



DRAFT Pharmaceutical Needs Assessment 2025 –2028

Enfield Health and Wellbeing Board

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Executive Summary

The Health and Social Care Act 2012⁽¹⁾ transferred responsibility for developing and maintaining PNAs from Primary Care Trusts (PCTs) to Health and Wellbeing Boards. Under this legislation, each board was mandated to publish its first PNA by April 1, 2015, with subsequent updates required every three years or sooner if significant changes in service provision arise, provided an earlier review is justified. The previous PNA⁽²⁾ for Enfield was published on October 1, 2022, with the next update scheduled for release by October 1, 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 April 1, 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, Enfield Council commissioned North of England Care System Support (NECS), an independent subject matter expert organisation. NECS collaborated with Enfield Council's Public Health team, which led the development process. A steering group, comprising representatives from NCL ICB, Enfield Council, Middlesex Pharmaceutical Group and Healthwatch Enfield provided strategic guidance. Their collective aim was to assess current service provision, address commissioning challenges, and set future priorities for community pharmacy services in Enfield.

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

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

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

This PNA covers the following areas:

- An overview of the PNA process, including the identification of localities.
- An analysis of current and future health needs.
- A description of community pharmacies in Enfield.
- 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 well-being needs of the population. Enfield 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 Enfield

Enfield has 57 community pharmacies (as of March 2025) for a population of around 327,224 (based on ONS mid-2022 ward-level population estimates⁽⁸⁾), including two distance selling pharmacies. Combining these, Enfield has an average of 17.4 community pharmacies per 100,000 population, compared with 18.3 per 100,000 in England.

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

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

1. Introduction

1.1 Background

The Health Act 2009⁽¹⁰⁾ established a legal requirement for all Primary Care Trusts (PCTs) to publish a Pharmaceutical Needs Assessment (PNA) by February 1, 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 April 1, 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.

Enfield Health and Wellbeing Board last published its PNA in October 2022⁽²⁾ and has now prepared an updated version for release by October 1, 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. Prison pharmacy and hospital pharmacy are beyond the scope of the PNA.

1.2 Purpose

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

services to address unmet health needs and support the objectives of the Health and Wellbeing Strategy 2024 – 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 well-being of Enfield residents.

1.3 Pharmacy market

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

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

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

- Meeting a current need identified in the PNA.
- Addressing a future need projected in the PNA.

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

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

1.4 National context

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

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

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

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

1.5 Pharmacy services NHS overview

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

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

Community pharmacies in England provide a range of services including:

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

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

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

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

1.6 Community Pharmacy Contractual Framework

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

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

The success of the Pharmacy Quality Scheme (PQS) across the CPCF in 2019-2024 was recognised within the review of the CPCF with a targeted PQS being reinstated from 1st 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 5 to 15 years who do not have a spacer and all patients using 3 or more short-acting bronchodilators without any corticosteroid inhaler in 6 months
- Pharmacy First – completion of clinical audit and ensure all registered professionals have completed appropriate training.
- Emergency contraception: ensure relevant staff have completed appropriate training
- New medicine service: ensure relevant staff have completed relevant depression training
- Enhanced Disclosure and Barring Service (DBS) checks undertaken for all registered pharmacy professionals within the last 3 years

1.7 Working across the North Central London Integrated Care System

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

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

They aim to:

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

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

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

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

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

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

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

1.8 Enfield 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. The Integrated Care Partnership (ICP) brings together Enfield 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 Enfield 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 the Enfield 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 Enfield Joint Health and Wellbeing Strategy 2024 – 2030⁽⁵⁾ sets out a vision to empower every Enfield resident to live healthier for longer. The ambition of the strategy is for every resident to Start Well, Live Well and Age Well. It outlines commitments to supporting every child to have the best start in life and to thrive as they grow up; helping local communities to live active, healthy, and socially connected lives; and supporting residents to maintain independence well into older age. The foundations of the strategy are built on four interconnected pillars to a population health approach:

- Wider determinants of health
- Lifestyle and behaviours
- Integrated health and care systems
- Places and communities

2. The Health System in Enfield

2.1 General practice

There are 30 GP Practices (plus 10 branch surgeries) in Enfield delivering primary medical services (Appendix 1); all are open for the same core hours of 8.00am until 6.30pm, Mondays to Fridays.

2.2 GP enhanced services

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

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

- Targeted immunisation programmes
- Weight Management

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

- Gonadotrophin Releasing Hormone (GnRH) Analogue Injections
- Anticoagulation (Warfarin Monitoring)
- Direct Oral Anticoagulant

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

2.3 Primary Care Networks (including GP extended access arrangements)

Primary Care Networks (PCNs) are geographically based teams, led by GP practices in the PCN area and delivering services to registered populations of between 30,000 and 50,000 patients. Appendix 1 details the GP surgeries within Enfield 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 Enfield, 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⁽¹⁷⁾ and includes:

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

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

- Evergreen Primary Care Centre
- The Woodbury Practice
- Carlton House hub
- Eagle House hub

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

The service is assessed by calling NHS 111. The service includes telephone triage and if required appointments at an urgent care centre or by home visiting. Home visiting runs from 18:30 – 08:00 weekdays and 24 hours at the weekend. Appointments at urgent care / walk in centre bases are from 19:30 – midnight, with two bases also open throughout the night to 08:00. The bases in North Central London are:

Enfield – Chase Farm Hospital

Haringey – The Laurels (hosts a range of services including GP practice)

Barnet – Finchley Hospital

Camden – Royal Free Hospital

Islington – Whittington Hospital

2.5 Urgent treatment centre and walk-in centres

There are two urgent treatment centres in Enfield at Chase Farm Hospital and North Middlesex University Hospital.

There are 4 other Urgent Treatment Centres in North Central London that Enfield residents can access. The urgent treatment centres are located at:

- Barnet Hospital (also has an A&E)
- University College London Hospital
- Royal Free Hospital
- Whittington Hospital

There are no walk-in centres in Enfield itself, but there are two walk-in centres in neighbouring boroughs at Finchley Memorial Hospital and Edgware Community Hospital. The services are both open 8am to 8pm, 7 days a week. Outside of these hours, an adult with a minor injury or illness will be given an appointment to attend

the UTC the following day. Appointments can be booked via the NHS 111 service, with the last patient booking at 7pm.

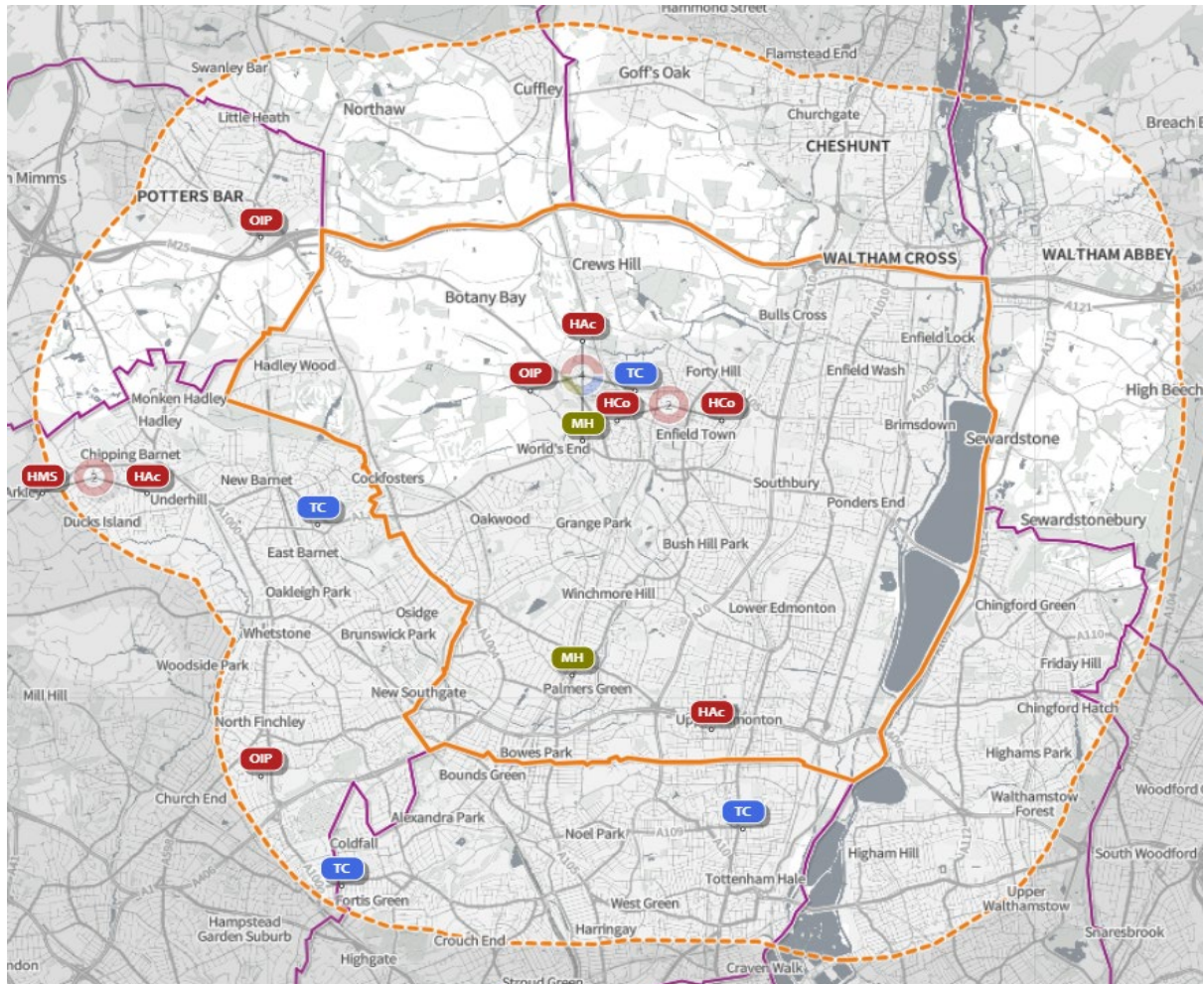
2.6 Hospital services

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

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

Figure 1 shows the hospitals, urgent treatment centres and walk in centres in Enfield and within 3km of the borough's boundary.

Figure 1: Location of hospitals, urgent treatment centres and walk-in centres within Enfield or within 3km of the borough boundary



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Key

- MH - Mental Health Facility
- HAc – Acute Hospital
- HMS – Mixed Services Hospital
- HCo - Community Hospital
- TC - Treatment Centre
- OIP – Other Inpatient Service

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

The public health team in Enfield Council oversaw the development of this PNA on behalf of the Enfield 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, Middlesex Pharmaceutical Group and Healthwatch Enfield. 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 Enfield;
- 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.

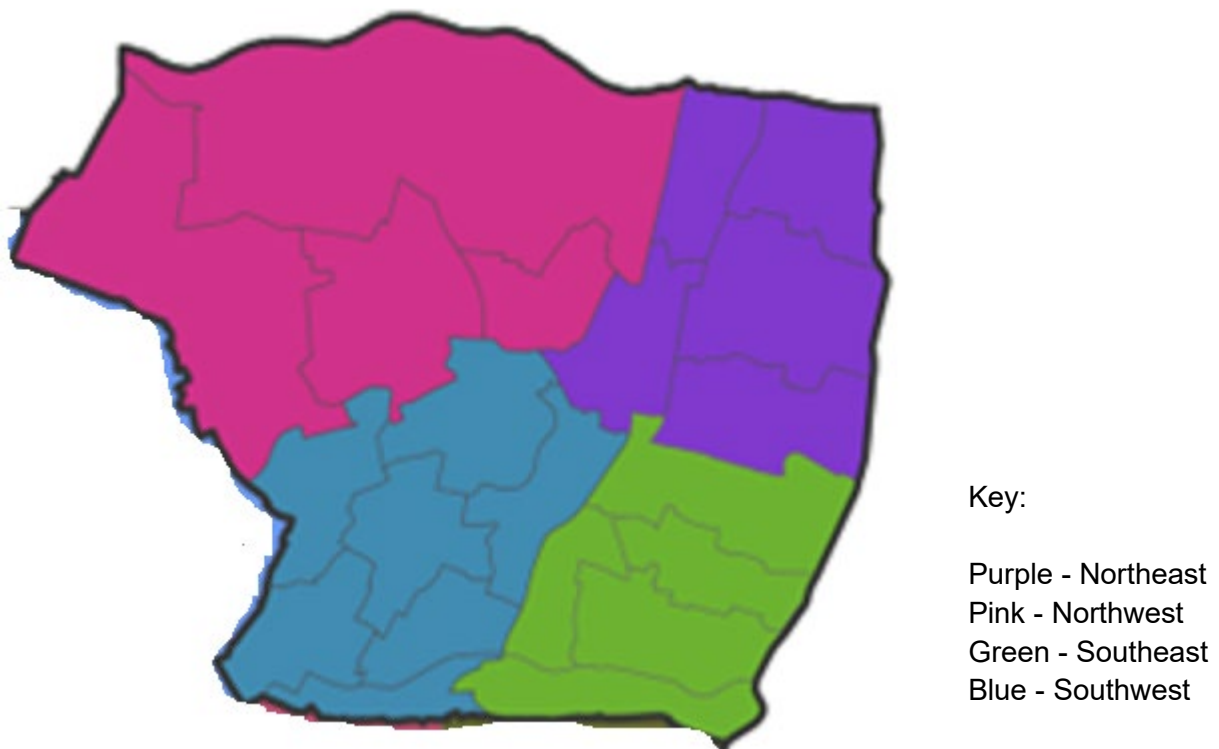
3.2 Determination of localities

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 Enfield area was to use the localities adopted in the previous PNA.

The four localities in Enfield for the purposes of the PNA are listed below (and shown in figure 2), detailing the council wards:

- Northeast – Brimsdown, Bullsmoor, Carterhatch, Enfield Lock, Ponders End, Southbury
- Northwest – Cockfosters, Ridgeway, Town, Whitewebbs
- Southeast – Bush Hill Park, Edmonton Green, Haselbury, Jubilee, Lower Edmonton, Upper Edmonton
- Southwest – Arnos Grove, Bowes, Grange Park, Highfield, New Southgate, Oakwood, Palmers Green, Southgate, Winchmore Hill

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



Source: Provided by Enfield Public Health

A list of providers of pharmaceutical services in each locality is found in Appendix 5.

3.3 Necessary pharmaceutical services

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

Necessary services are those pharmaceutical services that are considered key to meet the pharmaceutical needs of the population. They form the baseline level of

services that must be provided to ensure adequate access to medicines and related healthcare. The classification helps in decision-making about pharmacy applications, service commissioning, and resource allocation.

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

At the time of publication, the essential services are:

- Dispensing medicines
- Repeat dispensing
- Disposal of unwanted medicines
- Promotion of healthy lifestyles (Public Health)
- Signposting to other services
- 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 Enfield.

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).

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 services 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
 - Supervised consumption
 - Needle exchange
 - Naloxone supply
 - Emergency hormonal contraception
 - Condom distribution
 - ICB place based-commissioned pharmacy services (as this reduces the need for such services to be commissioned as national enhanced services)
 - Influenza and Covid-19 vaccination by GP practices.
- b) NHS services that increase the demand for pharmaceutical services including:
 - GP out of hours services (where a prescription is issued)
 - walk-in centres and minor injury units (where a prescription is issued)
 - community nursing prescribing
 - dental services.

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

3.6 Assessing health needs

The Local Government and the Public Involvement in Health Act 2007⁽¹⁸⁾ created the duty to undertake JSNAs. From April 2008, this duty was carried out by with local

authorities and PCTs. The Health and Social Care Act 2012⁽¹⁾ transferred this duty, to local authorities and CCGs to be exercised by 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 Enfield JSNA⁽⁴⁾ and the statement of health needs, presented in section 4 of this document, are consistent with it.

3.7 Current provision within Enfield

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 Enfield.

The information was then supplemented using a questionnaire made available to all community pharmacies. The survey was undertaken between 17th March – 18th April 2025.

A total of 28 out of 57 community pharmacies responded, giving a response rate of 49%.

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

3.8 Future provision

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

- The demography of Enfield;
- Whether there is sufficient choice regarding obtaining pharmaceutical services within Enfield;
- The different needs of the localities within Enfield;
- 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 Enfield;
- Likely changes to the demography of Enfield and/or the risks to the health or well-being of people in Enfield.

The Equality Act (2010)⁽¹⁹⁾ requires that in making this assessment. The needs of different population groups have been taken into account. The process included looking at the current and future projected population profile of Enfield.

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 17 March – 18 April 2025 and promoted using the Council's social media and Healthwatch Enfield.

In total, 102 questionnaire responses were received. These have been considered as part of this PNA. Section 10 and Appendix 4 of this document provide a summary of the analysis and outcomes of the public engagement.

3.10 Statutory consultation

To be inserted following the consultation

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

3.11 Recommendations and update from the previous PNA 2022 – 2025

Following development of the PNA 2022-2025⁽²⁾ Enfield Health and Wellbeing Board 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 Enfield 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 Enfield 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 circumstances across Enfield.

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 Enfield.

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 Enfield.

Based on current information available at the time of the production of the Enfield PNA 2022, no current gaps were identified in respect of securing improvements or better access to locally commissioned services, either at the time of publication or in specific future circumstances across Enfield to meet the needs of the population.

DRAFT

4 An Overview of Health Needs in London Borough of Enfield

This section includes information from the latest published Enfield JSNA⁽⁴⁾ and data from the Office for Health Improvement and Disparities Fingertips tool⁽²¹⁾. Data from both sources was based on the most up to date information available when accessed in March 2025.

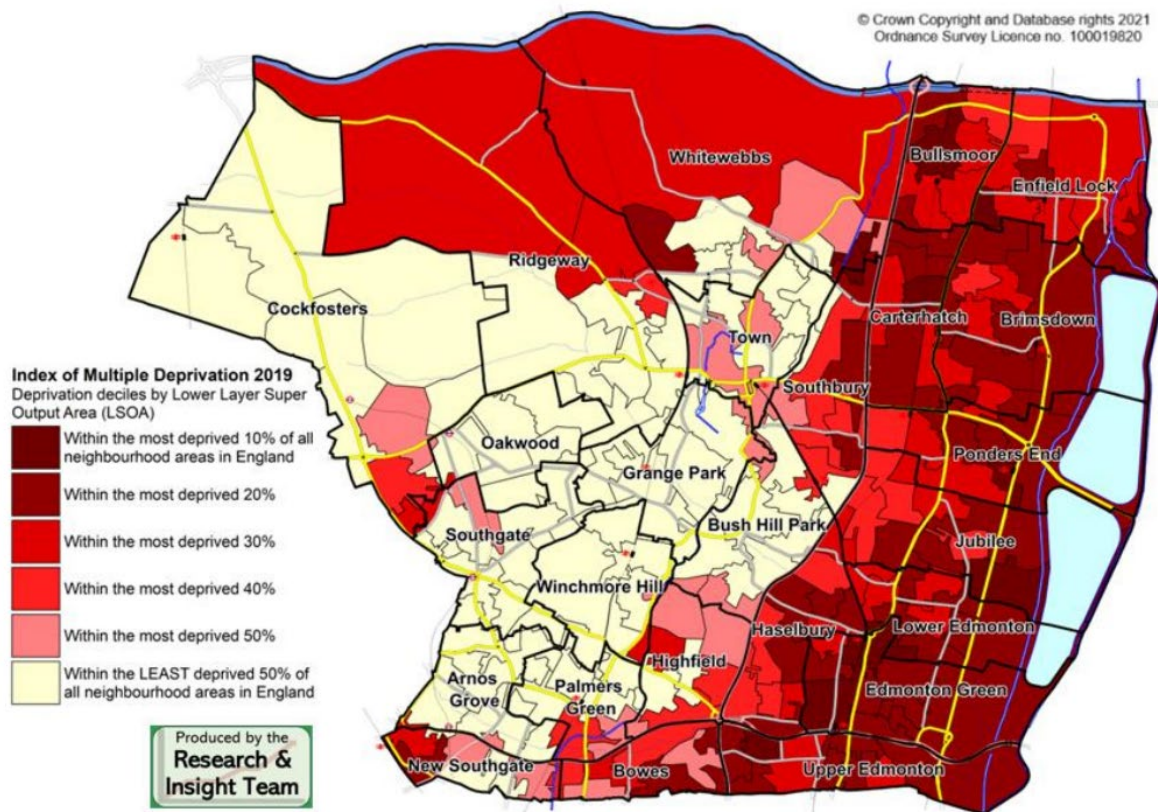
The JSNA provides a summary of the health needs of Enfield and highlights relevant issues for the commissioning of pharmacy services, building on the recommendations of the JSNA. For more detailed information on health needs, the JSNA can be accessed at: [Joint Strategic Needs Assessments | Health and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

4.1 Introduction

Enfield is the fifth largest local authority in London, England. It is ranked as the 9th most deprived borough in London (out of 32) as measured by the Index of Multiple Deprivation (IMD) score 2019⁽²²⁾ (where 1 = most deprived).

Enfield is one of the relatively deprived authorities in the country, ranking 57th out of 317 local authorities. Levels of deprivation vary considerable across the borough and there is a significant east – west divide (figure 3).

Figure 3: Enfield's ward deprivation (based on Index of Multiple Deprivation):



Source: Enfield Borough Profile⁽²⁰⁾.

Throughout this section, London and England are used as comparators against a range of measures.

4.2 Population profile

According to Greater London Authority (GLA) population projections (2022 based with 10-year migration and central fertility scenarios) the 2025 population estimates for Enfield was 333,769⁽⁹⁾. This population is spread across 25 wards in four localities. Southeast locality has the largest number of residents by population at 98,693 (29.6%), Southwest has the second largest population at 95,038 (28.5% of the population), and Northwest locality has the smallest population at 51,797 (15.5% of the population)⁽⁹⁾.

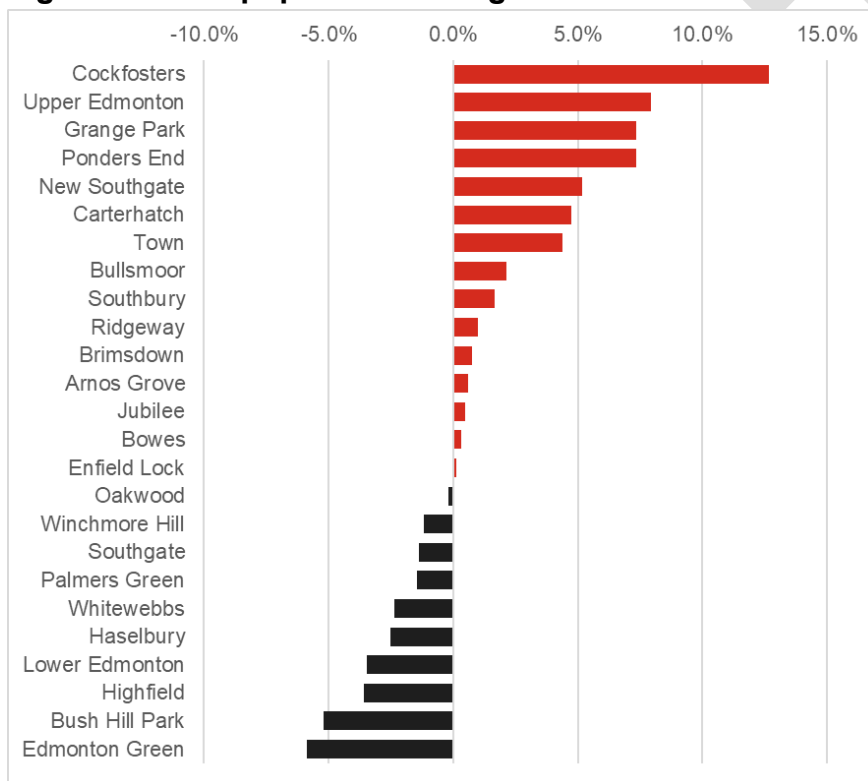
Haselbury, Enfield Lock and Upper Edmonton are the wards with the largest population and are also the wards with the highest levels of deprivation. Arnos Grove, Oakwood and Highfield are the wards with the smallest population.

The population of the borough is increasing, and people are living longer. Enfield has a higher younger population (0-17 years old) of 23.3% and slightly lower older

population (aged 65+) at 14.5% compared to other London boroughs, although this age group is predicted to grow by 19.5% from 49,090 in 2025 to 66,261 in 2041.

Figure 4 shows the percentage ward population change between 2015 and 2025. During this period there have been fluctuations in the population varying by ward. Cockfosters has seen the greatest percentage increase in population during this period, followed by Upper Edmonton, Grange Park and Ponders End. Edmonton Green and Bush Hill Park are shown to have the greatest percentage reduction. Although Upper Edmonton have already shown one of the highest population increases within Enfield, the GLA population projections suggest this is to grow exponentially over the next 10 years.

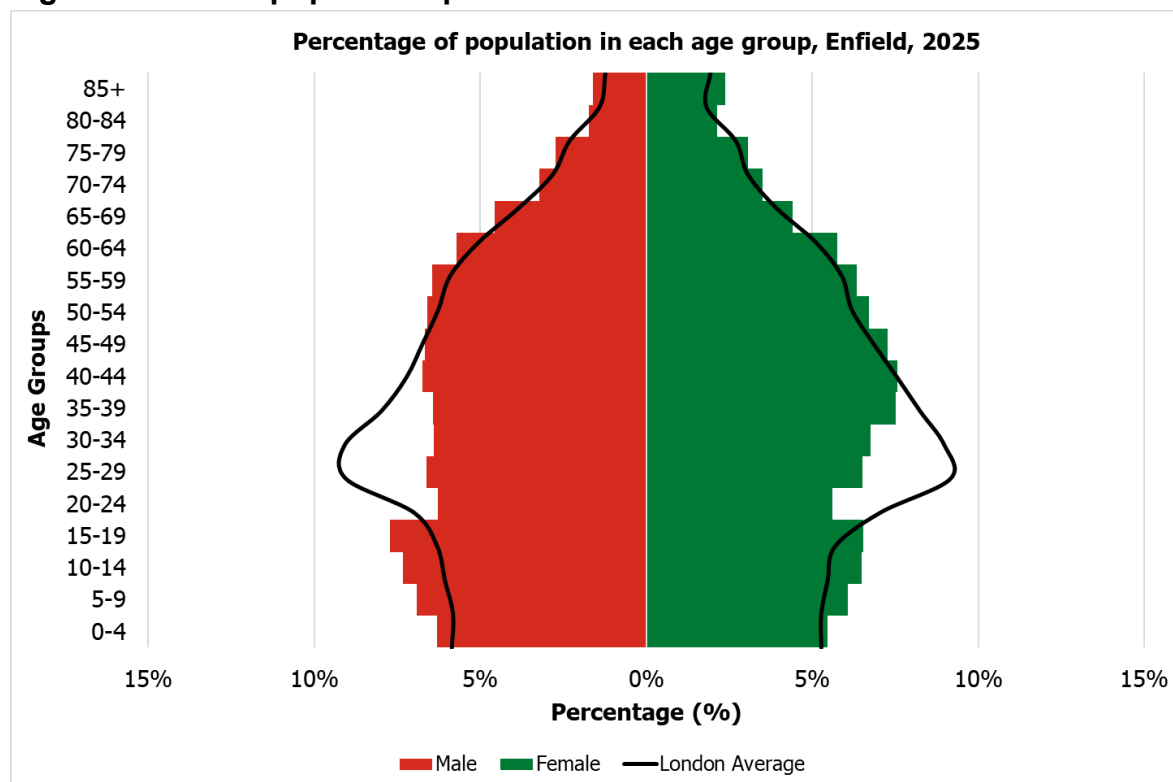
Figure 4: Ward population change 2015 to 2025:



Source: GLA 2022-based Demographic Projections⁽⁹⁾

The demographic profile of Enfield’s population has changed considerably over time, and this is expected to continue. Although it has a higher proportion of younger population, this fell between 2013 and 2023 from 25.3% to 24.4% and it is expected to fall further to 20.5% by 2041. Conversely, the proportion of residents aged 65 and over is expected to rise from 12.7% in 2023 to 19.5% by 2041. The proportion of the population of working age is expected to remain relatively constant. As shown in Figure 5, Enfield have a lower percentage of their population within the younger working age category (20 – 45 years) compared with the London average.

Figure 5: Enfield population profile 2025



Source: GLA 2022-based Demographic Projections⁽⁹⁾

Enfield has a relatively diverse population compared with England average. In 2021, 52.1% of Enfield’s residents described themselves as being White. There were particularly high proportions of Black African (18.3%) and Asian populations (11.5%) resident in Enfield⁽⁴⁾. Table 1 shows the population by broad ethnic group across Enfield.

Table 1: Population by broad ethnic group by Enfield’s locality, 2021

Area	Asian/ Asian British	Black/ African/ Caribbean/ Black British	Mixed/ multiple ethnic group	Other ethnic group	White
Northeast	10.7%	25.3%	6.3%	13.5%	44.1%
Northwest	8.6%	8.4%	6.2%	7.7%	69.2%
Southeast	12.3%	27.4%	5.2%	14.8%	40.3%
Southwest	13.0%	7.8%	6.2%	10.5%	62.5%
Enfield	11.5%	18.3%	5.9%	12.1%	52.1%
England	9.6%	4.2%	3.0%	2.2%	81.1%

Source: ONS Census, 2021⁽²³⁾

Enfield's ethnic demographic profile continues to change. Between 2011 and 2021⁽²³⁾:

- White Residents: Decreased from 61.0% in 2011 to 52.1% in 2021.
- Asian Residents: Increased from 11.2% to 11.5%.
- Black Residents: Increased from 17.2% to 18.3%.
- Mixed Background Residents: Increased from 5.5% to 5.9%.
- Other Ethnic Groups: Increased from 5.1% to 12.1%

Eighty-eight different languages were spoken as a main or only language by Enfield residents as at the 2021 Census, with the most widely spoken being English (73.6% of residents), Turkish (5.7%), Romanian (1.7%), Bulgarian (1.7%), and Greek (1.6%).

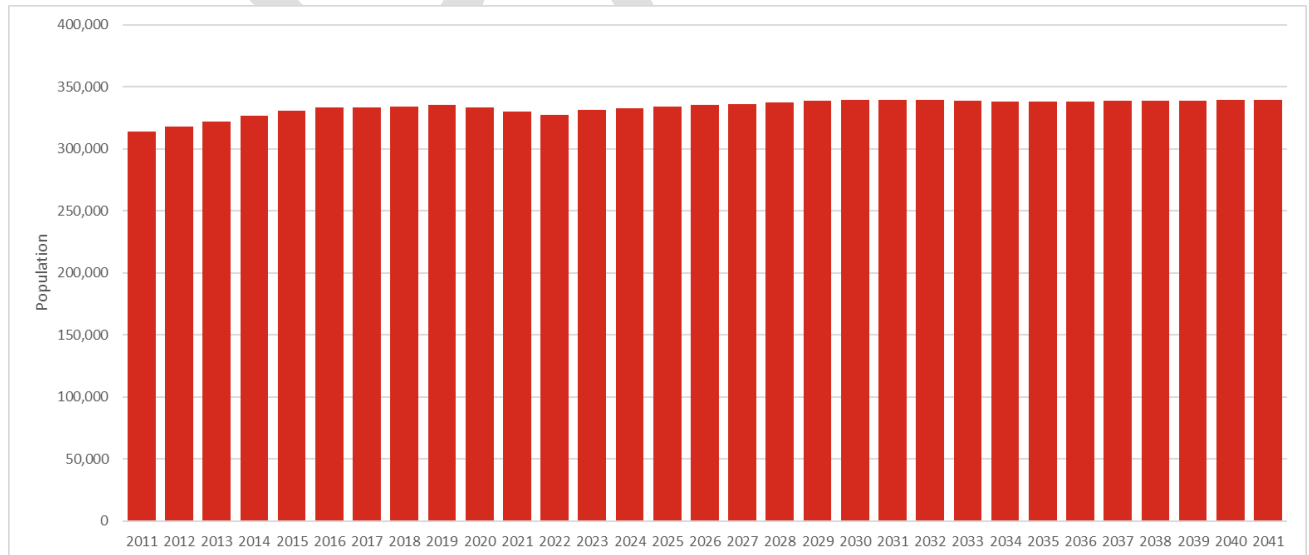
4.2.1 Predicted population projections

Figures 6, 7 and 8 show population growth and projections for the borough of Enfield. Overall population growth between 2025 and 2041 is expected to increase by 1.7% from 333,79 in 2025 to 339,448 in 2041⁽⁹⁾.

Predicted population growth is generally due to several factors such as; older residents living longer and staying independent in their homes; student population fluctuation, and domestic and non-domestic migration.

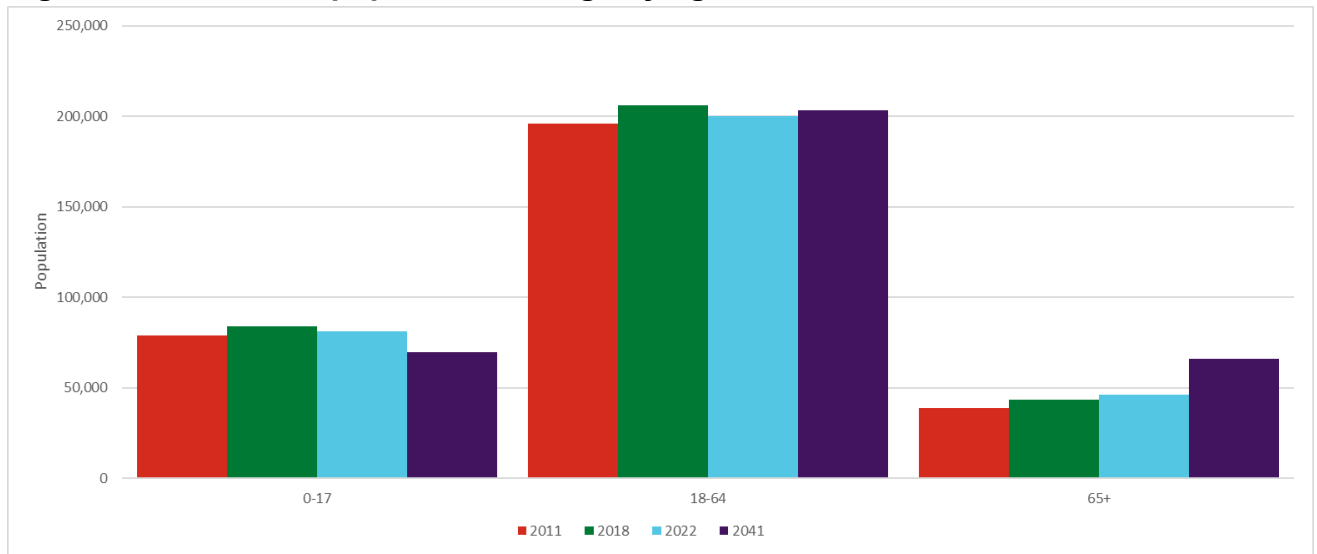
People aged 65 plus will see an increase of 35.0% from 49,090 in 2025 to 66,261 in 2041⁽⁹⁾, which will have an impact on the health service needs of the area.

Figure 6: Forecasted population change by 2041



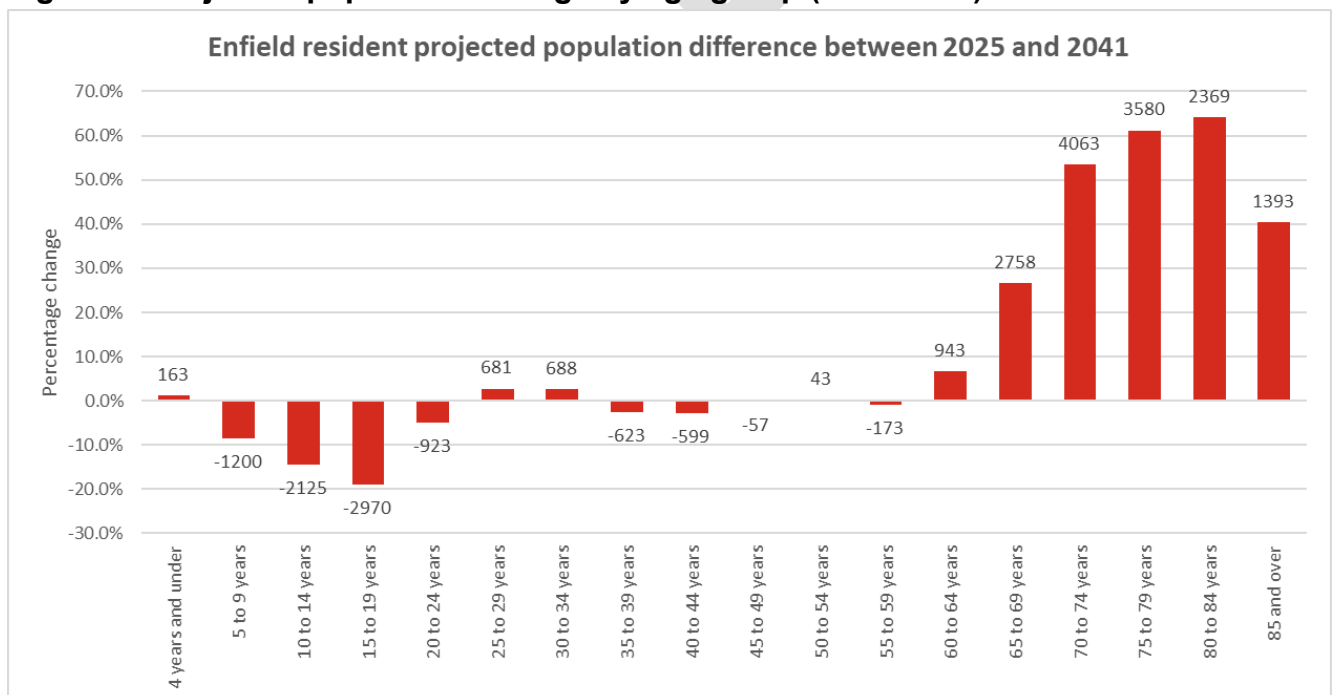
Source: GLA 2022-based Demographic Projections⁽⁹⁾

Figure 7: Forecasted population change by age band



Source: GLA 2022-based Demographic Projections⁽⁹⁾

Figure 8: Projected population change by age group (2025-2041)



Source: GLA 2022-based Demographic Projections⁽⁹⁾

4.2.2 Protected characteristics and vulnerable populations

In addition to the age and ethnicity of the resident population, there are other sections of the population and communities who can be defined as 'vulnerable' or have additional needs, and visitors to the area who potentially need healthcare services. These individuals often experience barriers to accessing universal health

care services and poorer health outcomes but also increase demands on services in local areas which need to be considered.

Daytime population

Within Enfield the daytime population (in 2014) was 307,478 people, with an estimated 29,841 of those as tourists⁽²⁴⁾. This highlights the resident, working and visiting volume of people in Enfield, who may, at some point require access to health care to varying extents, including pharmacy. This does not take into account seasonal peaks and is based upon an average day.

Prisons and offender populations

Although there are no prison establishments within Enfield local authority, the health needs of those leaving prisons across the country and being repatriated to the Enfield area may need consideration. Evidence suggests that people leaving prison establishments experience difficulties with a range of health and social factors. For example, less than half of individuals (45.9%) leaving prison and resettling in the London area in 2023/24 were documented as being in settled, secured accommodation. Within London, the continuity of Substance misuse care within the community following prison release was the lowest in the Country (26.0%), increasing risk of overdose and the need for unplanned healthcare or premature mortality⁽²⁵⁾.

Asylum Seekers

Based upon the Immigration System Statistics from the Home Office (December 2024)⁽²⁶⁾, In Enfield, there were 978 people seeking asylum. This is calculated as approximately 0.3% of the population, which is lower than England (0.42%). This data is made up from three specific programmes; Homes for Ukraine scheme, Afghanistan resettlement programme and Supported asylum scheme. The majority of these individuals are within contingency housing across Enfield. People seeking asylum face significant challenges in terms of their social, economic and health needs.

Gypsy, Roma and Traveller Population

Based upon the census 2021 data, less than 0.6% of the Gypsy, Roma or Traveller community within England and Wales reside within in Enfield⁽²⁷⁾. Across England and Wales, 71,440 people identified as Gypsy or Irish Traveller⁽²⁷⁾.

Although the number of Gypsy, Roma or Traveller individuals within Enfield 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⁽²⁷⁾. Individuals from these communities are more likely to have multiple long-

term conditions, including Musculoskeletal issues. In 2022, 20.5% of the Gypsy, Roma or Traveller population across England reported multiple long-term conditions⁽²⁵⁾.

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

Children looked after (CLA) and children in care populations

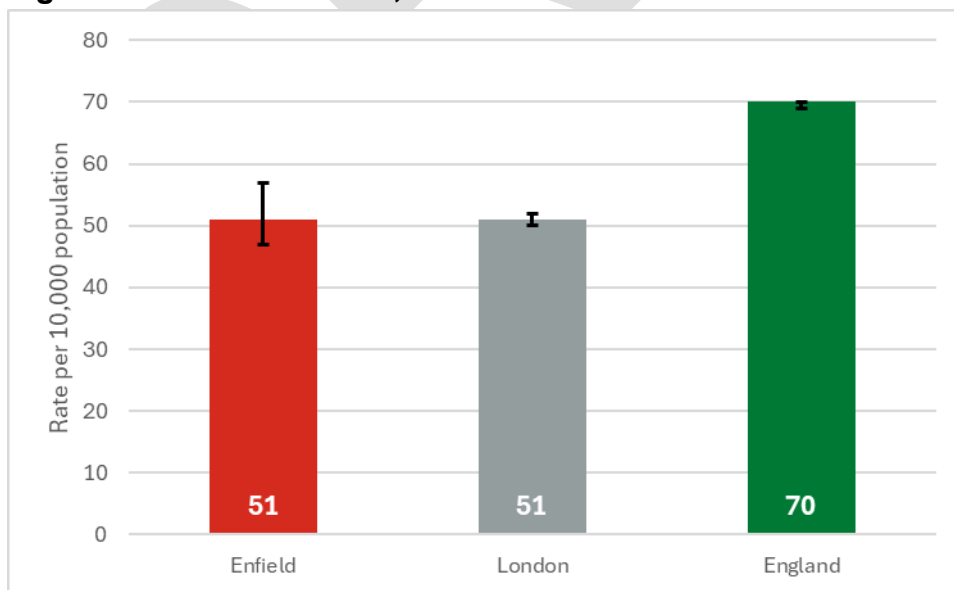
Most children become looked after as a result of abuse and neglect. Although they have many of the same health issues as their peers, the extent of these is often greater because of their past experiences⁽²⁸⁾. As of 31st March 2024, Enfield 414 children classified as looked after. The rate was calculated as 51 per 10,000 child population, which was higher than the outer London average (45 per 10,000 child population) but lower than the England average (70 per 10,000 child population)⁽²⁹⁾.

The same data period also highlights that there were 201 children who ceased to be looked after⁽²⁹⁾.

Children in care

Figure 9 shows the rate of children in care in 2023/24 per 10,000 children in Enfield, London and England. The rate for Enfield was 51 per 10,000 children which is the same as London but significantly lower than the England average of 70 per 10,000 children across England.

Figure 9: Children in care, 2023/24



Source: OHID Fingertips [accessed April 2025]⁽²¹⁾

Children with special educational needs population

Pupils with Special Educational Need or Disabilities (SEND) face barriers that make it harder for them to learn than most pupils of the same age. In addition, they often experience poorer outcomes than their peers in educational achievement, physical and mental health status, social opportunities, and transition to adulthood. In 2023/24, 17.4% of school pupils in Enfield were identified as having Special Educational Needs, this is similar to London (17.6%) but lower than England (18.4%) average⁽²¹⁾.

Care home populations

As of May 2025, Care Quality Commission data reports that there are currently 81 care homes located within Enfield with a total of 2,006 beds. 15 of the care homes were classified as Nursing homes, the other 66, residential homes. Nursing versus Residential homes can impact upon the demands on wider health services⁽³⁰⁾.

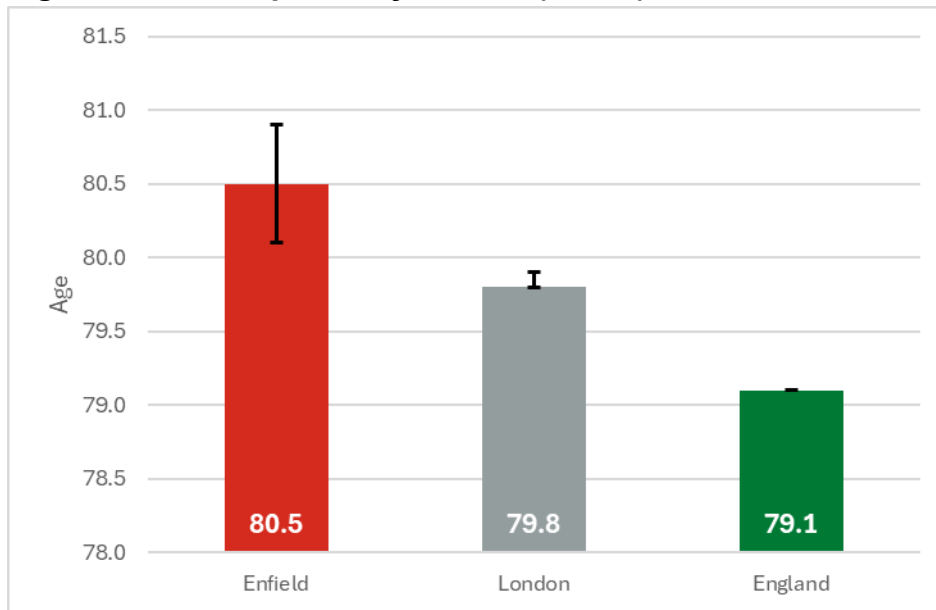
Enfield has the third highest number of care home beds within London and individuals from Enfield as well as other areas can be placed within them⁽³⁰⁾.

4.3 Life expectancy

Life expectancy at birth is a measure of the average number of years a person would expect to live based on contemporary mortality rates. Healthy life expectancy at birth shows the years a person can expect to live in good health (rather than in poor health). Disability-free expectancy at birth is a measure of the average number of years a person would expect to live without a long lasting physical or mental health condition or disability that limits activities. Figures 10 and 11 show the life expectancy at birth for both males and females across Enfield, London and England, using the most recently available data (2021-2023).

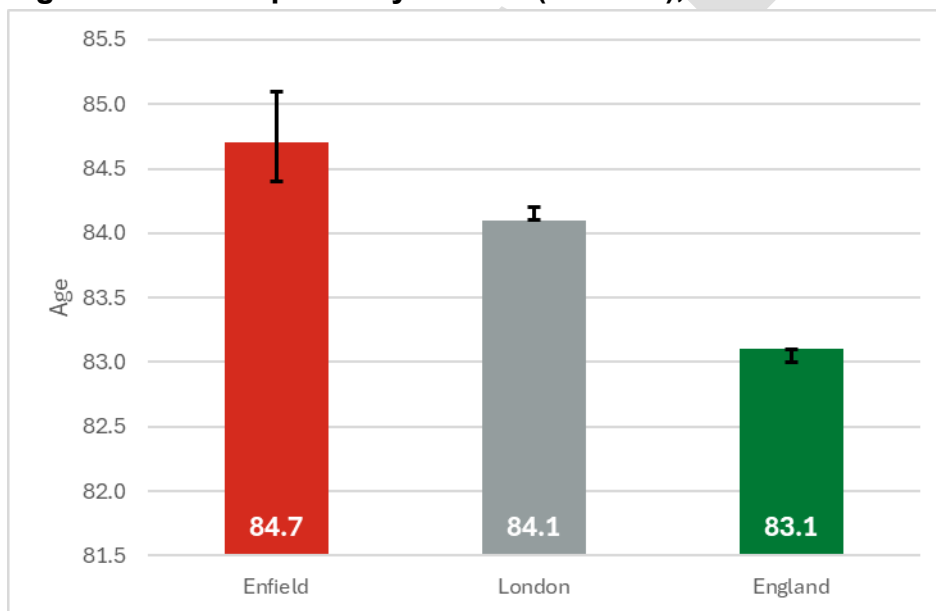
- The life expectancy at birth for males in Enfield is 80.5 which is significantly higher than London (79.8) and the England average (79.1).
- The life expectancy at birth for females in Enfield is 84.7, significantly higher than London (84.1) and the England average (83.1).

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



Source: OHID Fingertips [accessed April 2025]⁽²¹⁾

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



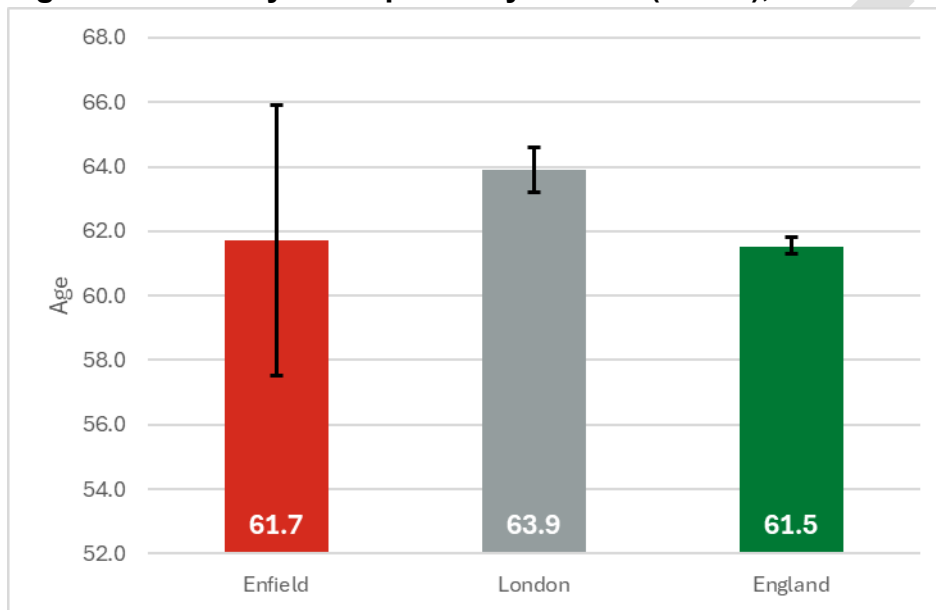
Source: OHID Fingertips [accessed April 2025]⁽²¹⁾

Life expectancy is not equitable across Enfield, varying by area. Based upon the 2016-2020 middle super output area (MSOA) analysis, Grange Park reported the highest life expectancy at birth for males (87.8 years) and Upper Edmonton West had the lowest at 73.7 years. For females, Enfield Town North reported the highest life expectancy at birth (89 years), compared with Upper Edmonton (79.1 years) which was the lowest.

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

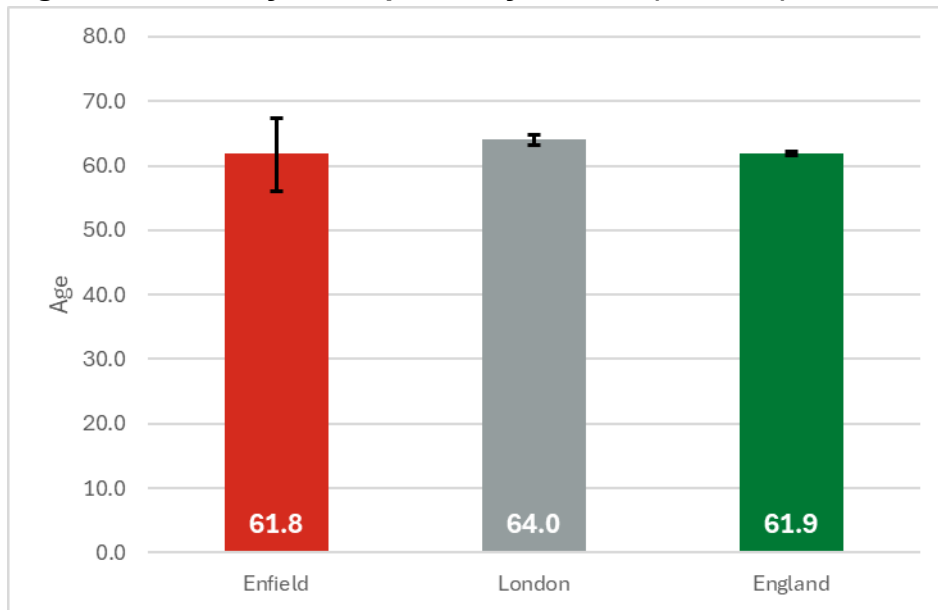
- Healthy life expectancy at birth for males in Enfield is 61.7 which is similar to both London (63.9) and the England average (61.5).
- Healthy life expectancy at birth for females in Enfield is 61.8, similar to London (64.0) and the England average (61.9).

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



Source: OHID Fingertips [accessed April 2025]⁽²¹⁾

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

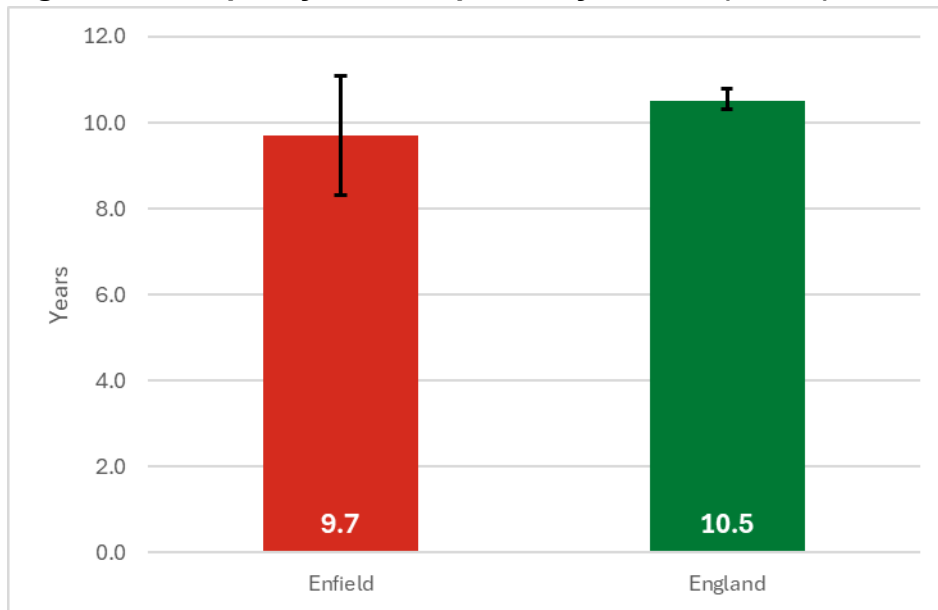


Source: OHID Fingertips [accessed April 2025]⁽²¹⁾

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

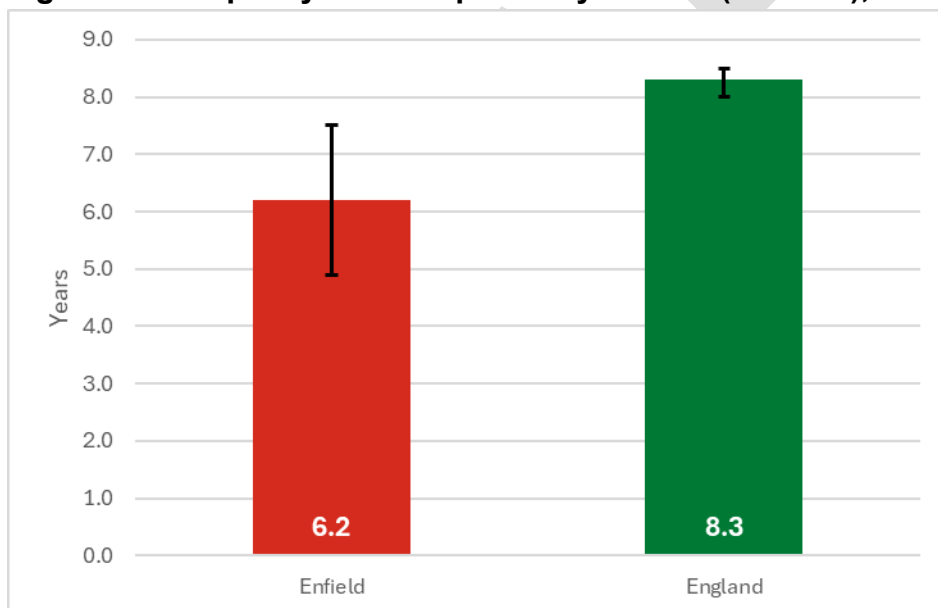
- The inequality in life expectancy at birth for males in Enfield is 9.7 years which is similar to the England average (10.5 years), meaning males in the most deprived areas of Enfield live 9.7 fewer years than males in the most affluent areas on average.
- The inequality in life expectancy at birth for females in Enfield is 6.2 years, which is significantly lower than the England average (8.3 years), meaning females in the most deprived areas of Enfield live 6.2 fewer years than females in the most affluent areas on average.

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



Source; OHID Fingertips [accessed April 2025]⁽²¹⁾

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

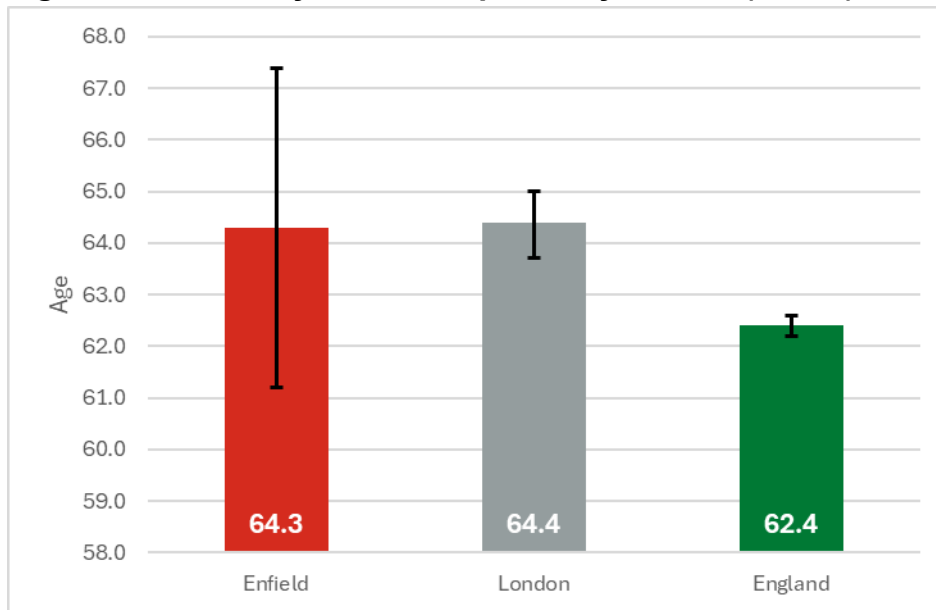


Source; OHID Fingertips [accessed April 2025]⁽²¹⁾

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

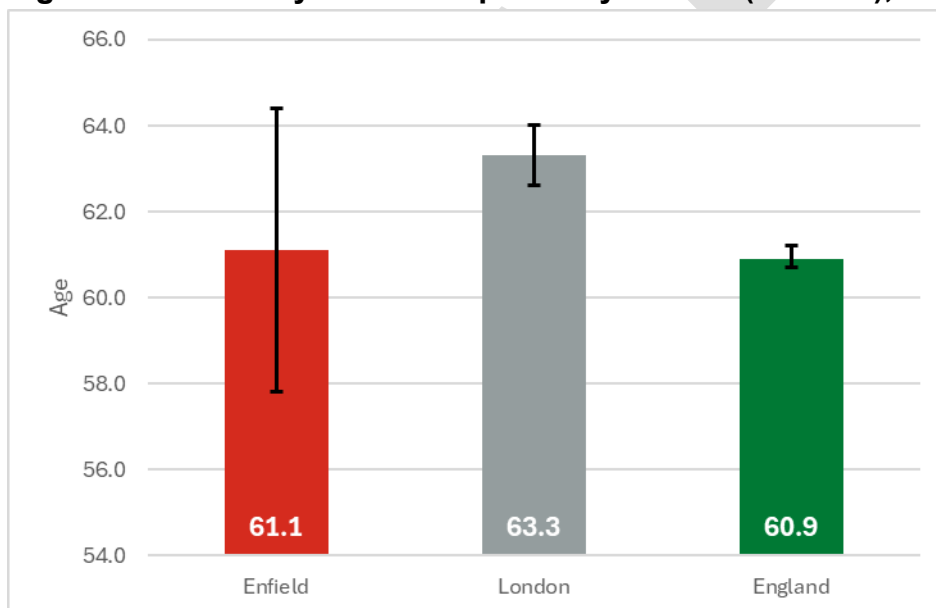
- The disability free life expectancy at birth for males in Enfield is 64.3 years which is similar to London (64.4 years) and the England average (62.4 years).
- The disability free life expectancy at birth for females in Enfield is 61.1 years which is similar to London (63.3) and the England average (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⁾

4.4 Wider determinants of health

Health is determined by a complex interaction between individual characteristics, moderate risk factors, and the physical, social, and economic environment. Evidence suggests that the social determinants of health contribute more than the impact of accessing high quality healthcare in ensuring good population health outcomes. Many factors combine to affect the health of individuals and communities. Whether people are healthy or not is determined by their life circumstances, their environment, their lifestyle choices and their access and use of health services and

other services that influence health (e.g. lifestyle change services, social care services). In the long term, it is our social, economic, and environmental circumstances, which include factors such as how safe we feel in the environment in which we live, the physical condition of our housing, and the wider physical environment in which we live, job security, income, and education levels, that have the strongest impact on health outcomes.

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

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

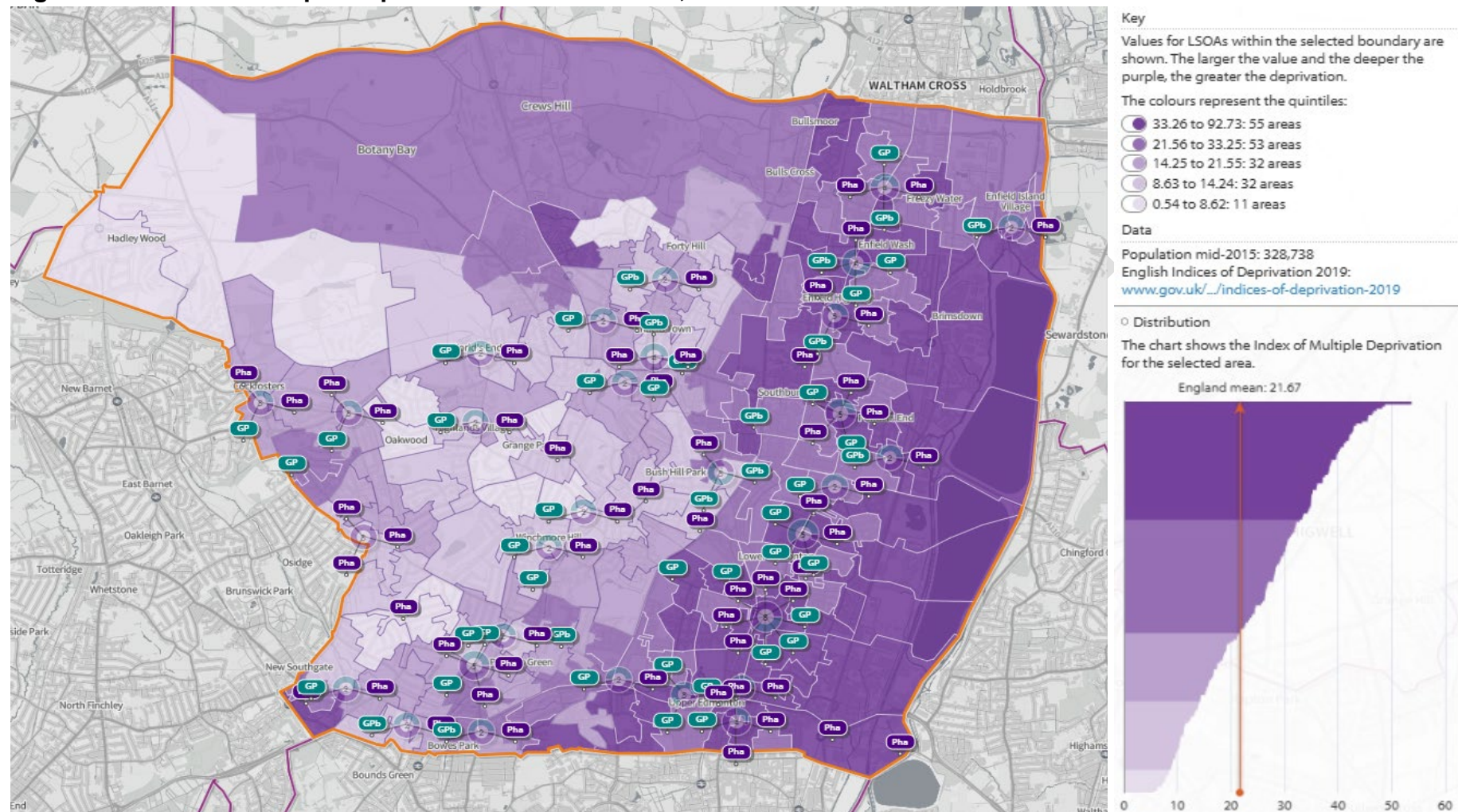
- Income;
- Employment;
- Health;
- Education;
- Barriers to housing and services;
- Crime;
- Living environment.

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.

Enfield is in third least deprived decile for overall index of multiple deprivation (IMD) score, relative to all other local authorities in England (2019)⁽²²⁾.

Figure 18 below shows IMD by LSOA for Enfield, demonstrating how this varies across the Borough. The areas with the darker purple shades relate to the 20% most deprived and the lighter shades, the most affluent.

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



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

4.4.1 Income

Estimates supplied by CACI Ltd for 2024 indicate that the mean average gross household income⁽²⁰⁾ in the borough was around £57,500. This is higher than the UK average of £51,000, but somewhat lower than the London mean of £61,000 (NB all figures have been rounded). Enfield's median household income (arguably, a more meaningful statistical measure of the average) is around £49,000, which is the 9th lowest of the 32 London boroughs and City of London, and lower than the London average. Within the borough, there are clear differences in household income between the western and eastern parts. Median incomes in the most affluent neighbourhoods are nearly twice those of the least affluent⁽²⁰⁾.

20.9% of households in Enfield have an annual gross income under £25,000. This is higher than the London average of 18.6%, and the 7th highest proportion of all 32 London boroughs and City of London⁽²⁰⁾.

The ONS report on exploring local income deprivation⁽³¹⁾ noted the following:

- In 2022/23, 31% of people in Enfield lived in households with an income of less than 60% than UK median after housing costs have been subtracted. 29.4% of residents were estimated to be earning below the Living Wage in 2024. This was higher than the average London borough.
- Of the 316 local authorities in England (excluding the Isles of Scilly), Enfield is ranked 41st most income deprived.

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

The emotional health of children is also correlated with poverty. Particularly vulnerable children are those who are looked after, youth offenders, and children of parents with mental health problems. The cost of living crisis has exacerbated poverty levels and the proportion of children living in poverty varies dramatically between wards.

In addition:

- The 2024 median hourly pay for those living in Enfield is now £16.08, an increase of 2.8% in the last year. This was lower than London's growth of 6.2%⁽³²⁾.
- 18.0% of children aged under 16 are in relative low-income families in Enfield compared with 21.8% across the United Kingdom in 2024⁽³³⁾. When housing costs are taken into consideration, data from 2021/22 suggests that this

increases considerably to 30.9% (12.9%pt increase) in Enfield compared with 31% for England (11.2%pt increase)⁽³⁴⁾.

- 2.1% of households lack central heating in Enfield compared with 2.0% across England⁽²³⁾.
- In 2022, 11.8% of households were in fuel poverty compared to 10.4% in London and 13.1% for England⁽²¹⁾.

4.4.2 Employment

As at the 2021 Census, 55.9% of all Enfield residents aged sixteen and over (including students) were in employment. Employment rates are usually defined as the percentage of residents aged between 16 and 64 years (as opposed to all residents aged over 16), who are working⁽²³⁾. In the year to December 2023, the employment rate of working-age people in the borough was estimated to be 67.9% (representing around 150,500 people)⁽²⁰⁾. This rate is lower than London (74.6%) and lower the England figure (75.8%). 13.7% of 16-64-year-olds are estimated to be self-employed (around 30,000 people)⁽²⁰⁾.

As of July 2024, Enfield's claimant count was 17,275, a rise of 36.2% from 12,685 in the previous July. Unemployment reached its highest level in over thirty years in March 2021 (20,625 people). The claimant count represents the number of Enfield residents claiming unemployment benefits in the form of Job Seekers Allowance or Universal Credit (with a job-seeking conditionality regime). The claimant count percentage rate (i.e. the number of unemployed claimants as a percentage of all residents aged 16-64), having risen to 9.7% in March 2021, fell back to 5.7% (12,025 people) in late 2022, before rising again to 8.1% (17,275). It is higher than the average rates for both London (6.0%) and the UK (4.3%)⁽²⁰⁾.

ONS reports on employment⁽³⁵⁾ note that:

- Percentage of people in employment in 2023 in Enfield was 67.9% compared with the median of all other local authorities within Great Britain (76.8%).
- The percentage of out of work benefit claimants (Job Seekers Allowance, Universal Credit) in Enfield in 2024 was 6.9%, higher than the median of all other local authorities within Great Britain (3.2%).

The percentage of working days lost due to sickness reported for the period 2021-2023 in Enfield was 0.8%, this is similar to London (1%) and the England average of 1.2%⁽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.

In 2023/24, more than two thirds of children (68.2%)⁽²¹⁾, achieved a good level of development in early years education in Enfield, higher than the England average (67.7%) but lower than London (70.0%)⁽²¹⁾.

In 2022/23, 62% of pupils in Enfield achieved the expected standard in reading, writing and maths at key stage two (KS2). This is a lower proportion of pupils in Enfield who met the expected standard at KS2 than London (67%) but higher than the England average (60%)⁽⁴⁾.

At Key Stage 4 (KS4), 67% pupils in Enfield achieved a grade 4 or above in English and maths at GCSEs. In 2023, Enfield has higher attainment levels in English and maths than the average for England (65.4%), but lower than the London average (71.2%)⁽²⁰⁾.

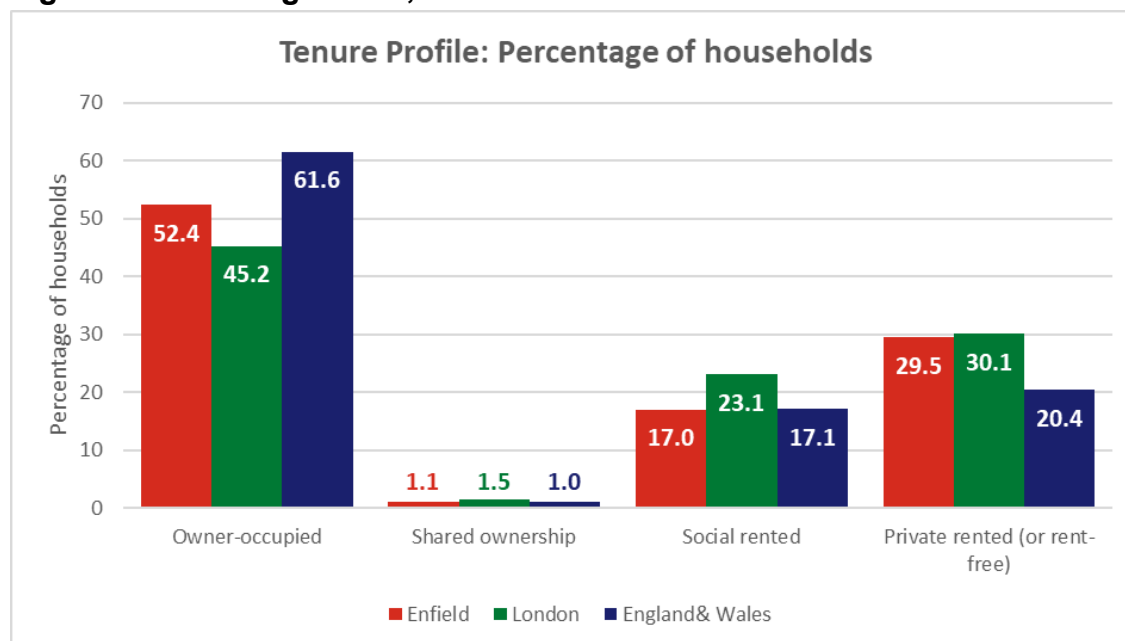
The proportion of 16–18-year-olds in Enfield who are not in education, employment or training (NEET) is shown to be following a significant increasing trend and remains higher than London (3.4%) but lower than the England average (5.4%). The most recent figure for NEET in Enfield is 4.8% (2023/24)⁽²¹⁾.

4.4.4 Housing and homelessness

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

Housing tenure differs across Enfield. 52.4% own their home, 29.5% rent privately, and 17.0% are social rented (Figure 19).

Figure 19: Housing tenure, 2021 Census



Source: Enfield Borough Profile⁽²⁰⁾.

As reported within the Enfield Borough profile⁽²⁰⁾, 60% of dwellings were built before 1939, and roughly a quarter was constructed before 1918.

There were 3,086 households in temporary accommodation between October and December 2024, of which 2,225 included children. This is the 7th highest number of all local authorities in England⁽³⁶⁾.

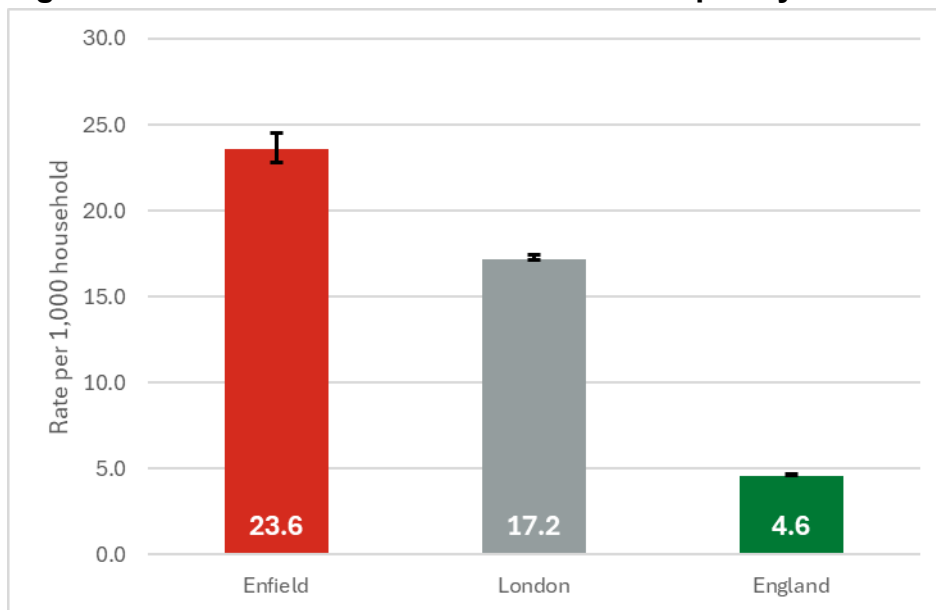
66.6% (2,056) of the temporary accommodation provided was private sector accommodation leased by authority or by a registered provider, and 22.8% (705) in nightly paid, privately managed accommodation⁽³⁶⁾. The uncertainty that goes with living in temporary accommodation can have a negative impact on health and wellbeing.

The Office for National Statistics Census 2021⁽²³⁾ reported that:

- 0.1% of households in Enfield are living in a caravan or temporary structure.
- 23.6 per 1,000 households are in temporary accommodation (2023-2024) and 29.5% are privately rented.

Figure 20 shows the rate (per 1,000 households) in temporary accommodation across Enfield, London and in England. The 2023/24 rates for Enfield were 23.6 per 1,000 households. This is significantly higher than London (17.2 per 1,000 households) and the England average of 4.6 per 1,000 households.

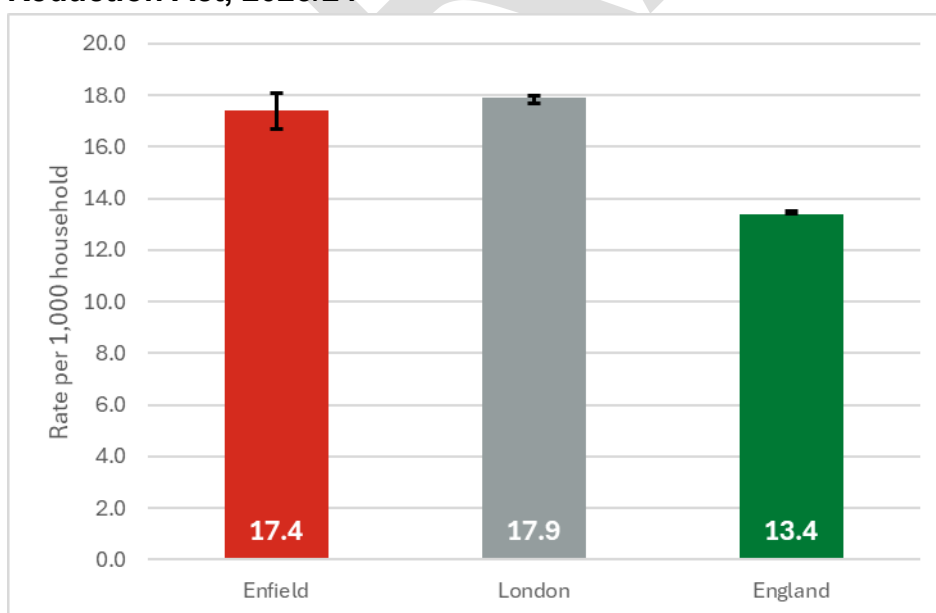
Figure 20: Homelessness: households in temporary accommodation, 2023/24



Source: OHID Fingertips [accessed April 2025]⁽²¹⁾

Figure 21 shows the rate (per 1,000 population) of households owed a duty under the Homelessness Reduction Act across Enfield, London and in England. The 2023/24 rates for Enfield were 17.4 per 1,000 household. This is similar to London (17.9 per 1,000 household) but significantly higher than the England average of 13.4 per 1,000 household.

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



Source: OHID Fingertips [accessed April 2025]⁽²¹⁾

4.4.5 Housing and regeneration

As shown in figure 19, households residing in social housing in Enfield is low and supply is limited, in particular properties of three bedrooms or more⁽²⁰⁾. There are around 6,679 households on the council's Housing Needs Register, as of March 2024. Between April 2022 and March 2023, 856 net new dwellings (of all tenures) were completed in Enfield, the highest annual total for six years.

The average house price of all categories of dwelling in Enfield was £406,161, having fallen by 6% since the previous April. Property in Enfield is more expensive than the average for the UK (£281,373) and less expensive than the London average (£501,880), although property prices have fallen in general since April 2023⁽²⁰⁾.

The cost of renting property in Enfield is still higher than the average for England in general, although the gap between the Enfield and the London average has narrowed slightly. After a period of high increases from 2011 to 2018, rents paid in London and Enfield grew more slowly. Between 2013 and 2023 4 bed rents increase by 28% from £1,800 to £2,300, 3 beds increase 31% from £1,300 to £1,700 and 2 bed rents increase 27% from £1,100 to £1,400⁽²⁰⁾.

Enfield Council's draft Local Plan 2039⁽³⁸⁾ considers the challenges of income deprivation and need for affordable housing and sets out a proposed plan to ensure more quality homes in well-connected neighbourhoods, investing in safe, healthy and confident communities, and to creating an economy that works for everyone in Enfield.

Figure 22 show the anticipated place growth areas, while Tables 2 and 3 show the anticipated new homes over the plan period.

Figure 22: Enfield Site Allocation Areas



Source: Enfield Site Allocation Topic Paper⁽³⁹⁾

Table 2: Approximate estimated quantum of homes for urban place site allocations 2019-2041

Urban Areas (Site Allocations capacity)	Estimated quantum of homes to be delivered within the Plan Period (as proposed within Regulation-19 plan)	Estimated quantum of homes to be delivered beyond the Plan Period (as proposed within Regulation-19 plan)
Enfield Town (PL1)	1,083	0
Southbury (PL2)	4,228	0
Edmonton Green (PL3)	1,608	0
Angel Edmonton (PL4)	1,760	0
Meridian Water (PL5)	6,711	0
Southgate (PL6)	249	0
New Southgate (PL7)	699	0
Palmers Green (PL8)	468	0
Urban Placemaking Total	16,806	0
Urban (Outside PL)	3,700	0
Total (Urban Site Allocations)	20,506	0

Source: Enfield Site Allocation Topic Paper⁽³⁹⁾

Table 3: Approximate estimated quantum of homes for rural place site allocations 2019-2041

Rural Areas (Site Allocations capacity)	Estimated quantum of homes to be delivered within the Plan Period (as proposed within Regulation-19 plan)	Estimated quantum of homes to be delivered beyond the Plan Period (as proposed within Regulation-19 plan)
Chase Park	2,592	0
Crews Hill	3,350	1990
Total	5,942	1990
Rural (Outside PL)	451	0
Total (Rural Site Allocations)	6,393	1990

Source: Enfield Site Allocation Topic Paper⁽³⁹⁾

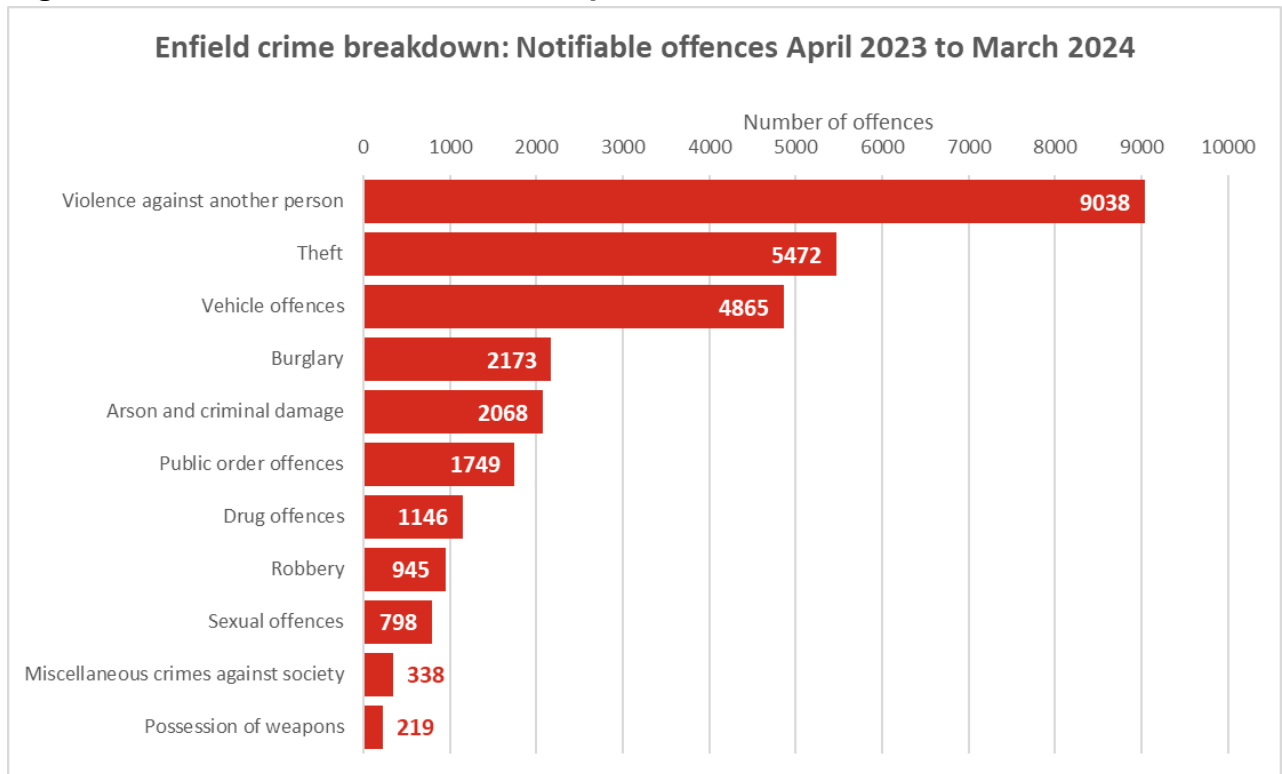
4.4.6 Crime

The most obvious health impact of crime is on the physical and mental health of victims, their friends and relatives. However, crime can also impact on the health of those who are not direct victims. This can come in the form of stress and fear of living in high crime areas.

The number of notifiable offences committed in Enfield between April 2023 to March 2024 was 28,811. This was a decrease of 5% compared to the previous year. The crime rate for this period was 95 offences per 1,000 population⁽³⁷⁾.

Figure 23 shows the numbers of notifiable offences by type. Violence against another person is the most common type of crime in Enfield, followed by theft and vehicle offences⁽²⁰⁾.

Figure 23: Enfield crime breakdown, April 2023 - March 2024



Source: Enfield Borough Profile⁽²⁰⁾.

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

- The crime rate in Enfield is 95.0 offences per 1,000 population, compared to 88.6 for England, according to figures published by the ONS for the year ending March 2024⁽³⁷⁾.
- In the year ending March 2024, there were 28,811 incidents of crime, a 1,441 decrease in incidents when compared to the previous year⁽³⁷⁾.

4.4.7 Domestic abuse related incidents and crimes

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

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

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



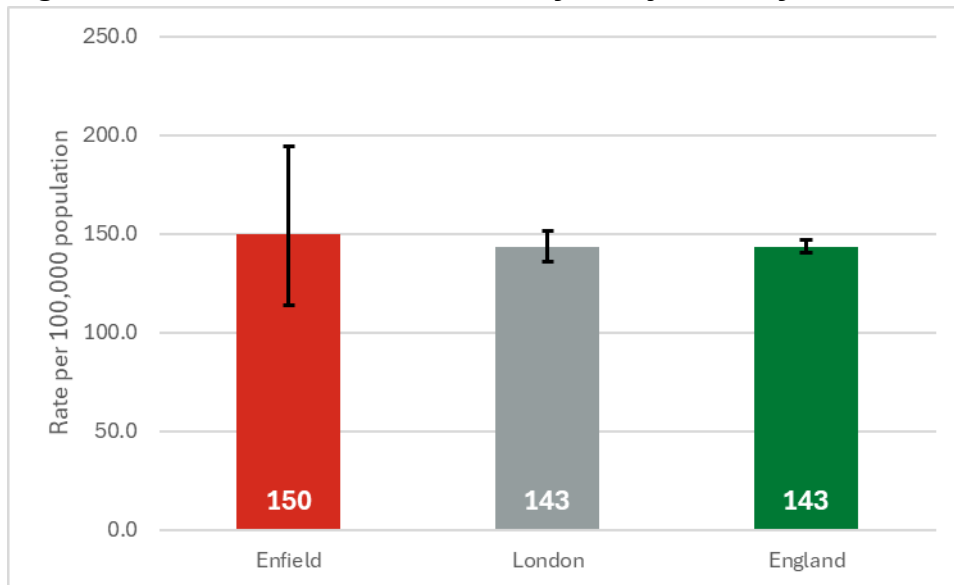
Source: OHID Fingertips [accessed April 2025]⁽²¹⁾

4.4.8 Prison populations

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

Figure 25 shows the rate per 100,000 population of first-time entrants to the youth justice system in 2023 across Enfield, London and in England. The rates for Enfield were 150 per 100,000 population. This is similar to London (143 per 100,000) and the England value (143 per 100,000 population).

Figure 25: First time entrants to the youth justice system, 2023



Source: OHID Fingertips [accessed April 2025]⁽²¹⁾

4.5 Transport

In Enfield, the proportion of people reporting walking for travel at least 3 days per week in 2022/23 was similar to the proportion in London and England (active travel). Derived from the Sports England, Active lives survey, 21.4% of people in Enfield said they walked at least three days per week for travel over the last year, compared with 18.6% in England and 28.3% in London.

Enfield's Transport Plan 2019 – 2041⁽⁴⁰⁾ aims to transform transport and mobility in Enfield to allow people to travel and goods to be transported in a healthy and sustainable way. This includes travel to pharmacies.

The priorities are to:

- make active travel the natural choice, particularly for those trips less than 2km (1.2 miles)
- make more school trips safe, sustainable and healthy
- reduce the impact of private vehicles on the streets
- make the public transport network more accessible and the natural choice for longer trips
- maintain assets for the benefit of the public.

The transport objectives are to:

- deliver Cycle Enfield and supporting measures which encourage more cycling and walking in the borough

- promote safe, active and sustainable transport to and from schools
- monitor air quality and develop and deliver interventions which address local issues
- manage growing demand for on-street parking
- focus on and improve priority locations, making them safer for vulnerable road users
- improve local reliability of and accessibility to the public transport network
- maintain and improve the transport network in Enfield, including developing potential interventions.

4.6 Modifiable risk factors affecting health outcomes

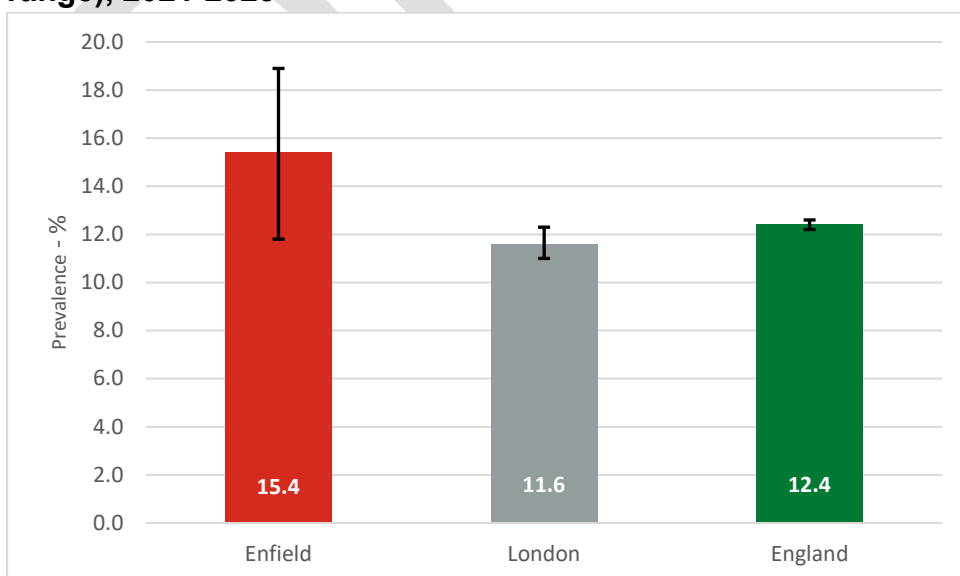
Preventing ill health is imperative. Key modifiable risk factors such as smoking, increased risk alcohol use and obesity can have a direct impact upon the development of long-term conditions and increased use of healthcare services.

4.6.1 Smoking

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

Figure 26 shows the prevalence of smoking in those aged 18 years and over, taken from the Annual Population Survey (3-year range) from 2021 to 2023. In Enfield, the current prevalence is reported as 15.4% which is similar to London (11.6%) and the England average of 12.4%.

Figure 26: Smoking Prevalence in adults (18+) – current smokers (APS 3 year range), 2021-2023



Source: OHID Fingertips [accessed April 2025]⁽²¹⁾

How pharmacies support:

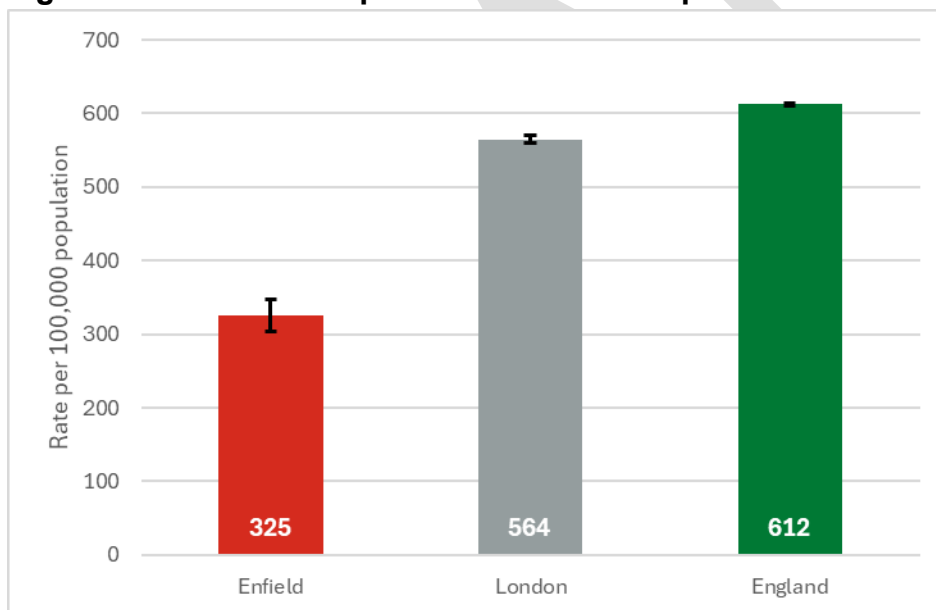
- Nicotine Replacement Therapy
- Smoking cessation advanced service
- Supporting annual public health campaigns
- Promotion of Healthy Lifestyle and signposting to Local Authority provided stop smoking services

4.6.2 Alcohol

Studies suggest that people who experience social and economic disadvantage in early life or adulthood are at greater risk of engaging in alcohol or substance misuse later in life⁽⁴⁾ and these wards are some of the most deprived in the borough.

Figure 27 shows the directly standardised rate of admission episodes for alcohol-specific conditions in Enfield, London and England recorded in 2023/24. The rates for Enfield were 325 per 100,000 population which is significantly lower than London (564 per 100,000) and the England average of 612 per 100,000 population.

Figure 27: Admission episodes for alcohol-specific conditions 2023/24



Source: OHID Fingertips [accessed April 2025]⁽²¹⁾

The rates of alcohol related admissions in Enfield are lower than London and the England average for both males and females, with rates remaining consistent over the past decade. There however inequalities across the borough, ranging from 107.5 per 100,000 population in Enfield Highway to 61.9 per 100,000 population in Grange. All wards within Enfield have a similar rate to the England average. ⁽²¹⁾

How pharmacies support:

- Healthy Lifestyle advice
- Signposting to services

4.6.3 Healthy weight

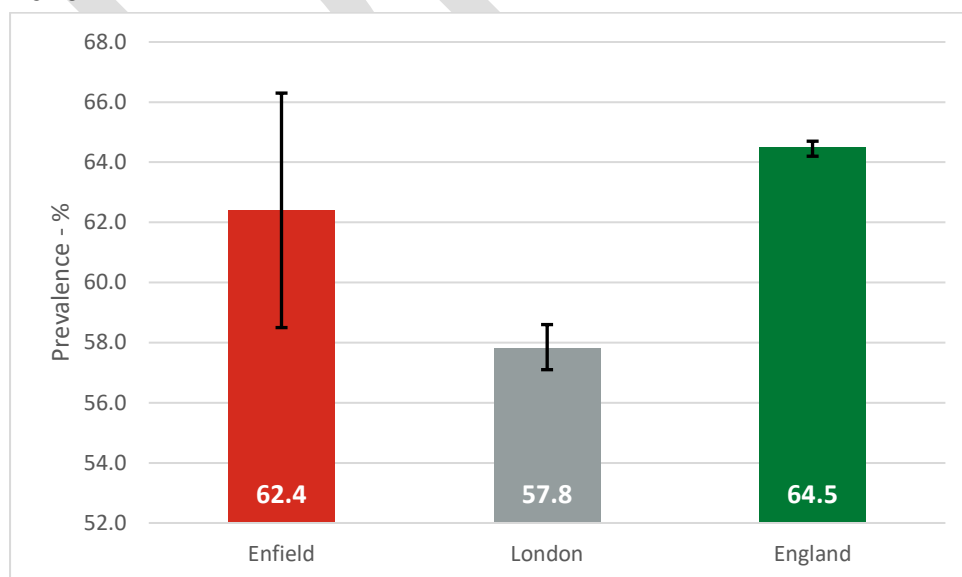
Excess weight is one of the most significant and complex public health challenges. It can have a significant impact on individual and family health and wellbeing, employment and education, and contribute to significant costs across health, social care and a wide range of services.

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

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

Figure 28 shows the percentage of adults classified as overweight or living with obesity in Enfield, London, and England in 2023/24. The data is based upon adjusted, self-reported information from the Sport England, Active Lives survey, accessed via OHID Fingertips Obesity Profiles. The rate for Enfield was 62.4%, which is similar to the rate for London (57.8%) and the rate for England (64.5%).

Figure 28: Percentage of adults (aged 18+) classified as overweight or obese, 2023/24



Source: OHID Fingertips [accessed April 2025]⁽²¹⁾

In the three-year period 2021/22 to 2023/24, 24.2% of children in Reception (aged 4-5 years old) in Enfield were living with excess weight (overweight, including obesity), significantly higher than London (20.9%) and the England average (21.9%)⁽²¹⁾.

In the three-year period 2021/22 to 2023/24, 42.1% of Year 6 children in Enfield (aged 10-11 years old) were living with excess weight (overweight, including obesity), significantly higher than London (39.0%) and the England average of 36.7%⁽²¹⁾. Based upon longitudinal linked analysis of the National Child Measurement programme, between 2021 and 2023, 24.1% of children moved from a healthy weight in reception to overweight (including obesity) in year 6. This is similar to London (22.6%) but significantly higher than the England average (21.5%)⁽²¹⁾.

4.6.4 Physical activity

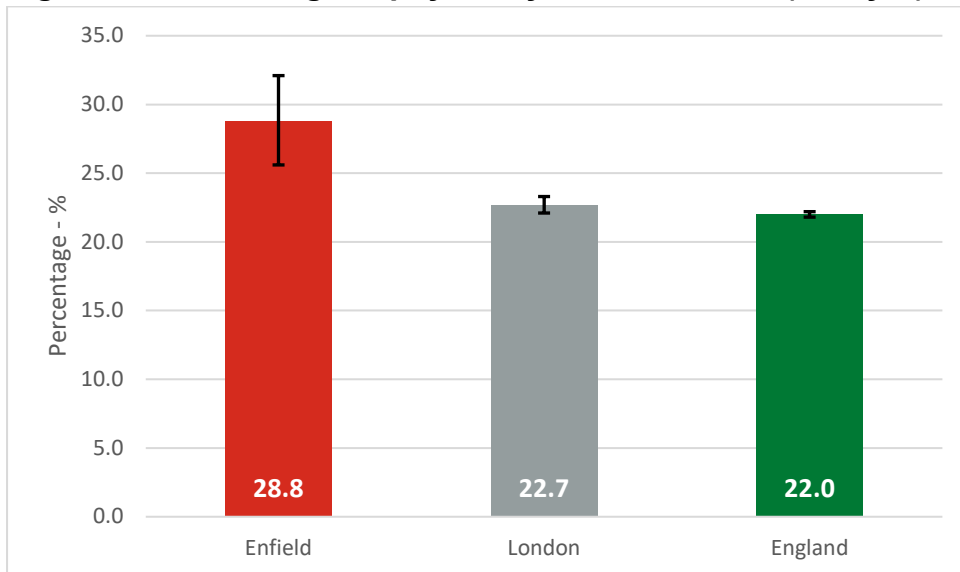
The Chief Medical Officer (CMO) for England currently recommends that adults undertake a minimum of 150 minutes (2.5 hours) of moderate physical activity per week, or 75 minutes of vigorous physical activity per week or an equivalent combination of the two (MVPA), in bouts of 10 minutes or more. The overall amount of activity is more important than the type, intensity or frequency⁽⁴¹⁾.

In adults, physical activity contributes to prevention and management of noncommunicable diseases such as cardiovascular diseases, cancer and diabetes and reduces symptoms of depression and anxiety, enhances brain health, and can improve overall well-being. In children and adolescents, physical activity promotes bone health, encourages healthy growth and development of muscle, and improves motor and cognitive development⁽⁴¹⁾.

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

Figure 29 shows the percentage of physically inactive adults or the proportion of individuals not currently meeting the CMO guidelines in Enfield, London and England in 2023/24. The rates for Enfield were 28.8% which is significantly higher than London (22.7%) the England average (22.0%).

Figure 29: Percentage of physically inactive adults (19 + yrs), 2023/24



Source: OHID Fingertips [accessed April 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

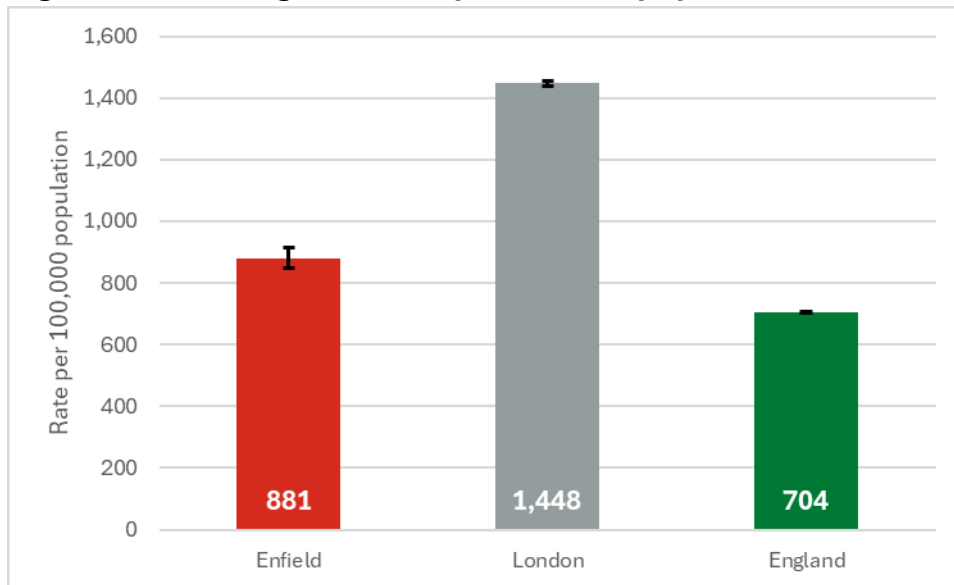
4.6.5 Sexual health

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

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

Figure 30 shows the STI diagnosis rate per 100,000 population in Enfield, London, and England in 2023. The rates for Enfield were 881 per 100,000 people significantly lower than the rate for London (1,448 per 100,000 population) but significantly higher than the rate for England (704 per 100,000 population).

Figure 30: STI diagnosis rate per 100,000 population, 2023



Source: OHID Fingertips [accessed April 2025]⁽²¹⁾

Figure 31 shows numerous STI metrics per 100,000 population in Enfield, London and England in 2023. The rates per 100,000 population for Enfield were lower than the rates for London yet higher than the England rates, particularly gonorrhoea and chlamydia.

Figure 31: Sexual health indicators for Enfield, 2023



Source: OHID Fingertips [accessed April 2025]⁽²¹⁾

Reducing the burden of poor sexual health requires sustained approaches to support early detection, successful treatment and partner notification in conjunction with

access to a full range of contraception choices alongside safe sex health promotion, and the promotion of safer sexual behaviour.

How pharmacies support:

- Contraception and Emergency Hormonal Contraception
- Testing for some STIs and dispensing of treatment
- Vaccine bookings (hepatitis B, HPV)
- Thrush treatment
- Treatment of bacterial vaginosis

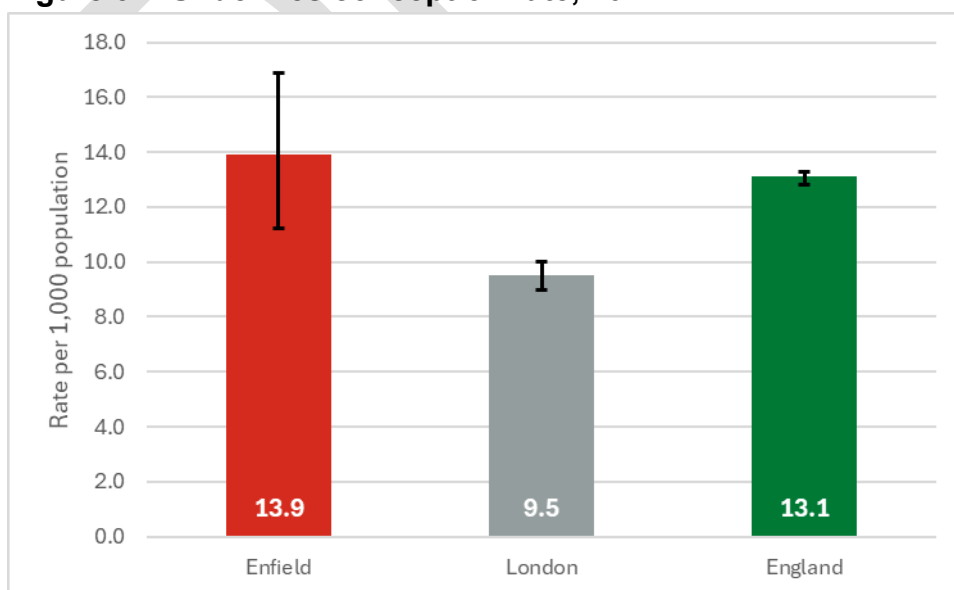
4.6.6 Teenage pregnancy

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

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

Figure 32 shows that the under-18 conception rate in 2021 for Enfield, London and England. The rates per 1,000 population for Enfield were 13.9%, significantly higher than London (9.5%) but similar to the England average (13.1%).

Figure 32: Under 18s conception rate, 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

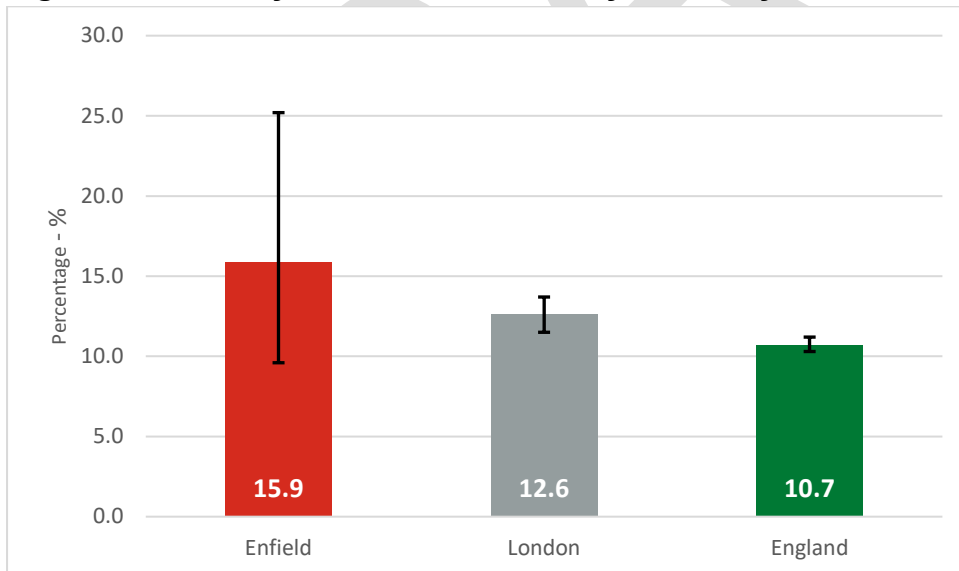
4.6.7 Oral health

Figures 33 and 34 show the percentage of children aged three-year-old and five-year-old with visually obvious dental decay Enfield, London and England.

The percentage of three-year olds with experience of visually obvious dental decay in Enfield was 15.9% in 2019/20. This is similar to London (12.6%) and the England average of 10.7%.

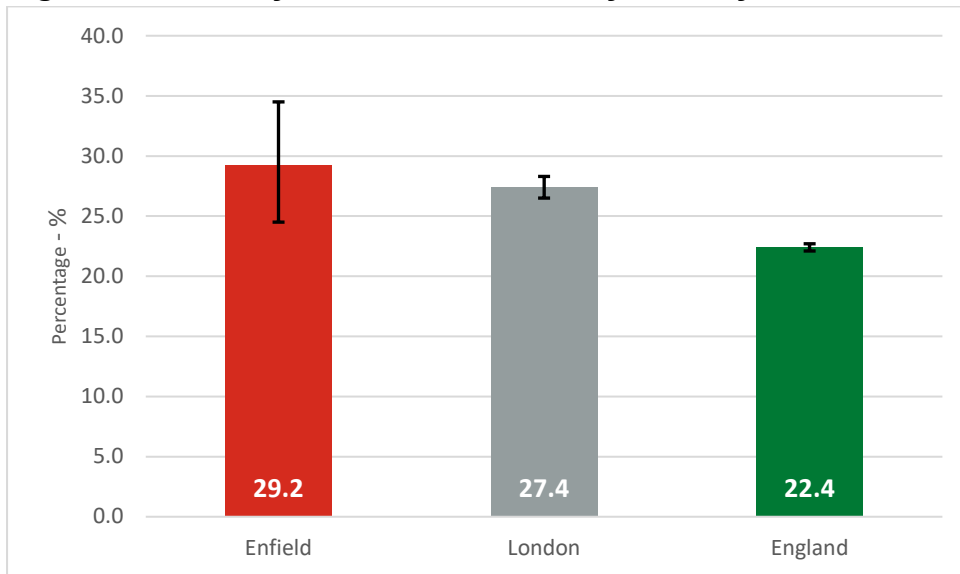
The percentage of five-year-old children with visually obvious dental decay in Enfield, (2023/24) was 29.2%. This is similar to London (27.4%) but significantly higher than the England average of 22.4%.

Figure 33: Visually obvious dental decay in three-year olds, 2019/20



Source: OHID Fingertips [accessed April 2025]⁽²¹⁾

Figure 34: Visually obvious dental decay in five-year-olds, 2023/24



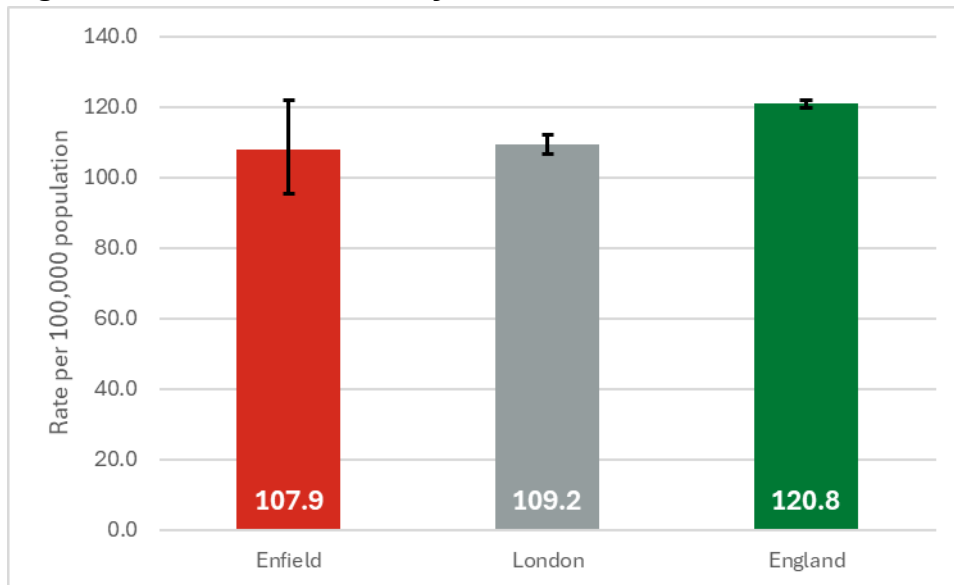
Source: OHID Fingertips [accessed April 2025]⁽²¹⁾

4.7 Cancers

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

Figure 35 shows the under-75 mortality rate from cancer in 2023 for Enfield compared to London and the England average. The standardised mortality rate per 100,000 population under-75 who died from cancer was similar in Enfield (107.9 per 100,000 population) compared to the rate for London (109.2) and to the rate for England (120.8 per 100,000 population).

Figure 35: Under 75 mortality rate 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

4.8 Long-term conditions

A long-term condition is a condition that cannot, at present, be cured but is controlled by medication and/or other treatment/therapies. The NHS Long Term Plan⁽¹²⁾ has a strong focus on the treatment and prevention of illness by supporting patients to adopt improved healthy behaviours. This will both help people to live longer healthier lives and reduce the demand for and delays in treatment and care focusing on services to support patients to overcome tobacco addiction, treat alcohol dependence and to prevent and treat obesity – particularly in areas with the highest rates of ill health. The prevalence of long-term conditions increases with age and the proportion of the population with multiple long-term conditions also increases with age. People from lower socio-economic groups have increased risk of developing long-term conditions; better management can help to reduce inequalities in outcomes for the population.

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

national Quality and Outcomes Framework (QOF). It should be noted that this only includes patients who are recorded on GP practice disease registers.

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

4.8.1 Cardiovascular disease

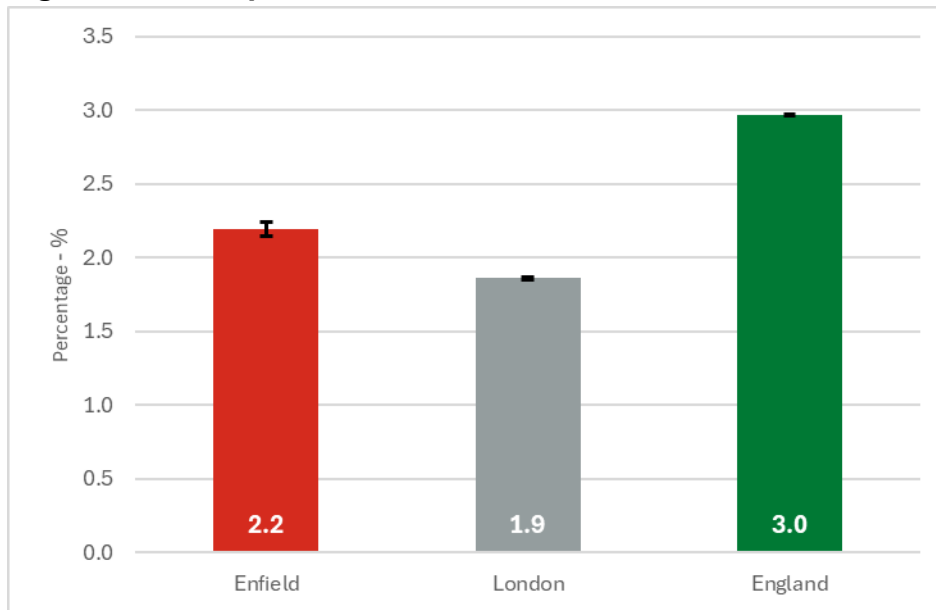
Cardiovascular disease (CVD) includes several different problems of the heart and circulatory system, such as coronary heart disease (CHD), stroke and peripheral vascular disease (PVD). It is strongly linked with other conditions such as diabetes and chronic kidney disease (CKD) and is more prevalent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

Premature deaths from cardiovascular conditions, including coronary heart disease are declining in Enfield. There also continues to be a decrease in the rate of early deaths in Enfield from heart disease⁽²¹⁾.

Figures 36 and 37 show the QOF prevalence for coronary heart disease (CHD) and Stroke in 2023/24 in Enfield, London and England average. The recorded (diagnosed) prevalence for key cardiovascular long-term conditions is as follows:

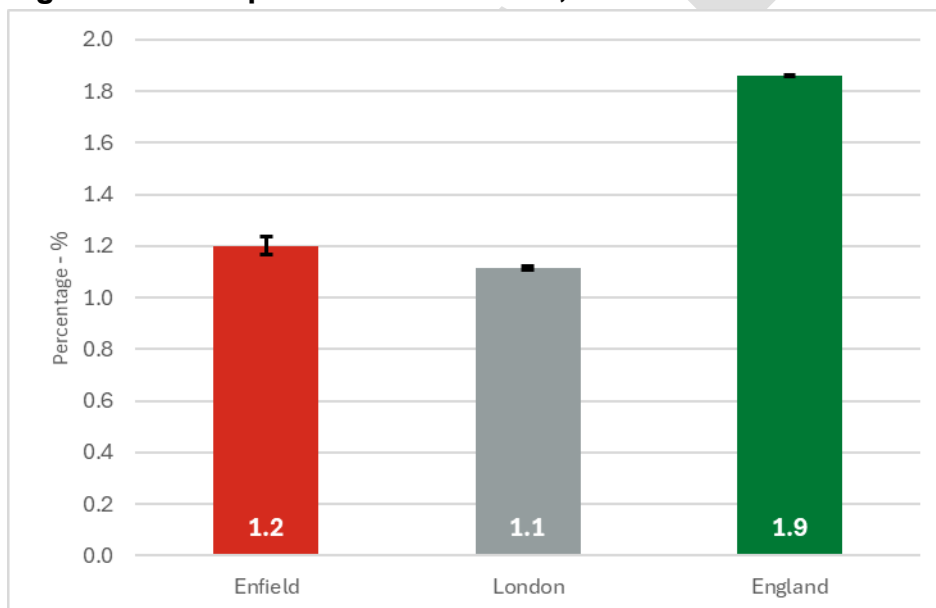
- CHD prevalence in Enfield is 2.2%, which is significantly higher than London (1.9%) but significantly lower than and the England average of 3.0%.
- Stroke (all ages) prevalence in Enfield (1.2%) is significantly higher than London (1.1%) but significantly lower than the England average at 1.9%.

Figure 36: QOF prevalence of CHD, 2023/24



Source: OHID Fingertips [accessed April 2025]⁽²¹⁾

Figure 37: 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

4.8.2 Hypertension

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

Figure 38 shows the QOF prevalence for hypertension (all ages) in 2023/24 in Enfield (13.7%) was significantly higher than London (11.1%) but significantly lower than the England average (14.8%). Based upon the 2017 Hypertension estimates (National Cardiovascular Intelligence network), Enfield is estimated to have a prevalence of 23.2% - this may suggest lower levels of case finding and detection of hypertension within Enfield⁽⁴²⁾.

Figure 38: QOF prevalence of hypertension, 2023/24



Source: OHID Fingertips [accessed April 2025]⁽²¹⁾

How pharmacies support:

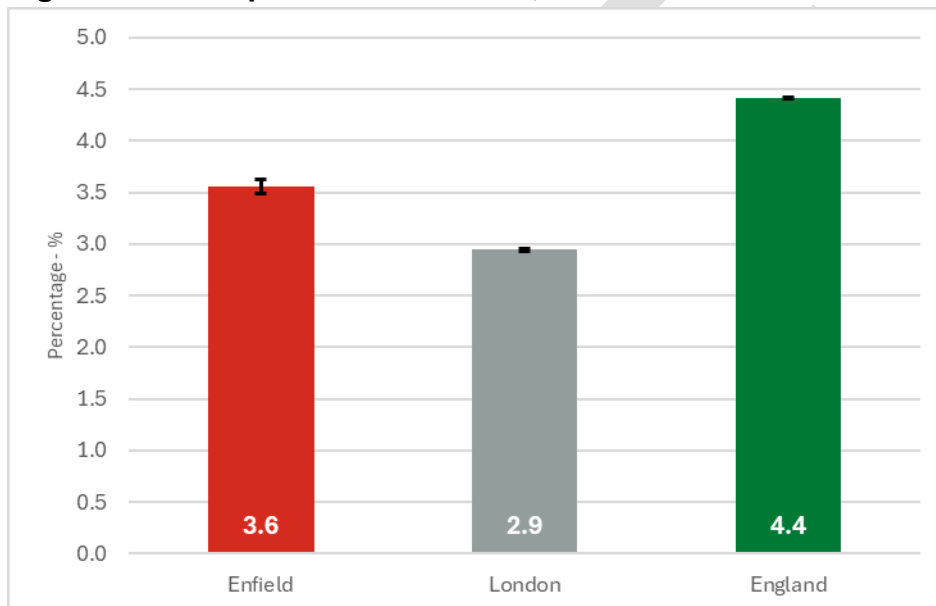
- Signposting to preventative services e.g. smoking cessation, weight management
- Hypertension case finding service
- Medicines Optimisation
- New medicine service
- Discharge medicine service

4.8.3 Chronic kidney disease

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

Figure 39 shows the QOF prevalence for chronic kidney disease (CKD) for people aged 18 years and over in 2023/24 in Enfield is 3.6% which is significantly higher than London (2.9%) but significantly lower than the England average (4.4%).

Figure 39: 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

4.8.4 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:

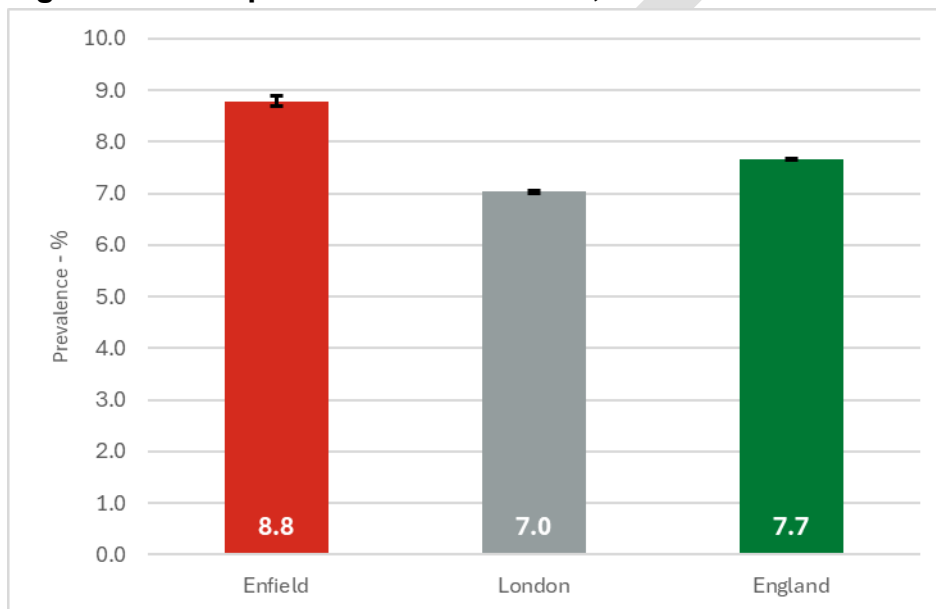
- Type 1 diabetes – where the body's immune system attacks and destroys the cells that produce insulin

- 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 40 shows the QOF prevalence for diabetes for people aged 17 years and over in 2023/24. Enfield is 8.8%, significantly higher than London (7.0%) and the England average (7.7%).

Figure 40: QOF prevalence of diabetes, 2023/24



Source: OHID Fingertips [accessed April 2025]⁽²¹⁾

For Enfield, 81.7% of the population estimated to have diabetes have an official clinical diagnosis. This is significantly higher than the London but similar to England estimates. This highlights potential need for case finding and identification, although not to the same extent as other areas across the country.⁽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

4.8.5 Respiratory

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

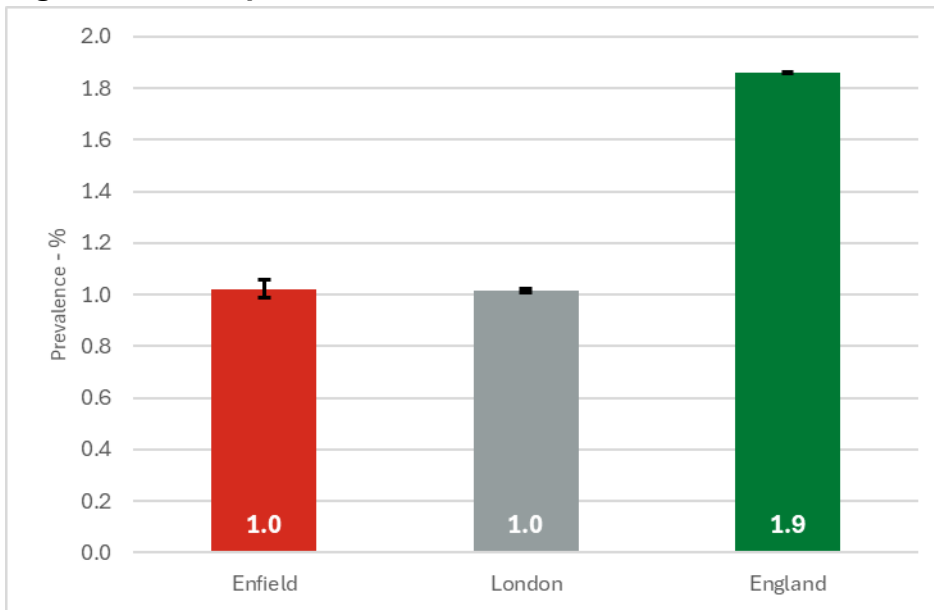
Chronic obstructive pulmonary disease (COPD) is a progressive disease which covers a range of conditions, including bronchitis and emphysema. Its symptoms include cough and breathlessness; over time it can become increasingly severe, having a major impact on mobility and quality of life as it impacts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

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

Figures 41 and 42 show the QOF prevalence of COPD and asthma in 2023/24 in Enfield. The prevalence of COPD in Enfield (1.0%) which is similar to London (1.0%) but significantly lower than the England average of 1.9%.

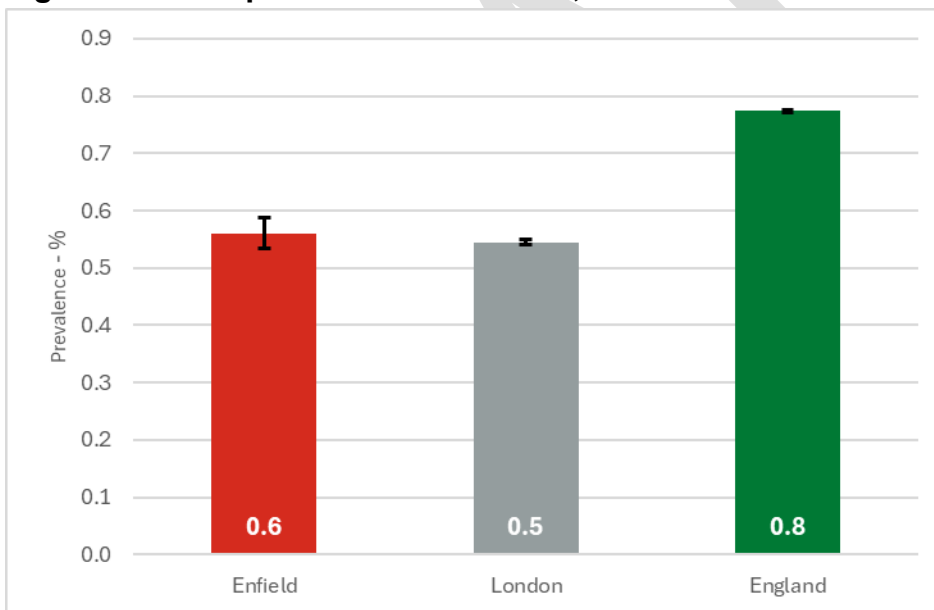
The recorded (diagnosed) prevalence for asthma in people aged 6 years and over in Enfield was 4.9%, similar to London (4.7%) but significantly lower than the England average (6.5%).

Figure 41: QOF prevalence of COPD, 2023/24



Source: OHID Fingertips [accessed April 2025]⁽²¹⁾

Figure 42: 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

4.8.6 Older people

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

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

Enfield's population is projected to continue growing and will reach 339,448 by 2041⁽⁹⁾. This is a 1.7 percentage increase from 2025 (333,477). The population is ageing with population estimates seeing a 35.0 percentage increase of those aged 65+ from 2025 (49,090) to 66,261 in 2041⁽⁹⁾. This poses significant challenges not only to the health and social care sector but also economic challenges in terms of for employability and business.

According to the older people's deprivation index (IDAOPi) 2019, 21.0% of older people aged 60 years and over in Enfield are income deprived compared to 14.2% across England⁽²¹⁾. This varies considerably by ward, with 42.7% of older people in poverty in Edmonton Green to just 10.1% in Grange. 36.8% of people in Enfield age 65+ live in a single-person household. Living alone is a main factor for loneliness, which has been linked with increased risk of cardiovascular diseases, stroke, and accelerated cognitive decline⁽⁴⁾.

How pharmacies support:

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

4.8.7 Dementia

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

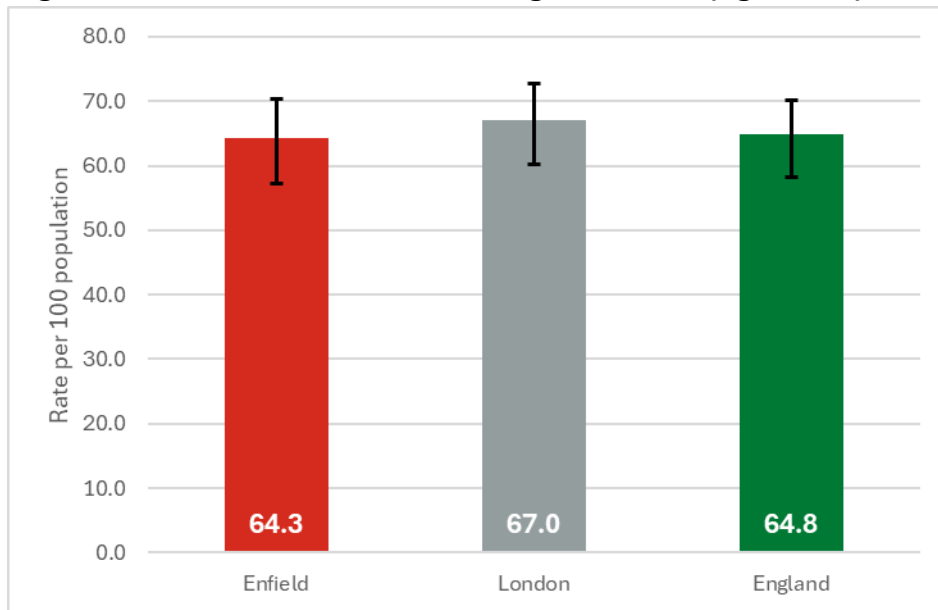
The biggest risk factor for dementia is age; the older you are the more likely you are to develop the condition. But dementia is not an inevitable part of ageing. Although it is not possible to completely prevent dementia, leading a healthy lifestyle and taking regular exercise can lower the risk of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

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

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

Figure 43 shows the estimated dementia diagnosis rate (aged 65+) per 100 population in 2024 in Enfield. This data highlights the rate of people with a diagnosis compared with the number expected to have dementia. In Enfield, for every 100 people estimated to have dementia, 64.3 will have a diagnosis. This is similar to London (67.0 per 100 population) and the England rate of 64.8 per 100 population).

Figure 43: Estimated dementia diagnosis rate (aged 65+), 2024



Source: OHID Fingertips [accessed April 2025]⁽²¹⁾

This indicates that for every 100 people expected to have dementia within the population, 35.7 people will not have this diagnosed, highlighting the need for identification and case finding.

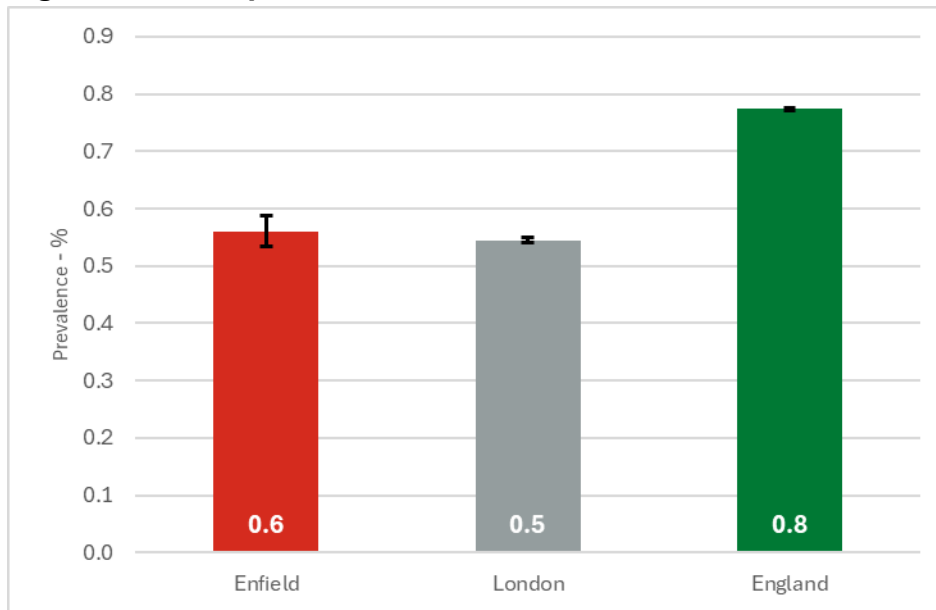
4.8.8 Rheumatoid arthritis and osteoporosis

Figure 44 and figure 45 show the Quality Outcome Framework (QOF) prevalence of rheumatoid arthritis and osteoporosis (aged 50+) in 2023/24 in Enfield, London and England.

The recorded (diagnosed) prevalence for Rheumatoid arthritis in Enfield was 0.6%, similar to London (0.5%) but significantly lower the England average (0.8%).

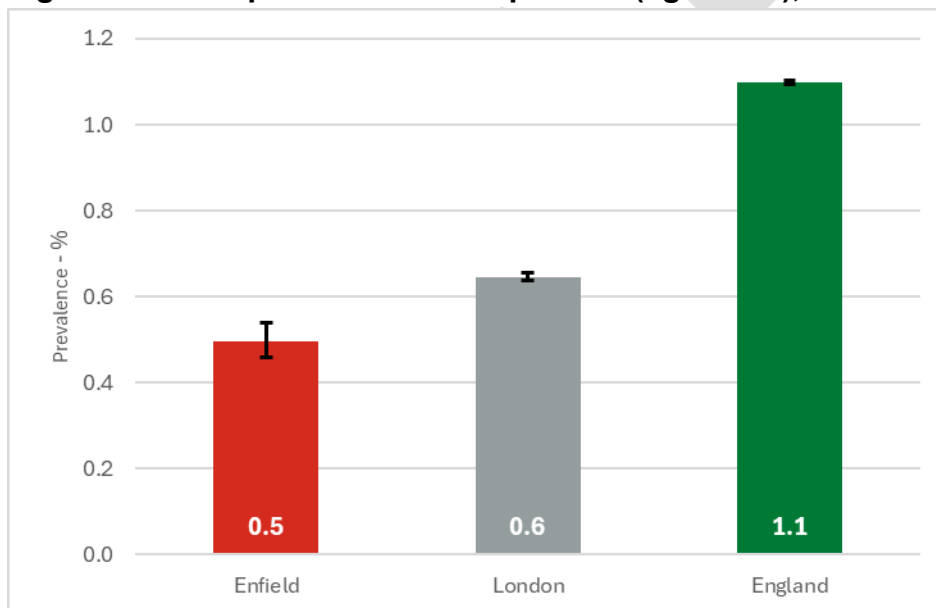
The recorded prevalence for Osteoporosis in those aged 50 years and over in Enfield was 0.5%, significantly lower than London (0.6%) and the England average (1.1%).

Figure 44: QOF prevalence of rheumatoid arthritis, 2023/24



Source: OHID Fingertips [accessed April 2025]⁽²¹⁾

Figure 45: QOF prevalence osteoporosis (aged 50+), 2023/24

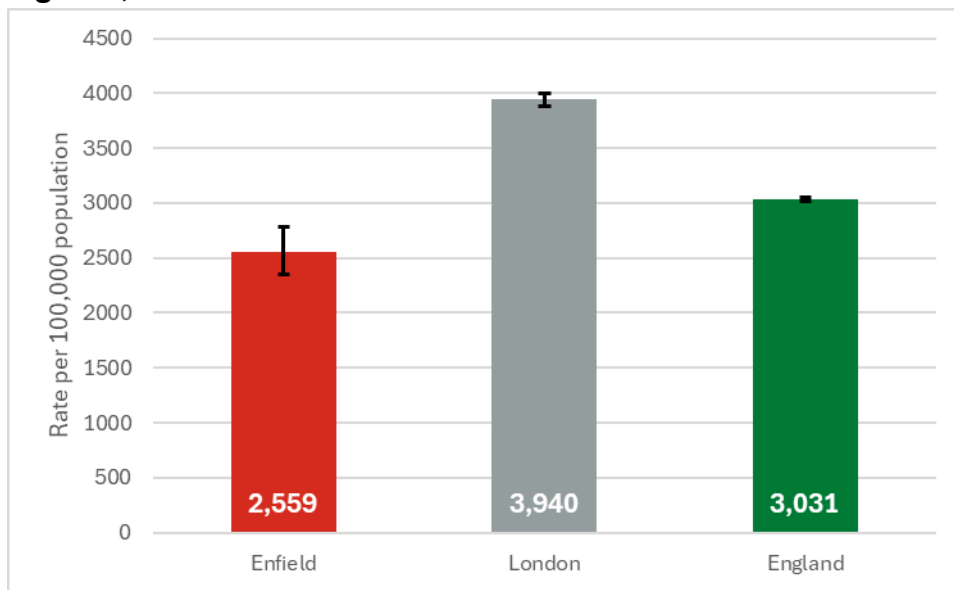


Source: OHID Fingertips [accessed April 2025]⁽²¹⁾

4.8.9 Visually impaired

Figure 46 shows the rate of people aged 75+ reporting blindness or partial sight in 2022/23 for Enfield, London, and England. The recorded rate of people in Enfield was 2,559 per 100,000 population, significantly lower than 3,940 per 100,000 in London and 3,031 per 100,000 population in England.

Figure 46: Rate per 100,000 of people (aged 75+) registered blind or partially sighted, 2022/23



Source: OHID Fingertips [accessed April 2025]⁽²¹⁾

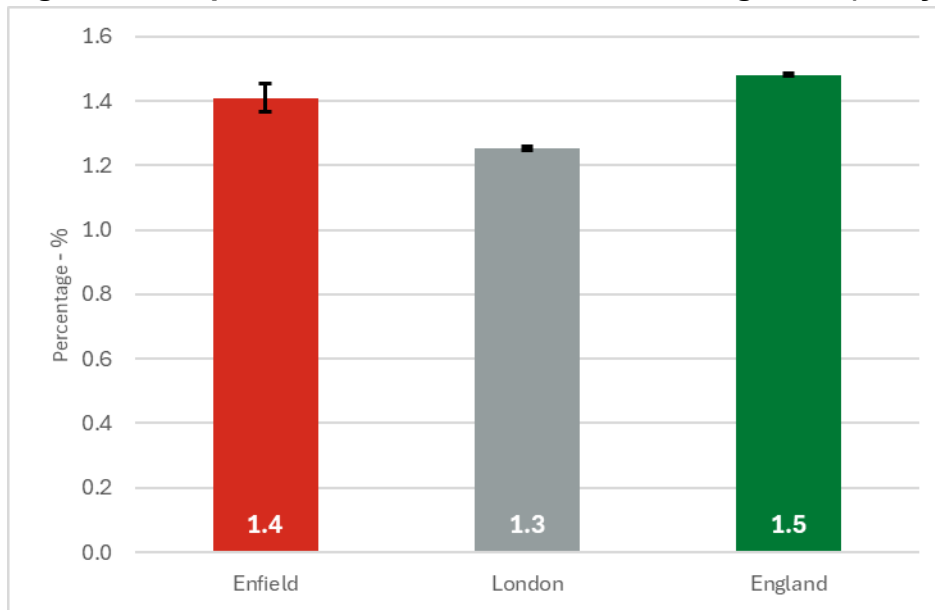
4.9 Mental health and mental wellbeing

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.

Enfield has a higher (1.2%) prevalence of recorded serious mental illness on primary care registers (schizophrenia, bipolar disorder and other psychoses) than in London (1.14%) and England (1.14%)⁽⁴⁾.

Figure 47 shows the QOF incidence of depression – new diagnosis in people aged 18 and over in Enfield, London, and England, 2023/24. The incidence of new depression diagnoses in Enfield was 1.4%, significantly higher than London (1.3%) but lower than the England average of 1.5%.

Figure 47: Depression: QOF incidence - new diagnosis (18+ yrs) 2023/24



Source: OHID Fingertips [accessed April 2025]⁽²¹⁾

4.10 Learning disabilities

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

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

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

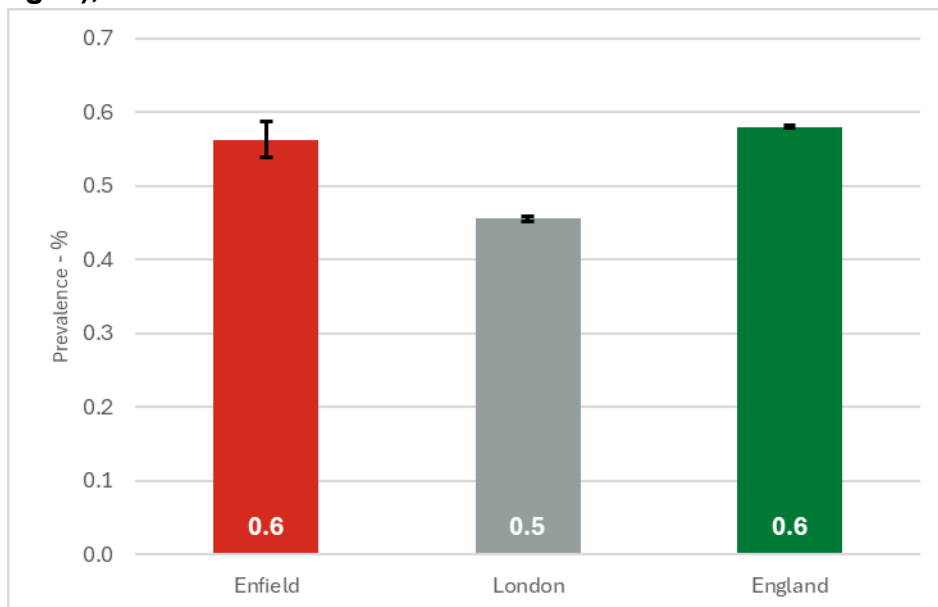
- Mental illness
- Chronic health problems
- Epilepsy
- Physical disabilities and sensory impairments.

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

Figure 48 shows the QOF prevalence of people living with a learning disability in 2023/24 in Enfield, London and England. The recorded (diagnosed) prevalence for

people living with a learning disability in Enfield was 0.6%, significantly higher than London (0.5%) but similar to the England average (0.6%).

Figure 48: QOF prevalence of persons living with a learning disability (all ages), 2023/24



Source: OHID Fingertips [accessed April 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

4.11 Health protection

4.11.1 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.

4.11.2 Population vaccination coverage

Vaccination is the most important thing 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.

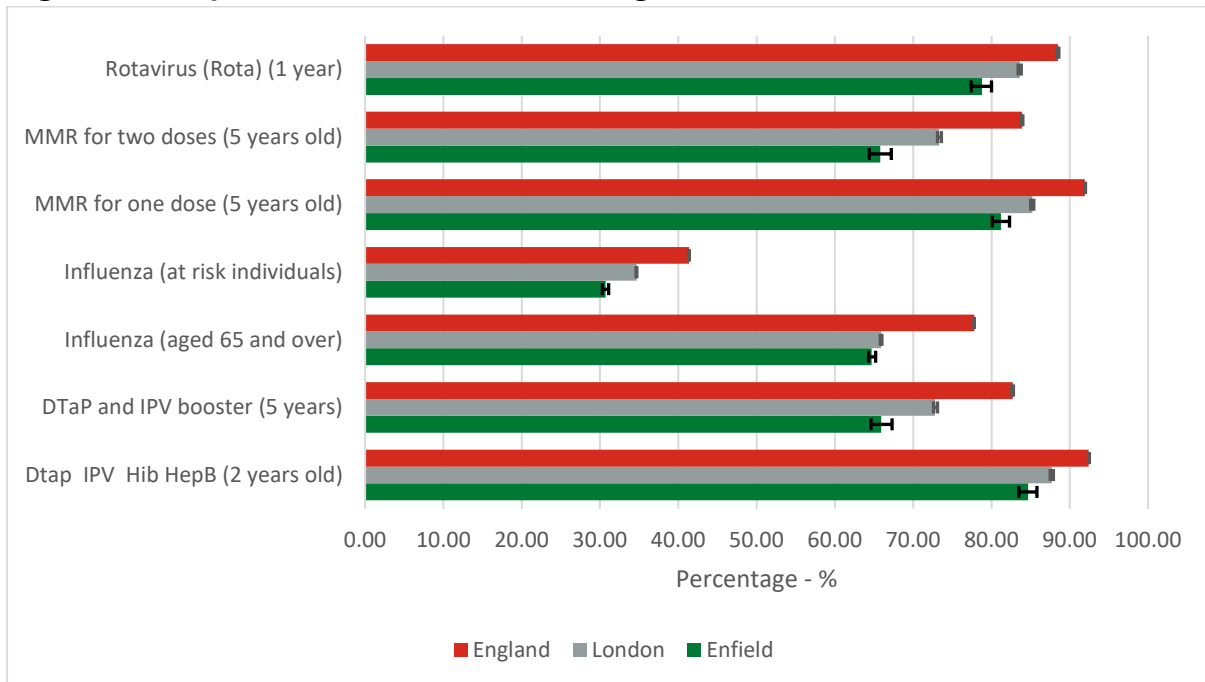
Table 4 and Figure 49 show the population vaccination coverage of the seven vaccination indicators by Enfield, London and England 2023/24. The uptake of all vaccines included in this analysis in Enfield is lower than the England average.

Table 4: Population vaccination coverage by indicator 2023/24

Vaccination type	Enfield	London	England
Rotavirus (Rota) (1 year):	78.8%	83.6%	88.5%
MMR for two doses (5 years old):	65.8%	73.3%	83.9%
MMR for one dose (5 years old):	82.1%	85.2%	91.9%
Influenza (at risk individuals):	30.7%	34.7%	41.4%
Influenza (aged 65 and over):	64.7%	65.9%	77.8%
DTaP and IPV booster (5 years):	65.9%	72.8%	82.7%
DTaP IPV Hib HepB (2 years old):	84.7%	87.7%	92.4%

Source: OHID Fingertips [accessed April 2025]⁽²¹⁾

Figure 49: Population vaccination coverage, 2023/24

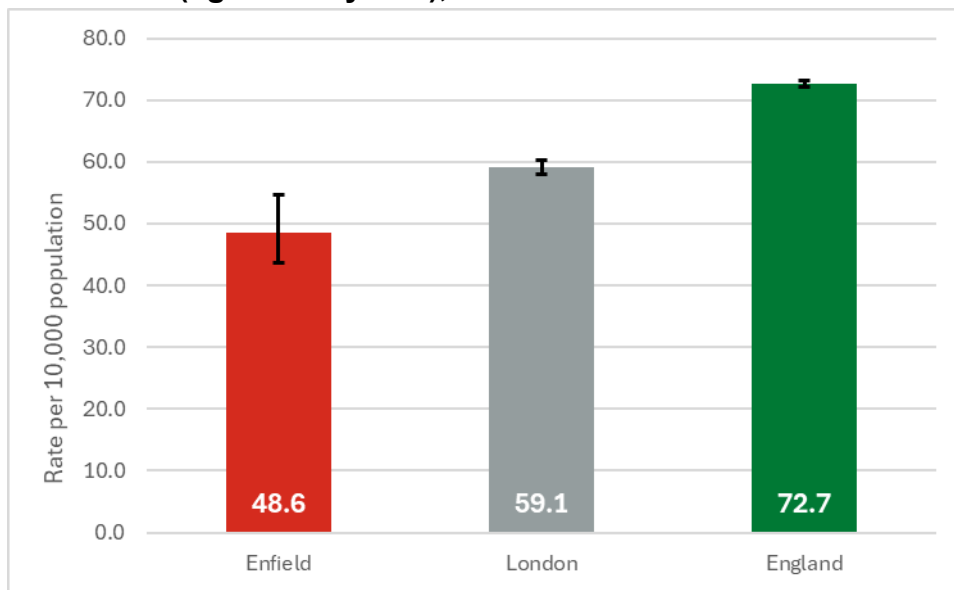


Source: OHID Fingertips [accessed April 2025]⁽²¹⁾

4.12 Accidental injuries

Figure 50 shows the prevalence of hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years) in 2023/24 in Enfield, London and England. The prevalence rate in Enfield was 48.6 per 10,000 children, significantly lower than London (59.1 per 10,000), and the England average of 72.7 per 10,000 children.

Figure 50: Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years), 2023/24



Source: OHID Fingertips [accessed April 2025]⁽²¹⁾

4.13 Summary of health needs analysis

Enfield is the 9th most deprived borough in London and ranks 57th out of all local authorities.

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

While Enfield is identified as having a median household income much greater than the England average, the income is low for London, meaning poverty is still one of the greatest threats to health and wellbeing in the borough. Much of this is driven by the lack of affordable, quality housing.

Unemployment and levels of benefit claimants are high in Enfield compared to both London and England. This is not only for adults, the proportion of young people aged 16-19 not in education, employment or training in Enfield is also higher than the London and England average. There are also high levels of reported sick days within the working population.

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

Although life expectancy at birth for males and females in Enfield is reported higher than the London and England average, the number of years expected to live in good health (healthy life expectancy) is similar. This highlights that the population of Enfield may be living longer but they are doing so in poor health.

There are considerable inequalities in life expectancy by deprivation, with males in affluent areas expected to live 9.7 years longer than males in deprived areas and females in affluent areas living 6.2 years longer than females in deprived areas.

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

Cancer and cardiovascular diseases (e.g. heart attacks and strokes) are the main causes of death in adults nationally. However, generally, long term condition prevalence in Enfield is higher than London but lower than the England average, except for diabetes, where the Enfield reported prevalence is significantly higher than London and the England average.

Current smoking rates do not vary significantly from the London or England average and the rate of alcohol hospital admissions are lower than both.

STI diagnosis in Enfield is higher than the England average, particularly for Chlamydia but overall, significantly lower than the London rates.

The children in Reception (aged 4-5 years) in Enfield have a higher percentage of those overweight (including obesity) than that of London and the England average.

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

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

The uptake of vaccinations in Enfield is significantly lower than the London and England rates across the 7 vaccinations included within this section.

Pharmacists play a crucial role in supporting the ageing population. Older patients often have more complex health needs and will require more support with their

medicines and support on managing multiple chronic conditions. Here's how pharmacists help with this:

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

DRAFT

5. Current Provision of Pharmaceutical Services

5.1 Overview

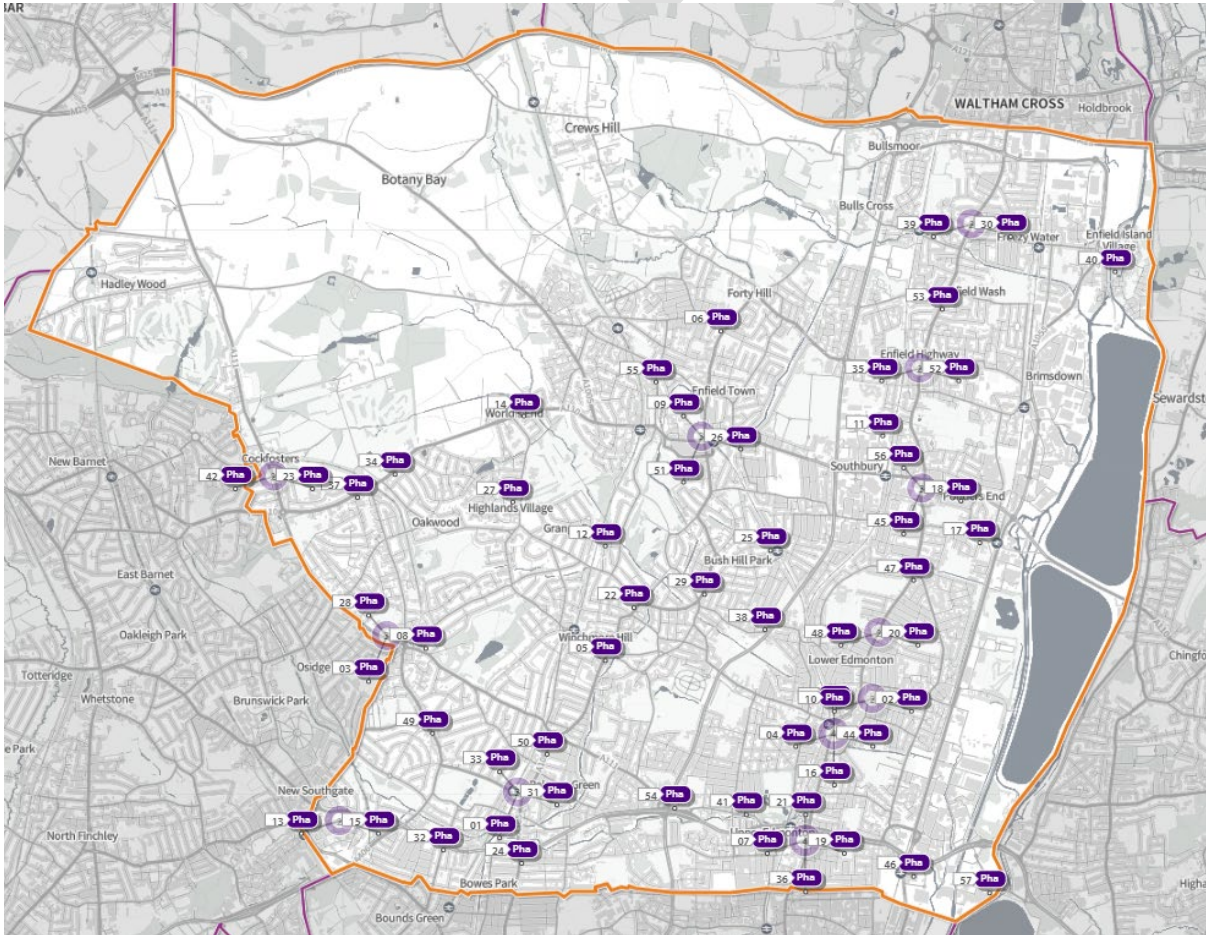
North Central London ICB is responsible for administering pharmacy services and for maintaining information regarding opening hours for all pharmacies.

The information reflects the number of pharmacies at the time the data was reported.

Figure 51 illustrates the locations of pharmacies across the borough, and table 5 lists the pharmacies and the map index.

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

Figure 51: Locations of pharmacies within the Enfield HWB boundary



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Table 5: List of pharmacies and map index

Map index	Code	Name	Locality	Map index	Code	Name	Locality
1	FAQ59	Aldermans Pharmacy	Southwest	30	FR633	MK Shah Pharmacy	Northeast
2	FAX18	Aqua Chemist	Southeast	31	FFW67	Morrisons Pharmacy	Southwest
3	FLM04	Asda Pharmacy	Southwest	32	FPQ44	NR Patel Chemists	Southwest
4	FGP94	Asda Pharmacy	Southeast	33	FC766	Palmers Chemist	Southwest
5	FP643	Atkinsons Chemist	Southwest	34	FJ506	Parkview Pharmacy	Southwest
6	FPH27	Baker St Pharmacy	Northwest	35	FFK01	Pharmacy Xpress	Northeast
7	FTD22	Bees Dispensing Chemist	Southeast	36	FWF95	Pharmacare	Southeast
8	FXM15	Boots	Southwest	37	FP741	Pyramid Pharmacy	Southwest
9	FD495	Boots	Northwest	38	FNA19	Reids Pharmacy	Southeast
10	FGJ87	Boots	Southeast	39	FRK66	Ronchetti Pharmacy	Northeast
11	FWX81	Boots	Northeast	40	FHW08	Ronchetti Pharmacy	Northeast
12	FN008	C Atkinson Chemist	Southwest	41	FJN81	Scotts Pharmacy	Southeast
13	FMT45	Caplet Pharmacy	Southwest	42	FLH33	Simmons Chemist	Northwest
14	FHG73	Capricorn Pharmacy	Northwest	43	FJA11	Skot Dispensing Chemists	Southeast
15	FE026	Coopers Chemist	Southwest	44	FXN07	Superdrug Pharmacy	Southeast
16	FRM78	Edmonton Pharmacy	Southeast	45	FVW31	Tesco Instore Pharmacy	Northeast
17	FD779	Electra Pharmacy	Northeast	46	FFM28	Tesco Instore Pharmacy	Southeast
18	FMD42	Elgon Chemist	Northeast	47	FE164	Virens Chemist	Southeast
19	FNE05	Estons Pharmacy	Southeast	48	FGH75	Vms Pharmacy	Southeast
20	FW034	Forest Pharmacy	Southeast	49	FTR28	Walbrook Pharmacy	Southwest
21	FWE71	Green Cross Pharmacy	Southeast	50	FW327	Walker Chemists	Southwest
22	FLA59	Green Lanes Pharmacy	Southwest	51	FNY07	Well	Northwest
23	FXE62	Greenacre Pharmacy	Northwest	52	FGR74	Well	Northeast
24	FEJ40	Greens Pharmacy	Southwest	53	FXF01	Well	Northeast
25	FM975	Hayward Chemist Ltd	Southeast	54	FLR96	Wellcare Pharmacy	Southeast
26	FK860	Healthfare Pharmacy	Northwest	55	FPE95	Whitakers Pharmacy	Northwest
27	FQF97	Highlands Pharmacy	Southwest	56	FH734	Zara Pharmacy	Northeast
28	FJF30	Kwaterhouse Chemist	Southwest	57	FRD56	de Globe Pharmacy	Southeast
29	FJ919	Lamis Chemists	Southeast				

5.1.1 Core hours

57 community pharmacy contractors provide essential services (see Section 7) as part of the NHS CPCF. Most community pharmacies provide a core of 40 hours per week although some pharmacies in Enfield are contracted to provide more core hours.

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

5.1.2 Supplementary hours

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

52 pharmacies in Enfield currently provide some supplementary hours, ranging from 5 to 32 supplementary 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.

Enfield has three 100-hour contracted pharmacies:

- Asda Pharmacy, 1 West Mall, Edmonton, London N9 0AL - providing 72 hours
- Tesco Extra Pharmacy, 1 Glover Drive, Upper Edmonton N18 3HF - providing 78 hours
- Tesco In-store Pharmacy, 288 High Street, Ponders End, Enfield EN3 4DP - providing 78 hours

5.3 Pharmacy Access Scheme

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

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

There is one PhAS provider in Enfield:

- Ronchetti Pharmacy, 68 Island Centre Way, The Island Centre, Enfield Lock EN3 6GS

5.4 Dispensing appliance contractors

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

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

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

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

5.5 Distance selling pharmacies

Distance selling pharmacies are required to deliver the full range of essential services, though the 2013 regulations⁽⁶⁾ do not allow them to provide essential services to people on a face-to-face basis on the premises of the pharmacy. They

will receive prescriptions either via the electronic prescription service or through the post, dispense them at the pharmacy and then deliver them free of charge to the patient.

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

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

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

There are two DSPs in Enfield HWB area:

- Caplet Pharmacy, 133-135 High Road, London, N11 1PP
- De Globe Pharmacy, Unit A21 Hastingwood Trading Estate, 35 Harbet Road, London, N18 3HT

Note: At the time of preparation of this PNA, Caplet Pharmacy was temporarily closed. This provision of community pharmacy services has been included in the overarching figures and statements as this closure is not permanent.

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 Enfield and therefore not discussed further in this PNA.

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

5.9 Government consultations

5.9.1 Pharmacy supervision

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

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

5.9.2 Hub and spoke dispensing

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

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

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

5.9.3 Independent prescribing

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

Despite there being a number of independent prescribing pharmacists working in community pharmacy in England, there are currently no clinical services commissioned nationally by NHS England that enable NHS prescriptions to be issued by independent prescribing pharmacists working in community pharmacy. In 2024, NHS England and integrated care boards (ICBs) has 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 Enfield

Since the last PNA in 2022 the following significant changes to pharmacy provision in Enfield, both in the southwest locality, were:

- Closure of Boots Pharmacy, 315-317 Green Lanes, Palmers Green, London, N13 4YB
- Closure of Lloyds, Sainsburys Store, 681 Green Lanes, Winchmore Hill, London, N21 3RS

Neither of these pharmacies held 100-hour contracts.

There have also been changes of ownership of 3 community pharmacy services in Enfield.

6.1 Number, type of pharmacies and geographical distribution

Table 6 shows the number and types of pharmacies across each of the four localities. Southeast locality contains the highest number of pharmacies

Table 6: Distribution of community pharmacies, by locality

Locality	Number of community pharmacies			
	40 hour	Distance selling	100-hour	TOTAL
Northeast	13	1	1	15
Northwest	8	0	0	8
Southeast	16	1	2	19
Southwest	15	0	0	15
TOTAL	52	2	3	57

Source : NCL ICB

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

Locality	No of community pharmacies	2022 population estimate	Pharmacies per 100,000 population	Persons per pharmacy
Northeast	15	87,082	17.2	5,805
Northwest	8	50,504	15.8	6,313
Southeast	19	96,308	19.7	5,069
Southwest	15	93,330	16.1	6,222
Enfield	57	327,224	17.4	5,741
London	1,724	8,866,180	19.4	5,143
ENGLAND	10,430	57,112,542	18.3	5,476

Sources: ONS 2022 population estimates⁽⁸⁾, NCL ICB, NHSBSA Consolidated Pharmaceutical List Q3 2024/25⁽⁴³⁾

Consideration of the number of pharmacies compared to the resident population, based on population estimates per locality is shown in Table 7. 2022 population estimates have been used as this able to be broken down to ward and locality level.

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

6.2 Dispensing activity in Enfield

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

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

	No of pharmacies	Number of prescription items dispensed by pharmacies (2023/24)	Average no. of prescription items dispensed per pharmacy (2023/24)
Enfield	57	6,004,618	105,344
ENGLAND	10,430	1,113,000,000	106,711

Sources: NCL ICB, NHSBSA Consolidated Pharmaceutical List Q3 2024/25⁽⁴³⁾, NHSBSA dispensing data⁽⁴⁴⁾

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

Further analysis of this prescribing and dispensing data indicated that in 2023/24, 86.3% of the items prescribed by GP practices in Enfield were dispensed by pharmacies in the Enfield area, 6.5% were dispensed in other North Central London boroughs and 7.2% were dispensed "out of area".

To counter this information, Enfield pharmacies also dispense some prescriptions that are sourced from prescribers located out of the council's boundaries. In 2023/24, 16.7% of the dispensing activity of pharmacies in Enfield was from prescribers out of area.

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

6.3 Access to pharmacies by opening hours

As described in section 5.2, standard community pharmacy contractors are required to open for a minimum of 40 core hours per week, unless a reduction is agreed with the ICB. These core hours are provided as part of essential pharmacy services.

In Enfield, in addition to the three 100hour pharmacies, 7 pharmacies are contracted for more than 40 core hours per week, and 25 pharmacies choose to provide supplementary hours to meet the needs of their populations. These extra hours range from 5 hours per week to 32 hours per week.

In Enfield, there are currently:

- 45 pharmacies open on Saturday mornings,
- 30 pharmacies which remain open after 1pm on Saturday afternoons,
- 9 pharmacies that are open on Sundays – including at least one per locality.

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

One of the two distance selling pharmacies is open on Saturdays and neither is open on Sundays.

6.4 Ease of access to pharmacies

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

Where maps and tables have been included to illustrate travel times to pharmacies and population within the boundaries, these have been taken from SHAPE Atlas⁽⁵¹⁾.

6.4.1 Weekday opening

There is extensive access to community pharmacy across Enfield during the hours from 9am until 6pm on weekdays in all localities. 51 pharmacies remain open without closing for lunchtime.

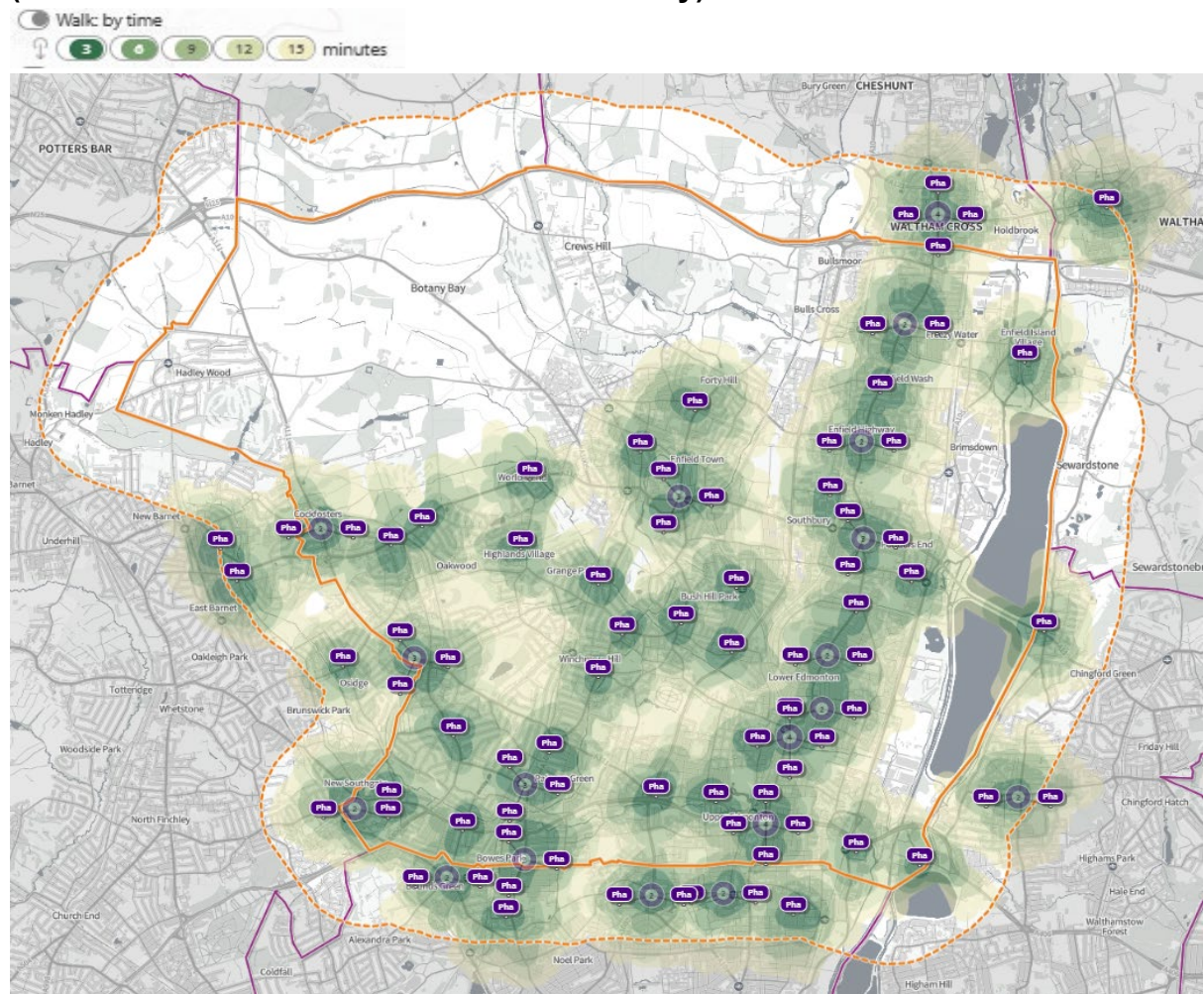
6.4.1.1 Weekday daytime

Most community pharmacies in Enfield are open from 9am on weekday mornings, except for one which opens at 9.15am and two which open at 9.30am. Seven 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 95% of the population able to get to their nearest pharmacy within a 15-minute walk (figure 52) and 98.3% within 30 minutes.

All residents in all areas are able to access a pharmacy within 15 minutes using public transport or a 5-minute private transport journey (figures 53 and 54).

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

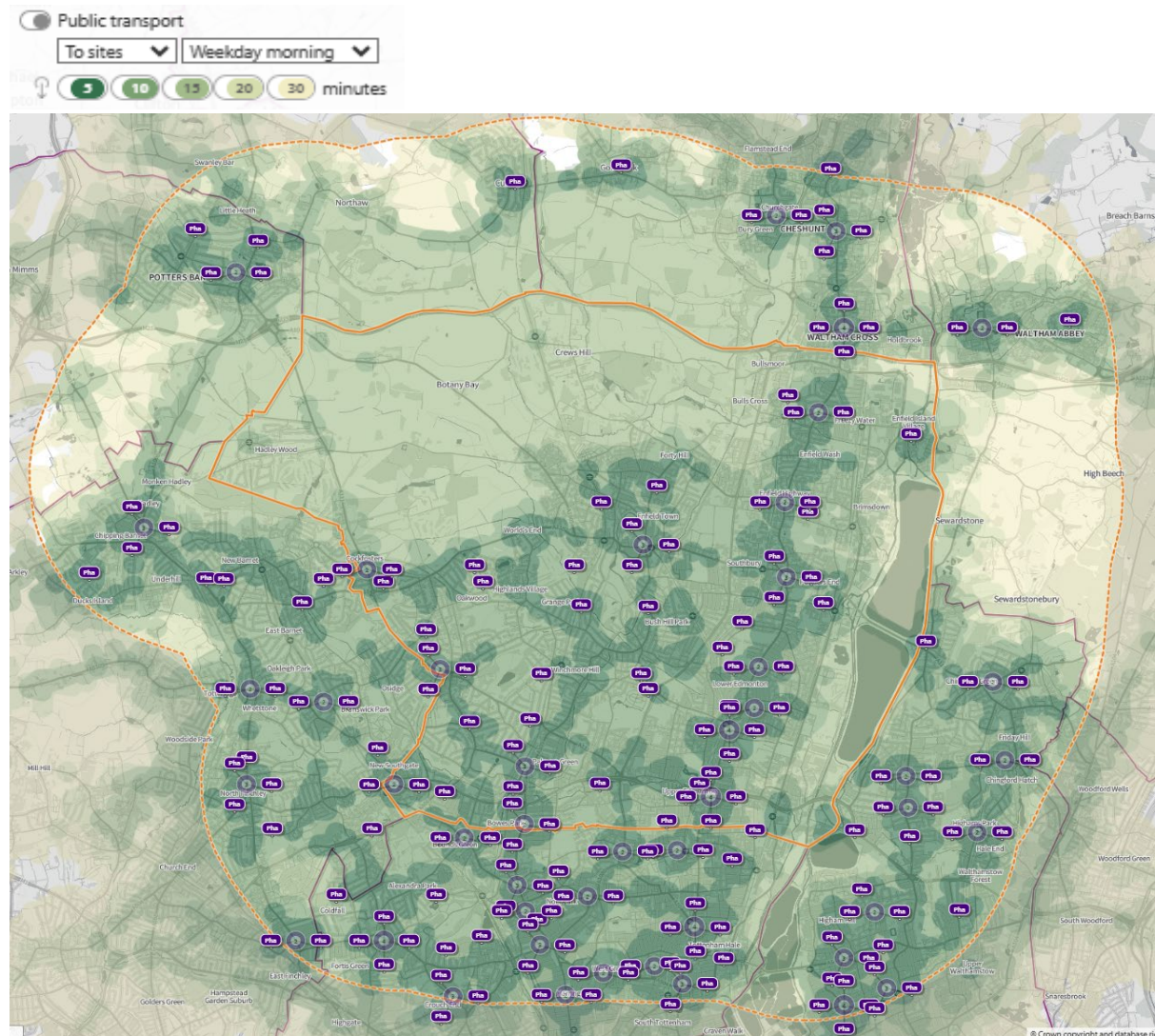


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Table 9: Access to pharmacies by travel time on foot – weekday daytime

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
3	107,424	220,002	327,426	32.8%
6	197,523	129,903	327,426	60.3%
9	263,096	64,330	327,426	80.4%
12	299,964	27,462	327,426	91.6%
15	311,040	16,386	327,426	95.0%
30	321,879	5,547	327,426	98.3%

Figure 53: Access to pharmacies by travel time on public transport – weekday morning (with 3km buffer zone outside HWB boundary)

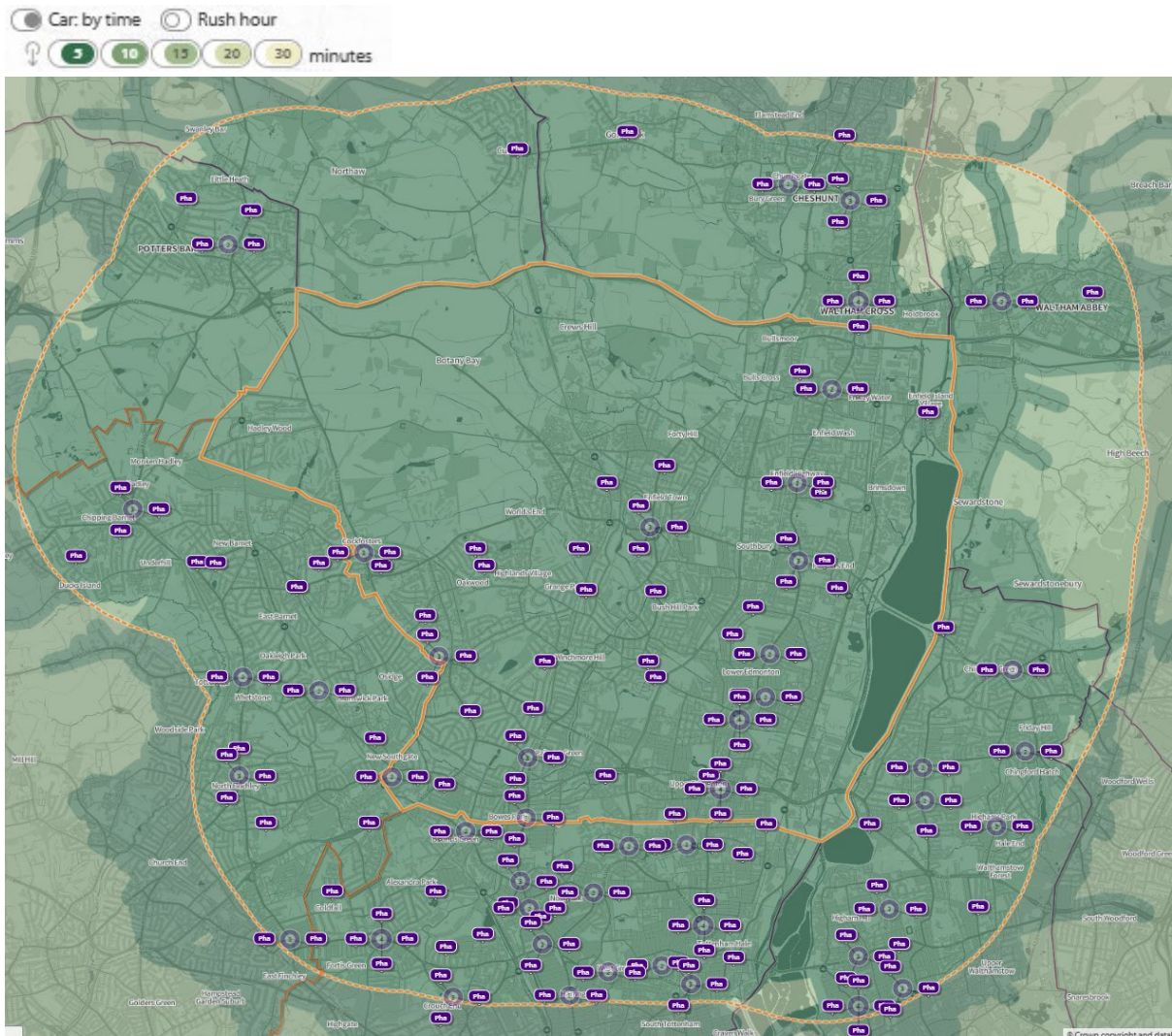


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Table 10: Access to pharmacies by travel time on public transport – weekday morning

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	196,279	131,147	327,426	59.9%
10	316,726	10,700	327,426	96.7%
15	327,426	0	327,426	100.0%
20	327,426	0	327,426	100.0%
30	327,426	0	327,426	100.0%

Figure 54: Access to pharmacies by travel time by car – weekday daytime (with 3km buffer zone outside HWB boundary)



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

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	327,426	0	327,426	100.0%
10	327,426	0	327,426	100.0%
15	327,426	0	327,426	100.0%
20	327,426	0	327,426	100.0%
30	327,426	0	327,426	100.0%

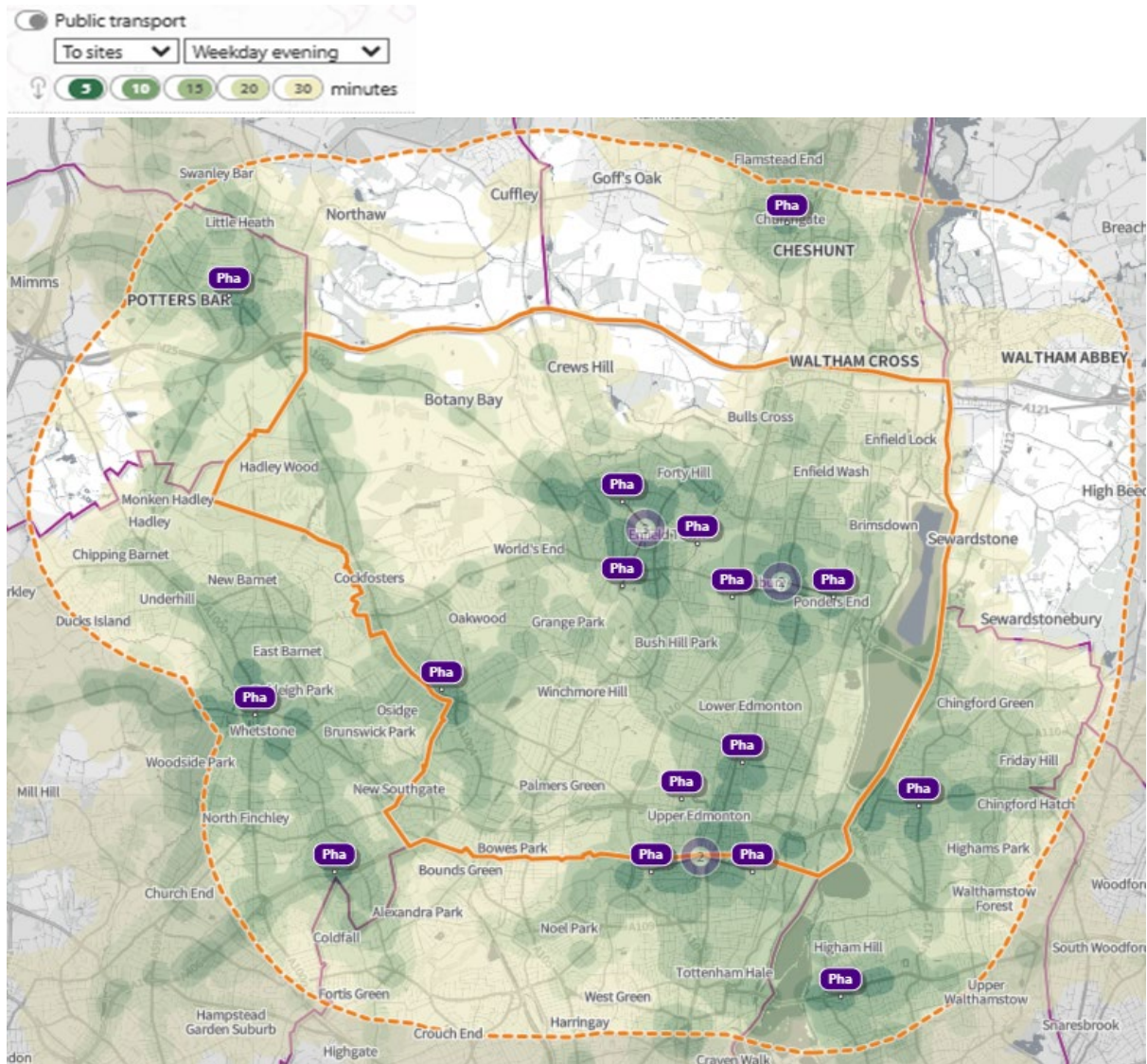
6.4.1.2 Weekday evenings

Most pharmacies (56) remain open until at least 6pm, after which there is a reduction in provision with 21 pharmacies open until 7pm. After 7pm, there is extended access provided by pharmacies with three remaining open until 8pm and three opening until 9pm. One pharmacy, based in a supermarket, closes at 10pm.

Further to this, extended access is provided by pharmacies in neighboring HWB areas. All local residents have access to a pharmacy within 30 minutes via public transport (figure 55) and within 5 minutes by private transport (figure 56) after 7pm.

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Figure 55: Map showing travel time by public transport weekday evenings after 7pm (with 3km buffer zone outside HWB boundary)

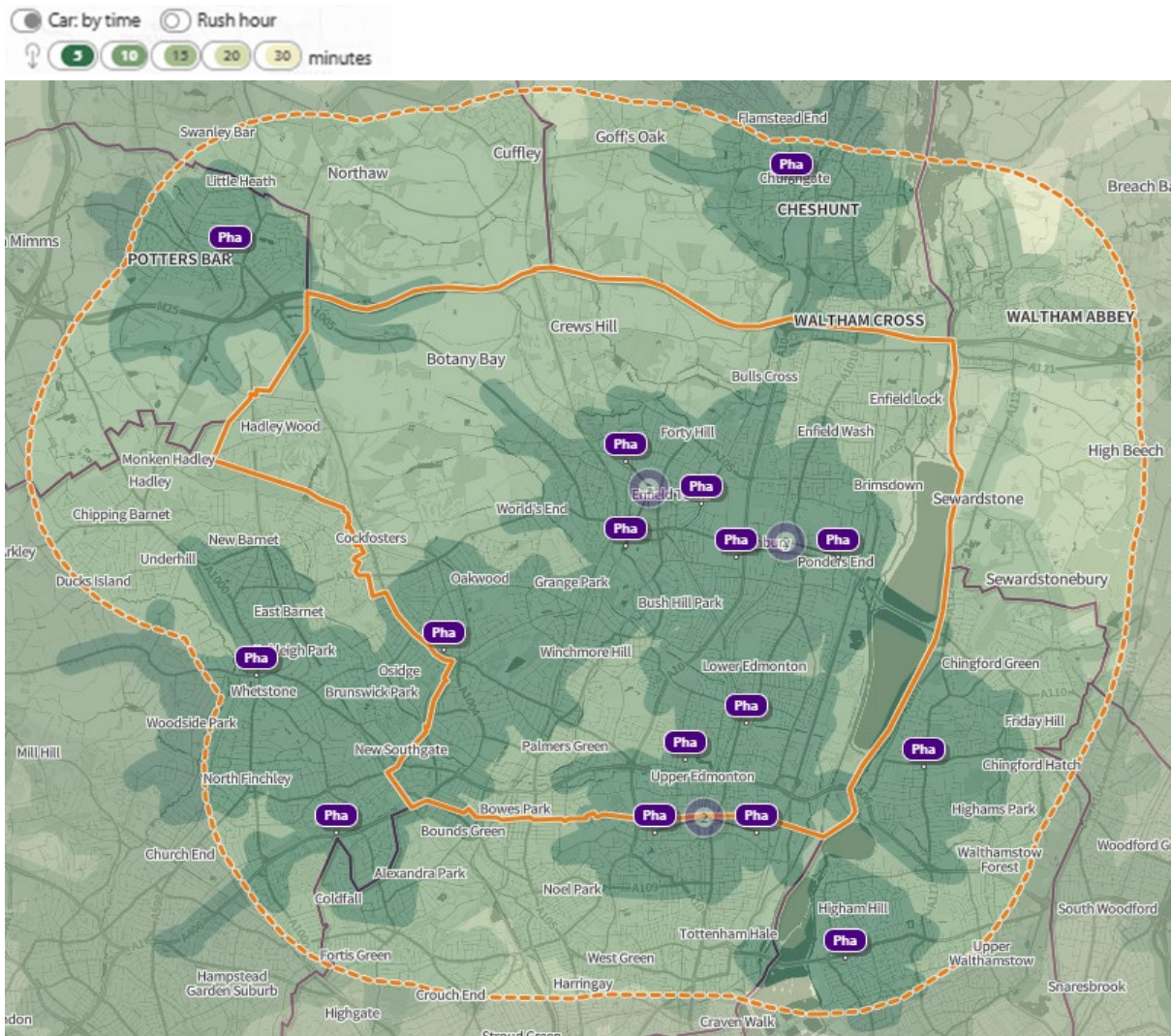


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Table 12: Travel time by public transport weekday evenings after 7pm

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	47,190	280,236	327,426	14.4%
10	152,100	175,326	327,426	46.5%
15	266,712	60,714	327,426	81.5%
20	325,534	1,892	327,426	99.4%
30	327,426	0	327,426	100.0%

Figure 56: Map showing travel time by car weekday evenings after 7pm Monday to Friday (with 3km buffer zone outside HWB boundary)



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

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	248,660	78,766	327,426	75.9%
10	327,426	0	327,426	100.0%
15	327,426	0	327,426	100.0%
20	327,426	0	327,426	100.0%
30	327,426	0	327,426	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 Enfield.

6.4.2 Weekend opening

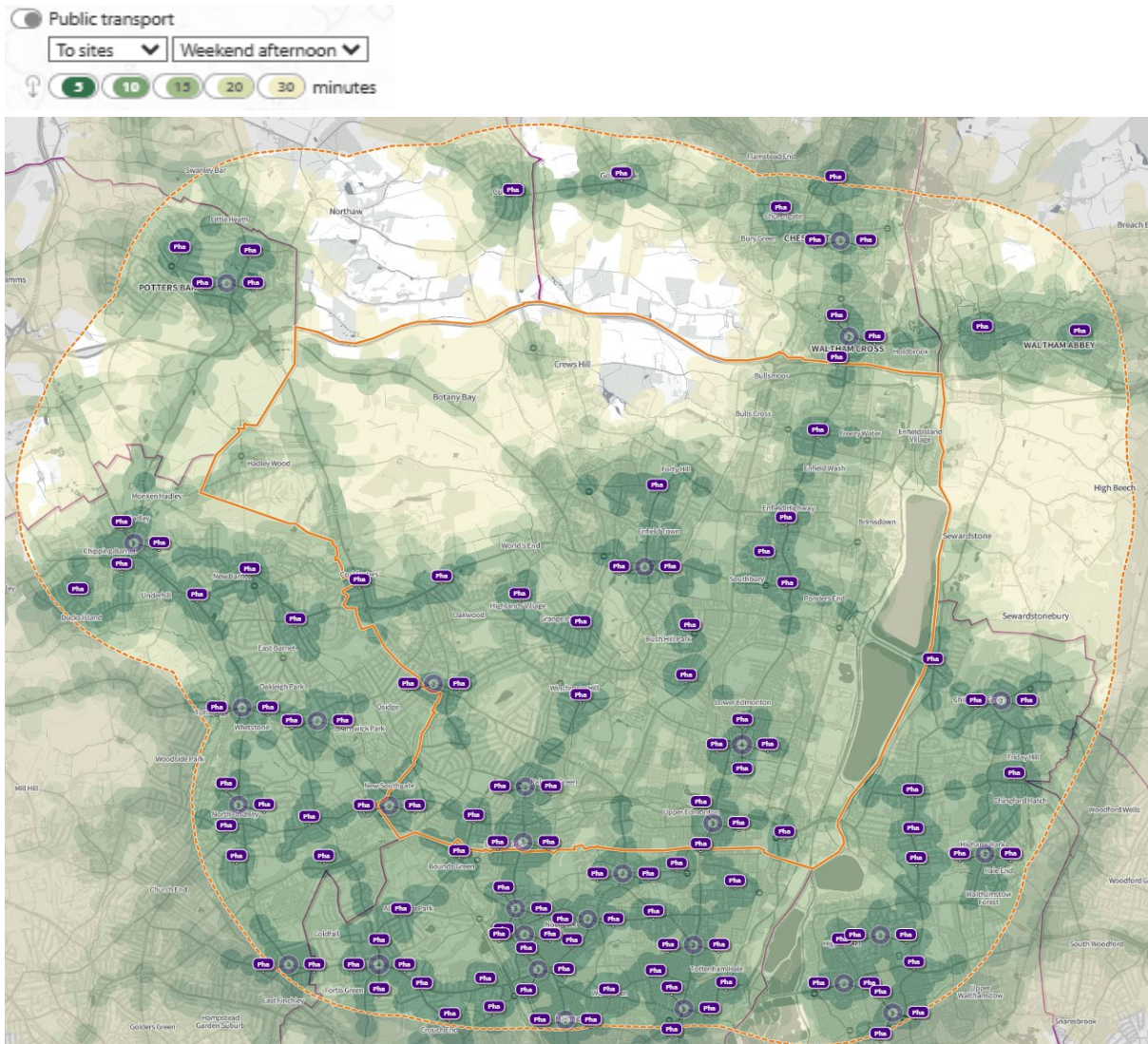
6.4.2.1 Saturday opening

In total, 45 pharmacies are open on Saturday mornings. This reduces to 30 pharmacies that remain open on Saturday afternoons after 1pm. 100% of the Enfield population are within a 30-minute travel time via public transport on Saturday afternoons (see figure 57), and within 5 minutes by private transport (see figure 58).

After 6pm, seven pharmacies remain open. After 7pm, this reduces to four pharmacies including the three pharmacies operating under 100-hour contracts. All residents are within a 10-minute journey-time by car to the nearest pharmacy (figure 59), and 99.4% are within a 30-minute journey-time by public transport (figure 60) after 7pm.

Access on Saturdays is considered adequate in all localities.

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

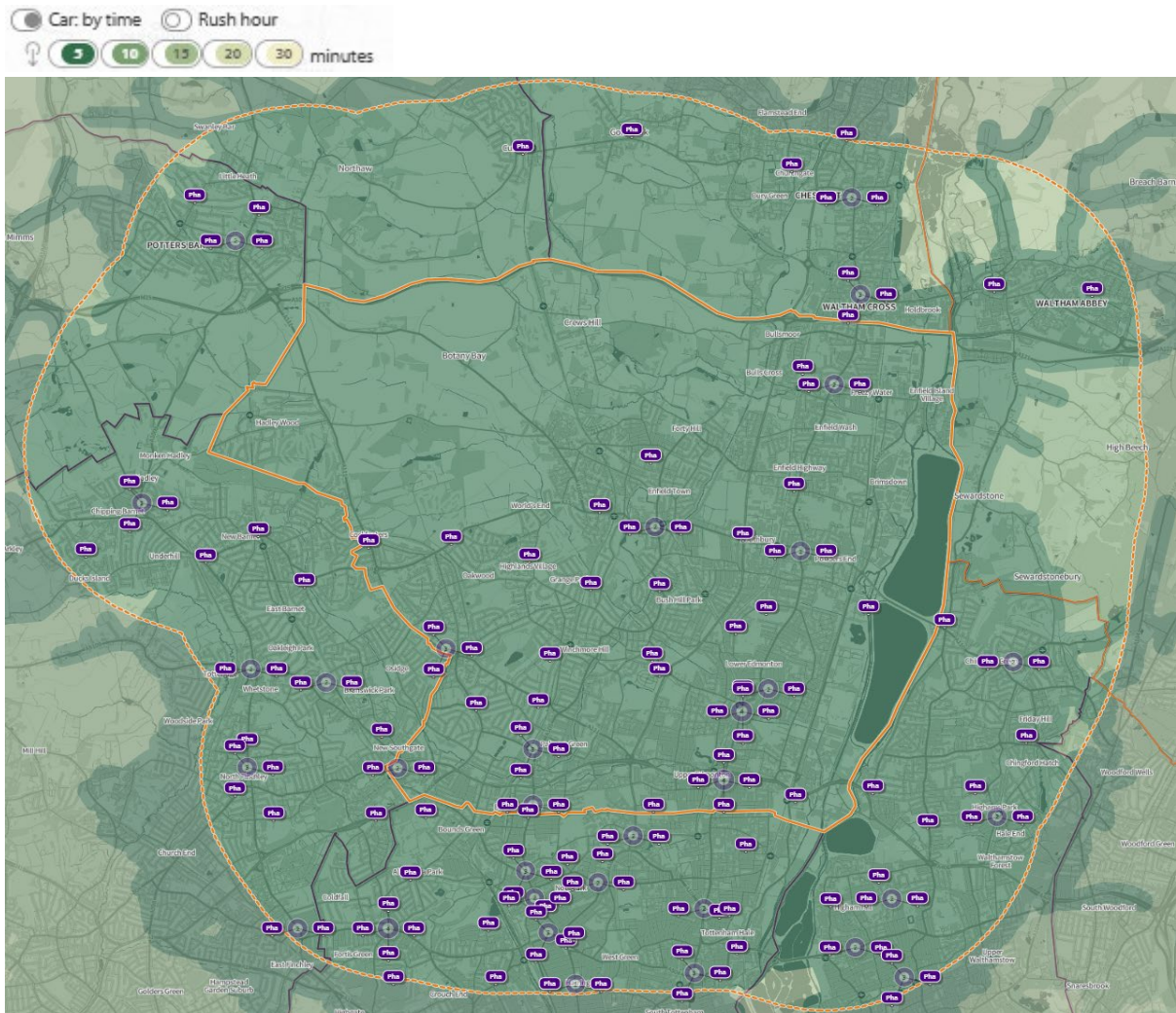


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Table 14: Travel time by public transport on Saturday afternoon

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	125,986	201,440	327,426	38.5%
10	300,775	26,651	327,426	91.9%
15	325,534	1,892	327,426	99.4%
20	325,534	1,892	327,426	99.4%
30	327,426	0	327,426	100.0%

Figure 58: Map showing travel time by car during Saturday daytime (with 3km buffer zone outside HWB boundary)

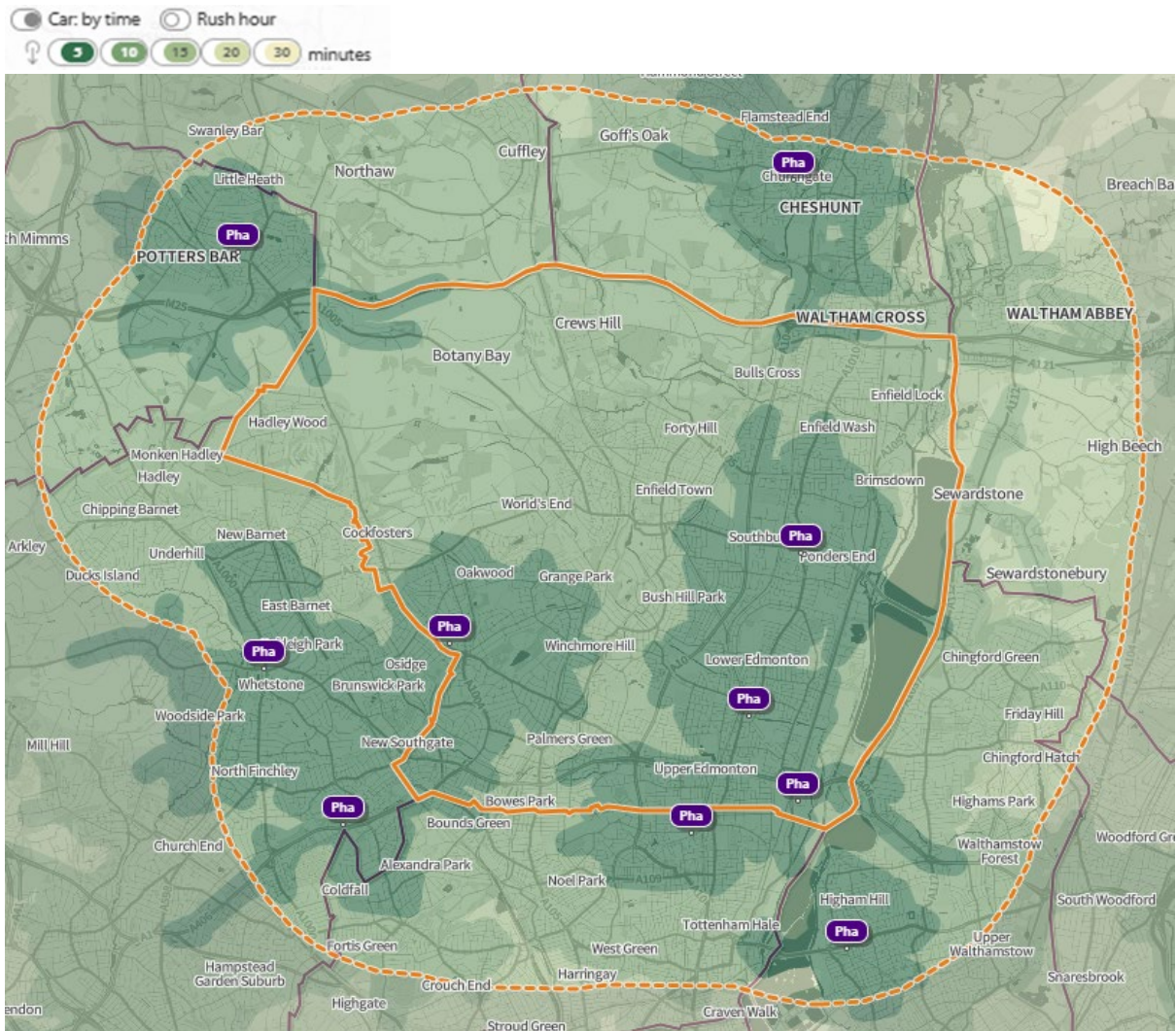


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Table 15: Travel time by car during Saturday daytime

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	327,426	0	327,426	100.0%
10	327,426	0	327,426	100.0%
15	327,426	0	327,426	100.0%
20	327,426	0	327,426	100.0%
30	327,426	0	327,426	100.0%

Figure 59: Map showing travel time by car on Saturday evening (with 3km buffer zone outside HWB boundary)

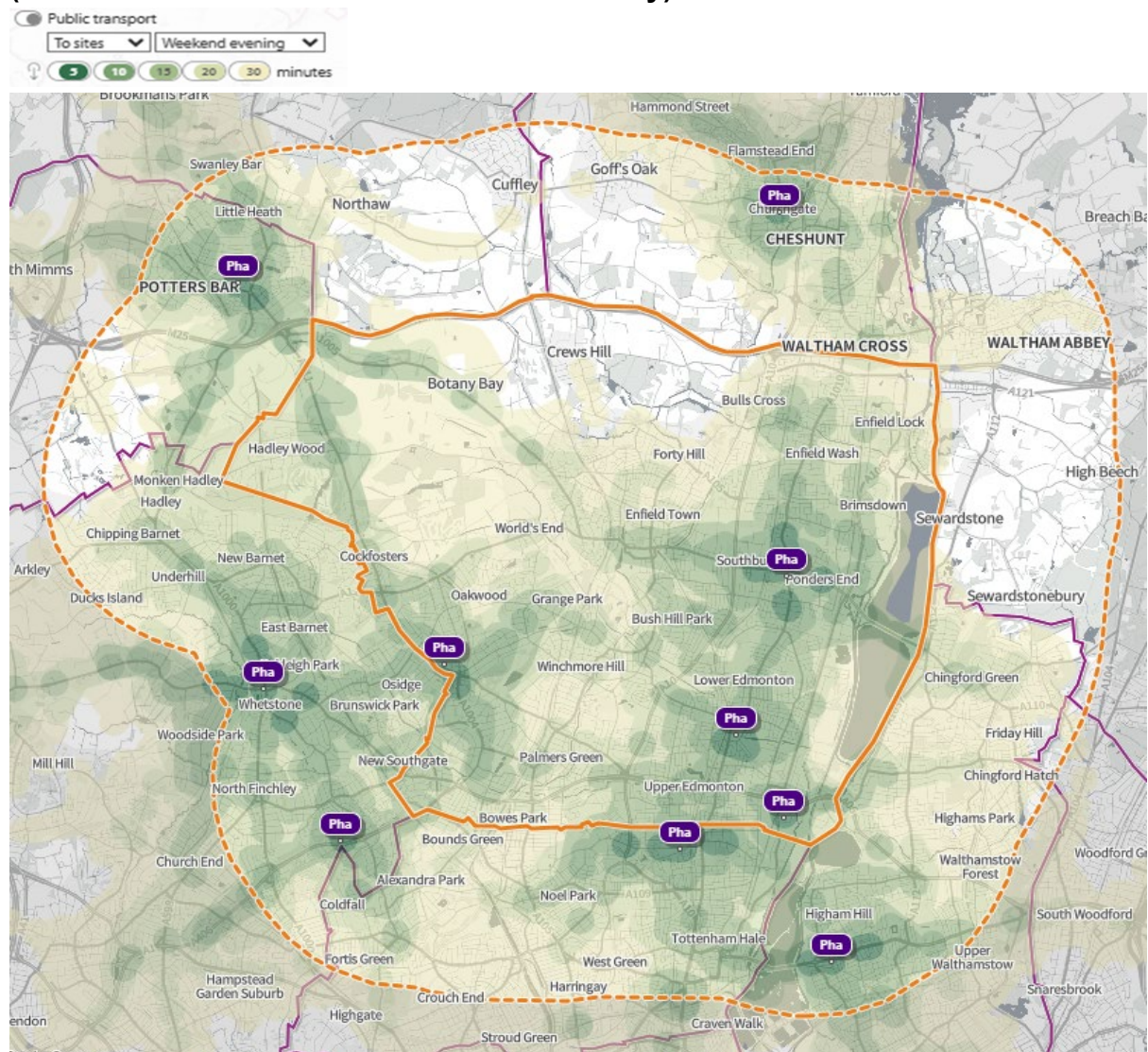


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Table 16: Travel time by car during Saturday evening

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	202,764	124,662	327,426	61.9%
10	327,426	0	327,426	100.0%
15	327,426	0	327,426	100.0%
20	327,426	0	327,426	100.0%
30	327,426	0	327,426	100.0%

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



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Table 17: Travel time by public transport on Saturday evening

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	16,294	311,132	327,426	5.0%
10	101,271	226,155	327,426	30.9%
15	210,572	116,854	327,426	64.3%
20	293,467	33,959	327,426	89.6%
30	325,534	1,892	327,426	99.4%

6.4.2.2 Sunday opening

In total, nine pharmacies in Enfield are open on Sundays.

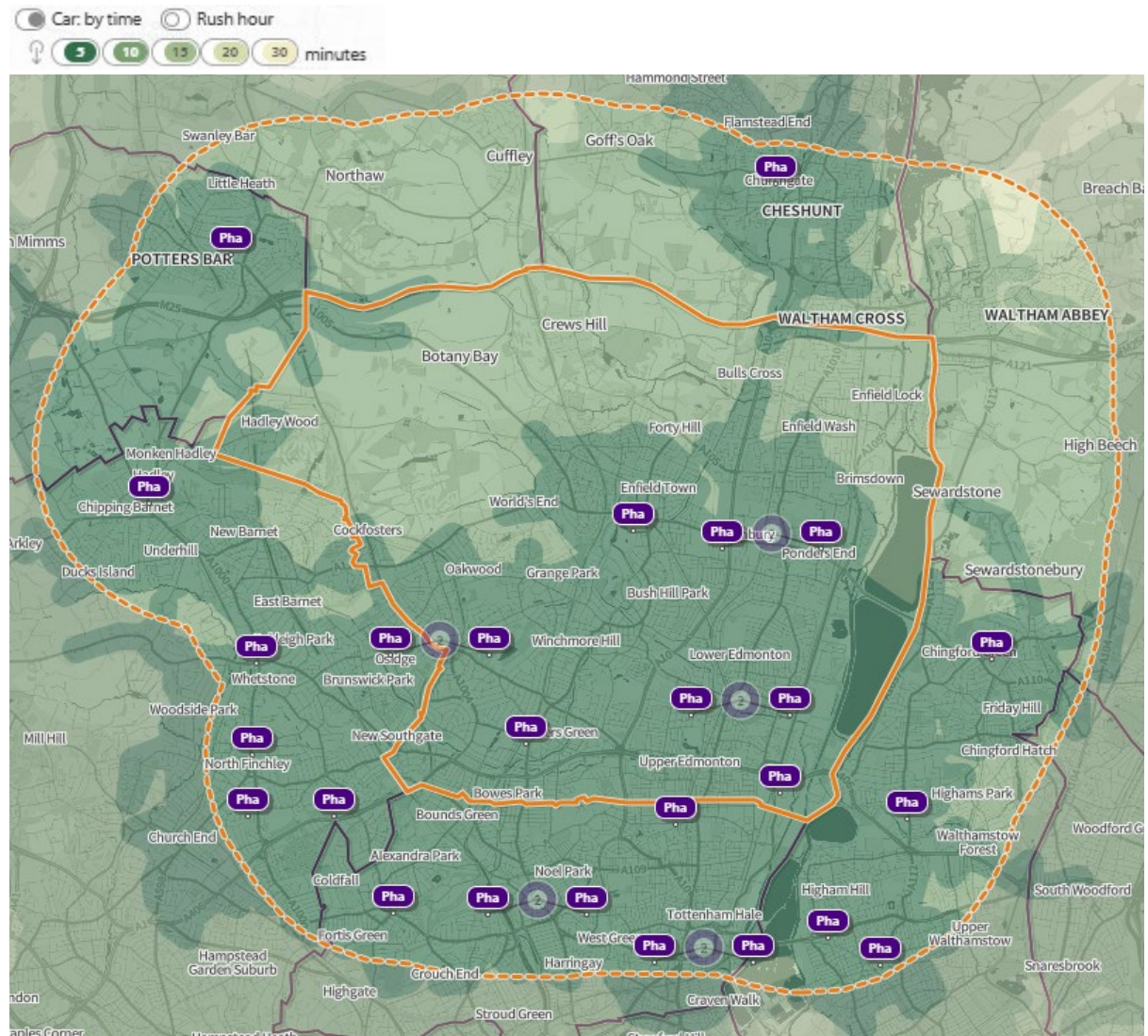
Figure 61 shows that on a Sunday, all residents across Enfield are within a 10-minute journey time to their nearest pharmacy by car and all are within a 30-minute public transport journey time (see figure 62).

Five pharmacies are open on Sundays until 5pm and none remain open later than this.

Access on Sundays is considered adequate in all localities.

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

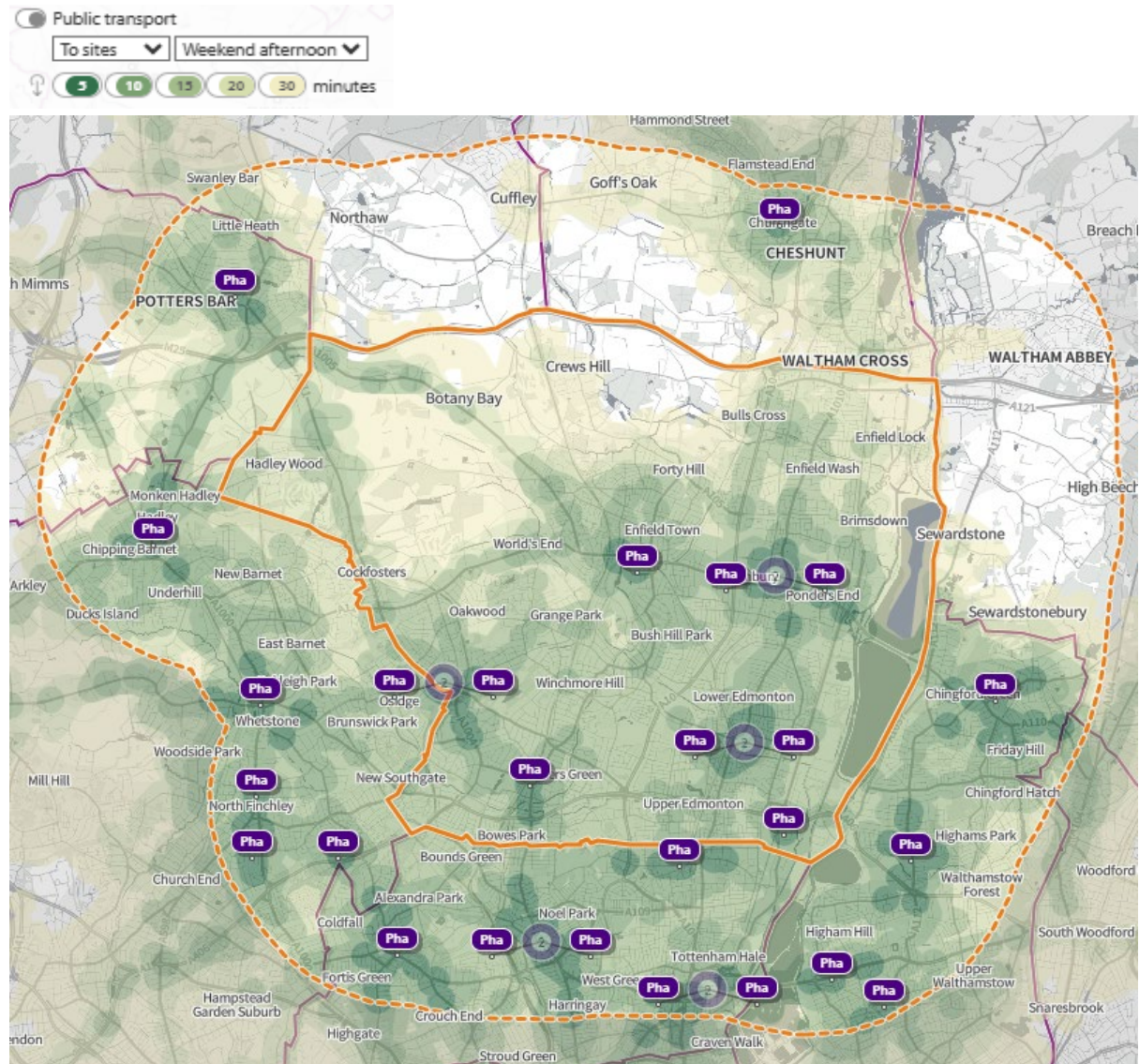


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Table 18: Travel time by car Sunday morning

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	285,875	41,551	327,426	87.3%
10	327,426	0	327,426	100.0%
15	327,426	0	327,426	100.0%
20	327,426	0	327,426	100.0%
30	327,426	0	327,426	100.0%

Figure 62: Map showing travel time by public transport Sunday afternoon (with 3km buffer zone outside HWB boundary)



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Table 19: Travel time by public transport Sunday afternoon

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	33,996	293,430	327,426	10.4%
10	167,075	160,351	327,426	51.0%
15	300,592	26,834	327,426	91.8%
20	321,690	5,736	327,426	98.2%
30	327,426	0	327,426	100.0%

Table 20 summarises the opening times of pharmacies in Enfield after 6pm weekdays and on Saturday and Sundays, broken down by locality.

Table 20: Number of pharmacies by opening time in each Enfield locality

Opening Times	Northeast	Northwest	Southeast	Southwest
After 6pm weekday	5	5	7	7
Saturday	8	5	15	17
Sunday	2	1	3	3

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

Enfield residents have access to two Urgent Treatment Centres (UTCs) located within the borough: one at Chase Farm Hospital and another at North Middlesex Hospital.

In addition, there are four more UTCs across North Central London that are available for Enfield residents. These are based at:

- Barnet Hospital
- University College London Hospital
- Royal Free Hospital
- Whittington Hospital

While there are currently no walk-in centres within Enfield itself, nearby options are available in neighbouring borough at:

- Finchley Memorial Hospital
- Edgware Community Hospital

Both walk-in centres operate daily from 8am to 8pm. Outside of these hours, adults with minor injuries or illnesses will be scheduled for an appointment at a UTC the following day. To access these services, residents can call NHS 111, with the final appointment bookings taken up until 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 Enfield 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.

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

6.4.5 Feedback from the public regarding pharmacy opening hours

Respondents in the public questionnaire indicated that:

- 80% accessed pharmacies in Enfield most often with 95% indicating that they had a regular or a preferred local community pharmacy. 87% respondents stated that convenient location was a factor in their choice of pharmacy.
- 54% respondents travel to their pharmacy on foot, 24% by taxi and 9% used public transport. 60% respondents stated it took them 10 minutes or less to travel to their pharmacy
- In the public questionnaire, 86% of respondents said that their local pharmacy had opening hours that were convenient for them with 79% indicating that weekdays between 8am and 5pm were the most convenient to visit the pharmacy, as well as 50% respondents identifying Saturday daytime and 44% weekday evenings (5pm to 8pm).

Further information regarding the public questionnaire is described in section 10.1.1 and Appendix 4.

6.5 Disability access

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

Common adjustments in community pharmacies include:

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

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

The requirements for the consultation room are that it is:

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

Information from the pharmacy contractors questionnaire indicated that 70% of the respondents (19 pharmacies) have consultation rooms with wheelchair access but that 8 (30%) do not at present.

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 from London Translations.

Information from the pharmacy and public questionnaires indicated that:

- A wide range of languages in addition to English were identified as being spoken by respondents to the public questionnaire with 91% of respondents indicating that English being their preferred language.
- Of the 25 pharmacies responding, in addition to English, 31 different languages were spoken with Gujarati, Turkish and Hindi being the most frequently mentioned.

Further detail regarding these responses is available in Appendix 3 and 4.

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⁽⁴⁵⁾.

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

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

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

There are no LPS pharmacies in Enfield.

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

7.1 Essential services

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

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

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

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

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

7.1.1 Digital solutions

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

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

7.2 Advanced services

In addition to the essential services, the NHS CPCF⁽¹⁶⁾ 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 ICB and the specification and payment agreed nationally.

Advanced services currently (2025) include:

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

Local information about whether a pharmacy is signed up to deliver an advanced service was unavailable for some services, and activity data from NHSBSA was used with the assumption that zero activity indicated the pharmacy was not signed up to deliver the service. It should also be noted that some pharmacies may be signed up to deliver the service but may not have actively delivered the service. Table 21 shows the number of pharmacies providing each of the advanced services, and further details of the pharmacies delivering these services is provided in Appendix 5.

Table 21: Number of community pharmacies providing advanced services, in Enfield

Pharmacy advanced service	Number of pharmacies providing this service
Appliance Use Review	0
Influenza Vaccination Service	47
Hypertension Case-Finding Service	52
Lateral Flow Device Tests Supply Service	30
New Medicines Service	54
Pharmacy Contraception Service	42
Pharmacy First Service	55
Smoking Cessation Service	19
Stoma Appliance Customisation service	0

Data Source: NCL ICB, NHSBSA Dispensing Contractors' Data⁽⁴⁶⁾

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. In Enfield, no pharmacy is signed up to this service.

11 (7%) of the pharmacies responding to the pharmacy questionnaire indicated that they provide the AUR service with 9 (32%) indicating that they intend to provide this service in the next 12 months.

7.2.2 Influenza vaccination service

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

Information from ICB indicated that 47 of the community pharmacies in Enfield provided the Influenza Vaccination service.

34% of people responding to the public questionnaire indicated that they had accessed vaccinations (e.g. influenza and covid19) via their pharmacy. This was also reflected in comments about services people use.

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.

This service was incorporated into the Pharmacy First advanced service from 1 April 2025.

Information from ICB indicated that 52 pharmacies were signed up to deliver the HCFS in Enfield.

Respondents to the public questionnaire noted that they use their pharmacy for their blood pressure monitoring.

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.

In April 2025, NHSE and DHSE confirmed that the LFD services would continue to be commissioned as an advanced service through 2025/26⁽⁷⁾.

Information from the ICB in indicated that 30 pharmacies were signed up to provide LFD in Enfield.

7.2.5 New medicine service (NMS)

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

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

Information from the ICB indicates that 54 community pharmacies were signed up to provide NMS in Enfield.

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)⁽⁴⁷⁾.

The objectives of the service⁽⁴⁸⁾ are to:

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

The service aims to provide:

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

The service involves community pharmacists providing:

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

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

The contractual settlement for 2025/26⁽⁷⁾ includes plans for further changes to PCS service specification including:

- Recognition of suitably trained pharmacists and competent pharmacy technicians will be able to provide the service, thereby utilising a greater skill mix and provision of service
- Expanding the list of products available via PGD
- From October 2025, expanding the service to include Emergency Contraception

Information from the ICB indicates that 42 community pharmacies were signed up to provide PCS in Enfield.

Note that Enfield Council also currently commissions the supply of emergency contraception and other sexual health services 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 31st January 2024 and replaces the Community Pharmacist Consultation Service (CPCS), involves pharmacists providing advice and NHS-funded treatment, where clinically appropriate, for seven common conditions (age restrictions apply): sinusitis, sore throat, acute otitis media, infected insect bites, impetigo, shingles, and uncomplicated UTI in women. Consultations for these seven clinical pathways can be provided to patients self-presenting to the pharmacy as well as those referred electronically by NHS 111, general practices and others.

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

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

55 pharmacies in Enfield are signed up to provide this service. Respondents to the pharmacy questionnaire indicated that 24 (86%) had often delivered the Pharmacy first service in the previous three months.

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.

19 pharmacies in Enfield are signed up to provide this service.

7.2.9 Stoma appliance customisation service (SAC)

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

As with the AUR service, this is typically undertaken by mail order appliance contractors. Currently no pharmacies in Enfield are signed up to provide the service

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 Enfield at the time of writing.

8 Enfield Locally Commissioned Services

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

In the Enfield area, pharmacy services are currently commissioned locally by the council's Public Health Team and North Central London ICB. Further details of which pharmacies are providing these services is provided in Appendix 5.

8.1 ICB locally commissioned services

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

ICB-commissioned enhanced services:

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

Other ICB-commissioned service:

- Bank Holiday Rota

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

The Pharmacy Palliative Care Medicines scheme aims to improve and ensure the availability of palliative care medicines in Enfield 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⁽⁴⁹⁾.

As of May 2023, 5 community pharmacies in Enfield are currently participating in this scheme and there are also participating pharmacies in neighbouring boroughs.

8.1.2 Self-care medicines scheme (SCMS)

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

As of February 2025, there are currently 24 community pharmacies in Enfield taking part in this scheme.

8.1.3 Bank holiday rota

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

8.2 Enfield Public Health commissioned services

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

- Supervised consumption
- Needle exchange
- Naloxone supply
- Emergency hormonal contraception
- Condom distribution

8.2.1 Drug and alcohol dependence services

8.2.1.1 Supervised consumption

Substances such as heroin, opium and morphine are known as 'opioids'. Many opioids are 'psychoactive', which means they affect the way the brain works and can

change a person's mood or behaviour. Opioid dependence is associated with a wide range of social and health problems, including a high risk of infection and mental health problems. It also presents a danger that a person could take a fatal overdose. Services are commissioned from community pharmacies to provide a dispensing and supervised consumption scheme for opioid substitutes (such as methadone or buprenorphine) for dependent drug users. To use the services, patients must have been assessed as requiring symptomatic treatment for drug related problems and have made the decision to reduce their illegal opioid use.

Substance misuse services prescribe an opioid substitute, tailoring the selected product and dose to the individual's needs. The service is therefore only available to patients who are being treated within the local integrated substance misuse and harm reduction service.

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

Data from Enfield's Public Health team indicates that 23 community pharmacies currently provide a supervised consumption service.

8.2.1.2 Needle exchange

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

The service is currently provided by 7 community pharmacies in Enfield.

The pharmacy questionnaire indicated that whilst five(18%) of respondents currently provide this service, a further 11 (39%) were willing to provide if this was commissioned.

8.2.1.3 Naloxone supply

Naloxone is a life-saving medication used to reverse an opioid overdose from drugs like heroin, methadone, and codeine. If someone is having an opioid overdose, this medication can buy extra time for the emergency services to arrive. Supply through community pharmacies improves accessibility both in terms of locations and opening

hours. Pharmacy teams can also offer advice and guidance on correct use of naloxone kits.

Four pharmacies across Enfield provide this service.

8.2.2 Sexual health service

Sexual and reproductive health is a vital aspect of public health. Enfield Council commissions the Sexual Health Services delivered under North Middlesex University Hospital NHS Trust now formally under the Royal Free Group. Access to appropriate sexual health services and interventions can significantly enhance the health and wellbeing of both individuals and the wider population.

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

8.2.2.1 Emergency hormonal contraception

In Enfield, EHC is available free of charge from a number of pharmacies who have agreed to provide this service. The supply of EHC (levonorgestrel) in pharmacies is made via local patient group direction (PGD) arrangements. The service is available for those who are up to the age of 24 years and free for those who are on benefits or entitled to free prescriptions.

In Enfield, there are 15 pharmacies signed up to deliver the free EHC service. Some of these pharmacies are open weekday evenings (to 7pm) and Saturdays although none of which are open on Sundays.

The pharmacy questionnaire indicated that whilst eight (29%) of respondents currently provide this service, a further 10 (36%) were willing to provide if this was commissioned.

8.2.2.2 Condom distribution service

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

Across Enfield, there are 14 pharmacies registered to provide this service

Table 22 below shows the number of pharmacies providing services commissioned by Enfield council, broken down into localities.

Table 22: Provision of local authority commissioned services in Enfield, by locality

	Supervised consumption	Needle exchange	Naloxone supply	EHC	Condom distribution
Northeast	4	1	1	3	4
Northwest	2	1	1	1	1
Southeast	8	2	1	5	5
Southwest	9	3	1	6	4
Enfield	23	7	4	15	14

Data Source: Enfield Public Health Team

8.3 Non-commissioned services

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

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

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

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

8.4 Collection and delivery service

The responses from the pharmacy contractor questionnaire, described in section 10.1.2 and Appendix 3, showed that 23 (82%) of respondents offer a prescription collection service and 20 (71%) of respondents provide a free prescription delivery service with a further 5(20%) pharmacies charging for deliveries.

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

8.5 Monitored dosage systems

Pharmacies are expected to make suitable arrangements or “reasonable adjustment” for patients who have disabilities which ensure that they can take their medicines as instructed by the doctor in line with the Equality Act 2010⁽¹⁹⁾. This will sometimes require the use of monitored dose systems (MDS) to help patients take complicated drug regimens. These are often seen as weekly or monthly cassettes with medication placed in boxes relating to the day and time of the day that the medicine is to be taken.

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

NICE guidance NG67⁽⁵⁰⁾ 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.

Responses to the pharmacy questionnaire indicated that 21(75%) of respondents current provided MDS without charge for eligible patients and 4(16%) charged for this service. Additional information provided indicated that provision of medicine in MDS may incur a charge in the future.

9 Current and Future Pharmacist Role

Enfield 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.

Enfield 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 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 Enfield 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 Enfield. It is also important that the people of Enfield are aware of and fully utilise the services available from their community pharmacies.

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

10. Engagement and Consultation

10.1 Stakeholder engagement

10.1.1 Overview of response to the public questionnaire

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

- 80% respondents accessed pharmacies in Enfield most often with 95% indicating that they had a regular or a preferred local community pharmacy
- 87% respondents stated that convenient location was a factor in their choice of pharmacy with only convenient opening times being the reason for 40% of respondents. 70% stated that helpful staff was a factor in their choice
- When asked to rate how well their community pharmacy meets their needs (on a scale of 1 -10), with 10 being extremely well), 85% respondents rated their pharmacy 8 or above. Themes to the reason for the responses given included: good service, friendly and helpful staff, good advice, confidential service, texts when medicines are ready for collection, liaison with the GP and offering a range of services. However, some respondents identified that they sometimes have to wait for prescriptions, that pharmacies may be busy or that the pharmacy opening times are not always convenient.
- 65% of respondents identified that they accessed their pharmacy at least once a month with 10% visiting at least once a week. 6 respondents identified that they had not used a community pharmacy in the last year because they had used an internet/online pharmacy instead.
- Regarding the importance of defined factors when choosing a pharmacy, 77% of respondents felt that availability of medication and 74% that the quality of services was extremely important. Convenience and accessibility were also rated as extremely important from 63% and 57% respondents respectively,
- 54% respondents travel to their pharmacy on foot, 24% by taxi and 9% used public transport. 60% respondents stated it took them 10 minutes or less to travel to their pharmacy
- Most (75%) respondents felt that the pharmacy was easy to get to on foot or using public transport but 41% identified that parking facilities for people with disabilities may be difficult.
- Most respondents (86%) were not aware whether the pharmacy had access to support people with sensory impairment (including sight, hearing, smell, touch, taste and spatial awareness although 11% indicated that their pharmacy did.
- In the public questionnaire, 86% of respondents said that their local pharmacy had opening hours that were convenient for them

- When asked about the most convenient time to visit a pharmacy, 79% respondents indicated weekdays between 8am and 5pm
- Meanwhile, 50% respondents also responded that Saturday daytime was most convenient to visit the pharmacy, and 44% found weekday evenings (5pm to 8pm) to be the most convenient.

Table 23 below summarises which services respondents use at their pharmacy.

Table 23: Questionnaire responses to services people use at their pharmacy

Option	Count	Percentage
Collect prescribed medicines and/or products	91	89%
Buy over the counter medicines	65	64%
Advice from your pharmacist e.g. including minor ailments and new medicines	64	63%
Dispose of unwanted medicine	36	35%
Disposal of used medical equipment e.g. needles / syringes	4	4%
Collect Covid-testing kits	6	6%
Access vaccinations e.g. Covid-19 or flu	35	34%
None	1	1%
Other (please specify)	6	6%

10.1.2 Overview of response to pharmaceutical service providers' survey

28 of 57 pharmacies responded to the survey, giving a response rate of 49%. None of the pharmacies responding were 100hour pharmacies. A full summary of the responses is available in Appendix 3

All pharmacies responding had private consultation room(s), and 19 (70%) of those responding had consultation room(s) with wheelchair access. Nine (32%) stated they had more than one consultation room available. 27 (96%) of respondents indicated that their consultation room was a closed room.

28 (96%) have access to hand-washing facilities within or close to the consultation area. 16 (57%) of those responding to the question stated they have toilet facilities available for customers.

In total, 31 languages are spoken by pharmacy staff in addition to English. The most commonly spoken were Gujarati (17 responses), Turkish (12 responses) and Hindi (9 responses).

19 (68%) of pharmacies responding dispense all types of appliances, 25% dispense dressings only. 4% do not dispense appliances.

Table 24 below summarises pharmacies responding to state whether they deliver or intend to deliver each advanced service.

24 (86%) of respondents identified that they had often delivered the Pharmacy First service in the last three months. In addition, 21 (75%) stated that they had often provided the Discharge Medicine Service (DMS), and only two (7%) stating that they haven't been requested to provide the DMS.

Table 24: Summary of pharmacies responding regarding provision of NHS advanced services

Advanced service (28 responses)	Yes	Intending to begin within next 12 months	No - not intending to provide
Pharmacy First	27 (96%)	0%	1 (4%)
Community Pharmacy Blood Pressure Check Service	24 (86%)	2(7%)	2(7%)
Pharmacy Contraception Service	21(75%)	6(21%)	1(4%)
Community Pharmacy Smoking Cessation Service	11(39%)	11(39%)	6(21%)
New Medicine Service	27(96%)	0%	1(4%)
Flu Vaccination Service	25(89%)	1(4%)	2(7%)
Appliance Use Review	2(7%)	9(32%)	17(61%)
Stoma Appliance Customisation	2(8%)	6(23%)	18(69%)
Lateral Flow Device (LFD) Service	22(81%)	2(7%)	3(11%)

Pharmacies were asked about which other commissioned services they currently provide or are willing to do so, the summary of which is described in Appendix 3.

Some of the services listed are currently being commissioned, either nationally, by the ICB or by the local authority such as emergency hormonal contraception, self-care medicine schemes, supervised administration and seasonal vaccination programmes and many of the pharmacies responding to the questionnaire were delivering these services.

As seen in the responses from pharmacies (Appendix 3), for the majority of services listed, pharmacies responding to the questionnaire demonstrated a willingness to deliver services where they were commissioned. The exception to this were regarding needle exchange and supervised consumption where 32% and 22% respondents respectively, were less willing or able to provide. Conversely, some respondents, 39% and 22% respectively, indicated that they would be willing to

provide these same services “if commissioned”. This suggests a possible lack of awareness of some of the locally commissioned services across providers.

In addition to current services, respondents indicated an interest and willingness to delivering further services if commissioned to do so.

When asked about provision of non-commissioned services, pharmacies responding for each service stated whether they provide or intend to provide as summarised in Appendix 3.

The majority (82%) of respondents collect prescriptions from GP practices with 89% delivering to selected patient groups. Some restrict delivery to specific areas or within a set distance and others deliver medicines when essential such as to housebound, elderly, or people with chronic illness, vulnerability or disability. Some provide this delivery free of charge (71%).

The majority of pharmacies responding would provide medicines dispensed into monitored dosage systems (MDS), some (75%) free of charge for "eligible" patients and others (16%) would incur a charge although it was noted that some may consider introducing charges in the future.

Respondents also identified other services that they could provide:

- More illnesses in Pharmacy First Scheme
- Ear wax removal (suggested as an NHS commissioned service)
- Travel vaccinations
- RSV (Respiratory Syncytial Virus) vaccination
- Semiglutide for weight loss
- Smoking cessation
- Rescue packs for COPD
- NHS Full Health check

10.2 Formal consultation

To be added following the consultation

11 Summary of Findings

There are 57 community pharmacies in Enfield, consisting of 54 standard contract (40 hour) pharmacies and three 100-hour contract pharmacies. Two of the 40-hour contracts are distance selling pharmacies.

Seven of the standard contract pharmacies deliver more than the 40-hours as part of their core contract, ranging between 42.5 and 51.5 hours per week. This is complemented by 25 pharmacies providing supplementary hours covering weekday evenings.

Residents of Enfield have adequate access to community pharmacies, with a slightly lower number of pharmacies per 100,000 population to the England average the exception to this is the Southeast locality which has slightly more than the England average. However, there is good provision of necessary services across Enfield as a whole.

11.1 Northeast locality

Necessary services: current provision

There are a significant number of pharmacies open beyond core hours to provide pharmaceutical services, including weekday evenings and Saturdays and two community pharmacy open on Sundays in the northeast locality.

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

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

11.2 Northwest locality

Necessary services – current provision

The southernmost area of northwest locality has good provision of pharmacies but is less in the northern part of the locality which is less populated (Botony Bay, Hadley Wood). However, the population within the northwest locality is within a 10-minute car drive or 15-minute public transport journey to a pharmacy during weekdays and slightly longer at weekends. It is noted that people may also choose to access pharmacies in neighbouring boroughs.

There are a reasonable number of pharmacies open in the northwest locality beyond core hours to provide pharmaceutical services, including weekday evenings, Saturdays and one open on Sundays.

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

11.3 Southeast locality

Necessary services – current provision

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

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

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

11.4 Southwest locality

Necessary services – current provision

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

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

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

11.5 Other findings

Whereas the majority of pharmacies provide additional supplementary hours to the 40 hours of their core contracted service delivery, some pharmacies are open for significantly longer. These pharmacies provide extended and out of hours cover for pharmaceutical services across Enfield, as they open on weekday evenings and both Saturdays and Sundays. In total, 45 pharmacies open on Saturdays across all localities.

Nine pharmacies across the three localities are open on Sundays.

Since the 2022 PNA, two pharmacies have closed in the Enfield HWB area, both of which were situated in the southwest locality. However, there continues to be adequate pharmacy provision across the area, and this does not require additional pharmacy provision.

A number of community pharmacies provide advanced services that seek to improve the safe and effective use of medicines. In particular, the Pharmacy First, Hypertension Case-Finding and New Medicines Services are well supported by the community pharmacies in Enfield, with the majority of pharmacies signed up to deliver these services. The contraception, LFD supply and influenza vaccination services are also provided by well over half of the community pharmacies.

Additionally, a range of locally commissioned services are currently being commissioned either totally or in part from community pharmacies. These are stocking of palliative care medicines and antimicrobial drugs, Self-Care Medicines Scheme, 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 Enfield 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 Enfield Health & Wellbeing Strategy and engagement work shows that people value the services provided by their local community pharmacy.

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

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

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

12 Statement of Pharmaceutical Needs Assessment

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

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

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

In addition:

- Community pharmacy services play an important role in supporting the services provided by GP practices and Primary Care Networks as reflected by the changes in the essential, advanced and locally commissioned services as described in this report.

- A number of pharmacies provide extended opening hours as supplementary hours which, if reduced could impact on access for the population of Enfield. Should this be the case, a detailed review of pharmaceutical provision would need to be undertaken to explore provision. Early involvement of Community Pharmacy Barnet, Enfield and Haringey and local community pharmacies in this process would allow for local solutions to be explored.
- A number of community pharmacies provide advanced services that seek to improve the safe and effective use of medicines. Almost all pharmacies provide some of these services, and we would wish to encourage all community pharmacies to make greater use of all advanced services, and 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 Enfield, although access and equity of provision could be improved for some services. It is recommended that the public health team should work with partners including the ICB and Community Pharmacy Barnet, Enfield and Haringey to explore this further and scope any further work necessary (for example in the needle exchange, supervised consumption of opiate substitutes, and the end of life services).
- With regard to locally commissioned services, the public health team should work with the ICB, Community Pharmacy Barnet, Enfield and Haringey, 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 Enfield 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.

Appendix 1 – PCNs, GP Practices and surgeries

Correct as of February 2025

Practice Name	Main/ Branch	Address Line 1	Post Code	PCN
MHP Forest Road PCC (Main MHP site)	Main	308A Hertford Road	N9 7HD	Enfield Unity
Medicus Health Partners - Alma Healthcare Centre	Branch	1 Woodall Road	EN3 4GS	Enfield Unity
Medicus Health Partners - Connaught	Branch	144 Hedge Lane	N13 5ST	Enfield Unity
Medicus Health Partners - Carlton House	Branch	28 Tenniswood Road	EN1 3LL	Enfield Unity
Medicus Health Partners - Hertford Road	Branch	413 Hertford Road	EN3 5PR	Enfield Unity
Medicus Health Partners - Lincoln Road	Branch	Lincoln Road	EN1 1LJ	Enfield Unity
Medicus Health Partners - Enfield Island	Branch	Island Centre Way	EN3 6GS	Enfield Unity
Medicus Health Partners - Willow House	Branch	285 Willow Road	EN1 3AZ	Enfield Unity
Medicus Health Partners - Freezywater	Branch	2b Aylands Road	EN3 6PN	Enfield Unity
Eagle House surgery	Main	291 High Street	EN3 4DN	Enfield Unity
Keats surgery	Main	290a Church Street	N9 9HJ	Edmonton
Cockfosters medical centre	Main	Burnaston	EN4 9NB	Enfield Unity
Woodberry Practice	Main	1 Woodberry Avenue	N21 3LE	Enfield South West
Ordnance Unity Centre for Health	Main	645 Hertford Road	EN3 6ND	Enfield Care Network
White Lodge Medical Practice	Main	105-109 Chase Side,	EN2 6NL	Enfield Care Network
Abernethy House Surgery	Main	70 Silver Street	EN1 3EP	West Enfield Collaborative
Southgate Surgery	Main	270 Chase Side	N14 4PR	Enfield Unity
Winchmore Hill Practice	Main	808 Green Lanes	N21 2SA	West Enfield Collaborative
Highlands Practice	Main	3 Florey Square	N21 1UJ	Enfield Unity

Practice Name	Main/ Branch	Address Line 1	Post Code	PCN
Rainbow Practice	Main	Evergreen PCC	N9 0TW	Enfield Care Network
Bounces Road surgery	Main	Forest Road PCC	N9 7HD	Enfield Unity
Nightingale House surgery	Main	1-3 Nightingale Road	N9 8AJ	Enfield Unity
Grovelands & Grenoble Medical Centre	Main	1 Grenoble Gardens	N13 6JE	Enfield Care Network
Branch of Grovelands & Grenoble Medical Centre	Branch	7 Natal Road	N11 2HU	Enfield Care Network
Branch of Grovelands & Grenoble Medical Centre	Branch	1 Grenoble Gardens	N13 6JE	Enfield Care Network
Bincote Road surgery	Main	11 Bincote Road	EN2 7RD	Enfield South West
East Enfield Medical Centre	Main	340 High Street	EN3 4DE	Enfield Care Network
North London Health Centre	Main	Broomfield Avenue	N13 4JJ	Enfield South West
Morecambe Surgery	Main	1 Morecambe Terrace	N18 1LA	Enfield South West
Latymer Road Surgery	Main	2a Latymer Road	N9 9PU	Edmonton
Edmonton medical centre	Main	234 Fore Street	N18 2LY	Edmonton
Boundary House	Main	Forest Road PCC	N9 7HD	Enfield Care Network
The Town Surgery	Main	37 Cecil Road	EN2 6TJ	West Enfield Collaborative
Chalfont Surgery	Main	1 Smythe Close	N9 0TW	Enfield Care Network
Oakwood Medical Centre	Main	Malcolms Way	N14 4AQ	Enfield Unity
Arnos Grove Medical Centre	Main	269 Bowes Road	N11 1BD	Enfield South West
Gillan House Surgery	Main	457 Green Lanes	N13 4BS	Enfield South West
Angel surgery	Main	Silverpoint, 88-90 Fore Street	N18 2FF	Edmonton
Green Cedars Medical Centre	Main	93-95 Silver Street	N18 1RP	Enfield Unity
Evergreen Primary Care centre	Main	1 Smythe Close	N9 0TW	Enfield Care Network

Appendix 2 – Membership of Steering Committee

- Andy Reay, Senior Strategic Lead Pharmacist, North of England Care Support Unit **(Chair)**
- Donna Bradbury, Transformation and Delivery Manager, North of England Care Support Unit
- Dan Sanderson, Principal Information Analyst, North of England Care Support Unit
- Glenn Stewart, Assistant Director of Public Health, Enfield Council
- Gayan Perea, Public Health Intelligence Manager, Enfield Council
- Gerald Alexander, Chair, Middlesex LPCs
- Michael Levitan, CEO, Middlesex LPCs
- Kristina Petrou, Head of Medicines Strategy and Programmes, NCL IBC
- Isaac Quarm, Senior Prescribing Advisor, NCL IBC
- Michelle Malwah, Manager, Healthwatch Enfield

Appendix 3 - Survey of Pharmaceutical Contractors

Summary of Enfield pharmacy contractor questionnaire

Community pharmacy services in Enfield were invited to complete the questionnaire between 5 March and 16 April 2025.

Total responses received – 28

Response rate – 49%

Premises (Q1-5): 28 responses.

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	28	100%

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

Option	Count	Percentage
Yes	27	100%
No	0	0%

8. Contact details – Answered - 28 skipped – 0

9. Languages spoken in the pharmacy (in addition to English) – 25 responses

- Gujarati: 17 mentions
- Turkish: 12 mentions
- Hindi: 9 mentions
- Albanian: 5 mentions
- Bengali: 5 mentions
- Arabic: 4 mentions
- Greek: 4 mentions
- Italian: 3 mentions
- Polish: 3 mentions
- Urdu: 3 mentions
- Kurdish: 2 mentions
- Somali: 2 mentions
- Swedish: 2 mentions
- Bulgarian: 1 mention
- Chinese: 1 mention
- Czech: 1 mention
- Ethiopian: 1 mention
- French: 1 mention
- Green: 1 mention
- Indian: 1 mention
- Romanian: 1 mention
- Pakistani: 1 mention
- Portuguese: 1 mention
- Punjabi: 1 mention
- Romanian: 1 mention
- Saraiki: 1 mention
- Sindhi: 1 mention
- Slovakian: 1 mention
- Swahili: 1 mention
- Twi: 1 mention

- Ukrainian: 1 mention

The languages most frequently mentioned are, Gujarati, Turkish and Hindi

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 (27 responses)
Yes- including wheelchair access	19	70%
Yes- without wheelchair access	8	30%
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?

9 (32%) respondents indicated:

- 8 respondents had 2 consultation rooms available
- 1 respondent had 4 consultation rooms available

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

Option	Count	Percentage (28 responses)
Yes, please specify how many	27	96%
No	1	4%

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

Option	Count	Percentage (28 responses)
Yes, in the consultation area	22	79%
Yes, close to the consultation area	5	18%
None	1	4%

18. Do patients attending consultations have access to toilet facilities?

Option	Count	Percentage (28 responses)
Yes	16	57%
No	12	43%

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

Option	Count	Percentage (28 responses)
Yes- all types	19	68%
Yes- excluding stoma appliances	1	4%
Yes- excluding incontinence appliances	0	0%
Yes- excluding stoma and incontinence appliances	0	0%
Yes- just dressings	7	25%
None	1	4%
Other, please specify	0	0%

21. Does the pharmacy provide the following advanced services?

Advanced service (28 responses)	Yes	Intending to begin within next 12 months	No - not intending to provide
Pharmacy First (28 responses)	27 (96%)	0%	1 (4%)
Community Pharmacy Blood Pressure Check Service (28 responses)	24 (86%)	2(7%)	2(7%)
Pharmacy Contraception Service (28 responses)	21(75%)	6(21%)	1(4%)
Community Pharmacy Smoking Cessation Service (28 responses)	11(39%)	11(39%)	6(21%)
New Medicine Service (28 responses)	27(96%)	0%	1(4%)
Influenza Vaccination Service (28 responses)	25(89%)	1(4%)	2(7%)
Appliance Use Review (28 responses)	2(7%)	9(32%)	17(61%)
Stoma Appliance Customisation (26 responses)	2(8%)	6(23%)	18(69%)
Lateral Flow Device (LFD) Service (27 responses)	22(81%)	2(7%)	3(11%)

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

Option	Count	Percentage (28 responses)
Yes- often	24	86%
Yes- occasionally	3	11%
Yes- rarely	0	0%
No	1	4%

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

Option	Count	Percentage (28 responses)
Yes- often	21	75%
Yes- rarely	5	18%
No	2	7%

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 (27 responses)	0	0	1(4%)	21(78%)	4(15%)	1(4%)
Anti-viral Distribution Service (28 responses)	0	0	0	24(86%)	3(11%)	1(4%)
Chlamydia Testing Service (27 responses)	0	0	1(4%)	21(78%)	3(11%)	2(7%)
Chlamydia Treatment Service (27 responses)	0	0	1(4%)	20(74%)	4(15%)	2(7%)
Emergency Contraception Service (28 responses)	8(29%)	0	8(29%)	10(36%)	1(4%)	1(4%)
Home Delivery Service (not appliances) (28 responses)	2(7%)	0	1(4%)	19(68%)	1(4%)	5(18%)
Medicines Assessment and Compliance Support Service (28 responses)	2(7%)	0	2(7%)	22(79%)	2(7%)	0
Minor Ailment Scheme (27 responses)	4(15%)	2(7%)	1(4%)	18(67%)	1(4%)	1(4%)
Self-care medicines scheme (28 responses)	6(21%)	4(14%)	2(7%)	14(50%)	1(4%)	1(4%)
Supervised Administration Service (27 responses)	10(37%)	0	5(19%)	6(22%)	6(22%)	0
Needle and syringe exchange service (28 responses)	5(18%)	0	3(11%)	11(39%)	9(32%)	0
Not dispensed scheme (26 responses)	2(8%)	0	0	16(62%)	7(27%)	1(4%)

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
Out of Hours Services (28 responses)	0		0	16(57%)	12(43%)	0
Phlebotomy Service (27 responses)	0	0	0	21(78%)	6(22%)	0
Seasonal Influenza Vaccination Service (28 responses)	25(89%)	0	0	1(4%)	2(7%)	0
Stop Smoking Service (28 responses)	8(29%)	0	0	15(54%)	3(11%)	2(7%)
Vascular Risk Assessment Service (27 responses)	0	0	0	22(81%)	4(15%)	1(4%)
Asthma Medicines Management Service (27 responses)	1(4%)	0	0	23(85%)	3(11%)	0
Screening Service: Gonorrhoea (28 responses)	0	0	0	23(82%)	3(11%)	2(7%)
Screening Service: H. pylori (27 responses)	0	0	0	24(89%)	3(11%)	
Screening Service: Hepatitis (27 responses)	0	0	0	21(78%)	6(22%)	0
Screening Service: HIV (27 responses)	0	0	0	22(81%)	5(19%)	0
Screening Service: Other (19 responses)	0	0	0	14(74%)	3(16%)	2(11%)
Childhood vaccinations (27 responses)	0	0	0	21(78%)	5(19%)	1(4%)
COVID-19 vaccinations (27 responses)	14(52%)	1(4%)	0	9(33%)	3(11%)	0
Hepatitis (at risk workers or patients) vaccinations (28 responses)	0	0	0	23(82%)	3(11%)	2(7%)

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
HPV vaccinations (28 responses)	0	0	0	22(79%)	4(14%)	2(7%)
Meningococcal vaccinations (27 responses)	0	0	0	20(74%)	4(15%)	3(11%)
Pneumococcal vaccinations (27 responses)	1(4%)	1(4%)	0	20(74%)	4(15%)	1(4%)
Travel vaccinations (28 responses)		0%	1(4%)	18(64%)	2(7%)	7(25%)
Other vaccinations (27 responses)	0	0	0	15(79%)	3(16%)	1(5%)

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 (28 responses)	23(82%)	2(7%)	3(11%)
Delivery of dispensed medicines – Selected patient groups (28 responses)	25(89%)	1(4%)	2(7%)
Delivery of dispensed medicines – Selected areas (27 responses)	23(85%)	0	4(15%)
Delivery of dispensed medicines – Free of charge on request (28 responses)	20(71%)	2(7%)	6(21%)
Delivery of dispensed medicines – With charge (25 responses)	5(20%)	11(44%)	9(36%)
Monitored Dosage Systems – Free of charge on request (28 responses)	21(75%)	0	7(25%)
Monitored Dosage Systems – with charge (25 responses)	4(16%)	11(44%)	10(40%)

Criteria for free delivery of dispensed medicines:

- Some pharmacies provide MDS free to eligible patients but it was noted that this may need to incur charges in the future
- Some restrict delivery to specific areas (e.g. Edmonton and Enfield or Enfield and adjacent boroughs if within a 40minute drive or a 5 or 10 mile radius of the pharmacy)
- Delivery of medicines when essential such as to housebound, elderly, Chronic illness or disability, vulnerable people

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

Option	Count	Percentage (26 responses)
Yes- often	7	35%
No	20	65%

Services mentioned were:

- More illnesses in Pharmacy First Scheme
- Ear wax removal (suggested as an NHS commissioned service)
- Travel vaccinations
- RSV (Respiratory Syncytial Virus) vaccination
- Semiglutide for weight loss
- Smoking cessation
- Rescue packs for COPD
- NHS Full Health check

Appendix 4 - Community Engagement Questionnaire Results

In total, 102 responses to the questionnaire were received.

Do you use pharmacies?

Option	Count	Percentage
Yes	102	100%
No	0	0%

Where is the pharmacy that you use most often based?

Option	Count (102 responses)	Percentage
Pharmacy in Enfield	82	80%
Pharmacy in surrounding area	18	18%
Online pharmacy only	2	2%

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

Option	Count (102 responses)	Percentage
Yes	97	95%
No	3	3%
Prefer internet / Online pharmacy	0	0%
I use combination (online/traditional)	2	2%

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

Option	Count (102 responses)	Percentage
Convenient opening hours	41	40%
Convenient location	89	87%
Helpful staff	71	70%
Services offered	49	48%
Other (please specify)	3	3%

Other responses included:

- My prescription is sent there
- Adjacent to my nearest GP
- They have other products I may want to pick up as well as collecting my medicine

On a scale of 1 to 10, how well does your local community pharmacy meet your needs? (1= not at all 10=extremely well)

Option	Count (100 responses)	Percentage
1	2	2%
2	1	1%
3	1	1%
4	1	1%
5	1	1%
6	1	1%
7	8	8%
8	17	17%
9	15	15%
10	53	53%

Themes to the reason for the responses given included: good service, friendly and helpful staff, good advice, confidential service, texts when medicines are ready for collection, liaison with the GP and offering a range of services. Some respondents identified that they sometimes have to wait for prescriptions, that pharmacies may be busy or that the pharmacy opening times are not always convenient.

Which services do you use at a pharmacy?

Option	Count (102 responses)	Percentage
Collect prescribed medicines and/or products	91	89%
Buy over the counter medicines	65	64%
Advice from your pharmacist e.g. including minor ailments and new medicines	64	63%
Dispose of unwanted medicine	36	35%
Disposal of used medical equipment e.g. needles / syringes	4	4%
Collect Covid-testing kits	6	6%
Access vaccinations e.g. Covid-19 or flu	35	34%
None	1	1%
Other (please specify)	6	6%

Additional services that people also mentioned included; home delivery, one mentioned over blood pressure checks, travel vaccinations and purchasing other products such as vitamins.

How often do you use your pharmacy?

Option	Count (102 responses)	Percentage
At least once per week	10	10%
At least once per month	66	65%
At least once every 3 months	20	20%
At least once every 6 months	4	4%
At least once a year	2	2%
Less than once a year	0	0%

How important are the following factors when choosing a pharmacy?

Option (102 responses)	Extremely Important	Very Important	Moderately Important	Fairly Important	Not important
Quality of service	75 (74%)	24 (24%)	1 (1%)	2 (2%)	0 (0%)
Convenience	62 (63%)	34 (33%)	6 (6%)	0 (0%)	0 (0%)
Accessibility	58 (57%)	21 (21%)	20 (20%)	2 (2%)	1 (1%)
Availability of Medication	79 (77%)	21 (21%)	2 (2%)	0 (0%)	0 (0%)

If you have not visited a community pharmacy in the last year, is there a reason for this?

Option	Count (25 responses)	Percentage
I have used internet/online pharmacy	6	24%
Someone has done it on my behalf	8	32%
I have had no requirement to use pharmacy services during this period	1	4%
Other	10	40%

Other responses included that everything is delivered so no need to visit the pharmacy or identifying that they do use pharmacy services.

How do you normally travel to the pharmacy? (select the most common option you use)

Option	Count (102 responses)	Percentage
Car or taxi	24	24%
On foot	55	54%
Public transport	9	9%

N/A as medicines are delivered or collected by someone else	10	10%
other	4	4%

Other means of travel included the use of mobility scooter, electric wheelchair and a mix of care and bike.

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

Option	Count (98 responses)	Percentage
0-5 minutes	23	23%
6-10 minutes	36	37%
11-15 minutes	30	31%
16-20 minutes	5	5%
More than 20 minutes	4	4%

Thinking about the same pharmacy, is it easy or difficult to get there by car or taxi?

Option	Count (89 responses)	Percentage
Easy	72	81%
Difficult	11	12%
Don't know or N/A	6	7%

Thinking about the same pharmacy, is it easy or difficult to get there or access by the following options?

Option	Easy	Difficult	Don't know
On foot (97 responses)	73 (75%)	19 (20%)	5 (5%)
Public transport (90 responses)	67 (74%)	9 (10%)	14 (16%)
Wheelchair access (102 responses)	68 (67%)	5 (5%)	29 (28%)
Parking facilities for people with disabilities (100 responses)	46 (46%)	41 (41%)	13 (13%)

Does your pharmacy have access for disabled people regarding help for sensory impairment? Sensory impairment is a condition that makes it difficult for a person to use one or more of their senses (including sight, hearing, smell, touch, taste, and spatial awareness)

Option	Count (99 responses)	Percentage
Yes	11	11%
No	3	3%
Don't know	85	86%

Other disabilities that respondents identified as not being listed which may make it more difficult for people to access pharmacies included walking problems due to Parkinsons Disease, ability to walk and lack of toilet facilities, difficult with walking up stairs.

Does your usual pharmacy have language/interpretation facilities?

Option	Count (99 responses)	Percentage
Yes	10	10%
No	5	5%
Don't know	86	85%

Is there another pharmacy closer/more convenient which you don't use?

Option	Count (101 responses)	Percentage
Yes	52	51%
No	49	49%

Those respondents that indicated that they have a pharmacy that is closer or more convenient that they don't use explained that this was because have stayed with the same pharmacy over time and that they knew and trust their services or that the pharmacy is near their GP.

Some people indicated that their local pharmacy is not always helpful or approachable, that they had problems with repeat prescriptions, medicines were not always available or due to number of mistakes. Others indicated that the, more choice of products and that some prefer to support independent providers and that the opening hours suited them better.

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

Option	Count (101 responses)	Percentage
Weekdays (8am – 5pm)	80	79%
Weekday evenings (5pm to 8pm)	44	44%
Weekdays overnight (8pm to 8am)	9	9%
Saturdays (8am – 5pm)	51	50%
Saturdays (5pm to 5pm)	17	17%
Saturdays (8pm to 8am)	14	14%
Sundays (8am – 5pm)	24	24%
Sundays (5pm to 8pm)	10	10%
Sundays (8pm to 8am)	12	12%

Does your local pharmacy have convenient opening hours for you?

Option	Count (101 responses)	Percentage
Yes	87	86%
No	14	14%

Respondents that indicated that the opening times were not convenient described that difficulties with evening and weekend opening and having to walk or travel further at these times.

About the people who completed this questionnaire:

The majority of people who completed the questionnaire were willing to share information about themselves.

What is your sex?

Option	Count (95 responses)	Percentage
Male	34	36%
Female	60	63%
I use another term	0	0%
Prefer not to say	1	1%

Is the gender you identify with the same as your sex registered at birth?

Option	Count (94 responses)	Percentage
Yes	93	99%
No	0	0%
Prefer not to say	1	1%

What is your age?

Option	Count (94 responses)	Percentage
Under 16	0	0%
16-24	1	1%
25-34	0	0%
35-44	2	2%
45-54	17	18%
55-64	24	26%
65-74	28	30%
75-84	15	16%
85 and over	4	4%
Prefer not to say	3	3%

What is your national identity?

Option*	Count (94 responses)	Percentage
British	41	44%
Cypriot	2	2%
English	34	36%
French	1	1%
Irish	1	1%
Italian	2	2%
Jamaican	1	1%
Polish	1	1%
Spanish	1	1%
Turkish	1	1%
Any other national identify. Please specify.	3	3%
Prefer not to say	6	6%

*Options scoring zero removed from results table

Other national identities identified: Mauritius, Nordic Finnish and "various".

What is your ethnic group?

Option*	Count (92 responses)	Percentage
Bangladeshi	1	1%
Indian	2	2%
African	2	2%
Caribbean	4	4%
Any other Black, Black British, Caribbean or African background (please specify)	2	2%
White and Asian	1	1%
White and Black Caribbean	2	2%
Any other Mixed or Multiple Background (please specify)	1	1%
English/Welsh/Scottish/Northern Irish/British	57	62%
Irish	2	2%
Any other White background (please specify)	8	9%
Kurdish	1	1%
Any other ethnic group (please specify)	3	3%
Prefer not to say	6	7%

*Options scoring zero removed from results table

Other ethnic groups identified: Cypriot, Italian, Polish, Anglo Italian, Nordic, Spanish/Greek, European, Greek Cypriot and Spanish.

Which describes your preferred language?

Option*	Count (94 responses)	Percentage
Bengali	1	1%
English	86	91%
Gujarati	1	1%
Italian	1	1%
Other – please specify	3	3%
Prefer not to say	2	2%

*Options scoring zero removed from results table

Other language identified: Mauritian Creole

What is your religion?

Option	Count (94 responses)	Percentage
No religion	19	20%
Buddhist	1	1%
Christian	62	66%
Hindu	1	1%
Jewish	1	1%
Muslim	2	2%
Sikh	0	0%
Other	2	2%
Prefer not to say	6	6%

Other religions identified: Jain and Pagan.

Which of the following describes your sexual orientation?

Option	Count (94 responses)	Percentage
Bisexual	3	3%
Gay/Lesbian	5	5%
Heterosexual/straight	82	87%
Other	0	0%
Prefer not to say	4	4%

Do you have any physical or mental health conditions or illnesses lasting or expecting to last 12 months or more?

Option	Count (94 responses)	Percentage
Yes	48	51%
No	38	40%
Prefer not to say	8	9%

Do any of your conditions or illnesses reduce your ability to carry out day-today activities?

Option	Yes, a lot	Yes, a little	Not at all
Sensory conditions e.g. sight and hearing loss (84 responses)	9 (11%)	13 (15%)	63 (74%)
Mental health conditions or illnesses e.g. anxiety, depression and eating disorders (83 responses)	9 (11%)	12 (14%)	62 (75%)
Developmental conditions e.g. Autism Spectrum Disorder (ASD), which includes Asperger syndrome, and Attention Deficit Hyperactivity Disorder (ADHD) (83 responses)	1 (1%)	3 (4%)	79 (95%)
Genetic conditions e.g. Down's syndrome and cystic fibrosis (82 responses)	0(0%)	0(0%)	82 (100%)
Learning impairments e.g. dyslexia and processing issues (80 responses)	0(0%)	5(6%)	75 (94%)
Respiratory conditions e.g. asthma (83 responses)	12 (14%)	18(22%)	53 (64%)
Digestive conditions e.g. irritable bowel syndrome (IBS) and Crohn's disease (82 responses)	8(10%)	15(18%)	59(72%)
Seasonal conditions that recur or are expected to recur in the future, e.g. hay fever (84 responses)	11 (13%)	22(26%)	51(61%)
Sickle Cell or Thalassaemia (79 responses)	1 (1%)	2(3%)	76 (96%)

Southeast locality

Pharmacy Name	ODS number	Pharmacy Type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hours	PhAS	NHSE Advanced										ICB			LA				
										NMS	AUR	SAC	Pharmacy First	Contraception	Flu vaccination	Hypertension case-finding	Lateral flow device tests supply	Stop smoking	Self-care medicines scheme	Bank holiday	Palliative care and antimicrobials	EHC	Supervised consumption	Needle exchange	Condom distribution	Nasal naloxone distribution	
Aqua Chemists	FAX18	Community	55 Bounces Road, Edmonton, London	N9 8JE	09:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	Y	-	-	Y	Y
Asda Pharmacy	FGP94	Community	1 West Mall, Edmonton, London	N9 0AL	09:00-21:00	09:00-21:00	11:00-17:00	Y	-	Y	-	-	Y	Y	Y	Y	-	Y	Y	Y	-	-	-	-	-	-	-
Bees Dispensing Chemist	FTD22	Community	172 Fore St, Edmonton, London	N18 2JB	09:00-19:00	09:00-19:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	Y	-
Boots	FGJ87	Community	29 North Square, Edmonton Green, London	N9 0HW	09:00-18:30	09:00-17:00	10:00-16:00	-	-	Y	-	-	Y	Y	Y	Y	-	-	-	-	-	-	-	Y	-	-	-
De Globe Pharmacy	FRD56	DSP	Unit A21 Hastingwood Trading Estate, 35 Harbet Road, London	N18 3HT	09:00-18:00	Closed	Closed	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Edmonton Pharmacy	FRM78	Community	13 The Concourse,Edmonton, Grn Shop.Com,Edmonton Grn, Edmonton	N9 0TY	09:00-18:00	09:00-17:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	-	Y	Y	-	Y	-	Y	-	-	-	-
Estons Pharmacy	FNE05	Community	93 Fore Street, Edmonton	N18 2TW	09:15-19:30	09:15-18:30	Closed	-	-	Y	-	-	Y	Y	Y	Y	-	Y	-	-	-	-	Y	-	-	-	-
Forest Pharmacy	FW034	Community	Forest Primary Care Ctre, 308A Hertford Road, Edmonton	N9 7HD	09:00-18:30	Closed	Closed	-	-	Y	-	-	Y	Y	-	Y	Y	-	Y	-	-	-	-	-	-	-	-
Green Cross Pharmacy	FWE71	Community	213 Fore Street, Edmonton, London	N18 2TZ	09:30-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	Y	-	-	Y	-
Hayward Chemist Ltd	FM975	Community	10 Queen Anne's Place, Bush Hill Park, Enfield	EN1 2PT	09:00-19:00	09:00-18:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	-	-
Lamis Chemists	FJ919	Community	20 Bush Hill Parade, Village Road, Enfield	EN1 2HB	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-
Pharmacare (Shan Chemist)	FWF95	Community	Unit 3, 107 Fore Street, Edmonton	N18 2XF	09:00-19:00	09:00-17:30	Closed	-	-	Y	-	-	Y	-	-	-	-	-	Y	-	-	-	-	-	-	-	-
Reids Pharmacy	FNA19	Community	1 Cambridge Terrace, Bury Street West, Edmonton	N9 9JJ	09:00-18:00	09:00-17:30	Closed	-	-	Y	-	-	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	-	-	-	-
Scotts Pharmacy	FJN81	Community	97-99 Silver Street, Edmonton, London	N18 1RP	09:00-17:30	Closed	Closed	-	-	Y	-	-	Y	Y	Y	Y	-	-	Y	-	-	Y	-	-	Y	-	-
Skot Dispensing Chemists	FJA11	Community	139 Victoria Road, Edmonton, London	N9 9BA	09:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	-	-	Y	-	-	-	-	-	-	-	-
Superdrug Pharmacy	FXN07	Community	21 Market Square, Edmonton Green, London	N9 0TZ	09:00-18:00	09:00-17:30	Closed	-	-	Y	-	-	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-
Tesco Extra	FFM28	Community	1 Glover Drive, Upper Edmonton	N18 3HF	09:00-21:00	09:00-21:00	11:00-17:00	Y	-	Y	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-
Virens Chemist	FE164	Community	560 Hertford Road, Edmonton, London	N9 8AG	09:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-
Vms Pharmacy Ltd	FGH75	Community	291 Hertford Road, Edmonton, London	N9 7ES	09:00-18:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	Y	-	-	-	Y	-	-	-	-
Wellcare Pharmacy	FLR96	Community	14 Kendal Parade, Silver Street, Edmonton	N18 1ND	09:00-18:00	Closed	Closed	-	-	Y	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	Y	Y	-	Y	-	-

Southwest locality

Pharmacy Name	ODS number	Pharmacy Type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hours	PhAS	NHSE Advanced										ICB		LA				
										NMS	AUR	SAC	Pharmacy First	Contraception	Flu vaccination	Hypertension case-finding	Lateral flow device tests supply	Stop smoking	Self-care medicines scheme	Bank holiday	Palliative care and antimicrobials	EHC	Supervised consumption	Needle exchange	Condom distribution	Nasal naloxone distribution
Aldermans Pharmacy	FAQ59	Community	38-40 Aldermans Hill, Palmers Green, London	N13 4PN	09:00-19:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	Y	Y	Y	Y	Y	
Asda Pharmacy	FLM04	Community	Asda Superstore, 130 Chase Side, Southgate	N14 5PW	08:30-22:00	08:30-22:00	11:00-17:00	-	-	Y	-	-	Y	Y	Y	Y	Y	Y	Y	-	Y	-	Y	-	-	-
Atkinsons Chemist	FP643	Community	750 Green Lanes, Winchmore Hill, London	N21 3RE	09:30-18:00	09:30-18:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	Y	-	Y	-	-	Y	Y	-	Y	-
Boots	FXM15	Community	78 Chase Side, Southgate, London	N14 5PH	09:00-18:00	09:00-18:00	11:00-17:00	-	-	Y	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-
C Atkinson Chemist	FN008	Community	20 The Grangeway, Grange Park, London	N21 2HG	09:00-18:00	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	Y	-	-	-	-	Y	-	-	-
Caplet Pharmacy	FMT45	DSP	133-135 High Road, London	N11 1PP	09:00-18:00	09:00-16:00	Closed	-	-	Y	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-
Caplet Pharmacy	FQF97	Community	4 Florey Square, Highlands Village, Winchmore Hill	N21 1UJ	08:30-18:30	09:00-17:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-
Coopers Chemist	FE026	Community	364 Bowes Road, Arnos Grove, London	N11 1AH	09:00-18:00	09:00-13:00	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	Y	Y	-	-
Green Lanes Pharmacy	FLA59	Community	Green Lanes Surgery, 808 Green Lanes, Winchmore Hill	N21 2SA	08:00-18:30	09:00-13:30	Closed	-	-	Y	-	-	Y	-	-	Y	-	-	Y	-	-	-	-	-	-	-
Greens Pharmacy	FEJ40	Community	48 Green Lanes, Palmers Green	N13 6JU	09:00-18:30	09:00-18:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	Y	-	-	-	-	Y	-	-	Y	-
K Waterhouse	FJF30	Community	88 Crown Lane, Southgate, London	N14 5EN	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	Y	-	-	-	-	Y	Y	Y	Y	-
Morrisons Pharmacy	FFW67	Community	Aldermans Hill, Palmers Green, London	N13 4YD	09:00-19:00	09:00-19:00	10:00-16:00	-	-	Y	-	-	Y	Y	Y	Y	Y	-	Y	-	Y	-	-	-	-	-
NR Patel Chemists	FPQ44	Community	153 Bowes Road, Palmers Green, London	N13 4SE	09:00-18:30	09:00-16:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-
Palmers Chemist	FC766	Community	325 Green Lanes, Palmers Green, London	N13 4YB	09:00-18:00	09:00-18:00	Closed	-	-	-	-	-	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-
Parkview Pharmacy	FJ506	Community	195 Bramley Road, Southgate, London	N14 4XA	09:00-19:00	09:00-18:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-
Pyramid Pharmacy	FP741	Community	73 Bramley Road, Oakwood, London	N14 4EY	09:00-19:00	Closed	Closed	-	-	Y	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-
Walbrook Pharmacy	FTR28	Community	44 Cannon Hill, Southgate, London	N14 6LH	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-
Walker Pharmacy	FW327	Community	410-412 Green Lanes, Palmers Green	N13 5XG	09:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	Y	Y	-	-	-

Appendix 6 - Consultation on the Draft Pharmaceutical Needs Assessment for Enfield

To be added following consultation

Appendix 7 - Future opportunities for community pharmacy service provision in Enfield

Introduction

This section of the PNA sets out potential opportunities for the future development of community pharmacy services within Enfield. While these opportunities are informed by local health needs, current service provision, and contractor engagement, they fall outside the statutory requirements of the PNA and are presented for strategic insight.

The review of necessary, advanced, enhanced, and locally commissioned services in Enfield 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 NHS advanced services, could increase access and benefit more patients.

Community pharmacies are well placed to support both national and local health priorities. With appropriate planning and support, they can play an expanded role in prevention, long-term condition management, and population health improvement.

Although this section does not form part of the formal PNA duty under the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, it may assist local commissioners in identifying future opportunities for service enhancement.

The opportunities identified reflect a combination of:

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

Strategic context and commissioning landscape

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

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

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

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

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

Health needs identified in Enfield

Section 4 of this PNA outlines several health challenges in the borough which community pharmacy is well-placed to support:

- Smoking prevalence in adults is 15.4%, similar to the London and England averages
- Early deaths from cardiovascular disease conditions, including coronary heart disease are declining in Enfield and there continues to be a decrease in the rate of premature deaths in Enfield from heart disease.
- Teenage pregnancy rates are similar to the England average but higher than London. This is still an area where pharmacy is ideally placed to continue to support
- Sexual health indicators, including new STI diagnoses, are above national averages
- Obesity remains a growing concern, with 62.4% of adults classified as overweight or living with obesity, which is similar to the rate for London (57.8%) and the rate for England (64.5%)
- Vaccination uptake, including influenza and childhood immunisations, is below national levels in several cohorts

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

Survey of community pharmacy contractors

From 5 March to 16 April 2025, a questionnaire was undertaken across the 57 community pharmacy providers in Enfield. Key findings from the 28 responses (49% response rate) included:

- **High uptake and engagement with nationally commissioned services:**

- 96% currently offer or plan to offer new medicine service and Pharmacy First
 - 86% are offering the hypertension case-finding service, and 7% plan to implement it soon
 - 75% currently deliver the pharmacy contraception service, with 21% planning to start in the next year
 - 39% are delivering the smoking cessation advanced service, with 39% indicating plans to do so
- **Willingness to expand service delivery if commissioned locally:**
 - 78% willing to offer anticoagulation monitoring
 - 50-67% would deliver self-care medicines and minor ailments schemes
 - 74-78% would deliver chlamydia treatment and testing services
 - 36% not currently providing emergency hormonal contraception (EHC) expressed willingness to do so

These results suggest that most community pharmacies have the infrastructure and motivation to expand their service offer, especially where this aligns with borough-level priorities.

Locally commissioned service provision and gaps

As of March 2025, locally commissioned pharmacy services in Enfield include:

From Enfield Council (Public Health):

- Supervised consumption – 23 pharmacies
- Needle exchange – 8 pharmacies
- Naloxone supply – 4 pharmacies
- Sexual health services:
 - EHC - 15 pharmacies
 - Condom distribution – 14 pharmacies

From NCL ICB:

- Palliative care and antimicrobial supply – 5 pharmacies
- Self-Care Medicines Scheme (SCMS) – 24 pharmacies
- Bank Holiday Rota and Out-of-Hours availability

While services such as supervised consumption and self care medicine scheme are broadly accessible, there is less access to EHC, and access to needle exchange and naloxone provision are limited, despite ongoing need.

Opportunities to enhance service provision

Based on feedback, local needs, and national direction, the following opportunities could be explored:

A. Better use of existing advanced services

- Improve uptake of influenza vaccination through public awareness campaigns
 - NMS could be targeted at patients with diabetes, CVD, or mental health conditions. The NMS has been expanded as part of the CPCS agreement with the introduction of depression as a further therapeutic area for which patients can receive support.
 - Pharmacy First should be promoted further and integrated into local care pathways.
- **Prioritise recently introduced advanced services**
 - Smoking cessation support (especially for those referred from hospital). As part of the CPCS agreement, the introduction of PGDs in 2025 to 2026 to enable the provision of varenicline and cytisinicline (cytisine),
 - Contraception provision, especially in areas with high teenage conception rates and expansion of the CPCF to include:
 - the addition of drospirenone to be supplied under PGD.
 - the expansion of the PCS to include emergency contraception (EC).
 - **Explore commissioning of new local services**
 - Stop Smoking Service – currently no locally commissioned service although 54% of respondents indicated that they were willing to provide this if commissioned.
 - HIV/syphilis testing – currently there is no locally commissioned service but 81% respondents indicated that they would be willing to provide this service and 82% indicated they they would be willing to provide a gonorrhoea testing service if available.
 - AF Screening using portable ECG tools
 - Weight management support and diet/lifestyle advice
 - Inhaler technique and respiratory reviews
 - Childhood immunisations, piloted in pharmacy settings
 - Expanded STI screening and sexual health support, pending public survey feedback.
 - Expanded harm reduction services such as naloxone supply from community pharmacies and hepatitis C testing.

In addition, respondents identified other services that they would be interested in providing including broadening the range of illnesses in the Pharmacy First scheme, ear wax removal, travel vaccines, NHS full health checks.

- **Address service distribution and equity**

- Review the geographic distribution of services such as naloxone supply, needle exchange, and palliative care medicines
- Identify areas of high need where increased pharmacy service delivery could address health inequalities.

Recommendations

Based on the above findings, it is recommended to:

1. Publicise and promote uptake of existing services, particularly NMS, Pharmacy First, influenza vaccination, and sexual health support.
2. Encourage pharmacy participation in new advanced services, with targeted support where uptake is lower.
3. Explore opportunities for local commissioning where there is both need and contractor willingness to deliver services.

Appendix 8 – Abbreviations

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

Abbreviation	
JSNA	Joint Strategic Needs Assessment
LES	Local Enhanced Services
LFD	Lateral Flow Device
LPS	Local Pharmaceutical Service
LSOA	Lower Super Output Area
MDS	Monitored Dose Systems
MMR	Measles, mumps, and rubella
NCRS	National Care Records Service
NCL	North Central London
NECS	North of England Care System Support
NES	National Enhanced Services
NHS	National Health Service
NHSBSA	NHS Business Services Authority
NHSE	NHS England
NICE	National Institute for Health and Care Excellence
NMS	New Medicines Service
NRT	Nicotine Replacement Therapy
OC	Oral Contraception
ONS	Office for National Statistics
PCN	Primary Care Network
PCS	Pharmacy Contraception Service
PCSE	Primary Care Support England
PCTs	Primary Care Trust
PGD	Patient Group Direction
PhAS	Pharmacy Access Scheme
PhIF	Pharmacy Integration Fund
PNA	Pharmacy Needs Assessment
PQS	Pharmacy Quality Scheme
PSNC	Pharmaceutical Services Negotiating Committee
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

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