

Health & Wellbeing Board Agenda

Wednesday 21 September 2022 at 6.00 pm

Meeting Room 1 (2nd Floor) - 3 Shortlands, Hammersmith, W6 8DA

Watch the meeting live: youtube.com/hammersmithandfulham

MEMBERSHIP

Councillor Ben Coleman (Chair) - Deputy Leader and Cabinet Member for Health and Social Care
Dr James Cavanagh – H&F GP
Carleen Duffy - Healthwatch H&F
Dr Nicola Lang - Director of Public Health, LBHF
Phillipa Johnson - Director, Integrated Care Partnership, and Director of Operations for Central London Community Health Trust
Jacqui McShannon - Strategic Director of Children's Services
Lisa Redfern - Strategic Director of Social Care, LBHF
Sue Roostan - Borough Director, H&F, Borough Based Partnership
Councillor Alexandra Sanderson – Cabinet Member for Children and Education
Sue Spiller - Chief Executive Officer, SOBUS
Detective Inspector Luxan Thurairatnasingam - Met Police

Nominated Deputy Members

Councillor Natalia Perez, Chair, Health, Inclusion and Social Care Policy and Accountability Committee
Helen Rowbottom, Chair of Children and Education Policy and Accountability Committee
Nadia Taylor – Healthwatch, H&F

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Shortlands

3 Shortlands,
Hammersmith,
London W6 8DA

 Closest Underground Station
Hammersmith

 Closest Bus Stop
Latymer Court (Stop G)

Health & Wellbeing Board Agenda

<u>Item</u>	<u>Pages</u>
1. APOLOGIES FOR ABSENCE	
2. DECLARATIONS OF INTEREST	
<p>If a Member of the Board, or any other member present in the meeting has a disclosable pecuniary interest in a particular item, whether or not it is entered in the Authority's register of interests, or any other significant interest which they consider should be declared in the public interest, they should declare the existence and, unless it is a sensitive interest as defined in the Member Code of Conduct, the nature of the interest at the commencement of the consideration of that item or as soon as it becomes apparent.</p> <p>At meetings where members of the public are allowed to be in attendance and speak, any Member with a disclosable pecuniary interest or other significant interest may also make representations, give evidence or answer questions about the matter. The Member must then withdraw immediately from the meeting before the matter is discussed and any vote taken.</p> <p>Where members of the public are not allowed to be in attendance and speak, then the Member with a disclosable pecuniary interest should withdraw from the meeting whilst the matter is under consideration. Members who have declared other significant interests should also withdraw from the meeting if they consider their continued participation in the matter would not be reasonable in the circumstances and may give rise to a perception of a conflict of interest.</p> <p>Members are not obliged to withdraw from the meeting where a dispensation to that effect has been obtained from the Audit, Pensions and Standards Committee.</p>	
3. MINUTES AND ACTIONS	4 - 12
<p>(a) To approve as an accurate record and the Chair to sign the minutes of the meeting of the Health & Wellbeing Board held on Wednesday, 29 June 2022.</p> <p>(b) To note the outstanding actions.</p>	

- 4. COVID, POLIO AND MONEY POX VACCINATION** 13 - 15
- This report is a joint verbal update by the Director of Public Health and Borough Director, H&F Borough Based Partnership on polio, covid boosters, and monkey pox vaccinations for borough residents, and to also include information about which borough pharmacies offer vaccinations.
- 5. COST OF LIVING CRISIS AND IMPACT ON HEALTH AND WELLBEING** Verbal
- This report is a joint verbal update provided by the Strategic Director of Social Care and Co-Chair of the Integrated Care Partnership about how the cost-of-living crisis is expected to affect the health of borough residents and what steps the council and NHS are taking to support residents and lessen the impact.
- 6. DISCHARGE TO ASSESS** To follow
- This report explains the impact of NHS England cutting funding for the Discharge to Assess programme, which was brought in during Covid to free up hospital beds by funding local authorities to assess patients immediately after their discharge from hospital rather than before.
- 7. PHARMACEUTICAL NEEDS ASSESSMENT** 16 - 143
- This report commissioned by the Director of Public Health was previously circulated to the Board and is provided for formal agreement. It sets out an evaluation of local pharmaceutical services and how this aligns with local population need.
- 8. ELECTIVE HOME EDUCATION - WITHDRAWN** 144 - 150
- This report from the Head of ACE and School Admissions is presented for information.
- 9. WORK PROGRAMME**
- The Board is requested to consider the items to be included in the agenda for future meetings.
- 10. ANY OTHER BUSINESS**
- 11. DATES OF NEXT MEETINGS**
- The Board is asked to note that the dates of the meetings scheduled for the municipal year 2022/2023 are as follows:
 Tuesday, 13 December 2022
 Tuesday, 14 March 2023

Agenda Item 3

London Borough of Hammersmith & Fulham
Health & Wellbeing Board
Minutes



Wednesday 29 June 2022

PRESENT

Councillor Ben Coleman, Deputy Leader and Cabinet Member for Health and Social Care, Chair

Dr James Cavanagh - H&F GP

Carleen Duffy - Healthwatch H&F

Dr Nicola Lang - Director of Public Health, LBHF

Phillipa Johnson - Director, Integrated Care Partnership, and Director of Operations for Central London Community Health Trust

Lisa Redfern - Strategic Director of Social Care, LBHF

Sue Roostan - Borough Director, H&F

Councillor Alexandra Sanderson – Cabinet Member for Children and Education

Nominated Deputies Councillors:

Councillor Natalia Perez, Chair, Health, Inclusion and Social Care Policy and Accountability Committee

Helen Rowbottom, Chair of Children and Education Policy and Accountability Committee

Nadia Taylor, Healthwatch, H&F

Officers / guests:

Nicola Ashton, Strategic commissioner, Health and Social Care, H&F

Jo Baty, Assistant Director Assistant director specialist support and independent living, Social Care, H&F

Sarah Bright, Assistant Director for Children's Commissioning, Children's Services, H&F

Linda Jackson, Director COVID-19 & Refugee Lead, H&F

Sarah Lumgair, Operations Manager, People Arise Now, H&F

Dr Ashley Mulimba, Healthy Diagnostics

Lisa Redfern, Strategic Director of Social Care, H&F

1. APPOINTMENT OF VICE CHAIR

Councillor Ben Coleman reported that in previous years, an NHS health colleague had been appointed as vice-chair which offered a good opportunity to sustain a joint approach. A recommendation would be sought and agreed at the next meeting of the Board.

2. NEW APPOINTMENTS TO THE BOARD

Councillor Natalia Perez, Chair of the Health and Adult Social Care Policy and Accountability Committee (nominated deputy member), Helen Rowbottom, Chair of Children and Education Policy and Accountability Committee, and Councillor Alexandra Sanderson, Cabinet Member for Children and Education Services were welcomed to the Board. Councillor Coleman reported that an appointment of a representative from Imperial College Healthcare NHS Trust was still sought and that he would follow up with their Chief Executive Officer Professor Tim Orchard.

3. INFORMAL MINUTES AND ACTIONS

RESOLVED

The notes of the informal meeting were noted.

MATTERS ARISING

Councillor Coleman briefly reminded members of the Board about the newly established borough-based partnerships for each of the eight north west London local authorities, and which now collectively formed part of the Integrated Care System (ICS). The ICS was co-chaired by Lisa Redfern and Phillipa Johnson. The clinical commissioning groups would be formally dissolved on 1 July 2022, when the new ICS would come into being. Councillor Colman highlighted the need for improved local authority representation on the board of the ICS which he intended to raise with the ICS leadership.

4. APOLOGIES FOR ABSENCE

Apologies for absence were received from Jacqui McShannon.

5. DECLARATIONS OF INTEREST

None.

6. BOROUGH UPDATE ON MONKEY POX

- 6.1 Dr Nicola provided a verbal update on monkey pox and began by thanking Adam Gray, General Manager – HIV (human immunodeficiency virus), GUM (Genito Urinary Medicine) and Dermatology at Chelsea and Westminster Hospital NHS Foundation Trust for his support and work. Dr Lang briefly described the epidemiology of the disease and the scale of the problem. There were currently 910 cases nationally and the number was increasing, with a doubling rate of every 12 days. About two thirds of cases were in England (873) and of these, 590 had been reported in London. Chelsea and Westminster hospital was extremely experienced in providing sexual health treatment and services, seeing about 30-40 cases per day, the majority of whom were male and who identified as being gay or bisexual, or who had sex with men. A robust local system had been established working with local

sexual health services and the UK Health Security Agency (UKHSA, previously known as Public Health England). UKHSA had delivered all contact tracing activities and risk assessments. The entire local NHS system was working together, with Imperial hospital forming part of the patient pathway. After a patient was seen by Chelsea and Westminster hospital, an Imperial hospital virtual ward nurse would follow up to check on whether further medical treatment or support was needed particularly to those who were unable to self-isolate. In terms of communication, advice and information has been provided to at risk groups. Dr Lang confirmed that despite the rate it was not as easy to catch as Coronavirus and that the Small pox vaccination offered protection.

- 6.2 Councillor Helen Rowbottom asked what infrastructure was in place to offer effective local support and if this was like the infrastructure established in response to Coronavirus. Dr Lang responded that similar methods were being used to track cases but acknowledged that there was an implied stigma linked to Monkey Pox. Dr Lang reported that the London Coronavirus Response Cell (renamed the London Monkey Pox Response Cell) had pivoted from Coronavirus to Monkey Pox. Dr Lang stated that it was important for people to confidentially access sexual health services and to trace any contacts an infectious person might have had. The at-risk group was one that might feel stigma and required reassurance. A key difficulty with infectious diseases was to ensure that cases were identified, and support provided to help prevent the spread of infection. The UKHSA had confirmed that there was sufficient vaccine available but a controlled and steady roll out was required, with the priority being to vaccinate those who had been contact traced.
- 6.3 Councillor Natalia Perez welcomed the update and sought further information about any prevention awareness campaigns and what measures had been put in place to reach out to those communities most affected. Dr Lang responded that much of the outreach work had been undertaken through specialist channels such as the Terrance Higgins Trust. The local authority was not directly involved in this as communications were being led by sexual health experts. Specific information was also being channelled through social applications such as Grindr. There had also been webinars which offered a communication platform that was both coproduced and culturally competent and led by UKHSA.
- 6.4 Carleen Duffy enquired if it was possible for people to swab test anonymously. Dr Lang confirmed that this was not currently possible, and people would have to attend a sexual transmitted disease (STD) clinic, which offered highly specialised services. This might change if or when numbers potentially increased.
- 6.5 Dr James Cavanagh commented that this was an emerging issue affecting an exclusive group and that services were trying to mitigate by establishing patient pathways. There was a risk that health staff might need to isolate which would then impact on the post-Covid recovery work. Monkey pox mimicked chicken pox with a similar patient pathway. GPs would shortly be attending a seminar on the epidemiology, treatment, and prevention of the disease to ensure that the right care was offered, and exposure limited. Dr

Cavanagh commented on the discharge process which required sensitivity as some patients who needed to isolate may not have revealed their sexual status. There was also an expectation that Monkey Pox will cross genders but that the overall NHS response was ahead of the curve.

- 6.6 Nadia Taylor asked about how hygiene awareness was being raised, how this compared to Coronavirus, and what reassurance could be provided. Dr Lang responded that the Small Pox vaccine offer was in place, but she hoped to see stronger messaging about prevention. Communication and messaging were currently being discussed at London level, but this was a complex and sensitive area. Dr Cavanagh reiterated that Monkey Pox was not as contagious as Covid, requiring prolonged exposure and that currently, specific groups were being targeted for support and prevention. Sarah Lumgair recognised the difficulties that people experienced in feeling unable to reveal information about their sexual health and status. Individuals could be referred to People Arise Now to receive basic support and that advice could be provided in multiple languages.
- 6.7 Councillor Coleman asked if there was a need for stronger messaging before other groups became affected, referencing the stark HIV health campaigns from the 1980s. Dr Lang commented that communication could be provided in a way that was non-stigmatising, to warn and inform, but it was not warranted until a tipping point of STD clinical cases was reached. Dr Cavanagh confirmed that GPs were able to send out text message alerts to patients about this but emphasised the importance of maintaining a nuanced approach as there was currently an extremely low risk to heterosexual groups. Councillor Coleman welcomed the verbal update and noted that the outbreak would continue to be carefully monitored.

RESOLVED

That the verbal update was noted.

7. UPDATE ON THE JOINT STRATEGIC NEEDS ASSESSMENT FOR LBHF

- 7.1 Dr Nicola Lang set out details of the Joint Strategic Needs Assessment (JSNA) for the borough and thanked Duncan Smith, Head of Business Intelligence Unit for the support provided. The JSNA was a statutory requirement produced every five years. The new JSNA will comprised of different analytical items including factsheets, needs assessments, data profiles, area profiles, demographic reports, performance monitoring, dashboards, and infographics. It detailed the strategic, local population health needs that would be met by services delivered jointly by H&F and the NHS. The fact sheets contained statistical information on, for example, mental health, or children's services. This will continue to be built, adding more information and will eventually be an accessible library of factsheets and a resource for reference or to support future funding applications. Dr Lang invited further suggestions for areas that could be added, with a view to undertaking yearly updates by factsheet authors.

- 7.2 Councillor Coleman commented that the JSNA factsheet library could be a purposeful and easily accessible online resource. Dr Lang reported that she had already found it helpful to access a homelessness factsheet for a workshop she had attended on mental health in homeless hostels ([Joint Strategic Needs Assessment | LBHF](#)).
- 7.3 Councillor Helen Rowbottom suggested that having sight of an executive summary or similar that highlighted outlier data would be helpful in terms of identifying policy and health and wellbeing priorities. Indexed against business intelligence data from other boroughs this could also evidence patterns and areas for analysis that could align with the work of the children's policy and accountability committee.
- 7.4 Following a question from Councillor Natalia Perez about the use of more recent census data (2021), Dr Lang confirmed that the fact sheets referenced census 2021 data which informed trend patterns demonstrating comparative change or progress.

ACTION: Slide deck on JSNA fact sheet to be circulated to Board members

- 7.5 Dr Lang illustrated the application of the JSNA with an example of the demography of childhood immunisation, which indicated lower uptake among some communities. It was recognised that the borough and ward profiles were constantly evolving through regeneration and development and Dr Lang confirmed that this progression would be reflected in updated factsheets. Dr Lang added that herself and Duncan Smith, together with public health colleagues were awaiting the full publication of the census data which was imminent. Joanna Howe, Business Intelligence Manager (H&F) would lead the analysis, which would include details of the new wards.
- 7.6 Dr Lang continued that a year after coming into her post as director of public health, she had taken on the task of addressing the borough's low childhood immunisation take up, the fourth lowest take up in London. The factsheets offered a source of data which enhanced the rich information already obtained through focus groups and work with community groups. This was automatically updated each month with data released on the child health immunisation system. Councillor Rowbottom enquired about the January 2021 date for the immunisation data and why this was the most up to date information available. Dr Lang confirmed that raw data could be uploaded to the JSNA library and that she had been in touch with NHS England to obtain current, routine childhood immunisation data going forward, as was regularly available in other boroughs. The in-depth work that had been undertaken throughout 2021 had not yet resulted in any significant improvement but the news of the appearance of polio cases offered an opportunity to raise awareness. A newsletter had just been circulated to parents, and the borough would be working closely with children's services to encourage greater take up.
- 7.7 Councillor Rowbottom commented that there was a responsibility to utilise the most valuable, refined data as this offered an opportunity to address or identify priority issues. It was suggested that there was an opportunity to

work with local voluntary groups and charities, making business intelligence data more accessible to for example support funding bids. A dashboard format could offer accountability on the impact of interventions and outcomes. Referring to the report, Dr Lang explained how NHS England used business intelligence in a dashboard format for, e.g., a workforce data repository, and used for multiple applications. Democratising accessibility to data in this way improved transparency, offered public equity and greater accountability.

- 7.8 Coleen Duffy reported that she was a member of the North West London Immunisation Board and confirmed that there was only one other borough of the eight NWL boroughs with lower childhood immunisation rates and confirmed that this was being reviewed by Healthwatch. Low rates of immunisation in the borough had been a factor for about 15 years and there was a similar concern about lower levels of local flu vaccination take up. Councillor Coleman agreed that was important to address the lack of trust in statutory services, particularly by building trust with Black and Asian ethnic minority communities and there was a shared responsibility to do so. Councillor Alexandra Sanderson supported a measured approach suggested by Jacqui McShannon to explore the difficulties of offering vaccines such as BCG and polio (in schools) anticipating a discussion at the Board. For information, Dr Lang referred members to [The Green Book, UKHSA](#).

ACTION: That the Board explore the issue of childhood immunisations and vaccination for older children at a future Board meeting

RESOLVED

That the report was noted.

8. PRODUCTION OF THE HAMMERSMITH AND FULHAM PHARMACEUTICAL NEEDS ASSESSMENT

- 8.1 Dr Ashlee Mulimba and Nicola Ashton provided an update on the consultation currently being produced as part of the pharmaceutical needs assessment (PNA), exploring the local provision of community based pharmaceutical services delivered by trusted providers. This was a statutory requirement to be completed by 1 October 2022 and to be agreed by the Board. The intention was to work with pharmacies as a collective group, integral to the healthcare system, less peripheral and key providers. Dr Mulimba outlined the work of Health Dialogues on undertaking the H&F PNA. Health and Wellbeing Boards were required to conduct a PNA to evaluate the pharmaceutical needs of the borough and review how these were currently being fulfilled by local pharmacies.
- 8.2 The PNA would determine whether there were any gaps in provision and evaluate this through gathering data and engaging with residents who use pharmacy services. Dr Mulimba reported that service user survey would be undertaken between 1 July to 31 August 2022. This included a targeted list of local organisations ensuring that a diverse range of views could be canvassed. This also included the use of multiple H&F media communication channels, newsletters, and a citizen's panel. The initial response had been

welcomingly diverse with a broad range of responses from the community and 85 community pharmacies, which was very positive. Dr Mulimba described the extensive range of local pharmacies, location and accessibility of existing sites which offered residents great choice. In the context of childhood immunisation and vaccination Dr Mulimba welcomed the suggestion of making community-based pharmacies more integral and supported health interventions that could help improve take up.

- 8.3 Speaking in the context of the move to borough-based partnerships Dr James Cavanagh commented that it was important for pharmacists and pharmacies to have a community role supporting residents and asked how providers could be encouraged to work collectively. Dr Mulimba responded that the lead pharmacist had been part of the PNA process but acknowledged that the role of pharmacists generally could be more strategic. How to nurture a more strategic and collective group was recognised by Councillor Ben Coleman as being a pivotal issue given that pharmacies had such potential to play a preventative role with regards to public health interventions and to achieve some uniformity of service delivery. Councillor Rowbottom suggested that a “point” person could be identified from each pharmacy, like GPs.

ACTION: The Board and borough-based partnership to explore how pharmacists could strategically and collectively help develop an integrated provision of local pharmaceutical services

- 8.4 Councillor Natalia Perez asked about the number of pharmacies located in the north of the borough and whether there was sufficient and equitable distribution of sites across the borough, and if these were accessible. She also asked about the delivery of medication the experience of this during the pandemic. Carleen Duffy enquired about the morning after pill and if this could be delivered at home. Councillor Alexandra Sanderson commented on the decrease in the number of independent prescribers in recent years and asked what could be done to improve support and help alleviate the pressure on GPs, recognising that there could be more services that could feasibly be delivered through pharmacies. This would become more important given the cost-of-living increases and the challenges around managing costs. Sarah Lumgair asked if there was a map showing the location of 24-hour pharmacies in the borough (provided in the report, page 21).
- 8.5 In terms of the morning after pill local offer, Nicola Ashton explained that H&F was one of the very few boroughs that offered the emergency hormonal contraceptive pill free in some local pharmacies. A key point was how the number of pharmacies that offered this could be increased. This provision was an outcome of H&F public health funding and the contractual arrangements between GPs and pharmacies. There was also a free contraception e-service provided by the Pan-London sexual health service which could be posted. Dr Mulimba clarified that there was not a “24-hour” pharmacy service as such but that there was 100 hours of contractual service offered where some pharmacies were accessible 24 hours, one located in the south of the borough, and 6 located within a mile of the borough boundary, with varied opening hours. Phillipa Johnson added that the role of the pharmacist had changed and that there was an ongoing discussion within the

borough-based partnership about this. The most recent initiative was a lucrative offer for pharmacists to work in GP practices so there was a subsequent drain on community pharmacies and placing greater pressure on retail pharmacies. There was a need for innovative collaboration on new schemes to support discharges, new regulations regarding medication changes that permitted follow up and review in the community.

- 8.6 Councillor Coleman commented that there was a need to make a case for stronger integration of pharmacists at ICS level, to reach out to pharmacists and improve how they were utilised, identifying, and removing potential barriers in the context of the PNA.
- 8.7 Councillor Perez asked about how these were linked to the consultation. For example, it was important to consider how pharmacy services within the existing health infrastructure could support a new development, potentially through section 106 funding, especially in regeneration areas. Nicola Ashton responded that it was unclear whether a planning case for more pharmacists could be made but this could be further explored. There had been positive comments from the consultation that residents really valued their pharmacies. The five key draft recommendations revolved around the sexual health offer, support for people living with mental health issues, promotion of cancer screening services, childhood immunisations and how the borough worked with NHS England on configuring and funding the local pharmacy offer, which was not within the borough's control. This would need to be considered within the borough-based partnership, working with key stakeholders to garner improvements. Lisa Redfern was keen to support a dynamic approach and suggested inviting pharmacists to the next meeting of the Board and to incorporate their views into the borough-based partnership work, representing a whole systems approach. It was noted that the final PNA would be considered at the next meeting of the Board on 21 September.

RESOLVED

That the update report was noted.

9. WORK PROGRAMME

Councillor Ben Coleman reported that he had been informed of an issue raised by a former co-opted member of the Health and Adult Social Care Policy and Accountability Committee (HASCPAC), Bryan Naylor regarding ophthalmology services and patient pathways. There was potential to utilise pharmacists by facilitating greater collaboration with opticians. Councillor Natalia Perez added that Bryan Naylor had also raised the issue with her potentially for consideration at HASCPAC. Earlier diagnosis and intervention in eye treatment was critical given the degenerative nature of many eye conditions and that extensive patient wait times were a concern. Dr Nicola Lang recommended a paper should be commissioned from NHS colleagues. Councillor Alexandra Sanderson suggested childhood immunisation and dentistry services, focusing on specifically on young people. Dr Lang added that NHS England should also be invited to contribute on these areas.

Dentistry was a growing area of concern due to the increased lack of access to NHS dental patient lists.

Suggested areas:

- Ophthalmology services and patient pathways (HWB or HASCPAC)
- Childhood immunisations
- Dentistry services (specific focus on children and young people)

10. ANY OTHER BUSINESS

The Better Care Funding (BCF) had been robustly covered in previous reports to the Board (16 March 2022), however it was recognised that formal agreement of the formal yearend report (included in the agenda) was necessary. Linda Jackson explained that the BCF pooled budget of £50.3 million across the borough based health care partnership and local authority (£18.3 million from the borough). The BCF would improve the number of avoidable admissions and discharges, with care and support provided at home, avoiding placement in residential care. The abolition of the CCG and the establishment of integrated care services meant that the borough-based partnership would need to take ownership. Linda Jackson reported that a conversation had been initiated about the borough-based partnership taking ownership of the BCF as there was a need to ensure that it was right for the locality. The BCF agreement was very important both in terms of the services it funded and a way of supporting care provision outside of a clinical setting.

RESOLVED

That the Board recommend to the Integrated Care System that the borough-based partnership takes the lead in the Better Care Fund agreement going forward.

11. DATES OF NEXT MEETING

Wednesday, 21 September.

Meeting started: 6pm
Meeting ended: 7.58pm

Chair

Contact officer:
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Update for Health and wellbeing board

Dr Nicola Lang

Director of Public Health

21.9.22

Health protection-Covid

- Covid vaccinations - Autumn vaccinations have started for
 - residents in a care home for older adults and staff working in care homes for older adults
 - frontline health and social care workers
 - all adults aged 50 years and over
 - persons aged 5 to 49 years in a clinical risk group
 - persons aged 5 to 49 years who are household contacts of people with immunosuppression
 - persons aged 16 to 49 years who are carers
- [Joint Committee on Vaccination and Immunisation \(JCVI\) updated statement on the COVID-19 vaccination programme for autumn 2022 - GOV.UK \(www.gov.uk\)](#)

Health protection

- Polio catch up
 - Children who are up to date get an extra dose (booster)
 - Children not up to date get the next dose they are due
 - 1-4 yo go to GP
 - 5-9 yo go to 145 King Street (or other sites in North West London)
- Monkeypox
 - Vaccine for those in eligible groups
 - Safe vaccine, two doses
 - Given in sexual health clinics

Agenda Item 6

London Borough of Hammersmith & Fulham

Report to: Health and Wellbeing Board

Date: 21 September 2022

Subject: This report explains the impact of NHS England cutting funding for the Discharge to Assess programme, which was introduced during the height of the Covid pandemic.

Report author: Linda Jackson, Director Social Care & Transformation

Responsible Director: Lisa Redfern, Strategic Director Social Care

1. Summary

This report explains the impact of NHS England cutting funding for the Discharge to Assess programme, which was brought in during Covid to free up hospital beds by funding local authorities to assess patients immediately after their discharge from hospital rather than before.

Wards Affected: All

H&F Priorities

Our Priorities	Summary of how this report aligns to the H&F Priorities
Creating a compassionate council	Working with unreached communities to address needs and concerns. Working with a resident to achieve their independence, best quality of life.
Doing things with local residents, not to them	Engagement with residents to plan their discharges in a timely manner and to achieve the best quality of life and care outcomes.
Being ruthlessly financially efficient	Working within existing resources and ensuring a value for money approach in all that we do with residents.
Taking pride in H&F	Helping to make H&F the best place to live, work and play for all residents regardless of their background.

2. The introduction of Discharge to Assess (D2A)

From the height of the Covid pandemic in March 2020, Councils worked very closely alongside NHS services to find a new way of discharging people from hospital more quickly than previously. The aim was to free up hospital beds at an even greater rate and to reduce infection rates.

At the NHS's request – and with specific NHS funding provided for this – councils implemented a discharge model called “Discharge to Assess”, described below.

While the NHS had wanted to introduce this for many years, the associated risks to patients and affordability for councils had always been a concern for directors of social services.

It should be noted that at the time Discharge to Assess (D2A) was introduced, Hammersmith & Fulham's existing, joint health and social care hospital discharge model had an excellent performance record, with very few delays.

3. How the D2A model worked

Prior to implementing the D2A model, Councils followed their statutory duties under the Care Act 2014¹, under which there are three criteria that must be met before discharge from hospital:

1. The patient is medically fit for discharge
2. A support package has been agreed by a multi-disciplinary team
3. The home situation means that the patient is safe to discharge

Under D2A, the patients' needs are agreed by the hospital ward (nurses, doctors, physiotherapists and occupational therapists). The patient is then discharged home with a (usually very significant) package of care, prior to a Care Act assessment taking place at their home. Once home, the patient is assessed under the Care Act. If appropriate, their care package is changed to meet the assessed needs.

Sometimes, the hospital recommends a nursing home. In this case, once the patient is discharged from hospital, the assessment is carried out in the nursing home and the person either returns to their own home or remains in the nursing home until they are fit for discharge.

4. Positives and negatives of D2A

In April 2022, the Boston Consulting Group was commissioned by NWL NHS via Hammersmith & Fulham Council to review the impact of D2A using lodged funds. The Boston Consultancy Group review outlined several benefits of D2A: mitigating a prolonged length of stay in hospital; promoting independence and a return to home with a "going home first" approach"; and more joined up patient care across hospital, primary, social and community care.

Against this, across the country, the D2A model has seen an over-prescription of care for people leaving hospital. As ward staff understandably tend to be risk averse, they send patients home with very high packages of care, a common request being for two carers four times a day. If a lower care package is then recommended once the patient has been assessed, patients may be worried they are not getting what they need, which puts pressure on councils to maintain an over-high level of care. People are also being cared for at home with a very high level of clinical risks.

¹ Care Act 2014: <https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

The cost of D2A has thus been considerable. In H&F alone, in 2022/23 the cost of care is estimated to increase by £3.035 million.

5. NHS funding for D2A

In recognition of the considerable extra care that D2A entailed, the NHS took the decision to pay councils for the first six weeks of care either at home or in an establishment. This meant there was no extra cost to council's social care services other than management time. If someone was deemed eligible for NHS Continuing Health Care, this was paid automatically by the NHS.

In December 2021, NHS England decided to stop funding D2A from March 2022. However, they still expected D2A to continue, with councils meeting all the costs.

Since January 2022, local authorities have been discussing a range of options with the NHS to maintain D2A, given that acute hospitals saw it as an effective way of reducing the pressure on them to manage demand. It should be noted that cash-strapped local authorities have continued to fund D2A themselves since March 2022.

The end of D2A in NWL

There are two funding issues: reimbursing councils for the D2A costs they have entailed April-September 2022; and paying council for D2A going forward.

As regards reimbursing costs, an initial agreement has been reached between the NWL NHS, the eight NWL boroughs' Directors of Social Services (DASS) and the lead Chief Executive for Health and Social Care (LB Harrow). This will:

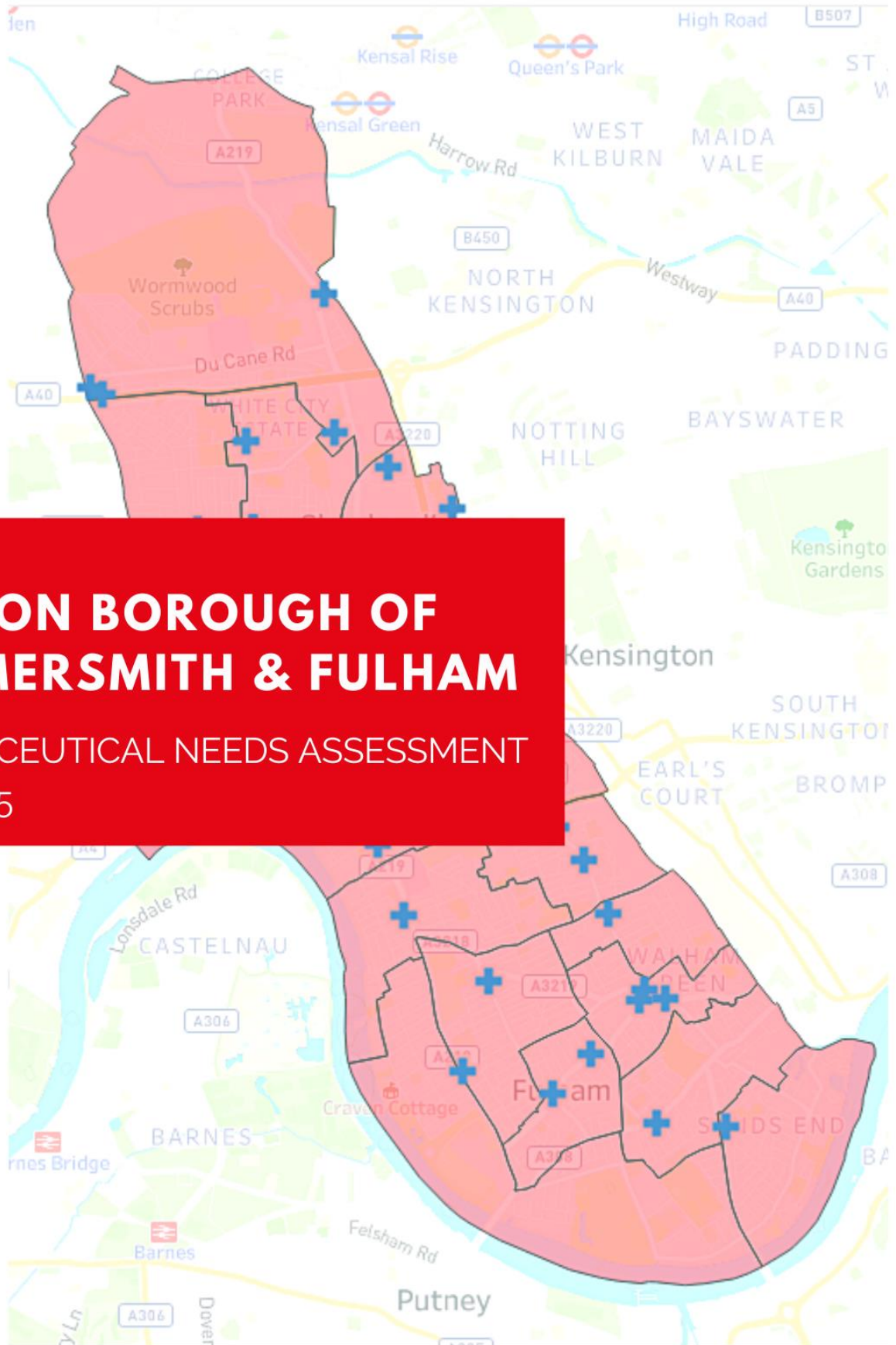
- Reimburse councils using NHS "lodged funds" held by five out of eight local authorities (these are unspent NHS funds from previous finance years placed by the NHS with councils to hold for them); and
- Reduce the length of free care paid for by the NHS from six weeks to four weeks (note: H&F will still continue to provide free care after then as the only council in the country to provide free home care).

However, there is only sufficient funding for this until mid-September 2022 as NHS England has stated that Integrated Care Systems should not continue to fund D2A.

As a result, all NWL councils have taken the joint decision to stop D2A and to revert to the previous arrangement of Care Act assessments being undertaken on the ward before a patient is discharged. In H&F, this took effect on 19 September.

6. Recommendation for the HWB

The HWB is asked to note the decision to revert to Care Act assessments for hospital discharge and to monitor the impact on residents, hospitals and social care.



LONDON BOROUGH OF HAMMERSMITH & FULHAM

PHARMACEUTICAL NEEDS ASSESSMENT
2022-2025

Executive summary

Introduction

All Health and Wellbeing Boards (HWB) have a statutory responsibility to publish and keep up to date a statement of needs for pharmaceutical services for their population. This is called the Pharmaceutical Needs Assessment (PNA). The purpose of the PNA is to:

- Support local commissioners in decisions regarding services that could be delivered by community pharmacies to meet the future identified health needs of the population.
- Support NHS England in their decision-making process related to applications for new pharmacies or changes of pharmacy premises and/or opening hours.

The PNA assesses whether the current provision of pharmacies and the commissioned services they provide meet the needs of the Hammersmith & Fulham residents and whether there are any gaps, either now or within the lifetime of the document, 1st October 2022 to 30th September 2025. It assesses current and future provision with respect to:

- Necessary Services, i.e., accessibility of pharmacies and their provision of Essential Services
- Other Relevant Services and Other Services. These are services commissioned by NHS England, Hammersmith & Fulham Clinical Commissioning Group (CCG), or the London Borough of Hammersmith & Fulham Council, they include: Advanced Enhanced and Other NHS services.

Methodology

The Hammersmith & Fulham Health and Wellbeing Board commissioned Healthy Dialogues to conduct their PNA for October 2022. In March 2022, a steering group was formed to oversee the PNA process and to ensure that it met statutory regulations. The steering group was chaired by Hammersmith & Fulham Council.

The process of the development of the PNA included:

- a review of the current and future demographics and health needs of Hammersmith & Fulham population
- a survey to Hammersmith & Fulham patients and the public on their use and expectations of pharmacy services
- a survey to Hammersmith & Fulham pharmacy contractors to determine their capacity to fulfil any identified current or future needs

- an assessment of the commissioned essential, advanced, enhanced, and other NHS pharmacy services provided in Hammersmith & Fulham

The PNA consultation draft was published for a 60-day formal consultation between the period of the 1st of July to the 31st of August. Responses to the consultation were to be considered in the final PNA report to be presented to the Hammersmith & Fulham Health and Wellbeing Board before the 1st of October 2022. The consultation report is presented in Appendix D.

Findings

Summary of key population demographics of Hammersmith & Fulham

The London Borough of Hammersmith & Fulham is a small and densely populated inner-London borough. It has a population of 182,111 (Mid-2020 Population Estimates) which is expected to increase by 3.4% between 2022 and 2025 (ONS 2018 population projections).

It is a diverse borough, 43.2% of the population was born abroad, 34.5% of the population from Black, Asian, and Minority Ethnic communities (ONS Annual Public Survey, 2019) and 22.7% of the population's main language is not English (2011 Census).

Hammersmith & Fulham is more deprived than England as a whole, twenty of its neighbourhoods are among the most 20% deprived in England.

Summary of key population health needs of Hammersmith & Fulham

Overall, Hammersmith & Fulham is similar to the national picture in terms of life expectancy and healthy life expectancy. However, there is a 7.3-year gap for men and a 4.7-year gap for women in life expectancy between those who live in the most deprived areas and the least deprived areas

A number of additional areas of population health need were identified in this PNA:

- Proportion of 5-year-old children with visual dental decay is high
- Screening coverage is low for cervical, breast and bowel cancer
- The number of adults in social care who receive as much social contact as they would like is low
- The rate of sexually transmitted infections (excluding chlamydia) is the third highest in London
- All recorded child immunisations and flu immunisation coverage are low
- Diagnosis rate for dementia is significantly lower than England

- Under 75 mortality rates for injuries and the premature mortality rate for adults with severe mental illness are significantly higher than England

Summary of patient and public engagement findings

A public engagement survey was disseminated across Hammersmith & Fulham. 212 people responded on how they use their pharmacy and their views on specific 'necessary' pharmacy services.

Overall, respondents were happy with the services their pharmacy provided. Most people chose their pharmacy because of their overall satisfaction with the service they received. For most, the pharmacy was within a 5–20-minute walk, but for a small number of residents, the pharmacy was around 20–60-minute walk or car journey. Most stated they prefer to use their pharmacies during weekdays and during normal working hours.

There were no substantial differences between protected characteristic groups in terms of pharmacy usage, accessibility, and reason for choice of pharmacy.

PNA statements on service provision

There are 41 community pharmacies and one distance selling pharmacy providing pharmacy services within Hammersmith & Fulham.

This PNA has assessed whether the current and future pharmacy provision meets the health and wellbeing needs of the Hammersmith & Fulham population. It has also determined whether there are any gaps or need for improvements or better access in the provision of pharmaceutical service either now or within the lifetime of this document, 1st October 2022 to 30th September 2025.

Hammersmith & Fulham is well served in relation to the number and location of pharmacies. This PNA has concluded that there are no gaps in current and future access to Essential, Advanced, Enhanced and Other NHS pharmaceutical services for the residents of Hammersmith & Fulham, and no needs for improvements or better access were identified.

Recommendations

Feedback from patients and public on their local pharmacies for this PNA was very positive and has shown that in general people are very happy with the services and accessibility of their pharmacy provision.

The recent pandemic has shown that pharmacies play a tremendous role in supporting the work in addressing public health issues. In the first wave of the pandemic, they were often the only accessible health care provider, and they played a key in the roll out of COVID-19 testing, vaccinations and medications.

The LBHF Health and Wellbeing Board would like to take this opportunity to build on our partnerships with community pharmacies and NHS England to address local public health issues identified in the PNA. They have made the following recommendations.

Recommendation 1: The proportion of 5-year-old children with **visible dental decay** is high in LBHF in comparison to regional and national figures. NHS England commissioners should work with the community dental health service and local pharmacies to develop an offer of support that pharmacies can deliver to address and reduce dental decay in LBHF. This can include signposting patients to dental health services, recommending effective dental products for good dental hygiene, and promoting good oral health routine.

Recommendation 2: **Cancer screening** coverage is low for cervical, breast and bowel cancer in LBHF in comparison to the rest of England. LBHF should work with pharmacies to ensure pharmacy staff are aware of the cancer screening programmes that are available, their eligibility criteria and can promote them within their pharmacies. In particular, LBHF should work with pharmacies to ensure they have appropriate training on promoting the Bowel Cancer Screening programmes so that they can identify patients that are eligible for the programme or are presenting with symptoms related to bowel cancer and ask them if they have received and completed the screening kit.

Recommendation 3: The LBHF rate of **sexually transmitted infections** (excluding chlamydia) is the third highest in London, the LBHF rate of chlamydia detected is similar to London figures. LBHF should work with community pharmacies promote access to clinical Sexual Health services, testing through e-services and individual support for residents of LBHF through targeted sexual health advice and information.

Recommendation 4: All recorded **child immunisations** and **flu immunisation** coverage are low in LBHF in comparison to London and England. There is already a strong provision of flu vaccination services through pharmacies. NHSE&I should explore the potential of offering additional childhood vaccinations through pharmacies to improve convenience and accessibility of the vaccine. Commissioners should also work closely with pharmacy

contractors to improve the promotion of childhood vaccinations and flu vaccination through pharmacies to improve uptake.

Recommendation 5: The under 75 mortality rates for injuries and the **premature mortality rate for adults with severe mental illness** are significantly higher than England and the **suicide rate** is the 5th highest in London. LBHF should work with community pharmacies to ensure pharmacy staff receive Suicide Awareness Training. This will enable them to support efforts to identify people who are in mental health crisis or are feeling suicidal and connect them to local sources of support, including the Single Point of Access helpline for Hammersmith and Fulham residents. In addition, NHSE should consider commissioning pharmacies as local trusted resources to administer depot injections for people with severe and enduring mental illness.

Recommendation 6: College Park and Old Oak ward will have a **projected 35.7% increase in population** by 2025. The Hammersmith and Fulham PNA steering group should review pharmacy provision in College Park and Old Oak in the 2025-2028 PNA in consideration of the population increases projected that ward for that time.

Recommendation 7: **Dementia diagnosis has been identified as an area of concern** by the council. The estimated number of people living with dementia who have a diagnosis is low in LBHF. In addition, LBHF had the 6th highest rate of emergency hospital admissions for people living with dementia (in 2019/20). Community pharmacies can play an important role in identifying people experiencing cognitive difficulties and signpost them to the support they need. LBHF pharmacies could undertake dementia awareness training that encourages open and ongoing discussions around cognitive decline, symptoms of dementia and changes in behaviour. The training may also equip pharmacy staff with the skills and behaviours to be able to support early identification and provide onward referral or signposting to further support.

Contents

<i>Executive summary</i>	1
Introduction	1
Methodology	1
Findings	2
Summary of key population demographics of Hammersmith & Fulham	2
Summary of key population health needs of Hammersmith & Fulham	2
Summary of patient and public engagement findings	3
PNA statements on service provision	3
Recommendations	3
<i>Contents</i>	6
<i>Chapter 1- Introduction</i>	9
Purpose of the Pharmaceutical Needs Assessment	9
The requirements of the PNA	9
Circumstances under which the PNA is to be revised or updated	10
Consultation	11
<i>Chapter 2 – Strategic Context</i>	12
National context	12
Integration and Innovation. Department of Health and Social Care’s legislative proposals for a Health and Care Bill:	12
The NHS Long Term Plan (2019)	13
Public Health England (PHE) Strategy 2020-2025	16
Community Pharmacy Contractual Framework (CPCF) 2019/20-2023/24	16
Pharmacy Integration Fund (PhIF)	17
Local context	18
Hammersmith & Fulham Health and Wellbeing Strategy (2015-2025)	18
<i>Chapter 3 - The development of the PNA</i>	19
Methodological considerations	19
Geographical coverage	19
Patient and public survey	20
Pharmacy contractor survey	22
Governance and steering group	22
Regulatory consultation process and outcomes	22
<i>Chapter 4 – Population demographics</i>	23
About the area	23
Demography	23
Population size and density	23
Age and Gender Structure	24
Ethnicity and diversity	26
Population Growth	29
Wider Determinants of Health	31
Poverty	33
Patient groups with specific needs	33
Homeless	33

Women and girls experiencing violence	34
Summary of the population demographics of Hammersmith & Fulham	34
Chapter 5 – Population health needs	35
Life expectancy and healthy life expectancy	35
Health improvement	37
Obesity	38
Physical Activity	38
Diabetes diagnosis	38
Dental decay	39
Smoking	40
Alcohol consumption	40
Substance misuse	40
Cancer screening	41
Loneliness and Isolation	41
Health protection	42
New sexually transmitted infection diagnosis	42
Child immunisation coverage	44
Flu vaccinations	44
Healthcare and major health conditions	45
Under-75 mortality rate from causes considered preventable	45
Breakdown of the life expectancy gap	45
Circulatory diseases	46
External causes	48
Mental and behavioural disorders	49
Digestive diseases	51
Summary of population health needs of Hammersmith & Fulham	53
Chapter 6 – Patient and public engagement survey	54
Hammersmith & Fulham communications engagement strategy	54
Whole population approach	54
Targeted Approach	55
Results of the Public Engagement Survey	56
Results of the Equality Impact Assessment	65
Chapter 7 – Provision of Pharmaceutical Services	66
Pharmaceutical Service Providers	66
Community Pharmacies	67
Dispensing Appliance Contractor (DAC)	68
GP Dispensing practices	68
Distance selling pharmacies	68
Local pharmaceutical services	68
Accessibility	68
Essential services	82
Dispensing	82
Summary of the accessibility pharmacy services and of essential services	82
Advanced pharmacy services	82
New Medicines Services	83
Community pharmacy seasonal influenza vaccination	85
Community pharmacist consultation service (CPCS)	87
Hypertension case-finding service	89
Community pharmacy hepatitis C antibody testing service	89
Appliance Use Reviews (AURs)	89
Stoma Appliance Customisation service (SAC)	89
Summary of the Advanced Pharmacy Services	90

Enhanced pharmacy services	90
London seasonal influenza vaccination service	90
Bank holiday rota service	91
COVID-19 vaccination service	91
Other NHS pharmacy services	91
Needle exchange service	92
Supervised consumption service	93
Emergency hormonal contraception	94
Out of hours on demand anticipatory medicines	96
Summary of other NHS pharmacy services	97
Additional considerations from Contractor Survey Responses	97
Chapter 8 – Conclusions	98
Current provision	98
Current access to essential services	98
Current access to advanced services	99
Current access to enhanced pharmacy services	100
Current access to other NHS pharmacy services	101
Future Provision	101
Future access to essential services	101
Future access to advanced services	102
Future access to enhanced services	102
Future access to other NHS pharmacy services	102
Improvements and better access	103
Current and future access to essential services	103
Current and future access to advanced services	103
Current and future access to enhanced pharmacy services	103
Current and future access to other NHS pharmacy services	104
Recommendations	104
Appendix A - PNA Steering Group Terms of Reference	107
Background	107
Role	107
Objectives	107
Accountability and reporting	109
Membership	109
Quorum	109
Declaration of Interests	110
Frequency of meetings	110
Appendix B – Pharmacy provision within LBHF and 1 mile of its border	111
Appendix C – Equality Impact Assessment	119
Age	119
Ethnicity	119
Gender	120
Pregnancy and breastfeeding	120
Employment status	120
Disability or impairment	121
Sexual orientation	123
Relationship status	124
Appendix D – Consultation report	125

Chapter 1- Introduction

Purpose of the Pharmaceutical Needs Assessment

- 1.1** As one of the most frequented health care settings in England community pharmacies are crucial in providing quality healthcare in local communities. As well as providing prescriptions, they are often a patient's first point of contact and, for some, their only contact with a healthcare professional.
- 1.2** The provision of NHS Pharmaceutical Services is a controlled market. Any pharmacist or dispensing appliance contractor who wishes to provide NHS Pharmaceutical Services, must apply to NHS England to be on the Pharmaceutical List of the Health and Wellbeing Board.
- 1.3** The purpose of the Pharmaceutical Needs Assessment (PNA) is to plan for the commissioning of pharmaceutical services and to support the decision-making process in relation to new applications or change of premises of pharmacies. This includes:
- Supporting the 'market entry' decision making process (undertaken by NHS England) in relation to applications for new pharmacies or changes of pharmacy premises.
 - Informing commissioning of enhanced services from pharmacies by NHS England, and the local commissioning of services from pharmacies by the local authority and other local commissioners, for example Clinical Commissioning Groups (CCGs).
- 1.4** The London Borough of Hammersmith and Fulham PNA can also be used to assist the Health and Wellbeing Board (HWB) to inform interested parties of the pharmaceutical needs in the borough and enable work on planning, developing and delivery of pharmaceutical services for the population.
- 1.5** The HWB can also use the PNA as a guide for working with pharmacy contractors to provide services within areas where they are needed and limit duplication of services in areas where provision is adequate.

The requirements of the PNA

- 1.6** This PNA covers the period between 1st October 2022 and 30th September 2025. It must be produced and published by 1st October 2022. The development and publication of this PNA has been carried out in accordance with regulations and associated guidance, including:
- The NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013 and the

- Department of Health Information Pack for Local Authorities and Health and Wellbeing Boards

1.7 As outlined in the 2013 regulations, this PNA must include a statement of the following:

- **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.
- **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”.
- **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”.
- **Improvements and Better Access – Gaps in Provision:** services *not* currently provided, but which the HWB considers would “secure improvements, or better access to pharmaceutical services” if provided.
- **Other Services:** any services provided or arranged by the 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.

1.8 Additionally, the PNA must include a map showing the premises where pharmaceutical services are provided and an explanation of how the assessment was made. This includes:

- How different needs of different localities have been considered
- How the needs of those with protected characteristics have been taken into account
- Whether further provision of pharmaceutical services would secure improvements or better access to pharmaceutical services
- A report on the 60-day consultation of the draft PNA.

Circumstances under which the PNA is to be revised or updated

1.9 It is important that the PNA reflects changes that affect the need for pharmaceutical services in Hammersmith & Fulham. For this reason, the PNA will be updated every three years.

1.10 The Health and Wellbeing Board are also required to revise the PNA publication if they deem there to be significant changes in pharmaceutical services before 30th September 2025. Not

all changes in a population or an area will result in a change to the need for pharmaceutical services. If the HWB becomes aware of a minor change that means a review of pharmaceutical services is required, the HWB will issue supplementary statements to update the PNA.

Consultation

1.11 A draft PNA must be put out for consultation for a minimum of 60 days prior to its publication. This PNA was out for consultation between 1st of July and the 31st of August 2022. The 2013 Regulations list those persons and organisations that the HWB must consult, which include:

- Any relevant local pharmaceutical committee (LPC) for the HWB area
- Any local medical committee (LMC) for the HWB area
- Any persons on the pharmaceutical lists and any dispensing GP practices in the HWB area
- Any local Healthwatch organisation for the HWB area, and any other patient, consumer, and community group, which in the opinion of the HWB has an interest in the provision of pharmaceutical services in its area
- Any NHS Trust or NHS Foundation Trust in the HWB area
- NHS England
- Any neighbouring Health and Wellbeing board.

1.12 All comments received will be considered in the final PNA report. The final PNA report will be presented to the HWB before the 1st of October 2022.

Chapter 2 – Strategic Context

- 2.1** This section summarises key policies, strategies and reports which contribute to our understanding of the strategic context for community pharmacy services at a national level and at a local level. Since PNAs were last updated in 2018, there have been significant changes to the wider health and social care landscape. This includes but is not limited to the publication of the NHS Long Term Plan, the introduction of the Community Pharmacy Contractual Framework and a greater focus on integrated care.
- 2.2** In addition, the COVID-19 pandemic has had a substantial impact on health and social care and community pharmacy. During the first wave of the pandemic, community pharmacies often became the first and sometimes only point of contact for patients, as they struggled to access other healthcare providers, such as GPs, dentists, and hospitals. As workload demands and medication dispensing increased, pharmacies took on the role of distributing COVID-19 lateral flow devices and COVID-19 medicines. while continuing to provide essential services to patients throughout the pandemic.

National context

Integration and Innovation. Department of Health and Social Care’s legislative proposals for a Health and Care Bill¹:

- 2.3** In recent years, the health and social care system has adapted and evolved to face a variety of challenges. With the population growing in size, people living longer, but also suffering from more long-term health conditions, and challenges from the COVID-19 pandemic, there is a greater need for the health and social care system to work together to provide high quality care. This paper sets out the legislative proposals for the Health and Care Bill which capture the learnings from the pandemic.

- **Working together to integrate care:** The NHS and local authorities will be given a duty to collaborate and work with each other. Measures will be brought forward to bring about Integrated Care Systems (ICSs) which will be comprised of an ICS Health

¹ Department of Health & Social Care. Policy paper: Integration and innovation: working together to improve health and social care for all (updated February 2021). Available at: <https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-html-version#executive-summary>

and Care partnership, and an ICS NHS Body. The ICS NHS Body will be responsible for the day to day running of the ICS, whilst the ICS Health and Care Partnership will bring together systems to support integration and development which plan to address the systems health, public health, and social care needs.

- **Reducing bureaucracy:** The legislation will aim to remove barriers that prevent people from working together and put pragmatism at the heart of the system. The NHS should be free to make decisions without the involvement of the Competition and Markets Authority (CMA). With a more flexible approach, the NHS and local authorities will be able to meet the current future health and care challenges by avoiding bureaucracy.
- **Improving accountability and enhancing public confidence:** The public largely see the NHS as a single organisation, and the same should happen at a national level. By bringing together NHS England, and NHS Improvement together, organisations will come together to provide unified leadership. These measures will support the Secretary of State to Mandate structured decisions and enable the NHS to be supported by the government. With any significant service changes, these measures will ensure a greater accountability with the power for ministers to determine service reconfigurations earlier in the process.

The NHS Long Term Plan (2019)²

2.4 As health needs change, society develops, and medicine advances, the NHS needs to ensure that it is continually moving forward to meet these demands. **The NHS Long Term Plan (2019)** (NHS LTP) introduces a new service model for the 21st century and includes action on preventative healthcare and reducing health inequalities, progress on care quality and outcomes, exploring workforce planning, developing digitally- enabled care, and driving value for money. It sets out 13 key areas for improving and enhancing our health service over the next 10 years. These areas include:

1. Ageing well
2. Cancer
3. Cardiovascular disease
4. Digital transformation
5. Learning disabilities & autism
6. Mental Health

² NHS. *The NHS Long Term Plan* (2019). <https://www.longtermplan.nhs.uk/>

7. Personalised care
8. Prevention
9. Primary care
10. Respiratory disease
11. Starting well
12. Stroke
13. Workforce

2.5 Pharmacies will play an essential role in delivering the NHS LTP. £4.5 billion of new investment will fund expanded community multidisciplinary teams aligned with the new primary care networks (PCNs). These teams will work together to provide the best care for patients and will include pharmacists, district nurses, allied health professionals, GPs, dementia workers, and community geriatricians. Furthermore, the NHS LTP stipulates that as part of the workforce implementation plan, and with the goal of improving efficiency within community health, along with an increase in the number of GPs, the range of other roles will also increase, including community and clinical pharmacists, and pharmacy technicians.

2.6 Research indicates that around 10% of elderly patients end up in hospital due to preventable medicine related issues and up to 50% of patients do not take their medication as intended. PCN funding will therefore be put towards expanding the number of clinical pharmacists working within general practices and care homes, and the NHS will work with the government to ensure greater use and acknowledgement of community pharmacists' skills and better utilisation of opportunities for patient engagement. As part of preventative healthcare and reducing health inequalities, community pharmacists will support patients to take their medicines as intended, reduce waste, and promote self-care.

2.7 Within PCNs, community pharmacists will play a crucial role in supporting people with high-risk conditions such as atrial fibrillation (AF) and cardiovascular disease (CVD). The NHS will support community pharmacists to case-find, e.g., hypertension case-finding. Pharmacists within PCNs will undertake a range of medicine reviews, including educating patients on the correct use of inhalers, and supporting patients to reduce the use of short acting bronchodilator inhalers and to switch to clinically appropriate, smart inhalers.

2.8 In order to provide the most efficient service, and as part of developing digitally-enabled care, more people will have access to digital options. The NHS app will enable patients to manage their own health needs and be directed to appropriate services, including being prescribed medication that can be collected from their nearest pharmacy.

2.9 Health and Wellbeing Boards are required to produce Health and Wellbeing Strategies to set out how partners will meet local health needs, improve outcomes and reduce health inequalities within the borough.

2.10 Since the 2010 Marmot review, there have been important developments about the evidence around social determinants of health and the implementation of interventions and policies to address them. **Health Equity in England: Marmot review 10 years on**³, summarises the developments in particular areas that have an increase importance for equity. These include:

- Giving every child the best start in life by increasing funding in earlier life and ensuring that adequate funding is available in higher deprived areas.
- Improve the availability and quality of early years' services.,
- Enable children, adults and young people to maximise their capabilities by investing in preventative services to reduce school exclusions.
- Restore per-pupil funding for secondary schools and in particular in 6th form and further education.
- Reduce in-work poverty by increasing national minimum wage.
- Increase number of post-school apprenticeships and support in-work training.
- Put health equity and well-being at the heart of local, regional and national economic planning.
- Invest in the development of economic, social and cultural resources in the most deprived communities

2.11 The objectives outlined in the Marmot review are intended to ensure that the healthy life expectancy gap between the least deprived and most deprived are reduced, and to ensure that all residents have accessibility to good health and educational services. More specific to health, community pharmacists are uniquely placed at the heart of communities to support patients to provide the public a range of public health interventions, weight management services, smoking cessation services and vaccination services. At present the role of community pharmacies provide a pivotal role in promoting healthier lifestyle information and disease prevention.

³ Health Equity in London: The Marmot Review 10 years on. Executive summary (2020):

https://www.health.org.uk/sites/default/files/2020-03/Health%20Equity%20in%20England_The%20Marmot%20Review%2010%20Years%20On_executive%20summary_web.pdf

Public Health England⁴ (PHE) Strategy 2020-2025⁵

2.12 The Office for Health Improvement and Disparities (OHID), formerly known as Public Health England (PHE), works to protect and improve the nation's health and reduce health inequalities by aiming to keep the public safe, work to prevent poor health, narrow down the health gap and support a strong economy. Guided by these aims, OHID have pledged to promote a healthier nation by tacking action on working to reduce preventable risk factors for ill health and working to reduce tobacco consumptions, obesity and the harmful use of drugs and alcohol. There will also be a focus on improving the health within early childhood to provide the best foundations of good health and prevent ill health in later adulthood. By strengthening the health protection system, there will be reduced pressures on responding to major incidents or pandemics. Additionally, strengthening public health systems will mean utilising technology to advice interventions, improve data, and strengthen the approach to disease surveillance. By working with partners locally, nationally, and globally the aim will be to help focus on reducing health inequalities.

2.13 Community pharmacies have an important role in driving and supporting these objectives as they provide the public with services around healthy weight and weight management, smoking cessation, and can provide information and advice around healthy start for children and families.

Community Pharmacy Contractual Framework (CPCF) 2019/20-2023/24⁶

2.14 This is an agreement between the Department of Health and Social Care (DHSC), NHSE&I and the Pharmaceutical Services Negotiating Committee (PSNC) and describes a vision for how community pharmacy will support delivery of the NHS Long Term Plan. The CPCF highlights and develops the role of pharmacies in urgent care, common illnesses, and prevention. It aims to “develop and implement the new range of services that we are seeking to deliver in community pharmacy”, making greater use of Community Pharmacists’ clinical skills and opportunities to engage patients. The deal:

- Through its contractual framework, DHSC commits almost £13 billion to community pharmacy over 5 years, with a commitment to spend £2.592 billion per year

⁴ NB: As of October 2021, PHE ceased to exist. Responsibilities formally undertaken by PHE are now the responsibility of OHID, UKHSA and NHS England.

⁵ Public Health England Strategy 2020-2025 (2019).

⁶ Community Pharmacy Contractual Framework (2019).

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/819601/cpcf-2019-to-2024.pdf

- Prioritises quality - The Pharmacy Quality Scheme (PQS) is designed to reward pharmacies for delivering quality criteria in: - clinical effectiveness, patient safety and patient experience.
- Confirms community pharmacy's future as an integral part of the NHS, delivering clinical services as a full partner in local primary care network (PCNs).
- Underlines the necessity of protecting access to local community pharmacies through a Pharmacy Access Scheme.
- Includes new services such as the NHS Community Pharmacist Consultation Service (CPCS), which connects patients who have a minor illness with a community pharmacy, taking pressure off GP services and hospitals by ensuring patients turn to pharmacies first for low-acuity conditions and support with their general health.
- Continues to promote medicines safety and optimisation, and the critical role of community pharmacy as an agent of improved public health and prevention, embedded in the local community.
- Through the Healthy Living Pharmacy (HLP) framework, requires community pharmacies to have trained health champions in place to deliver interventions such as smoking cessation and weight management, provide wellbeing and self-care advice, and signpost people to other relevant services.

Pharmacy Integration Fund (PhIF)⁷

2.15 The PhIF and PCN Testbed programme will be used to test a range of additional prevention and detection services, which if found to be effective and best delivered by a community pharmacy, could (with appropriate training) be mainstreamed within the CPCS over the course of the settlement period. Workstreams supported by the PhIF Programme include:

- GP referral pathway to the NHS CPCS.
- Hypertension Case-Finding Service - A model for detecting undiagnosed cardiovascular disease (CVD) in community pharmacy and referral to treatment within PCNs.
- Smoking Cessation Transfer of Care Service— hospital inpatients (including antenatal patients) will be able to continue their stop smoking journey within community pharmacy upon discharge.

⁷ NHS Pharmacy Integration Programme. <https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-integration-fund/>

- Exploring the routine monitoring and supply of contraception (including some long-acting reversible contraceptives) in community pharmacy.
- Palliative Care and end of life medicines supply service building on the experience of the COVID-19 pandemic.
- Structured medication reviews in PCNs for people with a learning disability, autism, or both, linked with the STOMP programme.
- Workforce development for pharmacy professionals in collaboration with Health Education England (HEE), e.g., medicines optimisation in care homes; primary care pharmacy educational pathway; leadership; integrated urgent care; independent prescribing; enhanced clinical examination skills.

Local context

Hammersmith & Fulham Health and Wellbeing Strategy (2015-2025)⁸

- 2.16** The health and wellbeing board (HWB) is a formal committee that brings together local organisations that play a pivotal role in improving the health, care and wellbeing of local residents.
- 2.17** The existing health and wellbeing strategy set out priorities over the next 10 years to demonstrate how public health priorities will be delivered. however, a new HWBS is currently being co-created with residents.

⁸ Health and Wellbeing Strategy: Hammersmith & Fulham (2015-2025)
https://www.lbhf.gov.uk/sites/default/files/section_attachments/improving_our_publics_health-lbhf_web.pdf

Chapter 3 - The development of the PNA

3.1 This PNA has been developed using a range of information sources to describe and identify population needs and current service provision from the network of community pharmacies. This includes:

- Nationally published data
- Local policies and strategies
- A survey to Hammersmith & Fulham pharmacy contractors
- A survey to the patients and public of Hammersmith & Fulham
- Local authority and CCG commissioners

3.2 These data have been combined to describe the Hammersmith & Fulham population, current and future health needs and how pharmaceutical services can be used to support the Health and Wellbeing Board (HWB) to improve the health and wellbeing of our population.

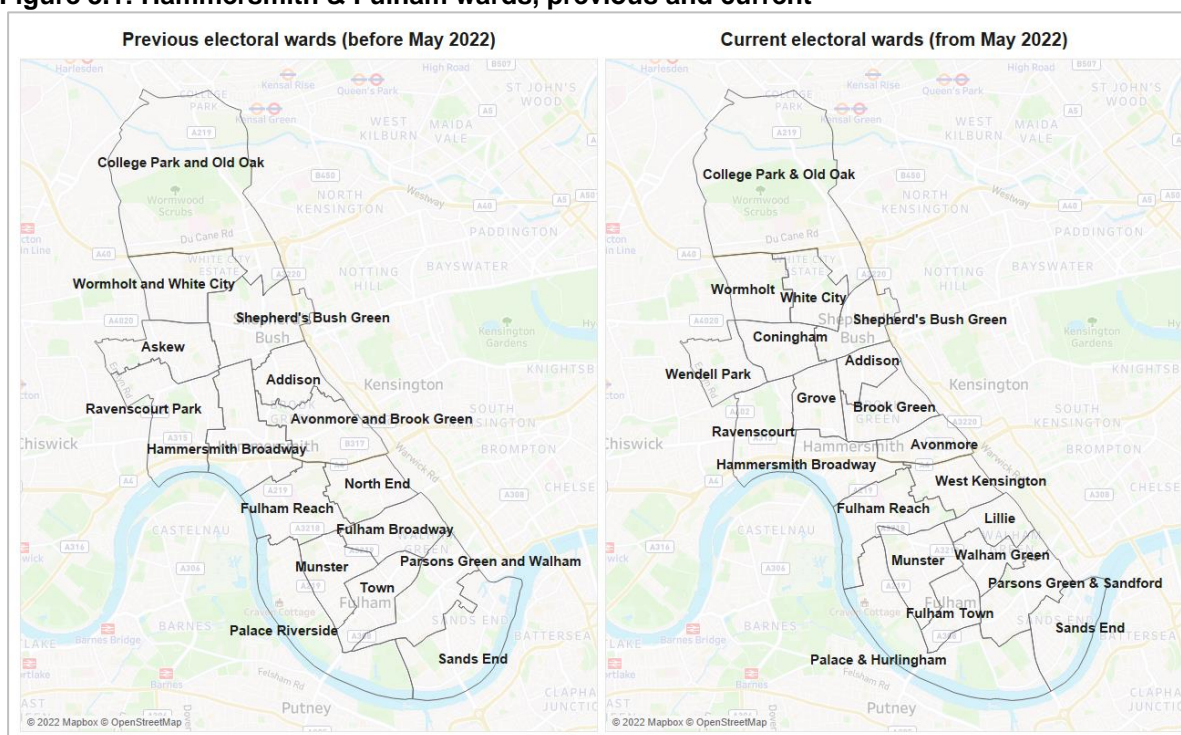
3.3 This PNA was published for consultation on the 1st of July 2022. All comments have been considered and incorporated into the final PNA final report. Comments are presented in Appendix D.

Methodological considerations

Geographical coverage

3.4 PNA regulations require that the HWB divides its area into localities as a basis for structuring the assessment. A ward locality structure was chosen by the HWB as it is in-line with available population health needs data published nationally. There were 16 wards in Hammersmith & Fulham at the time of writing this PNA. All ward-level data presented in this PNA are aligned with these ward boundaries. From May 2022 there are 21 wards in Hammersmith & Fulham. Both previous and current ward boundaries are presented in Figure 3.1.

Figure 3.1: Hammersmith & Fulham wards, previous and current



3.5 Provision and choice of pharmacies is determined by using 1-mile radius from the centre of the postcode of each pharmacy. The 1-mile radius approach illustrates where there is pharmacy coverage and areas without coverage. The coverage distance was chosen by the Steering Group as being a reasonable measure to identify variation and choice.

3.6 Where areas of no coverage are identified, other factors are taken into consideration to establish if there is a need. Factors include population density and deprivation. These have been explored in the relevant sections of the report.

Patient and public survey

3.7 Patient and public engagement in the form of a survey was undertaken to understand how people use their pharmacies, what they use them for and their views of the pharmacy provision.

3.8 The engagement strategy took a whole population approach and targeted approach. For the whole population approach we worked with the North West London CCG communications teams to share the survey regularly via their social media platforms such as Nextdoor and Twitter, resident e-newsletters and citizens' panel. Primary Care Delivery management shared the survey within the primary care newsletter. The survey link and wording were also sent to Healthwatch Hammersmith & Fulham, and this was disseminated to residents via their social media platforms and newsletters.

- 3.9** Hammersmith & Fulham community development and engagement officers also shared the public engagement survey via the resident e-newsletter.
- 3.10** Table 3.1 presents the organisations and community groups we contacted for targeted engagement. These organisations and groups were contacted via email, and telephone to identify the most appropriate method of disseminating the survey. This included providing paper copies, and a link to the survey, and discussing the frequency of this being shared.
- 3.11** In total, 212 Hammersmith & Fulham residents and visitors responded to the survey, their views were explored, including a detailed Equalities Impact Analysis. Chapter 6 provides a more detailed description of the patient and public engagement, the results of the survey and the equality impact assessment.

Table 3.1: The organisations and groups contacted for the LBHF PNA patient and public engagement survey

<p style="text-align: center;"> Homeless Health Service Housing leads White City Foodbank Hub Nourish Hub Urban Partnership Peabody Maternity Champions Young Hammersmith and Fulham Age UK Carer's Network Care home leads Sexual Health & Substance Misuse services Violence Against Women group (VAWG) Ethnic Minority Community Leads Nubian Life Hammersmith & Fulham volunteer centre Sobus Hammersmith & Fulham VCS Hammersmith & Fulham Healthwatch North West London CCG Hammersmith & Fulham Engagement Officers </p>
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Pharmacy contractor survey

- 3.12** The contractor survey was sent to all 41 community pharmacies within Hammersmith & Fulham and 35 pharmacies responded. The results from this survey are referred to throughout this document.

Governance and steering group

- 3.13** The development of the PNA was advised by a steering group whose membership included representation from:

- London Borough of Hammersmith & Fulham Public Health
- Hammersmith & Fulham Clinical Commissioning Group
- Middlesex Group of Local Pharmaceutical Committee
- Healthwatch Hammersmith & Fulham

- 3.14** The terms of reference, including the membership of the steering group is presented in Appendix A.

Regulatory consultation process and outcomes

- 3.15** The PNA for 2022-25 will be published for statutory consultation on the 1st of July to the 31st of August 2022 for 60 days and will also be open on the council website for public comment. All comments have been considered and incorporated into the final report to be published by 1st October 2022. The consultation report is presented in Appendix D.

Chapter 4 – Population demographics

- 4.1** This chapter presents an overview of the population demographics of Hammersmith & Fulham that are likely to impact on the need for pharmaceutical services. It includes an exploration of the Hammersmith & Fulham, its population size and density characteristics of its residents, population growth and the wider determinants of health.
- 4.2** All the maps that follow present the size of population in relation to different factors such as population density, deprivation and life expectancy. They are displayed in gradients, where the lower the marker, the lighter the colour. The gradients are illustrated in the legends attached to each map.

About the area

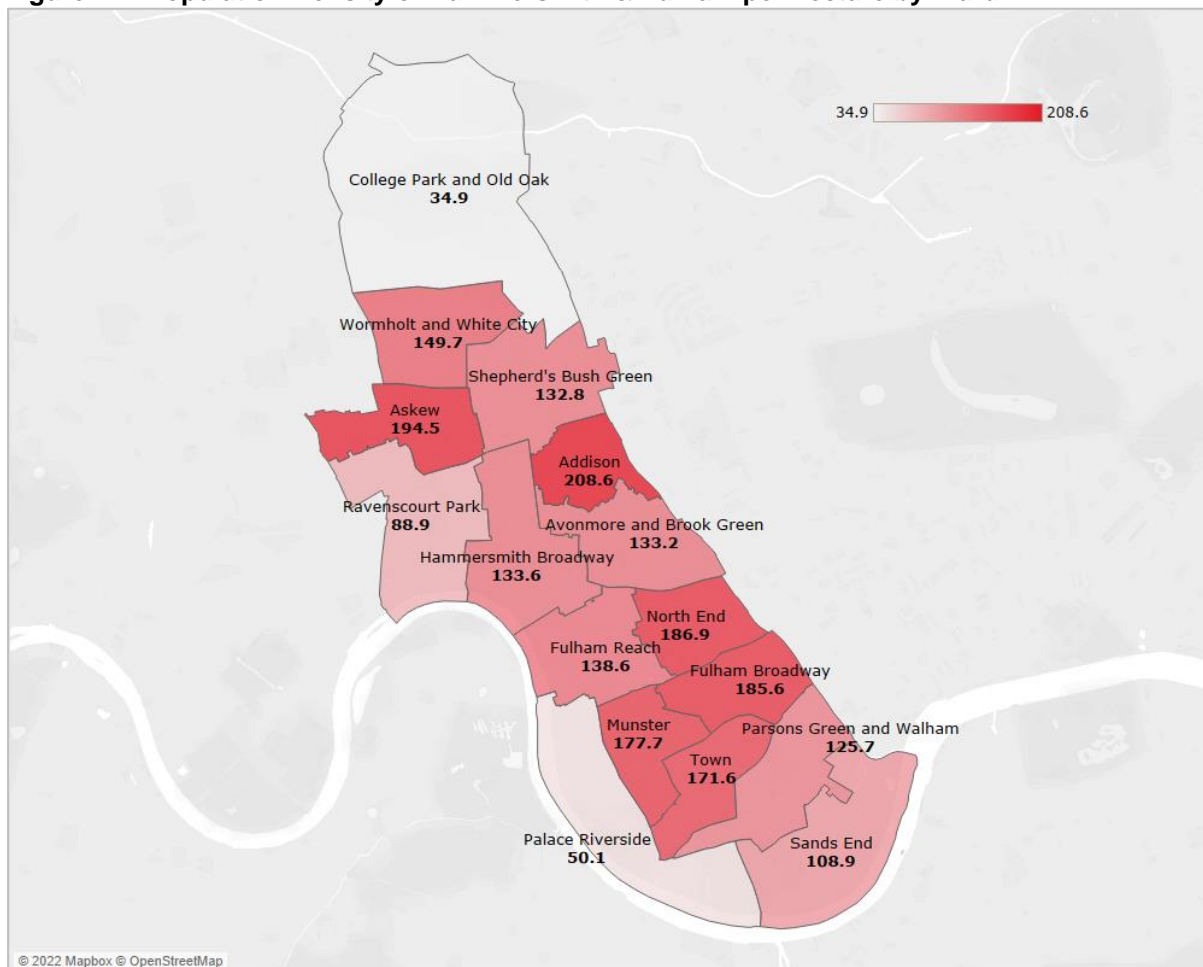
- 4.3** The London Borough of Hammersmith & Fulham is a small but very densely populated borough situated in inner London. In terms of residential properties, it is among the top four most expensive boroughs in the UK.
- 4.4** There are 21 wards in the borough and three main town centre areas: Shepherd's Bush, Hammersmith, and Fulham. It has the River Thames on its border on the south and southwest side. It has 231 hectares of parks and open spaces that are accessible to the general public, the largest being the Wormwood Scrubs and Scrubs Wood, located in the north of the Borough and Fulham Palace and Bishop's Park grounds in the south of the borough.
- 4.5** Hammersmith & Fulham borders these boroughs, namely: Kensington and Chelsea, Wandsworth, Brent, Hounslow and Ealing.

Demography

Population size and density

- 4.6** The Greater London Authority estimates that there are 182,111 residents in Hammersmith & Fulham in 2022 (Housing-led Population Projections).
- 4.7** Hammersmith & Fulham's population density is the 7th highest in London (123 people per hectare). The population density is highest in Addison and Askew wards (209 and 194 people per hectare respectively) while it is lowest in the northernmost ward of College Park and Old Oak (35).

Figure 4.1: Population Density of Hammersmith & Fulham per hectare by Ward

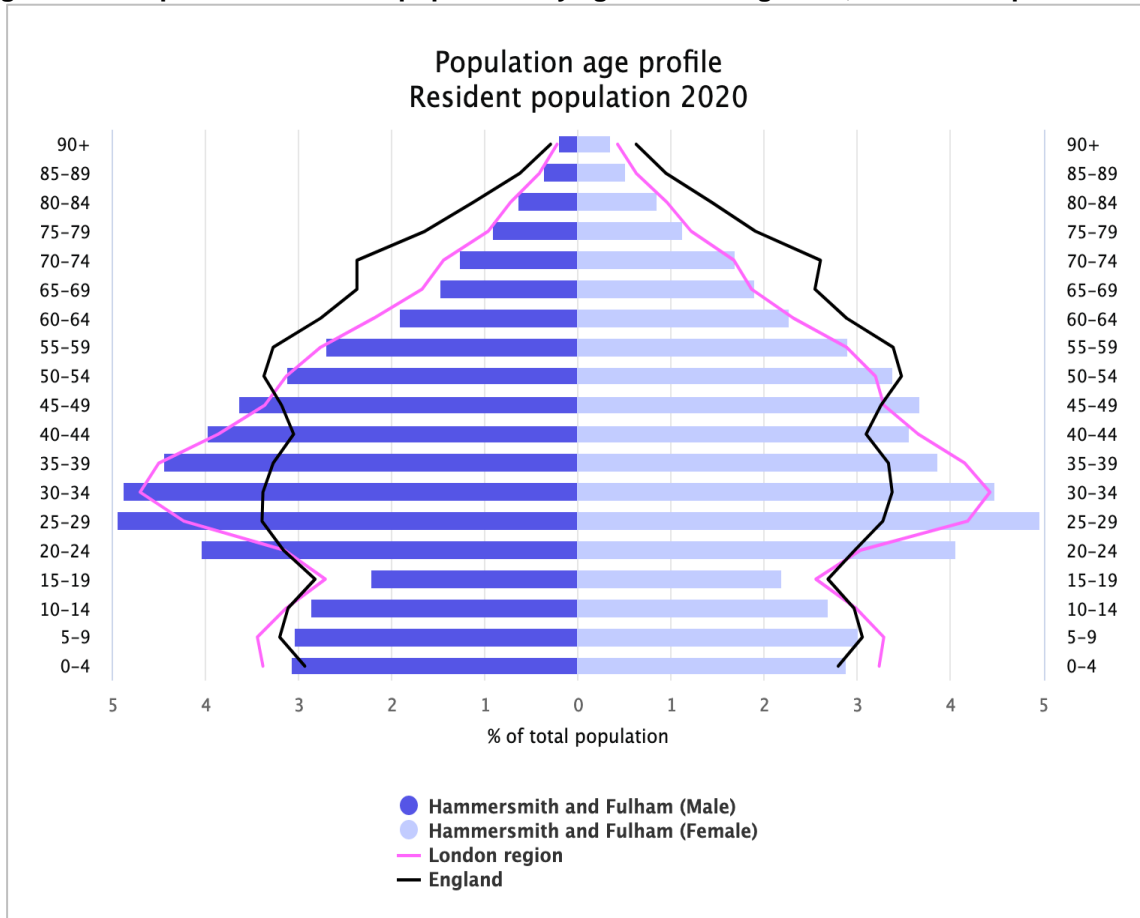


Source: GLA, Land Area & Population Density, 2017

Age and Gender Structure

- 4.8 Overall, there is a similar proportion of men and women living in the borough (52% female and 48% male). There are however a greater number of older women, due to longer life expectancy for females. The average age of the population is 40 years, an age higher than the London overall average age (37 years) (GLA Population estimates).
- 4.9 18% of the Hammersmith & Fulham population are under 16 years of age. This is lower than the proportion of under 16s in London (21%). Hammersmith & Fulham has a higher working age population than London. 72% of the population in Hammersmith & Fulham are aged 16-64 years, compared to 68% for London.
- 4.10 11% of Hammersmith & Fulham residents are aged 65 and over. This is lower than London overall (13%). Figure 4.2 presents a breakdown of the age and gender of Hammersmith & Fulham residents.

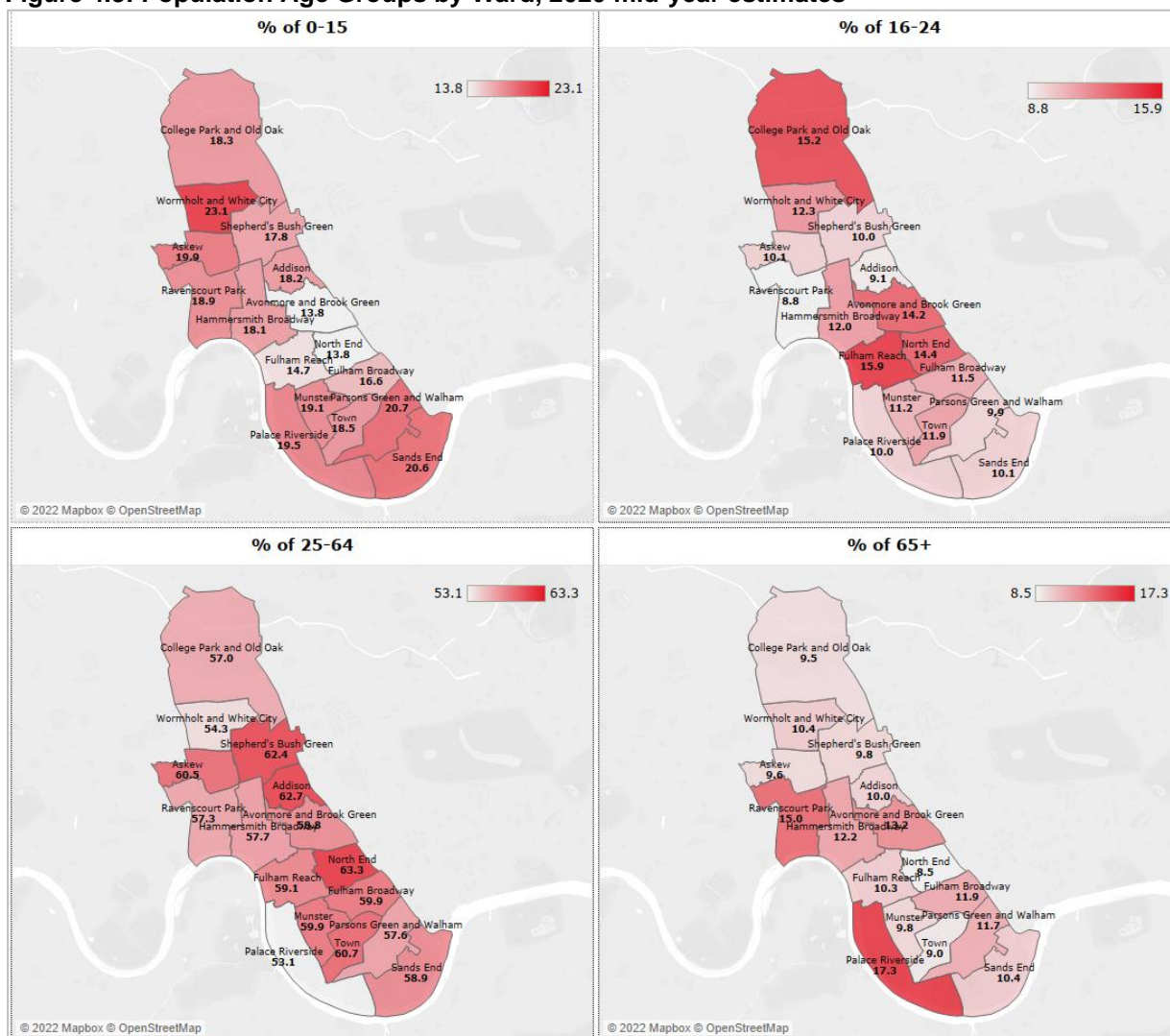
Figure 4.2: Proportion of resident population by age-band and gender, Resident Population 2020



Source: OHID, Public Health Outcomes Framework, 2022

4.11 Wormholt and White City, Parsons Green and Walham, and Sands End have the highest representation of the under 16 population (Figure 4.3). Palace Riverside has the highest proportion of older adults.

Figure 4.3: Population Age Groups by Ward, 2020 mid-year estimates



Source: OHID, Local Authority Health Profiles, 2019

Ethnicity and diversity

4.12 Cultural and language barriers can create inequalities in healthcare. They can negatively affect the quality of care a patient receives and reduce patient safety and patients' satisfaction with the care they receive⁹. However, pharmacy staff often reflect the social and ethnic backgrounds of the community they serve, making them approachable to those who may not choose to access other healthcare services.

4.13 NICE Guidance¹⁰ recommends that community pharmacists take into consideration how a patient's personal factors may impact on the service they receive. Personal factors would include, but not limited to, gender, identity, ethnicity, faith, culture or any disability. It also

⁹ Al Shamsi, H., Almutairi, A. G., Al Mashrafi, S., & Al Kalbani, T. (2020). Implications of Language Barriers for Healthcare: A Systematic Review. *Oman medical journal*, 35(2), e122. <https://doi.org/10.5001/omj.2020.40>

¹⁰ NICE Guidance (2018), Community Pharmacies, Promoting Health and Wellbeing (NG102)

recommends that community pharmacists make use of any language skills staff members may have.

4.14 43 % of the resident population was born abroad, a little higher than London's average of 37%. The 2011 Census revealed the international countries most Hammersmith & Fulham residents are from were France (452), followed by Australia (342), United States (298), Republic of Ireland (263) and Italy (207).

4.15 Over a third (34%) of the Hammersmith & Fulham resident population are from Black, Asian and Minority Ethnic groups (Table 4.1). This lower than the London figure of 41%.

Table 4.1: Ethnic population breakdown for Hammersmith & Fulham, London and England and the UK

Area	White	Asian	Black	Mixed/ Other
Hammersmith & Fulham	65.7%	11.0%	12.7%	10.5%
London	59.2%	18.4%	11.9%	10.6%
United Kingdom	85.9%	7.3%	3.3%	3.5%

Source: ONS Annual Public Survey, 2019

4.16 Looking at the ethnic makeup at a more granular level, White British make up the largest ethnic representation, followed by Other White. Black African make up the largest BAME population with 6% followed by Other Asian with 5% and Black Caribbean with 4% (Table 4.2).

Table 4.2: Ethnic population breakdown for Hammersmith & Fulham

Ethnic Group	Percentage
White British	38.5%
Other White	23.5%
White Irish	3.4%
Other Asian	4.8%
Arab	3.7%
Chinese	2.0%
Indian	1.8%
Pakistani	0.9%
Bangladeshi	0.5%
Black African	5.9%
Black Caribbean	3.6%
Other Black	2.6%
Other Mixed	2.0%
White & Asian	1.7%
White & Black Caribbean	1.3%

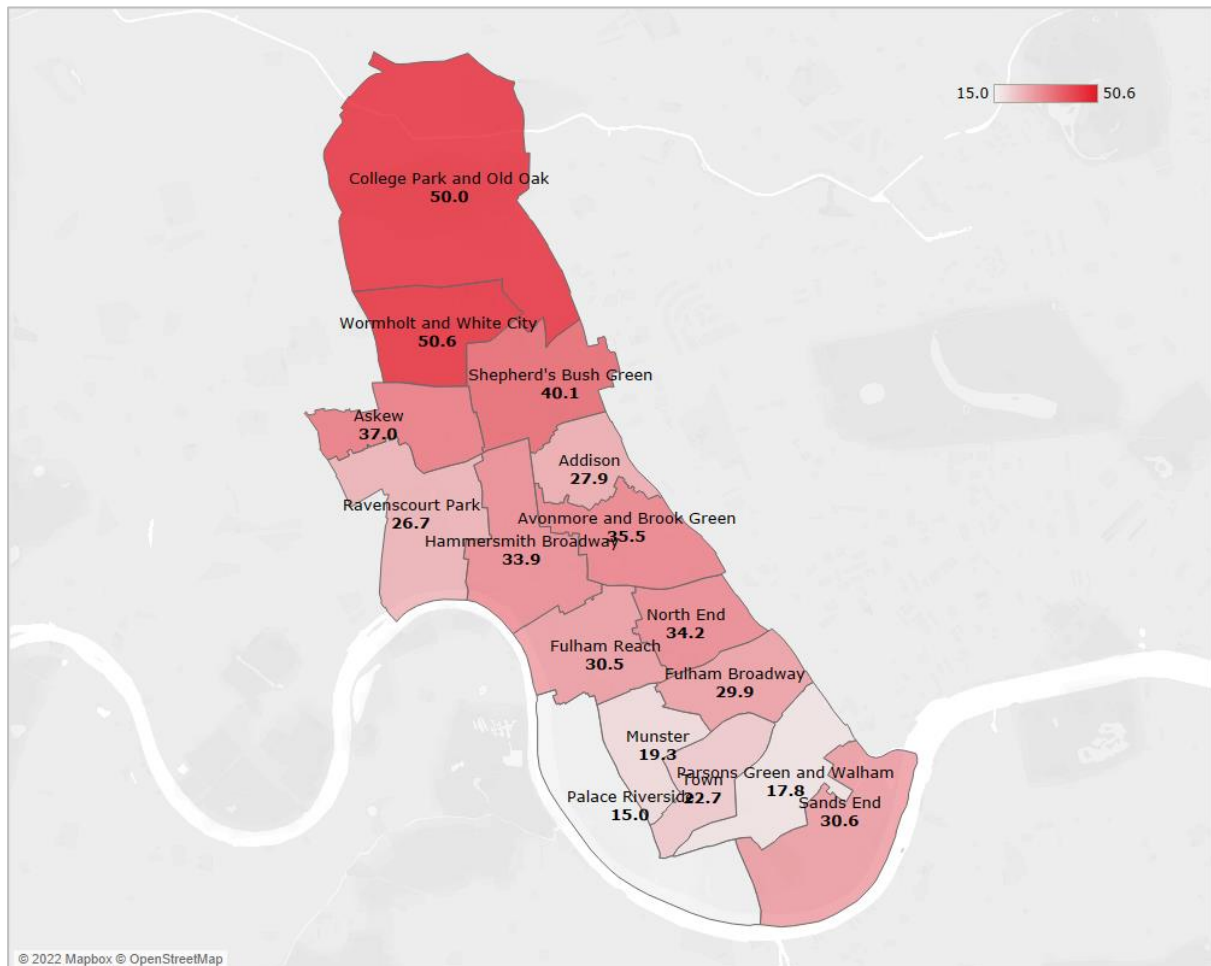
White & Black African	0.9%
Other Ethnic Group	3.0%
Total	100%

Source: GLA, Ethnic Group Population Projections, 2016-based central trend

4.17 Wards with the highest representation of the Black and Minority Ethnic populations are in the North of the borough; Wormholt and White City at 51% and College Park and Old Oak at 50%. Conversely, Palace Riverside (15%) and Parsons Green and Walham (18%) have the lowest BAME representation (see Figure 4.4).¹¹

4.18 According to the 2018 annual population survey created by ONS, the most populous religious group within Hammersmith & Fulham is Christian (53%). The next most populous religions are Muslim (11%) and Buddhism (2%). 30% of the population have no religion.

Figure 4.4: Percentage of black and ethnic minority groups by wards in Hammersmith & Fulham, 2011



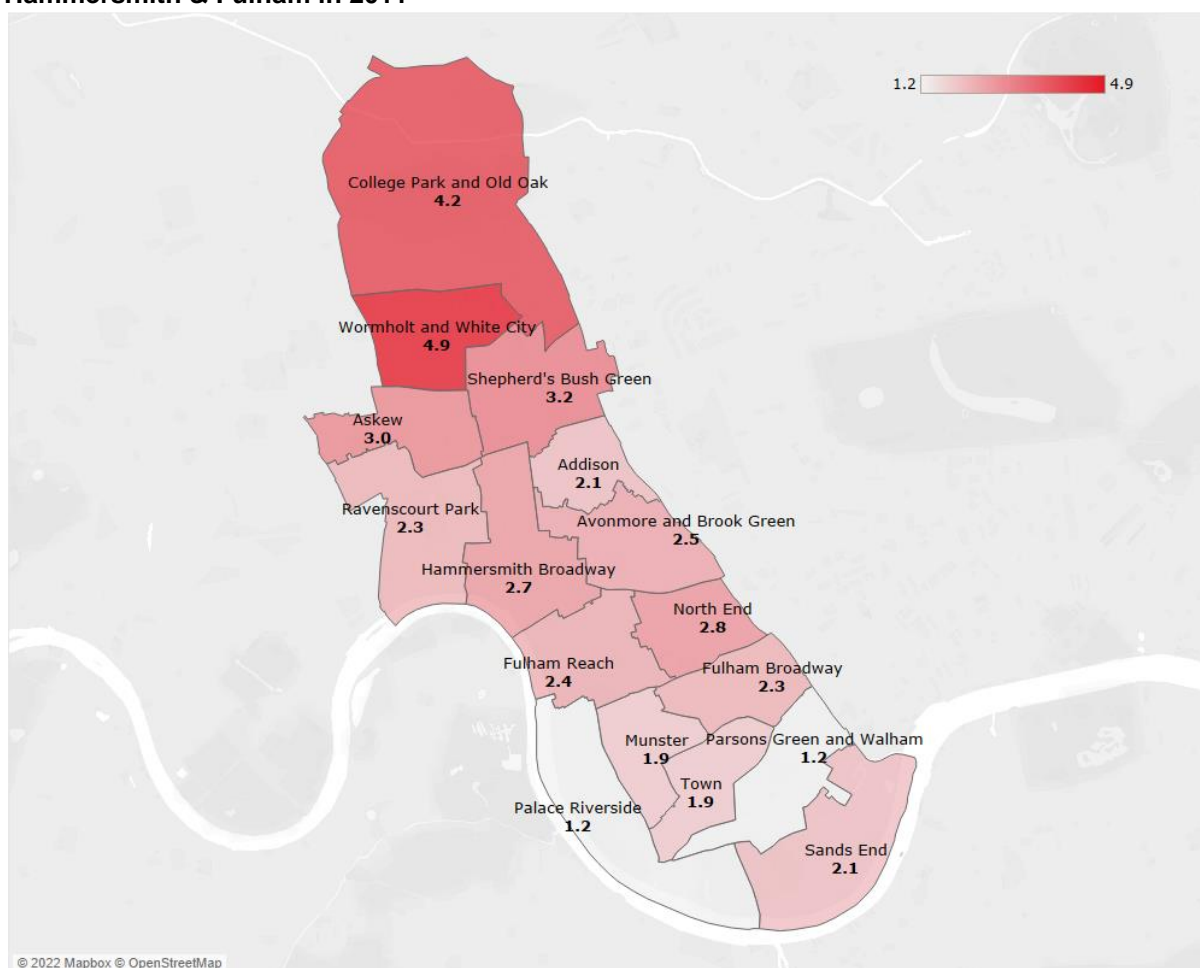
Source: ONS, Census 2011

¹¹ The latest data available is from the 2011 census. Care should be taken in extrapolating inferences from such data as population patterns may have shifted since that period.

4.19 23% of the borough's residents who are aged 3+ state their main language is not English (2011 census). This is similar to the London average which stands at 22%. French, Arabic and Spanish are the most commonly spoken languages after English.

4.20 Figure 4.5 shows a breakdown of the population who do not speak English well or at all by ward. Wormholt and White City and College Park and Old Oak have the largest population density of people with poor English proficiency, while Palace Riverside and Parsons Green and Walham have the lowest such population density. This correlates with the wards with the highest BME population density.

Figure 4.5: Percentage of people that cannot speak English well or at all by Ward in Hammersmith & Fulham in 2011



Source: ONS, Census 2011

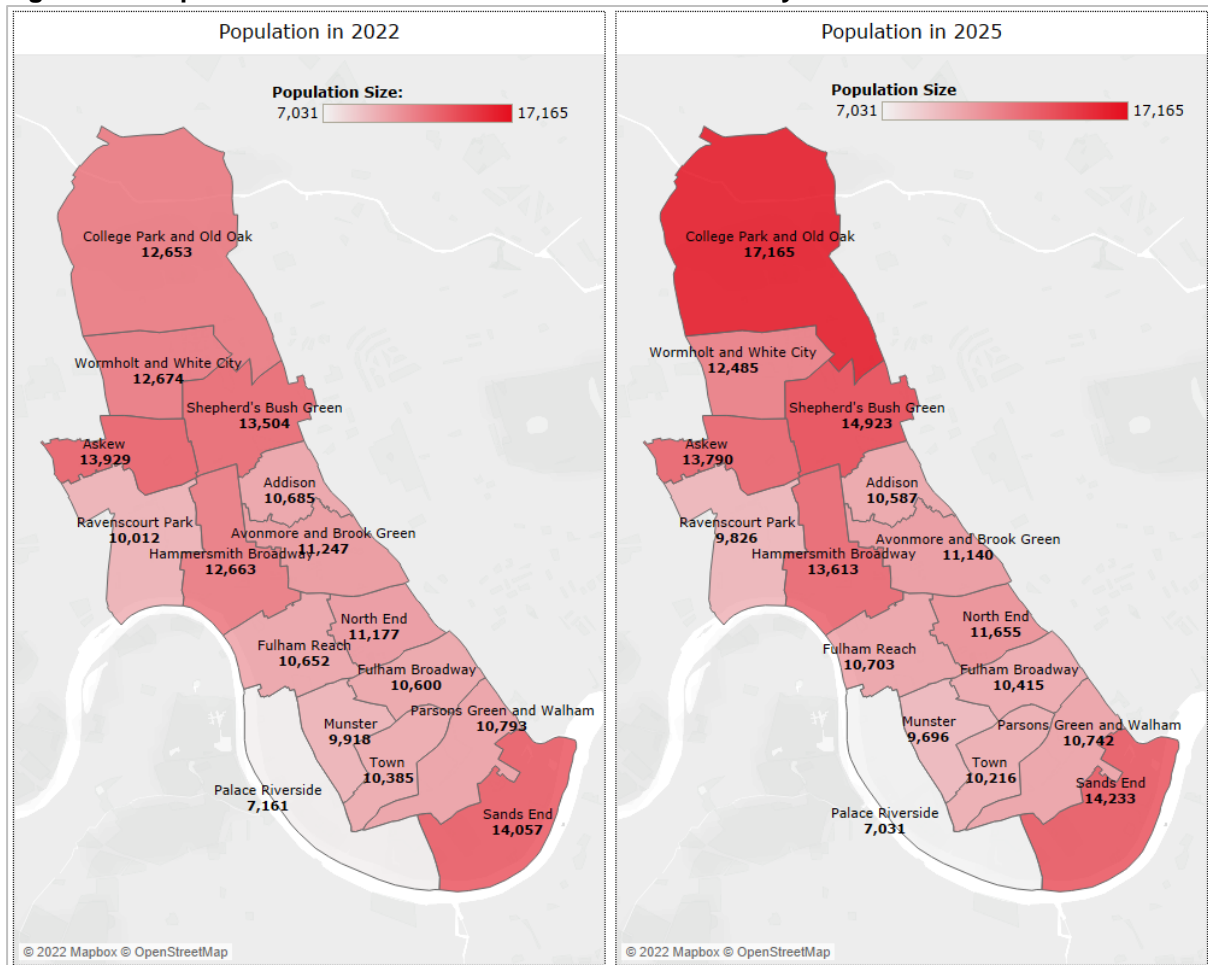
Population Growth

4.21 Any sustained population changes can affect demands on community pharmacy services and are therefore taken into consideration in this PNA. The population of Hammersmith & Fulham

is expected to increase from 182,111 to 188,220 during the lifetime of the PNA (2022 to 2025), an increase of 3% (GLA, Housing-led population projections – Identified Capacity Scenario, 2021). These figures are based on mid-year population estimates and assumptions such as births, deaths, and migration.

4.22 College Park and Old Oak will experience the largest increase in its population size, expanding from 12,653 in 2022 to 17,165 by 2025, a 36% increase (see Figure 4.6 and Figure 4.7). Munster, on the other hand, will see a 2% decrease in its population.

Figure 4.6: Population of Hammersmith & Fulham residents by Ward – 2022 vs 2025



Source: GLA, Housing-led population projections – Identified Capacity Scenario, 2021

4.23 The population increase in Hammersmith & Fulham Town is likely due to the council's commitment to building 19,800 new dwellings in the borough by 2035¹². The biggest housing

¹² London Borough of Hammersmith & Fulham. Local Plan, 2018

development areas are within White City, Hammersmith, Fulham and South Fulham Riverside areas.

Figure 4.7: Projected population changes by ward between 2022 - 2025

	2022	2023	2024	2025
Addison	0.0%	0.0%	-0.1%	-0.9%
Askew	0.0%	-0.2%	-0.5%	-1.0%
Avonmore and Brook Green	0.0%	-0.3%	-0.7%	-0.9%
College Park and Old Oak	0.0%	9.4%	18.7%	35.7%
Fulham Broadway	0.0%	-0.7%	-1.2%	-1.8%
Fulham Reach	0.0%	0.0%	0.2%	0.5%
Hammersmith Broadway	0.0%	3.6%	7.3%	7.5%
Munster	0.0%	-0.8%	-1.6%	-2.2%
North End	0.0%	1.6%	3.3%	4.3%
Palace Riverside	0.0%	-0.7%	-1.0%	-1.8%
Parsons Green and Walham	0.0%	-0.1%	-0.4%	-0.5%
Ravenscourt Park	0.0%	-0.7%	-1.2%	-1.9%
Sands End	0.0%	0.3%	0.6%	1.3%
Shepherd's Bush Green	0.0%	4.9%	9.9%	10.5%
Town	0.0%	-0.5%	-1.1%	-1.6%
Wormholt and White City	0.0%	-0.4%	-1.0%	-1.5%
Borough Total	0.0%	1.1%	2.3%	3.4%

Source: GLA, Housing-led population projections – Identified Capacity Scenario, 2020-based

4.24 The largest new dwelling developments is within the White City Regeneration area where there is a target of 3,500 new dwellings in the period of 2021 to 2026. The other large new dwelling developments planned for the same period are:

- South Fulham Riverside with 800 new dwelling developments
- Fulham Regeneration Area with 600 new dwelling developments

Wider Determinants of Health

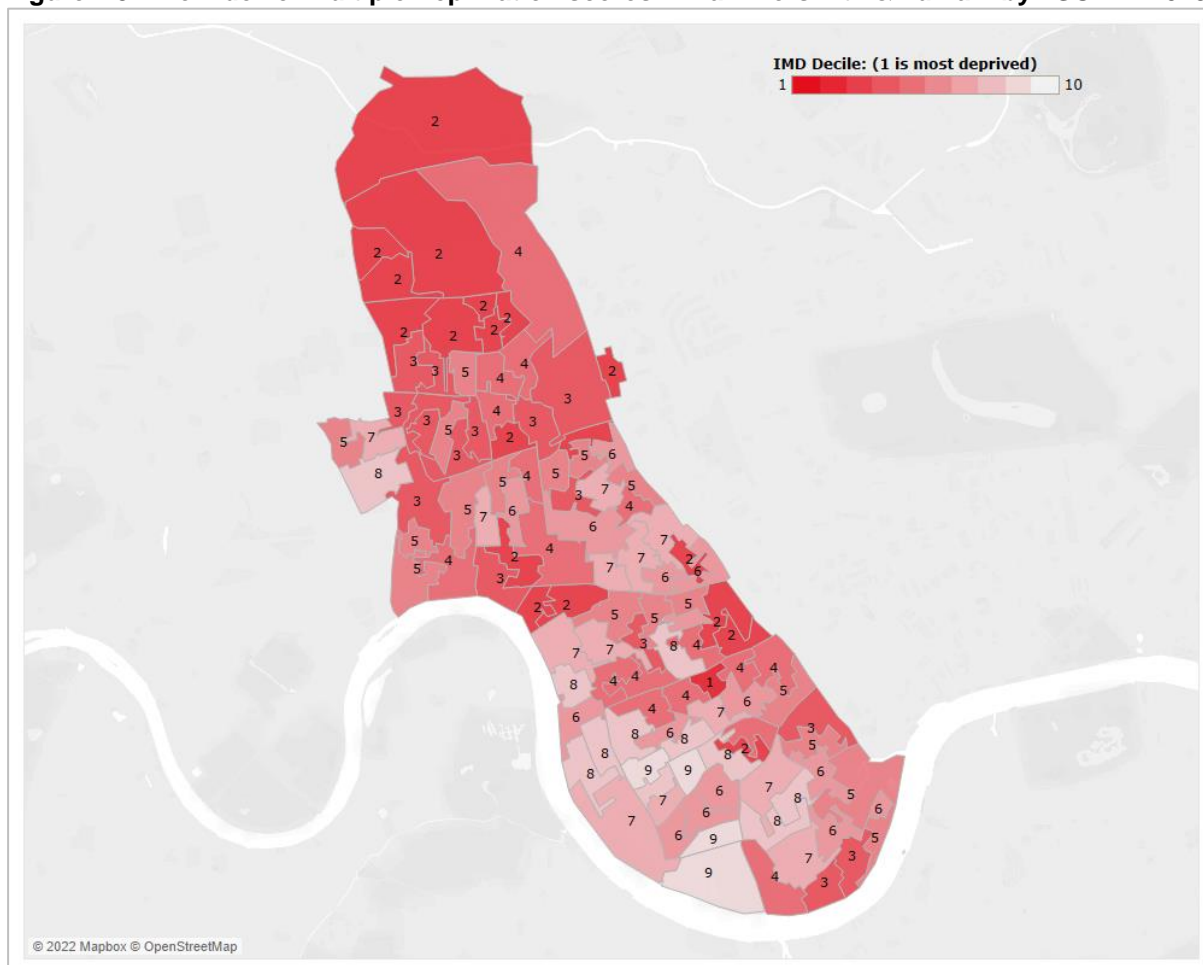
4.25 There are a range of social, economic and environmental factors that impact on an individual's health behaviours, choices, goals and health outcomes. They include factors such as deprivation, education, employment and fuel poverty.¹³¹⁴

¹³ Fair Society Healthy Lives (The Marmot Review): <http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>

¹⁴ Marmot Review 10 Years On (February 2020): <http://www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on>

- 4.26 The deprivation experienced by people living in Hammersmith & Fulham is identified using a well-established measure called the Index of Multiple Deprivation (IMD). The IMD is based on 37 separate indicators that encompass the wider determinants of health and reflect the different aspects of deprivation experienced by individuals living in an area. The 37 indicators fall under the following domains: Income Deprivation, Employment Deprivation, Health Deprivation and Disability, Education, Skills and Training Deprivation, Barriers to Housing and services, Living Environment Deprivation and Crime.
- 4.27 Hammersmith & Fulham has 113 neighbourhoods (Lower Super Output Areas). The borough's overall average IMD decile figure is 5 compared to the national one of 6. This means that Hammersmith & Fulham is more deprived than England as a whole.
- 4.28 Figure 4.8 shows deprivation deciles at LSOA level, highlighting that there are pockets of deprivation in the borough, with 20 of the borough's 113 LSOAs among the most deprived 20% in all of England (deprivation deciles of 1 or 2).

Figure 4.8: The Index of Multiple Deprivation scores in Hammersmith & Fulham by LSOA in 2019



Source: Ministry of Housing, Communities & Local Government

Poverty

- 4.29** 2.6 per 1,000 people of the working age population of the borough are long-term unemployed in 2019/20. This is substantially lower than the England rate at 3.2 per 1,000.
- 4.30** 5,335 (21%) children residing in the borough were from low-income families in 2016. This is a higher proportion than London and England where 18% and 17% of children were from low-income families in London and England respectively (OHID, Public Health Outcomes Framework 2021).
- 4.31** In 2020, 10% of people did not have enough income to afford sufficient fuel. This is lower than the regional rate of 12% and the national rate of 13% (OHID, 2022).

Patient groups with specific needs

Homeless

- 4.32** Hammersmith & Fulham have a mission to prevent homelessness and end rough sleeping for good¹⁵ Among its principles and objectives, the borough will focus on early intervention, address homelessness early before residents reach crisis point, enhance partnership working and apply more person-centred solutions to homelessness. Pharmacists can play a role in these objectives by helping identify people who are at risk of homelessness early or helping improve the health and wellbeing of people who are homeless.
- 4.33** Pharmacies are an accessible service that are often located in areas of high deprivation and need. They can help people who are homeless with support in areas such as medicines management and can provide signposting to other health and wellbeing services. 'Underserved' communities, such as those who are homeless or sleeping rough, people who misuse drugs or alcohol may be more likely to go to a community pharmacy than a GP or another primary care service.¹⁶
- 4.34** 1,063 (13 per 1,000) households with dependent children in Hammersmith & Fulham are owed a duty under the Homelessness Reduction Act (2019/20 data). This means that they have been identified as homeless by the local authority and the local authority must take reasonable steps to help them to secure accommodation. This is higher than the England rate of 11 per 1,000 households, although lower than the London rate of 14 per 1,000 households (OHID, Public Health Outcomes Framework 2021).

¹⁵ London Borough of Hammersmith & Fulham (2021). Homelessness and Rough Sleeping Strategy 2021

¹⁶ NICE guideline (2018) Community pharmacies: promoting health and wellbeing [NG102]

Women and girls experiencing violence

- 4.35** Ending Violence against Women and Girls (VAWG) is a strategic priority for the London borough of Hammersmith & Fulham, in partnership with Kensington & Chelsea and Westminster. Violence against women and girls is “any act of gender-based violence that results in or is likely to result in physical, sexual or psychological harm or suffering to women (or girls), including threats of such acts, coercion or arbitrary deprivation of liberty.”¹⁷
- 4.36** There were 35 incidences of domestic abuse related incidents per 1,000 population in 2020/21 in Hammersmith & Fulham. This is similar to the London rate of 35 but higher than the national rate of 30 per 1,000 population. In comparison to previous years this has been a continuous trend.
- 4.37** There were 2 sexual offences per 1,000 population, similar to regional and national figures. In 2018-19/2020-21 44 per 100,000 hospital admissions for Hammersmith & Fulham residents were due to violence, including sexual violence (OHID, Public Health Profiles 2022).
- 4.38** Among its priorities the VAWG strategy aims to “To lead on the development of good practice for professionals and will concentrate on providing a package of VAWG training and sector-based support for practitioners alongside encouraging innovation in service delivery within a multi-agency context”.¹⁸
- 4.39** Pharmacies can play a role as a community asset for people who are experiencing violence or abuse. They provide a safe place where people can get information and support and make calls for help.

Summary of the population demographics of Hammersmith & Fulham

The London borough of Hammersmith & Fulham is a small, densely populated North West London borough. It has an estimated 182,111 residents, a number that is likely to grow by 3% in the lifetime of this PNA. Deprivation is high in Hammersmith & Fulham with 20 neighbourhoods being within the most deprived 20% of all of England.

Hammersmith & Fulham is also a diverse borough. 43% of the population was born abroad and 34% are from Black, Asian and Minority Ethnic communities.

¹⁷ United Nations (1993). Declaration on the Elimination of Violence against Women

¹⁸ Hammersmith & Fulham, Kensington and Chelsea and Westminster (2020). Violence against women and girls & Partnership Annual Report 2019-20 highlights.

Chapter 5 – Population health needs

5.1 This chapter presents an overview of health and wellbeing in Hammersmith & Fulham, particularly the areas likely to impact on needs for community pharmacy services. It explores key topics within the following categories:

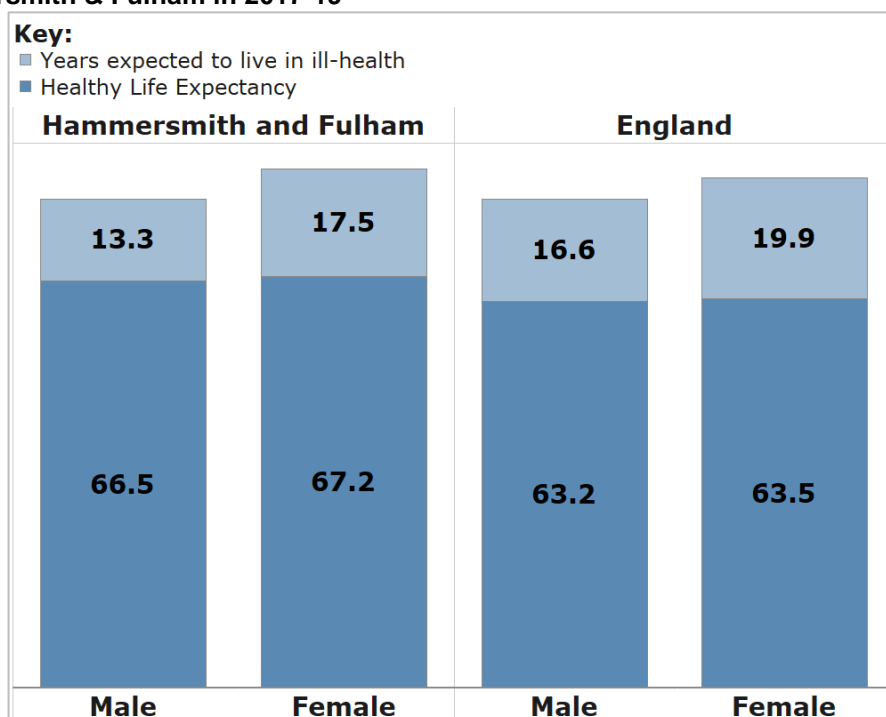
- life expectancy and healthy life expectancy
- health improvement
- health protection
- healthcare and major health conditions.

Life expectancy and healthy life expectancy

5.2 Life expectancy is a statistical measure of how long a person is expected to live. In Hammersmith & Fulham, life expectancy is similar to national figures. The 2018-2020 life expectancy for males at birth in the borough is 80, and 84 years for females, similar to the national figures of 80 and 83 for males and females respectively (OHID, Public Health Profiles, 2022).

5.3 Healthy life expectancy at birth is the average number of years an individual should expect to live in good health considering age-specific mortality rates and prevalence for good health for their area. The healthy life expectancy for males in the borough is 67 and for females it is 67 (2017-19, OHID, Public Health Profiles, 2022). Both figures are similar to the London and England values, meaning that residents could live in good health for longer. These figures indicate that, on average, males living in Hammersmith & Fulham could live with ill health for 13 years and females for 18 years (see Figure 5.1).

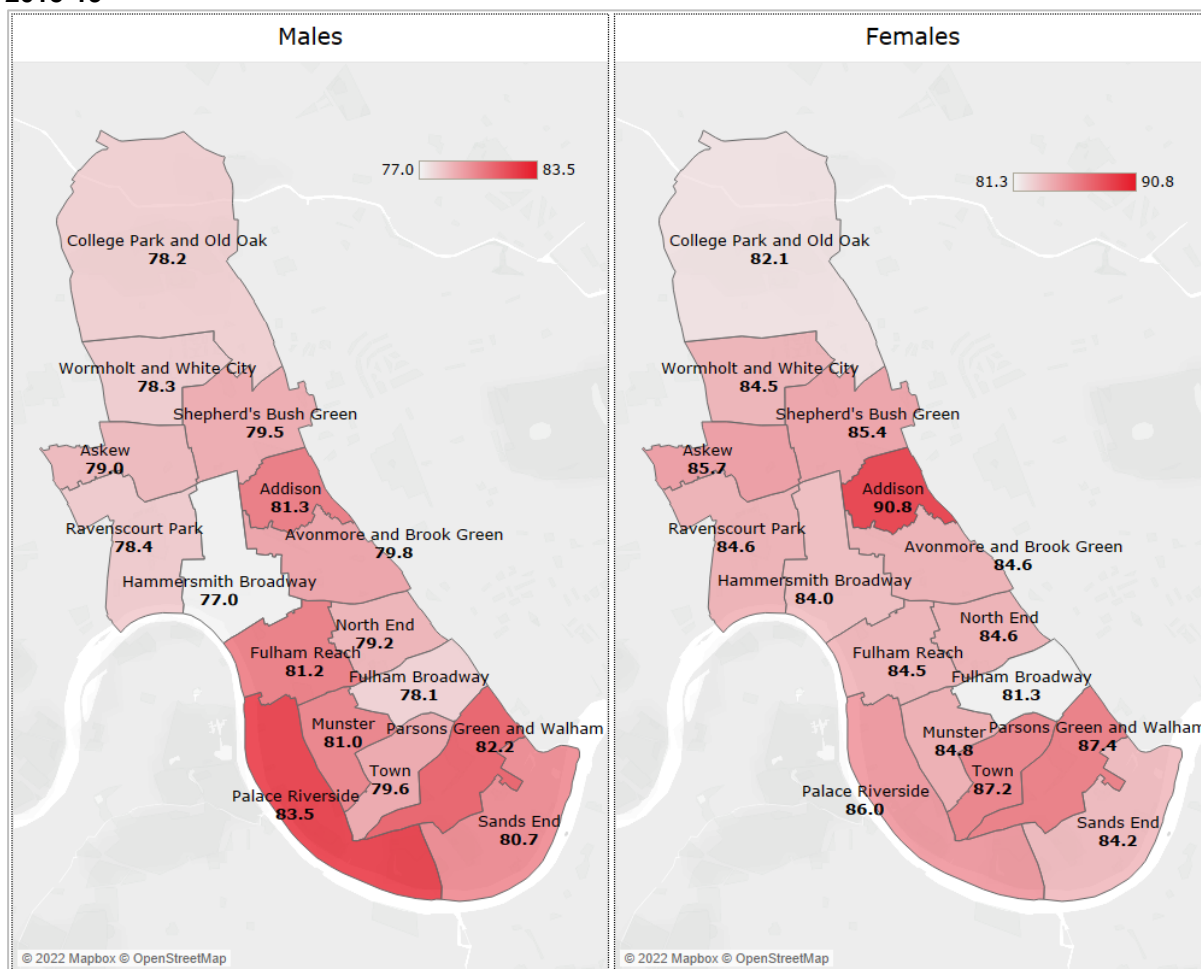
Figure 5.1: Life expectancy and healthy life expectancy in years for males and females in Hammersmith & Fulham in 2017-19



Source: OHID, Public Health Profiles, 2022.

- 5.4** The variation in life expectancy across Hammersmith & Fulham is similar to those of the rest of England. The inequality in life expectancy at birth is the measure of the absolute difference in life expectancy between the most and least deprived areas. In Hammersmith & Fulham, there is an 8-year life expectancy gap for men and a 7-year gap for women between those who live in the most deprived areas and the least deprived areas (2018-20), similar to the national figures of 10 and 8 for males and females respectively (OHID, Public Health Profiles, 2022).
- 5.5** The latest breakdown of life expectancy figures (2015-19 data) by wards is illustrated in Figure 5.2. Hammersmith and Broadway has the lowest life expectancy for males and Fulham Broadway has the lowest life expectancy for females. Palace Riverside has the highest life expectancy for males with Addison its counterpart for females.

Figure 5.2: Life expectancy at birth of Males and Females by Ward in Hammersmith & Fulham, 2015-19



Source: OHID, Local Authority Health Profiles, 2022

Health improvement

- 5.6 The health improvement and health protection factors explored in this chapter are factors that can significantly impact on population health outcomes.
- 5.7 There are several initiatives that pharmacies provide as part of their essential services and the Healthy Living Pharmacy framework. These include supporting public health campaigns, signposting to local health, wellbeing and social care services and offering opportunistic brief advice.¹⁹ They are designed to raise awareness of health improvement and health protection factors in local communities or support individuals make behaviour changes for better health outcomes for themselves.

¹⁹ Community Pharmacy Contractual Framework (2019). https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/819601/cpcf-2019-to-2024.pdf

Obesity

- 5.8** Obesity is recognised as a major determinant of premature mortality and avoidable ill health. The estimated proportion of adults who are overweight or obese in Hammersmith & Fulham in 20/21 was 42%, the fourth lowest figure in London. Hammersmith & Fulham figures are lower than London and England where 56% and 63.5% of adults are overweight or obese (OHID, Public Health Profiles, 2022).
- 5.9** In 2019/20 an estimated one in five reception-age children (21%) are overweight or obese. This is similar to the London and England figures of 22% and 23% respectively. An estimated 36.4% of Year 6 children are overweight or obese: again, similar to London and England comparators of 38.2% and 35.2% (OHID, Public Health Profiles, 2022).
- 5.10** 62% of people in Hammersmith & Fulham eat the recommended five portions of fruit and vegetables on a usual day (2019-20). This is the sixth highest figure among London boroughs and 13th highest in England, 55%. The London figure is 56% (OHID, Public Health Profiles, 2022).
- 5.11** Pharmacy Quality Scheme (PQS) 2021/2022 ensure pharmacies help identify people who would benefit from weight management advice and provide an onward referral to local weight management support or the NHS Digital Weight Management Programme.

Physical Activity

- 5.12** Hammersmith & Fulham is an active borough. Nearly three quarters of adults (75%) residing in the borough are considered physically active, meaning they engage in 150 minutes or more of moderate physical activity per week. This is higher than the national figure of 66%. People who have a physically active lifestyle reduce their risk of obesity, diabetes, osteoporosis and some cancers, and enjoy improved mental health (OHID, Public Health Profiles, 2022).

Diabetes diagnosis

- 5.13** Diabetes mellitus is one of the common endocrine diseases affecting all age groups with over three million people in the UK having the condition. In 2018 an estimated 56% of Hammersmith & Fulham GP registered patients with diabetes mellitus had received a diagnosis of their condition. This figure was significantly lower than London (71%) and England (78%) (PHE Public Health Profiles, 2022).

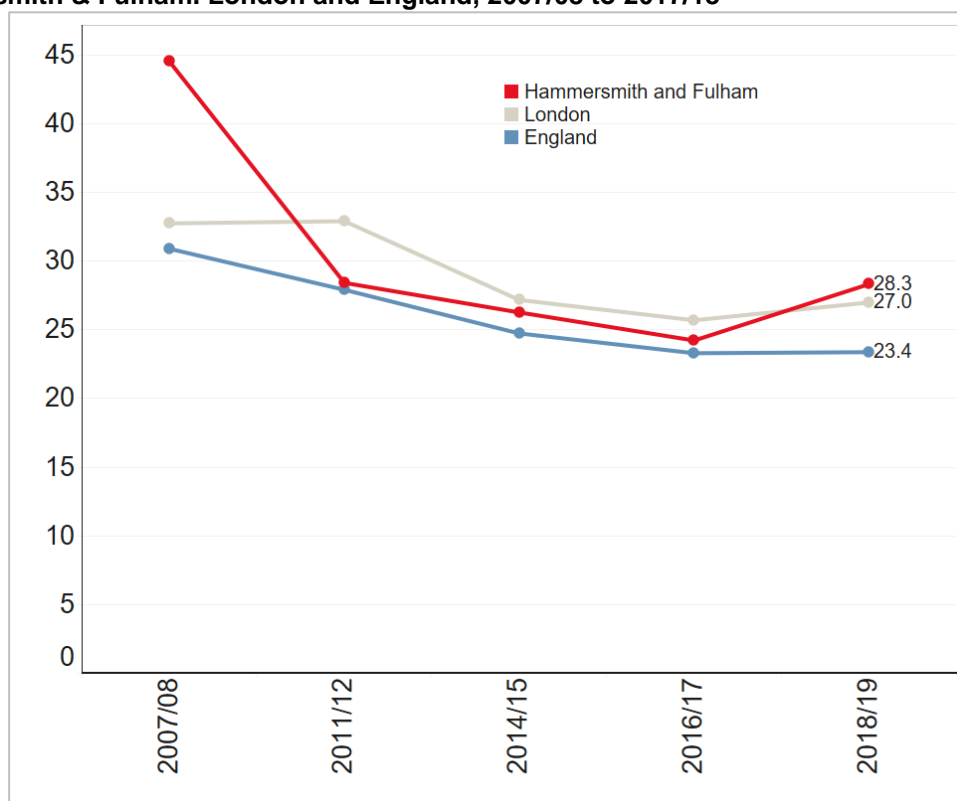
²⁰ Pharmacy Quality Scheme (2021/22): <https://www.nhsbsa.nhs.uk/provider-assurance-pharmaceutical-services/pharmacy-quality-scheme-pqs>

5.14 In 2021, Hammersmith & Fulham have reportedly the second-lowest count of people diagnosed with diabetes in England. 4% of residents are diabetic, and this continuously decreasing in comparison to previous years, indicating that the diagnosis rate is still low. Across England, 7% of people are diagnosed with diabetes (OHID, Public Health Profiles, 2022).

Dental decay

5.15 Dental decay is a highly preventable condition increased by a high-sugar diet. It is a priority area for the borough. 28% of 5-year-old children have visually obvious dental decay in Hammersmith & Fulham; this is higher than regional and national figures of 27% and 23% respectively (OHID, Public Health Profiles, 2022). Figure 5.3 shows that dental decay in 5-year-olds has increased since the previous recorded year.

Figure 5.3: Percentage of 5 year olds with experience of visually obvious dental decay in Hammersmith & Fulham. London and England, 2007/08 to 2017/18



Source: OHID, Local Authority Health Profiles, 2022

Smoking

- 5.16** Smoking is the leading cause of preventable death in the world. Pharmacies can support people to stop smoking by providing advice, dispensing of nicotine replacement therapy products and signposting to local stop smoking services. 10% of adults surveyed in Hammersmith & Fulham smoke. This is the sixth lowest rate in London. 13% and 14% adults smoke in London and England respectively (OHID, Public Health Profiles, 2022).

Alcohol consumption

- 5.17** Alcohol consumption contributes to morbidity and mortality from a diverse range of conditions. 45 per 100,000 deaths in the region are alcohol-related, which is statistically similar to the London and England with rates of 32 and 38 per 100,000 deaths respectively (OHID, Local Alcohol Profiles for England, 2022).
- 5.18** 397 admissions per 100,000 hospital admissions in 2020/21 were alcohol related, this is much lower rate than England's rate of 456 admissions per 100,000 hospital admissions although the 8th highest in London (OHID, Local Alcohol Profiles for England, 2022).
- 5.19** In 2020, Hammersmith and Fulham ranked the 6th best in London for individuals successfully completing alcohol treatment. 47% of alcohol users completed their structured treatment successfully and did not re-present to treatment within 6 months, this trend is continuously increasing and improving within the borough. Regionally and nationally the trend is decreasing and getting worse. In 2020, 37% of alcohol users in London and 36% of alcohol users completed their treatment successfully (OHID, Local Alcohol Profiles for England, 2022).

Substance misuse

- 5.20** Substance misuse is linked to mental health issues such as depression, disruptive behaviour and suicide. In Hammersmith & Fulham, 17 per 100,000 hospital admissions for 15- to 24-year-olds in the period 2018/19 to 2020/21 were due to substance misuse, this is the lowest rate in London (OHID, Public Health Profiles, 2022).
- 5.21** Where there is a local need, pharmacies can be commissioned to provide needle and syringe exchange services to reduce the risk of infections in those who inject drugs. Pharmacies can also be commissioned to provide supervised consumption of medicines to treat addiction, for example, methadone.
- 5.22** The proportion of opiate users in Hammersmith and Fulham who have successfully completed drug treatment is similar to national figures. 5% of users had successfully completed treatment in the borough, this trend has been continuous over the past 5 years. London has a success rate of 6% and England 5%.

Cancer screening

5.23 Cancer screening coverages are significantly lower in Hammersmith & Fulham than national figures (OHID, Public Health Profiles, 2022). In 2021:

- 49% of women aged 25-49 were screened for cervical cancer compared with 68% nationally. This was the 5th lowest figure in London.
- 63% of women aged 50-64 were screened for cervical cancer compared with 75% nationally. This was the third lowest figure in London.
- 51% women aged 53 to 70 were screened for breast cancer, compared with 64% nationally
- 52% of men and women aged 60 to 74 were screened for bowel cancer, compared to 65% nationally. This was the third lowest coverage in London.

5.24 Patients often visit their community pharmacies with cancer symptoms that they may be concerned about.²¹ Community pharmacies provide a convenient and accessible place for people to highlight their concerns and receive signposting to their GP for further clinical assessment and diagnosis. In addition, community pharmacists can also support the promotion of existing cancer screening programmes.

Loneliness and Isolation

5.25 Social isolation and loneliness can impact people of all ages but is more prominent in older adults. It is linked to increased behavioural risk factors, poor mental health as well as morbidity and mortality from acute myocardial infarction and stroke²².

5.26 The Adult social care survey explores isolation and loneliness in its analysis. Findings show that in Hammersmith & Fulham, 40% of users who responded to a survey have as much social contact as they would like. This is worse than national figures of 46%. It highlights that nearly two-thirds of older adults in receipt of social care do not have as much social contact as they would like and are likely feeling isolated and lonely (Adult Social Care Survey, 2021).

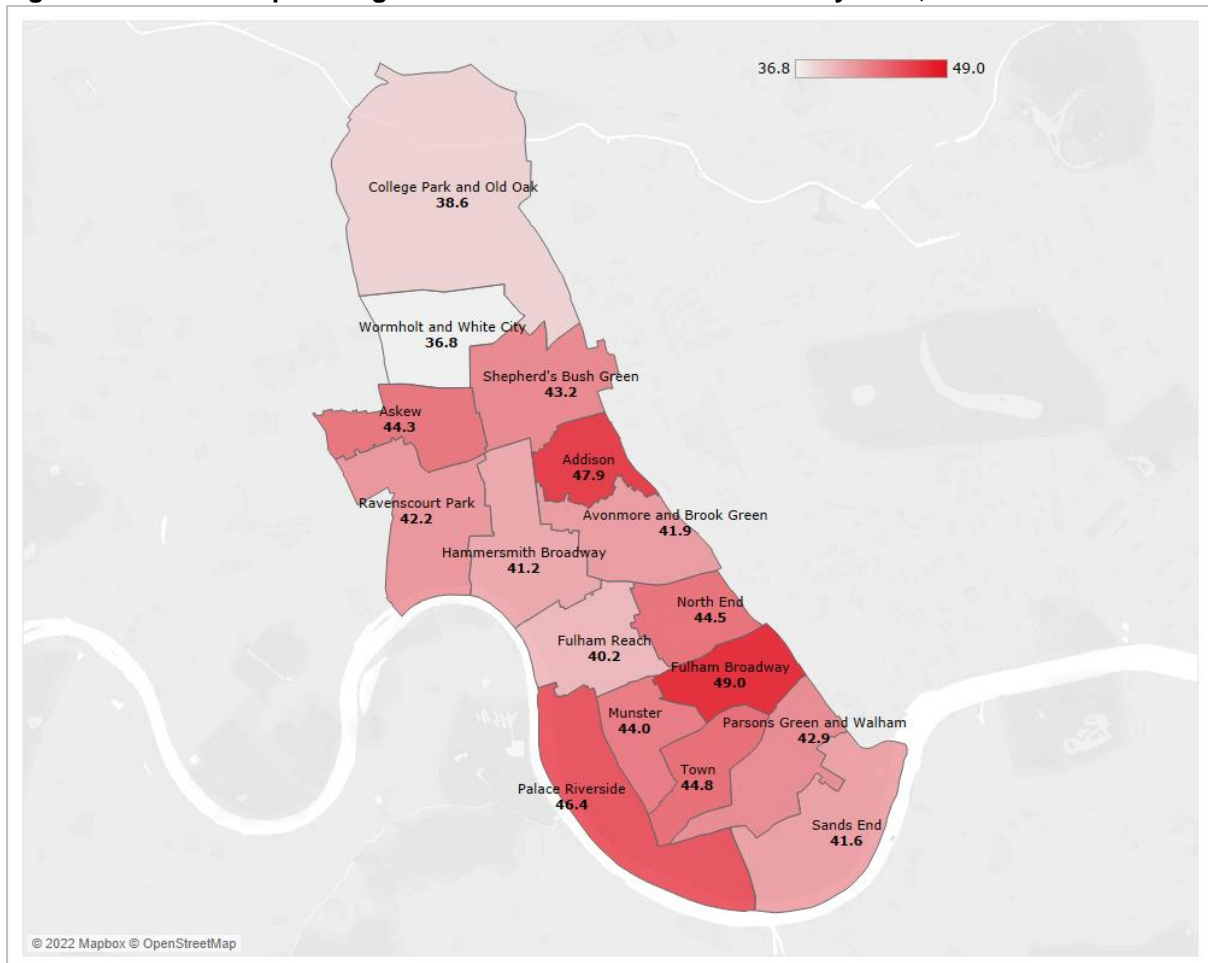
5.27 Based on the 2011 census, 43% of Hammersmith & Fulham over 65s live alone. This is higher than England rate of 32% and the 4th highest in London. Figure 5.4 shows that there are wards within Hammersmith & Fulham where the rates of living alone are highest. The highest

²¹ Badenhurst J, Husband A, Ling J, Lindsey L and Todd A, Do patients with cancer alarm symptoms present at the community pharmacy? *International Journal of Pharmacy Practice*, volume 22, supplement 2, page 32

²² Hakulinen C, Pulkki-Råback L, Virtanen M, et al (2018). Social isolation and loneliness as risk factors for myocardial infarction, stroke and mortality: UK Biobank cohort study of 479 054 men and women. *Heart*, 104:1536-1542.

proportion of older 65s living alone are in Fulham Broadway, Addison and Palace Riverside (49.0%, 47.9% and 46.4% respectively).

Figure 5.4: Older People living alone in Hammersmith & Fulham by ward, 2011



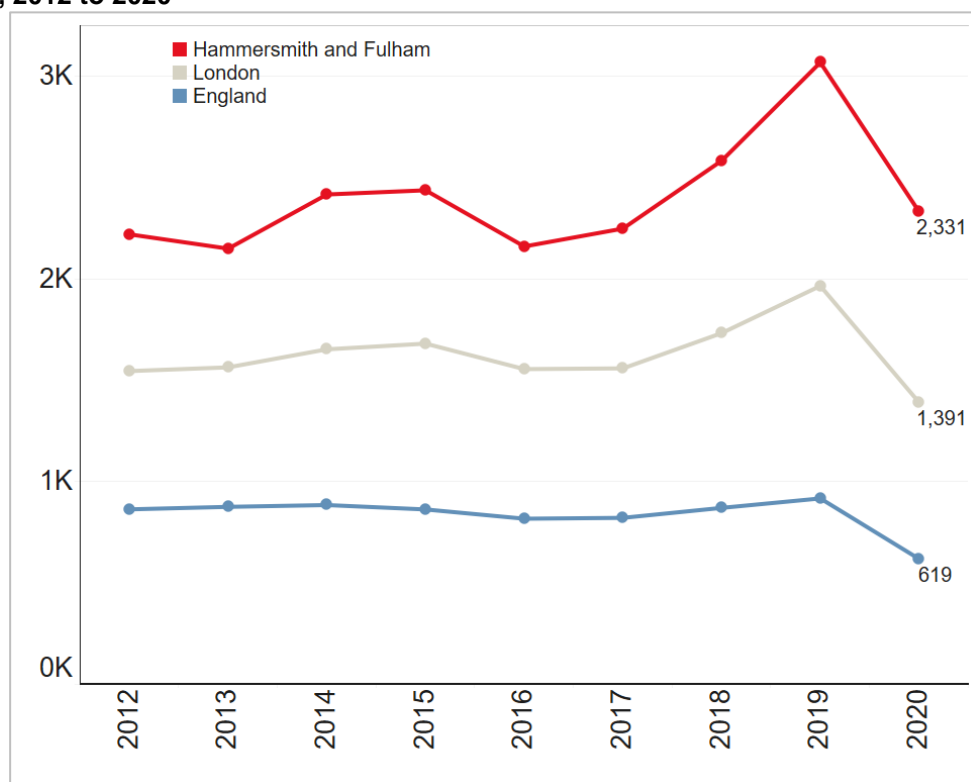
Source: ONS, 2011 Census

Health protection

New sexually transmitted infection diagnosis

5.28 Hammersmith & Fulham have a high sexually transmitted infection (STI) diagnosis rate, it is the third-highest rate in London. In 2020, 3,045 (2,331 per 100,000) residents under 25 years received a new diagnosis of an STI (excluding chlamydia). This is 2 times higher than the London rate of 1,391 per 100,000, yet nearly quadruple the England rate of 619 per 100,000 (see Figure 5.5) (OHID, Public Health Profiles, 2022).

Figure 5.5: Rate of new STI diagnoses per 100,000 in Hammersmith & Fulham. London and England, 2012 to 2020



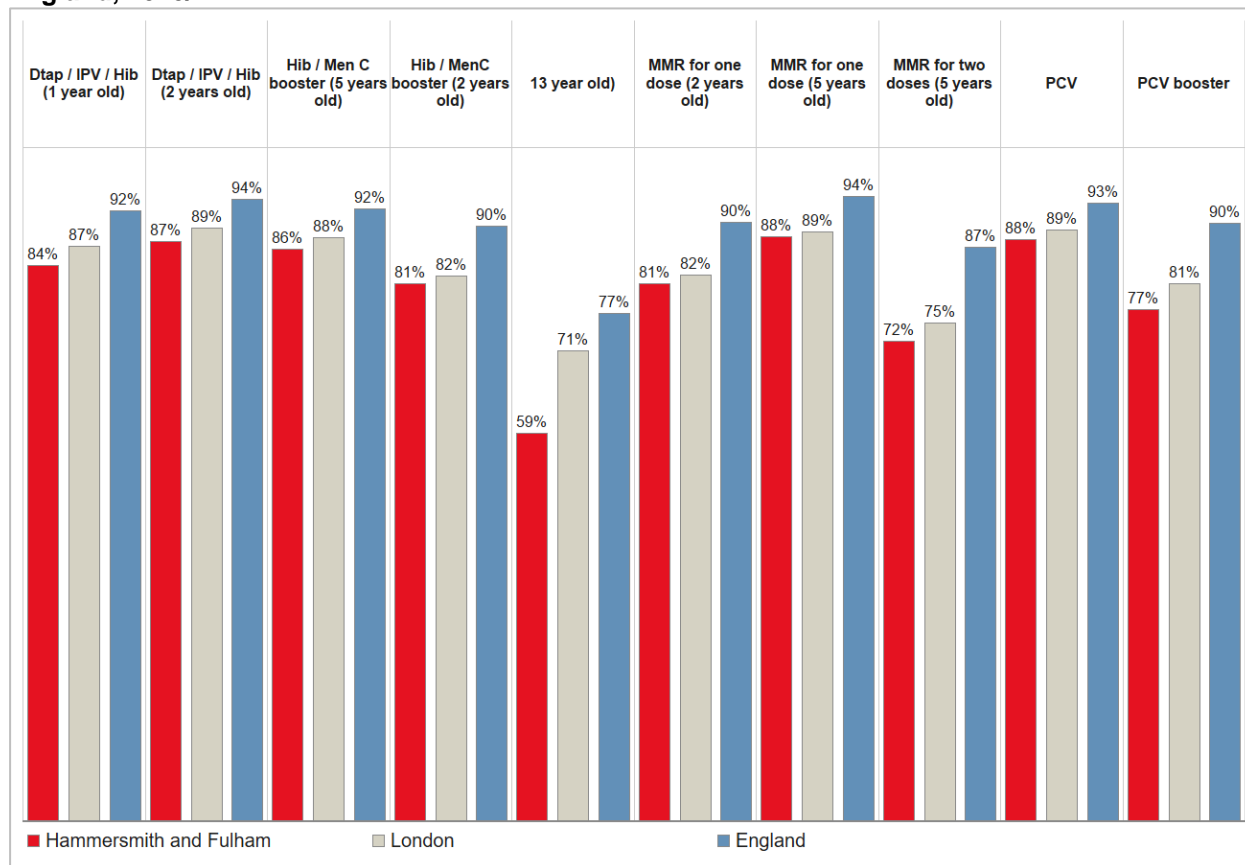
Source: OHID, Local Authority Health Profiles, 2022

- 5.29** In 2019, chlamydia was detected in 492 15 - to 24-year-olds (equating to 2,144 per 100,000 population). This is similar to the England rate of 1,408 per 100,000 and the London rate of 1,819 per 100,000 (OHID, Public Health Profiles, 2022).
- 5.30** There were 977 residents in Hammersmith & Fulham living with an HIV diagnosis in 2020. This equates to 8 per 1,000 people which is higher than London and England rates. In 2018-20, 39% of cases were diagnosed late, similarly to the London proportion of 38%. Late diagnosis carries an increased risk of poor health and death, and the chance of onward transmission. 84 % of those newly diagnosed with HIV start antiretroviral therapy within 91 days of diagnosis (2018-20 figures) and 98% achieve virological success meaning they have achieved an undetectable viral load (OHID, Public Health Profiles, 2022).
- 5.31** There were nine under-18 conceptions in the borough in 2020, equating to a rate of 4 per 1,000 population, the 2nd lowest in London (OHID, Public Health Profiles, 2022).

Child immunisation coverage

5.32 In 2020/21, child immunisation coverage in Hammersmith & Fulham is lower than the London and England averages for all child immunisations (see Figure 5.6).

Figure 5.6: Childhood immunisation uptake coverage in Hammersmith & Fulham, London and England, 2020/21



Source: OHID, Local Authority Health Profiles, 2022

Flu vaccinations

5.33 Due to better flexibility of opening hours and convenient locations, pharmacies can improve uptake of some vaccinations, for example flu and COVID-19 vaccinations. However, uptake of flu vaccinations in Hammersmith & Fulham is low. 64% of over 65s, and 34% of the 'at-risk' population were vaccinated for the flu in 2020/21, these are the lowest rates in London. 52% Hammersmith & Fulham primary school age children received their flu vaccination, lower than London and England rates (OHID, Public Health Profiles, 2022).

5.34 Detailed analytical work has been carried out and will be available in the new JSNA.

COVID-19 Vaccines

- 5.35** COVID-19 vaccines can reduce the risk of serious illness, hospital admissions and even death from COVID-19. They also reduce the risk of spreading COVID-19 to others. As of 31st May 2022, in 63% of residents in Hammersmith & Fulham (aged 12 years and over) had received their first vaccine dose, 59 % received their second dose and 43% received their booster or 3rd dose. This is similar to the vaccine uptake in London overall, with 70%, 65% and 47% respectively (COVID data, GOV UK, 2022).

Healthcare and major health conditions

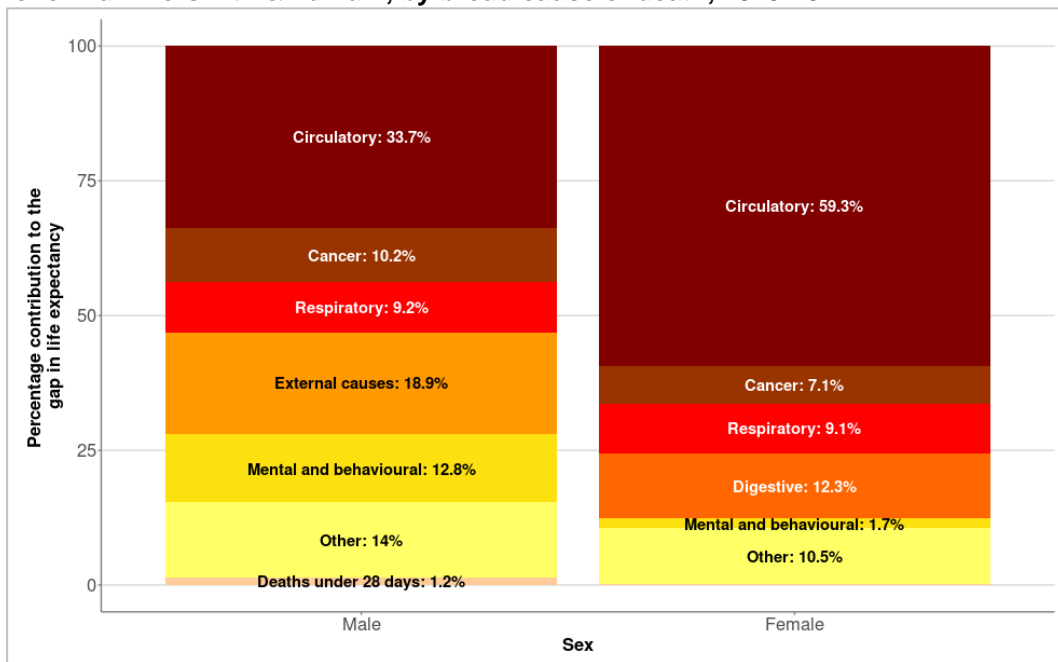
Under-75 mortality rate from causes considered preventable

- 5.36** In 2020, the under-75 mortality rate from causes considered preventable was 187.7 per 100,000 population in Hammersmith & Fulham. This was significantly higher than London and England with rates of 122.7 and 140.5 respectively (OHID, Mortality Profile, 2022).

Breakdown of the life expectancy gap

- 5.37** The causes of life expectancy gap between the most deprived and least deprived populations within a borough provides a good indicator on what health conditions have a bigger impact on local populations and where a targeted approach is needed.
- 5.38** Circulatory disease is the biggest cause of the difference in life expectancy between deprivation quantiles in both males and females in Hammersmith & Fulham. It accounts for 34% and 60% of the gap respectively. Other major causes of the gap in life expectancy for males are external causes (that includes deaths from injury, poisoning and suicide) at 19% and mental and behavioural causes that account for 13% of the gap in life expectancy.
- 5.39** Digestive causes such as alcohol-related conditions such as chronic liver disease and cirrhosis are the major cause of the life expectancy gap for females accounting for 12% of the gap. Figure 5.7 presents the differences in life expectancy by cause between the most deprived and the least deprived quintiles of the borough.
- 5.40** Circulatory diseases, external causes, mental and behavioural disorders, and digestive disease are explored next in this chapter.

Figure 5.7: Life expectancy gap between the most deprived quintile and the least deprived quintile for Hammersmith & Fulham, by broad cause of death, 2015-2017

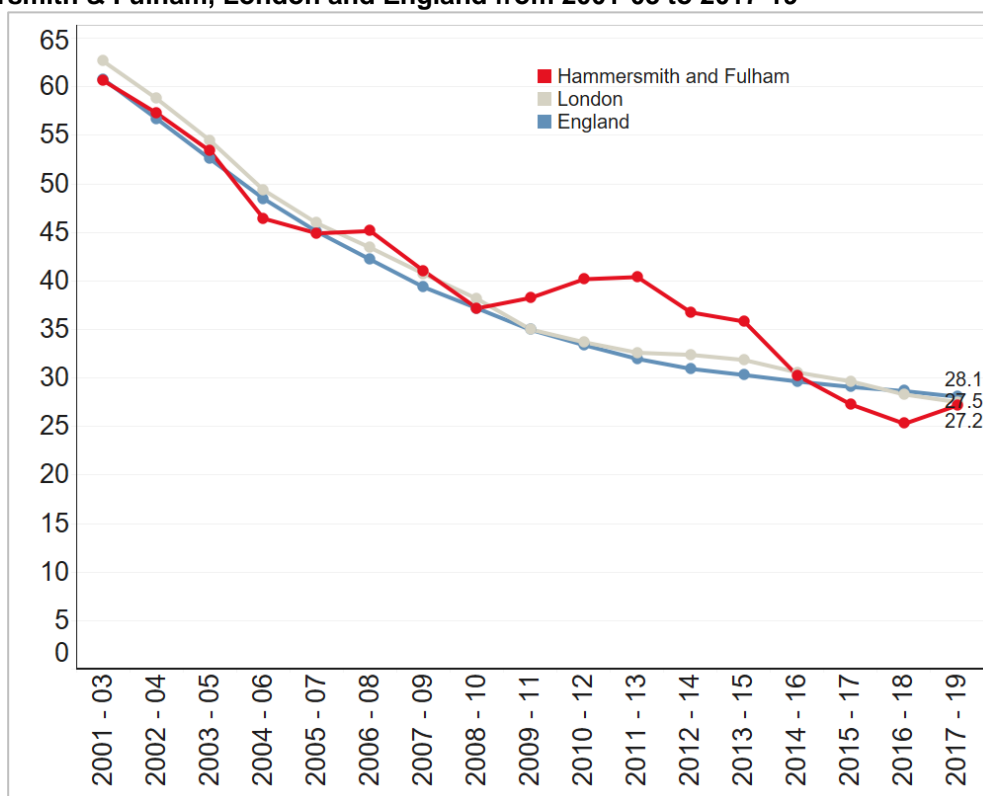


Source: OHID, based on ONS death registrations and mid-year population estimates, and Ministry of Health, Communities and Local Government IMD, 2022

Circulatory diseases

5.41 Circulatory diseases include cardiovascular diseases such as heart disease and stroke. The under-75 mortality rate for cardiovascular disease considered preventable is 27 deaths per 100,000 population (three-year range, 2017-19). This is similar to the national and regional rates of 28 and 28 deaths per 100,000 population. The trend has been decreasing slowly since 2011-13, although had a slight uptick in the last recorded 3-year period of 2017/19 (Figure 5.8) (OHID, 2022).

Figure 5.8: Under-75 mortality rate per 100,000 from cardiovascular disease (3-year range) for Hammersmith & Fulham, London and England from 2001-03 to 2017-19



Source: OHID, Public Health Profiles, 2022

5.42 Hammersmith & Fulham had the third lowest stroke prevalence in London in 2020/21. 1% of the GP-registered population in Hammersmith & Fulham have had stroke or transient ischaemic attack at some point in their lives. The London prevalence is 1% and the national prevalence is 2% of the GP registered population (QOF, 2022).

5.43 Hammersmith & Fulham also has the 2nd lowest prevalence of coronary heart disease. In 2020/21 1 % GP registered patients had a heart disease or stroke, substantially lower than London at 2% and England at 3% (QOF, 2022).

Respiratory Diseases

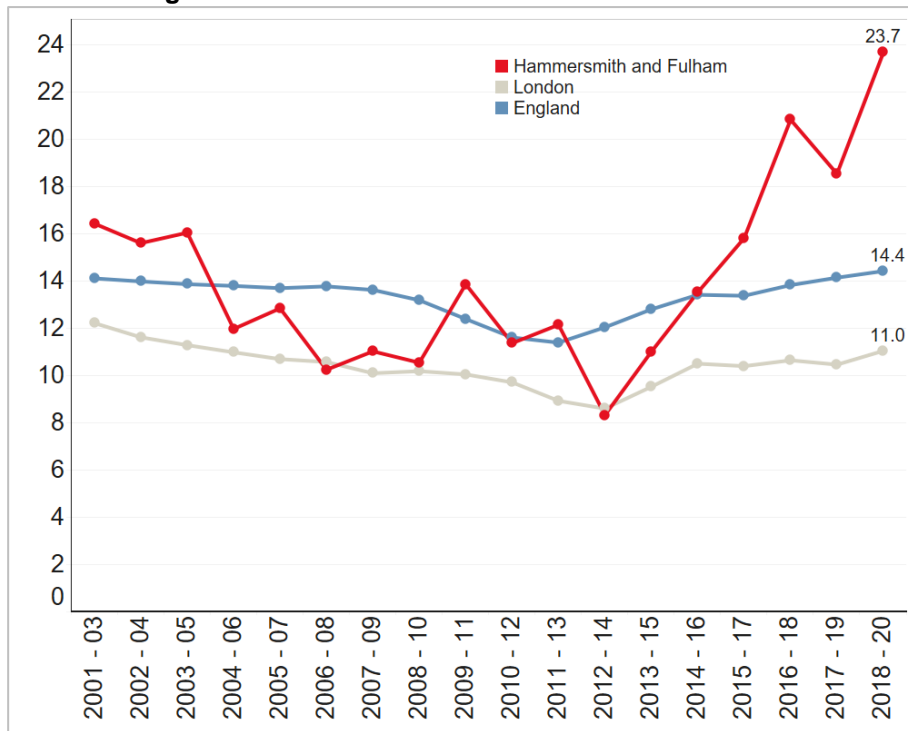
5.44 Chronic obstructive pulmonary disease (COPD) the name given to a range of lung conditions which cause breathing difficulties. As well as pneumonia and lung cancer, COPD is one of the leading respiratory causes of death in England (NHS, 2022). Hammersmith and Fulham are the 5th highest borough, 508 per 100,000, in emergency hospital admissions for COPD. It is significantly worse than London, 359 per 100,000 and England 415 per 100,000 and this has been continuous over the past decade. However, the recent trend does show that although it is significantly worse regionally and nationally, the rates are decreasing and getting better.

5.45 Hammersmith and Fulham have the lowest hospital admissions for asthma in under 19 years in the region, 39 per 100,000. Over the decade the trend has remained significantly higher than London, 73 per 100,000 and England 74 per 100,000.

External causes

5.46 External causes include accidental injuries and suicide. Hammersmith & Fulham have the highest under 75 mortality rates from injuries in London (2018-20). 24 deaths per 100,000 population (under 75) are due to injuries. This is significantly worse than the England rate of 14. The trend has been largely increasing since 2012-14 (see figure 5.9) (OHID, Public Health Profiles, 2022).

Figure 5.9: Under-75 mortality rate per 100,000 from injuries (3-year range) for Hammersmith & Fulham, London and England from 2001-03 to 2018-20



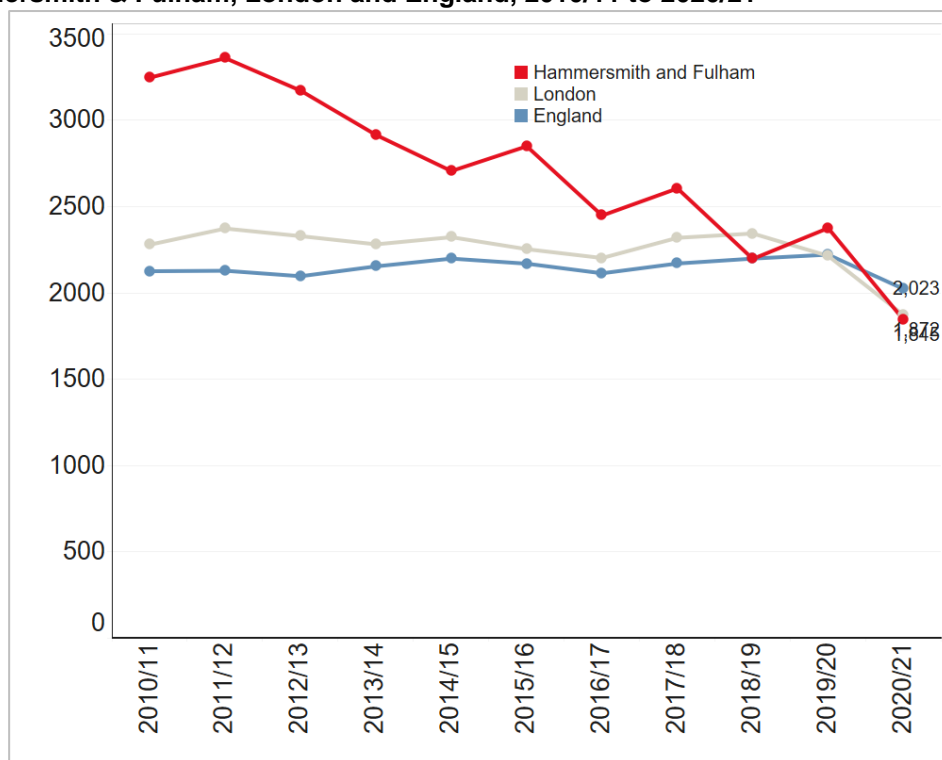
Source: OHID, Public Health Profiles, 2022

Falls

5.47 The largest cause of emergency hospital admissions for older people and accident-related mortality in England are Falls. Falls can cause loss of independence and confidence, pain and distress. They are also a major precipitant of people moving from their own home to long-term nursing or residential care.

5.48 In 2020/21 there were 375 emergency hospital admissions due to falls in people aged 65 and over. This equates to 1,845 per 100,000 admissions, similar to England and London with 1,872 and 2,023 per 100,000 admissions respectively. Falls in Hammersmith & Fulham have been on a downward trend since 2010/11 and in the latest year have dipped below the England rate (see figure 5.10) (OHID, 2021/22).

Figure 5.10: Trendline of Emergency hospital admissions due to falls in people aged 65 and over for Hammersmith & Fulham, London and England, 2010/11 to 2020/21



Source: OHID, Public Health Profiles, 2022

5.49 The suicide rate in Hammersmith & Fulham is similar to the national picture, although the 5th highest in London. There were 56 in 2018-20 equating to a rate of 10 per 100,000. The London and England figures were 8 and 10 per 100,000 respectively (OHID, 2022).

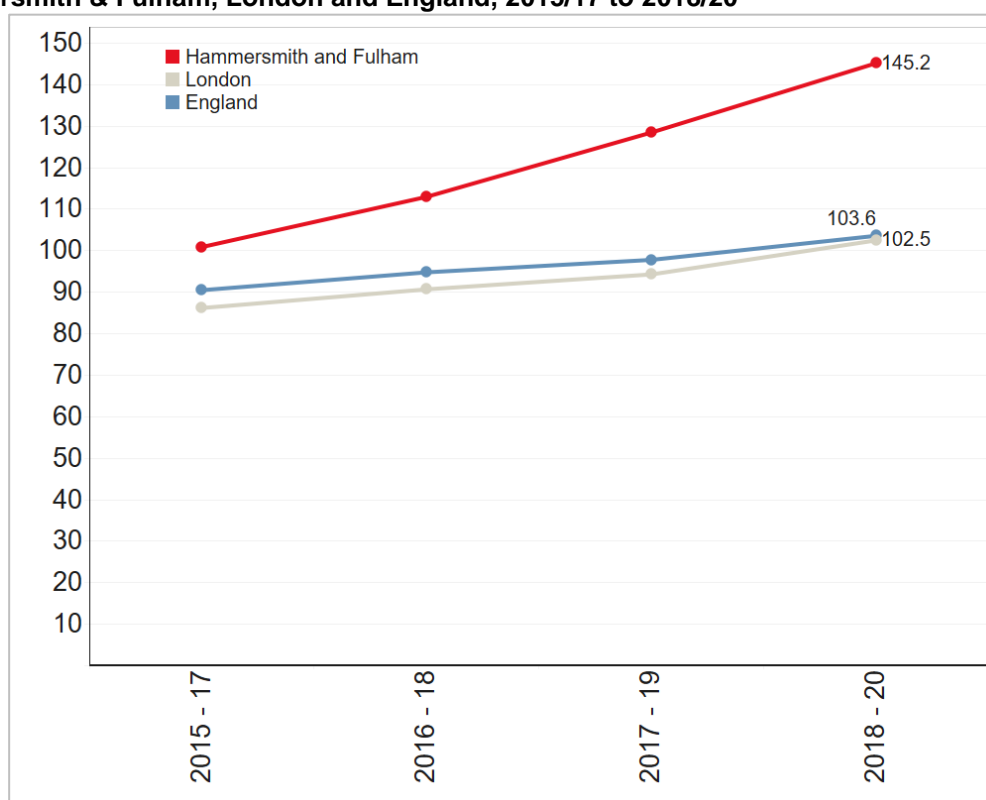
Mental and behavioural disorders

5.50 Mental and behavioural disorders include common mental illnesses, severe mental illnesses and dementia.

5.51 Common mental illnesses include depression, general anxiety disorder, panic disorder and phobias etc. 7% of GP register patients (18+) in Hammersmith & Fulham are recorded to have depression in 2020/21. This is lower than regional and national figures of 9 and 12 respectively (OHID, Common Mental Health Disorders, 2022).

5.52 Severe mental illnesses include disorders that produce psychotic symptoms and severe forms of other disorders such as depression and bipolar disorder. Premature mortality in adults with severe mental illness was 145 per 100,000 population in 2018-20. This is the third highest figure in London and is significantly higher than the England rate of 104 per 100,000. This premature mortality rate has been on an upward trend since 2015-17 (see figure 5.11) (NHS Digital Mental Health Services Data Set, 2022).

Figure 5.11: Trendline of premature mortality in adults with severe mental illness for Hammersmith & Fulham, London and England, 2015/17 to 2018/20



Source: OHID, Public Health Profiles, 2022

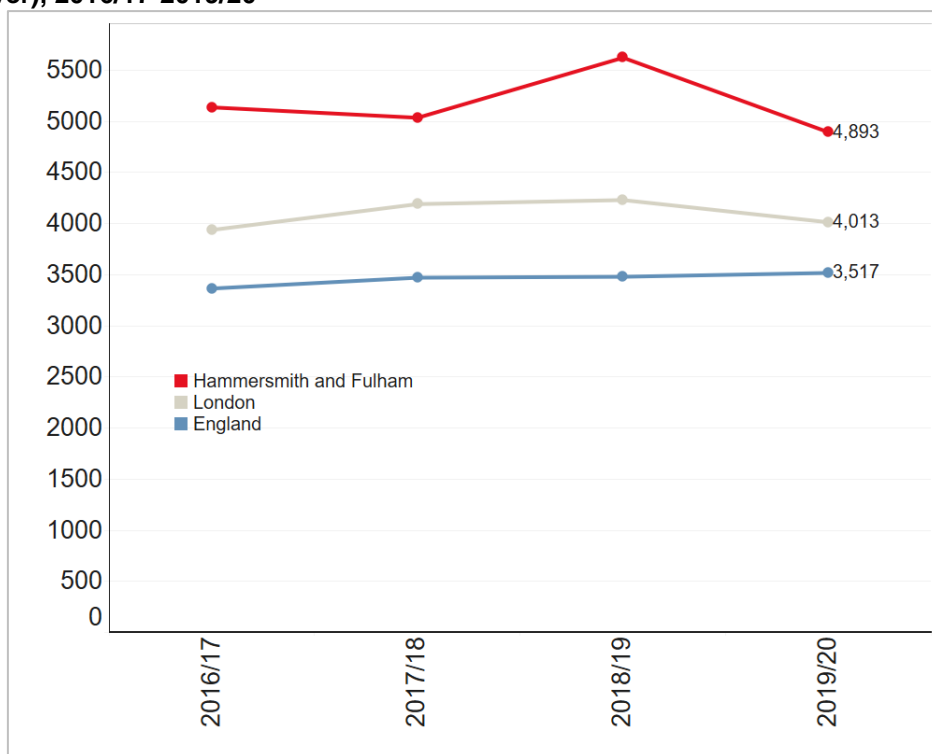
5.53 Community pharmacy can play an important role in supporting people with mental health problems. They can support patients in their adherence to medication, support the reduction of inappropriate use of medicines and make referrals or signpost patients to other sources of support.

5.54 An ability to access pharmacies can be very important for people living with dementia. Dementia-friendly pharmacies can support people living with dementia to feel confident and empowered to do things that they have always been able to do, such as collecting a prescription.

5.55 Dementia diagnosis has been identified by the council as an area of concern. In 2021, an estimated 737 people are diagnosed with dementia in Hammersmith & Fulham. This equates to 56% of the estimated number of people living with dementia in his is the 2nd lowest diagnosis rate for dementia in London and is significantly lower than the national rate of 62% (NHS Digital, 2022).

5.56 Hammersmith & Fulham have the 6th highest rate of emergency admissions for people living with dementia. In 2019/20 there were 970 admissions for people with dementia, this equates to 4,893 per 100,000 population and is substantially higher than the England rate of 3,517 per 100,000 population. This is a slight reduction in emergency admissions in the previous year (see figure 5.12) (OHID, Public Health Profiles, 2022).

Figure 5.12: Trendline of dementia direct standardized rate of emergency admissions (aged 65 and over), 2016/17-2019/20



Source: OHID, Public Health Profiles, 2022

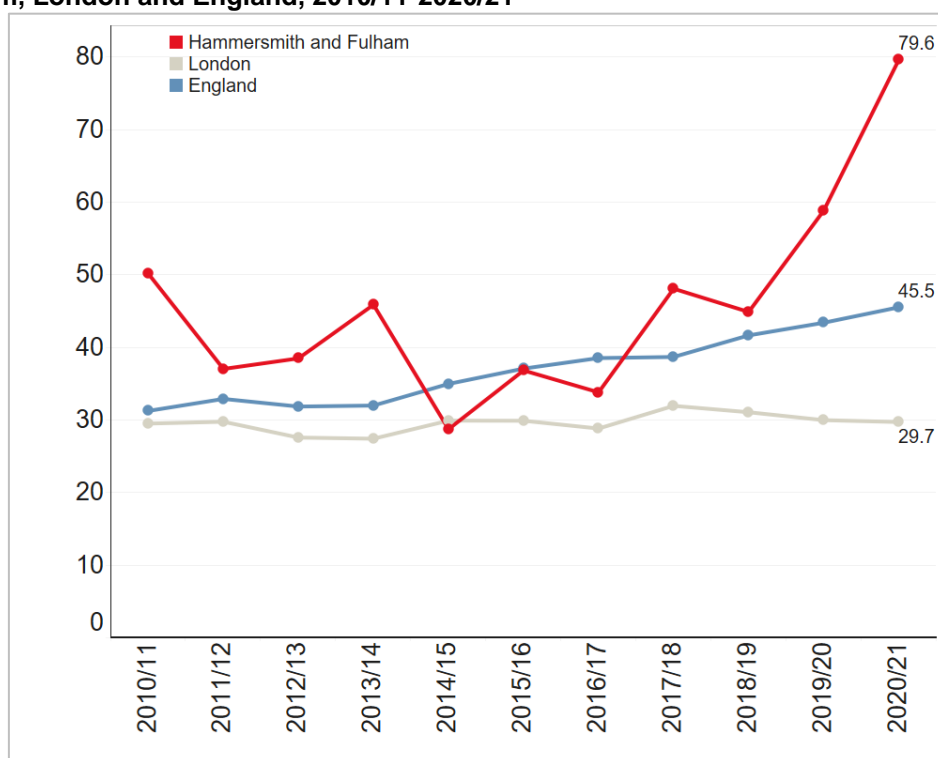
Digestive diseases

5.57 Digestive diseases are any health problems that occur within the digestive tract. The digestive tract includes the oesophagus, stomach, large and small intestines, liver, pancreas, and the gallbladder. Digestive diseases identified as having an impact on the life expectancy gap in Hammersmith & Fulham include chronic liver diseases and cirrhosis.

5.58 The mortality rate from chronic liver diseases is 8 per 100,000 population, lower than the regional and national figures of 9 and 12 per 100,000 respectively.

5.59 Hammersmith & Fulham hospital admissions for alcohol-related liver disease is the highest in London. In 2020/21 there were 80 admissions per 100,000 population, substantially higher than London and England rates of 30 and 46 respectively. This trend has been increasing since 2018/19 (see figure 5.13).

Figure 5.13: Trendline of hospital admission rate for alcoholic liver disease in Hammersmith & Fulham, London and England, 2010/11-2020/21



Source: OHID, Public Health Profiles, 2022

Summary of population health needs of Hammersmith & Fulham

This chapter looks at the health and wellbeing of the population of Hammersmith & Fulham. Overall, Hammersmith & Fulham residents are faring well in terms of health and wellbeing, in comparison to the rest of England. Life expectancy and healthy life expectancy figures are similar to London and England figures. However, the under-75 mortality rate from causes considered preventable is significantly higher than national figures.

There are several areas of concern identified in this PNA. These are listed below:

- Proportion of 5-year-old children with **visual dental decay** is high
- **Cancer screening** coverage is low for cervical, breast and bowel cancer
- The rate of **sexually transmitted infections** (excluding chlamydia) is the third highest in London
- All recorded child immunisations and flu immunisation coverage are low
- **Diagnosis rate for dementia** is significantly lower than England
- Under 75 mortality rates for injuries and the **premature mortality rate for adults with severe mental illness** are significantly higher than England and the **suicide rate** is the 5th highest in London
- The rate of hospital admissions for **alcoholic liver disease** is nearly triple that of England

Chapter 6 – Patient and public engagement survey

- 6.1 This chapter discusses the results of the patient and public engagement survey that was carried out in Hammersmith & Fulham between the period of 3rd November 2022 until 15th May 2022.
- 6.2 A patient and public engagement survey questionnaire was used to engage with residents to understand their use and experience of local pharmacies. This questionnaire was approved for use with the local population by the PNA Steering Group and the communication teams of Hammersmith & Fulham.
- 6.3 We conducted an Equality Impact Assessment by reviewing the use and experiences of pharmacy use specific to protected characteristic groups that we have engaged with during this process.
- 6.4 A “protected characteristic” means a characteristic listed in section 149(7) of the Equality Act 2010. There are also certain vulnerable groups that experience a higher risk of poverty and social exclusion than the general population. These groups often face difficulties that can lead to further social exclusion, such as low levels of education and unemployment or underemployment.
- 6.5 The results of the equality impact assessment are summarised at the end of this chapter and the full assessment is presented in Appendix C.
- 6.6 Over the period from 3rd November 2022 until 15th May 2022 we engaged with 212 residents across Hammersmith & Fulham.

Hammersmith & Fulham communications engagement strategy

Whole population approach

- 6.7 The North West London CCG communications teams shared the public engagement survey regularly via their social media platforms such as Nextdoor and Twitter, resident e-newsletters and citizens panel, and Primary Care Delivery management shared the survey within the primary care newsletter.

- 6.8** The survey link and wording were also sent to Healthwatch Hammersmith & Fulham, and this was disseminating to residents via their social media platforms and newsletters.
- 6.9** Hammersmith & Fulham community development and engagement officers shared the public engagement survey via the resident e-newsletter.

Targeted Approach

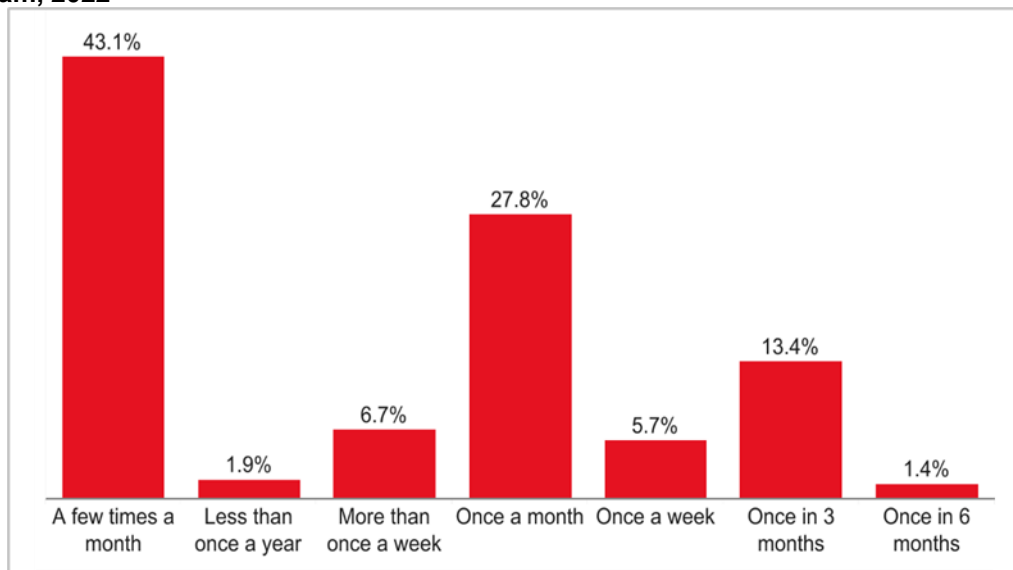
- 6.10** Working alongside the Hammersmith & Fulham public health team, a targeted approach to engage with residents was adopted, and an engagement strategy was devised to ensure that those from seldom heard communities and residents who shared protected characteristics, were reached.
- 6.11** Groups we engaged with included, but were not limited to housing groups, food bank services, maternity services, older people's groups, sexual health services, substance misuse services, voluntary and charity sector organisations.
- 6.12** Contacts or leads were identified and followed up through an introductory email or teams call outlining the purpose of the survey. Where required follow up correspondence took place to ensure that seldom heard communities were reached.
- 6.13 Housing:** The Homeless Health service and housing lead for Hammersmith & Fulham were contacted. The survey link was provided, and paper copies were to be offered at in person clinics by a nurse lead. An electronic version of the survey was also emailed to residents and was shared via an e-newsletter.
- 6.14 Foodbanks:** A pdf version of the survey was sent to Hammersmith & Fulham foodbank service and printed copies would be available at the White City foodbank hub. An electronic link to the survey and wording was also provided to Nourish Hub and requested them to circulate with their service users and residents.
- 6.15 Maternity:** Contact was made with Urban partnership- maternity champions and Peabody maternity champions, and the link to survey was shared. It was agreed that the link would be circulated to staff, and service users, or members.
- 6.16 Children and Young People's groups:** The survey was disseminated via a children's centre to families. Young Hammersmith & Fulham was contacted to disseminate the survey to their members.
- 6.17 Older People's groups:** Age UK Hammersmith & Fulham was contacted to arrange a meeting and disseminate the survey.

- 6.18 Carer's groups:** The Carer's Network agreed to share the survey on the carer's network, the bulletin and any other relevant contacts. Care home leads also shared survey widely for staff and families.
- 6.19 Sexual health & Substance misuse services:** Colleagues within the public health teams assisted with disseminating the survey to service users and clients within sexual health and substance misuse services.
- 6.20 Violence Against Women group (VAWG):** the survey was circulated to the VAWG service users, and across the service (including teams).
- 6.21 Ethnic Minority community leads:** Contacts were made with a lead. The survey with wording was sent and requested that this be circulated with appropriate members or contacts.
- 6.22 Charities and Faith-based groups:** Hammersmith & Fulham volunteer centre, Nubian Life, Sobus, and Hammersmith United charities were contacted to disseminate survey. Sobus agreed that they would be able to share the survey on their newsletter in April 2022 and would also share with other charities on their contact list. Hammersmith & Fulham VCS was also contacted and agreed that the survey will be shared to members.
- 6.23** The findings of the survey are presented below.

Results of the Public Engagement Survey

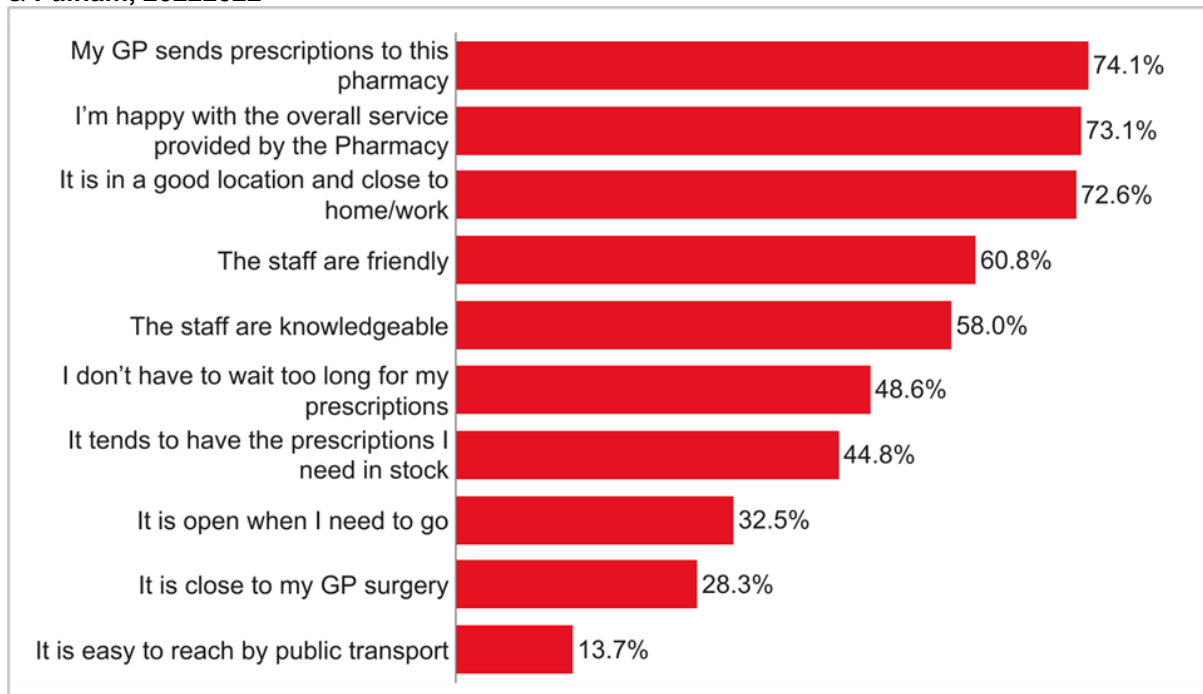
- 6.24** When asked how often they use their pharmacy, 43.1% of respondents said they use it a few times a month, 27.8% reported using it once a month, a further 13.4% respondents use it once in 3 months, 6.7% more than once a week, 5.7% once a week, 1.9% less than once a year, and 1.4% once every 6 months (Figure 6.1).

Figure 6.1: Survey responses for frequency of pharmacy use by respondents of Hammersmith & Fulham, 2022



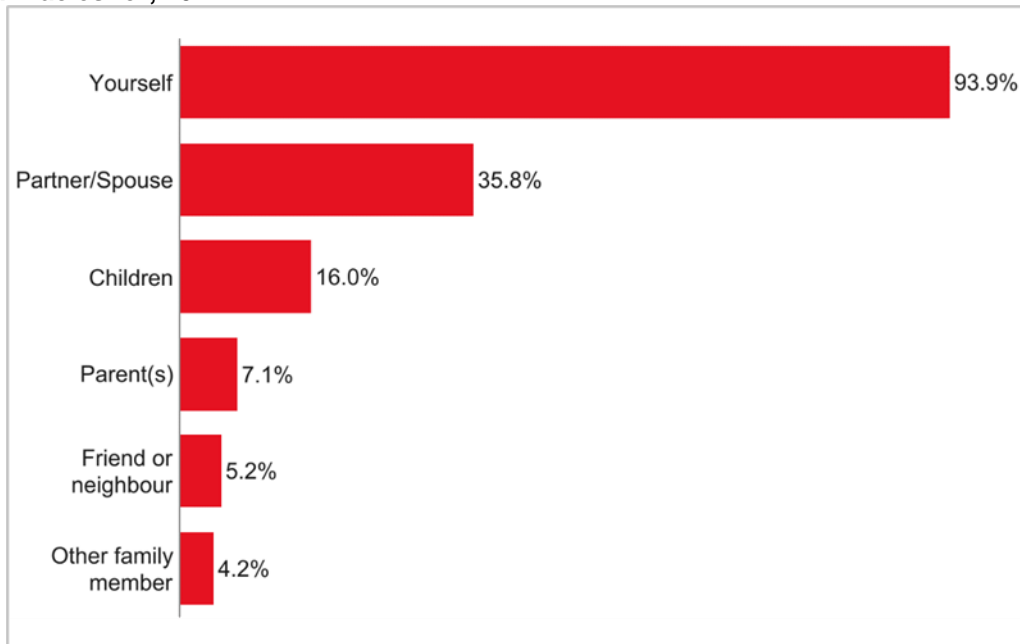
6.25 When asked to state the reasons for choosing their pharmacy, 74.1% of respondents said that it is where their GP sends their prescriptions, 73.1% are happy with the overall service provided, and 72.6% reported it as being in a good location and close to their work or home (Figure 6.2).

Figure 6.2: Survey responses for frequency of pharmacy use by respondents of Hammersmith & Fulham, 2022



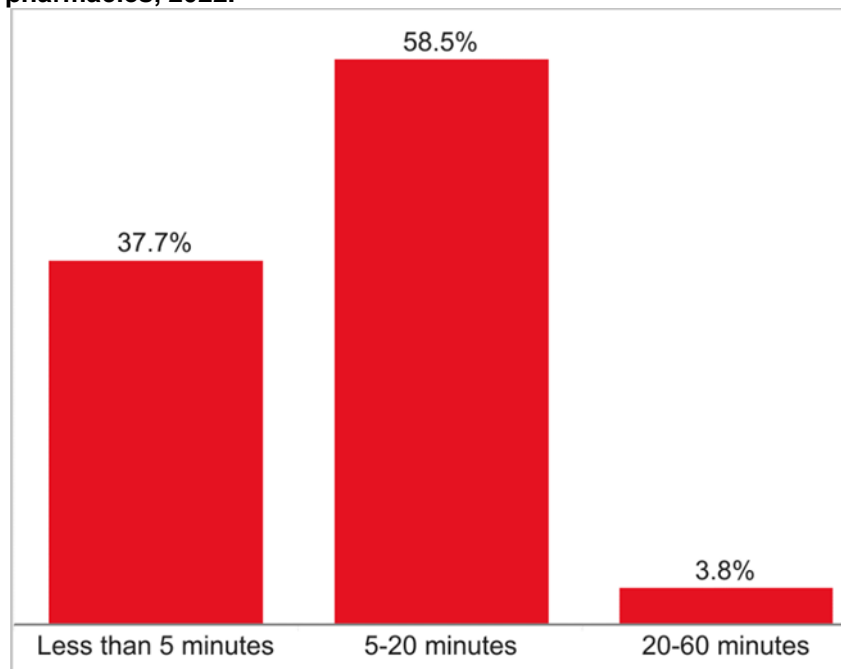
6.26 Most respondents (93.9%) reported using a pharmacy for themselves, 35.8% use one for their partner or spouse, 16% for their children, 7.1% for their parent/parents, 5.2% for their friend or neighbour, and 4.2% for another family member (Figure 6.3).

Figure 6.3: Survey responses on which respondents of Hammersmith & Fulham are using pharmacies for, 2022



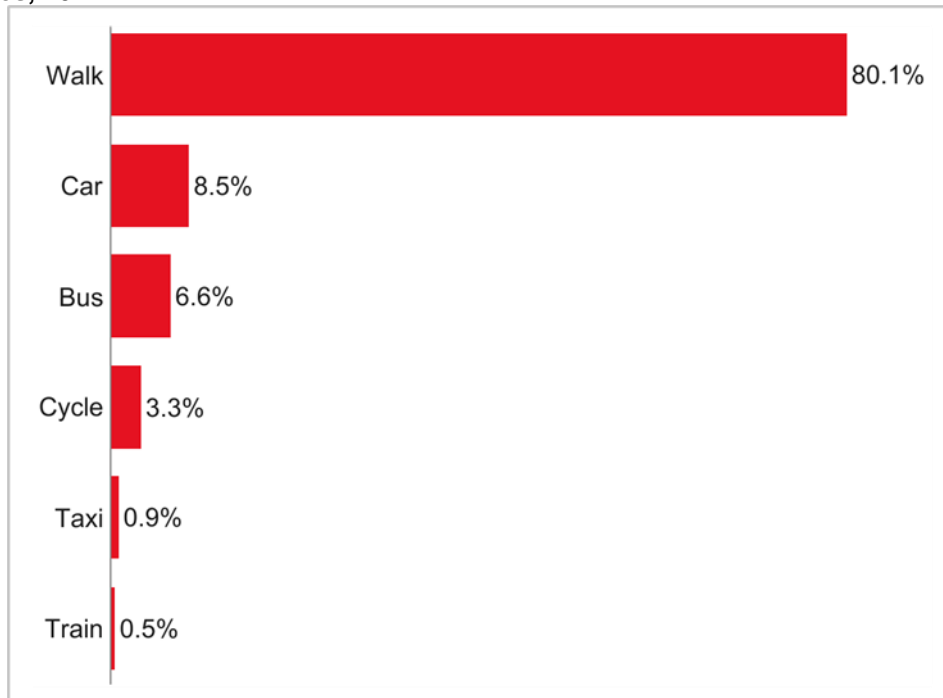
6.27 It takes the majority (58.5%) of respondents between 5 and 20 minutes to travel to their pharmacy, with 37.7% saying it takes them less than 5 minutes, and 3.8% spending between 20 and 60 minutes travelling to their pharmacy (Figure 6.4).

Figure 6.4: Survey responses on how long it takes respondents of Hammersmith & Fulham to travel to their pharmacies, 2022.



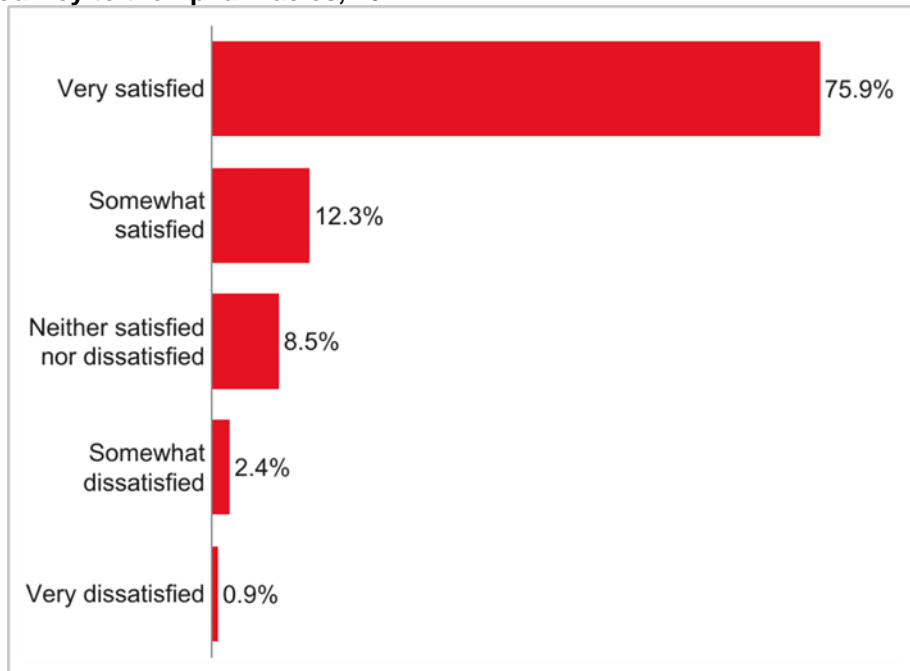
6.28 Most respondents (80.1%) report that they walk to their pharmacy, 8.5% use a car, 6.6% a bus, 3.3% cycle, 0.9% use a taxi and 0.5% travel by train (Figure 6.5).

Figure 6.5: Survey responses on how respondents of Hammersmith & Fulham travel to their pharmacies, 2022



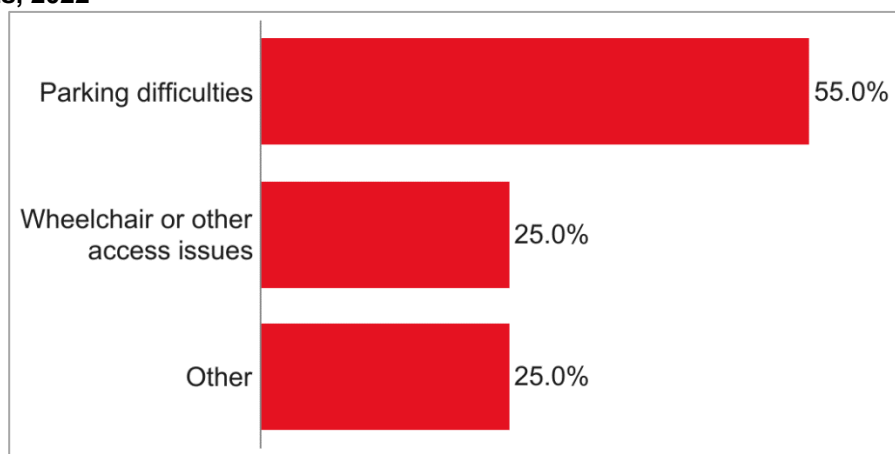
- 6.29** Of those who stated that they walk, 93 (55%) take 5-20 minutes to get to their pharmacy and 76 (45%) take less than 5 minutes.
- 6.30** Of those who reported using a car to travel to their pharmacy, 13 (72.2%) take 5-20 minutes to get to their pharmacy, with 3 (16.7%) taking less than 5 minutes and 2 (11.1%) taking 20-60 minutes.
- 6.31** Of those that reported travelling by bus, 10 said it took them 5-20 minutes (71.4%) and the remaining 4 (28.6%) travelled for 20-60 minutes to reach their pharmacy.
- 6.32** Most of the respondents (75.9%) were very satisfied and a further 12.3% were satisfied with their journey to their pharmacy, while 8.5% reported being neither satisfied nor dissatisfied, 2.4% were somewhat dissatisfied and 0.9% were very dissatisfied (Figure 6.6).

Figure 6.6: Survey responses on how satisfied respondents of Hammersmith & Fulham are with their journey to their pharmacies, 2022



6.33 When asked if they have difficulties accessing their pharmacy, 55% of respondents reported that they have parking difficulties, and 25% stated that they experience wheelchair or other access issues. Another 25% had ‘other’ access issues such as limited opening hours and lack of ventilation at the pharmacy (Figure 6.7).

Figure 6.7: Survey results of difficulties accessing pharmacies for Hammersmith & Fulham respondents, 2022



6.34 Most respondents prefer to go to their pharmacy on a weekday (48.3%) or either a weekday or a weekend (44.4%), with 60.9% preferring to go between 9am and 12pm and 50.2% preferring to go between 2pm and 5pm (see Figures 6.8 and 6.9).

Figure 6.8: Survey responses on what day of the week respondents prefer to go to the pharmacy from Hammersmith & Fulham respondents, 2022

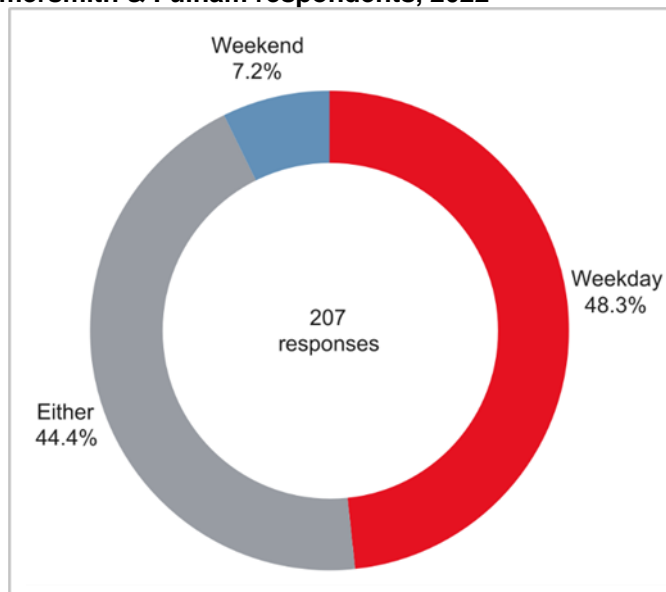
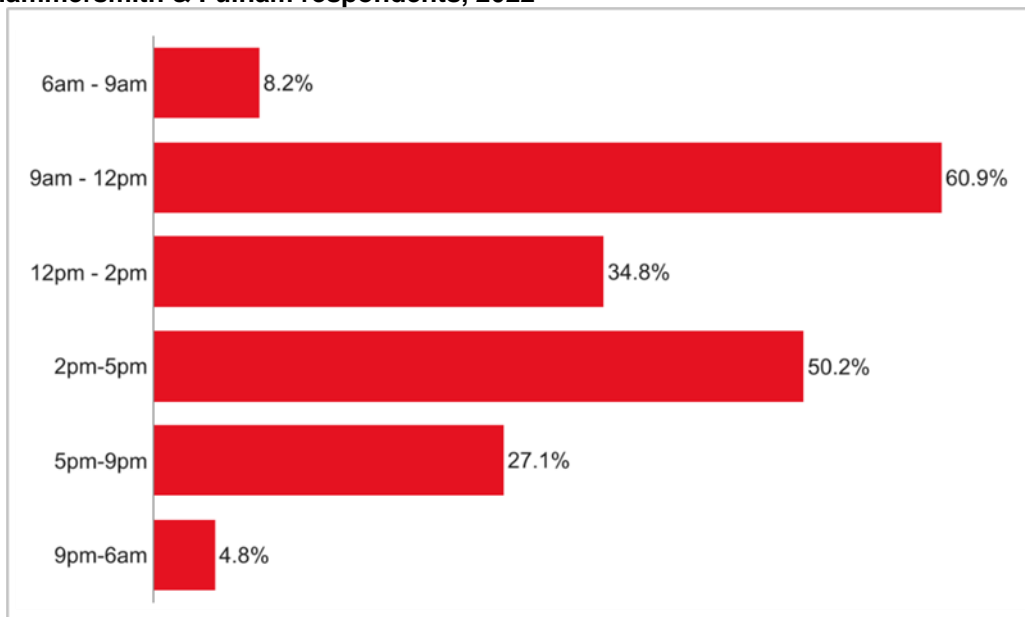
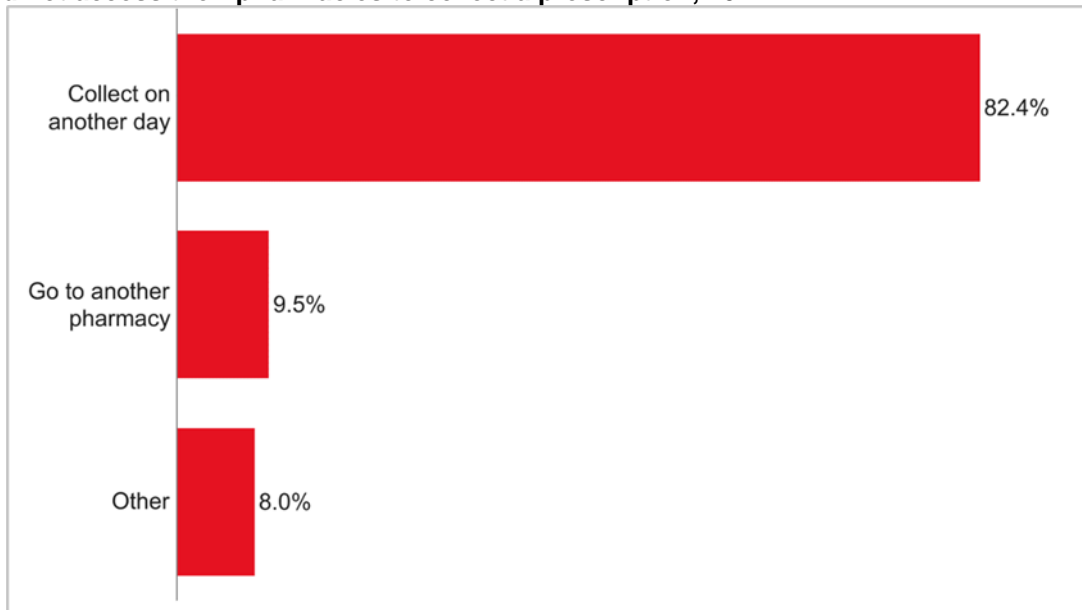


Figure 6.9: Survey responses on what time-of-day respondents prefer going to the pharmacy from Hammersmith & Fulham respondents, 2022



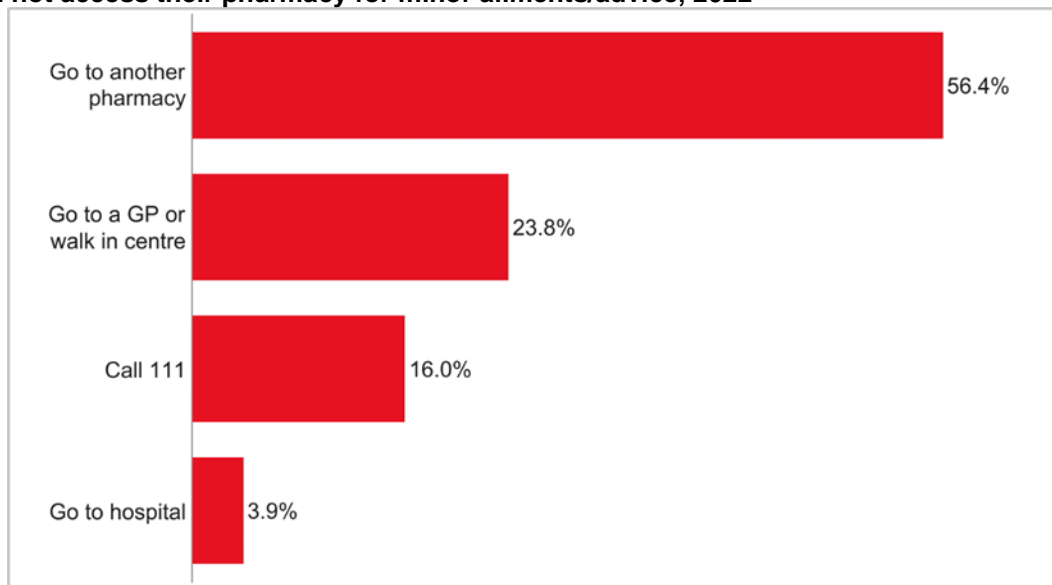
6.35 When asked what they would do if they could not access their pharmacy to collect a prescription, 82.4% respondents said they would go on another day, while 9.5% said that they would go to another pharmacy (Figure 6.10).

Figure 6.10: Survey responses on what Hammersmith & Fulham respondents would do if they could not access their pharmacies to collect a prescription, 2022



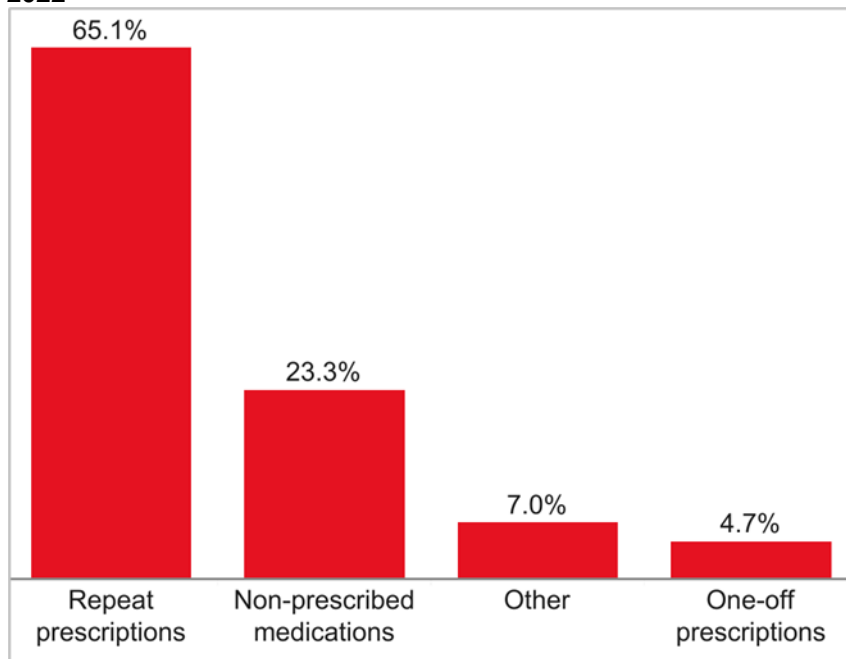
6.36 When asked what they would do if they could not access their pharmacy for minor ailments/advice, 56.4% respondents stated that they would go to another pharmacy, with 23.8% saying that they would go to a GP or walk-in centre, 16% would call 111, and 3.9% would go to the hospital (Figure 6.11).

Figure 6.11: Survey responses on what Hammersmith & Fulham respondents would do if they could not access their pharmacy for minor ailments/advice, 2022



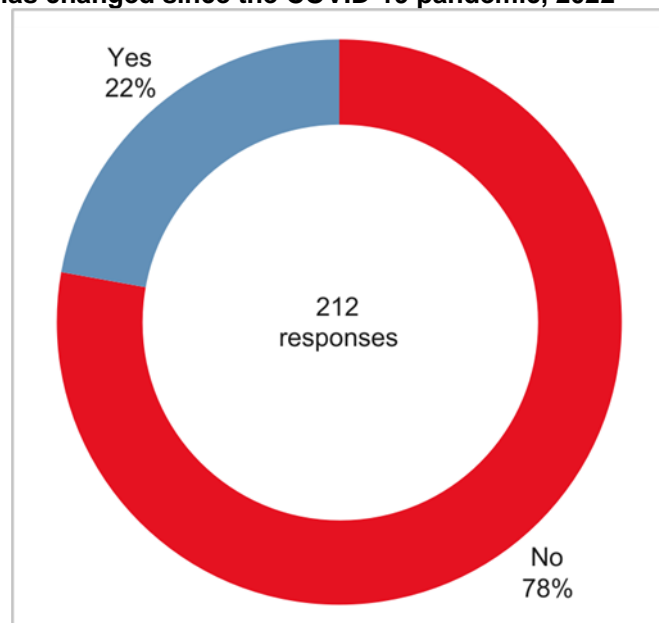
6.37 Of the respondents that use an online pharmacy, 65.1% reported that they used it for repeat prescriptions and 23.3% used it for non-prescribed medications (Figure 6.12).

Figure 6.12: Survey responses on uses of online pharmacies by Hammersmith & Fulham respondents, 2022



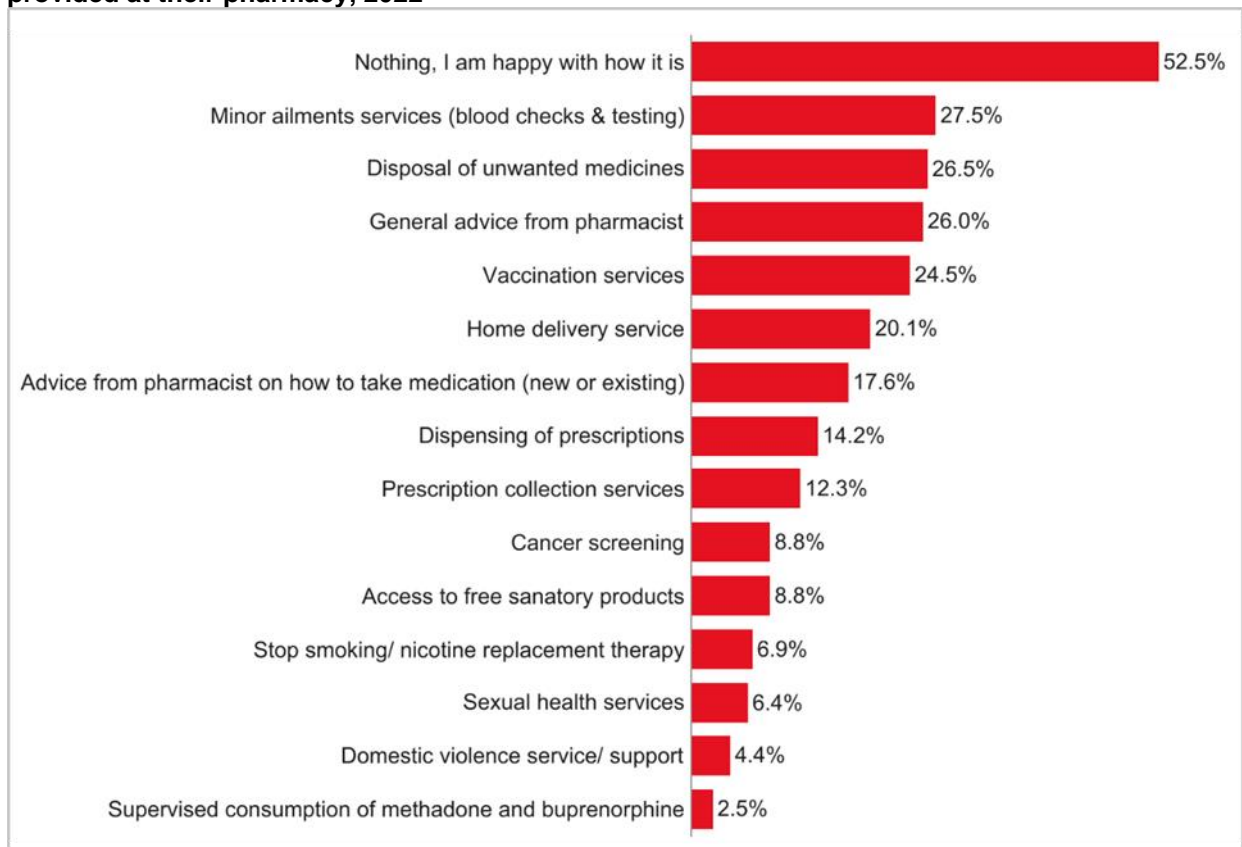
6.38 Most respondents (78%) stated that the way that they use their pharmacy has not changed since the COVID-19 pandemic (Figure 6.13).

Figure 6.13: Survey responses on whether the way that Hammersmith & Fulham respondents use their pharmacy has changed since the COVID-19 pandemic, 2022



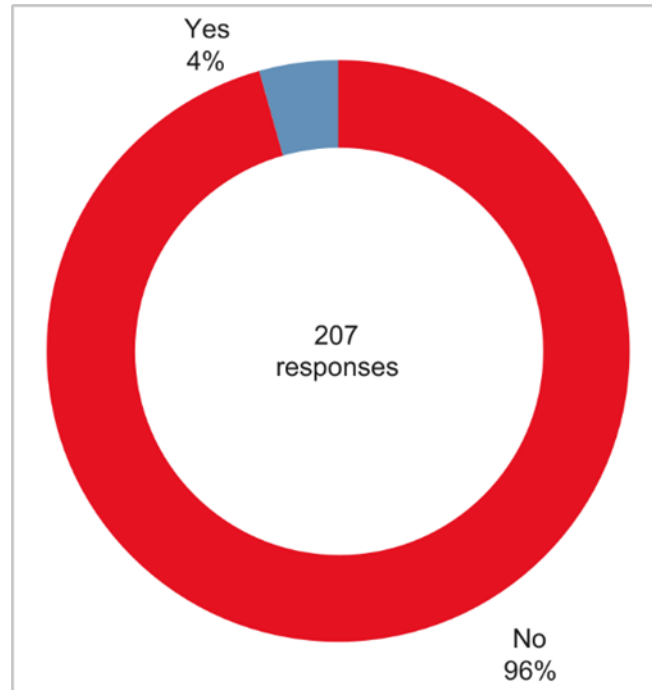
6.39 When asked whether there are any services that respondents would like to see provided at their pharmacy, the majority (52.5%) said they are happy with the service as it is, 27.5% would like to see minor ailments services (blood checks and testing), 26.5% would like disposal of unwanted medications, and 26% wish to have general advice from pharmacists (Figure 6.14).

Figure 6.14: Survey responses on what Hammersmith & Fulham respondents would like to see provided at their pharmacy, 2022



6.40 Of the 207 that responded, 198 (96%) reported that they did not require support for paying for prescriptions, over-the-counter medication, or other pharmacy services.

Figure 6.15: Survey responses on whether Hammersmith & Fulham respondents require support in paying for prescriptions, over-the-counter medication, or other pharmacy services, 2022



Results of the Equality Impact Assessment

An equalities and impact assessment was carried out to understand any similarities and differences amongst different groups representing protected characteristics. This included age, ethnicity, gender, sexual orientation, relationship status, employment status, pregnant or breastfeeding, and disabilities.

Results are presented in detail in Appendix C. They showed those who were over 65 were more likely to use their pharmacy for themselves and those aged 65 and under tended to use their pharmacy for their partner/ spouse and children too. Those who had a disability were more likely to travel by car to a pharmacy than walk. No other differences were found.

Overall, the survey findings showed that there were no significant differences amongst protected characteristics groups and pharmacy needs and pharmacy usage (frequency, travel method and time, preference of time or day, and reasons for chosen pharmacy).

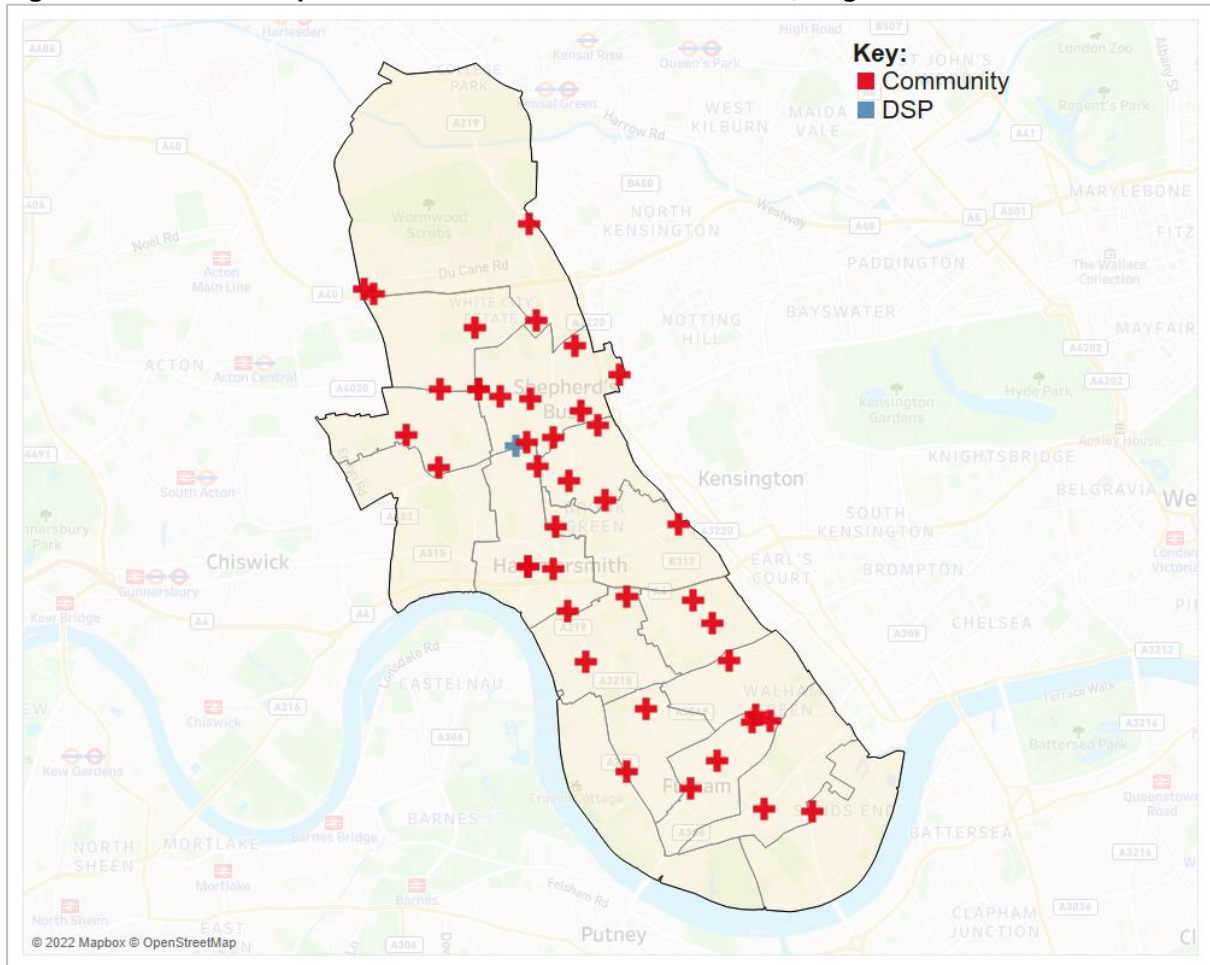
Chapter 7 – Provision of Pharmaceutical Services

- 7.1** This chapter identifies and maps the current provision of pharmaceutical services in order to assess the adequacy of provision of such services. Information was collected up until October 2021 and updated in August 2022.
- 7.2** It assesses of the adequacy of the current provision of necessary services by considering:
- Different types of pharmaceutical service providers
 - Geographical distribution and choice of pharmacies, within and outside the borough
 - Opening hours
 - Dispensing
 - Pharmacies that provide essential, advanced, and enhanced services
- 7.3** In addition, this chapter also summarises pharmaceutical contractors' capacity to fulfil identified current and future needs in Hammersmith & Fulham.

Pharmaceutical Service Providers

- 7.4** As of August 2022, there are 42 pharmacies in Hammersmith & Fulham that hold NHS contracts, 41 of which are community pharmacies. They are presented in the map in Figure 7.1 below. All the pharmacy providers in the borough as well as those within 1 mile of its border are also listed in Appendix B.

Figure 7.1: Location of pharmacies in Hammersmith & Fulham, August 2022



Source: NHS England, 2022

Community Pharmacies

7.5 The 41 community pharmacies in Hammersmith & Fulham equates to 2.3 community pharmacies per 10,000 residents (based on a 2022 population estimate of 182,111). This ratio is just above the London and England averages, both of which also stand at 2.2 based on 2014 data (LGA, 2021²³).

²³ Local Government Association: LG Inform. Ratio of pharmacies per 10,000 population (Snapshot: 29 November 2014) https://lginform.local.gov.uk/reports/lgastandard?mod-area=E92000001&mod-group=DEFRA2009_OtherUrbanList&mod-metric=3707&mod-type=namedComparisonGroup (Accessed in February 2022).

Dispensing Appliance Contractor (DAC)

- 7.6 There are no DACs on Hammersmith & Fulham's pharmaceutical list. A DAC is a contractor that specialises in dispensing prescriptions for appliances, including customisation. They cannot dispense prescriptions for drugs.

GP Dispensing practices

- 7.7 There are no GP dispensing practices in Hammersmith & Fulham.

Distance selling pharmacies

- 7.8 There is one distance selling pharmacies (DSP) in Hammersmith & Fulham (Pharmacy On Wheels), located on Goldhawk Road.

Local pharmaceutical services

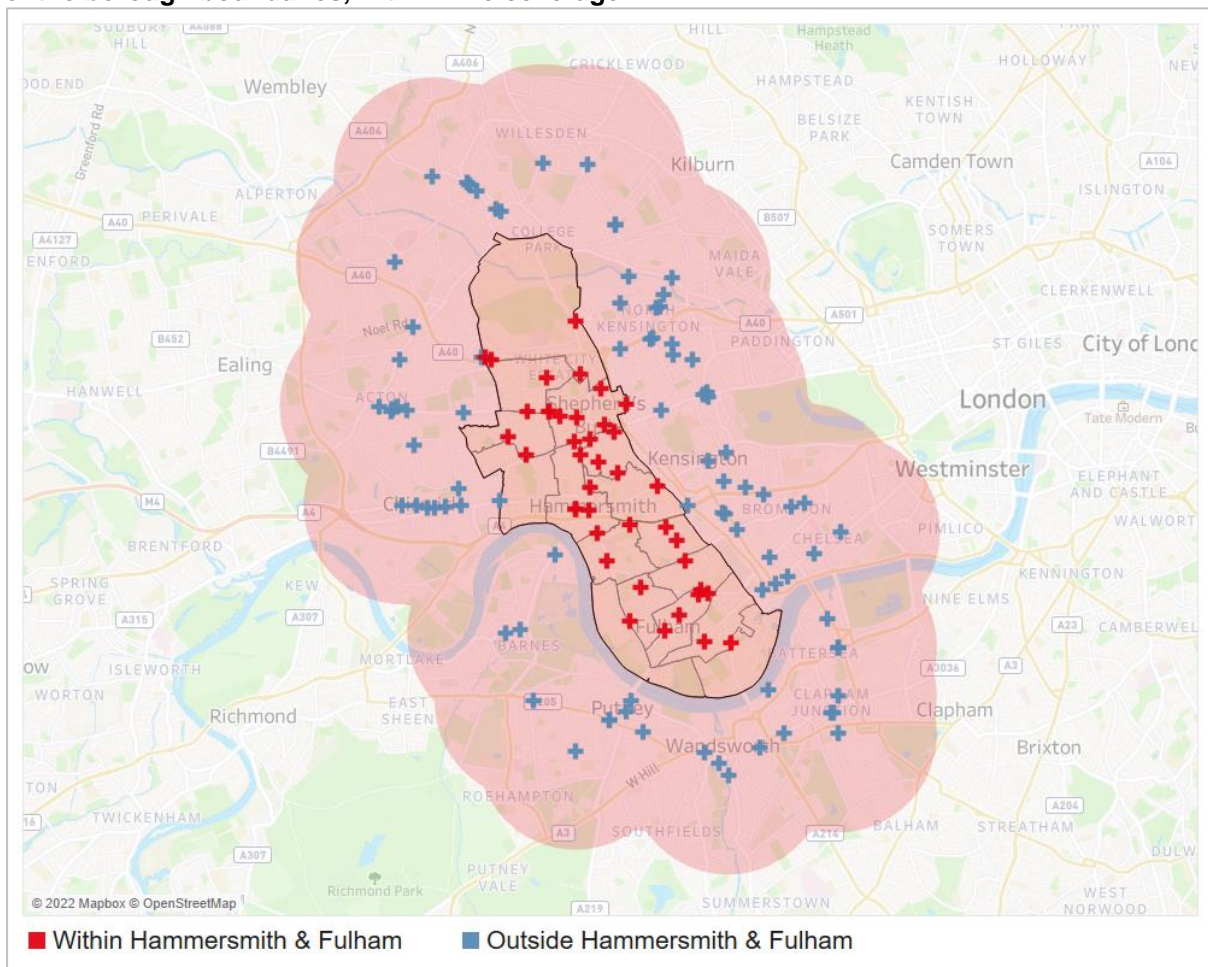
- 7.9 There are no Local Pharmaceutical Service (LPS) contracts within Hammersmith & Fulham. No area in Hammersmith & Fulham have been designated as LPS areas.

Accessibility

Distribution and choice

- 7.10 The PNA Steering Group agreed that the maximum distance for residents in Hammersmith & Fulham to access pharmaceutical services, should be no more than 1 mile. This distance equates to about a 20-minute walk.
- 7.11 Figure 7.2 below shows the 41 community pharmacies located in Hammersmith & Fulham. In addition to the pharmacies within Hammersmith & Fulham, there are another 85 pharmacies located within 1 mile of the borough's border that are considered to serve Hammersmith & Fulham residents. These have been included in the pharmacies shown in Figure 7.2 as well as in Appendix B.

Figure 7.2: Distribution of community pharmacies in Hammersmith & Fulham and within 1 mile of the borough boundaries, with 1-mile coverage

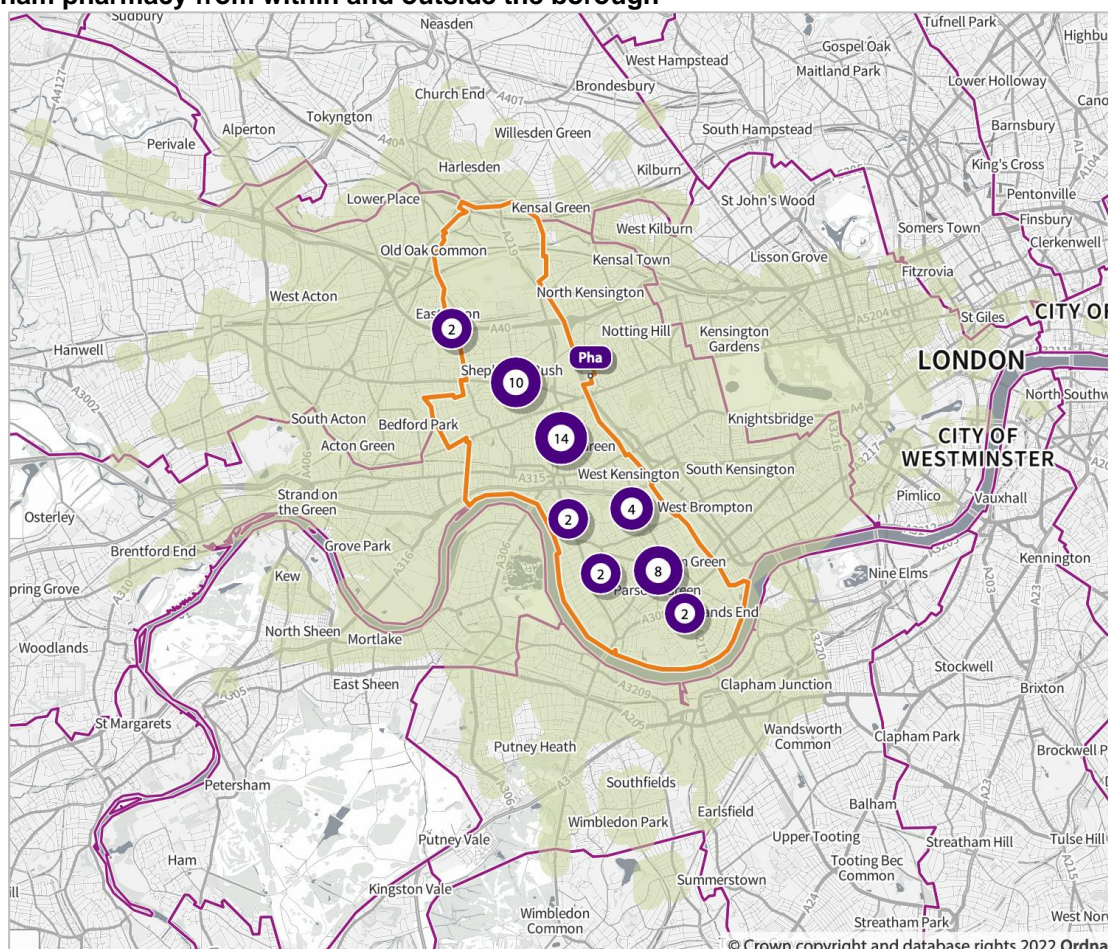


Source: NHS England, 2022

7.12 This shows that Hammersmith & Fulham has very good pharmacy coverage. All of the borough is within 1 mile of at least one pharmacy.

7.13 Additionally, all residents in Hammersmith & Fulham can reach a pharmacy using public transport within 20 minutes, attesting to the accessibility of the pharmacy provision in the borough. Figure 7.3 presents the coverage of the Hammersmith & Fulham pharmacies in consideration of public transport. Coverage of the pharmacies is presented in a green, Hammersmith & Fulham is presented with an orange border. A total of 923,946 people in and outside the borough can reach a Hammersmith & Fulham pharmacy by public transport within 20 minutes (OHID, SHAPE Atlas Tool, 2021).

Figure 7.3: Areas covered by 20-minute travel time by public transport to a Hammersmith & Fulham pharmacy from within and outside the borough



Source: OVID, Strategic Health Asset Planning and Evaluation Atlas Tool, 2022

7.14 The geographical distribution of the pharmacies by electoral ward and the pharmacy to population ratio is shown in Figure 7.4 and Table 7.1. As seen, with the exception of Ravenscourt Park and Palace Riverside, all wards have at least one pharmacy within them. Despite not having any pharmacies within them, both these wards are well served by wards that surround them as shown on the map in Figure 7.2.

Table 7.1: Distribution of community pharmacies by ward

Ward	Number of Community Pharmacies	Population Size	Community Pharmacies per 10,000
Shepherd's Bush Green	9	13,504	6.7
Town	5	10,385	4.8
Hammersmith Broadway	5	12,663	3.9
College Park and Old Oak	4	12,653	3.2
Addison	3	10,685	2.8

Wormholt and White City	2	12,674	1.6
North End	2	11,177	1.8
Munster	2	9,918	2.0
Fulham Reach	2	10,652	1.9
Avonmore and Brook Green	2	11,247	1.8
Askew	2	13,929	1.4
Sands End	1	14,057	0.7
Parsons Green and Walham	1	10,793	0.9
Fulham Broadway	1	10,600	0.9
Ravenscourt Park	0	10,012	0.0
Palace Riverside	0	7,161	0.0
Borough Total	41	182,111	2.3

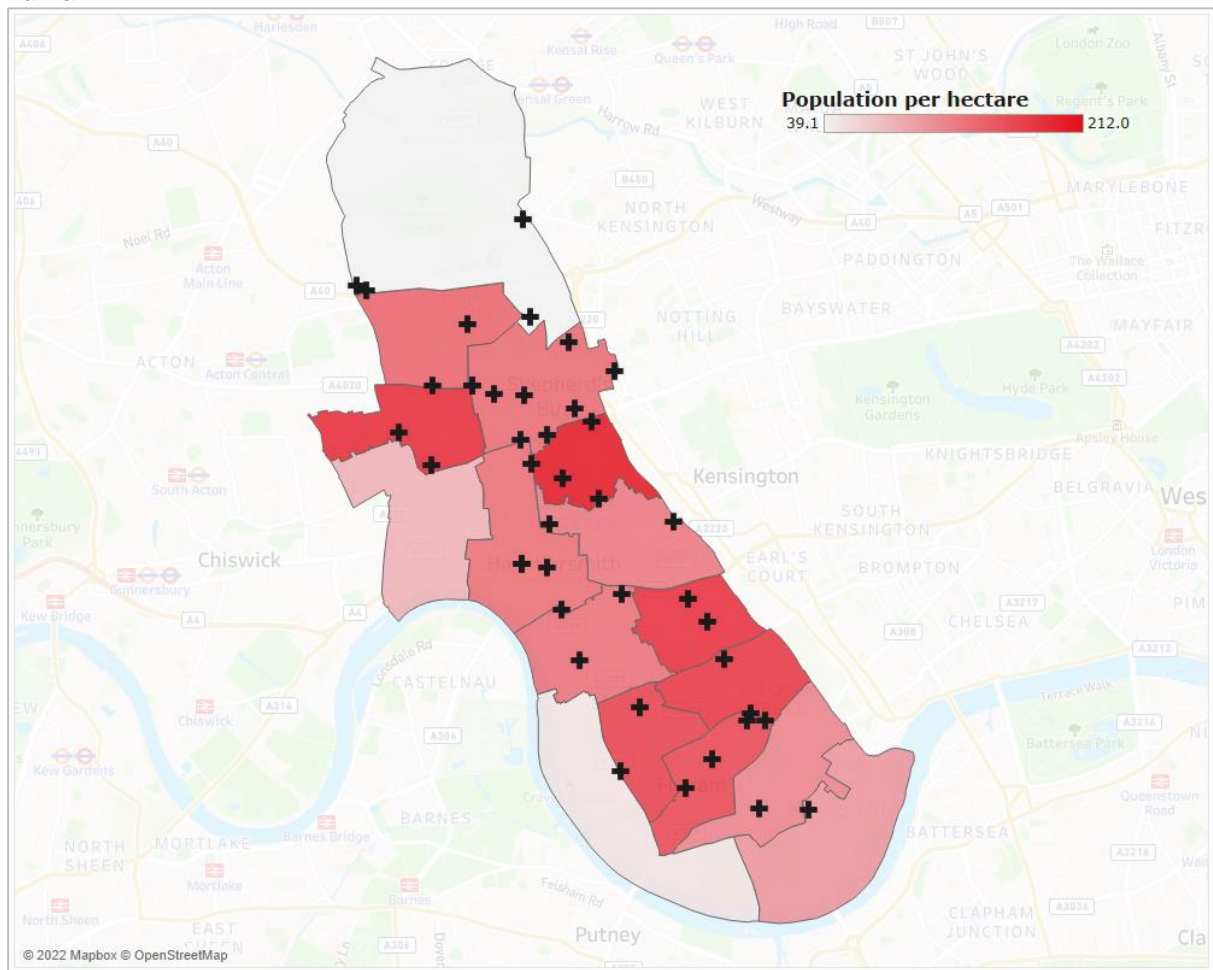
Source: NHS England, 2022

- 7.15** Residents tend to fill their prescriptions at local pharmacies. NHSE data shows that in 2020-21, 74.2% (2,182,508) of items prescribed by GPs in Hammersmith & Fulham were dispensed by community pharmacies in the borough. The next largest borough where prescriptions from Hammersmith & Fulham were dispensed was Ealing (6.0%).

Pharmacy distribution in relation to population density

- 7.16** The population density map (Figure 7.4) indicates that the community pharmacy premises are predominantly located in areas of highest population density although a small number of pharmacies were identified in areas with the lowest population density.

Figure 7.4: Pharmacy locations in relation to population density by ward in Hammersmith & Fulham



Source: GLA (Land Area, and Population Density and NHSE)

7.17 There are several large new dwelling developments planned for within the lifetime of this PNA. They are the White City Regeneration area with 3,500 new dwelling developments planned, South Fulham Riverside with 800 new dwelling developments planned and Fulham Regeneration Area with 600 new dwelling developments planned. These are all within areas of good access to pharmacy provision.

Pharmacy distribution in relation to GP surgeries

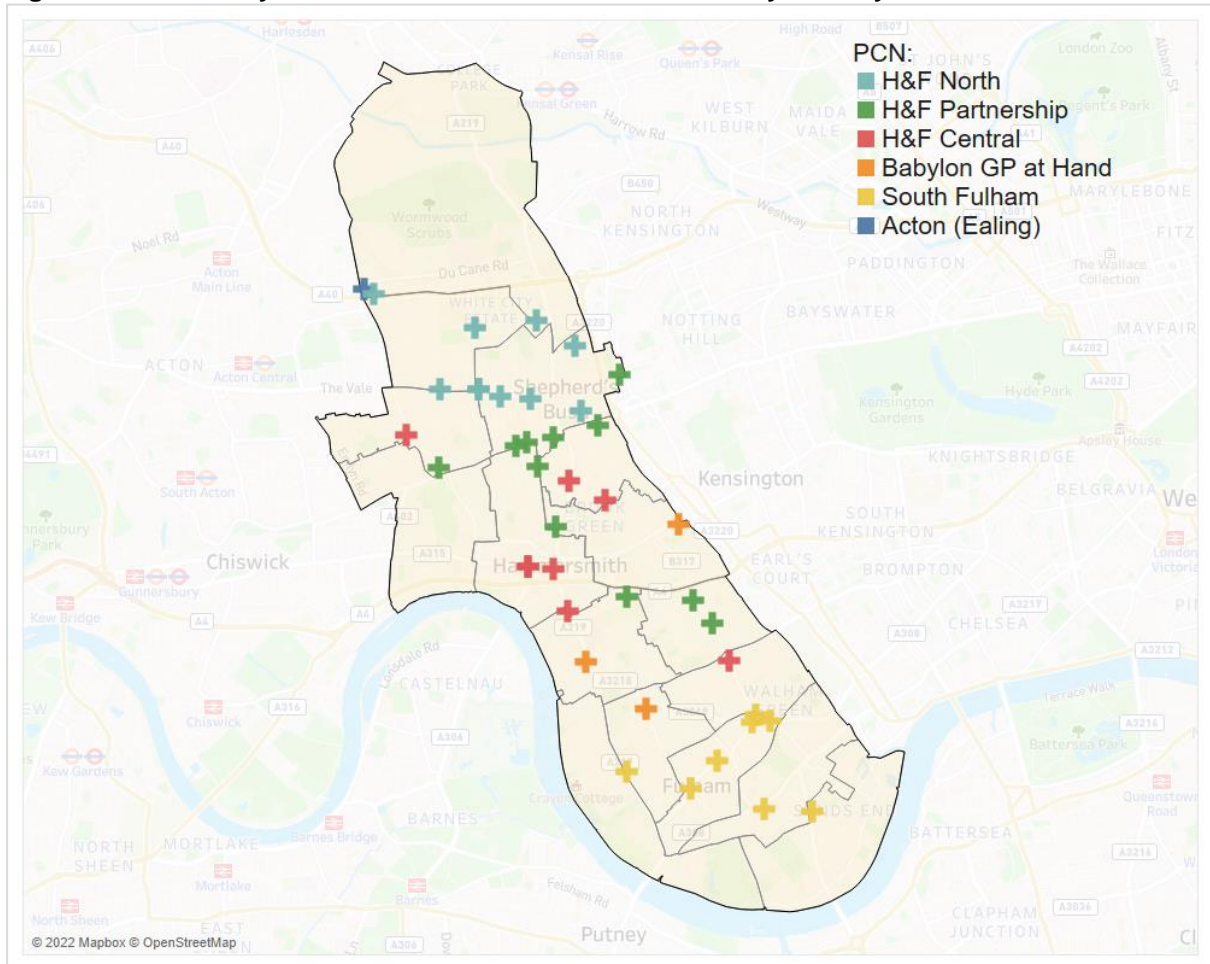
7.18 As part of the NHS Long Term Plan all general practices were required to be in a primary care network (PCN) by June 2019. Altogether there are 29 GP member practices in Hammersmith & Fulham who have organised themselves into five Hammersmith & Fulham PCNs and one has joined an Ealing PCN.

7.19 Each of these networks have expanded neighbourhood teams which will comprise of range of healthcare professionals including GPs, district nurses, community geriatricians, Allied Health

Professionals, and pharmacists. It is essential that community pharmacies are able to fully engage with the PCNs to maximise service provision for their patients and residents.

7.20 Figure 7.5 shows the distribution of pharmacies by PCNs.

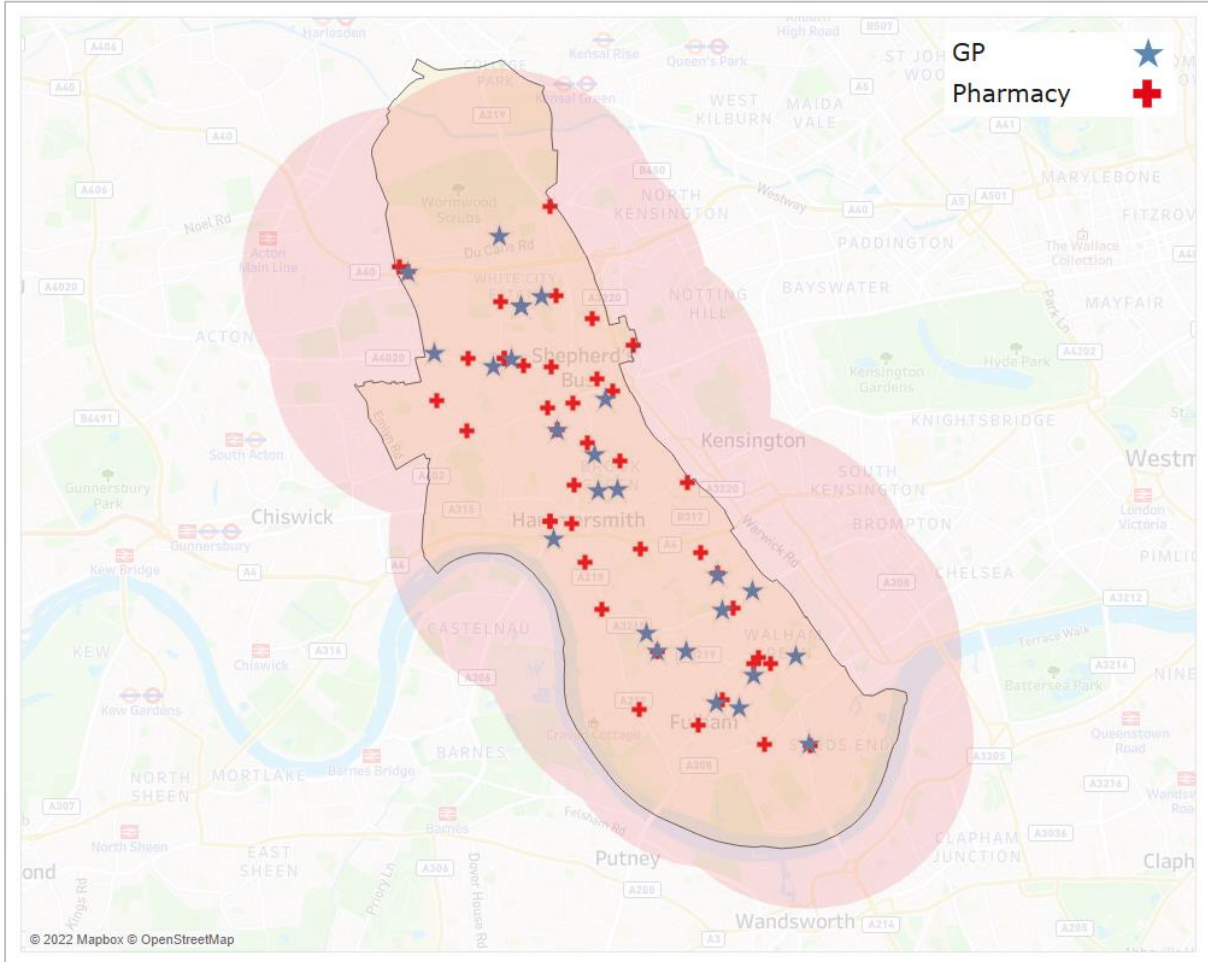
Figure 7.5: Pharmacy locations in Hammersmith & Fulham by Primary Care Network



Sources: NHSE and Middlesex Group of Local Pharmaceutical Committees, 2022

7.21 There is a pharmacy within accessible distance of all GP practices in Hammersmith & Fulham. Figure 7.6 shows that there is a pharmacy within half a mile of all GP practices in the borough.

Figure 7.6: GP practices in Hammersmith & Fulham and their 1-mile coverage, August 2022



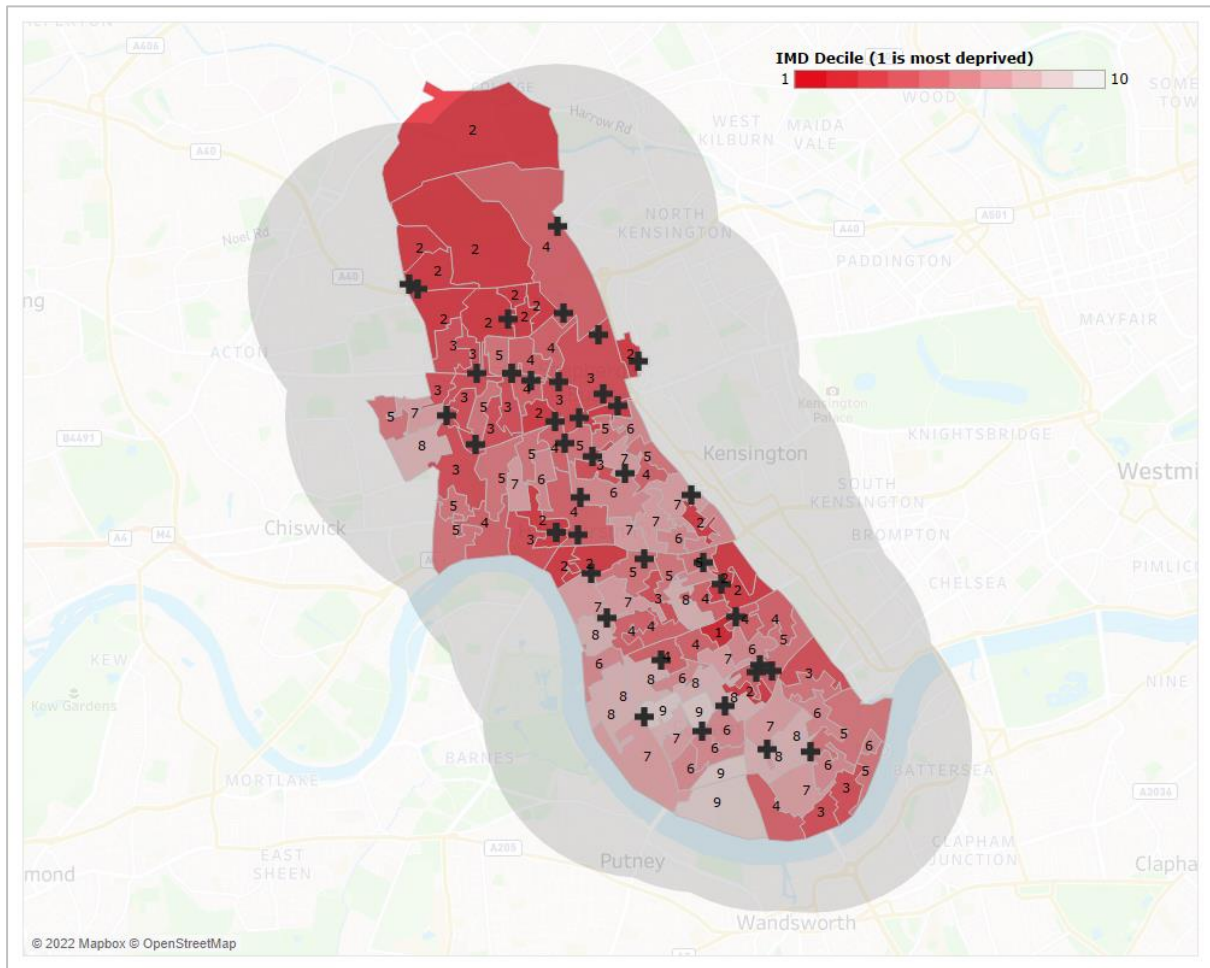
Source: NHS England, 2022

7.22 The PNA is not aware of any firm plans for changes in the provision of Health and Social Care services within the lifetime of this PNA.

Pharmacy distribution in relation to Index of Multiple Deprivation

7.23 Figure 7.7 displays pharmacy locations in relation to deprivation deciles. Although all of Hammersmith & Fulham are within 1-mile of a pharmacy, College Park and Old Oak is a ward with areas higher deprivation and has fewer pharmacies. However, this ward also has the lowest population density, likely as large area of the ward is green space. This means not as high a demand for pharmacy services in these areas of lower population density. This is further supported by the survey responses where 96% of respondents indicated that their journey to reach their pharmacy takes 20 minutes or less.

Figure 7.7: Pharmacy locations in relation to deprivation deciles in Hammersmith & Fulham, 2022



Source: MHCLG & NHSE

Opening times

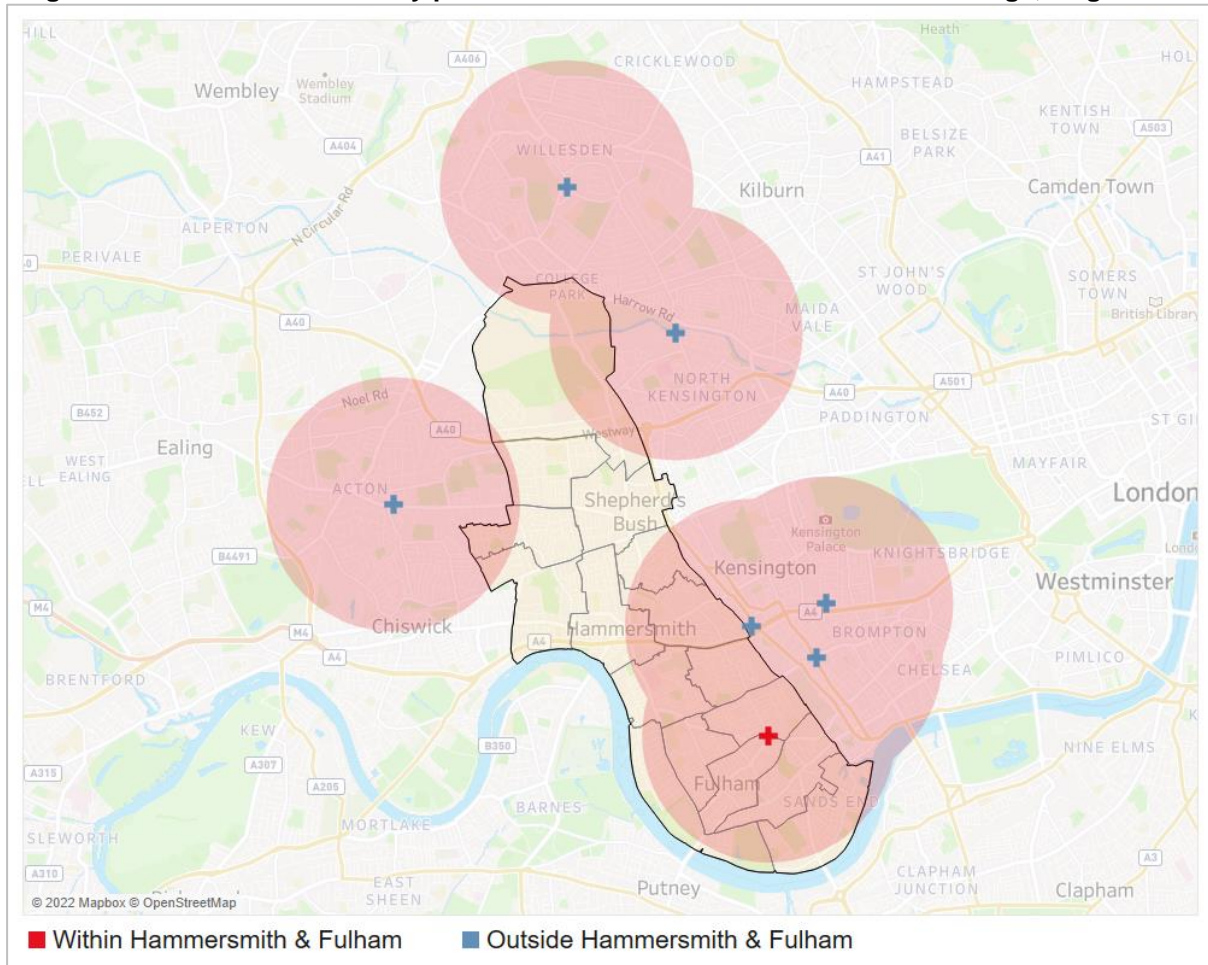
7.24 Pharmacy contracts with NHS England stipulate the core hours during which each pharmacy must remain open. Historically these have been 40-hour contracts (and some recent 100-hour contracts). A pharmacy may stay open longer than the stipulated core opening hours, these are called supplementary hours.

7.25 Opening times were obtained from NHS England in October 2021. Additionally, market entry updates to the NHS England pharmaceutical list were reflected on the original list.

100-hour pharmacies

7.26 NHS England has one 100-hour pharmacies (core hours) on their list for Hammersmith & Fulham. There are six other 100-hour pharmacies which are outside the borough but within 1 mile of its border (Figure 7.8).

Figure 7.8: 100-hour community pharmacies locations and their 1-mile coverage, August 2022

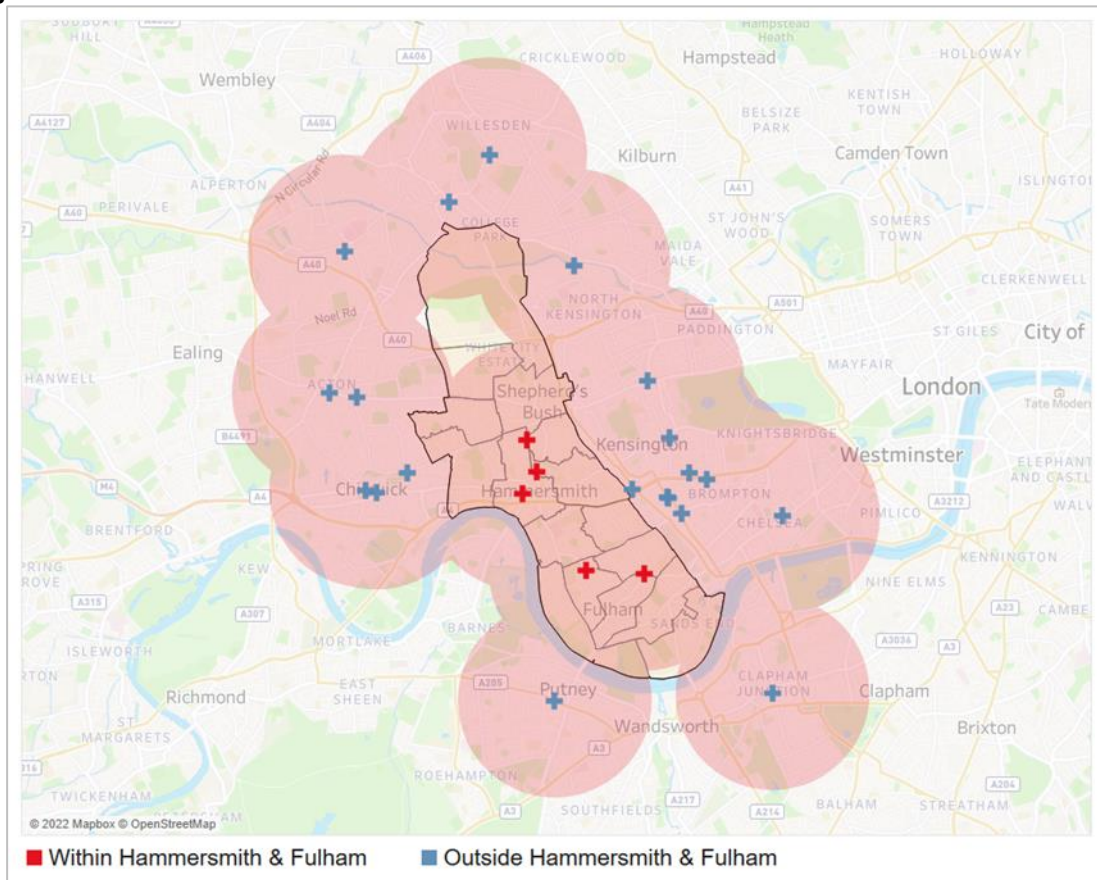


Source: NHS England, 2022

Early morning opening

7.27 Five pharmacies are open before 9am on weekdays within the borough, and another 20 that are within 1 mile of the borough's border. These are shown in Figure 7.9 and Table 7.2.

Figure 7.9: Pharmacies that are open before 9am on a weekday and their 1-mile coverage, August 2022.



Source: NHS England, 2022

Table 7.2: Community Pharmacies open before 9am on weekdays in Hammersmith & Fulham

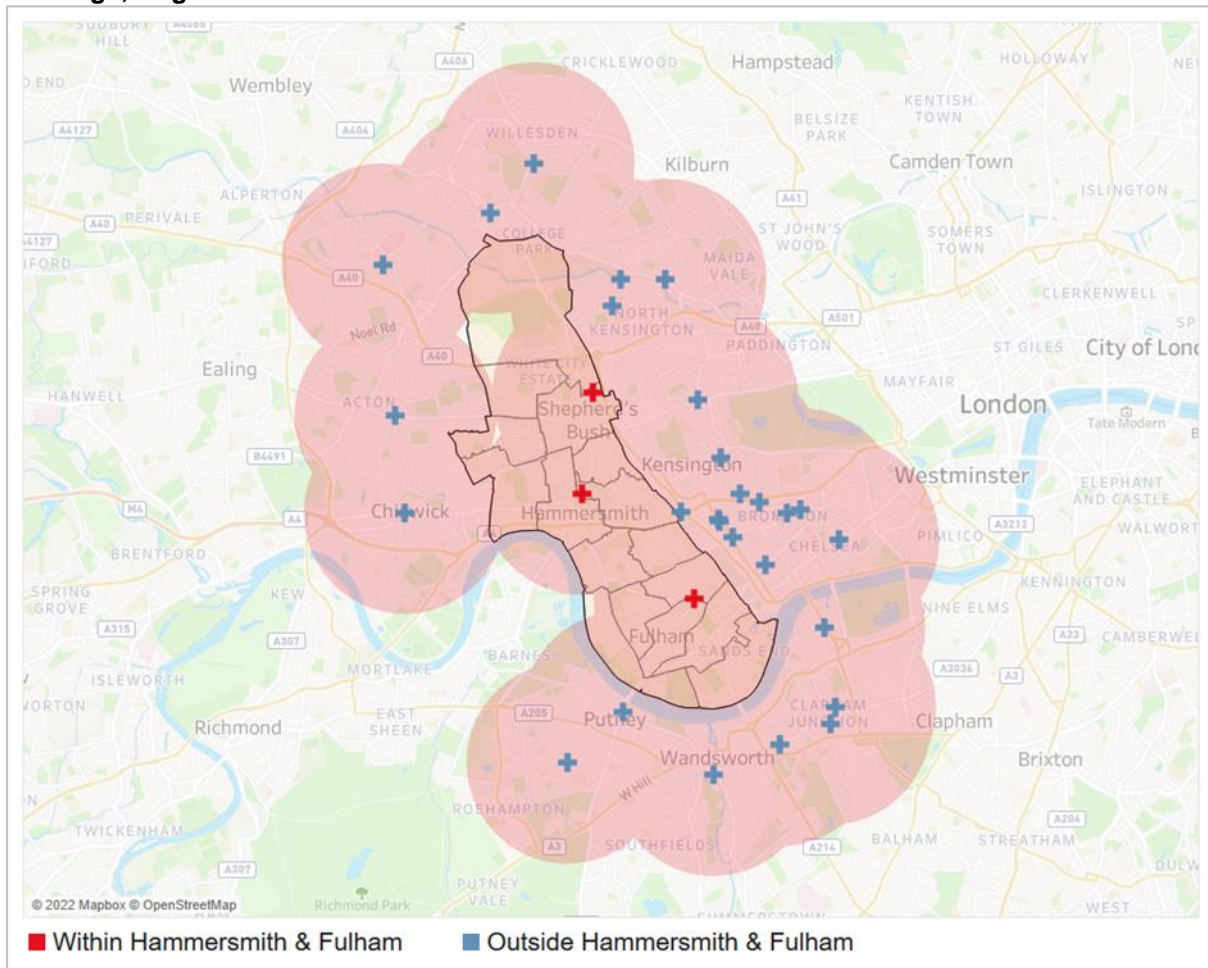
Pharmacy	Address	Ward
Fontain Pharmacy	290 Munster Road, London	Munster
Boots The Chemist	Unit 7, Fulham Broadway, Retail Centre, Fulham Road, London	Town
Jhoots Pharmacy	Richford Gate Health Ctr, 49 Richford Gate, Richford Street	Hammersmith Broadway
Superdrug Pharmacy	65-69 King Street, Hammersmith	Hammersmith Broadway
Tesco In-Store Pharmacy	180 Shepherds Bush Road, London	Avonmore and Brook Green

Source: NHS England, 2022

Late evening closure

7.28 There are three pharmacies in the borough that still open after 7pm on weekdays, with 27 other pharmacies within 1 mile of Hammersmith & Fulham (see Figure 7.10 and Table 7.3).

Figure 7.10: Community Pharmacies that are open after 7pm on weekdays and their 1-mile coverage, August 2022



Source: NHS England, 2022

Table 7.3: Community Pharmacies closing after 7pm on weekdays in Hammersmith & Fulham

Pharmacy	Address	Ward
Boots The Chemist	Unit 7, Fulham Broadway, Retail Centre, Fulham Road, London	Town
Tesco In-Store Pharmacy	180 Shepherds Bush Road, London	Avonmore and Brook Green
Your Local Boots Pharmacy	Unit 1225, Westfield S/Ctr, Ariel Way, White City	Shepherd's Bush Green

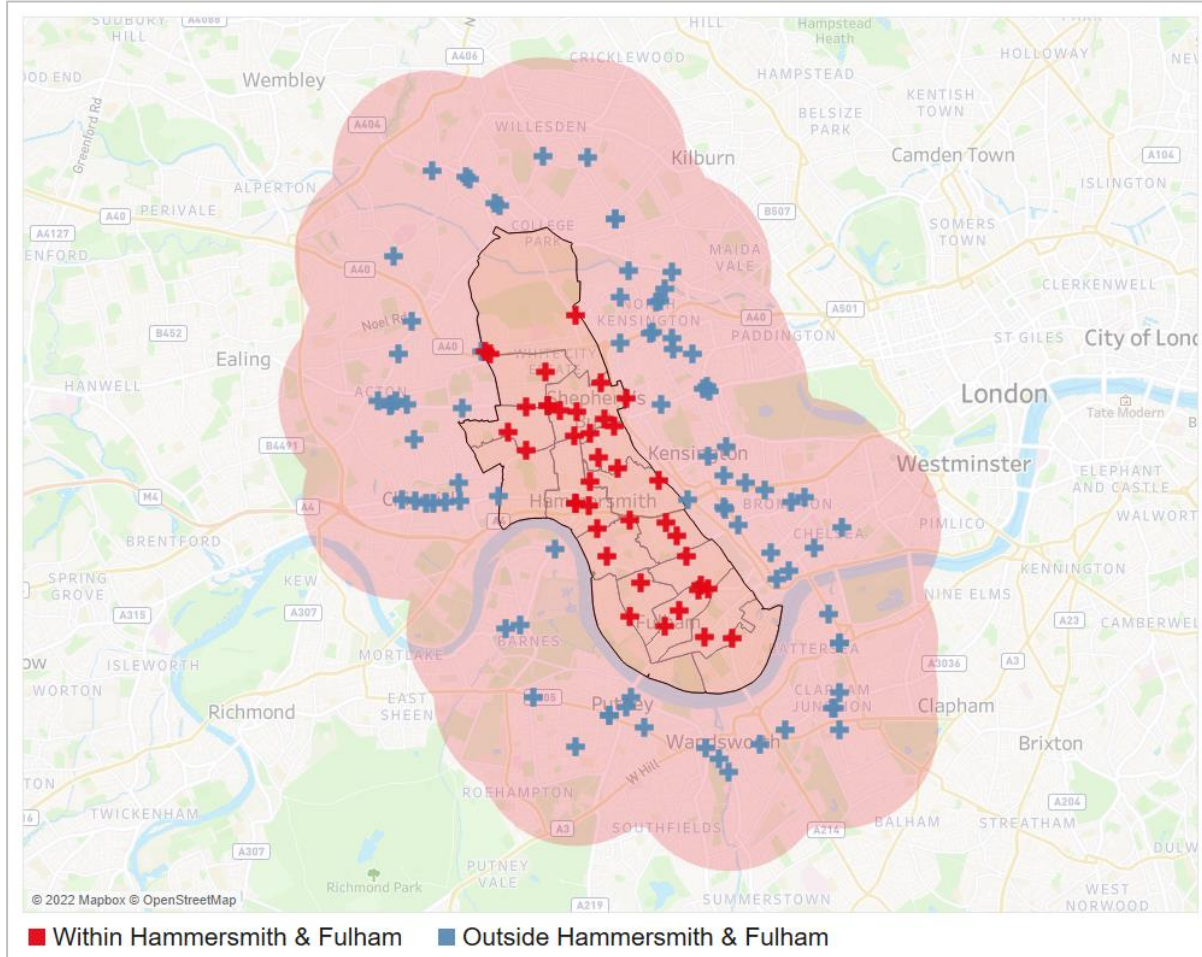
Source: NHS England, 2021

7.29 In terms of travel distance, 100% of Hammersmith & Fulham residents live within 20-minute reach of an early opening and late closing pharmacy by public transport (OHID, SHAPE Atlas Tool, 2021).

Saturday opening

7.30 A vast majority of the community pharmacies in Hammersmith & Fulham (39/41) are open on Saturday. There are additional 82 pharmacies near the borough's border that are also open on Saturday (Figure 7.11).

Figure 7.11: Community Pharmacies open on Saturday and their 1-mile coverage, August 2022

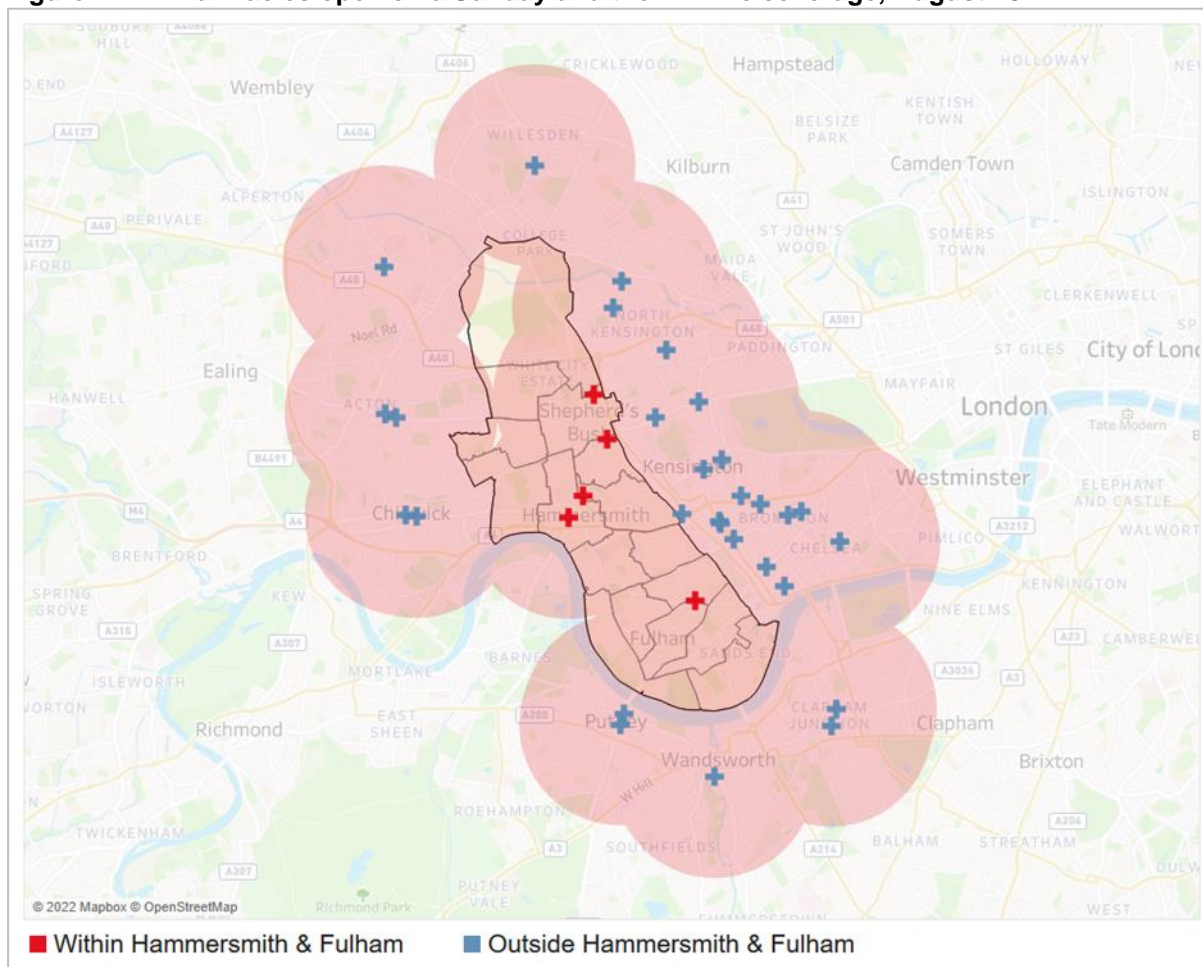


Source: NHS England, 2022

Sunday opening

7.31 Five pharmacies are open on a Sunday within the borough, with 29 open in boroughs around Hammersmith & Fulham within 1 mile of its borders (Figure 7.12 and Table 7.4).

Figure 7.12: Pharmacies open on a Sunday and their 1-mile coverage, August 2022



Source: NHS England, 2022

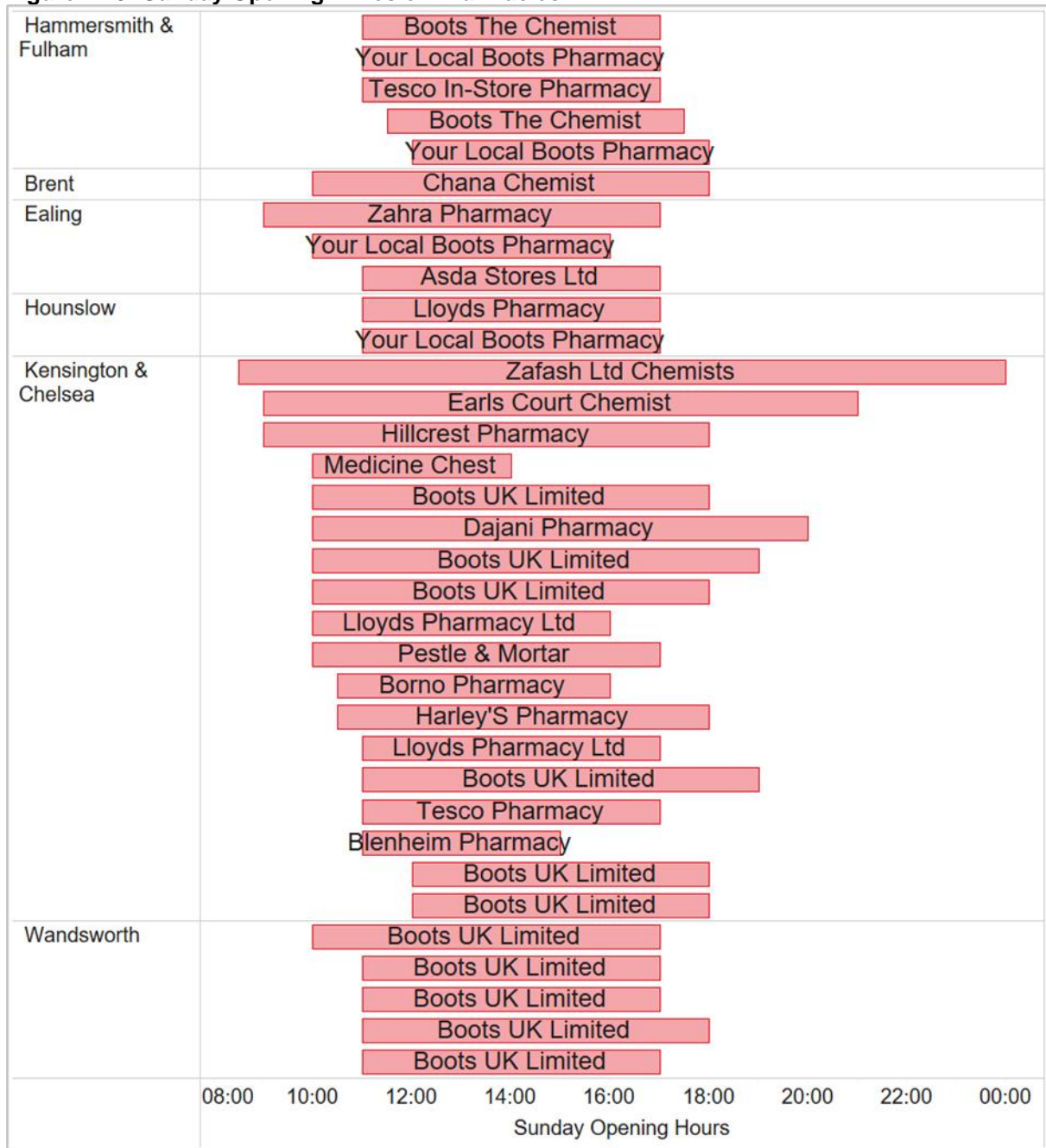
Table 7.4: Community Pharmacies open on Sunday in Hammersmith & Fulham, August 2022

Pharmacy	Address	Ward
Boots The Chemist	Unit 7, Fulham Broadway, Retail Centre, Fulham Road, London	Town
Boots The Chemist	Unit 5-6, West 12 Shopping Centre, Shepherds Bush	Addison
Your Local Boots Pharmacy	43 King Street, Hammersmith, London	Hammersmith Broadway
Tesco In-Store Pharmacy	180 Shepherds Bush Road, London	Avonmore and Brook Green
Your Local Boots Pharmacy	Unit 1225, Westfield S/Ctr, Ariel Way, White City	Shepherd's Bush Green

Source: NHS England, 2022

7.32 Overall, as shown in Figure 7.13, there is a good range of Sunday opening hours offered to Hammersmith & Fulham residents.

Figure 7.13: Sunday Opening Times of Pharmacies



Source: NHS England, 2022

7.33 All Hammersmith & Fulham residents can reach an early morning, late evening, Saturday opening and Sunday opening pharmacy in 20 minutes if travelling by public transport (OHID, Shape Atlas Tool, 2022).

Essential services

7.34 Essential services are offered by all pharmacy contractors as part of the NHS Community Pharmacy Contractual Framework. All pharmacy contractors are required to deliver and comply with the specifications for all essential services. These are:

- Dispensing Medicines
- Dispensing Appliances
- Repeat Dispensing
- Clinical governance
- Discharge Medicines Service
- Promotion of Healthy Lifestyles
- Signposting
- Support for self-care
- Disposal of Unwanted Medicines

Dispensing

7.35 Hammersmith & Fulham pharmacies dispense an average of 5,281 items per month (based on NHS Business Services Authority, 2020/21 financial year data). This is slightly below the London average of 5,295 per month and below the England average of 6,675 per month, indicating there is good distribution and capacity amongst Hammersmith & Fulham pharmacies to fulfil current and anticipated need in the lifetime of this PNA.

Summary of the accessibility pharmacy services and of essential services

Overall, there is good pharmacy coverage to provide essential services across the borough both inside working hours and outside normal working hours.

Advanced pharmacy services

7.36 Advanced services are NHS England commissioned services that community pharmacy contractors and dispensing appliance contractors can provide subject to accreditation as necessary.

7.37 As of October 2021, the following services may be provided by pharmacies:

- new medicine service

- community pharmacy seasonal influenza vaccination
- community pharmacist consultation service
- hypertension case-finding service, and
- community pharmacy hepatitis C antibody testing service.

7.38 In early 2022 a stop-smoking service in pharmacies will be introduced for patients who started their stop-smoking journey in hospital.

7.39 There are two appliance advanced services that pharmacies and dispensing appliance contractors may choose to provide:

1. appliance use reviews, and
2. stoma appliance customisation.

New Medicines Services

7.40 The New Medicine Service (NMS) supports patients with long-term conditions, who are taking a newly prescribed medicine, to help improve medicines adherence.

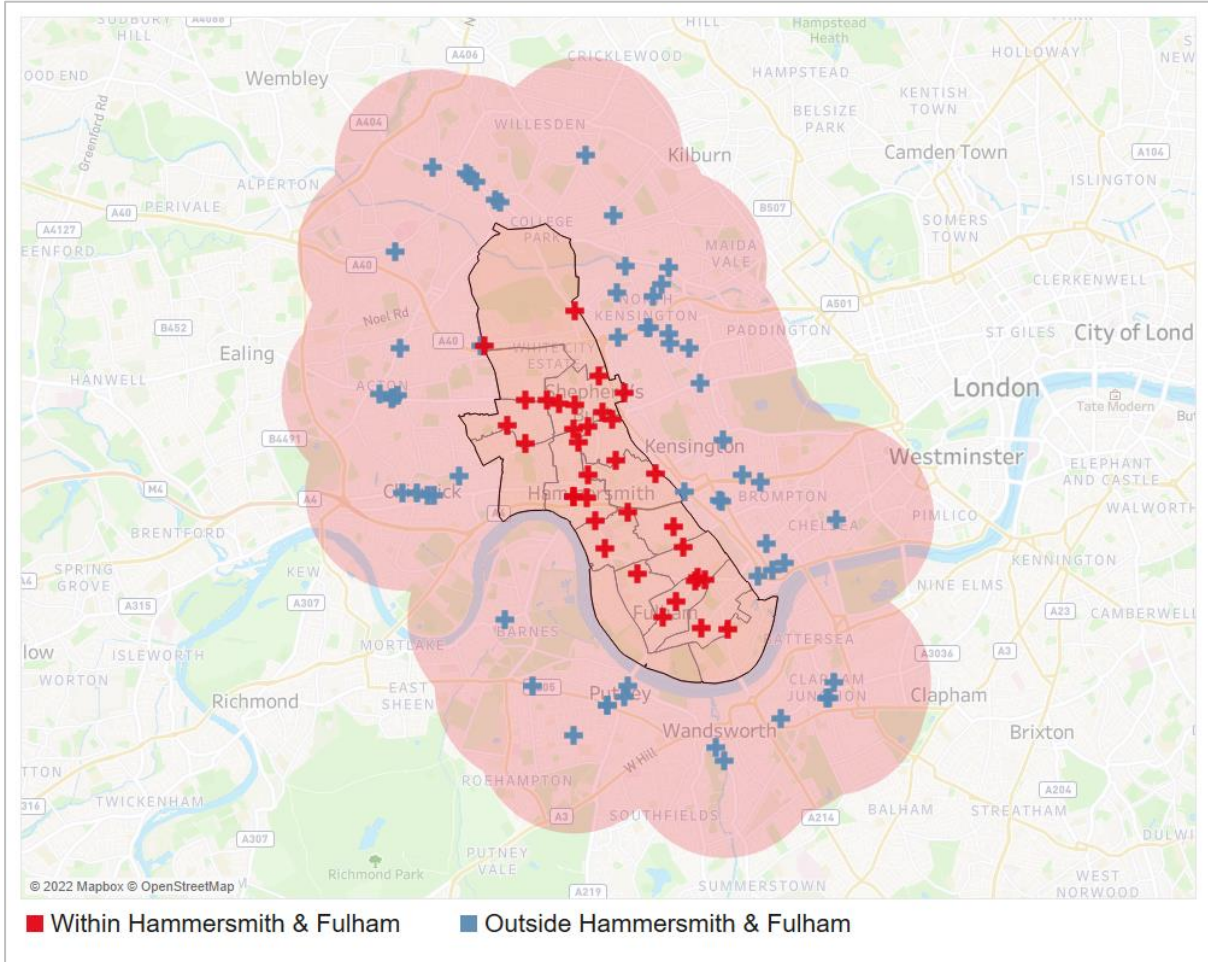
7.41 This service is designed to improve patients' understanding of a newly prescribed medicine for their long-term condition, and to help them get the most from the medicine. It aims to improve adherence to new medication, focusing on people with specific conditions, namely:

- Asthma and COPD
- Type 2 diabetes
- Antiplatelet or anticoagulation therapy
- Hypertension

7.42 New Medicines Service can only be provided by pharmacies and is conducted in a private consultation area to ensure patient confidentiality.

7.43 Thirty-four pharmacies in Hammersmith & Fulham provided NMS in 2020/21. There are an additional 56 pharmacies in bordering boroughs that provided NMS. All these pharmacies are shown in Figure 7.14 below.

Figure 7.14: Pharmacies providing NMS and their 1-mile coverage, October 2021



Source: NHS England, 2021

Table 7.5: Number of NMS provided by Hammersmith & Fulham pharmacies by ward, 2020/21

Ward	Number of Pharmacies	Total Number of NMSs provided	Average Number per Ward
Shepherd's Bush Green	8	497	62
Town	5	344	69
Hammersmith Broadway	5	220	44
Fulham Reach	2	77	39
College Park and Old Oak	2	467	234
Avonmore and Brook Green	2	194	97
Askew	2	143	72
Addison	2	221	111
Wormholt and White City	1	40	40
Sands End	1	209	209
Parsons Green and Walham	1	3	3
North End	1	1	1
Munster	1	25	25
Fulham Broadway	1	52	52
Borough Total	34	2,493	73

Source: NHS England, 2021

7.44 NMS are supplied widely across the borough within areas of high density and need, therefore the current provision of the NMS is sufficient to meet the needs of this borough.

Community pharmacy seasonal influenza vaccination

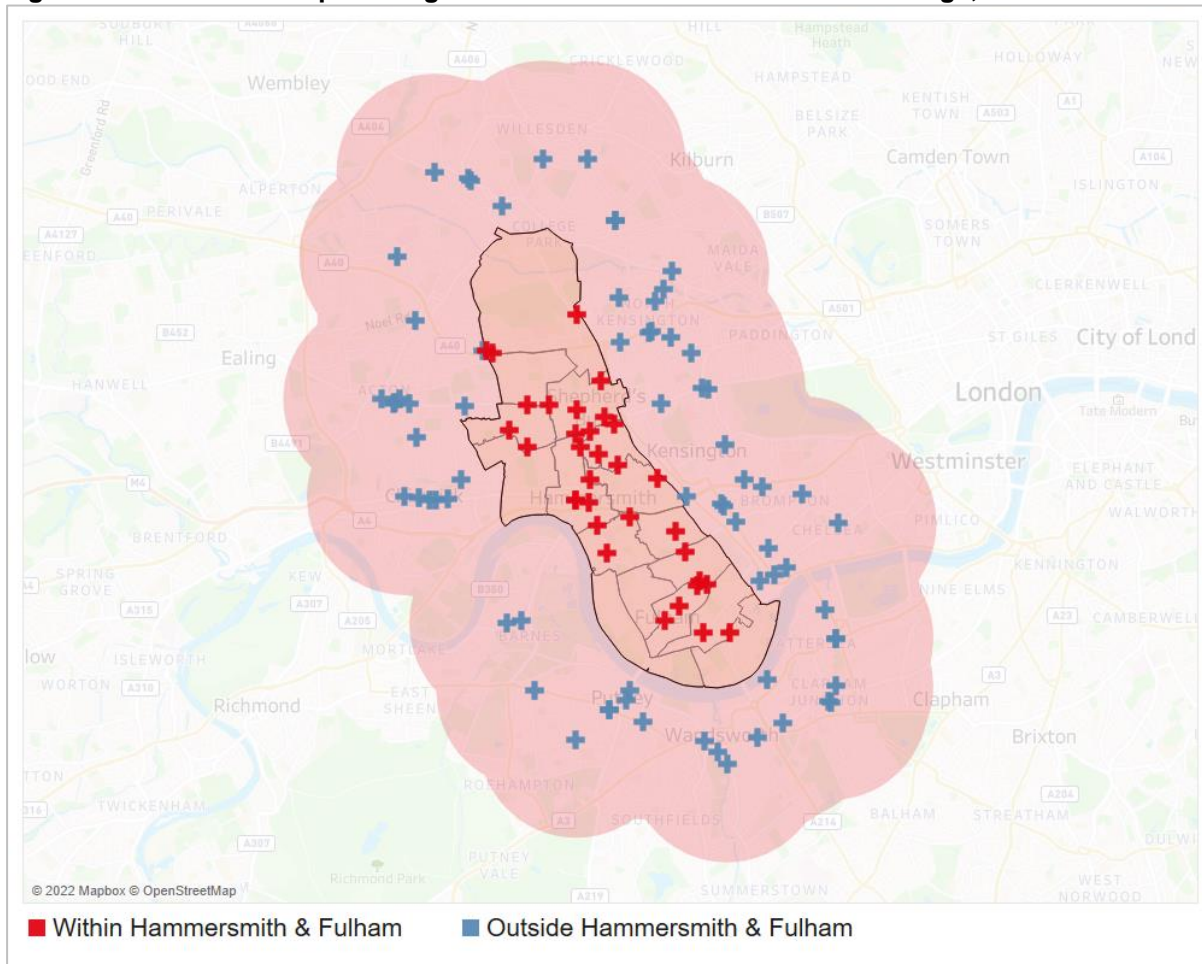
7.45 Flu vaccination by injection, commonly known as the "flu jab" is available every year on the NHS to protect certain groups who are at risk of developing potentially serious complications, such as:

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

7.46 GPs currently provide majority of the flu vaccinations and pharmacies can help improve access to this service given their convenient locations, extended opening hours and walk-in service. The National Advanced Flu Service is an advanced service commissioned by NHS England to maximise the uptake of the flu vaccine by those who are 'at-risk' due to ill-health or long terms condition.

7.47 A large proportion of community pharmacies in the borough provided flu vaccines (33/40) in Hammersmith & Fulham in 2020/21. Another 70 outside but bordering the borough provided the service. The distribution of these pharmacies is shown in Figure 7.15 and Table 7.6.

Figure 7.15: Pharmacies providing Flu vaccination and their 1-mile coverage, October 2021



Source: NHS England, 2021

Table 7.6: Pharmacies that provide Flu Vaccinations in Hammersmith & Fulham by ward, October 2021

Ward	Number of Pharmacies
Shepherd's Bush Green	6
Town	5
Hammersmith Broadway	5
College Park and Old Oak	3
Addison	3
Fulham Reach	2
Avonmore and Brook Green	2
Askew	2
Wormholt and White City	1
Sands End	1
Parsons Green and Walham	1
North End	1
Fulham Broadway	1

Source: NHS England, 2021

7.48 Overall, there is strong coverage of this service across Hammersmith & Fulham. Therefore, the current provision Advanced Flu Service is sufficient to meet the needs of this borough. However, as identified in Chapter 5, flu vaccination uptake in the borough is low. Commissioners should explore with providers ways of working with existing contractors to promote the services to increase vaccination uptake.

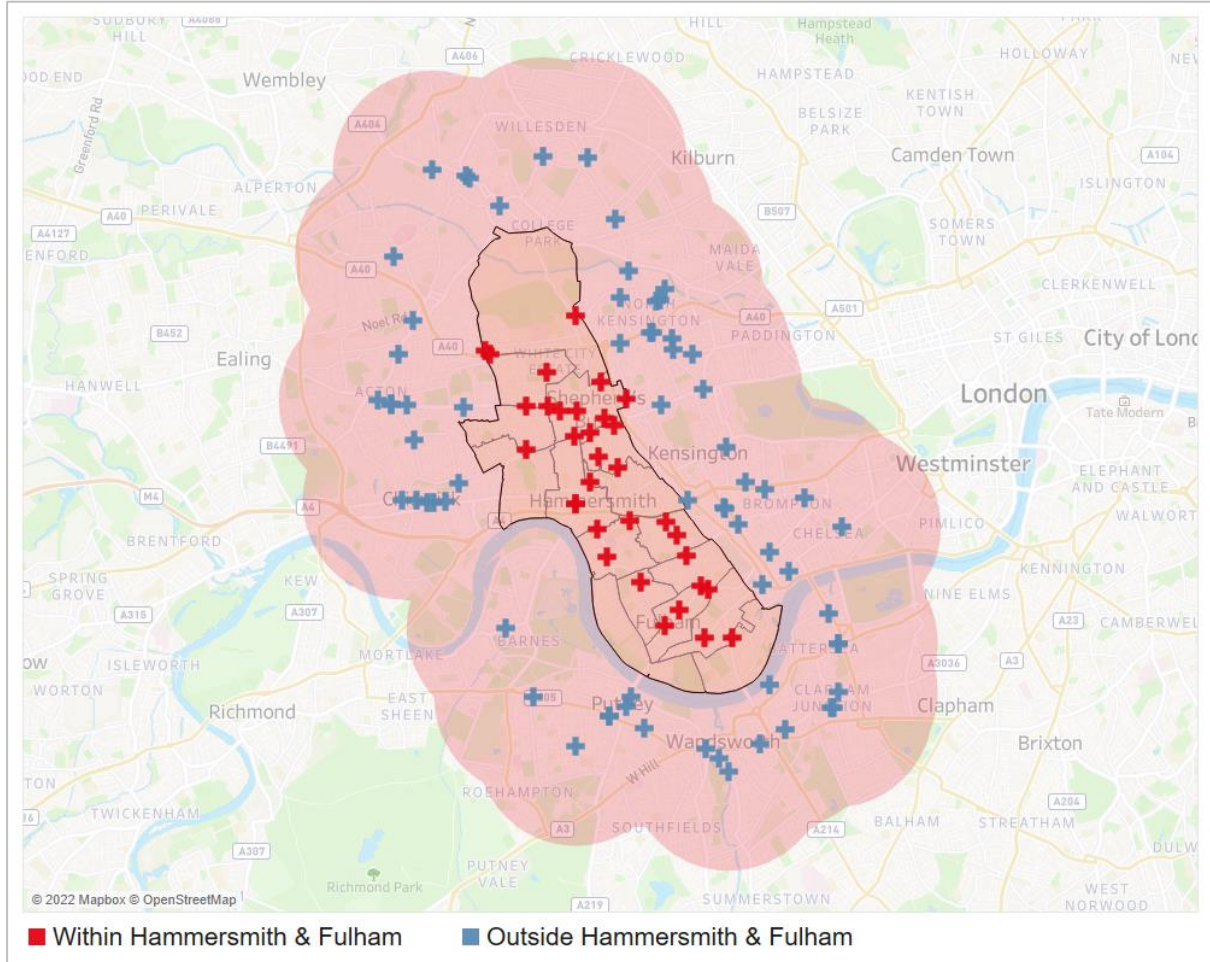
Community pharmacist consultation service (CPCS)

7.49 The community pharmacist consultation service (CPCS) is a new service provided by pharmacies, launched in October 2019. The aims of the service are to support the integration of community pharmacy into the urgent care system, and to divert patients with lower acuity conditions or who require urgent prescriptions from the urgent care system and to community pharmacies.

7.50 It also offers patients who contact NHS 111 the opportunity to access appropriate urgent care services in a convenient and easily accessible community pharmacy setting, on referral from an NHS 111 call advisor and via the NHS 111 Online service.

7.51 There is strong coverage of CPCS in Hammersmith & Fulham. 33 pharmacies in the borough provided CPCS in 2020/21. There are an additional 67 pharmacies in neighbouring boroughs that provided the service (Figure 7.16 and Table 7.7).

Figure 7.16: Pharmacies providing CPCS and their 1-mile coverage, October 2021



Source: NHS England, 2021

Table 7.7: Pharmacies that provide CPCS in Hammersmith & Fulham by ward, October 2021

Ward	Number of Pharmacies
Shepherd's Bush Green	8
Town	4
Hammersmith Broadway	3
College Park and Old Oak	3
Addison	3
Wormholt and White City	2
North End	2
Fulham Reach	2
Sands End	1
Parsons Green and Walham	1
Munster	1
Fulham Broadway	1
Avonmore and Brook Green	1
Askew	1

Source: NHS England, 2021

7.52 The current provision of CPCS is sufficient to meet the needs of this borough.

Hypertension case-finding service

7.53 Hypertension case-finding service is a relatively new service and at the time of publication PSNC sourced 25 pharmacies have signed up to provide the service.

Community pharmacy hepatitis C antibody testing service

7.54 NHSE data does not show any pharmacy offering Community pharmacy hepatitis C antibody testing service as of the time of publication.

7.55 Twenty-five respondents to the contractor survey indicated being willing to provide the service if commissioned.

Appliance Use Reviews (AURs)

7.56 Appliance Use Review (AUR) is another advanced service that community pharmacy and appliance contractors can choose to provide so long as they fulfil certain criteria.

7.57 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 help patients to better understand and use their prescribed appliances 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.

7.58 No pharmacies within or bordering the borough provided this service in 2020/21. However, Hammersmith & Fulham pharmacies have indicated they are able to provide this service if there a need is identified. AURs can also be provided by prescribing health and social care providers. Therefore, the current provision of the AUR service is sufficient to meet the current needs of this borough.

Stoma Appliance Customisation service (SAC)

7.59 The SAC 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.

7.60 No pharmacies provided SACs within Hammersmith & Fulham in 2020/21, but two within 1km of the borough provided the service (one in Brent and another in Ealing).

7.61 Residents can also access the SAC service either from non-pharmacy providers within the borough (e.g., community health services) or from dispensing appliance contractors outside of the borough. Therefore, the current provision of SAC service is sufficient to meet the needs of this borough.

Summary of the Advanced Pharmacy Services

It is concluded that there is currently sufficient provision for the following advanced services to meet the likely needs of residents in Hammersmith & Fulham:

- New medicine service
- Community pharmacy seasonal influenza vaccination
- Community pharmacist consultation service
- Hypertension case-finding service
- Community pharmacy hepatitis C antibody testing service
- Appliance use reviews
- Stoma Appliance Customisation service

At the time of data collection for this PNA, no data was available on stop-smoking service in pharmacies for patients who started their stop-smoking journey in hospital.

Hammersmith & Fulham pharmacies have indicated their willingness to provide these services, therefore no gap is evident for future access to these advanced services.

Enhanced pharmacy services

7.62 There are currently three locally enhanced services commissioned by NHE&I, the London Region. These are the London Seasonal Influenza Vaccination Service, the Bank Holiday Rota Service, and the COVID-19 Vaccination Service.

London seasonal influenza vaccination service

7.63 In addition to the Advanced Flu Service, the NHSE&I London Region commissions the London Pharmacy Vaccination Service. This can be provided by any pharmacy in London. The aims of the service are to:

- sustain and maximise uptake of flu vaccine in at-risk groups by continuing to build the capacity of community pharmacies as an alternative to general practice attendance
- to provide more opportunities and improve convenience for eligible patients to access flu vaccinations
- include provision of flu vaccinations to a wider patient group, including carers, asylum seekers and the homeless and children from 2 to 18 years.

7.64 They also offer provision for pneumococcal vaccination to eligible cohorts and MenACWY for 18–24-year-olds living permanently or temporarily in London.

7.65 As at the time of publication, NHSE data was not yet available for these services.

Bank holiday rota service

7.66 NHSE&I commission pharmacies to open during bank holidays on a rota basis as an enhanced service. This is to ensure pharmacy services are available during bank holidays and they are accessible to other out of hours providers, thus enabling patients to easily access medication if required.

7.67 Two pharmacies provide this service in Hammersmith & Fulham: Marcus Jones Pharmacy in East Acton and Fulham Pharmacy on Fulham Road, Fulham.

COVID-19 vaccination service

7.68 To maximise uptake of COVID-19 vaccine and improve availability of choice and convenience for patients, NHSE&I commissioned pharmacies to provide the COVID-19 vaccine service in their accessible locations. This service is commissioned as and when required. At the time of the production of this PNA, 10 pharmacies provide COVID-19 vaccinations in Hammersmith & Fulham.

Other NHS pharmacy services

7.69 These are services commissioned by the London Borough of Hammersmith & Fulham and Hammersmith & Fulham CCG to fulfil a local population health and wellbeing need. Hammersmith & Fulham enhanced services are listed below:

- Local authority commissioned services:
 - Needle exchange service
 - Supervised consumption service
 - Emergency Hormonal Contraception
- Hammersmith & Fulham CCG commissioned services:
 - Out of hours on demand anticipatory medicines

The provision of these services is explored below.

Needle exchange service

- 7.70 The London Borough of Hammersmith & Fulham commission pharmacies to deliver a needle exchange service.
- 7.71 This service supplies needles, syringes and other equipment used to prepare and take illicit drugs. Good access to this service supports safer use of drugs by injecting drug users by reducing the transmission of viruses and other infections caused by needles and syringes, such as HIV and Hepatitis B and C.
- 7.72 Needle exchange services also aim to reduce the harm caused by injecting drugs through providing information and advice and acting as a gateway to other services, including drug treatment centres.
- 7.73 Eleven pharmacies provide the needle exchange services in Hammersmith & Fulham. Their locations are shown below.

Figure 7.17: Location of pharmacies that provide the needle exchange service in Hammersmith & Fulham, 2022



Source: London Borough of Hammersmith & Fulham, 2022

Table 7.8: Pharmacies that provide the needle exchange service in Hammersmith & Fulham, 2022

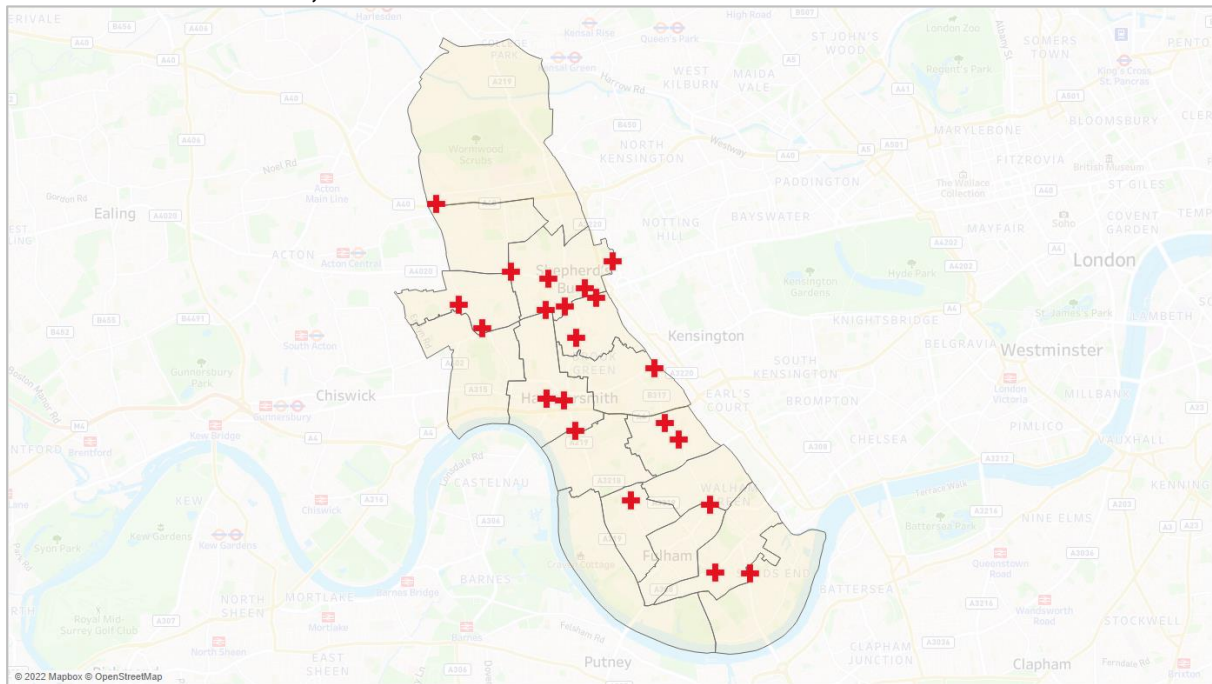
Pharmacy	Address	Ward
Caregrange Pharmacy	9 Goldhawk Road, Shepherds Bush, London	Shepherd's Bush Green
Day Lewis Pharmacy	117-121 Wandsworth Brg Rd, Fulham	Sands End
Fontain Pharmacy	290 Munster Road, London	Munster
Superdrug Pharmacy	92-94 Uxbridge Road, Shepherds Bush, London	Shepherd's Bush Green
Healthside Pharmacy	90 Shepherds Bush Road	Addison
Winwood Chemist	96 Askew Road, London	Askew
Forrest Pharmacy	67 Blythe Road,	Addison
Greenlight Pharmacy	228 Uxbridge Road, Shepherds Bush	Shepherd's Bush Green
Globe Chemist	8 Kings Parade, Askew Road, Shepherds Bush	Askew
Faro Pharmacy	16 Swanscombe Road,	Shepherd's Bush Green
Your Local Boots Pharmacy	31 Broadway Shopping Ctr., Hammersmith	Hammersmith Broadway

Source: London Borough of Hammersmith & Fulham, 2022

Supervised consumption service

- 7.74** The London Borough of Hammersmith & Fulham also commissions community pharmacies to provide supervised consumption as part of treatment services for opioid dependency.
- 7.75** Supervised consumption of opioid substitution treatment forms a critical element of safe and effective treatment in the community. It reduces risk of overdose and non-compliance with treatment, minimises diversion and enables people being treated for opioid dependency to utilise the benefits of pharmacy intervention around health choices. It is typically used for people who are new to treatment and/or have complex needs.
- 7.76** Twenty-two pharmacies in Hammersmith & Fulham offer supervised consumption services. These pharmacies are in areas of high population density and high deprivation (see Figure 7.18 and Table 7.9).

Figure 7.18: Location of pharmacies that provide supervised consumption services in Hammersmith & Fulham, October 2021



Source: London Borough of Hammersmith & Fulham, 2021

Table 7.9: Number of Pharmacies that provide supervised consumption services in Hammersmith & Fulham by ward, 2022

Ward	Number of Pharmacies
Shepherd's Bush Green	6
Hammersmith Broadway	4
Addison	3
North End	2
Askew	2
Town	1
Sands End	1
Parsons Green and Walham	1
Munster	1
College Park and Old Oak	1
Avonmore and Brook Green	1

Source: London Borough of Hammersmith & Fulham, 2022

Emergency hormonal contraception

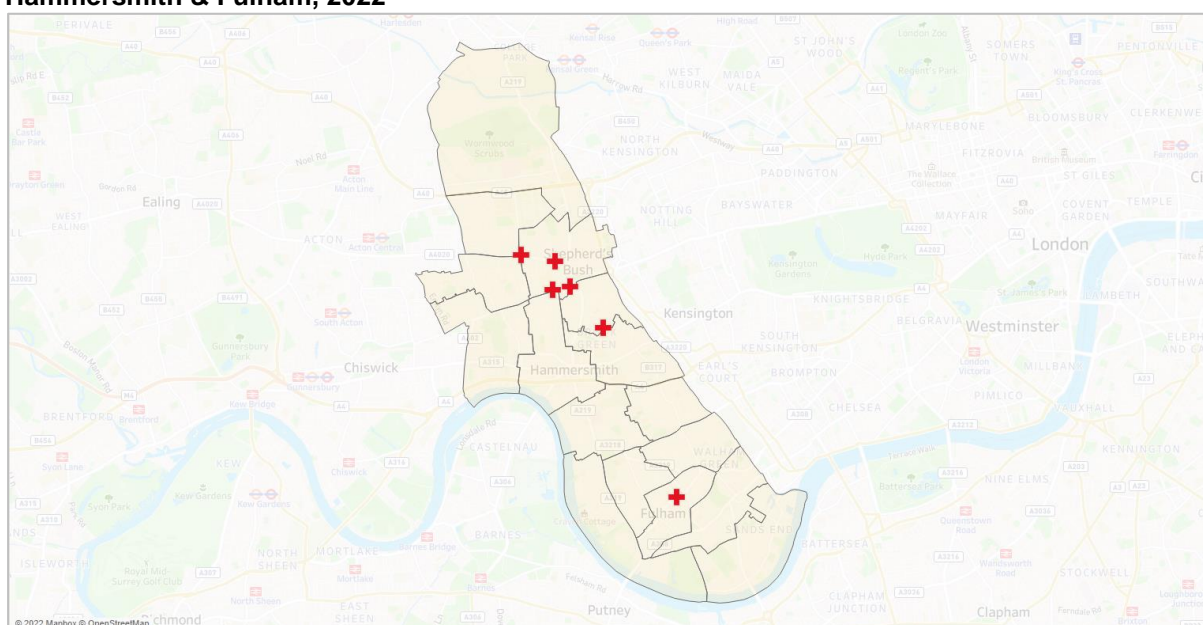
7.77 The London Borough of Hammersmith & Fulham commission pharmacies to deliver two Emergency Hormonal Contraception services. These are:

1. Ulipristal acetate 30mg
2. Levonorgestrel 1.5mg

7.78 Both services are Patient Group Direction services. The aim of the emergency contraception is to reduce the number of unwanted pregnancies in Hammersmith & Fulham. It is for any individual presenting for emergency contraception following unprotected sexual intercourse or failed contraceptive method and who has no contraindications to the medication.

7.79 Six pharmacies provided this service in Hammersmith & Fulham in 2021/22. Their locations are shown in Figure 7.19, and they are listed in Table 7.10 below.

Figure 7.19: Location of pharmacies that provide emergency hormonal contraception in Hammersmith & Fulham, 2022



Source: London Borough of Hammersmith & Fulham, 2022

Table 7.10: Pharmacies that provide emergency hormonal contraception in Hammersmith & Fulham by ward, October 2022

Pharmacy	Address	Ward
Caregrange Pharmacy	9 Goldhawk Road, Shepherds Bush, London	Shepherd's Bush Green
Lime Grove Pharmacy	66 Goldhawk Road, Shepherds Bush	Shepherd's Bush Green
Bush Pharmacy	334 Uxbridge Road, London,	Shepherd's Bush Green
Forrest Pharmacy	67 Blythe Road,	Addison
Greenlight Pharmacy	228 Uxbridge Road, Shepherds Bush	Shepherd's Bush Green
Fulham Pharmacy	608 Fulham Road	Town

Source: London Borough of Hammersmith & Fulham, 2022

Out of hours on demand anticipatory medicines

- 7.80** This service is commissioned by NHS Hammersmith & Fulham CCG to support urgent access to palliative care medications and proactive management of symptom control for patients with a terminal illness.
- 7.81** Patients may be prescribed different type or strengths of medication which they need to access urgently. Emergency supply of palliative care drugs from community pharmacy, especially those which are rarely used is not always available from community pharmacies.
- 7.82** This service prevents patient distress and avoidable emergency contact and admissions if patient or their carers experience delays in accessing their medication. Enabling patients to access their required palliative care medication in a timely manner can mean that they can stay at home rather than being admitted into hospital for symptom management.
- 7.83** The aim of the service is to provide service users with prompt access to a range of palliative care and specialist medications when they are required, considering the demand for these specialist medicines maybe urgent and / or unpredictable.
- 7.84** The objectives of this service are to: -
- Provide a service which is available closer to home
 - To improve access and choice for patients
 - Patients are treated with dignity and respect
 - Prevent unnecessary and inappropriate emergency admissions which has an emphasis on providing better value for money
 - Improve health and wellbeing and care outcomes for patients
 - Support the patient's end of life pathway and the option to die in their usual place of residence.
- 7.85** Four pharmacies provide out of hours on demand anticipatory medicines services in Hammersmith & Fulham (NHS Hammersmith & Fulham CCG, 2022).

Summary of other NHS pharmacy services

It is concluded that there is currently sufficient provision for the following other NHS services to meet the likely needs of residents in Hammersmith & Fulham:

- Needle exchange
- supervised consumption
- Sexual health services
- Out of hours on demand anticipatory medicines

Additional considerations from Contractor Survey Responses

Languages spoken in Pharmacies

7.86 According to the contractor survey responses, there are a wide range of languages spoken in Hammersmith & Fulham pharmacies. The most common languages besides English spoken by pharmacy staff are Arabic, Gujarati, and Hindi. As identified in chapter 4, the most common non-English languages for the borough's residents are French, Arabic and Spanish. Table 7.11 lists the most common languages spoken by a member of staff in Hammersmith & Fulham pharmacies.

Table 7.11: Top 10 languages spoken by a member of staff at the pharmacies in Hammersmith & Fulham

Language	Number of Pharmacies
Arabic	18
Gujarati	18
Hindi	15
Urdu	10
Farsi	8
Polish	6
Punjabi	6
French	5
Spanish	4
Mandarin	3

Source: Hammersmith & Fulham Contractor Survey, 2022

Chapter 8 – Conclusions

8.1 This PNA has considered the current provision of pharmaceutical services across Hammersmith and Fulham alongside the health needs and demographics of its population.

8.2 It has assessed whether current provision meets the needs of the population and whether there are any gaps in the provision of pharmaceutical services either now or within the lifetime of this document, 1st October 2022 to 30th September 2025.

8.3 This chapter will summarise the provision of these services in Hammersmith and Fulham and its surrounding local authorities.

Current provision

8.4 The Hammersmith and Fulham PNA steering group has identified the following services as necessary to this PNA to meet the need for pharmaceutical services:

- Essential services provided at all premises included in the pharmaceutical lists.

8.5 Other Relevant Services are 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 medicines. The Hammersmith and Fulham PNA steering group has identified the following as Other Relevant Services:

- Adequate provision of advanced, enhanced, and other NHS pharmacy services to meet the need of the local population.

Current access to essential services

8.6 In assessing the provision of essential services against the needs of the population, the PNA steering group considered access as the most important factor in determining the extent to which the current provision of essential services meets the needs of the population. To determine the level of access within the borough to pharmaceutical services, the following criteria were considered:

- The ratio of community pharmacies per 10,000 population
- Distance and travel time to pharmacies
- Opening hours of pharmacies
- Proximity of pharmacies to GP practices

- 8.7** There are 2.3 community pharmacies per 10,000 residents in Hammersmith and Fulham. This ratio is just above the national average of 2.2. As indicated by the contractor survey, the pharmacies have capacity to offer more services.
- 8.8** All of the borough's population is within 1 mile of a pharmacy. Additionally, all residents are within a 20-minute commute of a pharmacy via public transport. All GP practices are also within 1 mile of a pharmacy.
- 8.9** Considering all this, the residents of the borough are well served in terms of the number and location of pharmacies.

Current access to essential services during normal working hours

- 8.10** All pharmacies are open for at least 40 hours each week. There are 41 community pharmacies in the borough, providing good access as determined in Chapter 7.

The results of the PNA conclude that there are no current gaps in the provision of essential services outside normal working hours in lifetime of this PNA.

Current access to essential services outside normal working hours

- 8.11** On weekdays, five pharmacies are open before 9am and three are open after 7pm. These are mapped out on Chapter 7 and show good coverage of services available on weekdays outside normal working hours.
- 8.12** Thirty-nine of the borough's 41 community pharmacies are open on Saturday. Five pharmacies in the borough are open on Sunday. Considering these pharmacies and those in neighbouring local authorities, as shown in the maps in Chapter 7, there is adequate accessibility of pharmacies to residents on weekends.

The results of the PNA conclude that there are no current gaps in the provision of essential services outside normal working hours in lifetime of this PNA.

Current access to advanced services

- 8.13** The following advanced services are currently available for provision by community pharmacies: new medicine service, community pharmacy seasonal influenza vaccination, community pharmacist consultation service, hypertension case-finding service, community pharmacy hepatitis C antibody testing service, COVID-19 lateral flow device distribution

service, COVID-19 medicines delivery service, appliance use reviews and stoma appliance customisation.

- 8.14 NMS is widely available with 34 pharmacies in the borough providing it.
- 8.15 Flu vaccinations are also widely provided, with 33 pharmacies in the borough offering them. However, commissioners could work with providers to promote the service to improve uptake of flu vaccinations in the borough.
- 8.16 33 of the borough's 41 community pharmacies offer the Community Pharmacy Consultation Service.
- 8.17 Hypertension case-finding service, hepatitis C antibody testing service, COVID-19 lateral flow device distribution and COVID-19 medicines, are all relatively new services for which no data is available yet.
- 8.18 No Hammersmith and Fulham pharmacy recording providing AURS in the last year. However, pharmacies have indicated they are able to provide these if there is a need. Advice on the use of appliances may also be offered by the hospital or clinic prescribing appliances or from a DAC.
- 8.19 Though no pharmacies provided Stoma Appliance Customisation service in the past year, the service is available from non-pharmacy providers within the borough such as community health services and from DACs outside the borough.
- 8.20 It is therefore concluded that there is sufficient provision of advanced services to meet the needs of the residents of Hammersmith and Fulham.

The results of the PNA conclude that there are no current gaps in the provision of advanced services for the lifetime of this PNA.

Current access to enhanced pharmacy services

- 8.21 There are currently three enhanced services commissioned by the London region of NHSE&I. These are the London Seasonal Influenza Vaccination Service, the Bank Holiday Rota Service (provided by two pharmacies) and the COVID-19 Vaccination Service (delivered by ten pharmacies). These are commissioned as and when required.

The results of the PNA conclude that there are no gaps in the provision of enhanced pharmacy services for the lifetime of this PNA.

Current access to other NHS pharmacy services

- 8.22** These services are commissioned by the London Borough of Hammersmith and Fulham and Hammersmith and Fulham CCG. Pharmacies are commissioned to deliver these services to fulfil the specific health and wellbeing of the Hammersmith and Fulham population. These services include needle exchange, supervised consumption, emergency hormonal contraception services and out of hours on demand anticipatory medicines provision.
- 8.23** 11 pharmacies offer the needle exchange while 22 offer supervised consumption services. Emergency hormonal contraception services are available from six pharmacies while out of hours on demand anticipatory medicines can be obtained from four pharmacies.
- 8.24** Overall, there is very good availability of other NHS pharmacy services in the borough.

The results of the PNA conclude that there are no current gaps in the provision of locally commissioned (other NHS) pharmacy services in the lifetime of this PNA.

Future Provision

- 8.25** The Health and Wellbeing Board has considered the following future developments:
- Forecasted population growth
 - Housing Development information
 - Regeneration projects
 - Changes in the provision of health and social care services
 - Other changes to the demand for services

Future access to essential services

Future access to essential services during normal working hours

- 8.26** The PNA is not aware of any firm plans for changes in the provision of Health and Social Care services within the lifetime of this PNA.
- 8.27** The PNA is aware of and has considered the proposed new housing developments in Hammersmith and Fulham, particularly the larger developments that are: the White City Regeneration area, South Fulham Riverside and Fulham Regeneration Area. The analysis has considered these developments, and other causes of population increases, and

concluded that pharmacy provision within Hammersmith and Fulham is well placed to support these during the lifetime of the PNA.

The results of the PNA conclude that there are no gaps in the future provision of essential services during normal working hours in the lifetime of this PNA.

Future access to essential services outside normal working hours

- 8.28** The Health and Wellbeing Board is not aware of any notifications to change the supplementary opening hours for pharmacies at the time of publication.

The results of the PNA conclude that there are no gaps in the future provision of essential services outside of normal working hours in the lifetime of this PNA.

Future access to advanced services

- 8.29** Through the contractor survey, local pharmacies have indicated that they have capacity to meet future increases in demand for advanced services.

The results of the PNA conclude that there are no gaps in the future provision of advanced services in the lifetime of this PNA.

Future access to enhanced services

- 8.30** Through the contractor survey, local pharmacies have indicated that they have capacity to meet future increases in demand for enhanced services.

The results of the PNA conclude that there are no gaps in the future provision of enhanced services in the lifetime of this PNA.

Future access to other NHS pharmacy services

- 8.31** Through the contractor survey, local pharmacies have indicated that they have capacity to meet future increases in demand for other NHS pharmacy services.

The results of the PNA conclude no gaps in the future provision of locally commissioned (other NHS) services in the lifetime of this PNA

Improvements and better access

Current and future access to essential services

- 8.32** In consideration of population health and wellbeing needs and needs of those who share protected characteristics, the PNA did not identify any services, that if provided, either now or in future, would secure improvements or better access to essential services. Further, there is sufficient capacity to meet any increased future demand.

The results of the PNA conclude are no unmet pharmaceutical needs in essential services, that if provided, either now or in the future, would secure improvements or better access to essential services, in the lifetime of this PNA.

Current and future access to advanced services

- 8.33** NMS, CPCS and flu vaccination services are all widely available throughout Hammersmith and Fulham.
- 8.34** Though there is no data available publicly for the relatively new services, namely Hypertension case-finding and hepatitis C antibody testing services, there is sufficient capacity for the pharmacies to provide them.
- 8.35** Pharmacies are willing and have capacity to provide both SAC and AUR. Additionally, advice on both services is offered by hospital and other health providers.
- 8.36** The PNA analysis has concluded that there is sufficient capacity to meet any increased demand of advanced services.

The results of the PNA conclude that there is no additional need in the provision of advanced services at present or in the future, that would secure improvements or better access to advanced services in the lifetime of this PNA.

Current and future access to enhanced pharmacy services

- 8.37** There is good provision of services commissioned by NHE&I, the London Region. The PNA did not find any evidence to conclude that the services these pharmacies offer should be expanded.

The results of the PNA conclude that there are no gaps, either now or in the future, that if provided would secure improvements or better access to Enhanced Pharmacy Services in the area.

Current and future access to other NHS pharmacy services

- 8.38** These are commissioned as and when required. The PNA did not identify any services, that if provided either now or in future would secure improvements or better access to the enhanced services offered. Through the contractor survey local pharmacies have indicated that they have capacity for future increases in demand for other NHS pharmacy services.

The results of the PNA conclude that there is no additional need, either now or in the future, that if provided would secure improvements or better access to other locally commissioned services in the area in the lifetime of this PNA.

Recommendations

- 8.39** The Health and Wellbeing Board's ambition is to build on partnerships with pharmacies and NHS England to address public health issues in LBHF. The following recommendations recognise the role community pharmacies play in addressing public health issues at a community level.
- 8.40** **Recommendation 1:** The proportion of 5-year-old children with **visible dental decay** is high in LBHF in comparison to regional and national figures. NHS England commissioners should work with the community dental health service and local pharmacies to develop an offer of support that pharmacies can deliver to address and reduce dental decay in LBHF. This can include signposting patients to dental health services, recommending effective dental products for good dental hygiene, and promoting good oral health routine.
- 8.41** **Recommendation 2: Cancer screening** coverage is low for cervical, breast and bowel cancer in LBHF in comparison to the rest of England. LBHF should work with pharmacies to ensure pharmacy staff are aware of the cancer screening programmes that are available, their eligibility criteria and can promote them within their pharmacies. In particular, LBHF should work with pharmacies to ensure they have appropriate training on promoting the Bowel Cancer Screening programmes so that they can identify patients that are eligible for the programme or are presenting with symptoms related to bowel cancer and ask them if they have received and completed the screening kit.
- 8.42** **Recommendation 3:** The LBHF rate of **sexually transmitted infections** (excluding chlamydia) is the third highest in London, the LBHF rate of chlamydia detected is similar to

London figures. LBHF should work with community pharmacies promote access to clinical Sexual Health services, testing through e-services and individual support for residents of LBHF through targeted sexual health advice and information.

- 8.43 Recommendation 4:** All recorded **child immunisations** and **flu immunisation** coverage are low in LBHF in comparison to London and England. There is already a strong provision of flu vaccination services through pharmacies. NHSE&I should explore the potential of offering additional childhood vaccinations through pharmacies to improve convenience and accessibility of the vaccine. Commissioners should also work closely with pharmacy contractors to improve the promotion of childhood vaccinations and flu vaccination through pharmacies to improve uptake.
- 8.44 Recommendation 5:** The under 75 mortality rates for injuries and the **premature mortality rate for adults with severe mental illness** are significantly higher than England and the **suicide rate** is the 5th highest in London. LBHF should work with community pharmacies to ensure pharmacy staff receive Suicide Awareness Training. This will enable them to support efforts to identify people who are in mental health crisis or are feeling suicidal and connect them to local sources of support, including the Single Point of Access helpline for Hammersmith and Fulham residents. In addition, NHSE should consider commissioning pharmacies as local trusted resources to administer depot injections for people with severe and enduring mental illness.
- 8.45 Recommendation 6:** College Park and Old Oak ward will have a **projected 35.7% increase in population** by 2025. The Hammersmith and Fulham PNA steering group should review pharmacy provision in College Park and Old Oak in the 2025-2028 PNA in consideration of the population increases projected that ward for that time.
- 8.46 Recommendation 7:** Dementia diagnosis has been identified as an area of concern by the council. The estimated number of people living with dementia who have a diagnosis is low in LBHF. In addition, LBHF had the 6th highest rate of emergency hospital admissions for people living with dementia (in 2019/20). Community pharmacies can play an important role in identifying people experiencing cognitive difficulties and signpost them to the support they need. LBHF pharmacies could undertake dementia awareness training that encourages open and ongoing discussions around cognitive decline, symptoms of dementia and changes in behaviour. The training may also equip pharmacy staff with the skills and behaviours to be able to support early identification and provide onward referral or signposting to further support.

Appendix A - PNA Steering Group Terms of Reference

Background

The provision of NHS Pharmaceutical Services is a controlled market. Any pharmacist who wishes to provide NHS Pharmaceutical services, must apply to be on the Pharmaceutical List. The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (SI 2013 No. 349) and subsequent amendments set out the system for market entry. Under the Regulations, Health and Wellbeing Boards are responsible for publishing a Pharmaceutical Needs Assessment (PNA); and NHS England is responsible for considering applications.

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

Hammersmith & Fulham Health and Wellbeing Board has now initiated the process to refresh the PNAs by 1st October 2022.

Role

The primary role of the group is to advise and develop structures and processes to support the preparation of a comprehensive, well researched, well considered, and robust PNA, building on expertise from across the local healthcare community; and managed by Healthy Dialogues Ltd.

In addition, the group is responsible for:

- Responding to formal PNA consultations from neighbouring HWBs on behalf of the Health and Wellbeing boards.
- Establishing arrangements to ensure the appropriate maintenance of the PNA, following publication, in accordance with the Regulations.

Objectives

- Ensure the new PNA meets the requirements of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and its amendments. This includes current and future *needs* of pharmaceutical access.

- Develop the PNA so that it documents all locally commissioned services, including public health services commissioned; and services commissioned by the CCG/ICS and other NHS organisations as applicable; and provides the evidence base for future local commissioning.
- Agree a project plan and ensure representation of the full range of stakeholders.
- Ensure a stakeholder and communications plan is developed to inform pre-consultation engagement and to ensure that the formal consultation meets the requirements of the Regulations.
- Ensure that the PNA, although it is a separate document, integrates, and aligns both the joint strategic needs assessment and the health and wellbeing strategies of each of the boroughs as well as other key regional and national strategies.
- Ensure that the requirements for the development and content of PNAs are followed, and that the appropriate assessments are undertaken, in accordance with the Regulations. This includes documenting current and future needs for, or improvements and better access to, pharmaceutical services as will be required by the local populations.
- Approve the framework for the PNA document, including determining the maps which will be included.
- Ensure that the PNA contains sufficient information to inform commissioning of enhanced services, by NHS England and commissioning of locally commissioned services by the CCG and other local health and social care organisations.
- Ensure a robust, and timely consultation is undertaken in accordance with the Regulations, including formally considering and acting upon consultation responses and overseeing the development of the consultation report for inclusion in the final PNA.
- Consider and document the processes by which the HWB will discharge its responsibilities for maintaining the PNA.
- Comment, on behalf of the Hammersmith & Fulham Health and Wellbeing boards, on formal PNA consultations undertaken by neighbouring HWBs
- Advise the HWB, if required, when consulted by NHS England in relation to consolidated applications.
- Document and manage potential and actual conflicts of interest.

Accountability and reporting

Hammersmith & Fulham Health and Wellbeing boards have delegated responsibility for the development and maintenance of the PNA; and for formally responding to consultations from neighbouring HWBs to the PNA Steering Group.

The PNA steering group will be accountable to the Health and Wellbeing board and will report on progress on a two-monthly frequency or as required by the Health and Wellbeing Board. The pre-consultation draft and the final draft PNAs will be presented to the Health and Wellbeing Board for approval.

Membership

Chair: Dr Nicola Lang, London Borough of Hammersmith & Fulham

Name	Organisation
Constance Devys	London Borough of Hammersmith & Fulham
Nicola Ashton	London Borough of Hammersmith & Fulham
Dr Nicola Lang	London Borough of Hammersmith & Fulham
Gerald Alexander, Michael Leveson or another representative	Middlesex Pharmaceutical Group
Punita Patel	NW London CCG, Hammersmith & Fulham Borough
Geoff Cowart	Communications, London Borough of Hammersmith & Fulham
TBC	London-wide LMC
Carleen Duffy	Healthwatch Hammersmith & Fulham

An agreed deputy may be used where the named member of the group is unable to attend. Other staff members / stakeholders may be invited to attend meetings for the purpose of providing advice and/or clarification to the group.

Quorum

A meeting of the group shall be regarded as quorate where there is one representative from each of the following organisations / professions:

- Chair (or nominated deputy)
- Representative from Public Health for Hammersmith & Fulham
- LPC
- Healthy Dialogues

Declaration of Interests

It is important that potential, and actual, conflicts of interest are managed:

- Declaration of interests will be a standing item on each PNA Steering Group agenda.
- A register of interests will be maintained and will be kept under review by the HWB.
- Where a member has a potential or actual conflict of interest for any given agenda item, they will be entitled to participate in the discussion but will not be permitted to be involved in final decision making.

Frequency of meetings

The group will meet monthly or as required for the lifetime of this project. Following publication of the final PNA, the Steering Group will be convened on an 'as required' basis to:

- Fulfil its role in timely maintenance of the PNA
- Advise the HWB, when consulted by NHS England, in relation to consolidated applications

Appendix B – Pharmacy provision within LBHF and 1 mile of its border

HWB	Contract Type	ODS Code	Pharmacy	Address	Post Code	Early Opening	Late Closing	Open on Saturday	Open on Sunday
Hammersmith & Fulham	Community	FHK46	Babylon Health	57 Uxbridge Road, Shepherds Bush, London	W12 8NR	No	No	Yes	No
		FRQ66	Barons Pharmacy	3 Margravine Gardens, Barons Court	W6 8RL	No	No	Yes	No
		FDQ50	Boots The Chemist	Unit 7, Fulham Broadway, Retail Centre, Fulham Road, London	SW6 1BH	Yes	Yes	Yes	Yes
		FE658	Boots The Chemist	Unit 5-6, West 12 Shopping Centre, Shepherds Bush	W12 8PP	No	No	Yes	Yes
		FEE50	Bush Pharmacy	334 Uxbridge Road, London,	W12 7LL	No	No	Yes	No
		FE147	C.E. Harrod Chemist	207 New Kings Road, Fulham,	SW6 4SR	No	No	Yes	No
		FAL39	Caregrange Pharmacy	9 Goldhawk Road, Shepherds Bush, London	W12 8QQ	No	No	Yes	No
		FCJ02	Day Lewis Pharmacy	117-121 Wandsworth Brg Rd, Fulham	SW6 2TP	No	No	Yes	No
		FXM72	Faro Pharmacy	16 Swanscombe Road,	W11 4SX	No	No	Yes	No
		FD905	Fontain Pharmacy	290 Munster Road, London	SW6 6BQ	Yes	No	Yes	No
		FLR27	Forrest Pharmacy	67 Blythe Road,	W14 0HP	No	No	Yes	No
		FWC05	Fulham Pharmacy	608 Fulham Road	SW6 5RP	No	No	Yes	No

HWB	Contract Type	ODS Code	Pharmacy	Address	Post Code	Early Opening	Late Closing	Open on Saturday	Open on Sunday
		FQ417	Globe Chemist	8 Kings Parade, Askew Road, Shepherds Bush	W12 9BA	No	No	Yes	No
		FPK47	Greenlight Pharmacy	228 Uxbridge Road, Shepherds Bush	W12 7JD	No	No	Yes	No
		FK632	H Lloyd Chemist	5 Hammersmith Road, Kensington	W14 8XJ	No	No	Yes	No
		FRT73	Hamlins Chemist	73 Bloemfontein Road, Hammersmith, London	W12 7DA	No	No	Yes	No
		FE803	Hammersmith Pharmacy	109-111 Fulham Palace Rd, Hammersmith	W6 8JA	No	No	Yes	No
		FG861	Healthside Pharmacy	90 Shepherds Bush Road	W6 7PD	No	No	Yes	No
		FV137	Jays Pharmacy	175 Uxbridge Road, Shepherds Bush	W12 9RA	No	No	Yes	No
		FHK84	Jhoots Pharmacy	Richford Gate Health Ctr, 49 Richford Gate, Richford Street	W6 7HY	Yes	No	No	No
		FXQ10	Kanari Pharmacy	682-684 Fulham Road, London	SW6 5SA	No	No	Yes	No
		FC883	Lime Grove Pharmacy	66 Goldhawk Road, Shepherds Bush	W12 8HA	No	No	Yes	No
		FJQ74	Marcus Jones Pharmacy	96 Old Oak Common Lane, East Acton	W3 7DA	No	No	Yes	No
		FWH06	My Pharmacy	10 North Pole Road, London,	W10 6QL	No	No	Yes	No
		FNM06	Myhealth Pharmacy	402 North End Road, Fulham	SW6 1LU	No	No	Yes	No
		FEX79	North End Pharmacy	100A North End Road, West Kensington	W14 9EX	No	No	Yes	No
		FF775	Oza Chemist	9 Fulham Broadway, Fulham, London	SW6 1AA	No	No	Yes	No
		FD872	Palace Pharmacy	331 Fulham Palace Road	SW6 6TE	No	No	Yes	No
		FK506	Parmay Pharmacy	Unit 4, 160 North End Road, West Kensington	W14 9PR	No	No	Yes	No

HWB	Contract Type	ODS Code	Pharmacy	Address	Post Code	Early Opening	Late Closing	Open on Saturday	Open on Sunday
		FM812	Pestle & Mortar	388 Uxbridge Road, London,	W12 7LL	No	No	Yes	No
		FPE14	Pestle & Mortar	59 South Africa Road, London,	W12 7PA	No	No	No	No
		FFQ59	Superdrug Pharmacy	92-94 Uxbridge Road, Shepherds Bush, London	W12 8LR	No	No	Yes	No
		FMF82	Superdrug Pharmacy	65-69 King Street, Hammersmith	W6 9HW	Yes	No	Yes	No
		FPV83	Superdrug Pharmacy	317 North End Road, Fulham, London	SW6 1NN	No	No	Yes	No
		FT809	Tesco In-Store Pharmacy	180 Shepherds Bush Road, London	W6 7NL	Yes	Yes	Yes	Yes
		FH822	Westway Pharmacy	11 Westway, London,	W12 0PT	No	No	Yes	No
		FL905	Winwood Chemist	96 Askew Road, London	W12 9BL	No	No	Yes	No
		FL310	Your Local Boots Pharmacy	43 King Street, Hammersmith, London	W6 9HW	No	No	Yes	Yes
		FY324	Your Local Boots Pharmacy	198-200 Fulham Palace Rd, Hammersmith, London	W6 9PA	No	No	Yes	No
		FY620	Your Local Boots Pharmacy	31 Broadway Shopping Ctr., Hammersmith	W6 9YD	No	No	Yes	No
		FYN39	Your Local Boots Pharmacy	Unit 1225, Westfield S/Ctr, Ariel Way, White City	W12 7HT	No	Yes	Yes	Yes
	DSP	FCR61	Pharmacy On Wheels	86 Goldhawk Road, White City	W12 8HD	No	No	No	No
Brent	Community	FLW88	Angie'S Pharmacy	96 Craven Park Road, Harlesden	NW10 4AG	No	No	Yes	No
		FFP15	Brights Dispensing Chemist	118 Craven Park Road, Harlesden, London	NW10 8QD	No	No	Yes	No
		FF283	Catto Chemist	79 High Street, Harlesden	NW10 4NS	No	No	Yes	No
		FCF74	Chana Chemist	Willesden Centre For H&C, Robson Avenue,	NW10 3RY	Yes	Yes	Yes	Yes

HWB	Contract Type	ODS Code	Pharmacy	Address	Post Code	Early Opening	Late Closing	Open on Saturday	Open on Sunday
		FXA07	Chana Chemist	96-98 High Street, Harlesden, London	NW10 4SL	Yes	Yes	Yes	No
		FR520	Dollmeads Dispensing Chemist	53 Chamberlayne Road, Kensal Rise, London	NW10 3ND	No	No	Yes	No
		FV117	Greenfield Pharmacy	61 Chamberlayne Road, Kensal Rise, London	NW10 3ND	No	No	Yes	No
		FTN30	Richards & Curtis	9 Sidmouth Parade, Sidmouth Road, Willesden	NW2 5HG	No	No	Yes	No
		FVJ61	S&S Chemists	23 Hillside,	NW10 8LY	No	No	Yes	No
		FRA07	Serena Dispensing Chemist	7 Library Parade, Craven Park Road, Harlesden	NW10 8SG	No	No	No	No
	DAC	FKM09	Salts Medilink	10 Oliver Business Park, Park Royal	NW10 7JB	No	No	No	No
	DSP	FFP48	Rightcare Pharmacy Limited	29 Park Parade, Harlesden	NW10 4JG	No	No	No	No
	Ealing	Community	FXY41	Alisha Pharmacy	257 Acton Lane, Chiswick, London	W4 5DG	No	No	Yes
FQ459			Asda Stores Ltd	Park Royal Industrial Est, 2-20 Western Road, Ealing	NW10 7LW	Yes	Yes	Yes	Yes
FLD79			Banks Chemist	59 Old Oak Common Lane, East Acton, London	W3 7DD	No	No	Yes	No
FA252			Crossbells Pharmacy	131 The Vale, Acton, London	W3 7RQ	No	No	Yes	No
FV837			Dillons Chemist	17 Church Road, Acton, London	W3 8PU	No	No	Yes	No
FQE36			Horn Lane Pharmacy	142 Horn Lane, Acton	W3 6PG	No	No	Yes	No
FDR11			Jallas Pharmacy	311-313 Horn Lane, North Acton	W3 0BU	No	No	Yes	No
FDD32			Lloyds Pharmacy	1 Crown Street, Acton, London	W3 8SA	Yes	No	Yes	No
FX732			Sr Pharmacy	155 High Street, Acton, London	W3 6LP	No	No	Yes	No

HWB	Contract Type	ODS Code	Pharmacy	Address	Post Code	Early Opening	Late Closing	Open on Saturday	Open on Sunday
		FEL12	Your Local Boots Pharmacy	Unit 17, Oaks Shopping Centre, Acton High Street	W3 6RE	No	No	Yes	Yes
		FC091	Zahra Pharmacy	72 High Street, Acton	W3 6LE	Yes	Yes	Yes	Yes
Hounslow	Community	FHW98	Bedford Park Pharmacy	5 Bedford Park Corner, Chiswick	W4 1LS	Yes	No	Yes	No
		FK550	Campbells Chemist	300-302 Chiswick High Rd, Chiswick, London	W4 1NP	No	No	Yes	No
		FKW46	Churchills Pharmacy	202 Chiswick High Road, Chiswick, London	W4 1PD	No	No	Yes	No
		FR465	Lloyds Pharmacy	Sainsbury'S Superstore, 31 Essex Place, Chiswick	W4 5UT	Yes	Yes	Yes	Yes
		FV669	Pestle & Mortar	10 High Road, Chiswick, London	W4 1TH	No	No	Yes	No
		FHN27	Sabel Pharmacy Ltd	446 Chiswick High Road, Chiswick	W4 5TT	No	No	Yes	No
		FNM38	West London Pharmacy	154 Chiswick High Road,	W4 1PR	No	No	Yes	No
		FRF81	Your Local Boots Pharmacy	332 Chiswick High Road, Chiswick, London	W4 5TA	Yes	No	Yes	Yes
Kensington & Chelsea	Community	FMD23	Baywood Dispensing Chemist	239 Westbourne Grove, London,	W11 2SE	No	No	Yes	No
		FXP96	Blenheim Pharmacy	202 Portobello Road,	W11 1LA	No	No	Yes	Yes
		FF592	Boots UK Limited	96-98 Notting Hill Gate, London,	W11 3QA	Yes	Yes	Yes	Yes
		FG051	Boots UK Limited	148-150 Kings Road, Chelsea, London	SW3 4UT	Yes	Yes	Yes	Yes
		FLF10	Boots UK Limited	Units 30-31, Gloucester Arcade, 128 Gloucester Road	SW7 4SF	Yes	Yes	Yes	Yes
		FLR83	Boots UK Limited	228-232 Fulham Road	SW10 9NB	No	Yes	Yes	Yes
		FM115	Boots UK Limited	127A Kensington High St, London,	W8 5SF	Yes	Yes	Yes	Yes

HWB	Contract Type	ODS Code	Pharmacy	Address	Post Code	Early Opening	Late Closing	Open on Saturday	Open on Sunday
		FMH12	Boots UK Limited	254 Earls Court Road, London,	SW5 9AD	Yes	Yes	Yes	Yes
		FHG52	Borno Pharmacy	The Gatehouse, St Charles Ctr, Exmoor St	W10 6DZ	No	Yes	Yes	Yes
		FRJ68	Bramley Pharmacy	132 Bramley Road	W10 6TJ	No	No	Yes	No
		FX265	Calder Pharmacy Of Notting Hill	55/57 Notting Hill Gate, London	W11 3JS	No	No	Yes	No
		FHR66	Chana Chemist	114 Ladbroke Grove	W10 5NE	No	No	Yes	No
		FJA08	Dajani Pharmacy	92 Old Brompton Road, London,	SW7 3LQ	No	Yes	Yes	Yes
		FLV31	Dillons Pharmacy	24 Golborne Road,	W10 5PF	No	No	Yes	No
		FNC99	Dr Care Pharmacy	73 Golborne Road,	W10 5NP	No	No	Yes	No
		FF202	Dr Evans Pharmacy	15 Elgin Cresent, Kensington, London	W11 2JA	No	No	Yes	No
		FKG79	Earls Court Chemist	240 Earls Court Road, Earls Court,	SW5 9AA	Yes	Yes	Yes	Yes
		FH396	Golborne Pharmacy	106 Golborne Road, London	W10 5PS	No	No	Yes	No
		FLA67	Harley'S Pharmacy	35-37 Old Brompton Road, London,	SW7 3HZ	No	Yes	Yes	Yes
		FNY66	Hillcrest Pharmacy	104-106 Holland Park Ave, London	W11 4UA	No	No	Yes	Yes
		FGG58	It Lloyd	255 Kings Road, Chelsea, London	SW3 5EL	No	No	Yes	No
		FQH86	Jhoots Pharmacy	513 Kings Road,	SW10 0TX	No	No	No	No
		FCK97	Kensington Pharmacy	4 Stratford Road	W8 6QD	No	No	Yes	No
		FD465	Lloyds Pharmacy Ltd	2 Canal Way, Ladbroke Grove	W10 5AA	Yes	Yes	Yes	Yes

HWB	Contract Type	ODS Code	Pharmacy	Address	Post Code	Early Opening	Late Closing	Open on Saturday	Open on Sunday
		FN048	Lloyds Pharmacy Ltd	158A Cromwell Road, Kensington	SW7 4EJ	Yes	Yes	Yes	Yes
		FE207	Medicine Chest	413-415 Kings Road, London,	SW10 0LR	No	No	Yes	Yes
		FX258	Notting Hill Pharmacy	12 Pembridge Road	W11 3HL	No	No	Yes	No
		FY364	Pestle & Mortar	213 Kensington High St, London,	W8 6BD	No	No	Yes	Yes
		FC727	Spivack Chemist	173 Ladbroke Grove,	W10 6HJ	No	No	Yes	No
		FG671	Tesco Pharmacy	Instore Pharmacy, West Cromwell Road, Kensington	W14 8PB	Yes	Yes	Yes	Yes
		FL862	Worlds End Pharmacy	469 Kings Road,	SW10 0LU	No	No	Yes	No
		FJ365	Zafash Ltd Chemists	233-235 Old Brompton Road, London,	SW5 0EA	Yes	Yes	Yes	Yes
Richmond upon Thames	Community	FPG04	Forward Pharmacy	90 Church Road, Barnes	SW13 0DQ	No	No	Yes	No
		FDM96	Prime Pharmacy	198 Castelnau, Barnes, London	SW13 9DW	No	No	Yes	No
		FP266	Round The Clock Pharmacy	69 Church Road, Barnes, London	SW13 9HH	No	No	Yes	No
Wandsworth	Community	FC815	Boots UK Limited	95/98 The Wandsworth, Shopping Centre, Wandsworth	SW18 4TG	No	Yes	Yes	Yes
		FD303	Boots UK Limited	45/53 Putney High Street, London,	SW15 1SP	No	Yes	Yes	Yes
		FKP46	Boots UK Limited	109 High Street, Putney, London	SW15 1SS	No	No	Yes	Yes
		FVK09	Boots UK Limited	21/23 St.Johns Road, Clapham Junction, London	SW11 1QN	No	Yes	Yes	Yes
		FVL59	Boots UK Limited	383 Upper Richmond Rd, Putney, London	SW15 5QJ	No	No	Yes	No
		FYN24	Boots UK Limited	10 Falcon Lane, Clapham Junction,	SW11 2LG	No	Yes	Yes	Yes

HWB	Contract Type	ODS Code	Pharmacy	Address	Post Code	Early Opening	Late Closing	Open on Saturday	Open on Sunday
		FYE95	Clarke Pharmacy	217 St Johns Hill, Battersea	SW11 1TH	No	Yes	Yes	No
		FMC35	East Hill Pharmacy	53 East Hill, Wandsworth	SW18 2QE	No	No	Yes	No
		FY670	Goys The Chemist	27 Northcote Road,	SW11 1NJ	No	No	Yes	No
		FFH00	Healthchem (Battersea) Ltd	166-168 Battersea Bdge Rd, London,	SW11 3AW	No	Yes	Yes	No
		FCL10	Husbands Pharmacy	124 Upper Richmond Road, Putney	SW15 2SP	No	No	Yes	No
		FX689	Jennings Chemist	262 Battersea Park Road,	SW11 3BP	No	No	Yes	No
		FNQ61	Krystal Pharmacy	248 Battersea Park Road, London,	SW11 3BP	No	No	Yes	No
		FNG23	Mansons Dispensing Chemist	195 Wandsworth High St, London,	SW18 4JE	No	No	Yes	No
		FDQ20	Medipharmacy Limited	30 Chartfield Avenue	SW15 6HG	No	Yes	Yes	No
		FJL27	Paydens Pharmacy	266A Upper Richmond Road, Putney	SW15 6TQ	Yes	No	Yes	No
		FM656	Putney Pharmacy	278 Upper Richmond Road, Putney	SW15 6TQ	No	No	Yes	No
		FHM82	Superdrug Pharmacy	36 St.Johns Road, Battersea, London	SW11 1PW	Yes	No	Yes	No
		FG402	The Olde Pharmacy	50 Chatfield Road, Battersea	SW11 3UY	No	No	No	No
		FTV91	Wandsworth Pharmacy	96 Garratt Lane, Wandsworth	SW18 4DH	No	No	Yes	No
Westminster	Community	FLW91	Medicare (London) Ltd Pharmacy	570 Harrow Road,	W9 3QH	No	Yes	Yes	No

Appendix C – Equality Impact Assessment

For the Equality impact assessment, the patient and public survey responses were explored by different groups representing protected characteristics, looking at where there are similarities and differences between groups. The results of the equality impact assessment are presented below.

Age

To understand any differences between age groups, we compared differences between those aged over 65 (n=111), and individuals aged 65 and under (n=80), (21 respondents did not state their age).

No differences were found in terms of frequency of use of pharmacy between the age groups, with most respondent using their pharmacy a few times a month, or at least once a month.

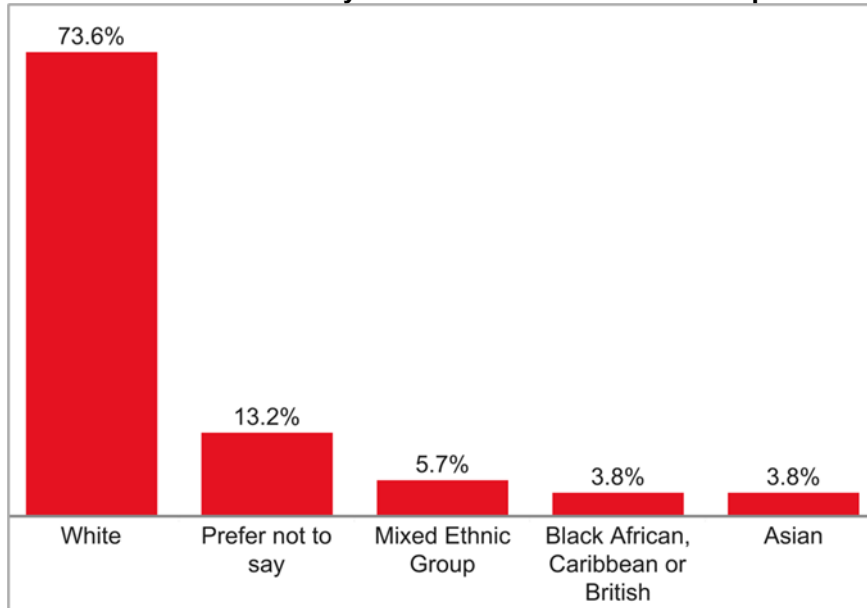
No differences were found amongst age groups and reason for choice for their pharmacy. Across both age categories, most people chose their pharmacy as their GP sent prescriptions to the pharmacy, it is within a good location, and overall satisfaction with the service.

Those aged 65 and under tended to use their pharmacy for their children (31.3%) as well as for their spouse/ partner (36.3%), and themselves (90%). Those aged over 65 tended to use the pharmacy mainly for themselves (95.5%), or their spouse/ partner (36.9%).

Ethnicity

A small number of respondents were from an ethnic minority background (figure AB.1).

Figure AB.1: A breakdown of ethnicity of Hammersmith & Fulham respondents, 2022



No significant differences were found between ethnic groups and pharmacy usage.

Gender

136 (64.2%) respondents identified as female), 53 were male (25%), 22 (10.4%) preferred not to state, and 1 (0.5%) person identified as non-binary.

No differences were found across gendered groups in relation to frequency of visits to their pharmacy, and reasons for chosen pharmacy, who they used the pharmacy for, and travel time to their pharmacy.

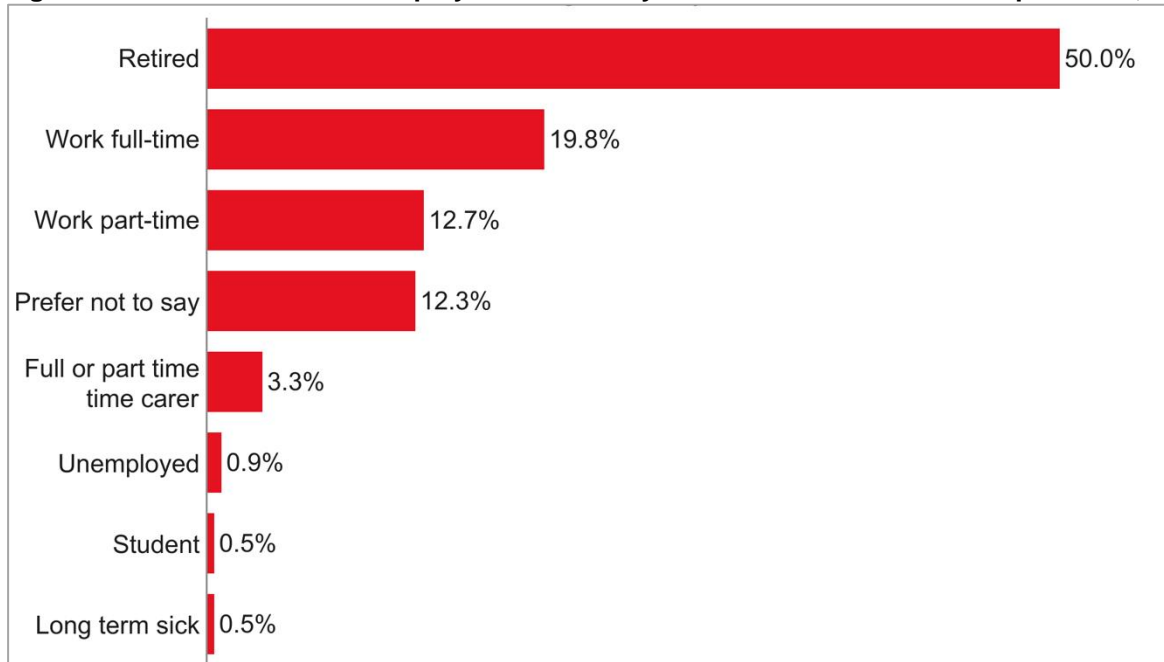
Pregnancy and breastfeeding

No respondents were pregnant or breastfeeding.

Employment status

A breakdown of employment status showed that half of the respondents (50%) were retired, 32.5% were in employment (full-time, part-time), 12.3% preferred not to say, 3.3.% were full-time or part-time carers, 0.9% were unemployed, 0.5.% were students, or on long-term sick leave (figure AB.2).

Figure AB.2: A breakdown of employment status by Hammersmith & Fulham respondents, 2022

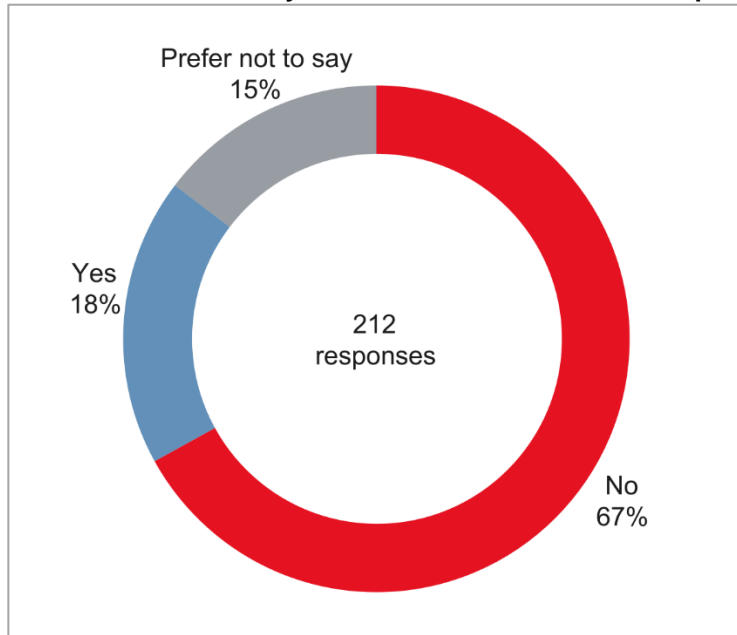


No differences were found amongst employment status groups in terms of frequency of visiting their pharmacy, reasons for chosen pharmacy, who they used the pharmacy for, time taken to travel to their pharmacy and preferred day to go to pharmacy.

Disability or impairment

39 (18%) of respondents said yes to having a disability or impairment, 142 (67%) did not have a disability or impairment, and 31 (15%) of respondents preferred not to say (figure AB.3).

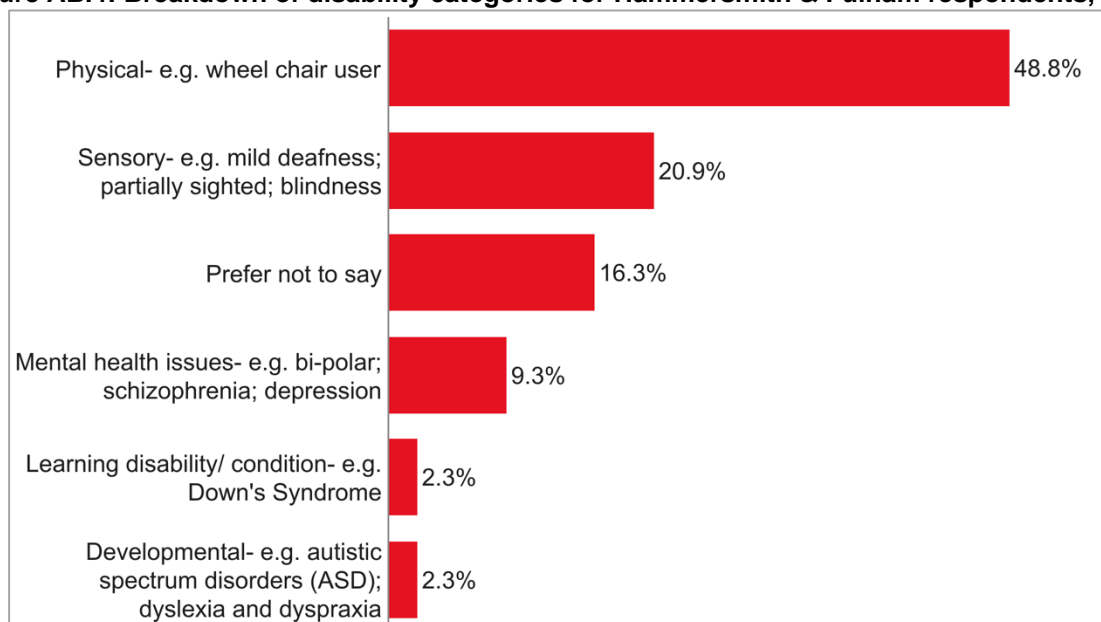
Figure AB.3: Breakdown of disability of Hammersmith & Fulham respondents, 2022



The survey categorised disabilities into six main groups (figure AB.4):

- Physical e.g., wheelchair user
- Mental health issues e.g., bipolar disorder, schizophrenia, depression
- Sensory e.g., mild deafness, partially sighted, blindness
- Learning disabilities e.g., Down Syndrome, Cerebral Palsy
- Developmental e.g., Autistic spectrum disorder, dyslexia, dyspraxia
- Other

Figure AB.4: Breakdown of disability categories for Hammersmith & Fulham respondents, 2022



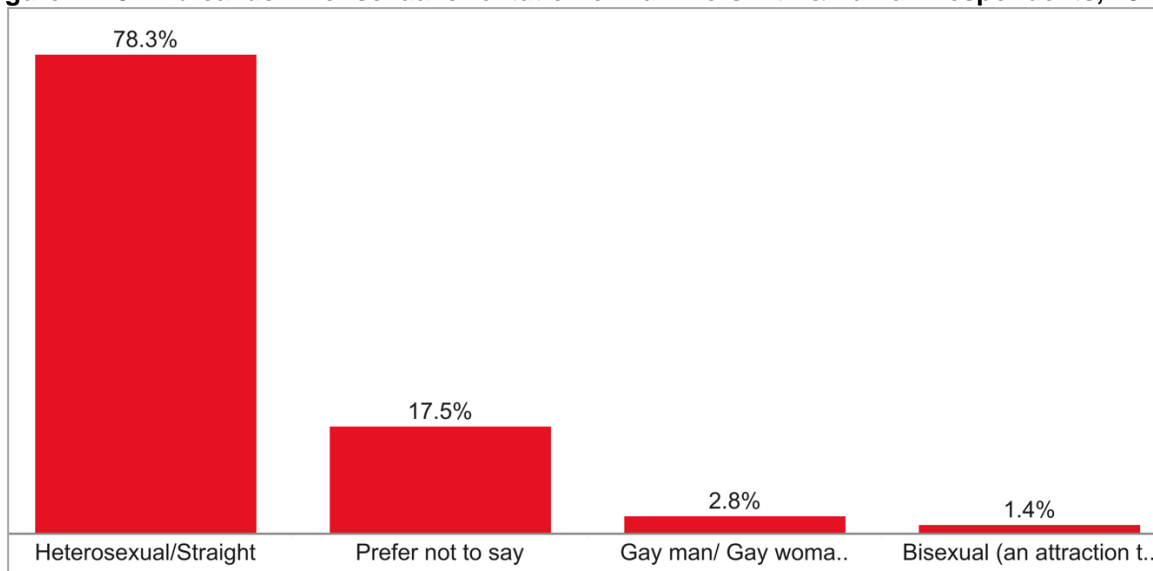
No significant differences were found amongst those with a disability and those without in terms of frequency pharmacy usage, choice of pharmacy, preferred day to visit, and who it was used for.

Whilst most people travelled to their pharmacy by walking, those who responded 'yes' to having a disability or impairment were also more likely to travel by car (23.1%).

Sexual orientation

166 (78.3%) respondents were heterosexual, 37 (17.5%) preferred not to state, 6 (2.8%), and 3 respondents (1.4%) were bisexual (figure AB.5).

Figure AB.5: A breakdown of sexual orientation of Hammersmith & Fulham respondents, 2022



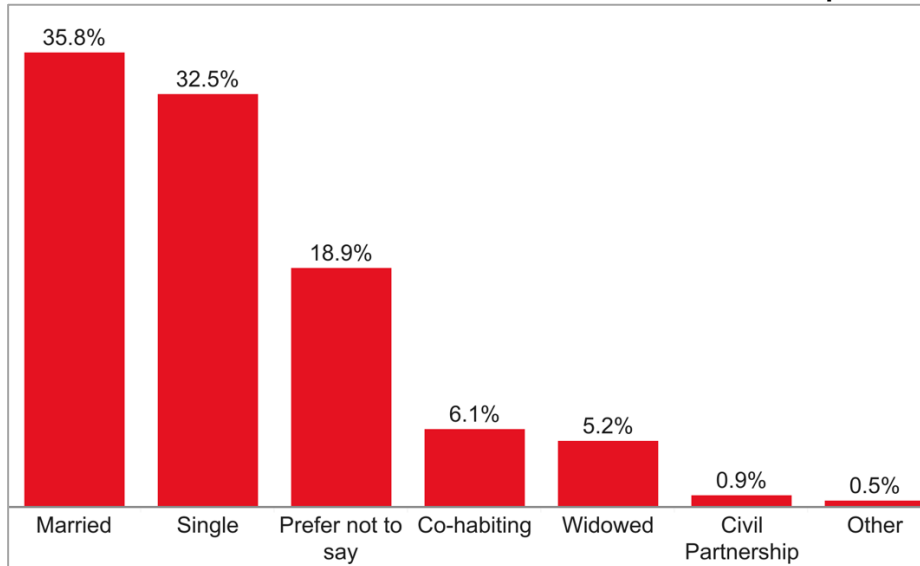
No differences were found between groups in terms of frequency of visiting pharmacy, who they used pharmacy for, and preferred day to visit pharmacy.

Most respondents preferred to visit their pharmacy during the hours between 9am-12pm, and 2pm-5pm. Although, those who were gay/ lesbian were also more likely to visit their pharmacy during the hours of 5pm-9pm (66.7%).

Relationship status

76 (35.8%) of respondents were married, 69 (32.5%) were single, 40 (18.9%) preferred not to state, 13 (6.1%) were co-habiting, 11 respondents were widowed (5.2%), 2 respondents were in a civil partnership (0.9%), and 1 person (0.5%) stated other (figure AB.6):

Figure AB.6: Breakdown of marital status of Hammersmith & Fulham respondents, 2022



No significant differences were found amongst relationship status groups and time or preferred day of using pharmacy, reasons for chosen pharmacy, and travel to pharmacy.

Most respondents used the pharmacy for themselves, and those who were married, or co-habiting were more likely than other groups to also use the pharmacy for their children (23.7%, 15.4% retrospectively).

Appendix D – Consultation report

This report presents the findings of the consultation for the LBHF PNA for 2022 to 2025. For the consultation, the draft PNA was sent to a list of statutory consultees and participants who responded to the patient and public engagement. It was also promoted on the LBHF Have Your Say consultation website and on social media. In total eight people responded to the consultation seven of whom two were members of the public.

The other respondents were representatives of:

- Hammersmith and Fulham Council
- C.E.Harrold Pharmacy
- Globe Chemist
- Lime Grove Pharmacy
- Boots UK Limited

A representative of NHS England also responded via email.

The responses to the survey are presented in the table below. Additional comments received are presented in the table that follows.

Consultation survey Question	Yes	No	Unsure or not applicable
Has the purpose of the pharmaceutical needs assessment been explained?	7		
Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within your area?	6		
Are there any gaps in service provision i.e. when, where and which services are available that have not been identified in the pharmaceutical needs assessment?	7		
Does the draft pharmaceutical needs assessment reflect the needs of your area's population?	7		
Has the pharmaceutical needs assessment provided information to inform market entry decisions i.e. decisions on applications for new pharmacies and dispensing appliance contractor premises?	6		1
Has the pharmaceutical needs assessment provided information to inform how pharmaceutical services may be commissioned in the future?	6		
Has the pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?	6		1
Do you agree with the conclusions of the pharmaceutical needs assessment?	6		1

The table below presents the comments received during the statutory 60-day consultation period and the response from the steering group.

Comments received	Response																		
<p>Member of the public: Compared to the previous PNA, this one does not mention clearly how many pharmacies in the Borough provide: no care home advice service, smoking cessation service, weight management service, NHS health check.</p>	<p>These services are no longer being provided as a commissioned services as they are no longer being commissioned by NHS England, the LBHF or by North West London Integrated Care System.</p>																		
<p>C.E.Harrold Pharmacy: All pharmaceutical needs are covered by current pharmacies in the area</p>	<p>Thank you for your feedback.</p>																		
<p>Boots UK Limited: It appears that possibly due to the timing of production of this draft, the recent changes in the opening hours of a number of Boots pharmacies have not been reflected in the draft PNA.</p>	<p>The PNA has been updated to reflect all changes in pharmacy opening times, locations and provision.</p>																		
<p>NHS England: Changes to pharmacies: FD035 Channa Chemist 402 North End Road, SW6 1LU changed to FNM06 Myhealth Pharmacy as at 01/02/2022. FV137 Jays Pharmacy relocated to 175 Uxbridge Road, W12 9RA on 28 February 2022 We have noted a number of differences in open hours from our list to the PNA</p>	<p>The PNA has been updated to reflect all changes in pharmacy opening times, locations and provision. The HWBB statements have also been edited for consistency.</p>																		
<table border="1"> <thead> <tr> <th data-bbox="204 1496 403 1529">ODS</th> <th data-bbox="403 1496 603 1529">Name</th> <th data-bbox="603 1496 912 1529">Hours</th> </tr> </thead> <tbody> <tr> <td data-bbox="204 1529 403 1637">FE658</td> <td data-bbox="403 1529 603 1637">Boots</td> <td data-bbox="603 1529 912 1637">Does not open before 9am or after 7pm any longer.</td> </tr> <tr> <td data-bbox="204 1637 403 1747">FL301</td> <td data-bbox="403 1637 603 1747">Boots</td> <td data-bbox="603 1637 912 1747">Does not open before 9am or after 7pm any longer.</td> </tr> <tr> <td data-bbox="204 1747 403 1825">FY324</td> <td data-bbox="403 1747 603 1825">Boots</td> <td data-bbox="603 1747 912 1825">Does not open on Sundays any longer</td> </tr> <tr> <td data-bbox="204 1825 403 1968">FY620</td> <td data-bbox="403 1825 603 1968">Boots</td> <td data-bbox="603 1825 912 1968">Does not open before 9am or after 7pm any longer nor is this open on Sundays.</td> </tr> <tr> <td data-bbox="204 1968 403 2045">FRT73</td> <td data-bbox="403 1968 603 2045">Hamllins Chemist</td> <td data-bbox="603 1968 912 2045">Does not open on Saturdays.</td> </tr> </tbody> </table>	ODS	Name	Hours	FE658	Boots	Does not open before 9am or after 7pm any longer.	FL301	Boots	Does not open before 9am or after 7pm any longer.	FY324	Boots	Does not open on Sundays any longer	FY620	Boots	Does not open before 9am or after 7pm any longer nor is this open on Sundays.	FRT73	Hamllins Chemist	Does not open on Saturdays.	<p>Whilst the recommendations may not be easily acheiveable within the current contracting arrangements, the HWB is committed to working with local pharmacies to progress these recommendations and find demonstrable outcomes in these areas.</p>
ODS	Name	Hours																	
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FRT73	Hamllins Chemist	Does not open on Saturdays.																	

FG861	Healthside Pharmacy	Is open before 9am on weekdays.
FD872	Palace Pharmacy	Does not open on Saturdays.

Page 83: Hepatitis C advanced service has been extended beyond March 2022

Page 107

The HWBB has highlighted a number of recommendations some of which correlate to the current pharmacy NHS contract, some are recommendations that fall outside of this contract and therefore may not be easily achievable within the current contract arrangements.

The HWBB may want to review some of the statements for consistency. Some of the required statements refer to the PNA concludes that ...and some state that the HWBB has identified.

Report to: Health and Wellbeing Board

Date: 21/09/2022

Subject: Elective Home Education

Report author: Elizabeth Spearman, Head of ACE and School Admissions

Responsible Director: Peter Haylock, Operation Director of Education and SEND

SUMMARY

1. The report outlines the key legislation and Department for Education (DfE) guidance which governs Local Authority work with parents/carers who have elected to home educate their child/ren. The law is clear all children of statutory school age must be in receipt of a suitable education but does not stipulate this has to involve enrolment at a school. Any parent/carer is able, in law, to decide to home educate their child and they are under no obligation to inform the Local Authority of this decision.
2. The Local Authority is responsible for ensuring that all children resident in the borough are in receipt of a suitable education. It is not specified in primary legislation or subsequent guidance how a Local Authority should discharge this duty. In Hammersmith and Fulham, local processes and procedures are in place to maximise identification of home educated children and to have some oversight of their education provision. These are designed to ensure, as far as possible, engagement and cooperation with parents/carers, be satisfied education provision is suitable and take account of safeguarding implications. Local procedures exceed the minimum expectations stipulated in the DfE guidance, while remaining legally compliant.
3. Finally, the report provides evidence of the increase in children being electively home educated during the pandemic and the resource implications if this trend is not reversed.

RECOMMENDATIONS

1. To note and comment on the report and continue to support the current local approach, with returning to home visits and meetings with all new EHE families being reinstated.
2. Local policy, practice and resourcing will need to be reviewed in the light of any changes in DfE guidance and proposed changes in legislation expected 2022.

Wards Affected: All

Our Values	Summary of how this report aligns to the H&F Values
Building shared prosperity	Working to ensure all children receive a suitable education and can go on to contribute to the community in which they live
Creating a compassionate council	Accepting that families have a right to educate their children at home and supporting them to do this, sensitively and respectfully
Doing things with local residents, not to them	Working with families to provide the support and advice they need, enabling them to share experiences with each other and the Home Education Adviser
Being ruthlessly financially efficient	Building on the experience of virtual meetings necessitated by the pandemic, embedding this for contact with established EHE families in future, to optimise use of time
Taking pride in H&F	Continue to contribute to national and regional agenda, where the H&F EHE policy and procedures have been cited as exemplars
Rising to the challenge of the climate and ecological emergency	The Home Education Adviser now includes references to learning in relation to the climate change agenda at EHE meetings with families, if deemed appropriate

Contact Officers

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Background Papers Used in Preparing This Report

None

DETAILED ANALYSIS

Introduction

1. The option for parents to elect to educate their children (EHE) at home has polarised opinion both nationally and internationally for decades; for example, it is a much-exercised right in Australia and the USA but not a legal option in Japan, Sweden, Greece or Germany.
2. In England, a parents right to elect to home educate their children was made explicit in the Education Act 1944 when both primary and secondary education became a statutory requirement and available to all for free.
3. Whilst the significant majority of parents choose to educate their children through attendance at a school, home education is now an option a growing number of parents choose for a wide variety of reasons and deliver in a wide variety of ways. Much is of an excellent standard but provision for a minority of children is inadequate, with all the associated impact lack of education can have on a child's life chances.
4. Electively home education has continued to be an issue that attracts controversy and debate between Local Authority (LA) staff, the DfE and families; this has been brought to the fore over the last couple of years, with more families choosing EHE during the Covid 19 pandemic.

Legislation

5. The current legislation is clear that any parent has a legal right to elect to educate their children 'otherwise' than at school, commonly referred to as 'elective home education' (EHE). Parents currently have no legal requirement to inform the LA of a decision to EHE; there was however a significant increase in EHE notifications during the pandemic, both locally and nationally, with the anticipated return to schools, once they reopened, *not* happening.
6. Local Authorities have a legal obligation (s437 Education Act 1996) to ensure that all children who are of statutory school age, who reside in their area, are in receipt of a 'suitable education'. There is currently no definition of a 'suitable education' in law. Finally, the law makes it clear that LAs have a duty to consider legal action, by applying for a School Attendance Order (SAO), if they have concerns that a child is *not* in receipt of a suitable education.

Department for Education (DfE) Guidance – (EHEGLA - 2019)

7. The DfE guidance is clear that, although Local Authorities have a *statutory* role to ensure a child is in receipt of a suitable education, it is for each LA to decide how to discharge this duty in respect of EHE. Each LA is expected to devise and publicise their EHE policy and procedures, having due regard to legislation and guidance.
8. In relation to the 'suitability' of provision, the DfE advice is that Local Authorities should consider the evidence available, to conclude whether there is sufficient *convincing* evidence of the *suitability* of a child's education.

Currently, there is a broad range of ways LAs discharge these duties, but the Hammersmith and Fulham (H&F) approach has been commended by the DfE and is already well aligned with the proposed new legislation.

The Hammersmith and Fulham EHE policy and procedures

9. The EHE policy and procedures set out the local arrangements in relation to how H&F LA statutory responsibilities will be met; they are legally compliant and have due regard to the DfE guidance. In the interests of the law and equality of opportunity, the policy aims to deliver a fair and consistent approach with *all* families who EHE, regardless of family circumstance.
10. Local policy and procedures are based on the view that a written or verbal description of provision *alone*, provided by a parent, cannot satisfy the LA that a child is receiving, or indeed benefiting from, the provision described.
11. Therefore, in H&F, the Home Education Adviser (HEA) offers to meet with parents and the child, to discuss the provision in place and see examples of work, to form a professional view about the provision in place. This will allow the HEA to confirm that the child is receiving the provision described and more importantly, how the child is benefitting from it.
12. Most EHE families are prepared to meet with the HEA; in exceptional case where families are *not* prepared to meet the HEA, endorsements from an education professional who can vouch for the quality of the provision in place, will be considered. At any given time, there are less than 3% of families who choose not to engage with the LA.
13. In the absence of a family being prepared to meet with the HEA or provide endorsements, and if insufficient evidence of a suitable education is provided, the Local Authority will consider legal action by initiating a School Attendance Order (SAO).

Resourcing

14. There is currently one 0.5 Home Education Adviser, employed term time only, who undertakes all assessments of families known to be EHE in H&F. Prior to the HEA assessing the provision, all new EHE notifications are held by the Children Missing Education (CME) Fieldworker, who works 0.6 term time only. This enables early support for families who may not be fully aware of the implications of EHE or those who have made the decision in haste and can be supported back into school.
15. The CME Fieldworker is also responsible for initiating any legal action in respect of unsatisfactory provision and/or lack of willingness to engage with the HEA to assess and improve provision. Positively, this sanction is rarely needed.

Elective Home Education, children missing education (CME) and potential safeguarding implications

16. Children whose parents have elected to home educate them should *not* be confused with children missing education (CME). CME are children who have no known education provision, either through being on roll at a school or through EHE.
17. Over the preceding three terms the service has received forty-eight new CME referrals, all of which have been resolved within a 12-week period (frequently much sooner), with no cases needing legal action. There are currently eight open CME referrals, including three siblings.
18. There are robust systems in place to track and monitor all CME until education provision is secured. All new CME or EHE notifications received by ACE are cross checked with social care via Mosaic: if a match is found the allocated social worker is informed that the child is CME/EHE. Currently there is only one CME child known to social care colleagues
19. Although there is no evidence to suggest that either CME or children in the EHE community are proportionately overly represented in cases known to social care, any child who is not in regular attendance at school misses the opportunity to be seen regularly by school staff. School staff are in an advantageous position, through regular contact and knowledge of individual children and their families, to identify concerns or to monitor existing concerns. Potentially vulnerable children who are CME or EHE are not afforded this oversight.
20. However, although parents of a CME child are potentially acting illegally in not securing a suitable education for their child, current education legislation does *not* preclude a child with a Child Protection plan or a Child in Need from being EHE, so social care staff should consider factoring in lack of school contact into any planning, contact or legal proceedings.

Increased demand

21. In line with the national trend, numbers of EHE children have been rising steadily over the past decade. The 2 years of the pandemic saw a substantial increase in families deciding to EHE and the expected return to schools once they reopened and perceived risks to health decreased, has not happened.
22. The table below shows the increase in numbers year on year of EHE known children in H&F

Summer 2017	72
Summer 2018	88
Summer 2019	102
Summer 2020	114
Summer 2021	190

23. Despite this increase, the HEA has continued to engage with all EHE families, undertaking initial contacts and follow up assessments, in line with existing policy and procedures. Increased demand has been managed during the past two years, due to the restrictions imposed by the pandemic; this necessitated online/telephone contacts and assessments, saving considerable time on travel and 'no-show' home visits. However, the intention to resume face-to-face contact will increase the time needing to be allocated to each EHE case and it is anticipated the current resourcing may become insufficient.
24. In addition, the legislative changes currently going through parliament will put an increased burden nationally on LAs in relation to EHE, most significantly in the following three areas:
- A national register of children not in school (CNIS), requiring all parents/carers to inform the LA of their intention to EHE
 - A structured definition of 'suitability' and explicit guidance on how LAs should assess provision for EHE children
 - A requirement to collate data in relation to EHE and CME, the new CNIS register
25. Although the current H&F policy, procedures and data collection exceed the expectations of the existing DfE guidance in relation to EHE, these changes in legislation will be likely to lead to a further increase in numbers of children known to be EHE, an increase in the expectations of assessments and broadening of data collation requirements, putting additional demands on existing resources. The impact is hard to assess until the details of any changes in legislation and guidance are publicised.

Elizabeth Spearman Head of ACE/School Admissions – July 2022

LIST OF APPENDICES

Case studies

Elective Home Education (EHE) Case Studies - ACE team

Case study 1

The ACE team received notification from a colleague in the NHS that they had met a family who appeared to be home educating their children. Checks indicated that the children were not known to education services and home education appeared to have been in place for some time. The Children Missing Education (CME) Fieldworker undertook routine enquiries and eventually received confirmation from the parent that the children were indeed being home educated. The family attended an EHE Family event organised by the ACE team and ACE team members were able to make face-to-face contact with the family. The mother was subsequently happy to meet with the CME Fieldworker and to discuss her reasons for home educating her children. When the Home Education Adviser (HEA) visited the family, the children enjoyed talking about their activities, and remembered with excitement the animals they had seen at the Family Event; the EHE provision was deemed to be satisfactory.

Case study 2

Colleagues in School Admissions notified the ACE team that some parents had confirmed their intention to home educate their child. Although the parent submitted a programme of work and activities, they were emphatic that they would not meet with the Home Education Adviser (HEA), quoting various legislation to support their stance. There was a number of further communications between the parent and members of the ACE team, culminating in the Local Authority initiating School Attendance Order proceedings and the parent stating there would be a formal complaint. Subsequently the parent agreed to meet with the HEA and when the meeting took place, a useful dialogue took place about the processes that the ACE team has put in place and the reasons for them. The child and her work were seen and the parent agreed that a further meeting could take place. At the follow up meeting, the child was happy to show off their latest work. The work was of good quality and education provision was deemed satisfactory, negating the need for further legal action.

Case study 3

A family well known to social care colleagues with a Child Protection plan in place notified the school of their intention to EHE their daughter. ACE were notified and cross checked with social care colleagues to ensure they were aware of the family's intent and potential increased vulnerabilities. The EHE provision was found to be 'unsatisfactory' despite advice and support offered by the HEA. It was agreed at conference that School Attendance Order proceedings be initiated which they were but could not be concluded as the child reached statutory school leaving age.

Case study 4

The LA were notified by school that a mother had opted for home education. Teaching staff were concerned that the mother did not have the resources to provide a suitable education. Mother refused to engage with professionals and at one point Housing, Social Services and the police were involved. The Children Missing Education (CME) Fieldworker and the HEA wrote letters and visited two properties to try and ascertain the child's whereabouts. After School Attendance Orders were initiated, mother agreed to meet with the HEA in a local park but turned up without the child and was aggressive. A further meeting was arranged, and reasons as to why it was necessary to see the child and their work were explained. Another meeting in the park was arranged, mother and child were there, with comprehensive examples of work in different subjects. The child spoke about their hobbies and their bike rides. Later appointments were kept by the family and education provision was deemed satisfactory.