

# Health & Wellbeing Board Agenda

Wednesday 21 January 2026 at 6.30 pm

145 King Street (Ground Floor), Hammersmith, W6 9XY

Watch live on YouTube: [youtube.com/hammersmithandfulham](https://www.youtube.com/hammersmithandfulham)

## MEMBERSHIP

Councillor Bora Kwon (Chair) – Cabinet Member for Adult Social Care and Health  
Councillor Alex Sanderson – Deputy Leader (with responsibility for Children and Education)  
Dr James Cavanagh – H&F GP  
Dianne Barham – Healthwatch representative  
Caroline Farrar - HCP Managing Director  
Dr Mayada Abu Affan – Director of Public Health  
John Morley – Interim Director of Adult Social Care  
Jacqui McShannon – Executive Director of People's Services  
Sarah Bright - Director of People's Commissioning, Transformation and Partnerships  
Susan Roostan – H&F ICB Borough Director  
Sue Spiller – Chief Executive Officer, SOBUS  
Detective Chief Inspector Matt Hogg – Metropolitan Police

### Nominated Deputy Members

Councillor Natalia Perez – Chair of Health and Adult Social Care Policy and Accountability Committee  
Councillor Helen Rowbottom – Chair of Children and Education Policy and Accountability Committee

**CONTACT OFFICER:** Debbie Yau  
Committee Coordinator  
Corporate Services  
Email: [Debbie.Yau@lbhf.gov.uk](mailto:Debbie.Yau@lbhf.gov.uk)  
Web: [www.lbhf.gov.uk/committees](https://www.lbhf.gov.uk/committees)

**Members of the public and press are welcome, but spaces are limited so please contact [Debbie.Yau@lbhf.gov.uk](mailto:Debbie.Yau@lbhf.gov.uk) if you'd like to attend. The building has disabled access.**

Date Issued: 13 January 2026

# Health & Wellbeing Board

## Agenda

<u>Item</u>		<u>Pages</u>
1.	<b>APOLOGIES FOR ABSENCE</b>	
2.	<b>DECLARATIONS OF INTEREST</b> <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 Standards Committee.</p>	
3.	<b>MINUTES AND ACTIONS</b> <p>To note the minutes of the previous informal meeting and any outstanding actions.</p>	4 - 10
4.	<b>BETTER CARE FUND QUARTER 2 REPORT 2025/26</b>	11 - 24
5.	<b>FAMILY HUBS ANNUAL REPORT 2024/25</b>	25 - 51
6.	<b>H&amp;F PHARMACEUTICAL NEEDS ASSESSMENT 2026-29</b>	52 - 161
7.	<b>HEALTHWATCH ANNUAL REPORT 2024/25</b>	162 - 166
8.	<b>VERBAL UPDATE ON ICB</b>	Verbal

**9. WORK PROGRAMME**

To discuss the Board's work programme and suggest items for future meetings.

**10. DATES OF FUTURE MEETINGS**

To note the following dates of future meetings:

- 18 March 2026
- 22 June 2026

# Agenda Item 3

London Borough of Hammersmith & Fulham

## Health & Wellbeing Board Minutes



**Wednesday 10 September 2025**

### **PRESENT**

#### **Committee members**

Councillor Alex Sanderson (Deputy Leader with responsibility for Children and Education)  
Dr James Cavanagh (H&F GP)  
Caroline Farrar (HCP Managing Director)  
Dr Nicola Lang (Director of Public Health)  
Katharine Willmette (Interim Director of Adult Social Care)  
Jacqui McShannon (Executive Director of People's Services)  
Sarah Bright (Director of People's Commissioning, Transformation and Partnerships)  
Susan Roostan (H&F ICB Borough Director)  
Sue Spiller (Chief Executive Officer, SOBUS)

#### **Nominated Deputy Members**

Councillor Natalia Perez (Chair of Health and Adult Social Care Policy and Accountability Committee)  
Councillor Helen Rowbottom (Chair of Children and Education Policy and Accountability Committee)

#### **Other attendees**

Fiona Bateman (Independent Chair of the Hammersmith & Fulham Safeguarding Adults Board)  
Navneet Willoughby (Central London Community NHS Healthcare Trust)  
Matt Ayres (Imperial College NHS Trust)  
Vincent Law (West London NHS Trust)  
Diane Barham (Healthwatch)  
Detective Inspector Shakila Khan (Metropolitan Police)  
David Abbott (Head of Governance)

*NOTE: This meeting was held remotely as an informal meeting.*

### **1. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Bora Kwon and James Cavanagh.

## **2. DECLARATIONS OF INTEREST**

There were no declarations of interest.

## **3. MINUTES AND ACTIONS**

The minutes of the meeting held on 23 June 2025 were agreed as an accurate record.

## **4. BETTER CARE FUND PLAN 2025-2026 AND QUARTER 1 REPORT 2025-2026**

Sarah Bright (Director of People's Commissioning, Transformation and Partnerships) gave a brief overview of the report. The Board agreed to defer the recommendations to the next formal meeting.

### **RESOLVED**

1. That the Health and Wellbeing Board deferred approval of the recommendations to the following meeting.

## **5. HAMMERSMITH & FULHAM SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2024/25**

Fiona Bateman (Independent Chair of the Hammersmith & Fulham Safeguarding Adults Board) presented the report. She explained that the Board was a multi-agency partnership between the local authority, health partners, and the police. The annual report focused on the core operation of the Board, the Safeguarding Adults Reviews (SARs) carried out by the Safeguarding Adults Case Review Group (SACRG). The SACRG was a subgroup of the Board and their responsibilities included reviewing referrals where cases may meet criteria for a SAR, as well as monitoring responses to recommendations from previous reviews.

Fiona Bateman said the Board wanted to ensure that decision making was robust and confident and the SARs were populated by appropriate people, who could reflect and implement learning that came from the reviews. She said that was a key focus for the Board – for organisations to evidence what they had done to implement the learning from reviews in operational practice and strategies.

Fiona Bateman explained that the SARs were human stories that provided a solid evidence base for changes in policy and practice. It was important not to lose sight of the reasons for improvements. She said it required everyone to be open and transparent. Her goal was for the reviews to influence strategic decision making and she wanted the board to make progress on that in the coming year.

The Chair thanked Fiona Bateman for the report and presentation and opened the floor to questions.

Sue Spiller highlighted the issues of cultural sensitivity raised in the report and noted that in some communities there was still a mistrust of safeguarding and felt more thought needed to be given to the information that went out to them. She also discussed the importance of building cultural sensitivity for staff and suggested awareness sessions to make safeguarding services feel more accessible and approachable.

Fiona Bateman said cultural competency was a very important area for the Board and one that she hoped to have much greater impact on over next year. The Board were also looking at cultural competency work across London and how it could be adapted locally. She agreed that some of the language used was not very accessible and there was room to simplify and give a clearer message. She said there would be more to report on this next year.

Councillor Natalia Perez welcomed the report and asked for more information on the steps that were being taken to empower vulnerable adults to make decisions about their own care and support needs. Fiona Bateman said there was always a balance to be had between the statutory duty to safeguard and people's wishes. There were circumstances where people could have a reduced capacity to keep themselves safe – for example in cases of long-term trauma, substance misuse, or domestic abuse. She said the Board was scrutinising the data in this area closely.

Jacqui McShannon (Executive Director of People's Services) thanked Fiona Bateman for the report and said the Council welcomed her leadership as Independent Chair. She asked how the Board used performance data proactively to surface practice issues early.

Fiona Bateman said the quality and practice sub-group scrutinised data from agencies carefully. She gave the example of working with the Council's Adult Social Care team who had been very open with the Board to look at areas for improvement. The Board looked at areas such as transitional safeguarding and homelessness, pulling data from a range of sources to look at how resources could best be targeted. She said the Board was very data-driven and was keen to evidence all recommendations with robust data.

Katharine Willmette (Interim Director of Adult Social Care) echoes Jacqui McShannon's comments and thanked Fiona Bateman for the report and her leadership. She welcomed the greater focus on performance data from a variety of sources, noting that historically it had been very local authority focused, but looking across partners gave a more accurate picture and would lead to better outcomes.

The Chair asked if there was Councillor representation on the Safeguarding Adults Board. It was noted that the Safeguarding Adults Board had been fully supported by Councillor Lucy Richardson.

Fiona Bateman and members discussed the benefits of her attending meetings of the Health and Wellbeing Board in her role as Independent Chair of the Safeguarding Adults Board. The Chair welcomed the suggestion and said she would be a valuable addition.

**RESOLVED**

1. That the Health and Wellbeing Board noted the report.

**6. IMPROVING ADULT COMMUNITY SPECIALIST PALLIATIVE CARE SERVICES FOR RESIDENTS IN NORTH WEST LONDON**

Sue Roostan (H&F ICB Borough Director) presented the item on Improving adult community specialist palliative care services for all residents in North West London. She highlighted the following key points:

- A new hospice at home service was planned to provide 24/7 enhanced care for those in their final weeks of life.
- Residents would be able to access specialist hospice inpatient beds at all North West London hospice.
- Five new enhanced end-of-life care beds were planned.
- The 24/7 advice line would be expanded to people not known to the service.
- Enhanced bereavement support would be put in place with a clear pathway for access and support.

Sue Roostan said the plan was to have contracts in place with providers by 1 October 2025. A workshop was planned for mid-October to engage with residents on end-of-life bed locations.

The Chair welcomed the update and the enhanced service.

**RESOLVED**

1. The Health and Wellbeing Board supported the implementation of the enhanced service.

**7. HAMMERSMITH & FULHAM HEALTH AND CARE PARTNERSHIP - 10 YEAR HEALTH PLAN UPDATE**

Caroline Farrar (HCP Managing Director) presented an update on the Hammersmith & Fulham Health and Care Partnership's 10 Year Health Plan. She explained that the plan was designed to address the fact that services were becoming more unsustainable. The plan recommended three key shifts – from hospital to community, from analogue to digital, and from sickness to prevention.

Caroline Farrar acknowledged that it was a time of significant change in the NHS, with changes to the operating model at national, regional, and Integrated Care Board (ICB) levels. There were still some questions around how these changes would be delivered, but she said there were real opportunities too. She said the Health and Care Partnership would take the rest of the financial year to solidify their thinking and develop plans and noted that the Health and Wellbeing Strategy may have to be revisited as that came into focus.

The Chair thanked Caroline for the update. She said the Council was very keen to be involved in any preventative pilots.

Jacqui McShannon (Executive Director of People's Services) asked what attention was being given to children and young people and how the integrated neighbourhood approach could be used to bring services to children and young people.

Caroline Farrar said the plan was intended to be a whole population approach. She noted that at a workshop last week that brought together colleagues from Health and the Integrated Care Board to explore prevention work aimed at keeping young people out of crisis. She noted there were other elements such as the Children's Social Care reforms that partners needed to work through together.

Jacqui McShannon said she understood there was new health guidance around multi-disciplinary approaches and asked if that was something health colleagues were thinking about. She said she was keen for children and young people to be high on the agenda and said there were opportunities to be creative going forward.

Caroline Farrar said she had not seen the guidance yet but had recently attended the Families First for Children Pathfinder to learn about the work being done to better connect local authority and health services to ensure professionals were responding early to situations, keeping children safe and supporting their development.

Councillor Natalia Perez asked how the Partnership was envisaging the shift from analogue to digital. Caroline Farrar said a lot of the focus in the plan was on the NHS app, which she felt was very easy to use but said many people were still not aware of it. She said there needed to be a focus on digital exclusion. She also highlighted new technologies such as ambient voice technology and artificial intelligence but noted there were clinical governance questions around their use. She noted that the partnership was also looking at how to make the most of their data and improved analytics to identify opportunities.

Navneet Willoughby (Central London Community NHS Healthcare Trust), in response to Jacqui McShannon's earlier question, said as a provider of children's services in H&F, she fully supported the Partnership's work and noted there were groups formed to look at performance management and strategy. She also acknowledged the point about the focus often being on adults over children and wanted to reinforce support for children and young people.

The Chair said consideration should be given to adding a schools or education representative to the Board.

**ACTION: David Abbott to follow up**

Sue Spiller raised the issue of digital inclusion and noted that some people not using digital pathways felt they were getting a worse service. The Chair said the Council's preferred approach to digital exclusion was to support people to enable them to access digital services.



## **RESOLVED**

1. That the Health and Wellbeing Board noted the update.

### **8. CENTRAL LONDON COMMUNITY HEALTHCARE (CLCH) ORGANISATIONAL STRATEGY**

Navneet Willoughby (Director of Operations for Inner Boroughs at CLCH) presented the CLCH Organisational Strategy. She noted that the strategy had four pillars:

- To improve health and healthcare outcomes
- To tackle inequalities in outcomes, experience, and access
- To enhance productivity and value for money
- To help the NHS support broader economic development

Navneet Willoughby explained that the core of the strategy was to create a flourishing Neighbourhood Health Service to provide seamless community care. To achieve that the Trust planned to work in partnership to develop a core offer, co-develop integrated models with partners and communities, and create an integrated workforce through education and development of staff. CLCH planned to use a Trust Management System to hold themselves to high standards and use data and evidence, test new ideas, and seek feedback to understand where there were opportunities for improvement.

Jacqui McShannon (Executive Director of People's Services) spoke about the constructive relationship between CLCH and the Council, noting that it was very solution focused. She said there were difficult issues to grapple with, but there was a mutual desire to work together to achieve the best outcomes. Navneet Willoughby thanked Jacqui McShannon for her comments and agreed that there were challenging problems that could only be solved together.

## **RESOLVED**

1. That the Health and Wellbeing Board noted and commented on the strategy.

### **9. WORK PROGRAMME**

The Chair noted that members and partners were welcome to email suggestions for the work programme to the clerk.

### **10. DATES OF FUTURE MEETINGS**

The following dates of future meetings were noted:-

- 3 December 2025 (to be moved to 21 January 2026)
- 18 March 2026
- 22 June 2026

The Chair noted that a new Healthwatch provider had recently been appointed and Diane Barham, Chief Executive of Local Voice, would be appointed to the Board at its next meeting. She said she looked forward to working with Diane going forward. The Chair then took a moment to thank the previous Healthwatch representatives, Carleen Duffy and Nadia Taylor, for their contributions to the Board over the years.

Meeting started: 6.35 pm  
Meeting ended: 7.52 pm

Chair .....

Contact officer: David Abbott  
Governance and Scrutiny  
Tel: 07776 672877  
Email: David.Abbott@lbhf.gov.uk

## LONDON BOROUGH OF HAMMERSMITH & FULHAM

**Report to:** Health and Wellbeing Board

**Date:** 21<sup>st</sup> January 2026

**Subject:** Better Care Fund (BCF) Quarter 2 report 2025 – 2026

**Report author:** Sharlene Spence Programme Manager Peoples Services, H&F

**Responsible Director:** John Morley, Director Adult Social Care (DASS) & Sue Roostan, Borough Director, H&F ICB

### SUMMARY

This Better Care Fund (BCF) paper sets out the London Borough of Hammersmith & Fulham (H&F) and the H&F Integrated Care Board (ICB)'s the BCF Plan 2025 – 2026 and Quarter 2 report. The BCF Plan 2025-2026 was submitted to NHS England on 3 July 2025 and the BCF Quarter 2 report will be submitted 11<sup>th</sup> November 2025.

NHS England requires the BCF plan and quarterly reports to be approved by the Health and Wellbeing Board (HWB) or the board's Chair on behalf of the HWB where submission deadlines do not align with the sitting of the board. Where NHS England submissions precede the sitting of the board, HWB Chair's approvals will need to be ratified at the next HWB.

### RECOMMENDATIONS

1. That the Health and Wellbeing Board ratifies the BCF Quarter 2 report for 2025 - 2026 (**Appendix 1**).
2. That the Cabinet Member for Adult Social Care and Health receive an end of year report outlining the outcomes of each scheme and the difference it has made for residents of H&F.

**Wards Affected:** (Give the Wards directly affected, or "None" or "All")

Our Values	Summary of how this report aligns to the H&F Values
Creating a compassionate council	The Better Care Fund supports community health and social care resources to reduce the number of people who need to be admitted to hospital and supporting people to get home as soon as they are well.

## Background Papers Used in Preparing This Report

None.

---

### 1. EXECUTIVE SUMMARY

1. In accordance with the statutory duties and powers given to the Health and Wellbeing Board (HWB) by the Health and Social Care Act 2012, the Board's Terms of Reference in Hammersmith & Fulham Council's constitution include overseeing the development and use of the Better Care Fund (BCF) by the Council and the H&F Integrated Care System (ICS).
2. For clarity, the Better Care Fund supports community health and social care resources to reduce the number of people who need to be admitted to hospital. Residents that do require admission to hospital are supported to get home as soon as they are well.
3. The H&F BCF plan submitted to NHS England details the following:
  - Planned income and expenditure
  - Planned performance targets against BCF metrics (emergency admissions, discharge delays and residential admissions).
4. Where activity levels are low for the time of year when compared against the planned target the responsible officer provides justification within the report. For this quarter we are on track for all three BCF metric targets as follows:
  - *Avoidable admissions* (Unplanned hospitalisation for chronic ambulatory care sensitive conditions) - NHS metric – On track to meet target.
  - *Discharge to normal place of residence* (Percentage of people who are discharged from acute hospital to their normal place of residence) - NHS metric – On track to meet target.
  - *Residential admissions* (Rate of permanent admissions to residential care per 100,000 population (65+) – Local authority metric – On track to meet target.
5. The Quarter 2 report 2025 - 2026 focuses on the use of hospital discharge and residential funding as stipulated in by NHS England and details the following:
  - Planned and actual expenditure to date.
  - Planned and actual outputs delivered to date.
6. The BCF quarter 2 report submission deadline date set by NHS England is 11 November 2025 and will be ratified at the H&F HWB on 31 January 2026 as there are no H&F HWBs before then. The Chair of the H&F HWB Board will provide Chair's sign off of the final version of the BCF quarter 2 report before officers submit it to NHS England on 11 November 2025.

7. The HWB is asked to ratify the BCF Quarter 2 submission 2025 – 2026, which is enclosed with this paper.

### **HWB BCF requirements**

8. The HWB is required to confirm whether the three national conditions detailed in the Better Care Fund planning requirements for 2025-26 continue to be met through the delivery of joint BCF plan<sup>1</sup>

9. The four national conditions are as follows:

- National condition 1: Plans to be jointly agreed – This continues to be met.
- National condition 2: Implementing BCF Policy Objective 1: *Enabling people to stay well, safe and independent at home for longer* – This continues to be met as the H&F BCF planning template 2025 - 2026 comprises a list of relevant BCF funded services that were jointly agreed by all partners and signed off through the HWB Chair's action on the H&F HWB on 3 July 2025. The enclosed quarter 2 submission template also details planned versus delivered outputs to date for the BCF funded services.
- National condition 3: Implementing BCF Policy Objective 2: *Providing the right care in the right place at the right time* – This continues to be met as the H&F BCF planning template 2025 - 2026 comprises a list of relevant BCF funded services that were jointly agreed by all partners and signed off through the HWB Chair's action on the H&F HWB on 3 July 2025. The enclosed quarter 2 submission template also details planned versus delivered outputs to date for the BCF funded services.
- National condition 4: *Maintaining NHS contribution to adult social care and investment in NHS commissioned out of hospital services.* – This continues to be met as the H&F BCF planning template 2025 - 2026 comprises a list of relevant BCF funded services that were jointly agreed by all partners and signed off through the HWB Chair's action on the H&F HWB on 3 July 2025. The enclosed quarter 2 submission template also details planned versus delivered outputs to date for the BCF funded services showing the NHS contribution to adult social care and NHS commissioned out of hospital services.

10. The key purposes of BCF reporting are as follows:

- To confirm the status of continued compliance against the requirements of the fund (BCF)
- In Quarter 2 to refresh capacity and demand plans, and in Quarter 3 to confirm activity to date, where BCF funded schemes include output estimates, and at the End of Year actual income and expenditure in BCF plans

---

<sup>1</sup> [Better Care Fund planning](#)

- To provide information from local areas on challenges, achievements and support needs in progressing the delivery of BCF plans, including performance metrics
- To enable the use of this information for national partners to inform future direction and for local areas to inform improvements

**Appendix 1 – Quarter 2 submission 2025 – 2026**

## 1. Guidance

## Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements for 2025-26 (refer to link below), which supports the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health and Social Care (DHSC), Ministry for Housing, Communities and Local Government (MHCLG), NHS England (NHSE).

<https://www.england.nhs.uk/long-read/better-care-fund-planning-requirements-2025-26/#introduction>

<https://www.gov.uk/government/publications/better-care-fund-policy-framework-2025-to-2026/better-care-fund-policy-framework-2025-to-2026>

As outlined within the planning requirements, quarterly BCF reporting will continue in 2025-26, with areas required to set out progress on delivering their plans by reviewing metrics performance against goals, spend to date as well as any significant changes to planned spend.

The primary purpose of BCF reporting is to ensure a clear and accurate account of continued compliance with the key requirements and conditions of the fund. The secondary purpose is to inform policy making, the national support offer and local practice sharing by providing a fuller insight from narrative feedback on local progress, challenges and highlights on the implementation of BCF plans and progress on wider integration.

BCF reporting is likely to be used by local areas, alongside any other information to help inform HWBs on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including ICBs, local authorities and service providers) for the purposes noted above.

In addition to reporting, BCMs and the wider BCF team will monitor continued compliance against the national conditions and metric ambitions through their wider interactions with local areas.

BCF reports submitted by local areas are required to be signed off HWB chairs ahead of submission. Aggregated data reporting information will be available on the DHSC BCF Metrics Dashboard and published on the NHS England website.

## Note on entering information into this template

## Please do not copy and paste into the template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background, as below:

Data needs inputting in the cell

Pre-populated cells/Not required

## Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.

The row heights and column widths can be adjusted to fit and view text more comfortably for the cells that require narrative information.

Please DO NOT directly copy/cut and paste to populate the fields when completing the template as this can cause issues during the aggregation process. If you must 'copy and paste', please use the 'Paste Special' operation and paste Values only.

The details of each sheet within the template are outlined below.

## Checklist ( 2. Cover )

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF Team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'
3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
5. Please ensure that all boxes on the checklist are green before submission.

## 2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. Once you select your HWB from the drop down list, relevant data on metric goals from your BCF plans for 2025-26 will pre-populate in the relevant worksheets.
2. HWB Chair sign off will be subject to your own governance arrangements which may include a delegated authority.
3. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to:  
england.bettercarefundteam@nhs.net  
(please also copy in your respective Better Care Manager)
4. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

## 3. National Conditions

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2025-26 (link below) continue to be met through the delivery of your plan. Please confirm as at the time of completion.

<https://www.england.nhs.uk/long-read/better-care-fund-planning-requirements-2025-26/>

This sheet sets out the four conditions and requires the Health & Wellbeing Board to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met for the year and how this is being addressed. Please note that where a National Condition is not being met, an outline of the challenge and mitigating actions to support recovery should be outlined. It is recommended that the HWB also discussed this with their Regional Better Care Manager.

In summary, the four National conditions are as below:

National condition 1: Plans to be jointly agreed

National condition 2: Implementing the objectives of the BCF

National condition 3: Complying with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care (ASC) (and section 75 in place)

National condition 4: Complying with oversight and support processes

#### 4. Metrics

The BCF plan includes the following metrics (these are not cumulate/YTD):

1. Emergency admissions to hospital for people aged 65+ per 100,000 population. (monthly)

2. Average number of days from Discharge Ready Date to discharge (all adult acute patients). (monthly)

3. Admissions to long term residential and nursing care for people aged 65+ per 100,000 population. (quarterly)

Plans for these metrics were agreed as part of the BCF planning process outlined within 25/26 planning submissions.

Populations are based on 2023 mid year estimates

Within each section, you should set out how the ambition has been reached, including analysis of historic data, impact of planned efforts and how the target aligns for locally agreed plans such as Acute trusts and social care.



The bottom section for each metric also captures a confidence assessment on achieving the locally set ambitions for each of the BCF metrics.

The metrics worksheet seeks a short explanation if a goal has not been met - in which case please provide a short explanation, including noting any key mitigating actions. You can also use this section to provide a very brief explanation of overall progress if you wish.

In making the confidence assessment on progress, please utilise the available metric data via the published sources or the DHSC metric dashboard along with any available proxy data.

[https://dhexchange.kahootz.com/Discharge\\_Dashboard/groupHome](https://dhexchange.kahootz.com/Discharge_Dashboard/groupHome)

#### 5. Expenditure

This section requires confirmation of an update to actual income received in 2025-26 across each fund, as well as spend to date at Q2. If planned expenditure by activity has changed since the original plan, please confirm that this has been agreed by local partners. If that change in activity expenditure is greater than 5% of total BCF expenditure, please use this box to provide a brief summary of the change.

On the 'DFG' row in the 'Source of Funding' table, 'Updated Total Planned Income for 25-26' this should include the total funding from DFG allocations that is available for you to spend on DFG in this financial year 2025-26. 'Q2 Year-to-Date Actual Expenditure' should include total amount that has been spent in Q2, even if the application or approval for the DFG started in a previous quarter or there has been slippage.

The template will automatically pre-populate the planned income in 2025-26 from BCF plans, including additional contributions. Please enter the update amount of income even if it is the same as in the submitted plan.

Please also use this section to provide the aggregate year-to-date spend at Q2. This tab will also display what percentage of planned income this constitutes; [if this is 50% exactly then please provide some context around how accurate this figure is or whether there are limitations.]



## Better Care Fund 2025-26 Q2 Reporting Template

### 2. Cover

Version 1.0

Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.
- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- All information will be supplied to BCF partners to inform policy development.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Hammersmith and Fulham
Completed by:	Sharlene Spence H&F Programme Manager (LBHF), Chakshu Sharma NWL Programme
E-mail:	<a href="mailto:sharlene.spence@lbhf.gov.uk">sharlene.spence@lbhf.gov.uk</a> ; <a href="mailto:chakshu.sharma@nhs.net">chakshu.sharma@nhs.net</a>
Contact number:	7341672970, 07877579381
Has this report been signed off by (or on behalf of) the HWB Chair at the time of submission?	
If no, please indicate when the report is expected to be signed off:	

Checklist

Complete:

Yes

Yes

Yes

Yes

No

No

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to [england.bettercarefundteam@nhs.net](mailto:england.bettercarefundteam@nhs.net) saving the file as 'Name HWB' for example 'County Durham HWB'.

Please see the Checklist on each sheet for further details on incomplete fields

	Complete:
2. Cover	No
3. National Conditions	Yes
4. Metrics	Yes
5. Expenditure	Yes

For further guidance on requirements please refer back to guidance sheet - tab 1.

[<< Link to the Guidance sheet](#)

[^^ Link back to top](#)

Better Care Fund 2025-26 Q2 Reporting Template

3. National Conditions

Selected Health and Wellbeing Board:

Hammersmith and Fulham

Confirmation of Nation Conditions		
National Condition	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in the quarter and mitigating actions underway to support compliance with the condition:
1) Plans to be jointly agreed	Yes	
2) Implementing the objectives of the BCF	Yes	
3) Complying with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care (ASC) and Section 75 in place	Yes	
4) Complying with oversight and support processes	Yes	

Checklist

Complete:

Yes

Yes

Yes

Yes

Selected Health and Wellbeing Board:

Hammersmith and Fulham

For metrics time series and more details:

[BCF dashboard link](#)

For metrics handbook and reporting schedule:

[BCF 25/26 Metrics Handbook](#)

4.1 Emergency admissions

Plan		Apr 25 Plan	May 25 Plan	Jun 25 Plan	Jul 25 Plan	Aug 25 Plan	Sep 25 Plan	Oct 25 Plan	Nov 25 Plan	Dec 25 Plan	Jan 26 Plan	Feb 26 Plan	Mar 26 Plan
Emergency admissions to hospital for people aged 65+ per 100,000 population	Rate	2,201.3	2,176.3	2,101.4	2,051.5	2,001.6	1,976.6	2,076.5	1,876.8	2,056.5	2,056.5	2,056.5	2,056.5
	Number of Admissions 65+	441	436	421	411	401	396	416	376	412	412	412	412
	Population of 65+	20,034.0	20,034.0	20,034.0	20,034.0	20,034.0	20,034.0	20,034.0	20,034.0	20,034.0	20,034.0	20,034.0	20,034.0

Page 20

Assessment of whether goal has been met in Q2:

On track to meet goal

If a goal has not been met please provide a short explanation, including noting any key mitigating actions.

You can also use this box to provide a very brief explanation of overall progress if you wish.

- A variety of initiatives are currently in progress or planned to reduce emergency admissions across NWL.
- NWL Same Day Emergency Care Services have reached a record-high utilization rate of 44%, significantly reducing front door admissions.
- We've also launched a digital front door at Northwick with Chelsea & Westminster next to roll out, which couple with digital 111 assessments have achieved a 15% ambulance diversion rate so far, supporting a reduction in admissions.
- NWL has launched Integrated Care Coordination hubs to lower ambulance conveyances and A&E admissions. Additionally, UCR capacity has been enhanced to support these hubs, maintaining the two-hour target and contributing to a reduction in emergency admissions.
- NWL has commissioned a frailty virtual ward, which once mobilised will provide targeted interventions in patients' homes. This initiative aims to reduce emergency admissions by offering care within the community. Furthermore, we have addressed gaps in community and neuro-navigators, which support both discharge and admission avoidance.

Our operations continue with other virtual ward specialties and services such as NHS 111. Additionally, we have recommissioned our post-COVID service, which alleviates the burden on other parts of the system, including unplanned care.

Did you use local data to assess against this headline metric?	No
If yes, which local data sources are being used?	

4.2 Discharge Delays

Original Plan	Apr 25 Plan	May 25 Plan	Jun 25 Plan	Jul 25 Plan	Aug 25 Plan	Sep 25 Plan	Oct 25 Plan	Nov 25 Plan	Dec 25 Plan	Jan 26 Plan	Feb 26 Plan	Mar 26 Plan
Average length of discharge delay for all acute adult patients (this calculates the % of patients discharged after their DRD, multiplied by the average number of days)	1.05	1.05	1.05	1.05	1.04	1.08	1.21	1.29	0.63	1.04	1.04	1.04
Proportion of adult patients discharged from acute hospitals on their discharge ready date	85.0%	85.0%	85.0%	85.0%	85.0%	84.0%	82.9%	85.5%	87.5%	85.0%	85.0%	85.0%
For those adult patients not discharged on DRD, average number of days from DRD to discharge	7.00	7.00	7.00	7.00	6.93	6.73	7.07	8.87	5.04	6.93	6.93	6.93

Assessment of whether goal has been met in Q2:	On track to meet goal
If a goal has not been met please provide a short explanation, including noting any key mitigating actions.	

<div>You can also use this box to provide a very brief explanation of overall progress if you wish.</div>	<div>the national dataset shows, In q2 the avg length of discharge delays was 1.07 which is marginally above our target of 1.05 although importantly the forecasted sept. performance is expected well below our target at 0.89 highlighting a significantly improved performance and downward trend in average delays for H&amp;F. We have an established a successful integrated Bridging service which supports the timely discharge of residents with new or increased care need to return home. We aim to discharge residents' home with the support in place within 12 hours of becoming discharge ready.</div>
-----------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Did you use local data to assess against this headline metric?	No
If yes, which local data sources are being used?	

Page 22

3 Residential Admissions

Actuals + Original Plan		2023-24 Full Year Actual	2024-25 Full Year CLD Actual	2025-26 Plan Q1 (April 25- June 25)	2025-26 Plan Q2 (July 25- Sept 25)	2025-26 Plan Q3 (Oct 25-Dec 25)	2025-26 Plan Q4 (Jan 26-Mar 26)
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Rate	579.0	299.5	149.7	94.8	89.8	89.8
	Number of admissions	116.0	60.0	30.0	19.0	18.0	18.0
	Population of 65+*	20034.0	20034.0	20034.0	20034.0	20034.0	20034.0

Better Care Fund 2025-26 Q2 Reporting Template

5. Income & Expenditure

Selected Health and Wellbeing Board: Hammersmith and Fulham

	2025-26		
Source of Funding	Planned Income	Updated Total Plan Income for 25-26	DFG Q2 Year-to-Date Actual Expenditure
DFG	£1,855,793	£1,855,793	£870,399
Minimum NHS Contribution	£20,061,025	£20,061,025	
Local Authority Better Care Grant	£12,370,241	£12,370,241	
Additional LA Contribution	£0	£8,397,608	
Additional NHS Contribution	£0	£4,471,198	
Total	£34,287,059	£47,155,865	

	Original	Updated	% variance
Planned Expenditure	£0	£48,276,443	

		% of Planned Income
Q2 Year-to-Date Actual Expenditure	£23,744,066	50%

Checklist

Complete:

- Yes
- Yes
- Yes
- Yes
- Yes

Yes

Yes

<p>If Q2 year to date actual expenditure is exactly 50% of planned expenditure, please confirm this is accurate or if there are limitations with tracking expenditure.</p>	<p>YTD : ICB Minimum NHS Contribution and Additional NHS Contributions are to plan, with exception of community-equipment over-performance of £285k year-to-date based on actuals up to M6 and the PFI contracts Over-Performance of £7k year-to-date.</p> <p>Outturn : All the Minimum NHS Contribution are to plan except for Community Equipment which has a forecast overspend of £627,289. All the Additional LA Contribution is to plan except for Community Equipment with a forecast overspend of £418,189. There are other small projected overspends of £75,100 to arrive at a total projected overspend of £1,120,578, which is 2.4% of the total combined BCF budget. Please see below for detailed explanation of the Community Equipment forecast overspend.</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Yes

<p>If planned expenditure by activity has changed since the original plan, please confirm that this has been agreed by local partners. If that change in activity expenditure is greater than 5% of total BCF expenditure, please use this box to provide a brief summary of the change.</p>	<p>The community equipment provider, NRS went into administration on 1st August 2025. The Council initiated contingency plans with emergency contracts in place to ensure we could meet our statutory responsibilities. A new provider, Provide Care Solutions Ltd. was contracted from 22nd September 2025. Contingencies remain in place while the new provider mobilises a full service.</p> <p>In addition to the main provider "Provide Care Solutions Ltd", there are 9 other providers, providing a mix of critical, standard, telecare and ad hoc community equipment services. The result of this is that the current forecast cost of the Community Equipment service is £3,179,296. This is an overspend of £1,045,474 and 48% over the BCF budget provision.</p> <p>The financial impact of this will be split 60:40 , with £627,289 to the ICB and £418,189 to the LA</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Yes



**Report to:** Health and Wellbeing Board

**Date:** 21/01/2026

**Subject:** Family Hubs Annual Report

**Report author:** Philip Tomsett, Head of Family Hubs

**Responsible Director:** Peter Haylock, Assistant Director Education & SEND

### SUMMARY

In 2022, the Council outlined its approach to working with a range of partners and residents to support all children, young people, and their families at the earliest opportunity within the H&F Early Intervention Strategy.

Informed by this strategic approach, the strategy sets out the Council's commitment to a Family Hub model so regardless of where a family lives, they will be able to access the same offer of high quality, integrated support.

This report provides an update on the progress developing the borough's Family Hub model and the key highlights achieved in its inaugural year. It includes the future plans for the service to ensure our Family Hubs continue to deliver on the goals set out within the strategy.

### RECOMMENDATIONS

1. For the board to note and comment on the report (at Appendix 1).

**Wards Affected:** All

Our Values	Summary of how this report aligns to the H&F Values
Building shared prosperity	<i>Provides residents with information on free or low cost resources or activities available within the borough.</i>
Creating a compassionate council	<i>Provides residents with information on a range of services and organisations that support residents with SEND.</i>
Doing things with local residents, not to them	<i>Website and content co-produced and co-designed with residents. Includes information of services that have also been co-produced.</i>

Being ruthlessly financially efficient	<i>A small team with a hugely positive impact of many of our residents lives</i>
Taking pride in H&F	<i>Winner of a national award and promoted widely across the borough.</i>
Rising to the challenge of the climate and ecological emergency	<i>Aligns closely with services and organisations that share these values.</i>

---

## Background Papers Used in Preparing This Report

[H&F Early Intervention Strategy 2022-27](#)

---

## List of Appendices

Appendix 1 - Hammersmith & Fulham Family Hubs Annual Report 2024/25

# Hammersmith & Fulham Family Hubs

## Annual Report 2024/25

### Contents

1. [Introduction](#)
2. [Context](#)
3. [Services and Support](#)
4. [Key Benefits](#)
5. [Establishing the Family Hub Service](#)
6. [Delivering a Comprehensive Offer](#)
7. [Delivering for our Families](#)
8. [Ensuring Families are Supported to Access the Offer](#)
9. [Key Highlights](#)
10. [Impact](#)
11. [Future Plans](#)
12. [Appendices](#)

### 1.0 Introduction

In 2022, the Council outlined its approach to working with a range of partners and residents to support all children, young people, and their families at the earliest opportunity within the H&F Early Intervention Strategy.

#### [H&F Early Intervention Strategy 2022-27](#)

Informed by this strategic approach, the strategy sets out the Council's commitment to a Family Hub model so regardless of where a family lives, they will be able to access the same offer of high quality, integrated support.

This report provides an update on the progress developing the borough's Family Hub model and the key highlights achieved in its inaugural year. It includes the future plans for the service to ensure our Family Hubs continue to deliver on the goals set out within the strategy.

### 2.0 Context

- 2.1 Hammersmith & Fulham's (H&F) Family Hubs provide a range of services for families with children of all ages, from pre-birth to 19 (or 25 for those with SEND), including ante-natal support, baby and toddler groups, parent classes, counselling, and financial advice. Family Hubs aim to offer a single point of access for families to receive comprehensive support and streamline access

to these services. H&F Family Hubs offer an extensive range of services and support:

### **3.0 Services and Support:**

- **Target Age Range:**

Family Hubs support families with children from pre-birth to 19 years, and up to 25 for those with special educational needs and disabilities (SEND).

- **Comprehensive Support:**

They offer a wide array of services, including ante-natal support, baby groups, after-school clubs and youth clubs, parent classes, counselling services, and financial advice.

- **Early Help:**

They focus on providing support and intervention early to prevent issues from escalating.

- **Team Around the Family:**

Family Hubs operate on a "team around the family" approach, working with families to assess their needs and provide tailored support.

- **Multi-Agency Working:**

They facilitate collaboration between different agencies and professionals to ensure families receive comprehensive support.

- **Community Focus:**

Family Hubs aim to be a central point for residents within the community, offering a welcoming and supportive environment.

### **4.0 Key Benefits:**

- **Accessibility:**

Family Hubs provide a single point of access, making it easier for families to find and receive the support they need.

- **Early Intervention:**

By offering support early on, Family Hubs can help prevent issues from becoming more serious and impacting families.

- **Improved Outcomes:**

They aim to improve outcomes for children, young people, and families by providing access to targeted support and interventions.

- Strengthened Families:

Family Hubs contribute to building stronger, more resilient families by addressing a range of needs.

## **5.0 Establishing the Family Hub Service**

5.1 Our vision is for every child, young person, individual and family to be happy, healthy and to have the opportunity to thrive, supported by an effective and compassionate community network.

5.2 We achieve this through the offer of integrated services delivered by key partners within Family Hub buildings, spoke sites and a virtual offer. The service is further supported by a network of affiliated partners who share the same vision for our children, young people and families.

## **6.0 Delivering a Comprehensive Offer**

6.1 The service ensures a range of universal, free and inclusive activities throughout the year, including targeted support services. Alongside services provided by the local authority (e.g. Education, SEND and Early Help) Family Hubs enables Health, Voluntary & Community Sector partners to also deliver services for families under one roof.

6.2 In addition to the universal and targeted stay and plays, after-school clubs and youth groups delivered over the last year, there were in addition **116** sessions delivered by health colleagues and **1,159** sessions from voluntary & community sector organisations.

## **7.0 Delivering for our Families**

7.1 In the first year of the Family Hub Service there have been **814** registrations with **10,443** children, young people and families attending sessions. **85** sessions are delivered weekly across all sites and a further **23** sessions delivered on a fortnightly or monthly basis: **43** sessions at Old Oak Family Hub, **39** at Tudor Rose Family Hub and **26** at Stephen Wiltshire Centre Family Hub. Families can access additional support and information services through the Family Hub website and socials; within the last year the site has received **161,350** views and there are **1,100** followers of our dedicated social media sites.

7.2 Within the family hubs across the borough, **35%** of activities and services are targeted at the 0-5 age group, **23%** for 6+ age group and **42%** community services. The percentage of families registered at the family hubs and living within the most deprived areas, as defined by Lower Super Output Areas (LSOAs) of the borough is **72%** at Old Oak Family Hub, **59%** at Tudor Rose Family Hub and **30%** at Stephen Wiltshire Centre Family Hub.

## **8.0 Ensuring Families are Supported to Access the Offer**

- 8.1 In a recent survey (Spring 2025), **34%** of families were introduced to family hub services by a professional, **30%** recommended the service by family/friends, **21%** by online marketing and **9%** by local schools. 24% were new to family hubs.
- 8.2 The service receives direct referrals from professionals (e.g. GPs, HVs, VCS, School SENCOs/DSLs). Those referred to the service are supported by a dedicated Family Hub Navigator who will support the family access the provision they need. Over the last year the service has received **1,377** requests for services, support and guidance, **105** of which were direct referrals to the Family Navigators.
- 8.3 There are sessions specifically tailored for children and young people with SEND and their families, which are mainly provided at Stephen Wiltshire Family Hub either by hub staff or external partners, such as the specialist football session delivered by Fulham Football Club. **142** sessions were delivered at SWC with **807** CYP attending. A child does not need a diagnosis of SEND to attend the specialist sessions but will have an identified additional need. Staff at Stephen Wiltshire Family Hub work to provide additional SEND services at other hubs.

## **9.0 Key Highlights:**

The Family Hubs service have worked hard to act as a central point of contact, bringing together family professionals under one roof, streamlining access to support. These services prioritise early intervention and prevention, aiming to identify and address potential challenges before they escalate. The key highlights and impact of this work is listed below:

- There is a wide range of interventions and support offered by the service, which has been enhanced during 2024/25
- A high number of requests for support/referrals has been received by the service, through a variety of routes and for a range of interventions
- Children, young people and families have achieved positive outcomes, and they feel they benefit from Family Hub support
- Family Hubs deliver or support the delivery of a wide range of successful youth projects
- Family Hub supported low-income families with accessing food, clothing, household essentials and Christmas gifts
- There is an award-winning online offer for families, which is being emulated by other local authorities
- Educational workshops for young people and professionals are high quality and positively received

- Family Hubs work in partnership with Public Health to deliver a range of evidenced based programmes which are of benefit to families
- There is a varied group offer for parents that is meeting participants needs
- Families, young people and partners have opportunities to be involved in local decision making and views are implemented and actioned
- Family Hubs work alongside voluntary and community groups to offer a successful range of activities to all residents, not just families
- Staff have opportunities to develop their knowledge and skills
- External funding has been successfully obtained
- Family Hub buildings are widely used by other services to support families
- All of the Family Hub priorities set out in the 23/24 report for 24/25 have been successfully achieved

## 10.0 Impact:

**Key highlight:** There is a wide range of interventions and support offered by the service, which has been enhanced during 2024/25

There are now **65** Education, SEND, Health and Voluntary, Community Sector (VCS) services delivering from Family Hubs which provide an extensive range of universal and targeted services. New partners continue to join the Family Hub network of services.

**Key highlight:** A high number of requests for support/referrals has been received by the service, through a variety of routes and for a range of interventions

During the last year, Family Hubs have received **1,377** requests for support of which **105** were referrals for support. Most common support needs include maternity health, housing, immigration, and cost of living support.

**Key highlight:** Children, young people and families have achieved positive outcomes, and they feel they benefit from Family Hub support

**217** parents successfully completed one of the parenting programmes. **24** group programs and **16** topic-specific workshops across **11** Hammersmith and Fulham settings provided. Parents rated the groups and workshops highly, with an average score of **4.65 out of 5**. **100%** (217) of parents reported positive outcomes following the completion of the programme and workshop including:

- Increase in confidence, skills and understanding.
- Learning new parenting skills and strategies
- Have a better understanding of child development and the needs of their child.
- Feel more positive about the future and know where to access support.

- Feel less stressed and less isolated.

**Key highlight:** Family Hubs deliver or support the delivery of a wide range of successful youth projects

Over the last year the number of young people attending family hubs has increased significantly. There were **1074** young people attending **107** sessions delivered by **7** youth providers. Five new youth providers will deliver additional sessions from June 2025.

**Key highlight:** Family Hub supported low-income families with accessing food, clothing, household essentials and miscellaneous gifts

In 2024/25 the Family Hubs have enabled **75** families with benefits advice/employment support, **81** housing advice and **60** immigration advice and support queries. There have been **105** foodbank referrals, and **201** donations provided (clothes, toys, essentials etc). The above is just a few examples of a wider offer of support.

**Key highlight:** There is an award-winning online offer for families, which is being emulated by other local authorities

In October 2024, the H&F Family Hubs were awarded **winners of the Best Local Offer** (England & Wales) Award 2024 (NAFIS). The award also commended our extensive co-production work with local families and young people.

**Key highlight:** Educational sessions for families and their children are high quality and positively received

In a recent family satisfaction survey undertaken in Spring 2025, **100%** of families who responded to the survey and attend group sessions felt that the quality of provision was high. Please see appendices for comments regarding quality of provision.

**Key highlight:** Family Hubs work in partnership with Public Health to deliver a range of programmes which are of benefit to families

There are **44** Family Champions grown from a team of **7** Maternity Champions. Of these, **27** are local Champions, H&F residents (focussing on local health initiatives and local community connection), and **17** are H&F based Public Health university students (supporting event delivery). There are **9** languages spoken by Family Champions.

**Key highlight:** There is a varied group offer for parents that is meeting participants needs



Over the last year there have been **220** regular 0-5 group sessions, **104** 5+ sessions, **142** SEND activities, **1,159** community sessions and, **116** group health sessions delivered from Family Hubs. Parents regularly attend sessions each week, over the year and satisfaction ratings of the Family Hub provision is consistently high.

**Key highlight:** Families, young people and partners have opportunities to be involved in local decision making and views are implemented and actioned

Opportunities include **Family Voices Panel**, **feedback events** for specific groups e.g. young people, Family Hub **partnership meetings**, and a parent/carer **annual survey**. Online content is co-produced with parent representatives at a monthly **Coproduction Hub**. An example includes a recent enhancement of youth provision with young people, service providers and community members all involved in the co-design.

**Key highlight:** Family Hubs work alongside voluntary and community groups to offer a successful range of activities to all residents, not just families

The Family Hub team work with community partners to offer additional **1,159** sessions within the Family Hub buildings with **3,256** residents attending. The offer from the voluntary and community sector includes free community meals, exercise classes, English language classes, housing surgeries and debt counselling services.

**Key highlight:** Staff have opportunities to develop their knowledge and skills

Last year the team were provided training sessions to enhance their knowledge and skills. These included sessions to support new families who now access Family Hubs including immigrant support, homelessness awareness and healthy lifestyle training. See appendices for full list of training provided.

**Key highlight:** External funding has been successfully obtained

H&F Family Hubs will continue to receive transformational funding from DfE to support an approved spend delivery plan. The service have also secured funding for a range of service provision including community meals service, community policing and public health.

**Key highlight:** Family Hub buildings are widely used by other services to support families

In the last year the Family Hub Service have secured the delivery of provision from **61** service providers. The service continually review the offer and approach existing partners to consider enhancing their provision. The Service

is connected to a wider network of **128** delivery partners who operate from other sites in the borough.

**Key highlight:** All of the Family Hub priorities set out in the 23/24 report for 24/25 have been successfully achieved

- To ensure an effective staff structure is in place to deliver on the priorities of the Family Hub Service including recruitment to vacant posts Team manager and Family Navigator
- To provide a welcoming and safe environment for families and residents
- To provide a suitable working environment for service providers including well equipped touch-down spaces and wi-fi
- To develop a PowerApp for registrations, referrals and case load management
- To enhance the youth offer and associated services at each of the Family Hubs
- To extend the range of services delivering from Family Hubs to meet family expectations
- To develop coproduction opportunities including a parent/carers panel co-chaired by parents
- To develop an effective Family Hub online offer that meets family and service expectations

## **11.0 Future Plans:**

The following areas are taken from the family hubs strategic delivery plan for 2025/26:

- Work collaboratively with Department for Education (DfE) and council colleagues to further develop a national outcomes framework for family hubs and children's centres (Dec 2025),
- Develop and implement a communications strategy for Family Hubs including greater use of online and social media marketing and direct marketing,
- Improve the outreach offer at each family hub, ensuring more families from targeted groups access the family hub offers, particularly at Tudor Rose Family Hub,
- Improve the outdoor and reception areas of the family hubs to ensure they are more welcoming and further improve access,
- Further develop holistic, inclusive, and integrated services for families with children aged 5+ years,

- Strengthen family engagement opportunities and ensure accessibility for new families through closer links with Family Champions and a wider outreach offer,
- Work collaboratively with colleagues to implement the children's social care reforms,
- Enhance the Home Learning Environment (HLE) offer to further assist parental understanding and confidence in supporting child development and school readiness,
- Maintain and expand partnerships with local organisations to continue providing an excellent range of services, based on locality needs assessments,
- Improve access to 'Cost of Living' provision to provide financial advice and guidance for families.

## **12. Appendices**

- I. The Family Hub Launches
- II. Family Hub Registrations and Engagements
- III. Family Hub and Children's Centre Programme
- IV. Family Outreach & Support
- V. User Feedback
- VI. Staff Development
- VII. Family Hub Providers
- VIII. Family Navigator Case Study

### **I. The Family Hub Launches**



In April and May 2024, there were launch events for each of our three family hubs. The events provided local families with a day of activities and entertainment, refreshments and information on local services available for families. We were delighted to see just over 450 people and over 50 service providers across the borough, attend our events.

## II. Family Hub Registrations and Engagements

Since the launch of the family hubs the numbers of children, young people and adults registering at our centres has steadily increased. Promotion of the family hubs services has been a key focus for the team this year. This is achieved through promotional materials at community sites across the borough (e.g. libraries, community centres, surgeries, dentists etc), promotion through our network partnerships (e.g. health visitors, GPs and youth providers), through community events within targeted areas and through online and social media campaigns. The family hub team also work with partner housing associations to promote services through neighbourhood letter drops.

Family Hub Registrations			
Family Hub	No of Families	No of Children	Children with SEND
Old Oak Family Hub	388	565	28
Tudor Rose Family Hub	279	401	23
Stephen Wiltshire Family Hub	147	262	78
<b>Totals</b>	<b>814</b>	<b>1,228</b>	<b>129</b>

The number of families registered at the family hubs and living within the most deprived areas, as defined by Lower Super Output Areas (LSOAs) of the borough are; **72%** at Old Oak Family Hub, **59%** at Tudor Rose Family Hub and **30%** at Stephen Wiltshire Centre Family Hub.

Registered families who have participated in an increasing number of activities provided by local authority and/or partner services has also increased over the year.

<b>Family Hub Participation</b>		
<b>Family Hub</b>	<b>No of participants</b>	<b>Total no of sessions in the year</b>
Old Oak Family Hub	5,405	554
Tudor Rose Family Hub	4,143	407
Stephen Wiltshire Family Hub	895	184
<b>Totals</b>	<b>10,443</b>	<b>1,169</b>

Within the family hubs across the borough, **35%** of activities and services are targeted at the 0-5 age group, **23%** for 6+ age group and **42%** community services.

### **III. Family Hub and Children's Centre Programme**

The extensive family hub programme has been developed in co-production with residents and service providers. In addition to the 0-5 children's centre, parenting support and health visiting offers, there is now an even more extensive offer available to families. Since the launches of the hubs in Spring 2024, new partners have continued to join the H&F family hub network; including organisations which provide universal and targeted services.

#### **Early years services**

Families need an integrated offer that provide effective support at the right time. They need access to information and tools to help them care for and interact positively with their babies and children. Families also need joined-up services, which take a whole-family perspective. The Family Hubs and Start for Life programme is well-placed to deliver this joined-up holistic care by providing accessible, integrated maternity, baby and family support. Our family hubs provide an extensive range of early years services including baby sessions, 0-5 learn and plays sessions and a range of guidance on developing home learning environments.

The local Start for Life offer has been a focus for the team this year and a national priority area for the DfE. As well as face to face activities and services provided within the physical hub buildings, it is also a requirement that family hubs have a virtual offer. In Hammersmith & Fulham, there is a dedicated Start for Life section within the family hub website. The content and layout are continually updated and coproduced with parents and services through our Coproduction Hub.

Regular activities for 0-5 age range (non-specialist)			
Family Hub	Activity	No of sessions	Attendance
All Family Hubs	Learn & Play	312	6,240
	OM-POP	156	936
	Baby Group	104	1,104
	Baby Massage	156	1,404
	Music Time	52	780
	Mini Sparks	11	63
<b>Totals</b>		<b>220</b>	<b>4,226</b>

## Youth services

Another key area of the family hubs is the youth offer. Clustered around the after-school clubs, junior and senior youth and sports clubs, there is a range of services targeted at supporting the specific needs of these age groups. In addition to the expanded Harrow Club youth offer in two of the hubs, there is also free football skills training provided by Chelsea and Queens Park Rangers Football Clubs.

Alongside these activities, young people can access a further range of support services including mental health support, alcohol and substance misuse services and sexual health and relationships advice and support. For those young people who are preparing for adulthood there are a range of services available including employability advice drop-ins which are open to all residents aged 16 years plus.

Regular activities for 5+ age range			
Family Hub	Activity	No of sessions	Attendance
Old Oak	Youth Club Juniors	24	409
	Youth Club Seniors	13	120
	Forest School	2	64
	QPR Football Club	52	312
Tudor Rose	Youth Clubs	9	145
	Boys Group CAMHS	2	12
	Drama Club	2	12



<b>Totals</b>		<b>104</b>	<b>1074</b>
---------------	--	------------	-------------

### Special Educational Needs & Disability (SEND) services

Family hubs and children's centres offer fun and interactive sessions for all families and support and welcome children and young people with special educational needs and disabilities. There are also sessions specifically tailored for children and young people with SEND and their families, which are mainly provided at Stephen Wiltshire Family Hub either by hub staff or external partners, such as the specialist football session delivered by Fulham Football Club.

A child does not need a diagnosis of SEND to attend the specialist sessions but will have an identified additional need. Staff at Stephen Wiltshire Family Hub work with staff at the other centres to provide additional SEND services at other hubs.

The Family Hub Navigators at the family hubs provide families an opportunity to discuss their child's needs and jointly develop a family hub support plan. The plan may include services delivered directly from the family hubs or from within the family hub network of services.

<b>Regular SEND activities</b>			
<b>Family Hub</b>	<b>Activity</b>	<b>No of sessions</b>	<b>Attendance</b>
Stephen Wiltshire Centre	SALT	42	211
	Little Explorers 0-5	47	83
	Little Explorers 0-8	25	128
	SEND Holiday Schemes	6	256
	Pip Squeak	4	10
	Stepping Stones	2	16
	Fulham Football club	13	93
Old Oak	Little Explorers	3	10
<b>Totals</b>		<b>142</b>	<b>807</b>

As well as these regular groups, the capital works funded through the Family Hub program alongside our new Changing Places toilet have made the space more accessible for a wider range of community partners to use. As well as the below sessions this has included supervised contact sessions for children, professionals' meetings, team meetings and away days, as well as youth council meetings and parental consultation events being offered to families on an ad-hoc basis through the local authority and our partners.

Other SEND sessions in the hub			
Family Hub	Activity	No of sessions	Attendance
	Autism and other training for parents and professionals (varied providers)	11	120
	Intensive support sessions and EOTAS tuition (schools)	8	43
<b>Totals</b>		<b>19</b>	<b>163</b>

### Community services

The family hub team work with community partners to offer additional services. The offer from the voluntary and community sector includes free community meals, exercise classes, English classes, housing surgeries and debt counselling services.

There are also additional one-off sessions provided by community members who offer a range of activities and events at centres.

Regular activities for the community			
Family Hub	Activity	No of sessions	Attendance
Old Oak	Turning Point	104	No data
	Wellbeing Service	104	No data
	H&F Works	104	No data
	Peabody Housing	12	9
	QPR Comm FC	52	300
	Bingo	21	407
	Chair Yoga	20	142
	IT Classes	18	74
	ESOL	52	15
	Mama Haven	7	59
	Dance West	6	27



	Yoga	5	40
	Doorstep Library	52	No data
	Afterschool Club	52	300
	Retirement Group	2	50
Tudor Rose	Turning Point	104	No data
	Wellbeing Service	104	No data
	H&F works	104	No data
	QPR Comm FC	52	300
	Food Cycle	38	655
	Chelsea FC	29	324
	Hestia Hub	23	280
	Keep Fit	18	114
	Sortie Project	8	82
	Women's Trust	5	29
	ESOL	3	15
	Doorstep Library	52	No data
Stephen Wiltshire Family Hub	Housing clinic	6	28
	Art therapy	2	6
<b>Totals</b>		<b>1,159</b>	<b>3,256</b>

Additional Events for the Community			
Family Hub	Activity	No of sessions	Attendance
Old Oak	Wreath Workshops	1	6
	Black History Tea	1	8
	Christmas Event	1	69
	Marketing Workshop	1	10
	Empowerment Workshop	1	7
	Creative Workshop	1	4

<b>Totals</b>		<b>6</b>	<b>104</b>
---------------	--	----------	------------

## Health services

There is a range of physical and mental health services provided from the family hub buildings including pre-natal, maternity, midwifery and breast-feeding support. There are also targeted health services including Maternity Trauma & Loss Care and Perinatal services. Health services are offered alongside family hub activities such as Learn & Plays and Youth Clubs.

Regular health activities			
Family Hub	Activity	No of sessions	Attendance
All Hubs	Perinatal Support	22 (4+6+4+8)	95 (28+36+16+15)
	Birth & Beyond	4	20
	SALT Workshops and drop ins (excludes specialist SEND sessions above)	38 (2+36)	160 (16+144)
	Talk Matters	2	18
	Breast Feeding	1	12
	CAMHS	13 (1+12)	44 (8+36)
	Oral Health Under 5	36	363
<b>Totals</b>		<b>116</b>	<b>712</b>

The family hubs team also work closely with Public Health Family Champion volunteers who work directly with parents to share ideas and knowledge to support families. Volunteers are also provided with an opportunity to develop their skills and relevant experiences to further their careers.

There are **44** Family Champions from across the borough, the majority of which live in north and central locations, grown from a team of **7** Maternity Champions. Of these, **27** are local Champions, H&F residents (focussing on local health initiatives and local community connection), and **17** are H&F based Public Health university students (supporting event delivery). There are **9** languages spoken by Family Champions.

Valued partners, ASÉ, MACWO, the SORTIE Project have supported the volunteering programmes. The team work with over **80** community and VSCE partners and developed partnerships with maternity, children's and many associated health NHS teams including acute, primary and community.

**6** Family Champions have been enabled to find employment as a direct result of volunteering. This year, more than **2,600** resident health contacts have been created through events, group provision and outreach. In addition, **4** different regular weekly sessions, **4** different regular monthly events and **5** large community events have been successfully delivered, and all of which have been newly created. Volunteers have had the opportunity to benefit from **15** different training topics.

#### IV. Family Outreach & Support

The family hubs team offer outreach and support to families who either request additional support or are referred by other professionals. In cases where families require more targeted support, we work collaboratively with children's early help and social care services to provide the additional support.

The Family Hub Co-ordinators receive each month on average, **526 telephone calls** and **276 emails** from families and service providers, requesting advice and support. This year, there was a **3,960** resident 'footfall' at H&F family hubs, including hubs and spoke sites. This has been a significant increase compared to the previous year.

Over the last year, the service has systematically promoted the universal family support offer with key partners, including schools and health practitioners (GPs, Social Prescribers, Health Visitors etc). As a result, the service has seen a steady rise in referrals from these partners. The Family Hub staff regularly attend Child Health Hub MDTs. Please see Appendices for a Family Hub Navigator case study for an more in depth understanding of the support this role can offer families. There are more case studies available on request.

During the last year, family hubs have received **105** internal referrals for low-level support. Most common support needs include **maternity health, housing, immigration, and cost of living support**. The Family Navigator currently has a caseload of **12 families** (May 2025), who require the support of family hub services and/or more targeted provision. A breakdown of support offered can be seen below:

Support Offered Apr 2024 – Mar 2025	
Area of Support	No of support engagements
Internal Referrals for Low Level Support	105

Benefits Advice/Employment Support	75
2 Year Funded Advice	49
Housing Advice	81
Immigration Advice & Support	60
SEND Advice and Guidance	63
Domestic Violence Support	43
School Support & Applications	28
Infant Feeding (Midwife and Health Visitors)	110
Mother mental health sign posting /CAMHS	42
Foodbank Referrals	105
Donations Provided (Clothes, Toys, Milk etc)	201
Book start Packs Provided	180
Healthy Start Vitamins	172
Food Boxes	63
<b>Total</b>	<b>1,377</b>

In addition to the above, staff processed 7,627 Rose Food Vouchers for eligible residents.

#### V. User Feedback

The service receives feedback from families, children, young people and residents through various established routes. There is a parent/carers panel 'Family Voices' which is co-chaired by a parent, staff attend local community events and meetings to understand local needs, staff organise events within the hubs to collect feedback from various groups e.g., young people, feedback is requested through our partnership meetings with services who deliver from the hubs or are part of the network, user session feedback is encouraged throughout the year and there is a parent/carers annual survey.

In April 2025, an annual survey was undertaken across all three family hubs. Of the 205 survey respondents:

- 45% attended 0-5 provision, 18% attended youth provision, 8% family services, 8% SEND services, 6% adult services, 15% other (e.g. holiday provision).
- 86% had visited the family hub previously and 24% was their first visit.

- 34% found out about family hubs via a professional, 30 via family and friends, 21% via online (website/social media), 9% by a school, 6% other.
- 77% were confident about the family hub offers.
- 97% felt welcome during their visit(s) to family hubs.
- 96% felt their needs were met by the family hub staff/offer.

When asked what families would like to see more/less of, respondents requested more wellbeing sessions, more 0-5 provision, more music, singing and dance sessions, more sessions for postnatal parents, afternoon sessions for 0-5 age group. When asked to add any additional feedback, respondents commented:

*"The Tudor Rose centre is amazing; we have used it so much during my maternity leave. I've had such great support from the team here and made so many friends. I am so grateful for all the classes and enthusiasm of the staff; they are caring and supportive which is exactly what I've needed as a first-time mum"*

*"Randolph and Old Oak both amazing, especially the staff. It's a core for my baby's development"*

*"Excellent service for socialising my little one, OM-POP session also brilliant. Great yoga instructor."*

*"Lovely facilities, kind and helpful staff, thank you [staff names] for everything"*

*"Staff are friendly!"*

*"There's many things for children and they're very welcoming"*

*"[Staff names] in the massage session are very kind and dedicated. My baby enjoys being there very much. Thanks."*

*"Lovely meeting well trained professionals in a relaxed environment."*

*"Didn't feel judged."*

## **VI. Staff Development**

Last year the team participated in several training sessions to enhance our skills and knowledge. These included:

- PREVENT Training
- Freedom Parenting Programme
- Multi-Agency Safeguarding & Child Protection Level 3
- Safer Recruitment Training
- Designated Safeguarding Lead Training
- Fire Marshall Training

- Eligibility for Legal Aid for Immigration
- PIP Form Filling
- First aid training paediatric
- Shelter training
- DFE EYFS training
- Henry programme training
- Food hygiene Training
- Mandatory LA training – Cyber security
- Healthy Start Training
- Perinatal Mental Health training
- Systemic training
- Evacuation Chair lift training in TR
- People Management Essentials: Manager's Induction
- Power App training
- Money Guiders training
- Team Teach- positive behaviour support de- escalation techniques (SEND)
- Family support Practitioner level 4 training
- Adoption post permanent and the schools' role training
- DV & harmful practices

## VII. Family Hub Providers

Since the launches of the hubs in Spring 2024, new partners have continued to join the H&F family hub network; in particular, organisations providing services with a remit to provide outreach to residents who live in the 30% most deprived areas. The majority of universal and targeted services deliver from Old Oak and Tudor Rose Family Hubs and Community Centres. The majority of SEND services run from Stephen Wiltshire Centre & Family Hub. New services since the launch include:

Family Hub Offer	Provider and Service
Reducing Parental Conflict	- <i>H&amp;F Family Help</i>
Support for separating and separated parents	- <i>H&amp;F Family Help</i>

<b>Debt and welfare advice</b>	<ul style="list-style-type: none"> <li>- <i>Welfare Benefit Advice</i></li> <li>- <i>Citizens Advice</i></li> <li>- <i>Debt Free Kiosks</i></li> <li>- <i>Action on Disability Welfare Benefit advice (SEND)</i></li> </ul>
<b>Start for Life parent-infant mental health (delivered prior to launch of Family Hubs)</b>	<ul style="list-style-type: none"> <li>- <i>Prenatal Birth &amp; Beyond</i></li> <li>- <i>CLCH Health Visitor Checks and Assessments</i></li> <li>- <i>Maternity/Midwifery Support</i></li> </ul>
<b>Mental health services (beyond Start for Life parent-infant mental health)</b>	<ul style="list-style-type: none"> <li>- <i>Perinatal Mental Health Service</i></li> <li>- <i>Perinatal Mental Health Service (SEND)</i></li> <li>- <i>CAMHS 5+ Clinics</i></li> <li>- <i>CAMHS Under 5s</i></li> <li>- <i>Hestia Trauma Support Group</i></li> <li>- <i>Maternity Trauma and Loss Care</i></li> </ul>
<b>Substance (alcohol/drug) misuse support</b>	<ul style="list-style-type: none"> <li>- <i>Turning Point: Drug and Alcohol Wellbeing Service</i></li> </ul>
<b>Stop smoking support</b>	<ul style="list-style-type: none"> <li>- <i>Turning Point Stop Smoking Support</i></li> </ul>
<b>Oral health improvement</b>	<ul style="list-style-type: none"> <li>- <i>CLCH Oral Health Support</i></li> </ul>
<b>Nutrition and weight management</b>	<ul style="list-style-type: none"> <li>- <i>Nourish Hub Outreach</i></li> <li>- <i>HENRY Programme</i></li> <li>- <i>Rose Vouchers</i></li> <li>- <i>Harrow Club</i></li> <li>- <i>Chelsea and QPR FC Programmes</i></li> </ul>
<b>Local authority 0-19 public health services, based on local needs assessments</b>	<ul style="list-style-type: none"> <li>- <i>CLCH/H&amp;F HENRY Programme</i></li> <li>- <i>CLCH Immunisation Support</i></li> <li>- <i>CLCH Oral Health Support</i></li> <li>- <i>CLCH Family Champions</i></li> </ul>
<b>Intensive targeted family support services, including those funded by the Supporting Families programme</b>	<ul style="list-style-type: none"> <li>- <i>H&amp;F Early Years Practitioners Family Sessions</i></li> <li>- <i>H&amp;F Family Hub Navigators</i></li> <li>- <i>H&amp;F Family Hub MDTs</i></li> <li>- <i>H&amp;F Family Hub Outreach</i></li> <li>- <i>H&amp;F Family Help</i></li> </ul>
<b>Housing</b>	<ul style="list-style-type: none"> <li>- <i>H&amp;F Housing Surgery</i></li> <li>- <i>Hestia's HSIS Community Hub</i></li> </ul>

	<ul style="list-style-type: none"> <li>- <i>Peabody Trust Surgery</i></li> </ul>
<b>Youth services</b>	<ul style="list-style-type: none"> <li>- <i>Harrow Youth Club Juniors &amp; Seniors</i></li> <li>- <i>Community Sexual Health Service</i></li> <li>- <i>H&amp;F Works Employability Drop-In session (16+)</i></li> <li>- <i>QPR Football Sessions</i></li> <li>- <i>Chelsea FC Football Sessions 8-18-year-olds</i></li> <li>- <i>Bubble and Squeak After School Club</i></li> <li>- <i>Damien's Community Football Sessions</i></li> <li>- <i>M&amp;C Foundation Taekwondo</i></li> <li>- <i>CAMHS Mental Health Support: Boys Club</i></li> <li>- <i>Morgan Sindall Employability Support</i></li> <li>- <i>Brain Sparks Holiday Club</i></li> <li>- <i>Bubble &amp; Squeak Holiday Club</i></li> <li>- <i>Therapeutic Support Service (VIP)</i></li> <li>- <i>Non-contact Boxing classes</i></li> <li>- <i>JK Arts and Crafts Afterschool Club</i></li> </ul>
<b>Youth Justice Services</b>	<ul style="list-style-type: none"> <li>- <i>H&amp;F Gangs, Violence and Exploitation Unit and Youth Justice Service advice and support</i></li> </ul>
<b>SEND support and services (inclusive of the Start for Life period)</b>	<ul style="list-style-type: none"> <li>- <i>Shaw Trust - SEND Employability Support</i></li> <li>- <i>Action on Disability Welfare benefit advice for families with SEND</i></li> <li>- <i>Fulham Football club Sessions</i></li> <li>- <i>H&amp;F Stay and Play SEND 0-5 and Under 8 Sessions</i></li> <li>- <i>SENDIASS advice and support</i></li> <li>- <i>H&amp;F Special Needs Support Sessions</i></li> <li>- <i>Parents Active – SEND information, surgeries and focus sessions</i></li> <li>- <i>Flamingo Chicks dance classes</i></li> <li>- <i>English National Ballet SEND sessions</i></li> </ul>
<b>ECEC (Early Childhood Education and Care) and financial support (TFC, UC)</b>	<ul style="list-style-type: none"> <li>- <i>NatWest Finance Workshops</i></li> <li>- <i>England Money Lending Team Talk for Parents</i></li> <li>- <i>Morgan Sindall Energy Advice Café</i></li> <li>- <i>H&amp;F Early Years Childcare Entitlements workshops, advice and support</i></li> </ul>
<b>Activities for children ages 0-5</b>	<ul style="list-style-type: none"> <li>- <i>Connect and babble baby group</i></li> <li>- <i>H&amp;F Little Explorers</i></li> <li>- <i>Baby Massage</i></li> <li>- <i>OMPOP Parent &amp; Child Yoga and Wellbeing</i></li> <li>- <i>H&amp;F Learn and Play</i></li> <li>- <i>Giggles and Wiggles</i></li> <li>- <i>Singing and Rhyme Sessions</i></li> </ul>



<b>Birth registration</b>	- <i>Not currently offered</i>
<b>Domestic abuse support</b>	- <i>Woman's Trust domestic abuse advice and support</i>
<b>Midwifery/maternity</b>	- <i>NHS Midwives Antenatal Checks</i>
<b>Health Visiting</b>	- <i>CLCH Health Visitors</i>
<b>Parenting Support</b>	<ul style="list-style-type: none"> <li>- <i>H&amp;F Family Help</i></li> <li>- <i>Homestart</i></li> <li>- <i>Action for Change</i></li> <li>- <i>IAPT Improving Access to Psychological Therapies</i></li> <li>- <i>Cygen's Autism Parenting Programme</i></li> <li>- <i>UPG Parenting Programmes</i></li> <li>- <i>NHS Perinatal Services Music &amp; Wellbeing Craft Sessions.</i></li> <li>- <i>Foodbank Vouchers and Rose Vouchers</i></li> <li>- <i>Foodcycle Community meals</i></li> <li>- <i>H&amp;F ESOL (English for Speakers of Other Languages)</i></li> </ul>
<b>Parent-Infant Relationships and Perinatal Mental Health Support</b>	<ul style="list-style-type: none"> <li>- <i>NHS Perinatal Mental Health Support</i></li> <li>- <i>Homestart</i></li> <li>- <i>Therapist - Psychotherapy for Parents with Children Under 5 Years Old</i></li> </ul>
<b>Early Language and the Home Learning Environment</b>	<ul style="list-style-type: none"> <li>- <i>H&amp;F Learn &amp; Plays</i></li> <li>- <i>H&amp;F Early Years Practitioner Targeted Support</i></li> <li>- <i>UPG Parenting Programmes</i></li> <li>- <i>PH Family Champions</i></li> <li>- <i>H&amp;F Online Tools (advice and guidance)</i></li> <li>- <i>CLCH Speech &amp; Language Therapy advice and support</i></li> <li>- <i>Pip Squeak</i></li> </ul>
<b>Infant Feeding Support</b>	<ul style="list-style-type: none"> <li>- <i>PH Family Champions</i></li> <li>- <i>CLCH Breast Feeding Support (Health Visitors)</i></li> <li>- <i>H&amp;F Breast Feeding Support</i></li> </ul>
<b>Community Support</b>	<ul style="list-style-type: none"> <li>- <i>IT Classes</i></li> <li>- <i>FOOO / The Sortie Project Community Groups</i></li> <li>- <i>Bingo Group</i></li> <li>- <i>Lumi Foundation Chair-Based Yoga</i></li> </ul>

	<ul style="list-style-type: none"> <li>- <i>Peabody Neighbourhood Surgery</i></li> <li>- <i>OORA Zumba</i></li> <li>- <i>HCGA Gardening Group</i></li> <li>- <i>Agewell Pilates</i></li> <li>- <i>Agewell Flexibility</i></li> <li>- <i>Agewell Gentle Keep Fit &amp; Fall Prevention</i></li> </ul>
--	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

### VIII. Family Navigator Case Study

Initial Referral Behavioural issues. Controlling behaviours of child at home, hitting parent and becoming violent towards her. No issues raised at school. Recently moved from US. In education at STF. Mum requesting some support/parenting support. Also referred to CAMHS for CYP input. Referred by GP.

#### Assessment

Family hub behaviour takes place only when child is at home, with parents and brother. School reported the child is well behaved and they say she is delightful. The child has the same positive attitude and behaviour when she is outside or with other family members for example her grandparents.

Parent reported child enjoys when everyone is upset and fearful of her. Parent reported when the child is upset, she changes her voice, facial expression, eyes size, and her face looks different. Behaviour changes in seconds and escalates rapidly, with no apparent stressors and triggers.

Parent is fearful as she sees the behaviour escalating and becoming more physical, violent, with hitting, punching, head butting, swearing and using abusive language. Parent is concerned about puberty age when things can escalate even further.

Parent reported unusual habits and behaviour since the child was little and this escalated over the years. Parent reported an eating disorder in her teenage years and attended family support which she found very distressing and feel family therapy is not suitable for her child, she prefers one to one counselling.

Parent worried about school holidays and plan holidays to be spent with other family members at their house as child does not show any sign of distressed behaviour when other adults are around.

#### Support required

Parent concerned on the escalation and severity of aggressive behaviour of their 9-year-old daughter. Parent reported the behaviour is mainly targeted towards her and the child appear to have episodes where she cannot manage her emotions. Parent is requesting support to identify possible mental health, access to therapy, professional feedback on behaviour dynamic as targeted towards family members.

#### Support requested

Both parents agreed and gave consent to be referred to West London Action for children and to ask CAMHS to reconsider refusal of original referral. UPG program also considered.

#### Support implemented

Navigator discussed referral and parent's concerns with CAMHS Navigator submitted referral to West London Action for Children, parent was provided with SPEAK CAMHS helpline number, Navigator to keep in contact with family until services are in place.

#### Outcome of family hubs support

Support provided through one-to-one contact where the family could explain and express their concerns at their own pace. Parent appreciated the time spent to listen to her and the opportunity given to communicate all her worries and concerns.

Parent felt reassured with options of support provided by the family hubs, also to have a helpline that can be used by all the family members in case they feel overwhelmed.

Navigator will discuss the family with CAMHS Doctors as they attend family hubs regularly and they may be able to invite parent and child to attend their drop-in sessions. Both parents can access the UPG program where they can share their experiences with other families and have the possibilities to access parenting support. Family discussed at the Family Hubs MDT meetings where other professionals could further offer advice, support and signposting.

# Agenda Item 6

## LONDON BOROUGH OF HAMMERSMITH & FULHAM

**Report to:** Health and Wellbeing Board

**Date:** 21/01/2026

**Subject:** H&F Pharmaceutical Needs Assessment 2026-29

**Report author:** Susan Hughes – Programme Lead

**Responsible Director:** Mayada Abuaffan - Director of Public Health

---

### SUMMARY

Health and Wellbeing Boards (HWWB) 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 development and delivery of a completed PNA must meet the requirements of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and the Department of Health and Social Care (DHSC) 2021 guidance.

Hammersmith and Fulham's previous PNA spans the period 2022-25 and so we must refresh the PNA for the period 2026-2029 by the end of this period.

This report sets out the development of the Pharmaceutical Needs Assessment (PNA) 2026-29 for H&F Health and Wellbeing, and requests sign-off for publication.

---

### RECOMMENDATIONS

The Board is recommended to:

1. Approve the Hammersmith and Fulham Pharmaceutical Needs Assessment (PNA) 2026- 2029 for publication.
2. Delegate authority to the PNA Steering Group to determine whether future changes in pharmaceutical services are minor (requiring only a supplementary statement) or sufficiently significant to warrant a new PNA within the next three years, and to report these decisions to the Health and Wellbeing Board.

---

**Wards Affected:** All

---

Our Values	The H&F Corporate Plan highlights core values reflected in the PNA's approach. Key points include compassion and inclusion, ensuring no resident is overlooked; financial efficiency and sustainability to avoid resource
------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

	duplication; transparency and accountability through a thorough consultation process; and a focus on prevention and early intervention to address health needs proactively.
Building shared prosperity	PNAs help build shared prosperity by reducing health inequalities in underserved areas, supporting community wellbeing, enabling local economic growth, facilitating collaboration among professionals, and optimizing resource allocation for health investments.
Creating a compassionate and inclusive council	A compassionate and inclusive council seeks to meet the diverse needs of its community, focusing on those underserved. It should engage inclusively, address health inequalities, maintain transparency and accountability, and commit to continuous improvement through annual reviews of the PNA based on community feedback.
Doing things with residents, not to them	A core principle in developing PNAs is to engage meaningfully with residents, working with communities to meet their actual needs. Key elements include early engagement, diverse methods for inclusivity, targeting less engaged groups, and reporting on the consultation process and feedback use.
Being ruthlessly financially efficient	PNAs help health systems identify and meet local pharmaceutical needs. They promote financial efficiency by directing investment, reducing duplication, and ensuring services reach those in need.
Taking pride in H&F	H&F pharmacies are essential for healthcare, emphasising equity and accessibility. Community feedback shows appreciation for service quality and staff knowledge, guiding regular assessments.
Rising to the challenge of the climate and ecological emergency	To tackle the climate and ecological emergency, PNAs should consider the environmental effects of pharmaceuticals, improve prescribing guidance, reduce unnecessary prescriptions, focus on prevention, and adopt sustainable practices.

---

## Background Papers Used in Preparing This Report

None.

---

## DETAILED ANALYSIS

### BACKGROUND

1. Every three years, all Health and Wellbeing Boards are statutorily required to publish and regularly update a Pharmaceutical Needs Assessment (PNA) for their borough that outlines the pharmaceutical service needs of their population.

The PNA serves two main purposes:

- to assist NHS England in evaluating requests for new pharmacies or changes to existing ones
  - to aid local commissioners in deciding on services that community pharmacies could offer to address the future health needs of the population.
2. 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 needs assessment.
  3. The PNA assesses current and future provision with respect to:
    - Necessary Services, which are accessibility of pharmacies and their provision of Essential Services such as dispensing medicines and appliances, repeat dispensing, clinical governance, signposting and support for self-care.
    - Other Relevant Services and Other Services.
  4. These are services commissioned by NHS England and the Northwest London (NWL) Integrated Care System (ICS) for the London Borough of Hammersmith & Fulham Council; they include: Advanced Enhanced and Other NHS services.

## **PNA structure**

5. The PNA comprises of two key sections:
  - An epidemiological description of the borough as well as a general population survey, which was led by the H&F Business Intelligence Service
  - A technical section outlining provision of key pharmacy services, number of pharmacies per head of population, distance of residents from pharmacies and carrying out a full consultation with all statutory stakeholders about the content of the assessment for a minimum 60-day period.
6. The development and delivery of a completed PNA must meet the requirements of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and the DHSC 2021 guidance.
7. H&F Public Health commissioned specialist provider, Healthy Dialogues Ltd, via the Council's Capital E Sourcing Procurement Portal; to conduct their PNA from June 2025. In July 2025 a steering group was formed to oversee the PNA process to ensure that it meets statutory regulations. The steering group is chaired by Healthy Dialogues and includes representation from H&F Public Health Team, NHS ICB, Healthwatch and Middlesex Local Pharmaceutical Committee.  
Proposal(s)
8. The proposal is to approve the PNA as presented, which would ensure that the Board discharges its statutory requirements within the required timescale.

## **Options Considered**

(1) The Health and Wellbeing Board could approve the PNA as presented. This is the preferred option.

(2) Alternatively, the Health and Wellbeing Board could choose not to approve the PNA and request further changes. This is not the preferred option, since it would incur delay and the Board would fail to comply with the statutory requirement to adopt an updated PNA by 1 February 2026.

9. The process of the development of the PNA included:

- a review of the current and future demographics and health needs of H&F population, led by the H&F Business Intelligence Team.
- a survey for H&F patients and residents to provide information on how they use pharmacy services and the expectations they have of these
- an assessment of the commissioned essential, advanced, and locally commissioned services provided in H&F

### **Patient and public engagement**

10. A patient and public survey was disseminated across Hammersmith & Fulham to explore how people use their pharmacy and their views on specific 'necessary' pharmaceutical services. An online survey was conducted to examine how pharmacies are being used in H&F. This survey examined how local people use their pharmacies, as well as how and when they access them. Following this, an exploration was carried out into the health needs of people with protected characteristics and vulnerable groups.

11. The survey was promoted through a range of channels to reach residents and staff. It was featured on the council's 'Have Your Say' webpage and the internal staff website, shared via the council's e-news bulletin and through LBHF social media platforms including Meta, WhatsApp and Next-door.

12. In addition, the survey was shared widely with a broad network of local stakeholders. This included representatives from primary care networks, Healthwatch, the Carers Network, commissioned services, family champions, libraries, faith groups, gyms, housing schemes and voluntary and community sector organisations.

13. The mandatory consultation period for the draft PNA ran from 14 October 2025 to 14 December 2025 with statutory stakeholders. Responses to the consultation were considered in the final PNA report and the consultation report is included in the full Pharmaceutical Needs Assessment.

### **Key Assessment Findings**

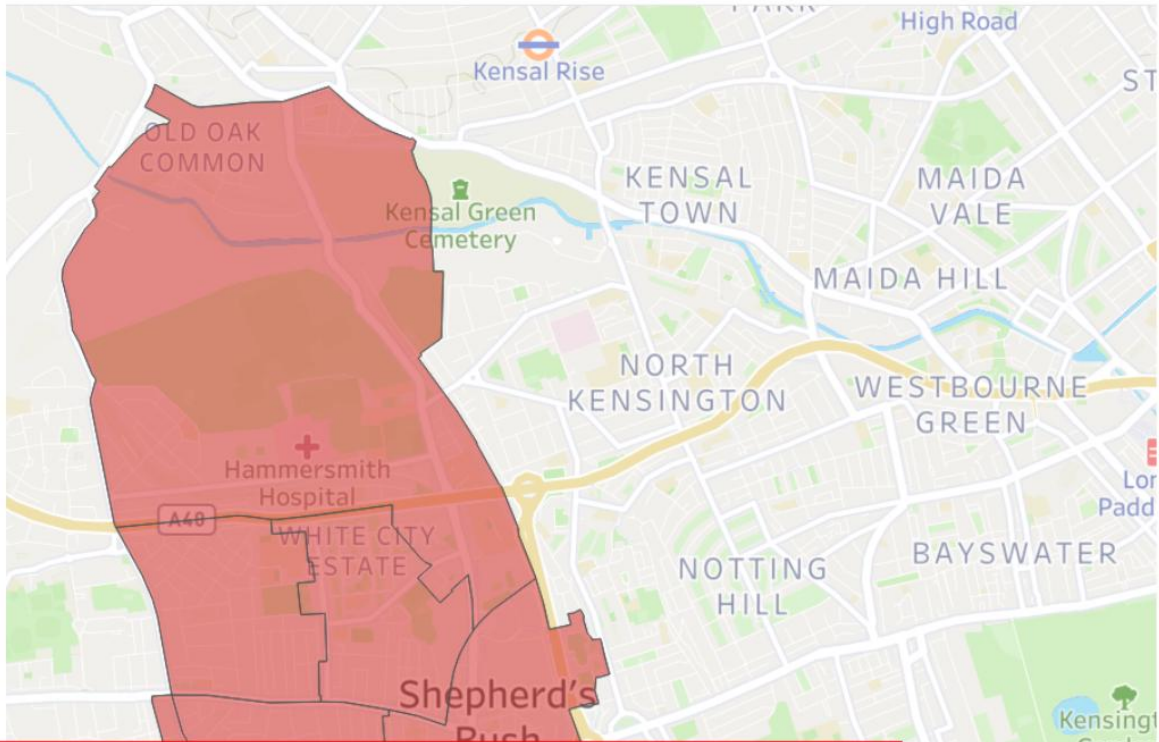
14. The resident survey received 161 responses from people who live, work and/or study in H&F. The survey did not show any substantial differences or identified needs or pharmacy usage by protected characteristics. Nearly all respondents (95%) reported that they reach their pharmacy in 20 minutes or less, with walking being the most common means of getting to a pharmacy (83%). No substantial differences or identified needs were found amongst protected characteristics groups and pharmacy usage.

15. As of November 2025, there are 38 pharmacies included in the pharmaceutical list for the Hammersmith & Fulham area, 37 of which are community pharmacies. There are a further 82 are within one mile of the border of Hammersmith & Fulham.
16. On weekdays, 6 pharmacies in Hammersmith & Fulham are open before 9am and 29 are open after 6pm. These are mapped out in Appendix 1 Chapter 7 and show good coverage of services available on weekdays outside normal working hours. 32 of the borough's 37 community pharmacies are open on Saturday while 5 are open on Sunday. Considering these pharmacies and those in neighbouring boroughs, as shown in the maps in Appendix 1 Chapter 7, there is adequate accessibility of pharmacies to residents on weekends.
17. The Steering Group on behalf of the Health and Wellbeing Board has assessed whether the current and future pharmacy provision meets the health and wellbeing needs of the H&F 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.
18. H&F is well served in relation to the number and location of pharmacies. The Steering Group on behalf of the Health and Wellbeing Board has concluded that there are no gaps in current and future access to Necessary, Advanced and locally commissioned pharmaceutical services for the residents of H&F, and no needs for improvements or better access were identified.
19. Following agreement by the Health and Wellbeing Board to publish the report, it will be made publicly available on the H&F webpages.
20. Changes in pharmacies in H&F (e.g. closures, changes to hours or locations, pending housing developments data etc) will continue to be monitored throughout the life of the PNA. Should those changes result in a substantial and material change to pharmaceutical services locally, the H&F PNA Steering Group will convene to consider whether or not a supplementary statement is required, in line with regulations, or bring forward a full review of the PNA.
21. Healthy Dialogues Ltd will share resources for how to facilitate this monitoring including a process flow chart for identifying what changes constitute a change in pharmaceutical service provision and a template for production of supplementary statements (editable by the HWB or its nominated officer). They have implemented similar systems for other local authorities, ensuring their ability to meet their duty to keep the PNA up to date without unnecessary burden.

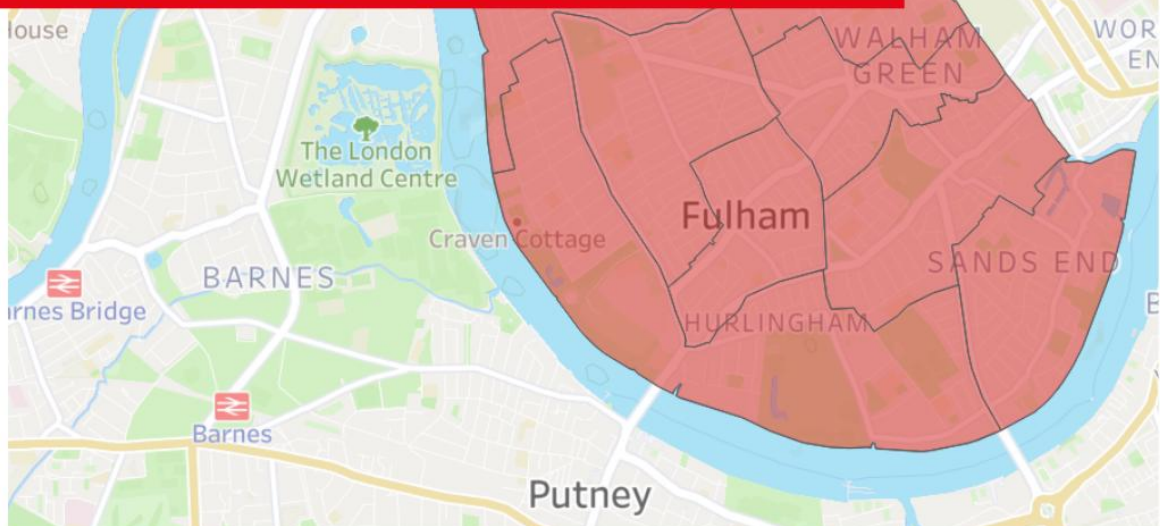
## **LIST OF APPENDICES**

Appendix 1 - H&F Pharmaceutical Needs Assessment 2026 - 2029





# Hammersmith & Fulham Pharmaceutical Needs Assessment - 2026-2029



# 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 every three years. This is called the Pharmaceutical Needs Assessment (PNA). The purpose of the PNA is twofold, namely to:

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

This PNA provides an overview of the demographics and health and wellbeing needs of the Hammersmith & Fulham population. It also captures patients' and the public's views of pharmacy services they access. It 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, from the date of its publication to the 31<sup>st</sup> January 2029. It assesses current and future provision with respect to:

- Necessary Services – defined here as provision of Essential Services.
- Other Relevant Services – defined here as Advanced, Enhanced and Locally Commissioned Services.

## Methodology

In August 2025, a steering group of key stakeholders was established to oversee the development of the PNA with overall responsibility of ensuring it met the statutory regulations. The process included:

- A review of the current and future demographics and health needs of the Hammersmith & Fulham population determined on a locality basis.
- A survey to Hammersmith & Fulham patients and the public on their use and expectations of pharmaceutical 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 Locally Commissioned services provided in Hammersmith & Fulham.

A draft of the PNA was published for formal consultation between October and December 2025. Responses to the consultation were considered by the steering group before final publication of the PNA.

## **Findings**

### **Key population demographics of Hammersmith & Fulham**

The London Borough of Hammersmith & Fulham is an inner London borough with an estimated population of 190,925. This population is projected to increase by 1.8% in the lifetime of this PNA. College Park & Old Oak ward is forecast to have the largest increase in population size (35.9%).

There remain pockets of deprivation across the borough, with 15 of the borough's 115 neighbourhoods (Lower Super Output Areas) among the most deprived 20% in England (Ministry of Housing, Communities & Local Government).

### **Key population health needs of Hammersmith & Fulham**

Broadly, life expectancy for both males and females in Hammersmith & Fulham is in line with regional and national figures, but healthy life expectancy is significantly better than the national average. Circulatory diseases, cancer and respiratory diseases were the biggest causes of life expectancy gap between the most and least deprived in the borough.

Hammersmith & Fulham shows great strength among a number of health behaviour indicators including adult obesity, levels of physical activity, smoking rates and chlamydia screening. However, there are some challenges identified, with Hammersmith & Fulham performing worse than regional and national comparators in the following areas:

- Admission for alcohol-specific conditions
- Mortality from drug misuse
- Rates of new STI and HIV diagnoses
- Uptake of flu vaccination among over-65s and at-risk groups
- Social care users reporting sufficient social contact
- Suicide rates

### **Patient and public engagement**

A patient and public survey was disseminated across Hammersmith & Fulham to explore how people use their pharmacy and their views on specific 'necessary' pharmaceutical services. A total of 161 people responded.

Nearly all respondents (95%) can reach their pharmacy in 20 minutes or less, with walking being the most common means of getting to a pharmacy (83%). No substantial differences or unmet needs were identified in pharmacy usage across protected characteristic groups.

### **Health and Wellbeing Board statements on service provision**

There are 37 community pharmacies and one distance selling pharmacy located within the London Borough of Hammersmith & Fulham. There are further 82 community pharmacies located within a mile of Hammersmith & Fulham's boundaries.

The PNA steering group, on behalf of the Health and Wellbeing Board 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 in the provision of pharmaceutical service either now or within the lifetime of this document, from the date of its publication to the 31<sup>st</sup> January 2029.

The London Borough of Hammersmith & Fulham is well served in relation to the number and location of pharmacies. The Health and Wellbeing Board has concluded that there is good access to necessary and other relevant services with no gaps in the current and future provision of these services identified.

# Contents

Hammersmith & Fulham Pharmaceutical Needs Assessment - 2026-2029 .....	1
Executive Summary .....	2
Introduction.....	2
Methodology .....	2
Findings .....	3
Health and Wellbeing Board statements on service provision.....	4
Contents .....	5
Glossary of terms .....	7
Chapter 1 - Introduction .....	9
Purpose of the Pharmaceutical Needs Assessment.....	9
PNA legislation .....	9
PNA requirements .....	10
Consultation.....	10
PNA Revisions and updates .....	11
Chapter 2 - Strategic context .....	12
National context.....	12
Local context .....	13
Chapter 3 - Methodology .....	16
Localities and determination of accessibility .....	16
Patient and public engagement.....	17
Pharmacy contractor survey .....	18
Governance and Steering Group .....	18
Stakeholder consultation and report .....	18
Chapter 4 - Population demographics .....	19
About the area .....	19
Demography .....	20
Wider determinants of health .....	25
Patient groups with specific needs.....	27
Chapter 5 - Population health needs .....	32
Life expectancy and healthy life expectancy.....	32
Our health and behaviours .....	33
Major health conditions .....	42
Chapter 6 - Public engagement .....	46
Engagement strategy .....	46

Responses to questionnaire.....	47
Demographic breakdown of participants.....	50
Chapter 7 - Pharmaceutical service provision .....	52
Pharmaceutical service providers .....	52
Accessibility .....	54
Essential services .....	64
Advanced services .....	65
Enhanced pharmacy services .....	76
Chapter 8 - Other NHS Services .....	79
Locally commissioned services .....	79
Other prescribing centres .....	80
Chapter 9 - Conclusions and Statements .....	82
Current Provision.....	82
Future Provision .....	85
Appendix A - Hammersmith & Fulham Pharmaceutical Needs assessment .....	87
Terms of reference .....	87
Appendix B - Pharmacy provision within Hammersmith & Fulham .....	91
Appendix C – Pharmacy provision within 1-mile distance of Hammersmith & Fulham.....	96
Appendix D - Consultation report.....	103

# Glossary of terms

<b>A&amp;E</b>	– Accident and Emergency
<b>ABPM</b>	– Ambulatory Blood Pressure Monitoring
<b>AF</b>	– Atrial Fibrillation
<b>AUR</b>	– Appliance Use Review
<b>BMI</b>	– Body Mass Index
<b>CCG</b>	– Clinical Commissioning Groups
<b>CHD</b>	– Coronary Heart Disease
<b>CHIS</b>	– Child Health Information Service
<b>CoL</b>	– City of London
<b>COPD</b>	– Chronic Obstructive Pulmonary Disease
<b>COVID-19</b>	– Coronavirus Disease 2019
<b>CPCF</b>	– Community Pharmacy Contractual Framework
<b>CPCS</b>	– Community Pharmacist Consultation Service
<b>CPPE</b>	– Centre for Pharmacy Postgraduate Education
<b>CPSAS</b>	– Community Pharmacy Selfcare Advice Service
<b>CVD</b>	– Cardiovascular Disease
<b>DAC</b>	– Dispensing Appliance Contractor(s)
<b>DHSC</b>	– Department of Health and Social Care
<b>DMS</b>	– Discharge Medicines Service
<b>DOPS / DOP</b>	– Dentistry, Optometry and Pharmacy (Services)
<b>DSP</b>	– Distance Selling Pharmacy
<b>EHC</b>	– Emergency Hormonal Contraception
<b>EPS</b>	– Electronic Prescription Service
<b>eRD</b>	– Electronic Repeat Dispensing
<b>GP</b>	– General Practitioner / General Practice
<b>GPFV</b>	– General Practice Forward View
<b>HIV</b>	– Human Immunodeficiency Virus
<b>HLP</b>	– Healthy Living Pharmacies
<b>HWB</b>	– Health and Wellbeing Board
<b>ICB</b>	– Integrated Care Board
<b>ICS</b>	– Integrated Care System
<b>IMD</b>	– Index of Multiple Deprivation
<b>JCVI</b>	– Joint Committee on Vaccination and Immunisation
<b>JSNA</b>	– Joint Strategic Needs Assessment



**LBHF** – London Borough of Hammersmith & Fulham  
**LFD** – Lateral Flow Device / Test Supply  
**LMC** – Local Medical Committee  
**LPC** – Local Pharmaceutical Committee  
**LPS** – Local Pharmaceutical Services  
**LSOA** – Lower Super Output Area  
**MMR** – Measles, Mumps and Rubella  
**MYS** – Manage Your Service  
**NCRS** – National Care Records Service  
**NCST** – National Centre for Smoking Cessation and Training  
**NHSE** – National Health Service England  
**NHS** – National Health Service  
**NHSBSA** – National Health Service Business Services Authority  
**NICE** – National Institute for Health and Care Excellence  
**NMS** – New Medicines Service  
**NRT** – Nicotine Replacement Therapy  
**NWL** - NHS North West London  
**ONS** – Office for National Statistics  
**OHID** – Office for Health Improvement and Disparities  
**PCN** – Primary Care Network (or Private Care Networks)  
**PCS** – Pharmacy Contraceptive Service  
**PGD** – Patient Group Direction  
**PhIF** – Pharmacy Integration Fund  
**PMR** – Patient Medication Record  
**PNA** – Pharmaceutical Needs Assessment  
**POC** – Point of Care  
**PSNC** – Pharmaceutical Services Negotiating Committee  
**QOF** – Quality Outcomes Framework  
**SAC** – Stoma Appliance Customisation  
**SCR** – Summary Care Record  
**SCS** – Smoking Cessation Service  
**STI** – Sexually Transmitted Infection  
**STP** – Standard Treatment Programme  
**UKHSA** - UK Health Security Agency



# Chapter 1 - Introduction

## **Purpose of the Pharmaceutical Needs Assessment**

- 1.1 Pharmacies are a cornerstone of primary care, often acting as the most accessible healthcare provider within communities. A 'Pharmaceutical Needs Assessment' (PNA) acts as a statement of the needs of pharmaceutical services of the population in a specific area. It sets out a statement of the pharmaceutical services currently provided, together with when and where these are available to a given population. This PNA specifically assesses the pharmaceutical needs of the Hammersmith & Fulham population.
- 1.2 NHS Pharmaceutical Services operate within a regulated and controlled market. Pharmacists or dispensing appliance contractors seeking to provide these services must apply to NHS England for inclusion on the Pharmaceutical List of the Health and Wellbeing Board area.
- 1.3 The purpose of the PNA is to facilitate the planning and commissioning of pharmaceutical services whilst supporting decision-making regarding new applications or changes in pharmacy locations. This includes:
  - Supporting NHS England in the 'market entry' decision-making process for applications related to new pharmacies or changes to existing pharmacy premises.
  - Informing the commissioning of pharmacy services by NHS England, as well as the local authority and other commissioners, such as Integrated Care Boards (ICBs).

## **PNA legislation**

- 1.4 Since 2006, NHS Primary Care Trusts have been legally required to assess the pharmaceutical needs of their area and publish both a statement on their initial assessment and any updated statements. In 2013, when Public Health functions were transferred to local authorities, Health and Wellbeing Boards were created and hosted by local authorities to bring together commissioners of Health Services, Public health, Adult Social Care, Children's services, and Healthwatch. The Health and Social Care Act of 2012 assigned Health and Wellbeing Boards the responsibility of developing and updating Pharmaceutical Needs Assessments.

## PNA requirements

- 1.5 The PNA covers the period between 1<sup>st</sup> February 2026 and 31<sup>st</sup> January 2029. The development of 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.
  - The Department of Health Information Pack for Local Authorities and Health and Wellbeing Boards.
- 1.6 As outlined in the 2013 regulations, this PNA must include a statement of the following:
- **Necessary Services – Current Provision:** services currently available that are necessary to meet the need for pharmaceutical services and could be provided within or outside of the health and wellbeing board's area.
  - **Necessary Services – Gaps in Provision:** services that are not currently available but are deemed necessary by the HWB to address an existing need for pharmaceutical services.
  - **Other Relevant Services- Current Provision:** any services delivered or commissioned by the local authority, NHS England, the ICB, an NHS trust, or an NHS foundation trust that impact the need for pharmaceutical services in the area or where future provision could enhance quality or improve access to specific pharmaceutical services.
  - **Improvements and better access – Gaps in provision:** services that are not currently available but are considered by the HWB to enhance quality or improve access to pharmaceutical services if introduced.
- 1.7 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:
- Consideration of the varying needs across different localities.
  - Assessment of how the needs of individuals with protected characteristics have been addressed.
  - Evaluation of whether expanding pharmaceutical services would enhance access or improve service quality.
  - A report of the statutory consultation on the draft PNA.

## Consultation

- 1.8 A draft PNA must be put out for consultation for a minimum of 60-days prior to its publication. 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 HWB.

1.9 All comments received during the consultation period were considered and are reflected in this final PNA report.

### **PNA Revisions and updates**

- 1.10 The PNA must reflect any changes that impact the needs for the pharmaceutical services in Hammersmith & Fulham. As such, it should be updated every three years.
- 1.11 The HWB is also required to revise the PNA publication if significant changes in pharmaceutical services occur before 1<sup>st</sup> February 2029. Not all changes within a population or area will necessarily influence the need for pharmaceutical services. If the HWB identifies a minor change that requires review, they will issue supplementary statements to update the PNA.

# Chapter 2 - Strategic context

- 2.1 This section provides an overview of key policies, strategies and reports that shape the strategic context of community pharmacy services at both a national and local level.

## National context

- 2.2 Over the past decade, the health and social care system transformed and evolved to address a wide range of challenges. Consequently, significant progress has been made in integrating health and social care services, placing greater focus on preventative care and expanding the use of technology for remote monitoring and consultations. These developments have taken place against the backdrop of an ageing population, rising numbers of people with long-term health conditions and ongoing funding pressures.

## Health and Care Act (2022)<sup>1</sup>

- 2.3 The Health and Care Act 2022 builds on NHS proposals from the NHS Long-Term Plan<sup>2</sup>. It emphasises the importance of collaboration, drawing on lessons from the COVID-19 pandemic to enhance system responsiveness. The Act focuses on three key areas: integrating NHS services with local government to tackle health inequalities, reducing bureaucracy to streamline decision-making and improve care delivery, and establishing clear accountability mechanisms.

## Pharmacy Integration Fund

- 2.4 The Pharmacy Integration Fund (PhIF) was established to promote the integration of clinical pharmacy services across various primary care settings, aiming to enhance patient care. Key initiatives supported by the PhIF include collaborating with Health Education England (now NHS England) to provide education and training for pharmacists and pre-registered pharmacists. Additionally, urgent medication requests are now directed to community pharmacies through NHS 111, reducing the burden on out-of-hours GP services, while minor health concerns are also redirected to community pharmacies.

---

<sup>1</sup> Department of Health and Social Care (2022). Health and Care Act 2022. Available at: [Health and Care Act 2022 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2022/25/contents/enacted)

<sup>2</sup> NHS England. (2019). The NHS long term plan. <https://www.longtermplan.nhs.uk/>.

- 2.5 Moreover, the PhIF facilitates the integration of pharmacists into urgent care settings, social care teams, and GP settings to optimise medication management and support the General Practice Forward View (GPFV) initiative. It also supports system leadership development and implements 'Stay Well' pharmacy campaigns to encourage families to visit community pharmacies first for minor health concerns. These efforts aim to improve patient access to clinical pharmacy services and enhance the role of pharmacists in delivering safe and effective care within primary care settings.

### **Fit for the Future: 10 Year Health Plan for England<sup>3</sup>**

- 2.6 The UK's 10-year health plan aims to expand the role of community pharmacies, shifting them from a primary dispensing role to becoming a core part of the new Neighbourhood Health Service by providing more clinical services like managing long-term conditions, offering independent prescribing, and expanding vaccinations and screening.

## **Local context**

### **London Borough of Hammersmith & Fulham Joint Strategic Needs Assessment (JSNA)<sup>4</sup>**

- 2.7 The JSNA outlines key statistical health and wellbeing information associated with adults, children and young people, mental health and the environment. Within this, the following acknowledgements are made:
- Adult health is shaped by a range of factors, including genetics, lifestyle and wider social influences. The health needs of adults are often complex, requiring coordinated and continuous interventions. Public health plays a vital role in identifying these needs, improving the quality and value of care, and addressing health inequalities within this population group.
  - Giving every child and young person the best start in life is vital to reducing health inequalities and supporting long-term wellbeing. This requires sustained investment in children's services and strong partnerships across sectors to improve health outcomes. Addressing wider determinants of health, increasing childhood immunisation uptake and reducing obesity are all key to ensuring healthier futures for children and young people.

---

<sup>3</sup> NHS (2025). Fit for the Future: 10 Year Health Plan for England. Available at: [NHS Long Term Plan](#)

<sup>4</sup> London Borough of Hammersmith & Fulham (n.d.) Joint Strategic Needs Assessment (JSNA). Available at: [Joint Strategic Needs Assessment \(JSNA\) | London Borough of Hammersmith & Fulham](#)

- Mental health affects physical health and overall wellbeing. It can be improved through accessible, high-quality services for diagnosis and treatment, alongside effective prevention strategies that promote positive mental health.
- Health and wellbeing are largely influenced by the environments in which people live. Access to green spaces, quality housing, safe transport and secure surroundings all shape people's ability to make healthy choices. These environmental factors are key drivers of health inequalities but improving them can enhance health outcomes and help reduce disparities across communities.

### **Health and Wellbeing Strategy 2024-2029<sup>5</sup>**

2.8 Hammersmith & Fulham set out a 5-year Health and Wellbeing Strategy which aims to reduce health inequalities and improve the health of every resident. Informed by resident feedback, best practice and the Marmot principles, the strategy outlines four priorities that are centred on ensuring everyone in Hammersmith & Fulham live in safety and with dignity. These priorities are to:

- Address key health issues innovatively and proactively so that people stay as healthy as possible for as long as possible.
- Amplify community strengths and capabilities to tackle health inequalities
- Cultivate the conditions necessary for people to flourish and build their resilience.
- Eliminate the barriers to information and mitigate misinformation

### **Hammersmith & Fulham Health and Care Partnership<sup>6</sup>**

2.9 The Hammersmith & Fulham Health and Care Partnership is a borough-based partnership, first established in 2016 to work with and for local residents to improve health, care and wellbeing outcomes.

2.10 The partnership includes health and care organisations working together with residents of Hammersmith & Fulham to improve health and care services for local people. It is a key part of the changes in the NHS which has seen commissioning responsibility move to North West London level, but with the borough-based partnerships responsible for planning and delivering care.

---

<sup>5</sup> London Borough of Hammersmith & Fulham (2024). Health and Wellbeing Strategy 2024 to 2029. Available at: [1378 - H&F Health & Wellbeing Strategy 2024-2029 proof 7.indd](#)

<sup>6</sup> Hammersmith & Fulham Health and Care Partnership Better Together (2024). Available at: [Hammersmith & Fulham Health and Care Partnership | Borough based partnership | Hammersmith and Fulham, London, UK](#)

2.11 The partners work together to improve health and wellbeing, reduce inequalities, develop more integrated services and develop trusting relationships with communities.

**Health and care strategy for North West London (2023)<sup>7</sup>**

2.12 This strategy outlines how NHS North West London and the eight local authority boroughs will support and improve the health and care needs of the communities, improve life expectancy, quality of life and reduce inequalities. It outlines six strategic priorities with a series of activities and plans to address these areas:

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

2.13 The strategic priorities were built on a number of statements of policy including the Our Vision for London<sup>8</sup>. Our Vision for London outlines 10 objectives as follows:

- Reducing childhood obesity
- Improving the emotional wellbeing of children and young Londoners
- Improving mental health and progress towards zero suicides
- Improving air quality
- Improving tobacco control and reducing smoking
- Reducing the prevalence and impact of violence
- Improving the health of homeless people
- Improving services and prevention for Human Immunodeficiency Virus (HIV) and other Sexually Transmitted Infections (STIs)
- Supporting Londoners with dementia

---

<sup>7</sup> North West London Integrated Care System (2023). Health and Care Strategy for North West London 2023: How NHS North West London and the eight local authority boroughs will support and improve the health and care needs of our communities, improve life expectancy, quality of life and reduce inequalities. Available at: [NW London ICS Health and Care Strategy 2023.pdf](#)

<sup>8</sup> NHS England (2019) Our Vision for London: The next steps on our journey to becoming the healthiest global city. Available at: [11448\\_hlp\\_london\\_vision\\_-\\_annual\\_report\\_2019\\_full\\_version.pdf](#)

# Chapter 3 - Methodology

3.1 In line with the NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013, this PNA has been developed using a range of information sources.

These include:

- Nationally published data
- The Hammersmith & Fulham JSNA<sup>9</sup>
- Local policies and strategies
- A questionnaire to Hammersmith & Fulham pharmacy contractors
- A questionnaire to people who live, work and study in the Hammersmith & Fulham
- Commissioning data from:
  - NHS Business Services Authority
  - London Borough of Hammersmith & Fulham
  - NHS North West London ICB

3.2 These data have been collated to illustrate the Hammersmith & Fulham population, current and future health needs and how pharmaceutical services can be used to support the HWB to improve the health and wellbeing of our population.

## **Localities and determination of accessibility**

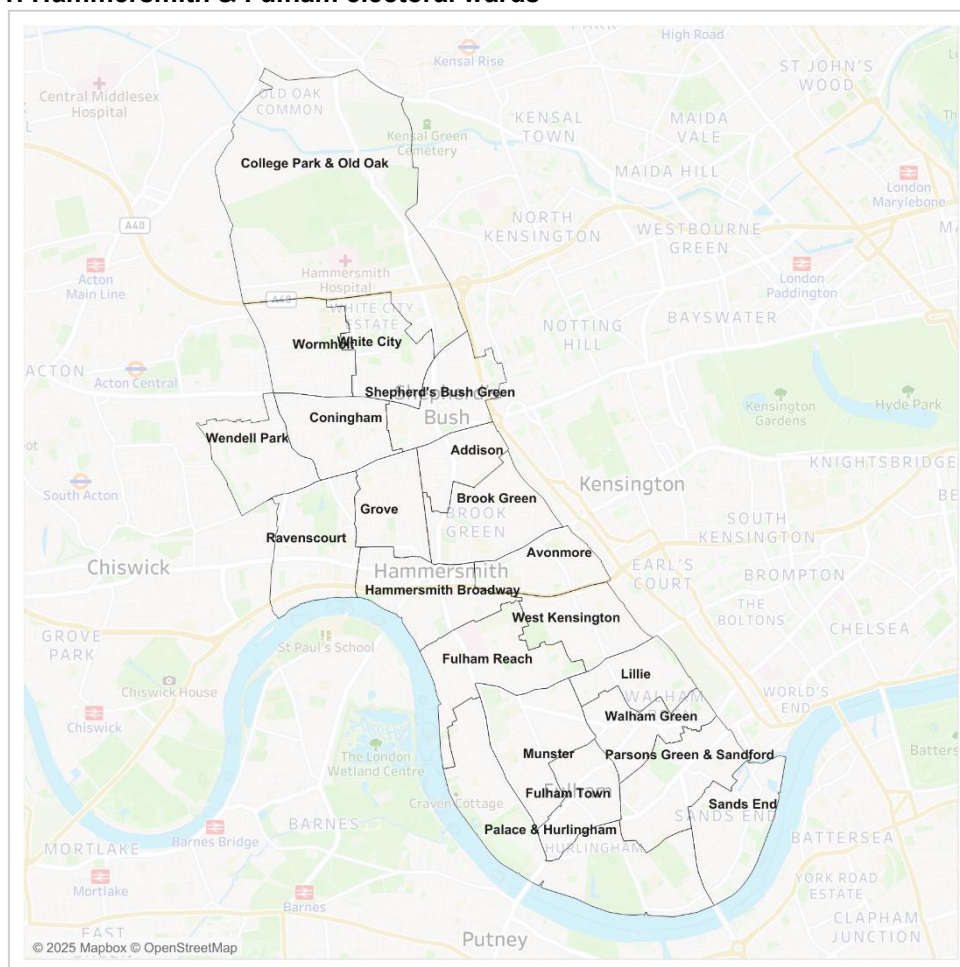
3.3 The PNA regulations require the HWB to divide its area into localities for assessment purposes. The HWB selected a ward-based structure, aligning with available population health needs data. This approach facilitates the identification of demographic, health, and service provision differences at the ward level. There are 21 electoral wards in Hammersmith & Fulham.

---

<sup>9</sup> <https://www.lbhf.gov.uk/health-and-care/public-health/joint-strategic-needs-assessment-jsna>



**Figure 3.1: Hammersmith & Fulham electoral wards**



- 3.4 The HWB assessed pharmacy provision and choice based on a 1-mile travel distance to reach a community pharmacy. This equates to approximately a 20-minute walk to a pharmacy. Additionally, a 20-minute travel time by public transport is considered as being a reasonable measure to identify accessibility and choice.
- 3.5 This document also explores pharmacy provision in line with a range of factors, including availability outside normal working hours, proximity to GP practices, current and future population density, changes in healthcare provision, and deprivation levels.

### **Patient and public engagement**

- 3.6 A patient and public questionnaire was shared across Hammersmith & Fulham to understand how people use their pharmacies; what they use them for and their views of the pharmacy provision. Responses from the survey of people who live and work in LBHF were explored, and an equality impact assessment was carried out. The findings from the survey are presented in Chapter 6 of this PNA.

## **Pharmacy contractor survey**

- 3.7 A questionnaire was sent all to the community pharmacies within Hammersmith & Fulham to capture data on services provided and opportunities for future commissioning. Findings from this questionnaire support the analysis presented in Chapter 7 and 8 of this report.

## **Governance and Steering Group**

- 3.8 LBHF commissioned the delivery of its PNA to Healthy Dialogues through a competitive tender process. The management governance of the production of this PNA was delegated by the HWB to the Hammersmith & Fulham steering group.
- 3.9 The Steering Group comprised representation from:
- Hammersmith & Fulham Public Health Team
  - Middlesex Local Pharmaceutical Committee
  - NHS North West London Integrated Care Board
  - Healthy Dialogues.
- 3.10 The Terms of Reference of the Steering Group presented in Appendix A.

## **Stakeholder consultation and report**

- 3.11 A draft of this PNA was published for statutory consultation between October and December 2025. Comments received during the consultation period were considered and incorporated into the final document to be published by 31<sup>st</sup> January 2026.

# Chapter 4 - Population demographics

- 4.1 This chapter provides an overview of Hammersmith & Fulham's population demographics, highlighting aspects that are likely to influence the demand on pharmaceutical services. It examines the characteristics of the borough's residents, population sizes changes and the wider determinants of health.
- 4.2 Maps presented in this chapter illustrate population characteristics such as density and deprivation, using gradients to denote intensity. The legends accompanying each map explain these gradients.

## About the area

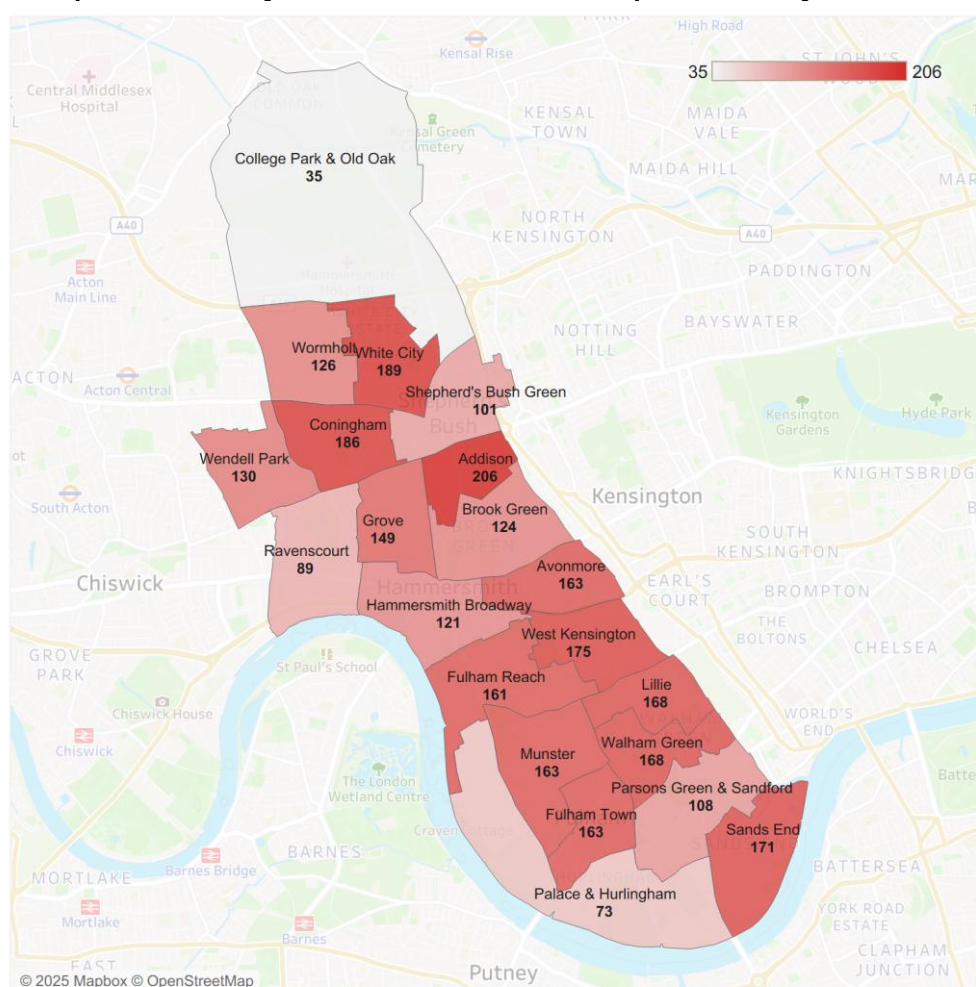
- 4.3 The London Borough of Hammersmith & Fulham is an inner London borough located to the west of central London. It is bordered by several other boroughs: Kensington and Chelsea to the east, Wandsworth to the south (across the River Thames), Brent to the north, and Ealing and Hounslow to the west.
- 4.4 Hammersmith itself is a bustling district with excellent transport links and a lively arts scene, home to venues such as the Hammersmith Apollo, a famous performance venue that hosts music, comedy, and entertainment events. Fulham, in contrast, has a more residential and upmarket character, known for its leafy streets, riverside walks, and community atmosphere.
- 4.5 Sport plays a prominent role in the borough's identity, with two Premier League football clubs based here: Chelsea FC at Stamford Bridge and Fulham FC at Craven Cottage. The borough also offers green spaces such as Bishops Park, Ravenscourt Park, and the Thames Path, which provide residents and visitors with opportunities for leisure and relaxation. The River Thames itself forms a defining feature, shaping much of the borough's landscape and offering attractive waterfront living and recreation.
- 4.6 The borough is also home to major employers and institutions, including parts of Imperial College London and a cluster of media and tech companies, particularly around White City. Westfield London, one of the largest urban shopping centres in Europe, lies just outside the borough's boundary in Shepherd's Bush but is easily accessible to its residents.

## Demography

### Population size and density

- 4.7 The Greater London Authority projects Hammersmith & Fulham's population to be 190,925 in 2025 (Housing-led projections, central fertility identified capacity).
- 4.8 With a population density of 116 people per hectare, Hammersmith & Fulham is the one of the most densely populated boroughs, with only five other London boroughs topping it.
- 4.9 Population density peaks in Addison ward reaching 206 people per hectare. Conversely, College Park & Old Oak ward has the lowest at 35 people per hectare (Figure 4.1).

**Figure 4.1: Population density of Hammersmith & Fulham per hectare by ward**



Source: GLA population projections, 2025

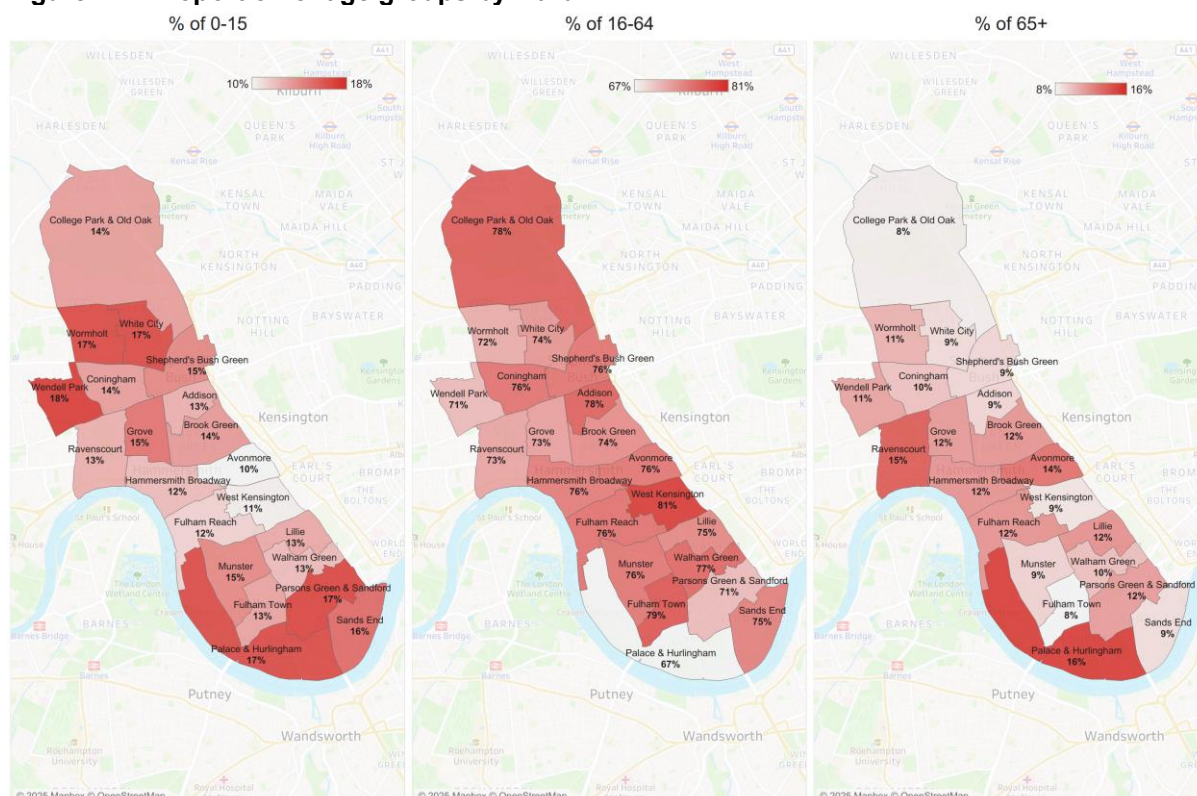
### Age profile

- 4.10 Hammersmith & Fulham's median age of 34 years is lower than both the London and national averages (35 and 40 years respectively).



- 4.11 Older adults (aged 65 and over) make up 11% of Hammersmith & Fulham's population. This is lower than London's overall picture which stands at 12%.
- 4.12 At a ward level, Wendell Park ward has the highest proportion of young people with 18% of its population aged 15 or below. Conversely, Palace & Hurlingham represents the ward with the highest proportion of older adults (aged 65 and above). These wards breakdown by age groups is shown in the Figure 4.2 below.

**Figure 4.2: Proportion of age groups by ward**



Source: GLA population projections, 2025

### Ethnicity and diversity

- 4.13 Often areas that have high diversity, also have higher levels of deprivation and health inequalities. NICE Guidance<sup>10</sup> highlights that community pharmacies can impact on health inequalities in several ways. For example, 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 health care services. It recommends that they take into consideration how a patient's personal factors may impact on the service they receive, for example, their gender, identity, ethnicity, faith,

<sup>10</sup> NICE guideline (2018) Community pharmacies: promoting health and wellbeing [NG102]

culture, or any disability. It also recommends that community pharmacists make use of any additional languages staff members may have.

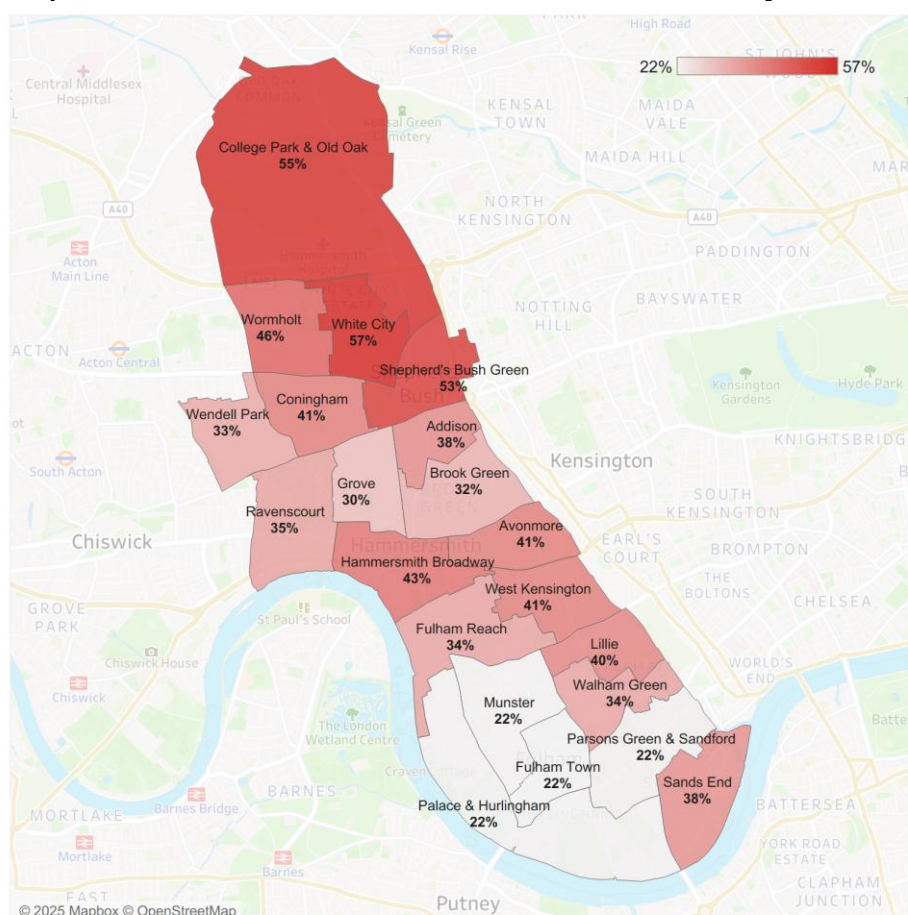
- 4.14 37% of Hammersmith & Fulham residents are from an ethnic minority, with White City exhibiting the highest representation of those from ethnic minorities (57%). Conversely, the southernly wards of Parson Greens & Sandford, Munster, Palace & Hurlingham and Fulham Town have the lowest representation (all at 22%).

**Table 4.1: Proportion of Hammersmith & Fulham population by ethnicity**

	Hammersmith & Fulham	London	England
Asian or Asian British	11%	21%	9%
Black, Black British, Caribbean or African	12%	14%	4%
Mixed or Multiple ethnic groups	7%	6%	3%
White	63%	54%	82%
Other ethnic group	7%	6%	2%

Source: ONS, Census, 2021

**Figure 4.3: Proportion of ethnic minorities in Hammersmith & Fulham by ward**



Source: ONS, Census 2021

- 4.15 French, Spanish and Italian are the most widely spoken main languages after English.

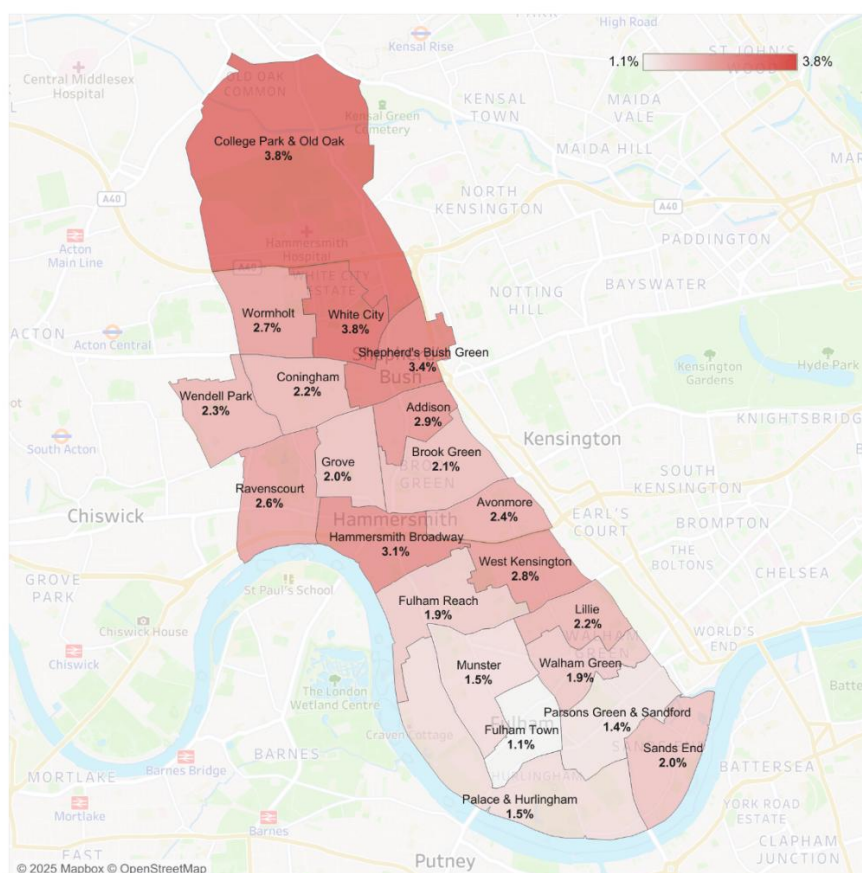
**Table 4.2: Proportion of main languages spoken in Hammersmith & Fulham - Top 10**

Main Language	Percentage
English	78.6%
French	2.5%
Spanish	2.5%
Italian	2.3%
Arabic	1.6%
Portuguese	1.3%
Polish	0.9%
Tagalog or Filipino	0.8%
Somali	0.7%
All other Chinese	0.7%

Source: ONS, Census 2021

- 4.16 Only 2.3% of the borough's populations report that they cannot speak English well or at all. The highest proportion of such residents are in College Park & Old Oak & White City wards (Figure 4.4).

**Figure 4.4: Proportion of residents that cannot speak English well or at all by ward**





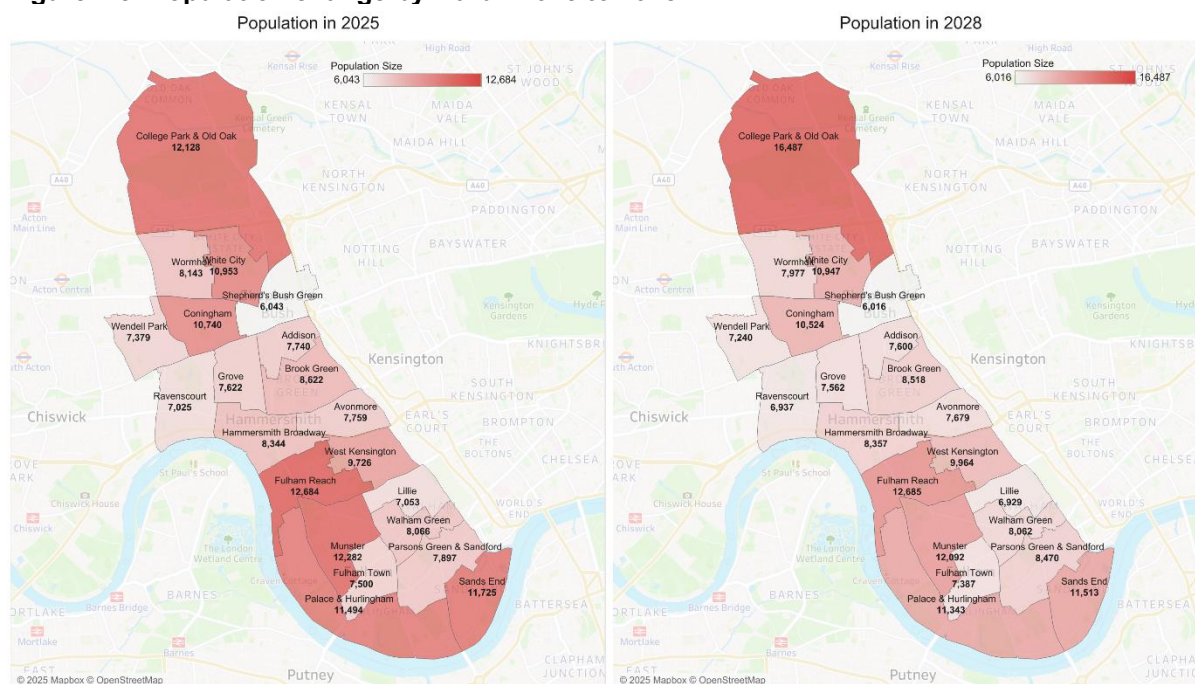
## Population changes

- 4.17 Any population increases sustained in the lifetime of this PNA need to be taken into consideration. Population increases will likely place increased demands on community pharmacy services with different population groups having different needs.

### Population size forecast

- 4.18 During the 2025-2028 PNA period, Hammersmith & Fulham's population is expected to grow by 1.8% to 194,288 (GLA, Housing-led projections, central fertility identified capacity). These projections incorporate assumptions about future housing development and are based on mid-year population estimates and assumptions such as births, deaths, and migration.
- 4.19 College Park & Old Oak ward is expected to have the largest increase in its population size, expanding from 12,128 in 2025 to 16,487 by 2028, a 35.9% increase (see Figure 4.5 and Table 4.3). Wormholt on the other hand, faces a 2.0% decrease in its population.

**Figure 4.5: Population change by ward - 2025 to 2028**



Source: GLA population projections

**Table 4.3: Projected population changes between 2025 and 2028 by ward**

Ward	2025	2026	2027	2028
College Park & Old Oak	0.0%	10.6%	22.9%	35.9%
Parsons Green & Sandford	0.0%	2.2%	4.7%	7.3%



West Kensington	0.0%	0.8%	1.6%	2.4%
Hammersmith Broadway	0.0%	0.4%	0.3%	0.2%
Fulham Reach	0.0%	-0.1%	-0.1%	0.0%
Walham Green	0.0%	-0.1%	-0.1%	-0.1%
White City	0.0%	0.0%	0.0%	-0.1%
Shepherd's Bush Green	0.0%	0.1%	-0.1%	-0.4%
Grove	0.0%	-0.2%	-0.5%	-0.8%
Avonmore	0.0%	-0.4%	-0.8%	-1.0%
Brook Green	0.0%	-0.4%	-0.8%	-1.2%
Ravenscourt	0.0%	-0.4%	-0.9%	-1.3%
Palace & Hurlingham	0.0%	-0.4%	-0.8%	-1.3%
Fulham Town	0.0%	-0.5%	-1.0%	-1.5%
Munster	0.0%	-0.5%	-1.1%	-1.5%
Lillie	0.0%	-0.6%	-1.2%	-1.8%
Sands End	0.0%	-0.5%	-1.2%	-1.8%
Addison	0.0%	-0.6%	-1.2%	-1.8%
Wendell Park	0.0%	-0.7%	-1.3%	-1.9%
Coningham	0.0%	-0.7%	-1.4%	-2.0%
Wormholt	0.0%	-0.7%	-1.4%	-2.0%
<b>Total</b>	<b>0.0%</b>	<b>0.5%</b>	<b>1.1%</b>	<b>1.8%</b>

Source: GLA population projections

### ***Housing developments***

4.20 At the time of drafting, site-specific housing development data was not available. However, LBHF confirmed they are on target to provide 1,609 homes per year over the next 15 years. Currently, the indicative projections for the next 5 years by growth area is as follows:

- Fulham Regeneration Area: 3,000 units
- Hammersmith Town Centre Regeneration Area: 500 units
- South Fulham Riverside Regeneration Area: 1,500 units
- White City Regeneration Area: 4,500 units
- Outside: 2,000 units

The above represents a total of 11,500 units projected to be completed in the next 5 years.

### **Wider determinants of health**

4.21 There are a range of social, economic and environmental factors that impact on an individual's health behaviours, choices, goals and ultimately health outcomes. These

are outlined in Fair Society, Healthy Lives: (The Marmot Review)<sup>11</sup> and later the Marmot Review 10 Years On<sup>12</sup>. They include factors such as deprivation, education, employment and fuel poverty.

### **Index of Multiple Deprivation**

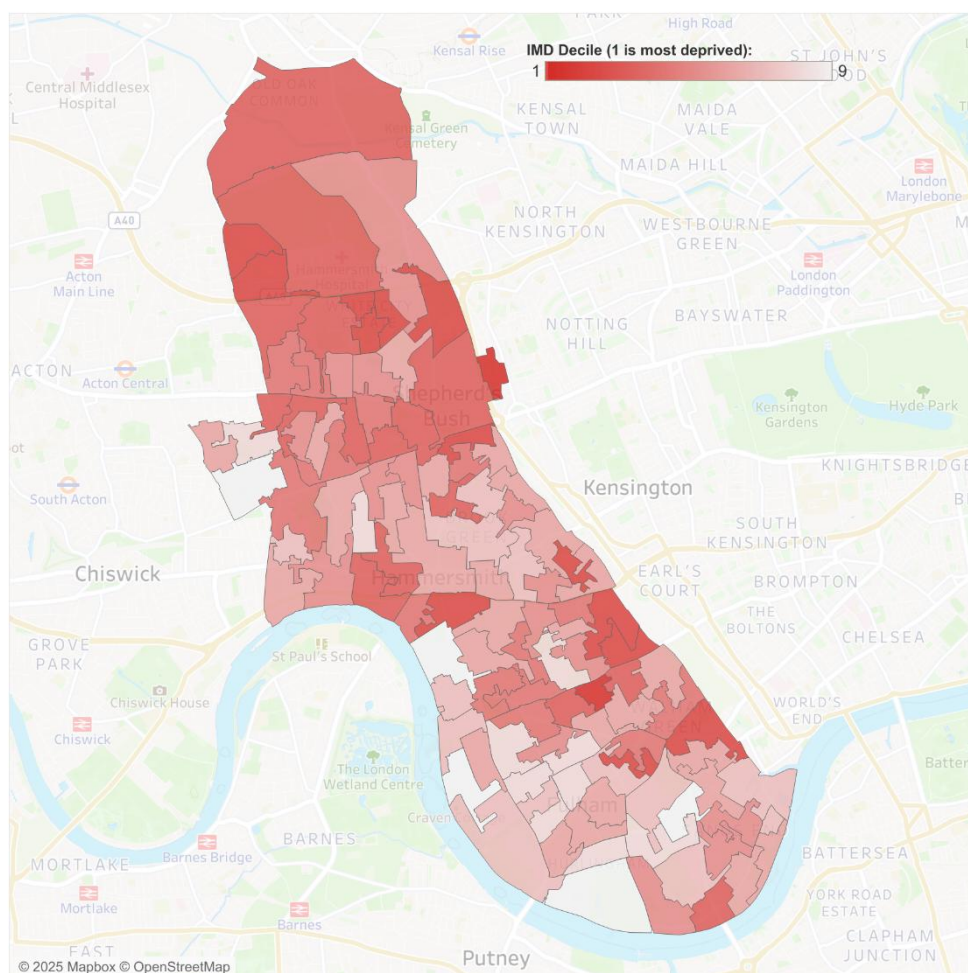
- 4.22 The Index of Multiple Deprivation (IMD 2025) is a well-established combined measure of deprivation based on a total of 55 separate indicators that encompass the wider determinants of health and reflect the different aspects of deprivation experienced by individuals living in an area. The 55 indicators fall under the following domains: Income, Employment, Health and Disability, Education, Skills and Training, Barriers to Housing and Services, Living Environment and Crime.
- 4.23 Hammersmith & Fulham is ranked 85<sup>th</sup> out of the nation's 153 upper-tier local authorities, where 1 is the most deprived.
- 4.24 Figure 4.6 shows deprivation deciles at Lower Super Output Area (LSOA) level, highlighting that there are pockets of deprivation in the borough, with 15 of the borough's 115 LSOAs among the most deprived 20% in all of England (deprivation deciles of 1 or 2).

---

<sup>11</sup> Fair Society Healthy Lives (The Marmot Review): <http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>

<sup>12</sup> Marmot Review 10 Years On (February 2020): <http://www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on>

**Figure 4.6: The Index of Multiple Deprivation deciles in Hammersmith & Fulham by LSOA, 2025**



**Source: Ministry of Housing, Communities & Local Government**

### **Other economic markers**

- 4.25 78.1% of the working age population of the borough are in employment (2023/24). This is higher than the London and England averages (74.5% and 75.7% respectively).
- 4.26 13.8% (3,904) of children residing in the borough are in relative low-income families. This is a lower proportion than London and England where 17.8% and 22.1% of children were from relative low-income families respectively (OHID, Public Health Outcomes Framework 2023/24).
- 4.27 In 2023, 8.2% of residents did not have enough income to afford sufficient fuel. This is lower than the regional and national rate of 9.3% and 11.4% respectively (OHID).

### **Patient groups with specific needs**

#### **Violence against women and girls**

- 4.28 Tackling Violence Against Women and Girls (VAWG) is a key strategy for Hammersmith & Fulham. VAWG is the umbrella term used to describe a range of

violent and abusive acts and behaviours, which are predominantly, but not exclusively, directed against women and girls. This term is used to describe abuse against all genders but highlights the disproportionate impact on women and girls.

- 4.29 In 2023/24, there were 22.3 domestic abuse-related incidents per 1,000 people, matching the London average and lower than the national rate of 27.1 per 1,000. Sexual offences were recorded at 2.8 per 1,000 which is higher than the London rate (2.5 per 1,000) and lower than national figure of 3.0 per 1,000. Hospital admissions for violence including sexual violence were 45.7 per 100,000 in 2020/21-2022/23, higher than both the London and national rates of 34.8 per 100,000 and 34.2 per 100,000 respectively (OHID, Public Health Profiles).
- 4.30 To address these concerns Hammersmith & Fulham adopt a Coordinated Community Response (CCR) which ensures a whole system response to VAWG. Adopting an ecological model, the CCR develops interventions across multiple levels (individual, community, institutional and societal) to address the wider context in which VAWG happens.<sup>13</sup>
- 4.31 Pharmacies can play a role as a community asset for people who are experiencing violence or abuse. They provide a safe space in their consultation rooms for victims of domestic abuse, whilst acting as community partners, helping raise awareness and support of the borough's broader efforts to prevent VAWG, support survivors and hold abusers accountable through collaboration and education.
- 4.32 Pharmacy teams are trained and able to recognise signs of abuse, respond compassionately, maintain confidentiality, and direct individuals to appropriate specialist services where necessary.
- 4.33 Pharmacies also raise awareness through distribution of leaflets, posters, or digital screens in waiting areas which provided information about what constitutes abuse, where help is available, rights of the victims, and how to report harassment or violence.

#### **People who are homeless**

- 4.34 In 2023/24, 1,288 households in Hammersmith & Fulham (15.5 per 1,000) were in temporary accommodation. This rate is worse than the national average for England (4.6 per 1,000) but better than London rate of 17.2 per 1,000. In the same period, the

---

<sup>13</sup> LBHF (nd.). Ending Violence Against Women and Girls Strategy 2022 – 2027. [https://www.lbhf.gov.uk/sites/default/files/section\\_attachments/ending-violence-against-women-and-girls-strategy-2022-2027.pdf](https://www.lbhf.gov.uk/sites/default/files/section_attachments/ending-violence-against-women-and-girls-strategy-2022-2027.pdf)

number of households owed a duty under the Homeless Reduction Act was 16.0 per 1,000. The 1,337 households were within 56 days of becoming homeless, requiring council support to prevent homelessness. Furthermore, in 2023/24, there were 462 people who were rough sleeping and were known to outreach workers (Trust for London, 2025).

4.35 The council's 'Homelessness and Rough Sleeping Strategy 2021 to 2026) outlines key priorities for addressing homelessness in the borough:

- End rough sleeping in Hammersmith & Fulham for good
- Working with a range of third sector partners and other public bodies to maximise early interventions and homelessness prevention
- Delivering the right housing solutions
- Improving resident experience and making every contact count
- Delivery safe housing solutions that support at risk residents in housing need.

4.36 Pharmacies can play a crucial role in supporting the health and well-being of people experiencing homelessness. Given that they are easily accessible within the community, they provide an important point of contact for marginalised groups, including those without stable accommodation or those struggling with substance misuse. Many individuals in these situations are more likely to seek support from a pharmacy than a GP or other healthcare provider, as pharmacies offer a safe and confidential environment for advice and assistance.

4.37 Pharmacists provide essential support with managing medication, promoting hygiene, offering sexual health services and vaccinations, and signposting individuals to further health and social care services. They can also play a key part in harm reduction by offering advice, supplying clean needles to those who inject drugs, and providing supervised consumption services for individuals facing substance misuse challenges.

### **Gypsy, Roma and Traveller community**

4.38 Gypsy, Roma and Traveller communities are the most disadvantaged minority groups in Europe, experiencing the poorest health outcomes.<sup>14</sup> A recent Briefing on health inequalities experienced by Gypsy, Roma and Traveller communities discussed severe health inequalities experienced by the communities. It included, lower life

---

<sup>14</sup> Alison McFadden, Lindsay Siebelt, Anna Gavine, Karl Atkin, Kerry Bell, Nicola Innes, Helen Jones, Cath Jackson, Haggi Haggi, Steve MacGillivray, Gypsy, Roma and Traveller access to and engagement with health services: a systematic review, European Journal of Public Health, Volume 28, Issue 1, February 2018, Pages 74–81

expectancy, higher rates of long-term illness, and mental health struggles. Discrimination, mistrust of healthcare services, and barriers like poor access to education and inadequate accommodation exacerbate these issues. Additionally, it discussed challenges like digital exclusion and difficulties in registering with GP practices further hinder access to proper healthcare.<sup>15</sup> Key areas for improvement include enhancing healthcare access, building trust through culturally competent services, and improving data collection to better address these health disparities.

- 4.39 In 2021, there were 89 people in Hammersmith & Fulham who identified as Gypsy or Irish Traveller in the UK Census 2021. However, these figures are widely recognised as underestimates. Longstanding stigma, racism, and discrimination mean that many people do not feel safe disclosing their ethnicity, and national categorisation issues persist. Research, including work undertaken in Scotland and by the ONS (2022, 2024), has shown that GRT populations remain significantly underrepresented in official data collections. The NHS data dictionary also continues to group GRT populations together, limiting accurate reporting and understanding of distinct health experiences within these communities.
- 4.40 To support Gypsy, Roma and Traveller communities, pharmacies can play an important role in providing culturally safe and inclusive services. This includes ensuring that pharmacy teams receive specific cultural safety and anti-racism training to better understand the communities' diverse experiences, health beliefs, and barriers to accessing care. Recent resources produced by Friends, Families and Travellers<sup>16</sup>, the Roma Support Group<sup>17</sup> and UKHSA<sup>18</sup> offer guidance for healthcare professionals in delivering culturally safe and equitable care.<sup>19</sup>
- 4.41 Traveller and Gypsy communities may find Pharmacies offering flu, COVID-19, and other vaccinations more accessible to other places such as the General practices. Hence, community pharmacies through offering such services to these communities,

---

<sup>15</sup> Gypsy Traveller Empowerment. (2022). Health inequalities experienced by Gypsies and Travellers in England. Retrieved from [https://www.gypsy-traveller.org/wp-content/uploads/2022/11/Briefing\\_Health-inequalities-experienced-by-Gypsies-and-Travellers-in-England.pdf](https://www.gypsy-traveller.org/wp-content/uploads/2022/11/Briefing_Health-inequalities-experienced-by-Gypsies-and-Travellers-in-England.pdf)

<sup>16</sup> Friends, Families and Travellers. (2023). Resources for healthcare professionals: Improving access and experiences for Gypsy, Roma and Traveller communities. Retrieved from <https://www.gypsy-traveller.org/health-professionals-resources>.

<sup>17</sup> Roma Support Group. (2023). *Working with Roma communities: Guidance for health and care professionals*. Retrieved from <https://www.romasupportgroup.org.uk>.

<sup>18</sup> UK Health Security Agency. (2023). *Improving health outcomes for Gypsy, Roma and Traveller communities: Guidance for healthcare professionals*. Retrieved from <https://www.gov.uk/government/organisations/uk-health-security-agency>

<sup>19</sup> LBHF (2017). Gypsy and Traveller Background Paper.

further play a crucial role in promoting public health. They can also signpost to or host mobile screening services (e.g. cervical screening).

### **Summary of the demographics of Hammersmith & Fulham**

Hammersmith & Fulham is a densely populated inner London borough with a projected population of 190,925 in 2025, rising to 194,288 by 2028. The borough has a younger population with a median age of 34 years, below the London and national averages.

Its diversity is reflected by 37% of residents being from minority ethnic groups. Diversity is highest in White City, where more than half of residents identify as from an ethnic minority background. Around 2.3% of residents are not proficient in English, with the highest proportions in College Park & Old Oak and White City wards.

Groups with specific pharmaceutical needs identified include people experiencing homelessness, victims of domestic abuse and the Gypsy, Roma, and Traveller community. These groups often face barriers in accessing healthcare, and pharmacies play a vital role in providing accessible services, harm reduction, and tailored support to meet their needs.



# Chapter 5 - Population health needs

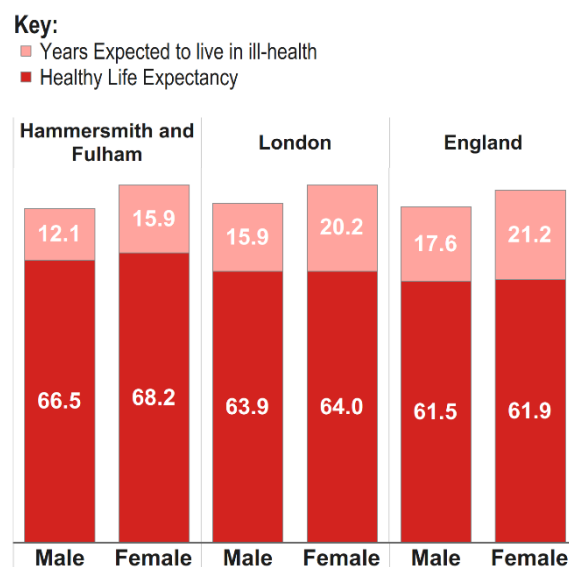
- 5.1 The following chapter provides an overview of the health and wellbeing of local people in Hammersmith & Fulham, focussing on needs related to community pharmacy services. This includes an exploration of life expectancy and healthy life expectancy, local health behaviours and prevalence of major health conditions.
- 5.2 The data outlined in this chapter is sourced from Office for Health Improvement and Disparities, Public Health Profiles, 2025.

## **Life expectancy and healthy life expectancy**

- 5.3 Life expectancy is the average number of years a person can expect to live. Healthy life expectancy is the average number of years an individual is expected to live in good health. This is calculated based on age-specific mortality rates and the prevalence of good health in their area.
- 5.4 Life expectancy varies between males and females in Hammersmith & Fulham, with males having a life expectancy of 78.6 between the years 2021-23, similar to that of London (79.8) and England (79.1). Females in Hammersmith & Fulham have a better life expectancy than the national average. Between 2021-23, females in Hammersmith & Fulham had a life expectancy of 84.1, which is significantly higher than the England average (83.1), although is similar to the London average of 84.1.
- 5.5 Positively, individuals living in Hammersmith & Fulham can expect to have a good healthy life expectancy. For males, the healthy life expectancy sits at 66.5 and for females it is 68.2. Both these figures are significantly higher than the England averages. However, this highlights that males in Hammersmith & Fulham are expected to live 12.1 years in ill-health whilst females are expected to live up to 15.9 years in ill-health. Figure 5.1 below presents life expectancy and healthy life expectancy in years for men and women in Hammersmith & Fulham, London and England.



**Figure 5.1: Hammersmith & Fulham life expectancy and healthy life expectancy**



## Our health and behaviours

- 5.6 Community pharmacies support local health and wellbeing in a myriad of ways. For example, they are well-placed to provide opportunistic screening and brief interventions as they are often located at the heart of communities, providing 'walk-in' access to their services.
- 5.7 Within the NHS Community Pharmacy Contractual Framework, community pharmacies have an obligation to ensure appropriate provisions are in place to offer health promotion on risk factors such as smoking cessation and weight management. They can also use their interactions with their local communities as opportunities for health promotion and signposting, giving advice and information on wellbeing and self-care.
- 5.8 This section explores the health behaviours and lifestyle factors impacting on health and wellbeing, as well as how pharmacies can support these through the Healthy Living Pharmacy framework and by signposting. Topics include weight management, physical activity, smoking, alcohol consumption, substance misuse, mental health, and sexual health.

## Smoking

- 5.9 Smoking is the leading cause of premature death and preventable illness in England, estimated to account for 16% of all premature deaths<sup>20</sup> and about 10 years of life lost due to ill health, disability or early death.<sup>21</sup> Smoking increases the risk of many diseases and conditions, such as cancer, respiratory diseases and cardiovascular diseases.
- 5.10 In 2023, 11.7% of adults aged 18 and over in Hammersmith & Fulham smoked, similar to 11.7% in London and 11.6% in England. Smoking rates were similar among those in routine and manual occupations in Hammersmith & Fulham at 19.3%, compared to 15.2% in London and 19.5% in England, although there is a quality issue noted with this data.
- 5.11 Due to the harmful effects of smoking on maternal health and the baby's growth and development, smoking prevalence among pregnant women is monitored. In 2023/24, 2.8% of mothers in Hammersmith & Fulham smoked at the time of delivery, compared to the rate of 3.9% in London. This is significantly better than the England rate of 7.4%.
- 5.12 Community pharmacies can support smoking cessation by providing leaflets and booklets containing information on how to quit smoking and the health risks associated with smoking. As detailed in chapter 7, they also offer smoking cessation services, providing brief advice on stopping smoking, information about vaping, provide nicotine replacement therapies as well as prescription medicines such as varenicline and bupropion to support smoking cessation.

## Alcohol

- 5.13 Harmful drinking can increase the risk of health issues such as brain damage, alcohol poisoning, chronic liver disease, breast cancer, skeletal muscle damage, and poor mental health. Additionally, accidents, acts of violence, criminal behaviour, and various social problems result from alcohol consumption.<sup>22</sup>
- 5.14 In 2023, there were 38 deaths classified as 'alcohol-related mortality' in Hammersmith & Fulham. This equates to a rate of 28.7 per 100,000 population, similar to the rate for

---

<sup>20</sup> Public Health England (2019). Health matters: stopping smoking – what works?. <https://www.gov.uk/government/publications/health-matters-stopping-smoking-what-works/health-matters-stopping-smoking-what-works>

<sup>21</sup> Action on Smoking and Health (2024). Smoking Statistics. <https://ash.org.uk/resources/view/smoking-statistics>

<sup>22</sup> GOV.UK - Health matters: harmful drinking and alcohol dependence.

the London region (33.7 per 100,000) and is statistically lower than the rate for England (40.7 per 100,000).

- 5.15 In 2023/24, there were 1,463 admission episodes for alcohol-specific conditions in Hammersmith & Fulham. This is a rate of 1,073 per 100,000, which is significantly worse than the rate for England of 612 per 100,000 and is worse than the rate for 564 per 100,000.
- 5.16 Community pharmacies can assist individuals with alcohol use disorder (alcoholism) to reach local addiction services and may be able to provide medicine, such as acamprosate, which is used in treatment.

### **Substance misuse**

- 5.17 Substance misuse services are provided in Hammersmith and Fulham by Turning Point Hammersmith and Fulham, who can provide 1:1 support, overdose prevention naxolone kits and professional training for over 18s. Furthermore, Turning Point Resilience provide drug and alcohol support for under 25s at White City Community Centre. Additionally, there is the free NHS service, Club Drug Clinic. Other support can be found from organisations such as Build on Belief, who provide social activities and peer support for people recovering from substance misuse.
- 5.18 Substance misuse is associated with mental health issues, such as depression, disruptive behaviour and suicide. Between 2021 and 2023, there were 50 deaths in Hammersmith & Fulham due to drug misuse. This equates to a rate of 8.9 per 100,000 population, which is significantly higher than the rate for England (5.5 per 100,000) and higher than the London region (3.8 per 100,000).
- 5.19 In 2023/24, 8% of opiate drug users aged 18 and over in Hammersmith & Fulham successfully completed treatment for opiate use, which is significantly higher than the England rate (5.1%) and higher than the London region (5.2%). Among non-opiate users aged 18 and over, the successful treatment completion rate in Hammersmith & Fulham was 33.2%, compared to 29.5% for England and 28% for London.
- 5.20 Community pharmacies provide several harm reduction services for substance misuse:
- Needle exchange
  - Opioid substitution therapies (e.g., methadone and Buprenorphine)
  - Supervised consumption services

- 5.21 Some pharmacies may also be able to provide medicine such as naloxone for the reversal of opioid overdoses.

### **Weight management**

- 5.22 Obesity is classified as a Body Mass Index (BMI) exceeding 30. It is associated with premature mortality and preventable ill health, increasing the risk of various diseases (e.g., certain cancers, high blood pressure and type 2 diabetes).
- 5.23 Obesity rates are low in Hammersmith & Fulham, with 45.6% of adults being overweight or obese in 2023/24, significantly lower than the national average of 64.5% and lower than the London rate of 57.8%.
- 5.24 Obesity is a particular concern among children due to its impact on long-term health and wellbeing outcomes. Children who are overweight or obese have increased risk of elevated blood lipids, glucose intolerance, type 2 diabetes, hypertension, and liver enzyme increases linked to fatty liver disease. Additionally, they may experience psychological issues, including social isolation, low self-esteem, teasing and bullying.
- 5.25 In 2023/24, 22.4% of children in Reception Class in Hammersmith & Fulham were classified as overweight or obese, similar to the England rate of 22.1%. Among children in Year 6, 35.7% were overweight or obese in Hammersmith & Fulham, similar to the national average of 35.8% and the London region of 37.8%.
- 5.26 Community pharmacies can provide an onward referral to local weight management support or the NHS Digital Weight Management Programme for those who would benefit from weight management advice and one-to-one coaching from a weight loss expert.

### **Physical activity**

- 5.27 Being physically active can reduce the risk of many health conditions, including cardiovascular disease, coronary heart disease, and stroke. It can also help to improve mental health and overall wellbeing. According to the Global Burden of Disease study, physical inactivity is directly responsible for 5% of deaths in England and is the fourth leading risk factor for global mortality.<sup>23</sup>
- 5.28 The population of Hammersmith & Fulham is relatively active. In 2023/24, 76.4% of adults were considered 'physically active', significantly higher than the England average of 67.4%, and the fifth highest in the London region. Only 16.7% of adults in

---

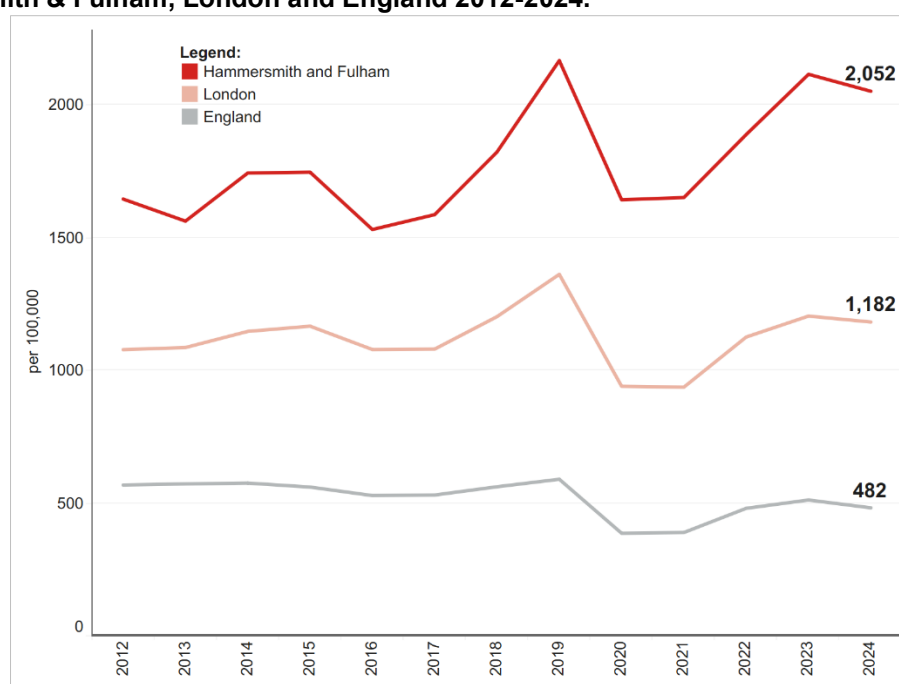
<sup>23</sup> World Health Organization - Global Status Report on Physical Activity 2022

Hammersmith & Fulham were classed as ‘physically inactive’, significantly lower than the England rate of 22% and lower than the London rate of 22.7%.

## Sexual health

- 5.29 Sexual health services in Hammersmith & Fulham are provided by the Chelsea and Westminster Hospital NHS Foundation Trust through sexual health clinics such as 10 Hammersmith Broadway and John Hunter Clinic for Sexual Health. Online services are also available through Sexual Health London.
- 5.30 The rate of new sexually transmitted infection (STI) diagnoses in Hammersmith & Fulham is high. In 2024, the overall rate of new STI diagnoses (excluding chlamydia in those under 25) was 2,052 per 100,000. This is the sixth highest rate in London and significantly higher than the national rate for England (482 per 100,000). This trend has been increasing since 2020 (Figure 5.2).

**Figure 5.2. New STI diagnoses (excluding chlamydia in those under 25) rate per 100,000 in Hammersmith & Fulham, London and England 2012-2024.**



- 5.31 Chlamydia is the most commonly diagnosed STI in England, with the highest prevalence among young adults. In 2024, there were 427 cases of chlamydia detected in Hammersmith & Fulham, equating to a rate of 1,600 per 100,000 young people aged 15–24. The national rate for this is 1,250 per 100,000 and the London rate is 1,457 per 100,000.
- 5.32 Positively, Chlamydia screening rates among females in Hammersmith & Fulham are high, with 24% of 15–24-year-olds attending specialised sexual health clinics being

screened in 2024. This is above the screening rates for England (18%) and the London region (21.2%).

5.33 Community pharmacies play a crucial role in promoting and supporting sexual health in a variety of ways, such as:

- STI self-testing
- Chlamydia treatment
- Contraceptive counselling to support decision-making around contraception methods
- Emergency contraceptive services and products for on-going contraception

5.34 Condoms can easily be purchased at pharmacies.

5.35 Community pharmacies provide information through leaflets, brochures, and one-on-one consultations on topics related to sexual health. Pharmacists can help individuals understand the signs and symptoms of common STIs and inform on safe sex practices and treatment seeking. Some pharmacies may be able to screen for STIs such as chlamydia.

#### **Flu vaccination**

5.36 The flu vaccination is offered to individuals at greater risk of developing serious complications from flu. In 2023/24, 56% of over-65s in Hammersmith & Fulham received the vaccine. This is the lowest in the London region, below the England average of 77.8% and is below the national vaccination coverage target of 75%.

5.37 Flu vaccination coverage for at-risk individuals aged 6 months to 64 years in Hammersmith & Fulham was 25.8% in 2023/24, the lowest in the London region and below the England average of 41.4%. It also remains well below the national vaccination coverage target of 55%.

**Figure 5.3: Population vaccination coverage: Flu – at risk individuals and Flu – aged 65 and over for Hammersmith & Fulham, London and England, 2023/24**

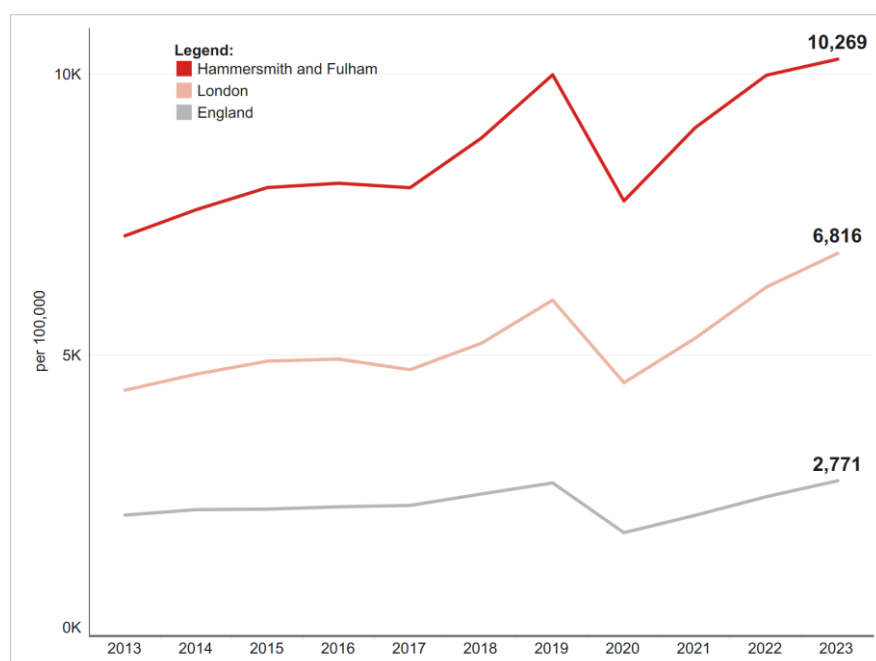


5.38 Pharmacies improve accessibility and uptake of flu vaccines and reduce the need to visit a GP for vaccination by providing convenient walk-in services for flu vaccination. This can help to reach vulnerable populations who may be at higher risk of complications from the flu (e.g., older adults, people with chronic conditions, pregnant women and people who might be less likely to visit their GP). Further details about the flu vaccination advanced and enhanced services can be found in Chapter 7.

## HIV

- 5.39 The rate of HIV diagnosis is comparatively high in Hammersmith & Fulham. The latest figures show that there were 41 residents in Hammersmith & Fulham in 2023 newly diagnosed with HIV. This equates to 22 per 100,000 population which is significantly higher than the national rate of 10.4 per 100,000 and higher than the regional rate of 17.2 per 100,000.
- 5.40 Positively, HIV testing coverage is relatively high in Hammersmith & Fulham. In 2023, 10,269 per 100,000 people who attended specialist sexual health services were tested, which is higher than the London rate of 6,816.5 per 100,000 and is significantly higher than the rate for England (2,770.7 per 100,000). This has been increasing since 2019 (Figure 5.4).

**Figure 5.4. HIV testing rate per 100,000 in Hammersmith & Fulham, London and England, 2013-2023**



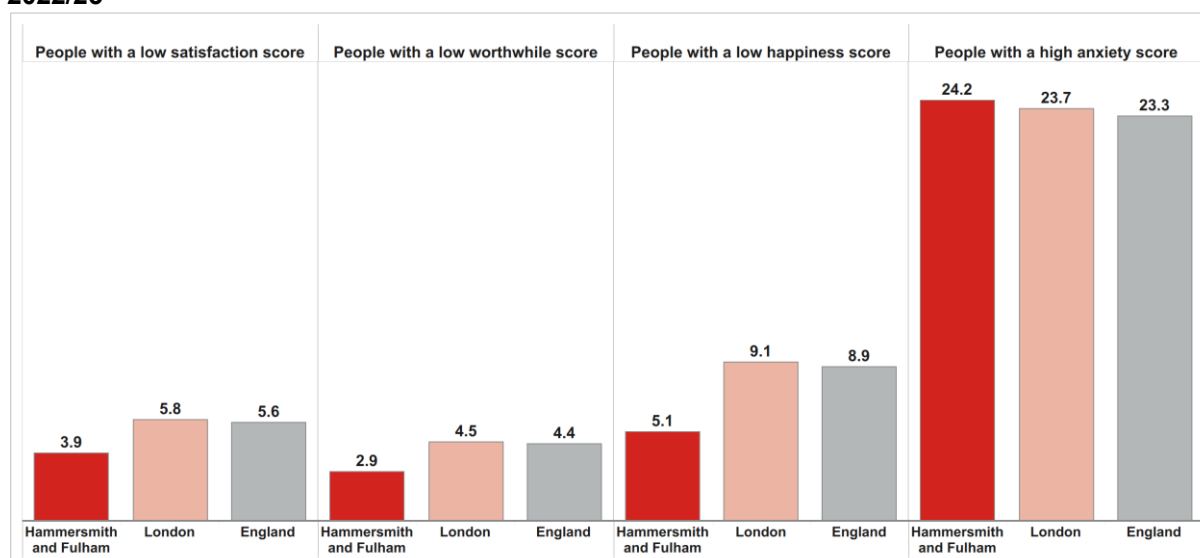
## Mental wellbeing

- 5.41 Mental health and wellbeing, health behaviours (e.g., smoking, diet, physical activity and alcohol consumption) and physical health are inextricably linked.
- 5.42 The ONS dataset 'Personal well-being estimates by Local Authority'<sup>24</sup> uses four measures to assess personal well-being: life satisfaction, feeling the things done in life are worthwhile, happiness, and anxiety. Figure 5.5 below presents the results from the latest survey wave (2022-23), showing the percentage of respondents scoring low for each indicator. Hammersmith & Fulham has statistically similar results to London and England for Anxiety, Life Satisfaction and Worthwhileness, and statistically better results for Happiness.

<sup>24</sup> ONS, Personal Wellbeing in the UK, 2020-2021, October 2021. <https://www.ons.gov.uk/datasets/wellbeing-local-authority/editions/time-series/versions/2>



**Figure 5.5: Personal wellbeing scores in Hammersmith & Fulham, London and England in 2022/23**



### **Mental health**

- 5.43 Childhood and adolescence provide an opportune time to prioritise mental health among individuals, as this can have a substantial impact on children and young people's physical and mental health into adulthood.<sup>25</sup> In 2022/23, 2.3% of school pupils in Hammersmith and Fulham had a primary Special Education Need identified as a Social, Emotional and Mental Health need. This is the sixth lowest in the London region, and significantly lower than the England rate of 3.3%.
- 5.44 0.6% (1,839) patients registered with a Hammersmith & Fulham GP were newly diagnosed with depression in 2022/23. 1.1% patients have a mental health condition such as schizophrenia, bipolar affective disorder and other psychoses (2023/24).
- 5.45 Mental health illnesses such as Major Depressive Disorder, anxiety disorders, bipolar and schizophrenia can all increase the risk of suicide.<sup>26</sup> Between 2021-23, there were 58 deaths from suicide and injury of undetermined intent in Hammersmith and Fulham, which equates to a rate of 10.7 per 100,000. This is the highest in the London region but is similar to the England rate of 10.7 per 100,000.

<sup>25</sup> Department of Health and Social Care (2024). Improving the mental health of babies, children and young people: a framework of modifiable factors. <https://www.gov.uk/government/publications/improving-the-mental-health-of-babies-children-and-young-people/improving-the-mental-health-of-babies-children-and-young-people-a-framework-of-modifiable-factors>

<sup>26</sup> Moitra et al. (2021). Estimating the risk of suicide associated with mental disorders: A systematic review and meta-regression analysis. <https://pmc.ncbi.nlm.nih.gov/articles/PMC8095367/>

### ***Social isolation and loneliness***

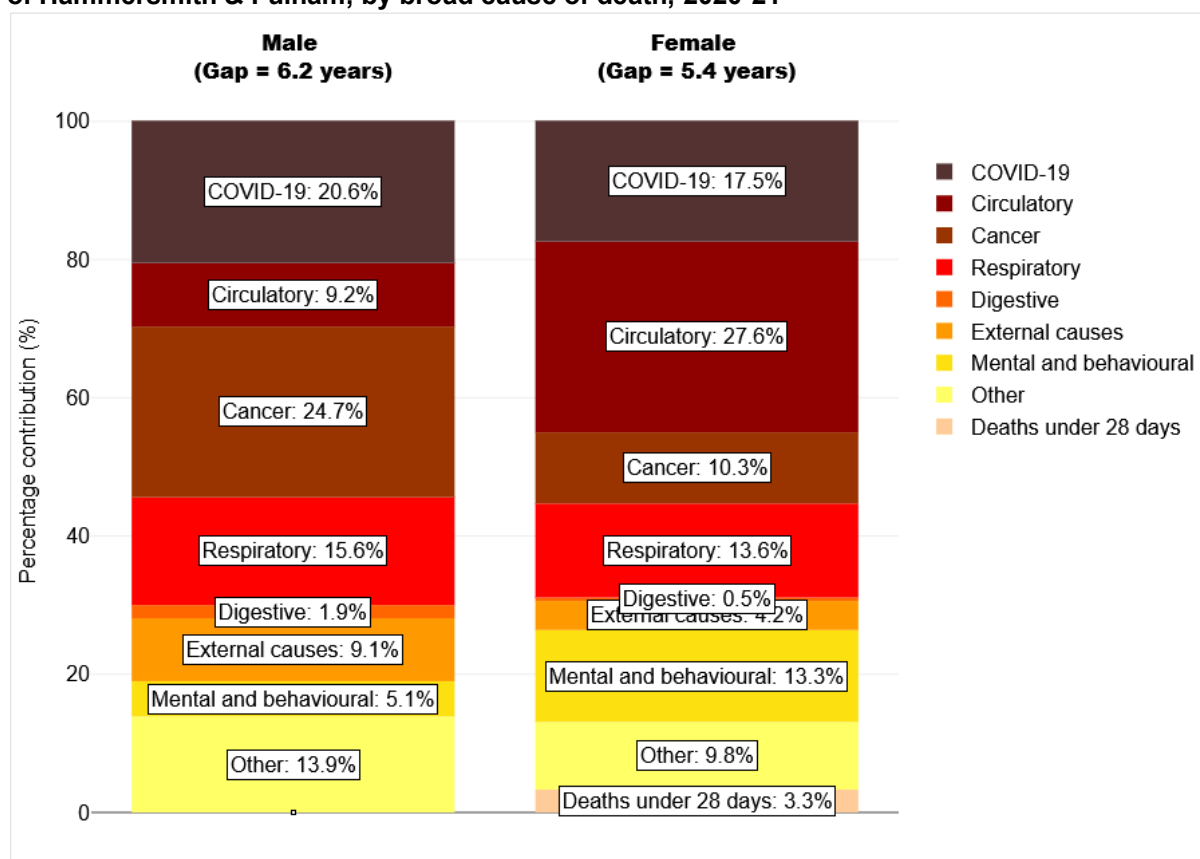
- 5.46 Social isolation and loneliness can negatively impact health and wellbeing by increasing behavioural risk factors, leading to poor mental health and higher morbidity and mortality rates from conditions such as acute myocardial infarction and stroke.
- 5.47 To understand how prevalent loneliness is, the 2021/22 to 2022/23 Active Lives Adult Survey asked respondents, "How often do you feel lonely?". In Hammersmith & Fulham, 7.1% reported that they feel lonely always or often, similar to the national figure of 6.8% and the regional figure of 7%.
- 5.48 The 2023/24 Adult Social Care Survey found that 36.1% of adult social care users aged 18 and over reported having as much social contact as they would like, which is significantly lower than the national rate of 45.6%, and is the fourth lowest in the London region. These figures highlight that almost two thirds of those receiving social care in Hammersmith & Fulham do not have sufficient social contact and are likely experiencing isolation and loneliness.
- 5.49 Pharmacies have a key role in supporting the mental health and wellbeing of their communities, as they are well-placed to spot new or worsening symptoms in patients and can signpost or refer them to existing support services. They can work closely with patients experiencing poor mental health to ensure the safe and effective use of medications. For patients experiencing a mental health crisis, pharmacists may be able to provide immediate access to necessary medications, such as emergency supplies of medicines used for the treatment of mental health conditions, supporting individuals to manage their condition until they can access further support.

### **Major health conditions**

- 5.50 There is a gap in the life expectancy between the most deprived and least deprived populations within a district. For Hammersmith & Fulham, there is a gap of 6.2 years for males and 5.4 years for females. By exploring the causes of this gap and understanding health conditions having the greatest impact on local populations, it is possible to identify where a targeted approach is needed.
- 5.51 Figure 5.6 illustrates the breakdown of the life expectancy gap (by broad cause of death) between the most deprived and least deprived quintiles of Hammersmith & Fulham for 2020 to 2021. The leading cause of the life expectancy gap between the most and least deprived quintiles of Hammersmith & Fulham for males was cancer, accounting for 24.7% of the gap, the second was COVID-19, accounting for 20.6%,

whilst the third was respiratory diseases, accounting for 15.6% of the gap. 'Other' diseases accounted for 13.9% of the gap, circulatory diseases for 9.2% and external causes accounted for 9.1% of the gap. For females, circulatory disease were the main contributors, accounting for 27.6% of the gap, COVID-19 for 17.5%, respiratory diseases for 13.6%, mental and behavioural for 13.3% and cancer for 10.3%.

**Figure 5.6: Life expectancy gap between the most deprived quintile and least deprived quintile of Hammersmith & Fulham, by broad cause of death, 2020-21**



5.52 The next section will take a closer look at cancer, circulatory diseases and respiratory diseases and their impact in Hammersmith & Fulham.

### Circulatory diseases

5.53 Circulatory diseases are a leading cause of death globally. These are disease that affect the heart and blood vessels. For the period 2021-2023, the under 75 mortality rate from cardiovascular disease in Hammersmith & Fulham was 71 per 100,000 population which was similar to the figures for the London region (74.5 per 100,000 population) and the England rate (77.1 per 100,000 population).

- 5.54 The most recent prevalence of Coronary Heart Disease (CHD) patients in Hammersmith & Fulham general practices (2023/24) (1.2%) was similar to the London region (1.9%) and just over half the overall England rate (3%).
- 5.55 Stroke prevalence is relatively low in Hammersmith & Fulham. In 2023/24, 0.9% of patients registered with a GP in Hammersmith & Fulham had a stroke or transient ischaemic attack (TIA) diagnosis. This is similar to the London rate of 1.1% but less than half of the England rate of 1.9%.

### **Cancer**

- 5.56 Cancer is a group of diseases whereby abnormal cells grow and reproduce, with the potential to spread to other areas of the body. In 2023, the mortality rate from cancer in Hammersmith & Fulham was 210 per 100,000, significantly lower than the rates in England (247 per 100,000) and lower than the rate in London (226 per 100,000).
- 5.57 Premature cancer mortality (under 75) in Hammersmith & Fulham was 108 per 100,000 in 2021–2023, also significantly better than England (122 per 100,000) and similar to London (110 per 100,000).
- 5.58 Mortality rates for lung, breast (females), prostate (males), colorectal, bladder, stomach and oesophageal cancers, as well as for leukaemia and lymphoma, were comparable to national figures.

### **Respiratory diseases**

- 5.59 Respiratory diseases are among the leading causes of death in England for people aged under 75. These can include flu, pneumonia, and chronic lower respiratory diseases such as chronic obstructive pulmonary disease (COPD).
- 5.60 In Hammersmith & Fulham, the under-75 mortality rate for respiratory diseases between 2021 and 2023 was 29.6 per 100,000 population. This rate is similar to the national rate for England, which stands at 30.3 per 100,000, and the rate for the London region at 25.5 per 100,000.
- 5.61 One of the major respiratory diseases is COPD. The mortality rate from COPD in Hammersmith & Fulham was 44.1 per 100,000 in 2021-2023, similar to the rate for London of 38.8 per 100,000 and the England rate of 43.9 per 100,000.

### Summary of health needs

Overall, the people of Hammersmith & Fulham experience good health compared with London and England averages. Life expectancy is broadly in line with regional and national figures for men, and higher for women. Healthy life expectancy is significantly better than national averages for both sexes, although many years are still lived in ill-health. An inequality gap remains between the most and least deprived residents, driven mainly by circulatory diseases, cancer, and respiratory diseases.

There are clear strengths in local health behaviours: adult obesity levels are low, physical activity is high, smoking rates are average, and chlamydia screening among young women is above national and London levels.

Some challenges stand out where Hammersmith & Fulham performs worse than regional and national comparators. These include:

- High rates of admission episodes for alcohol-specific conditions (2023/24)
- Higher mortality from drug misuse (2021–23)
- High rates of new STI diagnoses and HIV diagnoses (2023–24)
- Low uptake of flu vaccination among over-65s and at-risk groups (2023/24)
- Low levels of adult social care users reporting sufficient social contact (2023/24)
- Suicide rates that are the highest in London (2021–23)

Community pharmacies are well-placed to support local people across many of these areas. They deliver smoking cessation, weight management referrals, alcohol and drug harm reduction services, sexual health advice and testing, flu vaccination, and mental health signposting. Their accessibility makes them a vital part of addressing health inequalities in Hammersmith & Fulham.

# Chapter 6 - Public engagement

- 6.1 In order to gain the views of the public on pharmaceutical services, a questionnaire was developed by the Steering Group and made available via an online survey platform from 5<sup>th</sup> September to the 22<sup>nd</sup> September 2025. The questionnaire included equality questions.

## Engagement strategy

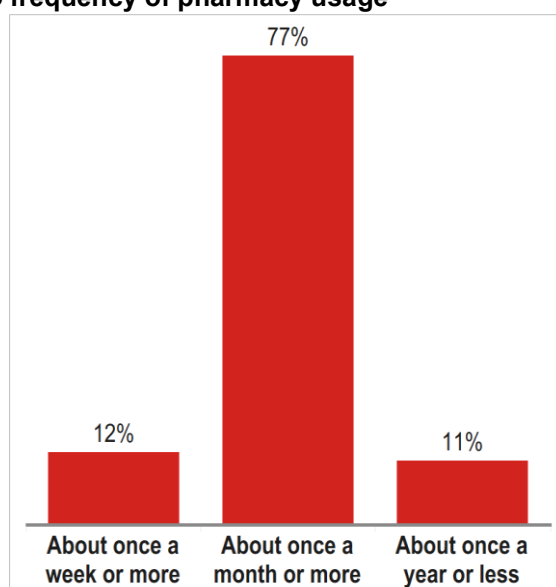
- 6.2 The survey was promoted through a range of channels to reach residents and staff. It was featured on the council's 'Have Your Say' webpage and the internal staff website, shared via the council's e-news bulletin and through LBHF social media platforms including Meta, WhatsApp and Nextdoor.
- 6.3 In addition, the survey was shared widely with a broad network of local stakeholders. This included representatives from primary care networks, Healthwatch, the Carers Network, commissioned services, family champions, libraries, faith groups, gyms, and housing schemes voluntary and community sector organisations. These are listed below.

Sobus | Healthwatch Hammersmith & Fulham | Carers Network | H&F Faith Forum | South Fulham & Central PCN | North PCN | Family Champions | Action on Disability | Age UK Hammersmith & Fulham | Alzheimer's Society | Barnardo's (SEone Service) | Barons Court Project | The Creighton Centre | The Brunswick Club | Doorstep Library Network | Fulham Good Neighbour Service | Groundwork London | H&F CAB | H&F Foodbank | H&F Law Centre | ParentsActive (former H&F Mencap) | H&F Mencap | Safety Net People First (SNPF) | Urbanwise London | H&F Volunteer Centre | Hammersmith Community Gardens Association | Home-Start | The Lido Foundation | London Sports Trust | Lyric | Open Age | Ray's Playhouse | Resurgo Trust | Sand End Associated Project in Action | Shepherds Bush Families Project & Children's Centre | The Sulgrave Club | Urban Partnership Group | Violence Intervention Project | West London Action for Children | Westway Community Transport | William Morris Society & Kelmscott Fellowship | Young H&F Foundation | Silver socials | Family Hubs | Sheltered Housing Schemes | Day opportunities lead | Nourish Hub | MCWO Muslim Community Group | Minaret Centre Muslim Community Group | Iranian Assoc - Muslim Community Group | Western Ballers - Muslim Community Group | WLICC – Muslim Community Group Men's only service | Patient Reference Groups

## Responses to questionnaire

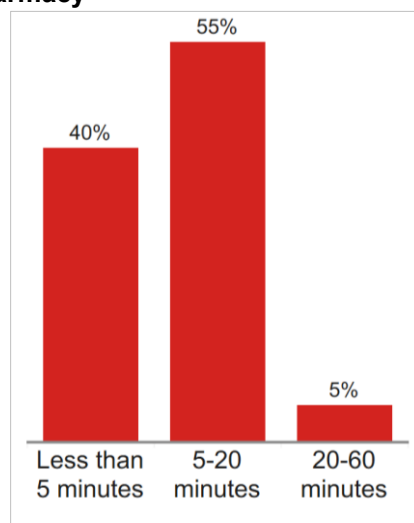
- 6.4 There were **161 responses** to the public engagement questionnaire; all were completed online.
- 6.5 Generally, the local community use pharmacies regularly. 77% of respondents stated that they visited a pharmacy about once a month or more in the previous 6 months.

**Figure 6.1: Responses to frequency of pharmacy usage**



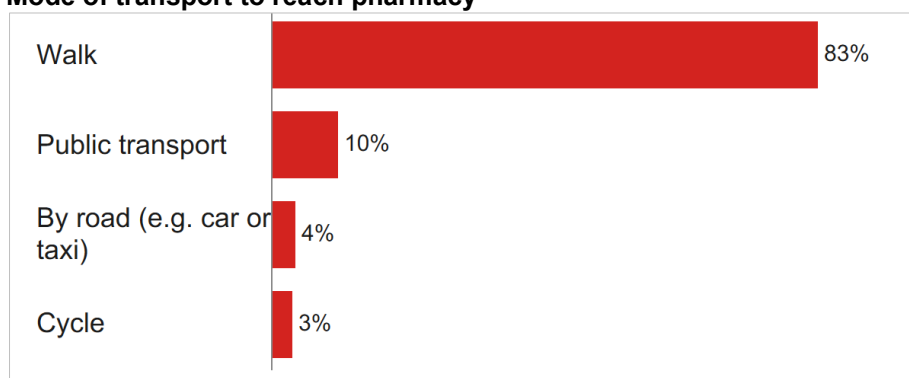
- 6.6 The questionnaire ascertained factors that influence respondent's choice of pharmacy. Proximity was the overwhelming reason stated, playing a role in 91% of responses. Other factors stated include good service (68%), convenience of opening times (33%) and availability of parking (8%).
- 6.7 For the vast majority of responders (95%), their journey time to a pharmacy is less than 20 minutes, with 40% being able to get to a pharmacy in less than 5 minutes. 5% of respondents take between 20 and 60 minutes to reach their pharmacy.

**Figure 6.2: Travel time to a pharmacy**



6.8 Walking was the most common method of reaching a pharmacy (83%), followed by public transport (10%), road (4%) and cycling (3%).

**Figure 6.3: Mode of transport to reach pharmacy**

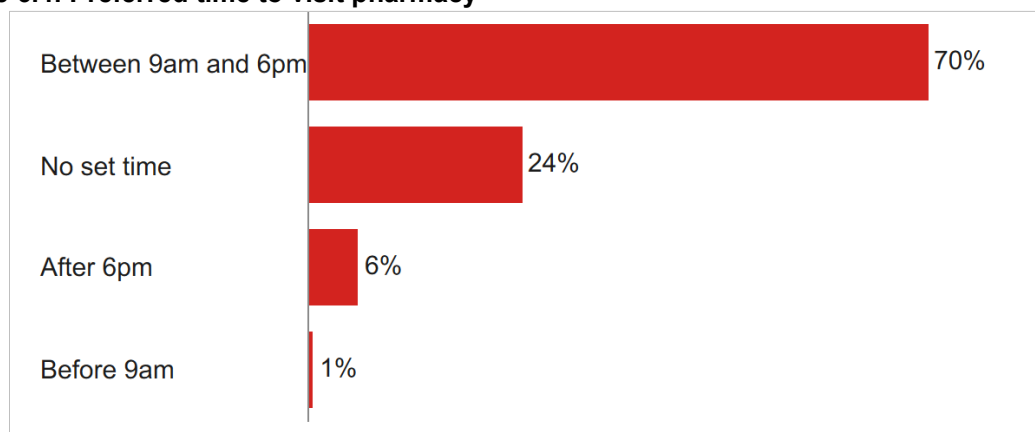


6.9 44% of respondents preferred to visit a pharmacy on a weekday, 6% on a weekend while half (50%) did not have a preference.

6.10 Whilst 24% of respondents did not have a preference as to what time they visited a pharmacy, for those that did the most popular time was between 9am and 6pm (70% of responses), followed by after 6pm (6% of responses) and then 12 noon to 3pm (13%).



**Figure 6.4: Preferred time to visit pharmacy**



6.11 The questionnaire sought to find out the actions people took when they were not able to access their pharmacy. Most (55%) chose to go another day, 34% stated they always have access to their pharmacy, 10% would use a different health care service while 1% would get carer assistance.

#### **Additional comments about local pharmacy services**

6.12 A total of 94 respondents chose to share further comments about local pharmacy services. Of these, 41 were positive, 33 raised concerns or suggestions for improvement, 12 highlighted both positive aspects and areas for change, and 8 were neutral observations (e.g., about how they use pharmacies).

6.13 Themes from the positive comments included:

- Friendly, helpful and knowledgeable staff who provide trusted advice
- Convenience of local pharmacies, especially for people with limited mobility
- Appreciation of repeat prescription and delivery services
- Value of pharmacies for vaccinations and the Pharmacy First service
- The important role of pharmacies in reducing pressure on GPs and hospitals

6.14 Examples of positive comments include:

“Excellent advice from the pharmacy staff.”

“My pharmacy work incredibly hard to serve the community... they don’t appear to have enough staff.”

“Bush pharmacy is very close, always have a pharmacist who can give advice and provide treatment.

They are friendly and remember me as I have collected my prescriptions there for years.”

“Fantastic Oza Chemist – kind, caring and efficient, all you need in a pharmacy.”

“At 85 years old, it is extremely helpful to have a convenient pharmacy and to have personal contact with a pharmacist who is familiar with one’s circumstances.”

6.15 Themes from comments suggesting improvements included:

- **Opening hours:** requests for extended evening or weekend opening
- **Stock availability:** difficulties obtaining certain medicines, leading to repeat visits or delays
- **Staffing pressures:** reports of long queues, especially in larger chain pharmacies
- **Communication gaps:** issues with texts about prescription readiness, unclear messages between GP practices and pharmacies
- **Accessibility:** concerns about closures (e.g., Tesco Brook Green), reduced home delivery options for older or disabled people
- **Service quality:** some frustration with long waits for prescriptions and perceptions that retail activities sometimes overshadow healthcare roles

6.16 Here are some example comments:

“Yes, the pharmacies should be open for longer in the evening so I can go after work.”

“The main problem I experience is that two of my local pharmacies are struggling to supply common drugs prescribed by my GP.”

“The pharmacy in Boots, King Street is understaffed. Today there were about 10 people in front of me and I waited more than half an hour to pick up a prescription.”

“It was a shame that Tesco Brook Green was allowed to close its pharmacy... it was the only one nearby which opened on a Sunday.”

“Pharmacies and GPs need to inform patients if prescriptions are ready to be collected or sent off – a simple text message could save wasted journeys.”

## Demographic breakdown of participants

6.17 The demographic breakdown of the respondents to the questionnaire is presented below.

- **Age:** 1% (n=2) were aged 15 or less, 45% (n=69) were of working age while 54% (n=82) were over 65 years old.
- **Ethnicity:** 6% identified as Asian or Asian British, 9% as Black, Black British, Caribbean or African, 71% as White, 12% preferred not to say, while 1% did not know their ethnic background.
- **Gender:** Females made up 72% (n=113), while males made up 23% (n=37) of the respondents. 5% (n=8) of respondents preferred not to state the gender. In response to the question about whether participants were a trans man/trans woman or had a trans history, only 1% (n=1) answered in the affirmative while 94% (n=144) of respondents said no.
- **Religion:** Christians made up 59% (n=93) of responses, those without a religion or atheist 23% (n=36), those that preferred not to say 13% (n=21), Muslims 2% (n=3), Buddhists 2% (n=3) and those of the Jewish faith 1% (n=1).
- **Employment status:** 45% (n=65) were in employ, 53% (n=77) were not in employment and 2% (n=3) were students.

- **Sexual orientation:** 1% (n=2) identified as bisexual; 6% (n=9) as gay or lesbian and 78% (n=124) as heterosexual/straight.
- **Long term condition and disability:** 46% (n=73) of respondents reported having a long-term condition. 44% (n=38) stated that their conditions or illnesses reduced their ability to carry out day-to-day activities a little, and 30% (n=26) said a lot.
- **Relationship status:** 9% (n=14) were cohabiting or living with a partner; 26% (n=41) were married or in a civil partnership; 9% (n=14) were separated, divorced, or had a civil partnership dissolved; 36% (n=57) were single; and 9% (n=14) were widowed.
- **Pregnancy:** 3% (n=4) were pregnant at the time of completing the survey or had been pregnant in the previous calendar year.
- **Breastfeeding:** 3% (n=4) were breastfeeding at the time of completing the survey.
- **Caring responsibility:** 72% (n=114) did not have caring responsibilities, and 23% (n=37) identified as carers.

6.18 Overall, no meaningful differences in responses were identified across the different groups that responded to the survey.

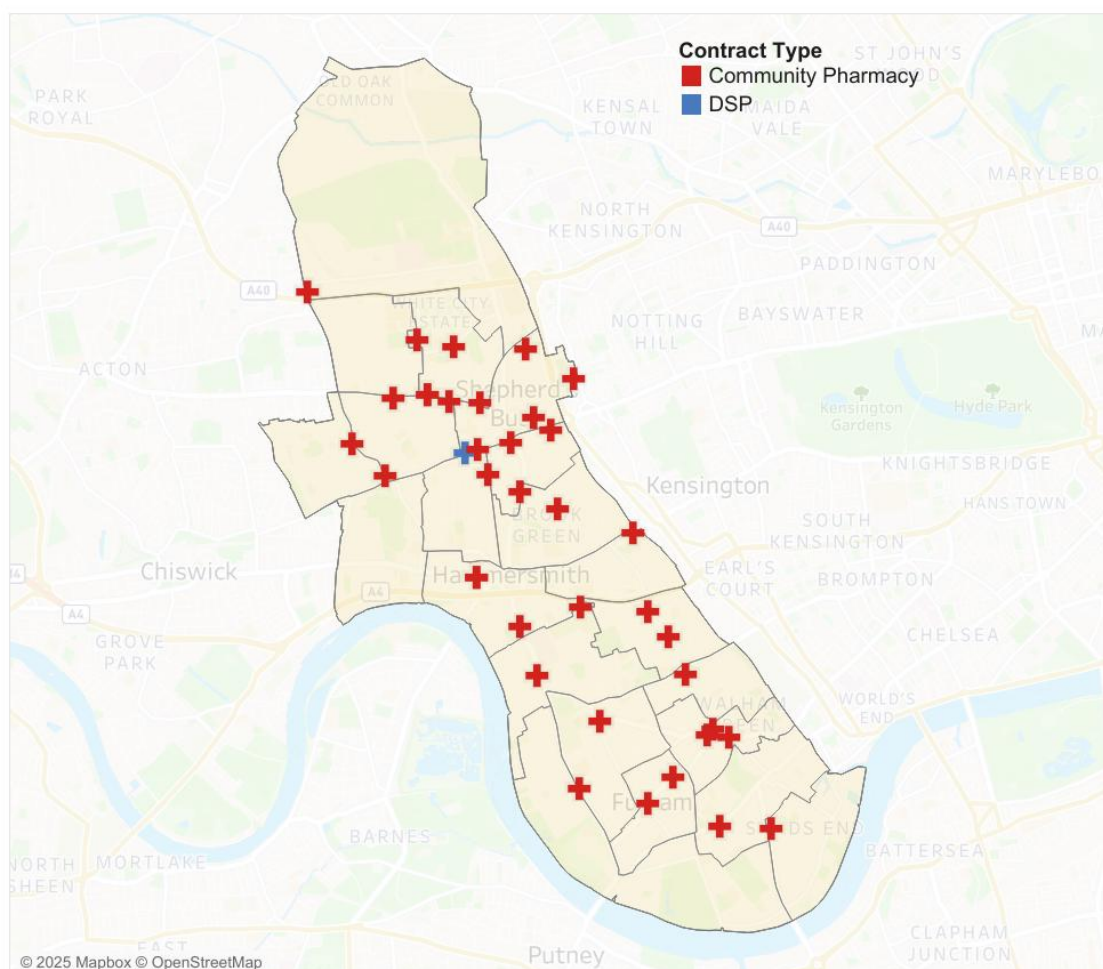
# Chapter 7 - Pharmaceutical service provision

- 7.1 This chapter identifies the pharmaceutical service providers available in Hammersmith & Fulham, the services they provide and maps their accessibility.
- 7.2 It evaluates the adequacy of services by considering:
- Different types of pharmaceutical services provided.
  - Geographical distribution and choice of pharmacies within and outside the borough.
  - Opening hours.
  - Dispensing data and capacity.
  - Pharmacies that provide essential, advanced and enhanced services.
- 7.3 Where appropriate, a 1-mile radius has been included around service providers to highlight their coverage.

## **Pharmaceutical service providers**

- 7.4 As of December 2025, there are 38 pharmacies included in the pharmaceutical list for the Hammersmith & Fulham HWB area, 37 of which are community pharmacies. The area's pharmacies are presented in the map in Figure 7.1 below as well as being listed in Appendix B.

**Figure 7.1: Pharmaceutical service providers in Hammersmith & Fulham**



Source: NHSBSA

### Community Pharmacies

- 7.5 Hammersmith & Fulham's 37 community pharmacies equate to about **2.0 community pharmacies per 10,000** (based on 2025 population estimate of 190, 925). This ratio is considerably higher than the national average of 1.7 pharmacies per 10,000 residents (NHBSA and 2021 Census).

### Dispensing Appliance Contractors (DACs)

- 7.6 Dispensing Appliance Contractors (DACs) are specialised service providers that supply patients with prescribed appliances, primarily focusing on providing appliances such as stoma appliances, catheters, incontinence products and wound care appliances rather than medicines. Hammersmith & Fulham does not have any DACs.

### **GP Dispensing Practices**

- 7.7 These are general practices that are authorised to dispense medications directly to their patients, typically in rural or remote areas where community pharmacies are not easily accessible. There are no GP dispensing practices in Hammersmith & Fulham.

### **Distance Selling Pharmacies (DSPs)**

- 7.8 Distance Selling Pharmacies (DSPs) are pharmacies that operate mainly through remote means, such as online platforms, phone or mail rather than providing face to face services.
- 7.9 New regulations were announced in 2025 affecting DSPs. Some highlights include:
- No new applications for DSPs can be accepted/are permitted from 23<sup>rd</sup> June 2025
  - DSP can no longer deliver directed services (advanced and enhanced services) in person to a patient (with exception of COVID-19 and influenza vaccination services. This exception is only until March 2026).
- 7.10 There is one DSP in Hammersmith & Fulham (Pharmacy on Wheels on Goldhawk Road).

### **Local Pharmaceutical Services (LPS)**

- 7.11 This is a type of pharmacy contract that allows commissioners to commission tailored pharmaceutical services to meet specific needs of a local population. There are no Local Pharmaceutical Service (LPS) contracts in Hammersmith & Fulham and no areas in Hammersmith & Fulham have been designated as LPS areas.

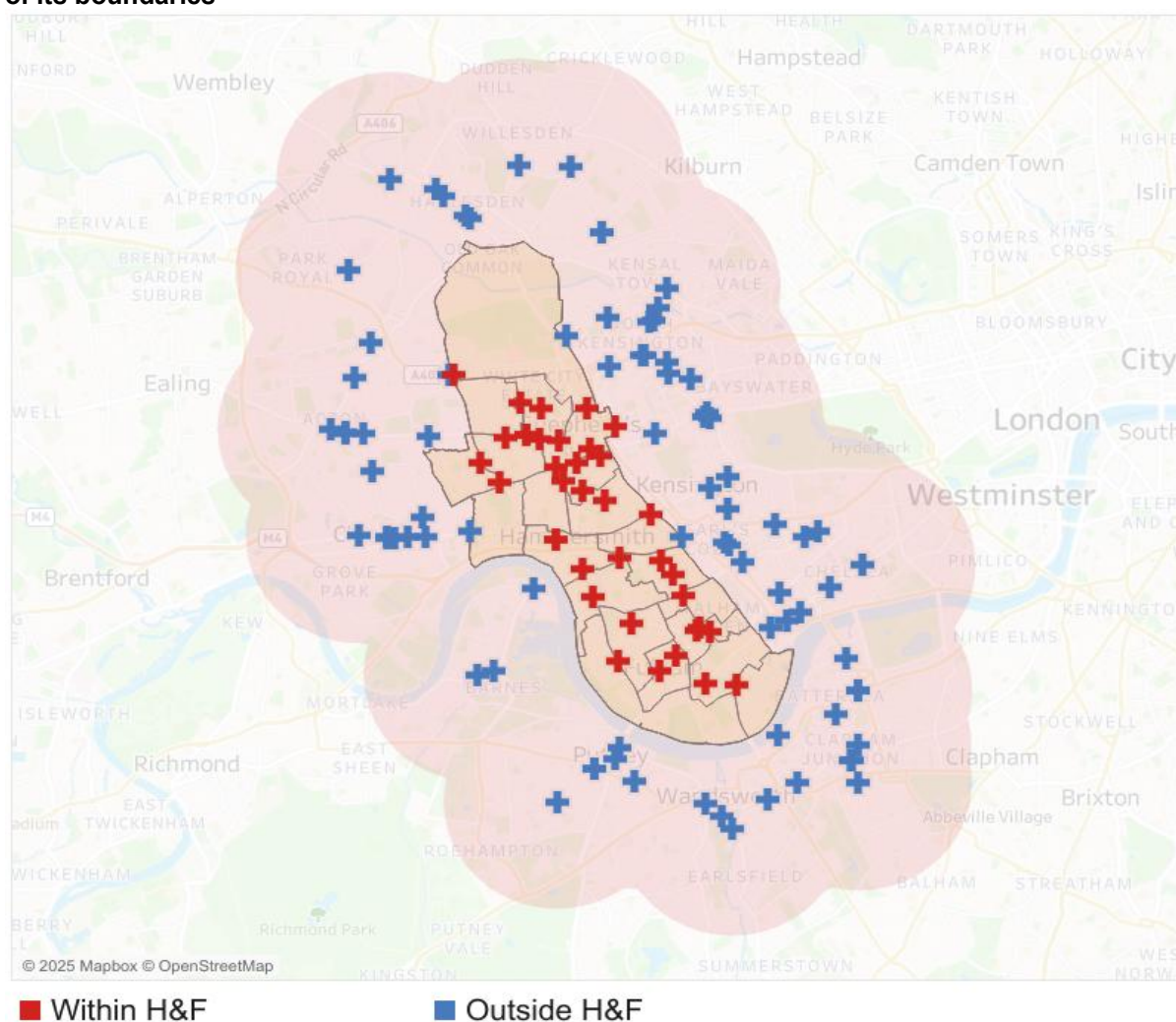
## **Accessibility**

### **Distribution and Choice**

- 7.12 The PNA Steering Group established a maximum acceptable distance of one mile for resident to access pharmaceutical services. This distance equates to about 20 minutes' walk.
- 7.13 Figure 7.2 below shows the 37 community pharmacies located in Hammersmith and Fulham and the additional 82 pharmacies within one mile of its boundaries.



**Figure 7.2: Distribution of community pharmacies in Hammersmith & Fulham and within 1 mile of its boundaries**



Source: NHSBSA

- 7.14 As seen, there is a good distribution of pharmacies in and around Hammersmith & Fulham attesting to ease of access to pharmacies by its residents.
- 7.15 This is also reflected in terms of easy access to pharmacies by public transport. As seen in 7.3 below, the entire borough is within 20 minutes of a pharmacy by public transport.

Ward	Number of	Population Siz
------	-----------	----------------

	Community Pharmacies		
Shepherd's Bush Green	4	6,043	6.6
Hammersmith Broadway	4	8,344	4.8
White City	5	10,953	4.6
Addison	3	7,740	3.9
Walham Green	3	8,066	3.7
Coningham	3	10,740	2.8
Fulham Town	2	7,500	2.7
Brook Green	2	8,622	2.3
West Kensington	2	9,726	2.1
Munster	2	12,282	1.6
Lillie	1	7,053	1.4
Wendell Park	1	7,379	1.4
Grove	1	7,622	1.3



Avonmore	1	7,759	1.3
Parsons Green & Sandford	1	7,897	1.3
Sands End	1	11,725	0.9
College Park & Old Oak	1	12,128	0.8
Fulham Reach	1	12,684	0.8
Wormholt	0	8,143	0
Ravenscourt	0	7,025	0
Palace & Hurlingham	0	11,494	0
<b>Total</b>	<b>38</b>	<b>190,925</b>	<b>2.0</b>

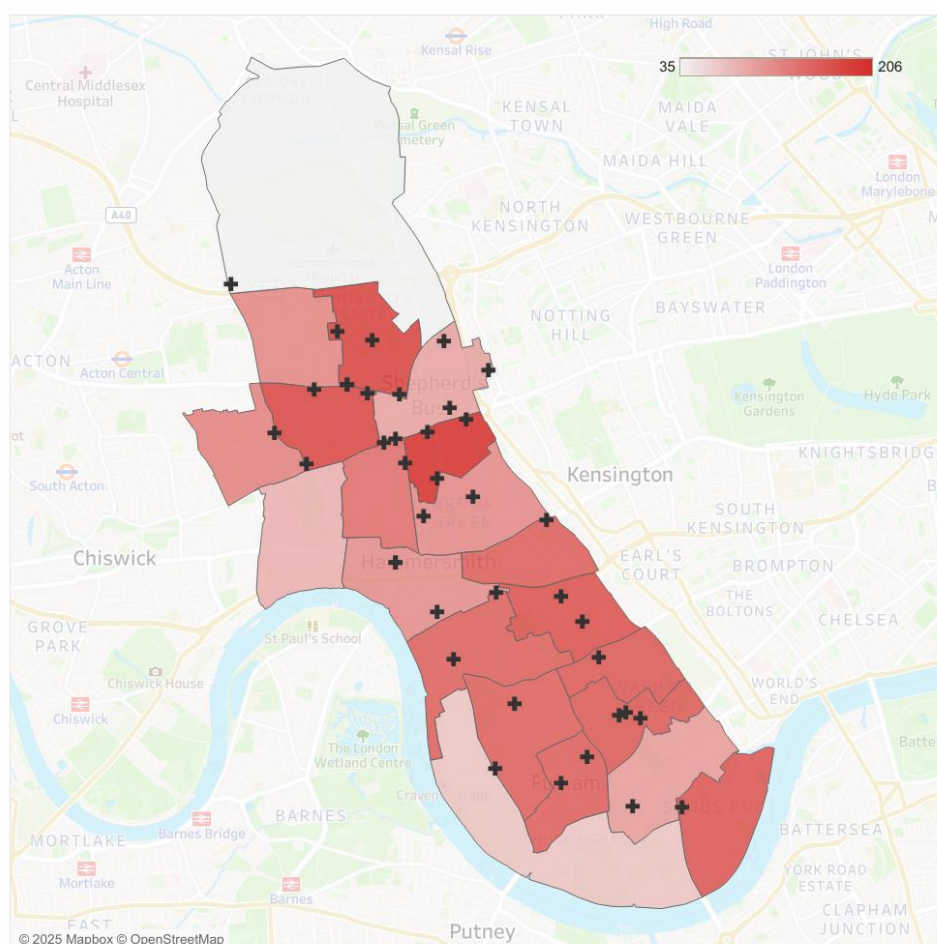
Source: NHSBSA & GLA Population Projections

7.17 Though Wormholt, Ravenscourt and Palace & Hurlingham wards do not have community pharmacies with them, their residents are well served by pharmacies in the surrounding wards including those in neighbouring HWB areas as evidenced in Figure 7.2 and 7.3 above.

***Pharmacy distribution in relation to population density***

7.18 Community pharmacies in Hammersmith & Fulham are broadly more concentrated in areas of higher population densities as shown in Figure 7.4.

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



**Source: GLA & NHSBSA**

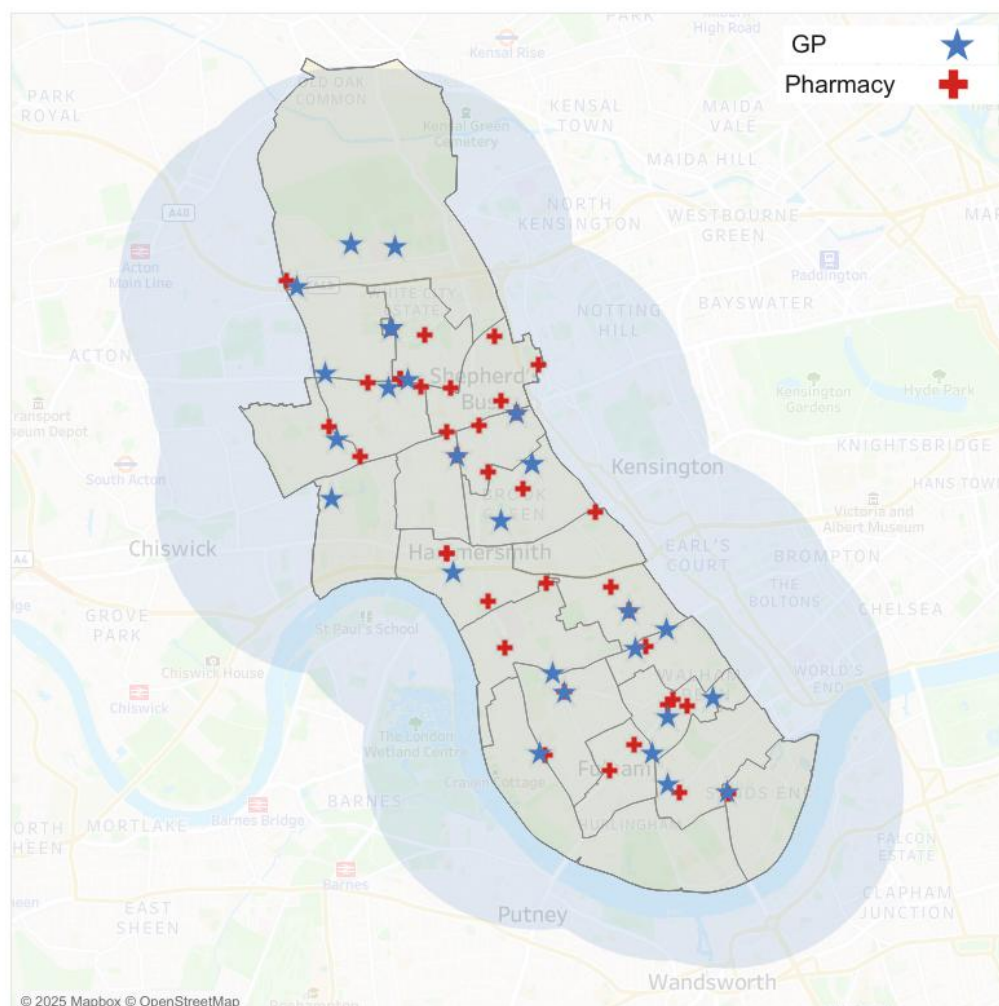
### ***Pharmacy Distribution in relation to GP Surgeries***

- 7.19 In early 2019, the NHS Long Term Plan was announced that urged general practices to form Primary Care Networks (PCNs). PCNs are collaborative entities linking primary care services with hospital, social care and voluntary sector organisations and covering populations between 30,000 and 50,000 people.
- 7.20 Each of the primary care networks have expanded neighbourhood teams which is made up of a range of healthcare professionals including GPs, district nurses, allied health care professionals, community geriatricians and pharmacies. It is essential that community pharmacies can engage with the PCNs to maximise services provided to patients and residents.
- 7.21 There are currently 29 general practices in Hammersmith & Fulham with a combined patient list size population of 336,815. These General Practices belong to one of five

PCNS (Hammersmith & Fulham North, Hammersmith & Fulham partnership, Hammersmith & Fulham Central, Babylon GP at hand or South Fulham).

- 7.22 Figure 7.5 below shows that there is a pharmacy within accessible distance (one mile) of all GPs in Hammersmith & Fulham.

**Figure 7.5: General practices and their one-mile coverage in relation to community pharmacies**



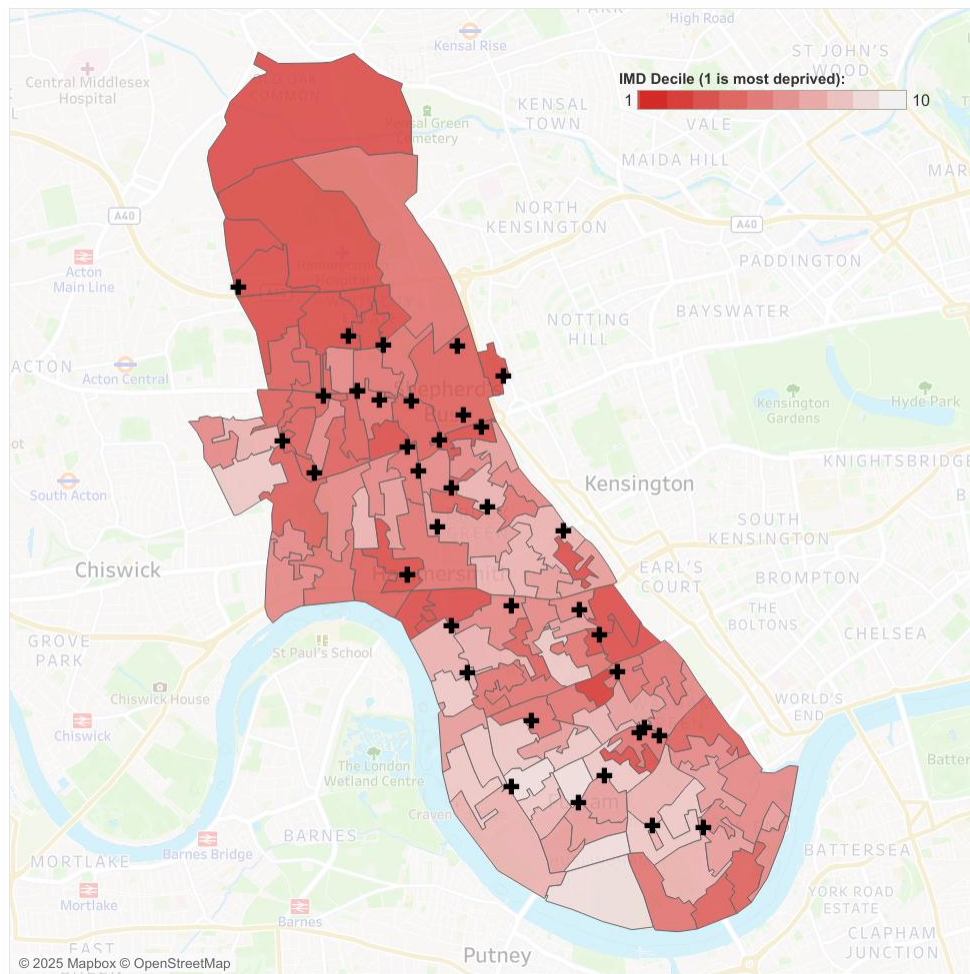
Source: NHSBSA

- 7.23 The NHSE data for 2024-2025 showed that **75.2% of items prescribed by GPs in Hammersmith & Fulham were dispensed by pharmacies in Hammersmith & Fulham**. The next largest borough where prescriptions written by GPs in Hammersmith & Fulham were filled was Ealing (6.0%).
- 7.24 The Health and Wellbeing Board 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***

7.25 Figure 7.6 below shows pharmacy locations in relation to deprivation deciles. As seen, there is a good distribution of pharmacies in both areas of high and low deprivation.

**Figure 7.6: Pharmacy locations in relation to deprivation deciles in Hammersmith & Fulham**



**Source: MHCLG & NHSBSA**

### **Opening times**

7.26 Pharmacy contracts with NHS England stipulate the core hours during which each pharmacy must remain open. Historically, pharmacies held 40-hour or 100-hour contracts. However, due to increase in pharmacy closures which was found to particularly affect 100-hour pharmacies, the NHS terms of service was amended to allow 100-hour pharmacies to reduce to no less than 72 hours without needing to demonstrate a change in need. Under the amended regulations, pharmacies that held 100-hour contracts would have to remain open between 17:00 and 21:00 from Monday to Saturday, and between 11:00 and 16:00 on Sundays as well as leave the total core hours on Sunday unchanged to maintain out-of-hours pharmacy provision.



- 7.27 It is important to consider access to pharmacies both within and outside regular hours. The Steering Group defined 9am to 6pm as regular opening hours.

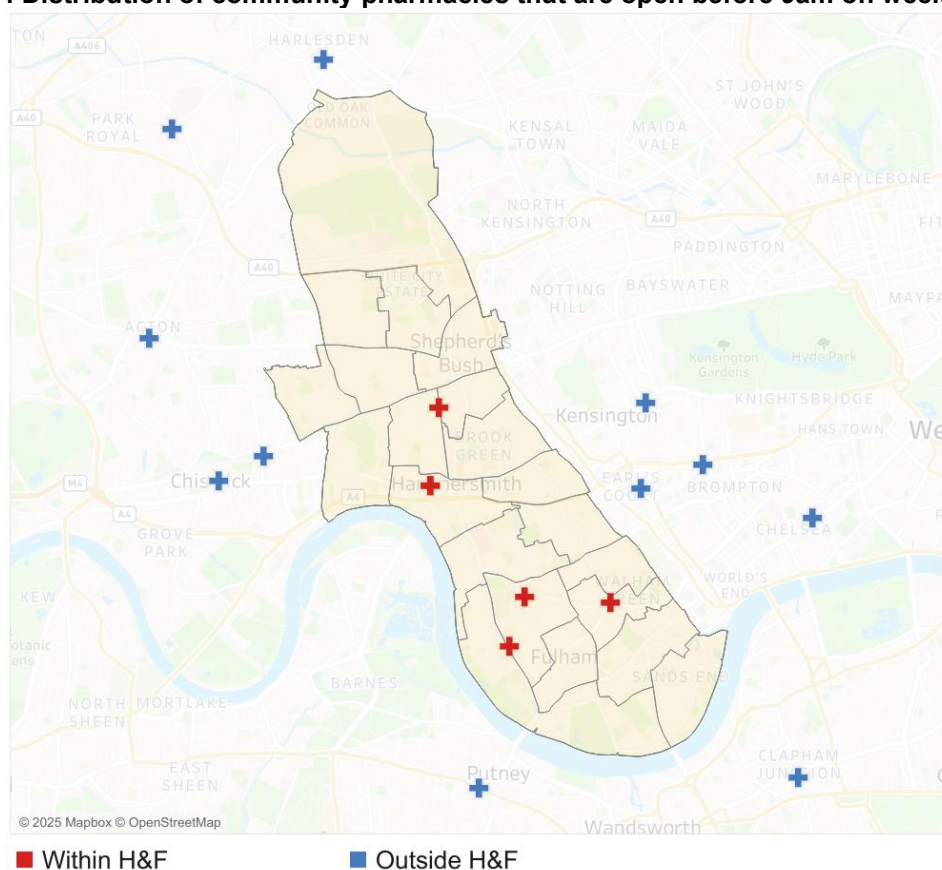
### **100-hour pharmacies**

- 7.28 Hammersmith & Fulham has one 100-hour pharmacy (Boots located at Unit 7, Fulham Broadway Retail Centre).

### **Early morning opening**

- 7.29 Six pharmacies in Hammersmith & Fulham are open before 9am on weekdays. There are 11 pharmacies within one mile of its borders that are also open before 9 am as can be seen in Figure 7.7.

**Figure 7.7: Distribution of community pharmacies that are open before 9am on weekdays**

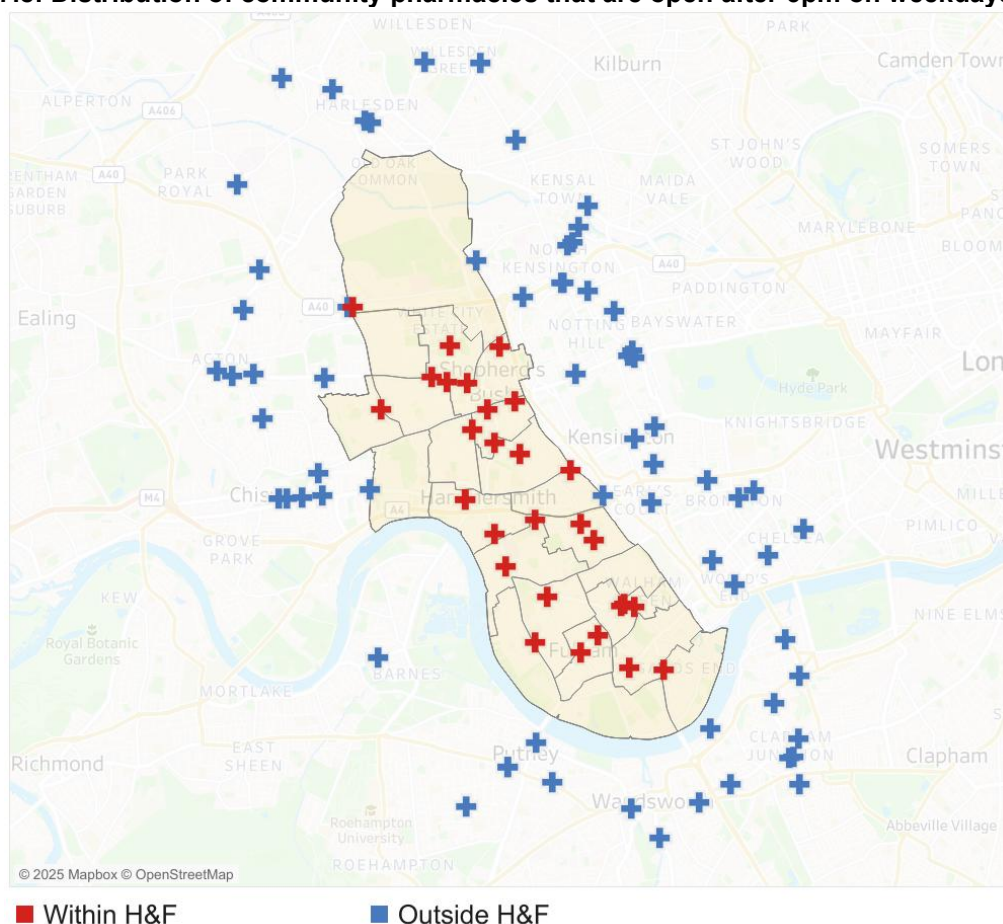


Source: NHSBSA

### **Late closing pharmacies**

- 7.30 There are 29 pharmacies in Hammersmith & Fulham and 66 others within one mile of its borders that are open past 6pm on weekdays as shown below.

**Figure 7.8: Distribution of community pharmacies that are open after 6pm on weekdays**



Source: NHSBSA

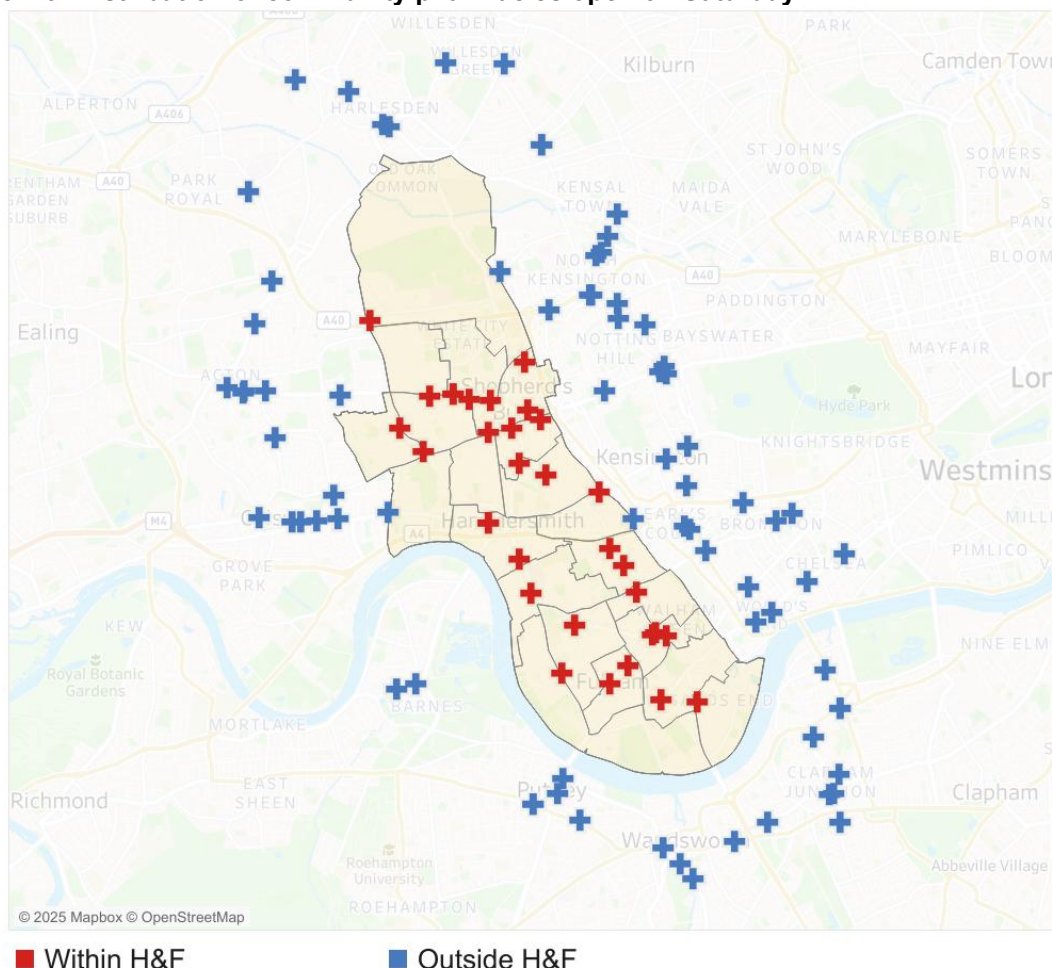
**Table 7.2: Community pharmacies in Hammersmith & Fulham by ward that are open past 6pm on weekdays**

Ward	Number of pharmacies
Hammersmith Broadway	4
White City	3
Walham Green	3
Addison	3
West Kensington	2
Munster	2
Fulham Town	2
Wendell Park	1
Shepherd's Bush Green	1
Sands End	1
Parsons Green & Sandford	1
Grove	1
Fulham Reach	1
Coningham	1
College Park & Old Oak	1
Brook Green	1
Avonmore	1
<b>Total</b>	<b>29</b>

### **Saturday opening**

- 7.31 Nearly all pharmacies in Hammersmith & Fulham (32 out of 37) are open on Saturdays, with additional 74 pharmacies within one mile of its borders open on Saturdays as can be seen in Figure 7.9.

**Figure 7.9: Distribution of community pharmacies open on Saturday**

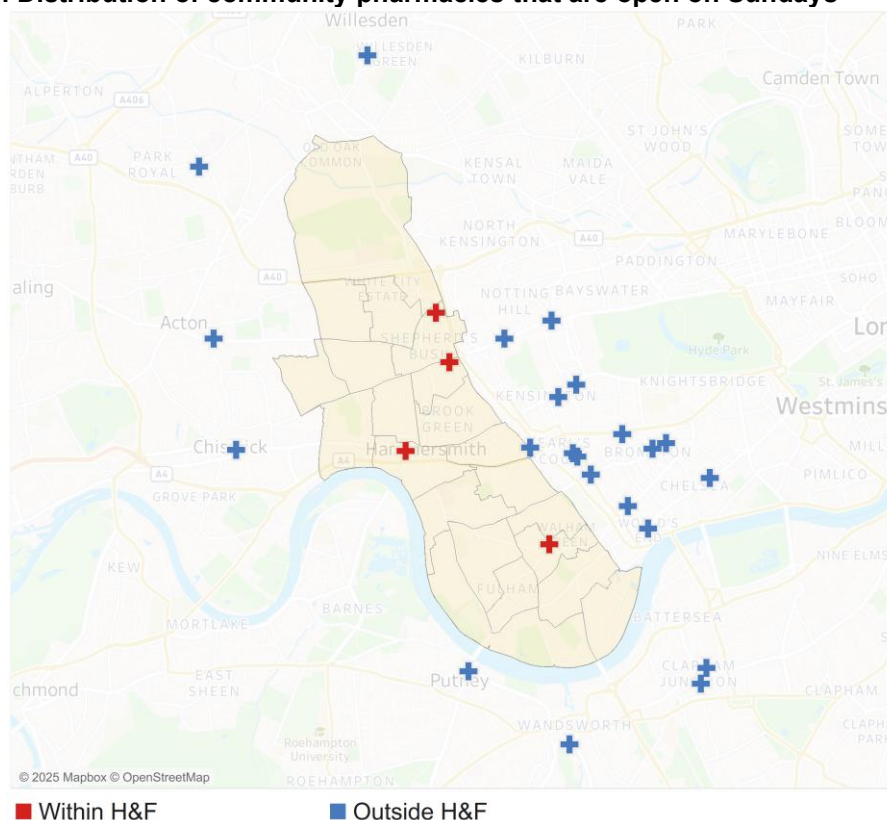


Source: NHSBSA

### **Sunday opening**

- 7.32 There are 4 pharmacies in Hammersmith & Fulham and 22 others within one mile of its borders that are open on Sundays as shown in Figure 7.10.

**Figure 7.10: Distribution of community pharmacies that are open on Sundays**



Source: NHSBSA

### Summary of the accessibility of pharmacies in Hammersmith & Fulham

Overall, there is good distribution and accessibility of pharmacies in and around Hammersmith & Fulham both in areas of low and high deprivation. There is also a good number of pharmacies that are open outside regular hours.

## Essential services

7.33 Essential services are the core services that all community pharmacies must provide under the NHS Community Pharmacy Contractual Framework (CPCF). These services form the foundation of community pharmacy practice and are aimed at ensuring accessibility, quality care and support for patients in managing their health. The nine essential services provided by community pharmacies in the UK are:

- Dispensing medicines.
- Discharge Medicines Service.
- Dispensing Appliances.
- Disposal of unwanted medicines.
- Healthy Living Pharmacies.



- Public Health (promotion of healthy lifestyles).
- Repeat Dispensing and eRD.
- Sign Posting.
- Support for Self-Care.

### **Dispensing medicines**

- 7.34 Hammersmith & Fulham pharmacies **dispense an average of 5,891 items per month** (NHSBSA, 2024/25 financial year data). This is considerably lower than London's average of 7,461 items per month and England's average of 8,692 items per month. This suggests there is capacity amongst Hammersmith & Fulham pharmacies to meet current and anticipated need in the lifetime of this PNA.

### **Advanced services**

- 7.35 Advanced services are nationally set and specified optional services that community pharmacies and dispensing appliance contractors can choose to provide. These services go beyond essential pharmacy services, offering targeted support to improve patient outcomes, enhance public health, and reduce pressure on other parts of the healthcare system.
- 7.36 Pharmacies that choose to provide these services must meet the requirements set out in the Secretary of State Directions.
- 7.37 There are nine advanced services in the NHS community Pharmacy Contractual Framework (CPCF):
- Pharmacy First service
  - New Medicines Service (NMS)
  - Flu Vaccination Service, Pharmacy Contraceptive Service (PCS)
  - Hypertension Case-Finding Service
  - Smoking Cessation Service
  - Appliance Use Review (AUR) service
  - Stoma Appliance Customisation (SAC) service
  - Lateral Flow Device Test Supply (LFD) service

### **Pharmacy First service**

- 7.38 This service builds upon the erstwhile Community Pharmacist Consultation Service (CPCS) by extending its scope to provide clinical consultations and NHS-funded treatment for a comprehensive list of minor illnesses. The Pharmacy First pathway integrates seamlessly into community pharmacy services, improving patient access to

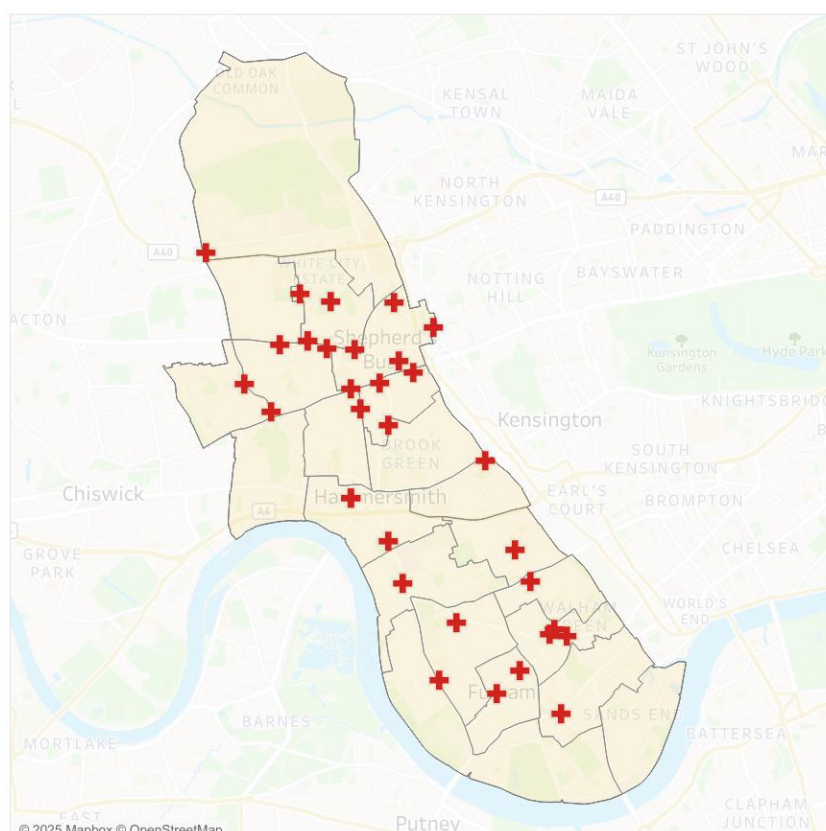
care and reducing demand on GP surgeries and urgent care. It allows pharmacists to clinically assess and treat eligible patients for the following conditions:

- Acute sore throat (5 years and above).
- Acute otitis media (1 – 17 years).
- Sinusitis (12 years and above).
- Impetigo (1 year and above).
- Shingles (18 years and above).
- Infected insect bites (1 year and above).
- Uncomplicated Urinary tract infections (UTIs) in women (aged 16-64).

7.39 Referrals can be done by GP surgeries, NHS 111, Urgent Treatment Centres or be walk-in consultations. This does not limit the existing minor ailments that pharmacies have historically seen.

7.40 Nearly all the community pharmacies in Hammersmith & Fulham (33 out of 37) provide Pharmacy First services as can be seen in Figure 7.11 below and Table 7.3 below.

**Figure 7.11: Distribution of pharmacies that provide Pharmacy First service in Hammersmith & Fulham**



Source: NHSBSA

**Table 7.3: Number of pharmacies in Hammersmith & Fulham by ward that provide the Pharmacy First service**

Ward	Number of pharmacies
------	----------------------

White City	5
Shepherd's Bush Green	4
Walham Green	3
Hammersmith Broadway	3
Coningham	3
Addison	3
Munster	2
Fulham Town	2
West Kensington	1
Wendell Park	1
Parsons Green & Sandford	1
Lillie	1
Grove	1
Fulham Reach	1
College Park & Old Oak	1
Avonmore	1
<b>Total</b>	<b>33</b>

Source: NHSBSA

### New Medicines Service

- 7.41 The New Medicines Service (NMS) is a structured, pharmacy-led service that commenced on the 1st of October 2011. It is provided under the NHS Community Pharmacy Contractual Framework to support patients and their carers in managing their medications effectively especially for long-term conditions, by improving adherence and resolving medication-related issues.
- 7.42 The 2025–2026 CPCF focuses on embedding and extending services already being provided by community pharmacies. One of the key developments include the expansion of NMS to include support for patients with depression from October 2025. All pharmacists must complete the Centre for Pharmacy Postgraduate Education (CPPE) Consulting with People with mental health problems online training to be able to support patients with dementia under the NMS.
- 7.43 The following conditions are covered by the service:
- Asthma and COPD.
  - Diabetes (Type 2).
  - Hypertension.
  - Hypercholesterolaemia.
  - Osteoporosis.
  - Gout.
  - Glaucoma.
  - Epilepsy.

- Parkinson's disease.
- Urinary incontinence/retention.
- Heart failure.
- Acute coronary syndromes.
- Atrial fibrillation.
- Long term risks of venous thromboembolism/embolism.
- Stroke / transient ischemic attack.
- Coronary heart disease.
- Depression (from October 2025) .

7.44 Through this service, pharmacists play a crucial role in supporting patients to optimise the use of their medicines, improve adherence and resolve potential issues early.

7.45 Thirty-five pharmacies in Hammersmith & Fulham offer NMS as shown is shown in Figure 7.12 and Table 7.4 below.

**Figure 7.12: Distribution of pharmacies in Hammersmith & Fulham that offer NMS**



Source: NHSBSA

**Table 7.4: Number of NMS providers in Hammersmith & Fulham by Ward**

Ward	Number of pharmacies
White City	5
Shepherd's Bush Green	4

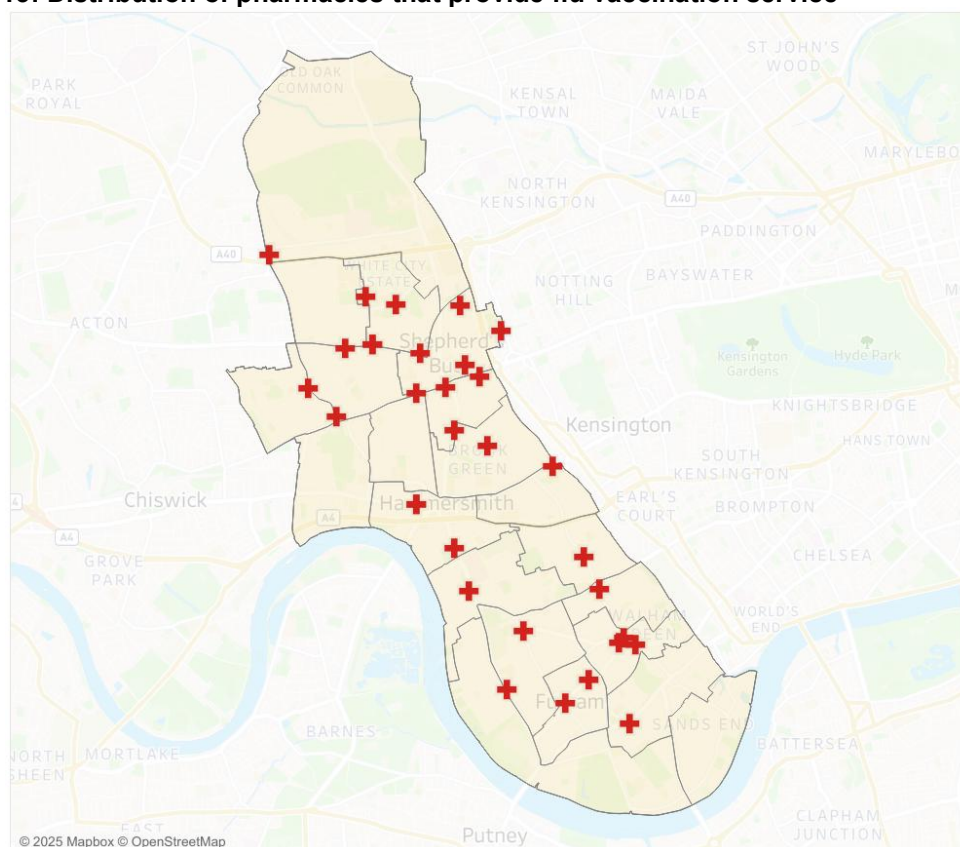
Walham Green	3
Hammersmith Broadway	3
Coningham	3
Addison	3
West Kensington	2
Munster	2
Fulham Town	2
Wendell Park	1
Parsons Green & Sandford	1
Lillie	1
Grove	1
Fulham Reach	1
College Park & Old Oak	1
Brook Green	1
Avonmore	1
<b>Total</b>	<b>35</b>

Source: NHSBSA

### Flu Vaccination Service

- 7.46 Community pharmacies administer NHS-funded seasonal flu vaccinations to eligible patients, including older adults, individuals with chronic conditions, pregnant women, and frontline healthcare workers. By increasing accessibility, particularly for vulnerable and hard-to-reach populations, the service enhances vaccination uptake. It plays a critical role in reducing flu-related complications, hospitalisations, and pressures on healthcare services during flu season.
- 7.47 Thirty-two out of 37 pharmacies in Hammersmith & Fulham provide flu vaccination advanced service as can be seen in Figure 7.13 below and Table 7.5 below.

**Figure 7.13: Distribution of pharmacies that provide flu vaccination service**



Source: NHBSA

**Table 7.5: Number of pharmacies in Hammersmith & Fulham by ward that provide the flu vaccination service**

Ward	Number of pharmacies
White City	5
Shepherd's Bush Green	4
Walham Green	3
Hammersmith Broadway	3
Addison	3
Munster	2
Fulham Town	2
Coningham	2
West Kensington	1
Wendell Park	1
Parsons Green & Sandford	1
Lillie	1
Fulham Reach	1
College Park & Old Oak	1
Brook Green	1
Avonmore	1
<b>Total</b>	<b>32</b>

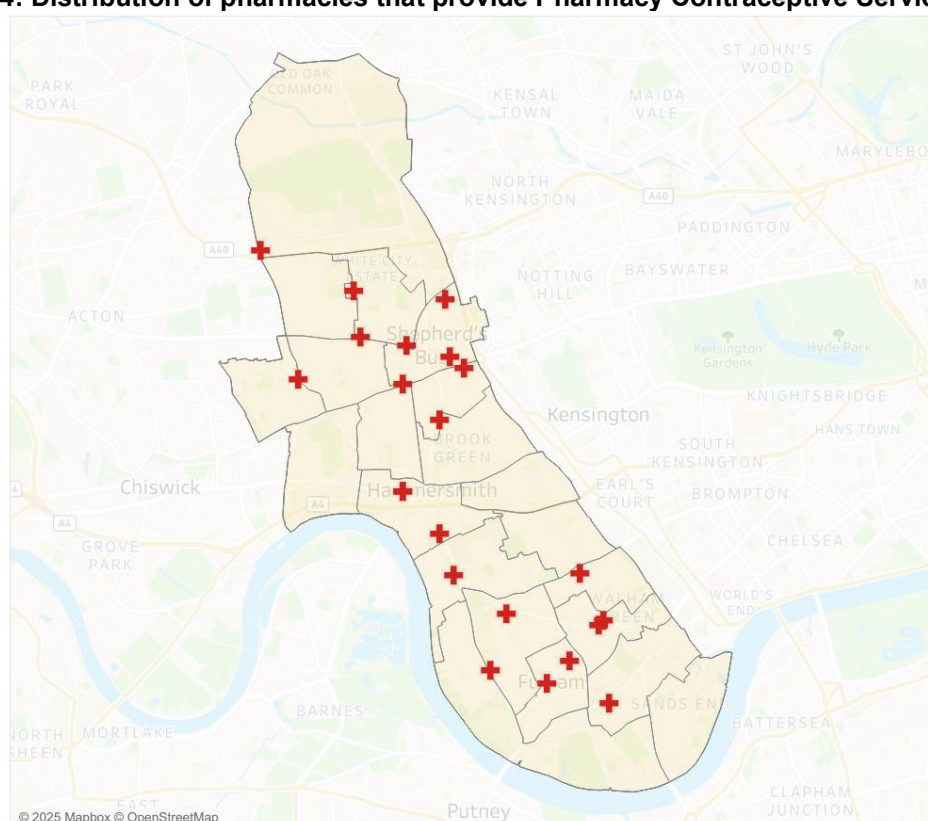
Source: NHBSA



## Pharmacy Contraceptive Service (PCS)

- 7.48 The PCS provides ongoing access to oral contraception through community pharmacies, including initial and repeat supplies of contraceptives. Pharmacists offer consultations to assess patient suitability, provide advice on proper contraceptive use, and support adherence to treatment. This service ensures easier and more convenient access to contraceptive services, particularly for patients unable to attend GP clinics, and plays an important role in reducing unplanned pregnancies.
- 7.49 As part of the agreement within the 2025/2026 CPCF, the PCS will be expanded to include emergency hormonal contraception (EHC) from October 2025. This service expansion will allow all community pharmacies across England the opportunity to provide equitable access to EHC for patients. This expansion will move away from the regional variation seen to date.
- 7.50 Twenty-two out of the 37 pharmacies in Hammersmith & Fulham provide the pharmacy contraceptive service.

**Figure 7.14: Distribution of pharmacies that provide Pharmacy Contraceptive Service**



Source: NHSBSA

**Table 7.6: Number of pharmacies by ward in Hammersmith & Fulham that provide the Pharmacy Contraceptive Service**

Locality	Number of pharmacies
----------	----------------------

White City	3
Shepherd's Bush Green	3
Hammersmith Broadway	3
Walham Green	2
Munster	2
Fulham Town	2
Addison	2
Wendell Park	1
Parsons Green & Sandford	1
Lillie	1
Fulham Reach	1
College Park & Old Oak	1
<b>Total</b>	<b>22</b>

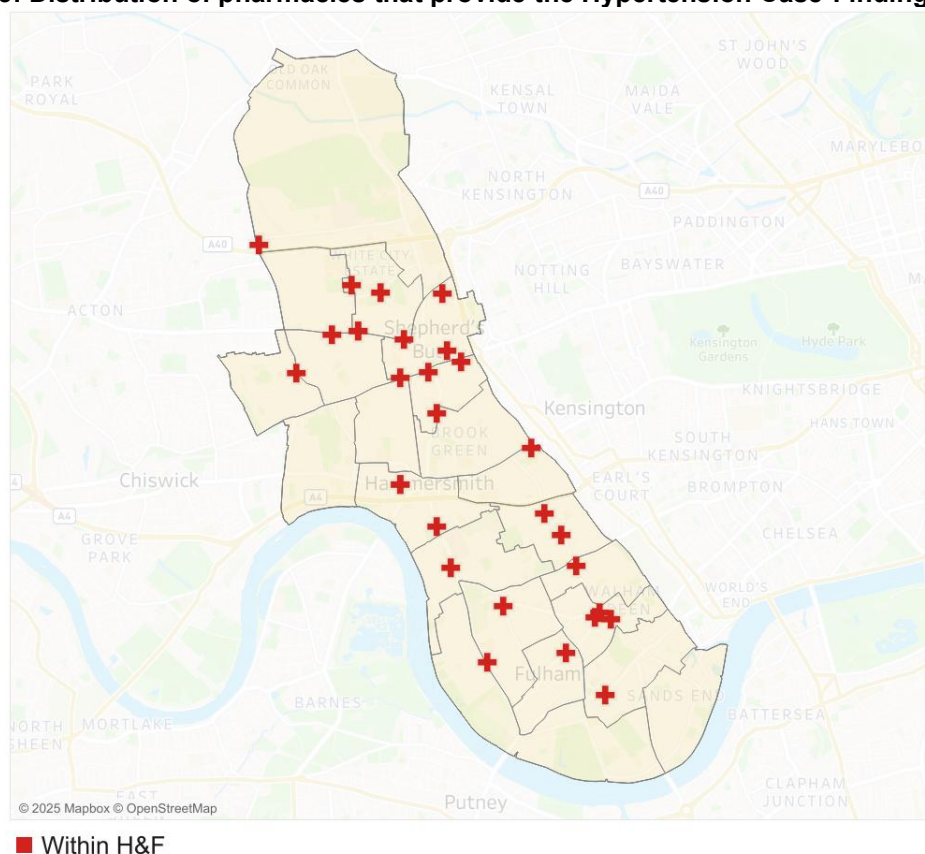
Source: NHSBSA

### **Hypertension Case-Finding Service**

- 7.51 This service focuses on identifying and managing individuals with undiagnosed hypertension (high blood pressure), a major risk factor for cardiovascular disease, which remains a leading cause of morbidity and mortality in the UK. Community pharmacists offer blood pressure checks to patients aged 40 years and over, or to those under 40 with a family history of hypertension, or where clinical judgement indicates a need. If elevated readings are identified during the consultation, pharmacists provide ambulatory blood pressure monitoring (ABPM) where necessary to confirm a diagnosis. Patients with confirmed hypertension or readings indicating potential risk are referred to their GP for further diagnosis and treatment.
- 7.52 By detecting hypertension early, this service enables timely intervention to prevent complications such as stroke, heart attacks, and other cardiovascular events. It also supports public health priorities by addressing health inequalities, empowering patients with awareness about their cardiovascular health, and helping reduce the burden on general practice and secondary care services.
- 7.53 Twenty-nine pharmacies in Hammersmith & Fulham provide the Hypertension Case-Finding Service as can be seen in figure 7.15 and table 7.7 below.



**Figure 7.15: Distribution of pharmacies that provide the Hypertension Case-Finding Service**



Source: NHSBSA

**Table 7.7: Number of pharmacies by ward in Hammersmith & Fulham that provide the Hypertension Case-Finding Service**

Locality	Number of pharmacies
White City	5
Walham Green	3
Shepherd's Bush Green	3
Hammersmith Broadway	3
Addison	3
West Kensington	2
Munster	2
Wendell Park	1
Parsons Green & Sandford	1
Lillie	1
Fulham Town	1
Fulham Reach	1
Coningham	1
College Park & Old Oak	1
Avonmore	1
<b>Total</b>	<b>29</b>

Source: NHSBSA

### **Smoking Cessation Service (SCS)**

- 7.54 This service supports patients who started a “stop smoking programme” in hospital to continue their journey in community pharmacy upon discharge by providing structured, one-to-one behavioural support alongside access to nicotine replacement therapy (NRT). At present, only NRT and behavioural support are available through the service, but there are plans to include the supply of medications that act as quit smoking aids (varenicline and cytisinicline).
- 7.55 Three pharmacies in Hammersmith & Fulham (Fulham Palace Road Pharmacy located on Fulham Palace Road, Healthside Pharmacy on Shepherds Bush Road and Fulham Pharmacy on Fulham Road) offer SCS.

### **Appliance Use Reviews (AUR) Service**

- 7.56 AURs are for patients using prescribed appliances including stoma appliances (such as colostomy or ileostomy bags), incontinence appliances (such as catheters and urine drainage bags) and wound care products. Community pharmacists review appliance utilisation to ensure proper usage, resolve issues, and offer tailored advice, either in the pharmacy or at the patient’s home. This helps address problems such as discomfort or leakage, improving appliance performance and enhancing patient comfort and confidence.
- 7.57 NHSBA data shows no Hammersmith & Fulham pharmacy providing the service in the previous fiscal year. However, AURs can also be provided by prescribing health and social care providers.

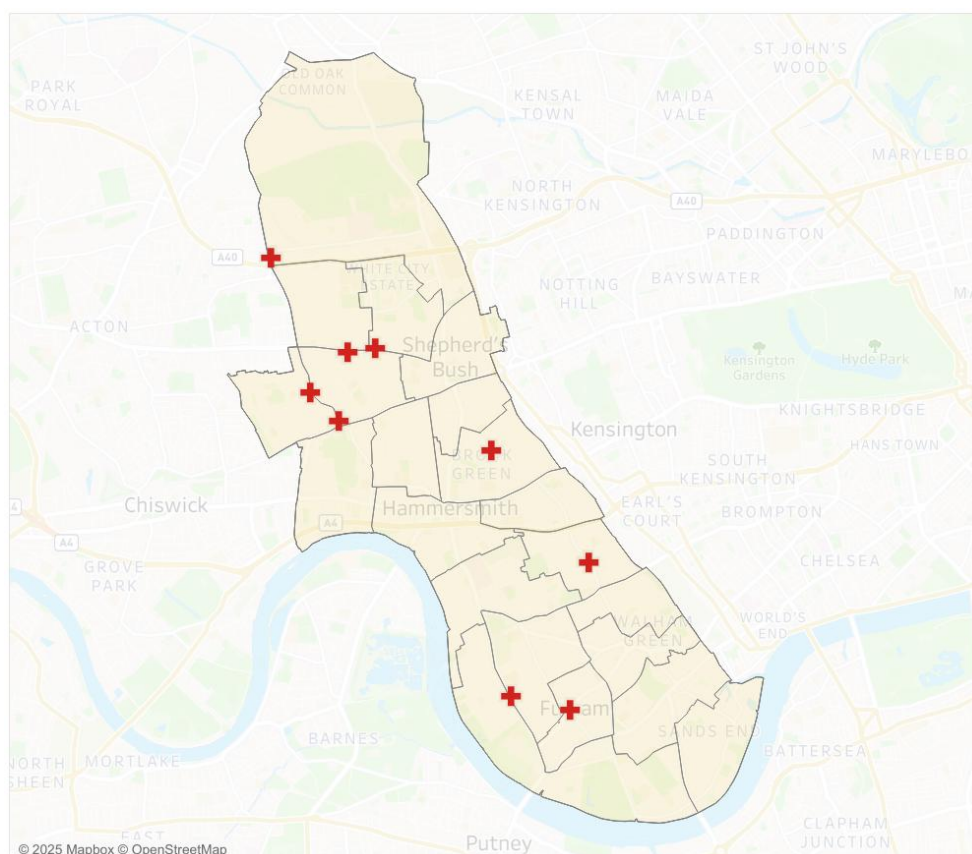
### **Stoma Appliance Customisation (SAC) Service**

- 7.58 The SAC service ensures that stoma appliances are customised to meet the individual needs of each patient. Community pharmacists make necessary adjustments to stoma bags to ensure a proper fit, improving comfort and functionality whilst addressing issues like leakage or skin irritation. This service helps prevent complications, enhances quality of life and supports patients in managing their stoma effectively.
- 7.59 No pharmacies in Hammersmith & Fulham indicated the provided this service in the previous year. However, Hammersmith & Fulham residents can access the SAC service from non-pharmacy providers within the borough (e.g. community health services) as well as dispensing appliance contractors outside the borough.

## Lateral Flow Device Tests Supply Service

- 7.60 The LFD service provided patient with access to COVID-19 lateral flow tests. Community pharmacies distribute the kits, support correct usage and aid result interpretation.
- 7.61 Nine community pharmacies in Hammersmith & Fulham provide the Lateral Flow Device Tests Supply Service as can be seen in Figure 7.16 and Table 7.8 below.

**Figure 7.16: Distribution of pharmacies that provide the Lateral Flow Device Tests Supply Service**



Source: NHSBSA

**Table 7.8: Number of Pharmacies in Hammersmith & Fulham by ward that provide the Lateral Flow Device Tests Supply Service**

Ward	Number of pharmacies
Coningham	2
White City	1
West Kensington	1
Wendell Park	1
Munster	1
Fulham Town	1
College Park & Old Oak	1
Brook Green	1

Total	9
-------	---

Source: NHSBSA

## Enhanced pharmacy services

7.62 These are services commissioned by London ICBs in conjunction with NHSE. They include:

- London Flu and COVID-19 vaccination service
- Bank Holiday Rota
- In- hours Palliative Care Medicines Supply Service
- Out-of-hours Palliative Care Medicines Supply Service

### London Flu and COVID-19 vaccination service

7.63 This enhanced service enables eligible pharmacies across London that sign up to participate to deliver both seasonal influenza and COVID-19 vaccinations, including co-administration, where both vaccines are offered in the same appointment, where clinically appropriate.

7.64 The aims of the service are to:

- Sustain and maximise uptake of flu vaccine (and Covid-19 vaccine) in at-risk groups by continuing to build the capacity of community pharmacies as an alternative to general practice attendance.
- Provide more opportunities and improve convenience for eligible patients to access flu vaccinations.
- Extend provision of flu vaccinations to a wider patient group, including carers, asylum seekers, the homeless and children from 2 to 18 years.

7.65 Table 7.9 shows the 19 pharmacies in Hammersmith & Fulham currently offering the London flu and COVID-19 vaccination service.

**Table 7.9: Pharmacies providing flu and COVID-19 vaccination**

Pharmacy Name	Address
C E Harrod Chemist	207 New Kings Rd, London
Fontain Pharmacy	290 Munster Rd, London
Fulham Palace Pharmacy	331 Fulham Palace Road
Fulham Pharmacy	608 Fulham Road, London
Globe Chemist	8 Kings Parade, Askew Road, Shepherds Bush
Goldhawk Pharmacy	9 Goldhawk Road
Green Light Pharmacy - Shepherds Bush	228-230 Uxbridge Rd
H. Lloyd Chemist	5 Hammersmith Road, London
Hammersmith Pharmacy	109 Fulham Palace Road, London
Healthside Pharmacy	90 Shepherds Bush Road, London
Jays Pharmacy	175 Uxbridge Road, Shepherds Bush
Kanari Pharmacy	682-684 Fulham Road, London
Lime Grove Pharmacy	66 Goldhawk Road, Shepherd Bush, London
Marcus Jones Pharmacy	96 Old Oak Common Lane, London
Myhealth Pharmacy	402 North End Road
North End Pharmacy	100A North End Road, West Kensington
Oza Chemist	9 Fulham Broadway
Parkland Pharmacy	Unit 2 Cranston Court, 56 Bloemfontein Rd, London
Windwood Chemist	96 Askew Road, London

Source: NHS North West London ICB

### Bank Holiday Rota

- 7.66 During bank holidays in London, pharmacies operate a rota system to ensure continuous service. For instance, over Christmas and New year holidays, specific pharmacies in London are scheduled to be open on designated days and times.
- 7.67 Two Hammersmith & Fulham pharmacies are on the Bank Holiday rota for 2025 - 2028.

### In-hours Palliative Care Medicines Supply Service

- 7.68 Palliative care drugs are specialist medicines that may not be routinely stocked in all community pharmacies. The purpose of this service is for community pharmacies to stock and supply an agreed list of specialist medicines for use in palliative care during usual opening hours to allow for an increase in patient (or end of life) care in the community. This allows rapid access to the supply of these medicines, enabling a

greater percentage of patients to receive the required care in their own home, if they wish to.

- 7.69 Hammersmith & Fulham along with other boroughs in NHS North West London ICB area operates a rota to supply this service.
- 7.70 If the participating pharmacy is not able to dispense the required medication within a reasonable timeframe, or at least on the same day, the pharmacy must make arrangements on behalf of the patient or carer for another pharmacy locally to dispense the required medication (e.g. telephone another local pharmacy on the list of pharmacies providing in hours palliative drugs service or wholesalers to check they have the required medications and help to get the prescription sourced).
- 7.71 On the very occasional incidences where medicines are not available in any pharmacy (e.g. manufacturing problems) the participating pharmacy will liaise directly with the prescriber to identify a suitable course of action.
- 7.72 Four pharmacies in Hammersmith & Fulham are on the rota to provide the In-hours palliative care medicines supply service. These pharmacies hold the specified list of medicines and will dispense them in response to an NHS prescription.

#### **Out-of-hours Palliative Care Medicines Supply Service**

- 7.73 This service requires pharmacists to supply a medicine on the approved palliative care medicines list only via a prescription when no pharmacy in the locality is open. The pharmacist supplies the medication when contacted by an out-of-hours provider.
- 7.74 GPs, hospices, health care professionals, care homes, and community health trusts can access the community pharmacies commissioned to provide this service.
- 7.75 Two pharmacies in Hammersmith & Fulham are on the rota to provide the out-of-hours palliative care medicines supply service.

# Chapter 8 - Other NHS Services

- 8.1 This chapter looks at services that are part of the health service, that though not considered pharmaceutical services under the 2013 regulations, are considered to affect the need for pharmaceutical services.

## Locally commissioned services

- 8.2 These are services commissioned by the London Borough of Hammersmith & Fulham to fulfil the local population's health and wellbeing needs.
- 8.3 These services are listed below:

- Emergency Hormonal Contraception

### Emergency Hormonal Contraception

- 8.4 The Hammersmith & Fulham Emergency Hormonal Contraceptive (EHC) service aims to improve access to free emergency contraception and sexual health advice for individuals aged 13 and above.
- 8.5 This service is delivered by trained community pharmacists under a Patient Group Direction (PGD).
- 8.6 The service provides Levonorgestrel 1.5mg or Ulipristal acetate 30mg following a confidential consultation with the objectives of reducing unplanned pregnancies, supporting integrated sexual health services, addressing inequalities, and identifying potential child sexual exploitation.
- 8.7 Pharmacists also offer advice on regular contraception, sexually transmitted infections (STIs), and safe sex practices. As part of the service, clients are signposted to online STI testing via SHL.UK and provided with free condoms through the Freedoms service. The service is accessible to both residents and non-residents of the borough.
- 8.8 Pharmacists providing this service must meet strict training, competency, and DBS requirements, with regular audits ensuring quality and compliance.
- 8.9 Eight pharmacies in Hammersmith & Fulham listed in Table 7.10 below offer EHC.
- 8.10 It should be noted that, as mentioned in the previous chapter, from October 2025, EHC will become a national offering as part of the PCS service.

**Table 7.10: Pharmacies providing Emergency Contraceptive Service**

Pharmacy	Address	Ward
----------	---------	------



Bush Pharmacy	334 Uxbridge Road, London	White City
Forrest Pharmacy	67 Blythe Road, London	Brook Green
Fulham Pharmacy	608 Fulham Road, London	Fulham Town
Goldhawk Pharmacy	9 Goldhawk Road, Shepherds Bush, London	Addison
Greenlight Pharmacy	228 Uxbridge Road, Shepherds Bush, London	White City
Jays Pharmacy	175 Uxbridge Road, Shepherds Bush, London	Coningham
Lime Grove Pharmacy	66 Goldhawk Road, Shepherds Bush, London	Shepherd's Bush Green
Parkland Pharmacy	Unit 2, Cranston Court, 56 Bloemfontein Road, London	White City

Source: London Borough of Hammersmith and Fulham Council

## Other prescribing centres

- 8.38 These are considered in the PNA as they have the potential to increase demand for pharmaceutical services.

### Walk-in Centres

- 8.39 These centres provide urgent medical care for non-life-threatening conditions. Below are the walk-in centres in Hammersmith & Fulham:

- Charing Cross Hospital Urgent Care Centre located at Fulham palace road
- Hammersmith Hospital Urgent Care located at Du Cane Road
- Parkview Children's Walk-in Clinic located at Bloemfontein Road
- Parsons Green Walk-in Clinic located at Parsons Green

### GP extended access hubs

- 8.40 Enhanced Access Services are established to provide patients with improved access to GP appointments outside of standard working hours. These services are coordinated through various Enhanced Access Hubs across the area. Appointments are available during weekday evenings and weekends, aiming to accommodate patients who may have difficulty attending during regular hours.
- 8.41 The extended access hubs are strategically located to serve different areas in Hammersmith & Fulham.
- 8.42 GP extended access hubs in Hammersmith & Fulham include:
- Brook Green Medical Centre on Bute Gardens
  - Cassidy Medical Centre on Fulham Road
  - Parkview Practice on Bloemfontein Road



### **Mental Health Services**

8.43 A variety of mental health services are available in Hammersmith & Fulham to support individuals with their mental health. These services include community-based teams, specialized programs, and support organizations, all working collaboratively to provide comprehensive care:

- Hammersmith & Fulham Mental Health Unit & Community Services located at Claybrook Road
- Child & Adolescent Mental Health Service (CAMHS) located at Glenthorne Road
- Perinatal Mental Health Service & Liaison Psychiatry located at Hammersmith Hospital
- Hammersmith & Fulham Talking Therapies located at Hammersmith Road.

# Chapter 9 - Conclusions and Statements

- 9.1 This PNA has considered the current provision of pharmaceutical services across Hammersmith & Fulham's HWB area and assessed whether it 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.
- 9.2 This chapter will summarise the conclusions of the provision of these services in Hammersmith & Fulham with consideration of surrounding HWB areas.

## Current Provision

- 9.3 The Hammersmith & Fulham PNA steering group has identified the following services as necessary to meet the need for pharmaceutical services:
- Essential services provided at all premises, including those though outside the Hammersmith & Fulham HWB area, but which nevertheless contribute towards meeting the need for pharmaceutical services in the area.
- 9.4 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 pharmaceutical services. The Hammersmith & Fulham PNA Group has identified the following as Other Relevant Services:
- Adequate provision of advanced, enhanced, and locally commissioned services to meet the need of the local population, including premises which although outside the Hammersmith & Fulham HWB area, but which nevertheless have secured improvements, or better access to pharmaceutical services in its area.
- 1.1 Preceding chapters of this document have set out the provisions of these services with reference to the localities, as well as identifying service by contractors outside the HWB area, as contributing towards meeting the need for pharmaceutical services in Hammersmith & Fulham.

## Current provision of necessary services

- 9.5 Essential services are deemed as necessary services as described above. 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:

- Distance and travel time to pharmacies
- Opening hours of pharmacies
- Proximity of pharmacies to GP practices
- Demographics of the population
- Health needs of the population and patient groups with specific pharmaceutical service needs.

- 9.6 The above criteria were used to measure access in each of the 21 localities within Hammersmith & Fulham's HWB.
- 9.7 There are 2.0 community pharmacies per 10,000 residents in Hammersmith & Fulham. This ratio is greater than the London average of 1.9 as well as the national average of 1.7 pharmacies per 10,000 residents.
- 9.8 The entire 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.
- 9.9 Factoring in all of this, the residents of Hammersmith & Fulham are well served in terms of the number and location of pharmacies.

#### ***Current provision of necessary services during normal working hours***

- 9.10 All pharmacies are open for at least 40 hours each week. There are 37 community pharmacies in HWB area, and a further 82 within a mile of the border of Hammersmith & Fulham, providing good access as shown in Chapter 7.

Based on the information available at the time of developing the PNA, no gaps were identified in the current provision of necessary services inside normal working hours in any of the 21 localities in Hammersmith & Fulham.

#### ***Current provision of necessary services outside normal working hours***

- 9.11 On weekdays, 6 pharmacies in Hammersmith & Fulham are open before 9am and 29 are open after 6pm. These are mapped out in Chapter 7 and show good coverage of services available on weekdays outside normal working hours.
- 9.12 Thirty-two of the borough's thirty-seven community pharmacies are open on Saturday while four are open on Sunday. Considering these pharmacies and those in neighbouring boroughs, as shown in the maps in Chapter 7, there is adequate accessibility of pharmacies to residents on weekends.

Based on the information available at the time of developing the PNA, no gaps were identified in the current provision of necessary services outside normal working hours in any of the 21 localities in Hammersmith & Fulham.

#### **Current provision of other relevant services**

- 9.13 The following advanced services are currently available for provision by community pharmacies: Pharmacy First Service, New Medicine Service, Flu Vaccination Service, Pharmacy Contraception Service, Hypertension Case-finding service, Smoking Cessation Service, Appliance Use Reviews, Stoma Appliance Customisation and Lateral Flow Device tests supply service.
- 9.14 The Pharmacy First Service is provided by majority (33 out of 37) of the pharmacies in the borough.
- 9.15 NMS is widely available with 35 pharmacies in the borough providing it.
- 9.16 Flu vaccinations are also widely provided, with 32 pharmacies in the borough offering them.
- 9.17 Twenty-nine pharmacies provide the Hypertension Case-finding Service.
- 9.18 Twenty-two pharmacies in Hammersmith & Fulham offer the Pharmacy Contraception Service.
- 9.19 Three pharmacies in Hammersmith & Fulham provide the Smoking Cessation Service.
- 9.20 Though the available NHSBSA data does not show any Hammersmith & Fulham pharmacies delivering the AURs or SACs, pharmacies indicated via the LPC that they are willing to do so if commissioned. These services are also widely available from other health providers such as district nurses and dispensing appliance contractors.
- 9.21 The Lateral Flow Device test supply service is provided by 9 pharmacies in Hammersmith & Fulham.
- 9.22 There are currently four enhanced services commissioned by the NHSE London region, the ICB or the ICB through the DOP commissioning hub. These are the London flu and COVID-19 vaccination service (offered at three pharmacies), the Bank Holiday Rota Service (provided by two pharmacies), in-hours palliative care medicines supply service (provided by 4 pharmacies) and out-of-hours palliative care medicines supply service (provided by 2 pharmacies).
- 9.23 Locally commissioned services are commissioned by LBHF. The Emergency Hormonal Contraception is the only locally commissioned service in LBHF.

- 9.24 Eight pharmacies in Hammersmith & Fulham offer the Emergency Hormonal Contraception service.

Based on the information available at the time of developing the PNA, no gaps were identified in services that if provided would secure improvements and better access to pharmaceutical services in general, or pharmaceutical services of a specific type in any of the localities.

## Future Provision

- 9.25 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 provision of necessary services

#### *Future provision of necessary services during normal working hours*

- 9.26 The PNA is aware of and has considered proposed changes in Hammersmith & Fulham during its lifetime including commitment to building more houses. The overall population size of Hammersmith & Fulham is predicted to increase by 1.8%, with College Park & Old Oak ward being expected to have the largest rate of population increase (35.9%).
- 9.27 The analysis has considered expected changes in population size against the current and expected capacity of pharmaceutical service provision. Hammersmith & Fulham pharmacies have comparatively low dispensing numbers compared to the rest of the nation (5,891 items per month compared to 8,689 for the national average). This suggests that the pharmacies have ample capacity to cater for the additional pharmaceutical provision demands created by the anticipated changes in population size.
- 9.28 It is therefore concluded that pharmacy provision within Hammersmith & Fulham is well placed to support these during the lifetime of the PNA.

Based on the information available at the time of developing this PNA, no gaps were identified in the future provision of necessary services during normal working hours in the lifetime of this PNA in any of the localities.

### ***Future provision of necessary services outside normal working hours***

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

Based on the information available at the time of developing this PNA, no gaps were identified in the future provision of necessary services outside of normal working hours in the lifetime of this PNA in any of the localities.

### **Future provision of other relevant services**

- 9.30 Through the LPC, local pharmacies have indicated that they have capacity to meet future increases in demand for advanced, enhanced and locally commissioned services.
- 9.31 The PNA analysis is satisfied that there is sufficient capacity to meet any increased demand of services.

Based on the information available at the time of developing this PNA, no future needs were identified for improvement and better access.

# Appendix A - Hammersmith & Fulham Pharmaceutical Needs assessment

## 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 and the North West London (NWL) Integrated Care System (ICS) for the London Borough of Hammersmith & Fulham Council 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 31 January 2026.

### 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 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 strategy of Hammersmith & Fulham 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 by 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 at the September 2025 Health and Wellbeing Board and 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 in January 2026.

## Membership

**Chair: Dr. Nicola Lang**

Name	Organisation
Dr. Nicola Lang	London Borough of Hammersmith & Fulham
Dr. Ashlee Mulimba	Healthy Dialogues Ltd
Susan Hughes	London Borough of Hammersmith & Fulham
Helen Byrne	London Borough of Hammersmith & Fulham
Michael Levitan	Hammersmith & Fulham Local Pharmaceutical Committee
Sarita Bahri	London Borough of Hammersmith & Fulham – BI Team
Gerald Alexander	Hammersmith & Fulham Local Pharmaceutical Committee
Susan Roostan	NHS North West London ICB
Nicky Green	Communications, London Borough of Hammersmith & Fulham
Punita Patel	NHS North West London ICB
Caroline Farrar	CLCH – ICP Partnership
tbc	Healthwatch rep

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 on a monthly basis or as required for the lifetime of this project. The Steering Group will meet in January 2026 to sign off the PNA for submission to the HWB.

# Appendix B - Pharmacy provision within Hammersmith & Fulham

Ward	Contract Type	ODS Code	Pharmacy	Address	Post Code	Open in evenings	Open on Saturday	Open on Sunday	AUR	Flu vaccination	Hypertension Case-Finding	LFD	NMS	PCS	Pharmacy First	SCS	SAC
Addison	Community Pharmacy	FAL39	Goldhawk Pharmacy	9 Goldhawk Road, Shepherds Bush, London	W12 8QQ	✓	✓			✓	✓		✓		✓		
Addison	Community Pharmacy	FE658	Boots	Unit 5-6, West 12 Shopping Centre, Shepherds Bush, London	W12 8PP	✓	✓	✓		✓	✓		✓	✓	✓		
Addison	Community Pharmacy	FG861	Healthside Pharmacy	90 Shepherds Bush Road, London	W6 7PD	✓	✓			✓	✓		✓	✓	✓	✓	
Avonmore	Community Pharmacy	FK632	H Lloyd Chemist	5 Hammersmith Road, Kensington, London	W14 8XJ	✓	✓			✓	✓		✓		✓		
Brook Green	Community Pharmacy	FLR27	Forrest Pharmacy	67 Blythe Road, London	W14 0HP	✓	✓			✓		✓	✓				
College Park & Old Oak	Community Pharmacy	FJQ74	Marcus Jones Pharmacy	96 Old Oak Common Lane, East Acton, London	W3 7DA	✓	✓			✓	✓	✓	✓	✓	✓		
Coningham	Community Pharmacy	FHK46	Babylon Health	57 Uxbridge Road,	W12 8NR	✓	✓						✓		✓		

Ward	Contract Type	ODS Code	Pharmacy	Address	Post Code	Open in evenings	Open on Saturday	Open on Sunday	AUR	Flu vaccination	Hypertension Case-Finding	LFD	NMS	PCS	Pharmacy First	SCS	SAC
				Shepherds Bush, London													
Coningham	Community Pharmacy	FQ417	Globe Chemist	8 Kings Parade, Askew Road, Shepherds Bush, London	W12 9BA		✓			✓		✓	✓		✓		
Coningham	Community Pharmacy	FV137	Jays Pharmacy	175 Uxbridge Road, Shepherds Bush, London	W12 9RA		✓			✓	✓	✓	✓		✓		
Coningham	DSP	FCR61	Pharmacy On Wheels	86 Goldhawk Road, White City, London	W12 8HD								✓		✓		
Fulham Reach	Community Pharmacy	FY324	Boots	198-200 Fulham Palace Rd, Hammersmith, London	W6 9PA	✓	✓			✓	✓		✓	✓	✓		
Fulham Town	Community Pharmacy	FWC05	Fulham Pharmacy	608 Fulham Road, London	SW6 5RP	✓	✓			✓	✓		✓	✓	✓	✓	
Fulham Town	Community Pharmacy	FXQ10	Kanari Pharmacy	682-684 Fulham Road, London	SW6 5SA	✓	✓			✓		✓	✓	✓	✓		
Grove	Community Pharmacy	FHK84	Jhoots Pharmacy	Richford Gate Health Ctr, 49 Richford Gate, Richford Street, London	W6 7HY	✓							✓		✓		
Hammersmith Broadway	Community Pharmacy	FAT39	Doctor Care Pharmaclinic	3 Margravine Gardens, Barons Court,	W6 8RL	✓											

Ward	Contract Type	ODS Code	Pharmacy	Address	Post Code	Open in evenings	Open on Saturday	Open on Sunday	AUR	Flu vaccination	Hypertension Case-Finding	LFD	NMS	PCS	Pharmacy First	SCS	SAC
				Hammersmith, London													
Hammersmith Broadway	Community Pharmacy	FJ678	Hammersmith Pharmacy	109-111 Fulham Palace Rd, Hammersmith, London	W6 8JA	✓	✓			✓	✓		✓	✓	✓		
Hammersmith Broadway	Community Pharmacy	FL310	Boots	41-43 King Street, Hammersmith, London	W6 9HW	✓	✓	✓		✓	✓		✓	✓	✓		
Hammersmith Broadway	Community Pharmacy	FMF82	Superdrug Pharmacy	65-69 King Street, Hammersmith, London	W6 9HW	✓	✓			✓	✓		✓	✓	✓		
Lillie	Community Pharmacy	FPV83	Superdrug Pharmacy	317 North End Road, Fulham, London	SW6 1NN		✓			✓	✓		✓	✓	✓		
Munster	Community Pharmacy	FD905	Fontain Pharmacy	290 Munster Road, London	SW6 6BQ	✓	✓			✓	✓		✓	✓	✓		
Munster	Community Pharmacy	FEM03	Fulham Palace Pharmacy	331 Fulham Palace Road, London	SW6 6TE	✓	✓			✓	✓	✓	✓	✓	✓	✓	
Parsons Green & Sandford	Community Pharmacy	FE147	C.E. Harrod Chemist	207 New Kings Road, Fulham, London	SW6 4SR	✓	✓			✓	✓		✓	✓	✓		
Sands End	Community Pharmacy	FXV48	Pyramid Pharmacy	117-121 Wandsworth Bridge Rd, Fulham, London	SW6 2TP	✓	✓										

Ward	Contract Type	ODS Code	Pharmacy	Address	Post Code	Open in evenings	Open on Saturday	Open on Sunday	AUR	Flu vaccination	Hypertension Case-Finding	LFD	NMS	PCS	Pharmacy First	SCS	SAC
Shepherd's Bush Green	Community Pharmacy	FC883	Lime Grove Pharmacy	66 Goldhawk Road, Shepherds Bush, London	W12 8HA		✓			✓	✓		✓	✓	✓		
Shepherd's Bush Green	Community Pharmacy	FFQ59	Superdrug Pharmacy	92-94 Uxbridge Road, Shepherds Bush, London	W12 8LR		✓			✓	✓		✓	✓	✓		
Shepherd's Bush Green	Community Pharmacy	FXM72	Faro Pharmacy	16 Swanscombe Road, London	W11 4SX					✓			✓		✓		
Shepherd's Bush Green	Community Pharmacy	FYN39	Boots	Unit 1225, Westfield S/Ctr, Ariel Way, White City, London	W12 7HT	✓	✓	✓		✓	✓		✓	✓	✓		
Walham Green	Community Pharmacy	FDQ50	Boots	Unit 7, Fulham Broadway, Retail Centre, Fulham Road, London	SW6 1BH	✓	✓	✓		✓	✓		✓	✓	✓		
Walham Green	Community Pharmacy	FF775	Oza Chemist	9 Fulham Broadway, Fulham, London	SW6 1AA	✓	✓			✓	✓		✓		✓		
Walham Green	Community Pharmacy	FNM06	Myhealth Pharmacy	392-402 North End Road, Fulham, London	SW6 1LU	✓	✓			✓	✓		✓	✓	✓		
Wendell Park	Community Pharmacy	FL905	Windwood Chemist	96 Askew Road, London	W12 9BL	✓	✓			✓	✓	✓	✓	✓	✓		
West Kensington	Community Pharmacy	FDP99	Pyramid Pharmacy	Unit 4, 160 North End Road, West Kensington, London	W14 9PR	✓	✓			✓	✓	✓	✓		✓		

Ward	Contract Type	ODS Code	Pharmacy	Address	Post Code	Open in evenings	Open on Saturday	Open on Sunday	AUR	Flu vaccination	Hypertension Case-Finding	LFD	NMS	PCS	Pharmacy First	SCS	SAC
West Kensington	Community Pharmacy	FEX79	North End Pharmacy	100a North End Road, West Kensington, London	W14 9EX	✓	✓				✓		✓				
White City	Community Pharmacy	FEE50	Bush Pharmacy	334 Uxbridge Road, London	W12 7LL		✓			✓	✓	✓	✓	✓	✓		
White City	Community Pharmacy	FM812	Pestle & Mortar	388 Uxbridge Road, London	W12 7LL	✓	✓			✓	✓		✓		✓		
White City	Community Pharmacy	FPE14	Pestle & Mortar	59 South Africa Road, London	W12 7PA	✓				✓	✓		✓		✓		
White City	Community Pharmacy	FPK47	Greenlight Pharmacy	228 Uxbridge Road, Shepherds Bush, London	W12 7JD	✓	✓			✓	✓		✓	✓	✓		
White City	Community Pharmacy	FRT73	Parkland Pharmacy	Unit2, Cranston Court, 56 Bloemfontein Road, London	W12 7FG					✓	✓		✓	✓	✓		



# Appendix C – Pharmacy provision within 1-mile distance of Hammersmith & Fulham

HWB Area	Contract Type	ODS Code	Pharmacy	Address	Post Code	Open in evenings	Open on Saturday	Open on Sunday	AUR	Flu vaccination	Hypertension Case-Finding	LFD	NMS	PCS	Pharmacy First	SCS	SAC
Brent	Community Pharmacy	FCF74	Chana Chemist	Willesden Centre For H&C, Robson Avenue, London	NW10 3RY	✓	✓	✓		✓	✓	✓	✓	✓	✓		
Brent	Community Pharmacy	FF283	Catto Chemist	79 High Street, Harlesden, London	NW10 4NS	✓	✓			✓	✓		✓		✓		
Brent	Community Pharmacy	FLW88	Angie's Pharmacy	96 Craven Park Road, Harlesden, London	NW10 4AG	✓	✓			✓	✓		✓		✓		
Brent	Community Pharmacy	FQ459	Asda Pharmacy	Park Royal Industrial Est, 2-20 Western Road, Ealing, London	NW10 7LW	✓	✓	✓		✓	✓		✓	✓	✓		
Brent	Community Pharmacy	FR520	Dollmeads Dispensing Chemist	53 Chamberlayne Road, Kensal Rise, London	NW10 3ND		✓			✓	✓		✓	✓	✓		
Brent	Community Pharmacy	FRA07	Serena Dispensing Chemist	7 Library Parade, Craven Park Road, Harlesden, London	NW10 8SG								✓		✓		
Brent	Community Pharmacy	FTN30	Richards & Curtis	6 Sidmouth Parade, Sidmouth Road, Willesden, London	NW2 5HG	✓	✓			✓			✓		✓		
Brent	Community Pharmacy	FV117	Greenfield Pharmacy	61 Chamberlayne Road, Kensal Rise, London	NW10 3ND	✓	✓			✓		✓	✓		✓		
Brent	Community Pharmacy	FVJ61	S&S Chemists	23 Hillside, London	NW10 8LY	✓	✓			✓	✓	✓	✓	✓	✓		

HWB Area	Contract Type	ODS Code	Pharmacy	Address	Post Code	Open in evenings	Open on Saturday	Open on Sunday	AUR	Flu vaccination	Hypertension Case-Finding	LFD	NMS	PCS	Pharmacy First	SCS	SAC
Brent	Community Pharmacy	FXA07	Chana Chemist	96-98 High Street, Harlesden, London	NW10 4SL	✓	✓			✓	✓	✓	✓	✓	✓		
Brent	DAC	FKM09	Salts Medilink	10 Oliver Business Park, Park Royal, London	NW10 7JB				✓								✓
Brent	DSP	FFP48	Rightcare Pharmacy Limited	29 Park Parade, Harlesden, London	NW10 4JG												
Ealing	Community Pharmacy	FA252	Crossbells Pharmacy	131 The Vale, Acton, London	W3 7RQ	✓	✓						✓		✓		
Ealing	Community Pharmacy	FC091	Zahra Pharmacy	72 High Street, Acton, London	W3 6LE	✓	✓	✓		✓			✓	✓	✓		
Ealing	Community Pharmacy	FDR11	Jallas Pharmacy	311-313 Horn Lane, North Acton, London	W3 0BU	✓	✓			✓	✓		✓		✓		
Ealing	Community Pharmacy	FER30	Pyramid Pharmacy	1 Crown Street, Acton, London	W3 8SA	✓	✓			✓	✓	✓	✓	✓	✓		
Ealing	Community Pharmacy	FLD79	Banks Chemist	59 Old Oak Common Lane, East Acton, London	W3 7DD	✓				✓	✓	✓	✓	✓	✓		
Ealing	Community Pharmacy	FPV41	Dillons Pharmacy	17 Church Road, Acton, London	W3 8PU	✓	✓			✓	✓	✓	✓	✓	✓		
Ealing	Community Pharmacy	FQE36	Horn Lane Pharmacy	142 Horn Lane, Acton, London	W3 6PG	✓	✓				✓		✓		✓		
Ealing	Community Pharmacy	FX732	Wellcare Group Limited	155 High Street, Acton, London	W3 6LP		✓			✓	✓	✓	✓	✓	✓		
Ealing	Community Pharmacy	FXY41	Alisha Pharmacy	257 Acton Lane, Chiswick, London	W4 5DG	✓	✓			✓	✓	✓	✓	✓	✓		
Ealing	DSP	FKR16	Medirect2u	123 High Street, Acton, London	W3 6LY								✓		✓		

HWB Area	Contract Type	ODS Code	Pharmacy	Address	Post Code	Open in evenings	Open on Saturday	Open on Sunday	AUR	Flu vaccination	Hypertension Case-Finding	LFD	NMS	PCS	Pharmacy First	SCS	SAC
Ealing	DSP	FQ169	Zee Pharmacy	8e Europa Studios, Victoria Road, London	NW10 6ND												
Hounslow	Community Pharmacy	FDW10	Chiswick Pharmacy	24 Dolman Road, Chiswick, London	W4 5UY												
Hounslow	Community Pharmacy	FHN27	Sabel Pharmacy Ltd	446 Chiswick High Road, Chiswick, London	W4 5TT		✓			✓	✓	✓	✓	✓	✓		
Hounslow	Community Pharmacy	FHW98	Bedford Park Pharmacy	5 Bedford Park Corner, Chiswick, London	W4 1LS	✓	✓						✓				
Hounslow	Community Pharmacy	FK550	Campbells Chemist	300-302 Chiswick High Rd, Chiswick, London	W4 1NP	✓	✓			✓	✓		✓	✓	✓		
Hounslow	Community Pharmacy	FKW46	Churchills Pharmacy	202 Chiswick High Road, Chiswick, London	W4 1PD	✓	✓			✓	✓		✓	✓	✓		
Hounslow	Community Pharmacy	FNM38	West London Pharmacy	154 Chiswick High Road, London	W4 1PR	✓	✓			✓	✓		✓		✓		
Hounslow	Community Pharmacy	FRF81	Boots	332 Chiswick High Road, Chiswick, London	W4 5TA	✓	✓	✓		✓	✓	✓	✓	✓	✓		
Hounslow	Community Pharmacy	FV669	Pestle & Mortar	10 High Road, Chiswick, London	W4 1TH	✓	✓			✓	✓		✓		✓		
Kensington And Chelsea	Community Pharmacy	FAV27	Blenheim Pharmacy	202 Portobello Road, London	W11 1LA	✓	✓			✓			✓		✓		
Kensington And Chelsea	Community Pharmacy	FC727	Spivack Chemist	173 Ladbroke Grove, London	W10 6HJ	✓	✓			✓	✓	✓	✓	✓	✓		
Kensington And Chelsea	Community Pharmacy	FCK97	Kensington Pharmacy	4 Stratford Road, London	W8 6QD	✓	✓						✓		✓		

HWB Area	Contract Type	ODS Code	Pharmacy	Address	Post Code	Open in evenings	Open on Saturday	Open on Sunday	AUR	Flu vaccination	Hypertension Case-Finding	LFD	NMS	PCS	Pharmacy First	SCS	SAC
Kensington And Chelsea	Community Pharmacy	FE207	Medicine Chest	413-415 Kings Road, London	SW10 0LR	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	
Kensington And Chelsea	Community Pharmacy	FF202	Dr Evans Pharmacy	15 Elgin Cresent, Kensington, London	W11 2JA		✓			✓			✓		✓		
Kensington And Chelsea	Community Pharmacy	FF592	Boots	96-98 Notting Hill Gate, London	W11 3QA	✓	✓	✓		✓	✓		✓	✓	✓		
Kensington And Chelsea	Community Pharmacy	FG051	Boots	148-150 Kings Road, Chelsea, London	SW3 4UT	✓	✓	✓		✓	✓		✓	✓	✓		
Kensington And Chelsea	Community Pharmacy	FG671	Tesco Instore Pharmacy	Instore Pharmacy, West Cromwell Road, Kensington, London	W14 8PB	✓	✓	✓		✓	✓		✓		✓		
Kensington And Chelsea	Community Pharmacy	FH396	Golborne Pharmacy	106 Golborne Road, London	W10 5PS	✓	✓			✓	✓	✓	✓	✓	✓		
Kensington And Chelsea	Community Pharmacy	FHR66	Chana Chemist	114 Ladbroke Grove, London	W10 5NE	✓	✓			✓	✓	✓	✓	✓	✓		
Kensington And Chelsea	Community Pharmacy	FJ365	Zafash Pharmacy	233-235 Old Brompton Road, London	SW5 0EA		✓	✓		✓			✓		✓		
Kensington And Chelsea	Community Pharmacy	FJA08	Dajani Pharmacy	92 Old Brompton Road, London	SW7 3LQ	✓	✓	✓									
Kensington And Chelsea	Community Pharmacy	FK764	Shelly's	10 North Pole Road, North Kensington, London	W10 6QL	✓	✓			✓			✓		✓		
Kensington And Chelsea	Community Pharmacy	FKG79	Earls Court Chemist	206 Earls Court Road, London	SW5 9QB	✓	✓	✓		✓	✓	✓	✓		✓		
Kensington And Chelsea	Community Pharmacy	FL862	Worlds End Pharmacy	469 Kings Road, London	SW10 0LU		✓			✓			✓	✓	✓		
Kensington And Chelsea	Community Pharmacy	FLA67	Harley's Pharmacy	35-37 Old Brompton Road, London	SW7 3HZ	✓	✓	✓		✓	✓		✓		✓		
Kensington And Chelsea	Community Pharmacy	FLF10	Boots	Units 30-31, Gloucester Arcade,	SW7 4SF	✓	✓	✓		✓	✓	✓	✓	✓	✓		

HWB Area	Contract Type	ODS Code	Pharmacy	Address	Post Code	Open in evenings	Open on Saturday	Open on Sunday	AUR	Flu vaccination	Hypertension Case-Finding	LFD	NMS	PCS	Pharmacy First	SCS	SAC
				128 Gloucester Road, London													
Kensington And Chelsea	Community Pharmacy	FLR83	Boots	228-232 Fulham Road, London	SW10 9NB	✓	✓	✓		✓	✓		✓	✓	✓		
Kensington And Chelsea	Community Pharmacy	FLV31	Dillons Pharmacy	24 Golborne Road, London	W10 5PF	✓	✓			✓	✓	✓	✓	✓	✓		
Kensington And Chelsea	Community Pharmacy	FM115	Boots	127a Kensington High St, London	W8 5SF	✓	✓	✓		✓	✓		✓	✓	✓		
Kensington And Chelsea	Community Pharmacy	FMD23	Baywood Dispensing Chemist	239 Westbourne Grove, London	W11 2SE	✓	✓			✓	✓	✓	✓		✓		
Kensington And Chelsea	Community Pharmacy	FMH12	Boots	254 Earls Court Road, London	SW5 9AD		✓	✓		✓	✓		✓	✓	✓		
Kensington And Chelsea	Community Pharmacy	FNC99	Dr Care Pharmacy	73 Golborne Road, London	W10 5NP	✓	✓						✓				
Kensington And Chelsea	Community Pharmacy	FNL97	Speedwell Pharmacy	The Gatehouse, St Charles Ctr, Exmoor St, London	W10 6DZ					✓			✓		✓		
Kensington And Chelsea	Community Pharmacy	FN66	Hillcrest Pharmacy	104-106 Holland Park Ave, London	W11 4UA	✓	✓	✓		✓	✓		✓	✓	✓		
Kensington And Chelsea	Community Pharmacy	FQH86	Jhoots Pharmacy	513 Kings Road, London	SW10 0TX					✓	✓		✓	✓	✓		
Kensington And Chelsea	Community Pharmacy	FRJ68	Bramley Pharmacy	132 Bramley Road, London	W10 6TJ	✓	✓			✓	✓	✓	✓	✓	✓		
Kensington And Chelsea	Community Pharmacy	FTV78	I.T. Lloyd	255 Kings Road, Chelsea, London	SW3 5EL	✓	✓						✓		✓		
Kensington And Chelsea	Community Pharmacy	FX258	Notting Hill Pharmacy	12 Pembridge Road, London	W11 3HL	✓	✓				✓		✓		✓		
Kensington And Chelsea	Community Pharmacy	FX265	Calder Pharmacy Of Notting Hill	55/57 Notting Hill Gate, London	W11 3JS	✓	✓										

HWB Area	Contract Type	ODS Code	Pharmacy	Address	Post Code	Open in evenings	Open on Saturday	Open on Sunday	AUR	Flu vaccination	Hypertension Case-Finding	LFD	NMS	PCS	Pharmacy First	SCS	SAC
Kensington And Chelsea	Community Pharmacy	FY364	Pestle & Mortar	213 Kensington High St, London	W8 6BD	✓	✓	✓		✓			✓		✓		
Richmond	Community Pharmacy	FDM96	Prime Pharmacy	198 Castelnau, Barnes, London	SW13 9DW								✓				
Richmond	Community Pharmacy	FP266	Round The Clock Pharmacy	69 Church Road, Barnes, London	SW13 9HH	✓	✓				✓		✓		✓		
Richmond	Community Pharmacy	FPG04	Forward Pharmacy	90 Church Road, Barnes, London	SW13 0DQ		✓			✓					✓		
Richmond	DSP	FNR02	Verdun Pharmacy	1 Verdun Road, Barnes, London	SW13 9AN										✓		
Wandsworth	Community Pharmacy	FC815	Boots	95/98 The Wandsworth, Shopping Centre, Wandsworth, London	SW18 4TG		✓	✓		✓	✓	✓	✓	✓	✓		
Wandsworth	Community Pharmacy	FCL10	Husbands Pharmacy	124 Upper Richmond Road, Putney, London	SW15 2SP	✓	✓			✓	✓	✓	✓	✓	✓		
Wandsworth	Community Pharmacy	FD303	Boots	45/53 Putney High Street, London	SW15 1SP	✓	✓	✓		✓	✓		✓	✓	✓		
Wandsworth	Community Pharmacy	FE033	Clarke Pharmacy	217 St Johns Hill, Battersea, London	SW11 1TH	✓	✓			✓			✓		✓		
Wandsworth	Community Pharmacy	FFH00	Healthchem (Battersea) Ltd	166-168 Battersea Bridge Rd, London	SW11 3AW	✓	✓			✓		✓	✓		✓		
Wandsworth	Community Pharmacy	FG402	The Olde Pharmacy	50 Chatfield Road, Battersea, London	SW11 3UY	✓				✓			✓		✓		
Wandsworth	Community Pharmacy	FHM82	Superdrug Pharmacy	36 St. Johns Road, Battersea, London	SW11 1PW	✓	✓			✓	✓		✓	✓	✓		
Wandsworth	Community Pharmacy	FJL27	Paydens Pharmacy	266a Upper Richmond Road, Putney, London	SW15 6TQ	✓	✓			✓	✓	✓	✓	✓	✓		

HWB Area	Contract Type	ODS Code	Pharmacy	Address	Post Code	Open in evenings	Open on Saturday	Open on Sunday	AUR	Flu vaccination	Hypertension Case-Finding	LFD	NMS	PCS	Pharmacy First	SCS	SAC
Wandsworth	Community Pharmacy	FKP46	Boots	109 High Street, Putney, London	SW15 1SS		✓			✓	✓		✓	✓	✓		
Wandsworth	Community Pharmacy	FM656	Putney Pharmacy	278 Upper Richmond Road, Putney, London	SW15 6TQ	✓	✓			✓	✓	✓	✓	✓	✓		
Wandsworth	Community Pharmacy	FMC35	East Hill Pharmacy	53 East Hill, Wandsworth, London	SW18 2QE	✓	✓			✓	✓		✓	✓	✓		
Wandsworth	Community Pharmacy	FNG23	Mansons Pharmacy	195 Wandsworth High St, London	SW18 4JE	✓	✓			✓	✓	✓	✓		✓		
Wandsworth	Community Pharmacy	FP107	Krystal Pharmacy	248 Battersea Park Road, London	SW11 3BP		✓			✓	✓	✓	✓	✓	✓		
Wandsworth	Community Pharmacy	FRF12	Barkers Chemist	49 Falcon Road, Battersea, London	SW11 2PH	✓	✓			✓	✓	✓	✓		✓		
Wandsworth	Community Pharmacy	FTV91	Wandsworth Pharmacy	96 Garratt Lane, Wandsworth, London	SW18 4DH	✓	✓			✓	✓		✓	✓	✓		
Wandsworth	Community Pharmacy	FVK09	Boots	21/23 St. Johns Road, Clapham Junction, London	SW11 1QN	✓	✓	✓		✓	✓	✓	✓	✓	✓		
Wandsworth	Community Pharmacy	FX324	Ashburton Pharmacy	30 Chartfield Avenue, Roehampton, London	SW15 6HG	✓											
Wandsworth	Community Pharmacy	FX689	Jennings Chemist	262 Battersea Park Road, London	SW11 3BP	✓	✓			✓	✓		✓	✓	✓		
Wandsworth	Community Pharmacy	FY670	Goys The Chemist	27 Northcote Road, London	SW11 1NJ	✓	✓			✓	✓		✓		✓		
Wandsworth	Community Pharmacy	FYN24	Boots	10 Falcon Lane, Clapham Junction, London	SW11 2LG	✓	✓	✓		✓	✓	✓	✓	✓	✓		
Westminster	Community Pharmacy	FLW91	Medicare (London) Ltd Pharmacy	570 Harrow Road, London	W9 3QH	✓	✓			✓	✓		✓		✓		

# Appendix D - Consultation report

This report presents the findings of the consultation for the Hammersmith & Fulham PNA for 2025 to 2028. For the consultation, the draft PNA was sent to a list of statutory consultees as outlined in Chapter 1, paragraph 1.8. In total, 2 responses were received to the consultation, either via email or via a consultation survey. Responses were received from:

- Boots UK Limited
- NHS England

The PNA's Steering Group constituted the majority of stakeholders that must be consulted with during the consultation process. The responses to the survey regarding the PNA, were positive and are presented below. Additional comments received via email 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?	1		
Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within your area?	1		
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?			
Does the draft pharmaceutical needs assessment reflect the needs of your area's population?	1		
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?	1		
Has the pharmaceutical needs assessment provided information to inform how pharmaceutical services may be commissioned in the future?	1		
Has the pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?	1		



Do you agree with the conclusions of the pharmaceutical needs assessment?	1		
Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted?			

The table below presents the comments received during the statutory consultation period and the Steering Group's response to those comments.

Comment received during consultation	PNA Steering Group response
<b>NHS England:</b> We have noted 2 discrepancies in relation to pharmacy opening hours: FY324 Boots. Does not open on Sundays. FRT73 Parkland Pharmacy – appears to have reduced their hours without permission as this crosses their core hours. They should be noted as opening on weekday evenings. We will contact them separately regarding their opening hours.	The document has been amended to reflect these updates. The comment regarding Parkland Pharmacy has been noted.
<b>NHS England:</b> Page 54 provides some information regarding the changes to the regulations for DSPs. Please note that DSPs can no longer deliver advanced and enhanced services in person to patients. There is an exception for Covid 19 and Flu, but this exception IS ONLY until March 2026. The date caveat has been omitted from the PNA.	This caveat is now reflected in the document.
<b>NHS England:</b> The Bank Holiday Rota for 2025-2028 will also include 2 pharmacies from Hammersmith & Fulham HWBB.	The document has been amended to reflect this.
<b>NHS England:</b> Redevelopment areas have been mentioned including two large scale projects, sites in White City and Fulham Thames side, where the exact details are not known as yet but have been taken account of within this PNA. If there are any further details to clarify these developments this would be useful, as this	The comment is noted with thanks. The steering group has made every effort to obtain detailed housing forecasts for these projects.



could impact on decision making for any new applications, otherwise it is difficult to understand what has been taken account of when the PNA statements are made.	
--------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

# Agenda Item 7

## LONDON BOROUGH OF HAMMERSMITH & FULHAM

**Report to:** Health and Wellbeing Board

**Date:** 21/01/2026

**Subject:** Healthwatch Hammersmith and Fulham Annual Report

**Report author:** Jessie Ellis, Commissioning and Transformation Lead

**Responsible Director:** Sarah Bright, Director of Commissioning and Transformation

---

### SUMMARY

This report sets out the findings of the 2024-2025 annual report by Healthwatch Hammersmith and Fulham, for the Health and Wellbeing Board to note. Since September, Local Voice in the Community has taken on the role of Healthwatch provider, following a re-tender exercise.

Additionally, the report looks ahead to opportunities for exploring deeper collaboration with Healthwatch and health partners, aligning priorities where possible, sharing insights, and embedding co-production, so that local voices can inform decision-making and support measurable improvements in health and social care.

---

### RECOMMENDATIONS

1. For the Health and Wellbeing Board to note the Healthwatch Annual Report.

---

**Wards Affected:** (All)

---

Our Values	Summary of how this report aligns to the <a href="#">H&amp;F Corporate Plan</a> and the H&F Values
Building shared prosperity	Healthwatch strives to improve quality and accessibility of health and social care services for all residents in H&F.
Creating a compassionate and inclusive council	The core purpose of Healthwatch is to ensure that the views of the public shape local health and care services by listening and gathering the voices of residents, especially those from diverse and hard to reach communities whose voices are seldom heard.

Doing things with local residents, not to them	As well as seeking the public's views, Healthwatch encourages health and social care services to involve people in decisions that affect them. Healthwatch has the power to make sure that those in charge of health and social care services listen to and act on what people want from care and support.
Being ruthlessly financially efficient	Healthwatch is set apart from the statutory, voluntary and community sectors they work within. They perform public functions and fulfil statutory duties. The outputs of the service will enable commissioners and others to hold organisations to account, monitor and improve the quality of the service and value for money and ensure that services are designed and delivered to best meet the needs of the people they serve.
Taking pride in H&F	Healthwatch ensures that those in charge of health and care services hear resident's voices and that their views shape the support they need. In turn, this improves the quality of health and social care services being delivered across the borough.
Rising to the challenge of the climate and ecological emergency	Keeping services in-borough reduces transport emissions as residents don't have to travel further to access the service. The service will be able to raise awareness and monitor the health impacts of climate change, through engaging with the local community and advocating for policy change.

---

## Background Papers Used in Preparing This Report

---

### DETAILED ANALYSIS

#### Context

1. Healthwatch Hammersmith and Fulham are a statutory independent organisation for people using health and social care services. Its role is to amplify residents' voices, identify issues, and share recommendations to improve services.

2. The annual report gives an overview of the engagement activities, key issues identified, and recommendations provided by the previous Healthwatch provider between April 2024-2025. Since September 2025 Healthwatch has been provided by Local Voice in the Community.

## **Annual Report 2024-25**

### **3. Executive Summary**

In 2024-25, Healthwatch Hammersmith and Fulham gathered over 5,000 resident experiences and turned them into practical improvement recommendations across local health and care. This programme is now complete, and partners have acted on its recommendations.

The following summary highlights the key achievements from the 2024-25 Healthwatch Hammersmith and Fulham Annual Report and introduces further detail in points 5-9.

- Mental health engagement led West London NHS Trust to introduce written care plans, regular ward meetings, and better discharge support.
- Suicide prevention work shaped LBHF Public Health and NHS campaigns and training, making crisis help more visible.
- Maternity insights prompted Chelsea and Westminster Hospital and the NWL Maternity System to strengthen interpreting services and cultural competency training.
- Vaccination engagement Supported removing barriers and increasing access to community clinics .
- Enter and View visits provided evidence for accessibility changes at Charing Cross and Hammersmith Hospitals, resulting in clearer signage, Easy Read materials, and improved wheelchair access.

### **4. Mental Health Inpatient Engagement**

Healthwatch visited Hammersmith & Fulham Mental Health Unit, speaking to 172 H&F patients. Residents said they wanted clearer treatment plans, better ward hygiene, and stronger discharge support. In response, West London NHS Trust introduced regular ward meetings and written care plans across H&F units, improved bedding quality, and implemented pest control measures. Discharge booklets with family involvement plans are now being rolled out. These changes mean patients have more clarity about their care and a safer, more supportive environment during and after admission.

### **5. Suicide Prevention**

Healthwatch engaged 122 young people and recently discharged patients to understand barriers to seeking help. One-third did not access formal support when suicidal, citing low awareness and negative past experiences. Working with LBHF Public Health and West London NHS Trust, Healthwatch helped increase visibility of crisis services and delivered targeted training sessions for

frontline staff. These actions are now embedded in local prevention work, ensuring residents in crisis have clearer routes to help and better-informed professionals to support them.

## **6. Maternity**

Interviews with 32 women from minority ethnic backgrounds revealed gaps in antenatal care and challenges linked to cost of living and health conditions. Healthwatch recommended improvements in staff training, interpreting services, and antenatal provision. Chelsea and Westminster Hospital NHS Foundation Trust and NWL Maternity System have begun implementing these changes, including enhanced interpreting access and cultural competency training for staff. This work is improving equity in maternity care and ensuring women receive safer, more inclusive support during pregnancy and childbirth.

## **7. Vaccination Engagement**

Healthwatch partnered with LBHF Public Health and NWL Roving Team to raise awareness of free walk-in clinics for COVID-19, flu, and MMR vaccinations. These clinics improved access. Residents benefited from convenient, community-based vaccination opportunities, and the learning continues to inform borough-level outreach services .

## **8. Enter and View**

Healthwatch's Enter and View visits to outpatient departments at Charing Cross and Hammersmith Hospitals examined the full outpatient journey, from appointment letters to signage, wayfinding, and waiting areas. These visits highlighted the need for clearer communications, more intuitive signage, and more accessible waiting environments. These insights informed and strengthened the case for a co-production review led by Action on Disability with Imperial College Healthcare NHS Trust.

The review identified deeper accessibility issues, including inconsistent signage, limited wheelchair and lift access, lack of sensory-friendly spaces, and gaps in support for neurodivergent patients. In response, AoD trustees, disabled residents, and the Charing Cross Hospital Director agreed an action tracker and monthly follow-up meetings. Early changes include improved wheelchair access, enhanced wayfinding with Easy Read materials, plans to install a Changing Places toilet, and autism-aware passports. Feedback from staff highlighted a positive, person-centred attitude among the radiotherapy team.

These commitments are being embedded through provider improvement plans and monitored via co-production governance. At Hammersmith Hospital, providers have also committed to clearer appointment communications and signage upgrades, which are now in progress.

## **Shaping the Future: a new Healthwatch provider**

9. As we look ahead, the Health and Care Partnership is committed to strengthening collaboration with the new Healthwatch provider, Local Voice in the

Community, to ensure that local voices remain at the heart of health and care decision-making. This offers an opportunity to align priorities, embed co-production, and leverage shared insights to tackle health inequalities within the context of available resources, recognising the need to prioritise within current capacity. This work will align with the evolving partnership governance structure as it develops across 2026. By working together, we aim to create a more connected, responsive, and inclusive approach that supports residents to live well and age well.

10. From the engagement conducted in 2025, the new Healthwatch provider has identified three ongoing priorities from the annual report that will be progressed as areas of focus in 2026:
  - Childhood Immunisations
  - Maternal Mental Health & Maternity Outcomes
  - GP Access
11. The Partnership will collaborate with Local Voice in the Community to align these priorities and complement the wider health and care work programme, ensuring a unified approach to improving outcomes for residents. By triangulating insights from Healthwatch and health and care partners, we can take a more holistic view of the factors shaping health and wellbeing and use robust data to drive measurable improvements that reflect this broader context.
12. There is an opportunity to develop these insights from Healthwatch with providers to create tangible changes and improvements. To achieve this, the approach will focus on practical steps such as:
  - Using existing insights to inform and shape solutions collaboratively.
  - Beginning with service-level conversations to understand what improvement work is already underway and agree on further actions, ensuring solutions are shaped by those closest to delivery.
  - Assigning a nominated lead and an SRO for each workstream to partner with Healthwatch in developing an agreed plan.
13. This will provide a platform for joint engagement and a shared evidence base, ensuring efforts remain aligned and sustainable. It will also enable clear and consistent communication among stakeholders and with the wider community.
14. To support this, a shared pool of insight will be developed for stakeholders to draw on, facilitating quick wins through stronger relationships and collaborative thinking. Co-production will be embedded as a core principle, ensuring local communities have a meaningful role in shaping priorities and influencing change. This will require partners to collaborate in shaping a shared understanding of co-production and pinpointing opportunities where it can add the greatest value, ensuring implementation is feasible and impactful.