

Westminster Pharmaceutical Needs Assessment

2015 - 2018

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City of Westminster

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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) will 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

Map of the borough



Chapter One

Background

Purpose of the Pharmaceutical Needs Assessment

- 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** Due consideration has been given by the HWB to future circumstances which may have an impact on the future need for pharmaceutical services

- 1.4** The services being assessed in the PNA are those provided under the terms of services for pharmaceutical contractors or under Local Pharmaceutical Services (LPS) contracts.
- 1.5** The process followed in developing this PNA has been detailed in Appendix D.

Defining Localities

- 1.6** For the purposes of the PNA it is necessary to divide the geographical area of Westminster into distinct localities. These localities are likely to help determine market entry.
- 1.7** The main approach to localities taken for this PNA is to use electoral wards. However, as wards are small geographic areas and services cross boundaries, we have modified this by including a 500 metre radius of all pharmacies in the borough and surrounding area. This shows areas where there is at least one pharmacy within 500m and where there is no pharmacy within 500m. The 500m buffer **cannot** be used to define whether a population outside of the buffer is in need of a service. The buffer does help assess what proportion of the whole population is in close proximity to a service, but not all services need to be provided in close proximity, some are provided on the basis of where the patient lives and not where the pharmacy is located, and some may serve a patient group that is clustered in a small area. Where relevant, these factors have been highlighted in the report.

Policy Background Relating to the PNA

- 1.8** It is a statutory responsibility for Health & Wellbeing Boards (HWBs) to develop and update a PNA for its area.
- 1.9** 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.
- 1.10** 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.
- 1.11** HWBs are required to publish their first PNA by 1 April 2015.
- 1.12** 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.

- 1.13** 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

- 1.14** 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.
- 1.15** 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.
- 1.16** 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.
- 1.17** 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.
- 1.18** Sexual health is a particular challenge within the borough. Westminster had the 7th highest reported acute Sexually Transmitted Infections (STI) rate and the 5th highest HIV prevalence rate in England. Teenage conception rates are low in the borough relative to London and England.
- 1.19** 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.

- 1.20** 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

- 1.21** 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 area¹:

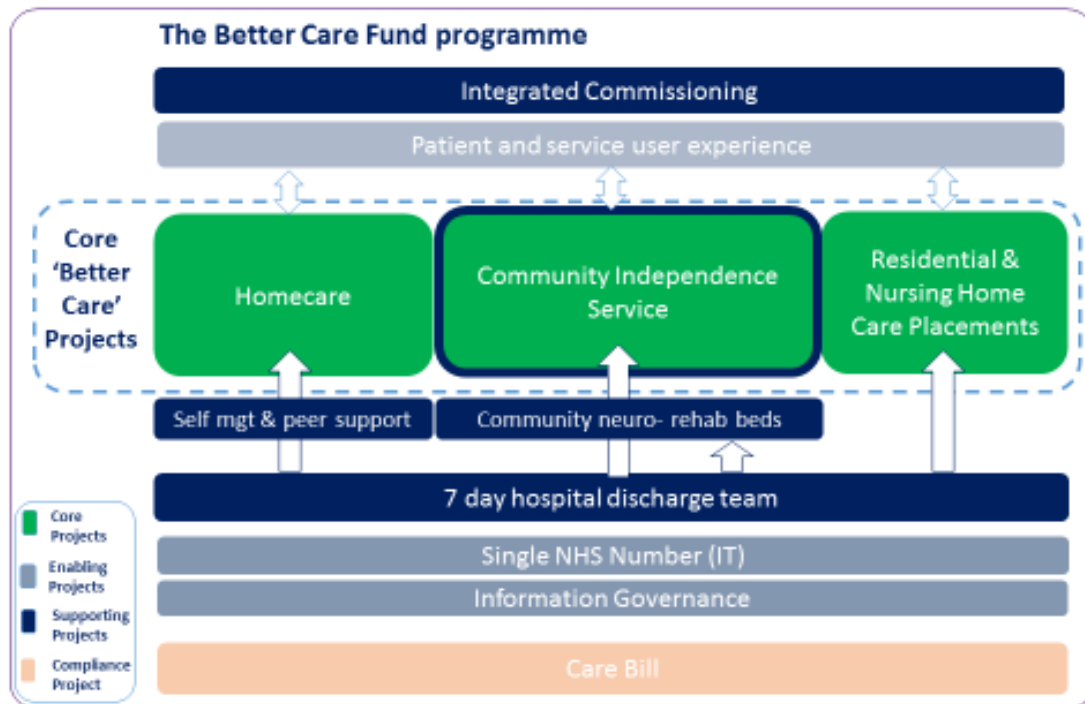
- Every child has the best start in life
- Enabling young people to have a healthy adulthood
- Supporting economic and social wellbeing and opportunity
- Ensuring access to appropriate care at the right time
- Supporting people to remain independent for longer

- 1.22** 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>

Enabling 'Better Care' in Triborough



1.23 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 plan² 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 coordinated and seamless pathways of care across health and social care; to

²

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

³

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

shift care to community and primary care settings; and reduce hospital admissions and improve early discharge⁴

- **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.

4

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

Chapter Two

Demographic and 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. Characteristics of the local population have been summarised below. Further detail is provided later in this chapter.

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

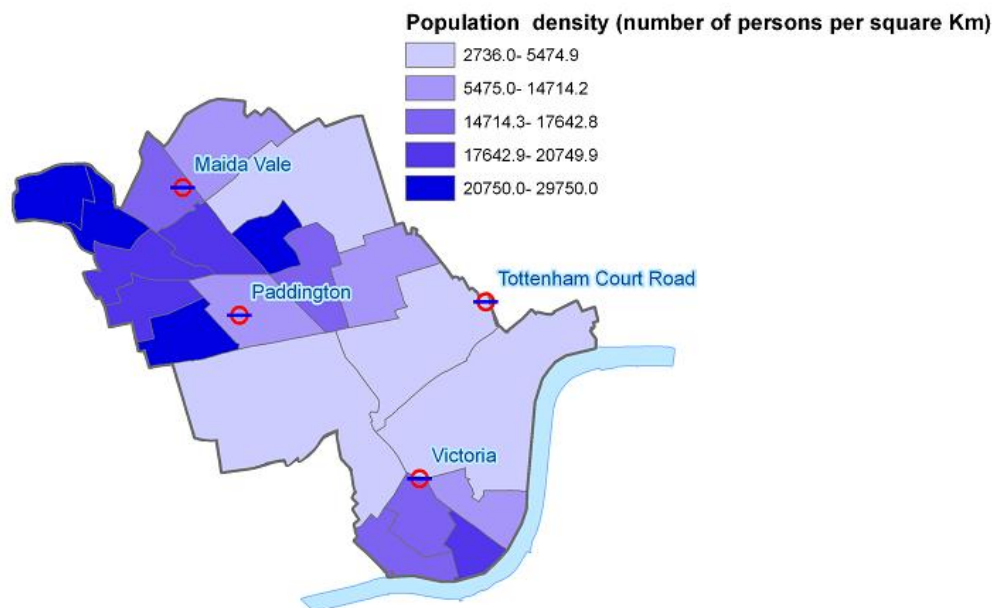
Table 2.1: Overview of characteristics of the local population

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 87 th	Most deprived borough in England (out of 326) (17 th 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 1 st	Highest carbon emissions in London (not including City of London)
990,000	Daytime population in an average weekday		

Overall population of Westminster

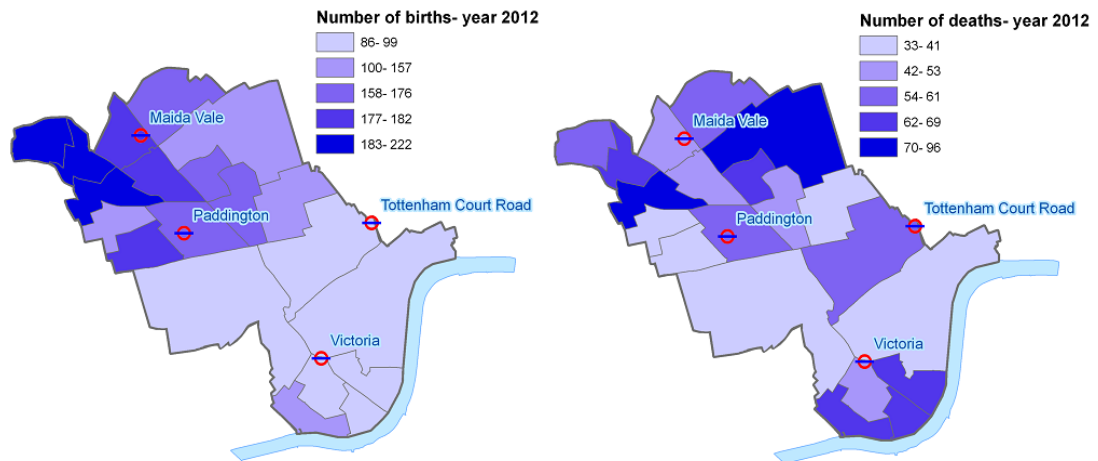
- 2.4** Westminster is a densely populated and vibrant Central London borough, with a daytime population more than four times the size of the resident population. The area has a large proportion of young working age residents and very few children, as well as high levels of international migration and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



- 2.5** The Office for National Statistics estimates the Westminster resident population in 2011 census to be 219,582 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
- 2.6** 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 2.2).

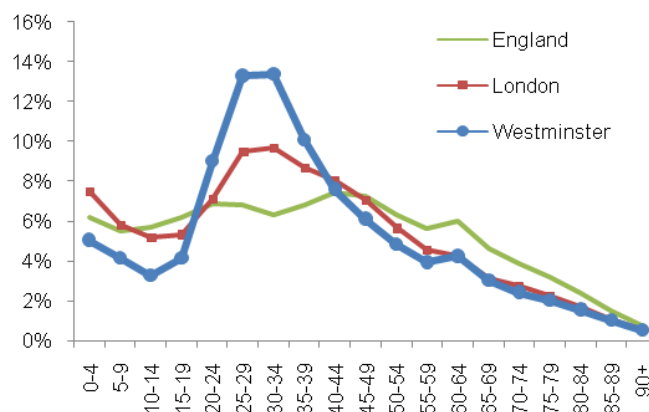
Figure 2.2: Number of births and deaths in Westminster



Age Structure

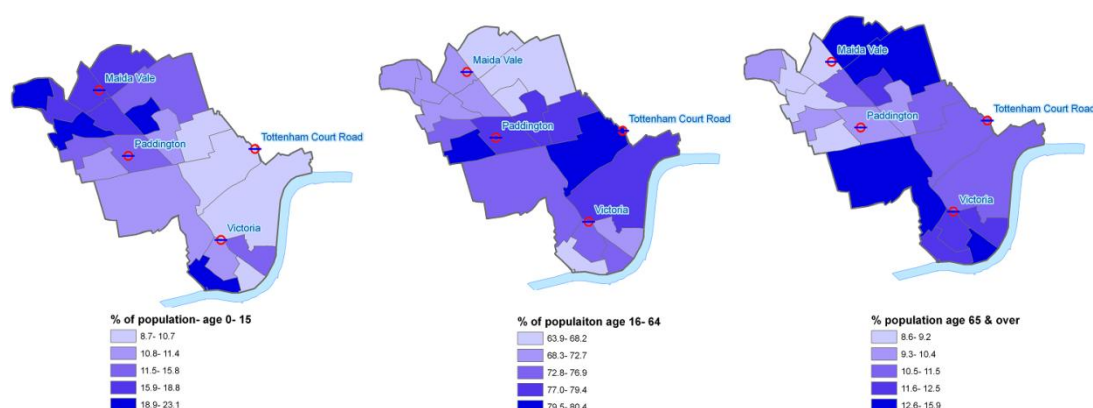
2.7 The age profile in Westminster is typical of inner city areas, with a very high proportion of young working age adults, and a smaller proportion of older people and children. The 162,000 residents aged 16 to 64 represent 74% of the total population. This population structure impacts on the types 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 2.3).

Figure 2.3: Population Structure, 2010



2.8 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 2.4).

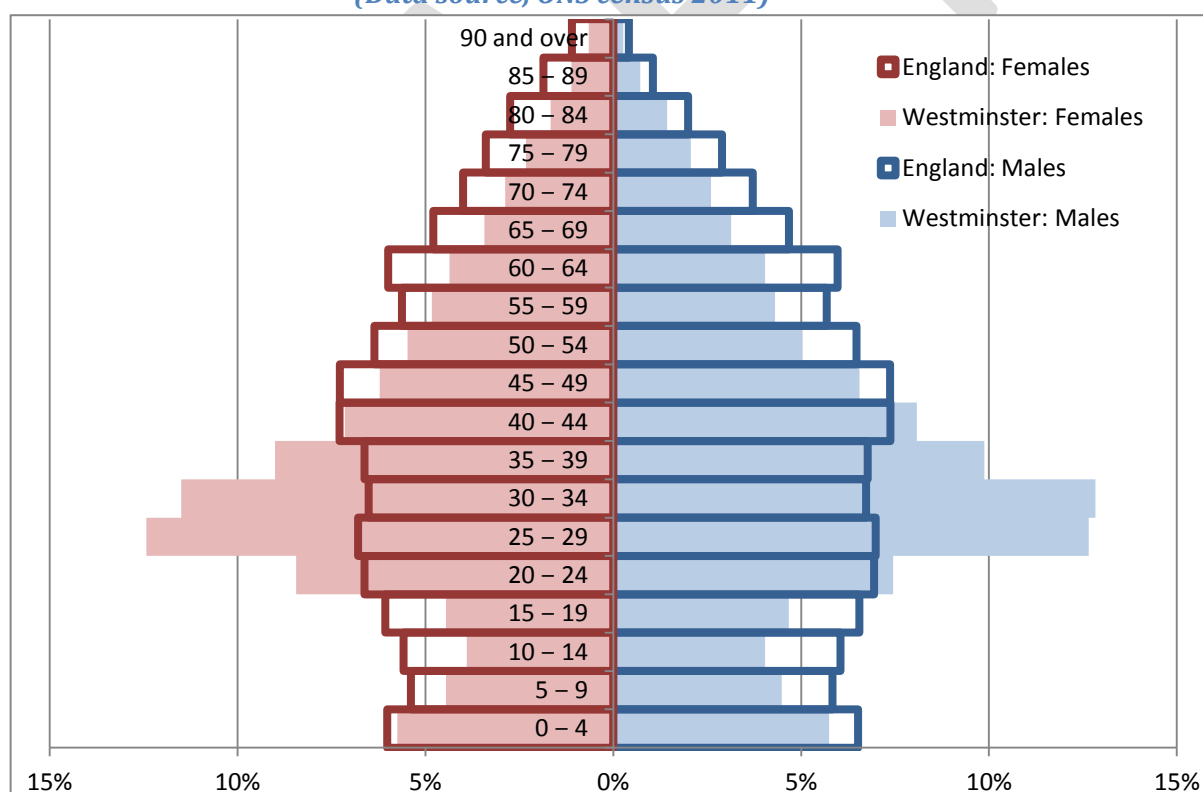
Figure 2.4: Maps showing location of population groups in Borough



Gender Structure

2.9 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 2.5).

*Figure 2.5 : Proportion of resident population by age-band, 2011, Westminster
(Data source, ONS census 2011)*

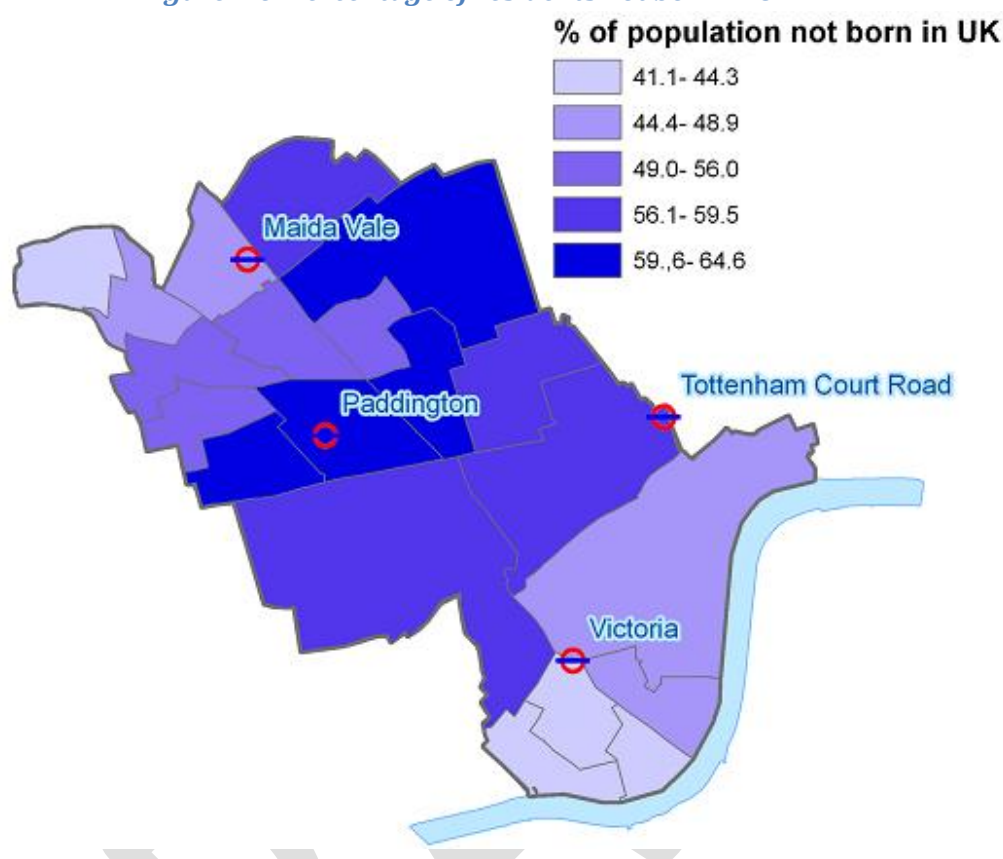


Ethnicity and diversity

2.10 Nearly half of the borough's population were born abroad (figure 2.6) 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 2.6: Percentage of residents not born in UK



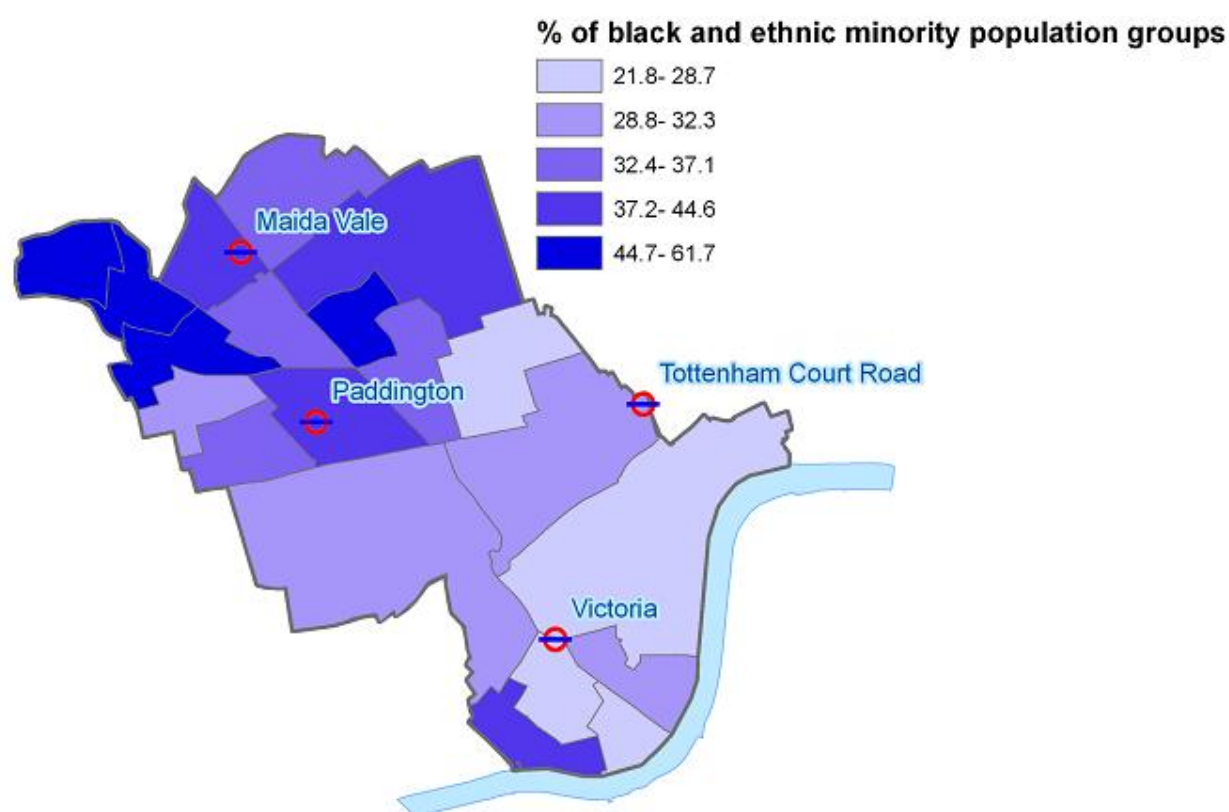
- 2.11** 38% of the population is from Black, Asian and minority ethnic (BAME) groups, up from 26% in 2001. Westminster has a smaller Black population and Asian population than the London average, but the largest proportion nationally from the 'Arab' group (e.g. Middle East & North Africa) and the 14th highest from 'Mixed' groups (table 2.2).

Table 2.2: Population by ethnicity 2001 and 2011 census, all ages (Data source: ONS census 2001 and 2011)

	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%

- 2.12** Most of the minority ethnic groups in Westminster reside in the northern deprived wards (figure 2.7).

Figure 2.7: Distribution of black and ethnic minority group



2.13 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. Arabic is by far the most common language after English, followed by French, Spanish, and Italian (table 2.3).

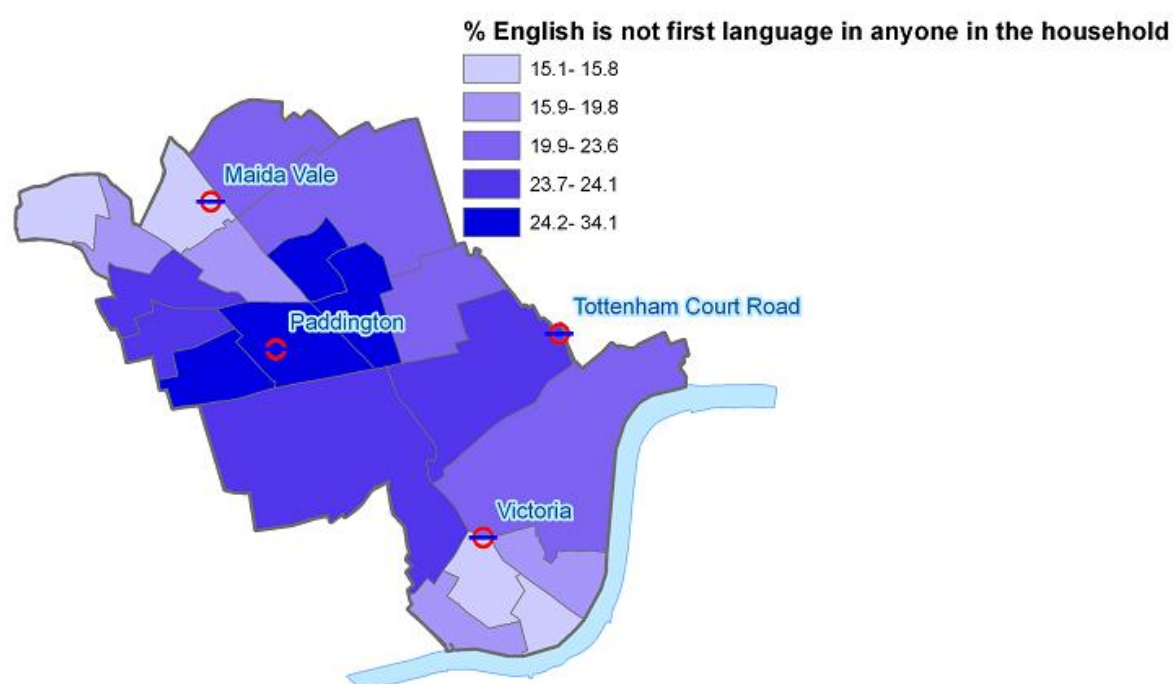
Table 2.3: Most common languages spoken (2011 Census) and countries of birth (GP registrations)

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%

- 2.14** 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 (figure 2.8).

Figure 2.8: Percentage of population whom English is not first language for anyone in the household



- 2.15** 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.
- 2.16** 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.

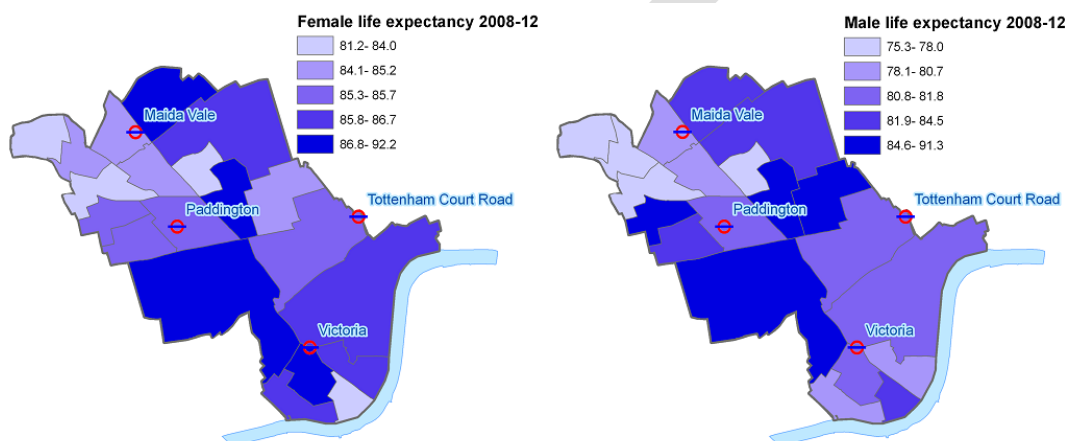
Health and well-being in Westminster

- 2.17 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.

2.18 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.

2.19 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 (figure 2.9).

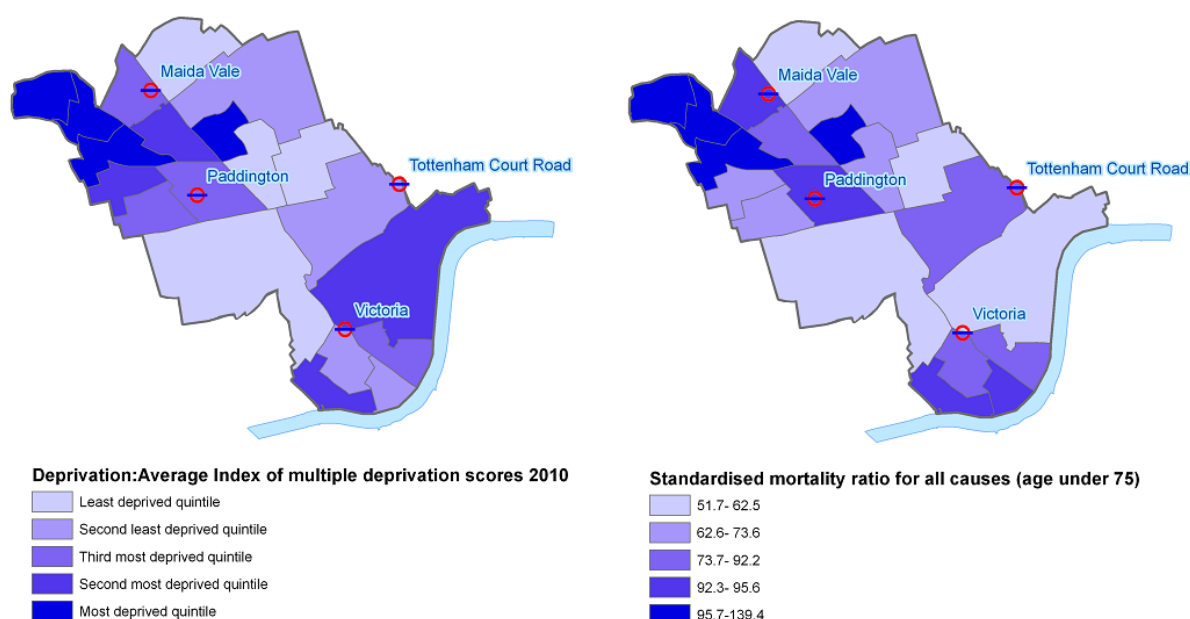
Figure 2.9: Life expectancy among males and females in Westminster



2.20 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.

2.21 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.

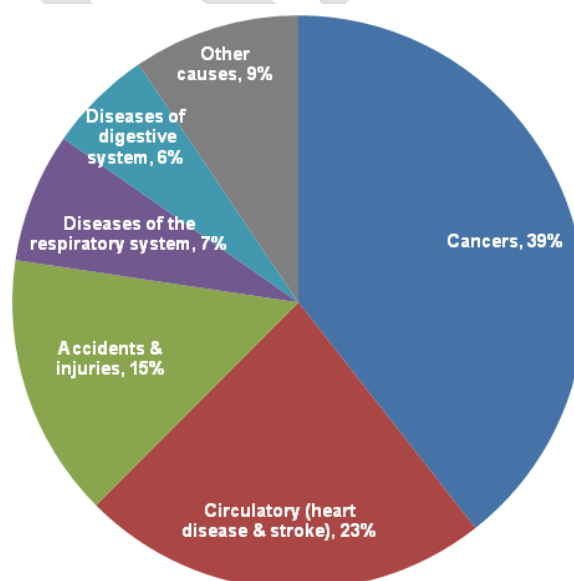
Figure 2.10: Map showing deprivation and premature mortality (under 75) in Westminster



Patterns of ill health

2.22 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.

Figure 2.11: Premature deaths by cause, 2011



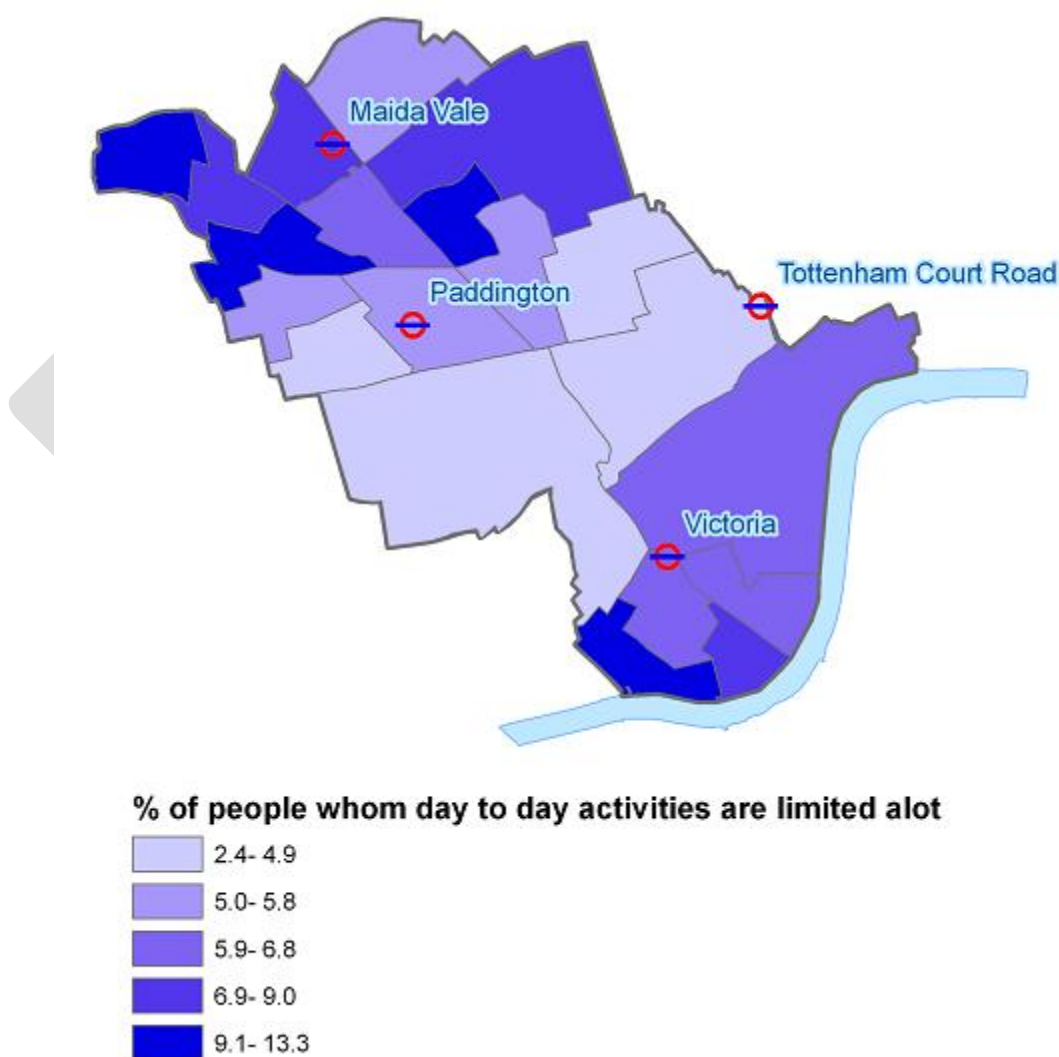
2.23 There have been marked reductions locally in premature mortality from CVD in the past decade (by 39%), the result of factors such as more timely high quality treatment,

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.

2.24 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.

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

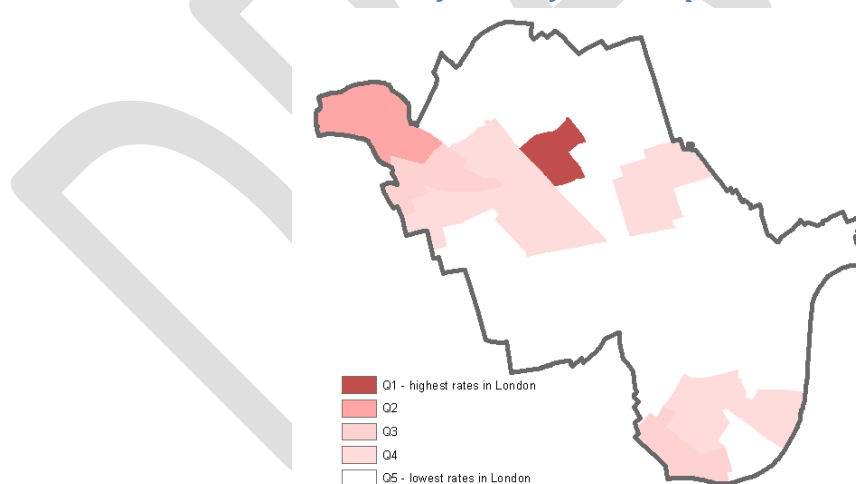
Figure 2.12: Percentage of people whom day to day activities are "limited a lot" due to ill health



- 2.26** 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.
- 2.27** 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.
- 2.28** 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. 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.

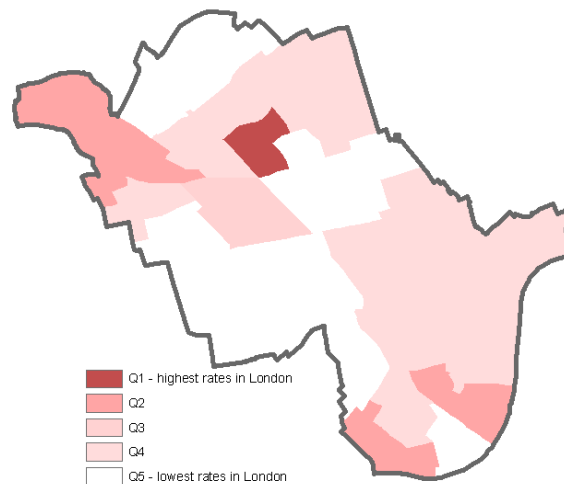
Figure 2.13: Cancer - Premature Mortality 2006-10

Mortality rates by London quintile



- 2.29** 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.
- 2.30** As with cancer, the premature death rate from cardiovascular disease 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.

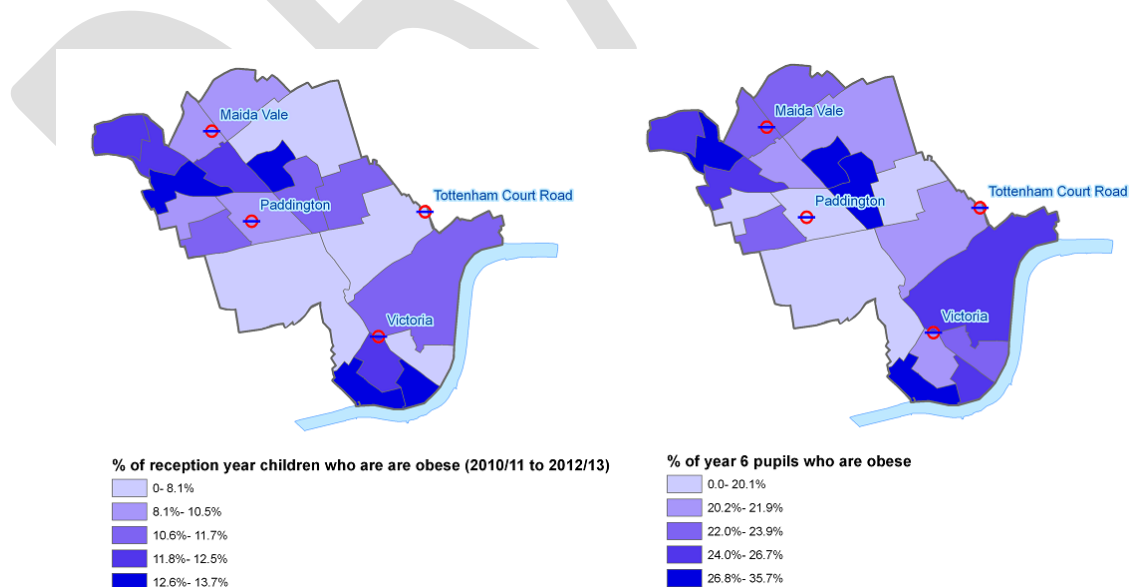
Figure 2.14: CVD - Premature Mortality 2006-10



Lifestyles

- 2.31** 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.
- 2.32** Obesity rates are high in Westbourne, Church Street wards for reception year pupils and Harrow Road, Church Street for year 6 pupils.

Figure 2.15: Level of childhood obesity in Westminster

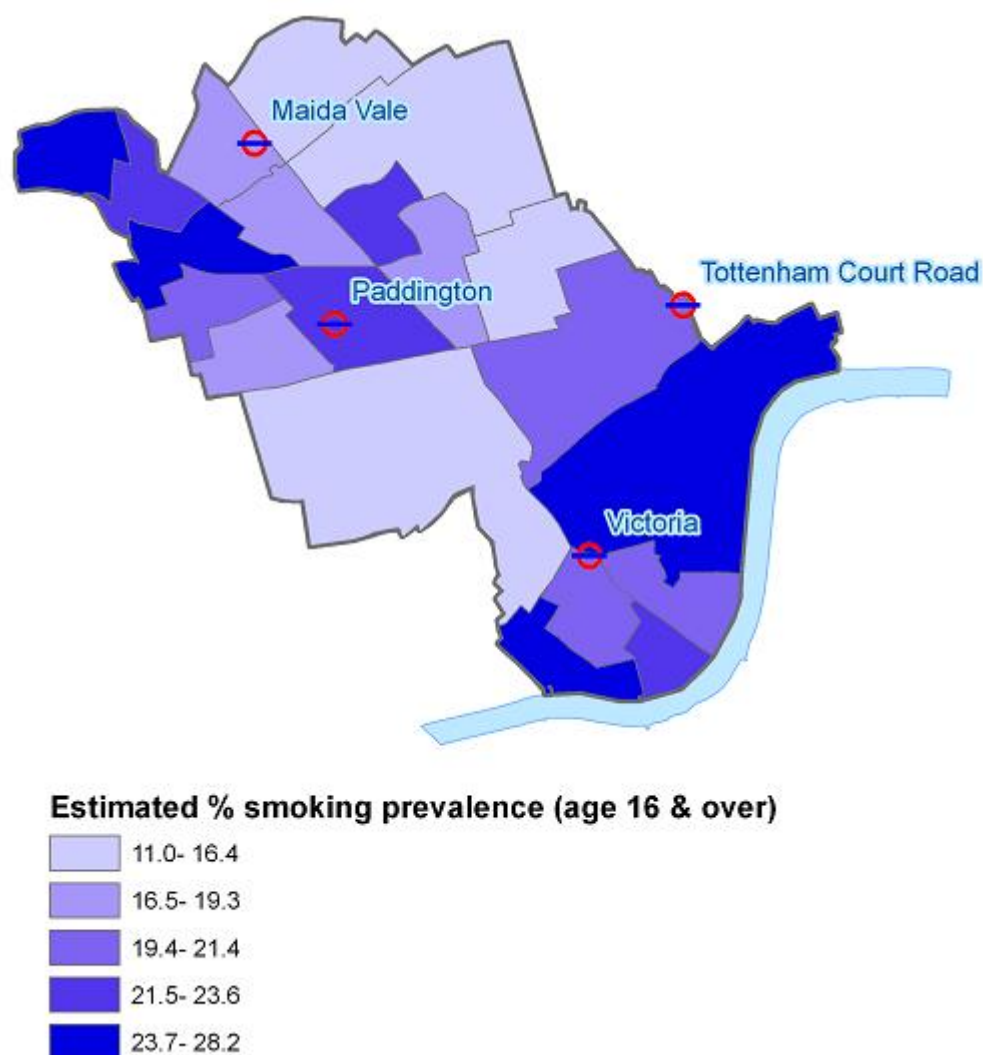


- 2.33** Smoking is the largest avoidable cause of death and the biggest cause of inequalities, nationally and locally, and is responsible for around 196 deaths in the borough each year. This is 34 fewer than typical of England, but more people smoke in Westminster

(22%) than average for London (19%) and England (20%), with highest rates in deprived areas.

- 2.34** 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 2.16: Map showing ward level smoking prevalence estimations (year 2013)

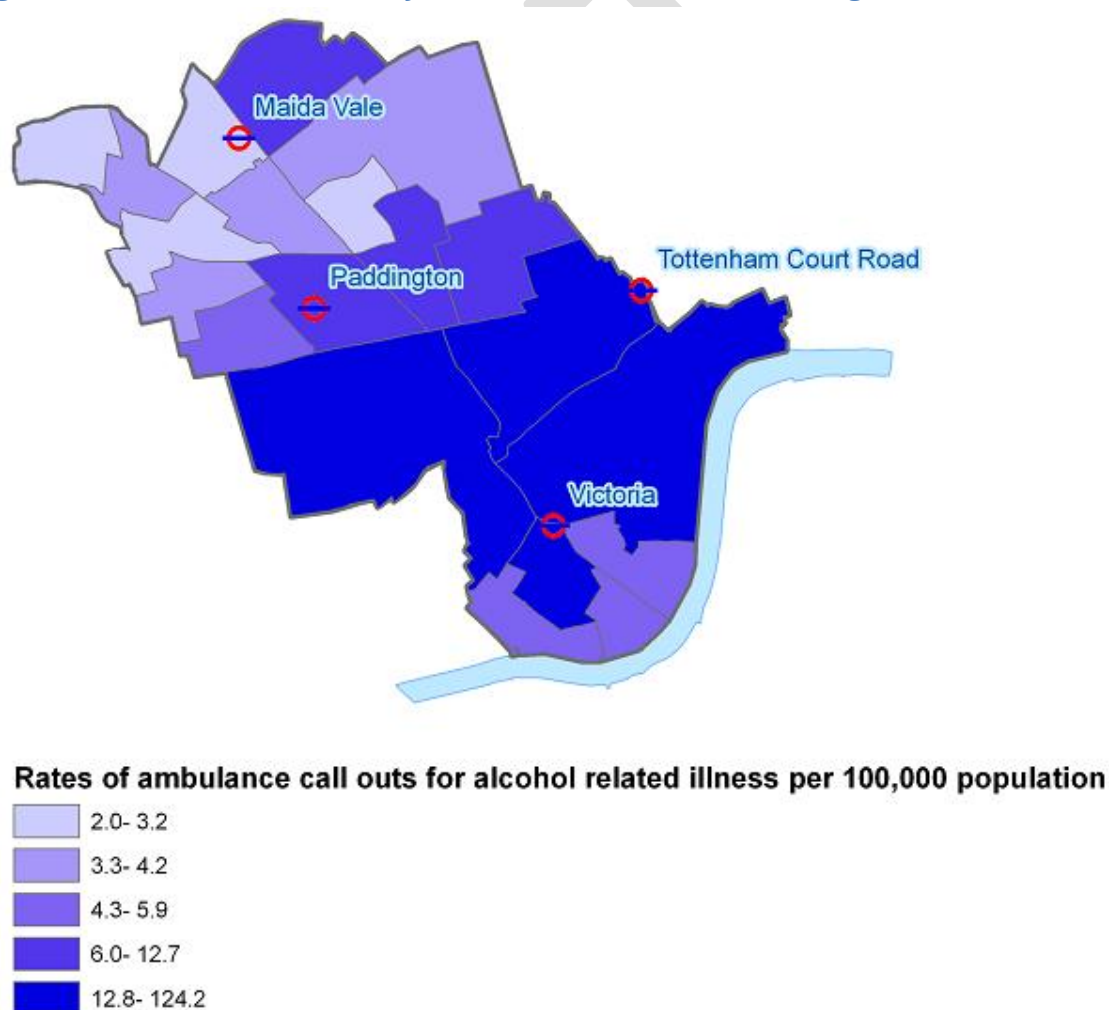


- 2.35** Around a quarter of people in the borough (28%) are physically inactive, doing less than 30 minutes activity per week. Just over half (55%) do the recommended 150 minutes a week. Rates of inactivity for BAME groups are typically around one quarter higher than average, and people over 55 are 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.
- 2.36** 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.

- 2.37** 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 2.17: Ambulance call outs for alcohol related illnesses during 2013



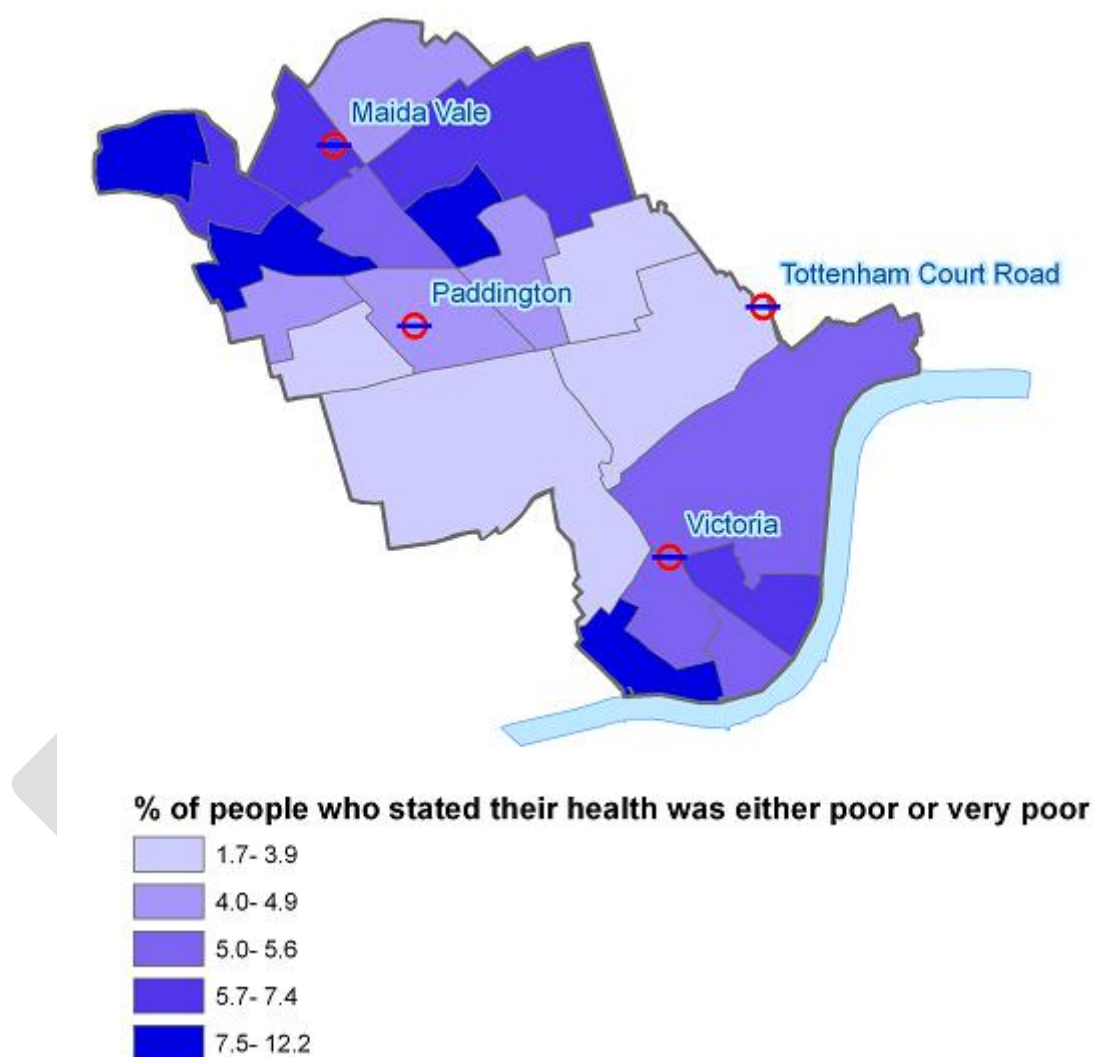
Vulnerable Groups in Westminster

- 2.38** 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.

- 2.39** 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 their health is either bad or very bad.

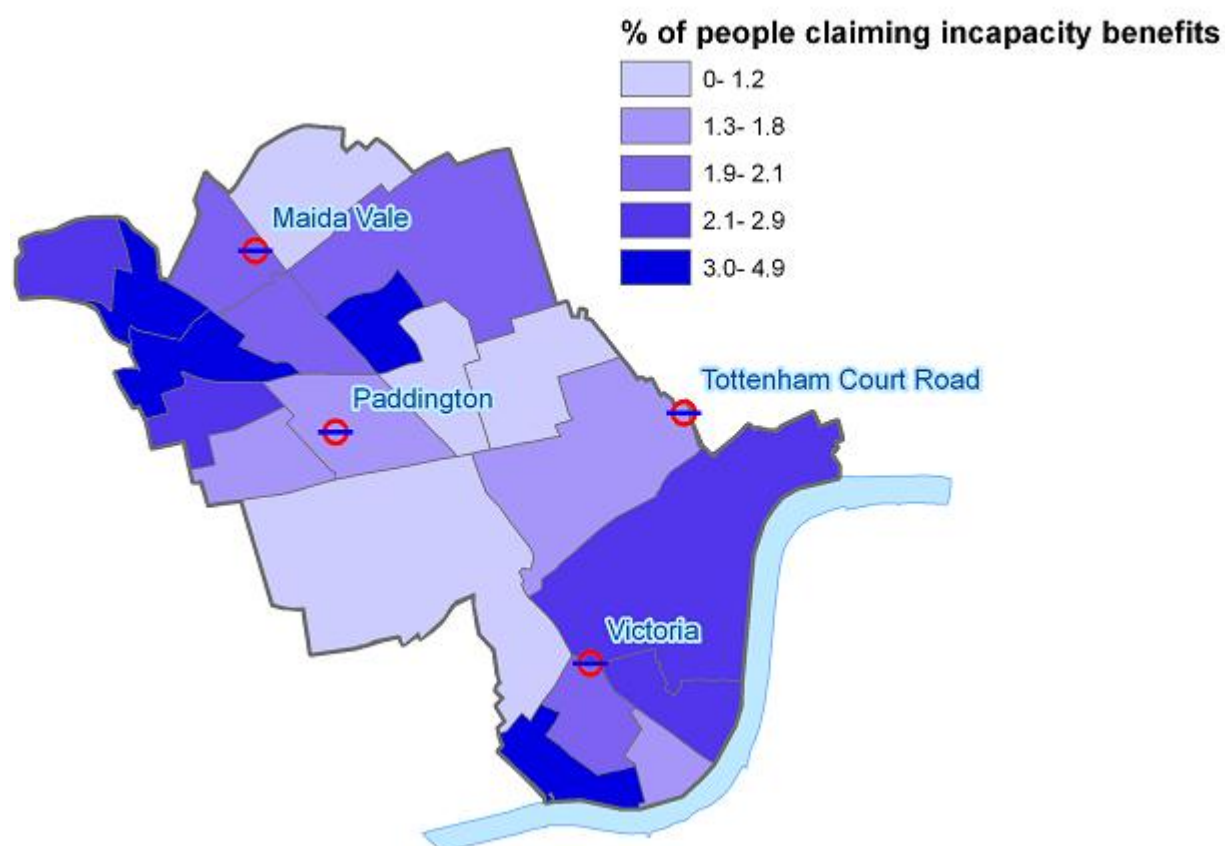
Figure 2.18: % of people who stated their health is either bad or very bad in Westminster



- 2.40** 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.

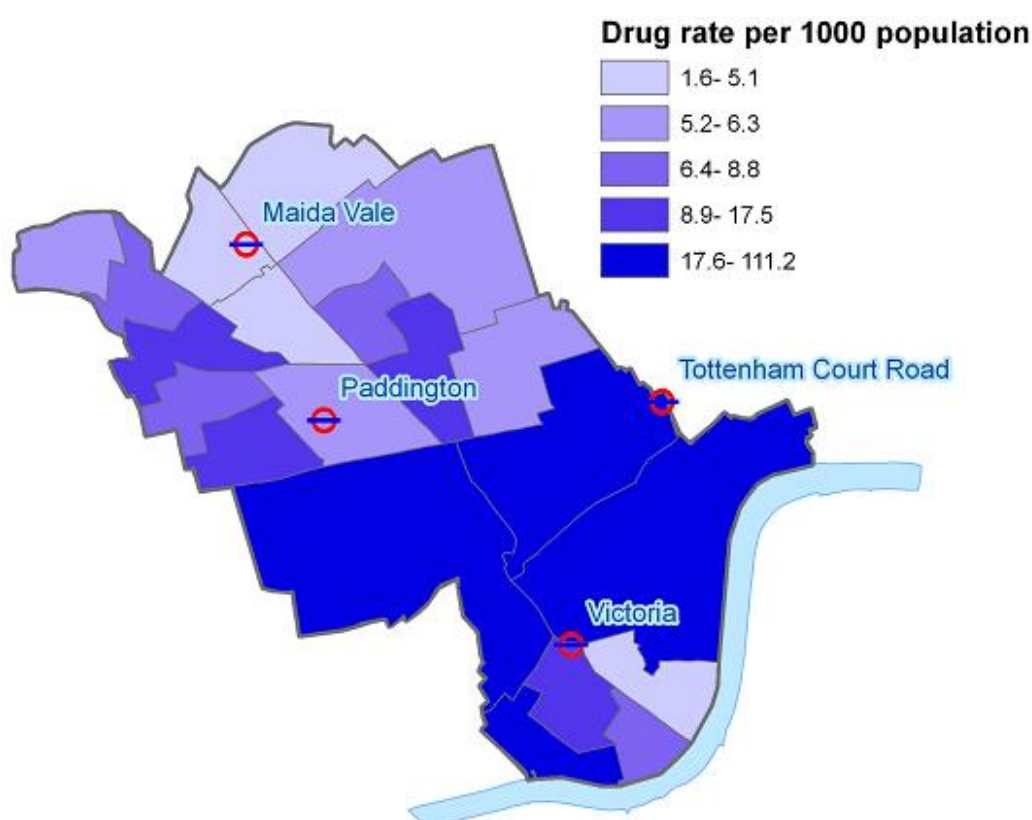
- 2.41** Coverage of breast screening in the borough is currently the 4th lowest in the country, with close to 4 in 10 women (6,100 women) not having had an NHS screening within the last three years. There are significant challenges locally around achieving high screening rates, given high population movement and high private and overseas use (which cannot be counted).
- 2.42** 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.
- 2.43** 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.
- 2.44** 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). The percentage of people claiming incapacity benefits is illustrated in figure 2.19.

Figure 2.19: Percentage of people claiming incapacity benefit rates per 1000 in Westminster



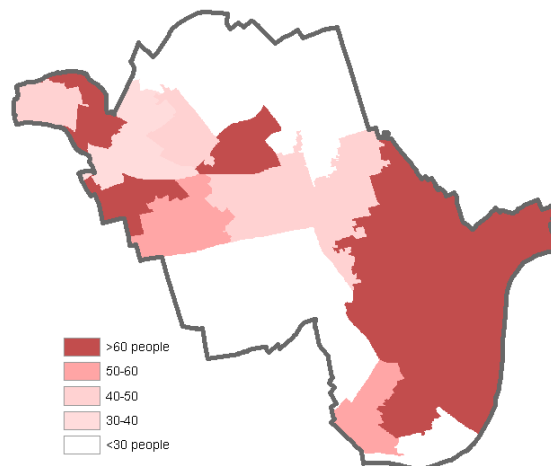
- 2.45** Estimates from 2009/10 suggest that the borough has the 11th highest rate of problem drug users in London, or 1,450 people. Crimes associated with drug use cost around £85 million locally according to estimates based on Home Office figures.
- 2.46** Areas including West End, St. James's, Churchill and Knightsbridge & Belgravia have high rates of drug related offences.

Figure 2.20: Drugs offence rate in Westminster



- 2.47** 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.
- 2.48** 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 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.
- 2.49** 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.

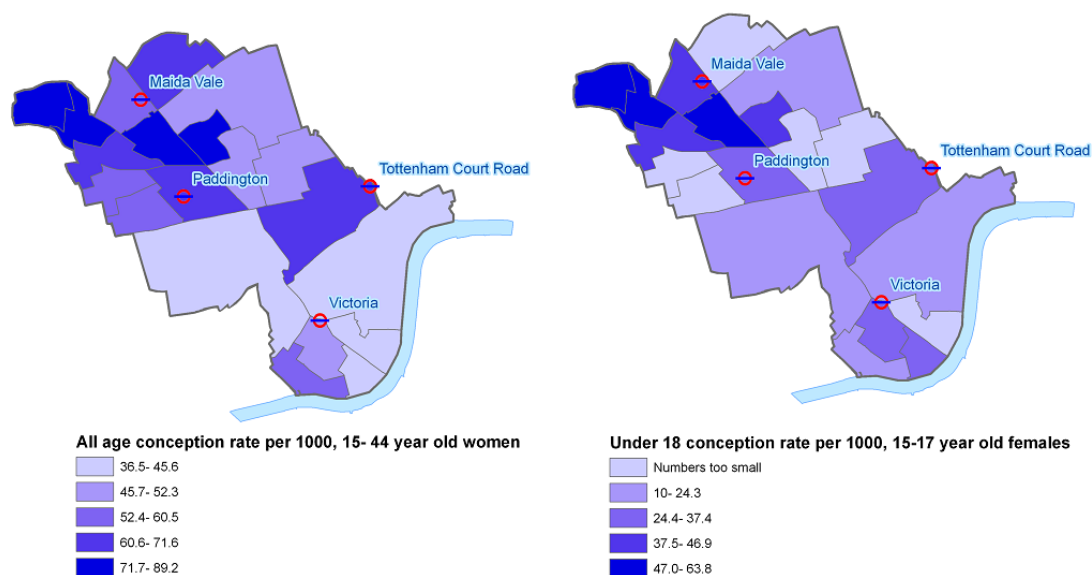
Figure 2.21: HIV/AIDS – People known to services, 2009



- 2.50** 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.
- 2.51** Common mental illness 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.
- 2.52** 38.1% of 5 year olds attending the borough’s state schools have poor dental health, with decayed, missing or filled teeth, the 6th highest in London in 2007/08 and higher than the London average, with highest levels in areas of deprivation. The proportion of children who had seen an NHS dentist in the previous 24 months at December 2011 (60.5%) was lower than London (67.0%) and England (70.7%).
- 2.53** 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.
- 2.54** 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 2.20). Teenage mothers

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

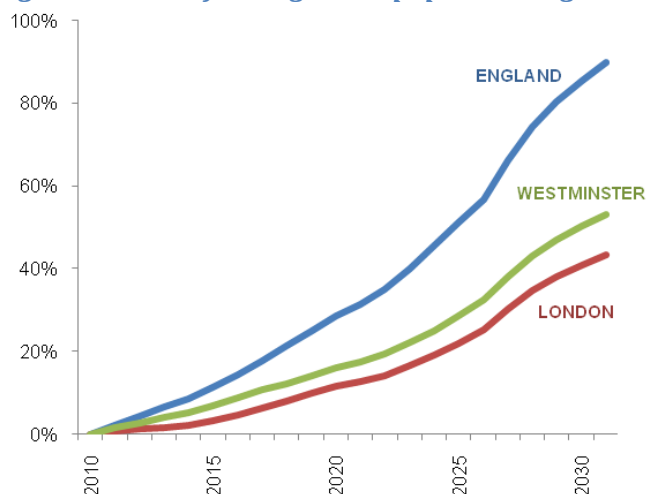
Figure 2.22: Teenage and all age conception rates in Westminster



Changing Population

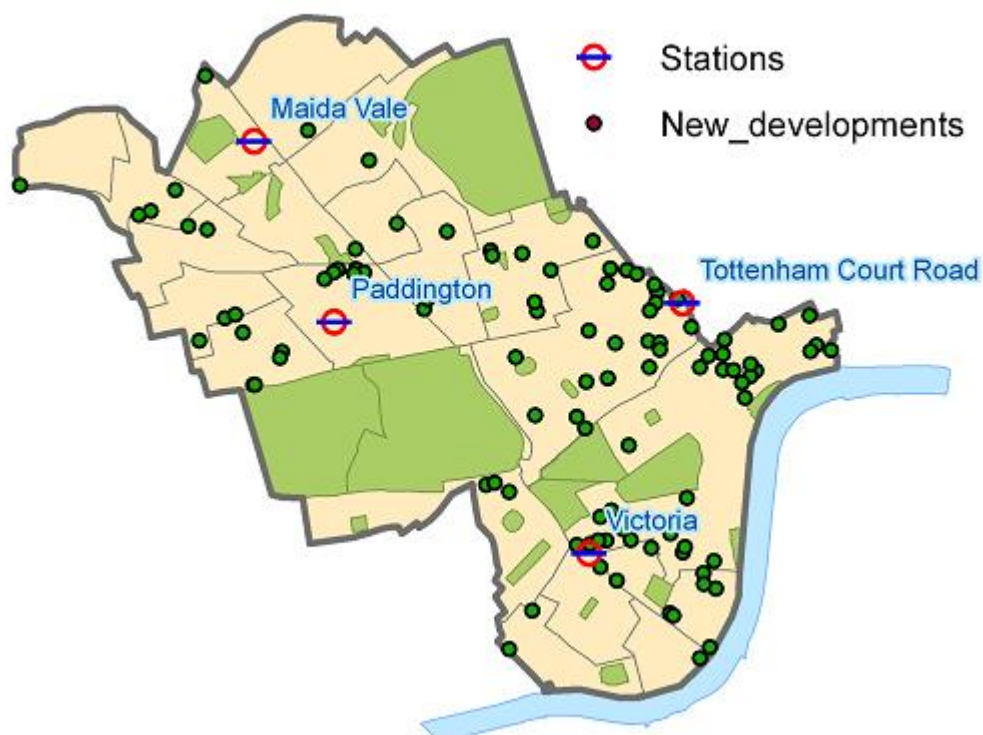
2.55 The number of older people is expected to rise considerably over the next two decades. Although the rise experienced locally may not be as substantial as the rise nationally, it will nevertheless have a dramatic impact on demand for services. At the same time, the number of those providing unpaid 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 2.23: Projected growth population age 80+



2.56 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 2.27).

Figure 2.24: Potential new developments in Westminster



- 2.57** 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 2.4: Expected increase in number of new residents (number of developments) by ward of the location

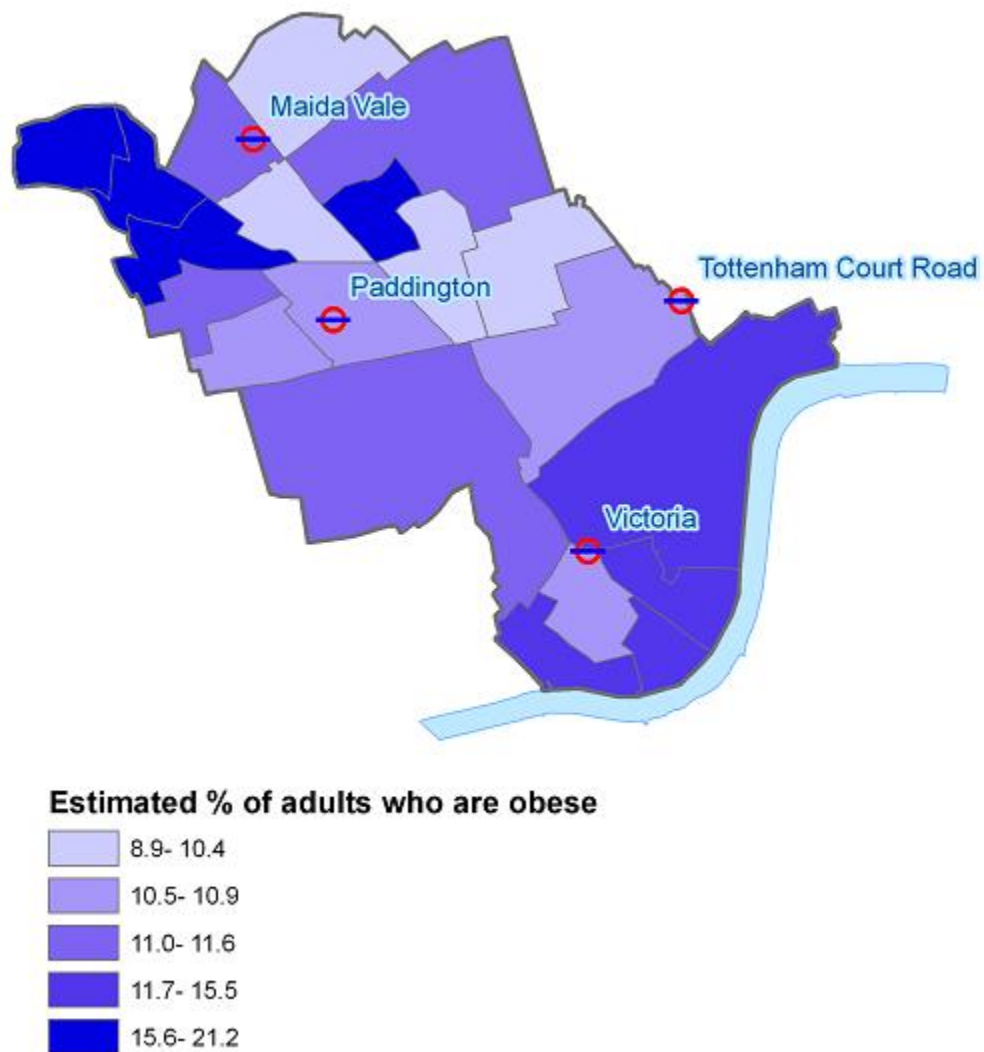
Ward	Construction not started	Construction started	All developments
ABBEY ROAD	0 (0)	11 (1)	11 (1)
BAYSWATER	0 (0)	47 (3)	47 (3)
BRYANSTON AND DORSET SQUARE	24 (2)	7 (2)	31 (4)
CHURCH STREET	20 (1)	0 (0)	20 (1)
CHURCHILL	0 (0)	460 (2)	460 (2)
HARROW ROAD	56 (2)	16 (1)	72 (3)
HYDE PARK	520 (2)	692 (4)	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)

Changing Patterns of Need

- 2.58** 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.
- 2.59** Child obesity in Westminster state primary schools has been consistently higher for Year 6 pupils (aged 10-11) over a period of time. These higher rates may in part be a result of physical inactivity and a poor diet, which is also reflected in poorer than average levels of tooth decay locally. In 2010/11, 186 children in reception and 314 children in year 6 were found to be at risk of obesity (BMI 95th percentile) and 116 and 198 were classified as clinically obese (BMI 98th percentile). 19% of primary school children live outside the borough.

- 2.60** 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.

Figure 2.25: Adult obesity rates in Westminster



- 2.61** 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.

Chapter Three

Location of Current Health Services

Pharmaceutical Services

- 3.1** 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 3.1 and listed in Appendix A. *Central Pharmacy* (WE46), on the Kensington & Chelsea 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 pharmacy list has been included in Kensington & Chelsea as it lies geographically within the borough.
- 3.2** There are 41 pharmacies that are located within 500m of the borough border. These have been marked on figure 3.1 and listed in Appendix A.
- 3.3** The pharmaceutical needs assessment survey was sent to the pharmacies within the Tri-borough listed in Appendix A. The response rate was 78% (72/92) within Westminster.
- 3.4** The General Pharmaceutical Services in England 2003-04 to 2012-13 published by the Health & Social Care Information Centre had 94 community pharmacies on a PCT pharmaceutical list as of 31st March for 2012-2013.
- 3.5** Of these 94 pharmacies, 64 (68.1%) were owned by Independent contractors (London 61.5%; England 38.6%) while the remaining 30 (31.9%) were owned by multiple contractors (London 38.5%; England 61.4%).⁵
- 3.6** There are six 100 hour pharmacy in Westminster.
- 3.7** There are no mail order or internet based, distance selling pharmacies located within Westminster.
- 3.8** There are no community pharmacies receiving payment under the Essential Small Pharmacies Local Pharmaceutical Services (ESPLPS) scheme and Local Pharmaceutical Service (LPS) schemes at 31 March 2013 in Westminster.

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

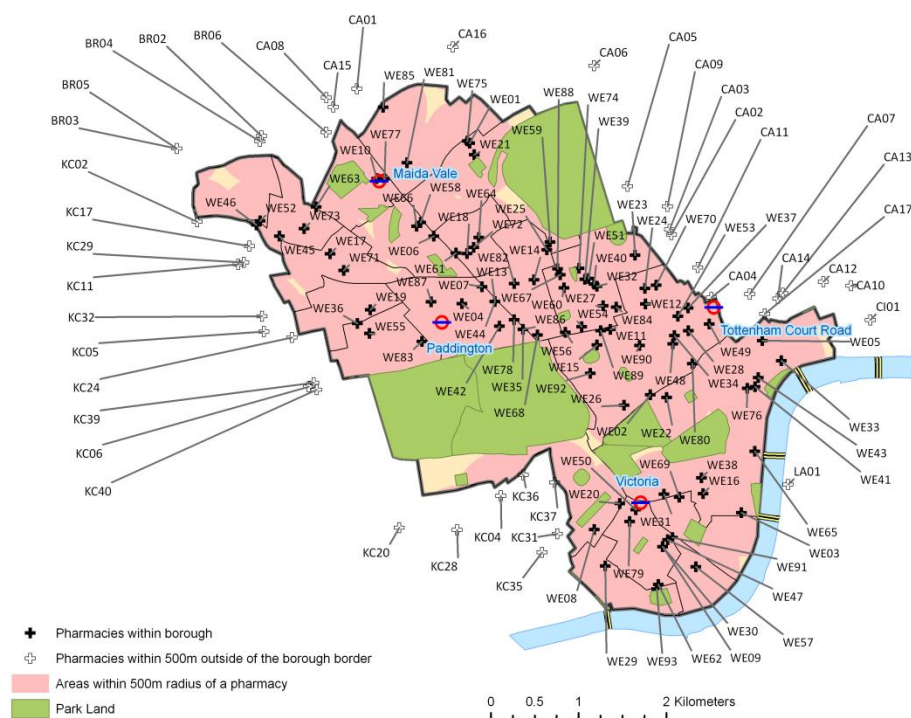


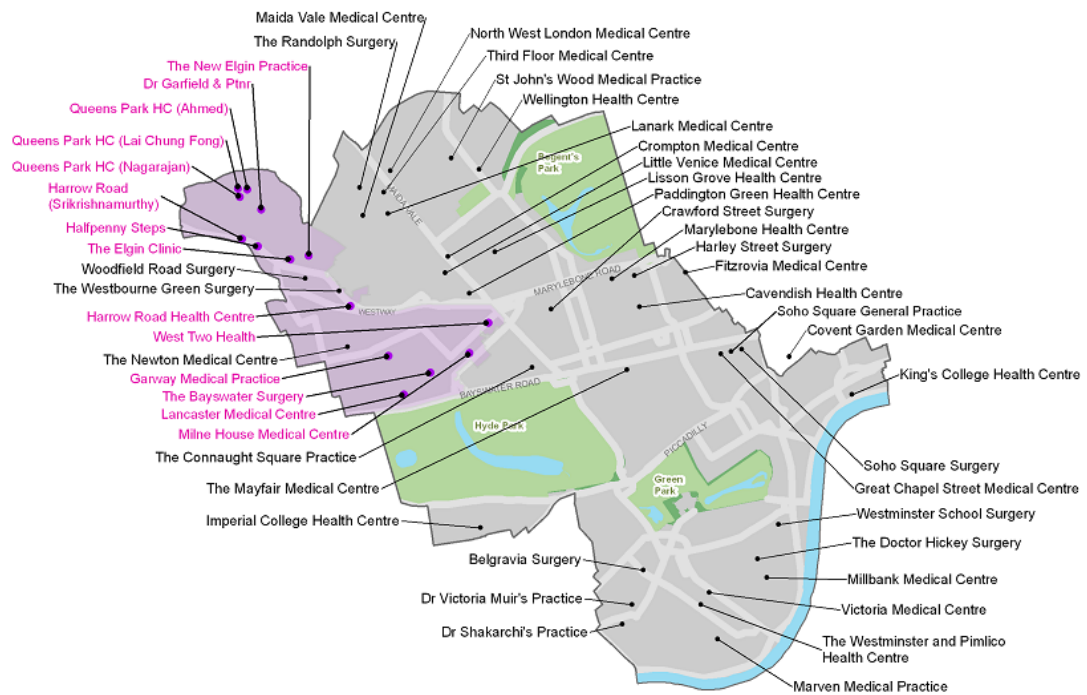
Figure 3.1: Location of Westminster pharmacies and neighbouring pharmacies within 500m outside of the borough border. The index to the pharmacy codes can be found in Appendix A.

Other Services

Primary Care

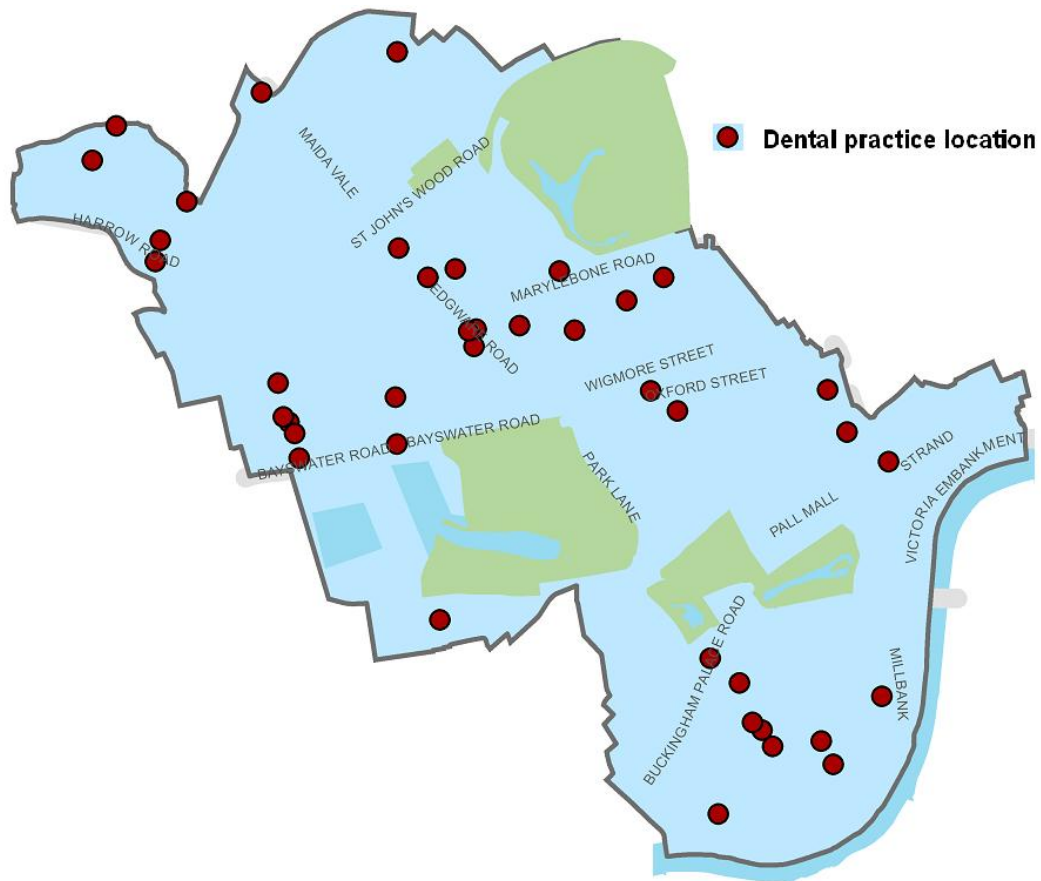
3.9 NHS Central London Clinical Commissioning (CL CCG) Group is the new organisation responsible for buying health services from Hospital Trusts, Mental Health Trusts and community organisations. CL CCG, representing 37 general practices and approximately 200,000 patients in Westminster and 12 practices 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 3.2: 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)



3.10 There are 40 dental practices in City of Westminster area (figure 3.3).

Figure 3.3: Map of dental practices in Westminster



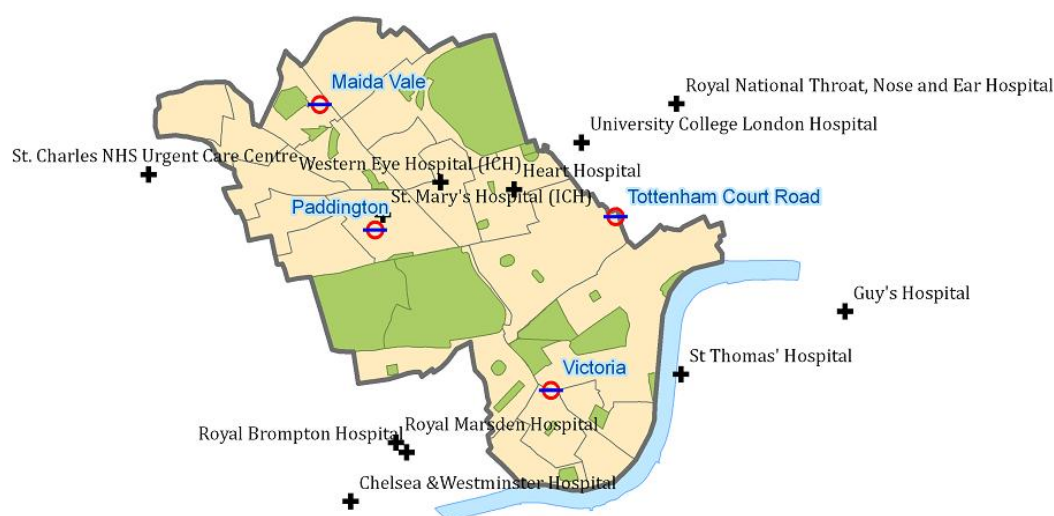
Community Services

3.11 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. 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 from 7 days a week and 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>)

Acute Care and Mental Health Care

3.12 The main secondary care provider for Central London CCG population are Chelsea & Westminster and St. Mary's hospitals. Mental health services are provided by Central and North West London Mental Health NHS Foundation Trust.

Figure 3.4: map showing location of Acute Trust sites and Urgent Care Centres



- 3.13** The PNA process makes no assessment of the 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 pharmacists and community pharmacists.

Voluntary Sector

- 3.14** Voluntary sector adds value to the cultural, social and economic quality of life for our residents; helping to shape social and economic regeneration and contributing to civic renewal.

Appliance Contractors and Dispensing Doctors

Appliance contractors

- 3.15** 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.
- 3.16** There is one appliance contractor in Westminster: *Bullen & Smears* on Broadwick Street.
- 3.17** 33 of the pharmacies that responded to the survey supply stoma care aids with 10 intending to begin within the next 12 months.
- 3.18** 34 of the pharmacies that responded to the survey supply incontinence aids with 9 intending to begin within the next 12 months.
- 3.19** 68 of the pharmacies that responded to the survey supply dressings with none intending to begin within the next 12 months.
- 3.20** There are no dispensing doctors in Westminster.

Chapter Four

Prescribing and Dispensing Trends

Volume of prescribing and dispensing

4.1 In 2012/13, the 94 pharmacies in Westminster dispensed 1.25 items per resident per month, higher than the London average but less than the national average (London 1.18; England 1.43). This equated to 2,927 items per pharmacy per month, the lowest in England (London 5,225; England 6,628).⁶

4.2 The average number of prescriptions dispensed per month per pharmacy in 2012-13 compared to 2010-11 has increased by 7% in Westminster (London 5%; England 2%)

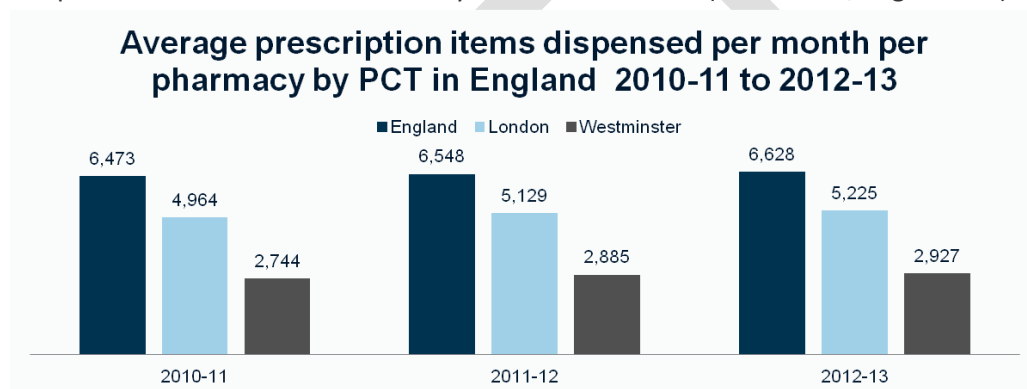


Table 4.1 Average prescription items dispensed per month per pharmacy by PCT in England 2010-11 to 2012-13

⁶ General Pharmaceutical Services in England 2003-04 to 2012-13

Chapter Five

Access to Pharmaceutical Services

Pharmacy Choice

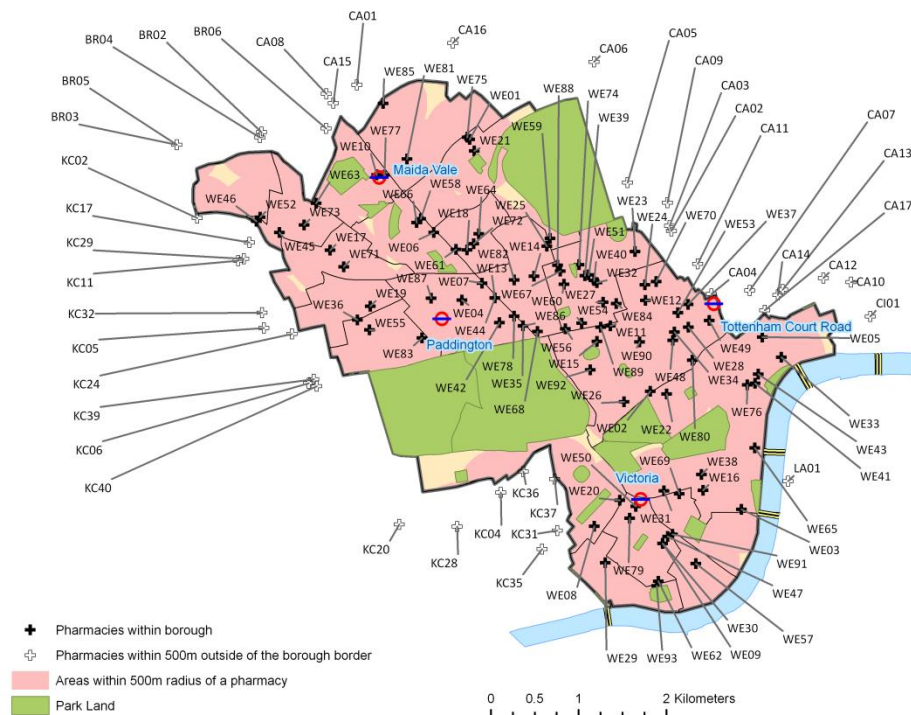


Figure 5.1: Pharmacies within Westminister and surrounding Boroughs. Areas that are not served by a pharmacy within 500m are coloured in red.

- 5.1** Dispensing is an essential service within the pharmacy contract. The local population should expect to have reasonable access to dispensing, in terms of the level of choice of pharmacy in the local area and their opening times.
- 5.2** There are 43 community pharmacies per 100,000 population (London 23; England 22) on the PCT pharmaceutical list as of 31st March for 2012-2013 the latest available data.
- 5.3** There are 41 pharmacies that are located within 500m outside of the Westminister borough border.

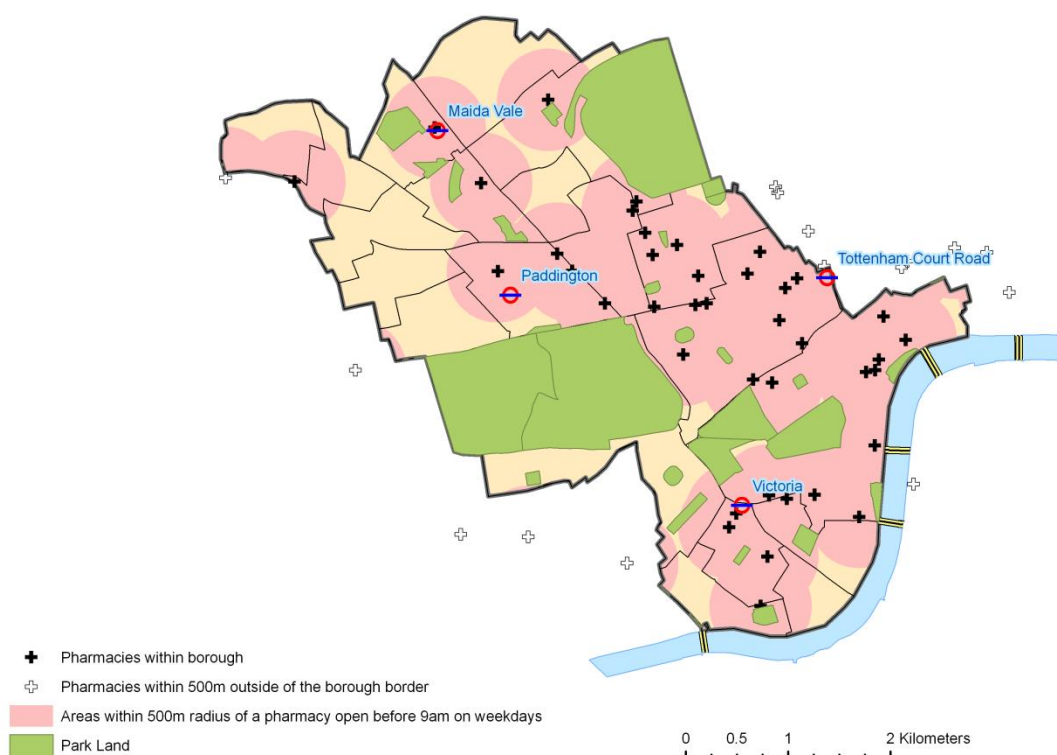
- 5.4** In consideration of the evidence, the HWB believes that the current number and location of pharmacies is **sufficient for supplying a necessary service with no gaps** in order to meet the need for pharmaceutical services in the borough.

Opening times

- 5.5** 40 pharmacies are open before 9am within the borough from Monday to Friday with a further 15 open in boroughs around Westminster within 500m outside the border (Map 5.2a).
- 5.6** There are 30 pharmacies open after 7pm from Monday to Friday with a further 10 open in boroughs around Westminster within 500m outside the border (Map 5.2b).
- 5.7** There are 77 pharmacies open on Saturdays within the borough with a further 32 open in boroughs around Westminster within 500m outside the border (Map 5.2c).
- 5.8** 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).
- 5.9** 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.

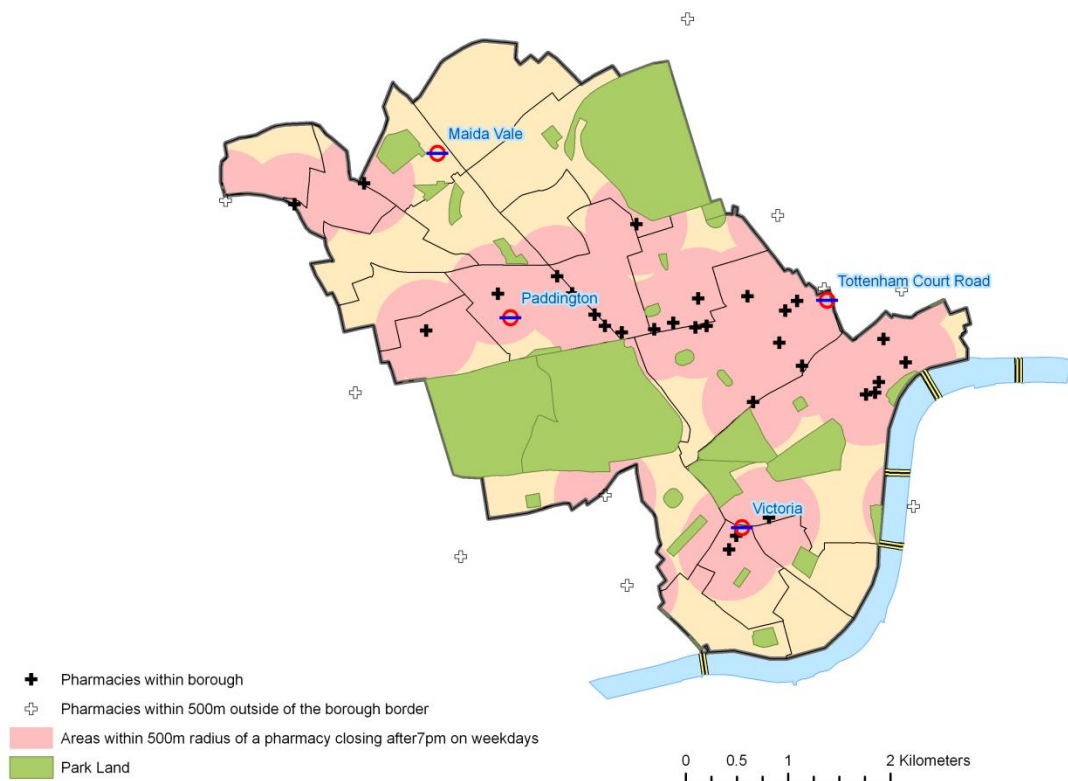
Figures 5.2: Availability of Pharmacies at different times of the day and week.⁷

Map 5.2a: Pharmacies open before 9am on weekdays

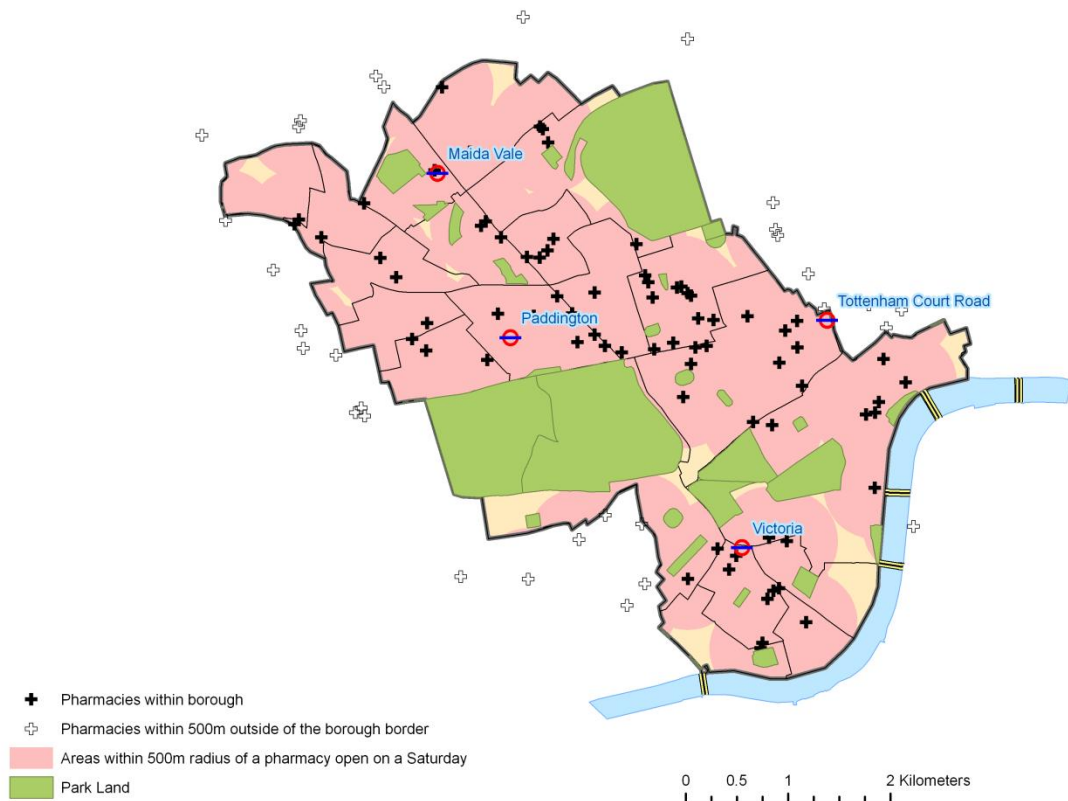


⁷ Pharmaceutical Needs Assessment 2014 Survey. Data is included from pharmacies from surrounding boroughs and those that did not respond to the survey from NHS England (data received 26th September 2014). Refer to Appendix A for pharmacy level detail.

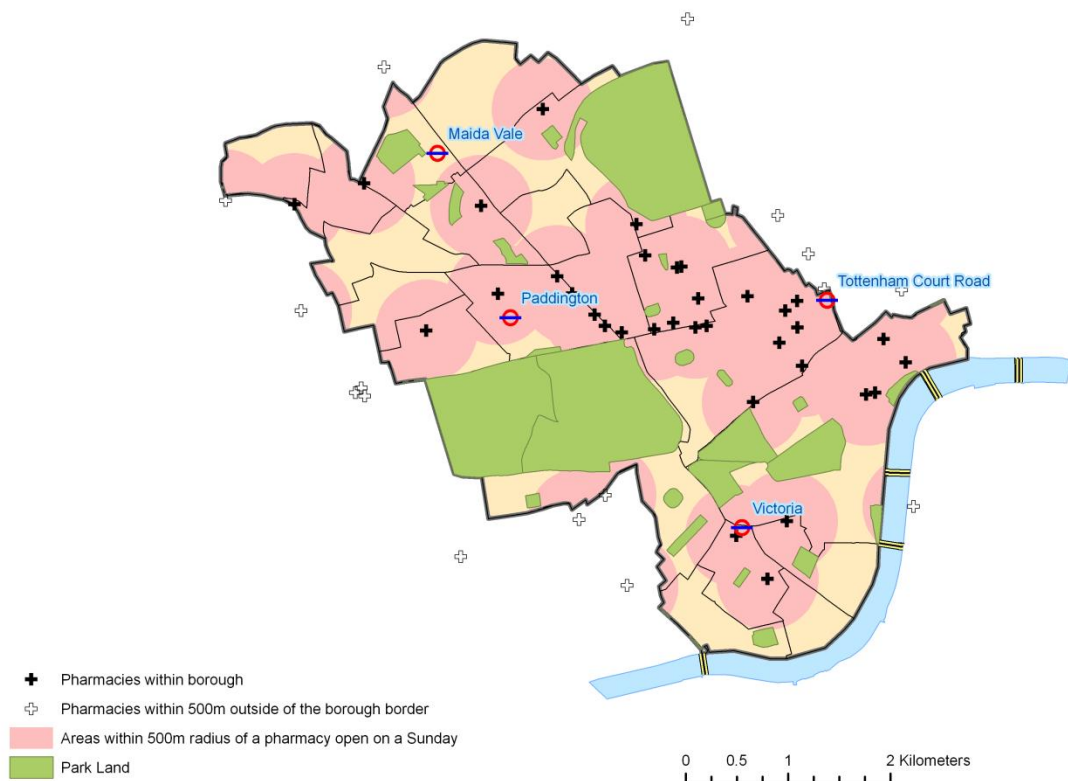
Map 5.2b: Pharmacies that close after 7pm on weekdays



Map 5.2c: Pharmacies open on a Saturday



Map 5.2d: Pharmacies open on a Sunday



Communication

- 5.10** The most common languages spoken other than English in Westminster are Arabic, French, Spanish and Italian. All of the above languages are spoken in at least one of the pharmacies in the borough.

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

- 5.11** Accessible 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.

Chapter Six

Premises Characteristics

Physical Characteristics of Premises

- 6.1** Ideally, pharmacies should have consultation areas/ rooms, with wheelchair access, in order to be able to offer a broad range of services.
- 6.2** 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.
- 6.3** 65 of the pharmacies that responded stated that they have access that complied with the Equalities Act.
- 6.4** 48 of the pharmacies with a consultation room indicated that they were accessible to wheelchair users.
- 6.5** 61 pharmacies responded that they have hand washing facilities close to the consultation room. Half of them offer patients access to toilet facilities.

Parking

- 6.6** 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

- 6.7** 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.
- 6.8** 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.
- 6.9** Almost all the pharmacies (71/72) have access to Microsoft Office applications.
- 6.10** 62 pharmacies have access to NHS.net email.

Chapter Seven

Workforce & Skills

Utilisation of Clinical Skills in the Pharmacy

- 7.1** 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

- 7.2** 5 of the pharmacies surveyed have pharmacists with special interests.

Health Champions

- 7.3** 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.

- 7.4** 1 pharmacy in Westminster responded that they have a health champion.

Health Trainers

- 7.5** 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.

- 7.6** 4 pharmacies from those that responded have a health trainer.

Dementia Friends

- 7.7** A Dementia Friend learns a little bit more about what it's like to live with dementia and then turns that understanding into action.

- 7.8** 28 pharmacies in Westminster have dementia friends.

Chapter Eight

Services Provided by Pharmacies

Categorisation of 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** commissioned by NHS England.

8.2 The categorisation of services into those stipulated by the PNA regulations (defined in Chapter 1) has been listed 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.

Table 8.1 *Categorisation of services into those stipulated by PNA regulations*

Necessary services: current provision (Schedule 1, paragraph 1)	Necessary services: gaps in provision (Schedule 1, paragraph 2)
Essential Services Medicine Use Review Service New Medicine Service	No gaps in provision of necessary services
Other relevant services: current provision (Schedule 1, paragraph 3)	
Appliance Use Reviews Stoma Appliance Customisation Reviews Minor Ailments	
Other services (Schedule 1, paragraph 5)	
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	

Necessary services: current provision (Schedule 1, paragraph 1)

Essential Services

8.3 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

8.4 As evidenced in Chapter 5, the HWB believes that the current number, location and opening times/days of pharmacies in and outside the area of the HWB is **sufficient for supplying a necessary service with no gaps** in order to meet the need for essential pharmaceutical services in the borough.

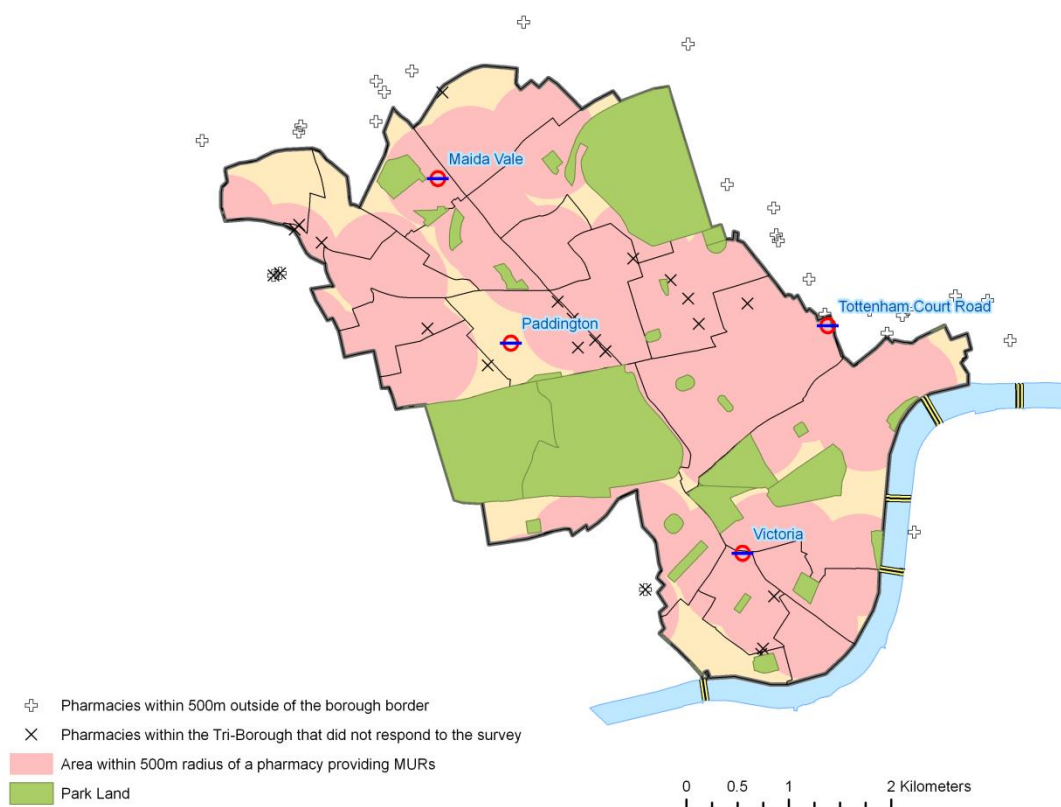
Medicines Use Reviews (MURs)

8.5 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

8.6 Currently 52 of the pharmacies that responded to the survey provide MURs (figure 8.1) with a further 13 intending to do so in the next 12 months.

Figure 8.1 : Pharmacies that responded to the survey stating that they provide MURs



8.7 The number and proximity of pharmacies locally means the vast majority of residents in the borough live within 500m of a pharmacy providing MURs, with the remainder only having to travel a short additional distance. The HWB therefore believes that provision of MURs is **sufficient for supplying a necessary service with no gaps**.

New Medicines Services (NMS)

8.8 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.

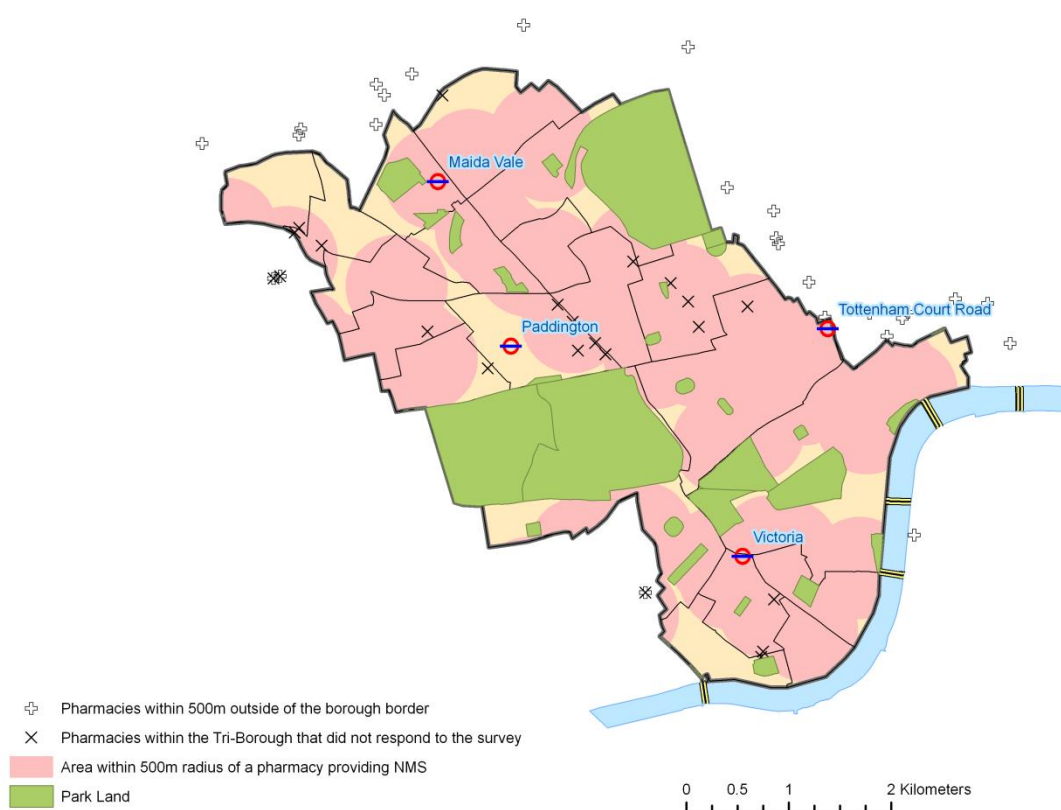
The service aims to:

- 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.

8.9 Currently 46 of the pharmacies that responded to the survey provide NMS (figure 8.2) with a further 15 intending to do so in the next 12 months.

Figure 8.2: Pharmacies that responded to the survey stating that they provide NMSs



8.10 The number and proximity of pharmacies locally means the vast majority of residents in the borough live within 500m of a pharmacy providing NMSs, with the remainder only having to travel a short additional distance. The HWB therefore believes that provision of NMSs is **sufficient for supplying a necessary service with no gaps**.

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

- 8.11** 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 relevant services: current provision (Schedule 1, paragraph 3)

Appliance Use Reviews (AURs)

- 8.12** 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

- 8.13** Currently 5 of the pharmacies that responded to the survey provide AURs (figure 8.3) with a further 16 intending to begin within the next 12 months.

- 8.14** 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.

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

- 8.18** The HWB has identified the Stoma Customisation Service as a **relevant service, as it secures improvements or better access to service provision.**

Locally Enhanced Services

- 8.19** Each PCT was authorised to arrange for the provision of specific pharmaceutical services to persons within or outside its area with pharmacists included on its pharmaceutical list or on the list of a neighbouring PCT. There are currently twenty specific services⁸.
- 8.20** 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.
- 8.21** The most frequently provided services nationally in 2012-13 have remained unchanged since 2005-06; those services are stop smoking, supervised administration of medicines (for example methadone), minor ailment schemes and patient group direction (which probably reflects the supply of medicines for emergency hormonal contraception). The following services are less frequently commissioned: pharmacy services to schools, independent and supplementary prescribing, prescriber support and anticoagulant monitoring. This may be because there is lower demand for such a service, alternative providers exist or additional requirements need to be met, for example training and qualification in respect of independent and supplementary prescribing.
- 8.22** There were 5 services commissioned in Westminster from community pharmacies on a PCT pharmaceutical list for 2012-13⁹. These were: Stop Smoking Service, Medication Review Service, Patient Group Direction Service, Screening Service, Supervised Administration Service and Needle and Syringe Exchange Service.
- 8.23** Under the Health Social Care Act 2012 legislation from 1 April 2013 the responsibility for commissioning some of the locally enhanced services 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.
- 8.24** The responsibility of commissioning locally enhanced services was handed over from the Medicine Management Team to NHS England in April 2014 and the services will continue to do so until review. NHS England currently commission one service from the pharmacies in Westminster: Minor Ailments.

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

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

- 8.25** NHS England currently commission one service from the pharmacies in Westminster: Minor Ailment Service.

Minor Ailment Service

- 8.26** The Minor Ailment Scheme offers free advice and treatment for minor, self-limiting conditions. NHS England currently commission this service from 9 pharmacies and the HWB considers it a **relevant service, as it secures improvements or better access to service provision**.

Other Services (Schedule 1, paragraph 5)

- 8.27** The local authority currently commissions 5 services in Westminster according to the Tri-Borough Public Health Department: **Stop Smoking service, Needle and Syringe Exchange Service, Supervised Methadone Consumption and NHS Health Checks**.
- 8.28** 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 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.
- 8.29** Good access to Needle & Syringe Exchange & Supervised Consumption Services is essential to support safer use of drugs by injecting drug users and minimise the transmission of blood-borne diseases, and the HWB therefore identifies these services as a necessary services. 12 pharmacies provide needle exchange and 30 provide supervised consumption, provision mapping well to areas of greatest need. Given the specialist nature and low volumes of service use compared to normal dispensing, the HWB identifies the level of this service to be **sufficient, with no gaps**.
- 8.30** 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. The HWB identifies the level of this service to be **sufficient, with no gaps**.

Improvements and better access: gaps in provision (Schedule 1, paragraph 4)

- 8.31** The Westminster HWB has identified the 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. Consideration has been made of future developments and changes.

Care Home Service

8.32 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.

8.33 56 pharmacies would be willing to provide advice to care homes.

Monitored Dosage System

8.34 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.

8.35 38 pharmacies would be willing to provide the service if commissioned.

8.36 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.

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	Moore's 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 Street	Westminster	YES	1	0	1	1
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

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
KC04	Boots	205 Brompton Rd,	SW3 1LA	Brompton	Kensington and Chelsea	YES	0	0	1
KC05	D.R. Evans Pharmacy	15 Elgin Crescent	W11 2JA	Colville	Kensington and Chelsea	YES	0	0	1

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 Gloucester 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 pharmacies with Advanced Services (Responses from Survey)

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
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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 with Locally Enhanced Services

Enhanced Service: Minor Ailments
Pharmacy
Benson Pharmacy
Browns Chemist
Collins Chemist
Medicare (London) Ltd Pharmacy
Mornicrest Ltd (Market Pharmacy)
Woods Chemist
Nashi Chemist
Prince Chemist
Colonnades Pharmacy

Appendix D – 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

- Key stakeholder groups, as defined in the 2013 Regulations, are being consulted on the draft report as part of the statutory sixty day consultation period.

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
Gayana 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