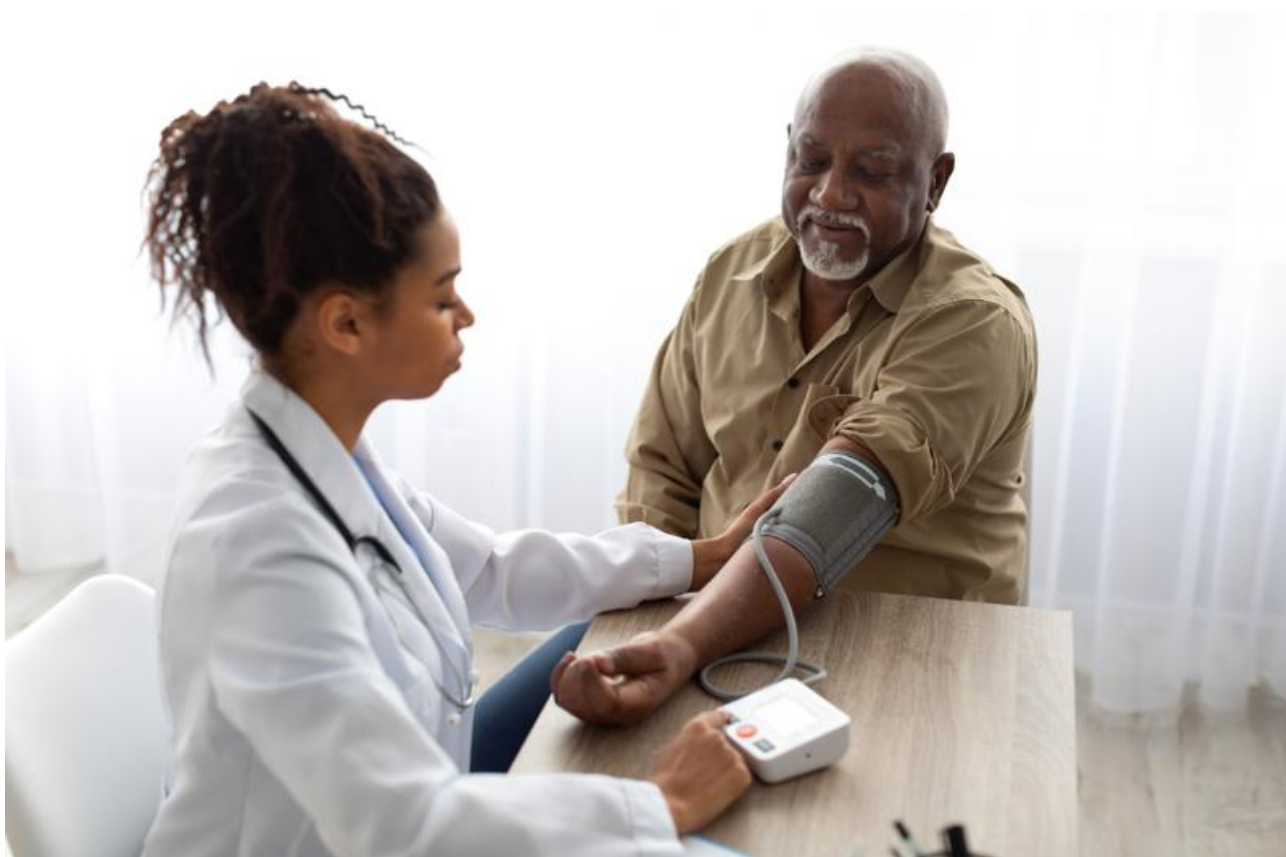


DRAFT Pharmaceutical Needs Assessment 2025



Ealing
Health and Wellbeing Board

This Pharmaceutical Needs Assessment (PNA) has been produced by Soar Beyond, contracted by London Borough of Ealing. The production has been overseen by a PNA Steering Group on behalf of the Ealing Health and Wellbeing Board which had representation from:

- The Public Health Team at Ealing Council
- North West London Integrated Care Board
- Local Pharmaceutical Committee
- Healthwatch

All information is correct at the time of writing December 2024.

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Abbreviations

AS	Advanced Services
AUR	Appliance Use Review
BME	Black and Minority Ethnic
CCG	Clinical Commissioning Group
CHD	Coronary Heart Disease
COPD	Chronic Obstructive Pulmonary Disease
CP	Community Pharmacy
CPCF	Community Pharmacy Contractual Framework
CPCS	Community Pharmacist Consultation Service
DAC	Dispensing Appliance Contractor
DMS	Discharge Medicine Service
DSP	Distance Selling Pharmacy
EHC	Emergency Hormonal Contraception
eRD	Electronic Repeat Dispensing
ES	Essential Services
GLA	Greater London Authority
Hep C	Hepatitis C
HLP	Healthy Living Pharmacy
HWB	Health and Wellbeing Board
HWS	Health and Wellbeing Strategy
ICB	Integrated Care Board
ICBS	ICB-commissioned Services
ICS	Integrated Care System
IMD	Index of Multiple Deprivation
IP	Independent Prescribing
JLHWS	Joint Local Health and Wellbeing Strategies
JSNA	Joint Strategic Needs Assessment
LA	Local Authority
LAS	Local Authority-commissioned Services
LBE	London Borough of Ealing
LCS	Locally Commissioned Services

LFD	Lateral Flow Device
LPS	Local Pharmaceutical Service
LTC	Long Term Condition
LTP	Long Term Plan
MECC	Making Every Contact Count
NES	National Enhanced Services
NHS	National Health Service
NHSE	National Health Service England
NMS	New Medicine Service
ONS	Office for National Statistics
OC	Oral Contraception
PCN	Primary Care Network
PCS	Pharmacy Contraception Service
PCT	Primary Care Trust
PGD	Patient Group Direction
PhAS	Pharmacy Access Scheme
PNA	Pharmaceutical Needs Assessment
PoCT	Point-of-Care Testing
PQS	Pharmacy Quality Scheme
PWID	People Who Inject Drugs
QOF	Quality and Outcomes Framework
SAC	Stoma Application Customisation
SCS	Smoking Cessation Service

Executive Summary

Introduction

Every Health and Wellbeing Board (HWB) has a statutory duty to carry out a Pharmaceutical Needs Assessment (PNA) every three years. The last PNA for Ealing was published in September 2022 and has been kept up to date with supplementary statements reflecting changes in provision. This PNA for Ealing fulfils this regulatory requirement.

Aim, objectives and methodology

The aim of the PNA is to enable local pharmacy service providers and commissioners to:

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

Soar Beyond were commissioned by London Borough of Ealing (LBE) to complete the PNA, overseen by a steering group to ensure process was followed and the PNA intended for publication was fit for purpose as per the NHS Regulations.

The process consisted of:

- Governance Setup: Forming a Steering Group to oversee the process and define roles and timelines.
- Data Collection: Gathering data on pharmaceutical services, population demographics, and public health needs.
- Service Assessment: Mapping and evaluating existing services, including those from neighbouring areas.
- Gap Identification: Identifying current and future service gaps based on population growth and access issues.
- Consultation: Conducting a 60-day public consultation to gather feedback from stakeholders and the public running from March 2025 to May 2025.
- Finalisation and publication: reviewing feedback to finalise the PNA, and publishing.

NHS pharmaceutical services in England

NHS pharmaceutical services are provided by contractors on the pharmaceutical list held by NHS England (NHSE). The types of providers are:

- **Community pharmacy contractors, including Distance-Selling Pharmacies (DSPs):** Community contractors refer to persons providing local pharmaceutical services from registered pharmacy premises in Ealing, neighbouring areas and remote suppliers, including DSPs, who are required to offer services throughout England.

- **Dispensing Appliance Contractors (DACs):** DACs are required to provide a range of 'Essential Services' including advice on and home delivery of appliances, but they are unable to supply medicines.
- **Local Pharmaceutical Service (LPS):** LPS refers to pharmacy providers contracted by the NHS to perform specified services to their local population or a specific population, outside the national framework.
- **Dispensing doctors:** refers to GPs who are allowed to dispense the medicines they prescribe for their patients.

NHS pharmaceutical services refers to services commissioned through NHS England. The three main categories, as identified in the Community Pharmacy Contractual Framework (CPCF) are as follows:

Essential Services: These are services that every community pharmacy providing NHS pharmaceutical services must provide and are set out in their terms of service. These include: the dispensing of medicines and appliances, disposal of unwanted medicines, clinical governance, and promotion of healthy lifestyles.

Advanced Services: These are services community pharmacy contractors and DACs can choose to provide, subject to accreditation as set out in the Secretary of State Directions.

Enhanced Services: These are services commissioned directly by NHS England, introduced to assist the NHS in improving and delivering a better level of care in the community. Pharmacy contractors can choose to provide any of these services.

However, in the absence of a particular service being commissioned by NHSE, it is in some cases addressed by **Locally Commissioned Services**, funded by the local authority or the Integrated Care Board (ICB). These are services community pharmacy contractors could choose to provide and are therefore included in the PNA.

Ealing the place

The London Borough of Ealing is located in Northwest London and has a population of 378,400, making this the third most populous borough in London. The borough comprises of seven towns of Acton, Ealing, Greenford, Hanwell, Northolt, Perivale and Southall, which are the seven PNA localities. Within the seven towns there are 24 wards and comprises of eight Primary Care Networks (PCNs).

The neighbouring boroughs clockwise from north are Harrow, Brent, Hammersmith and Fulham, Hounslow and Hillingdon.

- The population

Ealing has a population of 378,400 which 43% is white British and 57% are other ethnicities, making this a very culturally diverse borough. There is some variation in ethnicity across the seven towns.

The south, centre and southeast of the borough has a relatively higher population density.

- Health inequalities

Ealing's overall Index of Multiple Deprivation (IMD) score shows a slightly higher level of deprivation compared to London and England scores. The most deprived areas within the borough are found in the extremes of West and East, such as areas in and around Southall, Northolt and Acton.

- Health of the people of Ealing

Ealing faces significant health inequalities and challenges due to the high levels of deprivation. This is demonstrated by the differences in life expectancy in different areas of the borough. There has been a rise in obesity in children in some of the wards. Ealing has the highest rate of hospital admissions and alcohol related hospital admissions in London. Ealing has a high prevalence of diabetes with almost one in ten adults being diabetic, with some communities having higher rates compared to England. Sexual health indicators are significantly worse than the England average, for example the borough is an area of high HIV prevalence. Flu vaccine uptake rate among persons aged 65 years is lower than the London and England average.

PCN Quality and Outcomes Framework (QOF) data showed a variance in health trends across the seven towns.

Community Pharmacy access

There are 77 community pharmacies (including DSPs) in Ealing, which has increased by two, from 75 in the last PNA. The England average is 18.1 community pharmacies per 100,000 population, which has decreased from 2021, when the average number was 20.6. The Ealing average of 20.3 pharmacies per 100,000 is higher than the national average. [Section 1.2](#) notes the level of national community pharmacy closures due to funding challenges and workforce pressures.

At the time of writing, it was noted that community pharmacies on the border of the borough in Harrow, Brent, Hammersmith and Fulham, Hounslow and Hillingdon provide additional access to community pharmacy services.

Community pharmacies are well distributed across the seven towns, with the majority of the residents being able to travel to a pharmacy in less than five minutes by car or by walking within 20 minutes.

- Community Pharmacy market

The PNA steering group has noted the current pressures facing Community Pharmacy due to financial issues and medicine shortages. This is a national issue. There have been numerous closures nationally however despite this, Ealing still has more community pharmacies per 100,000 population than the England value. Community Pharmacy viability has been affected by the pressures and an additional pharmacy application where a Community Pharmacy has closed, could affect the viability of existing Community Pharmacy in the locality.

Feedback on Pharmaceutical Services

A questionnaire to understand the views of the public regarding pharmaceutical service provision in Ealing was developed. There was a total of 256 responses and the following were identified:

- The main reasons respondents visited a pharmacy were to buy over-the-counter medicines (71%), collect prescriptions (90%) and seek advice from a pharmacist (53%).
- Respondents typically visited or contacted a pharmacy a few times a month (42%) or once a month (24%).
- The most convenient time respondents visited a pharmacy varied (50%) with 22% preferring the morning (between 9am-1pm). There was no preferred day of the week.
- The vast majority of respondents (93%) preferred to visit a bricks and mortar pharmacy.
- The main influences for choice of pharmacy included quality of service (68%), location of the pharmacy (66%), availability of medications (65%), customer service (58%) and services provides (50%).
- Most respondents walked to their pharmacy (77%) or went by car (12%). Most (75%) could get to a pharmacy within 15 minutes and overall, 97% of the respondents felt they could within 30 minutes.

Adequacy of pharmaceutical services in Ealing

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

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

Conclusions

For the purposes of this PNA, Essential Services for Ealing are defined as Necessary Services. Advanced and Enhanced Services are considered relevant as they contribute toward improvement in provision and access to pharmaceutical services.

Locally Commissioned Services are those that secure improvements or better access to or that have contributed towards meeting the need for, pharmaceutical services in Ealing and are commissioned by the ICB or local authority, rather than NHSE.

There are 77 community pharmacies in Ealing, with the majority (68%) open beyond 6pm and 79% open on Saturdays. There are 19% open on Sunday.

This Ealing Pharmaceutical Needs Assessment 2025 concludes that there are no identified gaps in provision of NHS Necessary Services to meet current and future needs of the population. This includes provision during working and non-working hours.

The PNA highlights good uptake of Advanced and Enhanced Services, including the Pharmacy First service, Hypertension case-finding, and New Medicine Service, with opportunities to improve awareness in some areas. Ongoing monitoring of service provision is recommended to ensure continued alignment with evolving local health needs. Future priorities include enhancing collaboration between ICB and community pharmacies to further embed services.

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

Ealing Council and Northwest London ICB commission a range of services that complement the NHS pharmaceutical services. These are aimed at improving access and addressing specific local needs. Opportunities exist for collaboration between the commissioners and improve awareness of the availability of locally commissioned services to maximise the uptake.

Based on current information, no gaps have been identified in respect of securing improvements or better access to Locally Commissioned Services, either now or in specific future circumstances across Ealing to meet the needs of the population.

Section 1: Introduction

1.1 Background and context

The Health Act 2009, implemented in April 2010, mandated Primary Care Trusts (PCTs) in England to undertake and publish Pharmaceutical Needs Assessments (PNAs) within specific timeframes. These PNAs:

- Inform local commissioning decisions regarding pharmaceutical services. They provide evidence of the current and future needs for pharmaceutical services in the area, helping NHS England (NHSE), local authorities and ICBs make informed decisions about service provision and commissioning.
- Are a key tool in determining market entry for new pharmaceutical services. They identify any gaps in service provision and help decide whether new pharmacies or service providers are needed to meet the pharmaceutical needs of the population.
- Can contribute to public health strategies by assessing how pharmaceutical services can support broader health initiatives, such as reducing hospital admissions, promoting healthy lifestyles, and improving access to services for vulnerable populations.
- Help plan for future pharmaceutical service provision, ensuring the area's needs are met as the population grows or change by assessing upcoming developments such as housing projects or demographic changes.

The Health and Social Care Act 2012 transferred responsibility for developing and updating PNAs to Health and Wellbeing Boards (HWBs). PNAs are a statutory requirement, and they must be published in accordance with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (hereafter referred to as the Pharmaceutical Regulations 2013).

The Pharmaceutical Regulations 2013 were last updated in 2013 (SI 2013/349)¹, came into force on 1 April 2013.

The initial PNAs were published in 2011 (see Table 1 for timelines)

Table 1: Timeline for PNAs

2009	2011	2013	2015	Ongoing
Health Act 2009 introduces statutory framework requiring Primary Care Trusts (PCTs) to prepare and publish PNAs	PNAs to be published by 1 February 2011	The Pharmaceutical Regulations 2013 outline PNA requirements for HWB	HWB required to publish own PNAs by 1 April 2015	PNAs reviewed every 3 years* *Publication of PNAs was delayed during COVID-19 pandemic and PNAs were published by October 2022

¹ The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. July 2017. [Accessed December 2024] www.legislation.gov.uk/uksi/2013/349/contents/made

This document should be revised within three years of its previous publication. The last PNAs for Ealing HWB was published in September 2022.

This PNA for Ealing HWB fulfils this regulatory requirement.

1.2 Important changes since the last Pharmaceutical Needs Assessment (PNA)

- There was an **update to the Pharmaceutical Regulations 2013 in May 2023** which in the main was in response to the number of requests for temporary closures. Key changes were made for:
 - Notification procedures for changes in core and supplementary opening hours
 - Notification procedures for 100-hour pharmacies to be able to reduce their hours to no less than 72 hours per week
 - Local arrangements with ICBs for the temporary reduction in hours
 - All pharmacies requiring a business continuity plan that allows them to deal with temporary closures
- **Clinical Commissioning Groups (CCGs)** are now replaced by **Integrated Care Boards (ICBs)** as part of Integrated Care Systems (ICS). In an ICS, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards and improving the health of the population they serve.
- **Integrated Care Boards** took on the delegated responsibility for the commissioning of pharmacy services from NHS England from 1 April 2023.
- **Independent Prescribing 'Pathfinder' Programme²** – NHSE has developed a programme of pilot sites, referred to as 'pathfinder' sites, across integrated care systems enabling a community pharmacist prescriber to support primary care clinical services. This presents a unique opportunity for Community Pharmacy (CP) to redesign current pathways and play an increasing role in delivering clinical services in primary care. The scope for pathfinder sites will be determined by integrated care boards (ICBs), who will be urged to fully utilise the skills and capabilities of community pharmacists to build on clinical services already commissioned as advanced pharmaceutical services or add into locally commissioned services. ICBs will work with community pharmacy teams to identify the pharmacies and local pharmacists that will deliver the service by becoming a pathfinder site, as well as other NHS bodies, local authorities, and community organisations involved in delivering joined up care.

² NHS England. Independent prescribing. [Accessed December 2024] <https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-integration-fund/independent-prescribing/>

- **The Community Pharmacy sector** has reported **workforce challenges** and pressures reported by the National Pharmacy Association³ and Healthwatch⁴. Both highlighted the current rate of **store closures** for 2024 was higher than previous years mainly due to a combination of funding and workforce challenges. The Pharmacy pressures report⁵ by Community Pharmacy England based on a survey conducted in 2024 highlights the pressures in community pharmacy and morale. Key headlines based on the views of the owners of 6,100 premises:
 - Three quarters of pharmacy team members report staff shortages
 - One in ten resulting in temporary closures
 - Almost 92% of pharmacy staff report they are not coping well because of the workload
 - Three-quarters of pharmacy owners reported recruitment difficulties to hire permanent staff.
- **Pharmacy First Service⁶** – The Pharmacy First service builds upon the NHS Community Pharmacist Consultation Service (CPCS) which has run since October 2019 and enabled patients to be referred into community pharmacy for a minor illness or an urgent repeat medicine supply. The new Pharmacy First service, launched 31 January 2024, adds to the Consultation Service and enables community pharmacies to provide care for seven common conditions following defined clinical pathways. The initiative encourages patients to obtain treatment for the conditions directly from community pharmacies without needing a GP appointment. These conditions are sinusitis, sore throat, earache, infected insect bites, impetigo, shingles, and uncomplicated urinary tract infections in women. Pharmacists can now provide prescription-only medicines, including antibiotics and antivirals, where clinically appropriate, after a consultation held in a private consultation room or area. More than 10,000 pharmacies, covering over 95% of England, have signed up to Pharmacy First and patients can find their nearest pharmacy offering the service online. An improvement requested by GP practices is to remove any need for a referral from a GP practice to the service and allow all patients, both minor illness and common conditions, to self-refer to a pharmacy with appropriate remuneration arrangements in place.

³ In Pharmacy NPA warns that pharmacy closures are at record high levels. May 2024. [Accessed December 2024] <https://www.inpharmacy.co.uk/2024/05/14/npa-warns-pharmacy-closures-are-record-high-levels>

⁴ Healthwatch. Pharmacy closures in England. September 2024. [Accessed December 2024] <https://www.healthwatch.co.uk/report/2024-09-26/pharmacy-closures-england>

⁵ Community Pharmacy England. Pharmacy Pressures Survey. October 2024 [Accessed December 2024] <https://cpe.org.uk/wp-content/uploads/2024/10/Pharmacy-Pressures-Survey-2024-Staffing-and-Morale-Report-Final-Oct-2024.pdf>

⁶ Community Pharmacy England. Pharmacy First Service. November 2024 [Accessed November 2024.] <https://cpe.org.uk/national-pharmacy-services/advanced-services/pharmacy-first-service/>

- **Hypertension Case-Finding Service⁷** requirements were updated from 1 December 2023 and means the service can be provided by suitably trained and competent pharmacy staff; previously, only pharmacists and pharmacy technicians could provide the service.
- **Hepatitis C testing service** was decommissioned from 1 April 2023. The service was focused on provision of Point-of-Care Testing (POCT) for Hepatitis C (Hep C) antibodies to People Who Inject Drugs (PWIDs), i.e. individuals who inject illicit drugs such as steroids or heroin, but who haven't yet moved to the point of accepting treatment for their substance use. Where people tested positive for Hep C antibodies, they were referred for a confirmatory test and treatment, where appropriate.
- **Pharmacy Quality Scheme (PQS):** The PQS is a voluntary scheme that forms part of the CPCF.⁸ It supports the delivery of the NHS Long Term Plan (LTP) and rewards community pharmacy contractors that deliver quality criteria in three quality dimensions: clinical effectiveness, patient safety and patient experience. The PQS has been developed to incentivise quality improvement in specific areas yearly. Due to the 2024 elections negotiations were paused and at the time of writing no details had been released.

1.3 Purpose of the PNA

The ICB through their delegated responsibility from NHSE is required to publish and maintain pharmaceutical lists for each borough. Any person wishing to provide NHS pharmaceutical services is required to be included on the pharmaceutical list. NHSE must consider any applications for entry to the pharmaceutical list. The Pharmaceutical Regulations 2013 require the ICB to consider applications to fulfil unmet needs determined within the PNA of that area or applications for benefits unforeseen within the PNA. Such applications could be for the provision of NHS pharmaceutical services from new premises or to extend the range or duration of current NHS pharmaceutical services offered from existing premises.

As the PNA will become the basis for the ICB to make determinations on such applications, it is therefore prudent that the PNA is compiled in line with the regulations and with due process, and that the PNA is accurately maintained and up to date. Although decisions made by the ICB regarding applications to the pharmaceutical list may be appealed to the NHS Primary Care Appeals Unit, the final published PNA cannot be appealed. It is likely the only challenge to a published PNA will be through an application for a judicial review of the process undertaken to conclude the PNA.

⁷ Community Pharmacy England. Hypertension Case-Finding service. July 2024. [Accessed December 2024]. <https://cpe.org.uk/national-pharmacy-services/advanced-services/hypertension-case-finding-service/>

⁸ NHSE. Pharmacy Quality Scheme: Guidance 2023/24. September 2024. [Accessed December 2024] <https://www.england.nhs.uk/publication/pharmacy-quality-scheme-guidance/>

The PNA should be read alongside other Joint Strategic Need Assessment (JSNA) products. Information and JSNA products will be updated on the LBE website, which are kept live and inform their Health and Wellbeing Strategies (HWS), which take into account the findings of their JSNA products.

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

ICBs have been given delegated responsibility for pharmacy commissioning from NHSE and therefore some services currently commissioned from pharmacies by ICBs may fall under the definition of Enhanced Services in the future. For the purpose of this PNA, at the time of writing, only services commissioned by NHSE as per the regulations have been considered as 'NHS pharmaceutical services'.

1.4 Scope of the PNA

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

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

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

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

Necessary Services – The Pharmaceutical Regulations 2013 require the HWB to include a statement of those pharmaceutical services that it identifies as being necessary to meet the need for pharmaceutical services within the PNA. There is no definition of Necessary Services within the regulations and the HWB therefore has complete freedom in the matter.

In Ealing, once the provision of all pharmaceutical service were identified, the HWB via the PNA steering group decided upon those services which were necessary to meet the pharmaceutical service for Ealing. This decision was made by service type.

Ealing HWB through the PNA steering group have decided that all Essential Services are Necessary Services in Ealing.

Other relevant services – These are services that the HWB is satisfied are not necessary to meet the need for pharmaceutical services but their provision has secured improvements or better access to pharmaceutical services. Advanced Services for the purposes on the PNA were agreed by the Steering Group as relevant services.

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

- Pharmacy contractors
 - Community pharmacies
 - Local Pharmaceutical Service (LPS) providers
 - Distance-Selling Pharmacies (DSPs)
- Dispensing Appliance Contractors (DACs)
- Dispensing GP practices

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

1.4.1 Pharmacy contractors

Pharmacy contractors comprise both those located within the Ealing HWB areas as listed in Appendix A, those in neighbouring HWB areas and remote suppliers, such as DSPs.

There are 10,454 community pharmacies in England in November 2024 at the time of writing (this includes DSPs).⁹ This number has decreased from 11,071 community pharmacies in September 2022 since the previous PNA was published in 2022.

1.4.1.1 Community pharmacies

Community pharmacies are the most common type of pharmacy that allows the public to access their medications and advice about their health. Traditionally these were known as a chemist.

NHSE is responsible for administering opening hours for pharmacies, which is handled locally by ICBs through the delegated responsibility. A pharmacy normally has 40 core contractual hours or 72+ for those that opened under the former exemption from the control of entry test. These hours cannot be amended without the consent of the ICB. All applications are required to be considered and outcomes determined within 60 days and if approved may be implemented 30 days after approval¹⁰.

⁹ NHS. Open Data Portal. Pharmacy Opening and Closures. November 2024. [Accessed December 2024] <https://opendata.nhsbsa.net/dataset/pharmacy-openings-and-closures>

¹⁰ Community Pharmacy England. Changing Core Opening Hours. June 2024. [Accessed December 2024] <https://cpe.org.uk/changing-core-opening-hours/>

1.4.1.2 Distance-Selling Pharmacies (DSPs)

A DSP is a pharmacy contractor that works exclusively at a distance from patients. This includes mail order and internet pharmacies that remotely manage medicine logistics and distribution. The Pharmaceutical Regulations 2013 state that DSPs must not provide Essential Services face to face, but they may provide Advanced and Enhanced Services on the premises, as long as any Essential Service that forms part of the Advanced or Enhanced Service is not provided in person on the premises.

As part of the terms of service for DSPs, provision of all services offered must be offered throughout England. It is therefore possible that patients within Ealing will receive pharmaceutical services from a DSP outside Ealing.

Figures for 2023-24 show that in England there were 409 DSPs¹¹, accounting for 3.4% of the total number of pharmacies. This has increased slightly from 2020-21, when there were 372 DSPs, accounting for 3.2% of all pharmacy contractors.

1.4.1.3 Local Pharmaceutical Service (LPS) providers

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

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

1.4.1.4 Pharmaceutical services

The CPCF, last agreed in 2019,¹² is made up of three types of services:

- Essential Services
- Advanced Services
- Enhanced Services

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

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

¹¹ NHS Business Services Authority. General Pharmaceutical Services in England 2015-16 – 2023-24. October 2024. [Accessed December 2024] [NHS BSA General Pharmaceutical Services in England 2015-16 - 2023-24](#)

¹² DHSC. Community Pharmacy Contractual Framework: 2019 to 2024. May 2023. [Accessed November 2024.] www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024

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

1.4.1.4.1 Essential Services (ES)¹³

Ealing has designated that all Essential Services are to be regarded as Necessary Services.

The Essential Services of the community pharmacy contract **must** be provided by all contractors:

- **ES1: Dispensing medicines** – The supply of medicines and appliances ordered on NHS prescriptions, together with information and advice, to enable safe and effective use by patients and carers, and maintenance of appropriate records.
- **ES2: Repeat dispensing/electronic repeat dispensing (eRD)** – The management and dispensing of repeatable NHS prescriptions for medicines and appliances, in partnership with the patient and the prescriber.
- **ES3: Disposal of unwanted medicines** – Acceptance, by community pharmacies, of unwanted medicines from households and individuals which require safe disposal.
- **ES4: Public health (promotion of healthy lifestyles)** – Each financial year (1 April to 31 March), pharmacies are required to participate in up to six health campaigns at the request of NHS England. This generally involves the display and distribution of leaflets provided by NHSE. In addition, pharmacies are required to undertake prescription-linked interventions on major areas of public health concern, such as encouraging smoking cessation.
- **ES5: Signposting** – The provision of information to people visiting the pharmacy who require further support, advice or treatment that cannot be provided by the pharmacy, on other health and social care providers or support organisations who may be able to assist them. Where appropriate, this may take the form of a referral.
- **ES6: Support for self-care** – The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families.
- **ES7: Discharge Medicines Service (DMS)** – From 15 February 2021, NHS trusts are able to refer patients who would benefit from extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHSE's Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.

¹³ Community Pharmacy England. Essential Services. April 2024. [Accessed December 2024]
<https://cpe.org.uk/national-pharmacy-services/essential-services/>

- **ES8: Healthy Living Pharmacy (HLP)** – From 1 January 2021, being a (HLP is an essential requirement for all community pharmacy contractors in England). The HLP framework is aimed at achieving consistent provision of a broad range of health promotion interventions through community pharmacies to meet local needs, improving the health and wellbeing of the local population and helping to reduce health inequalities.
- **ES9: Dispensing Appliances** – Pharmacists may regularly dispense appliances in the course of their business, or they may dispense such prescriptions infrequently, or they may have taken a decision not to dispense them at all. Whilst the Terms of Service requires a pharmacist to dispense any (non-Part XVIII A listed) medicine ‘with reasonable promptness’, for appliances the obligation to dispense arises only if the pharmacist supplies such products ‘in the normal course of business’.

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

1.4.1.4.2 Advanced Services (AS)¹⁴

Advanced Services (AS) are all considered relevant for the purpose of this PNA.

There are nine Advanced Services within the CPCF. Advanced Services are not mandatory for providers to provide and therefore community pharmacies can choose to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions. The Advanced Services are listed below and the number of pharmacy participants for each service in Ealing can be seen in [Section 3.2.4](#) and in [Section 6.2](#) by locality.

¹⁴ Community Pharmacy England. Advanced Services. February 2024. [Accessed November 2024.] <https://cpe.org.uk/national-pharmacy-services/advanced-services/>

- **AS1: Pharmacy First service** – The Pharmacy First service builds upon the NHS Community Pharmacist Consultation Service (CPCS) which has run since October 2019 and enabled patients to be referred into community pharmacy for a minor illness or an urgent repeat medicine supply. The new Pharmacy First service, launched 31 January 2024, adds to the Consultation Service and enables community pharmacies to provide care for seven common conditions following defined clinical pathways. The initiative encourages patients to obtain treatment for the conditions directly from community pharmacies without needing a GP appointment. These conditions are sinusitis, sore throat, earache, infected insect bites, impetigo, shingles, and uncomplicated urinary tract infections in women. Pharmacists can now provide prescription-only medicines, including antibiotics and antivirals, where clinically appropriate, after a consultation held in a private consultation room or area. More than 10,000 pharmacies, covering over 95% of England, have signed up to Pharmacy First and patients can find their nearest pharmacy offering the service online. An improvement requested by GP practices is to remove any need for a referral from a GP practice to the service and allow all patients, both minor illness and common conditions, to self-refer to a pharmacy with appropriate remuneration arrangements in place.
- **AS2: Flu Vaccination service** – A service to sustain and maximise uptake of flu vaccine in at-risk groups by providing more opportunities for access and improve convenience for eligible patients to access flu vaccinations. This service is commissioned nationally.
- **AS3: Pharmacy Contraception Service (PCS)** – The PCS started on 24 April 2023, allowing the on-going supply of Oral Contraception (OC) from community pharmacies. From 1 December 2023, the service included both initiation and on-going supply of OC. 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.
- **AS4: Hypertension case-finding service** – This service was introduced in October 2021. The service has two stages – the first is identifying people at risk of hypertension and offering them blood pressure measurement (a 'clinic check'). The second stage, where clinically indicated, is offering 24-hour ambulatory blood pressure monitoring. The blood pressure test results will then be shared with the patient's GP to inform a potential diagnosis of hypertension.
- **AS5: New Medicine Service (NMS)** – The service provides support to people who are prescribed a new medicine to manage a Long-Term Condition (LTC), 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.

- **AS6: Smoking Cessation Service (SCS)** – This service is commissioned as an Advanced service from 10 March 2022. It enables NHS trusts to refer patients discharged from hospital to a community pharmacy of their choice to continue their smoking cessation care pathway, including providing medication and behavioural support as required, in line with the NHS LTP care model for tobacco addiction.
- **AS7: Appliance Use Review (AUR)** – To improve the patient’s knowledge and use of any ‘specified appliance’ by:
 - Establishing the way the patient uses the appliance and the patient’s experience of such use
 - Identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient
 - Advising the patient on the safe and appropriate storage of the appliance
 - Advising the patient on the safe and proper disposal of appliances that are used or unwanted.
- **AS8: Stoma Appliance Customisation (SAC)** – This service involves the customisation of a quantity of more than one stoma appliance, based on the patient’s measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.
- **AS9: Lateral Flow Device (LFD) service** – The lateral flow device tests supply service for patients potentially eligible for COVID-19 treatments (LFD service) is commissioned as an Advanced service from 6 November 2023. The objective of this service is to offer eligible at-risk patients access to LFD tests to enable testing at home for COVID-19, following symptoms of infection. A positive LFD 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.

1.4.1.4.3 National Enhanced Services (NES)

Enhanced Services are all considered relevant for the purpose of this PNA.

Under the pharmacy contract, Enhanced Services are those directly commissioned by NHSE.

There is currently one National Enhanced Service commissioned in Ealing.

- **NES1: COVID-19 vaccination service** – This service is provided from selected community pharmacies who have undergone an Expression of Interest Process and commissioned by NHSE. Pharmacy owners must also provide the Flu Vaccination Service and is provided for a selected cohort of patients.

1.4.1.5 Pharmacy Access Scheme (PhAS) providers¹⁵

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

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

DSPs, DACs, LPS contractors and dispensing GP practices are ineligible for the scheme.

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

1.4.1.6 Other services

As stated in [Section 1.4](#), for the purpose of this PNA ‘pharmaceutical services’ have been defined as those which are or may be commissioned under the provider’s contract with NHSE.

[Section 4](#) outlines services provided by NHS pharmaceutical providers in Ealing commissioned by organisations other than NHSE or provided privately, and therefore out of scope of the PNA. At the time of writing, the commissioning organisations primarily discussed are the local authority and ICBs.

1.4.2 Dispensing Appliance Contractors (DACs)

DACs operate under the Terms of Service for Appliance Contractors as set out in Schedule 5 of the Pharmaceutical Regulations 2013. They can supply appliances against a NHS prescription such as stoma and incontinence aids, dressings, bandages etc. They are not required to have a pharmacist, do not have a regulatory body and their premises do not have to be registered with the General Pharmaceutical Council.

DACs must provide a range of Essential Services such as dispensing of appliances, advice on appliances, signposting, clinical governance and home delivery of appliances. In addition, DACs may provide the Advanced Services of AUR and SAC. As of June 2024¹⁶ there were a total of 111 DACs in England.

Pharmacy contractors, dispensing GP practices and LPS providers may supply appliances, but DACs are unable to supply medicines.

¹⁵ DHSC. 2022 Pharmacy Access Scheme: guidance. May 2023. [Accessed November 2024.] <https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024/2021-to-2022-pharmacy-access-scheme-guidance>

¹⁶ NHS Business Services Authority (BSA). Dispensing contractors’ data. [Accessed December 2024] <https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data>

1.4.3 Dispensing GP practices

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

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

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

1.4.4 Other providers of pharmaceutical services in neighbouring areas

There are five other neighbouring boroughs that border Ealing:

- Hillingdon
- Harrow
- Brent
- Hammersmith and Fulham
- Hounslow

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

1.5 Process for developing the PNA

Ealing HWB has statutory responsibilities under the Health and Social Care Act to produce and publicise a revised PNA at least every three years. The last PNA for Ealing was published in September 2022 and is therefore due to be reassessed as of September 2025.

Public Health in Ealing Council has a duty to complete this document on behalf of the Ealing HWB. Soar Beyond Ltd through a competitive tendering process was commissioned to undertake the Ealing PNA.

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

- **Step 1: Project set up** and governance established between LBE Public Health and Soar Beyond Ltd.
- **Step 2: Steering Group** – On 25 July 2024, Ealing PNA Steering Group was established. The terms of reference and membership of the group can be found in Appendix C.

- **Step 3: Project management** – At this first meeting, Soar Beyond Ltd and the local authority presented and agreed the project plan and ongoing maintenance of the project plan. Appendix B shows an approved timeline for the project.
- **Step 4: Review of existing PNA and JSNA** – Through the project manager, the PNA Steering Group reviewed the existing PNA and JSNA.
- **Step 5a: Public questionnaire on pharmacy provision** – A public questionnaire to establish views about pharmacy services was agreed by the Steering Group and circulated to residents via various channels. A total of 256 responses were received between 15 August and 25 October 2024. A copy of the public questionnaire can be found in Appendix D with detailed responses.
- **Step 5b: Pharmacy contractor questionnaire** – The Steering Group agreed a questionnaire to be distributed to the local community pharmacies to collate information for the PNA. A total of 41 responses were received between 15 August and 18 November 2024. A copy of the pharmacy questionnaire can be found in Appendix E with detailed responses.
- **Step 6: Mapping of services** – Details of services and service providers were collated and triangulated to ensure the information that the assessment was based on was the most robust and accurate. The Pharmacy Contracting function within the ICB, as the commissioner of service providers and services classed as necessary and relevant, was predominantly used as a base for information due to its contractual obligation to hold and maintain pharmaceutical lists on behalf of NHSE. Information was collated, ratified and shared with the Steering Group before the assessment was commenced. The pharmaceutical list dated October 2024 was used for this assessment.
- **Step 7: Preparing the draft PNA for consultation** – The Steering Group reviewed and revised the content and detail of the draft PNA. The process took into account the demography, health needs of residents in the local area, JSNA and other relevant strategies in order to ensure the priorities were identified correctly. As the PNA is an assessment taken at a defined moment in time, the Steering Group agreed to monitor any changes and, if necessary, to update the PNA before finalising or publish with accompanying supplementary statements as per the regulations, unless the changes had a significant impact on the conclusions. In the case of the latter the group were fully aware of the need to reassess.

1.6 Localities for the purpose of the PNA

The PNA Steering Group, at its first meeting, considered how the localities within Ealing geography would be defined.

The majority of health and social care data is available at local authority council ward level and at this level provides reasonable statistical rigour. It was agreed that the council wards would be used to define the localities of Ealing. This also allows a direct comparison to the previous PNA.

The localities used for the PNA for Ealing are these seven towns¹⁷:

- Acton
- Ealing
- Greenford
- Hanwell
- Northolt
- Perivale
- Southall

A list of providers of pharmaceutical services within these localities is found in Appendix A.

The localities for the purpose of this PNA will be referred to as towns to reflect the local nomenclature for the area.

The information contained in Appendix A has been provided by North West London (NWL) ICB and LBE. Once collated it was ratified by the steering group during the second steering group meeting.

¹⁷ Ealing Council. Our neighbourhoods. [Accessed December 2024]
https://www.ealing.gov.uk/info/201283/our_neighbourhoods . Ealing Council. Ealing Town Profiles Health and Wellbeing Annual Public Health Report May 2023. [Accessed December 2024]
https://www.ealing.gov.uk/download/downloads/id/19053/annual_public_health_report_2023_-_ealing_town_profiles_health_and_wellbeing.pdf

Section 2: Context for the PNA

The PNA is undertaken in the context of the health, care and wellbeing needs of the local population. These are usually laid out in the JSNA of the local area. The strategies for meeting the needs identified in JSNAs are contained in the Joint Local Health and Wellbeing Strategies (JLHWS).

This section aims to present health needs data that might be of relevance to pharmacy services. It is not an interpretation of pharmaceutical service provision requirements for Ealing. This section should be read in conjunction with these detailed documents. Appropriate links have been provided within each subsection. There are opportunities for the ICB and HWB to maximise CPCF services to support the Ealing Health and Wellbeing strategy.

2.1 NHS Long Term Plan (LTP)

NHS LTP¹⁸ was published in January 2019, and it set out the priorities for healthcare for the next ten years. It is wide-ranging and includes chapters on new service models, action on prevention and health inequalities, and progress on care quality and outcomes.

Priority clinical areas in the LTP include:

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

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

- **Section 4.21** states that 'Pharmacists have an essential role to play in delivering the Long Term Plan' and goes on to state: 'In community pharmacy, we will work with government to make greater use of community pharmacists' skills and opportunities to engage patients, while also exploring further efficiencies through reform of reimbursement and wider supply arrangements.'

¹⁸ NHS. NHS Long Term Plan. [Accessed December 2024] www.longtermplan.nhs.uk/

- **Section 1.10** refers to the creation of ‘fully integrated community-based healthcare. This will be supported through the ongoing training and development of multidisciplinary teams in primary and community hubs. From 2019, NHS 111 started to directly book into GP practices across the country, as well as referring on to community pharmacies who support urgent care and promote patient self-care and self-management’.
- **Section 1.12** identifies ‘pharmacist review’ of medication as a method to reduce avoidable A&E attendances, admissions and delayed discharge, streamlining patient pathways to reduce avoidable outpatient visits and over-medication.
- **Section 3.68** identifies community pharmacists as part of the process of improving the effectiveness of approaches such as the NHS Health Check, ‘rapidly treating those identified with high-risk conditions’, including high blood pressure.
- **Section 3.86** states: ‘We will do more to support those with respiratory disease to receive and use the right medication.’ Of NHS spend on asthma, 90% goes on medicines, ‘but incorrect use of medication can also contribute to poorer health outcomes and increased risk of exacerbations or even admission’.
- **Section 6.17** identifies ten priority areas. Section 6.17(v) identifies pharmacists as key in delivering value for the £16 billion spent on medicines annually. It states: ‘Research shows as many as 50% of patients do not take their medicines as intended and pharmacists will support patients to take their medicines to get the best from them, reduce waste and promote self-care.’

The LTP has implications for the current CPCF Essential Services (1.4.1.4.1) and Advanced Services (1.4.1.4.2), by providing benefits to the ICS to maximise these services into care pathways. Services such as the Hypertension case-finding service, Pharmacy First, PCS and NMS can help meet the needs of the LTP.

2.2 Core20PLUS5

Core20PLUS5¹⁹ ‘is a national NHSE approach to support the reduction of health inequalities at both national’ and ICS level. The targeted population approach focuses on the most deprived 20% of the national population (CORE20) as identified by the Index of Multiple Deprivation (IMD) and those within an ICS who are not identified within the core 20% but who experience lower than average outcomes, experience or access i.e. people with a learning disability and hidden deprivation in coastal communities (PLUS).

Additionally, there are five key clinical areas (5):

- Maternity
- Severe mental illness
- Chronic respiratory disease
- Early cancer diagnosis
- Hypertension case-finding

¹⁹ NHSE. Core20PLUS5 (adults) – an approach to reducing healthcare inequalities. [Accessed November 2024.] www.england.nhs.uk/about/equality/equality-hub/core20plus5/

2.3 Joint Strategic Needs Assessment (JSNA)

The PNA is undertaken in the context of the health, care and wellbeing needs of the local population, as defined in the Ealing JSNA²⁰. The JSNA, as well as defining the needs of the local population, also identifies a strategic direction of service delivery to meet those needs, and commissioning priorities to improve the public's health and reduce inequalities. The PNA should therefore be read alongside the JSNA.

The Ealing JSNA provided detailed health information and demographics on the seven towns, which has been used in [Section 6](#) to describe each town fully as well as the information below.

2.4 Health and Wellbeing Strategy (HWS)

The current Ealing Health and Wellbeing Strategy²¹ (HWS) (2023-28) is guided by the JSNA and other relevant sources of information. The commissioning of services to address ill-health is informed by the JSNA. The PNA is also informed by the JSNA.

The HWS 2023-28 identifies nine commitments within three key themes for the action which will be needed over the next five years, so that we can meet our Vision to see Ealing's communities thriving, with good health and wellbeing, and with fairness and justice in the building blocks of health and wellbeing:



To deliver the commitments, the Health and Wellbeing Board oversees the development of annual action plans with partners and communities.

²⁰ Ealing JSNA chapters: [Accessed December 2024] <https://data.ealing.gov.uk/jsna/>

²¹ Ealing Modern Gov. Health and Wellbeing Strategy for 2023-2028 [Accessed December 2024] <https://ealing.moderngov.co.uk/documents/s11455/HWBS%20Action%20Year%201%20Update.pdf>

Regulation 9 of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations²² requires that HWS, when carrying out assessments for the purpose of publishing PNAs, have regard to:

- the number of people in its area who require pharmaceutical services
- the demography of its area
- the risks to the health or wellbeing of people in its area

Pharmaceutical service providers have the potential to play a greater role in identifying and helping address priority health needs as they are strategically placed in the community and have daily interactions with the local population.

Evidence from the Healthy Living Pharmacy Initiative²³ indicates that community pharmacies can have a significant impact on improving the health and wellbeing of local populations.

As a pre-requisite to understanding local health needs and how pharmaceutical service providers can be involved in various interventions, [Sections 2.3](#) and [2.4](#) further examine Ealing's population characteristics and major causes of ill health.

2.5 Population characteristics

Overview

The population of Ealing has risen from 307,300 in 2001 to 375,300 in 2023. The number of males and females are evenly spread –185,200 males and 190,100 females. Ealing is the third largest London borough in terms of population²⁴, after Croydon (397,700) and Barnet (395,000). At 68 persons per hectare, Ealing is also the third most densely populated borough in Outer London (after Brent and Waltham Forest)²⁵.

2.5.1 Age

Compared to England, Ealing has a higher proportion of males and females aged 0-14 years and 25-49 years, but a lower proportion of all other ages (Figure 1). Most notably, Ealing has a lower proportion of people aged 55 and above compared to England. The most populous age bands in Ealing are those aged 25-44 (Table 2).

²² The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 [Accessed December 2024] ([legislation.gov.uk](https://www.legislation.gov.uk))

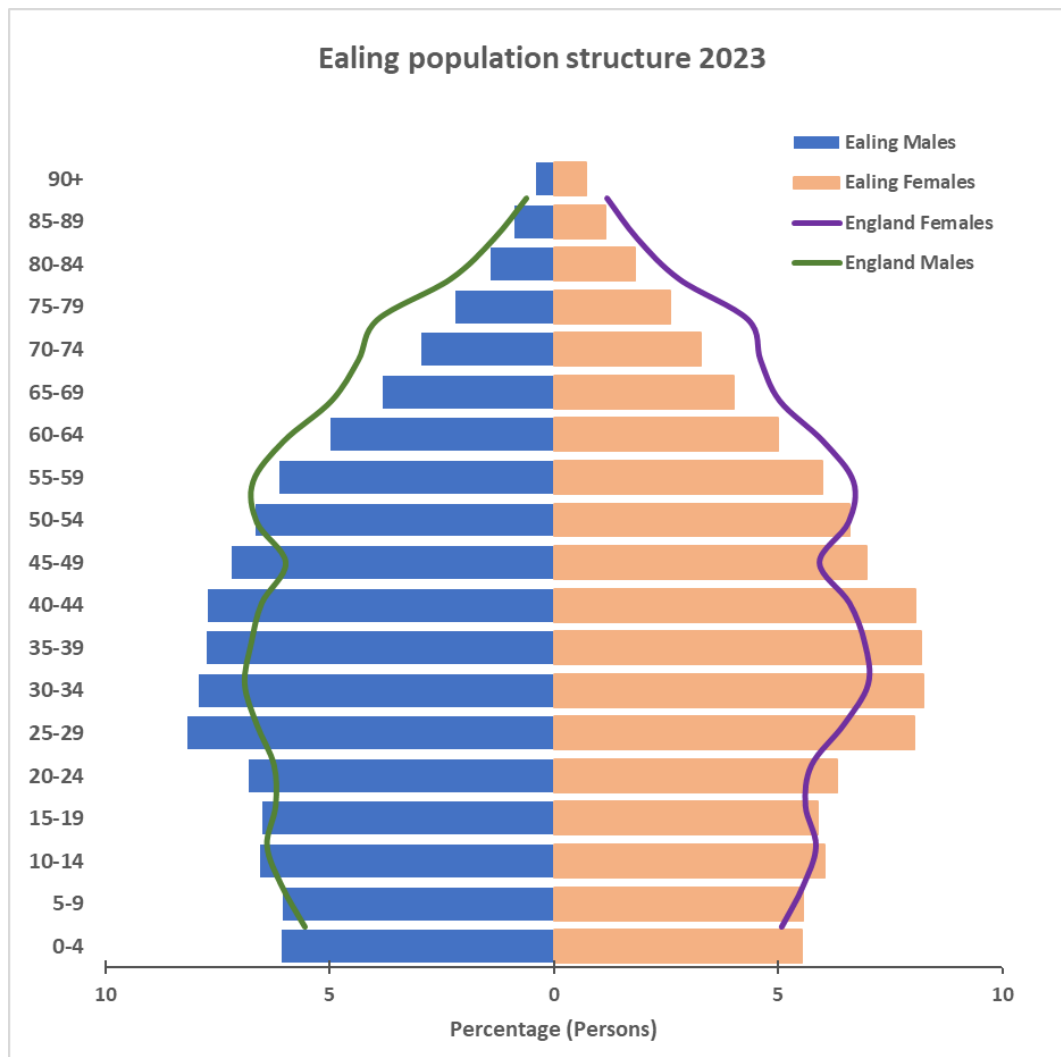
²³ Healthy Living Pharmacy: overview, National Pharmaceutical Association, 2012 [Accessed December 2024]http://www.npa.co.uk/Documents/HLP/HLP_overview_12.11.pdf

²⁴ Office of National Statistics (ONS) mid-year estimates 2023 [Accessed December 2024] <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/populationestimatesforenglandandwales/mid2023>

²⁵ MYE5 2023 Population estimates and population density in the UK mid-2011 to mid-2023 [Accessed December 2024] <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/estimatesofthepopulationforenglandandwales>

Table 3 shows population numbers and proportions for Ealing, London Borough of Ealing (LBE) and England. Amongst towns in the borough, Northolt has the highest proportion of population aged 0-15 years (21%) while Acton has the highest proportion of those aged 16-24 years (14%). Ealing and Acton local areas have the highest proportion of population aged 25-64 years (both at 59%). Ealing, Perivale and Greenford have the highest proportion of people aged 65 years and over (all at 14%).

Figure 1: Population pyramid, Ealing 2023



Source: ONS Mid-Year Population Estimates, 2023

Table 2: Ealing's population estimates and proportions by sex and five-year-age-bands, 2023

Age band (years)	Male	Male (%)	Female	Female (%)	Total	Total (%)
Under 1	2,300	1.3	2,200	1.1	4,500	1.2
1 - 4	8,900	4.8	8,400	4.4	17,300	4.6
5 - 9	11,200	6.1	10,600	5.6	21,800	5.8
10 - 14	12,100	6.5	11,500	6.0	23,600	6.3
15 - 19	12,000	6.5	11,200	5.9	23,200	6.2
20 - 24	12,600	6.8	12,000	6.3	24,600	6.6
25 - 29	15,100	8.2	15,300	8.0	30,400	8.1
30 - 34	14,700	7.9	15,700	8.2	30,300	8.1
35 - 39	14,300	7.7	15,500	8.2	29,900	8.0
40 - 44	14,300	7.7	15,400	8.1	29,600	7.9
45 - 49	13,300	7.2	13,300	7.0	26,600	7.1
50 - 54	12,300	6.6	12,500	6.6	24,800	6.6
55 - 59	11,300	6.1	11,400	6.0	22,700	6.0
60 - 64	9,200	5.0	9,500	5.0	18,700	5.0
65 - 69	7,100	3.8	7,600	4.0	14,700	3.9
70 - 74	5,400	2.9	6,200	3.3	11,700	3.1
75 - 79	4,000	2.2	5,000	2.6	9,000	2.4
80 - 84	2,600	1.4	3,400	1.8	6,000	1.6
85 - 89	1,600	0.9	2,200	1.2	3,800	1.0
90 and over	700	0.4	1,400	0.7	2,100	0.6
Total	185,200	100	190,100	100	375,300	100

Source: ONS Mid-Year Population Estimates 2023; % figures are based on the estimated numbers which have not been rounded

Table 3: Ealing's population by town and age groups, 2024

Town	Total Population	Population aged 0-15	Population aged 0-15 (%)	Population aged 16- 24	Population aged 16-24 (%)	Population aged 25-64	Population aged 25-64 (%)	Population aged 65 and over	Population aged 65 and over (%)
Acton	69,700	11,800	16.9	9,400	13.5	41,200	59.1	7,300	10.5
Ealing	92,800	15,900	17.1	9,200	9.9	54,300	58.5	13,300	14.3
Greenford	49,300	9,400	19.1	5,600	11.4	27,700	56.2	6,700	13.6
Hanwell	30,900	6,100	19.7	3,400	11.0	17,500	56.6	3,900	12.6
Northolt	35,200	7,500	21.3	4,300	12.2	19,200	54.5	4,100	11.6
Perivale	16,900	2,900	17.2	1,900	11.2	9,700	57.4	2,400	14.2
Southall	83,700	16,300	19.5	10,600	12.7	46,000	55.0	10,800	12.9
LBE	378,400	69,900	18.5	44,300	11.7	215,600	57.0	48,500	12.8
England	58,295,100	10,447,300	17.9	6,348,700	10.9	30,505,400	52.3	10,993,300	18.9

Source: Ealing data – Greater London Authority (GLA) 2022-based Housing Led Population Projections, 2024; England data – Office for National Statistics (ONS) 2021-based National Population Projections, 2024

2.5.2 Predicted population growth

The population of Ealing is projected to rise by 8.4% to around 410,100 by 2031 and by 20.0% to around 454,200 by 2041. These rates are much higher than the overall growth expected across England over the same period (Table 4). However, a decline in numbers of those aged 0-14 is projected for both Ealing and England by 2031, due to rise again by 2041, whilst the highest expected growth is for people aged 65 years and over which may increase demand for services.

Table 4: Ealing's population projections and magnitude of change compared with England in 2024, 2031 and 2041

		2024	2031	2031	2031	2041	2041	2041
Area	Age group	Total population	Total population	Change since 2024 (number)	Change since 2024 (%)	Total population	Change since 2024 (number)	Change since 2024 (%)
England	0-14	9,750,600	9,571,400	-179,200	-1.8	9,835,600	85,000	0.9
England	15-29	10,853,500	11,358,000	504,500	4.6	11,033,900	180,400	1.7
England	30-44	12,017,500	12,618,900	601,400	5.0	12,897,600	880,100	7.3
England	45-64	14,679,800	14,813,100	133,300	0.9	15,853,200	1,173,400	8.0
England	65+	10,993,300	12,647,200	1,653,900	15.0	14,228,500	3,235,200	29.4
England	All ages	58,295,100	61,009,200	2,714,100	4.7	63,849,700	5,554,600	9.5
Ealing	0-14	65,100	64,300	-800	-1.2	70,400	5,300	8.1
Ealing	15-29	79,600	87,500	7,900	9.9	87,900	8,300	10.4
Ealing	30-44	90,400	95,400	5,000	5.5	106,500	16,100	17.8
Ealing	45-64	94,800	103,500	8,700	9.2	113,400	18,600	19.6
Ealing	65+	48,500	59,600	11,100	22.9	76,000	27,500	56.7
Ealing	All ages	378,400	410,100	31,700	8.4	454,200	75,800	20.0

Source: England data - ONS 2021-based National Population Projections, 2024; Ealing data - GLA 2022-based Housing Led Population Projections, 2024

2.5.3 Life Expectancy at Birth

Ealing's life expectancy at birth data is presented by sex and ward and compared to England using red, amber and green rating methodology (Table 5). Ealing has a significantly higher both male (80.9) and female life expectancy (84.6) compared to the England average (79.7 and 83.2 respectively). South Acton is the only ward where male life expectancy is significantly lower than the national average (77.4 years). Also, Norwood Green is the only ward with a lower female life expectancy rate (81.5 years) compared to the England average.

Table 5: Life expectancy in Ealing compared with England average, 2015-19

Town	Ward	Male life expectancy (years)	Female life expectancy (years)
Acton	Acton Central	80.9	86.0
Acton	East Acton	81.4	84.9
Acton	South Acton	77.4	83.2
Acton	Southfield	82.2	86.3
Ealing	Cleveland	82.8	87.0
Ealing	Ealing Broadway	81.0	85.2
Ealing	Ealing Common	81.9	84.5
Ealing	Hanger Hill	82.3	85.5
Ealing	Northfield	82.4	87.6
Ealing	Walpole	81.9	84.3
Greenford	Greenford Broadway	79.7	83.9
Greenford	Greenford Green	81.4	84.9
Greenford	North Greenford	82.9	85.8
Hanwell	Elthorne	79.2	82.9
Hanwell	Hobbayne	83.2	85.4
Northolt	Northolt Mandeville	81.8	84.8
Northolt	Northolt West End	81.0	83.4
Perivale	Perivale	81.3	86.9
Southall	Dormers Wells	79.4	85.5
Southall	Lady Margaret	78.8	82.1
Southall	Norwood Green	78.2	81.5
Southall	Southall Broadway	79.1	85.2
Southall	Southall Green	79.9	83.5
LBE		80.9	84.6
England		79.7	83.2

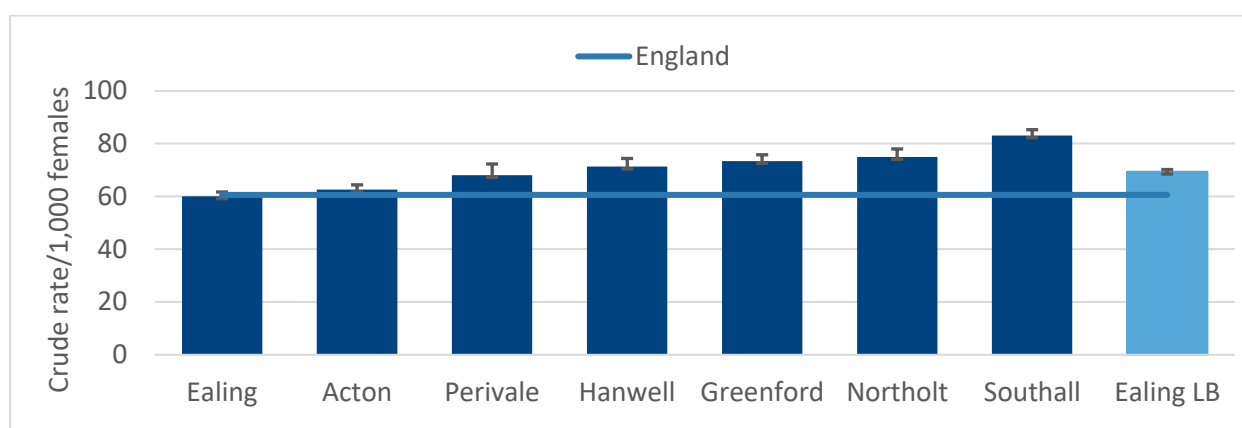
	Statistically significantly higher than England average
	The difference is not statistically significant
	Statistically significantly lower than England average

Source: PHE, Local Health Profile, 2021

2.5.4 Fertility Rate

Ealing's fertility rate (69.4 live births per 1,000 females aged 15-44) is significantly higher than the England average (60.6 per 1,000 females). Compared to England, all towns within LBE have a higher fertility rate except for Ealing and Acton towns, which are statistically similar to England.

Figure 2: Crude fertility rate per 1,000 females aged 15-44, Ealing towns, LBE and England, 2015-19



Source: PHE, Local Health Indicators, 2020

2.5.5 Diversity

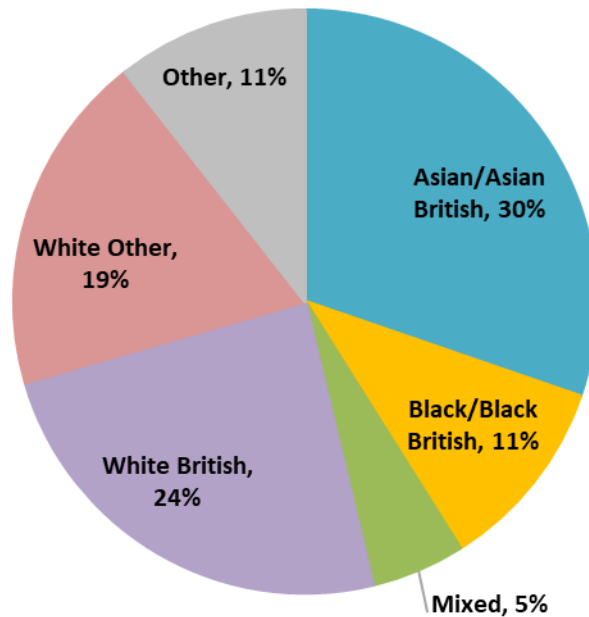
2.5.5.1 Ethnicity

Ealing is an ethnically diverse borough. At the last Census around three in every four residents were recorded as being from a Black and Minority Ethnic (BME) group²⁶. Ealing has a larger proportion of non-white ethnic population (57%²⁷) compared to the London average (46%) and England average (19%). The largest group among non-white ethnic groups is Asian (30%) followed by Black (11%) and Other (also 11%) (Figure 3).

²⁶ BME population includes Asian/Asian British, Black/Black British, Mixed background, White Irish, White Other, Irish Travellers, Roma/Gypsies, Any Other background, but excludes people who identify as White British: English/Welsh/Scottish/Northern Irish.

²⁷ National Census, 2021

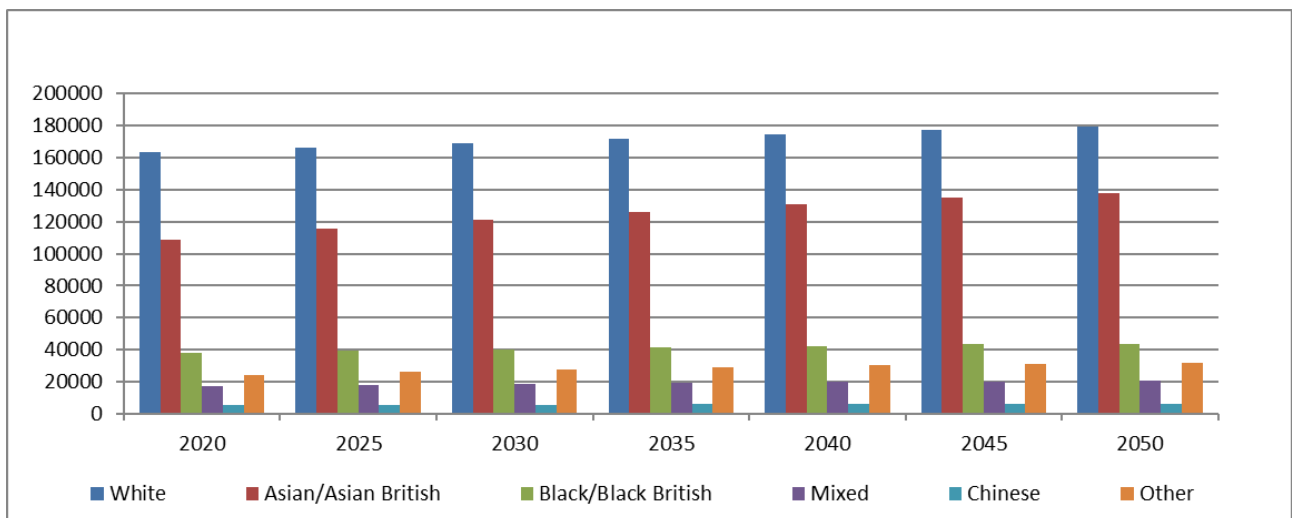
Figure 3: Ealing population by ethnic group, 2021



Source: National Census, 2021

The White ethnic group population is expected to have a 10% rise in numbers between 2020 and 2050. For all other ethnicities, the projections show a steeper rise in numbers over the 30-year period: Asian/Asian British by 27%, Black/Black British by 15%, residents of Mixed ethnic heritage by 17%, Chinese by 27% and population of other ethnic origin by 29% (Figure 4).

Figure 4: Ealing population estimates by ethnic group, 2020-50



Source: GLA 2016-based Central Trend Ethnic Group Projections, Nov 2017

The proportion of residents from BME groups varies between areas, with the highest levels in the Southall area (Table 6).

Table 6: Black and Minority Ethnic population in Ealing localities and wards, LBE and England, 2021

Town	Ward	Ethnic minority population	Ethnic minority population (%)
Acton	East Acton	7,810	51.3
Acton	North Acton	9,179	48.2
Acton	South Acton	7,965	47.4
Acton	Southfield	4,755	28.9
Ealing	Ealing Broadway	5,471	39.3
Ealing	Ealing Common	5,989	37.6
Ealing	Hanger Hill	8,339	48.9
Ealing	Northfield	4,079	28.6
Ealing	Pitshanger	6,762	44.6
Ealing	Walpole	4,844	32.8
Greenford	Central Greenford	8,052	56.1
Greenford	Greenford Broadway	10,461	60.2
Greenford	North Greenford	9,630	61.9
Hanwell	Hanwell Broadway	6,046	39.5
Hanwell	North Hanwell	6,922	46.0
Northolt	Northolt Mandeville	10,404	59.3
Northolt	Northolt West End	10,628	64.3
Perivale	Perivale	9,697	59.9
Southall	Dormers Wells	13,507	86.5
Southall	Lady Margaret	13,343	84.5
Southall	Norwood Green	13,264	82.4
Southall	Southall Broadway	10,337	95.5
Southall	Southall Green	14,892	94.9
Southall	Southall West	6,278	95.4
LBE		208,653	56.8
England		10,706,647	19.0

Source: Office for National Statistics Census, 2021

2.5.5.2 Language

The proportion of people in Ealing who cannot speak English well, or at all, is significantly higher than the England average in all wards. The highest proportions are found in the Southall. (Table 7).

Table 7: Proficiency in English (% of people who cannot speak English well or at all), Ealing localities and wards, LBE and England, 2021

Town	Ward	Number	%
Acton	East Acton	749	5.1
Acton	North Acton	1,188	6.4
Acton	South Acton	794	4.9
Acton	Southfield	334	2.1
Ealing	Ealing Broadway	660	4.9
Ealing	Ealing Common	558	3.6
Ealing	Hanger Hill	1,004	6.1
Ealing	Northfield	302	2.2
Ealing	Pitshanger	575	3.9
Ealing	Walpole	551	3.9
Greenford	Central Greenford	1,056	7.6
Greenford	Greenford Broadway	1,122	6.7
Greenford	North Greenford	975	6.5
Hanwell	Hanwell Broadway	654	4.4
Hanwell	North Hanwell	724	5.0
Northolt	Northolt Mandeville	1,026	6.1
Northolt	Northolt West End	918	5.8
Perivale	Perivale	1,164	7.4
Southall	Dormers Wells	1,536	10.2
Southall	Lady Margaret	1,551	10.1
Southall	Norwood Green	1,471	9.5
Southall	Southall Broadway	1,178	11.3
Southall	Southall Green	1,948	12.8
Southall	Southall West	831	13.1
LBE		22,872	6.5
England		1,018,180	1.9

Source: Office for National Statistics Census, 2021

2.5.5.3 School children

The majority of children registered in Ealing's state funded schools and special schools are from ethnic minority groups (Table 8). Amongst ethnic minority groups, the highest proportion of children in local schools are Asian.

Table 8: Ethnicity of children in schools, Ealing and England, 2024

Ethnic group	England state funded primary schools (%)	Ealing state funded primary schools (%)	England state funded sec. schools (%)	Ealing state funded sec. schools (%)	England special schools (%)	Ealing special schools (%)
All White	69.3	28.1	68.9	27.9	71.6	21.2
White British	61.2	12.5	61.4	13.7	66.6	10.1
Irish	0.2	0.5	0.3	0.6	0.2	0.8
Traveller Of Irish Heritage	0.1	0.2	0.0	0.0	0.1	0.6
Gypsy/ Roma	0.4	0.1	0.2	0.1	0.3	0.1
Any other White background	7.4	14.7	7.0	13.5	4.4	9.7
All Mixed	7.2	10.3	6.7	9.0	7.1	10.3
White And Black Caribbean	1.6	2.0	1.5	2.0	2.0	2.1
White And Black African	1.0	1.2	0.9	1.0	1.0	1.2
White And Asian	1.7	2.8	1.6	2.7	1.3	3.2
Any other mixed background	2.9	4.3	2.7	3.2	2.8	3.8
All Asian	13.2	30.7	13.4	30.3	10.7	28.5
Chinese	0.7	0.8	0.8	0.7	0.4	0.6
Indian	4.1	16.5	3.9	14.8	2.1	12.2
Pakistani	4.5	5.7	4.6	5.9	4.4	6.5
Bangladeshi	1.7	1.4	1.8	1.8	1.8	1.9
Any other Asian background	2.2	6.4	2.3	7.1	2.0	7.4
All Black	6.34	11.5	6.7	14.0	6.9	21.2
Caribbean	0.8	2.6	1.0	2.9	1.1	3.3
African	4.7	7.9	4.9	10.2	4.7	16.4
Any other Black background	0.8	1.1	0.8	1.0	1.1	1.6
Any other ethnic group	2.4	18.0	2.4	17.0	1.9	16.2
Unclassified	1.4	1.4	2.0	1.8	1.7	2.6
Minority ethnic pupils	37.4	86.1	36.6	84.5	31.7	87.3

Source: School Census January 2024 (Ealing Schools, Performance and Data Team) and Schools, Pupils and their Characteristics, Jan 2024 National tables - Department for Education

2.5.5.4 Children and adults in care

In Ealing, the rate of children in care has been consistently lower than the England average for the last five years. In 2023 there were 297 children from Ealing in care (Table 9). The local authority is responsible for all children who were Ealing residents at the time of going into care, regardless of whether that care is provided in Ealing or elsewhere in the country.

Table 9: Children aged under 18 in care (rate per 10,000 children), 2019-23

Area	2019 No	2019 Rate	2020 No	2020 Rate	2021 No	2021 Rate	2022 No	2022 Rate	2023 No	2023 Rate
Ealing	351	43	332	40	307	38	328	41	297	37
London	10,020	52	10,020	52	9,640	50	9,940	52	9,710	51
England	78,140	66	80,000	68	80,770	69	82,080	70	83,840	71

Source: Children Looked After in England, Department of Education, 2024

In Ealing, the rate of adult residents aged 18-64 admitted permanently in residential and nursing care homes was statistically similar to London and significantly lower than England average during 2022/23. For the residents aged 65+, Ealing's rate was significantly lower than both the London and England rates (Table 10).

Table 10: Long-term support needs of younger and older adults met by admission to residential and nursing care (rate per 100,000 people), 2022/23

Age group	Ealing - No	Ealing - Rate	London - No	London - Rate	England - No	England - Rate
18-64	22	9.1	682	11.7	5,020	14.6
65 and over	104	232.3	4,549	433.1	58,702	560.8

Source: Measures from the Adult Social Care Outcomes Framework (ASCOF), NHS Digital, 2023

2.5.5.5 Older people

It is estimated that there are 48,500 older people (aged 65 years and over) living in Ealing (Table 3). Ealing has a lower proportion of older people as compared to the England average population (Figure 1). However, the percentage of older people who are income deprived or living alone is higher than the England average in most wards (Table 11).

Table 11: Percentage of older people living in income deprived homes/living alone

Area	Ward (up to May 2022)	Income deprived older people aged 60+ (Number)	Income deprived older people aged 60+ (%)	Area	Ward (from May 2022)	People living alone aged 66+* (Number)	People living alone aged 66+* (%)
Acton	Acton Central	524	23.5	Acton	East Acton	445	31.8
Acton	East Acton	636	26.0	Acton	North Acton	513	29.9
Acton	South Acton	756	31.8	Acton	South Acton	612	41.0
Acton	Southfield	324	14.9	Acton	Southfield	717	39.2
Ealing	Cleveland	491	17.5	Ealing	Ealing Broadway	588	35.7
Ealing	Ealing Broadway	392	16.2	Ealing	Ealing Common	651	31.1
Ealing	Ealing Common	456	18.8	Ealing	Hanger Hill	788	32.9
Ealing	Hanger Hill	362	12.5	Ealing	Northfield	598	32.4
Ealing	Northfield	285	12.8	Ealing	Pitshanger	675	31.3
Ealing	Walpole	357	17.2	Ealing	Walpole	610	36.0
Greenford	Greenford Broadway	692	24.9	Greenford	Central Greenford	451	26.5
Greenford	Greenford Green	486	19.0	Greenford	Greenford Broadway	516	27.5
Greenford	North Greenford	455	17.4	Greenford	North Greenford	427	22.5
Hanwell	Elthorne	509	23.8	Hanwell	Hanwell Broadway	565	36.8
Hanwell	Hobbayne	577	23.5	Hanwell	North Hanwell	572	31.3

Area	Ward (up to May 2022)	Income deprived older people aged 60+ (Number)	Income deprived older people aged 60+ (%)	Area	Ward (from May 2022)	People living alone aged 66+* (Number)	People living alone aged 66+* (%)
Northolt	Northolt Mandeville	535	22.2	Northolt	Northolt Mandeville	544	28.7
Northolt	Northolt West End	730	32.6	Northolt	Northolt West End	456	30.5
Perivale	Perivale	510	19.0	Perivale	Perivale	460	23.3
Southall	Dormers Wells	766	29.7	Southall	Dormers Wells	469	22.7
Southall	Lady Margaret	510	21.1	Southall	Lady Margaret	344	16.9
Southall	Norwood Green	688	28.7	Southall	Norwood Green	308	18.6
Southall	Southall Broadway	721	31.7	Southall	Southall Broadway	178	15.2
Southall	Southall Green	640	31.5	Southall	Southall Green	221	15.6
				Southall	Southall West	129	18.9
LBE		12,399	22.3	LBE		11,837	28.5
England		1,790,712	14.2	England		3,001,789	30.6

	Statistically significantly lower than England average
	The difference is not statistically significant
	Statistically significantly higher than England average

Source: OHID, Local Health Profile (Ministry of Housing, Communities and Local Government, IDAOPI²⁸ Data), 2019 and National Census 2021; IMD 2019 is based on Population MYE 2015; *For people living alone, National Census 2021 data tables use the cut off age of 66

2.5.5.6 Less-abled populations

Table 12 gives the projected number and population rate of disabilities amongst people aged 18-64 and 65+ for Ealing and England in 2025 and 2035. In 2025, the prevalence rates of all listed disabilities except serious visual impairment and a learning disability amongst those aged 18-64 were lower than the England average. For Ealing residents aged 65+ predicted to have a learning disability in 2025, the rate was just above the national one. Rates of all disabilities in Ealing are predicted to rise by 2035, except for impaired mobility, moderate personal care disability and serious visual impairment for people aged 18-64. When it comes to England, rates will drop, except for serious visual impairment and learning disability for those aged 18-64, and they will rise for any hearing loss and a learning disability in the population aged 65+.

Table 12: Populations with disabilities in Ealing and England (rate per 100,000 people), 2025 and 2035 projections

Indicator	Ealing (2025) No	Ealing (2025) Rate	Ealing (2035) No	Ealing (2035) Rate	England (2025) No	England (2025) Rate	England (2035) No	England (2035) Rate
People aged 18-64 predicted to have impaired mobility	11,141	5,336	10,822	5,336	1,910,483	5,556	1,856,653	5,349
People aged 18-64 predicted to have a moderate personal care disability	8,070	3,865	7,828	3,860	1,363,661	3,966	1,336,967	3,852
People aged 18-64 predicted to have a serious personal care disability	1,785	855	1,740	858	300,372	874	297,563	857
People aged 18-64 predicted to have a serious visual impairment	136	65	132	65	22,350	65	22,560	65
People aged 18-64 predicted to have some hearing loss	19,991	9,574	19,805	9,766	3,466,516	10,082	3,402,636	9,804
People aged 18-64 predicted to have severe hearing loss	1,211	580	1,180	582	210,464	612	202,746	584
People aged 18-64 predicted to have a learning disability	5,094	2,440	4,971	2,451	838,678	2,439	851,275	2,453
People aged 65 and over predicted to have a moderate or severe visual impairment	4,521	8,745	5,725	8,849	1,031,677	9,011	1,238,334	8,963

Indicator	Ealing (2025) No	Ealing (2025) Rate	Ealing (2035) No	Ealing (2035) Rate	England (2025) No	England (2025) Rate	England (2035) No	England (2035) Rate
People aged 65 and over predicted to have some hearing loss	31,034	60,027	39,414	60,918	6,987,031	61,025	8,559,000	61,953
People aged 65 and over predicted to have severe hearing loss	4,047	7,828	5,284	8,167	914,038	7,983	1,169,331	8,464
People aged 65 and over predicted to have a learning disability	1,079	2,087	1,358	2,099	238,641	2,084	290,018	2,099

Source: PANSI²⁹ & POPPI³⁰, with ONS 2018-based Population Projections, 2020

2.5.5.7 Homeless population

In Ealing, the rate of homeless households living in temporary accommodation is significantly higher than in London and five times the England average (Table 13).

Table 13: Households in temporary accommodation in Ealing, London and England (rate per 1,000), 2022/23

Area	Number	Rate
Ealing	2,311	18.7
London	57,853	15.9
England	99,888	4.2

Source: OHID - Homelessness Statistics, based on Department for Levelling Up, Housing and Communities and ONS, 2024

2.5.5.8 Asylum seekers and refugees

Of all UK applications for asylum in the year ending in March 2024 (86,719), 62% were granted asylum at the initial decision and recognised as refugees (compared to 26% in 2010)³¹. The region of the UK which hosts the largest number of asylum seekers in dispersed accommodation is North West England. London generally has the highest numbers of asylum seekers receiving subsistence only and living in private accommodation.

²⁹ <http://www.pansi.org.uk/>

³⁰ <http://www.poppi.org.uk/>

³¹ Home Office, Immigration Statistics (Asylum and Resettlement – Outcome analysis of asylum applications), 2024

At the end of September 2023 (the latest available date), about 33.5% of England's asylum seekers receiving subsistence only were residing in London (1,589 people out of 23,435 supported in London under Section 95³²). In March 2024, Ealing was among London boroughs with the highest asylum-seeking population; 966 asylum seekers were receiving support under Section 95³³.

2.5.5.9 Traveller population

Traveller groups have frequented Ealing for many years. Department of Environment 'caravan counts' consistently record Ealing as having one of the largest traveller populations in the Greater London area. According to the latest count of Traveller caravans in January 2024, there were 45 socially rented caravans at authorised sites³⁴. These figures do not include the large and unrecognised 'hidden' traveller communities who, due to a deficit in caravan site provision and rapid evictions from roadside encampments, live in other forms of accommodation³⁵.

Total traveller population in Ealing is estimated to be in excess of 2,000 individuals at certain times of the year. Currently, the variety of traveller groups resorting to, or residing in the borough, are largely from the following traditional communities:

2.5.5.9.1 Travellers of Irish heritage

Traveller Irish communities are the largest group in the Ealing area. Parish registers show that they have had associations with the area for at least two centuries.

2.5.5.9.2 East European Roma

Roma families constitute now the second largest Gypsy Traveller group in the borough.

Roma families have a very strong allegiance to their traditions, which can be traced back to northern India and ancient Persia (modern Iran and Iraq). Their first language is Roma, and their second language is generally that of their point of departure e.g. Polish, Czech, Slovak, Albanian, Romanian or any of the languages of the former Yugoslavia.

2.5.5.9.3 English, European and international circus and fairground travelers

Occupational Travellers (English, European and international circus and fairground people) arrive at pre-booked sites at specific times of the year, generally around holiday times, and provide entertainment for the duration of their stay. Ealing Common, Walpole Park, Acton Park and Southall Park are the most frequently used locations in Ealing.

³² Section 95: "Asylum seekers are entitled to section 95 support if they meet the destitution test. A person is 'destitute' if they do not have adequate accommodation or enough money to meet living expenses for themselves and any dependants now or within the next 14 days." (Immigration and Asylum Act 1999)

³³ Source: Home Office Immigration Statistics, 2024: Asylum Support

³⁴ Official Statistics [Accessed December 2024] [Traveller caravan count: January 2024 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/traveller-caravan-count-january-2024)

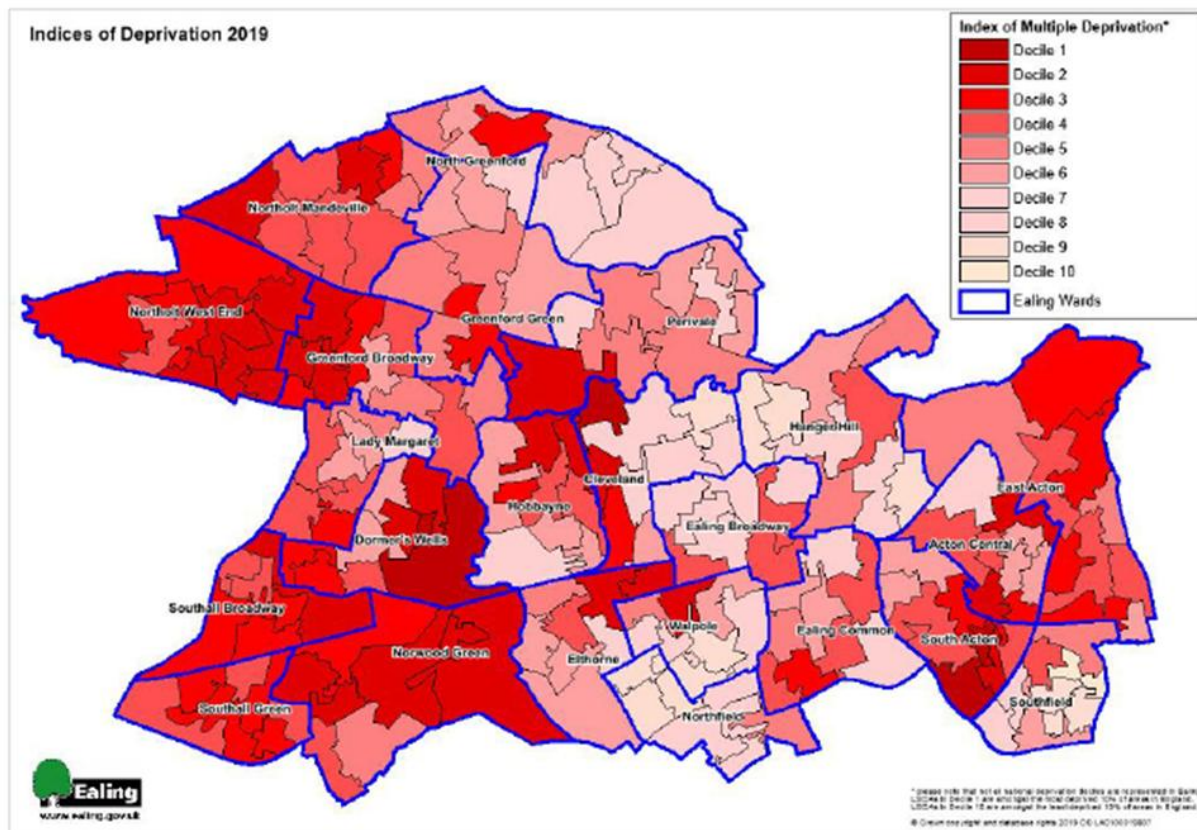
³⁵ Ealing Grid for Learning - Travellers in Ealing [Accessed December 2024] <https://www.egfl.org.uk/school-effectiveness/teaching-and-learning/equality-and-achievement/gypsy-roma-and-traveller-0>

Circus families, although sharing a common culture, can be from a range of backgrounds. Ealing Traveller achievement service has had experience of working with circus families from Australia, France, Germany, Spain, New Zealand, USA, England and Italy, as well as English families engaged in circus work for the first time.

2.6 Deprivation

Figure 5 shows Ealing wards and levels of deprivation based on the Index of Multiple Deprivation (IMD) 2019 LSOA ranking³⁶. At 22.7, Ealing's overall IMD score shows slightly higher level of deprivation compared to London and England scores (21.8 and 21.7 respectively). The darker shades indicate areas of higher deprivation. Broadly speaking, the most deprived areas within the borough are found in the extremes of West and East, such as areas in and around Southall, Northolt and Acton.

Figure 5: Ealing deprivation levels by Lower Super Output Areas (LSOA) based on IMD 2019 ranking



Source: Department for communities and local government (DCLG), 2019

Community pharmacy providers in Ealing and surrounding areas in relation to IMD per Output Area 2019 can be found on Figure 10 in Section 6.3.

³⁶ MHCLG, 2019. [Accessed December 2024] <https://www.gov.uk/government/publications/mhclg-annual-report-and-accounts-2019-to-2020>

2.7 Other considerations

2.7.1 Burden of disease

Table 14 shows GP recorded prevalence rates for leading causes of long-term ill health in Ealing, as compared to England rates.

Table 14: GP recorded disease prevalence, Ealing and England, 2022/23

Disease	Ealing prevalence (%)	England QOF prevalence (%)
Stroke or Transient Ischaemic Attacks (TIA) (all ages)	1.1	1.8
Coronary heart disease (all ages)	2.4	3.0
Hypertension (all ages)	12.8	14.4
Chronic kidney disease (18+)	2.4	4.2
Asthma (6+)	5.3	6.5
Chronic obstructive pulmonary disease (all ages)	0.8	1.8
Cancer (all ages)	2.0*	3.5
Diabetes Mellitus (diabetes) (17+)	9.0	7.5
Musculoskeletal (MSK) condition (long term) (16+)	11.2	18.4
Mental health	1.2	1.0
Dementia (all ages)	0.5	0.7
Depression (18+)	6.9	13.2
Obesity (18+)	8.9	11.4

Source: OHID – National GP Profiles 2024, NHS Health Check Profile 2024, Dementia Profile 2024;

*average value from all 8 Ealing PCNs

2.7.2 Hospital admissions

Table 15 shows all causes, coronary heart disease (CHD), stroke, myocardial infarction (heart attack) and chronic obstructive pulmonary disease (COPD) standardised admissions ratios (SAR) for LBE and wards. Overall, Ealing had significantly more admissions than expected for all causes, CHD and stroke. Southall also had significantly higher admissions ratio for myocardial infarction and four wards also had higher than expected figures of COPD admissions.

Table 15: All causes, CHD, stroke, myocardial infarction and COPD emergency standardised admission ratios (SAR), Ealing localities, wards, Ealing overall and England, 2015-16 to 2019-20

Town	Ward	All causes	CHD	Stroke	Myocardial infarction	COPD
Acton	Acton Central	93.8	89.1	89.2	76.3	146.5
Acton	East Acton	88.7	87.1	109.0	72.4	96.5
Acton	South Acton	106.0	102.2	123.6	98.9	116.7
Acton	Southfield	74.2	49.6	74.2	60.0	49.9
Ealing	Cleveland	104.0	73.1	107.2	54.2	59.8
Ealing	Ealing Broadway	89.7	83.0	95.6	65.0	42.8
Ealing	Ealing Common	96.1	97.9	93.7	81.4	52.1
Ealing	Hanger Hill	75.6	89.4	82.5	61.5	42.6
Ealing	Northfield	87.8	92.5	77.4	50.9	97.1
Ealing	Walpole	93.7	68.8	100.0	61.2	76.2
Greenford	Greenford Broadway	120.1	135.3	118.2	91.5	126.2
Greenford	Greenford Green	101.4	109.3	108.8	68.5	79.7
Greenford	North Greenford	93.6	122.1	116.7	78.8	48.5
Hanwell	Elthorne	111.9	111.9	106.8	90.5	105.3
Hanwell	Hobbayne	116.2	98.5	122.6	74.1	98.7
Northolt	Northolt Mandeville	110.7	124.7	118.8	84.2	142.4
Northolt	Northolt West End	124.1	158.2	124.1	117.0	169.8
Perivale	Perivale	99.0	139.9	78.0	94.9	44.2
Southall	Dormers Wells	134.6	168.5	155.1	127.9	105.6
Southall	Lady Margaret	138.6	217.5	136.3	152.4	76.7
Southall	Norwood Green	152.8	170.4	138.8	131.1	91.1

Town	Ward	All causes	CHD	Stroke	Myocardial infarction	COPD
Southall	Southall Broadway	149.2	236.5	162.0	151.4	95.7
Southall	Southall Green	141.6	236.9	169.5	162.6	119.0
LBE		108.5	123.9	113.7	92.2	87.9
England		100	100	100	100	100

	Statistically significantly lower than England average
	The difference is not statistically significant
	Statistically significantly higher than England average

Source: Public Health England, Local Health Profile, 2021

2.7.3 Causes of death

Table 16 shows Ealing localities and wards which had significantly more deaths than expected for all causes, all cancers, circulatory and respiratory diseases, for all ages and under 75s (premature deaths). Overall, when compared to England and regardless of age, LBE had significantly lower ratios of mortality from all causes, all cancers and all respiratory diseases, whilst the mortality ratios for all circulatory diseases were similar.

Table 16: All causes, all cancers, circulatory and respiratory diseases standardised mortality ratios (SMR), Ealing wards, LBE and England, 2015-19

Town	Ward	All causes (all ages)	All causes (under 75s)	All cancers (all ages)	All cancers (under 75s)	All circulatory diseases (all ages)	All circulatory diseases (under 75s)	All respiratory diseases (all ages)
Acton	Acton Central	82.4	90.6	73.3	70.3	86.0	97.1	96.6
Acton	East Acton	85.3	98.7	102.0	115.2	96.4	108.7	77.1
Acton	South Acton	107.7	122.7	106.9	126.3	103.4	124.6	73.5
Acton	Southfield	76.8	67.7	84.1	88.9	75.4	52.3	79.5
Ealing	Cleveland	70.7	78.2	83.1	88.7	72.8	72.7	61.6
Ealing	Ealing Broadway	84.3	92.5	73.6	80.9	89.8	110.5	84.1
Ealing	Ealing Common	84.3	95.8	79.8	94.7	95.7	79.7	86.7
Ealing	Hanger Hill	81.9	73.2	79.6	78.1	84.2	70.4	63.8
Ealing	Northfield	72.8	76.1	73.0	61.7	88.9	109.9	63.1

Town	Ward	All causes (all ages)	All causes (under 75s)	All cancers (all ages)	All cancers (under 75s)	All circulatory diseases (all ages)	All circulatory diseases (under 75s)	All respiratory diseases (all ages)
Ealing	Walpole	86.1	84.1	98.8	104.9	99.9	52.6	68.5
Greenford	Greenford Broadway	96.3	92.5	77.2	87.1	98.4	112.3	110.5
Greenford	Greenford Green	86.9	79.8	80.1	77.4	99.1	91.0	101.7
Greenford	North Greenford	76.0	80.3	81.2	71.2	79.8	73.3	66.3
Hanwell	Elthorne	102.9	106.9	107.8	119.6	94.0	86.7	108.3
Hanwell	Hobbayne	79.6	84.3	98.7	91.8	69.3	73.0	105.4
Northolt	Northolt Mandeville	84.1	91.5	101.1	108.4	82.6	92.3	87.1
Northolt	Northolt West End	91.4	118.2	103.7	114.8	101.9	154.4	102.3
Perivale	Perivale	78.0	78.1	77.5	78.6	88.4	84.7	84.8
Southall	Dormers Wells	88.5	111.2	75.2	92.8	119.4	165.2	98.4
Southall	Lady Margaret	100.2	104.6	82.5	78.4	118.0	138.9	116.0
Southall	Norwood Green	112.7	116.0	80.8	91.9	116.2	131.2	131.6
Southall	Southall Broadway	94.5	114.3	64.7	61.7	150.1	220.3	93.5
Southall	Southall Green	98.8	99.3	72.4	56.3	144.9	150.5	87.4
LBE		87.8	93.3	84.9	88.5	97.3	105.8	89.0
England		100	100	100	100	100	100	100

	Statistically significantly lower than England average
	The difference is not statistically significant
	Statistically significantly higher than England average

Source: Public Health England, Local Health Profile, 2021

2.7.4 Palliative care

Ealing had a significantly higher percentage of deaths in hospital (49.1%) as compared to England average (43.4%) during 2022.

Table 17: Place of death, Ealing and England, 2022

Place of death	Number of deaths in Ealing	% Deaths Ealing	% Deaths England	Ealing compared to England
Hospital	1,037	49.1	43.4	Significantly higher
Own home	577	27.3	28.7	Similar
Hospice	128	6.1	4.7	Significantly higher
Care home	296	14.0	20.5	Significantly lower

Source: ONS Deaths by place of occurrence, 2023

2.7.5 Lifestyle related morbidity

Table 18 shows prevalence rates of childhood, adult obesity and injuries amongst under 15s in Ealing wards. Overall, LBE has a similar obesity prevalence for Reception pupils to England rate and significantly higher prevalence rate than the England average amongst children in Year 6.

Southall and Northolt areas have the highest ratio of obese children in both Reception and Year 6, whilst Greenford and Perivale follow this trend for Year 6.

When it comes to Ealing's adult population, according to the latest obesity model (2006-2008), Northolt area has the highest ratio of obese adults, followed by Greenford and Southall. The latest figures for overweight and obese population are shown in Table 19.

Table 18: Prevalence of lifestyle related morbidities, Ealing wards, LBE and England

Town	Ward	Obese children in Reception (%) 2020-21 to 2022-23	Obese children in Year 6 (%) 2020-21 to 2022-23	Emergency admissions for injury in under 15s (crude rate per 10,000) 2016-17 to 2020-21	% of adult population with obesity 2006-08 model
Acton	Acton Central	6.7	22.1	57.5	15.5
Acton	East Acton	11.4	24.2	58.7	19.0
Acton	South Acton	10.3	22.0	51.1	16.6
Acton	Southfield	5.3	16.3	70.0	13.4
Ealing	Cleveland	9.2	19.8	57.8	16.0

Town	Ward	Obese children in Reception (%) 2020-21 to 2022-23	Obese children in Year 6 (%) 2020-21 to 2022-23	Emergency admissions for injury in under 15s (crude rate per 10,000) 2016-17 to 2020-21	% of adult population with obesity 2006-08 model
Ealing	Ealing Broadway	6.9	20.4	61.3	11.6
Ealing	Ealing Common	8.3	22.2	70.9	12.9
Ealing	Hanger Hill	9.0	17.6	52.8	12.7
Ealing	Northfield	4.3	11.7	63.4	13.1
Ealing	Walpole	7.1	13.6	59.6	14.0
Greenford	Greenford Broadway	11.5	29.4	66.0	22.6
Greenford	Greenford Green	7.2	26.4	46.9	21.5
Greenford	North Greenford	6.3	22.3	66.3	21.4
Hanwell	Elthorne	7.9	19.3	72.7	15.5
Hanwell	Hobbayne	8.7	22.8	71.1	18.0
Northolt	Northolt Mandeville	12.8	27.0	68.1	24.6
Northolt	Northolt West End	14.5	27.1	67.8	26.4
Perivale	Perivale	8.3	25.9	54.5	18.7
Southall	Dormers Wells	12.2	31.0	76.7	19.6
Southall	Lady Margaret	14.5	27.4	61.0	20.4
Southall	Norwood Green	13.3	24.1	61.5	21.3
Southall	Southall Broadway	14.3	31.9	56.4	19.5
Southall	Southall Green	13.2	29.8	59.5	21.2
LBE		10.1	24.3	62.2	62.2
England		9.7	22.5	92.0	92.0

	Statistically significantly lower than England average
	The difference is not statistically significant
	Statistically significantly higher than England average

Source: PHE Obesity Profile, NCMP data 2023, PHE Local Health 2023 & APHO Health Profiles, 2010

2.7.6 Other lifestyle indicators

Ealing has significantly higher rates for drug misuse across the population and injuries due to falls amongst people aged 65 and over, than the England average. Flu vaccine uptake rate among persons aged 65 years and below is significantly lower than the England average.

Sexual health and dental outcomes are significantly worse than the England average. However, for each of these three indicators, Ealing rates are not significantly different to London rates.

Table 19: Other lifestyle indicators, LBE, London and England

Indicator	Ealing	London	England	Year
Baby's first feed breastmilk (%)	81.3	98.6	71.7	2020-21
Smoking prevalence ^{34F37} (18+) (%)	15.9	11.7	12.7	2022
Smoking at time of delivery (%)	3.4	4.6	8.8	2022-23
Overweight & obese adults (18+) (%)	55.5	57.2	64.0	2022/23
Physically active adults (19+) (%)	68.6	66.3	67.1	2022/23
Meeting the recommended '5-a-day' diet (16+) (%)	28.7	30.0	31.0	2022/23
Drug Misuse - opiate and/or crack cocaine estimated prevalence (15-64 year olds) (crude rate /1,000)	10.4	9.3	8.9	2016-17
Admissions due to substance misuse (15 - 24 year olds) (DSR* /100,000)	41.5	49.9	58.3	2020/21-2022/23
Alcohol related admissions (DSR/100,000)	639	420	475	2022-23
Injuries due to falls in people aged 65 and over (DSR/100,000)	2,821	2,071	1,933	2022-23

³⁷ ONS, Annual Population Survey (APS)

8BIndicator	Ealing	London	England	Year
Flu vaccine uptake (people aged 65+) (%)	67.4	68.3	79.9	2022-23
Under 18 conceptions (crude rate /1,000)	5.9	9.5	13.1	2021
Chlamydia diagnoses (15 - 24 year olds) (rate per 100,000**)	1,158	1,739	1,546	2023
HIV diagnosis at late stage of infection (15+ year olds newly diagnosed) (%) ***	44.4	39.4	43.3	2020-22
All new sexually transmitted infections (rate per 100,000)	1,138	1,448	704	2023
MMR for two doses (5 years old) (%) ****	81.0	74.0	84.5	2022/23
Children aged 5 with one or more decayed, missing or filled teeth (%)	34.5	25.8	23.7	2021-22
Children aged 0-5 years admitted to hospital for dental caries (rate per 100,000)	307.2	247.9	178.8	2020/21-2022/23

	Statistically significantly better than England average
	The difference is not statistically significant
	Statistically significantly worse than England average

Source: OHID, QOF; Mental Health Dementia and Neurology Profile, Co-occurring substance misuse and mental health issues (for Drug Misuse indicator)

* DSR: Directly Standardised Ratio

** Higher diagnoses are indicative of good performance. The national target was at least 2,300 diagnoses.

*** Benchmarked against goal of 25%. 50% and above rate is an issue of concern

**** Higher proportion is indicative of good performance. The national target was at least 95%.

Section 3: NHS pharmaceutical services provision - currently commissioned

3.1 Overview

There is a total of 77 contractors in Ealing.

Table 20: Contractor type and number in Ealing

Type of contractor	Number
40-hour community pharmacies (including one PhAS)	62
72 hour plus community pharmacies	7
DSP	8
LPS providers	0
DAC	0
Dispensing GP Practices	0
Total	77

A list of all contractors in Ealing and their opening hours can be found in Appendix A.

Figure 6 shows all contractor locations within Ealing.

Figure 6: Map of pharmacies in Ealing and across HWB borders

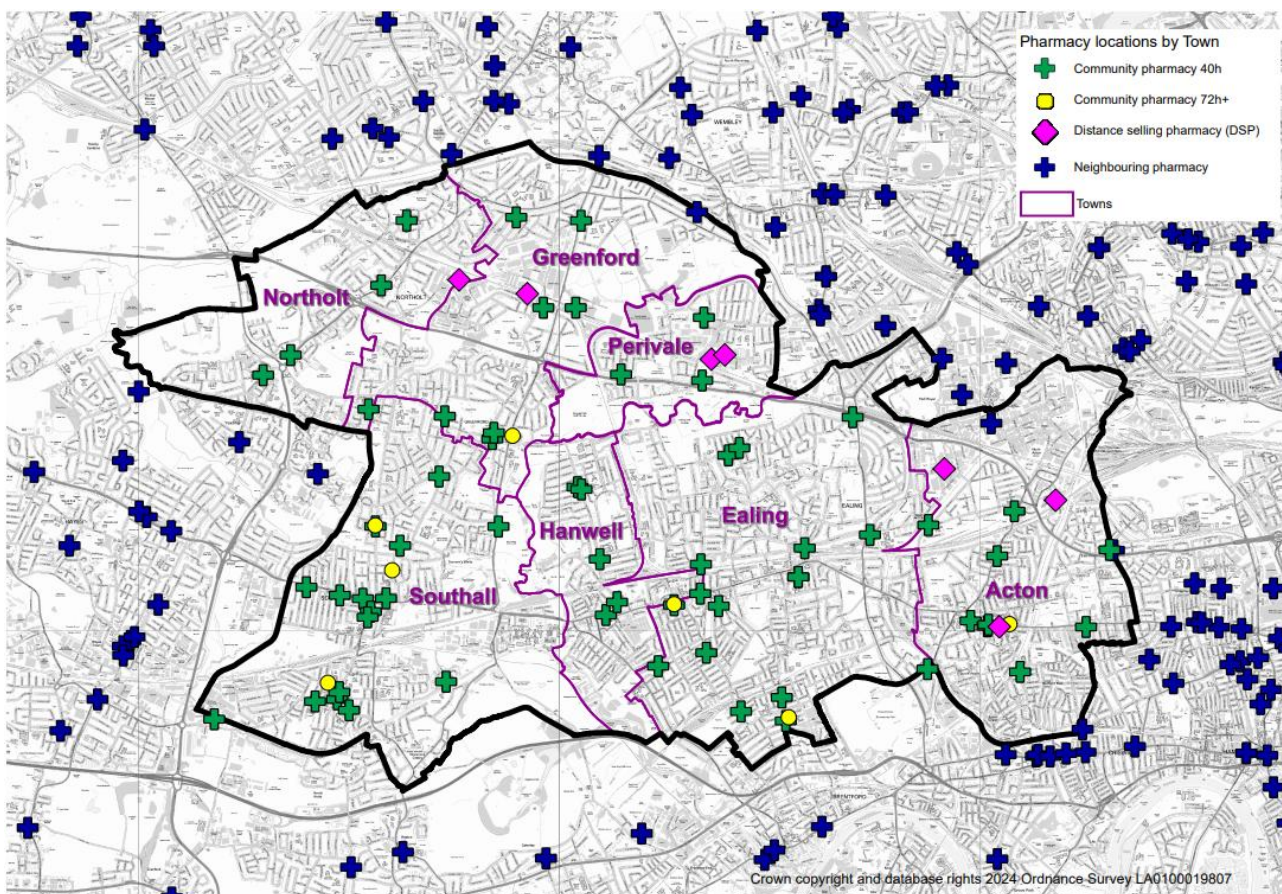
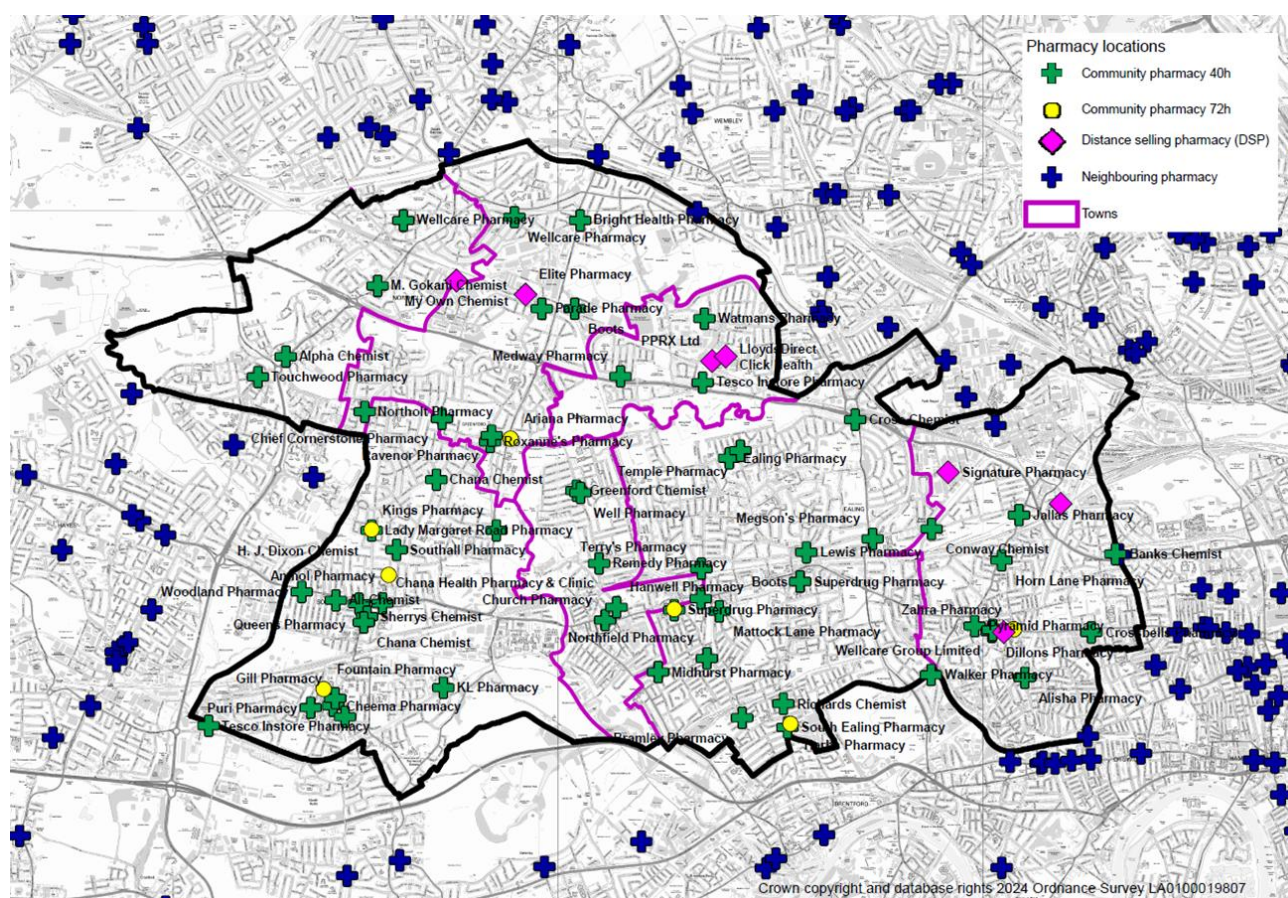


Figure 7: Map of individual pharmacies in Ealing



3.2 Community pharmacies

Table 21: Number of community pharmacies in Ealing

Number of community pharmacies	Population of Ealing	Ratio of pharmacies per 100,000 population
77 (includes 8 DSP)	378,400	20.3

Correct as of October 2024

There are 77 community pharmacies (including DSPs) in Ealing, which has increased from 75 in the last PNA. The England average is 18.1 community pharmacies per 100,000 population, which has decreased from 2021, when the average number was 20.6. The Ealing average of 20.3 pharmacies per 100,000 is higher than the national average. [Section 1.2](#) notes the level of national community pharmacy closures due to funding challenges and workforce pressures.

Table 22 shows the change in the numbers of pharmacies over recent years compared with regional and national averages.

Table 22: Number of community pharmacies per 100,000 population

	Ealing	England
2023-24	20.3	18.1
2021-22	22.0	20.6

Source: ONS 2020 and 2023 mid-year population estimates and NHS BSA for number of pharmacies

[Section 1.4.1.4.1](#) lists the Essential Services of the pharmacy contract. It is assumed that provision of all these services is available from all contractors. Further analysis of the pharmaceutical service provision and health needs for each town is explored in [Section 6](#).

Analysis of dispensing data has highlighted that approximately 440,973 prescription items dispensed each month (between May 2024 – June 2024), accounting for an average of 5,802 items per community pharmacy³⁸. This is lower than the England average of 7,109 items per pharmacy monthly and the London average of 6,997 per month in 2023-24.³⁹

Table 23 provides a breakdown, by town, of the average number of community pharmacies per 100,000 population. The number and rate of community pharmacies per 100,000 varies across the area. Perivale having the highest number at 35.5 per 100,000 to Northolt which has 14.2 community pharmacies per 100,000.

Table 23: Average number of community pharmacies in 100,000 population by town

Town	Number of community pharmacies (October 2024)	Total population (ONS 2021-based National Population Projections, 2024)	Average no. of community pharmacies per 100,000 population (October 2024)
Acton	14	69,700	20.1
Ealing	15	92,800	16.2
Greenford	10	49,300	20.3
Hanwell	8	30,900	25.9
Northolt	5	35,200	14.2
Perivale	6	16,900	35.5
Southall	19	83,700	22.7
Ealing	77	378,400	20.3
England⁴⁰	10,454	57,690,323	18.1

³⁸ NHSBSA. Dispensing Contractors' Data May-July 2024. [Accessed December 2024]

<https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data>

³⁹ NHSBSA. General Pharmaceutical Services in England 2015-16 – 2023-24. October 2024. [Accessed December 2024] <https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-2015-16-2023-24>

⁴⁰ NHS. Open Data Portal. Pharmacy Opening and Closures. November 2024. [Accessed December 2024] <https://opendata.nhsbsa.net/dataset/pharmacy-openings-and-closures>. ONS Estimates of the population for England and Wales. Mid-2023. [Accessed December 2024]. <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/dataset/estimatesofthepopulationforenglandandwales>

3.2.1 Choice of Community Pharmacies

Table 24 shows the breakdown of community pharmacy ownership in Ealing. The data shows that Ealing has a higher percentage of independent pharmacies and a lower percentage of multiples to England, with no one provider having a monopoly in any town. People in Ealing therefore have a good choice of pharmacy providers.

Table 24: Community pharmacy ownership⁴¹

Area	Multiples (%)	Independent (%)
England	55	45
London	37	63
Ealing	12	87

Source: NHSBSA 2023/24

3.2.2 Weekend and evening provision

In May 2023, the Pharmaceutical Regulations 2013 were updated to allow 100-pharmacies to reduce their total weekly core opening hours to no less than 72 hours, subject to various requirements.

In the 2022 Ealing PNA, there were seven 100-hour pharmacies (9%) compared to the seven 72-hour pharmacies now open in October 2024. Nationally there has been a decline with number of 100-hr community pharmacies in England open in 2022 being 9.4% and now for 72 hours or more per week being 7.7%.

In Ealing, five out of seven towns have at least one 72+ hour community pharmacy.

Table 25: Number of 72-hour community pharmacies (and percentage of total)⁴²

Town	Number of 72+ hour pharmacies
Acton	1 (7%)
Ealing	1 (7%)
Greenford	1 (10%)
Hanwell	1 (13%)
Northolt	0
Perivale	0
Southall	3 (16%)
Ealing	7 (9%)
England	806 (7.7%)

⁴¹ NHSBSA. General Pharmaceutical Services in England 2015-16 – 2023-24. October 2024. [Accessed December 2024] <https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-2015-16-2023-24>

⁴² NHSBSA. Pharmacy Openings and Closures. November 2024. [Accessed December 2024] <https://opendata.nhsbsa.net/dataset/pharmacy-openings-and-closures>

3.2.3 Access to community pharmacies

A previously published article⁴³ suggests:

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

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

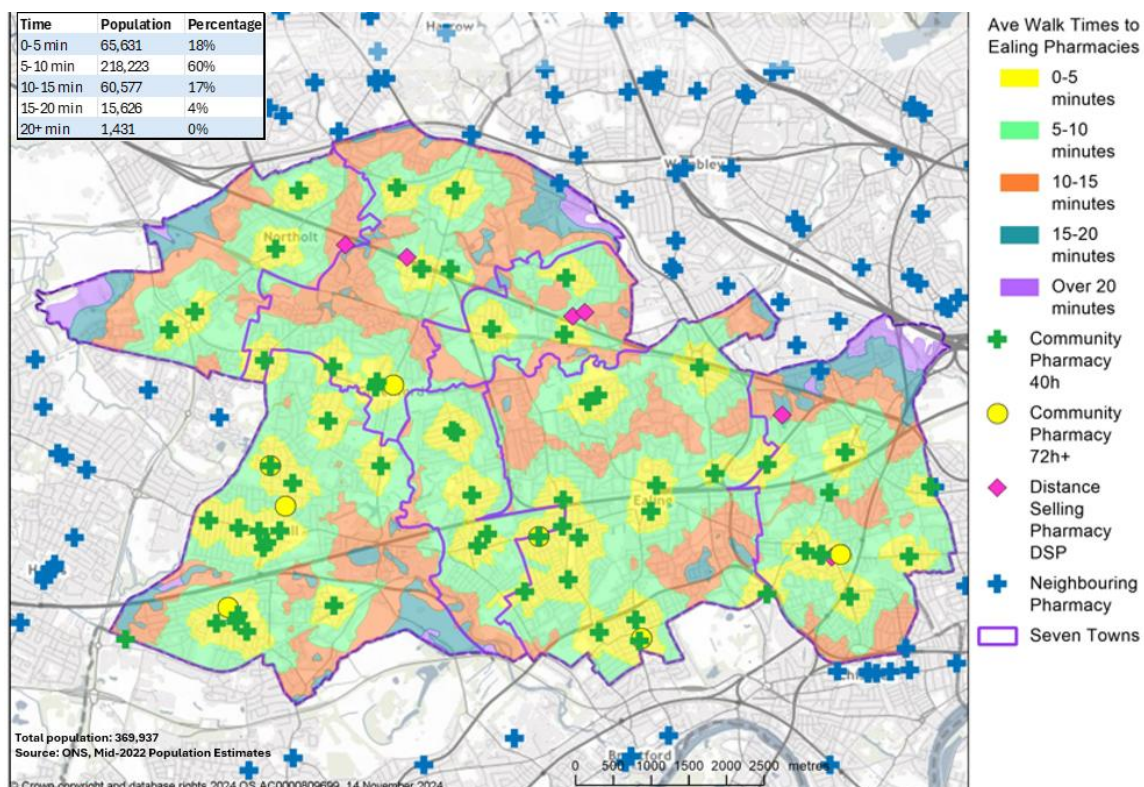
3.2.3.1 Routine daytime access to community pharmacies

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

Summary:

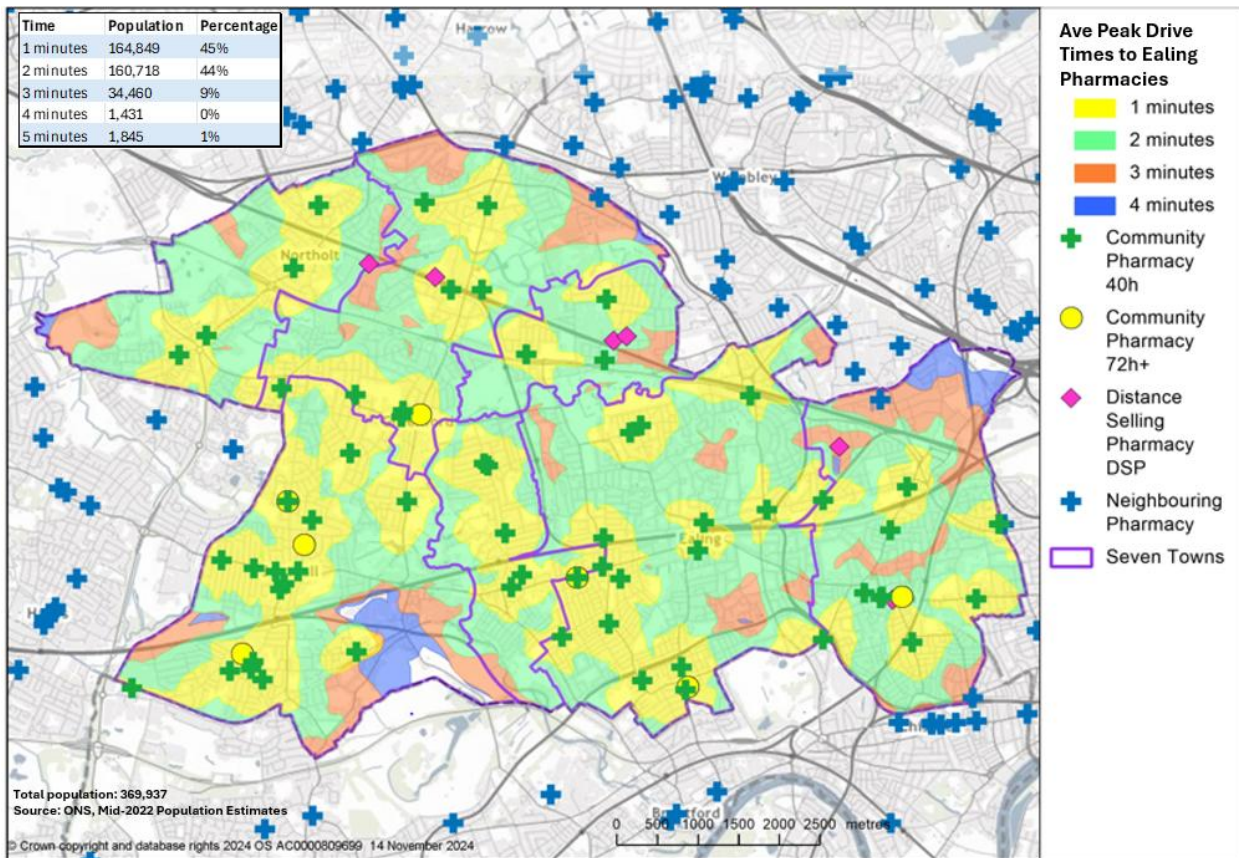
- 100% of the population in Ealing can get to a pharmacy within 20 minutes when choosing to walk.
- 100% are able to get to a pharmacy within five minutes if they choose to drive during peak time traffic.

Figure 8: Average walk times to community pharmacies in Ealing



⁴³ Todd A, Copeland A, Husband A. The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England. BMJ Open 2014, Vol. 4, Issue 8. <http://bmjopen.bmj.com/content/4/8/e005764.full.pdf%20html>

Figure 9: Drive times by car to the nearest pharmacy in Ealing (peak)



3.2.3.2 Routine weekday evening access to community pharmacies

The number, location and opening hours of community pharmacy providers open beyond 6pm, Monday to Friday (excluding bank holidays), vary within each town; they are listed in the table below. Full details of all pharmacies' opening hours can be found in Appendix A. 'Average' access is difficult, given the variety of opening hours and locations. Access is therefore considered at town level and can be found in Table 26, which shows that 67% of pharmacies are open beyond 6pm across Ealing.

Table 26: Community pharmacy providers (including DSPs) open Monday to Friday (excluding bank holidays) beyond 6pm, and on Saturday and Sunday

Town	Pharmacies open beyond 6 pm	Pharmacies open on Saturday	Pharmacies open on a Sunday
Acton	10 (71%)	10 (71%)	1 (7%)
Ealing	10 (67%)	13 (87%)	2 (13%)
Greenford	4 (40%)	8 (80%)	2 (20%)
Hanwell	4 (50%)	7 (88%)	2 (25%)
Northolt	3 (60%)	5 (100%)	0
Perivale	4 (67%)	4 (67%)	2 (33%)
Southall	17 (89%)	14 (74%)	6 (32%)
Ealing	52 (68%)	61 (79%)	15 (19%)

3.2.3.3 Routine Saturday daytime access to community pharmacies

The number, location and opening hours of community pharmacy providers open on Saturdays vary within each town. Of the pharmacies in Ealing, 61 (79%) are open on Saturdays, the majority of which are open into the late afternoon. 'Average' access is difficult given the variety of opening hours and locations. Access is therefore considered at town level. Full details of all pharmacies open on a Saturday can be found in Appendix A.

3.2.3.4 Routine Sunday daytime access to community pharmacies

The number, location and opening hours of community pharmacy providers open on Sundays vary within each town. Fewer pharmacies, 15 (19%), are open on Sundays than any other day in Ealing, which typically mirrors availability of other healthcare providers open on a Sunday. Full details of all pharmacies open on a Sunday can be found in Appendix A.

3.2.3.5 Routine bank holiday access to community pharmacies

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

The ICB has commissioned an enhanced service to provide coverage over Bank Holidays. Easter Sunday, and Christmas Day, to ensure that there are pharmacies open on these days so patients can access medication if required. In Ealing there are only three (4%) pharmacies available on Christmas Day, Boxing Day and New Year's Day.

3.2.4 Advanced Services provision from community pharmacies

[Section 1.4.1.4.2](#) lists all Advanced Services that may be provided under the pharmacy contract. As these services are discretionary, not all providers will provide them all of the time.

Data supplied from the NHS Business Services Authority (NHSBSA) demonstrates whether the service has been provided based on pharmacies claiming payment for Advanced Services. This and the data supplied from NHSE has been used in Table 27, to demonstrate how many community pharmacies per town have signed up to provide the service. Details of individual pharmacy providers can be seen in Appendix A.

The numbers in the table below represent the percentage of providers who have claimed payment for service and those shown in brackets are the ones who signed up to the service.

Table 27: Summary of Advanced and Enhanced Services provision across Ealing

	Acton	Ealing Town	Greenford	Hanwell	Northolt	Perivale	Southall	Ealing
Pharmacy First	71% (43%)	93% (100%)	90% (90%)	88% (75%)	80% (80%)	50% (67%)	89% (58%)	83% (71%)
Flu Vaccination service	0	0	0	0	0	0	0	0
Pharmacy Contraception Service	14% (43%)	47% (100%)	30% (90%)	13% (75%)	20% (80%)	50% (67%)	5% (58%)	23% (71%)
Hypertension Case Finding Service	21% (43%)	80% (100%)	80% (90%)	88% (75%)	60% (80%)	50% (67%)	53% (58%)	60% (71%)
New Medicine Service	86%	93%	90%	100%	100%	67%	89%	90%
Smoking Cessation Service	0	0	0	0	0	0	0	0
Appliance Use Review	0	0	0	0	0	0	0	0
Stoma Appliance Customisation	0	0	0	0	0	0	17%	1%
LFD Service	14%	40%	20%	13%	20%	17%	42%	27%
COVID-19 Vaccination Service	- (21%)	- (67%)	- (40%)	- (50%)	- (80%)	- 0	- (32%)	- (40%)

Source: NHSBSA May-July 2024 based on dispensing data. (List of pharmacies signed up to the service).

It should be noted that services, such as AUR and SAC have lower dispensing through Community Pharmacies as DACs (a specialised supplier of medical appliances and devices) provides these services. It should also be noted that for some of these services, such as AUR, not signing up does not preclude providers from providing the service. At the time of writing, which Community Pharmacies were providing the Flu Vaccination service was unavailable and the latest dispensing data suggested it's not being provided however it should be noted that this is a seasonal trend in activity.

Newer Advanced Services are increasing in activity based on activity recorded in the 2022 PNA. The Hypertension case finding service previously had low uptake across all localities however data suggests good uptake for the majority of contractors in all localities except Acton.

The Smoking Cessation Service currently has low uptake locally as well as nationally and Ealing contractors are having fewer consultations than the national average around the Pharmacy Contraception Service, as demonstrated by the Community Pharmacy England Dashboards.⁴⁴

3.3 Other providers

The following are providers of pharmacy services in Ealing but are not defined as pharmaceutical services under the Pharmaceutical Regulations 2013, however reduce the need for pharmaceutical service provision, in particular the dispensing service.

3.3.1 NHS hospitals

Pharmacy Service provision is provided to Ealing hospital patients at:

- Ealing Hospital, Uxbridge Road, Southall, UB1 3HW

3.3.2 Extended hours provided by PCNs

PCNs are required to provide enhanced access to appointments outside of the standard opening hours for most GPs to accommodate those who may need appointments outside typical opening working times.

3.3.3 Urgent care centres

- Ealing Hospital, Uxbridge Road, Southall, UB1 3HW

There are no walk-in centres and minor injury units in Ealing, but residents can attend one at West Middlesex Hospital, commissioned by London Borough of Hounslow.

Privately provided services – most pharmacy contractors and DACs will provide services by private arrangement between the pharmacy/DAC and the customer/patient.

The following are examples of services and may fall within the definition of an Enhanced Service. However, as the service has not been commissioned by the NHS and is funded and provided privately, it is not a pharmaceutical service:

- Care home service, e.g. direct supply of medicines/appliances and support medicines management services to privately run care homes.
- Home delivery service, e.g. direct supply of medicines/appliances to the home.
- PGD service, e.g. hair loss therapy, travel clinics.
- Screening service, e.g. skin cancer.

Services will vary between providers and are occasionally provided free of charge, e.g. home delivery.

Community Pharmacies are contractually obliged to clarify on their patient leaflet which services are NHSE-funded, local authority-funded and privately funded.

⁴⁴ Community Pharmacy England. Clinical Services Statistics. October 2024. [Accessed December 2024] <https://cpe.org.uk/funding-and-reimbursement/nhs-statistics/clinical-services-statistics/>

3.3.4 Enhanced Services provision from community pharmacy

There is currently one National Enhanced Service (NES) commissioned through community pharmacies from NHSE in Ealing. This is the COVID-19 vaccination service.

As shown in Table 27, there is a spread across all localities of community pharmacies providing this service, apart from Perivale.

Any Locally Commissioned Services (LCS) commissioned by the ICB or the local authority are not considered here. They are outside the scope of the PNA but are considered in [Section 4](#).

3.4 Dispensing Appliance Contractors (DACs)

There are no DACs in Ealing.

The community pharmacy contractor questionnaire received 39 responses to the appliance dispensing question and 64% of them reported that they dispense all types of appliances.

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

There are 111 DACs in England⁴⁵.

3.5 Dispensing GP practices

There are no dispensing GP practices in Ealing.

3.6 PhAS pharmacies

There is one PhAS provider in Ealing, in Southall town. Details can be found in Appendix A.

3.7 Pharmaceutical service provision provided from outside Ealing

Ealing borders with five other HWBs and has good transport links. Populations may therefore find community pharmacies in neighbouring HWB areas more accessible and/or more convenient. Neighbouring areas include: Hillingdon, Harrow, Brent, Hammersmith and Fullham, Hounslow.

It is not practical to list here all those pharmacies outside Ealing area by which Ealing residents will access pharmaceutical services. A number of providers lie within close proximity to the borders of Ealing area boundaries as shown in Figure 6.

The following are noted:

- Bedford Park Pharmacy, 5 Bedford Park Corner, Chiswick, London W4 1LS.
- PM Williams Pharmacy, 5 Northolt Road, London HA2 8HB.
- Chana Pharmacy, 96-98 High Street, London NW10 4SL.

⁴⁵ NHSBSA. General Pharmaceutical Services in England 2015-16 – 2023-24. October 2024. [Accessed December 2024] <https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-2015-16-2023-24>

Section 4: Other services that may impact on pharmaceutical services provision

Community pharmacies and GP practices provide a range of other services. These are not considered 'pharmaceutical services' under the Pharmaceutical Regulations 2013 and may be either free of charge, privately funded or commissioned by the Local Authority (LA) or ICB.

These services are listed for information only and would not be considered as part of a Market Entry determination.

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

Table 16 details the services provided across Ealing. A list of all contractors and commissioned services can be found in [Appendix A](#).

Table 28: Number and percentage of providers for NWL ICB commissioned services in Ealing

	Acton	Ealing Town	Greenford	Hanwell	Northolt	Perivale	Southall	Ealing
COVID-19 Oral Medication	0	1 (7%)	0	0	0	0	1 (5%)	2 (3%)
IP Pathfinder service	0	3 (20%)	0	0	0	0	0	3 (4%)
Bank Holiday	1 (7%)	0	0	0	0	0	2 (11%)	3 (4%)
Pilot SCS support for Targeted Lung Health Check Screening	0	1 (7%)	0	0	0	0	1 (5%)	2 (3%)
In-hours on-demand anticipatory medicines*	-	-	-	-	-	-	-	12 (16%)
Out-of-hours on-demand anticipatory medicines*	-	-	-	-	-	-	-	18 (23%)

* Details of specific pharmacies providing these services not included for security reasons

Table 29: Number and percentage of providers for LBE commissioned services in Ealing

	Acton	Ealing Town	Greenford	Hanwell	Northolt	Perivale	Southall	Ealing
Ealing Smokefree service	0	5 (33%)	1 (10%)	0	0	0	1 (5%)	7 (9%)
EHC	2 (14%)	3 (20%)	2 (20%)	0	1 (20%)	0	1 (5%)	9 (12%)
Drug and Alcohol service and needle exchange	1 (7%)	1 (7%)	0	0	1 (20%)	0	1 (5%)	4 (5%)
Drug and Alcohol service only	0	0	0	0	0	0	2 (11%)	2 (3%)
Drug and Alcohol service (Pay Per Pack + Bins	0	1 (7%)	0	1 (13%)	1 (20%)	0	1 (5%)	4 (5%)

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

LBE commissions five Local Authority-commissioned Services (LAS) from community pharmacies in Ealing.

Currently commissioned services by LBE are:

- LAS1: Ealing Smokefree service which is an eight week programme to support individuals with their smokefree goals
- LAS2: Emergency Hormonal Contraception (EHC)
- Recovery Intervention Services Ealing (RISE) provide an Integrated Drug and Alcohol Service across Ealing to support Young Adults and Adults. Community Pharmacies can provide:
 - LAS3: Daily supervised consumption and needle exchange (DSC/NX)
 - LAS4: Daily supervised consumption only (DSC only)
 - LAS5: Daily supervised consumption, paid per pack and including bins for safe disposal (DSC/Pay per pack + bins)

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

These services are listed for information only and would not be considered and used as part of a Market Entry determination.

4.2 ICB-commissioned services

The North West London ICB commissions six ICB-commissioned Services (ICBS) across Ealing:

- ICBS1: COVID-19 oral medication service
- ICBS2: Independent Prescriber Pathfinder service for hypertension
- ICBS3: Bank Holiday opening service
- ICBS4: Pilot SCS support for targeted lung health check screening
- ICBS5: In-hours on-demand anticipatory medicines service
- ICBS6: Out-of-hours on-demand anticipatory medicines service

4.3 Other services provided from community pharmacies

There were 41 respondents to the community pharmacy contractor questionnaire, found in Appendix E. Of respondents, 44% stated they would like to provide more services in Ealing.

A report of the community pharmacy contractor questionnaire responses is detailed in Appendix E.

4.4 Collection and delivery services

The delivery services offered by pharmacy contractors are not commissioned services and is not part of the community pharmacy contractual terms of service. This would not be considered as part of a determination for Market Entry.

From the pharmacy contractor questionnaire, up to 84% (32) of community pharmacies provide home delivery services free of charge on request. It should be noted that 82% (32) of community pharmacies collect prescriptions from GP practices.

Free delivery is required to be offered without restriction by all DSPs to patients who request it throughout England. There are seven DSPs based in Ealing, and there are 409 throughout England. Free delivery of appliances is also offered by DACs, and there are 111 DACs throughout England.

4.5 Services for less-abled people

Under the Equality Act 2010⁴⁶, community pharmacies are required to make 'reasonable adjustments' to their services to ensure they are accessible by all groups, including less-abled persons.

From the 256 responders to the public questionnaire, 17% have identified that they have a disability.

4.6 Language service

Of the pharmacies who responded to the community pharmacy contractor questionnaire, 38 reported that they offer at least one additional language in addition to English. The most common spoken additional languages were Hindi, Gujarati, Punjabi, Arabic and Urdu. The full results are shown in Appendix E.

⁴⁶ Legislation. Equality Act 2010. October 2024. [Accessed December 2024]
www.legislation.gov.uk/ukpga/2010/15/contents

Section 5: Findings from the public questionnaire

A public questionnaire about pharmacy provision was developed by the steering group to understand the views of the public in Ealing. This questionnaire was available online through LBE consultations website page between 15 August and 25 October 2024. Paper copies and an easy read version were also available upon request.

The questionnaire was circulated by the PNA Steering Group to engage stakeholders through various routes:

- Social media channels.
- London Borough of Ealing staff.
- LBE network including Ealing Council Champions.
- NWL ICB network.
- Healthwatch Ealing network.
- Ealing and Hounslow Community Voluntary Service network.
- Local community leaders and organisations.

There were 256 responses, all to the online survey, from a population of 378,400 (0.07%), so the findings should be interpreted with some care regarding the representation of the community as a whole. It should also be noted that the demographics of respondents do not fully reflect population demographics with certain groups not adequately represented limiting how generalisable the findings are. The responses were not also evenly spread across all localities and further work should be completed in the next PNA to engage with all towns across Ealing.

A full report of the results can be found in Appendix D.

5.1 Demographic analysis

- 73% of the respondents were female, compared to 22% being male and the majority answering the survey aged 65 or above (47%).
- 17% reported having a disability or long standing illness.
- Majority of the respondents (55%) came from a White - British background.

5.2 Visiting a pharmacy

- 93% had a regular or preferred local community pharmacy which was slightly higher than the respondents in 2022 (89%).
- Most of the respondents (73%) visited a pharmacy at least once a month in the last six months.
- 50% said the time of day most convenient for them typically varied.
- 65% said the day that was most convenient for them also varied.
- 2% said they only used an online pharmacy.

5.2.1 Reason for visiting a pharmacy

- The main reason for visiting a pharmacy for most (90%) was to collect prescriptions for themselves or to buy medicines over the counter (71%).

- A small number did state they used the pharmacy for some of the Advanced Services (5% for Pharmacy First and 12% for the Hypertension case-finding service).

5.2.2 Choosing a pharmacy

- Quality of service (68%) was an extremely important factor when choosing a pharmacy.
- The location of the pharmacy (66%) and availability of medicines (65%) were also extremely important factors, together with customer service (58%) and services provided (50%).
- The pharmacy being accessible was not considered important at all by most (59%), however this may be represented by the fact only a small number reported they had a disability.
- 24% reported they used a pharmacy that wasn't the closest or most convenient and that was due to a number of reasons including stock availability, proximity to work/GP or customer service.

5.2.3 Access to a pharmacy

- Most respondents walked to their pharmacy (77%) or went by car (12%).
- Majority of the respondents (75%) could get to a pharmacy within 15 minutes and overall, 97% of the respondents felt they could within 30 minutes.

Section 6: Analysis of health needs and pharmaceutical service provision

The analysis of health needs and pharmaceutical service provision aims to identify if there are any existing or potential future gaps in pharmaceutical services within Ealing.

6.1 Pharmaceutical services and health needs

The health needs and pharmaceutical service provision for Ealing borough have been analysed, taking into consideration the priorities outlined in the NHS LTP, JSNA, JLHWS, other local policies, strategies and health needs ([Section 2](#)).

Several of the priorities in these strategies and policies can be supported by the provision of pharmaceutical services within Ealing. Some of these services are Essential Services and already provided, and some will be Advanced or Enhanced Services that are new.

Understanding the communities that local pharmacies serve is important for maximising national CPCF services in care pathways as well as commissioning the services that best serve the health and wellbeing requirements of the local communities. Pharmacies play more than a medicine-dispensing role today and the changes in the 2019-2024 CPCF saw services that meet the prevention, medicines optimisation and primary care access agendas. The Public Health build in the CPCF supports communities to be healthy, to self-care and to self-manage long-term conditions. These are all important services that can help reduce the demand on local general practices and hospitals.

6.2 PNA localities

There are 77 contractors in Ealing, of which 69 are community pharmacies and eight are DSPs. Table 20 in [Section 3.1](#) provides a breakdown by contractor type and Table 26 in [Section 3.2.3.2](#) provides a breakdown of the number and percentage of community pharmacies open beyond 6pm and weekends. Individual community pharmacy opening times are listed in Appendix A.

The health needs of the Ealing population influence pharmaceutical service provision in Ealing. Health and population information was not always provided on a town basis; where it was provided it has been discussed in the relevant town section. Where data was only available at area level it will be discussed in [Section 6.3](#).

For the purpose of the PNA, **all Essential Services are considered Necessary Services in Ealing**.

All **advanced services are 'other relevant services'**. Locally Commissioned Services pharmaceutical services are considered those that secure improvements or better access or that have contributed towards meeting the need for pharmaceutical services in the HWB area.

The breakdown of Advanced, Enhanced and Locally Commissioned Service provision by town can be found in [Section 3.2.4](#), [Section 3.2.5](#) and [Section 4](#) respectively.

For the purpose of the PNA, the Ealing geography has seven localities:

- Acton
- Ealing
- Greenford
- Hanwell
- Northolt
- Perivale
- Southall

The following have been considered as part of the assessment for Ealing to understand the needs of the population:

- National priorities as set out by the NHS Long Term Plan and Core20PLUS5.
- The local strategies across the area for the health needs of the population of Ealing from the JSNA, JHWS and the ICS.
- Population changes and housing developments across the next three years.
- IMD and deprivation ranges compared with the relative location of pharmacy premises.
- The burden of diseases and the lifestyle choices people make across Ealing.
- The health profiles based on ONS and QOF data.

The following have been considered to understand pharmaceutical service provision and access:

- The number of pharmacy contractors across each town.
- What choice do individuals have to which pharmacy they choose to visit.
- Weekend and evening access across each town.
- How long it takes to travel to the nearest pharmacy based on various transportation methods.
- What services are provided across each town.
- The views of the public on pharmaceutical service provision.
- The views of contractors on pharmaceutical service provision.

6.2.1 Acton

Acton has a population of 69,700, of which 57.4% is White British and 42.6% is other ethnicities. In Acton, three out of four wards have an Index of Multiple Deprivation (IMD) Score that is higher than the borough and England average. The wards are Acton Central, East Acton and South Acton. Acton wards have the highest density of residents per km² compared to the borough average.

South Acton ward has the lowest life expectancy of all Acton wards. Acton has the second lowest rate of obesity in the borough, though the highest obesity rates are in the White & Black Caribbean population and the Black Caribbean population, both significantly higher than the Acton average. In Acton the lowest rate of diabetes is reported in the borough, it was noted all ethnic groups, except for White British, White Other and Chinese, have rates of diabetes similar to or significantly higher than the Acton average. QOF figures for South Acton showed the stroke figure was statistically higher than the borough and England. Acton has the lowest rate of hypertension in the borough though communities such as the Black Caribbean, Mixed White & Black Caribbean and White Irish populations have significantly higher than the Acton average. It has the fourth highest rate of depression in the borough. Emergency hospital admissions for all causes, all ages, is approximately 12% lower than the England average.

6.2.1.1 Necessary Services: current provision

There are 14 community pharmacies in Acton. The estimated average number of community pharmacies per 100,000 population is 20.1, which is higher than the England average of 18.1 and the same as the Ealing average of 20.1 ([Section 3.2](#)). There are ten (71%) pharmacies that hold a standard 40-core hour contract, one (7%) 72+hour pharmacy and three (21%) DSPs.

Of the 14 community pharmacies:

- Ten pharmacies (71%) are open after 6pm on weekdays.
- Ten pharmacies (71%) are open on Saturdays.
- One pharmacy (7%) is open on a Sunday.

There are also a number of accessible providers open in the neighbouring Ealing Town, as well as in Hounslow and Hammersmith & Fulham.

6.2.1.2 Necessary Services: gaps in provision

There is excellent pharmaceutical service provision across Acton. Figures for population growth or housing developments were not available at the time of writing however as a borough, figures showed an expected increase over the next six years to 2031 by 8.4%. The increase in projected population growth should not impact access to pharmaceutical services. This can be easily absorbed by the existing community pharmacy network.

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

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

6.2.1.3 Other relevant services: current provision

Table 30 shows the pharmacies providing Advanced and Enhanced services in Acton.

Table 30: Acton Advanced and Enhanced Services

Service	Pharmacies signed up	Pharmacies dispensing
Pharmacy First	6 (43%)	10 (71%)
Seasonal Influenza Vaccination	-	0
Pharmacy Contraception	6 (43%)	2 (14%)
Hypertension case-finding	6 (43%)	3 (21%)
New Medicine Service	-	12 (86%)
Smoking Cessation	-	0
Application use review	-	0
Stoma Appliance customisation	-	0
Lateral Flow Device Tests	-	2 (14%)
COVID-19 Vaccination Service	3 (21%)	-

Source: signed up list, and NHS BSA activity data May-July 2024.

No gaps in the provision of Relevant Services have been identified for Acton.

6.2.1.4 Improvements and better access: gaps in provision

Table 31 shows access to **services commissioned by** North West London ICB.

Table 31: ICB commissioned services in Acton

ICB commissioned services	Pharmacies signed up
COVID-19 Oral Medication	0
IP Pathfinder	0
Bank Holiday	1 (7%)
Pilot SCS support for Targeted Lung Health Check Screening	0
In-hours on-demand anticipatory medicines*	-
Out-of-hours on-demand anticipatory medicines*	-

* Details of specific pharmacies providing these services not included for security reasons

Table 32 shows access to **services commissioned by** LBE.

Table 32: LBE commissioned services in Acton

LBE commissioned services	Pharmacies signed up
Ealing Smokefree	0

LBE commissioned services	Pharmacies signed up
Emergency Hormonal Contraception	2 (14%)
Drug and Alcohol service DSC / NX	1 (7%)
Drug and Alcohol service DSC only	0
Drug and Alcohol service DSC / Pay Per Pack + Bins	0

All of the Advanced, Enhanced and Locally Commissioned Services are available in Acton and have varying opening times.

Consideration should be given to incentives for further uptake from current providers and extending provision through community pharmacies including plans for increased uptake of the recently introduced Advanced Services – Pharmacy First, the hypertension case-finding service, PCS and the smoking cessation Advanced Service. The ICS needs to look at increasing service uptake through existing providers working with place-based stakeholders.

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

6.2.2 Ealing Town

Ealing Town has a population of 92,800, of which 61.8% is White British and 38.2% is other ethnicities. All six wards in Ealing Town have an Index of Multiple Deprivation (IMD) Score that is lower than the borough average. The town has the lowest proportion (9.7%) of residents living in income-deprived households across the seven towns. The town is relatively less densely populated than the other localities. After English, the top two languages spoken by children resident in Ealing Town and attending Ealing state-maintained schools are Arabic followed by Polish.

Life expectancy in all Ealing Town wards is higher than the Ealing and England averages. The rate of preventable deaths is lower than the Ealing and England averages. The town has the lowest recorded rate of obesity in the borough; yet other Black and Black African populations have all significantly higher than the Ealing average. Ealing Town recorded the second lowest rate of diabetes in the borough, yet the Black Caribbean population has the highest rate, followed by the Indian and Pakistani populations with significantly higher than the Ealing average. For hypertension, while the rate was the second lowest in the borough the Black Caribbean population has the highest rate at nearly 2.5 times the Ealing average.

6.2.2.1 Necessary Services: current provision

There are 15 community pharmacies in Ealing Town. The estimated average number of community pharmacies per 100,000 population is 16.2, which is lower than the England average of 18.1 and also lower than the Ealing average of 20.1 ([Section 3.2](#)). There are 14 (93%) pharmacies that hold a standard 40-core hour contract and one (7%) 72+ hour pharmacy. There are no DSPs in Ealing Town.

Of the 15 community pharmacies:

- 10 pharmacies (67%) are open after 6 pm on weekdays.
- 13 pharmacies (87%) are open on Saturdays.
- Two pharmacies (13%) are open on Sundays.

There are also a number of accessible providers open in the neighbouring towns of Perivale, Hanwell, Acton, as well as in Brent and Hounslow.

6.2.2.2 Necessary Services: gaps in provision

There is very good pharmaceutical service provision across the whole town to ensure continuity of provision to the new developments. The town population growth was not available, however the borough figures showed this is expected to increase over the next six years to 2031 by 8.4%. This can be easily absorbed by the existing community pharmacy network. The minor increase in projected population growth should not impact access to pharmaceutical services.

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

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

6.2.2.3 Other relevant services: current provision

Table 33 shows the pharmacies providing Advanced and Enhanced services in Ealing Town.

Table 33: Ealing Town Advanced and Enhanced Services

Service	Pharmacies signed up	Pharmacies dispensing
Pharmacy First	15 (100%)	14 (93%)
Seasonal Influenza Vaccination	-	0
Pharmacy Contraception	15 (100%)	7 (47%)
Hypertension case-finding	15 (100%)	12 (80%)

Service	Pharmacies signed up	Pharmacies dispensing
New Medicine Service	-	14 (93%)
Smoking Cessation	-	0
Application use review	-	0
Stoma Appliance customisation	-	0
Lateral Flow Device Tests	-	6 (40%)
COVID-19 Vaccination Service	10 (67%)	-

Source: signed up list, and NHSBSA activity data May-July 2024

No gaps in the provision of Relevant Services have been identified for Ealing Town.

6.2.2.4 Improvements and better access: gaps in provision

Table 34 shows access to **services commissioned by** North West London ICB.

Table 34: ICB commissioned Services for Ealing Town

ICB commissioned Services	Pharmacies signed up
COVID-19 Oral Medication	1 (7%)
IP Pathfinder	3 (20%)
Bank Holiday	0
Pilot SCS support for Targeted Lung Health Check Screening	1 (7%)
In-hours on-demand anticipatory medicines*	-
Out-of-hours on-demand anticipatory medicines*	-

* Details of specific pharmacies providing these services not included for security reasons

Table 35 shows access to **services commissioned by** LBE.

Table 35: LBE commissioned Services for Ealing Town

LBE commissioned Services	Pharmacies signed up
Ealing Smokefree	5 (33%)
EHC	3 (20%)
Drug and Alcohol service DSC / NX	1 (7%)
Drug and Alcohol service DSC only	0
Drug and Alcohol service DSC / Pay Per Pack + Bins	1 (7%)

All of the Advanced, Enhanced and Locally Commissioned Services are available in Ealing Town and have varying opening times.

Consideration should be given to incentives for further uptake from current providers and extending provision through community pharmacies including plans for increase uptake of the recently introduced Advanced Services – Pharmacy First, the Hypertension case-finding service, PCS and the smoking cessation Advanced Service. The ICS needs to look at increasing service uptake through existing providers working with place-based stakeholders.

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

6.2.3 Greenford

Greenford has a population of 49,300, of which 61.8% are White British and 38.2% are other ethnicities. Greenford has the 2nd highest proportion of residents identifying as Asian/Asian British ethnicity and also the 2nd highest proportion of residents of Black/Black British ethnic origin across the seven towns. After English, the top two languages spoken by children resident in Greenford and attending Ealing state-maintained schools are Polish followed by Arabic.

Greenford Broadway has an IMD score that is higher than the borough average which means the town is relatively deprived. Greenford has the 3rd lowest proportion of the most deprived LSOAs across the seven towns. Population density is relatively lower in the south of the town and higher in the very north of the town.

The Greenford Broadway ward has the lowest life expectancy of all Greenford wards (77.6 years for men; 83.2 years for women). The rate of preventable deaths is lower than the Ealing and England averages. The town recorded the second highest rate of obesity in the borough, of which the highest rates are amongst residents from the Black Caribbean ethnic group. Greenford has the third highest rate of diabetes in the borough, of which the Bangladeshi population has the highest rate, significantly higher than the Greenford average. The third highest rate of hypertension in the borough is in Greenford, of which the Black Caribbean population has the highest rate, significantly higher than the Greenford average. Emergency hospital admissions for all causes, all ages, is approximately 8% higher than the England average. Hospital admissions for conditions attributable to alcohol is similar to the England average. North Greenford QOF data showed the highest rate of CHD, which was significantly higher than the England value.

6.2.3.1 Necessary Services: current provision

There are ten community pharmacies in Greenford. The estimated average number of community pharmacies per 100,000 population is 20.3, which is higher than the England average of 18.1 and similar to the Ealing average of 20.1 ([Section 3.2](#)). There are seven (70%) pharmacies that hold a standard 40-core hour contract, one 72+ hour pharmacy and 2 (20%) DSPs.

Of the ten community pharmacies:

- Four pharmacies (40%) are open after 6pm on weekdays.
- Eight pharmacies (80%) are open on Saturdays.
- Two pharmacies (20%) are open on Sundays.

There are also a number of accessible providers open in the neighbouring town of Northolt, as well as in Harrow and Brent.

6.2.3.2 Necessary Services: gaps in provision

There is a very good pharmaceutical service provision across the whole town to ensure continuity of provision to the new developments. Greenford population growth was not available, however the borough figures showed this is expected to increase over the next six years to 2031 by 8.4%. This can be easily absorbed by the existing community pharmacy network. The minor increase in projected population growth should not impact access to pharmaceutical services.

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

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

6.2.3.3 Other relevant services: current provision

Table 36 shows the pharmacies providing Advanced and Enhanced services in Greenford.

Table 36: Greenford Advanced and Enhanced Services

Service	Pharmacies signed up	Pharmacies dispensing
Pharmacy First	9 (90%)	9 (90%)
Seasonal Influenza Vaccination	-	0
Pharmacy Contraception	9 (90%)	3 (30%)
Hypertension case-finding	9 (90%)	8 (80%)
New Medicine Service	-	9 (90%)

Service	Pharmacies signed up	Pharmacies dispensing
Smoking Cessation	-	0
Application use review	-	0
Stoma Appliance customisation	-	0
Lateral Flow Device Tests	-	2 (20%)
COVID-19 Vaccination Service	4 (40%)	-

Source: signed up list, and NHS BSA activity data May-July 2024.

No gaps in the provision of Relevant Services have been identified for Greenford.

6.2.3.4 Improvements and better access: gaps in provision

Table 37 shows access to **services commissioned by** North West London ICB.

Table 37: ICB commissioned Services for Greenford

ICB commissioned Services	Pharmacies signed up
COVID-19 Oral Medication	0
IP Pathfinder	0
Bank Holiday	0
Pilot SCS support for Targeted Lung Health Check Screening	0
In-hours on-demand anticipatory medicines*	-
Out-of-hours on-demand anticipatory medicines*	-

* Details of specific pharmacies providing these services not included for security reasons

Table 38 shows access to **services commissioned by** LBE.

Table 38: LBE commissioned Services for Greenford

LBE commissioned Services	Pharmacies signed up
Ealing Smokefree	1 (10%)
EHC	2 (20%)
Drug and Alcohol service DSC / NX	0
Drug and Alcohol service DSC only	0
Drug and Alcohol service DSC / Pay Per Pack + Bins	0

All of the Advanced, Enhanced and Locally Commissioned Services are available in Greenford and have varying opening times.

Consideration should be given to incentives for further uptake from current providers and extending provision through community pharmacies including plans for increase uptake of the recently introduced Advanced Services – Pharmacy First, the hypertension case-finding service, PCS and the smoking cessation Advanced Service. The ICS needs to look at increasing service uptake through existing providers working with place-based stakeholders.

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

6.2.4 Hanwell

Hanwell has a population of 30,900, of which 58% is White British and 42% is other ethnicities. Hanwell has the highest proportion of residents of Mixed ethnicity and the second highest proportion of White British residents across the seven towns. After English, the top two languages spoken by children resident in Hanwell and attending Ealing state-maintained schools are Polish followed by Arabic. Hanwell wards have an IMD score that is higher than the borough average. Four out of 17 LSOA are in the most deprived 20%. Hanwell has the 3rd highest proportion of the most deprived LSOAs across the localities. In addition, Hanwell has the third highest proportion (15.7%) of residents living in income-deprived households across the seven towns.

Hanwell has more relative population density in the southern part and central part. Hanwell has the joint third highest proportion of self-reported bad or very bad health across the borough. The life expectancy of men and women living in Elthorne ward is lower than the Ealing average. The rate of preventable deaths is 6.3% higher than the England average. The town has the lowest rate of diabetes in the borough; it was noted that the highest rates are in the Indian, Pakistani, Black Caribbean and Other Asian populations, all significantly higher than the Hanwell average. Hypertension was the third lowest rate in the borough; the highest rate is amongst residents of Black Caribbean ethnicity, which is nearly double the Hanwell average. Emergency hospital admissions for all causes and ages is approximately 17% higher than the England average. Hospital admissions for conditions attributable to alcohol is 18.6% higher than the England average.

6.2.4.1 Necessary Services: current provision

There are eight community pharmacies in Hanwell. The estimated average number of community pharmacies per 100,000 population is 25.9, which is higher than the England average of 18.1 and also higher the Ealing average of 20.1 ([Section 3.2](#)). There are seven (88%) pharmacies that hold a standard 40-core hour contract and one (13%) 72+hour pharmacy. There are no DSPs in Hanwell.

Of the eight community pharmacies:

- Four pharmacies (50%) are open after 6 pm on weekdays.

- Seven pharmacies (88%) are open on Saturdays.
- Two pharmacies (25%) are open on Sundays.

There are also a number of accessible providers open in the neighbouring towns of Ealing Town, Perivale, Greenford and Southall, as well as in Hounslow.

6.2.4.2 Necessary Services: gaps in provision

There is very good pharmaceutical service provision across Hanwell to ensure continuity of provision to the new developments. The town population growth was not available, however the borough figures showed this is expected to increase over the next six years to 2031 by 8.4%. This can be easily absorbed by the existing community pharmacy network. The minor increase in projected population growth should not impact access to pharmaceutical services.

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

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

6.2.4.3 Other relevant services: current provision

Table 39 shows the pharmacies providing Advanced and Enhanced services in Hanwell.

Table 39: Hanwell Advanced and Enhanced Services

Service	Pharmacies signed up	Pharmacies dispensing
Pharmacy First	6 (75%)	7 (88%)
Seasonal Influenza Vaccination	-	0
Pharmacy Contraception	6 (75%)	1 (13%)
Hypertension case-finding	6 (75%)	7 (88%)
New Medicine Service	-	8 (100%)
Smoking Cessation	-	0
Application use review	-	0
Stoma Appliance customisation	-	0
Lateral Flow Device Tests	-	1 (13%)
COVID-19 Vaccination Service	4 (50%)	-

Source: signed up list, and NHSBSA activity data May-July 2024

No gaps in the provision of Relevant Services have been identified for Hanwell.

There is very good provision of pharmacy first, hypertension case finding service and NMS.

6.2.4.4 Improvements and better access: gaps in provision

Table 40 shows access to **services commissioned by** North West London ICB.

Table 40: ICB commissioned Services for Hanwell

ICB commissioned Services	Pharmacies signed up
COVID-19 Oral Medication	0
IP Pathfinder	0
Bank Holiday	0
Pilot SCS support for Targeted Lung Health Check Screening	0
In-hours on-demand anticipatory medicines*	-
Out-of-hours on-demand anticipatory medicines*	-

* Details of specific pharmacies providing these services not included for security reasons

Table 41 shows access to **services commissioned by** LBE.

Table 41: LBE commissioned Services for Hanwell

LBE commissioned Services	Pharmacies signed up
Ealing Smokefree	0
EHC	0
Drug and Alcohol service DSC / NX	0
Drug and Alcohol service DSC only	0
Drug and Alcohol service DSC / Pay Per Pack + Bins	1 (13%)

All of the Advanced, Enhanced and Locally Commissioned Services are available in Hanwell and have varying opening times.

Consideration should be given to incentives for further uptake from current providers and extending provision through community pharmacies including plans for increased uptake of the recently introduced Advanced Services – Pharmacy First, the hypertension case-finding service, PCS and the smoking cessation Advanced Service. The ICS needs to look at increasing service uptake through existing providers working with place-based stakeholders.

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

6.2.5 Northolt

Northolt has a population of 35,200, of which 40.3% is White and 59.7% is other ethnicities. Asian/Asian British make up the largest proportion (28%) of the Northolt population. Northolt also has the highest proportion of Black/Black British population across the seven localities. After English, the top two languages spoken by children resident in Northolt and attending Ealing state-maintained schools are Arabic followed by Polish.

Northolt wards have an IMD Score that is higher than the borough average and 7 out of 18 LSOAs* in Northolt are in the most deprived 20%. Northolt has the highest proportion of the most deprived LSOAs across the seven Localities. Northolt has the highest proportion (19.2%) of residents living in income-deprived households across the seven towns.

The town has less relative population density, with the north east and southeast having a higher density.

Northolt has the second highest proportion of self-reported bad or very bad health across the borough. The life expectancy of males in West End and Mandevile is higher than the Ealing average. The rate of preventable deaths is 5.4% higher than the England average. Northolt has the highest rate of obesity across the seven localities and is 1.3 times the Ealing average. The highest rates of obesity are found in the White British, Black African and Black Caribbean populations which are significantly higher than the Northolt average. Diabetes ranks the second highest rate across the seven localities, of which the Indian, Pakistani, Black Caribbean and other Asian populations all have significantly higher rates than the Northolt average.

The town has the second highest rate of hypertension across the seven towns. The White Irish, Black Caribbean, White British and Indian populations all have rates significantly higher than the Northolt average. Emergency hospital admissions for all causes, all ages, is approximately 21% higher than the England average. Hospital admissions for conditions attributable to alcohol is 15.5% higher than the England average. The rates of overweight and obesity in Reception and Year 6 children are higher than the Ealing average.

6.2.5.1 Necessary Services: current provision

There are five community pharmacies in Northolt. The estimated average number of community pharmacies per 100,000 population is 14.2, which is lower than the England average of 18.1 and also lower than the Ealing average of 20.1 ([Section 3.2](#)). All of the pharmacies (100%) that hold a standard 40-core hour contract.

Of the five community pharmacies:

- Three pharmacies (60%) are open after 6 pm on weekdays.

- Five pharmacies (100%) are open on Saturdays.
- No pharmacies (0%) are open on Sundays.

There are also a number of accessible providers open in the neighbouring Greenford, as well as in Hillingdon and Harrow.

6.2.5.2 Necessary Services: gaps in provision

There is very good pharmaceutical service provision across the whole town to ensure continuity of provision to the new developments. The town population growth was not available, however the borough figures showed this is expected to increase over the next six years to 2031 by 8.4%. This can be easily absorbed by the existing community pharmacy network. The minor increase in projected population growth should not impact access to pharmaceutical services.

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

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

6.2.5.3 Other relevant services: current provision

Table 42 shows the pharmacies providing Advanced and Enhanced services in Northolt.

Table 42: Northolt Advanced and Enhanced Services

Service	Pharmacies signed up	Pharmacies dispensing
Pharmacy First	4 (80%)	4 (80%)
Seasonal Influenza Vaccination	-	0
Pharmacy Contraception	4 (80%)	1 (20%)
Hypertension case-finding	4 (80%)	3 (60%)
New Medicine Service	-	5 (100%)
Smoking Cessation	-	0
Application use review	-	0
Stoma Appliance customisation	-	0
Lateral Flow Device Tests	-	1 (20%)
COVID-19 Vaccination Service	4 (80%)	-

Source: signed up list, and NHSBSA activity data May-July 2024

No gaps in the provision of Relevant Services have been identified for Northolt.

6.2.5.4 Improvements and better access: gaps in provision

Table 31 shows access to **services commissioned by** North West London ICB.

Table 43: ICB commissioned Services for Northolt

ICB commissioned Services	Pharmacies signed up
COVID-19 Oral Medication	0
IP Pathfinder	0
Bank Holiday	0
Pilot SCS support for Targeted Lung Health Check Screening	0
In-hours on-demand anticipatory medicines*	-
Out-of-hours on-demand anticipatory medicines*	-

* Details of specific pharmacies providing these services not included for security reasons

Table 44 shows access to **services commissioned by** LBE.

Table 44: LBE commissioned Services for Northolt

LBE commissioned Services	Pharmacies signed up
Ealing Smokefree	0
EHC	1 (20%)
Drug and Alcohol service DSC / NX	1 (20%)
Drug and Alcohol service DSC only	0
Drug and Alcohol service DSC / Pay Per Pack + Bins	1 (20%)

All of the Advanced, Enhanced and Locally Commissioned Services are available in Northolt and have varying opening times.

Consideration should be given to incentives for further uptake from current providers and extending provision through community pharmacies including plans for increase uptake of the recently introduced Advanced Services – Pharmacy First, the hypertension case-finding service, PCS and the smoking cessation Advanced Service. The ICS needs to look at increasing service uptake through existing providers working with place-based stakeholders.

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

6.2.6 Perivale

Perivale has a population of 16,900, of which 57.4% is White and 42.6% is other ethnicities. Residents identifying as Asian/Asian British make up the largest proportion of the Perivale population, followed by White Other. Perivale has the highest proportion of residents of Other ethnicity across the seven localities. After English, the top two languages spoken by children resident in Perivale and attending Ealing state-maintained schools are Arabic followed by Polish.

Perivale has an IMD Score of 17.7 which is lower than the borough average. The town has the 2nd lowest proportion of the most deprived LSOAs in the borough.

The town has higher relative population density towards the east and parts of the west.

Perivale has the third lowest proportion of self-reported bad or very bad health across the borough Deprivation. The life expectancy of males (81.1 years) and females (86.1 years) in Perivale is higher than the Ealing average (80.3). Perivale has the fourth highest rate of obesity across the seven localities, and the highest rates are in the Mixed White & Black Caribbean, Black Caribbean, White Irish, Black African, White British, Bangladeshi and Other Black populations higher than the Perivale average.

Perivale has the fourth highest rate of diabetes across the seven localities; the highest rates are in the Mixed White & Black Caribbean, and Bangladeshi populations, both significantly higher than the Perivale average. Perivale also has the fourth highest rate of hypertension across the seven localities; the highest rate is in the Black Caribbean population, nearly three times the Perivale average. Emergency hospital admissions for all causes, all ages, is approximately 4% higher than the England average. Hospital admissions for conditions attributable to alcohol is 15.9% higher than the England average. The rate of overweight and obesity in Reception is lower than the Ealing average; the rate of overweight and obesity in Year 6 children is higher than the Ealing average.

6.2.6.1 Necessary Services: current provision

There are six community pharmacies in Perivale. The estimated average number of community pharmacies per 100,000 population (including DSPs) is 35.5, which is higher than the England average of 18.1 and also higher than the Ealing average of 20.3 ([Section 3.2](#)). There are three (50%) pharmacies that hold a standard 40-core hour contract and three (50%) DSPs.

Of the six community pharmacies:

- Four pharmacies (67%) are open after 6pm on weekdays.
- Four pharmacies (67%) are open on Saturdays.
- Two pharmacies (33%) are open on Sundays.

There are also a number of accessible providers open in the neighbouring towns of Greenford, Hanwell and Ealing, as well as in Brent.

6.2.6.2 Necessary Services: gaps in provision

There is very good pharmaceutical service provision across the whole town to ensure continuity of provision to the new developments. The town population growth was not available, however the borough figures showed this is expected to increase over the next six years to 2031 by 8.4%. This can be easily absorbed by the existing community pharmacy network. The minor increase in projected population growth should not impact access to pharmaceutical services.

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

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

6.2.6.3 Other relevant services: current provision

Table 45 shows the pharmacies providing Advanced and Enhanced services in Perivale.

Table 45: Perivale Advanced and Enhanced Services

Service	Pharmacies dispensing	Pharmacies signed up
Pharmacy First	4 (67%)	3 (50%)
Seasonal Influenza Vaccination	-	0
Pharmacy Contraception	4 (67%)	3 (50%)
Hypertension case-finding	4 (67%)	3 (50%)
New Medicine Service	-	4 (67%)
Smoking Cessation	-	0
Application use review	-	0
Stoma Appliance customisation	-	1 (17%)
Lateral Flow Device Tests	-	1 (17%)
COVID-19 Vaccination Service	0	-

Source: signed up list, and NHSBSA activity data May-July 2024

No gaps in the provision of Relevant Services have been identified for Perivale.

6.2.6.4 Improvements and better access: gaps in provision

Table 46 shows access to **services commissioned by** North West London ICB.

Table 46: ICB commissioned Services for Perivale

ICB commissioned Services	Pharmacies signed up
COVID-19 Oral Medication	0
IP Pathfinder	0
Bank Holiday	0
Pilot SCS support for Targeted Lung Health Check Screening	0
In-hours on-demand anticipatory medicines*	-
Out-of-hours on-demand anticipatory medicines*	-

* Details of specific pharmacies providing these services not included for security reasons

Table 47 shows access to **services commissioned by** LBE.

Table 47: LBE commissioned services for Perivale

LBE commissioned Services	Pharmacies signed up
Ealing Smokefree	0
EHC	0
Drug and Alcohol service DSC / NX	0
Drug and Alcohol service DSC only	0
Drug and Alcohol service DSC / Pay Per Pack + Bins	0

All of the Advanced, Enhanced and Locally Commissioned Services are available in Perivale and have varying opening times.

Consideration should be given to incentives for further uptake from current providers and extending provision through community pharmacies including plans for increase uptake of the recently introduced Advanced Services – Pharmacy First, the Hypertension case-finding service, PCS and the smoking cessation Advanced Service. The ICS needs to look at increasing service uptake through existing providers working with place-based stakeholders.

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

6.2.7 Southall

Southall has a population of 83,700, of which 14.4% is White British and 85.6% is other ethnicities. Residents identifying as Asian/Asian British make up the largest proportion (65.2%) of the Southall population, followed by other ethnicity (10.9%) and Black/Black British (10.2%). Southall has the highest proportion of Asian/Asian British population across the localities and the lowest proportion of residents from both White British and White Other ethnic groups. After English, the top two languages spoken by children resident in Southall and attending Ealing state-maintained schools are Panjabi followed by Urdu.

Four Southall wards have an IMD Score that is higher than the borough average and are relatively more deprived. Southall has the second highest proportion of the most deprived LSOAs within the seven localities and the second highest proportion (17%) of residents living in income-deprived households across the seven towns.

Population density is higher in the south, centre and north of the town.

Southall has the highest proportion of self-reported bad or very bad health across the borough. The life expectancy of men living in all Southall wards is lower than the Ealing average. The life expectancy of women living in Norwood Green, Lady Margaret, and Southall Green is lower than the Ealing average. The rate of preventable deaths is 13.6% higher than the England average. Southall has the third highest rate of obesity across the seven localities. The highest rates are in the Black Caribbean, Mixed White & Black Caribbean, Pakistani, White British, Other Asian and Bangladeshi populations, which all have significantly higher rates than the Southall average. The town has the highest rate of diabetes across the seven localities, 1.6 times the Ealing average. The Bangladeshi, Black Caribbean, Pakistani, Indian and White British populations have the highest rates, all significantly higher than the Southall average. Southall has the highest rates of hypertension across the seven localities, which is 1.2 times the Ealing average. The highest rates are in the Black Caribbean, White Irish, Mixed White & Black Caribbean, White British and Indian populations, which are all significantly higher than the Southall average. Southall QOF data shows that CHD, myocardial infarction and stroke is statistically higher than the England figures. Emergency hospital admissions for all causes and ages, is approximately 47% higher than the England average. In addition, hospital admissions for conditions attributable to alcohol is approximately 36% higher than the England average. The rates of overweight and obesity in Reception and Year 6 children are higher than the Ealing average (data relates to number of people diagnosed).

6.2.7.1 Necessary Services: current provision

There are 19 community pharmacies in Southall. The estimated average number of community pharmacies per 100,000 population is 22.7, which is higher than the England average of 18.1 and also higher than the Ealing average of 20.1 ([Section 3.2](#)). There are 16 (84%) pharmacies that hold a standard 40-core hour contract – of which one is a PhAS – and three (16%) 72+hour pharmacies. There are no DSPs in Southall.

Of the 19 community pharmacies:

- 17 pharmacies (89%) are open after 6 pm on weekdays.
- 14 pharmacies (74%) are open on Saturdays.
- Six pharmacies (32%) are open on Sundays.

There are also a number of accessible providers open in the neighbouring towns of Hanwell and Greenford, as well as in Hillingdon and Hounslow.

6.2.7.2 Necessary Services: gaps in provision

There is very good pharmaceutical service provision across the whole town to ensure continuity of provision to the new developments. The town population growth was not available, however the borough figures showed this is expected to increase over the next six years to 2031 by 8.4%. This can be easily absorbed by the existing community pharmacy network. The minor increase in projected population growth should not impact access to pharmaceutical services.

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

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

6.2.7.3 Other relevant services: current provision

Table 48 shows the pharmacies providing Advanced and Enhanced services in Southall.

Table 48: Southall Advanced and Enhanced Services

Service	Pharmacies signed up	Pharmacies dispensing
Pharmacy First	11 (58%)	17 (89%)
Seasonal Influenza Vaccination	-	0
Pharmacy Contraception	11 (58%)	1 (5%)
Hypertension case-finding	11 (58%)	10 (53%)
New Medicine Service	-	17 (89%)
Smoking Cessation	-	0
Application use review	-	0
Stoma Appliance customisation	-	0
Lateral Flow Device Tests	-	8 (42%)
COVID-19 Vaccination Service	6 (32%)	-

Source: signed up list, and NHSBSA activity data May-July 2024

No gaps in the provision of Relevant Services have been identified for Southall.

6.2.7.4 Improvements and better access: gaps in provision

Table 49 shows access to **services commissioned by** North West London ICB.

Table 49: ICB commissioned Services for Southall

ICB commissioned Services	Pharmacies signed up
COVID-19 Oral Medication	1 (5%)
IP Pathfinder	0
Bank Holiday	2 (11%)
Pilot SCS support for Targeted Lung Health Check Screening	1 (5%)
In-hours on-demand anticipatory medicines*	-
Out-of-hours on-demand anticipatory medicines*	-

* Details of specific pharmacies providing these services not included for security reasons

Table 50 shows access to **services commissioned by** LBE.

Table 50: LBE commissioned Services for Southall

LBE commissioned Services	Pharmacies signed up
Ealing Smokefree	1 (5%)
EHC	1 (5%)
Drug and Alcohol service DSC / NX	1 (5%)
Drug and Alcohol service DSC only	2 (11%)
Drug and Alcohol service DSC / Pay Per Pack + Bins	1 (5%)

All of the Advanced, Enhanced and Locally Commissioned Services are available in Southall and have varying opening times.

Consideration should be given to incentives for further uptake from current providers and extending provision through community pharmacies including plans for increase uptake of the recently introduced Advanced Services – Pharmacy First, the Hypertension case-finding service, PCS and the smoking cessation Advanced Service. The ICS needs to look at increasing service uptake through existing providers working with place-based stakeholders.

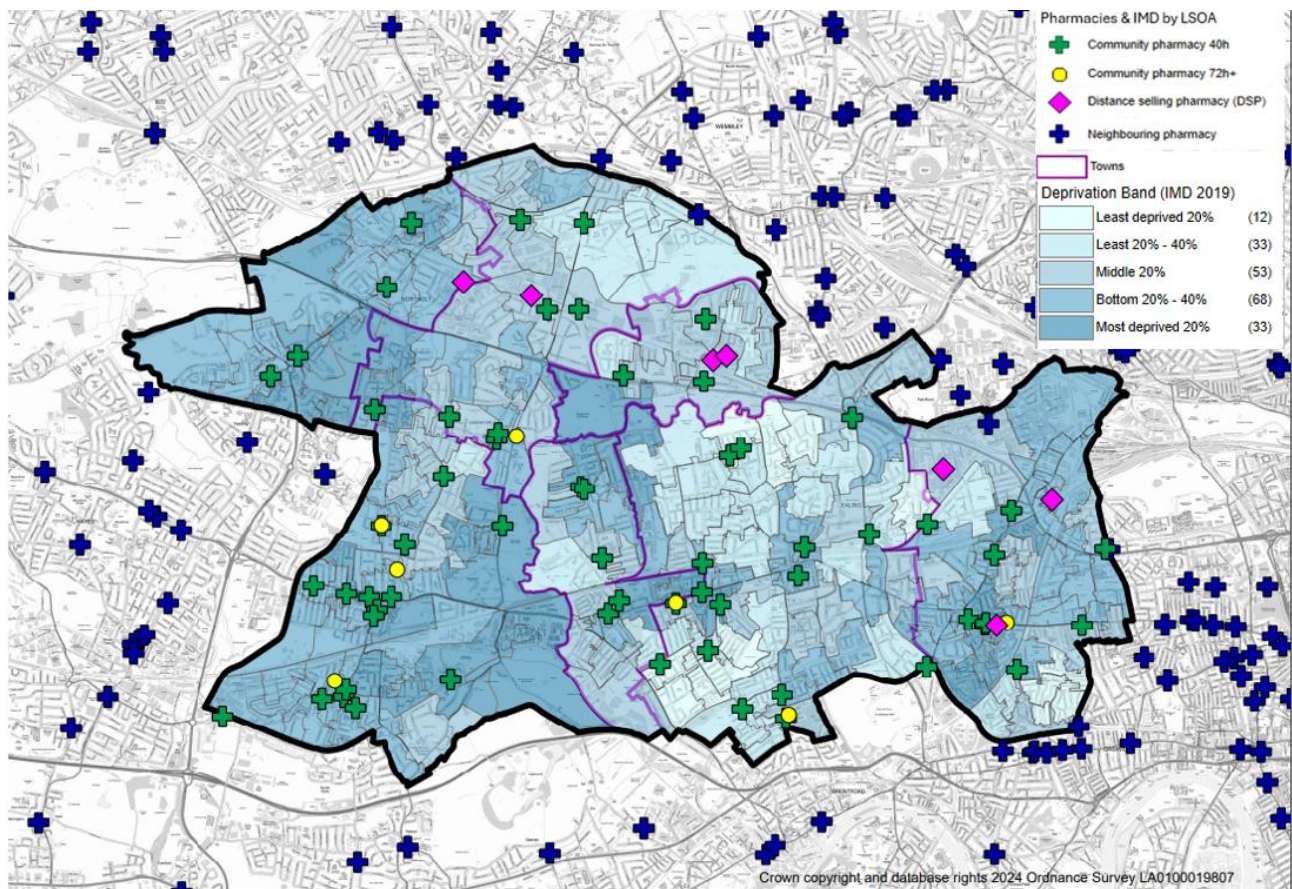
No gaps have been identified that if provided either now or in the future would secure improvements or better access to services across Southall.

6.3 Ealing pharmaceutical services and health needs

The Ealing borough has a population of 378,400 and is the third most populous borough in London. 43% are White British and 57% are other ethnicities, the largest proportion of non-white ethnic population compared to the London and England averages. The largest group among non-white ethnic groups is Asian (30%) followed by Black (11%) and Other (also 11%). In Ealing 13 out of 24 wards have non-white population of over 50% of the total ward population. Over 170 languages are spoken including English, Polish, Punjabi, Somali, Arabic, Urdu, and Tamil. Residents may use apps, such as Google Translate, or a member of pharmacy staff to translate, however a commissioned translation and interpretation service would be beneficial for current pharmacy contractors

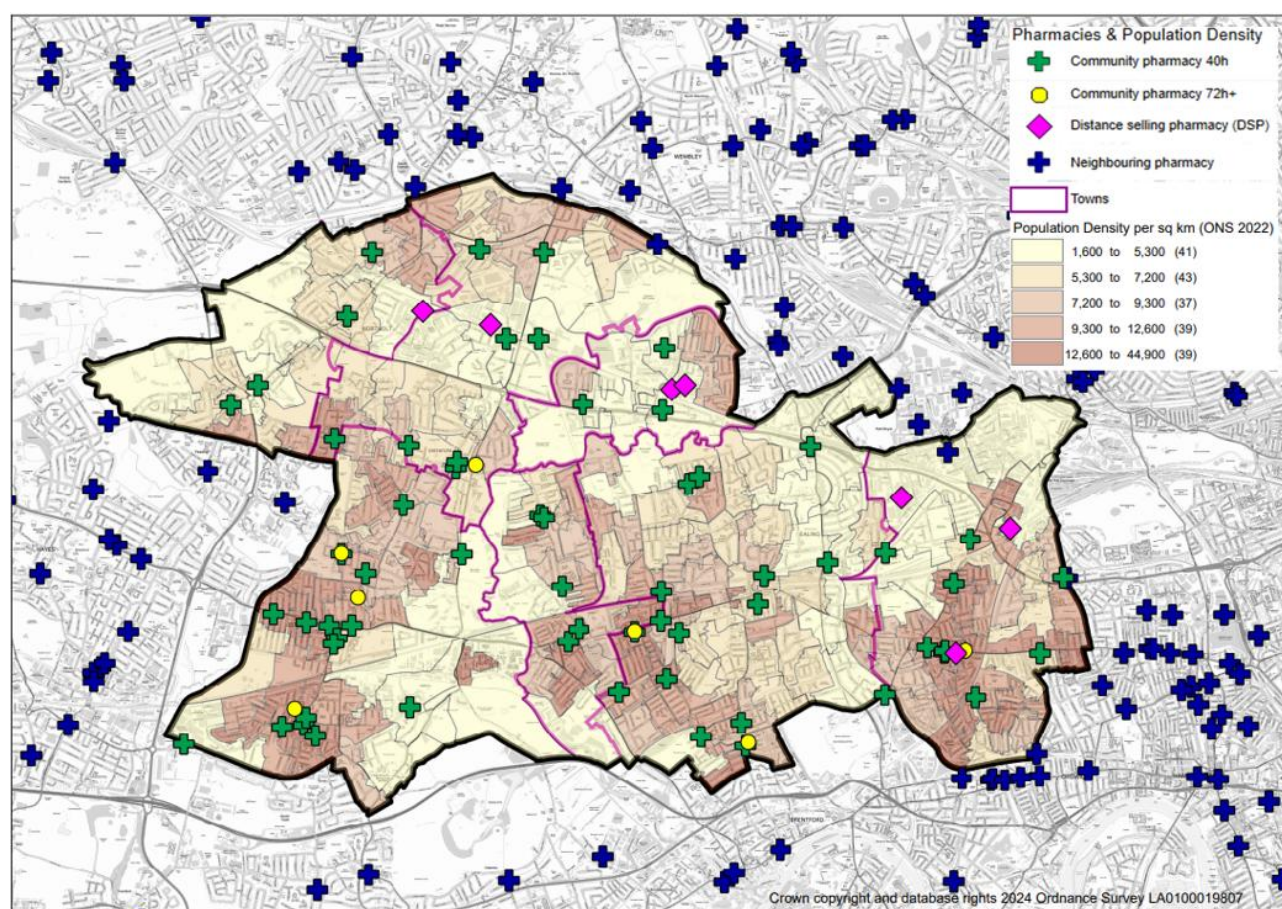
Ealing wards and their levels of deprivation, based on the 2019 Index of Multiple Deprivation (IMD), ranked within the 45 most deprived Lower Super Output Areas (LSOAs). At 22.7, Ealing's overall IMD score shows a slightly higher level of deprivation compared to the scores for London and England (21.8 and 21.7 respectively). Broadly speaking, the most deprived areas within the borough are found in the extremes of West and East, such as areas in and around Southall, Northolt and Acton.

Figure 10: Pharmacies and Index of Multiple Deprivation (IMD) 2019 by output area



Ealing is the 16th most densely populated local authority area in London according to ONS census data 2021. There is a relatively higher population density in Acton, Hanwell, the western part of Southall and western part of Ealing Town.

Figure 11: Pharmacy locations and population density by Lower Super Output Areas



Ealing has an excellent public transport system. According to Transport for London the borough has 14 Tube stations, five Elizabeth line stations, two London Overground stations and around 700 bus stops.

Travel analysis across Ealing showed:

- 100% of the population in Ealing can get to a pharmacy within 20 minutes when choosing to walk.
- 100% are able to get to a pharmacy within five minutes if they choose to drive during peak time traffic.

Ealing faces significant health inequalities and challenges due health need and deprivation variability in the seven localities.

There are differences in life expectancy in different areas of the borough e.g. men living in Hanger Hill live, on average, 6.4 years longer than men living in South Acton. While women living in Northfield live, on average, 6.9 years longer than those living in Norwood Green.

For children in Ealing state-funded schools, 27.5% of pupils were recorded as entitled to Free School Meals in January 2023, which is an increase of 26% of pupils in January 2022%. Obesity in children is an issue, with 20% of reception children and 40% of year 6 children being reported as overweight or obese.

Ealing has the highest rate of hospital admissions and, more specifically, alcohol-related hospital admissions in London. There were ten wards with admission ratios for CHD statistically higher than England average and seven wards with admissions due to stroke, also statistically higher than the national figure. The borough has a significantly higher percentage of deaths in hospital compared to England.

In terms of lifestyle, two thirds of adults are physically active and one in six adults smoke.

Ealing has the fifth highest rate of new TB cases in England, at 30.5 per 100,000 population.

Ealing has a high prevalence of diabetes with almost one in ten adults being diabetic. This disease has an impact on communities. For example 20% of the Bangladeshi population have diabetes, which is double the Ealing average.

Sexual health is significantly worse than the England average, for example the borough is an area of high HIV prevalence.

According to the Drug and Alcohol JSNA 2023, rates of drug misuse are higher in the borough with high levels of opiate and crack users. The report noted that the latest estimated number of dependent drinkers was 3,639 and it was estimated that 82% of this cohort are not being seen for alcohol treatment.

The health of the elderly noted injuries due to falls amongst people aged 65 and over, was higher than the England average.

Flu vaccine uptake rate among persons aged 65 years and below is significantly lower than the England average.

6.3.1 Necessary Services: current provision across Ealing

There are 77 community pharmacies in Ealing. The estimated average number of community pharmacies per 100,000 population (including DSPs) is 20.3, which is higher than the England average of 18.1 ([Section 3.2](#)). There are 62 (81%) pharmacies that hold a standard 40-core hour contract, seven (9%) 72+ hour pharmacies and eight (10%) DSPs. There are no DACs and no Dispensing Practices in Ealing.

Ealing has a large number of pharmacies open on weekday evenings and weekends. The majority of community pharmacies (79%) are open on Saturdays and 68% open after 6 pm on weekdays. There are also 15 pharmacies (19%) open on Sundays in Ealing.

There are also a number of accessible providers open in the neighbouring boroughs of Hillingdon to the west, Harrow and Brent to the north, and Hounslow to the south.

6.3.2 Necessary Services: gaps in provision across Ealing

There is an excellent pharmaceutical service provision across the whole area to ensure continuity of provision to the new developments.

The borough population growth is expected to increase over the next six years to 2031 by 8.4%. This represents a smaller increase in the lifetime of this PNA that can be easily absorbed by the existing community pharmacy network and should not impact access to pharmaceutical services.

The ratio of community pharmacies to 100,000 population is higher than the England value. There is good pharmaceutical service provision across the whole borough and access to community pharmacies in neighbouring boroughs to ensure continuity of provision to the new developments.

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

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

6.3.3 Other relevant services: current provision

Table 27 shows the pharmacies providing Advanced and Enhanced services in Ealing. Regarding access to **Advanced** services, it can be seen that there is very good availability of Pharmacy First (83%) and NMS (90%). There is good number of providers signed up for pharmacy contraception (71%) and hypertension case-finding (71%) and currently a lower number of providers of the LFD tests supply (27%) based on the claims for dispensing. There are no providers of the smoking cessation service and there is currently no activity registered for the flu vaccination service, as dispensing data available at the time of writing was for May-July 2024, previous to the start of the vaccination campaign.

It should be noted that while there are no DACs in Ealing, patients can access DACs nationally to provide the AUR and SAC services through the NHS services website

Regarding access to **Enhanced** Services, 31 pharmacies (40%) offer the COVID-19 vaccination service.

No gaps in the provision of Relevant Services have been identified for Ealing.

6.4 Improvements and better access: gaps in provision across Ealing

Regarding access to services **commissioned by** North West London ICB, 18 (23%) pharmacies provide the out-of-hours on-demand anticipatory medicines service and 12 (16%) pharmacies provide the same service in-hours. Two (3%) pharmacies provide the COVID-19 oral medication service and another two (3%) the Pilot SCS. The number of pharmacies providing IP pathfinder service and bank holiday opening is the same as three pharmacies (4%).

Regarding access to services **commissioned by LBE**, seven pharmacies (9%) are signed up for the Ealing Smokefree service, 9 pharmacies (12%) provide EHC services, and ten pharmacies (13%) provide at least one of the drug and alcohol services across the borough.

All Advanced, Enhanced and Locally Commissioned Services are available in Ealing and have varying opening times.

Consideration should be given to incentives for further uptake from current providers and extending provision through community pharmacies including plans for increase uptake of the recently introduced Advanced Services – Pharmacy First, the Hypertension case-finding service, PCS and the smoking cessation Advanced Service. The ICS needs to look at increasing service uptake through existing providers working with place-based stakeholders.

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

Section 7: Conclusions

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

There is a wide range of pharmaceutical services provided in Ealing to meet the health needs of the population. The provision of current pharmaceutical services and LCS are distributed across localities, providing good access throughout Ealing.

As part of this assessment, no gaps have been identified in provision either now or in the future (over the next three years) for pharmaceutical services deemed necessary. Factors such as population growth and pharmacy closures have resulted, and will result, in a reduction of the number of pharmacies per population in the area. With future housing growth in Ealing, it is imperative that accessibility to pharmacy services is monitored, and the considerations actioned to ensure that services remain appropriate to the needs. Any required amendments should be made through the three-year life cycle of this PNA.

7.1 Statements of the PNA

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

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

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

LCS are those services that secure improvements or better access to, or which have contributed towards meeting the need for, pharmaceutical services in Ealing HWB areas, and are commissioned by the ICB or local authority, rather than NHSE.

7.1.1 Current provision of Necessary Services

Necessary Services – gaps in provision

Essential Services are Necessary Services, which are described in [Section 1.4.1.4.1](#).

Access to Necessary Service provision by town in Ealing is provided in [Section 6.2](#).

In reference to [Section 6](#), and required by paragraph 2 of Schedule 1 to the Pharmaceutical Regulations 2013:

Necessary Services – normal working hours

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

Necessary Services – outside normal working hours

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

7.1.2 Future provision of Necessary Services

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

7.1.3 Other relevant services – gaps in provision

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

7.1.3.1 Current and future access to Advanced Services

Details of the Advanced Services are outlined in [Section 1.4.1.4.2](#) and the provision in Ealing discussed in [Sections 6.2](#) and [6.3](#).

[Section 6.4](#) discusses improvements and better access to services in relation to the health needs of Ealing.

Based on the information available at the time of developing this PNA, no gaps in the current provision of Advanced Services or in specified future circumstances have been identified in any of the localities across Ealing.

[Section 6](#) also discusses the opportunities that may be available for expansion of existing services or delivery of new services from community pharmacies that may benefit the population of Ealing.

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

7.1.3.2 Current and future access to Enhanced Services

Details of the National Enhanced Services (NES) are outlined in [Section 1.4.1.4.3](#) and the provision in Ealing discussed in [Section 3.2.5](#) and by town in [Section 6](#).

[Section 6.4](#) discusses improvements and better access to services in relation to the health needs of Ealing.

Based on the information available at the time of developing this PNA, no gaps in the current provision of Enhanced Services or in specified future circumstances have been identified in any of the localities across Ealing.

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

7.1.3.3 Current and future access to Locally Commissioned Services (LCS)

With regard to LCS, the PNA is mindful that only those commissioned by NHSE are regarded as pharmaceutical services. The absence of a particular service being commissioned by NHSE is in some cases addressed by a service being commissioned through the council or local authority; these services are described in [Sections 4.1](#) and [4.2](#).

[Section 6.4](#) discusses improvements and better access to LCS in relation to the health needs of Ealing.

Based on the information available at the time of developing this PNA no gaps have been identified in LCS that if provided either now or in the future would secure improvements, or better access, in any of the localities. Future improvements and better access are best managed through working with existing contractors and improving integration with other services and within Primary Care Networks, rather than through the opening of additional pharmacies.

Based on current information, the Steering Group has not considered that any of these LCS should be decommissioned, however the HWB and commissioning organisations may want to consider incentivising community pharmacies to encourage further uptake of services.

[Section 6](#) also discusses the opportunities that may be available for expansion of existing services or delivery of new services from community pharmacies that may have benefit to the population of Ealing.

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

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

7.1.4 Improvements and better access – gaps in provision

LCS are those services that secure improvements or better access to or that have contributed towards meeting the need for pharmaceutical services in Ealing area, and are commissioned by the ICB or local authority, rather than NHSE.

Based on current information, no gaps have been identified in respect of securing improvements or better access to Locally Commissioned Services, either now or in specific future circumstances across Ealing to meet the needs of the population.

7.2 Future opportunities for possible community pharmacy services in Ealing

7.2.1 Introduction

Any local commissioning of services for delivery by community pharmacy lies outside the requirements of a PNA; it is considered as being additional to any **Necessary Services** required under the Pharmaceutical Regulations 2013.

In reviewing the provision of **Necessary Services** and considering Advanced, Enhanced and Locally Commissioned Services for Ealing as part of the PNA process, it was possible to identify opportunities for service delivery via the community pharmacy infrastructure that could positively affect the population.

Not every service can be provided from every pharmacy and service development and delivery must be planned carefully. However, many of the health priorities, national or local, can be positively affected by services provided by community pharmacies, albeit being out of the scope of the PNA process.

National and Ealing health needs priorities have been considered when outlining opportunities for further community pharmacy provision below. The highest risk factors for causing death and disease for the Ealing population are listed in [Section 2](#) and are considered when looking at opportunities for further community pharmacy provision.

7.2.2 Opportunities for pharmaceutical service provision

Health needs and highest risk factors for causing death and disease for the Ealing population are stated in [Section 2](#) and [Section 6](#). Should these be priority target areas for commissioners, they may want to consider the current and future service provision from community pharmacies, in particular the screening services they are able to offer.

Based on these priorities and health needs, community pharmacy can be commissioned to provide services that can help and support the reduction of the variances seen in health outcomes across Ealing.

7.2.3 Existing services

The current CPCF, with services added between 2019 and 2024, provides the ICS with opportunities to embed community pharmacy into pathways such as medicines optimisation, urgent care, improving primary care access, and prevention. This framework benefits the ICS and local authorities where there are some interdependencies between CPCF services and LCS public health services.

7.2.3.1 Essential Services

Essential Services could be optimised to meet the local health needs to Ealing. Signposting, self-care, health promotion and Health Living Pharmacies could be developed in collaboration with North London ICB and Ealing Council to support communities in localities. Examples are given below:

- Signposting for issues such as weight management and health checks.
- Promote a self-referral route to the National Diabetes Prevention Programme (NDPP).
- Developing Healthy living pharmacies and self-care to support the Ealing prevention agenda.
- Electronic repeat dispensing can reduce unnecessary patient trips to the GP practice to collect repeat medication and could help reduce waste medicines.

7.2.3.2 Advanced Services

Some of the existing Advanced Services could be targeted in a way that improves patient access, reduces pressures in general practice, and supports the primary care, urgent care, prevention and medicines safety agendas. There are several new or recently introduced Advanced Services being implemented that could be beneficial to the population of Ealing based on the identified health needs. These are outlined below:

- Pharmacy First:

Pharmacy First can provide benefits to patients and the ICB and support the borough health needs. Provides convenient access to healthcare where patients can access prescription-only treatment for seven common conditions without needing to see a GP.

Pharmacy First provides an alternative route to accessing medicine for these conditions.

The service includes elements from the Community Pharmacist Consultation Service (CPCS), such as minor illness consultations with a pharmacist, and the supply of urgent medicines and appliances.

Pharmacy First provides the ICB an opportunity to maximise additional primary care.

- Hypertension case-finding service

The service has two stages – the first is identifying people at risk of hypertension and offering them blood pressure measurement (a 'clinic check'). The second stage, where clinically indicated, is offering 24-hour ambulatory blood pressure monitoring. The blood pressure test results will then be shared with the patient's GP to inform a potential diagnosis of hypertension.

The ethnicity of the Ealing population where CHD is a higher risk would benefit from full implementation of the service. Over half the community pharmacies in Ealing have signed up to the service. Hospital admission rates for CHD, stroke and myocardial infarction were statistically higher than England averages, this service could be used as a prevention measure in wards where hypertension rates are higher.

- Smoking cessation Advanced Service

The LTP states all patients admitted to hospital who smoke are to be offered NHS-funded tobacco treatment services by 2023/24. The Smoking Cessation service (SCS) is a referral service from hospital for patients who have been initiated on smoking cessation to continue their journey in community pharmacy.

Smoking is the highest cause of preventable ill health and premature mortality in the UK. Smoking is a major risk factor for many diseases, such as lung cancer, Chronic Obstructive Pulmonary Disease (COPD) and heart disease. It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix. The Ealing Health authority paper in March 2024 on stop smoking cessation showed that the borough has a higher smoking prevalence than London and England, the SCS service is well placed to support Ealing smoking cessation priorities and an additional pathway that is free to acute trusts to refer into.

- New Medicines Service

The New Medicine Service (NMS) has many benefits that can support ICB medicines management objectives and patient medicines compliance by the following:

- Improved patient adherence: Research shows that the NMS increases the proportion of patients who adhere to their new medicine.
- Reduced hospital admissions: The NMS can help identify adverse drug reactions early, which can reduce hospital admissions, which is a major issue in Ealing
- Reduced medicine waste: The NMS can help reduce the amount of wasted medicine.
- Improved health outcomes: The NMS can help improve health outcomes for patients.
- Lifestyle advice: The NMS can provide healthy living advice that's appropriate for the individual.
- Cost-effective: The NMS is more effective and less costly than normal practice.

7.2.3.3 Local Authority Commissioned Services

- Sexual health services

The chlamydia detection rate in Ealing of those aged 15–24 is below the figures for England and London. This provides an opportunity for the local authority to maximise locally commissioned sexual health services with the community pharmacy network.

The local authority and ICS could explore the interdependencies between the LCS sexual health service and the CPCF Advanced PCS services to provide a more comprehensive service offering.

- Smoking cessation services

As mentioned earlier in this section, smoking cessation is a priority area for Ealing Public Health. Smoking prevalence in Ealing is higher than the smoking prevalence in England and has also had higher smoking cessation success rates in the past.

The Local authority and ICS could explore the interdependencies between the LCS smoking cessation service and the CPCF Advanced SCS services to provide a more comprehensive service offering and maximise several patient pathways to support Ealing smoking cessation targets.

7.2.4 New services

Based on the local and national health needs identified throughout this document, there are opportunities for community pharmacies to positively impact outcomes. The services detailed below are currently not commissioned within Ealing, however commissioners may wish to consider these to meet the health needs of Ealing.

- NHS Health Check

This is a national programme for people aged 40–74 that assesses a person's risk of developing **diabetes, heart disease, kidney disease** and **stroke**. It then provides the person with tailored support to help prevent the condition, advising on lifestyle changes to reduce their risk. Nationally, there are over 15 million people in this age group who should be offered an NHS Health Check once every five years, and local authorities are responsible for commissioning NHS Health Checks. Health Checks are available from other providers in Ealing, e.g. GP practices.

Diabetes prevalence is higher in Ealing than the England average, although the prevalences of many of these other areas of ill health are not currently above the national averages. NHS Health Checks would build and complement on LCS smoking cessation services, and Advanced SCS and Hypertension case-finding services.

- Making Every Contact Count (MECC) commissioned services

Making Every Contact Count (MECC) is a behaviour change using the millions of day-to-day interactions that organisations such as community pharmacy have with the public to support positive changes to their physical and mental health and wellbeing. MECC enables the opportunistic delivery of consistent and concise healthy lifestyle information and enables individuals to engage in conversations about their health at scale across organisations and populations. The evidence base shows that a MECC approach care could potentially improve the health of the population.

MECC approach offers opportunities to commissioners for both ICS and Local authority services, particularly considering the seven public health areas of Stop smoking, Stop Smoking support, Diet, Nutrition and Healthy Weight, Alcohol consumption, Sexual Health, Reproductive Health & HIV, Substance Misuse, Cardiovascular Disease Prevention and Public Mental Health.

Opportunities for MECC commissioning could include

- Making sure homes are safe
- Making sure homes are warm
- Healthy start – providing access to healthy start vitamins through community pharmacy
- Preventing feeling alone

- Ensuring good nutrition
- Preventing dehydration
- Encouraging physical activity
- Falls prevention – identifying elderly patients at risk of falls and signposting to appropriate care
- Staying Healthy in Winter (Winterfit Intervention service).
- Alcohol screening – providing opportunistic screening for patients who could be undiagnosed alcohol dependants and not accessing treatment services

This links into the recent report by Community Pharmacy England 2024 advice audit which highlighted Community Pharmacy provides several million walk-in consultations. This report showed the scale of underfunded work carried out by community pharmacy that potentially saves GP appointments and the increased demand that is placed on community pharmacy teams.

The findings from Community Pharmacy England's 2024 Pharmacy Advice Audit, highlighted that Community Pharmacy provide over **69 million walk-in health advice consultations** per year. The report showed the scale of underfunded work pharmacies are taking on, including the number of GP appointments they are saving the NHS annually, and the huge demand pharmacies in England are facing for healthcare advice.

Possible disease-specific services

The following are examples of disease-specific services that have been commissioned in some areas of England either by NHSE or ICBs. These would be seen as add-on services to Advanced Services or could be commissioned separately. There are many examples of different service types on the Community Pharmacy England website; those below are described to give an idea of the type of service available. The conditions listed have been identified as health priorities either as causes of ill health in Ealing or in the NHS Long Term Plan.

- Weight management

There are many different examples of weight management services already provided from a number of community pharmacies in England. These may be targeted to localities, e.g. areas of higher deprivation, or coupled with programmes for other ill health, e.g. CVD or diabetes.

The JSNA identified that in 2021/22, while the proportion of reception children who were overweight or obese in Ealing was statistically lower than England, the proportion of reception children who were overweight or obese in some Ealing wards was statistically significantly higher in comparison to the Ealing average. There are opportunities to explore commissioning of town focused weight management services.

- Asthma/Chronic Obstructive Pulmonary Disease

The service is for patients with Asthma or Chronic Obstructive Pulmonary Disease (COPD) diagnosis registered to an Ealing GP practice. The aim is to improve patients' management of their asthma and/or COPD through improving inhaler use and technique, and education around the impact of environmental factors such as air pollution using local authority clean air resources.

This involves an inhaler technique review and a follow up six to eight weeks later (if required). This service is a holistic support package utilising a MECC and skill mix with the patient counselling.

- Diabetes

Diabetes has a higher prevalence in Ealing and is higher than the England figure as evidenced by QOF data. The ward analysis showed that while some wards may be higher or lower than the national average, certain communities had higher prevalence of diabetes above the national average, i.e. Black and South Asian populations.

A community pharmacy-based screening service in localities where higher prevalence occurs could include prevention and lifestyle advice, screening, brief intervention and medicines management.

- Point of care testing Community Pharmacy

Community pharmacies are suitable for expanding public access to point-of-care and rapid tests, but governance requirements must be followed to ensure the quality of results and advice. NHS England has released a document⁴⁷ providing guidance for commissioners and providers of community pharmacy clinical services in developing point-of-care testing in this setting. Examples included:

- non-invasive blood pressure monitoring as part of the hypertension case finding and blood pressure checks
- urinalysis for possible urinary tract infections
- chlamydia screening for the under 25s which could be linked to a locally commissioned sexual health service
- carbon monoxide monitoring as part of smoking cessation services
- COVID-19 rapid antigen testing
- blood glucose measurements as part of diabetes prevention services
- oxygen saturation using oximeters to assess people presenting with breathing difficulties
- peak flow measurements for patients with asthma

⁴⁷ NHS. Point of care testing in Community Pharmacies. January 2022 [Accessed December 2024] https://www.england.nhs.uk/wp-content/uploads/2022/01/B0722-Point-of-Care-Testing-in-Community-Pharmacies-Guide_January-2022.pdf

- Targeted Lung Health Check

The national NHS England targeted lung health pilot service should be commissioned locally as a dedicated smoking cessation referral pathway from lung health check screening services to community pharmacies. This would be an additional smoking cessation pathway to help the borough achieve their smoking cessation targets. This service is operationally similar to SCS and feasible to implement.

7.2.5 Considerations

Whilst no gaps have been identified in the current provision of pharmaceutical services across Ealing or in the future (over the next three years) there are opportunities to enhance provision and support improvement in the health of Ealing residents in the following areas:

- All pharmacies and pharmacists should be encouraged to sign up to deliver Advanced Services, particularly where there is identified need, i.e. smoking cessation Advanced Service and Hypertension case-finding, which can meet the health needs of the Ealing population. This needs to be supported by placed based ICS and local authority teams. The existing community pharmacy network has adequate capacity to have increased referrals and utilisation.
- Community pharmacy services such as NHS repeat dispensing, NMS and DMS can support the ICS Medicines Optimisation Agenda and should be integrated into medicines management strategies.
- There are public health prevention agenda priorities and interdependencies in both CPCF and locally commissioned services for both the Local Authority and ICSs.
- There are interdependencies between SCS and LCS smoking cessation services, and between PCS and LCS sexual health services which include emergency contraception. These interdependencies could support increased service activities.
- Local Authorities could work with the ICS to develop the prevention aspect of CPCF i.e. healthy living pharmacies, signposting and self-care.
- Commissioners should work with community pharmacies in more deprived areas to consider working to increase the offer and the uptake of Essential, Advanced, and Locally Commissioned services e.g. sexual health, smoking cessation, hypertension case finding service. Incentives should be considered for existing providers to deliver all services within the localities where deprivation is higher. This would assist community pharmacy teams promote healthy lifestyle messages and participate in national and local health campaigns.
- ICS and Local authority commissioners should explore how MECC intervention can be integrated into existing and new services to maximise the contribution of the whole pharmacy team to improve patient interventions.
- Public awareness of community pharmacy services should be increased to improve access in primary care; this is particularly relevant for communities where English is not a first language and improvement in accessing primary care services is required.

- Methods to enhance the awareness and uptake of all services on offer by community pharmacies should be considered. This could be through the adoption of a range of communication methods appropriate to professionals and the local community, especially those in the more deprived localities. This will help to maximise existing service activity.
- Future housing growth should be monitored in Ealing in relation to the provision of pharmaceutical services to ensure the demands of the population are met.
- Commissioners should consider the provision of new Locally Commissioned Services listed in this section to help meet the health needs in Ealing.

Additional approaches to improve stakeholder and public engagement should be adopted for future PNAs to increase response rates and better understand the needs of the community.

Appendix A: List of pharmaceutical services providers in Ealing

Key for services (from signed up list unless otherwise stated):

- AS1 Pharmacy First (from dispensing data May-July 2024)
- AS2 Flu Vaccination Service (from dispensing data May-July 2024)
- AS3 Pharmacy Contraception Service
- AS4 Hypertension case-finding service
- AS5 New Medicine Service (from dispensing data May-July 2024)
- AS6 Smoking Cessation Service (from dispensing data May-July 2024)
- AS7 Appliance Use Review (from dispensing data May-July 2024)
- AS8 Stoma Appliance Customisation (from dispensing data May-July 2024)
- AS9 Lateral Flow Device Service (from dispensing data May-July 2024)
- NES1 COVID-19 Vaccination Service
- ICBS1 COVID-19 Oral Medication
- ICBS2 Independent Prescriber Pathfinder service for hypertension
- ICBS3 Bank Holiday opening service
- LAS1 Ealing Smokefree Service
- LAS2 Emergency Hormonal Contraception
- LAS3 Daily supervised consumption and needle exchange (DSC/NX)
- LAS4 Daily supervised consumption only (DSC only)
- LAS5 Daily supervised consumption, paid per pack and including bins for safe disposal (DSC/Pay per pack + bins)

Acton town

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS7	AS8	AS9	NES1	ICB1	ICB2	ICB3	LAS1	LAS2	LAS3	LAS4	LAS5
Alisha Pharmacy	FXY41	CP	257 Acton Lane, Chiswick	W4 5DG	09:00-18:30 (Wed 09:00-17:00)	09:00-13:00	Closed	-	-	Y	-	-	-	Y	-	-	-	Y	Y	-	-	-	-	-	-	-	
Banks Chemist	FLD79	CP	59 Old Oak, Common Lane, East Acton, London	W3 7DD	09:00-18:30	Closed	Closed	-	-	Y	-	Y	Y	Y	-	-	-	-	Y	-	-	-	-	Y	-	-	
Conway Chemist	FLW42	CP	8 Station Parade, West Acton, London	W3 0DS	09:00-18:30 (Wed 09:00-18:00)	09:00-13:30	Closed	-	-	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	
Crossbells Pharmacy	FA252	CP	131 The Vale, Acton, London	W3 7RQ	09:00-18:30	09:00-13:00	Closed	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	
Dillons Pharmacy	FPV41	CP	17 Church Road, Acton, London	W3 8PU	09:00-18:30 (Wed 09:00-17:00)	09:00-13:00	Closed	-	-	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	
Horn Lane Pharmacy	FQE36	CP	142 Horn Lane, Acton, London	W3 6PG	09:00-18:30	09:30-14:00	Closed	-	-	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	Y	-	
Jallas Pharmacy	FDR11	CP	311-313 Horn Lane, Acton, London	W3 0BU	09:00-13:00, 14:00-18:30	09:00-18:00	Closed	-	-	Y	-	-	-	Y	-	-	-	-	-	-	-	Y	-	-	-	-	
Medirect2U	FKR16	DSP	123 High Street, Acton, London	W3 6LY	09:00-13:00, 14:00-18:00 (Fri 09:00-13:00, 14:00-19:00)	Closed	Closed	-	-	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	
Midhurst Pharmacy	FL364	CP	92 Elthorne Park Road, Hanwell, Ealing, London	W7 2JD	09:00-18:30 (Thu 09:00-14:00)	09:00-13:00	Closed	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	
Pyramid Pharmacy	FER30	CP	1 Crown Street, Acton, London	W3 8SA	08:30-18:45	08:45-17:00	Closed	-	-	Y	-	Y	Y	Y	-	-	-	Y	-	-	-	-	-	-	-	-	
Signature Pharmacy	FAM67	DSP	Unit 9 Concord Business Centre, Concord Road, London	W3 0TJ	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Wellcare Group Limited	FX732	CP	155 High Street, Acton, London	W3 6LP	09:00-18:00	09:00-15:00	Closed	-	-	Y	-	Y	Y	Y	-	-	-	-	Y	-	-	-	-	-	-	-	

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS7	AS8	AS9	NES1	ICB1	ICB2	ICB3	LAS1	LAS2	LAS3	LAS4	LAS5
Zahra Pharmacy	FC091	CP	72 High Street, Acton, London	W3 6LE	09:00-21:00	09:00-20:00	09:00-18:00	Y	-	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	Y	-	-	-	
Zee Pharmacy	FQ169	DSP	8E Europa Studios, Victoria Road, London	NW10 6ND	09:00-17:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	

Ealing town

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS7	AS8	AS9	NES1	ICB1	ICB2	ICB3	LAS1	LAS2	LAS3	LAS4	LAS5
Boots	FHP49	CP	Unit 36, Ealing Broadway Centre, Ealing, London	W5 5JY	09:00-19:00	09:00-18:00	11:00-17:00	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-
Bramley Pharmacy	FX725	CP	261 Northfield Avenue, Ealing, London	W5 4UA	09:00-18:30 (Thu 09:00-18:00)	09:00-13:00	Closed	-	-	Y	-	Y	Y	Y	-	-	-	Y	Y	-	Y	-	-	-	-	-	-
Cross Chemist	FM205	CP	5 Royal Parade, Hanger Lane, London	W5 1ET	08:30-19:00	08:30-13:00	Closed	-	-	Y	-	Y	Y	Y	-	-	-	-	Y	-	-	-	-	-	Y	-	-
Ealing Pharmacy	FHN86	CP	157 Pitshanger Lane, Ealing, London	W5 1RH	09:00-18:00	09:00-17:30	Closed	-	-	Y	-	Y	Y	Y	-	-	-	Y	Y	-	-	-	-	-	-	-	-
Harbs Pharmacy	FHJ50	CP	193 South Ealing Road, Ealing, London	W5 4RH	09:00-21:00	15:00-21:00	11:00-17:00	Y	-	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-
Lewis Pharmacy	FWC33	CP	36 Haven Green, Ealing, London	W5 2NX	10:00-13:30, 14:30-18:00	10:00-15:00	Closed	-	-	Y	-	Y	Y	Y	-	-	-	-	Y	Y	-	-	Y	-	-	-	-

Ealing DRAFT 2025 PNA

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS7	AS8	AS9	NES1	ICB1	ICB2	ICB3	LAS1	LAS2	LAS3	LAS4	LAS5
Mattock Lane Pharmacy	FKC09	CP	8 St Johns Parade, Ealing, London	W13 9LL	08:45-19:00	09:00-17:00	Closed	-	-	Y	-	Y	Y	Y	-	-	-	Y	Y	-	Y	-	Y	Y	-	-	Y
Megson's Pharmacy	FFT93	CP	15 Queens Parade, Hanger Lane, London	W5 3HU	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-
Northfield Pharmacy	FGK24	CP	30 Northfield Avenue, London	W13 9RL	08:30-18:30	09:00-17:30	Closed	-	-	Y	-	Y	Y	Y	-	-	-	Y	Y	-	Y	-	Y	Y	-	-	-
Richards Chemist	FL040	CP	112 South Ealing Road, London	W5 4QJ	09:00-18:00	09:00-16:00	Closed	-	-	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-
South Ealing Pharmacy	FPM91	CP	186 South Ealing Road, Ealing, London	W5 4RJ	08:30-18:30	09:00-14:00	Closed	-	-	Y	-	Y	Y	Y	-	-	-	Y	Y	-	-	-	-	-	-	-	-
Superdrug Pharmacy	FGF31	CP	18-19 Broadway Shopping Centre, Ealing, London	W5 5JY	09:00-14:00, 14:30-19:00	09:00-14:00, 14:30-17:30	Closed	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-
Temple Pharmacy	FTF00	CP	110 Pitshanger Lane, Ealing, London	W5 1QP	09:00-18:30	09:00-18:00	Closed	-	-	Y	-	Y	Y	Y	-	-	-	-	Y	-	-	-	-	-	-	-	-
Terry's Pharmacy	FW270	CP	4 Castle Hill Parade, The Avenue, London	W13 8JP	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	Y	Y	Y	-	-	-	Y	Y	-	-	-	Y	Y	-	-	-
Walker Pharmacy	FA244	CP	6 The Broadway, Gunnersbury Lane, London	W3 8HR	09:00-18:30	Closed	Closed	-	-	Y	-	Y	Y	Y	-	-	-	-	Y	-	-	-	Y	-	-	-	-

Greenford town

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS7	AS8	AS9	NES1	ICB1	ICB2	ICB3	LAS1	LAS2	LAS3	LAS4	LAS5
Ariana Pharmacy	FXK52	CP	472 Greenford Road, Greenford	UB6 8SQ	Mon-Tue 09:00-21:00; Wed-Fri 09:00-20:00	09:00-19:00	10:00-16:00	Y	-	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	
Boots	FDX68	CP	Unit 11, Westway Cross Retail Park, Greenford	UB6 0UW	09:00-18:00	09:00-18:00	11:00-17:00	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	
Bright Health Pharmacy	FH357	CP	1318 Greenford Road, Greenford	UB6 0HL	09:00-19:00	09:00-13:00	Closed	-	-	Y	-	Y	Y	Y	-	-	-	-	Y	-	-	-	-	-	-	-	
Chief Cornerstone Pharmacy	FT601	CP	4 Eastmead Avenue, Greenford	UB6 9RA	08:30-19:00	08:30-13:00	Closed	-	-	Y	-	Y	Y	Y	-	-	-	Y	-	-	-	-	-	-	-	-	
Elite Pharmacy	FDD50	DSP	107 ICG House, Oldfield Lane North, Greenford	UB6 0AL	09:00-17:00	Closed	Closed	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	
My Own Chemist	FM850	DSP	4-5 Northolt Trading Estate, Belvue Road, Northolt	UB5 5QS	09:00-14:00, 14:30-17:30	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Northolt Pharmacy	FGJ27	CP	Grand Union Health Centre, Taywood Road, Northolt	UB5 6WL	08:00-20:00	09:00-13:00	Closed	-	-	Y	-	Y	Y	Y	-	-	-	Y	Y	-	-	-	-	-	-	-	
Parade Pharmacy	FDR42	CP	386 Oldfield Lane North, Greenford	UB6 8PU	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	Y	Y	Y	-	-	-	-	Y	-	-	-	Y	-	-	-	
Ravenor Pharmacy	FLK52	CP	70 The Broadway, Greenford	UB6 9QA	09:00-18:00	09:00-16:00	Closed	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	Y	-	-	-	
Roxanne's Pharmacy	FJJ99	CP	51 The Broadway, Greenford	UB6 9PN	09:00-18:00	09:00-17:30	Closed	-	-	Y	-	Y	Y	Y	-	-	-	-	Y	-	-	-	-	Y	-	-	

Hanwell town

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS7	AS8	AS9	NES1	ICB1	ICB2	ICB3	LAS1	LAS2	LAS3	LAS4	LAS5
Boots	FJ498	CP	68 The Broadway, West Ealing, London	W13 0SR	09:00-18:00	09:00-18:00	10:00-16:00	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-
Church Pharmacy	FLA36	CP	83 Uxbridge Road, Hanwell, London	W7 3ST	09:00-19:30	09:00-18:30	Closed	-	-	-	-	-	-	Y	-	-	-	-	Y	-	-	-	-	-	-	-	-
Greenford Chemist	FC472	CP	340 Greenford Avenue, Hanwell, London	W7 3DA	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	Y	Y	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-
Grosvenor House Pharmacy	FTK75	CP	99 The Broadway, West Ealing, London	W13 9BP	07:00-23:00	07:00-20:00	10:00-17:00	Y	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	Y
Hanwell Pharmacy	FAH51	CP	Hanwell Heath Centre, 20 Church Road, Hanwell, London	W7 1DR	09:00-18:30	Closed	Closed	-	-	Y	-	Y	Y	Y	-	-	-	-	Y	-	-	-	-	-	-	-	-
Remedy Pharmacy	FK802	CP	83 Greenford Avenue, Hanwell, London	W7 1LJ	09:00-18:30 (Wed 09:00-18:00; Thu 09:00-19:30)	10:00-13:00	Closed	-	-	Y	-	Y	Y	Y	-	-	-	-	Y	-	-	-	-	-	-	-	-
Superdrug Pharmacy	FHY42	CP	85-87 The Broadway, West Ealing, London	W13 9BP	09:00-14:00, 14:30-18:00	09:00-14:00, 14:30-17:30	Closed	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-
Well Pharmacy	FL911	CP	333 Greenford Avenue, Hanwell, London	W7 1JH	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	Y	Y	Y	-	-	-	-	Y	-	-	-	-	-	-	-	-

Northolt town

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS7	AS8	AS9	NES1	ICB1	ICB2	ICB3	LAS1	LAS2	LAS3	LAS4	LAS5
Alpha Chemist	FCY66	CP	480 Church Road, Northolt	UB5 5AU	09:00-18:00 (Wed 09:00-17:30)	09:00-13:00	Closed	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS7	AS8	AS9	NES1	ICB1	ICB2	ICB3	LAS1	LAS2	LAS3	LAS4	LAS5
M. Gokani Chemist	FAF65	CP	32 Church Road, Peel House, Northolt	UB5 5AB	09:00-19:00 (Wed 09:00-18:00)	09:00-14:00	Closed	-	-	-	-	-	-	Y	-	-	-	-	Y	-	-	-	-	-	-	-	Y
Touchwood Pharmacy	FPW44	CP	493-495 Yeading Lane, Northolt	UB5 6LN	09:00-19:00	09:00-13:00	Closed	-	-	Y	-	Y	Y	Y	-	-	-	Y	Y	-	-	-	-	-	Y	-	-
Wellcare Pharmacy	FPT59	CP	5 Haydock Green, Northolt	UB5 4AP	09:00-18:30	09:00-17:00	Closed	-	-	Y	-	Y	Y	Y	-	-	-	-	Y	-	-	-	-	Y	-	-	-
Wellcare Pharmacy	FLW17	CP	47A-47B Oldfield Circus, Northolt	UB5 4RR	09:00-18:00	08:30-18:00	Closed	-	-	Y	-	Y	Y	Y	-	-	-	-	Y	-	-	-	-	-	-	-	-

Perivale town

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS7	AS8	AS9	NES1	ICB1	ICB2	ICB3	LAS1	LAS2	LAS3	LAS4	LAS5
Click Health	FKH76	DSP	5 Sabichi House, Wadsworth Road, Perivale, Greenford	UB6 7JD	09:30-17:00	09:30-19:00	10:00-19:00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
LloydsDirect	FN849	DSP	17 Wadsworth Road, Perivale, Greenford	UB6 7JD	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	
Medway Pharmacy	FA150	CP	18 Medway Parade, Perivale, Greenford	UB6 8HR	09:00-18:45	09:00-12:00	Closed	-	-	Y	-	Y	Y	Y	-	-	Y	-	-	-	-	-	-	-	-	-	
PPRX Ltd	FGC61	DSP	Room 112, Biz Space, 4-6 Wadsworth Road, Perivale, London	UB6 7JJ	09:00-17:00	Closed	Closed	-	-	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	
Tesco Instore Pharmacy	FX886	CP	The Hoover Building, Bideford Avenue, Perivale	UB6 8DW	08:00-20:00	08:00-20:00	10:00-16:00	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	
Watmans Pharmacy	FKP75	CP	179 Bilton Road, Perivale	UB6 7HQ	08:30-18:30	09:00-13:30	Closed	-	-	Y	-	Y	Y	Y	-	-	-	Y	-	-	-	-	-	-	-	-	

Southall town

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS7	AS8	AS9	NES1	ICB1	ICB2	ICB3	LAS1	LAS2	LAS3	LAS4	LAS5
Ali Chemist	FJ580	CP	123 The Broadway, Southall	UB1 1LW	09:15-19:30	10:00-18:00	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Anmol Pharmacy	FHD61	CP	97 North Road, Southall	UB1 2JW	09:00-21:00	09:00-21:00	Closed	Y	-	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	
Chana Chemist	FVM26	CP	52 South Road, Southall	UB1 1RQ	09:00-21:00	09:00-19:00	11:00-19:00	-	-	Y	-	Y	Y	Y	-	-	-	Y	-	-	-	Y	-	-	-	-	
Chana Chemist	FYG50	CP	251 Allenby Road, Southall	UB1 2HB	09:00-19:00	09:00-18:00	Closed	-	-	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	Y	-
Chana Health Pharmacy & Clinic	FVN27	CP	Unit 3, 33 High Street, Southall	UB1 3HA	10:00-18:00	10:00-16:00	Closed	-	-	Y	-	Y	Y	Y	-	-	-	Y	Y	-	-	-	-	-	-	-	
Cheema Pharmacy	FC041	CP	57 King Street, Southall	UB2 4DQ	09:00-20:00	09:00-19:00	Closed	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	
Fountain Pharmacy	FGW38	CP	43 Featherstone Road, Southall	UB2 5AB	08:00-23:00	08:00-23:00	08:00-18:00	Y	-	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	
Gill Chemist	FKD11	CP	79 Norwood Road, Southall	UB2 4EA	09:00-13:30, 14:00-18:30	Closed	Closed	-	-	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	Y	-
Gill Pharmacy	FH598	CP	31-33 King Street, Southall	UB2 4DG	09:00-20:00	09:00-19:00	12:00-19:00	-	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	-	-	-	-	-	-	
H. J. Dixon Chemist	FTC65	CP	185 Lady Margaret Road, Southall	UB1 2PT	09:00-19:00	09:00-17:00	Closed	-	-	Y	-	Y	Y	Y	-	-	-	Y	-	-	-	-	-	Y	-	-	
Kings Pharmacy	FF912	CP	50 Greenford Road, Greenford	UB6 9AT	09:30-19:00	Closed	Closed	-	-	Y	-	Y	Y	Y	-	-	-	Y	Y	-	-	-	-	-	-	-	
KL Pharmacy	FQQ74	CP	1-2 Tyler Road, Southall	UB2 4XQ	09:00-18:30	09:00-13:00	Closed	-	Y	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	
Lady Margaret Road Pharmacy	FP881	CP	223 Lady Margaret Road, Southall	UB1 2PT	09:00-13:00, 14:00-21:00	11:00-21:00	10:00-17:00	Y	-	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	
Puri Pharmacy	FE009	CP	39 Western Road, Southall	UB2 5HE	09:00-19:00	09:00-13:00	Closed	-	-	Y	-	Y	Y	Y	-	-	-	Y	Y	-	-	-	-	-	-	Y	
Queens Pharmacy	FL684	CP	61 The Broadway, Southall	UB1 1JY	10:00-18:00	11:00-17:00	11:00-17:00	-	-	Y	-	Y	Y	Y	-	-	-	Y	Y	-	-	Y	-	-	Y	-	

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS7	AS8	AS9	NES1	ICB1	ICB2	ICB3	LAS1	LAS2	LAS3	LAS4	LAS5
Sherrys Chemist	FQP22	CP	48 South Road, Southall	UB1 1RR	09:30-19:00	Closed	Closed	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	
Southall Pharmacy	FLF32	CP	13 North Parade, North End, Southall	UB1 2LF	09:00-19:00	Closed	Closed	-	-	Y	-	Y	Y	Y	-	-	-	Y	Y	-	-	-	Y	Y	-	-	
Tesco Instore Pharmacy	FEM60	CP	Bulls Bridge Industrial Estate, Hayes Road, Southall	UB2 5NB	09:00-20:00	09:00-20:00	11:00-17:00	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	
Woodland Pharmacy	FR895	CP	227 The Broadway, Southall	UB1 1ND	09:00-19:00 (Wed 09:00-17:00)	Closed	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	

Appendix B: PNA project plan

	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	Jun 2025	Jul 2025	Aug 2025
Stage 1: Project planning and governance <ul style="list-style-type: none"> Stakeholders identified and PNA Steering Group terms of reference agreed Project plan, PNA localities, communications plan and data to collect agreed at first Steering Group meeting Prepare questionnaires for initial engagement 															
Stage 2: Research and analysis <ul style="list-style-type: none"> Collation of data from Public Health, LPC, ICB and other providers of services Listing and mapping of services and facilities Collation of data for housing developments Equalities Impact Assessment Analysis of questionnaire responses Review all data at second Steering Group meeting 															
Stage 3: PNA development <ul style="list-style-type: none"> Review and analyse data and information collated to identify gaps in services based on current and future population needs Develop consultation plan Draft PNA Sign off draft PNA at third Steering Group meeting 															
Stage 4: Consultation and final draft production <ul style="list-style-type: none"> Coordination and management of consultation Analysis of consultation responses and production of report Draft final PNA for approval Sign off final PNA at fourth Steering Group meeting Edit final PNA 2025 ready for publication and provide update for HWB 															

Appendix C: PNA Steering Group terms of reference

Objective / Purpose

To support the production of the Pharmaceutical Needs Assessment (PNA) on behalf of the Ealing Health and Wellbeing Board (HWB), to ensure that it satisfies the relevant regulations including consultation requirements.

Delegated responsibility

The Director of Public Health confirmed she has received delegated authority for the PNA from the Health and Wellbeing Board.

Accountability

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

Responsibilities

- Provide a clear and concise PNA process
- Review and validate information and data on population, demographics, pharmaceutical provision, and health needs
- To consult with the bodies stated in Regulation 8 of The NHS Regulations 2013:
 - Any Local Pharmaceutical Committee for its area
 - Any Local Medical Committee for its area
 - Any persons on the Pharmaceutical lists and any dispensing Doctors list for its area
 - Any LPS Chemist in its area
 - Any Local Healthwatch organisation for its area
 - Any NHS Trust or NHS Foundation Trust in its area
 - Integrated Care Boards
 - Any neighbouring HWB
- Ensure that due process is followed
- Report to Health and Wellbeing Board on both the draft and final PNA
- Publish the final PNA by 1 October 2025

Membership

Core members:

- Consultant in Public Health and Public Health Lead
- Associate Director of Primary Care Network, North West London ICB
- Local Pharmaceutical Committee representative
- Integrated Care Board Pharmacy and Medicines Optimisation representative
- Healthwatch representative

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

Additional members (if required):

- Integrated Care Board Commissioning Managers
- NHS Trust Chief Pharmacists

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

All papers, minutes and actions will be circulated to the Senior Commissioning Manager, Market Entry/Pharmacy Team covering London.

Frequency of meetings

Meetings will be arranged at key stages of the project plan. The Steering Group will meet in summer 2025 to sign off the PNA for submission to the Health and Wellbeing Board.

Appendix D: Public questionnaire

Total responses received:¹ 256

The questionnaire was open for responses between 15 August and 25 October 2024.

When reporting the details of the responses, please note:

- Due to small numbers, responses are not broken down by town
- Some numbers may be higher than the number of answered due to multiple choice
- Some figures may not add up to 100% due to rounded numbers
- The option with the higher number of responses shows in bold to facilitate analysis

1) Why do you usually visit a pharmacy? (Please tick all that apply) (Answered: 253, Skipped: 3)

Option	Number	%
To buy over-the-counter medicines	180	71%
To collect prescriptions for myself	228	90%
To collect prescriptions for somebody else	97	38%
To get advice from a pharmacist	135	53%
To use the Pharmacy First Service	12	5%
To use Pharmacy Contraception Service	1	0%
To use a blood-pressure test service	30	12%
To use a privately funded service	13	5%
Other, please specify below	47	19%

Other comment themes	Number
Vaccinations (COVID, flu and travel)	37
Purchasing Items (Cosmetic, personal and medical products)	5
Support, advice and other services	5

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

2) How often have you visited or contacted a pharmacy in the last six months?

(Answered: 255, Skipped: 1)

Option	Number	%
Once a week or more	17	7%
A few times a month	106	42%
Once a month	60	24%
Once every few months	56	22%
Once in six months	7	3%
I have not visited/contacted a pharmacy in the last six months	9	4%

3) What time is most convenient for you to use a pharmacy? (Answered: 255, Skipped: 1)

Option	Number	%
Before 9am	11	4%
9am-1pm	55	22%
1pm-5pm	34	13%
After 5pm	27	11%
It varies	128	50%

4) What day is most convenient for you to use a pharmacy? (Please tick all that apply) (Answered: 255, Skipped: 1)

Option	Number	%
Monday	62	24%
Tuesday	69	27%
Wednesday	64	25%
Thursday	68	27%
Friday	65	26%
Saturday	76	30%
Sunday	50	20%
It varies	165	65%

5) Do you have a regular or preferred local community pharmacy? (Answered: 256, Skipped: 0)

Option	Number	%
Yes, a traditional bricks and mortar pharmacy	237	93%
Yes, an internet/online pharmacy (This pharmacy, also referred to as a distance selling pharmacy, is one which operates partially or completely online where prescriptions are received electronically and by paper prescription and dispensing medication is sent via a courier to your home)	6	2%
Yes, a combination of both	11	4%
No	2	1%

6) Is there a more convenient and/or closer pharmacy that you don't use and why is that? (Answered: 255, Skipped: 1)

Option	Number	%
No	195	76%
Yes, but I do not use it because _____	60	24%

Comment themes:	Number
Proximity to GP and convenience (closer to work or GP is linked to a different pharmacy)	16
Poor service at closer pharmacy	10
Opening hours not convenient or long enough	8
Personal preference or habit	8
Poor stock levels	5
Better service at the other pharmacy	4
Not parking available	3
Prefer to support independent pharmacies	2
Free delivery service	2
Prices too high	2

7) What influences your choice of pharmacy? (Please tick one box for each factor)
 (Answered: 256, Skipped: 0)

Factors	Extremely important		Very Important		Moderately Important		Fairly important		Not at all important		Total
Quality of service (expertise)	173	68%	56	22%	22	9%	3	1%	1	0%	255
Customer service	147	58%	74	29%	31	12%	1	0%	1	0%	254
Location of pharmacy	167	66%	63	25%	21	8%	1	0%	0	0%	252
Opening times	119	47%	88	35%	37	15%	6	2%	2	1%	252
Parking	42	18%	24	10%	31	13%	9	4%	134	56%	240
Public transport	38	16%	53	22%	28	11%	10	4%	108	46%	237
Accessibility (wheelchair / buggy access)	22	9%	35	15%	26	11%	14	6%	139	59%	236
Communication (languages / interpreting service)	35	14%	27	11%	25	11%	17	7%	133	56%	237
Space to have a private consultation	66	27%	59	24%	49	20%	28	11%	44	18%	246
Availability of medication / services	164	65%	63	25%	16	6%	4	2%	4	2%	251
Services provided	121	50%	77	32%	31	13%	9	4%	5	2%	243

Other factor themes:	Number
Pharmacy-patient relationship and trust	11
Link between pharmacy and GP	8
Accessibility and convenience	6
Quality of service (friendly and supportive staff)	6
Stock availability and fair pricing	4
Additional services (vaccinations, blood test and dosette boxes)	4

8) How do you travel to the pharmacy? (Answered: 256, Skipped: 0)

Option	Number	%
Walk	198	77%
Public transport (e.g. bus or train)	13	5%
Bicycle	8	3%
Car	31	12%
Taxi	0	0%
Wheelchair / mobility scooter	1	0%
I don't, someone goes for me	1	0%
I don't I utilise a delivery service	4	2%
I don't, I use an online pharmacy	0	0%
Other, please specify	0	0%

9) How long does it usually take you to travel to your pharmacy? (Answered: 255, Skipped: 1)

Option	Number	%
Less than 15 minutes	192	75%
15-30 minutes	56	22%
30-45 minutes	4	2%
More than 45 minutes	0	0%
N/A- I don't travel to the pharmacy	3	1%

10) Do you have any other comments that you would like to add regarding pharmaceutical services in Ealing? (Answered: 120, Skipped: 136)

Comment themes:	Number
The local pharmacy is really good, provides a great service	49
There should be more pharmacies opened early, late, during lunchtime and on weekends	9
There are many options for pharmacies nearby	7
There is a need for more pharmacies after recent closures	7
Overworked pharmacies and long waiting queues	7
Pharmacy provides advice, saving some GP appointments	6

Comment themes:	Number
Stock levels (and expiry dates) are poor	6
Pharmacies need to be more accessible to all	4
Services available should be better advertised	3
Delivery service for prescriptions should be available	3
Lack of privacy in the pharmacy	3
Parking issues	2
Use pharmacy for vaccinations and blood pressure	2
New pharmacy needed in Ealing Common tube station	2
Pharmacist failed to diagnose shingles	1
Prescriptions are not sent directly to the preferred pharmacy	1
Support needed to prevent independent pharmacies closures	1
Not enough options nearby	1
Difficulty to communicate in English	1
Need for blister packaging disposal service	1
Need for dossette box service	1
Need for stop smoking service	1
Need to display product prices to facility price comparison	1
Communication is not coordinated between pharmacies and with GP	1

A bit about you

11) Which area of Ealing do you live in? (Answered: 244, Skipped: 12)

Option	Number	%
Ealing	124	51%
Acton	37	15%
Greenford	31	13%
Hanwell	25	10%
Northolt	16	7%
Perivale	3	1%
Southall	8	3%

12) What is your age group? (Answered: 246, Skipped: 10)

Option	Number	%
Below 18	0	0%
18-24	1	0%
25-34	9	4%
35-44	27	11%
45-54	41	17%
55-64	46	19%
65 or above	117	47%
Prefer not to say	5	2%

13) What gender do you identify as? (Answered: 249, Skipped: 7)

Option	Number	%
Female	182	73%
Male	54	22%
Non-binary	2	1%
Third Gender	1	0%
Gender fluid	0	0%
Prefer not to say	10	4%
Prefer to self-describe	0	0%

14) Is the gender you identify with the same as the gender you were assigned at birth? (Answered: 248, Skipped: 8)

Option	Number	%
Yes	241	97%
No	1	0%
Prefer not to say	6	2%

15) Do you consider yourself to have a disability? (Answered: 247, Skipped: 9)

The Equality Act 2010 defines a person as having a disability if s/he 'has a long term physical or mental impairment which has a substantial and long-term adverse effect on his/her ability to carry out normal day to day activities'.

Option	Number	%
Yes	43	17%
No	189	77%
Prefer not to say	15	6%

16) Which of the following best describes your sexual orientation? (Answered: 242, Skipped: 14)

Option	Number	%
Straight or heterosexual	221	91%
Gay or lesbian	6	2%
Bisexual	3	1%
Prefer not to say	12	5%
Other sexual orientation (please write in)	0	0%

17) What is your religion or belief? (Answered: 248, Skipped: 8)

Option	Number	%
Buddhist	1	0%
Christian	109	44%
Hindu	11	4%
Jewish	5	2%
Muslim	3	1%
Sikh	3	1%
No religion or belief	76	31%
Prefer not to say	35	14%
Other religion or belief (please write in)	5	2%

Other	Number
Spiritualist	1
Agnostic	2
Humanist	1
Unitarian	1

18) Which ethnic group do you consider yourself to belong to? (Answered: 247,
Skipped: 9)

Option	Number	%
White – English, Welsh, Scottish, Northern Irish or British	137	55%
White – Irish	5	2%
White – Gypsy or Irish Traveller	0	0%
White – Roma	0	0%
White – Other	29	12%
Mixed or Multiple Mixed Ethnic Groups – White and Black Caribbean	1	0%
Mixed or Multiple Mixed Ethnic Groups – White and Black African	0	0%
Mixed or Multiple Mixed Ethnic Groups – White and Asian	5	2%
Any other Mixed/ multiple ethnic background	2	1%
Asian / Asian British – Indian	24	10%
Asian / Asian British – Pakistani	2	1%
Asian / Asian British – Bangladeshi	0	0%
Asian / Asian British – Chinese	4	2%
Any other Asian background	1	0%
Black / African / Caribbean / Black British – African	5	2%
Black / African / Caribbean / Black British – Caribbean	15	6%
Any other Black / African / Caribbean background	0	0%
Arab	0	0%
Any other ethnic group	0	0%
Prefer not to say	17	7%

Other	Number
White European	2
Jewish	1
Polish	1
American	1
Armenian	1

Appendix E: Pharmacy Contractor Questionnaire

Total responses received:¹ 41

The questionnaire was open for responses between 15 August and 18 November 2024.

When reporting the details of the responses, please note:

- Due to small numbers, responses are not broken down by town
- Some numbers may be higher than the number of answered due to multiple choice
- Some figures may not add up to 100% due to rounded numbers
- The option with the higher number of responses shows in bold to facilitate analysis

1) Premises and contact details (Answered: 40, Skipped: 1)

Details not to be included in PNA report

2) Is this pharmacy a 100-hour pharmacy that has applied to reduce hours to not less than 72hrs? (Answered: 40, Skipped: 1)

Option	Number	%
Yes	6	15%
No	34	85%

3) May the LPC update its records with information returned by this survey? (Answered: 40, Skipped: 1)

Option	Number	%
Yes	36	90%
No	4	10%

4) Contact details of the person completing this form on behalf of the contractor (if questions arise) (Answered: 39, Skipped: 5)

Details not to be included in PNA report

5) Languages spoken in the pharmacy (in addition to English) (Please write all that apply) (Answered: 38, Skipped: 3)

Languages	Number
Hindi	31
Gujarati	25

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

Languages	Number
Punjabi	17
Arabic	16
Urdu	13
Somali	7
Polish	6
Swahili	6
Bengali	5
Tamil	4
Farsi	3
Pashto	2
Portuguese	2
Turkish	2
Italian	2
All mentioned once: Nepali, Afghani, Serbian, Sinhalese, Armenian, Russian, French and British Sign Language	1

6) Is your pharmacy actively deploying strategies to contribute to a more sustainable and greener approach to pharmacy services? (Answered: 39, Skipped: 2)

Option	Number	%
Yes	31	80%
No	5	13%
Other, please specify	3	8%

If yes or other, please describe them briefly

Other comment themes	Number
Recycling	10
Reducing paper use	10
Reducing waste	8
Collection of medical waste	2
Working with the First Mile Implementing green strategies	1
Not sure	1

Consultation facilities

As a result of the Healthy Living Pharmacy Level 1 (HLP) criteria becoming Terms of Service requirements from 1st January 2021, almost all pharmacies will need to have a consultation room. [Regs reminder \(#14\): Consultation rooms and remote consultations - Community Pharmacy England \(cpe.org.uk\)](#)

- 7) 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?** (Answered: 39, Skipped: 2)

Option	Number	%
Yes- including wheelchair access	33	85%
Yes- without wheelchair access	5	13%
No- have submitted a request to the NHS England regional team that the premises are too small for a consultation room	0	0%
No- the NHS England regional team has approved the request that the premises are too small for a consultation room	0	0%
Other, please specify	1	2%

If other, please describe them briefly

Other comment	Number
We are online pharmacy and public do not have access to the premises, if consultation need to be provided, we use the same room where there would be only pharmacies and patients present	1

- 8) Is there more than one consultation room available on the premises?** (Answered: 39, Skipped: 2)

Option	Number	%
No	28	72%
Yes, please specify how many	11	28%

Comments	Number
Two consultation rooms	7
Area that can be used if needed	2
Four consultation rooms	1
Five consultation rooms	1

9) Where there is a consultation room, is it a closed room? (Answered: 38, Skipped: 3)

Option	Number	%
Yes	37	97%
No	1	3%
Other	0	0%

If yes, please describe them briefly

Comment themes	Number
Has a door	2

10) During consultations, are there hand-washing facilities? (Answered: 39, Skipped: 2)

Option	Number	%
Yes, in the consultation area	31	79%
Yes, close to the consultation area	5	13%
None	3	8%

11) Does patients who attend consultations have access to toilet facilities?
(Answered: 39, Skipped: 2)

Option	Number	%
Yes	16	41%
No	23	59%

Services

12) Does the pharmacy dispense appliances (in addition to normal prescriptions)?
(Answered: 39, Skipped: 2)

Option	Number	%
Yes – All types	25	64%
Yes, excluding stoma appliances	0	0%
Yes, excluding incontinence appliances	2	5%
Yes, excluding stoma and incontinence appliances	2	5%
Yes, just dressings	7	18%
None	3	8%
Other, please specify	0	0%

13) Does the pharmacy provide the following Advanced services? (Answered: 39, Skipped: 2)

	Yes		Intending to begin within next 12 months		No – not intending to provide	
Option	Number	%	Number	%	Number	%
Pharmacy First	36	94%	1	3%	1	3%
Community pharmacy blood pressure check service	35	90%	4	10%	0	0%
Pharmacy contraception service	28	74%	8	21%	2	5%
Community pharmacy smoking cessation service	18	49%	13	35%	6	16%
New medicine service	39	100%	0	0%	0	0%
Flu vaccination service	34	89%	3	8%	1	3%
Appliance use review	8	22%	13	35%	16	43%
Stoma appliance customisation	7	18%	9	24%	22	58%
LFD test supply	13	48%	4	15%	10	37%

14) Have you delivered the pharmacy first service in the last three months? (Answered: 39, Skipped: 2)

Option	Number	%
Yes- often	30	77%
Yes- occasionally	6	15%
Yes- rarely	1	3%
No	2	5%

15) The Discharge Medicines Service (DMS) is an essential service when requested electronically by a hospital. Have you ever provided a DMS? (Answered: 39, Skipped: 2)

Option	Number	%
Yes- often	19	49%
Yes- occasionally	14	36%
Yes- rarely	4	10%
No	2	5%

16) Which of the following other services does the pharmacy provide, or would be willing to provide? (Answered: 39, Skipped: 2)

(These services are not listed in the Advanced and Enhanced Services Directions, and so are not 'Enhanced Services' if commissioned by the NHS England regional team. The NHS England regional team, the ICB or Local Authority may commission them, but when identified in the PNA they will be described as 'Other locally commissioned services' or 'Other NHS services')

	Current contract with NHSE		Current contract with ICB		Current contract with LA		Willing to provide if commissioned		Not able or willing to provide		Willing to provide privately	
Options	#	%	#	%	#	%	#	%	#	%	#	%
Anticoagulant Monitoring Service	0	0%	0	0%	0	0%	31	89%	4	11%	0	0%
Anti-viral Distribution Service	1	3%	0	0%	0	0%	32	89%	3	8%	0	0%
Chlamydia Testing Service	0	0%	0	0%	1	3%	31	88%	3	9%	0	0%
Chlamydia Treatment Service	0	0%	0	0%	0	0%	33	94%	2	6%	0	0%
Emergency Contraception Service	3	8%	0	0%	8	22%	25	69%	0	0%	0	0%
Home Delivery Service (not appliances)	2	5%	0	0%	0	0%	31	84%	1	3%	3	8%
Medicines Assessment and Compliance Support Service	1	3%	0	0%	0	0%	33	92%	2	6%	0	0%
Minor Ailment Scheme	7	18%	0	0%	0	0%	30	79%	1	3%	0	0%
Supervised Administration Service	2	5%	1	3%	7	19%	19	51%	8	22%	0	0%
Needle and Syringe Exchange Service	0	0%	0	0%	5	14%	19	53%	12	33%	0	0%
Not Dispensed Scheme	0	0%	0	0%	0	0%	29	85%	4	12%	1	3%
Out of Hours Services	1	3%	0	0%	2	6%	23	66%	9	26%	0	0%

Options	#	%	#	%	#	%	#	%	#	%	#	%
Phlebotomy Service	0	0%	0	0%	0	0%	29	83%	4	11%	2	6%
Seasonal Influenza Vaccination Service	24	65%	1	3%	1	3%	10	27%	1	3%	0	0%
Stop Smoking Service	5	14%	0	0%	5	14%	22	61%	4	11%	0	0%
Vascular Risk Assessment Service (NHS Health Check)	1	3%	0	0%	0	0%	32	91%	2	6%	0	0%
Disease Specific Medicines Management Service: Asthma	0	0%	0	0%	0	0%	33	94%	2	6%	0	0%
Disease Specific Medicines Management Service: Other, please specify	0	0%	0	0%	0	0%	31	89%	4	11%	0	0%
Screening Service: Gonorrhoea	0	0%	0	0%	1	3%	31	89%	3	9%	0	0%
Screening Service: H Pylori	0	0%	0	0%	0	0%	33	94%	2	6%	0	0%
Screening Service: Hepatitis	0	0%	0	0%	1	3%	29	85%	4	12%	0	0%
Screening Service: HIV	0	0%	0	0%	1	3%	28	80%	6	17%	0	0%
Screening Service: Other, please specify	0	0%	0	0%	1	3%	22	69%	9	28%	0	0%
Childhood vaccinations	0	0%	0	0%	1	3%	24	70%	8	24%	1	3%
COVID-19 vaccinations	15	42%	2	5%	1	3%	12	33%	6	17%	0	0%
Hepatitis (at risk workers or patients) vaccinations	0	0%	0	0%	1	3%	29	80%	3	8%	3	8%

Options	#	%	#	%	#	%	#	%	#	%	#	%
HPV vaccinations	0	0%	0	0%	0	0%	29	83%	3	9%	3	9%
Meningococcal vaccinations	0	0%	0	0%	0	0%	30	83%	2	6%	4	11%
Pneumococcal vaccinations	5	14%	4	11%	2	6%	20	57%	2	6%	2	6%
Travel vaccinations	0	0%	0	0%	0	0%	23	64%	4	11%	9	25%
Other vaccinations, please specify	0	0%	0	0%	0	0%	18	58%	8	26%	5	16%

Comments	Number
Will provide all service offered to us	4
The pharmacy is undergoing refurbishment to increase the range of services offered by 2025	1
Yellow fever	1

Non-commissioned services

17) Does the pharmacy provide any of the following non-commissioned services?

(Answered: 39, Skipped: 2)

Options	Yes		Intending to begin within next 12 months		No - not intending to provide	
	#	%	#	%	#	%
Collection of prescriptions from GP	32	82%	0	0%	7	18%
Delivery of dispensed medicines – Selected patient groups (Please list criteria below)	35	92%	0	0%	3	8%
Delivery of dispensed medicines – Selected areas (Please list areas below)	34	92%	1	3%	2	5%
Delivery of dispensed medicines – Free of charge on request	32	84%	1	3%	5	13%
Delivery of dispensed medicines – With charge	10	28%	11	30%	15	42%

Monitored Dosage Systems – Free of charge on request	35	90%	1	2%	3	8%
Monitored Dosage Systems – With charge	9	26%	10	28%	16	46%

Comment for patient criteria and areas for delivery	Number
Within a certain distance (free of charge)	9
Bed bound or housebound patients only	9
Elderly	7
No specific criteria. Each patient is assessed on a needs basis and supported as appropriate	4
Disabled	4

18) Are there any services you would like to provide that are not currently commissioned in your area? (Answered:39, Skipped: 2)

Option	Number	%
No	22	56%
Yes, please specify the service requirement and why	17	44%

Comments	Number
We will provide all services offered to us	5
Emergency contraception	3
Stop smoking	3
Phlebotomy	3
Minor ailment scheme	2
Covid vaccinations	1
Travel vaccinations	1
Supervised consumption of methadone	1
H Pylori testing	1
Chlamydia screening and treatment	1
Anticoagulant service	1