



Pharmaceutical Needs Assessment 2025

Brent
Health and Wellbeing Board

This Pharmaceutical Needs Assessment (PNA) has been produced by Soar Beyond, contracted by Brent Council. The production has been overseen by the PNA Steering Group for Brent Health and Wellbeing Board, with authoring support from Soar Beyond Ltd. All information is correct at the time of writing in May 2025.

Updates as part of the PNA process were included in August 2025 for the final document.

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Abbreviations

AS – Advanced Service

AUR – Appliance Use Review

BAS – Business Services Authority

BMI – Body Mass Index

CHAIN – Combined Homelessness And Information Network

CP – Community Pharmacy

CPCF – Community Pharmacy Contractual Framework

DAC – Dispensing Appliance Contractor

DHSC – Department of Health and Social Care

DMS – Discharge Medicines Service

DSP – Distance Selling Pharmacy

ES – Essential Service

GLA – Greater London Authority

GP – General Practitioner

HLP – Healthy Living Pharmacy

HPV – Human Papillomavirus

HSA – Health Security Agency

HWB – Health and Wellbeing Board

ICB – Integrated Care Board

ICS – Integrated Care System

IMD – Index of Multiple Deprivation

JHWS – Joint Health and Wellbeing Strategy

JSNA – Joint Strategic Need Assessment

LARC – Long-Acting Reversible Contraception

LAS – Local Authority-commissioned Service

LES – Local Enhanced Service

LFD – Lateral Flow Device

LPC – Local Pharmaceutical Committee
LPS – Local Pharmaceutical Service
LSOA – Lower-layer Super Output Area
LTP – Long Term Plan
MMR – Measles, Mumps and Rubella
MSK – Musculoskeletal
NES – National Enhanced Service
NHS – National Health Service
NHSE – NHS England
NMS – New Medicine Service
NPA – National Pharmacy Association
NWL – North West London
ONS – Office for National Statistics
PhAS – Pharmacy Access Scheme
PNA – Pharmaceutical Needs Assessment
PCN – Primary Care Network
PCS – Pharmacy Contraception Service
PCT – Primary Care Trust
PGD – Patient Group Direction
PLPS – Pharmaceutical and Local Pharmaceutical Services
PPV – Pneumococcal Polysaccharide Vaccine
RSL – Registered Social Landlord
RSV – Respiratory Syncytial Virus
SAC – Stoma Appliance Customisation
SCS – Smoking Cessation Service
STI – Sexually Transmitted Infection
TFR – Total Fertility Rate
UK – United Kingdom

Executive summary

Introduction

Every Health and Wellbeing Board (HWB) is required to produce a Pharmaceutical Needs Assessment (PNA). There is also a requirement to reassess and revise the PNA within three years of its previous publication. The last PNA for Brent was published in 2022 and has been kept up to date with supplementary statements reflecting changes in provision. This 2025 PNA for Brent HWB meets the regulatory requirement by being published within three years. This mapping of pharmaceutical services against local health needs provides a framework for the strategic development and commissioning of services. It will enable the local pharmacy service providers and commissioners to:

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

This PNA has been produced through the PNA Steering Group on behalf of Brent HWB by Brent Council with authoring support from Soar Beyond Ltd.

NHS pharmaceutical services in England

National Health Service (NHS) pharmaceutical services are provided by contractors on the pharmaceutical list held by NHS England (NHSE). Types of providers are:

- [Community Pharmacy contractors](#) (CP), including [Distance Selling Pharmacies](#) (DSPs)
- [Local Pharmaceutical Service](#) (LPS) providers
- [Dispensing Appliance Contractors](#) (DACs)
- [Dispensing GP practices](#)

Pharmaceutical service providers in Brent

Brent has 80 community pharmacies (as of March 2025), for a population of around 344,500. In addition to the 80 community pharmacies (including nine Distance Selling Pharmacies), Brent has one dispensing appliance contractor.

Conclusions

NHS pharmaceutical services are well distributed across Brent, serving all the main population centres. There is adequate access to a range of NHS services commissioned from pharmaceutical service providers. As part of this assessment, no gaps have been identified in provision, either now or in the next three years, for pharmaceutical services deemed necessary by the Brent HWB.

Section 1: Introduction

1.1 Background and context

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

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

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

The PLPS Regulations 2013 (SI 2013/349)¹, came into force on 1 April 2013.

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

Table 1: Timeline for PNAs

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

¹ UK Statutory Instruments. The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. July 2017. [Accessed April 2025] <https://www.legislation.gov.uk/uksi/2013/349/contents>

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

This PNA for Brent HWB fulfils this regulatory requirement.

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

- There was an **update to the PLPS Regulations 2013 in May 2023**, mainly in response to the number of requests for temporary closures. Key changes were made:
 - Notification procedures for changes in core opening hours.
 - Notification procedures for 100-hour pharmacies to be able to reduce their hours to no less than 72 hours per week.
 - Local arrangements with ICBs for the temporary reduction in hours.
 - All pharmacies requiring a business continuity plan that allows them to deal with temporary closures.
- **Clinical Commissioning Groups (CCGs)** are now replaced by **Integrated Care Boards (ICBs)** as part of Integrated Care Systems (ICS). In an ICS, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards and improving the health of the population they serve.
- **Integrated Care Boards** took on the delegated responsibility for the commissioning of pharmacy services from NHS England from 1 April 2023.
- **Independent Prescribing 'Pathfinder' Programme** – NHSE developed a programme of pilot sites, referred to as 'pathfinder' sites, across integrated care systems enabling a community pharmacist independent prescriber to support primary care clinical services. This presents a unique opportunity for community pharmacy to redesign current pathways and play an increasing role in delivering clinical services in primary care.
- The Community Pharmacy sector has reported **workforce challenges** and pressures reported by the National Pharmacy Association (NPA)² and Healthwatch England.³ Both highlighted that the current rate of **pharmacy closures** for 2024 was higher than previous years, mainly due to a combination of funding and workforce challenges. A recent report commissioned by NHSE found that around 47% of pharmacies were not profitable in their last accounting year.⁴

² NPA. 2024 pharmacy closures second highest on record. [Accessed April 2025] <https://www.npa.co.uk/news/2025/january/2024-pharmacy-closures-second-highest-on-record/>

³ Healthwatch. Pharmacy closures in England. September 2024. [Accessed April 2025] <https://www.healthwatch.co.uk/report/2024-09-26/pharmacy-closures-england>

⁴ Economic Analysis of NHS Pharmaceutical Services in England. March 2025. [Accessed April 2025] <https://www.frontier-economics.com/media/aazb0awt/frontier-iquia-economic-analysis-pharmacy-final-report-web.pdf>

- **Pharmacy First Service⁵** –The new Pharmacy First service, launched 31 January 2024, adds to the Consultation Service and enables community pharmacies to provide care for seven common conditions following defined clinical pathways. The initiative encourages patients to obtain treatment for the conditions directly from community pharmacies without needing a General Practitioner (GP) appointment. Full details of this service are in [Section 1.5.5.2](#).
- **Hypertension Case-Finding Service⁶** requirements have been updated twice since the previous PNA. The service can now be provided by suitably trained and competent pharmacy staff; previously, only pharmacists and pharmacy technicians could provide the service.
- **Hepatitis C testing service** was decommissioned from 1 April 2023.
- **New Community Pharmacy Contract 2025/26:** A new contract has been agreed and is currently under review and in discussion for 2026 onwards.

1.3 Key upcoming changes

An announcement was made in March 2025, which included changes to some of the services and changes to the PLPS Regulations 2013. Some of the key changes are listed below:

- Regulation change: Ability to change core opening hours: These amendments to the PLPS Regulations are intended to allow pharmacy owners greater flexibility in adjusting their opening hours to better align with the needs of patients and likely users. While the changes have not yet come into force, they are expected to take effect during the lifespan of this PNA.
- Distance Selling Pharmacies (DSPs) will no longer be permitted to provide Advanced and Enhanced services on their premises, though remote provision will still be allowed where specified.
- From 23 June 2025, no new applications for DSPs will be accepted, following amendments to the PLPS Regulations 2013, which close entry to the DSP market.
- Funding and fees: Additional funding has been allocated and agreed for the Community Pharmacy Contractual Framework for 2025/2026.
- Service developments:
 - From October 2025, the Pharmacy Contraception Service will be expanded to include Emergency Hormonal Contraception.
 - New Medicine Service will be expanded to include depression from October 2025.

⁵ Community Pharmacy England (CPE). Pharmacy First Service. March 2025 [Accessed April 2025]. <https://cpe.org.uk/national-pharmacy-services/advanced-services/pharmacy-first-service/>

⁶ Community Pharmacy England. Hypertension Case-Finding service. March 2025. [Accessed April 2025]. <https://cpe.org.uk/national-pharmacy-services/advanced-services/hypertension-case-finding-service/>

- Childhood Flu Vaccination Service, which covers all children aged 2 and 3 years old, will be trialled as an Advanced Service for one season from October 2025.
- Smoking Cessation Service will have Patient Group Directions (PGDs) introduced to enable provision of Varenicline and Cytisinicline (Cytisine). No dates have been given for this.

In March 2025, the government decided to merge NHS England into the Department of Health and Social Care (DHSC), aiming to reduce bureaucracy and improve the management of health services. A timeline for this is still being developed.

1.4 Purpose of the PNA

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

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

The PNA should be read alongside other Joint Strategic Need Assessment (JSNA) products. The PNA is available on the Brent Council website and is updated regularly. The JSNA informs Brent's Joint Health and Wellbeing Strategy (JHWS).

The PNA assesses how pharmaceutical services meet the public health needs identified in the JSNA, both now and in the future. By informing decisions made by the local authority and the ICB, these documents work together to improve the health and wellbeing of the local population and reduce inequalities.

For the purpose of this PNA, at the time of writing, only services commissioned by NHSE as per the regulations have been considered as 'NHS pharmaceutical services'.

1.5 Scope of the PNA

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

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

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

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

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

Other relevant services – These are services that the HWB is satisfied are not necessary to meet the need for pharmaceutical services, but their provision has secured improvements or better access to pharmaceutical services.

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

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

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

1.5.1 Pharmacy contractors

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

There were 10,436 community pharmacies in England in January 2025 (this includes DSPs).⁷ This number has decreased from 11,636 community pharmacies quoted in the previous 2022.

1.5.1.1 Community Pharmacies (CPs)

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

The NHS is responsible for administering opening hours for pharmacies, which is handled locally by ICBs through delegated responsibility. A pharmacy normally has 40 core contractual hours or 72+ for those that opened under the former exemption from the control of entry test. These hours cannot be amended without the consent of the ICB. All applications for the amendment of hours are required to be considered and outcomes determined within 60 days and, if approved, may be implemented 30 days after approval.⁸ This is due to change as mentioned in [Section 1.3](#).

1.5.1.2 Distance-Selling Pharmacies (DSPs)

A DSP is a pharmacy contractor that works exclusively at a distance from patients. This includes mail order and internet pharmacies that remotely manage medicine logistics and distribution. The PLPS Regulations 2013 state that DSPs must not provide Essential Services face to face, but they may provide Advanced and Enhanced Services on the premises, as long as any Essential Service that forms part of the Advanced or Enhanced Service is not provided in person on the premises. This is due to change as mentioned in [Section 1.3](#).

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

⁷ National Health Service Business Services Authority (BSA). Pharmacy Openings and Closures. March 2025. [Accessed April 2025] <https://opendata.nhsbsa.net/dataset/pharmacy-openings-and-closures>

⁸ Community Pharmacy England. Changing Core Opening Hours. June 2024. [Accessed April 2025] <https://cpe.org.uk/changing-core-opening-hours/>

Figures for 2023-24 show that in England, there were 409 DSPs,⁹ accounting for 3.4% of the total number of pharmacies. This has increased slightly from 2020-21, when there were 372 DSPs, accounting for 3.2% of all pharmacy contractors.

The PLPS Regulations 2013 have been amended to close entry to the DSP market, meaning no new applications will be accepted. This amendment comes into force on 23 June 2025.

1.5.1.3 Pharmacy Access Scheme (PhAS) providers¹⁰

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

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

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

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

1.5.1.4 Local Pharmaceutical Service (LPS) providers

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

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

1.5.2 Dispensing Appliance Contractors (DACs)

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

⁹ NHS BSA. General Pharmaceutical Services in England 2015-16 – 2023-24. October 2024. [Accessed March 2025] [NHS BSA General Pharmaceutical Services in England 2015-16 - 2023-24](#)

¹⁰ Department of Health and Social Care (DHSC). 2022 Pharmacy Access Scheme: guidance. May 2023. [Accessed March 2025] <https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024/2021-to-2022-pharmacy-access-scheme-guidance>

DACs must provide a range of Essential Services such as dispensing of appliances, advice on appliances, signposting, clinical governance and home delivery of appliances. In addition, DACs may provide the Advanced Services of Appliance Use Review and Stoma Appliance Customisation. As of January 2025,¹¹ there were a total of 111 DACs in England.

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

1.5.3 Dispensing GP practices

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

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

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

1.5.4 Other providers of pharmaceutical services in neighbouring areas

There are seven other HWBs that border Brent:

- Barnet.
- Camden.
- Ealing.
- Hammersmith and Fulham.
- Harrow.
- Kensington and Chelsea.
- Westminster.

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

¹¹ NHS BSA. Dispensing contractors' data. [Accessed March 2025] <https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data>

1.5.5 Pharmaceutical services

The Community Pharmacy Contractual Framework (CPCF), last agreed in 2019,¹² is made up of three types of services:

- Essential Services.
- Advanced Services.
- Enhanced Services.

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

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

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

1.5.5.1 Essential Services (ES)¹³

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

- **ES1: Dispensing medicines** – The supply of medicines and appliances ordered on NHS prescriptions, together with information and advice, to enable safe and effective use by patients and carers, and maintenance of appropriate records.
- **ES2: Repeat dispensing/electronic repeat dispensing (eRD)** – The management and dispensing of repeatable NHS prescriptions for medicines and appliances, in partnership with the patient and the prescriber.
- **ES3: Disposal of unwanted medicines** – Acceptance, by community pharmacies, of unwanted medicines from households and individuals which require safe disposal.

¹² DHSC. Community Pharmacy Contractual Framework: 2019 to 2024. May 2023. [Accessed April 2025.] www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024

¹³ Community Pharmacy England. Essential Services. April 2024. [Accessed April 2025] <https://cpe.org.uk/national-pharmacy-services/essential-services/>

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

Brent HWB, through the steering group, designated that all Essential Services are to be regarded as Necessary Services for the purposes of the Brent PNA.

1.5.5.2 Advanced Services (AS)¹⁴

There are nine Advanced Services within the Community Pharmacy Contractual Framework (CPCF). Advanced Services are not mandatory for providers to provide, and therefore, community pharmacies can choose to provide any of these services, as long as they meet the requirements set out in the Secretary of State Directions. The Advanced Services are listed below, and the number of pharmacy participants for each service in Brent can be seen in [Section 3.10](#) and in [Section 6.3](#) by locality.

- **AS1: Pharmacy First service** – The Pharmacy First service builds upon the NHS Community Pharmacist Consultation Service (CPCS), which has run since October 2019 and enabled patients to be referred into community pharmacy for a minor illness or an urgent repeat medicine supply. The new Pharmacy First service, launched 31 January 2024, adds to the Consultation Service and enables community pharmacies to provide care for seven common conditions following defined clinical pathways. The initiative encourages patients to obtain treatment for the conditions directly from community pharmacies, without needing a GP appointment. These conditions are sinusitis, sore throat, earache under 18 year olds, infected insect bites, impetigo, shingles, and uncomplicated urinary tract infections in women aged 16 to 64. Patients may be referred to Pharmacy First by one of the following organisations/routes:
 - NHS 111 telephone or 111 online.
 - Integrated urgent care clinical assessment service (IUC CAS).
 - 999 services.
 - General practice (low acuity minor illness conditions and the seven clinical pathways only).
 - Other urgent and emergency care provider (e.g. Urgent Treatment Centre, Emergency Department, Urgent Care Centre).

Additionally, for the clinical pathway consultations only, patients can access the service by attending or contacting the pharmacy directly without the need for a referral. Pharmacists can now provide prescription-only medicines, including antibiotics and antivirals, where clinically appropriate, after a consultation held in a private consultation room or area.

- **AS2: Flu Vaccination service** – A service to sustain and maximise uptake of flu vaccine in at-risk groups by providing more opportunities for access and improving convenience for eligible patients to access flu vaccinations. This service is commissioned nationally.

¹⁴ Community Pharmacy England. Advanced Services. February 2025. [Accessed March 2025] <https://cpe.org.uk/national-pharmacy-services/advanced-services/>

- **AS3: Pharmacy Contraception Service (PCS)** – The PCS started on 24 April 2023, allowing the on-going supply of oral contraception from community pharmacies. From 1 December 2023, the service included both initiation and on-going supply of oral contraception. The supplies are authorised via a PGD, with appropriate checks, such as the measurement of the patient’s blood pressure and body mass index, being undertaken, where necessary.
- **AS4: Hypertension case-finding service** – This service was introduced in October 2021. The service has two stages. The first stage is identifying people at risk of hypertension and offering them a blood pressure measurement (a ‘clinic check’). The second stage, where clinically indicated, is offering ambulatory blood pressure monitoring. The blood pressure and ambulatory blood pressure monitoring results will then be shared with the GP practice where the patient is registered.
- **AS5: New Medicine Service (NMS)** – The service provides support to people who are prescribed a new medicine to manage a long-term condition, which will generally help them to appropriately improve their medication adherence and enhance self-management of the long-term condition. Specific conditions and medicines are covered by the service.
- **AS6: Smoking Cessation Service (SCS)** – This service is commissioned as an Advanced service from 10 March 2022. It enables NHS trusts to refer patients discharged from hospital to a community pharmacy of their choice to continue their smoking cessation care pathway, including providing medication and behavioural support as required, in line with the NHS Long Term Plan (LTP) care model for tobacco addiction.
- **AS7: Appliance Use Review (AUR)** – To improve the patient’s knowledge and use of any ‘specified appliance’ by:
 - Establishing the way the patient uses the appliance and the patient’s experience of such use.
 - Identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient.
 - Advising the patient on the safe and appropriate storage of the appliance.
 - Advising the patient on the safe and proper disposal of appliances that are used or unwanted.
- **AS8: Stoma Appliance Customisation (SAC)** – This service involves the customisation of a quantity of more than one stoma appliance, based on the patient’s measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.

- **AS9: Lateral Flow Device (LFD) service** – The lateral flow device tests supply service for patients potentially eligible for COVID-19 treatments (LFD service) is commissioned as an Advanced service from 6 November 2023. The objective of this service is to offer eligible at-risk patients access to LFD tests to enable testing at home for COVID-19, following symptoms of infection. A positive LFD test result will be used to inform a clinical assessment to determine whether the patient is suitable for and will benefit from NICE recommended COVID-19 treatments.

All Advanced Services are considered other relevant services for the purpose of this PNA.

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

Advanced services look to reduce the burden on Primary Care by allowing easier access to a healthcare professional in a high street setting.

1.5.5.3 Enhanced Services

Under the pharmacy contract, National Enhanced Services (NES) are those directly commissioned by NHS England (NHSE) as part of a nationally coordinated programme. There are currently two National Enhanced Services commissioned, one is currently being provided, and the other one is undergoing national procurement.

- **NES1: COVID-19 vaccination service:** provided from selected community pharmacies that have undergone an expression of interest process and commissioned by NHSE. Pharmacy owners must also provide the Flu Vaccination service which is provided for a selected cohort of patients.
- **NES1: Respiratory Syncytial Virus (RSV) vaccination and Pertussis vaccination service:** currently under procurement, is due to go live in autumn 2025.

Local Enhanced Services (LES) are developed and designed locally by NHS England, in consultation with Local Pharmaceutical Committees (LPCs), to meet local health needs. There are four services commissioned regionally by NHS London, as coordinated by the Dentistry, Optometry and Pharmacy Commissioning Hub or by the North East London ICB on behalf of all London ICBs through the delegated authority by NHSE.

- **LES1: Bank Holiday Service:** provides coverage over Bank Holidays, Good Friday, Easter Sunday, and Christmas Day, to ensure that there are pharmacies open on these days so patients can access medication if required.

- **LES2: Measles, Mumps and Rubella (MMR) vaccination service:** pharmacies are commissioned by direct award based on areas of low uptake and proven experience and success of running similar schemes. This service is commissioned to be delivered by the currently selected sites until the end of March 2026.
- **LES3: Pneumococcal Polysaccharide Vaccine (PPV) service:** was issued in April 2025 as currently commissioned. Pharmacies can sign up to provide this service.
- **LES4: London Flu:** the specification for this vaccination service is currently being drawn up for 2025/26 and will come into effect from 1 September 2025. Pharmacies that are already providing the national Flu advanced service can sign up to provide this local service. The London Flu service runs in parallel to the national Flu programme, with cohorts that sit outside of the Flu advanced service as described in Section 1.5.5.2.

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

1.5.6 Other services

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

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

1.6 Process for developing the PNA

Brent HWB has statutory responsibilities under the Health and Social Care Act to produce and publicise a revised PNA at least every three years. The last PNA for Brent was published in 2022 and is therefore due to be reassessed and published by September 2025. Public Health in Brent Council has a duty to complete this document on behalf of the Brent HWB.

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

- **Step 1: Project set up** and governance established between Brent Council Public Health and Soar Beyond Ltd.
- **Step 2: Steering Group** – On 4 February 2025, the Brent PNA Steering Group was established. The terms of reference and membership of the group can be found in Appendix C.

- **Step 3: Project management** – At this first meeting, Soar Beyond Ltd and the local authority presented and agreed on the project plan and ongoing maintenance of the project plan. Appendix B shows an approved timeline for the project.
- **Step 4: Review of existing PNA and JSNA** – Through the project manager, the PNA Steering Group reviewed the existing PNA and JSNA.
- **Step 5a: Public questionnaire on pharmacy provision** – A public questionnaire to establish views about pharmacy services was agreed by the Steering Group and circulated to residents via various channels. A total of 389 responses were received. A copy of the public questionnaire can be found in Appendix D with detailed responses.
- **Step 5b: Pharmacy contractor questionnaire** – The Steering Group agreed on a questionnaire to be distributed to the local community pharmacies to collate information for the PNA. A total of 59 responses were received. A copy of the pharmacy questionnaire can be found in Appendix E with detailed responses.
- **Step 6: Mapping of services** – Details of services and service providers were collated and triangulated to ensure the information that the assessment was based on was the most robust and accurate. The Pharmacy Contracting function within the ICB, as the commissioner of service providers and services classed as necessary and relevant, was predominantly used as a base for information due to its contractual obligation to hold and maintain pharmaceutical lists on behalf of NHSE. Information was collated, ratified and shared with the Steering Group before the assessment was commenced. The pharmaceutical list dated March 2025 was used for this assessment.
- **Step 7: Preparing the draft PNA for consultation** – The Steering Group reviewed and revised the content and detail of the draft PNA. The process took into account the demography, health needs of residents in the local area, Joint Strategic Needs Assessment (JSNA) and other relevant strategies in order to ensure the priorities were identified correctly. As the PNA is an assessment taken at a defined moment in time, the Steering Group agreed to monitor any changes and, if necessary, to update the PNA before finalising or publishing with accompanying supplementary statements as per the regulations, unless the changes had a significant impact on the conclusions. In the case of the latter, the group were fully aware of the need to reassess.
- **Step 8: Consultation** – In line with the Pharmaceutical Regulations 2013, a consultation on the draft PNA was undertaken between 9 June and 10 August 2025. The draft PNA and consultation response form were issued to all identified stakeholders. These are listed in the final PNA in Appendix G.
- **Step 9: Collation and analysis of consultation responses** – The consultation responses were collated by the council and analysed by the Steering Group. A summary of the responses and comments received is noted in Appendix H. Additional comments are included in Appendix I.

- **Step 10: Review of all pharmaceutical list notifications** – The steering group reviewed all amendments made since the draft PNA and concluded that these changes did not alter the overall findings. The section on pharmaceutical service provision was therefore updated in August 2025 to reflect the most accurate information available at the time of publication.
- **Step 11: Production of final PNA – future stage** – The collation and analysis of consultation responses was used by the project manager to revise the draft PNA, and the final PNA was presented to the PNA Steering Group. The final PNA was signed off by the Director of Public Health and subsequently published on the council’s website.

This PNA is developed in accordance with, and pays full regard to, the DHSC’s Pharmaceutical Needs Assessment Information Pack, last updated 31 July 2025.¹⁵

1.7 Localities for the purpose of the PNA

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

The majority of health and social care data is ward level and at this level provides reasonable statistical rigour. This PNA uses five localities, and the wards that make up each locality are shown in the table below. The localities, although named similarly to the previous PNA, are not the same in boundary and therefore cannot be used to directly compare. This is due to the ward boundaries changing since the previous PNA.

A breakdown of the current wards and the localities for the purpose of the PNA is available in Table 2.

Table 2: Localities and wards in Brent

Locality	Ward
Harlesden	Harlesden and Kensal Green
Harlesden	Roundwood
Harlesden	Stonebridge
Kilburn	Brondesbury Park
Kilburn	Kilburn
Kilburn	Queens Park
Kingsbury and Kenton	Barnhill

¹⁵ Department of Health and Social Care (DHSC). Guidance: Pharmaceutical needs assessments: information pack. May 2013 updated July 2025. [Accessed September 2025]
<https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack>

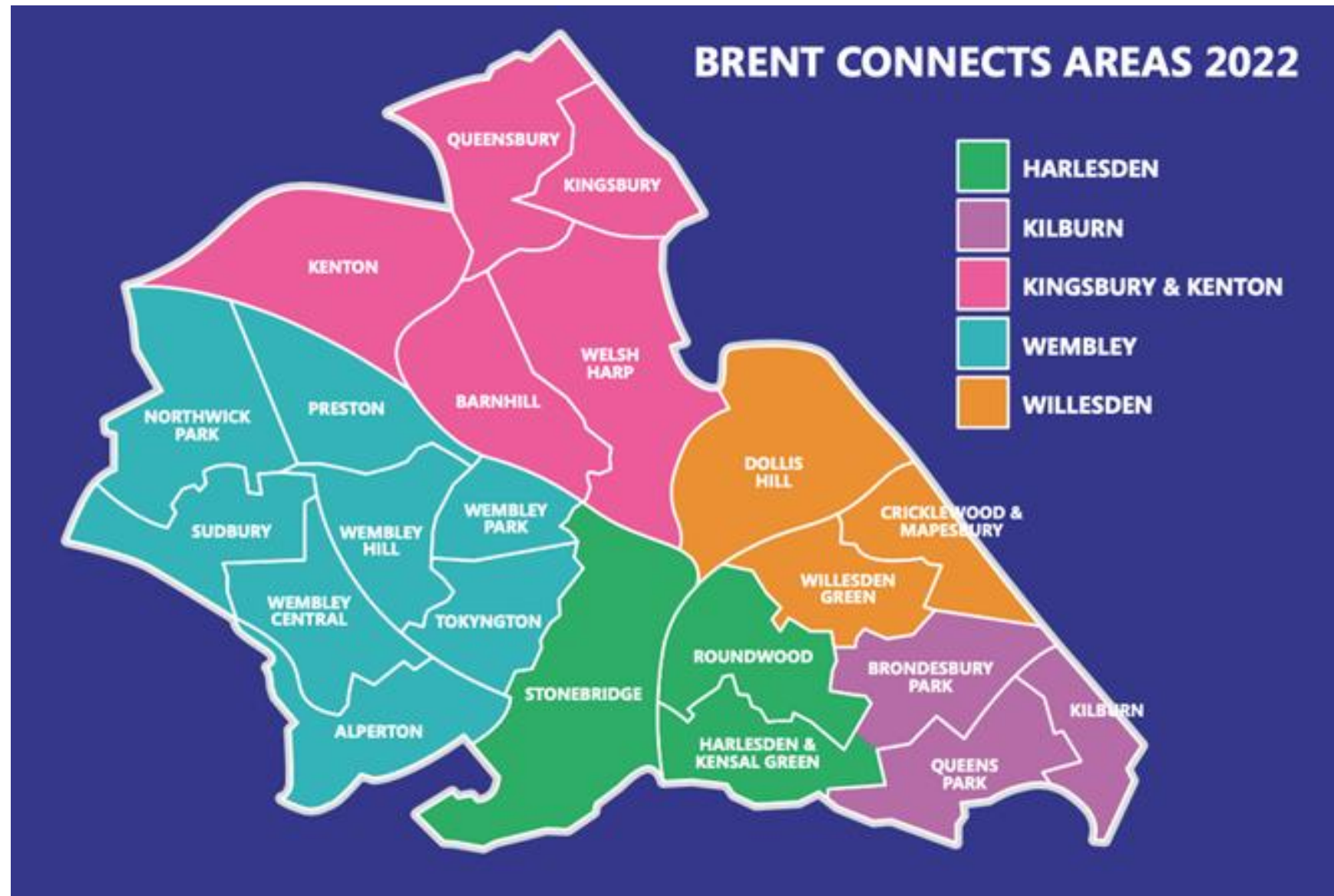
Locality	Ward
Kingsbury and Kenton	Kenton
Kingsbury and Kenton	Kingsbury
Kingsbury and Kenton	Welsh Harp
Kingsbury and Kenton	Queensbury
Wembley	Alperton
Wembley	Northwick Park
Wembley	Preston
Wembley	Sudbury
Wembley	Tokington
Wembley	Wembley Central
Wembley	Wembley Hill
Wembley	Wembley Park
Willesden	Cricklewood and Mapesbury
Willesden	Dollis Hill
Willesden	Willesden Green

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

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

Figure 1 below shows how Brent is divided into the localities and wards within them.

Figure 1: Map of Brent wards



Section 2: Context for the PNA

The PNA is undertaken in the context of the health, care and wellbeing needs of the local population. These are usually laid out in the Joint Strategic Needs Assessment (JSNA) of the local area. Based on the findings of the JSNA, the Joint Health and Wellbeing Strategy (JHWS) should identify priorities and actions to improve health and wellbeing outcomes for the local population.

This section presents health needs data relevant to pharmacy services. It does not interpret the specific pharmaceutical service provision requirements for Brent. This document should be read alongside the detailed supporting documents, with relevant links provided in each subsection. There are opportunities for the ICB and HWB to optimise Community Pharmacy Contractual Framework services in support of the Brent Health and Wellbeing Strategy.

2.1 NHS Long Term Plan (LTP)¹⁶

The NHS Long Term Plan, published in 2019, outlines the priorities for the NHS and the ways in which it will evolve to best deliver services over a ten-year period. These include themes such as prevention and health inequalities, care quality and outcomes, and digitally enabled care, which are approached within the context of an ageing population, funding changes and increasing inequalities.

The report places a specific focus on prevention and addressing inequalities in relation to smoking, obesity, alcohol and anti-microbial resistance and on better care for specific conditions such as cancer, cardiovascular disease, stroke, diabetes, respiratory disease and mental health.

The role of community pharmacy within the NHS Long Term Plan is an important one, and one which is focussed on prevention at its core. In section 4.26 of the plan, pharmacists are described as “an integral part of an expanded multidisciplinary team”. Pharmacists “have an essential role to play in delivering the Long Term Plan”. The plan states that “...in community pharmacy, we will work with government to make greater use of community pharmacists’ skills and opportunities to engage patients...” (section 4.21).

The plan identifies that community pharmacists have a role to play in the provision of opportunities for the public to check on their health (section 3.68), and that they will be supported to identify and treat those with high risk conditions, to offer preventative care in a timely manner (section 3.69).

¹⁶ NHS. NHS Long Term Plan. [Accessed March 2025] www.longtermplan.nhs.uk/

Pharmacists will also be expected to perform medicine reviews and to ensure patients are using medication correctly, specifically in relation to respiratory disease (3.86), which leads into the wider role that pharmacists have to play in working with general practice to help patients to take and manage their medicines, reducing wastage and reducing the likelihood of unnecessary hospital admissions (section 6.17.v).

2.2 Core20PLUS¹⁷

'Core20PLUS5 is a national NHSE approach to support the reduction of health inequalities at both national' and ICS level. The targeted population approach focuses on the most deprived 20% of the national population (CORE20) as identified by the Index of Multiple Deprivation and those in an ICS who are not identified within the core 20% but who experience lower than average outcomes, experience or access (PLUS).

2.3 The 10 Year Health Plan

The NHS's forthcoming 10-Year Health Plan¹⁸ aims to modernise healthcare in England by focusing on three pivotal shifts:

- Transitioning care from hospitals to communities: This strategy addresses the challenges posed by an aging population with complex health conditions and the high costs associated with hospital treatments. By enhancing services in primary care, including community pharmacies, local health centres, and patients' homes, the plan looks to reduce hospital admissions, decrease waiting times, and promote healthier, more independent living.
- Enhancing technological integration: Recognising the drawbacks of outdated systems, the plan emphasises the adoption of modern technology across the NHS. This includes moving away from paper-based processes and pagers, ensuring uniform access to advanced treatments regardless of location, and providing healthcare professionals with the tools they need to deliver efficient care.
- Prioritising preventive healthcare: Shifting the focus from solely treating illnesses to preventing them, the plan advocates for proactive health measures. This involves early detection initiatives, public health campaigns, and community-based programs designed to maintain wellness and reduce the incidence of serious health issues.

Collectively, these shifts aim to create a modernised NHS that delivers efficient, patient-centred care, meeting the evolving needs of the population.

¹⁷ NHSE. Core20PLUS5 (adults) – an approach to reducing healthcare inequalities. [Accessed March 2025] www.england.nhs.uk/about/equality/equality-hub/core20plus5/

¹⁸ Change NHS. The three shifts. [Accessed March 2025] <https://change.nhs.uk/en-GB/projects/three-shifts>

2.4 West London (NWL) Integrated Care System Strategy¹⁹

In an integrated care system, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards and improving the health of the population they serve. The ICS is responsible for setting the strategy and goals for improving health and care for residents in an area and overseeing the quality and safety, decision-making, governance and financial management of services. The goal is to create a health and care system fit for the future, with transformed North services that join up around the people who use them. Brent is one of eight boroughs within the North West London Integrated Care System. The strategic priorities are to:

1. Support health and wellbeing for our population.
2. Reduce inequalities in outcomes, access, and experience.
3. Improve access to care.
4. Keep people at home wherever possible.
5. Support babies, children, and young people to lead happy and healthy lives, and become happy and healthy adults.
6. Ensure our health and care system is as productive and high quality as it can be.

2.5 Joint Strategic Needs Assessment (JSNA)

A Joint Strategic Needs Assessment (JSNA) is a statutory requirement that is set out by the Department of Health. Local authorities, health and social care partners work together to create a JSNA. They provide a detailed picture of the health and wellbeing needs of people in the area, using an evidence-based approach to spot key issues.

The aim of the Brent JSNA is to highlight areas where there is unmet need so decision makers can take action. It focuses on important health and wellbeing topics within specific areas.

The information provides us with a wider understanding of the population of Brent and its breakdown, as well as key health statistics to consider. The Pharmaceutical Needs Assessment (PNA) is correct at the time of publication, but needs to be considered along with the JSNA.

¹⁹ North West London's Integrated Care Partnership. Health and Care Strategy for North West London 2023. [Accessed April 2025]
https://www.nwlondonicb.nhs.uk/application/files/6016/9902/9759/NW_London_ICS_Health_and_Care_Strategy_2023.pdf

2.6 Brent Joint Health and Wellbeing Strategy (JHWS)²⁰

Building on the evidence provided by the JSNA, the Brent JHWS outlines the key priorities and the actions being taken to meet Brent's health and wellbeing needs.

The strategy has been developed in partnership with residents, health organisations and voluntary organisations. There are five main themes:

7. Healthy lives.
8. Healthy places.
9. Staying healthy.
10. Understanding, listening and improving.
11. Healthy ways of working.

Community pharmacy is well placed to support across all five themes:

1. Support prevention and self-care.
2. Act as an inclusive health access point with the community.
3. Providing early intervention and support for management of long-term conditions.

2.7 Demographics

This section describes the demography of people in Brent, and includes population estimates and projections and resident profiles. The majority of the data in this chapter was sourced from various documents available from the Brent JSNA website.

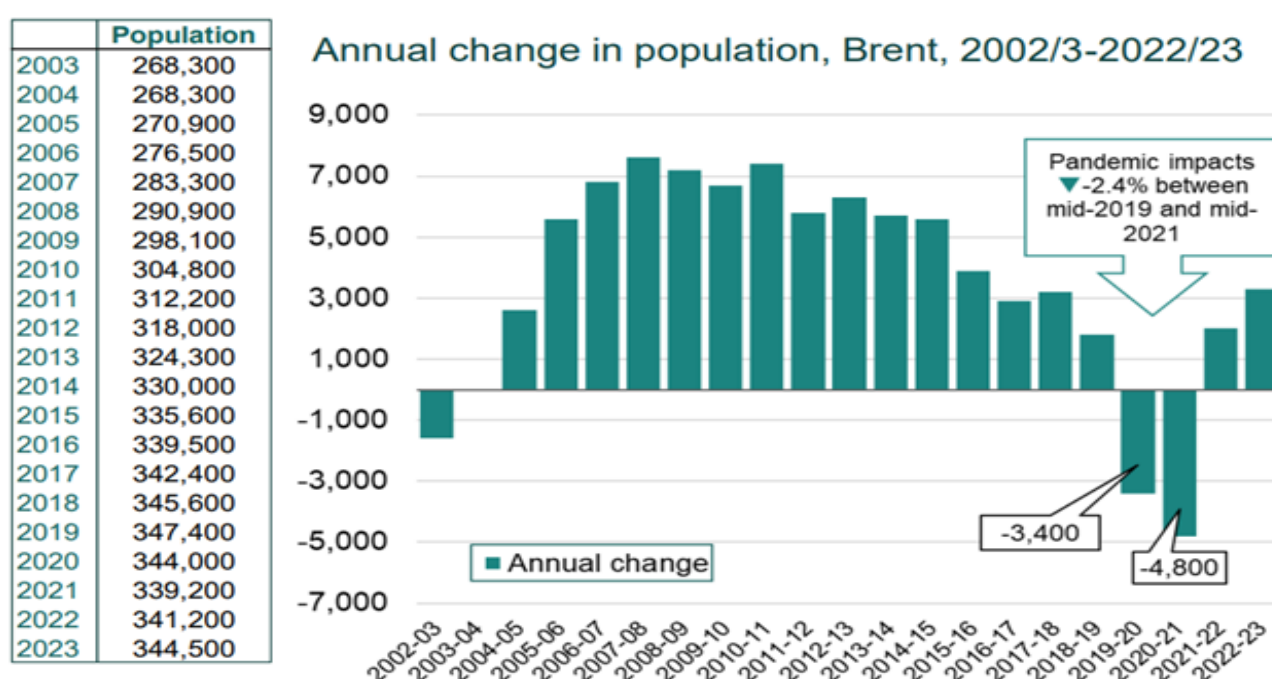
Population size, structure and composition are crucial elements in any attempt to identify, measure, and understand health and wellbeing. It is important to know how many people live in an area and their demographic characteristics, such as age and gender.

²⁰ Brent Joint Health and Wellbeing Strategy Refresh - Tackling health inequalities. [Accessed April 2025] https://www.brent.gov.uk/-/media/files/council-and-democracy-documents/strategies-and-policies/brent_health_and_wellbeing_strategy.pdf?rev=b9e557b830f743108e014a8ba3d7f70c

2.7.1 Population overview

The population of Brent grew by 6.2% over the period 2013-2023,²¹ similar to the rise across London and England (6.0% and 7.0%). Growth in Brent was relatively slow compared with the previous decade, reflecting pandemic impacts on the population and falling birth rates. The Office for National Statistics (ONS) estimates suggest that the Brent population fell by around 8,200 between mid-2019 and mid-2021 (-2.4%), mainly reflecting pandemic impacts on migration flows into London. More recently, the population has begun to increase again: between mid-2021 and mid-2023, the population rose by around 5,300 (a rise of 1.6%) – the same as the rate across London.²²

Figure 2: Population change up to 2023



Source: Brent Open Data (Census 2021)

ONS estimates the resident population of Brent to be around 344,500 as at June 2023 – this is the latest 'official' estimate of the size of the population. This makes Brent the fifth largest borough in London in terms of population size and the 30th largest in England (out of 296 areas). Brent is densely populated with a density of 7,969 people per square kilometre, the 14th highest in England, and the highest in Outer London.

²¹ London Borough of Brent. Population change in Brent – population change briefing (p7). [Accessed April 2025] <https://data.brent.gov.uk/dataset/2yq7q/population-change-in-brent>

²² London Borough of Brent. Population change in Brent – population change briefing (p7). [Accessed April 2025] <https://data.brent.gov.uk/dataset/2yq7q/population-change-in-brent>

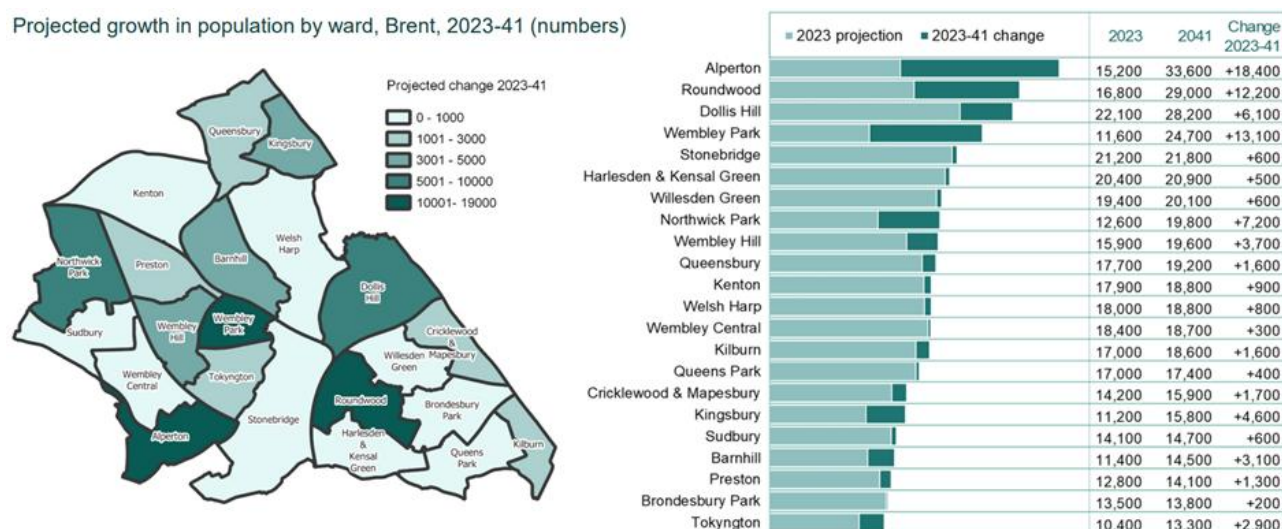
2.7.2 Predicted population growth

The latest projections for Brent, from the Greater London Authority (GLA), suggest strong population growth going forward. The population is projected to grow between 17% and 27% over the period 2023-2041.²³ On the 'central' scenario, the population is projected to grow by around 24%, with the population expected to reach around 431k by 2041. If realised, this would lead to an additional 82,500 residents by 2041 – around 4,600 additional residents per year.

Population growth is expected to be concentrated in the areas where significant housing development is planned. The three wards likely to see the biggest population growth are Alperton, Wembley Park and Roundwood. Considered together, these three wards are projected to accommodate an additional 43,700 residents by 2041 (53% of the total growth across Brent).

Figure 3: Projected population growth 2023-2041

Projected growth in population by ward, Brent, 2023-41 (numbers)



Source: Population change in Brent Briefing 2024

The table below breaks down the growth across Brent over the next five years. Over the five-year period from 2025 to 2030, Brent's total population is projected to grow by 7.1%, increasing by approximately 25,235 residents, from 352,949 to 378,184.

Wembley has the largest predicted growth of 17.6% which is primarily driven by housing developments. Kilburn and Willesden both have a slight decline over the next five years.

²³ London Borough of Brent. Population change in Brent – population change briefing (p12). [Accessed April 2025] <https://data.brent.gov.uk/dataset/2yq7q/population-change-in-brent>

Table 3: Predicted population growth in the next 5 years across Brent by locality, population prediction (% growth from previous year)²⁴

Locality	2025	2026	2027	2028	2029	2030	Growth from 2025-2030
Harlesden	57,422	57,548 (0.2%)	58,282 (1.3%)	59,260 (1.7%)	60,253 (1.7%)	61,328 (1.8%)	3,906 (6.8%)
Kilburn	46,674	46,493 (-0.4%)	46,173 (-0.7%)	46,420 (0.5%)	46,173 (-0.5%)	45,840 (-0.7%)	-833 (-1.8%)
Kingsbury and Kenton	75,699	76,332 (0.8%)	76,869 (0.7%)	77,042 (0.2%)	77,270 (0.3%)	77,595 (0.4%)	1,895 (2.5%)
Wembley	118,045	123,327 (4.5%)	129,148 (4.7%)	132,928 (2.9%)	135,642 (2.0%)	138,854 (2.4%)	20,809 (17.6%)
Willesden	55,109	55,048 (-0.1%)	54,777 (-0.5%)	54,447 (-0.6%)	54,379 (-0.1%)	54,568 (0.3%)	-541 (-1.0%)
Brent	352,949	358,748 (1.6%)	365,249 (1.8%)	370,096 (1.3%)	373,717 (1.0%)	378,184 (1.2%)	25,235 (7.1%)

Brent has higher fertility rates than the national average.²⁵ During 2022, there were 4,431 births in Brent – which equates to a general fertility rate of 55.8 births per 1,000 women aged 15 to 44, higher than the rate across England (51.9) and London (50.5).

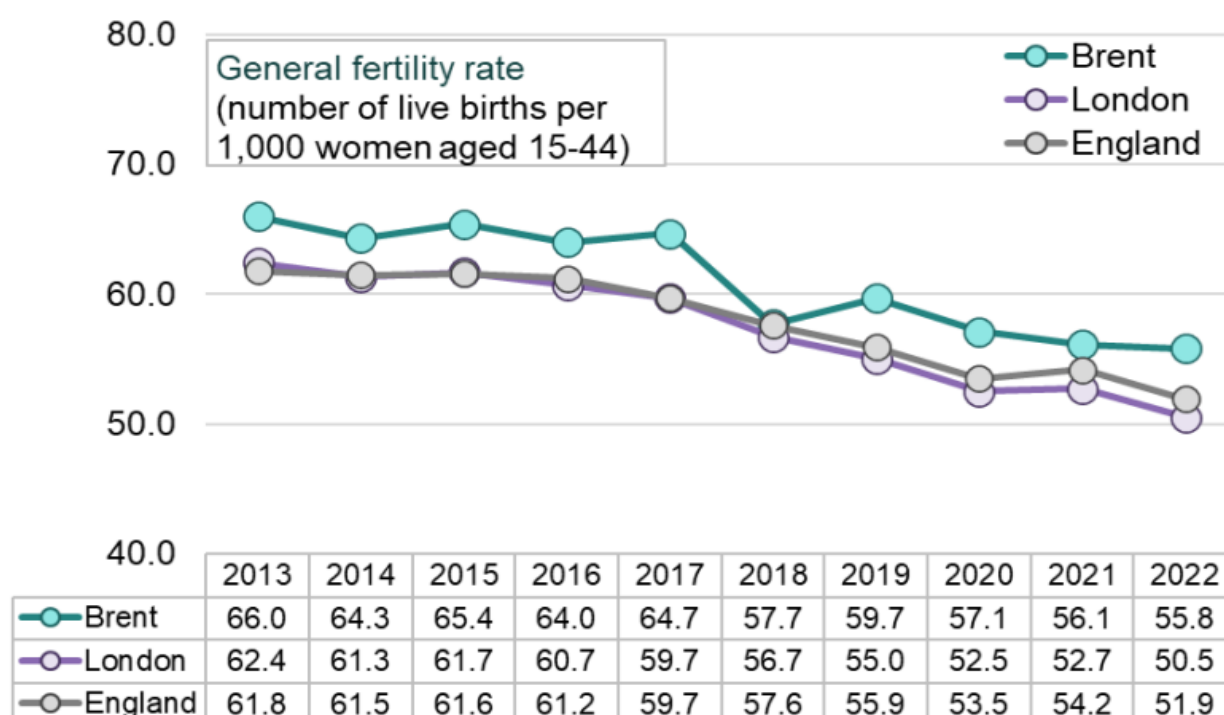
Brent also has a higher Total Fertility Rate (TFR) – this is the average number of children likely to be born to a woman in her lifetime, if she were subject to the prevailing rate of fertility in the population. Brent has a TFR of 1.58 children, higher than both London (1.39) and England (1.49).

²⁴ Greater London Authority (GLA). Population projections for Brent – BPO projection_5_yr_low_scenario-persons. October 2024. [Accessed April 2025] <https://data.brent.gov.uk/dataset/2wq58/population-projections-for-brent-gla>

²⁵ London Borough of Brent. Population change in Brent – population change briefing (p10). [Accessed April 2025] <https://data.brent.gov.uk/dataset/2yq7q/population-change-in-brent>

Figure 4: General fertility rate

The general fertility rate, Brent, London and England, 2013-2022



Source: Population change in Brent Briefing 2024

2.7.3 Housing information

Population growth

As of 2018, the population of Brent stood at 334,700, reflecting a significant 28% increase since 2001. This growth trend aligns with broader patterns observed across London, where urban expansion and migration continue to shape demographic profiles.²⁶

Housing challenges and affordability

Brent faces acute housing pressures, with 29.6% of households experiencing overcrowding. Affordability remains a critical concern, as the average house price is now 16 times the average income in the borough.²⁷

In addition, there are currently 3,636 families registered on the housing waiting list, seeking suitable accommodation.

²⁶ Brent Local Plan 2019-2041, Section 3.4. [Accessed May 2025] <https://www.brent.gov.uk/-/media/files/resident-documents/planning-and-bc-documents/brent-local-plan-2019-2041-accessible2.pdf?rev=c7a39ead257f4ecf819d3693faca8b3c>

²⁷ Brent Local Plan 2019-2041, Section 3.1.3. [Accessed May 2025] <https://www.brent.gov.uk/-/media/files/resident-documents/planning-and-bc-documents/brent-local-plan-2019-2041-accessible2.pdf?rev=c7a39ead257f4ecf819d3693faca8b3c>

Council-led housing initiatives

To address the housing crisis, Brent Council has committed to delivering 5,000 new council homes by 2028, with 1,700 of these directly delivered through the New Council Homes Programme (NCHP). This initiative aims to reduce the housing waiting list and provide secure, affordable homes for residents.

Between 2019 and 2024, the borough achieved the following milestones:

- 915 homes delivered directly by Brent Council.
- 3,351 homes delivered by Registered Social Landlords (RSLs).
- Total: 4,266 homes completed.

Looking ahead, 1,169 units are currently under construction, projected for completion by 2028. This will bring the total to 5,435 homes, exceeding the original target by 435 units.

Brent continues to collaborate with RSL partners to expand the supply of accessible and affordable housing, ensuring that future developments meet the needs of all residents.

2.7.4 Age and gender

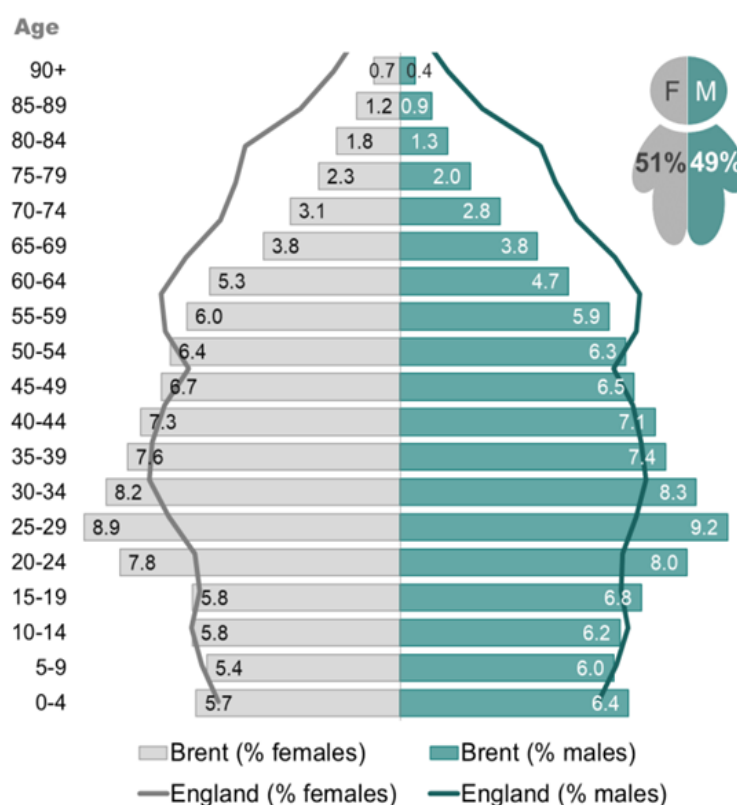
In common with other London boroughs, Brent has a relatively young population: the median age of the population is 35.5, similar to London (35.9), but five years lower than nationally (40.4).²⁸ Compared with England, Brent has proportionately more young adults and fewer over 50s. One in four Brent residents are aged 20-34 compared with around one in five nationally (25% vs. 19%), while 29% of the borough population is aged 50 or over compared with 38% nationally. The gender split in the population is 51% female and 49% male - the same as that across London and England. Women make up a higher percentage of the elderly population: 60% of residents aged 80 and over are women.

In line with national trends, the borough's population is expected to continue ageing. Over the long term (2023-41), the number of residents aged 65 and over is projected to increase by 58% – an additional 24,300 older residents. More than half of this increase is within the age 75+ age group (+13,000, up 71%). Over the same period, the child population aged under 16 is expected to see less change, increasing by 12% between 2023 and 2041 (+ 7,900 children).

²⁸ London Borough of Brent. Population change in Brent – population change briefing (p11). [Accessed April 2025] <https://data.brent.gov.uk/dataset/2yq7q/population-change-in-brent>

Figure 5: Population by age and gender

Population by age and gender, Brent and England, 2023



Source: Population change in Brent Briefing 2024

2.7.5 Ethnicity

Brent has one of the most ethnically diverse populations in the country, with around 15% of residents identified as white British in comparison to 85% of residents who identified as non-white British.²⁹ In Brent, the three largest groups were the Indian, 'Other White' and White British groups: together these groups make up around half (51%) of the Brent population.

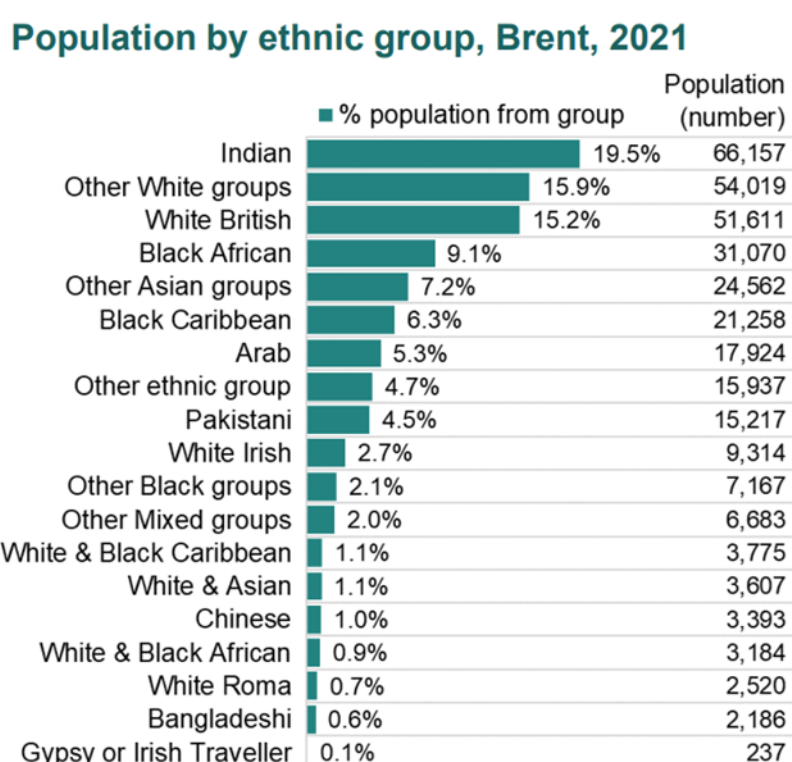
One third (33%) of Brent residents identified with one of the five Asian/Asian British ethnic groups. Around 18% of residents identified with one of the three Black/Black British categories, and 5% of Brent residents were from one of the four 'mixed or multiple' ethnic groups.

²⁹ London Borough of Brent. Ethnicity in Brent-2021 Census topic report – Ethnicity in Brent-2021 Census topic report (p7). [Accessed April 2025] <https://data.brent.gov.uk/dataset/vq9nd/ethnicity-in-brent-2021-census-topic-report>

Considered together, 35% of residents were from White ethnic groups. Those who identified their ethnic group as 'Any other white background' were able to provide further 'write-in' details; the largest groups include Romanian (11,585), 'European Mixed' (8180), Polish (5590), 'Other Eastern European' (3129). As well as European residents, the population also included the following groups: Brazilian (1096), Hispanic or Latin American (643), Australian/New Zealander (615), Jewish (547) and North American (535). The figures demonstrate the considerable diversity within this population.

237 residents identified as 'Gypsy or Irish Traveller' (<0.1% of the population), with the highest proportion of this group residing in Tokyngton.³⁰

Figure 6: Chart of population by ethnic group



Source: 2021 Census - Ethnicity topic report

³⁰ London Borough of Brent. Brent Census Atlas 2021-Ethnicity – 2021 Census Atlas-Ethnicity (p3). [Accessed April 2025] <https://data.brent.gov.uk/dataset/2334d/brent-census-atlas-2021-ethnicity>

Figure 7: Details of population by ethnic group

Overview: Ethnic group populations - wards with smallest and largest populations (% totals)

Broad grouping	Ethnic group	Brent Population	Brent (% total)	Ward with lowest rate (%)		Ward with highest rate (%)	
White groups	White British	51,611	15.2%	Wembley Central	4.5%	38.2%	Queens Park
	Irish	9,314	2.7%	Wembley Central	0.7%	4.7%	Welsh Harp
	Roma	2,520	0.7%	Wembley Central	0.2%	1.6%	Willesden Green
	Gypsy/ Irish Traveller	237	0.1%	Wembley Central	0.0%	0.2%	Tokington
	Other White groups	54,019	15.9%	Wembley Central	6.6%	21.5%	Preston
Asian/ Asian British groups	Bangladeshi	2,186	0.6%	Kenton	0.4%	1.4%	Tokington
	Chinese	3,393	1.0%	Wembley Central	0.3%	5.7%	Wembley Park
	Indian	66,157	19.5%	Kilburn	3.3%	56.5%	Wembley Central
	Pakistani	15,217	4.5%	Queens Park	1.2%	8.2%	Dollis Hill
	Other Asian groups	24,562	7.2%	Queens Park	3.7%	12.4%	Sudbury
Black/ Black British groups	Black African	31,070	9.1%	Kenton	2.8%	26.3%	Stonebridge
	Black Caribbean	21,258	6.3%	Queensbury	3.1%	12.4%	Stonebridge
	Other Black groups	7,167	2.1%	Queensbury	0.9%	4.8%	Stonebridge
Mixed/multiple ethnic groups	White & Asian	3,607	1.1%	Wembley Central	0.5%	2.0%	Brondesbury Park
	White & Black African	3,184	0.9%	Northwick Park	0.3%	1.8%	Roundwood
	White & Black Caribbean	3,775	1.1%	Wembley Central	0.5%	2.1%	Queens Park
	Other mixed groups	6,683	2.0%	Wembley Central	1.0%	3.1%	Brondesbury Park
Other groups	Arab	17,924	5.3%	Wembley Central	2.0%	11.0%	Dollis Hill
	Other groups	15,937	4.7%	Tokington	3.6%	6.2%	Stonebridge
Other groupings	BAME groups*	222,120	65.4%	Queens Park	38.5%	87.9%	Wembley Central
	White minority groups	66,090	19.4%	Wembley Central	7.6%	25.9%	Willesden Green
	Ethnic minority groups (all)	288,210	84.8%	Queens Park	61.8%	95.5%	Wembley Central

Source: 2021 Census Atlas - Ethnicity

2.7.6 Religion

Brent residents are more likely to have a religion than the national average, 80% of residents had a religion compared with 57% nationally – the fourth highest rate in England and Wales. Brent's largest religious group is Christian (39%), though the borough has a smaller Christian population than nationally (46%).³¹

Brent has a relatively large Hindu and Muslim population: around 16% of residents are Hindu – the third highest rate in England and Wales (after Harrow and Leicester, 26% and 18%). Around one in five residents are Muslim (21%), well above both the London and national averages, and the 15th highest rate nationally.

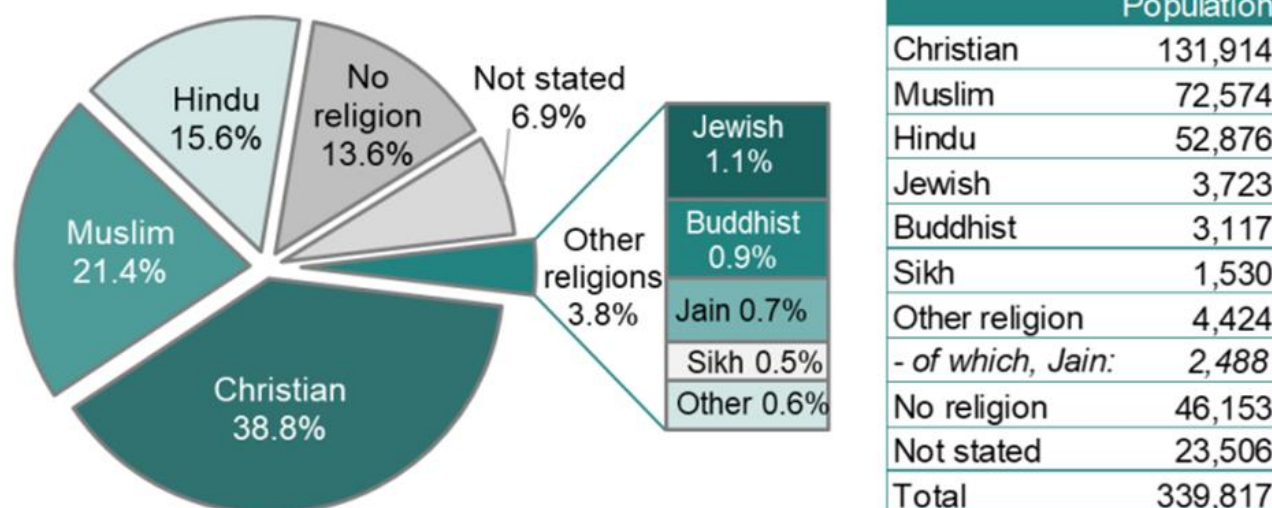
Other smaller, but significant, religious groups in Brent include: Jewish (1.1%); Buddhist (0.9%); Jain (0.7%) and Sikh (0.5%) populations. Brent has the second largest Jain population in England and Wales after Harrow. Around 14% of Brent residents stated they had no religion compared with 37% nationally. The remaining 7% of residents chose not to answer the census question (which was voluntary).

³¹ London Borough of Brent. Religion in Brent-2021 Census factsheet – 2021 Census factsheet – Religion in Brent (p1). [Accessed April 2025] <https://data.brent.gov.uk/dataset/vdd6n/religion-in-brent-2021-census-factsheet>

Figure 8: Population by religion

Population by religion, Brent, 2021

Census question: *What is your religion?*



Source: 2021 Census - Religion in Brent Factsheet

2.7.7 Language

Brent has one of the most linguistically diverse populations in the country. The 2021 census identified that around 150 different languages are spoken in Brent. In 2021, around one third (34%) of residents used a main language other than English – the second highest rate in England and Wales after Newham (35%), and well above the national average (9%).³² At a household level, one in five Brent households (20%) have no-one who uses English as their main language – the highest rate nationally.

The largest three language groups in Brent were: Gujarati, Romanian and Arabic speakers. Around 7% of residents used Gujarati as their main language – the third highest rate across England and Wales. Around 5% of residents were Romanian speakers - the fourth highest rate nationally, and 3% used Arabic, the second highest rate nationally. Brent had the highest percentage of Somali speakers across England and Wales (1.3%).

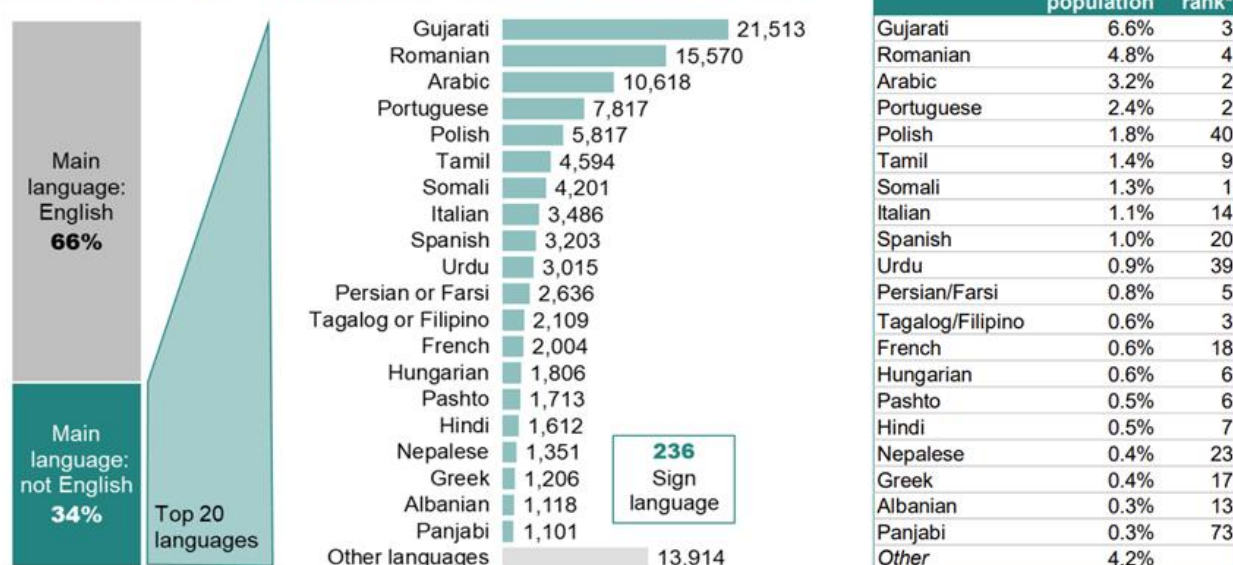
In Brent, 236 residents (0.07% of the population) used sign language as their main language, compared with 0.05% nationally. Of this group, 210 used British Sign Language.

³² London Borough of Brent. Language in Brent-2021 Census topic report – 2021 Census-Language in Brent-Topic report (p5). [Accessed April 2025] <https://data.brent.gov.uk/dataset/2nr88/language-in-brent-2021-census-topic-report>

Between 2011 and 2021, the number of Romanian speakers in Brent almost tripled in size from 5,722 in 2011 up to 15,570 in 2021 (a rise of 172%). Other language groups to see rises of more than 1,000 in number included: Arabic (+2,726), Italian (+1,591) and Portuguese speakers (+1,375). The Polish speaking population saw the biggest decline in number, down from 10,153 in 2011 to 5,817 in 2021. Other groups to see significant falls included: Gujarati (-1,987), Somali (-1,878), Urdu (-1,556) and Tamil speakers (-1,547).

Figure 9: Population by main language

Population by main language (top 20), Brent, 2021 (residents aged 3+)



Source: 2021 Census - Language in Brent - 2021 Census topic report

2.7.8 GP registered population

GP registered population compared to resident population in Brent

In planning pharmaceutical services within Brent, it is essential to distinguish between the GP registered population and the resident population, as each provides different insights into healthcare demand and service provision.

GP registered population

The GP registered population encompasses all individuals formally registered with General Practitioners (GPs) located in Brent. This figure may include individuals who:

- Have moved out of Brent but remain registered with a Brent-based GP.
- Reside in neighbouring boroughs but choose to register with a Brent GP for convenience, such as proximity to work or family.

These factors can lead to an inflated GP registered population compared to the actual resident population.

Resident population

The resident population refers to individuals whose usual place of residence is within Brent, regardless of where they are registered for primary care services. According to the ONS mid-year estimates for 2023, Brent's resident population was **344,521**.

Discrepancies and implications for Pharmaceutical Services

Discrepancies between the GP registered and resident populations can arise due to:

- Population mobility: Individuals moving without updating their GP registration can lead to outdated records.
- Cross-borough registrations: Patients may register with GPs outside their borough for various reasons, affecting local service demand assessments.
- Undocumented residents: Individuals without official immigration status may not be registered with any GP, leading to underrepresentation in healthcare planning data.

These discrepancies have significant implications for pharmaceutical service planning:

- Service demand assessment: Relying solely on GP registration data may overestimate or underestimate actual service demand within Brent.
- Resource allocation: Accurate resident population figures are crucial for equitable distribution of pharmaceutical resources and services.
- Access to care: Understanding the presence of undocumented residents can inform strategies to improve access to pharmaceutical services for all community members.

Table 4: Figures for the GP registered population in Brent as of April 2025³³

Organisation	Population count	Males	Females
Law Medical Group Practice	17,055	8,597	8,458
Church End Medical Centre	8,519	4,204	4,315
Stanley Corner Medical Centre	6,439	3,327	3,112
The Fryent Way Surgery	7,623	4,065	3,558
Sudbury Surgery	7,917	4,051	3,866
Roundwood Park Medical Centre	6,086	2,971	3,115
Wembley Park Medical Centre	23,033	11,522	11,511
GP Pathfinder Clinics	91,953	54,235	37,718
Brampton Health Centre	7,449	4,017	3,432
Preston Medical Centre	4,670	2,492	2,178
The Willesden Medical Centre	15,218	7,812	7,406
Alpertown Medical Centre	6,393	3,417	2,976
Uxendon Crescent Surgery	5,746	2,886	2,860

³³ Whole Systems Integrated Care (WSIC), GP registered population. Accessed January 2025.

Organisation	Population count	Males	Females
Walm Lane Surgery	7,030	3,645	3,385
Lanfranc Medical Centre	6,047	3,161	2,886
Gladstone Medical Centre	9,500	4,968	4,532
Ellis Practice	7027	3,594	3,433
Preston Hill Surgery	4,548	2,384	2,164
Neasden And Greenhill Park Medical Centres	9,053	5,025	4,028
The Lonsdale Medical Group	19,360	9,273	10,087
The Stonebridge Practice	6,421	3,307	3,114
The Tudor House Medical Centre	5,109	2,654	2,455
St Andrews Medical Centre	1,697	987	710
Freuchen Medical Centre	12,581	6,599	5,982
Sudbury and Alperton Medical Centre	7,992	4,152	3,840
Oxgate Gardens Surgery	6,576	3,313	3,263
Brentfield Medical Centre	9,499	4,807	4,692
Staverton Surgery	8,574	4,239	4,335
Chichele Road Surgery	5,144	3,006	2,138
The Surgery	5,899	3,182	2,717
Park Royal Medical Practice	8,791	4,544	4,247
Preston Road Surgery	6,531	3,503	3,028
The Sunflower Medical Centre	4,891	2,598	2,293
Pearl Medical Practice	5,147	2,690	2,457
Premier Medical Centre	14,814	7,496	7,318
St.Georges Medical Centre	2,467	1,230	1,237
Jai Medical Centre (Brent)	6,329	3,282	3,047
Church Lane Surgery	9,847	5,432	4,415
Kings Edge Medical Centre	3,946	2,138	1,808
Kingsbury Health And Wellbeing	4,965	2,601	2,364
Hilltop Medical Practice	5,045	2,634	2,411
Forty Willows Surgery	7,533	3,729	3,804
Chalkhill Family Practice	6,946	3,522	3,424
Lancelot Medical Centre	8,654	5,476	3,178
Mapesbury Medical Group	8,311	4,291	4,020
Willesden Green Surgery	13,688	6,825	6,863
Willow Tree Family Doctors	15,305	7,665	7,640
Burnley Medical Practice	9,741	5,095	4,646
Kilburn Park Medical Centre	6,825	3,718	3,107
The Wembley Practice	16,155	9,036	7,119
SMS Medical Practice	8,578	4,652	3,926
Total	514,667	274,049	240,618

Source: Whole Systems Integrated Care (WSIC), GP registered population, 2025

2.7.9 Working age population

These figures relate to staff employed by Brent, excluding schools. It excludes contracted out services, which are monitored elsewhere. The total number of staff employed, as of 31 March 2023, was 2,507.³⁴

46.51% of the workforce is aged between 41 and 60, which is the average age of the workforce, whilst this group comprises 38% of Brent's working age population.

Average age	44	44	45	45	46	←←←←→→→→	The average age of the workforce is 46 - similar to last year.
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Source: Brent Workforce Equalities report 2022-23

2.8 Health of vulnerable populations

2.8.1 Children and adults in care and adult safeguarding

In 2021/2022, 589 adult safeguarding concerns³⁵ were raised for adults who had a long-term service at any point during the last financial year. A safeguarding concern is defined as any situation where there is a reasonable suspicion that a child or adult is experiencing, or at risk of, harm, abuse or neglect.

The latest data is present in the table below.

Table 5: Children and adults in care and safeguarding

Financial year	Adult safeguarding concern received	Safeguarding concerns received and had long-term service in financial year	%
2022-2023	1,928	722	37%
2023-2024	2,128	716	34%
2024-2025	1,564	501	32%

Abuse can be defined³⁶ as:

- Financial and material abuse.
- Sexual abuse.
- Physical abuse.
- Domestic violence.
- Modern day slavery.
- Organisation abuse.

³⁴ London Borough of Brent. Annual workforce equalities report-Brent Council – Annual Workforce Equalities Report 2023-24 (p7). March 2025. [Accessed April 2025] <https://data.brent.gov.uk/dataset/2k11d/annual-workforce-equalities-report-brent-council>

³⁵ Brent Adult Social Care data, March 2025.

³⁶ Brent Council. Protecting adults from risk of abuse. [Accessed April 2025] <https://www.brent.gov.uk/adult-social-care/protecting-adults-from-risk-of-abuse#whattoreport>

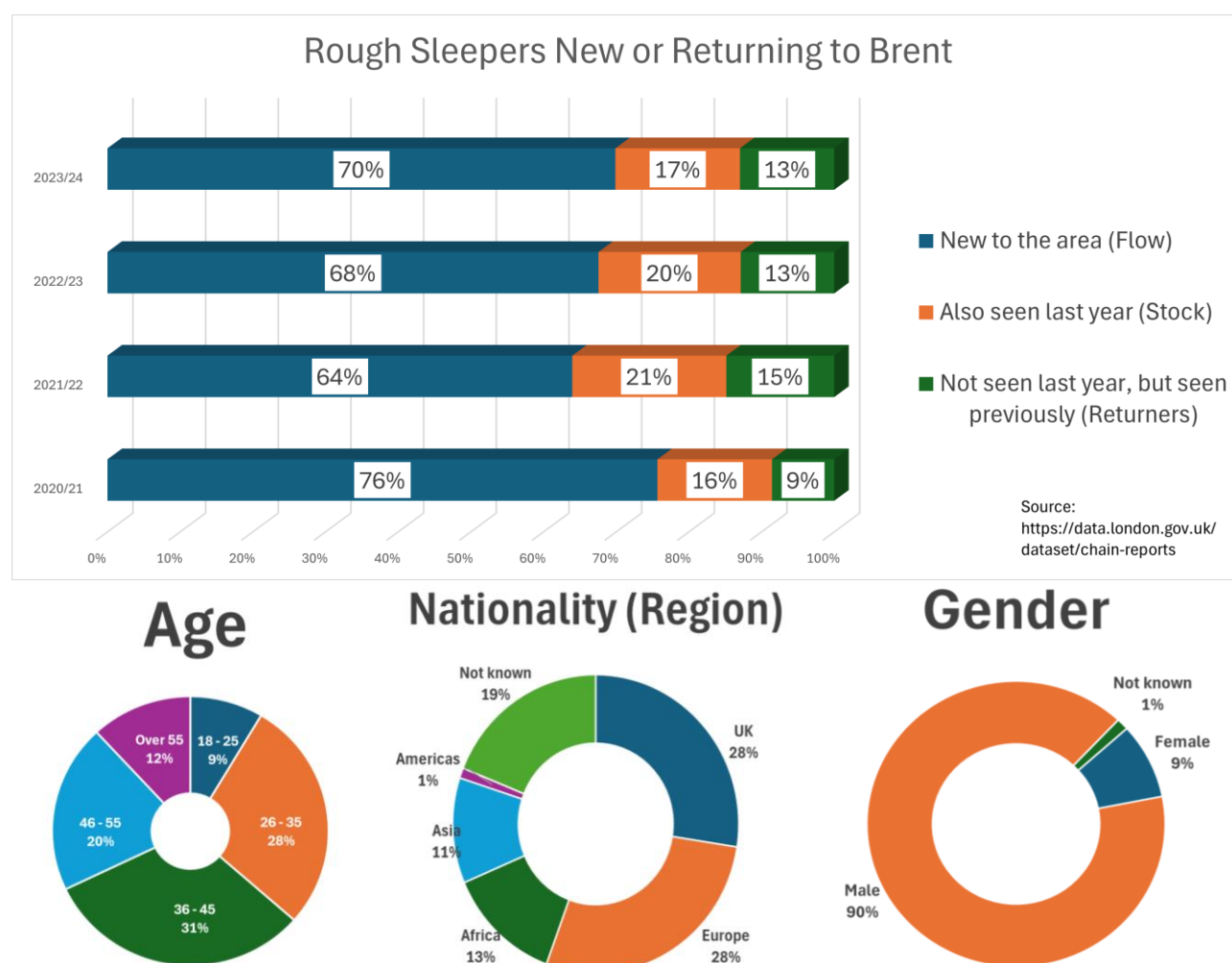
- Neglect and acts of omission.
- Self-neglect.
- Discriminatory abuse.
- Emotional and psychological abuse.

2.8.2 Homeless populations

According to Combined Homelessness and Information Network (CHAIN) data, throughout 2023/24, 455 people were seen rough sleeping across the borough of Brent.³⁷ This was a 22% increase when compared to 2022/23. The majority of those seen this year had not been seen rough sleeping in Brent previously; however, approximately 30% were returners to street homelessness or had also been seen rough sleeping in the previous year.

The graph below shows the comparison since the 2020/21 fiscal year.

Figure 10: Rough sleepers in Brent



³⁷ Greater London Authority (GLA) through London Datastore. Rough sleeping in London (CHAIN reports) – 2023/24 Borough Annual Reports – Brent 2023/24 (p5). [Accessed May 2025] <https://data.london.gov.uk/dataset/chain-reports>

The above graphs detail demographic information relating to the rough sleeping population in Brent, as reported in CHAIN data for 2023/24. Of particular significance is that the overwhelming majority were male.

2.8.3 Residential and nursing home populations

Residential and nursing care services play an important role in the delivery of social care support to people in Brent. There are 52 residential and nursing homes in Brent,³⁸ with 1,012 beds, employing over 1,235 people. Of the 52 homes in the borough, nine are nursing homes for older adults and 43 are residential services. Of the 43 residential services, there are:

- 22 services for people with learning disabilities.
- Nine specialist mental health services.
- Three specialist dementia services.
- One older adult residential home.
- Seven sensory impairment service and other conditions.
- One substance misuse service.

Brent is currently commissioning 652 placements, 306 nursing placements and 346 residential placements. 49.5% of Brent's commissioned placements are in care homes in the borough; 50.5% of placements are in care homes outside of Brent. The London average for placements in the borough is 52.5%, suggesting that Brent is not an outlier on this. Most of Brent's placements are in homes rated outstanding or good (88%), compared to the London average (24/25) of 85% of placements in outstanding or good homes.

Brent's care home placement³⁹ categories are broken down as shown in Table 6.

Table 6: Brent care home placement types

Placement type	Number of people
Learning disability	70
Older adults	485
Mental health	35
Physical disabilities	62

³⁸ Care Quality Commission (CQC), March 2025, accessed through Brent Adult Social Care.

³⁹ Brent Adult Social Care, March 2025.

2.9 High level health and wellbeing indicators

2.9.1 Life expectancy

Life expectancy at birth for both men and women in Brent is comparable to both the London and England national averages. Life expectancy at birth for males born in 2023 was 80.2 years, higher compared to males born in the previous year, 79.9. Life expectancy for females born in 2023 was 85.3 years, which was lower than the previous year, 85.7 years.⁴⁰

Life expectancy at birth varies at the ward level in Brent, as illustrated in the table below. Life expectancy for males born in 2016 to 2020 is lowest in Stonebridge: 76.0 years, and highest in Kenton, 87.0 years. In comparison, the life expectancy for females born in the same period is lowest in Stonebridge, 80.6 years and highest in Kenton, 91.3 years.

Table 7: Life expectancy in Brent wards compared to the England average, 2016 to 2020

Ward or geography	Locality	Male life expectancy (years)	Female life expectancy (years)
Alperton	Wembley	81.9	87.9
Barnhill	Kingsbury and Kenton	78.4	81.1
Brondesbury Park	Kilburn	81.4	86.4
Dollis Hill	Willesden	82.6	87.1
Dudden Hill	Willesden	83.0	87.0
Fryent	Kingsbury and Kenton	79.9	83.8
Harlesden	Harlesden	77.6	84.3
Kensal Green	Harlesden	79.8	86.1
Kenton	Kingsbury and Kenton	87.0	91.3
Kilburn	Kilburn	80.0	84.8
Mapesbury	Kilburn	80.9	87.0
Northwick Park	Wembley	81.2	85.0
Preston	Wembley	83.1	84.8
Queens Park	Kilburn	82.9	86.7
Queensbury	Kingsbury and Kenton	80.5	85.9
Stonebridge	Harlesden	76.0	80.6

⁴⁰ Fingertips. Department of Health and Social Care (DHSC). [Accessed March 2025] <https://fingertips.phe.org.uk/search/page/4/gid/1/pat/6/par/E12000007/ati/501/are/E09000005/iid/90366/ag/e/1/sex/1/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-d>

Ward or geography	Locality	Male life expectancy (years)	Female life expectancy (years)
Sudbury	Wembley	79.7	84.2
Tokyngham	Wembley	79.8	84.6
Welsh Harp	Willesden	80.7	86.0
Wembley Central	Wembley	82.0	87.4
Willesden Green	Willesden	78.1	86.2
Brent		80.5	85.1
England		79.5	83.2

2.9.2 Healthy life expectancy and disability free life years

Healthy life expectancy has remained much lower than life expectancy, and data for 2021 to 2023 from the Office of National Statistics (ONS) indicate that it is now 66.5 years for males and 67.7 for females.

As shown in the table below, not only do females live longer than males, but they also spend more years in poor health compared to males (17.4 years compared with 14.0 years for males). Consequently, females are expected to spend more of their lives in poor health than males: 20.4% compared to 17.4%

Table 8: Life expectancy, healthy life expectancy, number of years in poor health and proportion of life spent in poor health; Males and females at birth and age 65, England 2021 to 2023

Indicator	Life expectancy at birth- males (years)	Life expectancy at birth- females (years)	Life expectancy at age 65- males (years)	Life expectancy at age 65- females (years)
Life expectancy	80.5	85.1	18.9	22.5
Health life expectancy	66.5	67.7	10.1	11.2
Number of years in poor health	14.0	17.4	8.8	11.3
Life in poor health	17.4%	20.4%	46.6%	50.2%

This trend seems to also be apparent for those over 65 years old. Once they reach the age of 65, in 2021 to 2023, males could expect to live an additional 18.9 years and females an additional 22.5 years.⁴¹

⁴¹ Fingertips. DHSC. [Accessed March 2025]

<https://fingertips.phe.org.uk/search/expectancy#page/1/gid/1/pat/6/ati/501/are/E09000005/iid/90362/age/1/sex/1/cat/-1/ctp/-1/yr/3/cid/4/tbm/1>

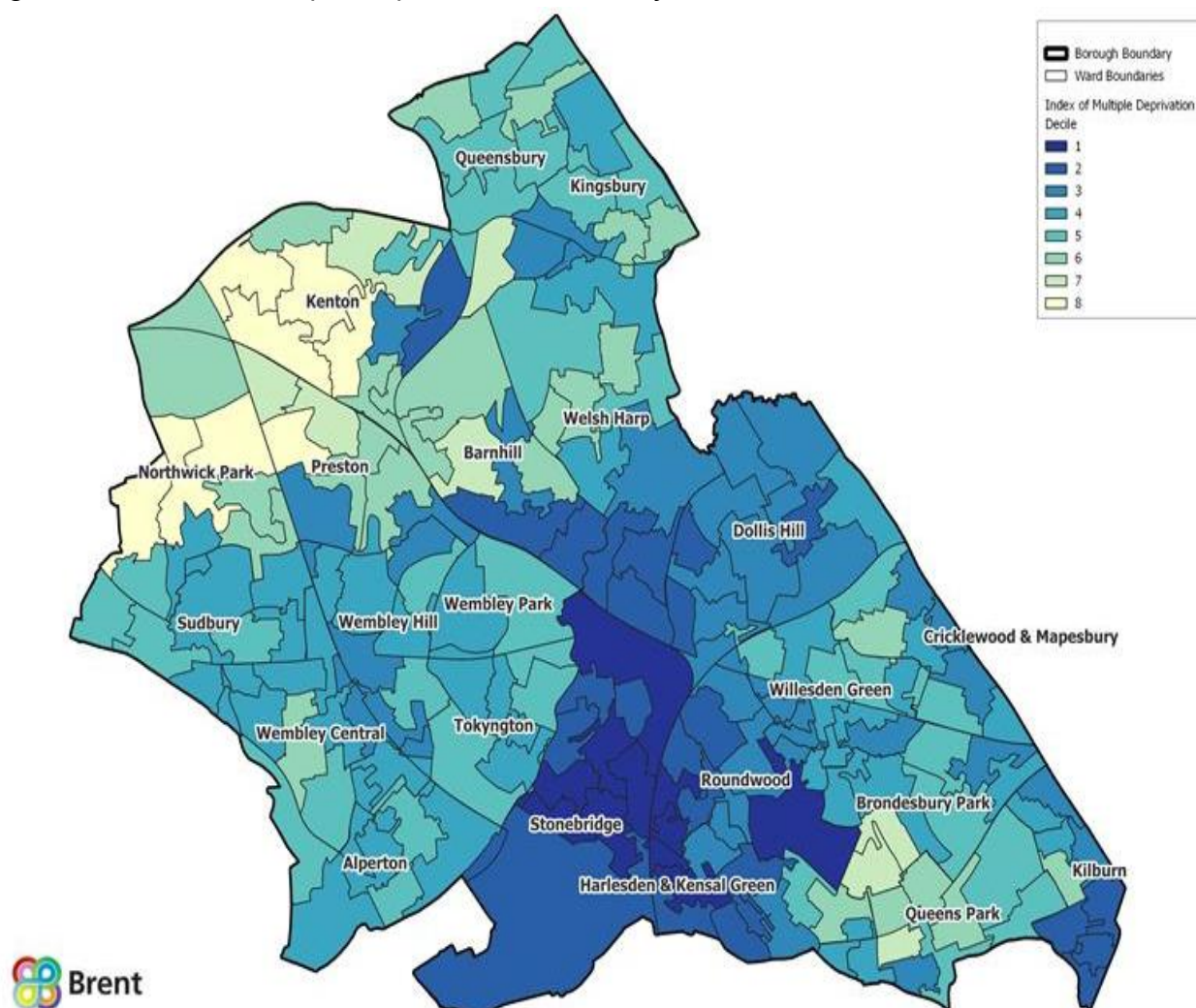
2.9.3 Index of Multiple Deprivation (IMD)

The Index of Multiple Deprivation (IMD) combines seven distinct aspects of deprivation: income, employment, education, health, crime, barriers to housing and services, and living environment. These are combined and weighted to form one overall index.

Brent is ranked the fourth most deprived borough in London according to the IMD. Stonebridge and areas within Harlesden and Kensal Green, Kilburn and Roundwood are amongst the most deprived in the borough.⁴²

Lower-layer Super Output Areas (LSOAs) are a geographical areas that comprise between 400 and 1,200 households. Deprivation decile 1 represents the most deprived LSOAs in England, and decile 10 represents the least deprived LSOAs.

Figure 11: Index of Multiple Deprivation in Brent by wards



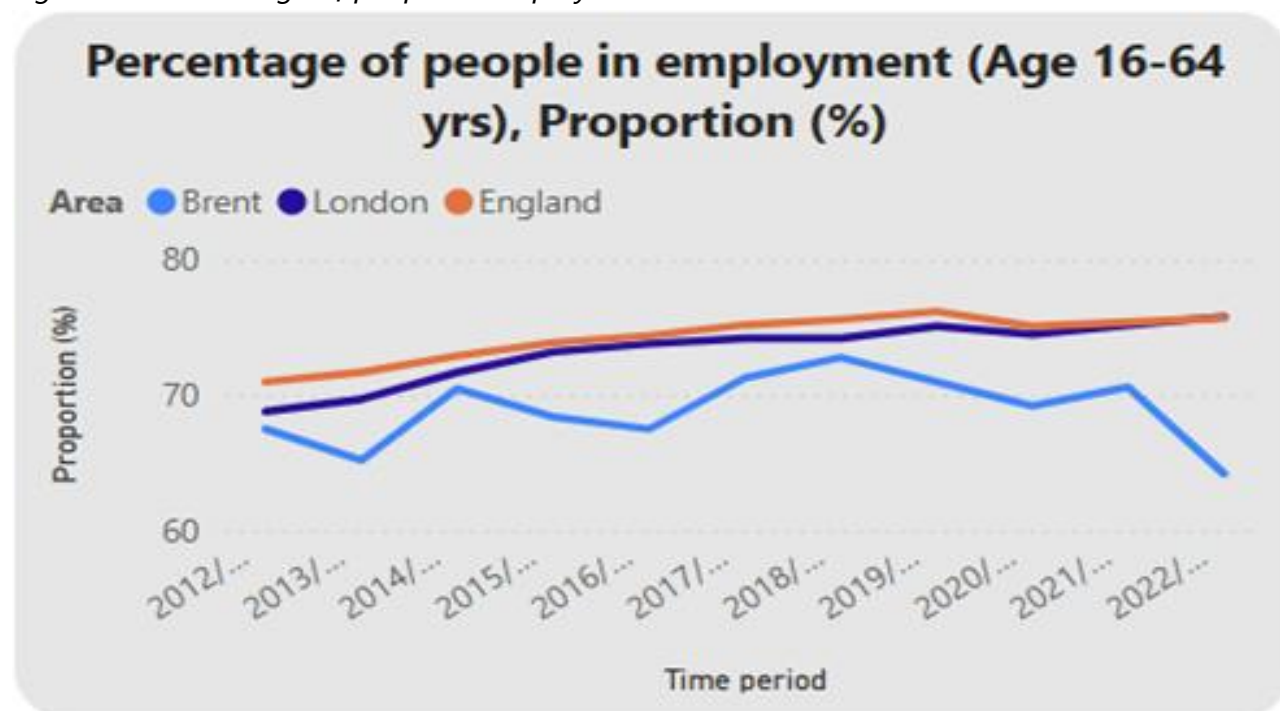
Source: Brent JSNA 2023

⁴² Brent Joint Strategic Needs Assessment (JSNA) 2023. [Accessed March 2025] <https://app.powerbi.com/view?r=eyJrIjojZGJkYjY3MwQ0tNzI5Yy00ZTBiLWJhYTMtZmE0ZTEzNWRhNzU3liwidCI6IjlxODc4N2FiLTMTN2YtNGQ3YS1hZjIjLTU4NzBIM2QyZWl4MCI6ImMiOj9>

2.9.4 Employment

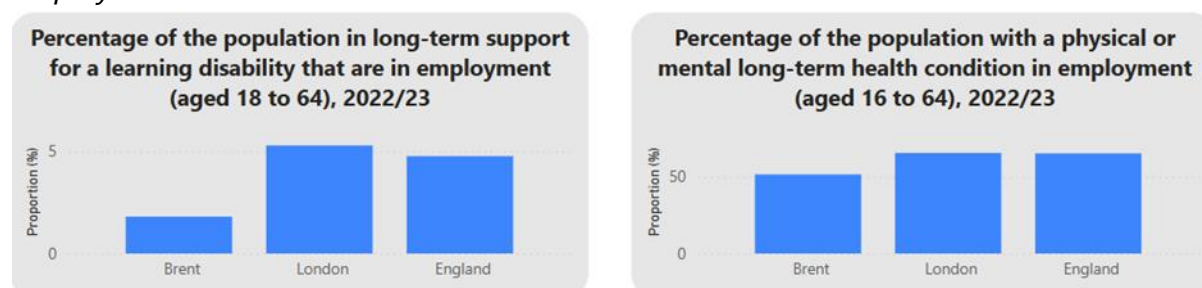
In 2022/23, the percentage of people in employment decreased significantly in Brent and remains lower than London and England. As shown in the graph, average weekly earnings in Brent are higher than the England average but lower than the London average for all people, both male and female.⁴³

Figure 12: Percentage of people in employment



In Brent, a lower proportion of people aged 16-64 with a physical or mental long-term condition are employed compared to London and England. Brent also has a much lower proportion of individuals with learning difficulties in employment.⁴⁴

Figure 13: Percentage of people with long terms conditions and learning difficulties in employment



Source: Brent JSNA 2023 and Fingertips -Department of Health and Social Care

⁴³ Brent Joint Strategic Needs Assessment (JSNA) 2023, Employment Dashboard. [Accessed March 2025] <https://app.powerbi.com/view?r=eyJrljoiYjBjYmQ0YmMtN2RhYi00NTg4LTNmNTYtOTNhNzgyMmM3N2Q0liwiZCI6IjlxODc4N2FiLTM1N2YtNGQ3YS1hZjJlLTU4NzBIM2QyZWl4MCI6ImMiQjh9>

⁴⁴ Fingertips, DHSC. [Accessed March 2025] <https://fingertips.phe.org.uk/search/employment>

2.9.5 Housing

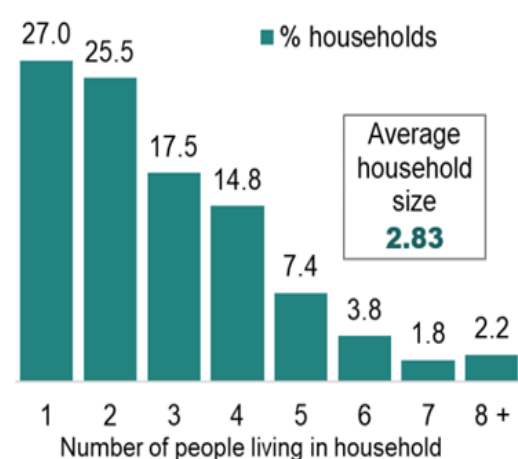
Around 27% of Brent households are one person households, and a further quarter comprises two people (25%). Just under one third (33%) contain three or four people, and the remaining 15% contain five or more people. The average household size in Brent is 2.83, similar to the level recorded in the 2011 Census (2.80).⁴⁵

The average size of a household in Brent (2.83) is much higher than both the London (2.54) and national (2.36) averages. Brent ranks sixth highest nationally on average household size out of 331 local authority areas across England and Wales. The percentage of households containing five or more people is 15% in Brent compared with 10% across London and 7% across England and Wales.

Figure 14: Households by size

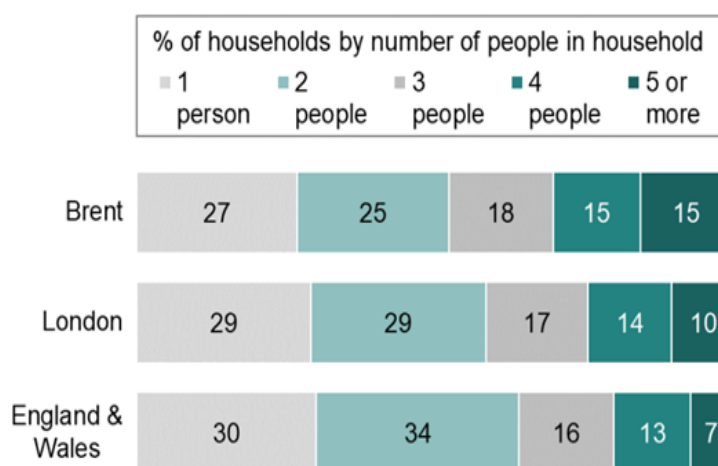
Households by size, Brent, 2021

Base: total households = 118,615



Households by size, 2021

Brent, London and England & Wales (% total)

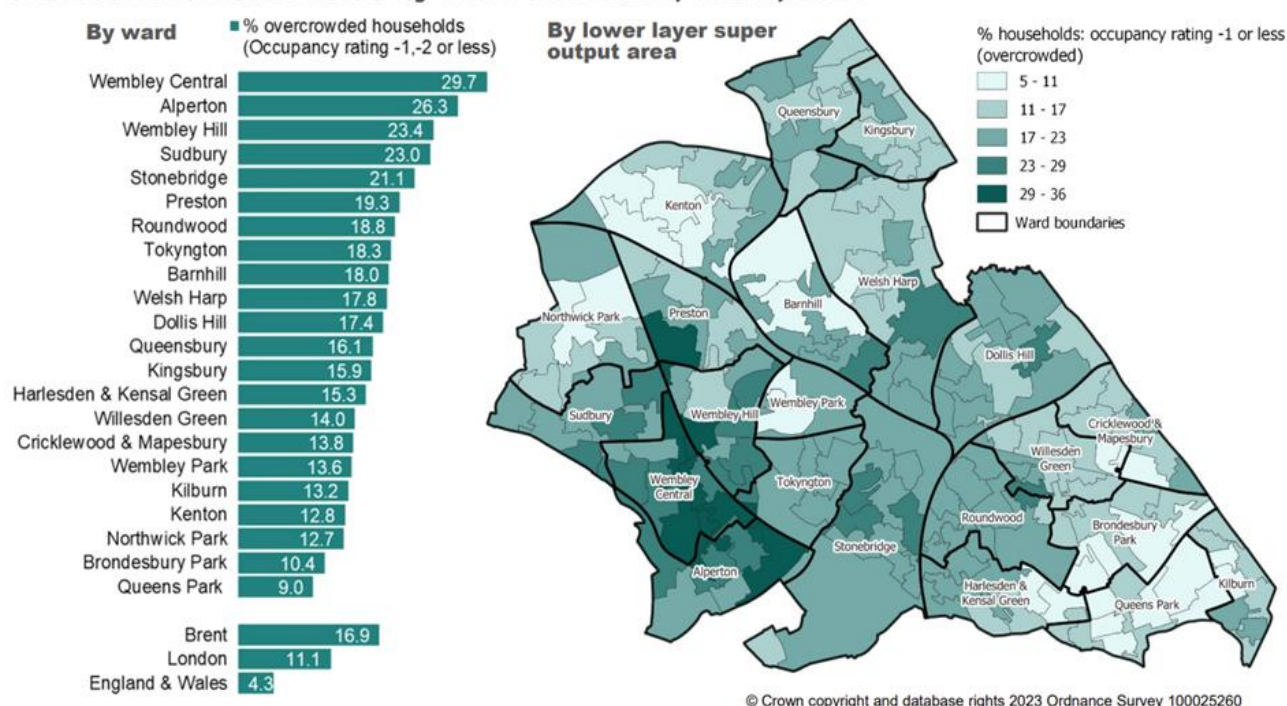


At ward level, the percentage of households that were overcrowded ranged from 9% in Queens Park up to 30% in Wembley Central. The map shows how the rate varies across the borough's 181 Lower Layer Super Output areas.

⁴⁵ Housing in Brent - 2021 Census analysis. [Accessed March 2025]

https://data.brent.gov.uk/download/2z14p/bqv/Census%20topic%20report%20Housing_Final_30.10.23_AV.pdf

Figure 15: Overcrowded households

Overcrowded households by ward and LSOA, Brent, 2021

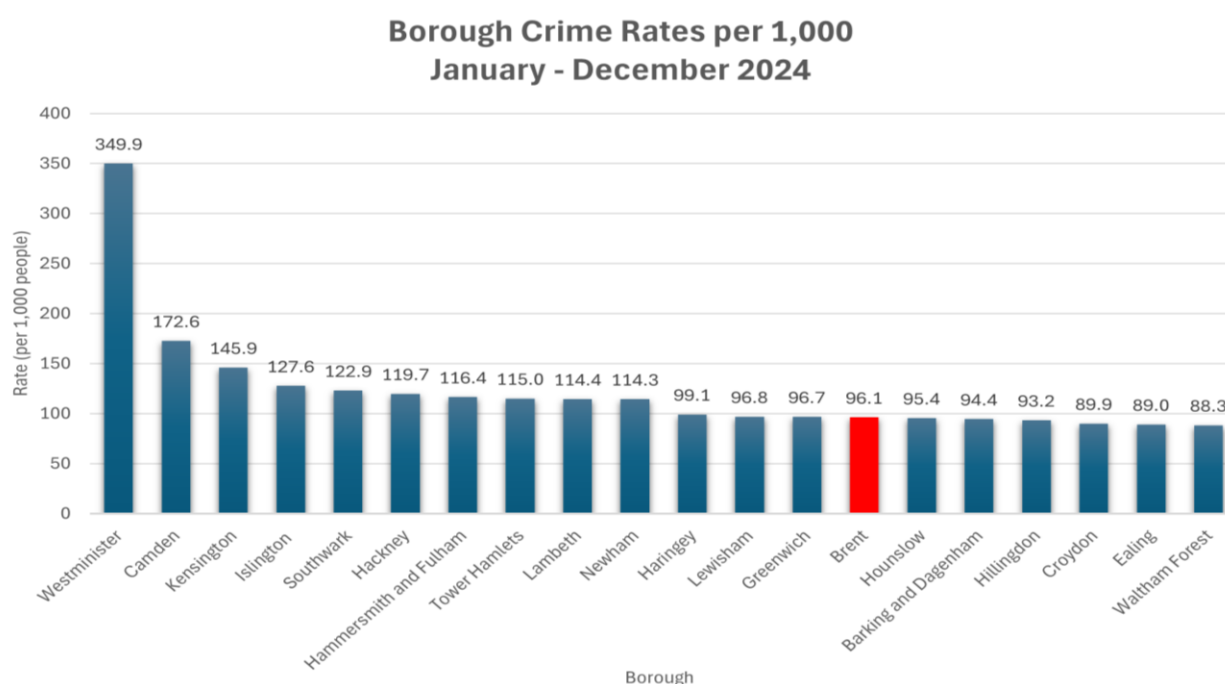
Source: Housing in Brent - 2021 Census analysis

2.9.6 Crime

From January to December 2024, there were a total of 948,583 offences in London, a 2% increase when compared to the previous 12-month total. Westminster had the highest crime rate of each of the London boroughs, with an incidence rate of close to 350 crime offences per 1,000 population, while Richmond was the borough which had the lowest crime rate, with 60.8 offences. Brent ranked 14th highest, with a rate of 96.1 crime offences per 1,000.⁴⁶ This is shown in the graph below, showing the 20 boroughs with the highest rates.

⁴⁶ Stats and data. Metropolitan Police [Accessed March 2025] <https://www.met.police.uk/sd/stats-and-data/>

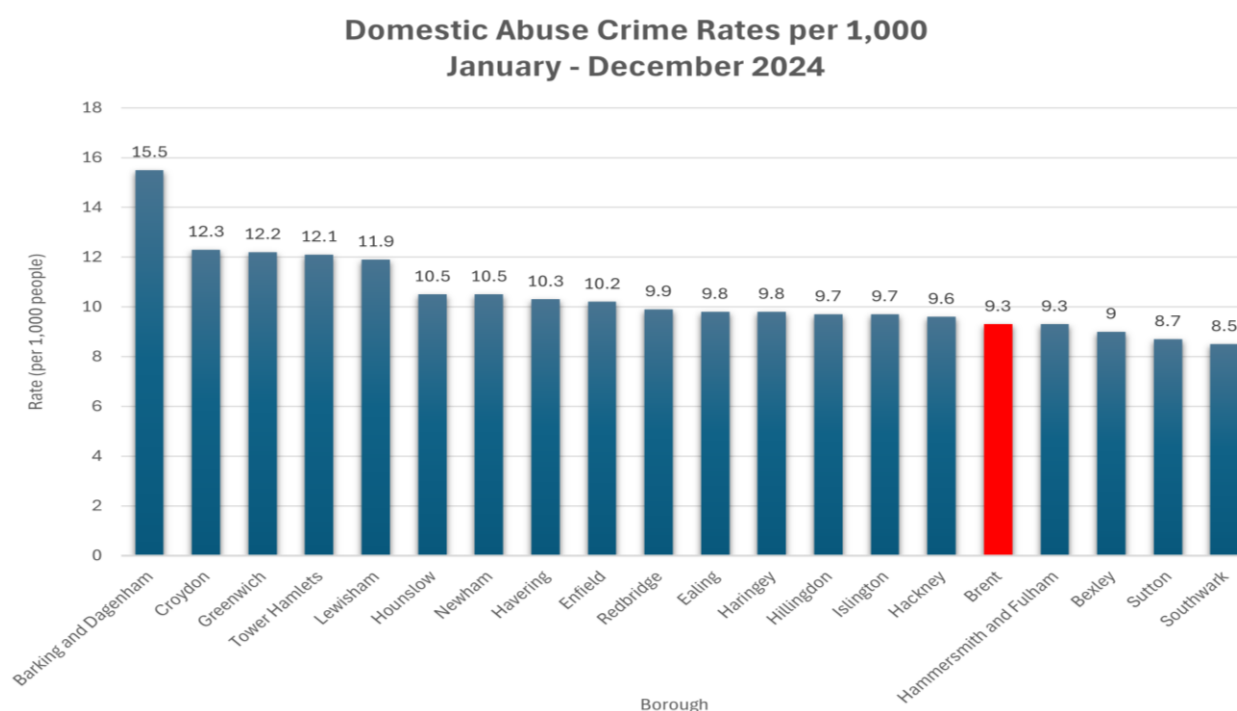
Figure 16: London boroughs crime rate



2.9.7 Domestic violence

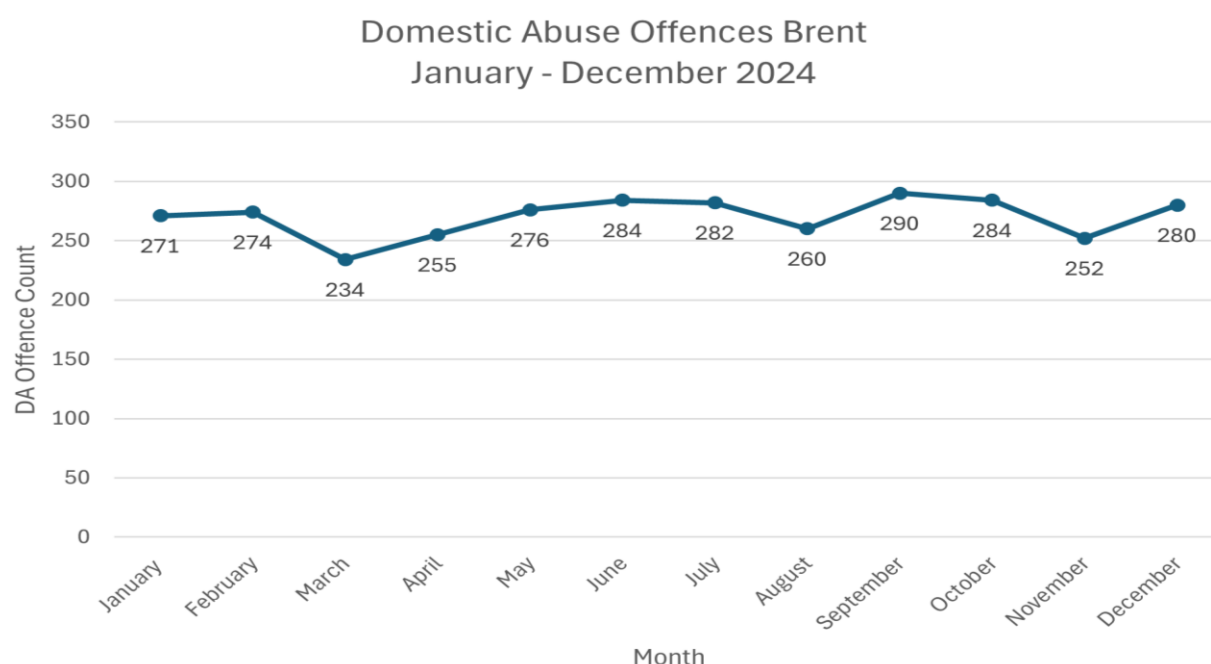
During 2024, 87,423 domestic abuse offences were reported to the Metropolitan Police, a decrease of close to 10% compared to the previous year (96,641). Barking and Dagenham was the borough with the highest rate of domestic abuse crime offences, with a rate of 15.5 offences per 1000, while Richmond had the lowest with 5.3 offences per 1000. Brent ranked 16th highest with a rate of 9.3 offences per 1,000.⁴⁶ This is shown on the graph below.

Figure 17: Domestic abuse crime rates in London boroughs



In addition, the distribution of the offences provides further insights. In Brent, the level of reported offences stayed fairly constant during the year, with peak months being June, July, September and October. March was the month with the fewest reported offences with 234. The yearly distribution is shown on the graph below.

Figure 18: Domestic abuse in Brent



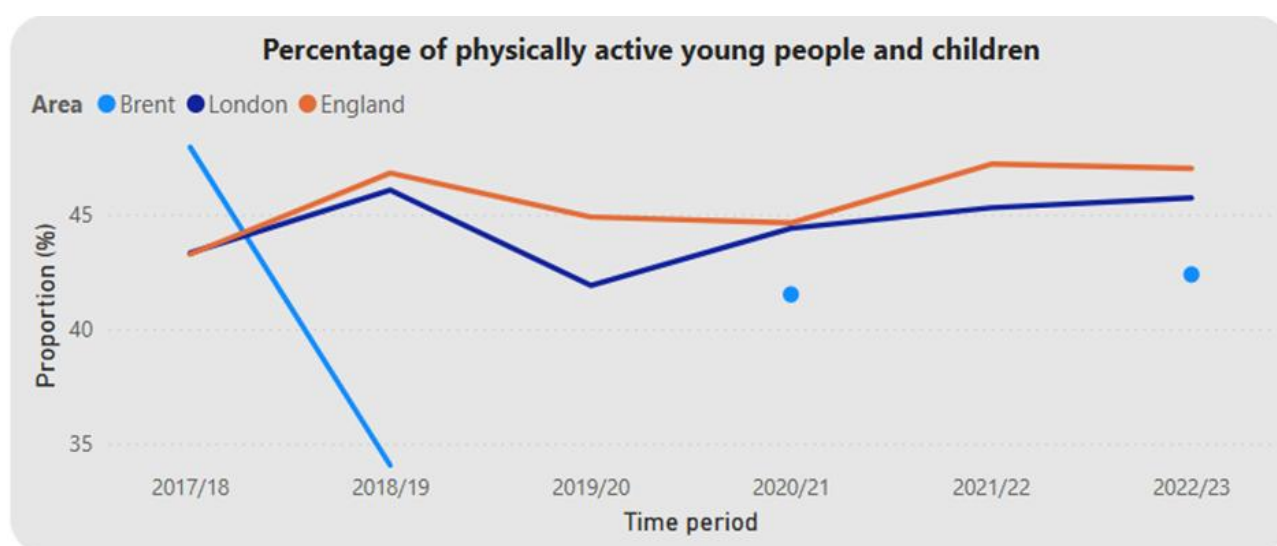
2.9.8 Physical activity

2.9.8.1 Children's physical activity levels

Diet, nutrition, and exercise are interconnected aspects of a healthy lifestyle, influencing each other and overall well-being. Although recent data shows that more children and young people are becoming physically active, the proportion in Brent is still lower than in London and England. In Brent, around 42% of children and young people are active, compared to 46% for London and 47% for England.⁴⁷

⁴⁷ Brent Joint Strategic Needs Assessment (JSNA) 2023, Physical Activity Dashboard. [Accessed March 2025] <https://app.powerbi.com/view?r=eyJrIjoieYjBjYmQ0YmMtN2RhYi00NTg4LTNmNTYtOTNhNzgyMmM3N2Q0liwiZCI6IjlxODc4N2FiLTM1N2YtNGQ3YS1hZjliLTU4NzBIM2QyZWl4MCI6ImMiOjh9>

Figure 19: Percentage of physically active young people and children

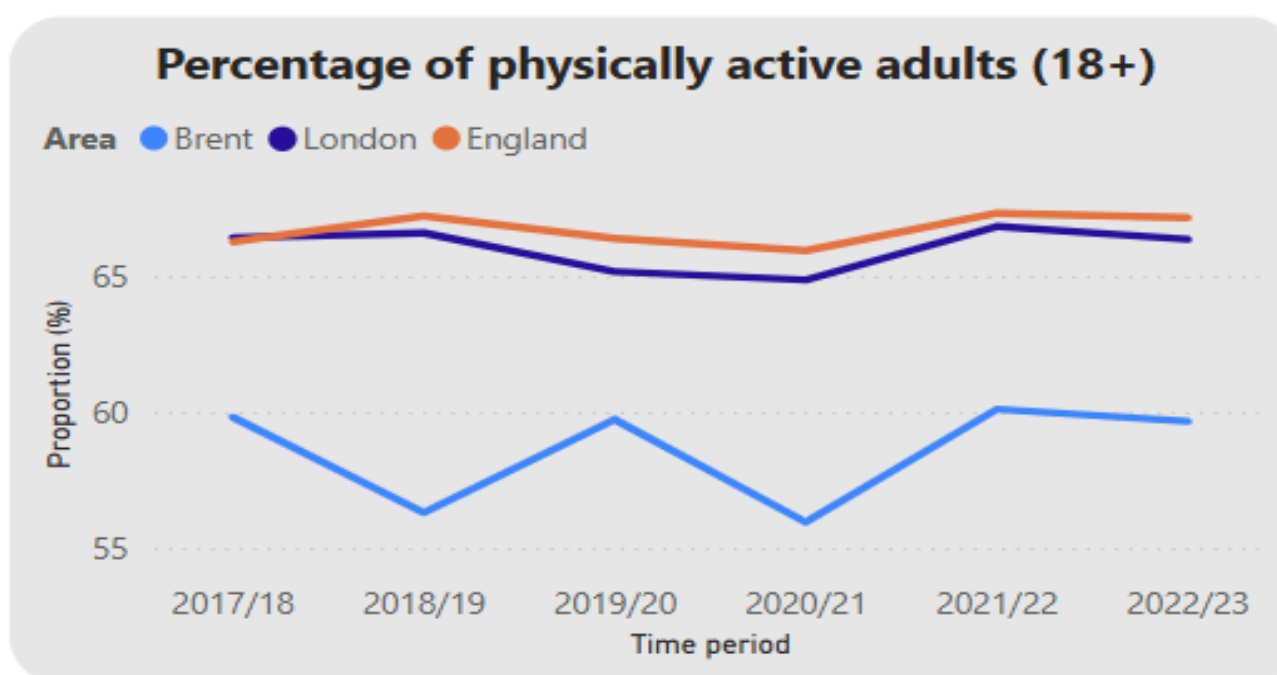


Source: Brent Joint Strategic Needs Assessment (JSNA) 2023

2.9.8.2 Adults' physical activity

Physical activity levels remain low in Brent. In Brent, the percentage of physically active adults is 60% which is substantially lower than in London (65%) and England (66%).⁴⁷

Figure 20: Percentage of physically active adults

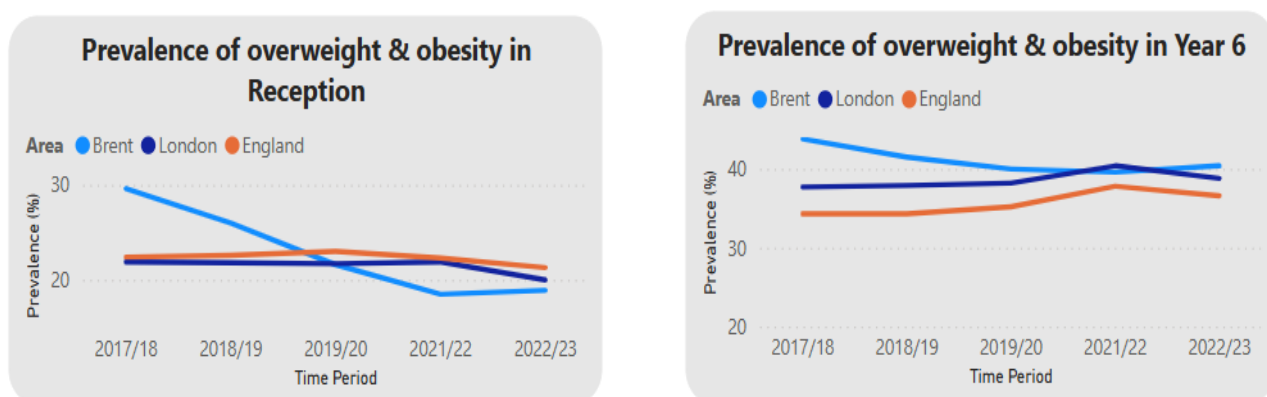


Source: Brent Joint Strategic Needs Assessment (JSNA) 2023

2.9.9 Obesity

The proportion of children classified as overweight or very overweight is higher for Year 6 children than for Reception year in Brent. Looking at trends from 2017 to 2023, generally, while the proportion of overweight and very overweight children at Reception is decreasing and is lower than in London and England, the proportion of overweight and very overweight children at Year 6 is higher than in London and England.⁴⁸

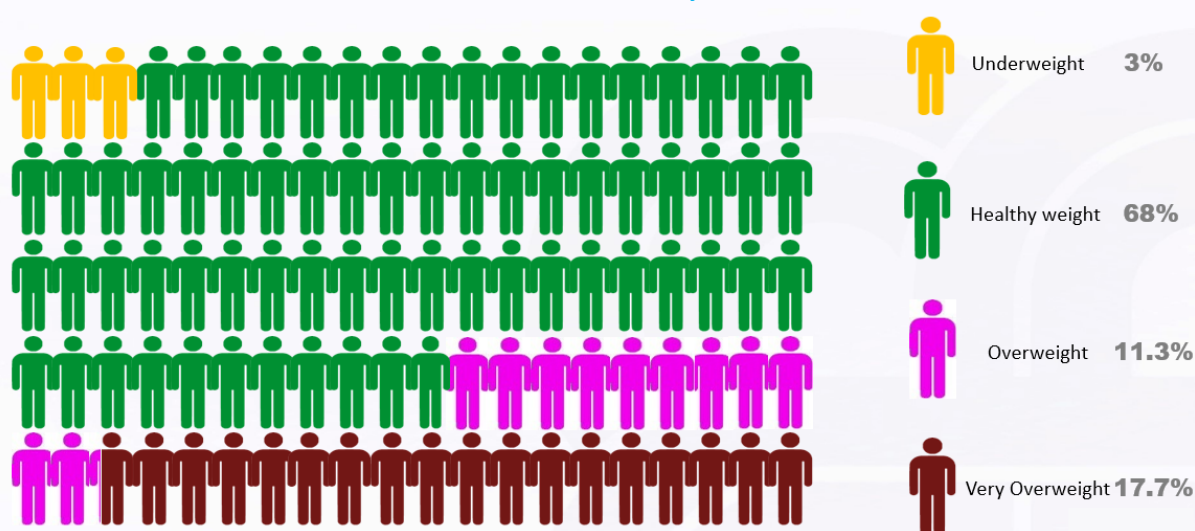
Figure 21: Percentage of overweight and obesity in children – Reception and Year 6



More recent analysis for 2023/2024 data⁴⁹ shows that a total of 29% of both Reception and Year 6 children were classed as overweight and very overweight. A further 68% were found with a healthy weight, and 3% were classified as underweight.

Figure 22: Brent Body Mass Index (BMI) classification for children - Reception and Year 6

Brent BMI Classification 2023/24 – Reception & Year 6 Combined



⁴⁸ Brent JSNA 2023. Brent Open Data. [Accessed March 2025] <https://data.brent.gov.uk/dataset/emgr/brent-joint-strategic-needs-assessment-jsna-2023>

⁴⁹ Brent internal data analysis based on National Child Measurement Programme. 2023/2024 release.

Looking at trends overtime, there was an increase in healthy weight in 2023/24 (68% compared to 61.4% in 2017/18). In 2023/24, there were 29% in the overweight and very overweight categories (against 33.8% in 2018/19, 31% in 2019/20, 29.2% in 2021/22 and 29.8% in 222/23). And last, the very overweight (obese) segment dropped marginally from 18.2% in 2019/20 to 18.0% in 2022/23 and again to 17.7% in 2023/24. This is an overall positive trend of an increase in the proportion of children with healthy weight and children classified as obese. The proportion of children classified as overweight was mostly stable compared to the previous years.

2.9.10 Drug and alcohol misuse

Drug and alcohol misuse is associated with a wide range of health and social issues and creates significant costs to the public purse.

Dependency is commonly linked to poor outcomes in relation to physical health, mental health, parenting, education, training, employment, and housing with anti-social and criminal activity that adversely affects individuals, families and communities.

In 2018-2019, estimates of the level of substance misuse in Brent (from the National Drug Treatment Service Monitoring System, NDTMS) indicate that the borough had rates of opiate and crack misuse which are higher than the London or national average.

Office for Health Improvement and Disparities (OHID) estimates that in Brent there are 2,310 opiate and/or crack users, 1,752 opiate users, 1,331 crack users and 3,169 problem alcohol users.⁵⁰

For the period December 2022 to November 2023, 1,169 local residents were engaged in structured treatment services (opiates only, 172, crack only, 44, opiates and Crack, 255, alcohol only, 387, non-opiates and Alcohol only, 150, non-opiates only, 161).

In 2023, the Brent substance misuse needs assessment showed that:

- The prevalence of harmful alcohol use (more than 14 units a week) in Brent is lower, at 11%, than in London (20%) and England (22%).
- Around 4.3% of adults in Brent engage in binge drinking. This is lower than London (14.6%) and England (15.4%).
- In contrast, the prevalence of drug misuse in Brent is estimated to be higher at 10.3% than the national 8.9%.
- Compared to the national picture, in Brent, there is estimated to be a higher proportion of crack than opiate users.

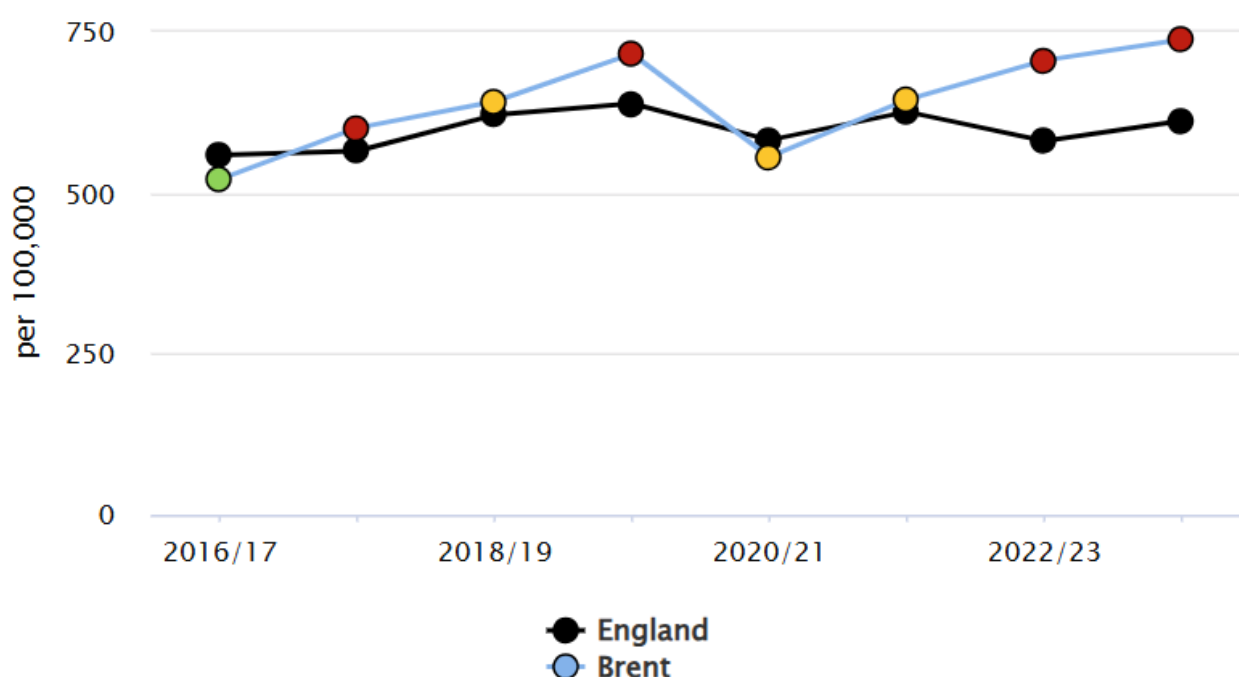
⁵⁰ Substance Misuse Treatment and Recovery in Brent. [Accessed March 2025]

<https://democracy.brent.gov.uk/documents/s140103/6.%20Substance%20Misuse%20Treatment%20and%20Recovery%20in%20Brent.pdf>

- Rates of alcohol related hospital admissions in Brent are higher than the national average. However, for young people, alcohol related admissions are lower than national averages
- The proportion of White residents in the treatment population is greater than expected. This could represent a greater prevalence of problematic substance use in the White population and / or barriers to accessing treatment for those from other ethnic groups.
- For young people accessing treatment, there is a higher proportion of those of Black Caribbean heritage, followed by White ethnic groups.
- There are high rates of smoking in the local treatment population, although, as in the general population, these rates are lower in Brent than nationally. In Brent, 33% of those starting treatment for alcohol misuse smoke compared to 43% nationally. For drug treatment, the figures are 42% in Brent and 65% nationally.

The below graph shows that in Brent, there were 738 admission episodes for alcohol-specific conditions in 2023/24, which is higher than the national average of 612 per 100,000.⁵¹

Figure 23: Brent hospital admission episodes for alcohol-specific conditions



Source: Fingertips. Department of Health and Social Care

⁵¹ Fingertips. DHSC. [Accessed March 2025]

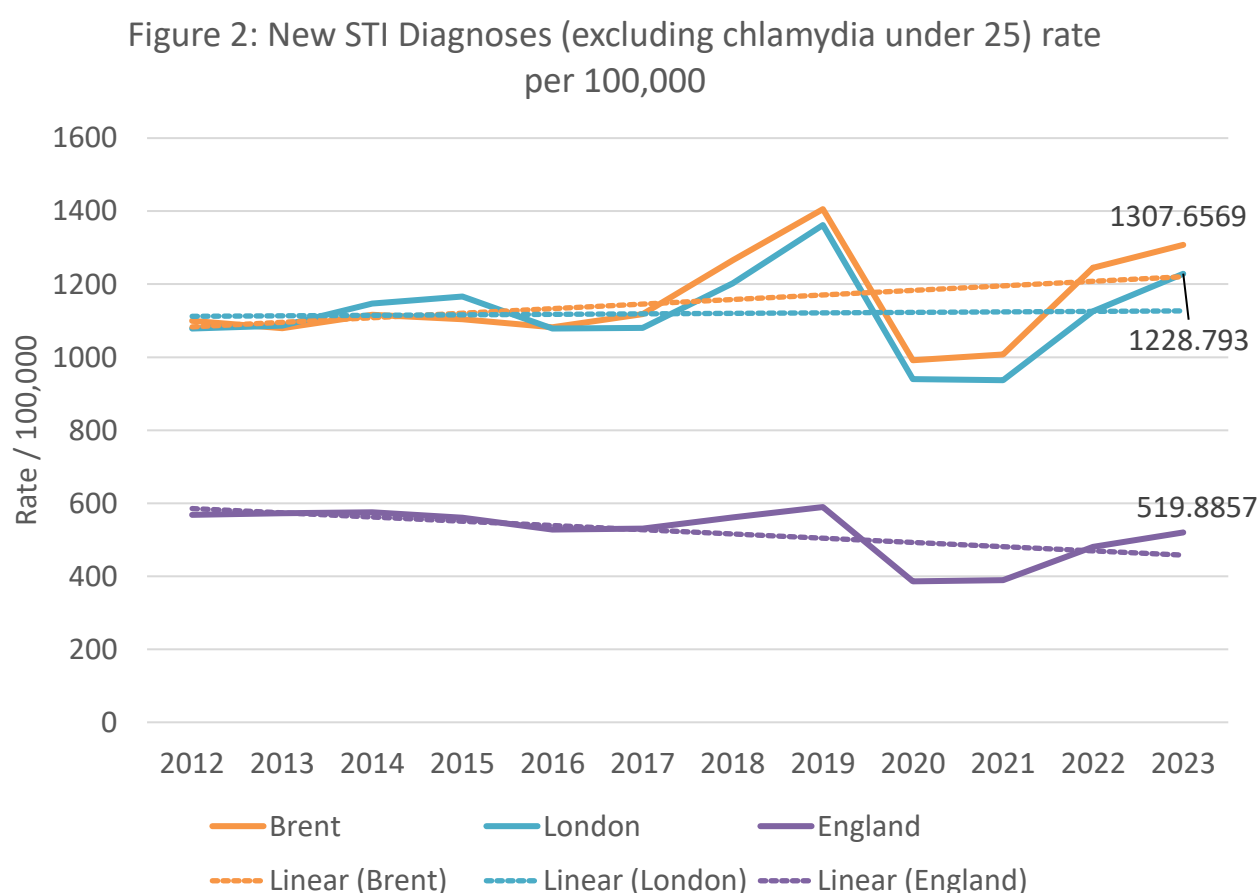
<https://fingertips.phe.org.uk/search/alcohol%20admissions#page/4/gid/1/pat/15/ati/502/are/E09000005/iid/92906/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

2.9.11 Sexual health and teenage pregnancy

Sexual ill health encompasses a range of conditions and concerns that can significantly impact individuals' well-being. Understanding its influence is crucial for effectively assessing pharmaceutical needs in local communities.

A key sexual health indicator is new Sexually Transmitted Infection (STI) diagnoses per year. For new STI diagnoses (excluding chlamydia under 25), the rates per 100,000 for Brent (1,308) and London (1,229) are well above England. Brent and London follow a similar trend over time, with Brent slightly higher. The new STI diagnosis rate per 100,000 (including chlamydia) follows a very similar trend; in 2023, there were 1,594 new STIs per 100,000 in Brent, with this representing a 5.4% increase on the previous year.⁵² In London, there were 1,448 new STI diagnoses per 100,000.

Figure 24: New Sexually Transmitted Infection (STI) diagnoses



Source: Office for Health Improvement and Disparities, Sexual and Reproductive Health Profiles

⁵² New STI diagnoses are reported as two different rates, namely including and excluding chlamydia under 25, as there is a dedicated National Chlamydia Screening Programme (NCSP) targeting this age group with the aim to proactively diagnose people aged 15 to 24 years (especially girls/young women) via active screening. The two different indicators help to review all new STI diagnoses overall as well as without any possible distortions caused by the implementation of the National Chlamydia Screening Programme (NCSP).

The five most commonly diagnosed STIs in Brent are chlamydia, gonorrhoea, genital herpes, genital warts and syphilis, all totalling to 1,587 new STI diagnoses in 2023.⁵³ For chlamydia, gonorrhoea and syphilis, long term trends are upwards, and for the latter two STIs, rates are now higher than pre-pandemic levels. Genital warts have a downward trend, likely due to the Human Papillomavirus (HPV) vaccine. Figure 25 summarises the trends based on short term trends (year on year) and long-term trends from 2012 to 2023.

Figure 25: STI trends Brent

STI Name	Trend Vs Previous Year (2023 vs 2022) % change (based rate / 100000)	Long Term Trend (2012 to 2023) Trend Line (Graphs)
Chlamydia	+7.5%	
Gonorrhoea	+5.7%	
Herpes	+7.6%	
Warts	+4%	
Syphilis	-3.4%	

2.9.11.1 Teenage pregnancy in Brent

As of the 2021 census, out of the total population of 337,000, 2.9% were girls aged 15-19 years.⁵⁴

Teenage pregnancy is a cause and consequence of low educational attainment, and teenage mothers are at higher risk of living in poverty and of not being in education, employment or training.⁵⁵ For the under-16s and under-18s conception rate per 1,000, Brent is doing better than England. Over the last two decades, the under-18 conception rates have been on a downward trend for Brent, London and England.

⁵³ UK Health Security Agency; Internal Annual and Quarterly Trends of STIs.

⁵⁴ Brent JSNA 2023, Brent Open Data. [Accessed March 2025] <https://data.brent.gov.uk/dataset/emgrl/brent-joint-strategic-needs-assessment-jsna-2023>

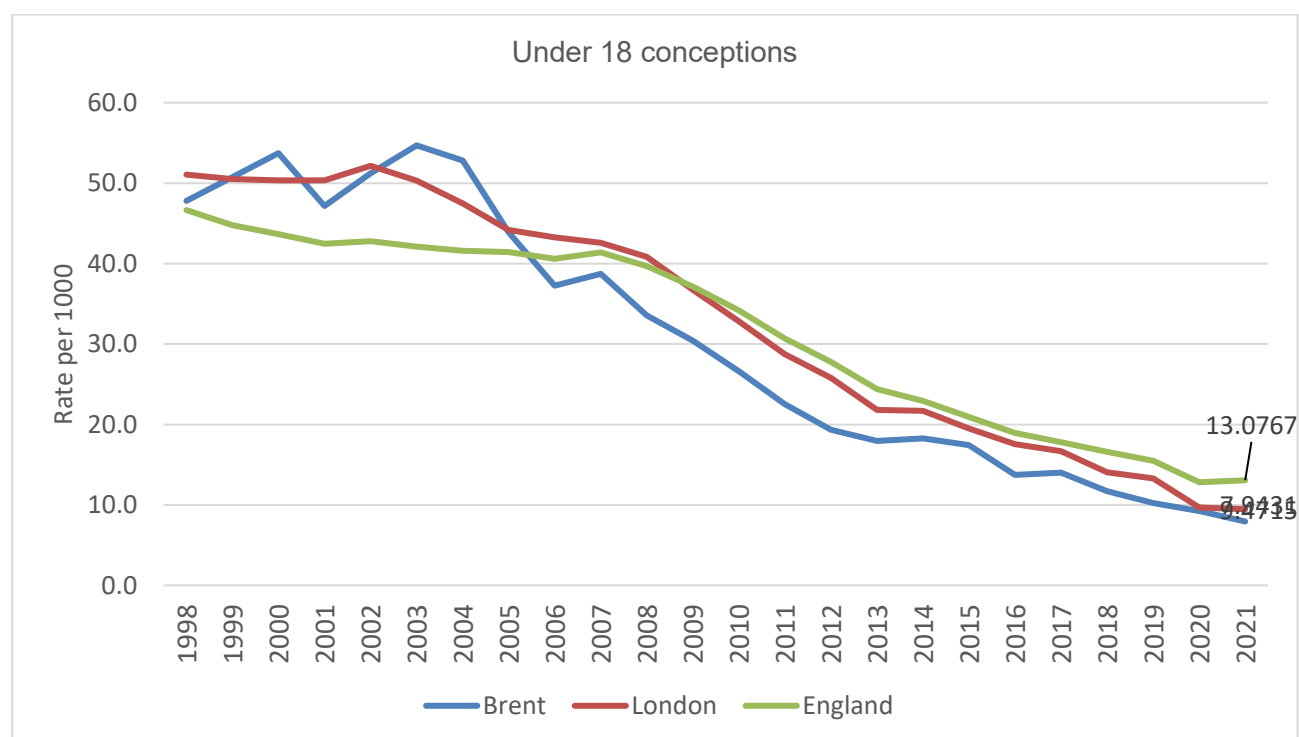
⁵⁵ Summary profile of local authority sexual health, Brent July 2024. [Accessed March 2025] <https://fingertips.phe.org.uk/static-reports/sexualhealth-reports/2024%20update/E09000005.html?area-name=Brent>

Figure 26: Under 18 conception health indicators in Brent compared to London and England



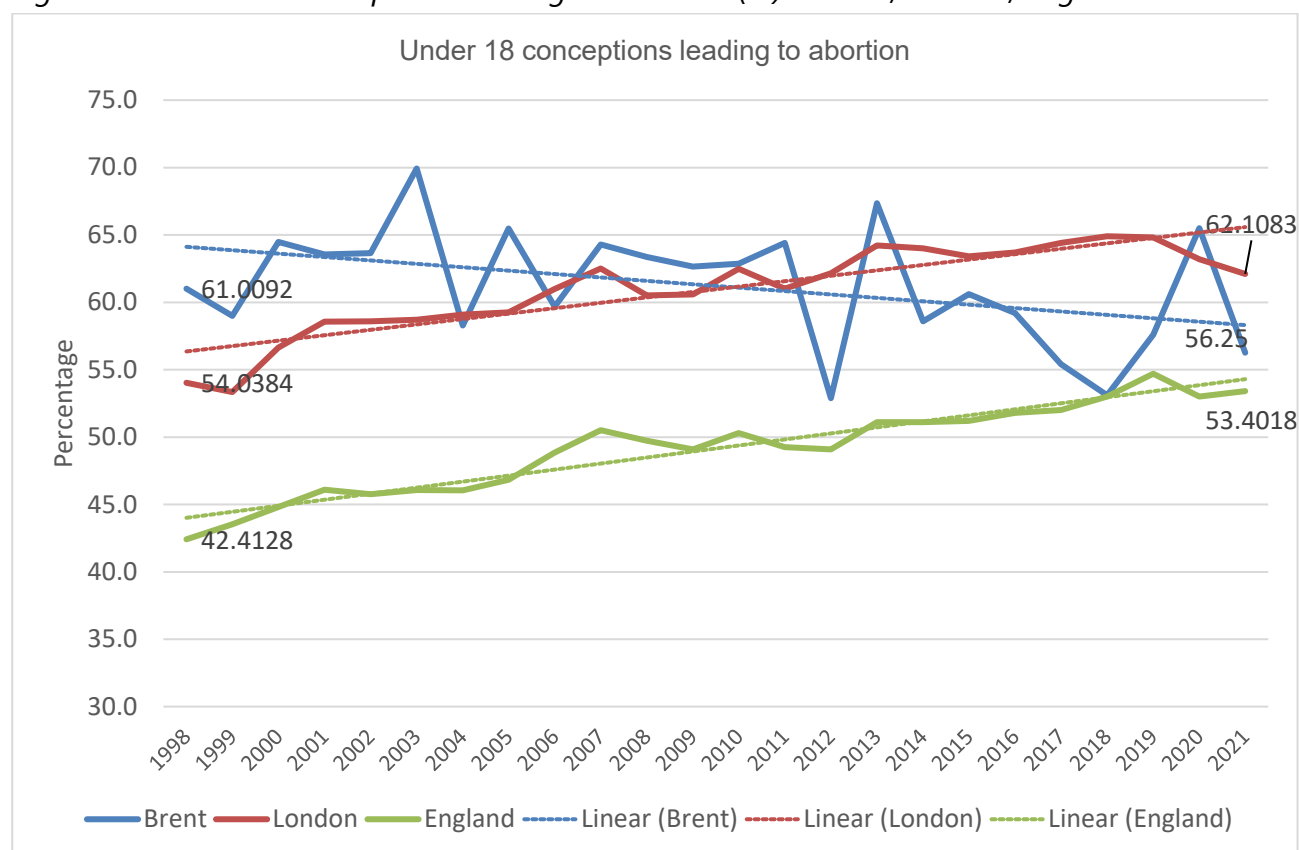
Source: Office for Health Improvement and Disparities, Sexual and Reproductive Health Profiles

Figure 27: Under 18 conceptions (rate per 1,000) – Brent, London, England; Source – United Kingdom (UK) Health Security Agency (HSA)



For under-18 conceptions leading to abortion, there was more variability in the Brent trend than in London and England, with England (53.4%) below Brent (56.3%) and London (62.1%). The Brent long term trend was downwards, whilst London and England had a slightly upward long-term trend.

Figure 28: Under 18 conceptions leading to abortion (%) – Brent, London, England

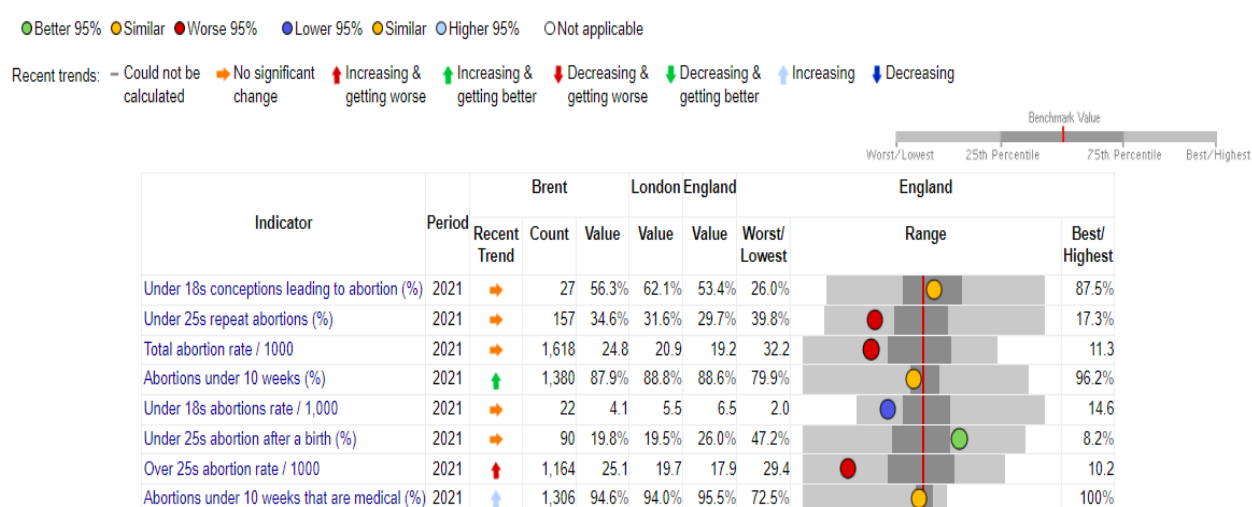


Source: UK Health Security Agency (HSA)

2.9.11.2 Abortion

As of 2021 data, Brent was under-performing on three indicators, namely, under 25s repeat abortions, total abortion rate per 1,000 and over 25s abortion rate per 1,000.

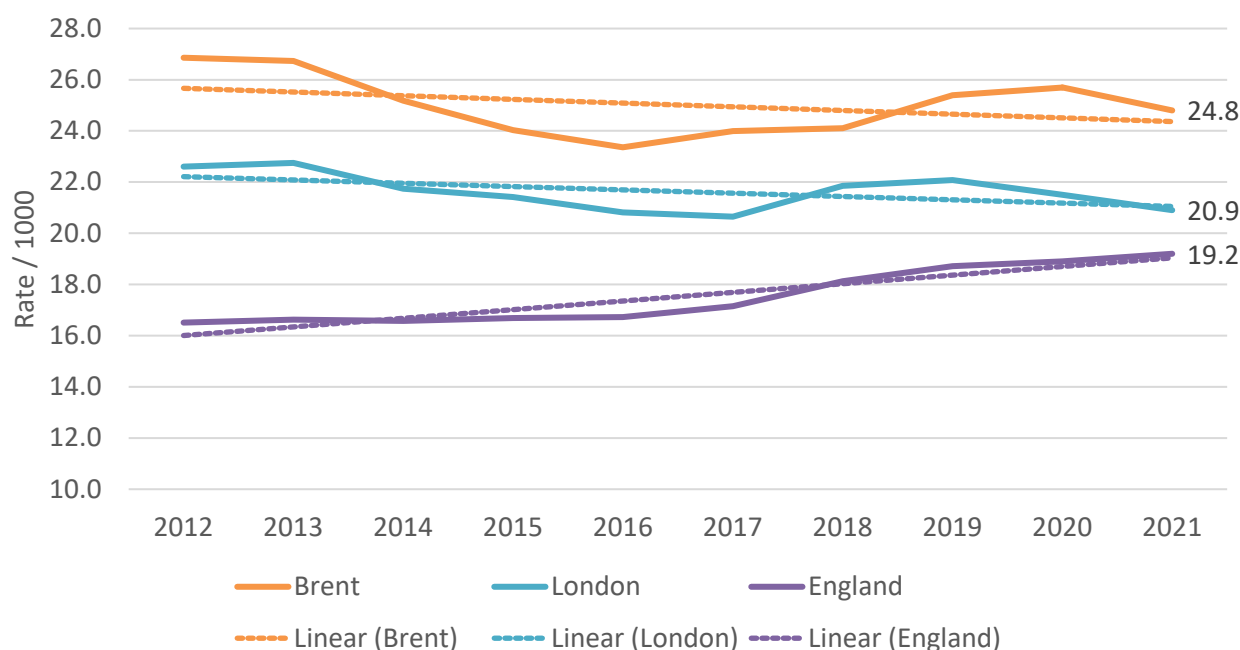
Figure 29: Abortion health indicators in Brent compared to London and England averages



Source: Office for Health Improvement and Disparities, Sexual and Reproductive Health Profiles

There was a total of 1,618 abortions in Brent in 2021, with a rate of 24.8 per 1,000 females aged 15 to 44 years. This was higher than both London (20.9) and England (19.2) and has been consistently higher. There was a similar pattern for other indicators, except for under 25s abortion after a birth, where Brent was lower than England (19.8% vs 26%) and under 18s abortion rate per 1,000, where Brent was also lower (4.1 vs 6.5).

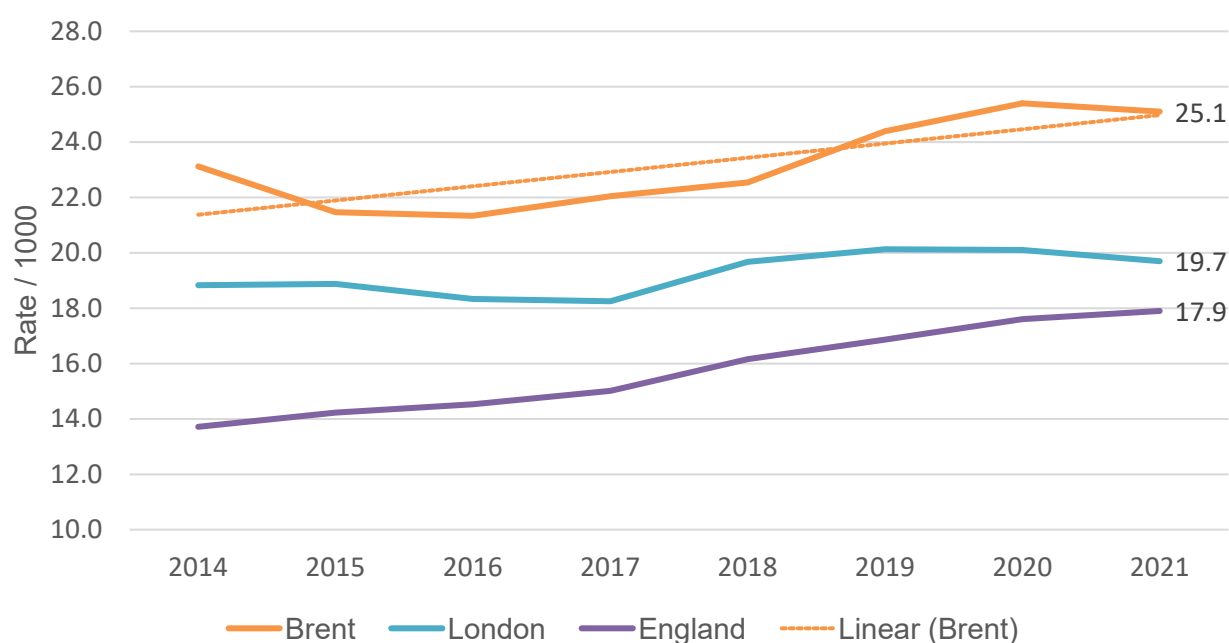
Figure 30: Total abortions rate per 1,000



Source: UK Health Security Agency (HSA)

Brent's abortion rates were ranked sixth highest out of all London Local Authorities in 2021. The over-25s abortion rate is showing an upward trend, and the 25.1 rate per 1,000 for Brent (25.1) is above London (19.7) and England (17.9).

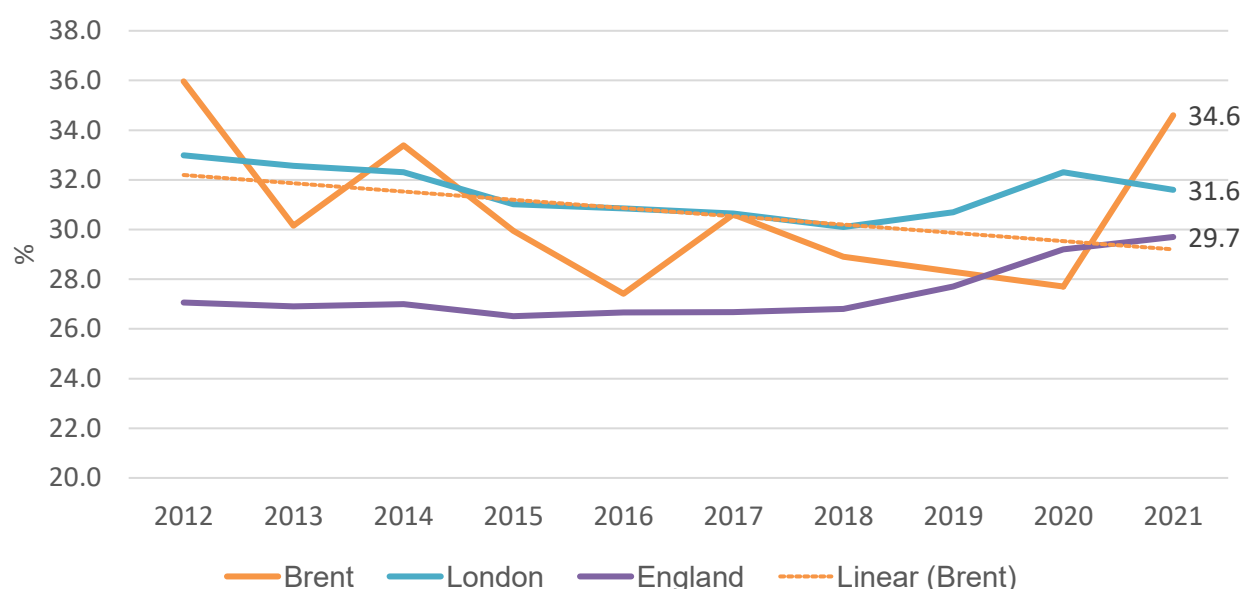
Figure 31: Over-25s abortions rate per 1,000



Source: UK Health Security Agency (HSA)

Repeat abortions for under-25s in Brent shot up from 27.7% in 2020 to 34.6% in 2021, higher than in London and England.⁵⁶ For under-25 abortions after a birth, Brent was generally below London across the period 2012 to 2021 and almost the same as London in 2021 (Brent 19.8% and London 19.5%). Both Brent and London were below England (26%), and there was a downward trend over time for all.

Figure 32: Under-25s repeat abortions (%)



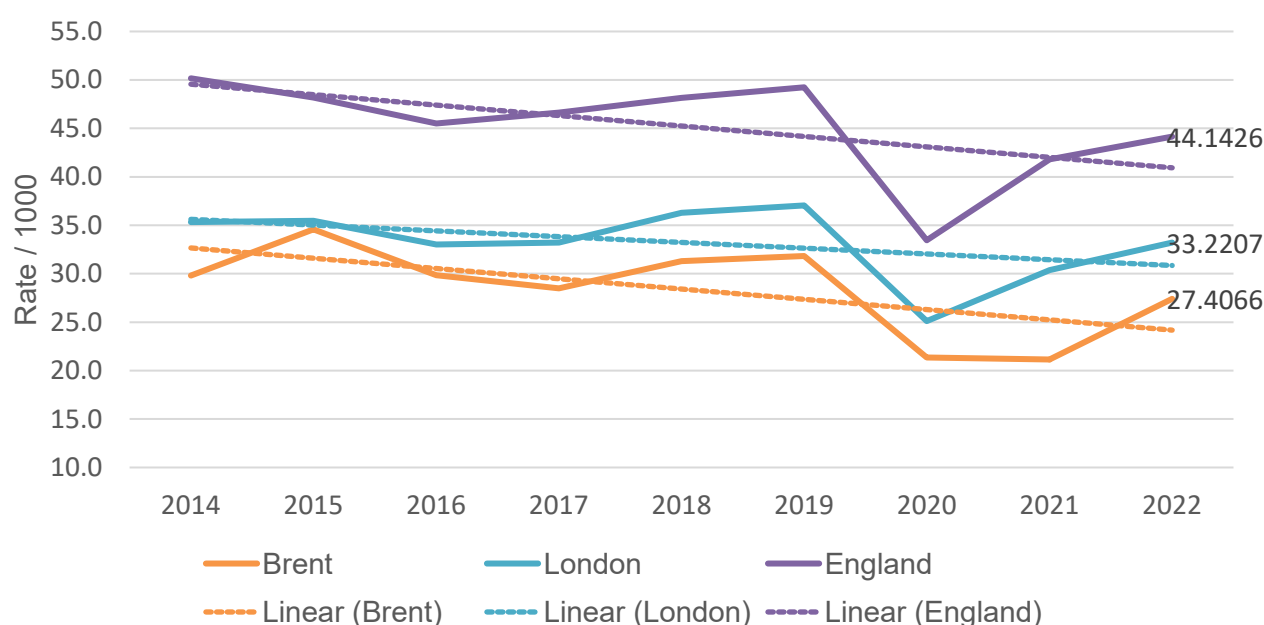
Source: UK Health Security Agency (HSA)

⁵⁶ This measure is highlighted in Public Health Outcomes Framework as underperforming; this, however, could reflect variability rather than an underperformance and more data is required.

2.9.11.3 Contraception

Contraception is important to help reduce unwanted pregnancies and lower rates of teenage conceptions.⁵⁷ For total prescribed Long-Acting Reversible Contraception (LARC), excluding injections, Brent was below London and England rates, with a downward trend for all areas over the period 2014 to 2022. Brent was ranked 27th out of all London Local Authorities in 2022, below the London average of 33.2 per 1,000.

Figure 33: Total prescribed Long-Acting Reversible Contraception (LARC) (excluding injections) per 1,000



Source: UK Health Security Agency (HSA)

2.9.12 Oral health

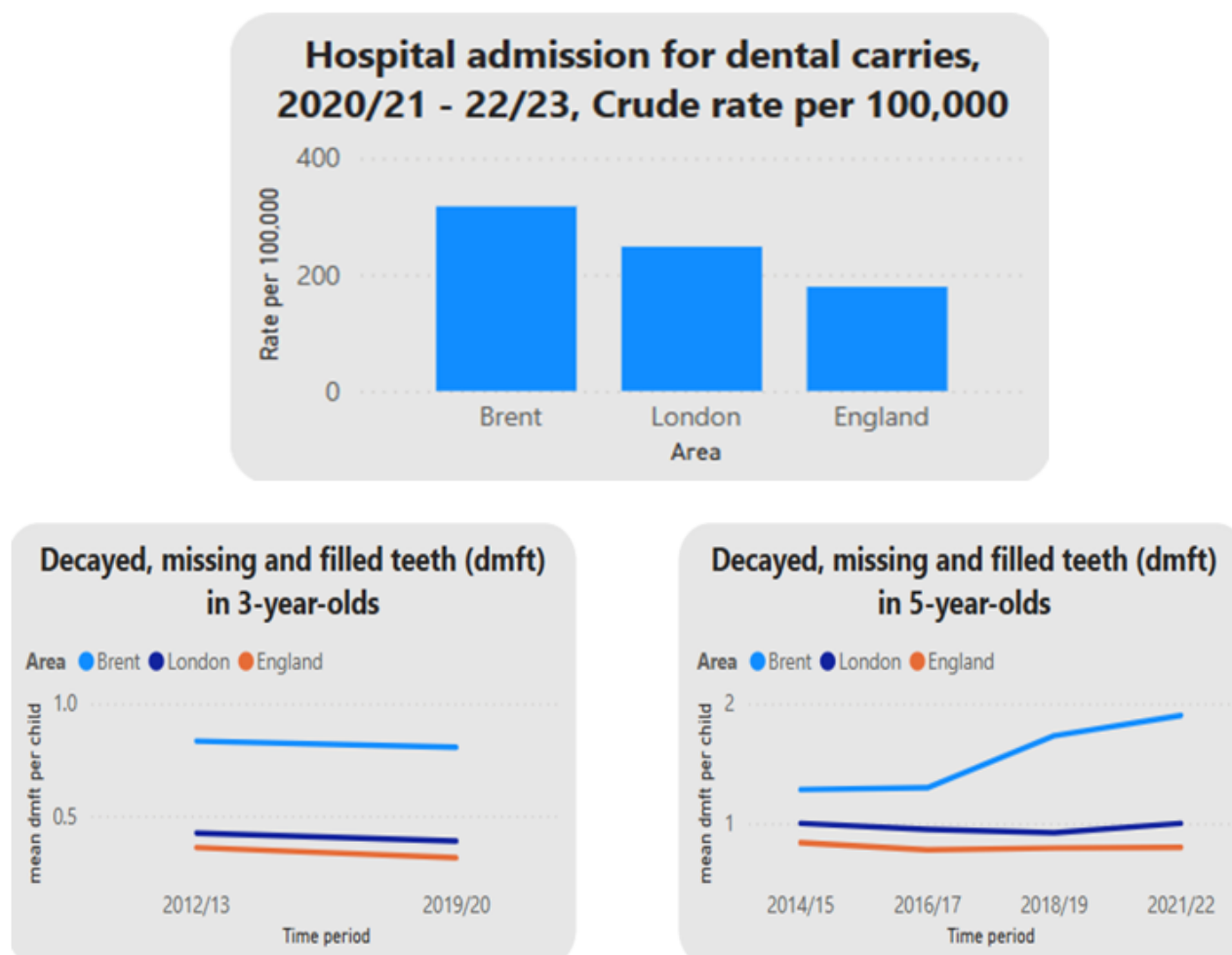
The burden of dental decay in Brent has been on the increase over the past decade, while in London and England, the average has been on a stable decline. This worsening of disease burden is reflected in the rate of hospital admissions for dental caries among children in the borough, with Brent having 380 per 1,000 children admitted for tooth decay between 2018/19 and 2020/21.⁵⁸

⁵⁷ Summary profile of local authority sexual health, Brent July 2024. [Accessed March 2025]
<https://fingertips.phe.org.uk/static-reports/sexualhealth-reports/2024%20update/E09000005.html?area-name=Brent>

⁵⁸ Brent JSNA 2023. [Accessed March 2025]
<https://app.powerbi.com/view?r=eyJrljoiYjBjYmQ0YmMtN2RhYi00NTg4LTNmNTYtOTNhNzgyMmM3N2Q0liwiZCI6IjlxODc4N2FiLTM1N2YtNGQ3YS1hZjJlLTU4NzBIM2QyZWl4MCI6ImMiOj9>

In Brent, 46% of 5-year-olds have obvious dental decay. Brent also has one of the highest averages of decayed or missing teeth among all the London boroughs. It continues to have one of the highest numbers of children with one or more decayed, missing or filled teeth among three and five-year-olds, including significantly higher numbers than in London and England.

Figure 34: Hospital admissions for dental carries



2.10 Burden of disease

2.10.1 Years of life lost and years lived with disability (preventable and avoidable burden)

The inequality in life expectancy for males (at age 65 years) in Brent is 5.1 years, which is similar to the England average of 5.2 years and the London average of 4.8 years (2018-20 dataset). For females, the difference in ratio is more distinguished; the inequality in life expectancy for females in Brent (at age 65 years) is 5.7 years compared to the London and England variance (3.6 years and 5.8 years, respectively).

Likewise, the disability-free life expectancy for males in Brent is 61.8 years, which is similar to the London and England average (64.4 years and 62.4 years, respectively). For females in Brent, the disability free life expectancy is 63.2 years in comparison to the London average of 63.3 years and the England average of 60.9 years (2018-20 dataset).⁵⁹

2.10.2 Cardiovascular diseases

From 2021-23, the early mortality (under 75 years) rate caused by all cardiovascular diseases in Brent was 126.8 per 100,000 of the population. This is higher than the London average of 108.6 per 100,000 and the England average of 109.0 per 100,000.⁶⁰

Hypertension is one example of a high-risk condition that can increase a person's risk of chronic vascular disease if not identified early or managed correctly. The percentage of hypertension, or high blood pressure, is recorded on the GP hypertension register. As of 2023/24, the proportion of hypertension in Brent is 10.7%, lower than both the London and English national proportion (11.1% and 14.8% respectively).

2.10.3 Diabetes and hyperglycaemia

The chart below shows the prevalence of diabetes in NHS Brent. The proportion of adults in Brent with diabetes has gradually dropped over the past five years, although it remains higher than both the London and England averages.⁶¹

⁵⁹ Fingertips, DHSC. [Accessed March 2025]

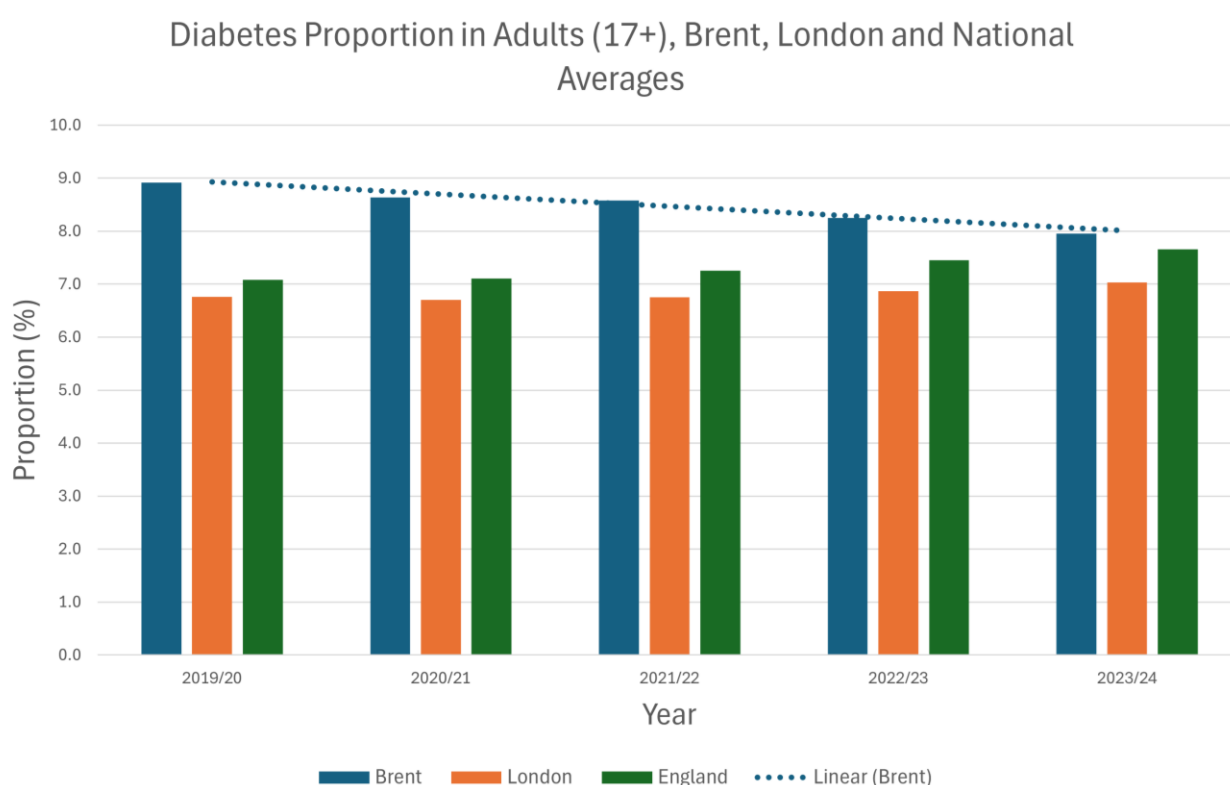
<https://fingertips.phe.org.uk/search/Disability#page/1/gid/1/pat/6/ati/502/are/E09000005/iid/200/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁶⁰ Cardiovascular Disease data. Fingertips, DHSC. [Accessed March 2025]

<https://fingertips.phe.org.uk/profile/cardiovascular/data#page/1/gid/1938133106/pat/15/ati/502/are/E09000005/iid/219/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁶¹ Diabetes data. Fingertips, DHSC. [Accessed March 2025] <https://fingertips.phe.org.uk/profile/diabetes-ft/data#page/1>

Figure 35: Diabetes proportion in adults (17+)



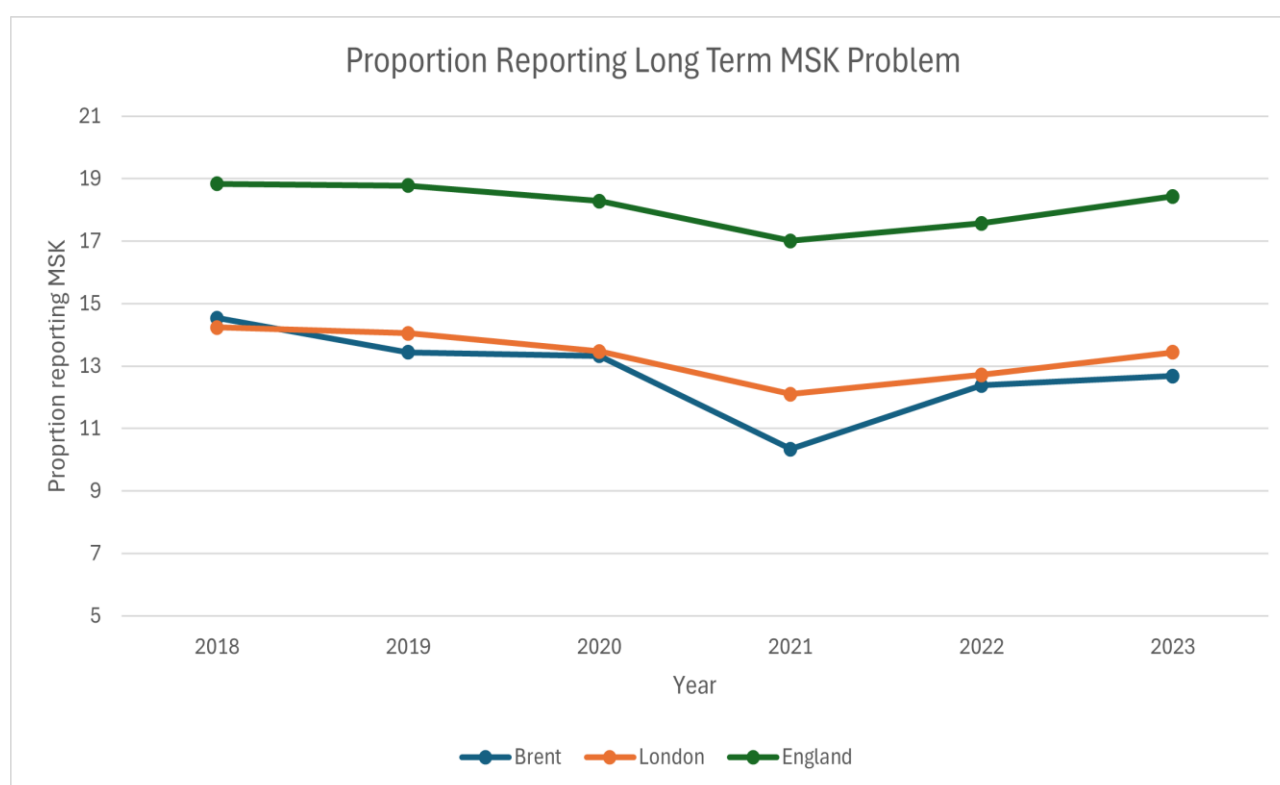
2.10.4 Musculoskeletal conditions (MSK)

MSK conditions are known to impact quality of life by increased pain, limiting range of motion and impacting the ability to take part in daily life, such as attending work

This chart below shows the percentage of people reporting long-term MSK pain in Brent, from 2018 to 2023.⁶²

⁶² Musculoskeletal health: local profiles data. Fingertips, DHSC. [Accessed March 2025]
<https://fingertips.phe.org.uk/profile/msk/data#page/1>

Figure 36: Proportion of long term MSK



Period	Brent					London	England
		Count	Value	95% Lower CI	95% Upper CI		
2018	●	-	14.5%	13.6%	15.5%	14.2%	18.8%
2019	●	-	13.4%	12.5%	14.4%	14.1%	18.8%
2020	●	-	13.3%	12.3%	14.3%	13.5%	18.3%
2021	●	-	10.3%	9.5%	11.2%	12.1%	17.0%
2022	●	-	12.4%	11.5%	13.3%	12.7%	17.6%
2023	●	-	12.7%	11.8%	13.6%	13.4%	18.4%

Generally, the percentage of people reporting an MSK condition in Brent has remained similar and remains lower than the London and England averages.

2.10.5 Cancers

Around one person in two in the United Kingdom (UK) will develop a cancer at some time in their life. The most common cancers are of the breast, lung, bowel, colorectal and prostate, together accounting for over half of all new cancers each year.

As of February 2025, there were 11,078 Brent residents registered with a GP in NWL living with cancer.⁶³ Based on the 2021 census population for Brent, of 339,800 residents, this would give a prevalence of 3.3%.

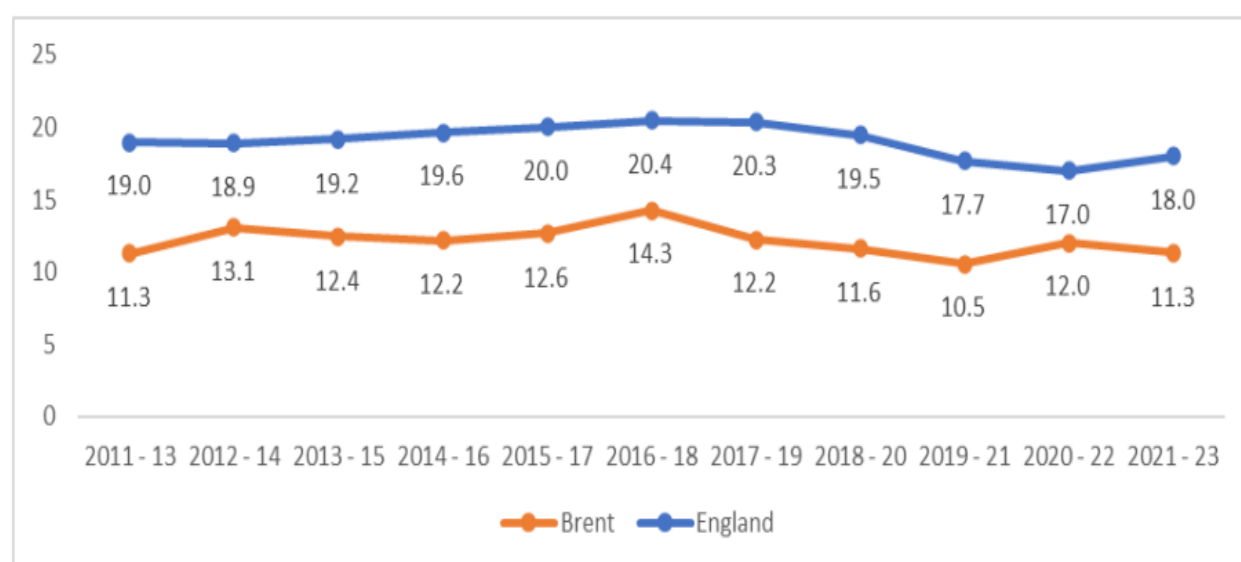
Figure 37: Number of new cases of cancer per year.

Year	Number diagnosed	Incidence per 100,000
2024	1243	365.80
2023	1320	388.46
2022	1204	354.32
2021	1083	318.71
2020	890	261.91
2019	948	278.98
2018	965	283.99

2.10.6 Respiratory diseases

The early (under-75 years) mortality rate from preventable respiratory illnesses in Brent was 11.3 deaths per 100,000 of the population, which is significantly better than London's rate of 14.5, and even more significantly lower than the England rate of 18.0 (2021-2023).⁶⁴

Figure 38: Under 75 mortality rates from preventable respiratory illnesses



Source: Brent Open Data

⁶³ Whole Systems Integrated Care (WSIC) data, internal Brent analysis, February 2025.

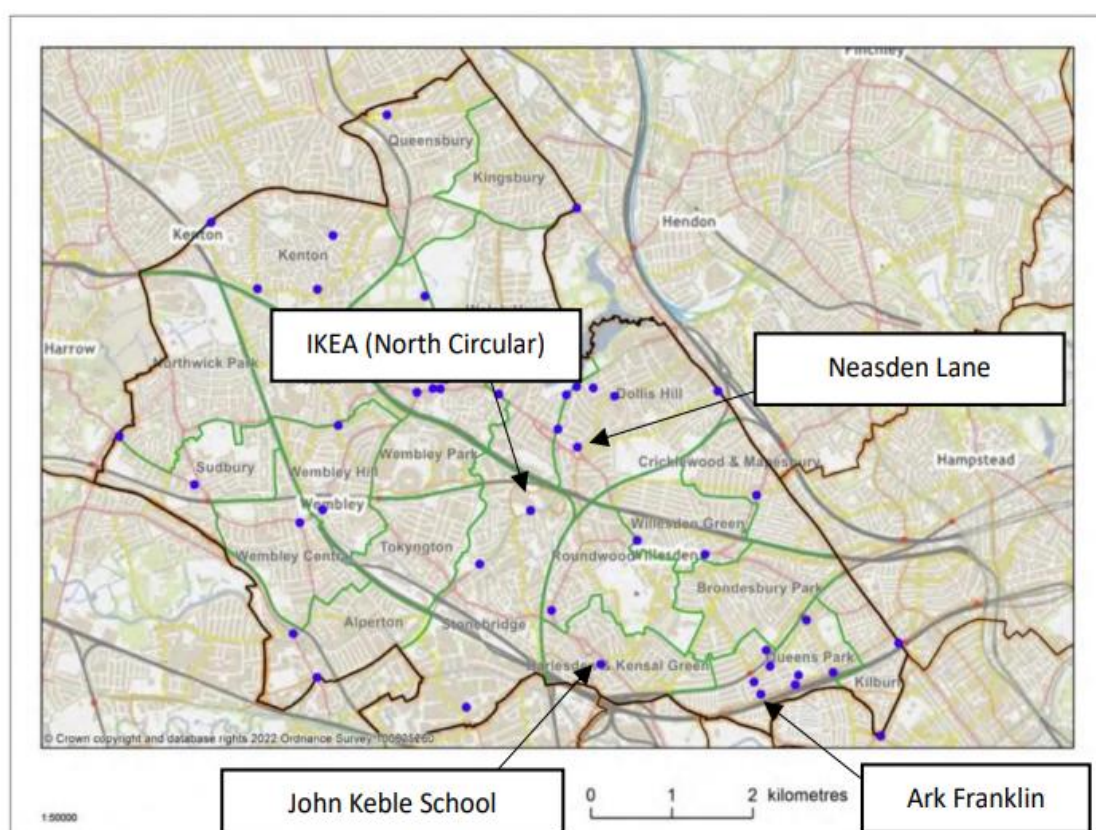
⁶⁴ Brent Air Quality Needs Assessment [Accessed March 2025]

<https://data.brent.gov.uk/download/2j3lm/vwq/Air%20quality%20needs%20assessment%20AV.pdf>

Between 2021 and 2023, the rate of under-75 male mortalities from respiratory illness in Brent was 32.2 deaths per 100,000 inhabitants. In comparison, the London average was lower: 31.6, while the English average was 35.0 deaths. For the female population, the early mortality from respiratory illness was 15.7 per 100,000, lower than both the London and National mortality rates (20.0 and 25.8, respectively). This also highlights the great inequality in good health outcomes for respiratory illness between men and women in Brent. There may also be an inequality in the risk factors that males and females face.⁶⁵

The link between air pollution and respiratory disease is well documented and, as a result, there is a need for a monitoring system for air pollution. Brent has four automatic stations and 45 monitoring locations, which detect levels of NO₂, PM_{2.5} (Particulate Matter) and PM₁₀. These can be seen on the map below:

Figure 39: Brent air quality action plan



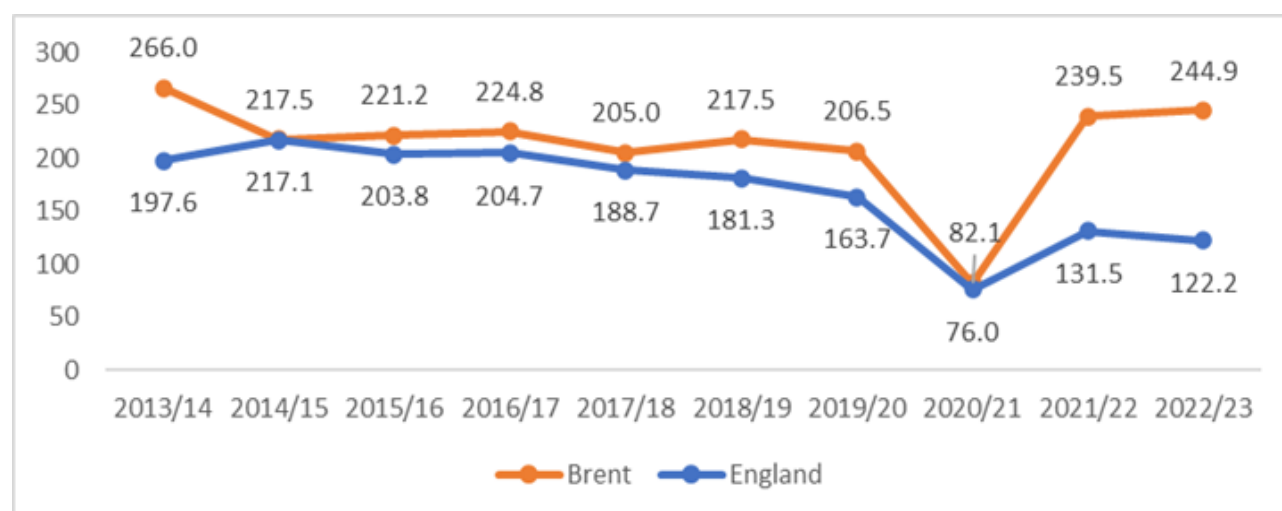
Source: Brent Air Quality action plan 2023-2027

⁶⁵ Respiratory Disease. Fingertips, DHSC [Accessed March 2025]

<https://fingertips.phe.org.uk/search/mortality%20from%20respiratory%20disease#page/1/gid/1/pat/6/ati/502/are/E09000005/iid/40701/age/163/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

Asthma⁶⁶ is one of the most prevalent respiratory conditions which can arise from inadequate air quality. Unfortunately, Brent seems to have a higher burden of the disease. The below graph shows the hospital admission rate of asthma in children and young people (<18) was roughly twice as high as the English average in 2022/23.

Figure 40: Hospital admissions from asthma on children and young people



Source: Brent Open Data

However, asthma was not limited to the young and growing. In 2023, the prevalence of asthma within the adult (18+) community was recorded at 10%. Prevalence varied from 6% to 14%, with Kilburn and Kingsbury having the largest proportions. Wembley Park measured the lowest with 6%, with Wembley Central and Alperton following closely behind.

2.10.7 Mental health

In 2022/23, 7.6% of the adult (18+) population of Brent had an unresolved diagnosis of depression, lower than the London average of 9.5% and the England average of 13.2%. The graph and chart below show the trend of Depression diagnosis in both Brent and nationally. It seems that both figures are on the rise, and the actual counts of depression diagnoses have tripled since 2012/13.⁶⁷

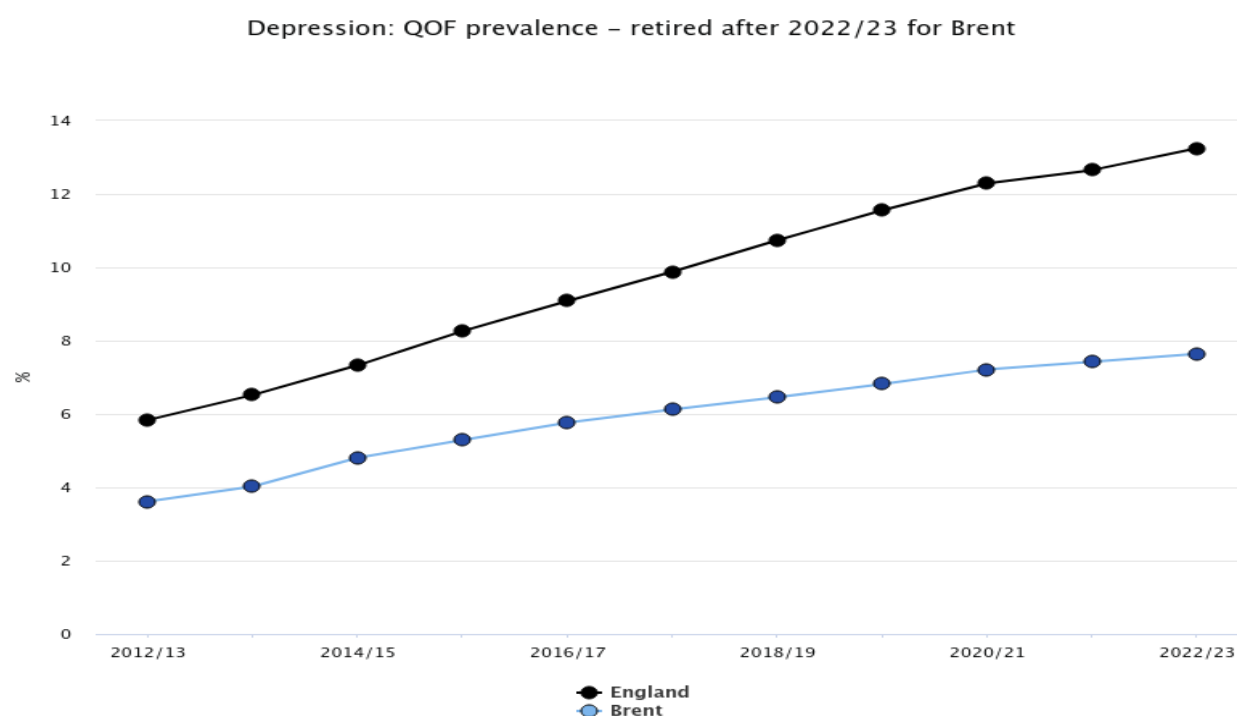
⁶⁶ Brent Air Quality Needs Assessment. [Accessed March 2025]

<https://data.brent.gov.uk/download/2j3lm/vwq/Air%20quality%20needs%20assessment%20AV.pdf>

⁶⁷ Depression. Fingertips, DHSC. [Accessed March 2025]

<https://fingertips.phe.org.uk/search/page/1/gid/1938132831/pat/6/par/E12000007/ati/502/are/E09000005/iid/848/age/168/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-opti>

Figure 41: Depression prevalence



Recent trend: ↑ Increasing

Period		Brent				London	England
		Count	Value	95% Lower CI	95% Upper CI		
2012/13	●	10,479	3.6%	3.5%	3.7%	4.4%*	5.8%*
2013/14	●	12,111	4.0%	4.0%	4.1%	4.8%	6.5%
2014/15	●	14,896	4.8%	4.7%	4.9%	5.3%	7.3%
2015/16	●	16,817	5.3%	5.2%	5.4%	6.0%	8.3%
2016/17	●	18,199	5.8%	5.7%	5.8%	6.6%	9.1%
2017/18	●	19,960	6.1%	6.0%	6.2%	7.1%	9.9%
2018/19	●	22,171	6.5%	6.4%	6.5%	7.6%	10.7%
2019/20	●	24,228	6.8%	6.7%	6.9%	8.2%	11.6%
2020/21	●	26,183	7.2%	7.1%	7.3%	8.7%	12.3%
2021/22	●	28,822	7.4%	7.3%	7.5%	9.0%	12.7%
2022/23	●	32,529	7.6%	7.6%	7.7%	9.5%	13.2%

Source: NHS England

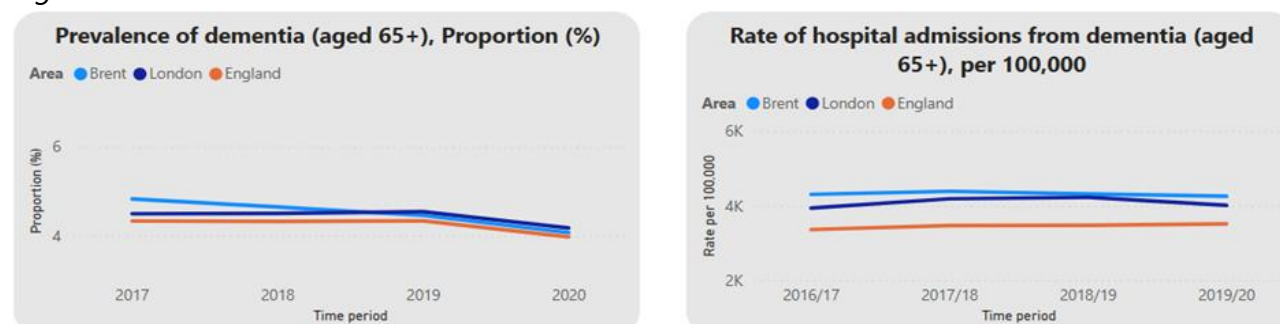
In 2024, the prevalence of severe and enduring mental illness in Brent was 0.8%, down from 1.25% of the population in 2018. Kilburn and Harlesden, and Kensal Green were the two neighbourhoods with the highest prevalence of severe mental illness (at 1.25% each) compared to Wembley at 0.4%. 85.1% of all those living with severe and enduring mental health illness had had a physical health check. These long-term illnesses include schizophrenia, personality disorders and bi-polar disorder.⁶⁸

⁶⁸ Brent JSNA 2023. Brent Open Data, Neighbourhood Dashboards. [Accessed March 2025]
<https://data.brent.gov.uk/dataset/emgr/brent-joint-strategic-needs-assessment-jsna-2023>

2.10.8 Dementia

In Brent, around 4.1% of people have recorded dementia, and hospital admissions for dementia are higher compared to London and England.⁶⁹

Figure 42: Dementia indicators



2.10.9 Accidental injuries

The rate of under 15 years of age killed and seriously injured on England's roads between 2018-2020 was 9.5 per 100,000, which is lower than the England average of 15.9 per 100,000.

In 2023/24, the hospital admission rate in children under 14 caused by intentional and unintentional injury in Brent was 83.5 admissions per 10,000 of the population. This is lower than the London rate of 55.1 per 100,000 and the England rate of 75.7 per 100,000. The hospital admission rate children in young people (aged 15-24 years) caused by deliberate and unintentional injury in Brent is 91.4 per 10,000, which is higher than the London rate of 80.7 per 10,000, but significantly better than the England rate of 112.4 per 10,000 (2021/22 data).⁷⁰

2.10.10 Palliative care

Palliative care relates to practical and emotional support provided to those approaching the end of life and their families. Over half of Brent residents approaching the end of life were in hospital palliative care settings. This mirrors national data but is nevertheless an indicator of socioeconomic inequality, as those from more deprived backgrounds are more likely to receive end of life care in a hospital compared to at home. The graph below indicates the place of death for Brent residents approaching the end of life in 2023, in comparison to London and England statistics.⁷¹

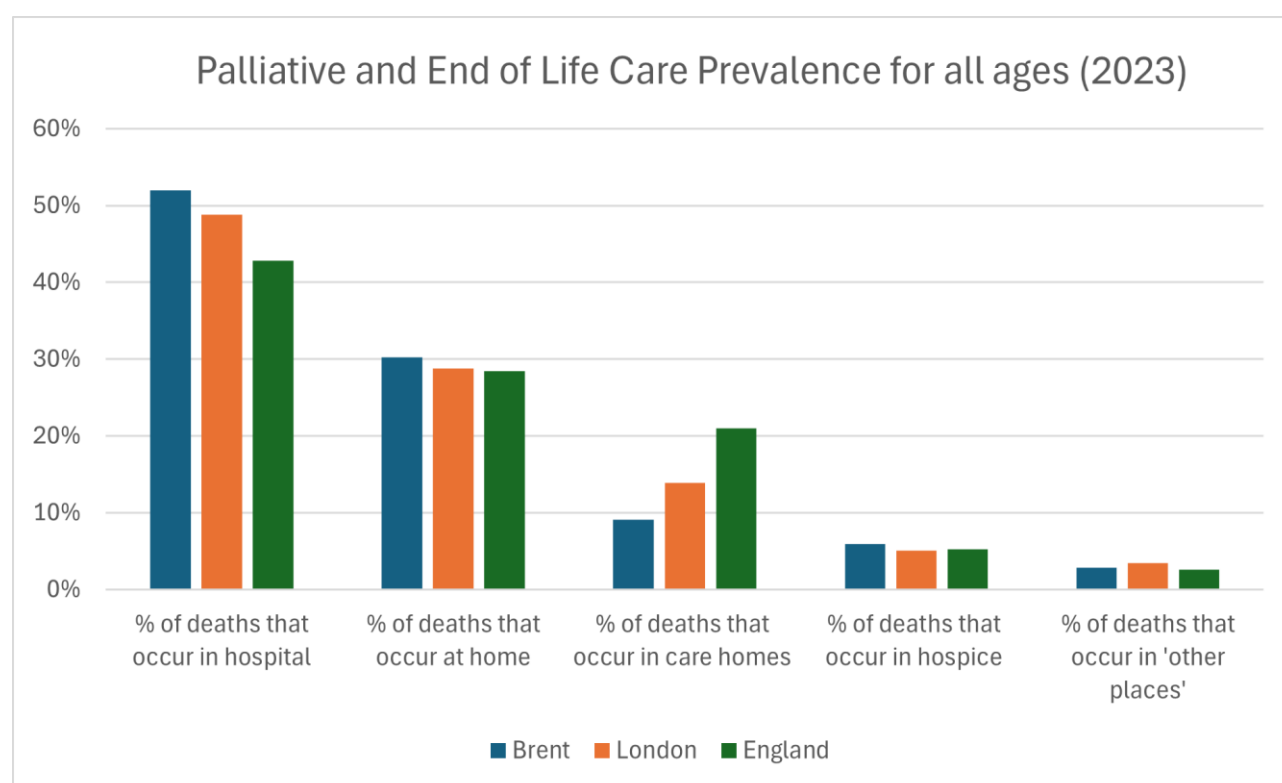
⁶⁹ Brent JSNA 2023, Dementia Dashboard. [Accessed March 2025]

<https://app.powerbi.com/view?r=eyJrIjoieYjBjYmQ0YmMtN2RhYi00NTg4LTNmNTYtOTNhNzgyMmM3N2Q0liwiZCI6IjlxODc4N2FiLTm1N2YtNGQ3YS1hZjliLTU4NzBIM2QyZWl4MCI6ImMiOj9h9>

⁷⁰ Fingertips, DHSC. [Accessed March 2025] <https://fingertips.phe.org.uk/search/injuries>

⁷¹ Palliative and End of Life Care Profiles Data. Fingertips, DHSC. [Accessed March 2025] <https://fingertips.phe.org.uk/profile/end-of-life/page/1/gid/1938132883/pat/6/par/E12000007/ati/402/are/E09000005/iid/93474/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-opti>

Figure 43: Palliative and end of life care prevalence



2.11 Promoting health and physical activity in Brent

Brent's Public Health team offers a wide range of **free physical activity sessions** each week to support residents in improving their health and wellbeing. These sessions are delivered across the borough and hosted in accessible community locations such as parks, libraries, community centres, and sports centres. Activities include:

- Walking groups.
- Outdoor gym sessions.
- Running clubs.
- Badminton.
- Yoga.
- Chair aerobics.
- Bollywood dance classes.
- Strength and balance training.

These activities are designed to support residents of all ages and abilities to become more physically active, contributing to the prevention and management of long-term conditions and improved mental wellbeing.

Outdoor gyms and park facilities

In 2013, Brent began installing outdoor gyms in local parks. As of 2025, there are 19 outdoor gyms across the borough. Every Brent resident lives within one mile of an outdoor gym, ensuring equitable access to free fitness opportunities.

The local healthy walks scheme, led by community volunteers, operates in several parks. These walks aim to tackle physical inactivity and reduce social isolation, particularly among older adults and those with limited mobility.

Brent's parks and open spaces also include a wide range of sports facilities, such as:

- 20 Multi-Use Games Areas (MUGAs), used predominantly for football and basketball, available for free on a casual basis.
- Tennis and netball courts.
- Football and rugby pitches.
- Artificial turf pitches.
- Cricket squares.

These facilities also support school holiday activities and informal recreation for children and young people.

Commissioned programmes and community engagement

Brent Council commissions Our Parks, a community-based initiative delivering free group exercise classes led by qualified instructors. These classes are targeted at residents who are currently inactive and are promoted widely to encourage increased participation in physical activity.

Allotments

There are over 1,108 allotment plots let across 22 sites in Brent. The sites vary in size, from smaller sites like Vale Farm (six plots) to larger ones such as Dollis Hill (120 plots). Allotments offer opportunities for physical activity, food growing, and social interaction, contributing positively to mental and physical wellbeing.

Leisure centres

Brent is home to more than 20 leisure centres, including three council-run facilities that offer free or affordable activities and memberships to local residents. These centres provide inclusive access to swimming, fitness classes, gym facilities, and specialist programmes tailored for different population groups, including older adults, families and people with disabilities.

Section 3: NHS pharmaceutical services provision, currently commissioned

3.1 Overview

There are a total of 81 pharmacy contractors in Brent.

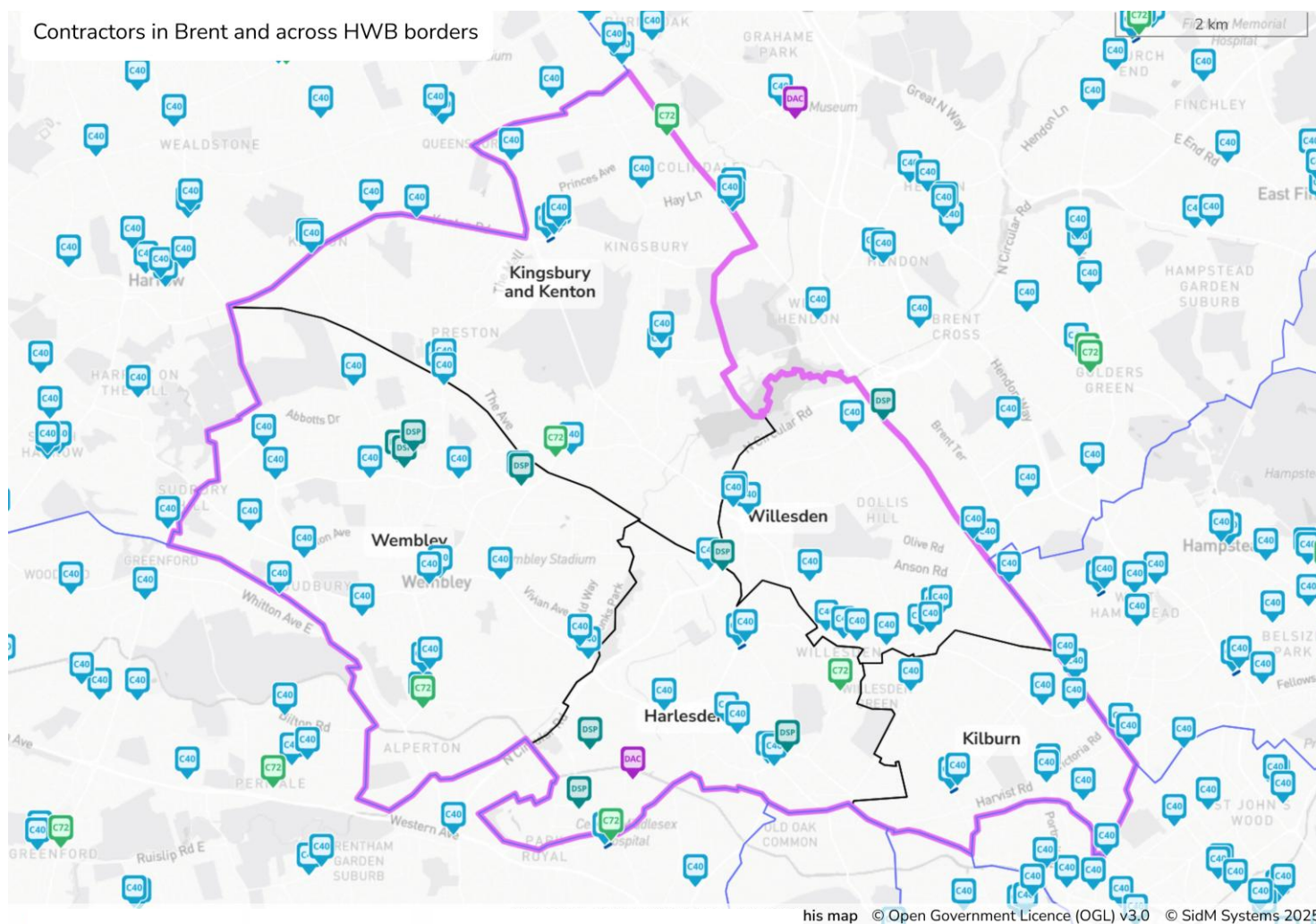
Table 9: Contractor type and number in Brent

Type of contractor	Number
40-hour community pharmacies (including one PhAS)	67
72-hour plus community pharmacies	4
Distance selling pharmacies	9
Local Pharmaceutical Service providers	0
Dispensing appliance contractors	1
Dispensing GP practices	0
Total	81

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

Figure 44 shows all contractor locations within Brent.

Figure 44: Map of pharmaceutical contractors in Brent and surrounding areas



Boundaries : Brent localities Brent HWB Borough's outside of Brent Healthcare-Pharmacy : Community 40h Community 72h+

Distance Selling Pharmacy Dispensing Appliance Contractor

3.2 Community pharmacies

Table 10: Number of community pharmacies in Brent

Number of community pharmacies	Population of Brent	Ratio of pharmacies per 100,000 population*
80 (includes 9 DSPs)	344,500	23.2

Correct as of March 2025

There are 80 community pharmacies in Brent, which has decreased from 82 in the last PNA. The England average is 18.1 community pharmacies per 100,000 population, which has decreased from 2021, when the average number was 20.6. The Brent average of 23.2 pharmacies per 100,000 is higher than the national average.

Table 11 shows the change in the numbers of pharmacies over recent years compared with regional and national averages.

Table 11: Number of community pharmacies per 100,000 population

Area	2021-22	2023-24
Brent	24.9	23.2
England	20.6	18.1

Source: ONS 2020 and 2023 mid-year population estimates, and NHS Business Services Authority (BSA) for number of pharmacies

[Section 1.5.5.1](#) lists the Essential Services of the pharmacy contract. It is assumed that provision of all these services is available from all contractors. Further analysis of the pharmaceutical service provision and health needs for each locality is explored in [Section 6.3](#).

Table 12 provides a breakdown, by locality, of the average number of community pharmacies per 100,000 population. The number and rate of community pharmacies vary by locality.

Table 12: Average number of community pharmacies per 100,000 population by locality

Area	Number of community pharmacies	Total population	Average number of community pharmacies per 100,000 population
Harlesden	14	57,422	24.4
Kilburn	10	46,674	21.4
Kingsbury and Kenton	16	75,699	21.1
Wembley	25	118,045	21.2
Willesden	15	55,109	27.2

Area	Number of community pharmacies	Total population	Average number of community pharmacies per 100,000 population
Brent (2023) ⁷²	80	344,500	23.2
England (2023) ⁷³	10,436	57,690,323	18.1

3.3 Distance-Selling Pharmacies (DSPs)

Distance-Selling Pharmacies are described in [Section 1.5.1.2](#). There are nine DSPs in Brent, one more than in the previous PNA. These DSPs are located in Harlesden (four), Wembley (four) and Willesden (one).

3.4 Dispensing Appliance Contractors (DACs)

Dispensing Appliance Contractors are described in [Section 1.5.2](#). There is one DAC in Brent, based in Harlesden.

The community pharmacy contractor questionnaire received 59 responses to the appliance dispensing question, and 68% of them reported that they dispense all types of appliances.

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

There are 111 DACs in England⁷⁴.

3.5 Dispensing GP practices

Dispensing GP practices are described in [Section 1.5.3](#). There are no dispensing GPs in Brent.

3.6 Local Pharmaceutical Service (LPS) providers

LPS providers are described in [Section 1.5.1.4](#). There are no LPS pharmacies in Brent.

3.7 Pharmacy Access Scheme (PhAS) pharmacies

The Pharmacy Access Scheme is described in [Section 1.5.1.3](#). There is one PhAS provider in Brent, located in Harlesden. Details can be found in Appendix A.

⁷² Brent. Mid-year population estimates – 2023 (ONS). August 2024. [Accessed May 2025] <https://data.brent.gov.uk/dataset/ep57y/mid-year-population-estimates-2023-ons>

⁷³ NHS BSA. General Pharmaceutical Services in England 2015-16 – 2023-24. October 2024. [Accessed April 2025] <https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-2015-16-2023-24>

⁷⁴ NHSBSA. General Pharmaceutical Services in England 2015-16 – 2023-24. October 2024. [Accessed April 2025] <https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-2015-16-2023-24>

3.8 Pharmaceutical service provision provided from outside Brent

London has a transient population with good transport links; therefore, populations may find community pharmacies in the neighbouring seven boroughs more accessible and/or more convenient. Neighbouring areas include Barnet, Camden, Ealing, Hammersmith and Fulham, Harrow, Kensington, and Chelsea and Westminster.

It is not practical to list here all those pharmacies outside the Brent area by which Brent residents will access pharmaceutical services. A number of providers lie within close proximity to the borders of the Brent area boundaries, as shown in Figure 44. Further analysis of cross-border provision is undertaken in [Section 6](#).

Analysis of dispensing data has highlighted out approximately 635,374 prescription items dispensed each month (between October 2024-January 2025), accounting for an average of 7,942 items per community pharmacy in Brent.⁷⁵ This is higher than the England average of 7,109 items per pharmacy monthly and the London average of 6,997 in 2023-24.⁷⁶

Around 78.8% of Brent prescription items are dispensed by Brent pharmacies. The other 21.2% are dispensed by community pharmacies located outside of Brent (including DSPs).

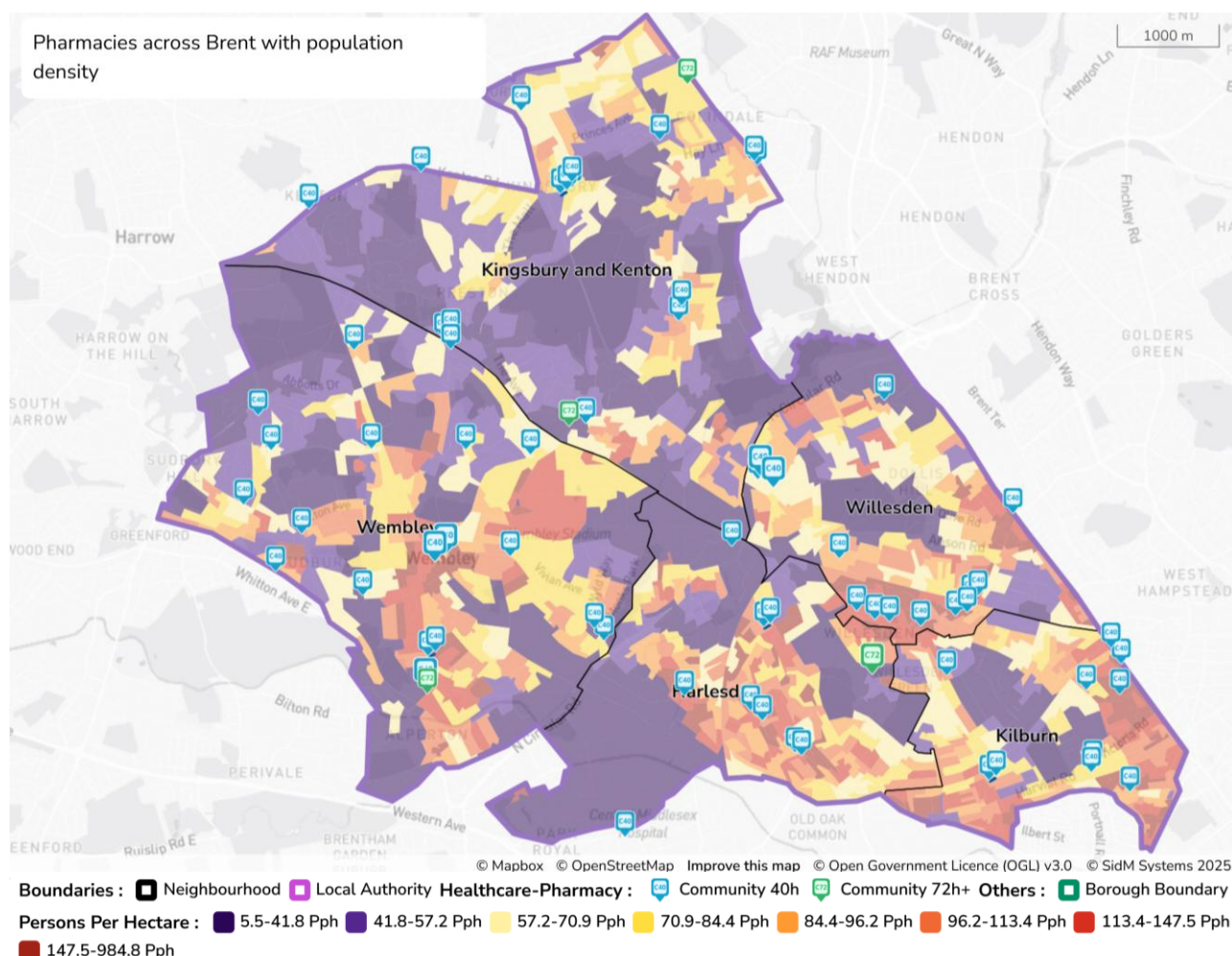
3.9 Access to community pharmacies

Community pharmacies in Brent are particularly located around areas with a higher density of population and higher levels of deprivation, as seen in the map below. Many also provide extended opening hours and/or open at weekends.

⁷⁵ NHS BSA. Dispensing Contractors' Data October 2024 – January 2025 [Accessed April 2025] <https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data>

⁷⁶ NHS BSA. General Pharmaceutical Services in England 2015-16 – 2023-24. October 2024. [Accessed April 2025] <https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-2015-16-2023-24>

Figure 45: Map of pharmacies in Brent and across HWB borders with population



A previously published article⁷⁷ suggests:

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

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

⁷⁷ Todd A, Copeland A, Husband A. The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England. BMJ Open 2014, Vol. 4, Issue 8. <http://bmjopen.bmj.com/content/4/8/e005764.full.pdf%20html>

While this is based on a relatively old publication, it still remains a useful reference in the absence of more recent data. A list of community pharmacies in Brent and their opening hours can be found in Appendix A.

3.9.1 Travel analysis

3.9.1.1 Car or van availability

Census 2021 data shows that the overall percentage of households that have access to at least one car or van is 55.9% in Brent compared to 57.9% in London and 76.5% in England.⁷⁸

Table 13: Percentage of households across Brent with access to at least one car or van

Area	Households with access to at least one car or van
Harlesden	46.7%
Kilburn	46.5%
Kingsbury and Kenton and Kenton	70.4%
Wembley	60.5%
Willesden	50.2%
Brent	55.9%
London	57.9%
England	76.5%

3.9.1.2 Travel time to pharmacy

The following maps and table below show travel times to community pharmacies using a variety of options. A breakdown of travel within each locality is shown in [Section 6.3](#). The methodology is described in Appendix F.

Table 14: Time to pharmacy with various methods of transportation across Brent and population coverage (%)

Transport	0-10 minutes	0-20 minutes	0-30 minutes
Walking	73.0%	99.6%	100%
Public transport (peak)	76.2%	99.7%	100%
Public transport (off-peak)	75.0%	99.5%	100%
Driving (peak)	99.8%	100%	100%
Driving (off-peak)	100%	100%	100%

⁷⁸ ONS. 2021 Census Profile for areas in England and Wales. [Accessed April 2025] [2021 Census Profile for areas in England and Wales - Nomis \(nomisweb.co.uk\)](https://www.nomisweb.co.uk/census/2021)

Table 15: Walking time to pharmacy by locality: population coverage (%)

Area	0-10 minutes	0-20 minutes	0-30 minutes
Harlesden	71.5%	99.1%	100%
Kilburn	85.8%	100%	100%
Kingsbury and Kenton	64.0%	99.5%	100%
Wembley	75.6%	99.6%	100%
Willesden	70.7%	100%	100%
Brent	73.0%	99.6%	100%

Table 16: Driving time to pharmacy by locality: population coverage (%)

Area	0-10 minutes (off-peak)	0-20 minutes (off-peak)	0-30 minutes (off-peak)	0-10 minutes (peak)	0-20 minutes (peak)	0-30 minutes (peak)
Harlesden	100%	100%	100%	99.4%	100%	100%
Kilburn	100%	100%	100%	100%	100%	100%
Kingsbury and Kenton	100%	100%	100%	100%	100%	100%
Wembley	100%	100%	100%	99.7%	100%	100%
Willesden	100%	100%	100%	100%	100%	100%
Brent	100%	100%	100%	99.8%	100%	100%

Table 17: Public transport time to pharmacy by locality: population coverage (%)⁷⁹

Area	0-10 minutes (off-peak)	0-20 minutes (off-peak)	0-30 minutes (off-peak)	0-10 minutes (peak)	0-20 minutes (peak)	0-30 minutes (peak)
Harlesden	72.2%	99.5%	100%	74.6%	99.7%	100%
Kilburn	87.6%	100%	100%	89.0%	100%	100%
Kingsbury and Kenton	68.2%	99.6%	100%	70.0%	99.6%	100%
Wembley	76.7%	99.0%	100%	76.3%	99.6%	100%
Willesden	73.1%	100%	100%	75.0%	99.9%	100%
Brent	75.0%	99.5%	100%	76.2%	99.7%	100%

In summary, for Brent:

- 99.6% of the population are able to walk to the pharmacy within 20 minutes.
- 100% of the population with access to private transport in Brent can drive to a pharmacy within 20 minutes, whether this is peak or off peak.
- 99.5% can get to a pharmacy via public transport within 20 minutes.

⁷⁹ Please note there may be a marginal higher coverage in some areas for public transport during peak times compared to off-peak, which is correct and likely down to better transport links during peak times in those areas.

Figure 46: Walk times to community pharmacies in Brent

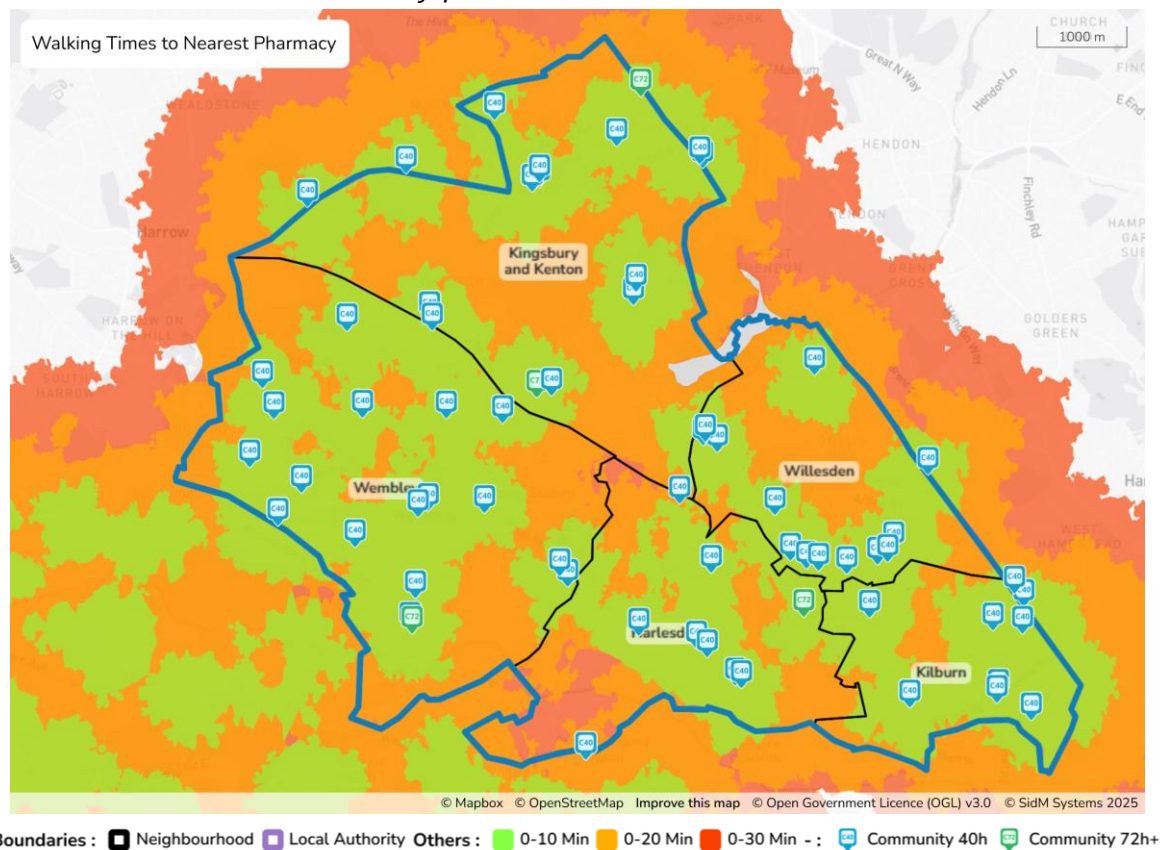


Figure 47: Private transport times to the nearest pharmacy in Brent

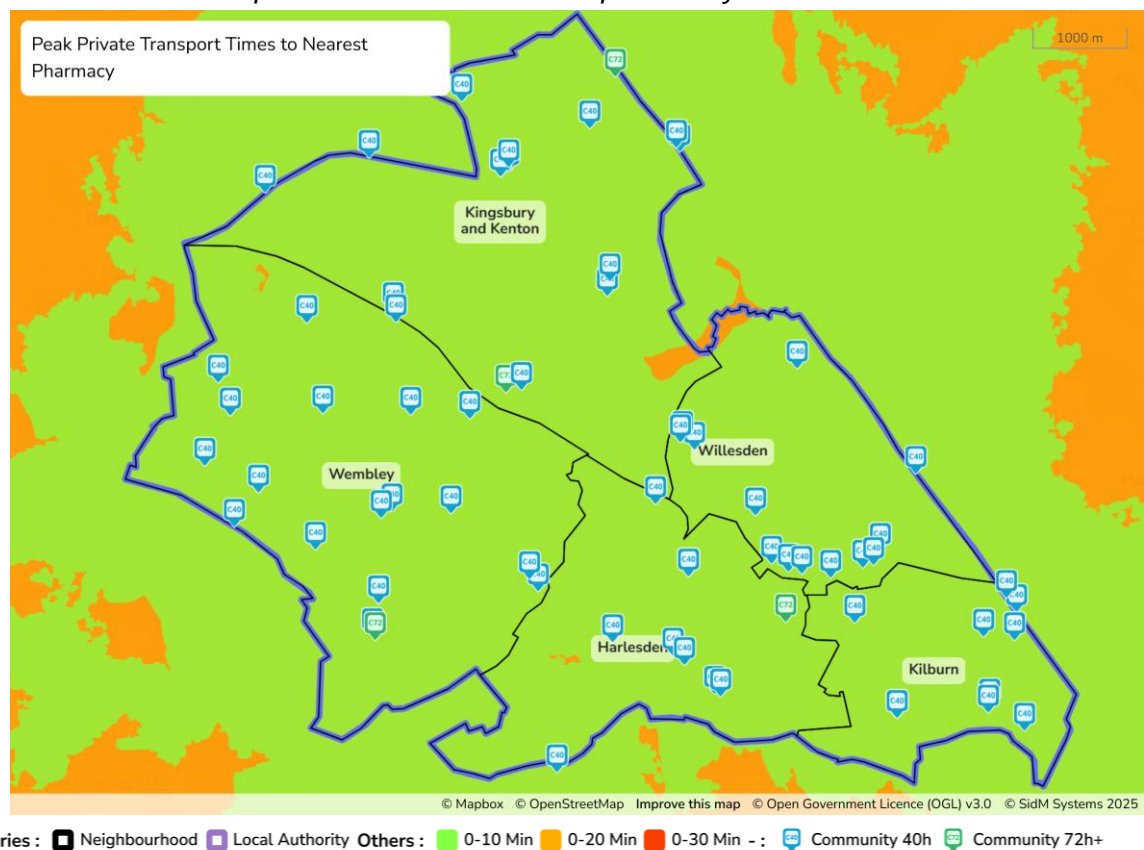


Figure 48: Public transport times to the nearest pharmacy in Brent (off peak)

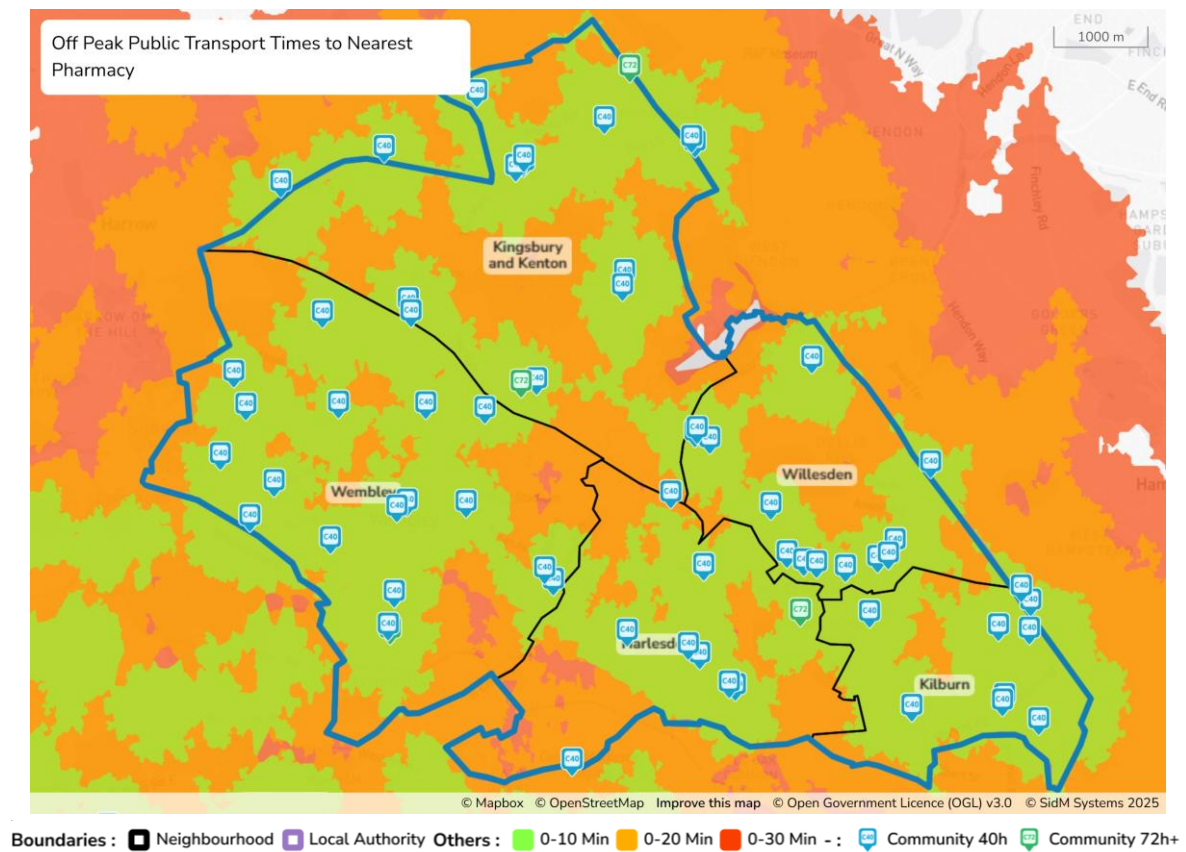
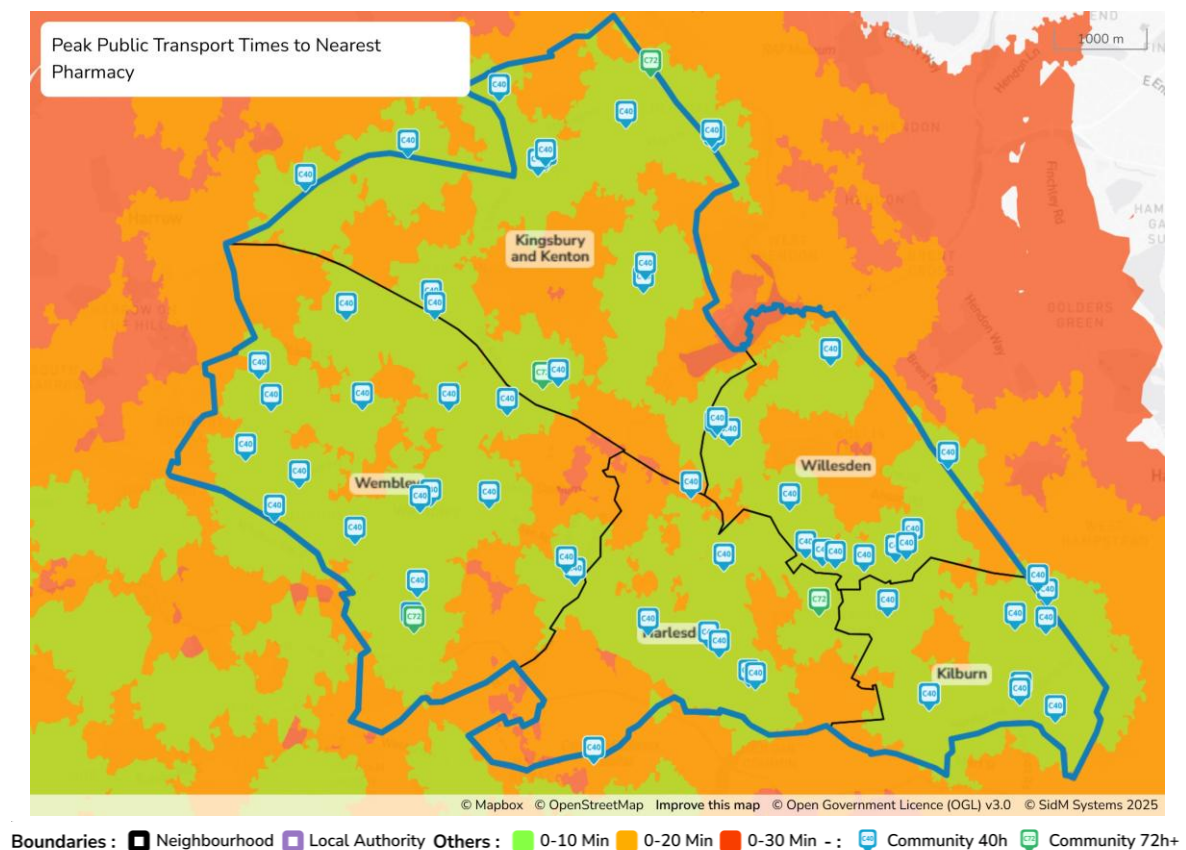


Figure 49: Public transport times to the nearest pharmacy in Brent (peak)



3.9.2 Weekend and evening provision

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

In the 2022 PNA, Brent had five 100-hour pharmacies (7%) compared to the four 72-hour pharmacies now open in March 2025. Two of the five localities have no 72-hour plus community pharmacies, Kilburn and Willesden.

Nationally, there has been a decline too, with the number of 100-hr community pharmacies in England open in 2022 being 9.4% and now for 72-hours or more per week being 7.7%.

Table 18: Number of 72-hour community pharmacies (and percentage of total)⁸⁰

Area	Number (%) of 72+ hour pharmacies
Harlesden	1 (7%)
Kilburn	0 (0%)
Kingsbury and Kenton	2 (13%)
Wembley	1 (4%)
Willesden	0 (0%)
Brent	4 (5%)
England	784 (7.5%)

3.9.2.1 Routine weekday evening access to community pharmacies

The number, location and opening hours of community pharmacy providers open beyond 6:30 pm, Monday to Friday (excluding bank holidays), vary within each locality; they are listed in the table below, Table 19. Full details of all pharmacies' opening hours can be found in Appendix A. 'Average' access is difficult, given the variety of opening hours and locations. Access is therefore considered at the locality level and can be found in Table 19, which shows that 51% of pharmacies are open beyond 6:30 pm across Brent. Further analysis by locality is available in [Section 6.3](#).

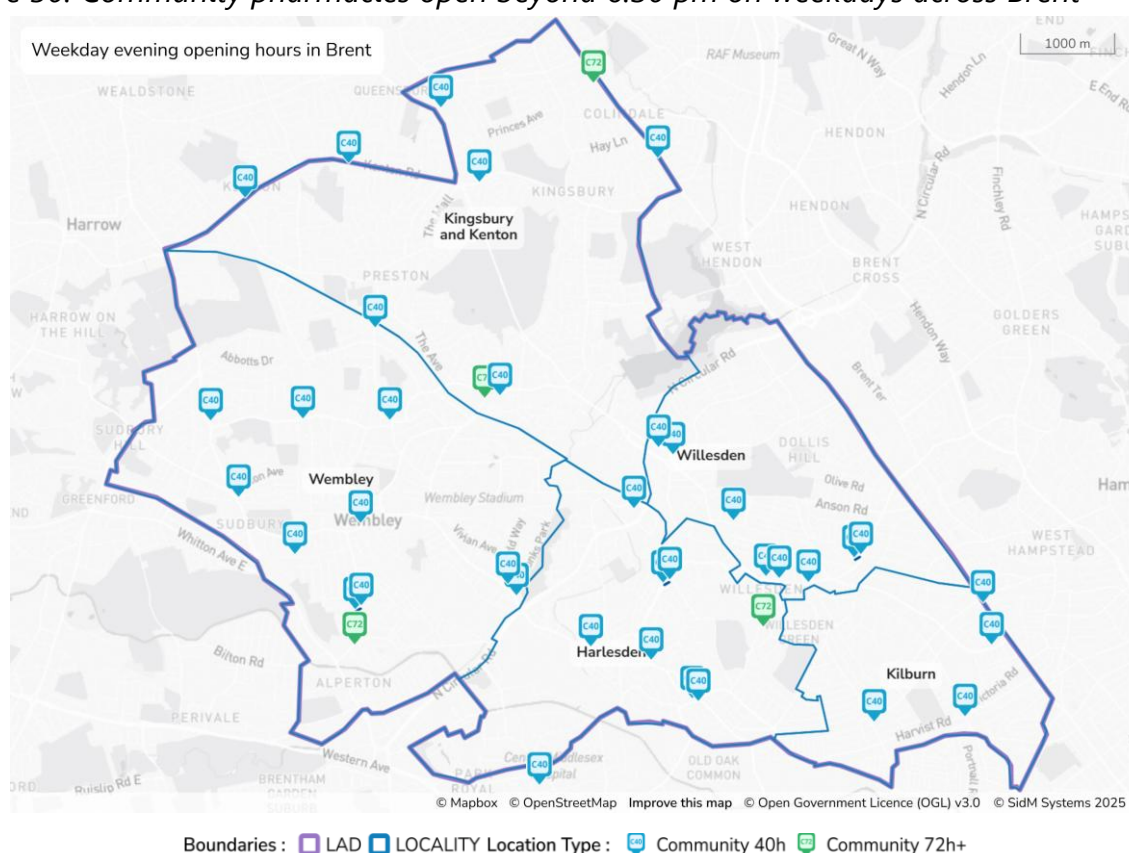
Table 19: Number and percentage of community pharmacy providers (including DSPs) open Monday to Friday (excluding bank holidays) beyond 6:30 pm, and on Saturday and Sunday

Area	Number (%) of pharmacies open beyond 6:30 pm	Number (%) of pharmacies open on Saturday (until 1pm)	Number (%) of pharmacies open on Saturday (after 1pm)	Number (%) of pharmacies open on a Sunday
Harlesden	9 (64%)	8 (57%)	8 (57%)	3 (21%)
Kilburn	4 (40%)	6 (60%)	5 (50%)	0 (0%)

⁸⁰ NHS BSA. Pharmacy Openings and Closures. March 2025. [Accessed April 2025] <https://opendata.nhsbsa.net/dataset/pharmacy-openings-and-closures>

Area	Number (%) of pharmacies open beyond 6:30 pm	Number (%) of pharmacies open on Saturday (until 1pm)	Number (%) of pharmacies open on Saturday (after 1pm)	Number (%) of pharmacies open on a Sunday
Kingsbury and Kenton	8 (50%)	15 (94%)	10 (63%)	3 (19%)
Wembley	12 (48%)	17 (68%)	10 (40%)	4 (16%)
Willesden	8 (53%)	12 (80%)	11 (73%)	0 (0%)
Brent	41 (51%)	58 (73%)	44 (55%)	10 (13%)

Figure 50: Community pharmacies open beyond 6.30 pm on weekdays across Brent



3.9.2.2 Routine Saturday daytime access to community pharmacies

The number, location and opening hours of community pharmacy providers open on Saturdays vary within each locality. Of the pharmacies in Brent, 58 (73%) are open on Saturdays, the majority of which are open into the late afternoon. 'Average' access is difficult given the variety of opening hours and locations. Access is therefore considered at the locality level. Full details of all pharmacies open on a Saturday can be found in Appendix A. Please see Figure 51 and Figure 52 below. More details for each locality in [Section 6.3](#).

Figure 51: Community pharmacies open on Saturday until 1 pm in Brent

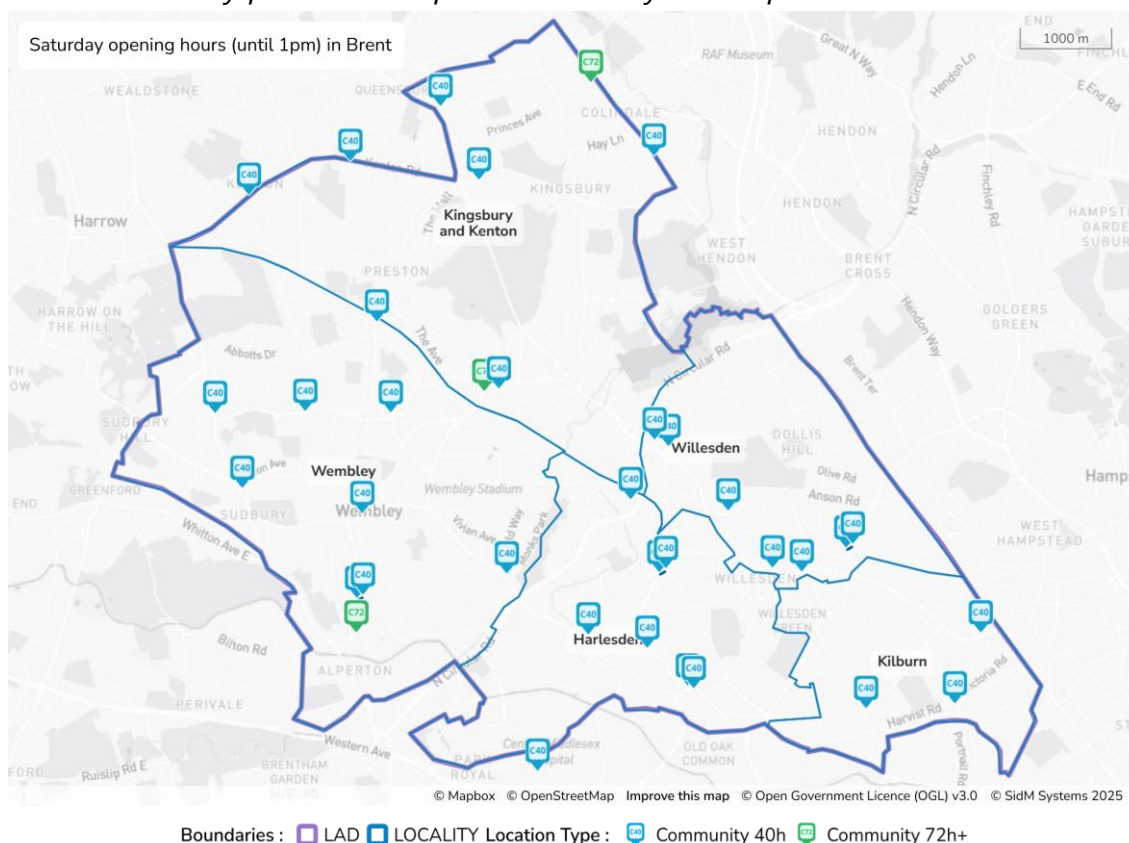
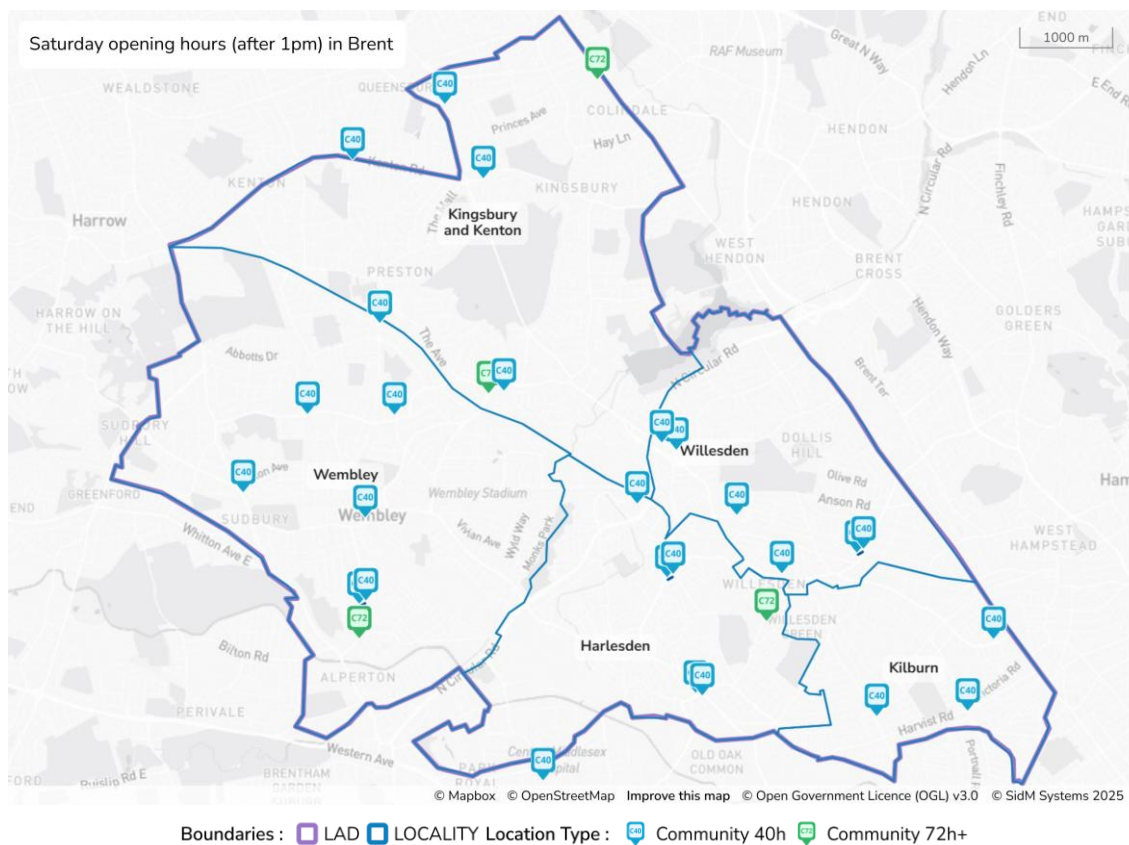


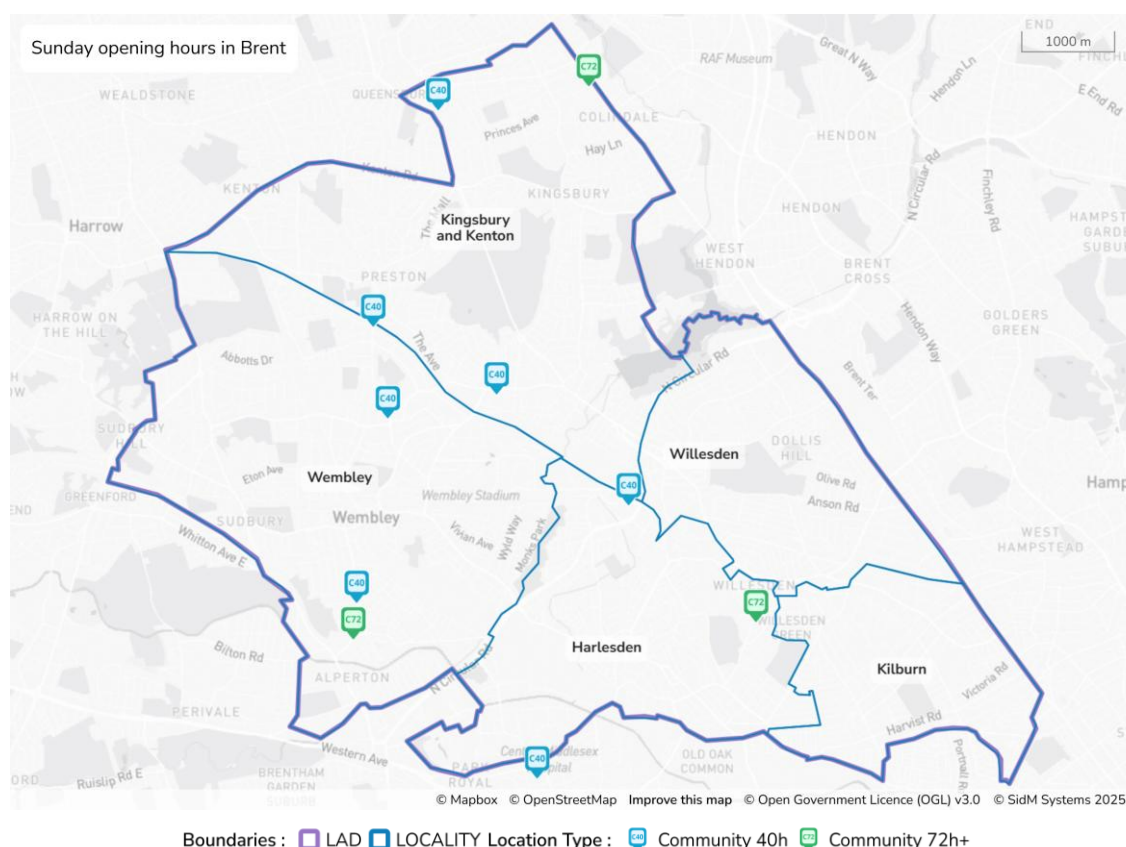
Figure 52: Community pharmacies open on Saturday after 1 pm in Brent



3.9.2.3 Routine Sunday daytime access to community pharmacies

The number, location and opening hours of community pharmacy providers open on Sundays vary within each locality. Fewer pharmacies (10, 13%) are open on Sundays than on any other day in Brent, which typically mirrors the availability of other healthcare providers open on a Sunday. Full details of all pharmacies open on a Sunday can be found in Appendix A. Please see Figure 53 below.

Figure 53: Community pharmacies open on Sunday in Brent



3.9.2.4 Routine bank holiday access to community pharmacies

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

The ICB has commissioned an enhanced service to provide coverage over Bank Holidays, Good Friday, Easter Sunday, and Christmas Day, to ensure that there are pharmacies open on these days so patients can access medication if required. This is coordinated by the local Dentistry, Optometry and Pharmacy Team across London. Any pharmacy may opt to open those days, as part of commissioned service. Details of which pharmacies are open can be found on the NHSE website: <https://www.nhs.uk/service-search/pharmacy/find-a-pharmacy>.

3.10 Advanced Service provision from community pharmacy

Advanced Services look to ease the burden on primary care services by providing access to healthcare professionals in a high street setting.

[Section 1.5.5.2](#) lists all the Advanced Services that may be provided under the pharmacy contract. As these services are discretionary, not all providers will provide them all of the time.

The numbers in Table 20 represents the percentage of providers who have claimed payment for service between October 2024 and January 2025 as recorded by the NHS Business Services Authority (BSA).

Details of individual pharmacy providers can be seen in Appendix A.

It should be noted that services, such as AUR and SAC, have lower dispensing through Community Pharmacies as DACs (a specialised supplier of medical appliances and devices) provide these services.

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

The Smoking Cessation Service, as described in [Section 1.5.5.2](#), currently has low uptake locally as well as nationally; however, 16 pharmacies have signed up to start providing this service in all localities. This service relies on a referral from secondary care. Therefore, numbers should be interpreted with care as they are low due to referral, not due to the lack of appetite to provide them.

Table 20: Advanced service provision (number and percentage of pharmacies) across Brent based on activity data

Advanced services	Harlesden	Kilburn	Kingsbury and Kenton	Wembley	Willesden	Brent
Pharmacy First	10 (71%)	9 (90%)	15 (94%)	20 (80%)	14 (93%)	68 (85%)
Flu Vaccination service	8 (57%)	9 (90%)	14 (88%)	18 (72%)	11 (73%)	60 (75%)
Pharmacy Contraception Service	6 (43%)	4 (40%)	12 (75%)	13 (52%)	8 (53%)	43 (54%)
Hypertension Case Finding Service	7 (50%)	6 (60%)	15 (94%)	18 (72%)	12 (80%)	58 (73%)
New Medicine Service	11 (79%)	6 (60%)	15 (94%)	22 (88%)	15 (100%)	72 (90%)
Smoking Cessation Service	0 (0%)	1 (10%)	0 (0%)	1 (4%)	1 (7%)	3 (4%)
Appliance Use Review*	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)

Advanced services	Harlesden	Kilburn	Kingsbury and Kenton	Wembley	Willesden	Brent
Stoma Appliance Customisation*	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
LFD Service	5 (36%)	3 (30%)	10 (63%)	13 (52%)	8 (53%)	39 (49%)

Source: NHS BSA October 2024-January 2025 based on activity data

* This service is typically provided by the DACs

3.11 Enhanced Service provision from community pharmacy

There are two National Enhanced Services and four Local Enhanced Services commissioned through community pharmacies in London.

The National Enhanced Services (NES) are the COVID-19 vaccination service and the RSV and Pertussis vaccination services.

- COVID-19 vaccination service: Actual provision numbers are not available at the time of writing, as this activity is seasonal, but the number of pharmacies signed up is available in Table 21 below and details of individual pharmacies signed up for the last campaign can be found in Appendix A, although service provision can change with each campaign. This service is also accessible to residents from other healthcare providers.
- The RSV vaccination and Pertussis vaccination service is currently under procurement and due to go live in autumn 2025.

The Local Enhanced Services (LES) are the bank holiday opening, MMR vaccination, Pneumococcal vaccination and London Flu vaccination.

- Bank holidays: As discussed in [Section 3.9.2.4](#), there is a local enhanced service to ensure that there are pharmacies open on these days so patients can access medication if required. Provision is spread across the area. Any other pharmacy may opt to open those days, outside of the commissioned service.
- The Measles, Mumps and Rubella (MMR) vaccination service is currently commissioned in two pharmacies in Brent:
 - Jade Pharmacy at 533 Kingsbury Road, Kingsbury, NW9 9EG.
 - Gimmack Pharmacy at 177 The Broadway, Cricklewood, NW2 3HT.
- Details of pharmacies signed up for the Pneumococcal Polysaccharide Vaccine (PPV) service were not available at the time of writing.
- The London Flu vaccination service will come into effect from 1 September 2025. In previous campaigns, one of the requirements for eligibility was for pharmacies to be providing the national Advanced Flu service first.

Table 21: Enhanced service provision (number and percentage of pharmacies) across Brent, based on pharmacies signed up

Enhanced services	Harlesden	Kilburn	Kingsbury and Kenton	Wembley	Willesden	Brent
COVID-19 vaccination Service	4 (29%)	8 (80%)	8 (50%)	14 (56%)	9 (60%)	43 (54%)
Bank holiday opening	0 (0%)	0 (0%)	1 (6%)	1 (4%)	1 (7%)	3 (4%)
MMR vaccination service	0 (0%)	0 (0%)	1 (6%)	0 (0%)	1 (7%)	2 (3%)

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

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

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

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

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

A list of all contractors and commissioned services can be found in Appendix A.

4.1 ICB-commissioned services

The North West London ICB covers the HWB geography and commissions the following two services across Brent.

- ICBS1: In-hours on demand anticipatory medicines service. There are 15 (19%) community pharmacies across Brent providing this service.
- ICBS2: Out-of-hours on demand anticipatory medicines service. There are 22 (28%) community pharmacies across Brent providing this service.

4.2 Local authority-commissioned services provided by community pharmacies in Brent

Brent Council commissions three services from community pharmacies in Brent:

- LAS1: Emergency Hormonal Contraception. There are six community pharmacies providing this service. Details can be found in Appendix A.
- LAS2: Supervised consumption.
- LAS3: Needle exchange.

At the time of writing, details of which pharmacies are providing supervised consumption and needle exchange services were unavailable.

These services may also be provided by other providers, for example, GP practices and community health services.

These services are listed for information only and would not be considered or used as part of a market entry determination.

4.3 Other services provided from community pharmacies

There were 59 respondents to the community pharmacy contractor questionnaire. Of respondents, the majority stated that they would be willing to provide more services in Brent and 37% specified services that they would like commissioned in Brent.

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

4.3.1 Collection and delivery services

The delivery services offered by pharmacy contractors are not commissioned services and are not part of the community pharmacy contractual terms of service.

This would not be considered as part of a determination for market entry.

From the pharmacy contractor questionnaire, up to 88% (52) of community pharmacies provide home delivery services free of charge on request. It should be noted that 83% (49) of community pharmacies collect prescriptions from GP practices.

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

4.3.2 Services for less-abled people

Under the Equality Act 2010,⁸¹ community pharmacies are required to make 'reasonable adjustments' to their services to ensure they are accessible to all groups, including less-abled persons.

From the 389 responders to the public questionnaire, 22% have identified that they have a disability. It should be noted that out of those who state they have a disability, 16% state it affects their mobility.

81% of contractors who responded to the survey had consultation rooms providing wheelchair access.

4.3.3 Languages

The most prominent language spoken in pharmacies other than English is Gujarati, and it is spoken by 85% of those who responded to the contractor questionnaire. This is followed by Hindi (74%), Arabic (32%), Urdu (22%) and Swahili (17%). Other languages are spoken in fewer than 10% of the pharmacies that responded. The full list can be found in Appendix E.

⁸¹ Legislation. Equality Act 2010. October 2024. [Accessed April 2025]
www.legislation.gov.uk/ukpga/2010/15/contents

There is an interpretation service available from all community pharmacies across Brent, which provides:

- On-demand telephone interpretation.
- Video interpretation.
- Face-to-face interpretation.
- Translation services.

4.4 Other providers that reduce the need for pharmaceutical service provision

The following are providers of pharmacy services in Brent, but are not defined as pharmaceutical services under the PLPS Regulations 2013; however, they reduce the need for pharmaceutical service provision, particularly the dispensing service.

4.4.1 NHS hospitals

Pharmaceutical service provision is provided to patients by the following hospitals:

- Central Middlesex Hospital, Acton Lane, Park Royal NW10 7NS.
- London North West NHS Trust (includes Central Middlesex Hospital).

The following hospitals are outside the borough, but Brent residents could access services at these sites:

- Ealing Hospital, Uxbridge Road, Southall UB1 3HW.
- Northwick Park Hospital, Watford Road, Harrow HA1 3UJ.
- Imperial College Healthcare Hospital, Hammersmith Hospital, Du Cane Rd, London W12 0HS.
- West Middlesex Hospital, Twickenham Road, Isleworth TW7 6AF.
- Royal Free Hospital Pond Street, London, NW3 2QG.

4.4.2 Personal administration of items by GP practices

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

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

4.5.1 Urgent care centres

- Northwick Park Hospital Urgent Treatment Centre, Watford Road, Harrow HA1 3UJ.
- Central Middlesex Hospital, Acton Lane, Park Royal NW10 7NS.

4.5.2 Mental Health Centres

- Central and North West London NHS Foundation Trust, Head office address: 350 Euston Road, Regent's Place, London, NW1 3AX.

- Central London Community Healthcare NHS Trust, head office address: Central London Community Healthcare NHS Trust, Ground Floor, 15 Marylebone Road, London, NW1 5JD.

4.5.3 Extended hours provided by Primary Care Networks (PCNs)

PCNs are required to provide enhanced access to appointments outside of the standard opening hours for most GPs to accommodate those who may need appointments outside typical opening working times. There are a number of community pharmacies open in the evenings and weekends across Brent.

4.5.4 Community nursing prescribing

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

4.5.5 Dental services

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

4.5.6 End of life services

Palliative care services are provided by other providers such as hospices and specialist nurses.

4.6 Other services

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

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

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

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

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

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

Section 5: Findings from the public questionnaire

A public questionnaire about pharmacy provision was developed by the steering group to understand the views of the public in Brent. This questionnaire was available online through the Brent Council consultations website page between 20 February 2025 and 2 April 2025. Paper copies and an easy read version were also available on request.

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

- Social media channels.
- Posters distributed in libraries, pharmacies and community health events.
- Paper copies available in some libraries, pharmacies and during specific events and group engagement activities.
- Brent council network, including:
 - Residents newsletter.
 - Staff network.
 - Social workers and adult social care.
 - Chamber of Commerce.
 - Schools.
 - Disability forum.
 - Community health events.
 - Community Hub.
 - Community voluntary organisations and community champions.
 - Council engagement officers.
 - Pensioners forum.
 - Brent Connects neighbourhood forum.
 - Ashford Place Community Centre.
- Healthwatch Brent network.
- North West London ICB network.

There were 389 responses, 16 of which were paper copies, from a population of 344,500 (0.11%), so the findings should be interpreted with some care regarding the representation of the community as a whole. It should also be noted that the demographics of respondents do not fully reflect population demographics, with certain groups not adequately represented, limiting how generalisable the findings are. A report of the results can be found in Appendix D.

5.1 Demographic analysis

- 48% of the respondents identified themselves as female, 31% as male, 2% preferred not to say.
- The highest number of respondents were aged 65+ (19%), followed by the 55-64 age group (11%), and the 35-44 age group (10%). There were no responses for under 15s, but there were 20 responses (5%) in the 16-24 age group.
- 67% identified themselves as disabled and 4% preferred not to say.
- Of respondents, the ethnicity group with the highest percentage came from a White British background (24%), followed by Asian- Indian (18%).
- The total of White options were selected by 40%; Asian by 31%; Black by 15%; Mixed 4% and other 5%. The remaining 6% preferred not to say.
- For religion, 33% of respondents identified as Christian, 17% as Hindu and 15% as Muslim. 14% answered no religion or belief, and 13% of the respondents preferred not to say. The other 9% were Jewish, Buddhist, Sikh and other (not specified).
- The sexual orientation of respondents was predominantly heterosexual (86%), 11% preferred not to say, 1% identified themselves as gay, and less than 1% as lesbian, bisexual or other orientation.

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

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

5.2 Visiting a pharmacy

- Most people (79%) have a regular or preferred local pharmacy.
- 8% only use online pharmacies, and 9% use both online and in-person.
- The most common visit frequency is once a month (37%), followed by a few times a month (24%), and every few months (19%).
- Only a small number visit weekly (6%) or just once every six months (7%).
- Another 7% hadn't visited or contacted a pharmacy in the past six months.
- The most convenient time to visit for many is Saturday mornings (9am–1pm) (30%), closely followed by weekday mornings (27%).
- Respondents could choose more than one time slot, and 99% selected at least one weekday and/or weekend option.

Almost everyone surveyed had a regular local pharmacy. Most visited at least once a month, while a few hadn't been to a pharmacy in over six months. Saturday and weekday mornings were the most convenient times to go.

5.3 Reason for visiting a pharmacy

- Respondents could select more than one reason. The most common reason was collecting prescriptions for themselves (81%).
- Users also went to buy over-the-counter medicines (46%), get advice (28%), or collect prescriptions for someone else (24%).
- 21% used also a specific pharmacy service (like minor ailment service, flu jabs or blood pressure checks).
- Of the 8% who selected "Other", most said it was for medication delivery.

Most people visited the pharmacy to collect their own prescriptions. Others went for over-the-counter products, advice, or to help someone else. Some used pharmacy services like flu jabs. A small number mainly used pharmacies for getting medicines delivered.

5.4 Choosing a pharmacy

The most important factors when choosing a pharmacy were:

- Service quality (expertise) 77%.
- Location 77%.
- Availability of medicines 74%.
- Customer service 71%.

The least important factors were:

- Accessibility (e.g. for wheelchairs/buggies): 58% said not important.
- Language or interpreting services: 53% said not important.
- Parking: 56% said not important.

People chose pharmacies based on good service, location, and having the medicines they need. Things like parking, access for wheelchairs or pushchairs, and language services were less important to most.

5.5 Access to a pharmacy

- Most people walked to their pharmacy (78%); 21% used a car.
- Only 7% used online/delivery services instead of visiting in person.
- 83% could get to a pharmacy in under 20 minutes; 93% within 30 minutes.
- 1% took between 30–40 minutes, 2% more than 40 minutes, and the remaining 4% didn't travel to a pharmacy at all.

Most people walked to their pharmacy and could get there in under 20 minutes. Very few used only delivery services. Almost everyone could reach a pharmacy within 30 minutes.

Section 6: Analysis of health needs and pharmaceutical service provision

The analysis of health needs and pharmaceutical service provision aims to determine whether there is an existing or potential future gap in pharmaceutical services in Brent.

6.1 Pharmaceutical services and health needs

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

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

Understanding the communities that local pharmacies serve is important for maximising national Community Pharmacy Contractual Framework (CPCF) services in care pathways, as well as commissioning the services that best serve the health and wellbeing requirements of the local communities. Pharmacies play more than a medicine-dispensing role today, and the changes in the 2019-2024 CPCF saw services that meet the prevention, medicines optimisation and primary care access agendas.

6.2 Brent health needs

Brent is one of the most populous and diverse boroughs in London, with an estimated 344,500 residents as of June 2023. It is the fifth most populous borough in London and ranks 30th nationally. The borough has experienced steady population growth of 6.2% over the past decade, though this has recently slowed, reflecting trends observed more widely due to the impacts of the COVID-19 pandemic and falling birth rates.

The borough has a relatively young population profile, with a median age of 35.5 years, broadly in line with London, but younger than the England average of 40.4 years. Around a quarter (25%) of the population is aged 20 to 34, while those aged 50 and over account for 29%, compared to a national average of 38%. Women make up 51% of Brent's population, and among residents aged 80 and over, women represent 60%.

Brent's ethnic diversity is a defining feature of its population. Just 15% of residents identify as White British, with the remainder comprising a wide range of backgrounds. Over one-third of residents are of Asian or Asian British heritage, particularly Indian. A further 18% are from Black or Black British backgrounds, and 35% are from other White ethnic groups, including significant numbers from Eastern Europe.

Brent is ranked the fourth most deprived borough in London. Areas such as Stonebridge fall within the most deprived 10% of neighbourhoods in England, with Harlesden and Kilburn also facing multiple socio-economic challenges. These inequalities are reflected in health outcomes: life expectancy for males born in 2016 to 2020 is the lowest in Stonebridge (in Harlesden): 76.0 years, and the highest in Kenton (in Kingsbury and Kenton, and Kenton), 87.0 years. In comparison, the life expectancy for females born in the same period is lowest in Stonebridge, 80.6 years and highest in Kenton, 91.3 years.

6.2.1 Burden of disease

The burden of disease in Brent reflects both national and local public health concerns, with some conditions presenting at higher-than-average levels.

Cardiovascular disease: Early mortality due to cardiovascular disease remains elevated in Brent, with a rate of 126.8 per 100,000 among those under 75, higher than the averages for both London and England. While diagnosed hypertension prevalence (10.7%) is lower than the national rate, underdiagnosis remains a concern.

Diabetes: This continues to be a significant public health issue in the borough, with a higher-than-average prevalence that shows only modest signs of decline.

Asthma: Brent has a higher burden of asthma, which is prevalent among children and young people. Hospital admission rates for childhood asthma are double the national average, and adult asthma affects approximately 10% of residents, with higher rates observed in Kilburn and Kingsbury and Kenton.

Mental health needs are considerable. Although diagnosed depression is recorded at 7.6%, below regional and national levels, the trend is increasing, and the prevalence of severe mental illness (0.8%) is comparatively high, with particular concentrations in Harlesden and Kilburn.

Cancer prevalence stands at 3.3%, with over 11,000 residents living with or beyond a cancer diagnosis. The projected number of new cases for 2024 is 1,243, equating to 365.8 per 100,000 population.

Musculoskeletal disorders remain a common cause of ill health, though prevalence in Brent is below both the London and England averages.

6.2.2 Behavioural and lifestyle risk factors

Oral health indicators show particular cause for concern in Brent, with dental decay on the increase over the past decade, while in London and England, the average has been on a stable decline.

Sexual health indicators are above the England levels, although similar to London trends. Over the past decade, rates for Chlamydia, Gonorrhoea, and Syphilis have increased. Teenage conception and abortion rates are on a downward trend.

In terms of lifestyle behaviours, alcohol and tobacco use in Brent are lower than national averages; however, rates of alcohol related admissions in Brent are higher than the national average. However, the borough has a higher prevalence of drug misuse.

Obesity among children remains a challenge, particularly in Year 6 age groups, although recent trends show improvement. Physical activity levels are also comparatively low, with only 60% of adults classified as physically active, compared to 66% across England.

6.2.3 Future needs

Looking ahead, Brent's population is forecast to grow by 24% between 2023 and 2041, reaching an estimated 431,000 residents, an increase of over 82,000 people. For the lifetime of this PNA, there is an expected increase of around 25,000 people (7.1%), and the largest growth is to be seen in Wembley and Harlesden. This is linked to the housing growth in the area.

In line with national trends, the borough's population is expected to continue ageing.

The ageing population is likely to lead to increased prevalence of long-term conditions and polypharmacy, while population growth in high-development areas will require close monitoring to ensure timely and equitable access to pharmacy services.

6.3 PNA localities

There are 81 contractors in Brent, of which 80 are community pharmacies (including nine DSPs). Table 9 in [Section 3.1](#) provides a breakdown by contractor type and Table 19 in [Section 3.9.2.1](#) provides a breakdown of the number and percentage of community pharmacies open beyond 6:30 pm and at weekends. Individual community pharmacy opening times are listed in Appendix A.

The health needs of the Brent population influence pharmaceutical service provision in Brent. This has been discussed in detail in [Section 2](#).

For the purpose of the PNA, **all Essential Services are to be regarded as Necessary Services in Brent.**

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

The breakdown of Advanced, Enhanced and Locally Commissioned Service provision by locality can be found in [Section 3.10](#), [Section 3.11](#) and [Section 4](#) respectively.

When discussing Advanced Service provision, the AUR and SAC are excluded from the narrative; as mentioned in [Section 3.10](#), DACs typically provides these services.

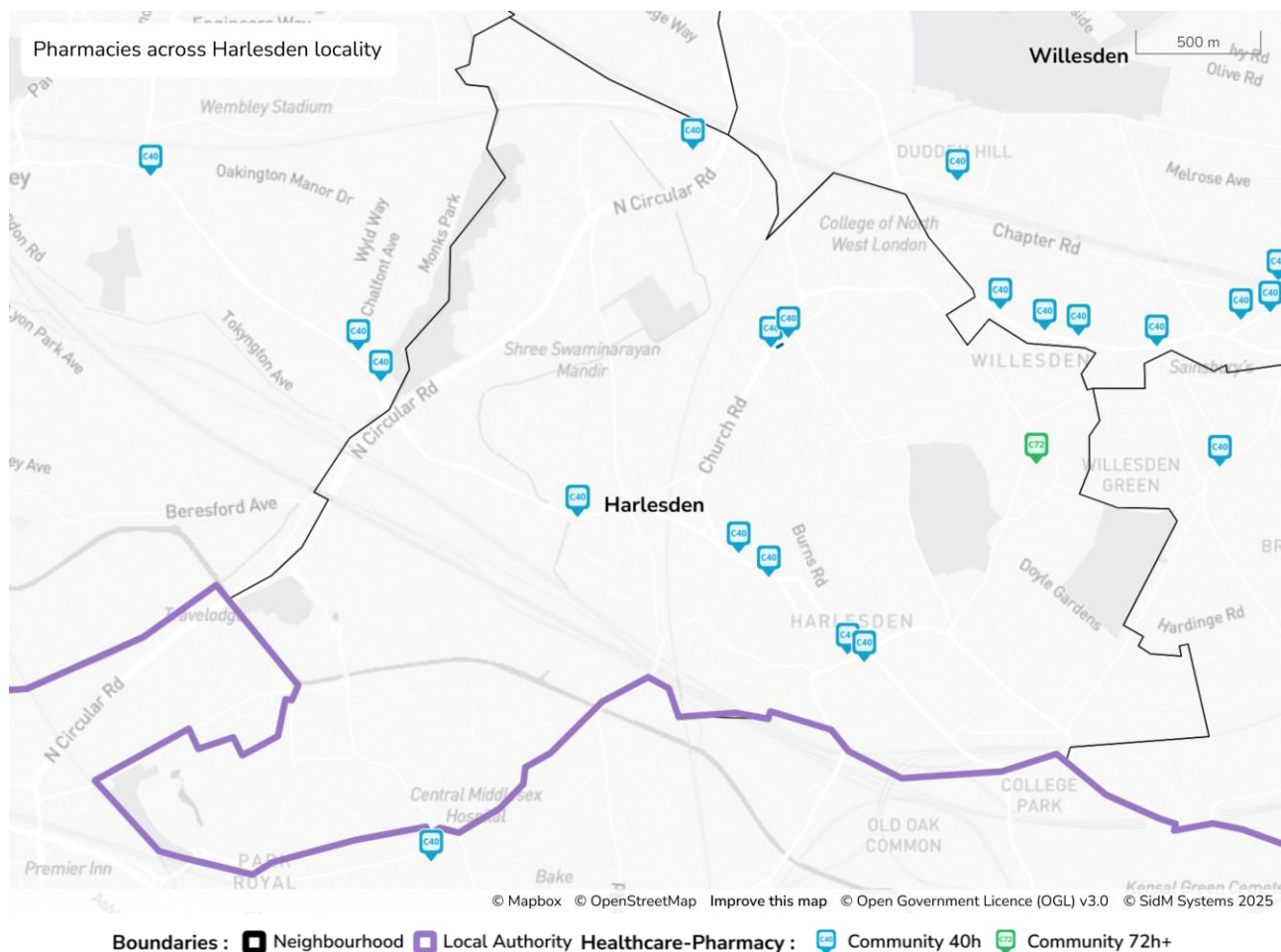
When detailing the type and number of pharmacy contractors available in each locality, LPS providers and dispensing GP practices are not mentioned, as there are none across Brent.

For the purpose of the PNA, the Brent geography has five localities:

- Harlesden.
- Kilburn.
- Kingsbury and Kenton.
- Wembley.
- Willesden.

6.3.1 Harlesden

Figure 54: Providers in Harlesden and across borders



6.3.1.1 Necessary Services: essential services current provision

Essential services must be provided by all community pharmacies. There are 14 community pharmacies (including four DSPs) in Harlesden. The estimated average number of community pharmacies per 100,000 population is 24.4.

There are nine (64%) pharmacies that hold a standard 40-core hour contract, one (7%) 72+hour pharmacy and four (29%) DSPs. There is also one DAC.

Of the 14 community pharmacies:

- Nine pharmacies (64%) are open after 6.30 pm on weekdays.
- Eight pharmacies (57%) are open on Saturday, and all eight remain open after 1 pm.
- Three pharmacies (21%) are open on Sundays.

There are also a number of accessible providers open in Wembley, Kingsbury and Kenton and Kenton, Willesden and Kilburn, as well as the HWB areas of Ealing and Hammersmith and Fulham.

6.3.1.2 Necessary Services: essential services gaps in provision

There is good access to the essential services across Harlesden.

The existing community pharmacy network is expected to be able to accommodate the predicted locality population increase of 3.2% (1,838) by 2028, and housing developments noted in Roundwood in particular.

To secure access on the weekend and evenings, there is one 72-hour plus pharmacy in Harlesden supported by other pharmacies open on an evening and weekend. Details are found in Appendix A.

The number of households in Harlesden that own a car or van is 46.7%, which is lower than the Brent level (55.9%) and the England level (76.5%).

Travel analysis across Harlesden showed:

- Between 99.1% to 100% of the population can reach a community pharmacy in 20-30 minutes walking.
- 100% of the population with access to private transport can reach a community pharmacy in 20 minutes, driving in peak and off-peak times.
- 99.7% of the population can reach a community pharmacy by public transport in 20 minutes in peak times, and 99.5% during off-peak times; 100% within 30 minutes, any time.

Individuals are able to travel to a pharmacy within reasonable times.

With projected increases in population and corresponding demand, pharmacies, particularly those operating as sole providers, may experience increased footfall and service pressures. While current access is considered adequate, this assessment assumes that existing pharmacies will adapt to meet rising demand.

The rationale for determining no current gap in provision is based not only on physical access but also on the expectation that pharmacy contractors will scale and flex their capacity in response to local needs.

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

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

6.3.1.3 Other relevant services: current provision

Table 22 shows the pharmacies providing Advanced and Enhanced services in Harlesden locality.

Table 22: Harlesden Advanced and Enhanced Services

Service	Pharmacies providing*
Pharmacy First	10 (71%)
Seasonal influenza vaccination	8 (57%)
Pharmacy contraception	6 (43%)
Hypertension case-finding	7 (50%)
New Medicine Service	11 (79%)
Smoking cessation	0 (0%)
Lateral Flow Device tests supply	5 (36%)
COVID-19 vaccination service**	4 (29%)
Bank holiday service**	0 (0%)
MMR vaccination service**	0 (0%)

*Based on pharmacies claiming payment in October 2024 - January 2025

**Based on pharmacies signed up.

Advanced and Enhanced Services look to ease the burden on primary care services by providing access to a healthcare professional in a high street setting; however, the absence of a service, due to a community pharmacy not signing up, does not result in a gap due to the availability of services similar from other healthcare providers. The Smoking Cessation Service provision is currently low; however, this is due to the reliance on secondary care referral.

Based on the information available, there is good access to the other relevant services across the locality through the existing community pharmacy network.

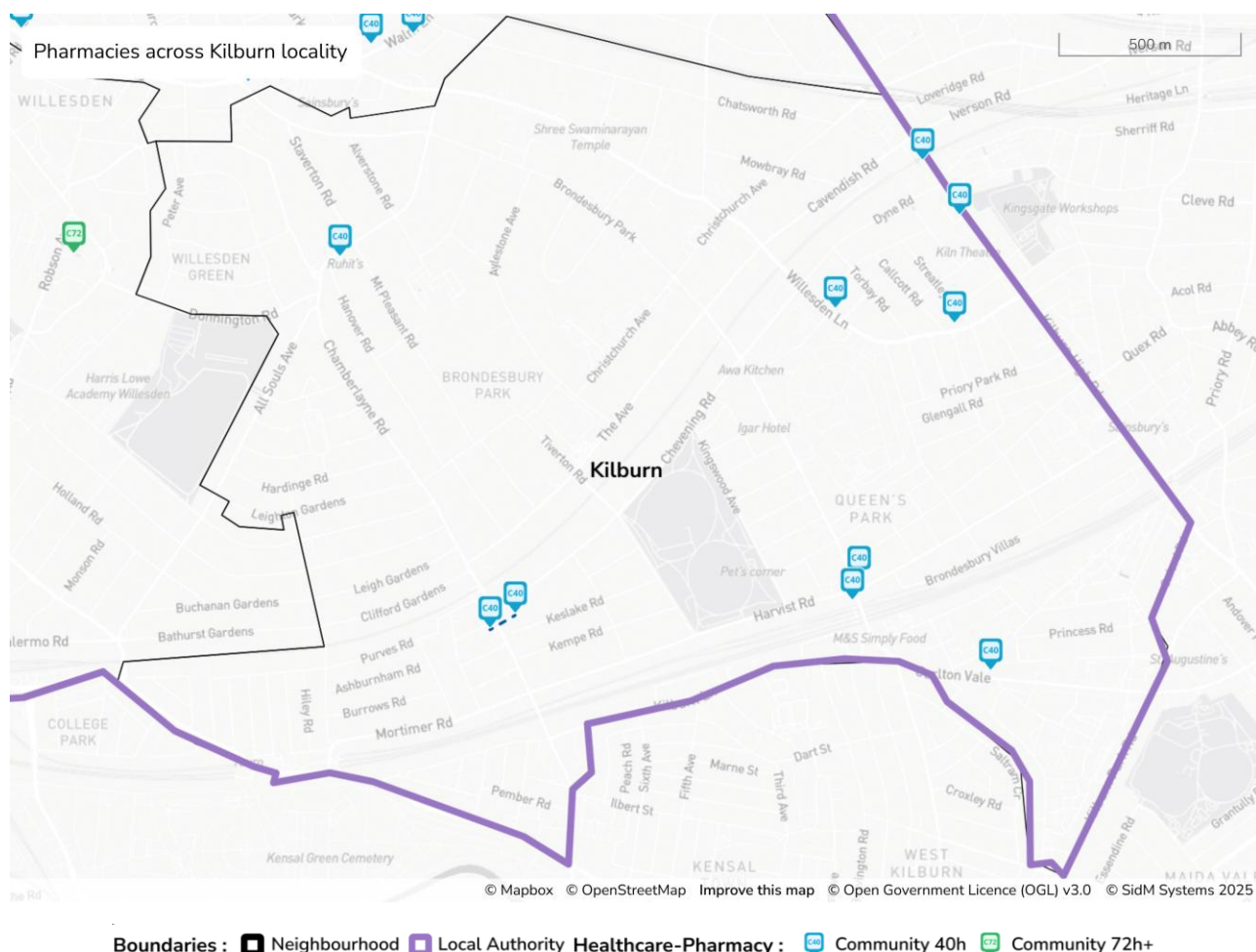
No gaps in the provision of other relevant services have been identified for Harlesden.

6.3.1.4 Improvements and better access: gaps in provision

No gaps have been identified in either the necessary services or any other relevant services that if provided either now or in the future (next three years) would secure improvements or better access to the essential or specified advanced and enhanced services across Harlesden.

6.3.2 Kilburn

Figure 55: Providers in Kilburn and across borders



6.3.2.1 Necessary Services: current provision

Essential services must be provided by all community pharmacies. There are 10 community pharmacies in Kilburn. The estimated average number of community pharmacies per 100,000 population is 21.4.

All 10 pharmacies (100%) hold a standard 40-core hour contract, and there are no 72+hour pharmacies, DSPs or DACs in this locality.

Of the 10 community pharmacies:

- Four pharmacies (40%) are open after 6.30 pm on weekdays.
- Six pharmacies (60%) are open on Saturdays and five (50%) remain open after 1 pm.
- No pharmacies (0%) are open on Sundays.

There are also a number of accessible providers open in the neighbouring localities of Harlesden and Willesden, and the HWB areas of Hammersmith and Fulham, Westminster and Camden.

6.3.2.2 Necessary Services: gaps in provision

There is good access to the essential services across Kilburn.

The population is predicted to decline over the next three years by -0.5% (-254); therefore, demand is not likely to increase due to population increases.

To secure access at the weekend and evenings, although there are no 72-hour plus pharmacies in Kilburn, there are a number of 40-hour pharmacies open on evenings and weekends, as well as 72-hour pharmacies near the border. Details are found in Appendix A.

The number of households in Kilburn that own a car or van is 46.5%, which is lower than the Brent level (55.9%) and the England level (76.5%).

Travel analysis across Kilburn showed:

- 100% of the population can reach a community pharmacy in 20 minutes walking.
- 100% of the population with access to private transport can reach a community pharmacy in 10 minutes driving in peak and off-peak times.
- 100% of the population can reach a community pharmacy by public transport in 20 minutes in peak times, and during off-peak times.

Individuals are able to travel to a pharmacy within reasonable times.

The rationale for determining no current gap in provision is based not only on physical access but also on the expectation that pharmacy contractors will scale and flex their capacity in response to local needs.

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

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

6.3.2.3 Other relevant services: current provision

Table 23 shows the pharmacies providing Advanced and Enhanced services in the Kilburn locality.

Table 23: Kilburn Advanced and Enhanced Services

Service	Pharmacies providing*
Pharmacy First	9 (90%)
Seasonal influenza vaccination	9 (90%)
Pharmacy contraception	4 (40%)
Hypertension case-finding	6 (60%)
New Medicine Service	9 (90%)
Smoking cessation	1 (10%)
Lateral Flow Device tests supply	3 (30%)
COVID-19 vaccination service**	8 (80%)
Bank holiday service**	0 (0%)
MMR vaccination service**	0 (0%)

*Based on pharmacies claiming payment in October 2024 - January 2025

**Based on pharmacies signed up.

Advanced Services look to ease the burden on primary care services by providing access to a healthcare professional in a high street setting; however, the absence of a service, due to a community pharmacy not signing up, does not result in a gap due to the availability of services similar from other healthcare providers. The Smoking Cessation Service provision is currently low; however, this is due to the reliance on secondary care referral.

Based on the information available, there is good access to the other relevant services across the locality through the existing community pharmacy network.

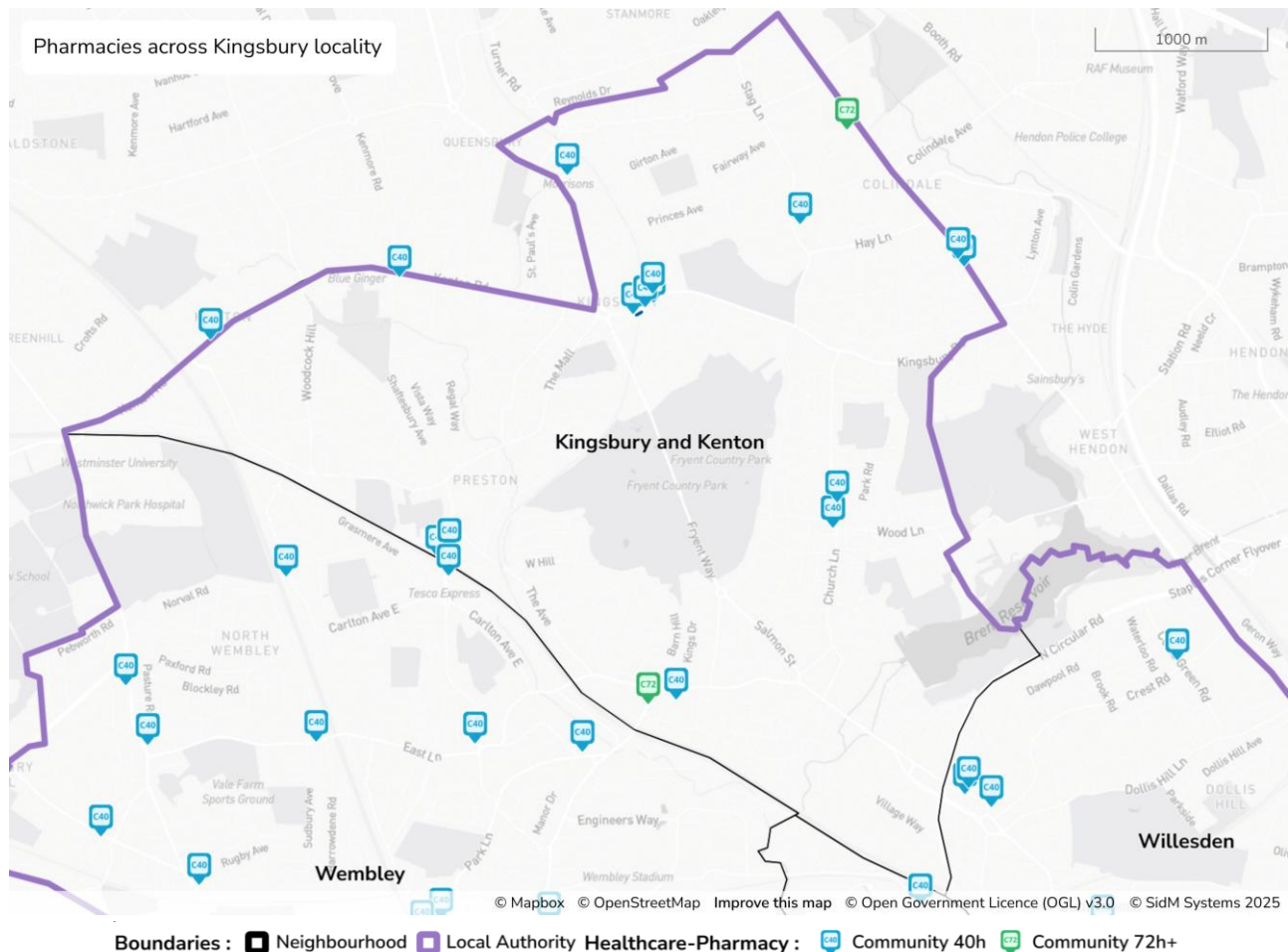
No gaps in the provision of Relevant Services have been identified for Kilburn locality.

6.3.2.4 Improvements and better access: gaps in provision

No gaps have been identified in either the necessary services or any other relevant services that if provided either now or in the future (next three years) would secure improvements or better access to the essential or specified advanced and enhanced services across Kilburn.

6.3.3 Kingsbury and Kenton

Figure 56: Providers in Kingsbury and Kenton and across borders



6.3.3.1 Necessary Services: current provision

Essential services must be provided by all community pharmacies. There are 16 community pharmacies in Kingsbury and Kenton. The estimated average number of community pharmacies per 100,000 population is 21.1.

There are 14 (87.5%) pharmacies that hold a standard 40-core hour contract and two (12.5%) 72+ hour pharmacies. There are no DSPs and no DACs in Kingsbury and Kenton.

Of the 16 community pharmacies:

- Eight pharmacies (50%) are open after 6.30 pm on weekdays.
- 15 pharmacies (94%) are open on Saturdays and ten (63%) remain open after 1 pm.
- Three pharmacies (19%) are open on Sundays.

There are also a number of accessible providers open in the neighbouring localities of Wembley, Willesden and Harlesden, and the HWB areas of Harrow and Barnet.

6.3.3.2 Necessary Services: gaps in provision

There is good access to the essential services across Kingsbury and Kenton.

The existing community pharmacy network is expected to be able to accommodate the predicted locality population increase of 1.8% (1,343) by 2028 and housing developments.

To secure access at the weekend and evenings, there are two 72-hour plus pharmacies in Kingsbury and Kenton, supported by other pharmacies open on an evening and weekend. Details are found in Appendix A.

The number of households in Kingsbury and Kenton that own a car or van is 70.4%, which is higher than the Brent level (55.9%) and lower than the England level (76.5%).

Travel analysis across Kingsbury and Kenton showed:

- 99.5% of the population can reach a community pharmacy in 20 minutes walking, and 100% within 30 minutes.
- 100% of the population with access to private transport can reach a community pharmacy in 10 minutes driving in peak and off-peak times.
- 99.6% of the population can reach a community pharmacy by public transport in 20 minutes, either peak or off-peak, and 100% within 30 minutes.

Individuals are able to travel to a pharmacy within reasonable times.

With projected increases in population and corresponding demand, pharmacies, particularly those operating as sole providers, may experience increased footfall and service pressures. While current access is considered adequate, this assessment assumes that existing pharmacies will adapt to meet rising demand.

The rationale for determining no current gap in provision is based not only on physical access but also on the expectation that pharmacy contractors will scale and flex their capacity in response to local needs.

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

No gaps in the provision of Necessary Services have been identified for Kingsbury and Kenton locality.

6.3.3.3 Other relevant services: current provision

Table 24 shows the pharmacies providing Advanced and Enhanced services in Kingsbury and Kenton locality.

Table 24: Kingsbury and Kenton Advanced and Enhanced Services

Service	Pharmacies providing*
Pharmacy First	15 (94%)
Seasonal influenza vaccination	14 (88%)
Pharmacy contraception	12 (75%)
Hypertension case-finding	15 (94%)
New Medicine Service	15 (94%)
Smoking cessation	0 (0%)
Lateral Flow Device tests supply	10 (63%)
COVID-19 vaccination service**	8 (50%)
Bank holiday service**	1 (6%)
MMR vaccination service**	1 (6%)

*Based on pharmacies claiming payment in October 2024 - January 2025

**Based on pharmacies signed up.

Advanced Services look to ease the burden on primary care services by providing access to a healthcare professional in a high street setting; however, the absence of a service, due to a community pharmacy not signing up, does not result in a gap due to the availability of services similar from other healthcare providers. The Smoking Cessation Service provision is currently low; however, this is due to the reliance on secondary care referral.

Based on the information available, there is good access to the other relevant services across the locality through the existing community pharmacy network.

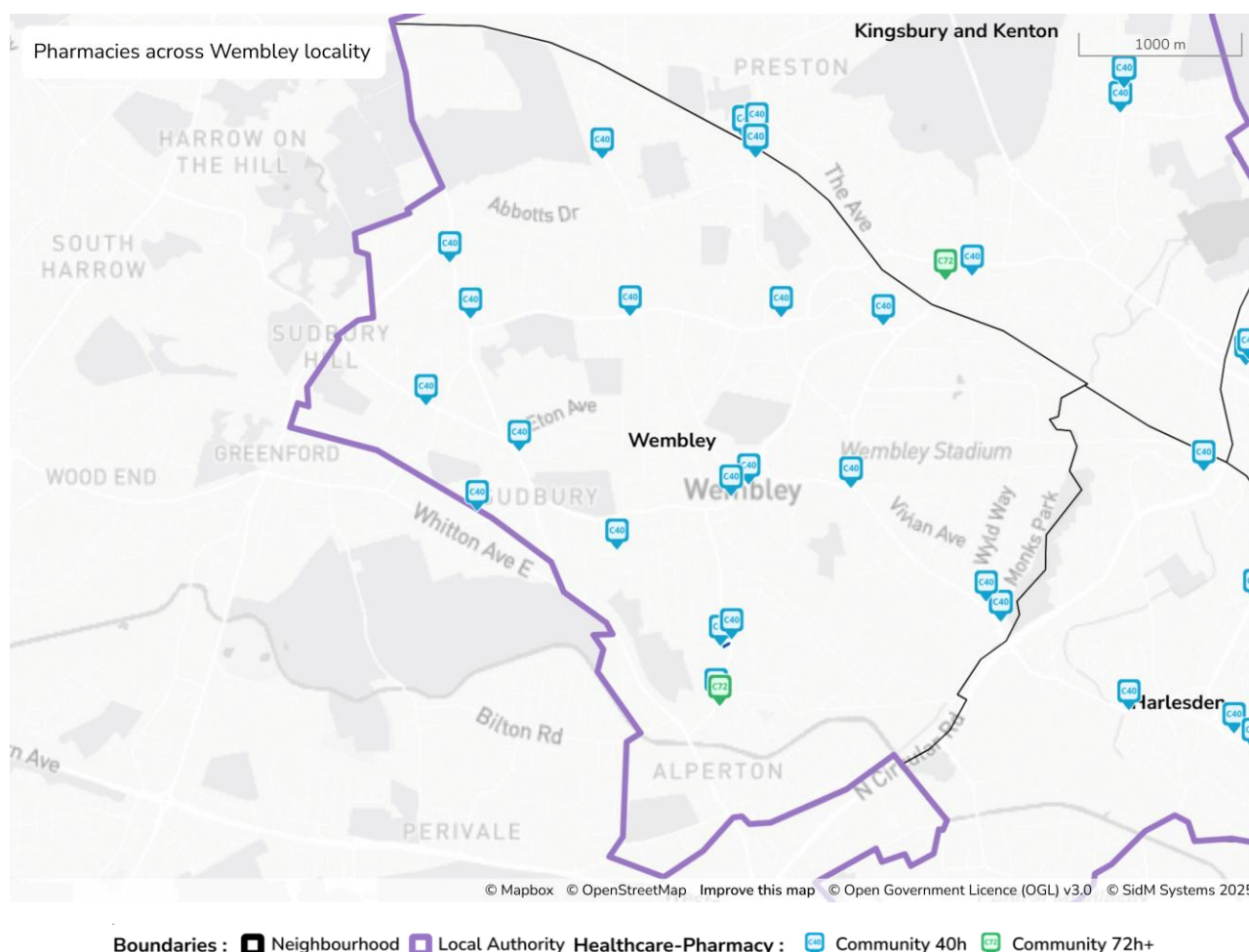
No gaps in the provision of Relevant Services have been identified for Kingsbury and Kenton locality.

6.3.3.4 Improvements and better access: gaps in provision

No gaps have been identified in either the necessary services or any other relevant services that if provided either now or in the future (next three years) would secure improvements or better access to the essential or specified advanced and enhanced services across Kingsbury and Kenton.

6.3.4 Wembley

Figure 57: Providers in Wembley and across borders



6.3.4.1 Necessary Services: current provision

Essential services must be provided by all community pharmacies. There are 25 community pharmacies (including four DSPs) in Wembley. The estimated average number of community pharmacies per 100,000 population is 21.2.

There are 20 (80%) pharmacies that hold a standard 40-core hour contract, one (4%) 72+hour pharmacy and four (16%) DSPs. There are no DACs in Wembley.

Of the 25 community pharmacies:

- 12 pharmacies (48%) are open after 6.30 pm on weekdays.
- 17 pharmacies (68%) are open on Saturdays and 10 (40%) remain open after 1 pm.
- Four pharmacies (16%) are open on Sundays.

There are also a number of accessible providers open in the neighbouring localities of Kingsbury and Kenton and Kenton and Harlesden, and the HWB areas of Harrow and Ealing.

6.3.4.2 Necessary Services: gaps in provision

There is good access to the essential services across Wembley.

The existing community pharmacy network is expected to be able to accommodate the predicted locality population increase of 12.6% (14,883) by 2028 and housing developments noted in Alperton and Wembley Park in particular.

To secure access at the weekend and evenings, there is one 72-hour plus pharmacy in Wembley supported by other pharmacies open on an evening and weekend. Details are found in Appendix A.

The number of households in Wembley that own a car or van is 60.5%, which is higher than the Brent level (55.9%) and lower than the England level (76.5%).

Travel analysis across Wembley showed:

- 99.6% of the population can reach a community pharmacy in 20 minutes walking, and 100% within 30 minutes.
- 100% of the population with access to private transport can reach a community pharmacy in 20 minutes driving in peak and off-peak times.
- 99.0% of the population can reach a community pharmacy by public transport in 20 minutes, and 100% within 30 minutes.

Individuals are able to travel to a pharmacy within reasonable times.

With projected increases in population and corresponding demand, pharmacies, particularly those operating as sole providers, may experience increased footfall and service pressures. While current access is considered adequate, this assessment assumes that existing pharmacies will adapt to meet rising demand.

The rationale for determining no current gap in provision is based not only on physical access but also on the expectation that pharmacy contractors will scale and flex their capacity in response to local needs.

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

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

6.3.4.3 Other relevant services: current provision

Table 25 shows the pharmacies providing Advanced and Enhanced services in Wembley

Table 25: Wembley Advanced and Enhanced Services

Service	Pharmacies providing*
Pharmacy First	20 (80%)
Seasonal influenza vaccination	18 (72%)
Pharmacy contraception	13 (52%)
Hypertension case-finding	18 (72%)
New Medicine Service	22 (88%)
Smoking cessation	1 (4%)
Lateral Flow Device tests supply	13 (52%)
COVID-19 vaccination service**	14 (56%)
Bank holiday service**	1 (4%)
MMR vaccination service**	0 (0%)

*Based on pharmacies claiming payment in October 2024 - January 2025

**Based on pharmacies signed up.

Advanced Services look to ease the burden on primary care services by providing access to a healthcare professional in a high street setting; however, the absence of a service, due to a community pharmacy not signing up, does not result in a gap due to the availability of services similar from other healthcare providers. The Smoking Cessation Service provision is currently low; however, this is due to the reliance on secondary care referral.

Based on the information available, there is good access to the other relevant services across the locality through the existing community pharmacy network.

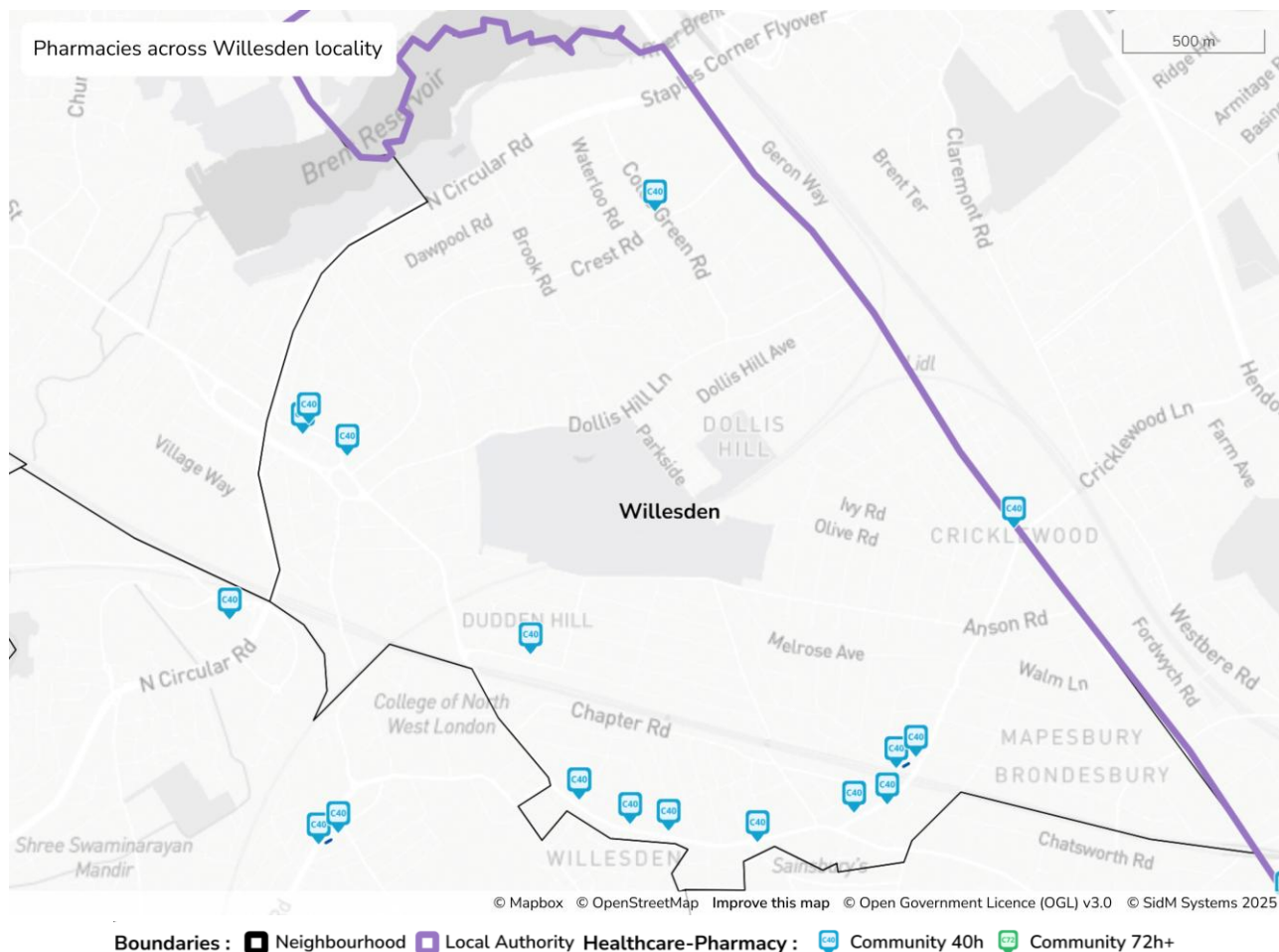
No gaps in the provision of Relevant Services have been identified for Wembley locality.

6.3.4.4 Improvements and better access: gaps in provision

No gaps have been identified in either the necessary services or any other relevant services that if provided either now or in the future (next three years) would secure improvements or better access to the essential or specified advanced and enhanced services across Wembley.

6.3.5 Willesden

Figure 58: Providers in Willesden and across borders



6.3.5.1 Necessary Services: current provision

Essential services must be provided by all community pharmacies. There are 15 community pharmacies (including one DSP) in Willesden. The estimated average number of community pharmacies per 100,000 population is 27.2.

There are 14 (93%) pharmacies that hold a standard 40-core hour contract and one (7%) DSP. There are no DACs in Willesden.

Of the 15 community pharmacies:

- Eight pharmacies (53%) are open after 6.30 pm on weekdays.
- 12 pharmacies (80%) are open on Saturdays and 11 (73%) remain open after 1 pm.
- No pharmacies (0%) are open on Sundays.

There are also a number of accessible providers open in the neighbouring localities of Kingsbury and Kenton and Kenton, Harlesden and Kilburn, and the HWB areas of Barnet and Camden.

6.3.5.2 Necessary Services: gaps in provision

There is good access to the essential services across Willesden.

The population is predicted to decline over the next three years by -1.2% (-662); therefore, demand is not likely to increase due to population increases.

The existing community pharmacy network is expected to be able to accommodate the predicted locality population increase of 0.73% (365) by 2028 and housing developments.

To secure access at the weekend and evenings, although there are no 72-hour plus pharmacies in Willesden, and no pharmacies open on Sundays, there are a number of 40-hour pharmacies open in the evening and Saturday, supported by other pharmacies in neighbouring areas that are open for longer hours and on Sundays. Details are found in Appendix A.

The number of households in Willesden that own a car or van is 50.2%, which is lower than the Brent level (55.9%) and the England level (76.5%).

Travel analysis across Willesden showed:

- 100% of the population can reach a community pharmacy in 20 minutes walking.
- 100% of the population with access to private transport can reach a community pharmacy in 10 minutes driving in peak and off-peak times.
- 99.9% of the population can reach a community pharmacy by public transport in 20 minutes in peak times, and 100% off-peak; 100% can access within 30 minutes, either peak or off-peak.

Individuals are able to travel to a pharmacy within reasonable times.

The rationale for determining no current gap in provision is based not only on physical access but also on the expectation that pharmacy contractors will scale and flex their capacity in response to local needs.

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

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

6.3.5.3 Other relevant services: current provision

Table 26 shows the pharmacies providing Advanced and Enhanced services in Willesden locality.

Table 26: Willesden Advanced and Enhanced Services

Service	Pharmacies providing*
Pharmacy First	14 (93%)
Seasonal influenza vaccination	11 (73%)
Pharmacy contraception	8 (53%)
Hypertension case-finding	12 (80%)
New Medicine Service	15 (100%)
Smoking cessation	1 (7%)
Lateral Flow Device tests supply	8 (53%)
COVID-19 vaccination service**	9 (60%)
Bank holiday service**	1 (7%)
MMR vaccination service**	1 (7%)

*Based on pharmacies claiming payment in October 2024 - January 2025

**Based on pharmacies signed up.

Advanced Services look to ease the burden on primary care services by providing access to a healthcare professional in a high street setting; however, the absence of a service, due to a community pharmacy not signing up, does not result in a gap due to the availability of services similar from other healthcare providers. The Smoking Cessation Service provision is currently low; however, this is due to the reliance on secondary care referral.

Based on the information available, there is good access to the other relevant services across the locality through the existing community pharmacy network.

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

6.3.5.4 Improvements and better access: gaps in provision

No gaps have been identified in either the necessary services or any other relevant services that if provided either now or in the future (next three years) would secure improvements or better access to the essential or specified advanced and enhanced services across Willesden.

6.4 Summary

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

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

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

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

6.4.1 Necessary Services: essential services current provision across Brent

Essential services must be provided by all community pharmacies. There are 80 community pharmacies (including nine DSPs) in Brent. The estimated average number of community pharmacies per 100,000 population is 23.2. There are 67 pharmacies that hold a standard 40-core hour contract, four 72+hour pharmacies and nine DSPs. There is also one DAC.

Since the previous PNA, there are three fewer 40-hour community pharmacies in Brent, but one additional distance-selling pharmacy. This means there has been an overall reduction of two pharmacies in the area. A detailed comparison by locality is not possible, as the localities used in this PNA have different boundaries from those in the previous assessment.

The majority of community pharmacies (73%) are open on Saturdays, 44 (55%) remain open on Saturday after 1 pm, and 41 (51%) community pharmacies open after 6:30 pm on weekdays. There are also 10 pharmacies (13%) open on Sundays in Brent.

Residents also have access to nine DSPs within Brent, and also those operating nationally outside of Brent.

There are also a number of accessible providers open in the neighbouring HWB areas of Barnet, Camden, Westminster and Hammersmith and Fulham to the East and Harrow and Ealing to the West.

6.4.2 Necessary Services: essential services gaps in provision across Brent

Based on the spread and number of community pharmacies across all localities within Brent, there is good access to the essential services provided by all community pharmacies.

There has been a reduction in the number of community pharmacies, but despite this, there is still good access.

This conclusion is based on:

- Comprehensive coverage: There are 80 community pharmacies across Brent, which is higher than the national average of community pharmacy providers per 100,000 population. The existing network ensures geographic coverage, including provision in areas of higher population density and support via DSPs in the area and nationally.
- Good access during normal and extended hours: The majority of community pharmacies (75%) are open on Saturdays, 46 (58%) remain open on Saturday after 1pm and 40 (50%) community pharmacies open after 6:30 pm on weekdays. There are also 11 pharmacies (14%) open on Sundays in Brent.
- Accessibility: 99.6% of the population are able to walk to the pharmacy within 20 minutes; 100% of the population with access to private transport in Brent can drive to a pharmacy within 20 minutes, whether this is peak or off peak; 99.5% can get to a pharmacy via public transport within 20 minutes.
- Utilisation of pharmacies in bordering areas: Residents are able to access services from pharmacies across the border in each direction.
- Public feedback: Most people walked to their pharmacy (61%) and could get there in under 20 minutes (83%). Almost everyone (94%) who responded to the survey could reach a pharmacy within 30 minutes.

Future need

The borough population growth is expected to increase over the next five years to 2030 by 7.1%, and there is housing growth in some of the localities.

The existing community pharmacy network in Brent is sufficient to meet the anticipated population and housing growth throughout the duration of this PNA. Although housing development in Brent is dynamic and can progress quickly, this has been acknowledged and considered within the PNA. No current or future gaps in pharmaceutical provision have been identified in relation to planned developments over the lifetime of this PNA.

With projected increases in population and corresponding demand, pharmacies, particularly those operating as sole providers, may experience increased footfall and service pressures.

However, the current assessment concludes that the community pharmacy network is currently able to accommodate this growth, supported by pharmacies' ability to adjust staffing levels and service delivery models where necessary. Measures such as internal system reviews, workforce development, digital solutions, workflow improvements and innovations like automation and hub-and-spoke dispensing models will help maintain service quality and resilience.

Brent HWB will continue to assess pharmaceutical service provision in response to changes in access and demand, ensuring current provision can accommodate potential increases.

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

6.4.3 Other relevant services: current provision

Table 20 in [Section 3.10](#) shows the pharmacies providing Advanced and Enhanced services in Brent HWB area. Regarding access to **Advanced** services, it can be seen that there is very good availability of NMS (90%), Pharmacy First (85%), seasonal flu vaccination service (75%) and hypertension case-finding service (73%). There is currently a lower number of providers of the pharmacy contraception service (54%) and the lateral flow tests supply (49%). There are a low number of providers of smoking cessation (4%).

It should be noted the DAC in Brent provides the AUR and SAC services so patients can access these products and devices.

Regarding access to **Enhanced** Services, 43 pharmacies (54%) offer the COVID-19 vaccination service, three pharmacies (4%) offer the bank holiday service, and two pharmacies (3%) offer the MMR vaccination service.

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

6.4.4 Improvements and better access: gaps in provision across Brent

No gaps have been identified in either the necessary services or any other relevant services that if provided either now or in the future (next three years) would secure improvements or better access to the essential or specified advanced and enhanced services across Brent.

Section 7: Conclusions

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

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

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

7.1 Statements of the PNA

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

For the purposes of this PNA, Essential Services for Brent HWB are to be regarded as Necessary Services.

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

Locally Commissioned Services have been considered and reviewed for provision across Brent. However, as they are not NHS commissioned services and are outside of the scope for market entry decisions, they have been excluded from the final analysis of service provision and adequacy. Local commissioners should review and consider these locally.

7.1.1 Current provision of Necessary Services

Necessary Services – gaps in provision

Essential services are Necessary Services, which are described in [Section 1.5.5.1](#). Access to Necessary Service provision in Brent is provided in [Section 6](#).

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

Necessary Services – normal working hours

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

Necessary Services – outside normal working hours

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

7.1.2 Future provision of Necessary Services

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

7.1.3 Other relevant services – gaps in provision

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

7.1.3.1 Current and future access to Advanced Services

Details of the Advanced Services are outlined in [Section 1.5.5.2](#) and the provision in Brent is discussed in [Section 3.10](#) and [6.4](#), and in [Section 6.3](#) by locality.

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

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

[Section 8](#) discusses the opportunities that may be available for expansion of existing services or delivery of new services from community pharmacies that may benefit the population of Brent.

There are no gaps in the provision of Advanced Services at present or in the future (next three years) that would secure improvements or better access to services in Brent.

7.1.3.2 Current and future access to Enhanced Services

Details of the Enhanced Services are outlined in [Section 1.5.5.3](#) and the provision in Brent is discussed in [Section 3.11](#) and [6.4](#), and in [Section 6.3](#) by locality.

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

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

No gaps have been identified that if provided either now or in the future (next three years) would secure improvements or better access to Enhanced Services across Brent.

7.1.4 Improvements and better access – gaps in provision

Based on current information, no gaps have been identified in respect of securing improvements or better access to essential or other relevant services, either now or in specific future circumstances across Brent to meet the needs of the population.

Section 8: Future opportunities for possible community pharmacy services in Brent

8.1 Introduction

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

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

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

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

8.2 Further considerations

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

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

The PNA recognises the evolving role of community pharmacy in delivering preventive care, reducing health inequalities, and integrating with primary care networks. While no gaps have been identified in the current or future (three-year) provision of pharmaceutical services in Brent, there are opportunities to strengthen pharmacy services in alignment with the proposed NHS 10-Year Health Plan and Change NHS initiative. These opportunities focus on prevention, long-term conditions, primary care access, medicines management, health inequalities and integrated care.

The most appropriate commissioning route would be through the ICB as Enhanced pharmaceutical services or through the local authority and locally commissioned services, which would not be defined as necessary services for this PNA.

Community Pharmacy England commissioned leading health think tanks, Nuffield Trust and The King's Fund, to develop a vision for community pharmacy to see a transformation of this sector over the next decade. These themes are reflected below.

1) Strengthening the role of community pharmacy in prevention, preventing ill health and supporting wellbeing

- Community pharmacies should be fully integrated into preventive healthcare, supporting early detection, health promotion, and self-care initiatives.
- Services such as the Hypertension case-finding service, Smoking cessation Advanced Service, and NHS Health Checks should be prioritised to reduce the incidence of long-term conditions.
- The Healthy Living Pharmacy framework should be expanded. Local authorities and ICBs should work collaboratively to embed community pharmacy into prevention strategies.

2) Reducing health inequalities through targeted pharmacy services

- Commissioners should focus on increasing the uptake of Essential, Advanced, and LCS in areas of deprivation, ensuring equitable access to services such as sexual health, smoking cessation, cardiovascular risk screening, and weight management.
- Public awareness campaigns should be enhanced to improve access to pharmacy services, particularly for non-English-speaking communities and those facing healthcare access barriers.
- Incentives could be considered for pharmacies in under-served areas to expand their service, offering and addressing local health disparities, particularly where there is under provision of LCSs.

3) Embedding pharmacy into integrated NHS neighbourhood health services providing clinical care for patients

- Community pharmacy should be positioned as a core provider within primary care, ensuring seamless referrals and collaboration between ICB, local authority and PCNs.
- Medicines optimisation services, including repeat dispensing, the New Medicine Service and the Discharge Medicines Service, should be embedded within primary care pathways to enhance patient safety and medication adherence.

- Interdependencies between ICB and LCS services, such as smoking cessation and sexual health services, should be leveraged to provide more holistic and accessible care. This will require close collaboration between ICB, local authority and Local Pharmaceutical Committee (LPC).

4) Supporting workforce development and expanding pharmacy services

- Sustainable funding should be prioritised to ensure the long-term stability and growth of community pharmacy services.
- The ICB should explore commissioning a pharmacy workforce development programme, ensuring pharmacists and their teams are equipped to deliver expanded clinical services under the Community Pharmacy Contractual Framework (CPCF).
- The introduction of independent prescribing for pharmacists from 2026 presents a significant opportunity for community pharmacies to manage long-term conditions and improve primary care access.

5) Enhancing public awareness and digital transformation

- Public education campaigns should be developed to raise awareness of pharmacy services, using diverse communication methods tailored to local communities.
- Digital innovation should be prioritised, ensuring pharmacies have access to modern clinical decision-support tools and NHS-integrated patient records.
- The adoption of point-of-care testing services in community pharmacies should be explored to improve early diagnosis and management of conditions such as diabetes, hypertension and respiratory diseases.

6) Monitoring future demand and improving public engagement

- The provision of pharmaceutical services should be regularly monitored and reviewed, particularly in light of demographic changes and population health needs.

7) Community-based medicines management: Living well with medicines

- Community pharmacy provides patient access to a local expert to support advice and safe access to medicines.
- The growth of independent prescribing in community pharmacy offers greater opportunities to take pressure off general practice and shared responsibilities, managing prescribing budgets and delivering structured medication reviews.
- These services could be offered as part of domiciliary services to housebound patients and care homes.

By aligning with national health priorities, these considerations / recommendations ensure that community pharmacy plays a central role in being part of an integrated neighbourhood in delivering preventive care, tackling health inequalities, and supporting long-term condition management – ultimately improving the health and wellbeing of Brent residents.

Appendix A: List of pharmaceutical services providers in Brent by locality

Key to type of provider:

CP – Community Pharmacy

DSP – Distance Selling Pharmacy

DAC – Dispensing Appliance Contractor

Key to services: Services listed are only those provided through community pharmacies. Description of these services are available in [Sections 1.5.5.2, 1.5.5.3, 4.1](#) and [4.2](#). Details of ICB-commissioned services and other some Local-Authority commissioned services are not available by pharmacy at the time of writing, therefore not included in the lists below. Pharmacies providing the services are from NHS BSA claims from dispensing activities October 2025 – January 2025 unless stated otherwise.

AS1 – Pharmacy First

AS2 – Flu Vaccination service

AS3 – Pharmacy Contraception Service

AS4 – Hypertension case-finding service

AS5 – New Medicine Service

AS6 – Smoking Cessation Service

AS7 – Appliance Use Review (provided by DACs only – not included in table)

AS8 – Stoma Appliance Customisation (provided by DACs only – not included in table)

AS9 – Lateral Flow Device Service

NES1 – COVID-19 Vaccination Service (from list of signed up for the Autumn 2024 campaign)

LAS1 – EHC (from list of signed up under current contract)

Harlesden

Pharmacy name	ODS number	Provider type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LAS1
Angies Pharmacy	FLW88	CP	96 Craven Park Road, Harlesden	NW10 4AG	09:00-19:00 (Thu 09:00-18:00)	09:00-14:00	Closed	-	-	Y	Y	-	-	Y	-	-	Y	-
Asda Pharmacy	FQ459	CP	Park Royal Industrial Estate, 2-20 Western Road, Ealing	NW10 7LW	08:00-22:00	08:00-22:00	11:00-17:00	-	-	Y	Y	Y	Y	Y	-	-	-	-
Brentmead Chemists	FR289	CP	136-138 Church Road, Willesden	NW10 9NH	09:00-19:00	09:00-17:00	Closed	-	-	Y	-	-	-	Y	-	Y	-	-
Catto Chemist	FF283	CP	79 High Street, Harlesden	NW10 4NS	09:00-19:00	09:00-18:30	Closed	-	-	Y	Y	-	Y	Y	-	-	-	-
Chana Chemist	FXA07	CP	96-98 High Street, Harlesden	NW10 4SL	08:00-19:30	09:00-18:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	-
Chana Chemist	FCF74	CP	Willesden Centre for Health and Care, Robson Avenue	NW10 3RY	09:00-21:00	17:00-21:00	10:00-18:00	Y	-	Y	Y	Y	Y	Y	-	Y	Y	-
Dubison Ltd	FR797	CP	168 Church Road	NW10 9NH	09:00-19:00	09:00-18:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	-
Private Pharmacy Group	FD419	DSP	Unit 2, 5 Premier Park Road, London	NW10 7NZ	09:00-17:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-
Pro Chemist	FLE92	DSP	Unit 5, Central Business Centre, Great Central Way	NW10 0UR	09:00-17:00	Closed	Closed	-	-	-	-	-	-	Y	-	Y	-	-
Rightcare Pharmacy	FFP48	DSP	29 Park Parade, Harlesden	NW10 4JG	09:00-17:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-
S & S Chemists	FVJ61	CP	23 Hillside	NW10 8LY	09:00-19:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	-
Salts Medilink	FKM09	DAC	10 Oliver Business Park, Park Royal	NW10 7JB	09:00-17:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-
Serena Dispensing Chemist	FRA07	CP	7 Library Parade, Craven Park Road, Harlesden	NW10 8SG	09:00-18:00	Closed	Closed	-	-	Y	-	-	-	Y	-	-	-	-
Smartpharm	FFQ73	DSP	Suite 18 Space House, Abbey Road, Park Royal	NW10 7SU	09:00-17:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-
Tesco instore Pharmacy	FXA05	CP	Great Central Way, Brent Park, Neasden	NW10 0TL	09:00-13:00, 14:00-19:00	09:00-13:00, 14:00-19:00	11:00-17:00	-	Y	Y	Y	Y	Y	Y	-	-	-	-

Kilburn

Pharmacy name	ODS number	Provider type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LAS1
Bliss Chemist	FCX89	CP	50-56 Willesden Lane, Kilburn	NW6 7SX	09:00-19:00	09:00-19:00	Closed	-	-	Y	Y	Y	Y	Y	Y	-	Y	-
Day Lewis Pharmacy	FWJ69	CP	271-273 Kilburn High Road, Kilburn	NW6 7JR	09:00-18:30	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	Y	-
Dollmeads Dispensing Chemist	FR520	CP	53 Chamberlayne Road, Kensal Rise	NW10 3ND	09:00-18:00	09:00-17:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	-
Greenfield Pharmacy	FV117	CP	61 Chamberlayne Road, Kensal Rise	NW10 3ND	09:00-19:00	09:00-18:00	Closed	-	-	Y	Y	-	-	Y	-	Y	Y	Y
Hyperchem Pharmacy	FTD56	CP	34 Salusbury Road, Queens Park	NW6 6NL	09:00-19:00	09:00-18:30	Closed	-	-	Y	Y	-	Y	Y	-	-	Y	Y
Hyperchem Pharmacy	FWP54	CP	146 Willesden Lane, Willesden	NW6 7TH	09:00-18:30	Closed	Closed	-	-	Y	Y	-	-	Y	-	Y	Y	-
Kilburn Park Pharmacy	FGW55	CP	10 Mile Walk	NW6 5HB	09:00-18:30	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-
Kings Pharmacy	FL763	CP	343 Kilburn High Road, Kilburn	NW6 7QB	09:00-19:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	Y	-
Queens Park Pharmacy	FK708	CP	67 Salusbury Road, Queens Park	NW6 6NJ	09:00-18:30	09:00-18:00	Closed	-	-	Y	Y	-	Y	Y	-	Y	Y	Y
Richards & Curtis	FTN30	CP	6 Sidmouth Parade, Sidmouth Road, Willesden	NW2 5HG	09:00-18:30	09:00-13:00	Closed	-	-	Y	Y	-	-	Y	-	-	Y	-

Kingsbury and Kenton

Pharmacy name	ODS number	Provider type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LAS1
Alpha Pharmacy	FDE39	CP	193 Edgware Road, The Hyde, Colindale	NW9 6LP	09:00-19:00	09:00-14:00	Closed	-	-	Y	-	-	Y	Y	-	-	-	-
Andres Pharmacy	FER47	CP	261 Preston Road, Harrow	HA3 0PS	09:00-18:30 (Wed 09:00-18:00)	09:00-12:30	Closed	-	-	Y	Y	Y	Y	Y	-	-	Y	-
Asda Pharmacy	FTX15	CP	Forty Lane, Wembley	HA9 9EX	07:00-23:00 (Mon 08:00-23:00)	07:00-23:00	11:00-17:00	-	-	Y	Y	Y	Y	-	-	-	-	-
Asda Pharmacy	FVW93	CP	Edgware Road, Colindale	NW9 0AS	09:00-12:30, 13:00-16:00, 17:00-21:00	09:00-12:30, 13:00-16:00, 17:00-21:00	11:00-17:00	Y	-	Y	Y	Y	Y	Y	-	-	-	-
Boots	FX110	CP	483-485 Kingsbury Road, Kingsbury	NW9 9ED	09:00-18:00	09:00-18:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	-
Churchill's Pharmacy	FQ551	CP	207 Kenton Road, Kenton, Harrow	HA3 0HD	09:00-19:00	09:00-13:00	Closed	-	-	Y	Y	-	Y	Y	-	Y	-	-
Hyde Pharmacy	FLM76	CP	213 Edgware Road	NW9 6LR	09:00-18:00 (Thu 09:00-13:00)	Closed	Closed	-	-	Y	Y	-	-	Y	-	Y	-	-
Jade Pharmacy	FW672	CP	533 Kingsbury Road, Kingsbury	NW9 9EG	09:00-19:00 (Wed 09:00-18:30)	09:00-18:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	-
Judds Chemist	FFV68	CP	Unit 1, 343B Stag Lane, Kingsbury	NW9 9AD	08:30-18:30 (Mon 08:30-19:30)	09:00-13:00	Closed	-	-	Y	Y	-	Y	Y	-	Y	Y	-
Leigh Pharmacy	FX822	CP	278 Church Lane, Kingsbury	NW9 8LU	09:00-18:00	09:30-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	-
Morrisons Pharmacy	FJE34	CP	Morrisons Superstore, Cumberland Road, off Honeypot Lane, Queensbury	NW9 6RN	09:00-19:00	09:00-19:00	10:00-16:00	-	-	Y	Y	Y	Y	Y	-	Y	-	-
Optipharm Pharmacy	FW626	CP	29 Bridge Road, Wembley	HA9 9AB	09:00-21:00	09:00-21:00	Closed	Y	-	-	-	Y	Y	Y	-	-	-	-
Shri Pharmacy	FMP16	CP	511 Kingsbury Road, Kingsbury	NW9 9EG	09:00-18:00	09:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	-

Pharmacy name	ODS number	Provider type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LAS1
Tyerest Ltd	FL709	CP	Gooseacre Parade, 427 Kenton Road, Kenton	HA3 0XY	09:00-19:00	09:00-16:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	-
UNP Pharmacy	FD307	CP	552 Kingsbury Road, Kingsbury	NW9 9HH	09:00-18:00	09:00-18:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	-
Well Pharmacy	FLG32	CP	175 Church Lane, Kingsbury	NW9 8JS	08:30-18:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	-

Wembley

Pharmacy name	ODS number	Provider type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LAS1
Alpertons Jade Pharmacy	FNA63	CP	282 Ealing Road, Wembley	HA0 4LL	09:30-17:30	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	-
Boots	FV311	CP	500 High Road, Wembley	HA9 7BH	08:30-17:30 (Fri 08:30-18:30)	09:00-18:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-
Carters Chemist	FPQ29	CP	524-526 High Road, Wembley	HA9 7BS	09:00-19:00	09:00-18:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	-
CK Pharmacy	FN289	CP	820 Harrow Road, Wembley	HA0 3EL	09:00-19:00	09:00-17:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	-
Crystal Pharmacy	FFE50	CP	Wembley Centre for Health and Care, 118-128 Chaplin Road, Wembley	HA0 4UZ	09:00-19:00	Closed	Closed	-	-	Y	Y	-	Y	Y	-	Y	Y	-
G Lowe Chemist	FJT83	CP	203 East Lane, Wembley	HA0 3NG	09:00-19:00	09:00-18:00	Closed	-	-	Y	-	-	Y	Y	-	-	-	-
Health First Pharmacy	FPF94	CP	95 Wembley Park Drive, Wembley	HA9 8HF	09:00-18:00	10:00-12:00	Closed	-	-	Y	Y	-	-	Y	-	-	-	-
Health Pharmacy	FX977	CP	122 Windermere Avenue, Wembley	HA9 8RB	09:30-18:00	10:00-13:00	Closed	-	-	Y	Y	-	-	Y	-	-	-	-
Jade Pharmacy	FK192	CP	204 Ealing Road, Wembley	HA0 4QG	09:00-19:00	09:30-18:30	12:00-18:00	-	-	Y	Y	Y	Y	Y	-	-	Y	-
Karepack Pharmacy	FLD31	DSP	11 Osram Road, East Lane Busines Park, Wembley	HA9 7NG	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	-	-	-	-	Y	-	Y	-	-

Pharmacy name	ODS number	Provider type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LAS1
Medico2u	FGX25	DSP	11 Main Drive, East Lane Business Park, Wembley	HA9 7NA	09:00-17:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-
Monks Chemists	FVY66	CP	70 Harrow Road, Wembley	HA9 6PL	08:00-19:00	09:00-13:00	Closed	-	-	-	-	-	-	-	-	-	-	-
Paster Chemist	FM910	CP	212 Preston Road, Wembley	HA9 8PB	09:00-19:00	09:00-18:00	10:00-13:00	-	-	-	Y	-	-	Y	-	Y	-	-
Peace Pharmacy	FNQ01	CP	14 The Broadway, Preston Road, Wembley	HA9 8JU	09:00-22:00	09:00-22:00	09:30-22:00	-	-	Y	Y	-	Y	Y	-	Y	Y	Y
Pharmaelite	FXP03	DSP	G04, 10 Courtenay Road, East Lane Business Park, Wembley	HA9 7ND	09:00-17:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	Y	-
Rasons Pharmacy	FVN06	CP	323 Harrow Road, Wembley	HA9 6BA	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	-
RJ's Pharmacy	FPE58	CP	210 Ealing Road, Wembley	HA0 4QG	09:00-19:00	09:30-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	-	Y	-
Rushton Pharmacy	FE042	CP	275-277 Preston Road, Harrow	HA3 0PS	09:00-18:30 (Thu 09:00-13:00)	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	-
S & S Chemists	FJ196	CP	40 Harrow Road, Wembley	HA9 6PG	09:00-19:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	-
Shiluns Chemist	FMC10	CP	3 The Parade, Sudbury Heights Avenue, Greenford	UB6 0LZ	09:00-18:30	Closed	Closed	-	-	Y	-	-	Y	Y	-	-	-	-
Shivakem Pharmacy	FXN54	CP	12A Court Parade, Watford Road, Wembley	HA0 3HU	09:00-19:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	Y	-
Smartcare Pharmacy Ltd	FEW53	DSP	Unit B Ground Floor, 110 Wembley Park Drive, Wembley	HA9 8HP	09:00-18:00 (Fri 09:00-19:00)	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-
Sudbury Chemist	FJC68	CP	879 Harrow Road, Sudbury	HA0 2RH	09:00-18:30	09:00-17:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-
Sudbury Court Pharmacy	FFX68	CP	221 Watford Road, Harrow	HA1 3UA	09:00-18:30	09:00-12:00	Closed	-	-	Y	Y	-	Y	Y	-	-	Y	-
Wembley Pharmacy	FW256	CP	183 Ealing Road, Wembley	HA0 4LW	09:00-21:00	09:00-21:00	12:00-17:00	Y	-	Y	-	Y	Y	Y	Y	Y	Y	-

Willesden

Pharmacy name	ODS number	Provider type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LAS1
Chana Chemist	FK263	CP	138 High Road, Willesden Green	NW10 2PJ	09:00-19:30	09:00-18:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	-
Clockwork Pharmacy	FAL54	CP	283 Neasden Lane, Neasden	NW10 1QJ	09:00-19:00	09:00-17:00	Closed	-	-	Y	Y	-	Y	Y	-	Y	Y	-
Coopers Chemist	FQ102	CP	144-150 High Road, Willesden Green	NW10 2PB	09:00-19:00 (Thu 09:00-13:00)	Closed	Closed	-	-	Y	-	Y	Y	Y	-	-	-	-
Craig Thomson Pharmacy	FPQ49	CP	70-72 Walm Lane, Willesden Green	NW2 4RA	09:00-18:30	09:00-18:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	Y	-
Edgars Chemist	FNQ46	CP	252 Willesden High Road	NW10 2NY	09:00-18:30	09:00-16:30	Closed	-	-	Y	Y	-	Y	Y	-	-	-	-
Frank Wreford Chemists	FHX73	CP	234 Neasden Lane, Neasden	NW10 0AA	08:30-19:00	09:00-15:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	-
Gimmack Chemist	FED17	CP	10 Station Parade, Willesden	NW2 4NH	09:00-19:00	09:00-19:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	Y
Gimmack Pharmacy	FAV17	CP	177 The Broadway, Cricklewood	NW2 3HT	09:00-18:00	09:00-18:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	Y
Globe Pharmacy	FRT62	CP	78 Burnley Road, Willesden	NW10 1EJ	09:00-19:00	10:00-16:00	Closed	-	-	Y	-	-	Y	Y	-	-	Y	-
Grossman Pharmacy	FNX93	CP	6 Oxgate Court Parade, Coles Green Road, Cricklewood	NW2 7ET	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	-	-	Y	-	-	Y	-
Gudkas Chemist	FDV77	CP	338 Neasden Lane, Neasden	NW10 0AD	09:15-13:15, 14:00-18:00	Closed	Closed	-	-	Y	-	-	-	Y	-	-	-	-
Lakes Pharmacy	FAX69	DSP	Unit 2a China House, 401 Edgware Road	NW2 6GY	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	-	-	-	-	Y	-	Y	-	-
Newcare Pharmacy	FQW94	CP	16-18 Station Parade, Willesden Green	NW2 4NH	09:00-19:00	09:00-19:00	Closed	-	-	Y	Y	-	Y	Y	-	-	-	-
R & C Pharmacy	FQW12	CP	5A Walm Lane, Willesden	NW2 5SJ	09:00-18:30	09:00-18:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-
Spivack Chemist	FX090	CP	91 High Road, Willesden	NW10 2TA	09:00-19:00	09:00-14:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	-

Appendix B: PNA project plan

	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	Jun 2025	Jul 2025	Aug 2025	Sep 2025
Stage 1: Project planning and governance - Stakeholders identified and PNA Steering Group terms of reference agreed - Project plan, PNA localities, communications plan and data to collect agreed at first Steering Group meeting - Prepare questionnaires for initial engagement										
Stage 2: Research and analysis - Collation of data from Public Health, LPC, ICB and other providers of services - Listing and mapping of services and facilities - Collation of data for population and housing developments - Equalities Impact Assessment - Analysis of questionnaire responses - Review all data at second Steering Group meeting										
Stage 3: PNA development - Review and analyse data and information collated to identify gaps in services based on current and future population needs - Develop consultation plan - Draft PNA - Sign off draft PNA at third Steering Group meeting and update for HWB										
Stage 4: Consultation and final draft production - Coordination and management of consultation - Analysis of consultation responses and production of report - Draft final PNA for approval - Sign off final PNA at fourth Steering Group meeting - Edit final PNA 2025 ready for publication and provide update for HWB										

Appendix C: PNA Steering Group terms of reference

Objective / Purpose

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

Delegated responsibility

The PNA Steering Group has received delegated authority for the PNA from the Health and Wellbeing Board.

Accountability

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

Responsibilities

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

Membership

Core members:

- Consultant in Public Health.
- Local Pharmaceutical Committee representative.
- Integrated Care Board Pharmacy and Medicines Optimisation representative.
- Healthwatch representative (lay member).

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

Additional members (if required):

- Integrated Care Board Commissioning Managers.
- NHS Trust Chief Pharmacists.

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

Frequency of meetings

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

Appendix D: Public questionnaire

Total responses received: 389.

The questionnaire was open for responses between 20 February 2025 and 2 April 2025.

When reporting the details of the responses, please note:

- Due to small numbers, responses are not broken down by locality.
- Some numbers may be higher than the number of answers due to multiple choice.
- Some figures may not add up to 100% due to rounded numbers.
- The option with the higher number of responses shows in bold to facilitate analysis.
- The number of comments may be different to the number of responses due to some users adding different themes and other comments being "N/A" or "No comment".

1) Please provide your post code (Answered: 381, Skipped: 8)

Details of responses not reported on.

2) Why do you usually visit a pharmacy? (Please tick all that apply) Please note percentages may add up to more than 100% due to multiple responses (Answered: 388, Skipped: 1)

Options	Number	%
To buy over-the-counter medicines	180	46%
To collect prescriptions for myself	313	81%
To collect prescriptions for somebody else	94	24%
To get advice from a pharmacist	110	28%
To use a pharmacy service e.g. treatment for minor ailment, flu jab, blood pressure check etc	81	21%
Other, please specify _____	31	8%

Other, please specify	Number
Medication delivery	9
Vaccinations (Covid/Flu)	6
Other purchases, eg. toiletries, make up	5
Prescription needs	2
Rarely or never visits	2
Other (one response each)	4

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

(Answered: 389, Skipped: 0)

Options	Number	%
Once a week or more	23	6%
A few times a month	92	24%
Once a month	144	37%
Once every few months	76	19%
Once in six months	27	7%
I have not visited/contacted a pharmacy in the last six months	27	7%

4) What time and day is most convenient for you to use a pharmacy? (Please tick one time for each day that applies to you)

Please note percentages are calculated for each day option (Answered: 388, Skipped: 1)

Options	Weekday	Saturday	Sunday
Before 9am	5%	3%	4%
9am - 1pm	27%	30%	24%
1pm – 6pm	21%	19%	12%
After 6pm	9%	4%	4%
It varies	32%	33%	24%
Not applicable	6%	11%	32%

5) Do you have a regular local community pharmacy? (Answered: 388, Skipped: 1)

Options	Number	%
Yes, a traditional bricks and mortar pharmacy	307	79%
Yes, an internet/online pharmacy - (This pharmacy, also referred to as a distance selling pharmacy, is one which operates partially or completely online where prescriptions are received electronically and by paper prescription and dispensing medication is sent via a courier to your home)	32	8%
Yes, a combination of both	35	9%
No	14	4%

6) Is there a specific reason you prefer your current pharmacy, even though there might be others nearby or more convenient? (Answered: 388, Skipped: 1)

Options	Number	%
No	115	30%
Yes, please specify _____	273	70%

Yes, please specify	Number
Excellent service provided by this pharmacy	87
Most convenient	59
I've always used this pharmacy	19
It's near to or has good links with the GP surgery	14
Delivery service	12
Convenient opening hours	9
Stock range	9
Convenience when shopping	6
I prefer an independent	5
It has parking available / it is easier to park	3
They offer additional services (physiotherapy, homeopathy)	3
Repeat prescription is sent here	3
They offer advice	3
Within walking distance	2
They don't split tablets	2
I use a range of pharmacies	2
Other reason (one response each)	10

7) What influences your choice of pharmacy? (Please tick one option for each reason)

Please note percentages are calculated for each reason (Answered: 375, Skipped: 1)

Reasons	Very important	Important	Not important
Quality of service (expertise)	77%	18%	5%
Customer service	71%	24%	5%
Location of pharmacy	77%	18%	5%
Opening times	62%	27%	11%

Reasons	Very important	Important	Not important
Parking	26%	18%	56%
Public transport	25%	23%	52%
Accessibility (wheelchair/ buggy access)	20%	22%	58%
Communication (languages/ interpreting service)	24%	23%	53%
Space to have a private consultation	32%	36%	32%
Availability of medication	74%	20%	6%
Services provided	53%	31%	16%
Other, please specify _____	27%	20%	53%

Other, please specify	Number
They offer non-prescription items	6
Knowledgeability and helpfulness of staff	4
They offer prescription deliver	3
Speak same language	2
Other reasons (one response each)	10

8) How do you usually travel to the pharmacy? (Please tick all that apply) Please note percentages may add up to more than 100% due to multiple responses (Answered: 385, Skipped: 4)

Options	Number	%
Walk	301	78%
Car	82	21%
Public transport	56	14%
Taxi	7	2%
Bicycle	9	2%
Wheelchair/ mobility scooter	1	0%
I don't travel; I use an online pharmacy	5	1%
I don't travel; I utilise a delivery service	25	6%
Other	8	2%

Other, please specify	Number
My son is a pharmacist and brings to me	2
Others (one response each)	4

9) How long does it approximately take you to travel to the pharmacy? (Answered: 387, Skipped: 2)

Options	Number	%
Less than 20 minutes	322	83%
20-30 minutes	38	10%
30-40 minutes	4	1%
More than 40 minutes	6	2%
N/A- I don't travel to the pharmacy	17	4%

10) Do you have any other comments that you would like to add regarding pharmaceutical services in Brent? (Answered: 97, Skipped: 292)

Comment	Number
Positive staff experience / generally happy with services	28
Concerns over pharmacy closures	12
Stock availability can be low	7
Pharmacies must provide additional services (flu injection, dosage boxes, delivery of medicines)	5
Longer opening hours needed, including weekends	9
Poor staff experience	4
Greater support needed from the wider NHS Community	5
They provide an important service	3
More work could be taken over from GP's if given the right training	4
Concerns over pharmacy coverage for new developments	2
Problems with GP prescribing	2
Waiting times are too long	3
GP services are struggling	2
Other comments (one response each)	11

About you

Please tell us a bit more about you to help us ensure that all our services are delivered fairly. We appreciate that some of these questions are personal. We ask for this information to help us ensure that we are meeting the needs of all our service users. If you do not wish to answer one of the questions, please select 'prefer not to say'. The information will be treated confidentially in line with the Data Protection Act 1998.

11) **Postcode** (Answered: 376, Skipped: 13)

Details of responses not reported on.

12) **What is your age group?** (Answered: 363, Skipped: 26)

Options	Number	%
0-15	0	0%
16-24	20	5%
25-34	39	11%
35-44	44	12%
45-54	40	11%
55-64	73	20%
65+	141	39%
Prefer not to state	6	2%

13) Do you consider yourself to be disabled? Under the Equality Act, you are disabled if you have a long-term physical or mental impairment which affects your ability to carry out day-to-day activities. (Answered: 339, Skipped: 50)

Options	Number	%
Yes	73	22%
No	252	74%
Prefer not to state	14	4%

14) If you are disabled, what is the nature of your disability? (Answered: 172, Skipped: 217)

Options	Number	%
Physical impairment (including arthritis, cerebral palsy and using a wheelchair)	28	16%

Options	Number	%
Long term illness (including cancer, diabetes, HIV and multiple sclerosis)	14	8%
Mental health condition (including anxiety, bipolar disorder and depression)	12	7%
Learning or developmental disabilities (including dyslexia and autism)	6	3%
Sensory impairment (including hearing, sight and speech impairments)	5	3%
Other	15	9%
Prefer not to say	92	53%

15) What is your ethnicity? (Answered: 323, Skipped: 66)

Options	Number	%
White or White British: British, English, Welsh, Scottish or Northern Irish	78	24%
White or White British: Irish	25	8%
White or White British: Eastern European	11	3%
White or White British: Western European	2	1%
White or White British: Other	13	4%
Black or Black British: African	17	5%
Black or Black British: Caribbean	23	7%
Black or Black British: Somali	9	3%
Asian or Asian British: Indian	57	18%
Asian or Asian British: Pakistani	13	4%
Asian or Asian British: Chinese	3	1%
Asian or Asian British: Sri Lankan	4	1%
Asian or Asian British: Bangladeshi	2	1%
Asian or Asian British: Other	19	6%
Mixed background: White and Asian	3	1%
Mixed background: White and Black Caribbean	2	1%
Mixed background: Other	6	2%

Options	Number	%
Other ethnic background: Latin American	9	3%
Other ethnic background: Arab	8	2%
Prefer not to say	19	6%

16) What is your gender? (Answered: 304, Skipped: 75)

Options	Number	%
Female	180	59%
Male	115	38%
Non-binary	1	0%
Prefer not to state	8	3%

17) What is your sexual orientation? (Answered: 293, Skipped: 96)

Options	Number	%
Heterosexual or straight	253	86%
Gay man	3	1%
Bisexual	2	1%
Gay woman or lesbian	1	0%
Other	1	0%
Prefer not to say	33	11%

18) What is your religion or belief? (Answered: 299, Skipped: 90)

Options	Number	%
Christian	100	33%
Hindu	50	17%
Muslim	46	15%
Jewish	8	3%
Buddhist	2	1%
Sikh	1	0%
Other	10	3%
No religion or belief	43	14%
Prefer not to say	39	13%

19) Do you regularly provide unpaid support caring for someone who is elderly, frail or disabled? (Answered: 290, Skipped: 99)

Options	Number	%
No	233	80%
Yes	45	16%
Prefer not to say	12	4%

20) Is English your first language? (Answered: 295, Skipped: 94)

Options	Number	%
Yes	231	78%
No	64	22%

Appendix E: Pharmacy contractor questionnaire

Total responses received: 59.

The questionnaire was open for responses between 20 February 2025 and 2 April 2025.

When reporting the details of the responses, please note:

- Due to small numbers, responses are not broken down by locality.
- Some numbers may be higher than the number of answered due to multiple choice.
- Some figures may not add up to 100% due to rounded numbers.

1) Pharmacy contractor details (Answered: 59, Skipped: 0)

Details of responses are not reported on.

2) Is this pharmacy a 100-hour pharmacy that has applied to reduce hours to not less than 72hrs? (Answered: 59, Skipped: 0)

Options	Number	%
Yes	2	3%
No	57	97%

3) May the LPC update its records with information returned by this survey? (Answered: 59, Skipped: 0)

Options	Number	%
Yes	58	98%
No	1	2%

4) Contact details (Answered: 59, Skipped: 0)

Details of responses are not reported on.

5) Languages spoken in the pharmacy (in addition to English) (Answered: 59, Skipped: 0)

Other comments (themes)	Number
Gujarati	50
Hindi	44
Arabic	19
Urdu	13
Swahili	10

Other comments (themes)	Number
French	5
Spanish	5
Polish	5
Tamil	3
Romanian	3
Bengali	3
Ukrainian	3
Portrugese	3
Mandarin	2
Kiswahili	2
German	2
Punjabi	2
Persian	2
Nepalese	2
Cantonese	2
Farsi	2
Somali	2
Brazilian	2
Japanese	1
guyanese	1
Iranian	1
Goan	1
Kutchi	1
Greek	1
Macedonian	1
Singalese	1
Bosnian	1
Swedish	1
Malay	1
Pashto	1
Dutch	1
Tagalog	1

6) Is there is a consultation room, that is clearly designated as a room for confidential conversations; distinct from the general public areas of the pharmacy premises; and is a room where both the person receiving the service and the person providing it can be seated together and communicate confidentially? (Answered: 59, Skipped: 0)

Options	Number	%
Yes – Including wheelchair access	48	81%
Yes – without wheelchair access	8	14%
DSP	2	4%
N/A	1	2%

7) Is there more than one consultation room available on the premises? (Answered: 59, Skipped: 0)

Options	Number	%
No	53	90%
Yes, please specify how many	6	10%

Other comments (themes)	Number
Three	2
Two	2
One	1
Four	1

8) Where there is a consultation room, is it a closed room? (Answered: 59, Skipped: 0)

Options	Number	%
No	3	5%
Yes, please specify how many	56	95%

Other comments (themes)	Number
One	52
Two	2
Three	1
Four	1

9) During consultations, are there hand-washing facilities? (Answered: 59, Skipped: 0)

Options	Number	%
Yes, in the consultation area	44	75%
Yes, close to the consultation area	10	17%
None	5	8%

10) Do patients attending consultations have access to toilet facilities? (Answered: 59, Skipped: 0)

Options	Number	%
Yes	23	39%
No	36	61%

11) Does the pharmacy dispense appliances (in addition to normal prescriptions)? (Answered: 59, Skipped: 0)

Options	Number	%
Yes – all types	40	68%
Yes – excluding stoma appliances	2	3%
Yes – excluding incontinence appliances	1	2%
Yes – excluding stoma and incontinence appliances	2	3%
Yes – just dressings	10	17%
None	4	7%

12) Does the pharmacy provide the following Advanced Services? (Answered: 59 Skipped: 0)

Service	Yes	Intending to begin within next 12 months	No - not intending to provide
Pharmacy First	55 (93%)	1 (2%)	3 (5%)
Community Pharmacy Blood Pressure Check Service. (Hypertension Case Finding Service)	50 (85%)	6 (10%)	3 (5%)
Pharmacy Contraception Service	46 (78%)	9 (15%)	4 (7%)

Service	Yes	Intending to begin within next 12 months	No - not intending to provide
Community Pharmacy Smoking Cessation	31 (53%)	14 (24%)	14 (24%)
New Medicine Service	58 (98%)	0 (0%)	1 (2%)
Flu Vaccination Service	51 (86%)	1 (2%)	7 (12%)
Appliance Use Review	9 (15%)	14 (24%)	36 (61%)
Stoma Appliance Customisation	6 (10%)	13 (22%)	40 (68%)
Lateral Flow Device Tests Supply	47 (80%)	6 (10%)	6 (10%)

Other, please specify:	Number
Ear wax removal	2
Blood tests – many types Soon to come: In house walking private GP consultations	1
Travel vaccinations, weight loss service, private independent prescriber, yellow fever centre	1

13) Have you delivered the Pharmacy First service in the last three months?

(Answered: 59, Skipped: 0)

Options	Number	%
Yes – often	44	75%
Yes – occasionally	9	15%
Yes – rarely	1	2%
No	5	8%

14) Have you ever provided the Discharge Medicines Service (DMS) It is an essential service when requested electronically by a hospital? (Answered: 59, Skipped: 0)

Options	Number	%
Yes – often	38	64%
Yes – occasionally	13	22%
Yes – rarely	7	12%
No	1	2%

15) Which of the following other services does the pharmacy provide, or would be willing to provide? (These services are not listed in the Advanced and Enhanced Services Directions, and so are not 'Enhanced Services' if commissioned by the NHS England regional team. The NHS England regional team, the ICB or Local Authority may commission them, but when identified in the PNA they will be described as 'Other locally commissioned services' or 'Other NHS services') (Answered: 59, Skipped: 0)

Service	Currently providing under contract with NHS England	Currently providing under contract with ICB	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide	Willing to provide privately
Anticoagulant Monitoring Service	1 (2%)	0 (0%)	0 (0%)	48 (81%)	9 (15%)	1 (2%)
Anti-viral Distribution Service	0 (0%)	4 (7%)	0 (0%)	46 (78%)	9 (15%)	0 (0%)
Chlamydia Treatment Service	0 (0%)	0 (0%)	0 (0%)	48 (81%)	11 (19%)	0 (0%)
Emergency Contraception Service	7 (12%)	3 (5%)	6 (10%)	40 (68%)	2 (3%)	1 (2%)
Home Delivery Service (not appliances)	7 (12%)	1 (2%)	0 (0%)	42 (71%)	5 (8%)	4 (7%)
Medicines Assessment and Compliance Support Service	4 (7%)	0 (0%)	0 (0%)	52 (88%)	3 (5%)	0 (0%)
Minor Ailment Scheme	6 (10%)	0 (0%)	1 (2%)	49 (83%)	3 (5%)	0 (0%)
Supervised Administration Service	11 (19%)	5 (8%)	8 (14%)	26 (44%)	9 (15%)	0 (0%)
Needle and Syringe Exchange Service	4 (7%)	0 (0%)	3 (5%)	33 (56%)	19 (32%)	0 (0%)
Not Dispensed Scheme	1 (2%)	0 (0%)	0 (0%)	49 (83%)	9 (15%)	0 (0%)

Service	Currently providing under contract with NHS England	Currently providing under contract with ICB	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide	Willing to provide privately
Out of Hours Services	5 (8%)	2 (3%)	6 (10%)	34 (58%)	12 (20%)	0 (0%)
Phlebotomy Service	0 (0%)	0 (0%)	0 (0%)	44 (75%)	11 (19%)	4 (7%)
Seasonal Influenza Vaccination Service	47 (80%)	0 (0%)	1 (2%)	5 (8%)	5 (8%)	1 (2%)
Stop Smoking Service	14 (24%)	1 (2%)	3 (5%)	34 (58%)	6 (10%)	1 (2%)
Vascular Risk Assessment Service (NHS Health Check)	0 (0%)	0 (0%)	0 (0%)	47 (80%)	10 (17%)	2 (3%)
Asthma	3 (5%)	0 (0%)	0 (0%)	53 (90%)	2 (3%)	1 (2%)
Gonorrhoea	0 (0%)	0 (0%)	0 (0%)	46 (78%)	12 (20%)	1 (2%)
H. pylori	0 (0%)	0 (0%)	0 (0%)	46 (78%)	12 (20%)	1 (2%)
Hepatitis	0 (0%)	0 (0%)	0 (0%)	45 (76%)	11 (19%)	3 (5%)
HIV	0 (0%)	0 (0%)	0 (0%)	42 (71%)	16 (27%)	1 (2%)
Childhood vaccinations	1 (2%)	0 (0%)	0 (0%)	41 (69%)	17 (29%)	0 (0%)
COVID-19 vaccinations	28 (47%)	5 (8%)	1 (2%)	14 (24%)	10 (17%)	1 (2%)
Hepatitis (at risk workers or patients) vaccinations	0 (0%)	1 (2%)	0 (0%)	43 (73%)	13 (22%)	2 (3%)
HPV vaccinations	0 (0%)	1 (2%)	0 (0%)	45 (76%)	12 (20%)	1 (2%)
Meningococcal vaccinations	1 (2%)	1 (2%)	0 (0%)	45 (76%)	12 (20%)	1 (2%)
Pneumococcal vaccinations	5 (8%)	3 (5%)	5 (8%)	35 (59%)	10 (17%)	1 (2%)
Travel vaccinations	0 (0%)	1 (2%)	1 (2%)	34 (58%)	7 (12%)	16 (27%)

Other, please specify:	Number
Private travel vaccinations	4

16) Does the pharmacy provide any of the following? (Answered: 59, Skipped: 0)

	Yes	Intending to begin within next 12 months	No - not intending to provide
Collection of prescriptions from GP practices	49 (83%)	0 (0%)	10 (17%)
Delivery of dispensed medicines – Selected patient groups (Please list criteria)	49 (83%)	3 (5%)	7 (12%)
Delivery of dispensed medicines – Selected areas	48 (81%)	4 (7%)	7 (12%)
Delivery of dispensed medicines – Free of charge on request	52 (88%)	0 (0%)	7 (12%)
Delivery of dispensed medicines – With charge	12 (20%)	15 (25%)	32 (54%)
Monitored Dosage Systems – Free of charge on request	53 (90%)	0 (0%)	6 (10%)
Monitored Dosage Systems – With charge	13 (22%)	14 (24%)	32 (54%)

Other, please specify:	Number
Local area	8
Local area - elderly	5
10-mile radius	4
All areas	3
5-mile radius	3
3-mile radius	3
1-mile radius	3

17) Are there any services you would like to provide that are not currently commissioned in your area? (Answered: 59, Skipped: 0)

Options	Number	%
No	37	63
Yes – please specify	22	37

Other, please specify:	Number
Many, cannot list all here	4
EHC	4
Ear wax removal	4
Blood tests	3
Minor Ailments Scheme	3
Weight management	2
Stop smoking service	2
Health checks	1
Care home service	1
We cannot provide free services	1
Non-dispensing scheme	1

Appendix F: Travel analysis methodology

Travel analysis methodology

Accessibility analysis was conducted to identify areas where pharmacies are accessible within specified time limits and selected modes of travel. This analysis is based on the selection of pharmacies within designated areas of interest, with the consideration that populations from neighbouring areas may also have access to these pharmacies. The analysis accounts for both the location of the pharmacies and the surrounding areas from which individuals can feasibly reach them within the defined time constraints and travel methods.

This analysis incorporated community pharmacies (including 72 hour+ pharmacies), Distance-Selling Pharmacies (DSPs) and Dispensing Appliance Contractors (DACs).

The accessibility analysis consists of two key components, which are combined to determine the population within reach of pharmacies for the specified travel time and mode of travel:

Travel-time isochrone: This component defines the access extents for the selected pharmacies within a specified time limit and mode of travel. The isochrones incorporate the road network, public transport schedules, and a buffer for walking or cycling time to the nearest public transport stop. Isochrones are modelled for different times of the day to capture variations in accessibility during peak and off-peak periods. The peak period is defined as 9:00 am on a weekday, while the off-peak period is set at 2:00 pm on a weekday.

Grid-point population: To estimate population at a 100m x 100m grid level with sensitivity to land use and building types, the following methodology was used:

Small area population projections: These were derived using the latest Local Authority District (LAD)-level projections (mid-2018, released in 2020)⁸². These projections were rebased to align with Lower Layer Super Output Area (LSOA)-level⁸³ and Output Area (OA)-level population estimates⁸⁴ (mid-2022, released in 2024).

Disaggregation to grid-level: The small-area population projections were disaggregated to a 100m x 100m grid, assigning a population to each grid point.

⁸² ONS. Population projections for local authorities: Table 2 – 2018 based. March 2020. [Accessed April 2025] <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandtable2>

⁸³ ONS. Lower layer Super Output Area population estimates (supporting information) – Mid 2019 to Mid-2022. November 2024. [Accessed April 2025] <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/lowersuperoutputareamidyearpopulationestimates>

⁸⁴ ONS. Census Output Area Population Estimates (supporting information). [Accessed April 2025] <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/censusoutputareapopulationestimatesupportinginformation>

Weighting by land use: The disaggregated population was weighted based on land use, for example greenspaces, water bodies and residential areas. Grid points falling within non-residential areas were assigned a population of zero.

The two components—travel-time isochrones and grid-point population—are spatially overlaid to calculate the total resident population within the pharmacies' access isochrones. This overlay aggregates the population at the grid-point level that falls within the defined travel time and selected mode of travel.

The areas from which a pharmacy can be reached within the specified travel time bands are visualised as shaded zones on the maps. The shading colour corresponds to the travel time required to access a pharmacy from a given area. Areas not shaded on the map indicate that accessing any of the pharmacies in the analysis would require more time than the allocated upper limit or that the area is inaccessible using the specified travel mode.

Appendix G: Consultation stakeholders

Regulation 8 requires the health and wellbeing board to consult a specified range of organisations on a draft of the pharmaceutical needs assessment at least once during the process of drafting the document.

Consultee as required by Pharmaceutical Regulations 2013 Part 2 (8)

- Brent Local Pharmaceutical Committee.
- Brent Local Medical Committee.
- Pharmacies and Dispensing Appliance Contractors in Brent.⁸⁵
- Healthwatch Brent.
- London North West University Healthcare NHS Trust.
- North West London ICB.
- Neighbouring Health and Wellbeing Boards (HWBs):
 - Barnet HWB.
 - Camden HWB.
 - Ealing HWB.
 - Hammersmith and Fulham HWB.
 - Harrow HWB.
 - Kensington and Chelsea HWB.
 - Westminster HWB.

Other consultees

- GP practices in Brent.
- Local Pharmaceutical Committee in all the neighbouring areas.
- Local Medical Committee in all the neighbouring areas.
- Members of the public and patient groups.

⁸⁵ Please note there are not LPS contractors and no dispensing GP practices in Brent.

Appendix H: Summary of consultation responses

As required by the Pharmaceutical Regulations 2013, Brent HWB held a consultation on the draft PNA for at least 60 days, from 9 June to 10 August 2025.

The draft PNA was hosted on Brent council engagement website, Have your say, and invitations to review the assessment, and comment, were sent to a wide range of stakeholders including all community pharmacies in Brent. A range of public engagement groups in Brent, as identified by the Steering Group, were invited to participate in the consultation. Responses to the consultation were possible via an online survey or email. Paper copies and alternative formats were also available under request.

There were in total seven responses, all of them from the internet survey. Responses received:

- Six were from members of the public.
- One was from an organisation in Brent.

All responses were considered by the PNA Steering Group at its meeting on 2 September 2025 for the final report. Any additional comments as part of the consultation survey were considered by the Steering Group in the production of the final PNA and are included at the end of this appendix. Further comments received by email are detailed in Appendix I.

From the seven responses, three agreed with the conclusions of Brent Draft 2025 PNA, three didn't know / couldn't say and one disagreed.

Below is a summary of responses and comments to the specific questions, asked during the consultation.

1) In what capacity are you mainly responding? (Answered: 7, Skipped: 0)

Options	Number	%
A member of the public living in Brent	6	86%
A member of the public living outside of Brent	0	0%
Local Pharmaceutical Committee	0	0%
Local Medical Committee	0	0%
Pharmacy or dispensing appliance contractor in Brent	0	0%
Healthwatch or other patient, consumer or community group	0	0%
An NHS Trust or NHS Foundation Trust	0	0%
Integrated Care Board Contract Manager	0	0%
A neighbouring Health and Wellbeing Board	0	0%

Options	Number	%
Other organisation in Brent	1	14%
Other organisation outside Brent	0	0%

If responding on behalf of an organisation, please tell us its name: (Answered: 1, Skipped: 6)

The organisation identified as Boots UK Limited.

2) Has the purpose of the Pharmaceutical Needs Assessment been explained? (Please refer to Section 1 in the draft PNA) (Answered: 7, Skipped: 0)

Options	Number	%
Yes	7	100%
No	0	0%
I don't know/can't say	0	0%

3) Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within Brent? (Section 3 in the draft PNA) (Answered: 7, Skipped: 0)

Options	Number	%
Yes	3	43%
No	0	0%
I don't know/can't say	4	57%

4) Does the draft pharmaceutical needs assessment reflect the needs of Brent's population? (Section 2 in the draft PNA) (Answered: 7, Skipped: 0)

Options	Number	%
Yes	3	43%
No	1	14%
I don't know/can't say	3	43%

5) Are there any gaps in service provision; i.e. when, where and which services are available that have not been identified in the pharmaceutical needs assessment? (Section 6 and 7 in the draft PNA and Appendix A) (Answered: 7, Skipped: 0)

Options	Number	%
Yes	4	57%
No	1	14%
I don't know/can't say	2	29%

6) Has the pharmaceutical needs assessment provided information to inform market entry decisions i.e. decisions on applications for new pharmacies and dispensing appliance contractor premises? (Answered: 7, Skipped: 0)

Options	Number	%
Yes	4	57
No	1	14
I don't know/can't say	2	29

7) Has the pharmaceutical needs assessment provided information to inform how *pharmaceutical services* may be commissioned in the future (within the lifetime of the PNA, which is three years)? (Answered: 7, Skipped: 0)

Options	Number	%
Yes	5	71
No	0	0
I don't know/can't say	2	29

8) Has the pharmaceutical needs assessment provided enough information to inform future *pharmaceutical services* provision and plans for pharmacies and dispensing appliance contractors? (Answered: 7, Skipped: 0)

Options	Number	%
Yes	4	57
No	1	14
I don't know/can't say	2	29

9) Are there any *pharmaceutical services* that could be provided in the community pharmacy setting in the future (within the lifetime of the PNA, which is three years) that have not been highlighted? (Answered: 7, Skipped: 0)

Options	Number	%
Yes	3	43
No	2	29
I don't know/can't say	2	29

10) Do you agree with the conclusions of the pharmaceutical needs assessment? (Answered: 7, Skipped: 0)

Options	Number	%
Yes	3	43
No	1	14
I don't know/can't say	3	43

11) If you have any other comments, please write them below (Answered: 1, Skipped or "no comment": 6)

From	Comment	Steering Group response
A member of the public living in Brent	Antimicrobial resistance has been declared a global health emergency. Why doesn't the needs assessment focus more on how local services and provision could be used to address AMR? https://www.thelancet.com/journals/lanres/article/PIIS2213-2600%2824%2900331-X/fulltext	We recognise that AMR is a significant and growing public health concern, both globally and locally. While the Pharmaceutical Needs Assessment (PNA) primarily focuses on the provision and accessibility of NHS pharmaceutical services, we acknowledge that community pharmacies can play a key role in supporting antimicrobial stewardship—through patient education, appropriate supply of antibiotics, and participation in local public health initiatives.

No further comments were received to any other questions.

Appendix I: Additional consultation comments

The London Region Pharmaceutical Services Regulations Committee shared by email some comments on the draft PNA from the Dentistry, Optometry and Pharmacy (DOP) Team. These comments have been noted for the final PNA, and the committee recommendations are summarised in below.

DOP recommendation	Steering Group response
Some discrepancies in opening hours. Please review the list of changes to hours and determine if any of these changes would impact on the assessments made.	Amended.
There are some services that are under the wrong headings and as such need to be moved. The statements covering these also need to be revised to cover these services if the HWBB wish to include these as relevant services.	The Bank Holiday Service has now been added as an enhanced service and noted in all the relevant places within the PNA. Amended for final PNA.
There are a number of places where we have noted non identified, that is ok, but please check and add in anything under these headings that have been used to make the assessments made.	Noted.
There is one repeated sentence that could cause confusion as above. The HWBB should review the revised guidance to ensure that this complies with the guidance.	This has been reviewed and agreed by the steering group to be in line with the guidance.