

	<p align="center">London Borough of Hammersmith & Fulham</p> <p align="center">HEALTH & WELLBEING BOARD 23 March 2015</p>
<p>TITLE OF REPORT Pharmaceutical Needs Assessment</p>	
<p>Report of the Director of Public Health</p>	
<p>Open Report</p>	
<p>Classification - For Decision</p> <p>Key Decision: No</p>	
<p>Wards Affected: All</p>	
<p>Accountable Executive Director: Liz Bruce, Director of Adult Social Care</p>	
<p>Report Author: Colin Brodie Public Health Knowledge Manager</p>	<p>Contact Details: Tel: 020 7641 4632 E-mail: cbrodie@westminster.gov.uk</p>

1. EXECUTIVE SUMMARY

- 1.1. The Health and Wellbeing Board is requested to approve the 2015-18 Pharmaceutical Needs Assessment (PNA) report for the London Borough of Hammersmith and Fulham in order to meet their statutory requirement to publish a PNA by 1 April 2015
- 1.2. PNAs are a statement of the need for pharmaceutical services of the population in a defined geographical area.
- 1.3. Responses from the 60 day consultation on the PNA held between October to December 2014 have been considered in the development of the final report.
- 1.4. The PNA Task and Finish Group consider that the final report meets the statutory requirements of the Health and Wellbeing Board as set out in the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

2. RECOMMENDATIONS

- 2.1. It is recommended that the Health and Wellbeing Board approve the PNA for the London Borough of Hammersmith and Fulham.

3. REASONS FOR DECISION

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

4. INTRODUCTION AND BACKGROUND

- 4.1. PNAs are a statement of the need for pharmaceutical services of the population in a defined geographical area.
- 4.2. PNAs are an important tool, used by NHS England, in market entry decisions (in response to applications from business, including independent owners and large pharmacy company). The assessments are also used by commissioners to make decisions on which funded services need to be provided by local community pharmacies.
- 4.3. Across the three Boroughs the PNA has been incorporated as part of the JSNA work programme. The project has been managed by the PNA Task and Finish Group and a PNA has been produced for each Borough
- 4.4. The responsibility for producing, and managing the update of PNAs transferred from Primary Care Trusts to Health and Wellbeing Boards on 1 April 2013. All Health and Wellbeing Boards are required to publish a fully revised PNA by 1 April 2015.

5. CONSULTATION

- 5.1. When producing a PNA, Health and Wellbeing Boards are required by law to consult a specified list of bodies at least once during the process of developing the Pharmaceutical Needs Assessment.
- 5.2. There is a minimum duration of 60 days for the consultation. The consultation for the London Borough of Hammersmith and Fulham PNA ran alongside the consultation for the other two boroughs from 21 October to 19 December.
- 5.3. Prior to the consultation the draft PNA was circulated to the Health and Wellbeing Board in October 2014.
- 5.4. In total 10 responders submitted comments as part of the consultation on the London Borough of Hammersmith and Fulham PNA. These comments have been collated and summarised in Appendix 1, which also describes how the consultation responses have informed the final PNA.
- 5.5. NHS England submitted a detailed response with feedback to ensure the PNA would meet statutory requirements and allow NHS England to complete its statutory function with regard to market entry decision

making. The proposed changes in Appendix 1 have taken this feedback into account and have been approved by NHS England.

6. EQUALITY IMPLICATIONS

- 6.1. The PNA considers the health needs of people with Protected Characteristics and vulnerable groups in Chapter 2 of the report, and where these may have implications for pharmacy services.

7. LEGAL IMPLICATIONS

- 7.1. Health and Wellbeing Boards are legally required to publish and maintain a PNA for their local area by virtue of Section 128A of the National Health Service Act 2006 (Pharmaceutical Needs Assessments) as amended by the Health and Social Care Act 2012.
- 7.2. PNAs must be developed in accordance with the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013
- 7.3. The Health and Wellbeing Board is required to publish its first PNA by 1 April 2015
- 7.4. Implications verified/completed by: (LeVerne Parker Chief Solicitor and Head of Regeneration Law Bi-Borough Legal Services 020 7361 2180)

LOCAL GOVERNMENT ACT 2000

LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location
1.	Hammersmith and Fulham PNA draft (v4thMarch 2015)	Colin Brodie, Public Health Knowledge Manager	Public Health 3 rd Floor, Westminster City Hall

Hammersmith & Fulham Pharmaceutical Needs Assessment 2015-2018

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

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INTRODUCTION

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

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

- A. Necessary Services – Current Provision:** services currently being provided which are regarded to be “necessary to meet the need for pharmaceutical services in the area”. This includes services provided in the Borough as well as those in neighbouring Boroughs
- B. Necessary Services – Gaps in Provision:** services *not* currently being provided which are regarded by the HWB to be necessary “in order to meet a current need for pharmaceutical services”.
- C. Other Relevant Services – Current Provision:** services provided which are not necessary to meet the need for pharmaceutical services in the area, but which nonetheless have “secured improvements or better access to pharmaceutical services”. This includes services provided in the Borough as well as those in neighbouring Boroughs.
- D. Improvements and Better Access – Gaps in Provision:** services *not* currently provided, but which the HWB is satisfied would “secure improvements, or better access to pharmaceutical services” if provided.
- E. Other NHS Services:** any services provided or arranged by a local authority, NHS England, the CCG, an NHS trust or an NHS foundation trust which affects the need for pharmaceutical services in its area or where future provision would secure improvement, or better access to pharmaceutical services specified type, in its area.

1.3 Section 128A of the NHS Act 2006 required each NHS Primary Care Trust (PCT) to assess the pharmaceutical needs for its area and to publish a statement of its assessment and of any revised assessment.

Subsequently, the Health Act 2009 contained the powers needed to require PCTs to develop and publish PNAs and use them as the basis for determining market entry to NHS pharmaceutical services provision subject to further regulations.

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

Consultation Methodology

- 1.5** The methodology of the PNA is detailed in the draft document and will be published in the Final Document. No changes have been made and have therefore not been documented in this report.
- 1.6** Regulation 8 sets out the requirements for consultation on PNAs. The local authority duty to involve was first introduced in the Local Government and Public Involvement in Health Act 2007 and was updated and extended in the Local Democracy, Economic Development and Construction Act 2008.

The Regulations set out that:

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

- 1.7** The Hammersmith & Fulham PNA was consulted with the following bodies from October 2014 to December 2014 for a total of 60 days:
- a. A
 - b. B
 - c. C

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

SUMMARY OF RESPONSES

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

<u>Hammersmith & Fulham</u>	<u>Commenter Code</u>
<u>Comments made</u>	
NHS England	<i>HF-NHSE</i>
LPC	<i>HF-LPC</i>
CCG (Offline)	<i>HF-CCG</i>
Boots	<i>HF-Boots</i>
Chelsea & Westminster Hospital Trust	<i>HF-CWHft</i>
London North West Healthcare NHS Foundation Trust	<i>HF-LNWHft</i>
Oza Chemist	<i>HF-Oza</i>
Richmond HWB	<i>HF-RichHWB</i>
West London Mental Health Trust	<i>HF-WLMHT</i>
<u>Accepted without Comments</u>	
Imperial College Healthcare NHS Trust	

FINDINGS

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

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

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

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

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

APPENDIX A – KEY SUGGESTIONS FROM NHS ENGLAND

HF-NHSE1	Information in the PNA in relation to the area borough demographics is clear and well described. However the information conveyed lacks feedback and input from other service providers, CCGs, mental health etc.	CCG, Public health, HWB and Adult Social Care represented in the Task & Finish Group. Other service providers were consulted as part of the Consultation process. The above will be noted in Chapter 1.
HF-NHSE2	There is no link between the demographics of the borough and service provision. PNA does not consider the population characteristics or the health needs of the population at the HWB are level or locality level when determining the pharmaceutical needs of the residents of H&F	Demographic data in Chapter 2 will be rearranged according to a list of services that are/can be provided by pharmacies which will be listed in Chapter 8 and referenced appropriately. A statement will be made regarding each of the services, current provision, adequacy (at a ward level, when possible) and potential for future improvement.
HF-NHSE3	Information in the PNA has not been clearly/consistently presented at electoral ward level for example not every locality appears to have a pharmacy (figure 5.1)? For localities with pharmacies the number and the services they provide have not been considered at a locality level. The PNA map appears to show that not all localities have a pharmacy but as there is no discussion of the impact of this on pharmaceutical service provision at a locality level.	Demographic data will be presented at electoral ward level, if available. A summary of Appendix A, sorted by Ward, with a statement describing the adequate coverage of pharmaceutical service provision at a locality level will be made in Chapter 5.
HF-NHSE4	Immunisation services have not been considered in the analysis of services. These services are enhanced services commissioned by NHS England therefore a pharmaceutical service	Awaiting data from PHE - statement stating this if not provided by end of January

HF-NHSE5	Advanced service provision at a locality level has not been considered	As per HF-NHSE2
HF-NHSE6	Lack of clarity on what information was used to determine pharmaceutical need. A list of the information used in drawing conclusions would make it clear to the reader. The rationale used to determine a necessary service and a relevant service is unclear. This is not considered on a locality or HWB area level.	A list will be provided in Appendix D
HF-NHSE7	The only enhanced service cited is H.P breath tests with no discussion of activity or whether the service is meeting the needs of the population. If this data was not available the PNA should state so as opposed to stating nothing. The same point applies to all the locally commissioned services no attempt is made to consider whether or not they are meeting a health need e.g. relating the service to chapter 2. Once again emphasising the disconnect between chapter 2 and the rest of the document.	As per HF-NHSE2
HF-NHSE8	When considering necessary services this is only done on a HWB area level and not on a locality level. Why have opening times not been presented on a locality basis? This undermines the PNA decision making process as localities seem to have been totally disregarded in chapter 5..	Information will be presented at ward level

HF-NHSE9	In chapter 5 when considering necessary services the only factors taken into account are the number of pharmacies and their location. Other factors such as population density, health needs or modes of access to pharmacies e.g public transport links are disregarded. No rationale is presented for taking this approach. An example of this is in 5.4.	Statement will be expanded, taking in to account information that would be rearranged in Chapter 2 as per Comment code - KC-NHS3, with explanation for rationale.
HF-NHSE10	The estimated number of pharmacy contractors per 100,000 population is only considered at HWB area level, this should have been considered at locality level as well. This emphasise the lack of analysis at a locality level and a lack of clarity on what information was used to determine pharmaceutical need.	As per HF-NHSE9
HF-NHSE11	The PNA has used a contractor survey as opposed to official NHSE data to establish who is providing advanced services. Is this acceptable as it is categorised as a necessary service, surely the PNA should cite NHSE data e.g. HSCIC website. MUR and NMS are only considered on a HWB area level and not on a locality level. There is no analysis of whether these services are available in every locality or a discussion as to how they could be accessed if not available. The same point applies to all the locally commissioned services no attempt is made	Data made available to us post-consultation. Will be presented at ward level

	<p>to consider whether or not they are meeting a health need at a locality level or a HWB area level e.g. relating the service to chapter 2. Once again emphasising the disconnect between chapter 2 and the rest of the document. The two have been explored very separately however the provision of pharmaceutical needs should be interlinked with the local health needs; not solely in the borough as a whole but in terms of the differing needs of people within the borough.</p>	
HF-NHSE12	<p>Appendix C is particularly confusing...what is the purpose ? At present it adds virtually nothing to the PNA e.g. which pharmacies provide EHC or stop smoking? Even though these are not pharmaceutical services they have been identified as providing improvement and better access so should the reader not be aware who provides the service?</p>	<p>Appendix to be expanded to include all the pharmacies that provide commissioned services including those commissioned by the LA. The appendix will also include a list of pharmacies who would be willing to provide these services if commissioned.</p>
HF-NHSE13	<p>It is recommended that clear and explicit linkage is made between locality health needs and pharmaceutical service provision. If the HWB has decided to divide the area up into localities the PNA must be based upon these localities as the needs assessment should inform/determine service provision at a locality</p>	<p>As per HF-NHSE2</p>

HF-NHSE14	The PNA makes no reference to the need for pharmaceutical services, if in future circumstances there is a change configuration of primary care settings following a move to extended hours for GPs. This needs to be made explicit as it could be an instance where the PNA specifies a need to secure improvements or better access to pharmaceutical services in the circumstances where GP Surgeries move to 7 day opening or provision of extended hours.	Statement to be made in Chapter 5 and under a new subtitle "Service provision in relation to changing service providers and needs of community" in Chapter 8 which will include a statement regarding provision if there are to be future changes as referenced to in Chapter 3.
HF-NHSE15	Are there known firm plans in and arising from local joint strategic needs assessments or joint health and wellbeing strategies? None found	Statement from the HWB in Chapter 1
HF-NHSE16	Are there known firm plans for changes in the number and/or sources of prescriptions i.e. changes in providers of primary medical services, or the appointment of additional providers of primary medical services in the area? None found	Statement to be made in Chapter 3 "Location of Current Services"
HF-NHSE17	Are there known firm plans for developments which would change the pattern of local social traffic and therefore access to services, i.e. shopping centres or significant shopping developments whether these are in town, on the edge of town or out of town developments? None found	Statement to be made at the end of Chapter 2 "Changing Patterns of Need"
HF-NHSE18	Are there plans for the development of NHS services? None found	As per HF-NHS16

HF-NHSE19	Are there plans for changing the commissioning of public health services by community pharmacists, for example, weight management clinics, and life checks? None found	Statement from Public health & Adult Social Care in Chapter 1. Pharmacy services to be a part of a wider review of Services that is currently being scoped.
HF-NHSE20	Are there plans for introduction of special services commissioned by clinical? None found commissioning groups?	Statement from CCG in Chapter 1.
HF-NHSE21	Are there plans for new strategies by social care/occupational health to provide aids/equipment through pharmacies or dispensing appliance contractors? None found	Statement from Public health & Adult Social Care in Chapter 1. Pharmacy services to be a part of a wider review of Services that is currently being scoped.

**APPENDIX B – KEY SUGGESTIONS FROM THE CCG REPRESENTATIVE
(ASHFAQ KHAN)**

HF-CCG1	<p>section 1.16 it states “sexual health is a particular challenge within the borough. Hammersmith & Fulham has the 5th highest reported acute sexually transmitted infections (STI) rate in England”. Pharmacies in other parts of England are commissioned to provide a range of sexual health services including: condom distribution; pregnancy testing and advice; Chlamydia screening ; Chlamydia treatment; Screening for syphilis, HIV and gonorrhoea; Contraception advice and supply; Sexual health advice. With the high rates of STIs there may be an unmet need and consideration could be given to how the community pharmacy sector could contribute towards meeting any unmet needs.</p>	To be noted
HF-CCG2	<p>Flu vaccinations - reference should be made to the flu targets in Hammersmith & Fulham and whether these were being met with vaccinations offered almost exclusively through GP Practices. Is there an unmet need and is this need being addressed with the addition of pharmacies vaccinating. Additionally are pharmacies attracting</p>	As per HF-NHSE4

	patients in particular risk groups that have not normally attended GP Practices to be vaccinated.	
HF-CCG3	<p>Hammersmith & Fulham Local Authority (through their Public Health Department) commissions a further 5 services from community pharmacies:</p> <p>Stop smoking service; Needle and syringe exchange ; Supervised consumption (methadone, buprenorphine); NHS Health Checks; Emergency hormonal contraception.</p> <p>Maps showing the location of provision of these services could be included in the PNA to demonstrate that these services are available in the areas with the greatest need.</p>	Maps to be produced

APPENDIX C – KEY SUGGESTIONS FROM THE LPC

HF-LPC1	<p>The LPC recognises 40 pharmacies in the Borough of Hammersmith and Fulham. The pharmacy that is listed as MyPharmacy in North Pole Road W10 used to be in Hammersmith and Fulham but moved to Kensington and Chelsea following a boundary change. The LPC would also point out that the pharmacy listed as Forrest Pharmacy changed hands in April 2014 and is now trading as Sophia Chemists Ltd</p>	To be verified and amended
HF-LPC2	<p>The LPC considers Medicines Use Reviews (MURs) to be a “Relevant Service” and not a “Necessary Service”. Unlike Essential Services, it is not mandatory for pharmacies to provide MURs/NMS. They are voluntary, requiring both personal and premises accreditation. MURs require prior usage of that pharmacy by a patient for a period of three months. As a result, a patient cannot be referred by a non-provider to a providing pharmacy. Provision of NMS cannot be undertaken in the absence of personal accreditation for provision of MUR. Other healthcare practitioners cannot provide MURs but can support patients in the use of their medicines e.g. practice nurses advising on</p>	To be considered by HWB after completion of draft

	<p>the use of inhalers in respiratory disease. We would suggest that they are classified as “relevant” services</p>	
HF-LPC3	<p>The LPC considers the Advanced Service of New Medicines Service (NMS) to be a “Relevant Service” and not a “Necessary Service” for the reasons outlined above</p>	<p>To be considered by HWB after completion of draft</p>
HF-LPC4	<p>As a consequence of the changes suggested by the LPC the section under 8.11 may need to be reworded. “Having assessed the local needs and the current provision of necessary services, the Hammersmith & Fulham HWB have not identified any necessary pharmaceutical services that are not provided in the area of the HWB.</p>	<p>To be considered by HWB after completion of draft</p>
HF-LPC5	<p>Some services such as Emergency Hormonal Contraception (EHC) and the Minor or Common Ailments Service (which is not commissioned yet in Hammersmith and Fulham) are relevant services at some times of the day and on some days of the week but at other times e.g. on a Sunday afternoon when other service providers are</p>	<p>To be considered by HWB after completion of draft</p>

	not available, these become 'necessary' services.	
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APPENDIX D – KEY SUGGESTIONS FROM BOOTS UK

HF-Boots1	Map of the Borough (page 5) - We feel it would be good to show all the transport links (stations, main transport hubs) across Hammersmith & Fulham, which showcase the excellent links and ease of travel across the borough for access to pharmaceutical services.	The road network and all the underground tube stations will be added to the map. Further, an online tool will be created to visualise the data.
HF-Boots2	Local Health & Wellbeing Priorities (page 9) - It would be good to understand from the Health and Wellbeing board how they see pharmacy, and access to pharmaceutical services fitting into the 8 priorities for 2013-16. Community pharmacy has a role to play in all 8 priority areas, in particular supporting immunisation and sexual health.	Statement from the HWB in Chapter 1
HF-Boots3	Enabling better care in tri-borough (page 10) - The NW London 5-year plan sets out health promotion, early diagnosis and early intervention through local health and wellbeing strategies and through collaborative work with partners to improve screening, immunisations and cardiovascular disease prevention, as one of the programmes. The recent pan London pharmacy vaccination service across all London boroughs has shown success in delivery of Public health programmes, through immunisation, and due to the access and use of Community Pharmacy as a provider. This took into consideration the issue raised on page 14 of the draft PNA, regarding population churn which can create challenges around effective delivery of PH programmes.	To be noted in Chapter 2 and 8 as relevant

HF-Boots4	<p>Lifestyles (page 24) - The PNA states that smoking is the 4th highest in London . The current service is Hammersmith & Fulham is restrictive, whereby if a resident works in another borough, and it is more convenient for them to access the service in another borough, the stop smoking service may not support this. This would be a good example of a service which is likely to be a priority to most health and wellbeing boards across London, where some more effective pan London commissioning would support patients better by giving better access.</p>	As per HF-Boots3
HF-Boots5	<p>The PNA states that hospital admissions for alcohol related and alcohol specific harm are significantly higher in Hammersmith & Fulham. Pharmacy can have a proactive and positive role to play here, whether that be via a commissioned alcohol intervention service, or a commissioned public health promotion intervention. Community pharmacies in London were successful with a health promotion campaign in London around alcohol in 2012/13 whereby they reached out to 24,000 people in London.</p>	As per HF-Boots3
HF-Boots6	<p>The PNA states that Hammersmith & Fulham has the 3rd highest rate of acute sexually transmitted diseases in the country. This could be supported with more widespread commissioning of sexual health services such as Chlamydia screening and treatment and C-card. The number, opening hours and location of pharmacies in H&F, make this an accessible service, whilst providing anonymity for patients who view this as important.</p>	As per HF-Boots3
HF-Boots7	<p>The PNA states that the premature death rate from COPD is higher than London and England. Pharmacy can play a role in medicines reviews, commissioned services to support patients with COPD. Reference to such services can be found</p>	As per HF-Boots3

	<p>on http://www.communitypharmacyfuture.org.uk/pages/copd_229724.cfm.</p>	
HF-Boots8	<p>Location of current health services (page 42) -The PNA makes no assessment of need for pharmaceutical services in secondary care, however there is interest in managing the transfer of patients across care settings with particular regard to medicines review and reconciliation processes between hospital and community pharmacies. This could be supported by community pharmacy with collaborative working using the MUR (discharge MURs) and NMS services. Given that a significant number of pharmacies already provide these advanced services, this is something that could be developed further with the existing pharmacy network, whilst also contributing to the 8 local health and wellbeing priorities.</p>	To be noted in Chapter 8
HF-Boots9	<p>MAS is currently only commissioned in seven pharmacies across the borough. This is a valued service to patients, and reduces pressure on GPs. Given the access of pharmacies in Hammersmith & Fulham, this should be a necessary service that is commissioned more widely. The majority of pharmacies would be willing to provide this service. The draft PNA document does not highlight the responses from pharmacy contractors on the number of contractors that would be willing to provide the service, which would be useful to state</p>	To be included in Chapter 8 and Appendix C
HF-Boots10	<p>It would be important to note that the level of AURs is low across England, and this could be partly explained due to the support that patients receive in secondary care, or other clinics when establishing their ongoing care.</p>	To be noted

HF-Boots11	It would be important to note that the level of SACs is low across England, and this could be partly explained by the advice and support patients receive from other care providers.	To be noted
HF-Boots12	Stop smoking services We agree with the draft PNA that the provision of stop smoking service is a necessary service with no gaps. As there are no gaps in provision, it would be useful to consider how to increase provision within the borough- which could include options to open up the service to any resident (due to the transient population) as Hammersmith & Fulham residents could benefit from access to the service in boroughs that they may work in if not in Hammersmith & Fulham. It may also be useful to look at other harm reduction services e.g. supply of Champix, cutting down, and/or the role of e-cigarettes in smoking cessation.	To be considered by HWB after completion of draft
HF-Boots13	H. pylori service -We agree that this is a relevant service, and would welcome increased commissioning of this service.	To be considered by HWB after completion of draft
HF-Boots14	Needle & syringe and supervised consumption services -We agree that there should be no need for any new pharmacies to provide these services, however, it may be beneficial to have this service commissioned more widely to offer patients a greater choice.	To be considered by HWB after completion of draft
HF-Boots15	Emergency hormonal contraception service - We agree that this is a relevant service, and would welcome increased commissioning of this service.	To be considered by HWB after completion of draft
HF-Boots16	Improvements and better access: gaps in provision (page 61) - It is important to note the number of current contractors that would be willing to provide copd, alcohol misuse services, weight management services, and immunisation and vaccination services to secure access to these services. We would hope that should this gap need fulfilling, the HWB would consult with existing	To be considered by HWB after completion of draft

	contractors to provide these services if commissioned.	
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APPENDIX E – OTHER RESPONDERS

HF- CWHft1	Reference to NHS England 2013 "Improving care through community pharmacies - a call to action" & Royal Pharmaceutical Society May 2014 "Good Practice guidance for healthcare professional in England"	Reference to be made
HF- LNWHft1	3.14 - The Trust is pleased that the document refers to the transfer of care of patients across care settings. This is a major area of concern and opportunity to improve services for patients ¹ . We would welcome the opportunity to share our Medicines Optimisation Strategy which includes improving transfer of care. We would suggest that you obtain the Medicines Optimisation strategies from your local secondary care providers in order to obtain their input.	To be noted
HF- LNWHft2	6.10 - To improve transfer of care and communication, we would suggest all pharmacies should have access to "nhs.net". We need to work together to use the electronic discharge summaries from the acute trusts in their localities as a method of referring patients to their local community pharmacist for post discharge follow up, including discharge medicines use review and the new medicines service.	

HF-LNWHft3	8.5- As mentioned above in 6.10, we would suggest the document refers to the discharge medicines use reviews as a method of facilitating safe discharge of care. The new medicines service may also be relevant for post discharge follow up especially for housebound patients as it is nationally commissioned for both face to face and telephone support.	
HF-LNWHft4	8.30 We note that there is no mention of a common ailment service and recognize that the professional body for pharmacy are strongly supportive of this being commissioned by NHS England in support of the urgent and emergency care challenge. http://www.rpharms.com/what-s-happening/news_show.asp?id=2342	To be noted in Chapter 8
HF-Oza1	PNA survey completed (old survey)	
HF-RichHWB1	Richmond connected via Hammersmith Bridge to the area of Barnes - relative disadvantage and deprivation. One pharmacy in Richmond within 500m of H&F. With regard to the section on Acute Care and Mental Health Care (3.13-4) we advise that, as there is no acute hospital in Richmond, a significant proportion of Richmond residents accessing urgent and planned care will be treated at Hammersmith Hospital or	

	<p>Charing Cross Hospital. Transfer of these patients across care (with particular regard to medicines review and reconciliation processes between hospital pharmacists and community pharmacists) is equally important. Bearing in mind these points, the Richmond HWB agrees with the content of the draft PNA, insofar as it relates to Richmond.</p>	
HF-WLMHT1	<p>The report highlights the importance of improving mental health and wellbeing in the boroughs, as well as a high number of patients on the SMI registers, however I was unclear how the needs of this vulnerable patient group is being addressed.</p>	<p>Protected groups will be listed and described in Chapter 2 under "Protected Characteristics and Local Vulnerable Groups" . They will also be discussed in Chapter 8 linking the demand to need.</p>
HF-WLMHT2	<p>There does not appear to be any pharmacists with a specialist interest in mental health in either Hammersmith and Fulham nor in Kensington and Chelsea, and this is an area that should be improved.</p>	<p>To be noted</p>
HF-WLMHT3	<p>Considering the shifting settings of care agenda there are no enhanced services for patients with long term mental health conditions, these are not included in the MUR nor in the new medicines service.</p>	<p>To be noted</p>
HF-WLMHT4	<p>Medicines adherence is a challenging area in mental health and can ensure patients remain well in the community. Services to support patients with long term mental health conditions to remain</p>	<p>To be noted</p>

	compliant will enhance quality of life and improve the health and wellbeing of individuals as well as having a positive effect on the local health economy.	
HF-WLMHT5	Pharmacists are in an ideal position to monitor compliance by means of collection of prescriptions, as well as ensuring patients know what medicines are for and how to take them.	To be noted
HF-WLMHT6	If delivering medicines to patients with mental health conditions there is also a role for 'assessing medicines at home' to identify if patients are storing medicines safely or if they are hoarding medicines.	To be noted
HF-WLMHT7	Pharmacists should be trained to assess mental health to identify patients who may be deteriorating.	To be noted
HF-WLMHT8	There is also potential for pharmacists to be trained to administer long acting injections.	To be noted