Westminster Pharmaceutical Needs Assessment 2015-2018

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

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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.

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

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

Findings from consultation will be provided in Additional Consultation Report	

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.

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

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)

	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.

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

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

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

	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

	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

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

	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

	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

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

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

	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

	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

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

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

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

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)	