Public Document Pack

City of Westminster

Committee Agenda

Title:	**Health & Wellbeing Board**
Meeting Date:	**Thursday 19th March, 2015**
Time:	**4.00 pm**
Venue:	**Rooms 3 & 4 - 17th Floor, City Hall**

Members:

Councillor Rachael Robathan	Cabinet Member for Adults & Health
Dr Ruth O'Hare	Central London Clinical Commissioning Group
Councillor Danny Chalkley	Cabinet Member for Children's Services
Councillor Barrie Taylor	Minority Group
Eva Hrobonova	Tri-borough Public Health
Liz Bruce	Tri-borough Adult Social Care
Andrew Christie	Tri-borough Children's Services
Dr Naomi Katz	West London Clinical Commissioning Group
Janice Horsman	Healthwatch Westminster
Jackie Rosenberg	Westminster Community Network
Dr David Finch	NHS England

Members of the public are welcome to attend the meeting and listen to the discussion Part 1 of the Agenda

Admission to the public gallery is by ticket, issued from the ground floor reception at City Hall from 3.30pm. If you have a disability and require any special assistance please contact the Committee Officer (details listed below) in advance of the meeting.

An Induction loop operates to enhance sound for anyone wearing a hearing aid or using a transmitter. If you require any further information, please contact the Committee Officer, Andrew Palmer.

Telephone: 020 7641 2802
Email: apalmer@westminster.gov.uk
Corporate Website: www.westminster.gov.uk

Note for Members: Members are reminded that Officer contacts are shown at the end of each report and Members are welcome to raise questions in advance of the meeting. With regard to item 2, guidance on declarations of interests is included in the Code of Governance; if Members and Officers have any particular questions they should contact the Head of Legal & Democratic Services in advance of the meeting please.

AGENDA

PART 1 (IN PUBLIC)

1. MEMBERSHIP

To report any changes to the Membership of the meeting.

2. DECLARATIONS OF INTEREST

To receive declarations of interest by Board Members and Officers of any personal or prejudicial interests.

3. MINUTES AND ACTIONS ARISING **(Pages 1 - 12)**

I) To agree the Minutes of the meeting held on 22 January 2015.

II) To note progress in actions arising.

4. PHARMACEUTICAL NEEDS ASSESSMENT **(Pages 13 - 152)**

To consider the final draft of the Westminster Pharmaceutical Needs Assessment, prior to publication.

5. PRIMARY CARE CO-COMMISSIONING **(Pages 153 - 156)**

To receive an update on Primary Care Co-Commissioning in North West London.

6. CARE ACT IMPLEMENTATION **(Pages 157 - 166)**

To update the Health & Wellbeing Board on preparations for implementing the requirements of the Care Act 2014.

7. BETTER CARE FUND PLAN

To receive an update on progress in the Better Care Fund Plan and on preparations for implementation.

8. WORK PROGRAMME **(Pages 167 - 172)**

To consider the Work Programme for the remainder of the 2014-15 Municipal Year, and for 2015-16.

9. ANY OTHER BUSINESS

Peter Large
Head of Legal & Democratic Services
12 March 2015

This page is intentionally left blank

MINUTES

CITY OF WESTMINSTER

WESTMINSTER HEALTH & WELLBEING BOARD
22 JANUARY 2015
MINUTES OF PROCEEDINGS

Minutes of a meeting of the **Westminster Health & Wellbeing Board** held on Thursday 22 January 2015 at 4.00pm at Westminster City Hall, 64 Victoria Street, London SW1E 6QP

Members Present:
Chairman: Councillor Rachael Robathan, Cabinet Member for Adult Services & Health
Clinical Representative from the Central London Clinical Commissioning Group: Dr Paul O'Reilly (acting as Deputy)
Minority Group Representative: Councillor Barrie Taylor
Director of Public Health: Eva Hrobonova (acting as Deputy)
Tri-Borough Executive Director of Children's Services: Andrew Christie
Tri-Borough Executive Director of Adult Social Care: Rachel Wigley (acting as Deputy)
Clinical Representative from the West London Clinical Commissioning Group: Dr Philip Mackney (acting as Deputy)
Chair of the Westminster Community Network: Jackie Rosenberg
Representative for NHS England: Dr Belinda Coker (acting as Deputy)

1. MEMBERSHIP

1.1 Apologies for absence were received from Councillor Danny Chalkley (Cabinet Member for Children & Young People).

1.2 Apologies for absence were also received from Dr Ruth O'Hare (Central London CCG), Liz Bruce (Tri-Borough Executive Director of Adult Social Care), Naomi Katz (West London CCG) and Dr David Finch (NHS England). Dr Paul O'Reilly, Rachel Wigley, Dr Philip Mackney and Dr Belinda Coker attended as their respective Deputies.

2. DECLARATIONS OF INTEREST

2.1 No declarations were received.

3. MINUTES AND ACTION TRACKER

3.1 **Resolved:** That

(1) The Minutes of the meeting held on 20 November 2014 be approved for signature by the Chairman; and

(2) Progress in implementing actions and recommendations agreed by the Westminster Health & Wellbeing Board be noted.

3.2 **Matters Arising**

3.2.1 Primary Care Commissioning: Minute 7

Board Members commented further on the provision of GP practices in Westminster, and on the availability of premises and planning process for GP services going forward. The Board acknowledged that the availability and quality of GP services was a London-wide issue, and that the availability of estates and the age of the Primary Care practitioners presented specific difficulties within Westminster. Members acknowledged that Primary Care Co-Commissioning would provide opportunities to respond to these issues at a local level, and Matthew Bazeley (Central London CCG) agreed that the Health & Wellbeing Board and local authority had an important role in helping GPs improve the provision of care.

Board Members acknowledged the importance of partnership working and of establishing a shared view and common narrative, and noted that a proposal and suggested Terms of Reference for identifying gaps in GP services would be submitted to the Board at a future meeting.

4. BETTER CARE FUND PLAN

4.1 Matthew Bazeley (Central London CCG) updated the Board on further progress in the Better Care Fund Plan, and on preparations for implementation. A national Better Care Fund (BCF) Task Force had been established to drive and refine BCF planning, and a revised Plan which included further clarifications had been submitted in November 2014. The NHS England Area Team had confirmed that they would recommend that the Plan be approved by the BCF Task Force.

4.2 In anticipation of approval, work had progressed on projects within the Plan. The most significant of these projects was a new, standardised tri-borough Community Independence Service (CIS), which would provide consistent rapid response for people at risk of emergency admission to hospital across; in-reach for people getting ready to leave hospital; and rehabilitation and reablement after they have been discharged.

4.3 Delivery of the Plan would be overseen by the BCF Board, also established in November, which would provide an executive function in making joined-up recommendations for decision; and have monitoring and advisory duties, reporting progress to Health & Wellbeing Boards and other governing bodies. The BCF Board had been holding monthly meetings between the Chairmen of the three CCGs and Cabinet Members, with representatives of the acute sectors and other providers now being included as appropriate.

4.4 Matthew Bazeley reported that the CCG's had appointed Imperial and partners to be the lead health care provider, which would work with the lead social care provider and ensure a co-ordinated and consistent approach when the CIS came into effect in April.

4.5 Board Members also discussed the savings which could be achieved, which had been estimated at £12,477m across the three boroughs over 2015/16 if targets were fully met.

5. CARE ACT IMPLEMENTATION

5.1 The Board received an update from Jerome Douglas (Care Act Programme Manager) on progress in the implementation of the Care Act 2014 in Westminster. All local authorities were expected to implement the requirements of the Act and co-operate with other organisations, which included health, housing and employment services, to ensure that an holistic approach to providing care and support. A programme had been developed which focussed on key deliverables being made in two phases, for compliance by 31 March 2015 and 31 March 2016.

5.2 The first phase included the implementation of the eligibility framework and a single set of criteria for Carers; ensuring that personal budgets were established across the three boroughs; and the implementation of new responsibilities for safeguarding. Key deliverables in the second phase included embedding funding reforms in business; and putting the communications and engagement plan into effect.

5.3 The Board noted that a number of duties within the Care Act were likely to have financial impacts for the City Council. For 2015/16, the costs of implementing the programme would be addressed by the Department of Health via specific funds, made available through the Care Act implementation grant or Better Care Fund. The issue of how future costs from 2016/17 onwards would be met was still to be addressed.

5.4 The Board acknowledged that the legislation represented a significant financial implication for local authorities, which was still open to interpretation. Members noted that resourcing would be critical, and highlighted the need for effective communication, and for pressure to be applied to receive more robust data on costs rather than broad estimates. The Board agreed that updates on implementation of the Care Act would be a standing item on future agendas.

6. CHILD POVERTY

6.1 At its meeting in April 2014, the Board received a draft report on the findings and recommendations of a Tri-borough 'deep dive' Joint Strategic Needs Assessment (JSNA) on Child Poverty in Westminster (Minute 5). The report had demonstrated that the causes of child poverty were complex, and were intrinsically linked to family income; with working families representing an increasing proportion of

those living in poverty because of low pay, employment conditions and high housing costs. The report had suggested that the causes and consequences of child poverty needed to be tackled jointly by departments across the Council and by the NHS, and had considered that child poverty could not be reduced and its impact alleviated by Children's Services alone.

6.2 Rachael Wright-Turner (Tri-borough Director for Commissioning, Children's' Services) now provided an update on progress in taking forward six priority areas that had been suggested in the JSNA report, which were:

- Supporting families to engage with services
- Promoting parental employment
- Enabling access to quality/affordable early years childcare, for all families
- Supporting the role of the school community
- Providing appropriate healthcare, at the right time
- Ensuring that all families have access to housing of a reasonable standard.

6.3 The report made a number of recommendations, and also suggested that the Board received an annual report which could set out the impact of the actions that were being taken. Board Members also noted that a Task & Finish Group was currently looking at the key drivers relating to promoting parental employment and enabling access to quality/affordable early years childcare for all families.

6.4 Members also commented on the role of the school community in supporting adolescent mental health and the needs of young carers, and highlighted the importance of the relationship between families and therapists.

6.5 Board Members acknowledged that the Health & Wellbeing Board would be the appropriate overseeing body for a co-ordinated response to child poverty in Westminster, as it brought together health and social care. Members also acknowledged the role of housing department, and recognised that housing and environmental health were critical elements of tackling child poverty.

6.6 The Board acknowledged the need for clear targets, and suggested that actions should be identified where a tangible outcome could be achieved. Members also highlighted the need for effective monitoring, and requested that a further update being given at a future meeting.

6.7 **Resolved:** that

a) The Health & Wellbeing Board agree to be the body to oversee a coordinated response to child poverty in Westminster;

b) The Director for Tri-Borough Children's Services lead the next steps on behalf of the Board, working with statutory and voluntary partners;

c) The Health & Wellbeing Board commission a piece of work (led by Children's Services) to establish whether and how all Council and partner services contributed to alleviating child poverty and income deprivation locally through

their existing plans and strategies. This would identify how children and families living in poverty were targeted for services in key plans and commissioning decisions, and also enable effective identification of gaps in provision;

d) Each partner on the Health & Wellbeing Board commit relevant resources as required, to ensure consistent contribution from all agencies; and

e) An appropriate service sponsor be identified outside of the meeting for allocation to each of the six priority areas, in order to consolidate existing and future actions that would contribute to achieving objectives.

7. ADULT SAFEGUARDING BOARD PROTOCOL

7.1 Helen Banham (Adult Social Care Strategic Lead for Professional Standards & Safeguarding) submitted a report which proposed a joint working protocol between the Safeguarding Adults Executive Board (SAEB) and the Westminster Health & Wellbeing Board, which would be beneficial and improve health and wellbeing outcomes for residents. The purpose of the SAEB was to ensure that agencies worked together to prevent harm and reduce the risk of abuse or neglect to adults with care and support needs; to safeguard individuals in a way that supported them in making choices and having control in how they chose to live their lives; and to raise public awareness.

7.2 The SAEB invited Board Members to consider areas of potential joint work which required a coordinated strategic and joint response, and which were to be included in the SAEB's Business Plan for 2015/16. The three areas that had been identified were:

- Safer recruitment
- Commissioning care for older people with complex care needs; and
- Understanding and resourcing shared responsibilities for the Deprivation of Liberty Safeguards.

7.3 Board Members noted that operational issues such as safer recruiting processes by the local authority and other agencies were being taken up by the Scrutiny Committee; and commented on the need to avoid duplication and for the protocols to be clear on the different and separate roles of the Health & Wellbeing Board and the Scrutiny function. Members also highlighted the Board's ability to bring together partner agencies for co-ordinated working on any particular issue.

7.4 Matthew Bazeley (Central London CCG) acknowledged the importance of integrated services that were fit for purpose, and suggested that the SAEB could benefit from including representatives from CCGs in its membership, in order to gain the perspective of GPs as commissioners.

7.5 Board Members commented on the need for effective communication, and acknowledged that the volume of potential safeguarding cases presented a challenge to effective adult safeguarding.

7.6 The Board approved the proposed protocol, which set out the governance arrangements for joint working between the Safeguarding Adults Executive Board and the Westminster Health & Wellbeing Board, which would be put in place to ensure that safeguarding functions were co-ordinated and discharged effectively in Westminster, without duplication or the creation of additional structures.

8. LOCAL SAFEGUARDING CHILDREN BOARD PROTOCOL

8.1 A Protocol for joint working between the Tri-borough Local Safeguarding Children Board (LSCB) and the Westminster Health & Wellbeing Board (HWB) had been presented to the Board in April 2014 (Minute . At that meeting, Board Members had requested clarification of the role and responsibilities of the LSCB and HWB and of the powers members of the LSCB would have in speaking on behalf of the local authority. Rachel Wright-Turner (Tri-borough Director for Commissioning, Children's' Services) accordingly now received a further report which provided an overview of the roles and responsibilities, and which suggested a protocol for formal working agreement between the HWB and the Tri-borough LSCB to maximise opportunities for safeguarding children in the local area.

8.2 The Board discussed the complementary but distinct roles the HWB and LSCB had in safeguarding and promoting the welfare of children and young people in Westminster. The Board also noted that as part of the new Ofsted inspection framework, a review of the effectiveness of the LSCB would be undertaken at the same time as the inspection of the local authority, which would enable the Inspectors to understand the relationship between the LSCB and the HWB.

8.3 Board Members commented on the need to avoid duplication and for the protocol to be clear on the different and separate roles of the Health & Wellbeing Board and the Scrutiny function. Members also commented that issues referred to in the suggested protocol for working between the LSCB and the HWB which related to the statutory responsibilities of the LSCB, together with performance against the Business Plan and submission of an Annual Report related to Scrutiny, and should not be included.

8.4 Subject to the revisions set out above, the Board approved the proposed protocol, which outlined joint working arrangements between the LSCB and the HWB, and which included the proposed governance arrangements that would be put in place to ensure effective co-ordination, coherence and delivery.

9. PRIMARY CARE CO-COMMISSIONING

9.1 Matthew Bazeley (Central London CCG) presented a report which updated the Board on developments in Primary Care Co-Commissioning in North West London, and which included an initial expression of interest that had been submitted by the eight CCGs. The paper also noted the intention to continue to formally explore the establishment of Co-Commissioning with NHS England, and

suggested areas where more structured engagement with Health & Wellbeing Boards would be helpful in ensuring that the benefits of Co-Commissioning were fully realised.

9.2 The next steps towards implementation had been published by NHS England on 10 November 2014, and had included three possible models for primary care co-commissioning which were currently being discussed.

9.3 The Board discussed the challenges associated with the proposals for Co-Commissioning, and highlighted the need to ensure that there was sufficient GP capacity to deliver services. Dr Phillip Mackney (West London CCG) and Dr Paul O'Reilly (Central London CCG) acknowledged that there could be risks, and confirmed that they would be able to comment further when GPs had responded to the guidance.

9.4 The Board discussed the costs associated with premises owned by the NHS, and commented on the need to develop existing property assets which should seek to provide integrated care rather than a single GP practice. Members also commented on the possibility of funding from local authorities or developers, and highlighted the need for the Health & Wellbeing Board to be involved in discussions on the use and development of premises, which would also need to to take into account issues relating to housing and sustainability. Matthew Bazeley acknowledged that estate funding was an issue in providing Co-Commissioning, and Members agreed that representatives of the Board should attend meetings of the Commissioning Committee and form part of its membership.

9.5 The Board discussed representation on the Commissioning Committee from Health & Wellbeing Boards across the eight boroughs within North West London, and agreed that one representative would not be sufficient. Board Members did however recognise that discussions on governance were ongoing.

9.6 Matthew Bazeley welcomed the comments that had been made regarding implementation of the final guidance and on the need to involve and engage with the Health & Wellbeing Board during the process, which would be taken into account. Board Members asked to receive a further update on Primary Care Co-Commissioning at its next meeting.

10. WORK PROGRAMME

10.1 The Board considered its future Work Programme, which included workshops and opportunities for strategic planning.

10.2 Board Members noted that Primary Care Co-Commissioning had been added to the Work Programme for the next meeting in March, and that Dementia was to be considered as an additional item in May. Members also suggested that issues relating to the Children & Families Act 2014 be considered at the September meeting, and agreed that the Childhood Obesity Strategy be included in the future Work Programme.

10.3 Holly Manktelow (Senior Policy & Strategy Officer) commented that the current Health & Wellbeing Strategy was due to be reviewed in 2016, and suggested that the Board may wish to spend time over the next year looking at developing, improving or refreshing the Strategy and associated Joint Strategic Needs Assessments.

11. TERMINATION OF MEETING

11.1 The meeting ended at 5.47pm.

CHAIRMAN ______________________ DATE _________________

WESTMINSTER HEALTH & WELLBEING BOARD
Actions Arising

Meeting on Thursday 22nd January 2015

Action	Lead Member(s) And Officer(s)	Comments
Better Care Fund Plan		
Further updates on implementation of the Care Act to be a standing item on future agendas.	Adult Social Care	Completed.
Child Poverty		
Work to be commissioned to establish whether and how all Council and partner services contributed to alleviating child poverty and income deprivation locally, through their existing plans and strategies – to identify how children and families living in poverty were targeted for services in key plans and commissioning decisions, and to also enable effective identification of gaps in provision.	Children's Services	In progress.
To identify an appropriate service sponsor for allocation to each of the six priority areas, in order to consolidate existing and future actions that would contribute to achieving objectives.	Children's Services	In progress.
Local Safeguarding Children Board Protocol		
Protocol to be revised to avoid duplication and to be clear on the different and separate roles of the Health & Wellbeing Board and the Scrutiny function.	Local Safeguarding Children Board	In progress.
Primary Care Commissioning		
A further update on progress in Primary Care Co-Commissioning to be given at the meeting in March 2015.	Clinical Commissioning Groups. NHS England	Completed.

Meeting on Thursday 19th June 2014

Action	Lead Member(s) And Officer(s)	Comments
Whole Systems		
Business cases for the Whole Systems proposals to be submitted to the Health & Wellbeing Board in the autumn.	Clinical Commissioning Groups.	Complete.

Childhood Obesity		
A further report to be submitted to a future meeting of the Westminster Health & Wellbeing Board by the local authority and health partners, providing an update on progress in the processes and engagement for preventing childhood obesity.	Director of Public Health.	In progress
The Health & Wellbeing Strategy		
A further update on progress to be submitted to the Westminster Health & Wellbeing Board in six months.	Priority Leads.	To considered at a forthcoming meeting.
NHS Health Checks Update and Improvement Plan		
Westminster's Clinical Commissioning Groups to work with GPs to identify ways of improving the effectiveness of Health Checks, with a further report on progress being submitted to a future meeting.	Clinical Commissioning Groups	In progress.
Joint Strategic Needs Assessment Work Programme		
The implications of language creating a barrier to successful health outcomes to be considered as a further JSNA application. *Note: Recommendations to be put forward in next year's programme.*	Public Health Services Senior Policy & Strategy Officer.	In progress.

Meeting on Thursday 18th September 2014

Action	Lead Member(s) And Officer(s)	Comments
Better Care Fund Plan 2014-16 Revised Submission		
That the final version of the revised submission be circulated to members of the Westminster Health & Wellbeing Board, with sign-off being delegated to the Chairman and Vice-Chairman, subject to any comments that may be received.	Director of Public Health.	Completed.
Primary Care Commissioning		
The Commissioning proposals be taken forward at the next meeting of the Westminster Health & Wellbeing Board in November	NHS England	Completed.
Details be provided of the number of GPs in relation to the population across Westminster, together with the number of people registered with those GPs; those who are from out of borough; GP premises which are known to be under pressure; and where out of hours capacity is situated.	NHS England	Completed.

Measles, Mumps and Rubella (MMR) Vaccination In Westminster		
That a further report setting out a strategy for how uptake for all immunisations could be improved, and which provides Ward Level data together with details of the number of patients who have had measles, be brought to a future meeting of the Westminster Health & Wellbeing Board in January 2015.	NHS England Public Health.	To considered at the forthcoming meeting in May 2015.

Meeting on Thursday 19th June 2014

Action	Lead Member(s) And Officer(s)	Comments
Whole Systems		
Business cases for the Whole Systems proposals to be submitted to the Health & Wellbeing Board in the autumn.	Clinical Commissioning Groups.	Complete.
Childhood Obesity		
A further report to be submitted to a future meeting of the Westminster Health & Wellbeing Board by the local authority and health partners, providing an update on progress in the processes and engagement for preventing childhood obesity.	Director of Public Health.	In progress
The Health & Wellbeing Strategy		
A further update on progress to be submitted to the Westminster Health & Wellbeing Board in six months.	Priority Leads.	To considered at a forthcoming meeting.
NHS Health Checks Update and Improvement Plan		
Westminster's Clinical Commissioning Groups to work with GPs to identify ways of improving the effectiveness of Health Checks, with a further report on progress being submitted to a future meeting.	Clinical Commissioning Groups	In progress.
Joint Strategic Needs Assessment Work Programme		
The implications of language creating a barrier to successful health outcomes to be considered as a further JSNA application. *Note: Recommendations to be put forward in next year's programme.*	Public Health Services Senior Policy & Strategy Officer.	In progress.

Meeting on Thursday 26th April 2014

Action	Lead Member(s) And Officer(s)	Comments
Westminster Housing Strategy		
The consultation draft Westminster Housing Strategy to be submitted to the Health & Wellbeing Board for consideration in the autumn.	Strategic Director of Housing	In progress
Child Poverty Joint Strategic Needs Assessment Deep Dive		
A revised and expanded draft recommendation report to be brought back to the Health & Wellbeing Board in September.	Strategic Director of Housing Director of Public Health.	Completed.
Tri-borough Joint Health and Social Care Dementia Strategy		
Comments made by Board Members on the review and initial proposals to be taken into account when drawing up the new Dementia Strategy.	Matthew Bazeley Janice Horsman Paula Arnell	In progress
Whole Systems		
A further update on progress to be brought to the Health & Wellbeing Board in June.	Clinical Commissioning Groups	Completed.

City of Westminster

Westminster Health & Wellbeing Board

Date:	*19 March 2015*
Classification:	**General Release**
Title:	*Pharmaceutical Needs Assessment*
Report of:	*Director of Public Health*
Wards Involved:	*All Wards*
Policy Context:	*Health and Wellbeing Boards are required to publish and maintain a Pharmaceutical Needs Assessment (PNA) for their local area by virtue of Section 128a of the National Health Service Act 2006 (Pharmaceutical Needs Assessments) and the Health and Social Care Act 2012.* *PNAs are a statement of the need for pharmaceutical services of the population in a defined geographical area.*
Financial Summary:	*Enter brief summary*
Report Author and Contact Details:	*Colin Brodie, Public Health Knowledge Manager* *Email: cbrodie@westminster.gov.uk* *Tel: 02076414632*

1. Executive Summary

1.1 This report presents the final version of the Westminster Pharmaceutical Needs Assessment (PNA) for approval, to ensure that the Health and Wellbeing Board meets its statutory requirement to publish a PNA by 1 April 2015. In addition, it reports on the proposed changes to the PNA following the mandatory 60 day consultation undertaken between October-December 2014

2. Key Matters for the Board

2.1 The Health and Wellbeing Board are requested to approve the PNA report for Westminster. The PNA Task and Finish Group consider that the report includes all the information required from the PNA as set out in Schedule 1 of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and allows the Health and Wellbeing Board to meet its legal requirements.

3. Background

3.1 PNAs are an important tool, used by NHS England, in market entry decisions (in response to applications from business, including independent owners and large pharmacy company). The assessments are also used by commissioners to make decisions on which funded services need to be provided by local community pharmacies.

3.2 Across the three Boroughs the PNA has been incorporated as part of the JSNA work programme. The project has been managed by the PNA Task and Finish Group and a PNA has been produced for each Borough

3.3 When producing a PNA, Health and Wellbeing Boards are required by law to consult a specified list of bodies at least once during the process of developing the PNA.

3.4 There is a minimum duration of 60 days for the consultation. The consultation for the Westminster PNA ran alongside the consultation for the other two boroughs from 21 October to 19 December 2014.

3.5 Prior to the consultation the draft PNA was circulated to the Health and Wellbeing Board in October 2014.

3.6 In total 10 responders submitted comments as part of the consultation on the Westminster PNA. These comments have been collated and summarised in Appendix 1, which also describes how the consultation responses have informed the final PNA.

3.7 NHS England submitted a detailed response with feedback to ensure the PNA would meet statutory requirements and allow NHS England to complete its statutory function with regard to market entry decision making. The proposed changes in Appendix 1 have taken this feedback into account and have been approved by NHS England.

4. Options / Considerations

4.1 Schedule 1 of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 sets out the information that is required in a PNA http://www.legislation.gov.uk/uksi/2013/349/schedule/1/made

4.2 The PNA Task and Finish Group consider that this information is contained in the Westminster PNA and allows the Health and Wellbeing Board to fulfil its statutory obligations.

5. Legal Implications

5.1 Health and Wellbeing Boards are legally required to publish and maintain a PNA for their local area by virtue of Section 128a of the National Health Service Act 2006 (Pharmaceutical Needs Assessments) and the Health and Social Care Act 2012.

5.2 All Health and Wellbeing Boards are required to publish a fully revised PNA by 1 April 2015

5.3 PNAs must be developed in line with the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013

If you have any queries about this Report or wish to inspect any of the Background Papers please contact:

Colin Brodie, Public Health Knowledge Manager

Email: cbrodie@westminster.gov.uk

Telephone: 02076414632

APPENDICES:

Appendix 1 Consultation Report - Westminster Pharmaceutical Needs Assessment
Appendix 2 Westminster Pharmaceutical Needs Assessment DRAFT

This page is intentionally left blank

Westminster Pharmaceutical Needs Assessment 2015-2018

Report from the Public Consultation (October 2014 – December 2014)

Table of Contents

Introduction 2

Findings 5

Appendix A – Key Suggestions from NHS England 9

Appendix B – Key Suggestions from the CCG 13

Appendix C – Key Suggestions from the LPC 15

Appendix D – Key Suggestions from Boots UK 22

Appendix E – Other responders 28

Introduction

1.1 The Pharmaceutical Needs Assessment (PNA) identifies the key health needs of the local population and how those needs are being fulfilled, or could be fulfilled, by pharmaceutical services in different parts of the borough. The role of the PNA is twofold: to inform local plans for the commissioning of pharmaceutical services; and to support the 'market entry' decision making process (undertaken by NHS England) in relation to applications for new pharmacies or changes of pharmacy premises.

1.2 As outlined in the 2013 regulations, the PNA describes pharmaceutical services in terms of the following summary categories:

A. **Necessary Services – Current Provision:** services currently being provided which are regarded to be "necessary to meet the need for pharmaceutical services in the area". This includes services provided in the Borough as well as those in neighbouring Boroughs

B. **Necessary Services – Gaps in Provision:** services *not* currently being provided which are regarded by the HWB to be necessary "in order to meet a current need for pharmaceutical services".

C. **Other Relevant Services – Current Provision:** services provided which are not necessary to meet the need for pharmaceutical services in the area, but which nonetheless have "secured improvements or better access to pharmaceutical services". This includes services provided in the Borough as well as those in neighbouring Boroughs.

D. **Improvements and Better Access – Gaps in Provision:** services *not* currently provided, but which the HWB is satisfied would "secure improvements, or better access to pharmaceutical services" if provided.

E. **Other NHS Services**: any services provided or arranged by a local authority, NHS England, the CCG, an NHS trust or an NHS foundation trust which affects the need for pharmaceutical services in its area or where future provision would secure improvement, or better access to pharmaceutical services specified type, in its area.

1.3 Section 128A of the NHS Act 2006 required each NHS Primary Care Trust (PCT) to assess the pharmaceutical needs for its area and to publish a statement of its assessment and of any revised assessment. Subsequently, the Health Act 2009 contained the powers needed to require PCTs to develop and publish PNAs and use them as the basis for determining market entry to NHS pharmaceutical services provision subject to further regulations.

1.4 With the introduction of the Health and Social Care Act 2012 and the abolition of PCTs, this responsibility transferred to the newly established HWBs from 1 April 2013. It is a statutory responsibility for Health & Wellbeing Boards (HWBs) to develop and update a PNA for its area. HWBs are required to publish their first PNA by 1 April 2015.

Consultation Methodology

1.5 The methodology of the PNA is detailed in the draft document and will be published in the Final Document. No changes have been made and have therefore not been documented in this report.

1.6 Regulation 8 sets out the requirements for consultation on PNAs. The local authority duty to involve was first introduced in the Local Government and Public Involvement in Health Act 2007 and was updated and extended in the Local Democracy, Economic Development and Construction Act 2008.

The Regulations set out that:

- HWBs must consult the bodies set out in Regulation 8 at least once during the process of developing the PNA. Any neighbouring HWBs who are consulted should ensure any LRC in the area which is different from the LRC for the original HWB's area is consulted;
- there is a minimum period of 60 days for consultation responses; and
- those being consulted can be directed to a website address containing the draft PNA but can, if they request, be sent an electronic or hard copy version.

1.7 The Westminster PNA was consulted with the following bodies from October 2014 to December 2014 for a total of 60 days:

a. A
b. B
c. C

The PNA was made available at http://www.jsna.info/pharmaceutical-needs-assessment-2015 and the above mentioned bodies were directed to the website via email, with the option of requesting an electronic or hard copy version.

DRAFT

Summary of responses

A total of 10 responders contacted the HWB during the consultation process.

Comments made	Commenter Code	Comment details
NHS England	*We-NHSE*	*Appendix A*
LPC	*We-LPC*	*Appendix B*
CCG representative (Ashfaq Khan)	*We-CCG*	*Appendix C*
Boots	*We-Boots*	*Appendix D*
Chelsea & Westminster Hospital Trust	*We-CWHft*	*Appendix E*
Central and North West London NHS Foundation Trust	*We-CNWLft*	*Appendix E*
Vineyard Pharmacy	*We-Vine*	*Appendix E*
Williams Pharmacy	*We-Will*	*Appendix E*

Accepted without Comments

Camden Council
Imperial College Healthcare NHS Trust

DRAFT

Findings

The key changes to the PNA resulting from the Public Consultation have been listed underneath the original chapter headings of the draft document.

The key suggestions from stakeholders have been listed in the Indices and referenced to the changes made in the document. If multiple comments affect the same change, they have been referenced to the first change that affects

	Original page number
Chapter One	6
Background	6
Purpose of the Pharmaceutical Needs Assessment	6
Defining Localities	7
Refine explanation of locality selection; analysis was a combination of electoral wards and 500m radius buffer. Data, if available will be presented at Ward level	
Policy Background Relating to the PNA	7
References to be made to NHS England 2013 "Improving care through community pharmacies - a call to action" & Royal Pharmaceutical Society May 2014 "Good Practice guidance for healthcare professional in England"	
Local health and wellbeing needs	8
Local health and wellbeing priorities	9
Statement from the HWB as to how pharmacies can be involved in achieving these priorities	
Statement from Public Health/Adult Social Care as to how pharmacies can be involved in achieving priorities	
Statement from CCG as to how pharmacies can be involved in achieving priorities	
Chapter Two	12
Demographic and Health Need	12
References to be included after each demographic and health needs sub-headings to position in the document where the relevant pharmacy service provision will be discussed in later chapters (Chapter 5 and 8 in particular)	
The Joint Strategic Needs Assessment	12
Summary of Population Characteristics in Westminster	12
Population characteristics and health needs to be discussed at ward level, if data is available	
Overall population of Westminster	13
Age Structure	14
Gender Structure	15
Ethnicity and diversity	15

DRAFT

Protected Characteristics and Local Vulnerable Groups	
Protected characteristics to be listed and described individually	
Health and well-being in Westminster	19
Patterns of ill health	20
Changing Population	30
Changing Patterns of Need	32
Link to statement re: provision in Chapter 8	
Public Opinion	
Data from previous surveys, pharmacies and recent NHS England survey to be incorporated	
Chapter Three	34
Location of Current Health Services	34
Location of current health services to be described at a ward level, any known pending changes will be described under each service	
Pharmaceutical Services	34
Other Services	35
Statement regarding role of pharmacies in transition from secondary care to the community	
Appliance Contractors and Dispensing Doctors	38
Chapter Four	39
Prescribing and Dispensing Trends	39
Volume of prescribing and dispensing	39
Chapter 4 to be merged in to Chapter 5 as part of the rationale for statement re: adequate choice	
Chapter Five	40
Access to Pharmaceutical Services	40
Maps with various transport links; link to online portal to query the data;	
Pharmacy Choice	40
A table and statement describing the pharmacy provision at a ward level; pharmacies/100,000 at ward level. This will be linked to other factors such as population density, working population and health need with accompanying statements. Statement re: Independent or Multiple and effect on provision	
Opening times	41
A table and statement describing the early/late/weekend pharmacy provision at a ward level	
Prescribing and Dispensing Trends	
Chapter Six	47
Premises Characteristics	47
Physical Characteristics of Premises	47
Parking	47
Information Technology	47
Relationship to access and protected characteristics will be discussed	
Chapter Seven	48

DRAFT

Workforce & Skills	48
Utilisation of Clinical Skills in the Pharmacy	48
Pharmacists with a Special Interest (PHWSI)?	48
Health Champions	48
Health Trainers	48
Dementia Friends	48
Relationship to access and protected characteristics will be discussed	
Chapter Eight	49
Services Provided by Pharmacies	49
Summary of services currently commissioned by Pharmacies. To be referenced further along in Chapter 8 for details and rationale for current commissioning and future commissioning needs. Maps will be made clearer and all services currently commissioned will be mapped. Services provided privately (as obtained from contractor survey will be described if available)	
Immunisation Services	
Categorisation of Services	49
Statements to be made for each service category regarding role of pharmacies in delivery of service and adequacy of current pharmacy service provision at ward level relating to Chapter 2. Enhanced Services will all be discussed including Care Home Service and linkage to need. Current statements will made clearer. For Advanced Services (MUR, NMS) - data made available through NHS England will be presented at ward level.	
Necessary services: current provision (Schedule 1, paragraph 1)	50
Necessary services: gaps in provision (Schedule 1, paragraph 2)	53
Other Relevant services: current provision (Schedule 1, paragraph 3)	53
Other Services (Schedule 1, paragraph 5)	55
Improvements and better access: gaps in provision (Schedule 1, paragraph 4)	55
Information regarding number of pharmacies in borough who would be willing to provide these services from Contractor survey	
Protected Characteristics and Local Vulnerable Groups	
Description and statement of how protected characteristics may be affected by current and future service provision	
Service provision in relation to changing service providers and needs of community	
Statement regarding adequate response to changing needs of community	
Appendix A – Index to pharmacies with opening time information	57
Appendix B – Index to pharmacies with Advanced Services (Responses from Survey)	63
Appendix C – Index to pharmacies with Locally Enhanced Services	69
All Locally commissioned enhanced services (NHSE, LA, CCGs etc to be listed. Inclusion of information of pharmacies that would be willing to provide services. Will also be available in a commissioning toolkit being developed by PHI	
Appendix D – Other Information	70
Summary of sources used to create PNA	

DRAFT

Findings from consultation will be provided in Additional Consultation Report	

DRAFT

Appendix A – Key Suggestions from NHS England

Comment code	Comment	Changes proposed
We-NHSE1	Information in the PNA has not been clearly/consistently presented at electoral ward level for example does every locality have a pharmacy? If yes how many pharmacies and what services are they providing? The PNA map appears to show that each locality has a pharmacy but as there is no discussion of pharmaceutical service provision at a locality level it is unclear to the reader.	Demographic data will be presented at electoral ward level, if available. A summary of Appendix A, sorted by Ward, with a statement describing the adequate coverage of pharmaceutical service provision at a locality level will be made in Chapter 5.
We-NHSE2	Immunisation services have not been considered in the analysis of services. These services are enhanced services commissioned by NHS England therefore a pharmaceutical service.	Awaiting data from PHE - statement stating this if not provided by end of January
We-NHSE3	No linkage between the statement re Care Home Service and the needs of the local population?	Statement will be made in Chapter 8 linking to the data presented in Chapter 2
We-NHSE4	No reference made to specific protected characteristics. Also, unclear linkage of local need to provision of services.	Protected groups will be listed and described in Chapter 2 under "Protected Characteristics and Local Vulnerable Groups" . They will also be discussed in Chapter 8 linking the demand to need.
We-NHSE5	The consultation statement does not relate to a consultation report.	Not relevant at time of consultation. A separate consultation report will be published
We-NHSE6	Cannot find an explicit statement regarding adequate response to changing needs of community.	Changes to the community and providers will be elaborated in Chapter 3 and linked to Service Provision at the end of Chapter 8.
We-NHSE7	Re specialist services and protected groups - Unclear, no linkage of provision of services to local needs and also unclear re definition of local vulnerable groups (e.g. what about homeless, alcohol misuse).	As per We-NHSE4
We-NHSE8	Assessment of overall impact in longer term - This is hard to assess as the local demographic health needs are not directly/explicitly linked to services in the PNA.	Demographic data in Chapter 2 will be rearranged according to a list of services that are/can be provided by pharmacies whcih will be listed in Chapter 8 and referenced appropriately. A statement will be made regarding each of the services, current provision, adequacy (at a ward level, when possible) and potential for future improvement.

DRAFT

We-NHSE9	Advanced service provision at a locality level has not been considered.	As per We-NHSE8
We-NHSE10	The author does not state what information was used in determining the pharmaceutical needs of the residents of Westminster. A list of the information used in drawing conclusions would make it clear to the reader,	A list will be provided in Appendix D
We-NHSE11	In chapter 5 when considering necessary services the only factors taken into account are the number of pharmacies and their location. Other factors such as population density, health needs or modes of access to pharmacies e.g. public transport links are disregarded. No rationale is presented for taking this approach. An example of this is in 5.4.	Statement will be expanded, taking in to account information that would be rearranged in Chapter 2 as per Comment code - WE-NHS1, with explanation for rationale.
We-NHSE12	The estimated number of pharmacy contractors per 100,000 population is only considered at HWB area level, this should have been considered at locality level as well. This emphasise the lack of analysis at a locality level and a lack of clarity on what information was used to determine pharmaceutical need.	As per We-NHS11
We-NHSE13	When considering necessary services this is only done on a HWB area level and not on a locality level. Why have opening times not been presented on a locality basis? This undermines the PNA decision making process as localities seem to have been totally disregarded in chapter 5.	As per We-NHS11
We-NHSE14	It is recommended that clear and explicit linkage is made between locality health needs and pharmaceutical service provision. If the HWB has decided to divide the area up into localities the PNA must be based upon these localities as the needs assessment should inform/determine service provision at a locality level.	As per We-NHS8

DRAFT

We-NHSE15	The PNA has used a contractor survey as opposed to official NHSE data to establish who is providing advanced services. Is this acceptable as it is categorised as a necessary service, surely the PNA should cite NHSE data e.g. HSCIC website. MUR and NMS are only considered on a HWB area level and not on a locality level. There is no analysis of whether these services are available in every locality or a discussion as to how they could be accessed if not available.	Data made available to us post-consultation. Will be presented at ward level
We-NHSE16	Some of the mapping is confusing to the reader because what is shown pictorially is not necessarily identical to the corresponding statements. For example, Figures 8.1 and 8.2 show pharmacies which did not respond to a survey, whereas the corresponding statements referred to all pharmacies regardless of who did or did not respond. It is advised that statements and corresponding mapping data should match to enable correct interpretation.	Maps and accompanying statements will be made clearer. An online tool is also being created to visualise the data which can be kept updated as per the statutory requirements.
We-NHSE17	GP and dental practice maps are not illustrated using PNA localities.	Ward boundaries will be added to maps and lists created breaking them down by ward
We-NHSE18	28 pharmacies (30%) belong to one provider, the impact of this on choice at a locality level as not been discussed.	Statement addressing this will be included.
We-NHSE19	Appendix C is particularly confusing…what is the purpose? At present it adds virtually nothing to the PNA e.g. which pharmacies provide EHC or stop smoking? Even though these are not pharmaceutical services they have been identified as providing improvement and better access so should the reader not be aware who provides the service?	Appendix to be expanded to include all the pharmacies that provide commisioned services including those commissioned by the LA. The appendix will also include a list of pharmacies who would be willing to provide these services if commissioned.
We-NHSE20	The PNA makes no reference to the need for pharmaceutical services if in future circumstances there is a change configuration of primary care settings following a move to extended hours for GPs. This needs to be made explicit as it could be an instance where the PNA specifies a need to secure improvements or better access to pharmaceutical services in the circumstances where GP Surgeries move to 7 day opening or	Statement to be made in Chapter 5 and under a new subtitle "Service provision in relation to changing service providers and needs of community" in Chapter 8 which will include a statement regarding provision if there are to be future changes as referenced to in Chapter 3 (to be explicitly stated as per We-NHS22)

DRAFT

	provision of extended hours.	
We-NHSE21	Are there known firm plans in and arising from local joint strategic needs assessments or joint health and wellbeing strategies? None found	Statement from the HWB in Chapter 1
We-NHSE22	Are there known firm plans for changes in the number and/or sources of prescriptions i.e. changes in providers of primary medical services, or the appointment of additional providers of primary medical services in the area? None found	Statement to be made in Chapter 3 "Location of Current Services"
We-NHSE23	Are there known firm plans for developments which would change the pattern of local social traffic and therefore access to services, i.e. shopping centres or significant shopping developments whether these are in town, on the edge of town or out of town developments? None found	Statement to be made at the end of Chapter 2 "Changing Patterns of Need"
We-NHSE24	Are there plans for the development of NHS services? None found	As per We-NHS22
We-NHSE25	Are there plans for changing the commissioning of public health services by community pharmacists, for example, weight management clinics, and life checks? None found	Statement from Public health & Adult Social Care in Chapter 1. Pharmacy services to be a part of a wider review of Services that is currently being scoped.
We-NHSE26	Are there plans for introduction of special services commissioned by clinical? None found commissioning groups?	Statement from CCG in Chapter 1.
We-NHSE27	Are there plans for new strategies by social care/occupational health to provide aids/equipment through pharmacies or dispensing appliance contractors? None found	Statement from Public health & Adult Social Care in Chapter 1. Pharmacy services to be a part of a wider review of Services that is currently being scoped.

DRAFT

Appendix B – Key Suggestions from the CCG Representative (Ashfaq Khan)

Comment code	Comment	Changes proposed
We-CCG1	Day time population - sections 2.3 -2.5. There are some inconsistencies in the figures quoted but there are approximately an additional 800,000 people during the working day in Westminster The pharmaceutical needs of this additional temporary population could be explored further in the PNA. For example, noting the areas where this additional population is concentrated – commercial and retail centres, transport hubs. – and whether the existing network of community pharmacies is able to adequately deliver essential pharmacy services to this additional daytime temporary population.	Statement to be included in Chapter 2 and 5
We-CCG2	Undiagnosed Disease Conditions Statements in 2.38 and 8.3 : a high level of unmet need is unidentified and there are 8 pharmacies out of 94 in Westminster providing a NHS Health Checks service. Are these 2 statements consistent? no information provided as to where the 8 pharmacies are located (particularly in relation to areas of expected higher prevalence of diabetes and cardiovascular disease).	As per We-NHS1.8
We-CCG3	Undiagnosed Disease Conditions - In section 2.49 it states Westminster has the 5th highest HIV prevalence rate in England and that a quarter of people with HIV in England are undiagnosed. It goes on to say that "the high local rate of HIV requires ongoing investment to maximise testing opportunities across a range of key delivery settings." There is potential to provide HIV testing within pharmacies. Some local pharmacies already do so on a private basis.	As per We-NHS1.8
We-CCG4	Sexual Health - With the high rates of STIs there may be unmet needs and consideration could be given to how the community pharmacy sector could contribute towards meeting any such identified unmet needs. needs.	As per We-NHS1.8

DRAFT

We-CCG5	Changes to GP Practices - Recent closures and upcoming closures to GP Practices should be reflected in the PNA eg West Two Health Centre, Milne House Medical Centre in West London CCG; Harley Street Practice in Central London CCG. There has also been a recent merger of Marven Medical Centre and Westminster & Pimlico Practice to form Pimlico Health at the Marven which in early 2015 will operate from a larger premises at the previous Marven Medical Centre site.	To be noted in Chapter 3
We-CCG6	Local Enhanced Services (8.19 – 8.26) - Minor ailments service - this service is only currently commissioned from 9 pharmacies and in only the north of the borough. Reference should be made to the CCG's out of hospital strategy and the potential impact of a MAS to relieve pressure on GP Practices. A map should be included showing the location of the pharmacies delivering this service	Statement to be included re CCG's OOH strategy and the potential impact of a MAS. Further data will be available from changes made from WE-NHS8 and map to be included and a statement re: the future of this service.
We-CCG7	Flu and pneumococcal vaccinations - reference should be made to the flu targets in Westminster and whether these were being met with vaccinations offered almost exclusively through GP Practices. Is there an unmet need and is this need being addressed with the addition of pharmacies vaccinating. Additionally are pharmacies attracting patients in particular risk groups that have not normally attended GP Practices to be vaccinated.	Statement to be made accompanied with data added from WE-NHS2
We-CCG8	Westminster Local Authority (through their Public Health Department) commissions a further 4 services from community pharmacies: Maps showing the location of provision of these services could be included in the PNA to demonstrate that these services are available in the areas with the greatest need.	As per WE-NHS8

DRAFT

Appendix C – Key Suggestions from the LPC

Comment code	Comment	Changes proposed
We-LPC1	The map of the Borough on page 5 intended to provide an overview of the Borough with London Underground Stations sited on it could be further enhanced to demonstrate the ease of travel and hence, access to pharmacy services in the Borough. This could be done simply by the addition of all the transport links including connections between them and mainline stations and bus routes also. Alternatively, some relevant narrative could be added as appropriate in Chapter one	The road network and all the underground tube stations will be added to the map. Further, an online tool will be created to visualise the data.
We-LPC2	Section 1.4 on page 7 states that the services being assessed in the PNA are those provided under the terms of services for pharmaceutical contractors or under LPS contracts. However, the PNA needs to assess ALL the services that are available or could be made available from community pharmacies to meet local health needs and address any health inequalities.	To be verified and changed if appropriate
We-LPC3	The LPC notes the five local health and wellbeing priorities and the focus on development of the Better Care Fund Plan mentioned in Section 1.21 and 1.22. We also note in Section 1.23, the five priority areas set out in the five year strategic plan of the NW London CCG Collaborative to enable better care in the Triborough. We believe that the community pharmacy workforce and the services it can provide, have a role to play in each of these priorities. The PNA would certainly benefit from inclusion of the relevant references to the links where pharmacy services can help delivery of each	Statement from the HWB in Chapter 1

DRAFT

	of the priorities.	
We-LPC4	Include examples of pharmacy success in health promotion, early diagnosis and early intervention - e.g.: flu vaccination, reach to unregistered population, rough sleepers, ethnically diverse population	To be listed in Chapter 2 and 8 as relevant
We-LPC5	Inclusion of statements re: role of pharmacies in weight management services, alochol screening, undiagnosed diabetes and hypertension (NHS health checks - should more pharmacies be commissioned?), STI screening and treatment services	As per We-LCP4
We-LPC6	Emergency hormonal contraception to be listed/included under Improvements and better access: gaps in provision	To be considered by HWB after completion of draft
We-LPC7	Figure 3.1, 3.2 and 3.3 The LPC would like it noted that these three maps show very clearly that the area just above Green Park and to the left of Hyde Park has no general practices nor any dental practices. However it does have some community pharmacies.	Statement will be included
We-LPC8	Section 3.13 – Location of current Health Services – states The PNA does not make an assessment of pharmaceutical services in secondary care. However there is interest in managing the transfer of patients across care settings, with particular regard to medicines review and reconciliation processes between hospital pharmacies and community pharmacies. The effective management of discharge and transfer of care between the two settings is important for managing re-admissions due to failure in managing issues with medication. Collaboration between secondary care and community pharmacies can help address this through the already provided Medicines Use	Statement will be edited

DRAFT

	Review (MUR) (discharge MUR) and New Medicine Services (NMS)	
We-LPC9	Section 8.1 • Advanced services The LPC suggests the addition of the words …subject to accreditation of pharmacist and premises as necessary per the Directions	Statement will be edited
We-LPC10	Section 8.1 • Locally Enhanced services commissioned by NHS England. – This needs to be corrected to - Locally Commissioned Enhanced Services and they can be commissioned by a variety and not just by NHSE. They can be commissioned by NHSE, CCG's, Local Authorities and others	To be clarified and amended
We-LPC11	The LPC suggests some further clarity on the definitions of Locally Enhanced Services and the terms used when services are commisioned by different commissioners	Statement to be added to give further clarity
We-LPC12	The LPC considers however that Medicines Use Review Service (MUR) and the New Medicine service (NMS) should be classed as "Other Relevant Services: current provision with No gaps in provision" and not "Necessary Services: current provision".	To be considered by HWB after completion of draft

DRAFT

We-LPC13	We consider that Minor Ailments Services should be classed as Necessary Services: Current Provision- with an identified gap due to the overwhelming need to shift people away from using urgent care and A&E for management of some of the minor conditions simply because they can't get appointments at the GP – often this is caused by the burden of managing this same load for minor conditions. Pharmacy First schemes should be considered Necessary. Currently this service is only commissioned from 9 pharmacies in one small area. The service is not fit for purpose in its current form; however, there are many similar services that are robust in other areas of London that can be used as a model to develop a service that is fit for purpose	To be considered by HWB after completion of draft
We-LPC14	Suggest that a compliance support service in collaboration with secondary care discharge teams and community care support structures, this can bring many benefits and address the priorities around supporting people to live independently for longer and seamless discharge from secondary to primary care. Class as other relevant services: current provision – with identified gaps	To be considered by HWB after completion of draft
We-LPC15	The draft PNA states the distribution of pharmacies providing AURs is shown in figure 8.3. However this figure or map is actually missing from the draft document.	Map to be included
We-LPC16	Table 8.1 has Appliance Use Reviews (AURs) and Stoma Appliance Customisation service (SAC) both in the Other Relevant Services: current provision. LPC would like the wording used to be changed for both to being Relevant Service: current provision as it secures improvements or better access to service provision but with No Gaps. The LPC would like it noted that the need for both these services is extremely low as is demonstrated by the low level of provision across the whole country. Additionally it should be noted that Contractor (Bullen & Smears) in Westminster which is specifically specialist for this and does not provide any normal pharmaceutical services that are	To be considered by HWB after completion of draft

DRAFT

	available from other pharmacies. there is an Appliance	
We-LPC17	Locally Commissioned Enhanced Services (page 55) Note the proper name for this section is as written above – the word 'commissioned' is missing in the draft document	Statement to be edited
We-LPC18	Section 8.19 – there is a word, *Enhanced,* missing in the first sentence - …. Provision of specific pharmaceutical *Enhanced* services….	Statement to be edited
We-LPC19	Section 8.21 The first sentence should read as – The most frequently *commissioned Enhanced* services nationally….. and the examples should include NHS Health Checks and Flu Vaccinations	Statement to be edited
We-LPC20	Section 8.22 The services listed are wrong. The section should read as – There were six services commissioned in Westminster from a small number of pharmacies (except stop smoking which service had no restriction on provision). These services were stop smoking, supervised administration, needle exchange, NHS Healthchecks, flu vaccination and Minor Ailments	Statement to be edited
We-LPC21	Section 8.23 – second line should have a word added …..locally *commissioned* enhanced services. Also end of the third line should read -- "Other *locally commissioned* services"	Statement to be edited
We-LPC22	Section 8.24 – First line -- …locally *commissioned* services… The Medicines Management Team needs to be replaced with CCG Last line – change to read … *from a*	Statement to be edited

DRAFT

	few (nine) pharmacies	
We-LPC23	Section 8.25 -- This information is wrong. NHS England commission *two* services from pharmacies in Westminster: Minor Ailments Service from 9 pharmacies and the Vaccination service which is through the pan-London service	Statement to be edited
We-LPC24	Section 8.26 – as stated above, the LPC suggests that the Minor Ailments Service is classed as a Necessary Service: Current need Identified Gaps.	To be considered by HWB after completion of draft
We-LPC25	Section 8.27 – 8.30 – Other services include four services rather than the five stated in the draft document. The LPC agrees that these four services (stop smoking, NHS Health Checks, supervised consumption, Needle & Syringe exchange) are all commissioned by the Triborough Public Health are supplied sufficiently by pharmacies and Other Relevant Services : current need *there are no gaps*.	Statement to be edited
We-LPC26	Section 8: As mentioned before, the LPC would wish to see added to these services*, Vaccination services, Emergency hormonal contraception and contraceptives, sexual health screening and treatment eg Chlamydia, alcohol screening and brief interventions and weight management services*	As per We-NHSE8
We-LPC27	no mention - • Some pharmacies provide a community disability aid service commissioned by Westminster City Council – this is an extremely useful and fast service providing ease of access	Data to be collected regarding this
We-LPC28	no mention - • Out of Hours Palliative care medicines supply service	Statement to be included in Chapter 8

DRAFT

We-LPC29	no mention - • In the pharmacy questionnaire filled in by pharmacies, there was information provided about the willingness of the current pharmacies to provide many of the services if a need for one of these services was established in the future and agreement for commissioning was reached. This information needs to be in the PNA document with an undertaking that commissioners would offer the opportunity to provide to these pharmacies rather than granting a new entrant permission based on a 'perceived need'.	Statement to be included in Chapter 8
We-LPC30	no mention - • There was also information collected on a whole range of other services that pharmacies provide to the public; such services that are not commissioned eg collection and delivery services, informal compliance support, private services eg travel vaccinations, weight management, supply of smoking cessation aids etc. This information should also be referenced in the PNA document as many of these help support people in Westminster and also help address some of the local priorities	To be included in Appendix C

DRAFT

Appendix D – Key Suggestions from Boots UK

Comment code	Comment	Response to individual comment and references to chapters where the comments have been addressed
We-Boots1	Map of the Borough (page 5). We feel it would be good to show all the transport links (stations, main transport hubs) across Westminster, which showcase the excellent links and ease of travel across the borough for access to pharmaceutical services.	As per WE-LPC1
We-Boots2	Local Health & Wellbeing Priorities (page 9) - It would be good to understand from the Health and Wellbeing board how they see pharmacy, and access to pharmaceutical services fitting into the 5 priorities for 2013-16. Community pharmacy has a role to play in all 5 priority areas.	As per We-LPC3
We-Boots3	Enabling better care in tri-borough (page 10) The NW London 5-year plan sets out health promotion, early diagnosis and early intervention through local health and wellbeing strategies and through collaborative work with partners to improve screening, immunisations and cardiovascular disease prevention, as one of the programmes. The recent pan London pharmacy vaccination service across all London boroughs has shown success in delivery of Public health programmes, through immunisation, and due to the access and use of Community Pharmacy as a provider. This took into consideration the issue raised on page 18 of the draft PNA, regarding population churn which can create challenges around effective delivery of PH programmes.	To be noted in Chapter 8
We-Boots4	The PNA states that Westminster's daytime population is three times the size of the resident population. We feel that pharmaceutical services should therefore be tailored and commissioned to support the working and resident population for a more significant public health intervention. Health and wellbeing boards / Local authorities should work more closely together with each other, even if pan London, to commission	As per WE-CCG1

DRAFT

	relevant and far reaching public health services where priorities are the same (e.g. stop smoking services, sexual health services).	
We-Boots5	Lifestyles (page 23) The PNA states that alcohol related admissions have more than doubled. Pharmacy can have a proactive and positive role to play here, whether that be via a commissioned alcohol intervention service, or a commissioned public health promotion intervention. Community pharmacies in London were successful with a health promotion campaign in London around alcohol in 2012/13 whereby they reached out to 24,000 people in London. Westminster pharmacies reached out to 4500 of these people.	As per WE-Boots3
We-Boots6	Vulnerable groups in Westminster (page 25) The PNA states that an estimated 30% of people locally with diabetes are undiagnosed by their GP, rising to over half for those with hypertension. Pharmacy has an important role to play here with a significant number of people who access the pharmacy for any reason that we could reach. This could be as part of a commissioned service such as the health check service/ screening service, or a commissioned public health promotion intervention. The recent pharmacy vaccination service in London has also shown that pharmacy has been able to reach unregistered patients, to make the appropriate service intervention, and also to encourage the patient to register with a GP.	As per WE-Boots3
We-Boots7	The draft PNA states that Westminster had the 7th highest reported acute STI rate in England. This could be supported with more widespread commissioning of sexual health services such as Chlamydia screening and treatment and C-card. The number, opening hours and location of pharmacies in Westminster, make this an accessible	As per WE-Boots3

DRAFT

	service, whilst providing anonymity for patients who view this as important.	
We-Boots8	Location of current health services (page 38) The PNA makes no assessment of need for pharmaceutical services in secondary care, however there is interest in managing the transfer of patients across care settings with particular regard to medicines review and reconciliation processes between hospital and community pharmacies. This could be supported by community pharmacy with collaborative working using the MUR (discharge MURs) and NMS services. Given that a significant number of pharmacies already provide these advanced services, this is something that could be developed further with the existing pharmacy network, whilst also contributing to the 5 local health and wellbeing priorities.	Statement to be made in Chapter 3 "Location of Current Services"
We-Boots9	We believe that there is another service which should be deemed necessary that is not widely commissioned across Westminster, which is the minor ailments service (MAS). The MAS is currently only commissioned in seven pharmacies across the borough. This is a valued service to patients, and reduces pressure on GPs. Given the access of pharmacies in Westminster, this should be a necessary service that is commissioned more widely. The majority of pharmacies would be willing to provide this service. The draft PNA document does not highlight the responses from pharmacy contractors on the number of contractors that would be willing to provide the service, which would be useful to state.	As per We-CCG6

DRAFT

We-Boots10	Appliance Use Reviews (AURs) The PNA sites figure 8.3 in showing the location of the pharmacies that provide the AUR service, however there is no figure 8.3 in the draft document. It would be important to note that the level of AURs is low across England, and this could be partly explained due to the support that patients receive in secondary care, or other clinics when establishing their ongoing care.	As per We-LPC15
We-Boots11	Stoma Appliance Customisation Service (SAC) It would be important to note that the level of SACs is low across England, and this could be partly explained by the advice and support patients receive from other care providers.	Statement to be included
We-Boots12	We agree with the draft PNA that the provision of stop smoking service is a necessary service with no gaps. The current service is Westminster is restrictive, whereby if a resident works in another borough, and it is more convenient for them to access the service in another borough, the stop smoking service may not support this. This would be a good example of a service which is likely to be a priority to most health and wellbeing boards across London, where some more effective pan London commissioning would support patients better by giving better access. Health checks would be another example of a such a service which would benefit from pan London working. As there are no gaps in provision, it would be useful to consider how to increase provision within the borough- which could include options to open up the service to any resident (due to the transient population) as Westminster residents could benefit from access to the service in boroughs that they may work in if not in Westminster. It may also be useful to look at other harm reduction services e.g. supply of Champix, cutting down, and/or the role of e-cigarettes in smoking cessation.	To be considered by HWB after completion of draft

DRAFT

We-Boots13	Needle & syringe and supervised consumption services - We agree that there should be no need for any new pharmacies to provide these services, however, it may be beneficial to have this service commissioned more widely to offer patients a greater choice.	Further detail will be available in Chapter 8 after changes due to WE-NHS8
We-Boots14	Improvements and better access: gaps in provision (page 56) It is important to note the number of current contractors that would be willing to provide both care homes and monitored dosage system services to secure access to these services. We would hope that should this gap need fulfilling, the HWB would consult with existing contractors to provide these services if commissioned.	As per We-LPC29
We-Boots15	Given the issues raised in Chapter 2 of the PNA, the PNA should reference the role that pharmacy can play in the health and wellbeing of Westminster, and reference this to the responses from pharmacy contractors around willingness to provide services.;This would be pertinent for issues such as;;-immunisation;-screening;-obesity;-sexual health services;-alcohol intervention services;-under 18 conceptions	Further detail will be available in Chapter 8 after changes due to WE-NHS8
We-Boots16	In preparation for the draft PNA document, a questionnaire was sent out to all pharmacy contractors. An important aspect of this questionnaire was the range of other services, if commissioned that contractors would be willing to provide in the future. This is not referenced in the draft PNA document. This provides valuable information, and we would hope that the HWB and local authority would state its aim would be to commission services through existing providers.	As per We-LPC29

DRAFT

We-Boots17	There has been no mention of the other services that current pharmacy contractors provide, that came out in the questionnaire sent to pharmacies. This provides valuable information for what services existing pharmacists/pharmacies would be willing to provide to secure better access for patients. It would be important for the HWB/market entry team to note this when looking at potential gaps in pharmaceutical services. This information also gives information on other services not commissioned locally that pharmacies in Westminster provide- which support needs for patients.	As per We-LPC29
We-Boots18	The PNA draft document doesn't reference patient views on access to pharmacy services, which again would give useful information on access to services and which services would be necessary in Westminster.	Data from previous surveys, pharmacies and recent NHS England survey to be incorporated
We-Boots19	Please note that for accuracy, that membership of the group- Beneeta Shah- was representing the Company Chemists Association, within her role on Kensington Chelsea and Westminster Local Pharmaceutical Committee.	To be noted in Appendix D

DRAFT

Appendix E – Other responders

Comment code	Comment	Response to individual comment and references to chapters where the comments have been addressed
We-CWHft1	Reference to NHS England 2013 "Improving care through community pharmacies - a call to action" & Royal Pharmaceutical Society May 2014 "Good Practice guidance for healthcare professional in England"	Reference to be made
We-CNWLft1	Care Home service - this is key area of high medicines usage and of unmet need in terms of medicines optimisation. I would like to see some co-working of secondary specialist clinical pharmacists working with community pharmacy colleagues to address these unmet needs e.g supporting reduction in anti-psychotics in dementia patients.	To be addressed in the wider review
We-CNWLft2	Monitored Dosage Systems - This point points to the supporting of MDSs as the main measure for tailored medicines support. This is clearly not the case and reference to the Royal Pharmaceutical Society guidance on this area should be referenced. In secondary care, we have to do many MDSs as a blanket rule as many social care/carers reference this as a requirement on discharge. More sophisticated thinking is required as to other ways to support adherence/compliance and be reflected in the PNA.	To be addressed with referencess made from WE-CWHft1
We-Vine1	PNA survey completed (old survey)	
We-Will1	PNA survey completed (old survey)	

DRAFT

Westminster
Pharmaceutical Needs Assessment

2015 - 2018

DRAFT : 24th February 2015

Date of Issue: April 2015

Date of Review: March 2018

City of Westminster

Contents

Acknowledgements 6
Chapter 1 – Introduction 7
Role of Pharmacies 7
Purpose of the Pharmaceutical Needs Assessment 7
Policy Background Relating to the PNA 8
Local health and wellbeing needs 9
Local health and wellbeing priorities 10
Defining Localities 12
Westminster Wards 13
Pharmacy Contractor Survey 14
Chapter 2 - Demographics & Health Need 15
The Joint Strategic Needs Assessment 15
Summary of Population Characteristics in Westminster 15
Overall population of Westminster 16
Age Structure 18
Gender Structure 20
Ethnicity and diversity 20
Health and well-being in Westminster 26
Patterns of ill health 28
Mental Health 35
Lifestyles 36
Protected Characteristics and Vulnerable Groups in Westminster 41
Changing Patterns of Need 44
Changing Population 45
Chapter 3 – Location of Health Services 48
Primary Care 48
Dentists 48
Acute Care and Mental Health Care 49
Community Services 50
Chapter 4 –Access to pharmaceutical Services 51
Pharmacy Distribution and Choice 51

DRAFT

Transport Networks ... 54
Opening times ... 55
Appliance contractors ... 59
Communication ... 60
Consultation Rooms ... 60
Disability Access ... 60
Delivery of medication ... 61
Parking ... 61
Information Technology ... 61
Chapter 5 - Services Provided by Pharmacies ... 62
Pharmaceutical Services ... 62
Summary of Categorisation of Services ... 62
Essential Services ... 63
Advanced Services ... 64
Locally Commissioned Services ... 70
Improvements and better access: gaps in provision ... 74
Other Locally Commissioned Services (Schedule 1, paragraph 5) ... 75
Improvements and gaps in access to Public Health Services ... 78
Necessary services: gaps in provision (Schedule 1, paragraph 2) ... 78
Other skills and services ... 79
Appendix A – Index to pharmacies with opening time information ... 80
Appendix B – Index to pharmacy responses regarding Advanced Services ... 90
Appendix C – Index to pharmacies providing Public Health Services ... 99
Appendix E – Other Information ... 103

DRAFT

Table of figures

Figure 1.1: Map of the City of Westminster 7
Figure 1.2: Enabling "Better Care" in Tri-borough 11
Figure 1.3: Westminster Electoral Wards............ 14
Figure 2.1: Population Density in Westminster (GLA SHLAA Trend based Population Projection data 2013) 17
Figure 2.2: Population Structure, 2010 18
Figure 2.3: Maps showing location of population groups in Westminster 19
Figure 2.4: Proportion of resident population by age-band, 2011, Westminster (Data source, ONS census 2011)............ 20
Figure 2.5: Percentage of residents not born in UK (Census 2011) 21
Figure 2.6: Distribution of black and ethnic minority groups (Census 2011)............ 22
Figure 2.7: Percentage of population whom English is not first language for anyone in the household (Census 2011) 25
Figure 2.8: Life expectancy among males and females in Westminster (Greater London Authority calculations using Office for National Statistics data 2008 - 2012)............ 27
Figure 2.9: Map showing deprivation and premature mortality (under 75) in Westminster 27
Figure 2.10: Number of births and deaths in Westminster 28
Figure 2.11: Premature deaths by cause, 2011............ 29
Figure 2.12: Percentage of people whom day to day activities are "limited a lot" due to ill health............ 30
Figure 2.13: Percentage of people claiming incapacity benefit rates per 1000 in Westminster 31
Figure 2.14: % of people who stated their health is either bad or very bad in Westminster. 32
Figure 2.15: Cancer Premature Mortality 2006-10 : Mortality rates by London quintile 33
Figure 2.16: CVD Premature Mortality 2006-10............ 33
Figure 2.17: HIV/AIDS – People known to services, 2009 34
Figure 2.18: All age and Under 18 conception rates in Westminster 35
Figure 2.19: Adult obesity rates in Westminster............ 37
Figure 2.20: Level of childhood obesity in Westminster............ 38
Figure 2.21: Map showing ward level smoking prevalence estimations (year 2013) 39
Figure 2.22: Ambulance call outs for alcohol related illnesses during 2013............ 40
Figure 2.23: Drugs offence rate in Westminster 41
Figure 2.24: Projected growth population age 80+............ 45
Figure 2.25: Potential new developments in Westminster............ 46
Figure 3.1: Map of GP practices in Westminster showing Central London CCG GP practices (in black and West London CCG GP practices in Queens Park and Paddington (in pink)............ 48
Figure 3.2: Map of dental practices in Westminster............ 49
Figure 3.3: Map showing location of Acute Trust sites and Urgent Care Centres 50
Figure 4.1: Pharmacies within Westminster and surrounding Boroughs. Areas that are served by a pharmacy within 500m are coloured in red. 53
Figure 4.2: The Tube Network in Westminster 55

DRAFT

Figure 4.3: : Pharmacies open before 9am on weekdays.. 56
Figure 4.4: Pharmacies that close after 7pm on weekdays.. 57
Figure 4.5: Pharmacies open on a Saturday... 58
Figure 4.6: Pharmacies open on a Sunday 59
Figure 5.1: Pharmacies that provided MURs in the Tri-Borough during the period April 2014 – August 2014.. 65
Figure 5.2: Pharmacies that provided MURs in the Tri-Borough during the period April 2014 – August 2014.. 68
Figure 5.3: Pharmacies that provide flu vaccinations in Westminster................................... 71
Figure 5.4: Pharmacies that provide minor ailment services in Westminster 73
Figure 5.5: Provision of NHS Health Checks 76
Figure 5.6: Pharmacies currently providing Supervised Administration Service 76
Figure 5.7: Pharmacies currently providing Needle Exchange Service 77
Figure 5.8: Provision of Stop Smoking Services.. 78

DRAFT

Acknowledgements

The Westminster Health & Wellbeing Board would like to thank all the community pharmacies who supported the development of the 2015-18 Pharmaceutical Needs Assessment (PNA).

Pharmacies in the borough were invited to complete a questionnaire in July and August 2014 as part of the process; the results of these questionnaires inform this needs assessment. Responses from the 60 day consultation period on the draft document (October-December 2014) were also be incorporated.

As the questionnaires were sent in July 2014, views in this document are a reflection of stated provision, intentions and attitudes of pharmacists at that point in time. Data from other sources was the most up to date provided at the time of the production of the report in September 2014 and included information from pharmacies in neighbouring Boroughs.

This document has been compiled in accordance with The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 in order to inform commissioning decisions and managing Control of Entry, rather than as a Strategic Plan.

The preparation of this PNA relies on information submitted by others. The contents of the PNA accurately reflects the information received by 3rd October 2014

DRAFT

Chapter 1 – Introduction

Figure 1.1: Map of the City of Westminster

Role of Pharmacies

1.1 Community pharmacists and their teams work at the heart of communities and are trusted professionals in supporting individual, family and community health. Community pharmacies are often patients' and the public's first point of contact and, for some, their only contact with a healthcare professional. Community pharmacies are not only a valuable health asset, but also an important social asset because often they are the only healthcare facility located in an area of deprivation.

Purpose of the Pharmaceutical Needs Assessment

1.2 The Pharmaceutical Needs Assessment (PNA) identifies the key health needs of the local population and how those needs are being fulfilled, or could be fulfilled, by pharmaceutical services in different parts of the borough. The role of the PNA is twofold:

- to inform local plans for the commissioning of pharmaceutical services; and

- to support the 'market entry' decision making process (undertaken by NHS England) in relation to applications for new pharmacies or changes of pharmacy premises.

1.3 As outlined in the 2013 regulations, this PNA describes pharmaceutical services in terms of the following summary categories:

A. **Necessary Services – Current Provision:** services currently being provided which are regarded to be "necessary to meet the need for pharmaceutical services in the area". This includes services provided in the Borough as well as those in neighbouring Boroughs

B. **Necessary Services – Gaps in Provision:** services *not* currently being provided which are regarded by the HWB to be necessary "in order to meet a current need for pharmaceutical services".

C. **Other Relevant Services – Current Provision:** services provided which are not necessary to meet the need for pharmaceutical services in the area, but which nonetheless have "secured improvements or better access to pharmaceutical services". This includes services provided in the Borough as well as those in neighbouring Boroughs.

D. **Improvements and Better Access – Gaps in Provision:** services *not* currently provided, but which the HWB is satisfied would "secure improvements, or better access to pharmaceutical services" if provided.

E. **Other NHS Services**: any services provided or arranged by a local authority, NHS England, the CCG, an NHS trust or an NHS foundation trust which affects the need for pharmaceutical services in its area or where future provision would secure improvement, or better access to pharmaceutical services specified type, in its area.

Policy Background Relating to the PNA

1.4 It is a statutory responsibility for Health & Wellbeing Boards (HWBs) to develop and update a PNA for its area.

1.5 Section 128A of the NHS Act 2006 required each NHS Primary Care Trust (PCT) to assess the pharmaceutical needs for its area and to publish a statement of its assessment and of any revised assessment. Subsequently, the Health Act 2009 contained the powers needed to require PCTs to develop and publish PNAs and use them as the basis for determining market entry to NHS pharmaceutical services provision subject to further regulations.

1.6 With the introduction of the Health and Social Care Act 2012 and the abolition of PCTs, this responsibility transferred to the newly established HWBs from 1 April 2013. HWBs are required to publish their first PNA by 1 April 2015.

1.7 The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 provided HWBs with the minimum information that must be contained within their PNA and also the process to be followed in their development and publication. The development and publication of this PNA has been carried out in accordance with these Regulations.

1.8 Since 1 April 2008, Local Authorities and the NHS have been under a statutory duty to produce a Joint Strategic Needs Assessment (JSNA) by virtue of the Local Government and Public Involvement in Health Act 2007. The Health and Social Care Act 2012 introduced duties and powers for HWBs in relation to the JSNA. The JSNA is a strategic assessment of the health and wellbeing needs of the local population, and this PNA builds on the findings of the JSNA by supporting the commissioning and the development of appropriate, sustainable and effective pharmacy services. For further information on the JSNA please refer to http://www.jsna.info

Local health and wellbeing needs

1.9 Westminster is a vibrant central London borough. The age profile in Westminster is common to other inner city areas in that it has a very large working age population and smaller proportions of children in particular (the smallest in London). The area also has high levels of international migration and cultural diversity, with over half of the borough's population born abroad.

1.10 Men and women living in Westminster have much higher than average life expectancy than London and England. Whilst many residents are very affluent, there are also residents with poorer health in the areas of social housing, predominantly focused in the northwest of the borough; they experience large health inequalities compared to the rest of the borough.

1.11 Studies have shown that the earliest years of life lay the foundations for physical, intellectual and emotional development that impacts on later life. There are some specific challenges in Westminster that particularly impact on children.

1.12 Overweight and obesity rates remain high for children in the borough, with nearly a third of children of school age either overweight or obese. Child immunisation uptake has improved in the borough but rates are still below national levels. More than a third (35%) of children under 16 in Westminster are classified as living in poverty.

1.13 Sexual health is a particular challenge within the borough. Westminster had the 7th highest reported acute Sexually Transmitted Infections (STI) rate and the 5th

DRAFT

highest HIV prevalence rate in England. Teenage conception rates are low in the borough relative to London and England.

1.14 More people smoke in Westminster (22%) than the average for London and England, and the borough has the 11th highest rate of problem drug users in London. Central London CCG also has the 4th highest population with severe and enduring mental illness known to GPs in the country. Coverage of breast screening in the borough is the 4th lowest in the country, while cervical screening coverage is the 5th lowest in the country for younger women and the 3rd lowest for older women.

1.15 Finally, like most areas of the country, Westminster is expecting an increase in the number of older people who live in the borough. Over the next decade, the number of older people in the borough is predicted to rise by 14%. This change in the population profile will have a knock on impact on the key health needs of the population. For example, the number of people living with dementia is expected to rise by 25% over the same period.

Local health and wellbeing priorities

1.16 As part of their new responsibilities, HWBs are required to produce a Health and Wellbeing Strategy which sets out how partners will meet local health needs, improve outcomes and reduce health inequalities within the borough. The Westminster Joint Health and Wellbeing Strategy 2013 - 2016 identifies 5 priorities for the local area[1]:

- Every child has the best start in life
- Enabling young people to have a healthy adulthood
- Supporting economic and social wellbeing and opportunity
- Ensuring access to appropriate care at the right time
- Supporting people to remain independent for longer

1.17 The Westminster HWB has also been focussing on the development of the Better Care Fund Plan. The Better Care Fund is a "single pooled budget for health and social care services to work more closely together in local areas, based on a plan agreed between the NHS and local authorities". The BCF will support the aim of providing people with the right care, in the right place, at the right time, including expansion of care in community settings. The Better Care Fund Plan has been developed with our neighbouring boroughs of the Royal Borough of Kensington and Chelsea and London Borough of Hammersmith & Fulham.

---

1 https://www.westminster.gov.uk/sites/default/files/uploads/workspace/assets/publications/Westminster-Joint-Health-and-Well-1364920681.pdf

DRAFT

Enabling 'Better Care' in Triborough

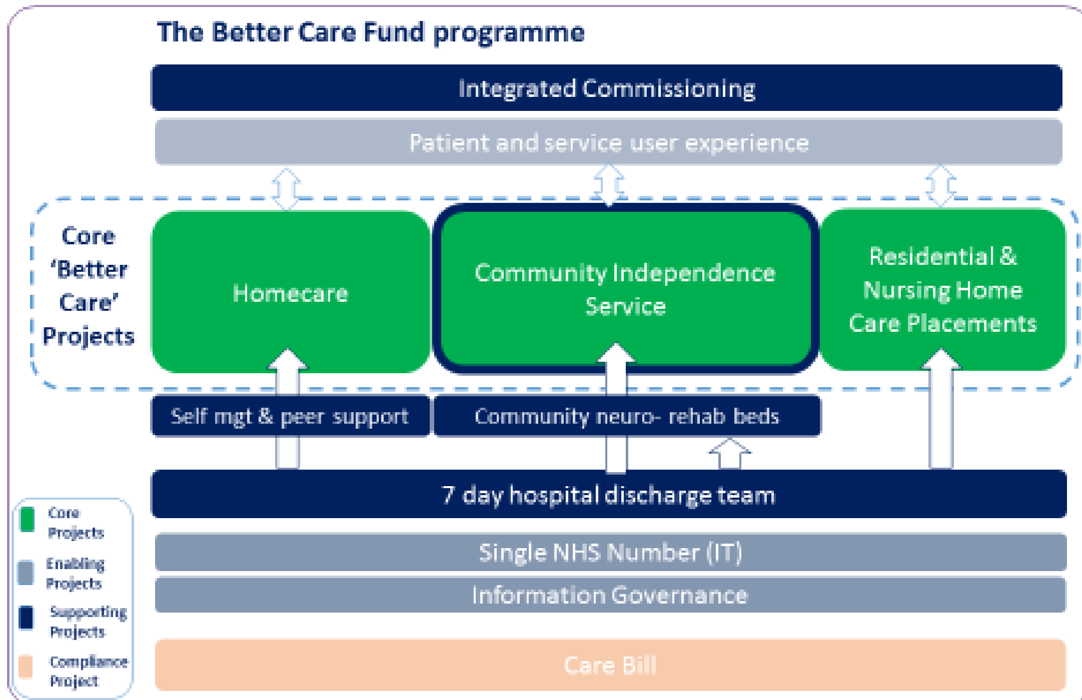


Figure 1.2: Enabling "Better Care" in Tri-borough

1.18 Alongside local priorities, the eight Clinical Commissioning Groups in North West London have published a five year strategic plan, which sets out the collective plans and priorities of these CCGs, working in partnership with NHS England. Central London CCG and West London CCG are two of these CCGs. The North West London five year strategic plan[2] sets out five jointly developed transformation programmes:

- **Health promotion, early diagnosis and early intervention** through local Health and Wellbeing Strategies and through collaborative work with partners to improve screening, immunisations and cardiovascular disease prevention
- **Out of Hospital strategies including Primary Care Transformation** through the creation of GP networks. Central London CCG's Out of Hospital strategy 2012-15, aims to develop a greater range of more integrated services in community settings, designed around the needs of individuals.[3] West London CCG's Out of Hospital Strategy 2012-15 is also committed to developing personalised, well

---

2 http://www.centrallondonccg.nhs.uk/media/11252/A5.1%20NWL%20Five%20Year%20Strategic%20Plan%20Draft%20v1.0,%20CLCCG%20GB%20Meeting%2014.05.2014.pdf

3 http://www.centrallondonccg.nhs.uk/media/117/NHS%20Central%20London%20Clinical%20Commissioning%20Group%20-%20%20Out%20of%20Hospital%20Strategy.pdf

coordinated and seamless pathways of care across health and social care; to shift care to community and primary care settings; and reduce hospital admissions and improve early discharge[4]

- **Whole Systems Integrated Care** which aims to ensure that people are empowered to direct their care and support and to receive care in their homes or local community; that GPs are at the centre of organising and coordinating people's care and that systems enable and do not hinder the provision of integrated care
- **Transforming Mental Health Services** which aims to ensure that services are responsive, focused on the person and are easy to access and navigate; care is provided as close to homes as possible where and when it is needed; the lives of users and carers are improved by promoting recovery and delivering excellent health and social care outcomes (including employment, housing and education).
- **Shaping a Healthier Future (SaHF)** which aims to achieve better clinical outcomes and safer services for patients by centralising most emergency specialist services (such as A&E, Maternity, Paediatrics, Emergency and Non-elective care) into 5 major hospitals. The Seven Day Services programme is part of the Shaping a healthier future reconfiguration to ensure that people are treated at the right place at the right time and includes an intention to extend pharmacy weekend services.

Defining Localities

1.19 For the purposes of the PNA it is necessary to divide the geographical area of Westminster into distinct localities.

1.20 The HWB has used 2 approaches to define localities in this PNA:

- **Electoral wards** are used to summarise demographic and health need.
- Provision and choice of pharmacies is determined by using a **500 metres radius** from the centre of the postcode of a pharmacy. This is considered to be approximately a 10 minute walk from the outer perimeter of the buffer zone created.

1.21 It is important to note that the local population are not bound by electoral ward or borough boundaries when accessing essential pharmaceutical services. The excellent travel infrastructure available within Central London places many more pharmacies, both inside and outside the borough, within convenient access to our local population. Pharmacies also provide delivery services which further improve access.

---

4 http://www.westlondonccg.nhs.uk/media/16/NHS%20West%20London%20Better%20Care,%20Closer%20to%20Home.pdf

DRAFT

1.22 The rationale for using the more detailed "500m radius" approach was to identify the range of access and service provision in a far more precise fashion than ward averages would allow. For example, where boundaries of wards are main roads, pharmacies on the opposite side of the road would not be counted towards the ward's provision, thereby giving an inaccurate picture of provision; use of the more detailed 500m radius approach avoids this. It also allows the PNA to assess the impact of pharmacies in surrounding boroughs that are within 500m of the borough border.

1.23 The 500m radius approach illustrates where there is at least one pharmacy within 500m and where there is no pharmacy within 500m. The distance of 500m was chosen by the Steering Group as being a reasonable measure to identify variation and choice. However, whilst highlighting variation, it is not always used to determine gaps in services; in some instances, wider measures are more appropriate (e.g. where there is lower patient demand for services, such as needle exchange and dispensing outside normal working hours). These instances have all been stated in the relevant sections of the report.

Westminster Wards

1.24 The City of Westminster consists of 20 electoral wards.

DRAFT

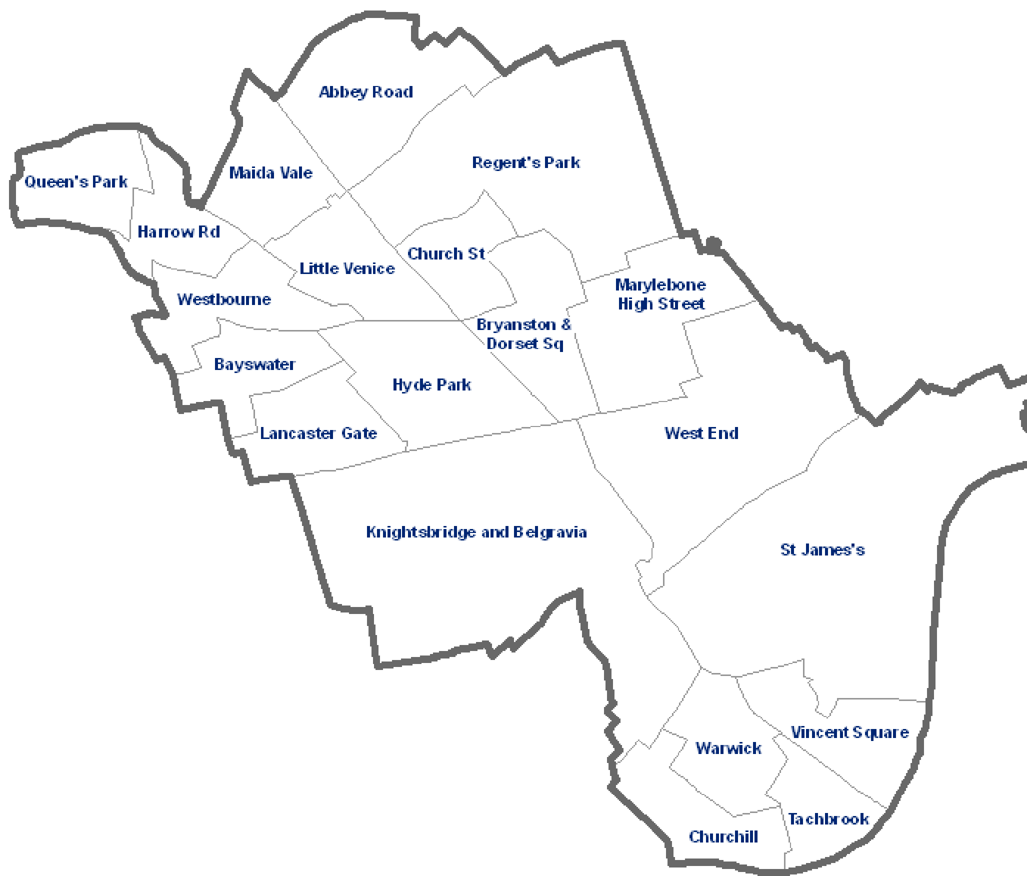


Figure 1.3: Westminster Electoral Wards

Pharmacy Contractor Survey

1.25 The pharmaceutical needs assessment survey was sent to the pharmacies within Westminster and those from the Tri-borough listed in Appendix A. The response rate was 78% (72/92) within Westminster. The results from this survey are referred to throughout this document.

Chapter 2 - Demographics & Health Need

The Joint Strategic Needs Assessment

2.1 The demographic and health information included here is covered in graphical detail in this chapter as well as the Joint Strategic Needs Assessment (JSNA) for City of Westminster. The JSNA identifies current and future health and social care needs of the borough's population and analyses whether needs are being met locally. For JSNA highlights report, please see http://www.jsna.info/document/highlight-reports-2012

Summary of Population Characteristics in Westminster

2.2 The City of Westminster is situated in the heart of London. The borough covers eight and a half square miles and extends to Regent's Park in the north, Hyde Park in the west and Covent Garden in the east. The southern boundary follows the north bank of the River Thames. The borough has main town centre areas in Mayfair, Victoria, Maida Vale, Paddington, Marylebone and Bayswater.

2.3 Characteristics of the local population have been summarised in **Table** 2.1. Further detail is provided later in this chapter.

The borough at a glance…			
105,800	Households	8	Live births each day
£601,250	Median house price	3	Deaths each day
219,400	Residents	48,000	Local businesses
38%	From BAME groups	£40,000	Annual pay
53%	Born abroad (2011 Census)	2.3%	Unemployment rate (JSA) (London 3.1%)
31%	Main language not English	13%	Local jobs in Public Sector
66%	State school pupils whose main language not English	Ranked 87th	Most deprived borough in England (out of 326) (17th in London)
18k/21k	Annual flows in and out of the borough	35%	Children <16 in poverty, 2011 (HMRC)
233,600	Registered with local GPs	Ranked 1st	Highest carbon emissions in London

DRAFT

		(not including City of London)
990,000	Daytime population in an average weekday	

Table 2.1: Overview of characteristics of the local population

Overall population of Westminster

2.4 Westminster is a densely populated and vibrant Central London borough, with a daytime population more than four times the size of the resident population. The area has a large proportion of young working age residents and very few children, as well as high levels of international migration and cultural diversity, with rich and poor living side by side.

2.5 The Office for National Statistics estimates the Westminster resident population in 2011 census to be 219,582 (Table 2.2) and the daytime population as over 1,000,000 (GLA 2013 estimates). Of these, 800,000 are residents and commuting workers, and 200,000 are tourists.

Ward	Population
Abbey Road	11,350
Bayswater	10,350
Bryanston and Dorset Square	12,350
Churchill	10,050
Church Street	11,900
Harrow Road	12,150
Hyde Park	13,000
Knightsbridge and Belgravia	9,850
Lancaster Gate	13,450
Little Venice	10,800
Maida Vale	10,300
Marylebone High Street	10,750
Queen's Park	12,750
Regent's Park	12,250

DRAFT

St. James's	11,450
Tachbrook	8,300
Vincent Square	10,300
Warwick	9,550
Westbourne	12,950
West End	10,950

Table 2.2: Population breakdown by Ward (GLA SHLAA Trend based Population Projection data, and Mid year estimates 2013)

2.6 Population density is high in the northern deprived parts in Westminster including Queen's Park, Church Street, Harrow Road and Westbourne (Figure 2.1).

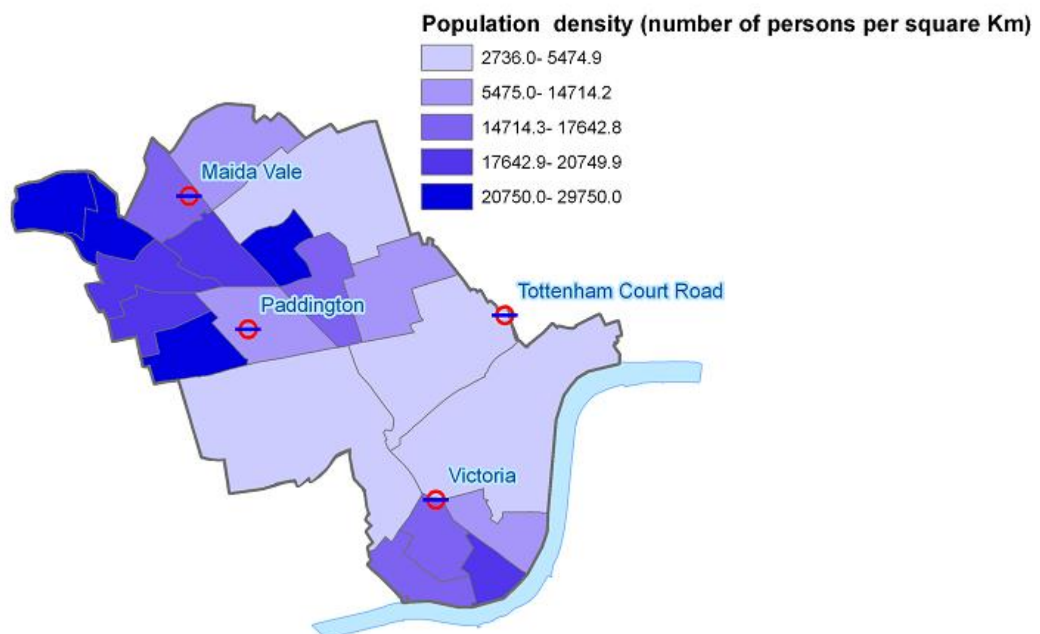


Figure 2.1: Population Density in Westminster (GLA SHLAA Trend based Population Projection data 2013)

2.7 The local population is very mobile: 18,100 people moved in and 21,300 moved out in the year to June 2012. Turnover of population can create significant challenges in providing public health services as well as accurately recording the population size.

2.8 Westminster had the highest population mobility rate in England and Wales in 2001, with more than one in five residents moving address in the previous year. Population 'churn' can create challenges around effective delivery of public health programmes such as screening and immunisation.

The large non-resident population must be taken into account when assessing the sufficiency of pharmacy provision in the borough; extended opening hours during weekdays is important for this demographic. The population is not limited by electoral boundaries and thus the availability of pharmacies near the border in surrounding boroughs must be concurrently assessed. This is discussed on page 51.

Age Structure

2.9 The age profile in Westminster is typical of inner city areas, with a very high proportion of young working age adults, and a smaller proportion of older people and children. The 162,000 residents aged 16 to 64 represent 74% of the total population. This population structure impacts on the types and range of service required in the borough. The proportion of the total population aged 65+ is similar to London, but not as large as England. Compared to London, the borough has the 10th highest proportion of younger working age residents, the 21st highest of older working age residents and 15th highest of retirement age (Figure 2.2).

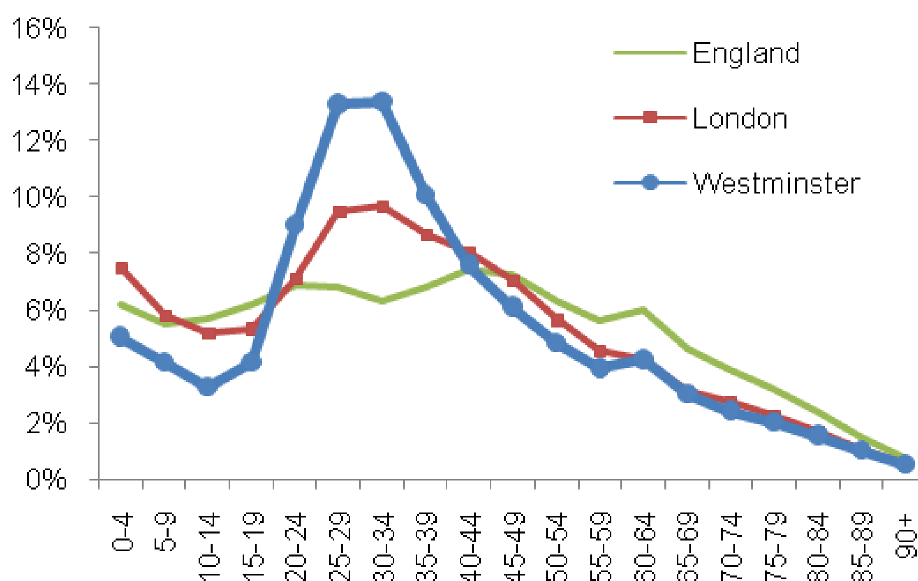


Figure 2.2: Population Structure, 2010

2.10 Most of the 0 - 15 population live in the northern deprived wards, while a high proportion of older people live in affluent parts including Knightsbridge & Belgravia (Figure 2.3 and Table 2.3)

	Children aged 0-15	Working-age (16-64)	Older people aged 65+
Abbey Road	2,000	7,750	1,600
Bayswater	1,350	7,950	1,050
Bryanston and Dorset Square	1,350	9,700	1,300

Churchill	1,950	6,850	1,250
Church Street	2,750	7,600	1,500
Harrow Road	2,300	8,850	1,050
Hyde Park	1,650	10,050	1,300
Knightsbridge and Belgravia	1,100	7,450	1,300
Lancaster Gate	1,550	10,750	1,150
Little Venice	1,950	7,700	1,150
Maida Vale	1,850	7,500	950
Marylebone High Street	950	8,550	1,250
Queen's Park	2,700	8,850	1,250
Regent's Park	1,950	8,350	1,950
St. James's	1,100	9,100	1,300
Tachbrook	900	6,150	1,250
Vincent Square	1,450	7,500	1,300
Warwick	1,050	7,350	1,150
Westbourne	2,750	9,050	1,200
West End	950	8,800	1,200

Table 2.3: Population structure of individual wards (GLA SHLAA Trend based Population Projection data, and Mid year estimates 2013)

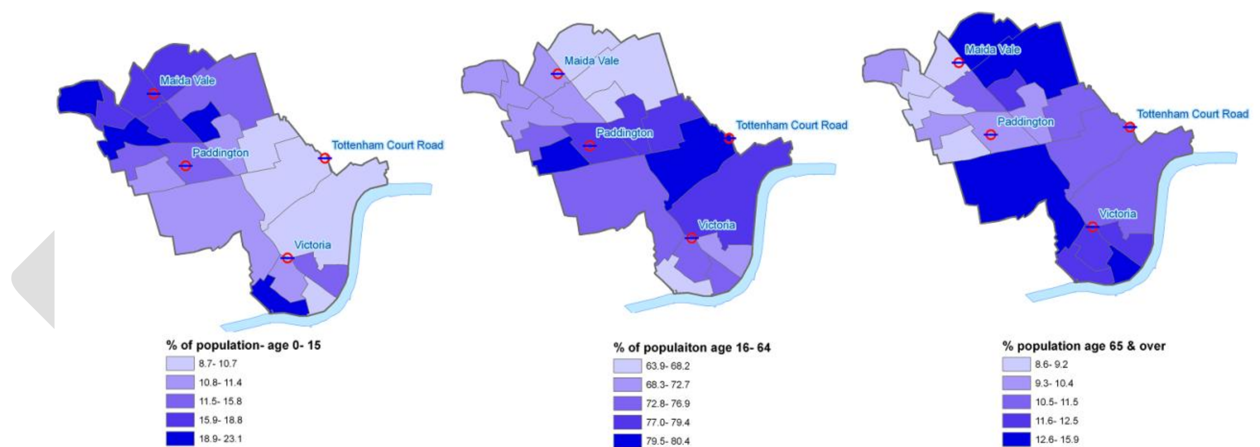


Figure 2.3: Maps showing location of population groups in Westminster

The younger working population are usually considered to be low users of the healthcare system. However, pharmacies may provide services such as immunisations, minor ailment services and sexual health services which may be more accessible than primary and secondary care and also reduce the demand on these services. As the population ages, the demand on health care and dispensing services increases. Accessibility is an important factor for the elderly population. This is discussed on page 60.

Gender Structure

2.11 The gender split is unusual, with more men than women. This is particularly the case in the 25-50 year old age groups, but there are more women in the 50+ groups (Figure 2.4).

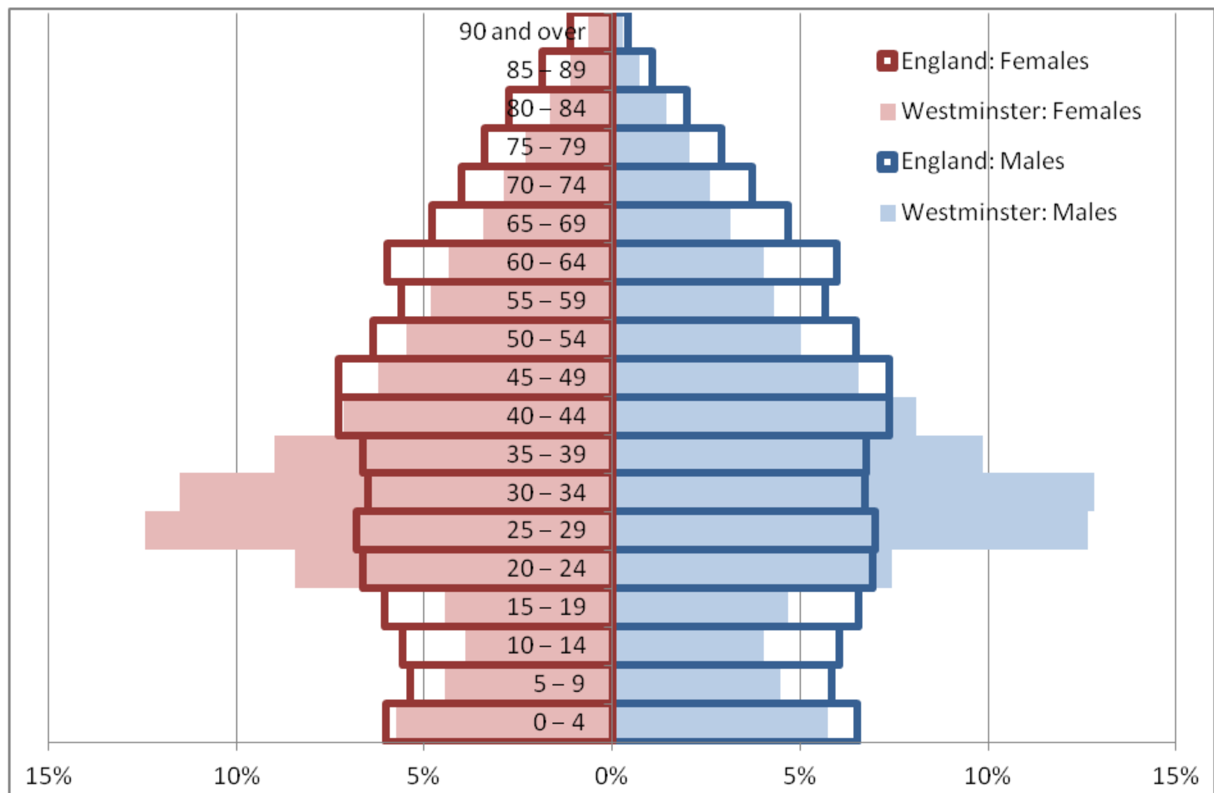


Figure 2.4: Proportion of resident population by age-band, 2011, Westminster (Data source, ONS census 2011)

Ethnicity and diversity

2.12 Nearly half of the borough's population were born abroad (Figure 2.5 and Table 2.4) according to ONS census 2011. There are a smaller proportion from White British groups (accounting for a third of the population), and the 2nd highest proportion nationally from 'other White' backgrounds (26%), with American, Australian and European groups (particularly French and Italians) among the more prominent communities living in the borough.

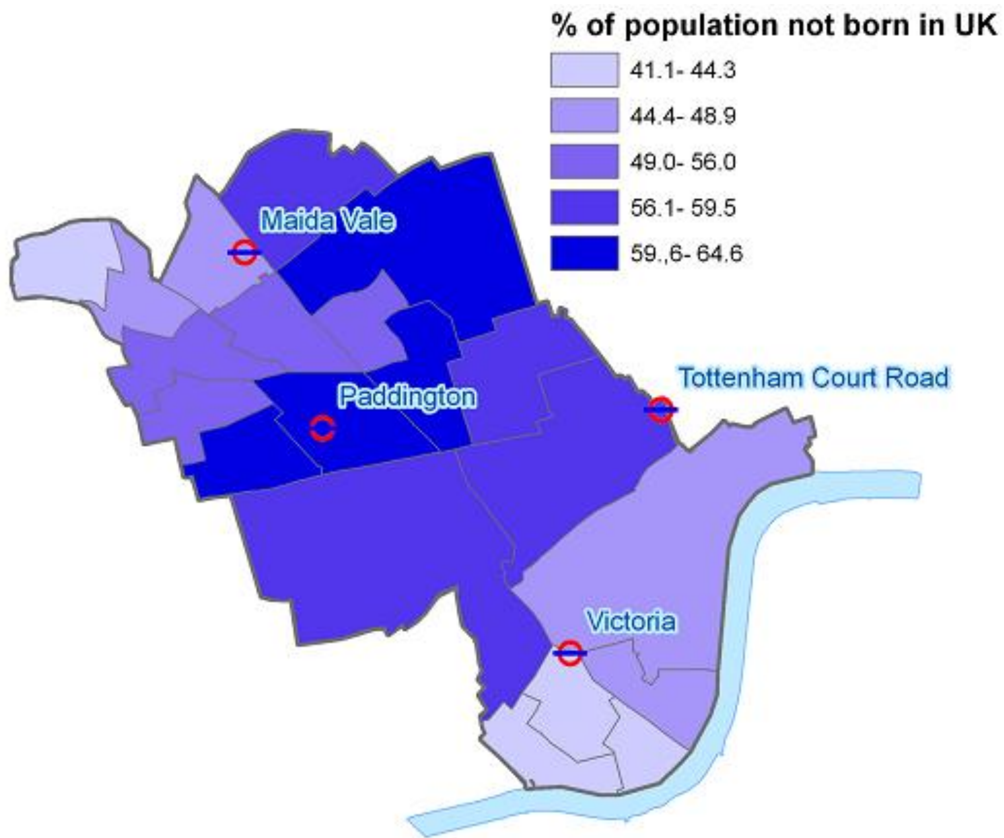


Figure 2.5: Percentage of residents not born in UK (Census 2011)

	% Not Born in UK - 2011
Abbey Road	56.9
Bayswater	56.1
Bryanston and Dorset Square	61.3
Churchill	44.4
Church Street	52.7
Harrow Road	48.2
Hyde Park	64.2
Knightsbridge and Belgravia	59.6
Lancaster Gate	64.6
Little Venice	52.6
Maida Vale	49
Marylebone High Street	58.5
Queen's Park	43.3
Regent's Park	59.9
St. James's	49
Tachbrook	41.1
Vincent Square	44.6
Warwick	43.9

Westbourne	51.5
West End	56.8

Table 2.4: Percentage of residents not born in the UK (Census 2011)

2.13 38% of the population is from Black, Asian and minority ethnic (BAME) groups, up from 26% in 2001. Westminster has a smaller Black population and Asian population than the London average, but the largest proportion nationally from the 'Arab' group (e.g. Middle East & North Africa) and the 14th highest from 'Mixed' groups (Table 2.5).

	Westminster		London		England	
	2001	2011	2001	2011	2001	2011
White British	49%	35%	60%	45%	87%	80%
White Other	25%	26%	11%	15%	4%	6%
Black	7%	8%	11%	13%	5%	3%
Asian	9%	15%	12%	18%	2%	8%
Other/ Mixed	10%	16%	6%	8%	2%	3%
White	74%	62%	71%	60%	91%	86%
BME	26%	38%	29%	40%	9%	15%

Table 2.5: Population by ethnicity 2001 and 2011 census, all ages (Data source: ONS census 2001 and 2011)

2.14 Most of the minority ethnic groups in Westminster reside in the northern deprived wards (Figure 2.6).

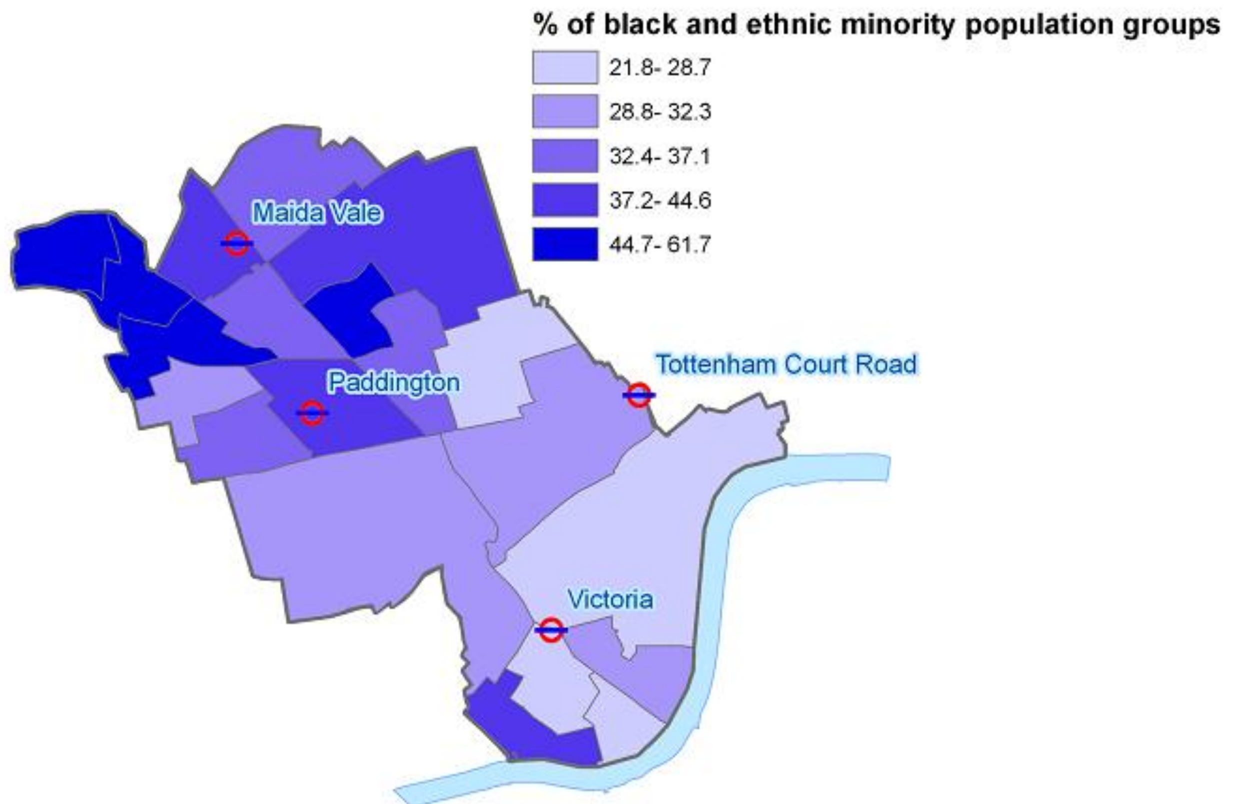


Figure 2.6: Distribution of black and ethnic minority groups (Census 2011)

	% BAME - 2011

Abbey Road	35.4
Bayswater	31.1
Bryanston and Dorset Square	37.2
Churchill	39.4
Church Street	61.7
Harrow Road	49
Hyde Park	44.7
Knightsbridge and Belgravia	30.4
Lancaster Gate	33.7
Little Venice	35.6
Maida Vale	37.6
Marylebone High Street	27.8
Queen's Park	52.6
Regent's Park	43.7
St. James's	28.8
Tachbrook	21.8
Vincent Square	29.3
Warwick	24
Westbourne	52.8
West End	32.4

Table 2.6: Percentage of black and ethnic minority groups (Census 2011)

2.15 Just under a third of the borough's residents state their main language is not English and, of these, 1 in 7 state they are not able to speak English well; this is around 4% of the borough's population. The breakdown by ward is shown in Table 2.7 and Figure 2.7. Wards, including Church Street and Hyde Park, have a high percentage of households where their first language is not English among any of the households Arabic is by far the most common language after English, followed by French, Spanish, and Italian (Table 2.8).

	% English is First Language of no one in household - 2011
Abbey Road	20.4
Bayswater	23.9
Bryanston and Dorset Square	28.8
Churchill	17.4
Church Street	27.2
Harrow Road	17.9
Hyde Park	34.1
Knightsbridge and Belgravia	23.9
Lancaster Gate	32.2
Little Venice	19.9
Maida Vale	15.2

Marylebone High Street	21.8
Queen's Park	15.2
Regent's Park	23.7
St. James's	20
Tachbrook	15.1
Vincent Square	17
Warwick	15.9
Westbourne	24.1
West End	24.2

Table 2.7: % English is First Language of no one in household - 2011 (Census 2011)

Language spoken		Country of birth	
English	69%	UK	57%
Arabic	5.7%	USA	2.6%
French	3.0%	Australia	2.6%
Spanish	2.2%	France	2.5%
Italian	1.8%	Italy	1.9%
Portuguese	1.7%	Former USSR	1.4%
Bengali	1.4%	Spain	1.4%
Greek	1.1%	Ireland	1.2%
German	1.1%	India	1.2%
Russian	1.0%	Iran	1.1%

Table 2.8: Most common languages spoken (2011 Census) and countries of birth (GP registrations)

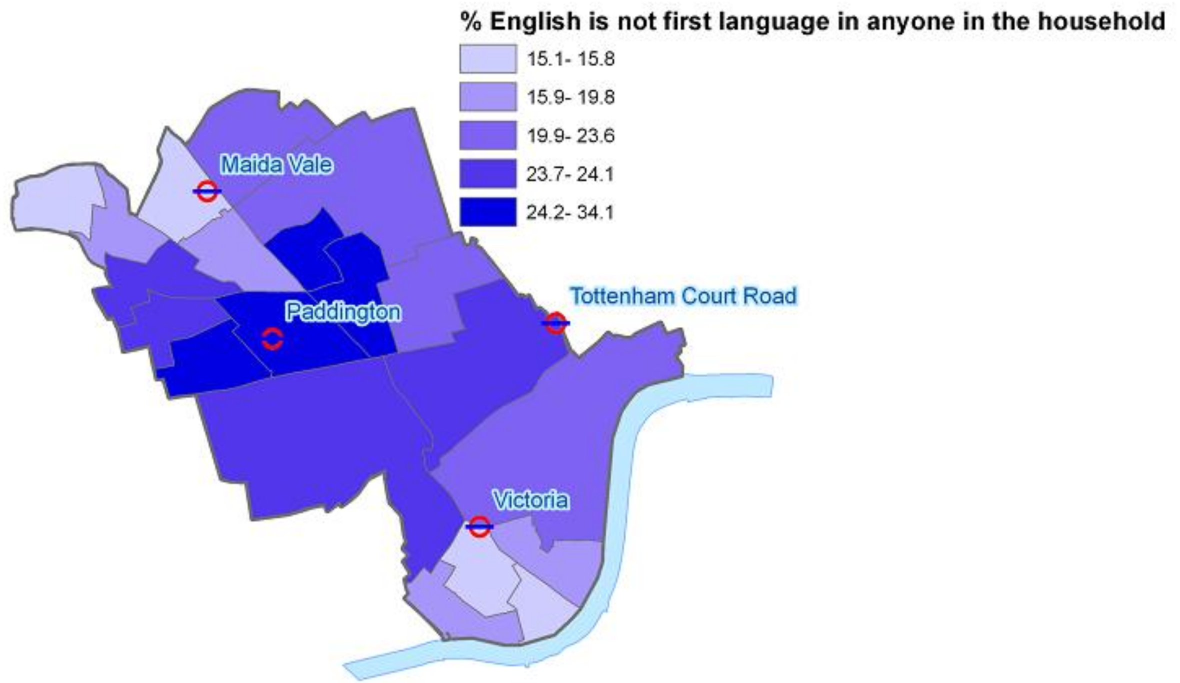


Figure 2.7: Percentage of population whom English is not first language for anyone in the household (Census 2011)

Areas where diversity is higher correlate with areas of higher levels of deprivation and poorer health. Engagement with healthcare may be hampered by language and cultural barriers widening the health inequality gap. Pharmacies employ staff from diverse backgrounds who may be able to speak multiple languages (page 60).

DRAFT

Health and well-being in Westminster

2.16 **Life expectancy for men** in Westminster is 1.5 years higher than London and 2 years higher than England. There has been faster improvement locally over the last decade compared to London and England. However, the difference in life expectancy between affluent and deprived areas in the borough – 16.9 years – is the highest nationally.

2.17 **Life expectancy for women** in the borough has been consistently higher than London and England over much of the last decade and Westminster's ranking remains similar to 10 years ago. The difference in life expectancy between affluent and deprived areas in the borough – 9.7 years – is the highest nationally, as it is with men.

2.18 Female life expectancy is high in Abbey Road, Knightsbridge & Belgravia and Bryanston & Dorset Square, while male life expectancy is high in wards such as Knightsbridge & Belgravia, Bryanston & Dorset Square and Marylebone High Street (Table 2.9 and Figure 2.8).

	Male life expectancy - 2008-2012	Female life expectancy - 2008-2012
Abbey Road	84.6	89.3
Bayswater	86.4	85.4
Bryanston and Dorset Square	84.8	87.1
Churchill	79.9	86.4
Church Street	78.1	81.8
Harrow Road	75.7	85.3
Hyde Park	81.9	85.5
Knightsbridge and Belgravia	91.3	92.2
Lancaster Gate	83.5	85.8
Little Venice	79.4	85
Maida Vale	80.8	84.7
Marylebone High Street	85.5	85.3
Queen's Park	76.6	82.3
Regent's Park	83.2	86.8
St. James's	81.8	86
Tachbrook	82.8	84.1
Vincent Square	79.5	86
Warwick	81	88.6
Westbourne	75.3	81.2
West End	81.9	85.8

Table 2.9: Life expectancy among males and females in Westminster (Greater London Authority calculations using Office for National Statistics data 2008 - 2012)

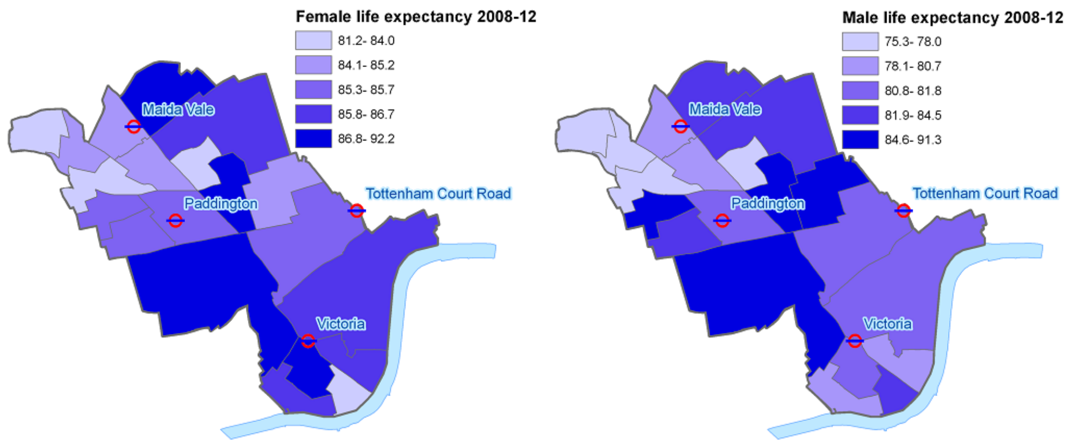


Figure 2.8: Life expectancy among males and females in Westminster (Greater London Authority calculations using Office for National Statistics data 2008 - 2012)

2.19 Most people in Westminster consider their health to be good – a similar proportion to London. The minority of people who consider their health to be bad or very bad are more likely to have long term conditions that limit their ability to lead normal lives and are much more likely to be older. They also tend to be clustered around areas of deprivation and social housing.

2.20 Those living in areas of high density social housing are 2-3 times as likely to report bad/very bad health compared to those in areas with low density, across all ages. This can make targeting of support easier, as areas of social housing in the borough are usually well defined.

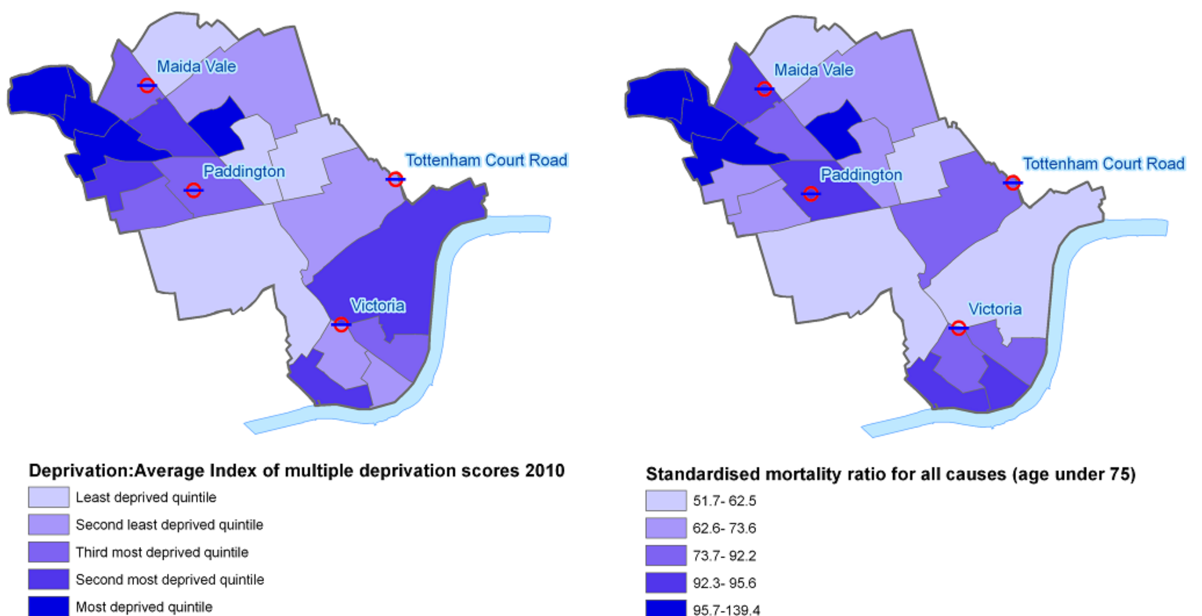


Figure 2.9: Map showing deprivation and premature mortality (under 75) in Westminster

2.21 The numbers of births are high in deprived parts of the borough including Queen's Park, Harrow Road and Westbourne while the numbers of deaths are high in Regent's Park and Bayswater wards (Figure 2.10).

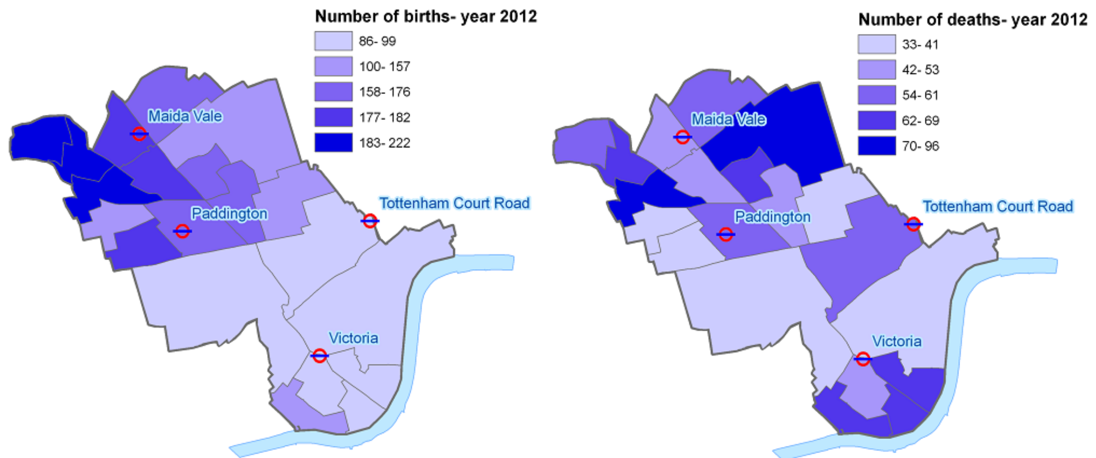


Figure 2.10: Number of births and deaths in Westminster

2.22 The Child Wellbeing Index (CWI) is a composite index with seven domains: material well-being; health; education; crime; housing; environment; and children in need. Based on these, the borough is ranked 21st lowest out of 354 in England for wellbeing. Figures from the Index of Multiple Deprivation Affecting Children (IDACI) suggest that 37% of the borough's children live in income-deprived households.

2.23 Welfare reform is affecting a number of families in the borough, with 4,900 children living in 2,700 households affected in January 2012 (although numbers are now lower). Those who have been unable to renegotiate their rent will have to move home, but in some cases may move to overcrowded households or drift into debt.

Patterns of ill health

2.24 The principle cause of premature (<75) death in Westminster is cancer, followed by cardiovascular disease (which includes heart disease and stroke). A significant number of people also die from COPD. This pattern is broadly similar to the rest of the country. Accidents and injuries are most common among younger residents and comprise a large proportion of total avoidable deaths (see chart), as do heart disease deaths for men, particularly in deprived areas.

DRAFT

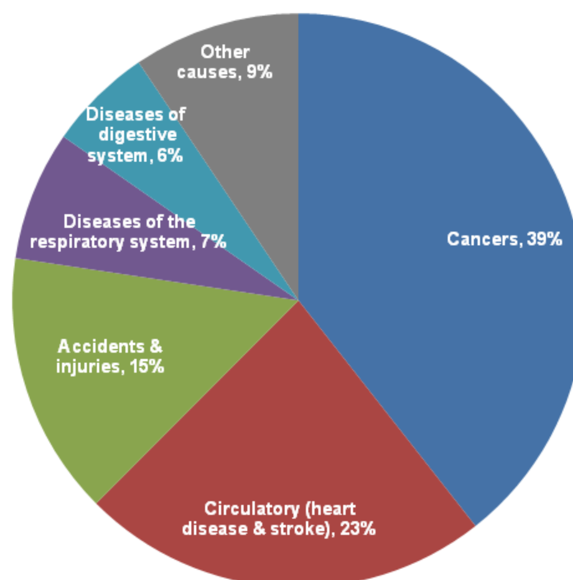


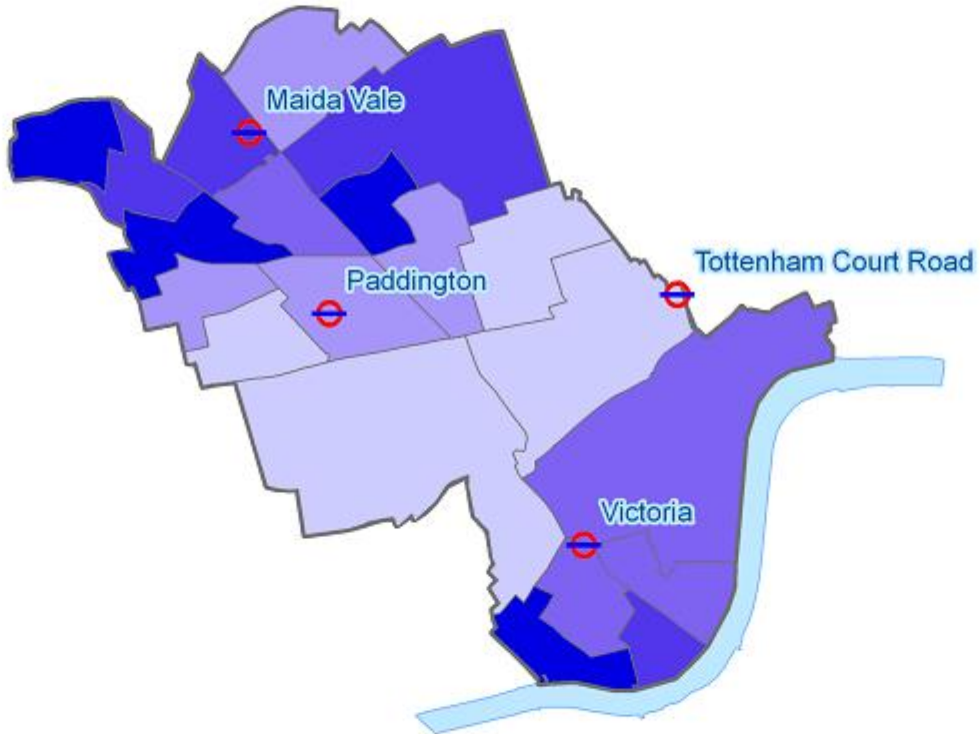
Figure 2.11: Premature deaths by cause, 2011

2.25 There have been marked reductions locally in premature mortality from CVD in the past decade (by 39%), the result of factors such as more timely high quality treatment, effective prescribing, and a reduction in the number of smokers. Ten years ago, CVD was the primary cause of early death; it is now the second most common.

2.26 Although improvements in health often focus on reducing years of life lost through early death, the growing burden of disability also requires a coordinated response, with mental disorders, substance misuse, musculoskeletal disorders and falls all having a significant impact on the ability to lead a fulfilling life and contribute to society through stable employment up to retirement. Locally, mental health is the most common reason for long term sickness absence and several of the wards in the deprived parts of the borough fall into the highest ten in London for incapacity benefit/ ESA claimant rates for mental health reasons.

2.27 People living in deprived parts of Westminster such as Queen's Park, Westbourne and Church Street stated that their day to day activities are "limited a lot" due to their ill health (Figure 2.12).

DRAFT



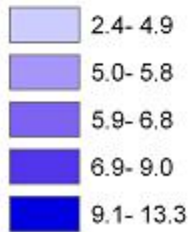


Figure 2.12: Percentage of people whom day to day activities are "limited a lot" due to ill health

2.28 Queen's Park, Church Street, Westbourne and Harrow Road are in the top ten wards in London for working age incapacity benefit claimants for mental health reasons. Churchill, Little Venice, Bayswater, and Vincent Square are also within the 20% highest claimant wards in London. The percentage of people claiming incapacity benefits is illustrated in Figure 2.13

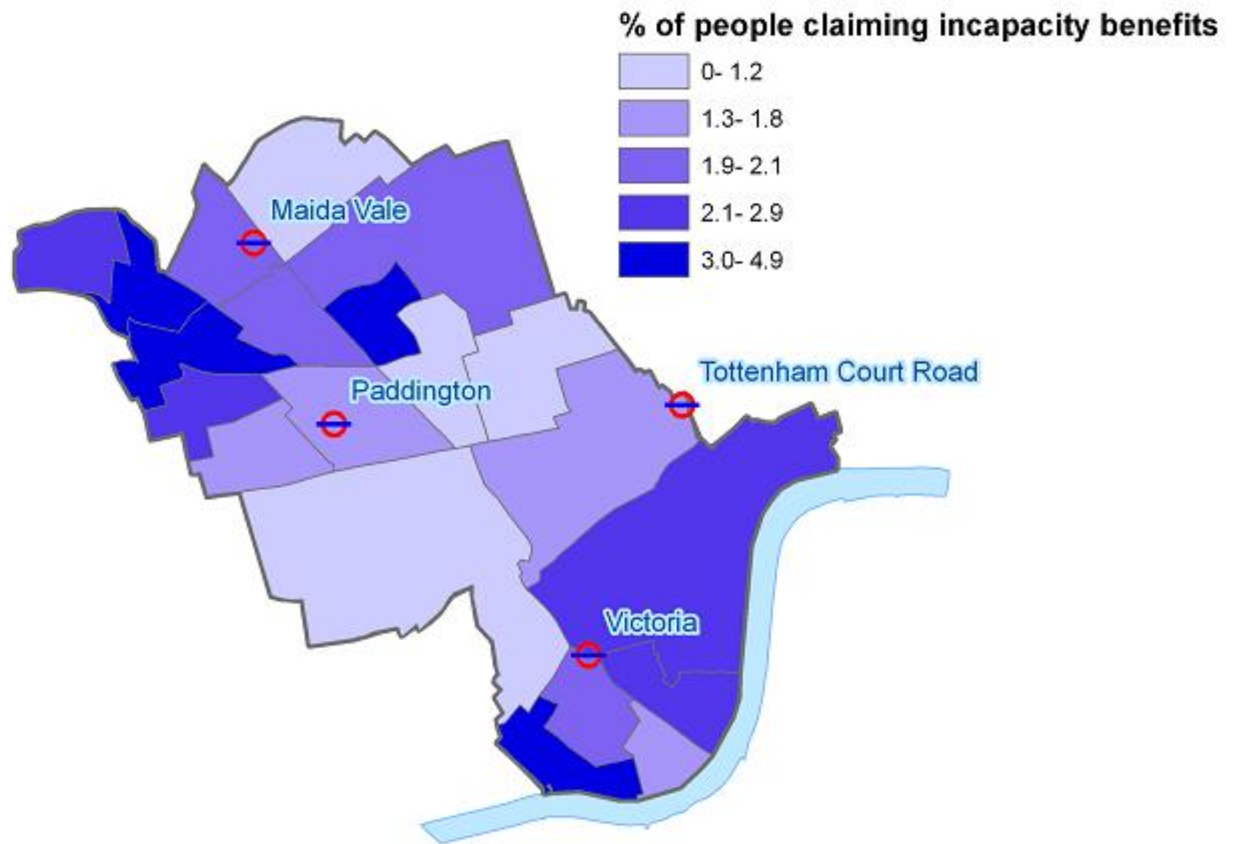
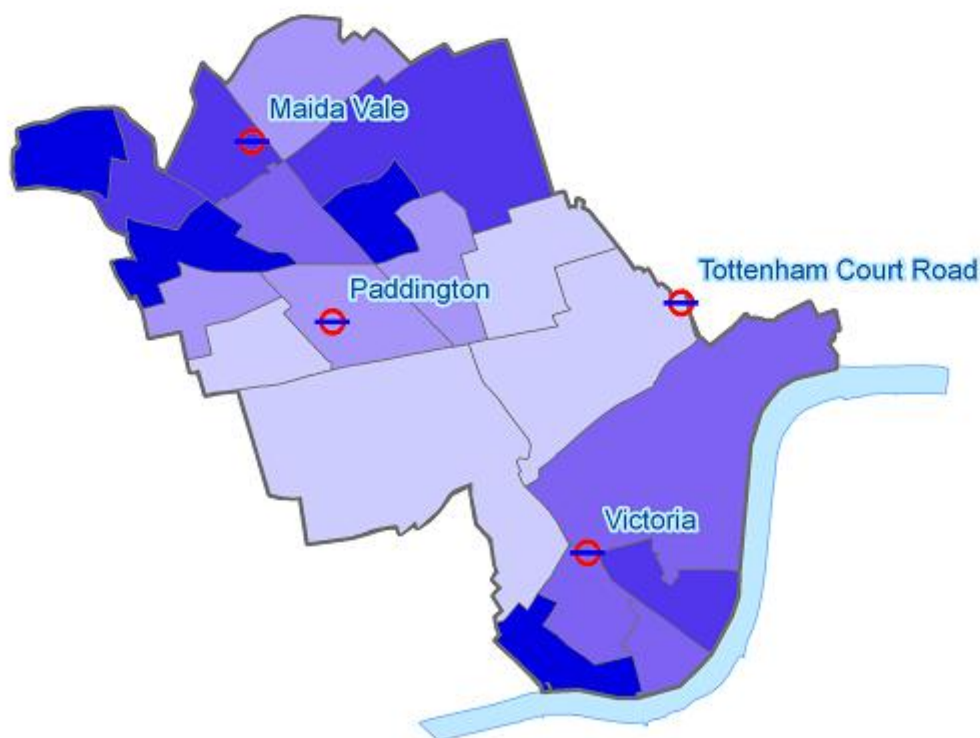


Figure 2.13: Percentage of people claiming incapacity benefit rates per 1000 in Westminster

2.29 Furthermore, over 10% of people in deprived parts of Westminster including Queen's Park, Westbourne and Church Street who responded in the ONS Census, 2011 survey stated that stated that their health is either bad or very bad (Figure 2.14).

DRAFT



% of people who stated their health was either poor or very poor

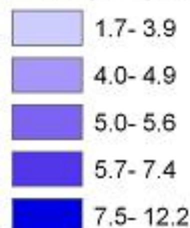


Figure 2.14: % of people who stated their health is either bad or very bad in Westminster

2.30 The overall **premature (under 75) death rate** in Westminster is the 3rd lowest in London, but Church Street is among the highest, with around 13 more early deaths each year than is typical for London. Queen's Park and Harrow Road also fall within the 20% of wards with the highest premature mortality, each with 7-8 more early deaths a year than if the average applied.

2.31 The premature death rate from **cancer** is the 7th lowest in the country, but Church Street falls within the 20% wards with the highest mortality in London, with around 3 more early deaths a year than is typical for London (Figure 2.15). The rate in the area covered by the most deprived four wards is more than one and a half times that of the rest of the borough. Improvements in lifestyles, as well as more accessible and high quality care, have resulted in a decline in the early death rate for cancer. The change has been faster than in London and England (28% locally in the last decade, compared to 20% in London and 17% nationally). Nationally, issues still exist around early diagnosis of cancer, with chances of survival much poorer in areas of deprivation.

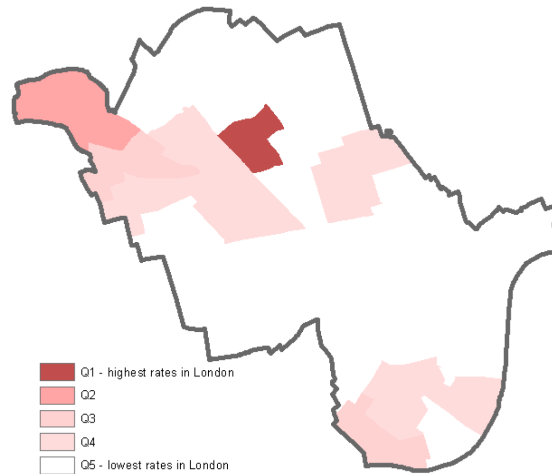


Figure 2.15: Cancer Premature Mortality 2006-10 : Mortality rates by London quintile

2.32 Currently 167 residents of the borough die prematurely each year from cancer, which is around 40 less than a typical London borough. Lung, breast and bowel cancer account for the greatest number of early deaths in the borough.

2.33 As with cancer, the premature death rate from **cardiovascular disease** (Figure 2.16) is lower than London and England. However, Church Street has the 2nd highest rate of any ward in London with 7 more deaths a year than is typical.

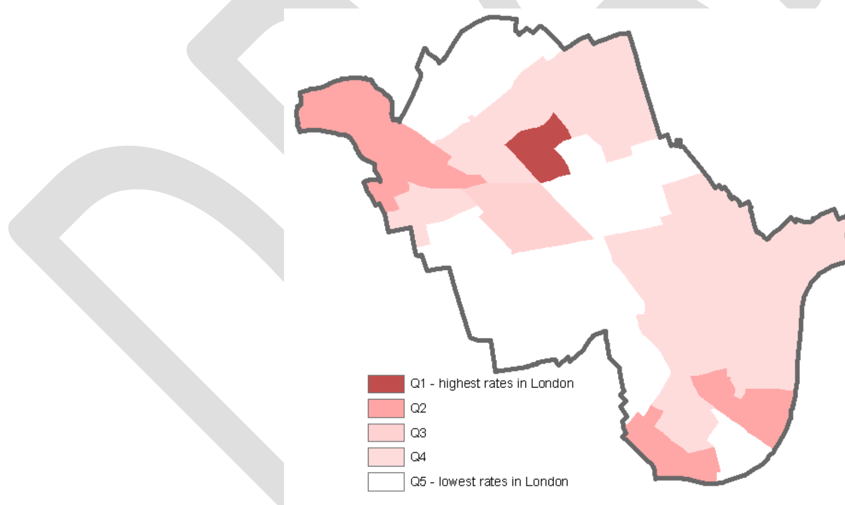


Figure 2.16: CVD Premature Mortality 2006-10

2.34 The incidence of **Tuberculosis (TB)** is lower than London, but is high compared to England and has not dropped in recent years – there have been an average of 69 cases a year for the last 3 years. Westminster is close to high prevalence boroughs such as Brent. The bulk of TB cases are acquired abroad, although the homeless population is also prone to TB.

2.35 The impact of **undiagnosed disease** is huge, with an estimated 30% of people locally with diabetes undiagnosed by their GP, rising to over half for those with hypertension. Estimates based on national modelling on the introduction of the Health Checks programme suggest that carrying out health checks in the borough would identify around 80-90 new cases of diabetes and kidney disease annually.

Pharmacies may provide **NHS Health Checks** (page 75) for people aged 40-74 years: carrying out a full vascular risk assessment and providing advice and support to help reduce the risk of heart disease, strokes, diabetes and obesity.

2.36 In 2012, Westminster had the 7th highest reported acute **Sexually Transmitted Infections (STI)** rate in England. Good access to a range of STI screening services locally is likely to contribute to effective detection and diagnosis. However, the rate highlights that there are significant challenges to be addressed in reducing the impact of poor sexual health locally. Around a third of acute STIs diagnosed were seen in young people aged 15-24. Gay men and African communities are also disproportionately affected.

2.37 In 2011, the borough had the 5th highest **HIV prevalence** rate in England. A quarter of people with HIV in England remain undiagnosed. However, between 2011 and 2013, Westminster had the 2nd lowest rate of late diagnosis in London. Gay men and African communities remain the populations most disproportionately affected by HIV locally. Effective treatment means that the number of people living with HIV is increasing annually, with an increasing proportion aged over 50 years. The high local rate of HIV requires ongoing investment to maximise testing opportunities across a range of key delivery settings and support HIV prevention programmes (Figure 2.17).

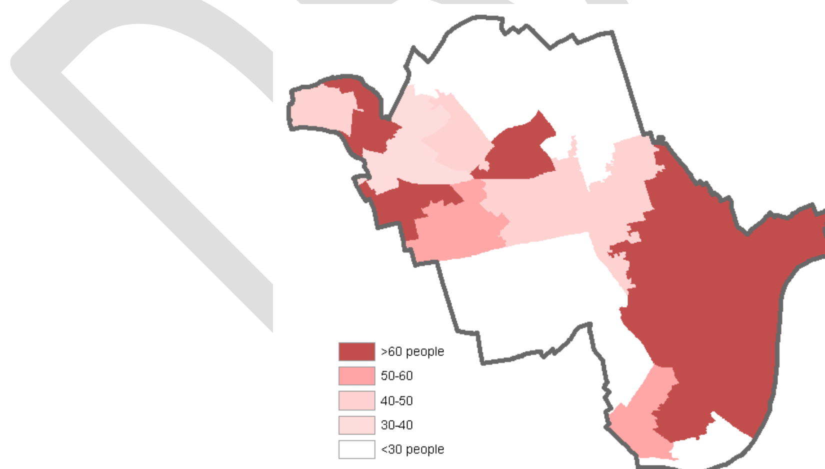


Figure 2.17: HIV/AIDS – People known to services, 2009

2.38 There were 223 under 18 conceptions in the borough between 2009 and 2011 – around 32 conceptions for every 1000, 15-17 year old girls. Deprived northern parts of the borough have high rates of teenage conception (Figure 2.18). Teenage mothers

nationally are three times as likely to suffer from post-natal depression, are less likely to breastfeed and more likely to smoke.

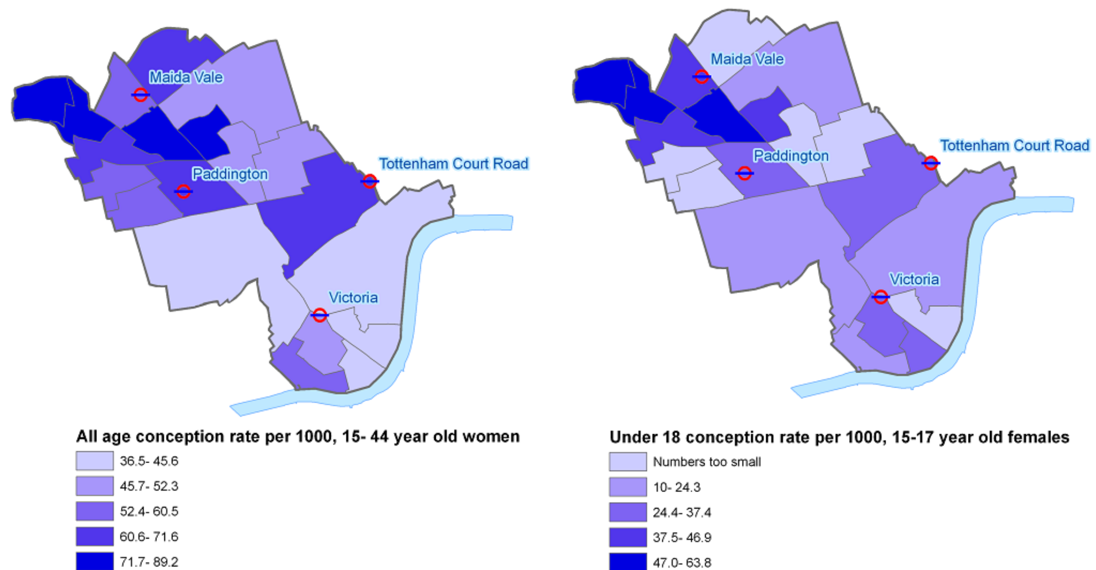


Figure 2.18: All age and Under 18 conception rates in Westminster

Pharmacies may provide **Sexual health services** such as emergency hormonal contraception services (page 78); condom distribution; pregnancy testing and advice; Chlamydia screening and treatment; other sexual health screening, including syphilis, HIV and gonorrhoea.

2.39 Coverage of **breast screening** in the borough is currently the 4th lowest in the country, with close to 4 in 10 women (6,100 women) not having had an NHS screening within the last three years. There are significant challenges locally around achieving high screening rates, given high population movement and high private and overseas use (which cannot be counted).

2.40 **Cervical screening** coverage is the 5th lowest in the country for younger women and the 3rd lowest for older women. Cervical screening also suffers from similar challenges to breast screening around population movement and overseas use. Around 26,000 women have not received cervical screening in the eligible time period.

Mental Health

2.41 Common mental health issues such as anxiety and depression affects around 1 in 6 people at any one point in time and is one of the leading causes of disability nationally. Levels of funding for the evidence-based IAPT programme have been increasing to meet a target of 15% of prevalence annually. Success of the programme relies on referrals into

the service from a number of sources to ensure the service is meeting fair access for all. In nearby Hammersmith and Fulham, local mental health 'champions' are trained to identify people suffering from mental ill-health and offer them support in accessing mental health services as well as providing ongoing support after treatment.

2.42 Central London CCG had the 4th highest population with severe and enduring mental illness known to GPs in the country in 2012/13 (3,306 people registered with Westminster Practices).

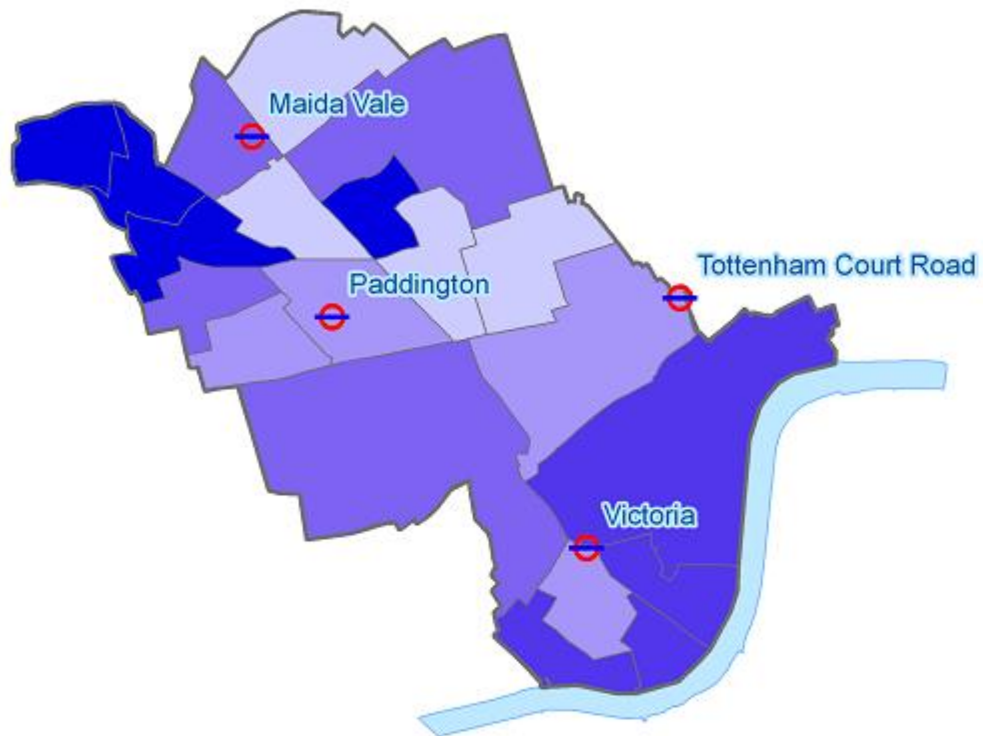
2.43 Suicide has a devastating effect on all those involved and is the most common cause of death for men under 35. Rates of suicide and undetermined injury are currently the highest in London, with around 23 a year.

Medicines are a key component of mental health care and pharmacists have the expertise required to improve adherence to medication and bridge the gaps between services in different healthcare settings. Services such as **Medication Use Reviews** (page 64) and **New Medicine Services** (page 67) are examples of services that improve access to this group. Pharmacists also have the expertise to make a vital contribution to the reduction in the inappropriate use of medicines.

Lifestyles

2.44 It is estimated that 31,000 adults in the borough are obese, 15% of all adults. Levels of adult **obesity** have been rising nationally. The cost to the NHS from obesity is probably around £15-25 million a year in the borough. Obesity rates are highest in the northern wards (Figure 2.19).

DRAFT



Estimated % of adults who are obese

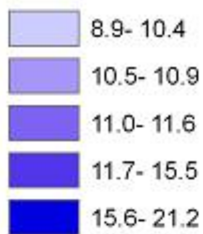


Figure 2.19: Adult obesity rates in Westminster

2.45 Overweight and obesity remain high for children in the borough, with nearly a third of children of school age either overweight or obese, around 6,000-7,000 children locally. The potential impact and cost of being overweight in adulthood is well known: nearly half of diabetes and a quarter of heart disease can be attributed to excess weight, and it is also a significant risk factor for many cancers; it can also be highly stigmatising.

2.46 Obesity rates are high in Westbourne, Church Street wards for reception year pupils and Harrow Road, Church Street for year 6 pupils (Figure 2.20).

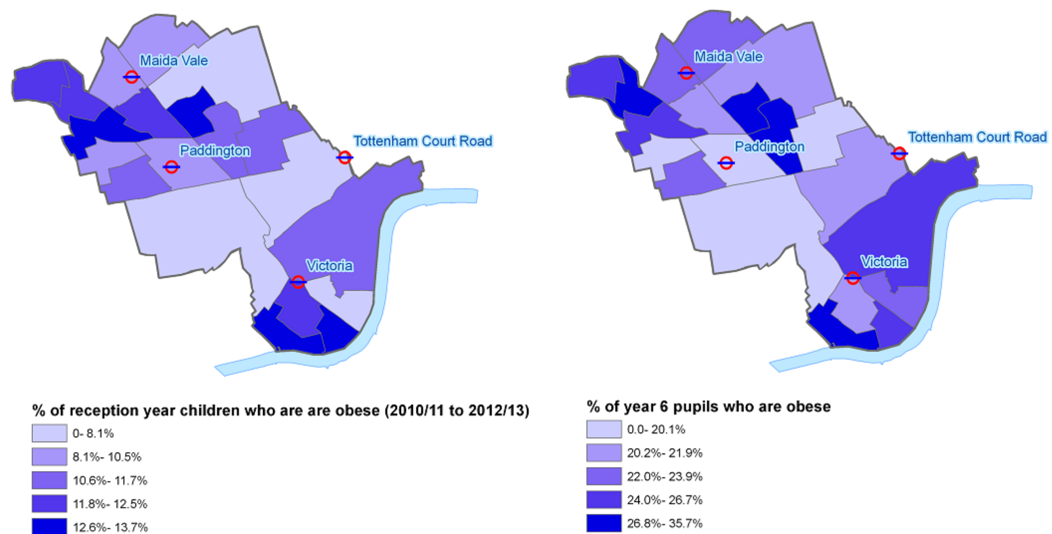


Figure 2.20: Level of childhood obesity in Westminster

2.47 Around a quarter of people in the borough (28%) are **physically inactive**, doing less than 30 minutes activity per week. Just over half (55%) do the recommended 150 minutes a week. Rates of inactivity for BAME groups are typically around one quarter higher than average, and people over 55 are around twice as inactive. Inactivity is one of the major causes of disease such as diabetes, cardiovascular disease, cancer and musculoskeletal problems and a cause of obesity.

2.48 Having a diet rich in fruit and vegetables is one of the most vital factors in the fight against cancer and heart disease, and is the third most influential factor for avoiding cancer. Estimates suggest 55% of the local population does not eat five portions of fruit and vegetables a day. Maintaining a high intake in a time of rising food costs is challenging and requires innovative ideas, particularly in poor areas.

Pharmacies may provide **Weight management services**: promoting healthy eating and physical activity through to provision of weight management services for adults who are overweight or obese. They may also be involved in providing brief interventions to sign post patients towards increasing their physical activity and improving their diet.

2.49 **Smoking** is the largest avoidable cause of death and the biggest cause of inequalities, nationally and locally, and is responsible for around 196 deaths in the borough each year. This is 34 fewer than typical of England, but more people smoke in Westminster (22%) than average for London (19%) and England (20%), with highest rates in deprived areas.

2.50 Deprived areas in Westminster including Queen's Park, Westbourne, Church Street and St. James's in the south have high rates of smoking prevalence (Figure 2.21).

DRAFT

Estimated % smoking prevalence (age 16 & over)

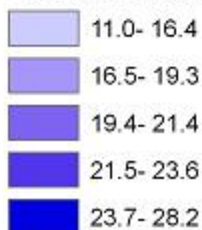
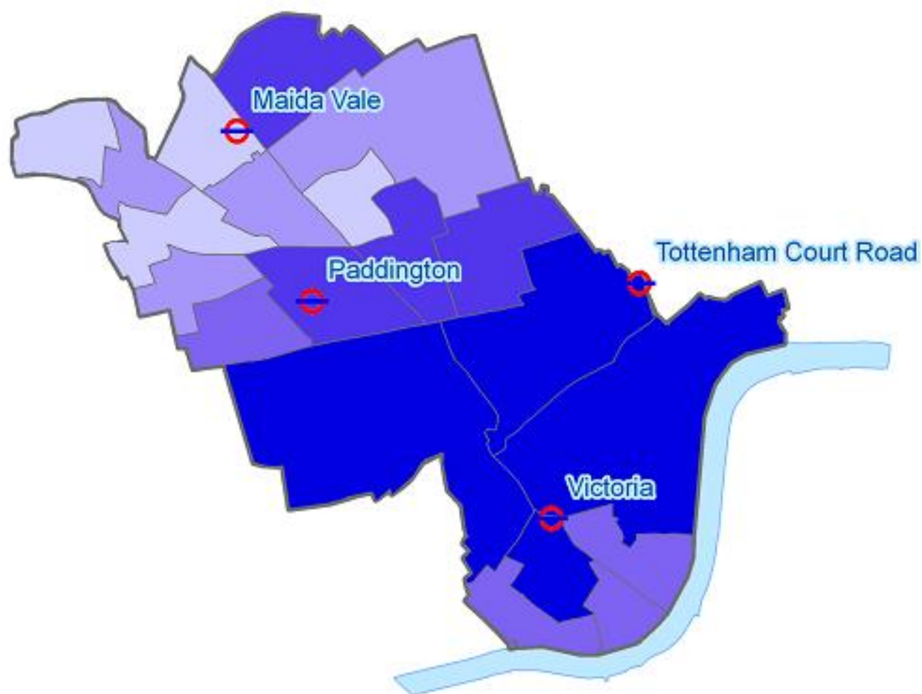


Figure 2.21: Map showing ward level smoking prevalence estimations (year 2013)

> Pharmacies may provide **Stop smoking services** (page 77): proactive promotion of smoking cessation through to provision of full NHS stop smoking programme

2.51 Hazardous or dependent consumption of **alcohol** can result in significant harm to individuals. Alcohol has significant costs to the NHS (around £10 million per year locally), loss of productivity (around £20 million locally), and impact on crime (around £30 million locally), as well as domestic violence and relationship breakdown. Around 14 men and 4 women die every year in Westminster from chronic liver disease, a similar rate to London. Deaths have dropped since a decade ago, but alcohol-related admissions have more than doubled. Hotspots for alcohol-related admissions include the West End and Soho areas (Figure 2.22).



Rates of ambulance call outs for alcohol related illness per 100,000 population

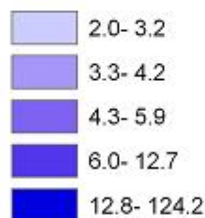


Figure 2.22: Ambulance call outs for alcohol related illnesses during 2013

> Pharmacies may provide **Alcohol misuse services**: providing proactive brief interventions and advice on alcohol with referral to specialist services for problem drinkers

2.52 Estimates from 2009/10 suggest that the borough has the 11th highest rate of problem drug users in London, or 1,450 people. Crimes associated with drug use cost around £85 million locally according to estimates based on Home Office figures.

2.53 Areas including West End, St. James's, Churchill and Knightsbridge & Belgravia have high rates of drug related offences (Figure 2.23).

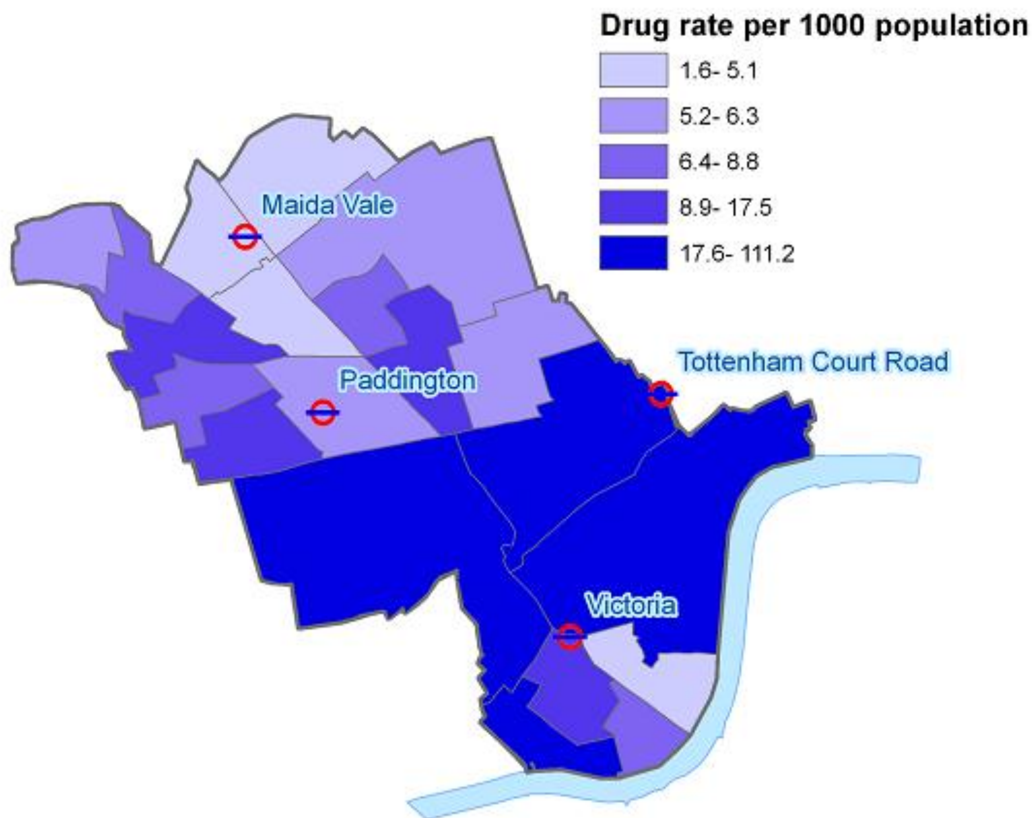


Figure 2.23: Drugs offence rate in Westminster

Pharmacies may provide **Substance misuse services** (page 76): needle and syringe services; supervised consumption of medicines to treat addiction, e.g. methadone; Hepatitis testing and Hepatitis B and C vaccination; HIV testing; provision of naloxone to drug users for use in emergency overdose situations

Protected Characteristics and Vulnerable Groups in Westminster

2.54 A "protected characteristic" means a characteristic listed in section 149(7) of the Equality Act 2010. There are also certain vulnerable groups that experience a higher risk of poverty and social exclusion than the general population. These groups often face difficulties that can lead to further social exclusion, such as low levels of education and unemployment or underemployment.

2.55 As a part of the PNA process, we have examined the health needs of these different groups and the implications they may have on the PNA. The provision of services is discussed in Chapter 5.

Age

2.56 The current age profile of the borough is discussed in paragraph 2.9 earlier in this chapter and the future age projections are discussed in paragraph 2.86 later in this chapter.

2.57 Pharmacies provide essential services to all age groups such as dispensing, promotion of healthy lifestyles and signposting patients to other healthcare providers.

2.58 Staff who provide pharmaceutical services to children and vulnerable adults are required to be aware of the safeguarding guidance and the local safeguarding arrangements. This includes the reporting of concerns and so are alert to and act on indications that a child or vulnerable adult may be being abused, or at risk of abuse or neglect.

2.59 The younger population benefits specifically from enhanced services such as Minor Ailment Services and Sexual Health Services offered by certain pharmacies.

2.60 The elderly population in the borough is increasing which will increase the demand on dispensing. They are supported further by services such as the provision of the flu immunisation service, medicine use reviews (MURs) and new medicine services (NMS). There is potential to improve access to care home services. The increasing care home population may benefit from Care Home Services.

2.61 The HWB has not identified any gaps in access to the provision of pharmaceutical services based on age.

Disability

2.62 All pharmacies must comply with the Disability Discrimination Act 1995 (now superseded by the Equality Act 2010). Pharmacy contractors may have assessed the extent to which it would be appropriate to install hearing loops, or provide access ramps wide aisles to allow wheelchair access. 48 of the pharmacies in Westminster who replied to the survey stated that they had a consultation room accessible to wheelchair users.

2.63 Accessible information formats are alternatives to printed information, used by blind and partially sighted people, or others with a print impairment. More than half of the pharmacies that responded to the survey provide large prints (51/72). 53 pharmacies provide Easy read material. 1 pharmacy within the borough provides information in Braille.

2.64 The HWB has not identified any gaps in access to the provision of pharmaceutical services to the disabled population.

Sex

2.65 The current gender split is discussed in paragraph 2.11. All services are provided equitably to both sexes. Pharmacies may provide relevant enhanced services specifically for women such as Emergency Hormonal Contraception through patient group directives.

DRAFT

2.66 The HWB has not identified any gaps in access to the provision of pharmaceutical services to the different genders.

Gender reassignment

2.67 Pharmacies are involved in the pathway of gender reassignment in their role of dispensing medication. 75% of the pharmacies who responded to the survey in Westminster have a clearly signposted private consultation room. Pharmacists who provide sexual health services have undergone extra training.

2.68 The HWB has not identified any gaps in access to the provision of pharmaceutical services to the population who have or are currently undergoing gender reassignment.

Sexual orientation

2.69 As above, pharmacists provide their professional services irrespective of sexuality or sexual orientation.

2.70 The HWB has not identified any gaps in access to the provision of pharmaceutical services based on sexual orientation.

Marriage and civil partnership

2.71 The HWB has not identified any gaps in access to the provision of pharmaceutical services relating to this group.

Pregnancy and maternity

2.72 Pharmacies provide a range of services for women during the entire process of pregnancy and maternity, from provision of pregnancy testing to advice during the pregnancy such as medication reviews and stop smoking services and, in the postnatal period, provision of supplements and signposting to other medical professionals for both mother and baby.

2.73 The HWB has not identified any gaps in access to the provision of pharmaceutical services in pregnancy and maternity.

Race

2.74 The ethnic diversity and the impact on provision of pharmaceutical services is discussed on page 20.

2.75 The HWB has not identified any gaps in access to the provision of pharmaceutical services to the different ethnic groups.

Religion and belief

2.76 Westminster has a diverse population as noted above and multiple religions are practiced within the borough.

2.77 The HWB has not identified any gaps in access to the provision of pharmaceutical services based on religion and belief.

DRAFT

Those struggling with substance abuse

2.78 The current need is discussed on page 40. Public Health Services are commissioned from Westminster, and surrounding borough pharmacies, such as Supervised Consumption, Needle Exchange Services and Stop Smoking Services. These services improve access for this vulnerable group.

2.79 HWB has not identified any gaps in access to the provision of pharmaceutical services to those struggling with substance abuse.

The Homeless

2.80 Those sleeping rough in the borough have been found to have very high levels of emergency health care use and poor levels of health which could be avoided with better coordination and support. A recent JSNA (available at www.jsns.info) has highlighted gaps in service provision for rough sleepers in primary care resulting in high use of secondary care. Westminster has the largest concentration of rough sleepers in the country, accounting for three quarters of those in London. Over a recent two year period, an estimated 2,276 people slept rough in the borough. A significant proportion of the homeless population tend to have multiple issues such as alcohol and drug dependence and mental health issues.

2.81 Pharmacies are ideally situated to target services for hard-to-reach populations such as homeless sleepers who are usually not registered with a GP.

2.82 The availability of pharmacies throughout the borough with extended opening hours and the provision of services such as Supervised Administration Services, Needle Exchange Services and Stop Smoking Services improve access for this vulnerable group.

2.83 HWB has not identified any gaps in access to the provision of pharmaceutical services to the Homeless Population.

Changing Patterns of Need

2.84 Obesity can lead to a greater risk of heart disease, stroke, some cancers, high blood pressure, mental ill-health, and is likely to have contributed to a 34% rise over 5 years in GP-recorded numbers with diabetes diagnoses locally.

2.85 Westminster has a significantly higher rate of alcohol-specific hospital admissions for men compared to nationally. Alcohol-related admissions also appear to be rising. ‘Hotspots’ for alcohol-related admissions are generally in areas of deprivation, particularly Church Street, Queen’s Park, and the West End. Alcohol-related crime is much higher than London and national averages, including violent and sexual offences.

DRAFT

Changing Population

2.86 The number of older people is expected to rise considerably over the next two decades (Figure 2.24). Although the rise experienced locally may not be as substantial as the rise nationally, it will nevertheless have a dramatic impact on demand for services. At the same time, the number of those providing unpaid care in Westminster was the 2nd lowest in the country in 2001. The rise in the older population is caused by two factors: improvements in life expectancy; and greater numbers of people born in the post war 'baby boom' who are approaching old age. The latter cause explains the predicted acceleration in numbers of 80+ year olds from around 2025 onwards. Public health issues for the older population, such as social isolation, physical inactivity, and falls, may become more commonplace, as will levels of disability and mobility issues.

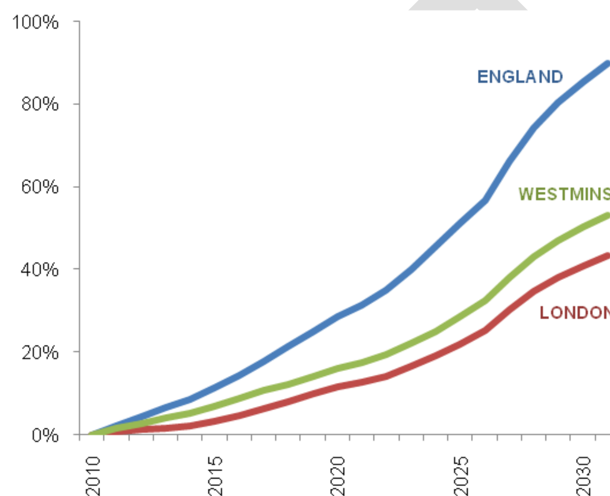


Figure 2.24: Projected growth population age 80+

2.87 There are several proposed large scale development sites in the borough which may result in significant and concentrated increases in population if completed. All of these are likely to require reconsideration of pharmaceutical requirements if progressed. At present, timescales for development are likely to be longer than the timescale of the 2015-2018 PNA. According to Greater London authority, there are 50 development schemes proposing 10 or more units either to be started or under construction as at 29th September 2014 (Figure 2.25).

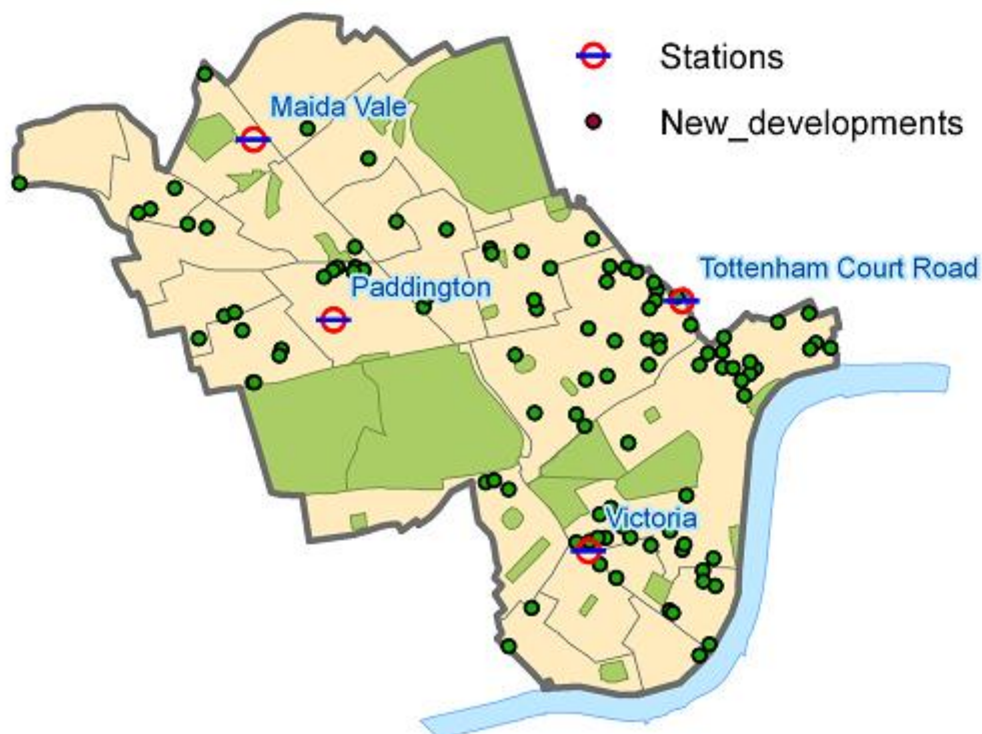


Figure 2.25: Potential new developments in Westminster

2.88 As at 29th September 2014, 47 construction sites have started construction while another 3 have obtained planning permission. These new developments sites will increase Westminster population by over 5,500 (Table 2.10).

Ward	Construction not started	Construction started	All developments
ABBEY ROAD	0 (0)	11 (1)	11 (1)
BAYSWATER	0 (0)	47 (3)	47 (3)
BRYANSTON AND DORSET SQUARE	24 (2)	7 (2)	31 (4)
CHURCH STREET	20 (1)	0 (0)	20 (1)
CHURCHILL	0 (0)	460 (2)	460 (2)
HARROW ROAD	56 (2)	16 (1)	72 (3)
HYDE PARK	520 (2)	692 (4)	1212 (6)
KNIGHTSBRIDGE AND BELGRAVIA	0 (2)	9 (1)	9 (3)
LANCASTER GATE	22 (1)	51 (4)	73 (5)
LITTLE VENICE	0 (0)	307 (1)	307 (1)
MAIDA VALE	106 (1)	0 (0)	106 (1)
MARYLEBONE HIGH STREET	61 (3)	124 (4)	185 (7)
QUEEN'S PARK	22 (1)	0 (0)	22 (1)
REGENT'S PARK	0 (0)	132 (1)	132 (1)
ST. JAMES'S	565 (16)	833 (14)	1398 (30)
TACHBROOK	0 (0)	17 (1)	17 (1)
VINCENT SQUARE	33 (1)	519 (7)	552 (8)

WARWICK	10 (1)	0 (0)	10 (1)
WEST END	174 (10)	714 (13)	888 (23)
WESTBOURNE	3 (1)	47 (1)	50 (2)
Grand Total	1573 (44)	3986 (60)	5559 (104)

Table 2.10: Expected increase in number of new residents (number of developments) by ward of the location

The HWB believes that the current provision of pharmaceutical services (discussed in Chapter 5) is sufficient to meet the needs of the changing health and demographics of the population over the lifetime of this PNA (2015-2018).

DRAFT

Chapter 3 – Location of Health Services

Primary Care

3.1 NHS Central London Clinical Commissioning (CL CCG) Group is the new organisation responsible for buying health services from Hospital Trusts, Mental Health Trusts and community organisations. CL CCG, representing 37 general practices and approximately 200,000 patients in Westminster and 12 practices that are located in Queen's Park and Paddington are part of West London Clinical Commissioning group which consist of Kensington and Chelsea GPs. NHS Central London CCG managed an annual budget of £258 million (NHS Central London CCG Annual Report 2013/14).

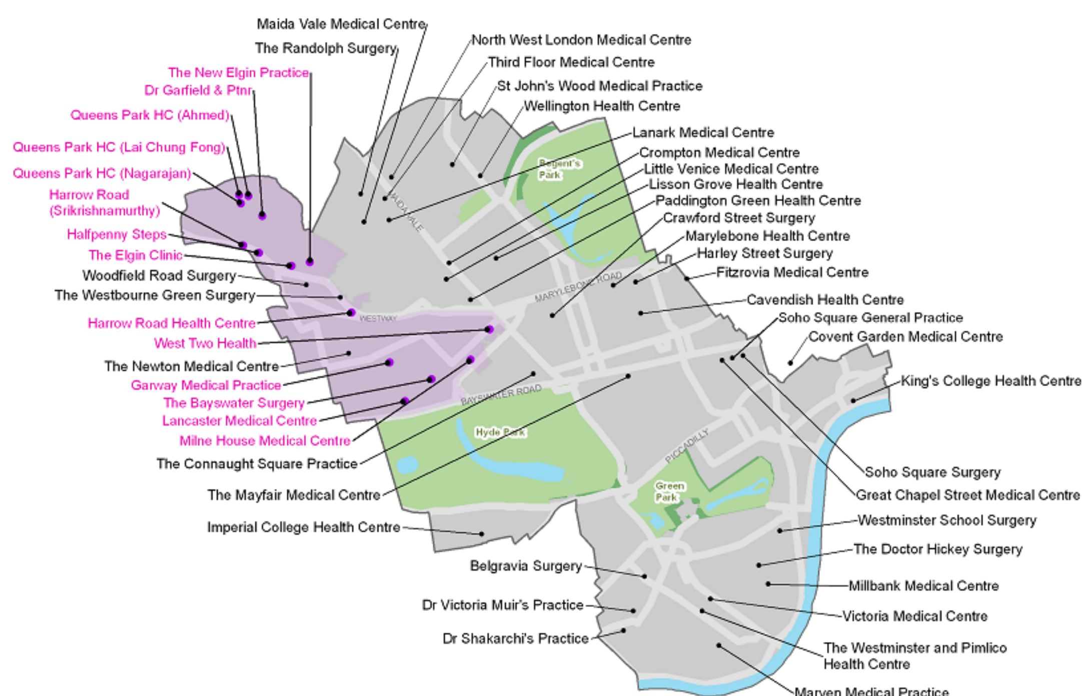


Figure 3.1: Map of GP practices in Westminster showing Central London CCG GP practices (in black and West London CCG GP practices in Queens Park and Paddington (in pink)

3.2 During the development of the PNA, the HWB was made aware of following changes:

- The merger of Marven Medical Centre and Westminster & Pimlico Practice to form Pimlico Health at the Marven which in early 2015 will operate from larger premises at the previous Marven Medical Centre site.

- Harley Street Practice will be closing in 2015

Dentists

3.3 There are 40 dental practices in City of Westminster area (Figure 3.2).

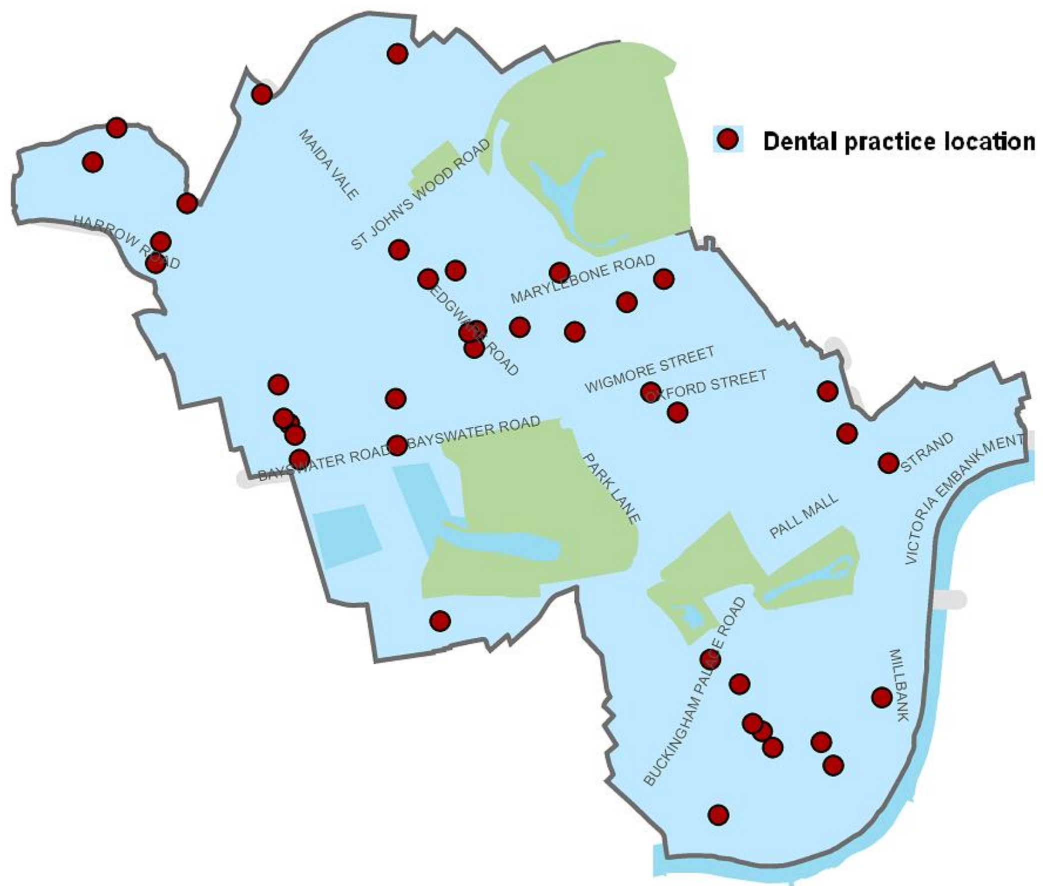


Figure 3.2: Map of dental practices in Westminster

Acute Care and Mental Health Care

3.4 The main secondary care provider for the Central London CCG population are Chelsea & Westminster Hospital and St. Mary's Hospitals. Mental health services are provided by Central and North West London Mental Health NHS Foundation Trust. There are several other hospitals in surrounding boroughs. They have been marked on Figure 3.3.

Figure 3.3: Map showing location of Acute Trust sites and Urgent Care Centres

3.5 There is interest in managing the transfer of patients across care settings, with particular regard to medicines review and reconciliation processes between hospital pharmacists and community pharmacists.

Community Services

3.6 Central London Community Healthcare (CLCH) is a NHS community healthcare provider in four London boroughs. Providing healthcare in the boroughs of Barnet, Hammersmith and Fulham, Kensington and Chelsea, and Westminster. They employ more than 3,000 health professionals and support staff to provide community and in-patient services to almost 1 million people across London.

3.7 Central London Community Healthcare NHS Trust provides range of services including a tuberculosis (TB) nursing service from Hammersmith Hospital, stroke services across Kensington & Chelsea, Hammersmith & Fulham and Westminster, Hammersmith NHS Urgent Care Centre provides a range of walk-in health services to the general public 7 days a week.

3.8 Central London Community Healthcare NHS Trust provides a range of services from Hammersmith Bridge Road including district nursing, school nursing, and speech and language therapy for adults (http://www.clch.nhs.uk/about-us.aspx).

Taking into account the location, opening times and proposed changes to the above sources of prescriptions, the HWB believes that the current provision of pharmaceutical services (described in Chapter 4) is sufficient to meet the demands of the population during the lifetime of this PNA.

DRAFT

Chapter 4 –Access to pharmaceutical Services

Pharmacy Distribution and Choice

4.1 There are currently 93 pharmacies on the NHS England pharmaceutical list for Westminster as of the 7th of July 2014. These have been marked on Figure 4.1 and listed in Appendix A.

4.2 There are 43 community pharmacies per 100,000 resident population within Westminster. This is almost twice the London and England average (London 23; England 22)[5] . The high density of pharmacies is well suited to meet the demand from the daily influx of the commuting population during weekdays.

4.3 The PNA examines the geographical accessibility of pharmaceutical services and has hence used the postcode of the pharmacy to consider which borough the pharmacy belongs to. *Central Pharmacy* (WE46), on the Kensington & Chelsea NHS England list, has been considered a Westminster pharmacy as it lies geographically within Westminster and was surveyed as a part of the Tri-borough. Day Lewis Pharmacy (KC36) on the Westminster NHS England pharmacy list has been included in the Kensington & Chelsea PNA as it lies geographically within that borough.

4.4 Apart from the pharmacies within Westminster, there are 41 pharmacies that are located within 500m of the borough border in surrounding boroughs. These have been marked on Figure 4.1 and listed in Appendix A.

4.5 The geographical distribution of the pharmacies by electoral ward is shown in Table 4.1. All electoral wards have a pharmacy within it. As discussed on page 12, division by electoral wards ignore pharmacies that are on the other side of the street when a boundary is a main road.

4.6 As seen on Figure 4.1, a 500m radius buffer has been drawn from the centre of each Pharmacy postcode – this shows that most of the borough is within 500m of at least one pharmacy. The small areas not within a 500m radius of a pharmacy are only a short distance further from a pharmacy either within or outside the borough.

4.7 There are no dispensing doctors, mail order or internet based or distance selling pharmacies based within Westminster.

---

5 General Pharmaceutical Services in England 2003-04 to 2012-13

DRAFT

4.8 There are no community pharmacies receiving payment under the Essential Small Pharmacies Local Pharmaceutical Services (ESPLPS) scheme and Local Pharmaceutical Service (LPS) schemes as of 1st October 2014 in Westminster.

DRAFT

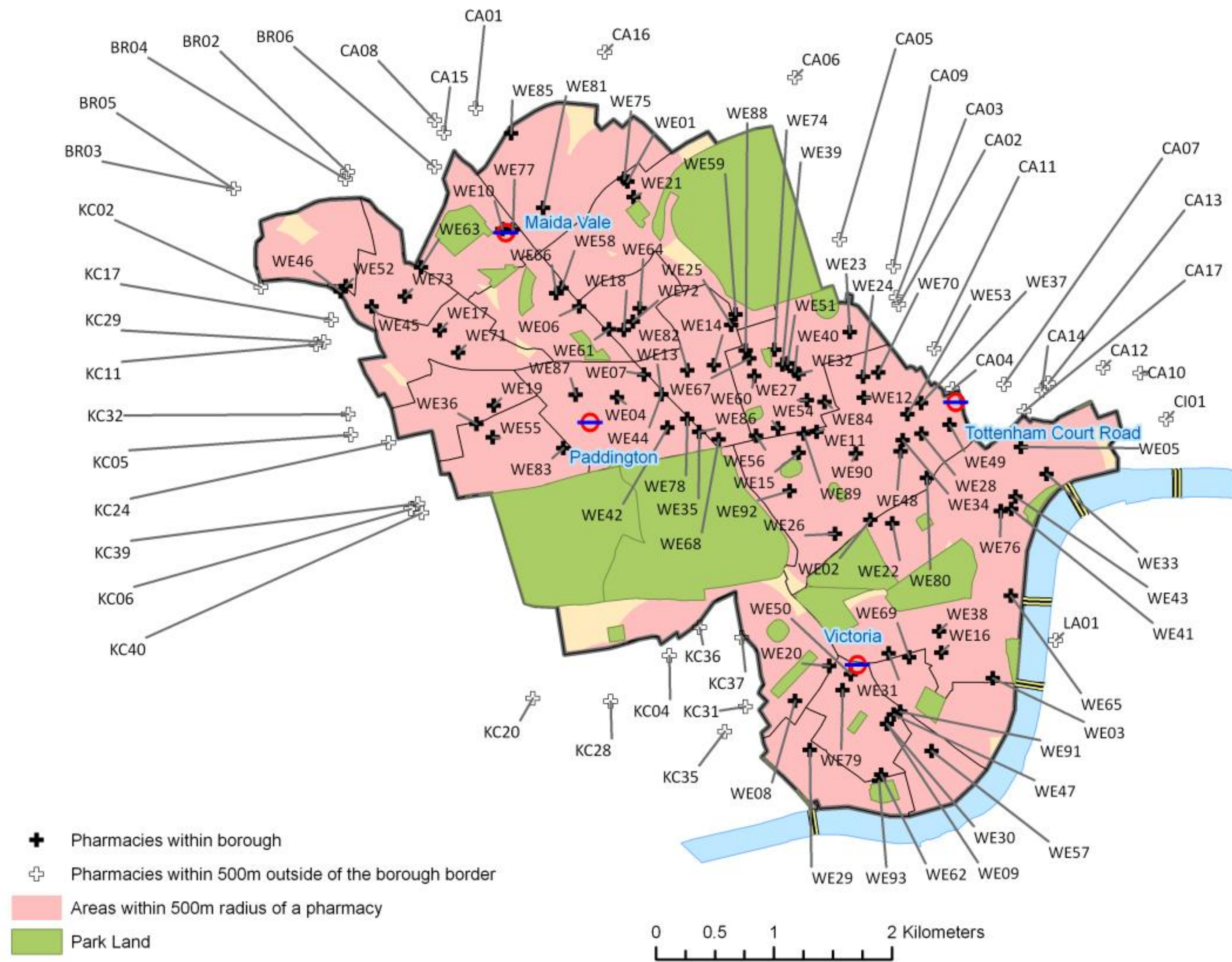


Figure 4.1: Pharmacies within Westminster and surrounding Boroughs. Areas that are served by a pharmacy within 500m are coloured in red.

Ward	Number of pharmacies
Abbey Road	2
Bayswater	1
Bryanston and Dorset Square	4
Church Street	4
Churchill	2
Harrow Road	3
Hyde Park	9
Knightsbridge and Belgravia	2
Lancaster Gate	3
Little Venice	3
Maida Vale	3
Marylebone High Street	13
Queen's Park	1
Regent's Park	4
St James's	11
Tachbrook	1
Vincent Square	1
Warwick	7
West End	16
Westbourne	2

Table 4.1: Distribution of pharmacies by ward

Transport Networks

4.9 The local population are not bound by electoral ward or borough boundaries when accessing pharmaceutical services. The excellent travel infrastructure available within Central London places many more pharmacies, both inside and outside the borough, within convenient access to our local population. An overlay of the pharmacies with the tube network is shown in Figure 4.2.

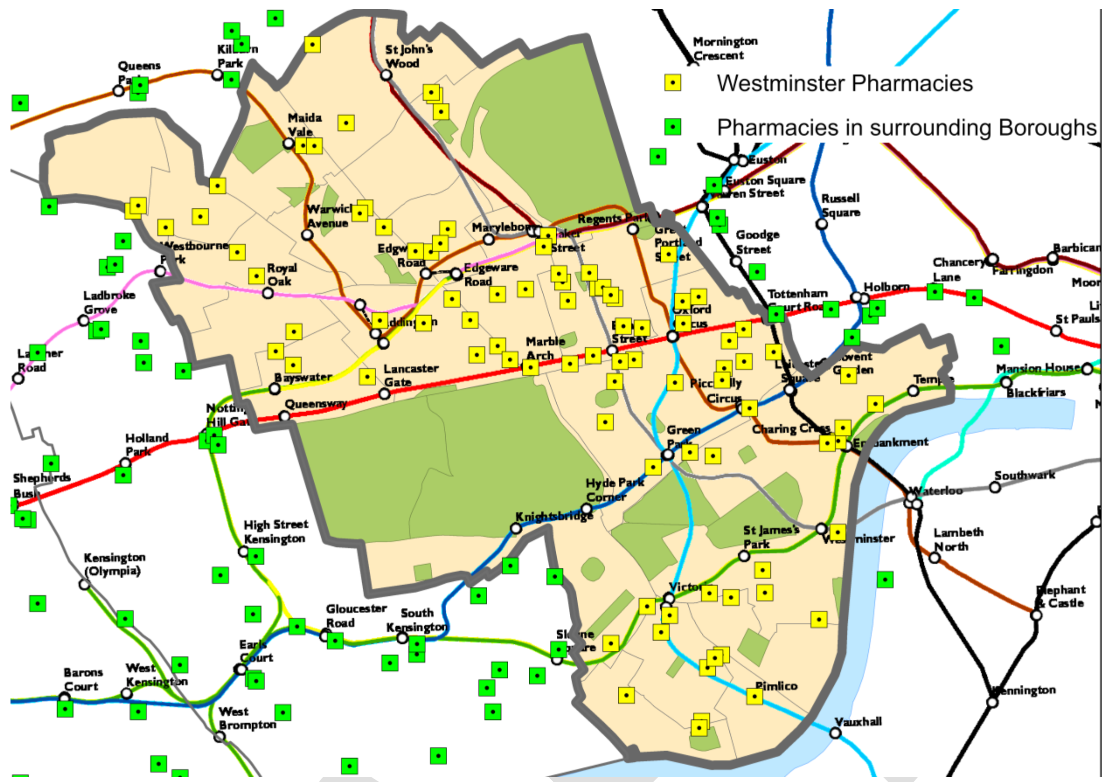


Figure 4.2: The Tube Network in Westminster

DRAFT

Opening times

4.10 Pharmacy contracts with NHS England stipulate the core hours during which the pharmacy must remain open. Further to these opening hours and if willing, a pharmacy may stay open longer as supplementary hours.

4.11 Opening times were obtained from NHS England in June 2014. They were also collected as a part of the pharmacy contractor survey. NHS England became aware that opening times reported by pharmacies in the contractor survey were different to those in their records. Any changes to core hours need to be agreed with NHS England but changes to supplementary hours as reported by the survey would be accepted as notice of change.

4.12 The PNA has used the core + supplementary hours reported by pharmacies from the contractor survey to produce the figures below. For pharmacies that did not respond and for pharmacies in surrounding boroughs, we have used the opening times as held by NHS England on June 2014.

4.13 NHS England has six 100 hour pharmacies (core) on their list for Westminster. These are listed below.

Pharmacy Name	Address
Devonshire Pharmacy	215 Edgware Road
Nasslam Pharmacy	19 Edgware Road

Nashi Pharmacy	55 Westbourne Grove, Bayswater
Boots UK Ltd	100 Oxford Street
Bin-Seena Pharmacy	73 Edgware Road
AlRasheed Pharmacy	39 Edware Road

5.1 40 pharmacies are open before 9am within the borough on weekdays with a further 15 open in boroughs around Westminster within 500m outside the border (Figure 4.3).

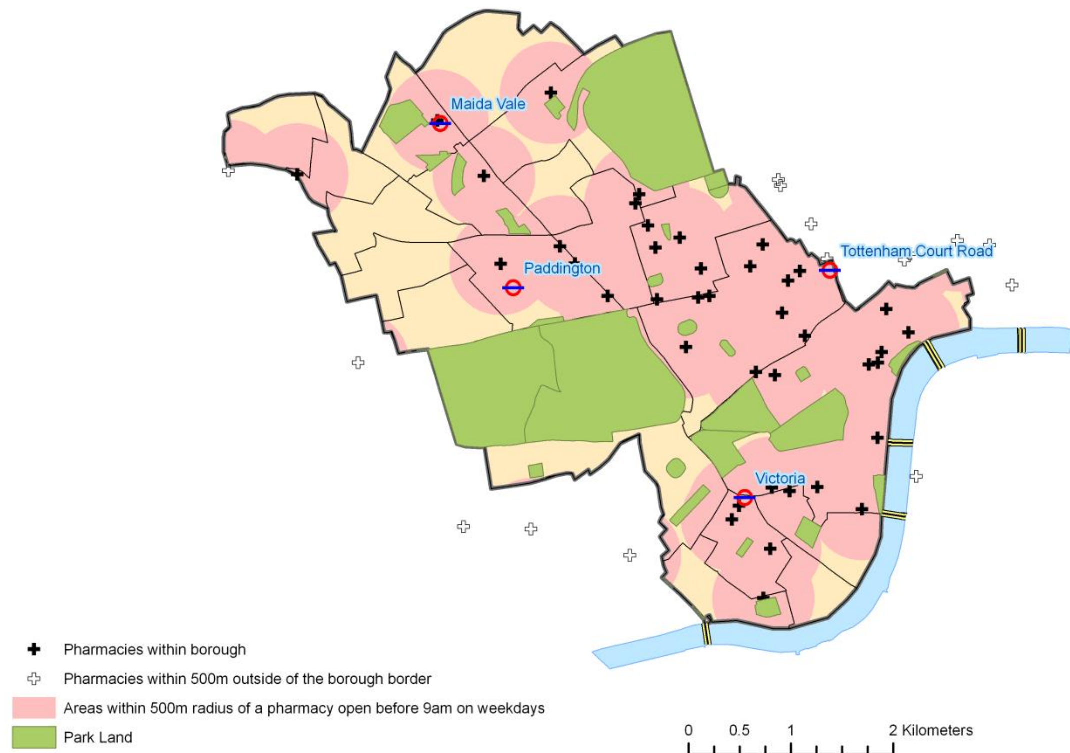


Figure 4.3: : Pharmacies open before 9am on weekdays

5.2 There are 30 pharmacies open after 7pm on weekdays with a further 10 open in boroughs around Westminster within 500m outside the border (Figure 4.4).

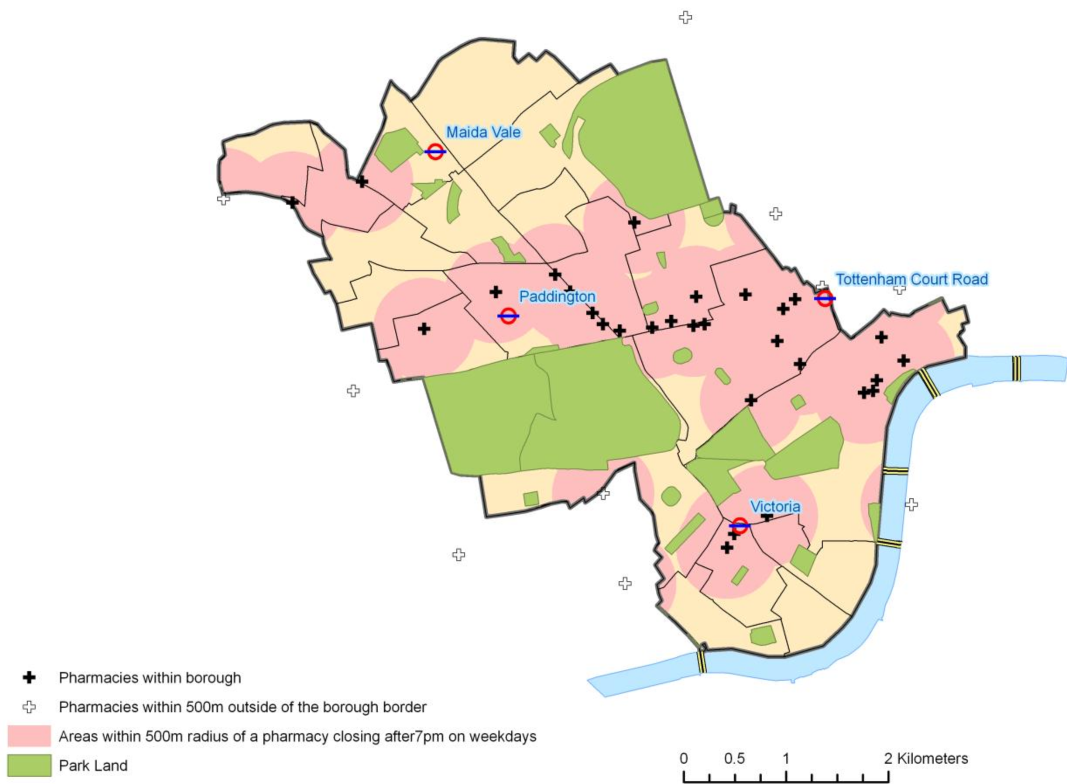


Figure 4.4: Pharmacies that close after 7pm on weekdays

5.3 There are 77 pharmacies open on Saturdays within the borough with a further 32 open in boroughs around Westminster within 500m outside the border (Figure 4.5).

DRAFT

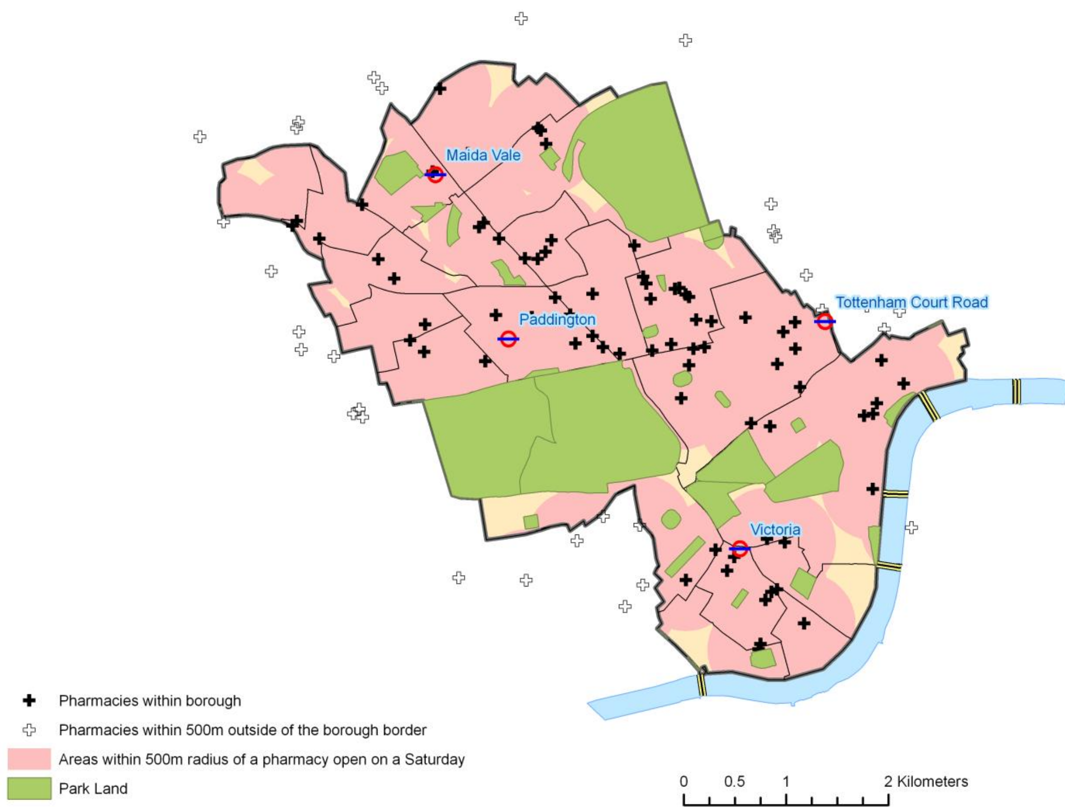


Figure 4.5: Pharmacies open on a Saturday

5.4 There are 37 pharmacies open on a Sunday within the borough with a further 16 open in boroughs around Westminster within 500m outside the border (Map 5.2d).

DRAFT

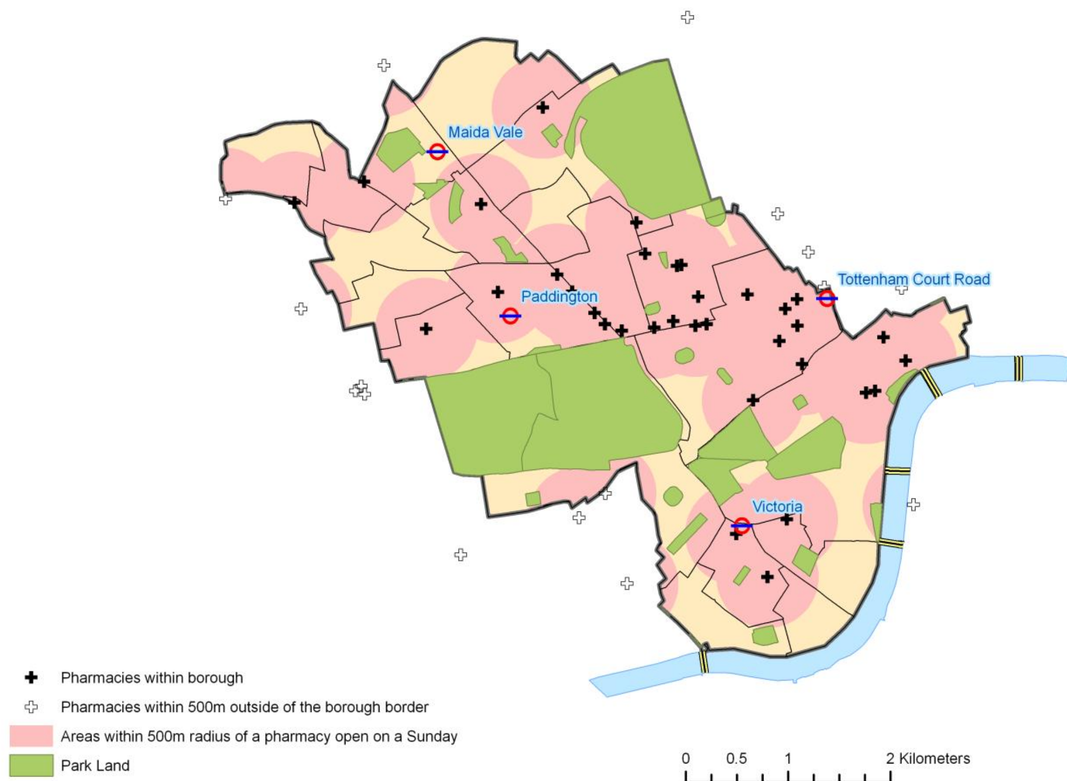


Figure 4.6: Pharmacies open on a Sunday

5.5 The HWB believes that early morning, late evening, Saturday and Sunday access to pharmacies is **sufficient for supplying a necessary service with no gaps** in order to meet the need for pharmaceutical services in the borough. This is based on the current opening hours, the close proximity of pharmacies to local residents, and the lower demand for pharmacy services outside of office hours compared to within office hours.

Appliance contractors

3.1 Appliance contractors provide services to people who need appliances such as stoma and incontinence care aids, trusses, hosiery, surgical stockings and dressings. They range from small sole-trader businesses to larger companies. They do not supply drugs. However, pharmacies and dispensing doctors can also supply appliances.

3.2 There is one appliance contractor in Westminster: *Bullen & Smears* on Broadwick Street.

3.3 33 of the pharmacies that responded to the survey supply stoma care aids with 10 intending to begin within the next 12 months.

DRAFT

3.4 34 of the pharmacies that responded to the survey supply incontinence aids with 9 intending to begin within the next 12 months.

3.5 68 of the pharmacies that responded to the survey supply dressings with none intending to begin within the next 12 months.

Communication

3.6 Pharmacies hire staff from a variety of ethnic backgrounds.

3.7 The most common languages spoken other than English in Westminster are Arabic, French, Spanish and Italian. All of the above languages are spoken by a member of staff in at least one of the pharmacies in the borough. Table 4.2 lists the most common languages spoken by a member of staff in the pharmacies that responded to the survey.

Language	Number of pharmacies
Gujarati	46
Arabic	41
Hindi	29
Urdu	28
Spanish	16
Polish	14
Swahili	14
French	12
Punjabi	9
Bengali	8

Table 4.2: Top 10 languages spoken by a member of staff at the pharmacies that responded to the survey in Westminster

Consultation Rooms

3.8 Ideally, pharmacies should have consultation areas or rooms, with wheelchair access, in order to be able to offer a broad range of services.

3.9 75%quarters of the pharmacies (54/72) in Westminster that responded to the survey currently report having a clearly signposted private consulting room with one having access to an off-site consultation room or area. 13 of the pharmacies that currently do not have a consulting room at the time of the survey are planning a room/area in the future. All of the consulting rooms comply with MUR/NMS requirements.

Disability Access

3.10 48 of the pharmacies with a consultation room indicated that they were accessible to wheelchair users.

3.11 61 pharmacies responded that they have hand washing facilities close to the consultation room. Half of them offer patients access to toilet facilities.

DRAFT

3.12 Accessible information formats are alternatives to printed information, used by blind and partially sighted people, or others with a print impairment. More than half of the pharmacies that responded to the survey provide large prints (51/72). 53 pharmacies provide Easy read material. 1 pharmacy within the borough provides information in Braille.

Delivery of medication

Pharmacies in Westminster further improve access by providing delivery services to the local population. 62 pharmacies provide delivery for free (Table 4.3).

	Number of pharmacies
Collection of prescriptions from surgeries	66
Delivery of dispensed medicines - free of charge on request	62
Delivery of dispensed medicines - free of charge to selected patient groups only	30
Delivery of dispensed medicines - chargeable	15

Table 4.3: Collection of prescriptions and delivery of medication in Westminster

Parking

3.13 2 of the 72 pharmacies that responded have free car parking. 61 have paid car parking nearby. 37 pharmacies have disabled parking close to the premises.

Information Technology

3.14 All pharmacies are Release 1 enabled for Electronic Transfer of Prescriptions. 62 of the surveyed pharmacies are currently Release 2 enabled, with 6 further pharmacies intending to be enabled in the next 12 months.

3.15 26 of the pharmacies surveyed have access to an IT system within the consultation room. 16 of these pharmacies have access to patient records from this IT system.

3.16 Almost all the pharmacies (71/72) have access to Microsoft Office applications.

3.17 62 pharmacies have access to NHS.net email.

DRAFT

Chapter 5 - Services Provided by Pharmacies

Pharmaceutical Services

8.1 Pharmaceutical services in relation to PNAs include:

- **Essential services** which every community pharmacy providing NHS pharmaceutical services must provide and is set out in their terms of service;
- **Advanced services** - services community pharmacy contractors and dispensing appliance contractors can provide subject to accreditation as necessary
- **Locally Enhanced Services** - services commissioned locally by NHS England's area teams
- **Other Locally Commissioned Services** - Public Health Services commissioned by the Local Authorities in order to meet the needs of the population.

8.2 All pharmacy contractors must provide Essential services, but they can choose whether they wish to provide Advanced, Enhanced or Locally Commissioned services.

8.3 The provision for those services must:

(a) only be performed by appropriately trained and qualified persons; and

(b) only be provided:

(i) in accordance with relevant national guidelines or standards,

(ii) from premises that are suitable for the purpose, and

(iii) using the appropriate or necessary equipment.

Summary of Categorisation of Services

8.4 The categorisation of these services into those stipulated by the PNA regulations (defined in Chapter 1) for Westminster has been summarised in Table 8.1 below. As there has been no significant change in the description of the population or its needs between this and the last PNA, this table rolls forward the assessment made in the last PNA with adjustment to reflect changes in regulation.

Necessary services: current provision (Schedule 1, paragraph 1)	Necessary services: gaps in provision (Schedule 1, paragraph 2)
Essential Services	No gaps in provision of necessary services
Other relevant services: current provision (Schedule 1, paragraph 3)	
Medicine Use Review Service	

DRAFT

New Medicine Service Appliance Use Reviews Stoma Appliance Customisation Reviews Minor Ailments
Other services (Schedule 1, paragraph 5)
Immunisations Stop Smoking Supervised Methadone Consumption Needle Exchange Services NHS Health Checks
Improvements and better access: gaps in provision (Schedule 1, paragraph 4)
Care Home Service Medicine Assessment and Compliance Support Service

Table 5.1: Summary of Categorisation of services into those stipulated by PNA regulations

Essential Services

8.5 All pharmacies are required to deliver and comply with the specifications for all essential services. Compliance is assessed as part of the PCT contract monitoring process. Essential services are:

- Dispensing
- Repeat dispensing
- Disposal of waste medicines
- Support for self care
- Public health
- Signposting
- Clinical governance

8.6 The assessment of the adequacy of provision of essential services considers:

- Density of provision – page 51
- Geographical distribution of pharmacies, within and outside the borough – page 51
- Opening hours – page 55
- Accessibility – page 60

Essential Services - Necessary services: current provision (Schedule 1, paragraph 1)
The provision of Essential Services is a necessary service. The HWB believes that the current

DRAFT

number, location and opening times of pharmacies in and outside the area of the HWB is sufficient for **supplying this necessary service with no gaps**.

Advanced Services

There are four Advanced Services within the NHS community pharmacy contractual framework . 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.

Medicines Use Reviews (MURs)

8.7 The Medicines Use Review and Prescription Intervention Service (MUR) as part of the community pharmacy contractual framework was the first advanced service to be introduced. The purpose of the MUR service is, with the patient's agreement, to improve their knowledge and use of medicines, through a specific consultation between the pharmacist and the patient. In particular, by:

- establishing the patient's actual use, understanding and experience of taking medicines
- identifying, discussing and resolving poor or ineffective use of medicines
- identifying side effects and drug interactions that may affect the patient's compliance with the medicines prescribed for them
- improving clinical and cost effectiveness of medicines prescribed also helping to reduce medicines wastage

8.8 Currently 52 of the pharmacies that responded to the survey provide MURs with a further 13 intending to do so in the next 12 months.

8.9 NHS England provided, after the completion of the PNA consultation process, payment figures to pharmacies for this advanced service for the period April 2014 to August 2014. 50 pharmacies had activity during this period; a summary of activity during this period and a map showing the distribution of these pharmacies can be found below.

DRAFT

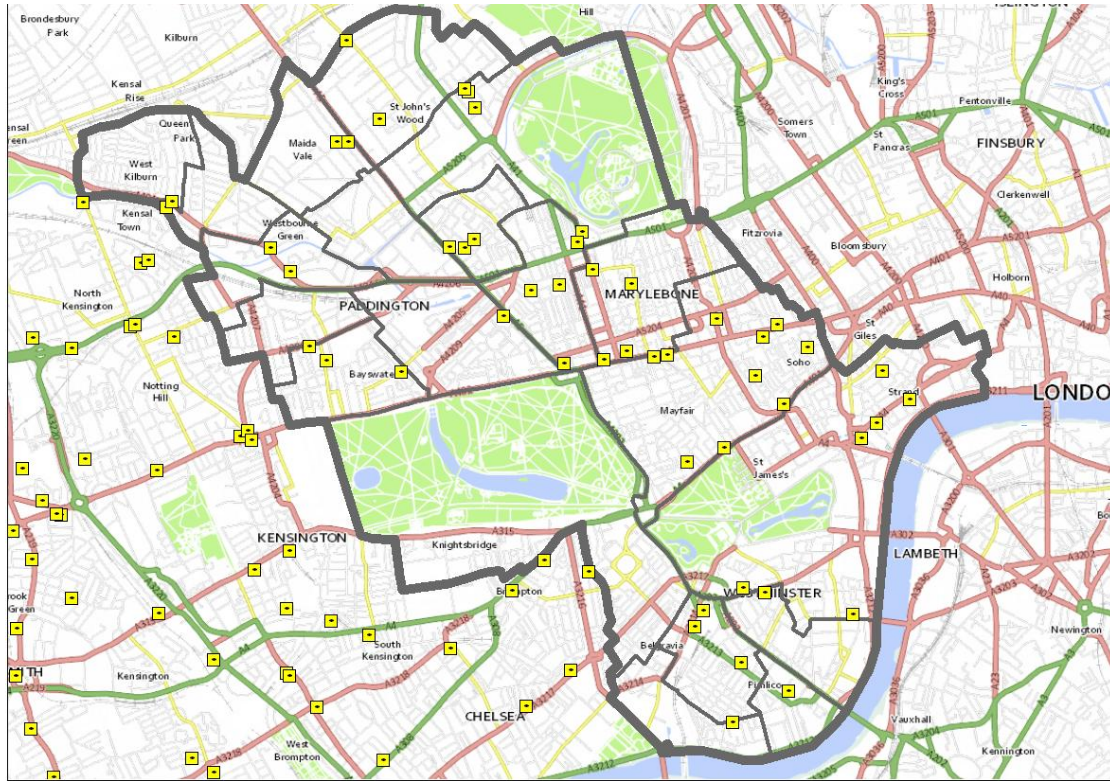


Figure 5.1: Pharmacies that provided MURs in the Tri-Borough during the period April 2014 – August 2014

PNA Borough Code	Name	Ward	Average MURs per month
WE81	Holmes Pharmacy	Abbey Road	12
WE85	Hodgetts Chemist	Abbey Road	28
WE14	Meacher, Higgins & Thomas	Bryanston and Dorset Square	5
WE68	Bliss Chemist	Bryanston and Dorset Square	4
WE82	Seymour Pharmacy	Bryanston and Dorset Square	0
WE25	Berkeley Court Pharmacy	Bryanston and Dorset Square	30
WE18	Collins Chemist	Church Street	18
WE61	Dales Pharmacy	Church Street	6
WE72	Market Chemists	Church Street	9
WE93	Simmonds Chemist	Churchill	38
WE46	Central Pharmacy	Harrow Road	83
WE44	Boots The Chemist	Hyde Park	52
WE36	Nashi Pharmacy	Lancaster Gate	21
WE55	Boots The Chemist	Lancaster Gate	80
WE83	Moores Pharmacy	Lancaster Gate	1
WE10	Vineyard Pharmacy	Maida Vale	25
WE77	Williams Chemist	Maida Vale	25
WE39	Boots The Chemist	Marylebone High Street	40

WE54	Selfridges - Lloydspharmacy	Marylebone High Street	1
WE56	Boots The Chemist	Marylebone High Street	26
WE88	Boots The Chemist	Marylebone High Street	29
WE52	Medicare (London) Ltd Pharmacy	Queen's Park	13
WE01	Boots The Chemist	Regent's Park	30
WE21	Courtenay Chemist	Regent's Park	1
WE59	Boots The Chemist	Regent's Park	36
WE75	St John Wood Pharmacy	Regent's Park	1
WE03	Victoria Pharmacy	St James's	17
WE05	Boots The Chemist	St James's	39
WE31	Boots The Chemist	St James's	41
WE33	Boots The Chemist	St James's	37
WE43	Superdrug The Strand	St James's	17
WE76	Boots The Chemist	St James's	58
WE57	Portman's Pharmacy	Tachbrook	1
WE69	Boots The Chemist	Vincent Square	37
WE09	Boots The Chemist	Warwick	45
WE30	Warwick Pharmacy	Warwick	41
WE50	Boots The Chemist	Warwick	46
WE79	Boots The Chemist	Warwick	50
WE02	Boots The Chemist	West End	37
WE11	Boots The Chemist	West End	45
WE12	Boots The Chemist	West End	44
WE26	The Pharmacy at Mayfair	West End	0
WE37	Boots UK Ltd	West End	47
WE48	Boots The Chemist	West End	35
WE49	Watson's Pharmacy	West End	31
WE53	Boots The Chemist	West End	36
WE80	Boots The Chemist	West End	52
WE89	Boots The Chemist	West End	43
WE17	Sumer Pharmacy	Westbourne	16
WE71	Benson Pharmacy	Westbourne	14

Table 5.2: Pharmacies that provided MURs in Westminster during the period April 2014 – August 2014

MUR - Other relevant services: current provision (Schedule 1, paragraph 3)

The number and proximity of pharmacies locally means the vast majority of residents in the borough live close to a pharmacy that provides MURs. Given the current low volume of use, this is a service that does not need to be provided within 500m. The HWB believes that the current provision of MURs is sufficient for **supplying a relevant service with no gaps.**

New Medicines Services (NMS)

8.10 The NMS is focused on the following patient groups and conditions:

- asthma and chronic obstructive pulmonary disease (COPD)
- type 2 diabetes
- antiplatelet/anticoagulant therapy
- hypertension.

The service aims to:

- help patients and carers manage newly prescribed medicines for a long-term condition (LTC) and make shared decisions about their LTC
- recognise the important and expanding role of pharmacists in optimising the use of medicines
- increase patient adherence to treatment and consequently reduce medicines wastage and contribute to the NHS Quality, Innovation, Productivity and Prevention agenda
- supplement and reinforce information provided by the GP and practice staff to help patients make informed choices about their care
- promote multidisciplinary working with the patient's GP practice
- link the use of newly-prescribed medicines to lifestyle changes or other non-drug interventions to promote well-being and promote health in people with LTCs
- promote and support self-management of LTCs, and increase access to advice to improve medicines adherence and knowledge of potential side effects
- support integration with LTC services from other healthcare providers and provide appropriate signposting and referral to these services
- improve pharmacovigilance, and
- through increased adherence to treatment, reduce medicines-related hospital admissions and improve quality of life for patients.

8.11 Currently 46 of the pharmacies that responded to the survey provide NMS with a further 15 intending to do so in the next 12 months.

8.12 NHS England provided, after the completion of the PNA consultation process, payment figures to pharmacies for this advanced service for the period April 2014 to August 2014. 34 pharmacies had activity during this period; a summary of activity during this period and a map showing the distribution of these pharmacies can be found below:

DRAFT

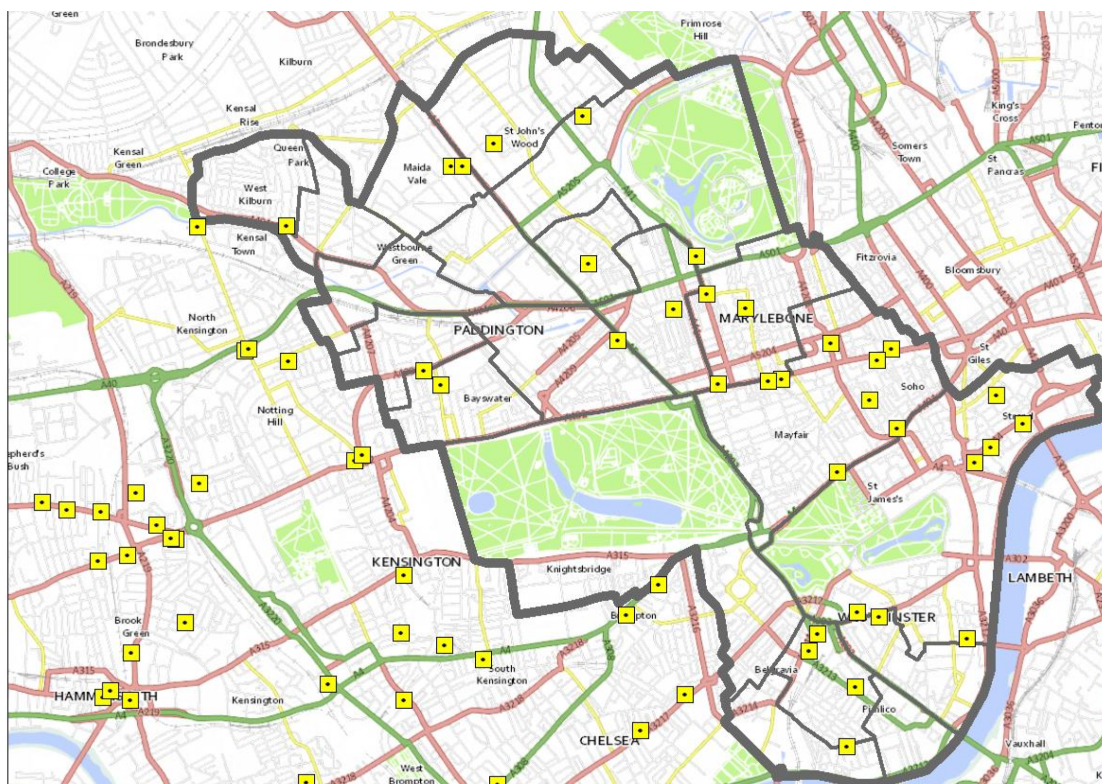


Figure 5.2: Pharmacies that provided MURs in the Tri-Borough during the period April 2014 – August 2014

PNA Borough Code	Name	Ward	Average NMS per month
WE81	Holmes Pharmacy	Abbey Road	0
WE14	Meacher, Higgins & Thomas	Bryanston and Dorset Square	2
WE72	Market Chemists	Church Street	0
WE93	Simmonds Chemist	Churchill	18
WE44	Boots The Chemist	Hyde Park	12
WE36	Nashi Pharmacy	Lancaster Gate	9
WE55	Boots The Chemist	Lancaster Gate	16
WE10	Vineyard Pharmacy	Maida Vale	11
WE77	Williams Chemist	Maida Vale	3
WE39	Boots The Chemist	Marylebone High Street	4
WE56	Boots The Chemist	Marylebone High Street	2
WE88	Boots The Chemist	Marylebone High Street	4
WE52	Medicare (London) Ltd Pharmacy	Queen's Park	9
WE01	Boots The Chemist	Regent's Park	3
WE59	Boots The Chemist	Regent's Park	10
WE03	Victoria Pharmacy	St James's	3
WE05	Boots The Chemist	St James's	4

WE31	Boots The Chemist	St James's	5
WE33	Boots The Chemist	St James's	5
WE43	Superdrug The Strand	St James's	2
WE76	Boots The Chemist	St James's	8
WE69	Boots The Chemist	Vincent Square	5
WE09	Boots The Chemist	Warwick	7
WE30	Warwick Pharmacy	Warwick	12
WE50	Boots The Chemist	Warwick	8
WE79	Boots The Chemist	Warwick	5
WE02	Boots The Chemist	West End	4
WE11	Boots The Chemist	West End	7
WE12	Boots The Chemist	West End	4
WE37	Boots UK Ltd	West End	6
WE48	Boots The Chemist	West End	2
WE53	Boots The Chemist	West End	4
WE80	Boots The Chemist	West End	8
WE89	Boots The Chemist	West End	9

Table 5.3: Pharmacies that provided NMS in Westminster during the period April 2014 – August 2014

NMS - Other relevant services: current provision (Schedule 1, paragraph 3)

The number and proximity of pharmacies locally means the vast majority of residents in the borough live close to a pharmacy that provides NMS. Given the current low volume of use, this is a service that does not need to be provided within 500m. The HWB believes that the current provision of NMS is sufficient for **supplying a relevant service with no gaps.**

Appliance Use Reviews (AURs)

8.13 Appliance Use Review (AUR) is an advanced service that community pharmacy and appliance contractors can choose to provide so long as they fulfill certain criteria. AURs can be carried out by, a pharmacist or a specialist nurse either at the contractor's premises or at the patient's home. AURs should 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 the appliances that are used or unwanted

DRAFT

8.14 Currently 5 of the pharmacies that responded to the survey provide AURs with a further 16 intending to begin within the next 12 months (detailed in Appendix B).

AUR - Other relevant services: current provision (Schedule 1, paragraph 3)
The HWB has identified the Appliance Use Review Service as a relevant service, as it secures improvements or better access to service provision.

Stoma Appliance Customisation Service (SAC)

8.15 The 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.

8.16 Currently 4 of the pharmacies that responded to the survey provide SACs with 13 intending to begin within the next 12 months (detailed in Appendix B).

8.17 There is one stoma appliance dispensing contractor, *Bullen & Smears* on Broadwick Street (WE34).

Other relevant services: current provision (Schedule 1, paragraph 3)
The HWB has identified the Stoma Customisation Service as a relevant service, as it secures improvements or better access to service provision.

Locally Commissioned Services

8.18 Certain enhanced services may be commissioned by NHS England from 1 April 2013 in line with The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. The responsibilities for commissioning some of the locally enhanced services under the previous regulations now sits within public health and are commissioned by Local Authorities. These are described later as “Other Services” later in this chapter reflecting Regulation 4 and Schedule 1 of the 2013 Regulations.

8.19 The trend nationally since 2005-06 shows that the number of locally commissioned and funded enhanced services increased significantly until 2011-12 when there was an overall decrease of commissioned services, a trend which continued into 2012-13. This may have been due to the uncertainty around the new structure of the NHS following the introduction of the Health and Social Care Act 2012 which came into force from 1 April 2013. PCTs, now abolished, may have been cautious about commissioning services with new contractors in light of these changes.

DRAFT

DRAFT

8.20 The following section defines the enhanced services currently commissioned and explores their relevance to the local population and their current and future commissioning.

Flu Vaccinations

8.21 Flu vaccination by injection, commonly known as the "flu jab" is available every year on the NHS to protect certain groups who are at risk of developing potentially serious complications, such as:

- anyone over the age of 65
- pregnant women
- children and adults with an underlying health condition (particularly long-term heart or respiratory disease)
- children and adults with weakened immune systems

8.22 Flu vaccinations are available from all GP practices. Pharmacies have also been commissioned to provide them. These are shown and listed below.

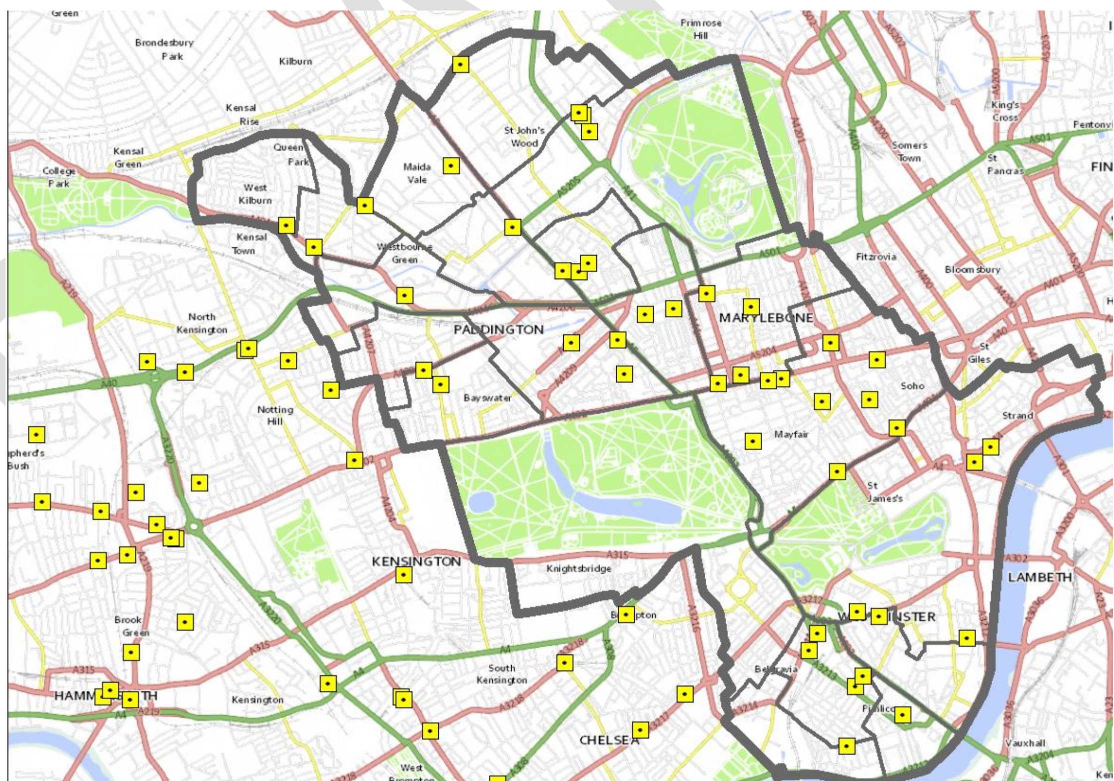


Figure 5.3: Pharmacies that provide flu vaccinations in Westminster

PNA Borough Code	Name	Ward

WE85	Hodgetts Chemist	Abbey Road
WE14	Meacher, Higgins & Thomas	Bryanston and Dorset Square
WE82	Seymour Pharmacy	Bryanston and Dorset Square
WE18	Collins Chemist	Church Street
WE61	Dales Pharmacy	Church Street
WE72	Market Chemists	Church Street
WE93	Simmonds Chemist	Churchill
WE45	Prince Chemist	Harrow Road
WE04	Apek Pharmacy	Hyde Park
WE44	Boots The Chemist	Hyde Park
WE42	Hogg & Son Chemists	Hyde Park
WE36	Nashi Pharmacy	Lancaster Gate
WE55	Boots The Chemist	Lancaster Gate
WE58	Remedys Pharmacy	Little Venice
WE10	Vineyard Pharmacy	Maida Vale
WE63	Browns Pharmacy	Maida Vale
WE51	Madesil Pharmacie	Marylebone High Street
WE54	Selfridges - Lloydspharmacy	Marylebone High Street
WE56	Boots The Chemist	Marylebone High Street
WE88	Boots The Chemist	Marylebone High Street
WE52	Medicare (London) Ltd Pharmacy	Queen's Park
WE01	Boots The Chemist	Regent's Park
WE21	Courtenay Chemist	Regent's Park
WE75	St John Wood Pharmacy	Regent's Park
WE03	Victoria Pharmacy	St James's
WE31	Boots The Chemist	St James's
WE43	Superdrug The Strand	St James's
WE76	Boots The Chemist	St James's
WE57	Portman's Pharmacy	Tachbrook
WE69	Boots The Chemist	Vincent Square
WE30	Warwick Pharmacy	Warwick
WE50	Boots The Chemist	Warwick
WE79	Boots The Chemist	Warwick
WE47	Gees Chemist	Warwick
WE02	Boots The Chemist	West End
WE11	Boots The Chemist	West End
WE12	Boots The Chemist	West End
WE48	Boots The Chemist	West End
WE53	Boots The Chemist	West End
WE80	Boots The Chemist	West End
WE89	Boots The Chemist	West End

WE90	C.W. Andrew	West End
WE92	Audley Pharmacy	West End
WE71	Benson Pharmacy	Westbourne

Table 5.4: Pharmacies that provide flu vaccinations in Westminster

Minor Ailment Scheme

8.23 The Minor Ailment Scheme offers free advice and treatment for minor, self-limiting conditions. This service helps to relieve pressure from GPs and Secondary Care. NHS England currently commission this service from 9 pharmacies in the North of the borough corresponding with areas with higher levels of deprivation and health need as seen in Chapter 2. The location of these pharmacies is shown below.

8.24 The HWB considers it a **relevant service, as it secures improvements or better access to service provision**.

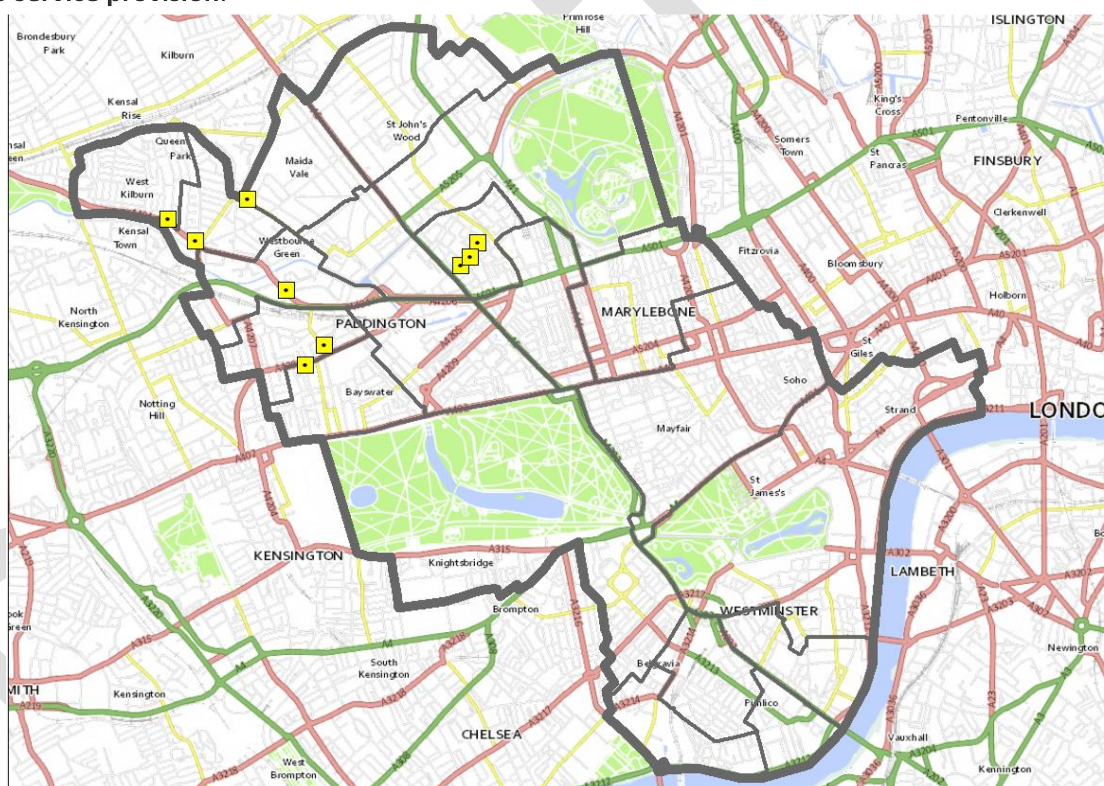


Figure 5.4: Pharmacies that provide minor ailment services in Westminster

PNA Borough Code	Name	Ward
WE18	Collins Chemist	Church Street
WE36	Nashi Pharmacy	Lancaster Gate
WE63	Browns Pharmacy	Maida Vale
WE64	Woods Chemist	Church Street

WE71	Benson Pharmacy	Westbourne
WE72	Market Chemists	Church Street
WE19	Colonnades Pharmacy	Bayswater
WE45	Prince Chemist	Harrow Road
WE52	Medicare (London) Ltd Pharmacy	Queen's Park

Table 5.5: Pharmacies that provide Minor Ailment Services in Westminster

Improvements and better access: gaps in provision

8.25 The Westminster HWB has identified certain services below that are not currently commissioned in the area of the HWB but which the HWB is satisfied would, if they were provided, secure improvements, or better access to pharmaceutical services of a specific type. These have been summarised in the table 8.1 above under **Improvements and better access: gaps in provision (Schedule 1, paragraph 4).** It should be noted that despite the HWB identifying these services, NHS England does not have to meet the need – this is because NHS England may have other factors to take into account, i.e. other commissioning decisions.

Care Home Service

8.26 The underlying purpose of which is for pharmacy to provide advice and support to residents and staff in a care home relating to—

(i) the proper and effective ordering of drugs and appliances for the benefit of residents in the care home,

(ii) the clinical and cost effective use of drugs,

(iii) the proper and effective administration of drugs and appliances in the care home,

(iv) the safe and appropriate storage and handling of drugs and appliances, and

(v) the recording of drugs and appliances ordered, handled, administered, stored or disposed of;

8.27 Residents in care homes are often on a large number of medicines which often requires additional support with compliance. The care home service involves providing advice and support to the staff and management within the care home on medicines management, to ensure the proper and effective ordering, storage and administration of drugs and appliances and proper record keeping.

8.28 56 pharmacies would be willing to provide advice to care homes.

Medicines Assessment and Compliance Support Service

The underlying purpose of which is for a pharmacy—

(i) to assess the knowledge of drugs, the use of drugs by and the compliance with drug regimens of vulnerable patients and patients with special needs, and

(ii) to offer advice, support and assistance to vulnerable patients and patients with special needs regarding the use of drugs, with a view to improving their knowledge and use of the drugs, and their compliance with drug regimens;

DRAFT

The World Health Organization estimates that between a third and a half of all dispensed medication is not taken as intended. Tailored medicines support for patients with long term conditions has the potential to reduce medicines waste and hospital admissions.

8.29 38 pharmacies would be willing to provide the service if commissioned.

Other Locally Commissioned Services (Schedule 1, paragraph 5)

8.30 The commissioning of public health services were transferred from PCTs to local authorities with effect from 1 April 2013. These services are not referred to as Enhanced Services anymore as they are not commissioned by NHS England. The pharmacies providing these services have been listed in Appendix C.

Screening Service

8.31 The underlying purpose of which is for a registered pharmacist—

(i) to identify patients at risk of developing a specified disease or condition,

(ii) to offer advice regarding testing for a specified disease or condition,

(iii) to carry out such a test with the patient's consent, and

(iv) to offer advice following an test and refer to another health care professional as appropriate;

8.32 While some NHS Health Checks take place in general practice, pharmacies are also well placed to play a key role. The aim of the risk assessment and management programme is to identify the risk of vascular disease in the population early and then to help people reduce or avoid it. 8 pharmacies have been commissioned to provide NHS Health Checks (Figure 5.5). Most of the GPs in Westminster are commissioned to provide NHS Health Checks and currently pharmacies perform a very small number of health checks. The HWB identifies the level of this service to be **sufficient, with no gaps**.

DRAFT

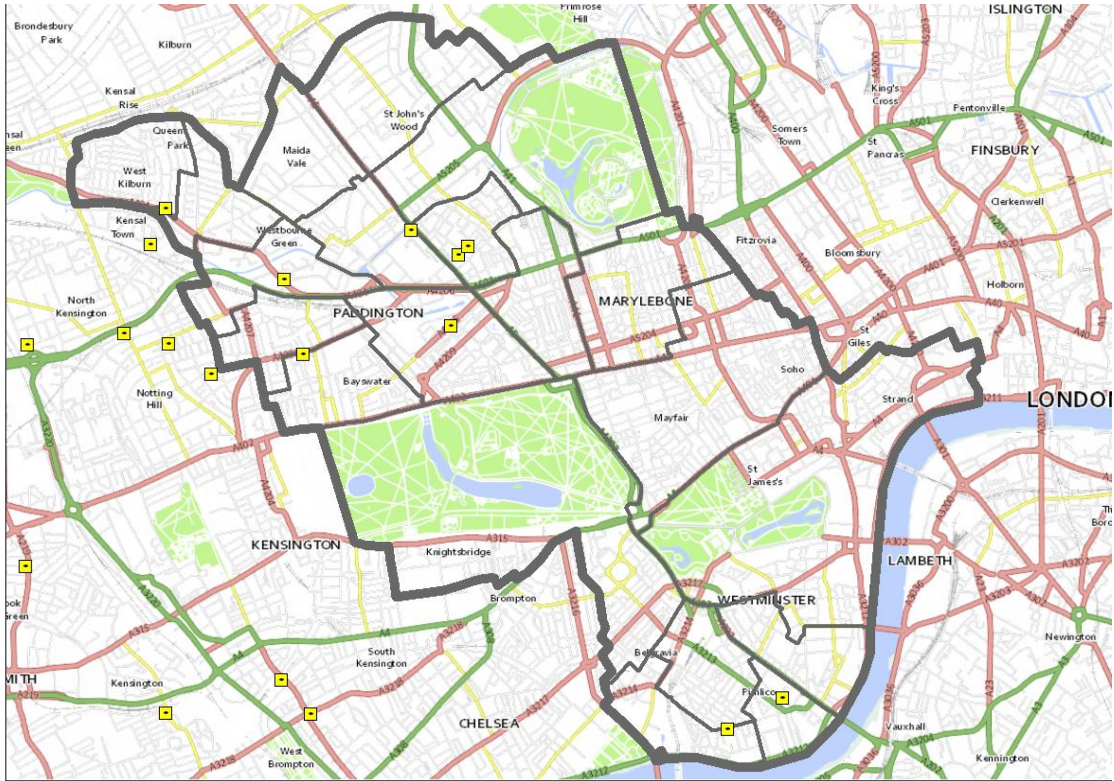


Figure 5.5: Provision of NHS Health Checks

Supervised Administration Service & Needle and Syringe Exchange Service

8.33 Supervised Administration Service - The underlying purpose of which is for a registered pharmacist to supervise the administration of prescribed medicines the pharmacy premises.

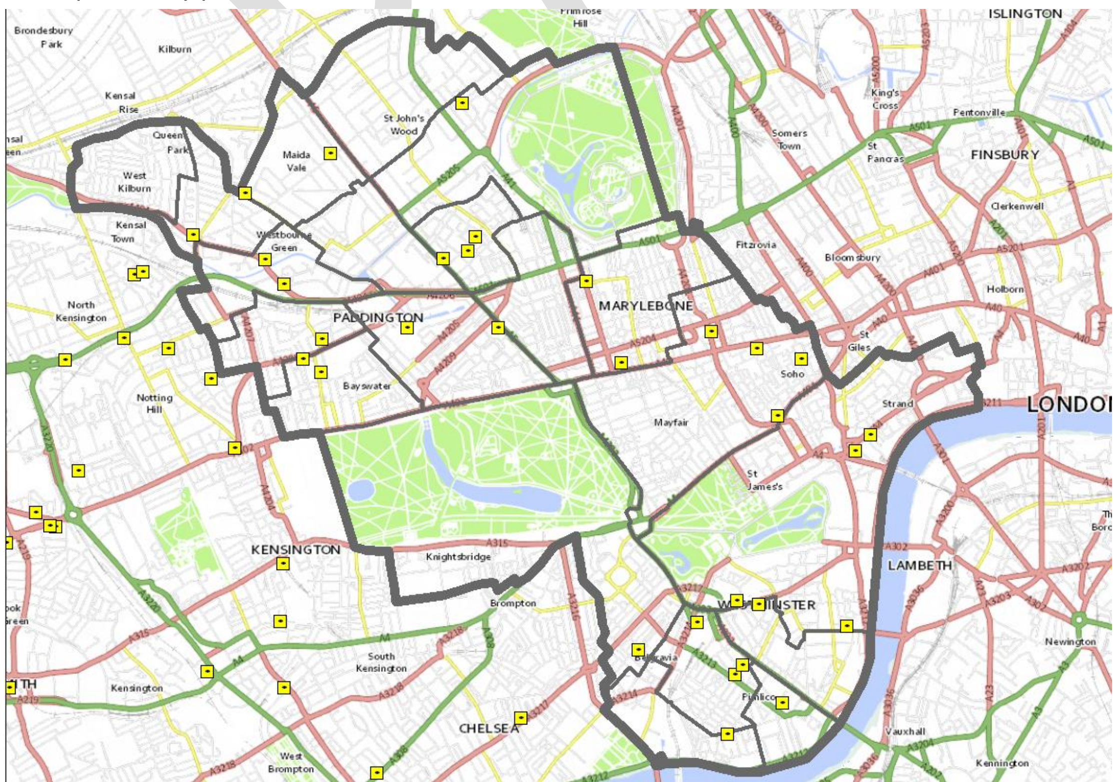


Figure 5.6: Pharmacies currently providing Supervised Administration Service

8.34 Needle and Syringe Exchange Service - The underlying purpose of which is for a registered pharmacist—

(i) to provide sterile needles, syringes and associated materials to drug misusers,

(ii) to receive from drug misusers used needles, syringes and associated materials, and

(iii) to offer advice to drug misusers and where appropriate refer them to another health care professional or a specialist drug treatment centre;

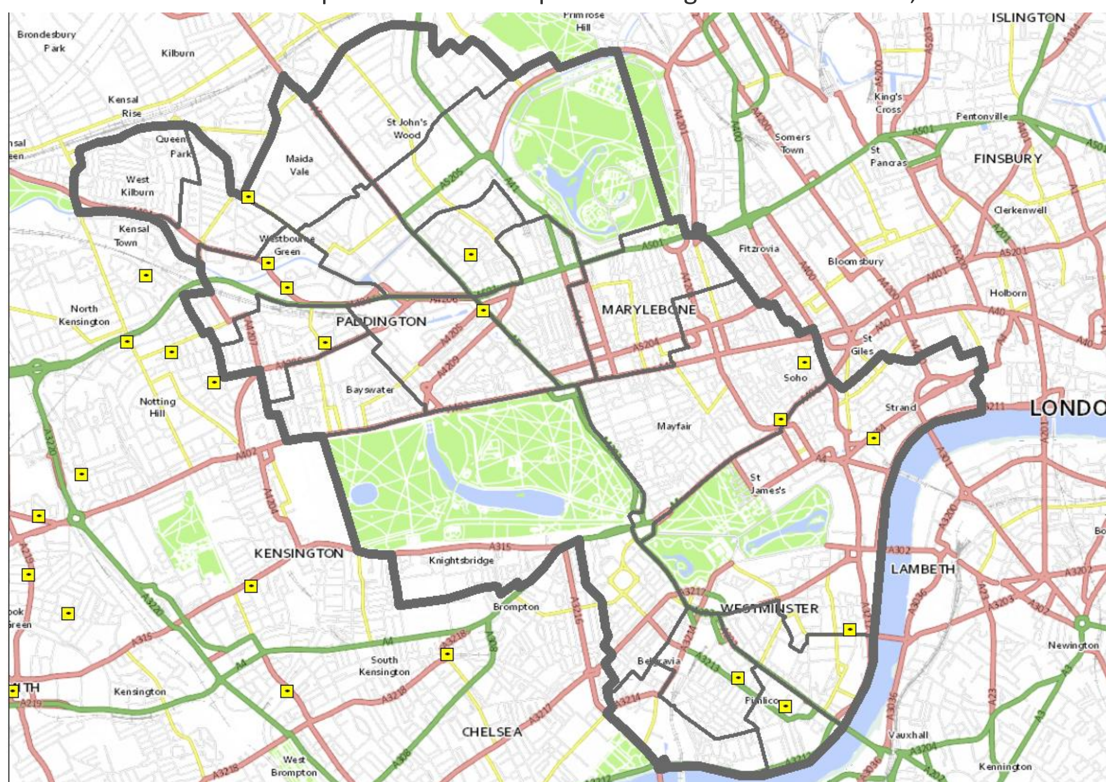


Figure 5.7: Pharmacies currently providing Needle Exchange Service

8.35 Good access to Needle & Syringe Exchange & Supervised Consumption Services is required to support safer use of drugs by injecting drug users and minimise the transmission of blood-borne diseases.

8.36 12 pharmacies provide needle exchange (Figure 5.7) and 30 provide supervised consumption (Figure 5.6), provision mapping well to areas of greatest need. These are spread throughout the borough. Given the specialist nature and low volumes of service use compared to normal dispensing, the HWB identifies the level of these services to be **sufficient, with no gaps**.

Stop Smoking Service

8.37 The underlying purpose of which is for pharmacies—

(i) to advise and support patients wishing to give up smoking, and

(ii) where appropriate, to supply appropriate drugs and aids;

8.38 Smoking is the single biggest preventable cause of death and inequalities. Securing good access to stop smoking services increases the opportunity for the population to benefit from improvements in health. With 67 pharmacies (Figure 5.8) providing the service, the HWB identifies the Stop Smoking Service provided in local pharmacies as **sufficient for supplying a service with no gaps**. However, given the volume of smokers in the borough, an increase in provision in the borough may be desirable, given pharmacists' position of influence as health-promoting advocates.

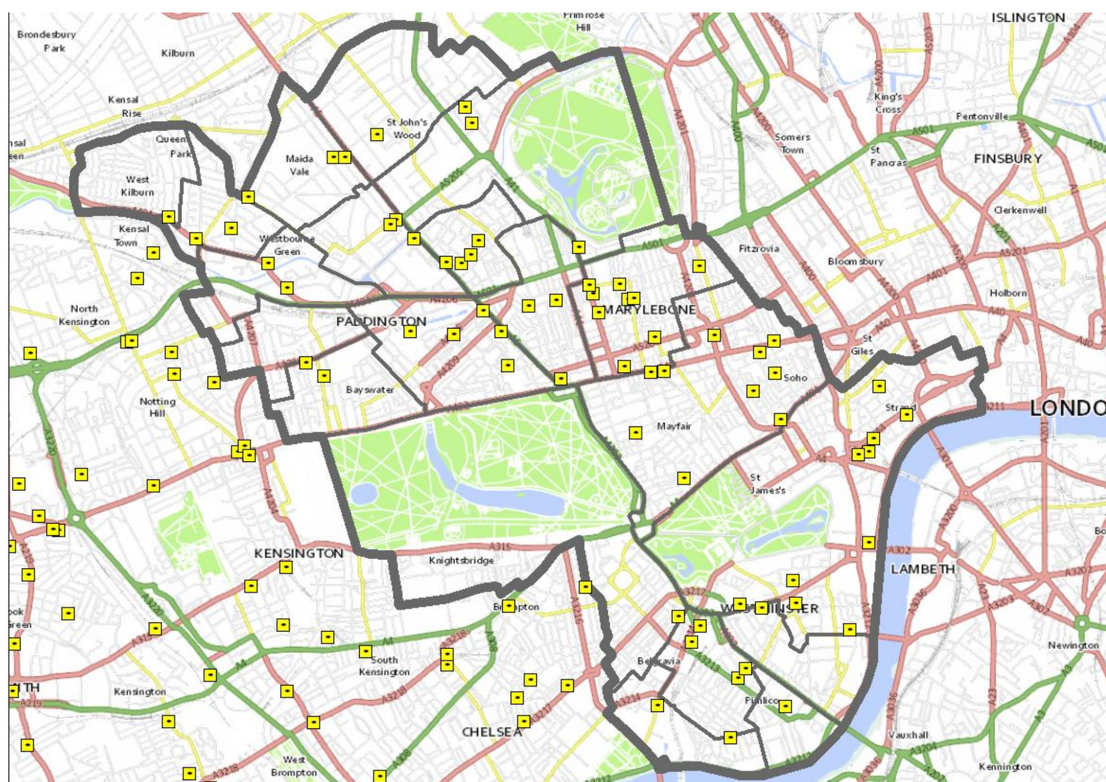


Figure 5.8: Provision of Stop Smoking Services

Improvements and gaps in access to Public Health Services

Sexual health services

8.39 Pharmacies can be commissioned to provide services such as emergency hormonal contraception services, condom distribution; pregnancy testing and advice, Chlamydia screening and treatment and other sexual health screening, including syphilis, HIV and gonorrhoea. These services are currently; provided by GPs, GUM Clinics and Secondary Care Centres. However, the provision of these services from pharmacies may reduce the demand on the above mentioned services and improve access. Most pharmacies already provide these services privately and would be willing to provide them if commissioned.

Necessary services: gaps in provision (Schedule 1, paragraph 2)

8.40 Having assessed the local needs and the current provision of necessary services, the Westminster HWB have not identified any necessary pharmaceutical services that are not provided in the area of the HWB.

Other skills and services

Utilisation of Clinical Skills in the Pharmacy

8.41 21 of the pharmacies reported that that the clinical skills in their pharmacies were ”totally utilised”. The rest indicated that they were “partly utilised”. None of the pharmacies reported that the clinical skills were “not utilized”.

Pharmacists with a Special Interest

8.42 5 of the pharmacies surveyed have pharmacists with special interests.

Health Champions

8.43 Health Champions are people who, with training and support, voluntarily bring their ability to relate to people and their own life experience to transform health and well-being in their communities. 1 pharmacy in Westminster responded that they have a health champion.

Health Trainers

8.44 Health trainers help people to develop healthier behaviour and lifestyles in their own local communities. They offer practical support to change their behaviour to achieve their own choices and goals. 4 pharmacies from those that responded have a health trainer.

Dementia Friends

8.45 A Dementia Friend learns a little bit more about what it's like to live with dementia and then turns that understanding into action. 28 pharmacies in Westminster have dementia friends.

DRAFT

Appendix A – Index to pharmacies with opening time information

N.B.: Opening times obtained from the survey have been used for pharmacies that responded. Pharmacy opening times from those that did not respond and those that are not within the borough were obtained from NHS England (core + supplementary); 1 = open, 0 = closed, x = no data available

Code on map	Trading Name	Address	Postcode	Ward	Borough	Responded	Early opening	Late opening	Saturday	Sunday
WE01	Boots The Chemist	124 St. John's Wood High St.	NW8 7SG	Regent's Park	Westminster	YES	0	0	1	1
WE02	Boots The Chemist	73 Piccadilly	W1J 8HS	West End	Westminster	YES	1	1	1	1
WE03	Victoria Pharmacy	58 Horseferry Road	SW1P 2AF	St James's	Westminster	YES	1	0	0	0
WE04	Apek Pharmacy	107 Praed Street	W2 1NT	Hyde Park	Westminster	YES	0	0	1	0
WE05	Boots The Chemist	4 James Street	WC2E 8BH	St James's	Westminster	YES	1	1	1	1
WE06	Curie Chemists	445 Edgware Road	W2 1TH	Little Venice	Westminster	YES	0	0	1	0
WE07	Devonshire Pharmacy	215 Edgware Road	W2 1ES	Hyde Park	Westminster	NO	1	1	1	1
WE08	Walden Chemist	65 Elizabeth Street, Eaton Square	SW1W 9PJ	Knightsbridge and Belgravia	Westminster	YES	0	0	1	0
WE09	Boots The Chemist	42-44 Warwick Way	SW1V 1RY	Warwick	Westminster	YES	1	0	1	1
WE10	Vineyard Pharmacy	241 Elgin Avenue	W9 1NJ	Maida Vale	Westminster	YES	1	0	1	0
WE11	Boots The Chemist	Sedley Place, 355-361 Oxford Street	W1C 2JL	West End	Westminster	YES	1	1	1	1

WE12	Boots The Chemist	302-306 Regent Street	W1B 3AS	West End	Westminster	YES	1	1	1	1
WE13	Pharmacentre	149 Edgware Road	W2 2HU	Hyde Park	Westminster	NO	1	1	1	1
WE14	Meacher, Higgins & Thomas	105A Crawford Street	W1H 2HU	Bryanston and Dorset Square	Westminster	YES	0	0	0	0
WE15	Nelsons Homeopathic Pharmacy	87D Duke Street	W1K 5PQ	West End	Westminster	YES	0	0	1	0
WE16	Star Pharmacy	33 Strutton Ground	SW1P 2HY	St James's	Westminster	YES	1	0	0	0
WE17	Sumer Pharmacy	340-342 Harrow Road	W9 2HP	Westbourne	Westminster	YES	0	0	1	0
WE18	Collins Chemist	113-115 Church Street	NW8 8HA	Church Street	Westminster	YES	0	0	1	0
WE19	Colonnades Pharmacy	39 - 41 Porchester Road	W2 6ES	Bayswater	Westminster	NO	0	0	1	0
WE20	Keencare	6 Lower Belgrave Street	SW1W 0LJ	Knightsbridge and Belgravia	Westminster	YES	0	0	1	0
WE21	Courtenay Chemist	3 St. John's Wood High St.	NW8 7NG	Regent's Park	Westminster	YES	1	0	1	0
WE22	D.R. Harris & Co Chemists	35 Bury Street	SW1A 1HB	St James's	Westminster	YES	1	0	1	0
WE23	Chel Pharmacy	173 Great Portland Street	W1W 5PH	Marylebone High Street	Westminster	YES	0	0	0	0
WE24	Healthxchange Pharmacy	79 Great Portland Street	W1W 7LS	West End	Westminster	NO	0	0	0	0
WE25	Berkeley Court Pharmacy	5-7 Melcombe Street	NW1 6AE	Bryanston and Dorset Square	Westminster	NO	1	0	0	0
WE26	The Pharmacy at Mayfair	6 Shepherd Market	W1J 7QD	West End	Westminster	YES	0	0	0	0

WE27	Lloyds Pharmacy	50-54 Wigmore Street	W1U 2AU	Marylebone High Street	Westminster	NO	1	1	1	1
WE28	Zest Pharmacy	18 Broadwick Street	W1F 8HS	West End	Westminster	YES	0	0	1	1
WE29	Green's Pharmacy	29-31 Ebury Bridge Road	SW1W 8QX	Churchill	Westminster	YES	0	0	0	0
WE30	Warwick Pharmacy	34-36 Warwick Way	SW1V 1RY	Warwick	Westminster	YES	0	0	1	1
WE31	Boots The Chemist	Unit 13, Cathedral Walk, Cardinal Place	SW1E 5JH	St James's	Westminster	YES	1	1	1	0
WE32	Ainsworths Homeopathic Pharmacy	36-38 New Cavendish Street	W1G 8UF	Marylebone High Street	Westminster	YES	0	0	1	0
WE33	Boots The Chemist	105-109 Strand	WC2R 0AA	St James's	Westminster	YES	1	1	1	1
WE34	Bullen & Smears*	60-62 Broadwick Street	W1F 7AN		Westminster	NOT SENT	0	0	0	0
WE35	Nasslam Pharmacy	19 Edgware Road	W2 2JE	Hyde Park	Westminster	NO	0	0	1	1
WE36	Nashi Pharmacy	55 Westbourne Grove, Bayswater	W2 4UA	Lancaster Gate	Westminster	YES	0	0	1	0
WE37	Boots UK Ltd	100 Oxford Street	W1D 1LL	West End	Westminster	YES	1	1	1	1
WE38	Dolphins Pharmacy	9-11 The Broadway	SW1H 0AZ	St James's	Westminster	YES	0	0	0	0
WE39	Boots The Chemist	102-103 Marylebone High Street	W1U 4RN	Marylebone High Street	Westminster	YES	1	0	1	1
WE40	Dajani Pharmacy	21 New Cavendish Street	W1G 9TY	Marylebone High Street	Westminster	NO	0	0	1	0
WE41	Boots The Chemist	Unit 5, Charing Cross Station	WC2N 5HS	St James's	Westminster	YES	1	1	1	1

WE42	Hogg & Son Chemists	25 Kendal Street	W2 2AW	Hyde Park	Westminster	NO	0	0	1	0
WE43	Superdrug The Strand	50 Strand	WC2N 5LH	St James's	Westminster	YES	1	1	1	0
WE44	Boots The Chemist	175 Edgware Road	W2 2HR	Hyde Park	Westminster	YES	0	1	1	1
WE45	Prince Chemist	486 Harrow Road	W9 3QA	Harrow Road	Westminster	NO	0	0	1	0
WE46	Central Pharmacy	Unit 5	W10 4RE	Harrow Road	Westminster	NO	1	1	1	1
WE47	Gees Chemist	27-29 Warwick Way	SW1V 1QT	Warwick	Westminster	NO	0	0	1	0
WE48	Boots The Chemist	5 - 7 Carnaby Street	W1F 9PB	West End	Westminster	YES	1	1	1	1
WE49	Watson's Pharmacy	1 Frith Street	W1D 3HZ	West End	Westminster	YES	0	0	0	0
WE50	Boots The Chemist	Unit 42B, Victoria Station	SW1V 1JU	Warwick	Westminster	YES	1	1	1	1
WE51	Madesil Pharmacie	20 Marylebone High Street	W1U 4PB	Marylebone High Street	Westminster	YES	0	0	1	1
WE52	Medicare (London) Ltd Pharmacy	568 Harrow Road	W9 3QH	Queen's Park	Westminster	NO	0	0	1	0
WE53	Boots The Chemist	193 Oxford Street	W1D 2JG	West End	Westminster	YES	1	1	1	1
WE54	Selfridges - Lloydspharmacy	Dept 469, 400 Oxford St	W1A 1AB	Marylebone High Street	Westminster	YES	0	1	1	1
WE55	Boots The Chemist	114 Queensway	W2 6LS	Lancaster Gate	Westminster	YES	0	1	1	1
WE56	Boots The Chemist	490 Oxford Street	W1C 1LF	Marylebone High Street	Westminster	YES	1	1	1	1
WE57	Portman's Pharmacy	93-95 Tachbrook Stret	SW1V 2QA	Tachbrook	Westminster	YES	0	0	1	0

WE58	Remedys Pharmacy	1 Clifton Road, Maida Vale	W9 1SZ	Little Venice	Westminster	YES	0	0	1	0
WE59	Boots The Chemist	198 Baker Street	NW1 5RT	Regent's Park	Westminster	YES	1	1	1	1
WE60	NVS Pharmacy	46 Baker Street	W1U 7BR	Marylebone High Street	Westminster	YES	1	0	1	0
WE61	Dales Pharmacy	414-416 Edgware Road	W2 1ED	Church Street	Westminster	YES	0	0	1	0
WE62	Paxall Chemist	91 Charlwood Street	SW1V 4PD	Warwick	Westminster	NO	0	0	1	0
WE63	Browns Pharmacy	195 Shirland Road	W9 2EU	Maida Vale	Westminster	YES	0	1	1	1
WE64	Woods Chemist	27-29 Church Street	NW8 8ES	Church Street	Westminster	YES	0	0	1	0
WE65	Boots The Chemist	11 Bridge Street	SW1A 2JR	St James's	Westminster	YES	1	0	1	0
WE66	Boots The Chemist	33 Clifton Road, Maida Vale	W9 1SY	Little Venice	Westminster	YES	1	0	1	1
WE67	Sherlock Holmes Chemist	82A Baker Street	W1U 6AA	Marylebone High Street	Westminster	YES	0	0	1	0
WE68	Bliss Chemist	5-6 Marble Arch	W1H 7EL	Bryanston and Dorset Square	Westminster	YES	0	1	1	1
WE69	Boots The Chemist	107 Victoria Street	SW1E 6RA	Vincent Square	Westminster	YES	1	0	1	1
WE70	Shiv Pharmacy	70 Great Titchfield St	W1W 7QN	West End	Westminster	YES	1	0	0	0
WE71	Benson Pharmacy	276 Harrow Road, Bayswater	W2 5ES	Westbourne	Westminster	YES	0	0	1	0
WE72	Market Chemists	85 Church Street	NW8 8EU	Church Street	Westminster	YES	0	0	1	0
WE73	Pitchkins & Currans	Unit 2, 45-47 Elgin Avenue	W9 3PP	Harrow Road	Westminster	YES	0	0	0	0

WE74	Peter's Pharmacy	55 Paddington Street	W1U 4HX	Marylebone High Street	Westminster	NO	0	0	0	0
WE75	St John Wood Pharmacy	142 St Johns Wood High St	NW8 7SE	Regent's Park	Westminster	YES	0	0	1	0
WE76	Boots The Chemist	Griffin House, 5-7 Strand	WC2N 5HR	St James's	Westminster	YES	1	1	1	1
WE77	Williams Chemist	314-316 Elgin Avenue	W9 1JU	Maida Vale	Westminster	YES	0	0	0	0
WE78	Bin-Seena Pharmacy	73 Edgware Road	W2 2HZ	Hyde Park	Westminster	NO	0	1	1	1
WE79	Boots The Chemist	Unit 6, 115 Buckingham Palace Road	SW1W 9SJ	Warwick	Westminster	YES	1	1	1	0
WE80	Boots The Chemist	44-46 Regent Street, Piccadilly Circus	W1B 5RA	West End	Westminster	YES	1	1	1	1
WE81	Holmes Pharmacy	6 Nugent Terrace	NW8 9QB	Abbey Road	Westminster	YES	0	0	1	0
WE82	Seymour Pharmacy	56 Crawford Street	W1H 4JH	Bryanston and Dorset Square	Westminster	YES	0	0	1	0
WE83	Moores Pharmacy	45 Craven Road, Paddington	W2 3BX	Lancaster Gate	Westminster	NO	0	0	1	0
WE84	Wigmore Pharmacy	23 Wigmore Street	W1U 1PL	Marylebone High Street	Westminster	YES	0	0	1	0
WE85	Hodgetts Chemist	79 Abbey Road, St Johns Wood	NW8 0AE	Abbey Road	Westminster	NO	0	0	1	0
WE86	AlRasheed Pharmacy	39 Edware Road	W2 2JE	Hyde Park	Westminster	NO	1	1	1	1
WE87	Boots The Chemist	Unit 51, Station Concourse, Paddington Station	W2 1HB	Hyde Park	Westminster	YES	1	1	1	1
WE88	Boots The Chemist	96-98 Baker Street	W1U 6TJ	Marylebone High	Westminster	YES	1	0	1	1

				Street						
WE89	Boots The Chemist	385-389 Oxford Street	W1C 2NB	West End	Westminster	YES	1	1	1	1
WE90	C.W. Andrew	Nash House, Ground Floor, Corner of Maddox Street	W1S 2FQ	West End	Westminster	YES	0	0	0	0
WE91	Clinichem Pharmacy	29 Upper Tachbrook Street	SW1V 1SN	Warwick	Westminster	YES	0	0	1	0
WE92	Audley Pharmacy	36 South Audley Street	W1K 2PL	West End	Westminster	YES	1	0	1	0
WE93	Simmonds Chemist	105 Lupus Street	SW1V 3EN	Churchill	Westminster	NO	1	0	1	0

Page 131

Pharmacies within 500m outside of the borough									
BR02	Queens Park Chemist	67 Salusbury Road	NW6 6NJ	Brent	OUTSIDE	0	0	1	0
BR03	Dollmeads Dispensing Chemist	53 Chamberlayne Road	NW10 3ND	Brent	OUTSIDE	0	0	1	0
BR04	Hyperchem	34 Salusbury Road	NW6 6NL	Brent	OUTSIDE	0	0	1	0
BR05	Greenfields Pharmacy	61 Chamberlayne Road	NW10 3ND	Brent	OUTSIDE	0	0	1	0
BR06	ABC Pharmacy	Kilburn Park Station	NW6 5AD	Brent	OUTSIDE	0	0	0	0
CA01	ABC DRUGSTORES	216 BELSIZE ROAD	NW6 4DJ	Camden	OUTSIDE	0	0	0	0
CA02	BOOTS UK LIMITED	122 TOTTENHAM CT RD	W1T 5AP	Camden	OUTSIDE	1	1	1	1
CA03	GRAFTON PHARMACY	132/132A TOTTENHAM CRT RD	W1T 5AZ	Camden	OUTSIDE	1	0	1	0
CA04	BOOTS UK LIMITED	15-17 TOTTENHAM COURT RD	W1T 1BJ	Camden	OUTSIDE	1	1	1	1
CA05	KINGS PHARMACY	6 CHESTER COURT	NW1 4BU	Camden	OUTSIDE	0	0	0	0
CA06	MORRISONS PHARMACY	CAMDEN GOODS YARD	NW1 8AA	Camden	OUTSIDE	0	1	1	1
CA07	KERRS CHEMIST	41 BLOOMSBURY WAY	WC1A 2SA	Camden	OUTSIDE	0	0	1	0
CA08	SUPERDRUG	82-84 HIGH ROAD	NW6 4HS	Camden	OUTSIDE	0	0	1	0
CA09	GREENLIGHT PHARMACY	62-64 HAMPSTEAD ROAD	NW1 2NU	Camden	OUTSIDE	0	0	1	0
CA10	BOOTS UK LIMITED	122 HOLBORN	EC1N 2TD	Camden	OUTSIDE	1	0	0	0
CA11	BOOTS UK LIMITED	209 TOTTENHAM COURT ROAD	W1T 7PN	Camden	OUTSIDE	1	0	1	1
CA12	BOOTS UK LIMITED	24-26 HIGH HOLBORN		Camden	OUTSIDE	1	0	0	0

CA13	SUPERDRUG	232 HIGH HOLBORN	WC1V 7DA		Camden	OUTSIDE	1	0	0	0
CA14	BOOTS UK LIMITED	129-133 AVIATION HOUSE	WC2B 6NH		Camden	OUTSIDE	1	1	1	1
CA15	BOOTS UK LIMITED	60/62 KILBURN HIGH ROAD	NW6 4HJ		Camden	OUTSIDE	0	0	1	1
CA16	HILL PHARMACY	27 - 29 WINCHESTER ROAD	NW3 3NR		Camden	OUTSIDE	0	0	1	0
CA17	ESSENTIALS PHARMACY	169 DRURY LANE	WC2B 5QA		Camden	OUTSIDE	0	0	1	0
CI01	Boots The Chemists Ltd	120 Fleet Street	EC4A 2BE		City	OUTSIDE	1	0	0	0
KC02	Sainsbury's	2 Canal Way, Ladbroke Grove	W10 5AA	Golborne	Kensington and Chelsea	YES	1	1	1	1
KC04	Boots	205 Brompton Rd,	SW3 1LA	Brompton	Kensington and Chelsea	YES	0	0	1	1
KC05	D.R. Evans Pharmacy	15 Elgin Crescent	W11 2JA	Colville	Kensington and Chelsea	YES	0	0	1	0
KC06	Boots	96-98 Notting Hill Gate,	W11 3QA	Pembridge	Kensington and Chelsea	YES	1	1	1	1
KC11	Golborne Pharmacy	106 Golborne Road	W10 5PS	Golborne	Kensington and Chelsea	NO	0	0	1	0
KC17	Dillons Pharmacy	24 Golbourne Road,	W10 5PF	Golborne	Kensington and Chelsea	YES	0	0	0	0
KC20	Boots	128 Glocester Road	SW7 4SF	Courtfield	Kensington and Chelsea	YES	1	1	1	1
KC24	Baywood	239 Westbourne Road,	W11 2SE	Pembridge	Kensington and Chelsea	YES	0	0	1	0
KC28	Stickland Chemist	4-6 The Arcade, South ,	SW7 2NA	Brompton	Kensington and Chelsea	YES	1	0	1	0
KC29	Dr Care Pharmacy	73 Golborne Road	W10 5NP	Golborne	Kensington and Chelsea	NO	0	0	0	0
KC31	Andrews Pharmacy	149B Sloane Street	SW1X 9BZ	Hans Town	Kensington and Chelsea	NO	0	0	1	0
KC32	Chana Chemist	196-198 Portobello Road,	W11 1LA	Colville	Kensington and Chelsea	YES	0	0	1	1
KC35	Boots	60 Kings Road	SW3 4UD	Hans Town	Kensington and Chelsea	YES	1	1	1	1

KC36	Day Lewis PLC	Lower Ground Floor, 87-135 Brompton Road	SW1X 7XL	Brompton	Kensington and Chelsea	YES	0	1	1	1
KC37	Amoore & Co Ltd	25E Lowndes Street	SW1X 9JF	Brompton	Kensington and Chelsea	YES	0	0	1	0
KC39	Notting Hill Pharmacy	12 Pembridge Road,	W11 3HL	Pembridge	Kensington and Chelsea	YES	0	0	1	1
KC40	FJM Calder	55-57 Notting Hill Gate	W11 3JS	Campden	Kensington and Chelsea	YES	0	0	1	1
LA01	Sainsbury's Pharmacy	St. Thomas's Hospital,	SE1 7EH		Lambeth	OUTSIDE	1	1	1	1

Appendix B – Index to pharmacy responses regarding Advanced Services

Code on map	Responded	MURs	AURs	SACs	NMS
WE01	YES	Yes	Don't know	Don't know	Yes
WE02	YES	Yes	Don't know	Don't know	Yes
WE03	YES	Yes	Don't know	Don't know	Yes
WE04	YES	Intending to begin within the next 12 months	No, and not intending to provide	No, and not intending to provide	Intending to begin within the next 12 months
WE05	YES	Yes	Don't know	Don't know	Yes
WE06	YES	Yes	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Yes
WE07	NO	x	x	x	x
WE08	YES	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Intending to begin within the next 12 months
WE09	YES	Yes	Don't know	Don't know	Yes
WE10	YES	Yes	Intending to begin within the next 12 months	No, and not intending to provide	Yes

WE11	YES	Yes	Don't know	Don't know	Yes
WE12	YES	Yes	Don't know	Don't know	Yes
WE13	NO	x	x	x	x
WE14	YES	Yes	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Yes
WE15	YES	No, and not intending to provide	No, and not intending to provide	No, and not intending to provide	No, and not intending to provide
WE16	YES	Don't know	Don't know	Don't know	Don't know
WE17	YES	Yes	No, and not intending to provide	No, and not intending to provide	No, and not intending to provide
WE18	YES	Yes	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Yes
WE19	NO	x	x	x	x
WE20	YES	Yes	No, and not intending to provide	No, and not intending to provide	Yes
WE21	YES	Yes	No, and not intending to provide	Yes	Yes
WE22	YES	No, and not intending to provide	No, and not intending to provide	No, and not intending to provide	No, and not intending to provide
WE23	YES	Yes	No, and not intending to provide	No, and not intending to provide	Intending to begin within the next 12 months
WE24	NO	x	x	x	x
WE25	NO	x	x	x	x
WE26	YES	Yes	Yes	No, and not intending to provide	Yes

WE27	NO	x	x	x	x
WE28	YES	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Intending to begin within the next 12 months
WE29	YES	Intending to begin within the next 12 months	Don't know	Don't know	Intending to begin within the next 12 months
WE30	YES	Yes	No, and not intending to provide	No, and not intending to provide	Yes
WE31	YES	Yes	Don't know	Don't know	Yes
WE32	YES	No, and not intending to provide	No, and not intending to provide	No, and not intending to provide	No, and not intending to provide
WE33	YES	Yes	Don't know	Don't know	Yes
WE34	NOT SENT	x	x	x	x
WE35	NO	x	x	x	x
WE36	YES	Yes	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Yes
WE37	YES	Yes	Don't know	Don't know	Yes
WE38	YES	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Intending to begin within the next 12 months
WE39	YES	Yes	Don't know	Don't know	Yes
WE40	NO	x	x	x	x
WE41	YES	Don't know	Don't know	Don't know	Don't know

WE42	NO	x	x	x	x
WE43	YES	Yes	Don't know	Don't know	Yes
WE44	YES	Yes	Don't know	Don't know	Yes
WE45	NO	x	x	x	x
WE46	NO	x	x	x	x
WE47	NO	x	x	x	x
WE48	YES	Yes	Don't know	Don't know	Yes
WE49	YES	Yes	Yes	Don't know	No, and not intending to provide
WE50	YES	Yes	Don't know	Don't know	Yes
WE51	YES	Yes	No, and not intending to provide	No, and not intending to provide	Yes
WE52	NO	x	x	x	x
WE53	YES	Yes	Don't know	Don't know	Yes
WE54	YES	Yes	Yes	Yes	Yes
WE55	YES	Yes	Don't know	Don't know	Yes
WE56	YES	Yes	Don't know	Don't know	Yes
WE57	YES	Yes	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Yes
WE58	YES	Yes	Yes	Yes	Yes
WE59	YES	Yes	Don't know	Don't know	Yes

WE60	YES	Yes	No, and not intending to provide	No, and not intending to provide	No, and not intending to provide
WE61	YES	Yes	Yes	Yes	Yes
WE62	NO	x	x	x	x
WE63	YES	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Don't know	Intending to begin within the next 12 months
WE64	YES	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Intending to begin within the next 12 months
WE65	YES	Intending to begin within the next 12 months	Don't know	Don't know	Intending to begin within the next 12 months
WE66	YES	Intending to begin within the next 12 months	Don't know	Don't know	Intending to begin within the next 12 months
WE67	YES	Intending to begin within the next 12 months	No, and not intending to provide	No, and not intending to provide	Intending to begin within the next 12 months
WE68	YES	Yes	No, and not intending to provide	No, and not intending to provide	Don't know
WE69	YES	Yes	Don't know	Don't know	Yes
WE70	YES	No, and not intending to provide	No, and not intending to provide	No, and not intending to provide	No, and not intending to provide
WE71	YES	Yes	Don't know	Don't know	Yes
WE72	YES	Yes	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Yes
WE73	YES	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Intending to begin within the next 12 months

WE74	NO	x	x	x	x
WE75	YES	Yes	No, and not intending to provide	No, and not intending to provide	Yes
WE76	YES	Yes	Don't know	Don't know	Yes
WE77	YES	Yes	Intending to begin within the next 12 months	Don't know	Yes
WE78	NO	x	x	x	x
WE79	YES	Yes	Don't know	Don't know	Yes
WE80	YES	Yes	Don't know	Don't know	Yes
WE81	YES	Yes	No, and not intending to provide	No, and not intending to provide	Yes
WE82	YES	Yes	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Yes
WE83	NO	x	x	x	x
WE84	YES	Intending to begin within the next 12 months	No, and not intending to provide	No, and not intending to provide	Intending to begin within the next 12 months
WE85	NO	x	x	x	x
WE86	NO	x	x	x	x
WE87	YES	Intending to begin within the next 12 months	Don't know	Don't know	Intending to begin within the next 12 months
WE88	YES	Yes	Don't know	Don't know	Yes
WE89	YES	Yes	Don't know	Don't know	Yes

WE90	YES	No, and not intending to provide	No, and not intending to provide	No, and not intending to provide	No, and not intending to provide
WE91	YES	Yes	Don't know	Don't know	Yes
WE92	YES	Yes	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Intending to begin within the next 12 months
WE93	NO	x	x	x	x

Pharmacies within 500m outside of the borough					
BR02	OUTSIDE	x	x	x	x
BR03	OUTSIDE	x	x	x	x
BR04	OUTSIDE	x	x	x	x
BR05	OUTSIDE	x	x	x	x
BR06	OUTSIDE	x	x	x	x
CA01	OUTSIDE	x	x	x	x
CA02	OUTSIDE	x	x	x	x
CA03	OUTSIDE	x	x	x	x
CA04	OUTSIDE	x	x	x	x
CA05	OUTSIDE	x	x	x	x

CA06	OUTSIDE	x	x	x	x
CA07	OUTSIDE	x	x	x	x
CA08	OUTSIDE	x	x	x	x
CA09	OUTSIDE	x	x	x	x
CA10	OUTSIDE	x	x	x	x
CA11	OUTSIDE	x	x	x	x
CA12	OUTSIDE	x	x	x	x
CA13	OUTSIDE	x	x	x	x
CA14	OUTSIDE	x	x	x	x
CA15	OUTSIDE	x	x	x	x
CA16	OUTSIDE	x	x	x	x
CA17	OUTSIDE	x	x	x	x
CI01	OUTSIDE	x	x	x	x
KC02	YES	Yes	No, and not intending to provide	No, and not intending to provide	Yes
KC04	YES	Yes	Don't know	Don't know	Yes
KC05	YES	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Intending to begin within the next 12 months
KC06	YES	Yes	Don't know	Don't know	Yes
KC11	NO	x	x	x	x

KC17	YES	Yes	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Yes
KC20	YES	Yes	Don't know	Don't know	Yes
KC24	YES	Yes	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Yes
KC28	YES	Yes	Yes	Intending to begin within the next 12 months	Yes
KC29	NO	x	x	x	x
KC31	NO	x	x	x	x
KC32	YES	Yes	No, and not intending to provide	No, and not intending to provide	Yes
KC35	YES	Yes	Don't know	Don't know	Yes
KC36	YES	Yes	No, and not intending to provide	No, and not intending to provide	Yes
KC37	YES	Yes	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Yes
KC39	YES	Yes	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Yes
KC40	YES	Yes	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Intending to begin within the next 12 months
LA01	OUTSIDE	x	x	x	x

Appendix C – Index to pharmacies providing Public Health Services

PNA Borough Code	Ward	Supervised consumption	Needle exchange	Health checks	Stop Smoking
WE81	Abbey Road	No	No	No	Yes
WE85	Abbey Road	No	No	No	No
WE19	Bayswater	Yes	Yes	No	No
WE14	Bryanston and Dorset Square	No	No	No	Yes
WE25	Bryanston and Dorset Square	No	No	No	No
WE68	Bryanston and Dorset Square	No	No	No	Yes
WE82	Bryanston and Dorset Square	No	No	No	Yes
WE18	Church Street	No	No	Yes	Yes
WE61	Church Street	Yes	No	No	Yes
WE64	Church Street	Yes	No	No	Yes
WE72	Church Street	Yes	Yes	Yes	Yes
WE29	Churchill	No	No	No	Yes
WE93	Churchill	Yes	No	Yes	Yes
WE45	Harrow Road	Yes	No	No	Yes
WE46	Harrow Road	No	No	No	No
WE73	Harrow Road	No	No	No	Yes
WE04	Hyde Park	No	No	Yes	Yes
WE07	Hyde Park	No	Yes	No	Yes

WE13	Hyde Park	Yes	No	No	No
WE35	Hyde Park	No	No	No	No
WE42	Hyde Park	No	No	No	Yes
WE44	Hyde Park	No	No	No	Yes
WE78	Hyde Park	No	No	No	No
WE86	Hyde Park	No	No	No	No
WE87	Hyde Park	Yes	No	No	Yes
WE08	Knightsbridge and Belgravia	Yes	No	No	No
WE20	Knightsbridge and Belgravia	No	No	No	Yes
WE36	Lancaster Gate	Yes	No	Yes	Yes
WE55	Lancaster Gate	Yes	No	No	Yes
WE83	Lancaster Gate	No	No	No	No
WE06	Little Venice	No	No	Yes	Yes
WE58	Little Venice	No	No	No	Yes
WE66	Little Venice	No	No	No	Yes
WE10	Maida Vale	Yes	No	No	Yes
WE63	Maida Vale	Yes	Yes	No	Yes
WE77	Maida Vale	No	No	No	Yes
WE23	Marylebone High Street	No	No	No	Yes
WE27	Marylebone High Street	No	No	No	Yes
WE32	Marylebone High Street	No	No	No	No
WE39	Marylebone High Street	No	No	No	Yes
WE40	Marylebone High Street	No	No	No	No
WE51	Marylebone High Street	No	No	No	Yes
WE54	Marylebone High Street	Yes	No	No	Yes
WE56	Marylebone High Street	No	No	No	No

WE60	Marylebone High Street	No	No	No	Yes
WE67	Marylebone High Street	No	No	No	Yes
WE74	Marylebone High Street	No	No	No	Yes
WE84	Marylebone High Street	No	No	No	No
WE88	Marylebone High Street	Yes	No	No	Yes
WE52	Queen's Park	No	No	Yes	Yes
WE01	Regent's Park	Yes	No	No	Yes
WE21	Regent's Park	No	No	No	Yes
WE59	Regent's Park	No	No	No	Yes
WE75	Regent's Park	No	No	No	No
WE03	St James's	Yes	Yes	No	Yes
WE05	St James's	No	No	No	Yes
WE16	St James's	No	No	No	Yes
WE22	St James's	No	No	No	No
WE31	St James's	Yes	No	No	Yes
WE33	St James's	No	No	No	Yes
WE38	St James's	No	No	No	Yes
WE41	St James's	No	No	No	Yes
WE43	St James's	Yes	Yes	No	Yes
WE65	St James's	No	No	No	Yes
WE76	St James's	Yes	No	No	Yes
WE57	Tachbrook	Yes	Yes	Yes	Yes
WE69	Vincent Square	Yes	No	No	Yes
WE09	Warwick	No	No	No	Yes
WE30	Warwick	Yes	Yes	No	Yes
WE47	Warwick	Yes	No	No	Yes

WE50	Warwick	Yes	No	No	Yes
WE62	Warwick	No	No	No	No
WE79	Warwick	No	No	No	Yes
WE91	Warwick	No	No	No	No
WE02	West End	No	No	No	No
WE11	West End	No	No	No	Yes
WE12	West End	Yes	No	No	Yes
WE15	West End	No	No	No	No
WE24	West End	No	No	No	No
WE26	West End	No	No	No	Yes
WE28	West End	No	No	No	Yes
WE34	West End	No	No	No	No
WE37	West End	No	No	No	Yes
WE48	West End	No	No	No	Yes
WE49	West End	Yes	Yes	No	No
WE53	West End	Yes	No	No	Yes
WE70	West End	No	No	No	No
WE80	West End	Yes	Yes	No	Yes
WE89	West End	No	No	No	Yes
WE90	West End	No	No	No	No
WE92	West End	No	No	No	Yes
WE17	Westbourne	Yes	Yes	No	Yes
WE71	Westbourne	Yes	Yes	Yes	Yes

Appendix E – Other Information

The PNA Task and Finish Group

- The Triborough PNA Task and Finish Group was created to be responsible for overseeing the development of the PNAs on behalf of the Health and Wellbeing Boards of Hammersmith and Fulham, Kensington and Chelsea, and Westminster. To ensure strong links with the JSNA the development of the PNA was included in the Triborough JSNA Work Programme for 2014/15. The Triborough PNA Task and Finish Group reported to the JSNA Steering Group, and provided regular updates to the Health and Wellbeing Board.

- The Terms of Reference and membership of this group are included below. Progress against the PNA Project Plan is monitored by the Triborough PNA Task and Finish Group.

Gathering Information for the PNA

- The Triborough PNA Task and Finish Group reviewed the NHS England assessment of previous Triborough PNAs and agreed to adopt the Royal Borough of Kensington and Chelsea PNA 2010-13 framework as the best model for the development of the needs assessment.

- A list of the data and information required for the development of the PNA was compiled. Data is held by a range of stakeholders (Triborough Public Health, NHS England, and North West London Commissioning Support Unit) and the appropriate member(s) of the group were tasked with providing the data. Pharmacy and GP lists for Westminster, and neighbouring boroughs, were requested from NHS England.

- The Triborough PNA Task and Finish Group issued a PNA questionnaire to all community pharmacies to gather up to date information for the needs assessment. The questionnaire was adapted from the one developed by the Pharmaceutical Services Negotiating Committee (PSNC) and was 'signed off' by the Task and Finish Group, including LPC representatives. The questionnaire was sent to all Westminster community pharmacy contractors in July 2014. The results were collated and analysed in August 2014. Information on bordering pharmacies outside of the Triborough was gathered from NHS England

- The PNA Task and Finish Group reviewed early drafts of the PNA in August and September 2014, providing an opportunity to comment prior to the official consultation period.

Consultation

- The responses and changes to the draft resulting from the public consultation between October and December 2014 can be found as a supplementary document on the JSNA website (www.jsna.info).

Next Steps

- In accordance with the 2013 Regulations, the Westminster Health and Wellbeing Board will publish a statement of its revised assessment within three years of the publication of this document.

- In addition, the Westminster Health and Wellbeing Board will make a new assessment of pharmaceutical need sooner than this, should it identify any changes to the availability of pharmaceutical services that have occurred since the publication of this PNA. This will be undertaken only where, in the HWBs view, the changes are so substantial that the publication of a new assessment is a proportionate response.

Terms of Reference for PNA Task and Finish Group

Purpose

- The purpose of the PNA Task & Finish Group is to ensure delivery of a quality assured and robust Pharmaceutical Needs Assessment (PNA) for the Health and Wellbeing Boards for Hammersmith and Fulham, Kensington and Chelsea, and Westminster.

- The PNA is a commissioning tool and determines market entry for NHS pharmaceutical services provision

- The PNA Task & Finish Group will work to the agreed PNA Work Plan and develop a PNA that meets the requirements of NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.

- The PNA Task & Finish Group will review and report on progress to the JSNA Steering Group, the Health and Wellbeing Boards and other stakeholders

Accountability & Governance

- The PNA is incorporated into the JSNA work programme as outlined in the JSNA Steering Group Terms of Reference. The JSNA Steering Group retains overall accountability to the three Health and Wellbeing Boards for the production of the PNA and will provide assurance to the Boards on progress and quality.

- The PNA Task & Finish Group is a subgroup of the JSNA Steering Group

- The PNA Task & Finish will provide regular progress reports to the JSNA Steering Group.

- The PNA Task & Finish Group will monitor and review progress against the timescales in the agreed PNA Work Plan and inform the JSNA Steering Group of risks to delivery

- The JSNA Manager will manage and coordinate the PNA Task & Finish Group.

Membership

- The Task & Finish Group will be chaired by Stuart Lines, Deputy Director of Public Health

- The group will be supported by the JSNA Programme Manager and Public Health Knowledge Manager.
- Membership of the Group:

Name	Representing/Role
Gerald Alexander/Michael Levitan	Local Pharmaceutical Committee (Hammersmith and Fulham)
Colin Brodie	Public Health Knowledge Manager
Annelise Johns	Interim Senior Public Health Officer
Ashfaq Khan	CCG Lead Pharmacist, North West London Commissioning Support Unit
Dan Lewer	JSNA Manager
Stuart Lines (Chair)	Deputy Director of Public Health
Holly Manktelow	Senior Policy Officer
Gayan Perera	Senior Public Health Analyst
Beneeta ShahLocal Pharmaceutical Committee (Boots)Rekha Shah	Local Pharmaceutical Committee (Kensington and Chelsea/Westminster)

- James Hebblethwaite, Tri-borough Adult Social Care, will provide input in an advisory capacity

- Additional expertise from other organisations will be drafted in as required.

Quorum

- The quorum shall be 4 members, to include representation from Public Health, LPC, Clinical Commissioning Groups, and the CSU.

Procedures

- The PNA Task & Finish Group will meet monthly in the first instance to be reviewed regularly dependent on need.

- The PNA Task & Finish Group may secure outside expert professional advice and/or the attendance of external advisers with relevant experience and expertise at meetings if this is considered necessary.

Reporting

- The PNA Task & Finish Group will report on progress to the JSNA Steering Group

- The Health and Wellbeing Boards will receive reports on an exception basis where appropriate. These will be included as part of the regular JSNA update to Health and Wellbeing Boards.

Review

- The terms of reference will be reviewed on 6 month basis

Data Sources

Population data

GLA 2013 Round SHLAA population projections

HSCIC, July 2014 (GP registrations)

Census 2011 (ethnic group analysis, population density)

Index of Multiple Deprivation (IMD2010)

Health needs

JSNA Borough Profiles

ONS (infant mortality, life expectancy)

Quality Outcomes Framework (disease prevalence comparators)

Health Survey for England (smoking prevalence)

Public Health England (local alcohol profiles for England, sexual and reproductive health profiles, TB incidence, sports participation)

National Child Measurement Programme (child obesity)

Essential, Advanced and Locally Commissioned Enhanced Services (including pharmaceutical lists and opening hours)

NHS England (pharmaceutical lists, opening hours)

Pharmacy Survey 2014

HSCIC (comparators)

Dispensing

CCG

Public health services

Tri-Borough Public Health Service

City of Westminster

Westminster Health & Wellbeing Board

Date:	**19 March 2015**
Classification:	**Public**
Title:	**Primary Care Co-commissioning in North West London: Update for Westminster Health and Wellbeing Board**
Report of:	**Chair of Central London Clinical Commissioning Group (CLCCG)**
Wards Involved:	**CLCCG Coverage**
Policy Context:	**Health**
Financial Summary:	**N/A**
Report Author and Contact Details:	**Chris Cotton, Programme Manager Primary Care Transformation - Strategy &Transformation Team North West London CCGs chris.cotton@nw.london.nhs.uk**

1. Executive Summary

1.1 The Westminster Health and Wellbeing Board has been briefed on the essentials of primary care co-commissioning in North West London: what it means, how it could work, the anticipated benefits for patients, and proposed governance. A short summary in FAQ form appears under the Appendix A. This short paper updates the board on three specific key areas:

- The involvement of Health and Wellbeing Boards (alongside Healthwatch) in co-commissioning;
- Recent changes to governance proposals following guidance clarifications from NHS England; and
- Engagement and member voting.

(Please refer to Appendix A for details).

2. Key Matters for the Board’s Consideration

2.1 Continue conversations between the Board or its representatives and local commissioners of primary care for NW London on the future role of local HWBBs in primary care co-commissioning; in the context of pursuing “joint” co-commissioning arrangements for 1 April 2015 and then to explore a potential move to future “delegated” co-commissioning.

3. Background

3.1 Following the release of further national guidance in November 2014, the North West London CCGs considered that “delegated” co-commissioning arrangements would best meet local needs. This was reflected in their application made to NHS England in January 2015. Following feedback on the application, the CCGs determined that the necessary actions could not be undertaken within the timelines required with the full engagement of member practices. The CCGs therefore jointly determined it was preferable to pursue “joint” co-commissioning arrangements for 1 April 2015 and then to explore a potential move to future delegation.

4. Legal Implications

4.1 Nil.

5. Financial Implications

5.1 Nil.

If you have any queries about this Report or wish to inspect any of the Background Papers please contact:
Chris Cotton, Programme Manager Primary Care Transformation - Strategy &Transformation Team North West London CCGs
chris.cotton@nw.london.nhs.uk

Appendices

Appendix A: Primary Care Co-Commissioning in North West London (Please see below).

Appendix A: Primary Care Co-Commissioning in North West London

A detailed update was provided at the January 2015 Westminster Health and Wellbeing Board covering the essentials of primary care co-commissioning in North West London; this is a further update in that context. A short summary in FAQ form appears below.

1. **The Involvement of Health and Wellbeing Boards**
   The CCGs of North West London all believe that co-commissioning will be made stronger through the close involvement of their local Health and Wellbeing Boards. There is also provision for this (as well as for the involvement of Healthwatch) in the statutory guidelines, which states that CCGs must issue a standing invitation to their local Health and Wellbeing Board (and Healthwatch) to appoint representatives to attend commissioning committee meetings. For North West London, this means sixteen representatives who, practically, could each have only a very limited role on any co-commissioning committee. The CCGs have therefore proposed that a representative from each Health and Wellbeing Board in North West London will, alongside Healthwatch, form an additional group to steer and review the work of the CCGs and NHS England in the co-commissioning of primary care. This group will then nominate four of its members, two from the HWBBs and two from Healthwatch, to attend the commissioning committee (however this is constituted – see below) as non-voting advisors. One HWBB advisor will be from CWHHE CCG Collaborative and one will be from BHH CCG federation which make up the North West London eight CCGs. The group will be serviced by the co-commissioning secretariat.

2. **Recent Changes to Governance Proposals**
   Following clarification issued by NHS England on 18 February 2015, North West London's intended governance arrangements for co-commissioning have had to be revised. The eight CCG Chairs are now consulting over a range of alternatives. The outcome of this process is expected to be finalised on Friday 27 February 2015 and will then be communicated to member practices and other stakeholders.

3. **Engagement and Member Voting**
   A CCG can enter into co-commissioning arrangements only with the explicit support of its member practices. The CCGs have therefore each undertaken a process of engagement with GPs ahead of the ballots to ensure that they are in a position to cast informed votes. So far this has taken the form of a variety of GP events and the distribution of information packs and FAQs. Once all proposals for co-commissioning are finalised, members will also receive the terms of reference for the new governance structure and addendum to their CCG's conflict of interest policy (which must be formally approved by governing bodies) and the constitutional amendment required to enable co-commissioning (which member practices must approve).

1. What does it mean?

Primary care co-commissioning is about bringing more local influences into the commissioning process.

The current state

NHS England commissions all primary care, with policy driven by national considerations and limited local influence.

The future state

… with co-commissioning:

A commissioning committee will be formed, comprising the CCGs and NHS England. Its role will be to drive the development of primary care across NW London and to ensure its alignment with improvements taking place elsewhere across the health economy.

… without co-commissioning:

NHS England will retain responsibility for commissioning primary care. From 1 April 2015 all GP contracting will be done on a London-wide basis, rather than for North West London as at present. This means that there is no status quo.

2. What's it all for?

The NW London vision for health and social care places GPs at the centre of organising and coordinating care for people seven days a week.

Co-commissioning is a means of driving this change, supported by sustainable primary care investment and local decision-making.

Co-commissioning will allow us to overcome many of the limitations of the current system, which are hindering progress towards our vision.

In doing so, we believe that we can unlock the following patient benefits:

- Services that are joined up, coordinated and easy for users to navigate around, with more services available closer to home;
- High quality out-of-hospitals care; and
- Improved health outcomes, equity of access, reduced inequalities and better patient experience.

3. How would it work?

As noted above, the CCG chairs are currently consulting on revised governance options, following clarifications issued by NHS England on 18 February.

However, we know already that any commissioning committee will have a lay chair and vice chair, as well as a lay/executive majority.

We also know that it will have no remit over the negotiation of the GMS contract, which will remain a national process.

One key task for the commissioning committee (however constituted) will be to develop a wrap-around contract that sits on top of GMS. It will also develop NWL-wide approaches to issues such as primary care estates investment.

These are issues into which there is currently very limited local input.

Joint co-commissioning can be introduced only with the explicit endorsement of CCG member practices.

4. What about the resource implications?

Under joint co-commissioning, the role of a commissioning committee is to make decisions. The execution of decisions remains with NHS England, as do tasks like contracting and making payments and various corporate functions.

This means that the local resource implications are mainly related to running the commissioning committee.

The real resource challenge would come with delegated co-commissioning, under which the CCGs would take over many of NHS England's functions.

Before a shift to delegated co-commissioning could be proposed, the CCGs would work through the precise resource implications, in order to avoid placing unmanageable strain on CCG staff and risking a deterioration in the quality of commissioning and the services provided to GP providers.

5. And conflicts of interests?

Our view is that local GPs are well experienced in handling potential conflicts of interest and that this is not a significant stumbling block to effective co-commissioning. Nevertheless, we will be abiding by the national guidelines that include an addendum to CCGs' existing conflict of interest policy, which covers membership of the commissioning committee (most significantly, a lay/executive majority) and record keeping for conflicts of interests and procurement decisions.

6. Finally, why now…?

We are mindful of the uncertainties still surrounding co-commissioning.

But structural changes at NHS England mean that there is no status quo. We therefore want to seize the potential local advantages of co-commissioning whilst helping our GPs to avoid the likely disadvantages of the shift to London-wide contracting. At the same time, our involvement is already shaping NHS England's approach to co-commissioning in line with local GPs' concerns.

City of Westminster

Westminster Health & Wellbeing Board

Date:	16th March 2015
Classification:	General Release
Title:	Progress and 'go live' implications of the Care Act Programme Implementation
Report of:	Liz Bruce, Executive Director, Tri-borough Adult Social Care
Wards Involved:	All
Policy Context:	All local authorities are expected to deliver the Care Act reforms
Financial Summary:	There are financial implications as a direct result of implementing the Care Act
Report Author and Contact Details:	Jerome Douglas jerome.douglas@lbhf.gov.uk

1. EXECUTIVE SUMMARY

1.1. The purpose of this report is to update the Health and Wellbeing Board about the 'go live' implications to prepare for the requirements of the Care Act 2014. The majority of provision comes into force in April 2015. Governance arrangements to implement the Care Act reforms have been in place since April 2014.

1.2. The changes required as a result of the Care Act will need to be fully embedded as part of an ongoing change management approach.

2. Key Matters for the Board

2.1. The Committee is asked to consider the information in this report.

3. Background

3.1. A report was submitted to the Health and Wellbeing Board in January 2015 outlining progress and steps to comply with the legislation. A request for a further update in March was agreed at the meeting.

3.2. The Care Act applies to adult care and support in England, and all local authorities are expected to take necessary steps to prepare for the reforms.

3.3. Governance arrangements to implement the Care Act reforms have been in place since April 2014. This work is overseen by Liz Bruce, Executive Director for Adult Social Care and Health, as Senior Responsible Officer.

3.4. Workstreams are in place to implement the deliverables in Phase 1 and Phase 2, in alignment with the agreed schedule. Workstream leads regularly report progress to the Care Act Implementation Board, chaired by Liz Bruce. Board members hosted a challenge session in November 2014 to test the delivery approach and rationale for all workstream activities. Risks are regularly monitored by the programme and major risks logged on the corporate risk register. The key deliverables and 'go live' implications for the programme are highlighted in the paragraphs below.

3.5. Eligibility and the new National Minimum Threshold – work is underway to roll out the National Minimum Eligibility Threshold. Officers have completed a desktop review of existing FACS eligible service users. The aim is to provide local impact analysis in relation to understanding the new threshold.

3.6. All service users in receipt of personal budget (this includes a review of the appropriateness of the current Resource Allocation System, or RAS) – personal budgets are already part of the offer to service users with eligible needs in all three boroughs. Work is underway to review the existing resource allocation systems and optimise them in each of the boroughs.

Longer term, the aim is to adopt a new tool that improves the accuracy of indicative budget allocations. A number of RAS tools are being developed by software companies including FACE RAS, which appears to be in demand, to help local authorities address this in the near future.

The process for managing personal budgets has been outlined in a new set of Adult Social Care (ASC) standard operating procedures, which all ASC staff will adopt from April onwards. Our objective is to put in place a person-centred framework for setting personal budgets, linked to focussed outcomes for the service user, and greater transparency.

3.7. The complaints process – we have updated our standard operating procedures to align the complaints process to Care Act requirements; this will be adopted by all ASC staff from April onwards. All local authorities are being consulted by the Department of Health about Part 2 draft guidance on the appeals process, in relation to eligibility decisions taken by a local authority. This process is due to be implemented on 1st April 2016.

3.8. Assessment processes in line with Care Act requirements (this includes Carers Assessments, assessment of self-funders, and prevention duty) – we have built a revised assessment and support planning process into standard operating procedures, to be implemented in Framework-i. The process is included in our

recently launched Care Act training programme, which ASC staff are now attending. This includes a new Carer's assessment process, piloted in December 2014.

A Carers Offer will be available from April, offering a range of support, from low-level, universally available support, through to carer's personal budgets for care and support based on eligibility. The purpose of the Carers Offer is to enable ASC staff to provide carers with detailed information about how they can manage their wellbeing effectively. The aim is to reduce overall costs to local authorities through a preventative model for carers, so they can continue their caring role whilst maintaining health and wellbeing.

3.9. Demand and Financial Modelling - the Care Act is expected to result in a significant increase in the requirement for assessments for carers and self-funders with needs for care and support. Work has been undertaken to predict the level of demand, and interim workforce capacity will be put in place to respond to increased demand from April 2015 onwards. The demand levels are shared below.

3.9.1. Self Funders - The estimated number of self funders could represent (up to) an additional 15-20% of customers, when compared to the number of customers supported by the local authority. Self funders will need to be assessed to access the financial protection offered by the Care Cap. This demand will be staged, however, as Care Cap is not due to come into effect until April 2016. To manage demand the three local authorities plan to assess 25% of self funders in quarters three and four of 2015/16, with the remaining self funders assessed in 2016/17. Once assessed self funders will need to be reviewed annually.

3.9.2. Carers - Modelling suggests there is likely to be 110% increase in carers to be assessed in the City of Westminster.

3.10. Implementation of new safeguarding duties – the London Association of Directors of Adult Social Services (ADASS) is developing a Care Act compliant set of protocols for safeguarding that will be rolled out to all London local authorities by April 2015. In addition, the standard operating procedures have been amended to ensure Care Act compliance, and these will be adopted by ASC staff from April onwards.

3.11. Market shaping responsibilities embedded – a Market Position Statement has been drafted to support market shaping through engagement with local providers and the public. The market position statement is designed to help to inform commissioning of new, innovative services for local residents. A draft provider failure protocol is also under development. This will inform decisions about how to support the transfer and continuity of care for service users in the event the incumbent provider is unable to support them, due to business failure or a major dip in the quality of care provision.

3.12. Managing transition from children and young people services to adults services – work is underway to build the Education, Health and Care transition pathway and protocol, which has been embedded in our standard operating procedures. Staff in the Learning Disability and transitions teams will receive training prior to adopting the new way of working from April onwards. This will ensure a more holistic approach is adopted that supports young people requiring an "adults" assessment prior to their 18th birthday.

3.13. Information and advice provision (across operations and commissioned services) and provision of preventative services – the workstream activity to deliver compliance includes development of all information and advice formats, including the People First website and leaflets. An audit checklist of the full range of information and advice required has been completed. The next stage, to refresh the content for each topic area, is well underway. The work on information and advice also links closely with new duties to promote prevention, and a mapping exercise is underway to document the existing prevention offer. This work will continue beyond April, to ensure that all information and advice is continually refreshed and up to date as newer services come on-stream; for example, new advocacy contracts or preventative services.

3.14. Advocacy Support Services – a procurement process is underway to develop the service so that the three local authorities can routinely offer independent advocacy support to anyone who requests it, as part of the assessment and support planning process. The new advocacy support services will be established by July 2015. In the meantime, through ongoing dialogue with the existing providers, commissioners have confirmed that the current provision will be Care Act compliant by April 2015.

3.15. Fees, Charging, and Deferred Payment Agreements - The funding reform workstream has developed a new model that will provide a more consistent approach to deferred payment agreements across all three boroughs, including adoption of appropriate interest charge rates. Details will be presented in the annual fees and charging Cabinet Member reports for decision in February / March.

3.16. Workforce trained and developed to meet the new operational requirements – a workforce development programme has been prepared using a mix of internal and external resources. This follows engagement with staff and managers about the workforce implications of the Care Act reforms, and completion of a training needs analysis. Care Act awareness sessions have already been rolled out to ASC staff and to other departments across the local authority, externally to health partners including the Clinical Commissioning Groups (CCG's), and to the voluntary and private sector. The workforce training programme was launched at the end of January 2015 and is now well underway. Training will be extended to other key departments including Housing, the Mental Health Trusts, GP's and Health. Work is underway to review the training offer to external providers and information and advice providers will receive training in early March.

3.17. Communications - successful ‘show and tell’ events have been held in all three boroughs to promote the work of the programme and encourage stakeholders to engage in the implementation. A communications plan has been developed to co-ordinate key messages to all stakeholders, and a regular update is published in the monthly Triangles newsletter to ASC staff. The communications plan is aligned with the Public Health England Campaign to share information with the general public about the Care Act. Local communications are underway from February onwards to ensure residents are fully aware of the reforms. The People First and corporate websites have been amended to include relevant information.

4. CONSULTATION

4.1. On 4th February, the Department of Health (DoH) launched a consultation on the guidance and legislation in relation to the cap on costs for self-funders and the associated appeals process which come into force April 2016. The consultation will run until 30th March 2015. Subject matter experts within the Care Act implementation programme have been tasked with the systematic examination of the draft guidance and regulations to inform the Council’s feedback response to the consultation, and to help identify any new risks. Staff will also be invited to feed comments and responses to the consultation questions directly to the programme manager; this will form part of our overall consultation response.

4.2. Following the consultation, the DoH intends to publish the final documents in September 2015; this will give local authorities seven months to finalise arrangements to comply with the cap on costs and appeals requirements of the Care Act.

5. LEGAL IMPLICATIONS

5.1. The Care Act 2014 comes into force in two stages, with most provisions coming into force on 1st April 2015. Funding reform provisions come into force on 1st April 2016.

5.2. Guidance and Regulations were finalised and published relatively recently, on 23rd October 2014. All local authorities are facing significant challenges in preparing to implement the most significant changes to community care provision in the last 60 years. However, although the Care Act 2014 includes new provisions, the majority of the requirements consolidate good practice, which is already part of the ASC operating framework.

5.3. The main areas of significant change are outlined in this paper.

5.4. Legal Services is carrying out a review of the extensive final version of Part 1 of the Guidance and Regulations as compared to the Tri-Borough response to the national consultation process carried out in summer 2014. Draft ASC standard operating procedures which include a set of policies will be reviewed in light of that exercise.

5.5. All local authorities face a degree of uncertainty regarding the potential for legal challenges when the bulk of the provisions of the Act come into force on 1st April 2015. We anticipate a period of national uncertainty until the courts begin to provide case law guidance. All three boroughs continue to prepare so that they are best placed to respond to any such challenges.

6. FINANCIAL AND RESOURCES IMPLICATIONS

6.1. Analysis and modelling continues to be undertaken locally in order to estimate the financial impact of implementing the Care Act. The latest estimates for the City of Westminster, covering the next five years, are attached as appendix 1. Modelling the impact of the Care Act is challenging due to the large number of variables and 'unknowns', particularly in relation to the number of self funders and carers that will present themselves to the authority. Hence these estimates will still need to be treated with a degree of caution but are a good indication of the likely scale of the impact. The main financial implications will stem from the cap on care costs, changes to the means tested support thresholds, increased number of assessment and reviews likely to be required, and the infrastructure needed to support the changes.

6.2. The total estimated costs are £2.4m in 15/16 and £13m over the next five years. The main cost impact in the early years is in relation to assessment and reviews (both self funders and carers) and carers' packages and other costs. It is estimated that it will cost £1.9m to £2.1m a year to carry out these functions. The care cap is also likely to have a significant financial impact, again in the region of £1.1m a year. This will be in the latter years, however, as costs to be set against the cap only begin in 2016/17 and only impact on the authority once the client reaches the cap. Any relevant cost impact from the national eligibility criteria will be built into the estimates following the results of the desk top review of existing eligible service users.

6.3. In December, Government funding for the Care Act in 2015-16 was announced. The City of Westminster will receive £1.0m. The grant has three components:

a) early assessments,
b) deferred Payments, and
c) carers and care act implementation

In total Westminster City Council will have £1.7m (including £750k from the Better Care Fund) of funding in 2015/16 to meet the Care Act implementation costs. Future years funding is unknown at this time.

7.0 RISK MANAGEMENT

7.1 A lack of clarity about the true cost of Care Act implementation to support additional demands from self funders and carers may impact on Adult Social Care operations across the three boroughs. The Funding Reform workstream will

continue to develop financial modelling to inform agreement of future funding arrangements with the Department of Health for 2016/17 to address the impact of the Care Act.

7.2 The Care Act places significant duties on local authorities to work in a more co-ordinated way to meet the wellbeing needs of people. Other council departments including Housing and external organisations including Health (i.e. CCG's and Mental Health Trusts) are therefore involved in developing collaborative and integrated working to respond to these duties, e.g. the Community Independence Service and the Customer Journey programme. This change management work will continue beyond April 2015 to fully embed improved ways of working with partner organisations.

If you have any queries about this Report or wish to inspect any of the Background Papers please contact:

Jerome Douglas – Care Act Programme Manager

Email: Jerome.Douglas@lbhf.gov.uk

Telephone: 0208 753 2306

APPENDICES:

Appendix 1 – Latest Projected Costs and Funding for Care Act Implementation – Westminster City Council

BACKGROUND PAPERS:

None:

This page is intentionally left blank

N.B Please note that the following information is for finance modelling purposes only and therefore contains estimates rather than the final definitive position.

Latest Projected Costs and Funding for Care Act Implementation - Westminster City Council - Jan 2015

*** Self Funders** - It is very difficult to estimate the number of self funders in the community and in particular to estimate what proportion of these will present themselves to the authority's to create a care account. For this latest projection of the costs of the care act two scenarios for the projections of self funders numbers has been used. Scenario A assumes that 100% of the estimated number of self funders will come forward. Scenario B shows a possible lower uptake based on the premise that the very wealthy will not be sufficiently incentivised to come forward to benefit from the financial protection offered by the cap. The lower uptake estimates are based on wealth data for the three local authorities.

Type of Costs	Description	2014-15	2015-16		2016-17		2017-18		2018-19		2019-20		Total	
			B	A	B	A	B	A	B	A	B	A	B	A
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Self Funders Assessments & Reviews	Self funders. These are residents who do not approach the local authority at present and currently arrange and pay for their own care. To benefit from the financial protection offered by the Care Cap however they will need to be assessed and reviewed by the local authority. This is the latest projection of the estimated costs of these assessments and reviews for the years 2015-16 to 2019-20. It is assumed that in the first two years it will be necessary to assess 100% of our existing self funders. To cope with the numbers it will be necessary to start the assessments early in 2015-16. These cost projections assumes 25% of the assessments will be carried out early in 2015-16	0	78	91	266	310	186	217	188	220	191	223	**909**	**1,061**
Carers Assessments, Reviews. Packages and Provision Costs	The Care Act widens the eligibility for carers to receive support from the local authority. To benefit from this however they will need to be assessed and reviewed. This is the latest projections of the additional costs for carrying out the assessments and reviews, providing Carers packages (Personal Budgets) and other provision costs.	0	1,795	1,795	1,811	1,811	1,839	1,839	1,857	1,857	1,885	1,885	**9,187**	**9,187**
Providing social care in prisons and approved premises	The Care Act requires Local Authorities to provide social care in Prisons. These are the estimated costs of providing this service	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**
Estimated: Impact of £118k upper threshold on service users	For adults in residential care, the upper capital threshold for means tested support will be increased to £118,000 except where a property is disregarded in the financial assessment. This will mean that more people will become eligible for partially funded care by the local authority.	0	0	0	230	230	230	230	230	230	230	230	**920**	**920**
Estimated: Impact of care cap	A cap of £72,000 will be placed on the costs an adult has to pay to meet their eligible care and support needs (whether received in their own home or in a residential care home). Once the cap is reached the costs will be met by the local authority.	0	0	0	0	0	0	0	12	12	1,151	1,309	**1,163**	**1,321**
Deferred Payments	This allows users to defer payment of their care costs by putting a charge on their properties. This facility has been formalised through the Care Act. Estimated costs match the funding provided in 2015-16. No costs have been modelled for 2016-17 onwards.	0	264	264	0	0	0	0	0	0	0	0	**264**	**264**

Appendix 1

N.B Please note that the following information is for finance modelling purposes only and therefore contains estimates rather than the final definitive position.

Type of Costs	Description	2014-15	2015-16		2016-17		2017-18		2018-19		2019-20		Total	
			B	A	B	A	B	A	B	A	B	A	B	A
National Eligibility Criteria													0	0
Preparation for Care Act Implementation														
General Implementation and Programme Management Costs (Including Care account Management)	These are generally the one off costs required to put the infrastructure in place to implement the Care Act. It covers costs like workforce capacity and training, IT costs, programme management and support, legal etc. The ongoing costs are in relation to managing the new	116	282	282	40	40	40	40	40	40	40	40	558	558
Total		116	2,419	2,432	2,347	2,391	2,295	2,326	2,327	2,359	3,497	3,687	13,001	13,311
Funding														
Care Act Grant	Care Act Grant 14/15 and 15/16 - (2015-16 - grant has four components, 1) early assessments, 2)Deferred Payments, 3)Carers and Care Act Implementation and 4) Social Care in Prisons)	(125)	(967)	(967)	0	0	0	0	0	0	0	0	(1,092)	(1,092)
BCF Care Act Contribution 14/15	Care act funding from the 2014-15 BCF integration payment	(122)	0	0	0	0	0	0	0	0	0	0	(122)	(122)
Regional training and implementation support Grant 2014/15	Government grant for Care Act training issued in 2014-15	(16)	0	0	0	0	0	0	0	0	0	0	(16)	(16)
Estimated - 2015-16 BCF contribution to Care Act implementation costs of Triborough.	Care Act funding from the 2015/16 BCF allocation	0	(748)	(748)	0	0	0	0	0	0	0	0	(748)	(748)
Total Funding		(263)	(1,715)	(1,715)	0	0	0	0	0	0	0	0	(1,978)	(1,978)
Net Cost / (Surplus)		(147)	704	717	2,347	2,391	2,295	2,326	2,327	2,359	3,497	3,687	11,023	11,333

Westminster Health & Wellbeing Board
Work Programme
2015 / 2016

KEY
FOR DECISION
FOR DISCUSSION
FOR INFORMATION
PLANNING

Agenda Item	Summary	Lead	Item
Meeting Date March 2015: END OF YEAR STRATEGIC PLANNING			
STRATEGIC PLANNING DISCUSSION	Review what the HWB has delivered together since establishment and reassess priorities and goals following recent changes in the system	Exec Director of ASC	Planning
PHARMACEUTICAL NEEDS ASSESSMENT	Final Westminster Pharmaceutical Needs Assessment for publication	JSNA Steering Group	For decision
CARE ACT	Report on progress in preparing for the implementation of the Care Act and further information on the potential impact on Westminster	Exec Director of ASC	For discussion
PRIMARY CARE CO-COMMISSIONING	Update from CCGs on progress in defining arrangements for primary care co-commissioning across NWL and further discuss role of HWB in shaping future plans in this area.	Chairs of CLCCG / WLCCG	For discussion
BETTER CARE FUND	Update on progress	Exec Director of ASC	For information

Agenda Item	Summary	Lead	Item
Meeting Date 21st May 2015: SYSTEM IMPROVEMENT			
EARLY YEARS	Consider the preparations underway for the transfer of health visiting from NHS England to the local authority	Public Health	For discussion
PREVENTATIVE HEALTHCARE	Follow on from MMR discussion: Partnership strategy for improvement of preventative healthcare (particularly imms and screening)	Public Health, FCS NHSE	For discussion
MENTAL HEALTH TRANSFORMATION	Presentation on development of the NWL Mental Health and Wellbeing Strategic Plan. Update from 3B Children's Trust on developing and delivering the CAMHS improvement plan	NWL CCGs Exec Director of FCS	For discussion
DEMENTIA	Update on dementia diagnosis and treatment in Westminster and discussion on how to improve this locally	Exec Director of ASC	For discussion
WHOLE SYSTEM INTEGRATION	Discussion on the developing models of care and patient pathways under Whole Systems	Chairs of CLCCG WLCCG	For discussion
BETTER CARE FUND AND CARE ACT	Update on implementation Better Care Fund and of the Care Act	Exec Director of ASC	For information
AVAILABLE SLOT			
Meeting Date 9th July 2015: HWB STRATEGY AND WIDER DETERMINANTS			
HEALTH AND WELLBEING STRATEGY	Update on progress against Westminster Health and Wellbeing Strategy and discussion on escalated issues	Board leads	For discussion
CHILD POVERTY	Provide steer on the developing approach to reducing child poverty in Westminster	Exec Director of FCS	For discussion
CHILDHOOD OBESITY	Discussion on the Westminster whole-system approach to tackling childhood obesity	Director of Public Health	For discussion
PUBLIC HEALTH STRATEGY	Discussion about Westminster's 10 year public health strategy and HWB role in supporting delivery	Director of Public Health	For discussion
BETTER CARE FUND AND CARE ACT	Update on implementation Better Care Fund and of the Care Act	Exec Director of ASC	For information

Agenda Item	Summary	Lead	Item
Meeting Date 17th September 2015: 2016/17 COMMISSIONING			
LOCAL HEALTH AND CARE COMMISSIONING	Key commissioning themes from CCG and local authority	Exec Director of ASC	To steer 2016/17 commissioning across health and wellbeing system
	"Health of the health system" dashboard		
	Key messages from Adult and Children Safeguarding Boards, Children's Trust and other partnership groups		
	Key messages from Patients and Service Users		
PRIMARY CARE COMMISSIONING	Report to the HWB on discussions being undertaken at NWL level on primary care co-commissioning	CCGS	For discussion
CHILDREN AND FAMILIES ACT 2014	Presentation on the new requirements on the local health and care economy following the Children and Families Act 2014 and the progress being made to implement the necessary changes	Executive Director of FCS	
BETTER CARE FUND AND CARE ACT	Update on implementation Better Care Fund and of the Care Act	Exec Director of ASC	For information
AVAILABLE SLOT			
AVAILABLE SLOT			
Meeting Date 19th November 2015: SYSTEM IMPROVEMENT			
EARLY YEARS	Consider progress made in improving partnership and integration relating to child health and wellbeing	Exec Director of FCS	For discussion
ADULTS AND HEALTH INTEGRATION	Update on Better Care Fund and Whole Systems Integration	Exec Director of ASC	For information
JSNA 2015/16	Review progress against JSNA Programme	JSNA Steering Group Chair	For information
AVAILABLE SLOT			
AVAILABLE SLOT			

Agenda Item	Summary	Lead	Item
Meeting Date: 21st January 2016: MISCELLANEOUS			
HEALTH AND WELLBEING STRATEGY	Update on progress against Westminster Health and Wellbeing Strategy and discussion on escalated issues	Board leads	For discussion
CHILD POVERTY	Discussion on progress being made to reduce child poverty in Westminster	Exec Director of FCS Housing	For discussion
AVAILABLE SLOT			
AVAILABLE SLOT			
AVAILABLE SLOT			
Meeting Date: 17th March 2016: END OF YEAR STRATEGIC PLANNING MEETING			
STRATEGIC PLANNING	Review delivery and plan for the year ahead	Exec Director of ASC	Planning
BETTER CARE FUND	Update on delivery of the Better Care Fund outcomes	Exec Director of ASC	For information
AVAILABLE SLOT			
AVAILABLE SLOT			
AVAILABLE SLOT			