



---

# HEALTH AND WELLBEING BOARD

**Date: WEDNESDAY, 8 MARCH 2023 at 3.00 pm**

**Enquiries to: Mark Bursnell**  
**Telephone: 020 8314 3352 (direct line)**

## **MEMBERS**

Mayor Damien Egan	London Borough of Lewisham
Michael Bell	Lewisham & Greenwich Hospital
Councillor Paul Bell Tom Brown	London Borough of Lewisham
Ross Diamond	Community & Voluntary Sector
Pinaki Ghoshal	London Borough of Lewisham
Michael Kerin Dr Catherine Mbema	Healthwatch Lewisham Public Health, London Borough of Lewisham
Dr Jacqueline McLeod	Lewisham, Douth-East London ICS
Dr Simon Parton	Lewisham Local Medical Committee

**Members are summoned to attend this meeting**



INVESTOR IN PEOPLE

**Jeremy Chambers**  
**Monitoring Officer**  
**Lewisham Town Hall**  
**Catford**  
**London SE6 4RU**  
**Date: Tuesday, 28 February 2023**



**Lewisham**



**INVESTOR IN PEOPLE**

**The public are welcome to attend our committee meetings, however occasionally committees may have to consider some business in private. Copies of reports can be made available in additional formats on request.**

## ORDER OF BUSINESS – PART 1 AGENDA

Item No		Page No.
1.	Minutes of the last meeting	1 - 12
2.	Declarations of Interest	13 - 16
3.	General Practice Access Update	17 - 28
4.	Lewisham Pharmaceutical Needs Assessment 2022	29 - 212
5.	Suicide Prevention Strategy and Action Plan	213 - 267
6.	Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR) and Lewisham Health Inequalities and Health Equity Programme - Update	268 - 276
7.	LGBTQ+ Joint Strategic Needs Assessment	277 - 311
8.	Developing the new Lewisham Health & Wellbeing Strategy and wider impacts of Covid-19 JSNA	312 - 375
9.	Lewisham Adult Safeguarding Board Annual Report	376 - 394



**Lewisham**



INVESTOR IN PEOPLE

The public are welcome to attend our committee meetings, however occasionally committees may have to consider some business in private. Copies of reports can be made available in additional formats on request.

## MINUTES OF THE LEWISHAM HEALTH AND WELLBEING BOARD

Wednesday 14th December 2022 at 3.00pm

### ATTENDANCE

**PRESENT:** Damien Egan (Chair and Mayor of Lewisham); Tom Brown (Executive Director for Community Services, LBL); Michael Kerin (Chair, Healthwatch Lewisham); Dr Catherine Mbema (Director of Public Health, LBL); Jacky McLeod (GP, Moorside Clinic); Michael Bell, (Chair, Lewisham and Greenwich Hospital Trust); Ross Diamond (Chief Executive Lewisham Age Concern); Maria Higson, (South-East London Integrated Care Service); Wendy Dewhirst (South London & Maudsley NHS Trust) Ceri Jacob (Place Executive Lead at Lewisham, South-East London Integrated Care Service); Sarah Wainer (Director of Systems Transformation, Lewisham Health and Care Partners); Cllr Best (Chair of the Healthier Communities Select Committee); Helen Buttivant (Public Health Lewisham); Patricia Duffy (Public Health Lewisham); Lisa Fannon (Public Health Lewisham); Naheed Rana (Public Health Lewisham); Paul Aladenika; Anisha Faruk; Mark Bursnell

**APOLOGIES:** Cllr Paul Bell (Vice Chair and Cabinet Member for Health and Adult Social Care); Cllr Campbell (Cabinet Member for Communities, Refugees and Wellbeing); Sam Gray (South London & Maudsley NHS Trust); Pinaki Ghoshal (Executive Director for Children and Young People, LBL); and Dr Simon Parton (Lewisham Local Medical Committee);

### Welcome and introductions

The Chair opened the meeting and invited attendees to introduce themselves.

### 1. Minutes of the last meeting

1.1 The minutes of the last meeting on 7<sup>th</sup> September 2022 were agreed with no matters arising.

### 2. Declarations of interest

2.1 There were no declarations of interest.

### 3. Health protection updates for infectious diseases and outbreak preparedness planning

3.1 CM introduced the report and stated the latest position regarding the main infectious diseases currently affecting Lewisham and the actions being taken to prepare for future outbreaks.

## Diphtheria in asylum seekers and refugees

3.2 An increase in cases of diphtheria has been identified in new asylum seeker arrivals into two large initial reception centres in Kent. The UK Health Security Agency (UKHSA) has recommended mass antibiotics and a single dose of diphtheria containing vaccine for specific groups of asylum seekers who have been through the initial reception centres. Local partnerships within Lewisham are established and a local action plan, which complies with UKHSA recommendations, has been signed off by the Director of Public Health and is ready for use.

## COVID-19

### Cases

3.3 As of 21<sup>st</sup> November 2022, there have been a total of 103,042 confirmed cases of COVID-19 in Lewisham, 73 of those in the previous seven days. Since the Board was last updated in September 2022, there have been a few outbreaks in University Hospital Lewisham. After careful management by the infection prevention team at the hospital, there have been no new cases in the last two weeks. During October and November 2022, there have been a small number of outbreaks in older adult care homes in the community. They were all managed and resolved with input from UKHSA South London health protection team and Lewisham public health and commissioning teams.

### Autumn booster

3.4 The autumn booster is being offered to those at high risk of the complications of COVID-19 infection, who may have not been boosted for a few months. This winter it is expected that many respiratory infections, including COVID-19 and flu, may be circulating at high levels putting increasing pressure on hospitals and other health care services. The most recent data suggest that nearly 45,000 people in the borough have taken up the offer of a COVID-19 autumn booster. The majority of whom are over 65 years old. Those eligible have been offered an appointment between September and December 2022, with those at highest risk being called in first.

### Other communicable diseases

## Lewisham Acute Respiratory Infection (ARI) Plan 2022

3.5 Recent analysis has set out the increased risk of influenza. Alongside the continued transmission of COVID-19, a Lewisham Acute Respiratory Illness plan has now replaced Lewisham's Local COVID-19 Outbreak Management Plan (LOMP) from October 2022. The plan will remain interim until updated national and regional guidance from the NHS and UKHSA on pandemic planning have been published. The Lewisham ARI plan will be informed by the Council's winter preparedness plan, and the ICS winter pressure planning.

## Influenza

3.6 Seasonal influenza vaccinations are being offered to; children up to Year 9, adults over 50, those who are pregnant, who have certain health conditions, those in long-stay residential care, those receiving a carer's allowance or who live with someone

with a compromised immune system. Vaccinations are available from local GP surgeries, some pharmacies and some maternity services. Children in primary school and secondary school years 7, 8 and 9 will be offered a flu vaccination by the school nursing team.

### Other communicable disease concerns

#### Monkey Pox

3.7 Lewisham is continuing to work with colleagues in UKHSA and South-East London Integrated Care System to ensure that those eligible for vaccination for Monkey Pox have access to local vaccination sites. The delivery of the Monkey Pox vaccine is taking many several forms: the delivery of the vaccine in routine sexual and reproductive health appointments within SRH clinics and services; Clinic based timed appointments for vaccination only; Open access walk-in services; Mass vaccination sessions with invited timed appointments; A series of 'under-the-radar' events where the vaccine is taken to specific cohorts (such as Trans, Asian, homeless and other population groups). These events are designed to address vaccine equity after the first rollout of the vaccine identified limited access to the vaccine by certain groups.

#### Polio

3.8 The Joint Committee on Vaccination and Immunisation (JCVI) has advised that children aged 1 to 9 years old in London be offered a dose of polio vaccine, following the discovery of type 2 poliovirus in sewage in north and east London. In Lewisham, there are approximately 2,000 children who are unvaccinated against polio between the ages of 1 and 9 years. Lewisham Public Health are working with GPs (who already deliver routine childhood vaccinations including polio vaccination), the hospital and some local pharmacies to support local delivery of the polio booster vaccination programme. Families with eligible children will have received a letter and text message to let them know about the programme. The programme to give polio booster vaccinations to children ends on the 23 December 2022, in Lewisham it will continue to encourage parents and their children to get up to date with their routine immunisations.

3.9 Following the presentation, several questions were raised by the Board: is the local health system satisfied with the local vaccination rate in general terms? The response was more needed to be done to increase uptake amongst vulnerable groups, who have historically low take-up. Action is ongoing to identify relevant groups and target community-based initiatives to increase take-up rates. In terms of the Polio vaccine, the uptake of the additional booster dose in Lewisham has gone reasonably well and the outreach work undertaken has borne fruit. For COVID-19 and flu there is still more work to do to achieve maximum community reach, but gains are being made, for example the cooperation with Lewisham Islamic Centre in raising local awareness of the importance of taking the jab. It was also highlighted that ensuring equitable levels of vaccination across all communities was one of the four priorities of the Lewisham Care Partnership and the work of the community champions was commended in this context. The Lewisham Sexual Health Team are doing a good job in increasing vaccine rates for vulnerable groups at more risk of contracting the disease, with take-up levels meeting expectations.

3.10 The Board's assurance role was highlighted regarding the local containment of infectious disease and ensuring adequate planning arrangements are in place to allow partners to control future outbreaks. The Board will receive periodic reports on the prominence of outbreaks for specific diseases, containing metrics and the impact on vulnerable groups. It was also asked if there was likely to be a surge in Strep A cases in Lewisham over the Coming months? The response was that the current picture is unclear and it is difficult to predict what will happen. However, the Public Health Team and NHS partners are using all existing communication channels to spread awareness and alert residents to the danger of not being vaccinated.

3.11 **Action:** The Board agreed to note the contents of the report and agree that the role of the Board reverts to one of assurance and that good health protection plans and structures are in place, led by the Director of Public Health. Appendix 1 'Interim Principles' was also agreed.

## 4. Developing the South-East London Integrated Care Strategy

4.1 MH introduced the report setting out progress in developing an integrated care strategy for South-East London (SEL). The ambition of the SEL Strategy is to identify a small number of major priorities for cross-system change that deliver real impact. In terms of engagement, strategy development workshops have been held online and face to face over November with local leaders, staff and community members from across the system. A second phase of online engagement with staff and the public is now underway. The launch event will take place in February/March to raise awareness of the new final strategy and to mobilise resources to achieve its objectives.

4.2 The four strategic priorities for the Strategy are: Prevention and Wellbeing (becoming better at preventing ill-health and helping people live healthy lives); Children and Young People (ensuring children and young people get the best possible start in life); Adult Mental Health (ensuring adults can access effective support to maintain good mental health and wellbeing); Primary care, long term conditions, complex needs (delivering convenient primary care and well-coordinated, joined-up and whole person care for older people and others with long term conditions and complex needs). SEL ICS are now in the process of refining their vision, strategic priorities and developing cross-cutting strategic themes. An 'Our Priorities' document for submission to NHSE will be submitted by the end of December and an initial draft publication will shortly be distributed to partners.

4.3 Following the presentation, the Board were invited to raise questions. It was highlighted the distinction between prevention and early intervention was framed in very broad terms and if this distinction could be drawn out further and the wording clarified in the next iteration of the document. The comment was made that the draft strategy overlapped Lewisham's own public health priorities and is moving away from reactive to proactive approaches to providing health services, which is welcome. The commitment to involve the Lewisham Health and Care Partnership in articulating the agreed outcomes across the system was also welcomed. It was generally agreed that the strategy must lead to a change in approach and that there should be an enhanced role for the third sector and community organisations

in supporting the vulnerable, for example through increasing social prescription funding and being more involved in community based mental health programmes.

4.4 The language used in the draft needed to be improved, be more direct and unambiguous. Any enlarged role for the third and community sectors should be spelt out in more detail, along with the practical support that will be offered to devolve services on the ground. The Chair asked how should the strategy be explained to residents and how the priorities will deliver real change? It was agreed that the comments will be taken on board and that the language used should be less technical and system focussed. Work is ongoing in terms of developing a concrete set of plans to deliver the strategy. However, there is still a window of opportunity for partners and through them the community, to get involved in identifying realistic outcomes they want to see delivered up until the end of March.

4.5 **Action:** The Board noted the state of the draft Strategy as it currently stands and requested that the comments made were considered in the final version.

## 5 Developing the new Lewisham Health and Wellbeing Strategy

5.1 CM introduced the report setting out the relevant issues for the Board to consider in developing the new Health and Wellbeing Strategy, which will replace the current 10-year strategy that comes to an end this year. The Board were also asked to consider the approach and timelines in producing the strategy. The aims and priorities of the new strategy will be informed by the available evidence including the findings from the wider impacts of COVID-19 Joint Strategic Needs Assessment. Lewisham's last Health and Wellbeing Strategy was published in 2013, with a refresh produced in 2015. A performance dashboard was developed to support monitoring of the strategy.

5.2 The Health and Wellbeing Board Away Session on 17th November 2022 facilitated by the LGA, began discussions about the future strategic priorities of the Board following previous discussions about developing a new Health and Wellbeing Strategy. Discussions reflected previous considerations of a strategy that focused on the wider determinants of health. The new strategy should also align with other emerging plans for health and care in the borough including the Local Care Partnership priorities and South-East London Integrated Care System Strategy. A follow up session supported by the LGA is being planned for early 2023 to take forward planning for the new Health and Wellbeing Strategy.

5.3 The JSNA Steering Group are in the process of reviewing the full needs assessment report to finalise recommendations, the purpose of which is to understand both the direct and in-direct impacts of COVID-19 within Lewisham - as well as seeking to identify any impact on health inequalities. The findings show the direct impacts of COVID-19 on the older population and those with certain underlying health conditions who were more vulnerable to the COVID-19 virus. Further inequalities were seen in terms of ethnicity, living conditions or the type of work people did, which impacted on how likely they were to contract COVID-19 and become seriously ill.

5.4 The wider impacts of COVID-19 have been felt right through the entire population with issues such as difficulty accessing healthcare both during lockdowns and subsequent delays and extended waiting lists. Those already in poorer health have been disproportionately impacted by this. Delays in accessing healthcare

are continuing and waiting times and targets are frequently not meeting operational standards.

#### 5.5 The key findings to note include:

- **Cancer screening:** Rates of both cervical and breast cancer screening are yet to return to pre-pandemic levels. This is particularly concerning given Lewisham's levels were already significantly lower than the national average before COVID-19.
- **Immunisations:** Childhood immunisation levels are also yet to return to pre-pandemic levels. Whilst Lewisham has better uptake than many similar areas, overall uptake is significantly lower than the national average.
- **Hospital Treatment Waiting Times:** Fewer patients are being seen within the Operational Standard Waiting Time of 18 weeks to start treatment year on year since 2019. Whilst the proportion seen in January 2020 was lower than 2019 (pre-pandemic), the gap between the actual level and the operational standard has increased much more significantly in both 2021 and 2022.
- **Surgery:** Within the Lewisham & Greenwich Hospital Trust, the number of in-patient procedures dropped significantly during the 1st lockdown and then again between January-March 2021. Whilst levels have since returned to that seen in the last quarter before the pandemic, there does not appear to be any excess to account for those missed in the biggest waves.
- **The Lewisham service saw over a 40% increase in the number of CAMHS referrals between 2020/21 to 2021/22.** Around 7 in 10 referrals were accepted in both years, meaning that caseloads have increased. Increasing demand coupled with challenges around recruitment and retention of staff has contributed to lengthening waiting times.

5.6 HB gave a presentation on the main public health indicators used by Lewisham Public Health and partners in gauging health needs in the borough and comparative performance against a basket of indicators (obesity, smoking, alcohol use, mental health incidence, hospital admission etc.) in terms of the outturns and outcomes achieved. The presentation was welcomed by the Board as giving a good overall picture of the state of clinical and public health need in Lewisham.

5.7 The Board took the opportunity to raise several points in relation to the presentation including: if disaggregated data was available by ward or Local Super Output Area which would allow partners to identify those neighbourhoods with the most acute problems to be targeted for support - and allow for greater cross-sectionality in terms of other demographic or socio-economic factors such as ethnicity, disability or income deprivation; drawing attention to how the borough's distinct demographics impacts on outcomes; the importance of using the data to make a difference and improve measurable outcomes and report back to service users to prove change is possible; focusing on those indicators where it is possible to make a real impact at local level, rather than those where the local health system has only a minimum influence despite evidence of high need; the salience of using engagement with the public for partners to raise key areas of health concern and look to change behaviour to effect better outcomes; and the importance of looking at outcomes through the lens of equality to ensure better outcomes reflect a narrowing of the gap between different communities and characteristics.

5.8 **Action:** The Board agreed that the approach to framing the priorities of the new Health & Wellbeing Strategy should analyse the data thoroughly before setting priorities, and that these reflect areas of need and services where the

local partnership had the resources and means to make a significant difference to the outcomes achieved. It was also agreed that the work of the Lewisham Local Strategic Partnership should be looked at to establish if some of their priorities were relevant to the new Health & Wellbeing Strategy.

## 6 Birmingham and Lewisham African Caribbean Health Inequalities Review update

- 6.1 CM introduced the report which set out the progress that has been made by the Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR), since the publication of the final report earlier this year. The Review has attracted much attention including a parliamentary presentation and won much praise. At a practical level the Review has enabled the development of practical opportunities for action to address systemic inequalities, with the ambition of breaking decades of inequality in sustainable ways that will lead to a better future for residents. Seven key themes have been outlined for action alongside 39 opportunities for action. The seven key themes are: Fairness, Inclusion and respect; Trust and transparency; Better data; Early interventions; Health checks and campaigns; Healthier behaviours; and Health literacy.
- 6.2 The Health Inequalities and Health Equity Programme 2022 – 24 is the vehicle for delivering the opportunities for action identified in the BLACHIR report. There has been strong support from community organisations and key stakeholders both locally and nationally, with a commitment from NHS England to take the report forward, through the emerging inequalities regional network boards, for action. Lewisham Council has now moved into the implementation phase to turn the report's findings into action, some of this work has already started.
- 6.3 Eight workstreams have been established to ensure partners meet the aims and objectives of the programme, which in the first instance will operate for a two-year period with the ambition of embedding itself longer term. Whilst the eight workstreams will operate through their own membership and Terms of Reference, there will be overall alignment with the programme and elements within workstreams that intersect more closely. Furthermore, the overall programme aligns with strategic priorities. The eight concurrent and intersecting workstreams are: 1) Equitable preventative, community and acute physical and mental health services; 2) Health equity teams; 3) Community development; 4) Communities of practice; 5) Workforce toolbox; 6) Maximising data; 7) Evaluation; 8) Programme enablement and oversight. The eight workstreams have been established and are progressing well with membership agreed.
- 6.4 The Board strongly endorsed the activities that were being undertaken through the eight workstreams and expressed the view they will have a major impact on challenging structural racism. For example, training all front-line staff in professional humility and competence skills using the workforce toolkit; and system leaders across the borough insisting all commissioners and providers achieve the required level of competence as defined in the toolkit. Progress against the key milestones for each of the workstreams will be reported back to the Health & Wellbeing Board next year. It was suggested that the Lewisham & Greenwich NHS Hospital Trust works with the Council

and other partners to develop a joint anti-racism statement.

6.5 The role-out of the activities as detailed in the report was noted. The Board was also asked to note Appendix 1. The Up!Up! Weight Management Service, introduced in the spring, which includes culturally appropriate interventions to support weight management for Black African and Black Caribbean communities.

6.6 **Action:** The Board agreed the contents of the report and the progress made with the Health Inequalities and Health Equity Plan

## 7. Practice access and Safe Surgeries update

### General Practice

7.1 CJ presented the report on the access to GP services, which remains a high priority and focus for patients, the ICS and local system partners alike. Demand for GP services is at an all-time high and the need for care continues to increase, both for one-off episodes of care and for long-term complex conditions. Due to the national shortage of doctors and nurses, primary care is changing and to ensure GPs can focus on the most complex patients, practice teams now include other healthcare professionals who can together, meet the varied needs of patients. However, many local practices are managing significant vacancies and the turnover of staff is high, including in the new roles within the primary care team. In addition to patient appointments, there is a wide and varied range of work undertaken in GP practices including prescriptions, medication reviews, delivering vaccination programmes, chronic disease reviews, staff training, referrals, safeguarding, actioning hospital discharge management plans, etc.

7.2 There are several initiatives in place to support practices to review and seek to continually improve access including:

- Telephony: Financial support has been provided to practices to upgrade their telephony systems appreciating that this is still by far the most common way that patients interact with their practice.
- Practice websites: All Lewisham practices are being supported to review and update their websites to level 3 standardisation ensuring that a consistent set of information is available to support patients.
- Online services: Practices continue to offer a range of ways for patients to digitally interact with them including booking, appointments, requesting repeat prescriptions, reviewing medical records and undertaking online consultations. The ICS has developed a primary care digital inclusion plan which builds on the recommendations of the Healthwatch “Digital exclusion and access to health services 2021” report. It is intended that this will form the basis of a much wider digital inclusion plan across all local partners.
- Enhanced Access: All Lewisham practices have signed up to the national enhanced access service contract which offers additional appointments on weekday evenings 6.30pm-8pm and on Saturdays 9am-5pm.

- Home Visiting service: The Lewisham GP Federation has been commissioned to provide a dedicated Home Visiting service for housebound patients. This allows home visit requests to be addressed in a timely manner which evidence shows reduces the risk of complications and A&E attendance and emergency admissions.
- Pharmacy: Close working with local community pharmacy continues including through both informal and more formal referral routes from general practice. Community pharmacy are also undertaking an increasing number of services such as immunisations, NHS Health Checks and Blood pressure checks.
- Informing and educating the public on how primary care is working: A SEL wide primary care campaign launched in October 2022 and aims to ensure that everyone in southeast London gets the help and professional support they need.

7.3 There is an ongoing national programme of work to improve the quality of GP appointment data, and bring information collected by different IT systems together. Local work is underway to get a more accurate assessment of GP access data which can then be used to help inform and target interventions. A more detailed update on GP access will be taken to a future Health and Wellbeing Board meeting.

## Safe surgeries

7.4 Everyone is eligible to register with a GP and receive primary care services free of charge, regardless of immigration status. A Safe Surgery is a GP practice which commits to taking steps to tackle the barriers faced by many migrants in accessing healthcare. At a minimum, this means declaring the GP practice a 'Safe Surgery' for everyone and ensuring that lack of ID or proof of address, immigration status or language are not barriers to patient registration. The safe surgery initiative provides training to increase awareness, improve knowledge of these issues among clinical and non-clinical staff, and looks at how practices can make small changes to reduce barriers.

7.5 In December 2017 NHS Lewisham CCG started discussions with Doctors of the World (DOTW) about the numbers of people they were supporting to register in Lewisham. The CCG and the local community education provider network worked with DOTW to coproduce training materials and resources for GP practice reception staff to update their knowledge of the practical aspects of supporting vulnerable people to overcome barriers to registration. Practices were also encouraged to sign up to the Safer Surgeries initiative. The primary care team have been working closely with practices to ensure that sign up and are able to access the necessary training and support resources.

7.6 To support the initiative, in June 2021 Lewisham Councillors wrote to all Lewisham GP practices encouraging all practices to sign up to the safe surgeries initiative and help make the borough the first where all GP practices are safe surgeries. Currently, 24 of the 27 Lewisham practices have signed up to the initiative. Contact has been made with the outstanding 3 practices to encourage and support them to also sign up to the initiative (capacity to fully engage with the programme is the major reason cited by these practices for not yet signing up). The primary care team has committed to visit all Lewisham GPs practices between October and December 2022 and will use the opportunity to establish what practices are doing as part of the initiative and if any further support might be necessary.

7.7 The Board welcomed the comprehensive nature of the report and the actions that were being taken to improve GP services and the coverage of the Safer Surgeries initiative. The view was expressed that developing a charter to guarantee GP access for residents would be a step forward. It was felt that that pharmacies should be included within the umbrella of the Safer Surgeries scheme, given the synergies between GPs and prescribing medication through local pharmacies.

7.8 **Action:** The Board noted the content of the report.

## 8. The Suicide Prevention Strategy and Action Plan

8.1 This item was deferred to the next meeting of the Board on 8<sup>th</sup> March.

## 9. For Information items

### Discharge Fund (Better Care Fund) Plan 2022/23

9.1 TB informed the Board that additional funding has been provided by NHSE to fund interventions that best support the discharge of patients from hospital over the winter months. Funding is being allocated to local areas in two ways: a) funds paid direct to local Councils and b) funds to ICBs for allocation to local areas. The funding is being pooled through the Better Care Fund at local level. For Lewisham the allocated amounts are London Borough of Lewisham – £1,139,902 and Lewisham ICB – £1,275,087, a total of £2,414,989. Plans must be submitted by 16th December to NHSE. Plans have been agreed by the Place Executive Lead on behalf of Lewisham ICB, and by the Executive Director of Community Services, Lewisham Borough Council, under delegated authority on behalf of the Council. As this is an addition to Lewisham's BCF plan for 2022-23, the Board are advised of the additional funding and are asked to approve the spending plan.

9.2 **Action:** The Board approved the spending plan for the Lewisham Discharge Fund as presented in the report.

There were no further for information items.

## 10. Any other business

10.1 No other business was raised.

The meeting ended at 17:05pm







## Health and Wellbeing Board

### Declarations of Interest

**Date:** 8 March 2023

**Key decision:** No

**Class:** Part 1

**Ward(s) affected:** All

**Contributors:** Director of Law and Corporate Governance

### Outline and recommendations

Members are asked to declare any personal interest they have in any item on the agenda.

## 1. Summary

- 1.1. Members must declare any personal interest they have in any item on the agenda. There are three types of personal interest referred to in the Council's Member Code of Conduct:
  - (1) Disclosable pecuniary interests
  - (2) Other registerable interests
  - (3) Non-registerable interests.
- 1.2. Further information on these is provided in the body of this report.

## 2. Recommendation

- 2.1. Members are asked to declare any personal interest they have in any item on the agenda.

### 3. Disclosable pecuniary interests

3.1 These are defined by regulation as:

- (a) Employment, trade, profession or vocation of a relevant person\* for profit or gain
- (b) Sponsorship –payment or provision of any other financial benefit (other than by the Council) within the 12 months prior to giving notice for inclusion in the register in respect of expenses incurred by you in carrying out duties as a member or towards your election expenses (including payment or financial benefit from a Trade Union).
- (c) Undischarged contracts between a relevant person\* (or a firm in which they are a partner or a body corporate in which they are a director, or in the securities of which they have a beneficial interest) and the Council for goods, services or works.
- (d) Beneficial interests in land in the borough.
- (e) Licence to occupy land in the borough for one month or more.
- (f) Corporate tenancies – any tenancy, where to the member’s knowledge, the Council is landlord and the tenant is a firm in which the relevant person\* is a partner, a body corporate in which they are a director, or in the securities of which they have a beneficial interest.
- (g) Beneficial interest in securities of a body where:
  - (a) that body to the member’s knowledge has a place of business or land in the borough; and
  - (b) either:
    - (i) the total nominal value of the securities exceeds £25,000 or 1/100 of the total issued share capital of that body; or
    - (ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the relevant person\* has a beneficial interest exceeds 1/100 of the total issued share capital of that class.

\*A relevant person is the member, their spouse or civil partner, or a person with whom they live as spouse or civil partner.

### 4. Other registerable interests

4.1 The Lewisham Member Code of Conduct requires members also to register the following interests:

- (a) Membership or position of control or management in a body to which you were appointed or nominated by the Council
- (b) Any body exercising functions of a public nature or directed to charitable purposes, or whose principal purposes include the influence of public opinion or policy, including any political party
- (c) Any person from whom you have received a gift or hospitality with an estimated value of at least £25.

## 5. Non registerable interests

- 5.1. Occasions may arise when a matter under consideration would or would be likely to affect the wellbeing of a member, their family, friend or close associate more than it would affect the wellbeing of those in the local area generally, but which is not required to be registered in the Register of Members' Interests (for example a matter concerning the closure of a school at which a Member's child attends).

## 6. Declaration and impact of interest on members' participation

- 6.1. Where a member has any registerable interest in a matter and they are present at a meeting at which that matter is to be discussed, they must declare the nature of the interest at the earliest opportunity and in any event before the matter is considered. The declaration will be recorded in the minutes of the meeting. If the matter is a disclosable pecuniary interest the member must take not part in consideration of the matter and withdraw from the room before it is considered. They must not seek improperly to influence the decision in any way. **Failure to declare such an interest which has not already been entered in the Register of Members' Interests, or participation where such an interest exists, is liable to prosecution and on conviction carries a fine of up to £5000**
- 6.2. Where a member has a registerable interest which falls short of a disclosable pecuniary interest they must still declare the nature of the interest to the meeting at the earliest opportunity and in any event before the matter is considered, but they may stay in the room, participate in consideration of the matter and vote on it unless paragraph 6.3 below applies.
- 6.3. Where a member has a registerable interest which falls short of a disclosable pecuniary interest, the member must consider whether a reasonable member of the public in possession of the facts would think that their interest is so significant that it would be likely to impair the member's judgement of the public interest. If so, the member must withdraw and take no part in consideration of the matter nor seek to influence the outcome improperly.
- 6.4. If a non-registerable interest arises which affects the wellbeing of a member, their, family, friend or close associate more than it would affect those in the local area generally, then the provisions relating to the declarations of interest and withdrawal apply as if it were a registerable interest.
- 6.5. Decisions relating to declarations of interests are for the member's personal judgement, though in cases of doubt they may wish to seek the advice of the Monitoring Officer.

## 7. Sensitive information

- 7.1. There are special provisions relating to sensitive interests. These are interests the disclosure of which would be likely to expose the member to risk of violence or intimidation where the Monitoring Officer has agreed that such interest need not be registered. Members with such an interest are referred to the Code and advised to seek advice from the Monitoring Officer in advance.

## 8. Exempt categories

- 8.1. There are exemptions to these provisions allowing members to participate in decisions notwithstanding interests that would otherwise prevent them doing so. These include:-
- (a) Housing – holding a tenancy or lease with the Council unless the matter relates to your particular tenancy or lease; (subject to arrears exception)
  - (b) School meals, school transport and travelling expenses; if you are a parent or

guardian of a child in full time education, or a school governor unless the matter relates particularly to the school your child attends or of which you are a governor

- (c) Statutory sick pay; if you are in receipt
- (d) Allowances, payment or indemnity for members
- (e) Ceremonial honours for members
- (f) Setting Council Tax or precept (subject to arrears exception).

## **9. Report author and contact**

- 9.1. Jeremy Chambers, Director of Law and Corporate Governance, 020 83147648, [Jeremy.Chambers@lewisham.gov.uk](mailto:Jeremy.Chambers@lewisham.gov.uk),



## Health and Wellbeing Board

### Report title: General Practice Access Update

**Date:** 8 March 2023

**Key decision:** No.

**Class:** Part 1

**Ward(s) affected:** All

**Contributors:** Ashley O'Shaughnessy, Associate Director Primary Care (Lewisham) - NHS South East London, South East London Integrated Care System

### Outline and recommendations

The purpose of this paper is to provide the Health and Wellbeing Board with an update on General Practice access:

- Members of the Health and Wellbeing Board are recommended to note the contents of the attached presentation

## **1. Summary**

- 1.1. The purpose of this paper is to provide the Health and Wellbeing Board with an update on General Practice access.

## **2. Recommendations**

- 2.1. Members of the Health and Wellbeing Board are recommended to note the contents of the attached presentation.

## **3. Policy Context**

- 3.1. The Council's *Corporate Strategy 2018-2022* outlines the Council's vision to deliver for residents over the next four years and includes the following priority relevant to this item:

1. ***Delivering and defending: health, social care and support*** - Ensuring everyone receives the health, mental health, social care and support services they need.

## **4. Financial implications**

- 4.1. There are no direct financial implications arising from the implementation of the recommendations in this report.

## **5. Legal implications**

- 5.1. There are no direct legal implications arising from the implementation of the recommendations in this report.

## **6. Equalities implications**

- 6.1. Equality Act 2010 brought together all previous equality legislation in England, Scotland and Wales. The Act included a new public sector equality duty, replacing the separate duties relating to race, disability and gender equality. The duty came into force on 6 April 2011. It covers the following nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

- 6.2. The Council must, in the exercise of its functions, have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
- advance equality of opportunity between people who share a protected characteristic and those who do not.
- foster good relations between people who share a protected characteristic and those who do not.

## **7. Climate change and environmental implications**

- 7.1. There are no direct climate change or environmental implications arising from the implementation of the recommendations in this report.

## **8. Crime and disorder implications**

- 8.1. There are no direct crime and disorder implications arising from the implementation of the recommendations in this report.

## **9. Health and wellbeing implications**

- 9.1. The health and wellbeing implications for this report will be covered as part of the presentation.

## **10. Report contact**

- 10.1. Ashley O'Shaughnessy, Associate Director Primary Care (Lewisham), NHS South East London, [ashley.oshaughnessy@selondonics.nhs.uk](mailto:ashley.oshaughnessy@selondonics.nhs.uk)

# Health and Wellbeing Board

Page 20

# General Practice Access update

**Wednesday 8th March, 2023**

**Ashley O'Shaughnessy, Associate Director Primary Care**

# Outline

- The purpose of this report is to provide the Health and Wellbeing Board with an update on General Practice access in Lewisham
- Members of the Health and Wellbeing Board are recommended to note the report

## COVID

- Practices continue to work through COVID backlogs including long term condition reviews, immunisations, health checks etc as well as still supporting the COVID vaccination programme
- Following the pandemic lockdowns/restrictions etc where patients were not always accessing healthcare as they might have normally, many patients are now presenting with a higher acuity and complexity of issue which requires more time/resource to manage

## Group A Strep & Scarlet Fever

- This resulted in extremely high numbers of patients requesting urgent face to face GP consultations
- Practices absorbed unprecedented demand, alongside additional capacity that was stood up where able
- The demand was exacerbated by liquid antibiotic shortages which sometimes required patients to return to their GPs

## Winter pressures

- Despite ongoing work to maximise vaccination rates, this year has had higher levels of flu circulating in the community alongside other respiratory and viral infections. *Note, we are working with Public Health Colleagues to target all screening and immunisation rates and reduce variation between population groups.*
- These high levels of infections have also affected the general practice workforce, resulting in some staffing shortages at times

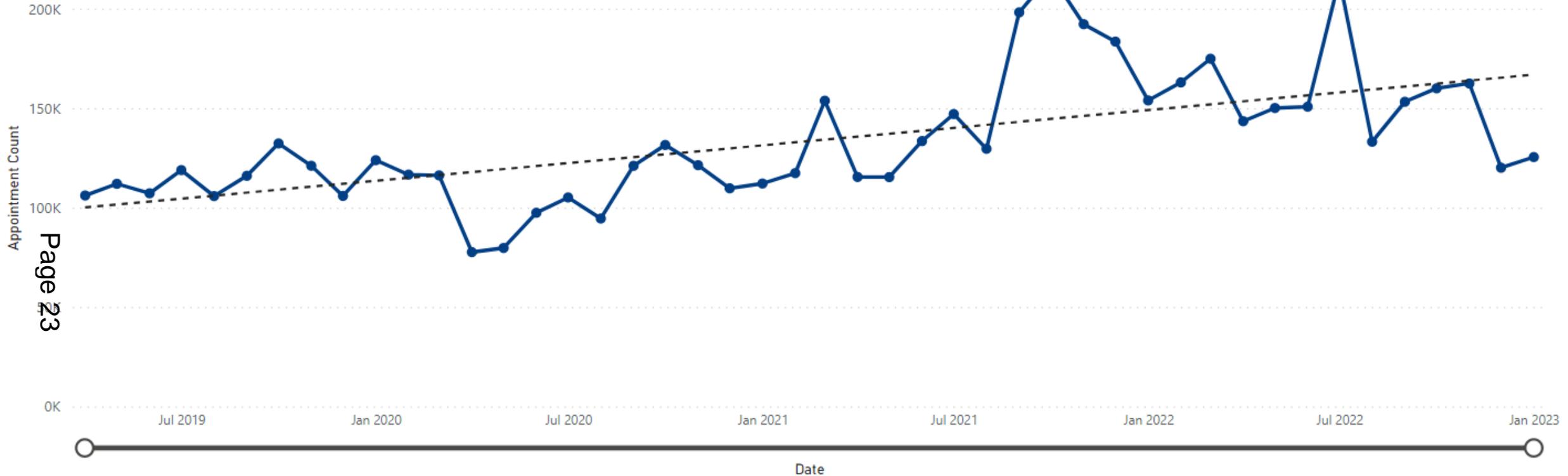
## Industrial action

- The ongoing industrial action both in health and across other sectors (i.e. education and travel) is impacting General Practice in terms of higher demand than usual for same day urgent care and challenges with staff attending work

## Patient behaviour

- There are increasing reports of unacceptable patient behaviour (both verbal and physical) towards General Practice staff which is negatively impacting on staff morale and making recruitment and retention increasingly challenging

# General practice appointment data



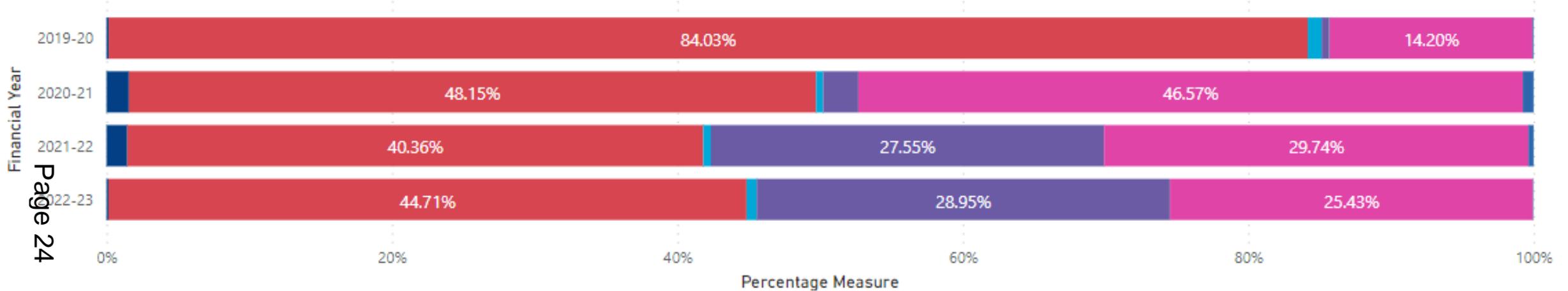
**Despite the numerous challenges, GP practices are delivering an increasing number of appointments, at above pre-pandemic levels**

*Data source: Primary Care Data (Discovery Data Service), 1<sup>st</sup> April 2019 – 31<sup>st</sup> January 2023*

*Caveats: This GP appointment data is directly related to the completeness and accuracy of practice coding and does not currently include all extended/enhanced access appointment data*

# General practice appointment types

Encounter ● Email ● Face to Face ● Home Visit ● Online ● Out of Hours/Urgent Care Centre ● Telephone ● Video



Financial Year  
Page 24

Lewisham GP practices are delivering appointments in a variety of different ways including face to face, online, telephone and as home visits.

There has been a marked shift from face to face to online/telephone appointments during the pandemic which has been sustained. We will need to work with practices and patients to ensure the mix of appointment types is appropriate taking into account patient preferences and also digital exclusion.

*Data source: Primary Care Data (Discovery Data Service), 1<sup>st</sup> April 2019 – 31<sup>st</sup> January 2023*

*Caveats: This GP appointment data is directly related to the completeness and accuracy of practice coding and does not currently include all extended/enhanced access appointment data*

- We are continuing to work with practices to **expand their workforce**, particularly through the Primary Care Network (PCN) Additional Roles Reimbursement Scheme (ARRS) – the table below shows the actual number of PCN ARRS staff in Q1 22/23 and the planned numbers by Q4 22/23

Role	Actual (Q1 22/23) Full Time Equivalent	Planned (Q4 22/23) Full Time Equivalent
Pharmacy Technicians	3.75	4.25
Clinical Pharmacists	12.84	20.59
Advanced Practitioner Clinical Pharmacists	0.2	0.2
Dietician	0	0.5
First Contact Physiotherapists	7.33	6.0
Paramedics	1.0	5.0
Podiatrists	0	0.4
Physician Associates	4.0	9.6
Care Co-ordinators	18.14	24
Health and Wellbeing Coaches	4.0	4.3
Social Prescribing Link Workers	9.56	8.0
Nursing Associates	2.55	1.3
Trainee Nursing Associate	2.0	2.0
<b>Total</b>	<b>65.37</b>	<b>86.14</b>

- We have directly funded 8 practices to implement **new and improved telephony systems** including the ability to monitor call volumes, dropped calls etc so that workforce can be aligned to periods of high demand
- We are working with all practices to review and **improve their websites** to ensure that clear and consistent information is available to patients – 19 practices are currently at the level 3 best practice standard and we are continuing to work with all other practices to reach this same standard
- We are continuing to support practices to provide **online options** for patients to interact with them and currently have over 82,500 Lewisham patients signed up to use the ASK First symptom checker APP
- We are continuing to commission a **GP Home Visiting service** to help provide additional capacity for home visits through experienced paramedics
- We are continuing to promote the role of **community pharmacy and selfcare** as alternatives (where appropriate)

- We are working with practices to explore **innovative new access models** for example the ICO Health Group reception chat bot which seeks to provide an alternative to the telephone for contacting the practice reception
- We are working with system partners to identify areas where we might be able to **free up capacity in general practice** and **improve the patient journey** i.e. self referral, social prescribing, management of outpatient referrals/appointments
- We have developed a **digital inclusion plan** for general practice focussing on skills, connectivity and accessibility and are currently working with wider system partners to try and align our approaches for maximum impact
- We will be working with practices to **improve their appointment coding** so we can accurately measure activity and plan interventions accordingly
- We also plan to work with practices to **review the mix of appointment types** to ensure this is appropriate taking into account patient preferences and also digital exclusion
- We continue to have **regular dialogue with Healthwatch Lewisham** so we can gain feedback on patient views of access and to coordinate our work programmes as appropriate

# Engaging the public

- We plan to build on the work already being implemented in Bromley to proactively engage with the public to support them to get the most out of their local primary care services
- This will include encouraging everyone to register with a GP Practice, explaining the expanding practice team, advising of services that patients can self-refer to, explaining what social prescribing is and promoting community pharmacy and self care

**Meet your Bromley GP practice team**

Your GP practice is open and here for you and your family. Across the country, practice teams are busier than ever. We offer to provide the right care at the right time, Any GP practice is changing how they work. In a GP practice you will now find a wider team of specialists and professionals working together to help and care for you. The larger practice team is designed to best manage the very busy workload and the range of health needs that people have.

**Meet your friendly GP practice team\***

- Receptionist**  
First point of contact, trained in medical administration and initial triage to direct your query to the most appropriate service or professional to help you further.
- GP**  
Senior medical generalist in primary care. Diagnoses and treats patients with most complex conditions.
- Practice Nurse**  
Dressing, wound care, minor injuries, vaccinations, and routine screening. Some are specialists eg in diabetes and respiratory care.
- Advanced Nurse Practitioner**  
Highly skilled specialist nurse, qualified to make independent decisions on assessment, diagnosis and treatment.
- Clinical Pharmacist**  
Specialist adviser for patients on multiple and long term medications, ensuring patient safety.
- Social Prescriber**  
Connects people to a wide range of local community services to help people with their physical and mental health and wellbeing, and welfare.
- Community pharmacist**  
Trained to provide advice on a range of minor ailments and conditions, and offers appointments via your GP practice.

\*These are some of the new roles working in primary care. Not all practices will have all these roles.

**Choose Self Care**  
Practising self-care is something we all need to do every day.

Self-care includes eating nutritious food, exercising regularly, getting plenty of good quality sleep and doing activities that make you happy.

The use of medicines in self-care for some minor medical conditions is one way you can contribute to taking responsibility for your own health and wellbeing. Get ready for the winter season by stocking your medicine cabinet with essential supplies.

GP surgeries do not routinely prescribe readily available medication like paracetamol for minor conditions. Prescribing them costs the NHS millions every year, adding unnecessary strain to local GPs and the NHS. These items are widely available from pharmacies, supermarkets, and some high street retailers at a range of prices.

**Did you know...?**

- All licensed medicines in the UK are subject to the same quality control regulations regardless of where they are purchased.
- Non-branded medicines usually contain the same active ingredients as branded medicines, and often do the same thing, but cost less money. It's similar to choosing between big brand items and the supermarket's own label - the non-branded version is often cheaper.
- Your pharmacist can provide you with further advice on treating and managing common healthcare conditions and tell you when you need to seek further medical attention if your condition is more serious.

For more information visit [www.selondonics.org/bromleyprimarycare](http://www.selondonics.org/bromleyprimarycare)

**Take control of Your own health care**

Did you know there are many health and care services in Bromley you can use without a referral from your doctor?

**How do I refer myself to a service?**  
In Bromley you can request some local health and care services by either filling in an online form or by telephone. Making this request yourself means you don't have to go through your GP practice.

**Bromley health and care services that self-referrals include:**

- Community Health Services** by Bromley Healthcare: Speech and language therapy, children's physiotherapy, podiatry and bladder and bowel services.  
Visit: [www.bromleyhealthcare.org.uk/explore-our-services/](http://www.bromleyhealthcare.org.uk/explore-our-services/) or 0300 330 5777
- NHS adult physiotherapy services** Contact Vita Health for conditions or pain affecting your joints, bones or muscle.  
Visit: [www.vitahealthgroup.co.uk](http://www.vitahealthgroup.co.uk) or 020 8778 9050
- Minor Eye Care Services** for treatment of minor eye conditions. [https://bromleyeyecare.co.uk/](http://https://bromleyeyecare.co.uk/) eye-health@bromley-eye-care-service@nhs.uk or 01689 850593
- Antenatal (pregnancy) care** - contact maternity services as early as possible in your pregnancy. Visit: [https://grah.kch.nhs.uk/services/maternity/](http://https://grah.kch.nhs.uk/services/maternity/) or [kch-hc@maternity@grah.nhs.net](mailto:kch-hc@maternity@grah.nhs.net)
- Sexual health services** [www.sexualhealthbromley.co.uk](http://www.sexualhealthbromley.co.uk) or 0300 330 5777
- Drug and alcohol service** [www.changeyourlife.org/bromley-stop-alcohol-services/bromley-road](http://www.changeyourlife.org/bromley-stop-alcohol-services/bromley-road) or 020 828 1999
- Mental health** Adults - Talk to your GP or 0300 003 003
- Children and young people** A wide range to keep you well are provided. Visit: [www2.nhs.uk/ocsp](http://www2.nhs.uk/ocsp) or 020 8461 1000
- Occupation** Holistic, assist your health, and social care range of talk. Visit: [www2.nhs.uk/ocsp](http://www2.nhs.uk/ocsp) or 020 8461 1000

**Bromley GP Dr Bushra Yousof adds:** "Some of my patients think a referral from me means they will get seen sooner. This is not the case, and it can be quicker if you refer yourself to services that accept self-referrals. We can only fast track referrals when urgent investigations are needed".

"We really encourage you to self-refer to services where this is available. However, you cannot refer yourself to specialist hospital services. You will need to be assessed by your GP first".

For more information visit [www.selondonics.org/bromleyprimarycare](http://www.selondonics.org/bromleyprimarycare)

#YourPrimaryCare

**Do you need a Social Prescription?**

Many things affect our health and wellbeing. Around one in five appointments made with a GP are about our social rather than medical issues.

This includes loneliness, stress, worries about money, debt, housing, unemployment, caring responsibilities, and relationship problems. These can't be fixed by something that comes in a tube or a bottle, but social prescribing can help.

Diana Norris, Bromley Lead Social Prescribing Link Worker explains, "If you are finding it hard to cope and need some help, ask anyone in your GP practice for an appointment to see the social prescriber. Your social prescriber will spend time with you, listen to what you need and connect you to services and local groups who can provide practical and emotional support. This may include introducing you to a community group, local club, or new activities or help you find benefits advice or debt counselling. We are there to help you feel better".

Kassim is a social prescriber in Bromley. "I love seeing the difference that social prescribing can make in people's lives. Most people just want to be heard and get support in dealing with whatever issue is making their life tougher than it needs to be. You don't need to be an expert in everything your local community has to offer. Whether it's volunteering opportunities, walking groups or ideas to boost your emotional wellbeing. Just ask for help in finding the support you need, and we'll work it out together from there".

For more information visit [www.selondonics.org/bromleyprimarycare](http://www.selondonics.org/bromleyprimarycare)

For more information visit [www.selondonics.org/bromleyprimarycare](http://www.selondonics.org/bromleyprimarycare)

#YourPrimaryCare

For more information visit [www.selondonics.org/bromleyprimarycare](http://www.selondonics.org/bromleyprimarycare)

#YourPrimaryCare

**Your NHS on the High Street**

Your local Bromley pharmacist is a fully qualified healthcare professional and part of your NHS Primary Care team. They train for five years in the use of medicines and have further training on managing minor illnesses and providing health and wellbeing advice.

Your local pharmacist is the best person for you to see if you need clinical advice or over the counter medicines for a wide range of minor health concerns such as coughs, colds, sore throats, tummy trouble and aches and pains. If your symptoms are more serious, they will get you the help you need.

Dr Emma Ryan, Bromley GP advised, "Talking to your local pharmacist about minor health concerns is better for you because you can get quick professional advice, and better for GPs because it frees up our time to help more people with complex health needs. Most of us live within easy reach of a pharmacy and many are open in the evenings and at weekends. Just pop in - you don't need an appointment - most of them also offer a private consultation room."

Arli Jethwa, pharmacist at Paydens in Beckenham, said, "Visit your local pharmacist to get advice on a wide range of minor ailments and injuries. As well as expert advice on medicines, we offer other NHS services such as blood pressure monitoring, emergency contraception, asthma inhaler use and advice, chlamydia screening and treatment, stop smoking and weight management advice. This winter, it's really important that we all get our flu and covid vaccinations, and you can talk to your pharmacy about this too."

Jasraj Matharu, pharmacist at Westchem Pharmacy in West Wickham, said, "You may be referred to a pharmacist for advice by NHS 111 or a GP. If you're stable on your medication, regular repeat dispensing can be arranged between your GP and local pharmacist. You can also set up your repeat prescriptions through the NHS App or through your GP website.

As part of the local NHS Primary Care team, we work very closely with our local GP practices to support patient care and help patients manage their health needs and medication requirements. Your local community pharmacy is the NHS on the High Street, do come to us first for your health care needs."

For more information about repeat prescribing, speak to your pharmacist or visit [www.nhs.uk](http://www.nhs.uk)

For more information visit [www.selondonics.org/bromleyprimarycare](http://www.selondonics.org/bromleyprimarycare)

#YourPrimaryCare

For more information visit [www.selondonics.org/bromleyprimarycare](http://www.selondonics.org/bromleyprimarycare)

#YourPrimaryCare



## Health and Wellbeing Board

### Lewisham Pharmaceutical Needs Assessment 2022

**Date:** 8th March 2023

**Key decision:** No.

**Class:** Part 1

**Ward(s) affected:** All

**Contributors:** Patricia Duffy, Public Health Intelligence Manager, Dr Catherine Mbema, Director of Public Health, London Borough of Lewisham

### Outline and recommendations

The purpose of this report is for the Health and Wellbeing Board to acknowledge and approve the Lewisham Pharmaceutical Needs Assessment (PNA) 2022.

### Timeline of engagement and decision-making

The PNA is typically required to be updated every three years. However the latest was postponed from Spring 2021 to the end of 2022 due to the COVID-19 pandemic. The previous PNA was published in [Spring 2018](#).

## 1. Summary

- 1.1. The process for the updated Lewisham PNA began at the start of 2022. Contractors and service users were consulted during the assessment before a draft document was put out for the statutory consultation period. The finalised document was subsequently published.

## **2. Recommendations**

- 2.1. For the Health and Wellbeing Board to acknowledge and approve the Lewisham PNA 2022.

## **3. Policy Context**

- 3.1. Every Health and Wellbeing Board in England has a statutory responsibility to publish a statement of the needs for pharmaceutical services of the population in its area (known as the PNA) and update it at least every three years, from 2015 onwards. The previous assessments were published in April 2015 and March 2018. Due to the COVID-19 pandemic the usual schedule was paused, with a revised deadline for completion of Autumn 2022.

## **4. Background**

- 4.1. PNAs are used by NHS England to make decisions on which funded services need to be provided by local community pharmacies. These services are part of the local health and care system, and affect NHS budgets. PNAs are also relevant when deciding if new pharmacies are needed in response to applications by businesses, which can include independent owners and large pharmacy companies. If there is a notable change in the population or an area that warrants a review of pharmaceutical services then a PNA supplementary statement must be produced by the Health and Wellbeing Board.
- 4.2. A statutory 60 day consultation period was concluded on 15 November 2022 on the 2022 Lewisham PNA. The comments arising from this consultation have been addressed in the final report.
- 4.3. This PNA follows previous assessments published in 2015 and 2018.

## **5. The PNA**

- 5.1. The document provides an assessment of the need for pharmaceutical services within Lewisham; as well as outlining the current provision of such services and considering what may be required in the future. For the 2022 PNA, the production was outsourced to PHAST to produce on Lewisham's behalf.

### **5.2. Pharmacies in Lewisham**

Currently Lewisham has 52 pharmacies, distributed across the borough. Pharmacies provide a range of services, including three core levels of services categorised as Essential, Advanced and Enhanced. The Advanced are commissioned by either Lewisham Council or the South East London Integrated Care System (Lewisham) and Enhanced services by NHS England. As a minimum all community pharmacies are required to provide Essential Services which include dispensing, signposting and promotion of healthy lifestyles.

### **5.3. Production of the PNA**

The process began with information and data gathering, (including mapping of services). This was followed by a consultation with both service users and pharmacy providers to seek their views on how community pharmacies were performing in Lewisham. A multi-agency steering group was also established to inform the content, with representation from the South East London Integrated Care System (Lewisham); Local Pharmaceutical Committee (LPC), Local Medical Committee (LMC), Lewisham and Greenwich Trust (LGT) and Public Health. A draft was then produced, subject to a further 60 day statutory consultation, informing the final document, which can be found in Appendix 1.

**6. Financial implications**

6.1. There are no specific financial implications at this stage. If further discussions take place on commissioning services in the future the financial implications will be considered at that point.

**7. Legal implications**

7.1. The Health and Social Care Act 2012 transferred the responsibility for developing and updating PNAs to the Health and Wellbeing Board.

7.2. Pursuant to The National Health Service(Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, the Health and Wellbeing Board was required to produce its first PNA by 1 April 2015, and reviewed every three years thereafter.

7.3. Schedule 1 of the 2013 Regulations sets out matters to be covered in the PNAs.

**8. Equalities implications**

8.1. The services provided by community pharmacies help to address health inequalities. Equitable access is necessary to ensure the reduction of inequalities.

**9. Climate change and environmental implications**

9.1. There are no climate change or environmental implications from this report.

**10. Crime and disorder implications**

10.1. There are no Crime and Disorder implications from this report.

**11. Health and wellbeing implications**

11.1. Pharmacies are a key service in the healthcare system. Health and wellbeing implications are core to this report and detailed within.

**12. Background papers**

12.1. The previous PNA can be found on the [Lewisham Council website](#).

**13. Glossary**

Term	Definition
PNA	Pharmaceutical Needs Assessment

**14. Report author(s) and contact**

14.1. Catherine Mbema, 0208 314 3927, catherine.mbema@lewisham.gov.uk

14.2. Comments for and on behalf of the Executive Director for Corporate Resources

14.3. Abdul Kayoum

14.4. Comments for and on behalf of the Director of Law, Governance and HR

14.5. Melanie Dawson

**Is this report easy to understand?**

Please give us feedback so we can improve. **Page 32**

Go to <https://lewisham.gov.uk/contact-us/send-us-feedback-on-our-reports>

## Lewisham Health and Wellbeing Board

### Pharmaceutical Needs Assessment 2022





Document Details	
Title	Lewisham Health and Wellbeing Board Pharmaceutical Needs Assessment 2022
Version:	Lewisham Final PNA Report Submitted to the HWB March 2023
Date of Issue:	23 January 2023
Project description:	Report created by the Public Health Action Support Team (PHAST) 

Commissioner Lead Contact Details	
Name:	Patricia Duffy
Role:	Health Intelligence Manager in Public Health London Borough of Lewisham

PHAST Contact Details	
Name	Dr Cecilia Pyper
Role:	Project Lead
Email:	<a href="mailto:cecilia.pyper@phast.org.uk">cecilia.pyper@phast.org.uk</a> <a href="mailto:c@pyper.net">c@pyper.net</a>
Address:	Public Health Action Support Team CIC Westlington Farm Dinton Bucks HP17 8UL

PHAST PNA TEAM
Dr Cecilia Pyper MBBS MFPH
Yebeen Ysabelle Boo BSc MSc Epidemiology
Tasmin Harrison BSc Medical Sciences

## Table of Contents

	<b>Executive Summary</b> .....	<b>06</b>
<b>1</b>	<b>Introduction</b> .....	<b>11</b>
1.1	Background .....	11
1.2	Purpose of the PNA.....	11
1.3	Scope of the PNA.....	11
1.4	Process for developing the PNA.....	12
1.5	Localities for the purpose of the PNA .....	12
<b>2</b>	<b>PNA Context</b> .....	<b>15</b>
2.1	National policies on pharmacy services .....	15
2.2	Joint Strategic Needs Assessment (JSNA) Review .....	19
2.3	Health and Wellbeing Strategy (HWS) Review .....	22
2.4	South East London Integrated Care System: Achieving the NHS Long Term Plan ..	24
2.5	Public Health Outcomes Framework Review .....	26
2.6	The potential role of pharmacists in addressing priority areas .....	28
2.7	Implications for pharmacy services.....	31
<b>3</b>	<b>Population characteristics</b> .....	<b>34</b>
3.1	Current population.....	34
3.2	Population distribution by localities .....	36
3.3	Population density .....	37
3.4	Ethnicity.....	39
3.5	Deprivation .....	40
3.6	Population projections .....	43
3.7	Healthy lifestyles .....	44
3.8	Life expectancy and mortality .....	48
<b>4</b>	<b>Lewisham housing trajectory and planning</b> .....	<b>50</b>
<b>5</b>	<b>Pharmaceutical service provision within Lewisham</b> .....	<b>52</b>
5.1	NHSE pharmaceutical services - commissioned from community pharmacies .....	52
5.2	Locally commissioned services.....	55
5.3	Dispensing appliance contractor.....	55
5.4	Distance-selling pharmacies.....	55
5.5	Self-care pharmacy initiative.....	55
5.6	Community pharmaceutical services for people from special groups.....	55
5.7	Community pharmacies in Lewisham .....	56
5.8	Choice of community pharmacies.....	57
5.9	Intensity of current community pharmacy providers.....	57
5.10	Access to pharmacy services .....	58
<b>6</b>	<b>Other NHS Services</b> .....	<b>68</b>
6.1	Other NHS services that may reduce the demand for pharmaceutical services .....	68
6.2	Other NHS services that may increase the demand for pharmaceutical services ..	69
<b>7</b>	<b>Stakeholder Engagement</b> .....	<b>71</b>
7.1	General stakeholder engagement.....	71
7.2	Outline methodology of stakeholder engagement.....	71
7.3	Pharmacy/Contractor Survey.....	72
7.4	Pharmacy Users Views - Community Pharmacy Patient Questionnaire Highlights ..	78
7.5	Public Survey: have your say on pharmacy services .....	79
7.6	Meeting the needs of specific populations within society .....	84
<b>8</b>	<b>Conclusions</b> .....	<b>86</b>
8.1	Necessary Services (Essential Services).....	87
8.2	Advanced Services.....	87
8.3	Enhanced Services.....	87
8.4	Locally Commissioned Services .....	87
<b>9</b>	<b>Appendix A – PNA Formal Consultation Methodology</b> .....	<b>90</b>



9.1	Lewisham PNA Formal Consultation methodology .....	90
9.2	Summary Lewisham Formal Consultation findings .....	90
9.3	Lewisham Formal Consultation Questionnaire.....	91
9.4	Lewisham Formal Consultation log of responses.....	101
<b>10</b>	<b>Appendix B – Pharmacy opening hours and services.....</b>	<b>111</b>
10.1	Opening hours.....	111
10.2	Advanced Services.....	117
10.3	Locally Commissioned Services .....	119
<b>11</b>	<b>Appendix C – Other NHS Services .....</b>	<b>125</b>
<b>12</b>	<b>Appendix D – Pharmacy/Contractor PNA Survey .....</b>	<b>126</b>
<b>13</b>	<b>Appendix E – Public PNA Survey Results .....</b>	<b>144</b>
13.1	Lewisham Public Survey: Have your say on pharmacy services in Lewisham .....	144
13.2	Lewisham Public Survey results .....	149
<b>14</b>	<b>Appendix F –GP &amp; Dental service providers .....</b>	<b>156</b>
<b>15</b>	<b>Appendix G – Maps.....</b>	<b>159</b>
<b>16</b>	<b>Appendix H – Draft Statutory PNA Consultation Process.....</b>	<b>169</b>
<b>17</b>	<b>Appendix I – Terms of Reference .....</b>	<b>171</b>
17.1	Lewisham PNA – Steering Group Terms of Reference.....	171
17.2	Lewisham PNA – Stakeholder Advisory Group Terms of Reference.....	173
<b>18</b>	<b>Appendix J – Gantt chart.....</b>	<b>175</b>
<b>19</b>	<b>Appendix K – Acknowledgements.....</b>	<b>176</b>
<b>20</b>	<b>Appendix L – Glossary of abbreviations &amp; Terms .....</b>	<b>177</b>

“Pharmacies in Lewisham continue to be a valued community resource. They are a key part of the health and care system in Lewisham and have played an invaluable role during the COVID-19 pandemic to support the health and wellbeing of Lewisham residents. The publication of this Pharmaceutical Needs Assessment (PNA) highlights the diversity of Lewisham and the health challenges our community faces. This needs assessment sits alongside Lewisham’s Health and Wellbeing Joint Strategic Needs Assessment (JSNA) to support our understanding of pharmacy related needs in Lewisham and what demands may arise in the near future.”

Dr Catherine Mbema, Director of Public Health Lewisham Council



## Executive Summary

It is a statutory requirement for a Pharmaceutical Needs Assessment (PNA) to be developed and published every three years (or earlier where significant changes have occurred) by each area covered by a Health and Wellbeing Board (HWB). The purpose of the PNA is to plan for the commissioning of pharmaceutical services and to support the decision-making process in relation to new applications or change of premises of pharmacies.

This PNA has been undertaken during a time of uncertainty around how pharmacy services will develop over the next three years. The NHS Long Term Plan (LTP) states that “Pharmacists have an essential role to play in delivering the “Long Term Plan”. They state that “The funding for the new primary care networks will be used to substantially expand the number of clinical pharmacists” and “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”. The LTP also includes ways in how community pharmacy and pharmacists can support the changes.

There are 52 community pharmacies in Lewisham (as of April 2022) for a population of 305,309. This is an average of 17.0 pharmacies per 100,000 population, lower than the London (20.7) and England (20.5) average. All localities have at least ten community pharmacies, however the rate varies across the borough with Central (2) locality having a higher number per resident compared to the rest of the borough.

Overall access is good. By using a car, 100% of residents can access their nearest pharmacy in Lewisham within 4 minutes, and for 94% of residents, the nearest pharmacy in Lewisham or surrounding areas can be reached within 10 minutes of walking. There are three 100-hour pharmacies across the borough and at least one pharmacy provides Sunday opening from 7am to 9pm. Demand for community pharmacies is likely to increase due to national policy and population growth. Current national policies highlight the potential of community pharmacies delivering enhanced community-based healthcare thereby reducing demand on urgent and primary care services.

Since the 2018 PNA was published, both the resident population and GP registered population of Lewisham borough has increased. Analysis of housing data shows that there are likely to be population increases in parts of the borough, particularly in the North (1) locality, with population projections showing an increase of 12.7% of population by 2032. As these developments take place there will be an increasing requirement for pharmacy services, although as a locality which is quite densely populated current pharmacies are likely to remain accessible.

A review of the Joint Strategic Needs Assessment (JSNA) and Health and Wellbeing Strategy (HWS) identified that there may be scope for pharmacies to support local health needs. Priority areas identified by Lewisham’s Health and Wellbeing Board (HWB) in which there are potential roles for pharmacists are as follows:

- Achieving a healthy weight – pharmacists’ role in prevention and promoting healthy eating initiatives as well as NHS health checks.
- Increasing the number of people who survive colorectal, breast and lung cancer for 1 and 5 years – pharmacists’ role in promoting cancer screening
- Improving immunisation uptake – pharmacists’ role in delivering immunisations and in promoting immunisations
- Reducing alcohol harm – pharmacists’ role in supporting people to reduce their alcohol intake
- Preventing the uptake of smoking among children and young people and reducing the numbers of people smoking – pharmacists’ role in prevention and smoking cessation
- Improving mental health and well-being – pharmacists’ role in supporting people with mental health problems and signposting them to mental health services or well-being services
- Improving sexual health – pharmacists’ role in promoting testing and signposting to sexual health services as well as supplying contraceptive services
- Delaying and reducing the need for long-term care and support – pharmacists’ role in monitoring and supporting vulnerable individuals in the community
- Reducing the number of emergency admissions for people with long term conditions – pharmacists’ role in monitoring individuals with long term conditions in the community

Other areas that pharmacists could play a role in include: promoting NHS health checks and promoting screening to black and minority ethnic communities; promoting healthy lifestyle and prevention initiatives; promoting sexual health and contraception as well as offering good access to emergency contraception; promoting healthy eating to parents and carers of children; promoting emotional well-being to parents and carers of children and young people; supporting homeless people and signposting them to health and social care services; and supporting end-of-life care in the community. Decisions concerning the promotion of pharmacist led services for these programmes will need to be based on more focused health needs assessments and commissioning strategies.

## Conclusions

The Lewisham HWB has updated the information in relation to pharmacy services in its borough as well as information regarding changes in pharmacy services. In addition, the HWB has reviewed the current health needs of its population in relation to the number and distribution of the current pharmacies in the borough and those pharmacies in neighbouring boroughs adjoining the borough of Lewisham. 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 are defined as essential services. The advanced, enhanced and locally commissioned services are considered relevant services as they contribute towards improvement in provision and access to pharmaceutical services.



When assessing the provision of necessary services in Lewisham, the following have been considered:

The maps showing the location of pharmacies within Lewisham and the Index of Multiple Deprivation

- The number, distribution and opening times of pharmacies within Lewisham
- Pharmacy locations across the border
- Population density in Lewisham
- Projected population growth
- The ethnicity of the population
- Neighbourhood deprivation in Lewisham
- Location of GP practices
- Location of NHS Dental contractors
- Results of the public questionnaire
- Proposed new housing developments

Based on the latest information on the projected changes in population of the HWB area within its geographical area over the next three years, alongside the latest information regarding building plans and expected additional population increases during this time, the HWB has concluded that the current pharmacy services are adequate and have a good geographical spread, particularly covering those areas of higher population density.

The detailed conclusions are as follows (key types of pharmacy services are specifically detailed below).

#### Necessary Services (Essential Services)

- No gaps have been identified in necessary services (essential services) that if provided either now or over the next three years would secure improvements, or better access, to essential services across the whole borough.
- There is no gap in the provision of necessary services (essential services) during normal working hours across the whole borough.
- There are no gaps in the provision of necessary services (essential services) outside of normal working hours across the whole borough.

#### Advanced Services

- Only a few pharmacies reported they were providing Stoma Appliance Customisation, Appliance Use Review and Hepatitis C Antibody Testing Service, this could be seen as a gap in Advanced services; however, 7 pharmacies in Lewisham stated they intend to provide Stoma Appliance Customisation within the next 12 months. If in 12 months there are 7 pharmacies providing this service in Lewisham, there will be no gaps in the provision of advanced services over the next three years that would secure improvement or better access to advanced services across the whole borough.
- There are no gaps in the provision of other advanced services across the whole borough.

### Enhanced Services

- No gaps have been identified that if provided either now or in the future would secure improvements, or better access to enhanced services (relevant services) across the whole borough.
- There are no gaps in the provision of enhanced services across the whole borough.

### Locally Commissioned Services

- There are no gaps in the provision of locally commissioned services (relevant services) at present or over the next three years that would secure improvement or better access to locally commissioned services across the whole borough.
- There are no gaps in the provision of locally commissioned services across the whole borough.

The conclusions reached in this PNA report include assessments that have addressed protected characteristics of groups living in the borough localities in relation to access to pharmacies. The assessments show no evidence of any overall differences between or within the localities in Lewisham.

- Pharmacies in Lewisham have been adequately responding to the changing needs of the Lewisham community. This is evident in how they responded during the Covid-19 pandemic and how they are willing to provide most of the enhanced and locally commissioned services, if commissioned. In addition, there is a good provision of, and access to pharmaceutical services for vulnerable groups and specific populations (e.g. those with mobility disability, do not speak English as their first language, need further support to pick up prescriptions from the GP surgeries) in Lewisham.
- There are three 100-hour community pharmacies in the borough (5.8% of the total), higher than the figure for London (5.6%), but lower than England (9.4%). There is one 100-hour pharmacist in the North area and two 100-hour pharmacists in the Central area. There are no 100-hour community pharmacies in the south-east or south-west areas. It is recommended that these areas should be kept under close review.
- The opening hours of pharmacies on Sundays is low especially in the south-east and south-west areas. It is recommended that these areas should be kept under close review.

The conclusions reached in this PNA report include assessments that have addressed protected characteristics of groups living in the borough localities in relation to access to pharmacies. The assessments show no evidence of any overall differences between or within the localities in Lewisham.

- Based on the review of building plans and population projections, there may be a need to review the level of pharmacy services in specific places in the borough in the period up to 2025.
- The population growth is expected to increase within Lewisham and planned housing is expected to meet this demand, the timing of the planning permission may be outside the scope of this PNA. Notwithstanding that, the PNA has

demonstrated that there is sufficient capacity within Lewisham pharmacies to absorb this expected growth. Lewisham HWB will monitor pharmacy service provision in the areas of development and expected population growth.

- Regular reviews of all the above services are recommended in order to establish if in the future whether changes in these services will secure improvement or better access to pharmacies across the whole borough.
- Whether there is sufficient choice of pharmacy in Lewisham has been reviewed, it was decided there was sufficient choice of pharmacy in Lewisham. London boroughs have a greater choice of pharmacy provider compared to many other areas in England.
- Lewisham recognises that there may continue to be developments in pharmacy provision that is different from the high street pharmacies, for example, online prescriptions or pharmacists working more closely with primary care.

## Key to Services

**Necessary services** (essential services) are commissioned by NHS England and are provided by all pharmacy contractors. These are services which every community pharmacy providing NHS pharmaceutical services must provide and is set out in their terms of service – these include the dispensing of medicines, promotion of healthy lifestyles, Discharge Medicines Service (DMS) and support for self-care. Distance-selling pharmacy contractors cannot provide essential services face to face at their premises.

**Advanced services** (relevant services) are commissioned by NHS England and can be provided by all contractors once accreditation requirements have been met. These services include Appliance Use Review (AUR), New Medicine Service (NMS), Stoma Appliance Customisation (SAC), Flu Vaccination Service, Hepatitis C Testing, Community Pharmacist Consultation Service (CPCS), Hypertension Case-finding and Smoking Cessation Advanced Service.

**Enhanced services** (relevant services) commissioned by NHS England are pharmaceutical services, such as London flu service, Bank holiday service – Christmas and Easter Sunday, Bank holiday service – other bank holidays, Covid-19 vaccination service.

**Locally commissioned services** (relevant services) are commissioned by local authorities led by public health and Integrated Care Board (ICB) (formally a Clinical Commissioning Group (CCG)) in response to the needs of the local population.

# 1 Introduction

## 1.1 Background

It is a statutory requirement under the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 for a Pharmaceutical Needs Assessment (PNA) to be developed and published every three years (or earlier where significant changes have occurred) by each area covered by a Health and Wellbeing Board (HWB). The last PNA in Lewisham was published in 2018.

## 1.2 Purpose of the PNA

The purpose of the PNA is to plan for the commissioning of pharmaceutical services and to support the decision-making process in relation to new applications or change of premises of pharmacies.

As such, it is required to cover the following:

- what services are necessary to meet the needs of the local population
- which services have improved and/or have better access since the publication of the last PNA
- what provision is currently available, highlighting any immediate or future gaps in services
- any impact other NHS services have on pharmaceutical services
- how the assessment was carried out and the resulting conclusions

This information is held by NHSE/I to maintain a pharmaceutical list for the local area. This list is used to consider applications for new pharmacies as well as the relocation of existing pharmacies and to commission additional services.

The PNA bases its assessment on current and predicted demographics as well as analysing the health needs of the local population.

## 1.3 Scope of the PNA

The PNA covers local pharmaceutical providers, dispensing doctors and appliance contractors. It does not cover pharmaceutical services in hospitals or prisons.

The minimum requirement for a PNA includes the following:

- a statement of the pharmaceutical services currently provided that are necessary to meet needs in the area
- a statement of pharmaceutical services that have been identified by the HWB that are needed in the area, and are not provided (gaps in provision)
- a statement of the other relevant services which are provided, which are not needed, but which have secured improvements or better access to pharmaceutical services in the area
- a statement of the services that the HWB has identified as not being provided, but which would, if they were to be provided, secure improvements or better access to pharmaceutical services in the area
- a statement of other NHS services provided by a local authority, the NHS Commissioning Board (NHSE/I), an Integrated Care Board (ICB) (formally a Clinical Commissioning Group (CCG)) or an NHS Trust, which affect the needs for pharmaceutical services
- a map of providers of pharmaceutical services

- an explanation of how the assessment has been carried out (including how the consultation was carried out)
- The HWB must consult the bodies set out in Regulation 8 at least once during the process of developing PNA. The minimum consultation period required is 60 days.

## 1.4 Process for developing the PNA

A Steering Group of key stakeholders was set up to oversee the PNA process. Terms of reference for the group are available at Appendix I – Terms of Reference. An open tender process selected the Public Health Action Support Team (PHAST), a not-for-profit social enterprise company to develop the PNA.

The activities of the process and timescales are set out in the project chart in *Appendix J – Gantt chart*. This involved:

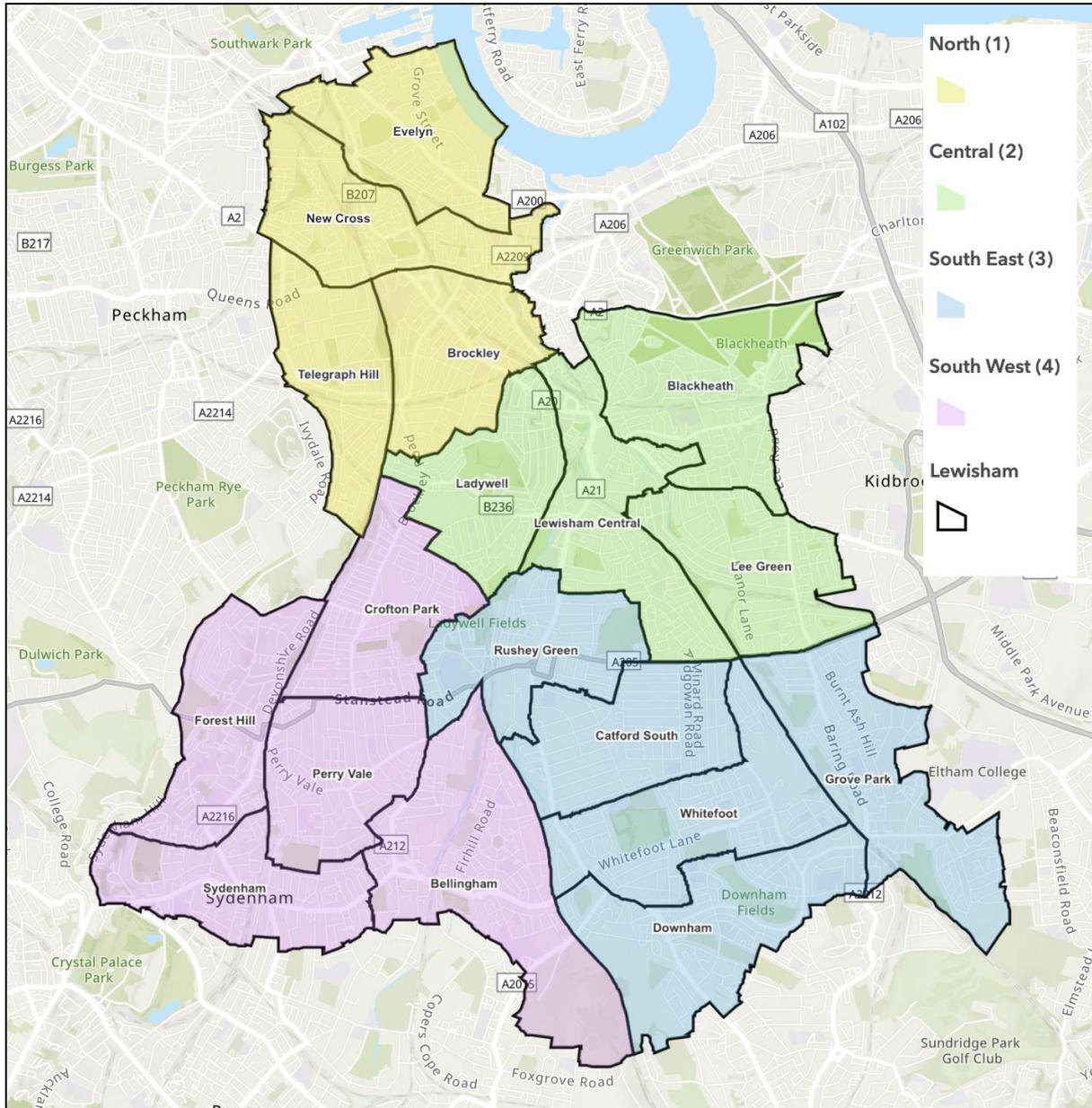
- updating information and evidence since the previous PNA, including latest priorities
- setting the scene for pharmacy services (using April 2022 as the data cut off point)
- updating information on the population of and latest health information
- conducting surveys of pharmacies, of pharmacy users and of particular interest groups who may have specific needs
- preparing a draft for consultation

Following this consultation, the comments will be assessed by the steering group and the final PNA will be published October in 2022.

## 1.5 Localities for the purpose of the PNA

This PNA analyses services by locality, as set out in Figure 1. These specified areas are the health and social care communities agreed localities for place-based provision of services. The localities are different to 6 Primary Care Networks (PCNs) existing within Lewisham, which are: Aplos Health, Lewisham Alliance, North Lewisham, Modality Lewisham, Sevenfields, and The Lewisham Care Partnership (TLCP).

**Figure 1 Lewisham localities and wards**



Lewisham has 4 localities and 18 wards as illustrated above and, in the table, below.



**Table 1 Localities in Lewisham**

<b>Locality (Neighbourhood)</b>	<b>Ward</b>
<b>North (1)</b>	<b>Brockley</b>
	<b>Evelyn</b>
	<b>New Cross</b>
	<b>Telegraph Hill</b>
<b>Central (2)</b>	<b>Blackheath</b>
	<b>Ladywell</b>
	<b>Lee Green</b>
	<b>Lewisham Central</b>
<b>South East (3)</b>	<b>Catford South</b>
	<b>Downham</b>
	<b>Grove Park</b>
	<b>Rushey Green</b>
	<b>Whitefoot</b>
<b>South West (4)</b>	<b>Bellingham</b>
	<b>Crofton Park</b>
	<b>Forest Hill</b>
	<b>Perry Vale</b>
	<b>Sydenham</b>

## 2 PNA Context

### 2.1 National policies on pharmacy services

#### 2.1.1 Legal framework for PNAs – the NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013

The [National Health Service \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013](#) set out PNA requirements ([Part 2, Regulations 3–9](#)).

The minimum requirement for PNAs include the following:

- A statement of the pharmaceutical services currently provided that are necessary to meet needs in the area.
- A statement of pharmaceutical services that have been identified by the HWB that are needed in the area, and are not provided (gaps in provision).
- A statement of the other relevant services which are provided, which are not needed, but which have secured improvements or better access to pharmaceutical services in the area.
- A statement of the services that the HWB has identified as not being provided, but which would, if they were to be provided, secure improvements or better access to pharmaceutical services in the area.
- A statement of other NHS services provided by a local authority, the NHS Commissioning Board (NHSE/I), an Integrated Care Board (ICB) or an NHS trust, which affect the needs for pharmaceutical services.
- An explanation of how the assessment has been carried out (including how the consultation was carried out).
- A map of providers of pharmaceutical services.
- Consultation. HWB must consult the bodies set out in Regulation 8 at least once during the process of developing PNA. The minimum consultation period required is 60 days.
- The Health and Wellbeing Board are also required to revise the PNA publication if they deem there to be significant changes in pharmaceutical services before 30th September 2025.
- The structure and content of the report is based on [2021 guidance](#) provided by the Department of Health and Social Care.

#### 2.1.2 The National Health Service Act 2006

Part 7 of the [NHS Act 2006](#) applies to 'pharmaceutical services and local pharmaceutical services' and includes a description of pharmaceutical arrangements that must be put in place within an area and the type of professional authorised to prescribe ([Section 128A](#)).

### 2.1.3 2021 White paper: People at the Heart of Care

The [2021 White paper](#) sets out the legislative proposals for a health and care Bill, which promotes the establishment of integrated care systems (ICS) as statutory bodies in all parts of England. It lists ICSs as two parts – ICS NHS body (integration within the NHS) and ICS health and care partnership (integration between the NHS and local government). The White Paper includes the following themes: working together and supporting integration; reducing unnecessary bureaucracy; enhancing public confidence and accountability; and supporting public health, social care, and quality and safety.

### 2.1.4 NHS Long Term Plan

[NHS Long Term Plan \(LTP\)](#) was published in January 2019 and it sets out:

- How the NHS will move to a new service model in which patients get more options, better support, and properly joined-up care at the right time in the optimal care setting
- New, funded, action the NHS will take to strengthen its contribution to prevention and health inequalities
- The NHS's priorities for care quality and outcomes improvement for the decade ahead
- How current workforce pressures will be tackled, and staff supported
- A wide-ranging and funded programme to upgrade technology and digitally enabled care across the NHS
- How the 3.4% five-year NHS funding settlement will help put the NHS back onto a sustainable financial path funded programme to upgrade technology and digitally enabled care across the NHS

#### Next steps in implementing the Long-Term Plan

- To meet the needs of patients and their families and change for better, LTP focuses on 13 key areas: ageing well, cancer, cardiovascular disease, digital transformation, learning disabilities and autism, mental health, personalised care, prevention, primary care, respiratory, starting well, stroke, and workforce.
- The LTP states that “Pharmacists have an essential role to play in delivering the “Long Term Plan”. They state that “The funding for the new primary care networks will be used to substantially expand the number of clinical pharmacists” and “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”. The LTP also includes ways how community pharmacy and pharmacists can support the changes.
- NHS 111 to refer on to community pharmacies who support urgent care and promote patient self-care and self-management. Integrated Care Board (ICB) also developed pharmacy connection schemes for patients who don't need primary medical services.
- Care home residents to get regular clinical pharmacist-led medicine reviews where needed

- Urgent Treatment Centres to work alongside other parts of the urgent care network including community pharmacists to provide a locally accessible and convenient alternative to A&E for patients who do not need to attend hospital
- Working with local authorities and PHE (now replaced by UK Health Security Agency and Office for Health Improvement and Disparities), to improve the effectiveness of approaches such as the NHS Health Check, rapidly treating those identified with high-risk conditions by working with several organisations, including community pharmacists, to provide opportunities for the public to check on their health, through tests for high blood pressure and other high-risk conditions
- To support pharmacists in primary care networks to case find and treat people with high-risk conditions
- Pharmacists in primary care networks to undertake a range of medicine reviews, including educating patients on the correct use of inhalers and contributing to multidisciplinary working; pharmacists can also support uptake of new smart inhalers, as clinically indicated
- The workforce implementation plan to continue recent provision for a range of other roles – including pharmacists
- Pharmacists to routinely work in general practice helping to relieve pressure on GPs and supporting care home
- Pharmacists to support patients to take their medicines to get the best from them, reduce waste and promote self-care

### 2.1.5 NHS Community Pharmacy Contractual Framework (the ‘Pharmacy Contract’)

The [Community Pharmacy Contractual Framework](#) (CPCF) for 2019/20 to 2023/24 explains how community pharmacy will support delivery of the NHS Long Term Plan. Currently, CPCF is in its 3<sup>rd</sup> year on the agreement. The CPCF is made up of three different service types:

- Necessary services (essential services) are commissioned by NHS England/Improvement and are provided by all pharmacy contractors (including distance selling pharmacies). For the purposes of this PNA, necessary services are defined as **Essential Services**. These services include the dispensing of medicines and appliances, repeat dispensing, disposal of unwanted medicines, clinical governance (including safeguarding responsibilities), promotion of healthy lifestyles, signposting and support for self-care. The Discharge Medicines Service became a new Essential service, and is listed in the CPCF, to improve medicines safety on discharge from hospital. In addition, all pharmacies are now Level 1 Healthy Living Pharmacies providing healthy living advice and support and health promotion in their local communities.
- All community pharmacies are required to open for a minimum of 40 hours per week (core opening hours), while many pharmacies choose to open for longer hours outside of the core hours (supplementary opening hours). Some pharmacies are contracted as 100-hour pharmacies and required to open at least 100 hours per week.
- Pharmacies may choose to provide **Advanced Services**, all or some of the following: Flu Vaccination, New Medicines Service (NMS), Appliance Use Reviews (AUR), Stoma Appliance Customisation (SAC), Hepatitis C Testing, Community Pharmacist Consultation Service (CPCS), Hypertension Case-finding, and Smoking Cessation Advanced Service. During the pandemic, two COVID-19

related services were part of the Advanced Services: The Pandemic Delivery Service (discontinued in March 2022) and COVID-19 Lateral Flow Device Distribution Service (discontinued in March 2022). Advanced services are commissioned by NHS England and can be provided by all contractors once accreditation requirements have been met.

- **Enhanced services** are commissioned by NHS England/Improvement in response to these needs of the local population.
- **Locally Commissioned Services (LCS)** are commissioned by local authorities and Integrated Care Board (ICB). They are not considered as “pharmaceutical services” under the Pharmaceutical Regulation 2013.

### 2.1.6 The Pharmacy Integration Programme

The Pharmacy Integration Fund (PhIF) was introduced in 2016 and updated further to be in line with the NHS Long Term Plan. Currently, the Pharmacy Integration Programme is providing support to the following workstreams:

- Routine monitoring and supply of contraception in community pharmacy
- GP referral pathway and the NHS 111 referral pathway to the Community Pharmacist Consultation Service (CPCS)
- Palliative Care and end of life medicines supply service
- Structured medication reviews in PCNs for people with a learning disability, autism or both, linking with the STOMP programme
- Expanding the existing New Medicines Service (NMS)
- Developing and testing peer and professional support networks for all pharmacists and pharmacy technicians working in PCNs
- Exploring a national scheme for pharmacists and pharmacy technicians to gain access to essential medicines information resources working with SPS Medicines Information Services
- Workforce development for pharmacy professionals in collaboration with Health Education England (HEE) including medicines optimisation in care homes, primary care pharmacy educational pathway, and integrated urgent care

## 2.2 Joint Strategic Needs Assessment (JSNA) Review

### 2.2.1 Introduction

Lewisham's Health and Wellbeing Board brings together commissioners and providers of services (across the NHS, public health, adult social care and children's services), elected councillors and Health Watch to assess local needs, provide an overarching strategy for health and wellbeing, scrutinise policies and performance and support the integration of services.

Their Joint Strategic Needs Assessment (JSNA) outlines priorities for improving the health and wellbeing of those who live and work in the borough and reflects the changing health and social care needs of the population, as described by the JSNA. The London Borough of Lewisham JSNA can be viewed [here](#).

### 2.2.2 Selected data and analysis

#### 2.2.2.1 Demography

The estimated population of Lewisham in mid-2018 was 303,500 people. This is the fourteenth largest borough in London by population size and the 6<sup>th</sup> largest Inner London borough. The population is set to continue to grow and expected to reach 344,500 by the time of the 2031 Census, this is an additional 41,000 residents. Population growth is through a combination of the number of births exceeding the number of deaths and international migration, people moving to the borough from overseas.

In Neighbourhood 1 (Brockley, Evelyn, New Cross and Telegraph Hill) growth will continue to follow the pattern of a younger population bias at the North of the borough with the majority of growth occurring in Evelyn followed by New Cross. In Neighbourhood 2 (Blackheath, Ladywell, Lee Green and Lewisham Central) Lewisham Central Ward is predicted to see notable increases due to planned developments in the area. Growth will not therefore be evenly distributed across the borough.

In Neighbourhood 3 (Catford South, Downham, Grove Park, Whitefoot, Rushey Green) growth at the South of the borough will be at a slower pace. The borough's growing population means extra demand for services, ranging from GP Practices, Pharmacies and Sexual Health Clinics. It is crucial to fully understand this growth to be able to plan effectively.

#### 2.2.2.2 Ethnicity

Understanding the current and future ethnic composition of Lewisham is important as some health conditions impact disproportionately on certain ethnic groups, e.g. diabetes. There is also disparity by ethnicity in use of and access to some services. The ethnic profile of Lewisham residents is forecast to change up to 2050. By 2028 it is forecast that the White and Black, Asian and Minority Ethnic groups population will be 50/50; subsequently the Black, Asian and Minority Ethnic groups population is predicted to exceed the White population.

For young people the ethnic proportions are and will continue to be quite different. The percentage of 0-19s of Black, Asian and Minority Ethnic groups heritage has



remained at or marginally above 65% since 2011. By 2031 the proportion of Black, Asian and Minority Ethnic groups residents aged 0-19 is projected to reach 67%.

Between 2011 and 2031 the size of the population of Black, Asian and Minority Ethnic groups children & young people 0-19 will grow at more than three times the rate of their White counterparts.

Lewisham is home to residents of more than 75 nationalities. Aside from those who identify as British, the top ten most numerous nationalities are Irish, Nigerian, Italian, Polish, Jamaican, French, Spanish, Romanian, Portuguese and German (eight of these are in the EU). The Lewisham population is predicted to continue to diversify as it grows over the coming decades. Other White residents are growing at a faster rate than White British or White Irish. In volume terms Italian is the fastest growing nationality in the borough followed by Romanian, Irish and then Portuguese.

The 2011 Census remains the most comprehensive source for data on religion/faith for residents. Over half of all residents identified as Christian. Residents stating their religion was Islam was the second largest group.

Residents whose first language is not English are concentrated in the North of the borough as well as Lewisham Central ward.

Lewisham's Black and Minority Ethnic communities are at greater risk from health conditions such as diabetes, hypertension and stroke. Identifying those with disease early and treating them optimally is essential.

Continuing diversity must be considered when planning and commissioning services. An awareness of spoken languages is needed to keep services accessible.

### 2.2.2.3 Inequalities

Lewisham remains amongst the most deprived local authorities in England (63<sup>rd</sup>). Whilst Lewisham was less deprived in 2019 compared to 2015 (48<sup>th</sup>), concentrations of deprivation in the north and south of the borough remain comparatively high. More income-deprived children live in Evelyn than Crofton Park, Blackheath and Lee Green combined. This disparity will impact on health outcomes.

14.5% (2011 data) of residents were living with a long-term condition that limits their daily activities (this is slightly below the England average of 17.6%) however this is likely to be due to the younger population bias.

8.1% (2011 data) of Lewisham residents provided at least some unpaid care each week (around 22,500). People providing high levels of care are twice as likely to have poor health compared with those without caring responsibilities (Carers UK). To make services increasingly equitable it is crucial to be aware of the inequalities that currently exist.

#### 2.2.2.4 Children

There are over 68,458 people aged 0-17 (ONS, 2018):

- More than one in five Lewisham children under 20 live in poverty (HMRC, 2016)
- Pupil absence is slightly lower than England but in line with London (OHID, using DfE data, 2020/21)
- School Readiness: Almost 8 in 10 children are achieving a good level of development at the end of reception, significantly better than the London and England averages (DfE, 2018/19)
- The latest data for the rate of first-time entrants to the Youth Justice System has decreased and is not significantly different from London but is significantly higher than England (Police National Computer, 2021)
- 6.2% of 16-17 year olds are Not in Education, Employment or Training (NEET) which is significantly higher than England (DfE, 2020)
- Lewisham has high levels of childhood obesity: 22.4% of children in Reception are overweight or obese; this rises to 38.3% in year 6 (NCMP, 2019/20).

The proportion of babies born at a low birth rate has decreased notably since 2012 and is now comparable to the England average. In 2020 (most recent data available). 7.4% of babies were born at a low birth weight (under 2500g). This decreases to 3.0% for babies born at term (at least 37 weeks gestation).

#### 2.2.2.5 Older People

- Excess winter deaths (85+) are higher than England although not statistically significantly so (PHE, Aug 2019- Jul 2020)
- Hip Fracture admissions in people aged 65+ are significantly lower than the national average (HES, 2020/21)
- The NHS Health Check, is a health check-up for adults in England aged 40-74; in Lewisham the 2019/20 uptake of health checks was 44%
- Dementia, 4.29% of GP patients aged 65+ are recorded as having dementia (2020, NHS Digital)

Life expectancy has historically been lower in Lewisham than England, however for females, Lewisham life expectancy slightly exceeds the national average (83.2 compared to 83.1 years). For male residents, life expectancy (78.8 years) is slightly lower than the national average (79.4 years).

#### 2.2.2.6 Healthy Lifestyle

Lewisham has high levels of childhood and adult obesity (in 2021, 51% of adults were classified as overweight or obese). Physical activity is similar to the national average. In Lewisham almost a fifth of adults (18+) are classified as physically inactive (2020-21) with less than 1 in 5 residents using outdoor space for exercise/health reasons (Natural England Survey, 2015/16).

Lewisham continues to have high rates of breastfeeding, out-performing both London & England.

Alcohol related admissions in Lewisham are not significantly different from England (PHE, 2020/21).



At 17.5% of the population, more people smoke in Lewisham, compared to London and England (ONS, 2020-21). Smoking attributable hospital admissions was not significantly different from England (HES, 2019-20) and smoking attributable mortality was statistically higher than in England and London (HES, 2017-19).

#### 2.2.2.7 Sexual Health:

- The teenage conception rate has reduced notably and is now in line with the national average (ONS, 2020)
- At 23.3 per 1000 women aged 15-44 the abortion rate in Lewisham was significantly higher than England and the 10th highest in London (OHID, 2021). Black Caribbean and Black African women are over represented in the number having abortions (Department of Health/local analysis 2019)
- Chlamydia positivity rates remain higher than London and England (PHE, 2020)
- The rate of new STI diagnoses (excluding Chlamydia) are significantly higher than London and England (PHE 2020)
- HIV diagnosis is high compared to similar local authorities, as is the level of new diagnoses (PHE, 2020). The proportion of people presenting at a late stage of HIV infection has generally improved since 2010 Health and Wellbeing Strategy (HWS) Review

## 2.3 Health and Wellbeing Strategy (HWS) Review

### 2.3.1 Introduction

The Health and Wellbeing Board's 2018-2023 *Health and Wellbeing Strategy for Lewisham* sets out an approach and key ambitions for improving the health and wellbeing of people and communities within the borough. The HWS can be viewed via [here](#).

Lewisham is the 31st most deprived local authority in England, and relative to the rest of the country its levels of deprivation are increasing. Lewisham is a part of London, the largest, most culturally diverse and vibrant city in the European Union and home to over 7.5 million people. Lewisham's future is shaped by the growth and success of London. Lewisham covers an area of 13.4 square miles stretching from the Thames at its most northerly point to Bromley in the south. There are good transport links to the rest of London and the wider region. The West End, Canary Wharf, London City Airport and the new international rail terminal at Stratford are all within easy reach. Lewisham citizens can take full advantage of the opportunities available in London, one of the few world cities with strong global connections.

Some 275,000 people live in Lewisham. The borough has a young population, with a quarter of residents aged between 0 – 19. By contrast, just under 10% of the population is aged over 65. By 2021, Lewisham's population is expected to increase to 321,121, an increase of over 44,000 residents in a 10-year period. The number of residents aged over 65 is projected to be 9%.

There is no common definition of disability, but 14% of residents identify themselves as being limited in carrying out day-to-day activities. Just over 8% of residents



identified themselves as providing unpaid care to a friend or relative. This percentage has remained the same since the 2001 Census.

As a locality, Lewisham is the 15th most ethnically diverse local authority in England. Two out of every five Lewisham residents are from a black or minority ethnic background. There are over 170 languages spoken in the borough.

### **2.3.2 Latest priorities**

Lewisham's vision has three overarching aims

- To improve health – by providing a wide range of support and opportunities to help adults and children to keep fit and healthy and reduce preventable ill health.
- To improve care – by ensuring that services and support are of high quality and accessible to all those who need them so that they can regain their best health and wellbeing and maintain their independence for as long as possible
- To improve efficiency –by improving the way services are delivered; streamlining pathways; integrating services that services provide good quality and value for money.

#### **2.3.2.1 Proposed strategic focus**

- To accelerate the integration of adult, children's and young people's care
- To shift the focus of action and resources to preventing ill health and promoting independence
- To support our communities and families to become healthier and more resilient, which will include addressing the wider determinants of health

### 2.3.2.2 Nine priorities to be achieved

Priorities:

1. Achieving a Healthy Weight
2. Increasing the number of people who survive colorectal, breast and lung cancer for 1 and 5 years
3. Improving immunisation uptake
4. Reducing alcohol harm
5. Preventing the uptake of smoking among children and young people and reducing the numbers of people smoking
6. Improving mental health and well-being
7. Improving sexual health
8. Delaying and reducing the need for long-term care and support
9. Reducing the number of emergency admissions for people with long term conditions

## 2.4 South East London Integrated Care System: Achieving the NHS Long Term Plan

### 2.4.1 Introduction

A partnership of NHS providers and former Clinical Commissioning Groups serving the boroughs of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark. The health and care Long-Term Plan for the NHS in England sets an ambitious and challenging agenda for the development of health and care in England. Each Integrated Care System in England is required to describe how they are going to Achieve the Long-Term Plan goals in their area.

The Health and Care Bill was introduced to Parliament on the 6th July 2021 and confirmed the Government's intention to introduce Integrated Care Systems (ICS) from July 2022. South-east London integrated care system are adopting a population health management approach and taking action at different geographical levels-very locally in their neighbourhoods, in each Borough, and across south-east London They Are Operating a "System of Systems", approach bringing partners together to take action at the optimal scale to effect change.

### 2.4.2 Visions and aims

South East London Integrated Care System are working as part of a partnership which is made up of the Greater London Authority, the UK Health Security Agency (UKHSA) (replacing Public Health England), London Councils and the National Health Service (NHS) in London. It exists to provide coordinated leadership and a shared ambition to make London the world's healthiest global city and the best global city in which to receive health and care services. This is because no single organisation can achieve this alone, and shared action makes the partnership greater than the sum of their parts. They have formed this partnership in order to address priority issues that require pan London solutions, to support pan London actions that enable more effective and joined up working at the level of the neighbourhood, the borough and the sub regional system, and to make the most of the very direct social, economic and environmental roles each play as major anchor organisations in London. Initiatives such as the Thrive LDN mental health movement,

child mental health trailblazers, School Superzones, and the London Estates Strategy show just what can be achieved when large organisations work together.

Building on significant work between our organisations over several years, our London Vision sets out our proposals for the next phase of our joint working. It reflects the Mayor’s Health Inequalities Strategy, London Councils’ Pledges to Londoners, the Prevention Green Paper and the NHS Long Term Plan. It highlights ten key areas of focus where we believe partnership action is needed at a pan London level. This includes issues such as air quality, mental health and child obesity, and their ambition is to promote stronger local collaboration in neighbourhoods, boroughs and sub regional systems so that services are genuinely integrated, and Londoners can start well, live well and age well. Our Vision is not a description of the multitude of actions that are taking place locally, nor a population health plan; rather it sets out the areas as illustrated below show where their shared endeavours seek to complement and add value to local action.

	People, places and partnerships to support wellbeing and self-care	Integration to provide joined-up community based services	Collaboration to sustain high quality specialist networks
 <b>Start well</b> Our environment, schools and communities promote and nurture the health and wellbeing of all children and families	Schools and health and care services work together to provide a seamless service and give families and children tools to manage their own health	Children and young people have access to high quality specialist care, with safe and supported transitions to adult services	
 <b>Live well</b> Our environments and local communities help us avoid unhealthy habits and eliminate homelessness and any stigma surrounding mental health	Early support for health issues is consistently available and there is true parity of esteem between physical and mental health	Londoners have access to high quality 24/7 emergency mental and physical health, alongside world-class planned and specialist care services	
 <b>Age well</b> Londoners are supported to manage their long term conditions and maintain independence in their community	As people grow older they are supported in their community with seamless care between organisations	Hospital care is consistent, of high quality and safe and ensures Londoners can get in and out of hospital as fast as they can	
<b>Enabled by:</b>	Ensuring Londoners are engaged in their own health	Digitally connecting London's health and care providers	Developing London's workforce Transforming London's estate

The pan London Long Term Plan Vision has identified the following areas of focus relevant to health and social care and community pharmacy initiatives.

- Reduce childhood obesity

They aim to achieve a 10% reduction in the proportion of children in reception (age four or five) who are overweight by 2023/24, delivered through bold citywide actions and targeted support for those most at risk. *Relevant section of their response - Diabetes; prevention and reducing health inequalities*

- Improve the emotional wellbeing of children and young people

They will ensure access to high quality mental health support for all children in the places they need it, starting with Mental Health Support Teams in schools, maximising the contribution of the Mayor's / GLA's Healthy Schools London Programme and Healthy Early Years London Programme, and extending the use of digital support technologies. *Relevant section of their response - Children and young people's outcomes*

- Improve mental health and progress towards zero suicides

They will ensure that all Londoners have access to mental health care, support and treatment, especially those experiencing health inequalities. *Relevant section of their response - Adult mental health; children and young people's outcomes*

- Improve tobacco control and reduce smoking

They will speed up a reduction in smoking prevalence in London, especially among groups with the greatest health inequalities. *Relevant section of their response - Preventing cardiovascular disease; heart disease and stroke; respiratory disease; maternity; prevention and reducing health inequalities*

- Improve the health of homeless people

They commit to drive action to improve, grow and innovate services that improve the health of rough sleepers, including expanding the pan-London rough sleeping services funded by the Mayor, building on existing good practice, piloting new models of care and data collection, and developing plans to build more integrated services in London. *Relevant section of their response - Prevention and reducing health inequalities*

- Improve services and prevention for HIV and other STIs

They will broaden partnership working to focus further on tackling health inequality and a wider range of sexually transmitted diseases. *Relevant section of their response - Prevention and reducing health inequalities*

- Support Londoners with dementia to live well

They will ensure that Londoners receive a timely diagnosis, ongoing support and are able to live well in their community. *Relevant section of their response- Integrated community-based care*

- Improve the care and support at the end of life

They will ensure that all Londoners in their last year of life have access to personalised care planning and support that enables them to die in their preferred place. *Relevant section of their response - Personalised care*

## 2.5 Public Health Outcomes Framework Review

### 2.5.1 Introduction

National priority areas for improving health and wellbeing are set out by the Department of Health as an outcomes framework to offer local authorities a tool and as PDF profiles for each local authority, most notable the Public Health Outcomes Framework (PHOF). The PHOF sets out a vision for public health, that is to improve and protect the nation's health, and improve the health of the poorest fastest. These

tools allow accessible analysis of trends over time and comparison of figures between different areas.

## 2.5.2 Latest public health outcomes framework: priorities for improvement

The latest Public Health England health profile for Lewisham (February 2022) highlights poor performance as compared to the London average for the following indicators:

### 2.5.2.1 Domain: Wider determinants of health

- First time entrants to the youth justice system
- 16-17-year-olds not in education employment or training (NEET) whose activity is not known
- Adults with a learning disability who live in stable and appropriate accommodation
- People in prison who have mental illness or a significant mental illness
- The percentage of the population who are in contact with secondary mental health services and on the Care Plan Approach who are in paid employment (age 18- 69)
- The percentage of people in employment
- Sickness absence-the percentage of working days lost due to sickness absence
- Domestic abuse-related incidents and crimes
- The percentage of the population exposed to road, rail and air transport noise during the daytime
- Homelessness-households in temporary accommodation
- Loneliness: percentage of adults who feel lonely often/always or some of the time

### 2.5.2.2 Domain: Health improvement

- The percentage of physically active children and young people
- Admission episodes for alcohol-related conditions
- Percentage of cancers diagnosed at stages 1 and 2
- Cancer screening coverage-cervical cancer (aged 25 to 49 years old)
- Cancer screening coverage-cervical cancer (aged 50 to 64 years old)
- Cancer screening coverage-bowel cancer
- Abdominal Aortic Aneurysm Screening-Coverage
- Newborn Hearing Screening Coverage
- Cumulative percentage of the eligible population aged 40-74 who received an NHS Health Check

### 2.5.2.3 Domain: Health protection

- Population vaccination coverage-BCG-areas offering universal BCG only
- Population vaccination coverage- MenB (1year)
- Population vaccination coverage-Rotavirus (Rota) (1 year)
- Population vaccination coverage-PCV
- Population vaccination coverage-MMR for one dose (2 years old)
- Population vaccination coverage-PCV booster
- Population vaccination coverage-Flu (2-3 years old)

- Population vaccination coverage-DTaP/IPV booster (5 years)
- Population vaccination coverage-MMR for one dose (5 years old)
- Population vaccination coverage-Flu (primary school age children)
- Population vaccination coverage-HPV vaccination coverage for one dose (12–13-year-old) (Female)
- Population vaccination coverage-HPV vaccination coverage for two doses (12–13-year-old) (Female)
- Population vaccination Coverage-Meningococcal ACWY conjugate vaccine (14-15 years)
- Population vaccination coverage-Flu (at-risk individuals)
- Population vaccination coverage-Flu (aged 65+)
- Population vaccination coverage-PPV
- HIV late diagnosis (all CD4 less than 350) (%)
- NHS organisations the board approved sustainable development management

#### 2.5.2.4 Domain: Healthcare and premature mortality

- Under 75 mortality rate from cardiovascular diseases considered preventable
- Excess under 75 mortality rate in adults with severe mental illness (SMI)
- Suicide rate 2018-20
- Preventable sight loss-age-related macular degeneration (AMD)
- Excess winter deaths index (age 85+)

## 2.6 The potential role of pharmacists in addressing priority areas

Section 2.2 to 2.6 discuss Lewisham’s priorities identified in JSNA, HWS, South East London Integrated Care System: Implementing the NHS Long Term Plan, and Public Health Outcomes Framework. In addition, the priorities from NHS LTP are detailed in 2.1.4.

### 2.6.1 The potential role of pharmacists in addressing the key themes identified by the JSNA

- Areas where Lewisham is performing lower than London average:
- Lewisham’s Black and Minority Ethnic communities are at greater risk from health conditions such as diabetes, hypertension and stroke. Identifying those with disease early and treating them optimally is essential- pharmacists’ role in promoting NHS health checks and promoting screening to black and minority ethnic communities
- For male residents, life expectancy (78.8 years) is lower than the national average (79.4 years)- pharmacists’ role in promoting healthy lifestyle and prevention initiatives
- More people smoke in Lewisham, compared to London -pharmacists’ role in prevention and in smoking cessation.
- The abortion rate in Lewisham is significantly than England and the 10th highest in London– pharmacists’ role in promoting sexual health and contraception as well as offering good access to emergency contraception.

- Lewisham has higher chlamydia positivity rate, new STI diagnosis rate and HIV diagnosis rate compared to London and England – pharmacists’ role in prevention and promoting sexual health as well as signposting to sexual health services.
- The potential role of pharmacists in addressing the key themes identified by the HWS
- Achieving a healthy weight – pharmacists’ role in prevention and promoting healthy eating initiatives as well as NHS health checks.
- Increasing the number of people who survive colorectal, breast and lung cancer for 1 and 5 years – pharmacists’ role in promoting cancer screening
- Improving immunisation uptake – pharmacists’ role in delivering immunisations and in promoting immunisations
- Reducing alcohol harm – pharmacists’ role in supporting people to reduce their alcohol intake
- Preventing the uptake of smoking among children and young people and reducing the numbers of people smoking – pharmacists’ role in prevention and smoking cessation
- Improving mental health and well-being – pharmacists’ role in supporting people with mental health problems and signposting them to mental health services or well-being services
- Improving sexual health – pharmacists’ role in promoting testing and signposting to sexual health services as well as supplying contraceptive services
- Delaying and reducing the need for long-term care and support – pharmacists’ role in monitoring and supporting vulnerable individuals in the community
- Reducing the number of emergency admissions for people with long term conditions – pharmacists’ role in monitoring individuals with long term conditions in the community

### **2.6.2 The potential role of pharmacists in addressing the key themes identified by the South East London Integrated Care System: Implementing the NHS Long Term Plan**

- Reduce childhood obesity – pharmacists’ role in promoting healthy eating to parents and carers of children
- Improve the emotional wellbeing of children and young people – pharmacists’ role in promoting emotional well-being to parents and carers of children and young people
- Improve mental health and progress towards zero suicides – pharmacists’ role in signposting individuals with mental health problems to mental health services as well as to well-being services
- Improve tobacco control and reduce smoking- pharmacists’ role in prevention and advanced smoking cessation (“Ottawa Model”)
- Improve the health of homeless people -pharmacists’ role in supporting homeless people and signposting them to health and social care services
- Improve services and prevention for HIV and other STIs – pharmacists’ role in promoting sexual health and signposting individuals to sexual health services, emergency contraception (EHC) and contraception services

- Support Londoners with dementia to live well – pharmacists’ role in early diagnosis of dementia and signposting individuals to health and social care services supporting people with dementia, reducing overprescribing and polypharmacy
- Improving care and support at the end of life – pharmacists’ role in supporting end-of-life care in the community and ensuring availability of end-of-life medicines

### **2.6.3 The potential role of pharmacists in addressing the key themes identified by the PHOF**

PNA Relevant areas where Lewisham is performing lower than London average:

#### **Wider determinants of health**

- Loneliness: percentage of adults who feel lonely often/always or some of the time- pharmacists’ role in signposting isolated individuals to relevant groups/organisations within the community

#### **Health improvement**

- Cancer screening coverage-cervical cancer and bowel cancer – pharmacists’ role in promoting screening
- Abdominal Aortic Aneurysm Screening-Coverage – pharmacists’ role in promoting screening for aortic aneurysm by signposting
- Cumulative percentage of the eligible population aged 40-74 who received an NHS Health Check – pharmacists’ role in carrying out NHS health checks
- The percentage of physically active children and young people – pharmacists’ role in promoting exercise and signposting to activity initiatives within the borough to parents and carers of children and young people

#### **Health protection**

- Population vaccination coverage -16 areas (see 2.4.2.3) where Lewisham has a worse vaccination coverage compared to London -pharmacists role in prevention, promoting and delivering a wide range of vaccinations
- HIV late diagnosis – pharmacists’ role in promoting HIV testing to relevant populations

## Healthcare and premature mortality

- Under 75 mortality rate from cardiovascular diseases considered preventable – pharmacists’ role in screening for cardiovascular disease through NHS health checks, monitoring blood pressure and advanced Hypertension case finding service
- Excess under 75 mortality rate in adults with severe mental illness - pharmacists’ role in supporting individuals with mental health problems and signposting them to mental health and other social services (part of Lewisham Frailty project)
- Preventable sight loss-age-related macular degeneration (AMD) – pharmacists’ role in promoting regular eye checks
- Excess winter deaths index (age 85+)- pharmacists’ role in identifying vulnerable individuals over the age of 85 and alerting appropriate health and social services

## 2.7 Implications for pharmacy services

### 2.7.1 Introduction

Community pharmacists work at the heart of communities and are trusted healthcare professionals in supporting individual, family and community health. Pharmacies are uniquely placed to deliver public health services due to their access, location and informal environment.<sup>1</sup>

### 2.7.2 Tiers of Community Pharmacy Service

As previously mentioned, the Pharmacy Contract describes three tiers of community service. See Appendix D – Pharmacy opening hours and services for further details of all services within each tier. The broad spectrum of services described highlights the potential for pharmacist involvement in improving population health and wellbeing beyond just the dispensing of medicines.

### 2.7.3 Modifiable behaviours/healthier lifestyles

Non-communicable diseases (NCDs) affect people of all ages. Modifiable behaviours such as physical inactivity, poor diet, harmful alcohol or tobacco use all increase the risk of non-communicable diseases. Although community pharmacies already offer health promoting services, they have the potential to play an increasing role in the future, in promoting health and wellbeing by combatting such behaviours through joint working (often in partnership with other service providers) on health improvement initiatives. Key areas to address include strategies to:

- Build trust with the public to improve the level of insight and honesty regarding health behaviours that other health professionals might not have access to.
- Promote healthier lifestyles via motivational interviewing; education, information and brief advice; providing on-going support for behaviour change; and signposting to other services or resources.

---

<sup>1</sup> The community pharmacy offer for improving the public’s health. Local Government Association. 2016

- Be recognised as optimal providers in the process of delivering health improvement initiatives and planning integrated care pathways and have a role in prevention and healthy living.

### 2.7.4 Addressing inequalities

Long-term and lifestyle related conditions are more prevalent in deprived populations. Often the only healthcare facility located in an area of deprivation, pharmacies have the potential to play a vital role in improving the health of deprived communities by offering convenient and equitable access to health improvement services.<sup>2</sup>

Pharmacy staff often reflect the social and ethnic backgrounds of the community they serve making them approachable to those who may not choose to access other health care services. Pharmacies may also offer a language access service where required.

Pharmacy support could prove particularly valuable in more deprived communities or for vulnerable groups such as ethnic minorities who have a variety of poorer health outcomes.

### 2.7.5 Healthy Start/children

The Department of Health's *Healthy Start*<sup>3</sup> scheme helps pregnant women and children under four in low-income families eat healthily through the provision of breastfeeding and nutrition support including free food and vitamin vouchers. The scheme provides vitamin supplements through arrangements with local community pharmacies. In Lewisham as an extension to Healthy Start. All pregnant women and children under 4 regardless of income can access Vitamin D supplements free of charge.

Other ways in which pharmacists may play a role in child health include school services, promoting healthier lifestyles and weight management services for children.

### 2.7.6 Older people/care homes

Preventative approaches ensure older people remain healthy and independent in the community for longer, and to reduce the cost of health and social care services for this growing population. Pharmacists can support patients as they get older in maintaining their independence and avoiding hospital admissions through understanding safe use of medicines, offering services closer to home, providing healthy lifestyle and self-care advice (where appropriate), signposting services and when necessary, making GP referrals. There is also potential for pharmacist teams to be involved in providing various forms of support and care home service that benefit the elderly.

---

<sup>2</sup> The community pharmacy offer for improving the public's health. Local Government Association. 2016

<sup>3</sup> <https://www.healthystart.nhs.uk/>

### 2.7.7 Long-term conditions

For people living with long-term conditions, pharmacy can play an important role in raising awareness of the risks associated with long term conditions, medicines optimisation, patient reviews (monitoring medicines, appliances etc.), providing advice regarding health promotion and signposting and support for self-care. A key recommendation of the Murray report includes integrating community pharmacists and their teams into long-term condition management pathways.<sup>4</sup> Pharmacists may form part of an integrated care pathway working alongside GPs and other community practitioners to deliver optimal, integrated care closer to home. In Lewisham a comprehensive Medicines Support Pathway is in place across health and social care which ensures that residents obtain the optimal medicines support required. This is supported through the community interface pharmacy team.

---

<sup>4</sup> Murray R. Community Pharmacy Clinical Services Review. The Kings Fund. December 2016

### 3 Population characteristics

Figures used in this and other sections are based on the information available during the summer of 2022 when the tables were compiled. It has not always been possible to update them if later figures have been published since this time. Figures used will tend to be the latest available, but on occasions certain breakdowns of the figures require going back to earlier published data, including the 2011 Census. Where this is the case, overall totals may not always tally, however, it is the breakdown of the figures that are important.

#### 3.1 Current population

In 2020, the population of Lewisham was 305,309 (50% female and 50% male). Table 2 and

Table 3 show the age breakdown of the current population. The borough’s age structure is generally younger than the London and England average. The over 65s are 10% of the population, lower than London at 12% and England at 19%.

**Table 2 Population estimates by age and gender for Lewisham, London, and England: mid-2020**

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/wardlevelmidyearpopulationestimatesexperimental>

Population Estimate By Age and Gender 2020									
Population	Lewisham						ONS-Mid-2020		
	Age Range	Male			Female			Total	
		Number	% of Total Population		% of Total Population		Number	Number	%
0-4yrs	10,770	3.53%			3.31%	10,107	20,877	6.84%	
5-19yrs	27,087	8.87%			8.43%	25,734	52,821	17.30%	
20-49yrs	76,308	24.99%			24.79%	75,690	151,998	49.78%	
50-64yrs	24,365	7.98%			8.48%	25,894	50,259	16.46%	
65-84yrs	11,504	3.77%			4.55%	13,886	25,390	8.32%	
85+yrs	1,439	0.47%			0.83%	2,525	3,964	1.30%	
All Ages	151,473	49.61%			50.39%	153,836	305,309	100%	

Population Estimate By Age and Gender 2020									
London	London						ONS-Mid-2020		
	Age Range	Male			Female			Total	
		Number	% of Total Population		% of Total Population		Number	Number	%
0-4yrs	305,415	3.39%			3.23%	290,384	595,799	6.62%	
5-19yrs	838,323	9.31%			8.81%	793,219	1,631,542	18.12%	
20-49yrs	2,147,946	23.86%			22.71%	2,044,512	4,192,458	46.57%	
50-64yrs	729,552	8.10%			8.38%	754,684	1,484,236	16.49%	
65-84yrs	434,616	4.83%			5.83%	525,142	959,758	10.66%	
85+yrs	58,526	0.65%			1.04%	93,954	152,480	1.69%	
All Ages	4,514,378	50.15%			49.85%	4,488,110	9,002,488	100%	

Population Estimate By Age and Gender 2020									
England	England						ONS-Mid-2020		
	Age Range	Male			Female			Total	
		Number	% of Total Population		% of Total Population		Number	Number	%
0-4yrs	1,577,153	2.79%			2.79%	1,577,153	3,239,447	5.73%	
5-19yrs	4,913,221	8.69%			8.69%	4,913,221	10,090,908	17.84%	
20-49yrs	10,902,844	19.28%			19.28%	10,902,844	21,921,818	38.77%	
50-64yrs	5,501,546	9.73%			9.73%	5,501,546	10,833,946	19.16%	
65-84yrs	4,791,876	8.47%			8.47%	4,791,876	9,057,609	16.02%	
85+yrs	880,680	1.56%			1.56%	880,680	1,406,410	2.49%	
All Ages	28,567,320	50.52%			50.52%	28,567,320	56,550,138	100%	



### 3.2 Population distribution by localities

Figure 3 and Table 4 shows the age distribution by locality. South West (4) is the largest of the localities, with Central (2) the smallest. North (1) has a lower proportion of children than the other localities, and South East (3) has a higher proportion of over 65s.

**Figure 3 Age distribution by locality – ward level mid-year population estimates – mid-2020**

Area	Neighbourhoods	Age Range %						Gender %		Population Number
		0-4yrs	5-19yrs	20-49yrs	50-64yrs	65-84yrs	85+yrs	Male	Female	
Lewisham	North (1)	5.8%	15.7%	57.2%	14.3%	6.1%	0.8%	37,325	37,442	74,767
Lewisham	Central (2)	6.80%	15.32%	52.44%	15.60%	8.50%	1.34%	34,539	34,713	69,252
Lewisham	South East (3)	7.38%	19.66%	43.26%	18.60%	9.38%	1.71%	39,464	40,555	80,019
Lewisham	South West (4)	7.25%	18.17%	47.09%	17.05%	9.11%	1.32%	40,145	41,126	81,271
Lewisham		6.84%	17.30%	49.78%	16.46%	8.32%	1.30%	50%	50%	305,309
London		6.62%	18.12%	46.57%	16.49%	10.66%	1.69%	50%	50%	9,002,488
England		5.73%	17.84%	38.77%	19.16%	16.02%	2.49%	49%	51%	56,550,138

**Table 4 Age distribution by locality – ward level mid-year population estimates – mid-2020**

Ward-Locality/Neighbourhood	0-4yrs	5-19yrs	20-49yrs	50-64yrs	65-84yrs	85+yrs	Male%	Female%	Population No
<b>North (1)</b>									
Brockley	1,135	2,504	11,451	2,399	1,164	157	37,325	37,442	18,810
Evelyn	1,174	3,611	11,876	2,934	1,099	157			20,851
New Cross	981	2,879	10,011	2,604	1,045	115			17,635
Telegraph Hill	1,083	2,717	9,450	2,772	1,283	166			17,471
<b>Total</b>	<b>4,373</b>	<b>11,711</b>	<b>42,788</b>	<b>10,709</b>	<b>4,591</b>	<b>595</b>			<b>74,767</b>
<b>Total%</b>	<b>6%</b>	<b>16%</b>	<b>57%</b>	<b>14%</b>	<b>6%</b>	<b>1%</b>			<b>100%</b>
<b>Central (2)</b>									
Blackheath	1,009	2,375	7,709	2,445	1,519	255	34,539	34,713	15,312
Ladywell	947	2,117	7,721	2,432	1,324	194			14,735
Lee Green	1,094	2,810	7,660	2,699	1,583	234			16,080
Lewisham Central	1,657	3,308	13,228	3,228	1,460	244			23,125
<b>Total</b>	<b>4,707</b>	<b>10,610</b>	<b>36,318</b>	<b>10,804</b>	<b>5,886</b>	<b>927</b>			<b>69,252</b>
<b>Total%</b>	<b>7%</b>	<b>15%</b>	<b>52%</b>	<b>16%</b>	<b>8%</b>	<b>1%</b>			<b>100%</b>
<b>South East (3)</b>									
Catford South	1,152	3,005	6,853	3,206	1,602	308	39,464	40,555	16,126
Downham	983	3,414	6,451	2,905	1,640	286			15,679
Grove Park	1,091	2,750	6,672	2,858	1,679	276			15,326
Rushey Green	1,611	2,882	8,151	2,974	1,160	228			17,006
Whitefoot	1,069	3,682	6,491	2,944	1,425	271			15,882
<b>Total</b>	<b>5,906</b>	<b>15,733</b>	<b>34,618</b>	<b>14,887</b>	<b>7,506</b>	<b>1,369</b>			<b>80,019</b>
<b>Total%</b>	<b>7%</b>	<b>20%</b>	<b>43%</b>	<b>19%</b>	<b>9%</b>	<b>2%</b>	<b>100%</b>		
<b>South West (4)</b>									
Bellingham	1,143	3,554	6,591	3,090	1,556	193	40,145	41,126	16,127
Crofton Park	1,224	2,494	7,800	2,524	1,307	190			15,539
Forest Hill	1,203	2,986	7,990	2,572	1,377	186			16,314
Perry Vale	1,153	2,895	8,078	2,702	1,474	210			16,512
Sydenham	1,168	2,838	7,815	2,971	1,693	294			16,779
<b>Total</b>	<b>5,891</b>	<b>14,767</b>	<b>38,274</b>	<b>13,859</b>	<b>7,407</b>	<b>1,073</b>			<b>81,271</b>
<b>Total%</b>	<b>7%</b>	<b>18%</b>	<b>47%</b>	<b>17%</b>	<b>9%</b>	<b>1%</b>	<b>100%</b>		

### 3.3 Population density

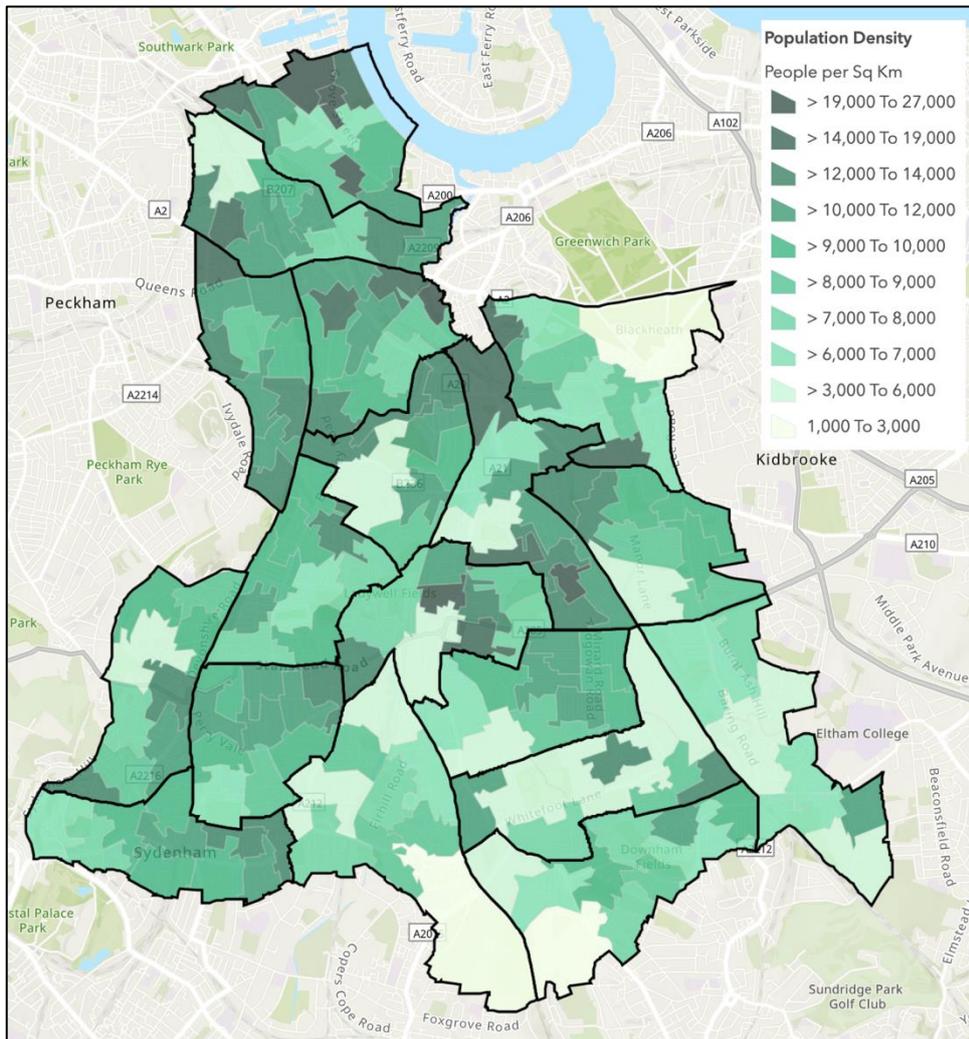
Table 5 shows the population density (people per Sq. Km) by locality and compared with London and England. The borough has a higher population density to London, but within the borough, the North (1) locality has more people per square kilometre than the other three localities. All figures are considerably above the England average which includes rural areas.

**Table 5 Ward level mid-year population estimates**

Area	Neighbourhood	Population	sq.km	People per sq.km
Lewisham	North (1)	74767.0	6.7	11156.1
	Central (2)	69252.0	7.7	8975.8
	South East (3)	80019.0	10.8	7439.2
	South West (4)	81271.0	10.0	8090.7
Lewisham		305,309	35.1	8698
London		9,002,488	1,572.1	5726
England		56,550,138	130,259.7	434

**Figure 4 LSOA population density**

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/lowersuperoutputareapopulationdensity>



### 3.4 Ethnicity

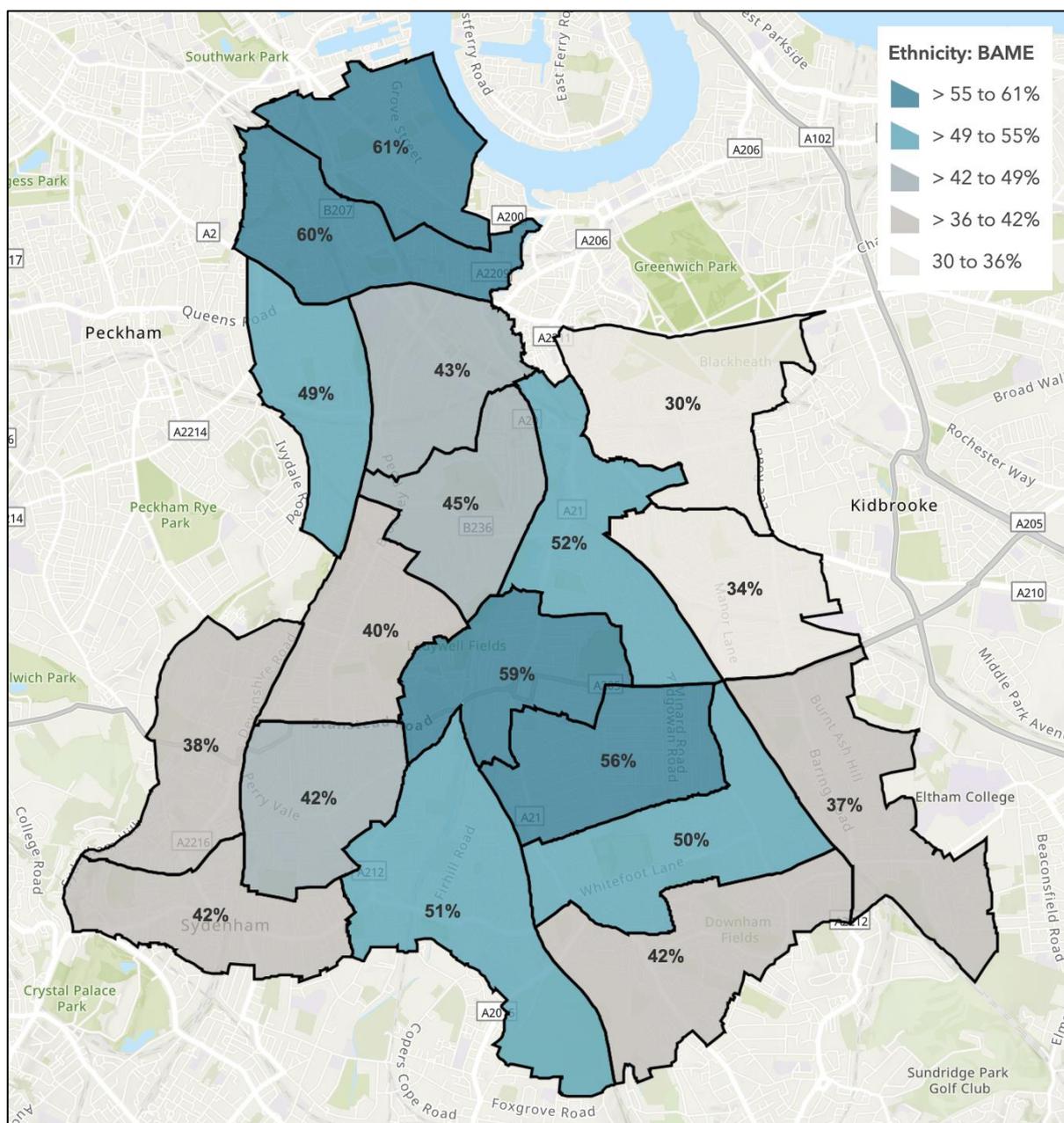
Table 6 indicates that the percentage of the population that is white (including white other) is 54%, lower than both London and England. There is a large Black population in North (1) locality and South East (3).

**Table 6 Ethnicity by locality**

Area	Lewisham	Ethnicity%					Population Number
		White	Black	Asian	Mixed	Other	
Lewisham	North (1)	28.4%	47.6%	6.7%	15.9%	1.4%	65,929
Lewisham	Central (2)	47.6%	29.2%	6.7%	15.7%	0.8%	60,573
Lewisham	South East (3)	38.5%	37.5%	5.3%	17.8%	0.8%	73,594
Lewisham	South West (4)	44.0%	33.1%	4.3%	17.5%	1.0%	75,789
Lewisham		53.6	27.2	9.3	7.3	2.6	275,885
London		59.8%	13.3%	18.5%	5.0%	3.4%	8,173,941
England		85.4%	3.5%	7.8%	2.3%	1.0%	53,012,456

**Figure 5 Percentage of the ward population from mixed, Asian, black or other ethnic group**

Census 2011: QS211EW Ethnic group (detailed), wards in England and Wales



### 3.5 Deprivation

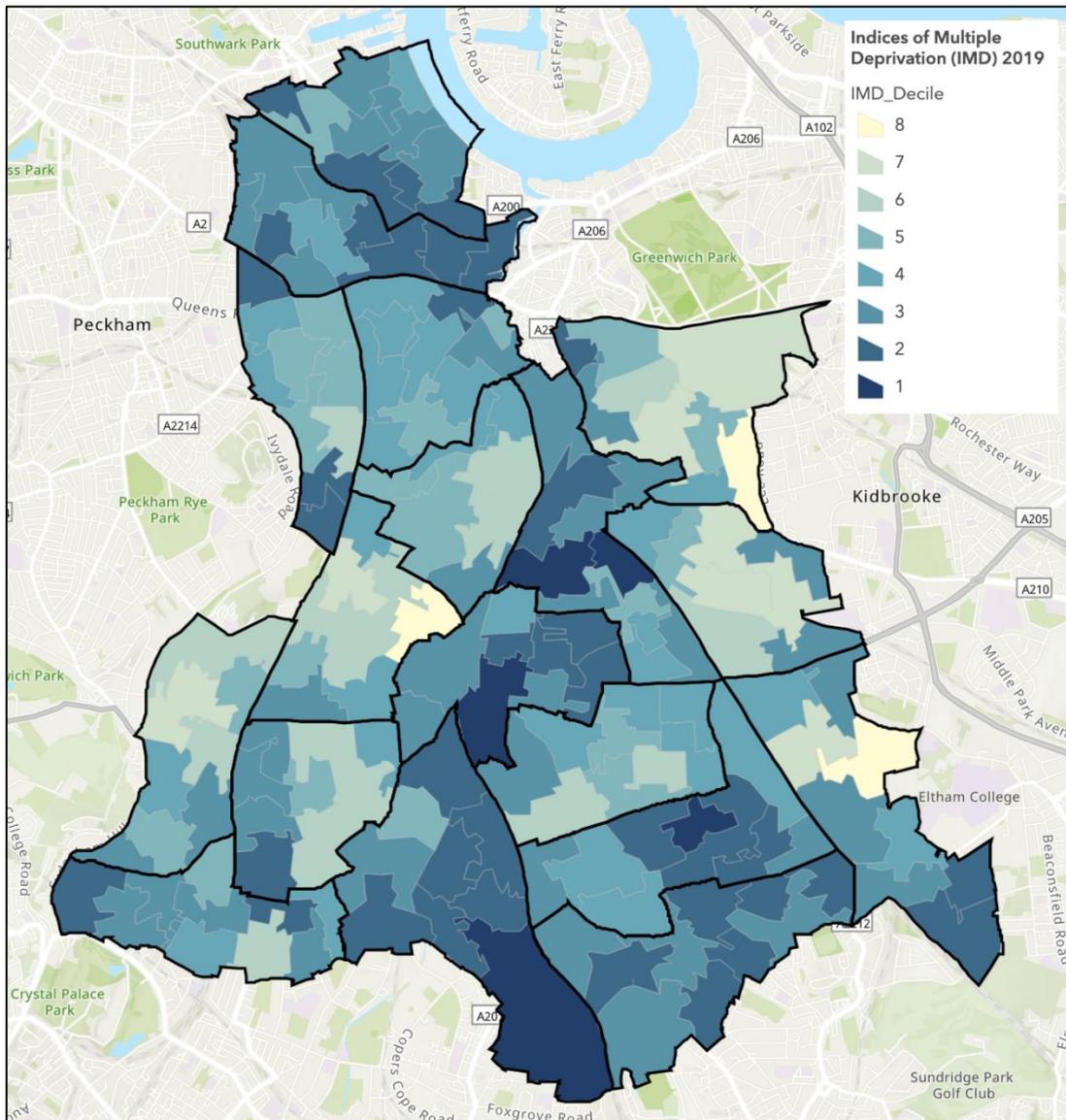
Since the last PNA, a new national Index of Multiple Deprivation (IMD 2019) has been published and is examined here for the borough. IMD is typically analysed by small areas called Lower Super Output Areas (LSOAs) which have an average population of 1500 and a minimum of 1000. Each LSOA is categorised into one of ten groups nationally (known as deciles) according to whether the area is in the 10% of most deprived areas (decile 1), the next 10% (decile 2) and so on. Looking at localities or other larger areas it is possible to create a deprivation score by scoring 1

for an area in decile 1, 2 for the next and so on. The higher the score the less deprived is the area.

As seen in Figure 6, North (1) and South East (3) show high percentage of total population in deprivation Decile 1-3. Table 7 shows the distribution of LSOAs for each locality, the borough overall and for London.

For Lewisham, Bellingham (ward) has the highest percentage of total population in deprivation Decile 1-3 (Table 7).

**Figure 6 English Indices of Deprivation - 2019 – for LSOAs in each ward and locality in Lewisham**





## Lewisham Pharmaceutical Needs Assessment 2022

**Table 7 English Indices of Deprivation - 2019 - For LSOAs in each ward in Lewisham**

Bellingham			Catford South			Evelyn			Sydenham		
Deprivation	% of Total Population		Deprivation	% of Total Population		Deprivation	% of Total Population		Deprivation	% of Total Population	
Decile 1	11.10%		Decile 1	0.00%		Decile 1	0.00%		Decile 1	0.00%	
Decile 2	66.70%		Decile 2	0.00%		Decile 2	40.00%		Decile 2	20.00%	
Decile 3	11.10%		Decile 3	11.10%		Decile 3	40.00%		Decile 3	40.00%	
Decile 4	0.00%		Decile 4	44.40%		Decile 4	10.00%		Decile 4	20.00%	
Decile 5	11.10%		Decile 5	22.20%		Decile 5	10.00%		Decile 5	10.00%	
Decile 6	0.00%		Decile 6	22.20%		Decile 6	0.00%		Decile 6	10.00%	
Decile 7	0.00%		Decile 7	0.00%		Decile 7	0.00%		Decile 7	0.00%	
Decile 8	0.00%		Decile 8	0.00%		Decile 8	0.00%		Decile 8	0.00%	
Decile 9	0.00%		Decile 9	0.00%		Decile 9	0.00%		Decile 9	0.00%	
Decile 10	0.00%		Decile 10	0.00%		Decile 10	0.00%		Decile 10	0.00%	
Blackheath			Crofton Park			Forest Hill			Telegraph Hill		
Deprivation	% of Total Population		Deprivation	% of Total Population		Deprivation	% of Total Population		Deprivation	% of Total Population	
Decile 1	0.00%		Decile 1	0.00%		Decile 1	0.00%		Decile 1	0.00%	
Decile 2	11.10%		Decile 2	0.00%		Decile 2	0.00%		Decile 2	30.00%	
Decile 3	11.10%		Decile 3	11.10%		Decile 3	22.20%		Decile 3	0.00%	
Decile 4	11.10%		Decile 4	22.20%		Decile 4	11.10%		Decile 4	20.00%	
Decile 5	22.20%		Decile 5	11.10%		Decile 5	22.20%		Decile 5	40.00%	
Decile 6	11.10%		Decile 6	33.30%		Decile 6	33.30%		Decile 6	10.00%	
Decile 7	22.20%		Decile 7	11.10%		Decile 7	11.10%		Decile 7	0.00%	
Decile 8	11.10%		Decile 8	11.10%		Decile 8	0.00%		Decile 8	0.00%	
Decile 9	0.00%		Decile 9	0.00%		Decile 9	0.00%		Decile 9	0.00%	
Decile 10	0.00%		Decile 10	0.00%		Decile 10	0.00%		Decile 10	0.00%	
Brockley			Downham			Grove Park			Whitefoot		
Deprivation	% of Total Population		Deprivation	% of Total Population		Deprivation	% of Total Population		Deprivation	% of Total Population	
Decile 1	0.00%		Decile 1	0.00%		Decile 1	0.00%		Decile 1	11.10%	
Decile 2	9.10%		Decile 2	60.00%		Decile 2	22.20%		Decile 2	33.30%	
Decile 3	9.10%		Decile 3	40.00%		Decile 3	33.30%		Decile 3	22.20%	
Decile 4	63.60%		Decile 4	0.00%		Decile 4	22.20%		Decile 4	33.30%	
Decile 5	18.20%		Decile 5	0.00%		Decile 5	0.00%		Decile 5	0.00%	
Decile 6	0.00%		Decile 6	0.00%		Decile 6	0.00%		Decile 6	0.00%	
Decile 7	0.00%		Decile 7	0.00%		Decile 7	11.10%		Decile 7	0.00%	
Decile 8	0.00%		Decile 8	0.00%		Decile 8	11.10%		Decile 8	0.00%	
Decile 9	0.00%		Decile 9	0.00%		Decile 9	0.00%		Decile 9	0.00%	
Decile 10	0.00%		Decile 10	0.00%		Decile 10	0.00%		Decile 10	0.00%	
Ladywell			New Cross			Lee Green			Perry Vale		
Deprivation	% of Total Population		Deprivation	% of Total Population		Deprivation	% of Total Population		Deprivation	% of Total Population	
Decile 1	0.00%		Decile 1	0.00%		Decile 1	0.00%		Decile 1	0.00%	
Decile 2	0.00%		Decile 2	50.00%		Decile 2	0.00%		Decile 2	10.00%	
Decile 3	14.30%		Decile 3	40.00%		Decile 3	25.00%		Decile 3	30.00%	
Decile 4	14.30%		Decile 4	10.00%		Decile 4	12.50%		Decile 4	10.00%	
Decile 5	28.60%		Decile 5	0.00%		Decile 5	12.50%		Decile 5	10.00%	
Decile 6	42.90%		Decile 6	0.00%		Decile 6	12.50%		Decile 6	40.00%	
Decile 7	0.00%		Decile 7	0.00%		Decile 7	37.50%		Decile 7	0.00%	
Decile 8	0.00%		Decile 8	0.00%		Decile 8	0.00%		Decile 8	0.00%	
Decile 9	0.00%		Decile 9	0.00%		Decile 9	0.00%		Decile 9	0.00%	
Decile 10	0.00%		Decile 10	0.00%		Decile 10	0.00%		Decile 10	0.00%	
Lewisham Central			Rushey Green								
Deprivation	% of Total Population		Deprivation	% of Total Population							
Decile 1	18.20%		Decile 1	0.00%							
Decile 2	9.10%		Decile 2	10.00%							
Decile 3	18.20%		Decile 3	30.00%							
Decile 4	9.10%		Decile 4	10.00%							
Decile 5	0.00%		Decile 5	10.00%							
Decile 6	0.00%		Decile 6	40.00%							
Decile 7	0.00%		Decile 7	0.00%							
Decile 8	0.00%		Decile 8	0.00%							
Decile 9	0.00%		Decile 9	0.00%							
Decile 10	0.00%		Decile 10	0.00%							

Decile 10 Lowest Dep.  
Decile 1 Highest Dep.

### 3.6 Population projections

Population projections are used for a range of purposes and are often considered of equal validity as they are each based on specific assumptions. The particular assumptions here show a projected increase of some 1.8% up to 2025 (the time frame for this PNA) rising to 4.5% in 10 years. Locality projections show the highest rises in North (1) locality.

**Table 8 Projected change in ward population from 2022 to 2032 (GLA Housing)**

Area	Neighbourhoods	Population 2022	Year										Population 2032	
			2022	2023	2024	2025	2026	2027	2028	2029	2030	2031		2032
Lewisham	North (1)	85,150	0.0%	1.8%	3.5%	4.8%	6.0%	7.0%	7.9%	8.6%	9.8%	11.2%	12.7%	96,000
Lewisham	Central (2)	74,200	0.0%	0.9%	1.6%	1.6%	1.5%	1.4%	1.0%	0.5%	0.9%	1.3%	1.9%	75,600
Lewisham	South East (3)	81,000	0.0%	0.1%	0.1%	0.7%	1.2%	1.7%	2.4%	2.9%	3.3%	3.8%	4.4%	84,600
Lewisham	South West (4)	83,050	0.0%	0.2%	0.1%	-0.2%	-0.5%	-0.8%	-1.3%	-1.8%	-1.9%	-1.8%	-1.6%	81,750
Lewisham		323,400	0.0%	0.7%	1.3%	1.8%	2.1%	2.4%	2.6%	2.6%	3.1%	3.8%	4.5%	337,950
London		9,008,268	0.0%	0.8%	1.5%	2.1%	2.6%	3.3%	4.0%	4.7%	5.4%	6.0%	6.7%	9,608,996

### 3.7 Healthy lifestyles

Table 9 Office for Health Improvement and Disparities – Lewisham

<https://fingertips.phe.org.uk/profile/health-profiles>

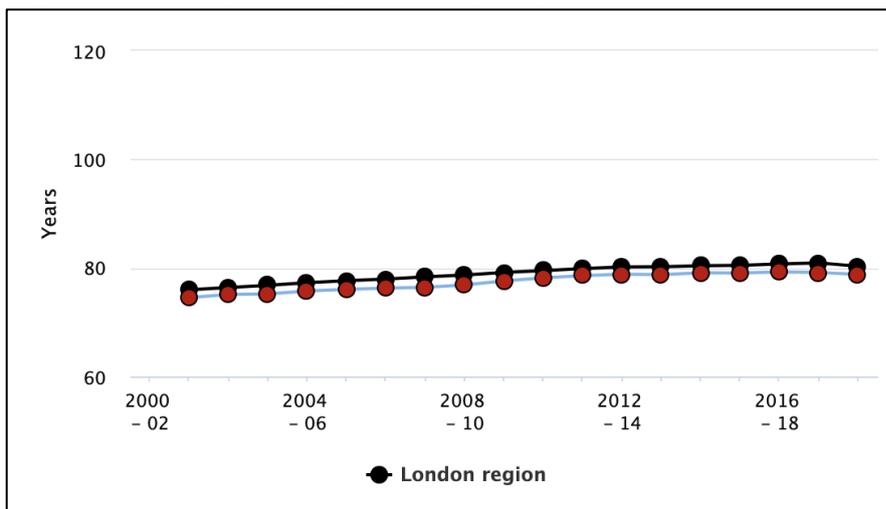
Indicator Name	Sex	Age	Time period	Value	Recent Trend	Compared to England	Compared to London
Life expectancy at birth	Male	All ages	2018 - 20	78.8	Cannot be calculated	Worse	Worse
Life expectancy at birth	Female	All ages	2018 - 20	83.2	Cannot be calculated	Similar	Worse
Under 75 mortality rate from all causes	Persons	<75 yrs	2018 - 20	359.9	Cannot be calculated	Worse	Worse
Under 75 mortality rate from all cardiovascular diseases	Persons	<75 yrs	2017 - 19	81.3	Cannot be calculated	Worse	Worse
Under 75 mortality rate from cancer	Persons	<75 yrs	2017 - 19	131.5	Cannot be calculated	Similar	Worse
Suicide rate	Persons	10+ yrs	2018 - 20	8.7	Cannot be calculated	Similar	Similar
Killed and seriously injured (KSI) casualties on England's roads (historic data)	Persons	All ages	2016 - 18	32.5	Cannot be calculated	Better	Better
Emergency Hospital Admissions for Intentional Self-Harm	Persons	All ages	2020/21	88.2	No significant change	Better	Similar
Hip fractures in people aged 65 and over	Persons	65+ yrs	2020/21	420.9	No significant change	Better	Similar
Cancer diagnosed at early stage (experimental statistics)	Persons	All ages	2017	47.0	No significant change	Not compared	Not compared
Estimated diabetes diagnosis rate	Persons	17+ yrs	2018	64.7	Cannot be calculated	Worse	Worse
Estimated dementia diagnosis rate (aged 65 and over)	Persons	65+ yrs	2021	67.8	No significant change	Similar	Similar
Admission episodes for alcohol-specific conditions - Under 18s	Persons	<18 yrs	2018/19 - 20/21	19.5	Cannot be calculated	Better	Worse
Admission episodes for alcohol-related conditions (Narrow): Old Method	Persons	All ages	2018/19	546.6	Decreasing and getting better	Better	Similar
Smoking Prevalence in adults (18+) - current smokers (APS)	Persons	18+ yrs	2019	14.5	Cannot be calculated	Similar	Similar
Percentage of physically active adults	Persons	19+ yrs	2020/21	71.0	Cannot be calculated	Better	Better
Percentage of adults (aged 18+) classified as overweight or obese	Persons	18+ yrs	2020/21	51.0	Cannot be calculated	Better	Similar
Under 18s conception rate / 1,000	Female	<18 yrs	2020	16.5	No significant change	Similar	Worse
Smoking status at time of delivery	Female	All ages	2020/21	4.5	No significant change	Better	Similar
Breastfeeding initiation	Female	All ages	2016/17	86.1	No significant change	Better	Not compared
Infant mortality rate	Persons	<1 yr	2018 - 20	4.3	Cannot be calculated	Similar	Similar
Year 6: Prevalence of obesity (including severe obesity)	Persons	10-11 yrs	2019/20	24.2	No significant change	Worse	Similar
Deprivation score (IMD 2015)	Persons	All ages	2015	28.6	Cannot be calculated	2nd highest quintile	2nd highest quintile
Smoking Prevalence in adults in routine and manual occupations (18-64) - current smokers (APS)	Persons	18-64 yrs	2019	14.3	Cannot be calculated	Better	Similar
Inequality in life expectancy at birth	Male	All ages	2018 - 20	7.2	Cannot be calculated	2nd lowest quintile	Middle quintile
Inequality in life expectancy at birth	Female	All ages	2018 - 20	6.0	Cannot be calculated	2nd lowest quintile	2nd highest quintile
Children in low income families (under 16s)	Persons	<16 yrs	2016	22.6	Decreasing and getting better	Worse	Worse
Average Attainment 8 score	Persons	15-16 yrs	2020/21	52.1	Cannot be calculated	Better	Worse
Percentage of people in employment	Persons	16-64 yrs	2020/21	78.2	No significant change	Similar	Similar
Statutory homelessness - Eligible homeless people not in priority need	Persons	Not applicable	2017/18	0.6	Increasing and getting worse	Better	Better
Violent crime - hospital admissions for violence (including sexual violence)	Persons	All ages	2018/19 - 20/21	41.9	Cannot be calculated	Similar	Similar
Excess winter deaths index	Persons	All ages	Aug 2019 - Jul 2020	34.5	Cannot be calculated	Worse	Worse
New STI diagnoses (exc chlamydia aged <25) / 100,000	Persons	15-64 yrs	2020	1673.4	No significant change	Worse	Worse
TB incidence (three year average)	Persons	All ages	2018 - 20	15.6	Cannot be calculated	Worse	Similar

Full analysis of the health of the people of Lewisham is available on the council’s website in the Annual Public Health Report via this [link](#), and in this summary JSNA via this [link](#). Key figures for the borough are also available on Public Health England’s fingertips system via this [link](#).

Many of the borough’s health indicators compare well with London and England averages. Some areas worthy of note are:

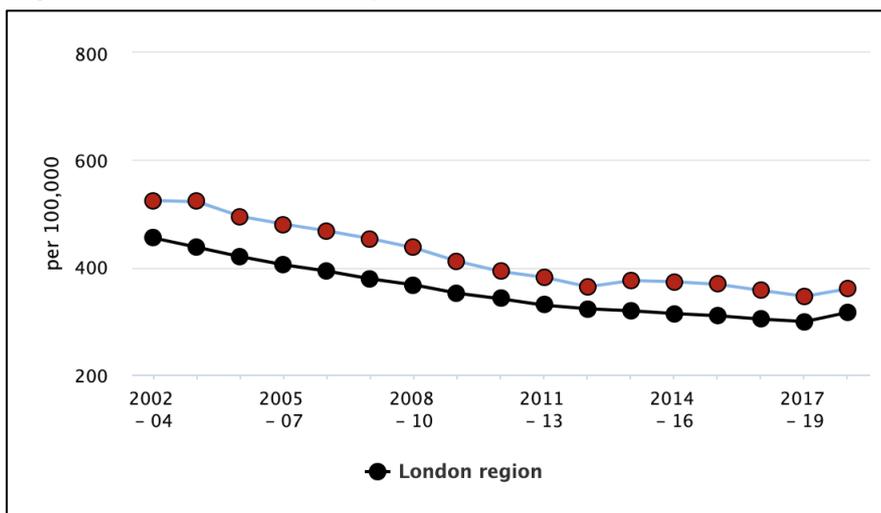
**1. Life expectancy at birth for male was lower than London (80.3) and England (79.4) average in 2018/20.**

**Figure 7 Life expectancy at birth (Male): trends from 2001/03 to 2018/20**



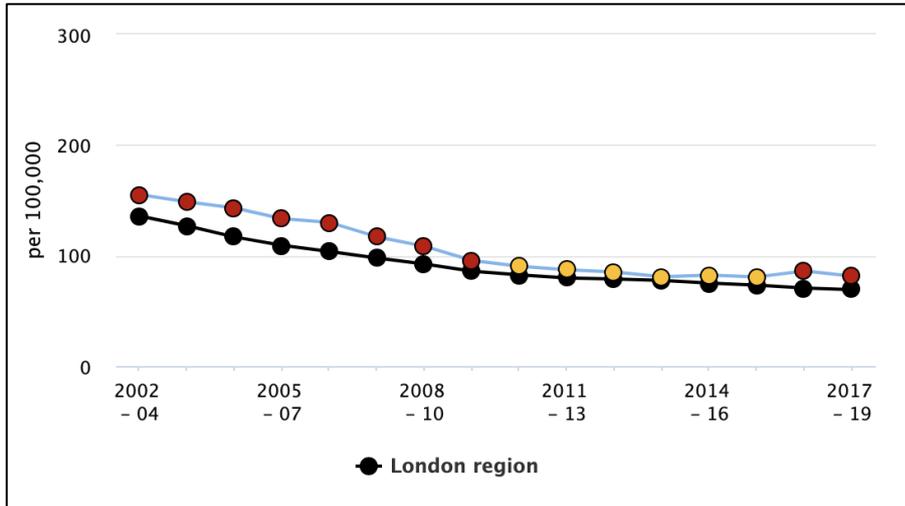
**2. Under 75 mortality rate from all causes was higher than London (316.1 per 100,000) and England (336.5 per 100,000) average in 2018/20.**

**Figure 8 Under 75 mortality rate from all causes: trends from 2002/04 to 2018/20**



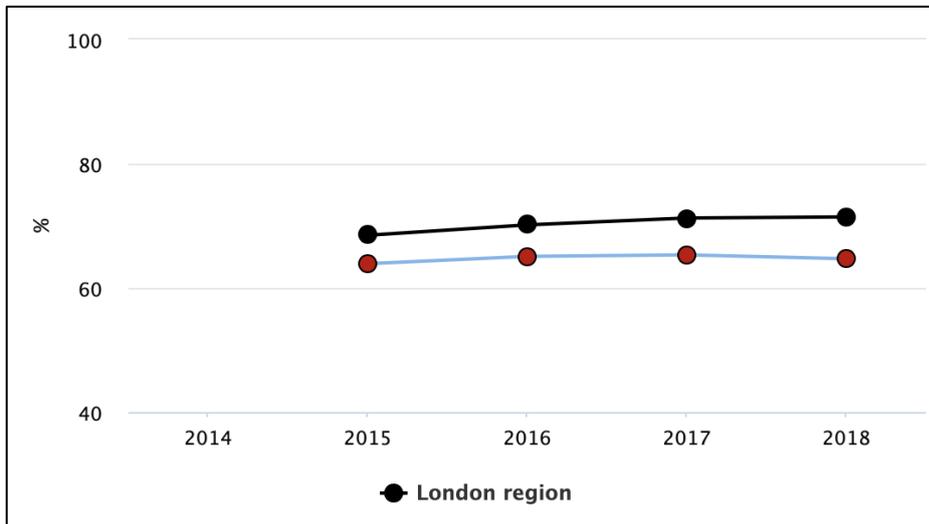
**3. Under 75 mortality rate from all cardiovascular diseases was higher than London (69.1 per 100,000) and England (70.4 per 100,000) average in 2017/19.**

**Figure 9 Under 75 mortality rate from all cardiovascular diseases: trends from 2002/04 to 2017/19**



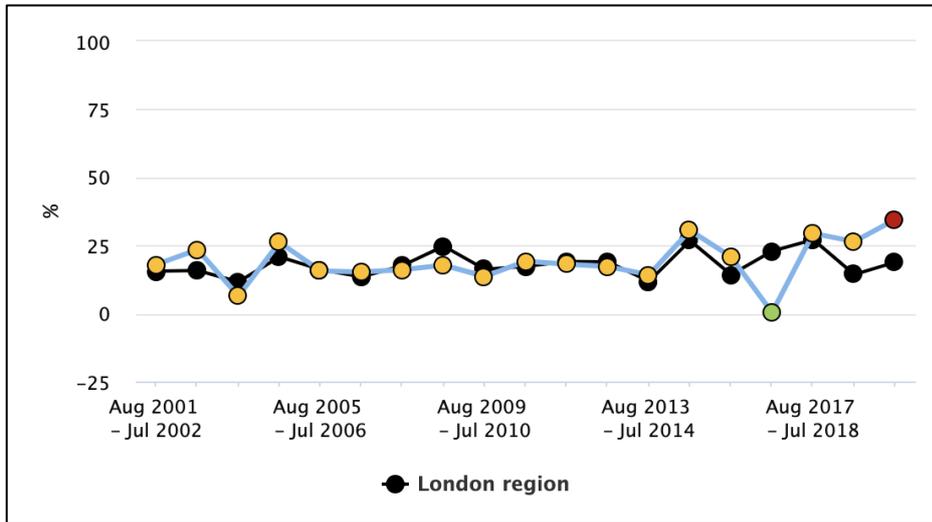
**4. Estimated diabetes diagnosis rate was lower than London (71.4%) and England (78.0%) average in 2018.**

**Figure 10 Estimated diabetes diagnosis rate: time trends from 2015 to 2018**



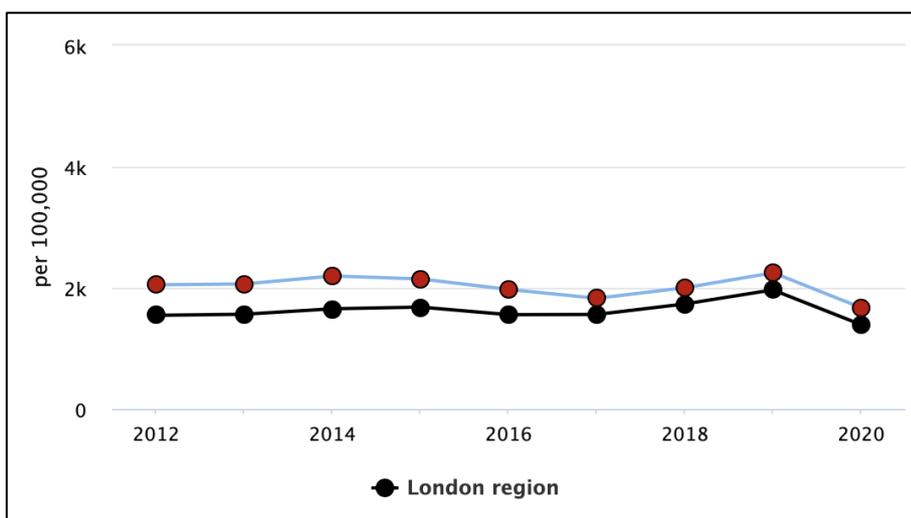
**5. Excess winter deaths index was much higher than London (18.8%) and England (17.4%) average in August 2019 to July 2020.**

**Figure 11 Excess winter deaths index: time trends from Aug 2001-Jul 2002 to Aug 2019-Jul 2020**



**6. New STI diagnoses (exc chlamydia aged <25)/100,000 was higher than London (1391 per 100,000) and England (619 per 100,000) average in 2020.**

**Figure 12 New STI diagnoses (exc. chlamydia aged <25)/100,000: time trends from 2012 to 2020**



### 3.8 Life expectancy and mortality

Life Expectancy rates (2018/20) in Lewisham are similar to London and England. Healthy life expectancy at 65 rates (2018/20) are higher than both London and England. Male life expectancy at 65 (2020) was lower than both London (18.3) and England average (18.1).

**Table 10 Life expectancy and healthy life expectancy**

Life Expectancy & Healthy Life Expectancy Lewisham					
Indicator	Year	Gender	Lewisham	London	England
Life Expectancy	2018/20	Male	78.8	80.3	79.4
	2018/20	Female	83.2	84.3	83.1
Healthy Life Expectancy at 65	2018/20	Male	11.6	10.3	10.5
	2018/20	Female	12.3	11.2	11.3
Life Expectancy at 65 (1 year)	2020	Male	17.4	18.3	18.1
	2020	Female	20.7	21.3	20.7

Catford South has the highest mortality rates and Forest Hill has the lowest.

Figure 13 shows mortality rates by all ward (all causes, all ages), indicating variations that exist across the borough. Catford South has the highest mortality rates and Forest Hill has the lowest.

**Figure 13 Mortality rates by ward (2020/21)**

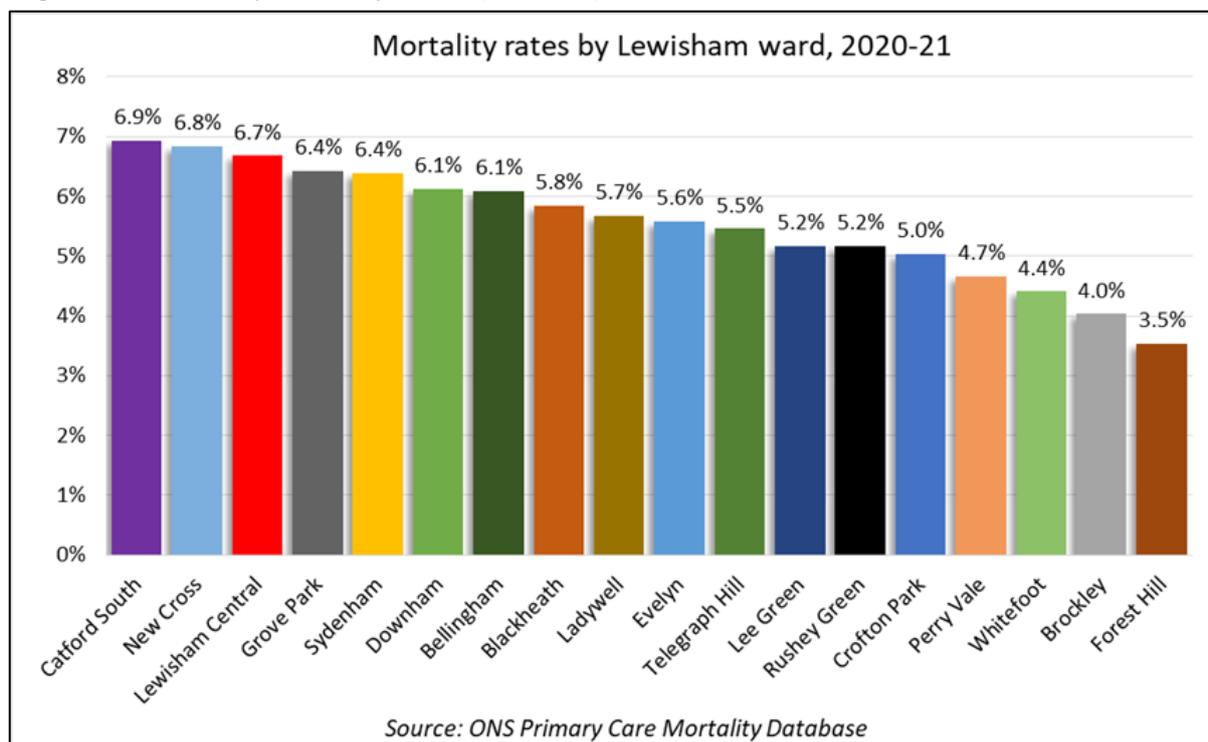




Table 11 shows the key mortality rates for Lewisham. Under 75 mortality rate from causes considered preventable is much higher than the London (125.8) and England rates (142.2). The mortality rates under 75 from cardiovascular diseases (CVD), cancer and respiratory disease are higher than London rates, and the mortality rates under 75 from CVD and respiratory diseases are also higher than England rates.

**Table 11 Key mortality rates for Lewisham**

Key Mortality Rates Lewisham (value: per 100,000)					
Community Indicators	Year	Lewisham		London	England
Indicator		Count	Value	Value	Value
Under 75 mortality rate from causes considered preventable (2019 definition)	2017/19	837	152	125.8	142.2
Mortality under 75 from CVD (1 year range)	2020	58	32.1	28.4	29.2
Mortality under 75 from cancer (1 year range)	2020	844	47.4	45.1	51.5
Mortality under 75 from respiratory disease (1 year range)	2020	35	21.3	15	17.1

## 4 Lewisham housing trajectory and planning

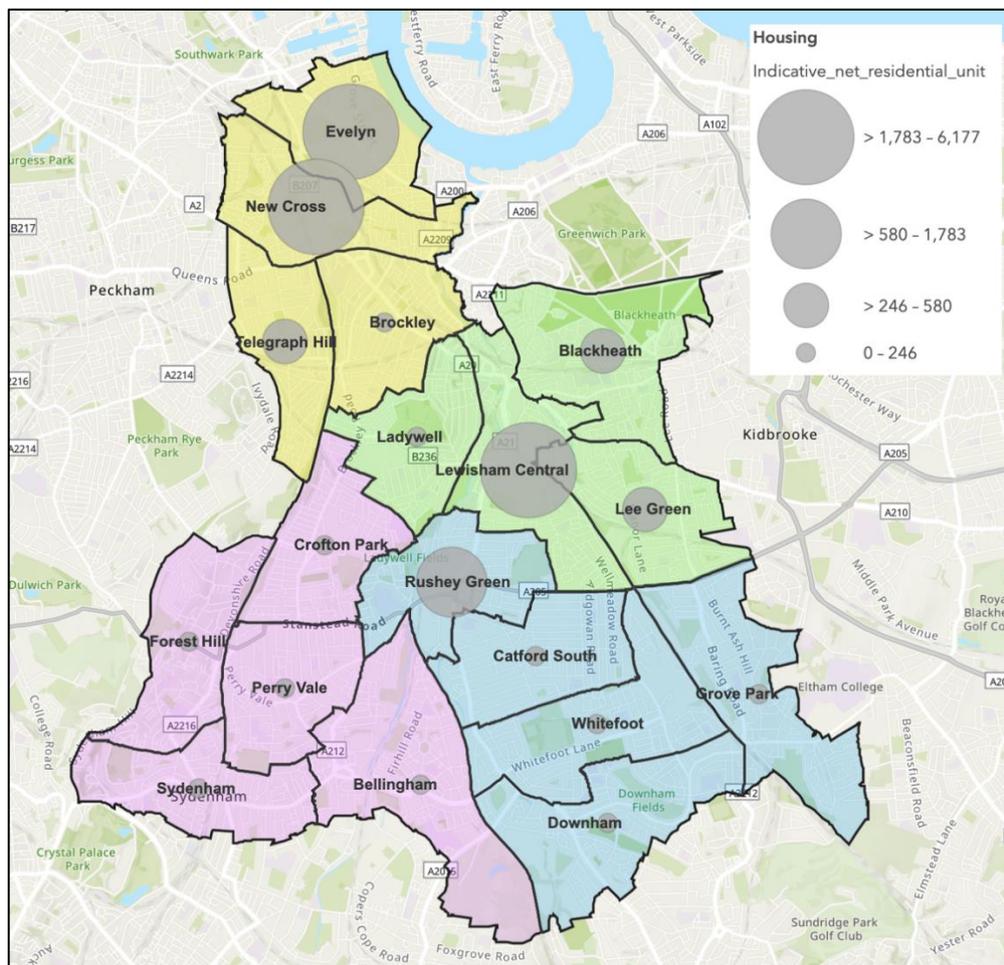
The Lewisham authority monitoring report 2020-21 states that there is an estimated supply of 11,216 net new homes in the five years and 26,222 over 15 years. More information can be viewed [here](#).

The approved new homes will be delivered a range of sites and they include:

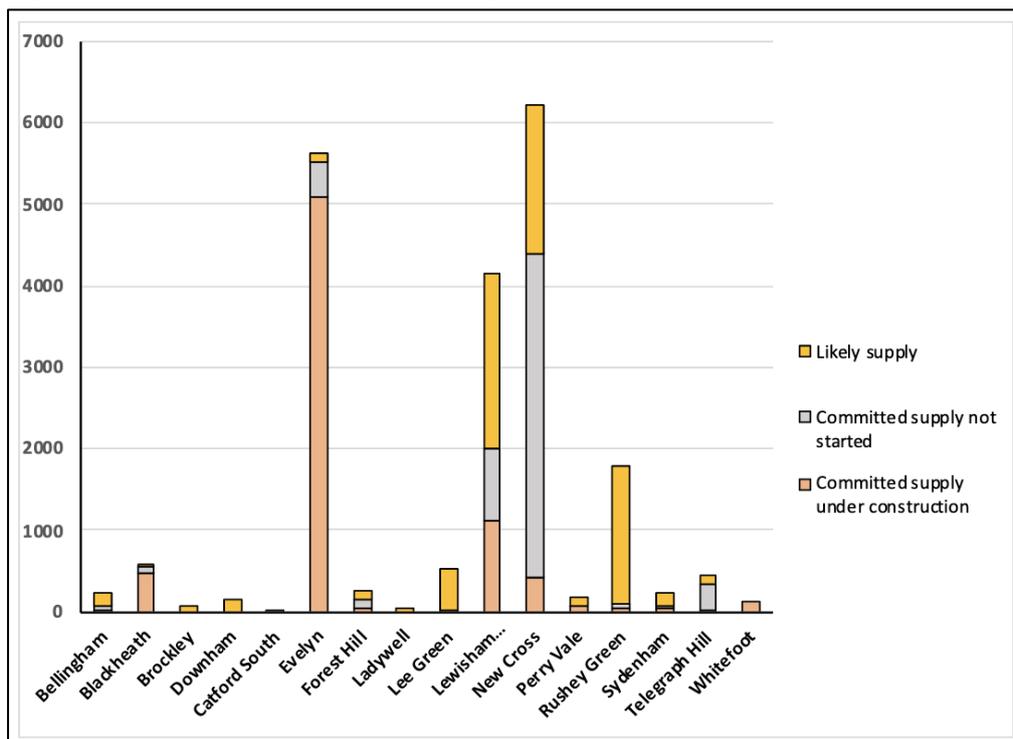
- 136 new homes at Axion House, 1 Silver Road in Lewisham town centre
- 61 new homes at Silwood Estates in the ward of Evelyn
- 56 new homes at 1 Creekside in the ward of New Cross
- 33 new homes at Shaftsbury Christian Centre, Frankham Street in the ward of New Cross
- 93 new homes on six major sites
- 81 new homes on 13 small sites

As evident in Figure 14 and Figure 15, it is noted that the future supply of housing will be the highest in Evelyn, Lewisham Central, New Cross and Rushey Green.

**Figure 14 Future supply of housing in Lewisham (ward map)**



**Figure 15 Future supply of housing in Lewisham** (extracted from Authority Monitoring Report)



The population growth is expected to increase within Lewisham and planned housing is expected to meet this demand, the timing of the planning permission may be outside the scope of this PNA. Notwithstanding that, the PNA has demonstrated that there is sufficient capacity within Lewisham pharmacies to absorb this expected growth. Lewisham HWB will monitor pharmacy service provision in the areas of development and expected population growth.

Other points to note are:

- There are plans being developed for community clinics in several disease areas which would increase prescription demands
- There are plans for changes to national guidance in some therapeutic areas which would increase demand for dispensed products.
- Healthcare Transformation work is continuing in Lewisham as is nationally to ensure NHS services are continuing to align with and adopt national guidance, including development of the Integrated Care System (ICS) and the Local Care Partnership (LCP).
- There are no plans for introduction of special services commissioned by clinical commissioning groups in Lewisham.
- There are no plans for developments in Lewisham which would change the pattern of local social traffic and therefore access to services.
- There are no plans for changing the commissioning of public health services by community pharmacists in Lewisham.
- Lewisham borough have in place a Joint Medicines Policy that spans Lewisham Council’s Adult Social Care, Lewisham and Greenwich Trust and South East London ICB (Lewisham). The policy sets out the basis for Medicines Support Assessment and the provision of appropriate medicines support aids to patients, provision of which may be from a pharmacy where in-line with the policy. However, at time of writing only one pharmacy within the borough was offering this service (December 2022).

## 5 Pharmaceutical service provision within Lewisham

### 5.1 NHSE pharmaceutical services - commissioned from community pharmacies

#### 5.1.1 Introduction

Community pharmacies provide three tiers of pharmaceutical services commissioned by NHS England:

Essential services – all pharmacies are required to provide

Advanced services – to support patients with safe use of medicines

Enhanced services and locally commissioned services

Pharmacy owners (contractors) must provide essential services, but they can choose whether they wish to provide advanced and enhanced services.

#### 5.1.2 Essential service provision commissioned from community pharmacies

The necessary services (essential services) offered by all pharmacy contractors are specified by a national contractual framework that was agreed in 2005. For the purposes of this PNA, necessary services are defined as all essential services.

The following description of these services is an excerpt from a briefing summary on NHS community pharmacy services by the Pharmaceutical Services Negotiating Committee:

The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Available at:

[http://www.legislation.gov.uk/ukxi/2013/349/pdfs/uksi\\_20130349\\_en.pdf](http://www.legislation.gov.uk/ukxi/2013/349/pdfs/uksi_20130349_en.pdf)

Pharmaceutical Services Negotiating Committee Summary of NHS Community Pharmacy services. Available at: <http://psnc.org.uk/wp-content/uploads/2015/06/CPCF-summary-June-2015.pdf>

- **Dispensing** – the safe supply of medicines or appliances. Advice is given to the patient about the medicines being dispensed and how to use them. Records are kept of all medicines dispensed and significant advice provided, referrals and interventions made.
- **Repeat dispensing** – the management of repeat medication for up to one year, in partnership with the patient and prescriber. The patient will return to the pharmacy for repeat supplies, without first having to visit the GP surgery. Before each supply the pharmacy will ascertain the patient's need for a repeat supply of a particular medicine.
- **Disposal of unwanted medicines** – pharmacies accept unwanted medicines from individuals. The medicines are then safely disposed of.
- **Promotion of Healthy Lifestyles** (Public Health) – opportunistic one to one advice is given on healthy lifestyle topics, such as stopping smoking, to certain patient groups who present prescriptions for dispensing. Pharmacies will also get

involved in six local campaigns a year, organised by NHS England. Campaign examples may include promotion of flu vaccination uptake or advice on increasing physical activity.

- **Signposting patients to other healthcare providers** – pharmacists and staff will refer patients to other healthcare professionals or care providers when appropriate. The service also includes referral on to other sources of help such as local or national patient support groups.
- **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. The main focus is on self-limiting illness, but support for people with long-term conditions is also a feature of the service.
- **Clinical governance** – pharmacies must have a system of clinical governance to support the provision of excellent care, requirements include:
  - Provision of a practice leaflet for patients
  - Use of standard operating procedures
  - Patient safety incident reporting to the Learning From Patient Safety Events (LFPSE)
  - Conducting clinical audits and patient satisfaction surveys
  - Having complaints and whistle-blowing policies
  - Acting upon drug alerts and product recalls in order to minimise patient harm
  - Having cleanliness and infection control measures in place.
- **Discharge Medicines Service** – The Discharge Medicines Service (DMS) became a new Essential service on 15th February 2021. Patients are digitally referred to their pharmacy after discharge from hospital, and using the information in the referral, pharmacists are able to compare the patient's medicines at discharge to those they were taking before admission to hospital.
- **Level 1 Healthy Living Pharmacies** – Pharmacies must have a skilled team to proactively support and promote behaviour change and improve health and wellbeing, including a qualified Health Champion and a team member who has undertaken leadership training. Pharmacy premises, other than Distance Selling Pharmacies, must have a consultation room.

NHSE/I is responsible for ensuring that all pharmacies deliver all of the essential services as specified. Each pharmacy has to demonstrate compliance with the community pharmacy contractual framework by providing sufficient evidence for delivery of every service. Any pharmacy unable to provide the evidence will be asked to provide an action plan, outlining with timescales, how it will then achieve compliance. These self-assessments are supported by contract monitoring visits.

### 5.1.3 Advanced service provision commissioned from community pharmacies

In addition to essential services, the community pharmacy contractual framework allows pharmacies to opt to provide any of four advanced services to support patients with the safe use of medicine, which currently include:

- Appliance Use Review (AUR)
- Stoma Appliance Customisation (SAC)
- Flu Vaccination Service
- Hepatitis C Testing
- Community Pharmacist Consultation Service (CPCS)



- Hypertension Case-finding
- Smoking Cessation Advanced Service

During the pandemic, two COVID-19 related services were part of the Advanced Services: The Pandemic Delivery Service (discontinued in March 2022) and COVID-19 Lateral Flow Device Distribution Service (discontinued in March 2022). These services can only be referred to as enhanced services if they are commissioned by NHS England. If local services are commissioned by Integrated Care Board (ICB) or local authorities, they are referred to as locally commissioned services.

### 5.1.4 Enhanced Services

The third tier of pharmaceutical service that may be provided from pharmacies are the enhanced services. These are services that can be commissioned locally from pharmacies by NHS England. Examples of enhanced services include:

- Anticoagulation monitoring
- Care home service
- Disease specific medicines management service
- Gluten free food supply service
- Independent prescribing service
- Home delivery service
- Language access service
- Medicines assessment and compliance support
- Minor ailments schemes
- On demand availability of specialist drugs
- Out of hours service
- Patient group direction service (not related to public health services)
- Prescriber support service
- Schools service
- Supplementary prescribing service

These services can only be referred to as enhanced services if they are commissioned by NHS England. If local services are commissioned by Integrated Care Board (ICB) or local authorities, they are referred to as locally commissioned services.

The current enhanced services in Lewisham include:

- London flu service
- Bank holiday (Christmas and Easter Sunday) service
- Bank holiday (other bank holidays) service
- Covid-19 vaccination service

## 5.2 Locally commissioned services

Pharmacies are commissioned to provide a number of services by the local authority led by public health, and the Integrated Care Board (ICB). The locally commissioned services in Lewisham by the ICB are:

- Minor Ailment Scheme
- Emergency Palliative Care Medicine Service
- Monitored Dosage System (MDS)/Medication Administration Records (MARS) service
- The locally commissioned services in Lewisham by the local authority led by public health are:
  - Vitamin D
  - Supervised consumption for opiate substitution therapy
  - Needle Exchange
  - Emergency Hormonal Contraception

## 5.3 Dispensing appliance contractor

Appliance suppliers are a sub-set of NHS pharmaceutical contractors that supply, on prescription, appliances such as stoma and incontinence aids, dressings, bandages etc. They cannot supply medicines.

## 5.4 Distance-selling pharmacies

A distance-selling pharmacy provides services as per the Pharmaceutical Regulations, 2013. It may not provide essential services face-to-face at the pharmacy premises and therefore provision may only be by mail order and/or the internet. As part of the terms of service for distance-selling pharmacies, provision of all their services must be offered throughout England. It is therefore likely that patients within Lewisham will be receiving pharmaceutical services from a distance-selling pharmacy from outside the borough. Currently, there is no distance-selling pharmacies in the Lewisham HWB area.

## 5.5 Self-care pharmacy initiative

The self-care pharmacy initiative aims to bring together health and social care, and self-care (including self-management) with health improvement for those with long-term conditions. The aim is to facilitate better and more effective use of pharmaceutical services and capacities with a focus on empowering patients to take better control of their own health and live independently in their local communities.

## 5.6 Community pharmaceutical services for people from special groups

- Collection and delivery services – home delivery services can help to provide medications to those who do not have access to a car or who are unable to use public transport
- Language services

## 5.7 Community pharmacies in Lewisham

There are 52 community pharmacies in Lewisham (as of April 2022) for a population of 305,309. This is an average of 17.0 pharmacies per 100,000 population, lower than the London (20.7) and England (20.5). The highest rate was in Central (2) at 23.1 per 100,000 population.

The information on community pharmacies, opening hours and core/supplementary hours correlates with the data provided by NHS Choices [website](#). This information is updated from time to time. Current information on individual pharmacies can be found on the NHS Choices website.

Please note Brownes Chemist (FFE99) has been taken over by Thames View Health Pharmacy (FMK45) and the opening hours are the same. We have made a statement where relevant.

A pharmacy has recently amended their opening hours as detailed below. This information was amended accordingly.

- Perfucare (FD184) changed their opening hours on 11 November 2022

There are also some pharmacy hours reported from the contractor survey that are different to the NHS Choices website. Since the opening hours reported from the contractor survey is the most up-to-date information, the information given from the contractor survey was used for this PNA. Pharmacies should notify NHS if their opening hours are changed.

**Table 12 Breakdown of average community pharmacies per 100,000 population in Lewisham**

	Area	Number of community pharmacies	Total population (mid-2020 estimates)	Average number of community pharmacies per 100,000 population
Locality	North (1)	10	74,767	13.37
	Central (2)	16	69,252	23.10
	South East (3)	13	80,019	16.25
	South West (4)	13	81,271	16.00
	Lewisham (Apr 2022)	52	305,309	17.03
	London (2020/21)	1,863	9,002,488	20.69
	England (2020/21)	11,600	56,550,138	20.51

## 5.8 Choice of community pharmacies

Table 13 shows a breakdown of community pharmacy ownership in the borough. The data shows that a lower proportion are multiple chains (10+) than for England (60%), and lower than London average of 39%. There remains a good selection of pharmacy providers well spread across the localities.

**Table 13 Community Pharmacy ownership in Lewisham**

	Area	Multiples (10+)	Multiples (<10)	Independent	Multiples (10+) %
Locality	North (1)	2	1	7	20%
	Central (2)	4	3	9	25%
	South East (3)	4	3	6	31%
	South West (4)	8	1	4	62%
	Lewisham (Apr 2022)	18	8	26	35%
	London (2020/21)	726	1,137		39%
	England (2020/21)	6,960	4,640		60%

## 5.9 Intensity of current community pharmacy providers

For most pharmacy providers, dispensing provides the majority of their activity. Table 14 shows their average monthly dispensing activity. The data shows that the average activity in Lewisham is lower than the average for London and England. This may reflect the average age of the residents.

**Table 14 Average number of monthly dispensed item per community pharmacy**

Number of items dispensed per community pharmacy per month (First 7 months data of 2021-22)	
Lewisham	5,476
London	6,206
England	7,230

## 5.10 Access to pharmacy services

Opening hours for pharmacies are shown in Appendix B – Pharmacy opening hours and services and Appendix G – Maps show the numbers and locations of pharmacies open in the evenings and at weekends.

- There are three 100-hour community pharmacies in the borough (5.8% of the total), higher than the figure for London (5.6%), but lower than England (9.4%). There is one 100-hour pharmacist in the North area and two 100-hour pharmacists in the Central area. There are no 100-hour community pharmacies in the south-east or south-west areas. It is recommended that these areas should be kept under close review.

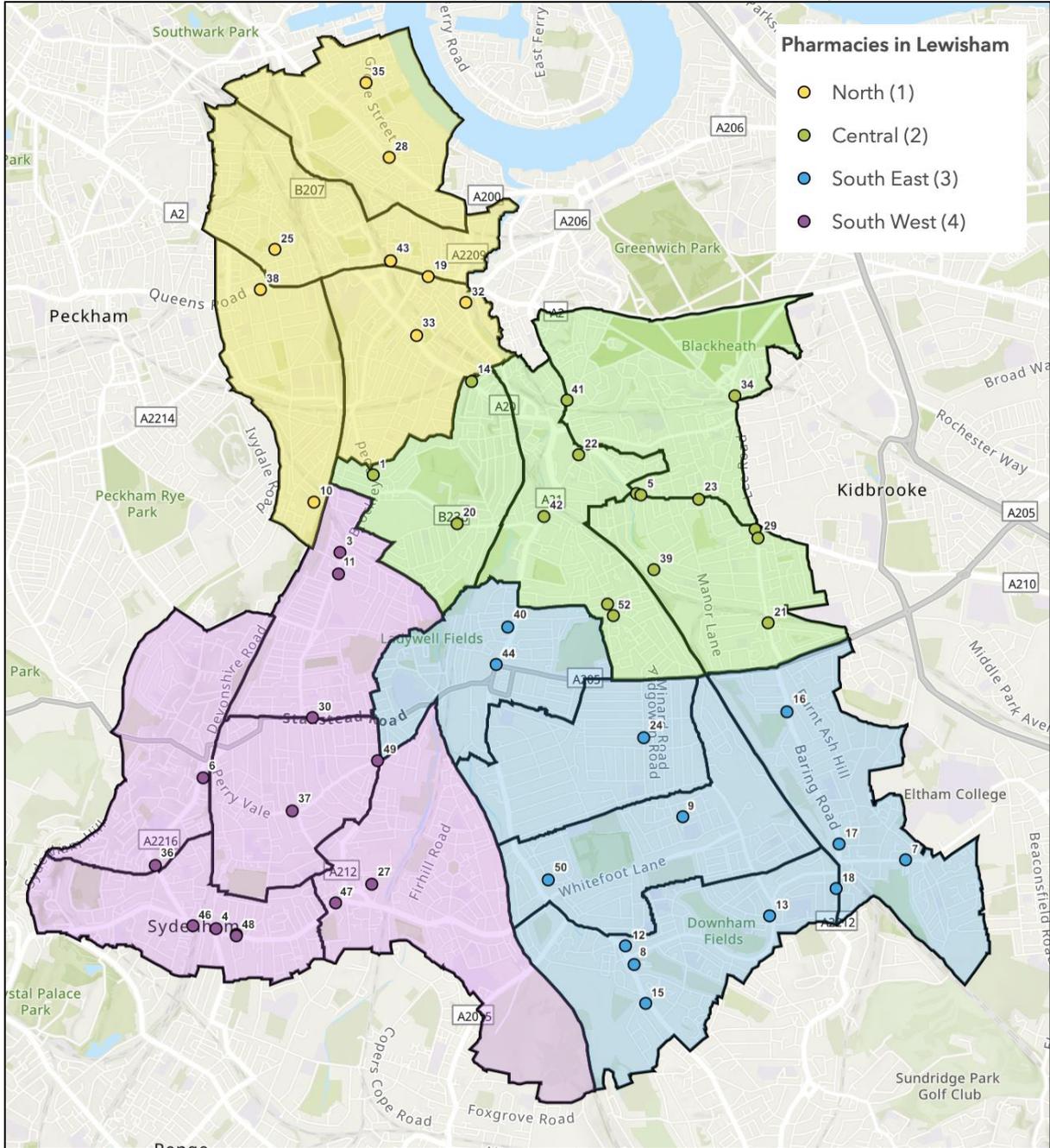
Table 15 shows the distribution of 100-hour pharmacies across the borough.

**Table 15 Number of 100-hour pharmacies in Lewisham**

	Area	Number of community pharmacies	Number of 100-hour pharmacies	Percentage of 100-hour pharmacies
Locality	North (1)	10	1	10.0%
	Central (2)	16	2	12.5%
	South East (3)	13	0	0.0%
	South West (4)	13	0	0.0%
	Lewisham (Apr 2022)	52	3	5.8%
	London (2020/21)	1,863	104	5.6%
	England (2020/21)	11,600	1094	9.4%

**Figure 16 Location of pharmacies in Lewisham by locality**

The pharmacies shown below are the pharmacies open on weekdays.



**Table 16 Pharmacy Look-up List (sorted by map ID and Pharmacy Name)**

Map ID	ODS Code	Pharmacy	Postcode	Ward Name	Locality	Map ID	Pharmacy
10	FFK83	Cheltenham Chemist	SE4 2LA	Telegraph Hill	North (1)	1	Amin Pharmacy
19	FQA51	Krisons Chemist	SE14 6TJ	Brockley	North (1)	2	Baum Pharmacy
25	FER84	Lloydspharmacy	SE14 5UL	New Cross	North (1)	3	Bentley Chemist
28	FWA34	Lockyer's Pharmacy	SE8 5BZ	Evelyn	North (1)	4	Boots Uk Limited
31	FXJ41	New Cross Pharmacy	SE14 6LD	New Cross	North (1)	5	Boots Uk Limited
32	FE019	Nightingale Pharmacy	SE8 4RQ	Brockley	North (1)	6	Boots Uk Limited
33	FET97	Osbon Pharmacy	SE4 1UY	Brockley	North (1)	7	Brook Pharmacy
35	FJW95	Pepys Pharmacy	SE8 3QG	Evelyn	North (1)	8	Brownes Chemist
38	FPA57	Queens Road Pharmacy	SE14 5HD	Telegraph Hill	North (1)	9	Cambelle Chemist
43	FHL15	Station Pharmacy	SE14 6LD	New Cross	North (1)	10	Cheltenham Chemist
1	FNN90	Amin Pharmacy	SE4 2SA	Ladywell	Central (2)	11	Crofton Park Pharmacy
2	FDW13	Baum Pharmacy	SE13 5PB	Blackheath	Central (2)	12	Day Lewis Pharmacy
5	FC300	Boots Uk Limited	SE13 5JN	Blackheath	Central (2)	13	Day Lewis Pharmacy
14	FWC06	Day Lewis Pharmacy	SE13 7SX	Ladywell	Central (2)	14	Day Lewis Pharmacy
20	FK081	Ladywell Pharmacy	SE4 1JN	Ladywell	Central (2)	15	Duncans Chemist
21	FJK64	Lee Pharmacy	SE12 0AA	Lee Green	Central (2)	16	Gokul Chemist
22	FVA74	Lewis Grove Pharmacy	SE13 6BG	Lewisham Central	Central (2)	17	Grove Park Pharmacy
23	FTF05	Lewisham Pharmacy	SE13 5PJ	Lee Green	Central (2)	18	Harris Chemist
26	FNN17	Lloydspharmacy	SE12 8PZ	Lee Green	Central (2)	19	Krisons Chemist
29	FY745	Lords Pharmacy	SE12 8RG	Lee Green	Central (2)	20	Ladywell Pharmacy
34	FY475	Paydens Pharmacy	SE3 0AX	Blackheath	Central (2)	21	Lee Pharmacy
39	FJX60	Rains Pharmacy	SE13 5ND	Lee Green	Central (2)	22	Lewis Grove Pharmacy
41	FQK49	Sheel Pharmacy	SE13 7PA	Lewisham Central	Central (2)	23	Lewisham Pharmacy
42	FLY01	Sheel Pharmacy Lewisham	SE13 6JZ	Lewisham Central	Central (2)	24	Lloydspharmacy
51	FNW34	Widdicombe Chemist	SE13 6RT	Lewisham Central	Central (2)	25	Lloydspharmacy
52	FQP73	Woodlands Pharmacy	SE13 6RN	Lewisham Central	Central (2)	26	Lloydspharmacy
7	FPJ12	Brook Pharmacy	SE12 9QL	Grove Park	South East (3)	27	Lloydspharmacy
8	FFE99	Brownes Chemist	BR1 4PQ	Downham	South East (3)	28	Lockyer's Pharmacy
9	FT872	Cambelle Chemist	SE6 1PH	Whitefoot	South East (3)	29	Lords Pharmacy
12	FMG01	Day Lewis Pharmacy	BR1 4PH	Downham	South East (3)	30	Medicos Pharmacy
13	FTV69	Day Lewis Pharmacy	BR1 5HS	Downham	South East (3)	31	New Cross Pharmacy
15	FML90	Duncans Chemist	BR1 4JX	Downham	South East (3)	32	Nightingale Pharmacy
16	FMT20	Gokul Chemist	SE12 0JS	Grove Park	South East (3)	33	Osbon Pharmacy
17	FJ566	Grove Park Pharmacy	SE12 0DU	Grove Park	South East (3)	34	Paydens Pharmacy
18	FDK93	Harris Chemist	SE12 0EF	Downham	South East (3)	35	Pepys Pharmacy
24	FCE85	Lloydspharmacy	SE6 1RG	Catford South	South East (3)	36	Perfucare
40	FNE37	Rushey Green Pharmacy	SE6 4JH	Rushey Green	South East (3)	37	Perry Vale Pharmacy
44	FT015	Superdrug Stores Plc	SE6 4HQ	Rushey Green	South East (3)	38	Queens Road Pharmacy
50	FW715	Vantage Pharmacy	SE6 2SP	Whitefoot	South East (3)	39	Rains Pharmacy
3	FV026	Bentley Chemist	SE4 2BY	Crofton Park	South West (4)	40	Rushey Green Pharmacy
4	FA271	Boots Uk Limited	SE26 5EX	Sydenham	South West (4)	41	Sheel Pharmacy
6	FK518	Boots Uk Limited	SE23 3HN	Forest Hill	South West (4)	42	Sheel Pharmacy Lewisham
11	FV954	Crofton Park Pharmacy	SE4 2PJ	Crofton Park	South West (4)	43	Station Pharmacy
27	FV763	Lloydspharmacy	SE26 4PU	Bellingham	South West (4)	44	Superdrug Stores Plc
30	FK463	Medicos Pharmacy	SE23 1HU	Crofton Park	South West (4)	45	Superdrug Stores Plc
36	FD184	Perfucare	SE26 4BB	Forest Hill	South West (4)	46	Touchwood Pharmacy
37	FT350	Perry Vale Pharmacy	SE23 2JF	Perry Vale	South West (4)	47	Touchwood Pharmacy
45	FVM72	Superdrug Stores Plc	SE26 5UA	Sydenham	South West (4)	48	Touchwood Pharmacy
46	FEJ80	Touchwood Pharmacy	SE26 4RS	Sydenham	South West (4)	49	Touchwood Pharmacy
47	FHL07	Touchwood Pharmacy	SE26 5SL	Bellingham	South West (4)	50	Vantage Pharmacy
48	FKW82	Touchwood Pharmacy	SE26 5QE	Sydenham	South West (4)	51	Widdicombe Chemist
49	FQT14	Touchwood Pharmacy	SE6 4DT	Perry Vale	South West (4)	52	Woodlands Pharmacy



Figure 18 Location of pharmacies in Lewisham with LSOA Deprivation Decile

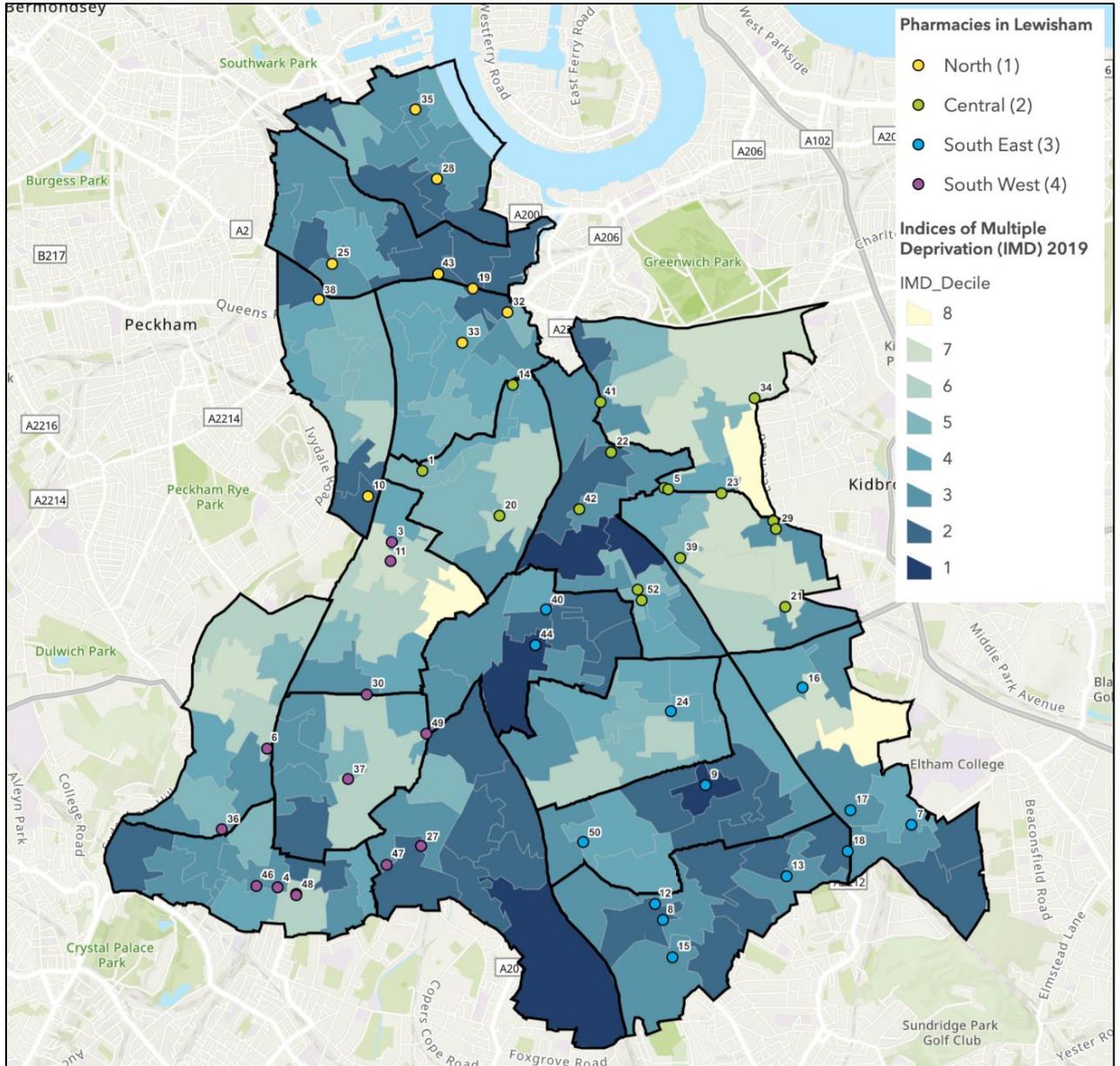


Figure 19 Location of pharmacies by locality in Lewisham and surrounding areas

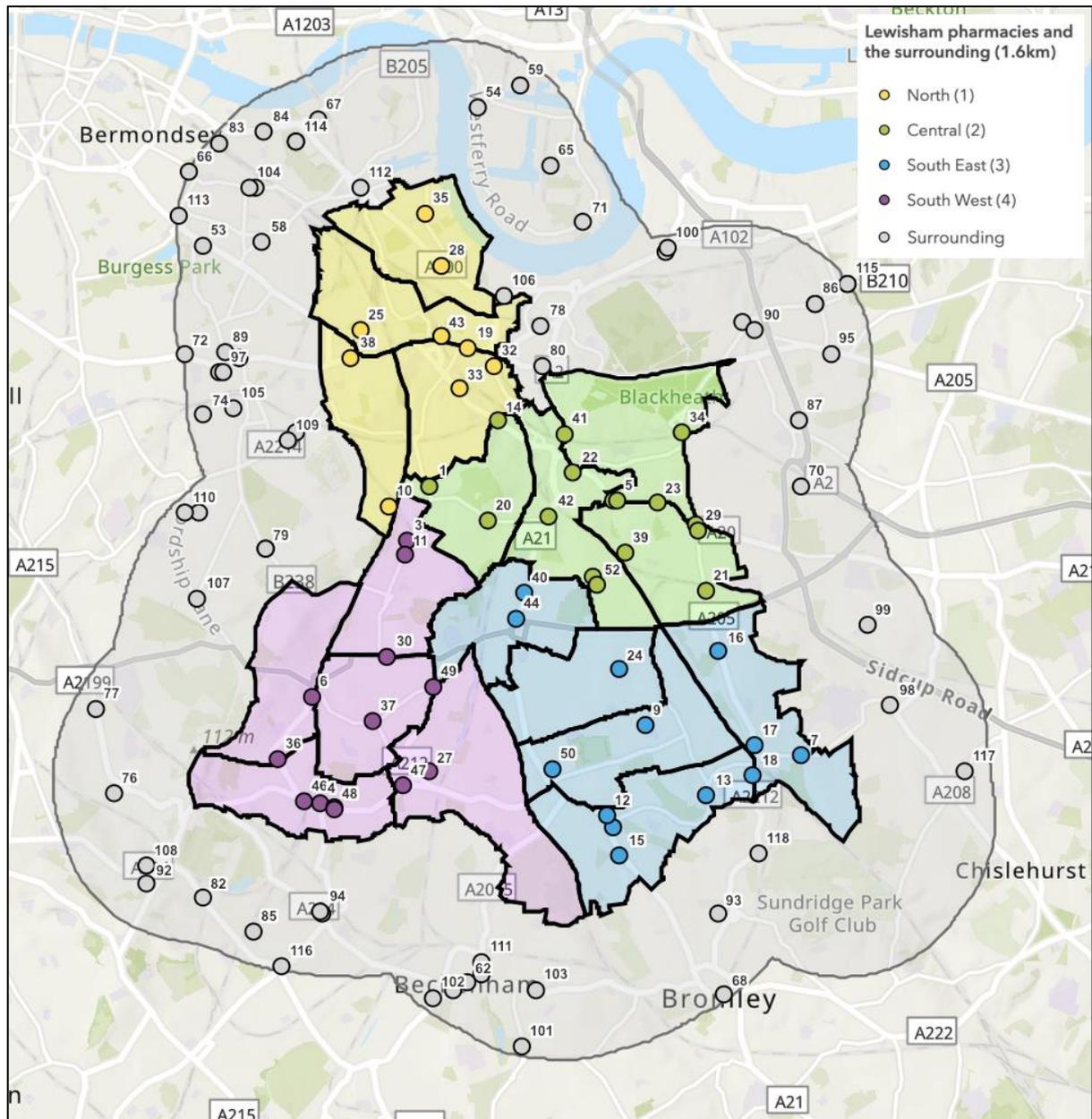
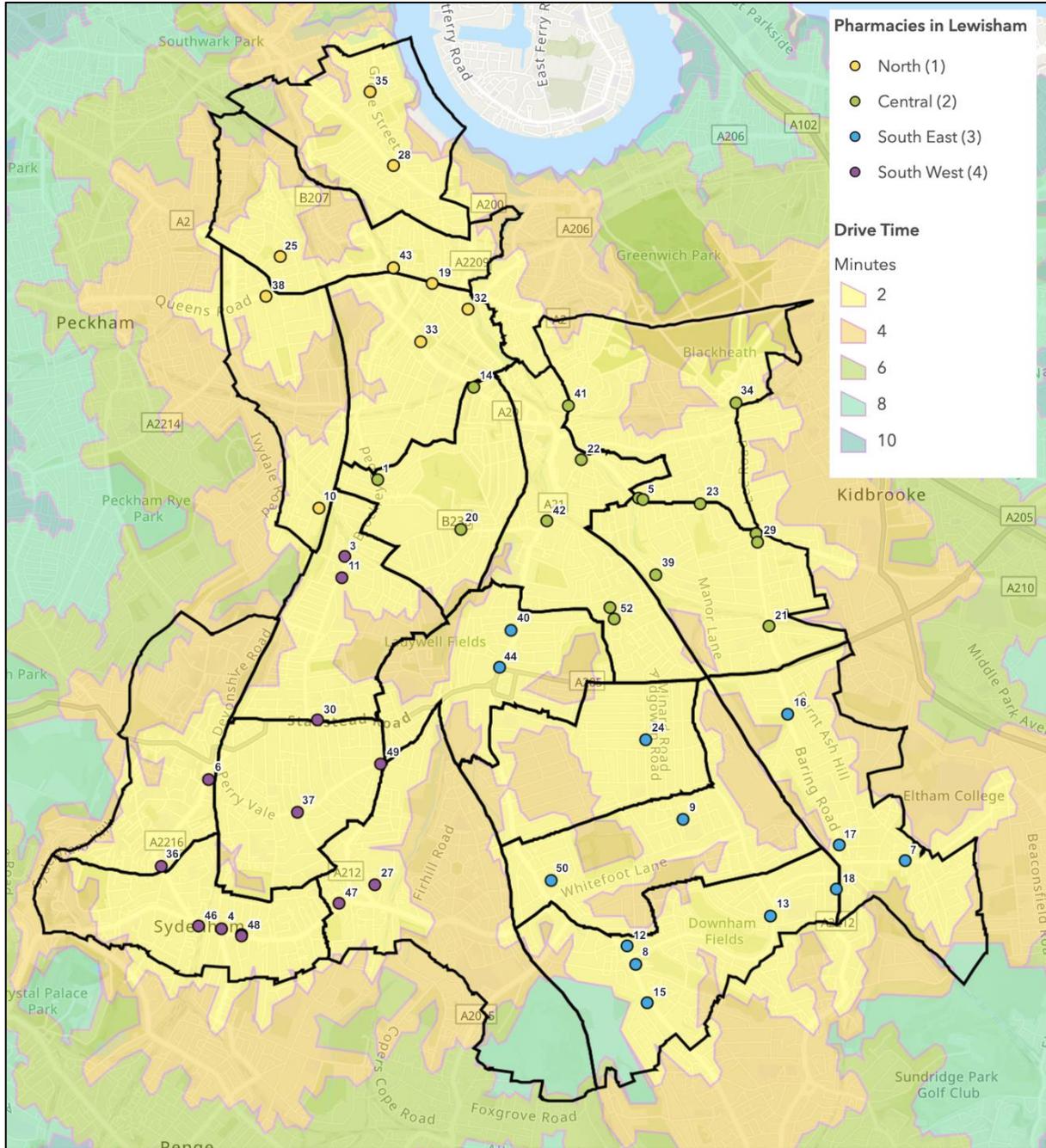


Table 17 Pharmacy Look-up List for pharmacies in surrounding areas (1.6km)  
(sorted by map ID and Pharmacy Name)

Map ID	ODS Code	Pharmacy	Postcode	Map ID	ODS Code	Pharmacy	Postcode
53	FJ446	Asda Pharmacy	SE1 5AG	86	FR331	Kevin's Charlton Pharmacy	SE7 7ED
54	FX059	Barkantine Pharmacy	E14 8JH	87	FKK84	Kidbrooke Pharmacy	SE3 8AR
55	FE112	Beckenham Pharmacy	BR3 1AH	88	FN733	Kristal Pharmacy	SE15 3HB
56	FPA70	Beckenham Pharmacy	BR3 1ED	89	FGT20	LloydsPharmacy	SE15 5JZ
57	FNP06	Blackheath Standard Pharmacy	SE3 7DH	90	FHF23	LloydsPharmacy	SE3 7BT
58	FV733	Bonamy Pharmacy	SE16 3HF	91	FW484	LloydsPharmacy	SE22 9ET
59	FQV39	Boots The Chemist	E14 5NY	92	FWG75	LloydsPharmacy	SE19 3RW
60	FJ128	Boots UK Limited	SE10 9ER	93	FJW74	London Lane Pharmacy	BR1 4HE
61	FK300	Boots UK Limited	SE16 7LL	94	FRH46	Macks Pharmacy	SE20 7DS
62	FKG02	Boots UK Limited	BR3 1EW	95	FQR61	Masters Pharmacy	SE3 8RP
63	FQD55	Boots UK Limited	SE20 7EX	96	FK033	Medica Pharmacy	SE16 3RW
64	FRD69	Boots UK Limited	SE15 5BS	97	FAL14	Morrisons Pharmacy	SE15 5EW
65	FXQ52	Britannia Pharmacy	E14 3BT	98	FC313	Mottingham Pharmacy (Jarman & Dixon)	SE9 4QZ
66	FRR51	Cambelle Pharmacy	SE1 3GF	99	FJW12	Newmarket Pharmacy	SE9 5ER
67	FQC29	Campion & Co Chemist	SE16 7JQ	100	FD551	PE Logan	SE10 9EQ
68	FKE53	Caxton Pharmacy	BR1 1RL	101	FKM27	Park Langley Pharmacy	BR3 6QH
69	FVG96	Charlton Pharmacy	SE7 7ED	102	FAD85	Paydens Pharmacy	BR3 3PR
70	FY283	Chemcare Pharmacy	SE3 9FA	103	FW698	Peters Chemist	BR3 5NT
71	FH732	Cubitt Town Pharmacy	E14 3DN	104	FV019	Pyramid Pharmacy	SE16 3TU
72	FR217	Day Lewis Duncans Pharmacy	SE15 5LJ	105	FC434	Ropharm Chemist	SE15 4TL
73	FCM38	Day Lewis Pharmacy	SE22 0RR	106	FTT80	Rose Pharmacy	SE8 3BN
74	FJ323	Day Lewis Pharmacy	SE15 4QY	107	FPV31	Sadlers Pharmacy	SE22 8JN
75	FQF83	Day Lewis Pharmacy	SE15 5SL	108	FV887	Sefgrove Ltd	SE19 1TQ
76	FV373	Day Lewis Pharmacy	SE27 9QY	109	FQN12	Sheel Pharmacy	SE15 3QF
77	FCH16	Dulwich Pharmacy	SE21 8SZ	110	FAK90	Sogim Pharmacy	SE22 8HF
78	FEA03	Duncans Pharmacy	SE10 8JA	111	FG099	Superdrug Stores Plc	BR3 1AY
79	FVQ64	Foster & Sons Chemist	SE22 0RR	112	FEF54	Surdock Pharmacy	SE16 2UN
80	FGR61	Geepharm Chemists	SE10 8PB	113	FAM90	Tesco Instore Pharmacy	SE1 5HG
81	FPC93	Grove Pharmacy	SE7 8UG	114	FEM83	Tesco Instore Pharmacy	SE16 7LL
82	FA819	Hamlet Pharmacy	SE19 2AS	115	FTG39	The Village Pharmacy	SE7 8UG
83	FJ023	Hobbs Pharmacy	SE16 4BN	116	FYA22	United Pharmacy	SE20 7AA
84	FV390	Jamaica Road Pharmacy	SE16 4RT	117	FL803	Well - Mottingham - The Mound	SE9 3AZ
85	FA767	Kamsons Pharmacy	SE20 8QA	118	FDX70	Your Local Boots Pharmacy	BR1 5AB

**Figure 20 The territories of pharmacies inside and outside Lewisham that give the shortest journey time by car**

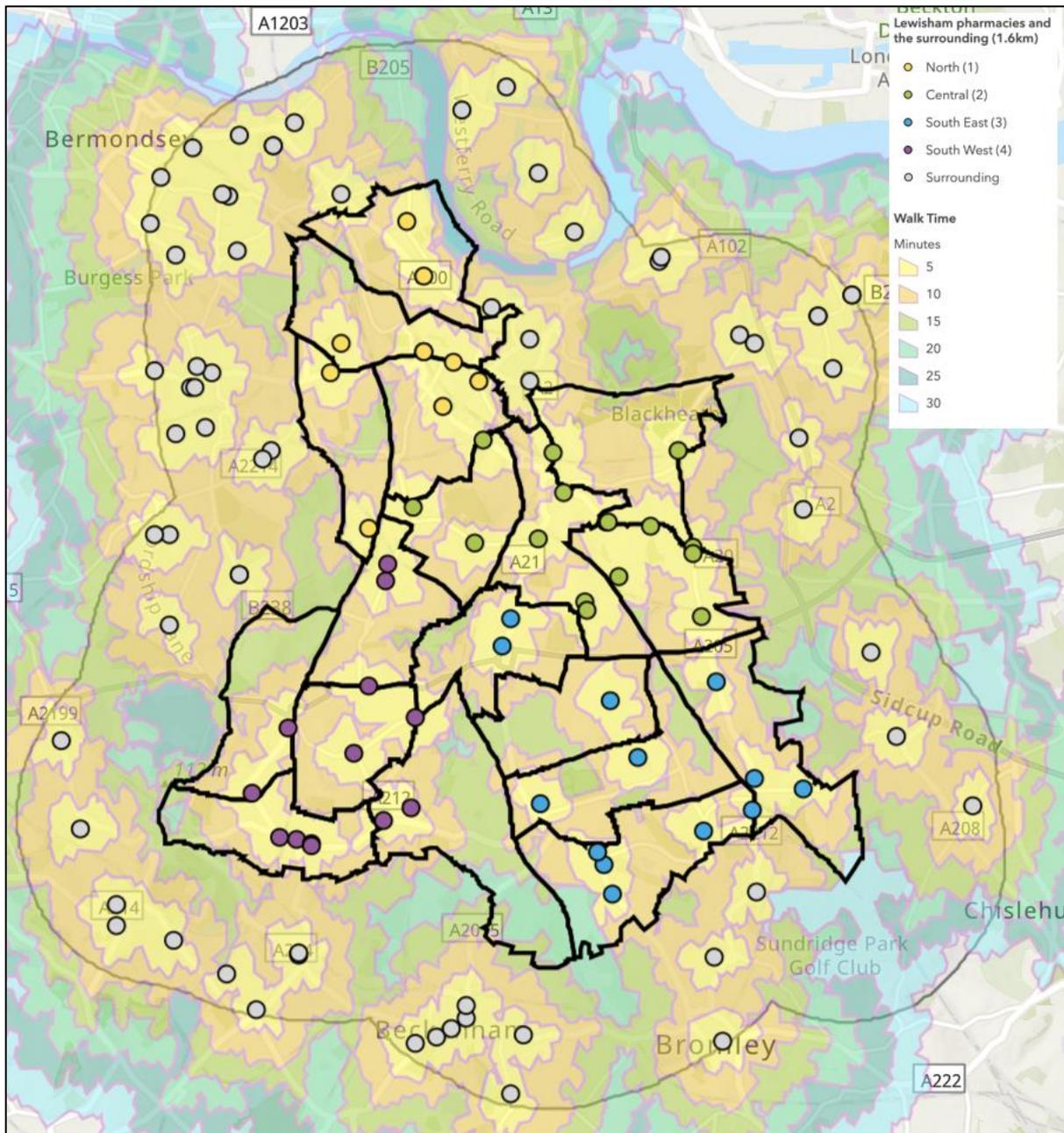
The yellow area shows where in the borough it is quicker to drive to a pharmacy inside the borough rather than outside. This is based on average travel speeds by car.



There are 305,309 Lewisham residents and 100% of them can access to their nearest pharmacy by car in 4 minutes. Of those living in neighbouring areas, 147,931 residents can access their nearest pharmacy in Lewisham by car in 4 minutes.

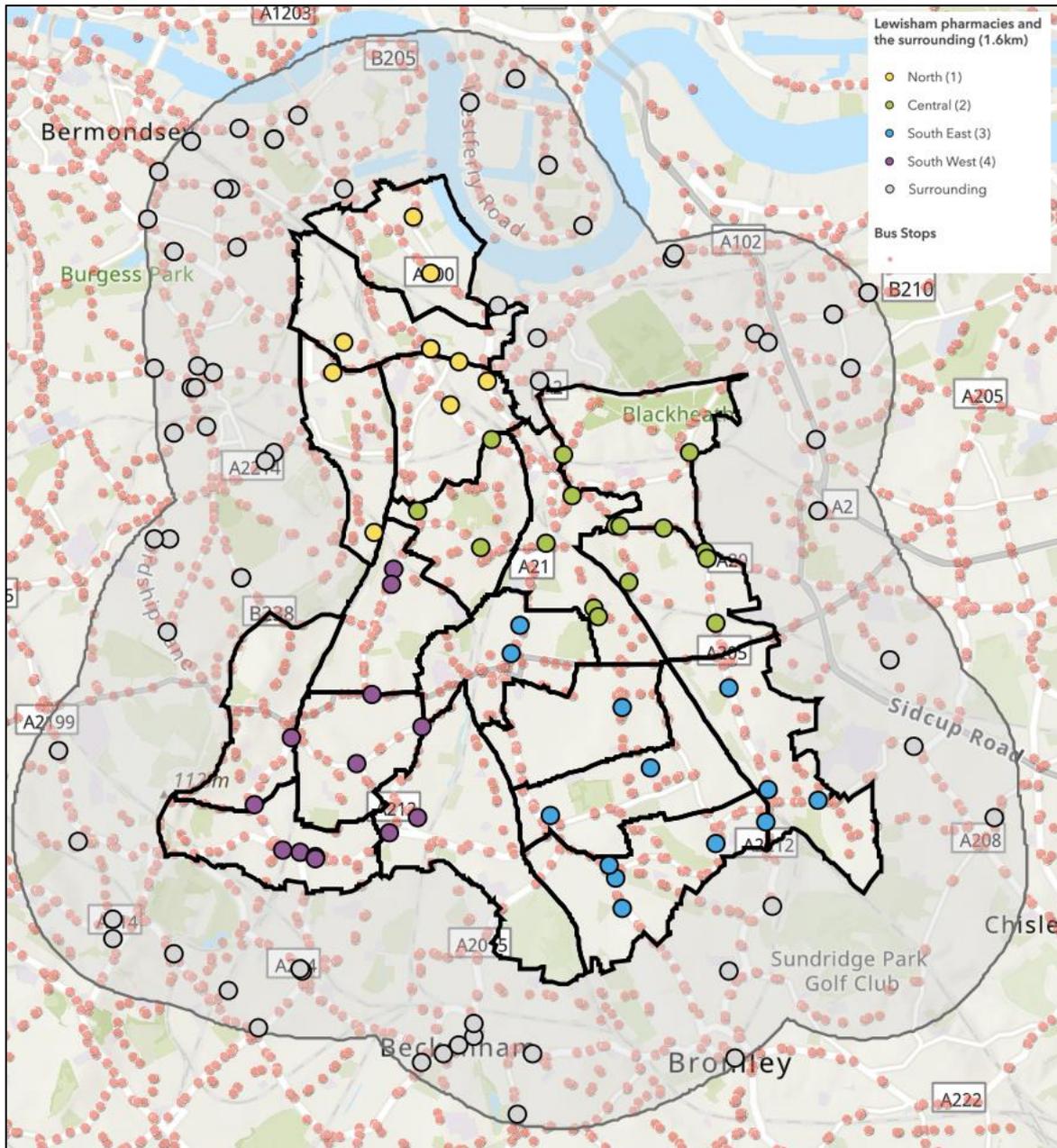
**Figure 21 Walk time to nearest pharmacy in Lewisham or surrounding areas (minutes)**

Walking Time use a fixed speed of 5 kilometres per hour (3.1 miles per hour) and follow pedestrian walkways as well as designated streets (while ignoring rules that affect automobiles, such as one-way streets).



There are 305,309 Lewisham residents and 68% of them can access to their nearest pharmacy in Lewisham or surrounding areas in 5 minutes by walking, and 94% of them can access to their nearest pharmacy in Lewisham or surrounding areas in 10 minutes by walking. 100% of the Lewisham residents can access to their nearest pharmacy in Lewisham or surrounding areas in 16 minutes by walking. Of those living in neighbouring areas, 35,328 residents can access their nearest pharmacy in Lewisham in 10 minutes by walking.

**Figure 22 Bus stops and nearest pharmacy in Lewisham or surrounding areas (1.6 km)**



Bus stops are available near to all pharmacies in Lewisham. If a resident wishes to travel by public transport on a weekday afternoon, 71% of total Lewisham residents will be able to reach to the nearest pharmacy in 5 minutes, and 100% will be able to reach in 15 minutes.

## 6 Other NHS Services

### 6.1 Other NHS services that may reduce the demand for pharmaceutical services

#### 6.1.1 Hospital pharmacies

There are hospital pharmacies within Lewisham.

#### 6.1.2 GP practices

There are GP practices within Lewisham that prescribe and administer prescription items (personally administration of items).

#### 6.1.3 GP out of hours service

There are GP out of hours service within Lewisham that may give a course of treatment rather than a prescription.

#### 6.1.4 Public health services commissioned by the local authority

There are no public health services commissioned by the local authority that may reduce the demand for pharmaceutical services in Lewisham.

#### 6.1.5 Prison pharmacy services

There are no prison pharmacy services within Lewisham.

#### 6.1.6 Flu vaccination by GP practices

While GP practices provide flu vaccination in Lewisham, pharmacies in Lewisham also provide flu vaccination and it will not necessarily reduce the demand for pharmaceutical services in Lewisham.

#### 6.1.7 Substance misuse services

There are no substance misuse services within Lewisham that are directly commissioned by the CGL (Change Grow Live) Lewisham. There is one substance misuse service provider who has her own prescribing code.

## 6.2 Other NHS services that may increase the demand for pharmaceutical services

Activity data is not available from all these services. We are therefore not able to analyse whether there is a net increase or decrease in demand for pharmacy services in Lewisham.

### 6.2.1 GP out of hours services (where a prescription is issued)

There are GP out of hours services within Lewisham where a prescription is issued but do not administer prescription items themselves and need to be dispensed by the pharmacies.

### 6.2.2 Walk-in centres and minor injury units (where a prescription is issued)

There are no walk-in centres and minor injury units within Lewisham.

### 6.2.3 GP extended access hubs

There are GP extending access hubs within Lewisham where a prescription is issued and needs to be dispensed by the pharmacies.

### 6.2.4 Public health services commissioned by the local authority

There are currently four public health services commissioned by the local authority that may increase the demand for pharmaceutical services in Lewisham. These services are vitamin D, supervised consumption for opiate substitution therapy, needle exchange, and emergency hormonal contraception. NHS health checks are not currently taking place in pharmacies, but future providers will be working with pharmacies to facilitate this.

### 6.2.5 Community nursing prescribing

There is community nursing prescribing within Lewisham where a prescription is issued and needs to be dispensed by the pharmacies.

### 6.2.6 Dental services

There are dental services within Lewisham where a prescription is issued and needs to be dispensed by the pharmacies.

### 6.2.7 End of life services

There are end of life services within Lewisham where a prescription is issued but not administer prescription items themselves and need to be dispensed by the pharmacies.

### 6.2.8 Services that have been moved into the primary care setting

There are services that have been moved into the primary care setting within Lewisham where a prescription is issued but do not administer prescription items themselves and need to be dispensed by the pharmacies.



## 7 Stakeholder Engagement

### 7.1 General stakeholder engagement

#### 7.1.1 Introduction

Pharmacies are an important asset within local communities offering several NHS services. Public health was transferred to local government under the Health and Social Care Act 2012. Therefore, since 2013, local authorities have been responsible to implement the government's strategies for improving the health of their local populations.

#### 7.1.2 Why public engagement and consultation is important?

PHAST was commissioned by the Lewisham council to develop its current PNA and consult and engage with stakeholders. Public involvement in commissioning enables residents to voice their views, needs and wishes, and to contribute to plans, proposals, and decisions about the services available in their local communities. The National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), Integrated Care Board (ICB) and NHSE/I have duties to involve the public in commissioning (under sections 14Z2 and 13Q respectively). The local authorities also have a duty to consult and involve residents in planning and commissioning.

### 7.2 Outline methodology of stakeholder engagement

#### 7.2.1 Aims

The aims of the consultation and engagement are:

1. To encourage constructive feedback from key professional stakeholders and communities throughout the PNA process. This includes ensuring good stakeholder engagement during the statutory PNA formal consultation, which lasts for a minimum period of 60 days.
2. To ensure a wide range of key public stakeholders offer opinions and views on what is contained within in the draft PNA.

#### 7.2.2 Process

To meet Aim 1 above, PHAST set up a stakeholder advisory group for the PNA to give advice from the start of the process. The Terms of Reference for the PNA stakeholder advisory board is given in



## Appendix I – Terms of Reference.

The advisory group identified two separate processes which were needed to satisfy Aim 2 as follows:

- A statutory consultation on the draft PNA as set out in the PNA regulations.
- A wider engagement with local communities and residents to get their views on the services offered by local pharmacies and their experiences of using the pharmacies.

Please see Appendix H – Draft Statutory PNA Consultation Process for details regarding the statutory consultation.

### 7.3 Pharmacy/Contractor Survey

The Lewisham Pharmacy Contractor Survey was conducted to inform the PNA. The survey was developed and refined to ensure the Public Health lead as well as the LPC lead were all in agreement with its content. It covered the full range of topic areas relating to the development of community pharmacies. The online survey was hosted and managed by the Local Pharmaceutical Committee (LPC) team, with PHAST project manager's support.

All Lewisham pharmacies were invited to take part by way of an invitation letter, which was emailed by the LPC to each pharmacy. The survey was open between beginning of May 2022 – mid-July 2022 and during this period weekly email reminders and phone calls were sent out/made to those who had not responded. The closing date was then extended by three weeks to optimise the response rates. At the time of survey, there were 52 pharmacies in Lewisham. Total of 41 pharmacies completed the survey, giving the overall response rate of 79%. However, 2 pharmacies have skipped more than half of the questions in the survey, and this is noted in the findings below.

The survey findings were as follows (These describe the 41 pharmacies who responded):

#### **Pharmacy details and contact details**

- Out of 41 pharmacies that completed the survey, 9 were from North (1), 14 were from Central (2), 9 were from South East (3), and 9 were from South West (4).
- 14 pharmacies reported to be entitled to Pharmacy Access Scheme payments and 31 pharmacies hold a Local Pharmaceutical Services (LPS) contract.

#### **Accessibility/facilities**

- All pharmacies reported to have a bus stop within walking distance. The majority of them (34/40) reported to take less than 2 minutes of walking time to the bus stop. All pharmacies were reported to take no more than 5 minutes of walking time to the bus stop.
- The majority of pharmacies (33/41) have a place for parking for disabled customers within 10 metres of their pharmacy (with a blue badge). The majority of pharmacies (32/41) have an entrance suitable for wheelchair access unaided. 40 pharmacies have all areas of the pharmacy floor accessible by wheelchair.

- More than half of pharmacies have large print labels/leaflets (28/41). Just under half of pharmacies have wheelchair ramp access (18/41). Just under a quarter of pharmacies have automatic door assistance (9/41) and bell at front door accessible to a wheelchair user (9/41). Small number of pharmacies have disable toilet facility (4/41), hearing loop (7/41), handrails (4/41), removable ramp (4/41), and internet pharmacy (1/41). Three pharmacies have no other facilities in the pharmacy aimed at helping disabled people accessing their services.
- Just over a third (12/41) have toilets that patients can access for screening or for patients attending for consultations.
- There is a good provision of, and access to pharmaceutical services for vulnerable groups and specific populations (e.g. those with mobility disability) in Lewisham.

### **Consultation facilities**

- 34 pharmacies have a consultation room including wheelchair access, and 5 pharmacies have a consultation room without. All 39 pharmacies with a consultation room says it is a closed room.
- The majority of pharmacies (28/39) have consultation facilities with seating for 3 people and have a computer terminal (36/39). All 39 pharmacies with consultation facilities have a bench or table and have hand washing facilities either in or close to the consultation area.
- A small number of pharmacies (3/39) have access to an off-site consultation area and just under a half of the pharmacies (16/39) are willing to undertake consultations in patient's home / other suitable site.
- There is a good provision of, and access to pharmaceutical services for vulnerable groups and specific populations (e.g. those with mobility disability) in Lewisham.

### **Pharmacist availability**

- More than a third of pharmacies (15/39) normally have two or more pharmacists on duty at any time during the week. Most of those pharmacies said it is to give additional support to dispensary in busy periods, to relieve pharmacist for administration work, and to provide support for additional services such as medication review.
- More than half of the pharmacies (27/39) said their pharmacists have special interests. All of these pharmacies said these interests are flu vaccinations and just under half of them said healthy Living Pharmacist, including goal setting, health coaching.

### **Staff languages spoken**

- More than half of pharmacies (33/39) said their regular pharmacists are fluent in a foreign language. Gujarati is the most spoken language by the pharmacists (16/33) and Hindi is the second most spoken (10/33).
- There is a good provision of, and access to pharmaceutical services for vulnerable groups and specific populations (e.g. those with English as second language) in Lewisham.

### **Services**

- Almost all pharmacies (38/39) reported to participate in mandatory health campaigns. Most of them participate in winter pressures (stay well this winter), smoking, and obesity.
- More than a third of the pharmacies (24/39) dispense all types of appliances. Five pharmacies do not dispense any appliances.

### **Advanced services: non-covid**

- All pharmacies (39/39) provide the following advanced services: New Medicine Service. Most of pharmacies provide Seasonal Influenza Vaccination Service (35/39) and Community Pharmacist Consultation Service (38/39). More than half of pharmacies provide Hypertension Case-Finding Service (25/39), and about a third of pharmacies provide Stop Smoking Service (14/39).
- Other advanced services that were only provided by a few pharmacies were: Appliance Use Review (4/39), Stoma Appliance Customisation (1/39) and Hepatitis C Antibody Testing Service (1/39). Though many pharmacies intend to begin these advanced services within next 12 months: Appliance Use Review (8/39), Stoma Appliance Customisation (7/39) and Hepatitis C Antibody Testing Service (11/39).
- Please see Table 28 for advanced services offered by localities after including non-responded pharmacies' information. There is only one pharmacy currently providing Hepatitis C Antibody Testing Service, two for Stoma Appliance Customisation and four for Appliance Use Review.
- There are no gaps in the provision of New Medicine Service, Flu Vaccination Service, Community Pharmacist Consultation Service, Hypertension Case-finding and Smoking Cessation Advanced Service across the whole borough.

### **Enhanced services**

- The following enhanced services (general) are currently provided under contract with local NHS England Team: Bank holiday (Christmas and Easter Sunday) service, and Bank holiday (other bank holidays) service.
- Pharmacists were asked whether they would be willing to provide some of the enhanced services (general) in the future. Although there is no pharmacy currently providing Chlamydia Treatment Service under contract with local NHS England Team, more than 70% of the pharmacies responded that they are willing to provide if commissioned (28/39). Other services that a large number of pharmacies stated they would be willing to provide, if commissioned, include Antiviral Distribution Service for Influenza (29/39), Head Lice Eradication (27/39), Not Dispensed Scheme (26/39), Language Access Service (26/39), Chlamydia Testing Service (26/39), Body Weight Assessment (26/39), Alcohol Screening and Brief Intervention (26/39) and Independent Prescribing Service (26/39).
- No enhanced services (Disease Specific Management Service) are currently provided under contract with local NHS England Team. More than 70% of pharmacies states that they are willing to provide all types of Disease Specific Management Service, if commissioned.
- The following enhanced services (vaccination) are currently provided under contract with local NHS England Team: London flu service, and Covid-19 vaccination service. A large number of pharmacists stated they would be willing to

provide, if commissioned, include Childhood vaccinations (27/39) and Hepatitis (at risk workers or patients) vaccinations (28/39).

- There are no gaps in the provision of enhanced services across the whole borough.
- Pharmacies in Lewisham has been adequately responding to the changing needs of the Lewisham community. This is evident in how they are willing to provide most of the enhanced services (general, Disease Specific Management Service, vaccination), if commissioned.

### **Locally commissioned services**

- Some pharmacies provide locally commissioned services under contract with Integrated Care Board (ICB): Minor Ailment Scheme (15/39), Emergency Palliative Care Medicine Service (3/39), and Monitored Dosage System (MDS)/Medication Administration Records (MARS) Service (1/39).
- Some pharmacies provide locally commissioned services under contract with local authority led by public health: Supervised Administration Service (opioid substitution) (13/39), Needle and Syringe Exchange Service (2/39), Emergency Contraception Service (10/39).
- When cross-referenced with ICB's data, 40 pharmacies (40/52) are contracted to provide Minor Ailment Scheme, 5 pharmacies (5/52) are contracted to provide Emergency Palliative Care Medicine Service and 47 pharmacies (47/52) are contracted to provide Monitored Dosage System (MDS)/Medication Administration Records (MARS) Service. Please see Appendix B: Locally Commissioned Services (10.3).
- When cross-referenced with local authority data, 49 pharmacies provide vitamin D service, 30 pharmacies provide supervised consumption for opiate substitution therapy, 8 pharmacies provide needle exchange, 17 pharmacies provide and emergency hormonal contraception. Please see Appendix B: Locally Commissioned Services (10.3).
- There are no gaps in the provision of locally commissioned services across the whole borough.
- Pharmacies in Lewisham has been adequately responding to the changing needs of the Lewisham community. This is evident in how they are willing to provide most of the locally commissioned services, if commissioned.

### **Non-commissioned services**

- Most of pharmacies (33/39) provide collection of prescriptions from GP practices and provide monitored dosage systems (excluding those provided under the Equality Act) free of charge on request (33/39) (commissioned by the Integrated Care Board (ICB)).
- Only a few pharmacies provide monitored dosage systems with charge (self-filled) (8/39).

- Many pharmacies deliver dispensed medicines to vulnerable patient groups (34/39), and deliver dispensed medicines free of charge on request (33/39).
- All wards in Lewisham have at least 5 pharmacies that deliver the dispensed medicines, except Telegraph Hill (2/36).
- There is a good provision of, and access to pharmaceutical services for vulnerable groups and specific populations in Lewisham.

### **Diagnostic services**

- About one-third of pharmacies provide diagnostic services (13/37). BMI (11/13), Height (10/13) and Waist (7/13) were the most provided diagnostic services.

### **Covid-19 specific services**

- Pandemic delivery service (36/37) and Covid-19 lateral flow device distribution service (37/37) were provided during the Covid-19 pandemic by most pharmacies. However, only one pharmacy (1/37) provided Covid-19 Antiviral treatments to eligible patients such as Molnupiravir.
- Small number of pharmacies stopped offering any services during the Covid-19 pandemic (6/37) mainly due to commissioning being halted in some cases. Blood pressure checks, and NHS Health Checks were some of the services that were stopped.
- The response by community pharmacy teams during the COVID pandemic has been rightly recognised as one of a handful of healthcare professionals that remained open to the general public without any appointments or triage.
- This represented a considerable challenge whilst ensuring the safety of pharmacy teams and the communities they served. Taking the teachings from across the world, pharmacies were adapted to configure infection control within pharmacies for example, one-way systems within the pharmacy, Perspex barriers and alcohol disinfection stations.
- Services commissioned by the ICB were not paused during Covid-19 and pharmacies were commissioned to provide the following additional services during Covid-19: COVID-19 vaccinations, Community Pharmacy Vaccine Champions, and Emergency Palliative Care Medicine Service.
- The Local Pharmaceutical Committee was engaged with commissioners at national, regional and local levels to advise on the pressures that pharmacy teams were under and offering solutions for example, relaxation in regulations to allow pharmacies to close for an hour to allow pharmacy teams to rest and recover. During the pandemic, there was considerable collaboration between commissioners and contractors which led to innovative solutions and services such as the award-winning Community Pharmacy COVID Champion service.
- The pandemic has demonstrated the adaptability of community pharmacy to deliver business as usual and take on other services. The delivery of immunisations has been example which has highlighted the agility of the sector, with a record number of influenza vaccinations being delivered in community pharmacy in the past 2 years.
- Pharmacies remained at the forefront as an accessible healthcare service for patients who could not otherwise access healthcare readily elsewhere. Pharmacies continued to remain open throughout the pandemic and adapted by

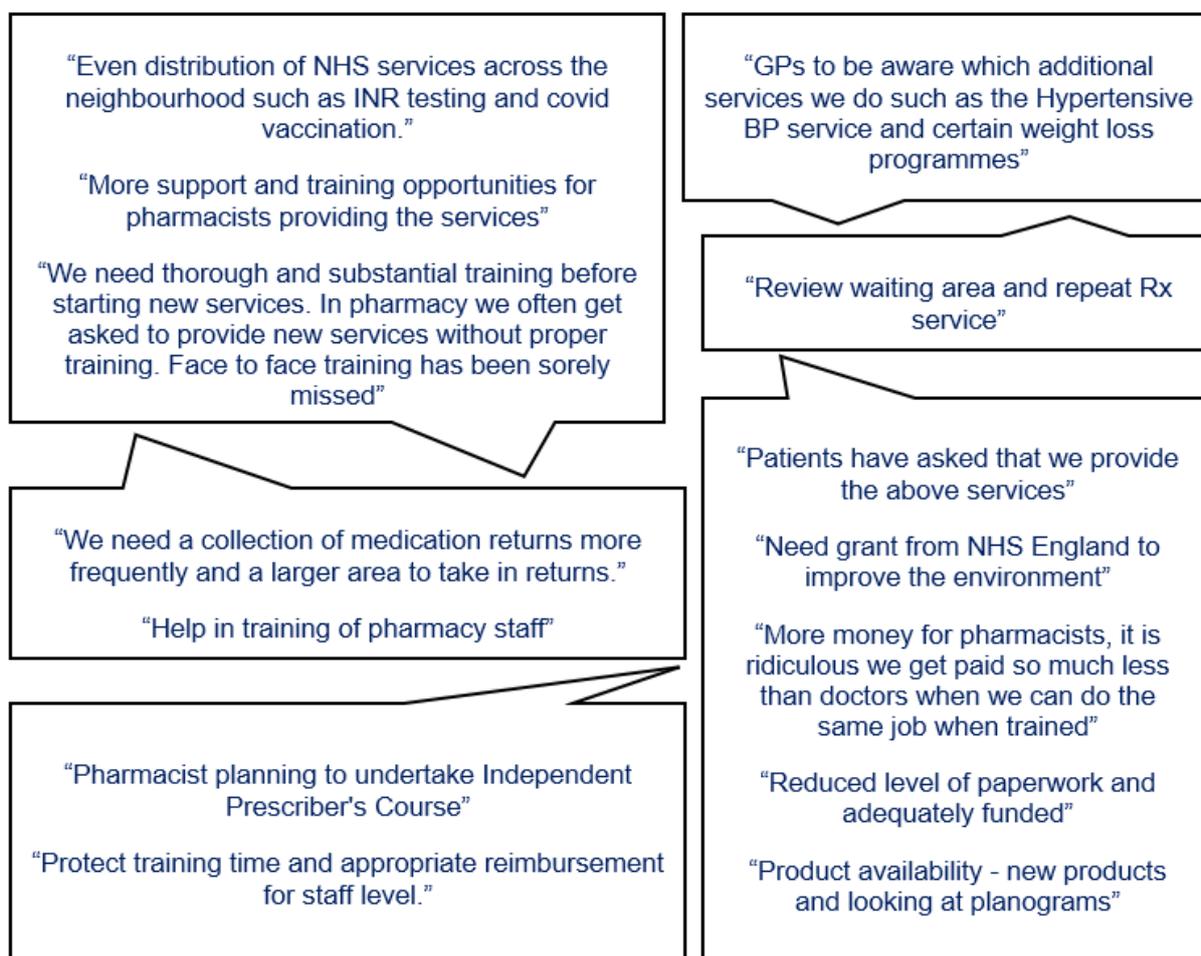
managing patient flow into the pharmacy whilst adhering to social distancing rules as mandated. Pharmacies were able to rapidly stand-up additional services commissioned on request.

- Pharmacies were a vital and integral healthcare provider leading the response to the pandemic.
- However, the pandemic has underlined the need for infrastructure investment in community pharmacy to be able to take the sector to the next level of service delivery.

### Information technology

- All pharmacies have computers that can access the internet and a printer that will print A4 size of paper. Almost all pharmacies have good IT facilities for accessing dispensary software, accessing internet while PMR system is running, accessing NHS Summary Care Records.
- All pharmacies have the electronic prescription service and are Release 2 enabled.
- When asked to add any further comments/suggestions pharmacies would like to make to improve pharmacy services, following key comments were made:

**Figure 23 Further comments/suggestions by pharmacies**





For a detailed review of the survey responses please see



Appendix D – Pharmacy/Contractor PNA Survey.

## 7.4 Pharmacy Users Views - Community Pharmacy Patient Questionnaire Highlights

The final question in the survey asked the pharmacies the following – “All pharmacies are required to conduct an annual Community Pharmacy Patient Questionnaire (CPPQ). Using the results from your most recent CPPQ please identify the five most frequent requests from patients as either improvements or additions to your services.”

Most of the CPPQ survey were completed between 2020-2022 (26/34), and had 50-150 number of respondents (27/32). For a summary of the key findings from the pharmacies CPPQ results in Lewisham, please see the word cloud on the following page.

Figure 24 CPPQ results (Word Cloud)



## 7.5 Public Survey: have your say on pharmacy services

The public survey: have your say on pharmacy services in Lewisham was held between beginning of May 2022 – end-June 2022. The design of the public survey was approved by the PNA steering group and made available in accessible formats to optimise responses from those people living in Lewisham with protected characteristics that were related to ability to read and complete surveys. Consultation hub Lewisham - Citizen Space was used to collect responses.

Details about the public survey results are described in Appendix E – Public PNA Survey. Overall, 129 participants completed the survey, and more than 98% were Lewisham residents. Most of the respondents were from SE6 (postcode) or SE13. Majority of the respondents were female (78%) and age group of 45-74 (66%). About 59% of the respondents identified themselves as White British. Around 31% of the respondents consider themselves to have a disability and Hidden disability: Diabetes was declared from 64% of the respondents who said to have a disability.

The survey findings were as follows:

- The majority (95%) of the respondents use a pharmacy in Lewisham. Using a pharmacy one a month was the most common usage by the respondents (50%).
- Most of the respondents said they use the local pharmacy to collect prescribed medication (97%). Many used their local pharmacy for advice (33%) and to buy medication that doesn't need a prescription (over the counter medicines) (58%).
- More than half of the respondents use the same pharmacy on a regular basis (73%).
- More than half of the respondents usually walk to their pharmacy (78%), and it takes no more than 10 minutes (66%).
- A quarter of the respondents said there is a more convenient or closer pharmacy that they do not use (33%).
- For weekdays, mornings (36%) and afternoon (31%) were the most convenient time for respondents to access as pharmacy.
- For Saturday, mornings (63%) and afternoon (28%) were the most convenient time for respondents to access as pharmacy.
- For Sunday, mornings (47%) and afternoon (27%) were the most convenient time for respondents to access as pharmacy.
- Collecting prescriptions (91%) or repeat prescriptions (93%), buying over the counter medicines (93%) and advice from your pharmacist (91%) were the most selected services that the respondents have used from the pharmacy.
- Most of the respondents wanted to have different public health and/or clinical services offered by the pharmacy, however, services that were not sure or not wanted by the majority of respondents were needle exchange (no: 18%, don't know: 51%), stopping smoking/nicotine replacement therapy (no: 24%, don't know: 35%) and supervised consumption of methadone and buprenorphine (no: 22%, don't know: 46%).
- Majority of the respondents were satisfied or very satisfied with the opening times (79%), consultation rooms (42%), and medicines review and advice (47%).

When we asked the respondents of the public survey if they have any other comments, they wished to make about any other service provision, many commented: Often doesn't have the medicine I need, dispensing medicines can be slow, and customer service can be improved.

**Figure 25 Feedback: Any other comments you wish to make about any other service provision?**



When we asked the respondents of the public survey how could we make better use of pharmacies in Lewisham as a local health resource, many comments proposed: better promotion of services that pharmacies offer, provide vaccination services, and offer training to pharmacies to improve their provision of services.

**Figure 26 Feedback: How could we make better use of pharmacies in Lewisham as a local health resource?**



When we asked the respondents of the public survey how new services would you like pharmacies in Lewisham to provide in the future, many comments proposed: health advice (face to face consultation and/or virtual), vaccinations services, more health checks/tests to be available, and better access (opening hours, parking spaces etc).

**Figure 27 Feedback: What new services would you like pharmacies in Lewisham to provide in the future?**



When we asked the respondents of the public survey how their use of their pharmacy has changed since the Covid-19 pandemic, many commented: visited to collect Covid-19 tests and advice, used online pharmacy methods or increased reliance on home delivery, used masks or other protections when using the pharmacy. Many also commented that there was no or very little change.

**Figure 28 Feedback: Please tell us how your use of your pharmacy has changed since the Covid-19 pandemic.**



## 7.6 Meeting the needs of specific populations within society

The overall intention of a PNA is to assess current access to pharmacy services and identify any service areas that may need improving – this outcome should impact disadvantaged groups in a positive manner. The PNA is expected to have a positive impact on protected groups as it seeks to highlight service gaps and encourage better provision of pharmaceutical services. The PNA is unlikely to have a high differential impact on any particular group with relevant protected characteristics, which include age, disability, sex, gender identity, race, sexual orientation and disability.

### **Age:**

Age has an influence on which medicine and method of delivery is prescribed. Older people have a higher prevalence of illness and take many medicines. The medicines management of older people is complicated by multiple disease, complex medication regimes and the aging process affecting the body's capacity to metabolise and eliminate medicines from it. Younger people, similarly, have different abilities to metabolise and eliminate medicines from their bodies. The PNA can provide how pharmacies are supporting the safe use of medicines for children and older people, as well as optimisation of the use of medicines, support with ordering, re-ordering medicines, home delivery to the housebound and appropriate provision of multi-compartment compliance aids and other interventions such as reminder charts to help people to take their medicines.

### **Disability:**

Where the patient is assessed as having a long term physical or mental impairment that affects their ability to carry out everyday activities, such as managing their medication, the pharmacy contract includes funding for reasonable adjustments to the packaging or instructions that will support them in self-care. The PNA can provide information and identify issues around access to pharmacy services and types of services provided and how they are complying with the Equality Act 2010. The PNA specifically addresses access to pharmacies for individuals with physical /sensory disabilities. Pharmacies that do not offer disabled access will be identified.

### **Gender and gender identity:**

Pharmacies can provide specific conception or contraception related services to women. Men are less likely to access healthcare services. The PNA can provide information and identify issues around access to pharmacy services and types of services provided by gender. Pharmacies can provide necessary medicines and advice on adherence and side effects related to gender reassignment. The PNA can provide information and identify issues around access to pharmacy services and types of services provided related to gender reassignment.

### **Race, ethnicity and nationality:**

Language can be a barrier to delivering effective advice on medicines, health promotion and public health interventions. The PNA can provide information and identify issues around access to pharmacy services and types of services provided



to accommodate different language needs. The survey specifically addresses the languages offered by pharmacy staff.

**Religion or belief:**

Pharmacies can provide advice to specific religious groups on medicines derived from animal sources and taking medicine during periods of fasting. The PNA can provide information and identify issues around access to pharmacy services and types of services provided by religion or belief.

**Pregnancy and maternity:**

Pharmacies sell pregnancy tests and can provide advice to pregnant mothers on medicines and self-care. They have the expertise on advising which medicines are safe for use in pregnancy and during breast feeding. The PNA report can provide information and identify issues around access to pharmacy services and types of services provided in regard to pregnancy and maternity.

**Sexual orientation:**

Access to private consultation rooms is a factor that is considered important in respect of this protected characteristic. The PNA specifically addresses confidentiality and addresses whether the pharmacy has a room where individuals can have a confidential discussion with the pharmacist. The PNA report will provide information and address access to confidential pharmacy services.

## 8 Conclusions

The Lewisham HWB has updated the information in relation to pharmacy services in its borough as well as information regarding changes in pharmacy services. In addition, the HWB has reviewed the current health needs of its population in relation to the number and distribution of the current pharmacies in the borough and those pharmacies in neighbouring boroughs adjoining the borough of Lewisham. 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 are defined as essential services. The advanced, enhanced and locally commissioned services are considered relevant services as they contribute towards improvement in provision and access to pharmaceutical services.

When assessing the provision of necessary services in Lewisham, the following have been considered:

- The maps showing the location of pharmacies within Lewisham and the Index of Multiple Deprivation
- The number, distribution and opening times of pharmacies within Lewisham
- Pharmacy locations across the border
- Population density in Lewisham
- Projected population growth
- The ethnicity of the population
- Neighbourhood deprivation in Lewisham
- Location of GP practices
- Location of NHS Dental contractors
- Results of the public questionnaire
- Proposed new housing developments

Based on the latest information on the projected changes in population of the HWB area within its geographical area over the next three years, alongside the latest information regarding building plans and expected additional population increases during this time, the HWB has concluded that the current pharmacy services are adequate and have a good geographical spread, particularly covering those areas of higher population density.

The detailed conclusions are as follows (key types of pharmacy services are specifically detailed below).

## 8.1 Necessary Services (Essential Services)

- No gaps have been identified in necessary services (essential services) that if provided either now or over the next three years would secure improvements, or better access, to essential services across the whole borough.
- There is no gap in the provision of necessary services (essential services) during normal working hours across the whole borough.
- There are no gaps in the provision of necessary services (essential services) outside of normal working hours across the whole borough.

## 8.2 Advanced Services

- Only a few pharmacies reported they were providing Stoma Appliance Customisation, Appliance Use Review and Hepatitis C Antibody Testing Service, this could be seen as a gap in Advanced services; however, 7 pharmacies in Lewisham stated they intend to provide Stoma Appliance Customisation within the next 12 months. If in 12 months there are 7 pharmacies providing this service in Lewisham, there will be no gaps in the provision of advanced services over the next three years that would secure improvement or better access to advanced services across the whole borough.
- There are no gaps in the provision of other advanced services across the whole borough.

## 8.3 Enhanced Services

- No gaps have been identified that if provided either now or in the future would secure improvements, or better access to enhanced services (relevant services) across the whole borough.
- There are no gaps in the provision of enhanced services across the whole borough.

## 8.4 Locally Commissioned Services

The conclusions reached in this PNA report include assessments that have addressed relevant protected characteristics of groups living in the borough localities in relation to access to pharmacies. The assessments show no evidence of any overall differences between or within the localities in Lewisham.

- There are no gaps in the provision of locally commissioned services (relevant services) at present or over the next three years that would secure improvement or better access to locally commissioned services across the whole borough.
- There are no gaps in the provision of locally commissioned services across the whole borough.

- Pharmacies in Lewisham has been adequately responding to the changing needs of the Lewisham community. This is evident in how they responded during the Covid-19 pandemic and how they are willing to provide most of the enhanced and locally commissioned services, if commissioned. In addition, there is a good provision of, and access to pharmaceutical services for vulnerable groups and specific populations (e.g. those with mobility disability, do not speak English as their first language, need further support to pick up prescriptions from the GP surgeries) in Lewisham.
- There are three 100-hour community pharmacies in the borough (5.8% of the total), higher than the figure for London (5.6%), but lower than England (9.4%). There is one 100-hour pharmacist in the North area and two 100-hour pharmacists in the Central area. There are no 100-hour community pharmacies in the south-east or south-west areas. It is recommended that these areas should be kept under close review.
- The opening hours of pharmacies on Sundays is low especially in the south-east and south-west areas. It is recommended that these areas should be kept under close review.

The conclusions reached in this PNA report include assessments that have addressed protected characteristics of groups living in the borough localities in relation to access to pharmacies. The assessments show no evidence of any overall differences between or within the localities in Lewisham.

- Based on the review of building plans and population projections, there may be a need to review the level of pharmacy services in specific places in the borough in the period up to 2025.
- The population growth is expected to increase within Lewisham and planned housing is expected to meet this demand, the timing of the planning permission may be outside the scope of this PNA. Notwithstanding that, the PNA has demonstrated that there is sufficient capacity within Lewisham pharmacies to absorb this expected growth. Lewisham HWB will monitor pharmacy service provision in the areas of development and expected population growth.
- Regular reviews of all the above services are recommended in order to establish if in the future whether changes in these services will secure improvement or better access to pharmacies across the whole borough.
- Whether there is sufficient choice of pharmacy in Lewisham has been reviewed, it was decided there was sufficient choice of pharmacy in Lewisham. London boroughs have a greater choice of pharmacy provider compared to many other areas in England.
- Lewisham recognises that there may continue to be developments in pharmacy provision that is different from the high street pharmacies, for example, online prescriptions or pharmacists working more closely with primary care.

## Key to Services

**Necessary services** (essential services) are commissioned by NHS England and are provided by all pharmacy contractors. These are services which every community pharmacy providing NHS pharmaceutical services must provide and is set out in their terms of service – these include the dispensing of medicines, promotion of healthy lifestyles, Discharge Medicines Service (DMS) and support for self-care. Distance-selling pharmacy contractors cannot provide essential services face to face at their premises.

**Advanced services** (relevant services) are commissioned by NHS England and can be provided by all contractors once accreditation requirements have been met. These services include Appliance Use Review (AUR), New Medicine Service (NMS), Stoma Appliance Customisation (SAC), Flu Vaccination Service, Hepatitis C Testing, Community Pharmacist Consultation Service (CPCS), Hypertension Case-finding and Smoking Cessation Advanced Service.

**Enhanced services** (relevant services) commissioned by NHS England are pharmaceutical services, such as London flu service, Bank holiday service – Christmas and Easter Sunday, Bank holiday service – other bank holidays, Covid-19 vaccination service.

**Locally commissioned services** (relevant services) are commissioned by local authorities led by public health and Integrated Care Board (ICB) (formally a Clinical Commissioning Group (CCG)) in response to the needs of the local population.

## 9 Appendix A – PNA Formal Consultation Methodology

### 9.1 Lewisham PNA Formal Consultation methodology

A formal consultation and a wider resident survey on local pharmacies was conducted between 30th August and 15th November 2022. A letter (Figure 29) for the formal consultation was sent to stakeholders

The PNA formal consultation process including the formal consultation questionnaire was approved by the PNA steering group. Consultation hub Lewisham - Citizen Space Survey was used to collect responses.

The Formal Consultation questionnaire are provided below (9.2).

The draft PNA documents were uploaded on the local authority website with the Citizen Space Survey links.

- **A PNA executive summary and conclusion (short version) was produced in addition to the draft PNA report.**
- **The communications team at the borough sent out communications about the consultation and survey through their normal channels.**
- **The communications plan for the consultation and survey is provided in Table 18 and Table 19 respectively.**

### 9.2 Summary Lewisham Formal Consultation findings

- 2 individuals (one on behalf of an organisation) responded to the formal Lewisham PNA consultation.
- As there were only two respondents, responses were not reflective of Lewisham population structure and localities.
- All respondents mostly agreed with the final recommendations of the PNA.
- All respondents stated that the document clearly explains the purpose of the PNA.
- One respondent thought all the right methods have been used to create the PNA. One respondent stated that the methods are not quite right.
- One respondent stated that overall, the PNA shows a good understanding of the health and wellbeing needs of people in Lewisham and its localities. One respondent stated it does not.
- All respondents stated that the PNA accurately describes community pharmacies as they exist at present in Lewisham.
- One respondent stated that overall, the PNA does not give an accurate description of possible gaps in pharmaceutical services that might exist up to March 2025, due to a growing population and new housing developments.
- One respondent stated that overall, the PNA shows a good understanding of other relevant issues and challenges which people in Lewisham might face in using a community pharmacy. One respondent stated it does not.
- One respondent said overall the PNA gives sufficient information for the NHS, Local Authority, and other organisations use the PNA to commission to make their commissioning decisions for the next three years.



### 9.3 Lewisham Formal Consultation Questionnaire

**1. Please select the most relevant description of yourself from this list: (Select all of your choices)**

- Member of the public who is resident in Lewisham
- Member of the public who works in Lewisham
- Member of the Lewisham Council Employee
- A healthcare or social care professional
- Councillor
- Pharmacist/Other Pharmacy staff
- GP
- Primary Care Nurse/Other Nurse
- Hospital Manager/Hospital Staff
- Ambulance Service
- Other NHS Professional Other Care Professional
- Business/organisation
- Voluntary or community sector organisation
- Other – please state

**2. If responding on behalf of a business or organisation, please tell us its name (please write in box below)**

**3. To help us locate the area that your comments make reference to, please provide us with the first half of your postcode? Eg CR0**

**4. Has the purpose of the pharmaceutical needs assessment been explained?**

- Yes
- Partly
- No
- Don't know

**5. Please explain your answer: (please write in box below)**



**6. How much do you think we have used or not used the right methods to create the PNA? (Tick any one option)**

- Yes, I think all the right methods have been used
- No, I think many of the methods are not quite right
- I don't know/I am not sure about this

**7. Please tell us what we have got wrong in our methods or which better methods we could have used.**

**8. Please indicate if you think that the PNA shows a good understanding or not of the health and well-being needs of people in Lewisham and its localities. (Tick any one option)**

- Yes, I think overall the PNA shows a good understanding of this
- No, I think much of the PNA does not show a good understanding of this
- I don't know/I am not sure about this

**9. Please tell us what we have missed out or misunderstood.**

**10. How much do you think the PNA accurately or inaccurately describes community pharmaceutical services as they exist at present within Lewisham? (Tick any one option)**

- Yes, I think overall the PNA gives an accurate description of this
- No, I think much of the PNA does not give an accurate description of this
- I don't know/I am not sure about this

**11. Please tell us what we have got wrong. Also please tell us if there is a service or aspect of a service we have overlooked.**

**12. How much do you think the PNA accurately or inaccurately identifies any possible gaps in pharmaceutical services that might exist up to March 2025, due to a growing population and new housing developments, for example? (Tick any one option)**

- Yes, I think overall the PNA gives an accurate description of possible gaps
- No, I think much of the PNA does not give an accurate description of possible gaps



I don't know/I am not sure about this

**13. Please tell us what we have got wrong or anything we have missed. Please let us know if there is a local area or service need we have overlooked.**

**14. Do you consider that the PNA properly highlights other relevant issues and challenges which people in Lewisham might face in using a community pharmacy? (These could include mobility issues, access to public transport, difficulties in walking through a neighbourhood, difficulties in crossing a road, language issues, problems with hearing, problems with sight, problems with communication.) (Tick any one option)**

Yes, I think overall the PNA shows a good understanding of these

No, I think much of the PNA does not show a good understanding of these

I don't know/I am not sure about this

**15. Please tell us what we have missed out or misunderstood.**

**16. Lewisham Clinical Commissioning Group (CCCG) and Lewisham Public Health Team and similar bodies also commission (pay for) special services in pharmacies (e.g. stop-smoking services, help with minor health problems, emergency contraception). Do you think the PNA gives these bodies the right information or not to make these commissioning decisions for the next three years? (Tick any one option)**

Yes, I think overall the PNA gives sufficient information for this

No, I think much of the PNA does not give sufficient information for this

I don't know/I am not sure about this

**17. Please tell us what we have missed out or misunderstood.**

**18. How much do you agree or disagree with the final recommendations of the PNA? (Tick any one option)**

Strongly agree. I think overall the PNA gets these right

Mostly agree. I think mostly the PNA gets these right

Neither agree nor disagree



Mostly disagree. I think the PNA gets most of these wrong  
I don't know/I am not sure about this

- 19. Please tell us where we have got something wrong or missed something out.**  
**20. Please give any other comments you may have here (please write in box below)**

Equalities Monitoring

To ensure that the survey is representative of the population of the borough, please help us by filling in the information below. This will only be used for the purposes of monitoring and will not be passed on for use by third parties.

**1. What is your gender? (Please select only one option)**

- Male
- Female
- Non-binary
- Prefer not to say
- Other (prefer to self-describe)

**2. Is your gender identity the same as the sex you were assigned at birth? (Please select only one option)**

- Yes
- No
- Prefer not to say

**3. How would you define your sexual orientation? (Please select only one option)**

- Bi/bisexual
- Heterosexual/straight
- Homosexual/gay/lesbian
- Prefer not to say
- Other

**4. What age group are you in? (Please select only one option)**



- Under 16
- 16-24 years
- 25-34 years
- 35-44 years
- 45-54 years
- 55-64 years
- 65-74 years
- 74-85 years
- 85 years or over
- Prefer not to say

**5. What is your ethnic group? (Please select only one option)**

- Arab
- Arab British
- Asian Bangladeshi
- Asian British
- Asian Chinese
- Asian Indian
- Asian Pakistani
- Any other Asian background
- Black African
- Black British
- Black Caribbean
- Any other Black/African/ Caribbean Black background
- Gypsy/Traveller
- White and Asian
- White and Black African
- White and Black Caribbean
- Any other mixed background
- White British
- White Irish
- Any other White background



Other  
Prefer not to say

**6. Do you consider yourself to have a disability? Disability is defined as a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.**

Yes (please answer Q7)  
No  
Prefer not to say  
Other

**7. If 'yes' please tick all that apply that best describes your impairment. This information helps us to improve access to our services.**

Visually impaired  
Hearing impaired  
Mobility disability  
Communication difficulty  
Hidden disability: autism spectrum disorder (ASD)  
Hidden disability: attention deficit hyperactivity disorder (ADHD)  
Hidden disability: Asthma  
Hidden disability: Epilepsy  
Hidden disability: Diabetes  
Hidden disability: Sickle cell  
Prefer not to say  
Other (please specify)



**Figure 29 Copy of the Lewisham PNA Formal Consultation letter**

We are writing to you as you are listed as an important PNA consultee. We would like to invite you to provide your views on the draft Lewisham Pharmaceutical Needs Assessment that is due for publication 2022.

The purpose of the Pharmaceutical Needs Assessment is to plan for the commissioning of pharmaceutical services and to support the decision-making process in relation to new applications of change of premises of pharmacies. It is a statutory requirement for a Pharmaceutical Needs Assessment to be developed and published every three years by each area covered by a Health and Wellbeing Board.

Lewisham Council has used this electronic method of consultation to reduce the amount of paper sent out and limit the environmental impact. The draft PNA is available on the Lewisham consultation website with an online survey to collect your response. The link for the draft PNA Report (high resolution) and Survey is <https://consultation.lewisham.gov.uk/community-services/lewishampna/>

We also attach low resolution PNA Executive Summary and Full Reports for your convenience. Please share your views by completing the brief consultation questionnaire available on this link. [Online Consultation Brief Survey](#)

Please note the consultation is open from 30 August to 28 October 2022.

All feedback will be considered, and the Steering Group will advise the Health and Wellbeing Board as to which sections of the Lewisham Pharmaceutical Needs Assessment need amending so that it will be ready for final publication from 4th of November 2022.

Best wishes,

Catherine Mbema  
Director of Public Health, Lewisham Council



Lewisham PNA  
Consul...es.pdf



Lewisham PNA  
Consul...es.pdf

**Table 18 Lewisham Joint Communications Action Plan**

Stakeholders	Channel	Description	Responsible lead	Date	Complete
Local Area HWB	The Board Secretary	Board paper with draft report attached Board members and email link to consultation or collective feedback through secretary	Trish Duffy	01/09/2022	Yes
Neighbouring HWB	The Board Secretary	Email with PDF report and link to consultation	Trish Duffy	01/09/2022	Yes
Local Pharmaceutical Committee	The Secretary	Email with PDF report and link to Joint consultation	Raj Matharu	01/09/2022	Yes
Integrated Care Board (ICB)	ICB secretary	Email with PDF report and link to Joint consultation	Erfan Kidia	01/09/2022	Yes
Local Pharmacists	LPC	Email with PDF report and link to consultation	Raj Matharu	01/09/2022	Yes
Local Medical Committee	LMC Secretary	Email with PDF report and link to Joint consultation	Simon Parton	01/09/2022	Yes
GP practices	Practice manager	Email with PDF report and link to consultation	Simon Parton	01/09/2022	Yes



Lewisham Pharmaceutical Needs Assessment 2022

Acute Trusts	Chief Pharmacist and Chief Executive	Mail with PDF report and link to Joint consultation	Erfan Kidia	01/09/2022	Yes
Local HealthWatch	HealthWatch Rep on MASG	Mail with PDF report and link to consultation Presentation if asked at a HealthWatch Board meeting	Marzena Zoladz	01/09/2022	Yes
Patient Groups	HealthWatch	Mail with PDF and link to consultation	Marzena Zoladz	01/09/2022	Yes
NHSE Area Team	NHSE lead for area	Mail with PDF and link to consultation	Sally-Anne Kays	01/09/2022	Yes
South East London ICB	Board Secretary	Mail with PDF and link to Joint consultation	Erfan Kidia	01/09/2022	Yes

**Table 19 Wider Engagement and Consultation starting 30/08/2022**

Who will we engage?	How will we engage?	Who will be lead the engagement	How will we collect feedback
Patient and community groups	Through HealthWatch we will send out easy read summary and Consultation hub Lewisham - Citizen Space Survey link. We will use a standard Slide deck for presentation at Forums when requested and appropriate.	HealthWatch	Through Consultation hub Lewisham - Citizen Space Survey link We will make PDF of questionnaire available but the data will need to be entered in Consultation hub Lewisham - Citizen Space Survey link by the organiser
Resident population	Through the LA consultation channel <ul style="list-style-type: none"> <li>• <b>Advert on Council Website</b></li> <li>• <b>Resident Bulletin</b></li> <li>• <b>Libraries</b></li> <li>• <b>Screens</b></li> <li>• <b>Social Media</b></li> </ul>	LA communication lead	Through Consultation hub Lewisham - Citizen Space Survey link
Registered population	Through Integrated Care Board (ICB) consultation channel <ul style="list-style-type: none"> <li>• <b>Advert on Council Website</b></li> <li>• <b>GP screens</b></li> <li>• <b>Social Media</b></li> </ul>	LA communication lead	Through Consultation hub Lewisham - Citizen Space Survey link
Voluntary and community sector	Any stakeholder groups	LA communication and Integrated Care Board (ICB) lead	Through Consultation hub Lewisham - Citizen Space Survey link

## 9.4 Lewisham Formal Consultation log of responses

- 2 individuals (one on behalf of an organisation) responded to the formal Lewisham PNA consultation.

**Table 20 London Borough of Lewisham PNA Consultation Log 2022**

Please select the most relevant description of yourself from this list (you can select more than one). (N=2)	N
Member of the public who is resident in Lewisham	1
Member of the public who works in Lewisham	0
Lewisham Council employee	0
A healthcare or social care professional	0
Councillor	0
Pharmacist/other pharmacy staff	0
GP	1
Primary care nurse/other nurse	0
Hospital manager/hospital staff	0
Ambulance service	0
Other NHS professional/other care professional	0
Business/organisation	0
Voluntary or community sector organisation	1
Other (please specify)	0
How much do you agree or disagree with the final recommendations of the PNA? (N=2)	N
Strongly agree. I think overall the PNA gets these right	0
Mostly agree. I think mostly the PNA gets these right	2
Neither agree nor disagree	0
Mostly disagree. I think the PNA gets most of these wrong	0
Strongly disagree. I think the PNA gets all of these wrong	0
I don't know/I am not sure about this	0

Please tell us where we have got something wrong or missed something out.	Ref
See below comments.	1
To help us locate the area that your comments make reference to, please provide us with the first three digits of your postcode, eg. CR0 (N=2)	N
SE14	1
SE13	1
In your opinion, does the document clearly explain the purpose of the pharmaceutical needs assessment (PNA)? (N=2)	N
Yes	2
Partly	0
No	0
Don't know	0
Please explain your answer.	Ref
I understood the purpose of the PNA.	1
How much do you think we have used or not used the right methods to create the PNA? (N=2)	N
Yes, I think all the right methods have been used	1
No, I think many of the methods are not quite right	1
I don't know/I am not sure about this	0
Please tell us what we have got wrong in our methods or which better methods we could have used.	Ref
The area of concern is Lewisham but Lewisham is surrounded by other boroughs and people cross boundaries for services so some attention should be given to service provision within, say, a 10-minute walk of a boundary. This would give a better, more complete, view of how Lewisham people access services. Also, given the nature of community-based provision I do not think that enough thought has been given to the impact of internet service delivery on the business aspect of local provision. If the business model is undermined by internet service, then local provision will decline along with the community service built into the model.	1
Please indicate if you think that the PNA shows a good understanding or not of the health and wellbeing needs of people in Lewisham and its localities. (N=2)	N

Yes, I think overall the PNA shows a good understanding of this	1
No, I think much of the PNA does not show a good understanding of this	1
I don't know/I am not sure about this	0
Please tell us what we have missed out or misunderstood.	Ref
See the first part of the note above.	1
How much do you think the PNA accurately or inaccurately describes community pharmacies as they exist at present within Lewisham? (N=2)	N
Yes, I think overall the PNA gives an accurate description of this	2
No, I think much of the PNA does not give an accurate description of this	0
I don't know/I am not sure about this	0
Please tell us what we have got wrong. Also please tell us if there is a service or aspect of a service we have overlooked.	Ref
How much do you think the PNA accurately or inaccurately identifies any possible gaps in pharmaceutical services that might exist up to March 2025, due to a growing population and new housing developments, for example? (N=1, 1 skipped)	N
Yes, I think overall the PNA gives an accurate description of possible gaps	0
No, I think much of the PNA does not give an accurate description of possible gaps	1
I don't know/I am not sure about this	0
Please tell us what we have got wrong or anything we have missed. Please let us know if there is a local area or service need we have overlooked.	Ref
The expansion of the role into a more clinically oriented primary care health provider needs more support and experience base. Wide gap between academic attainment and practical application.	1
Vaccination service will grow and pharmacies have a crucial role in delivery. More attention needs to be given to this aspect of service and how it can be delivered safely and effectively.	2

Do you consider that the PNA shows a good understanding or not of other relevant issues and challenges which people in Lewisham might face in using a community pharmacy? (These could include mobility issues, access to public transport, difficulties in walking through a neighbourhood, difficulties in crossing a road, language issues, problems with hearing, problems with sight, problems with communication.) (N=2)	N
Yes, I think overall the PNA shows a good understanding of these	1
No, I think much of the PNA does not show a good understanding of these	1
I don't know/I am not sure about this	0
Please tell us what we have missed out or misunderstood.	Ref
An aging population requires more mobility to access service and Lewisham Council is "anti car" so part of the possible method of access is taken away which will not only isolate part of the population but make access to services such as these more difficult.	1
The NHS, Local Authority, and other organisations use the PNA to commission (decide what is needed and to purchase) special services in pharmacies (e.g. Emergency Supply Service, Chlamydia Testing Service). Do you think the PNA gives these organisations the information they need to make their commissioning decisions for the next three years? (N=1, 1 skipped)	N
Yes, I think overall the PNA gives sufficient information for this	1
No, I think much of the PNA does not give sufficient information for this	0
I don't know/I am not sure about this	0
Please tell us what we have missed out or misunderstood.	Ref
Unfortunately, chlamydia testing gets seen as a "sexual health screen" which obviously it is not	1
Please give any other comments you may have here (please write in box below).	Ref
Great Initiative ---obvious concerns about capacity and the continued need to 'refer back to gp ' any chance of a dedicated physician support to deal with the clinical complexities that arise ?	1
Equality Monitoring	
How would you describe your gender identity? (Please select only one option) (N=2)	N
Male	1



Lewisham Pharmaceutical Needs Assessment 2022

Female	1
Non-binary	0
Prefer not to say	0
Other (prefer to self describe)	0
Does your gender identity align with the sex assigned to you at birth? (Please select only one option) (N=2)	N
Yes	2
No	0
Prefer not to say	0
How would you define your sexual orientation? (please select only one option) (N=2)	N
Bi/bisexual	0
Heterosexual/straight	1
Homosexual/gay/lesbian	0
Prefer not to say	1
Other (please specify if you wish)	0
What age group are you in? (please select only one option) (N=2)	N
Under 16	0
16-24 years	0
25-34 years	0
35-44 years	0
45-54 years	0
55-64 years	1
65-74 years	0
75-84 years	1
85 years or over	0
Prefer not to say	0



Lewisham Pharmaceutical Needs Assessment 2022

What is your ethnic group? Ethnic origin: Relates to a sense of identity/belonging on the basis of race/culture, not place of birth or citizenship. (please select only one option) (N=2)	N
Arab	0
Arab British	0
Asian Bangladeshi	0
Asian British	0
Asian Chinese	0
Asian Indian	0
Asian Pakistani	0
Any other Asian background	0
Black African	0
Black British	0
Black Caribbean	0
Any other Black/African/ Caribbean Black background	0
Gypsy/Traveller	0
White and Asian	0
White and Black African	0
White and Black Caribbean	0
Any other mixed background	0
White British	1
White Irish	0
Any other White background	1
Prefer not to say	0
Other (please specify if you wish)	0
Do you consider yourself to have a disability? Disability is defined as a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities. (N=2)	N



Lewisham Pharmaceutical Needs Assessment 2022

Yes (please answer next question)	1
No	1
Prefer not to say	0
Other (please specify)	0
If 'yes' please tick all that apply that best describes your impairment. This information helps us to improve access to our services.	N
Visually impaired	0
Hearing impaired	0
Mobility disability	1
Communication difficulty	0
Hidden disability: Autism Spectrum Disorder (ASD)	0
Hidden disability: Attention Deficit Hyperactivity Disorder (ADHD)	0
Hidden disability: Asthma	0
Hidden disability: Epilepsy	0
Hidden disability: Diabetes	0
Hidden disability: Sickle cell	0
Prefer not to say	0
Other (please specify)	0

**Table 21 Detailed NHSE Responses**

Ref	NHSE comment	Steering group's decision	Report amended/resolution
1	One pharmacy has changed ownership and the details should be updated. FFE99 Brownes is now FVQ67 Thames View Health, the opening hours are the same.	Put a statement in the list of pharmacies/map.	Amended.
2	A number of pharmacies have recently amended their opening hours as detailed below; some are due to change in November, these should be updated in the PNA or consider if a supplementary statement is needed.	Reflect the changes and amend the list. Put a statement in the list of pharmacies/map that these pharmacies have recently amended/will amend their opening hours.	Amended.
3	There are also pharmacy hours that are different to those that we have listed, this is probably as the pharmacy has amended hours and has not notified us of any changes. Those listed below are the "official" hours for these pharmacies. Pharmacies should notify us if their supplementary hours have changed.	Put a statement that opening hours reported in the contractor survey was used as it is the latest data. Put a statement to inform pharmacies that any changes to opening hours should be notified to the NHSE.	Amended.
4	Page 52, the PNA notes that there is a bank holiday service but mentions only the Christmas and Easter Sunday service. There are currently 2 bank holiday services, one for Christmas and Easter Sunday and one for other bank holidays.	Clarify and put two bank holiday services in	Amended.

		enhanced services list.	
5	The HWBB to consider what it wishes to do regarding the differences in hours as noted above. Some of the pharmacies have recently amended opening hours but there is a large number that are showing different hours to that which are the official hours. These all appear to be supplementary hours and should be notified to NHS England to be updated. With the differences in hours the HWBB should consider if this makes any differences to any of the statements that they have made concerning services.	Put a statement that opening hours reported in the contractor survey was used as it is the latest data. Put a statement to inform pharmacies that any changes to opening hours should be notified to the NHSE.	Amended.
6	The PNA lists all of the services commissioned at Advanced, Enhanced or Locally Commissioned but does not appear to have an individual assessment of these within the PNA. There is also at least one service listed as locally commissioned that is an NHS England service. Please can these be checked.	Check the list with ICB and Public Health, as well as NHSE.	Amended.
7	There are a number of areas above that do not appear to have any information identified in the PNA. The HWBB is asked to check to ensure that there is nothing further that could be added in the PNA to cover these areas. <ul style="list-style-type: none"> <li>- Schedule 1, paragraph 3 – other relevant services: current provision : (c) in or outside the area of the HWB and, whilst not being services of the types described in sub-paragraph (a) or (b), or paragraph 1, they nevertheless affect the assessment by the HWB of the need for pharmaceutical services in its area.</li> <li>- What is the extent to which current service provision in the locality is adequately responding to the changing needs of the community it serves?</li> </ul>	Consult Primary care team, public health and ICB and add any planning information in the report and review the conclusion.	Amended.

	<ul style="list-style-type: none"> <li>- Is there a need for specialist or other services, which would improve the provision of, or access to, services such as for specific populations or vulnerable groups?</li> <li>- Are there known firm plans for changes in the number and/or sources of prescriptions i.e. changes in providers of primary medical services, or the appointment of additional providers of primary medical services in the area?</li> <li>- Are there known firm plans for developments which would change the pattern of local social traffic and therefore access to services, i.e. shopping centres or significant shopping developments whether these are in town, on the edge of town or out of town developments?</li> <li>- Are there plans for the development of NHS services?</li> <li>- Are there plans for changing the commissioning of public health services by community pharmacists, for example, weight management clinics, and life checks?</li> <li>- Are there plans for introduction of special services commissioned by clinical commissioning groups?</li> <li>- Are there plans for new strategies by social care/occupational health to provide aids/equipment through pharmacies or dispensing appliance contractors?</li> </ul>		
8	The HWBB may want to consider adding some further information on neighbouring pharmacies or a statement that notes that there may be too many to mention individually as currently there is no clear statement, but we can see that these have been used from the maps in the PNA.	Put a list of neighbouring pharmacies.	Amended.
9	Page 56, states that there are 4 DSPs in Lewisham, there are none. This needs to be corrected in the PNA please.	Correct the statement.	Amended.
10	There are 3 x 100 hour pharmacies, one pharmacy has incorrect hours and is in fact a 100 hour pharmacy. We have been in touch with this pharmacy to discuss this issue, the PNA will need to reflect this in the wording and the opening hours.	Incorrect hours have now been revised and all pharmacies are offering 100 hours.	Amended.



## 10 Appendix B – Pharmacy opening hours and services

### 10.1 Opening hours

The information on community pharmacies, opening hours and core/supplementary hours correlates with the data provided by the contractor survey and NHS Choices [website](#) (highlighted in green). This information is updated from time to time. Current information on individual pharmacies can be found on the NHS Choices website.

Please note Brownes Chemist (FFE99) has been taken over by Thames View Health Pharmacy (FMK45) and the opening hours are the same. We have made a statement where relevant.

A pharmacy has recently amended their opening hours as detailed below. This information was amended accordingly (highlighted in yellow).

- Perfucare (FD184) changed their opening hours on 11 November 2022

There are also some pharmacy hours reported from the contractor survey that are different to the NHS Choices website. Since the opening hours reported from the contractor survey is the most up-to-date information, the information given from the contractor survey was used for this PNA. Pharmacies should notify NHS if their opening hours are changed.

**Table 22 Opening times by pharmacy – locality: North (1)**

ODS	Pharmacy	Postcode	Type	Locality	Weekdays	Weekday Total	Saturday	Sat Total	Sunday	Sun Total	Total (week) hours
FFK83	Cheltenham Chemist	SE4 2LA	Community	North (1)	09:00-18:00 (except Thurs),09:00- 13:00 (Thurs)	40	CLOSED	0	CLOSED	0	40
FQA51	Krisons Chemist	SE14 6TJ	Community	North (1)	09:00-19:00	47.5	09:00-16:00	7	CLOSED	0	54.5
FER84	Lloydspharmacy	SE14 5UL	Community	North (1)	08:30-21:00	62.5	08:30-21:00	12.5	11:00-17:00	6	81
FWA34	Lockyer's Pharmacy	SE8 5BZ	Community	North (1)	09:00-18:00	45	CLOSED	0	CLOSED	0	45
FXJ41	New Cross Pharmacy	SE14 6LD	Community	North (1)	08:30-19:30	55	09:00-16:00	7	CLOSED	0	62
FE019	Nightingale Pharmacy	SE8 4RQ	Community	North (1)	09:00-18:00	45	09:00- 13:00,14:00- 17:00	7	CLOSED	0	52
FET97	Osbon Pharmacy	SE4 1UY	Community	North (1)	09:00-19:00	50	09:00-17:00	8	CLOSED	0	58
FJW95	Pepys Pharmacy	SE8 3QG	Community	North (1)	09:00-18:00	45	CLOSED	0	CLOSED	0	45
FPA57	Queens Road Pharmacy	SE14 5HD	Community	North (1)	08:00-22:30	72.5	08:00-22:30	14.5	08:00-21:00	13	100
FHL15	Station Pharmacy	SE14 6LD	Community	North (1)	09:00-18:30	47.5	09:30-14:00	4.5	CLOSED	0	52

**Table 23 Opening times by pharmacy – locality: Central (2)**

ODS	Pharmacy	Postcode	Type	Locality	Weekdays	Weekday Total	Saturday	Sat Total	Sunday	Sun Total	Total (week) hours
FNN90	Amin Pharmacy	SE4 2SA	Community	Central (2)	09:00-19:00	50	09:00-18:00	9	CLOSED	0	59
FDW13	Baum Pharmacy	SE13 5PB	Community	Central (2)	09:00-19:00	50	09:00-17:00	8	CLOSED	0	58
FC300	Boots Uk Limited	SE13 5JN	Community	Central (2)	08:30-17:30	45	08:30-17:30	9	11:00-17:00	6	60
FWC06	Day Lewis Pharmacy	SE13 7SX	Community	Central (2)	08:00-18:30	52.5	CLOSED	0	CLOSED	0	52.5
FK081	Ladywell Pharmacy	SE4 1JN	Community	Central (2)	08:30-20:00	57.5	09:00-12:00	3	CLOSED	0	60.5
FJK64	Lee Pharmacy	SE12 0AA	Community	Central (2)	09:00-19:00	50	09:00-18:00	9	CLOSED	0	59
FVA74	Lewis Grove Pharmacy	SE13 6BG	Community	Central (2)	09:00-18:00	45	09:00-17:30	8.5	CLOSED	0	53.5
FTF05	Lewisham Pharmacy	SE13 5PJ	Community	Central (2)	09:00-18:00	45	09:00-12:00	3	CLOSED	0	48
FNN17	Lloydspharmacy	SE12 8PZ	Community	Central (2)	07:00-23:00	80	08:00-22:00	14	11:00-17:00	6	100
FY745	Lords Pharmacy	SE12 8RG	Community	Central (2)	09:00-18:30	47.5	09:00-15:00	6	CLOSED	0	53.5
FY475	Paydens Pharmacy	SE3 0AX	Community	Central (2)	09:00-18:00	45	09:00-17:30	8.5	CLOSED	0	53.5
FJX60	Rains Pharmacy	SE13 5ND	Community	Central (2)	09:30-18:30	45	CLOSED	0	CLOSED	0	45
FQK49	Sheel Pharmacy	SE13 7PA	Community	Central (2)	09:00-19:00	50	09:00-19:00	10	CLOSED	0	60
FLY01	Sheel Pharmacy Lewisham	SE13 6JZ	Community	Central (2)	09:00-18:30	47.5	09:00-18:00	9	CLOSED	0	56.5
FNW34	Widdicombe Chemist	SE13 6RT	Community	Central (2)	09:00-18:30	47.5	09:00-15:00	6	CLOSED	0	53.5
FQP73	Woodlands Pharmacy	SE13 6RN	Community	Central (2)	07:00-21:30	72.5	07:00-21:00	14	07:00-20:30	13.5	100

**Table 24 Opening times by pharmacy – locality: South East (3)**

N.B. Brownes Chemist (FFE99) has been taken over by Thames View Health Pharmacy (FMK45).

ODS	Pharmacy	Postcode	Type	Locality	Weekdays	Weekday Total	Saturday	Sat Total	Sunday	Sun Total	Total (week) hours
FPJ12	Brook Pharmacy	SE12 9QL	Community	South East (3)	09:00-19:00	50	09:00-19:00	10	CLOSED	0	60
FFE99	Brownes Chemist	BR1 4PQ	Community	South East (3)	09:00-18:00	45	09:00-17:30	8.5	CLOSED	0	53.5
FT872	Cambelle Chemist	SE6 1PH	Community	South East (3)	09:00-18:00	45	09:00-14:00	5	CLOSED	0	50
FMG01	Day Lewis Pharmacy	BR1 4PH	Community	South East (3)	09:00-18:00	45	09:00-13:00	4	CLOSED	0	49
FTV69	Day Lewis Pharmacy	BR1 5HS	Community	South East (3)	09:00-18:30	47.5	09:00-14:00	5	CLOSED	0	52.5
FML90	Duncans Chemist	BR1 4JX	Community	South East (3)	09:00-19:30	52.5	09:00-17:30	8.5	CLOSED	0	61
FMT20	Gokul Chemist	SE12 0JS	Community	South East (3)	09:00-19:00	50	09:00-18:00	9	CLOSED	0	59
FJ566	Grove Park Pharmacy	SE12 0DU	Community	South East (3)	09:00-19:30	52.5	09:00-19:00	10	CLOSED	0	62.5
FDK93	Harris Chemist	SE12 0EF	Community	South East (3)	09:00-19:30	52.5	09:00-18:00	9	CLOSED	0	61.5
FCE85	Lloydspharmacy	SE6 1RG	Community	South East (3)	09:00-19:00	50	CLOSED	0	CLOSED	0	50
FNE37	Rushey Green Pharmacy	SE6 4JH	Community	South East (3)	08:30-21:00	62.5	09:00-11:00, 18:30-21:30	5	17:30-20:30	3	70.5
FT015	Superdrug Stores Plc	SE6 4HQ	Community	South East (3)	09:00-18:00	45	09:00-17:30	8.5	CLOSED	0	53.5
FW715	Vantage Pharmacy	SE6 2SP	Community	South East (3)	08:30-19:00	52.5	09:00-12:00	3	CLOSED	0	55.5

**Table 25 Opening times by pharmacy – locality: South West (4)**

Map ID	ODS	Pharmacy	Postcode	Type	Locality	Weekdays	Weekday Total	Saturday	Sat Total	Sunday	Sun Total	Total (week) hours
3	FV026	Bentley Chemist	SE4 2BY	Community	South West (4)	09:00-18:00	45	09:00-13:00	4	CLOSED	0	49
4	FA271	Boots UK Limited	SE26 5EX	Community	South West (4)	09:00-18:00	45	09:00-17:30	8.5	CLOSED	0	53.5
6	FK518	Boots UK Limited	SE23 3HN	Community	South West (4)	09:00-14:00, 15:00-17:30	37.5	09:00-17:30	8.5	CLOSED	0	46
11	FV954	Crofton Park Pharmacy	SE4 2PJ	Community	South West (4)	08:30- 13:00,14:00- 18:00	42.5	09:00- 13:00,14:00- 16:00	6	CLOSED	0	48.5
27	FV763	Lloydspharmacy	SE26 4PU	Community	South West (4)	08:00-22:00	70	08:00-22:00	14	11:00-17:00	6	90
30	FK463	Medicos Pharmacy	SE23 1HU	Community	South West (4)	09:00-18:30	47.5	09:00- 13:00,14:00- 17:00	7	CLOSED	0	54.5
36	FD184	Perfucare	SE26 4BB	Community	South West (4)	09:00-18:30	47.5	CLOSED	0	CLOSED	0	47.5
37	FT350	Perry Vale Pharmacy	SE23 2JF	Community	South West (4)	09:00-19:00	50	09:00-13:00	4	CLOSED	0	54
45	FVM72	Superdrug Stores Plc	SE26 5UA	Community	South West (4)	09:00- 14:00,14:30- 18:30	45	09:00- 13:00,14:00- 17:30	7.5	CLOSED	0	52.5
46	FEJ80	Touchwood Pharmacy	SE26 4RS	Community	South West (4)	09:00-18:30 (except Wed),09:00- 18:00 (Wed)	47	CLOSED	0	CLOSED	0	47
47	FHL07	Touchwood Pharmacy	SE26 5SL	Community	South West (4)	09:00-19:00	50	09:00-13:00	4	CLOSED	0	54
48	FKW82	Touchwood Pharmacy	SE26 5QE	Community	South West (4)	09:00-18:00	45	09:00-13:00	4	CLOSED	0	49
49	FQT14	Touchwood Pharmacy	SE6 4DT	Community	South West (4)	09:00-18:30	47.5	CLOSED	0	CLOSED	0	47.5

**Table 26 Number of pharmacies open in each locality (weekdays, Saturday and Sunday) in Lewisham**

		7-8am	8-9am	9-10am	10-11am	11-12pm	12-1pm	1-2pm	2-3pm	3-4pm	4-5pm	5-6pm	6-7pm	7-8pm	8-9pm	9-10pm	10-11pm
Weekdays	North (1)	0	3	10	10	10	10	10,Thurs:9	10,Thurs:9	10,Thurs:9	10,Thurs:9	10,Thurs:9	6	3	2	1	1
	Central (2)	2	5	16	16	16	16	16	16	16	16	16	12	3	2	2	0
	South East (3)	0	2	13	13	13	13	13	13	13	13	13	9	4	1	0	0
	South West (4)	0	2	13	13	13	13	13	13	13	13	13	7	1	1	1	0
	Lewisham	2	12	52	52	52	52	52,Thurs:51	52,Thurs:51	52,Thurs:51	52,Thurs:51	52,Thurs:51	34	11	6	4	1
Saturday	North (1)	0	2	7	7	7	7	6	6	6	4	2	2	2	2	1	1
	Central (2)	1	3	14	14	14	12	12	12	10	10	9	3	2	2	1	0
	South East (3)	0	0	12	12	12	11	10	8	8	8	8	3	1	1	1	0
	South West (4)	0	1	10	10	10	10	6	6	6	5	4	1	1	1	1	0
	Lewisham	1	6	43	43	43	40	34	32	30	27	23	9	6	6	4	1
Sunday	North (1)	0	1	1	1	2	2	2	2	2	2	1	1	1	1	0	0
	Central (2)	1	1	1	1	3	3	3	3	3	3	1	1	1	1	0	0
	South East (3)	0	0	0	0	0	0	0	0	0	0	1	1	1	1	0	0
	South West (4)	0	0	0	0	1	1	1	1	1	1	0	0	0	0	0	0
	Lewisham	1	2	2	2	6	6	6	6	6	6	3	3	3	3	0	0

## 10.2 Advanced Services

**Table 27 Pharmacy services offered per pharmacy by locality (advanced services)**

N.B. The pharmacies that are highlighted in green: data of availability of services were derived from the NHS Pharmacy data (2020-21).

ODS Code	Pharmacy	Postcode	Locality	Type	NMS	AUR	SAC	Flu Vaccine	CPCS	Hep C Anti	Hyperten	StopSmoke
FFK83	Cheltenham Chemist	SE4 2LA	North (1)	Community	Y	N	N	N	Y	N	NA	NA
FQA51	Krisons Chemist	SE14 6TJ	North (1)	Community	Y	N	N	Y	Y	N	N	N
FER84	Lloydspharmacy	SE14 5UL	North (1)	Community	Y	N	N	N	Y	N	Y	N
FWA34	Lockyer's Pharmacy	SE8 5BZ	North (1)	Community	Y	N	N	Y	Y	N	Y	N
FXJ41	New Cross Pharmacy	SE14 6LD	North (1)	Community	Y	N	N	Y	Y	N	Y	N
FE019	Nightingale Pharmacy	SE8 4RQ	North (1)	Community	Y	N	N	Y	Y	N	Y	N
FET97	Osbon Pharmacy	SE4 1UY	North (1)	Community	Y	N	N	Y	Y	N	N	Y
FJW95	Pepys Pharmacy	SE8 3QG	North (1)	Community	Y	N	N	Y	Y	N	Y	N
FPA57	Queens Road Pharmacy	SE14 5HD	North (1)	Community	Y	N	N	Y	Y	N	Y	N
FHL15	Station Pharmacy	SE14 6LD	North (1)	Community	Y	Y	Y	Y	Y	Y	Y	Y
FNN90	Amin Pharmacy	SE4 2SA	Central (2)	Community	Y	N	N	Y	Y	N	Y	N
FDW13	Baum Pharmacy	SE13 5PB	Central (2)	Community	Y	N	N	Y	Y	N	Y	N
FC300	Boots Uk Limited	SE13 5JN	Central (2)	Community	Y	N	N	N	N	N	NA	NA
FWC06	Day Lewis Pharmacy	SE13 7SX	Central (2)	Community	Y	N	N	Y	Y	N	Y	Y
FK081	Ladywell Pharmacy	SE4 1JN	Central (2)	Community	Y	Y	N	Y	Y	N	Y	Y
FJK64	Lee Pharmacy	SE12 0AA	Central (2)	Community	Y	N	N	Y	Y	N	Y	N
FVA74	Lewis Grove Pharmacy	SE13 6BG	Central (2)	Community	Y	N	N	Y	Y	N	N	N
FTF05	Lewisham Pharmacy	SE13 5PJ	Central (2)	Community	Y	N	N	Y	Y	N	N	N
FNN17	Lloydspharmacy	SE12 8PZ	Central (2)	Community	Y	N	N	Y	Y	N	Y	N
FY745	Lords Pharmacy	SE12 8RG	Central (2)	Community	Y	N	N	N	N	N	N	N
FY475	Paydens Pharmacy	SE3 0AX	Central (2)	Community	Y	N	N	Y	Y	N	N	N
FJX60	Rains Pharmacy	SE13 5ND	Central (2)	Community	Y	Y	N	Y	Y	N	Y	Y
FQK49	Sheel Pharmacy	SE13 7PA	Central (2)	Community	Y	N	N	Y	Y	N	Y	N
FLY01	Sheel Pharmacy Lewisham	SE13 6JZ	Central (2)	Community	Y	N	N	Y	Y	N	N	Y
FNW34	Widdicombe Chemist	SE13 6RT	Central (2)	Community	Y	N	N	Y	Y	N	N	Y
FQP73	Woodlands Pharmacy	SE13 6RN	Central (2)	Community	N	N	N	N	N	N	NA	NA

FPJ12	Brook Pharmacy	SE12 9QL	South East (3)	Community	Y	N	N	Y	Y	N	NA	NA
FFE99	Brownes Chemist	BR1 4PQ	South East (3)	Community	Y	Y	N	Y	Y	N	N	N
FT872	Cambelle Chemist	SE6 1PH	South East (3)	Community	Y	N	N	N	Y	N	N	N
FMG01	Day Lewis Pharmacy	BR1 4PH	South East (3)	Community	Y	N	N	Y	Y	N	Y	N
FTV69	Day Lewis Pharmacy	BR1 5HS	South East (3)	Community	Y	N	N	Y	Y	N	Y	Y
FML90	Duncans Chemist	BR1 4JX	South East (3)	Community	Y	N	N	Y	Y	N	NA	NA
FMT20	Gokul Chemist	SE12 0JS	South East (3)	Community	Y	N	N	Y	Y	N	Y	Y
FJ566	Grove Park Pharmacy	SE12 0DU	South East (3)	Community	Y	N	N	Y	Y	N	Y	Y
FDK93	Harris Chemist	SE12 0EF	South East (3)	Community	N	N	N	N	N	N	NA	NA
FCE85	Lloydspharmacy	SE6 1RG	South East (3)	Community	Y	N	Y	N	Y	N	NA	NA
FNE37	Rushey Green Pharmacy	SE6 4JH	South East (3)	Community	Y	N	N	N	Y	N	NA	NA
FT015	Superdrug Stores Plc	SE6 4HQ	South East (3)	Community	Y	N	N	N	Y	N	NA	NA
FW715	Vantage Pharmacy	SE6 2SP	South East (3)	Community	Y	N	N	Y	Y	N	N	N
FV026	Bentley Chemist	SE4 2BY	South West (4)	Community	Y	N	N	Y	Y	N	NA	NA
FA271	Boots Uk Limited	SE26 5EX	South West (4)	Community	Y	N	N	Y	Y	N	NA	NA
FK518	Boots Uk Limited	SE23 3HN	South West (4)	Community	Y	N	N	Y	Y	N	N	N
FV954	Crofton Park Pharmacy	SE4 2PJ	South West (4)	Community	Y	N	N	N	Y	N	N	N
FV763	Lloydspharmacy	SE26 4PU	South West (4)	Community	Y	N	N	Y	Y	N	NA	NA
FK463	Medicos Pharmacy	SE23 1HU	South West (4)	Community	Y	N	N	Y	Y	N	Y	Y
FD184	Perfucare	SE26 4BB	South West (4)	Community	Y	N	N	Y	Y	N	N	Y
FT350	Perry Vale Pharmacy	SE23 2JF	South West (4)	Community	N	N	N	N	N	N	NA	NA
FVM72	Superdrug Stores Plc	SE26 5UA	South West (4)	Community	Y	N	N	Y	Y	N	Y	N
FEJ80	Touchwood Pharmacy	SE26 4RS	South West (4)	Community	Y	N	N	N	N	N	NA	NA
FHL07	Touchwood Pharmacy	SE26 5SL	South West (4)	Community	Y	N	N	Y	Y	N	Y	Y
FKW82	Touchwood Pharmacy	SE26 5QE	South West (4)	Community	Y	N	N	Y	Y	N	Y	N
FQT14	Touchwood Pharmacy	SE6 4DT	South West (4)	Community	Y	N	N	Y	Y	N	Y	N

Table 28 Pharmacy services offered by locality (advanced services)

Locality	NMS	AUR	SAC	Flu Vaccine	CPCS	Hep C Anti	Hyperten	StopSmoke
North (1)	10	1	1	8	10	1	7	2
Central (2)	15	2	0	13	13	0	8	5
South East (3)	12	1	1	8	12	0	4	3
South West (4)	12	0	0	10	11	0	5	3

### 10.3 Locally Commissioned Services

**Table 29 Pharmacies in Lewisham contracted to provide Minor Ailment Scheme**

Provider: Minor Ailment Scheme
Day Lewis Pharmacy (SE13 7SX)
Amin Pharmacy
Medicare Pharm
Bentley Chemist
Brook Pharmacy
Brownes Chemist
Cambelle Chemist
Crofton Park Pharmacy
Duncans Chemist
Gokul Chemist
Grove Park Pharmacy
Harris Chemist
Krisons Pharmacy
Ladywell Pharmacy
Lee Pharmacy
Lewisham Pharmacy
Lewis Grove Pharmacy
Lockyers
Lords Pharmacy
Touchwood - Makepeace Pharmacy (SE26 4RS)
Medicos Pharmacy
Day Lewis Pharmacy (BR1 4PH)
Day Lewis Pharmacy (BR1 5HS)
New Cross Pharmacy
Nightingale Pharmacy
Pepys Pharmacy
Perfucare
Perry Vale Pharmacy
Queens Road Pharmacy
Rains Medi-Stores
Rushey Green Pharmacy
Touchwood - Sparkes Pharmacy (SE6 4DT)
Station Pharmacy
Touchwood - The Pharmacy (SE26 5QE)
Vantage Pharmacy
Widdicombe Chemist
Touchwood - Wise Chemist
Woodlands Pharmacy
Woolstone Pharmacy
Osbon Pharmacy

**Table 30 Pharmacies in Lewisham contracted to provide Emergency Palliative Care Medicine Service**

Provider: Emergency Palliative Care Medicine Service
Perfucare Pharmacy
New Cross Pharmacy
Rushey Green Pharmacy
Lewisham Pharmacy
Ladywell Pharmacy

**Table 31 Pharmacies in Lewisham contracted to provide Monitored Dosage System (MDS)/Medication Administration Records (MARS) Service**

Provider: Monitored Dosage System (MDS)/Medication Administration Records (MARS) Service
Day Lewis Pharmacy (SE13 7SX)
Amin Pharmacy
Medicare Pharm
Beechcroft Pharmacy
Bentley Chemist
Boots UK Limited (SE13 5JH)
Brook Pharmacy
Brownes Chemist (Taken over by Thames View Health)
Cambelle Chemist
Cheltenham Chemist
Crofton Park Pharmacy
Duncans Chemist
Gokul Chemist
Grove Park Pharmacy
Harris Chemist
Krisons Chemist
Ladywell Pharmacy
Lee Pharmacy
Lewisham Pharmacy
Lewis Grove Pharmacy
Lloydspharmacy (SE6 1RG)
Lords Pharmacy
Makepeace Pharmacy
Medicos Pharmacy
Day Lewis Pharmacy (BR1 4PH)
Day Lewis Pharmacy (BR1 5HS)
New Cross Pharmacy
Nightingale Pharmacy
Osbon Pharmacy
Pepys Pharmacy (Grove Street Pharmacy)
Perfucare
Perry Vale Pharmacy
Queens Road Pharmacy
Rains Medi-Stores

Ruprai Chemist
Rushey Green Pharmacy
Sainsburys Pharmacy
Sheel Pharmacy
Sparkes Pharmacy
Station Pharmacy
Superdrug Stores PLC (SE6 4HQ)
The Pharmacy (SE26 5QE)
Vantage Pharmacy
Widdicombe Chemist
Wise Chemist
Woodlands Pharmacy
Lockyers

**Table 32 Pharmacies in Lewisham contracted to provide vitamin D services**

<b>Pharmacy</b>	<b>Postcode</b>
Amin Pharmacy	SE4 2SA
Baum Pharmacy	SE13 5PB
Bentley Chemist	SE4 2BY
Boots Uk Limited	SE26 5EX
Boots Uk Limited	SE13 5JN
Boots Uk Limited	SE23 3HN
Brook Pharmacy	SE12 9QL
Brownes Chemist	BR1 4PQ
Cambelle Chemist	SE6 1PH
Cheltenham Chemist	SE4 2LA
Crofton Park Pharmacy	SE4 2PJ
Day Lewis Pharmacy	BR1 4PH
Day Lewis Pharmacy	BR1 5HS
Day Lewis Pharmacy	SE13 7SX
Duncans Chemist	BR1 4JX
Gokul Chemist	SE12 0JS
Grove Park Pharmacy	SE12 0DU
Harris Chemist	SE12 0EF
Krisons Chemist	SE14 6TJ
Ladywell Pharmacy	SE4 1JN
Lee Pharmacy	SE12 0AA
Lewis Grove Pharmacy	SE13 6BG
Lewisham Pharmacy	SE13 5PJ
Lloydspharmacy	SE6 1RG
Lloydspharmacy	SE14 5UL
Lloydspharmacy	SE12 8PZ
Lloydspharmacy	SE26 4PU



Lockyer's Pharmacy	SE8 5BZ
Lords Pharmacy	SE12 8RG
New Cross Pharmacy	SE14 6LD
Nightingale Pharmacy	SE8 4RQ
Osbon Pharmacy	SE4 1UY
Paydens Pharmacy	SE3 0AX
Pepys Pharmacy	SE8 3QG
Perfucare	SE26 4BB
Perry Vale Pharmacy	SE23 2JF
Queens Road Pharmacy	SE14 5HD
Rains Pharmacy	SE13 5ND
Rushey Green Pharmacy	SE6 4JH
Sheel Pharmacy	SE13 7PA
Sheel Pharmacy Lewisham	SE13 6JZ
Station Pharmacy	SE14 6LD
Superdrug Stores Plc	SE6 4HQ
Touchwood Pharmacy	SE26 4RS
Touchwood Pharmacy	SE26 5SL
Touchwood Pharmacy	SE26 5QE
Touchwood Pharmacy	SE6 4DT
Vantage Pharmacy	SE6 2SP
Widdicombe Chemist	SE13 6RT

**Table 33 Pharmacies in Lewisham contracted to provide supervised consumption for opiate substitution therapy**

<b>Trading Name</b>	<b>Address</b>
Bentley Chemist	374 Brockley Road, Brockley
Boots The Chemist Plc	55 Sydenham Road, Sydenham
Day Lewis Pharmacy	443 Downham Way, Downham
Grove Park Pharmacy	344 Baring Road, Grove Park
Krisons Chemist	506 New Cross Road, New Cross
Ladywell Pharmacy	Hilly Fields Medical Centre, 172-174 Adelaide Avenue
New Cross Pharmacy	Waldron Health Centre, Amersham Vale
Perfucare Pharmacy Ltd	136 Kirkdale, Sydenham
Ruprai Chemist (Sheel Pharmacy - LADYWELL Branch)	296-298 Lewisham High Street, Lewisham
Sheel Pharmacy (LEWISHAM Branch)	312-314 Lewisham Road, Lewisham
Touchwood Pharmacy (Wise)	363 Sydenham Road, Sydenham

Vantage Pharmacy	108-114 Connisborough Crescent, Catford
Baum Pharmacy	10-12 Manor Park Parade, Lee High Road
Boots The Chemist	72-78 Lewisham High St., Lewisham
Boots The Chemist	21-23 Dartmouth Road, Forest Hill
Brook Pharmacy	109 Chinbrook Road, Lee
Brownes Chemist	481-483 Bromley Road, Downham
Gokul Chemists	53 Baring Road,, Lee
Harris Chemist	372 Baring Road, Grove Park
Lee Pharmacy	19 Burnt Ash Hill, London,
Lewis Grove Pharmacy	1 Lewis Grove, Lewisham
Lords Pharmacy	11 Burnt Ash Road, Lee Green
Nightingale Pharmacy	90-92 Deptford High Street, Deptford
Osbon Pharmacy	179-181 Lewisham Way, Brockley
Pepys Pharmacy	2 Golden Hind Place, Grove Street, Deptford
Perry Vale Pharmacy	Shop 1, 193 Perry Vale, Forest Hill
Station Pharmacy	2 Amersham Vale, New Cross
Superdrug Pharmacy	138-140 Rushey Green, Catford
Touchwood Pharmacy (Pharmacy)	62 Sydenham Road, Sydenham
Widdicombe Chemist	220 Hither Green Lane, Lewisham

**Table 34 Pharmacies in Lewisham contracted to provide needle exchange**

<b>Trading Name</b>	<b>Address</b>
Bentley Chemist	374 Brockley Road, Brockley
Grove Park Pharmacy	344 Baring Road, Grove Park
Lockyers Pharmacy	252 Evelyn Street,, Deptford
New Cross Pharmacy	Waldron Health Centre, Amersham Vale
Sheel Pharmacy (LEWISHAM Branch)	312-314 Lewisham Road, Lewisham
Vantage Pharmacy	108-114 Connisborough Crescent, Catford
Pepys Pharmacy	2 Golden Hind Place, Grove Street, Deptford
Station Pharmacy	2 Amersham Vale, New Cross

**Table 35 Pharmacies in Lewisham contracted to provide emergency hormonal contraception**

<b>Pharmacy Name</b>	<b>Pharmacy Address</b>
Krisons	506 New Cross Road, London, SE14 6TJ
Lockyer	252 Evelyn Street, Deptford, London, SE8 5BJ
Queens Road	389 Queens Road, London, SE14 5HD
New Cross	Waldron Health Centre, Amersham Vale, London, SE14 6LD
Ladywell	174 Adelaide Avenue, Brockley, London, SE4 1JN
Leegate	324 Lee High Road, Lee, London, SE13 5PJ
Sheel (Lewisham)	312-314 Lewisham Road, London, SE14 7PA
Sheel (Ladywell)	298 Lewisham High Street, Lewisham, London, SE13 6JZ
Day Lewis	443 Downham Way, Bromley, BR1 5HS
Grove Park	344 Baring Road, Grove Park, London, SE12 0DU
Rushey Green	The Primary Care Centre, Hawstead Road, London, SE6 4JH
Vantage	108 – 114 Conisborough Crescent, Catford, London, SE6 2SP
Bentley	374 Brockley Road, Lewisham, London, SE4 2BY
Perfucare	136 Kirkdale, Sydenham, London, SE26 4BB
Boots (Sydenham Road)	55 Sydenham Rd, London SE26 5EX
Lloyds (Torrison Road)	185 Torrison Rd, Catford, London SE6 1RG
Touchwood	363 Sydenham Road, Sydenham, London, SE26 5SL

## 11 Appendix C – Other NHS Services

**Table 36 Other NHS services that dispensed medicine (Personally Administered Medicines) in Lewisham (2021/22)**

Dispenser	ODS Code	Postcode	Dispenser Total
Belmont Hill Surgery	G85003	SE13 5AY	137
The Jenner Practice	G85004	SE23 1HU	1450
South Lewisham Group Practice	G85005	SE6 2SP	2491
The Qrp Surgery	G85015	SE14 5HD	501
Kingfisher Medical Centre	G85020	SE8 5DA	1047
Lewisham Medical Centre	G85023	SE13 5PJ	1338
Sydenham Green Group Practice	G85024	SE26 4TH	1600
Clifton Rise Family Practice	G85026	SE8 4BG	296
Burnt Ash Surgery	G85027	SE12 8NP	1236
Torridon Road Medical Practice	G85032	SE6 1RB	2421
Morden Hill Surgery	G85035	SE13 7NN	113
St Johns Medical Centre	G85038	SE13 7SX	865
The Lewisham Care Partnership	G85038	SE13 7SX	392
Lee Road Surgery	G85046	SE3 9RT	2192
Hilly Fields Medical Centre	G85055	SE4 1JN	154
Downham Family Medical Practice	G85057	BR1 5EP	1194
Woolstone Medical Centre	G85061	SE23 2SG	1366
New Cross Centre (Hurley Group)	G85076	SE14 6LD	200
Grove Medical Centre	G85085	SE8 3QH	1220
Honor Oak Group Practice	G85089	SE4 2LA	239
ICO Health Group	G85104	BR1 5EP	965
Vesta Road Surgery	G85105	SE4 2NH	15
Wells Park Practice	G85114	SE26 6JQ	1856
Triangle Group Practice	G85120	SE13 6DQ	901
Parkview Surgery	G85121	SE6 1AT	45
Bellingham Green Surgery	G85124	SE6 3JB	298
Novum Health Partnership	G85633	SE6 4JH	456
Vale Medical Centre	G85696	SE23 2JF	1343
Amersham Vale Training Practice	G85698	SE14 6LD	736
Deptford Surgery	G85711	SE14 6TJ	796
Oakview Family Practice	G85716	BR1 5NJ	1191
Woodlands Health Centre	G85722	SE13 6RN	173
Nightingale Surgery	G85727	SE12 8NP	904

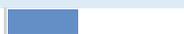
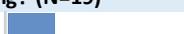
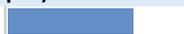
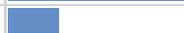
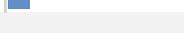
## 12 Appendix D – Pharmacy/Contractor PNA Survey

At the time of survey, there were 52 pharmacies in Lewisham. Total of 41 pharmacies completed the survey, giving the overall response rate of 79%.

- Out of 41 pharmacies that completed the survey, 9 were from North (1), 14 were from Central (2), 9 were from South East (3), and 9 were from South West (4).

Is this pharmacy one which is entitled to Pharmacy Access Scheme payments? (N=41)	%	Responses
Yes	34.1%	14
No	65.9%	27
Is this pharmacy a 100-hour pharmacy? (N=41)	%	Responses
Yes (1 pharmacy answered yes, however, it was found not)	4.9%	2
No	95.1%	39
Does this pharmacy hold a Local Pharmaceutical Services (LPS) contract? (N=41)	%	Responses
Yes	75.6%	31
No	24.4%	10
Is this pharmacy a Distance Selling Pharmacy? (N=41)	%	Responses
Yes	0.0%	0
No	100.0%	41
Is there a bus stop within walking distance of the Pharmacy? (N=58)	%	Responses
Yes	100.0%	41
No	0.0%	0
Is there a bus stop within walking distance of the Pharmacy? (N=40, 1 skipped)	%	Responses
Less than 2 minutes	82.9%	34
2 to 5 minutes	14.6%	6
Can disabled customers park within 10 metres of your Pharmacy? (with a 'blue badge') (N=41)	%	Responses
Less than 2 minutes	80.5%	33
2 to 5 minutes	19.5%	8
Is the entrance to the pharmacy suitable for wheelchair access unaided? (N=41)	%	Responses
Yes	78.0%	32
No	22.0%	9
Are all areas of the pharmacy floor accessible by wheelchair? (N=41)	%	Responses
Yes	97.6%	40
No	2.4%	1
Do you have other facilities in the pharmacy aimed at helping disabled people access your services? (please tick as many answers as appropriate) (N=41)	%	Responses
Automatic door assistance	22.0%	9
Bell at front door accessible to a wheelchair user	22.0%	9
Disabled toilet facility	9.8%	4
Hearing loop	17.1%	7
Large print labels/leaflets	68.3%	28
Wheelchair ramp access	43.9%	18
Handrails	9.8%	4
Removable ramp	9.8%	4
Internet pharmacy	2.4%	1
None of the above	7.3%	3
Other (please specify)	0.0%	0

Are the premises subject to any of the following development constraints? (please tick as many answers as appropriate) (N=41)	%	Responses
Listed building status	2.4%	1
Within a conservation area	4.9%	2
Limited or no room for expansion	9.8%	4
Temporary structure	0.0%	0
Rented building	24.4%	10
None of the above	63.4%	26
Other (please specify)	2.4%	1
Dependant on permission given by land owner		1
Do the premises have toilets that patients can access for screening or for patients attending for consultations? (N=41)	%	Responses
Yes	29.3%	12
No	70.7%	29
There is a consultation room (that is clearly designated as a room for confidential conversations; distinct from the general public areas of the pharmacy premises; and is a room where both the person receiving the service and the person providing it can be seated together and communicate confidentially) (tick as appropriate) (N=39, 2 skipped)	%	Responses
None, have submitted a request to NHSE&I that the premises are too small for a consultation room	0.0%	0
None, NHSE&I has approved my request that the premises are too small for a consultation room	0.0%	0
None (Distance Selling Pharmacy)	0.0%	0
Available (including wheelchair access)	87.2%	34
Available (without wheelchair access)	12.8%	5
Planned before 1st April 2023	0.0%	0
Other (specify)	0.0%	0
Where there is a consultation area, is it a closed room? (N=39)	%	Responses
Yes	100.0%	39
No	0.0%	0
During consultations are there hand-washing facilities? (N=39)	%	Responses
In the consultation area	82.1%	32
Close to the consultation area	17.9%	7
None	0.0%	0
Patients attending for consultations have access to toilet facilities (N=39)	%	Responses
Yes	28.2%	11
No	71.8%	28
Is there a seating for 3 people? (N=39)	%	Responses
Yes	71.8%	28
No	28.2%	11
Is there a computer terminal? (N=39)	%	Responses
Yes	92.3%	36
No	7.7%	3
Is there a bench or table? (N=39)	%	Responses
Yes	100.0%	39
No	0.0%	0
The pharmacy has access to an off-site consultation area (i.e. one which the former PCT or NHS England and NHS Improvement local team has given consent for use) (N=39, 2 skipped)	%	Responses
Yes	7.7%	3
No	92.3%	36
The pharmacy is willing to undertake consultations in patient's home/other suitable site (N=39, 2 skipped)	%	Responses
Yes	41.0%	16
No	59.0%	23

Does the pharmacy normally have two or more pharmacists on duty at any time during the week? (N=39, 2 skipped)		%	Responses
Yes		38.5%	15
No		61.5%	24
If yes, then for how many hours per week are two pharmacists working? (N=19)		%	Responses
0-4 hours		26.3%	5
5-9 hours		10.5%	2
10-14 hours		15.8%	3
15-19 hours		15.8%	3
20-24 hours		5.3%	1
25-29 hours		5.3%	1
30 hours+		21.1%	4
If you have a second pharmacist, please specify what additional support he/she offers- please tick as many answers as appropriate. (N=16, 3 skipped)		%	Responses
To give additional support to dispensary in busy periods		75.0%	12
To relieve pharmacist for administration work		87.5%	14
To provide support for additional services such as medication review		56.3%	9
For handover during shifts		18.8%	3
To cover lunch breaks		43.8%	7
Other (please describe)		25.0%	4
	Anti-coagulation Management		2
	Other services such as DMS, NMS, Smoking cessation & Travel Vaccination		1
Do any of your pharmacists have special interests? (N=39, 2 skipped)		%	Responses
Yes		69.2%	27
No		30.8%	12
If yes, please specify (N=25, 2 skipped)		%	Responses
Flu vaccinations		100.0%	25
To liaise with Area team regarding local services		28.0%	7
Healthy Living Pharmacist, including goal setting, health coaching		44.0%	11
Diabetes		24.0%	6
Nutrition		8.0%	2
Asthma		28.0%	7
Eczema		20.0%	5
Macmillan cancer		8.0%	2
Continence		4.0%	1
Dermatology		16.0%	4
Mobility aids		16.0%	4
Other special interest - please describe		12.0%	3
	Covid-19 Vaccination Service		1
	Travel vaccination		1
	INR/anticoagulation		1
	Providing NHS and private Patient Group Directions		1

### How does this 'special interest' contribute towards improving residents' needs and describe the added value? (N=23)

As the PCN community pharmacy lead, I have an interest in liaising with the other community pharmacies in the  
Travel vaccinations, flu jabs, independent prescribing.

We offer flu vaccinations without appointment.

Residents have better access to these services when unable to access them from other service providers.

Providing extra services to the local community and to aid better healthy living within the community.

Patient centred care, improve their adherence to medication during NMS consultation.

Increase flu vaccination intake

Flu Vaccination service provides additional access to vaccination for local community.

It helps in better evaluation of patients around the community through better education on how to manage and improve  
their health.

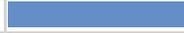
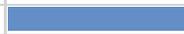
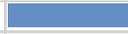
Allows the regular pharmacist to provide services such as vaccinations (NHS and private) and other services uninterrupted  
e.g. emergency contraception and hypertension case service.

We run a community anticoag clinic, which makes it much more accessible for local community to get their INR tested.

Local Health improvement. We also do Covid vaccination from 5yrs.

Travel vaccinations.

Are any of your regular pharmacists fluent in a foreign language? (N=39, 2 skipped)	%	Responses
Yes	56.9%	33
No	10.3%	6
If yes, which languages are spoken? (N=33)	%	Responses
Afrikaans	9.1%	3
Arabic	9.1%	3
Bengali	9.1%	3
Cambodian	3.0%	1
Cantonese	3.0%	1
Chinese (Mandarin)	21.2%	7
Czech	0.0%	0
Farsi	3.0%	1
French	3.0%	1
Georgian	0.0%	
Gujarati	48.5%	16
Hebrew	0.0%	
Hindi	30.3%	10
Hungarian	0.0%	
Italian	6.1%	2
Japanese	0.0%	
Kurdish	0.0%	
Maltese	0.0%	
Persian	3.0%	1
Portuguese	0.0%	
Polish	0.0%	
Punjabi	0.0%	
Romanian	3.0%	1
Russian	0.0%	
Somali	0.0%	
Spanish	9.1%	3
Swahili	6.1%	2
Tamil	12.1%	4
Telugu	3.0%	1
Turkish	3.0%	1
Urdu	12.1%	4
Vietnamese	6.1%	2
Other (please specify)	0.0%	
	Twi	1
	Filipino/Tagalog	1
	Shona	1

<b>Does your pharmacy participate in mandatory health campaigns? (N=39, 2 skipped)</b>		<b>%</b>	
Yes		97.4%	38
No		2.6%	1
<b>If yes, please specify (N=38)</b>		<b>%</b>	
Winter pressures		86.8%	33
Smoking		92.1%	35
Obesity		89.5%	34
Alcohol		73.7%	28
Other – please describe		0.0%	0
<b>Does the pharmacy dispense appliances? (N=39, 2 skipped)</b>		<b>%</b>	<b>Responses</b>
Yes – All types		41.4%	24
Yes, excluding stoma appliances		0.0%	0
Yes, excluding incontinence appliances		0.0%	0
Yes, excluding stoma and incontinence appliances		0.0%	0
Yes, just dressings		17.2%	10
None		8.6%	5
Other - please describe		0.0%	0
<b>Does the pharmacy provide the following services? (N=39, 2 skipped)</b>		<b>%</b>	<b>Responses</b>
<b>New Medicine Service</b>			
Yes		100.0%	39
Intending to begin within next 12 months		0.0%	0
No - not intending to provide		0.0%	0
<b>Appliance Use Review service</b>			
Yes		10.3%	4
Intending to begin within next 12 months		20.5%	8
No - not intending to provide		69.2%	27
<b>Stoma Appliance Customisation service</b>			
Yes		2.6%	1
Intending to begin within next 12 months		17.9%	7
No - not intending to provide		79.5%	31
<b>Seasonal Influenza Vaccination Service Vaccination Service</b>			
Yes		89.7%	35
Intending to begin within next 12 months		5.1%	2
No - not intending to provide		5.1%	2
<b>Community Pharmacist Consultation Service (GPCPCS, 111/IUC CPCS)</b>			
Yes		97.4%	38
Intending to begin within next 12 months		0.0%	0
No - not intending to provide		2.6%	1
<b>Hepatitis C Antibody Testing Service</b>			
Yes		2.6%	1
Intending to begin within next 12 months		28.2%	11
No - not intending to provide		69.2%	27
<b>Hypertension Case-Finding Service</b>			
Yes		64.1%	25
Intending to begin within next 12 months		17.9%	7
No - not intending to provide		17.9%	7
<b>Stop Smoking Service (introduced early 2022)</b>			
Yes		35.9%	14
Intending to begin within next 12 months		38.5%	15
No - not intending to provide		25.6%	10

Which of the following other services does the pharmacy provide, or would be willing to provide? If currently providing, tick as many that apply. (N=39, 2 skipped)	%	Responses
<b>Anticoagulant Monitoring Service</b>		
Currently providing under contract with local NHS England Team	2.6%	1
Currently providing under contract with CCG	10.3%	4
Currently providing under contract with Local Authority	0.0%	0
Willing to provide if commissioned	59.0%	23
Not able or not willing to provide	23.1%	9
Willing to provide privately	5.1%	2
<b>Antiviral Distribution Service for Influenza</b>		
Currently providing under contract with local NHS England Team	5.1%	2
Currently providing under contract with CCG	2.6%	1
Currently providing under contract with Local Authority	0.0%	0
Willing to provide if commissioned	74.4%	29
Not able or not willing to provide	12.8%	5
Willing to provide privately	7.7%	3
<b>Alcohol Screening and Brief Intervention</b>		
Currently providing under contract with local NHS England Team	0.0%	0
Currently providing under contract with CCG	0.0%	0
Currently providing under contract with Local Authority	0.0%	0
Willing to provide if commissioned	66.7%	26
Not able or not willing to provide	28.2%	11
Willing to provide privately	7.7%	3
<b>Body Weight Assessment</b>		
Currently providing under contract with local NHS England Team	2.6%	1
Currently providing under contract with CCG	2.6%	1
Currently providing under contract with Local Authority	0.0%	0
Willing to provide if commissioned	66.7%	26
Not able or not willing to provide	23.1%	9
Willing to provide privately	7.7%	3

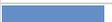
<b>Brief Interventions (e.g. health coaching)</b>			
Currently providing under contract with local NHS England Team		7.7%	3
Currently providing under contract with CCG		0.0%	0
Currently providing under contract with Local Authority		0.0%	0
Willing to provide if commissioned		61.5%	24
Not able or not willing to provide		25.6%	10
Willing to provide privately		7.7%	3
<b>Care Home Service (advice and support visit)</b>			
Currently providing under contract with local NHS England Team		2.6%	1
Currently providing under contract with CCG		0.0%	0
Currently providing under contract with Local Authority		2.6%	1
Willing to provide if commissioned		53.8%	21
Not able or not willing to provide		35.9%	14
Willing to provide privately		5.1%	2
<b>Chlamydia Testing Service</b>			
Currently providing under contract with local NHS England Team		0.0%	0
Currently providing under contract with CCG		2.6%	1
Currently providing under contract with Local Authority		0.0%	0
Willing to provide if commissioned		66.7%	26
Not able or not willing to provide		25.6%	10
Willing to provide privately		5.1%	2
<b>Chlamydia Treatment Service</b>			
Currently providing under contract with local NHS England Team		0.0%	0
Currently providing under contract with CCG		0.0%	0
Currently providing under contract with Local Authority		0.0%	0
Willing to provide if commissioned		71.8%	28
Not able or not willing to provide		23.1%	9
Willing to provide privately		5.1%	2
<b>Contraceptive service (not EC)</b>			
Currently providing under contract with local NHS England Team		12.8%	5
Currently providing under contract with CCG		7.7%	3
Currently providing under contract with Local Authority		5.1%	2
Willing to provide if commissioned		59.0%	23
Not able or not willing to provide		12.8%	5
Willing to provide privately		10.3%	4

<b>Emergency Contraception Service</b>			
Currently providing under contract with local NHS England Team		17.9%	7
Currently providing under contract with CCG		15.4%	6
Currently providing under contract with Local Authority		10.3%	4
Willing to provide if commissioned		48.7%	19
Not able or not willing to provide		5.1%	2
Willing to provide privately		12.8%	5
<b>Expanded Incontinence Service</b>			
Currently providing under contract with local NHS England Team		2.6%	1
Currently providing under contract with CCG		0.0%	0
Currently providing under contract with Local Authority		0.0%	0
Willing to provide if commissioned		56.4%	22
Not able or not willing to provide		35.9%	14
Willing to provide privately		10.3%	4
<b>Emergency Supply Service</b>			
Currently providing under contract with local NHS England Team		28.2%	11
Currently providing under contract with CCG		7.7%	3
Currently providing under contract with Local Authority		2.6%	1
Willing to provide if commissioned		51.3%	20
Not able or not willing to provide		5.1%	2
Willing to provide privately		10.3%	4
<b>Gluten Free Food Supply Service (i.e. not via FP10)</b>			
Currently providing under contract with local NHS England Team		2.6%	1
Currently providing under contract with CCG		0.0%	0
Currently providing under contract with Local Authority		0.0%	0
Willing to provide if commissioned		66.7%	26
Not able or not willing to provide		23.1%	9
Willing to provide privately		10.3%	4
<b>Home Delivery Service (not appliances)</b>			
Currently providing under contract with local NHS England Team		20.5%	8
Currently providing under contract with CCG		0.0%	0
Currently providing under contract with Local Authority		2.6%	1
Willing to provide if commissioned		53.8%	21
Not able or not willing to provide		12.8%	5
Willing to provide privately		15.4%	6
<b>Head Lice Eradication</b>			
Currently providing under contract with local NHS England Team		7.7%	3
Currently providing under contract with CCG		2.6%	1
Currently providing under contract with Local Authority		2.6%	1
Willing to provide if commissioned		69.2%	27
Not able or not willing to provide		17.9%	7
Willing to provide privately		10.3%	4

<b>Independent Prescribing Service</b>			
Currently providing under contract with local NHS England Team		2.6%	1
Currently providing under contract with CCG		0.0%	0
Currently providing under contract with Local Authority		0.0%	0
Willing to provide if commissioned		66.7%	26
Not able or not willing to provide		23.1%	9
Willing to provide privately		15.4%	6
<b>If currently providing an Independent Prescribing Service, what therapeutic areas are covered?</b>			0
<b>Language Access Service</b>			
Currently providing under contract with local NHS England Team		0.0%	0
Currently providing under contract with CCG		0.0%	0
Currently providing under contract with Local Authority		0.0%	0
Willing to provide if commissioned		66.7%	26
Not able or not willing to provide		28.2%	11
Willing to provide privately		5.1%	2
<b>NHS Health Checks</b>			
Currently providing under contract with local NHS England Team		10.3%	4
Currently providing under contract with CCG		0.0%	0
Currently providing under contract with Local Authority		2.6%	1
Willing to provide if commissioned		61.5%	24
Not able or not willing to provide		17.9%	7
Willing to provide privately		7.7%	3
<b>Medication Review Service</b>			
Currently providing under contract with local NHS England Team		33.3%	13
Currently providing under contract with CCG		2.6%	1
Currently providing under contract with Local Authority		2.6%	1
Willing to provide if commissioned		59.0%	23
Not able or not willing to provide		5.1%	2
Willing to provide privately		7.7%	3

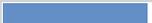
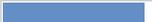
<b>Medicines Assessment and Compliance Support Service</b>			
Currently providing under contract with local NHS England Team		15.4%	6
Currently providing under contract with CCG		2.6%	1
Currently providing under contract with Local Authority		0.0%	0
Willing to provide if commissioned		59.0%	23
Not able or not willing to provide		17.9%	7
Willing to provide privately		7.7%	3
<b>Minor Ailment Scheme</b>			
Currently providing under contract with local NHS England Team		41.0%	16
Currently providing under contract with CCG		25.6%	10
Currently providing under contract with Local Authority		12.8%	5
Willing to provide if commissioned		20.5%	8
Not able or not willing to provide		10.3%	4
Willing to provide privately		0.0%	0
<b>Medicines Optimisation Service</b>			
Currently providing under contract with local NHS England Team		25.6%	10
Currently providing under contract with CCG		7.7%	3
Currently providing under contract with Local Authority		0.0%	0
Willing to provide if commissioned		56.4%	22
Not able or not willing to provide		12.8%	5
Willing to provide privately		5.1%	2
<b>If currently providing a Medicines Optimisation Service, what therapeutic areas are covered?</b>			0
<b>Needle and Syringe Exchange Service</b>			
Currently providing under contract with local NHS England Team		12.8%	5
Currently providing under contract with CCG		2.6%	1
Currently providing under contract with Local Authority		2.6%	1
Willing to provide if commissioned		43.6%	17
Not able or not willing to provide		33.3%	13
Willing to provide privately		5.1%	2

<b>Obesity management (adults and children)</b>			
Currently providing under contract with local NHS England Team		5.1%	2
Currently providing under contract with CCG		0.0%	0
Currently providing under contract with Local Authority		0.0%	0
Willing to provide if commissioned		74.4%	29
Not able or not willing to provide		15.4%	6
Willing to provide privately		7.7%	3
<b>Not Dispensed Scheme</b>			
Currently providing under contract with local NHS England Team		0.0%	0
Currently providing under contract with CCG		0.0%	0
Currently providing under contract with Local Authority		0.0%	0
Willing to provide if commissioned		66.7%	26
Not able or not willing to provide		28.2%	11
Willing to provide privately		5.1%	2
<b>On Demand Availability of Specialist Drugs Service</b>			
Currently providing under contract with local NHS England Team		0.0%	0
Currently providing under contract with CCG		0.0%	0
Currently providing under contract with Local Authority		2.6%	1
Willing to provide if commissioned		59.0%	23
Not able or not willing to provide		33.3%	13
Willing to provide privately		5.1%	2
<b>Out of Hours Services</b>			
Currently providing under contract with local NHS England Team		2.6%	1
Currently providing under contract with CCG		0.0%	0
Currently providing under contract with Local Authority		0.0%	0
Willing to provide if commissioned		43.6%	17
Not able or not willing to provide		48.7%	19
Willing to provide privately		7.7%	3
<b>Patient Group Direction Service (name the medicines and associated indications)</b>			
All medicines for Erectile dysfunction			1
Salbutamol			1
Antimalarial- atovaquone/proguanil/ doxycycline/mefloquine			1

<b>Phlebotomy Service</b>			
Currently providing under contract with local NHS England Team		0.0%	0
Currently providing under contract with CCG		0.0%	0
Currently providing under contract with Local Authority		0.0%	0
Willing to provide if commissioned		61.5%	24
Not able or not willing to provide		30.8%	12
Willing to provide privately		17.9%	7
<b>Prescriber Support Service</b>			
Currently providing under contract with local NHS England Team		0.0%	0
Currently providing under contract with CCG		0.0%	0
Currently providing under contract with Local Authority		0.0%	0
Willing to provide if commissioned		59.0%	23
Not able or not willing to provide		35.9%	14
Willing to provide privately		7.7%	3
<b>Palliative Care</b>			
Currently providing under contract with local NHS England Team		5.1%	2
Currently providing under contract with CCG		2.6%	1
Currently providing under contract with Local Authority		5.1%	2
Willing to provide if commissioned		61.5%	24
Not able or not willing to provide		25.6%	10
Willing to provide privately		7.7%	3
<b>Schools Service</b>			
Currently providing under contract with local NHS England Team		0.0%	0
Currently providing under contract with CCG		0.0%	0
Currently providing under contract with Local Authority		0.0%	0
Willing to provide if commissioned		56.4%	22
Not able or not willing to provide		38.5%	15
Willing to provide privately		7.7%	3
<b>Sharps Disposal Service</b>			
Currently providing under contract with local NHS England Team		5.1%	2
Currently providing under contract with CCG		5.1%	2
Currently providing under contract with Local Authority		5.1%	2
Willing to provide if commissioned		51.3%	20
Not able or not willing to provide		33.3%	13
Willing to provide privately		5.1%	2

<b>Supervised Administration Service (opioid substitution)</b>			
Currently providing under contract with local NHS England Team		35.9%	14
Currently providing under contract with CCG		17.9%	7
Currently providing under contract with Local Authority		15.4%	6
Willing to provide if commissioned		25.6%	10
Not able or not willing to provide		15.4%	6
Willing to provide privately		2.6%	1
<b>Structured self-care support</b>			
Currently providing under contract with local NHS England Team		5.1%	2
Currently providing under contract with CCG		2.6%	1
Currently providing under contract with Local Authority		0.0%	0
Willing to provide if commissioned		48.7%	19
Not able or not willing to provide		38.5%	15
Willing to provide privately		7.7%	3
<b>Vascular Risk Assessment Service (NHS Health Check)</b>			
Currently providing under contract with local NHS England Team		5.1%	2
Currently providing under contract with CCG		0.0%	0
Currently providing under contract with Local Authority		0.0%	0
Willing to provide if commissioned		59.0%	23
Not able or not willing to provide		30.8%	12
Willing to provide privately		10.3%	4
<b>Supplementary Prescribing Service (name therapeutic areas)</b>			
		0	0
<b>Other services (Enhanced/other locally commissioned/other NHS Services) the pharmacy provide, or would be willing to provide</b>			
COVID 10 Vaccination Service			2
Vitamin D service			1
Delivery service			1
Travel clinic			1
Smoking cessation service			1
Domiciliary Medicine Service			1
Nicotine replacement therapy voucher			1
Patient Group Directions			1

Disease Specific Medicines Management Service: Which of the following other services does the pharmacy provide, or would be willing to provide? (N=39, 2 skipped)		%	
<b>Allergies</b>			
Currently providing under contract with local NHS England Team		5.1%	2
Currently providing under contract with CCG		0.0%	0
Currently providing under contract with Local Authority		0.0%	0
Willing to provide if commissioned		74.4%	29
Not able or not willing to provide		12.8%	5
Willing to provide privately		17.9%	7
<b>Alzheimer's/dementia</b>			
Currently providing under contract with local NHS England Team		0.0%	0
Currently providing under contract with CCG		0.0%	0
Currently providing under contract with Local Authority		0.0%	0
Willing to provide if commissioned		82.1%	32
Not able or not willing to provide		12.8%	5
Willing to provide privately		10.3%	4
<b>Asthma</b>			
Currently providing under contract with local NHS England Team		2.6%	1
Currently providing under contract with CCG		0.0%	0
Currently providing under contract with Local Authority		0.0%	0
Willing to provide if commissioned		79.5%	31
Not able or not willing to provide		12.8%	5
Willing to provide privately		12.8%	5
<b>CHD</b>			
Currently providing under contract with local NHS England Team		0.0%	0
Currently providing under contract with CCG		0.0%	0
Currently providing under contract with Local Authority		0.0%	0
Willing to provide if commissioned		79.5%	31
Not able or not willing to provide		15.4%	6
Willing to provide privately		12.8%	5
<b>COPD</b>			
Currently providing under contract with local NHS England Team		2.6%	1
Currently providing under contract with CCG		0.0%	0
Currently providing under contract with Local Authority		0.0%	0
Willing to provide if commissioned		76.9%	30
Not able or not willing to provide		15.4%	6
Willing to provide privately		12.8%	5
<b>Depression</b>			
Currently providing under contract with local NHS England Team		0.0%	0
Currently providing under contract with CCG		0.0%	0
Currently providing under contract with Local Authority		0.0%	0
Willing to provide if commissioned		79.5%	31
Not able or not willing to provide		15.4%	6
Willing to provide privately		12.8%	5
<b>Diabetes type I</b>			
Currently providing under contract with local NHS England Team		2.6%	1
Currently providing under contract with CCG		0.0%	0
Currently providing under contract with Local Authority		0.0%	0
Willing to provide if commissioned		79.5%	31
Not able or not willing to provide		12.8%	5
Willing to provide privately		10.3%	4
<b>Diabetes type II</b>			
Currently providing under contract with local NHS England Team		2.6%	1
Currently providing under contract with CCG		0.0%	0
Currently providing under contract with Local Authority		0.0%	0
Willing to provide if commissioned		79.5%	31
Not able or not willing to provide		12.8%	5
Willing to provide privately		10.3%	4

<b>Epilepsy</b>			
Currently providing under contract with local NHS England Team		0.0%	0
Currently providing under contract with CCG		0.0%	0
Currently providing under contract with Local Authority		0.0%	0
Willing to provide if commissioned		79.5%	31
Not able or not willing to provide		15.4%	6
Willing to provide privately		12.8%	5
<b>Heart Failure</b>			
Currently providing under contract with local NHS England Team		2.6%	1
Currently providing under contract with CCG		0.0%	0
Currently providing under contract with Local Authority		0.0%	0
Willing to provide if commissioned		76.9%	30
Not able or not willing to provide		15.4%	6
Willing to provide privately		12.8%	5
<b>Hypertension</b>			
Currently providing under contract with local NHS England Team		10.3%	4
Currently providing under contract with CCG		0.0%	0
Currently providing under contract with Local Authority		0.0%	0
Willing to provide if commissioned		71.8%	28
Not able or not willing to provide		12.8%	5
Willing to provide privately		10.3%	4
<b>Parkinson's disease</b>			
Currently providing under contract with local NHS England Team		2.6%	1
Currently providing under contract with CCG		0.0%	0
Currently providing under contract with Local Authority		0.0%	0
Willing to provide if commissioned		76.9%	30
Not able or not willing to provide		15.4%	6
Willing to provide privately		10.3%	4
<b>Other vaccinations: Which of the following other services does the pharmacy provide, or would be willing to provide? (N=39, 2 skipped)</b>			
<b>Childhood vaccinations</b>			
Currently providing under contract with local NHS England Team		0.0%	0
Currently providing under contract with CCG		2.6%	1
Currently providing under contract with Local Authority		0.0%	0
Willing to provide if commissioned		69.2%	27
Not able or not willing to provide		15.4%	6
Willing to provide privately		30.8%	12
<b>COVID-19 vaccinations</b>			
Currently providing under contract with local NHS England Team		17.9%	7
Currently providing under contract with CCG		0.0%	0
Currently providing under contract with Local Authority		0.0%	0
Willing to provide if commissioned		64.1%	25
Not able or not willing to provide		12.8%	5
Willing to provide privately		5.1%	2
<b>Hepatitis (at risk workers or patients) vaccinations</b>			
Currently providing under contract with local NHS England Team		0.0%	0
Currently providing under contract with CCG		2.6%	1
Currently providing under contract with Local Authority		0.0%	0
Willing to provide if commissioned		71.8%	28
Not able or not willing to provide		15.4%	6
Willing to provide privately		17.9%	7
<b>HPV vaccinations</b>			
Currently providing under contract with local NHS England Team		0.0%	0
Currently providing under contract with CCG		2.6%	1
Currently providing under contract with Local Authority		0.0%	0
Willing to provide if commissioned		69.2%	27
Not able or not willing to provide		12.8%	5
Willing to provide privately		25.6%	10

<b>Meningococcal vaccinations</b>			
Currently providing under contract with local NHS England Team		2.6%	1
Currently providing under contract with CCG		2.6%	1
Currently providing under contract with Local Authority		0.0%	0
Willing to provide if commissioned		64.1%	25
Not able or not willing to provide		15.4%	6
Willing to provide privately		30.8%	12
<b>Pneumococcal vaccinations</b>			
Currently providing under contract with local NHS England Team		23.1%	9
Currently providing under contract with CCG		5.1%	2
Currently providing under contract with Local Authority		2.6%	1
Willing to provide if commissioned		53.8%	21
Not able or not willing to provide		12.8%	5
Willing to provide privately		28.2%	11
<b>Travel vaccinations</b>			
Currently providing under contract with local NHS England Team		2.6%	1
Currently providing under contract with CCG		2.6%	1
Currently providing under contract with Local Authority		0.0%	0
Willing to provide if commissioned		61.5%	24
Not able or not willing to provide		7.7%	3
Willing to provide privately		43.6%	17
<b>Other – (please state)</b>			
Private travel clinic available and private vaccinations			3
<b>Does the pharmacy provide collection of prescriptions from GP practices? (N=36 ,5 skipped)</b>		<b>%</b>	<b>Responses</b>
Yes		91.7%	33
No		8.3%	3
<b>Does the pharmacy provide monitored Dosage systems excluding those provided under the Equality Act – Free of charge on request (N=37, 4 skipped)</b>		<b>%</b>	<b>Responses</b>
Yes		89.2%	33
No		10.8%	4
<b>Monitored Dosage Systems – with charge (N=37, 4 skipped)</b>		<b>%</b>	<b>Responses</b>
Yes		21.6%	8
No		78.4%	29
<b>Is there a particular need for a locally commissioned service in your area? (N=37, 4 skipped)</b>		<b>%</b>	<b>Responses</b>
Yes		37.8%	14
No		62.2%	23
<b>If there is a particular need for a locally commissioned service in your area, what is the service requirement and why?</b>			
	Emergency contraception/contraception		2
	There is a need for ambulatory hypertension monitoring and also warfarin INR monitoring as our locality covers		1
	Asthma service.		1
	Ear Wax Removal majorly needed in this area as the GP surgery nurses not able to do so.		1
	Needle exchange		1
	Minor Ailment Scheme		1
	No smoking service from pharmacy		1
	Diabetes testing		1
<b>Does the pharmacy provide delivery of dispensed medicines? (N=37, 4 skipped)</b>		<b>%</b>	<b>Responses</b>
<b>Delivery of dispensed medicines to vulnerable patient groups</b>			
Yes		91.9%	34
No		8.1%	3
<b>Delivery of dispensed medicines – Free of charge on request</b>			
Yes		89.2%	33
No		10.8%	4
<b>Delivery of dispensed medicines – with charge</b>			
Yes		18.9%	7
No		81.1%	30

Select wards if you provide delivery of dispensed medicines (Select all) (N=36, 5 skipped)	%	Responses
North (Neighbourhood 1): Brockley	22.2%	8
North (Neighbourhood 1): Evelyn	13.9%	5
North (Neighbourhood 1): New Cross	33.3%	12
North (Neighbourhood 1): Telegraph Hill	5.6%	2
Central (Neighbourhood 2): Blackheath	22.2%	8
Central (Neighbourhood 2): Ladywell	16.7%	6
Central (Neighbourhood 2): Lee Green	30.6%	11
Central (Neighbourhood 2): Lewisham Central	47.2%	17
South East (Neighbourhood 3): Catford South	41.7%	15
South East (Neighbourhood 3): Downham	30.6%	11
South East (Neighbourhood 3): Grove Park	27.8%	10
South East (Neighbourhood 3): Rushey Green	30.6%	11
South East (Neighbourhood 3): Whitefoot	16.7%	6
South East (Neighbourhood 4): Bellingham	30.6%	11
South East (Neighbourhood 4): Crofton Park	13.9%	5
South East (Neighbourhood 4): Forest Hill	25.0%	9
South East (Neighbourhood 4): Perry Vale	19.4%	7
South East (Neighbourhood 4): Sydenham	30.6%	11
Other (please specify)	0.0%	0
<b>Does your pharmacy provide any diagnostic services? (N=37, 4 skipped)</b>	<b>%</b>	<b>Responses</b>
Yes	35.1%	13
No	64.9%	24
<b>If yes, please tick as many diagnostic services that you provide. (N=13)</b>	<b>%</b>	<b>Responses</b>
Blood Glucose	38.5%	5
Random Glucose	15.4%	2
Fasting Glucose	15.4%	2
BMI	84.6%	11
Height	76.9%	10
Waist	53.8%	7
ECG	0.0%	0
Blood lipids	7.7%	1
Total Cholesterol	23.1%	3
HDL Cholesterol	23.1%	3
LDL Cholesterol	23.1%	3
Triglycerides	23.1%	3
CO Reading	7.7%	1
Temperature	30.8%	4
Peak flow	15.4%	2
Urine Test	7.7%	1
Pregnancy Test	30.8%	4
Sexual health test	15.4%	2
Throat test	7.7%	1
Other (please specify)		1
Blood Pressure		1
<b>Did your pharmacy offer any additional/new services during the COVID-19 pandemic? (N=37, 4 skipped)</b>	<b>%</b>	<b>Responses</b>
<b>Pandemic delivery service</b>		
Yes	97.3%	36
No	2.7%	1
<b>Covid-19 lateral flow device distribution service</b>		
Yes	100.0%	37
No	0.0%	0
<b>Covid-19 Antiviral treatments to eligible patients such as Molnupiravir</b>		
Yes	2.7%	1
No	97.3%	36
<b>Other (please specify)</b>		
Vaccination service		1

Did your pharmacy stop offering any services during the COVID-19 pandemic? (N=37, 4 skipped)	%	Responses
Yes	16.2%	6
No	83.8%	31
<b>Yes (please specify)</b>		
NHS Health Checks		3
Blood pressure checks		2
Vaccination service		1
Sexual Health Service		1
Blood Glucose tests		1
Cholesterol tests		1
Do all your computers within a pharmacy access your dispensary software? (N=37, 4 skipped)	%	Responses
Yes	97.3%	36
No	2.7%	1
Do you have a computer that can access the internet? (N=37, 4 skipped)	%	Responses
Yes	100.0%	37
No	0.0%	0
Can the internet be accessed whilst the PMR system is running? (N=37, 4 skipped)	%	Responses
Yes	100.0%	37
No	0.0%	0
Do you have access to NHS Summary Care Records? (N=37, 4 skipped)	%	Responses
Yes	100.0%	37
No	0.0%	0
Do you have a printer that will print A4 size of paper? (N=37, 4 skipped)	%	Responses
Yes	100.0%	37
No	0.0%	0
Do you provide the electronic prescription service? (N=37, 4 skipped)	%	Responses
Yes	100.0%	37
No	0.0%	0
Please tick the statements about Electronic prescription service (EPS) below that apply to your pharmacy (you can tick more than one statement) (N=37, 4 skipped)	%	Responses
We are Release 1 enabled	67.6%	25
We are Release 2 enabled	100.0%	37
We are planning to introduce Release 1 within 12 months	0.0%	0
We are planning to introduce Release 2 within 12 months	0.0%	0
We do not currently have plans for EPS Services	0.0%	0
When was the last CPPQ survey completed? (N=34, 7 skipped)	%	Responses
2018	2.9%	1
2019	20.6%	7
2020	17.6%	6
2021	38.2%	13
2022	20.6%	7
What was the number of respondents? (N=32, 9 skipped)	%	Responses
less than 50	3.1%	1
50-99	53.1%	17
100-150	31.3%	10
150+	12.5%	4



## 13 Appendix E – Public PNA Survey Results

### 13.1 Lewisham Public Survey: Have your say on pharmacy services in Lewisham

#### 1. Do you live in Lewisham?

Yes

No

Please state the first part of your postcode (allow only 4 letters or numbers)

#### 2. Do you usually use a pharmacy in Lewisham, another out-of-the borough pharmacy or an online/internet (distance-selling) pharmacy?

Yes – within the borough of Lewisham

Yes – out-of-the borough (in the surrounding boroughs of Lewisham)

Yes – out-of-the borough (not in the surrounding boroughs of Lewisham)

Yes – distance-selling pharmacy (online/internet pharmacy)

No

#### 3. How often do you use a pharmacy? (Please select only one option)

Once a week

More than once a week

Once a month

A few times a month

Once in 3 months

Once in 6 months

Less than once a year

#### 4. What do you usually use your local pharmacy for? (Please tick all that apply)

For advice

To collect prescribed medication

To buy shampoo, toothpaste, and other toiletries

To buy medication that doesn't need a prescription (over the counter medicines)

To get support for long-term conditions (e.g., diabetes, high blood pressure)

If I am unable to get a GP appointment

To find out about services available to you

For specialised services (such as stop smoking services)

Other

#### 5. Do you use the same pharmacy on a regular basis?

Yes – I use the same pharmacy all of the time

Yes – I use the same community pharmacy most of the time

Yes – I use online/internet pharmacies all of the time

No – I use several different community pharmacies

No – I use a combination of community pharmacies and online/internet pharmacies

#### 6. What is your most frequent way of travel to get to your pharmacy?



- Walking
- Cycling
- Car/Motorbike/Van
- Public Transport
- Taxi
- I have my medicine delivered
- Other - please state

**7. How long does it take for you to travel to your pharmacy?**

- Less than 5 minutes
- 5-10 minutes
- 10-15 minutes
- 15-20 minutes
- 20-25 minutes
- 25-30 minutes
- 30+ minutes
- I have my medicine delivered

**8. Is there a more convenient or closer pharmacy that you don't use?**

- No
- Yes (please explain why you do not use this pharmacy)
- Add comment box

<b>What are the most convenient times for you to access a pharmacy? (Please tick all that apply)</b>	Early Mornings (before 9AM)	Mornings	Lunchtime	Afternoon	Evening	Late Nights (after 7PM)
Monday to Friday						
Saturday						
Sunday						

**9. Would you like to see any of these services provided by your local pharmacy?**

	Yes	No	Don't know
Dispensing of prescriptions			
Repeat dispensing services			
Home delivery and prescription collection services			
Needle exchange			
Advice from your pharmacist			
Sale of over-the-counter medicines			



Disposal of unwanted medicines			
Minor Ailments Service			
Flu vaccination services			
Detailed discussion with your pharmacist on how to take your existing and newly prescribed medicines			
Stopping smoking/nicotine replacement therapy			
Sexual health services (chlamydia testing/treating, condom distribution, emergency contraception)			
Immediate access to specialist drugs (e.g. Palliative care medicines)			
Supervised consumption of methadone and buprenorphine			
Emergency supply of prescription medicines			
Other, please specify:			

**10. How satisfied or dissatisfied are you with the current service provision?**

**a. Opening times**

Very satisfied  
Satisfied  
Neither satisfied nor dissatisfied  
Dissatisfied  
Very dissatisfied  
Any other comments

**b. Consultation rooms**

Very satisfied  
Satisfied  
Neither satisfied nor dissatisfied  
Dissatisfied  
Very dissatisfied  
Any other comments

**c. Medicines review and advice**

Very satisfied  
Satisfied  
Neither satisfied nor dissatisfied  
Dissatisfied  
Very dissatisfied  
Any other comments

**d. Any other comments**

**11. How could we make better use of pharmacies in Lewisham as a local health resource?**

**12. What new services would you like pharmacies in Lewisham to provide in the future?**

**13. Please tell us how your use of your pharmacy has changed since the Covid-19 pandemic?**

**Equalities Monitoring**

To ensure that the survey is representative of the population of the borough, please help us by filling in the information below. This will only be used for the purposes of monitoring and will not be passed on for use by third parties.

**8. What is your gender? (Please select only one option)**

- Male
- Female
- Transgender
- Non-binary
- Prefer not to say
- Other

**9. How would you define your sexual orientation? (Please select only one option)**

- Bi/bisexual
- Heterosexual/straight
- Homosexual/gay/lesbian
- Prefer not to say
- Other

**10. What age group are you in? (Please select only one option)**

- Under 16
- 16-24 years
- 25-34 years
- 35-44 years
- 45-54 years
- 55-64 years
- 65-74 years
- 74-85 years
- 85 years or over

**11. What is your ethnic group? (Please select only one option)**

- White British
- White Irish
- White and Black Caribbean
- White and Black African
- White and Asian
- Gypsy/Traveller
- Any other White background
- Black African
- Black Caribbean
- Black British
- Any other Black/African/ Caribbean Black background



Asian British  
Asian Indian  
Asian Pakistani  
Asian Bangladeshi  
Asian Chinese  
Arab  
Arab British  
Any other Asian background  
Any other mixed background  
Other

**12. Do you consider yourself to have a disability? Disability is defined as a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.**

Yes (please answer Q6)  
No  
Prefer not to say  
Other

**13. If 'yes' please tick all that apply that best describes your disability. This information helps us to improve access to our services.**

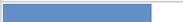
Visually impaired  
Hearing impaired  
Mobility disability  
Learning disability  
Communication difficulty  
Hidden disability: autism spectrum disorder (ASD)  
Hidden disability: attention deficit hyperactivity disorder (ADHD)  
Hidden disability: Asthma  
Hidden disability: Epilepsy  
Hidden disability: Diabetes  
Hidden disability: Sickle cell  
Other  
Prefer not to say

## 13.2 Lewisham Public Survey results

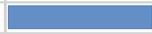
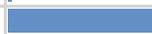
Do you live in Lewisham? (N=128, 1 skipped)		%	Responses
Yes		98.4%	126
No		1.6%	2
Please state the first part of your postcode. (N=127, 2 skipped)		%	Responses
SE6		39.4%	50
SE13		21.3%	27
SE23		11.0%	14
SE4		5.5%	7
SE8		5.5%	7
SE12		5.5%	7
SE14		3.1%	4
SE26		3.1%	4
SE3		2.4%	3
BR1		2.4%	3
SE1		0.8%	1
Do you usually use a pharmacy in Lewisham, another out-of-the borough pharmacy or an online/internet (distance-selling) pharmacy? (N=128, 1 skipped)		%	Responses
Yes – within the borough of Lewisham		95.3%	122
Yes – out-of-the borough (in the surrounding boroughs of Lewisham)		1.6%	2
Yes – out-of-the borough (not in the surrounding boroughs of Lewisham)		0.0%	0
Yes – distance-selling pharmacy (online/internet pharmacy)		0.8%	1
No		2.3%	3
How often do you use a pharmacy? (N=129)		%	Responses
Once a week		6.2%	8
More than once a week		1.6%	2
Once a month		49.6%	64
A few times a month		20.2%	26
Once in 2 months		15.5%	20
Once in 6 months		5.4%	7
Less than once a year		1.6%	2
What do you usually use your local pharmacy for? (please tick all that apply) (N=129)		%	Responses
For advice		32.6%	42
To collect prescribed medication		96.9%	125
To buy shampoo, toothpaste, and other toiletries		17.1%	22
To buy medication that doesn't need a prescription (over the counter medicines)		58.1%	75
To get support for long term conditions (e.g., diabetes, high blood pressure)		10.1%	13
If I am unable to get a GP appointment		13.2%	17
To find out about services available to you		2.3%	3
For specialised services (such as stop smoking services)		2.3%	3
Other (please specify)		6.2%	8
Vaccination			4
To buy supplements			2
Disposal of medicine			1
To collect prescription for family members			1
Do you use the same pharmacy on a regular basis? (N=129, 1 skipped)		%	Responses
Yes – I use the same community pharmacy (e.g. chemist on your high street) all of the time		72.7%	93
Yes – I use the same community pharmacy (e.g. chemist on your high street) most of the time		21.9%	28
Yes – I use online/internet pharmacies all of the time		0.0%	0
No – I use several different community pharmacies (e.g. chemist on your high street)		14.1%	18
No – I use a combination of community pharmacies (e.g. chemist on your high street) and online/internet pharmacies		2.3%	3

What is your most frequent way of travel to get to your pharmacy? (N=128, 1 skipped)	%	Responses
Walking	78.1%	100
Cycling	0.8%	1
Car/morobike/van	13.3%	17
Public transport	8.6%	11
Taxi	0.0%	0
I have my medicine delivered	2.3%	3
Other (please specify)	0.8%	1
Mobility aid		1
How long does it take for you to travel to your pharmacy? (N=128, 1 skipped)	%	Responses
Less than 5 minutes	26.6%	34
5-10 minutes	39.8%	51
10-15 minutes	18.0%	23
15-20 minutes	10.2%	13
20-25 minutes	2.3%	3
25-30 minutes	2.3%	3
30+ minutes	0.8%	1
I have my medicine delivered	0.8%	1
Is there a more convenient or closer pharmacy that you don't use? (N=127, 2 skipped)	%	Responses
No	66.9%	85
Yes	33.1%	42
What are the most convenient times on weekdays (Monday to Friday) for you to access a pharmacy? (please tick all that apply) (N=128, 1 skipped)	%	Responses
Early mornings (before 9am)	6.3%	8
Mornings	35.9%	46
Lunchtime	11.7%	15
Afternoon	30.5%	39
Evening	16.4%	21
Late nights (after 7pm)	7.0%	9
What are the most convenient times on Saturday for you to access a pharmacy? (please tick all that apply) (N=128, 1 skipped)	%	Responses
Early mornings (before 9am)	1.6%	2
Mornings	63.3%	81
Lunchtime	10.9%	14
Afternoon	28.1%	36
Evening	1.6%	2
Late nights (after 7pm)	2.3%	3
What are the most convenient times on Sunday for you to access a pharmacy? (please tick all that apply) (N=127, 2 skipped)	%	Responses
Early mornings (before 9am)	3.1%	4
Mornings	46.5%	59
Lunchtime	13.4%	17
Afternoon	26.8%	34
Evening	3.1%	4
Late nights (after 7pm)	1.6%	2

What are the most important reasons for choosing a pharmacy? (please tick all that apply) (N=128, 1 skipped)		%	Responses
It is close to my home		82.0%	105
It is close to my GP surgery		51.6%	66
It is close to my workplace		4.7%	6
It is in my local supermarket		3.1%	4
It has good parking facilities nearby		10.9%	14
It has disabled access		7.8%	10
Staff are friendly		61.7%	79
Staff are knowledgeable		63.3%	81
I trust the pharmacist who works there		52.3%	67
Staff speak my first language		6.3%	8
I am served quickly		37.5%	48
It sells the things I need		29.7%	38
It has convenient opening times		40.6%	52
It delivers medication to my home		6.3%	8
It has a private consultation area		18.8%	24
It has the prescriptions that I need		50.0%	64
It uses an electronic perscription services (EPS)		53.1%	68
It offers a prescription collection service from my GP surgery		35.9%	46
It offers lifestyle/behaviour change services		2.3%	3
It offers weight management services		0.0%	0
It offers stop smoking services		1.6%	2
Other (please specify)		3.1%	4
Vaccination			3
Medication supply issues			1
Has bike parking			1
Not within a supermarket			1
Closest pharmacy closed down			1
Good knowledge and selection of specialist supplements for my long covid			1
It has a great atmosphere - calming music, wonderful healthy products that i can't buy locally elsewhere.			1
Most pharmacy in the borough sell toxic products non dermatologic soaps and hair tinctures			1
They will communicate directly with my GP, on my behalf, is there are any queries about my script			1
Would you like to see any of these services provided by your local pharmacy? (N=126, 3 skipped)		%	Responses
<b>Dispensing of prescriptions</b>			
Yes		91.3%	115
No		2.4%	3
Don't know		4.0%	5
<b>Repeat dispensing services</b>			
Yes		92.9%	117
No		2.4%	3
Don't know		2.4%	3
<b>Home delivery and prescription collection services</b>			
Yes		73.0%	92
No		7.1%	9
Don't know		16.7%	21
<b>Needle exchange</b>			
Yes		25.4%	32
No		18.3%	23
Don't know		50.8%	64
<b>Advice from your pharmacist</b>			
Yes		90.5%	114
No		2.4%	3
Don't know		4.0%	5

<b>Sale of over-the-counter medicines</b>			
Yes		92.9%	117
No		1.6%	2
Don't know		3.2%	4
<b>Disposal of unwanted medicines</b>			
Yes		88.9%	112
No		2.4%	3
Don't know		5.6%	7
<b>Minor Ailments Service</b>			
Yes		80.2%	101
No		3.2%	4
Don't know		12.7%	16
<b>Flu vaccination services</b>			
Yes		85.7%	108
No		4.8%	6
Don't know		7.1%	9
<b>Detailed discussion with your pharmacist on how to take your existing and newly prescribed medicines</b>			
Yes		76.2%	96
No		5.6%	7
Don't know		15.1%	19
<b>Stopping smoking/nicotine replacement therapy</b>			
Yes		35.7%	45
No		23.8%	30
Don't know		34.9%	44
<b>Sexual health services (chlamydia testing/treating, condom distribution, emergency contraception)</b>			
Yes		45.2%	57
No		20.6%	26
Don't know		28.6%	36
<b>Immediate access to specialist drugs (e.g. Palliative care medicines)</b>			
Yes		50.0%	63
No		10.3%	13
Don't know		34.9%	44
<b>Supervised consumption of methadone and buprenorphine</b>			
Yes		27.8%	35
No		22.2%	28
Don't know		46.0%	58
<b>Emergency supply of prescription medicines</b>			
Yes		86.5%	109
No		1.6%	2
Don't know		7.9%	10
<b>Other (please specify)</b>			
They already do most if not all of these.			4
Weight Management			3
Vaccinations			2
All of these services are important for community pharmacies			2
Homeopathy/alternative treatments			1
Mental Health first aid			1
Information for carers and support workers			1
Better service by the staff			1

How satisfied or dissatisfied are you with the current service provision? (N=127, 2 skipped)	%	Responses
<b>Opening times</b>		
Very satisfied	37.0%	47
Satisfied	41.7%	53
Neither satisfied nor dissatisfied	10.2%	13
Dissatisfied	7.9%	10
Very dissatisfied	3.1%	4
Any comments:		
Weekends		5
Good opening times		5
Sunday opening		4
Unpredictable opening times		3
Lunchtime		2
Longer hours		3
After work		2
Weekend		1
Early mornings		1
Since changing chemist I have not needed to access most of these services.		1
Late nights		1
Longer hours on the weekend		1
<b>Consultation rooms</b>		
Very satisfied	18.9%	24
Satisfied	22.8%	29
Neither satisfied nor dissatisfied	40.9%	52
Dissatisfied	3.1%	4
Very dissatisfied	4.7%	6
Any comments:		
Not available/not sure if available		11
Not discrete		6
Never used		5
Small		3
Staffs are too busy		1
Unorganised room		1
<b>Medicines review and advice</b>		
Very satisfied	22.8%	29
Satisfied	23.6%	30
Neither satisfied nor dissatisfied	38.6%	49
Dissatisfied	6.3%	8
Very dissatisfied	2.4%	3
Any comments:		
Never used		3
I don't normally review medicines at pharmacist - would be good if they offered.		3
Usually done at the till with other customers waiting so not very confidential		2
Are the pharmacist qualified to review my medication?		2
My medicine review is done/or should be done by my GP		2
After asking for emergency contraception, I have unlawfully taken in a separate room and questioned about my sexual health. I declined answering any of the question and the pharmacist denied me access to the over counter medicine that is emergency contraception. I have lost any trust for local pharmacy near my house.		1
Their staff is not welcoming, very rude & also Always delay my repeated prescription. Many times they forget.		1
Staff are too busy to do this		1
A previous chemist I went to did an annual review of my medication. This one has not as yet.		1
They are happy to explain things I'm not sure about and check things with me.		1
Different answers/advice from different pharmacists		1
I find the GP and Pharmacy reviews as an irritating necessity on their part.		1
Not available/not sure if available		1

What is your gender? (N=127, 2 skipped)		%	Responses
Male		20.5%	26
Female		78.0%	99
Transgender		0.0%	0
Non-binary		0.0%	0
Prefer not to say		1.6%	2
Other (please specify)		0.0%	0
How would you define your sexual orientation? (N=124, 5 skipped)		%	Responses
Bi/bisexual		2.4%	3
Heterosexual/straight		80.6%	100
Homosexual/gay/lesbian		6.5%	8
Prefer not to say		9.7%	12
Other (please specify)		0.8%	1
What age group are you in? (N=126, 3 skipped)		%	Responses
16-24 years		0.8%	1
25-34 years		3.2%	4
35-44 years		15.9%	20
45-54 years		15.1%	19
55-64 years		21.4%	27
65-74 years		29.4%	37
75-84 years		14.3%	18
85 years or over		0.0%	0
Prefer not to say		0.0%	0
What is your ethnic group? (N=126, 3 skipped)		%	Responses
White British		58.7%	74
White Irish		7.9%	10
White and Black Caribbean		0.0%	0
White and Black African		0.0%	0
White and Asian		0.8%	1
Gypsy/Traveller		0.0%	0
Any other White Background		12.7%	16
Black African		3.2%	4
Black Caribbean		5.6%	7
Black British		1.6%	2
Any other Black/African/Caribbean Black background		0.8%	1
Asian British		0.8%	1
Asian Indian		1.6%	2
Asian Pakistani		0.0%	0
Asian Bangladeshi		0.0%	0
Asian Chinese		0.0%	0
Arab		0.0%	0
Arab British		0.0%	0
Any other Asian background		0.8%	1
Any other mixed background		0.8%	1
Prefer not to say		2.4%	3
Other (please specify)		3.2%	4
	White English		3
	Irish/Yugoslav		1

Do you consider yourself to have a disability? Disability is defined as a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities. (N=128, 1 skipped)		%	Responses
Yes		30.5%	39
No		62.5%	80
Prefer not to say		7.0%	9
If 'yes' please tick all that apply that best describes your impairment. This information helps us to improve access to our services. (N=28, 7 skipped among who said yes)		%	Responses
Visually impaired		3.6%	1
Hearing impaired		7.1%	2
Mobility disability		53.6%	15
Learning disability		3.6%	1
Communication difficulty		0.0%	0
Hidden disability: Autism Spectrum Disorder (ASD)		7.1%	2
Hidden disability: Attention Deficit Hyperactivity Disorder (ADHD)		7.1%	2
Hidden disability: Asthma		25.0%	7
Hidden disability: Epilepsy		0.0%	0
Hidden disability: Diabetes		64.3%	18
Hidden disability: Sickle cell		0.0%	0
Prefer not to say		21.4%	6
Other (please specify)		21.4%	6
Other mental health conditions			5
Multiple sclerosis			2
Chronic obstructive pulmonary disease			2
Long Covid			2
Cancer			1
Crohn's disease			1
Hydrocephalus			1
Dyspraxia			1
Osteoporosis			1
Myalgic encephalomyelitis			1
Chronic cough			1
Rheumatoid Arthritis			1

Please see section 5.5 for free-text analysis of four additional questions.

## 14 Appendix F –GP & Dental service providers

**Table 37 GP practices in Lewisham (Apr 2022)**

Any important changes since April 2022 in GP practices have been stated in the organisation name section using brackets.

Organisation Code	Organisation Name	Postcode
G85003	Belmont Hill Surgery (merged with The Lewisham Care Partnership)	SE13 5AY
G85004	The Jenner Practice (merged with Bellingham Green Surgery and South Lewisham Group Practice and now known as Modality Lewisham)	SE23 1HU
G85005	South Lewisham Group Practice (merged with Bellingham Green Surgery and The Jenner Practice and now known as Modality Lewisham)	SE6 2SP
G85008	Mornington Surgery (merged with Kingfisher Medical Centre and closed in July 2021)	SE14 6TD
G85015	The Qrp Surgery (known as Queens Road Partnership)	SE14 5HD
G85020	Kingfisher Medical Centre	SE8 5DA
G85023	Lewisham Medical Centre	SE13 5PJ
G85024	Sydenham Green Group Practice	SE26 4TH
G85026	Clifton Rise Family Practice	SE8 4BG
G85027	Burnt Ash Surgery (merged with The Lewisham Care Partnership)	SE12 8NP
G85032	Torridon Road Medical Practice	SE6 1RB
G85035	Morden Hill Surgery (merged with The Lewisham Care Partnership)	SE13 7NN
G85038	St John's Medical Practice (merged with The Lewisham Care Partnership)	SE13 7SX
G85046	Lee Road Surgery	SE3 9RT
G85055	Hilly Fields Medical Centre (merged with The Lewisham Care Partnership)	SE4 1JN
G85057	Downham Family Medical Practice	BR1 5EP
G85061	Woolstone Medical Centre	SE23 2SG
G85076	New Cross Centre (Hurley Group) (known as New Cross Health Centre)	SE14 6LD
G85085	Grove Medical Centre	SE8 3QH
G85089	Honor Oak Group Practice	SE4 2LA
G85104	ICO Health Group	BR1 5EP
G85105	Vesta Road Surgery	SE4 2NH
G85114	Wells Park Practice	SE26 6JQ
G85120	Triangle Group Practice	SE13 6DQ
G85121	Parkview Surgery	SE6 1AT
G85124	Bellingham Green Surgery (merged with The Jenner Practice and South Lewisham Group Practice and now known as Modality Lewisham)	SE6 3JB

G85633	Novum Health Partnership	SE6 4JH
G85696	Vale Medical Centre	SE23 2JF
G85698	Amersham Vale Training Practice	SE14 6LD
G85711	Deptford Surgery	SE14 6TJ
G85716	Oakview Family Practice	BR1 5NJ
G85722	Woodlands Health Centre	SE13 6RN
G85727	Nightingale Surgery	SE12 8NP
G85736	Deptford Medical Centre	SE14 6TG

**Table 38 Dental practices in Lewisham (Apr 2022)**

ODS Code	Name	Postcode
V00466	Dental Surgery	SE13 5LQ
V00471	Dental Surgery	SE13 5BJ
V00505	Dental Beauty Forest Hill	SE23 1BX
V00963	Community Health South London N	SE8 4BG
V82726	Waldron Dental Clinic	SE14 6LD
V82643	Sparkly Smile Limited	SE3 0TA
V12102	Downham Health Centre	BR1 5EP
V45589	Oral Surgery Ltd	SE6 4AF
V83425	Lee Dental And Implant Practice	SE12 8RA
V83504	Banning Dental Group	SE13 7FT
V00063	Crofton Park Dental Practice	SE4 1QY
V00238	Hillview Dental Centre	SE6 1AG
V00459	L Ziman & Associates Ltd	SE4 2AQ
V00460	Colosseum Dental (Creekside)	SE8 3PR
V00461	Dental Surgery	SE14 6QD
V00463	Dental Surgery	SE8 5QW
V00464	Dental Care Centre	SE14 5DG
V00465	Dental Surgery	SE12 8LU
V00475	Dental Surgery	SE12 8PU
V00477	Dental Surgery	SE3 0RL
V00478	Dental Surgery	SE13 6BG
V00482	Dental Surgery	SE12 9NG
V00488	Dental Surgery	SE6 4SN
V00490	Denticare Group	SE6 2LQ
V00492	Dental Surgery	BR1 4PH
V00494	First Dental Grove Park	SE12 9PP
V00500	Oral Surgery Ltd - Maxident	SE6 2NZ
V00501	Oral Surgery Ltd - Family Dental	SE23 3HN
V00503	Colosseum Dental (Forest Hill)	SE23 3HF
V00504	Idh Ltd	SE26 5HF

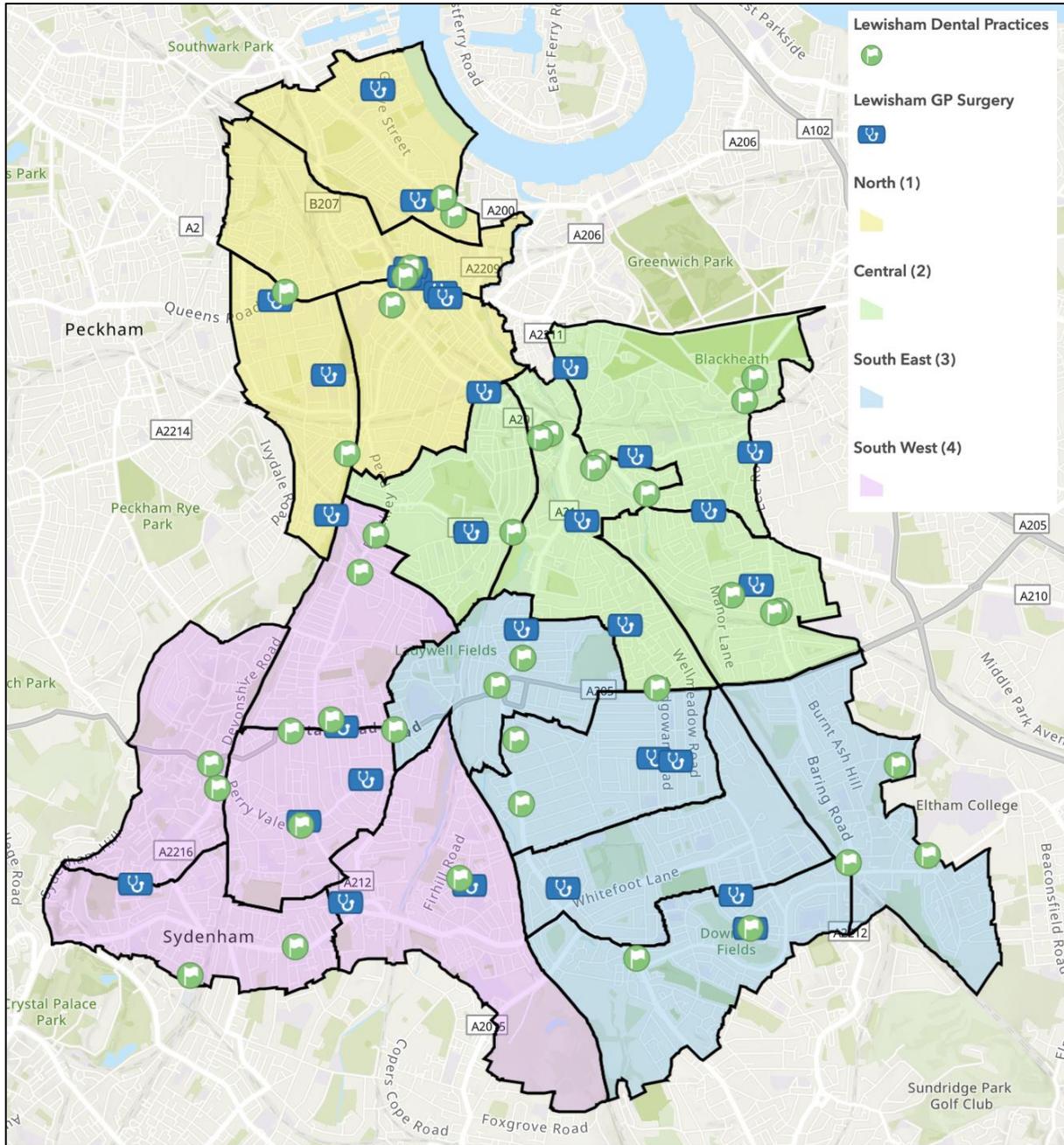


## Lewisham Pharmaceutical Needs Assessment 2022

V00506	Miss Ea Dighe	SE6 3HQ
V00508	Dental Surgery	SE23 2LR
V00957	Jenner Health Centre	SE23 1RJ
V01860	Dental Surgery	SE26 6DP
V07643	Colosseum Dental (Honor Oak)	SE4 2EY
V04587	Forest Hill Dental Surgery	SE23 3HN
V04794	Stanstead Road (Dental Surgery)	SE6 4UE
V11539	Rushey Green Dental Practice	SE6 4AF
V10679	Baring Road Dental Practice	SE12 0DU
V83551	Ms Priya Gupta - Baring Road Dental	SE12 0DU
V169050	Portman Healthcare Ltd	SE13 7DJ
V169019	Total Orthodontics Lewisham	SE13 7UX

## 15 Appendix G – Maps

Figure 30 The location of health services in the Lewisham boroughs





**Figure 32 Drive time to nearest pharmacy in Lewisham or surrounding areas (minutes)**

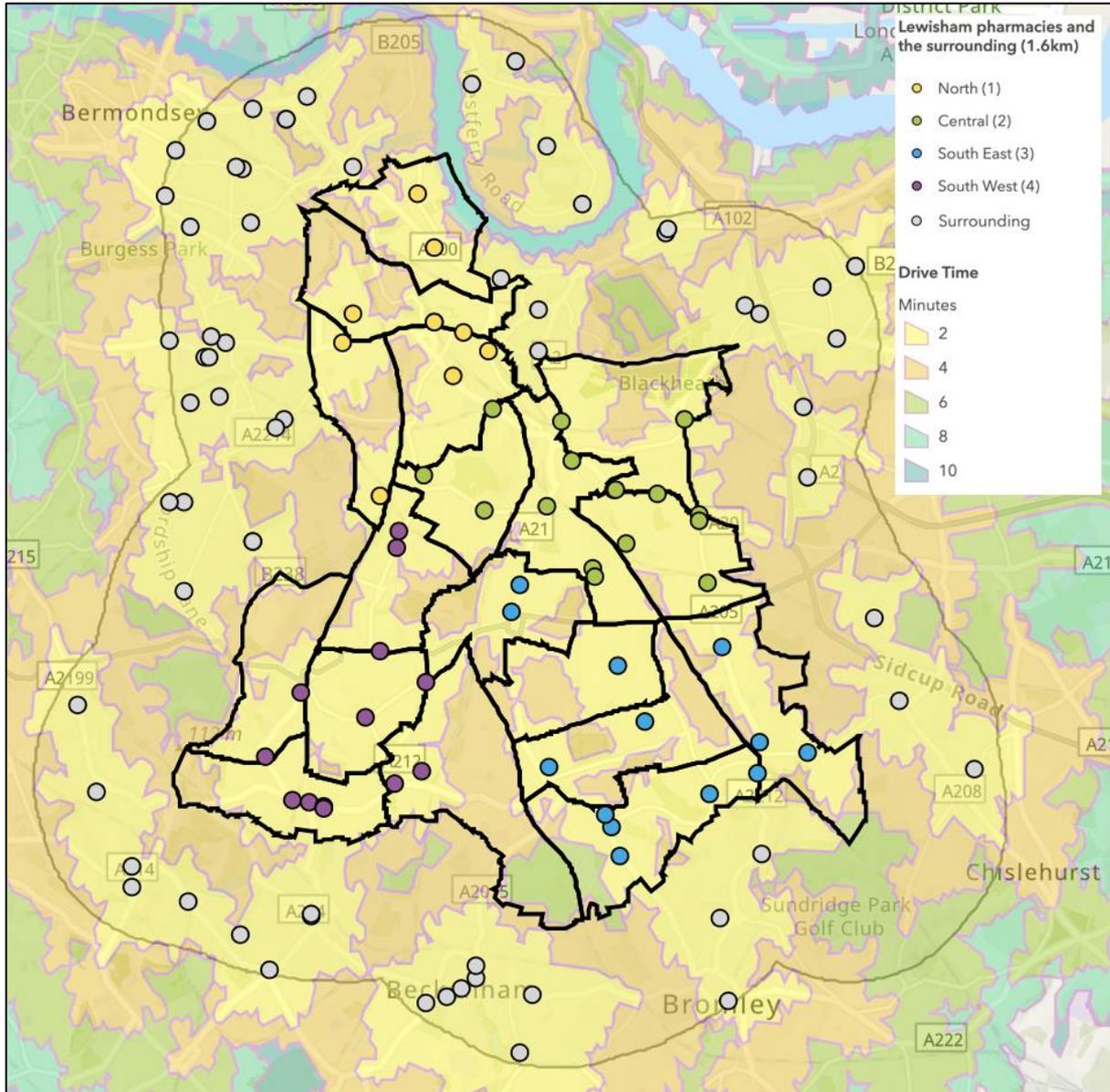
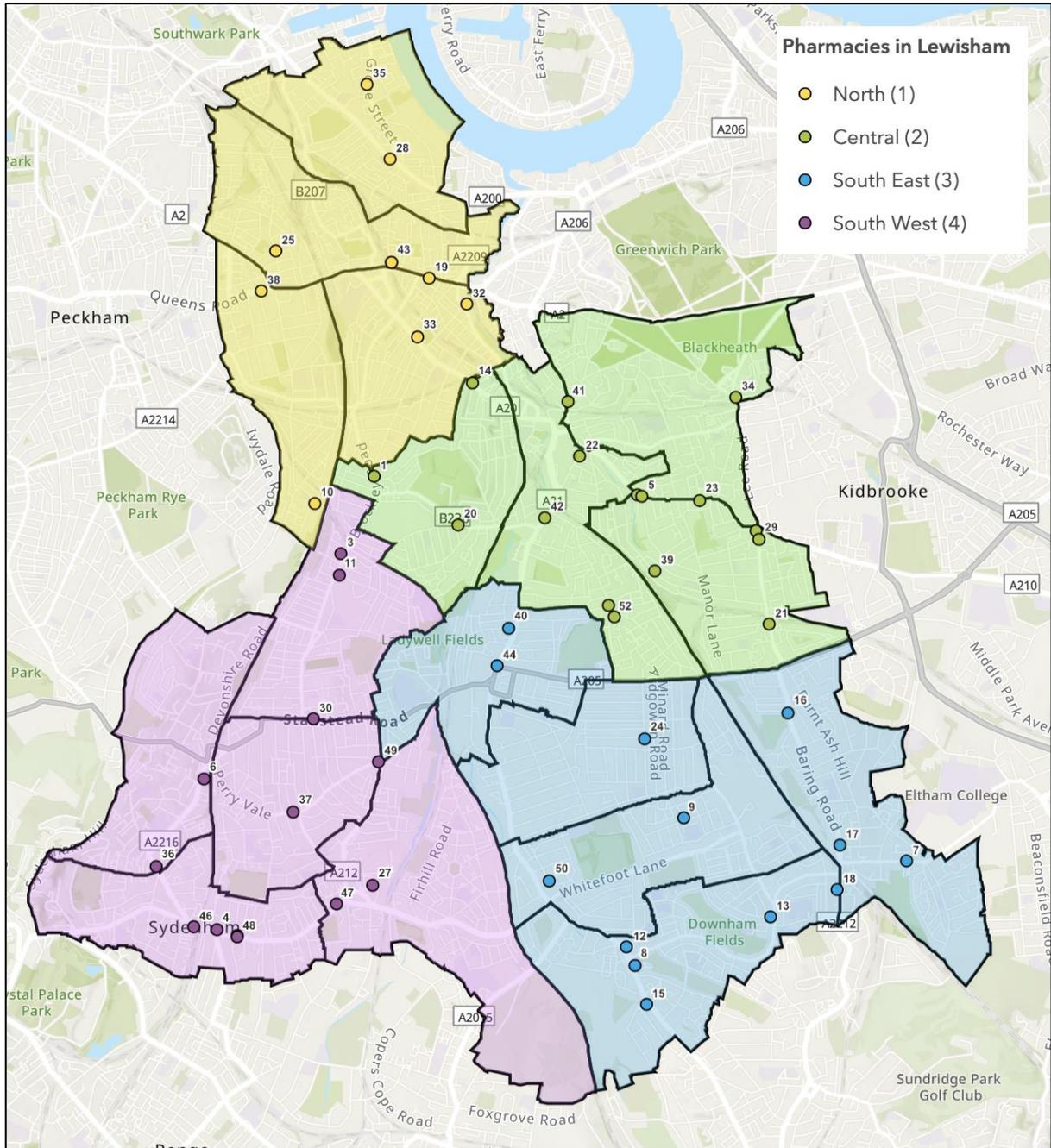
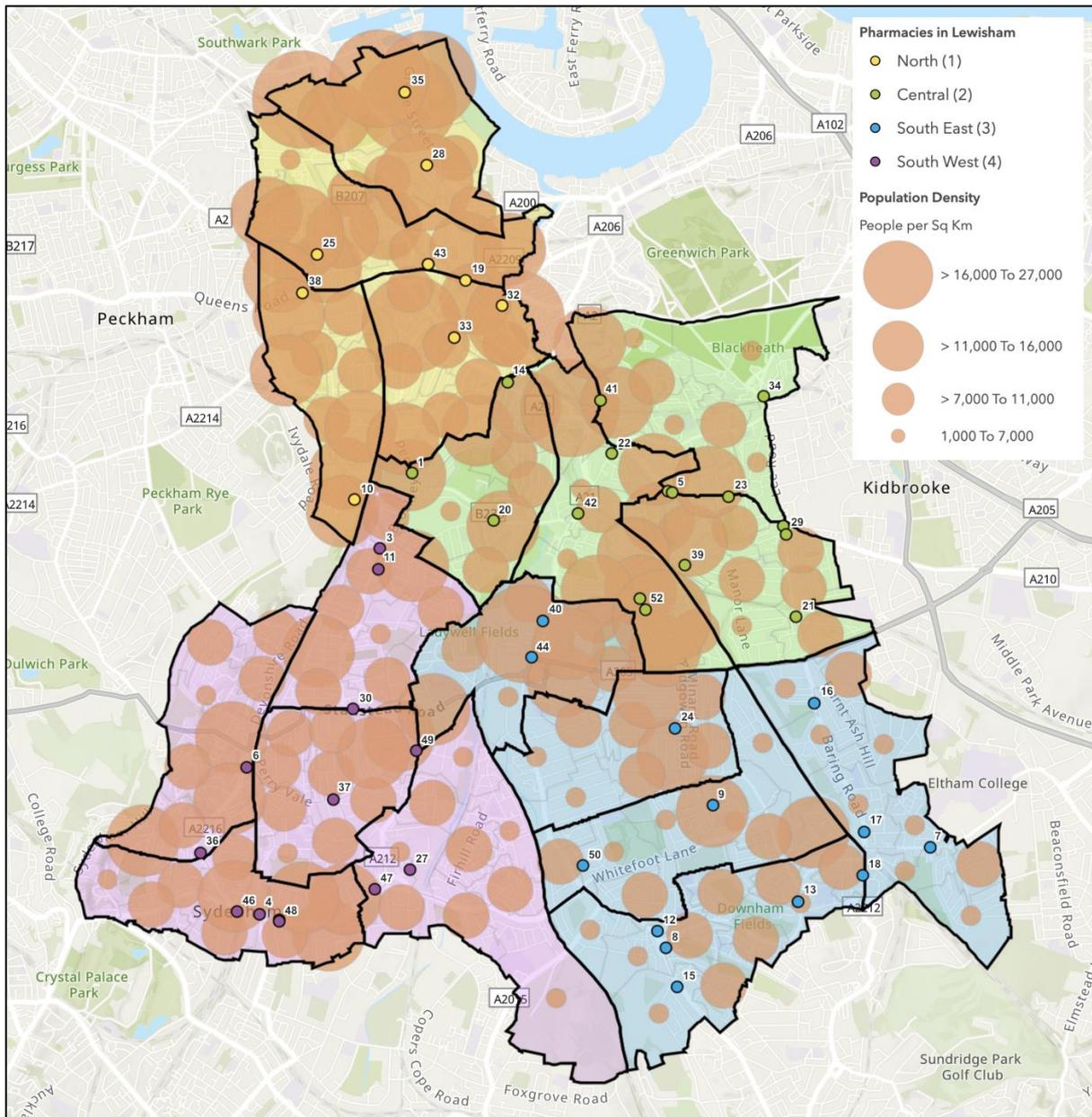


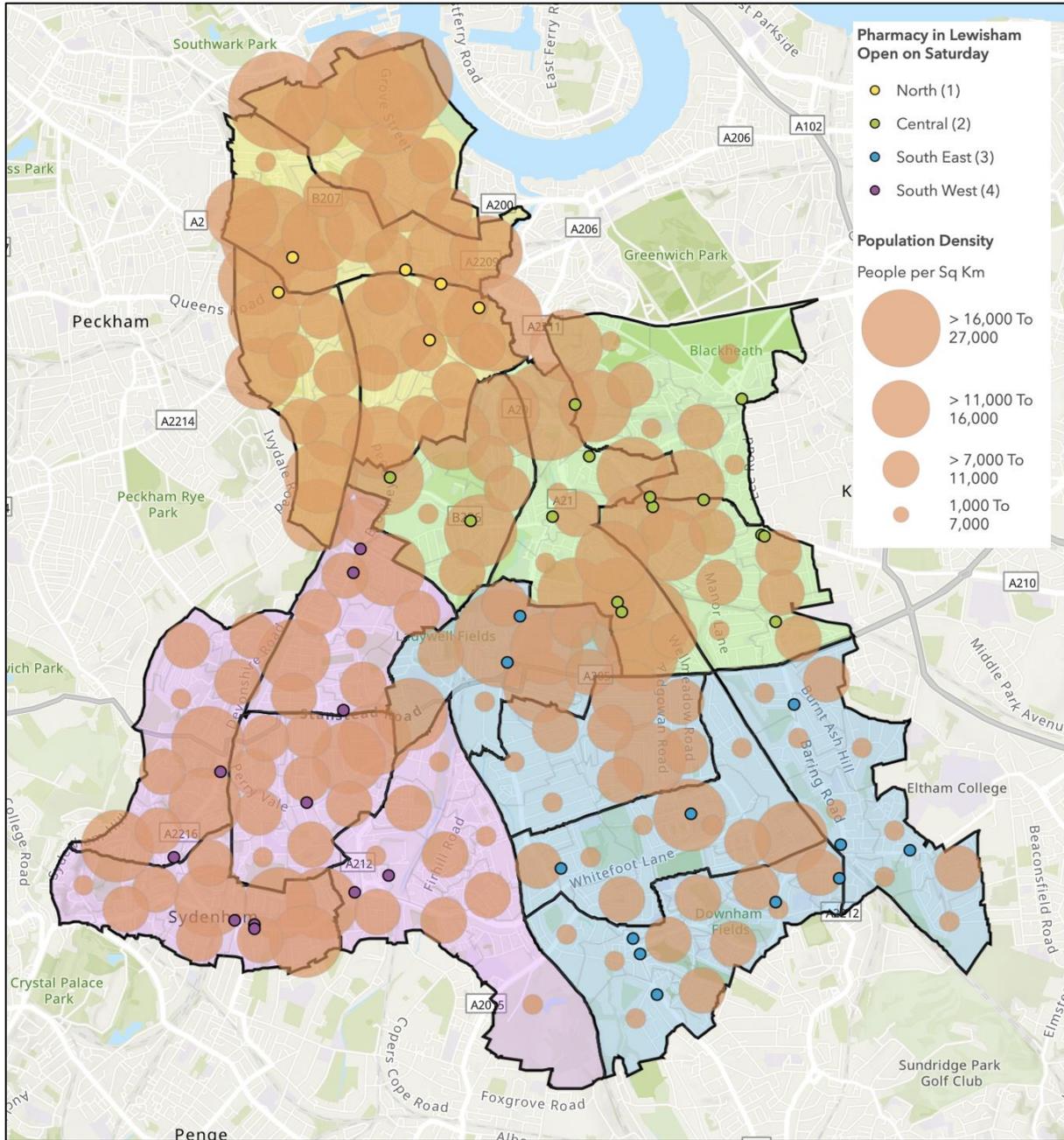
Figure 33 Location of pharmacies by locality in Lewisham open on weekdays



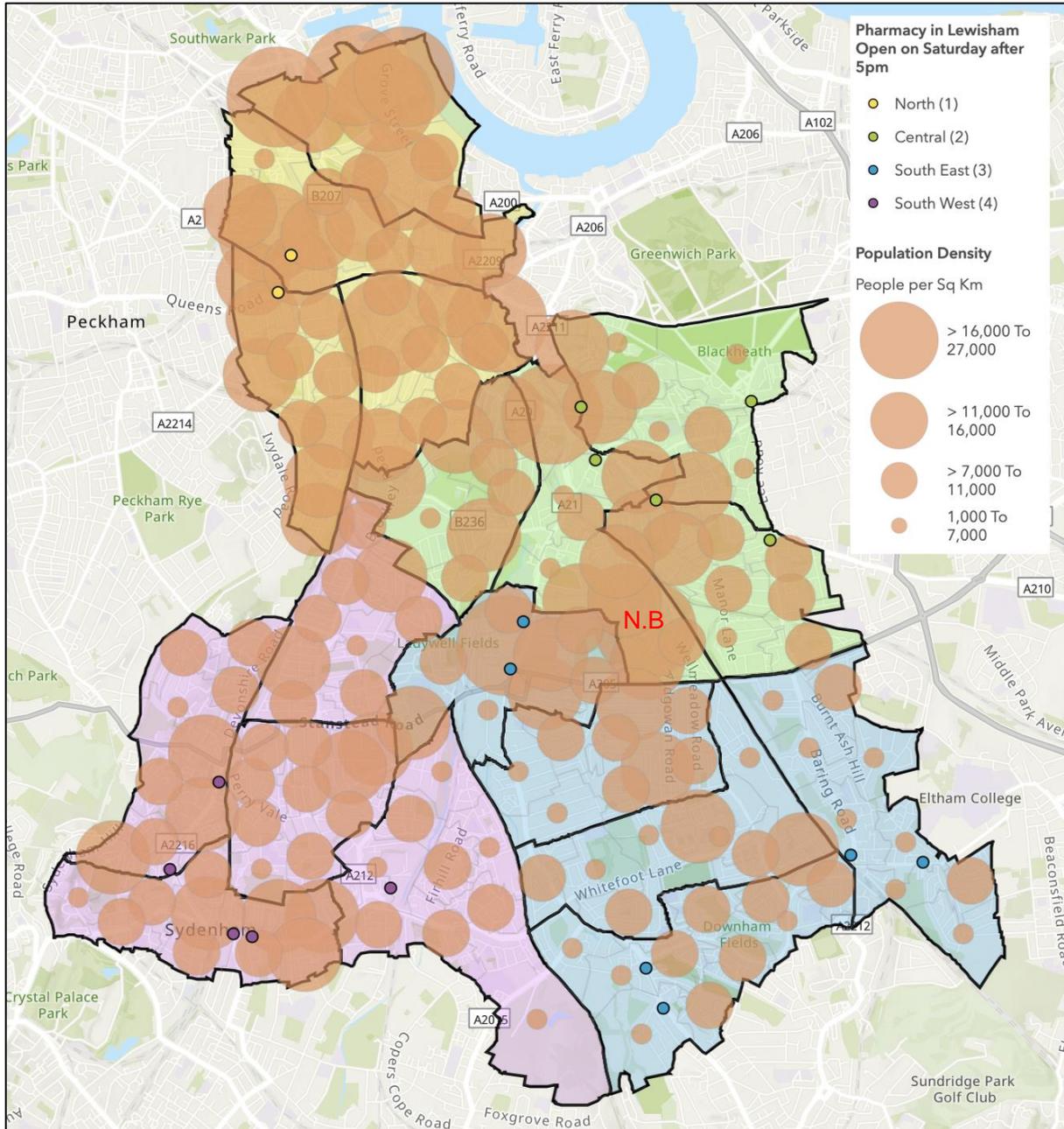
**Figure 34 Location of pharmacies by locality in Lewisham open on weekday evenings (after 5pm) with Population Density for LSOA (dot density)**



**Figure 35 Location of pharmacies by locality in Lewisham open on Saturdays with Population Density for LSOA (dot density)**

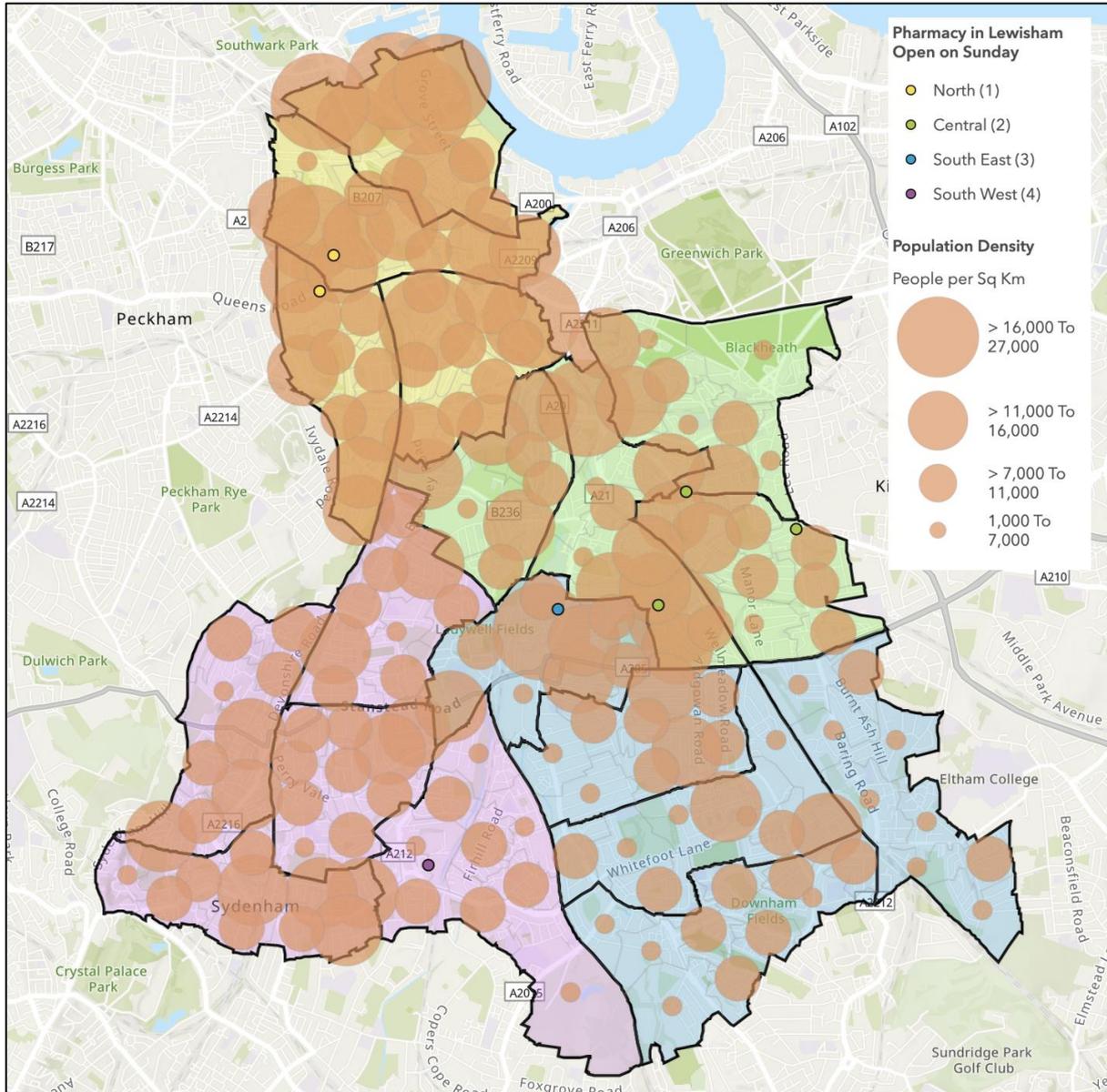


**Figure 36 Location of pharmacies by locality in Lewisham open on Saturday evening (after 5pm) with Population Density for LSOA (dot density)**

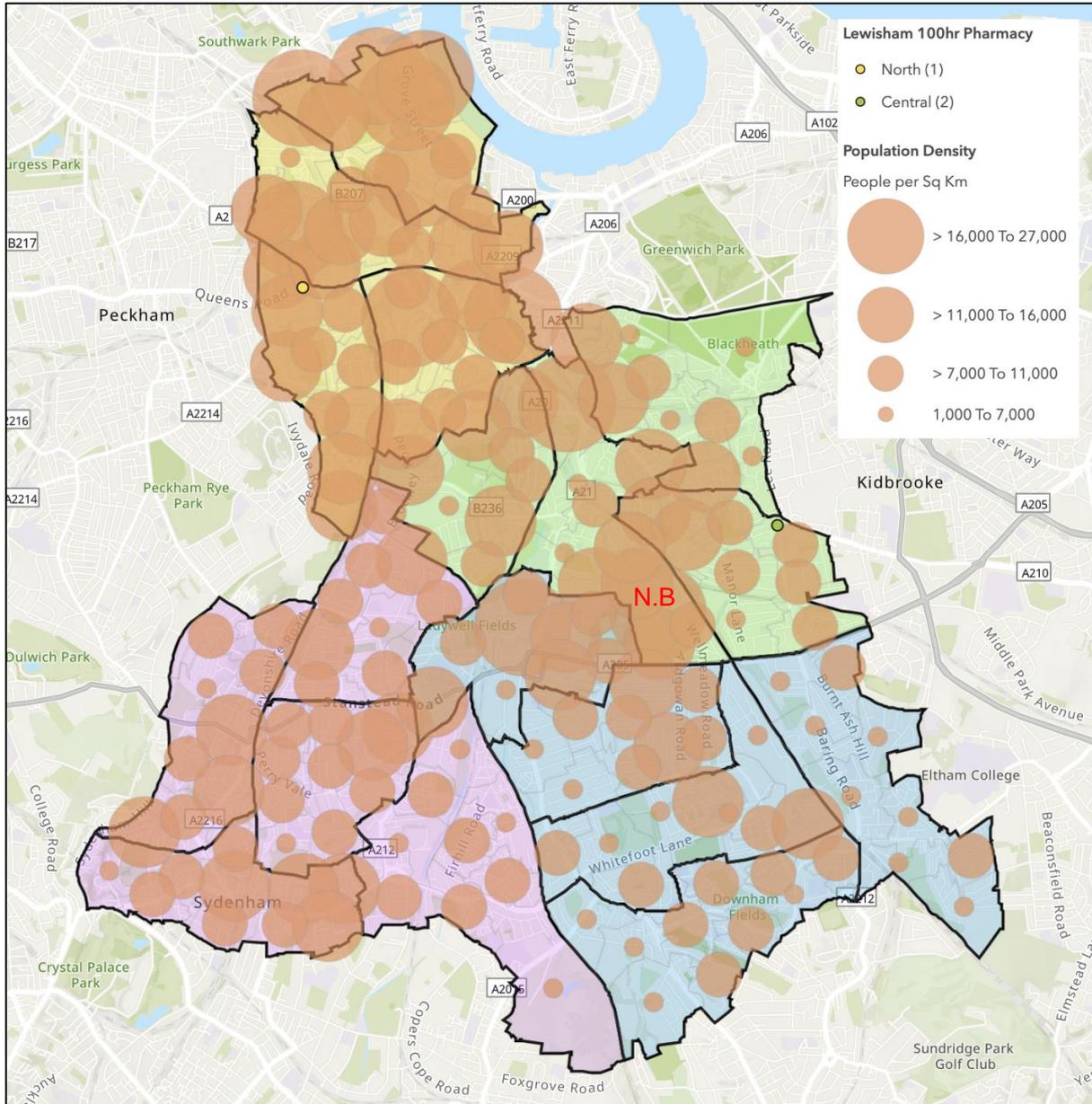


N.B. The opening hours of Woodlands Pharmacy (Map ID: 52) has changed in November 2022 to become a 100-hour pharmacy and now opens on Saturday evening.

**Figure 37 Location of pharmacies by locality in Lewisham open on Sunday with Population Density for LSOA (dot density)**

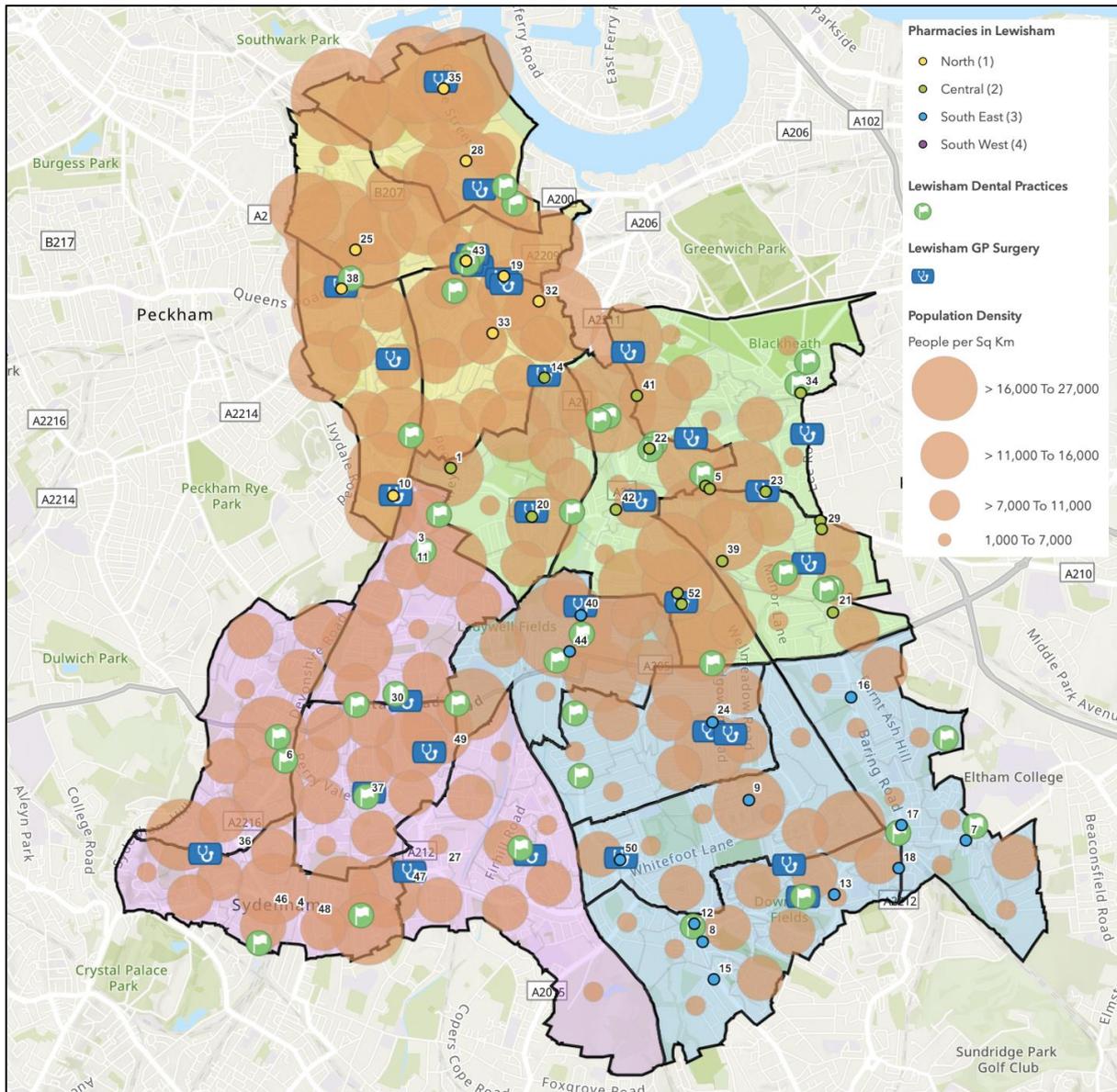


**Figure 38 Location of 100-hour pharmacies by locality in Lewisham with Population Density for LSOA (dot density)**



N.B. The opening hours of Woodlands Pharmacy (Map ID: 52) has changed in November 2022 to become a 100-hour pharmacy.

**Figure 39 Location of pharmacies and other health services in Lewisham with Population Density for LSOA (dot density)**



Dot density is another way of presenting the population distribution with every person in an area signified by a dot. This presentation makes it easier to display geographical features as well, such as roads, green sites, industrial areas etc

## 16 Appendix H – Draft Statutory PNA Consultation Process

The Pharmaceutical Regulations state that:

When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB must consult the following about the contents of the assessment it is making:

- a) any Local Pharmaceutical Committee for its area (including any Local Pharmaceutical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);
- b) any Local Medical Committee for its area (including any Local Medical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);
- c) any persons on the pharmaceutical lists and any dispensing doctors list for its area;
- d) any LPS chemist in its area with whom the NHSCB has made arrangements for the provision of any local pharmaceutical services;
- e) any Local Healthwatch organisation for its area, and any other patient, consumer, or community group in its area which in the opinion of HWB1 has an interest in the provision of pharmaceutical services in its area;
- f) any NHS trust or NHS foundation trust in its area;
- g) the NHSCB; and
- h) any neighbouring HWB.

### **What are the statutory time requirements for the consultation?**

The consultation must be for a minimum of 60 days. This consultation will start on 30<sup>th</sup> August and end on 15<sup>th</sup> November.

How are we consulting?

The survey for consultation is being conducted using a structured questionnaire using Consultation hub Lewisham - Citizen Space (see Appendix A).

The survey is advertised through:

- the Lewisham local authority consultation channels
- the Integrated Care Board (ICB) consultation channels, including all GP practices
- the LPC to all pharmacists and the public pharmacy groups
- the Health Watch to local groups
- direct email to neighbouring Integrated Care Board (ICB) and Health and Wellbeing Boards
- direct email to Chief Pharmacist of acute and mental health trust.

### **Wider engagement**

The PNA advisory group and a follow-on meeting with the local authority communications lead and Health Watch agreed the following groups and engagement method for the wider group.

### **Audience**

The audience for the wider engagement will be

- Health Watch identified current forums and groups
- Residents through local authority communications channels with voluntary sector/community groups, housing associations and residents.



## **Process**

The questionnaire for the engagement is provided in Appendix A.

A PowerPoint slide deck explaining:

1. What is the PNA?
2. Why are we engaging with the local communities?
3. How will the data be used?
4. How will the communities receive feedback on the outcomes of the engagement process?
5. Questionnaire and link to Consultation hub Lewisham - Citizen Space

Similarly, the Get Involved should have the descriptions (a-d) above in the introduction.

## **Data analyses**

Responses will be collected and analysed using quantitative and qualitative methods. Findings will be used to update the draft PNA.

## 17 Appendix I – Terms of Reference

### 17.1 Lewisham PNA – Steering Group Terms of Reference

Establish a steering group that will include key PNA stakeholders. A small management group within the wider steering group will manage the implementation of the PNA.

#### Background

The provision of NHS Pharmaceutical Services is a controlled market. Any pharmacist, dispensing appliance contractor or dispensing doctor (rural areas only), who wishes to provide NHS Pharmaceutical services, must apply to be on the Pharmaceutical List.

The National Health Service England (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (SI 2013 No. 349) set out the system for market entry. Under the Regulations, Health and Wellbeing Boards are responsible for publishing a Pharmaceutical Needs Assessment (PNA); and NHS England is responsible for considering applications.

A PNA is a document which records the assessment of the need for pharmaceutical services within a specific area. As such, it sets out a statement of the pharmaceutical services which are currently provided, together with when and where these are available to a given population. The PNA is used by NHS England to consider applications to open a new pharmacy, move an existing pharmacy or to provide additional services.

#### Purpose

To provide input and advice to the development of the Pharmaceutical Needs Assessment in Lewisham, in particular advising on stakeholder perspectives and engagement.

#### Areas of input will be on:

1. Public engagement on current services
2. Commenting on the emerging evidence and its implications
3. Consultation on the draft PNA
4. Final proposals
5. Other aspects of the process as appropriate.

#### Roles and functions of the steering group

The Lewisham PNA Steering Group (PNA SG) has been established to:

- Oversee and drive the formal process required for the development of a PNA for Lewisham
- Ensure that the published PNA complies with all the requirements set out under the Regulations
- Promote integration of the PNA with other strategies and plans including the Joint Health and Wellbeing Strategy, the Integrated Care Board (ICB)'s Commissioning Strategy Plans and other relevant strategies.

## Key Objectives

- Support the work to develop the PNA with internal and external stakeholders, including patients, service users and the public
- Approve the project plan and timeline
- Drive the project ensuring that key milestones are met
- Ensure that the requirements for the development and content of PNAs are followed and that the appropriate assessments are undertaken, in line with the Regulations
- Determine the localities which will be used for the basis of the assessment
- Determine the criteria for necessary and relevant services and apply these to pharmaceutical services, taking into account stakeholder feedback including views from patients and the public
- Ensure that the needs of the public and residents of Lewisham are met
- Oversee the consultation ensuring that this meets the requirements set out in the Regulations
- Consider and act upon formal responses received during the formal consultation process, making appropriate amendments to the PNA
- Develop and approve a consultation report as required by the Regulations and ensure that this is included within the final PNA
- Submit the final PNA to the Health & Wellbeing Board for approval prior to publication

## Membership - The Steering Group membership is as follows:

- Trish Duffy – Public Health Intelligence Manager (Patricia.Duffy@lewisham.gov.uk)
- Cecilia Pyper – PHAST PNA Project Lead
- Yebeen Ysabelle Boo – PHAST PNA Project Manager
- Catherine Mbema - Director of Public Health (Catherine.mbema@lewisham.gov.uk)
- Erfan Kidia - Assistant Director of Medicines Optimisation (Lewisham) - SEL ICB (erfan.kidia@selondonics.nhs.uk)
- Christine Banwell - Medicines Optimisation (christine.banwell@nhs.net)
- Katherine Howes - LIMOS Team (katherine.howes@nhs.net)
- Simon Parton - LMC Chair (simonparton@nhs.net)
- Marzena Zoladz – Healthwatch (Marzena@healthwatchlewisham.co.uk)
- Raj Matharu – LPC (raj.matharu@nhs.net)
- Chima Olugh – Lewisham Primary Care team ([chima.olugh@nhs.net](mailto:chima.olugh@nhs.net))
- Brian Coutinho – Public Health Analyst (brian.coutinho@lewisham.gov.uk)
- Gill Amas – Comms, Lewisham Council ([Gill.Amas@lewisham.gov.uk](mailto:Gill.Amas@lewisham.gov.uk))

## Frequency of meetings - Every 4-6 weeks

### Quorum

- Chair (or nominated deputy)
- Community Pharmacist (LPC, Pharmacy Local Professional Network or local contractor)
- Three other members



## 17.2 Lewisham PNA – Stakeholder Advisory Group Terms of Reference

### Background

The provision of NHS Pharmaceutical Services is a controlled market. Any pharmacist, dispensing appliance contractor or dispensing doctor (rural areas only), who wishes to provide NHS Pharmaceutical services, must apply to be on the Pharmaceutical List.

The National Health Service England (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (SI 2013 No. 349) set out the system for market entry. Under the Regulations, Health and Wellbeing Boards are responsible for publishing a Pharmaceutical Needs Assessment (PNA); and NHS England is responsible for considering applications.

A PNA is a document which records the assessment of the need for pharmaceutical services within a specific area. As such, it sets out a statement of the pharmaceutical services which are currently provided, together with when and where these are available to a given population. The PNA is used by NHS England to consider applications to open a new pharmacy, move an existing pharmacy or to provide additional services.

The London Borough of Lewisham published the PNA in 2022 under these regulations. The Health and Wellbeing Board has now initiated the process to refresh the PNA; this is in accordance with the Regulations which require a new document to be published every 3 years.

### Objective / Purpose

To support and advise the production of a Pharmaceutical Needs Assessment and to ensure that it satisfies the relevant regulations including consultation requirements and meets the needs of all communities.

Membership - The Stakeholder Advisory Reference Group membership is as follows:

Name	Role
Trish Duffy	Lead PNA Management
Catherine Logan	Lead PNA Stakeholder Engagement
Catherine Mbema	Consultant in Public Health
Cecilia Pyper	PNA lead - PHAST
Erfan Kidia	Assistant Director of Medicines Optimisation (Lewisham) - SEL ICB
Raj Matharu	LPC representative
Simon Parton	LMC representative
Marzena Zoldaz	HealthWatch Lewisham
Gemma Thomas	Communications and Equalities
Sally-Anne Kayes	NHSE/I

Additional members may be co-opted on to the group for particular roles.

### Frequency of meetings

Ad-hoc as needed.

### Role and Responsibilities –



**The Stakeholder Advisory Reference Group is established to:**

- Advise on all aspects of stakeholder engagement including surveys
- To comment on the PNA process and documents from a stakeholder perspective in order to meet the requirements of the PNA
- To provide advice on the process of public consultation and how to deal with comments
- Promote integration of the PNA with other strategies and plans including the Joint Strategic Needs Assessment, the Joint Health & Wellbeing Strategy, Integrated Care Board (ICB) Commissioning Strategy Plan and other relevant strategies including the Sustainability and Transformation Plan.
- Champion the work to develop the PNA with internal and external stakeholders, including patients, service users and the public

**Key tasks of the Stakeholder Advisory Reference Group include to:**

- Provide local support to the PHAST team by providing local intelligence – stakeholders
- Review and validate information and data on population, demographics, pharmaceutical provision, and health needs
- Ensure the PNA that is presented to the HWB is fully representative of the borough's needs.
- Oversee the consultation ensuring that this meets the requirements set out in the Regulations Regulation 8 of The NHS Regulations 2013
  - Any Local Pharmaceutical Committee for its area
  - Any Local Medical Committee for its area
  - Any persons on the 'Pharmaceutical Lists' and any dispensing doctors list for its area
  - Any LPS chemist in its area
  - Any Local Healthwatch organisation for its area
  - Any NHS trust or NHS foundation trust in its area
  - NHSE/I
  - Any neighbouring HWB
  - Ensure that due process is followed
- Determine the impact of changes which have occurred since the current PNA was written, including: changes to the application process which allow consolidation of contracts; the new remuneration arrangements for community pharmacy and the Pharmacy Access Scheme
- Approve the framework for the PNA
- Develop and approve a draft PNA for formal consultation with stakeholders
- Consider and act upon formal responses received during the formal consultation process, making appropriate amendments to the PNA Develop and approve a consultation report as required by the Regulations and ensure that this is included within the final PNA

**Quorum**

Chair (or nominated deputy)

Community Pharmacist (LPC, Pharmacy Local Professional Network or local contractor)

Three other members

# 18 Appendix J – Gantt chart

Table 39 Gantt chart

Project Stage		Project Activity	Date	Week	Duration	Jun-2022	Jul-2022	Aug-2022	Sep-2022	Oct-2022	Nov-2022	Dec-2022	Jan-2023	Feb-2023	Mar-2023	Apr-2023	May-2023	Jun-2023	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23			
1. Launch / Management	Establish a PNA steering group to oversee development of the PNA	I.1 Initial Client Meeting	03-01-22	1	1																						
		I.2 Develop the PNA Framework	03-01-22	1	1																						
		I.3 Organise the overall project management and governance	03-01-22	1	1																						
		I.4 Identify key stakeholders for reference group	07-01-22	1	1																						
		I.5 Set up and facilitate the PNA steering group	03-01-22	1	1																						
		I.6 Develop project plan with timeline, work plan meeting schedule and risk register	03-01-22	1	2																						
		I.7 Agree project plan	10-01-22	2	1																						
		2. Data review, Scoping and Acquisition	Work with the UB to identify information required to draft the PNA and where it can be sourced from	B.1 Create a data request framework	10-01-22	2	1																				
				B.2 Identify a key contact with the Local Health Board (LHB)	14-01-22	2	1																				
				B.3 Identify a key contact with the Local Pharmaceutical Committee (LPC)	14-01-22	2	1																				
				B.4 Agree data in support of evidence of the areas pharmacy needs	14-01-22	2	2																				
				B.5 Start data collection	14-01-22	2	10																				
				B.6 Scope geography and areas	14-01-22	2	10																				
				B.7 Scope demographics (M, M2A/Ward and CCG (well))	14-01-22	2	10																				
				B.8 Scope population projections including demographic change	14-01-22	2	10																				
				B.9 Agree geographic localities based on commissioning or other area divisions	14-01-22	2	10																				
				B.10 Review health profile and health improvements relevant to pharmacies	14-01-22	2	10																				
3. Evidence Review	Work with the UB to identify information required to draft the PNA and where it can be sourced from	B.11 Review current and future pharmaceutical service provisions	14-01-22	2	10																						
		B.12 Review pharmaceutical service provisions in surrounding areas	14-01-22	2	10																						
		B.13 Review pharmaceutical service provision at key times throughout the week	14-01-22	2	10																						
		B.14 Review Nationally commissioned pharmaceutical services	14-01-22	2	10																						
		B.15 Review Locally commissioned services, including public health services	14-01-22	2	10																						
		B.16 Scope other relevant services that may impact on local pharmaceutical needs	14-01-22	2	10																						
		E.1 Review previous PNA and ZONA	07-02-22	4	8																						
		E.2 Review national policy documents	07-02-22	4	8																						
		E.3 Review Health profile	07-02-22	4	8																						
		E.4 Review housing developments that may impact on local pharmacy needs	07-02-22	4	8																						
4. Wider Stakeholder Engagement	Develop and conduct the contractor and patient/public questionnaires	E.5 Address ways to improve equity in access to pharmaceutical services	07-02-22	4	8																						
		E.6 Create pharmacy survey to confirm service provision and identify local pressures	07-02-22	4	3																						
		E.7 Engage with public using surveys or focus groups including 'hard to reach groups'	07-02-22	4	5																						
		E.8 Work with Healthwatch & other organisations to engage with hard to reach groups	04-03-22	7	4																						
		E.9 Send out surveys including reminders to improve response rate	28-02-22	7	4																						
		E.10 Survey return deadline	28-03-22	11	1																						
5. Data Analysis	Analyse the service provision and health needs and draft a template PNA including the production of maps required	E.11 Conduct Semi-structured telephone interviews with key stakeholders	28-03-22	11	4																						
		V.1 Analyse PNA data to assess the adequacy of existing services	11-04-22	13	4																						
		V.2 Population analysis to identify any gaps in current need	11-04-22	13	4																						
		V.3 Housing Development analysis to identify any gaps for future need	18-04-22	14	4																						
		V.4 Analyse pharmaceutical services offered and opening times	25-04-22	15	4																						
		V.5 Produce a series of GIS maps that have been agreed by the steering group	25-04-22	15	4																						
		V.6 Analyse all survey and interview data	25-04-22	15	4																						
6. Produce final draft of PNA for sign off for public consultation	Analyse the service provision and health needs and draft a template PNA including the production of maps required	V.7 Review if pharmacy location and services impacts on health inequalities	25-04-22	15	4																						
		W.1 Finalise draft PNA Report for consultation	25-04-22	15	4																						
		W.2 First draft PNA reports circulated to steering and stakeholder reference group	23-05-22	19	1																						
		W.3 Stakeholder Reference Group meeting / review	30-05-22	20	1																						
		W.4 Produce final version of draft Consultation Report ready for formal consultation	10-06-22	21	1																						
8. Formal 60 Day Consultation	Develop and conduct the contractor and patient/public questionnaires	W.5 Stakeholder consultation communications agreed	06-06-22	21	1																						
		W.6 Dissemination to key stakeholders agreed	06-06-22	21	1																						
		W.7 Consultation questionnaire agreed	06-06-22	21	1																						
		W.8 Start Formal 60 day Consultation	13-06-22	22	9																						
		W.9 Complete Formal 60 day Consultation	08-08-22	30	1																						
9. Final Report	Analyse the service provision and health needs and draft a template PNA including the production of maps required	R.1 Analysis of Responses and production of near final PNA report	08-08-22	30	2																						
		R.2 Stakeholder Reference Group meeting	22-08-22	32	1																						
		R.3 HWB Meeting	22-08-22	32	2																						
		R.4 Final Steering group meeting	29-08-22	33	1																						
		R.5 Final Stakeholder Reference Group meeting	05-09-22	34	1																						
		R.6 Final PNA Report for approval by HWBB	16-09-22	35	1																						
		R.7 Final PNA Report signed off by HWBB and published	16-09-22	35	1																						



## 19 Appendix K – Acknowledgements

We thank all those who have helped us to produce this PNA plan through signposting, contribution during consultation process; and providing comments to earlier drafts. We would particularly like to thank members of the Steering Group for their advice and guidance throughout the process.

## 20 Appendix L – Glossary of abbreviations & Terms

**Table 40 Glossary of terms and phrases defined in regulation 2 of the 2013 Regulations**

Controlled localities/controlled locality	Means an area that is a controlled locality by virtue of regulation 36(1) or is determined to be so in accordance with regulation 36(2).	A controlled locality is an area which has been determined, either by NHS England, a primary care trust a predecessor organisation or on appeal by the NHS Litigation Authority (whose appeal unit handles appeals for pharmaceutical market entry and performance sanctions matters), to be “rural in character”. It should be noted that areas that have not been formally determined as rural in character and therefore <i>controlled localities</i> , are not <i>controlled localities</i> unless and until NHS England determines them to be. Such areas may be considered as rural because they consist open fields with few houses but they are not a <i>controlled locality</i> until they have been subject to a formal determination.
Core opening hours	Is to be construed, as the context requires, in accordance with paragraph 23(2) of Schedule 4 or paragraph 13(2) of Schedule 5, or both.	Pharmacies are required to be open for 40 hours per week, unless they were approved under Regulation 13(1)(b) of the 2005 Regulations in which case they are required to open for 100 hours per week. Dispensing appliance contractors (DACs) are required to be open for not less than 30 hours per week.
Directed services	Means additional pharmaceutical services provided in accordance with directions under section 127 of the 2006 Act.	These are advanced and enhanced services as set out in Directions.
Dispensing doctor(s)	Is to be construed in accordance with regulation 46(1).	These are providers of primary medical services who provide pharmaceutical services from medical practice premises in the area of NHS England; and general practitioners who are not providers of primary medical services but who provide pharmaceutical services from medical practice premises in the area of the HWB.
Distance selling premises	Listed chemist premises, or potential pharmacy premises, at	These premises could have been approved under the 2005 Regulations in which case they could be pharmacies or

	<p>which essential services are or are to be provided but the means of providing those services are such that all persons receiving those services do so otherwise than at those premises.</p>	<p>DACs. Under the 2012 and 2013 Regulations only pharmacy contractors may apply to provide services from distance selling premises. Distance-selling contractors are in the main internet and some mail-order, but they all cannot provide “essential services” to persons face to face at their premises and must provide a service across England to anyone who requests it.</p>
Enhanced services	<p>Means the additional pharmaceutical services that are referred to in direction 4 of the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013.</p>	<p>These are pharmaceutical services commissioned by NHS England, such as services to Care Homes, language access and patient group directions.</p>
Essential services	<p>Except in the context of the definition of “distance selling premises”, is to be construed in accordance with paragraph 3 of Schedule 4.</p>	<p>These are services which every community pharmacy providing NHS pharmaceutical services must provide and is set out in their terms of service – these include the dispensing of medicines, promotion of healthy lifestyles and support for self-care. Distance- selling pharmacy contractors cannot provide essential services face to face at their premises.</p>
Neighbouring HWB	<p>In relation to a HWB (HWB1), means the HWB of an area that borders any part of HWB1.</p>	<p>Used when, for example, an HWB is consulting on their draft PNA and needs to inform the HWBs which border their HWB area.</p>
NHS chemist	<p>Means an NHS appliance contractor or an NHS pharmacist.</p>	

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/197634/Pharmaceutical Needs Assessment Information Pack.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/197634/Pharmaceutical_Needs_Assessment_Information_Pack.pdf)



## Health and Wellbeing Board

### Lewisham Suicide Prevention Strategy and Action Plan

**Date:** 8<sup>th</sup> March 2023 (item deferred from December 2022 meeting)

**Key decision:** No

**Class:** Part 1

**Ward(s) affected:** All

**Contributors:** Kerry Lonergan, Consultant in Public Health, Dr Catherine Mbema, Director of Public Health, London Borough of Lewisham

### Outline and recommendations

The purpose of this report is to update the Lewisham Health and Wellbeing Board on the work that has been completed to create the Lewisham suicide prevention strategy.

The Health and Wellbeing Board are recommended to:

- Note the contents of the report
- Note the findings from the Suicide Audit
- Agree the strategy and action plan for the borough from 2022-2025

### Timeline of engagement and decision-making

Initial meeting of the suicide prevention task and finish group – 4<sup>th</sup> November 2021

Public consultation with Lewisham residents of knowledge of suicide prevention approaches – 9<sup>th</sup> May – 10<sup>th</sup> June 2022

Final meeting of the suicide prevention working group and sign off of action plan and audit – July 2022 (virtual)

## 1. Recommendations

- 1.1. The purpose of this report is to update the Lewisham Health and Wellbeing Board on the work that has been completed to create the Lewisham suicide prevention strategy.
- 1.2. The Health and Wellbeing Board are recommended to:

- Note the contents of the report
- Note the findings from the Suicide Audit
- Agree the strategy and action plan for the borough from 2022-2025

## 2. Summary

- 2.1. In 2019, Lewisham Council launched its two year suicide prevention strategy, to lead a system-wide approach to reducing suicide by working collaboratively with partners.
- 2.2. The COVID-19 pandemic interrupted activity related to this public health crisis.
- 2.3. Late in 2021, the suicide prevention task and finish group were convened to consider progress against the 2019 strategy, oversee a suicide audit and develop a strategy and action plan.
- 2.4. The task and finish group consulted the local community to understand their experiences of suicide prevention, held focus groups to seek the views of those who have experienced the services and support around suicide and suicide prevention, and considered and interpreted the data that was presented in a suicide audit.
- 2.5. The task and finish group were able to produce an action plan and strategy based on the feedback gained from the activities described in section 2.4.

## 3. Background

- 3.1. In 2019, the Health and Wellbeing Board agreed the Lewisham Suicide Prevention Strategy 2019-2021. It was approved with a drive for collective action to:
  - Contribute to a national 10% reduction in the suicide rate by 2021
  - Provide better support for those affected by suicide in Lewisham
  - Raise awareness of suicide prevention in Lewisham among the frontline workforce and wider community
- 3.2. Progress since the 2019 strategy and action plan has been slower than planned, but has seen important developments:
  - The Council's public health team has access to anonymised data from the Police and Thrive London on those who are recently bereaved by suicide – the real time surveillance system (RTSS). This allows partners to respond rapidly to support those who may be at risk of suicide themselves after suffering bereavement.
  - The rates of suicide declined as a result of the pandemic, although the reasons for this remain unclear.
  - The importance of mental health and responding to poor mental health as a risk factor for suicide has become a priority for the government since the pandemic.
  - University Hospital Lewisham's emergency department has a RedThread youth worker embedded in the setting as a link for those young people who are attending for a range of reasons, including self-harm which is a risk factor for suicide in younger people.

## 4. Findings from the Lewisham Suicide Audit 2022

- 4.1. A suicide audit was performed to inform the development of the Lewisham Suicide Prevention Strategy for the next four years. The audit looked at data from 2019 to 2021 (where available) from the primary care mortality database (PCMD and real time surveillance system (RTSS). The findings of the audit are summarised as follows:
- 4.2. Lewisham has lower suicide rates in comparison to rates for England. Although lower

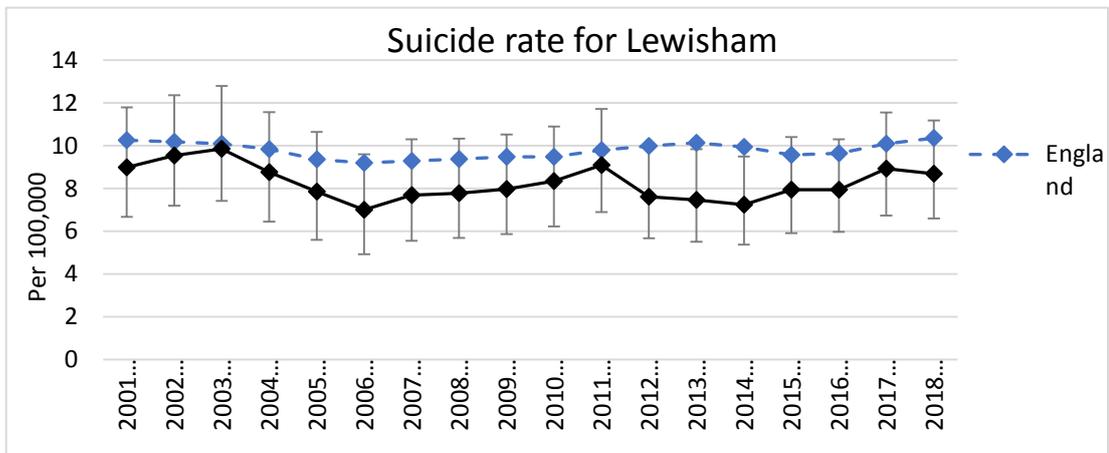
### Is this report easy to understand?

Please give us feedback so we can improve. **Page 214**

Go to <https://lewisham.gov.uk/contact-us/send-us-feedback-on-our-reports>

overall, since 2014/16 the rate has been steadily increasing, with a minor decline during 2020/21 which may be as a direct impact of COVID.

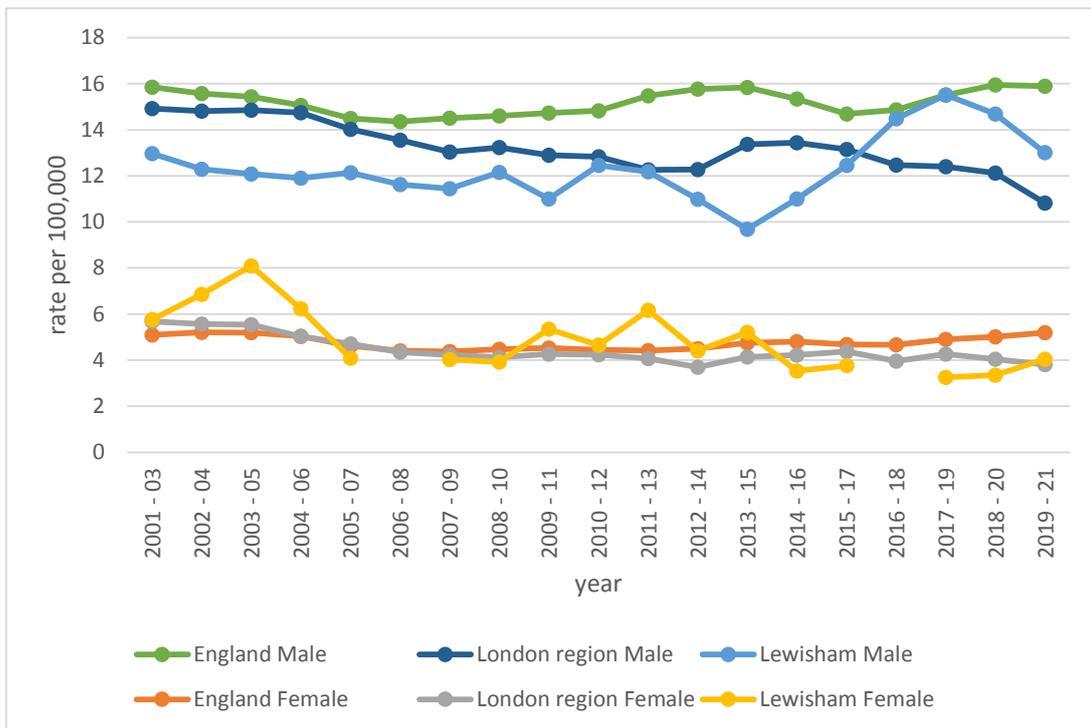
4.3. Figure 1: Suicide rate for Lewisham



Source: PHE Fingertips

4.4. Suicide rates by gender in Lewisham follow the same pattern as London and England patterns. Males experience a higher rate of death from suicide in comparison to females (see Figure 2).

4.5. Figure 2 Suicide rate by gender in Lewisham compared to England



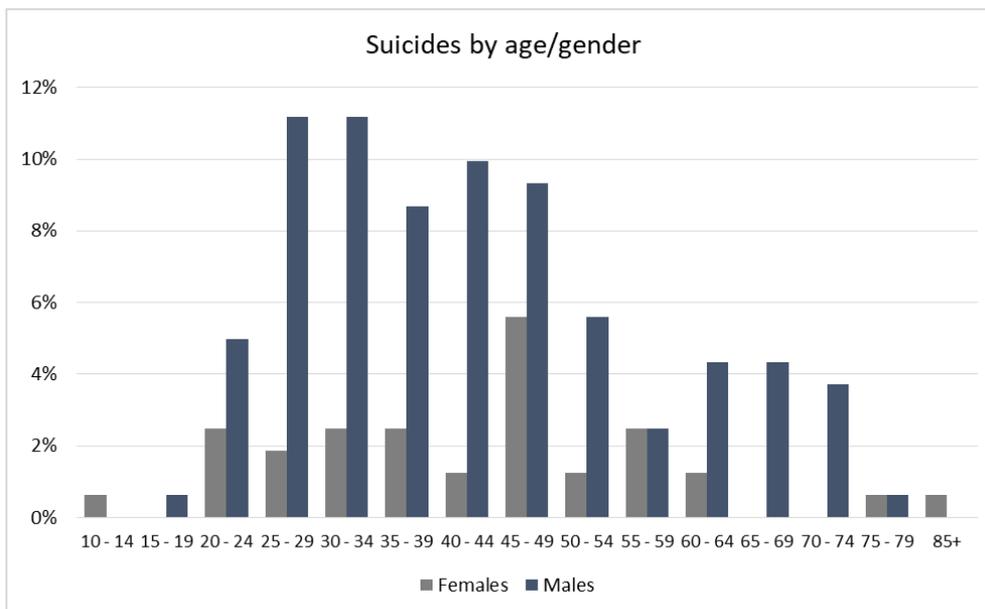
\*please note gaps in Lewisham female data relate to gaps in data from the source (i.e. figure not know)

Source: PHE Fingertips

4.6. The national strategy identifies middle aged men and children and young people as

having the highest risk of death by suicide. In Lewisham, the highest rates are in males aged between 25 and 49 years old.

4.7. Figure 3 Suicide by age and gender in Lewisham



Source: PCMD

4.8. Further detailed information can be found in the Suicide Audit attached at Appendix 1.

## 5. Suicide Prevention Strategy 2022-25

- 5.1. The strategy was developed with key stakeholders who were part of a task and finish group. The group discussed findings from the most recent suicide audit, evidence based practice and expert feedback from those working locally with Lewisham communities. A public consultation and focus group were conducted over the summer of 2022 to enrich and enhance the evidence and data gathered.
- 5.2. Every death by suicide in Lewisham is one too many. Suicide is a preventable cause of death with devastating impacts. The vision for the strategy is that no one in Lewisham takes their own life.
- 5.3. During the spring of 2022 (9<sup>th</sup> May to 10<sup>th</sup> June 2022) the Council ran an online consultation for the residents asking questions about knowledge of suicide prevention interventions and training. The consultation received a total of 89 responses, two thirds of respondents were female (66%), and the majority self-reported as white ethnicity (84%).
- 5.4. Respondents felt we could do more by having promotional material available, and by running prevention sessions in community spaces, free of charge, for residents to attend. There was a feeling that in order to create more open discussion about suicide in the community, there needed to be more mental health support, including recruiting and training allies, faster access to services, early identification of escalating mental health concerns, and removing stigma to have the conversations.
- 5.5. During a focus group with those who have been bereaved by suicide, there were a number of times when they could see that their family member needed help and support, but didn't feel there was a strong and impactful intervention that really helped to tackle the underlying reasons.

### Is this report easy to understand?

Please give us feedback so we can improve. Page 216

Go to <https://lewisham.gov.uk/contact-us/send-us-feedback-on-our-reports>

5.6. The full strategy can be read at Appendix 2.

## 6. Suicide Prevention Action Plan

6.1. The vision that no one in Lewisham will take their own life is ambitious but underpinned by an action plan with a series of objectives:

6.2. **Objective 1:** Borough wide leadership for suicide prevention - establishing a multi-agency strategic group to oversee delivery of the strategy and linked action plan, advocating for everyone to play their part in reducing rates of self-harm and death by suicide.

6.3. **Objective 2:** Reduce the risk of suicide in key high-risk groups - data and evidence tell us there are common factors that put people at risk of dying by suicide. It's important to recognise the risk to these groups and to offer them additional support to tackle the underlying reasons for the risk.

6.4. **Objective 3:** Increasing the availability and importance of protective factors to improve mental health and reducing social isolation - it's important to ensure that partner organisations and the health system embed approaches to improve resilience and contributions to improved mental health within their offers and services.

6.5. **Objective 4:** Removing the access to means of suicide - our ambition of zero suicide has to be supported by partners and organisations who will work with us to reduce and remove access to the means people use to attempt suicide in the borough.

6.6. **Objective 5:** Support research, data collection and monitoring - we should continue to build on and learn from existing research evidence, reinforcing the relevance by using and applying local data and learning.

6.7. **Objective 6:** Provide information and support to those bereaved or affected by suicide - we know from our focus group with service users that those who have experienced the trauma of losing a loved one to suicide find it difficult to reach out, and may not know who to reach out to. Using real time data and feedback in the borough will link the right service to those in need at the right time.

6.8. Further details can be found in the action plan at appendix 3.

## 7. Governance, Monitoring, Delivery and Evaluation

7.1. The Suicide Prevention task and finish group reports into the Lewisham Crisis Collaborative, which is a sub group of the Mental Health Alliance. The Alliance brings together those working across mental health services in the borough to tackle issues within the system.

7.2. In the future, the task and finish group will become the Suicide Prevention Operational Group with strategic oversight provided by the Crisis Collaborative.

7.3. The Council's Health and Wellbeing Board will have final sign off for the Strategy, Action Plan and Audit. Annual updates and audits will be shared with the Health and Wellbeing Board to ensure local councillors are kept up to date on progress against the objectives and vision of zero suicide set out in the strategy and action plan.

7.4. A South East London (SEL) suicide prevention group coordinates activity across the six SEL boroughs, ensuring consistency and cooperation between boroughs and organisations to tackle similar and overarching issues. The work of the Lewisham operational group will be shared with the SEL group by operational and alliance group members.

### Is this report easy to understand?

Please give us feedback so we can improve.

Page 217

Go to <https://lewisham.gov.uk/contact-us/send-us-feedback-on-our-reports>

- 7.5. Residents are an important element of the suicide prevention group. The consultation across May and June 2022 will be followed up with a You Said, We Did update which will give detail on how the consultation feedback has been incorporated into the action plan. This will be published when agreement has been given by the Health and Wellbeing Board.

## **8. Financial implications**

- 8.1. Resourcing of suicide prevention activity within Lewisham will be met from existing public health budgets.

## **9. Legal implications**

- 9.1. There are no legal implications arising for Lewisham Council from this report.

## **10. Equalities implications**

- 10.1. The differences in the impact of death by suicide for population groups in Lewisham have been highlighted in the suicide audit report in Appendix 1.

## **11. Climate change and environmental implications**

- 11.1. There are no significant climate change and environmental implications of this report.

## **12. Crime and disorder implications**

- 12.1. There are no significant crime and disorder implications of this report.

## **13. Health and wellbeing implications**

- 13.1. The health and wellbeing implications for this report are outlined in the main body of text.

## **14. Report author and contact**

- 14.1. Dr Catherine Mbema  
[Catherine.mbema@lewisham.gov.uk](mailto:Catherine.mbema@lewisham.gov.uk)  
Kerry Lonergan  
[Kerry.lonergan@lewisham.gov.uk](mailto:Kerry.lonergan@lewisham.gov.uk)

### **Is this report easy to understand?**

Please give us feedback so we can improve. **Page 218**

Go to <https://lewisham.gov.uk/contact-us/send-us-feedback-on-our-reports>

# Lewisham Suicide Audit 2022

## Contents

Introduction .....	3
Definitions of suicide .....	3
The national policy context.....	3
High Risk Groups.....	3
Cross government action .....	4
National Comparison .....	5
Methodology.....	6
Data source .....	6
Analysis .....	6
Results .....	7
Discussion.....	20
Limitations.....	21
References .....	21

## Table of figures

Figure 1- PHE Fingertips.....	5
Figure 2 Suicide rate for Lewisham .....	7
Figure 3 Number of suicides per year .....	7
<i>Figure 4 Suicide rate by gender .....</i>	<i>8</i>
Figure 5 Gender by proportion .....	9
Figure 6 Suicide by age and gender.....	10
Figure 7 Age at death (all genders).....	10
Figure 8 Suicide prevention area profile.....	11
Figure 9 Years of life lost due to suicide.....	12
Figure 10: Location of death of those who died by suicide in Lewisham residents .....	13
Figure 11: Recorded method of suicide.....	14
Figure 12: RTSS recorded method of suicide.....	14
Figure 13: Method of suicide by gender for all Lewisham resident's deaths by suicide from 2011-2021.....	15
Figure 14: Setting of death of those who died by suicide.....	15
Figure 15: Region or country of birth for Lewisham residents who died by suicide between 2011 and 2021 .....	16
Figure 16: Emergency hospital admissions for intentional self-harm for Lewisham residents between 2012 and 2021.....	17
Figure 17: Known mental health conditions of Lewisham residents who died by suicide .....	18
Figure 18: Number of suicides in Lewisham by electoral ward between 2008 and 2018 .....	19

## Introduction

Lewisham's original suicide prevention strategy was developed in 2016, in line with national guidance. This guidance recommended that local authorities carry out an annual suicide audit.

Previous suicide audits were carried out in 2016 and 2019. This most recent audit takes account of data from 2019 to 2021 (where available). This larger data set offers more reliable figures to base future local prevention strategies. Data have been pulled from the primary care mortality database (PCMD) and real time surveillance system (RTSS) data via Thrive. Data were sought from the local coroner but were not available at the time of publication. Further work will be done to ensure coroner's data is available to support the findings from PCMD and RTSS data.

## Definitions of suicide

The National Statistics definition of suicide includes deaths with an underlying cause of intentional self-harm (ages 10 years and over) and deaths with an underlying cause of undetermined intent (ages 15 years and over) (Office of National Statistics, 2022). The underlying cause of death is coded by the Office of National Statistics using World Health Organisations International Classification of Diseases codes (ICD-10) X60-84 and Y10-34. These are based on death certificates. These are the codes used in the Primary Care Mortality Database which has been used to analyse the data.

## The national policy context

In March 2021, the government released its fifth progress report of the Suicide Prevention Strategy for England and detailed the steps taken to reduce deaths by suicide since January 2019.

The COVID pandemic brought challenges and changes to lives, and for some this led to feelings of worry, anxiety, frustration and loneliness. National and local mental health services remained open throughout the pandemic, the UKHSA (previously Public Health England) launched their Every Mind Matters campaign and the DHSC funded the Better Mental Health Fund. The Suicide Prevention Cross-Government Work plan commits to tackling some of the mental health impacts of the pandemic and will form the foundation of policy development and delivery.

The progress report found that, nationally, between 2014 and 2017 there was a steady decline in the number of registered suicide deaths, but sadly the numbers increased in 2018 and 2019. Early data from 2020 do not suggest a rise in the average number of suicides.

## High Risk Groups

National data suggests there are four vulnerable groups (HM Government, 2021):

1. **Middle-aged men** – the most recent ONS report shows that the group with the highest rate of suicide is men aged 45-49 years.
2. **People who self-harm** – evidence suggests that 50% of people who die by suicide have previously self-harmed.
3. **Children and young people** – during 2019 there were 565 suicides registered to those aged under 25 years old, and steepest in females.

4. **People with a mental illness** – There is an approximate 10 fold increase in risk of suicide for people under mental health care for mental illness.

### **Cross government action**

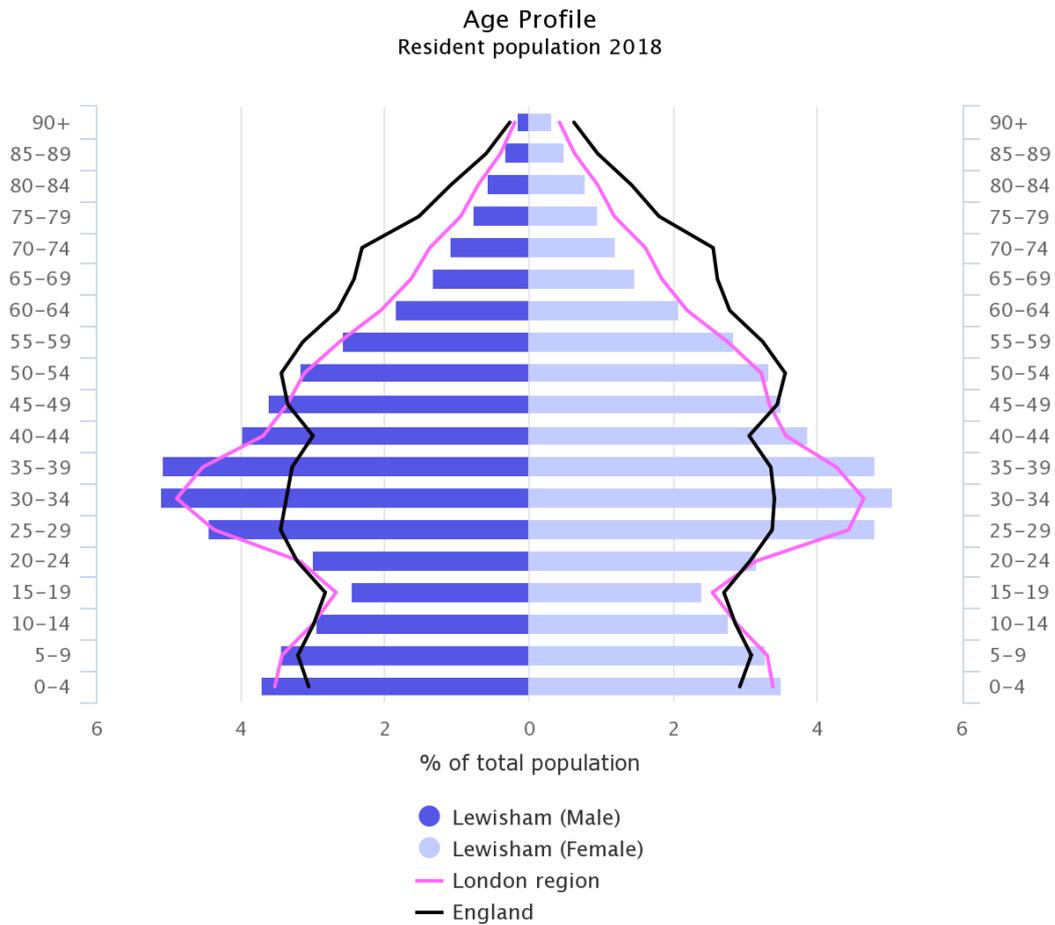
The national progress report sets out the importance in the wider determinants for mental health and direct and indirect impacts of these on suicide and self-harm. They categorise two main risk factors as;

1. **Economic** – unemployment, financial stressors, debt, pensions, & gambling
2. **Social** – rough sleeping, criminal activity, substance misuse, domestic abuse, poor mental health, secure accommodation, loneliness & social isolation

## National Comparison

Lewisham's age profile has a significantly younger population compared with national averages, with larger numbers of people aged between 25 and 44. There are also correspondingly smaller populations of those aged 65+. London has a similar age demographic to Lewisham.

Figure 1- PHE Fingertips



## **Methodology**

### **Data source**

Anonymised data was extracted from the Primary Care Mortality Database (PCMD). The data set ran from April 2011/12 to March 2020/21, a total of 10 financial years. This data included age, gender, cause and location of death and country of origin. Data from the real time surveillance system was sought to complement the PCMOD data but this was only available for 2021/22. Although a different time frame, the data still gave insight into the suicides in the borough. Supplementary data from the coroner's office was unavailable, and this is a priority for future local audits.

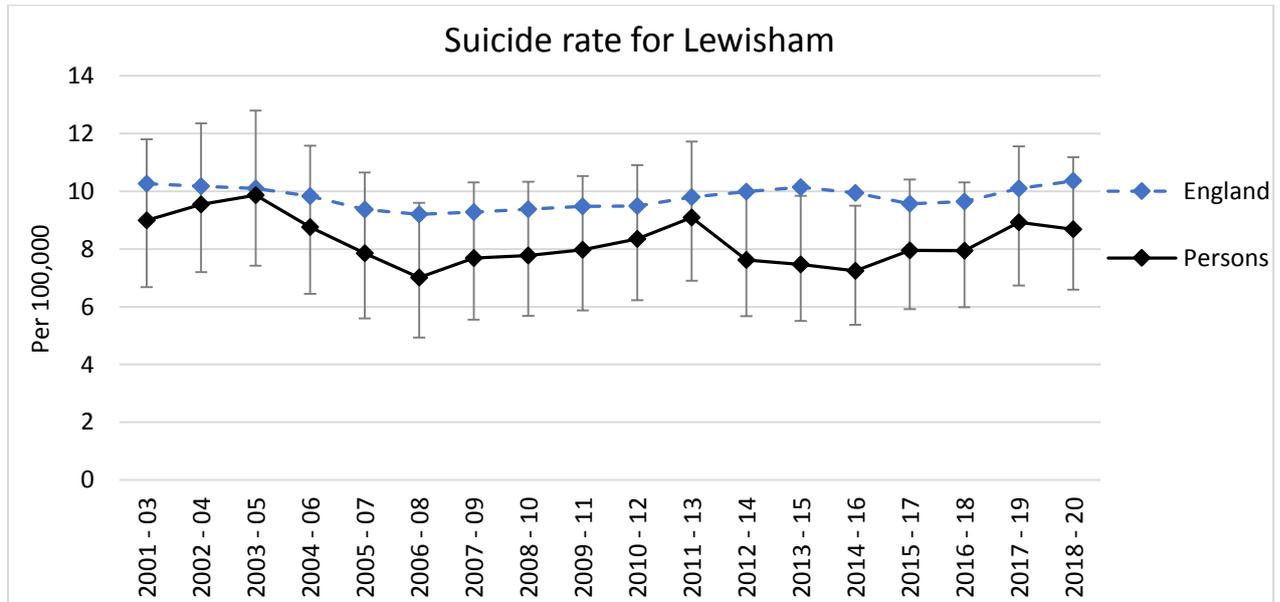
### **Analysis**

The extracted data have been reviewed and presented in various ways. Frequency of suicides per year, month, age, gender, method of suicide, location of suicide and country of birth were used.

## Results

Looking at the overall rates of suicide in Lewisham compared with the rate in England (Figure 2 Suicide rate for Lewisham), Lewisham has lower rates than the national rate. Although lower overall, since 2014/16 the rate has been steadily increasing.

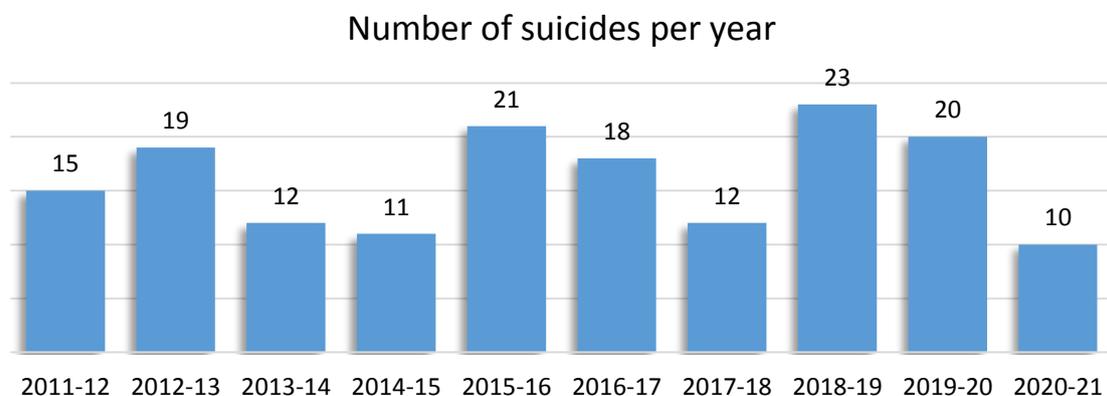
Figure 2 Suicide rate for Lewisham



Source: PHE Fingertips

Looking at the number of suicides per year in Figure 3 below, you can see that numbers have declined during 2020/21 which may be as a direct impact of COVID. The lock down and restricted movement of the population during the pandemic meant there were less means and opportunity for people to end their lives by suicide.

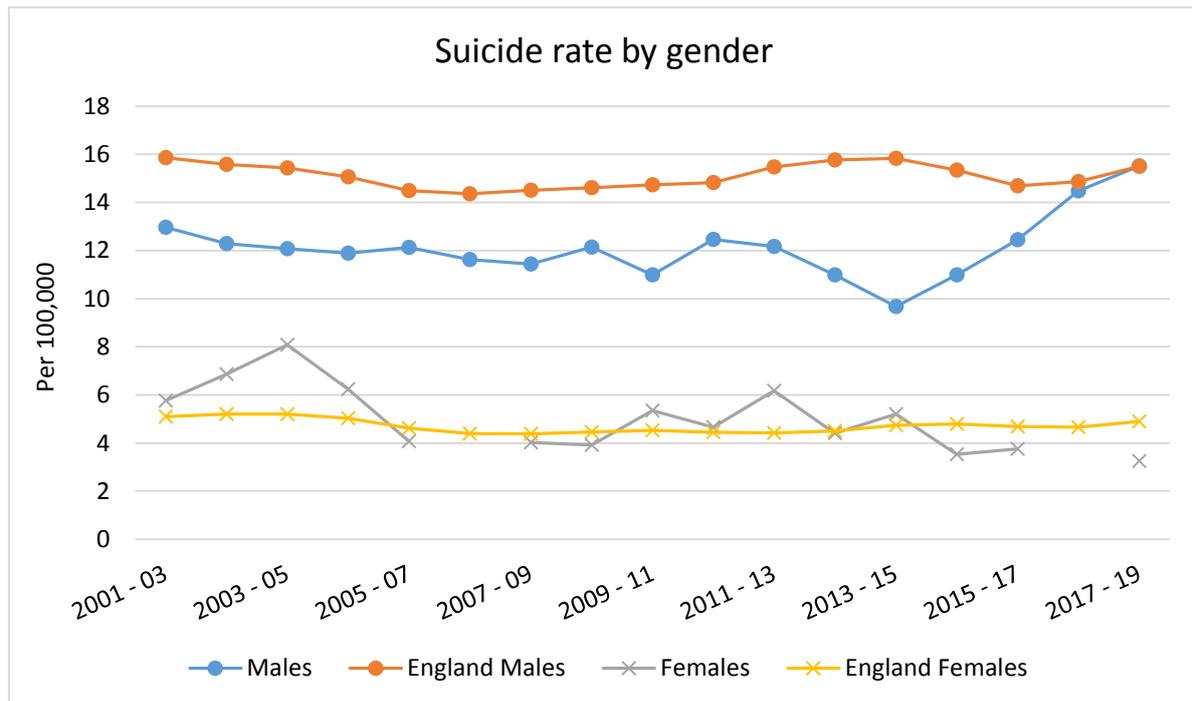
Figure 3 Number of suicides per year



Source: PCMD

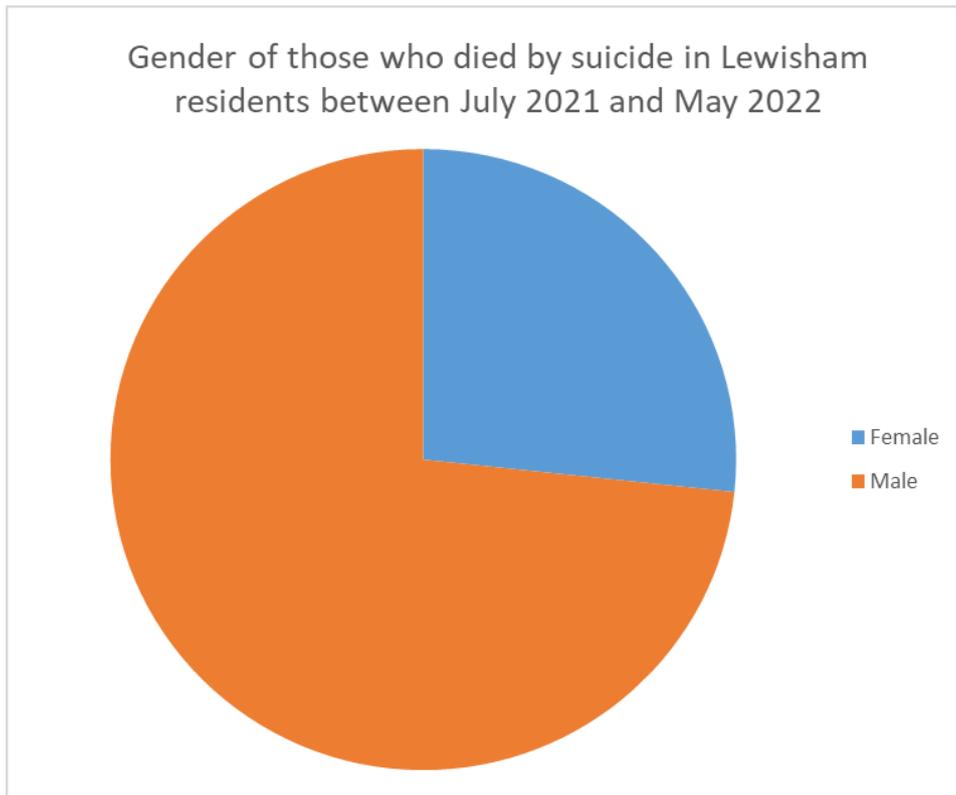
Suicide rates by gender in Lewisham follow the same pattern as London and England patterns and support the findings from the national strategy. A higher rate of males are more likely to die by suicide than females. Figure 4 shows that between 2001/3 and 2018/19 the rates locally in Lewisham fluctuated yet males continue to have a higher rate than females. It's notable that since 2013/15 there has been a steady yet maintained increase in the rate of death by suicide in men in Lewisham. The data from RTSS (Figure 5 Figure 5 Gender by proportion) found nearly three quarters of the most recent local deaths by suicide have been in males.

Figure 4 Suicide rate by gender



Source: PHE Fingertips

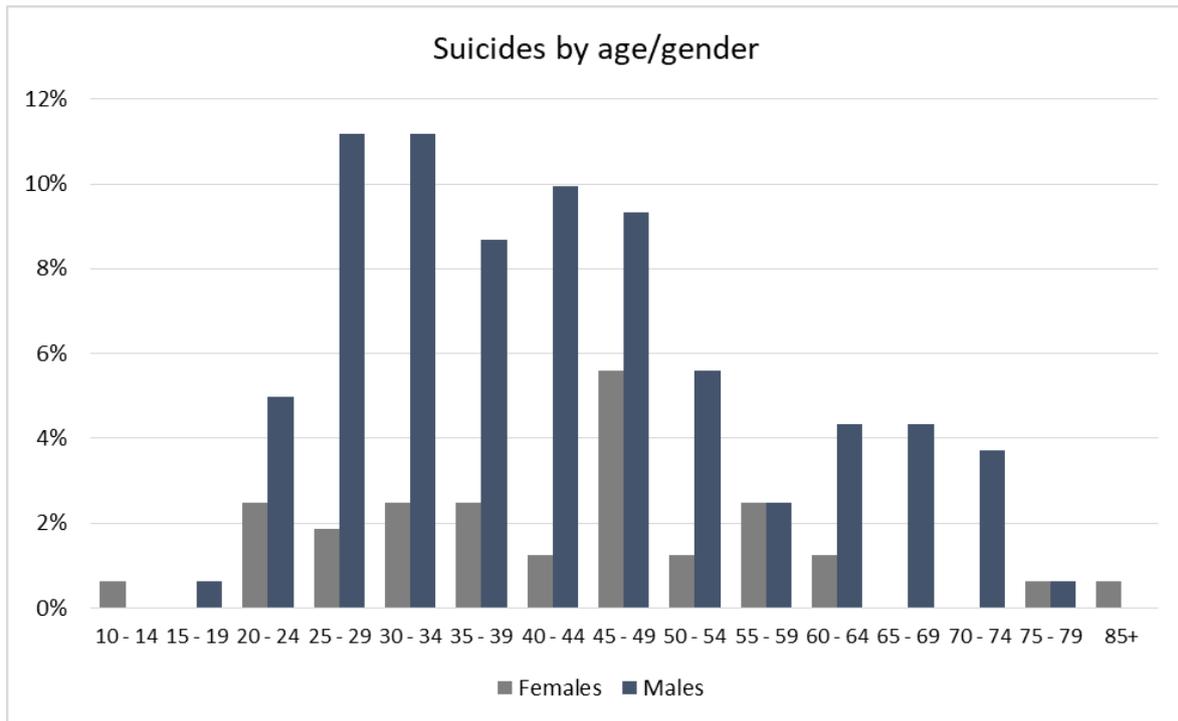
Figure 5 Gender by proportion



Source: RTSS

A similar trend continues when data on age and gender are compared. The national strategy identifies middle aged men and children and young people as having the highest risk of death by suicide. Figure 6 shows the age groups of males and females who have died by suicide in the last decade in Lewisham. The chart shows that the patterns of death by suicide are different in males and females. The peak for males is between 25 and 45 years, and for women is between 40 and 50 years. Less than 5% of all deaths by suicide were in those aged under 25 years.

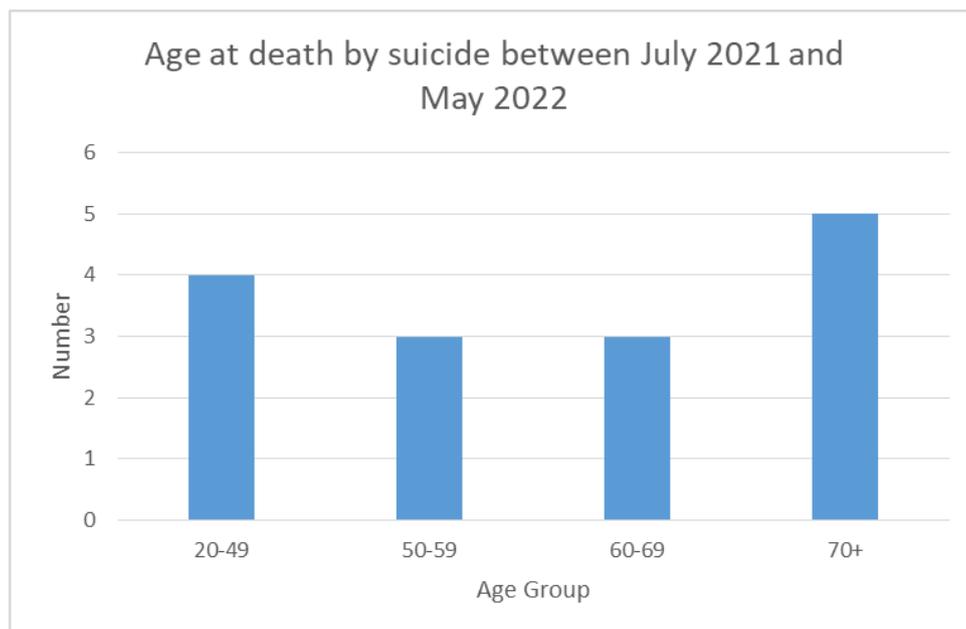
Figure 6 Suicide by age and gender



Source: PCMD

Figure 7 shows the age at death in all genders from the RTSS data set. Contrary to the national findings, these data suggest the number of deaths are weighted toward the older age groups. The reason for this more recent shift in age is not clear, and continual monitoring and data analysis will continue to identify ongoing trends.

Figure 7 Age at death (all genders)



Source: RTSS

Figure 8 below provides a benchmark of where Lewisham is locally with the rest of England. For 2016/18, Lewisham was worse than England when years of life lost due to suicide was measured, for all persons. Lewisham's years of life lost due to suicide for 2016-18 was 25.4 per 10,000 population, average for the rest of the London (see Figure 9).

Figure 8 Suicide prevention area profile

Indicator	Period	Lewisham			NHS region - local office	England Value	England		
		Recent Trend	Count	Value			Worst	Range	Best
Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Persons)	2016 - 18	-	62	25.4	-	31.3	61.0		16.6
Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Male)	2016 - 18	-	54	45.4	-	47.8	101.8		21.9
Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Female)	2016 - 18	-	8	*	-	14.9	39.5		5.7
Suicide rate (Persons)	2018 - 20	-	-	-	-	10.4	-	Insufficient number of values for a spine chart	
Suicide rate (Male)	2018 - 20	-	-	-	-	15.9	-	Insufficient number of values for a spine chart	
Suicide rate (Female)	2018 - 20	-	-	-	-	5.0	-	Insufficient number of values for a spine chart	

Source: PHE Fingertips

Figure 9 Years of life lost due to suicide

Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Persons) 2016 - 18

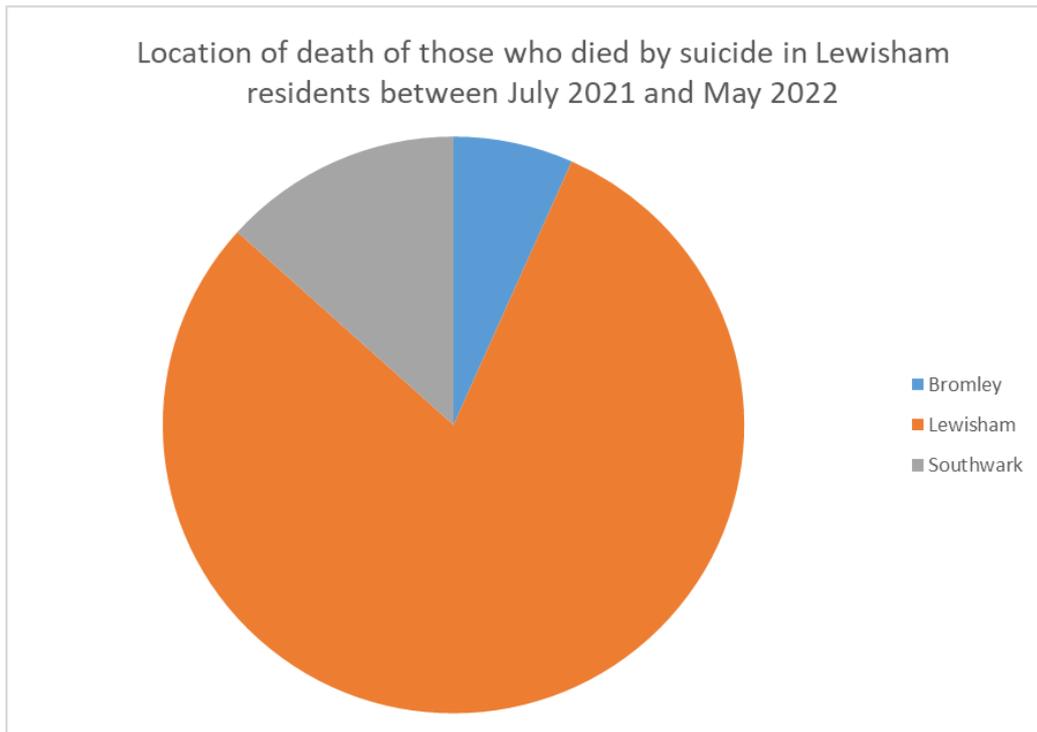
Directly standardised rate - per 10,000

Area	Recent Trend	Count	Value		95% Lower CI	95% Upper CI
<b>England</b>	-	12,883	31.3	H	30.8	31.9
London NHS region	-	-	-		-	-
NHS Hounslow CCG	-	67	33.9		25.4	44.0
NHS Croydon CCG	-	88	32.8		25.7	41.1
NHS Kingston CCG	-	44	32.2		22.7	44.1
NHS Bexley CCG	-	51	31.1		22.7	41.4
NHS Hillingdon CCG	-	69	30.7		23.5	39.4
NHS Hammersmith And Fulham CCG	-	48	29.3		20.8	39.7
NHS Merton CCG	-	45	28.9		20.1	40.0
NHS Camden CCG	-	62	28.4		21.3	37.0
NHS Tower Hamlets CCG	-	68	28.1		21.5	36.0
NHS Waltham Forest CCG	-	61	28.0		20.9	36.5
NHS West London (K&C & QPP) CCG	-	50	27.4		19.8	36.9
NHS Brent CCG	-	62	26.8		20.1	35.0
NHS Islington CCG	-	49	26.7		19.5	35.6
<b>NHS Lewisham CCG</b>	-	62	25.4		19.3	32.9
NHS Richmond CCG	-	43	25.0		16.7	35.5
NHS City And Hackney CCG	-	57	24.9		18.3	32.9
NHS Haringey CCG	-	51	24.6		17.9	32.8
NHS Wandsworth CCG	-	63	24.5		18.2	32.0
NHS Havering CCG	-	48	24.3		17.0	33.3
NHS Ealing CCG	-	70	24.1		18.4	31.0
NHS Newham CCG	-	62	24.1		18.2	31.2
NHS Sutton CCG	-	33	23.5		15.3	34.1
NHS Harrow CCG	-	39	22.9		15.9	32.0
NHS Greenwich CCG	-	49	22.0		15.6	29.9
NHS Lambeth CCG	-	56	21.6		16.0	28.5
NHS Enfield CCG	-	50	20.6		15.0	27.6
NHS Barking And Dagenham CCG	-	27	19.9		13.0	29.2
NHS Barnet CCG	-	62	19.0		14.2	24.8
NHS Redbridge CCG	-	47	18.2		13.0	24.8
NHS Southwark CCG	-	44	18.2		12.9	24.7
NHS Bromley CCG	-	51	18.0		12.7	24.5
NHS Central London (Westminster) CCG	-	25	16.6		10.3	25.2

Source: PHE Fingertips

Figure 10 reveals that of all Lewisham residents that died by suicide during July 2021 and May 2022, over three quarters of them died in Lewisham. A small proportion died in either Bromley or Southwark.

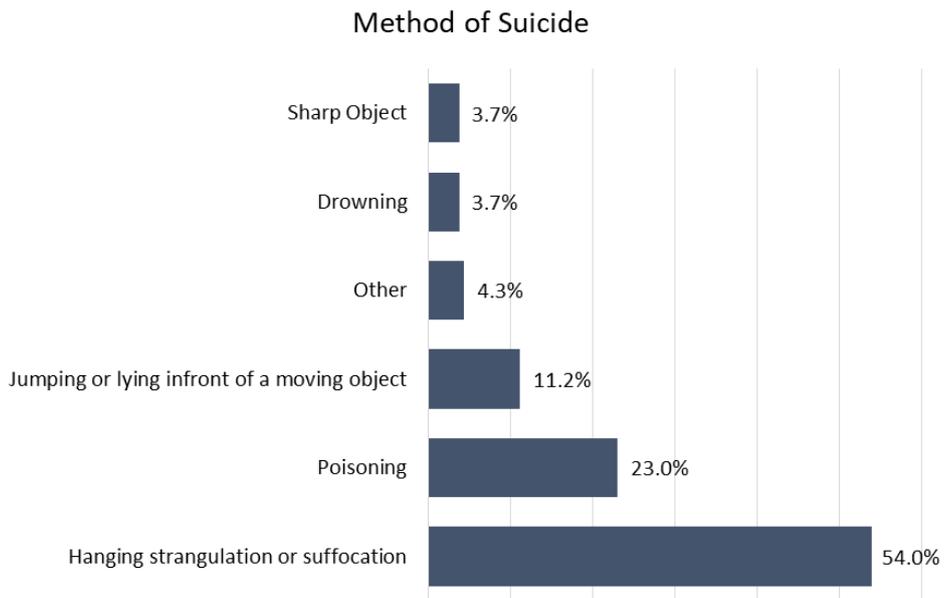
Figure 10: Location of death of those who died by suicide in Lewisham residents



Source: RTSS

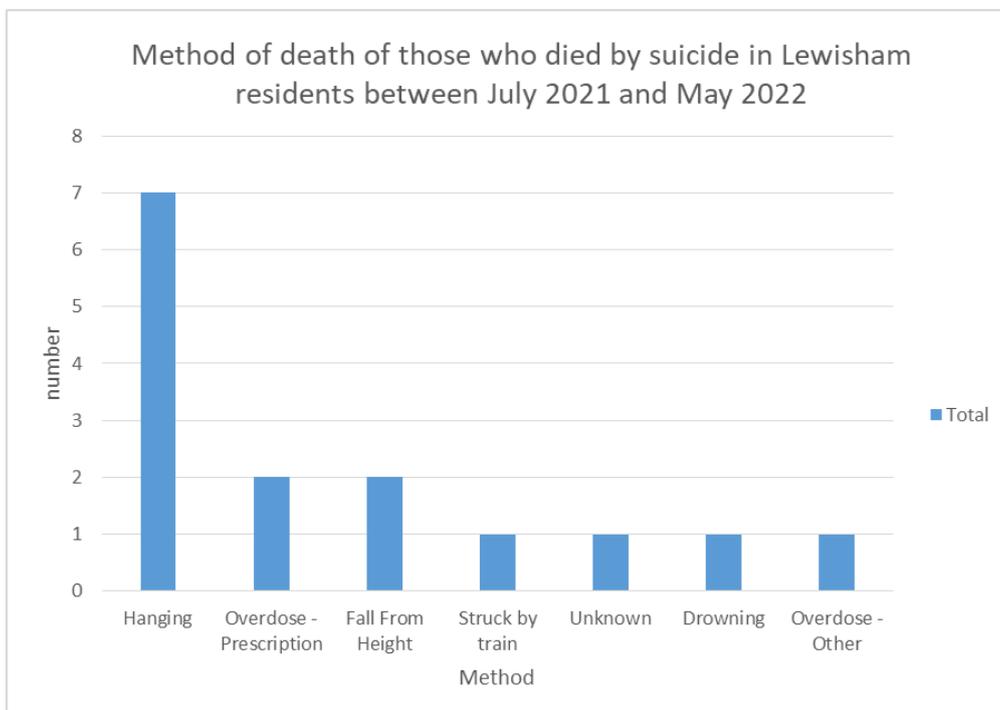
In Figure 11 below, method of suicide is plotted for the 10 year period 2011-2021. It's clear from the chart that over half of those who died by suicide in that period died by hanging, strangulation or suffocation. Approximately one quarter died by poisoning. When looking at more recent data from the RTSS, a similar pattern can be seen (see Figure 12). This pattern continues when looking at method by gender (see Figure 13).

Figure 11: Recorded method of suicide



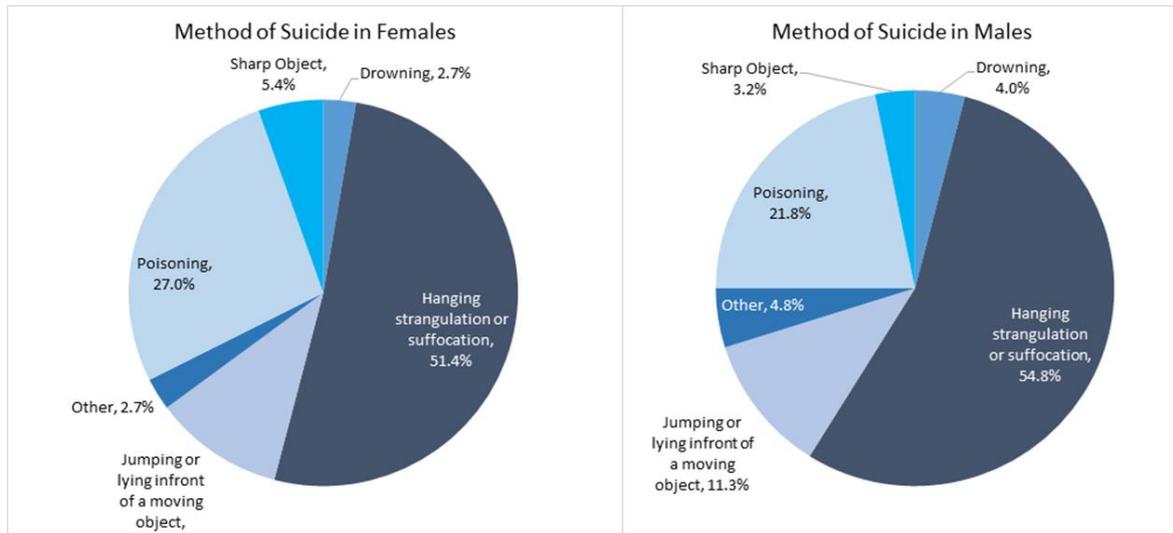
Source: PCMD

Figure 12: RTSS recorded method of suicide



Source: RTSS

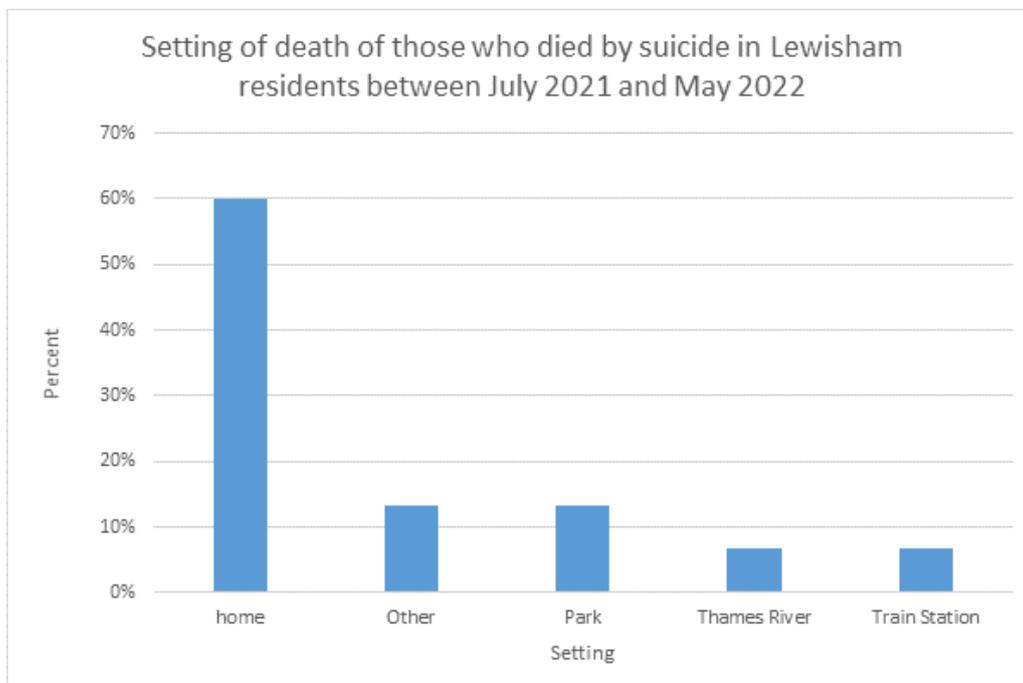
Figure 13: Method of suicide by gender for all Lewisham resident's deaths by suicide from 2011-2021



Source: PCMD

Nearly two thirds of all deaths by suicide were completed at home, with park setting and 'other' making up approximately 1 in 5 of all deaths by suicide. Train station and Thames River accounted for approximately 1 in 10 deaths (Figure 14).

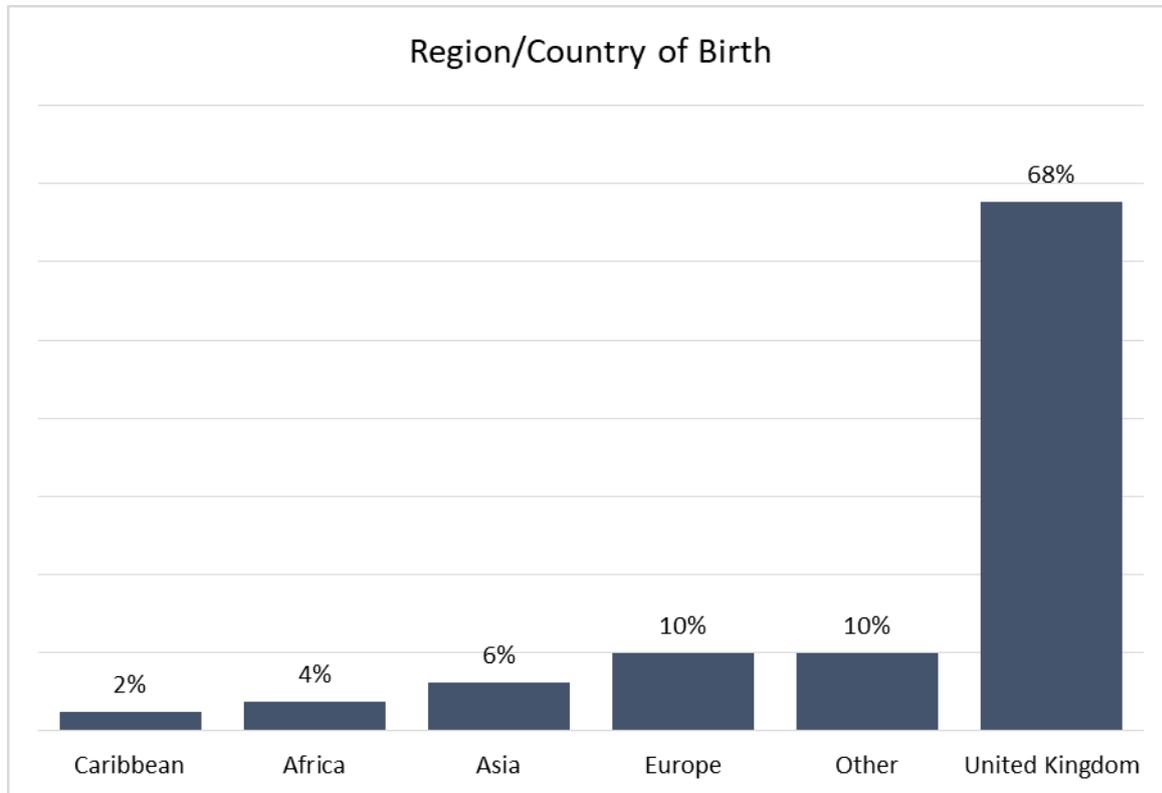
Figure 14: Setting of death of those who died by suicide



Source: RTSS

Over two thirds (68%) of Lewisham residents who died by suicide were born in the United Kingdom, with one in ten from Europe (Figure 15).

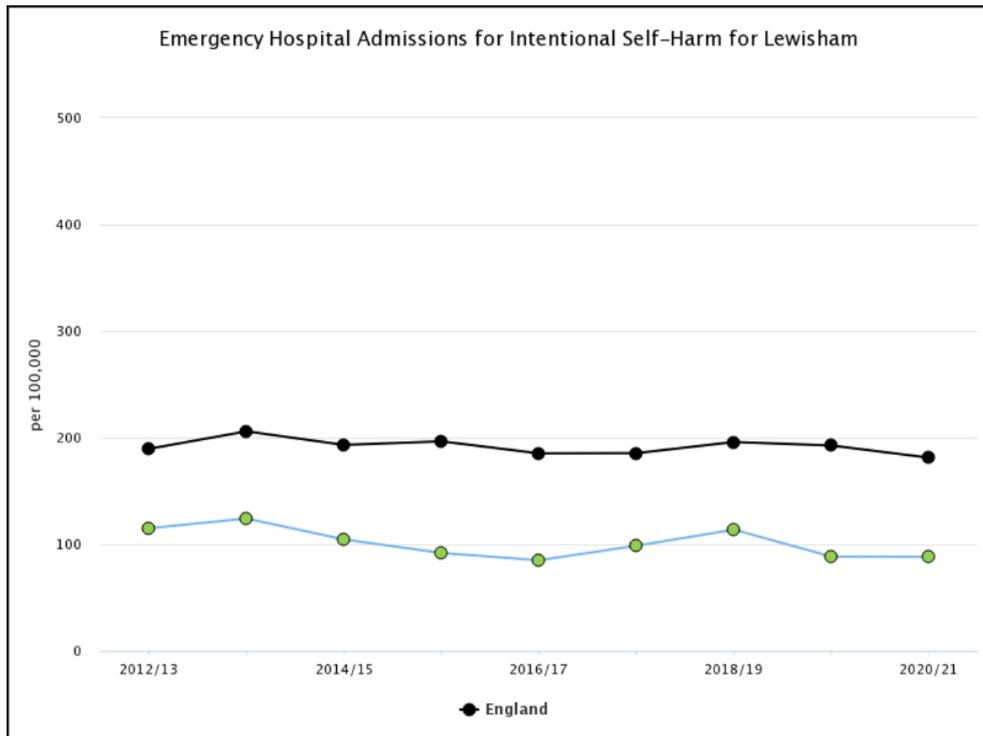
Figure 15: Region or country of birth for Lewisham residents who died by suicide between 2011 and 2021



Source: PCMD

In addition to middle aged men and children and young people, the national strategy has identified two other high risk groups – those who self-harm and those who have known mental health issues or concerns. In Lewisham, since 2012/13 the rates of emergency hospital admissions for intentional self-harm have been around 100 per 100,000. This is about half the rate for England (see Figure 16). However, this only considers the self-harm that is known about, and not the hidden self-harm that may never be discovered.

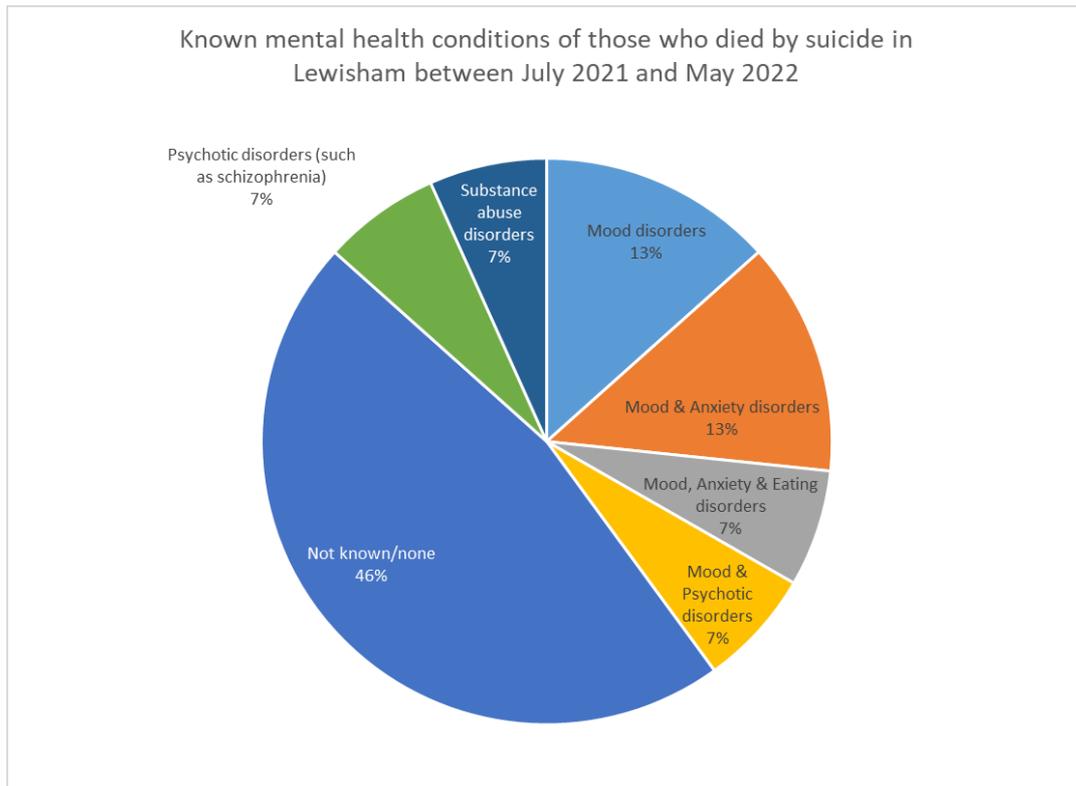
Figure 16: Emergency hospital admissions for intentional self-harm for Lewisham residents between 2012 and 2021



Source: PHE Fingertips

Using RTSS data to understand the proportion of those who died by suicide that had known mental health concerns or issues, one in two people were known to have mental health concerns (53%) and 2 out of every 5 (40%) of those were for mood disorders (see Figure 17).

Figure 17: Known mental health conditions of Lewisham residents who died by suicide

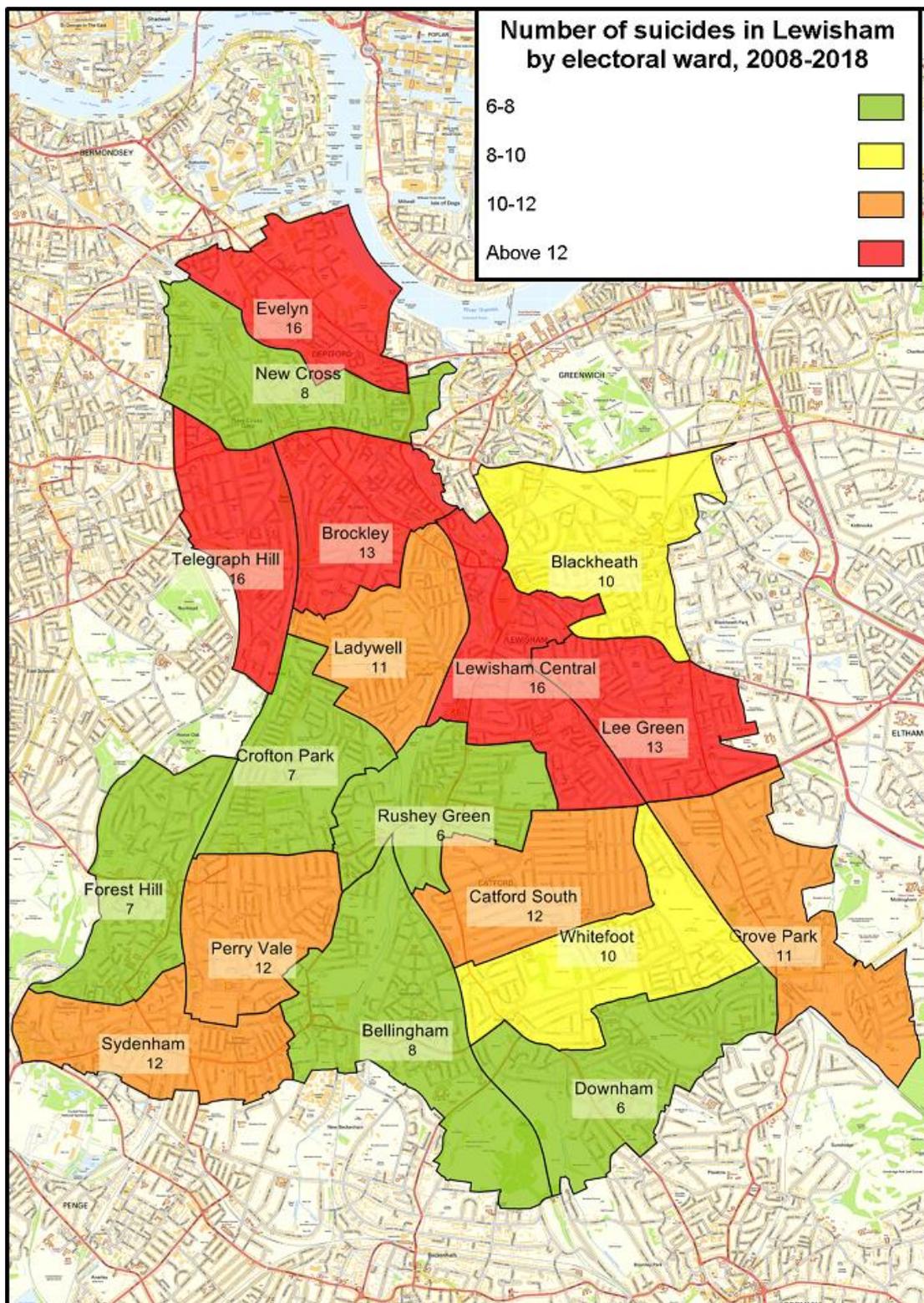


Source: RTSS

Mental ill health remains one of the leading causes of maternal death in pregnancy and the first postnatal year. Although not listed as a separate category in Figure 17, the national rate of women who died by suicide in the first year after giving birth was 2.64 per 100,000 maternities (95% CI 2.02-3.38) between 2017 and 2019 – nearly one quarter of the overall death by suicide rate in the borough (approximately 8.5 per 100,000. See Figure 2). If all mental health causes are included, the rate increases to 5.11 per 100,000 which is higher than the female only rate of death by suicide in the borough (see Figure 4). There are little data on death by suicide in the local area for new mothers. There is even less data on new or expectant fathers and it's impact on death by suicide.

Between 2008 and 2018, the electoral wards with the highest number of suicides were concentrated in North Lewisham (see Figure 18). There aren't any known suicide hotspots in the north of the borough, or any particular settings that are common in the data sets used to inform this suicide audit.

Figure 18: Number of suicides in Lewisham by electoral ward between 2008 and 2018



Source: PCMD

## Discussion

Lewisham has a suicide rate of 8.7 per 100,000, this is lower than the England rate (see Figure 2).

Suicides are most prevalent in males and account for around 70% of all deaths from suicide in Lewisham from the past 10 years. Data from public health England suggests that from 2013 there has been a year on year increase the male suicide rate.

Standardised suicide rates show that the male suicide rate has become three times greater compared with females in recent years. High prevalence of suicide exists across men who are young (less than 25 years old) and middle aged. This reflects what is seen nationally as a major risk group for suicide.

Lewisham has a younger population profile compared to the national population. Around 25% of all suicides occurred in young men aged 25-35. Age standardised rates cannot be reliably compared to those seen nationally due to the large confidence intervals involved whilst analysing small populations.

The current suicide prevention strategy focuses particularly on young men as a key high risk group, future prevention strategies should aim towards focusing on men of all ages and especially those who are young or middle-aged, people who self-harm and people who are known to have mental health concerns or issues. These age groups may also require different prevention strategies.

Suicide by hanging, strangulation or suffocation is the most common method accounting for approximately half of all suicides. Poisoning is a more common form of suicide in women compared with men (27% vs 21%). Jumping from a height or jumping in front of a moving object are violent methods of suicide which account for 11% of suicides in Lewisham over the past 10 years. Reducing means to suicide requires a multilateral approach and may help to reduce the overall suicide rate in Lewisham.

Data on ethnicity is limited from the PCMD database. Around 30% of suicides in Lewisham occur in people originally born overseas, therefore first generation migrants make up a substantial proportion of deaths by suicide in the borough. Further research into whether cultural or linguistic barriers exist that limits this population's access to mental health services could help guide targeted approaches to suicide prevention.

Self-harm remains the largest single risk factor for ongoing suicide. Lewisham is currently has the 13<sup>th</sup> highest rate of hospital attendances related to self-harm. From what we have learnt from recent research suicide and serious self-harm are only the tip of an unseen and unmet burden of poor mental health and self-harm in the borough. Furthermore earlier intervention may prevent progression of cases of self-harm to completed suicide. Multi-agency actions here may help reduce the number of future suicides in Lewisham.

Wards with the highest number of suicides were Evelyn, Lewisham Central, Brockley, Lee Green and Telegraph Hill. The majority of suicides appear to occur in the northern, more densely populated wards in Lewisham. This data may help inform future suicide prevention strategies.

## Limitations

Despite using aggregated data over 11 years it is difficult to reliably analyse suicides at a borough level beyond basic demographics. Combined larger datasets across London would help guide local authorities with more nuanced epidemiological approaches. Access to a multi-agency hub is currently an active piece of work.

Coroner's data concerning ethnicity, social demographics, contact with GP and mental health services are a common component of other local suicide audits across the country. Future local suicide audits should include this important data once access has been negotiated. This data could be used to complement the larger London-wide data sets from collaborative working.

## References

HM Government. (2021). *Preventing Suicide in England: Fifth progress report of the cross-government outcomes strategy to save lives*. Crown Copyright.

Office of National Statistics. (2022, June 8). *Suicide rates in the UK QMI*. Retrieved from <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/methodologies/suicideratesintheukqmi>

# **LEWISHAM SUICIDE PREVENTION STRATEGY**

**2022-2025**

## Contents

LEWISHAM SUICIDE PREVENTION STRATEGY .....	1
2022-2025.....	1
Vision and overarching aim.....	3
Strategy core principles.....	3
Strategy Development.....	3
Background.....	3
Local Insights and data: What do they tell us about suicides in Lewisham? .....	4
What might the reasons be for death from suicide? .....	9
What are those with lived experience telling us? .....	10
Key risk factors.....	11
How suicides can be prevented in Lewisham? .....	11
Impact of COVID-19 on suicide prevention.....	12
The impact of suicide.....	12
Comparisons of key indicators across London .....	12
Action Plan on a page .....	14
What we'll do: Priority Areas for action and work in Lewisham .....	15
Objective 1: Borough wide leadership for suicide prevention .....	15
Objective 2: Reduce the risk of suicide in key high-risk groups.....	15
Objective 3: Increasing the availability and importance of protective factors to improve mental health and reducing social isolation .....	16
Objective 4: Removing the access to means of suicide .....	16
Objective 5: Support research, data collection and monitoring .....	16
Objective 6: Provide information and support to those bereaved or affected by suicide...	17
Monitoring, Delivery and Evaluation .....	17
Appendix 1: Partnership group Terms of Reference.....	18
Appendix 2: Suicide Audit (embedded document).....	20
Appendix 3: Suicide Prevention Action Plan (embedded document) .....	21
Appendix 4: Additional reading and references .....	22

## **Vision and overarching aim**

Every death by suicide in Lewisham is one too many. Suicide is a preventable cause of death with devastating impacts. Our vision is that no one in Lewisham takes their own life.

To realise the vision and prevent suicides, everyone has a part to play, and it should be everyone's business. This includes individuals, communities, public and private organisations, employers, emergency services, the NHS and local authorities. This strategy and the associated action plan have been drawn up with the support and input of a partnership group, each contributing a diversity of shared skills, experience and ideas.

## **Strategy core principles**

In preparing the strategy, we have worked to the following core principles

- **Tackling stigma:** ensuring that everyone in Lewisham is able to support someone in crisis including individuals who may be considering taking their own life. One of the objectives of the strategy is to promote wider opportunities that equip individuals to have conversations which act as a preventative measure.
- **Lived experience:** involving those with lived experience of suicide bereavement and voluntary agencies to shape our strategy and action plan.
- **Evidence based:** we need to make sure we understand what the data are and are not telling us, and use insight and those with lived experience to ensure our approach has the biggest impact on reducing rates of death by suicide.
- **Life course approach:** understanding protective and risk factors, the impact of health inequalities and the life course to offer support and intervention early, reducing risk and preventing death.

## **Strategy Development**

This strategy has been developed with key stakeholders who were part of a task and finish group. The group discussed findings from the most recent suicide audit (attached at Appendix 2: Suicide Audit), evidence based practice and expert feedback from those working locally with Lewisham communities. A public consultation and focus group were conducted over the summer to enrich and enhance the evidence and data gathered.

## **Background**

The most recent suicide prevention strategy for Lewisham ran from 2019 to 2021. During the life of the strategy, we have seen a pandemic with lasting physical and mental health effects, and political and economic instability. The intention of the group was to update the work that

had been set out for action in the 2019 strategy and action plan. The fifth national strategy update was released in 2021 and this set out some of the impacts seen from the COVID-19 pandemic. The strategy task and finish group were keen to ensure the next strategy was based on a range of principles, set out above, taking into account the most recent data (from audit), evidence and lived experience.

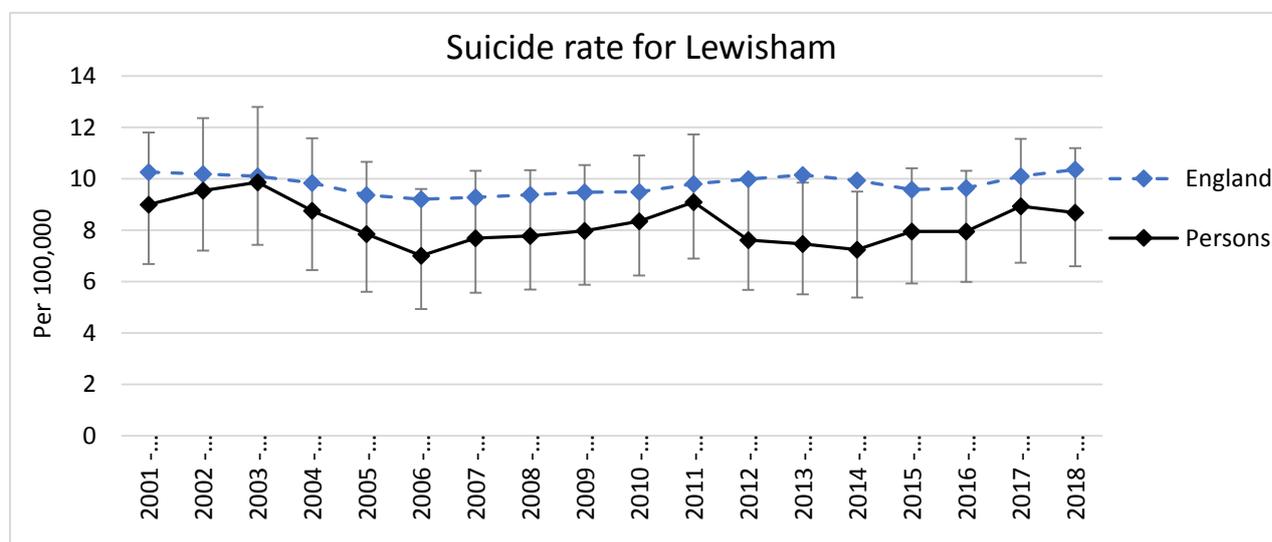
## Local Insights and data: What do they tell us about suicides in Lewisham?

This section sets out some of the key findings from the suicide audit which can be found at Appendix 2: Suicide Audit.

In 2016 the five-year forward view for mental health set a national ambition to reduce suicides by 10% by 2020/21 and was an attempt to turn the increasing rates that had been seen in previous years. In 2021 there were 5,583 suicides registered in England and Wales, equivalent to a rate of 10.7 deaths per 100,000 people. This rate was higher than 2020 with a rate of 10.0 per 100,000 but in line with the pre pandemic rates in 2018 and 2019.

Looking more locally at rates of suicide in Lewisham compared with the rate in England (Figure 1: Suicide rate for Lewisham), Lewisham has lower rates than the national rate. Although lower overall, since 2014/16 the rate has been steadily increasing. More recent data on the numbers of suicides locally indicate that numbers have declined during 2020/21 which may be as a direct impact of COVID.

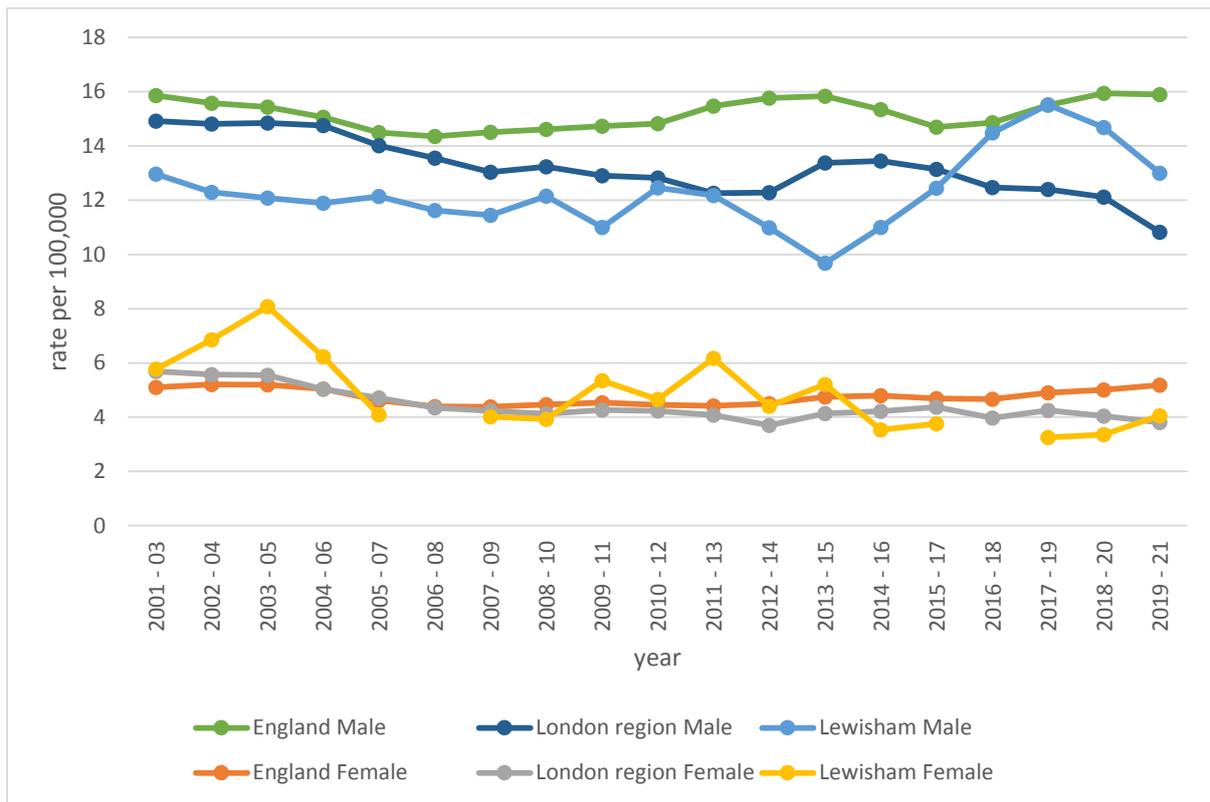
Figure 1: Suicide rate for Lewisham



Source: PHE Fingertips

Suicide rates by gender in Lewisham follow the same pattern as London and England patterns and support the findings from the national strategy. Males experience a higher rate of death from suicide than females (see Figure 2).

Figure 2 Suicide rate by gender in Lewisham compared to England

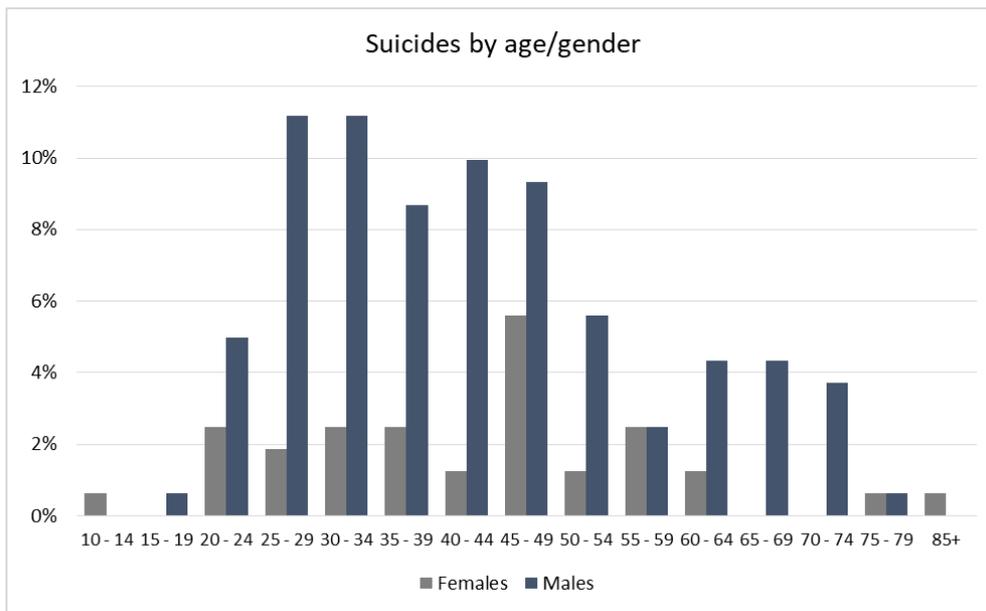


\*please note gaps in Lewisham female data relate to gaps in data from the source (i.e. figure not know)

Source: PHE Fingertips

The national strategy identifies middle aged men and children and young people as having the highest risk of death by suicide. Figure 3 shows the proportion of those in Lewisham who have died by suicide in the last decade, by age groups of males and females. The chart shows that the patterns of death by suicide are different in males and females. The peak for males is between 25 and 45 years, and for women is between 40 and 50 years. In Lewisham, less than 5% of all deaths by suicide were in those aged under 25 years.

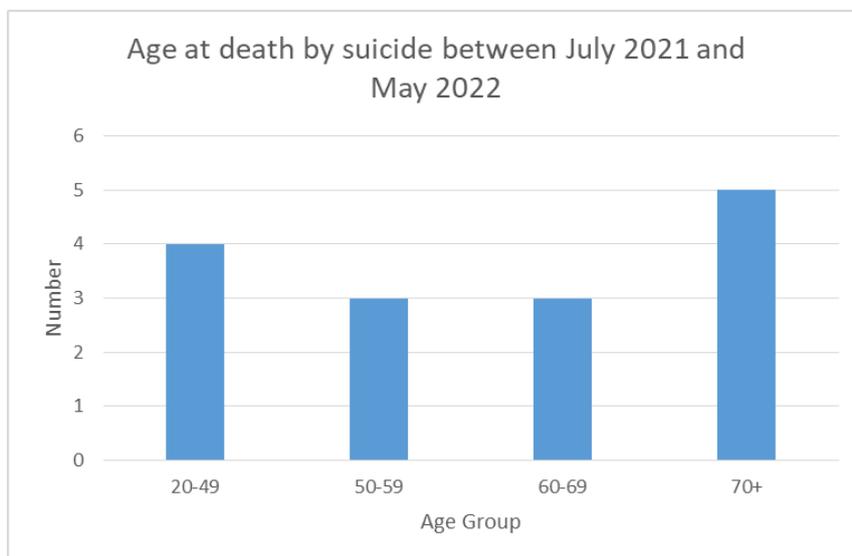
Figure 3 Suicide by age and gender in Lewisham



Source: PCMD

Local data drawn from the real time surveillance system on age at death by suicide are contrary to national data presented in Figure 3. Figure 4 (below) shows data that suggest a higher number of deaths in Lewisham are weighted toward the older (70+) age groups. The reason for this more recent shift in age is not clear.

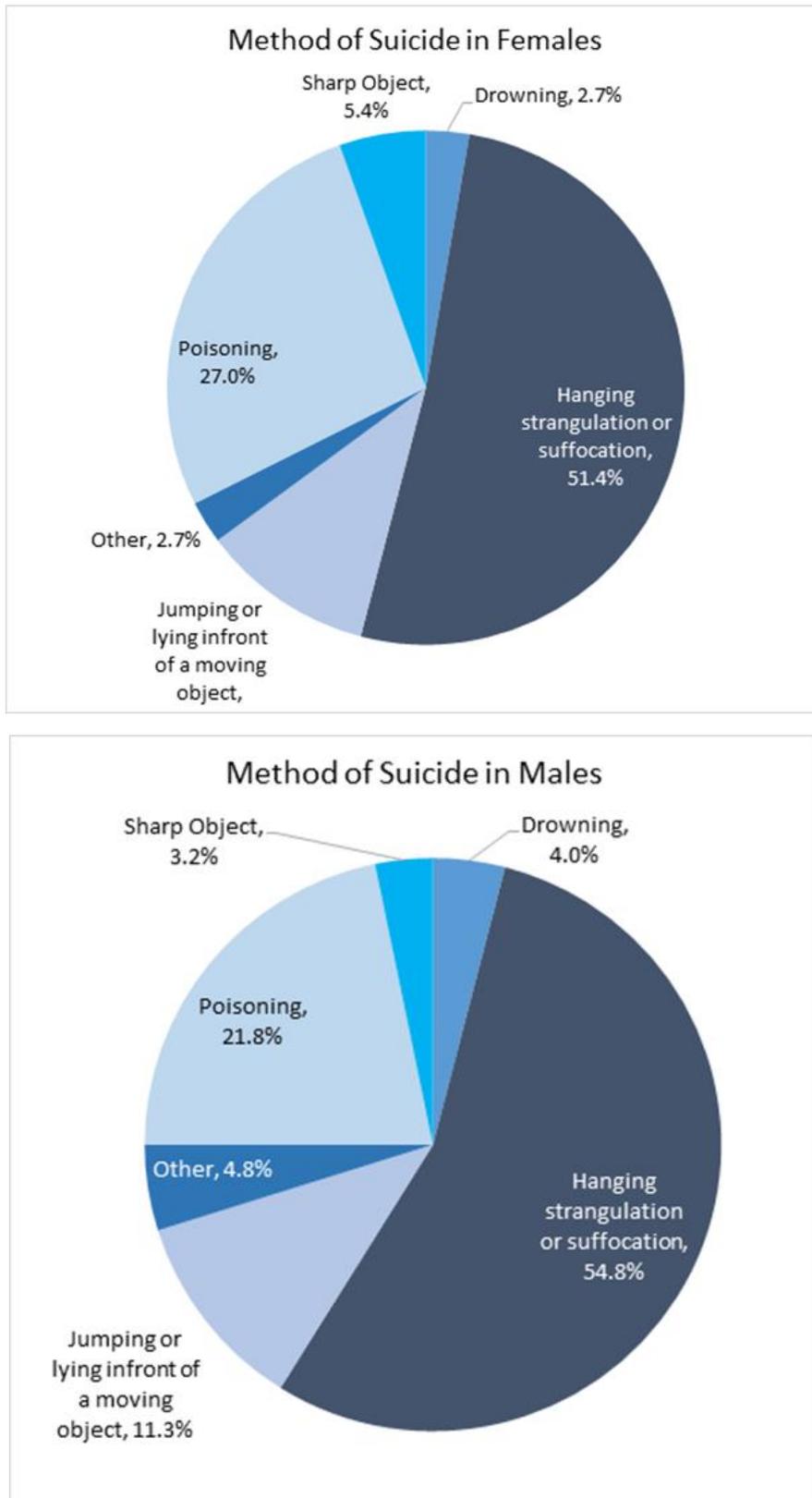
Figure 4 Age at death (all genders)



Source: RTSS

We have data to tell us what means and methods people used to die by suicide. Figure 5 shows over half of those who died by suicide in that period died by hanging, strangulation or suffocation, across male and female genders. Approximately one quarter died by poisoning.

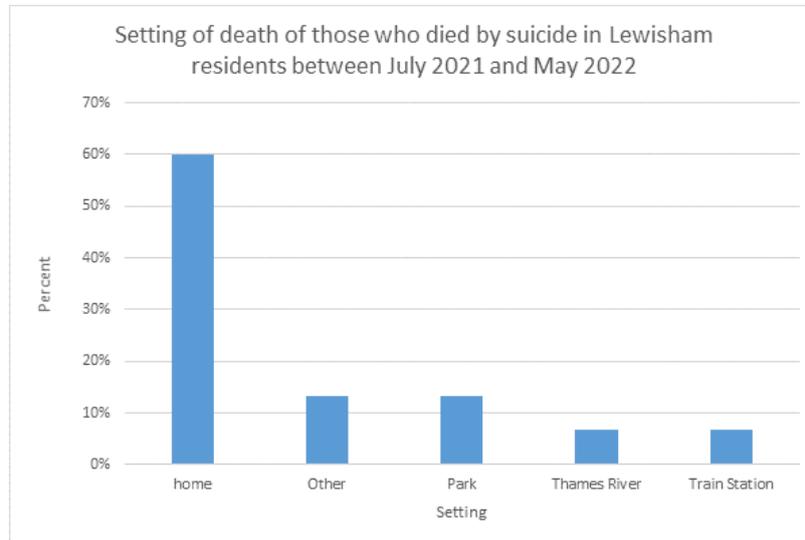
Figure 5: Method of suicide by gender for all Lewisham resident's deaths by suicide from 2011-2021



Source: PCMD

Nearly two thirds of all deaths by suicide were completed at home in the borough, with park setting and 'other' making up approximately 1 in 5 of all deaths by suicide. Train station and Thames River accounted for approximately 1 in 10 deaths (Figure 6).

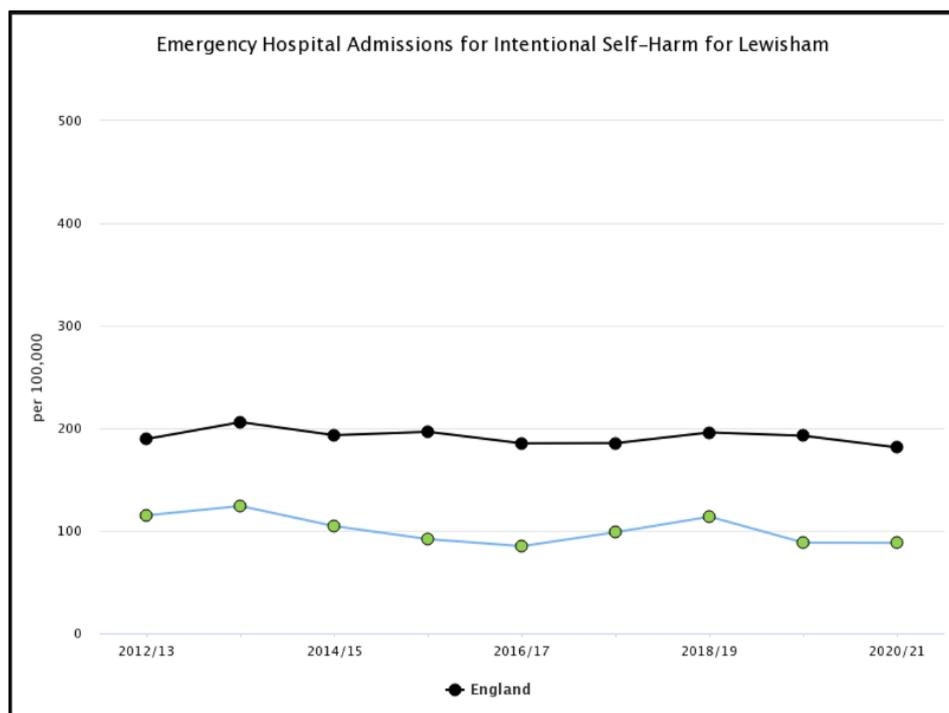
Figure 6: Setting of death of those who died by suicide



Source: RTSS

In addition to middle aged men and children and young people, the national strategy has identified two other high risk groups – those who self-harm and those who have known mental health issues or concerns. In Lewisham, since 2012/13 the rates of emergency hospital admissions for intentional self-harm have been around 100 per 100,000. This is about half the rate for England (see Figure 7). However, this only takes account of the known self-harm, and not the hidden self-harm that may never be uncovered.

Figure 7: Emergency hospital admissions for intentional self-harm for Lewisham residents (all ages) between 2012 and 2021

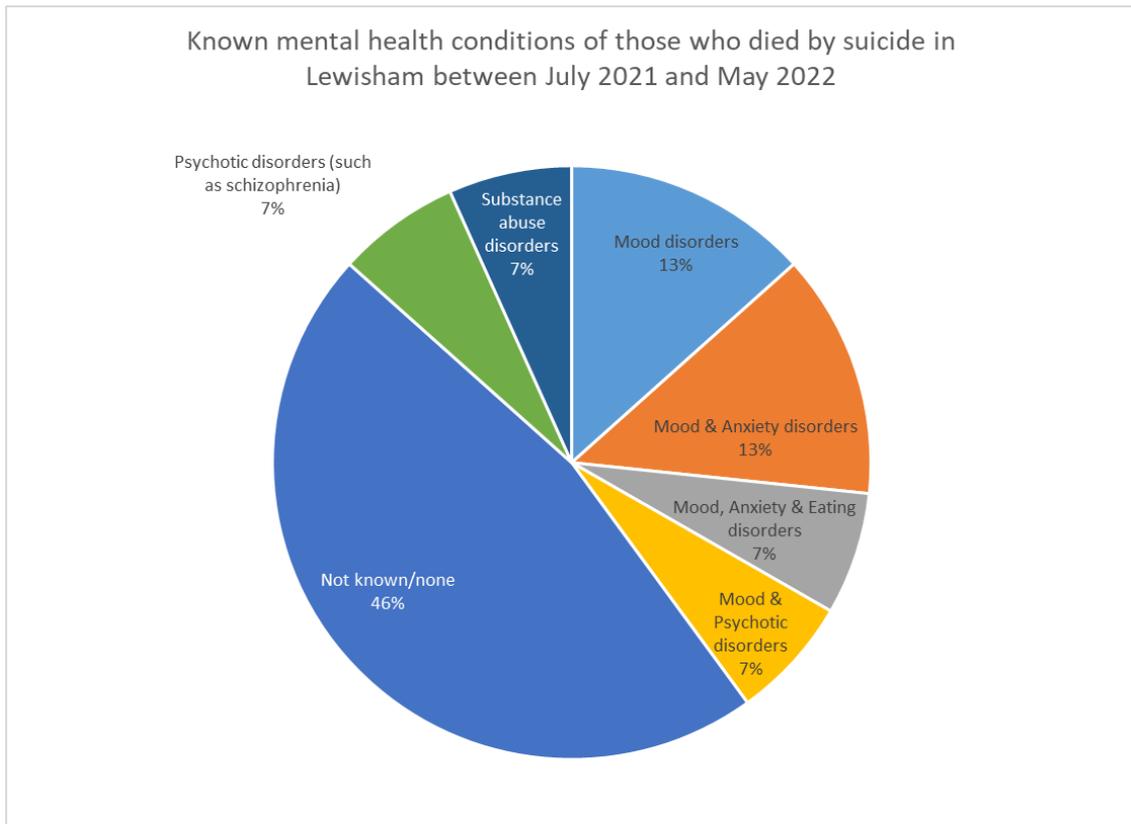


Source: PHE Fingertips

**What might the reasons be for death from suicide?**

There is considerable evidence on the risk factors for suicide in England. Locally, we have little data on the reasons for death by suicide. Our real time surveillance system is able to capture the proportion of those who had known mental health issues or concerns (one of the main risk factors). One in two people were known to have mental health concerns (53%) and 2 out of every 5 (40%) of those were for mood disorders (see Figure 8)

Figure 8: Known mental health conditions of Lewisham residents who died by suicide



Source: RTSS

Whilst no data are presented here, pregnancy and the perinatal period is also a time of high risk and suicide is now the leading cause of direct maternal death in the year after pregnancy (MBRRACE-UK, 2021).

### What are those with lived experience telling us?

During the spring of 2022 (9<sup>th</sup> May to 10<sup>th</sup> June 2022) the Council ran an online consultation for the residents asking questions about knowledge of suicide prevention interventions and training. The consultation received a total of 89 responses, two thirds of respondents were female (66%), and the majority self-reported as white ethnicity (84%). When asked about the organisations that supported those at risk of taking their own life, or those who are affected by suicide, all had heard of the Samaritans, but less than one in five respondents had heard of Papyrus and less than one in 20 respondents had heard of SOBS (Survivors of Bereavement by Suicide).

Only one quarter of respondents reported knowing what to say to someone who said they wanted to take their own life, the majority (82%) said they wanted to know how to talk to someone in that instance and one in five (20%) reported that they had received training on talking to others who are feeling suicidal.

When asked whether they were aware of work that was being done in the borough on suicide prevention, less than one in 20 respondents were aware of any. The work that was known related to CAMHS and their links in Lewisham A&E department for young people who

have self-harmed or tried to take their life by suicide, or a local GP surgery supporting one of their patients. When asked how this could be improved, respondents suggested:

- Better and faster access, support and responses to those with mental health problems (including open access, walk-in sessions) and clearer communication on timeframes and treatment expectations
- More safe spaces for the most vulnerable in our communities and a hold on closing support services
- Improving communication and awareness throughout the borough to help understanding and support for those who are vulnerable and most at risk and where to find help when it's needed.

Respondents felt we could do more by having promotional material available, and by running prevention sessions in community spaces, free of charge, for residents to attend. There was a feeling that in order to create more open discussion about suicide in the community, there needed to be more mental health support, including recruiting and training allies, faster access to services, early identification of escalating mental health concerns, and removing stigma to have the conversations. Respondents felt it was important to foster a sense of belonging for those who may be at risk, to continue to have conversations, to offer training and development and making sure community assets are well recognised.

During a focus group with those who have been bereaved by suicide, there were a number of times when they could see that their family member needed help and support, but didn't feel there was a strong and impactful intervention that really helped to tackle the underlying reasons. All participants were keen to urge for better skilled staff in the right places, who are valued for the work they are doing protecting others.

These findings will be used to help further shape the objectives set out in the action plan.

### **Key risk factors**

The risk factors for suicide are complex, multiple and vary based on the interaction between a range of factors (Raschke, 2022). Two of the strongest at the individual level are unemployment and low socio-economic status or deprivation (for instance, a combination of loneliness, inadequate housing, low educational attainment, poor mental health and unemployment) (Samaritans, 2022). Political issues, such as spending on social welfare, minimum wage increases, and regulation of selected risk factors, all have a place in helping to reduce the risk of suicide in the community. Major life changes, such as separation, divorce or bereavement, can contribute to (Stack, 2021) someone's declining mental health and increasing suicidal ideation.

### **How suicides can be prevented in Lewisham?**

Good evidence and understanding of risk factors are key to helping ensure protective factors are in place to support those at risk and vulnerable. Research suggests that protective factors for young people include social connectedness, parental support, life satisfaction, good diet and family dinners (Ophely Dorol--Beauroy-Eustache, 2021). Some of these are replicated when looking at the protective factors for adults, where social connectedness, employment, ability to cope, life satisfaction and a sense of mental and physical health and

well-being are all protective against attempted or completed suicide (Suicide Prevention Resource Center, 2011).

This evidence base was considered when compiling the local actions set out below and in more detail as part of the action plan (Appendix 3).

### **Impact of COVID-19 on suicide prevention**

The COVID pandemic had significant impact on the recording of suicides in England. However, initial data on suicide rates during the pandemic suggest there has been no escalation, even though there was a shift in the provision of mental health services away from in person. Organisations who offer support for mental health have described an increase in requests and contacts, with people expressing suicidal thoughts and feelings. This would suggest continued support and monitoring to proactively respond to any emerging risks.

### **The impact of suicide**

Those who are bereaved by suicide are often the ones who are left feeling the impact. In our focus groups we discussed with those who had suffered loss and they revealed their feeling of helplessness, in wanting someone to reach out to them and not having to start a google search and reach out. One of our participants dropped out of education in order to deal with the emotions and fall out from the family member taking their own life. They had to seek and push for a relevant and supportive intervention to help them deal with the adverse event of losing their loved one.

## **Comparisons of key indicators across London**

The Office for Health Improvement and Disparities (OHID) has compared the suicide rates for the London boroughs. Lewisham ranks 12<sup>th</sup> out of all the boroughs with a rate of 8.3 which is not statistically significantly different to the boroughs with the worst (Hammersmith and Fulham at 12.9) and best (Barnet at 4.8) rates – see Figure 9.

Figure 9: Suicide rate (all persons) for London boroughs between 2019 and 2021

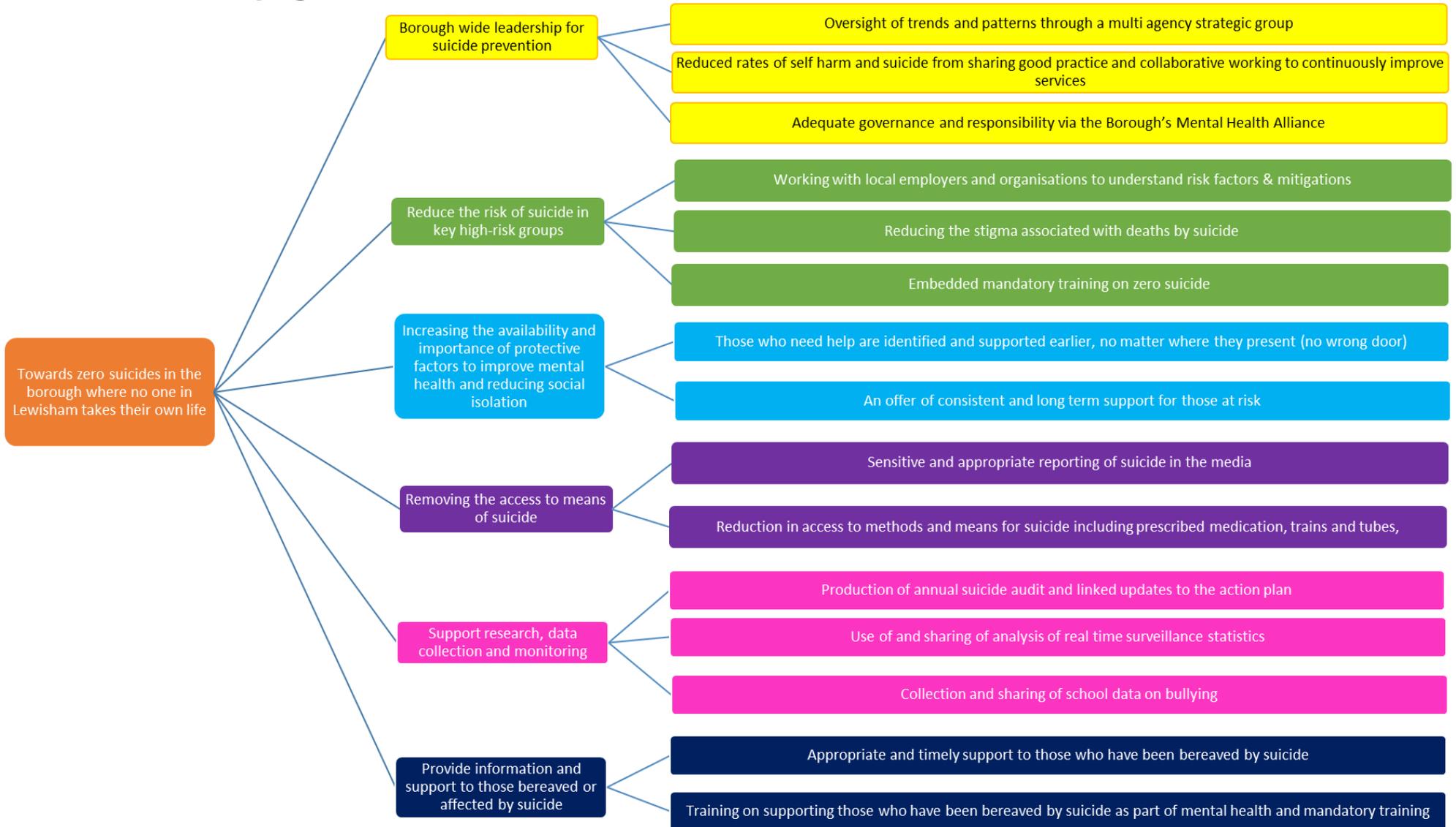
Suicide rate (Persons) 2019 - 21

Directly standardised rate - per 100,000

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	-	15,447	10.4	10.3	10.6
<b>London region</b>	-	1,679	7.2	6.9	7.6
Hammersmith and Fulham	-	70	12.9	10.0	16.5
Sutton	-	56	10.6	8.0	13.8
Kensington and Chelsea	-	43	10.2	7.4	13.8
Ealing	-	83	9.8	7.8	12.2
Southwark	-	70	9.0	6.8	11.7
Camden	-	55	8.9	6.6	11.7
Hounslow	-	63	8.8	6.7	11.4
Hillingdon	-	70	8.8	6.8	11.2
Barking and Dagenham	-	44	8.8	6.2	12.1
Hackney	-	56	8.6	6.2	11.5
Havering	-	57	8.4	6.4	11.0
<b>Lewisham</b>	-	62	8.3	6.2	10.9
Kingston upon Thames	-	36	7.9	5.5	11.0
Islington	-	41	7.9	5.4	10.9
Redbridge	-	57	7.7	5.8	10.0
Wandsworth	-	60	7.5	5.5	9.8
Westminster	-	51	7.4	5.4	9.8
Haringey	-	50	7.2	5.2	9.7
Bexley	-	47	7.2	5.3	9.6
Richmond upon Thames	-	37	7.1	5.0	9.8
Greenwich	-	47	6.8	4.9	9.2
Tower Hamlets	-	58	6.6	4.7	9.0
Waltham Forest	-	47	6.5	4.7	8.8
Merton	-	37	6.5	4.5	9.0
Croydon	-	62	6.2	4.8	8.0
Newham	-	54	6.0	4.3	8.0
Lambeth	-	45	5.7	3.9	7.8
Harrow	-	34	5.4	3.7	7.5
Enfield	-	44	5.3	3.8	7.2
Brent	-	47	5.3	3.9	7.0
Bromley	-	43	5.1	3.7	6.9
Barnet	-	50	4.8	3.5	6.3
City of London	-	3	*	-	-

Source: OHID Fingertips profiles

# Action Plan on a page



## **What we'll do: Priority Areas for action and work in Lewisham**

The Lewisham Suicide Prevention Action Plan sets out some of the main activities we aim to undertake over the next 3 years to achieve our ambition of zero suicide. The objectives and the rationale are set out below. More detail on the action plan can be found at Appendix 3: Suicide Prevention Action Plan.

### **Objective 1: Borough wide leadership for suicide prevention**

We aim to establish a multi-agency strategic group to oversee delivery of this strategy and linked action plan, advocating for everyone to play their part in reducing rates of self-harm and death by suicide. The group will act as a lever to share good practice and exploring opportunities for collaborative working. Getting to zero suicide will be part of everyone's business. Without the support and collaborative efforts of everyone in Lewisham, we won't have the impact we want to see. Each employer will need to work to keep suicide prevention a key priority for their organisations, and work towards suicide prevention training becoming a part of induction and regular mandatory training for all staff.

There are some areas of good practice within the borough where organisations have worked together to try and tackle risk factors related to death by suicide. We need to learn from those successes, and from our failures, flexing and changing our approach as we are informed by the communities we work with. If we do well, there should be an increase in the number of those that are able to ask for help and who are diverted from choosing death by suicide as their only option. Rates of suicide will reduce and we will be closer to the zero suicide goal.

### **Objective 2: Reduce the risk of suicide in key high-risk groups**

The following are considered at higher risk of suicide in Lewisham:

- Young people
- Those with a history of self-harm or attempting to die by suicide, including children and young people
- Those recently bereaved by suicide
- Those with ongoing health conditions or who are experiencing chronic pain or disability, or are receiving treatment for depression in primary care
- Those who are experiencing relationship difficulties, are unemployed, have financial or housing difficulties
- People with a history of alcohol and/or substance misuse
- Those who have experienced trauma for example racism, oppression, or Armed Forces Veterans
- Pregnant women and those who have given birth in the last year
- Those who have autism

Data and evidence tell us that there are common factors that put people at risk of dying by suicide and these are listed above. It's important to recognise the risk to these groups and to offer them additional support to tackle the underlying reasons for the risk. We know Lewisham's suicide rates in males have increased to the same rate as England in the last 5

years. Historically, our rates in this group have been lower than England. Younger men are the highest proportion of those that die by suicide each year in the borough.

Data on those with ongoing physical health problems, those who have experienced trauma (including veterans) or have autism are not well collected as part of routine statistics. This makes it difficult to review and analyse data taking these risks into consideration. Better data collection and reporting of these risk factors (linked to objective 5) would help to determine local patterns. By identifying and supporting those at risk early, we will see a reduction in the suicide rates in these groups.

### **Objective 3: Increasing the availability and importance of protective factors to improve mental health and reducing social isolation**

Evidence and experience has identified a number of protective factors that contribute to those who die by suicide. It's important to ensure that partner organisations and the health system embed approaches to improve resilience and contributions to improved mental health within their offers and services. This will help those working with communities to provide opportunities for those at risk to be signposted and supported to activities that will allow them to engage with protective elements and factors and offer them the ability to cope with adversity.

The community has told us that there isn't enough support for them and their loved ones. Services need to be able to identify ways of helping their local communities and those at risk and identifying the assets already available within service, and in the community and working to support engagement. By offering this support, and increasing engagement, we increase the protection offered by a sense of belonging and a wider support network.

### **Objective 4: Removing the access to means of suicide**

Our ambition of zero suicide has to be supported by partners and organisations who will work with us to reduce and remove access to the means people use to attempt suicide in the borough. Our suicide audit has shown us that the majority of those who die by suicide in the borough, do so at home. We need to work with those who are involved in the design, build and maintenance of housing to ensure that opportunities for means of suicide are minimised. We know that the reasons for suicide are complex and are not just linked to the means available. The action plan sets out how we will work with organisations to identify early and support those who are highest risk and may have the means to take their lives by suicide. By removing the means we hope to positively impact the number of those who are able to die by suicide in Lewisham.

### **Objective 5: Support research, data collection and monitoring**

There is already a large research base setting out some of the key risk, and protective, factors associated with suicide. We should continue to build on and learn from existing research evidence, reinforcing the relevance by using and applying local data and learning. This should relate to self-harm, suicide and suicide prevention. However, we know that there are some categories where data are not well collected, nor where there is evidence of impact and success. These areas should continue to be advocated as important for development. The recent use of the real time data surveillance system in partnership with Thrive (see objective 6) will offer a picture of suicides and bereavement in the borough at a

much faster pace than published data which can often be lagging by nearly 2 years. This faster feedback as well as emerging data and evidence in the area of suicide prevention should allow the system to be able to respond and adapt to need in a timelier manner.

**Objective 6: Provide information and support to those bereaved or affected by suicide**

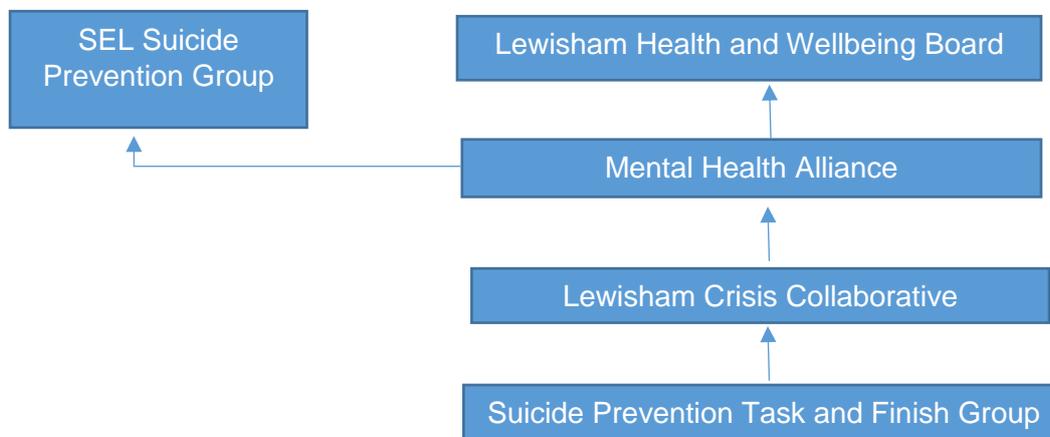
Those who are bereaved by suicide are at high risk of suicide themselves. We know from our focus group with service users that those who have experienced the trauma of losing a loved one to suicide find it difficult to reach out, and may not know who to reach out to. Using real time data and feedback in the borough will link the right service to those in need at the right time. This work stream will continue to improve the support and information given to those bereaved or affected by suicide. The data will be reviewed regularly to ensure we are able to flex and adapt the system to support those when they need it most.

## Monitoring, Delivery and Evaluation

The Suicide Prevention task and finish group reports into the Lewisham Crisis Collaborative, which is a sub group of the Mental Health Alliance. The Alliance brings together those working across mental health services in the borough to tackle issues within the system. The Council’s Health and Wellbeing Board will have final sign off for the Strategy, Action Plan and Audit. Annual updates and audits will be shared with the Health and Wellbeing Board to ensure local councillors are kept up to date on progress against the objectives and ambition of zero suicide set out in the action plan.

Across South East London there is a suicide prevention group that covers activity across all six boroughs and ensures there is consistency and cooperation between boroughs and organisations to tackle similar and overarching issues. The work of the Lewisham task and finish group is shared with the South East London group by those sitting on the task and finish group and the mental health alliance.

Borough residents are an important element of the suicide prevention group. The consultation in Spring 2022 will be followed up with a You Said, We Did update which will give detail on how the consultation feedback has been incorporated into the action plan.



# Appendix 1: Partnership group Terms of Reference

## Lewisham Suicide Prevention Strategy

### Task and Finish Group

#### Terms of Reference

#### 1. Aim

The Lewisham Suicide Prevention Strategy task and finish group aims:

- to reduce the rate of suicide and self-harm within Lewisham
- to prepare and take forward a strategy and action plan across the borough and partners

#### 2. Objectives

The Lewisham Suicide Prevention Strategy task and finish Group will discuss and inform the local Suicide Prevention Strategy with associated audit (in partnership with the coroner) and action plans. This will aid effective working to reduce suicide rates across Lewisham.

#### 3. Responsibilities

- To contribute to and agree the Lewisham Suicide Prevention Strategy and Suicide Prevention Action Plan
- To analyse and interpret statistical and intelligence updates, including the Lewisham Suicide Audit in partnership with the Coroner.
- To inform the Suicide Surveillance process
- To make recommendations to the Mental Health Alliance Crisis Collaborative on taking the strategy and action plan forward
- To ensure national policy developments are considered and, where appropriate, implemented locally
- To lead and champion the efforts of the Lewisham Suicide Prevention Strategy task and finish group and publicise ongoing work and recent developments.

#### 4. Membership

Members representing organisations on the task and finish Group should be in a position to speak on behalf of their organisation and make decisions within their level of authority or inform the decision making process.

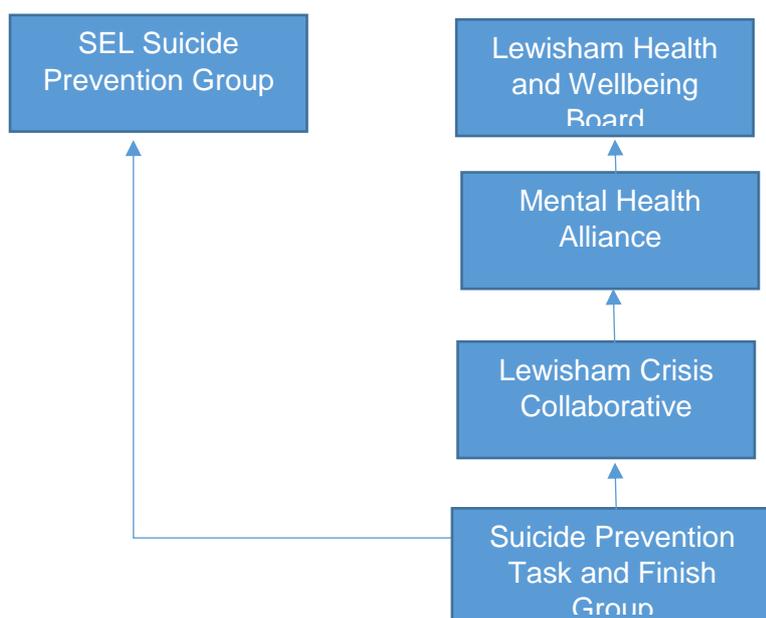
- Lewisham Borough Council, Lead Commissioner (Public Mental Health) (Chair)
- Lewisham Borough Council, Consultant in Public Health (Public Health)
- Lewisham Borough Council, Inequalities Apprentice (Public Health) (Support)
- Lewisham Borough Council, Strategist in Public Health (Public Health)
- Survivors of Bereavement by Suicide Lewisham
- Maytree, Community Outreach Officer
- Bromley Lewisham and Greenwich Mind, Suicide Bereavement Service Manager
- South London and Maudsley NHS Foundation Trust, Service Manager
- Lewisham Greenwich and Southwark Samaritans, Community Outreach Manager
- Change Grow Live, Lead Nurse
- Prevention of Young Suicide PAPYRUS, Regional Manager
- Prevention of Young Suicide PAPYRUS, Community Development Officer

## 5. Accountability and Governance

The Task and Finish Group will report its progress at least twice during the six month period to the Mental Health Alliance Crisis Collaborative meeting to ensure engagement of a wide range of stakeholders.

Its formal accountability will be via the Mental Health Alliance and the Lewisham Health & Wellbeing Board.

The governance structure is below:



## 6. Administrative support

Public Health will provide the administrative support and the Chair for the Group until the end of the work programme.

## 7. Terms of Reference approval and review date

Terms of reference will be agreed by the Task and Finish Group and reviewed at each meeting. The next review date will be December 2022.

## 8. Frequency of Meetings

Meetings of the steering group will be held every month. Meetings will be held on Teams to allow access by all partners.

## Appendix 2: Suicide Audit (embedded document)



Lewisham suicide  
audit 2022 v3.docx

## Appendix 3: Suicide Prevention Action Plan (embedded document)



2022 Lewisham  
Suicide Prevention Act

## Appendix 4: Additional reading and references

Websites:

<https://www.zerosuicidealliance.com/>

[www.Mentalhealth.org.uk](http://www.Mentalhealth.org.uk)

Prevention of future deaths reports: <https://www.judiciary.uk/subject/prevention-of-future-deaths/>

[Suicide Awareness | District \(shrewsburyma.gov\)](http://SuicideAwareness|District(shrewsburyma.gov))

Publications:

MBRRACE-UK. (2021). *Saving Lives, Improving Mothers' Care*. Maternal, Newborn and Infant Clinical Outcome Review Programme. Retrieved November 25, 2022, from <https://www.npeu.ox.ac.uk/mbrpace-uk/reports>

Ophely Dorol--Beauroy-Eustache, B. L. (2021). Systematic review of risk and protective factors for suicidal and self-harm behaviors among children and adolescents involved with cyberbullying,. *Preventive Medicine*,, Volume 152, Part 1,.

Raschke, N. M. (2022). Socioeconomic factors associated with suicidal behaviors in South Korea: systematic review on the current state of evidence. *BMC Public Health* , 22, 129.

Samaritans. (2022). *Socioeconomic disadvantage and suicidal behaviour*. Retrieved from Samaritans : <https://www.samaritans.org/about-samaritans/research-policy/inequality-suicide/socioeconomic-disadvantage-and-suicidal-behaviour/>

Stack, S. (2021). Contributing factors to suicide: Political, social, cultural and economic. *Prev Med.*, 152 (Pt 1).

Suicide Prevention Resource Center, & R. (2011). *Understanding risk and protective factors for suicide: A primer for preventing suicide*. Newton, MA: Education Development Center, Inc.

## Lewisham Suicide Prevention Action Plan

A multi-agency partnership group, the Lewisham Suicide Prevention partnership group was set up to inform a strategy and action plan with the overall aim of preventing anyone living and working in Lewisham from taking their own life. The partnership included representatives from the local authority, local commissioners, health providers (acute and community), and voluntary services. This action plan sets out the strategic direction for suicide prevention in the London Borough of Lewisham over the next three years. Annual updates on progress against the actions will be shared with the Mental Health Alliance and Lewisham’s health and wellbeing Board.

1. Objective: Borough wide leadership for suicide prevention					
	Target Group	Action	Timescale	Lead Partner	Outcome
1.1	Lewisham residents & workforce	Establish a multi-agency strategic group to oversee delivery of the strategy and action plan	September 2022	LBL	Oversight of trends and patterns ensuring a coordinated response
1.2	Those working with vulnerable groups	Members of the group to advocate for self-harm and suicide prevention, including sharing good practice, collaborative working and commissioning/funding opportunities	Ongoing	All	Reduction in rates of self harm, attempted suicide and completed suicide
1.3	Taking learning from other areas	Establish links with regional networks across London and the South East	December 2022	All	Continuing improvement in the local response to suicide prevention
1.4	Lewisham residents & workforce	Prepare a communications plan that supports delivery of the strategy and action plan	November 2022	Lewisham CCG	Page on the Council’s website with appropriate links
1.5	Mental health alliance	Embed regular updates from the suicide prevention strategic group to the Mental Health Alliance Group for governance and oversight of the programme of work	Twice a year	LBL and CCG	Adequate governance and accountability; increased awareness of the work of the suicide prevention group through the MH Alliance
1.6	Multi agency strategic group	Take learning from the Coroner’s Prevention of Future Deaths reports	Quarterly	LBL	Using findings from a range of data sources to inform lessons learned and help to decrease the rate of suicide

## 2. Objective: Reduce the risk of suicide in key high-risk groups

The following are considered at higher risk of suicide in Lewisham

- Young people
- Those with a history of self-harm or attempting to die by suicide, including children and young people
- Those recently bereaved by suicide
- Those with ongoing health conditions or who are experiencing chronic pain or disability, or are receiving treatment for depression in primary care
- Those who are experiencing relationship difficulties, are unemployed, have financial or housing difficulties
- People with a history of alcohol and/or substance misuse
- Those who have experienced trauma for example racism, oppression, armed forces veterans
- Pregnant women and those who have given birth in the last year
- Those who have autism

	Target Group	Action	Timescale	Lead Partner	Outcome
2.1	Lewisham employers	Ensure suicide prevention is included in the Mental Health Prevention Concordat	September 2022	LBL	An inclusive concordat that all organisations are signed up to
2.2	Lewisham employers	Partners to use formal and non-formal sources of information to identify and feedback on suicide prevention opportunities, risk identification, sign-posting and referral to support	Ongoing	All	A fully informed system on risk factors for suicide and self harm
2.3	Lewisham residents & workforce	Encourage and support the completion of suicide awareness training to enable better identification of those in need of help and support	December 2022	LBL and SEL CCG	Reducing the stigma associated with suicide and self harm and upskilling the workforce and residents on how to talk with those who are at risk
2.4	Lewisham employers	Working with the Mental Health Alliance to ensure suicide prevention is incorporated in strategies	Ongoing	CCG	Suicide prevention becomes part of everyone's business and reduces stigma
2.5	Lewisham residents & workforce	Ensure learning from the Child Death overview Panel is reviewed and considered by the strategic group	Bi-annually	LBL	A fully informed system on risk factors for suicide and self harm
2.6	Lewisham employers	Mandatory basic Suicide Awareness training provided on induction/annual updates for Lewisham employers and their workforce	Annually	LBL	Suicide awareness and prevention becomes normalised in work based discussions with employers and their workforce

### 3. Increasing the availability and importance of protective factors to improve mental health and reducing social isolation

Ensuring approaches to improve resilience and contributions to improved mental health are embedded with partner organisations

	Target Group	Action	Timescale	Lead Partner	Outcome
3.1	Lewisham residents and workforce	Ensure learning from the Better Mental Health Fund projects are shared with partners	May 2023	LBL	A fully informed system on risk factors for suicide and self harm
3.2	Lewisham residents	Identify opportunities to provide early help to people with issues around money, debt or welfare benefits	Ongoing	LBL and DWP	Supporting those in need earlier and preventing suicide and self harm
3.3	Lewisham residents & males	Identify opportunities to help support those who are experiencing relationship breakdowns	Ongoing	CCG/family lawyers	Supporting those in need earlier and preventing suicide and self harm
3.4	Lewisham residents	Develop opportunities to improve social capital in local areas and engendering community support	Ongoing	Social prescribers/CCG	Supporting those in need earlier and preventing suicide and self harm
3.5	Lewisham VCSs & communities	Working with the local voluntary and community sectors to embed sustainability to projects that increase community cohesiveness with short term funding	Ongoing	LBL	More consistent and long term support for those at risk and in need
3.6	Lewisham residents & clinicians	Building relationships with private providers to ensure residents are able to access all support available to them.	December 2022	NHS providers	Consistent and integrated system of support for those at risk (no wrong door)

### 4. Objective: Removing the access to means of suicide

Reducing and removing access to the means people use to attempt suicide in the borough.

	Target Group	Action	Timescale	Lead Partner	Outcome
4.1	Those who intend to take their life	Identifying and managing high frequency locations and ensuring staff training on interventions when	December 2022	LBL/CCG working with Highways	To reduce access to methods for those at risk of suicide and impact rates positively

		passengers at these locations are looking vulnerable		England & Network Rail	
4.2	Lewisham registered population on medication	Continue to promote safe prescribing – GP lead for mental health to consider how best to continue the promotion within the community of practice	June 2022	LBL/NHS via DARD Chief Pharmacist	To prevent anyone using prescribed medication to take their own life
4.3	Housing team	Work with the local authority housing and planning teams to include suicide risk in building design for refurbishments and upgrades to social housing	December 2023	LBL	Removing (to prevent suicide) methods and means for taking one's own life
4.4	Private renters	Work with planning and developers to include suicide risk in new building design	December 2023	LBL	Removing (to prevent suicide) methods and means for taking one's own life
4.5	General population	Raising awareness and removing access to social media sites that give detailed information on methods of suicide and highlighting them to national organisations	December 2022	National	Removing (to prevent suicide) means for taking one's own life
4.6	Media	Ensuring the delicate reporting and role of media in suicide	June 2022	Samaritans	Removing (to prevent suicide) means for taking one's own life

#### 5. Objective: Support research, data collection and monitoring

Build on and learn from existing research evidence, and be informed by local and national data on self-harm, suicide and suicide prevention

	Target Group	Action	Timescale	Lead Partner	Outcome
5.1	General population	Annual audit of suicides and open verdicts to inform the direction of the strategy	annually	Public Health. Council health and wellbeing Board & coroner	Annual audits signed off and published by the Health and Wellbeing Board.
5.2	Public Health	Information sharing agreement between RTSS and LBL	March 2022	Public Health	Access to the RTSS data on suspected suicides in the borough
5.3	General population	Regular review of the RTSS data to inform activities related to suicide prevention	Ongoing	Public Health & ThriveLDN	RTSS data review is part of the annual suicide audit and

					learning is taking from them.
5.4	Lewisham employers & health care	Circulate and host learning events of the key findings from suicide audits to partners, general practice and healthcare providers to encourage local learning	annually	Public Health	Those working in the borough are aware of the local contexts that affect the rate of suicide in our local population
5.5	General population	Put in place processes to ensure information on self-harm and attempted suicides informs suicide prevention activities	Annually	Public Health	Regular (annual) review of the action plan to support the delivery of the longer term suicide prevention strategy
5.6	General population	Strengthen academic links on suicide and self-harm prevention to explain the evidence of the effect of bullying on rates of self harm and suicide	December 2022	Public Health & Academic institution	Education sector and those in touch with children and young people in the borough are aware of the link between bullying and self harm or suicide

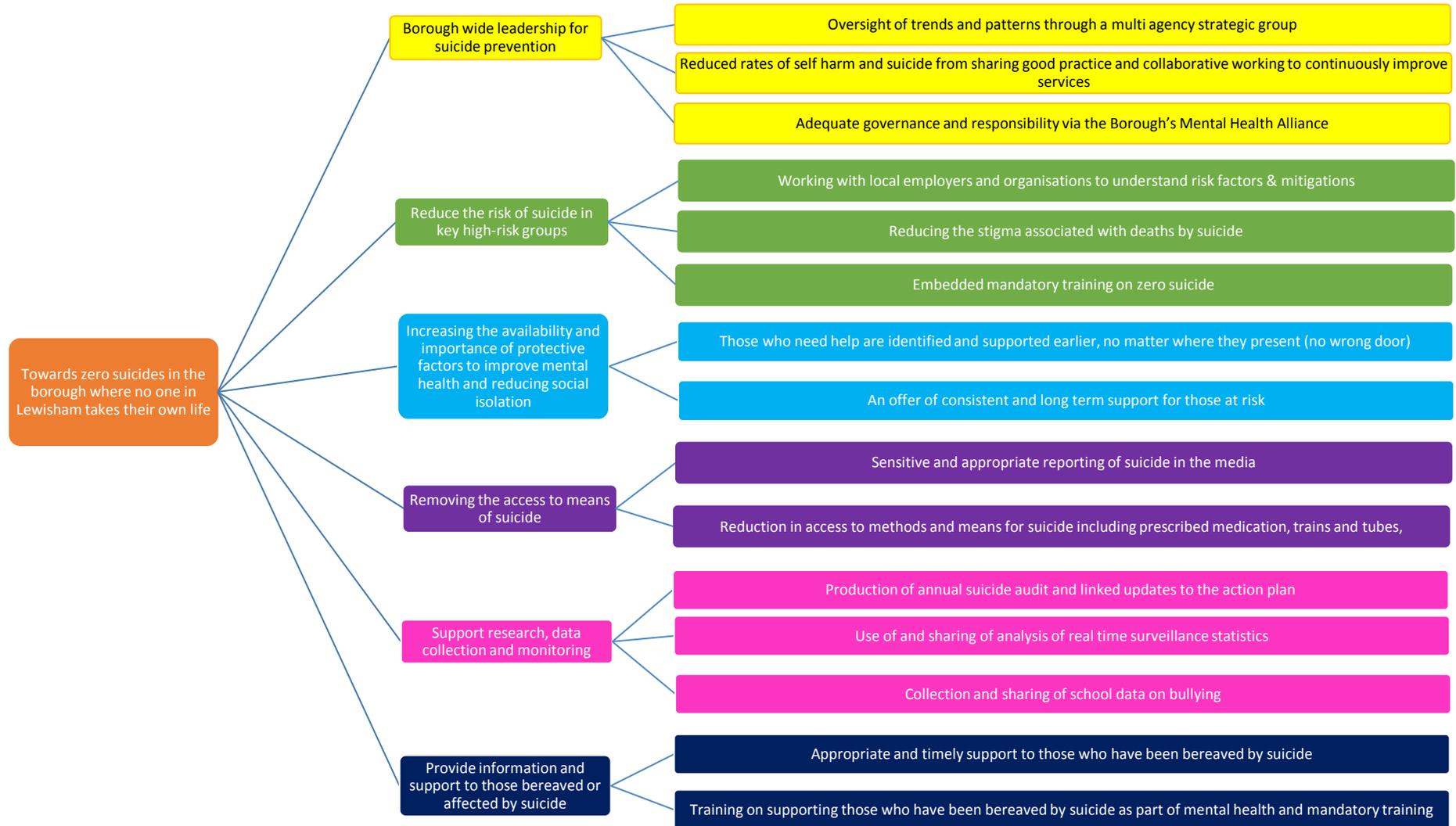
#### 6. Objective: Provide information and support to those bereaved or affected by suicide

Using real time data and feedback to improve the support and information given to those bereaved or affected by suicide

	Target Group	Action	Timescale	Lead Partner	Outcome
6.1	Those who are recently bereaved	Continue to monitor and strengthen support to those who are bereaved by suicide (as part of the RTSS)	Ongoing	BLG Mind – Suicide Bereavement Service With support of SOBS Maytree	Those who are bereaved by suicide receive support to reduce risk of suicide
6.2	Those who are recently bereaved	Regular review and reports on the RTSS	Ongoing	Public Health BLG Mind – Suicide Bereavement Service	Regular analysis of the RTSS data are included in the action plan and strategy updates
6.3	Those who are recently bereaved	Raise awareness of suicide-specific bereavement into core mental health and suicide prevention training	April 2023	SOBS Maytree	Inclusion of the bereavement training in any core MH and suicide prevention training

## Action Plan on a Page

Page 267



# Agenda Item 6



## Health and Wellbeing Board

**Report title: Birmingham and Lewisham African Caribbean Health Inequalities Review and Lewisham Health Inequalities and Health Equity Programme - Update**

**Date:** 8<sup>th</sup> March 2023

**Key decision:** No

**Class:** Part 1

**Ward(s) affected:** All

**Contributors:** Dr Catherine Mbema, Director of Public Health, London Borough of Lewisham; Tim Hughes, Health Inequalities Programme Manager in Public Health; Lisa Fannon, Training and Development Manager in Public Health

## **Outline and recommendations**

This report provides an update to the Board on the Lewisham Health Inequalities. The report includes updates on:

- Implementation of the recommendations from the Birmingham and Lewisham African and Caribbean Health Inequalities Review (BLACHIR).
- Implementation of the Lewisham Health Inequalities and Health Equity Programme for 2022-24.

Members of the Health and Wellbeing Board are recommended to:

- Note the progress made in the implementation of recommendations from BLACHIR and the Lewisham Health Inequalities and Health Equity Programme.

## 1. Recommendations

- 1.1. Members of the Health and Wellbeing Board are recommended to:
- Note the progress made in the implementation of recommendations from BLACHIR and the Lewisham Health Inequalities and Health Equity Programme.

## 2. Background and Overview

- 2.1. The Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR) was a two-year partnership between Lewisham Council and Birmingham City Council, to gather insights on health inequalities within Black African and Caribbean communities in Birmingham and Lewisham.
- 2.2. Seven key themes were outlined in the BLACHIR report for action alongside 39 opportunities for action. The seven key themes included the following:
- Fairness, inclusion and respect
  - Trust and transparency
  - Better data
  - Early interventions
  - Health checks and campaigns
  - Healthier behaviours
  - Health literacy
- 2.3. The Health Inequalities and Health Equity Programme 2022 – 24 is the vehicle for delivery of the opportunities for action identified in the BLACHIR report.

## 3. Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR)

- 3.1. Over the next two financial years, the themes and opportunities for action identified in the BLACHIR report will be addressed and solutions delivered through the Health Inequalities and Health Equity Programme 2022 – 24.
- 3.2. To support implementation of BLACHIR opportunities for action locally, an expression of interest (EOI) was released on the 6th of February 2023 to appoint suitably qualified organisation/s to assist in the implementation of the Birmingham and Lewisham African and Caribbean Health Inequalities Review (BLACHIR). The timeline for this commissioning process is below:

Key milestones	Date
Invitations to submit proposals opens	6 <sup>th</sup> February 2023
Deadline for submitting proposals	6 <sup>th</sup> March 2023
Proposals reviewed and evaluated	w/c 7 <sup>th</sup> March 2023
Successful bidders notified	w/c 13 <sup>th</sup> March 2023
Project start from	1 <sup>st</sup> April 2023

## 4. Lewisham Health Inequalities and Health Equity Programme 2022-24

- 4.1. The Lewisham Health Inequalities and Health Equity Programme 2022-24 aims to

### Is this report easy to understand?

Please give us feedback so we can improve. Page 270

Go to <https://lewisham.gov.uk/contact-us/send-us-feedback-on-our-reports>

strengthen local health & wellbeing partnerships across the system and communities to enable equitable access, experience and outcomes for Lewisham residents, particularly those from Black and other racially minoritised communities.

4.2. The key objectives of the Programme are:

- System leadership, understanding, action and accountability for health equity
- Empowered communities at the heart of decision making and delivery
- Identifying and scaling-up what works
- Establish foundation for new Lewisham Health and Wellbeing Strategy
- Prioritisation and implementation of specific opportunities for action from Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR)

4.3. There are eight concurrent and intersecting workstreams:

- 1) Equitable preventative, community and acute physical and mental health services
- 2) Health equity teams
- 3) Community development
- 4) Communities of practice
- 5) Workforce toolbox
- 6) Maximising data
- 7) Evaluation
- 8) Programme enablement and oversight

4.4. The programme is monitored by and reports into the Health and Wellbeing Board and Lewisham Care Partnership Board. Updates on progress with each workstream are outlined below.

4.5. **Workstream 1: Equitable preventative, community and acute physical and mental health services**

4.6. The aim is to design, test and scale up new models of service provision that achieve equitable access, experience and outcomes for all.

4.7. The objectives are:

- Equity and community voice within service review, design and development
- Identifying and scaling-up what works

4.8. The projects to be delivered by this workstream are:

- 1) SEL HI Funded Projects (x4)
  - HEE Population Health Fellows - addressing inequalities in clinical outcomes
  - Addressing inequalities in elective surgery waiting list
  - Improving recording of special category data
  - Specialist Smoke Free Pregnancy Midwife
- 2) Piloting / identifying and scaling up solutions 'that work'
  - Up! Up! Tailored weight management service for Black African and Black Caribbean residents
- 3) Implementation of BLACHIR opportunities for action #

4.9. The following progress has been made in this workstream to date:

- Strategic alignment to LCP priorities is underway
- The Public Health Team presented on this workstream and the Up! Up! service in particular to the ICB on their visit to the borough on 10th January 2023.

**Is this report easy to understand?**

Please give us feedback so we can improve.

Page 271

Go to <https://lewisham.gov.uk/contact-us/send-us-feedback-on-our-reports>

There was great enthusiasm and praise for the workstream and Up!Up!.

- The Specialist Smoke Free Pregnancy Midwife project is progressing well. Two midwives are job-sharing one permanent post. There is an action plan and steering group for the project. They have been delivering training and are engaging in targeted work in local areas according to data.
- The addressing inequalities in elective surgery waiting list project is progressing well. The project is building on learning from waiting lists of residents who are frail. A multi-disciplinary team approach is being adopted. New care plans are being developed in an effort to improve the health of patients while waiting for surgery and optimise their health for surgery when it comes. The desired outcomes are a reduction in cancellations, a reduction in the number of patients not ready for pre-operation, a reduction in inappropriate referrals, improved patient experience and a reduction in length of stay in hospital. The process charts and data analysis are complete and the project will now move to delivery.

#### 4.10. **Workstream 2: Health Equity Teams**

4.11. The aim is to create place-based teams to provide leadership for system change and community-led action.

4.12. The objectives are:

- Primary Care Network (PCN) leadership and accountability for health equity
- Understanding and determining neighbourhood and community needs and priorities (informed by data alongside community engagement as per BLACHIR work)
- Empowering communities to participate in service design and delivery

4.13. The projects to be delivered by this workstream are:

SEL HI Funded Project - Lewisham Health Equity Fellowship Programme - develop clinical leadership to address health inequalities via neighbourhood projects:

- 1) The two-year Health Equity Fellowship Programme will develop local system leaders of the future to address health inequalities. This development journey will involve in-house training and masters-level modular training by King's College London (KCL).
- 2) A local network of six clinicians to lead neighbourhood-level community engagement (community development, prevention, and health promotion). Individual projects will be identified, designed and implemented from October 2022.

4.14. The following progress has been made to date:

- There are 4 Fellows in post. Modality and Sevenfields PCNs are yet to recruit but efforts are ongoing to address this.
- The in-house Lewisham educational programme for the first term (Semester 1 October to December 2022) was successful with the 4 Fellows completing the first term.
- KCL will provide the educational offer during Semester 2 (January to May 2023) and Semester 3 (September to December 2023).
- The logic model and theory of change have been created with KCL. In-house evaluation has commenced. Reflective surveys are being used to capture the learning and progress being made as a result of each education day.
- An expression of interest has been submitted to the National Institute for Health and Care Research to gain an evaluation partner for the Health Equity Fellows Programme (workstream 2). The outcome is expected to be received in March

### **Is this report easy to understand?**

Please give us feedback so we can improve. **Page 272**

Go to <https://lewisham.gov.uk/contact-us/send-us-feedback-on-our-reports>

2023.

- The HEFs have completed their initial draft proposals for projects. These will be developed and refined once the community organisations are appointed as part of the EOI process.
- A borough-wide project is also being developed by Dr Verity the Community of Practice Lead.

#### 4.15. **Workstream 3: Community Development**

4.16. The aim is to develop infrastructure to empower communities and delivery community-led service design and delivery.

4.17. The objectives are:

- Sustained community voice and lived-experience input to service review and design
- Communities empowered and skilled in service design and delivery
- Building synergy between existing community development efforts across Lewisham system

4.18. The projects to be delivered by this workstream are:

1) SEL HI Funded Projects

- Community Connections Lewisham (CCL) Community Facilitators x 2

2) Community Champions and Vaccination

4.19. The following progress has been made to date:

- Role profiles and job descriptions are being developed for a Community Development Lead role and a Community Champions Support role
- COVID-19 Community Champions will be re-named in collaboration with the Champions. A survey has been completed by the Champions to pick a new name.
- The Age UK Community Connections service will gain additional capacity as part of the Health Inequalities Programme.
- The Lewisham Black VCS Expo took place in the Lewisham Civic Suite on Friday 9th December 2022. The event was organised by Mabadaliko CIC in partnership with Lewisham Public Health, London Borough of Lewisham and Lewisham Local. The theme of this event was to showcase black voluntary community sector stakeholders and their role in delivering health and well-being services within Lewisham. Twenty black-led community organisations from across Lewisham were hosted and included the opportunity to engage with a range of stakeholders from across the partnership. Over 100 registrations to attend the event were received offering the opportunity to engage with black charity leaders, social entrepreneurs, public health, council officials and organisations involved in delivering health and well-being support to Lewisham's black residents.
- Collaboration between Health Equity Fellows programme and Community Champions project is ongoing.
- An expression of interest (EOI) was released on 6<sup>th</sup> February 2023 to appoint organisations that can recruit, support and develop local Community Health Champions as part of the borough's Community Champion programme and partner with Lewisham Primary Care Network (PCN) Health Equity Fellows (HEFs) to work together to address health inequalities and achieve health equity in Lewisham. The timeline for the commissioning process is below:

### **Is this report easy to understand?**

Please give us feedback so we can improve.

Page 273

Go to <https://lewisham.gov.uk/contact-us/send-us-feedback-on-our-reports>

Key milestones	Date
Invitations to submit proposals opens	6 <sup>th</sup> February 2023
Deadline for submitting proposals	6 <sup>th</sup> March 2023
Proposals reviewed and evaluated	w/c 7 <sup>th</sup> March 2023
Successful bidders notified	w/c 13 <sup>th</sup> March 2023
Project start from	1 <sup>st</sup> April 2023

#### 4.20. **Workstream 4: Community of Practice**

4.21. The aim is to share synergies across Health Equity Teams, workforce areas and communities.

4.22. The objectives are:

- Identification and collaboration on common priorities
- Sharing promising practice and resources

4.23. The project to be delivered by this workstream is:

- Lewisham Health Inequalities Forum: a forum for all stakeholders of the Health Inequalities and Health Equity Programme to collaborate and share best practice with regards to Health Inequalities

4.24. The following progress has been made to date:

- Provisional date for inaugural Lewisham Health Inequalities Forum to be scheduled for 2023.
- This workstream will be supported by the Health Equity Fellows who have started their roles.

#### 4.25. **Workstream 5: Workforce Toolbox**

4.26. The aim is to increase awareness and capacity for health equity within practice.

4.27. The objectives are:

- Develop resources for staff, volunteers and others to develop knowledge and skills for health equity
- Support upskilling of workforce on capability, opportunities and motivations

4.28. The following progress has been made to date:

- Mapping of current training offer of partners underway to identify strengths and any gaps in provision
- The workstream has moved to the project delivery group model to deliver the projects listed above. The PDGs will meet on a monthly basis.

#### 4.29. **Workstream 6: Maximising Data**

4.30. The aim is to maximise the use of data, including Population Health platform, to understand and take action on health inequalities.

4.31. The objectives are:

- Ensure interventions are informed and supported by robust data interrogation
- Improve data collection in relation to all disproportionately impacted and PHE health inclusion groups
- Ensure lived experience evidence considered

4.32. The projects to be delivered by this workstream are:

### Is this report easy to understand?

Please give us feedback so we can improve. **Page 274**

Go to <https://lewisham.gov.uk/contact-us/send-us-feedback-on-our-reports>

- 1) Identification of health inequality hotspots
- 2) Matrix Core20PLUS5 for Lewisham
- 3) Implementation of BLACHIR opportunities for action

4.33. The following progress has been made to date:

- Meetings have taken place to explore synergies with the Population Health Board and related working groups
- Logic models and outcome measures that are being defined in workstreams 1, 2, 3 and 5 will determine the data collection requirements
- Maximising the use of data has been identified as a key requirement in each of the logic models

4.34. **Workstream 7: Evaluation**

4.35. The aim is to evaluate within and across programme to identify what does and doesn't work towards achieving vision.

4.36. The objectives are:

- Develop an evaluation approach to understand what works / doesn't towards achieving vision
- Ensure consideration of behaviour change in professional practice
- Ensure community voice and relevance

4.37. The projects to be delivered by this workstream are:

- 1) Develop/commission evaluation where feasible for workstreams
- 2) Implementation of BLACHIR opportunities for action

4.38. The following progress has been made to date:

- The logic models and outcome measures that are being developed in workstreams 1, 2, 3 and 5 will form the basis of the evaluation
- Reflective surveys are being used to capture the learning and progress being made as a result of each education day for the Health Equity Fellows (workstream 2)
- An expression of interest has been submitted to the National Institute for Health and Care Research to gain an evaluation partner for the Health Equity Fellows Programme (workstream 2). The outcome is expected to be received in March 2023.
- An external partner will be needed to evaluate the whole Programme and a commissioning process will be followed to determine the most suitable.

4.39. **Workstream 8: Programme Enablement and Oversight**

4.40. The aim is to support and coordinate across Lewisham PCNs.

4.41. The objectives are:

- Leadership & support for PCN Equity Teams
- Coordination of PCN community engagement activities
- Network governance

4.42. The following progress has been made to date:

- The programme team are supporting, enabling and overseeing all workstreams across the entirety of the Programme
- There is a strong focus on delivery and making demonstrable impact in the two-year period. The Programme enablement and oversight workstream will

**Is this report easy to understand?**

Please give us feedback so we can improve.

Page 275

Go to <https://lewisham.gov.uk/contact-us/send-us-feedback-on-our-reports>

produce regular highlight reports and reporting to the H&WB and LCP will take place through the Health Inequalities & Health Equity Working Group Chair.

- The recruitment for a Health Inequalities Project Officer in December was successful. The successful applicant is due to join the team in March 2023.

## **5. Financial implications**

- 5.1. The resourcing of the health inequalities and health equity plan has been identified from contributions from Health and Wellbeing Board partners, namely South East London CCG and Lewisham Council, over a 2 year period.

## **6. Legal implications**

- 6.1. There are no legal implications of this report.

## **7. Climate change and environmental implications**

- 7.1. There are no climate change or environmental implications of this report.

## **8. Crime and disorder implications**

- 8.1. There are no crime and disorder implications of this report.

## **9. Health and wellbeing implications**

- 9.1. Improving health outcomes and reducing health inequalities is central to the work of the Health and Wellbeing Board. This report directly aligns with these aims by outlining the progress made with health inequalities work in Lewisham.

## **10. Report author and contact**

- 10.1. Tim Hughes, Health Inequalities Programme Manager in Public Health  
[timothy.hughes@lewisham.gov.uk](mailto:timothy.hughes@lewisham.gov.uk)

### **Is this report easy to understand?**

Please give us feedback so we can improve. **Page 276**

Go to <https://lewisham.gov.uk/contact-us/send-us-feedback-on-our-reports>



## Health and Wellbeing Board

### Lesbian, Gay, Bisexual, Transgender and Queer Plus (LGBTQ+) Joint Strategic Needs Assessment

**Date:** 8 March 2023

**Key decision:** No.

**Class:** Part 1

**Ward(s) affected:** All

**Contributors:** Patricia Duffy, Public Health Intelligence Manager, Dr Catherine Mbema, Director of Public Health, London Borough of Lewisham

### Outline and recommendations

The purpose of this report is to outline initial findings from the LGBTQ+ Joint Strategic Needs Assessment (JSNA).

### Timeline of engagement and decision-making

This needs assessment was originally proposed prior to the COVID-19 pandemic, with work resuming in late 2022. The board are requested to review preliminary recommendations.

## 1. Summary

- 1.1. The proposal for Lewisham to undertake a JSNA topic assessment focused on the LGBTQ+ population was agreed prior to the COVID-19 pandemic. As with other Public Health work, this was paused due to the additional demands on the team's capacity, with work recommencing at the end of 2022.

- 1.2. Initial findings have agreed with external research that there is a disproportionate burden of ill health within the local population who identify as LGBTQ+.

## 2. Recommendations

- 2.1. For the Health and Wellbeing Board to review the document and consider recommendations.

## 3. Policy Context

- 3.1. The production of a JSNA became a statutory duty in 2007. The Health and Social Care Act 2012 placed a new statutory obligation on local health and care partnerships to jointly produce and to commission with regard to the JSNA. The Act placed an additional duty to develop a joint Health and Wellbeing Strategy for meeting the needs identified in the local JSNA.
- 3.2. The objective of a JSNA is to provide access to a profile of Lewisham's population, including demographic, social and environmental information. It also provides access to in-depth needs assessments which address specific gaps in knowledge or identify issues associated with particular populations/services.
- 3.3. These in-depth assessments vary in scope from a focus on a condition, geographical area, or a segment of the population, to a combination of these. The overall aim of each needs assessment is to translate robust qualitative and quantitative data analysis into key messages for commissioners, service providers and partners.
- 3.4. The most recent version of the JSNA can be found here: <https://www.observatory.lewisham.gov.uk/a-picture-of-lewisham/>
- 3.5. The priorities of The Health and Wellbeing Strategy 2013-2023 were informed by the JSNA.

## 4. Background

- 4.1. To undertake its responsibilities the Board needs to be periodically updated on the local population and its health needs. Individual JSNA topic assessments provide in-depth analysis and recommendations for that specific service/population group.
- 4.2. A recommendation from the Safer Stronger Communities Select Committee's review entitled: "Provision for the LGBT+ Community in Lewisham", included that the Council should ensure there is a specific JSNA for the LGBT+ community.

## 5. LGBTQ+ JSNA Topic Assessment

- 5.1. Extensive research has shown that people who identify as LGBTQ+ experience a disproportionate burden of ill-health.
- 5.2. This JSNA includes recently released data from the 2021 Census on responses to questions on sexual orientation and gender identity which were included in the national census form for the first time. This showed that just under 14,900 Lewisham

### Is this report easy to understand?

Please give us feedback so we can improve. Page 278

Go to <https://lewisham.gov.uk/contact-us/send-us-feedback-on-our-reports>

residents stated that their sexual orientation was other than straight or heterosexual, which equates to 6.1% of the population aged 16+.

5.3. Responses to the 2021 Census question on gender identity showed that almost 2,500 Lewisham residents stated that their Gender Identity was other than the sex they were registered at birth. This equates to 1.02% of the local 16+ population.

5.4. The draft JSNA topic assessment can be found in Appendix 1 of this report.

5.5. Key recommendations from the JSNA topic assessment include:

#### 5.6. Data Collection

The release of 2021 Census data now gives local authorities and partners better understanding of the proportion of their population who identify as LGBTQ+. However, whilst there are good examples of appropriate recording, several services still do not collect relevant data from service users or include in consultation exercises. Furthermore, some services include this question in their equality monitoring forms but there will be high levels of not asked/not recorded responses which makes analysis incomplete. Better data collection is key to understanding levels of service use and whether people's experience of a service is impacted by either their sexual orientation or gender identity.

#### 5.7. Signposting

Where LGBTQ+ specific services are run, a repeated theme is the importance of signposting to other relevant services or places that can offer help with wider support, for example housing, employment and money management. Having LGBTQ+ affirmative staff and training was identified both by staff and services users as extremely important.

#### 5.8. Engagement

National research and feedback from METRO's service user forums found inequalities with access to and within services used by those who identify as LGBTQ+. Wider consultation with LGBTQ+ service users for all services would benefit this population.

#### 5.9. Training

A key example of the benefits of training was the much higher rates of LGBTQ+ service user satisfaction for those using a GP whose practice was 'Pride in Practice' accredited. Furthering training opportunities and encouraging expansion to the Pride in Practice programme would help anyone who identifies as LGBTQ+ and is registered with a Lewisham GP to have a more positive experience.

### Conclusions

There is a wealth of evidence that the LGBTQ+ population experience a disproportionate burden of ill-health. With the recently released 2021 Census data, local areas can more accurately understand the size of their population who identify as LGBTQ+. Given this baseline there is now opportunity to further understand whether services are meeting the unique needs of this population. Further work with local LGBTQ+ residents and service users is needed to better understand the most effective ways of doing this.

## 6. Financial implications

6.1. There are no specific financial implications at this stage. If further discussions take place on commissioning services in the future the financial implications will be considered at that point.

## 7. Legal implications

7.1. The requirements to produce a JSNA are set out above.

## 8. Equalities implications

8.1. Both Sexual Orientation and Gender Identity are protected characteristics as defined by the Equality Act 2010. The LGBTQ+ topic assessment has highlighted health inequalities experienced by this population.

## 9. Climate change and environmental implications

9.1. There are no climate change or environmental implications from this report.

## 10. Crime and disorder implications

10.1. There are no Crime and Disorder implications from this report.

## 11. Health and wellbeing implications

11.1. The JSNA has highlighted there are health inequalities experienced by the LGBTQ+ population that should be addressed.

## 12. Background papers

12.1. Details of the Lewisham JSNA process are available on the Lewisham Observatory:  
<https://www.observatory.lewisham.gov.uk/jsna/>

Full details of the 'Provision for the LGBT+ Community in Lewisham Scrutiny Review'  
<https://councilmeetings.lewisham.gov.uk/documents/g5165/Public%20reports%20pack%2012th-Mar-2019%2018.30%20Safer%20Stronger%20Communities%20Select%20Committee.pdf?T=10>

## 13. Glossary

Term	Definition
JSNA	Joint Strategic Needs Assessment
LGBTQ+	Lesbian, Gay, Bisexual, Transgender and Queer Plus

## 14. Report author(s) and contact

Catherine Mbema, 0208 314 3927, [catherine.mbema@lewisham.gov.uk](mailto:catherine.mbema@lewisham.gov.uk)

### Is this report easy to understand?

Please give us feedback so we can improve. Page 280

Go to <https://lewisham.gov.uk/contact-us/send-us-feedback-on-our-reports>

# Lesbian, Gay, Bisexual, Transgender, Queer Plus (LGBTQ+) Joint Strategic Needs Assessment

---

# Contents

Introduction .....	3
National and Local Strategies .....	3
Facts and Figures .....	7
Current Activities and Services .....	22
Local Views.....	30
Initial Recommendations.....	31

DRAFT

## Introduction

Research shows that the Lesbian, Gay, Bisexual, Transgender and Queer Plus (LGBTQ+) community experience a disproportionate burden of ill-health. [The Lesbian, Gay, Bisexual and Trans Public Health Outcomes Framework Companion Document](#) describes how there is a substantial body of evidence demonstrating that this population experience significant health inequalities, which impact both on their health outcomes and their experiences of the healthcare system. Furthermore, it is crucial to be aware that the relationship between sexual orientation and gender identity and health has often been overlooked by the healthcare system, and a lack of sexual orientation and gender identity monitoring in service provision and population level research means that there are gaps in understanding. Areas of inequality include but are not exclusive to sexual health (including HIV), mental health, social isolation and the (mis)use of alcohol, drugs and tobacco.

Before the 2021 Census, there was scant official data regarding the proportion of the population that identified as LGBTQ+, with the most commonly cited estimate for the proportion of the population that identify as Lesbian, Gay, Bisexual (LGB) as 5-7% and 1% identifying as trans<sup>1</sup>. However relevant questions were included in the latest Census questionnaire in 2021, for the first time. Within this Census, across England 3.1% of the population aged 16+, stated that they identified as either Gay or Lesbian, Bisexual, Pansexual or Queer. Whilst 0.55% of the same age group stated that their gender identity was different from their sex at birth. Both figures were higher in London than the national average.

Addressing the health issues affecting people who identify as LGBTQ+ is a key part of improving public health, as well as being a legal duty for all public bodies under the Equality Act 2010 as both sexual orientation and gender reassignment are protected characteristics within this legalisation.

## National and Local Strategies

### National Strategies

#### [Equality Act 2010](#)

Section 29 of the Equality Act (2010) prohibits discrimination in the provision of services on the basis of sexual orientation or gender identity. The Act states you must not be discriminated against because:

- you are heterosexual, gay, lesbian or bisexual
- someone thinks you have a particular sexual orientation (this is known as discrimination by perception)
- you are connected to someone who has a particular sexual orientation (this is known as discrimination by association)

In the Equality Act, sexual orientation includes how you choose to express your sexual orientation, such as through your appearance or the places you visit. The section below sets out key national strategies that relate to LGBTQ+.

---

<sup>1</sup> Department of Trade, 2004

### [Public Sector Equality Duty 2011](#)

The Public Sector Equality Duty (2011) is a key part of the Equalities Act (2010). It places an obligation on all public sector organisations to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between those who share protected characteristics and those who do not. Sexual orientation and gender identity are protected characteristics under Section 29, Equality Act (2010)

### [The Lesbian, Gay, Bisexual and Trans Public Health Outcomes Framework Companion Document/ The Lesbian, Gay, Bisexual and Trans Adult Social Care Outcomes Framework Companion Document](#)

The LGBT Public Health Outcomes Framework comprehensively maps outcomes relating to the wider determinants of health and wellbeing relating to LGBT people. It describes health inequalities experienced by LGBT people via various indicators and makes recommendations to reduce the gap in health and service use between LGBT and non LGBT populations.

### [LGBT Action Plan: Improving the Lives of Lesbian, Gay, Bisexual and Transgender People](#)

The LGBT Action Plan was launched in response to the results of the 2017 national survey of LGBT people. Some key health actions include:

- Improve gender identity services
- Improve mental healthcare for LGBT people focusing on suicide prevention.
- Enhance fertility services for LGBT people –revise legislation so single people can access legal parenthood after a surrogacy arrangement.
- Reducing HIV transmission, AIDs and HIV related deaths – NHS England will consider the impact of increasing PrEP trial further.

### [The Healthcare Equality Index \(Stonewall, 2015b\)](#)

Describes what a good LGBT- friendly healthcare organisation should look like and provides case studies of good practice. A good healthcare organisation;

- Has staff members who understand the needs of LGBT patients
- Provides clear sexual orientation equality messages
- Uses patients sexual orientation data to inform services
- Provides a service tailored to the needs of LGBT patients
- Works in partnerships with a range of partners in the public, private and third sectors
- Provides opportunities for LGBT patients to influence services
- Is part of the Diversity Champions programme
- Makes sure that LGBT people are treated fairly

### [The World Professional Association for Transgender Health \(WPATH\) - Standards of Care](#)

WPATH is an international multidisciplinary, professional association which promotes standards of care based on evidence and expert professional consensus. It details several aspects to the care of transgender people.

- Assessment and treatment of children and young persons with gender dysphoria
- Mental health
- Hormone therapy
- Reproductive health
- Voice and communication therapy
- Surgery

- Post-operative care and follow up
- Lifelong preventive and primary care

[The Five Year Forward View for Mental Health](#) highlights that people in marginalised groups, including LGBT+ have an increased risk of developing mental health problems. (The same document states that the community and voluntary sector provides a critical role in supporting groups that are currently poorly served by 'mainstream' services, including LGBT+).

[Public Health England Action Plan 2015-16: Promoting the health and wellbeing of gay, bisexual and other men who have sex with men](#)

[Supporting the LGBTQ+ population through COVID-19 and beyond](#)

The Health and Care LGBTQ+ Leaders Network, through the NHS Confederation has produced several recommendations in light of the health challenges of COVID-19 to ensure services and workplaces meet the needs of LGBTQ+ people. It notes that COVID-19 highlighted a unique set of health challenges facing the LGBTQ+ population. To recover and thrive beyond the pandemic, the way care is commissioned, designed and delivered must take into account the varying needs of those who identify as LGBTQ+.

Figure 1: The Six Overarching Recommendations



(Source: [NHS Confederation](#))

## Regional Strategies

### [London HIV Prevention Programme](#)

A London-wide sexual health promotion initiative. It aims to increase HIV testing and promote prevention choices to Londoners. Its main aims are delivered through three key elements:

- “Do It London” – multimedia communications on HIV for all Londoners, with specific campaigns targeted at the key at-risk groups of MSM and black African communities;
- Condom procurement, promotion and distribution; and
- Targeted outreach delivered via face to face and digital channels.

## Local Strategies

### [Provision for the LGBT+ Community in Lewisham Safer Stronger Communities Select Committee Scrutiny Review](#)

This report sets out the response to recommendations arising from the safer stronger communities review entitled: “provision for the LGBT+ community in Lewisham” Dec 2017. Of the twenty recommendations and responses detailed in the report, those pertinent to public health include;

- Councils ensure a specific joint needs assessment (JSNA) for the LGBT+ community.
- Councils to facilitate becoming the first London borough to achieve a ‘Pride in Practice’ award.
- That various national frameworks, research and reports can be reviewed by public health and other key departments to evaluate whether findings can be incorporated into Council policy. These reports have been specified in this document and the wider JSNA.

### [Lewisham Council’s Single Equality Framework](#)

As a public body, the Council’s primary role is to promote the social, economic and environmental well-being of the borough. Hence it has developed an equality framework with five equality objectives:

- To ensure equal opportunities for marginalised and seldom heard communities.
- To reduce the number of vulnerable people in the borough by tackling socio-economic inequality.
- To improve the quality of life of residents by tackling preventable illnesses and diseases.
- To ensure that services are designed and delivered to meet the needs of Lewisham’s diverse population.
- To increase the number of people we support to become active citizens.

Furthermore, the framework makes specific mention of ensuring equality in Lewisham should include working to ‘improve the quality of life of residents by tackling preventable illnesses and diseases’, including the below which are particularly pertinent to the needs outlined above:

- Improved mental health and well being
- Reduction in incidence of sexually transmitted infections
- Reduced alcohol and substance dependency

[Lambeth, Southwark and Lewisham Sexual Health Strategy 2019-24](#)

Both ‘STI and testing and treatment’ and ‘Living well with HIV’ are priorities in the strategy. MSM are also identified as a vulnerable group.

[South East London Integrated Care Strategy](#)

Each Integrated Care System is now required to develop an integrated care strategy. The timeline is currently that the SEL strategy will be launched in Spring 2023.

## Facts and Figures

### The LGBTQ+ Population in Lewisham

Just under 14,900 Lewisham residents stated that their sexual orientation was other than straight or heterosexual in the 2021 Census (6.1% of respondents). Table 1 (below) shows this data, along with figures for Lambeth and Southwark and the regional and national averages as proportions. It is of note that almost 10% of Lewisham Census respondents preferred not to answer this question, which is more than 2% higher than the England average. Unlike most questions in the Census form, this question was voluntary. The local response rate to the 2021 Census was 94%<sup>2</sup>.

Table 1: 2021 Census Responses to Sexual Orientation Question (%) - age 16+<sup>3</sup>

	<i>Straight or Heterosexual</i>	<i>Gay or Lesbian</i>	<i>Bisexual</i>	<i>Pansexual</i>	<i>Asexual</i>	<i>Queer</i>	<i>All other sexual orientation</i>	<i>Not answered</i>
Lewisham	84.12	3.00	2.33	0.51	0.06	0.17	0.06	9.75
Lambeth	82.67	5.31	2.25	0.45	0.07	0.12	0.05	9.07
Southwark	82.71	4.53	2.57	0.67	0.07	0.17	0.06	9.21
London	86.19	2.23	1.52	0.37	0.05	0.06	0.04	9.52
England	89.37	1.54	1.29	0.23	0.06	0.03	0.02	7.46

Table 2: 2021 Census Responses to Gender Identity Question (%) - age 16+<sup>4</sup>

	<i>Gender identity the same as sex registered at birth</i>	<i>Gender identity different from sex registered at birth but no specific identity given</i>	<i>Trans woman</i>	<i>Trans man</i>	<i>Non-binary</i>	<i>All other gender identities</i>	<i>Not answered</i>
Lewisham	91.36	0.42	0.18	0.17	0.17	0.08	7.62
Lambeth	91.78	0.39	0.19	0.15	0.11	0.09	7.29
Southwark	91.43	0.63	0.17	0.18	0.16	0.09	7.34
London	91.21	0.46	0.16	0.16	0.08	0.05	7.88
England	93.47	0.25	0.10	0.10	0.06	0.04	5.98

Data from the 2021 Census showed that 2,471 Lewisham residents stated that their Gender Identity was other than the sex they were registered at birth. This equates to 1.02% of the

<sup>2</sup> ONS

<sup>3</sup> Question 26 on the England 2021 Census form ‘Which of the following best describes your sexual orientation?’

<sup>4</sup> Question 27 on the England 2021 Census form ‘Is the gender you identify with the same as your sex registered at birth?’

local population which also agrees with previous estimates of 1% for gender variance.<sup>5</sup> Fewer people declined to answer this question compared to the question on sexual orientation, however there remained a higher response rate nationally, than the Lewisham figure.

### Experience of General Health Care Services

One in five lesbian, gay and bisexual patients reported that their sexual orientation is a factor in them delaying accessing health services<sup>6</sup>. E Within their [Prescription for Change](#) document Stonewall highlight how LGBTQ+ health needs are often overlooked:

*‘Lesbian and gay taxpayers fund 60,000 posts within the NHS. Yet with the marked exception of gay men’s sexual health, their specific health needs are almost invisible. Stonewall’s engagement with tens of thousands of lesbian and bisexual women across Britain in recent years suggests that their healthcare is particularly neglected’*

A further Stonewall document, LGBT in Britain: Health Report reports that ‘One in seven LGBT people (14 per cent) have avoided treatment for fear of discrimination because they’re LGBT.’<sup>7</sup>

The charity [Rethink Mental Illness](#) conducted their own survey research, which found:

- Of those gay and bisexual men who have accessed healthcare services in the last year, a third have had a negative experience related to their sexual orientation.
- Just a quarter felt that healthcare workers had given them information relevant to their sexual orientation.
- Only one in eleven found their GP surgery welcoming.
- Half of lesbian and bisexual women surveyed reported a negative experience of healthcare in the last year.
- Two in five found practitioners assumed they were heterosexual and were therefore not given appropriate advice
- One in five felt they had no opportunity to discuss their sexual orientation.

The National LGBT Survey conducted in 2017 included a section on access to healthcare. Respondents were asked, ‘*In the past 12 months, did being open about your sexual orientation with healthcare staff have an effect on your care?*’, 7.4% of respondents who answered this question (i.e. had disclosed their sexual orientation) believed it had a negative effect.

Respondents were also asked, about experiences whilst using/accessing healthcare services. Of those respondents who decided not to disclose their sexual orientation, 6% stated it was because they had a bad experience in the past.

---

<sup>5</sup> Monitoring gender non-conformity - A quick guide, Gender and Identity Research and Education Society, 2015

<sup>6</sup> [Richardson, Jo. 2010](#)

<sup>7</sup> <https://www.stonewall.org.uk/lgbt-britain-health>

*Table 3: Question from National LGBT Survey: ‘In the past 12 months, did you experience any of the following when using or trying to access healthcare services because of your sexual orientation?’*

<i>Experience accessing/using healthcare services</i>	<i>Proportion of respondents</i>
I avoided treatment or accessing services for fear of discrimination or intolerant reactions	4.8%
My specific needs were ignored or not taken into account	6.2%
Discrimination or intolerant reactions from healthcare staff	3.0%
Inappropriate questions or curiosity	7.2%

*LGBT Foundation Patient Experience Survey (2021)<sup>8</sup>*

Almost 1,000 people who identify as LGBTQ+ responded to the LGBT Foundation’s survey in the summer of 2021 on their experience of primary care.

- Only 59% of respondents felt their GP met their needs as an LGBTQ+ person
- This fell to 50% of trans people
- Then fell again to 36% for non-binary people

Of particular significance for Lewisham, which is a borough with an ethnically diverse population, the survey found that across all primary care services, Queer, Trans and Intersex People of Colour (QTIPoC) respondents were six times more likely to have experienced discrimination or unfair treatment than white LGBTQ+ respondents.

Encouragingly LGBTQ+ people at Pride in Practice registered GP practices were 18% more likely to say that their GP met their needs compared to people at non-registered practices. LGBTQ+ people at Pride in Practice registered GP practices were 12% more likely to report a positive response when sharing their sexual orientation with their GP and more likely to report a very positive response when sharing a trans or non-binary identity with their GP.

Healthcare staff have also been recorded as saying discrimination is a real issue. In 2015, Stonewall published [Unhealthy Attitudes](#), a report on the treatment of LGBT people within health and social care services. The report was based on a representative sample of 3,000 health and social care staff about their experiences of issues relating to lesbian, gay, bisexual and trans healthcare and employment. It found that LGBT staff and patients continue to experience discrimination, abuse and bullying. Key findings included:

- Almost a quarter (24%) of patient-facing staff have heard their colleagues make negative remarks about lesbian, gay or bisexual people, or use discriminatory language whilst at work in the last five years. One in five (20%) have heard similar disparaging remarks about trans people.
- One in twenty (5%) patient-facing staff have witnessed other colleagues discriminate against or provide a patient or service user with poorer treatment because they are lesbian, gay or bisexual in the last five years.
- Almost six in ten (57%) health and social care practitioners with direct responsibilities for patient care, such as social workers, nurses and mental health workers, say they do not consider sexual orientation to be relevant to one’s health needs.
- One in ten (10%) say they are not confident in their ability to understand and meet the specific needs of lesbian, gay or bisexual patients and service users.

<sup>8</sup> <https://drive.google.com/file/d/1-gFPdpjB8mfFtgdAti-4PH0pPB7fcow1/view>

- Almost a quarter (24%) are not confident in their ability to respond to the specific care needs of trans patients and service users.

### Inequalities

Currently 2021 Census data only gives a total count of residents in relation to the questions on sexual orientation and gender identity<sup>9</sup>. Therefore, it is difficult to know whether certain sub-sections of the LGBT+ population are disproportionately impacted by the health inequalities described above or any others. However the [LGBT foundation](#) have published a report on the LGBT population from a Black, Asian or Minority Ethnic group background within Manchester. It states that whilst the experiences of Black, Asian or Minority Ethnic group LGB people are under-researched, the evidence that is available indicates that inequalities are exacerbated for these communities, who experience stigma and discrimination in relation to both sexual orientation and ethnicity; and subsequently higher prevalence of poor mental health; higher incidence of HIV among MSM; higher prevalence of substance use; and are at higher risk of violence and hate crime.

These findings echo work by Meyer (2003)<sup>10</sup> and others who use the term 'minority stress', which describes the chronically high levels of stress faced by members of stigmatised minority groups. Minority stress may be caused by several factors, including poor social support and low socioeconomic status, but the most well understood causes of minority stress are interpersonal prejudice and discrimination, with an emphasis on the cumulative nature of these stressors. Therefore, it is particularly important to consider those residents who identify as multiple minority protected characteristics.

Further work has been published regarding ethnicity and the LGBT+ population, including research conducted by Stonewall in 2012<sup>11</sup> which also found differences in the proportion of different ethnic groups identifying as LGBT. 23% of Asian women described themselves as bisexual compared to 16% of white women and 8% black women, while 13% black men, 10% of Asian men and 10% of mixed and other ethnicity men described themselves as bisexual compared to 7% of white men.

The UK Longitudinal Lifestyle Survey<sup>12</sup> found that ethnic minorities are more likely to self-identify their sexual orientation as 'other' or select a 'prefer not to say' option compared to general population. The research found that these respondents were very likely to experience material disadvantage (e.g. experiencing poverty, being behind on bill payments, and being in receipt of benefits) although the researchers note that these results may mask the association between ethnic minority status and material disadvantage and so should be interpreted with caution.

A research report by the [Equality Network](#) in 2009 found that LGBT people from a minority ethnic background may often feel apart from, rather than a part of both their LGBT and ethnic communities, leading to isolation, low esteem, and confusion over identity. The

---

<sup>9</sup> We await the publication of further publication of 2021 Census data which will allow us to understand further demographic information in relation to LGBTQ+ residents

<sup>10</sup> Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychological Bulletin*, 129, 674–697. doi: 10.1037/0033-2909

<sup>11</sup> <https://www.stonewall.org.uk/resources/ethnicity-%E2%80%93-stonewall-health-briefing-2012>

<sup>12</sup> <https://www.iser.essex.ac.uk/publications/working-papers/iser/2014-02.pdf>

report noted that some LGBT minority ethnic people “are put in a position where they feel that they do not belong to either the LGBT community or the [minority ethnic] community and are forced to express one part of their identity at the expense of the other.”

### *Young People*

#### National Youth Chances Survey (findings published in 2014)

Conducted by METRO, this survey sought to seek views of local commissioners, service providers and young LGBTQ people (aged 16-25) across the country.

For responses from commissioners, the survey found that there was little evidence of commissioning that responded to the specific needs of LGBTQ young people across the country. Respondents were asked what they saw as the most important local obstacles to improve commissioning of services for LGBTQ 16–25-year-olds. Broadly the responses fell into three categories:

- the difficulty of establishing new services at a time of both financial austerity and rapid change in NHS and local authority structures
- others simply referred to an embedded history of institutionalised or political neglect of, or hostility to, LGBT equality
- several respondents pointed to structural difficulties in properly assessing and prioritising the needs of this population

For service providers the main finding was that only a minority of areas of England appeared to have services addressing the specific needs of LGBTQ young people. Nationally funding was seen to be low, often from non-statutory sources. The main enablers identified were funding, access to specialist knowledge and understanding from committed LGBT individuals or LGBT organisations. The main obstacles identified were the lack of secure funding to maintain adequate provision, problems with access to schools and the low profile and priority of the needs of this population because of continuing homophobia in many areas. Most respondents thought that both specialist and mainstream services needed to work together and yet were sceptical that most mainstream services are currently sensitive to, or inclusive of, the needs of the young LGBTQ population.

The survey of young LGBTQ people, which received over 7,000 responses, found:

- LGBTQ young people experience higher levels of verbal, physical and sexual abuse, and fear of such abuse.
- Nearly 1 in 10 of LGBTQ young people (8%) have had to leave home for reasons relating to their sexuality or gender identity.
- Most young LGBTQ people feel that their time at school is affected by hostility or fear and most report that their school supported its pupils badly in respect of sexuality or Gender identity.
- LGBTQ young people report significantly higher levels of mental health problems.
- Trans young people face the greatest levels of disadvantage and discrimination, amongst the LGBTQ sample.

It was not possible to find robust studies regarding any other protected characteristic to consider in terms of inequalities. What was evident from the information presented above

was that in terms of the LGBTQ+ population itself, more data was available regarding the MSM/male gay population than other LGBTQ+ groups.

## **Sexual Health**

Sexual health is a crucial aspect of health and wellbeing for all residents but the LGBTQ+ population can be seen to be disproportionately impacted:

*'Our population: Black Minority Ethnic, Young People and Men who have Sex with Men remain at greater risk of poor sexual and reproductive health'*

[Lambeth, Southwark and Lewisham Sexual and Reproductive Health Strategy 2019–24](#)

### **Sexually Transmitted Infections (STIs)**

Nationally the number of STI diagnoses in MSM has risen over the past decade. The reasons for increases are understood to be complex<sup>13</sup>, Several factors may have contributed to this, including condomless sex associated with HIV seroadaptive behaviours and 'chemsex' (the use of drugs before or during planned sexual activity to sustain, enhance, disinhibit or facilitate the experience)<sup>14</sup>.

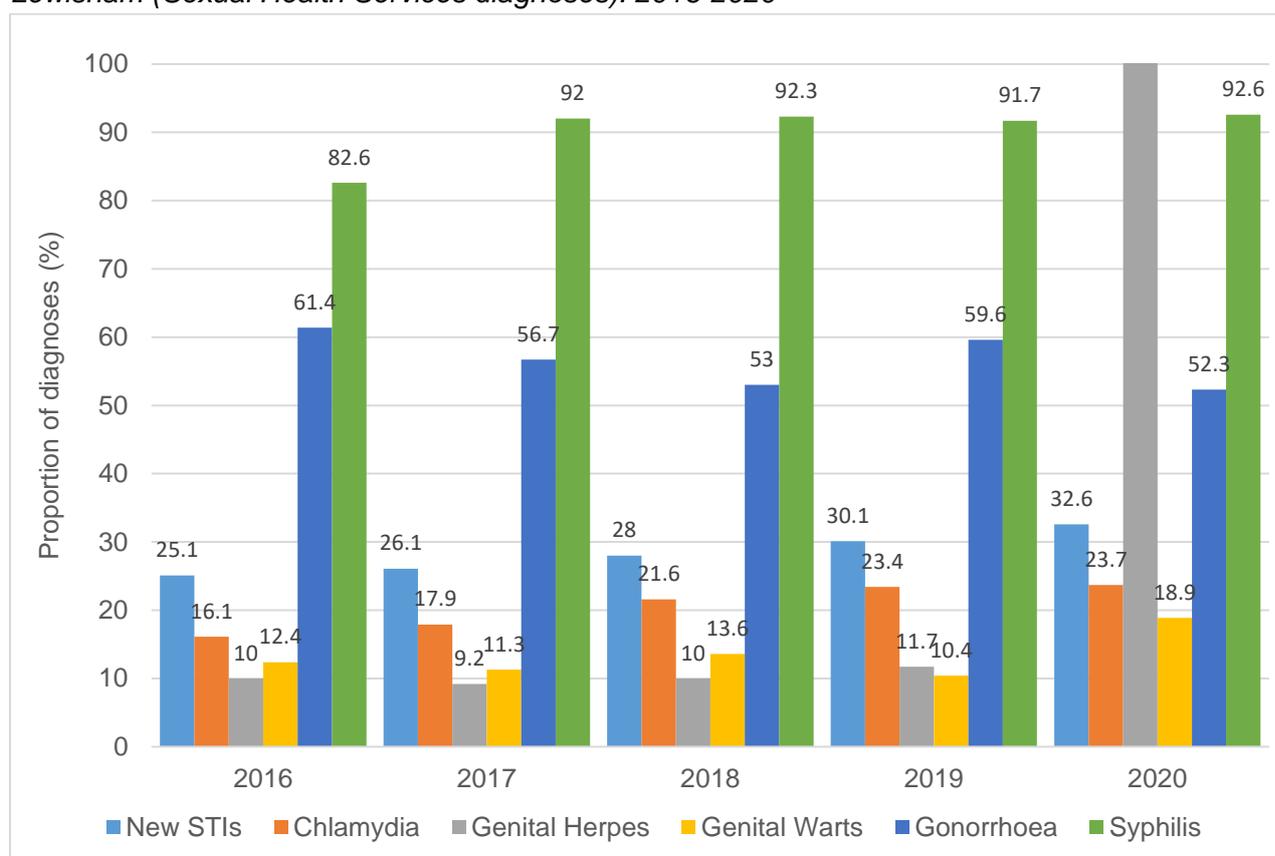
The Office for Health Inequalities and Disparities (OHID) produce annual data on sexual and reproductive health, including HIV, at local authority level via the SPLASH Report. The latest Lewisham report provides data up to 2020. Key findings include data for new STIs, which shows that for cases in men where sexual orientation was known, 32.6% of new STIs in Lewisham were among gay, bisexual and other MSM. This compares to 23.7% in England. This figure should also be considered in the context of the previous data which estimates that 5-7% of the population identify as LGB, yet for men, almost a third of new STI diagnoses are from this group. This emphasises the disproportionate sexual health burden for this group.

---

<sup>13</sup> [Evidence of changing sexual behaviours and clinical attendance patterns, alongside increasing diagnoses of STIs in MSM and TSM | Sexually Transmitted Infections \(bmj.com\)](#)

<sup>14</sup> <https://pubmed.ncbi.nlm.nih.gov/31183609/>

Chart 1: Proportion of new STIs (total and by types in MSM among all male diagnoses in Lewisham (Sexual Health Services diagnoses): 2016-2020



(Source: OHID SPLASH Report, June 2022)

Chart 1 also shows that the proportion of new STIs varies considerably between specific infections. In 2020 all new detected cases of Genital Herpes were in MSM, whilst less than a fifth of genital warts cases were. Syphilis has continuously been significantly over represented in MSM, between 2017-2020, more than nine in ten new cases of syphilis were in MSM.

The SPLASH report also contains figures for reinfection with an STI, as this is a marker of persistent high-risk behaviour. During the five-year period from 2016 to 2020, in all Lewisham residents, an estimated 7.7% of women and 12.3% of men presenting with a new STI at a Sexual Health Service (SHS) became re-infected with a STI within 12 months. Nationally, during the same period, 6.7% of women and 9.6% of men became re-infected within 12 months. Although this data is for all Lewisham residents, regardless of sexual orientation, it is important to note that levels are higher overall in Lewisham, which is likely to be compounded for MSM who already see disproportionate STI infection levels.

The national HPV vaccination programme was extended to MSM in April 2018 and is expected to help reduce the incidence of genital warts and other HPV-related illnesses including cancers, though there may be a lag before benefits are observed in full. Local data on uptake is not currently available.

## HIV

Table 4 (below) shows data for Lewisham residents living with HIV by exposure group in 2016 and 2020. In both years, more than half of this group were exposed to HIV through sex between men and women.

*Table 4: Number of people living with diagnosed HIV by exposure group in Lewisham: 2016 and 2020*

	2016		2020	
	Number	%	Number	%
Sex between men	730	40.0	735	41.0
Sex between men and women	990	55.0	960	53.0
Injecting drug use	25	1.0	25	1.0
Other/Not known	75	4.0	100	6.0
Actual Total	1,814	100	1,807	100

Source: HIV and AIDS Reporting System (HARS)

In 2021, 33 Lewisham residents were newly diagnosed with HIV15. The rate of new HIV diagnosis per 100,000 population in Lewisham was 10.8, compared to 4.8 in England. However locally this is a significant decrease since 2015 when the rate was 41.4 per 100,000 population. Due to the relatively small number of newly diagnosed people in many local authorities, route of new transmissions is not routinely reported. However nationally in 2021, 36% of new HIV diagnoses were in men exposed through sex between men, 18% in exposed through heterosexual contact and 21% in females exposed by heterosexual contact<sup>16</sup>.

Late diagnosis is the most important predictor of HIV-related morbidity and short-term mortality. Although there is a disproportionate burden of HIV on MSM (in relation to the proportion of the population this group represents), the proportion of late diagnoses who are MSM has been falling locally (see Table 5 below).

*Table 5: HIV Late Diagnoses in gay, bisexual and other MSM first diagnosed with HIV in the UK - Lewisham Residents (count)*

Time Period	Total (count)	MSM (count)	% of Late HIV Diagnoses which were in MSM
2015-17	57	17	29.8
2016-18	49	18	36.7
2017-19	45	12	26.7
2018-20	49	14	28.6
2019-21	43	9	20.9

(Source: OHID Fingertips)

Data from OHID for 2021 also highlights that both nationally and locally, gay and bisexual MSM were more likely to be offered and accept a HIV test at specialist SHS than other attendees overall (87.8% compared to 67.5%) - Table 6 below. The proportion of MSM in Lewisham who had a HIV Test in 2021 was significantly higher than the London and

<sup>15</sup> This figure includes people who may already have been diagnosed outside of the UK

<sup>16</sup> <https://www.gov.uk/government/statistics/hiv-annual-data-tables/hiv-testing-prep-new-hiv-diagnoses-and-care-outcomes-for-people-accessing-hiv-services-2022-report#new-hiv-diagnoses>

England average, with a notable improvement on 2020 figures. Repeat HIV testing for MSM was also significantly higher in Lewisham than the national average (in-line with the London average).

*Table 6: HIV Testing Coverage (%) - 2021*

	<i>MSM</i>	<i>All Women</i>	<i>All Men</i>	<i>Total Population</i>
<i>Lewisham</i>	87.8	57.6	79.5	67.5
<i>London</i>	82.3	41.4	72.0	54.3
<i>England</i>	77.8	36.6	62.8	45.8

(Source: UK Health Security Agency (UKHSA) via OHID Fingertips)

Any discussion of HIV must be given in context of the use of PrEP (Pre-exposure prophylaxis drugs to prevent the transmission of HIV), which is thought to have reduced new transmissions of HIV. However, PrEP may be associated with a reduction in the use of condoms and an increase in STI acquisition. We await figures on PrEP usage in Lewisham.

#### Female LGBTQ+ Population

The majority of LGBTQ+ data related to sexual health is focused on MSM. However, research shows that misinformation about risk can impact on LGBTQ+ women's sexual health, for example around need for cervical cancer screening<sup>17</sup>. Furthermore Stonewall in their [Prescription for Change](#) document describe how:

- Less than half of lesbian and bisexual women have ever been screened for sexually transmitted infections.
- Half of those who have been screened had an STI and a quarter of those with STIs have only had sex with women in the last five years.

#### Trans and Non-Binary Sexual Health

Amongst other NHS services, sexual health services are seen to be highly gendered<sup>18</sup>. Marginalisation in mainstream healthcare, can mean populations are mis or uninformed regarding sexual and reproductive health<sup>19</sup>. Such issues can lead to increases in health inequalities. Improved training for NHS staff has been proposed by a number of advocacy groups, including the LGBT+ Foundation.

#### Access to Sexual Health Services

The Government Equalities Office undertook a national LGBT Survey in 2017. The survey included questions on access to healthcare services. Almost three in ten respondents (28.5%) stated that they attempted to access sexual health services in the past 12 months. Of the total respondents 1.7% said their attempt was unsuccessful. This is a much smaller proportion that for mental health services (see Mental Health section below). There was a further question for those who stated they had difficulty accessing sexual health services.

<sup>17</sup> [LGBT Foundation](#)

<sup>18</sup> <https://www.transformingfuturespartnership.co.uk/healthcare>

<sup>19</sup> <https://www.tht.org.uk/hiv-and-sexual-health/sexual-health/trans-people>

Table 7. Q. from LGBT Survey 'In the past 12 months, why was accessing sexual health services difficult?'

Barrier to accessing Sexual Health Service	Proportion of respondents
I did not know where to go	5.0%
My GP did not know where to refer me	1.5%
My GP was not supportive	2.4%
The services were not close enough to me	7.5%
I had to wait too long to access the services	12.6%
I wasn't able to go at a convenient time	13.1%
I was worried, anxious or embarrassed about going	7.1%

(Source: National LGBT Survey, 2017)

Of those who had accessed sexual health services in the last 12 months, only 4.2% stated that their experience was negative to some extent.

### Relationships

Whilst abusive and coercive relationships can affect people of all ages, genders, and sexualities some groups, including those that identify as LGBTQ+ may be at greater risk of experiencing abuse in a relationship<sup>20</sup>. The prevalence of domestic abuse in MSM is high: from the age of 16, 49% report experiencing at least one episode of abuse. The prevalence of abuse in transgender people is even higher; an estimated 80% report experiencing emotional, physical or sexual abuse from a partner or ex-partner. Despite this over half (53%) of lesbian, gay, and bisexual young people are never taught about homosexual sex and relationships issues at school.<sup>21</sup>

New government guidance was published in 2019 on teaching Relationships and Sex Education which makes specific mention of LGBT people for both primary and secondary schools. Since September 2021, all schools in England should have been following this guidance however there is concern that gaps still exist. The charity [Sex Education Forum](#), surveyed 1,000 young people aged 16-17 in Autumn 2021 and findings included:

- 22% of respondents rated the quality of their school RSE as 'bad or 'very bad'
- One in three (33%) didn't learn 'How to access local sexual health services' despite this being a basic, mandatory part of RSE.
- 37% reported learning nothing about 'Power imbalances in relationships'

### Sexualised Drug Use (Sometimes called 'Chemsex')

'Chemsex' refers to sex that occurs under the influence of drugs, most commonly crystal methamphetamine, GHB/GBL and mephedrone. Chemsex substances pose significant health risks and risks of overdose. Whilst it is broadly understood that certain groups within those who identify as LGBTQ+ are more likely to take 'chemsex' drugs<sup>22</sup>, the actual prevalence of 'chemsex' is difficult to state given varying definitions.

Local information indicates that the Lambeth, Southwark and Lewisham population of MSM are more likely to use drugs associated with chemsex than MSM elsewhere in London or

<sup>20</sup> [Lambeth, Southwark and Lewisham Sexual Health Strategy, 2019-2024](#)

<sup>22</sup> [Substance Misuse Services for men who have sex with men, 2015](#)

England<sup>23</sup>. Qualitative research in Southwark indicated an increased mental health risk (including low self-esteem) for those who partake in chemsex. Research participants also identified vulnerability and risky sexual activity as common concerns since maintaining control of behaviour and choices while under the influence of chemsex drugs may be difficult.

## **Mental Health**

Charity '[Rethink Mental Illness](#)' published a [review of studies on mental health issues in the LGBT+ community](#). It found the following:

- LGBT+ people are at greater risk of poor mental health and wellbeing
- LGBT+ people are at more risk of suicidal behaviour and self-harm than non-LGBT+ people.
- Gay and bisexual men are four times more likely to attempt suicide across their lifetime than the rest of the population.
- LGBT+ people are 1½ times more likely to develop depression and anxiety compared to the rest of the population.
- 67% of trans people had experienced depression in the previous year and 46% had thought of ending their life.

The above-described health inequalities are supported by the Stonewall publication [LGBT in Britain - Health](#), published in 2018, informed by a YouGov research project with 5,000 LGBT people across England. It found that:

- Over half of LGBT people (52%) said they had experienced depression in the last year
- Two thirds of trans people (67%) have experienced depression in the last year
- 70% of non-binary people had experienced depression in the last year
- Rates of depression are also higher among LGBT people who had experienced a hate crime based on their sexual orientation and/or gender identity (69%).
- This compares to the overall population average rate of 16.6% of people experiencing depression in the last year<sup>24</sup>

### *Transgender People*

Estimates for mental health inequalities within the transgender population are higher still. The Trans Mental Health Study (2012)<sup>25</sup> indicated that transgender people:

- 88% had depression at some point in their lives
- 75% have had anxiety
- 53% have self-harmed
- 48% have attempted suicide.

The Gender Identity Research and Education Society ([GIRES](#)) further highlights that trans and gender diverse people face discrimination and associated problems with safety and mental health because of discrimination and prejudice.

---

<sup>23</sup> [Lambeth, Southwark and Lewisham Sexual Health Strategy, 2019-2024](#)

<sup>24</sup> MIND

<sup>25</sup> McNeil J., Bailey, L., Ellis, S., Morton, J., Regan, M. Trans Mental Health Study (2012). Gender and Identity Research and Education Society, 2014.

### Gay and Bisexual Women

Research for the [Stonewall Prescription for Change](#) report found for lesbian and bisexual women:

- 20% have deliberately harmed themselves in the last year, compared to 0.4 per cent of the general population.
- 1 in 2 young lesbian and bisexual women (under the age of 20) have self-harmed compared to one in fifteen of teenagers generally.
- Five per cent have attempted to take their life in the last year and sixteen per cent of women under the age of 20 have attempted to take their life. ChildLine estimate that 0.12 per cent of people under 18 have attempted suicide.
- One in five say they have an eating disorder, compared to one in 20 of the general population.

### Young People

LGBT adolescents are also at greater risk for depressive symptoms and suicidal ideation compared with other adolescents.<sup>26</sup> Furthermore international medical research has found that young LGBT+ adults are more likely to show symptoms of eating disorders<sup>27</sup>.

### Access to Mental Health Services

The National LGBT Survey conducted in 2017, included a section on Mental Health services. Over three in ten respondents (31.2%) stated they had attempted to access mental health services in the last 12 months. 8% of respondents to the question, stated that their attempts were unsuccessful. Table 8 below gives information on what the barriers included:

*Table 8: Responses to 2017 National LGBT Survey Question. 'In the past 12 months, why was accessing mental health services difficult?'*

<i>Barrier to accessing Mental Health Service</i>	<i>Proportion of respondents</i>
I did not know where to go	12.2%
My GP did not know where to refer me	10.4%
My GP was not supportive	15.5%
The services were not close enough to me	10%
I had to wait too long to access the services	50.6%
I wasn't able to go at a convenient time	14%
I was worried, anxious or embarrassed about going	26.4%

A question was also asked, regarding how easy it was to access mental health services in the past 12 months. Almost three in ten (28.1%) of respondents stated it was not at all easy. Over a fifth (21.3%) of respondents who had accessed mental health services in the last 12 months, rated their experience as negative to some extent.

<sup>26</sup> Almeida J, Johnson RM, Corliss HL, Molnar BE, Azrael D. Emotional distress among LGBT youth: the influence of perceived discrimination based on sexual orientation. *Journal of Youth Adolescence*. 2009; 38:1001-14.

<sup>27</sup> Rethinking Mental Health quoting [discovery.ucl.ac.uk/id/eprint/10117551/1/Micali\\_nihms952230.pdf](https://discovery.ucl.ac.uk/id/eprint/10117551/1/Micali_nihms952230.pdf)

## **Substance Misuse**

As with sexual health and mental health, data on substance misuse shows a disproportionate burden on the LGBT+ population<sup>28</sup>. This is seen through higher levels of smoking, alcohol consumption and use of illegal substances.

The [UK Drug Policy Commission](#) conducted a review, published in 2010, of drug use in the LGBT population. It stated that:

- Drug use among LGBT groups is higher than among their heterosexual counterparts, irrespective of gender or age
- Gay men report higher overall rates of drug use than lesbian women, largely due to higher rates of stimulant use such as amyl nitrite (poppers)
- Cannabis is the most used drug among lesbian women, rates similar to those reported for gay men
- A study of gay men who used steroids highlighted a wide range of associated physical and mental health problems
- 'Recreational' drug use is relatively high in the LGBT population, this is thought to lead to use of new drugs before they are widespread in the entire population

Other studies have also concurred, finding adult MSM are twice as likely to be dependent on alcohol compared with the rest of the male population and smoking rates are higher<sup>29</sup>.

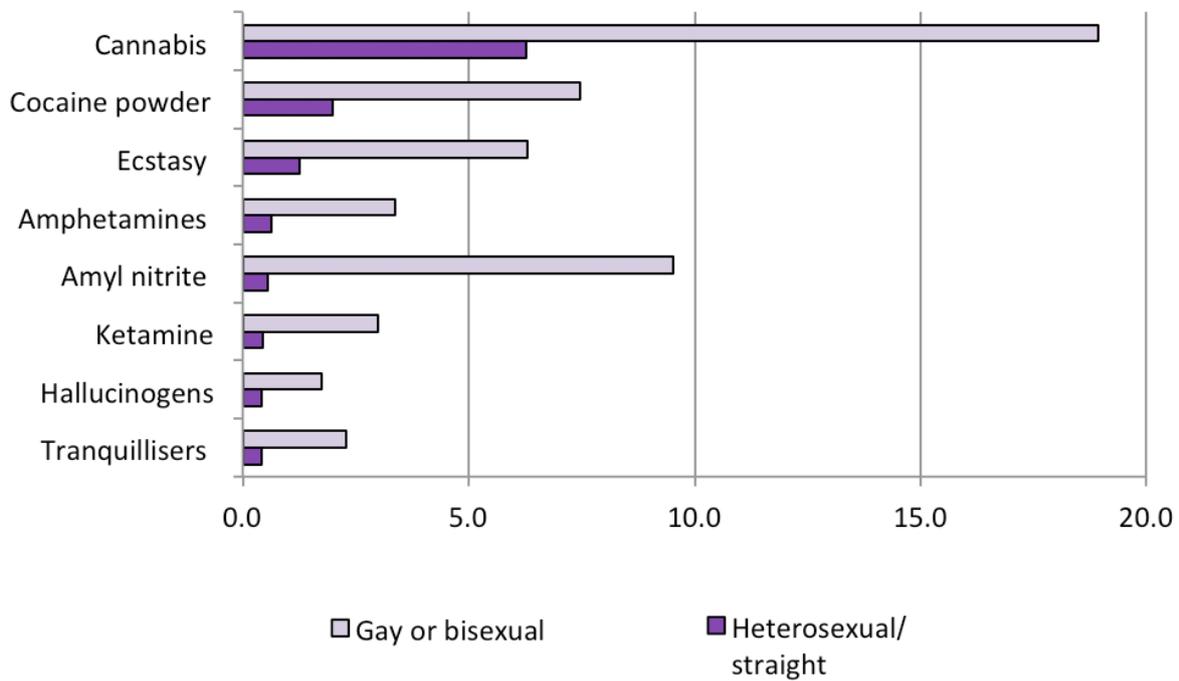
The Crime Survey for England and Wales is a household survey conducted on behalf of ONS to monitor the extent of crime in England and Wales. It includes data on illegal drug use. The most recent time period that analysis was published for drug use by sexual orientation was up to 2014. It showed much higher disclosures of drug use by survey respondents that identified as gay or bisexual than those who identified as heterosexual/straight (Chart 2 below).

---

<sup>28</sup> Marshal, M.P., Friedman, M.S., Stall, R., & Thompson, A.L. (2009). Individual trajectories of substance use in lesbian, gay and bisexual youth and heterosexual youth. *Addiction*, 104, 974–981.

<sup>29</sup> King M, Semlyen J, See Tai S, et al. A systematic review of mental disorders, suicide and deliberate self-harm in lesbian, gay and bisexual people. *BMC Psychiatry*. 2008; 8 (70): 1-17.

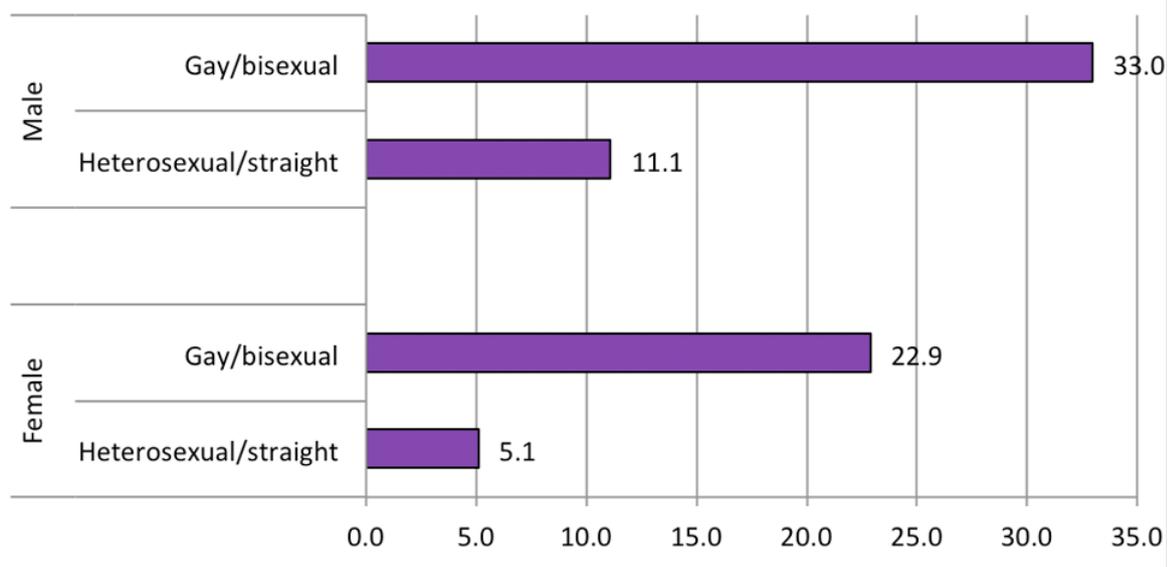
Chart 2: Illicit drug use in the last year among adults, by drug type and sexual orientation – England and Wales (2011 – 2014)



(Source: Crime Survey for England and Wales, 2011-14)

Chart 3 (below) further analyses overall illicit drug use by gender. Whilst both male and female gay or bisexual respondents were more likely than heterosexual/straight respondents to have used illegal drugs in the last year, male respondents were significantly more likely.

Chart 3: Illicit drug use in the last year among adults, by sexual orientation and gender - England and Wales (2011 - 2014)



(Source: Crime Survey for England and Wales, 2011-14)

The [Stonewall Prescription for Change](#) (2008) document supported this evidence but was also able to give a focus on gay women:

- Two thirds of lesbian and bisexual women have smoked compared to half of women in general.
- Just over a quarter currently smoke (national prevalence is 14%).
- Nine in ten lesbian and bisexual women drink and 40% drink three times a week compared to a quarter of women in general.
- Lesbian and bisexual women are five times more likely to have taken drugs.
- Over one in ten (10%) have taken cocaine, compared to 3% per cent of women in general.

A large research project, surveying over 4,000 LGB people was conducted between 2009 and 2011. Funded by the Big Lottery '[Part of the Picture: Lesbian, Gay and Bisexual People's alcohol and drug use in England](#)' gave four distinct findings, which again support the other presented studies:

- Across all age groups LGB people are much more likely to use drugs compared to the general population
- Problematic patterns of drinking are much more common among LGB people - binge drinking seen to be twice as common across all LGB groups
- LGB people demonstrate a higher likelihood of being substance dependent and show high levels of substance dependency (over a fifth of respondents scored as dependent on a substance)
- Significant barriers exist to seeking information, advice or help among LGB people

The national LGBT survey (2017) did not include any questions on Substance Misuse.

### **Health Protection**

*Mpox (previously known as Monkeypox)*

Mpox is a viral infection. It is related to smallpox but less severe. It can be transmitted through contact with bodily fluids, sores, blisters, or lesions on the skin or internally, for example, through contact in the mouth, throat, genitals or rectum. In recent times it is mainly being transmitted within sexual networks. There is much lower risk of transmission from respiratory droplets and contaminated objects<sup>30</sup>.

An outbreak of Mpox was first detected in the UK in May 2022 (however UKHSA subsequently identified a case dating from March). Almost all cases have been in networks of gay, bisexual, and other men who have sex with men (GBMSM), but there have been a small number of cases in women (predominantly still a result of sexual contact). Local authorities are not currently receiving data on the number of cases within their area.

UKHSA published its [strategy](#) for Mpox control in December 2022.

---

<sup>30</sup> Terence Higgins Trust <https://www.tht.org.uk/hiv-and-sexual-health/sexual-health/mpox-monkeypox-uk>

## COVID-19

The global pandemic impacted the entire population, however certain groups were seen to be impacted differently and disproportionately. The LGBT Foundation conducted research '[Hidden Figures: The Impact of COVID-19 Pandemic on LGBT Communities](#)'. It found that:

- 42% [of survey respondents] would like to access support for their mental health at this time
- 8% do not feel safe where they are currently staying
- 18% are concerned that this situation is going to lead to substance or alcohol misuse or trigger a relapse
- 64% said that they would rather receive support during this time from an LGBT specific organisation
- 16% had been unable to access healthcare for non-Covid related issues
- 34% of people have had a medical appointment cancelled
- 23% were unable to access medication or were worried that they might not be able to access medication

Although most COVID-19 restrictions are no longer in place, there still needs to be consideration of the long-term impact of any disproportionate burden the pandemic had.

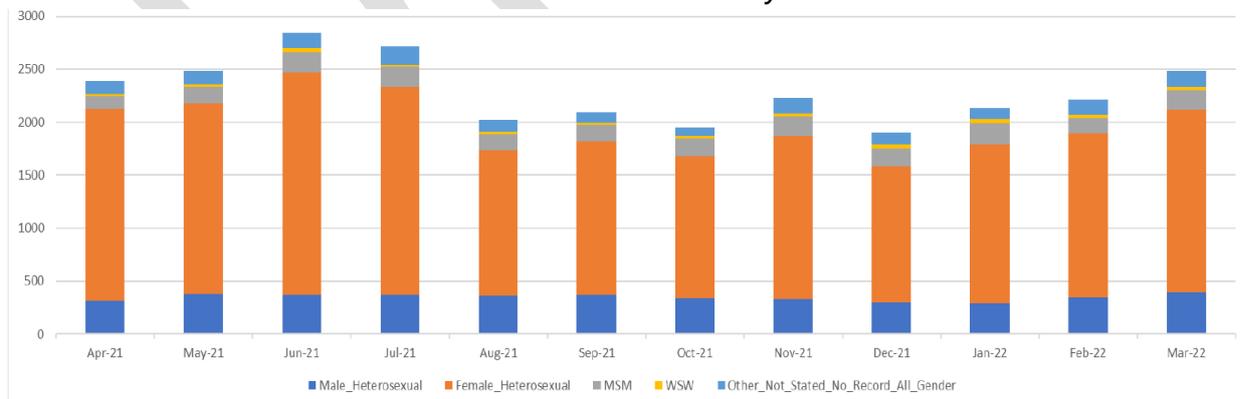
## Current Activities and Services

### Sexual Health

#### Sexual Health Clinics

There are currently three sexual and reproductive health clinics in Lewisham, offering a variety of opening hours across the week. The majority of clinic opening times are for walk-in services, however the Waldron Health Centre can offer appointments on certain days, as well as being open on Saturdays. The clinics provide contraception, as well as testing and treatment for sexual infections. Clinics are open to all ages, including those under 16. There is currently no specific LGBTQ+ sexual health clinic sessions in Lewisham.

*Chart 4: Service Use of Lewisham Sexual Health Clinics by Sexual Orientation*



(Source: LGT Sexual and Reproductive Health Commissioning Report, March 2022)

Chart 4 above illustrates that the vast majority of attendances at Lewisham sexual health clinics in 2021/22 were heterosexual females. However, MSM accounted for noticeably more attendances than women who have sex with women.

Figures on PrEP usage to be included at a later date.

### CliniQ

CliniQ is a holistic sexual health, mental health and wellbeing service for all trans people, partners and friends, available to Lewisham residents. As a trans-led team, CliniQ describe their service as a safe, confidential space for those who may not feel comfortable accessing mainstream services. Launched in April 2019, CliniQ has a weekly in-person service based at the Caldecot Centre, Kings College Hospital for sexual health, HIV testing, PrEP, HIV care and support, cervical cancer screening, hormone injections and hormone blood tests. Further wellbeing services are available on-line.

Service use data to follow.

### Alexis Clinic

The Alexis Clinic is University Hospital Lewisham's centre for treating outpatients and inpatients with HIV in a confidential, comprehensive and patient-centred manner. The department provides a wide range of services for adults aged 16 and over including:

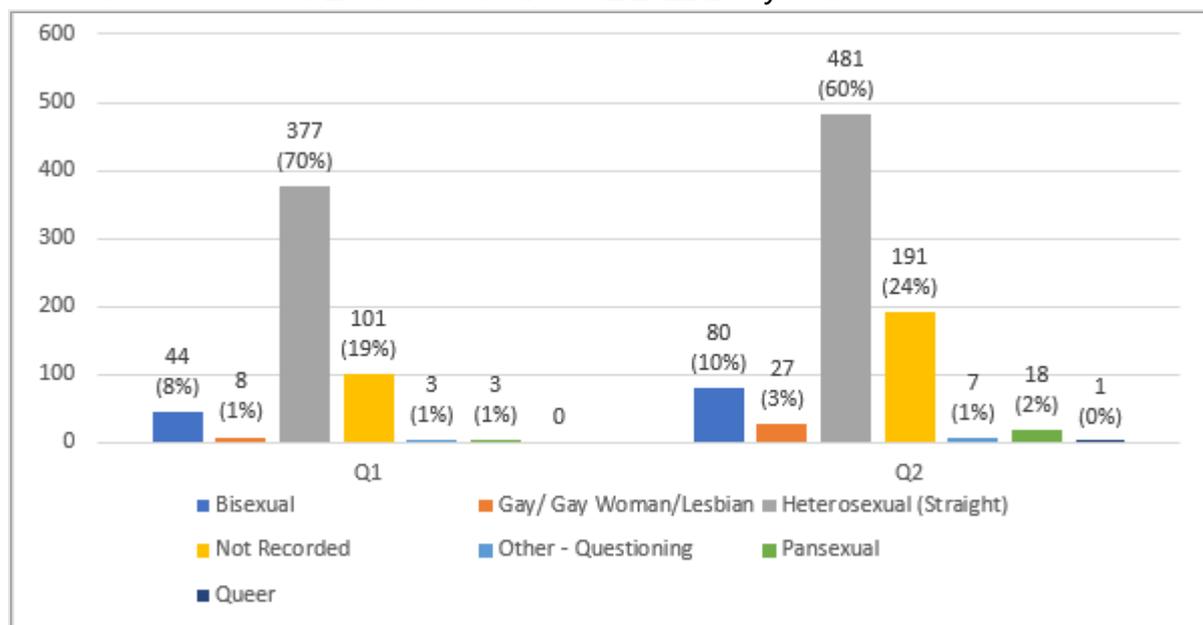
- Management and treatment of HIV and opportunistic infections led by a specialist consultant and clinical nurse specialists
- Specialist HIV/TB clinics
- Specialist pharmaceutical advice, medicines information and therapeutic drug monitoring. Confidential prescription dispensing, adherence support and HIV homecare delivery scheme
- Specialist nutritional advice from specialist dietitians
- Specialist antenatal care and specialist midwife led clinics
- Sexual health and contraception services for registered patients

In 2022 the clinic had 948 patients. There were only 10 patients where sexual orientation was not recorded. Whilst most patients identified as heterosexual, 20% identified as LGBTQ+.

### Come Correct

Free condoms are available in various locations including clinics, pharmacies and youth centres across Lewisham for young people aged under-25 for those who has registered for a card online. The service is provided by Brook.

Chart 5: Come Correct: Encounters in Q1 & Q2 2022/23 by Sexual Orientation



(Source: Brook, via Lambeth Sexual Health Commissioning Team)

Chart 5 above highlights that in the two financial quarters that data is provided for there is a significant proportion of encounters where sexual orientation is not recorded. This ranges from almost one in five encounters in Q1 2022/23, up to almost one in four encounters in Q2 2022/23. For the encounters where sexual orientation was recorded young people who identify as LGBTQ+ appear to be over-presented compared to % of the population that responded as LGBTQ+ in the 2021 Census.

### [Do It London](#)

Do It London is a regional HIV prevention service, which Lewisham, along with other London local authorities supports. Since 2015, Do It London has been promoting HIV testing, condom use, raising awareness of PrEP and Antiretroviral therapy (ART) for those who have had a HIV diagnosis.

Do It London is part of the wider London HIV Prevention Programme (LHPP). The programme is funded by London boroughs and managed on their behalf by Lambeth Council. The LHPP also provides a free condom distribution, outreach and rapid HIV testing service for men who have sex with men (MSM). This service is delivered by GMI Partnership and Freedoms.

### [Sexual Health London \(SHL\)](#)

All Lewisham residents have access to the SHL e-service, an online STI testing and results management service that is provided by Preventx. The e-service is for residents of participating London boroughs aged 16 via samples collected at home. The performance reports for this service do not include sexual orientation or gender identity information therefore it is not possible to report on service use by either of these protected characteristics.

## METRO

METRO is a leading equality and diversity charity providing health, community and youth services across London and the south-east, with some national and international projects. METRO promotes health, wellbeing and equality through youth services, mental health services and sexual health (including HIV services) and works with anyone experiencing issues related to gender, sexuality, diversity or identity. Several services are run for Lewisham residents.

## Positive People's Network (PPN)

PPN is a support network for people living with HIV in Lambeth, Southwark and Lewisham. Support includes one-to-one peer mentoring and support groups for people living with HIV. All the network's peer mentors have lived experience navigating a HIV diagnosis. Monthly groups are held for gay and bisexual men, young people and families living with or affected by HIV, men and women from Black African and Black Caribbean backgrounds, and different faith groups. Since the pandemic services are delivered in a hybrid manner, with some activities happening face-to-face and others online.

Aims of the network include:

- Meeting others living with HIV and combating isolation
- Getting emotional support from other people living with HIV
- Improving physical and emotional health
- Learning more about living with HIV

In Quarter 2 of 2022/23, PPN supported 38 new clients. Approximately 50% identified as male and 50% as female. 14 of the 38 new clients (more than a third) identified as LGBTQ+.

METRO also provide support across Lambeth, Southwark and Lewisham for families living with HIV.

## Mental Health

There are a range of mental health services on offer for Lewisham residents. These include services delivered by voluntary and community sector organisations (both commissioned and non-commissioned), by primary care, by community mental health teams, and in hospitals. The largest provider of services is SLaM, where there is no specific LGBT+ service user forum. SLaM produce a Trust wide [equality report](#) which provides data on the proportion of service users whose sexual orientation is recorded. The 2021-22 report states very low levels of recording (Table 9 below). This limits the ability to analyse clinical activity and outcomes by sexual orientation as less than 10% of inpatient service users had their sexual orientation recorded, and just over 10% of community and outpatient service users were recorded.

*Table 9: Recorded Sexual Orientation Data of patients aged 16+ - SLaM 2021-22*

Sexual Orientation	Inpatients	Community and Outpatients
Bisexual	0.2%	0.5%
Gay or Lesbian	0.9%	1.0%
Heterosexual or Straight	5.7%	8.9%
Other sexual orientation not listed	0.2%	0.1%
Prefer not to say	0.1%	0.1%
Unknown	93.0%	89.4%

In terms of experience of services when questioned on involvement in care, transgender services users were less likely to report an overall positive experience than cisgender service users (74.5% compared to 88.3%). Transgender service users also answered less positively for questions on 'User involvement in care experience'; 'Service user satisfaction of the environment and facilities'; 'Care and treatment suited to their needs' and 'Satisfaction with staff communication'.

CliniQ (see above) supported SLaM to engage with trans and non-binary service users in their [Aiming High: Changing Lives strategy](#) development and the ongoing review of their clinical policy on this. This strategy makes a commitment for the Trust to be an advocate for marginalised groups including trans people. There was acknowledgement that there is a lack of trust from the Trans community and the NHS due to language used such as mis-gendering and other issues. Trans service users also commented that seeing staff that represent them is important to being an inclusive employer. Work is ongoing to fulfil the strategy's this commitment, including work focussed on making SLaM's own services more LGBTQ+ inclusive.

Although not directly service user related, SLaM have recently relaunched their LGBTQ+ Staff Network. Efforts have been made to encourage more people to join, focusing on making the forum a safe place. The staff survey will have a question on gender identity going forward.

SLaM have also been working with Mabadiliko CIC in Lewisham, supporting people who identify as LGBTQ+ and from an ethnic group other than White. This work will follow.

#### [Lewisham Talking Therapies \(part of IAPT\)](#)

Lewisham Talking Therapies offers a range of free and confidential talking therapies and specialist support to help reduce depression and anxiety symptoms. They offer a range of short-term psychological therapies to adults 18 years and over, who are registered with a Lewisham GP.

With the awareness that people who identify as LGBTQ+ are more at risk of experiencing poor mental health and acknowledgement that various barriers exist, Lewisham Talking Therapies offer specific help and emotional support for this population. The service aims to offer a safe and non-judgemental therapeutic space. They offer a range of therapies depending on an individual's needs, such as guided self-help sessions with a therapist, computerised or 1-1 cognitive behavioural therapy and counselling. The service also currently run a wellbeing workshop targeted to people from the LGBTQ+ community and offer signposting to specialist services if needed.

The Lewisham IAPT service do collect data by sexual orientation and gender identity. This will be included at a later date.

#### [METRO Mental Health – Proud and Well](#)

Launched in May 2022, METRO now provide a new wellbeing service to support Lewisham LGBTQ+ residents. Provision includes one-to-one wellbeing sessions and bi-monthly activities such as walking groups and book clubs. The service is available to anyone aged 18+, who is living, working or studying in Lewisham.

Feedback from the service includes issues with service users being able to get GP appointments, waiting times for people wanting to have any treatment for gender identity and service users with mental ill health, for whom services were not meeting their needs. Administrative issues such as long delays in getting medical related Freedom Passes were also discussed, leading to isolation of service users. This was coupled in increases in anxiety amongst services users since COVID-19. The service also felt that COVID-19 and related lockdowns, as well as the more recent Cost of Living Crisis had disproportionately impacted service users as they are less likely to have family support or contact. There was also specific discussion about recent press attention on people from the Trans community which was particularly affecting service users including increases in hate crime. METRO will share their service user data shortly.

METRO also offers counselling sessions for both adults (low cost) and for youth people (free), aged 8-18.

### **Substance Misuse**

#### *Lewisham Data*

In Lewisham the main substance misuse service Core Adults and Integrated Offender Management (IOM) is provided by Change, Grow, Live (CGL). The Core Adults service delivers interventions for adults aged 18 years and over with complex needs including poly-drug use and dual diagnosis (with Mental Health conditions). It provides support, treatment and rehabilitation programmes that promote recovery and encourage individuals to maintain their recovery through engagement in positive activities such as employment and training. The service provides prescriptions for opioid substitute medications such as Methadone as well as managing the interface with health services including hospitals and pharmacies. The IOM service provides the interface with the Criminal Justice System and is funded via Mayor's Office for Policing and Crime (MOPAC).

CGL shared their service user profile data in relation to sexual orientation and gender identity to understand the interactions with LGBTQ+ population in Lewisham. The proportion of the service user population who stated their sexual orientation was other than Heterosexual ranged from 11% in 2018/19, down to 9% in 2022/23. This illustrates a slight over-representation compared to the total proportion of LGBTQ+ people in the overall 16+ population.

*Table 10: CGL Service Users by Sexual Orientation by Financial Year 2018/19 to 2022/23*

	2018/19	2019/20	2020/21	2021/22	2022/23
Heterosexual	579	521	534	703	614
Gay / Lesbian	26	24	29	34	25
Bi-Sexual	21	17	17	23	24
Other	25	16	14	13	11
Person asked and does not know or is not sure	0	0	0	<5	<5
Prefer not to say / not stated	147	224	238	260	183

(Source: CGL service data)

However, for gender identity, just 0.4% of all CGL service users who had shared this information stated that their gender was different to the sex they were assigned at birth. This is lower than the 2021 Census response.

*Table 11: CGL Service Users by Gender Identity - Is your gender identity the same as the sex you were assigned at birth? (Figures are totals from Financial Years 2018/19 - 2022/23 due to small numbers)*

	2018/19-2022/23
Yes	4,295
No	17
Prefer not to say / not stated	15

(Source: CGL service data)

#### *Primary Care Recovery Service (PCRS)*

PCRS is delivered by Blenheim Community Drugs Project (Blenheim CDP) and provides a recovery-orientated model offering support, advice and treatment options for people living in Lewisham whose drug and/or alcohol use is stable enough for them to receive services via General Practice. The service is delivered in partnership with GPs and pharmacists and includes opioid substitute therapy, nurse led community detoxification and a range of other psycho-social recovery interventions.

PCRS were also able to share their service user profile regarding sexual orientation. Proportions of service users identifying as LGBTQ+ were similar to CGL.

*Table 12: PCRS Service Users by Sexual Orientation by Financial Year 2018/19 to 2022/23*

	2019/20	2020/21	2021/22	2022/23
Bisexual	<5	11	7	11
Gay or Lesbian	<5	12	20	30
Heterosexual	48	177	245	372
Sexual orientation unknown	<5	<5	<5	18
Other sexual orientation	-	<5	<5	<5
Person asked and does not know or is not sure of sexual orientation	-	<5	<5	<5

#### Antidote

London wide service, Antidote is the UK's only LGB&T run and targeted drug and alcohol support service. Set up in 2002, they work with both drug and alcohol users and healthcare professionals. Providing non-judgemental free advice and support delivered by highly trained staff and volunteers - all of whom identify as LGB or T, and who have a good understanding of the pressures and problems that come with recreational drug or alcohol use.

Services include:

- One-to-one key working to address immediate drug and alcohol support needs
- Referral to detox clinics and prescribing centres
- Referral to our counselling service
- Drop-ins to discuss drug and alcohol issues, sexual health and steroid use issues
- A intensive structured weekend programme (SWAP)
- A telephone advice helpline
- Training and support for healthcare professionals

- Women workers are available across the service

## **Other services**

### Insights Lewisham

Insight Lewisham is a single integrated service providing brief education and psychosocial interventions for sexual health and substance misuse, plus specialist structured support for substance misuse. The overarching aim of this provision is to increase access to health services and to reduce health inequalities amongst young people, particularly those considered most at-risk, vulnerable and/or under-represented. The service can be accessed by young people aged 10-25 living, attending school or registered with a GP in Lewisham.

There are currently no specific sessions for LGBTQ+ young people. Sexual orientation and gender identity are asked within equality monitoring but can not yet be published as the service is relatively new.

The service is delivered across three service 'levels':

- Universal and open-access services
- Targeted outreach and co-location
- Specialist support and case management for substance misuse

### Schools

In March 2017, Government laid an amendment via the Children and Social Work Act (2017) to introduce compulsory relationships education in primary schools and compulsory relationships and sex education in secondary schools from September 2020. The legislation applies to all schools, including academies, free schools, faith schools and the independent sector. Statutory guidance for schools was published in 2018.

An online survey of Lewisham schools to understand what services they have in place to support LGBTQ+ pupils will take place in Spring 2023.

### Maternity Services

Lewisham's Maternity Service has recently been accredited 'Gold' by Pride in Practice, the first maternity service in the country to do so. Monitoring information included within a pregnant person's booking (first midwifery appointment) includes questions on both sexual orientation and gender identity. The workforce have also undertaken specific maternity training on confidence enforcing the zero tolerance policy and challenging homophobic, biphobia and transphobia language and behaviour.

Lewisham have also commissioned MIND to develop a peer support programme for new and expectant parents and co-parents that identify as LGBTQ+. This is based on the Mindful Mums model. The programme is currently being developed as a pilot, so outcomes are not yet available.

### Pride in Practice

Pride in Practice is a quality assurance support service that strengthens and develops Primary Care Services relationship with their LGBT patients within the local community. It is suitable for all Primary Care Services, including GP Practices, Dentists, Pharmacies and

Optometrists. The programme is run by the LGBT+ Foundation and endorsed by The Royal College of GP's.

As of February 2023 the majority Lewisham GP surgeries are Pride in Practice accredited. Involvement with the scheme includes:

- ongoing training support for health professionals
- offering direct support to patients
- co-developing LGBTQ+ inclusion plans with practices

Consideration is also being given to launch Pride in Practice for Healthy Living Pharmacies in Lewisham. In September 2019, Lewisham Council and joint Commissioner's received training from the LGBT Foundation on Trans Awareness and Co-production.

METRO also run a twice weekly young people's GP clinic service in partnership with North Lewisham Primary Care Network.

### TAGS

Trans and Gender non-conforming Swimming group meet weekly at Glass Mill Leisure Centre in Lewisham. The pool staff have received training by TAGS representatives to make sure that gender issues are treated sensitively, in order to make all members feel comfortable in attending the sessions, which take place every Friday evening. They also run befriending across the whole of London.

## Local Views

Service provider METRO hold regular Service User Forums as part of their commitment to participation, inclusion and engagement with service users. The latest forum was held in-person, in October 2022 and was attended by 22 people.

High level findings included:

- Cost of living issues affecting service users should be a support (and fundraising) priority this was further expanded that advice on immigration, welfare, digital inclusion, financial hardship and debt management, plus food poverty was needed
- Social isolation continues as an issue for service users
- Related to this was the emphasis on value from the social activities' element of the service offer
- METRO's multi-pronged offer could be communicated more coherently to improve access
- Request to further explore with service delivery staff and service users the demand for sub-groups of specific identities within services (e.g. women's group within LGBTQ+ drop-in)

Also in autumn 2022, METRO undertook a consultation exercise with frontline staff to better understand the impact of the cost-of-living crisis. Staff described noticing a change in demand for particular support. They also noted that certain populations who are affected from METRO's perspective, these included:

- Gay men living with HIV who are aged 50+ and live alone
- Young people and children facing socio-economic disadvantages, including LGBTQ+

Other findings included direct support and signposting related to the energy crisis taking up a disproportionate amount of frontline staff's time, eroding the time available for other critical advice, support and advocacy. There was also a significant rise in service users reporting food poverty.

## Initial Recommendations

### *Data Collection*

The release of 2021 Census data now gives local authorities and partners better understanding of the proportion of their population who identify as LGBTQ+. However, whilst there are good examples of appropriate recording, several services still do not collect relevant data from service users or include in consultation exercises. Furthermore, some services include this question in their equality monitoring forms but there will be high levels of not asked/not recorded responses which makes analysis incomplete. Better data collection is key to understanding levels of service use and whether people's experience of a service is impacted by either their sexual orientation or gender identity.

### *Signposting*

Where LGBTQ+ specific services are run, a repeated theme is the importance of signposting to other relevant services or places that can offer help with wider support, for example housing, employment and money management. Having LGBTQ+ affirmative staff and training was identified both by staff and services users as extremely important.

### *Engagement*

National research and feedback from METRO's service user forums found inequalities with access to and within services used by those who identify as LGBTQ+. Wider consultation with LGBTQ+ service users for all services would benefit this population.

### *Training*

A key example of the benefits of training was the much higher rates of LGBTQ+ service user satisfaction for those using a GP whose practice was 'Pride in Practice' accredited. Furthering training opportunities and encouraging expansion to the Pride in Practice programme would help anyone who identifies as LGBTQ+ and is registered with a Lewisham GP to have a more positive experience.

### *Conclusions*

There is a wealth of evidence that the LGBTQ+ population experience a disproportionate burden of ill-health. With the recently released 2021 Census data, local areas can more accurately understand the size of their population who identify as LGBTQ+. Given this baseline there is now opportunity to further understand whether services are meeting the unique needs of this population. Further work with local LGBTQ+ residents and service users is needed to better understand the most effective ways of doing this.

# Agenda Item 8



## Health and Wellbeing Board

### **Developing the new Lewisham Health and Wellbeing Strategy**

**Date:** 8<sup>th</sup> March 2023

**Key decision:** No.

**Class:** Part 1

**Ward(s) affected:** All

**Contributors:** Patricia Duffy, Public Health Intelligence Manager, Dr Catherine Mbema, Director of Public Health, London Borough of Lewisham

### **Outline and recommendations**

Lewisham's current Health and Wellbeing Strategy is at the end of its lifespan. This report summarises previous Health and Wellbeing Board items on the strategy and recommends that the Health and Wellbeing Board agrees to form a strategy working group to develop the new strategy. Board members are asked to nominate appropriate working group members.

### **Timeline of engagement and decision-making**

This item was previously discussed at the March 2018 and March 2020 Health and Wellbeing Boards. Both meetings agreed that a new Health and Wellbeing Strategy should be developed.

## **1. Summary**

- 1.1. This report gives the Health and Wellbeing Board information to consider how best to develop and proceed with the production of a new Health and Wellbeing Strategy (HWS). Background on the current strategy is given as well as important context,

including high level findings from the Wider Impacts of COVID-19 Joint Strategic Needs Assessment (JSNA).

## 2. Recommendations

- 2.1. It is recommended that the Health and Wellbeing Board agree to form a strategy working group and nominate appropriate working group members to develop the new Joint Health and Wellbeing Strategy. Board members are asked to nominate appropriate working group members. This should be developed in context of previous recommendations and the wider impacts of COVID-19.

## 3. Policy Context

- 3.1. The Health and Social Care Act 2012 established Health and Wellbeing Boards (HWBs) as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities.
- 3.2. The Health and Care Act 2022 introduced new architecture to the health and care system, specifically the establishment of integrated care boards (ICBs) and integrated care partnerships (ICPs).
- 3.3. Guidance for Health and Wellbeing Boards was issued in November 2022 to set out the roles and duties of HWBs and clarified their purpose within the new system architecture. The guidance accompanied previously published statutory guidance on joint strategic needs assessments (JSNAs) and joint local health and wellbeing strategies (JLHWSs).
- 3.4. HWBs remain a formal statutory committee of the local authority, and will continue to provide a forum where political, clinical, professional and community leaders from across the health and care system come together to improve the health and wellbeing of their local population and reduce health inequalities.
- 3.5. The guidance sets out that HWBs continue to be responsible for:
  - assessing the health and wellbeing needs of their population and publishing a joint strategic needs assessment (JSNA).
  - publishing a joint local health and wellbeing strategy (JLHWS), which sets out the priorities for improving the health and wellbeing of its local population and how the identified needs will be addressed, including addressing health inequalities, and which reflects the evidence of the JSNA.
  - The JLHWS, which should directly inform the development of joint commissioning arrangements in the place and the co-ordination of NHS and local authority commissioning, including Better Care Fund plans.

The guidance also sets out that each HWB also has a separate statutory duty to develop a pharmaceutical needs assessment (PNA) for their area. A PNA cannot be subsumed as part of JSNA and JLHWS but can be annexed to them.

## 4. Background

- 4.1. Lewisham's ten year HWS was published in 2013. It contained three overarching aims:
  - 1) To improve health – by providing a wide range of support and opportunities to help adults and children to keep fit and healthy and reduce preventable ill health.
  - 2) To improve care – by ensuring that services and support are of high quality and

### Is this report easy to understand?

Please give us feedback so we can improve.

Page 313

Go to <https://lewisham.gov.uk/contact-us/send-us-feedback-on-our-reports>

accessible to all those who need them, so that they can regain their best health and wellbeing and maintain their independence for as long as possible.

3) To improve efficiency – by improving the way services are delivered; streamlining pathways; integrating services, ensuring that services provide good quality and value for money.

4.2. The strategy also identified nine priority areas for action over the 10 years which were largely shaped through the JSNA and various stakeholder engagement activity. These priority areas for Lewisham were as follows:

1) Achieving a healthy weight

2) Increasing the number of people who survive colorectal, breast and lung cancer at 1 and 5 years

3) Improving immunisation uptake

4) Reducing alcohol harm

5) Preventing the uptake of smoking among children and young people and reducing the numbers of people smoking

6) Improving mental health and wellbeing

7) Improving sexual health

8) Delaying and reducing the need for long term care and support

9) Reducing the number of emergency admissions for people with long term conditions

4.3. In 2015, the strategy was refreshed following engagement activity with stakeholders and discussions by the Health and Wellbeing Board. Three interdependent broader priorities were identified for 2015-18:

1) To accelerate the integration of adult, children's and young people's care

2) To shift the focus of action and resources to preventing ill health and promoting independence

3) Supporting our communities and families to become healthier and more resilient, including addressing the wider determinants of health

## **5. Developing the new Lewisham Health and Wellbeing Strategy**

5.1. Summary of previous papers on the development of a new strategy

March 2018 Report

In July 2017, the Health and Wellbeing Board agreed to the establishment of a Strategy Review Group to consider the priorities within the HWS and to determine whether the strategy remained fit for purpose. This group produced a report which was presented in March 2018.

This report noted that the current drivers of the Health and Wellbeing agenda nationally, regionally and locally had changed. As such it recommended that a revised HWS consider the following:

- Quality of Life - too many people live with preventable ill health or die too early in Lewisham. Health inequalities persist and the wider contributory factors to a person's quality of life and overall wellbeing require focussed attention to enable all people in Lewisham to live well for longer

- Quality of Health, Care and Support - People's experience of health, care and support is variable and could be improved. The system needs to evolve from a provider-

### **Is this report easy to understand?**

Please give us feedback so we can improve. **Page 314**

Go to <https://lewisham.gov.uk/contact-us/send-us-feedback-on-our-reports>

focused one. The individual needs to be empowered to be in control of their own health and wellbeing through accessible information and local support, available closer to home.

- Sustainability - there are increasing levels of demand - population growth, age, complexity of need – and the financial resources are limited. The local health and wellbeing system must be forward looking and adaptable to such competing pressures. The longer term focus must be on sustainable solutions.

The report asked that the Health and Wellbeing Board should undertake a series of workshops to inform development of a revised HWS by reviewing the:

- Aims
- Priorities
- Delivery Plan and current monitoring arrangements
- Terms of Reference, Board membership and sub-structures

## 5.2. March 2020 Report

This subsequent report set out updated context and drivers for health and care across the borough and further recommended that members of the Board agreed to the development of a new HWS that reflected local health and care priorities. A programme of local stakeholder engagement to help develop and produce the new strategy was also proposed, as well as the Health and Wellbeing Board to hold a series of workshops to contribute to the development of the new strategy reviewing the aims, priorities and any associated delivery plan. Any approach to developing the revised strategy would need to be both flexible and sustainable i.e. one that remains adaptable to longer-term future changes whilst delivering within tight financial constraints.

Furthermore the report stated that consideration should be given to broadening the strategy's aims and priorities. To promote sustainability in the system, individuals should be encouraged to take greater control and responsibility for their own health and care, with an emphasis on prevention needed to be reflected in any new strategy.

It also stated that consideration should be given to whether the revised strategy should incorporate the wider contributory factors to a person's overall health and sense of wellbeing such as housing, education, employment (the wider determinants of health), the environment and places residents live.

The report suggested that a new strategy should also reflect the Board's (at that time) focus on the need to address health inequalities in Black, Asian and Minority Ethnic groups, as it remained a locally agreed priority.

## 5.3. Health and Wellbeing Board Away Session – November 2022

A Board Away session facilitated by Local Government Association (LGA) colleagues was held on 17<sup>th</sup> November 2022 to begin discussions about the future strategic priorities of the Board following previous discussions about developing a new Health and Wellbeing strategy.

Discussions echoed previous considerations of a strategy that focused on the wider determinants of health. A new strategy should also align with other emerging plans for health and care in the borough including the Local Care Partnership priorities and South East London Integrated Care System Strategy.

Two follow-up sessions supported by the LGA have taken place in January and February 2023 to take forward planning for the new Health and Wellbeing Strategy. A proposal has been made by Health and Wellbeing Board members to form a strategy working group with nominated members to represent the Board.

An ambition has been set to develop an outline for the strategy by July 2023, with a completed strategy by September 2023.

## 6. High Level Findings from Wider COVID-19 JSNA

6.1. The below describes broad findings from the Wider COVID-19 JSNA Topic Assessment. The JSNA Steering Group are in the process of reviewing the full report to finalise recommendations but the draft report can be found in Appendix 1.

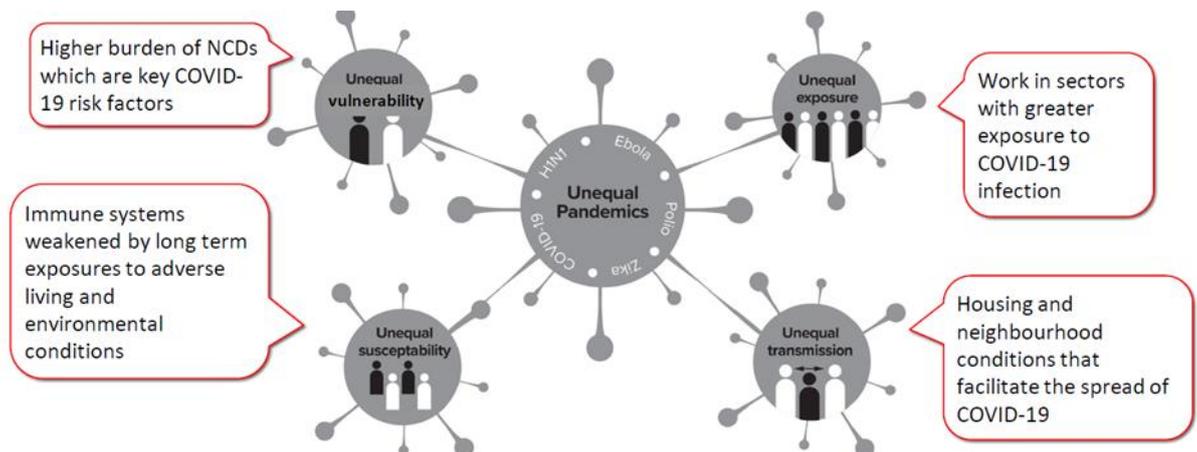
### 6.2. Scope

The purpose of this needs assessment was to understand both the direct and in-direct impacts of COVID-19 within Lewisham, as well as seeking to identify any impact on health inequalities. The overall number of cases, deaths and vaccine uptake are summarised, followed by analysis of a variety of data and indicators to understand 'knock-on' effects of COVID-19, for example waiting lists for treatment and uptake of preventative measures such as (other than COVID-19) vaccines and cancer screening. Due to the magnitude of the pandemic all impacts of COVID-19 must be considered to help inform the new HWS.

### 6.3. Findings - Direct Impacts of COVID-19

Whilst the older population and those with certain underlying health conditions were widely seen to be more vulnerable to the COVID-19 virus itself, further inequalities were seen, in that characteristics including but not exclusive to a person's ethnicity, living conditions or the type of work they did, impacted how likely they were to contract COVID-19 and how likely they were to become seriously ill. This is well summarised in 'The Unequal Pandemic: Health Inequalities' (Figure 1 below).

Figure 1: Pathways to Inequalities in COVID-19



(Source: [The Unequal Pandemic: COVID-19 and Health Inequalities](#))

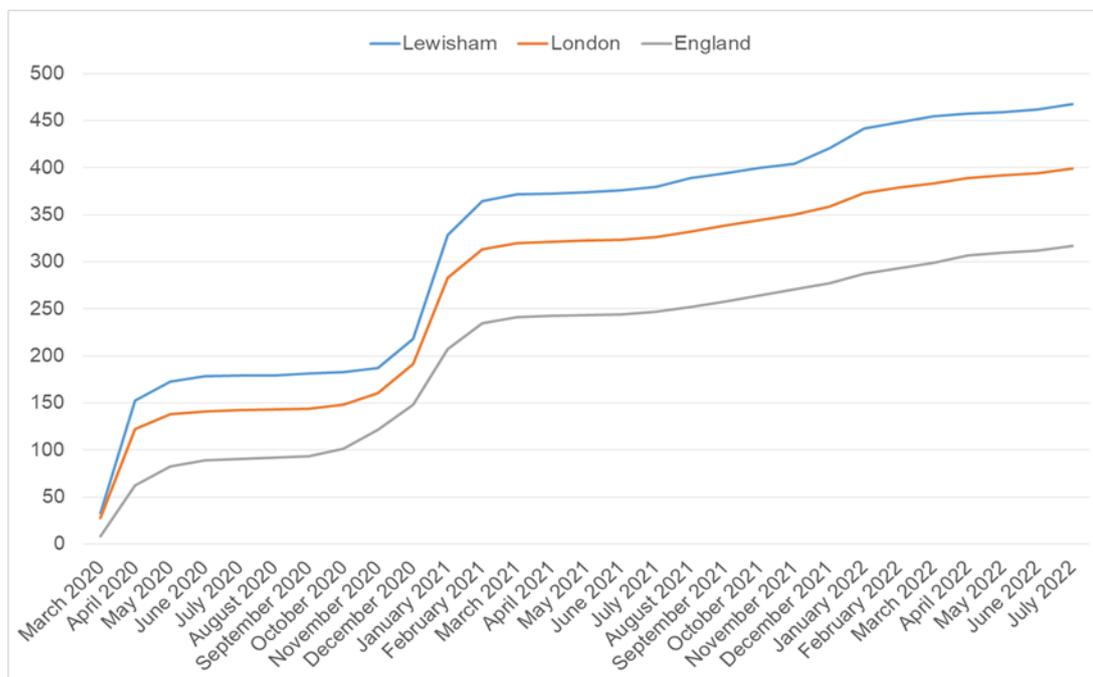
**Is this report easy to understand?**

Please give us feedback so we can improve. **Page 316**

Go to <https://lewisham.gov.uk/contact-us/send-us-feedback-on-our-reports>

As Figure 2 below highlights, Lewisham's population saw a higher age-standardised COVID-19 mortality rate than both the regional and national average. This age-standardisation is important, particularly for an area like Lewisham which has a younger population bias.

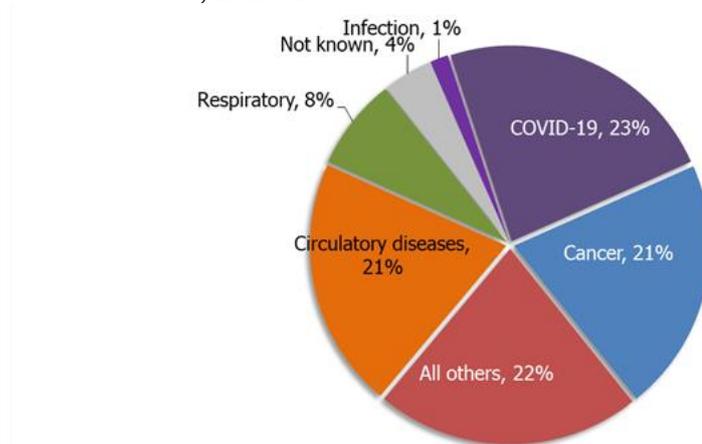
Figure 2: Cumulative age-standardised COVID-19 Mortality Rate per 100,000 population (March 2020 - July 2022)



(Source: [CHIME Tool, OHID](#))

There were 2,341 deaths recorded in Lewisham in the financial year 2020/21, this was an increase from 1,874 in 2019/20. Figure 3 (below), shows the underlying cause of death by proportion for Lewisham residents who died in 2020/21. 547 (23%) deaths were due to COVID-19 and 490 (21%) due to cancer. Pre-pandemic cancer was the biggest cause of death, (538 of the total 1,874 deaths in 2019/20).

Figure 3: Proportion (%) of Deaths of Lewisham residents of all ages by underlying cause of death, 2020/21



Source: Primary Care Mortality Database/local analysis

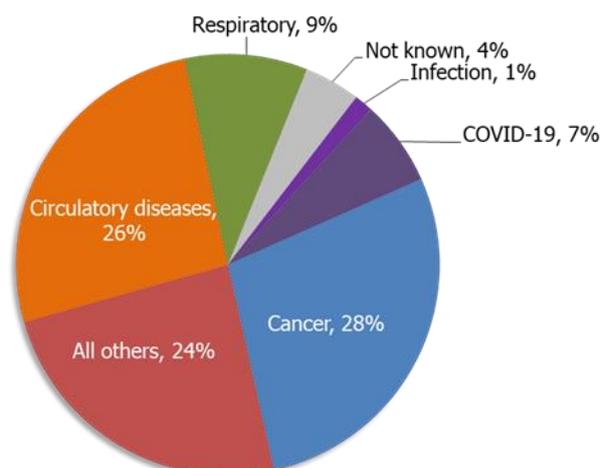
**Is this report easy to understand?**

Please give us feedback so we can improve.

Go to <https://lewisham.gov.uk/contact-us/send-us-feedback-on-our-reports>

In 2021/22 there were far fewer deaths (1,257) in Lewisham. Figure 4 (below) illustrates that 82 (7%) of deaths were due to COVID-19, and 354 (28%) were due to cancer. Cancer was once again the most common cause of death. Both the number of deaths due to COVID-19 and the total number of deaths in Lewisham in the second year of the pandemic were significantly reduced. Pre-pandemic the typical number of deaths per year in the borough was closer to 2,000.

Figure 4: Proportion (%) of Deaths of Lewisham residents of all ages by underlying cause of death, 2021/22



Source: Primary Care Mortality Database/local analysis

Due to the age bias of COVID-19 mortality, analysis by ethnicity was deferred to national data, analysed by OHID. At the start of the pandemic, people from a Black ethnic group had the highest mortality rate. In the second wave, it was then people from an Asian ethnic group. What was consistent was that people from a White ethnic group saw the lowest COVID-19 mortality rate throughout the pandemic.

In terms of COVID-19 related hospital admissions at University Hospital Lewisham, the 'second wave' of COVID-19 accounted for more admissions per month than the 'first wave'. However despite the extremely high COVID-19 infection rate in December 2021 and January 2022, this did not translate into hospital admissions in the same way as previous infection peaks. This later Omicron wave occurred after the mass vaccination roll out.

#### 6.4. Findings - Long COVID

Long COVID is a broad term to describe the signs and symptoms that continue or develop after initial acute COVID-19 infection. The first cases of Long COVID were reported in May 2020 and since then, over 50 Long COVID symptoms have been described. Common symptoms include fatigue, shortness of breath, cough, smell or taste dysfunction, cognitive impairment, and muscle pain. The cause of Long COVID is, as yet, poorly understood and the subject of major international research.

ONS data estimated that in May 2022, 2 million people in the UK were experiencing self-reported Long COVID symptoms - 3.1% of the total population. Whilst national GP records for England looking at data between February 2020 and March 2022 found that 0.28% of the registered population had received a Long COVID diagnosis. In Lewisham,

### Is this report easy to understand?

Please give us feedback so we can improve. **Page 318**

Go to <https://lewisham.gov.uk/contact-us/send-us-feedback-on-our-reports>

analysis of the local Population Health Management System showed that between May 2020 and May 2022, 1,332 people had been given a Long COVID diagnosis (0.38% of registered patients). This makes the local diagnosed Long COVID rate significantly higher than the England rate.

Those of working age saw higher rates of Long COVID, (peaking within 40-49 year olds). Women were twice as likely to be diagnosed as men. The ethnic group most diagnosed with Long COVID in Lewisham was Black Caribbean. The rate was significantly higher than those from a White or Black African ethnic group.

#### 6.5. Findings - Wider Impacts of COVID-19

The wider impacts of COVID-19 have been felt right through the entire population. Issues in difficulty accessing healthcare both during lockdowns and subsequent delays and extended waiting lists have been extensive. However those who were already in poorer health have been disproportionately impacted by this. Delays in accessing healthcare are continuing and waiting times and targets are frequently not meeting operational standards.

The full needs assessment looks at a number of services but key findings to note include:

- *Cancer screening*: Rates of both cervical and breast cancer screening are yet to return to pre-pandemic levels. This is particularly concerning given Lewisham's levels were already significantly lower than the national average before COVID-19.
- *Immunisations*: Childhood immunisation levels are also yet to return to pre-pandemic levels. Whilst Lewisham has better uptake than many similar areas, overall uptake is significantly lower than the national average, therefore any drop leaves a greater proportion of the population exposed to illness and potential outbreaks.
- *Hospital Treatment Waiting Times*: Fewer LGT patients are being seen within the Operational Standard Waiting Time of 18 weeks to start treatment year on year since 2019. Whilst the proportion seen in January 2020 was lower than 2019 (pre-pandemic), the gap between the LGT level and the operational standard has increased much more significantly in both 2021 and 2022.
- *Two Week Wait Cancer Referrals*: Lewisham has been seen to have a notably higher rate of Two week wait urgent cancer referrals than other similar areas (and the national average) for some time. With the additional pressures of COVID-19 on the NHS, the % of patients seen within two weeks has fallen both well below the operational standard and further away from the England average
- *Surgery*: Within LGT the number of in-patient procedures dropped significantly during the 1st lockdown and then again between Jan-Mar 2021. Whilst levels have since returned to that seen in the last quarter before the pandemic, there does not appear to be any excess to account for those missed in the biggest waves
- *Child and Adolescent Mental Health Service*: The Lewisham service saw over a 40% increase in the number of referrals between 2020/21 to 2021/22. Around 7 in 10 referrals were accepted in both years, meaning that caseloads have increased. The increase in demand for services coupled with challenges around recruitment and retention of staff that is being felt nationally, has contributed to increased waiting times.

Although the needs assessment has strived to understand the breadth of effects of COVID-19, it is highly likely some of the wider impacts of the pandemic will not be fully understood for years to come. Some services now appear to have activity levels similar to before COVID-19 (such as surgery and Sexual Health), however in cases where services were temporarily halted or reduced, it is not clear how backlogs are being caught up with.

For other services, including uptake of preventative healthcare such as NHS Health

Checks, immunisations and certain cancer screening, we are still yet to return to pre-pandemic levels. This is more concerning in Lewisham, which even prior to COVID-19 was already seeing lower uptake and saw long standing health inequalities such as notable differences in life expectancy depending on the area of the borough a resident lived.

Mental health is another key area that will need to be monitored closely post-pandemic, particularly in light of the figures shared by the CAMHS service above.

#### 6.6. Recommendations

Further attention needs to be given to the areas outlined above. Fuller understanding of waiting lists and any disproportionate impact this has between residents is required to increase awareness of the wider impacts of COVID-19 on the population and healthcare system. Additional promotion of all preventative healthcare including screening and immunisations is needed to bring levels back to that seen pre-pandemic. The above agrees with previous recommendations of a new Lewisham HWS emphasises a more holistic strategy linking in with a focus on supporting improvements in the wider determinants of health.

### 7. **Financial implications**

There are no specific financial implications at this stage. If further discussions take place on commissioning and developing services in the future the financial implications will be considered at that point.

### 8. **Legal implications**

9. A Joint Health and Wellbeing Strategy is a statutory responsibility of the Health and Wellbeing Board introduced by the Health and Social Care Act 2012, which amended the Local Government and Public Involvement in Health Act 2007, to introduce duties and powers for health and wellbeing boards in relation to Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs).

### 10. **Equalities implications**

An integral part of any HWS should be to reduce health inequalities, both in terms of access to healthcare and outcomes for individuals. As a new HWS is developed health inequalities will be considered at every stage.

### 11. **Climate change and environmental implications**

There are now climate change and environmental implications from this report.

### 12. **Crime and disorder implications**

There are no crime and disorder implications from this report.

### 13. **Health and wellbeing implications**

Yes, the core purpose of the HWS is to improve the health and wellbeing of residents.

### 14. **Background papers**

[Health and Wellbeing Strategy Review Item at March 2018 meeting of the Health and Wellbeing Board](#)

[Developing a new Health and Wellbeing Strategy 2021-26 Item at March 2020 meeting](#)

#### **Is this report easy to understand?**

Please give us feedback so we can improve. **Page 320**

Go to <https://lewisham.gov.uk/contact-us/send-us-feedback-on-our-reports>

## 15. Glossary

Term	Definition
HWS	Health and Wellbeing Strategy

## 16. Report author(s) and contact

Catherine Mbema, 0208 314 3927, [catherine.mbema@lewisham.gov.uk](mailto:catherine.mbema@lewisham.gov.uk)

16.1. Comments for and on behalf of the Executive Director for Corporate Resources

Abdul Kayoum

Comments for and on behalf of the Director of Law, Governance and HR

Melanie Dawson

# **Wider Impacts of COVID-19**

Joint Strategic Needs Assessment

## Executive Summary

The purpose of this needs assessment was to understand both the direct and in-direct impacts of COVID-19 within Lewisham, as well as seeking to identify any impact on health inequalities. The overall number of cases, deaths and vaccine uptake are summarised, followed by analysis of a variety of data and indicators to understand 'knock-on' effects of COVID-19, for example waiting lists for treatment and uptake of preventative measures such as (other than COVID-19) vaccines and cancer screening.

Whilst the older population and those with certain underlying health conditions were widely seen to be more vulnerable to the COVID-19 virus itself, further inequalities were seen, in that characteristics including but not exclusive to a person's ethnicity, living conditions or the type of work they did, impacted how likely they were to contract COVID-19 and how likely they were to become seriously ill. This is well summarised in ['The Unequal Pandemic: Health Inequalities'](#). It was notable that Lewisham's population saw a higher age-standardised COVID-19 mortality rate than both the regional and national average. This age-standardisation is important, particularly for an area like Lewisham which has a younger population bias. Data sources analysed also found that the diagnosed prevalence rate of Long COVID is higher in Lewisham than the national average.

The wider impacts of COVID-19 have been felt right through the entire population. Issues in difficulty accessing healthcare both during lockdowns and subsequent delays and extended waiting lists have been extensive. However, those who were already in poorer health have been disproportionately impacted by this. Delays in accessing healthcare are continuing and waiting times and targets are frequently not meeting operational standards.

Key findings to note include issues with the below:

- Cancer screening
- Immunisations
- Hospital Treatment Waiting Times:
- Two Week Wait Cancer Referrals:
- Child and Adolescent Mental Health Service

Although this needs assessment has strived to understand the breadth of effects of COVID-19, it is highly likely some of the wider impacts of the pandemic will not be fully understood for years to come. Some services now appear to have activity levels similar to before COVID-19 (such as surgery and Sexual Health), however in cases where services were temporarily halted or reduced, it is not clear how backlogs are being caught up with. Mental health is another key area that will need to be monitored closely post-pandemic. Further attention needs to be given to the areas outlined above. Fuller understanding of waiting lists and any disproportionate impact this has between residents is required to increase awareness of the wider impacts of COVID-19 on the population and healthcare system. Additional promotion of all preventative healthcare including screening and immunisations is needed to bring levels back to that seen pre-pandemic.

# Contents

<b>Executive Summary</b> .....	2
<b>Background</b> .....	4
<b>Introduction</b> .....	4
<b>COVID-19 Direct Impact Section</b> .....	5
<b>COVID-19 Cases</b> .....	5
<b>COVID-19 Hospital Admissions</b> .....	6
<b>COVID-19 Deaths</b> .....	8
<b>Life Expectancy after COVID-19</b> .....	16
<b>Lewisham COVID-19 Specific Services</b> .....	16
<b>Lewisham COVID-19 Local Outbreak Management Plan (LOMP)</b> .....	18
<b>Long COVID</b> .....	18
<b>COVID-19 Vaccinations</b> .....	22
<b>Impact on Wider Health System</b> .....	24
<b>Access to care</b> .....	24
<b>Hospital Admissions</b> .....	26
<b>Outpatient Attendances</b> .....	30
<b>Waiting lists data</b> .....	32
<b>Surgery</b> .....	35
<b>Delays in Diagnosis</b> .....	35
<b>Mental Health</b> .....	36
<b>Sexual Health</b> .....	40
<b>Preventative Services</b> .....	43
<b>Other Services</b> .....	47
<b>Health Inequalities Section</b> .....	49
<b>Local Views</b> .....	52
<b>Conclusion</b> .....	54

## Background

Even at the beginning of the COVID-19 pandemic the wide reach, both directly and in-directly of the virus quickly became apparent in a variety of areas. Therefore, this joint strategic needs assessment was prioritized to attempt to gain as much understanding of the impact and whether these impacts had disproportionately affected different groups of the population.

Data sources used were from a combination of local and national data from the UK Health Security Agency and Office for Health Inequalities and Disparities. This was crucial to benchmark data where possible to understand if other areas experienced COVID-19 differently to Lewisham. This was then complimented by a combination of service specific data, Hospital Episode Statistics and data from Lewisham’s Population Health Management System.

## Introduction

The COVID-19 pandemic has had a profound impact across the world. For Lewisham we want to understand not only the way resident’s health was directly impacted by COVID-19, through the number of cases and deaths but how the widely reported disproportionate impact on certain population groups has affected health inequalities within the borough.

This latter focus is due to the existing health inequalities whereby in Lewisham, if you are a baby boy born in a household that falls within the least deprived areas in the borough you can expect to live just over 7 years longer than a fellow boy born in a household within the most deprived areas<sup>1</sup>. This difference in health status (in this case life expectancy at birth) based on deprivation is a stark example of the health inequalities that were present in Lewisham, even prior to COVID-19.

From early in the pandemic, research conducted nationally and in London has drawn attention to a wide range of population groups who have been disproportionately affected by COVID-19. Within London, the GLA has reported that:

*“The pandemic has widened existing inequalities and created and exposed newly vulnerable groups. The reasons why particular groups have been more vulnerable to COVID largely relate to the socio-economic and structural inequalities they experience”<sup>2</sup>*

The same document also defines who has been ‘Directly vulnerable’ and ‘Indirectly vulnerable’ to COVID-19.

### Directly vulnerable

This includes groups who are more susceptible to contracting COVID-19; more likely to get severe disease requiring hospitalisation; and more likely to die from the disease.

### Indirectly vulnerable

This includes groups who are vulnerable to the impacts of the policies used to control COVID-19 and the resulting recession - such as those in insecure housing, recently unemployed, and those with other medical conditions who have missed out on treatment or diagnosis.

These also represent a public health concern due to the knock-on implications for physical and mental health, homelessness, and poverty.

Vulnerability in terms of poor health can be seen as clinical vulnerability but also social and economic vulnerability, which in turn impacts on health and wellbeing (the so called ‘social determinants of health’); the two are closely related. The impacts of the pandemic have been

<sup>1</sup> [Lewisham Health Inequalities Toolkit - 2022](#)

<sup>2</sup> *Wider Impacts of COVID-19 – Overview of regional responses and resources available*, GLA, May 2021

caused by the disease itself but also the policies which have been used to control its spread. This JSNA topic assessment aims to examine the impact on both vulnerabilities.

Bambra et al. (2021)<sup>3</sup> have also summarised that COVID-19 outcomes are worse in less advantaged groups and communities. They have described it as a ‘Syndemic Pandemic’, whereby health problems and inequalities that were already present then exacerbate the prognosis and burden of disease of the pandemic disease itself, in this case COVID-19. They have then presented this graphically in Figure 1 (below).

Figure 1: Pathways to Inequalities in COVID-19

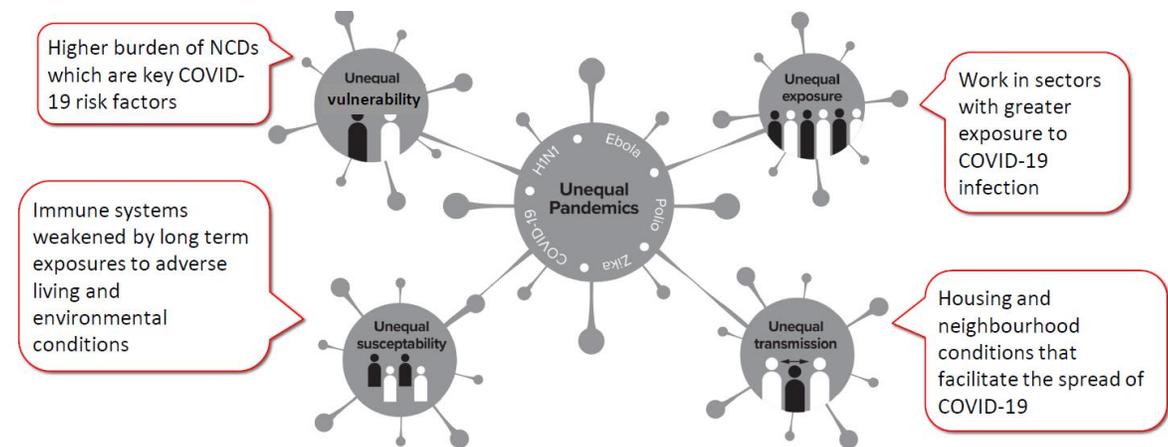


Figure 1 (above) highlights the complex compounding factors that mean certain groups are more vulnerable to COVID-19, as well as poorer health outcomes overall.

## COVID-19 Direct Impact Section

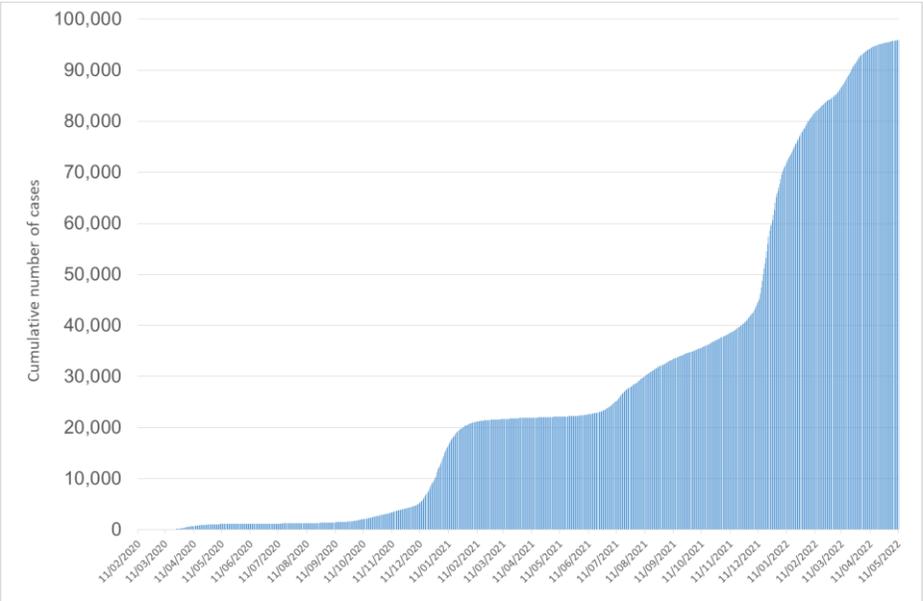
### COVID-19 Cases

As at 31/03/22<sup>4</sup> there were 92,787 confirmed cases of COVID-19 within Lewisham residents. From the 31/01/22 the national methodology used to count COVID-19 cases changed from reporting the number of people who have tested positive for COVID-19 to the number of episodes (instances) of COVID-19. This later methodology allows us to have better understanding of people who became re-infected with COVID-19 since the start of the pandemic. It is important to acknowledge this is a count of the number of reported cases, with the true number likely to be higher.

<sup>3</sup> [The Unequal Pandemic: COVID-19 and Health Inequalities](#)

<sup>4</sup> Measured until this date, as it was the last day of universal free testing

Figure 2: Number of Confirmed COVID-19 Cases within Lewisham residents up to 31/03/22



(Source: [data.gov.uk](https://data.gov.uk), accessed 13/05/22)

55% of confirmed cases in Lewisham were female, 45% were male (no other gender options were available for reporting). 73,220 confirmed episodes stated their ethnicity. Of this group who stated their ethnicity 32,413 (44.3%) were from a White British ethnic group. 5,264 were from a Black African ethnic group (7.2%).

Table 1: Confirmed COVID-19 episodes of Lewisham residents by ethnicity

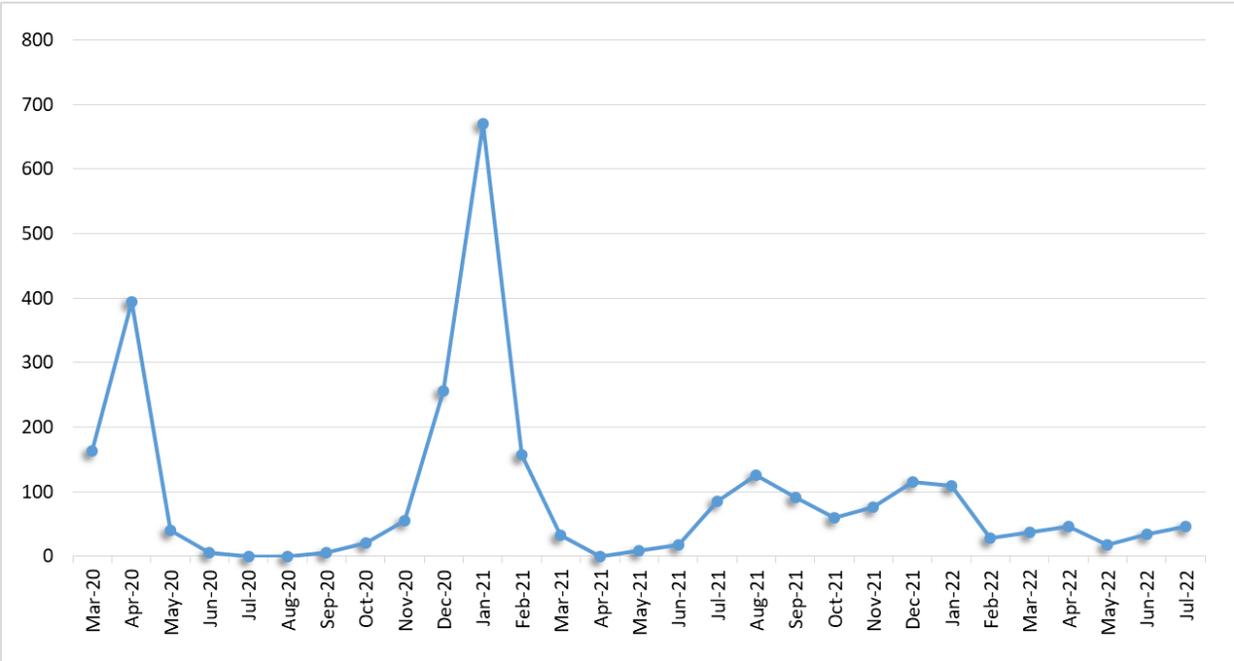
Ethnicity	Number of confirmed COVID-19 episodes	% of COVID-19 episodes
White British	32,413	44.3%
Black Caribbean	6,354	8.7%
Black African	5,264	7.2%
Asian	5,309	7.2%
Mixed	4,401	6.0%

(Source: UKHSA)

**COVID-19 Hospital Admissions**

Figure 3 (below) shows COVID-19 admissions by month throughout the pandemic. The ‘second wave’ of COVID-19 accounted for more hospital admissions by month than the first wave. Despite the extremely high COVID-19 infection rate in December 2021 and January 2022, this did not translate into hospital admissions in the same way as previous infection peaks.

Figure 3: Monthly Hospital Admissions from COVID-19, University Hospital Lewisham



(Source: NHS Digital/Hospital Episode Statistics)

Table 2: Hospital admissions (into University Hospital Lewisham) due to COVID-19 broken down by ethnicity

Broad Ethnicity	2020/21		2021/22	
	Number of Admissions	%	Number of Admissions	%
White	757	52.2%	279	43.7%
Other	144	9.9%	44	6.9%
Asian	108	7.4%	52	8.2%
Black African	119	8.2%	42	6.6%
Black Caribbean	163	11.2%	134	21.0%
Black Other	98	6.8%	61	9.6%
Mixed	61	4.2%	26	4.1%
Total	1,450	100%	638	100%

(Source: Hospital Episode Statistics Database, 2022)

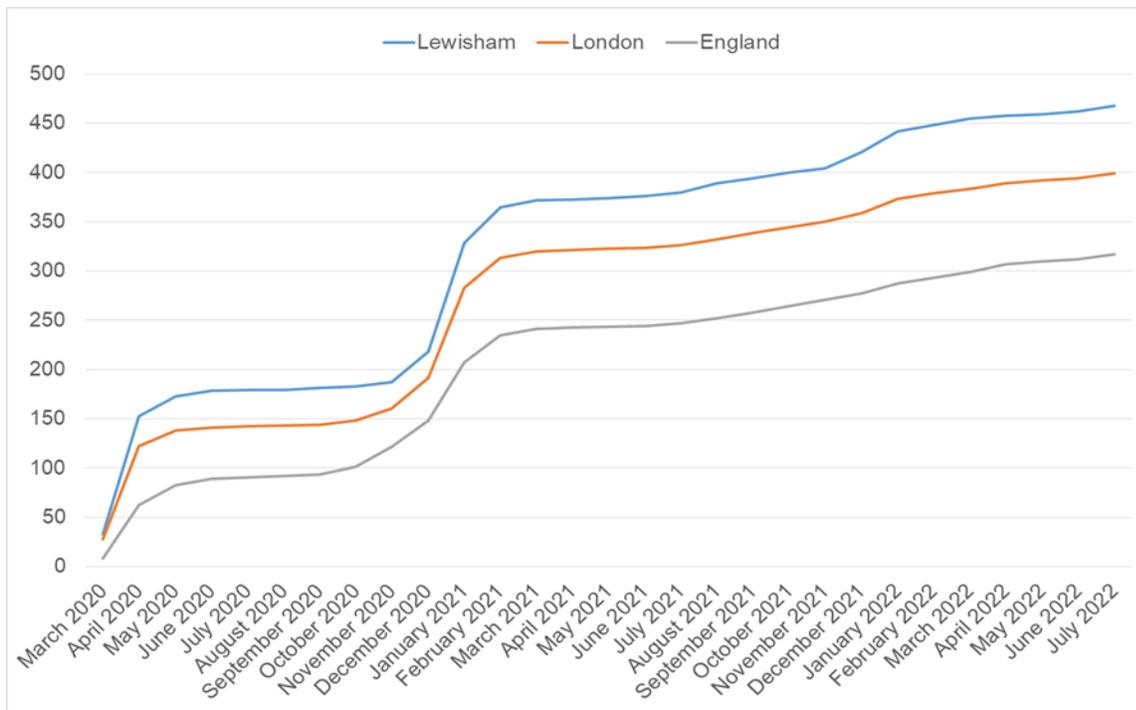
Over half of COVID-19 hospital admissions in 2020/21 were people from a White ethnic group. This is approximately in-line with the estimated proportion of the population from this ethnic group who live within the borough, however residents from a White ethnic group have an older population profile.

## COVID-19 Deaths

There are a number of sources of data on deaths related to COVID-19. Some definitions encompass where COVID-19 is mentioned in cause of death, whilst others count COVID-19 as sole cause of death. Hence different total figures and/or rates can be quoted. Figures quoted by the [data.gov.uk](https://data.gov.uk)<sup>5</sup> site, state up to 07/11/2022, 722 Lewisham residents had died within 28 days of being identified as a COVID-19 case by a positive test. Up to the same date 780 Lewisham resident's death certificate mentioned COVID-19 as one of the causes of death.

To give these figures context with other areas, OHID have calculated cumulative age-standardised COVID-19 Mortality Rate per 100,000 population for local authorities, regions and England. This data is presented in Figure 4 (below) for the time period March 2020 - July 2022) and shows the total number of COVID-19 deaths comparable to the population size and accounts for differences in the age of populations. This age-standardization is important, particularly for an area like Lewisham which has a younger population bias. Lewisham's population saw a higher age-standardised COVID-19 mortality rate than both the regional and national average. This illustrates a health inequality for Lewisham's residents.

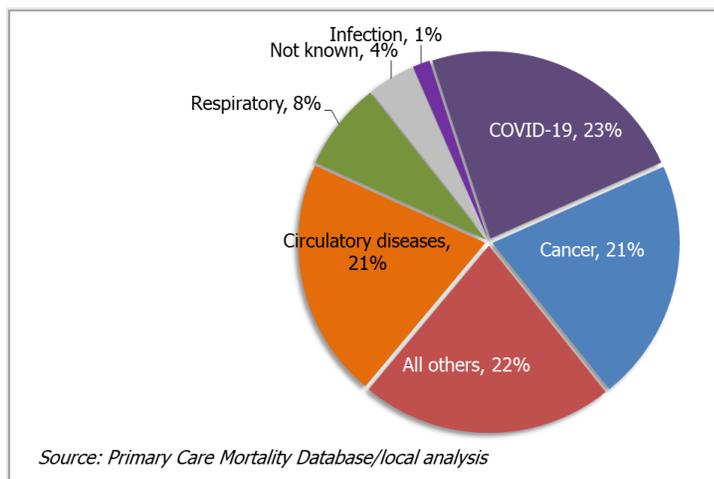
*Figure 4: Cumulative age-standardised COVID-19 Mortality Rate per 100,000 population (March 2020 - July 2022)*



(Source: CHIME Tool, OHID)

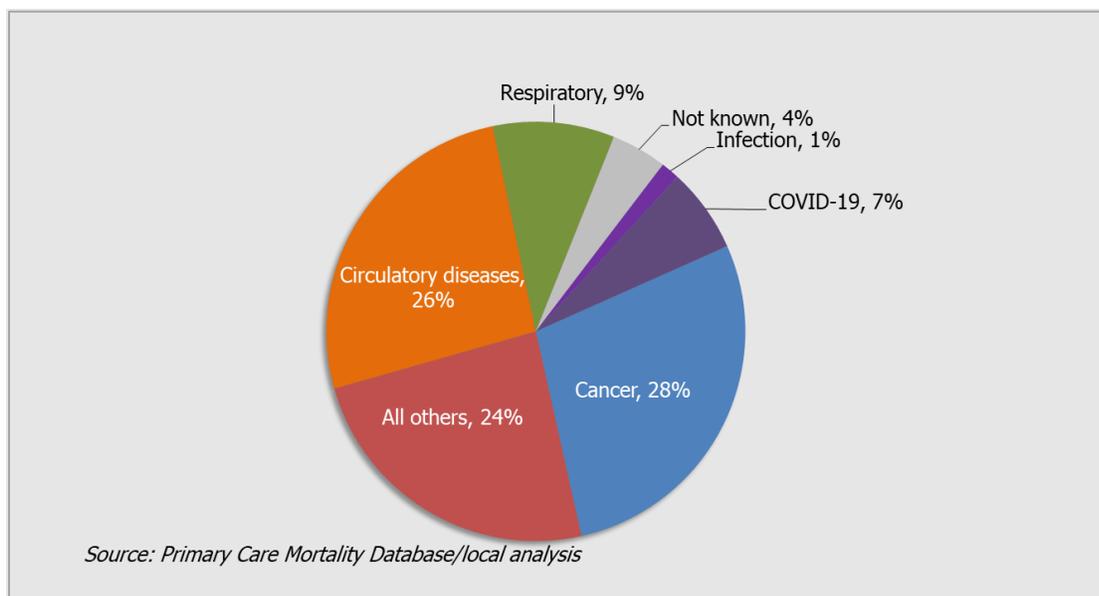
<sup>5</sup> Accessed 11/11/22

Figure 5: Proportion (%) of Deaths of Lewisham residents of all ages by underlying cause of death, 2020/21



It is also important to consider COVID-19 deaths in context of all deaths during the pandemic. There were 2,341 deaths recorded in Lewisham in the financial year 2020/21, an increase from 1,874 in 2019/20. Figure 5 (above), shows the underlying cause of death by proportion for these Lewisham residents. 547 (23%) were due to COVID-19 and 490 (21%) due to cancer. Pre-pandemic cancer was the biggest cause of death, (538 of the total 1,874 deaths in 2019/20).

Figure 6: Proportion (%) of Deaths of Lewisham residents of all ages by underlying cause of death, 2021/22



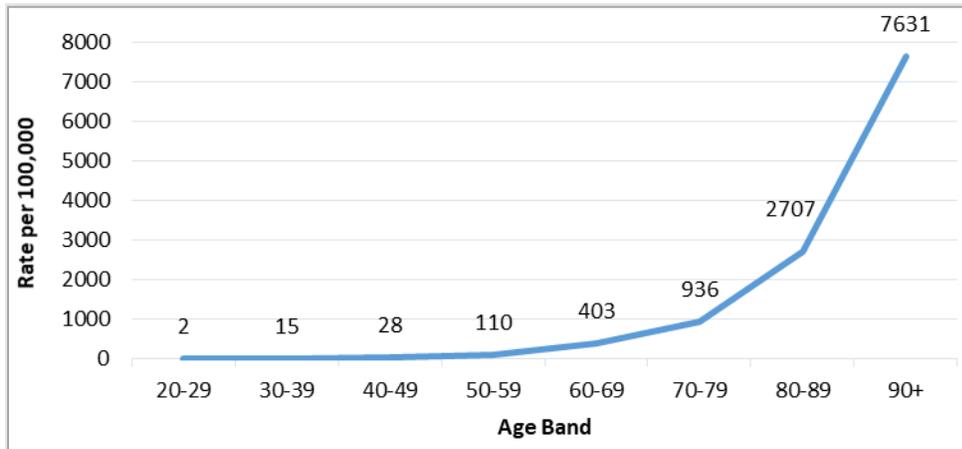
In 2021/22 there were 1,257 deaths in Lewisham. Figure 6 (above) illustrates that 82 (7%) of deaths were due to COVID-19, and 354 (28%) due to cancer. Meaning that cancer was once again the most common cause of death. Both the number of deaths due to COVID-19 and the total number of deaths in Lewisham in the second year of the pandemic were significantly

reduced. The total number of deaths was lower than pre-pandemic years which is typically closer to 2,000.

COVID-19 Deaths by Characteristic

Age

Figure 7: Crude COVID-19 Death Rate per 100,000 population by Age Band (01/01/20 - 08/04/22)

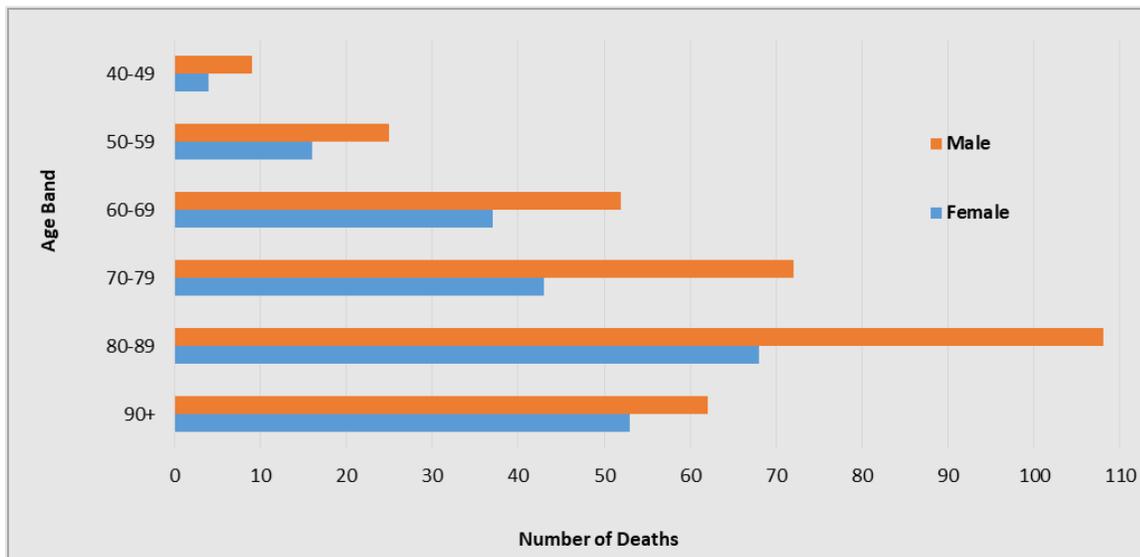


(Source: Local Analysis of Lewisham Registry Office data)

Figure 7 (above) shows COVID-19 as a death rate locally, per 100,000 population for adults by 10 year age band. The death rate increases noticeably as age increased. When looking at all COVID-19 deaths (up to 08/04/22) we see that 96% were to residents aged 50+.

Gender

Figure 8: Lewisham COVID-19 Deaths by Gender (01/01/20 - 08/04/22)



(Source: Local Analysis of Lewisham Registry Office data)

Figure 8 (above) shows the number of COVID-19 deaths by gender and age band for Lewisham residents. The number of deaths for residents aged 20-39 are too small to report on and there were no deaths in residents younger than 20. In all age groups reported, there is a clear bias towards male residents dying from COVID-19, even in the two oldest age categories, where female residents are much more numerous than male. This graph was originally presented as a rate, however due to the relatively small population size of the oldest age groups, rates appeared distorted and thus the actual numbers are presented here.

### Ethnicity

In England, Death Registration certificates do not record ethnicity of the deceased. However from the end of May 2020 Lewisham Registry Office asked (on a voluntary basis) those registering a death if they would provide this information. Almost 95% of respondents did so.

For the time period that the Registry Office have recorded and shared information<sup>6</sup>, 2,875 deaths were registered. 537 (18.7%) were due to COVID-19. Ethnicity information was provided for 526 of the 537 (98.0%). Of the 2,338 non COVID-19 deaths, ethnicity information was provided for 2,185 (93.0%).

*Table 3: Deaths by Broad Ethnic Group*

Ethnic Group	% of <u>COVID-19</u> Deaths where ethnicity was recorded	% of <u>non-COVID-19</u> Deaths where ethnicity was recorded
White	66.9	70.9
Asian	7.2	4.3
Black	23.2	21.6
Mixed	1.0	1.7
Other	1.7	1.3

(Source: Local Analysis of Lewisham Registry Office data)

Table 3, (above) presents data on the ethnicity of Lewisham residents who died between 30/05/20 - 23/03/22, broken down by whether the death was or was not COVID-19 related. Whilst White residents comprised the majority of COVID-19 deaths, this is also true for non-COVID-19 deaths. This group are also the largest in terms of population size and have an older population profile<sup>7</sup>.

*Table 4: Proportion of Deaths within each Broad Ethnic Group which were due to COVID-19*

Ethnic Group	<i>Number of <u>COVID-19</u> Deaths</i>	<i>Number of <u>non-COVID-19</u> Deaths</i>	<i>% of deaths within each broad ethnic group which was due to COVID-19</i>
White	352	1,550	18.5
Asian	38	95	28.6
Black	122	473	20.5
Mixed	5	38	11.6
Other	9	29	23.7

(Source: Local Analysis of Lewisham Registry Office data)

<sup>6</sup> 30/05/20 - 25/03/22

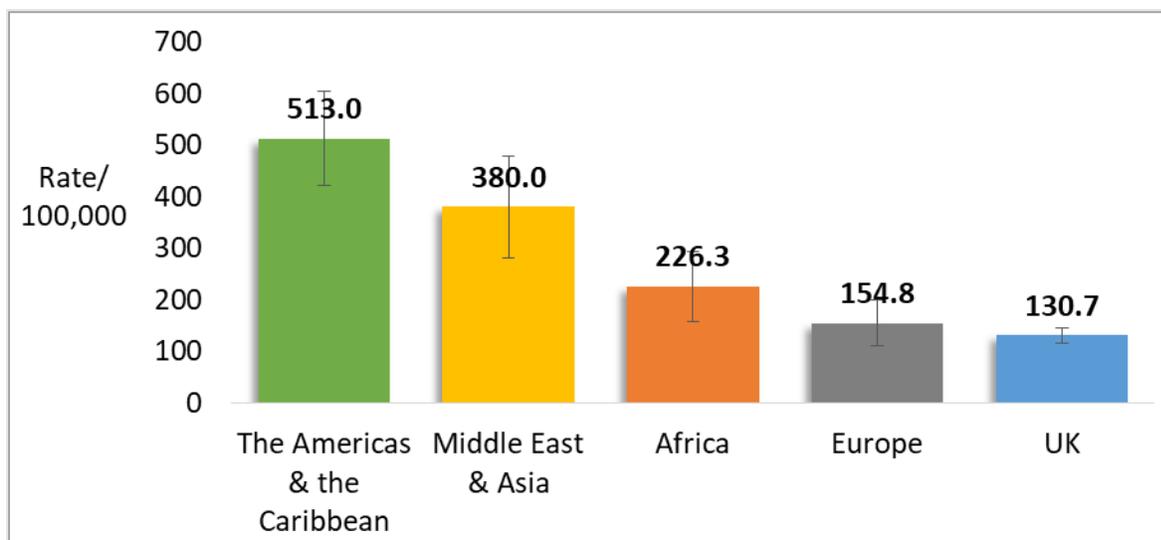
<sup>7</sup> To provide some context about Lewisham's population profile: Overall just under a quarter of Lewisham residents are aged 0-19 (GLA 2020, Population Projections), with these younger residents having a greater ethnic diversity (GLA 2016 Round Ethnic Group Population Projections).

When we consider what proportion of deaths within an ethnic group were due to COVID-19 (as presented in Table 4 above), Asian residents appear much more likely to have died due to COVID-19. However, it should be noted that this population group is relatively small in Lewisham and the total number of deaths in this group is less than 150.

### Country of Birth

Unlike ethnicity, Country of Birth is a required field in completion of a death registration.

Figure 9: COVID-19 Crude Death Rate by Country of Birth, all ages (01/01/20 - 08/04/22)



(Source: Local Analysis of Lewisham Registry Office data)

Analysis of COVID-19 deaths by Country of Birth registered in Lewisham found 48% of such deaths were to non-UK born residents, whereas in the 2011 Census just 34% of the population of Lewisham was non-UK born. Figure 10, (above) highlights that people born in the 'Middle East & Asia' and the 'Americas & the Caribbean' had a significantly higher COVID-19 death rate than people born in Europe and the UK.

### Deprivation

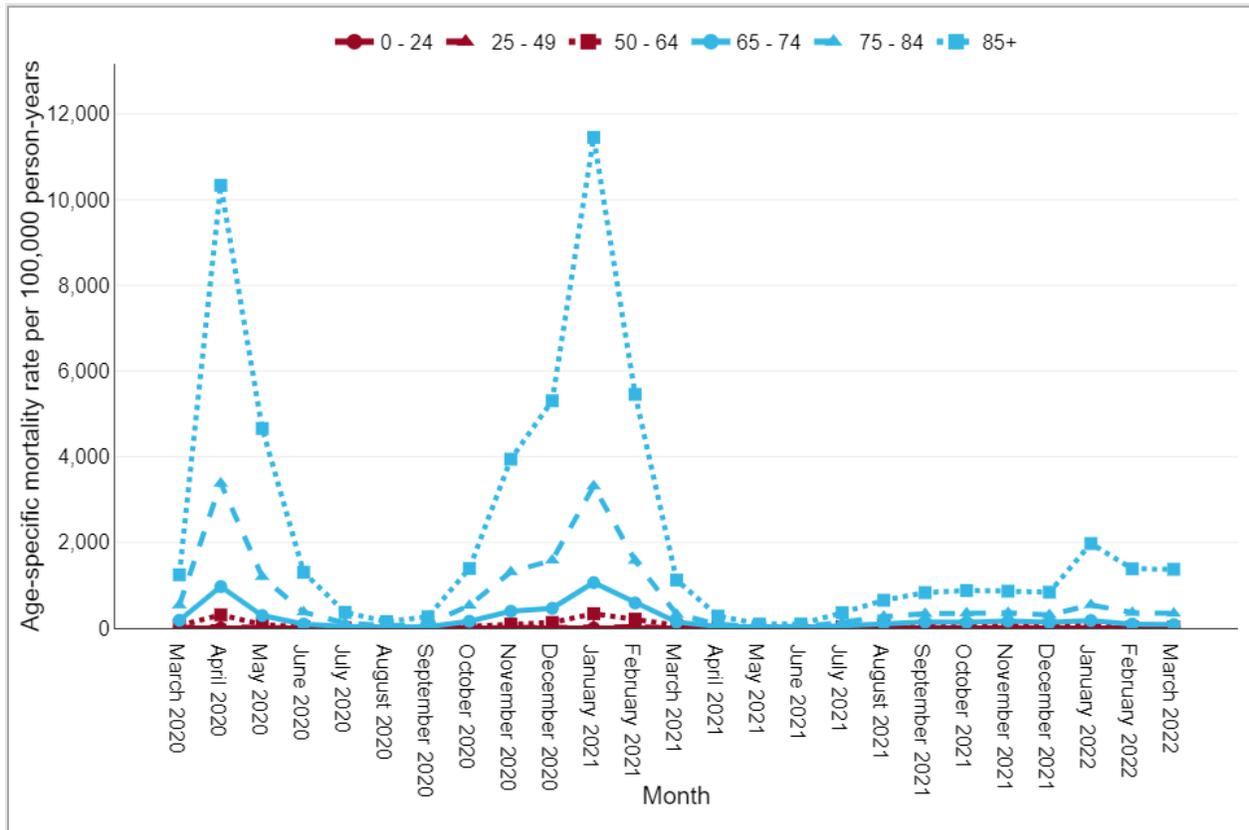
Analysis was conducted to understand both the number of deaths and death rates by deprivation quintile, based on the resident postcode of the deceased. However, this was problematic for two reasons. Due to a relatively high number of COVID-19 deaths of care home residents, bias could potentially be seen to the areas they are located. This is particularly relevant to Lewisham, due to a clustering of nursing/care home in the Catford area. Also, the number of COVID-19 related deaths were so much lower in the least deprived areas of the borough that comparison was not easily made due to the drastically different confidence intervals. Therefore, we defer to national analysis (see relevant section below).

## National Analysis

### Age

Due to the factors described above it is important to look at figures which have been standardised for age<sup>8</sup>. OHID have produced this analysis at a national level. Figure 11 clearly shows how older age groups but particularly those aged 85 and older had much higher death rates due to COVID-19. These link to during and just after peaks in infection rates.

Figure 10: Monthly age-standardised mortality rate per 100,000 population, for deaths involving COVID-19 in England by age-group, March 20 to March 22



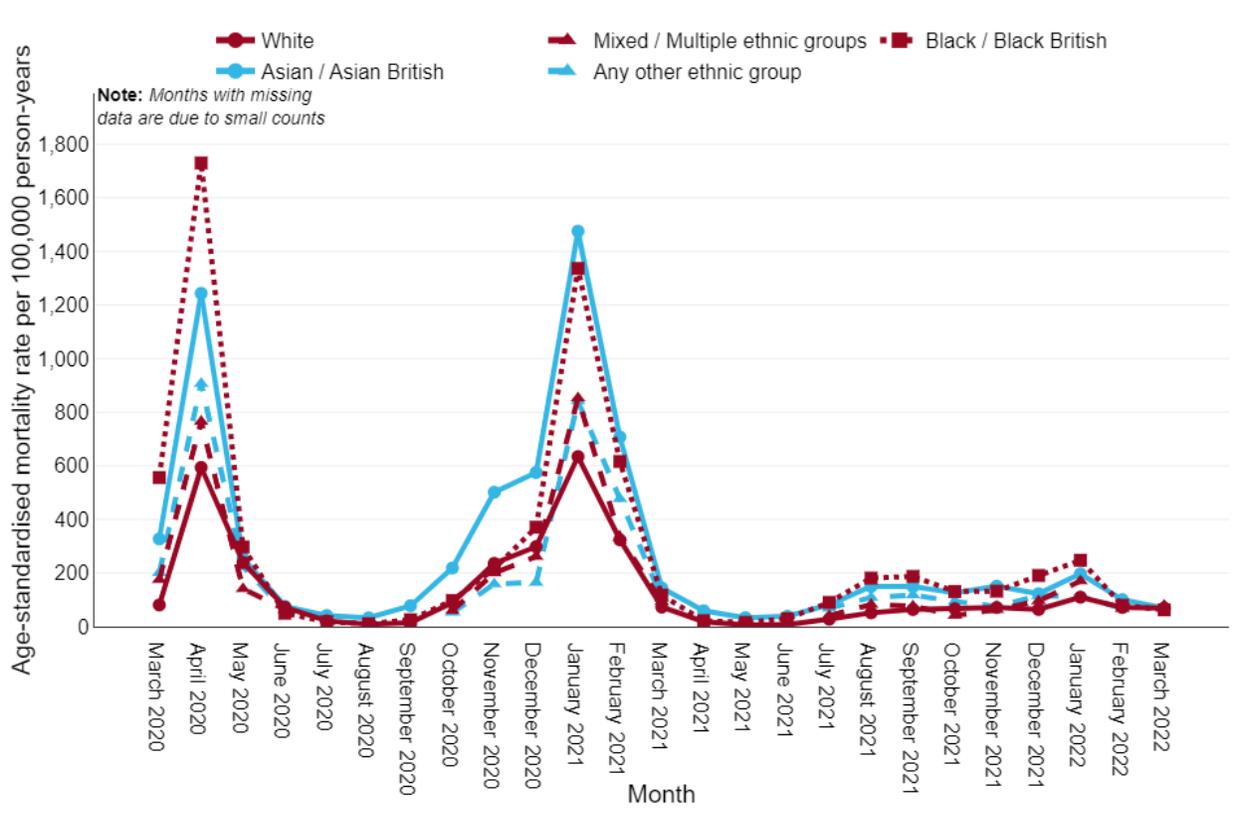
(Source: OHID, CHIME Tool)

### Ethnicity

Figure 11 (below) shows that across the course of the pandemic all ethnic groups other than White saw higher death rates per 100,000 population due to COVID-19. For example in April 2020, at the peak of the first wave the Black/Black British population had a COVID-19 mortality rate of 1,729.0 per 100,000 population, whilst the White population's mortality rate was 593.8 per 100,000 population. At the peak of the second wave in January 2021, it was then the Asian population who had the highest COVID-19 mortality rate at 1,475.0 per 100,000 population, whilst the Black population saw their COVID-19 mortality rate at 1,336.4 per 100,000. Both figures were more than twice the rate of the White population at 633.9 in the same month.

<sup>8</sup> Age standardization is a technique used to allow statistical populations to be compared when the age profiles of the populations are quite different.

Figure 11: Monthly age-standardised mortality rate per 100,000 population, for deaths involving COVID-19 in England by ethnic group, March 20 to March 22

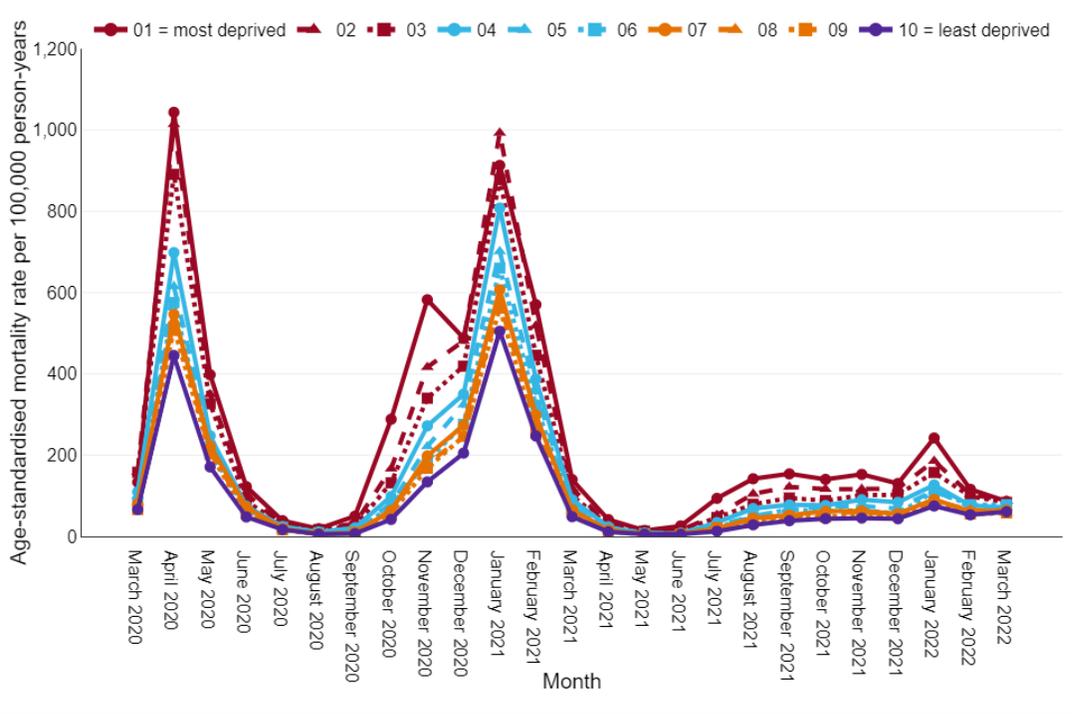


(Source: OHID, CHIME Tool)

**Deprivation**

Figure 12 (below) shows that people from the more deprived areas of England (1 is the most deprived, 10 the least), had a higher death rate due to COVID-19 than from the less deprived areas. This was true during the entire pandemic, however at the peaks (April 2020 and January 2021), this was more pronounced.

Figure 12: Monthly age-standardised mortality rate per 100,000 population, for deaths involving COVID-19 in England by deprivation decile, March 20 to March 22



(Source: OHID, CHIME Tool)

Table 5: Age-standardised mortality rate per 100,000 population, for deaths involving COVID-19 in England by most and least deprived areas for April 2020 and Jan 2021

Month	People living in Decile 1 (most deprived areas of England)	People living in Decile 10 (least deprived areas of England)
April 2020	1,043.6	445.2
January 2021	913.0	504.8

The age-standardised COVID-19 death rate is significantly higher in the most deprived areas of the country compared to the lowest. These differences are most notably seen within the peaks of the deaths/COVID-19 infection rates. Residents of more deprived areas seeing higher mortality, poorer health and shorter life expectancy has long been established, however this illustrates how COVID-19 exacerbated long standing health inequalities.

Furthermore, analysis by OHID<sup>9</sup> of national COVID-19 hospital admission data found that up to January 2022 for people living in the most deprived areas of England, the admission rate was 3.0 times the rate compared to the least deprived and the COVID-19 mortality rate up to March 2022 was 2.6 times higher. This trend was seen for all age groups to varying extents. The greatest difference in mortality rates between levels of deprivation were seen in the age group 50 - 64.

<sup>9</sup> [OHID, CHIME Tool](#)

## Life Expectancy after COVID-19

Even before the COVID-19 pandemic, increases in life expectancy in England had stalled<sup>10</sup>, however COVID-19 has meant that every region within England has now seen a fall in life expectancy. For male and female life expectancy at birth, figures are now below even 2018 figures for London and England.

Table 6: Life Expectancy at Birth

	Male				Female			
	2018	2019	2020	2021	2018	2019	2020	2021
<b>Lewisham</b>	79.0	79.7	77.7	-	83.5	83.7	82.4	-
<b>London</b>	80.7	81.3	79.0	79.5	84.5	85.0	83.5	83.8
<b>England</b>	79.6	80.0	78.7	78.7	83.2	83.6	82.6	82.8

(Source: OHID, Chime Tool)

## Lewisham COVID-19 Specific Services

[One Health Lewisham](#) (OHL) is the GP federation of all the General Practices in Lewisham. They provide primary care and community services to local residents, therefore were responsible for many aspects of COVID-19 services.

### OHL COVID-19 Services

Between March 2020 and March 2022, OHL provided COVID-19 related services in response to the pandemic and responded rapidly throughout the pandemic to ensure the needs of Lewisham patients and the system that supports patients were met. Although a large proportion of the COVID-19 services were specific to the illness, OHL also pivoted existing services to support the COVID-19 efforts and operated in a COVID-19 safe manner (e.g., remote health checks, GPEA cold hub, cancer care e-hub).

### COVID-19 Remote Monitoring

OHL use Doctaly Assist (digital partner) to remotely monitor patients on the oximetry@home pathway during their acute phase of COVID-19. Helping to keep patients at home safely by monitoring their oxygen saturations, and highlighting any deterioration early, reducing pressures on the wider system (A&E/NHS 111/GP etc.). OHL have reviewed just over 22,000 patients during the time this service has been live, and are seen as an exemplar service for SEL.

### Covid-19 Hot Hubs and Taxis

The service would see COVID-19 positive, or suspected COVID-19 positive patients in a face-to-face capacity. OHL developed localised guidance for all Lewisham GP practices to follow, and set up a bespoke clinic with relevant Infection Prevention Control to ensure patients were able to be seen safely in the community, without burdening A&E, but also reducing the risk of spread of COVID-19 to staff/patients at GP practices.

OHL also provided a bespoke COVID-19 taxi service, used to transport suspected patients to appointments at the Hot Hub to reduce the risk of wider spread to the borough. OHL further provided a similar 'hot home visit' service, for those housebound patients with confirmed or suspected COVID-19, so they could still access home visiting support.

<sup>10</sup> [Health Equity in England: The Marmot Review 10 Years On](#)

### Community Phlebotomy Service

OHL provided a phlebotomy service specifically designed for at risk shielding patients, Care Home residents and housebound patients. This involved a dedicated clinic in a 'cold site' for at risk, shielding patients who can safely travel or be transported to our clinic as well as a home visiting service for patients who cannot safely travel to our clinic.

### COVID-19 Personal Protective Equipment (PPE)

OHL managed PPE stock to support practices with PPE requests. As well as coordinated scrubs for practices via 'for the love of scrubs'.

### Care Home Support

OHL provided varied aspects of support to care homes during the pandemic. This included support in coordinating the vaccination campaigns delivered by the Primary Care Networks (PCNs). They also provided support to ensure residents had their treatment and escalation plans up to date – achieving almost 100% coverage. Care Home staff were supported in training to take patient PCR swabs.

For a period, OHL supported a COVID-19 positive discharge pathway to a care home. This enabled hospital patients who were fit for discharge but with a concurrent positive COVID-19 swab and requiring a care home bed be discharged back to a care home. Rather than the alternative of remaining in hospital until safe to return to a general care home ward.

### Social Prescribing

OHL leveraged its social prescribing service to identify at risk patients during peak COVID-19 waves to proactively ensure they had the appropriate and available support to them (e.g., food delivery options, befriending support etc).

### Staff PCR Testing

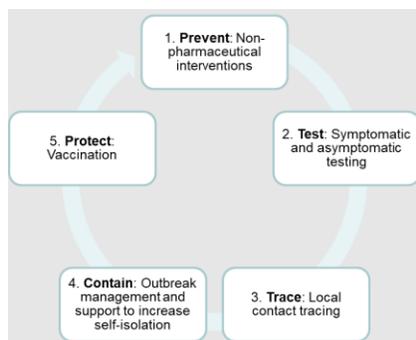
OHL deployed a local staff COVID-19 test centre, based at Marvels Lane, when there were challenges/delays with the central test sites. This was a service made available to staff and household contacts of local staff (care home, primary care, wider community staff) to ensure testing was rapid. This enabled staff to isolate quickly as needed, but also return to work quickly ensuring resilience in the health and care services of Lewisham.

Please note that Long COVID is addressed in a separate section of the report.

## Lewisham COVID-19 Local Outbreak Management Plan (LOMP)

The Lewisham Public Health Team developed the COVID-19 Local Outbreak Management Plan (LOMP) at the start of the pandemic and continue to review and develop it. This document outlines the Lewisham approach of:

- a. Prevent
- b. Test
- c. Trace
- d. Contain
- e. Protect
- f. Surveillance
- g. COVID-19 Community Champions
- h. Surge planning



Of particular note was PCR testing was available at 3 fixed sites within the borough and a mobile testing unit visited Catford several times a week. Numerous locations later offering supervised LFD tests, including many pharmacies. Further details of the local approach are outlined in the summary LOMP appended to this report (Appendix A).

## Long COVID

Long COVID is a broad term to describe the signs and symptoms that continue or develop after initial acute COVID 19 infection. As an informal term, it encompasses the National Institute of Clinical Excellence (NICE) clinical case definitions of 'ongoing symptomatic COVID-19' (4 to 12 weeks) and 'post COVID-19 syndrome' (symptoms lasting 12 weeks or more that cannot be explained by an alternative diagnosis.<sup>11)</sup>

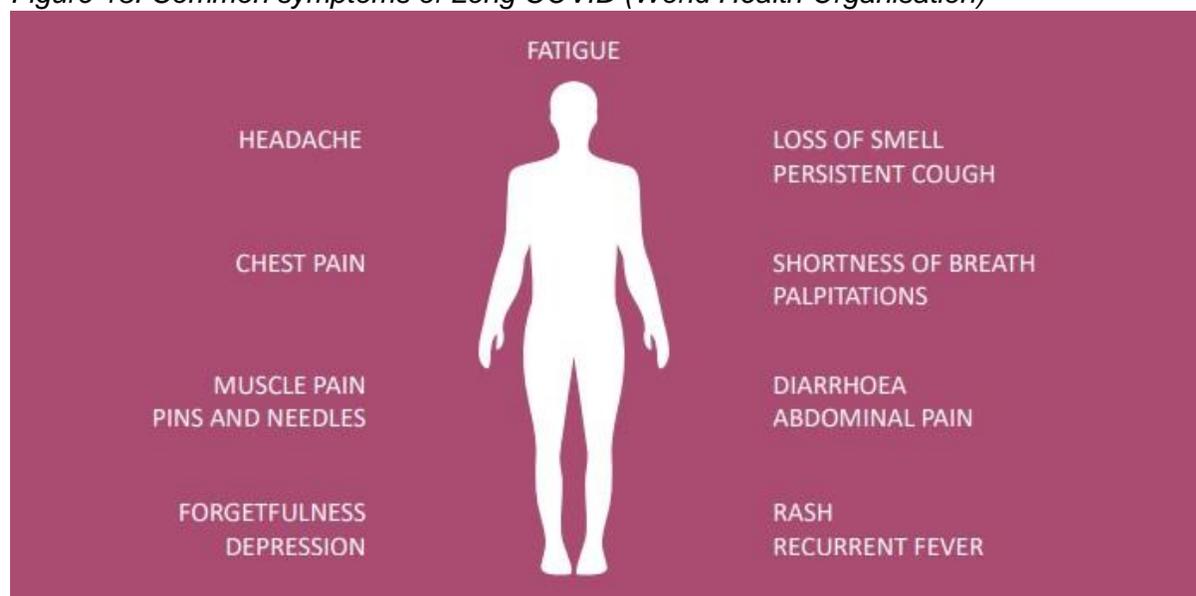
The first cases of Long COVID were reported in May 2020<sup>12</sup> and since then, over 50 Long COVID symptoms have been described<sup>13</sup>. Though wide-ranging and highly variable, common symptoms include fatigue, shortness of breath, cough, smell or taste dysfunction, cognitive impairment, and muscle pain. The cause of Long COVID is, as yet, poorly understood and the subject of major international research.

<sup>11</sup> [Scenario: Managing long-term effects | Management | Coronavirus - COVID 19 | CKS | NICE](#)

<sup>12</sup> [Why we need to keep using the patient made term "Long Covid"](#) Perego E, Callard F, Stras L, Melville-Johannesson B, Pope R, Alwan N (1 October 2020 BMJ)

<sup>13</sup> [Characterizing long COVID in an international cohort: 7 months of symptoms and their impact](#) Davis HE, Assaf GS, McCorkell L, Wei H, Low RJ, Re'em Y, et al. (July 2021. EClinicalMedicine. 38: 101019.

Figure 13: Common symptoms of Long COVID (World Health Organisation)



### *Facts and Figures*

National data on the scale of Long COVID comes from 2 sources:

- i) Office of National Statistics (ONS) self-reported Long COVID surveys
- ii) GP records where Long COVID has been coded.

### ONS Survey

ONS figures as of 1 May 2022 show that an estimated 2 million people in the UK (3.1% of the population) were experiencing self-reported Long COVID symptoms. This number is increasing: a rise of 10% from the previous month and almost double the just over 1 million who self-reported Long COVID in May 2021. This poses a huge challenge to health and social care, especially as 71% of Long COVID sufferers report limitation to their day-to-day activities. The wider societal and economic impact is also potentially vast.

### GP Record Data

An analysis of 58 million patient records in England (96% of the population) between 1 February 2020 and 17 March 2022 recorded Long COVID for 162,881 people. This represented 0.28% of the population, with the overall rate of Long COVID being 287.6 per 100,000 people.

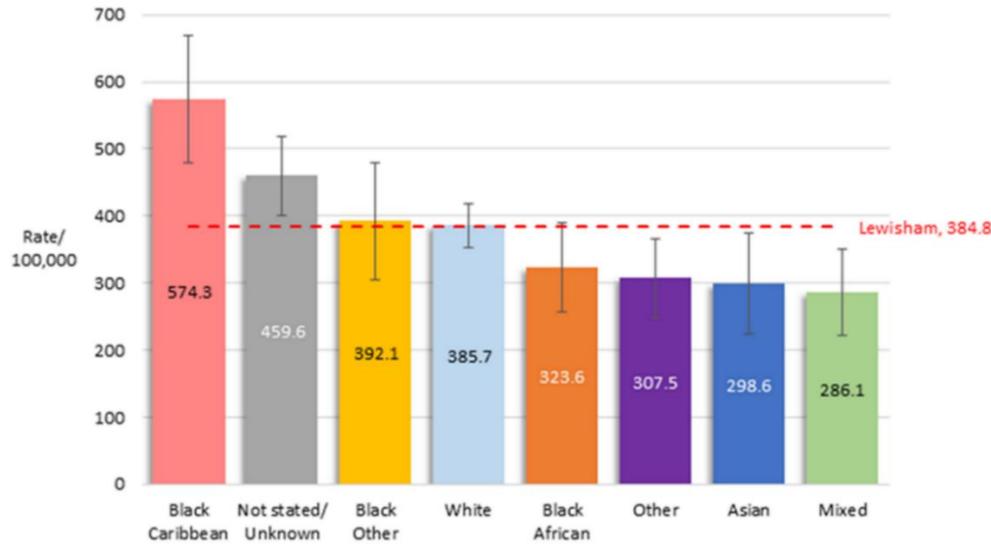
### Long COVID in Lewisham

Locally records from the Population Health Management System show that between May 2020 and May 2022, 1,332 people in Lewisham have been given a diagnostic code for Long COVID. This equates to 0.38% of registered patients, higher than the England prevalence rate of 0.28%. This figure also means the rate of Long COVID in Lewisham is 384.4 per 100,000 population, significantly higher than the 287.6 per 100,000 rate in England.

The peak age of those with Long COVID in Lewisham is 40-49 (24.7% of the total), followed closely by 50-59 (22.1% and 30-39 age group (21.2%)). The predominance in the working-age population group correlates with ONS and national GP record data. Long COVID was much lower for those aged under 18 in Lewisham (1.65% vs 8.8% nationally). In terms of gender there

were more than twice as many females with Long COVID than males (67.7% vs 32.3%). This was an even greater sex imbalance than seen in national GP record data (61.9 vs 38.1% female: male).

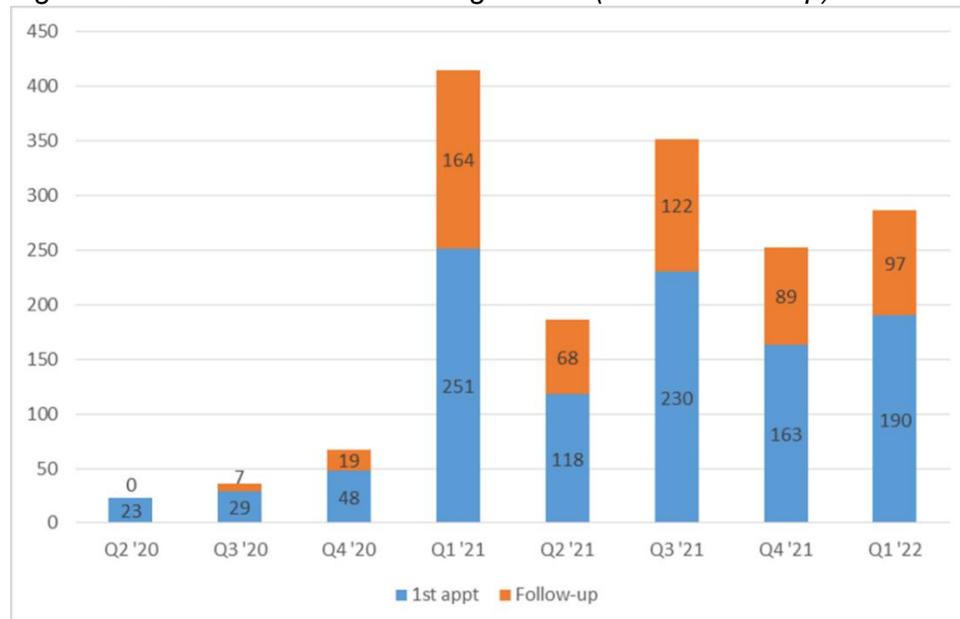
Figure 14: Long COVID - cases per 100,000 registered population in Lewisham by ethnic group



(Source: Lewisham Population Health Management System (Spring 2022))

The ethnic group most diagnosed with Long COVID in Lewisham is Black Caribbean. The rate was significantly higher than those from a White or Black African ethnic group.

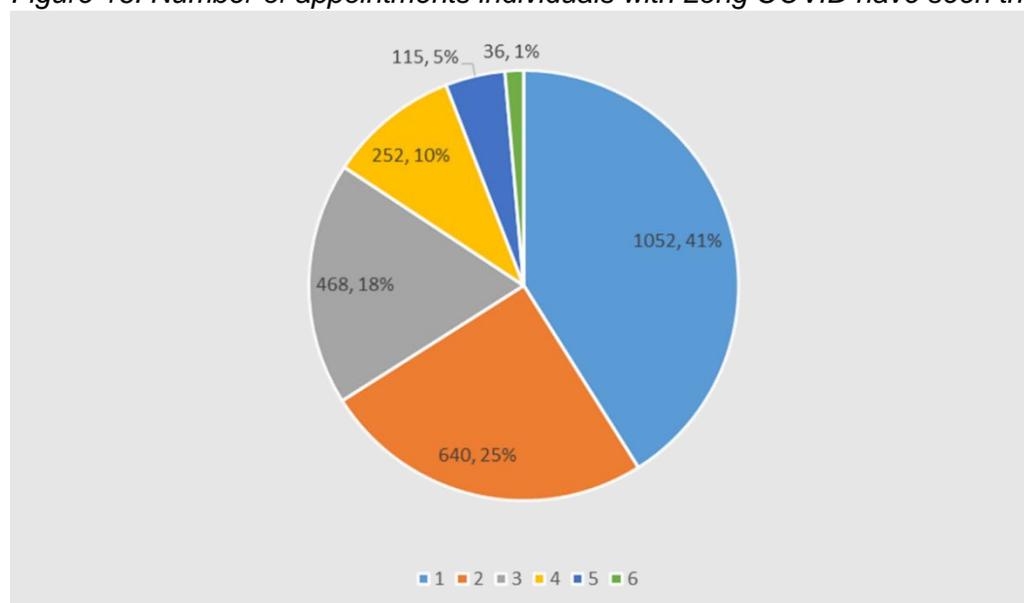
Figure 15: GP consultations for Long COVID (initial & follow up) in Lewisham



(Source: Lewisham Population Health Management System (Spring 2022))

There were 2,553 GP consultations from May 2020 - May 2022 where Long COVID was the main reason for the consultation (to provide context there were 41.6 million consultations in that time period). The peak of Long COVID consultations was in Q1 of 2021.

Figure 16: Number of appointments individuals with Long COVID have seen their GP for



(Source: Lewisham Population Health Management System (Spring 2022))

There remains a significant proportion of patients (34%) who are seeing their GP at least 3+ times due to ongoing Long COVID symptoms. 36 people have seen their GP 6 times with Long COVID issues.

#### Local Action taken to address impacts of Long COVID

Until the end of 2020 Long COVID clinics were run in secondary care by the respiratory medicine team at University Hospital Lewisham. The One Health Lewisham Long COVID clinic had a soft launch in January 2021 before launching fully in March of that year, running two mornings a week. Until June 2022 it was led by a GP, working with a Band 8d Advanced Care Practitioner (ACP), a physiotherapist, a clinical psychologist and an administrator. An occupational therapist was attached to the clinic but recalled back to UHL at the end of 2021 during the third wave of COVID (Omicron). As of late June 2022, the GP has left the clinic and not been replaced, with the ACP now leading the clinic. The physiotherapist is also on sick leave with no replacement. Recruitment to the clinic has been highlighted as a problem. Referrals to the clinic are via GP (no self-referral route). At the time the needs assessment work was carried out, no formal audit of waiting times had been conducted.

#### Recommendations

Whilst no best practice model currently exists of how to run a Long COVID service, it is considered that the local service would benefit from:

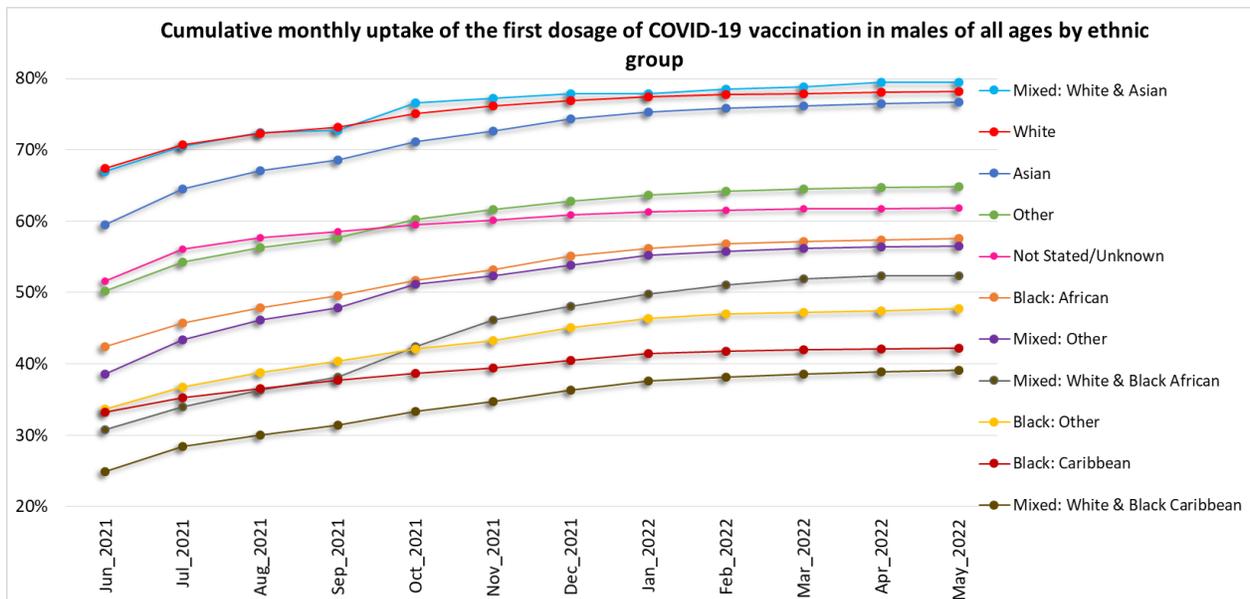
- Better resourcing, latest information was that an Advanced Practitioner rather than a Doctor was leading the team
- The Long COVID clinic would also enormously benefit from better coding and auditing processes

## COVID-19 Vaccinations

Over 205,400 first dose COVID-19 vaccines have been given to a Lewisham resident aged 12 and over<sup>14</sup> since the start of the vaccine programme. However, this total figure masks huge variations in uptake between age, gender and ethnic groups. Due to these variations, there is a risk of any health inequalities persisting for years if the virus continues to circulate, as well as any restrictions regarding it, for example related to travel or hospital admissions.

Figure 17, (below) shows 1<sup>st</sup> dose COVID-19 vaccination uptake for males by ethnic group. This highlights large differences. Men from White and Asian ethnic groups had uptake of at or near 80%. However, for men from a Black Other, Black Caribbean or White & Black Caribbean background, uptake was all below 50%. A similar pattern was seen for women by ethnic group, however % uptake was higher across all groups.

Figure 17: Cumulative monthly uptake of 1<sup>st</sup> dose COVID-19 vaccination in males (all ages) by ethnic group

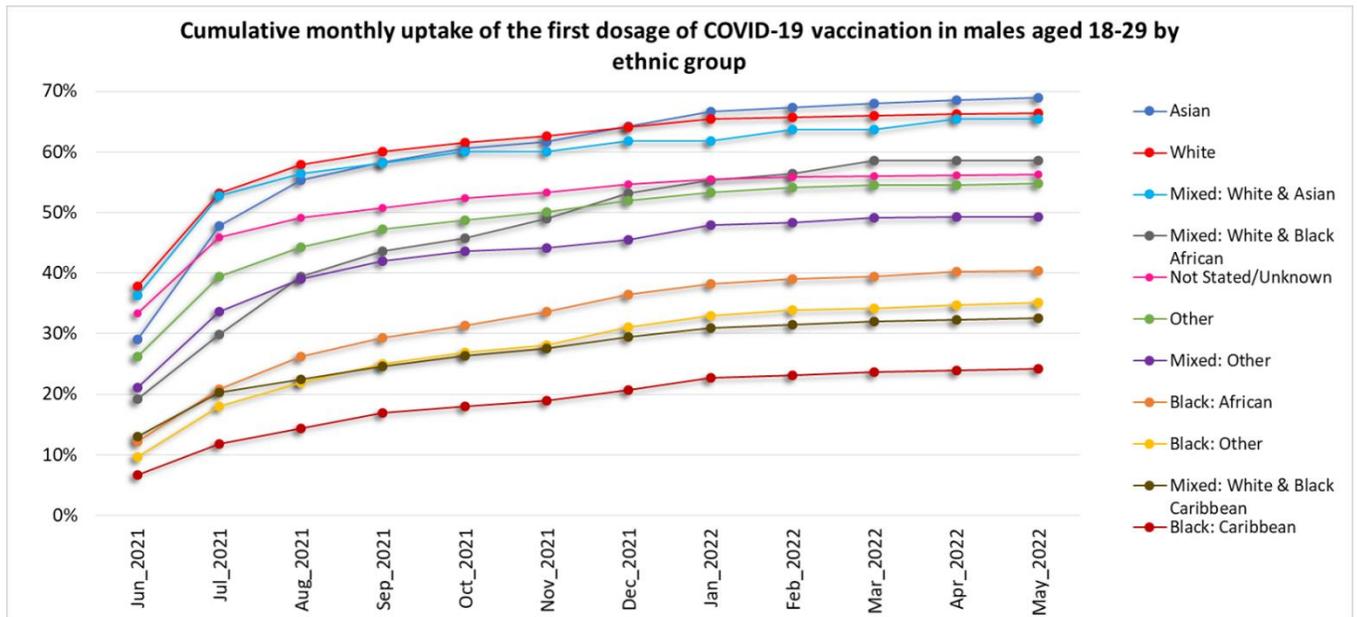


(Source: Lewisham Population Health Intelligence System (Cerner))

Difference in uptake of vaccine by age was noted throughout the roll-out programme, however when age and ethnicity and gender were all considered, the impact on 1<sup>st</sup> dose uptake was compounded. Figure 19 (below), shows that for males from a Black Caribbean ethnic group, aged between 18-29, less than 1 in 4 had received a 1<sup>st</sup> dose of COVID-19 vaccine.

<sup>14</sup> Source: [data.gov.uk](https://data.gov.uk) (as of 10/06/22)

Figure 18: Cumulative monthly uptake of 1<sup>st</sup> dose COVID-19 vaccination in males (aged 18-29) by ethnic group



(Source: Lewisham Population Health Intelligence System (Cerner))

## Impact on Wider Health System

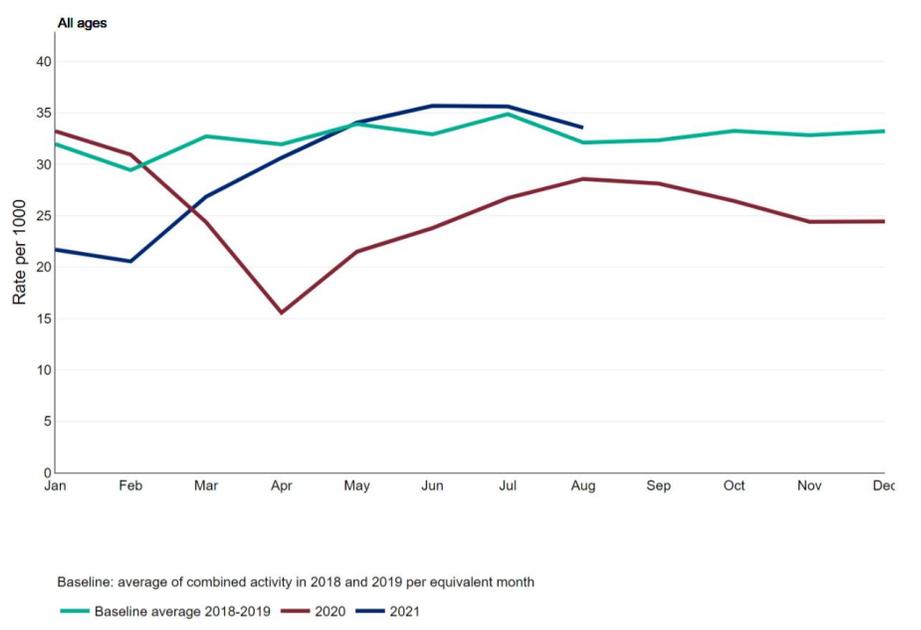
COVID-19 has directly impacted the health system through primary care appointments, hospital admissions, intensive care treatment and delivery of a mass vaccination programme. In terms of the wider impact of the pandemic, the following section looks at how others areas of health care were impacted by the pandemic.

### Access to care

#### A&E Attendances

As a frontline service for serious health issues, comparing A&E attendance below and during the earlier stages of the pandemic aids understanding of changes seen.

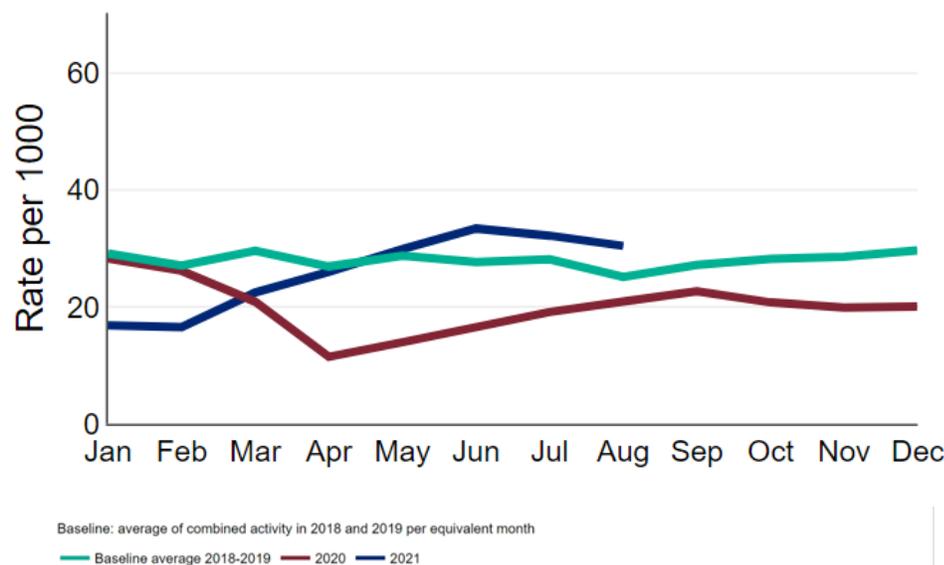
Figure 19: Monthly trend in A&E attendances compared to baseline - England



Source: Hospital Episode Statistics (HES), accessed via OHID

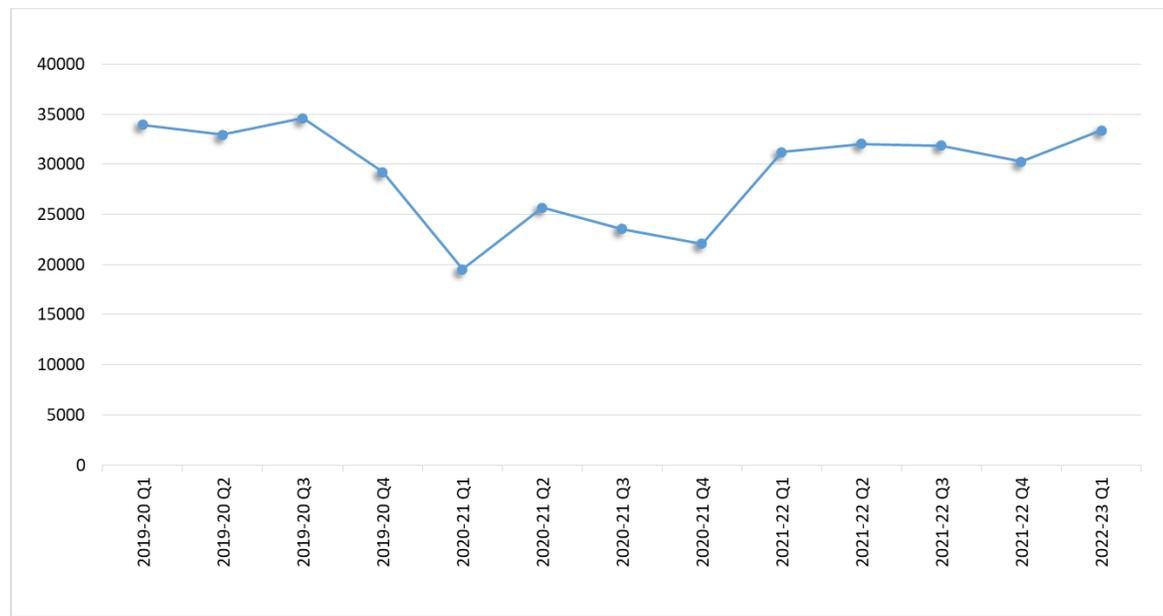
National data (Figure 19 above) shows that A&E attendances were markedly down in 2020, particularly at the start of the first wave of COVID-19, although they did recover in 2021, and by May 2021 levels were similar to those seen in 2018-19 (baseline green line in graph). This pattern was seen across all age groups. There were slight differences nationally by ethnic group, with people from a Black African ethnic group seeing a higher A&E attendance rate in the summer of 2021 than the baseline year (Figure 20 below).

Figure 20: Monthly trend in A&E attendances compared to baseline for people from a Black African ethnic group - England



(Source: OHID)

Figure 21: Quarterly A&E Attendances from All Conditions - University Hospital Lewisham



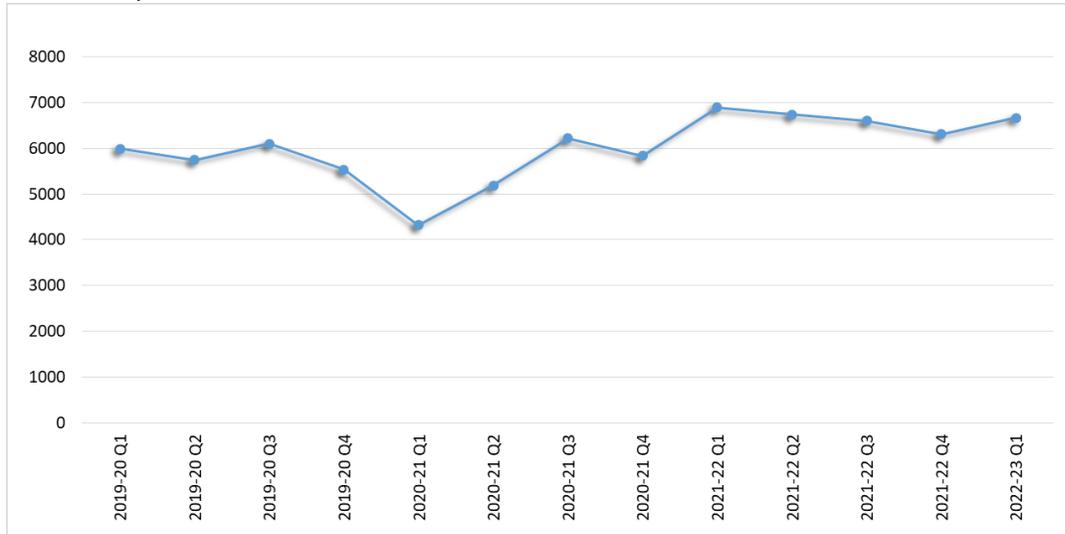
(Source: NHS Digital/Hospital Episode Statistics)

Locally, at UHL, A&E attendance figures followed the general pattern of the national trend (data presented in Quarters rather than by month in other Figures). The lowest number of attendances were in Quarter 1 2020/21, at the start of the pandemic, higher numbers of attendances were seen in Quarter 2 and Quarter 3 of 2020/21 before a second dip in Quarter 4 of 2020/21. By the first quarter of 2021/22 the number of attendances had broadly returned to level seen below the-pandemic.

# Hospital Admissions

## Emergency Admissions

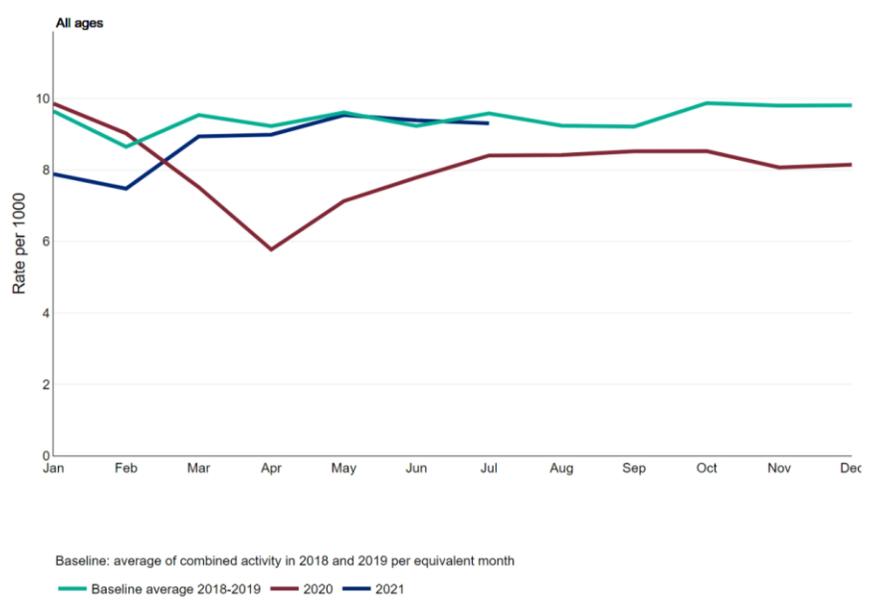
Figure 22: Quarterly emergency hospital admissions – University Hospital Lewisham (all conditions)



(Source: NHS Digital/Hospital Episode Statistics)

Figure 22 (above) shows emergency hospital admissions across UHL by quarter, before and during the pandemic. A similar pattern to that seen locally for A&E attendances (Figure 21) is presented, whereby there is a marked dip during the first COVID-19 wave, before levels rose, before falling again in the second wave. At the national level, there was also a similar pattern between A&E attendances and emergency admissions (Figure 23 below).

Figure 23: Monthly trend in emergency hospital admissions (all cause) compared to baseline - England



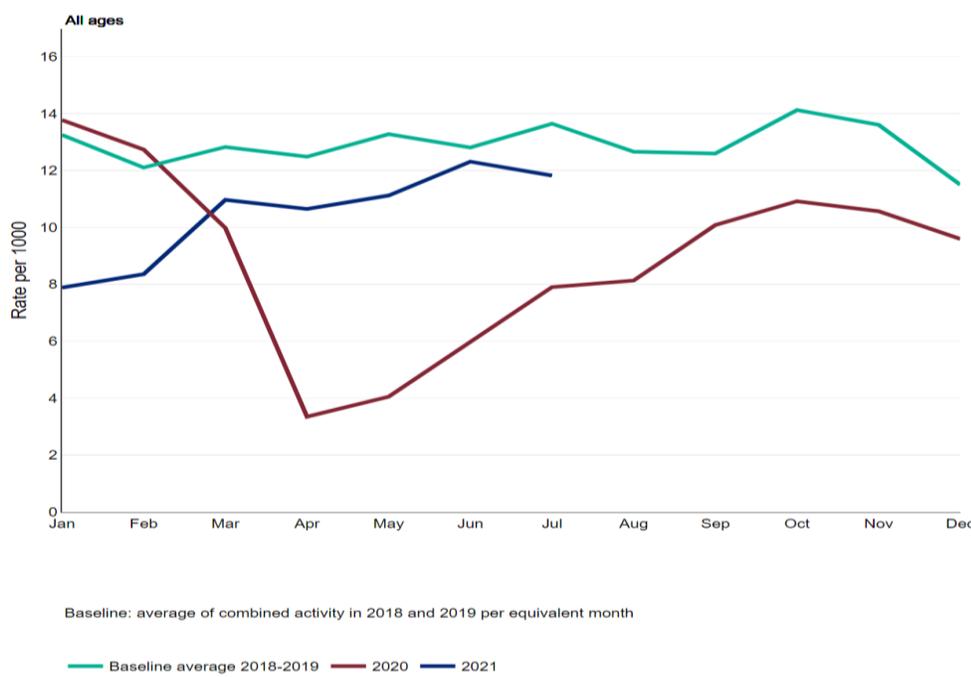
(Source: Hospital Episode Statistics (HES), accessed via OHID)

The national data also showed that people living in more deprived areas had a higher Emergency Hospital Admission rate before the pandemic, therefore saw a bigger % decrease in admission levels in first COVID wave.

### Elective (Planned) Admissions

In 2020, nationally the rate of planned hospital admissions followed a similar pattern to A&E attendances and emergency admissions. However in 2021, whilst the emergency figures came closer to the baseline average illustrated (2018-19), elective hospital admissions were slower to recover.

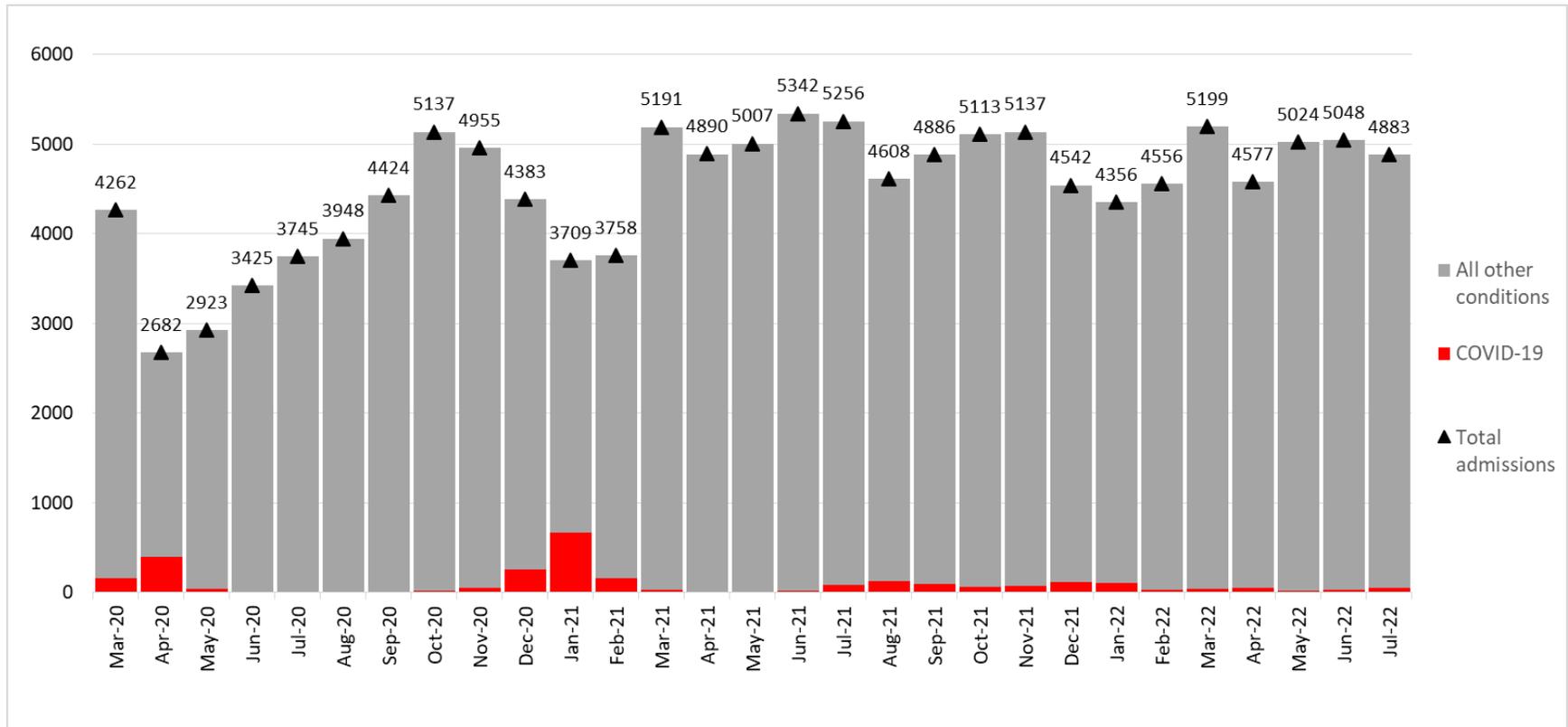
*Figure 24: Monthly trend in elective hospital admissions (all cause) compared to baseline - England*



(Source: Hospital Episode Statistics (HES), accessed via OHID)

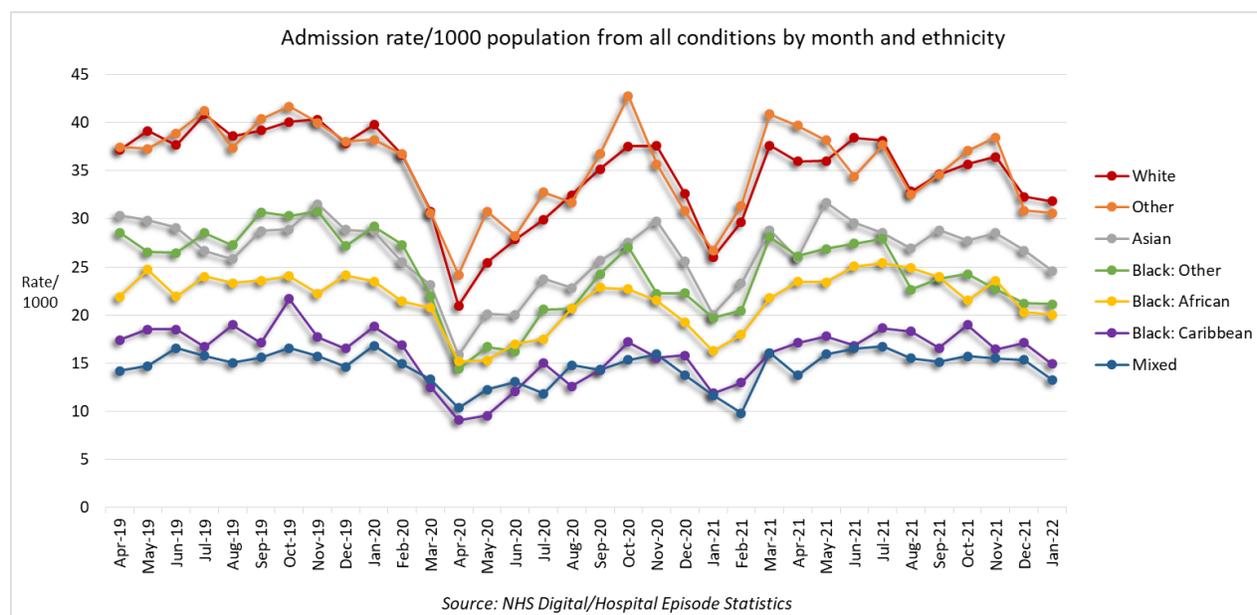
For all UHL hospital admissions (as shown in Figure 25 below), the biggest monthly drop is between March 2020 and April 2020, due to the 1<sup>st</sup> COVID-19 wave, with admissions falling more than a third between the two months. Monthly hospital admissions levels did not return to the March 2020 levels until August 2020, but then dropped again in December 2020 – February 2021. Locally the number of COVID-19 hospital admissions was actually higher at the peak of the 2<sup>nd</sup> wave in January 2021 than the first wave.

Figure 25: Monthly Hospital admissions - University Hospital Lewisham



(Source: NHS Digital/Hospital Episode Statistics)

Figure 26: Hospital Admission Rates per 1,000 population by ethnic group for all conditions by month<sup>15</sup>



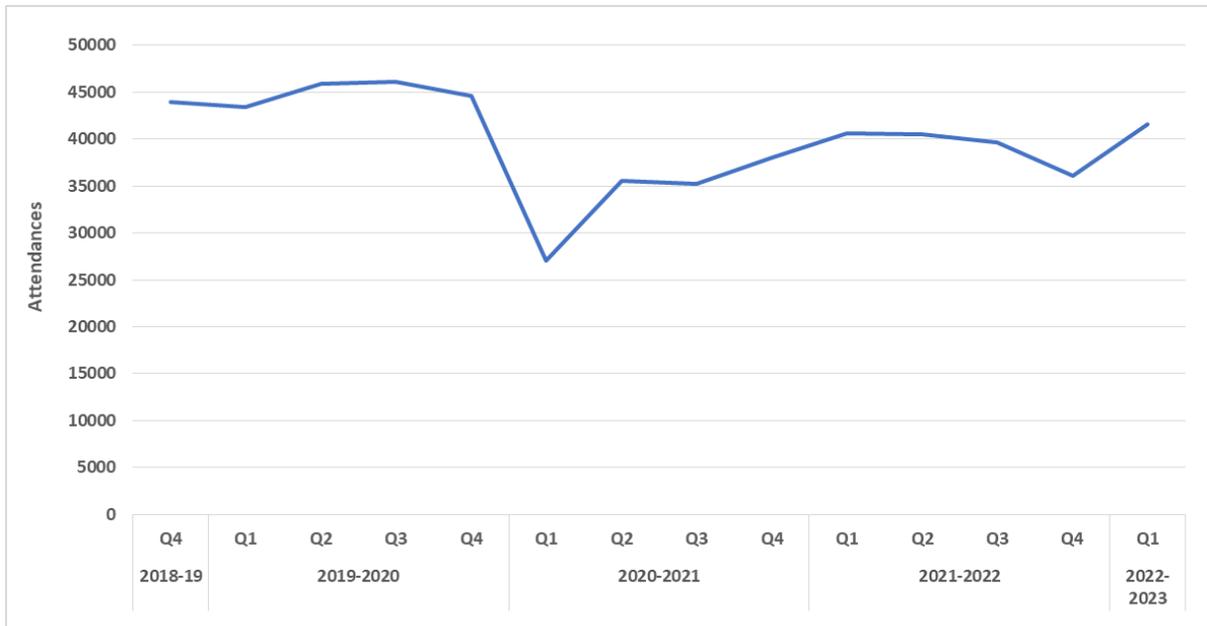
For Lewisham this dataset has also been analysed by ethnic group, with data provided up to January 2022. Before and during the pandemic the hospital admission rate, due to any condition has been highest for those from a White and Other ethnic group. (It should be noted that the Other ethnic group has a relatively small population size in Lewisham). Whilst all ethnic groups saw a decrease in the hospital admission rate in April 2020, this decrease was steepest for those from a White ethnic group. Whilst hospital admission rates generally increased from their lowest rates during the rest of 2020, all ethnic groups subsequently saw a further sharp drop in January 2021.

<sup>15</sup> This data is being presented as a rate due to different ethnic groups having very different population sizes. Please note that the rate could only be calculated using ethnicity of the resident population (as it was not possible to get ethnicity data for all the registered population which HES uses).

## Outpatient Attendances

Having an overall view of hospital activity during the COVID-19 pandemic, and comparing with baselines is crucial in attempting to understand the wider impact. As well as reduced numbers of admission and surgeries taking place there was also a significant decline in out-patient appointments. Figure 27 (below) shows out-patient attendances at UHL between 2019 and June 2022. As seen in other areas, the most significant drop was in Quarter 1 2020/21 (the first lockdown) with attendances increasing/plateauing in Quarter 2 & 3 of that financial year. What is noticeable is that even by Quarter 1 of 2022/23 attendances remain lower than the five quarters preceding COVID-19. Further information is needed to understand if this is because there are not enough clinics running to offer the same number of appointments as in 2019, or whether lower activity in other areas of the health system due to the pandemic, has meant that issues are not being diagnosed and treated as they would have previously been.

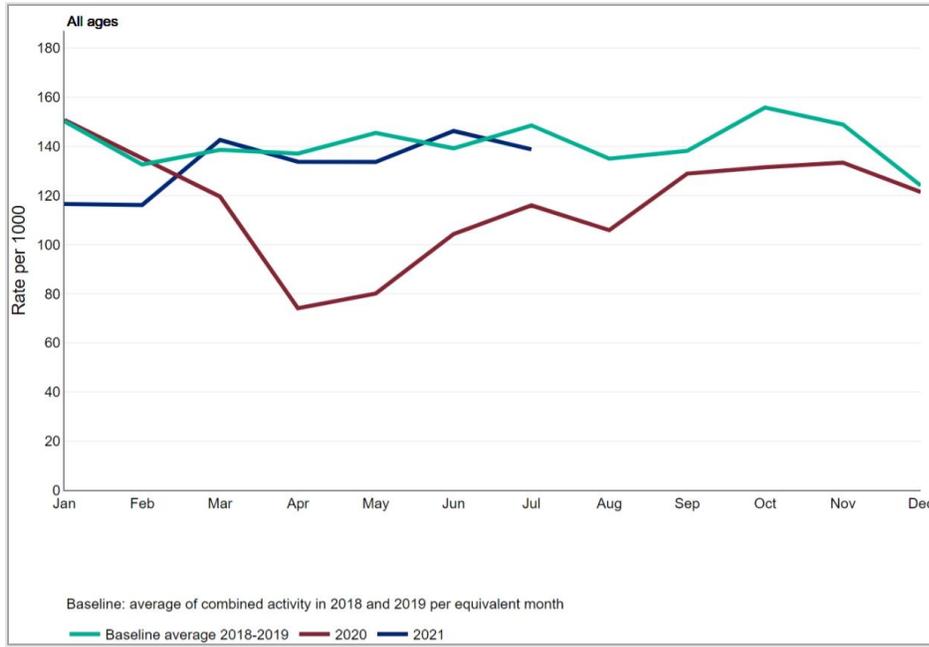
Figure 27: Quarterly trend in UHL outpatient attendances



(Source: NHS Digital/Hospital Episode Statistics)

For available national data, as with all hospital activity, out-patient attendances dropped steeply in 2020 but recovered more sharply at the start of 2021.

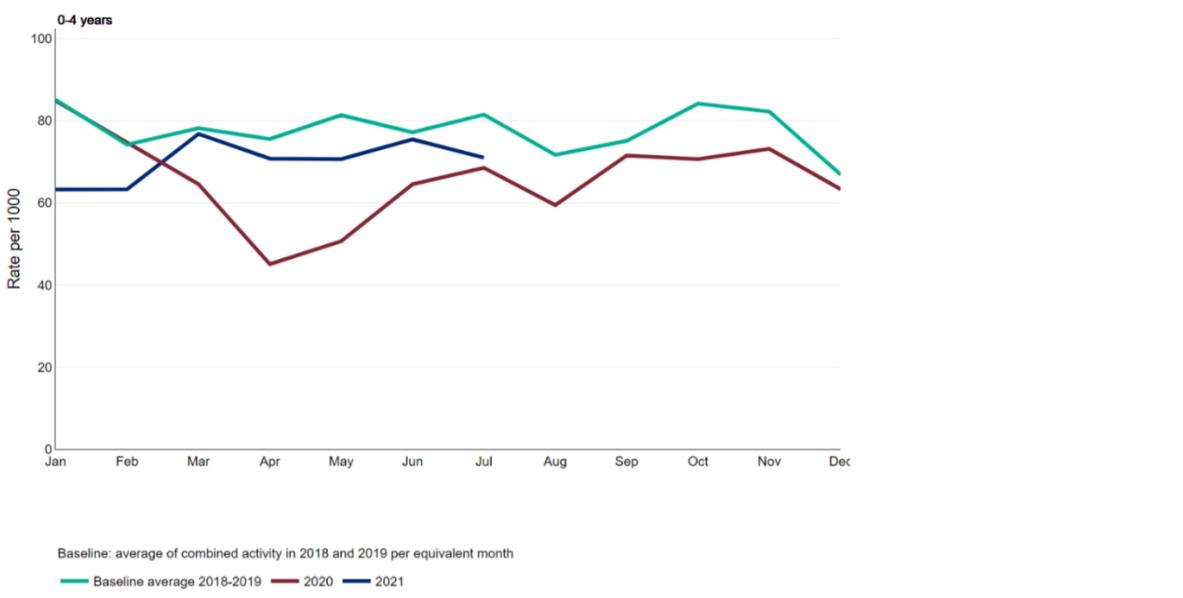
Figure 28: Monthly trend in hospital outpatient attendances compared to baseline - England



(Source: Hospital Episode Statistics (HES), accessed via OHID)

However for young children, aged 0-4, rates had not returned to pre-pandemic levels by the summer of 2021.

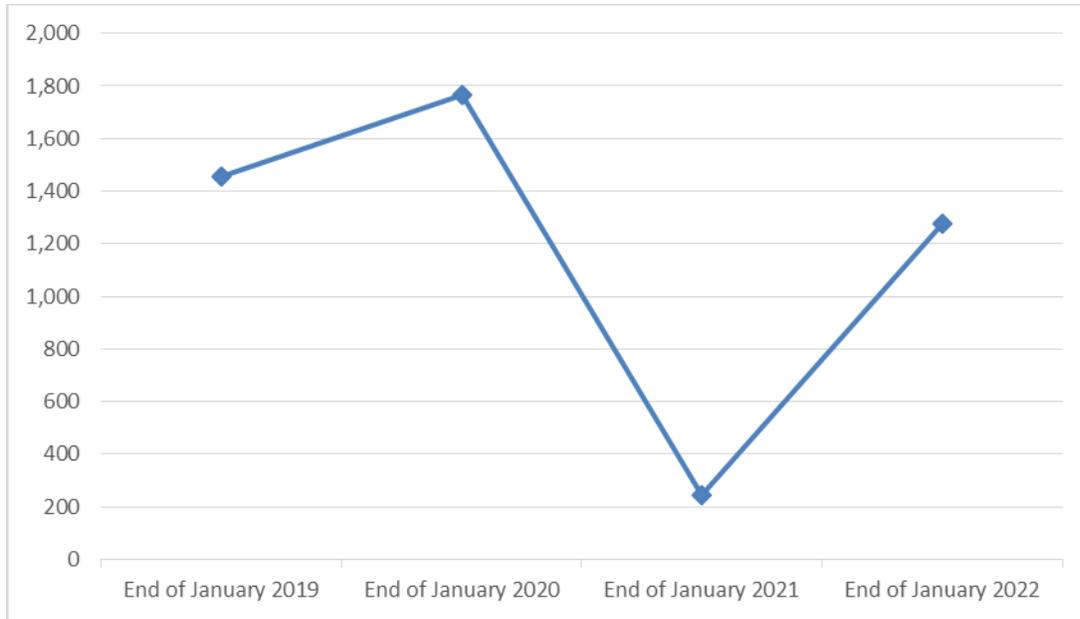
Figure 29: Monthly trend in hospital outpatient attendance compared to baseline - England (0-4-year-olds)



(Source: Hospital Episode Statistics (HES), accessed via OHID)

## Total Admissions

*Figure 30: Number of Patients Admitted for Treatment within LGT in January of each year - 2019-2022 (all conditions)*



(Source: NHS Digital)

Figure 30 (above) presents the data in a different way (and for the entire LGT Trust, rather than just UHL), comparing the number of people who were admitted into LGT in the same month (in this case January), over a four-year period. This highlights how much the high COVID-19 infection rate of December 2020 and January 2021 impacted health services locally, with the number of people starting treatment at 250, a fraction of what it was any other year presented.

## **Waiting lists data**

To understand how the pandemic may have impacted waiting times for different areas of health care, a number of sources of information have been analysed.

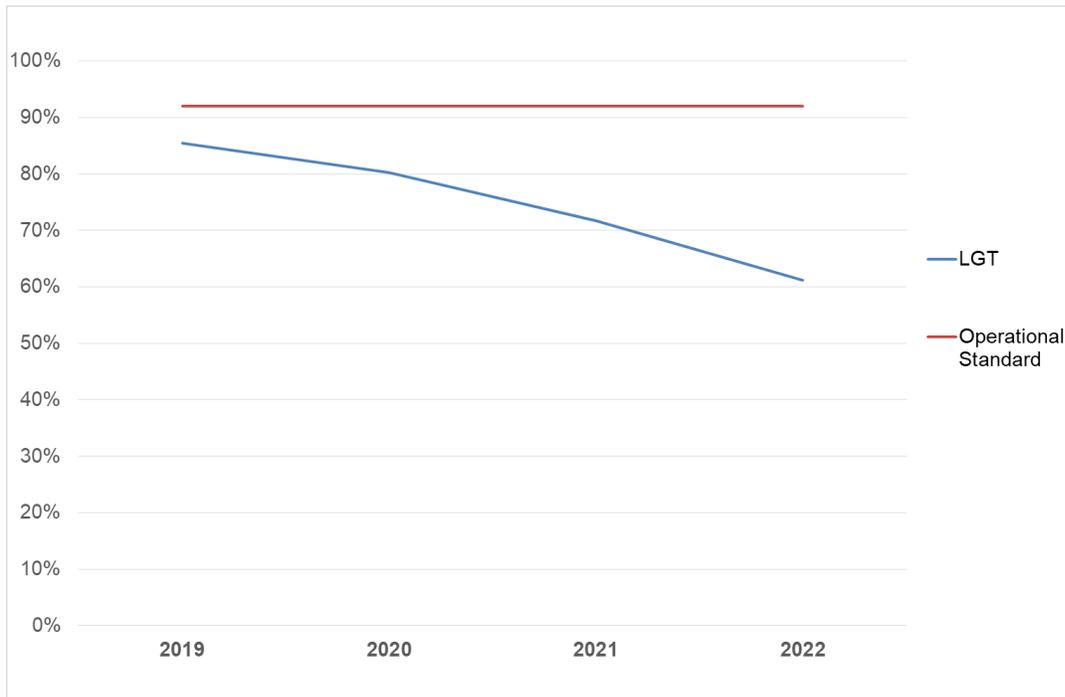
### *Referral to Treatment Waiting Times*

The maximum waiting time for non-urgent, consultant-led NHS treatments should be 18 weeks<sup>16</sup>. The NHS Digital produced 'Consultant led Referral to Treatment Waiting Times' report is published to monitor whether NHS Trusts meet this target. As such the report provides trust wide data for LGT, rather than figures for Lewisham residents or those registered with a Lewisham GP. However, we are able to look at the data over time and see what appears to be a cumulative impact on the 18 week waiting times. At the end of January 2022, 61.2% of patients were waiting (to start treatment) within 18 weeks<sup>17</sup>. As Figure 31 (below) highlights, there has been a continued decrease since the pandemic.

<sup>16</sup> [Guide to NHS waiting times in England - NHS \(www.nhs.uk\)](https://www.nhs.uk)

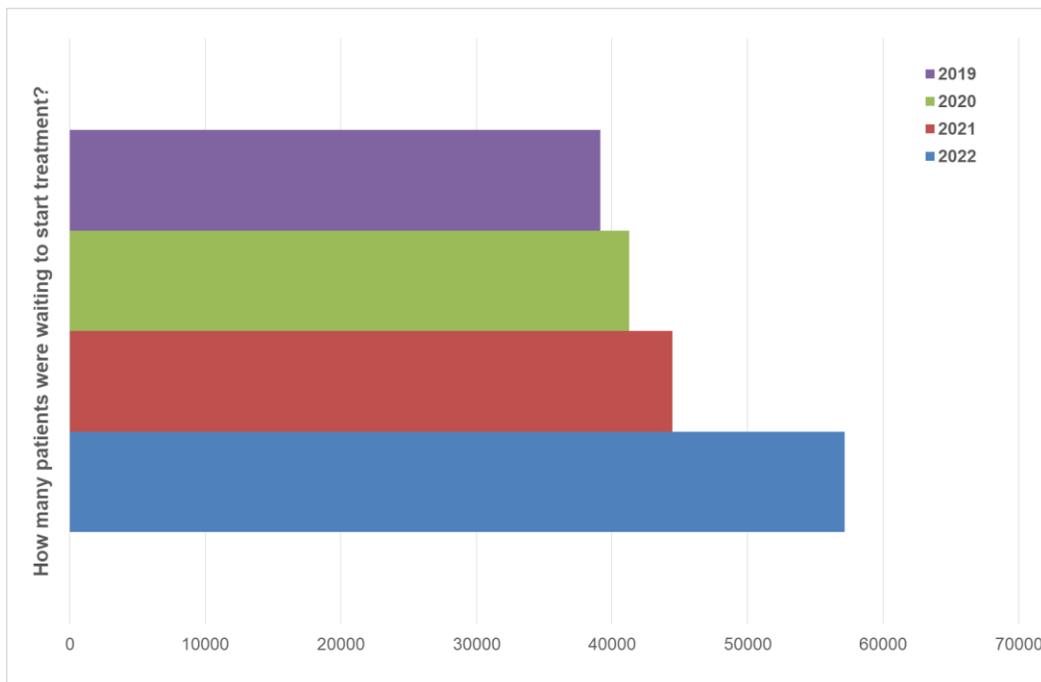
<sup>17</sup> The NHS operational standard is 92%

Figure 31: Proportion of Patients waiting to start treatment within 18 weeks in LGT in January of each year - 2019-2022 (all conditions)



(Source: NHS Digital)

Figure 32: Patients Waiting to Start Treatment in LGT in January of each year 2019-2022

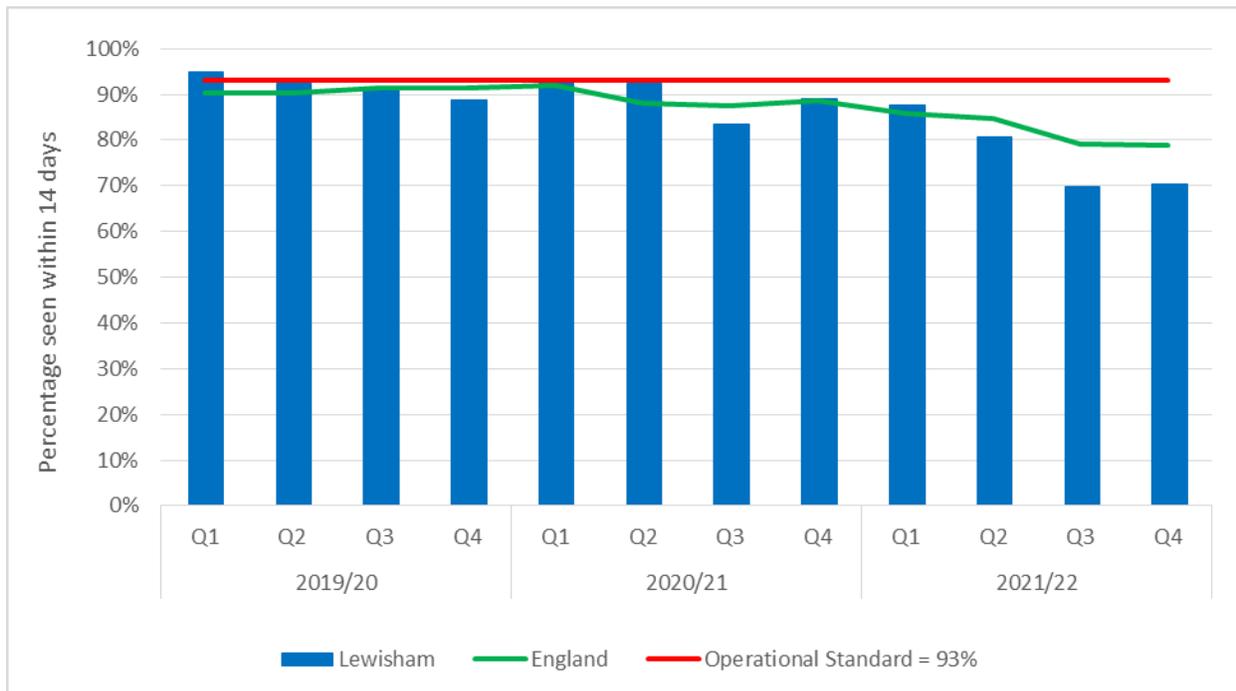


(Source: NHS Digital)

## Cancer Waiting Lists

Data around cancer waiting times is recorded separately to the data previously presented. Figure 33 below shows LGT's Two Week Wait from GP Urgent Cancer Referral to First Consultant Appointment, from 2019/20 to 2021/22. Since the beginning of the pandemic both the local and national figures have fallen notably below the Operational Standard, however Lewisham saw a particular drop in Q3 and Q4 of the 2021/22 financial year. However this drop for LGT was not also seen in other London Trusts (Guy's and St Thomas's, Kings and UCL all saw performance of over 80% in Q3 2021/22, with only Guy's and St Thomas' dropping to similar levels to LGT in Q4 2021/22).

Figure 33: Two Week Wait From GP Urgent Referral to First Consultant Appointment - All Cancers (LGT 2019-2022)



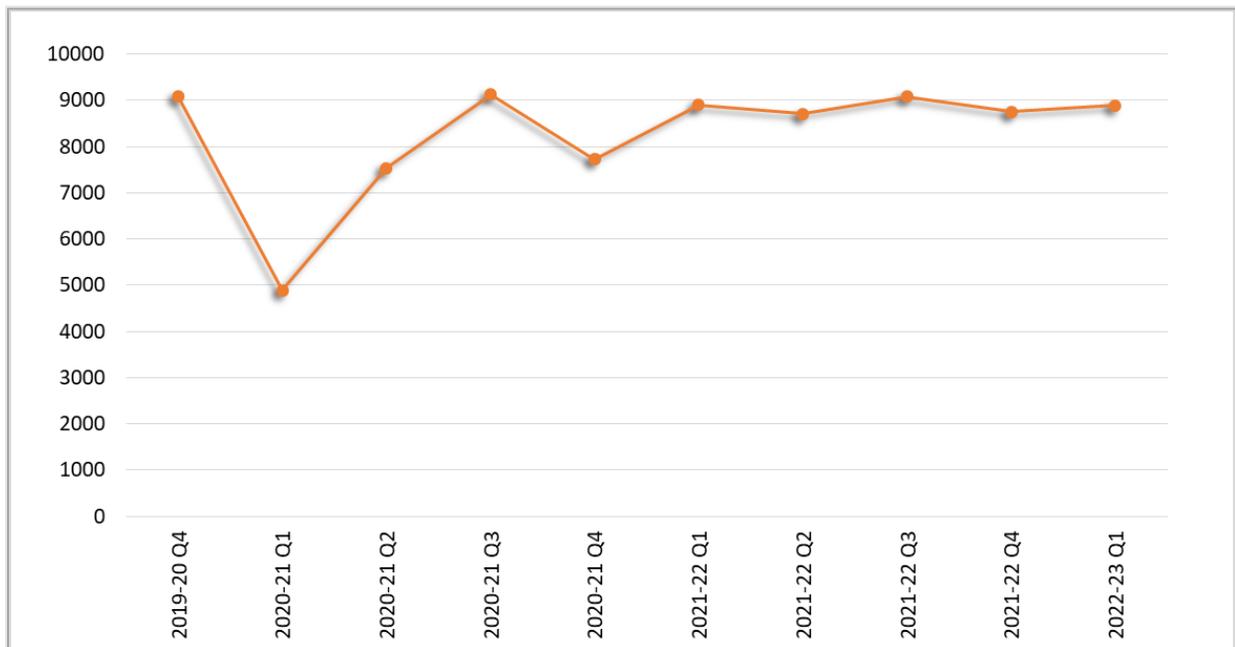
(Source: [NHS Digital](#))

The LGT Cancer Service commented that pressures, particularly for referrals of cancers where there were consistently very high volumes of Two Week Wait Referrals meant that meeting the overall target of 93% was very challenging. For example, for Breast cancer, in the 12 months to April 2022 there were on average over 500 people a month on the Two Week Wait Referral pathway. From Jan-March 2022, less than half of those referred were able to be seen within the two week timescale, hence skewing the overall average. Measures have now been taken to increase capacity, including contracting external services. When discussed whether the burden of COVID-19 was contributing to this, it was seen as a possibility, with the intense work pressures of the pandemic meaning that staff could not continue working additional shifts.

## Surgery

The Hospital Episode Statistics database allows us to see how many people admitted to hospital had a 'procedure' by financial quarter. This is being taken as a proxy measure to understand any delays to surgery due to the pandemic. Whilst there was a large drop in the number of procedures undertaken in Quarter 1 of 2020/21, which was the first full quarter of the pandemic, figures did increase in both Quarter 2 and 3, before dipping again in Quarter 4. Since Quarter 1 2021/22 there has been a slight decrease each quarter in the number of procedures completed. What has not been seen in this timeframe is additional procedures to compensate for those not performed at the start of the pandemic.

Figure 34: All admissions that involved a procedure, UHL - Quarterly Trend data



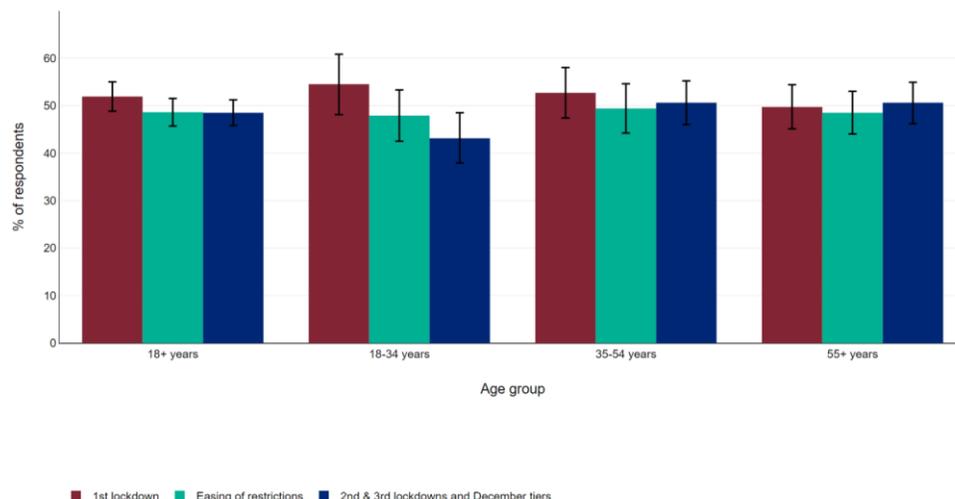
(Source: NHS Digital/Hospital Episode Statistics)

## Delays in Diagnosis

Throughout the COVID-19 pandemic there has been concern that people were not accessing healthcare for non-COVID-19 related health issues and the impact this may have long-term on health. One national source of information around this area, is a You Gov Survey, as presented by OHID<sup>18</sup>. It found that the proportion of respondents who have not sought advice for a worsening health condition was highest in the 1st lockdown, particularly for younger adults (Figure 35). Marginal differences were seen between males and females, however these were not statistically significant (Figure 36).

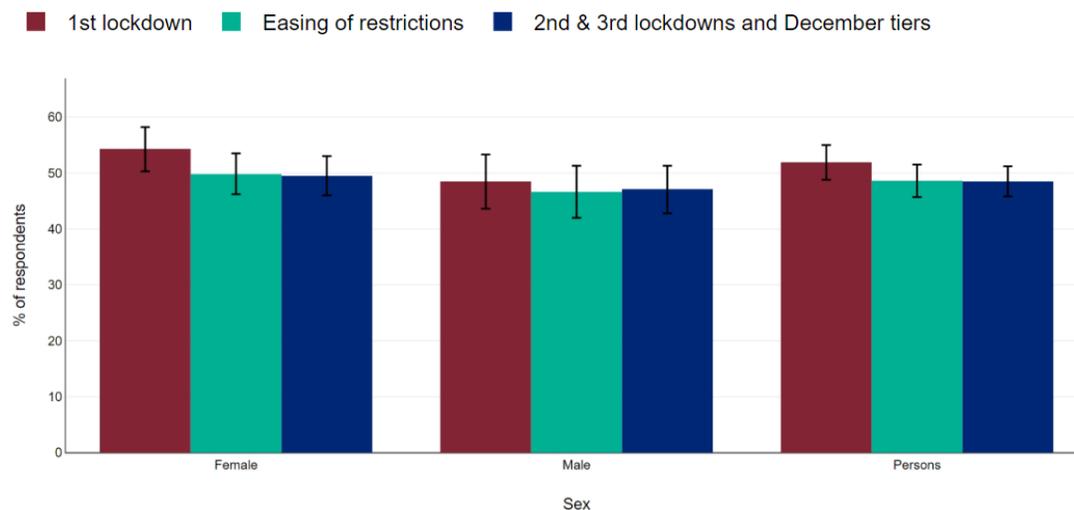
<sup>18</sup> It should be noted that due to the survey nature of this data, there are confidence intervals.

Figure 35: Proportion of respondents who have not sought advice for a worsening health condition in England by age group: survey data up to 26/01/2021



(Source: OHID, presenting YouGov survey results)

Figure 36: Proportion of respondents who have not sought advice for a worsening health condition in England by sex: survey data up to 26/01/2021



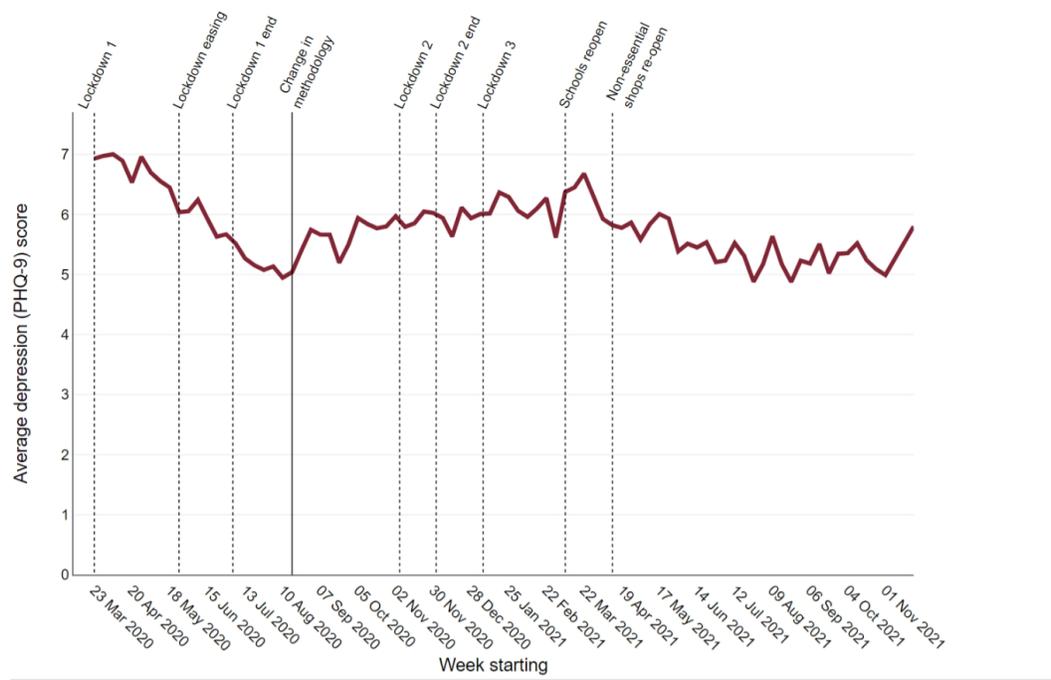
(Source: OHID, presenting YouGov survey results)

## Mental Health

Mental health is an aspect of health particularly impacted through lockdowns and restrictions that were in place throughout the pandemic. Local indicators for Lewisham do not yet cover the entire time period we wish to analysis, hence data presented on depression in the charts below is taken from the UCL COVID-19 Social Study and gives data for the UK. It looks at responses to the PHQ-9 (patient health questionnaire 9), a self-reported panel of 9 questions used for identifying, and measuring the severity of depression. It is widely used in health care and in population health research. An individual score of >5 is considered to be 'mild' depression, and >10 'moderate' depression. These graphs show average population scores taken from a large

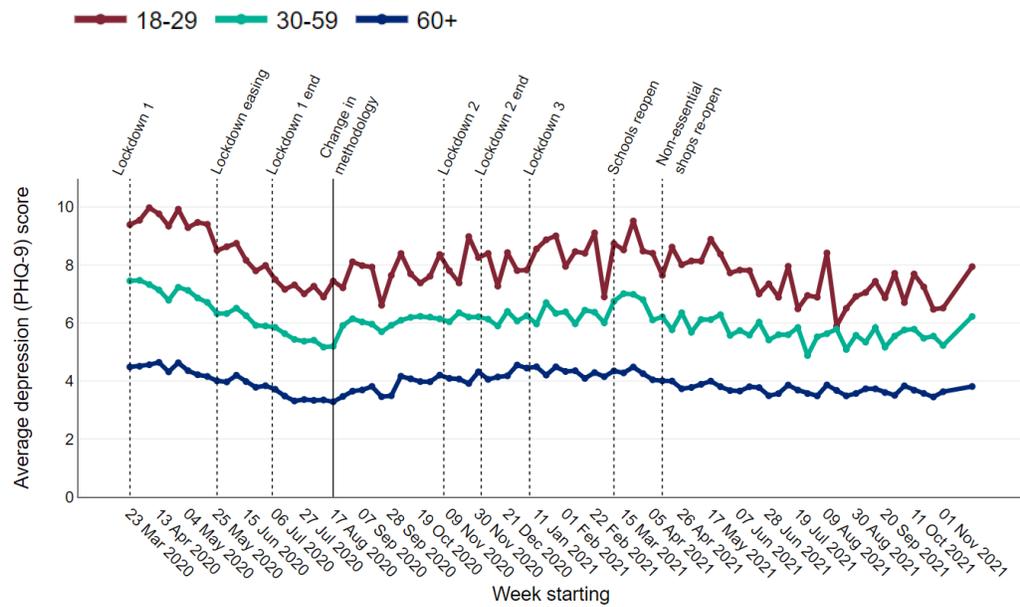
panel study, weighted to the national population. Figure 37 shows that average depression scores were highest at the start of the 1<sup>st</sup> lockdown but continued to fluctuate throughout the course of the pandemic. Noting that a score of above 5 is considered mild depression, this would indicate that the mental health of the majority of respondents was impacted.

Figure 37: Trend in average depression (PHQ-9) score for all respondents in United Kingdom



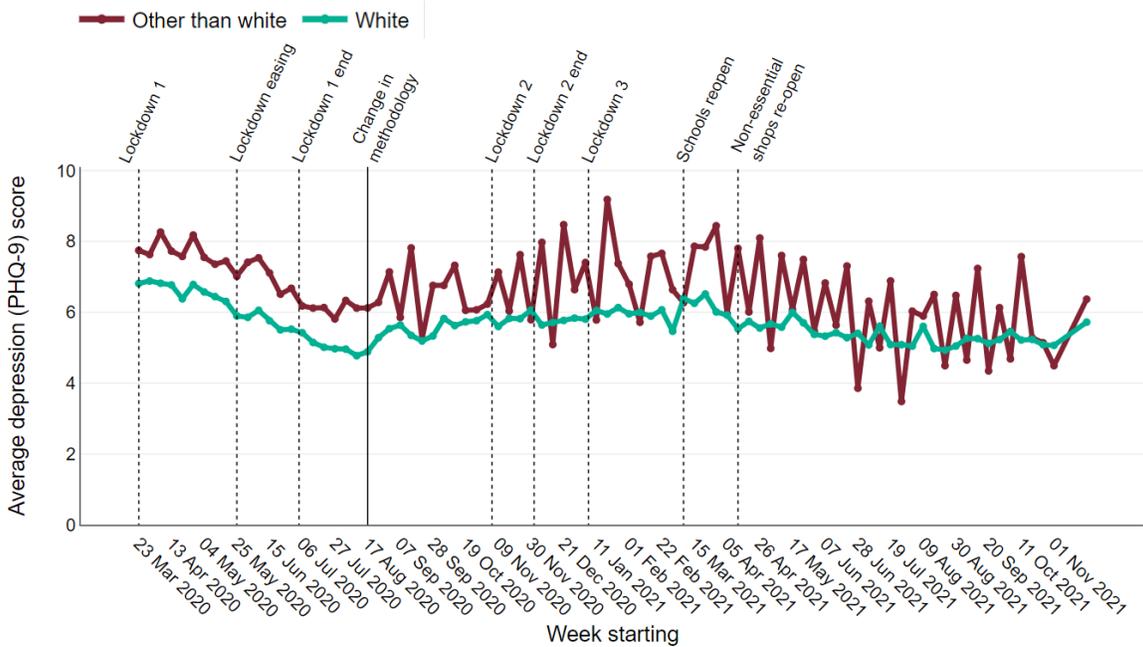
(Source: OHID)

Figure 38: Trend in average depression (PHQ-9) score in UK, by age group



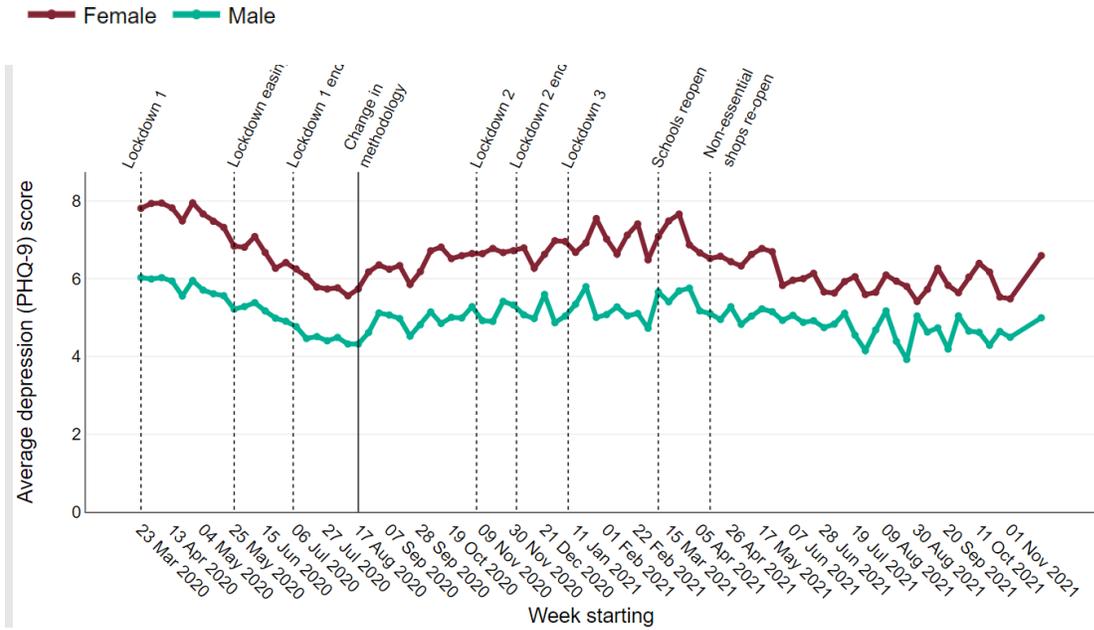
(Source: OHID)

Figure 39: Trend in average depression (PHQ-9) score in UK, by ethnicity



(Source: OHID)

Figure 40: Trend in average depression (PHQ-9) score in UK, by gender



(Source: OHID)

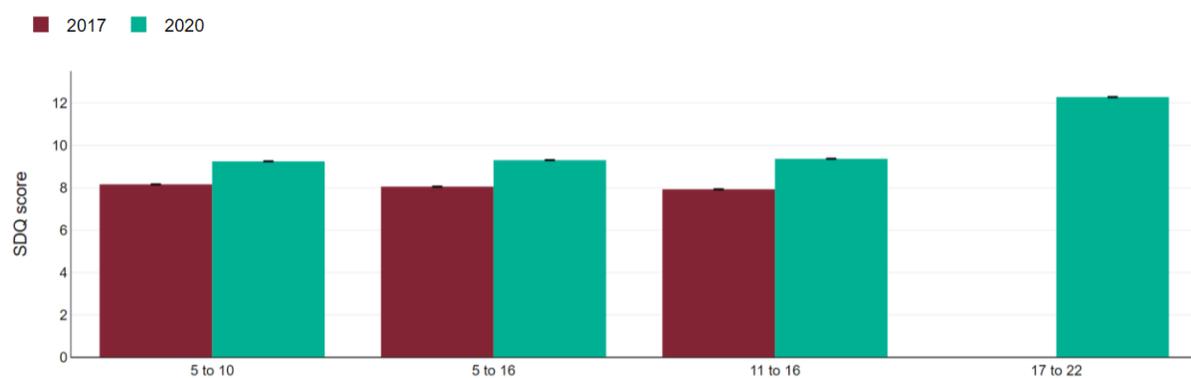
When we look at the same dataset by characteristic we can see that young adults had the highest reported scores (Figure 38), throughout the pandemic. Whilst those from an ethnic group other than White predominantly had higher scores than those from a White ethnic group, particularly within the first year of the pandemic (Figure 39). Females were consistently seen to have higher reported scores than males (Figure 40). Data from the same source on anxiety

showed the same patterns. Whilst this data presentation does not show pre-pandemic levels, it does highlight inequalities between genders, ethnicities and age groups in both depression and anxiety levels.

### Young People’s Mental Health

Figure 41 (below) presents data from the NHS Mental Health Survey for Children and Young People. This began in 2017, where over 3,500 children took part in a survey, with parents also contributing for younger age groups. This group was then followed up in 2020. Instead of the PHQ-9 measure used in Figures 37 - 40 above, this survey used ‘The Strengths and Difficulties Questionnaire’, which is a brief screening questionnaire used to detect child mental health difficulties<sup>19</sup>, lower scores indicate better mental health. Average scores increased significantly (indicating poorer mental health) for all age groups followed up. For the additional older age group added in 2020, scores were significantly higher than their younger peers.

*Figure 41: Trend in mental health and young people survey in England*



(Source: OHID)

### Waiting times for the Lewisham Child and Adolescent Mental Health Service (CAMHS)

Analysis conducted locally has found that the total number of referrals into Lewisham CAMHS in 2021/22 of 1,956 was a 40.42% (or 563 additional referrals) increase on the previous year (2020/21). This includes all referrals received by SLaM, Lewisham’s CAMHS provider including those subsequently rejected.

The acceptance rate of referrals was very similar in both 2021/22 (72.4%) and 2020/21 (68.9%), indicating that the additional referrals in the later year were broadly as appropriate as the previous year.

Whilst waiting times for those accepted for treatment remained steady over the first 3 quarters of 2021/22, they did begin to rise in quarter 4, with 90 children and young people waiting between 39 and 51 weeks and 7 waiting 52+ weeks as at the end March 2022. This compares to 26 and 2 respectively for the end of March 2021. The average number of weeks wait from referral to first contact stood at 11 weeks at the end of March 2022, compared to 16 weeks at the end of March 2021. However, the average number of weeks wait from the first to second contact has increased to 32 weeks as at the end of March 2022, from 21 weeks in March 2021.

<sup>19</sup> [GOSH](#)

The increase in referral rates and the proportion of referrals being accepted over the year, has resulted in larger caseloads. The increase in demand for services coupled with challenges around recruitment and retention of staff that is being felt nationally, is contributing to longer waiting times.

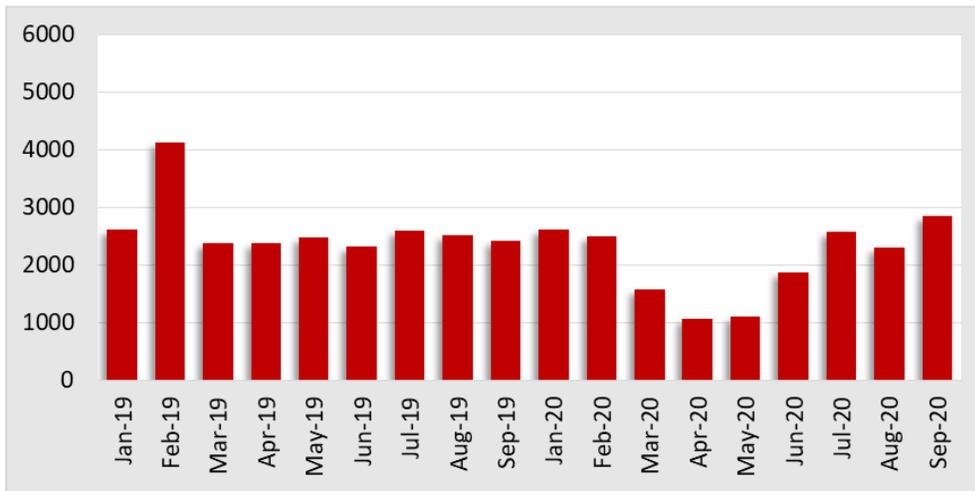
The service have taken a variety of steps to mitigate the additional stresses and caseload, including recruitment, use of locums and Saturday clinics.

### Sexual Health

Due to data availability this section focuses on the first six months of the pandemic.

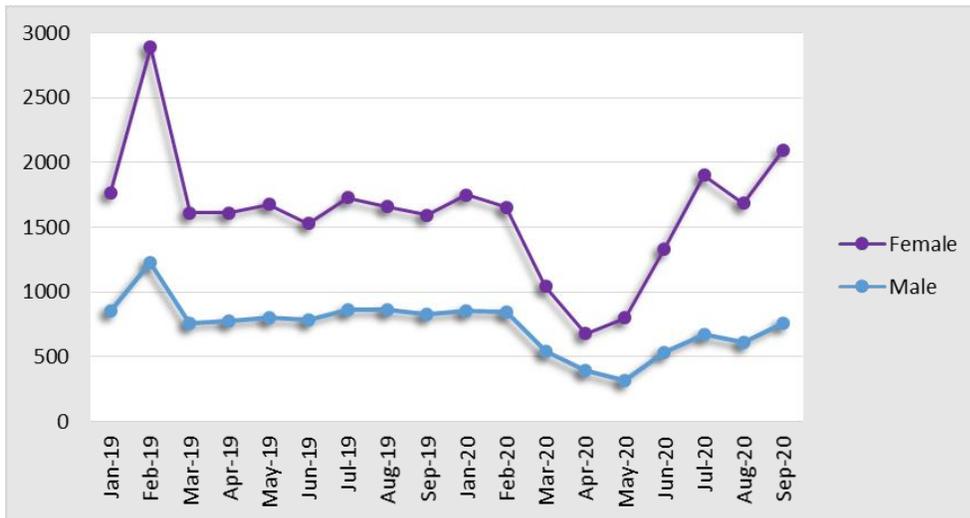
Reductions in the use of Sexual and Reproductive Health services were observed in the period of the 1st national lockdown. By July 2020, activity had largely resumed to pre-COVID levels and by September 2020 activity exceeded that of September 2019.

Figure 42: Number of Sexual Health Service Users in Lewisham



(Source: ISHT backing data)

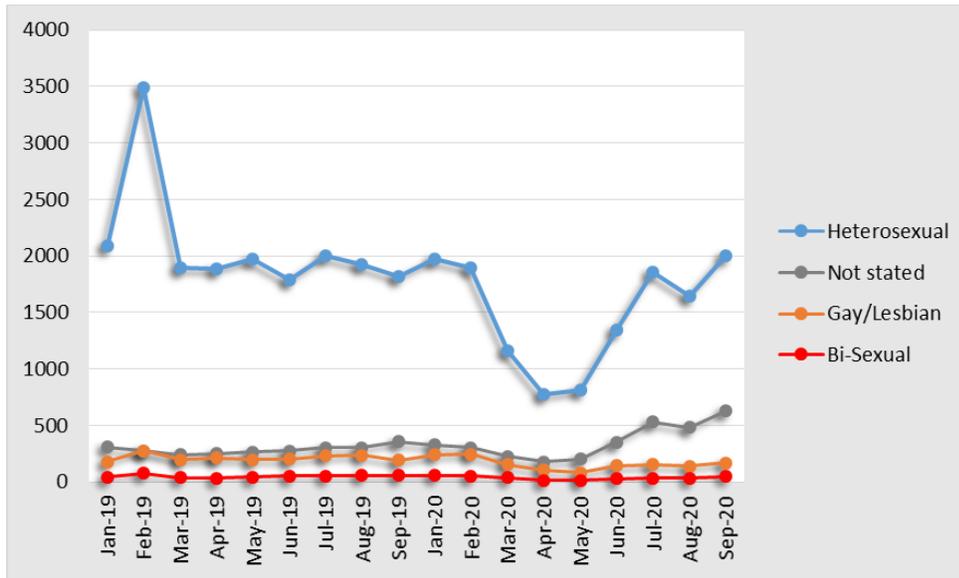
Figure 43: Sexual Health Service users by gender



(Source: ISHT backing data)

As per historical patterns of use of Sexual and Reproductive Health services, female use exceeded that of males during the period of the 1<sup>st</sup> lockdown and subsequent months. Service activity recovered faster in females and has generally exceeded pre-COVID levels. Male service activity remains lower than pre-COVID levels. This may reflect demand for contraception which is not being met by other services, such as the E-service or GPs.

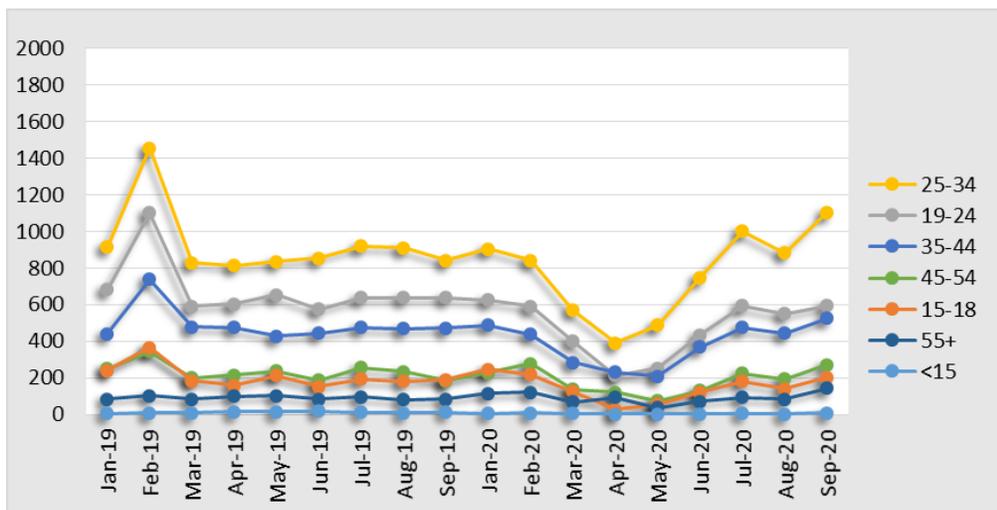
Figure 44: Sexual Health Service users by sexual orientation



(Source: ISHT backing data)

The most frequently stated sexual orientation among service users is heterosexual, with not stated being the second most frequently applied category pre-and post-lockdown. Service use by all groups reduced in March and April 2020 before resuming. Activity for all groups had largely resumed to pre-pandemic levels by September 2020. There has been an increase in 'not stated' category that is not balanced by a drop in other categories.

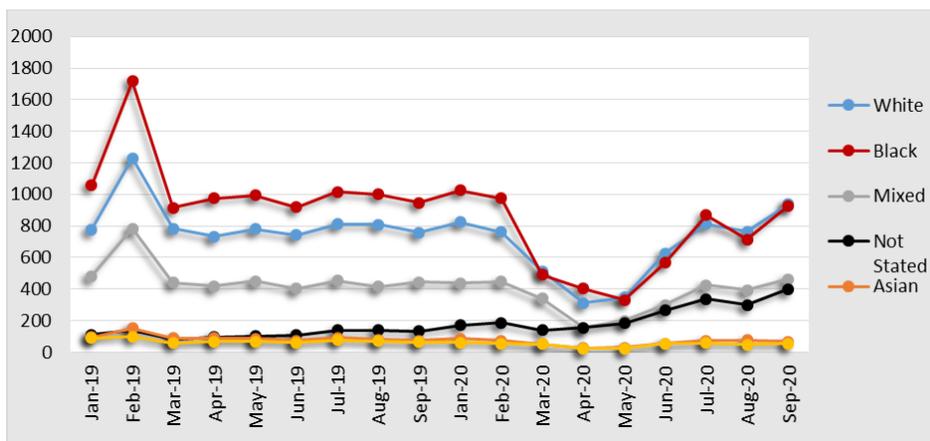
Figure 45: Sexual Health Service users by age band



(Source: ISHT backing data)

As Figure 45 (above) highlights, residents 25-34 years of age remained the highest users of Sexual Health services during lockdown. All age group's service use followed a similar pattern, with a sharp drop-in service activity in March and April, which began to recover in May. By September 2020 service use by residents aged 25-34 years of age generally exceeded pre-lockdown activity levels.

Figure 46: Sexual Health Service users by ethnicity

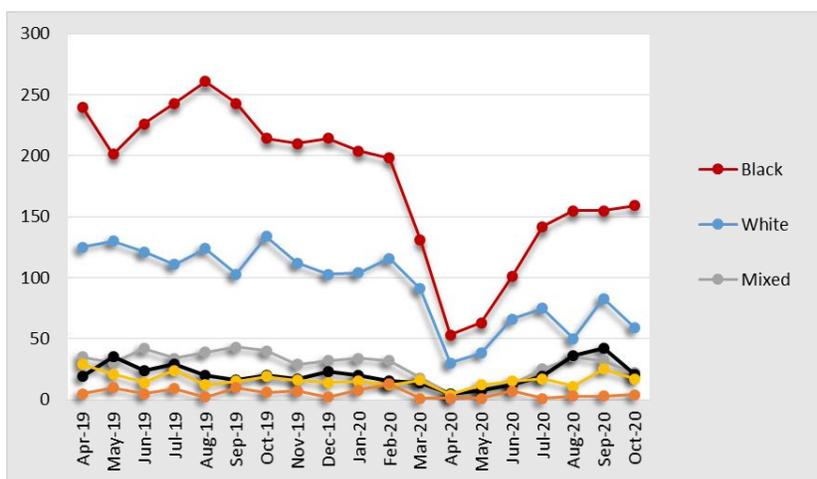


(Source: ISHT backing data)

For Figure 46 (above), ethnicity categories have been combined to enable clearer presentation of data. For reference Black people recorded as being of African or Caribbean ethnicity are similar in number within this dataset. In Lewisham, people of Black ethnicity were the highest users of sexual and reproductive health services in 2019. By September 2020, service use by people of Black ethnicity has resumed more slowly and unlike use by other groups was yet to return to pre-lockdown levels.

A noticeable increase in 'ethnicity not stated' was observed between May and September 2020. It is not known if this is universal, or if particular group(s) are disinclined to report their ethnicity or if healthcare professionals' inclination to ask someone their ethnicity or to record a presumed ethnicity varies between ethnic groups.

Figure 47: Emergency Hormonal Contraception provision by ethnicity



(Source: Local database)

People of Black ethnicity were the highest users of Emergency Hormonal Contraception (EHC) before the pandemic and during the first six months of COVID-19. People of Black ethnicity's use has resumed more quickly than that of people of other ethnicities. This suggests a particular unmet contraceptive need for people of Black ethnicity, echoing the findings of the 2019 Lambeth, Southwark and Lewisham contraceptive needs assessment. EHC is ordinarily available in pharmacy, GP and Specialist Sexual Health Services. During the pandemic telephone triage and consultation was introduced in all types of setting, with in-person pick up of medication. Whilst EHC activity reduced substantially in all settings, in the first wave of the pandemic, pharmacy accounts for the largest share of activity and saw the greatest reduction. This was considered to be due to the following:

- Changes in sexual behaviour
- Perceived reductions in pharmacy availability
- Changes in pharmacy access, e.g. queuing outside.

Subsequently EHC activity in pharmacy recovered more slowly than activity in GP (overall contraception activity in GP was approaching 2019 levels by September 2020).

### Preventative Services

The [NHS Health Check](#) is a service for adults aged 40 to 74. It is designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia. The check is not offered to people who have already been diagnosed with the listed conditions or certain others including high blood pressure. If eligible, a person should be invited for a health check every five years.

Since 2018, the NHS Health Check programme has been commissioned through the local GP Federation One Health Lewisham. Figure 48 (below) illustrates the number of NHS Health Checks that were received in Lewisham by quarter. (Typically, any analysis of NHS Health Check data would also consider the number of appointments that were offered and calculate the % uptake but due to changes in the service and health checks only being conducted opportunistically at certain points of the pandemic, these figures are not included).

Figure 48: Number of NHS Health Checks Received by Quarter - Lewisham



(Source: NHS Health Check Database/OHL)

From September 2019, delivery of the statutory NHS Health Checks programme in Lewisham has been overseen by One Health Lewisham (OHL), the local GP federation. Pre-pandemic, between 1,000 and 1,500 NHS Health Checks were received each quarter in Lewisham. In the first full quarter of the pandemic (2020/21), NHS Health Checks were paused, with a small number being conducted opportunistically in Quarter 2 2020/21. Since then, figures have improved and since Quarter 3 2021/22 have been higher than before COVID-19. However, without the full context of how many appointments have been offered, to understand what % of the eligible population are being offered this preventative service it is difficult to establish whether this is an area for concern and whether there is unmet need in terms of the cardiovascular health issues that the programme is designed to identify. Given the short timeframe of OHL overseeing the programme before the start of the pandemic it is not possible to assess if and how uptake has changed with a new provider.

### Immunisations uptake

Immunisation is a proven tool for controlling and eliminating life-threatening infectious diseases. Lewisham has historically not achieved most of its immunisation targets. Therefore, it is crucial to understand if and how immunisation has been impacted throughout the pandemic. Uptake of the key vaccine MMR2 by the age of 5, decreased throughout the course of the pandemic. Uptake increased in Quarter 2, 2021/22, however it still falls below the England average and below herd immunity level (Figure 49 below). A similar pattern is seen for core vaccines for children by 1 year of age (Figure 50 below), however uptake dipped below the London average in Quarter 3 2021/22.

*Figure 49: % uptake of the Measles, Mumps and Rubella (MMR2) vaccine at 5 years*

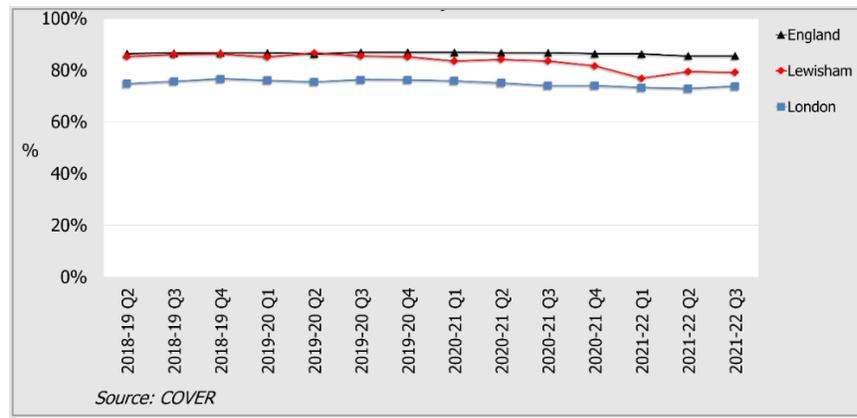
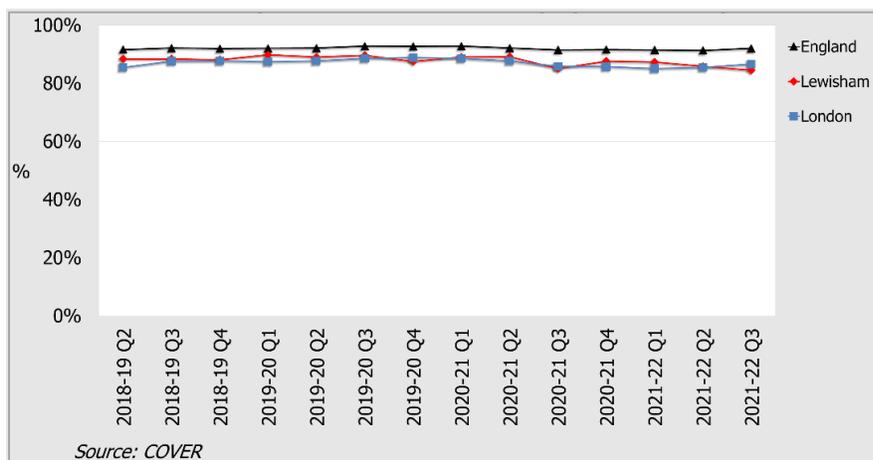


Figure 50: % uptake of the core vaccines by 1 year of age

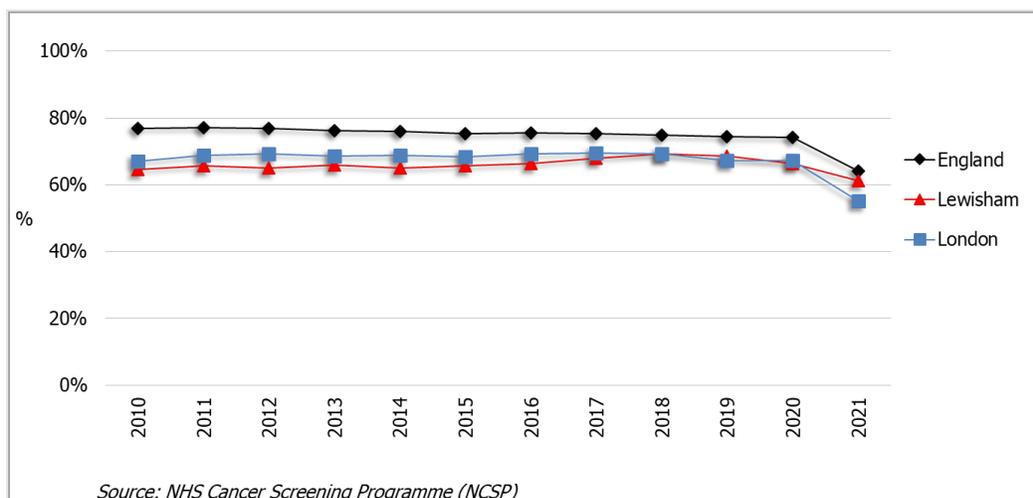


### Cancer screening

Cancer screening supports early detection of cancer and is estimated to save thousands of lives in England each year. Improvements in screening uptake and coverage mean more cancers are detected earlier, at more treatable stages. Hence it is important to understand any changes in screening levels through the pandemic.

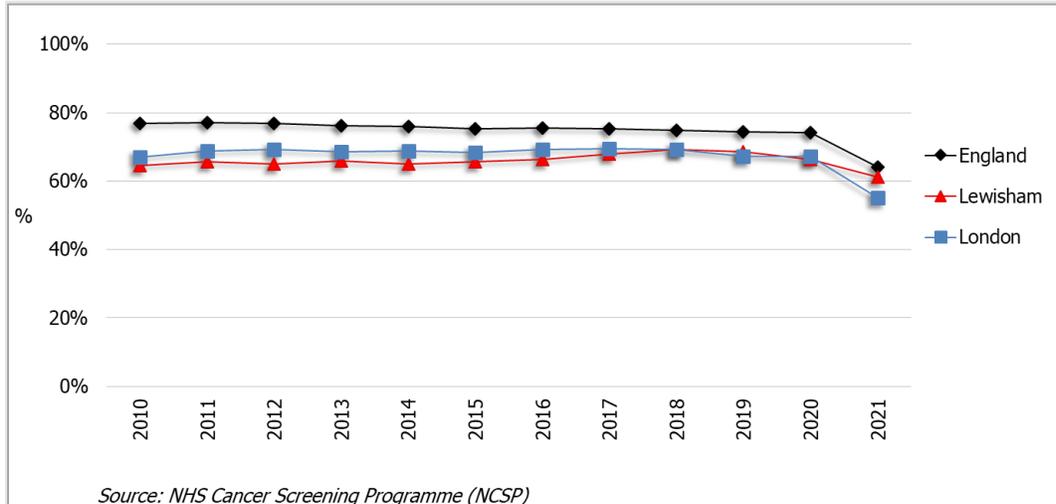
Whilst Lewisham’s under 75 cancer mortality rate is now in line with England, it does remain above the London average. Prior to the pandemic, cancer screening coverage in Lewisham was significantly lower than the England average for breast, bowel and cervical cancers. Figure 51 (below) shows that although there was a notable decrease in breast cancer screening uptake in Lewisham, it was not as steep as the London decrease (Lewisham’s coverage was in fact better than London in 2021). The England average also saw a steeper decrease in coverage, however remained higher than the Lewisham figure.

Figure 51: Breast cancer screening: trends in coverage of women aged 53-70 years screened in the last 3 year period



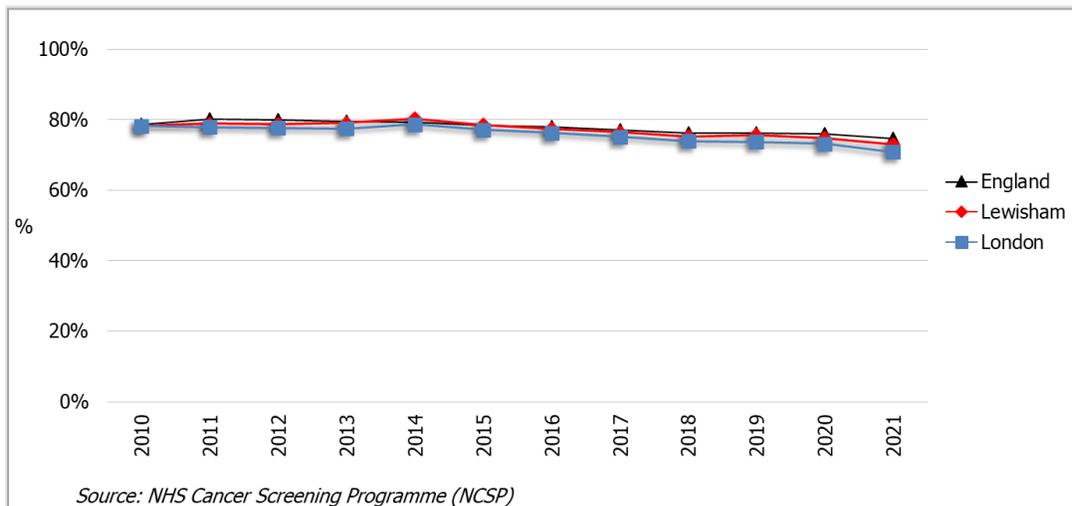
A similar pattern is shown for cervical cancer screening (Figure 52 below). Coverage in Lewisham dropped less in Lewisham than across London, however remains below the national average.

Figure 52: Cervical cancer screening: annual trends in coverage of women aged 25-49 years screened adequately in the last 3.5 years



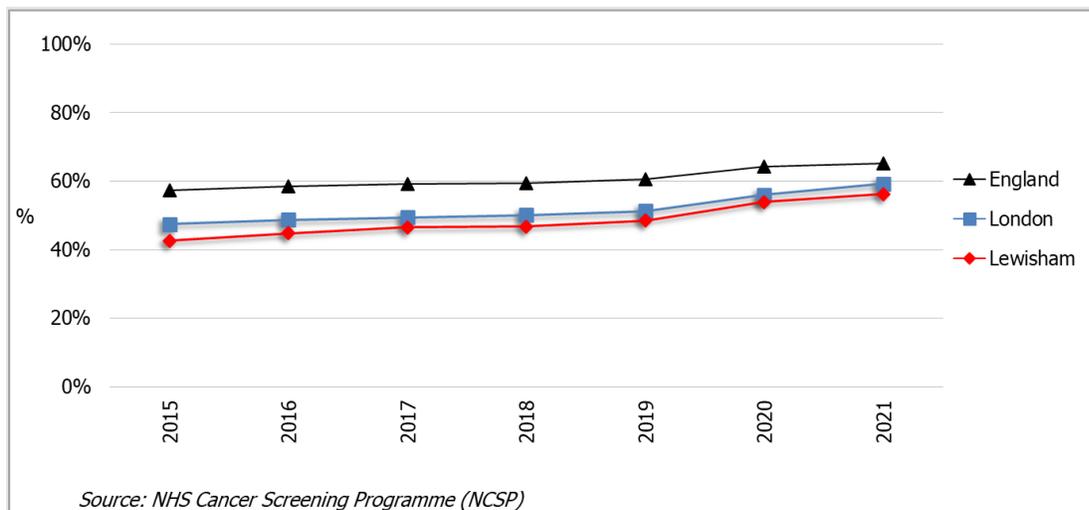
For cervical cancer screening in women aged 50-64 the decrease was much smaller, however this can partly be explained in the lesser frequency of screening requirement, 5.5 years, compared to 3.5 years for younger women (Figure 53 below).

Figure 53: Cervical cancer screening: annual trends in coverage of women aged 50-64 years screened adequately in the last 5.5 years. Annual trends



As illustrated by Figure 54 (below), bowel cancer screening has increased in Lewisham, London and England in 2021. Whilst Lewisham remains statistically lower than the England average the gap has closed from 12% lower in 2019 to 9% lower in 2021.

*Figure 54: Bowel cancer screening uptake (2.5 year coverage) in persons aged 60-74. Annual trends*



## Immunisation and Screening Summary

With the exception of bowel cancer screening, uptake of screening, immunisations and NHS Health Checks declined during the pandemic. For all indicators where benchmarking is available Lewisham's performance was below the England level. Emphasising as seen elsewhere that health inequalities seen before the pandemic have persisted and in some cases intensified as uptake has not yet returned to pre-pandemic levels.

## Other Services

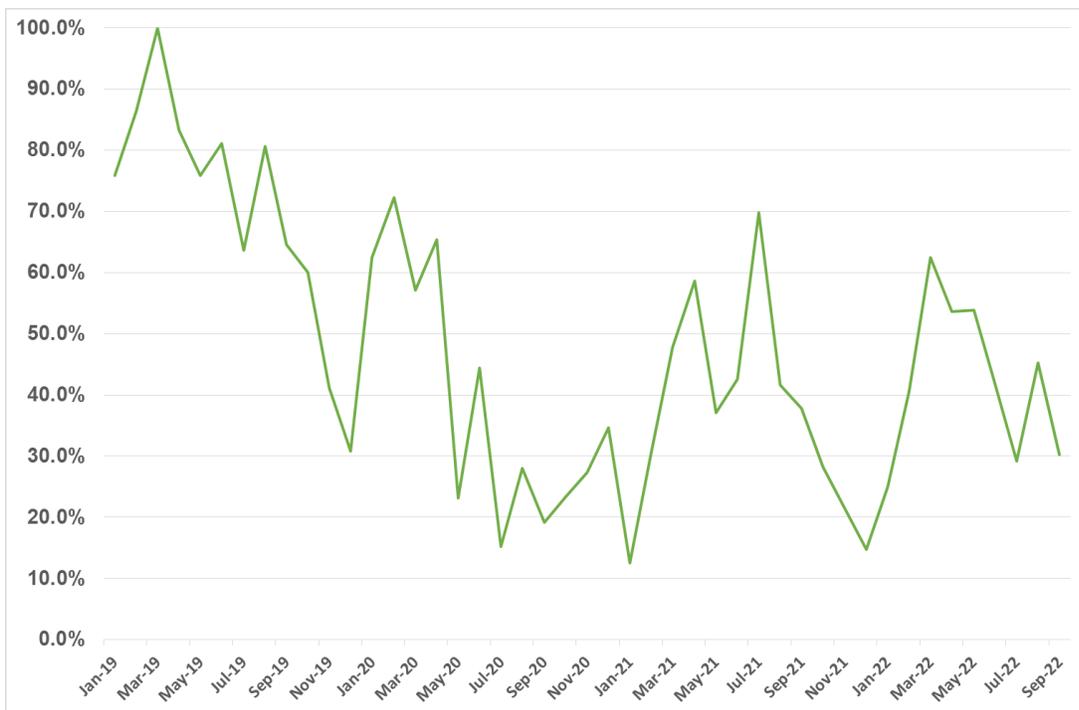
### Delays in processing and implementation of Education, Health and Care Plans for children with support needs

An education, health and care (EHC) plan is for children and young people aged up to 25 who need additional support as they have been assessed to have additional needs. The usual timeline for the assessment to decide whether a plan will be put in place is 20 weeks. During the pandemic there were a number of issues which increased the length of time for plans being issued. These issues, as well as issues that the Special Education Needs Service faced overall are detailed below:

- Staffing capacity across education, social care and health. Either due to illness or being redirected to work specifically within the COVID-19 response team. This delayed the completion of EHC plans.
- Staffing capacity was further impacted as officers moved away from London during the pandemic and there were difficulties attracting/maintaining staff. This also created additional expense with the reliance on agency staff (whom were also in short supply). The number of staff available to work in the different areas of the EHC process remains a HUGE challenge across education, health and social care.

- Due to lockdowns children and young people have not been physically seen and had thorough assessments during the pandemic and the information gathered is usually from the parental perspective, which does not provide a rounded EHC plan for a young person, it also does not provide a wealth of information.
- Although a large number of children were not at school, demand for EHC plans remained constant during the pandemic as Special Educational Needs Coordinators (SENCOs) had more time to complete the request and/or parents realised the gaps while home educating their child.
- Students not receiving the provision that is stated within the young person's EHC plan, this was not the case from all services as some teams thought creatively about what and how strategies could be provided, this resulted in complaints from parents.
- Statutory transitions were a challenge as children had not had the same preparation for the next phases in their learning, an increase in behaviour's that challenge and pupils demonstrating that they are not ready for the next phase of school.
- Now the demand for EHC plans has increased whilst schools are continuing to go back to normal, due to the gaps in learning, impact on mental health, students out of practice of learning and different routines and boundaries.

Figure 55: Percentage of EHC Plans issued under 20 weeks (excluding exceptions)<sup>20</sup>



(Source: Lewisham Council)

As shown in Figure 55 above, although there was variation in the percentage of EHC Plans issued under 20 weeks month on month in the year before the start of the COVID-19 pandemic, there was an overall downward trend since. Between April 2020 and December 2020, less than half of EHC plans were issued within 20 weeks. Figures were also very low at the end of 2021.

<sup>20</sup> Exceptions include parent not attending agreed meeting etc.

# Health Inequalities Section

## Defining Health Inequalities

Health inequalities are avoidable and unjustified differences in health and wellbeing of groups of individuals, so are not inevitable or immutable.<sup>21</sup> The greatest drivers of overall health (both positive and negative) and health inequalities are not related to the health service but are driven by social and economic factors. This section discusses the interaction between health inequalities and COVID-19.

The GLA have described how the pandemic has widened existing inequalities, citing where there was already a large overlap between those who already experienced health and social inequality who have been disproportionately affected both directly and indirectly by the pandemic<sup>22</sup>. The pandemic has also created and exposed newly vulnerable groups by highlighting their vulnerability or exposing people who were previously economically secure to threats of economic insecurity, with knock on health impacts. The reasons why particular groups have been more vulnerable to COVID largely relate to the socio economic and structural inequalities they experience. Even where it is a particular health condition or comorbidity that increases vulnerability to COVID e.g. diabetes, many of these are also patterned by socio economic factors and/or are preventable (key risk factors include poor diet, physical inactivity, smoking, alcohol and drug use, poor sexual health, poor air quality).

Also relevant to the COVID-19 pandemic and health inequalities is the concept of Intersectionality. This is the complex, cumulative way in which the effects of multiple forms of discrimination (such as racism, sexism, and classism) combine, overlap, or intersect especially in the experiences of marginalized individuals or groups<sup>23</sup>. It is deemed important in the context of the pandemic as some population groups have multiple vulnerabilities which increase their risk of being seriously affected by COVID e.g. people from Black, Asian and Minority Ethnic Groups have higher prevalence of some comorbidities e.g. diabetes; are more likely to live in overcrowded and/or intergenerational households; have poorer socio- economic circumstances and work in high risk professions these put them at high risk of both the direct and indirect impacts from the pandemic. Some of these factors increased the risk of catching COVID-19, whilst others mean the consequences of becoming COVID-19 positive were more severe.

The following sections outline the impact of COVID-19 on the population by a number of protected and other characteristics:

### *Age*

Local analysis has shown that COVID-19 has widened age inequality, disproportionality affecting those of older age groups – both directly and indirectly, with the highest number of deaths from COVID-19 being in over 80s, as well as a significantly higher rate of non-COVID related deaths in this population compared to previous years. There are a number of reasons that could contribute to this including difficulty or fear of accessing healthcare services during the pandemic.

---

<sup>21</sup> Lewisham Health Inequalities Toolkit - Feb 2022

<sup>22</sup> GLA Vulnerable Report (see introduction for full reference)

<sup>23</sup> <https://www.merriam-webster.com/dictionary/intersectionality>

However, the wider impact of COVID-19, including lockdowns will have disproportionately impacted other age groups in a number of ways. One strong example is sexual health services, which are more frequently used by young people. Lockdowns significantly impacted on young women's ability to access contraception, particularly those with vulnerabilities such as language barriers, mental health concerns or learning disabilities, which may have disproportionately affected their ability to obtain contraception, as they may not have been able to access their usual professional care support.<sup>24</sup>

Closure of smaller clinics and poor transport connections may have affected young people accessing services, if they were reliant on public transport. Young people may have returned to their family homes during lockdown and may not have wished to access postal STI tests due to lack of privacy.

### *Geography*

Nationally published data shows that regional inequalities in COVID-19 mortality are greater than those seen previously for all-cause mortality. London had the highest COVID-19 mortality rates, but the lowest baseline all-cause mortality rates. People living in urban areas had increased odds of contracting COVID-19, likely due to reduced ability to maintain adequate social distancing. Population density, deprivation and other factors associated with urban areas such as an ethnically diverse population may also be associated with higher mortality from COVID-19.

ONS published data stated that death rates in London were 3-times higher than in the region with the lowest rates during the pandemic. This level of inequality between regions is much greater than the inequality between all-cause mortality rates prior to the pandemic.

### *Ethnicity*

As shown above, nationally published data has highlighted that death rates from COVID-19 were higher in Black, Asian and Minority ethnic groups, with black ethnic groups at the highest risk of death. Furthermore pregnant women from Black, Asian and Minority ethnic groups had an increased risk of needing hospital admission or dying due to COVID-19. Black, Asian and Minority ethnic group populations were also more likely to live in poverty including child poverty, more likely to become unemployed, and had an increased risk of abuse and neglect during the pandemic compared to other ethnicities.

Areas of health inequalities:

### *Unemployment*

The impact of the COVID-19 pandemic has widened existing health inequalities, affecting those on lower incomes disproportionately. They have been more likely to be made redundant, lose income, more likely to catch and die from COVID-19 and less able to support their children's home schooling.

Between October and December 2020 young black people were three times more likely to be unemployed compared to young white people<sup>25</sup>. Over a third of low income families with

---

<sup>24</sup> [The Faculty of Sexual and Reproductive Healthcare](#)

<sup>25</sup> [ONS](#)

children increased their spending during 2020, while 40% of high income families without children reduced theirs<sup>26</sup>.

#### *Children and Education*

Children were the least likely to become seriously unwell with COVID-19, and there were fewer deaths in under 15s between March and May 2020 compared to previous periods of the same length<sup>27</sup> – this is likely due to lockdown and social distancing reducing the risk of accidents, usually the leading cause of death in this age group.

However, school closures and isolation have had a huge impact on children’s education, health and well-being. Children from disadvantaged backgrounds were disproportionately affected due to having more limited access to learning resources, online education, space and private tutoring<sup>28</sup>.

Parents and caregivers of young children also reported being more anxious, stressed and depressed, particularly those who faced financial difficulties, which may have had an impact on their ability to provide home schooling. Increased financial hardship can impact mental and emotional wellbeing, and deterioration in these can increase child maltreatment, domestic abuse and neglect. The risk of this was heightened due to reduced health visiting services and limited face to face contact.

These factors have led to negative impacts on children’s physical, social and emotional development, affecting their future progress and widening the existing socio-economic gap.

#### *Nutrition*

Low-income families are most likely to have poor diets and experience worse health outcomes. The pandemic has exacerbated this further due to increased unemployment, reduced household income, increased food prices and school closures. Families with children have been significantly affected by the pandemic with 38% of households needing support from a food bank during April 2020, 89% more than in the previous year<sup>29</sup>.

#### *Physical activity*

Children and Young people had a decreased level of activity during the pandemic, which disproportionately affected boys aged 9-11 and black, asian and minority ethnic groups. More deprived families are more likely to rely on school playgrounds and facilities for exercise and less likely to have access to resources, space and equipment to support physical and mental wellbeing.<sup>30</sup>

---

<sup>26</sup> [BMJ](#)

<sup>27</sup> [ONS](#)

<sup>28</sup> [Darmody et al.](#)

<sup>29</sup> [Trussell Trust](#)

<sup>30</sup> [Sport England](#)

## Local Views

This section of the JSNA has taken work from the Voices of Lewisham publication that was conducted by Lewisham Council. 'Voices of Lewisham' is an engagement platform for residents and stakeholders in the borough to share their experiences of living through the COVID-19 pandemic. The platform was created to:

- Capture and profile insights and lived experiences of residents and stakeholders (since lockdown) that are now part of the borough's story;
- Reflect on the journey that we have all been on and consider what type of place Lewisham should become in the future;
- Inform and influence what happens next as a community, building on a new understanding of what is possible when we work together;
- Capitalise on the community spirit, innovation and collaboration that has formed through the pandemic;
- Bring together disparate strands of existing insight from vulnerable residents, third sector, local businesses, grassroots community groups, staff engagement and other data sources;
- Recognise the range of different experiences – acknowledge inequalities – we're not trying to boil feedback down into one common approach.

Information was taken from first-hand accounts, conversations, personal experiences and group discussions. As part of the process, the project analysed a wide range of existing data sources such as the 1,700 emails that residents have sent to the Council's COVID-19 response inbox (between March – August 2020), learning from the various interactions with the 11,200 residents that were supported by Lewisham's 'shielding' programme, as well as the outcomes of dozens of reports, surveys, engagement exercises and discrete pieces of research.

To ensure the diversity of Voices of Lewisham, those involved included: residents, the private sector, voluntary organisations, community groups, the faith sector, academia and public bodies.

Below outlines the reports main conclusions:

### 1. We need to better understand the scope and scale of vulnerability across the borough

*"Covid-19 only exacerbated the challenges that were already there".*

(Shielding resident)

The traditional understanding of vulnerability is becoming broader. For example it is not just those who are out of work that have become vulnerable, it is also those who are in work but may still need a variety of support from financial to emotional. The opportunity exists to re-imagine how we understand vulnerability so that we can better utilise our collective skills and knowledge assets to prevent the escalation of risk and need.

### 2. We need to rethink our approach to data and evidence

The COVID-19 pandemic has revealed that it is not possible to fully promote equity and fairness without the knowledge and understanding of the communities that we serve. There seems to be genuine scope to look at the approach to collection and evaluation of data from a partnership perspective. The payback for getting this right could mean avoiding needless duplication, better targeted effort, mitigated risk and increased public trust. In one workshop, it was suggested that a community sector data sharing agreement should be developed

### 3. The pandemic has created real scope for innovation, but care needs to be taken not to leave the most vulnerable behind

The COVID-19 crisis has created real scope for innovation in the development and application of digital solutions, with many services being provided online. The opportunity exists to look at this issue strategically in order to mainstream learning and sustain momentum. However, the evidence informing this report suggests that existing efforts to address digital exclusion (i.e.: literacy, accessibility and affordability) must continue in order to ensure that the most vulnerable are not left behind.

### 4. There are significant reserves of resilience in the community as well as an appetite to further harness this social energy

Evidence drawn from across all streams of activity, informing the Voices of Lewisham project, has heralded the way in which the borough's diverse community has come together during the pandemic. Networks and supportive relationships have been established.

### 5. The local economy has been hit hard and it may take a while before it recovers

Businesses in the borough have been hit hard. Lewisham businesses are more likely to be high-footfall businesses and small/micro which are least likely to be able to absorb the knocks and shocks of economic disruption.

### 6. There is a genuine appetite for exploring new ways of collaborating and working together

The wide-range of individuals, communities, groups and representatives and agencies involved in the Voices of Lewisham work have highlighted a genuine desire to connect with others, continue the dialogue and be more actively involved in the decisions that affect them and their communities.

### 7. The need to communicate the language of recovery in a way that everyone can understand

The project has highlighted the important role that communication can play in anticipating public anxiety, increasing public assurance messages and building public trust.

### 8. The importance of public service at a time of crisis and the opportunity to redefine this for a new age

The pandemic had underlined the importance of trusted public institutions in providing guidance and leadership in times of crisis. Covid witnessed a redefining of the public service delivery model as something that residents do for each other, not just something that public institutions are expected to do for them.

9. This is a unique opportunity to turn our experience of Covid-19 into a repository of knowledge for ourselves and others

Recommendation that the resources made available for the Voices of Lewisham work should form the basis of a knowledge repository and that partners be invited to submit additional sources of evidence as appropriate.

10. The need to recognise the differential impacts of COVID-19 on residents as consumers, customers and citizens with a view to revisiting how these experiences might redefine Lewisham as a place

The pandemic has provided individuals with varied and unique range experiences.

11. There are things we do not know about the impacts of the pandemic on longer terms physical and mental wellbeing

Many aspects including impact on mental health and childhood development yet to be seen.

## **Conclusion**

This needs assessment has considered both the direct and indirect impacts of COVID-19. Whilst the older population and those with certain underlying health conditions were widely seen to be more vulnerable to the virus itself, there were also health inequalities present in that characteristics including but not exclusive to a person's ethnicity, living conditions or what type of work they did, impacted how likely they were to contract COVID-19 and how likely they were to become seriously ill. This is well summarised in 'The Unequal Pandemic: Health Inequalities'. Due to features of Lewisham's demography, including its relative deprivation and pre-existing health inequalities, the borough was positioned to experience a disproportionate impact of the pandemic. Lewisham's higher cumulative mortality rate due to COVID-19, even when accounting for differences in age is evidence of the reality of this.

At the same time, the wider impacts of COVID-19 have been felt right through the entire population. Service use data illustrates there have been issues in accessing healthcare and as described in the health inequalities section, those who were already in poorer health have been disproportionately impacted by this. Delays in accessing relevant healthcare are continuing and waiting times and targets are not meeting operational standards.

Whilst there have been some positives in terms of improvements and efficiencies in use of technology during the pandemic, it is likely some of the wider impacts of COVID-19 will not be fully understood for years to come as we wait to see whether uptake of preventative healthcare including NHS Health Checks, immunisations and cancer screening improves. Mental health is another key area that will need to be monitored closely post-pandemic. The current cost of living crisis is also throwing extra light on inequalities in income and food security, which again is in severe danger of compounding the health inequalities that already existed prior to COVID-19 and were indeed widen by it.

# Agenda Item 9



## Health and Wellbeing Board

**Report title: Lewisham Safeguarding Adults Board (LSAB)  
Annual Report 2021 – 2022**

**Date:** 8 March 2023

**Key decision:** No

**Class:** Part 1

**Ward(s) affected:** N/A

**Contributors:**

- Lewisham Safeguarding Adults Board Business Unit
- London Borough of Lewisham - Adult Social Care
- South East London Clinical Commissioning Group (now Integrated Care Board)
- Lewisham & Greenwich NHS Trust
- South London & Maudsley NHS Foundation Trust
- Metropolitan Police Service
- Lewisham Homes

### Outline and recommendations

This report provides members of the Health and Wellbeing Board with an overview of the partnership work carried out by the Lewisham Safeguarding Adults Board and its partner agencies from April 2021 – March 2022.

- The report is for the Health and Wellbeing Board member's information.
- The contents of the report are agreed and the report was published in September 2022.

## Timeline of engagement and decision-making

N/A

### 1. Summary

- 1.1. This report contains information on the following:
- 1.2. Message from the Lewisham Safeguarding Adults Board Independent Chair.
- 1.3. Our Impact in 2021-22.
- 1.4. Case Studies.
- 1.5. Learning, Training and Development Delivery.
- 1.6. Communication and Engagement Work.
- 1.7. Safeguarding Information.
- 1.8. Safeguarding Adults Reviews.
- 1.9. Work of the Lewisham Safeguarding Adults Board Sub-Groups.
- 1.10. Business Plan on a page 2022-23.

### 2. Recommendations

- 2.1. The report is for the Health and Wellbeing Board member's information.
- 2.2. The contents of the report are agreed.

### 3. Policy Context

- 3.1. Safeguarding is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.
- 3.2. Local authorities are required to: lead a multi-agency local adult safeguarding system; making or causing enquiries to be made where there is a safeguarding concern; hosting Safeguarding Adults Boards; carrying out Safeguarding Adult Reviews; and arranging for the provision of independent advocates.
- 3.3. The Board are committed to 'Making Safeguarding Personal' (MSP); to improve outcomes for people at risk of harm. This is achieved, during a safeguarding enquiry, by establishing a real understanding of what people wish to achieve and the 'outcomes' they want at the beginning then checking throughout, and at the end the extent to

which these outcomes were realised.

- 3.4. The work of the LSAB contributes to the Council's priorities as set out in the Corporate Strategy specifically:
- 3.5. Commitments - All health and social care services are robust, responsive and working collectively to support communities and individuals - We will continue to do our utmost to defend and deliver health and social care services that protect the most vulnerable in our borough.
- 3.6. Creating and Inclusive Lewisham - Continue to ensure that everyone in Lewisham has equitable access to the support and services they need.
- 3.7. Achieving better outcomes for people.
- 3.8. Comprehensive Equality Scheme, Strategic Framework.

## **4. Background**

- 4.1. The LSAB brings together a wide range of agencies from across the borough to ensure that there is a joined-up approach to adult safeguarding.

## **5. Main body paragraphs**

- 5.1 Message from the Lewisham Safeguarding Adults Board Independent Chair.
- 5.2 Our Impact in 2021-22.
- 5.3 Safeguarding Information.
- 5.4 Safeguarding Adults Reviews.
- 5.5 Work of the Lewisham Safeguarding Adults Board Sub-Groups.
- 5.6 Business Plan on a page 2022-23.

## **6. Financial implications**

- 6.1. There are no additional financial implications arising from this report.

## **7. Legal implications**

- 7.1. There are no additional legal implications arising from this report.

## **8. Equalities implications**

- 8.1. As highlighted in the "Safeguarding Information" section of the LSAB Annual Report (page 6) there are ongoing equalities implications to ensure that all communities across Lewisham are engaged with relevant agencies and services to help prevent adult abuse and neglect.
- 8.2. The further development and analysis of data by the Board's Performance, Audit and Quality Sub-Group will enable the Board to understand any potential barriers to reporting abuse, and also accessing protective and preventative services and links to the following aims in the LSAB Business Plan 2022-2023:
- 8.3. Prevention Aim – Objective - Focus on equality and narrowing inequality, particularly in relation to racial disparity and disproportionality.
- 8.4. Prevention Aim– Objective - Continue to break down barriers to reporting abuse by ensuring the Lewisham Adult Safeguarding Pathway is used effectively.

### **Is this report easy to understand?**

Please give us feedback so we can improve. **Page 378**

Go to <https://lewisham.gov.uk/contact-us/send-us-feedback-on-our-reports>

8.5. Prevention Aim – Objective - Listen to the voices of adults, ensuring their experiences shape how services are designed and delivered.

## 9. Climate change and environmental implications

9.1. There are no climate change or environmental implications arising from this report or its recommendations.

## 10. Crime and disorder implications

10.1. There are no specific crime and disorder implications arising from this report.

10.2. The LSAB works in close collaboration with the Safer Lewisham Partnership Board to ensure a joint approach to overlapping issues such as domestic violence, hate crime and the government's counter-terrorism strategy 'Prevent' thereby contributing to meeting the duty placed on local authorities by the Crime and Disorder Act 1998 to identify community safety implications in all our activities.

## 11. Health and wellbeing implications

11.1. There are no specific health and wellbeing implications arising from this report or its recommendations.

## 12. Background papers

12.1. N/A

## 13. Glossary

13.1. Please see table below for Acronyms and sector-specific language used in the annual report.

Term	Definition
LSAB	<a href="#">Lewisham Safeguarding Adults Board</a>
SAB	Safeguarding Adults Board
SAR's	<a href="#">Safeguarding Adults Reviews (Section 44 Care Act 2014)</a>
Safeguarding	The process of ensuring that adults at risk are not being abused, neglected or exploited, and ensuring that people who are deemed 'unsuitable' do not work with them.
Advocacy	Help to enable adults to get the care and support they need that is independent of the local council. An advocate can help adults express their needs and wishes, and weigh up and take decisions about the options available to them. They can help the adult find services, make sure correct procedures are followed and challenge decisions made by councils or other organisations. The advocate represents the interests of the adult, which they do by supporting the adult to speak, or by speaking on their behalf.
Abuse	Harm that is caused by anyone who has power over another person, which may include family members, friends, unpaid carers and health or care workers. It can take various forms, including physical harm or neglect, and verbal, emotional or sexual abuse. Adults at risk can also be the victim

### Is this report easy to understand?

Please give us feedback so we can improve.

Page 379

Go to <https://lewisham.gov.uk/contact-us/send-us-feedback-on-our-reports>

Term	Definition
	of financial abuse from people they trust. Abuse may be carried out by individuals or by the organisation that employs them.
Making Safeguarding Personal (MSP)	<a href="#">Making Safeguarding Personal</a> (MSP) is a sector-led initiative which aims to develop an outcomes focus to safeguarding work, and a range of responses to support people to improve or resolve their circumstances

#### 14. Report author and contact

14.1. Martin Crow  
 LSAB Business Manager  
[Martin.Crow@lewisham.gov.uk](mailto:Martin.Crow@lewisham.gov.uk)  
 07771594879

#### 15. Comments for and on behalf of the Executive Director for Corporate Resources

15.1. N/A

#### 16. Comments for and on behalf of the Director of Law, Governance and HR

16.1. N/A



## Annual Report 2021-22

1 April 2021 to 31 March 2022



# Message from the Independent Chair

*“Relationships between the Board’s partners, and agency engagement with the Board, remain strong, collegiate and collaborative, and challenging when appropriate.”*

Once again it is my pleasure to provide the introduction to this year’s annual report. The ongoing pandemic has continued to shape *how* the Lewisham Safeguarding Adults Board has approached its work, but the focus on its three statutory duties has remained: publication of an annual report; focused work based on a strategic plan; and the commissioning and completion of Safeguarding Adults reviews (SARs).

This annual report includes details of SARs that have been completed, commissioned or have continued during the year in focus. The Board has followed through on learning from previously completed SARs, including seeking assurance regarding fire safety in care settings. Events have been held to disseminate learning from completed SARs, and assurances have been provided to address these findings, and from reviews completed elsewhere.

This annual report contains the Board’s refreshed Business Plan which was revised at an event that also assessed the delivery of the Board’s objectives.

Work continues on raising awareness amongst the diverse faith and other communities in Lewisham, and there has been a continued emphasis on the importance of performance reporting in order to seek assurance about the effectiveness of partnership working.

This annual report contains a summary of analysis of trends. One trend reported nationally, is an increase in the number of adult safeguarding concerns relating to self-neglect, including hoarding.

Learning and development has been a key component of the Board’s work in this reporting year, including a focus on domestic abuse and the dissemination of resources through an ever-growing web platform.

Adult Social Care departments will be inspected by the Care Quality Commission from next year as a result of the Health and Care Act 2022 coming into force, which will include a focus on adult safeguarding. The same legislation will see Clinical Commissioning Groups replaced by Integrated Care Boards. Safeguarding will continue to feature prominently in these new arrangements across South East London.

The Board has plans in place to support partners with the introduction of the new Liberty Protection Safeguards (expected in 2023) and a new Code of Practice that accompanies the Mental Capacity Act 2005.

Relationships between the Board’s partners, and agency engagement with the Board, remain strong, collegiate and collaborative, and challenging when appropriate.

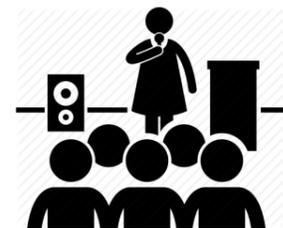
Finally, I would like to appreciate the contributions of Martin Crow, Vicki Williams and Tiana Mathurine who manage the business and administrative tasks of the Board efficiently and effectively. I would also like to acknowledge the work of practitioners and managers who are committed to keeping people safe in Lewisham.

**Professor Michael Preston-Shoot**

## Our Impact in 2021-22

### PREVENTION

A total of **846** people attended **23 learning and development events** during the last 12 months, which is the highest volume of training ever delivered by the Board (see page 5 for more details).



A total of **77** people attended a series of 4 Cultural Humility Workshops commissioned by the Board and delivered by Mabadiliko (local Community Interest Company specialising in anti-racism work). The Board also delivered a Networking and Safeguarding Champions event at the Lewisham Islamic Centre attended by **40** people, invited Lewisham Refugee and Migrant Network to become Board members, and built a **focus on racial disparity and disproportionality** into all relevant projects, audits and other pieces of work. This was a key prevention objective for the Board in 2021-22 which continues into 2022-23 (see page 12).

**Awareness raising campaigns** were delivered throughout the year, including during the national Adult Safeguarding Awareness Week in November 2021. **172** delegates attended events delivered by the Board during that week, and **22,000** impressions were achieved on social media in 5 days, which is the highest volume of activity the Board has achieved online in a single week (see page 6 for more details).



### ACCOUNTABILITY

The Board launched the **Lewisham Adult Safeguarding Pathway** on the 1 April 2021. This is the first time the Board has had a consolidated set of local and detailed guidelines to support the London Multi-Agency Adult Safeguarding Policy and Procedures. There were **14,450** hits on the Pathway webpages on the Board's website during the first 12 months, and numerous local agencies have now accessed this guidance.



The Board also continued to have a significant case load in relation to statutory Safeguarding Adults Reviews (see pages 9 & 10), and agreed to work with other strategic partnerships to create a **joint learning and development project** for 2022-23.

### PARTNERSHIP

The Board hosted a launch event for the Borough wide **Domestic Abuse and Violence Against Women and Girls Strategy** in December 2021. This was attended by over **100** delegates and the opening address was given by Nicole Jacobs (Domestic Abuse Commissioner). The Board also continued to expand its networks and reach into local communities throughout the year, including with the use of regular e-Bulletins which were read by over **12,000** people during 2021-22 (see page 6 for more engagement information).





James was referred into the Hospital Adult Social Work Team (HAST) at the University Hospital of Lewisham (as a Lewisham resident) by Social Work colleagues at the Kings College Hospital (KCH), who in turn had passed on a Safeguarding Concern from the London Ambulance Service (LAS).

A neighbour of James had made an emergency call to LAS due to him being cold and having trouble breathing. He was taken and admitted into KCH.

Before the pandemic James had been fairly independent, but due to the Covid-19 restrictions had become more isolated, which had resulted in a deterioration in his health to the extent he had become quite frail.

There were some signs of 'self-neglect', including the refusal of help and services.

After James was admitted to Hospital consent was given for a Social Worker in the HAST Team to contact the neighbour and gain access to the property, and for the Council's Special Duty Team to attend and to help de-clutter and clean the property.

The Social Worker found the property to be in a severe state of disrepair with no heating or working boiler (no hot water).

When the HAST Team started to make the arrangements for James to be discharged from Hospital they contacted the social landlord to arrange for repairs to be made to the property as it was not safe for him to return home.

Action was taken to install some new electrics and make the home safe and warm, and a homecare package was also established.

The London Ambulance Service attended Ellie's home in response to a medical emergency (heart condition), but raised Safeguarding Concerns linked to the very poor state of repair at the home address.

A number of different professionals attempted to engage Ellie, who is elderly and has physical health and mobility problems, to gain entry to the property, including a Care Co-Ordinator and an Occupational Therapist. Access was eventually gained and evidence captured of the property being in very bad state of repair including hoarding, flooding and 'dents' in the walls, which might have been an indicator of possible violent behaviour.

Ellie lives with two other relatives who are the registered tenants, and Ellie had sold a previous property before moving in with them. Safeguarding Enquiries revealed that Ellie had borrowed one of relatives some money after selling the previous property, which also highlighted concerns about possible financial abuse, and suspicions that Ellie may be suffering from coercive and controlling behaviour.

Ellie did have the mental capacity to make her own informed decisions about her health, wellbeing and housing at the time in question, although further assessments of mental capacity may be needed. The Safeguarding Adults Manager (SAM) continues to carefully monitor this case and has escalated this to senior managers and the Council's legal team, as this may need to be escalated to the Court of Protection. The Safeguarding Enquiry Officer would like to see Ellie re-housed into suitable supported accommodation as an adult at risk of abuse and neglect.

.....

A neighbour found Winston unconscious at home after a fall and contacted the emergency services. Winston was admitted to hospital due to the injuries he sustained, and although a plan was formulated to discharge him to a local care home, he refused this and returned home after treatment.

A Safeguarding Enquiry was initiated due to concerns about self-neglect, and Winston also has a diagnosis of Parkinson's disease, alcohol misuse and a history of psychiatric problems.

Winston's home was in a very dilapidated state with mice and pigeon infestations, and hoarding rated at level 6 on the Clutter Rating Scale. Winston also had a dog that was not in good health.

A multi-agency approach was taken to try and improve the situation for Winston involving animal welfare, the London Fire Brigade, social work input and other services from within the Council.

Winston instructed a solicitor to contact the local authority to tell them to leave him alone as he was not receptive to any further support. However, the SAM continues to monitor the case and has wrote back to the solicitors outlining the local authorities duty of care to help protect Winston.

**Read here for more Information:**

[Self-Neglect & Hoarding Multi-Agency Policy, Practice Guidance and Hoarding Toolkit](#)

## Learning, Training and Development



The Board delivered a new **Foundation Level Introduction to Adult Safeguarding** training course throughout the year to **234** people, which has been supported by the publication of a Workbook (same name). This is particularly useful for volunteers who may not be able to readily access I.T or training, but who have colleagues who can help to print this off for them.

**This can be accessed here:** [Introduction to Adult Safeguarding Workbook](#)

The Board also delivered a two-day **Multi-Agency Safeguarding Adults Manager** training course for the first time in November 2021 in conjunction with the Safeguarding Adults Boards (SABs) in Greenwich and Bexley. This joint working allowed colleagues in the Metropolitan Police Service, who cover all three Boroughs, to participate in this training alongside Council and NHS staff.

The Board also collaborated with the City of London Police, who are the lead agency for conducting **Fraud and Financial Abuse Investigations**, to deliver a workshop on this subject during the National Adult Safeguarding Awareness Week.

A **Sexual Abuse Awareness Session** was also delivered during this week in conjunction with the Violence Against Women & Girls (VAWG) Forum, and the Board Chair delivered a **Learning from Safeguarding Adults Reviews** session which was attended by delegates from across the country.

During this week of activity the Board developed and shared a learning programme along with five other SABs in South East London: Bexley, Bromley, Greenwich, Lambeth and Southwark.

## Communication and Engagement

Use of the Board's **website** is up again with **76,245** 'hits' in 12 months. ✓

**Social media** activity is also up with **62,000** impressions on Twitter and **500+** followers. ✓

Links to new groups and communities continues, partly facilitated by the ongoing delivery of **networking events**, which have now re-started face to face. **145** people attended these in the last year. ✓

The Board ran several **surveys for professionals** throughout the year which helped with the development of safeguarding practice. 

### Key Questions:

-  My organisation is effectively using the Lewisham Adult Safeguarding Pathway: **50% said yes**
-  Online and or remote working has meant we are missing opportunities to identify abuse or neglect: **51% said yes**
-  Workload pressures mean we are not as effective as we should be in protecting those most at risk in the Borough: **33% said yes**

### Comments included:

*“Because our clients are very vulnerable due to their immigration status, more work needs to be done to break down barriers to reporting abuse, as they are fearful this will lead to re-percussions if they approach statutory services for help”.*

*“We have found that when we submit a Safeguarding Concern there is no feedback and we don't know how effective our reporting is”.*

The Board has also worked in conjunction with the Norfolk SAB and Lewisham Speaking Up (local self-advocacy group) to produce an animated video **‘Tricky Friends’**. This helps adults living with a learning disability to understand the risks linked to their social networks and friendships. **See the video here:** [Tricky Friends](#)



or if a friend wants to use your cash card.

# TRICKY FRIENDS

**Table 1: Performance Dashboard 2012-22**

**Green** = above benchmark    **Orange** = near miss    **Red** = way below benchmark

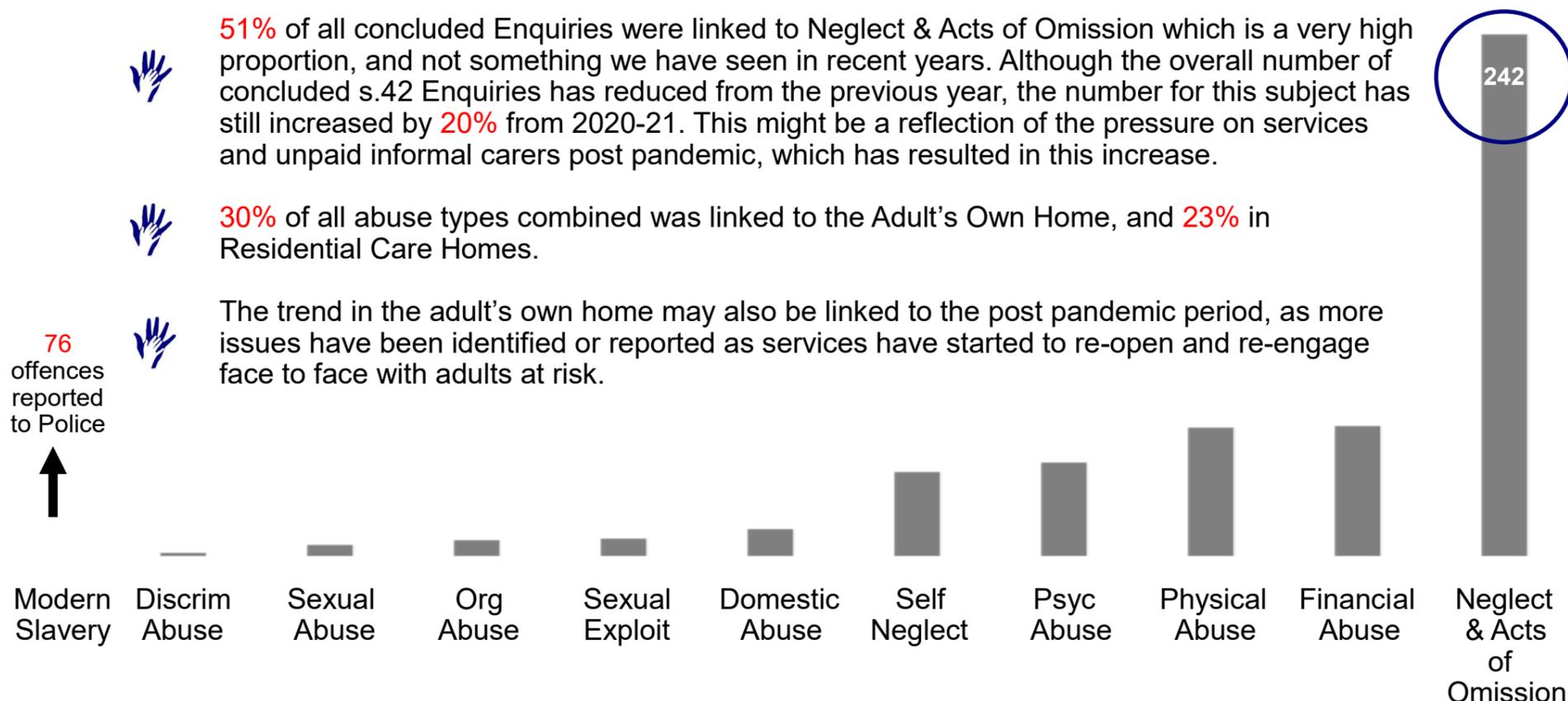
	Strategic Objective	Performance Criteria	Q1	Q2	Q3	Q4	RAG Rating
1	<b>Prevention 2:</b> Help to break down barriers to reporting abuse and improve access to supportive and protective services	There are a minimum of <b>160</b> concluded safeguarding enquiries each quarter (includes other enquiry)	<b>104</b>	<b>79</b>	<b>83</b>	<b>70</b>	Average was 84
2		At least <b>10%</b> of Police MERLIN/Adult Come to Notice Reports lead to a Section 42 Enquiry	<b>2%</b>	<b>10%</b>	<b>8%</b>	<b>9%</b>	Average was 7.25%
3		At least <b>50%</b> of Section 42 Enquiries are concluded within the target timescale (40 days)	<b>56%</b>	<b>60%</b>	<b>69%</b>	<b>46%</b>	Average was 58%
4		At least <b>85%</b> of all Section 42 Enquiries result in the risk to the adult being reduced or removed	<b>93%</b>	<b>64%</b>	<b>64%</b>	<b>74%</b>	Average was 74%
5	<b>Prevention 3:</b> Listening to the 'Voice of the Adult'	At least <b>75%</b> of adults involved in a Section 42 Enquiry were asked their desired outcomes	<b>56%</b>	<b>79%</b>	<b>100%</b>	<b>93%</b>	Average was 82%
6		At least <b>75%</b> of those involved with a Section 42 Enquiry were satisfied with their outcomes	<b>42%</b>	<b>61%</b>	<b>73%</b>	<b>71%</b>	Average was 62%
7	<b>Partnership 2:</b> Fully support the delivery of the Domestic Abuse Strategy	There should be an <b>increasing</b> number of Safeguarding Enquiries by the Local Authority for this subject. The average for each quarter in the last two years has been <b>(5)</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>5</b>	Average was 3

These benchmarks have been established based on national outcomes (averages) or local reporting patterns and trends over the last 2-3years.

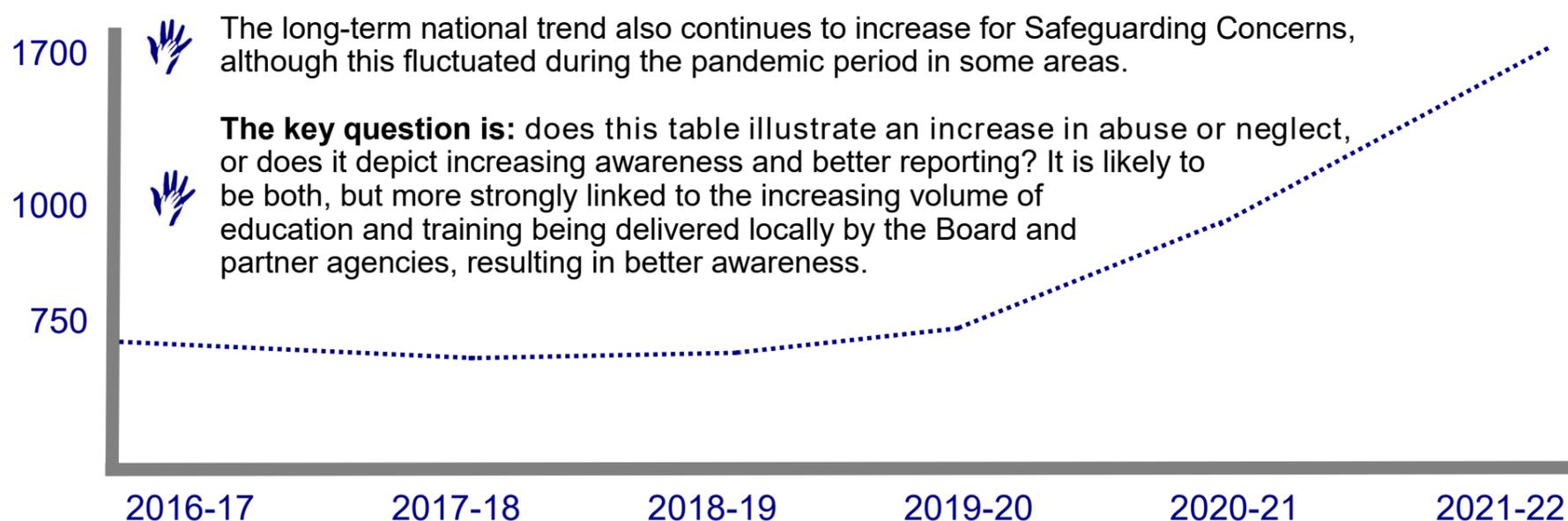
The adult Multi-Agency Safeguarding Hub (MaSH) was launched in June 2021, which is the single biggest procedural change to the way in which safeguarding enquiries are managed in the Borough since the Care Act 2014 came into force.

This new way of working has created some uncertainty, which in turn has affected some of the outcomes highlighted above. A further review of local processes and systems was instigated in early 2022, which is leading to improvements to the way in which safeguarding procedures are delivered, and how performance information is captured. Further audits and policy developments are also planned during 2022 to help improve the delivery of these strategic objectives, and in particular **no. 4.**

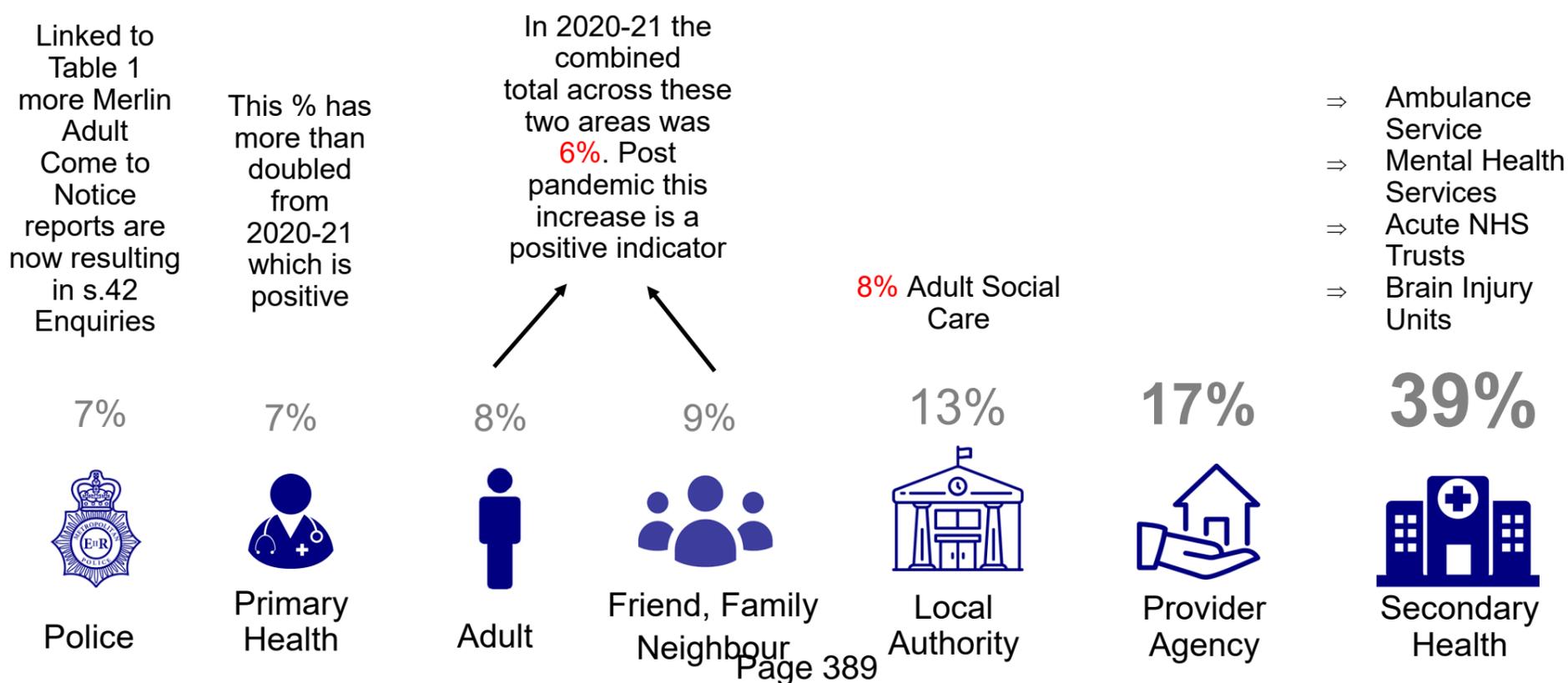
**Table 2: Types of Abuse - Concluded Section 42 Enquiries 2021-22**



**Table 3: Local Trends for Safeguarding Concern Reporting 2016 to 2022**



**Table 4: Who Reported the Abuse - Concluded Section 42 Enquiries 2021-22**





The Board received 4 SAR notifications during 2021-22, two of which were approved and are still active and ongoing reviews. The other two did not meet the criteria for review.

Two other reviews were concluded during the last year and the key details of these are presented below and on the following page.

Further details on the work of the Board's Case Review Sub-Group is outlined on page 11.

---

## **SAR Adult Z (published 19 July 2021)**

### **Background**

In the spring of 2018 Adult Z's daughter identified signs of deterioration in the mental and physical health of their relative. This continued to deteriorate until the adult became dehydrated and emaciated, telling paramedics when they were called, that they were committing suicide by starving themselves.

Paramedics initially assessed Adult Z to have capacity and concluded that they had no powers to convey Adult Z to hospital, despite the high risk they presented to themselves. A Mental Health Act (MHA) assessment was arranged for the following day, and an Approved Mental Health Professional and psychiatrist attended with paramedics and police. The paramedics then assessed Adult Z as lacking capacity to make decisions for their care, and Adult Z was then taken to hospital under the authority of Sections 5 and 6 of the Mental Capacity Act (MCA) 2005.

## Key Learning Points

10

-  Mental capacity training for staff should include practical elements including complex and borderline decisions where there is doubt over the person's ability to 'use or weigh' the information.
-  A capacity assessor is required to hold a 'reasonable belief' that a person does or does not have capacity to make a particular decision at a particular time. The standard of proof is "on the balance of probabilities".
-  It is widely acknowledged that the interface between the MCA and the MHA is particularly complex and challenging, which means practitioners must work closely in utilising their respective legal powers and duties.

**Read here:** [7 Minute Briefing - Adult Z](#) - for Professionals.

.....  
**SAR Mia** (published 29 September 2021)

### Background

Mia (pseudonym) was a 41-year-old woman and European Union National who lived in various squats and temporary accommodation, as well as presenting as homeless and intermittently rough sleeping in Lewisham.

Homelessness and rough sleeping were a contributing factor to her death, together with being subjected to coercive and manipulative control as a victim of domestic abuse at the hands of her male partner. Mia was also drug dependent which contributed to wider issues she endured in relation to self-neglect.

Eleven different agencies were involved in providing care and support to Mia. However, the review found that there were problems in relation to information sharing and effective communication between the different professionals and agencies who tried to help Mia to resolve the many concerns she had in her life.

In Mia's case there were also missed opportunities from some agencies and organisations to submit safeguarding referrals for her, and although there were also several submitted that did meet the criteria for a statutory Safeguarding Enquiry, one was never conducted.

### Key Learning Points

-  Where concerns persist in a domestic abuse or an adult at risk case, a multi-agency safeguarding planning meeting should be convened to consider the wider impact on the health and wellbeing of the person.
-  Professionals should thoroughly explore the circumstances of homelessness and accompanying health and social complexities, ensuring all available actions and initiatives including Care Act 2014 needs assessments and Safeguarding Enquiries are conducted, and that no high-risk case is closed without managerial oversight.
-  Make yourself aware of Appendix Seven: Adult Safeguarding and Homelessness - London Multi-Agency Adult Safeguarding Policy and Procedures.

## Work of the Sub-Groups

### Case Review Sub-Group

The Sub-Group oversees Safeguarding Adults Review (SAR) processes locally, and is led by the Board's Independent Chair Professor Michael Preston-Shoot.

The group met **7** times during 2021-22 and considered or monitored **11** cases throughout the year. In the two cases where the SAR Notification did not progress to a review in 2021-22, it resulted in links with training or audits.

The group also reflects on the learning from previous SARs, which included re-examining fire safety in care settings linked to the Cedric Skyers review (2017).

The Board also updated its [SAR Policy and Procedure](#) in October 2021.

The last three years of SAR activity have informed us what the **key trends and themes** are in relation to notifications:

1.	Lack of Inter-Agency Working	13
2.	Pressure Area Care	4
3.	Mental ill-Health (including death by suicide)	4
4.	Multi-Agency or Single Agency Response to Urgent	3
5.	Substance Misuse	3
6.	Self-Neglect	3

This information helps the Board to develop its strategic priorities and objectives.

### Lewisham Modern Slavery and Human Trafficking Network

The Board continues to support the development of this multi-agency group which is helping to improve the profile of this subject by creating a local [Modern Slavery Victim Care Pathway](#), closely analysing local data, and improving the delivery of training.

### Performance, Audit and Quality Sub-Group

This group continued to meet quarterly throughout the year to analyse and monitor the Board's performance indicators and other relevant information, which is summarised on [page 7](#).

This activity also plays a significant part in informing the ongoing development of the Board's strategic objectives which are set out on [page 12](#).

The group delivers the Board's audit and practice development programme by setting up time limited working groups to oversee these tasks. Four strands of this work are outlined below.

### Reporting Medication Incidents as Safeguarding Concerns - Task and Finish Group

This multi-agency working group developed the local [Guidance](#) of the same name, which is embedded into the Lewisham Adult Safeguarding Pathway. All relevant agencies should now be using this.

### Housing Related Safeguarding Audit and Hospital Discharge Audit - Steering Committees

These two groups were set up during the last 12 months and will report on their respective work later in 2022.

### Liberty Protection Safeguards (LPS) Task and Finish Group

This group was re-started again during the last year despite further delays with the consultation on the Mental Capacity (Amendment) Act 2019 Code of Practice.

Is it still unclear when the new legislation will come into force in 2023, but the Board has now set up **5** [LPS Training](#) sessions for professionals to support transition planning.

**Strategic Vision**  
 Ensure adults are safeguarded by empowering and supporting them to make informed choices and decisions  
 (Making Safeguarding Personal)

**Prevent adult exploitation, abuse and neglect**

**Prevention Aim**  
 Develop preventative strategies by working with those most at risk of abuse and neglect

- Prevention Objectives**
1. Ensure the focus on equality, narrowing inequality and racial disparity is built into all relevant Board activities.
  2. Continue to break down barriers to reporting abuse by ensuring the Lewisham Adult Safeguarding Pathway is used effectively.
  3. Listen to the voices of adults, ensuring their experiences shape how services are delivered.

**Develop intelligence led, evidence based practice**

**Accountability Aim**  
 Ensure safeguarding policies are fully embedded into practice

- Accountability Objectives**
1. Deliver further audits to test how well current safeguarding policies, procedures and guidance are embedded into practice.
  2. Continue to support the delivery of the Domestic Abuse Strategy in Lewisham by rolling out new guidance and training.
  3. Further develop guidance to improve the effectiveness of the safeguarding system.

**Strengthen partnership working**

**Partnership Aim**  
 Support 'the whole family approach' to protecting those most at risk of abuse in Lewisham

- Partnership Objectives**
1. Continue to focus on mental ill-health support and recovery, which is one of the most significant risk factors linked to adult abuse and neglect locally.
  2. Strengthen the focus on Transitional Safeguarding.
  3. Support health and wellbeing initiatives, and further improve connections with other relevant and local strategic boards.

**What LSAB partners will all do to help deliver this Plan:**

1. Build the LSAB Strategic Aims into individual organisational plans.
2. Support multi-agency training, including the Awareness Week in Nov 2022.
3. Promote the use of the Lewisham Adult Safeguarding Pathway.
4. Proactively support LSAB awareness building campaigns.



**SEE IT, REPORT IT!**

**HELP KEEP RESIDENTS SAFE FROM  
ABUSE AND NEGLECT**

**Contact the Safeguarding Hub:  
020 8314 7777**

