

Pharmaceutical Needs Assessment 2025 – 2028

Barking and Dagenham Health and
Wellbeing Board

**Barking &
Dagenham**

Contents

| | |
|---|----|
| Executive Summary | 6 |
| 1 Introduction | 10 |
| 1.1 Background | 10 |
| 1.2 Purpose | 10 |
| 1.3 Pharmacy market | 11 |
| 1.4 National context | 12 |
| 1.5 Pharmacy services NHS overview | 12 |
| 1.6 Community Pharmacy Contractual Framework | 14 |
| 1.7 Working across the North East London Integrated Care System | 15 |
| 1.8 Barking and Dagenham strategic objectives | 15 |
| 2 The Health System in Barking and Dagenham | 17 |
| 2.1 Health services in Barking and Dagenham | 17 |
| 2.2 Neighbourhood teams in Barking and Dagenham | 18 |
| 3 Pharmaceutical Needs Assessment Process | 20 |
| 3.1 PNA development group | 20 |
| 3.2 Determination of localities | 20 |
| 3.3 Necessary pharmaceutical services | 21 |
| 3.4 Other relevant services | 22 |
| 3.5 Other NHS services | 22 |
| 3.6 Assessing health needs | 23 |
| 3.7 Current provision within Barking and Dagenham | 23 |
| 3.8 Future provision | 23 |
| 3.9 Stakeholder engagement | 24 |
| 3.10 Statutory consultation | 24 |
| 4 Demographics and Health Needs | 26 |
| 4.1 Introduction | 26 |
| 4.2 Demographic characteristics | 27 |
| 4.2.1 Population size and density | 27 |
| 4.2.2 Age and gender structure | 28 |
| 4.2.3 Ethnicity and diversity | 30 |
| 4.2.4 Vulnerable populations and protected characteristics | 31 |
| 4.3 Life expectancy | 32 |

| | | |
|--------|--|----|
| 4.4 | Wider determinants of health | 36 |
| 4.4.1 | Deprivation | 36 |
| 4.5 | Regeneration and population growth | 37 |
| 4.6 | Modifiable risk factors | 40 |
| 4.7 | Smoking | 40 |
| 4.8 | Healthy weight..... | 41 |
| 4.9 | Physical activity..... | 41 |
| 4.10 | Alcohol use | 42 |
| 4.11 | Unsafe sex..... | 42 |
| 4.12 | Air pollution | 44 |
| 4.13 | Crime and community safety | 45 |
| 4.14 | Maternal health | 45 |
| 4.14.1 | Teenage pregnancy | 46 |
| 4.15 | Children and young people | 47 |
| 4.15.1 | Wider determinants of health for children..... | 47 |
| 4.15.2 | Modifiable risk factors for children | 47 |
| 4.16 | Cancer | 48 |
| 4.17 | Long-term conditions | 49 |
| 4.17.1 | Circulatory disease..... | 49 |
| 4.17.2 | Respiratory disease..... | 50 |
| 4.18 | Older people | 51 |
| 4.19 | Demographic and health needs summary | 52 |
| 5 | Current Provision of Pharmaceutical Services | 54 |
| 5.1 | Overview | 54 |
| 5.1.1 | Core hours..... | 57 |
| 5.1.2 | Supplementary hours | 57 |
| 5.2 | 100-hour pharmacies | 57 |
| 5.3 | Pharmacy Access Scheme | 58 |
| 5.4 | Dispensing appliance contractors | 58 |
| 5.5 | Distance selling pharmacies..... | 59 |
| 5.6 | Dispensing doctors..... | 59 |
| 5.7 | Hospital pharmacy services | 59 |
| 5.8 | Out of area providers of pharmaceutical services | 60 |
| 5.9 | Government consultations..... | 60 |
| 5.9.1 | Pharmacy supervision | 60 |
| 5.9.2 | Hub and spoke dispensing | 60 |

| | | |
|-------|---|----|
| 5.9.3 | Independent prescribing | 60 |
| 6 | Access to Community Pharmacy Services in Barking and Dagenham | 62 |
| 6.1 | Number, type of pharmacies and geographical distribution | 62 |
| 6.2 | Dispensing activity in Barking and Dagenham | 63 |
| 6.3 | Access to pharmacies by opening hours..... | 64 |
| 6.4 | Ease of access to pharmacies | 64 |
| 6.4.1 | Weekday opening..... | 64 |
| 6.4.2 | Weekend opening..... | 72 |
| 6.4.3 | Access to pharmacy services out of the Barking and Dagenham area..... | 80 |
| 6.4.4 | Feedback from the public regarding pharmacy opening hours | 82 |
| 6.5 | Disability access..... | 82 |
| 6.6 | Access to translation services | 83 |
| 7 | Pharmaceutical Services Overview | 84 |
| 7.1 | Essential services | 84 |
| 7.1.1 | Digital solutions | 85 |
| 7.2 | Advanced services | 86 |
| 7.2.1 | Appliance use review (AUR)..... | 87 |
| 7.2.2 | Influenza vaccination service..... | 87 |
| 7.2.3 | Hypertension case-finding service (HCFS)..... | 88 |
| 7.2.4 | Lateral flow device (LFD) tests supply service..... | 88 |
| 7.2.5 | New medicine service (NMS) | 88 |
| 7.2.6 | Pharmacy contraception service (PCS)..... | 89 |
| 7.2.7 | Pharmacy First service | 90 |
| 7.2.8 | Smoking cessation advanced service..... | 91 |
| 7.2.9 | Stoma appliance customisation service (SAC)..... | 91 |
| 7.3 | National enhanced services | 91 |
| 7.3.1 | COVID-19 vaccination programme | 92 |
| 8 | Barking and Dagenham Locally Commissioned Services | 93 |
| 8.1 | ICB local enhanced services | 93 |
| 8.1.1 | Palliative End of Life Care (PEoLC) Service | 93 |
| 8.1.2 | NEL Community Pharmacy Selfcare Advice Service (CPSAS) | 94 |
| 8.1.3 | NEL Anticoagulation Service | 95 |
| 8.1.4 | Bank holiday rota | 96 |
| 8.2 | Barking and Dagenham Public Health commissioned services..... | 96 |
| 8.2.1 | Barking and Dagenham stop smoking service..... | 96 |
| 8.2.2 | Drug and alcohol dependence services..... | 97 |

| | | |
|-------|---|-----|
| 8.2.3 | Sexual health service..... | 97 |
| 8.3 | Non-commissioned services | 98 |
| 8.3.1 | Medicine delivery service..... | 99 |
| 8.3.2 | Monitored dosage systems (MDS) | 99 |
| 9 | Current and Future Pharmacist Role..... | 100 |
| 10. | Engagement and Consultation | 102 |
| 10.1 | Stakeholder engagement – public questionnaire | 102 |
| 10.2 | Formal consultation..... | 102 |
| 11 | Summary of Findings..... | 103 |
| 11.1 | Necessary services – current provision | 103 |
| 11.2 | Necessary services – future provision | 103 |
| 11.3 | Other findings | 103 |
| 12 | Statement of Pharmaceutical Needs Assessment..... | 105 |
| | Appendix 1 - Membership of Steering Committee | 107 |
| | Appendix 2 - Community Engagement Questionnaire Results..... | 108 |
| | Appendix 3 - Pharmacy Addresses and Opening Times | 113 |
| | Appendix 4 - Consultation on the Draft Pharmaceutical Needs Assessment for Barking and Dagenham..... | 115 |
| | Appendix 5 – Larger Development Sites With Anticipated Future Trajectory of Unit Numbers to be Delivered 2025/26 – 2029/30 | 122 |
| | Appendix 6 – Abbreviations..... | 123 |
| | Appendix 7 - References and Data Sources | 125 |

Executive Summary

The Health and Social Care Act 2012⁽¹⁾ transferred responsibility for developing and maintaining Pharmaceutical Needs Assessments (PNAs) from Primary Care Trusts (PCTs) to Health and Wellbeing Boards (HWBs). Under this legislation, each board was mandated to publish its first PNA by April 1, 2015, with subsequent updates required every three years or sooner if significant changes in service provision arise, provided an earlier review is justified. The previous PNA⁽²⁾ for Barking and Dagenham was published on October 1, 2022, following a nationally agreed one year extension of the life of the 2018 PNA due to the COVID pandemic. The next update is scheduled for release by October 1 2025.

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

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

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

To develop this PNA, the London Boroughs of Barking and Dagenham, Havering, and Redbridge jointly commissioned an external contractor, North of England Commissioning Support (NECS), an independent subject matter expert organisation. The PNA was overseen by a joint steering group, comprising representatives from the London Boroughs of Barking and Dagenham, Havering, and Redbridge, NEL ICB, and Healthwatch Barking and Dagenham, Healthwatch Havering and Healthwatch Redbridge. Their collective aim was to assess current service provision, address commissioning challenges, and set future priorities for community pharmacy services in each of the three London boroughs.

Community Pharmacy North East London (CPNEL) were also consulted following the steering group meetings about the draft PNA, and feedback provided was incorporated into the document.

A statutory consultation was conducted between 18 June – 17 August 2025 gathering input from statutory consultees, the public, and other stakeholders. The final PNA integrates this feedback and aligns with the health priorities outlined in Barking and Dagenham's Joint Strategic Needs Assessment (JSNA)⁽⁴⁾. The reference section in Appendix 7 details data sources utilised in the production of this PNA. Unless otherwise stated, the information relating to services is correct as of April 2025.

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

This PNA covers the following areas:

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

The 2013 NHS (Pharmaceutical and Local Pharmaceutical) Regulations⁽⁶⁾ require the HWB to include a statement of necessary pharmaceutical services.

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

Relevant services are those pharmaceutical services, other than necessary services, that contribute to meeting the health and well-being needs of the population. Barking and Dagenham HWB has identified advanced services and national enhanced services as relevant services that secure improvements or better access to pharmaceutical services, contributing to meeting the need for pharmaceutical services in the HWB area.

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

Pharmaceutical service providers in Barking and Dagenham

Barking and Dagenham has 37 community pharmacies (as of April 2025). The number of pharmacies is scheduled to reduce to 36 in August 2025. Excluding dispensing appliance contractors, Barking and Dagenham has an average of 16.8 community pharmacies per 100,000 population, compared with 18.3 per 100,000 in England. This is based on ONS mid-2022 ward-level population estimate of 219,992⁽⁸⁾.

The Greater London Authority (GLA) population dataset estimates that the population of Barking and Dagenham is 229,177 (2025 estimate, based on central fertility and 10-year migration assumptions)⁽⁹⁾. Wherever possible, this document uses Greater London Authority (GLA) population estimates (central fertility and 10-year migration assumptions)⁽⁹⁾ as the base population. Where national or alternative comparisons are needed, data from the Office for National Statistics (ONS) has been used instead.

Conclusions:

Provision of necessary services

- There is **no current gap** in the current provision of necessary services **during normal working hours** across Barking and Dagenham to meet the needs of the population
- There is **no current gap** in the current provision of necessary services **outside normal working hours** across Barking and Dagenham to meet the needs of the population
- **No gaps** have been identified in the need for pharmaceutical services in future circumstances across Barking and Dagenham, other than in the **following specified circumstances**: in Barking Riverside and Beam wards, when the number of new dwellings occupied has reached 2,000 combined across the two wards, there will be a future need for pharmaceutical services provision within these wards offering core opening hours Monday – Friday between 9am - 1pm and 2pm – 6pm.

Improvements and better access

- There are **no gaps in the provision of advanced services** at present or in the future (lifetime of this PNA) that would secure improvements or better access in Barking and Dagenham

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

1 Introduction

1.1 Background

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

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

The London Borough of Barking and Dagenham (LBBD) HWB last published its PNA in October 2022⁽²⁾ and has now prepared an updated version for release by October 1, 2025.

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

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

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

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

1.2 Purpose

The PNA provides a comprehensive evaluation of both current and future pharmaceutical needs within the local population. It outlines the area's health needs (Section 4), assesses the availability of existing pharmaceutical services, and identifies any service gaps (Sections 7 and 8). Additionally, it highlights potential new services to address unmet health needs and support the objectives of the Health and Wellbeing Strategy 2023 – 2025⁽⁵⁾.

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

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

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

1.3 Pharmacy market

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

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

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

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

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

1.4 National context

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

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

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

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

1.5 Pharmacy services NHS overview

The NHS Business Services Authority (NHSBSA) published a report on General Pharmaceutical Services in England 2015/16 – 2023/24⁽¹⁵⁾.

This report notes that there were more than 12,009 community pharmacies in England providing accessible healthcare alongside the dispensing of medicines. For a typical pharmacy, NHS income accounts for around 90% of their total income⁽¹⁶⁾.

Community pharmacies in England provide a range of services including:

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

- Disposal of unwanted medicines.

Key findings of General Pharmaceutical Services in England 2015/16 - 2023/24⁽¹⁵⁾ indicated that:

- There were 12,009 active community pharmacies and 112 active appliance contractors in England during 2023/24. This is the first increase shown since 2017/19. It is important to note that if a pharmacy has opened, submitted a prescription to the NHSBSA and then closed again in the same year, it would still be classed as an active pharmacy. When a pharmacy contract changes providers, it can remain in the same premises but may be given a new organisation code. This measure uses the pharmacy organisation code to determine active pharmacies.
 - However, as at December 2025, the total number of active pharmacies in England is estimated at 10,430 according to the NHSBSA Consolidated Pharmaceutical List Q3 2024/25. This is the number used in this PNA to calculate the average number of pharmacies per 100,000 population.
- The number of items dispensed by community pharmacies in England between 2022/23 and 2023/24 increased by 3.15% from 1.08 billion to 1.11 billion. Overall, the number of items dispensed is 11.8% higher than the 995 million items dispensed in 2015/16.
- 1.08 billion prescription items were dispensed via the Electronic Prescription Service (EPS) in 2023/24, 96.1% of all items dispensed in the year. This is an increase of 60.7 percentage points from 2015/16.
- The cost of drugs and appliances reimbursed to community pharmacies and appliance contractors totalled £10.2 billion in 2023/24. Costs reimbursed to contractors increased in 2023/24 for the fifth consecutive year. Costs increased by 4.97% between 2022/23 and 2023/24 from £9.72 billion to £10.2 billion, the highest costs in 9 years.
- The number of vaccines administered by pharmacies as part of the Influenza Vaccination advanced service decreased in 2023/24 after increasing every year since the service began in 2015/16. In 2023/24 there were 3.77 million vaccines administered by 9,170 community pharmacies, at an average of 412 vaccines per pharmacy. This was a decrease of 24.7% on the 5.01 million vaccines administered in 2022/23.
- New medicines services (NMSs) have shown sizable increases for the last three financial years. Thirteen additional conditions were added to the specification list in September 2021. The number of NMSs claimed in 2023/24 has increased by 42% from 2022/23.
- Pharmacy First, which was introduced on 31 January 2024, continues to grow with over 750,000 interactions nationally in September 2024 compared with an average of 141,000 per month in the first 3 months.

1.6 Community Pharmacy Contractual Framework

The Department of Health and Social Care (DHSC), NHSE, and the Pharmaceutical Services Negotiating Committee (PSNC, now known as Community Pharmacy England) agreed a five-year plan, 2019-2024, the Community Pharmacy Contractual Framework (CPCF)⁽¹⁷⁾ which described a vision for how community pharmacy will support delivery of the NHS Long Term Plan⁽¹²⁾.

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

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

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

The criterial focus included:

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

1.7 Working across the North East London Integrated Care System

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

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

They aim to:

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

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

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

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

1.8 Barking and Dagenham strategic objectives

The Health and Care Act 2022⁽³⁾ established ICBs and ICPs as part of the health and care system. The North East London ICP brings together councils across North East London (including the London Borough of Barking and Dagenham), NEL ICB, NHS providers and other partners to foster collaboration among health service commissioners, public health, and social care providers. This partnership aims to enhance the health and wellbeing of the North East London residents, including Barking and Dagenham.

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

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

The Barking and Dagenham Joint Health and Wellbeing Strategy 2023 – 2028⁽⁵⁾ sets out a vision that by 2028 residents in Barking and Dagenham will have improved physical and mental health and wellbeing, with a reduction in the gap of health inequalities between Barking and Dagenham residents and people living elsewhere.

The three themes of the strategy are:

- Best start in life
- Living well
- Ageing well

2 The Health System in Barking and Dagenham

2.1 Health services in Barking and Dagenham

GP Practices in Barking and Dagenham deliver primary medical services for the same core hours of 8am until 6.30pm, Mondays to Fridays.

Within Barking and Dagenham, Primary Care Networks (PCNs) ensure enhanced access for their patients is in place between the hours of 6.30pm and 8pm Mondays to Fridays and between 9am and 5pm on Saturdays.

The GP out-of-hours service has appointments available seven days a week to cover the evenings and overnight, as well as on weekends and bank holidays.

There is also a community urgent treatment centre at Barking Community Hospital, open 8am – 10pm seven days a week.

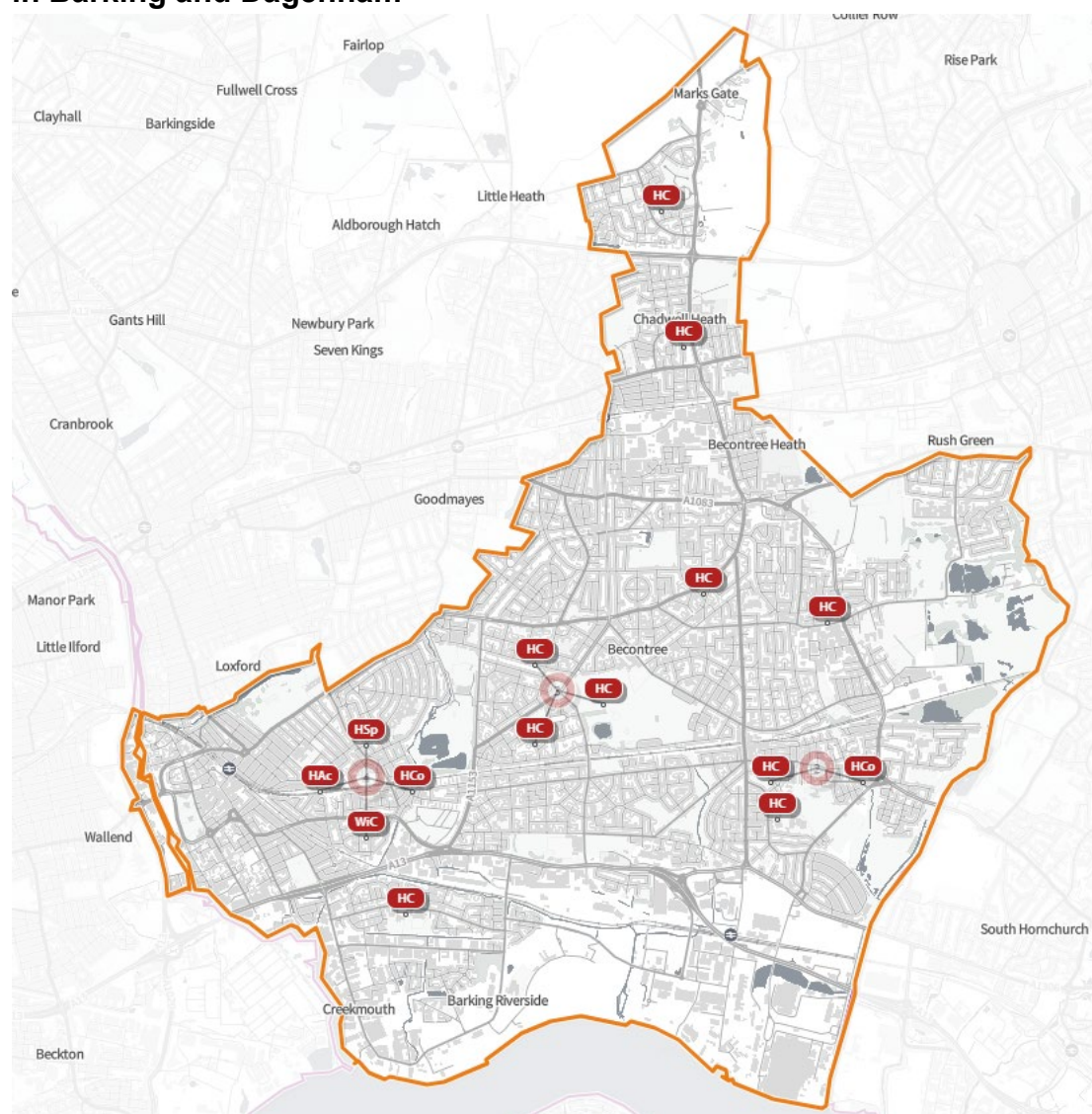
People living in Barking and Dagenham primarily go to Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) for hospital services. The North East London NHS Foundation Trust provides mental health services for the residents of Barking and Dagenham.

An interim health facility is due to be completed in Spring 2026 to support provision in the Barking Riverside and Beam wards, where population is set to increase during the life of the PNA due to a large housing development.

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

Figure 1 shows the locations of hospitals, urgent treatment centres and walk-in centres in Barking and Dagenham.

Figure 1: Locations of hospitals, urgent treatment centres and walk-in centres in Barking and Dagenham



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Key:

- HC – Health Centre
- HAc – Acute Hospital
- WIC – Walk in Centre
- HSp – Specialist Hospital
- HCo - Community Hospital

2.2 Neighbourhood teams in Barking and Dagenham

In line with the aspirations for neighbourhood health delivery outlined in the NHS 10 Year Plan⁽¹³⁾, place partners in Barking and Dagenham have agreed to develop integrated neighbourhood teams on a four-neighbourhood footprint. This

configuration, however, is not the starting point. For many years, community and mental health and social care (integrated care) have been organised on a three-locality footprint (North, East, West). Due to rising population, which is located mainly in the south of the borough, a 'fourth' South locality (now renamed as neighbourhoods) has been created, and resources are shifting into it as needed. For example, as contracts are renewed, provision is being future-proofed with scope for four neighbourhoods.

Each neighbourhood team has a clinical lead, management lead and administrative support identified. The six PCN Clinical Directors have provided this clinical leadership to date and are working at pace with PCN practices and partnership to appoint four clinical leads to take forward this work.

3 Pharmaceutical Needs Assessment Process

3.1 PNA development group

As set out within section 1 of this PNA, the legislation that describes the duties of the HWB in regard to PNAs is the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013⁽⁶⁾ (as amended). As well as describing what each PNA was required to take into account when they were first developed and published, these 2013 Regulations also describe how each local PNA must be maintained by the HWB during its life.

The development of the PNA was advised by members of the steering group which was established in March 2025. Representatives on the steering group included:

- Senior officers from the London Boroughs of Havering, Barking and Dagenham and Redbridge
- North East London Integrated Care Board
- Healthwatch Barking and Dagenham, Healthwatch Havering and Healthwatch Redbridge.

The PNA draft was also shared with CPNEL, who provided feedback.

The following points were agreed:

- Terms of reference of the steering group, including the frequency of meetings
- Determination of localities for the PNA
- Definition of necessary pharmaceutical services, other relevant services and other NHS services
- Timeline of the PNA process
- Structure of the PNA document
- CPNEL (Community Pharmacy Northeast London) agreed not to conduct a pharmacy questionnaire as pharmacy services data can be sourced from NEL ICB and NHSBSA
- Process and questionnaires for engagement and consultation
- Appropriate governance, including declaration of interests, and reporting arrangements.

3.2 Determination of localities

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

localities adopted in the previous PNA, which are the current electoral ward boundaries.

3.3 Necessary pharmaceutical services

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

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

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

At the time of publication, the essential services are:

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

These services are described in more detail in Section 7.

Relevant services are those pharmaceutical services, other than necessary services, that contribute to meeting the health and well-being needs of the population.

The HWB has identified such relevant services as pharmaceutical services that secure improvements or better access, or that have contributed towards meeting the need for pharmaceutical services in the HWB area.

The HWB has agreed that relevant services include advanced services and enhanced services within the NHS CPCF in addition to locally commissioned services. Such services provided by pharmacies located in neighbouring HWB areas are considered relevant services where they play a role in meeting patient needs, particularly from adjoining neighbouring London boroughs.

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

3.4 Other relevant services

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

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

- Appliance Use Review
- Influenza Vaccination Service
- Hypertension Case-Finding Service
- Lateral Flow Device Tests Supply Service
- New Medicine Service
- Pharmacy Contraception Service
- Pharmacy First Service
- Smoking Cessation Service
- Stoma Appliance Customisation Service
- The COVID-19 Vaccination Programme

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

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

3.5 Other NHS services

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

- a) those NHS services that reduce the need for pharmaceutical services, particularly the dispensing service, including:
 - hospital pharmacies
 - personal administration of items by GP practices
 - public health services commissioned by the local authority
 - Stop smoking

- Supervised consumption
 - Needle exchange
 - Emergency hormonal contraception
 - Condom distribution
 - ICB-commissioned 'local enhanced services' (as this reduces the need for such services to be commissioned as national enhanced services):
 - NEL Palliative End of Life Care (PEoLC) Service
 - NEL Community Pharmacy Selfcare Advice Service (CPSAS)
 - NEL Anticoagulation Service
 - Bank Holiday Rota
 - Influenza and Covid-19 vaccination by GP practices.
- b) NHS services that increase the demand for pharmaceutical services including:
- GP out of hours services (where a prescription is issued)
 - walk-in centres and minor injury units (where a prescription is issued)
 - community nursing prescribing
 - dental services.

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

3.6 Assessing health needs

The Local Government and the Public Involvement in Health Act 2007⁽¹⁸⁾ created the duty to undertake JSNAs. From April 2008, this duty was carried out by with local authorities and PCTs. The Health and Social Care Act 2012⁽¹⁾ transferred this duty, to local authorities and CCGs to be exercised by HWBs, with the Health and Care Act 2022⁽³⁾ transferring the CCG's responsibilities to ICBs.

This PNA is directly aligned to the Barking and Dagenham JSNA⁽⁴⁾ and the statement of health needs, presented in section 4 of this document, are consistent with it.

3.7 Current provision within Barking and Dagenham

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

3.8 Future provision

This PNA seeks to assess the current and future needs of the area, identifying any gaps in pharmaceutical services. Any such gaps may highlight the need for

necessary provision or may require provision in specified future circumstances. In considering the future needs of the area and identifying any gaps in service the PNA has, in accordance with Regulation 9 (1) and (2)⁽⁶⁾, had regard to:

- The demography of Barking and Dagenham
- Whether there is sufficient choice regarding obtaining pharmaceutical services within Barking and Dagenham
- The different needs of the localities within Barking and Dagenham
- The pharmaceutical services provided in the area of any neighbouring HWBs
- Any other NHS services provided for the population in or outside of Barking and Dagenham
- Likely changes to the demography of Barking and Dagenham and/or the risks to the health or well-being of its residents.

The Equality Act (2010)⁽¹⁹⁾ requires that in making this assessment, the needs of different population groups have been taken into account. Section 4 describes the different groups that have been considered as part of this PNA. The final PNA has been subject to an equality impact assessment.

3.9 Stakeholder engagement

The views of the public were gathered in the form of a questionnaire on pharmacy services. The questionnaire was made available between 28 April – 5 June 2025 and promoted using the council's social media and Healthwatch Barking and Dagenham.

In total, 5 questionnaire responses were received. These have been considered as part of this PNA. Section 10 and Appendix 2 of this document provide summaries of the analysis and outcomes of the public engagement.

3.10 Statutory consultation

The formal consultation on the draft PNA for London Borough of Barking and Dagenham ran from 18 June to 17 August 2025 in line with the guidance on developing PNAs.

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

In total, 46 questionnaire responses were received along with additional feedback from the London Pharmacy Commissioning Hub on behalf of NEL ICB. These have been considered as part of this PNA. Section 10 and Appendix 4 of this document provide a summary of the outcomes of the consultation, including changes made to the PNA following the consultation.

4 Demographics and Health Needs

This section includes information from the latest published Barking and Dagenham JSNA⁽⁴⁾, data from the Office for Health Improvement and Disparities Fingertips tool⁽²⁰⁾, and various other data sources with the purpose of highlighting key areas of potential impact for pharmacy commissioning. Data from all sources is based on the most up to date information available when accessed in April and May 2025.

Wherever possible, this document uses Greater London Authority (GLA) population estimates (central fertility and 10-year migration assumptions)⁽⁹⁾ as the base population. Where national or alternative comparisons are needed, data from the Office for National Statistics (ONS) has been used instead.

For more detailed information on health needs, the JSNA can be accessed at: [Barking and Dagenham: Joint strategic needs assessment \(JSNA\)](#)

All the maps in the following chapter are displayed in gradients, where the lower the marker, the lighter the colour.

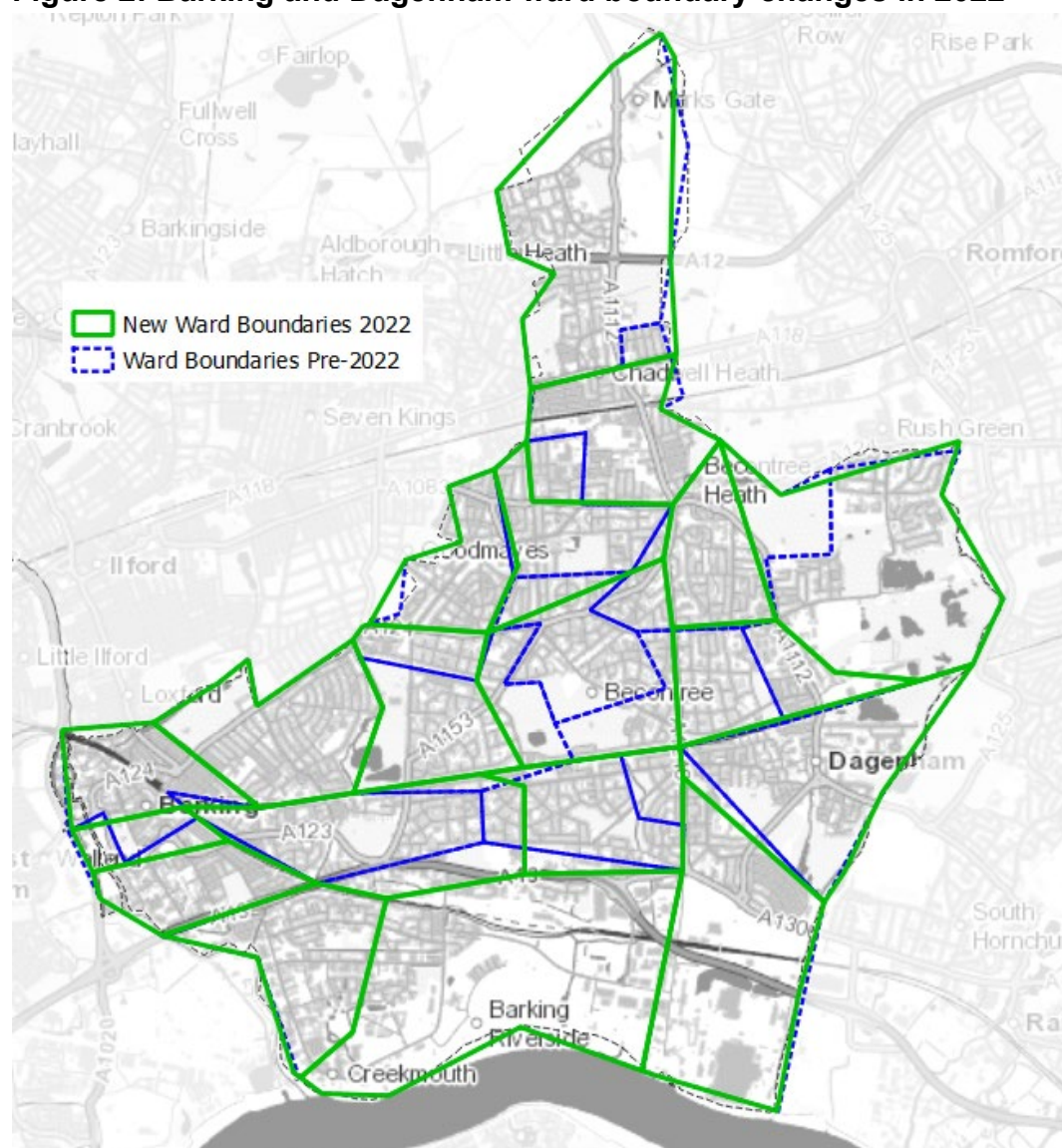
4.1 Introduction

The London Borough of Barking and Dagenham is a North East London borough situated in Outer London. It borders Havering, Newham, Bexley, Greenwich, and Redbridge. Barking and Dagenham has a number of local centres and two main town centres, these are Barking town centre and Dagenham Heathway, the largest being Barking town centre.

In 2022 there was an electoral review in Barking and Dagenham which resulted in ward boundary changes. This is detailed in figure 2.

Where possible the data reflected in this report takes these new boundaries into account.

Figure 2: Barking and Dagenham ward boundary changes in 2022



Source: Geoportal Statistics⁽⁴⁷⁾

4.2 Demographic characteristics

4.2.1 Population size and density

London Borough of Barking and Dagenham is a borough council in North East London.

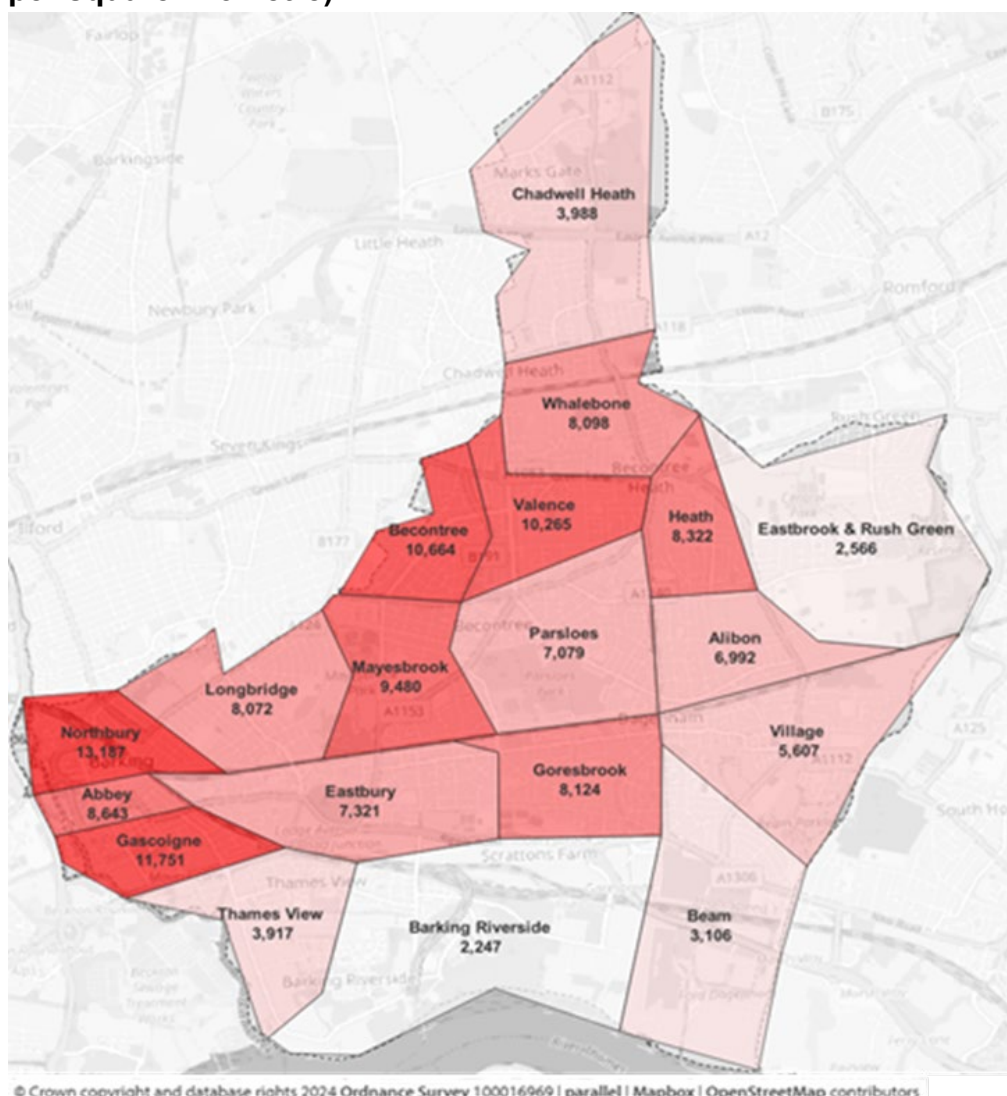
Greater London Authority estimates that the population of Barking and Dagenham is 229,177 in 2025 (based housing-led population projections, produced by GLA)⁽⁹⁾.

The borough has the highest percentage of their population aged 0-18 in the whole country and continues to have a high birth rate.

The borough's population density is higher than the London average: 6,066 compared to 5,598 per square kilometre, with the most densely populated wards

(figure 3) being the western wards of Northbury (13,187), Gascoigne (11,751) and Beacontree (10,664)⁽²¹⁾.

Figure 3: Population density of Barking and Dagenham (number of residents per square kilometre)



Source: ONS: Census March 2021⁽²²⁾

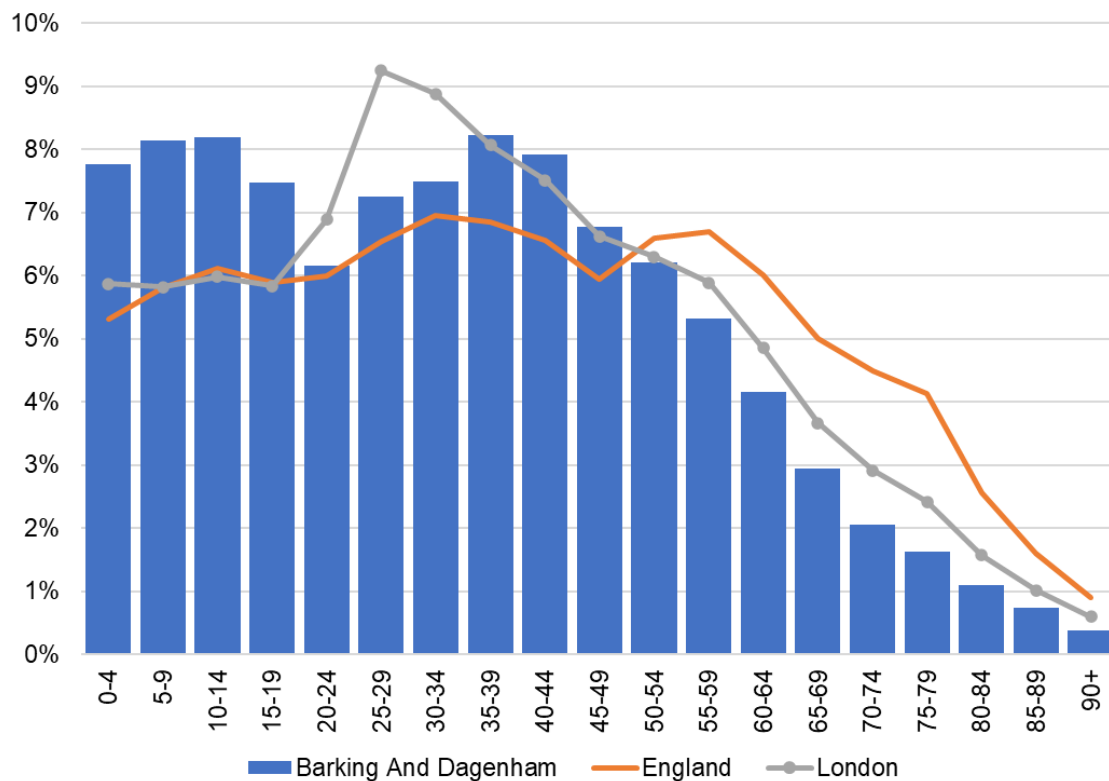
4.2.2 Age and gender structure

Figures 4 and 5 show the age profile for Barking and Dagenham compared with London and England. According to 2023 mid-year estimates, Barking and Dagenham has a comparatively young population; with 31.6% (70,211) of the population aged 0-19 compared to England (23.1%) and London (23.5%)⁽²³⁾.

8.9% (19,667) of Barking and Dagenham residents are aged 65 and over. This is lower than London (12.2%) and England (18.7%).

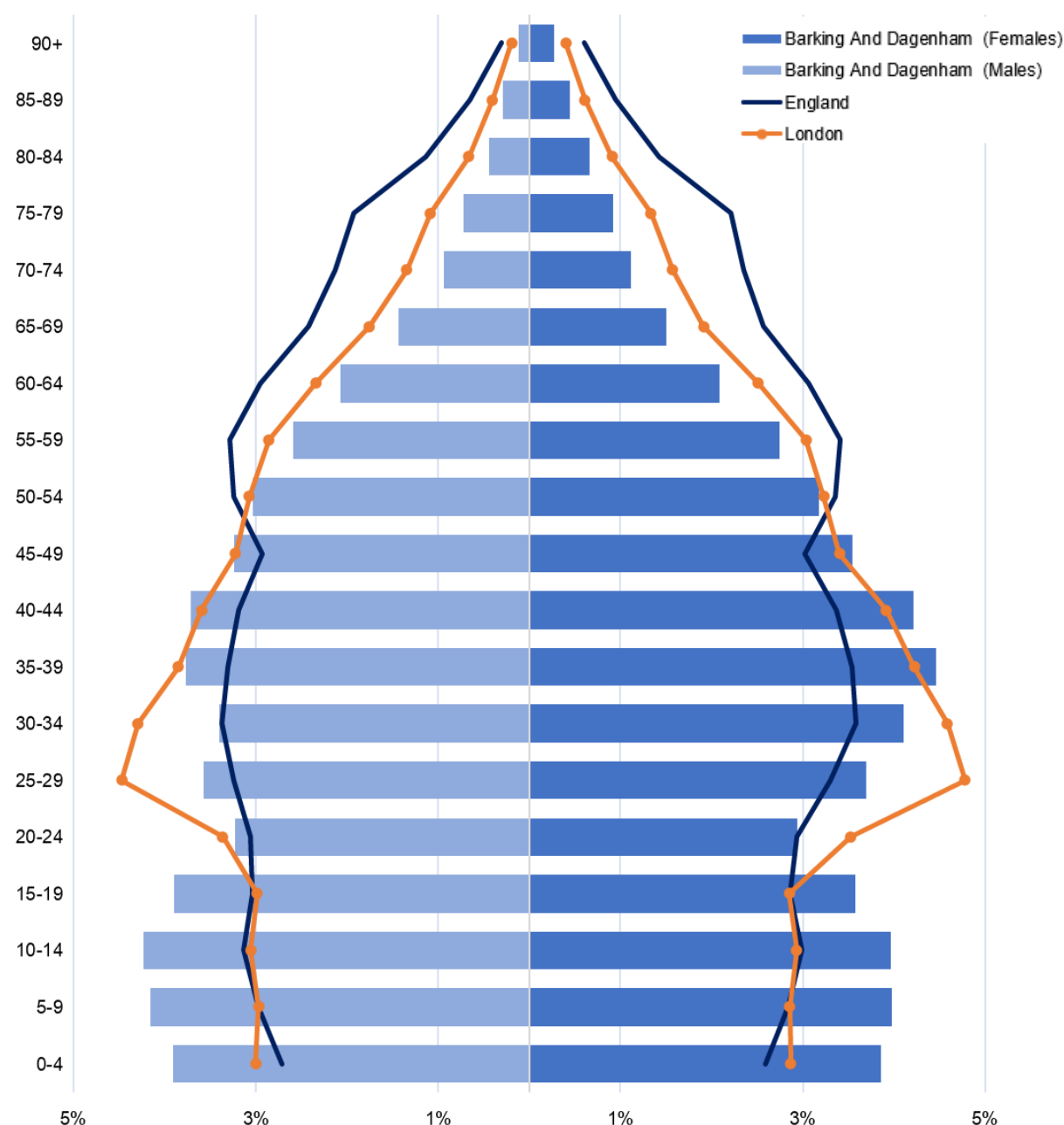
The average (median) age of residents in Barking and Dagenham is 33 years of age. This area had a lower average (median) age than London as a whole (35 years) and a lower average (median) age than England (40 years)⁽²⁴⁾.

Figure 4: Age band in years population breakdown for Barking and Dagenham, London and England



Source: ONS Mid-Year Population Estimates, England and Wales, June 2023⁽²³⁾

Figure 5: Age and gender population breakdown for Barking and Dagenham, London and England



Source: ONS Mid-Year Population Estimates, England and Wales, June 2023⁽²³⁾

4.2.3 Ethnicity and diversity

Areas where diversity is higher correlate with areas of higher levels of deprivation and poorer health. Pharmacy staff often reflect the social and ethnic backgrounds of the community they serve making them approachable to those who may not choose to access other health care services. In addition, community pharmacies can access commissioned translation services.

More than half (55%) of the Barking and Dagenham resident population are from Black, Asian and other Ethnic minority groups (table 1).

Table 1: Ethnicity population breakdown for Barking and Dagenham, London and England

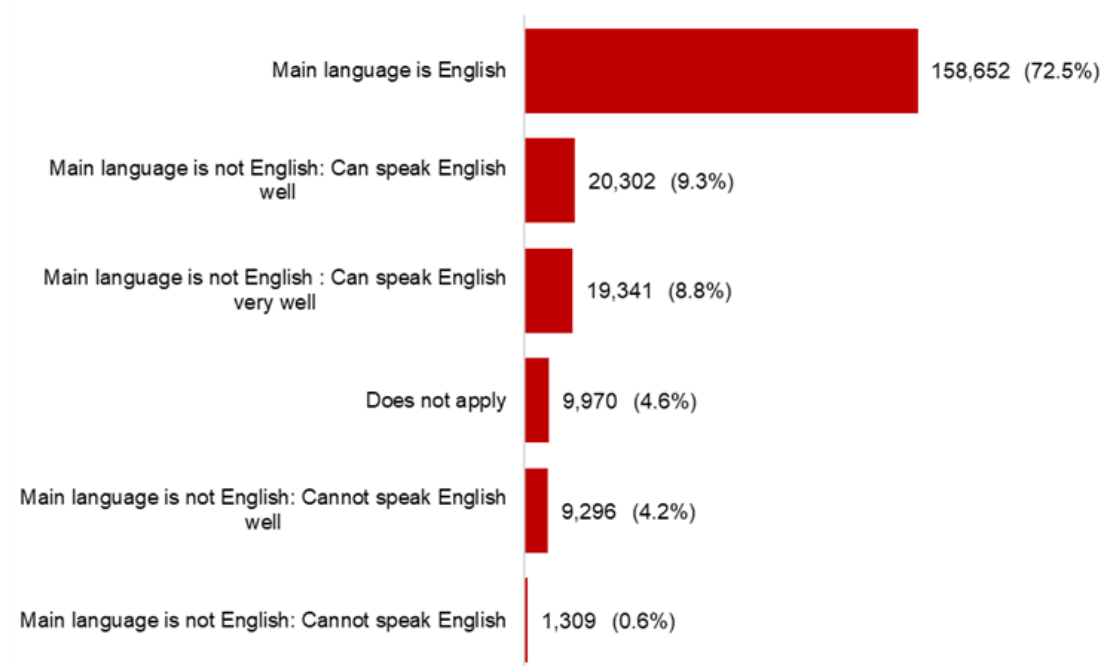
| Area | Asian | Black | White | Mixed/Other |
|----------------------|-------|-------|-------|-------------|
| Barking and Dagenham | 25.9% | 21.4% | 44.9% | 7.9% |
| London | 20.7% | 13.5% | 53.8% | 12.1% |
| England | 9.6% | 4.2% | 81.0% | 5.1% |

Source: ONS Ethnic group, England and Wales: Census 2021⁽²⁵⁾

Proficiency in English

In Barking and Dagenham, English is the main language for 72.5% of residents. This is similar to the London average of 76% (figure 6). Although the majority of the population are shown to speak English as their first language or speak English very well, there are still over 10,000 residents who cannot speak English or speak it poorly. This can lead to communication barriers when trying to convey health care needs.

Figure 6: Proficiency in English for those aged 3+ years for Barking and Dagenham



Source: ONS Census 2021⁽²⁶⁾

4.2.4 Vulnerable populations and protected characteristics

In addition to the age and ethnicity of the resident population, there are other sections of the population and communities who can be defined as 'vulnerable' or

have additional needs. These individuals often experience barriers to accessing universal health care services and poorer health outcomes as a result. However, they also increase demands on services in local areas which need to be considered.

Children looked after (CLA) and children in care populations

Most children become looked after as a result of abuse and neglect. Although they have many of the same health issues as their peers, the extent of these is often greater because of their past experiences⁽²⁷⁾. As of 31st March 2024, Barking and Dagenham had 436 children classified as looked after. The rate was calculated as 68 per 10,000 child population, which was higher than the outer London average (45 per 10,000 child population) but lower than the England average (70 per 10,000 child population)⁽²⁸⁾.

The same data period also highlights that there were 183 children who ceased to be looked after⁽²⁸⁾.

Children with special educational needs population

Pupils with Special Educational Needs or Disabilities (SEND) face barriers that make it harder for them to learn than most pupils of the same age. In addition, they often experience poorer outcomes than their peers in educational achievement, physical and mental health status, social opportunities, and transition to adulthood. In 2023/24, 16.3% of school pupils in Barking and Dagenham were identified as having special educational needs, this is significantly lower than the London (17.6%) and England (18.4%) average⁽²⁰⁾.

Asylum Seekers

Based upon the Immigration System Statistics from the Home Office (December 2024)⁽²⁹⁾, there were 1,190 people seeking asylum in Barking and Dagenham. This is calculated as approximately 0.5% of the population, which is slightly higher than that of England (0.4%). This data is made up from three specific programmes; Homes for Ukraine scheme, Afghanistan resettlement programme and Supported Asylum scheme. People seeking asylum face significant challenges in terms of their social, economic, and health needs.

4.3 Life expectancy

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

Figures 7 and 8 show the life expectancy at birth for both males and females across Barking and Dagenham, London, and England, using the most recently available data (2021-2023).

Life Expectancy

- The life expectancy at birth for males in Barking and Dagenham is 77.3 years which is lower than the England average (79.1 years) and significantly lower than the London average of 79.8.
 - Barking and Dagenham has the lowest recorded male life expectancy of any borough in London.
- The life expectancy at birth for females in Barking and Dagenham is 81.0 years, which is significantly lower than the England average of 83.1 years and significantly lower than the London average of 84.1 years.
 - Barking and Dagenham has the lowest recorded female life expectancy of any borough in London.

Healthy Life Expectancy

- Healthy life expectancy at birth for females in Barking and Dagenham, is 63.5 years which is similar to London (64.0 years) and the England average (61.9 years).
- Healthy life expectancy at birth for males in Barking and Dagenham, is 63.5 years which is similar to London (63.9 years) and the England average (61.5 years).

Figure 7: Life expectancy and healthy life expectancy in years for males in Barking and Dagenham, 2021/23

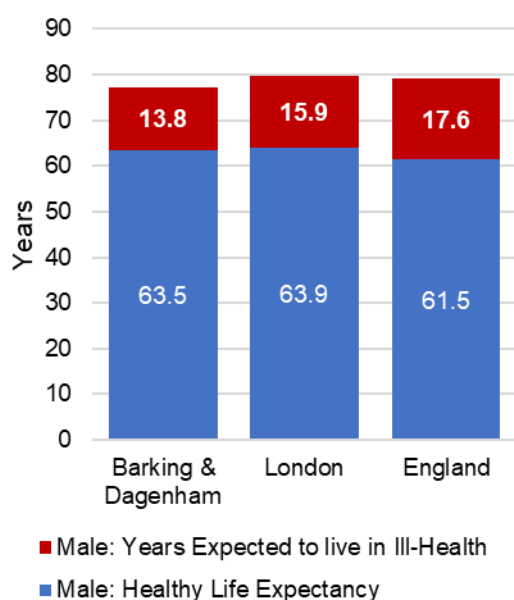
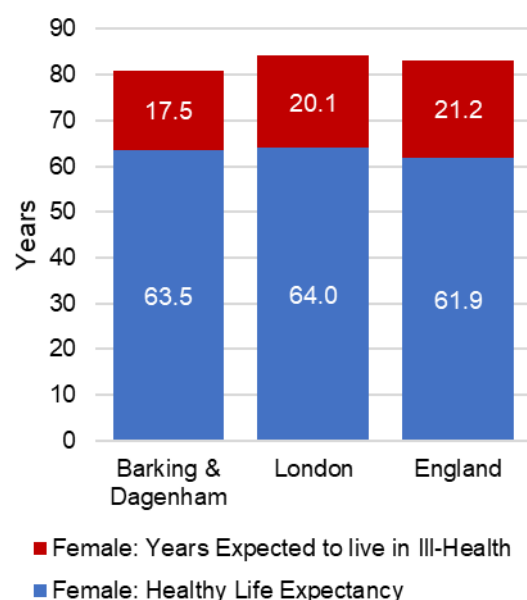


Figure 8: Life expectancy and healthy life expectancy in years for females in Barking and Dagenham, 2021/23



Source: OHID Fingertips, 2025⁽²⁰⁾

Despite having the lowest recorded life expectancy of any borough in London Barking and Dagenham does not rank among the lowest when it comes to healthy life expectancy.

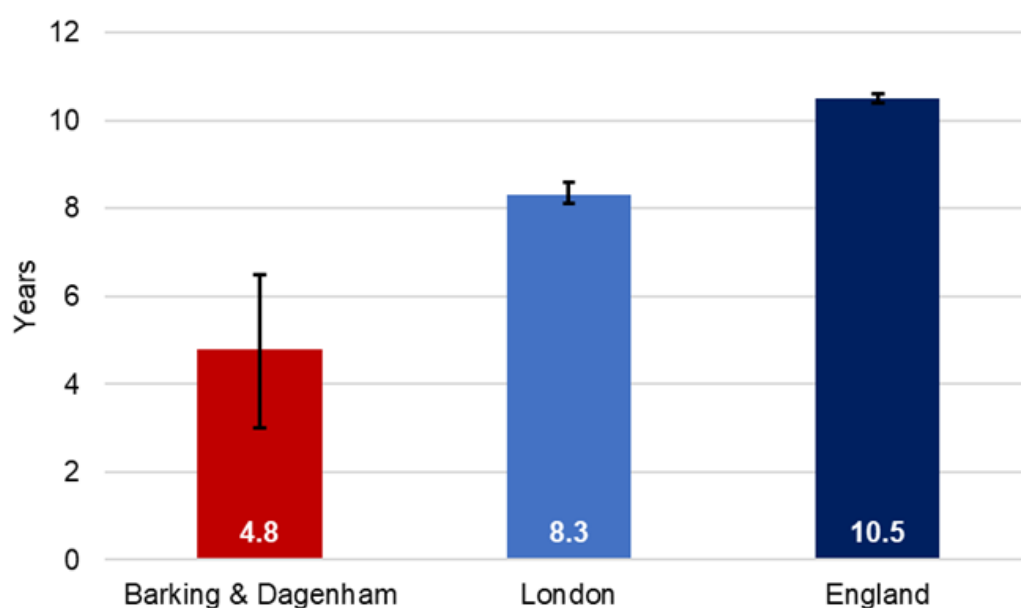
In Barking and Dagenham, the healthy life expectancy is the same for both males and females. However, female life expectancy is higher, meaning, on average females will live for longer in poor health compared to males.

In addition to the gender inequalities in life expectancy, there are also inequalities by deprivation.

Figures 9 and 10 show the slope index of inequality of life expectancy in males and females in Barking and Dagenham, London and England respectively. It represents the range in years of life expectancy across the social gradient from most to least deprived. These are using the most recent data for the period 2021-2023⁽²⁰⁾.

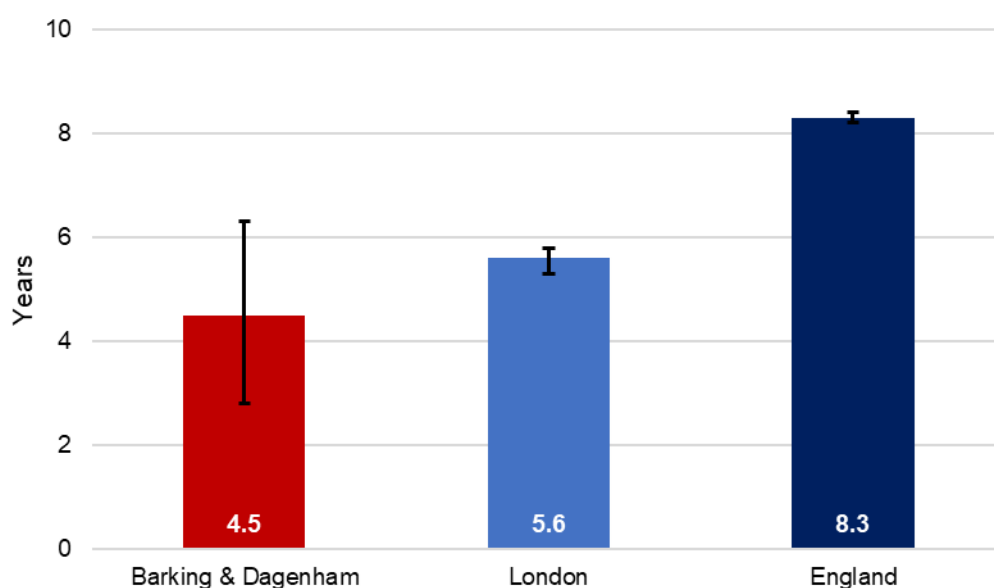
The inequality in life expectancy at birth for males in Barking and Dagenham is 4.8 years which is lower than London (8.3 years) and the England average (10.5 years).

Figure 9: Inequality in life expectancy at birth (males), 2021/23



Source: OHID Fingertips, 2025

Figure 10: Inequality in life expectancy at birth (females), 2021/23



Source: OHID Fingertips, 2025⁽²⁰⁾

The inequality in life expectancy at birth for females in Barking and Dagenham is 4.5 years, which is similar than the London value (5.6 years) and lower than the England average (8.3 years).

4.4 Wider determinants of health

4.4.1 Deprivation

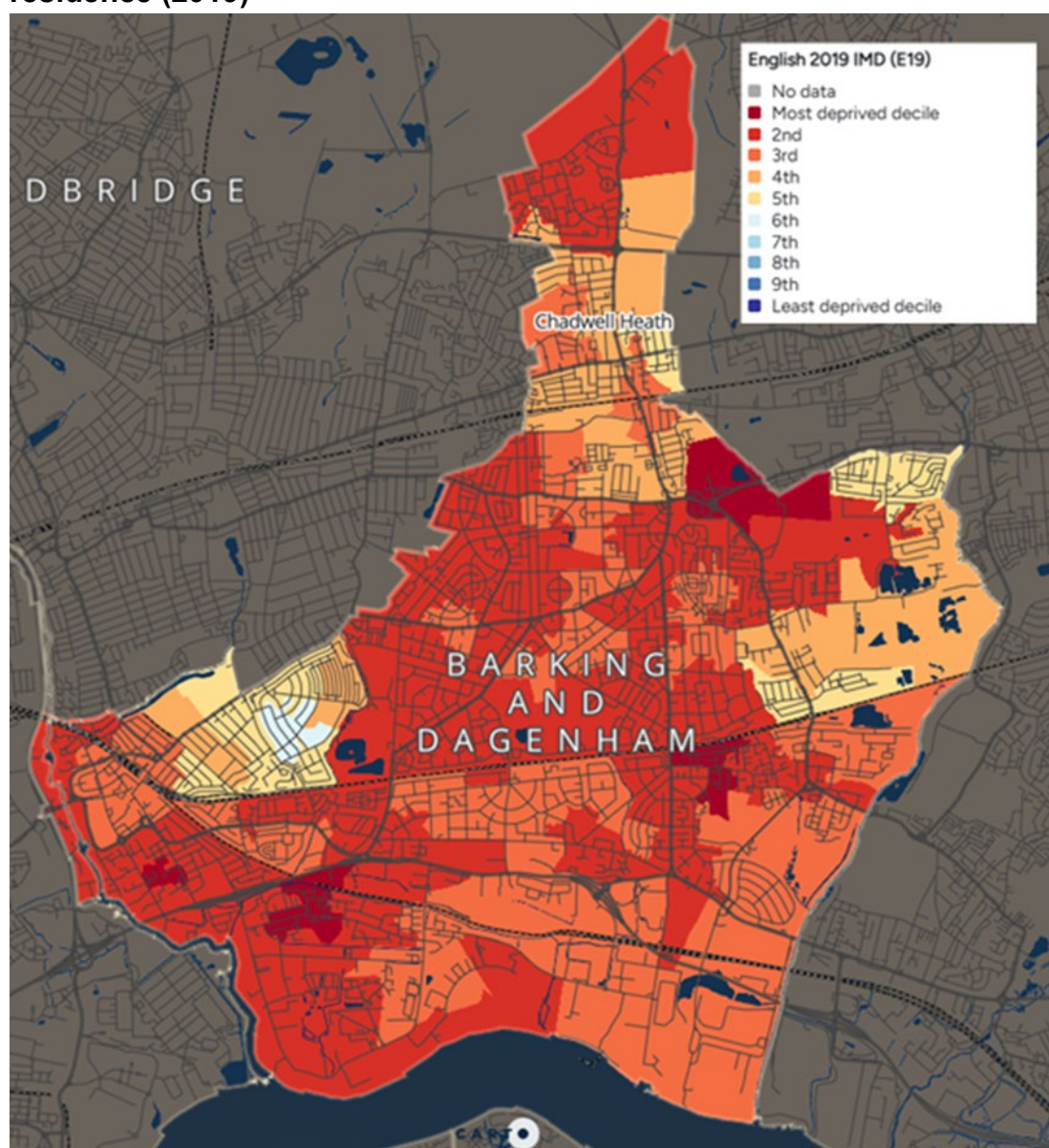
The Index of Multiple Deprivation 2019 (IMD2019)⁽³⁰⁾ measures socioeconomic disadvantage across seven domains, the domains are combined using the following weightings to produce the overall IMD score:

- Income (22.5%)
- Employment (22.5%)
- Health Deprivation and Disability (13.5%)
- Education, Skills and Training (13.5%)
- Barriers to housing and services (9.3%)
- Crime (9.3%)
- Living environment (9.3%).

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

- Barking and Dagenham has 110 LSOA's, 60 are among the most deprived 20% of neighbourhoods nationally⁽³¹⁾
- Barking and Dagenham had the 21st highest deprivation score of the 317 English local authorities measured on the Index of Multiple Deprivation (IMD) 2019. It also had the highest IMD score of all London boroughs⁽⁴⁾
- Barking and Dagenham ranks as the 11th most deprived district in England on the Income Deprivation Affecting Children index (IDACI)⁽⁴⁾
- Barking and Dagenham ranks as the 9th most deprived district in England on the Income Deprivation Affecting Older People index (IDAOPI)⁽⁴⁾.

Figure 11: Deprivation deciles in Barking and Dagenham by LSOA and areas of residence (2019)



Source: An output of the Geographic Data Service (GeoDS.ac.uk), a Smart Data Research UK investment: ES/Z504464/1⁽³²⁾

4.5 Regeneration and population growth

In total, the population of Barking and Dagenham is projected to grow by 44,600 (19.5%) from 2025 to 2035. The biggest increase is projected to happen in the Barking Riverside ward (25,887). 8 wards are projected to have a lower population in 2035 when compared to 2025.

Table 2: Population change by ward in Barking and Dagenham from 2025 to 2035

| Ward Name | 2026 | 2027 | 2028 | 2029 | 2030 | 2031 | 2032 | 2033 | 2034 | 2035 |
|--------------------------|-------|-------|-------|-------|-------|-------|--------|--------|--------|--------|
| Borough Total | 1.4% | 2.9% | 4.3% | 5.8% | 7.9% | 10.1% | 12.5% | 14.9% | 17.3% | 19.5% |
| Abbey | 6.9% | 14.2% | 21.5% | 28.9% | 36.1% | 43.3% | 50.5% | 57.6% | 64.6% | 67.9% |
| Alibon | 0.8% | 1.7% | 2.7% | 3.6% | 4.8% | 6.1% | 7.4% | 8.8% | 10.2% | 11.0% |
| Barking Riverside | 10.2% | 21.2% | 32.6% | 44.0% | 66.2% | 93.5% | 122.9% | 153.2% | 183.9% | 212.7% |
| Beam | 8.4% | 18.1% | 28.5% | 39.2% | 46.1% | 50.8% | 54.1% | 56.8% | 59.0% | 59.7% |
| Becontree | -0.1% | -0.3% | -0.6% | -1.0% | -1.4% | -1.8% | -2.2% | -2.6% | -3.0% | -3.3% |
| Chadwell Heath | 0.4% | 0.7% | 0.8% | 1.0% | 0.9% | 0.7% | 0.5% | 0.2% | -0.1% | -0.4% |
| Eastbrook and Rush Green | -0.2% | -0.3% | -0.6% | -1.0% | -1.2% | -1.5% | -1.7% | -1.8% | -2.0% | -2.0% |
| Eastbury | -0.1% | -0.2% | -0.4% | -0.6% | -0.9% | -1.3% | -1.7% | -2.1% | -2.4% | -2.6% |
| Gascoigne | 2.9% | 5.9% | 9.1% | 12.2% | 13.4% | 13.8% | 13.8% | 13.7% | 13.6% | 13.6% |
| Goresbrook | 0.3% | 0.6% | 1.0% | 1.4% | 1.4% | 1.3% | 1.0% | 0.7% | 0.4% | 0.2% |
| Heath | 0.2% | 0.4% | 0.6% | 0.8% | 0.9% | 0.8% | 0.7% | 0.7% | 0.6% | 0.5% |
| Longbridge | -0.1% | -0.2% | -0.5% | -0.8% | -1.2% | -1.5% | -1.9% | -2.3% | -2.6% | -2.8% |
| Mayesbrook | -0.2% | -0.7% | -1.3% | -2.0% | -2.7% | -3.4% | -4.0% | -4.7% | -5.3% | -5.8% |
| Northbury | 1.0% | 2.0% | 3.1% | 4.1% | 5.1% | 6.2% | 7.4% | 8.6% | 9.8% | 10.8% |
| Parsloes | -0.1% | -0.3% | -0.6% | -0.8% | -1.1% | -1.5% | -2.0% | -2.4% | -2.8% | -3.1% |
| Thames View | 0.4% | 0.8% | 1.0% | 1.2% | 8.1% | 18.4% | 30.1% | 42.5% | 55.1% | 65.9% |
| Valence | -0.2% | -0.6% | -1.0% | -1.5% | -1.8% | -2.1% | -2.4% | -2.7% | -2.9% | -3.1% |
| Village | 1.0% | 2.3% | 3.5% | 4.8% | 5.4% | 5.6% | 5.6% | 5.4% | 5.2% | 5.1% |
| Whalebone | 0.9% | 1.8% | 2.7% | 3.6% | 6.4% | 10.1% | 14.3% | 18.7% | 23.2% | 27.2% |

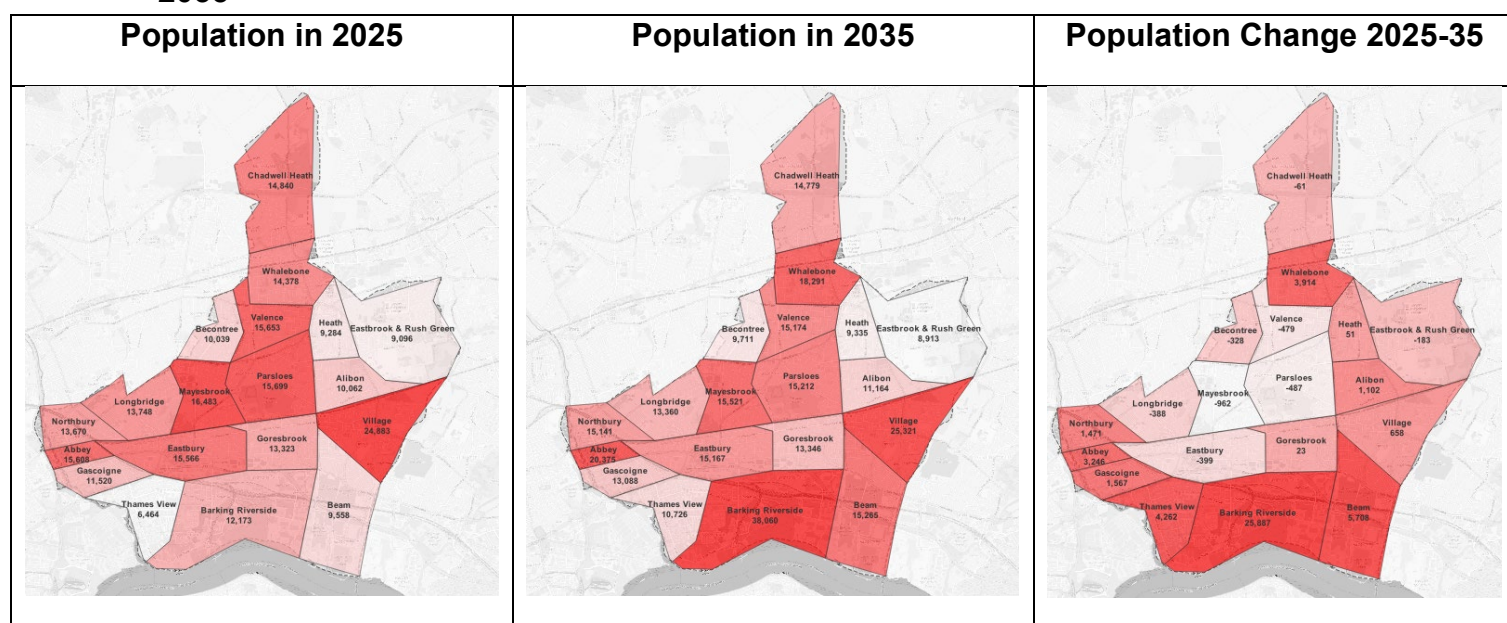
Low

High

Source: GLA, Housing-led population projections: 2022-based 10-year migration Central Fertility Identified Capacity⁽⁹⁾

Table 2 shows that the greatest population increases during the lifetime of the PNA will be seen in Abbey, Barking Riverside and Beam (+21.5%, +32.6% and +28.5% by 2028 respectively). This equates to population increases over the lifetime of the PNA of 3,398, 3,968 and 2,724 in each ward respectively. The Barking Riverside population is forecast to be over 38,000 by 2035.

Figure 12: Population change by ward in Barking and Dagenham from 2020 to 2035



Source: GLA, Housing-led population projections: 2022-based 10-year migration Central Fertility Identified Capacity⁽⁹⁾

Table 3 below shows planned housing development in Barking and Dagenham over the lifespan of the PNA, based on sites delivering more than 150 units. It is therefore a minimum estimate. This has been taken into account when developing this PNA. Appendix 5 details the sites included.

Table 3: Barking and Dagenham projected housing delivery (number of dwellings in sites over 150 dwellings) 2025-2028

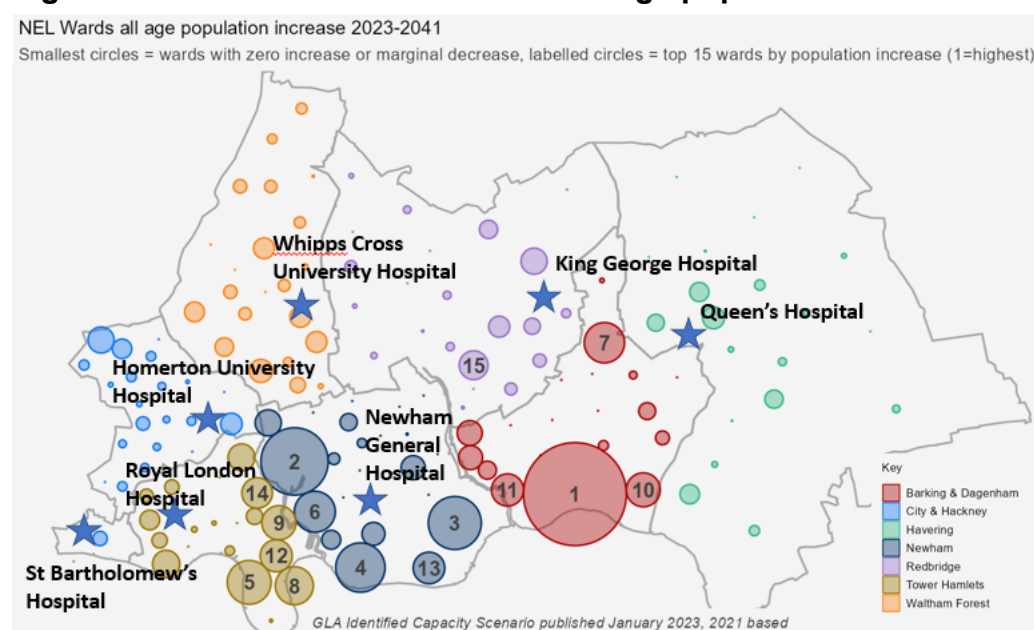
| Ward | 2025-26 | 2026-27 | 2027-28 | 2028-29 |
|----------------------|--------------|--------------|--------------|--------------|
| Abbey | 723 | 300 | 300 | 364 |
| Barking Riverside | 1,045 | 1,045 | 1,044 | 809 |
| Beam | 848 | 560 | 560 | 560 |
| Chadwell Heath | 454 | 65 | - | 680 |
| Gascoigne | 147 | 344 | 337 | 200 |
| Northbury | 348 | 50 | - | 248 |
| Thames View | 156 | 626 | 233 | 150 |
| Whalebone | - | - | - | 150 |
| Annual Totals | 3,721 | 2,990 | 2,474 | 3,161 |

Source: London Borough of Barking and Dagenham Planning Department

NEL ICB's response to the Fair Funding Consultation (2025)⁽⁴⁸⁾ identified that:

“Our rapidly growing population experiences some of the worst poverty and deprivation in the country, with poorer outcomes across many indicators and evidence of significant unmet need. Furthermore, our hotspots of population growth in NEL are focused in some of the most deprived parts of our geography including London Borough (LB) Barking & Dagenham where over half of the current population (54%) live in the most deprived quintile nationally”.

Figure 13: North East London wards all age population increase 2023 - 2041



Source: Primary Care in North East London (NEL ICB)⁽⁵⁰⁾

4.6 Modifiable risk factors

The King's Fund⁽³³⁾ examined how four modifiable risk factors – smoking, excessive alcohol use, poor diet, and low levels of physical activity – occur together in the population and how this distribution has changed over time. The report found that people with no qualifications are currently more than five times as likely as those with higher education to engage in all four behaviours.

4.7 Smoking

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

Smoking Prevalence in Adults (aged 18 and over) has increased in Barking and Dagenham. Overall smoking prevalence as per the annual population survey (APS) in Barking and Dagenham has increased from 13.7% in 2020-22 to 13.9% in 2021-23.

This is similar than the London value of 11.6% and the England value of 12.4%⁽²⁰⁾.

How pharmacies support:

- Nicotine Replacement Therapy
- Active Intervention Smoking Cessation
- Smoking cessation service
- Supporting annual public health campaigns
- Promotion of Healthy Lifestyle and signposting to local authority provided stop smoking services

4.8 Healthy weight

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

Overweight and obesity are terms that refer to having excess body fat, which is related to a wide range of diseases, most commonly: Type 2 diabetes, Hypertension (high blood pressure), some Cancers, Heart disease, Stroke and Liver disease.

69.3% of Adults in Barking and Dagenham were overweight (including obesity) in 2023/24, this is higher than the London Rate of 57.8% and the England value of 64.5%⁽²⁰⁾.

In 2023/24, Barking and Dagenham was shown to have approximately 31.0% of their population living with obesity. This is significantly higher than the London value of 20.2% and the England value of 26.5%⁽²⁰⁾.

How pharmacies support:

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

4.9 Physical activity

Physical inactivity is the 4th leading risk factor for global mortality, accounting for 6% of deaths globally. People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle⁽²⁰⁾. Regular physical activity is also associated with a reduced risk of diabetes, obesity, osteoporosis and colon/breast cancer as well as links to improved mental health. In older adults, physical activity is associated with increased functional capacities.

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

While increasing the activity levels of all adults who are not meeting the recommendations is important, targeting those adults who are significantly inactive (i.e. engaging in less than 30 minutes of activity per week) will produce the greatest reduction in chronic disease.

Physical inactivity is defined as engaging in less than 30 moderate intensity equivalent (MIE) minutes physical activity per week in bouts of 10 minutes or more in the previous 28 days.

In 2023/24, 32.4% of adults (19+ years) in Barking and Dagenham were considered physically inactive. This is significantly higher than the London value of 22.7% and the England value of 22.0%. Barking and Dagenham has the 5th highest local authority rate of physical inactivity in the country and the highest in London⁽²⁰⁾.

4.10 Alcohol use

In Barking and Dagenham, during 2023/24, there were 896 admissions to hospital where the primary diagnosis or any secondary diagnoses are an alcohol-specific (wholly attributable) condition. This equates to 518 per 100,000 population. This is lower than the London value of 612 per 100,000 and the England value of 612 per 100,000⁽²⁰⁾.

There has been a significant increase in the rate of admission episodes for alcohol-specific conditions in Barking and Dagenham from 421 per 100,000 in 2022/23 to 518 in 2023/24⁽²⁰⁾.

The rate of admission episodes for alcohol-specific conditions is significantly higher for males (863 per 100,000 population) when compared to females (212 per 100,000 population) both in Barking and Dagenham and nationally⁽²⁰⁾.

How pharmacies support:

- Healthy Lifestyle advice
- Signposting to services

4.11 Unsafe sex

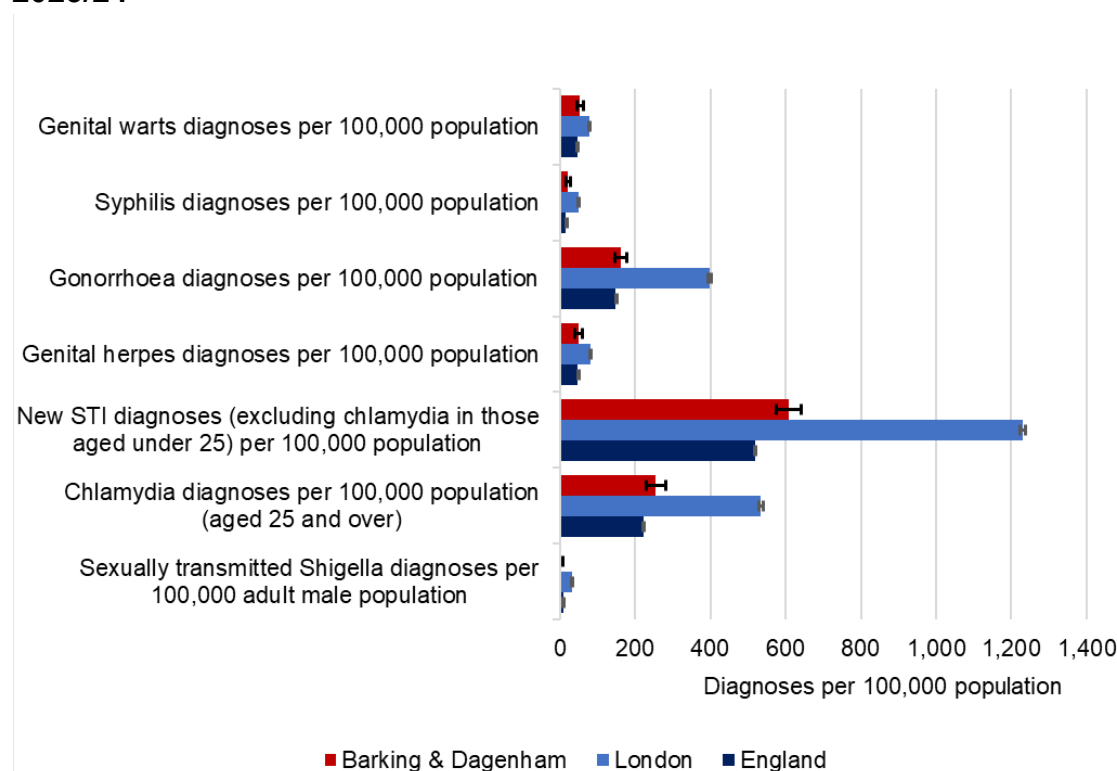
Good sexual health is an important public health issue and is fundamental to wellbeing and health. Poor sexual health can cause social, economic, emotional, and health costs as well as stark health inequalities. Several key population groups can

be identified for whom there are greater risks of experiencing sexual ill health including gay, bisexual or other men who have sex with men, Black and minority ethnic groups and women of reproductive age.

In 2023/24 the sexually transmitted infections (STI) diagnosis rate per 100,000 population in Barking and Dagenham was 801, this is significantly lower than the London value of 1,488 per 100,000 population and similar to the England value of 704 per 100,000 population⁽²⁰⁾.

Figure 14 shows the detailed breakdown of numerous STI metrics per 100,000 population in Barking and Dagenham, London and England in 2023/24. Barking and Dagenham have a lower diagnostic rate than London for all STI metrics, however similar to England for most STI diagnostic rates.

Figure 14: STI diagnosis rate per 100,000 population in Barking and Dagenham 2023/24



Source: OHID Fingertips⁽²⁰⁾

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

How pharmacies support:

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

4.12 Air pollution

The greatest burden of air pollution usually falls on the most vulnerable in the population, in particular the young and older people. Individuals particularly at risk include those with existing respiratory problems and chronic illnesses such as asthma and chronic obstructive pulmonary disease (COPD). Higher levels of pollution in inner city areas in London like Barking and Dagenham will contribute to respiratory disease morbidity and earlier mortality. In 2023, 6.2% of mortality in

Barking and Dagenham is attributed to particulate air pollution. This is the same as London but higher than England overall at 5.2%⁽²⁰⁾.

4.13 Crime and community safety

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

The London Borough of Barking and Dagenham Community Safety Partnership (CSP) is a multi-agency strategic approach responsible for addressing crime and disorder.

The most common offences in the borough from, April 2024 to March 2025 were: violence against the person (27,219), theft (15,487), vehicle offences (10,109) and drug offences (5,306)⁽³⁴⁾.

Every year the partnership is responsible for producing a Crime and Disorder Strategic Assessment to identify areas of focus for the partnership. Barking and Dagenham CSP have set number of priorities to reduce crime, reduce the fear of crime and increase community confidence. These are:

- Anti-social behaviour
- Burglary
- Non-domestic violence with injury
- Serious youth violence and knife crime

Barking and Dagenham have also worked with the Mayor's office for policing and crime (MOPAC) to set regional priorities, these five priorities have formed the following CSP subgroups:

- Creating a safer borough
- Keeping children and young people safe
- Managing offenders
- Standing up to hate, intolerance and extremism
- Tackling violence against women and girls

4.14 Maternal health

In 2023, Barking and Dagenham recorded 3,407 live births, resulting in a Crude Birth Rate (CBR) of 15.3 births per 1,000 people. This rate is notably higher than both the London average of 11.7 and the England average of 9.8, indicating a significantly higher birth rate in Barking and Dagenham⁽³⁵⁾.

The General Fertility Rate (GFR) in Barking and Dagenham was 66.7 births per 1,000 women aged 15–44, surpassing the London rate of 48.8 and the England rate of 49.9. This suggests that women of childbearing age in Barking and Dagenham are having more children on average than their counterparts in London and England⁽³⁵⁾.

Regarding long-term fertility trends, Barking and Dagenham had a Total Fertility Rate (TFR) of 2.00, meaning women in the area are expected to have, on average, two children over their lifetime. This contrasts with a lower TFR of 1.35 in London and 1.44 in England overall⁽³⁵⁾.

These figures highlight Barking and Dagenham as an area with higher fertility rates compared to both the regional and national averages.

How pharmacies support:

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

4.14.1 Teenage pregnancy

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

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

In 2023/24 0.5% of children born were to teenage mothers (aged between 12 and 17). This is higher than the London value of 0.3% but lower than the England average of England 0.6%⁽²⁰⁾.

The Barking and Dagenham Under 18's conception rate per 1,000 is 12.5 conceptions in women aged under 18 per 1,000 females aged 15-17. This is similar to the London average of 9.5 per 1,000 females and England average of 13.1 per 1,000 females⁽²⁰⁾. 68.5% of under 18 conceptions was shown to lead to an abortion in 2021⁽²⁰⁾, this was similar to London but higher than the England average.

4.15 Children and young people

4.15.1 Wider determinants of health for children

Barking and Dagenham is the local authority with the highest percentage of people aged 0-18 in the whole country. 30% of the population are aged 0-18. This is significantly higher than both the London region and England both at 22%⁽²³⁾.

Children's education and development of skills are important for their own wellbeing and for that of the nation as a whole. Learning ensures that children develop the knowledge and understanding, skills, capabilities and attributes that they need for mental, emotional, social and physical wellbeing now and in the future. Educational attainment is influenced by both the quality of education children receive and their family socio-economic circumstances.

Attainment 8 measures the scores of pupils at the end of key stage 4 in all maintained secondary schools, academies and free schools. The achievement is measured across 8 qualifications.

The average attainment 8 score in Barking and Dagenham is 48.6, lower than the London average of 50.7 but higher than the England average of 46.2⁽²⁰⁾.

Persistent school absences for all pupils in Barking and Dagenham are 18.8%, lower than the England average 19.9%⁽³⁶⁾. This is continued in persistent absences for pupils eligible for free school meals, with the local authority score of 27.8% compared to the England average of 34.4%. However persistent absences for pupils looked after by the local authority is higher than the national average the local authority score of 29.1% compared to the England average of 21.0%⁽³⁶⁾.

4.15.2 Modifiable risk factors for children

Oral health is an integral part of overall health; when children are not healthy this affects their ability to learn, thrive and develop. This indicator therefore links to a key policy: Getting the Best Start in Life. Poor oral health is a priority under Best Start in Life, it was also a topic of a Health Select Committee inquiry, and the most common cause of hospital admission for 5- to 9-year-olds. This indicator allows benchmarking of oral health of young children across England and is an excellent proxy measure of assessing the impact of the commissioning of oral health improvement programmes on the local community. Dental caries is a synonymous term for tooth decay.

The percentage of 5-year-olds with experience of visually obvious dental decay (at least one tooth decayed, missing or filled) in Barking and Dagenham is 34.4%. This is significantly higher than both the London region (27.4%) and England average (22.4%)⁽²⁰⁾.

The children in Reception (aged 4-5 years) in Barking and Dagenham (24.0%) have a higher percentage of those overweight (including obesity) compared to London (20.9%) and the England average (22.1%)⁽²⁰⁾.

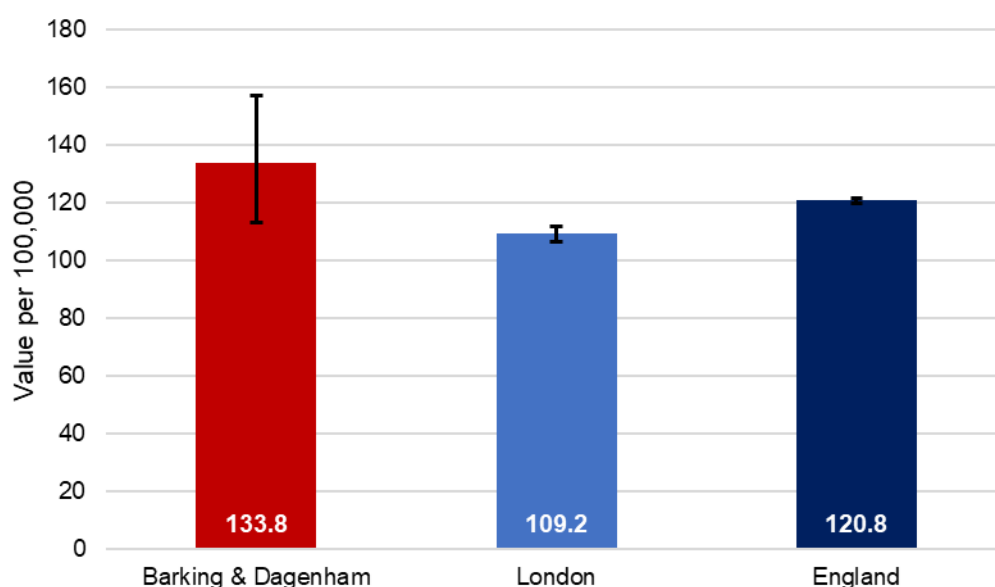
Children in year 6 (aged 10-11 years) in Barking and Dagenham, again have a significantly higher percentage of those overweight (including obesity) at 44.2% compared to London (37.8%) and the England average (35.8%)⁽²⁰⁾.

4.16 Cancer

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

Figure 15 shows the under-75 mortality rate from cancer in 2023 for Barking and Dagenham compared to London and the England average. The standardised mortality rate per 100,000 population under-75 who died from cancer (133.8 per 100,000 population) was higher in Barking and Dagenham compared to the rate for London (109.2 per 100,000 population) and similar to the rate for England (120.8 per 100,000 population)⁽²⁰⁾.

Figure 15: Standardised mortality rate per 100,000 population under-75 who died from cancer, 2023



Source: OHID Fingertips⁽²⁰⁾

How pharmacies support:

- Advice and support (including healthy lifestyle advice)
- Signposting
- New medicine service
- Discharge medicine service
- Smoking cessation
- Becoming Healthy living pharmacies
- Supporting public health campaigns

4.17 Long-term conditions

A long-term condition is a condition that cannot, at present, be cured but is controlled by medication and/or other treatment/therapies. The NHS 10 Year Plan⁽¹³⁾ has a strong focus on the treatment and prevention of illness by supporting patients to adopt improved healthy behaviours. This will both help people to live longer healthier lives and reduce the demand for and delays in treatment and care focusing on services to support patients to overcome tobacco addiction, treat alcohol dependence and to prevent and treat obesity – particularly in areas with the highest rates of ill health. The prevalence of long-term conditions increases with age and the proportion of the population with multiple long-term conditions also increases with age. People from lower socio-economic groups have increased risk of developing long-term conditions; better management can help to reduce inequalities in health outcomes.

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

4.17.1 Circulatory disease

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

The following details the QOF prevalence for coronary heart disease (CHD), stroke and hypertension in 2023/24 in Barking and Dagenham, London and England. The recorded (diagnosed) prevalence for key cardiovascular long-term conditions is as follows:

- CHD prevalence in Barking and Dagenham is 1.6%, which is lower than the London (1.9%) and the England average of 3.0%⁽²⁰⁾
- Stroke (all ages) prevalence in Barking and Dagenham is 1.0%, which is lower than the London (1.1%) and the England average of 1.9%⁽²⁰⁾
- Prevalence for hypertension (all ages) in 2023-24 in Barking and Dagenham (12.1%) is higher than London (11.1%) and lower than the England average (14.8%)⁽²⁰⁾
- It is estimated that 20.7% of the population of Barking and Dagenham have hypertension, suggesting an 8.6% gap in the diagnosis rate compared to estimated prevalence⁽³⁷⁾
- Diabetes (17+ years old) prevalence in Barking and Dagenham is 9.9%, which is significantly higher than the London (7.0%) and the England average at 7.7%⁽²⁰⁾.

How pharmacies support:

- Signposting to preventative services e.g. smoking cessation, weight management
- Hypertension case finding service (including ambulatory blood pressure monitoring)
- Medicines Optimisation
- New medicine service
- Discharge medicine service

4.17.2 Respiratory disease

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

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

The QOF prevalence of COPD in Barking and Dagenham (1.3%) is higher than the London value of 1.0%, and significantly lower than the England average of 1.9%⁽²⁰⁾.

The recorded (diagnosed) prevalence for asthma in people aged 6 years and over in Barking and Dagenham was 4.7%, this is the same as the London value significantly lower than the England average (6.5%)⁽²⁰⁾.

How pharmacies support:

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

4.18 Older people

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

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

Barking and Dagenham has a smaller percentage of older people compared to England and London. In Barking and Dagenham 9% (19,667) of people are aged 65 or over⁽²³⁾.

As of May 2025, Care Quality Commission data reports that there are currently 23 care homes located within Barking and Dagenham with a total of 656 beds⁽³⁸⁾.

The population influenza vaccination coverage in Barking and Dagenham in 2023/24 for those aged 65 and over was 63.2%, which is lower than London (65.9%) and the England average (77.8%)⁽²⁰⁾.

Barking and Dagenham has a lower rate of those aged 65 and over diagnosed with dementia (60.5 per 100,000 population) compared to London and England (67.0 and 64.8 per 100,000 respectively). This may be due to the age profile of the Borough,

with Barking and Dagenham having a small percent of the population aged 65 and over.

How pharmacies support:

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

4.19 Demographic and health needs summary

Barking and Dagenham is a densely populated borough within London, with a relatively young population. Almost a third of the population is aged between 0 and 18 years.

The crude birth rate, general fertility rate and total fertility rate are all higher in this borough compared with London and England averages. For every 1,000 women in this area, 66.7 gave birth in 2022. Not only are more women giving birth, they are also shown to be having larger families (average of 2 children per woman compared with 1.35 London average).

The conception rate for females under 18 years is similar to the London and England average, but the percentage of those conceptions leading to an abortion is significantly higher than England.

Although the percentage of the population aged 65 years and over is comparatively less than the England average, a greater proportion of those within Barking and Dagenham are reported as living in deprivation.

The borough is also more ethnically diverse compared with other areas of London and the England average, with less than half the population (44%) identified as White.

The life expectancy at birth for both males and females is the lowest within London but healthy life expectancy for both was similar. On average, males in Barking and Dagenham are expected to live to the age of 77.3 years, living 13.8 years in 'poor health'. Females are expected to live to the age of 81.0 years and live 17.5 years in 'poor health'.

Generally, the prevalence of recorded long-term conditions in Barking and Dagenham is similar to the London average but lower than England. The age profile of the borough may explain the lower prevalence of most conditions, however there may be opportunities for case finding in conditions such as hypertension and diabetes, given the ethnic diversity of the population.

The prevalence of people living with increased weight or obesity in Barking and Dagenham is significantly higher than the London and England averages, both for adults and children.

Oral health for children is also highlighted as an area for consideration. The percentage of children aged five-years-old with visibly obvious dental decay was higher than the London and England average.

5 Current Provision of Pharmaceutical Services

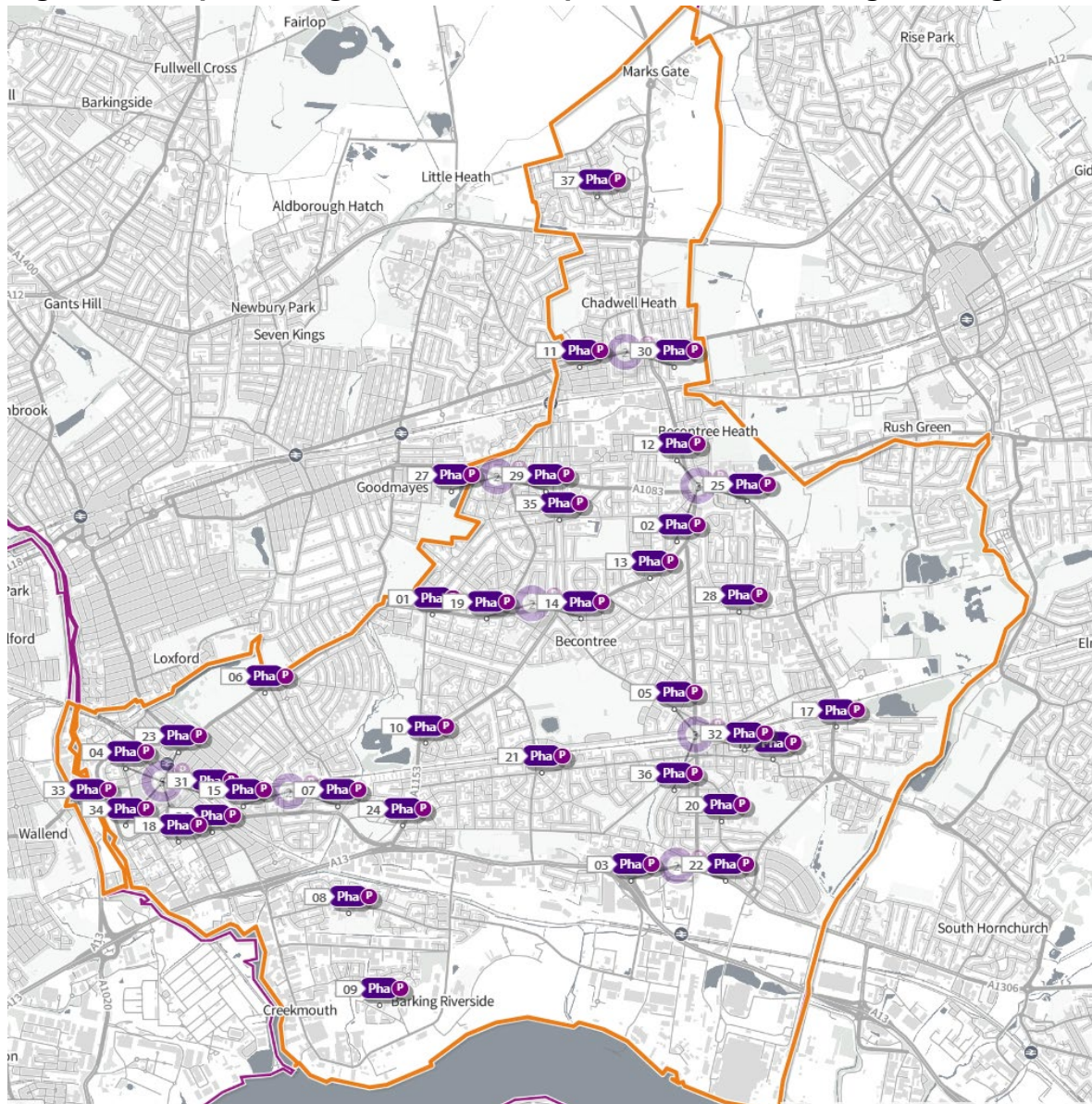
5.1 Overview

The London Pharmacy Commissioning Hub (LPCH) is responsible for administering pharmacy services and maintaining up-to-date information on the opening hours of all pharmacies, on behalf of NEL ICB. The information in this section reflects the number of pharmacies at the time the data was reported (April 2025).

Figure 16 illustrates the locations of pharmacies across the borough, and table 4 lists the pharmacies and the map index.

A table listing the current pharmacy services and key opening times is attached in Appendix 3.

Figure 16: Map showing the location of pharmacies in Barking and Dagenham



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Table 4: List of pharmacies in Barking and Dagenham and map index

| Map Index | Name | Code | Address | | Map Index | Name | Code | Address |
|-----------|----------------------|-------|---------------------------|--|-----------|---------------------------|-------|-------------------------|
| 1 | Alvin Rose Chemist | FYG11 | 606 Longbridge Road | | 20 | Heathway Pharmacy | FXH05 | 149 Broad Street |
| 2 | Andrew Bass Pharmacy | FH672 | 1148 Green Lane | | 21 | Hedgemans Pharmacy | FA366 | 438 Hedgemans Road |
| 3 | Asda Pharmacy | FGR47 | Asda Superstore | | 22 | Kry-BA Pharmacy | FE678 | 21 Goresbrook Road |
| 4 | Boots | FV010 | 68 East Street | | 23 | Lords Dispensing Chemists | FYX52 | 35 Station Parade |
| 5 | Boots | FE360 | 17 The Mall | | 24 | Maplestead Pharmacy | FQV74 | 454 Lodge Avenue |
| 6 | Britannia Pharmacy | FTY66 | 13-15 Faircross Parade | | 25 | Mastaa-Care Pharmacy Ltd | FAR43 | 26 Whalebone Lane South |
| 7 | Britannia Pharmacy | FL779 | Barking Community Hosp | | 26 | Mayors Chemist | FTH55 | 214 Ripple Road |
| 8 | Britannia Pharmacy | FX308 | Thames View Health Centre | | 27 | Nuchem | FTK70 | 778 Green Lane |
| 9 | Britannia Pharmacy | FPR28 | Unit 2 Leslie H/Cock Hse | | 28 | Oxlow Chemist | FY843 | 217 Oxlow Lane |
| 10 | Britannia Pharmacy | FPW40 | 453 Porters Avenue | | 29 | Sandbern Chemist | FAV09 | 703-705 Green Lane |
| 11 | Britannia Pharmacy | FKA24 | 167- 169 High Road | | 30 | Super.Care Pharmacy + | FJT17 | 198-200 High Road |
| 12 | Britannia Pharmacy | FQN03 | 420 Wood Lane | | 31 | Superdrug Pharmacy | FPE92 | 12-13 Station Parade |
| 13 | Brooks Pharmacy | FRA95 | 281 Wood Lane | | 32 | Talati Chemist | FNA96 | 282 Heathway |
| 14 | David Lewis Chemist | FH855 | 16 Porters Avenue | | 33* | Tesco Instore Pharmacy | FA207 | Highbridge Road |
| 15 | Day Lewis Pharmacy | FVG95 | 359 Ripple Road | | 34 | Thomas Pharmacy | FNW81 | 19 Ripple Road |
| 16 | Day Lewis Pharmacy | FAP61 | 2 Royal Parade | | 35 | Valence Pharmacy | FJ182 | 453 Becontree Avenue |
| 17 | Day Lewis Pharmacy | FRA86 | 7 Beadles Parade | | 36 | Waller Chemist | FQF47 | 279 Heathway |
| 18 | Daynight Pharmacy | FMP00 | 17 Station Parade | | 37 | Well | FML56 | 107 Rose Lane |
| 19 | Hannigan | FGH11 | 240 Bennetts Castle Lane | | | | | |

***Note that map index 33, FA207 Tesco is scheduled to close on 16th August 2025**

5.1.1 Core hours

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

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

5.1.2 Supplementary hours

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

Although notification must also be given to the ICB for an increase in hours, there is no notice period stated, however owners are encouraged to give as much notice as possible.

33 pharmacies in Barking and Dagenham currently provide some supplementary hours, ranging from 2.5 to 22.5 hours per week.

5.2 100-hour pharmacies

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

Barking and Dagenham has three 100-hour contracted pharmacies:

- Tesco Pharmacy, Highbridge Road, Barking, IG11 7BS
- Super Care Pharmacy+, 198-200 Chadwell Heath Road, Chadwell Heath, RM6 6LU
- Daynight Pharmacy, 17 Station Parade, Barking, IG11 8ED

Since this change in the regulations was introduced, all three of these 100-hour pharmacies have reduced their core hours to between 72 and 78 hours per week.

It should be noted that Tesco have given notice to close the Highbridge Road store on 16 August 2025. The HWB have considered this planned closure under the 2022-2025 PNA and have determined that a Supplementary Statement is not required.

5.3 Pharmacy Access Scheme

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

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

There are two PhAS providers in Barking and Dagenham:

- Britannia Pharmacy, Leslie Hitchcock House, 21 Minter Road, Barking, IG11 0FJ
- Well Pharmacy, 101/107 Rose Lane, Chadwell Heath, RM6 5NR

5.4 Dispensing appliance contractors

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

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

There is one DAC in Barking and Dagenham:

- Fittleworth Medical, Midas Business Centre, Wantz Road, Dagenham, RM10 8PS

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

5.5 Distance selling pharmacies

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

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

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

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

There are no DSPs in Barking and Dagenham HWB area.

5.6 Dispensing doctors

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

There are no dispensing GP practices in Barking and Dagenham.

5.7 Hospital pharmacy services

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

5.8 Out of area providers of pharmaceutical services

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

5.9 Government consultations

5.9.1 Pharmacy supervision

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

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

5.9.2 Hub and spoke dispensing

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

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

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

5.9.3 Independent prescribing

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

Despite there being a number of independent prescribing pharmacists working in community pharmacy in England, there are currently no clinical services

commissioned nationally by NHS England that enable NHS prescriptions to be issued by independent prescribing pharmacists working in community pharmacy. In 2024, NHS England and integrated care boards (ICBs) have continued to develop the Community Pharmacy Independent Prescribing Pathfinder Programme, designed to establish a framework for the commissioning of community pharmacy services that incorporate independent prescribing.

The community pharmacy independent prescribing pathfinder programme has demonstrated that community pharmacists can take a more active role in managing chronic conditions such as hypertension. There is potential to increase their scope of practice further to manage patients with diabetes, respiratory conditions and more complex cardiovascular conditions.

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

6 Access to Community Pharmacy Services in Barking and Dagenham

Since the last PNA in 2022 there has been one significant change to pharmacy provision in Barking and Dagenham :

- Closure of Lloyds Pharmacy, 97-131 High Road, Chadwell Heath, RM6 6PA. This was a 100 hour pharmacy.

6.1 Number, type of pharmacies and geographical distribution

The number of pharmacies open on weekdays before 9am and after 7pm, and open on Saturday and Sundays, broken down by locality, is shown in table 5.

Table 5: Distribution of community pharmacies, by locality

| Ward | Number of pharmacies | Pharmacies open weekdays before 9am | Pharmacies open weekdays after 7pm | Pharmacies open Saturday | Pharmacies open Sunday |
|--------------------------|----------------------|-------------------------------------|------------------------------------|--------------------------|------------------------|
| Abbey* | 4 | 0 | 1 | 4 | 1 |
| Alibon | 3 | 0 | | 3 | 0 |
| Barking Riverside | 2 | 0 | 1 | 2 | 1 |
| Beam | 2 | 0 | 0 | 2 | 0 |
| Becontree | 3 | 0 | 0 | 3 | 0 |
| Chadwell Heath | 2 | 0 | 0 | 1 | 0 |
| Eastbrook and Rush Green | 0 | 0 | 0 | 0 | 0 |
| Eastbury | 2 | 0 | 0 | 1 | 0 |
| Gascoigne | 1 | 0 | 0 | 1 | 0 |
| Goresbrook | 1 | 0 | 0 | 1 | 0 |
| Heath | 2 | 0 | 0 | 2 | 0 |
| Longbridge | 1 | 0 | 0 | 1 | 0 |
| Mayesbrook | 2 | 0 | 0 | 2 | 0 |
| Northbury | 3 | 0 | 2 | 3 | 1 |
| Parsloes | 1 | 0 | 1 | 1 | 0 |
| Thames View | 1 | 1 | 0 | 1 | 0 |
| Valence | 2 | 0 | 0 | 2 | 0 |
| Village | 3 | 0 | 0 | 1 | 0 |
| Whalebone | 2 | 0 | 1 | 2 | 1 |
| Total | 37 | 1 | 6 | 33 | 4 |

Sources: SHAPE⁽³⁹⁾, NEL ICB consolidated pharmaceutical list Q4 2024/25

Note that some pharmacies are located on or very close to ward boundaries

*Numbers reduce by one with closure of Tesco Pharmacy, Highbridge Road, in August 2025

Table 6: Average number of pharmacies per 100,000 population and persons per pharmacy in Barking and Dagenham compared to London and England

| Locality | No of community pharmacies | 2022 population estimate | Pharmacies per 100,000 population | Persons per pharmacy |
|----------------------|----------------------------|--------------------------|-----------------------------------|----------------------|
| Barking and Dagenham | 37 | 219,992 | 16.8 | 5,945 |
| London | 1,724 | 8,866,180 | 19.4 | 5,143 |
| ENGLAND | 10,430 | 57,112,542 | 18.3 | 5,476 |

Source: ONS⁽⁸⁾, NEL ICB Pharmaceutical List, NHSBSA Consolidated Pharmaceutical List Q3 2024/25⁽⁴¹⁾

Consideration of the number of pharmacies compared to the resident population of Barking and Dagenham, London, and England is shown in Table 6. 2022 population estimates have been used to allow comparison with national data. This shows that overall, Barking and Dagenham has a slightly lower number of pharmacies per 100,000 population compared to the London and England average.

6.2 Dispensing activity in Barking and Dagenham

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

Table 7: Average number of items dispensed per pharmacy in Barking and Dagenham, 2023/24

| | No. of pharmacies | Number of prescription items dispensed by pharmacies (2023/24) | Average no. of prescription items dispensed per pharmacy (2023/24) |
|----------------------|-------------------|--|--|
| Barking and Dagenham | 37 | 4,180,158 | 112,977 |
| England | 10,430 | 1,113,000,000 | 106,711 |

Source: NEL ICB Pharmaceutical List Q4 2024/25, NHSBSA Consolidated Pharmaceutical List Q3 2024/25⁽⁴¹⁾, NHSBSA Dispensing Data⁽⁴⁰⁾

Table 7 shows that pharmacies in Barking and Dagenham dispense slightly higher than average numbers of items than the England average.

Residents of Barking and Dagenham typically have their prescriptions dispensed by pharmacies in the borough. In 2024/25, 82% of prescriptions issued by GP practices in Barking and Dagenham were dispensed by pharmacies in Barking and Dagenham, with at least a further 12% dispensed in pharmacies in neighbouring boroughs. In 2020-21, 83% of prescriptions generated in Barking and Dagenham were dispensed by pharmacies in the borough.

6.3 Access to pharmacies by opening hours

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

In Barking and Dagenham, 15 pharmacies are contracted for more than 40 core hours per week, and 36 pharmacies choose to provide supplementary hours to meet the needs of their populations. These extra hours range from 2.5 to 22.5 hours per week.

In Barking and Dagenham, there are currently:

- 33 pharmacies open on Saturday mornings,
- 21 pharmacies which remain open after 1pm on Saturday afternoons,
- 4 pharmacies that are open on Sundays.

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

Access to pharmacies in neighbouring boroughs within 1km of the boundary has also been considered where available.

6.4 Ease of access to pharmacies

The following sections provide a summary of the opening hours of community pharmacies in Barking and Dagenham, split between weekdays and weekend provision. On weekdays, a pharmacy is shown as open in a time slot if it is open at that time on at least three out of the five weekdays (Monday to Friday). Information regarding opening hours for each pharmacy is detailed in Appendix 3.

Where maps and tables have been included to illustrate travel times to pharmacies and population within the boundaries, these have been taken from SHAPE Atlas⁽³⁹⁾.

6.4.1 Weekday opening

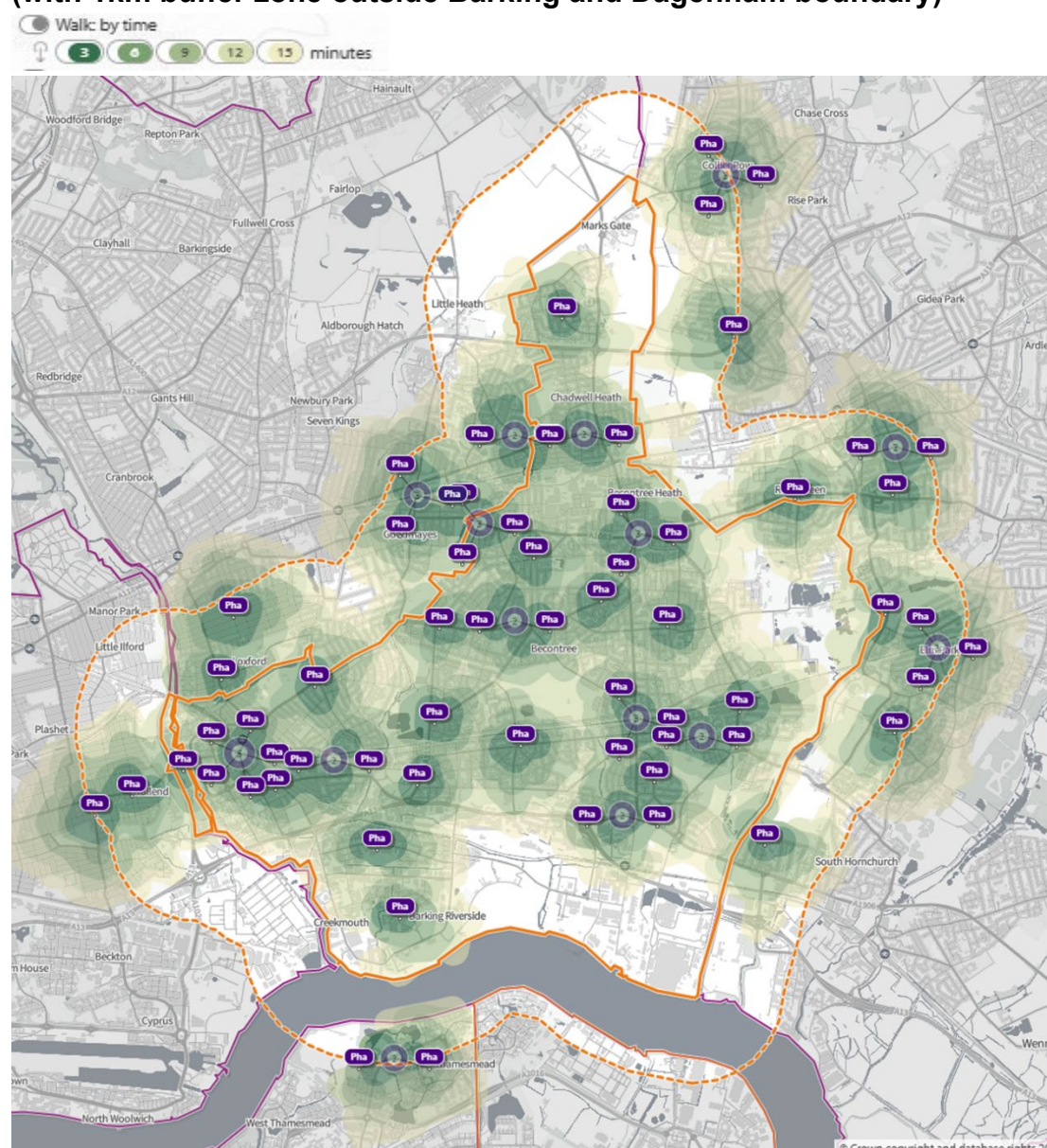
There is extensive access to community pharmacy across Barking and Dagenham during the hours from 9am until 6pm on weekdays in all localities. 33 pharmacies remain open without closing for lunchtime.

6.4.1.1 Weekday daytime

Most community pharmacies in Barking and Dagenham are open from 9am on weekday mornings, except for one which opens at 10am. One pharmacy opens before 9am, as supplementary hours. During the weekday daytime, there is adequate access to pharmacies across all localities, with 96.6% of the population

able to get to their nearest pharmacy within a 12-minute walk, and all residents in all areas able to access a pharmacy within a 10-minute public transport or 5-minute private transport journey (see figures 17, 18 and 19).

Figure 17: Access to pharmacies by travel time on foot – weekday daytime (with 1km buffer zone outside Barking and Dagenham boundary)

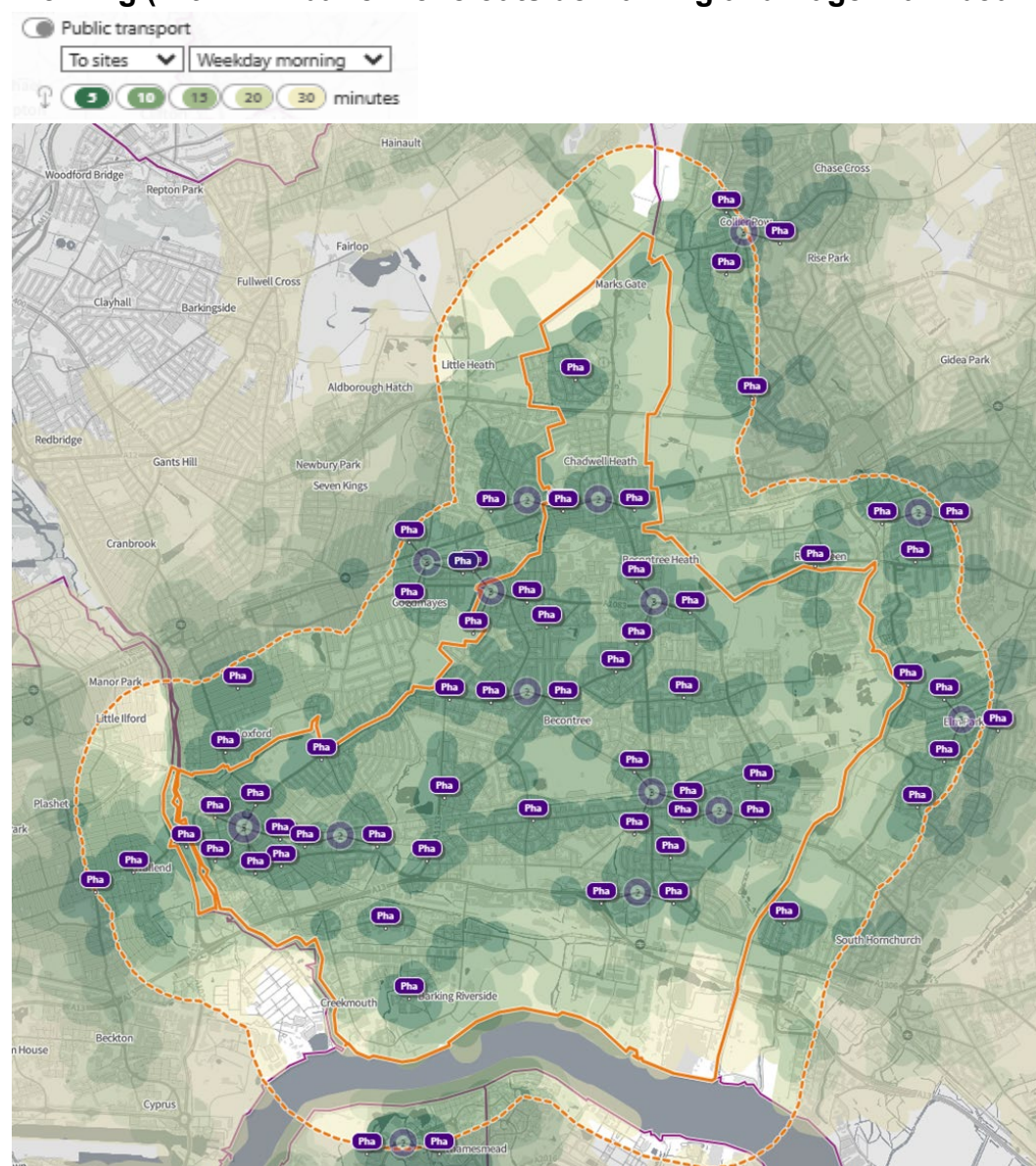


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Table 8: Access to pharmacies by travel time on foot – weekday daytime

| Travel Time (mins) | Number in time boundary | Number outside time boundary | Population | % in time boundary |
|--------------------|-------------------------|------------------------------|------------|--------------------|
| 3 | 87,253 | 132,786 | 220,039 | 39.7% |
| 6 | 165,917 | 54,122 | 220,039 | 75.4% |
| 9 | 203,969 | 16,070 | 220,039 | 92.7% |
| 12 | 212,501 | 7,538 | 220,039 | 96.6% |
| 15 | 218,395 | 1,644 | 220,039 | 99.3% |

Figure 18: Access to pharmacies by travel time on public transport – weekday morning (with 1km buffer zone outside Barking and Dagenham boundary)

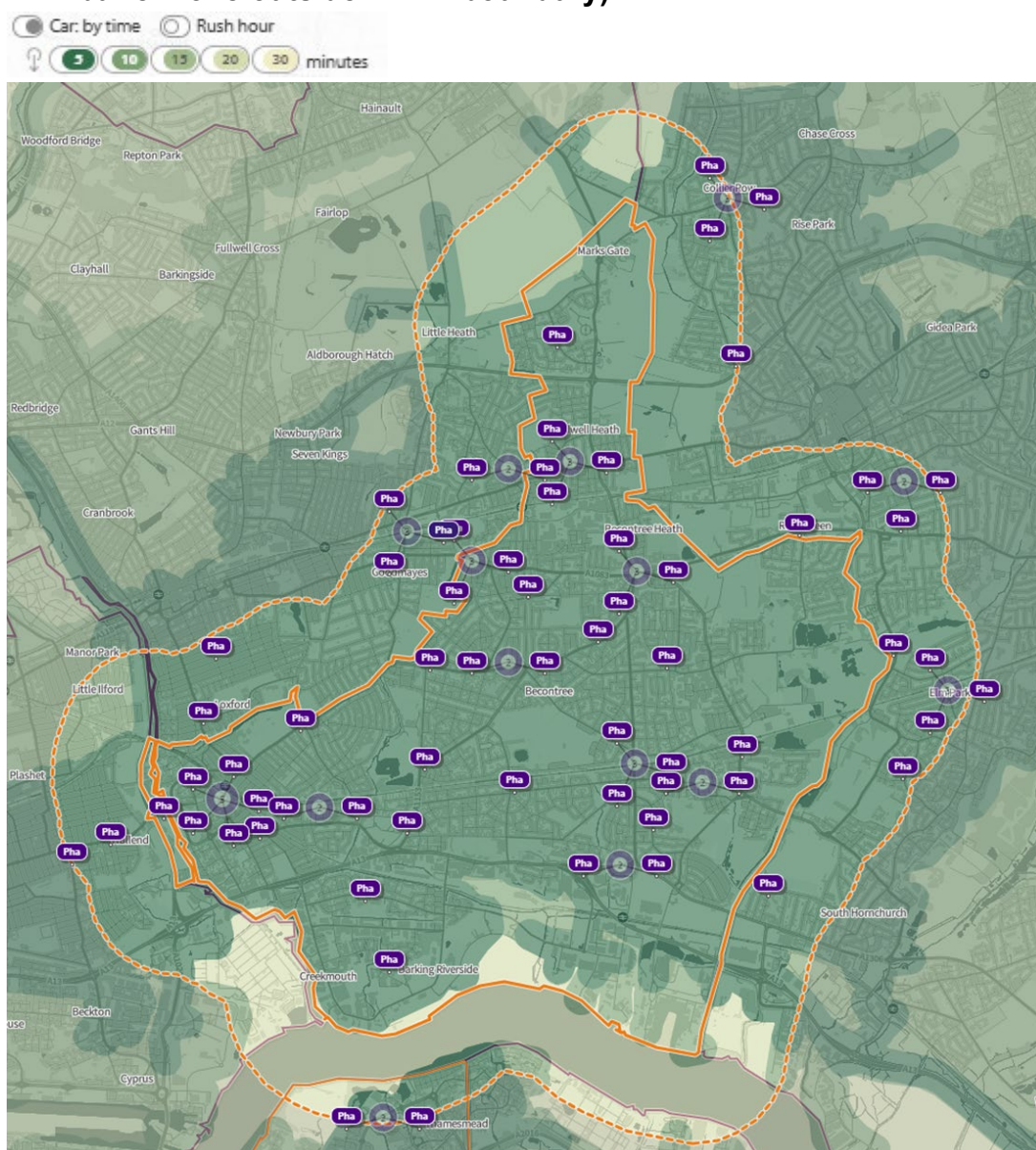


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Table 9: Access to pharmacies by travel time on public transport – weekday morning

| Travel Time (mins) | Number in time boundary | Number outside time boundary | Population | % in time boundary |
|--------------------|-------------------------|------------------------------|------------|--------------------|
| 5 | 147,665 | 72,374 | 220,039 | 67.1% |
| 10 | 215,844 | 4,195 | 220,039 | 98.1% |
| 15 | 220,039 | 0 | 220,039 | 100.0% |
| 20 | 220,039 | 0 | 220,039 | 100.0% |
| 30 | 220,039 | 0 | 220,039 | 100.0% |

Figure 19: Access to pharmacies by travel time by car – weekday daytime (with 1km buffer zone outside LBBD boundary)



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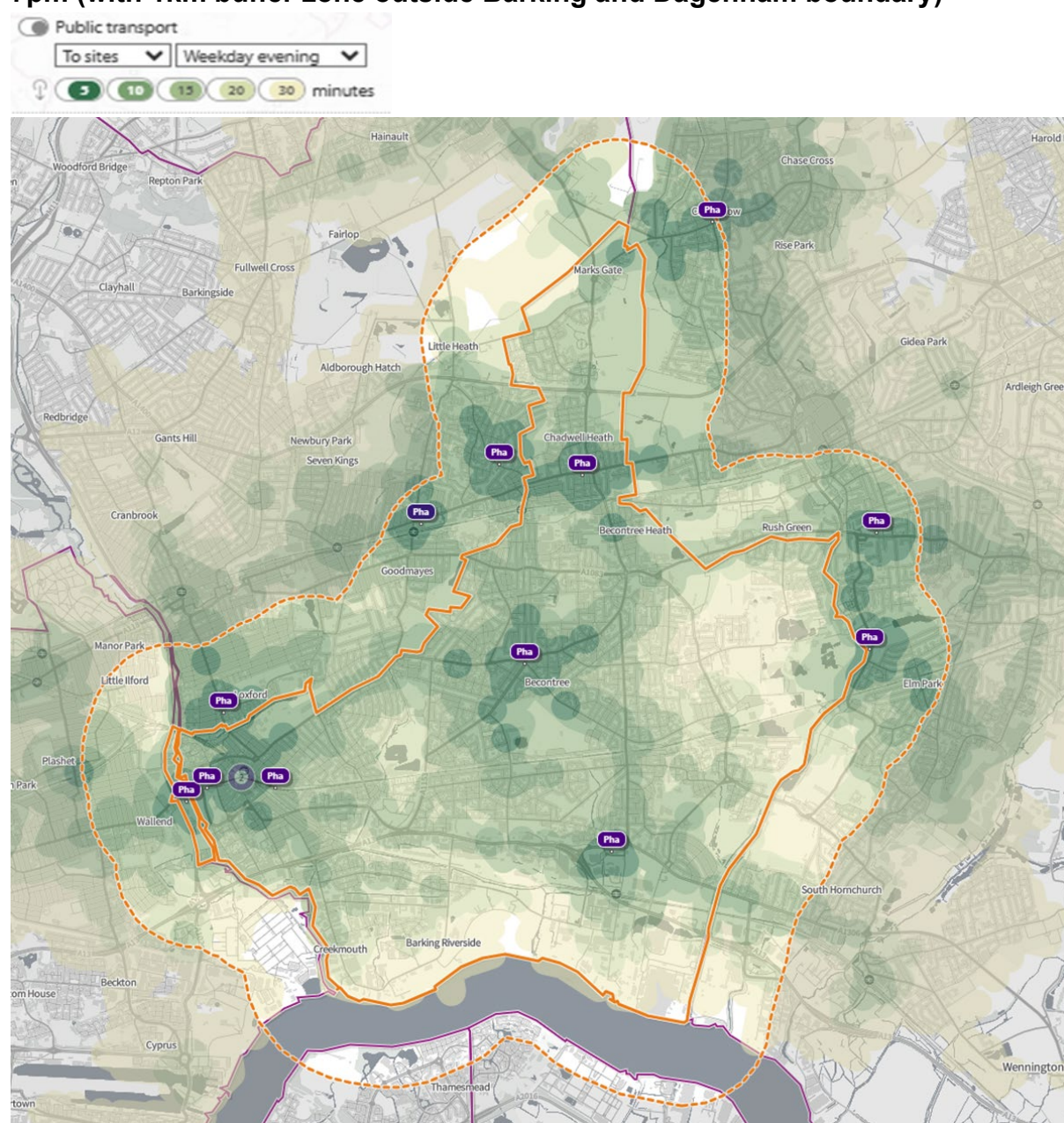
Table 10: Access to pharmacies by travel time by car – weekday daytime

| Travel Time (mins) | Number in time boundary | Number outside time boundary | Population | % in time boundary |
|--------------------|-------------------------|------------------------------|------------|--------------------|
| 5 | 217,663 | 2,376 | 220,039 | 98.9% |
| 10 | 220,039 | 0 | 220,039 | 100.0% |
| 15 | 220,039 | 0 | 220,039 | 100.0% |
| 20 | 220,039 | 0 | 220,039 | 100.0% |
| 30 | 220,039 | 0 | 220,039 | 100.0% |

6.4.1.2 Weekday evenings

Most pharmacies (33) remain open until at least 6pm, after which there is a reduction in provision with 13 pharmacies open until 7pm. After 7pm there is extended access provided by the three 100-hour contract pharmacies and three 40-hour pharmacies (as supplementary hours). There are also pharmacies open in neighbouring HWB areas. All residents of the borough have access to a pharmacy within 30 minutes via public transport (figure 20) and within 10 minutes by private transport (figure 21) after 7pm.

Figure 20: Map showing travel time by public transport weekday evenings after 7pm (with 1km buffer zone outside Barking and Dagenham boundary)

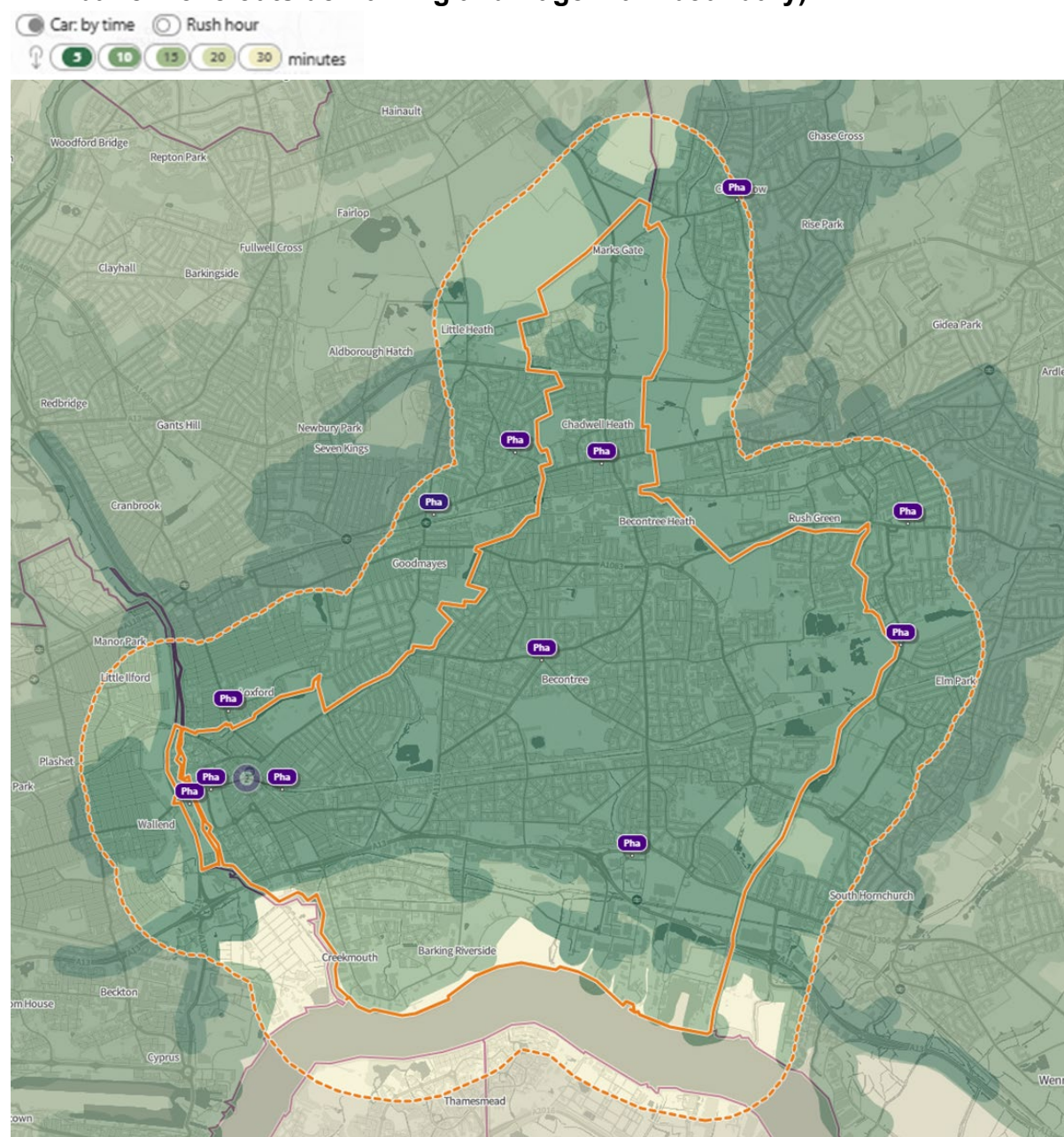


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Table 11: Travel time by public transport weekday evenings after 7pm

| Travel Time (mins) | Number in time boundary | Number outside time boundary | Population | % in time boundary |
|--------------------|-------------------------|------------------------------|------------|--------------------|
| 5 | 39,392 | 180,647 | 220,039 | 17.9% |
| 10 | 113,940 | 106,099 | 220,039 | 51.8% |
| 15 | 197,023 | 23,016 | 220,039 | 89.5% |
| 20 | 211,475 | 8,564 | 220,039 | 96.1% |
| 30 | 220,039 | 0 | 220,039 | 100.0% |

Figure 21: Map showing travel time by car weekday evenings after 7pm (with 1km buffer zone outside Barking and Dagenham boundary)



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Table 12: Travel time by car weekday evenings after 7pm Monday to Friday

| Travel Time (mins) | Number in time boundary | Number outside time boundary | Population | % in time boundary |
|--------------------|-------------------------|------------------------------|------------|--------------------|
| 5 | 210,883 | 9,156 | 220,039 | 95.8% |
| 10 | 220,039 | 0 | 220,039 | 100.0% |
| 15 | 220,039 | 0 | 220,039 | 100.0% |
| 20 | 220,039 | 0 | 220,039 | 100.0% |
| 30 | 220,039 | 0 | 220,039 | 100.0% |

6.4.2 Weekend opening

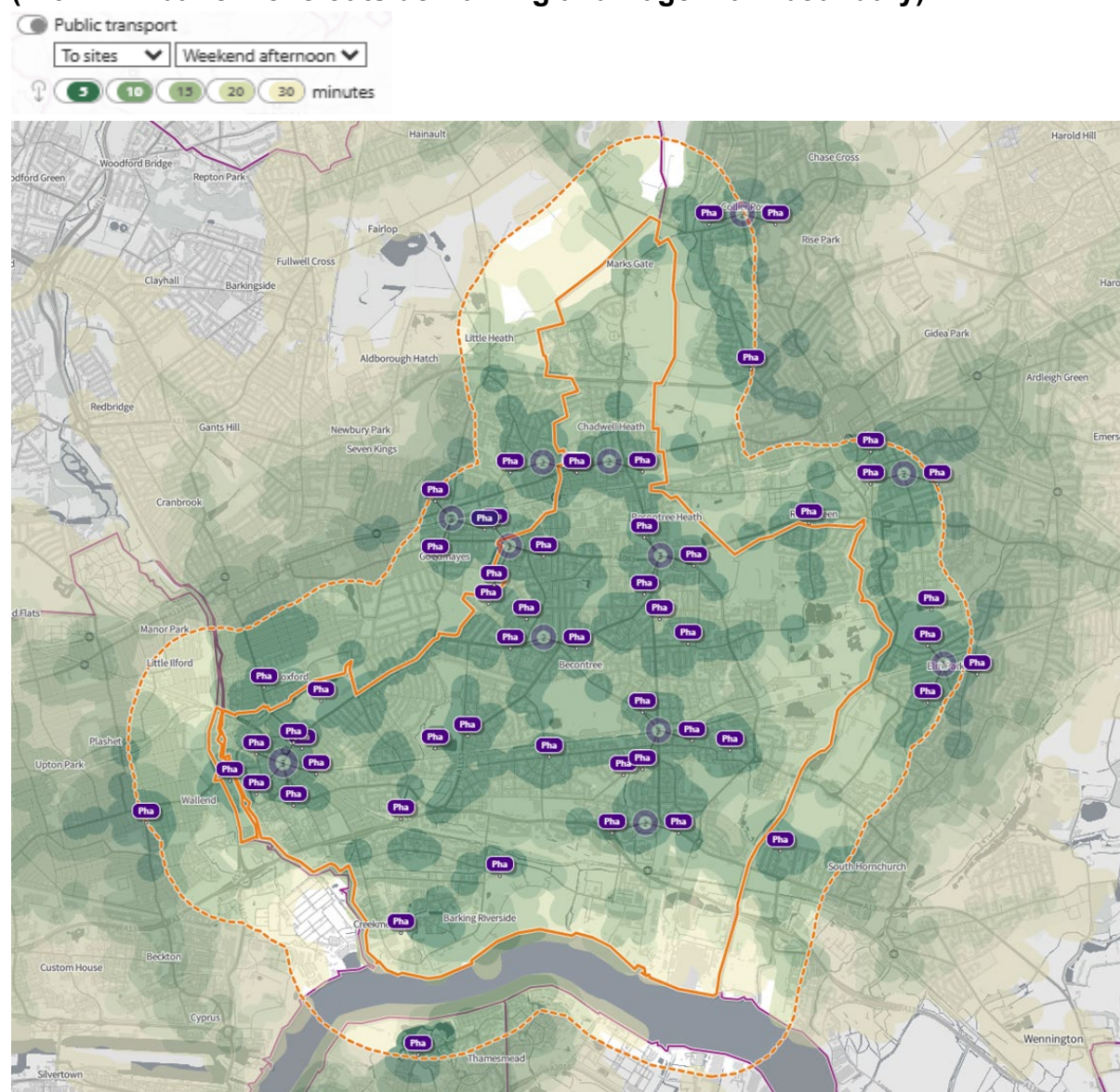
6.4.2.1 Saturday opening

In total, 33 pharmacies open on Saturday mornings. This reduces to 21 pharmacies that remain open on Saturday afternoons after 1pm. 100% of the Barking and Dagenham population are within a 15-minute travel time via public transport on Saturday afternoons (see figure 22), and within 10 minutes by private transport (see figure 23).

After 6pm, four pharmacies remain open. After 8pm, this reduces to the three pharmacies currently operating under 100-hour contracts, including Tesco Highbridge Road which is due to close August 2025. All residents are within a 10-minute journey time by car to the nearest pharmacy (figure 24), and 100% are within a 20-minute journey time by public transport (figure 25) after 7pm.

Access on Saturdays is considered adequate in all localities.

Figure 22: Map showing travel time by public transport on Saturday afternoon (with 1km buffer zone outside Barking and Dagenham boundary)

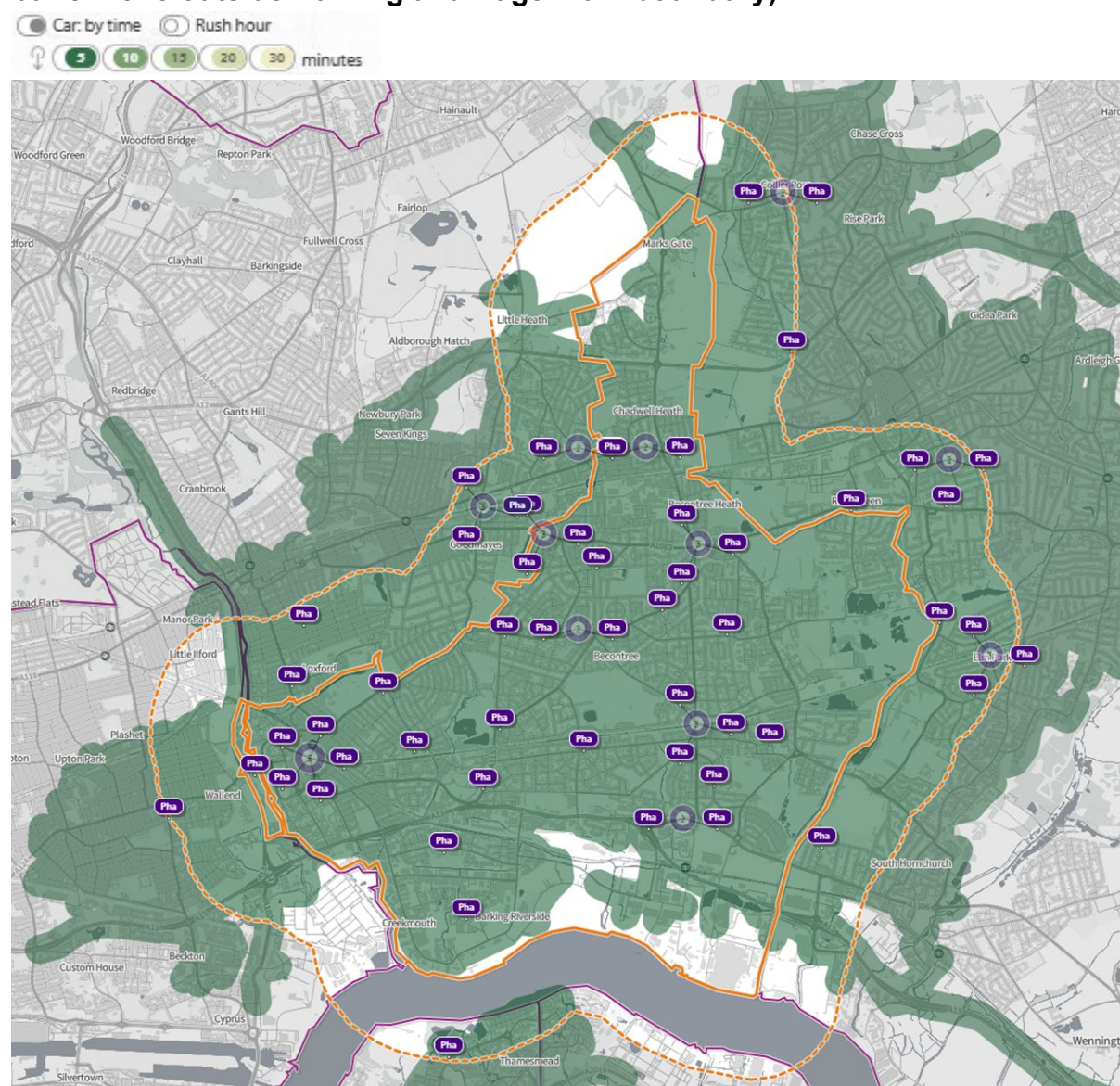


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Table 13: Travel time by public transport on Saturday afternoon

| Travel Time (mins) | Number in time boundary | Number outside time boundary | Population | % in time boundary |
|--------------------|-------------------------|------------------------------|------------|--------------------|
| 5 | 137,503 | 82,536 | 220,039 | 62.5% |
| 10 | 207,382 | 12,657 | 220,039 | 94.2% |
| 15 | 220,039 | 0 | 220,039 | 100.0% |
| 20 | 220,039 | 0 | 220,039 | 100.0% |
| 30 | 220,039 | 0 | 220,039 | 100.0% |

Figure 23: Map showing travel time by car during Saturday daytime (with 1km buffer zone outside Barking and Dagenham boundary)

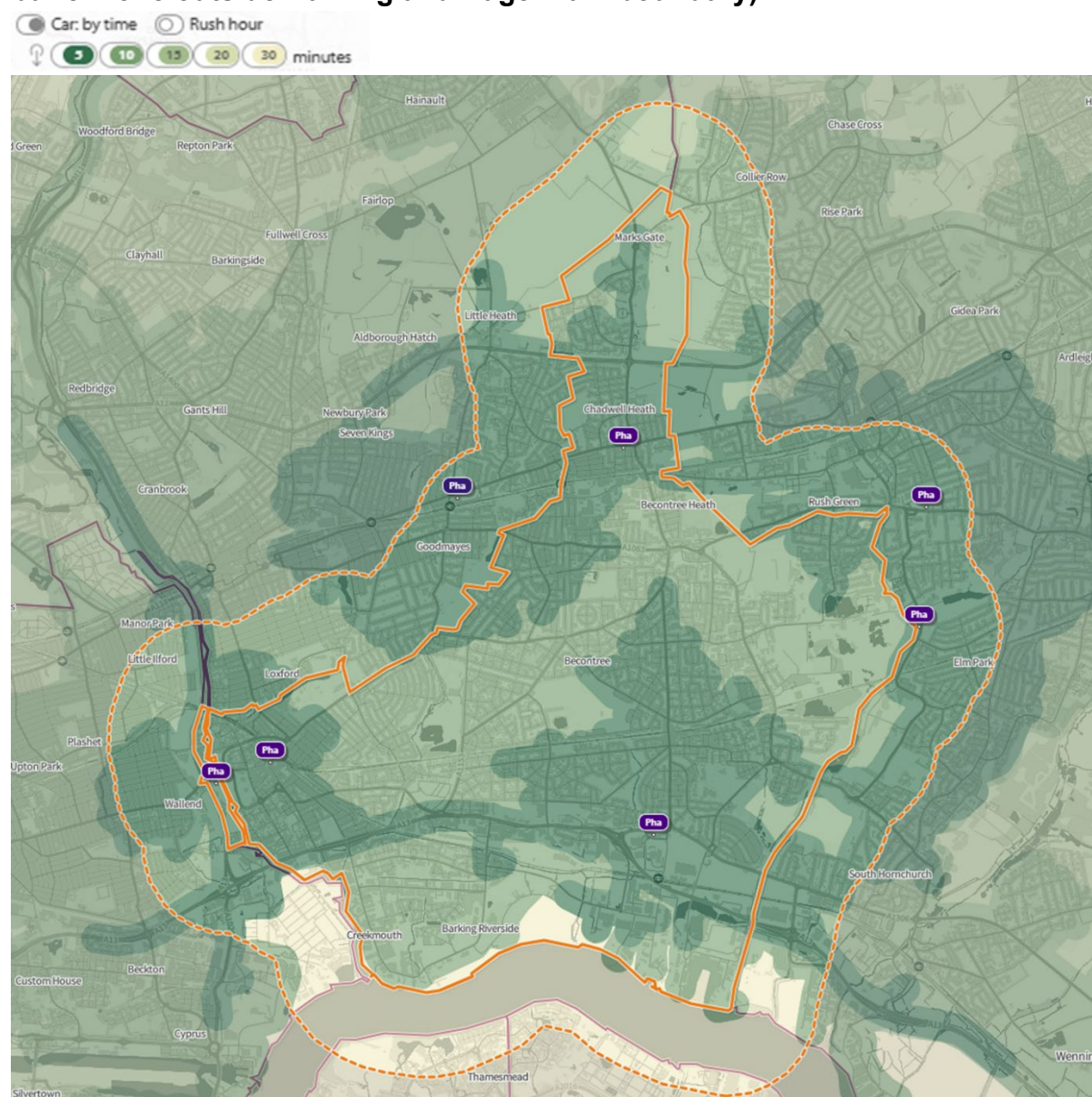


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Table 14: Travel time by car during Saturday daytime

| Travel Time (mins) | Number in time boundary | Number outside time boundary | Population | % in time boundary |
|--------------------|-------------------------|------------------------------|------------|--------------------|
| 5 | 217,663 | 2,376 | 220,039 | 98.9% |
| 10 | 220,039 | 0 | 220,039 | 100.0% |
| 15 | 220,039 | 0 | 220,039 | 100.0% |
| 20 | 220,039 | 0 | 220,039 | 100.0% |
| 30 | 220,039 | 0 | 220,039 | 100.0% |

Figure 24: Map showing travel time by car on Saturday evening (with 1km buffer zone outside Barking and Dagenham boundary)

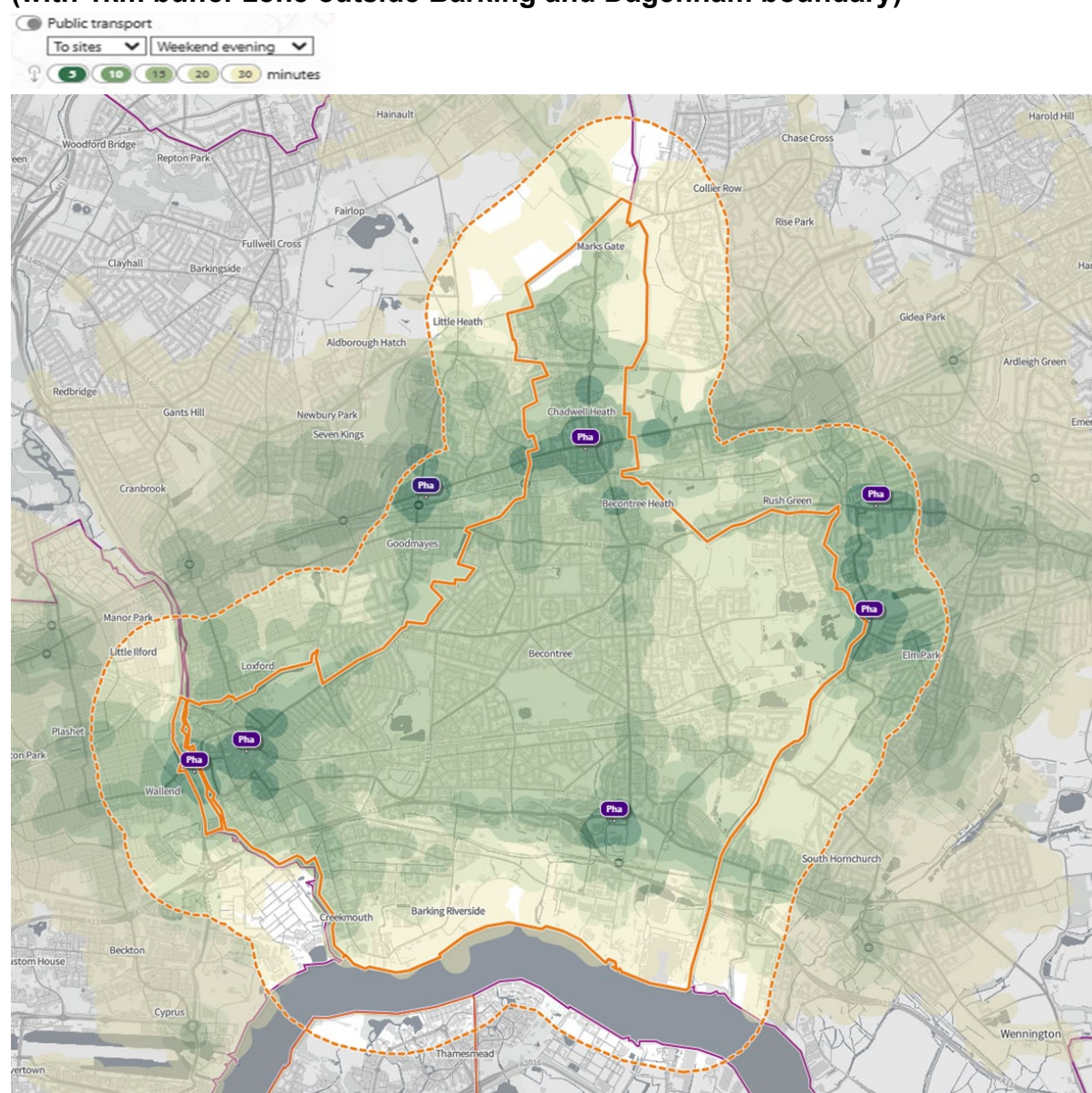


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Table 15: Travel time by car during Saturday evening

| Travel Time (mins) | Number in time boundary | Number outside time boundary | Population | % in time boundary |
|--------------------|-------------------------|------------------------------|------------|--------------------|
| 5 | 146,490 | 73,549 | 220,039 | 66.6% |
| 10 | 220,039 | 0 | 220,039 | 100.0% |
| 15 | 220,039 | 0 | 220,039 | 100.0% |
| 20 | 220,039 | 0 | 220,039 | 100.0% |
| 30 | 220,039 | 0 | 220,039 | 100.0% |

Figure 25: Map showing travel time by public transport on Saturday evening (with 1km buffer zone outside Barking and Dagenham boundary)



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Table 16: Travel time by public transport on Saturday evening

| Travel Time (mins) | Number in time boundary | Number outside time boundary | Population | % in time boundary |
|--------------------|-------------------------|------------------------------|------------|--------------------|
| 5 | 24,414 | 195,625 | 220,039 | 11.1% |
| 10 | 66,890 | 153,149 | 220,039 | 30.4% |
| 15 | 198,375 | 21,664 | 220,039 | 90.2% |
| 20 | 220,039 | 0 | 220,039 | 100.0% |
| 30 | 220,039 | 0 | 220,039 | 100.0% |

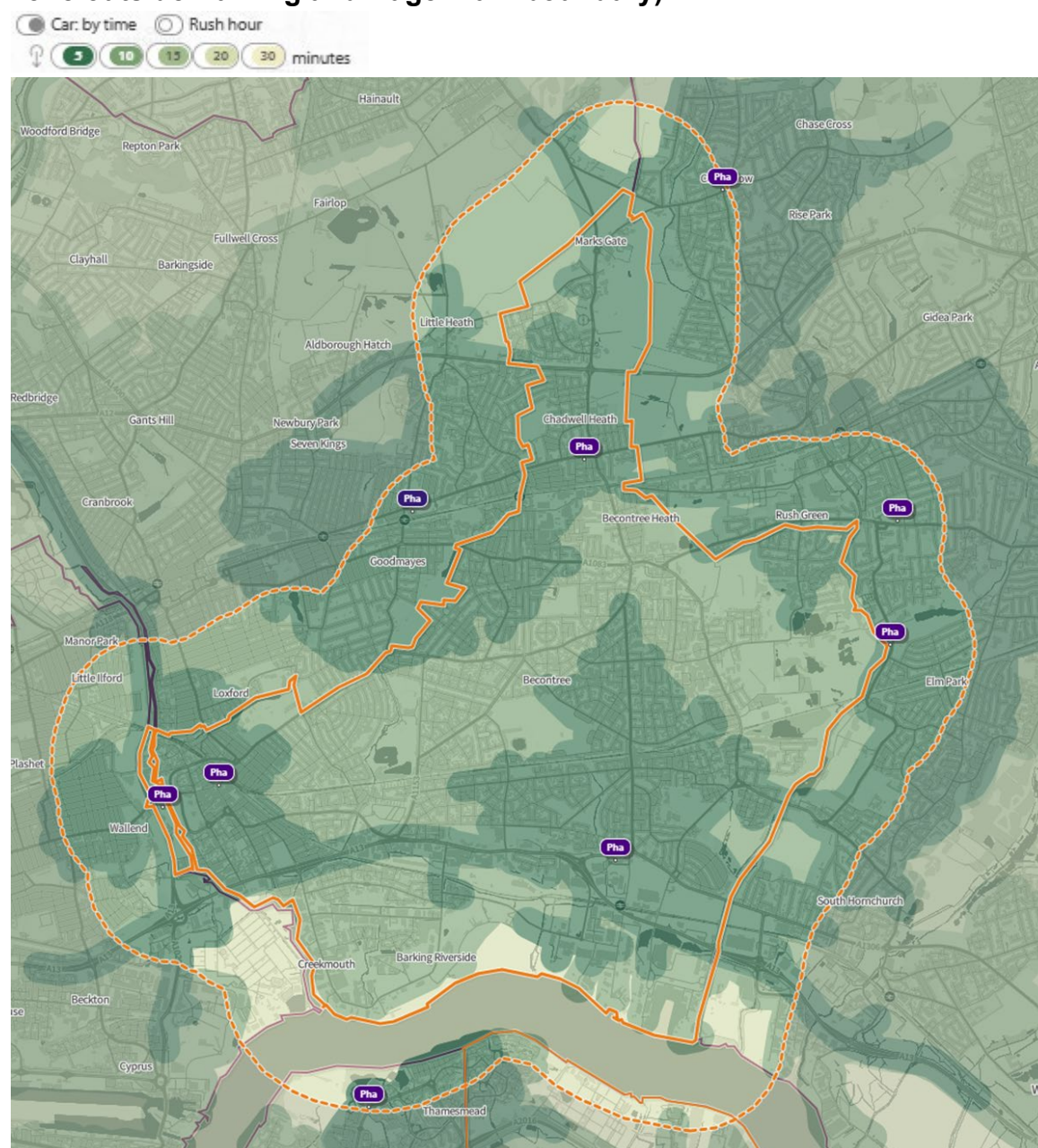
6.4.2.2 Sunday opening

In total, four pharmacies in Barking and Dagenham are open on Sundays. This number reduces to three in August 2025.

Figure 26 shows that on a Sunday all residents across Barking and Dagenham are within a 10-minute journey time to their nearest pharmacy by car and all are within a 20-minute public transport journey time (see figure 27).

Access on Sundays is considered adequate in all localities.

Figure 26: Map showing travel time by car Sunday daytime (with 1km buffer zone outside Barking and Dagenham boundary)

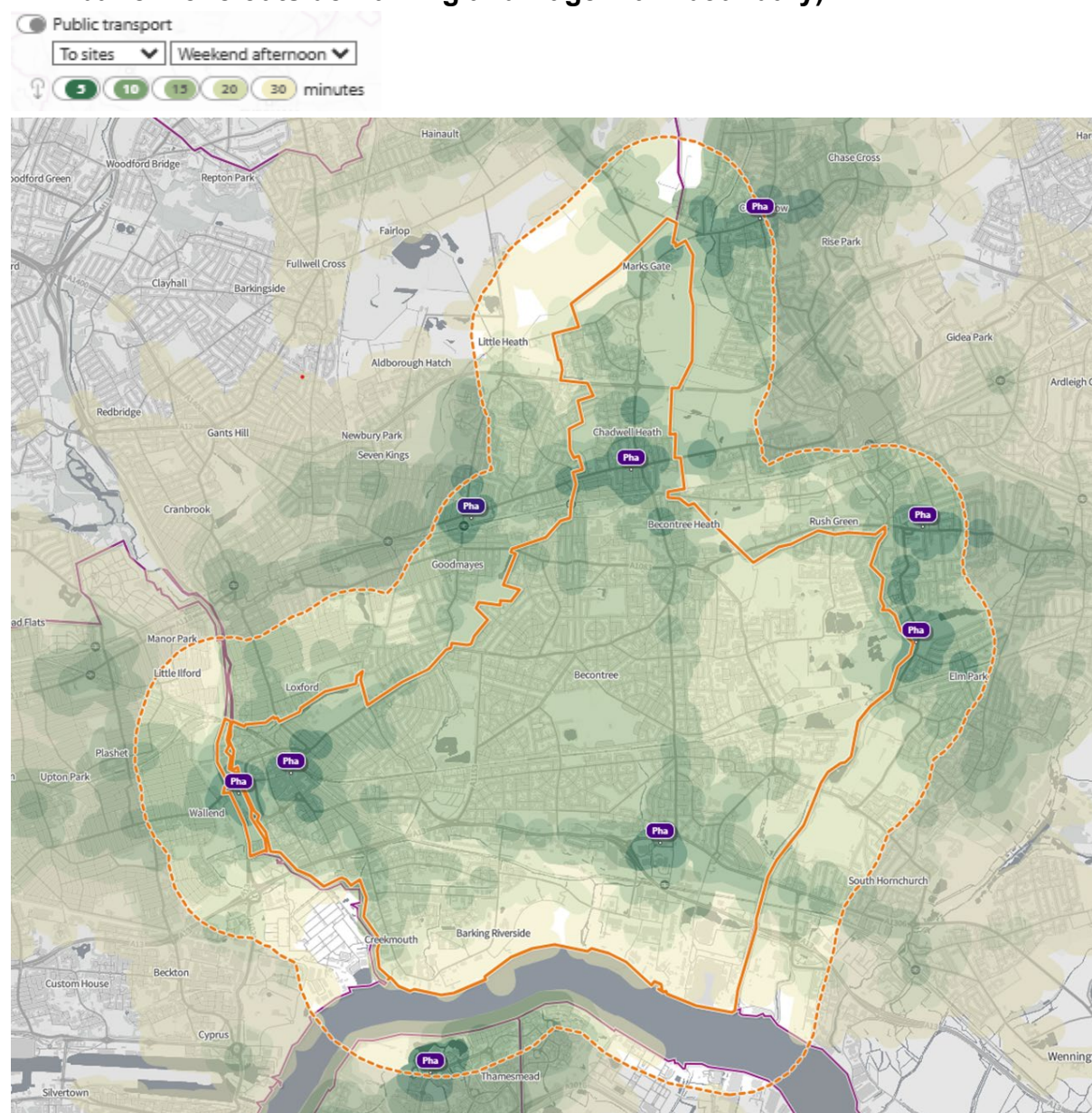


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Table 17: Travel time by car Sunday morning

| Travel Time (mins) | Number in time boundary | Number outside time boundary | Population | % in time boundary |
|--------------------|-------------------------|------------------------------|------------|--------------------|
| 5 | 146,490 | 73,549 | 220,039 | 66.6% |
| 10 | 220,039 | 0 | 220,039 | 100.0% |
| 15 | 220,039 | 0 | 220,039 | 100.0% |
| 20 | 220,039 | 0 | 220,039 | 100.0% |
| 30 | 220,039 | 0 | 220,039 | 100.0% |

Figure 27: Map showing travel time by public transport Sunday afternoon (with 1km buffer zone outside Barking and Dagenham boundary)



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Table 18: Travel time by public transport Sunday afternoon

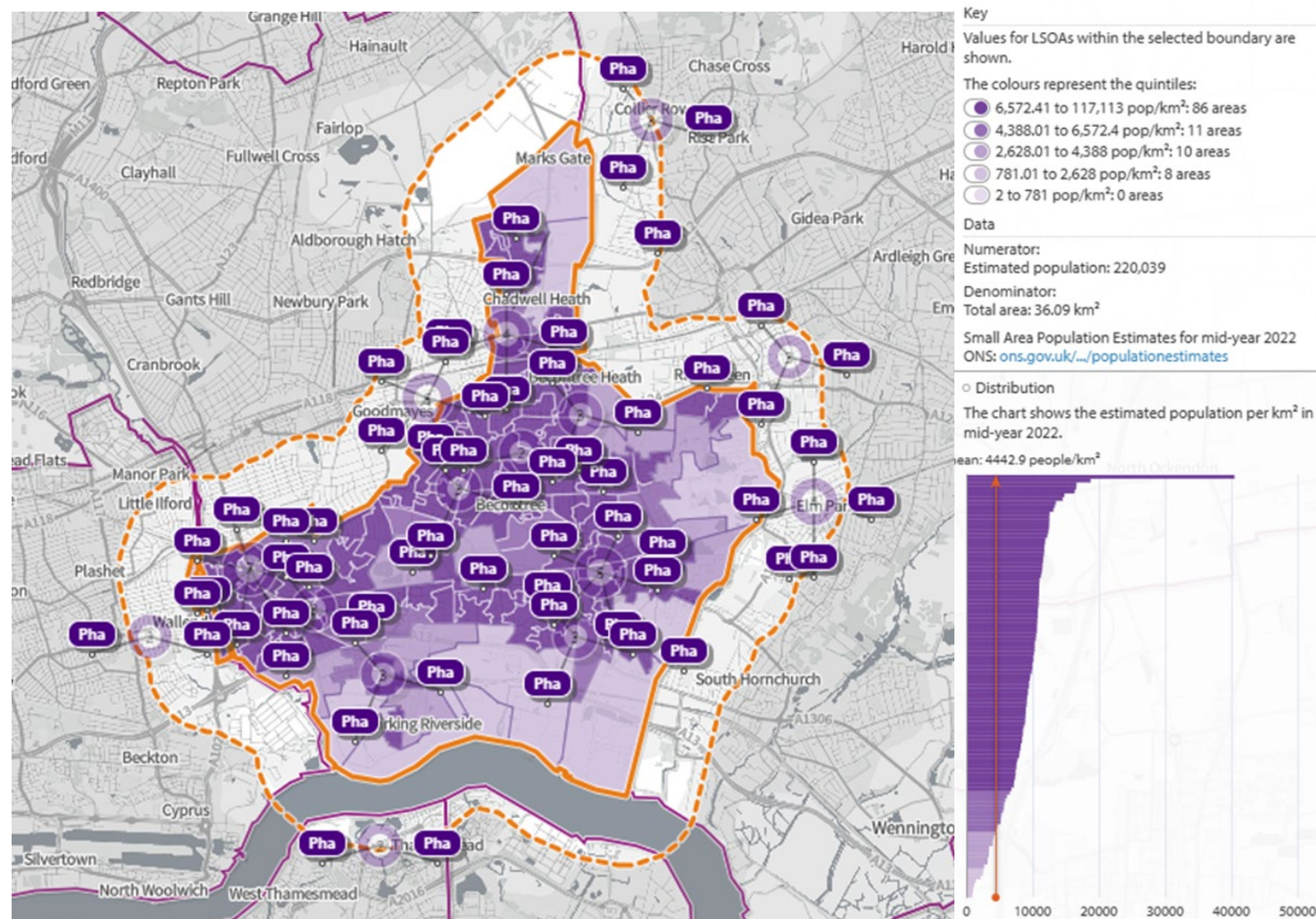
| Travel Time (mins) | Number in time boundary | Number outside time boundary | Population | % in time boundary |
|--------------------|-------------------------|------------------------------|------------|--------------------|
| 5 | 24,414 | 195,625 | 220,039 | 11.1% |
| 10 | 66,890 | 153,149 | 220,039 | 30.4% |
| 15 | 198,375 | 21,664 | 220,039 | 90.2% |
| 20 | 220,039 | 0 | 220,039 | 100.0% |
| 30 | 220,039 | 0 | 220,039 | 100.0% |

6.4.3 Access to pharmacy services out of the Barking and Dagenham area

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

In particular, there are pharmacies close to residents who live on or close to the borough boundaries. Figure 28 demonstrates the pharmacy locations within the Barking and Dagenham boundaries and the neighbouring areas.

Figure 28: Location of pharmacies within Barking and Dagenham and 1km over the border in to neighbouring areas (National Population Density indicator overlayed)



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

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

6.4.4 Feedback from the public regarding pharmacy opening hours

Five people responded to the public survey. Appendix 2 details the responses received.

All those responding rated their pharmacy as good, very good or excellent.

All respondents stated they had no difficulties in accessing their pharmacy and reported that their local pharmacy had convenient opening hours for them.

60% (3 respondents) stated that Saturdays 5pm – 8pm was a convenient time for them to visit the pharmacy, with 2 respondents stating weekday evenings, Saturday daytime and Sundays 5pm – 8pm were also convenient.

6.5 Disability access

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

Common adjustments in community pharmacies include:

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

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

The requirements for the consultation room are that it is:

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

6.6 Access to translation services

As clinical services have expanded and become more available in community pharmacy, the need has grown for translation services to support the diverse population in North East London. NEL ICB has commissioned translation services from April 2025 to support the expansion of clinical services in community pharmacies, recognising the diverse patient population across North East London. Pharmacies can now register with the ICB approved language to access these services, where needed to deliver effective consultations. Pharmacies are reimbursed for translation costs (from approved provider) utilised when delivering NHS pharmacy based services.

7 Pharmaceutical Services Overview

The requirements for the commissioning of pharmaceutical services are set out in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013⁽⁶⁾ and the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013⁽⁴²⁾.

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

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

In addition, a Local Pharmaceutical Service (LPS) contract allows NHSE to commission community pharmaceutical services tailored to meet specific local requirements. It provides flexibility to include a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under the national pharmacy contract arrangements. There are no LPS pharmacies in Barking and Dagenham.

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

7.1 Essential services

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

The essential services are:

- Dispensing medicines ordered on NHS prescriptions, together with information and advice, to enable safe and effective use by patients and carers, and maintenance of appropriate records.
- Repeat Dispensing, i.e. a process that allows a patient to obtain repeat supplies of their medication or appliances without the need for the prescriber to issue repeat prescriptions each time.
- Disposal of unwanted medicines returned to the pharmacy by someone living at home, in a children's home, or in a residential care home.

- Promotion of healthy lifestyles, which includes providing advice and participating in NHSE health campaigns.
- Signposting people who require advice, treatment, or support that the pharmacy cannot provide to another provider of health or social care services.
- Support for self-care which may include advising on over the counter medicines or changes to the person's lifestyle.
- Healthy Living Pharmacies (HLP) - aimed at achieving consistent provision of a broad range of health promotion interventions to meet local need, improving the health and wellbeing of the local population, and helping to reduce health inequalities. HLP became an essential service requirement in 2020/21 as agreed in the five-year CPCF which reflects the priority attached to public health and prevention work. The NHS Terms of Service were amended to include HLP requirements, with supplementary information on the details being included in guidance on the regulations, published by NHSE. Pharmacies have had to ensure they are compliant with the HLP requirements since 1 January 2021.
- Discharge medicines service. This service was introduced in 2021 and aims to reduce the risk of medication problems when a person is discharged from hospital. The service has been identified by NHSE's Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.
- Dispensing of appliances (in the "normal course of business").

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

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

7.1.1 Digital solutions

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

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

that it is appropriate to do so for example: prescription queries, advising patients on suitable medication, providing emergency supplies.

7.2 Advanced services

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

Advanced services currently (2025) include:

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

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

Table 19 shows the number of pharmacies providing each of the advanced services.

Table 19: Number of community pharmacies providing advanced services, in Barking and Dagenham

| Pharmacy advanced service | Number of pharmacies providing this service |
|--|---|
| Appliance Use Review | 0 |
| Influenza Vaccination Service | 14 |
| Hypertension Case-Finding Service | 35 |
| Lateral Flow Device Tests Supply Service | 8 |
| New Medicines Service | 37 |
| Pharmacy Contraception Service* | 36 |
| Pharmacy First Service | 37 |
| Smoking Cessation Service* | 0 |
| Stoma Appliance Customisation service | 0 |

Data Source: NEL ICB, NHSBSA Dispensing Contractors Data⁽⁴³⁾ (January 25 data accessed May 25)

***Smoking and contraception services are also provided through local contracts as detailed in Table 20 (Section 8)**

7.2.1 Appliance use review (AUR)

AURs can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. Alternatively, where clinically appropriate and with the agreement of the patient, AURs can be provided by telephone or video consultation (in circumstances where the conversation cannot be overheard by others - except by someone whom the patient wants to hear the conversation, for example a carer). AURs should improve the patient's knowledge and use of any 'specified appliance'.

This service is usually provided by the mail order appliance contractors as a specialism of the services although this service could also be provided by local community pharmacies. In Barking and Dagenham, no pharmacy is signed up to this service.

7.2.2 Influenza vaccination service

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

Information from NHSBSA indicated that 14 of the community pharmacies in Barking and Dagenham provided the Influenza Vaccination service.

7.2.3 Hypertension case-finding service (HCFS)

The HCFS was commenced as an advanced service in October 2021 to support the programme of identification of undiagnosed cardiovascular disease. Previously only being provided by pharmacists and pharmacy technicians, from December 2023, the service was further extended to be provided by suitably trained and competent non-registered pharmacy staff. From June 2025, all pharmacies must be registered to provide this service to be eligible for the variable fixed payment element of CPCF⁽⁷⁾.

The service aims to:

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

Information from NHSBSA indicated that 35 pharmacies are delivering the HCFS in Barking and Dagenham.

7.2.4 Lateral flow device (LFD) tests supply service

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

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

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

Information from the NHSBSA indicated that 8 pharmacies provide the LFD tests supply service in Barking and Dagenham.

7.2.5 New medicine service (NMS)

In England, around 15 million people have a long-term condition (LTC), and the optimal use of appropriately prescribed medicines is vital to the management of most LTCs. However, reviews conducted across different disease states and different

countries are consistent in estimating that between 30 and 50 per cent of prescribed medicines are not taken as recommended⁽⁴⁴⁾. This represents a failure to translate the technological benefits of new medicines into health gain for individuals. Sub-optimal medicines use can lead to inadequate management of the LTC and a cost to the patient, the NHS and society.

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

Information from the NHSBSA indicates that 37 community pharmacies were signed up to provide NMS in Barking and Dagenham.

7.2.6 Pharmacy contraception service (PCS)

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

The objectives of the service are to:

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

The service aims to provide:

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

The service involves community pharmacists providing:

- Initiation: where a person wishes to start OC for the first time or needs to restart OC following a pill free break. A person who is being switched to an alternative pill following consultation can also be considered as an initiation; and

- Ongoing supply: where a person has been supplied with OC by a primary care provider, or a sexual health clinic (or equivalent) and a subsequent equivalent supply is needed. Their current supply of OC should still be in use.

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

Information from the NHSBSA indicates that 36 community pharmacies were signed up to provide PCS in Barking and Dagenham.

Note that London Borough of Barking and Dagenham also currently commissions the supply of emergency contraception and other sexual health services via community pharmacy, although this is set to change in October 2025 when this service will become part of the PCS service. The current locally commissioned service is described in more detail in the local enhanced services section.

7.2.7 Pharmacy First service

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

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

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

37 pharmacies in Barking and Dagenham provide this service.

7.2.7.1 Pharmacy First bundling arrangements from 1 June 2025

From 1st June 2025, pharmacy owners wishing to provide Pharmacy First service must be also registered and able to deliver the Hypertension Case Finding Service, the Pharmacy Contraception Service and the Pharmacy First service. The likely impact will be more pharmacies offering all three services, widening availability.

7.2.8 Smoking cessation advanced service

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

No pharmacies in Barking and Dagenham are currently providing this service.

7.2.9 Stoma appliance customisation service (SAC)

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

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

7.3 National enhanced services

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

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

At the time of writing, there are two NES commissioned by NHSE:

- COVID-19 vaccination programme.
- RSV and Pertussis Vaccination Service

The RSV and Pertussis Vaccination Service is only commissioned in specific NHS regions, which do not currently include Greater London.

7.3.1 COVID-19 vaccination programme

Data provided by ICB suggests that this service was commissioned from 20 pharmacies in Barking and Dagenham for the 2025 spring programme.

8 Barking and Dagenham Locally Commissioned Services

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

In Barking and Dagenham, pharmacy services are currently commissioned locally by the council's Public Health team and NEL ICB. The latter are known as 'local enhanced services'. Table 20 shows the number of pharmacies providing each of these locally commissioned services.

Table 20: Number of community pharmacies providing locally commissioned and local enhanced services in Barking and Dagenham

| Locally commissioned and local enhanced services | Number of pharmacies providing this service |
|--|---|
| NEL Palliative End of Life Care (PEoLC) Service | 4 |
| NEL Community Pharmacy Selfcare Advice Service (CPSAS) | 36 |
| NEL Anticoagulation Service | 2 |
| Bank Holiday Rota | See narrative below |
| Stop Smoking Service | 10 |
| Supervised consumption of opioid substitutes | 19 |
| Needle Exchange | 6 |
| Emergency Hormonal Contraception | 24 |
| Condom distribution | 27 |

Source: London Borough of Barking and Dagenham, NEL ICB

8.1 ICB local enhanced services

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

- NEL Palliative End of Life Care (PEoLC) Service
- NEL Community Pharmacy Selfcare Advice Service (CPSAS)
- NEL Anticoagulation Service
- Bank Holiday Rota.

8.1.1 Palliative End of Life Care (PEoLC) Service

The purpose of this service is to ensure 24/7 availability of PEoLC medicines through community pharmacies in NEL, in turn enabling the provision of PEoLC in accordance with patients' and families' preferences.

Community pharmacies commissioned to provide the out of hours service also supplement the in-hours provision of PEoLC medicines, commissioned through the

25/26 Pharmacy Quality Scheme, as part of the nationally commissioned Community Pharmacy Contractual Framework. They maintain a specific stock of PEOLC medicines and are listed on the NHS Profile Manager as a 'Pharmacy Palliative Care Medication Stockholder'.

During out of hours, a rota system is operated, to provide the out of hours PEOLC medicine supply service. The pharmacies on-call will be so for the entirety of the week, inclusive of weekends and any bank holidays that may fall within that week. The community pharmacies are strategically located to ensure coverage of NEL is represented as fairly as possible, to allow for timely access to the medicines for all NEL residents.

In circumstances where a community pharmacist is unable to supply the PEOLC medicines, they must direct / signpost the individual to the nearest commissioned community pharmacy, checking first that they have the required medicine(s) in stock. Pharmacists and staff involved in the provision of the service will have received the appropriate training to deliver the service.

Palliative and End of Life care services are currently being reviewed across North East London to ensure that a consistent service is delivered across the entirety of the geography.

Community pharmacies are contracted to stock a comprehensive list of key EoL medications stock.

As of May 2025, 4 community pharmacies in Barking and Dagenham are currently participating in this scheme and there are also participating pharmacies in neighbouring boroughs.

8.1.2 NEL Community Pharmacy Selfcare Advice Service (CPSAS)

North East London Integrated Care Board has commissioned a two-year community pharmacy local enhanced service – Community Pharmacy Selfcare Advice Service (CPSAS) which launched on the 22 July 2024.

This service has been funded by the Population Health and Integration 'Shared Ambition' Fund, to help reduce health inequalities in NEL. This is a priority in the current context of significant health inequalities within our population, with those living in more deprived areas experiencing poorer health outcomes, and high cost of living pressures across NEL.

Any pharmacies in North East London who have signed up to this service can provide support to socially vulnerable NEL residents to self-manage their minor ailments with clinical advice and free over-the-counter medicines where indicated. The pharmacies will also provide overall health and wellbeing advice, this includes

signposting/referral to other relevant local services e.g. blood pressure checks and sexual health services.

The eligibility criteria for CPSAS are registered patients with a NEL practice, who are currently receiving any financial related benefits e.g. Universal credit, Income support or related allowance and HC2 certificate. This also expands to their dependents who are 18 years of age and under. The CPSAS eligibility also includes specific populations such as young care leavers, homeless, refugee and asylum seekers in North East London.

The primary access to service was initially via a referral from patient's GP or NHS111 through the NHSE commissioned service – Pharmacy First, where walk-ins were only accepted for patients who are homeless, refugee and asylum seekers. However from 4 August 2025, access to CPSAS was extended to walk in for all eligible patients, i.e. not limited to those who are homeless, refugee and asylum seekers. This extension was effected, to widen access to patient groups who do not routinely visit their practices.

As of May 2025 there are 36 pharmacies in LBBD who have signed up to provide CPSAS.

8.1.3 NEL Anticoagulation Service

Anticoagulant medication (commonly known as blood thinners) are used for a variety of indications. Primarily they are used in patients with clotting disorders and atrial fibrillation (irregular heartbeat) to reduce the risk of stroke and they are also used in the treatment of blood clots. Some of these medications require intensive monitoring due to the risk of bleeding if the dose is too high and also due to a significant number of interactions with food and medication.

A number of highly specialised pharmacies across the borough offer a community anticoagulation monitoring service. The service receives referrals for stable patients over 18 years old, registered with a GP in the borough, from secondary care. The pharmacy provides patient education, ongoing testing, monitoring and dose adjustment of the anticoagulation therapy. The service description is based on current NICE and other national and local guidance on anticoagulation therapy.

The service available across Barking and Dagenham, Havering and Redbridge is supplemented by GP practices locally who also participate in providing this service, allowing patient choice and equitable access to patients across the boroughs.

The community anticoagulation service across all NEL boroughs is currently under review and the procurement process for the new service is underway. A new NEL wide service is planned to be in place by January 2026 based on a successful procurement process. The new service may or may not include community pharmacy providers in the future, based on the outcome of the procurement process.

As of May 2025 there are 2 pharmacies in LBBD providing this service.

8.1.4 Bank holiday rota

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

All pharmacies are obliged to participate in the rota if they are directed to do so by the ICB, although typically 2-3 pharmacies provide this service.

8.2 Barking and Dagenham Public Health commissioned services

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

- Stop Smoking
- Supervised consumption
- Needle exchange
- Emergency hormonal contraception
- Condom distribution

8.2.1 Barking and Dagenham stop smoking service

The aim of the Barking and Dagenham stop smoking service is to provide individuals who wish to quit smoking with access to stop smoking advice and support as appropriate and in convenient locations. There are a number of different providers of the service, including pharmacies and GP practices, each with an accredited stop smoking practitioner who will provide the service. The service can be accessed without a referral.

Service users receive a period of free behavioural support with an advisor and provided with a suitable replacement therapy or medication where appropriate.

There are 10 community pharmacies in Barking and Dagenham registered to deliver this service.

The smoking cessation support offered by pharmacies is currently being evaluated by London Borough of Barking and Dagenham.

8.2.2 Drug and alcohol dependence services

8.2.2.1 Supervised consumption

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

Services are commissioned from community pharmacies to provide a dispensing and supervised consumption scheme for opioid substitutes (such as methadone or buprenorphine) for dependent drug users.

To use the services, patients must have been assessed as requiring symptomatic treatment for drug related problems and have made the decision to reduce their illegal opioid use. Substance misuse services prescribe an opioid substitute, tailoring the selected product and dose to the individual's needs. The service is therefore only available to patients who are being treated within the local integrated substance misuse and harm reduction service.

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

19 community pharmacies currently provide the supervised consumption service across Barking and Dagenham.

8.2.2.2 Needle exchange

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

The service is currently provided by 6 community pharmacies in Barking and Dagenham.

8.2.3 Sexual health service

Sexual and reproductive health is a vital aspect of public health. Access to appropriate sexual health services and interventions can significantly enhance the health and wellbeing of both individuals and the wider population.

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

8.2.3.1 Emergency hormonal contraception (EHC)

In Barking and Dagenham, EHC is available free of charge from a number of pharmacies who have agreed to provide this service. The supply of EHC (levonorgestrel and ulipristal) in pharmacies is made via local PGD arrangements.

In Barking and Dagenham, there are 24 pharmacies signed up to deliver the free EHC service. Some of these pharmacies are open weekday evenings and weekends, which allows for improved access outside of normal working hours.

8.2.3.2 Condom distribution service

Come Correct is the name of the free and confidential scheme for young people under the age of 25, where they can register online for a C-card (condom card), and then visit any location displaying the Come Correct logo for a supply of condoms.

There are a number of venues across the borough that can provide the condom supply, including colleges, sexual health clinics and pharmacies. This variety of venue types helps to increase accessibility of condoms to young people in the borough.

Across Barking and Dagenham, there are 27 pharmacies registered to provide this service.

8.3 Non-commissioned services

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

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

- Delivery of dispensed medicines
- Dispensing of medicines into monitored dosage systems for patients not requiring reasonable adjustments

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

8.3.1 Medicine delivery service

Typically, most pharmacies will offer a prescription delivery service of some kind, which in many cases is free of charge. This can be very important to those with limited mobility. At the time of writing the figures for Barking and Dagenham were not available.

8.3.2 Monitored dosage systems (MDS)

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

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

NICE guidance NG67⁽⁴⁶⁾ recognised the role that pharmacists play in supporting people in the community and recommended that “use of a monitored dosage system should only be when an assessment by a health professional (for example, a pharmacist) has been carried out”.

9 Current and Future Pharmacist Role

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

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

The national vision for community pharmacy is in line with the local strategy and aspirations. Community pharmacy has a critical role to play in the Barking and Dagenham health system. It is essential that community pharmacy continues to be recognised and supported, so that they in turn can support the health needs of the population of Barking and Dagenham. It is also important that the people of Barking and Dagenham are aware of and fully utilise the services available from their community pharmacies.

In line with this national vision, the NEL ICB Vision for Neighbourhood Working⁽⁴⁹⁾ highlights a "significant opportunity for community pharmacy – we see them as key partners in addressing local health inequalities as part of a wider primary care provision within the neighbourhood."

The NEL ICB response to the Fair Funding Consultation (2025)⁽⁴⁸⁾ identified that "The place with highest projected growth in north east London (London Borough of Barking & Dagenham) currently lacks the essential infrastructure for health and care. There is insufficient primary care capacity for existing growth in Barking and Dagenham and no acute provision whatsoever within the borough. This will mean service provision will likely need to adapt to new demand as uneven dispersed growth occurs."

Ensuring adequate community pharmacy access in all neighbourhoods of B&D will therefore become even more fundamental.

Nationally, the demand on community pharmacy and on community pharmacists and their staff is great and is ever-increasing. The shortage of local pharmacists is acute; there is now increased public demand on pharmacies and their staff, and this has been further exacerbated by the demand for, and recruitment of community pharmacists (and other staff) employed within PCNs and other pharmacy services. It is important to note the pressure that community pharmacies and their staff are under as a result of these two factors. Whilst community pharmacies welcome the

introduction of new commissioned services, and have been tenacious, innovative and agile when launching them, locally, it is important for commissioners to be aware of the huge demands being placed on community pharmacy and the capacity of community pharmacy.

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

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

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

10. Engagement and Consultation

10.1 Stakeholder engagement – public questionnaire

Only 5 responses were received for the public survey, a number too small to produce meaningful analysis beyond noting that all 5 responded to say that their community pharmacies met their needs (3 strongly agree, 2 tend to agree), and that no respondents had issue with access to community pharmacy.

Further responses are expected. These will be added to the post-consultation PNA. Analysis of these responses will follow if numbers are sufficient.

10.2 Formal consultation

The formal consultation on the draft PNA for the London Borough of Barking and Dagenham ran from 18 June to 17 August in line with regulation 8 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013⁽⁶⁾.

46 responses were received to the consultation questionnaire, with additional feedback received from the London Pharmacy Commissioning Hub, on behalf of NEL ICB. 91% of the responses received were from pharmacy contractors. The feedback received during the consultation process is summarised below:

- 96% of respondents agreed that the PNA reflects the current provision of pharmaceutical services.
- 100% of respondents believed that there were no gaps in provision of pharmaceutical services for Barking & Dagenham that were not identified in PNA.
- 11% of respondents felt the PNA reflects the needs of the local population.
- 20% felt that the PNA provided enough information to inform future pharmaceutical provision and plans for pharmacies and dispensing appliance contractors
- 15% of respondents agreed with the overall conclusions presented in the PNA, with 4% partially agreeing with the conclusions.

Most comments received came from current community pharmacies, and reflected views that the current provision of pharmacies is sufficient, with pharmacies able to absorb any greater demand that may occur from new housing developments. Appendix 4 details the consultation responses made and the changes made to the PNA following the consultation.

11 Summary of Findings

There are 37 community pharmacies in Barking and Dagenham, consisting of 34 standard contract (40 hour) pharmacies and three 100-hour contract pharmacies, one of which is scheduled to close in August 2025.

15 of the standard contract pharmacies deliver more than the 40-hours as part of their core contract, ranging between 40.5 and 53.5 hours per week. This is complemented by 11 pharmacies providing supplementary hours.

33 pharmacies are open Saturday mornings and 21 remain open on Saturday afternoons.

Four pharmacies provide access to pharmaceutical services on Sundays.

11.1 Necessary services – current provision

There are a significant number of pharmacies open beyond core hours to provide pharmaceutical services. This allows for services to be provided on weekday evenings, Saturdays and Sundays.

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

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

Since the 2022 PNA, and by the time of publication of this PNA on 1st October 2025, two pharmacies will have closed in the Barking and Dagenham HWB area. However, there will continue to be adequate pharmacy provision across the area, and this does not require additional pharmacy provision.

11.2 Necessary services – future provision

The greatest population increases during the lifetime of the PNA will be seen in the Abbey, Barking Riverside and Beam wards with population increases over the lifetime of the PNA (i.e. by 2028) of 3,398, 7,835 and 4,920 in each ward respectively (Table 2 and Figure 12). Being central within Barking, Abbey ward is well-served by pharmacies, but Barking Riverside and Beam have only 2 pharmacies each (Table 5). With a forecast increase of over 12,000 residents (approximately 5,000 additional households) across Barking Riverside and Beam wards by 2028, this would leave future populations south of the A13 and A1306 underserved and further than 15 minutes by foot from a pharmacy (Figure 17).

11.3 Other findings

A number of community pharmacies provide advanced services that seek to improve the safe and effective use of medicines. In particular, the Pharmacy First, pharmacy

contraception, hypertension case-finding and new medicines services are well supported by the community pharmacies in Barking and Dagenham, with almost all pharmacies signed up to deliver these services. The lateral flow device supply and influenza vaccination services are also provided by a significant number of pharmacies.

Uptake of the advanced smoking cessation service is currently zero, which is reflected nationally and is dependent on secondary care referral which is beyond the control of pharmacies. However, the local smoking cessation service is offered by 10 pharmacies.

Additionally, a range of locally commissioned services and local enhanced services are currently being commissioned either totally or in part from community pharmacies. These are; stocking of palliative care medicines, Community Pharmacy Self-care Advise Service, stop smoking, emergency hormonal contraception, condom distribution, supervised consumption, and needle exchange.

When community pharmacy provision is taken into account alongside that of other service providers, it is considered that provision of existing locally commissioned services across Barking and Dagenham is adequate and meets identified health needs.

Community pharmacies make a valuable contribution to the objectives of the Barking and Dagenham Health and Wellbeing Strategy and engagement work shows that people value the services provided by their local community pharmacy.

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

It is recognised that out of area provision impacts not only the delivery of dispensing services but also the provision and accessibility of enhanced or locally commissioned services, especially where areas border each other. This is of particular relevance in large urban areas served by many local authorities.

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

12 Statement of Pharmaceutical Needs Assessment

After considering all the elements of the PNA, Barking and Dagenham HWB makes the following statement:

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

Provision of necessary services

- There is no current gap in the current provision of necessary services during normal working hours across Barking and Dagenham to meet the needs of the population.
- There is no current gap in the current provision of necessary services outside normal working hours across Barking and Dagenham to meet the needs of the population.
- No gaps have been identified in the need for pharmaceutical services in future circumstances across Barking and Dagenham, other than in the following specified circumstances: in Barking Riverside and Beam wards, when the number of new dwellings occupied has reached 2,000 combined across the two wards, there will be a future need for pharmaceutical services provision within these wards offering core opening hours Monday – Friday between 9am – 1pm and 2pm - 6pm.

Improvements and better access

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

In addition:

- Community pharmacy services play an important role in supporting the services provided by GP practices and Primary Care Networks as reflected by the changes in the essential, advanced and locally commissioned services as described in this report.
- A number of community pharmacies provide advanced services that seek to improve the safe and effective use of medicines. Almost all pharmacies provide some of these services, and we would wish to encourage residents to make greater use of all advanced services, and also that referrals via healthcare services such as GP practices and secondary care services further utilise newer services, in particular regarding the Pharmacy First service.
- There is adequate provision of existing locally commissioned and local enhanced services across Barking and Dagenham although access and equity of provision could be improved for some services. It is recommended that the public health team should continue to monitor this with partners including the ICB and Community Pharmacy North East London to ensure service levels are maintained.
- With regard to locally commissioned and local enhanced services, the public health team should work with the ICB, Community Pharmacy North East London, community pharmacies, and PCNs to ensure that services are commissioned to meet local health needs and that any changes serve to maintain or improve equity, access and choice.
- Commissioners of NHS as well as local pharmacy services should consider how to communicate about the availability of services with the population of Barking and Dagenham and with other healthcare professional teams to increase awareness of engagement and interaction with services.
- Out of area provision impacts not only the delivery of dispensing services but also the provision and accessibility of enhanced or locally commissioned services, especially where areas border each other. Commissioners should take cross border issues into account and consult with relevant stakeholders when they are reviewing, commissioning or decommissioning services, to avoid or mitigate against creating inequity of provision for the local population.

Appendix 1 - Membership of Steering Committee

- Kurt Ramsden, Medicines Optimisation Pharmacist Lead, North of England Commissioning Support
- Donna Bradbury, Transformation and Delivery Manager, North of England Commissioning Support
- Ryan Heslop, Principal Information Analyst, North of England Commissioning Support
- Joanne Broadbent, Public Health Consultant, London Borough of Barking and Dagenham
- Katherine Gilcreest, Head of Support Housing, Environment and Communities, London Borough of Barking and Dagenham
- Faye Laker, Communications Team, London Borough of Barking and Dagenham
- Manisha Modhvadia, Healthwatch Manager, Healthwatch Barking and Dagenham
- Anthony Wakhisi, Public Health Principal, London Borough of Havering
- Ron Adams, Planning Department, London Borough of Havering
- Yvonne Lamothe, Communications Team, London Borough of Havering
- Vivien Saxby, Healthwatch Manager, Healthwatch Havering
- Yasmine Korimbux, Medicines Optimisation, NEL ICB
- Natasha Hobbs, Senior Analyst, NEL ICB
- Ian Diley, Public Health Consultant, London Borough of Redbridge
- Suzanne Lansley, Planning Department, London Borough of Redbridge
- Jocelyn Astle, Communications Team, London Borough of Redbridge
- Miranda Pears, Volunteer Coordinator, Healthwatch Redbridge
- Emma Smith, Committee Administrator, London-wide Local Medical Committees

CPNEL officers were also consulted on the draft PNA.

Appendix 2 - Community Engagement Questionnaire Results

There were 5 responses to the public questionnaire

Do you use pharmacies?

| Option | Count | Percentage |
|--------|-------|------------|
| Yes | 5 | 100% |
| No | 0 | 0% |

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

| Option | Count | Percentage |
|--|-------|------------|
| Yes | 5 | 100% |
| No | 0 | 0% |
| Prefer internet / Online pharmacy | 0 | 0% |
| I use combination (online/traditional) | 0 | 0% |
| Other (please specify) | 0 | 0% |

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

| Option | Count | Percentage |
|--------------------------|-------|------------|
| Convenient opening hours | 1 | 20% |
| Convenient location | 4 | 80% |
| Helpful staff | 2 | 40% |
| Services offered | 1 | 20% |
| Other (please specify) | 0 | 0% |

To what extent do you agree or disagree that your local community pharmacy meets your needs?

| Option | Count | Percentage |
|----------------------------|-------|------------|
| Strongly agree | 3 | 60% |
| Tend to agree | 2 | 40% |
| Neither agree nor disagree | 0 | 0% |
| Tend to disagree | 0 | 0% |
| Strongly disagree | 0 | 0% |
| Don't know | 0 | 0% |

Which services do you use at a pharmacy?

| Option | Count | Percentage |
|---|-------|------------|
| Collect prescribed medicines and/or products | 3 | 60% |
| Buy over the counter medicines | 4 | 80% |
| Advice from your pharmacist e.g. including minor ailments and new medicines | 2 | 40% |
| Dispose of unwanted medicine | 1 | 20% |
| Disposal of used medical equipment e.g. needles / syringes | 0 | 0% |
| Collect Covid-testing kits | 0 | 0% |
| Access vaccinations e.g. Covid-19 or flu | 2 | 40% |
| None | 0 | 0% |
| Other (please specify) | 1 | 20% |

Other service specified was delivery.

Before today were you aware of any of the following additional services that pharmacies provide?

| Service | Count of respondents aware | Percentage |
|-----------------------------------|----------------------------|------------|
| Anticoagulant monitoring | 0 | 0% |
| Antiviral distribution | 0 | 0% |
| Home delivery | 3 | 75% |
| Needle exchange service | 1 | 25% |
| NHS blood pressure check | 3 | 75% |
| End of life medicines | 0 | 0% |
| Pharmacy first | 2 | 50% |
| Phlebotomy service | 1 | 25% |
| Sexual health | 1 | 25% |
| Self-care medicines | 1 | 25% |
| Stop smoking service | 1 | 25% |
| Supervised administration service | 0 | 0% |
| Vaccinations | 3 | 75% |

How often do you use your pharmacy?

| Option | Count | Percentage |
|------------------------------|-------|------------|
| At least once per week | 0 | 0% |
| At least once per month | 2 | 40% |
| At least once every 3 months | 1 | 20% |
| At least once every 6 months | 1 | 20% |
| At least once a year | 0 | 0% |
| Less than once a year | 1 | 20% |
| Other | 0 | 0% |

How important are the following factors when choosing a pharmacy?

| Option | Extremely Important | Very Important | Moderately Important | Fairly Important | Not important |
|----------------------------|---------------------|----------------|----------------------|------------------|---------------|
| Quality of service | 2 (40%) | 3 (60%) | 0 (0%) | 0 (0%) | 0 (0%) |
| Convenience | 4 (80%) | 1 (20%) | 0 (0%) | 0 (0%) | 0 (0%) |
| Accessibility | 3 (60%) | 1 (20%) | 0 (0%) | 1 (20%) | 0 (0%) |
| Availability of Medication | 4 (80%) | 0 (0%) | 1 (20%) | 1 (25%) | 0 (0%) |

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

| Option | Count | Percentage |
|---|-------|------------|
| I have used internet/online pharmacy | 0 | 0% |
| Someone has done it on my behalf | 0 | 0% |
| I have had no requirement to use pharmacy services during this period | 1 | 33% |
| Other | 0 | 0% |
| Not applicable - I have visited a pharmacy in the last year | 2 | 67% |

How would you rate your pharmacy?

| Option | Count | Percentage |
|-----------|-------|------------|
| Excellent | 1 | 20% |
| Very good | 2 | 40% |
| Good | 2 | 40% |
| Fair | 0 | 0% |
| Poor | 0 | 0% |

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

| Option | Count | Percentage |
|---|-------|------------|
| Car or taxi | 0 | 0% |
| On foot | 4 | 80% |
| Bus | 0 | 0% |
| Train | 0 | 0% |
| Tube | 0 | 0% |
| N/A as medicines are delivered or collected by someone else | 1 | 20% |
| Other | 0 | 0% |

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

| Option | Count | Percentage |
|----------------------|-------|------------|
| 0-5 minutes | 2 | 40% |
| 6-10 minutes | 2 | 40% |
| 11-15 minutes | 0 | 0% |
| 16-20 minutes | 1 | 20% |
| More than 20 minutes | 0 | 0% |

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

| Option | Very easy | Easy | Neither easy or difficult | Difficult | Very Difficult | Don't know/NA |
|------------------|-----------|---------|---------------------------|-----------|----------------|---------------|
| By car or taxi | 2 (50%) | 0 (0%) | 2 (50%) | 0 (0%) | 0 (0%) | 0 (0%) |
| On foot | 3 (75%) | 1 (25%) | 0 (0%) | 0 (0%) | 0 (0%) | 0 (0%) |
| Public transport | 3 (100%) | 0 (0%) | 0 (0%) | 0 (0%) | 0 (0%) | 0 (0%) |

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

| Option | Yes | No | Don't know |
|-------------------------------|---------|----------|------------|
| Wheelchair / pushchair access | 4 (80%) | 0 (0%) | 1 (20%) |
| Parking | 0 (0%) | 4 (100%) | 0 (0%) |
| Help for sensory impairments | 0 (0%) | 3 (60%) | 2 (40%) |
| Automatic doors | 2 (40%) | 3 (60%) | 0 (0%) |

Do you have any difficulties in accessing a pharmacy?

| Option | Count | Percentage |
|--------|-------|------------|
| Yes | 0 | 0% |
| No | 5 | 100% |

Does your usual pharmacy have language/interpretation facilities?

| Option | Count | Percentage |
|------------|-------|------------|
| Yes | 0 | 0% |
| No | 0 | 0% |
| Don't know | 5 | 100% |

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

| Option | Count | Percentage |
|--------|-------|------------|
| Yes | 1 | 20% |
| No | 4 | 80% |

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

- Used other chemist for years. Very reliable

Does your local pharmacy have convenient opening hours for you?

| Option | Count | Percentage |
|-----------------------|-------|------------|
| Yes | 5 | 100% |
| No | 0 | 0% |
| Don't know / Not sure | 0 | 0% |

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

| Option | Count | Percentage |
|------------------------------------|-------|------------|
| Weekdays (8am – 4.59pm) | 1 | 20% |
| Weekday evenings (5pm to 7.59pm) | 2 | 40% |
| Weekdays overnight (8pm to 7.59am) | 1 | 20% |
| Saturdays (8am – 4.59pm) | 2 | 40% |
| Saturdays (5pm to 7.59pm) | 3 | 60% |
| Saturdays (8pm to 7.59am) | 1 | 20% |
| Sundays (8am – 4.59pm) | 1 | 20% |
| Sundays (5pm to 7.59pm) | 2 | 40% |
| Sundays (8pm to 7.59am) | 1 | 20% |

Appendix 3 - Pharmacy Addresses and Opening Times

| ODS Code | Pharmacy Name | Address 1 | Address 2 | Postcode | Weekday Opening | Weekday Closing | Saturday Opening | Saturday Closing | Sunday Opening | Sunday Closing |
|----------|----------------------|---------------------------------------|--------------------|----------|----------------------------|----------------------------|------------------|------------------|----------------|----------------|
| FYG11 | Alvin Rose Chemist | 606 Longbridge Road | Dagenham | RM8 2AJ | 09:00 | 19:00 | 09:00 | 17:00 | CLOSED | CLOSED |
| FH672 | Andrew Bass Pharmacy | 1148 Green Lane | Dagenham | RM8 1BP | 09:00 | 18:00 | 09:00 | 13:00 | CLOSED | CLOSED |
| FGR47 | Asda Pharmacy | Merriellands Crescent | Dagenham | RM9 6SJ | 09:00 | 20:00 | 09:00 | 20:00 | 11:00 | 17:00 |
| FE360 | Boots | 17 The Mall | Heathway | RM10 8RD | 09:00 | 17:30 | 09:00 | 17:30 | CLOSED | CLOSED |
| FV010 | Boots | 68 East Street | Barking | IG11 8EQ | 09:00 | 17:30 | 09:00 | 18:00 | CLOSED | CLOSED |
| FKA24 | Britannia Pharmacy | 167-169 High Road | Chadwell Heath | RM6 6NL | 09:00 | 18:00 (17:30 on Thursdays) | 09:00 | 13:00 | CLOSED | CLOSED |
| FL779 | Britannia Pharmacy | Barking Community Hospital | Upney Lane | IG11 9LX | 09:00 | 18:00 | 09:00 | 18:00 | CLOSED | CLOSED |
| FPR28 | Britannia Pharmacy | Unit 2 Leslie Hitchcock House, | 21 Minter Road, | IG11 0FJ | 09:00 | 18:00 | 09:00 | 12:00 | CLOSED | CLOSED |
| FPW40 | Britannia Pharmacy | 453 Porters Avenue | Dagenham | RM9 4ND | 09:00 | 18:00 | 09:00 | 13:00 | CLOSED | CLOSED |
| FQN03 | Britannia Pharmacy | 420 Wood Lane, | Dagenham | RM10 7FP | 09:00 | 18:30 | 09:00 | 13:00 | CLOSED | CLOSED |
| FTY66 | Britannia Pharmacy | 13-15 Upney Lane | Barking | IG11 8UN | 09:00 | 19:00 | 09:00 | 18:00 | CLOSED | CLOSED |
| FX308 | Britannia Pharmacy | Thames View Health Centre | Bastable Avenue | IG11 0LG | 08:30 | 19:00 | 09:00 | 14:00 | CLOSED | CLOSED |
| FRA95 | Brooks Pharmacy | 281 Wood Lane | Dagenham | RM8 3NL | 09:00 | 17:30 | 09:00 | 14:00 | CLOSED | CLOSED |
| FH855 | David Lewis Chemist | 16 Porters Avenue | Dagenham | RM8 2AQ | 09:00 | 20:00 | 09:00 | 17:00 | CLOSED | CLOSED |
| FAP61 | Day Lewis Pharmacy | 2 Royal Parade | Church Street | RM10 9XB | 09:00 (closed 13:00-14:00) | 18:00 | CLOSED | CLOSED | CLOSED | CLOSED |
| FRA86 | Day Lewis Pharmacy | 7 Beadles Parade | Rainham Road South | RM10 8YL | 09:00 (closed 13:00-14:00) | 18:00 | CLOSED | CLOSED | CLOSED | CLOSED |
| FMP00 | Daynight Pharmacy | 17 Station Parade | | IG11 8ED | 10:00 | 21:00 | 10:00 | 21:00 | 11:00 | 17:00 |
| FCE87 | Fittleworth Medical | Unit 7 Midas Business Ctr, Wantz Road | Dagenham | RM10 8PS | 10:00 | 16:00 | CLOSED | CLOSED | CLOSED | CLOSED |

| ODS Code | Pharmacy Name | Address 1 | Address 2 | Postcode | Weekday Opening | Weekday Closing | Saturday Opening | Saturday Closing | Sunday Opening | Sunday Closing |
|----------|-------------------------|-------------------------------|----------------|----------|----------------------------|----------------------------|------------------|------------------|----------------|----------------|
| FGH11 | Hannigan Pharmacy | 240 Bennetts Castle Lane | Dagenham | RM8 3UU | 09:00 | 18:00 | 09:00 | 13:00 | CLOSED | CLOSED |
| FXH05 | Heathway Pharmacy | 149 Broad Street | Dagenham | RM10 9JA | 09:00 | 19:00 | 10:00 | 15:00 | CLOSED | CLOSED |
| FA366 | Hedgemans Pharmacy | 438 Hedgemans Road | Dagenham | RM9 6BU | 09:00 | 18:00 | 09:00 | 14:00 | CLOSED | CLOSED |
| FE678 | Kry-Ba Pharmacy | 21 Goresbrook Road | Dagenham | RM9 6XA | 09:00 | 18:30 | 09:00 | 14:00 | CLOSED | CLOSED |
| FYX52 | Lords Pharmacy | 35 Station Parade | Barking | IG11 8EB | 09:00 | 19:30 | 09:00 | 17:00 | CLOSED | CLOSED |
| FQV74 | Maplestead Pharmacy | 454 Lodge Avenue | Dagenham | RM9 4QS | 09:00 | 18:30 | 09:00 | 13:00 | CLOSED | CLOSED |
| FAR43 | Mastaa-Care Pharmacy | 26 Whalebone Lane South | | RM8 1BJ | 09:00 | 19:00 | 09:00 | 14:00 | CLOSED | CLOSED |
| FTH55 | Mayors Chemist | 214 Ripple Road | Barking | IG11 7PR | 09:00 | 18:30 (16:00 on Thursdays) | CLOSED | CLOSED | CLOSED | CLOSED |
| FVG95 | Newlands Pharmacy | 359 Ripple Road | Barking | IG11 9PN | 09:00 | 19:00 | CLOSED | CLOSED | CLOSED | CLOSED |
| FTK70 | Nuchem Pharmacy | 778 Green Lane | Dagenham | RM8 1YT | 09:00 | 18:30 | 09:00 | 18:00 | CLOSED | CLOSED |
| FY843 | Oxlow Chemist | 217 Oxlow Lane | Dagenham | RM10 7YA | 09:00 | 19:00 | 09:00 | 14:00 | CLOSED | CLOSED |
| FAV09 | Sandbern Pharmacy | 703-705 Green Lane | Dagenham | RM8 1UU | 09:00 | 18:30 | 09:00 | 14:00 | CLOSED | CLOSED |
| FJT17 | Super.Care Pharmacy+ | 198 - 200 Chadwell Heath Road | Chadwell Heath | RM6 6LU | 09:00 (closed 14:00-14:30) | 21:00 | 09:00 | 21:00 | 11:00 | 16:00 |
| FPE92 | Superdrug Pharmacy | 12-13 Station Parade | Barking | IG11 8DN | 09:00 (closed 14:00-14:30) | 17:30 | 09:00 | 17:30 | CLOSED | CLOSED |
| FNA96 | Talati Chemists | 282 Heathway | Dagenham | RM10 8QS | 09:00 | 18:30 | 09:00 | 14:00 | CLOSED | CLOSED |
| FA207 | Tesco In-Store Pharmacy | Highbridge Road | Barking | IG11 7BS | 09:00 | 21:00 | 09:00 | 21:00 | 10:00 | 16:00 |
| FNW81 | Thomas Chemist | 19 Ripple Road | Barking | IG11 7NN | 09:00 | 18:30 | 09:00 | 17:30 | CLOSED | CLOSED |
| FJ182 | Valence Pharmacy | 453 Becontree Avenue | Dagenham | RM8 3UL | 09:00 | 18:30 | 09:00 | 14:00 | CLOSED | CLOSED |
| FQF47 | Waller Pharmacy | 279 Heathway | Dagenham | RM9 5AQ | 09:00 | 18:30 | 09:00 | 17:30 | CLOSED | CLOSED |
| FML56 | Well Pharmacy | 101/107 Rose Lane | Chadwell Heath | RM6 5NR | 09:00 | 18:30 | CLOSED | CLOSED | CLOSED | CLOSED |

Appendix 4 - Consultation on the Draft Pharmaceutical Needs Assessment for Barking and Dagenham

The formal consultation on the draft PNA for London Borough of Barking & Dagenham ran from 18 June to 17 August 2025 in line with the guidance on developing PNAs and section 242 of the Health Service Act 2012, which stipulates the need to involve Health and Wellbeing Boards in scrutinising Health Services.

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

- NHS North East London Integrated Care Board
- Barking & Dagenham LPC
- Barking & Dagenham LMC
- Barking and Dagenham HWBB
- Healthwatch Barking and Dagenham
- North East London NHS Foundation Trust
- Barking, Havering and Redbridge NHS Trust
- Newham HWBB
- Redbridge HWBB
- Havering HWBB
- Together First CIC (non-statutory consultee) (GP Federation)
- London Ambulance Service

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

Findings of the consultation:

There were 46 responses to the consultation questionnaire. Not all respondents answered every question. Below is a summary of the responses given.

Are you responding as:

| Option | No. of responses | Percentage |
|--------------------------------|------------------|------------|
| A Local Pharmacy | 41 | 91% |
| Local Pharmaceutical Committee | 1 | 2% |
| A member of the public | 1 | 2% |
| Integrated Care Board | 1 | 2% |
| A local authority officer | 1 | 2% |

Organisations responding were:

- Community Pharmacy North East London
- LB Newham
- NEL ICB medicines optimisation team
- Well Pharmacy, Rose Lane, Chadwell Heath
- Britannia Pharmacy, 167-169 High Road, Chadwell Heath
- Supercare Pharmacy, Chadwell Heath
- Heathway Pharmacy, 149 Broad Street
- Day Lewis Pharmacy, Beadles Parade
- Hedgemans Pharmacy
- Talati Chemist
- Waller Pharmacy
- Thomas Pharmacy, Barking
- Boots Barking
- Daynight Pharmacy
- Maplestead Pharmacy
- Britannia Pharmacy, Barking community pharmacy
- Oxlow Pharmacy
- Day Lewis Royal Parade
- Britannia Pharmacy, 420 Wood Lane, Dagenham
- Andrew Bass Pharmacy
- Brooks Pharmacy, Wood Lane
- Alvin Rose Pharmacy
- Mastaa-Care Pharmacy Ltd, Dagenham
- Kry-Ba Pharmacy (Green Cross Ltd)
- Mayors Chemist Barking
- Hannigan Pharmacy
- Nuchem Pharmacy
- Sandbern Pharmacy
- David Lewis Pharmacy
- Lords Pharmacy Barking
- Boots UK Limited
- Superdrug Barking Pharmacy
- Boots
- Britannia Pharmacy, Upney Lane, Barking
- Britannia Pharmacy 453 Porters Avenue
- Britannia Pharmacy, Unit 2 Leslie Hitchcock House, 21 Minter Road, Barking
- Beckton Pharmacy
- Day Lewis Pharmacy
- Kingsway Pharmacy
- Kanah Ltd T/A Royal Docks Pharmacy, East Ham Manor Way, Beckton

- Blakeberry Pharmacy, 9-11 High Street South, East Ham
- Blakeberry Pharmacy, 96 High Street South, East Ham
- Britannia Pharmacy, Thames View Health Centre, Bastable Avenue

Do you live in the London Borough of Barking & Dagenham?

| Option | No. of responses | Percentage |
|--------|------------------|------------|
| Yes | 1 | 100% |
| No | 0 | 0% |

Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within London Borough of Barking & Dagenham?

| Option | No. of responses | Percentage |
|--------|------------------|------------|
| Yes | 44 | 96% |
| No | 2 | 4% |

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

| Option | No. of responses | Percentage |
|--------|------------------|------------|
| Yes | 0 | 0% |
| No | 46 | 100% |

Does the draft pharmaceutical needs assessment reflect the needs of London Borough of Barking & Dagenham's population?

| Option | No. of responses | Percentage |
|--------|------------------|------------|
| Yes | 5 | 11% |
| No | 41 | 89% |

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

| Option | No. of responses | Percentage |
|----------|------------------|------------|
| Yes | 9 | 20% |
| No | 36 | 78% |
| Not sure | 1 | 2% |

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

| Option | No. of responses | Percentage |
|--------|------------------|------------|
| Yes | 7 | 15% |
| No | 37 | 81% |
| Partly | 2 | 4% |

Respondents were given the opportunity to provide comments under each question, as well as any other comments at the end of the questionnaire. Comments received were thematically analysed as follows:

| Theme | Response |
|--|---|
| <p>Page 88</p> <p>7.2.8 Smoking cessation advanced service – it is concerning to see that B&D does not have a service that enables NHS trusts to refer patients discharged from hospital to a community pharmacy in B&D to continue their smoking cessation care pathway – could this not be linked with the 8.2.1 Barking and Dagenham stop smoking service?</p> | <p>The HWB note that whilst this NHS advanced service could be provided through community pharmacies, there were no pharmacies providing this activity at the time the PNA was drafted. It should be noted that activity levels for this service have been very low nationally.</p> <p>The HWB would encourage commissioners and providers to work together to ensure the service is available where needed.</p> <p>There are 10 community pharmacies in Barking and Dagenham registered to deliver the separate locally-commissioned stop smoking service.</p> |
| <p>The current provision of pharmacies is sufficient, and pharmacies are able to absorb any greater demand that may occur from new housing developments.</p> <p>Comments include:</p> <ul style="list-style-type: none"> There is no need for an additional pharmacy in Barking Riverside. As the main pharmacy in this area for the past 5 years we are operating with low demand. Majority of the | <p>The HWB recognise and understand the concerns from existing pharmacy contractors about potential future pharmaceutical need due to population growth.</p> <p>However if population projections in the stated wards are met within the timescale of this PNA, the HWB is satisfied that additional provision would be required.</p> |

| Theme | Response |
|--|----------|
| <p>population are young and healthy so have minimal need for a Pharmacy. A lot of our current patients we provide services for are not part of the Barking Riverside area yet we are still able to provide our services to them using a delivery service. We also provide NHS and private services efficiently without any strain on the pharmacy or staff.</p> <ul style="list-style-type: none"> • Our current pharmacy has more than enough space and resources to accommodate for new growing residents. Patients already have good access to pharmacy services nearby. It could take customers away from pharmacies that already know their patients well and provide personalized care. Disrupting long-term relationships between pharmacists and patients can affect health outcomes, especially for older or vulnerable people. Patients may feel less supported if local, trusted pharmacies are forced to reduce staff or hours. • I have been a contractor for twenty years in the borough and there is no need for additional pharmacies in the borough, pharmacies are already struggling to stay afloat financially and this will just add to the burden. • The newly developed area is currently covered with pharmacies. Furthermore, these pharmacies can tap into their available potential to meet future | |

| Theme | Response |
|--|---|
| demand and are capable of delivering future needs if they arise. | |
| Does the regulations relating to PNAs allow for rerunning (in the near future, not when 2028 PNA is due) of the stakeholder engagement - in order to better capture views of a wider cohort of residents/ patients in Barking & Dagenham. If the regs allow for this- would this be considered in view of number of responses received at the time of issuing the Draft PNA? | <p>Under the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (as amended), Health and Wellbeing Boards (HWBs) are required to publish a PNA every three years, with the next statutory refresh for Barking & Dagenham due in 2028.</p> <p>The regulations also require HWBs to keep their PNA under review and to publish a Supplementary Statement where significant changes to pharmaceutical services are identified between formal publication dates. The regulations do not require a statutory consultation as part of this process.</p> <p>If the HWB considers that there have been significant changes to pharmaceutical services, or to the health and demographic needs of the local population, it may choose to undertake an early review and publish a new PNA before the next scheduled refresh. This would involve preparing a new document and carrying out the statutory consultation as part of the process.</p> <p>Outside of the PNA development and maintenance processes, the HWB and/or ICB may choose to consider opportunities to strengthen local engagement and capture a wider range of views. This would fall outside of the processes outlined in the regulations.</p> |

Amendments made to PNA following the consultation:

- Sections 3.10, 10.2 and appendix 4 updated to reflect the results of the statutory consultation
- Section 4 NMS added where appropriate
- Section 5.1.2 further detail included about notice periods required for changes to supplementary hours.
- Sections 1.4, 1.6 and section 9 amended to include references to the NHS 10-year Health Plan
- Sections 3.5, 8, 8.1, 8.1.1 and 8.1.2 updated with correct service titles, descriptions and sign up information
- Section 5.9 IP Pathfinder narrative expanded.
- Section 7.3 RSV and Pertussis Vaccination Service added
- Section 8.1.3 NEL Anticoagulation Service added
- Section 8.1.4 Bank holiday rota wording updated
- Section 8.3.2 MDS – sentence on information sharing deleted
- Section 12 – deleted bullet point in other findings regarding supplementary hours in response to Pharmacy Commissioning Hub Feedback for NEL ICB
- Opening hours updated in Appendix 3
- Additional information added to PNA to give more detail about larger housing developments anticipated during the lifespan of the PNA (appendix 5).

Appendix 5 - Larger Development Sites With Anticipated Future Trajectory of Unit Numbers to be Delivered 2025/26 – 2029/30

Delivery of the future trajectory is subject to applications being brought forward and development commencing

| Council's Site Ref | Site Name | Indicative Minimum Capacity - Net Local Plan Period) | Future trajectory | | | | |
|--------------------|---|--|-------------------|---------|---------|---------|---------|
| | | | 2025/26 | 2026/27 | 2027/28 | 2028/29 | 2029/30 |
| SPP1 | | | | | | | |
| AJ | Gascoigne East Estate | 1,943 | | 334 | 200 | 200 | 200 |
| AK | Vicarage Field | 900 | | | | 150 | 150 |
| AL | Gascoigne Estate West | 850 | | | 137 | | |
| AM | Crown House and Linton Road Car Park | 396 | 150 | 50 | | | |
| AV | Abbey Sports Centre | 170 | 170 | | | | |
| BB | Tesco Car Park | 1,500 | 150 | 150 | 150 | 64 | |
| CD | Former Site of White Horse Public House and Omnibus Park, North Street | 196 | 150 | 46 | | | |
| DG | Bamford Road | 98 | | | | 98 | |
| DJ | Clockhouse Avenue | 250 | 59 | | | | |
| DP | Former Abbey Retail Park | 1,089 | 344 | 150 | 150 | 150 | 63 |
| EA | Barking Station | 1,193 | 198 | | | | |
| HA | Wickes, Hertford Road | 899 | | | | 150 | 150 |
| HQ | Town Quay Wharf | 147 | 147 | | | | |
| SPP2 | | | | | | | |
| AA | Barking Riverside | 11,162 | 809 | 809 | 809 | 809 | 809 |
| CI | Thames Road | 2,000 | 156 | 626 | 233 | 150 | 150 |
| CS | Sugden Way | 13 | | | | | |
| SPP3 | | | | | | | |
| AE | Beam Park (South Dagenham East) (Cross boundary 8 phased development with LB Havering) 17/01307/OUT | 3,119 | 598 | 310 | 310 | 310 | 310 |
| WA | Former Dagenham Job Centre Chequers Lane | 90 | | | | | |
| XJ | Former Ford Stamping Plant | 3,000 | 250 | 250 | 250 | 250 | 250 |
| ZZ | GSR and Gill Sites Land on the West Side of Chequers Lane, Dagenham | 707 | 236 | 236 | 235 | | |
| SPP4 | | | | | | | |
| AS | Padnall Court and Reynolds Court | 125 | | | | 125 | |
| CH | Chadwell Heath Industrial Estate | 3,685 | | | | 405 | 410 |
| CO | Padnall Lake | 289 | 200 | 19 | | | |
| HS | Former White Horse Pub, Chadwell Heath | 104 | 104 | | | | |
| WC | Selinas Lane | 150 | | | | 150 | |
| WF | Sainsburys 97-131 High Road | 365 | | | | 150 | 150 |

Appendix 6 - Abbreviations

| Abbreviation | |
|--------------|---|
| AUR | Appliance Use Review |
| BSL | British Sign Language |
| C-card | Condom Card |
| CCG | Clinical Commissioning Group |
| CHD | Coronary Heart Disease |
| CKD | Chronic Kidney Disease |
| COPD | Chronic obstructive pulmonary disease |
| COVID | Coronavirus -19 |
| CPCF | NHS Community Pharmacy Contractual Framework |
| CPCS | Community Pharmacy Consultation Service |
| CPE | Community Pharmacy England |
| CPSAS | Community Pharmacy Self-care Advice Service |
| CVD | Cardiovascular disease |
| DAC | Dispensing appliance contractors |
| DBS | Disclosure and Barring Service |
| DES | Directed Enhanced Services |
| DHSC | Department of Health and Social Care |
| EHC | Emergency hormonal contraception |
| ePACT | Electronic Prescriptions and Claims Transmission system |
| EPS | Electronic Prescription Service |
| GP | General Practitioners |
| HCFS | Hypertension Case-Finding Service |
| HIV | Human Immunodeficiency Virus |
| HLP | Healthy Living Pharmacy |
| HWB | Health and Wellbeing Board |
| ICB | Integrated Care Board |
| ICP | Integrated Care Partnership |
| ICS | Integrated Care System |
| IMD | Index of Multiple Deprivation |
| JSNA | Joint Strategic Needs Assessment |
| LBBD | London Borough of Barking and Dagenham |
| LES | Local Enhanced Services |
| LFD | Lateral Flow Device |
| LPS | Local Pharmaceutical Service |
| LSOA | Lower Super Output Area |
| MDS | Monitored Dose Systems |
| NCRS | National Care Records Service |
| NEL | North East London |
| NECS | North of England Commissioning Support |

| Abbreviation | |
|--------------|---|
| NES | National Enhanced Services |
| NHS | National Health Service |
| NHSBSA | NHS Business Services Authority |
| NHSE | NHS England |
| NICE | National Institute for Health and care Excellence |
| NMS | New Medicines Service |
| NRT | Nicotine Replacement Therapy |
| OC | Oral Contraception |
| ONS | Office for National Statistics |
| PCN | Primary Care Network |
| PCS | Pharmacy Contraception Service |
| PCSE | Primary Care Support England |
| PCTs | Primary Care Trust |
| PGD | Patient Group Direction |
| PhAS | Pharmacy Access Scheme |
| PhIF | Pharmacy Integration Fund |
| PNA | Pharmacy Needs Assessment |
| PQS | Pharmacy Quality Scheme |
| PSNC | Pharmaceutical Services Negotiating Committee |
| PVD | Peripheral vascular disease |
| QOF | Quality Outcome Framework |
| SAC | Stoma Appliance Customisation Service |
| SCR | Summary Care Record |
| SMR | Structured Medication Review |
| STI | Sexually Transmitted Infection |
| UTC | Urgent Treatment Centre |
| UTI | Urinary Tract Infection |

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