 6pm, five pharmacies remain open. After 7pm, this is reduced to the pharmacy operating under a 100-hour contract. 21% of the Islington population are within a 15-minute walk to their nearest pharmacy after 7pm (figure 55). All residents are within a 10-minute journey time by car to the nearest pharmacy (figure 56), and 100% are within a 30-minute journey time by public transport (figure 57) after 7pm.

Access on Saturdays is considered adequate in all localities.

Figure 52: Access to pharmacies by travel time on foot – Saturday daytime (with 1km buffer zone outside HWB boundary)

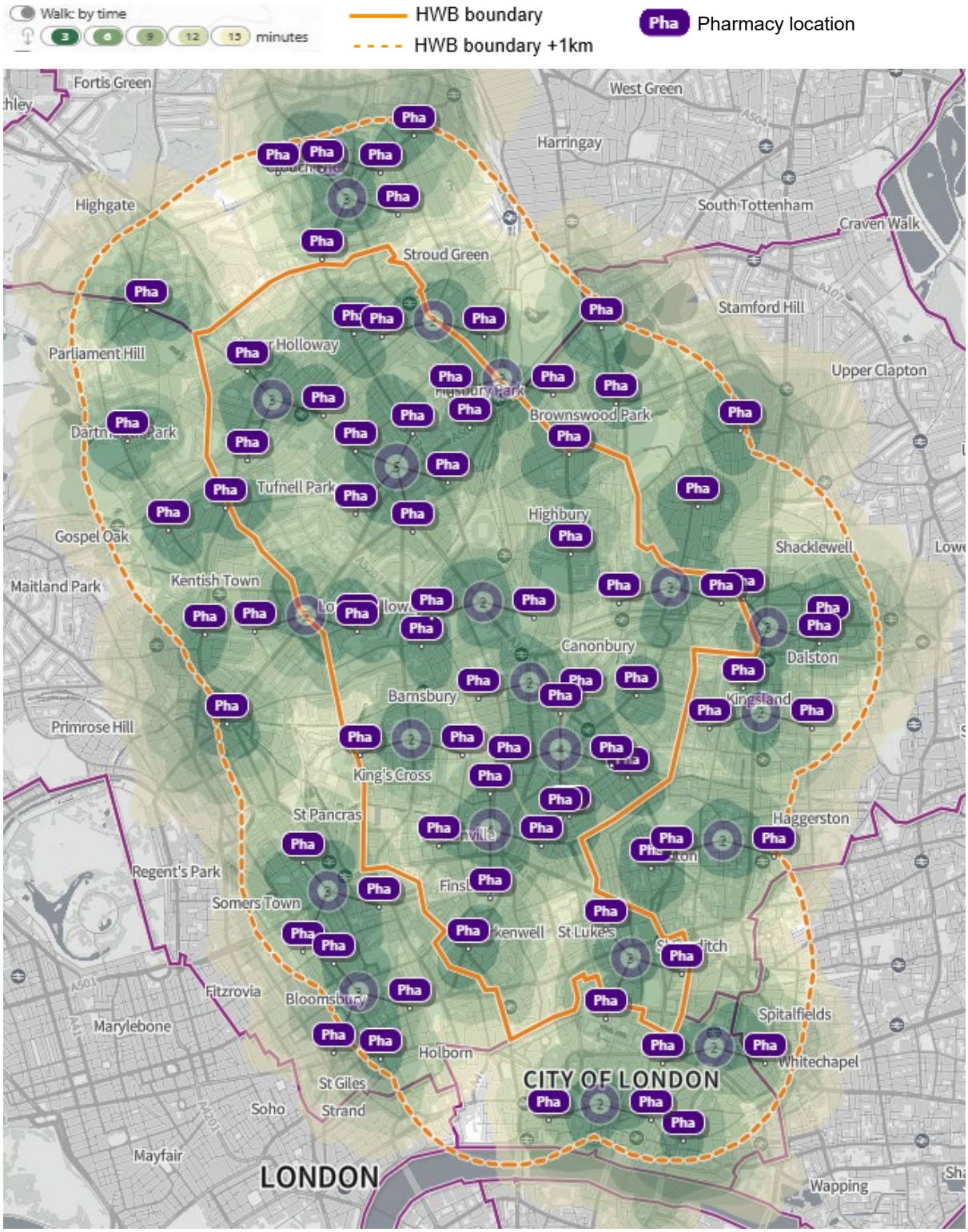


Table 15: Access to pharmacies by travel time on foot – Saturday daytime

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
3	133,899	85,695	219,594	61.0
6	201,072	18,522	219,594	91.6
9	218,148	1,446	219,594	99.3
12	219,594	0	219,594	100.0
15	219,594	0	219,594	100.0

*Walk: by time: assumes walking speed of 5km/hour (3.1 miles/hour).

Figure 53: Map showing travel time by public transport on Saturday afternoon (with 3km buffer zone outside HWB boundary)

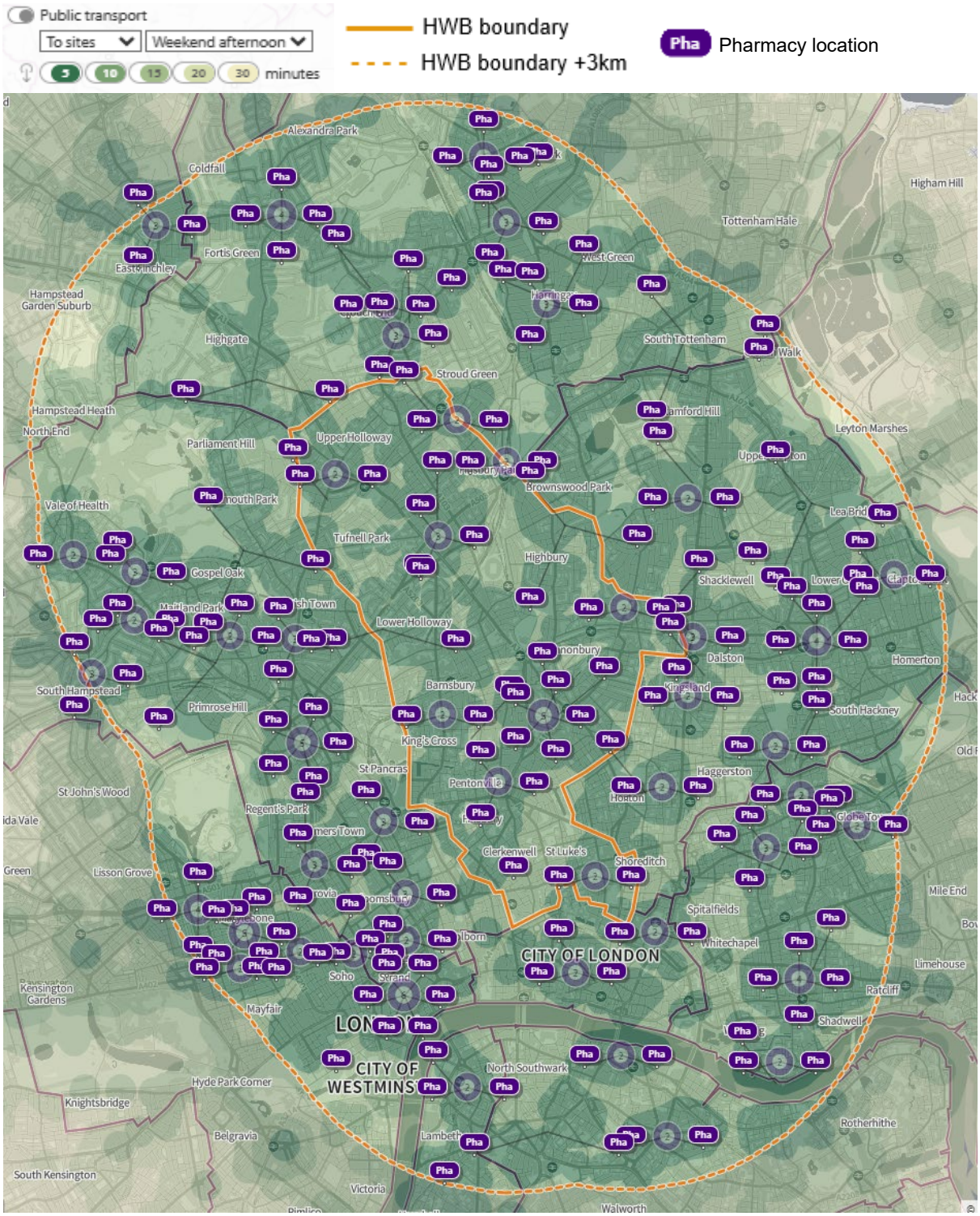


Table 16: Travel time by public transport on Saturday afternoon

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	186,857	32,737	219,594	85.1
10	219,594	0	219,594	100.0
15	219,594	0	219,594	100.0
20	219,594	0	219,594	100.0
30	219,594	0	219,594	100.0

Figure 54: Map showing travel time by car during Saturday daytime (with 3km buffer zone outside HWB boundary)

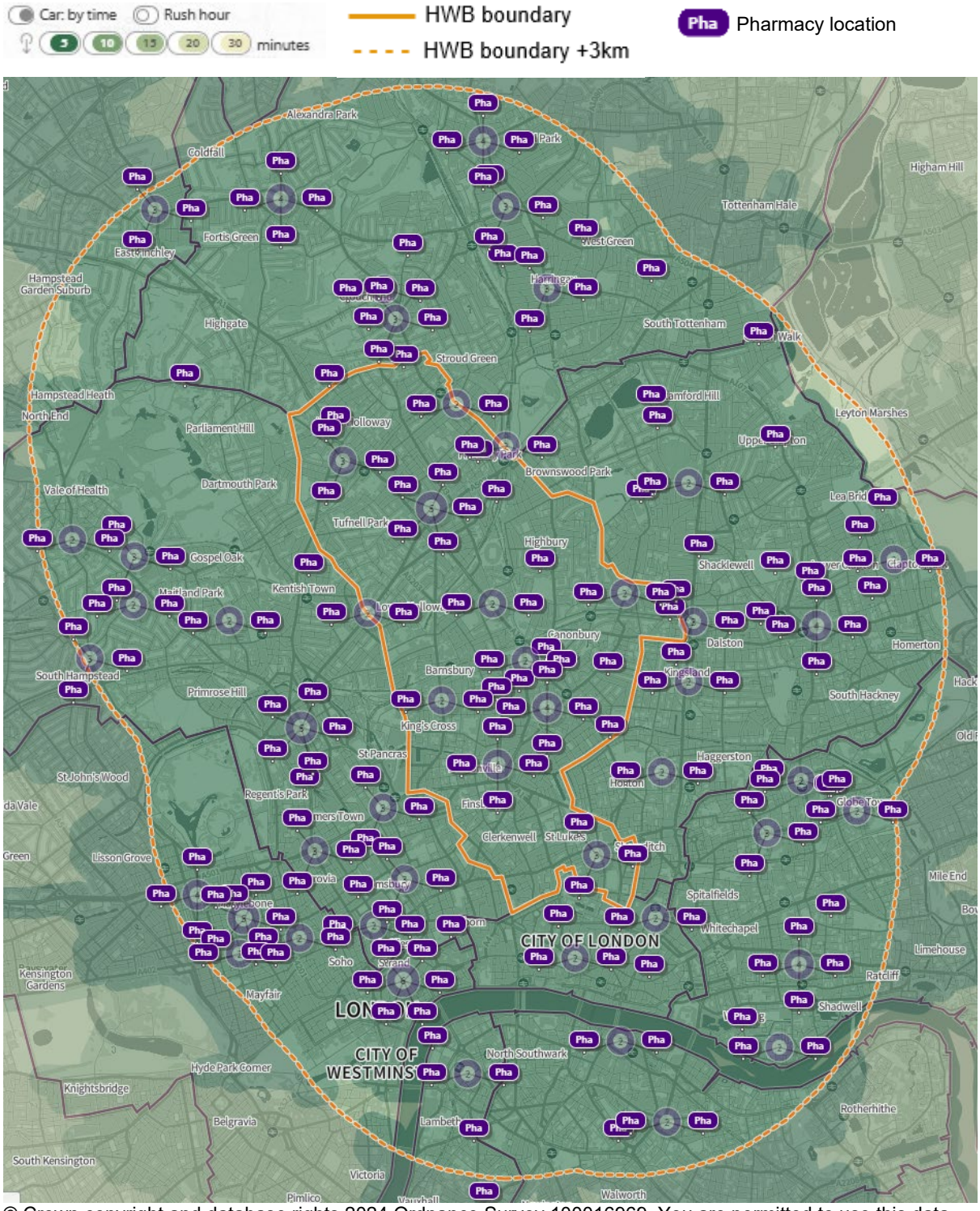


Table 17: Travel time by car during Saturday daytime

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	219,594	0	219,594	100.0
10	219,594	0	219,594	100.0
15	219,594	0	219,594	100.0
20	219,594	0	219,594	100.0
30	219,594	0	219,594	100.0

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

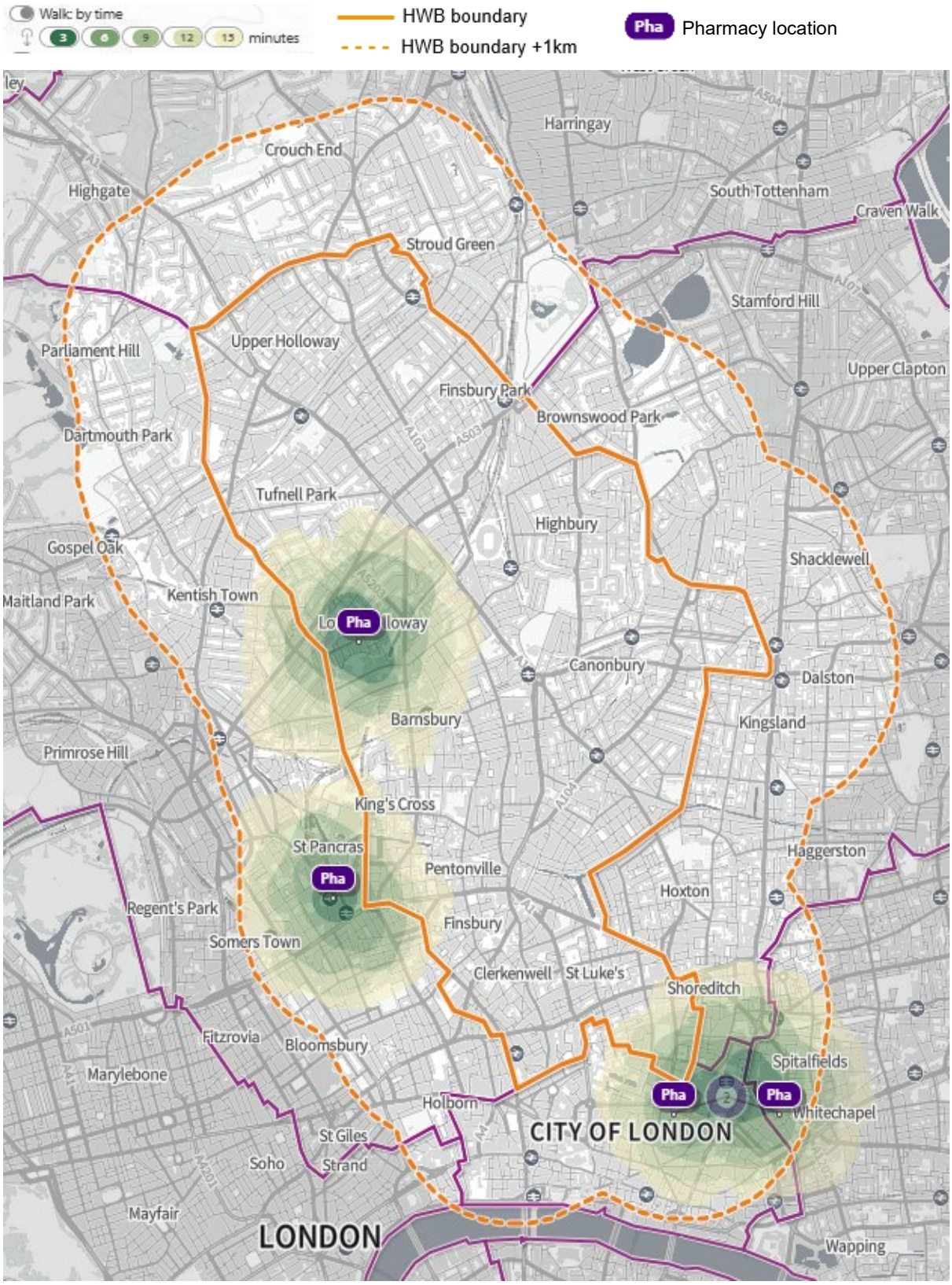


Table 18: Access to pharmacies by travel time on foot – Saturday evening

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
3	4,100	215,494	219,594	1.9
6	9,120	210,474	219,594	4.2
9	15,848	203,746	219,594	7.2
12	25,347	194,247	219,594	11.5
15	46,368	173,226	219,594	21.1

*Walk: by time: assumes walking speed of 5km/hour (3.1 miles/hour).

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

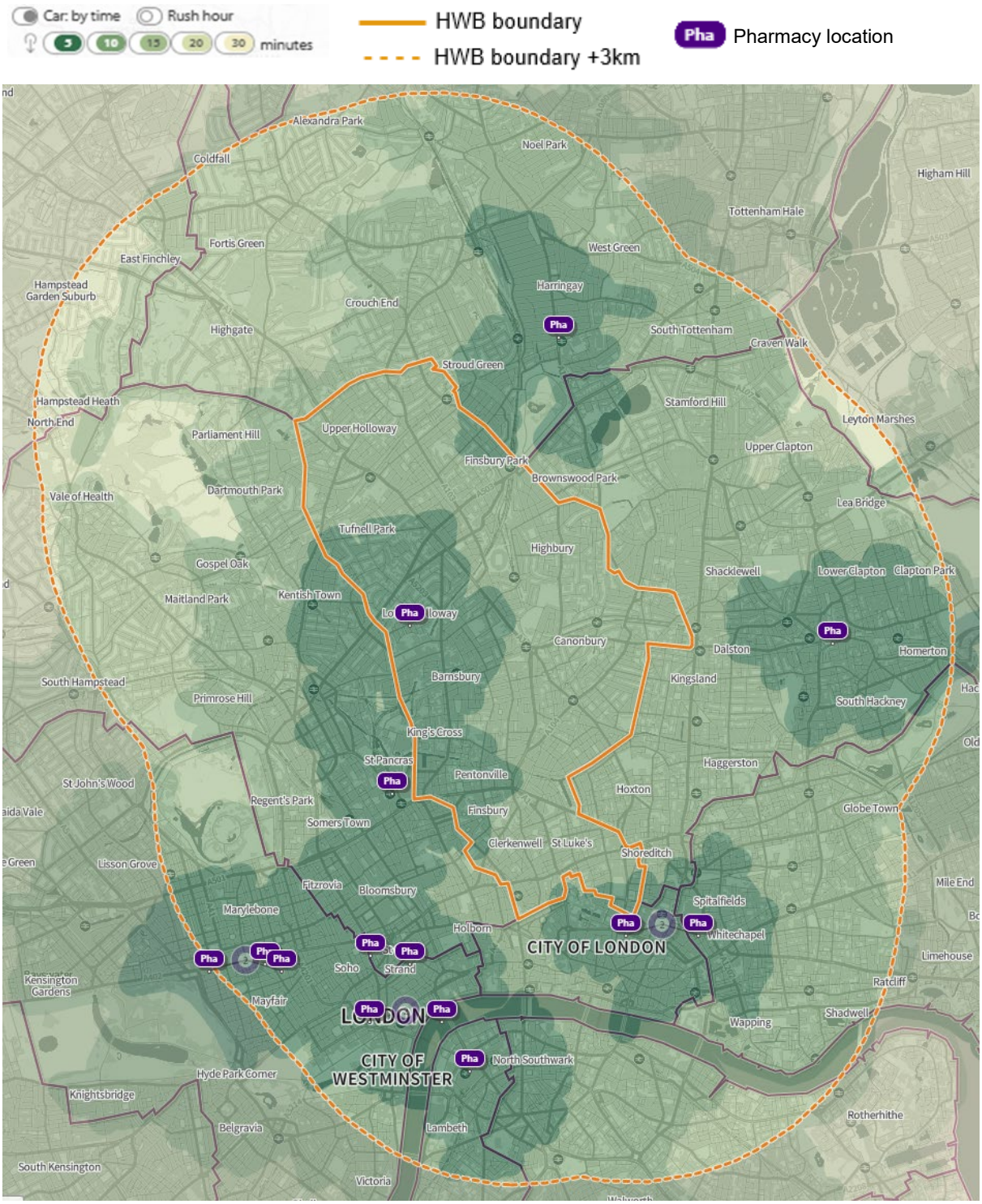


Table 19: Travel time by car during Saturday evening

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	70,516	149,078	219,594	32.1
10	219,594	0	219,594	100.0
15	219,594	0	219,594	100.0
20	219,594	0	219,594	100.0
30	219,594	0	219,594	100.0

Figure 57: Map showing travel time by public transport on Saturday evening (with 3km buffer zone outside HWB boundary)

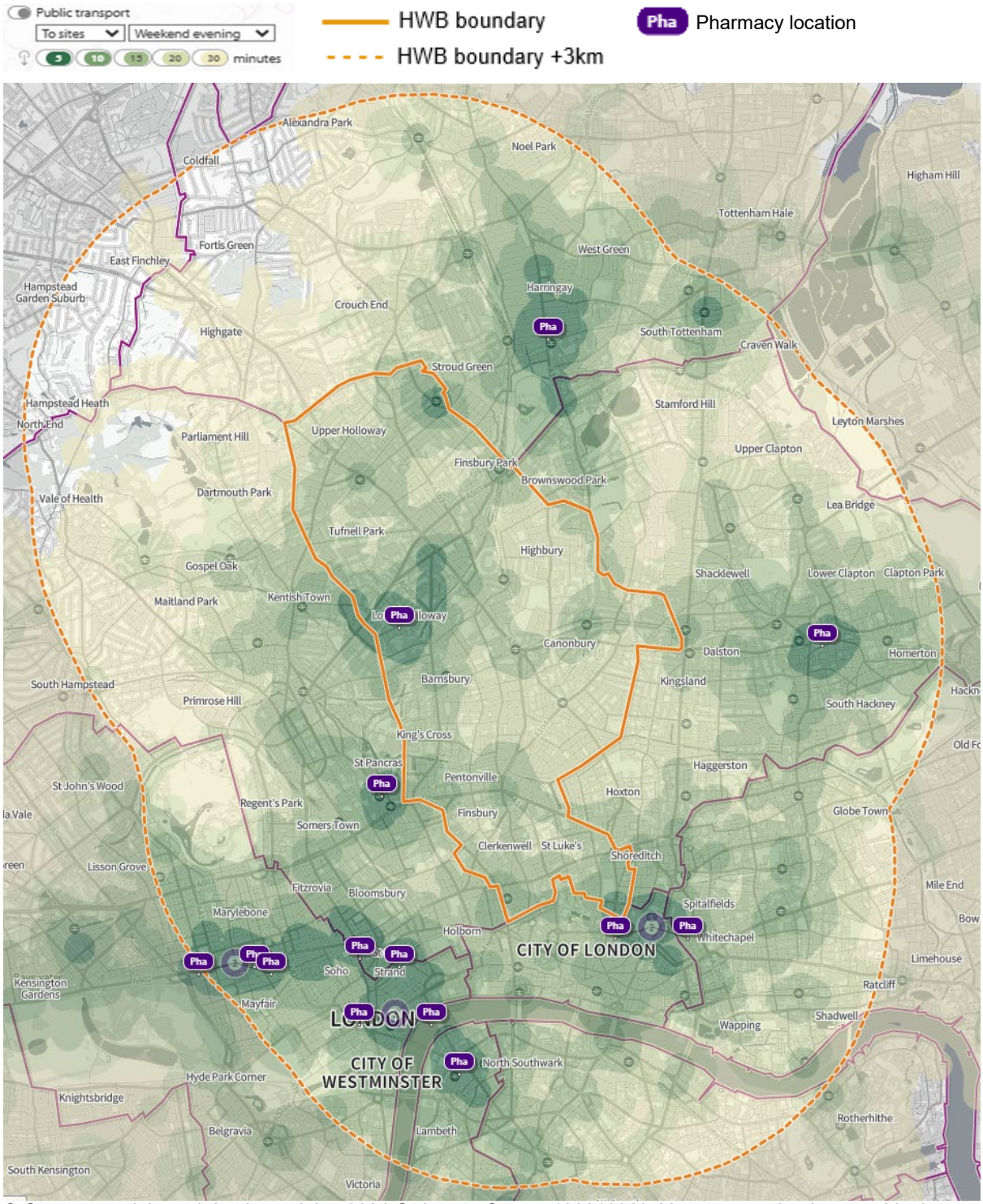


Table 20: Travel time by public transport on Saturday evening

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	12,999	206,595	219,594	5.9
10	50,542	169,052	219,594	23.0
15	154,165	65,429	219,594	70.2
20	218,148	1,446	219,594	99.3
30	219,594	0	219,594	100.0

6.4.2.2 Sunday opening

In total, two pharmacies in Islington are open on Sundays.

59% of the Islington population are within a 15-minute walk to their nearest pharmacy on a Sunday (figure 58). Figure 59 shows that on a Sunday all residents across Islington are within a 10-minute journey time to their nearest pharmacy by car and all are within a 15-minute public transport journey time (see figure 60).

The two pharmacies are open on Sundays until 5pm. Typically pharmacy services are not available on Sunday evenings.

Access on Sundays is considered adequate in all localities.

Figure 58: Access to pharmacies by travel time on foot – Sunday daytime (with 1km buffer zone outside HWB boundary)

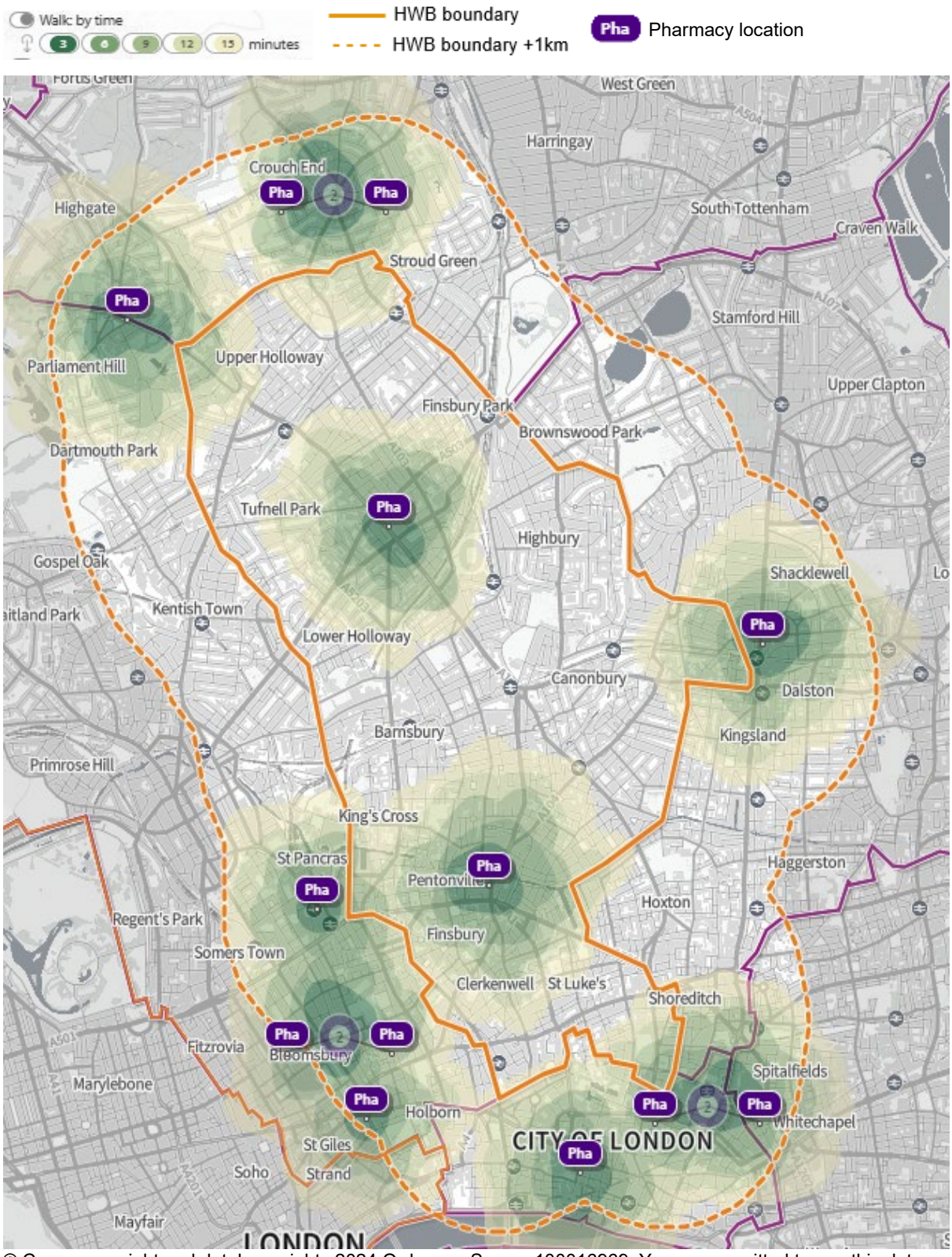


Table 21: Access to pharmacies by travel time on foot – Sunday daytime

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
3	6,716	212,878	219,594	3.1
6	25,711	193,883	219,594	11.7
9	51,804	167,790	219,594	23.6
12	84,900	134,694	219,594	38.7
15	130,175	89,419	219,594	59.3

*Walk: by time: assumes walking speed of 5km/hour (3.1 miles/hour).

Figure 59: Map showing travel time by car Sunday daytime (with 3km buffer zone outside HWB boundary)

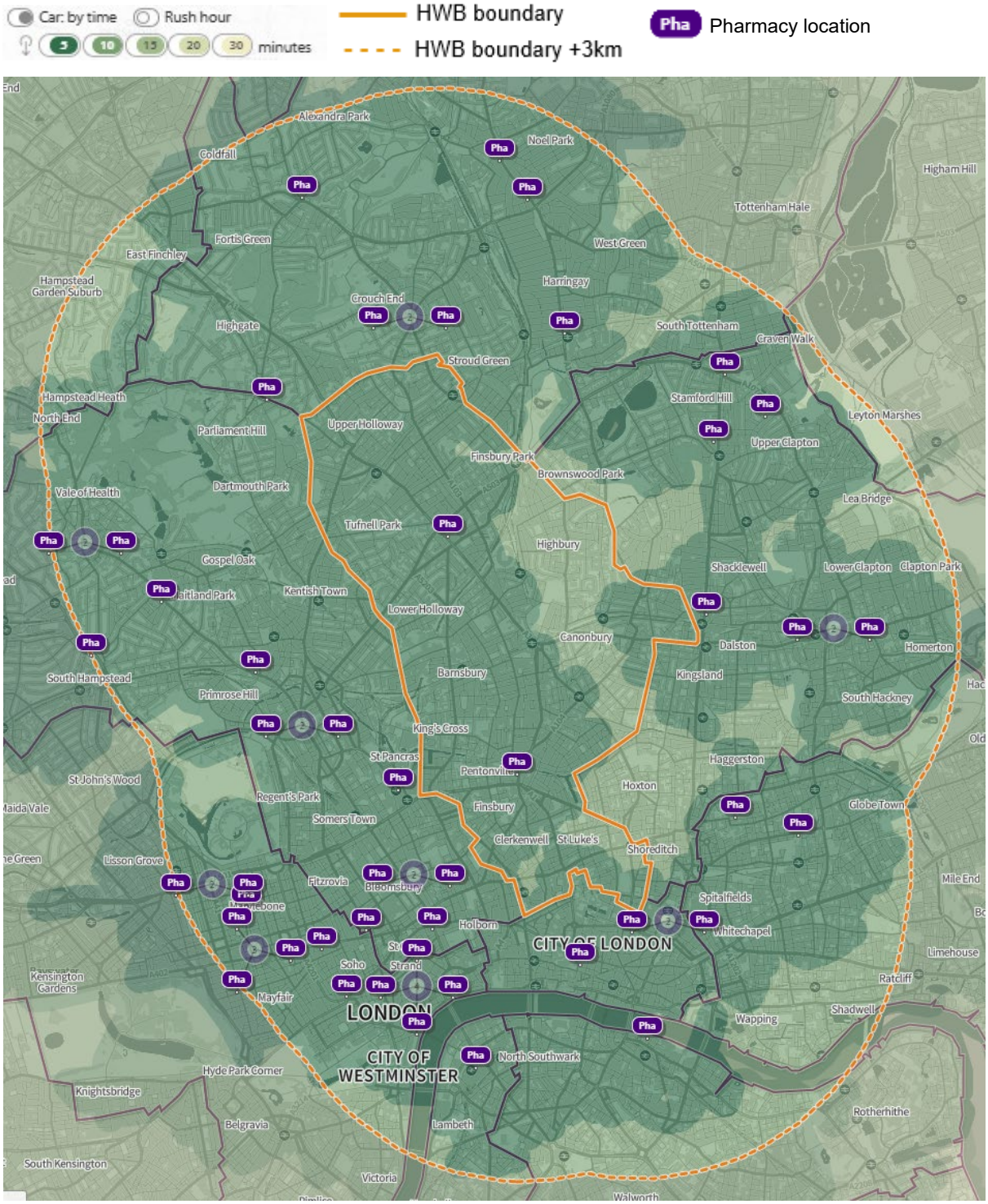


Table 22: Travel time by car Sunday morning

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	184,731	34,863	219,594	84.1
10	219,594	0	219,594	100.0
15	219,594	0	219,594	100.0
20	219,594	0	219,594	100.0
30	219,594	0	219,594	100.0

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

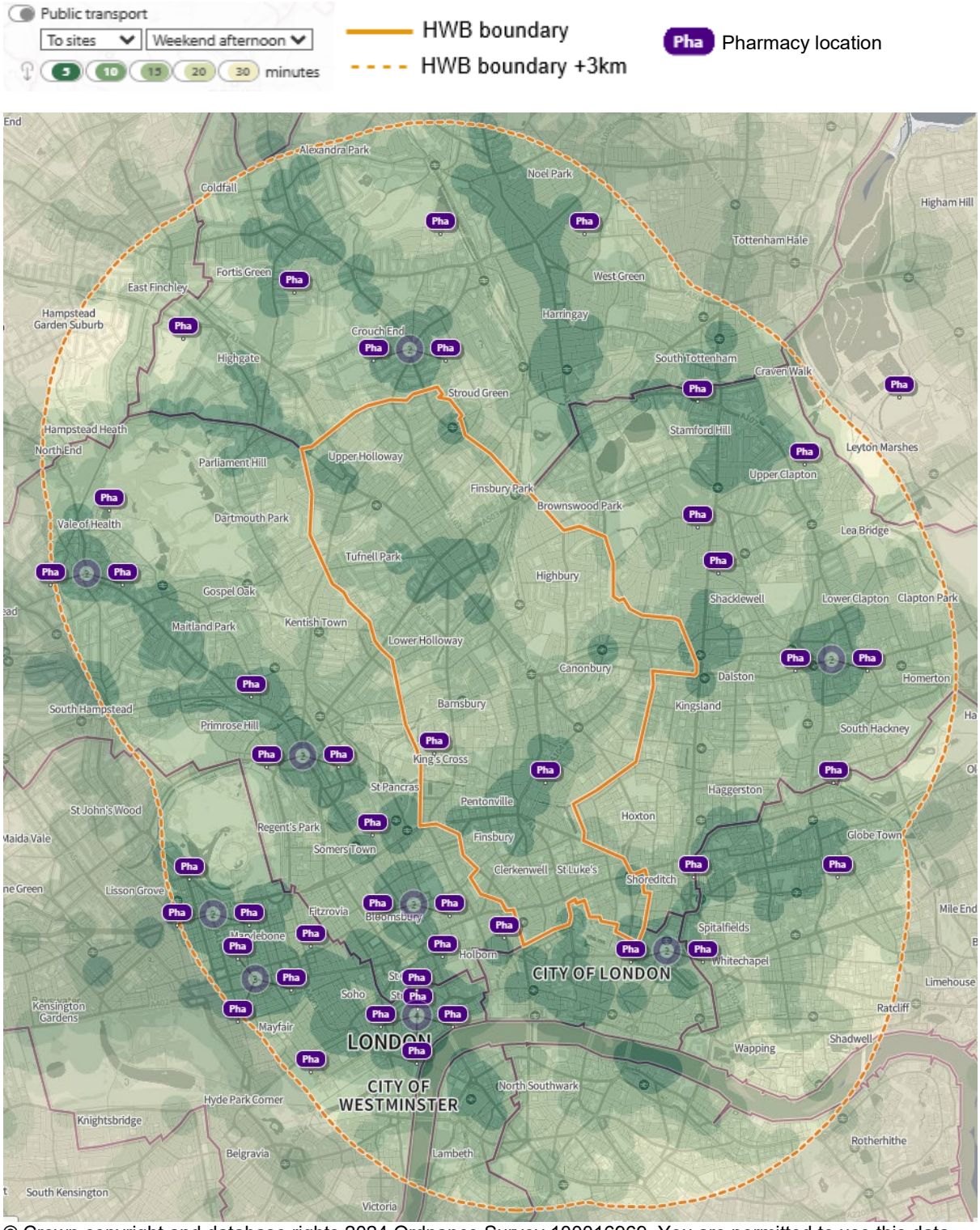


Table 23: Travel time by public transport Sunday afternoon

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	35,120	184,474	219,594	16.0
10	162,450	57,144	219,594	74.0
15	219,594	0	219,594	100.0
20	219,594	0	219,594	100.0
30	219,594	0	219,594	100.0

Table 24 summarises the opening times of pharmacies in Islington after 6pm weekdays and on Saturday and Sundays, broken down by locality.

Table 24: Number of pharmacies by opening time in each locality

Opening Times	Central	North	South
After 6pm weekday	13	12	11
Saturday	15	14	11
Sunday	0	1	1

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

Islington has one Urgent Treatment Centre (UTC), Whittington Hospital. In addition, Islington residents can access five other UTCs across North Central London:

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

While there are no walk-in centres in Islington, nearby walk-in services are available at Edgware Community Hospital and Finchley Memorial Hospital. These services operate daily from 8am to 8pm, with the last appointment bookable through NHS 111 by 7pm.

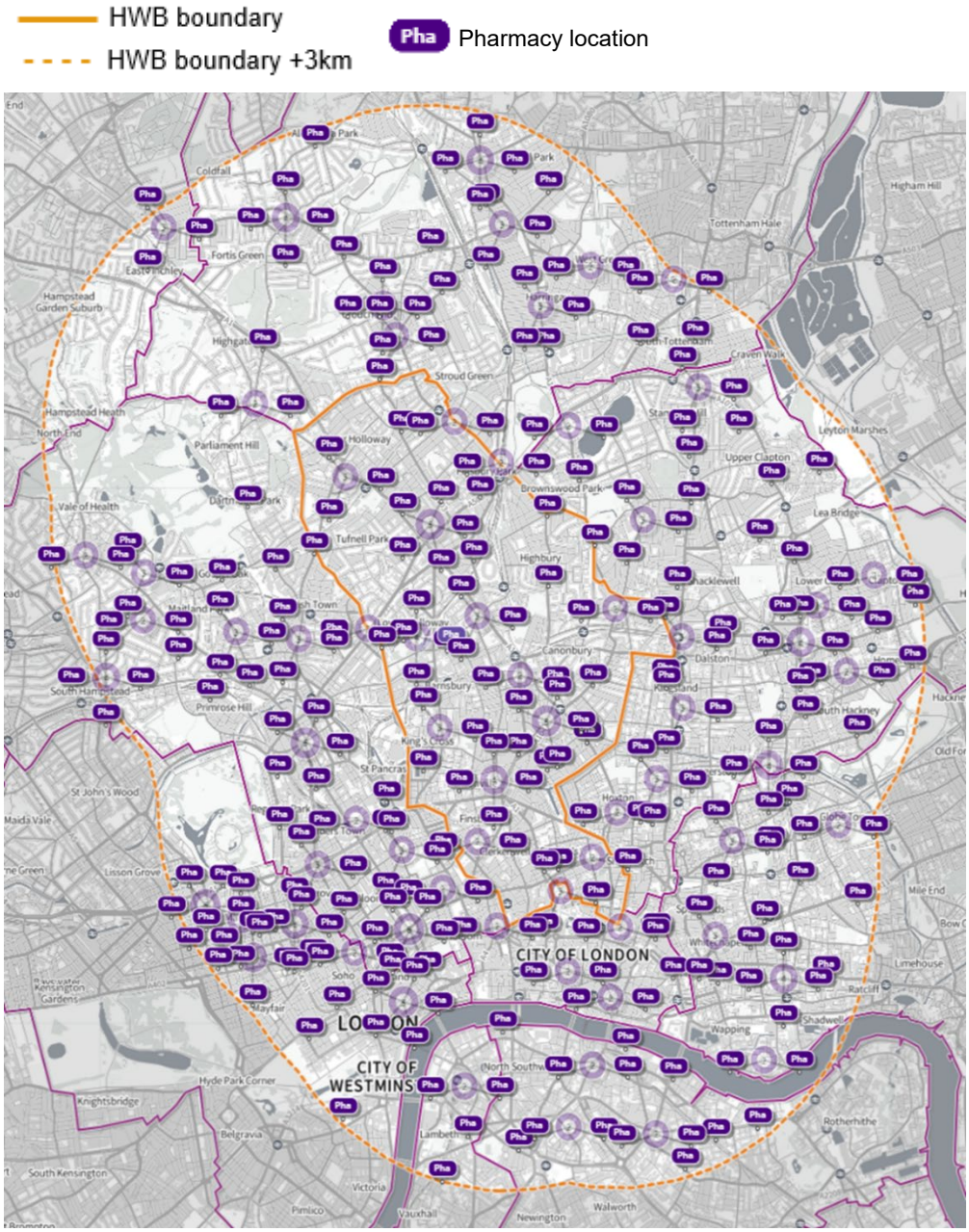
Patients attending these services can obtain prescribed medicines either from pharmacies located near the UTCs or walk-in centre (in neighbouring Health and Wellbeing Board areas), or from pharmacies within Islington itself. In some cases, UTCs and walk-in centres may also choose to supply medicines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

6.4.4 Access to pharmacy services out of the Islington area

It is important to note that pharmacy services that are out of the Islington 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 61 demonstrates the pharmacy locations within the Islington boundary and within a 3km distance outside of the boundary.

Figure 61: Location of pharmacies within Islington and 3km over the border in to neighbouring areas



6.4.5 Feedback from the public regarding pharmacy opening hours

85% (17) of respondents to the public questionnaire said that their local pharmacy had convenient opening hours for them. 80% (16 respondents) stated that weekdays (8am – 4.59pm) was a convenient time for them to visit a pharmacy, with 65% (13 respondents) stating that weekday evenings (5pm – 7.59pm) and Saturday daytime (8am – 4.59pm) was convenient.

Appendix 5 summarises all responses from the public questionnaire.

6.5 Disability access

To comply with the Equality Act 2010[20], community pharmacies must make reasonable provision for access by patients who have disabilities. It sets out a framework which requires service providers to ensure they do not discriminate against persons with a disability. A person is regarded as having a disability if they have a physical or mental impairment which has a substantial adverse effect on that person's ability to carry out day-to-day activities. If there are obstacles to accessing a service, then the service provider must consider what reasonable adjustments are needed to overcome that obstacle.

GPhC Equality guidance for pharmacies[54] helps to support the standards for registered pharmacies, and states that the duty to make reasonable adjustments is 'anticipatory'. This means that pharmacy owners should think in advance (and from day to day) about what people with a range of impairments might reasonably need.

These could include:

- changes to the physical features of their pharmacy (that is, its design, construction, entrance, exit, fixtures, fittings, furnishings and so on)
- adding an 'auxiliary aid' (such as an induction loop for people with hearing difficulties), and
- providing help with, or changes to, how information is provided.

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 England now comply with the need to have a consultation room as specified in order to deliver advanced services. Appendix 3 includes information about the provision of consultation rooms in Islington, based on pharmacies responding to the contractor 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.

In the community engagement questionnaire, when asked if their pharmacy had wheelchair / pushchair access, 10 respondents (50%) stated their pharmacy had wheelchair / pushchair access, with 3 respondents (15%) stating their pharmacy did not, while 7 respondents (35%) stated they didn't know.

With regards to the question about automatic doors, 3 respondents (15%) said their pharmacy had automatic doors, 12 respondents (60%) stated their pharmacy didn't, and 5 respondents (25%) stated they didn't know.

One respondent stated they used to have difficulties accessing a pharmacy as they are blind, but the pharmacy now helps them as they are familiar with them. This demonstrates the pharmacy team making a reasonable adjustment to meet the needs of this patient.

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.

Translation services are available for NHS services, including community pharmacies, from London Translations.

7 Pharmaceutical Services Overview

The requirements for the commissioning of pharmaceutical services are set out in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013[(6)] and the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013[(55)].

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

- Essential services: services all community pharmacies are required to provide (see section 7.1)
- 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 (see section 7.2)
- National enhanced services: nationally specified services that are commissioned by NHS England. Currently, there is just one such service – COVID-19 vaccination programme (see section 7.3).

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 Islington.

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

7.1 Essential services

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

The essential services are:

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

- Promotion of healthy lifestyles, which includes providing advice and participating in NHSE health campaigns
- Signposting people who require advice, treatment, or support that the pharmacy cannot provide to another provider of health or social care services
- Support for self-care which may include advising on over the counter medicines or changes to the person's lifestyle
- Healthy Living Pharmacies - aimed at achieving consistent provision of a broad range of health promotion interventions to meet local need, improving the health and wellbeing of the local population, and helping to reduce health inequalities
- Discharge medicines service. This service was introduced in 2021 and aims to reduce the risk of medication problems when a person is discharged from hospital. The service has been identified by NHSE's Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to 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 obtained from the LPCH[50], in February 2025. For some services, this information was unavailable, and activity data from NHSBSA[56] was used. 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 25 shows the number and percentage of pharmacies providing each of the advanced services.

Table 25: Number of community pharmacies providing advanced services in Islington

Pharmacy Advanced Service	Number of pharmacies providing this service	% of pharmacies providing this service
Appliance Use Review	0	0
Influenza Vaccination Service	40	89
Hypertension Case-Finding Service	43	96
Lateral Flow Device Tests Supply Service	18	40
New Medicines Service	42	93
Pharmacy Contraception Service	41	98
Pharmacy First Service	44	98
Smoking Cessation Service	20	44
Stoma Appliance Customisation Service	0	0

Source: LPCH[50], and NHSBSA Dispensing Contractors' Data[56]

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 community pharmacies in Islington appear to be delivering this service based on the NHSBSA dispensing contractors' data[56]. However, in response to the pharmacy contractor questionnaire, 12% of respondents indicated that they provided the AUR service with a further 24% intending to begin providing this service within the next 12 months. In addition, 12 (71%) 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.

NHSBSA data[56] indicates that in Islington, 40 (89%) community pharmacies provided the influenza vaccination service during the Autumn/Winter campaign of 2024/25 (details listed in Appendix 6).

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 Islington in 2023/24 was comparatively low. This could reflect lower levels of identification and diagnosis, especially as estimated prevalence of hypertension (created by the National Cardiovascular Intelligence Network, 2017) for Islington was calculated as 17%.

Information from LPCH[50] indicates that in Islington, 43 (96%) pharmacies are signed up to deliver the HCFS (details listed in Appendix 6), which could aid in the detection of undiagnosed hypertension.

7.2.4 Lateral flow device (LFD) tests supply service

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

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

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

NHSBSA data[56] indicates that in Islington, 18 (40%) pharmacies are signed up to provide the LFD service (details listed in Appendix 6).

7.2.5 New medicine service (NMS)

In England, around 15 million people have a long-term condition (LTC), and the optimal use of appropriately prescribed medicines is vital to the management of most LTCs. However, reviews conducted across different disease states and different countries are consistent in estimating that between 30 and 50 per cent of prescribed medicines are not taken as recommended[57]. 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.

NHSBSA data[56] indicates that in Islington, 42 (93%) community pharmacies are providing NMS (details listed in Appendix 6).

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)[58]. The service helps deliver extra capacity in support of primary care and sexual health clinics (or equivalent).

The service involves community pharmacists providing:

- Initiation: where a person wishes to start oral contraceptive (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. This provides people with greater choice and access when considering continuing their current form of OC.

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

Information from LPCH[50] indicates that 44 (98%) pharmacies are signed up to provide PCS in Islington (details listed in Appendix 6).

Note that Islington council also currently commissions the supply of emergency contraception via community pharmacy. The current LA commissioned service is described in more detail in the local enhanced services section.

7.2.7 Pharmacy First service

The Pharmacy First service, which commenced on 31 January 2024 and replaces the Community Pharmacist Consultation Service (CPCS), involves pharmacists

providing advice and NHS-funded treatment, where clinically appropriate, for seven common conditions (age restrictions apply): sinusitis, sore throat, acute otitis media, infected insect bites, impetigo, shingles, and uncomplicated UTI in women. Consultations for these seven clinical pathways can be provided to patients self-presenting to the pharmacy as well as those referred electronically by NHS 111, general practices and others.

The service also incorporates the elements of the CPCS, i.e. minor illness consultations with a pharmacist, and the supply of urgent medicines (and appliances), both following an electronic referral from NHS 111, general practices (urgent supply referrals are not allowed from general practices) and other authorised healthcare providers (i.e. patients are not able to present to the pharmacy without an electronic referral).

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

Information from LPCH[(50)] indicates that in Islington, 44 (98%) pharmacies are signed up to provide this service (details listed in Appendix 6).

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 Islington council commissioned Public Health-commissioned Stop Smoking Service detailed in section 8 of this document.

Information from LPCH[(50)] indicates that in Islington, 20 (44%) pharmacies are signed up to provide this service (details listed in Appendix 6). In the community engagement questionnaire, just 35% of respondents were aware of the service.

7.2.9 Stoma appliance customisation service (SAC)

The Stoma Appliance Customisation service is based on modifying stoma appliance(s) to suit the patient’s stoma measurements or a customised 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 Islington appear to be delivering

this service based on the NHSBSA dispensing contractor's data[56]. However, 13% of respondents to the pharmacy contractor questionnaire indicated that they did provide this service and 25% were aiming to within the next 12 months (Appendix 3).

7.3 National enhanced services

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

This differs from a Local Enhanced Service (LES) that is locally developed and designed to meet local health needs, and for which NHSE would consult with Community Primacy 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.

Data provided by ICB suggests that this service was not commissioned in Islington at the time of writing.

7.4 ICB enhanced services

Since the publication of the last PNA, the commissioning of pharmaceutical services has been delegated to ICBs. As a result, ICBs can and, where appropriate, should commission services as enhanced services where they fall within the scope defined in the NHSE Advanced and Enhanced Directions 2013[55]. Some services previously commissioned as ICB-locally commissioned services may now be more appropriately classified as enhanced services under these directions.

At the time of preparing this PNA, NCL ICB commissioned the following enhanced services with community pharmacy:

- Palliative care medicines and antimicrobial drugs
- Self-care medicines scheme (SCMS)
- Bank holiday rota

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

7.4.1 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 Islington through community pharmacies during normal opening hours.

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

Community pharmacies are contracted to stock the list of CORE palliative care medications stock. The service will also stock antimicrobials such as vancomycin as it is not commonly stocked in community pharmacies but is required as first line treatment for C. difficile in line with NICE guidance NG199[59].

As of July 2025, 3 community pharmacies in Islington are participating in this scheme and there are also participating pharmacies in neighbouring boroughs (see Appendix 6 for details).

7.4.2 Self-care medicines scheme (SCMS)

Community pharmacies taking part in the new North Central London self-care medicines scheme (which replaces the Self-Care Pharmacy First Pilot Scheme in Camden, Haringey and Islington), can provide eligible patients with selected free medicines for common minor ailments like allergies, earache or minor injuries. Patients (and their children 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 July 2025, there are 36 community pharmacies in Islington taking part in this scheme (see Appendix 6 for details).

7.4.3 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 Islington to open on bank holidays:

- Turnbulls Chemist, 155 Essex Road, N1 2SN
- Wellcare Pharmacy, 552 Holloway Road, N7 6JP

8 Islington Locally Commissioned Services

Locally commissioned services are not described in the 2013 regulations[6]. The term is commonly used to describe services commissioned from community pharmacies by local authorities or ICBs that do not meet the definition of enhanced services set out in the NHSE Advanced and Enhanced Directions 2013[55].

In the Islington area, pharmacy services are only currently commissioned locally by the council's Public Health team.

8.1 Islington Public Health commissioned services

Islington commissions six services from community pharmacies:

- Stop smoking
- Supervised self-administration (SSA) of methadone and buprenorphine
- Needle exchange
- Nasal naloxone distribution
- Emergency hormonal contraception
- Come Correct condom distribution (C-Card)

These services may also be provided from other providers, such as GP practices and community health services.

8.1.1 Stop smoking service

The latest data from the Annual Population Survey suggests that in Islington smoking prevalence in adults was 9.7% in 2023, which is similar to London and significantly lower than England. Islington's community stop smoking services offers people who would like to stop smoking the opportunity to access various levels of support suited to their lifestyle and individual preferences. Individuals using the service can move between different tiers until they find the level of support that enables them to stop smoking for good.

Tier 1: Self-support – smokers who are interested in stopping smoking, but do not want face-to-face professional help.

Tier 2: Brief support – smokers who want help with stopping smoking with support and appropriate medication provided by trained professionals in the community.

Tier 3: Specialist support – 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 with stopping and are willing and able to put in the time and effort needed to be successful.

Tier 3 specialist service is delivered by Breathe Stop Smoking Service. Pharmacists are commissioned to support the delivery of Tier 2 smoking cessation service. Providers may offer a Tier 2 service to any eligible smoker: that is, any smoker motivated to quit who is aged 13 or over and lives, works or studies in Islington, and/or is registered with an Islington GP. The Tier 2 service consists of evidence-based stop smoking behavioural support and pharmacotherapy (nicotine replacement therapy), with the client's smoking status recorded at 4 weeks (25–42 days) after their set quit date.

In Islington, 21 pharmacies (47%) provide the Stop Smoking Service (see Appendix 6 for details).

8.1.2 Drug and alcohol dependence services

8.1.2.1 Supervised self-administration of methadone and buprenorphine

Substances such as heroin, opium and morphine are known as 'opioids'. Opioid dependence is associated with a wide range of social and health problems, including a high risk of infection and mental health problems. It also presents a danger that a person could take a fatal overdose.

The aim of the supervised self-administration service is to ensure individuals comply with the agreed treatment plans for opiate dependence by dispensing opiate substitute treatment in specified instalments for consumption on the pharmacy premises and, when appropriate, as takeaway doses. Doses may be dispensed for the patient to take away to cover days when the pharmacy is closed and in agreement with the treatment provider. It also ensures each supervised dose is correctly consumed on site by the individual for whom it was intended. In Islington, 31 pharmacies (69%) provide a supervised self-administration service (see Appendix 6 for details).

8.1.2.2 Needle exchange

The provision of needle exchange (NEX) services alongside opiate substitution therapy is an effective way of reducing the transmission of blood-borne viruses, including hepatitis C, and other infections caused by sharing injecting equipment. In the most recently available data (2019/20), it was estimated that 3,960 individuals in Islington were opiate and/or crack cocaine users, the highest rate of all local authorities in London at 21.5 per 1,000 population.

Community-based NEX is an important and easily accessible public health intervention. Community-based NEXs and harm-reduction initiatives are developed as part of the overall wider approach to prevent the spread of blood-borne diseases including HIV and hepatitis, and other drug-related harm including drug-related death. Their open accessibility and availability mean these services often have

contact with drug users who are not in touch with other specialist treatment drug services.

Community-based NEX provides access to sterile needles and syringes and sharps containers for return of used equipment. Associated harm reduction materials, for citric acid and swabs (to promote safe injecting practice and reduce transmission of infections by substance misusers) is also provided as part of the packs. In Islington, 21 pharmacies (47%) provide the NEX service (see Appendix 6 for details).

8.1.2.3 Nasal naloxone distribution

Community pharmacists play a key role in providing harm reduction advice for opiate users in the community, including distributing and advising service users on the use of nasal naloxone, medication that reverses the effects of opiate overdose. Pharmacies issue nasal naloxone alongside the NEX and provide access to and information on nasal naloxone, including how and when to administer. Having previously run as a pilot in two pharmacies in Islington, the service will be opened up to community providers to opt in to deliver this service from April 2025.

8.1.3 Emergency hormonal contraception

The service can be provided to female clients aged 13–24 (inclusive) requesting emergency hormonal contraception (EHC) following an incident of unprotected sexual intercourse 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 (PGD) for the provision of EHC.

The service provides EHC under a PGD for Levonorgestrel and Ulipristal. In Islington, 25 pharmacies (56%) provide the EHC service (see Appendix 6 for details)

8.1.4 Condom distribution service

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

Across Islington, there are 7 pharmacies registered to provide this service (see Appendix 6 for details). Table 26 shows the number of pharmacies providing services commissioned by Islington council, broken down into localities.

Table 26: Provision of local authority commissioned services, by locality

	Stop smoking service	Supervised self-administration	Needle exchange	EHC	Condom distribution
Central	10	13	6	13	2
North	8	11	9	9	5
South	3	7	6	3	0
ISLINGTON	**21**	**31**	**21**	**25**	**7**

Source: Islington Public Health Team and Come Correct website[60]

8.2 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, ICB or NHSE. These services may not be aligned with the strategic priorities of the ICB or the Local Authority 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

8.3 Collection and delivery service

The responses from the pharmacy contractor survey show that 76% of respondents provide a prescription delivery service, which may incur a fee for the patient or may be restricted to selected areas.

71% of 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).

8.4 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[20]. 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[61] 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

Islington 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.

Islington 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 stopping 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 Islington health system. It is essential that community pharmacy continues to be recognised and supported, so that they in turn can support the health needs of the population of Islington. It is also important that the people of Islington are aware of and fully utilise the services available from their community pharmacies.

The NHS 10 Year Health Plan[13] sets out a vision for community pharmacy being an integral part of neighbourhood health services, with a move from a dispensing focussed role to offering more clinical services. This will include:

- More community pharmacists becoming able to independently prescribe
- Management of long-term conditions
- Management of complex medication regimes
- Treatment of obesity, high blood pressure and high cholesterol
- Increased role in vaccine delivery (including human papillomavirus for those who have missed out on the school programme)
- Increased role in screening for risk of cardiovascular disease and diabetes

The plan also includes a move to modernise the approach to dispensing of medicines by using available technology, including dispensing robots, and developing hub and spoke models.

Further consideration is given in Appendix 9 regarding future opportunities for community pharmacy service provision in Islington, including recommendations to further enhance service provision and therefore maximise the health benefits offered by community pharmacy to the Islington population.

10 Engagement and Consultation

10.1 Stakeholder engagement

10.1.1 Overview of response to the public questionnaire

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

- 90% (18 respondents) had a preferred local community pharmacy
- 90% (18 respondents) stated that convenient location was a factor in their choice of pharmacy. 55% (11 respondents) stated that convenient opening hours and helpful staff was a factor in their choice
- When asked to rate how well their community pharmacy meets their needs, 13 respondents (65%) responded extremely well or very well, with 5 respondents (25%) stating their pharmacy met their needs fairly well
- 90% (18 respondents) travel to their pharmacy on foot and 10% (2 respondents) use public transport to visit their pharmacy.
- 75% (15 respondents) stated it took them 10 minutes or less to travel to their pharmacy
- 85% of respondents (17 people) said that their local pharmacy had opening hours that were convenient for them
- When asked about convenient times to visit a pharmacy, 80% (16 respondents) indicated weekdays between 8am and 4:59pm
- 65% (13 respondents) found Saturday daytime to be convenient, and 65% (13 respondents) found weekday evenings (5pm to 7:59pm) to be convenient.

Table 27 summarises which services respondents use at their pharmacy.

Table 27: Public questionnaire responses to services used at pharmacies

Option	Count	Percentage
Collect prescribed medicines and/or products	20	100%
Buy over the counter medicines	17	85%
Advice from your pharmacist e.g. including minor ailments and new medicines	14	70%
Dispose of unwanted medicine	7	35%
Disposal of used medical equipment e.g. needles / syringes	2	10%
Collect Covid-testing kits	3	15%
Access vaccinations e.g. Covid-19 or flu	10	20%
None	0	0%
Other (please specify)	1	5%
Blank	0	0%

10.1.2 Overview of response to pharmaceutical service providers questionnaire

17 of 48 pharmacies responded to the questionnaire, giving a response rate of 35%. Not every pharmacy which completed the questionnaire responded to every question. A full breakdown of questionnaire responses is in Appendix 3.

Sixteen pharmacies responding to the questionnaire had private consultation room(s), and 14 stated that these rooms also had wheelchair access. Three pharmacies had more than one consultation room.

One pharmacy did not have access to hand-washing facilities during consultations.

In total, 19 languages are spoken by pharmacy staff in addition to English. The most commonly spoken were Hindi and Gujarati (9 responses each), Urdu (8 responses) and Bengali (3 responses).

71% of pharmacies (12 pharmacies) responding dispense all types of appliances and 24% (4 pharmacies) dispense dressings only.

Table 28 below summarises pharmacy responses to whether they deliver or intend to deliver each advanced service

Table 28: 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% (17)	0% (0)	0% (0)
Community Pharmacy Blood Pressure Check Service	94% (16)	6% (1)	0% (0)
Pharmacy Contraception Service	100% (17)	0% (0)	0% (0)
Community Pharmacy Smoking Cessation Service	41% (7)	41% (7)	18% (3)
New Medicine Service	100% (17)	0% (0)	0% (0)
Influenza Vaccination Service	100% (17)	0% (0)	0% (0)
Appliance Use Review	12% (2)	24% (4)	65% (11)
Stoma Appliance Customisation	13% (2)	25% (4)	63% (10)
Lateral Flow Device (LFD) Service	59% (10)	0% (0)	41% (7)

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 out of hours services where pharmacies were less likely to be willing or able to provide.

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 in Table 29.

Table 29: 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	71% (12)	0% (0)	29% (5)
Delivery of dispensed medicines – Selected patient groups	71% (12)	12% (2)	18% (3)
Delivery of dispensed medicines – Selected areas	76% (13)	0% (0)	24% (4)
Delivery of dispensed medicines – Free of charge on request	71% (12)	6% (1)	24% (4)
Delivery of dispensed medicines – With charge	0 (0%)	59% (10)	41% (7)
Monitored Dosage Systems – Free of charge on request	71% (12)	0% (0)	29% (5)
Monitored Dosage Systems – with charge	6% (1)	69% (11)	25% (4)

10.2 Formal consultation

The formal consultation on the draft PNA for Islington ran from 15 June to 16 August in line with regulation 8 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013[6].

5 responses were received to the consultation questionnaire, with additional feedback received from the London Pharmacy Commissioning Hub, on behalf of NCL ICB. The feedback received during the consultation process is summarised below:

- 80% of respondents agreed that the PNA reflects the current provision of pharmaceutical services
- 60% of respondents believed that there were no gaps in provision of pharmaceutical services for Islington that were not identified in PNA
- 80% of respondents felt the PNA reflects the needs of the local population
- 75% felt that the PNA provided enough information to inform future pharmaceutical provision and plans for pharmacies and dispensing appliance contractors
- 80% of respondents agreed with the overall conclusions presented in the PNA.

A detailed summary of the consultation process including a list of the stakeholders invited to contribute to the process, consultation questions posed, responses and further feedback to the PNA and the HWB response including a list of amendments made to the document is described in Appendix 7.

11 Summary of Findings

There are 48 community pharmacies in Islington, consisting of 47 standard contract (40 hour) pharmacies and one 100-hour contract pharmacy. One of the 40-hour contract pharmacies is a DSP, while three of the 40-hour contract pharmacies are DACs.

34 of the standard contract pharmacies deliver more than the 40-hours as part of their core contract, ranging between 1.25 and 31 hours per week. This is complemented by 34 pharmacies providing supplementary hours covering weekday evenings.

Residents of Islington have adequate access to community pharmacies, with a higher provision of pharmacies than the England average.

The Central, North and South localities all have a comparatively higher provision of pharmacies per 100,000 population compared to the England average, and there is good provision of necessary services.

11.1 Necessary services: current provision

11.1.1 Central locality

There are a significant number of pharmacies open beyond core hours to provide pharmaceutical services, including weekday evenings and Saturdays. Although there is no pharmacy open in Central locality on a Sunday, there are pharmacies open in neighbouring HWB areas with all residents in Islington within a 10-minute car or 15-minute public transport journey to their nearest pharmacy.

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.

11.1.2 North locality

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

11.1.3 South locality

There are a number of pharmacies open beyond core hours to provide pharmaceutical services, including weekday evenings and Saturday. One pharmacy is open on 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.

11.1.4 Islington

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

Since the 2022 PNA, one pharmacy has closed in the Islington HWB area. However, there continues to be adequate pharmacy provision across the area, and the borough does not require additional pharmacy provision.

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

Additionally, a range of locally commissioned services are currently being commissioned from community pharmacies. These are stocking of palliative care medicines and antimicrobial drugs, Self-Care Medicines Scheme, stop smoking, emergency hormonal contraception, condom distribution, supervised consumption, needle exchange and naloxone supply.

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

Community pharmacies make a valuable contribution to the objectives of the Islington Health & Wellbeing Strategy and engagement work shows that 13 out of the

20 respondents stated they felt that their local community pharmacy met their needs very or extremely well.

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

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

The number of community pharmacies has remained relatively stable since the previous PNA, and no gaps have been identified as a result of the recent closure. 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, Islington Health and Wellbeing Board makes the following statement:

- For the purpose of this PNA, Islington Health and Wellbeing Board 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 Islington to meet the needs of the population

- There is no current gap in the current provision of necessary services outside normal working hours across Islington to meet the needs of the population

- No gaps have been identified in the need for pharmaceutical services in future circumstances across Islington.

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 Islington

- 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 Islington

- 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 Islington 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 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 also 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 Islington. The public health team should continue to 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 Islington 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 9 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

Area	Practice Name	Main/ Branch	Address Line 1	Post Code	PCN
Islington	River Place Group Practice	Main	River Place, Essex Road	N1 2DE	C2
Islington	Archway Medical Centre	Main	652 Holloway Road	N19 3NU	N2
Islington	Roman Way Medical Centre	Main	28 Laycock Street	N1 1SW	C1
Islington	Goodinge Group Practice	Main	20 North Road	N7 9EW	N2
Islington	Islington Central Medical Centre	Main	28 Laycock Street	N1 1SW	C1
Islington	Elizabeth Avenue Group Practice	Main	2 Elizabeth Avenue	N1 3BS	C2
Islington	St John's Way Medical Centre	Main	96 St John's Way	N19 3RN	N1
Islington	Ritchie Street Group Practice	Main	34 Ritchie Street	N1 0DG	S
Islington	St Peter's Street Medical Practice	Main	16 1/2 St Peter's Street	N1 8JG	C2
Islington	Barnsbury Medical Practice	Main	8 Bingfield Street	N1 0AL	S
Islington	New North Health Centre	Main	287-293 New North Road	N1 7AA	C2
Islington	The Rise Group Practice	Main	Hornsey Rise Health Centre, Hornsey Rise	N19 3YU	N2
Islington	The Miller Practice	Main	49 Highbury New Park	N5 2ET	C2
Islington	Mildmay Medical Practice	Main	2a Green Lanes	N16 9NF	C1
Islington	Mitchison Road Surgery	Main	2 Mitchison Road	N1 3NG	C1
Islington	The Northern Medical Centre	Main	580 Holloway Road	N7 6LB	N1
Islington	Killick Street Health Centre	Main	75 Killick Street	N1 9RH	S
Islington	City Road Medical Centre	Main	City Approach, 190-196 City Road	EC1V 2QH	S
Islington	Clerkenwell Medical Practice	Main	Finsbury Health Centre, Pine Street	EC1R 0LP	S
Islington	Amwell Group Practice	Main	4 Naoroji Street	WC1X 0GB	S
Islington	Highbury Grange Medical Practice	Main	1-5 Highbury Grange	N5 2QB	C1

Area	Practice Name	Main/ Branch	Address Line 1	Post Code	PCN
Islington	The Village Practice	Main	115 Isledon Road	N7 7JJ	N1
Islington	The Andover Medical Centre	Main	270-282 Hornsey Road	N7 7QZ	N2
Islington	The Beaumont Practice	Main	Hornsey Rise Health Centre, Hornsey Rise	N19 3YU	N2
Islington	The Medical Centre	Main	140 Holloway Road	N7 8DD	C1
Islington	The Junction Medical Practice - Site 1	Main	Site 1 - 244 Tufnell Park Road	N19 5EW	N2
Islington	The Junction Medical Practice - Site 2	Branch	Site 2 - 18 Dartmouth Park Hill	NW5 1HL	N2
Islington	Pine Street Medical Practice	Main	Finsbury Health Centre, Pine Street	EC1R 0LP	S
Islington	Sobell Medical Centre	Main	272 Holloway Road	N7 6NE	C1
Islington	Partnership Primary Care Centre	Main	331 Camden Road	N7 0SL	N1
Islington	Stroud Green Medical Clinic	Main	181 Stroud Green Road	N4 3PZ	N2
Islington	Hanley Primary Care Centre	Main	51 Hanley Road	N4 3DU	N2

Appendix 2 - Membership of Steering Committee

- Andy Reay, Senior Strategic Lead Pharmacist, NECS **(Chair)**
- Donna Bradbury, Transformation and Delivery Manager, NECS
- Emma Beevers, Strategic Lead Pharmacy Technician, NECS
- Naida Rafiq, Senior Meds Optimisation Pharmacist, NECS
- Dan Sanderson, Principal Information Analyst, NECS
- Charlotte Ashton, Assistant Director of Public Health, Islington Council
- Robyn Stephenson, Public Health Strategist, Islington Council
- Cintia Liberatoscioli, Public Health Intelligence Analyst, Islington 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 ICB
- Iman Shaban, Senior Prescribing Advisor, NCL ICB
- Laura Saksena, Chief Executive, Healthwatch Islington

Appendix 3 - Survey of Pharmaceutical Contractors

Summary of Islington Pharmacy Contractor Questionnaire

Total responses received – 17

Response rate – 35%

Not every pharmacy completing the questionnaire responded to every question.

Premises Details (Q1-5) Answered – 17; Skipped 0

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

Option	Count	Percentage
Yes	0	0%
No	17	100%

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

Option	Count	Percentage
Yes	17	100%
No	0	0%

8. Contact details – Answered – 17, skipped – 0

9. Languages spoken in the pharmacy (in addition to English) – 15 responses

- Hindi (9 responses)
- Gujarati (9 responses)
- Urdu (8 responses)
- Bengali (6 responses)
- Spanish (3 responses)
- Chinese (3 responses)
- Arabic (2 responses)
- Turkish (2 responses)
- English (2 responses)
- Malay (2 responses)
- Russian (1 response)
- Punjabi (1 response)
- Ukrainian (1 response)
- South Korean (1 response)
- Italian (1 response)
- Greek (1 response)
- Telugu (1 response)
- Malayalam (1 response)
- Kurdish (1 response)
- Cantonese (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	14	88%
Yes - without wheelchair access	2	13%
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?

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

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

Option	Count	Percentage
Yes, please specify how many	17	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	15	88%
Yes, close to the consultation area	1	6%
None	1	6%

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

Option	Count	Percentage
Yes - all types	12	71%
Yes - excluding stoma appliances	0	0%
Yes - excluding incontinence appliances	0	0%
Yes - excluding stoma and incontinence appliances	1	6%
Yes - just dressings	4	24%
None	0	0%
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% (17)	0% (0)	0% (0)
Community Pharmacy Blood Pressure Check Service	94% (16)	6% (1)	0% (0)
Pharmacy Contraception Service	100% (17)	0% (0)	0% (0)
Community Pharmacy Smoking Cessation Service	41% (7)	41% (7)	18% (3)
New Medicine Service	100% (17)	0% (0)	0% (0)
Influenza Vaccination Service	100% (17)	0% (0)	0% (0)
Appliance Use Review	12% (2)	24% (4)	65% (11)
Stoma Appliance Customisation	13% (2)	25% (4)	63% (10)
Lateral Flow Device (LFD) Service	59% (10)	0% (0)	41% (7)

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

Option	Count	Percentage
Yes - often	16	94%
Yes - occasionally	0	0%
Yes - rarely	1	6%
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	15	88%
Yes - rarely	1	6%
No	1	6%

24. Which of the following other services does the pharmacy provide, or would be willing to provide?

Service	Currently providing under contract with NHS England	Currently providing under contract with ICB	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide	Willing to provide privately
Anticoagulant Monitoring Service	0% (0)	6% (1)	0% (0)	82% (14)	12% (2)	0% (0)
Anti-viral Distribution Service	0% (0)	0% (0)	0% (0)	88% (15)	12% (2)	0% (0)
Chlamydia Testing Service	0% (0)	0% (0)	0% (0)	82% (14)	18% (3)	0% (0)
Chlamydia Treatment Service	0% (0)	0% (0)	0% (0)	88% (15)	12% (2)	0% (0)
Emergency Contraception Service	29% (5)	6% (1)	12% (2)	47% (8)	0% (0)	6% (1)
Home Delivery Service (not appliances)	0% (0)	0% (0)	0% (0)	65% (11)	24% (4)	12% (2)
Medicines Assessment and Compliance Support Service	0% (0)	6% (1)	6% (1)	76% (13)	12% (2)	0% (0)
Minor Ailment Scheme	29% (5)	35% (6)	12% (2)	18% (3)	6% (1)	0% (0)
Self-care medicines scheme	19% (3)	19% (3)	19% (3)	44% (7)	0% (0)	0% (0)
Supervised Administration Service	18% (3)	12% (2)	35% (6)	18% (3)	18% (3)	0% (0)

Service	Currently providing under contract with NHS England	Currently providing under contract with ICB	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide	Willing to provide privately
Needle and syringe exchange service	12% (2)	12% (2)	29% (5)	12% (2)	35% (6)	0% (0)
Not dispensed scheme	6% (1)	0% (0)	6% (1)	65% (11)	24% (4)	0% (0)
Out of Hours Services	0% (0)	0% (0)	0% (0)	31% (5)	69%(11)	0% (0)
Phlebotomy Service	0% (0)	0% (0)	0% (0)	82% (14)	6% (1)	12% (2)
Seasonal Influenza Vaccination Service	88% (15)	0% (0)	0% (0)	12% (2)	0% (0)	0% (0)
Stop Smoking Service	13% (2)	7% (1)	20% (3)	60% (9)	0% (0)	0% (0)
Vascular Risk Assessment Service	0% (0)	0% (0)	0% (0)	94% (16)	6% (1)	0% (0)
Asthma Medicines Management Service	6% (1)	0% (0)	0% (0)	94% (16)	0% (0)	0% (0)
Screening Service: Gonorrhoea	0% (0)	0% (0)	0% (0)	81% (13)	19% (3)	0% (0)
Screening Service: H. pylori	0% (0)	0% (0)	0% (0)	94% (16)	6% (1)	0% (0)
Screening Service: Hepatitis	0% (0)	0% (0)	0% (0)	81% (13)	19% (3)	0% (0)
Screening Service: HIV	0% (0)	0% (0)	0 (0%)	80% (12)	20% (3)	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)	82% (14)	12% (2)	6% (1)
COVID-19 vaccinations	59% (10)	0% (0)	0% (0)	29% (5)	12% (2)	0% (0)
Hepatitis (at risk workers or patients) vaccinations	0% (0)	0% (0)	0% (0)	81% (13)	6% (1)	13% (2)
HPV vaccinations	0% (0)	0% (0)	0% (0)	81% (13)	6% (1)	13% (2)
Meningococcal vaccinations	0% (0)	0% (0)	0% (0)	75% (12)	6% (1)	19% (3)

Service	Currently providing under contract with NHS England	Currently providing under contract with ICB	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide	Willing to provide privately
Pneumococcal vaccinations	3% (19)	0% (0)	0% (0)	69% (11)	6% (1)	6% (1)
Travel vaccinations	0% (0)	0% (0)	0% (0)	81% (13)	0% (0)	19% (3)
Other vaccinations	14% (1)	0% (0)	0% (0)	57% (4)	29% (2)	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	71% (12)	0% (0)	29% (5)
Delivery of dispensed medicines – Selected patient groups	71% (12)	12% (2)	18% (3)
Delivery of dispensed medicines – Selected areas	76% (13)	0% (0)	24% (4)
Delivery of dispensed medicines – Free of charge on request	71% (12)	6% (1)	24% (4)
Delivery of dispensed medicines – With charge	0 (0%)	59% (10)	41% (7)
Monitored Dosage Systems – Free of charge on request	71% (12)	0% (0)	29% (5)
Monitored Dosage Systems – with charge	6% (1)	69% (11)	25% (4)

Criteria for free delivery of dispensed medicines:

- Ten responses stated "elderly" and "housebound", with five of these also including "local area" or "2-mile radius"
- Two responses stated "disabled/infirm"
- One response stated five to ten-minute travel time

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

Option	Count	Percentage
Yes	6	38%
No	10	63%

Respondents stated services they would like to deliver if commissioned were covered in previous questions.

Appendix 4 - Equality Impact Assessment

Name of proposal	Islington Pharmaceutical Needs Assessment 2025
Reference number (if applicable)	
Service Area	Public Health
Date screening completed	29 January 2025
Screening author name	Charlotte Ashton and Robyn Stephenson
Strategy, Equalities and Communities service sign off	Cal Musyck 10/2/2025
Authorising Director/Head of Service name	Charlotte Ashton

Please provide a summary of the proposal.

Please outline: What are the aims / objectives of this proposal? Will this deliver any savings? What benefits or change will we see from this proposal? Which key groups of people or areas of the borough are involved?
Aims and Objectives Under the Pharmaceutical Regulations 2013, every Health and Wellbeing Board (HWB) in England has a statutory responsibility to publish and keep an up-to-date statement of the needs for pharmaceutical services of the population in its area, referred to as a Pharmaceutical Needs Assessment (PNA). Islington's last PNA was published in 2022 and the next PNA is due to be published by 1 October 2025. The PNA is a report of the present need for pharmaceutical services. It is used to identify any gaps in current services or improvements that could be made in future pharmaceutical service provision. This mapping of pharmaceutical services against local health needs provides Islington HWB with a framework for the strategic development and commissioning of services. The main objectives of the PNA are: To provide a clear picture of the current services provided by community pharmacies and identify gaps in service provision in relation to NHS pharmaceutical services. To be able to plan for future services to be delivered by community pharmacies and ensure any important gaps in services are addressed To provide robust and relevant information on which to base decisions about applications for market entry in accordance with The National Health Service (Pharmaceutical Services) Regulations 2013 **Delivery of Savings** There are no specific savings attached to the PNA. However, the resulting recommendations for service improvement and access have the potential to reduce the need for costly specialist treatment. Additionally, by forming the basis for application and inclusion in the pharmaceutical list, the PNA will facilitate efficient distribution of services and avoid unnecessary duplication. **Benefits or Changes**

Please outline: What are the aims / objectives of this proposal? Will this deliver any savings? What benefits or change will we see from this proposal? Which key groups of people or areas of the borough are involved?
The 2025 PNA for Islington will assess the provision of pharmaceutical services within Islington and neighbouring HWB areas. The assessment will make recommendations to fill any gaps in the provision of pharmaceutical services, and recommendations for improvements and/or better access to current provision. It will pay regard to the existing 2022 PNA, the current JSNA, and other local strategic documents. Conclusions drawn from the assessment will consist of either of the following: A) No change as provision of pharmaceutical services is satisfactory for the population of Islington; or B) A gap is identified and needs to be fulfilled to help improve access to pharmaceutical services for the population of Islington **Key areas and groups of people** In line with Department of Health and Social Care (DHSC) guidance on PNAs the work to produce the PNA is being supported by a PNA Steering Group. This is led by the Council's public health team and has representation, advice and support as required from communications teams, the ICB, Local Pharmaceutical Committee and Healthwatch. The 2025 PNA will assess current and future health needs and access to pharmaceutical services for all residents of Islington HWB areas. The PNA considers which actions may be necessary within the provision of pharmaceutical services to reduce health inequalities including those arising from protected characteristics. Access to and availability of pharmaceutical services in Islington will be assessed and options considered to improve as necessary for ALL Islington residents.

On whom will the proposal impact? Delete as appropriate.

Group of people	**Impacted?**
Service users	Yes
Residents	Yes

Group of people	Impacted?
Businesses	Yes
Visitors to Islington	Yes
Voluntary or community groups	No
Council staff	No
Trade unions	No
Other public sector organisations	No
Others	Please specify: No

Will this change impact staff? Please complete where relevant.

Please outline in brief: • Who will be impacted? For example, which services, teams or buildings? How many staff? • Broadly what will the impact be? For example, changes to organisational structure, changes to reporting lines, changes to staffing levels, changes to responsibilities, relocation, changes to access to facilities, new ways of working, development opportunities. This should be a broad overview, the specific impact on people with protected characteristics and/or from disadvantaged groups will be assessed later in the form. NB: EQIA screening tools should be completed as part of the council's Organisational Change process. Please contact your Strategic HR Business Partner to discuss organisational change.
The PNA will not impact staff.

What consultation or engagement will you be leading (with residents, staff, decisionmakers, or other stakeholders) as part of this project?

Please outline in brief: Which groups or communities do you plan to consult? Will any participants be under the age of 18 or could be considered vulnerable? Will you be collecting personal data? What methods will you use to engage (for example, focus groups / surveys)? How will insight gained from engagement or consultation be fed into decision making or proposal design and shared back to stakeholders? If you are planning or completing key strategic participation and engagement work or if you need guidance and support, please get in touch with the Participation and Engagement team at engagement@islington.gov.uk. If you have **not** completed any engagement activity and do not plan to, you should outline why this decision has been made.
As part of the PNA process, surveys will be undertaken with the public, commissioners and community pharmacy contractors in the borough. Participants in the survey will be over the age of 18. We will be collecting information on demographic of respondents but no personally identifiable information. This will be done by analysing consultation survey responses in relation to 'about you' question responses – allowing the Steering Group to identify inequalities which may exist. The aim of these surveys is to seek opinion on current pharmaceutical services provided in the area. These surveys will be completed and analysed by April 2025. In addition to the resident and pharmacy contractor surveys, the regulations require the Health and Wellbeing Board to consult for a minimum of 60 days with the following statutory consultees about the contents of the PNA: • the Local Pharmaceutical Committee; • the Local Medical Committee; • all those currently on the pharmaceutical list in the council area; • Healthwatch, and through them with any other patient, consumer or community groups with an interest in the issue; • all NHS foundation trusts providing services in Islington; • NHS England and NHS Improvement • Neighbouring Health and Wellbeing Boards • North Central London ICS Integrated Care Board (ICB). The formal consultation is expected to run from June to August 2025. Comments and feedback from this consultation period will be incorporated into the final document and made available as an Appendix to the report.

Please outline in brief: Which groups or communities do you plan to consult? Will any participants be under the age of 18 or could be considered vulnerable? Will you be collecting personal data? What methods will you use to engage (for example, focus groups / surveys)? How will insight gained from engagement or consultation be fed into decision making or proposal design and shared back to stakeholders? If you are planning or completing key strategic participation and engagement work or if you need guidance and support, please get in touch with the Participation and Engagement team at engagement@islington.gov.uk. If you have **not** completed any engagement activity and do not plan to, you should outline why this decision has been made.

What impact will this change have on people with protected characteristics and/or from disadvantaged groups?

Of the groups you have identified above - whether residents, staff, visitors or a combination - please now indicate the likely impact on people with protected characteristics within these groups by checking the relevant box below. Your assessment should be based on the latest evidence you have, which might be local Islington data, regional or national research. You can find more information and advice about what data is available in our guidance.
Use the following definitions as a guide:
Neutral – The proposal has no impact on people with the identified protected characteristics.
Positive – The proposal has a beneficial and desirable impact on people with the identified protected characteristics in relation to other people.
Negative – The proposal has a negative and undesirable impact on people with the identified protected characteristics in relation to other people.
You should then assess whether the negative impact has a low impact, medium impact or high impact. Consider the level and likelihood of impact. Please also think about whether the proposal is likely to be contentious or perceived as a negative change by certain groups, as this could justify the completion of a full EQIA. See the guidance for help.

Protected characteristic	Positive impact	Neutral impact	Negative impact	Description of the impact (if applicable)
Age (for example, young people under 25, older people over 65)	☒	☐	Choose an item.	The PNA will take account of health needs and how the needs of population groups may vary based on personal characteristics including age. Age will be specifically addressed within the consultation. The PNA will examine access to and availability of pharmaceutical services in Islington and consider actions that may be necessary within the provision of these services to reduce any identified health inequalities.
Disability (include people with physical disabilities, people with learning disabilities, blind and partially sighted people, Deaf or hard of hearing people, neurodiverse people. This also includes carers.)	☒	☐	Choose an item.	The PNA will take account of health needs, with a particular focus on the needs of disabled persons, people living with long-term health conditions and their carers. The PNA will examine access to and availability of pharmaceutical services in Islington and consider actions that may be necessary within the

Protected characteristic	Positive impact	Neutral impact	Negative impact	Description of the impact (if applicable)
				provision of these services to reduce any identified health inequalities.
Gender reassignment and gender (include people who identify across the trans* umbrella, not only those who have undergone gender reassignment surgery. This is inclusive of girls and or/women, men and/or boys, non-binary and genderfluid people and people who are transitioning) *Trans is an umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth.	☒	☐	Choose an item.	The PNA will take account of health needs and how the needs of population groups may vary based on personal characteristics including gender and gender reassignment. will be specifically addressed within the consultation. The PNA will examine access to and availability of pharmaceutical services in Islington and consider actions that may be necessary within the provision of these services to reduce any identified health inequalities.
Marriage and Civil Partnership	☐	☒	Choose an item.	The PNA will take account of health needs and how the needs of population groups may vary based on personal characteristics including marriage or civil partnership. The PNA will examine access to and availability of pharmaceutical services in Islington and consider

Protected characteristic	Positive impact	Neutral impact	Negative impact	Description of the impact (if applicable)
				actions that may be necessary within the provision of these services to reduce any identified health inequalities.
Pregnancy and Maternity (include people who are pregnant in or returning to the workplace after pregnancy. Could also include working parents.)	☒	☐	Choose an item.	The PNA will take account of health needs and how the needs of population groups may vary based on personal characteristics including pregnancy or maternity. Pregnancy and maternity will be specifically addressed within the consultation. The PNA will examine access to and availability of pharmaceutical services in Islington and consider actions that may be necessary within the provision of these services to reduce any identified health inequalities.
Race or ethnicity (include on the basis of colour, nationality, citizenship, ethnic or national origins)	☒	☐	Choose an item.	The PNA will take account of health needs and how the needs of population groups may vary based on personal characteristics including race or ethnicity. Race and ethnicity will be specifically addressed within the consultation.

Protected characteristic	Positive impact	Neutral impact	Negative impact	Description of the impact (if applicable)
				The PNA will examine access to and availability of pharmaceutical services in Islington and consider actions that may be necessary within the provision of these services to reduce any identified health inequalities.
Religion or belief (include no faith)	☐	☒	Choose an item.	The PNA will take account of health needs and how the needs of population groups may vary based on personal characteristics including religion or belief as well as no faith. The PNA will examine access to and availability of pharmaceutical services in Islington and consider actions that may be necessary within the provision of these services to reduce any identified health inequalities.
Sex (include trans girls and/or women and trans boys and/or men. Under the Equality Act 2010 a person's legal sex is their sex as recorded on their birth certificate. Someone can change their legal sex by obtaining a Gender Recognition Certificate.)	☐	☒	Choose an item.	The PNA will take account of health needs and how the needs of population groups may vary based on personal characteristics including sex. The PNA will examine access to and availability of pharmaceutical services in Islington and consider actions that may be necessary within the provision of these services to reduce any identified health inequalities.
Sexual Orientation (include people from across the LGBTQ+ umbrella, for example, people who identify as lesbian,	☒	☐	Choose an item.	The PNA will take account of health needs and how the needs of population groups may vary based on personal characteristics including

Protected characteristic	Positive impact	Neutral impact	Negative impact	Description of the impact (if applicable)
gay, bisexual, pansexual or asexual.)				sexual orientation. Sexual orientation will be considered as part of the consultation. The PNA will examine access to and availability of pharmaceutical services in Islington and consider actions that may be necessary within the provision of these services to reduce any identified health inequalities.
Other (e.g. people on low incomes, people living in poverty, looked after children, people with care experience, people who are homeless, people who are prison leavers, people affected by menopause, people affected by menstruation and/or period poverty)	☒	☐	Choose an item.	The PNA will take account of health needs and how the needs of population groups may vary based on social or economic situation. The PNA will examine access to and availability of pharmaceutical services in Islington and consider actions that may be necessary within the provision of these services to reduce any identified health inequalities.

How do you plan to mitigate negative impacts?

Where there are disproportionate impacts on groups with protected characteristics, please outline: The other options that were explored before deciding on this proposal and why they were not pursued Action that is being taken to mitigate the negative impacts
N/A

Action	Lead	Deadline	Comments

Screening Decision	Outcome
Neutral or Positive – no full EQIA needed*.	Yes
Negative – Low Impact – full EQIA at the service director's discretion*.	No
Negative – Medium or High Impact – must complete a full EQIA.	No
Is a full EQIA required? Service decision:	No

Screening Decision	Outcome
Is a full EQIA required? Strategy, Equalities and Communities service sign off recommendation:	No
Flag for DPIA (will include engagement that collects personal data). Strategy, Equalities and Communities service recommendation:	No
Flag for ethics (high risk / will involve engagement with vulnerable residents). Strategy, Equalities and Communities service recommendation:	No

Appendix 5 - Community Engagement Questionnaire Results

There were 20 responses to the public questionnaire

Do you use pharmacies?

Option	Count	Percentage
Yes	19	95%
No	1	5%
Blank	0	0%

One respondent stated they work in Islington but use pharmacies closer to their home.

Do you have a regular or preferred local community pharmacy which you use?

Option	Count	Percentage
Yes	18	90%
No	0	0%
Prefer internet / Online pharmacy	0	0%
I use combination (online/traditional)	1	5%
Other (please specify)	1	5%
Blank	0	0%

Why do you choose the pharmacy that you most commonly use?

Option	Count	Percentage
Convenient opening hours	11	55%
Convenient location	18	90%
Helpful staff	11	55%
Services offered	7	35%
Other (please specify)	4	20%
Blank	0	0%

How well does your local community pharmacy meet your needs?

Option	Count	Percentage
Not at all	0	0%
Not very well	2	10%
Fairly well	5	25%
Very well	8	40%
Extremely well	5	25%
Blank	0	0%

Which services do you use at a pharmacy?

Option	Count	Percentage
Collect prescribed medicines and/or products	20	100%
Buy over the counter medicines	17	85%
Advice from your pharmacist e.g. including minor ailments and new medicines	14	70%
Dispose of unwanted medicine	7	35%
Disposal of used medical equipment e.g. needles / syringes	2	10%
Collect Covid-testing kits	3	15%
Access vaccinations e.g. Covid-19 or flu	10	20%
None	0	0%
Other (please specify)	1	5%
Blank	0	0%

Which services are you aware that pharmacies offer?

Service	Count of respondents aware	Percentage
Home delivery	5	25%
Needle exchange service	2	10%
NHS blood pressure check	6	30%
Pharmacy first	3	15%
Sexual health	5	25%
Self-care medicines	3	15%
Phlebotomy service	1	5%
Stop smoking service	7	35%
Supervised administration service	3	15%
Vaccinations	13	65%
Anticoagulation monitoring	0	0%
Antiviral distribution	0	0%
End of life medicines	0	0%
Blank	4	20%

How often do you use your pharmacy?

Option	Count	Percentage
At least once per week	4	20%
At least once per month	10	50%
At least once every 3 months	4	20%
At least once every 6 months	1	5%
At least once a year	0	0%
Less than once a year	1	5%
Blank	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	Blank
Quality of service	12 (60%)	7 (35%)	0 (0%)	1 (5%)	0 (0%)	0 (0%)
Convenience	14 (70%)	5 (25%)	0 (0%)	1 (5%)	0 (0%)	0 (0%)
Accessibility	8 (40%)	6 (30%)	2 (10%)	2 (10%)	2 (10%)	0 (0%)
Availability of Medication	14 (70%)	6 (30%)	0 (0%)	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	0	0%
Cycle	0	0%
On foot	18	90%
Public transport	2	10%
N/A as medicines are delivered or collected by someone else	0	0%
Blank	0	0%

How long does it usually take you to get to the pharmacy?

Option	Count	Percentage
0-5 minutes	8	40%
6-10 minutes	7	35%
11-15 minutes	5	25%
16-20 minutes	0	0%
More than 20 minutes	0	0%
Blank	20	10%

How easy is it for you to get to the pharmacy?

Option	Very easy	Easy	Neither easy nor difficult	Difficult	Very Difficult	Don't know/NA
On foot	15 (75%)	2 (10%)	1 (5%)	0 (0%)	0 (0%)	2 (10%)
Public transport	9 (45%)	2 (10%)	2 (10%)	0 (0%)	0 (0%)	7 (35%)
By car or taxi	5 (25%)	0 (0%)	1 (5%)	2 (10%)	1 (5%)	11 (55%)

Does your pharmacy have access for disabled people and others with access requirements?

Option	Yes	No	Don't know
Wheelchair / pushchair access	10 (50%)	3 (15%)	7 (35%)
Parking	0 (0%)	12 (60%)	8 (40%)
Help for sensory impairments	0 (0%)	3 (15%)	17 (85%)
Automatic doors	3 (15%)	12 (60%)	5 (25%)

- One respondent used to have difficulties accessing a pharmacy as they are blind, but the pharmacy now helps them as they are familiar with them
- One respondent has to travel some distance to access ear wax removal services (privately)
- One respondent drives part of the way if feeling unwell.

Does your usual pharmacy have language/interpretation facilities?

Option	Count	Percentage
Yes	0	0%
No	1	5%
Don’t know	19	95%
Blank	0	0%

If there is a pharmacy closer or more convenient which you don't use, please describe the reasons you do not use this pharmacy:

- Repeat medications sent to a different pharmacy
- Busy and has longer waits
- Lack of personal touch / not friendly
- Quality of medication
- Habit

Does your local pharmacy have convenient opening hours for you?

Option	Count	Percentage
Yes	17	85%
No	2	10%
Blank	1	5%

What time is most convenient for you to visit a pharmacy?

Option	Count	Percentage
Weekdays (8am – 4.59pm)	16	80%
Weekday evenings (5pm to 7.59pm)	13	65%
Weekdays overnight (8pm to 7.59am)	1	5%
Saturdays (8am – 4.59pm)	13	65%
Saturdays (5pm to 7.59pm)	6	30%
Saturdays (8pm to 7.59am)	1	5%
Sundays (8am – 4.59pm)	8	40%
Sundays (5pm to 7.59pm)	6	30%
Sundays (8pm to 7.59am)	2	10%

Appendix 6 - 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	Pharmacy access scheme	NHSE Advanced									ICB			LA				
										New medicine service	Appliance use review	Stoma appliance customisation	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	Emergency hormonal contraception	Supervised self-administration	Needle exchange	Condom distribution
Apex Pharmacy	FG894	Community	204 Essex Road, London	N1 3AP	09:00-18:00	09:30-13:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	-	-	Y	-	-	Y	Y	Y	Y	-
Atkins Chemist	FG127	Community	124 Holloway Road, London	N7 8JE	09:00-19:00	09:00-12:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	-	Y	Y	-	-	-	Y	-	-	Y
C&H Chemist	FQ525	Community	179 Blackstock Road	N5 2LL	09:00-18:00	09:00-17:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	-	Y	Y	-	-	-	-	Y	-	-
Clan Pharmacy	FXC57	Community	150 Upper Street, Islington	N1 1RA	09:00-18:00	09:30-14:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	Y	-	Y	-	-	Y	Y	Y	-	-
Dermacia Pharmacy	FWK02	Community	19 Canonbury Lane, London	N1 2AS	09:00-19:00	09:00-18:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	-	-	Y	-	-	Y	Y	Y	Y	-
Egerton Chemist	FLM71	Community	147 Holloway Road	N7 8LX	09:00-19:00	09:00-14:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	-	-
Essex Pharmacy	FEM36	Community	Essex Pharmacy, 41 Essex Road, Islington	N1 2SF	09:00-19:00	09:00-18:00	Closed	-	-	Y	-	-	Y	Y	-	Y	Y	Y	Y	-	-	Y	Y	Y	-	-
Highbury Pharmacy	FL630	Community	14 Highbury Park	N5 2AB	09:00-18:30	09:00-18:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	Y	-	Y	-	-	Y	Y	Y	Y	-
Hornsey Road Pharmacy	FVQ29	Community	84 Hornsey Road, London	N7 7NN	09:00-18:30 (09:00-13:00 on Thurs)	Closed	Closed	-	-	Y	-	-	Y	Y	Y	Y	Y	-	Y	-	-	Y	Y	Y	Y	-
Leoprim Chemist	FPP76	Community	328 Essex Road	N1 3PB	09:00-19:00	09:00-16:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	-	Y	-	-
Mahesh Chemist	FVH52	Community	111 Newington Green Road, London	N1 4QY	09:00-19:00	10:00-16:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	Y	Y	-	-	Y

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 Hours	Pharmacy access scheme	NHSE Advanced									ICB			LA				
										New medicine service	Appliance use review	Stoma appliance customisation	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	Emergency hormonal contraception	Supervised self-administration	Needle exchange	Condom distribution
New North Pharmacy	FVG24	Community	297 New North Road	N1 7AA	09:00-19:00 (09:00-14:00 on Weds)	09:00-14:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	Y	Y	-	-	-
Rose Chemist	FG060	Community	243 Upper Street, Islington	N1 1RU	08:00-20:00 (08:00-21:00 on Fri)	09:00-13:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	Y	-	-
Savemain Ltd	FKR70	Community	166-168 Essex Road, London	N1 8LY	09:00-19:00	09:00-18:30	Closed	-	-	Y	-	-	Y	Y	Y	Y	Y	-	Y	-	-	Y	Y	Y	Y	-
St Peter's Pharmacy	FDN39	Community	51 St Peters St, London	N1 8JR	09:00-18:30	09:30-13:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	-	-	Y	-	-	-	Y	-	-	-
Turnbulls Chemist	FN508	Community	155 Essex Road, London	N1 2SN	09:00-19:00	09:00-19:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	Y	-
Wellcare Pharmacy	FPC65	Community	50 Newington Green, Stoke Newington	N16 9PX	09:00-18:00	09:00-18:00 (10:00 – 16:00 from June 2025)	Closed	-	-	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	Pharmacy access scheme	NHSE Advanced									ICB			LA				
										New medicine service	Appliance use review	Stoma appliance customisation	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	Emergency hormonal contraception	Supervised self-administration	Needle exchange	Condom distribution
Apteka Pharmacy	FWN43	Community	179 Seven Sisters Road	N4 3NS	09:00-18:00 (09:00-17:00 on Thurs, 09:00-19:00 on Fri)	Closed (from May 2025)	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	Y	-	-	Y	Y	Y	Y	Y
Arkle Pharmacy	FND94	Community	39 Junction Road, London	N19 5QU	09:00-19:00	09:00-18:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	-	Y	Y	-	-	Y	Y	Y	Y	Y
Boots	FMD33	Community	410 Holloway Road, London	N7 6QA	09:00-19:00	09:00-19:00	11:00-17:00	-	-	Y	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	-	Y	-	-
Caledonian Pharmacy	FVW20	Community	486A Caledonian Road, London	N7 9RP	09:00-18:00	Closed	Closed	-	-	Y	-	-	Y	Y	Y	Y	-	Y	Y	-	-	Y	Y	-	-	-
Chemitex Pharmacy	FW897	Community	332 Hornsey Road, London	N7 7HE	09:00-18:30	10:00-14:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	-	Y
Devs Chemist	FJ680	Community	110 Seven Sisters Road, London	N7 6AE	09:00-18:30	09:00-14:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	-	Y	Y	-	-	-	Y	Y	Y	-
Islington Pharmacy	FWQ48	Community	Unit A, 31 North Road,	N7 9GL	09:00-21:00	09:00-21:00	Closed	Y	-	-	-	-	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	-
JC Wise Chemist	FKF20	Community	518 Hornsey Road, London	N19 3QN	09:00-19:00	09:00-18:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	-	Y	Y	-	-	Y	Y	Y	Y	Y
Lemonpill	FGV22	DSP	Office 327, Omnibus House, Busworks 39-41 North Road, London	N7 9DP	09:00-18:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nuchem Pharmaceuticals Limited	FJA90	Community	159 Stroud Green Road, Finsbury Park, London	N4 3PZ	09:00-19:00	09:00-17:30	Closed	-	-	Y	-	-	Y	Y	-	-	-	-	Y	-	-	Y	Y	Y	Y	-
Roger Davies Pharmacy	FF023	Community	41 Stroud Green Road, London	N4 3EF	09:00-19:00	09:00-17:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	-	-	Y	-	-	Y	Y	-	-	-

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 Hours	Pharmacy access scheme	NHSE Advanced									ICB			LA				
										New medicine service	Appliance use review	Stoma appliance customisation	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	Emergency hormonal contraception	Supervised self-administration	Needle exchange	Condom distribution
Shivo Chemists	FDL81	Community	738 Holloway Road, London	N19 3JF	09:30-18:00	09:30-13:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-
Superdrug Pharmacy	FMD88	Community	5-9 Seven Sisters Road, London	N7 6AJ	09:00-18:30	09:00-17:30	Closed	-	-	Y	-	-	Y	Y	Y	Y	-	-	-	-	-	-	-	Y	Y	-
Vyne	FL755	DAC	Unit 29b Highbury Studios, 8 Hornsey Street, Holloway, London	N7 8EG	09:00-18:00	Closed	Closed	-	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Well Pharmacy	FPA29	Community	11/13 Junction Road,	N19 5QT	09:00-19:00	09:00-17:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-
Wellcare Pharmacy	FP519	Community	552 Holloway Road,	N7 6JP	09:00-19:00	09:00-13:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
YORK PHARMACY	FDN26	Community	YORK HOUSE, UNIT 4, 400-404 YORK WAY,	N7 9LR	09:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	Y	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	Pharmacy access scheme	NHSE Advanced									ICB			LA				
										New medicine service	Appliance use review	Stoma appliance customisation	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	Emergency hormonal contraception	Supervised self-administration	Needle exchange	Condom distribution
Apex Pharmacy (Appliance)	FC850	DAC	199 Old Street, London	EC1V 9NP	09:00-18:30	09:00-18:00	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Apex Pharmacy	FHD65	Community	199 Old Street, London	EC1V 9NP	09:00-18:30	09:30-13:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	Y	-	Y	-	-	Y	Y	Y	Y	-
Boots	FFX11	Community	35-37 Islington High Street, Islington, London	N1 9LH	09:00-19:00	09:00-19:00	11:00-17:00	-	-	Y	-	-	Y	Y	Y	Y	-	-	-	-	-	-	-	Y	-	-
Carters Chemist	FWP49	Community	47 Roman Way	N7 8XF	09:00-18:00	09:00-16:00	Closed	-	-	Y	-	-	Y	Y	-	Y	-	Y	Y	-	-	Y	Y	Y	Y	-
Clerkenwell Pharmacy	FRM14	Community	44 Exmouth Market	EC1R 4QL	08:45-18:00 (from June 2025)	09:00-17:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	-	-	Y	-	-	-	-	Y	Y	-
Clockwork Pharmacy	FAG14	Community	273 Caledonian Road, London	N1 1EF	09:00-19:00 (09:00-18:00 on Thurs)	09:00-18:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	Y	Y	-
Clockwork Pharmacy	FVA91	Community	161 Caledonian Road, Islington	N1 0SL	08:00-18:30 (09:00-16:00 on Thurs)	Closed	Closed	-	-	Y	-	-	Y	Y	Y	Y	-	Y	Y	-	-	-	Y	-	-	-
Douglas Pharmacy	FRM52	Community	34 Ritchie Street	N1 0DG	08:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	-	Y	Y	-	-	-	-	Y	Y	-
Fittleworth Medical	FG020	DAC	Unit 8, Ground Floor, Blenheim Court, 62 Brewery Road, London	N7 9NY	09:00-15:00	Closed	Closed	-	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-
P Edward	FAC32	Community	324 Caledonian Road, London,	N1 1BB	09:00-18:30	09:00-18:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	-	-	Y	-	-	-	-	-	-	-

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 Hours	Pharmacy access scheme	NHSE Advanced									ICB			LA				
										New medicine service	Appliance use review	Stoma appliance customisation	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	Emergency hormonal contraception	Supervised self-administration	Needle exchange	Condom distribution
Pharmica*	FEW08	DSP	1-5 Clerkenwell Road, London,	EC1M 5PA	10:00-18:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Portmans Pharmacy	FJJ16	Community	Unit 5, Cherry Tree Walk, Whitecross Street	EC1Y 8NX	09:00-18:30	09:00-17:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-
Prime Response Pharmacy	FJH03	Community	70 Chapel Market, Islington	N1 9ER	09:00-19:00	09:00-17:00	Closed	-	-	-	-	-	Y	Y	Y	Y	-	Y	Y	-	Y	-	-	-	-	-
Superdrug Pharmacy	FJ143	Community	54 Chapel Market, London	N1 9EW	08:30-19:00	09:00-17:30	Closed	-	-	Y	-	-	Y	Y	Y	Y	-	-	-	-	-	-	-	Y	Y	-
W C and K King Chemist	FM604	Community	35 Amwell Street	EC1R 1UR	09:00-18:00	Closed	Closed	-	-	Y	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	-	-	-	-

*Marked as "temporarily closed" in pharmaceutical list and has not been providing any NHS services, so has not been included in any analysis in this PNA.

Appendix 7 - Consultation on the Draft Pharmaceutical Needs Assessment for Islington

The formal consultation on the draft PNA for London Borough of Islington ran from 15 June to 16 August 2025 in line with the guidance on developing PNAs and section 242 of the Health Service Act 2012, which stipulates the need to involve Health and Wellbeing Boards in scrutinising Health Services.

In keeping with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations (2013) the following stakeholders were consulted during this time:

- NHS North Central London Integrated Care Board
- Camden and Islington LPC
- All persons on the pharmaceutical lists in Islington
- Middlesex Pharmaceutical Group
- City and Hackney LPC
- Islington LMC
- Healthwatch Islington
- Central and North West London NHS Foundation Trust
- Great Ormond Street Hospital NHS Foundation Trust
- Moorfields Eye Hospital NHS Trust
- North London NHS Foundation Trust
- Royal Free London NHS Foundation Trust
- Royal National Orthopaedic Hospital
- University College London Hospitals NHS Foundation Trust
- Whittington Health NHS Foundation Trust
- Camden HWBB
- City of London HWBB
- Haringey HWBB
- Hackney HWBB
- London Ambulance Service
- Islington GP Federation

All consultees received an email containing a copy of the draft PNA, along with information about the consultation and a link to the consultation questionnaire. The draft PNA and a link to the questionnaire were also made available on the council's website to enable members of the public and other local organisations to provide their feedback.

Findings of the consultation:

There were 5 responses to the consultation questionnaire. Not all respondents answered every question. Below is a summary of the responses given.

Are you responding as:

Option	No. of responses	Percentage
A member of the public	1	20%
A local pharmacy	2	40%
Local Pharmaceutical Committee	1	20%
Integrated Care Board	1	20%

Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within London Borough of Islington?

Option	No. of responses	Percentage
Yes	4	80%
No	1	20%

Are there any gaps in service provision (when, where and which services are available) that have not been identified in the pharmaceutical needs assessment?

Option	No. of responses	Percentage
Yes	2	40%
No	3	60%

Does the draft pharmaceutical needs assessment reflect the needs of London Borough of Islington's population?

Option	No. of responses	Percentage
Yes	4	80%
No	1	20%

Has the pharmaceutical needs assessment provided enough information to inform market entry decisions (i.e. decisions on applications for new pharmacies and dispensing contractor premises)?

Option	No. of responses	Percentage
Yes	3	75%
No	1	25%

Has the pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?

Option	No. of responses	Percentage
Yes	4	80%
No	1	20%

Do you agree with the conclusions of the pharmaceutical needs assessment?

Option	No. of responses	Percentage
Yes	4	80%
No	1	20%

Do you have any other comments?

Comment	Response
Supplementary hours can be amended with 5 weeks' notice, this is not true if increasing hours which can be done overnight.	Section 5.1.2 further detail included about notice periods required for changes to supplementary hours.
Bunhill has only one Apex Pharmacy with a very limited assortment and short hours. Getting to Boots at Angel is the only viable options for many residents and is not exactly convenient especially for elderly and disabled.	Apex Pharmacy is open 9am-6pm Monday to Friday and 9:30am-1pm on Saturday. Portmans Pharmacy, nearby in Bunhill, is open 9am-6:30pm Monday to Friday and 9am-5pm on Saturday. If Apex Pharmacy is excluded from travel time analysis, all residents are still able to get to their nearest pharmacy within a 12-minute walk, a 10-minute public transport or 5-minute private transport journey during weekdays. Weekday evening and weekend service provision, detailed in section 6.4.1.2 and section 6.4.2 respectively, were also considered adequate for the borough. We recognise that accessing the nearest pharmacy can present challenges, particularly for older people, disabled residents, and those with limited mobility. As part of the PNA process, we have engaged with residents, stakeholders, and service providers across the borough. The public engagement questionnaire indicated that most residents (85%) find it easy to get to their community pharmacy. The feedback has been noted and will be considered in future reviews should the pattern of provision or population needs change.

Feedback from the London Pharmacy Commissioning Hub on behalf of NCL ICB:

Comment	Response
List supplied of opening hours amendments to be reflected in the final PNA.	Amendments to opening hours have been made in the table in Appendix 6 and any relevant narrative updated. Reference to the pharmacies that have lunchtime closing has also been included in section 6.4.1.
The housing and regeneration section needs to have more information regarding the details of any developments considered when the PNA statements were written.	Added in Appendix 8
Since the publication of the last PNA pharmaceutical services have been delegated to ICBs and therefore they can and should now commission services as locally enhanced services where they fall within this category.	Amendments have been made to the PNA in sections 7 and 8 to reflect this.

Amendments made to PNA following the consultation:

- Section 5.1.2 further detail included about notice periods required for changes to supplementary hours.
- Sections 1.4, 1.6 and 9 amended to include references to the NHS 10-year Health Plan.
- Services previously listed under section 8.1 (ICB locally commissioned services) have been moved to a new section 7.4 (ICB enhanced services) to reflect their classification under the Pharmaceutical Services Regulations following delegation of commissioning responsibilities to ICBs.
- Section 7.2 updated to reflect LPCH as a source of services information. New reference added.
- References 45, 50 and 53 updated to include "date accessed" information.
- Sections 7.4.1 and 7.4.2 and Appendix 6 corrected to reflect services provision information provided by NCL ICB.
- Opening hours updated in Appendix 6 and any relevant narrative updated.
- Appendix 8 added with details of larger housing development sites.

Appendix 8 - Sites of Larger Housing Developments Anticipated to Progress 2025 – 2028

Name of development	Address / Area	Est. no. of residences	Est. period of delivery
Holloway Park	Former Holloway prison, Parkhurst Road, N7 0NU, Islington	**429** (including 60 extra care)	By end of 2027
Barnsbury Estate	Barnsbury Estate, London, N1	**134** (albeit these are replacement homes for those demolished, so no uplift)	Currently subject to ongoing application seeking amendments. However, if approved, likely to be commenced immediately and target delivery prior to end of 2027
Archway Campus	Archway Campus, 2-10 Highgate Hill, London, N19 5LP	**178** homes and **210** student studio units	If approved, unlikely to complete by 2028 but could be well advanced.
45 Hornsey Road	45 Hornsey Road & 252 Holloway Road and land in between (including railway arches) London, N7	**281** Student bedrooms	Resolution to Grant but subject to S106. Could be completed by end of 2028
Mount Pleasant	Land north west of the Royal Mail Sorting Office, bounded by Farringdon Road, Calthorpe Street and Phoenix Place, Islington, London EC1A 1BB	**126** homes	By April 2026

Appendix 9 - Future Opportunities for Community Pharmacy Service Provision in Islington

Introduction

This section of the PNA sets out potential opportunities for the future development of community pharmacy services within Islington. While these opportunities are informed by local health needs, current service provision, and contractor engagement, this section does not form part of the formal PNA duty under the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013[6]. The section may assist local commissioners in identifying future opportunities for service enhancement and is presented for strategic insight.

The review of necessary, advanced, enhanced, and locally commissioned services in Islington 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.

The opportunities identified reflect a combination of:

- Local need (as detailed in Section 4 of the PNA)
- Willingness and capacity of pharmacies (from the contractor survey), and
- National direction of travel, particularly the ambitions of the NHS Long Term Plan, Community Pharmacy Contractual Framework, and Pharmacy First.

Strategic context and commissioning landscape

Community pharmacy services are commissioned through a blend of national and local mechanisms:

- Essential and advanced services are part of the NHS CPCF and commissioned by NHSE
- Enhanced services are also part of the CPCF but are commissioned locally by NHSE based on local need
- Locally Commissioned services are commissioned either by local authorities (e.g., Public Health services) or by the ICB for targeted support, often based on JSNA priorities.

The North Central London ICS aims to embed community pharmacy more deeply in place-based healthcare delivery, including prevention, long-term condition management, and reducing inequalities.

At the time of writing, the NHS Long Term Plan (2019) remains the overarching national strategy informing pharmacy policy. However, a new NHS strategic plan is expected to be published in spring 2025. Given the timing of this PNA, it is not yet possible to align future opportunities with the full detail of that strategy.

Commissioners are advised to revisit this section in light of the forthcoming national plan and any implications for community pharmacy service development.

Health needs identified in Islington

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 9.7%, similar to London and England averages.
- Cardiovascular diseases (CVD) remain the leading cause of deaths across all ages in the borough, although rates are declining in Islington at a faster rate than London or England
- Teenage pregnancy rates, which although similar to the London and England averages, is still an area where pharmacy is ideally placed to continue to support
- Sexual health indicators, including new STI diagnoses, are above national averages
- Although below the national average, obesity remains a growing concern. Over 67,000 adults registered with an Islington GP are overweight or living with obesity
- Vaccination uptake, including influenza and childhood immunisations, is significantly below national levels in several cohorts

These issues, alongside the borough's population growth and an increasing older population, create a strong rationale for maximising the role of pharmacies as accessible, community-based health providers.

Appendix 10 - References and Data Sources

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17. **Community Pharmacy Contractual Framework 2019-2024**: https://www.england.nhs.uk/primary-care/pharmacy/community-pharmacy-contractual-framework/
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58. **NICE Guidance: Community Pharmacies Promoting Health and Wellbeing:** https://www.nice.org.uk/guidance/ng102
59. **NICE Guidance: Clostridioides difficile infection: antimicrobial prescribing:** https://www.nice.org.uk/guidance/ng199
60. **Come Correct: Islington:** https://comecorrect.org.uk/islington/
61. **NICE Guidance NG67**: https://www.nice.org.uk/guidance/ng67