



LONDON BOROUGH OF
BEXLEY



DRAFT Pharmaceutical Needs Assessment 2025

Bexley Health and Wellbeing Board

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Abbreviations

AS – Advanced Service
ASP – Age Standardised Percentage
AUR – Appliance Use Review
BMI – Body Mass Index
BSA – Business Services Authority
CCG – Clinical Commissioning Group
COPD – Chronic Obstructive Pulmonary Disease
CP – Community Pharmacy
CPCF – Community Pharmacy Contractual Framework
CPCS – Community Pharmacist Consultation Service
CVD – Cardiovascular Disease
DAC – Dispensing Appliance Contractor
DHSC – Department of Health and Social Care
DMS – Discharge Medicines Service
DSP – Distance Selling Pharmacy
ES – Essential Service
HIV - Human Immunodeficiency Virus
HLP – Healthy Living Pharmacy
HWB – Health and Wellbeing Board
ICB – Integrated Care Board
ICBS – ICB-commissioned Service
ICS – Integrated Care System
IMD – Index of Multiple Deprivation
JLHWS – Joint Local Health and Wellbeing Strategy
JSNA – Joint Strategic Needs Assessment
LA – Local Authority
LAS – Local Authority-commissioned Service
LBB – London Borough of Bexley
LCS – Locally Commissioned Services
LFD – Lateral Flow Device

LGA – Local Government Association
LPC – Local Pharmaceutical Committee
LPS – Local Pharmaceutical Service
LTC – Long Term Condition
LTP – Long Term Plan
MECC – Make Every Contact Count
NES – National Enhanced Service
NHS – National Health Service
NHSE – NHS England
NMS – New Medicine Service
OHID – Office for Health Improvement and Disparities
ONS – Office of National Statistics
PCN – Primary Care Network
PCS – Pharmacy Contraception Service
PCT – Primary Care Trust
PGD – Patient Group Direction
PhAS – Pharmacy Access Scheme
PNA – Pharmaceutical Needs Assessment
PQS – Pharmacy Quality Scheme
QOF – Quality and Outcomes Framework
SAC – Stoma Appliance Customisation
SCS – Smoking Cessation Service
SEL – South East London
STI – Sexually Transmitted Infection

Executive summary

Introduction

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

Aim, objectives and methodology

The aim of the Bexley Pharmaceutical Needs Assessment (PNA) is to enable local pharmacy service providers and commissioners to:

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

Soar Beyond were commissioned by Bexley Council to complete the PNA, overseen by a steering group to ensure process was followed and the PNA intended for publication was fit for purpose as per the NHS Regulations.

The process consisted of:

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

NHS pharmaceutical services in England

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

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

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

NHS pharmaceutical services refers to services commissioned through NHSE. Integrated Care Boards (ICBs) took on the delegated responsibility for the commissioning of pharmacy services from NHS England from 1 April 2023.

The three main categories, as identified in the Community Pharmacy Contractual Framework (CPCF)¹ are as follows:

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

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

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

However, in the absence of a particular service being commissioned by NHS England, it is in some cases addressed by **Locally Commissioned Services**, funded by the local authorities or ICBs. These are services community pharmacy contractors could choose to provide and are therefore included in the PNA.

Bexley the place

Bexley is a London borough, located in Southeast London on the south bank of the Thames, between Greenwich and Kent. Its bordered by Bromley to the south, Greenwich to the west, and Dartford in Kent to the east. There are 17 wards across the borough. The borough falls within Southeast London Integrated Care Board (ICB) and Bexley local authority. There are three localities in Bexley: North Bexley, Clocktower and Frogna. In addition, there are four Primary Care Networks located in Bexley. The population is diverse and classified as urban with major conurbation under the Rural Urban Classification 2011.

¹ The CPCF was last agreed in 2019.

- The Population

Bexley has a population of 246,466, of which 71.9% is white British and 28.1% are other ethnicities. There is variation in ethnicity across the three localities. The borough has a mixture of affluence and deprivation, with the north, southeast and south of the borough relatively more deprived. The south, centre and southeast of the borough has a relatively higher population density.

- Health inequalities

Index of Multiple Deprivation (IMD) data (2019) shows that Bexley is ranked 190 out of 317 local authorities across the whole of England, where 1 is the most deprived and 317 is the least deprived². There is a distinct difference in levels of deprivation across the three localities in Bexley, with North Bexley being the most deprived and Clocktower being least deprived.

- Health of Bexley

The health of the people of Bexley is close to England averages. Life expectancy at birth for Bexley residents was the same for both males and females at 63.9 (2020-2022), which is similar to England's life expectancy for males than females. Primary Care Network (PCN) Quality and Outcomes Framework (QOF) data showed a variance in health trends across the three localities, which present opportunities to maximise the role of community pharmacists.

Community Pharmacy access

Since the last Bexley PNA, the number of community pharmacies has gone from 46 in 2018 and 2022 to 44 in 2024. In Bexley there are 17.9 community pharmacies per 100,000 of population which is higher than the England average of 17.4 community pharmacies per 100,000. To note the England average has decreased from 20.6 community pharmacies per 100,000.

At the time of writing the PNA, it was noted that community pharmacies on the border with Greenwich, Bromley and Kent provide access to community pharmacy services.

Community pharmacies are well distributed across the three localities, with the majority of the residents (98%) being able to travel to a pharmacy within 20 minutes by car, public transport or walking. The public transport network in Bexley is well serviced by buses and trains. Bexley residents also have access to the community pharmacies within Greenwich, Bromley and Kent neighbouring areas.

² Ministry of Housing, Communities & Local Government (2018 to 2021). English indices of Deprivation 2019. September 2019. [Accessed January 2025] <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

- Community Pharmacy market

The PNA steering group has noted the current pressures facing community pharmacy due to financial issues and medicine shortages. This is a national issue. There have been numerous closures nationally and locally in Bexley. However, despite this Bexley still has more community pharmacies per 100,000 population than the England average. The viability of community pharmacies has been impacted by external pressures, and the addition of a new pharmacy application following the closure of a community pharmacy could further affect the sustainability of existing pharmacies in the area.

Feedback on pharmaceutical services

A questionnaire to understand the views of the public regarding pharmaceutical service provision in Bexley was conducted from July to September 2024. There was a total of 401 responses.

- Between 62-90% of patients visited a pharmacy for themselves or buy over the counter medicines. Patients also visited a pharmacy to get advice from a pharmacist or access NHS clinical services, which was 39-48% of respondents a month. The majority of respondents visited a pharmacy several times to once a month.
- 40% of respondents, visited a pharmacy at variable times. The most popular time to visit a pharmacy was 9am-1pm which was 37%.
- The main reason for visiting a pharmacy for most (90%) was to collect prescriptions for themselves. There was some awareness of the newer advanced services.
- At least 94% of respondents had a preferred pharmacy, with 1% of respondents using an online pharmacy.
- When choosing a pharmacy, the availability of a medicine (65%) was extremely important but so too was the quality of service (60%).
- Most travelled to the pharmacy by walking (61%) and a further third by car (34%).

Adequacy of pharmaceutical services in Bexley

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

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

Conclusions

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

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

There are 44 community pharmacies (including a DSPs) in Bexley, and all pharmacies provide all Essential Services as per the current CPCF. No gaps have been identified, although recommendations to enhance provision have been highlighted in this report.

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

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

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

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

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

Section 1: Introduction

1.1 Background

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

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

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

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

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

Table 1: Timeline for PNAs

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

¹ Legislation. The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. [Accessed November 2024] www.legislation.gov.uk/ukxi/2013/349/contents/made

This document should be revised within three years of its previous publication. The last PNA for Bexley HWB was published in September 2022. This PNA for Bexley HWB fulfils this regulatory requirement.

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

- There was an update to the Pharmaceutical Regulations 2013 in May 2023 which in the main was in response to the number of requests for temporary closures. Key changes were made for:
 - Notification procedures for changes in core opening hours
 - Notification procedures for 100-hour pharmacies to be able to reduce their hours to no less than 72 hours per week
 - Local arrangements with ICBs for the temporary reduction in hours
 - All pharmacies requiring a business continuity plan that allows them to deal with temporary closures
- **Clinical Commissioning Groups (CCGs)** are now replaced by **Integrated Care Boards (ICBs)** as part of Integrated Care Systems (ICSs). In an ICS, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards and improving the health of the population they serve.
- **Integrated Care Boards** took on the delegated responsibility for the commissioning of pharmacy services from NHS England from 1 April 2023.
- **Independent Prescribing 'Pathfinder' Programme**² – NHS England has developed a programme of pilot sites, referred to as 'pathfinder' sites, across integrated care systems enabling a community pharmacist prescriber to support primary care clinical services. This presents a unique opportunity for community pharmacy to redesign current pathways and play an increasing role in delivering clinical services in primary care. The scope for pathfinder sites will be determined by ICBs, who will be urged to fully utilise the skills and capabilities of community pharmacists to build on clinical services already commissioned as advanced pharmaceutical services or add into locally commissioned services. ICBs will work with community pharmacy teams to identify the pharmacies and local pharmacists that will deliver the service by becoming a pathfinder site, as well as other NHS bodies, local authorities, and community organisations involved in delivering joined up care.

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

- The Community Pharmacy sector has reported workforce challenges and pressures reported by the National Pharmacy Association³ and Healthwatch⁴ both highlighted the current rate of **store closures** for 2024 was higher than previous years mainly due to a combination of funding and workforce challenges. The Pharmacy pressures⁵ report by Community Pharmacy England based on a survey conducted in 2024 highlights the pressures in community pharmacy and morale. Key headlines based on the views of the owners of 6,100 premises:
 - Three quarters of pharmacy team members report staff shortages
 - 1 in 10 resulting in temporary closures
 - Almost 92% of pharmacy staff report they are not coping well because of the workload
 - Three-quarters of pharmacy owners reported recruitment difficulties to hire permanent staff.
- **Pharmacy First Service**⁶ – The Pharmacy First service commenced on 31 January 2024 and replaces the Community Pharmacist Consultation Service (CPCS). The new Advanced service involves pharmacists providing advice and prescription-only treatment under a Patient Group Direction (PGD) or in one pathway, an over-the-counter medicine (supplied under a clinical protocol), all at NHS expense, for seven common conditions. Consultations for these seven clinical pathways can be provided to patients presenting to the pharmacy as well as those referred by NHS 111, general practices and others.

The service will also incorporate the elements of the CPCS, i.e. minor illness consultations with a pharmacist and the supply of urgent medicines (and appliances), both following a referral from NHS 111, general practices and other authorised healthcare providers (i.e. patients are not able to present to the pharmacy without a referral).
- **Hypertension Case-Finding Service**⁷ requirements were updated from 1 December 2023 and means the service can be provided by suitably trained and competent pharmacy staff; previously, only pharmacists and pharmacy technicians could provide the service.

³ [InPharmacy. NPA warns that pharmacy closures are at record high levels. May 2024. \[Accessed November 2024\]](https://www.inpharmacy.co.uk/2024/05/14/npa-warns-pharmacy-closures-are-record-high-levels) <https://www.inpharmacy.co.uk/2024/05/14/npa-warns-pharmacy-closures-are-record-high-levels>

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

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

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

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

- **Hepatitis C testing service** was decommissioned from 1 April 2023. The service was focused on provision of Point-of-Care Testing (PoCT) for Hepatitis C (Hep C) antibodies to People Who Inject Drugs (PWID), i.e. individuals who inject illicit drugs such as steroids or heroin, but who haven't yet moved to the point of accepting treatment for their substance use. Where people tested positive for Hep C antibodies, they were referred for a confirmatory test and treatment, where appropriate.
- **COVID-19 and the Lateral Flow Device (LFD) service**⁸ - The NHS offers COVID-19 treatment to people with COVID-19 who are at risk of becoming seriously ill. Prior to the introduction of this service, rapid LFD tests were available to order by these patients on gov.uk or by calling NHS 119. These kits were then delivered directly to the patient's home. From 6 November 2023, LFD tests will no longer be available via gov.uk or via NHS 119. The objective of this service is to offer eligible at risk patients access to LFD tests to enable testing at home for COVID-19, following symptoms of infection. A positive LFD test result will be used to inform a clinical assessment to determine whether the patient is suitable for and will benefit from NICE recommended COVID-19 treatments.
- **Pharmacy Quality Scheme (PQS):** The PQS is a voluntary scheme that forms part of the CPCF.⁹ It supports the delivery of the NHS Long Term Plan (LTP) and rewards community pharmacy contractors that deliver quality criteria in three quality dimensions: clinical effectiveness, patient safety and patient experience. The PQS has been developed to incentivise quality improvement in specific areas yearly. Due to the 2024 elections, negotiations were paused and at the time of writing no details had been released. There is currently no PQS for the financial year 2024/25.

1.3 Purpose of the PNA

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

⁸ Community Pharmacy England. LFD service. August 2024. [Accessed November 2024]. <https://cpe.org.uk/national-pharmacy-services/advanced-services/lfd-service/>

⁹ NHSE. Pharmacy Quality Scheme: Guidance 2023/24. September 2024. [Accessed November 2024] <https://www.england.nhs.uk/publication/pharmacy-quality-scheme-guidance/> s

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

The PNA should be read alongside other Joint Strategic Needs Assessment (JSNA) products. Following national guidance, Bexley decided to adopt a more responsive and ongoing approach to the JSNA, via the Bexley Data Observatory¹⁰. Information is automatically updated from available local and national data sources, and is presented visually, with the use of health maps, infographics and charts.

The Bexley Joint Local Health and Wellbeing Strategy (JLHWS) 2023-2028¹¹ is informed by the above JSNA products.

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

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

1.4 Scope of the PNA

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

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

¹⁰ London Borough of Bexley (LBB). Bexley Data Observatory. [Accessed November 2024] <https://bexleyjsna.info/>

¹¹ LBB. Bexley Joint Local Health and Wellbeing Strategy 2023 to 2028. [Accessed November 2024] <https://www.bexley.gov.uk/about-the-council/strategies-plans-and-policies/bexley-joint-local-health-and-wellbeing-strategy-2023-2028/introduction-joint-local-health-and-wellbeing-strategy>

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

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

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

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

Bexley HWB through the PNA Steering Group have decided that all Essential Services are Necessary Services in Bexley.

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

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

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

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

1.4.1 Pharmacy contractors

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

1.4.1.1 Community pharmacies

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

NHSE is responsible for administering opening hours for pharmacies, which is handled locally by ICBs through the delegated responsibility. A pharmacy normally has 40 core contractual hours or 72+ for those that opened under the former exemption from the control of entry test. These hours cannot be amended without the consent of the ICB. All applications are required to be considered and outcomes determined within 60 days and if approved may be implemented 30 days after approval¹².

There are 10,458 community pharmacies in England in September 2024 at the time of writing (this includes DSPs)¹³. This number has decreased from 11,071 in September 2022 since the previous PNA was published in 2022.

1.4.1.2 Distance-Selling Pharmacies (DSPs)

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

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

Figures for 2023-24 show that in England there were 409 DSPs¹⁴, accounting for 3.4% of the total number of pharmacies. This has increased slightly from 2020-21, when there were 372 DSPs, accounting for 3.2% of all pharmacy contractors.

1.4.1.3 Local Pharmaceutical Service (LPS) providers

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

¹² Community Pharmacy England. Changing Core Opening Hours. June 2024. [Accessed November 2024] <https://cpe.org.uk/changing-core-opening-hours/>

¹³ National Health Service Business Services Authority (NHSBSA). Pharmacy Openings and Closures. November 2024. [Accessed November 2024] <https://opendata.nhsbsa.net/dataset/pharmacy-openings-and-closures>

¹⁴ NHSBA. General Pharmaceutical Services in England 2015-16 – 2023-24. October 2024. [Accessed November 2024] <https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-2015-16-2023-24>

This contract is locally commissioned by NHSE and provision for such contracts is made in the Pharmaceutical Regulations 2013 in Part 13 and Schedule 7. Such contracts are agreed outside the national framework although may be over and above what is required from national contract. Payment for service delivery is locally agreed and funded. There are no commissioned LPS contracts in Bexley.

1.4.1.4 Pharmaceutical services

The Community Pharmacy Contractual Framework (CPCF), last agreed in 2019¹⁵ is made up of three types of services:

- Essential Services
- Advanced Services
- Enhanced Services

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

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

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

1.4.1.4.1 Essential Services (ES)¹⁶

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

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

- **ES1: Dispensing medicines** – The supply of medicines and appliances ordered on NHS prescriptions, together with information and advice, to enable safe and effective use by patients and carers, and maintenance of appropriate records.
- **ES2: Repeat dispensing/electronic repeat dispensing** – The management and dispensing of repeatable NHS prescriptions for medicines and appliances, in partnership with the patient and the prescriber.

¹⁵ Department of Health and Social Care (DHSC). Community Pharmacy Contractual Framework: 2019 to 2024. July 2019. [Accessed November 2024.] www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024

¹⁶ Community Pharmacy England. Essential Services. April 2024. [Accessed November 2024.] <https://cpe.org.uk/national-pharmacy-services/essential-services/>

- **ES3: Disposal of unwanted medicines** – Acceptance, by community pharmacies, of unwanted medicines from households and individuals which require safe disposal.
- **ES4: Public health (promotion of healthy lifestyles)** – Each financial year (1 April to 31 March), pharmacies are required to participate in up to six health campaigns at the request of NHS England. This generally involves the display and distribution of leaflets provided by NHSE. In addition, pharmacies are required to undertake prescription-linked interventions on major areas of public health concern, such as encouraging smoking cessation.
- **ES5: Signposting** – The provision of information to people visiting the pharmacy who require further support, advice or treatment that cannot be provided by the pharmacy, on other health and social care providers or support organisations who may be able to assist them. Where appropriate, this may take the form of a referral.
- **ES6: Support for self-care** – The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families.
- **ES7: Discharge Medicines Service (DMS)** – From 15 February 2021, NHS trusts are able to refer patients who would benefit from extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHSE’s Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.
- **ES8: Healthy Living Pharmacy (HLP)** – From 1 January 2021, being a (HLP is an essential requirement for all community pharmacy contractors in England. The HLP framework is aimed at achieving consistent provision of a broad range of health promotion interventions through community pharmacies to meet local needs, improving the health and wellbeing of the local population and helping to reduce health inequalities.
- **ES9: Dispensing Appliances** – Pharmacists may regularly dispense appliances in the course of their business, or they may dispense such prescriptions infrequently, or they may have taken a decision not to dispense them at all. Whilst the Terms of Service requires a pharmacist to dispense any (non-Part XVIII A listed) medicine “with reasonable promptness”, for appliances the obligation to dispense arises only if the pharmacist supplies such products “in the normal course of business”.

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

1.4.1.4.2 Advanced Services (AS)¹⁷

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

¹⁷ Community Pharmacy England. Advanced Services. February 2024. [Accessed November 2024] <https://cpe.org.uk/national-pharmacy-services/advanced-services/>

There are nine Advanced Services within the CPCF. Advanced Services are not mandatory for providers to provide and therefore community pharmacies can choose to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions. The Advanced Services¹⁸ are listed below and the number of pharmacy participants for each service in Bexley can be seen in Section 3.2.3 and in Section 6.2 by locality.

- **AS1: Pharmacy First service** – The Pharmacy First service commenced on 31 January 2024 and replaces the Community Pharmacist Consultation Service (CPCS). The new Advanced service involves pharmacists providing advice and prescription-only treatment under a PGD or in one pathway, an over-the-counter medicine (supplied under a clinical protocol), all at NHS expense, for seven common conditions. Consultations for these seven clinical pathways can be provided to patients presenting to the pharmacy as well as those referred by NHS 111, general practices and others. The service will also incorporate the elements of the CPCS, i.e. minor illness consultations with a pharmacist and the supply of urgent medicines (and appliances), both following a referral from NHS 111, general practices and other authorised healthcare providers (i.e. patients are not able to present to the pharmacy without a referral).
- **AS2: Flu Vaccination service** – A service to sustain and maximise uptake of flu vaccine in at-risk groups by providing more opportunities for access and improve convenience for eligible patients to access flu vaccinations. This service is commissioned nationally.
- **AS3: Pharmacy Contraception Service (PCS)** – The PCS started on 24 April 2023, allowing the on-going supply of Oral Contraception (OC) from community pharmacies. From 1 December 2023, the service included both initiation and on-going supply of OC. The supplies are authorised via a PGD, with appropriate checks, such as the measurement of the patient’s blood pressure and body mass index, being undertaken, where necessary.
- **AS4: Hypertension case-finding service** – This service was introduced in October 2021. The service has two stages – the first is identifying people at risk of hypertension and offering them blood pressure measurement (a ‘clinic check’). The second stage, where clinically indicated, is offering 24-hour ambulatory blood pressure monitoring. The blood pressure test results will then be shared with the patient’s GP to inform a potential diagnosis of hypertension.
- **AS5: New Medicine Service (NMS)** – The service provides support to people who are prescribed a new medicine to manage a Long-Term Condition (LTC), which will generally help them to appropriately improve their medication adherence and enhance self-management of the LTC. Specific conditions/medicines are covered by the service.

¹⁸ Community Pharmacy England. November 2024. [Accessed November 2024.] <https://cpe.org.uk/national-pharmacy-services/advanced-services/>

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

1.4.1.4.3 National Enhanced Services (NES)

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

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

There is currently one National Enhanced Service¹⁹ commissioned in Bexley.

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

¹⁹ Community Pharmacy England. November 2024. [Accessed November 2024.] <https://cpe.org.uk/national-pharmacy-services/national-enhanced-services/>

1.4.1.5 Pharmacy Access Scheme (PhAS) providers²⁰

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

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

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

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

1.4.1.6 Other services

As stated in Section 1.4.1.4, for the purpose of this PNA 'pharmaceutical services' have been defined as those which are or may be commissioned under the provider's contract with NHSE.

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

1.4.2 Dispensing Appliance Contractors (DACs)

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

DACs must provide a range of Essential Services such as dispensing of appliances, advice on appliances, signposting, clinical governance and home delivery of appliances. In addition, DACs may provide the Advanced Services of AUR and SAC. As of June 2024²¹ there were a total of 111 DACs in England.

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

²⁰ DHSC. 2022 Pharmacy Access Scheme: guidance. May 2023. [Accessed November 2024.] <https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024/2021-to-2022-pharmacy-access-scheme-guidance>

²¹ NHSBSA. Dispensing Contractors' Data. [Accessed November 2024] <https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data>

1.4.3 Dispensing GP practices

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

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

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

1.4.4 Other providers of pharmaceutical services in neighbouring areas

There are three other HWBs that border Bexley, two of them are also in London:

- Bromley HWB
- Greenwich HWB
- Kent HWB

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

1.5 Process for developing the PNA

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

Public Health in the London Borough of Bexley (LBB) has a duty to complete the PNA on behalf of the Bexley HWB, and they commissioned Soar Beyond Ltd to undertake the Bexley PNA 2025.

- **Step 1: Project set up** and governance established between LBB Public Health and Soar Beyond Ltd.
- **Step 2: Steering Group** – On 5 July 2024 Bexley PNA Steering Group was established. The terms of reference and membership of the group can be found in Appendix C.
- **Step 3: Project management** – At this first meeting, Soar Beyond Ltd and the local authority presented and agreed the project plan and ongoing maintenance of the project plan. Appendix B shows an approved timeline for the project.
- **Step 4: Review of existing PNA and JSNA** – Through the project manager, the PNA Steering Group reviewed the existing PNA and JSNA.

- **Step 5a: Public questionnaire on pharmacy provision** – A public questionnaire to establish views about pharmacy services was agreed by the Steering Group and circulated to residents via various channels. A total of 401 responses were received. A copy of the public questionnaire can be found in Appendix D with detailed responses.
- **Step 5b: Pharmacy contractor questionnaire** – The Steering Group agreed a questionnaire to be distributed to the local community pharmacies to collate information for the PNA. There were only nine responses, making it challenging to draw meaningful conclusions. The steering group agreed not to use the limited data for analysis but to document the engagement attempt in the PNA, acknowledging the challenges faced by community pharmacies which most likely would have been a contributing factor to the low response.
- **Step 6: Mapping of services** – Details of services and service providers were collated and triangulated to ensure the information that the assessment was based on was the most robust and accurate. The Pharmacy Contracting function within the ICB, as the commissioner of service providers and services classed as necessary and relevant, was predominantly used as a base for information due to its contractual obligation to hold and maintain pharmaceutical lists on behalf of NHSE. Information was collated, ratified and shared with the Steering Group before the assessment was commenced. The pharmaceutical list dated 1 November 2024 was used for this assessment.
- **Step 7: Preparing the draft PNA for consultation** – The Steering Group reviewed and revised the content and detail of the draft PNA. The process took into account the demography, health needs of residents in the local area, JSNA and other relevant strategies in order to ensure the priorities were identified correctly. As the PNA is an assessment taken at a defined moment in time, the Steering Group agreed to monitor any changes and, if necessary, to update the PNA before finalising or publish with accompanying supplementary statements as per the regulations, unless the changes had a significant impact on the conclusions. In the case of the latter, the Steering Group were fully aware of the need to reassess.

1.6 Localities for the purpose of the PNA

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

The majority of health and social care data is available at Local Authority (LA) council ward level and at this level provides reasonable statistical rigour. It was agreed that the council wards would be used to define the localities of the Bexley HWB geography.

The localities with wards used for the PNA for Bexley HWB area are:

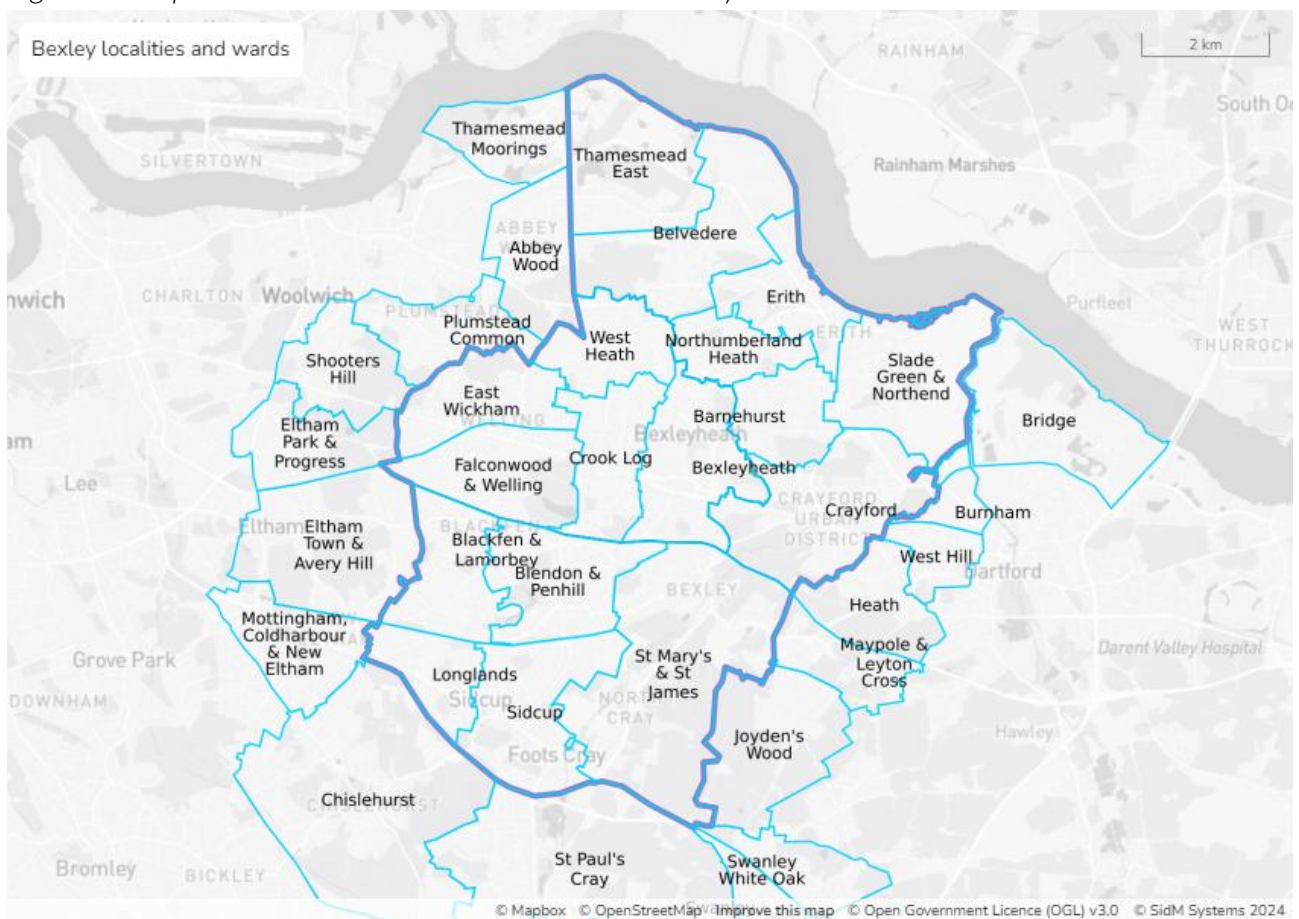
Locality	Wards
North Bexley	Barnehurst, Belvedere, Crayford, Erith, Northumberland Heath, Slade Green & Northend, Thamesmead East
Clocktower	Bexleyheath, Crook Log, East Wickham, Falconwood & Welling, West Heath
Frognaal	Blackfen & Lamorbey, Blendon & Penhill, Longlands, Sidcup, St Mary's & St James

Figure 1 shows the split of localities across Bexley and the contractor locations.

A list of providers of pharmaceutical services is found in Appendix A.

The information contained in Appendix A has been provided by South East London (SEL) ICB and the LBB. Once collated, it was ratified by the steering group during the second steering group meeting.

Figure 1: Map to show the localities and wards in Bexley



■ Neighbourhood
 ■ Local Authority
 ■ Wards 2023

Section 2: Context for the PNA

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

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

2.1 NHS Long Term Plan (LTP)

NHS LTP²⁴ was published in January 2019, and it set out the priorities for healthcare for the next ten years. It is wide-ranging and includes chapters on new service models, action on prevention and health inequalities, and progress on care quality and outcomes.

Priority clinical areas in the LTP include:

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

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

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

²⁴ NHS. NHS Long Term Plan. [Accessed November 2024] www.longtermplan.nhs.uk/

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

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

2.2 Core20PLUS5

Core20PLUS5²⁵ ‘is a national NHSE approach to support the reduction of health inequalities at both national’ and ICS level. The targeted population approach focuses on the most deprived 20% of the national population (CORE20) as identified by the Index of Multiple Deprivation (IMD) and those within an ICS who are not identified within the core 20% but who experience lower than average outcomes, experience or access i.e. people with a learning disability and hidden deprivation in coastal communities (PLUS). Additionally, there are five key clinical areas:

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

²⁵ NHSE. Core20PLUS5 (adults) – an approach to reducing healthcare inequalities. [Accessed November 2024.] www.england.nhs.uk/about/equality/equality-hub/core20plus5/

2.3 Joint Strategic Needs Assessment (JSNA)

The purpose of JSNAs and related JLHWSs (see below) is ‘to improve the health and wellbeing of the local community and reduce inequalities for all ages. They are not an end in themselves, but a continuous process of strategic assessment and planning – the core aim is to develop local evidence-based priorities for commissioning that will improve the public’s health and reduce inequalities. Their outputs, in the form of evidence and the analysis of needs, and agreed priorities, will be used to help to determine what actions local authorities, the local NHS and other partners need to take to meet health and social care needs, and to address the wider determinants that affect health and wellbeing’.²⁶ The PNA should therefore be read alongside the JSNAs.

As mentioned previously in Section 1.3, the Bexley JSNA content is within the Bexley Data Observatory, and is regularly updated; so there is no fixed date of publication²⁷.

2.4 Bexley Joint Local Health and Wellbeing Strategy (JLHWS) and ICS priorities

Building on the evidence provided by the JSNA, the Bexley JLHWS²⁸ outlines the key priorities and the actions being taken to meet Bexley’s health and wellbeing needs.

The Bexley JLHWS aims to ensure the borough’s residents can lead fulfilling and healthy lives. It focuses on prevention, early help, reducing health inequalities and addressing wider determinants, including education and housing. The golden thread running through the strategy is environmental sustainability, including climate change.

It has four key priorities covering the whole life-course:

- Children and young people
- Obesity
- Mental health
- Ageing well

Bexley’s JLHWS was directly informed by local community engagement and actions include making it easier for residents to find information and making it easier for residents to access relevant services.

Bexley is part of the South East London ICS alongside five other boroughs: Lambeth, Southwark, Lewisham, Greenwich and Bromley.

The strategic priorities for the SEL ICS are:

- **Prevention and wellbeing** - Improving prevention of ill health, helping people in South East London to stay healthy and well.

²⁶ Department of Health and Social Care. JSNAs and JHWS statutory guidance. August 2022. [Accessed November 2024] <https://www.gov.uk/government/publications/jsnas-and-jhws-statutory-guidance>

²⁷ LBB. Bexley Data Observatory. [Accessed November 2024] <https://bexleyjsna.info/>

²⁸ LBB. Bexley Joint Local Health and Wellbeing Strategy 2023 to 2028. [Accessed November 2024] <https://www.bexley.gov.uk/about-the-council/strategies-plans-and-policies/bexley-joint-local-health-and-wellbeing-strategy-2023-2028/introduction-joint-local-health-and-wellbeing-strategy>

- **Early years** - Making sure that children get a good start in life and there is effective support for mothers, babies, and families before birth and in the early years of life.
- **Children's and young people's mental health** - Improving children's and young people's mental health, making sure they have quick access to effective support for common mental health challenges.
- **Adults' mental health** - Making sure adults have quick access to early support, to prevent mental health challenges from worsening.
- **Primary care and people with long-term conditions** - Making sure people have convenient access to high-quality primary care and improving support and care for people with long-term conditions.²⁹

2.5 Bexley Integrated Forward Plan

The Integrated Forward Plan³⁰ builds on how the JLHWS will be implemented by the Bexley Wellbeing Partnership who are made up of 17 local partners which include:

- SEL ICB
- LBB
- NHS Lewisham and Greenwich Trust
- Greenwich and Bexley Community Hospice
- Bexley Voluntary Service Council

It focuses on the four priorities with a clear plan with detailed workstreams to meet the objectives and what enablers are required.

2.6 Bexley the place

The London Borough of Bexley is located in south-east London, bordering with Kent to the east, Bromley to the south, Greenwich to the west, and the Thames to the north. LBB is made up of 17 wards, which were defined in 2018, and are not coterminous with the 21 wards used in the 2021 census.

The population is diverse and classified as urban with major conurbation under the Rural Urban Classification 2011.³¹ NB: This data was due to be updated in line with the 2021 Census in November 2023. It was removed from the release calendar to allow for further review³². The timelines for the 2021 release at time of writing were uncertain.

²⁹ LBB. Bexley Joint Local Health and Wellbeing Strategy 2023 to 2028. [Accessed November 2024] <https://www.bexley.gov.uk/about-the-council/strategies-plans-and-policies/bexley-joint-local-health-and-wellbeing-strategy-2023-2028/introduction-joint-local-health-and-wellbeing-strategy>

³⁰ https://www.selondonics.org/wp-content/uploads/Bexley-Health-Joint-forward-plan-060324_Final.pdf

³¹ Department for Environment, Food & Rural Affairs. 2011 Local Authority Rural Urban Classification. August 2021. [Accessed November 2024] <https://www.gov.uk/government/statistics/2011-rural-urban-classification-of-local-authority-and-other-higher-level-geographies-for-statistical-purposes>

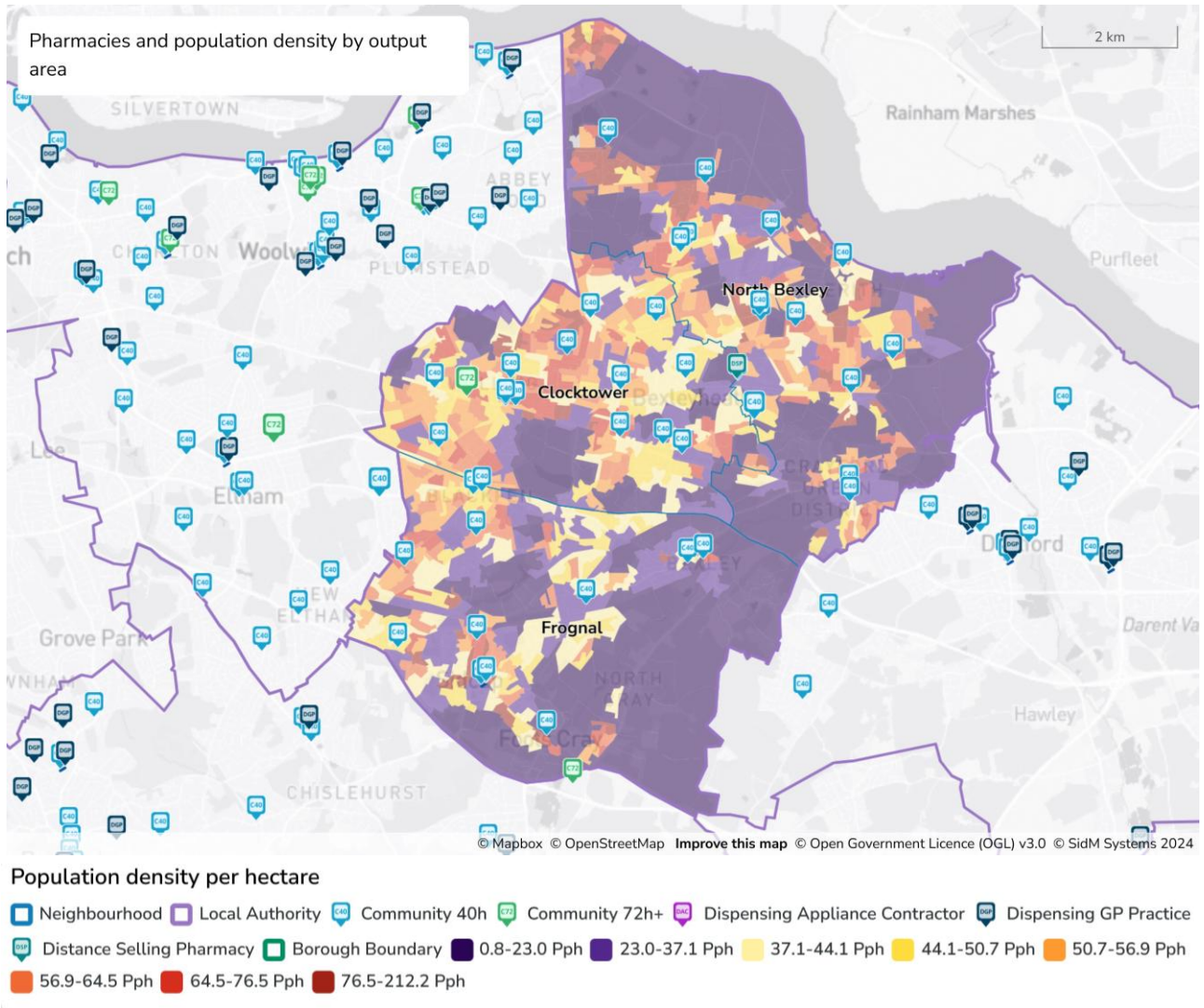
³² ONS. Comparison of rural and urban areas in England and Wales: 2021. November 2023. [Accessed November 2024] <https://www.ons.gov.uk/releases/comparingruralandurbanareasinenglandandwales>

An understanding of the size and characteristics of the Bexley population, including how it can be expected to change over time, is fundamental to assessing population needs and for the planning of local services. This section provides a summary of the demographics of Bexley residents, how healthy they are, and what changes can be expected in the future.

2.6.1 Population overview

Bexley has a population of 246,466 which is a 6.3% increase from 2011³³. The largest locality population is in North Bexley (98,452) and the smallest is in Frognal (68,245).

Figure 2: Map to show population density across Bexley with contractors overlaid



³³ ONS. Population and household estimates, England and Wales: Census 2021. November 2024. [Accessed November 2024]
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletin/populationandhouseholdestimatesenglandandwales/census2021#number-of-households>

2.6.2 Age and sex

Table 2 shows the age structure of Bexley population, which is similar to that of London, with the largest proportion at 15-64 years (64.1% compared to 70%), and lowest proportion at 65 years and over (16.6% compared to 12.1%). The figures for England are similar for people aged 15-64 years with 63%, although the number of people aged 65 and older is the same as under 15 year olds (18.4% and 18.6%).

Table 2: Age structure of the population³⁴

Area	Under 15 years (%)	15-64 years (%)	65 years and over (%)
Bexley	19.3	64.1	16.6
London	17.9	70.0	12.1
England	18.6	63.0	18.4

Source: Office for National Statistics (ONS). Census 2021.

Table 3 shows the age structure of Bexley within each age range.

Table 3: Age structure of the population within age range

Age	Bexley (%)	London (%)	England (%)
Aged 4 years and under	6.1	5.9	5.4
Aged 5 to 9 years	6.6	5.9	5.9
Aged 10 to 15 years	7.9	7.2	7.2
Aged 16 to 19 years	4.5	4.4	4.6
Aged 20 to 24 years	5.5	6.7	6.0
Aged 25 to 34 years	13.0	18.1	13.6
Aged 35 to 49 years	20.6	22.7	19.4
Aged 50 to 64 years	19.3	16.9	19.4
Aged 65 to 74 years	8.6	6.5	9.8
Aged 75 to 84 years	5.6	3.8	6.1
Aged 85 years and over	2.4	1.6	2.4

Source: ONS. Census 2021.

There is a slightly smaller proportion of men (48%) compared to women (52%), and this is similar to both London and England (49% and 51%).

³⁴ ONS. 2021 Census Profile for England and Wales. [Accessed November 2024] https://www.nomisweb.co.uk/sources/census_2021/report?compare=E12000005

Table 4: Sex of the population

Sex	Bexley (%)	London (%)	England (%)
Female	52	51	51
Male	48	49	49

Source: ONS. Census 2021.

The age groups in Bexley are not split evenly between the localities, see Table 5. The age-groups across the localities follows the same pattern for people aged 0-14s, 15-24, 25-64 and 65 and over by percentage.

Frognal has similar figures to North Bexley for 15-24 by percentage (11.4 compared to 11.8), with Clocktower lower (10.3).

North Bexley has lowest number of 65 and over with 12.6, compared to 18.7 for Clocktower and 19.9 for Frognal.

Table 5: Population by locality and age groups³⁵

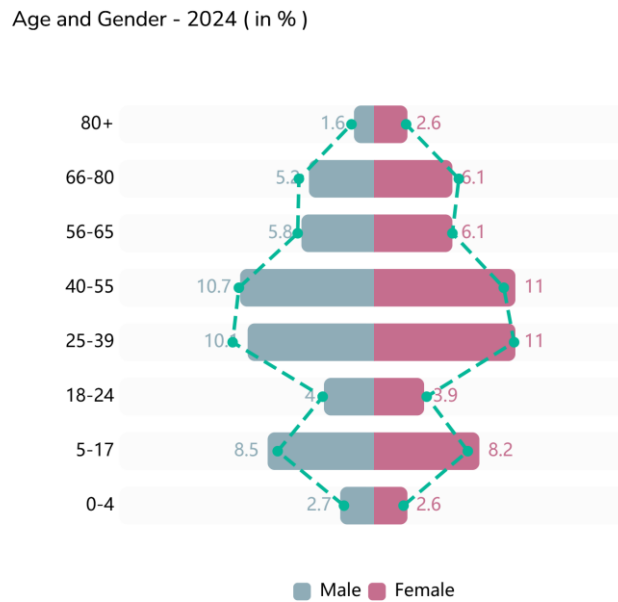
Locality	Total population	Population aged 0-14 (%)	Population aged 15-24 (%)	Population aged 25-64 (%)	Population aged 65 and over (%)
North Bexley	98,452	21.7	11.8	53.9	12.6
Clocktower	79,769	18.1	10.3	52.9	18.7
Frognal	68,245	17.4	11.4	51.3	19.9
Bexley	246,466	19.3	11.2	52.9	16.6
London	8,866,180	17.9	12.6	57.4	12.1
England	56,490,048	17.4	11.7	52.4	18.6

Source: ONS. Census 2021.

The age structure for Bexley's population is similar to England. See Figure 3

³⁵ ONS. Population and household estimates, England and Wales: Census 2021. [Accessed November 2024.] www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/populationandhouseholdestimatesenglandandwales/census2021

Figure 3: Age profile for residents across Bexley



Source: NHS Digital 2024.

2.6.3 Predicted population growth

Population projections are an indication of the future trends in population over the next 25 years. They are trend-based projections, which means assumptions for future levels of births, deaths and migration are based on observed levels mainly over the previous five years. They show what the population will be if recent trends continue. They are not forecasts and do not attempt to predict the impact that future government or local policies, changing economic circumstances or other factors might have on demographic behaviour.³⁶

In 2043, the projected resident population in Bexley is expected to be 273,898, an 8.7% increase on 2022 estimates. For all London Boroughs (excluding City), the mean projected resident population is 306,390. This is the total projected resident population in the reference year based on the 2018 mid-year population estimates.

The current population growth predictions for Bexley are shown in Table 6 and Table 7 below.

³⁶ Local Government Association (LGA). Understanding Planning in Bexley. [Accessed November 2024] https://lginform.local.gov.uk/reports/view/lga-research/lga-research-report-understanding-planning-in-parent-area-label?mod-area=E09000004&mod-group=AllBoroughInRegion_London&mod-type=namedComparisonGroup#text-17

Table 6: Population projections for age and sex for Bexley to 2030

		2020	2025	2025	2030	2030
65+	Female	22,948	24,103	(+1,155)	26,639	(+2,691)
65+	Male	18,128	19,528	(+1,400)	21,836	(+3,708)
16-64	Female	80,504	83,460	(+2,956)	86,126	(+5,622)
16-64	Male	75,111	76,599	(+1,488)	78,434	(+3,323)
0-15	Female	24,722	24,503	(-219)	23,622	(-1,100)
0-15	Male	25,998	25,547	(-451)	24,622	(-1,366)

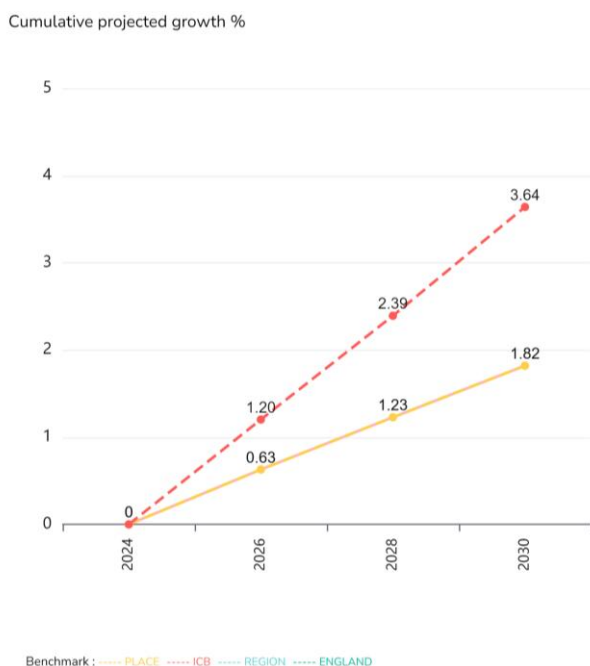
Source: Updated from GLA 2021-based Demographic Projections.

Table 7: Predicted population growth (%) across the next six years across Bexley³⁷

Locality	2025	2026	2027	2028	2029	2030
North Bexley	0.33	0.29	0.25	0.28	0.29	0.28
Clocktower	0.46	0.44	0.43	0.44	0.44	0.42
Frognal	0.48	0.48	0.47	0.47	0.48	0.46
Bexley	0.41	0.39	0.37	0.38	0.39	0.37

³⁷ ONS. Population projections for local authorities : Table 2. March 2020. [Accessed November 2024] <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandtable2>, ONS. Lower layer Super Output Area population estimates (supporting information). November 2024. [Accessed November 2024] <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/lowersuperoutputareamidyearpopulationestimates>

Figure 4: Cumulative projected growth³⁸



2.6.4 Number of households

There was a 2.9% growth in the number of households in Bexley between 2011 and 2021 as shown in Table 8.

Table 8: Changes in the number of households between 2011 and 2021 in Bexley

	2011	2021	% change
Number of households	92,604	95,300	2.9%

Source: ONS. 2021

Table 9: Number of dwellings 2022 to 2023

Locality	Total dwelling 2022	Total dwelling 2023	% change
Bexley	100,022	100,594	0.6%

Source: ONS. 2021

2.6.5 Household projections

In 2043, the projected number of households in Bexley is expected to be 115,942 a 15.2% increase from 2022. One person households will account for 30.0% and households with dependent children will account for 27.1%. This is the total projected number of households in the reference year based on the 2018 based projections.

³⁸ GLA. Housing-led population projections 2021 (2020 based). [Accessed November 2024] [Housing-led population projections - London Datastore](#)

Household projections are not an assessment of housing need and do not take account of future policies. They are an indication of the likely increase in households given the continuation of recent demographic trends.’³⁹

2.6.6 Planned developments

Table 10: Status of local plan site allocations in the planning system (30 September 2023)

Planning reference	Status	Site name/ address	Developmental proposal	Number of units	Scheduled completion dates
22/01564 /FULM	Approved	Former Electrobase/Wheat sheaf Works, Maxim Road, Crayford	Redevelopment of the site to provide new housing, including affordable housing	559	Single phase 2027-28
21/00932 /OUTEA	Granted subject to s106	Crabtree Manorway South, Belvedere	Redevelopment of the site to provide new housing, including affordable housing, and commercial floor space	1,250	Phased (five phases) from 2026-27 to 2034-35
21/01948 /OUTEA	Granted pending S106	South Thamesmead (Phases 3 to 7) (Wolvercote Road and Coralline Walk), Abbey Wood	Redevelopment of the site to provide new housing, including affordable housing, and commercial floor space	1,950	Phased (five phases) from 2027-28 to 2033-34
23/02922 /FULM	Submitted (with case officer)	Belvedere Gas Holders, Yarnton Way, Belvedere	Redevelopment of the site to provide new housing, including affordable housing, and commercial floor space	392	Single phase 2028-29
TOTAL				4,151	

2.6.7 Car or van availability

Census 2021 data shows that the overall percentage of households who have access to a car or van is 77.6% in Bexley compared to 57.9% London and 76.5% in England.⁴⁰

³⁹ LGA. Understanding Planning in Bexley. [Accessed November 2024]

https://lginform.local.gov.uk/reports/view/lga-research/lga-research-report-understanding-planning-in-parent-area-label?mod-area=E09000004&mod-group=AllBoroughInRegion_London&mod-type=namedComparisonGroup#text-17

⁴⁰ ONS. 2021 Census Profile for England and Wales. [Accessed November 2024]

https://www.nomisweb.co.uk/sources/census_2021/report?compare=E12000005

Table 11: Percentage of households across Bexley with access to at least one car or van

Locality	% of households with access to a car or van
North Bexley	72.5%
Clocktower	80.9%
Frognal	81.3%
Bexley	77.6%

Source: ONS. 2021

2.6.8 Travel to work and working location

Table 12 shows how Bexley residents aged 16 and over (and in employment the week before census 2021) travelled to work. The largest proportion (36%) of these residents travelled by car or van, followed by those working at home (34.5%) and this is the same as England (44.5% and 31.5% respectively). London is different, where the largest proportion of residents are working at home (42.1%), followed by those travelling by car or van (20.6%).

Table 12: Travel to work comparison, 2021

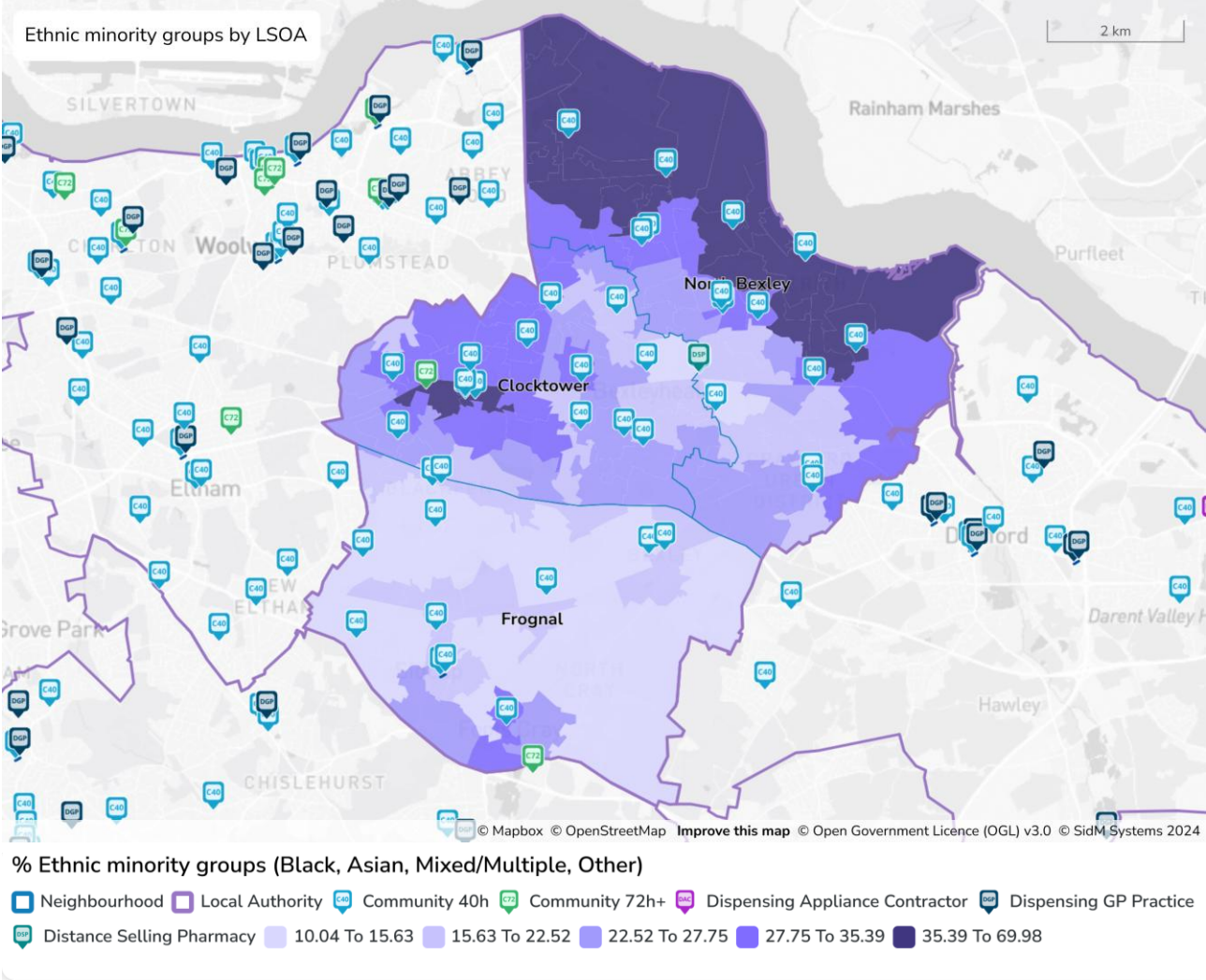
Transport to work	Bexley (%)	London (%)	England (%)
Work mainly at or from home	34.5	42.1	31.5
Underground, metro, light rail, tram	2.4	9.9	1.9
Train	10.3	5.3	2.0
Bus, minibus or coach	6.6	8.9	4.3
Taxi	0.6	0.5	0.7
Motorcycle, scooter or moped	0.7	0.7	0.5
Driving a car or van	36.0	20.6	44.5
Passenger in a car or van	2.5	1.5	3.9
Bicycle	0.8	3.0	2.1
On foot	4.5	6.4	7.6
Other method of travel to work	1.2	1.2	1.0

Source: ONS. 2021

2.6.9 Ethnicity

In line with neighbouring boroughs, Bexley is diverse, and its population is continuing to diversify over time. '28.1% of residents are from an ethnic minority background (excluding white minorities). Including white minorities, 35.6% of residents are from an ethnic minority background'.⁴¹

Figure 5: Ethnicity across Bexley with contractors overlayed



⁴¹ ONS. Ethnic group, national identity, language, and religion: Census 2021 in England and Wales. November 2024. [Accessed November 2024] <https://www.ons.gov.uk/releases/ethnicgroupnationalidentitylanguageandreligioncensus2021inenglandandwales>

Figure 5 shows the proportions of the population in each ethnic group in 2021, the most recent year for which Census population data is available by ethnic group.⁴² The table shows how the population identified themselves. The largest proportion is the White ethnic group (71.9%), followed by Black (12.2%), Asian (9.9%) and Mixed ethnic groups (3.5%). The smallest proportion in Bexley is the Other ethnic group (2.5%). Comparatively, the Asian ethnic group is a larger proportion in both London and England (20.7% and 9.6% respectively), and the Black ethnic group is a smaller proportion (13.5% and 4.2% respectively).⁴³

Census data from 2021 shows a 3.7 percentage point increase in the Black ethnic group from 8.5% in 2011, which 'was the largest increase among high-level ethnic groups in this area'.⁴⁴

Table 13: Ethnicity comparison, 2021

Ethnicity	Clocktower	Frognal	North Bexley	Bexley	London	England
White (%)	73.6	84.5	61.7	71.9	53.8	81
Asian, Asian British or Asian Welsh	13.8	6.7	9	9.9	20.7	9.6
Black, Black British, Black Welsh, Caribbean or African	6.4	4	22.6	12.2	13.5	4.2
Mixed or Multiple ethnic groups	3.2	3.2	4.1	3.5	5.7	3
Other ethnic group (%)	3	1.6	2.6	2.5	6.3	2.2

Source: ONS. 2021.

Clocktower is the locality with the largest proportion of people from the Asian ethnic group with 13.8%, compared to Frognal with 9.0% with the lowest. North Bexley has the largest percentage of people from the Black ethnic group, with 22.6%, most than five times that of England with 4.2%. Frognal has the largest percentage of people from the White ethnic group, with 84.5% which is similar to England (81%) and far higher than London (53.8%).⁴⁵

2.6.10 Religion

Religious affiliations for Bexley are shown in Table 14, which shows the percentage of people who identified with a particular religious group, as defined by a set of Census categories.

⁴² ONS. 2011 census, accessed through LG Inform. [Accessed July 2022.] <https://lginform.local.gov.uk/>

⁴³ ONS. 2021 Census Profile for areas in England and Wales. [Accessed November 2024] https://www.nomisweb.co.uk/sources/census_2021/report?compare=E09000004,E12000007,E92000001

⁴⁴ ONS. How life has changed in Bexley: Census 2021. January 2023. [Accessed November 2024] <https://www.ons.gov.uk/visualisations/censusareachanges/E09000004/>

⁴⁵ ONS. 2021 Census Profile for areas in England and Wales. [Accessed November 2024] https://www.nomisweb.co.uk/sources/census_2021/report?compare=E09000004,E12000007,E92000001

The three largest religious groups in Bexley in ascending order are Christian (50%), No religion (33.6%) and Not answered (5.7%). The two largest religious groups in London and England are the same, 40.7% and 46.3% for Christian and 27.1% and 36.7% for No religion respectively. The third largest religious group in London and England is Muslim, with 15% and 6.7% respectively.⁴⁶

Table 14: Religion comparison, 2021

Religion	North Bexley	Clocktower	Frognal	Bexley (%)
Christian	52%	48%	50%	50%
Buddhist	1%	1%	1%	1%
Hindu	2%	5%	2%	3%
Jewish	0%	0%	0%	0%
Muslim	5%	4%	3%	4%
Sikh	3%	3%	1%	2%
No religion	32%	33%	37%	34%
Other religion	0%	0%	0%	0%
Religion not stated	5%	6%	6%	6%

Source: ONS. Census 2021.

2.6.11 Household languages

Table 15 shows the proportion of households who have English as their main language. The majority of Bexley residents have English as a main language (88.4%), which is the same as London (73.2%) and England (89.3%), although it is higher than London. The proportion of Bexley residents with no people with English as a main language in the household (4.7%) is lower than London (12.4%), and the overall picture is the same as England.⁴⁶

Table 15: Household languages comparison, 2021

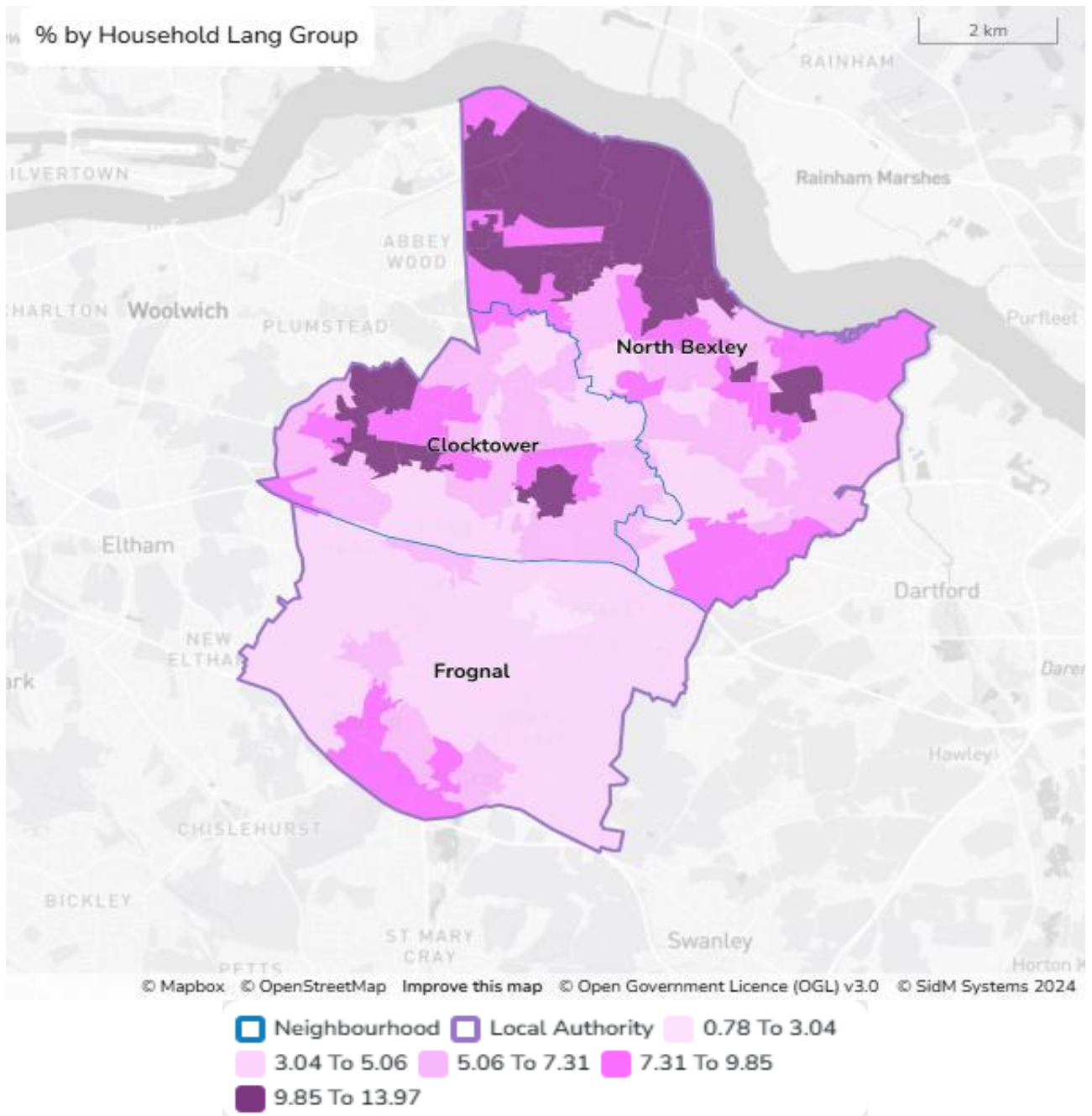
Household language	Bexley (%)	London (%)	England (%)
All adults in household have English as main language	88.4	73.2	89.3
At least one but not all adults in household have English as main language	4.9	11.2	4.3
No adults in household, but at least one person aged 3 to 15 years, has English as main language	2.0	3.3	1.4
No people in household have English as main language	4.7	12.4	5.0

Source: ONS. 2021.

⁴⁶ ONS. 2021 Census Profile for areas in England and Wales. [Accessed November 2024] https://www.nomisweb.co.uk/sources/census_2021/report?compare=E09000004,E12000007,E92000001

Figure 6 shows areas within Bexley with the highest number of households where no one in household has English as their main language, with North Bexley being the highest and Frognal being the lowest.

Figure 6: Map to show areas where there are no people in the household who speak English as their first language



2.6.12 Births and marriages

Bexley's 'birth rate is declining. There were 2,765 births in 2022⁴⁷. The average age when giving birth was 31 years old⁴⁸. At the time of the Census, 46% of the population aged 16 and over are married or in a civil partnership. A further 11% were divorced or separated⁴⁹.

The number of marriages has been steady from 2014 excluding 2020/21 when they fell significantly due to coronavirus. In 2022 they returned to pre-pandemic levels with 712 marriages, which included 15 same-sex marriages⁵⁰. There were 16 civil partnerships (15 opposite sex and one same sex) in 2022⁵¹. Each year, around 2% of marriages are for same-sex couples⁵².

2.6.13 Sexual orientation ⁵³

Sexual orientation refers to people who identify as lesbian, gay, bisexual and queer/questioning (LGBQ+).

‘Sexual orientation was a voluntary question in the 2021 census; 7% of residents aged 16 and over did not answer. 2.11% of the population aged 16 and over identified with an LGB+ orientation. This is over 4,000 people in total: around 2,000 gay or lesbian, 1,500 bisexual, 350 pansexual and 150 asexual, queer or other sexual orientations. The remaining 91% identified as straight or heterosexual. Bexley has a lower LGB+ population than London (4.3%) and England & Wales (3.2%)’.⁵⁴

⁴⁷ ONS. Births in England and Wales: summary tables. February 2024. [Accessed November 2024]

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/datasets/birthsummarytables>

⁴⁸ NHSE. Monthly Services Monthly Statistics. November 2024. [Accessed November 2024]

<https://digital.nhs.uk/data-and-information/publications/statistical/maternity-services-monthly-statistics>

⁴⁹ ONS. Legal partnership status by age, sex and local authority Census 2021. February 2023. [Accessed November 2024]

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/marriagecohabitationandcivilpartnerships/datasets/legalpartnershipstatusbyagesexandlocalauthoritycensus2021>

⁵⁰ ONS. Marriages in England and Wales. June 2024. [Accessed November 2024]

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/marriagecohabitationandcivilpartnerships/datasets/marriagesinenglandandwales2013>

⁵¹ ONS. Civil partnerships formation. February 2024. [Accessed November 2024]

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/marriagecohabitationandcivilpartnerships/datasets/civilpartnershipstatisticsunitedkingdomcivilpartnershipformations>

⁵² LBB. Bexley Data Hub. [Accessed November 2024] <https://www.bexley.gov.uk/discover-bexley/bexley-data-hub/people-and-equalities>

⁵³ ONS. Sexual orientation and gender identity: Census 2021 in England and Wales. January 2023. [Accessed November 2024]

<https://www.ons.gov.uk/releases/sexualorientationandgenderidentitycensus2021inenglandandwales>

⁵⁴ ONS. Sexual orientation and gender identity: Census 2021 in England and Wales. January 2023. [Accessed November 2024]

<https://www.ons.gov.uk/releases/sexualorientationandgenderidentitycensus2021inenglandandwales>

2.6.14 Sex and gender identity

'The 2021 Census is the first official data on the size of the transgender population in England & Wales. This was a voluntary question in the 2021 census; 6% of residents aged 16 and over did not answer (both for England & Wales and Bexley). Over 1,000 people aged over 16 in Bexley did not identify with their registered sex at birth (0.5%)'.⁵⁵

2.6.15 Gypsy and traveller populations

The 2021 census estimated that there were 621 gypsies and travellers in Bexley, with the highest number in North Bexley (481).

Table 16: Gypsy and Traveller population by locality, 2021

Locality	Population
Clocktower	78
Frognaal	62
North Bexley	481

Source: NOMIS KS201EW – Ethnic group 2021

2.6.16 Vulnerable Populations

2.6.16.1 Disability

'The Equality Act 2010 defines a disabled person as someone with a physical or mental injury. It must be substantial or long-term (likely to last more than 12 months) and affect their ability to conduct day-to-day activities.

In 2021, 36,083 residents had one or more disability/illness, similar to the 37,053 in 2011. This is 14.6% of the population, compared to 16% in 2011. For 8.4% of residents their disability/illness limits day-to-day activities a little, and for a further 6.2% their day-to-day activities are limited a lot. 29.3% of households in Bexley reported that they have at least one person living there with an illness or disability.

Health and age are closely related, with older people being more likely to be in poorer health. ONS have calculated an age-standardised percentage (ASP) of 15.4% for Bexley to compare to other geographies which will have a different population size and age profile. The 15.4% is made up from 8.8% (ASP) of residents where their disability/illness limits day-to-day activities a little, and 6.6% (ASP) where their day-to-day activities are limited a lot'.⁵⁶

The following are facts about Bexley residents:

- 0.4% of residents have a learning disability
- 3.4% of school-aged pupils in Bexley have a learning disability

⁵⁵ LBB. Bexley Data Hub. [Accessed November 2024] <https://www.bexley.gov.uk/discover-bexley/bexley-data-hub/people-and-equalities>

⁵⁶ LBB. Bexley Data Hub. [Accessed November 2024] <https://www.bexley.gov.uk/discover-bexley/bexley-data-hub/people-and-equalities>

- the rate per 10,000 for children in need due to a child’s disability or illness was 41.2 in 2018
- employment - 20% of residents (aged 16 to 64) are disabled (core or work-limiting disabled) in 2021
- the employment rate for residents with a disability (aged 16 to 64) is 59.2% (2021)
- in 2021-22, 16.4% of 16 to 64 aged residents with learning disabilities were in paid employment
- 5% of adults in contact with secondary mental health services were in paid employment
- education - in 2022-23, 10.6% (4722) of pupils were identified as having SEN Support; higher than the previous two years but lower than the five years prior to that
- 4.2% (1,877) of pupils had an Education and Health Care Plan (EHCP) or a statement of Special Educational Needs (SEN). This has increased in recent years from 2.6% in 2015/16
- 94% of 16-17-year-olds with an ECHP or statement of SEN were participating in education or training and 6% were not or their activity not known.⁵⁷

2.6.16.2 Children and young people in care and adult safeguarding

As of 2023, there were 265 children under the care of the LA, a rate of 46 per 100,000. This is less than the London rate of 51 per 100,000 and the England rate of 71 per 100,000.

Table 17: Looked after children, rate per 100,000 2023

Area	Number (2023)	Rate per 100,000 (2023)
England	83,840	71
London	9,710	51
Bexley	265	46

Source: Department for Education. Children looked after in England

In 2022-23 there were 18 adults in care in Bexley, a rate of 12 per 100,000, same as the London rate but lower than the England rate of 15 per 100,000.

Table 18: Adults in care, rate per 100,000, 2022-23

Area	Number	Rate per 100,000
England	5020	15
London	682	12
Bexley	18	12

Source: Updated NHS Digital Measures from the Adult Social Care Outcomes Framework, England, 2022-23

⁵⁷ LBB. Bexley Data Hub. [Accessed November 2024] <https://www.bexley.gov.uk/discover-bexley/bexley-data-hub/people-and-equalities>

2.6.16.3 Homeless and rough sleepers

As of 2018, there were 1,234 people in temporary accommodation in Bexley, most of which live in privately owned residences. There has not been an update since the last PNA regarding those in temporary accommodation in Bexley.

Table 19: Households accommodated by the authority on 31 March 2018

Temporary accommodation	Number
Bed and breakfast (including shared annexe)	124
Private sector leased (by LA or housing authority)	402
Other types (including private landlord)	690
Total	1,234

Source: GLA Statutory homelessness by borough

There were 39 people seen rough sleeping by outreach services in Bexley according to the April to June 2024 Combined Homelessness and Information Network report. This is likely an underestimate as it represents observed incidence during specific outreach exercises.

Table 20: People seen rough sleeping by outreach services, 2021

Age	Number
0-17	0
18-25	3
26-35	12
36-45	5
46-55	12
55+	7
Total	39

Source: CHAIN Quarterly Report Outer Boroughs Jul-Sep 21

2.6.16.4 Housebound populations

No exact data is held on the number of housebound people in Bexley. Approximately 2,364 are registered housebound by their GPs.

2.6.16.5 Residential and nursing home populations

There are 31 nursing homes in Bexley with a capacity of 1,457. The majority of this capacity is in the Froggnal locality.

Table 21: Residential and nursing home capacity by locality, 2022

Locality	Homes	Capacity
North Bexley	11	362
Clocktower	5	308
Frognal	15	787

2.7 Deprivation

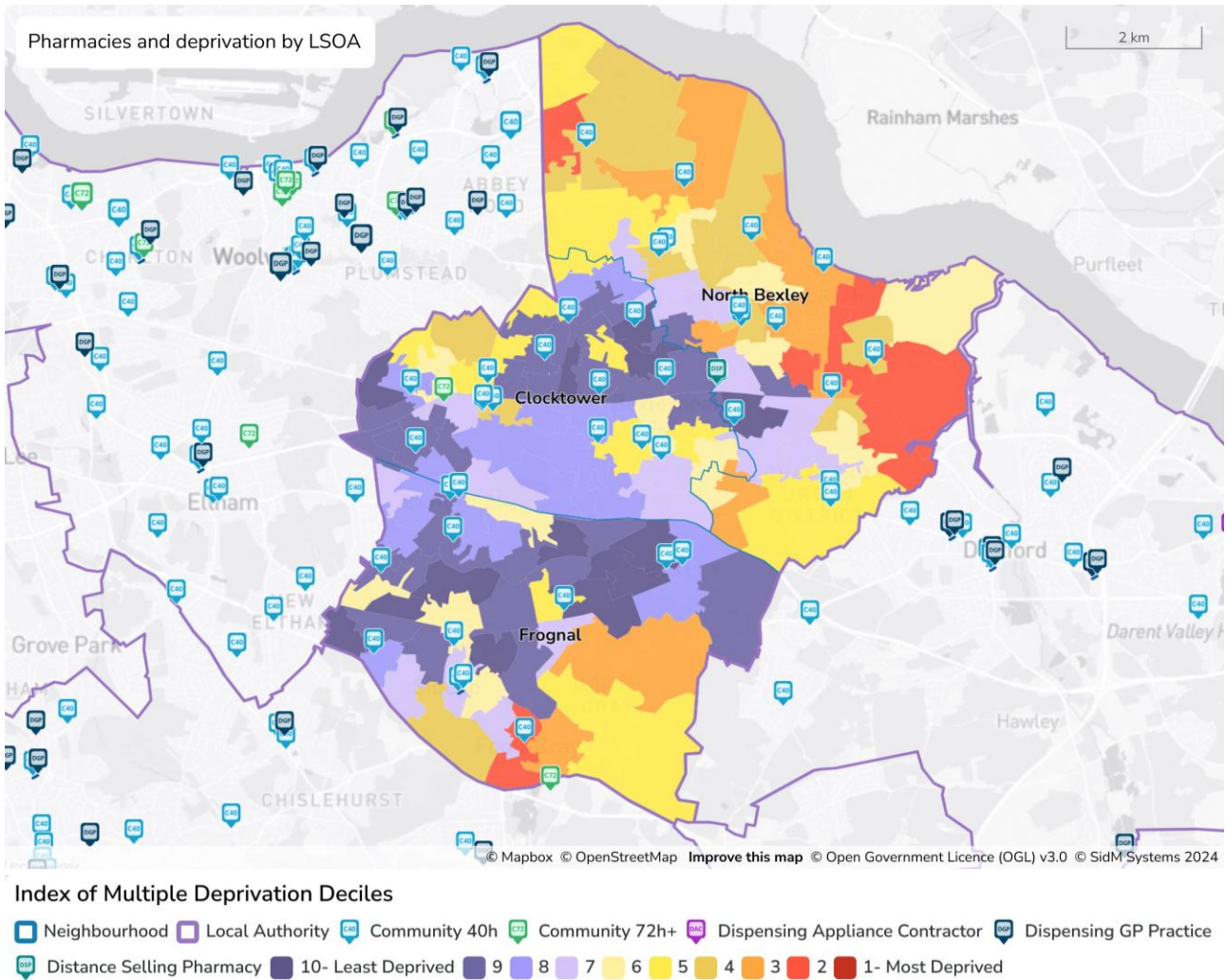
The socioeconomic status of an individual or population is determined by characteristics including income, education and occupation, and lower socioeconomic status. These are associated with poorer health outcomes, including low birthweight, CVD, diabetes and cancer.

IMD data (2019) combines socioeconomic indicators to produce a relative socioeconomic deprivation score and include the domains of:

- Income
- Employment
- Health deprivation and disability
- Education, skills and training
- Barriers to housing and services
- Crime
- Living environment

Income and employment domains carry the most weight in the overall IMD rank. Deprivation varies significantly across Bexley and this can be seen in Figure 7 below.

Figure 7: Map to show deprivation across Bexley with contractors overlaid



IMD data (2019) shows that Bexley is ranked 190 out of 317 local authorities across the whole of England, where 1 is the most deprived and 317 is the least deprived⁵⁸. There is a distinct difference in levels of deprivation across the three localities in Bexley, with North Bexley being the most deprived and Clocktower being least deprived.

⁵⁸ Ministry of Housing, Communities & Local Government, IoD2019 Interactive Dashboard – Local Authority Focus. [Accessed November 2024]
<https://app.powerbi.com/view?r=eyJrIjojOTdjYzlvNTMtMTcxNi00YmQ2LWI1YzgtMTUyYzYxMzQzOTZlYzI6ImZmMzQ2ODEwLTljN2Q0tNDNkZS1hODcyLTl0YTJlZjZlM5OTVhOCJ9>

Figure 8: IMD Ranking for Bexley⁵⁹

Indices of Multiple Deprivation - Decile

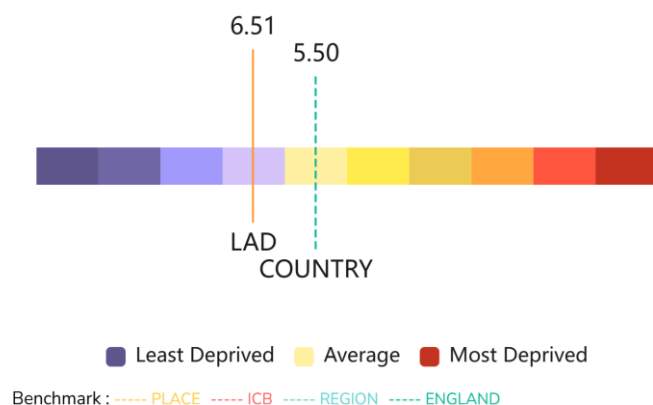


Table 22: Locality deprivation, IMD rank, 2019⁶⁰

Locality	IMD Quintile
North Bexley	2.58
Clocktower	4.15
Frognal	4.12
Bexley	3.53
England	3

2.8 Health of the population

Population health indicators provide a high-level overview of the collective health of populations at a national, regional and local level. These indicators allow comparisons to be made regarding the health of different populations and can highlight issues or trends in time that require a more detailed investigation.

2.8.1 Life expectancy⁶¹

Life expectancy at birth for Bexley residents was higher for males (66.4 years) than female (63.9) in 2018-20. Although the figures are similar to England's life expectancy, male life expectancy at birth was higher for Bexley males (66.4 vs 63.1 in England).

⁵⁹ Ministry of Housing, Communities and Local Government (2018 to 2021). English indices of deprivation 2019. September 2019. [Accessed November 2024] <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

⁶⁰ Ministry of Housing, Communities & Local Government (2018 to 2021). English indices of deprivation 2019. September 2019. [Accessed November 2024] <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

⁶¹ DHSC. Fingertips Public health profiles. [Accessed November 2024] <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/1/ati/302/are/E08000029>

Table 23: Life expectancy for Bexley, London and England (2018-20)⁶²

Indicators	Bexley male	Bexley female	London male	London female	England male	England female
Life expectancy at birth	66.4	63.9	63.8	65.0	63.1	63.9
Healthy Life Expectancy (HLE) at 65	10.8	9.6	10.3	11.2	10.5	11.3

Source: PHOF/ Office for Health Improvement and Disparities (OHID).

2.8.2 Health behaviours

- Obesity

The prevalence of patients registered as obese in Bexley is similar to England but higher than London.

Body Mass Index (BMI) is the method used to calculate an individual's weight, through measurements of height and weight.⁶³

Table 24: Obesity in Bexley (2023-24)⁶⁴

	Bexley (%)	London (%)	England (%)
QOF Prevalence, % of patients aged 18 or over with a BMI greater than or equal to 30 in the previous 12 month	14%	11%	13%

- Childhood obesity

North Bexley has the highest percentage of children in both age groups considered obese or with severe obesity.

Table 25: Prevalence of childhood obesity, Reception and Year 6 (five-year combined)

Indication	Clocktower	Frognaal	North Bexley
Reception prevalence of obesity (including severe obesity)	8.8	7.9	13.7
Year 6 prevalence of obesity (including severe obesity)	21.6	18.7	27.7

Source: OHID Local Health.

⁶² DHSC. Fingertips Public health profiles. [Accessed November 2024] <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/1/ati/302/are/E08000029>

⁶³ NHS. Calculate your Body Mass Index (BMI). [Accessed November 2024] <https://www.nhs.uk/health-assessment-tools/calculate-your-body-mass-index/>

⁶⁴ NHSE. Quality and Outcomes Framework guidance for 2023/24. January 2023. [Accessed November 2024] <https://www.england.nhs.uk/publication/quality-and-outcomes-framework-guidance-for-2023-24/>

- Smoking

Smoking prevalence in Bexley is 13.3%, which is lower than England prevalence at 14.7%.

Table 26: Prevalence of smoking in Bexley, 2022-23

Indication	Bexley	England
Smoking prevalence in adults aged 15+ – current smokers	13.3	14.7

Source: Updated NHSE Smoking prevalence from QOF.

- Alcohol misuse

Alcohol specific mortality is higher in Bexley for both London and England. The rate of those using specialist misuse services is higher in Bexley (1.7) than London (1.5) but lower than England (1.9).

Table 27: Prevalence of alcohol misuse in Bexley (rate per 1,000)

Indication	Bexley	London	England
Adults in treatment at specialist alcohol misuse services *2020-21	1.7	1.5	1.9
Alcohol-specific mortality (2022)	21.2	12	14.8

Source: Updated OHID Fingertips.

- Drug misuse

The table below shows the prevalence of drug misuse across Bexley. The prevalence is lower across Bexley for the numbers associated with deaths from drug misuse (1.9) compared to London (3.6) and England (5.2).

Table 28: Prevalence of drug misuse in Bexley

Indication	Bexley	London	England
Adults in treatment at specialist drug misuse services: rate per 1000 population (18+)- (2020-22)	3.6	4	4.5
Successful completion of drug treatment: opiate users 18+ (2022)	6.8	5.3	5.0
Successful completion of drug treatment: non opiate users 18+ (2022)	26.6	32.8	31.4
Deaths from drug misuse- all ages (2020-22)	1.9	3.6	5.2

Source: OHID Fingertips.

- **Sexual health**

Bexley (1574.4) has a lower chlamydia detection rate than both London (2027.8) and England (1961.7) and a lower Sexually Transmitted Infection (STI) diagnostic rate compared to both London and England.

There is a higher conception and abortion rate in Bexley than London with a lower birth rate of those under 18 in Bexley.

Table 29: Sexual health in Bexley (rate per 100,000)

Indication	Bexley	London	England
Chlamydia detection rate (aged 15–24) per 100,000 (2023)	1571.4	2027.8	1961.7
New STI diagnoses (excluding chlamydia, under 25 years) per 100,000 (2023)	386.1	1228.8	519.9
Under-18 conception rate per 100,000 (2021)	1197	947	1308
Under- 18 birth rate per 100,000 (2022)	174	195	340
% of under 18 conception leading to abortion 2021	750	550	650

Source: Updated OHID Fingertips.

- **Oral health**

There is a lower number of children aged five with visually obvious tooth decay in Bexley (20.4) when compared to London and England.

Table 30: Oral health in Bexley (%)

Indication	Bexley	London	England
5 year olds with experience of visually obvious dental decay (2021-22)	20.4	25.8	23.7

Source: Updated fingertips.

- **Accidental injuries**

There is a higher incidence of accidental injuries in North Bexley when compared to the other two localities.

Table 31: Accidental Injuries in Bexley localities (crude rate 2016-20)

Indication	North Bexley	Clock Tower	Frognaal
Emergency hospital admissions in under 5 year olds	187.5	169.1	147.1
Emergency hospital admissions in under 15 year olds	78.8	71.4	72
Emergency hospital admissions in under 15 to 24 year olds	110.7	86.8	82.2

Source: Updated OHID Local Health.

- Falls and hips

Table 32: Hospital admissions to falls and hip fractures in Bexley per 100,000

Indication	Bexley	London	England
Emergency hospital Admissions to falls in people aged 65 and over (2022-23)	1944.3	2070.6	1932.8
Hip fractures in people aged 65 and over (2022-23)	586.5	502.3	558.0

Source: Updated OHID Fingertips.

- Palliative care

Table 33: Palliative care in Bexley (%)

Indication	Bexley	London	England
NHS-D QOF Palliative care	0.0064	0.0036	0.0057

Source: Updated from NHS Digital QOF 23-24.

2.9 Burden of disease

Long-term conditions are more prevalent in people over the age of 60 (58%) compared with people under the age of 40 (14%), and in people in more deprived groups, with those in the poorest social class having a 60% higher prevalence than those in the richest social class and 30% more severity of disease.⁶⁵

Please note that the locality figures below show the QOF prevalence for Bexley as a whole and for the PCNs within Bexley as data at locality level was unavailable. QOF data shows recorded prevalence, therefore the anticipated prevalence may be higher with unmet need for the conditions which contribute to premature mortality.

⁶⁵ The King's Fund. Long-term conditions and multi-morbidity. 2012-2013. www.kingsfund.org.uk/projects/time-think-differently/trends-disease-and-disability-long-term-conditions-multi-morbidity
<https://www.kingsfund.org.uk/projects/time-think-differently/trends-disease-and-disability-long-term-conditions-multi-morbidity>

Table 34: Percentage of patients recorded on GP Practice disease registers for long term conditions⁶⁶

Condition	North Bexley PCN	Clocktower PCN	Frognaal PCN	APL Bexley PCN	Bexley	England
Heart Failure	0.72	0.88	0.86	1.06	0.83	0.87
Asthma	5.20	4.80	5.30	5.90	5.24	6.52
Atrial Fibrillation	1.30	2.00	2.50	2.80	1.93	2.13
Cancer	2.80	3.90	4.20	4.20	3.54	3.49
Stroke	1.40	1.70	1.90	1.90	1.66	1.85
Diabetes	8.60	7.80	7.30	7.20	7.86	7.45
Coronary Heart Disease	2.10	2.80	3.00	3.10	2.58	2.99
Peripheral Arterial Disease	0.40	0.40	0.50	0.50	0.41	0.57
Hypertension	13.40	15.40	15.50	16.40	14.66	14.42
Chronic Obstructive Pulmonary Disease	1.70	1.60	1.70	1.90	1.70	1.85
Rheumatoid Arthritis	0.80	0.80	0.80	0.90	0.78	0.76

Heart Failure:

- APL Bexley PCN reports the highest prevalence (1.06%), significantly exceeding the England average (0.87%) and the Bexley average (0.83%).
- North Bexley PCN has the lowest prevalence (0.72%), also below the national average.

Asthma:

- All PCNs are below the national average with Clocktower PCN having the lowest incidence.

Atrial Fibrillation:

- APL Bexley PCN shows the highest prevalence (2.8%) followed by Frognaal PCN (2.5%), both exceeding the Bexley (1.93%) and England (2.13%) averages.
- North Bexley PCN has the lowest prevalence (1.3%), below the national and local averages.

⁶⁶ NHSE. Quality and Outcomes Framework guidance for 2023/24. January 2023. [Accessed November 2024] <https://www.england.nhs.uk/publication/quality-and-outcomes-framework-guidance-for-2023-24/>

Cancer:

- Frognal and APL Bexley PCNs report the highest prevalence (4.2%), exceeding the England (3.5%) and Bexley (3.54%) averages.
- North Bexley PCN has the lowest prevalence (2.8%), below both local and national averages.

Stroke:

- Frognal and APL Bexley PCNs report the highest prevalence (1.9%), higher than the Bexley and national averages.
- North Bexley PCN shows the lowest prevalence (1.4%), slightly below the Bexley average (1.66%).

Diabetes:

- North Bexley PCN (8.6%) and Clocktower PCN both report a higher prevalence than Bexley and national averages.
- APL Bexley PCN has the lowest prevalence (7.2%) in Bexley and lower than the national average.

Coronary Heart Disease:

- APL Bexley PCN (3.1%) and Frognal PCN (3.0%) both have a higher prevalence compared to the Bexley (2.58%) and England (2.99%) averages.
- North Bexley PCN has the lowest prevalence (2.1%), below both the local and national averages.

Peripheral Arterial Disease:

- Frognal and APL Bexley PCNs report the highest prevalence (0.5%), higher than the Bexley (0.41%) average but lower than the England average (0.57%).
- North Bexley and Clocktower PCNs have the lowest prevalence (0.4%), slightly below the Bexley average (0.41%).

Hypertension:

- APL Bexley PCN reports the highest prevalence (16.4%), exceeding both the Bexley (14.66%) and England (14.42%) averages.
- North Bexley PCN shows the lowest prevalence (13.4%), below the local and national averages.

Chronic Obstructive Pulmonary Disease:

- APL Bexley PCN reports the highest prevalence (1.9%), slightly higher than the England average (1.85%).
- Clocktower PCN has the lowest prevalence (1.6%), slightly below the Bexley average (1.7%).

Rheumatoid Arthritis:

- APL Bexley PCN shows the highest prevalence (0.9%), slightly above the Bexley (0.78%) and England averages (0.76%).
- Other PCNs, including Frogнал, North Bexley, and Clocktower, all report a prevalence of 0.8%, matching the national average.

Figure 9: Map to show broad location of PCNs across Bexley

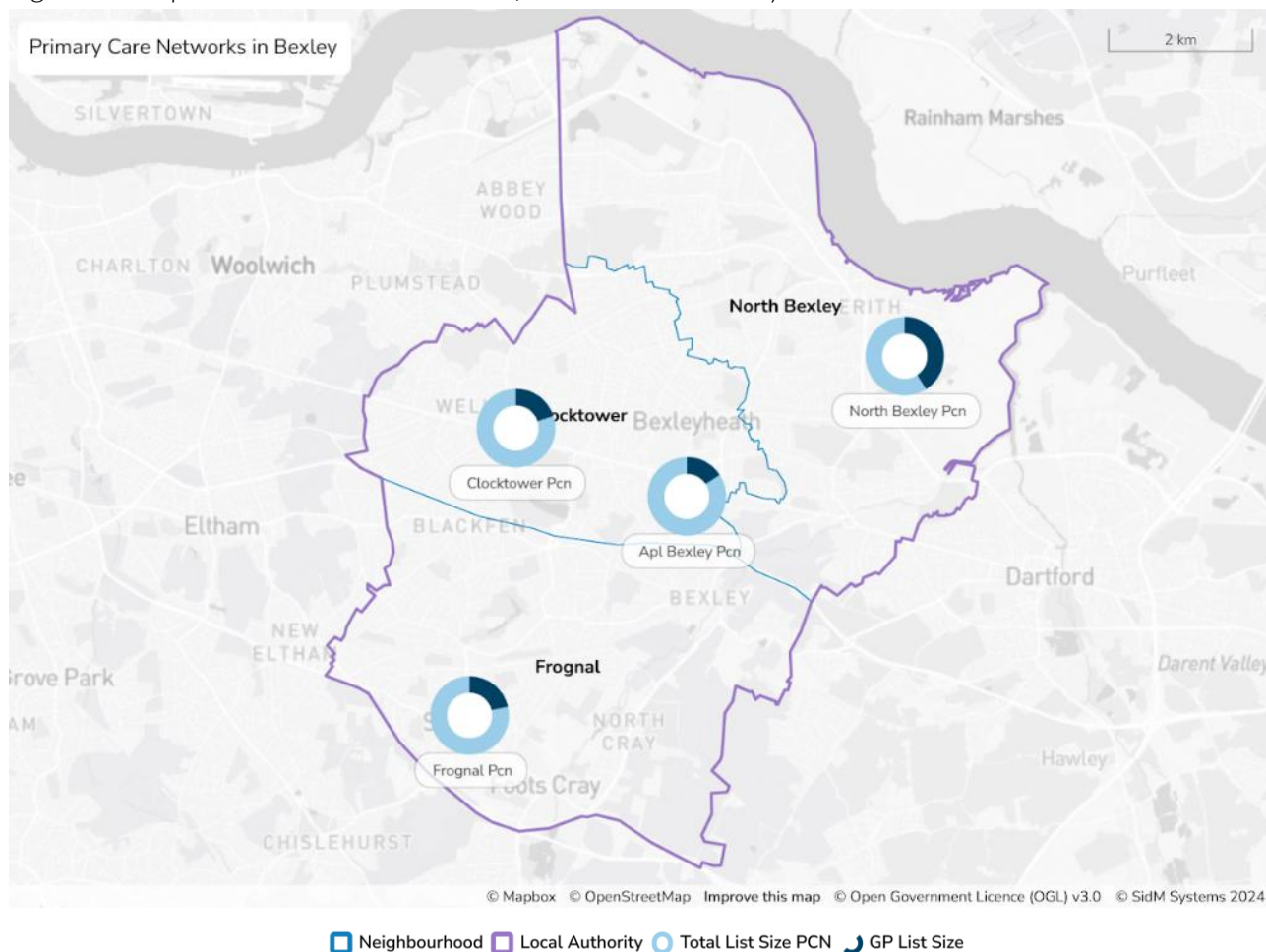


Table 35: Percentage of patients recorded on GP Practice disease registers per locality for conditions that affect mental health

Condition	Frogнал PCN	North Bexley PCN	Clocktower PCN	APL Bexley PCN	Bexley	England
Learning difficulties	0.50	0.50	0.50	0.40	0.48	0.56
Depression	11.20	12.50	11.10	12.20	11.72	13.25
Epilepsy	0.80	0.70	0.70	0.70	0.71	0.80
Dementia	1.40	0.50	0.80	0.90	0.80	0.74
Mental Health (all ages)	0.80	1.00	0.70	0.70	0.86	1.00

Learning difficulties:

- APL Bexley PCN (0.4%) has the lowest prevalence when compared to the other PCNs (0.5% across the other three) and significantly lower than the national average(0.56%).

Depression:

- Depression rates vary across PCNs, but as a whole, Bexley (11.72%) has a lower prevalence when compared to the England average of 13.25%.

Epilepsy:

- Frogna PCN (0.8%) aligns with the national average (0.8%) and exceeds the Bexley average (0.71%).
- North Bexley, Clocktower, and APL Bexley PCNs all report 0.7%, slightly below both the national and local averages.

Dementia:

- Dementia prevalence ranges from 0.5% to 1.4%, with Frogna PCN reporting the highest prevalence (1.4%), significantly above the England average (0.74%) and the Bexley average (0.80%).
- North Bexley PCN (0.5%) has the lowest prevalence, below both the local and national averages.

Mental Health (all ages):

- North Bexley PCN (1.0%) aligns with the England average and is the highest across Bexley.
- Frogna, Clocktower, and APL Bexley PCNs (0.7%) report the lowest prevalence, below both the national and Bexley averages (0.86%).

Section 3: NHS pharmaceutical services provision, currently commissioned

3.1 Overview

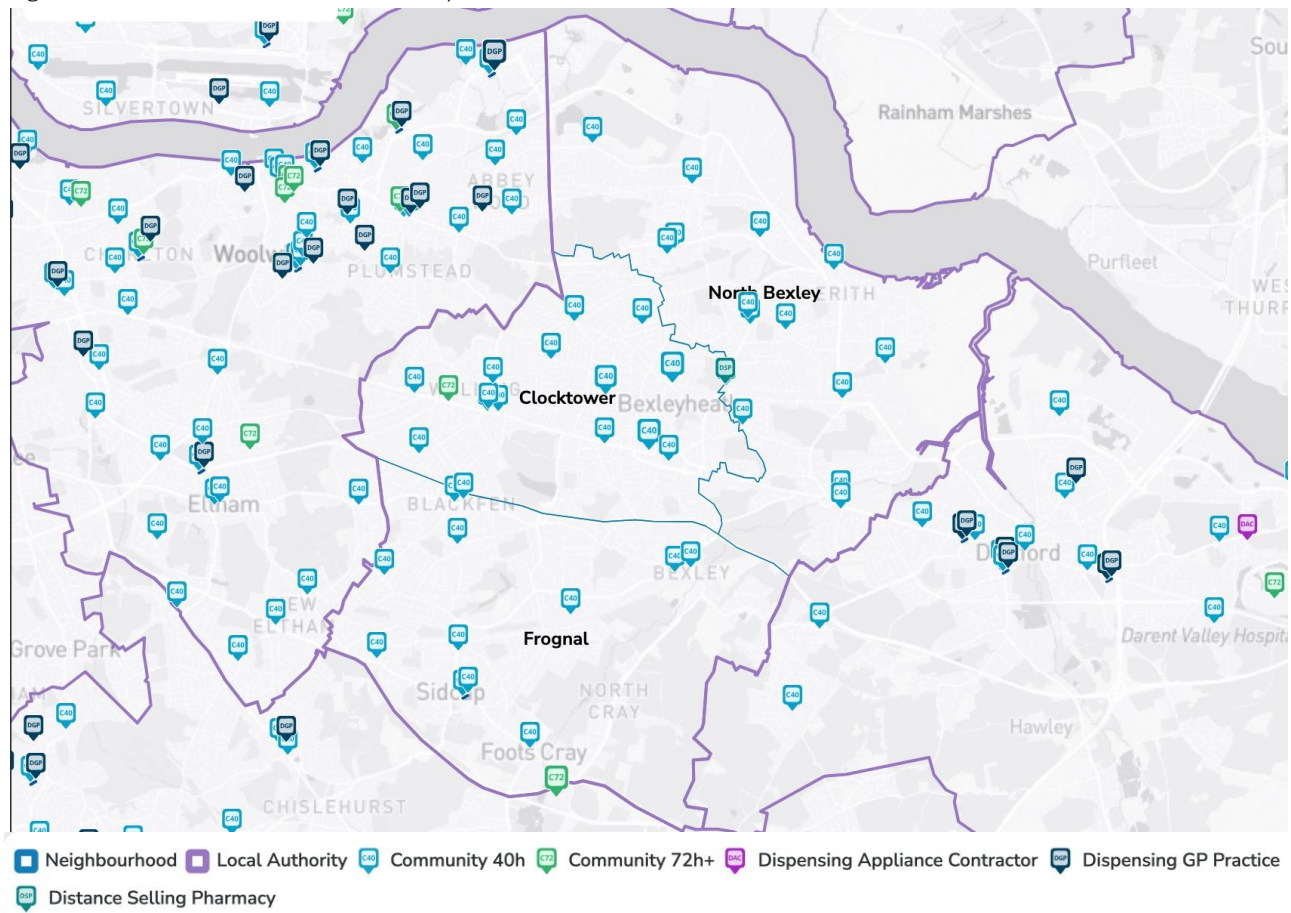
There is a total of 44 contractors in Bexley.

Table 36: Contractor type and number in Bexley

Type of contractor	Number
40-hour community pharmacies (including the PhAS)	42
72-hour community pharmacies	1
LPS providers	0
DSP	1
DAC	0
GP dispensing practice	0
Total	44

A list of all contractors in Bexley and their opening hours can be found in Appendix A. Figure below shows all contractor locations across all three localities in Bexley and the border.

Figure 10: All contractors in Bexley



3.2 Community pharmacies

Table 37: Number of community pharmacies in Bexley

Number of community pharmacies	Population of Bexley	Ratio of pharmacies per 100,000 population*
44 (includes 1 DSP)	246,466	17.9

*Correct as of October 2024

There are 44 community pharmacies in Bexley, which has decreased from 46 in the last PNA. The England average is 17.4 community pharmacies per 100,000 population, which has decreased from 2021, when the average number was 20.6. The Bexley average of 17.9 pharmacies per 100,000 is slightly higher than the national average. Section 1.2 noted the level of national community pharmacy closures due to funding challenges and workforce pressures. Table 38 shows the change in the numbers of pharmacies over recent years compared with regional and national averages.

Table 38: Number of community pharmacies per 100,000 population

	Bexley	England
2023-24	17.9	17.4
2020-21	18.5	20.6
2019-20	18.5	21.0
2018-19	18.8	21.2

Source: ONS 2020 and 2023 mid-year population estimates and NHSE for number of pharmacies.

Section 1.4.1.4.1 lists the Essential Services of the pharmacy contract. It is assumed that provision of all these services is available from all contractors. Further analysis of the pharmaceutical service provision and health needs for each locality is explored in Section 6.2.

Table 39 provides a breakdown, by locality, of the number of community pharmacies per 100,000 population. The number and rate of community pharmacies vary widely by locality.

Table 39: Number of community pharmacies per 100,000 population per locality

Locality	Number of community pharmacies	Total population (ONS mid-2023 population)	Average no. of community pharmacies per 100,000 population (Oct 2024)
North Bexley	16	98,452	16.3
Clocktower	15	79,769	18.8
Frognaal	13	68,245	19.0

Locality	Number of community pharmacies	Total population (ONS mid-2023 population)	Average no. of community pharmacies per 100,000 population (Oct 2024)
Bexley	44	246,466	17.9
England (2023) ⁶⁷	10,046	57,690,323	17.4

3.2.1 Weekend and evening provision

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

In the 2022 PNA Bexley had one 100-hour pharmacies (2%), and now has the one 72-hour in 2024. Nationally there has been a decline with the number of 100-hour community pharmacies in England open in 2022 being 9.4% and now for 72 hours or more per week being 7.7%.

The 72-hour pharmacy in Bexley is in Clocktower locality.

Table 40: Number of 72-hour community pharmacies (and percentage of total)⁶⁸

Area	Number (%) of 72-hour pharmacies
North Bexley	0
Clocktower	1
Frognal	0
Bexley	1 (2%)
England	806 (7.7%)

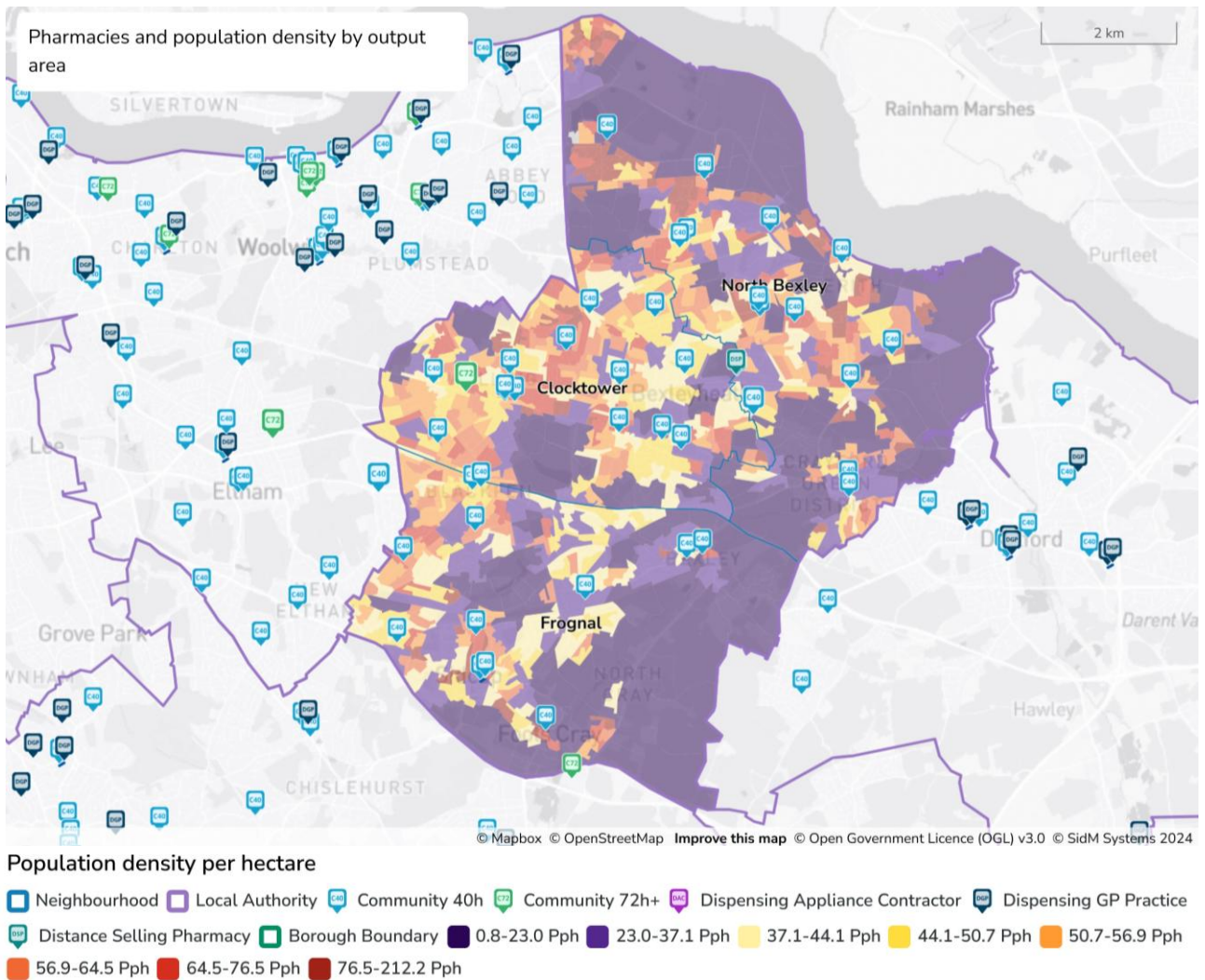
3.2.2 Access to community pharmacies

Community pharmacies in Bexley are particularly located around areas with a higher density of population, as seen in the map below.

⁶⁷ NHSBSA. General Pharmaceutical Services in England 2015-16 – 2023-24. October 2024. [Accessed November 2024] <https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-2015-16-2023-24>

⁶⁸ NHSBSA. General Pharmaceutical Services in England 2015-16 – 2023-24. October 2024. [Accessed November 2024] <https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-2015-16-2023-24>

Figure 11: Pharmacies in Bexley mapped against population density



A previously published article⁶⁹ suggests:

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

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

⁶⁹ Todd A, Copeland A, Husband A. The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England. *BMJ Open* 2014, Vol. 4, Issue 8. [Accessed November 2024] <http://bmjopen.bmj.com/content/4/8/e005764.full.pdf%20html>

3.2.2.1 Routine daytime access to community pharmacies

The following maps and table below show travel times to community pharmacies using a variety of options. A breakdown of travel within each locality is shown within Section 6.2.

Table 41: Table to show the various methods of transportation times to pharmacy across Bexley

Method and time band	% in travel time band
Walking 0-10min	60
Walking 0-20min	98
Walking 0-30min	100
Driving peak 0-10min	100
Driving peak 0-20min	100
Driving peak 0-30 min	100
Driving off-peak 0-10min	100
Driving off-peak 0-20min	100
Driving off-peak 0-30 min	100
Public transport 0-15min	93
Public transport 0-30min	99

Summary:

- 100% of the population are able to walk to the pharmacy within 30 minutes
- 100% of the population in Bexley can get to a pharmacy within 10 minutes when choosing to drive whether this is off peak or at peak times
- 99% are able to travel via public transport to a pharmacy within 30 minutes

Figure 12: Average walk times to community pharmacies in Bexley

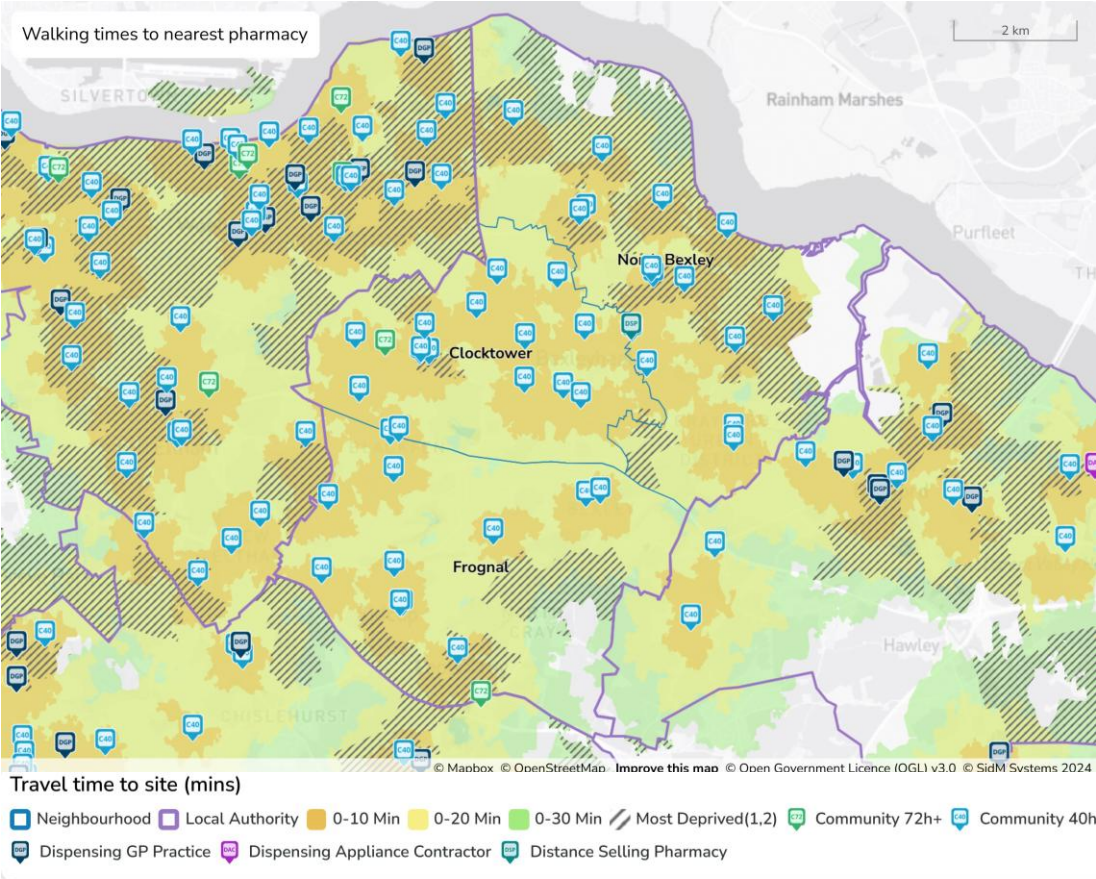


Figure 13: Drive times by car to the nearest pharmacy in Bexley (off peak)

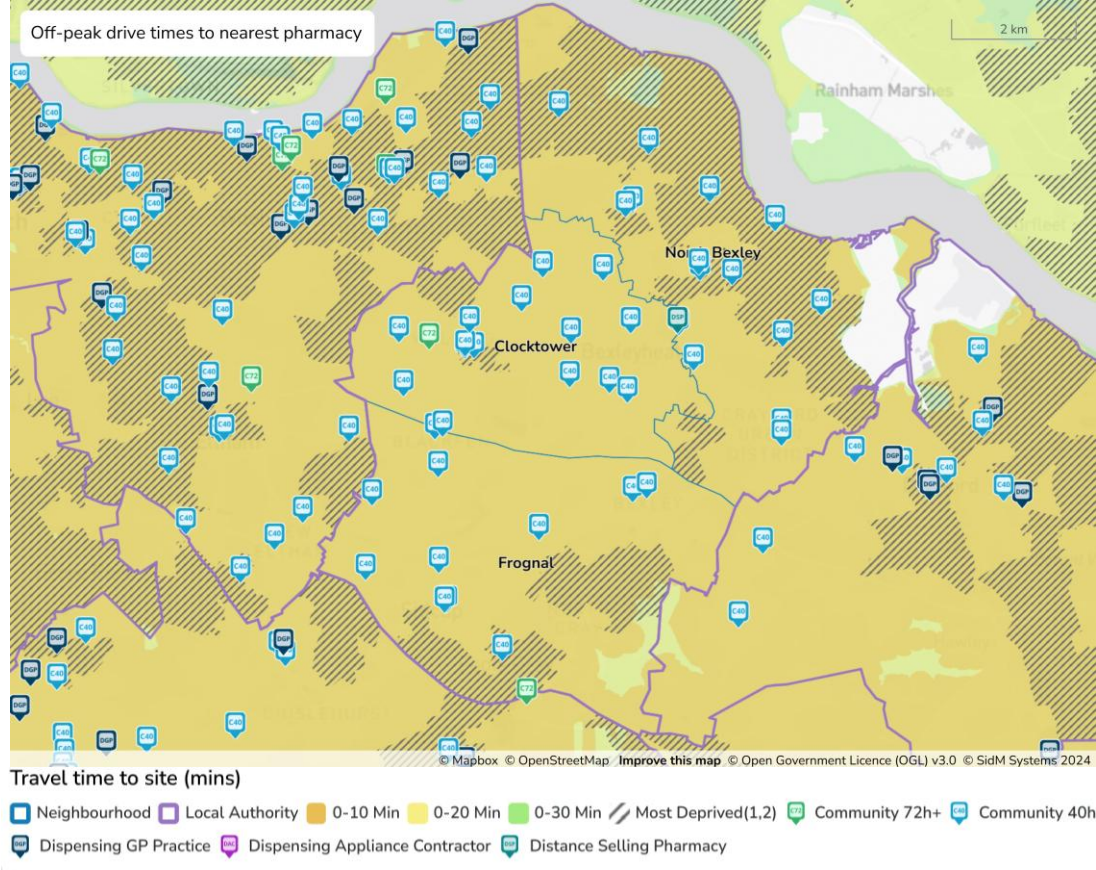


Figure 14: Drive times by car to the nearest pharmacy in Bexley (peak)

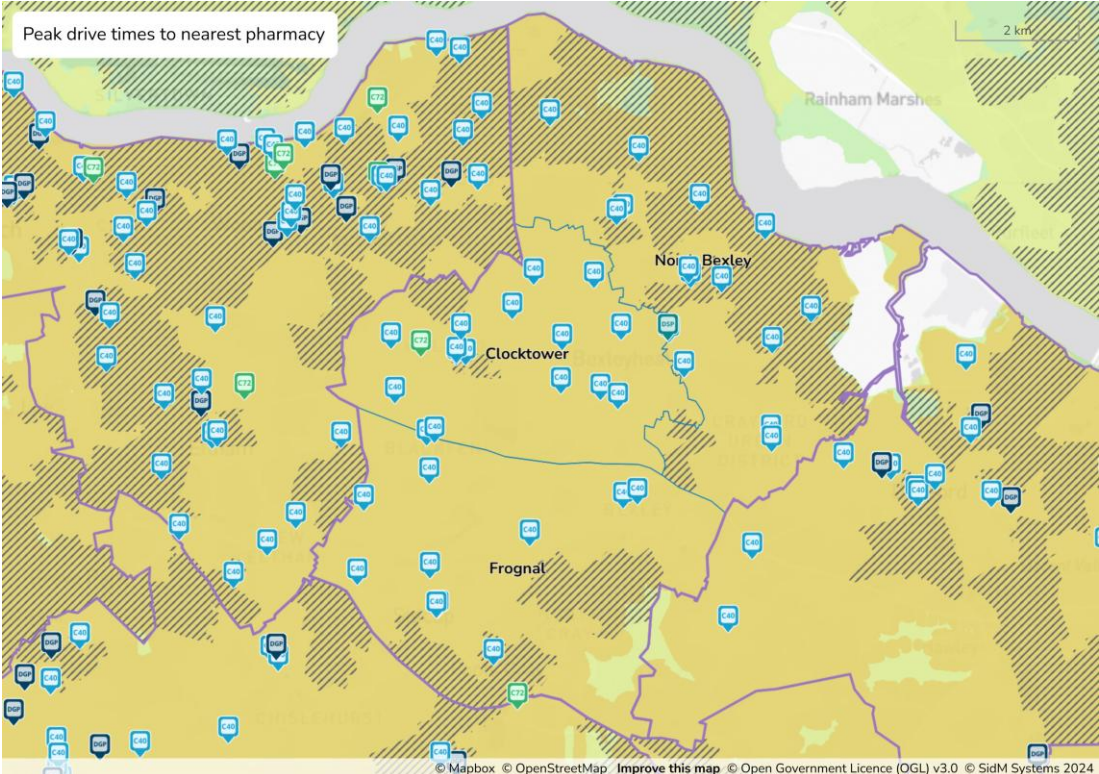


Figure 15: Public transport times to the nearest pharmacy in Bexley (off peak)

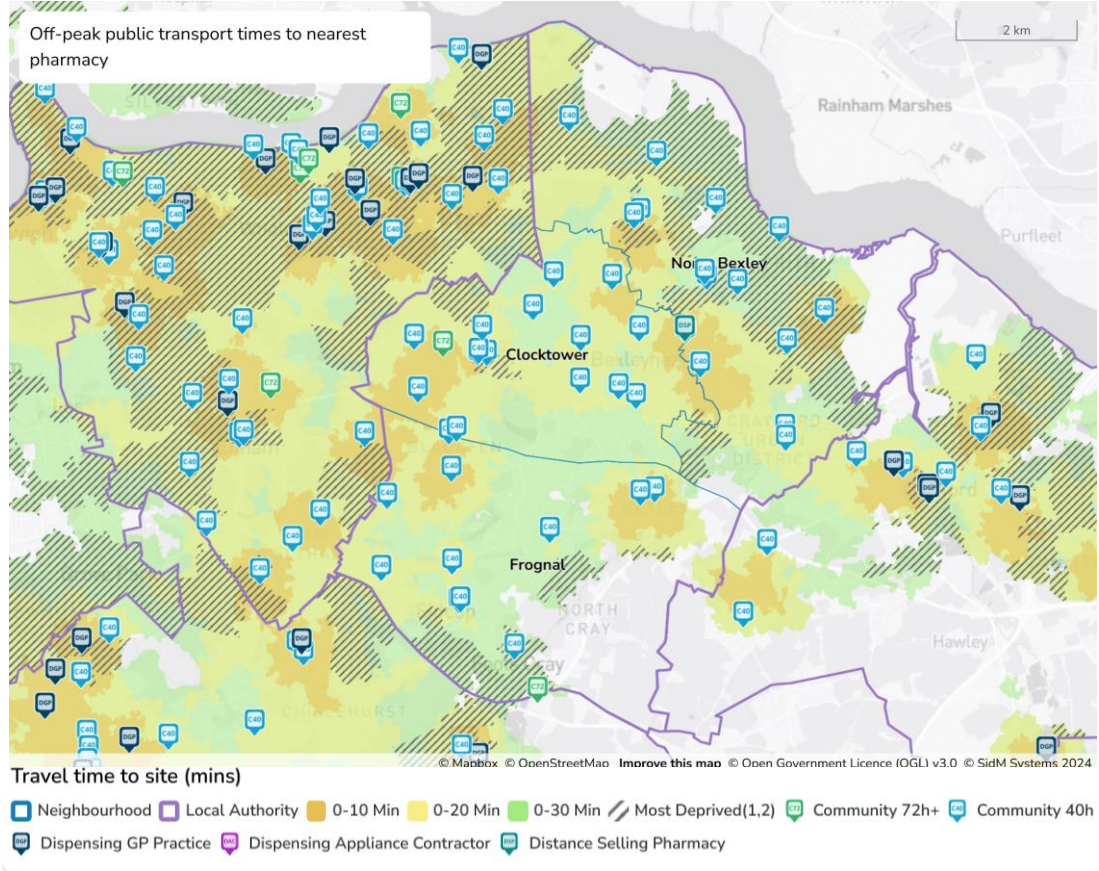
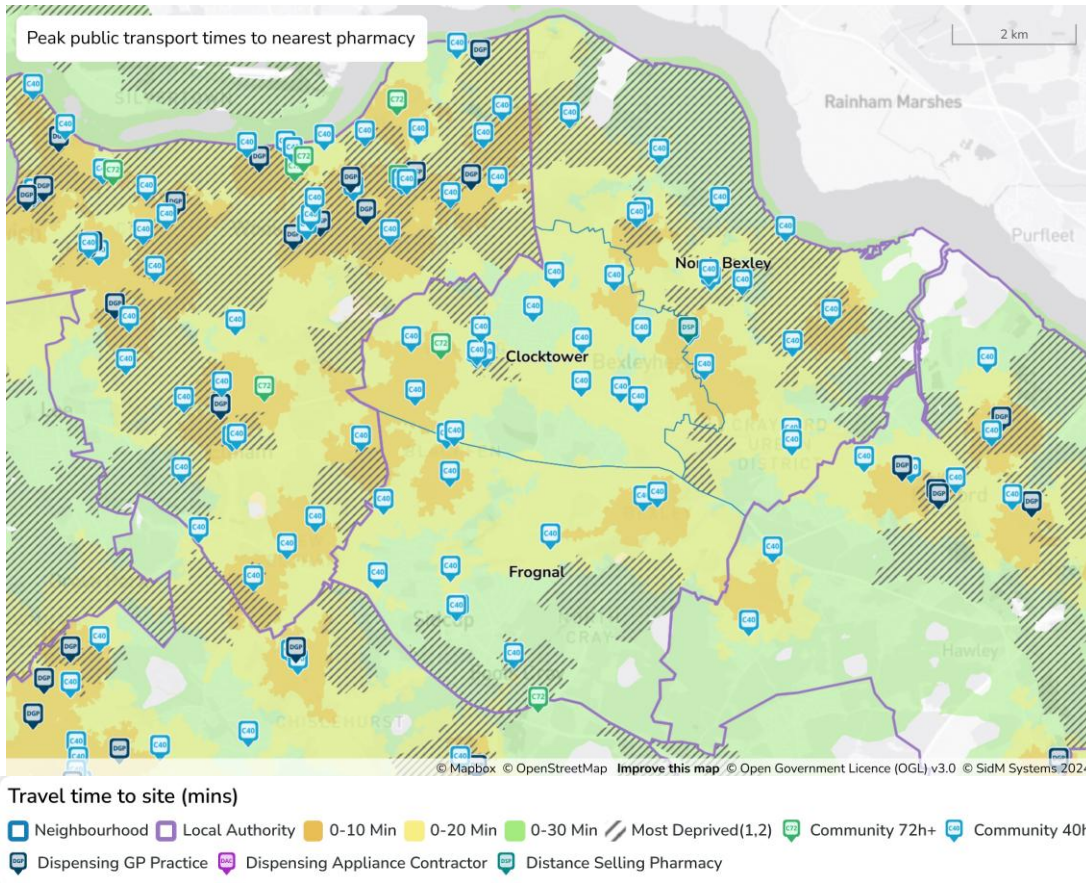


Figure 16: Public transport times to the nearest pharmacy in Bexley (peak)



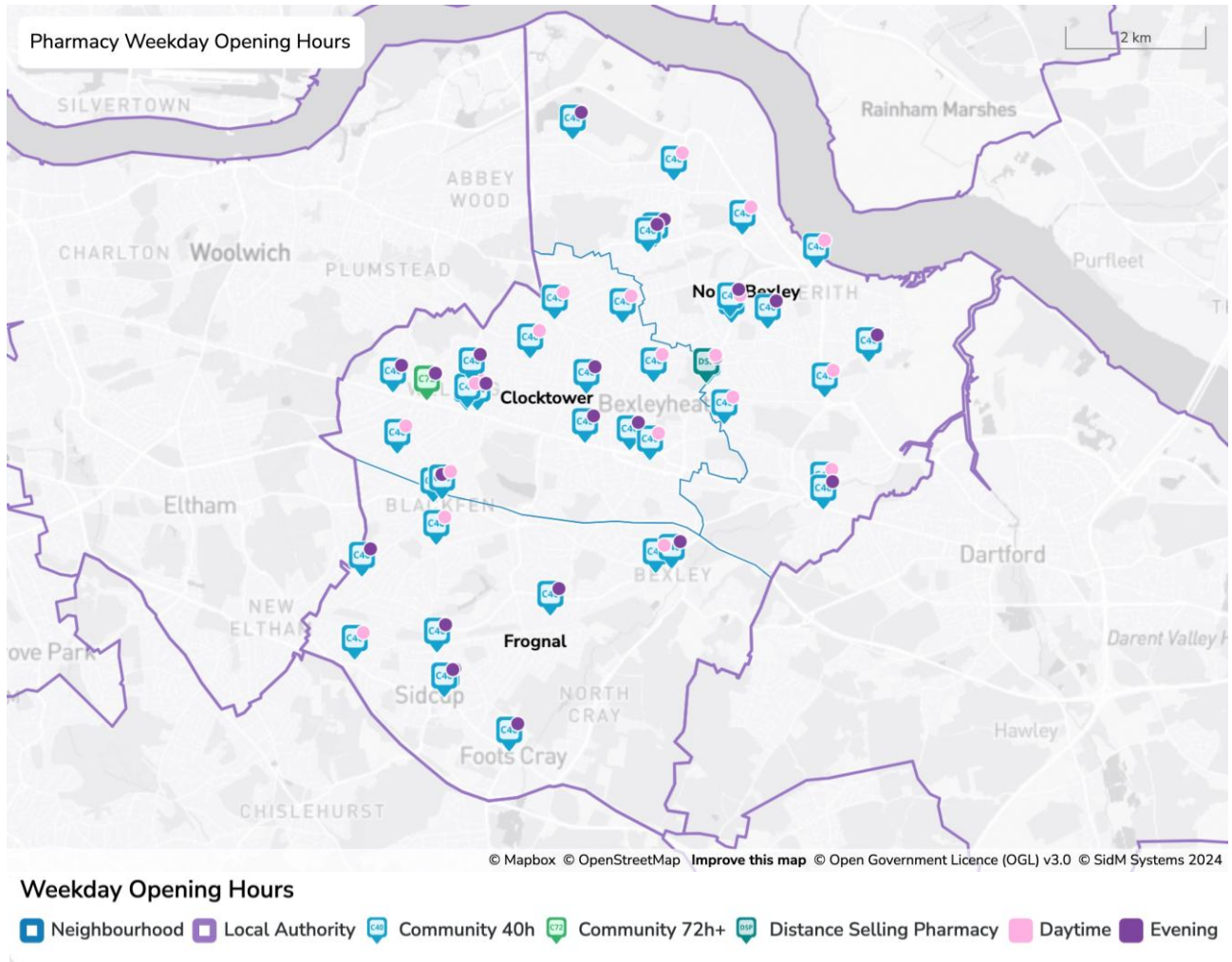
3.2.2.2 Routine weekday evening access to community pharmacies

The number, location and opening hours of community pharmacy providers open beyond 6 pm, Monday to Friday (excluding bank holidays), vary within each locality; they are listed in the table below and seen in Figure 17. Full details of all pharmacies’ opening hours can be found in Appendix A. ‘Average’ access is difficult, given the variety of opening hours and locations. Access is therefore considered at locality level and can be found in Table 42, which shows that 52% of pharmacies are open beyond 6 pm across Bexley.

Table 42: Percentage of community pharmacy providers open Monday to Friday (excluding bank holidays) beyond 6 pm, and on Saturday and Sunday

Locality	Percentage of pharmacies open beyond 6 pm	Percentage of pharmacies open on Saturday	Percentage of pharmacies open on a Sunday
North Bexley	50% (8)	94% (15)	6% (1)
Clocktower	47% (7)	80% (12)	13% (2)
Frognaal	62% (8)	100% (13)	8% (1)
Bexley	52% (23)	91% (40)	9% (4)

Figure 17: Pharmacy opening hours (weekday)



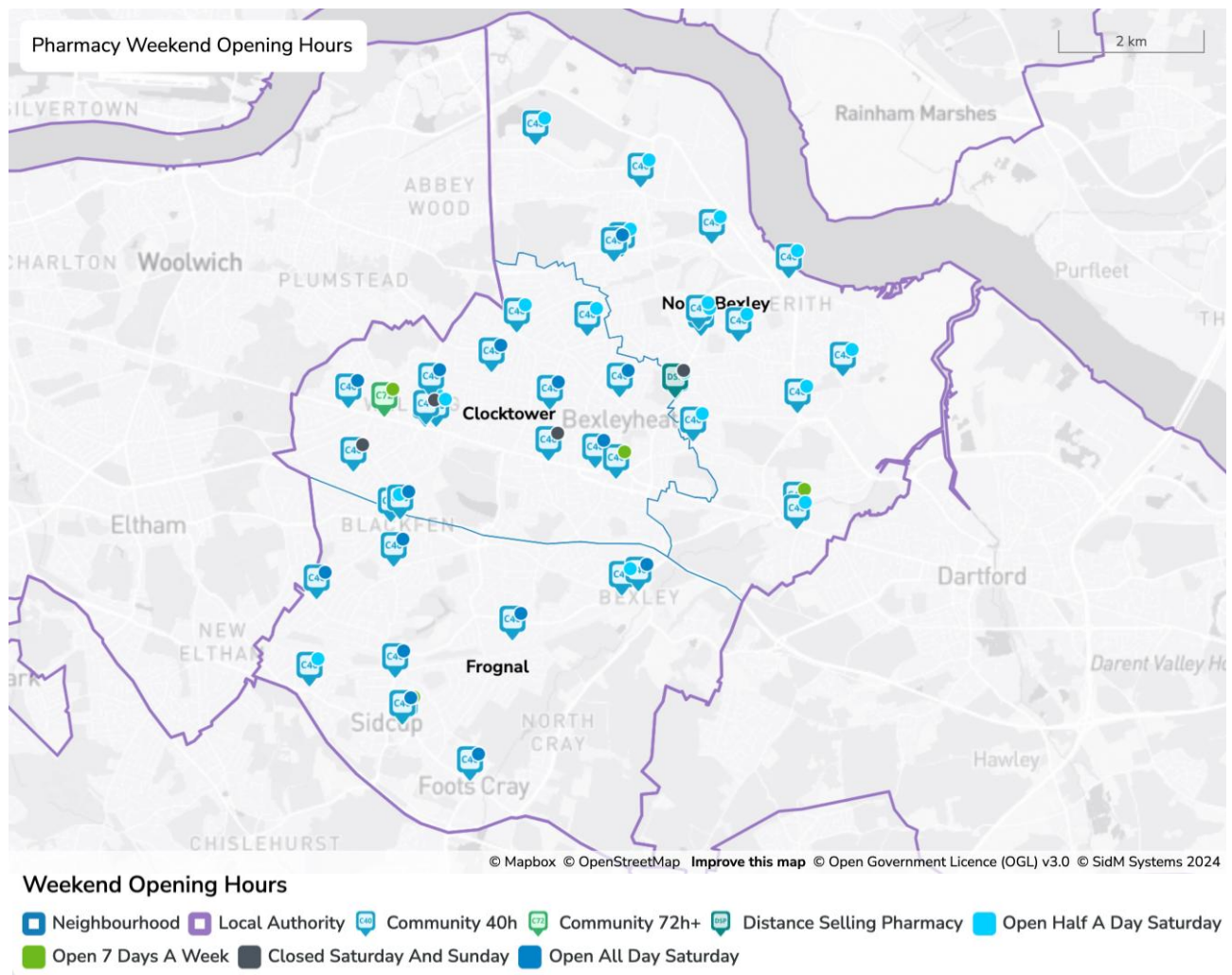
3.2.2.3 Routine Saturday daytime access to community pharmacies

The number, location and opening hours of community pharmacy providers open on Saturdays vary within each locality. Of the pharmacies in Bexley, 91% are open on Saturdays, the majority of which are open into the late afternoon. ‘Average’ access is difficult given the variety of opening hours and locations. Access is therefore considered at locality level. Full details of all pharmacies open on a Saturday can be found in Appendix A and in Figure 18.

3.2.2.4 Routine Sunday daytime access to community pharmacies

The number, location and opening hours of community pharmacy providers open on Sundays vary within each locality. Fewer pharmacies (9%) are open on Sundays than any other day in Bexley, which typically mirrors availability of other healthcare providers open on a Sunday. Full details of all pharmacies open on a Sunday can be found in Appendix A and in Figure 18.

Figure 18: Pharmacy opening hours (weekend)



3.2.2.5 Routine bank holiday access to community pharmacies

Community pharmacy contractors do not have to open on days which are specifically mentioned in the regulations (namely Christmas Day, Good Friday and Easter Sunday) or a day that has been specifically designated as a 'bank holiday', unless directed to open by NHSE.

Contractors also do not have to give formal notice of closures on these public and bank holidays but must ensure that their Directory of Services (DoS) and NHS website entries are accurate (this is now a terms of service requirement, with verification carried out quarterly).

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

The ICB has commissioned an enhanced service to provide coverage over Bank Holidays, Easter Sunday, and Christmas Day, to ensure that there are pharmacies open on these days so patients can access medication if required across Bexley.

Details of which pharmacies are open can be found on the NHSE website: <https://www.nhs.uk/service-search/pharmacy/find-a-pharmacy>.

3.2.3 Advanced Service provision from community pharmacy

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

Data supplied from NHS Business Services Authority (BSA) dispensing data has been used in Table 43 to demonstrate how many community pharmacies per locality have provided the Advanced Services, based on pharmacies claiming payment for the service. Details of individual pharmacy providers can be seen in Appendix A.

Table 43: Percentage of community pharmacy (including distance selling pharmacy) providers of Advanced Services in Bexley

	North Bexley	Clocktower	Frognaal	Bexley
Pharmacy First service	94%	93%	100%	95%
Flu Vaccination service	-	-	-	-
Pharmacy Contraception Service	25%	40%	38%	34%
Hypertension case-finding service	56%	73%	69%	66%
New Medicine Service	94%	100%	100%	98%
Smoking Cessation Service	-	7%	-	2%
Appliance Use Review	-	-	-	-
Stoma Appliance Customisation	-	-	-	-
LFD service	19%	40%	8%	23%

Source: NHS BSA Dispensing data April-June 2024.

It should be noted that for some of these services, such as Flu Vaccination, not providing them during the data analysed (April-June 2024) does not preclude providers from providing the service.

It should be noted that services, such as AUR and SAC have lower dispensing through Community Pharmacies as DACs (a specialised supplier of medical appliances and devices) provides these services. It should also be noted that for some of these services, such as AUR, not signing up does not preclude providers from providing the service. At the time of writing, which community pharmacies were providing the Flu Vaccination service was unavailable and the latest dispensing data suggested it's not being provided however it should be noted that this is a seasonal trend in activity (data available at the time of writing was for April – June 2024).

Newer advanced services are increasing in activity based on activity recorded in the 2022 PNA. The Hypertension case finding service previously had low uptake across all districts however data suggests better uptake for the majority of contractors in all localities.

The Smoking Cessation Service currently has low uptake locally as well as nationally.

More details can be found on local and national trends is available in the Community Pharmacy England Dashboards.⁷⁰

3.2.4 Enhanced Service provision from community pharmacy

There is currently one National Enhanced Service commissioned through community pharmacies from NHSE in Bexley and details of these services are discussed in Section 1.4.1.4.3. This is the COVID-19 vaccination service.

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

At the time of writing data was not available to demonstrate who had signed up to the service or whether activity data sourced from the NHSBSA demonstrated uptake. This is a seasonal service and is expected to increase with seasonal demand.

3.3 Dispensing Appliance Contractors

There are no DACs in Bexley.

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

As of June 2024 there were a total of 111 DACs in England⁷¹.

3.4 Dispensing GP practices

There are no dispensing GP practices in Bexley.

3.5 Pharmacy Access Scheme (PhAS) pharmacies

There is one PhAS provider in Bexley and details of these can be found in Appendix A.

3.6 Pharmaceutical service provision provided from outside Bexley

Bexley is bordered by three other HWB areas: Bromley, and Greenwich in London, and Kent. Bexley has good transport links and, as a result, it is anticipated that many residents in Bexley will have reasonable access to pharmaceutical service providers in neighbouring HWB areas and beyond.

It is not practical to list here all those pharmacies outside Bexley area by which Bexley residents will access pharmaceutical services. A number of providers lie within close proximity to the borders of Bexley area boundaries are shown in Figure 10.

⁷⁰ Community Pharmacy England. Clinical Services Statistics. October 2024. [Accessed November 2024] <https://cpe.org.uk/funding-and-reimbursement/nhs-statistics/clinical-services-statistics/>

⁷¹ NHSBSA. General Pharmaceutical Services in England 2015-16 – 2023-24. October 2024. [Accessed November 2024] <https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-2015-16-2023-24>

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

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

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

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

4.1 Local authority-commissioned services

LBB commissions four Local Authority-commissioned Services (LAS) from community pharmacies in Bexley.

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

- LAS1: Adult substance misuse treatment system
- LAS2: Needle exchange service
- LAS3: Supervised administration of medicines

LAS4: Community pharmacy sexual health service, which includes: chlamydia screening, chlamydia treatment, free emergency hormonal contraception, condoms, point of care testing for Human Immunodeficiency Virus (HIV), oral contraception and online genitourinary medicine support.⁷²

Table 44: Percentage of providers of locally commissioned services in Bexley- services commissioned by London Borough of Ealing

Service	North Bexley	Clocktower	Frognal	Bexley
Adult substance misuse treatment system	6%	-	23%	9%
Needle exchange service	19%	13%	8%	14%
Supervised administration of medicines	50%	20%	31%	34%
Community pharmacy sexual health service	6%	-	31%	11%

⁷² This service is currently being recommissioned through the Pharmacy Alliance which looks to provide emergency hormonal contraception, chlamydia treatment and condoms with plans to extend the number of pharmacies providing sexual health services from 6 to 20 pharmacies across Bexley.

4.2 Integrated Care Board (ICB)-commissioned services

The NHS South East London ICB commissions two services across Bexley. A list of all contractors and commissioned services can be found in Appendix A.

- ICBS1: Community pharmacy health and wellbeing service
- ICBS2: Community pharmacy inhaler recycling scheme

Table 45: Percentage of providers of locally commissioned services in Bexley- services commissioned by South East London ICB

Service	North Bexley	Clocktower	Frognaal	Bexley
Health and Wellbeing Service	19%	20%	-	14%
Inhaler Recycling Scheme	6%	7%	15%	9%

4.3 Other services provided from community pharmacies

Due to the low response from the contractor questionnaire we are unable to ascertain information about other services provided by community pharmacies in Bexley outside of the NHS or locally commissioned services already stated.

4.3.1 Collection and delivery service

The delivery services offered by pharmacy contractors are not commissioned services and is not part of the community pharmacy contractual terms of service. There has been a recommendation from the National Pharmacy Association (NPA) that services like these should be stopped and no longer be available free of charge.

This would not be considered as part of a determination for Market Entry.

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

4.3.2 Services for less-abled people

Under the Equality Act 2010⁷³ community pharmacies are required to make 'reasonable adjustments' to their services to ensure they are accessible by all groups, including less-abled persons.

From the 401 responders to the public questionnaire, 10% responded yes to having a disability that affected their day-to-day activities.

⁷³ Legislation. Equality Act 2010. [Accessed November 2024] www.legislation.gov.uk/ukpga/2010/15/contents

4.4 Other providers that reduce the need for pharmaceutical service provision

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

4.4.1 NHS hospitals

Pharmaceutical services are provided to patients by the hospitals:

- Queen Mary's Hospital, Frognal Avenue, Sidcup, DA14 6LT
- Erith and District Hospital, Park Crescent, Erith, Kent, DA8 3EE
- Upton Day Hospital, 14 Upton Road, Bexleyeath, Kent, DA6 8LQ
- Darent Valley Hospital, Darent Wood Road, Dartford, DA2 8DA
- Queen Elizabeth Hospital, Statium Road, Woolwich, London, SE18 4QH
- Princess Royal University Hospital, Farnborough Common, Orpington, Kent, BR6 8ND
- University Hospital Lewisham, High Street, Lewisham, London, SE13 6LH

4.4.2 Personal administration of items by GP practices

GPs are able to personally administer certain items such as vaccines and certain injectable medications for reimbursement from the NHS.

4.4.3 Flu vaccination service by GP Practices

GPs provide access to flu vaccination additionally to the service commissioned in pharmacies through the NHS Enhanced service.

4.5 Other services that may increase the demand for pharmaceutical service provision

4.5.1 Urgent Care Centres

Residents of Bexley have access to urgent care at:

- Queen Mary's Hospital, Frognal Avenue, Sidcup, DA14 6LT
- Erith and District Hospital, Park Crescent, Erith, Kent, DA8 3EE
- Darent Valley Hospital, Darent Wood Road, Dartford, DA2 8DA
- Queen Elizabeth Hospital, Statium Road, Woolwich, London, SE18 4QH
- Princess Royal University Hospital, Farnborough Common, Orpington, Kent, BR6 8ND

4.5.2 Walk-in centres

There are no minor injury unit or walk in centres in Bexley HWB area.

4.5.3 Extended hours access by PCNs

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

4.5.4 Community nursing prescribing

Community nurses work in a variety of settings providing care to individuals outside of a normal acute or general practice setting. This can range from community-based clinics offering specialist services to directly visiting patients in their home.

4.5.5 Dental services

Dentists are able to prescribe through their dental practices and may issue prescriptions for their patients when necessary.

4.6 Other services

The following are services provided by NHS pharmaceutical providers in Bexley, commissioned by organisations other than NHSE or provided privately, and therefore out of scope of the PNA.

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

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

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

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

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

Section 5: Findings from the public questionnaire

A public questionnaire about pharmacy provision was developed by the steering group to understand the views of the public in Bexley. This questionnaire was available online through LBB consultations website page between 26 July and 27 September 2024. Paper copies and an easy read version were also available under request.

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

- Social media channels
- Digital posters displayed in libraries, council hall, hospitals and GP waiting room screens
- Bexley residents newsletters
- London Borough of Bexley staff
- Cascaded to relevant groups with Bexley via the council
- South East London ICB network including Community Champions
- Healthwatch Bexley network including distribution of paper and easy read copies
- Patient Engagement Forum

There were 401 responses, with some users requesting paper copies but all completing the online survey, from a population of 246,466 (0.16%), so the findings should be interpreted with some care regarding the representation of the community as a whole. It should also be noted that the demographics of respondents do not fully reflect population demographics with certain groups not adequately represented limiting how generalisable the findings are. Due to small numbers, responses are not broken down by locality. A full copy of the results can be found in Appendix D.

5.1 Demographic analysis

67% of the respondents were female compared to 31% being male and the remaining 2% other or preferred not to say. Majority answering the survey aged 65 years and over (57%). 52% reported having a disability or long-standing illness of which 10% said it affected them with day-to-day activities.

Majority of the respondents came from a white background (90%) with 5% from an ethnically diverse background and remaining 5% rather not to say.

Due to small numbers, responses are not broken down by locality. A full copy of the results can be found in Appendix D.

When reporting of details of responses to the public questionnaire, some figures may not add up to 100% due to rounded numbers, multiple choice or some options not being included in a detailed report (e.g. "Prefer not to say", "N/A" etc).

5.2 Visiting a pharmacy

- 94% had a regular or preferred local community pharmacy which was similar to the respondents in 2022

- Most of the respondents (38%) visited a pharmacy a few times a month
- 40% said the time of day and time most convenient typically varied
- Just over one third (39%) went to use an NHS clinical service

5.3 Reason for visiting a pharmacy

- The main reason for visiting a pharmacy for most (90%) was to collect prescriptions for themselves
- 62% visited to buy something over the counter
- 39% went to access a NHS Clinical service e.g. Covid vaccination, emergency contraception, help with new medicines, blood pressure checks advanced service
- 38% visited or contacted a pharmacy a few times a month in the last six months
- Only 1% said they only used an online pharmacy

5.4 Choosing a pharmacy

- Availability of medicines was an important factor (65% felt it was extremely important) when choosing a pharmacy
- The location of the pharmacy (54%) and quality of service (60%) were also extremely important factors
- The pharmacy being accessible (60%), public transport being available (63%) and communication skills (60%) were considered not being important at all
- When asked if there is a more convenient and/or closer pharmacy that they do not use, 26% responded yes, the reason for most of them being habit or personal preference

5.5 Access to a pharmacy

- The main way patients access a pharmacy is by walking, with 61% using this method.
- The next most common method is to use a car (34%).
- 85% reported that they were able to travel to a pharmacy within 15 minutes and 15% being able to get to their pharmacy within 30 minutes.

Section 6: Analysis of health needs and pharmaceutical service provision

This section is to provide an analysis of health needs and pharmaceutical service provision is to establish if there is a gap or potential future gap in the provision of pharmaceutical services in Bexley.

6.1 Pharmaceutical services and health needs

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

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

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

6.2 PNA localities

There are 44 contractors in Bexley, all of them community pharmacies (including 1 DSP). Table 36 in Section 3.1 provides a breakdown by contractor type and Table 42 in Section 3.2.2.2 provides a breakdown of the number and percentage of community pharmacies open beyond 6 pm and weekends. Individual community pharmacy opening times are listed in Appendix A.

The health needs of the Bexley population influence pharmaceutical service provision in Bexley. Health and population information was not always provided on a locality basis; where it was provided it has been discussed in the relevant locality section.

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

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

The breakdown of Advanced, Enhanced and Locally Commissioned Service provision by locality can be found in Section 3.2.3, Section 3.2.4 and [Section 4](#) respectively.

For the purpose of the PNA, the Bexley geography has three localities:

- North Bexley
- Clocktower
- Frogna

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

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

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

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

6.2.1 North Bexley

North Bexley locality has a population of 98,452 of which 6.17% is White British, 22.6% is Black/Black British/Caribbean/African, 9% is Asian/Asian British and the rest is 3.5% other ethnicities with 18.89% being of other ethnicities. This is the most diverse locality in Bexley and relatively the most deprived locality in the borough compared to the Bexley and London figures. Population density is relatively higher in the north of the locality.

The number of households in North Bexley that own a car or van is 72.5% which is just below the Bexley values.

The health of North Bexley's population, based on data from the North Bexley PCN, indicates that the majority of the locality is relatively healthy. However, diabetes prevalence is higher compared to both Bexley and national averages.

North Bexley has the highest percentage of children in both age groups considered obese or with severe obesity compared to the Bexley and England values.

6.2.1.1 Necessary Services: current provision

There are 16 community pharmacies in this locality. The estimated average number of community pharmacies per 100,000 population is 16.3, below the England average of 17.4 and the Bexley average of 17.9 (Section 3.2). There are 15 pharmacies that hold a standard 40-core hour contract and one Distance Selling Pharmacy. Of the 16 community pharmacies:

- Eight pharmacies (50%) are open after 6pm on weekdays
- 15 pharmacies (94%) are open on Saturdays
- One pharmacy (6%) is open on Sundays

There are also a number of accessible providers open in neighbouring locality of Clocktower and HWB areas of Greenwich and Kent.

6.2.1.2 Necessary Services: gaps in provision

There is adequate pharmaceutical service provision across the whole locality to ensure continuity of provision to the new developments. The district population growth is expected to increase slightly over the next six years to 2030 by 0.46% and the number of dwellings is discussed in Section 2.6.3. These minor increases can be easily absorbed by the existing community pharmacy network and should not impact access to pharmaceutical services.

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

No gaps in the provision of Necessary Services have been identified for North Bexley locality.

6.2.1.3 Other relevant services: current provision

Sections 3.2.3 and 3.2.4 show the pharmacies providing Advanced and Enhanced services in North Bexley locality.

It can be seen that there is good availability of Pharmacy First (94%), New Medicine Service (NMS) (94%) and Hypertension case-finding (56%) in the locality. There is currently a lower number of providers of the LFD supply (19%) and Pharmacy Contraception (25%).

Regarding access to **Advanced** Services, data for which pharmacies had signed up to the service was unavailable, however NHSBSA data for April-June 2024 demonstrated activity for these services as follows:

- Pharmacy First – 94% (15) of pharmacies delivered this service
- Flu Vaccination – 0
- Pharmacy Contraception – 25% (4) of pharmacies delivered this service
- Hypertension case-finding – 56% (9) of pharmacies delivered this service
- New Medicine Service – 94% (15) of pharmacies delivered this service

- Smoking Cessation – 0
- Appliance use review – 0
- Stoma appliance customisation – 0
- Lateral Flow Device Tests – 19% (3) of pharmacies delivered this service

At the time of writing, which pharmacies were providing the **Enhanced** Services was unavailable.

6.2.1.4 Improvements and better access: gaps in provision

Regarding access to **services commissioned by ICB** in the 16 community pharmacies:

- Three pharmacies (19%) provide access to the Health and Wellbeing Scheme (Vital 5)
- One pharmacy (6%) provides the Inhaler Recycling Scheme

Regarding access to **services commissioned by LBB** in the 16 community pharmacies:

- One pharmacy (6%) provides Substance misuse service
- Three pharmacies (19%) provide Needle exchange services
- Eight pharmacies (50%) provide Supervised Administration of Medicine Services
- One pharmacy (6%) provides Sexual health service

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

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

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

6.2.2 Clocktower

Clocktower locality has a population of 79,769 of which 73.6% is White British, 13.8% is Asian/Asian British and the rest is 3.5% other ethnicities with 9.9% being of other ethnicities. This is quite a diverse locality in Bexley and relatively affluent of the three Bexley localities in the borough compared to the Bexley and London figures. Population density is relatively lower compared to the other two localities.

The number of households in Clocktower that own a car or van is 80.9% which is higher than the Bexley value.

The health of the population of Clocktower mainly taken from Clocktower PCN data and APL PCN data shows that the locality is relatively healthier, with diabetes and cancer higher than the Bexley and England values, hypertension similar to the Bexley value and higher than England.

6.2.2.1 Necessary Services: current provision

There are 15 community pharmacies in this locality. The estimated average number of community pharmacies per 100,000 population is 18.8, similar to the England average of 17.4 and higher than the Bexley average of 17.9 (Section 3.2). There are 14 pharmacies that hold a standard 40-core hour contract and one 72+ hour pharmacies. There are no DSPs in Clocktower. Of the 15 community pharmacies:

- Seven pharmacies (47%) are open after 6pm on weekdays
- 12 pharmacies (80%) are open on Saturdays
- Two pharmacies (13%) are open on Sundays

There are also a number of accessible providers open in neighbouring localities of North Bexley and Frognal, and HWB areas of Greenwich and Bromley.

6.2.2.2 Necessary Services: gaps in provision

Generally, there is adequate pharmaceutical service provision across the whole locality to ensure continuity of provision to the new developments.

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

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

6.2.2.3 Other relevant services: current provision

Sections 3.2.3 and 3.2.4 show the pharmacies providing Advanced and Enhanced services in Clocktower locality.

It can be seen that there is good availability of NMS (100%), Pharmacy first (93%) and hypertension case-finding (73%) in the locality. There is currently a lower number of providers of LFD supply (40%), Pharmacy Contraception (40%) and smoking cessation (7%).

Regarding access to Advanced Services, data for which pharmacies had signed up to the service was unavailable, however NHSBSA data for April-June 2024 demonstrated activity for these services as follows:

- Pharmacy First – 93% (14) of pharmacies offer this service
- Flu Vaccination – 0
- Pharmacy Contraception – 40% (6) of pharmacies offer this service

- Hypertension case-finding – 73% (11) of pharmacies offer this service
- New Medicine Service – 100% (15) of pharmacies offer this service
- Smoking Cessation – 7% (1) of pharmacies offer this service
- Appliance use review – 0
- Stoma appliance customisation – 0
- Lateral Flow Device Tests – 40% (6) of pharmacies offer this service

At the time of writing, which pharmacies were providing the **Enhanced** Services was unavailable.

6.2.2.4 Improvements and better access: gaps in provision

Regarding access to **services commissioned by ICB** in the 15 community pharmacies:

- Three pharmacies (20%) provide access to the Health and Wellbeing Scheme (Vital 5)
- One pharmacy (7%) provides the Inhaler Recycling Scheme

Regarding access to **services commissioned by LBB** in the 15 community pharmacies:

- Two pharmacies (13%) provide Needle exchange services
- Three pharmacies (20%) provide Supervised Administration of Medicine Services
- The other two LAS have 0% of pharmacies offer it

Consideration should be given to incentives for further uptake from current providers and extending provision through community pharmacies including plans for the implementation of the recently introduced Advanced Service – the hypertension case-finding service – and the smoking cessation Advanced Service.

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

6.2.3 Frognal

Frognal locality has a population of 68,245 of which 84.5% is White British and 15.5% are other. This is quite diverse locality in Bexley and relatively affluent compared to the Bexley and London figures. Population density is relatively lower to the east of the locality and higher in the west of the locality.

The number of households in Frognal that own a car or van is 81.3% which is higher than the Bexley value and the highest across the three localities.

The health of the population of Frognal, mainly taken from Frognal QOF PCN data and APL PCN QOF data, shows that the locality has notified health issues such as heart failure, atrial fibrillations, stroke, peripheral arterial disease, hypertension and Chronic Obstructive Pulmonary Disease (COPD), where QOF figures are higher than Bexley and England values. In addition, it was noted Frognal PCN reports the highest prevalence (1.3%), significantly exceeding the England average (0.5%) and the Bexley average (0.6%). For dementia prevalence ranges Frognal PCN reporting the highest prevalence (1.4%), significantly above the England average (0.74%) and the Bexley average (0.80%).

6.2.3.1 Necessary Services: current provision

There are 13 community pharmacies in this locality. The estimated average number of community pharmacies per 100,000 population is 19.0, above the England average of 17.4 and the Bexley average of 17.9 (Section 3.2). All the 13 pharmacies that hold a standard 40-core hour contract.

Of the 13 community pharmacies:

- Eight pharmacies (62%) are open after 6pm on weekdays
- 13 pharmacies (100%) are open on Saturdays
- One pharmacy (8%) are open on Sundays

There is one PhAS in Frognal.

There are also a number of accessible providers open in neighbouring localities of Clocktower and North Bexley PCN, and HWB areas of Greenwich and Kent.

6.2.3.2 Necessary Services: gaps in provision

Generally, there is adequate pharmaceutical service provision across the whole locality to ensure continuity of provision to the new developments.

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

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

6.2.3.3 Other relevant services: current provision

Sections 3.2.3 and 3.2.4 show the pharmacies providing Advanced and Enhanced Services in Frognal locality.

It can be seen that there is good availability of Pharmacy First (100%), NMS (100%), and hypertension case-finding (69%) in the locality. There is currently a lower number of providers of Pharmacy Contraception (38%) and the LFD supply (8%).

Regarding access to **Advanced** Services, data for which pharmacies had signed up to the service was unavailable, however NHSBSA data for April-June 2024 demonstrated activity for these services as follows:

- Pharmacy First – 100% (13) of pharmacies offer this service
- Flu Vaccination – 0
- Pharmacy Contraception – 38% (5) of pharmacies offer this service
- Hypertension case-finding – 69% (9) of pharmacies offer this service
- New Medicine Service – 100% (13) of pharmacies offer this service
- Smoking cessation – 0
- Appliance use review – 0
- Stoma appliance customisation – 0
- LFD Tests – 8% (1) of pharmacies offer this service

At the time of writing, which pharmacies were providing the **Enhanced** Services was unavailable.

6.2.3.4 Improvements and better access: gaps in provision

Regarding access to services commissioned by ICB in the 13 community pharmacies:

- Two pharmacies (15%) provide the Inhaler Recycling Scheme
- No pharmacies provide the Health and Wellbeing Scheme (Vital 5)

Regarding access to services commissioned by LBB in the 13 community pharmacies:

- Three pharmacies (23%) provide Substance Misuse services
- One pharmacy (8%) provides Needle Exchange services
- Four pharmacies (31%) provide Supervised Administration of Medicines services
- Four pharmacies (31%) provide Sexual health services

Consideration should be given to incentives for further uptake from current providers and extending provision through current community pharmacies, including plans for the implementation of the recently introduced Advanced Service – the hypertension case-finding service – and the smoking cessation Advanced Service, and of current locally commissioned services, to further support those areas of higher deprivation within this locality.

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

6.3 Pharmaceutical services and health needs across Bexley

Bexley has a population of 246,466, of which 71.9% is white British and 28.1% are other ethnicities making this borough quite a diverse area. For some members who identify as an ethnic minority English may not be their first language, and therefore may create a barrier to accessing pharmaceutical services. Residents may use apps, such as Google Translate, or a member of pharmacy staff to translate, however a commissioned translation and interpretation service would be beneficial for current pharmacy contractors. There is no evidence to suggest there is a gap in service that would equate to the need for additional access to Necessary Services inside or outside normal hours anywhere in Bexley. There is an opportunity for the SEL ICB and HWB to improve understanding of Community Pharmacy services with minority groups to maximise the access from existing Community Pharmacy networks.

Bexley has lower levels of deprivation compared to England averages. The JSNA noted Bexley is in the least deprived quintile, quintile 5, in England according to the IMD, ranking 190 out of 317 upper tier local authorities in England in 2021. There is more relative deprivation to the north, east and south of the borough, with the centre and west of the borough more relatively affluent. Population density is lower in the north and south-east and higher in the centre and south west of the borough. The number of households that own a car or van is 77.6%, higher than the England average.

- All community pharmacies can be reached by private transport in 15 minutes in peak and off-peak times.
- 93% of community pharmacies can be reached by public transport in 15 minutes.
- 98% of community pharmacy and can be reached by walking in 15 minutes.

The health of the population in Bexley is affected by a number of factors, including:

- **QOF PCN data** – there was variability across the four PCNs demonstrated by QOF data with Froggnal PCN and APL PCN showing higher QOF levels compared to Bexley and/or England levels.
- **Life expectancy** - Healthy life expectancy at birth for males in Bexley is higher than the London and England averages.
- **Cancer screening** - Bexley performs above the regional and England average for cervical cancer screening.
- **Obesity** - Obesity is a health priority in Bexley, and children from Black minority ethnic backgrounds are more likely to be overweight or obese, particularly in the north of the borough.
- **Winter deaths** – reported for men and women was higher than the London and England averages.

6.3.1 Necessary Services: current provision across Bexley

There are 44 community pharmacies, including one DSP in Bexley. There are 17.9 community pharmacies per 100,000 population in Bexley, compared with 17.4 per 100,000 in England.

Type of contractor	Number
40-hour community pharmacies (including the PhAS)	42
72-hour community pharmacies	1
LPS providers	0
DSP	1
DAC	0
GP dispensing practice	0
Total	44

There is one 72+ hour pharmacy in Bexley. There are many pharmacies open on weekday evenings and on weekends. The majority of community pharmacies (91%) are open on Saturdays, and 52% open after 6 pm on weekdays. There are four pharmacies (9%) open on Sundays in Bexley.

Bexley has community pharmacies on the border with the HWBs of Bromley, Greenwich and Kent. These pharmacies in the neighbouring HWBs can be accessed by Bexley residents.

6.3.2 Necessary Services: gaps in provision across Bexley

There is excellent pharmaceutical service provision across the whole area to ensure continuity of provision to the new developments. The borough population growth is expected to increase over the next six years to 2030 by 0.37%, and the number of dwellings to increase to 4,151 dwellings much of which is after 2028. The majority of these housing developments will fall outside the lifespan of this PNA. This represents a very small change that can be easily absorbed by the existing community pharmacy network. The projected population growth should not impact access to pharmaceutical services.

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

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

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

6.3.3 Other relevant services: current provision

Sections 3.2.3 and 3.2.4 show the pharmacies providing Advanced and Enhanced Services in Bexley.

There is very good availability of advanced services. The data for the Covid and Flu Vaccination advanced service was not available at time of writing.

Regarding access to **Advanced** Services, data for which pharmacies had signed up to the service was unavailable, however NHSBSA data for April-June 2024 demonstrated activity for these services as follows:

- Pharmacy First – 95% (42) of pharmacies offer this service
- Flu Vaccination – 0
- Pharmacy Contraception – 34% (15) of pharmacies offer this service
- Hypertension case-finding – 66% (29) of pharmacies offer this service
- New Medicine Service – 98% (43) of pharmacies offer this service
- Smoking cessation – 2% (1)
- Appliance use review – 0
- Stoma appliance customisation – 0
- LFD Tests – 23% (10) of pharmacies offer this service

The DSP in Bexley provides the NMS Advanced Service and the Pharmacy First service. DSPs do not provide any Enhanced or Locally Commissioned Services and cannot provide Essential Services face-to-face, and so they are only included in the discussion in the Advanced Service provision section.

6.3.4 Improvements and better access: gaps in provision across Bexley

Regarding access to services commissioned by ICB:

- Six pharmacies (14%) provide the Health and Wellbeing Scheme (Vital 5)
- Four pharmacies (9%) provide the Inhaler recycling scheme

Regarding access to services commissioned by LBB:

- Four pharmacies (9%) provide the substance misuse services
- Six Pharmacies (14%) provide needle exchange
- 15 pharmacies (34%) provide the supervised administration of medicines
- Five Pharmacies (11%) provide sexual health service

All Advanced, Enhanced and locally commissioned services are available in Bexley and have varying opening times.

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

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

Section 7: Conclusions

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

There is a wide range of pharmaceutical services provided in Bexley to meet the health needs of the population. The provision of current pharmaceutical services and Locally Commissioned Services (LCS) are distributed across localities, providing good access throughout the borough.

As part of this assessment, no gaps have been identified in provision either now or in the future (over the next three years) for pharmaceutical services deemed necessary. Factors such as population growth and pharmacy closures have resulted, and will result, in a reduction of the number of pharmacies per population in the area. With future housing growth in Bexley, it is imperative that accessibility to pharmacy services is monitored, and the recommendations actioned to ensure that services remain appropriate to the needs.

Any required amendments should be made through the three-year life cycle of this PNA through supplementary statements. These are issued when there are changes to the availability of pharmaceutical services (such as the opening or closure of pharmacies). They are part of the PNA and should be read in conjunction with these statements.

7.1 Statements of the PNA

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

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

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

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

7.1.1 Current provision of Necessary Services

Necessary Services – gaps in provision

Necessary Services are Essential Services, which are described in [Section 1](#). Access to Necessary Service provision by locality in Bexley is provided in Section 6.2.

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

Necessary Services – normal working hours

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

Necessary Services – outside normal working hours

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

7.1.2 Future provision of Necessary Services

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

7.1.3 Other relevant services – gaps in provision

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

7.1.3.1 Current and future access to Advanced Services

Details of the Advanced Services are outlined in [Section 1](#) and the provision by the three localities in Bexley discussed in Section 6.2.

[Section 6](#) discusses improvements and better access to services in relation to the health needs of Bexley.

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

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

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

7.1.3.2 Current and future access to Enhanced Services

Details of the Enhanced Services are outlined in [Section 1](#) and the provision in Bexley discussed in [Section 3](#) and by locality in [Section 6](#).

[Section 6](#) also discusses improvements and better access to services in relation to the health needs of Bexley.

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

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

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

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

[Section 6](#) discusses improvements and better access to LCS in relation to the health needs of Bexley.

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

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

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

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

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

7.1.4 Improvements and better access – gaps in provision

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

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

7.2 Future opportunities for possible community pharmacy services in Bexley

7.2.1 Introduction

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

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

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

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

7.2.2 Opportunities for pharmaceutical service provision

Health needs and highest risk factors for causing death and disease for the Bexley population are stated in [Section 6](#). Should these be priority target areas for commissioners, they may want to consider the current and future service provision from community pharmacies, in particular the screening services they are able to offer. Based on these priorities and health needs, community pharmacy can be commissioned to provide services that can help and support the reduction of the variances seen in health outcomes across Bexley.

7.2.3 Existing services

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

7.2.3.1 Essential Services

Essential services could be developed as identified below:

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

7.2.3.2 Advanced Services

The existing advanced services could be targeted in a way that improves patient access, reduces pressures in general practice, supports the primary care, urgent care, prevention and medicines safety agendas. The ICB worked well with the community pharmacy teams to support the Pharmacy First Scheme so that the public consider Pharmacy First rather than seeking other primary or more urgent care services.

There are several new or recently introduced Advanced Services being implemented that could be beneficial to the population of Bexley based on the identified health needs, including:

- Hypertension case-finding service

The service has two stages – the first is identifying people at risk of hypertension and offering them blood pressure measurement (a 'clinic check'). The second stage, where clinically indicated, is offering 24-hour ambulatory blood pressure monitoring. The blood pressure test results will then be shared with the patient's GP to inform a potential diagnosis of hypertension. The ethnicity of the Bexley population where Coronary Heart Disease is a higher risk would benefit from full implementation of the service. Over half the community pharmacies in Bexley have signed up to the service.

- Smoking Cessation Advanced Service

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

Smoking is the highest cause of preventable ill health and premature mortality in the UK. Smoking is a major risk factor for many diseases, such as lung cancer, COPD and heart disease. It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix. Bexley has a lower smoking prevalence than the England average. The SCS service is well placed to support Bexley smoking cessation priorities and an additional pathway.

7.2.3.3 Local Authority Commissioned Services

- Sexual health services

The chlamydia detection rate of those aged 15-24 Bexley was below the figures for England. In addition, under 18 conception rates were lower in the borough too than England averages. This provides an opportunity for the local authority to maximise LCS sexual health services with the community pharmacy network.

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

- Smoking cessation services

As mentioned earlier in this section, smoking cessation is a priority area for Bexley Public Health. Smoking prevalence in Bexley is lower than England. However, there is still an opportunity to maximise smoking cessation services through community pharmacy. The local authority and ICS could explore the interdependencies between the local authority smoking cessation targets and the CPCF Advanced SCS to provide a more comprehensive service offering and maximise several patient pathways to support Bexley smoking cessation targets. There is no commissioned walk-in smoking cessation service in the borough, this could be explored and would complement the national SCS.

7.2.4 New services

Based on the local and national health needs identified throughout this document, there are opportunities for community pharmacy to positively affect outcomes. The services detailed below are currently not commissioned within Bexley, however commissioners may wish to consider these to meet the health needs of Bexley. The most appropriate commissioning route would be through the ICS as Enhanced Pharmaceutical services or through the local authority and locally commissioned services, which would not be defined as necessary services for this PNA.

- Community pharmacy infrastructure

NHS community pharmacy clinical services are increasingly being commissioned alongside their core dispensing role, creating new demands on pharmacy space, particularly consultation rooms. Many contractors are proactively investing in expanding clinical spaces to accommodate these NHS services, often at their own financial risk, to provide care closer to home for the population in SEL. This demonstrates the untapped potential of community pharmacies in supporting the broader healthcare system.

Despite their contribution, community pharmacies currently fall outside the scope of NHS Premises Cost Directions. Nevertheless, they are required to comply with NHS England's Approved Particulars for Premises, including the provision of consultation rooms for confidential patient interactions. This highlights the need for recognition of the community pharmacy estate as a valuable resource for NHS primary care and locally commissioned services, particularly in terms of premises capacity.

Additionally, community pharmacies bear the cost of their IT infrastructure, often resulting in lower IT maturity compared to general practice due to the diverse range of IT providers in the sector. This lack of standardisation creates challenges for interoperability between general practice and community pharmacy, presenting barriers to the seamless delivery of services and integrated patient care.

To fully harness the potential of community pharmacies, the ICB must consider an investment framework for infrastructure development in this sector. This should encompass workforce development, premises enhancements, and IT upgrades to bolster primary care capacity and capability, enabling community pharmacies to play a more integral role in the healthcare system.

- Independent prescribing

Introducing independent prescribing as part of the CPCF will mean pharmacist training and clinical service delivery can be used to work towards an integrated workforce model in primary care (subject to funding and negotiation). This will lead to the development and implementation of integrated clinical services that enables ICBs to commission pathways and more clinical community pharmacy services that will widen primary care access and reduce health inequalities through utilising the increased clinical services community pharmacy can provide in local neighbourhoods.

From September 2026 newly qualified pharmacists will enter the General Pharmaceutical Council register as independent prescribers. For existing pharmacists there will be access to training and education initiatives funded through the NHS England Pharmacy Integration fund.

The development of the community pharmacists to prescribe will complement PCNs and PCN pharmacists and provide increased clinical capacity in the localities as well as opportunities to develop more advanced community pharmacy services where independent prescribing will be integral to delivery.

- The pharmacy team

The pharmacy team can provide the pharmacist capacity by supporting services to assist the lead community pharmacists.

From 26th June 2024, registered pharmacy technicians in England can supply and administer medicines under patient group directions (PGDs), following the amendments made to the Human Medicines Regulations 2012 (note this is not extended to controlled drugs). Front line community pharmacy staff could be developed as healthcare assistants supporting Making Every Contact Count (MECC) interventions.

The ICB should consider the skill mix implications to deliver CPCF services and provider skill mix support as well as leadership development for lead community pharmacists, analogous to the principles of the 2017 Clinical Pharmacy programme.

- NHS health check

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

Diabetes prevalence is lower in Bexley than the England average, but the gap is decreasing, although the prevalences of many of these other areas of ill health are not currently above the national averages. NHS health checks would complement on LCS smoking cessation services, and Advanced SCS and hypertension case-finding services.

- Making Every Contact Count (MECC)

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

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

Opportunities for MECC commissioning could include:

- Staying healthy in winter (Winterfit Intervention service) - a winter fit support for the elderly to prevent hospital admissions and providing opportunistic advice to support patients in the harsh winter months
- Making sure homes are safe
- Making sure homes are warm
- Healthy start – providing access to healthy start vitamins through community pharmacy
- Preventing feeling alone
- Ensuring good nutrition
- Preventing dehydration
- Encouraging physical activity
- Falls prevention – identifying elderly patients at risk of falls and signposting to appropriate care
- Alcohol screening – providing opportunistic screening for patients who could be undiagnosed alcohol dependant and not accessing treatment services

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

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

Staying Healthy in Winter, Bexley has a higher level of excess winter deaths in the elderly (over 65s) compared to London national levels. Community pharmacies are ideally placed to support the elderly during the harsh winter months. An initiative that been successfully piloted in South West London ICB is a staying well at winter intervention for the over 65s. The aim is to keep the elderly well and out of hospital through this winter through appropriate referrals and connections to preventative help and services, winter warmth schemes, local support groups as well as advice on self-management and care. This has been driven during winter months that are fraught with a cost-of-living crisis. This service provides a bespoke intervention to those customers aged 65 years and older. Pharmacy staff are trained in providing 15-minute advice to those aged 65 years and older on what they can do to remain fit and healthy throughout this winter season. The prevention aspect of the service is key to reducing excess deaths and illnesses.

- Ear Health

TymphaHealth is a platform that allows community pharmacies to provide ear and hearing healthcare services commissioned by some ICSs. A handheld device that allows trained pharmacy staff to examine the ear, remove earwax and perform hearing screenings. The patient experience provides access to ear health in a single 30-minute appointment.

One ICS has tested provision of a more efficient pathway for ear health care that could be delivered away from secondary care, reducing outpatient spend and providing better quality care at a lower cost. The service allows the community pharmacy teams to develop their skills in ear care.

Possible disease-specific services

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

- Weight management

There are many different examples of weight management services already provided from a number of community pharmacies in England. These may be targeted to localities, e.g. areas of higher deprivation, or coupled with programmes for other ill health, e.g. Cardiovascular Disease or diabetes. North Bexley has a relative high prevalence of school age children who are overweight. There are opportunities to explore commissioning of locality focused weight management services through community pharmacy.

- Asthma/Chronic Obstructive Pulmonary Disease

The service is for patients with Asthma or COPD diagnosis registered to a Bexley GP. The aim is to improve patients' management of their asthma and/or COPD through improving inhaler use and technique, and education around the impact of environmental factors such as air pollution external and internal using local authority clean air resources.

This involves an inhaler technique review and a follow-up 6-8 weeks later (if required). This service is a holistic support package utilising a MECC and skill mix with the patient counselling.

- Diabetes

Diabetes prevalence in Bexley is higher than the England figure. PCN QOF data showed that North Bexley had higher. Black and Asian populations are at higher risk of diabetes.

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

- Point of care testing Community Pharmacy

Community pharmacies are suitable for expanding public access to point-of-care and rapid tests, but governance requirements must be followed to ensure the quality of results and advice. NHS England has released a document⁷⁴ providing guidance for commissioners and providers of community pharmacy clinical services in developing point-of-care testing in this setting. Examples included:

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

7.2.5 Recommendations

The PNA has noted the national pressures community pharmacies have faced resulting a reduction of community pharmacies, which has been experienced nationally. Bexley still has 18.7 community pharmacies per 100,000 population, which is higher than the England value. Bexley benefits from bordering HWBs including three London boroughs that also provide access to their community pharmacies near the Bexley border. Whilst no gaps have been identified in the current provision of pharmaceutical services across Bexley now or in the future (over the next three years), there are opportunities to enhance provision and support improvement in the health of Bexley residents in the following areas:

- All pharmacies and pharmacists should be encouraged to sign up to deliver Advanced Services, particularly where there is identified need, i.e. smoking cessation Advanced Service and Hypertension case-finding, which can meet the health needs of the Bexley population. This needs to be supported by placed based ICS and local authority team. The existing community pharmacy network has adequate capacity to have increased referrals and utilisation.
- Community pharmacy services such as NHS repeat dispensing, NMS and DMS can support the ICS Medicines Optimisation Agenda and should be integrated into medicines management strategies.

⁷⁴ NHS. Point of care testing in community pharmacies. January 2022. [Accessed January 2025] <https://www.england.nhs.uk/wp-content/uploads/2022/01/B0722-Point-of-Care-Testing-in-Community-Pharmacies-Guide-January-2022.pdf>

- There are public health prevention agenda priorities and interdependencies in both CPCF and LCS services for both the local authority and ICSs.
- There are interdependencies between SCS and LCS smoking cessation services, and between PCS and LCS sexual health services which include emergency contraception. These interdependencies could support increased service activities.
- Local Authorities could work with the ICS to develop the prevention aspect of CPCF i.e. healthy living pharmacies, signposting and self-care.
- Commissioners should work with community pharmacies in more deprived areas to consider working to increase the offer and the uptake of Essential, Advanced, and Locally Commissioned services e.g. sexual health, smoking cessation, hypertension case finding service. Incentives should be considered for existing providers to deliver all services within the localities where deprivation is higher.
- This would assist Community pharmacy teams promote healthy lifestyle messages and participate in national and local health campaigns.
- ICS and Local authority commissioners should explore how MECC intervention can be integrated into existing and new services to maximise the contribution of the whole pharmacy team to improve patient interventions.
- Public awareness of community pharmacy services should be increased to improve access in primary care; this is particularly relevant for communities where English is not a first language and improvement in accessing primary care services is required.
- The ICS should consider commissioning community pharmacy workforce and skill mix development of the whole pharmacy team to support internal pharmacy team ability to help the lead community pharmacy deliver more clinical CPCF services. This builds on the innovative work led by SEL ICB to develop Community Pharmacy Leadership at place based and neighbourhood level.
- Methods to enhance the awareness and uptake of all services on offer by community pharmacies should be considered. This could be through the adoption of a range of communication methods appropriate to professionals and the local community, especially those in the more deprived localities. This will help to maximise existing service activity.
- Given the limited future housing growth anticipated in Bexley, the provision of pharmaceutical services should be monitored and reviewed to ensure the demands of the population are met.

Commissioners should consider the provision of new Locally Commissioned Services listed in this section to help meet the health need in Bexley. Members of the public wish to see many of these services provided. Additional approaches to improve stakeholder and public engagement should be adopted for future PNAs to increase response rates and better understand the needs of the community.

Appendix A: List of pharmaceutical service providers in Bexley by locality

Key for services in the pharmaceutical lists of providers per locality:

AS1 – Pharmacy First

AS2 – Flu Vaccination Service

AS3 – Pharmacy Contraception Service

AS4 – Hypertension Case-Finding Service

AS5 – New Medicine Service

AS6 – Smoking Cessation Service

AS7 – Appliance Use Review

AS8 – Stoma Appliance Customisation

AS9 – Lateral Flow Device Service

NES1 – COVID-19 Vaccination Service

ICBS1 – Community Pharmacy Health and Wellbeing Service

ICBS2 – Community Pharmacy Inhaler Recycling Scheme

LAS1 – Adult Substance Misuse Treatment System

LAS2 – Needle Exchange Service

LAS3 – Supervised Administration of Medicines Service

LAS4 – Community Pharmacy Sexual Health Service

North Bexley locality

Pharmacy name	ODS number	Provider type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS7	AS8	AS9	NES1	ICBS1	ICBS2	LAS1	LAS2	LAS3	LAS4
Barnehurst Pharmacy	FHC92	CP	87 Barnehurst Road, Bexleyheath	DA7 6HD	08:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-
Belvedere Pharmacy	FRN18	CP	11 Picardy Street, Belvedere	DA17 5QQ	09:00-18:00	10:00-14:00	Closed	-	-	Y	-	-	Y	Y	-	-	-	-	-	-	-	-	Y	Y	-
Boots	FA084	CP	Unit 8, Tower Retail Park, Crayford	DA1 4LD	09:00-18:00	09:00-18:00	10:00-16:00	-	-	Y	-	-	Y	Y	-	-	-	-	-	-	-	-	-	Y	-
Brownes Chemist	FWA43	CP	208 Yarnton Way, Erith	DA18 4DR	09:00-18:30	09:00-13:00	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Davidsons Chemists	FCG07	CP	5 Midfield Parade, Barnehurst	DA7 6NA	09:00-18:00 (Wed 09:00-13:00)	09:00-13:00	Closed	-	-	Y	-	Y	-	Y	-	-	-	Y	-	-	-	-	-	-	-
Day Lewis Pharmacy	FER44	CP	249-251 Bexley Road, Erith	DA8 3EX	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-
Daysol Pharmacy	FAQ24	CP	3 Parkside Parade, Northend Road, Dartford	DA1 4RA	09:00-18:00	09:00-14:00	Closed	-	-	Y	-	-	-	Y	-	-	-	-	-	-	-	-	Y	Y	-
Grand Health Pharmacy	FHW34	CP	38 Stelling Road, Erith	DA8 3JH	09:00-19:00	09:00-13:00	Closed	-	-	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-	Y	-
Harrisons Pharmacy	FL579	CP	1 Town Square, Erith	DA8 1RE	09:00-17:30 (Thu 09:00-17:00)	09:00-14:00	Closed	-	-	Y	-	Y	Y	Y	-	-	-	-	-	Y	-	-	Y	-	-
Knightons Pharmacy	FNW18	CP	36 Nuxley Road, Belvedere	DA17 5JG	08:15-19:00 (Thu 08:15-18:30)	08:45-17:00	Closed	-	-	Y	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-
Nuxley Village Pharmacy	FCQ60	CP	7 Nuxley Road, Belvedere	DA17 5JE	08:30-18:30	09:00-12:30	Closed	-	-	Y	-	-	Y	Y	-	-	-	-	-	-	-	-	-	Y	-
Ormay Chemist	FPN89	CP	224 Bexley Road, Erith	DA8 3HD	09:00-18:30	09:00-14:00	Closed	-	-	Y	-	-	Y	Y	-	-	-	-	-	Y	-	-	-	Y	-
Soka Blackmore Pharmacy	FA554	CP	2 Pembroke Parade, Erith	DA8 1DB	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	-	Y	-	-	-	-	-	-	-	Y	-	Y	Y
Station Road Pharmacy	FKR09	CP	8 Station Road, Crayford	DA1 3QA	09:00-19:00	09:00-13:00	Closed	-	-	Y	-	-	-	Y	-	-	-	Y	-	Y	Y	-	-	Y	-
The Pharmacy Hut	FE715	DSP	286 Erith Road, Bexleyheath	DA7 6HN	09:00-13:00, 13:30-17:30	Closed	Closed	-	-	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-
Well Pharmacy	FK814	CP	41-49 Forest Road, Slade Green	DA8 2NU	09:00-19:00	09:00-13:00	Closed	-	-	Y	-	Y	Y	Y	-	-	-	Y	-	-	-	-	-	-	-

Clocktower locality

Pharmacy name	ODS number	Provider type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS7	AS8	AS9	NES1	ICBS1	ICBS2	LAS1	LAS2	LAS3	LAS4
B R Lewis Chemist	FP273	CP	62-64 Upper Wickham Lane, Welling	DA16 3HQ	08:30-19:30	09:00-17:30	Closed	-	-	Y	-	Y	Y	Y	-	-	-	Y	-	Y	-	-	Y	Y	-
Bellegrove Pharmacy	FX263	CP	225 Bellegrove Road, Welling	DA16 3RQ	08:30-18:30	09:00-17:00	Closed	-	-	Y	-	-	Y	Y	Y	-	-	-	-	-	Y	-	-	-	-
Bexleyheath Pharmacy	FD717	CP	32 Pickford Lane, Bexleyheath	DA7 4QW	09:00-19:00	09:00-17:30	Closed	-	-	Y	-	-	Y	Y	-	-	-	Y	-	-	-	-	-	Y	-
Boots	FMH33	CP	31 The Mall, Broadway Shopping Centre, Bexleyheath	DA6 7JJ	09:00-18:00 (Thu 09:00-20:00)	09:30-18:00	10:00-16:00	-	-	Y	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-
Broadway Pharmacy	FH718	CP	172 Broadway, Bexleyheath	DA6 7BN	08:30-19:00	08:30-18:00	Closed	-	-	-	-	-	Y	Y	-	-	-	Y	-	Y	-	-	Y	Y	-
Crook Log Pharmacy	FH066	CP	329 Broadway, Bexleyheath	DA6 8DT	09:00-19:00	Closed	Closed	-	-	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-
Day Lewis Pharmacy	FQA59	CP	3-5 The Pantiles, Littleheath Road, Bexleyheath	DA7 5HH	09:00-13:00, 14:00-18:00	09:00-13:00	Closed	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-
Falconwood Pharmacy	FE097	CP	3 Falconwood Parade, Welling	DA16 2PL	09:00-17:00	Closed	Closed	-	-	Y	-	-	-	Y	-	-	-	Y	-	-	-	-	-	-	-
Hayshine Pharmacy	FRM32	CP	54 Wrotham Road, Welling	DA16 1LN	09:00-18:00	09:00-15:00	Closed	-	-	Y	-	Y	Y	Y	-	-	-	Y	-	Y	-	-	-	-	-
Mistvale Chemist	FYQ93	CP	138-140 Welling High Street, Welling	DA16 1TJ	09:00-18:00	Closed	Closed	-	-	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-
Neem Tree Welling Pharmacy	FKC93	CP	109-111 High Street, Welling	DA16 1TY	09:00-17:30	09:00-13:00	Closed	-	-	Y	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-
Praise Pharmacy	FXK04	CP	146 Long Lane, Bexleyheath	DA7 5AH	09:00-18:00	09:00-17:30	Closed	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-
Seven Day Chemist	FXN89	CP	175A Bellegrove Road, Welling	DA16 3QS	08:30-23:00	08:30-23:00	08:30-23:00	Y	-	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-
Well Pharmacy	FCE42	CP	Morrisons, 71-79 High Street, Welling	DA16 1TU	08:30-20:00	08:30-13:00	Closed	-	-	Y	-	Y	Y	Y	-	-	-	Y	-	-	-	-	-	-	-
Well Pharmacy	FLK13	CP	297 Brampton Road, Bexleyheath	DA7 5QR	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-

Frognal locality

Pharmacy name	ODS number	Provider type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS7	AS8	AS9	NES1	ICBS1	ICBS2	LAS1	LAS2	LAS3	LAS4
Aspire Pharmacy	FFT84	CP	23 High Street, Sidcup	DA14 6EQ	08:30-19:00	08:30-19:00	11:00-16:00	-	-	Y	-	-	-	Y	-	-	-	-	-	-	-	Y	Y	Y	Y
Boots	FE434	CP	56 High Street, Sidcup	DA14 6EH	09:00-18:00	09:00-17:30	Closed	-	-	Y	-	-	Y	Y	-	-	-	-	-	-	-	Y	-	Y	Y
Brownes Chemist	FX094	CP	252 Blackfen Road, Blackfen, Sidcup	DA15 8PW	09:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	Y	-	-	-	-	-	-	-	-	-	Y	Y
Day Lewis Pharmacy	FP029	CP	253 Westwood Lane, Blackfen, Sidcup	DA15 9PS	09:00-18:00	09:00-17:30	Closed	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-
Hollytree Pharmacy	FLD66	CP	2 Hollytree Parade, Sidcup Hill, Sidcup	DA14 6JR	09:30-19:30	09:30-18:30	Closed	-	-	Y	-	-	Y	Y	-	-	-	-	-	-	-	-	-	Y	-
Obson Pharmacy	FL012	CP	7 Bourne Parade, Bourne Road, Bexley	DA5 1LQ	09:00-19:00	09:00-16:30	Closed	-	-	Y	-	Y	Y	Y	-	-	-	Y	-	-	-	-	-	-	-
Olins Pharmacy	FHR27	CP	3 The Oval, Sidcup	DA15 9ER	09:00-18:00	09:00-17:30	Closed	-	-	Y	-	-	-	Y	-	-	-	-	-	-	Y	-	-	-	-
Osbon Pharmacy	FFL63	CP	24 Steynton Avenue, Bexley	DA5 3HP	09:00-19:00	09:00-17:00	Closed	-	Y	Y	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-
Roadnight Chemists	FMF67	CP	88 Station Road, Sidcup	DA15 7DU	08:30-19:00	09:00-17:30	Closed	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-	Y	Y	-	-	Y
Southcott Chemist	FD537	CP	281 Main Road, Sidcup	DA14 6QL	09:30-13:00, 14:00-18:00	09:30-13:00, 14:00-17:00	Closed	-	-	Y	-	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-
St Johns Pharmacy	FQ835	CP	16 High Street, Sidcup	DA14 6EH	08:30-18:30	09:00-17:00	Closed	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-
Targett Chemist	FY261	CP	172 Halfway Street, Sidcup	DA15 8DJ	09:00-18:30	09:00-17:30	Closed	-	-	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-
Warren Pharmacy	FX373	CP	24 High Street, Bexley	DA5 1AD	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-

Appendix B: PNA project plan

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

Appendix C: PNA Steering Group terms of reference

Objective / Purpose

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

Delegated responsibility

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

Accountability

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

Responsibilities

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

Membership

Core members:

- Consultant in Public Health / Nominated Public Health Lead
- NHSE Representative
- Local Pharmaceutical Committee representative
- Integrated Care Board Pharmacy and Medicines Optimisation representative
- Healthwatch representative (lay member)

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

Additional members (if required):

- Integrated Care Board Commissioning Managers
- NHS Trust Chief Pharmacists

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

Frequency of meetings

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

Appendix D: Public questionnaire

Total responses received:¹ 401

1) Why do you usually visit a pharmacy? Answered – 398; skipped – 3

Option	Number	%
To buy over-the-counter medicines	246	62%
To collect prescriptions for myself	359	90%
To collect prescriptions for somebody else	194	49%
To get advice from a pharmacist	193	48%
To access a NHS clinical service e.g. Covid vaccination, emergency contraception, help with new medicines, blood pressure checks	154	39%
Other, please specify	24	6%

Comments	Number
Additional Pharmacy Services: pharmacy first, vaccinations, ear syringe	6
Pharmacist Consultation (advice due to difficulty accessing GPs)	5
Medication Prescriptions/Refills	5
Pharmacy as a Convenient Local Store: wool, vitamins	2
Urgency for Medication	2
Not visited	2
Home Delivery of Medications	1
Dosset tray enquiry	1

2) How often have you visited or contacted a pharmacy in the last six months? Answered – 397; skipped – 4

Option	Number	%
Once a week or more	21	5%
A few times a month	150	38%
Once a month	121	30%
Once every few months	89	22%
Once in six months	12	3%
I have not visited/contacted a pharmacy in the last six months	4	1%

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

3) What time is most convenient for you to use a pharmacy? Answered – 401; Skipped – 0

Option	Number	%
Before 9am	9	2%
9am-1pm	149	37%
1pm-6pm	53	13%
After 6pm	31	8%
It varies	159	40%

4) What day is most convenient for you to use a pharmacy? Answered – 385; skipped – 16

Option	Number	%
Monday	96	25%
Tuesday	59	15%
Wednesday	63	16%
Thursday	42	11%
Friday	41	11%
Saturday	67	17%
Sunday	17	4%

5) Do you have a regular or preferred local community pharmacy? Answered – 401; Skipped – 0

Option	Number	%
Yes	375	94%
No	14	3%
I prefer to use an internet/online pharmacy (An internet pharmacy is one which operates partially or completely online where prescriptions are sent electronically, and dispensed medication is sent via a courier to your home)	4	1%
I use a combination of traditional and internet pharmacy	8	2%

6) Is there a more convenient and/or closer pharmacy that you don't use and why is that? Answered – 401; Skipped – 0

Option	Number	%
No	296	74%
Yes, but I do not use it because _____	105	26%

Comments	Number
Habit/long term use/personal preference or recommendation	21
Customer service (or lack thereof)	16
Staff friendliness (or lack thereof)	12
Stock availability (or lack thereof)	11
Convenience or proximity (to GP, work, other)	10
Parking availability (or lack thereof)	9
Opening hours	9
Expertise (or lack thereof)	5
Unreliable service	4
Waiting times	4
Services available (or lack thereof)	4

7) What influences your choice of pharmacy? Answered – 401; skipped – 0

Factors	Extremely important		Very important		Moderately important		Fairly important		Not at all important	
	#	%	#	%	#	%	#	%	#	%
Quality of service	238	60%	124	31%	24	6%	6	2%	4	1%
Customer service	201	51%	147	38%	33	8%	7	2%	3	1%
Location of pharmacy	216	54%	125	31%	42	11%	13	3%	2	1%
Opening times	167	42%	129	33%	73	19%	14	4%	10	3%
Parking	95	25%	67	17%	59	15%	30	8%	134	35%
Public transport	35	10%	39	11%	39	11%	23	6%	232	63%
Accessibility (wheelchair/ buggy access)	39	10%	34	9%	48	13%	27	7%	226	60%
Communication (languages/ interpreting)	56	16%	49	13%	28	7%	14	4%	226	60%
Space to have a private consultation	113	29%	100	26%	90	23%	38	10%	50	13%
Availability of medication /services	253	65%	121	31%	12	3%	1	0%	5	1%
Services provided	414	51%	253	31%	116	14%	11	1%	15	2%

Summary of “other” factor themes:	Number
Friendly and helpful staff	8
Quality of advice/ expertise	6
Habit	2
Opening hours	2
Request of specific brands	2
Repeat prescriptions	2
Others (one mention each): privacy, hygiene, vaccinations, access	4

8) How do you travel to the pharmacy? Answered – 401; skipped – 0

Option	Number	%
Walk	243	61%
Public transport (e.g. bus or train)	13	3%
Bicycle	1	0%
Car	138	34%
Taxi	0	0%
Wheelchair / mobility scooter	3	1%
I don't, someone goes for me	0	0%
I don't I utilise a delivery service	3	1%
I don't, I use an online pharmacy	0	0%
Other, please specify	0	0%

9) How long does it usually take for you to travel to your pharmacy? Answered – 400; skipped – 1

Option	Number	%
Less than 15 minutes	338	85%
15-30 minutes	61	15%
30-45 minutes	1	0%
More than 45 minutes	0	0%
N/A- I don't travel to the pharmacy	0	0%
Other (please specify)	0	0%