
Hammersmith & Fulham Pharmaceutical Needs Assessment

2015 - 2018

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The Hammersmith & Fulham Health & Wellbeing Board would like to thank all the community pharmacies who supported the development of the 2015-18 Pharmaceutical Needs Assessment (PNA).

Pharmacies in the borough were invited to complete a questionnaire in July and August 2014 as part of the process; the results of these questionnaires inform this needs assessment. Responses from the 60 day consultation period on the draft document (October-December 2014) were also be incorporated.

As the questionnaires were sent in July 2014, views in this document are a reflection of stated provision, intentions and attitudes of pharmacists at that point in time. Data from other sources was the most up to date provided at the time of the production of the report in September 2014 and included information from pharmacies in neighbouring Boroughs.

This document has been compiled in accordance with The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 in order to inform commissioning decisions and managing Control of Entry, rather than as a Strategic Plan.

The preparation of this PNA relies on information submitted by others. The contents of the PNA accurately reflects the information received by 3rd October 2014

Chapter 1 – Introduction

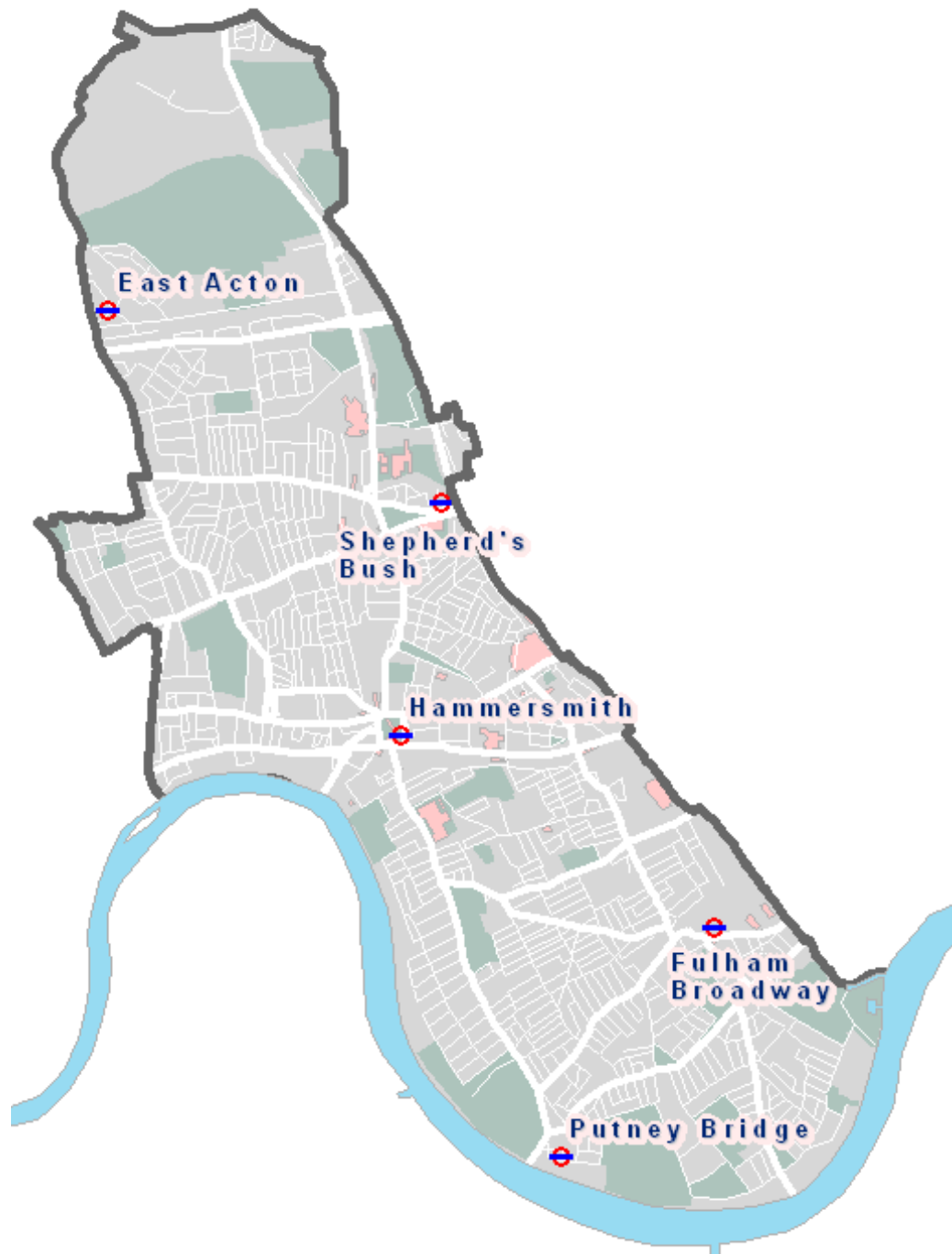


Figure 1.1: Map of Hammersmith & Fulham

Role of Pharmacies

- 1.1** Community pharmacists and their teams work at the heart of communities and are trusted professionals in supporting individual, family and community health. Community pharmacies are often patients' and the public's first point of contact and, for some, their only contact with a healthcare professional. Community

pharmacies are not only a valuable health asset, but also an important social asset because often they are the only healthcare facility located in an area of deprivation.

Purpose of the Pharmaceutical Needs Assessment

- 1.2** 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.
- 1.3** As outlined in the 2013 regulations, this 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.

Policy Background Relating to the PNA

- 1.4** It is a statutory responsibility for Health & Wellbeing Boards (HWBs) to develop and update a PNA for its area.

- 1.5** 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.
- 1.6** 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. HWBs are required to publish their first PNA by 1 April 2015.
- 1.7** The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 provided HWBs with the minimum information that must be contained within their PNA and also the process to be followed in their development and publication. The development and publication of this PNA has been carried out in accordance with these Regulations.
- 1.8** Since 1 April 2008, Local Authorities and the NHS have been under a statutory duty to produce a Joint Strategic Needs Assessment (JSNA) by virtue of the Local Government and Public Involvement in Health Act 2007. The Health and Social Care Act 2012 introduced duties and powers for HWBs in relation to the JSNA. The JSNA is a strategic assessment of the health and wellbeing needs of the local population, and this PNA builds on the findings of the JSNA by supporting the commissioning and the development of appropriate, sustainable and effective pharmacy services. For further information on the JSNA please refer to <http://www.jsna.info>

Local health and wellbeing needs

- 1.9** Hammersmith & Fulham is a small, but densely populated borough in West London. The population is unusual in that it has a large proportion of young working age residents, high levels of migration in and out of the borough, and much ethnic and cultural diversity. Whilst many residents are affluent, there are significant areas of poorer health in the more deprived parts of the borough and therefore there are large health inequalities between rich and poor. While most people in Hammersmith & Fulham consider their health to be good, those living in areas of high density social housing are twice as likely to report bad or very bad health compared to those in areas with low density housing.
- 1.10** Studies have shown that the earliest years of life lay the foundations for physical, intellectual and emotional development that impacts on later life. There are some specific challenges in Hammersmith & Fulham that particularly impact on children. More than a third of children of school age within the borough are either overweight or obese and child immunisation uptake, while it has recently

improved, is still below national levels. Around a third (29%) of children under 17 in the borough are classified as living in poverty.

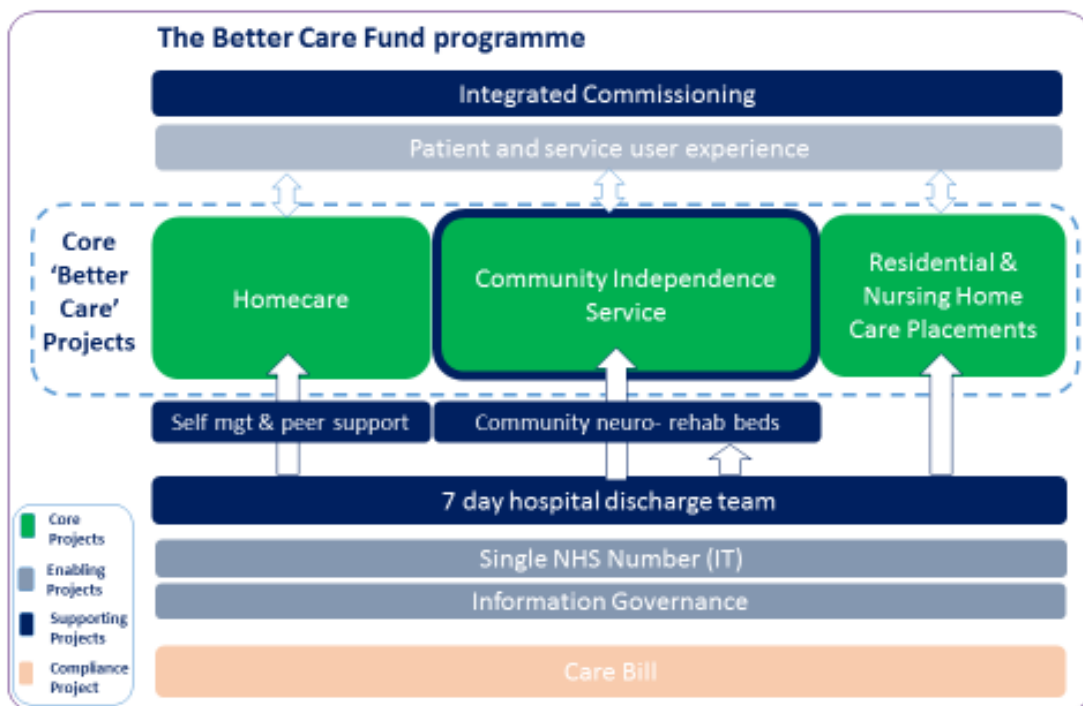
- 1.11** Sexual health is a particular challenge within the borough. Hammersmith & Fulham has the 5th highest reported acute Sexually Transmitted Infections (STI) rate, and the 11th highest HIV prevalence rate, in England. Teenage conception has also been higher in the borough than the London average, although this is now dropping.
- 1.12** More people smoke in Hammersmith & Fulham (21%) than the average for London and England, and the borough has the 9th highest rate of problem drug users in London. Hammersmith & Fulham also has the 8th highest population with severe and enduring mental illness known to GPs in the country. Coverage of breast screening in the borough is the 5th lowest in the country, while cervical screening is the lowest in the country for younger women.
- 1.13** Finally, like most areas of the country, Hammersmith & Fulham is expecting an increase in the number of older people who live in the borough. Over the next decade, the number of older people is expected to rise by 12%. This change in the population profile will have a knock on impact on the key health needs of the population. For example, the number of people living with dementia is expected to rise by 24% over the same period.

Local health and wellbeing priorities

- 1.14** As part of their new responsibilities, HWBs are required to produce a Health and Wellbeing Strategy which sets out how partners will meet local health needs, improve outcomes and reduce health inequalities within the borough. The Hammersmith & Fulham Joint Health and Wellbeing Strategy 2013 - 2016 identifies 8 priorities for the local area:
- Integrated health and social care services which support prevention, early intervention and reduce hospital admissions;
 - Delivering Park View Centre for Health & Wellbeing to improve care for residents and regenerate the White City Estate
 - Integrated services across all relevant agencies which support prevention and early intervention to reduce illness, neglect and abuse for children
 - Tackling childhood obesity
 - Integrated services across all relevant agencies which support prevention and early intervention to reduce avoidable demand for services by adolescents
 - Improving mental health services for service users and carers to promote independence and develop effective preventative services
 - Better access for vulnerable people to Sheltered Housing
 - Better sexual health across Tri-borough with a focus on those communities most at risk of poor sexual health.

- 1.15** The Hammersmith & Fulham HWB has also been focussing on the development of the Better Care Fund Plan. The Better Care Fund is a “single pooled budget for health and social care services to work more closely together in local areas, based on a plan agreed between the NHS and local authorities”. The BCF will support the aim of providing people with the right care, in the right place, at the right time, including expansion of care in community setting. The Better Care Fund Plan has been developed with our neighbouring boroughs of the Royal Borough of Kensington and Chelsea and Westminster.

Enabling ‘Better Care’ in Triborough



- 1.16** Alongside local priorities, the eight Clinical Commissioning Groups (CCGs) in North West London have published a five year strategic plan, which sets out the collective plans and priorities of these CCGs, working in partnership with NHS England. Hammersmith & Fulham Clinical Commissioning Group (CCG) is one of these CCGs. The North West London five year strategic plan sets out five jointly developed transformation programmes:

- Health promotion, early diagnosis and early intervention through local Health and Wellbeing Strategies and through collaborative work with partners to improve screening, immunisations and Cardiovascular disease prevention
- Out of Hospital strategies including Primary Care Transformation through the creation of GP networks. Hammersmith & Fulham Clinical Commissioning Group's Out of Hospital strategy 2012-15, Better Care, Closer to Home aims to reduce unscheduled care and improve planned care through the organisation of GP

practices and providers into new multi-disciplinary groups who can support effective care planning for their most at-risk patients.

- Whole Systems Integrated Care which aims to ensure that people are empowered to direct their care and support and to receive care in their homes or local community; that GPs are at the centre of organising and coordinating people's care and that systems enable and do not hinder the provision of integrated care
- Transforming Mental Health Services which aims to ensure that services are responsive, focused on the person and are easy to access and navigate; care is provided as close to homes as possible where and when it is needed; the lives of users and carers are improved by promoting recovery and delivering excellent health and social care outcomes (including employment, housing and education).
- Shaping a Healthier Future (SaHF) which aims to achieve better clinical outcomes and safer services for patients by centralising most emergency specialist services (such as A&E, Maternity, Paediatrics, Emergency and Non-elective care) into 5 major hospitals. The Seven Day Services programme is part of the Shaping a healthier future reconfiguration to ensure that people are treated at the right place at the right time and includes an intention to extend pharmacy weekend services.

Defining Localities

1.17 For the purposes of the PNA it is necessary to divide the geographical area of Hammersmith & Fulham into distinct localities.

1.18 The HWB has used 2 approaches to define localities in this PNA:

- **Electoral wards** are used to summarise demographic and health need.
- Provision and choice of pharmacies is determined by using a **500 metres radius** from the centre of the postcode of a pharmacy. This is considered to be approximately a 10 minute walk from the outer perimeter of the buffer zone created.

1.19 It is important to note that the local population are not bound by electoral ward or borough boundaries when accessing essential pharmaceutical services. The excellent travel infrastructure available within Central London places many more pharmacies, both inside and outside the borough, within convenient access to our local population. Pharmacies also provide delivery services which further improve access.

1.20 The rationale for using the more detailed "500m radius" approach was to identify the range of access and service provision in a far more precise fashion than ward averages would allow. For example, where boundaries of wards are main roads, pharmacies on the opposite side of the road would not be counted towards the ward's provision, thereby giving an inaccurate picture of provision; use of the more detailed 500m radius approach avoids this. It also allows the PNA to assess the impact of pharmacies in surrounding boroughs that are within 500m of the borough border.

- 1.21** The 500m radius approach illustrates where there is at least one pharmacy within 500m and where there is no pharmacy within 500m. The distance of 500m was chosen by the Steering Group as being a reasonable measure to identify variation and choice. However, whilst highlighting variation, it is not always used to determine gaps in services; in some instances, wider measures are more appropriate (e.g. where there is lower patient demand for services, such as needle exchange and dispensing outside normal working hours). These instances have all been stated in the relevant sections of the report.

Hammersmith & Fulham Wards

- 1.22** Hammersmith & Fulham consists of 16 electoral wards.

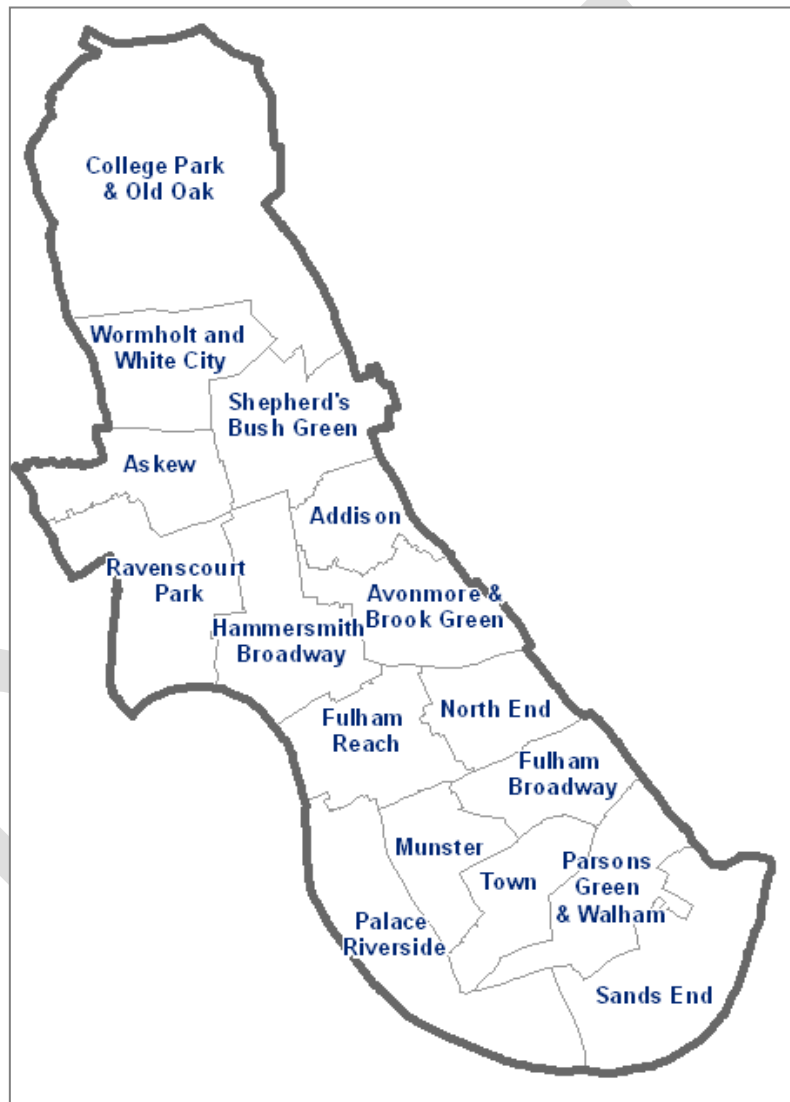


Figure 1.2: Hammersmith & Fulham Electoral Wards

Pharmacy Contractor Survey

- 1.23** The pharmaceutical needs assessment survey was sent to the pharmacies within Hammersmith & Fulham and those from the Tri-borough listed in Appendix A. The response rate was 83% (34/41) for Hammersmith & Fulham. The results from this survey are referred to throughout this document.

Chapter 2 - Demographics & Health Need

The Joint Strategic Needs Assessment

- 2.1** The demographic and health information included here is covered in graphical detail in this chapter as well as in the Joint Strategic Needs Assessment (JSNA) for the Hammersmith & Fulham. The JSNA identifies current and future health and social care needs of the borough's population and analyses whether these needs are being met locally. (For JSNA highlights report, please see <http://www.jsna.info/document/highlight-reports-2012>)
- 2.2** All the maps that follow indicate the size of something, e.g. patient list size, rate of dementia among patients etc, are shown by quintiles. The lowest 20% have the lightest colour or smallest marker, and the highest 20% have the darkest colour or largest marker. The boundaries between the quintile are shown in the legend.

Summary of Population Characteristics

- 2.3** Characteristics of the local population have been summarised below. Further detail is provided later in this chapter.

The borough at a glance...			
80,600	Households	8	Live births each day
£464,000	Median house price	2-3	Deaths each day
182,500	Residents	11,900	Local businesses
32%	From BAME groups	£33,000	Annual pay
43%	Born abroad (2011 Census)	3.1%	Unemployment rate (JSA) (London 3.1%)
23%	Main language not English	22%	Local jobs in Public Sector
46%	State school pupils whose main language not English	Ranked 55 th	Most deprived borough in England (out of 326) (13 th in London)
17k/19k	Annual flows in and out of the borough	29%	Children <16 in poverty, 2011 (HMRC)
198,900	Registered with local GPs	Ranked 6 th	Highest carbon emissions in London (not including City of London)
260,000	Daytime population in an average weekday		

Table 2.1: Overview of characteristics of the local population

Overall population

- 2.4** Hammersmith & Fulham is a small and very densely populated borough situated in the centre west of London, bordered by the River Thames on the south and south west side. The borough has three main town centre areas: Shepherd's Bush, Hammersmith, and Fulham. Population density is highest in Addison, North End and Munster wards (Figure 2.1)

Population density (year 2013) persons per sq km

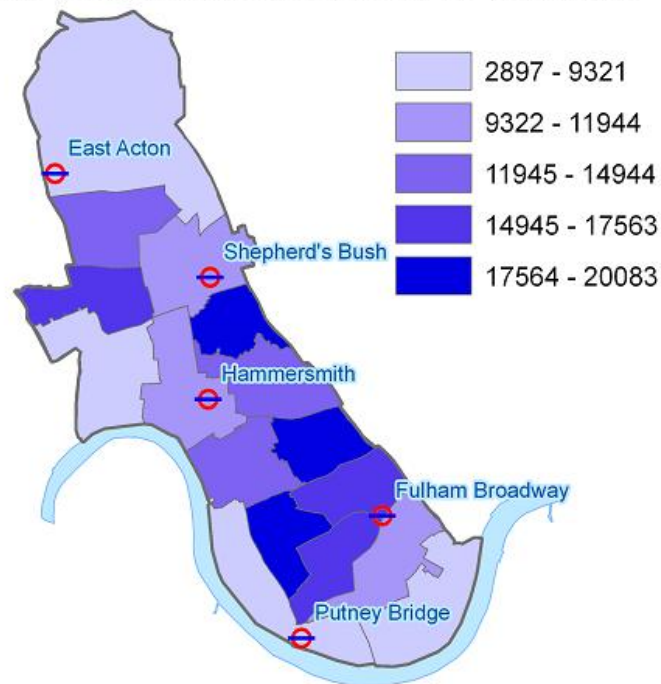


Figure 2.1: Population density in Hammersmith & Fulham

- 2.5 The Office for National Statistics estimates the resident population in 2011 census to be 182,493 people, and some of these will be registered with GPs outside of the borough. There are 198,900 patients registered with Hammersmith & Fulham GPs but not all of these patients will live within the borough. The population is expected to increase in the medium to long term, particularly in areas such as White City in the north of the borough where number of births are highest.

Ward	Population - 2013
Addison	11,450
Askew	14,050
Avonmore and Brook Green	12,350
College Park and Old Oak	9,850
Fulham Broadway	11,200
Fulham Reach	11,500
Hammersmith Broadway	12,050
Munster	10,950
North End	12,050
Palace Riverside	7,500
Parsons Green and Walham	10,750
Ravenscourt Park	10,800
Sands End	13,050
Shepherd's Bush Green	12,450

Town	11,150
Wormholt and White City	13,450

Table 2.2: Population breakdown by Ward (GLA SHLAA Trend based Population Projection data, and Mid year estimates 2013)

- 2.6** The population is characterised by a large proportion of young working age residents, high levels of migration in and out the borough, and ethnic and cultural diversity. Although residents have a higher life expectancy than nationally, there are significant areas of poorer health in the more deprived parts of the borough and therefore large health inequalities.
- 2.7** There are around 80,600 households in Hammersmith & Fulham, with an average household size of 2.2 persons. Around four out of ten households are single households, one fifth are occupied by families, and one in ten by lone parents. Single elderly households account for 13% of all households. The proportion of social and private rented housing is high compared to London and England.
- 2.8** Hammersmith & Fulham had the fifth highest population mobility rate in England and Wales in 2011, with one in five residents moving address in the previous year. Population ‘churn’ can create challenges around effective delivery of public health programmes such as screening and immunisation.

The large non-resident population must be taken into account when assessing the sufficiency of pharmacy provision in the borough; extended opening hours during weekdays is important for this demographic. The population is not limited by electoral boundaries and thus the availability of pharmacies near the border in surrounding boroughs must be concurrently assessed. This is discussed on page 49.

Age Structure

- 2.9** The age profile in Hammersmith & Fulham is typical of inner city areas, with a very high proportion of young working age adults, and a smaller proportion of older people and children. The 123,000 residents aged 16 to 64 represent 72.5% of the total population. This population structure impacts on the types and range of service required in the borough ().

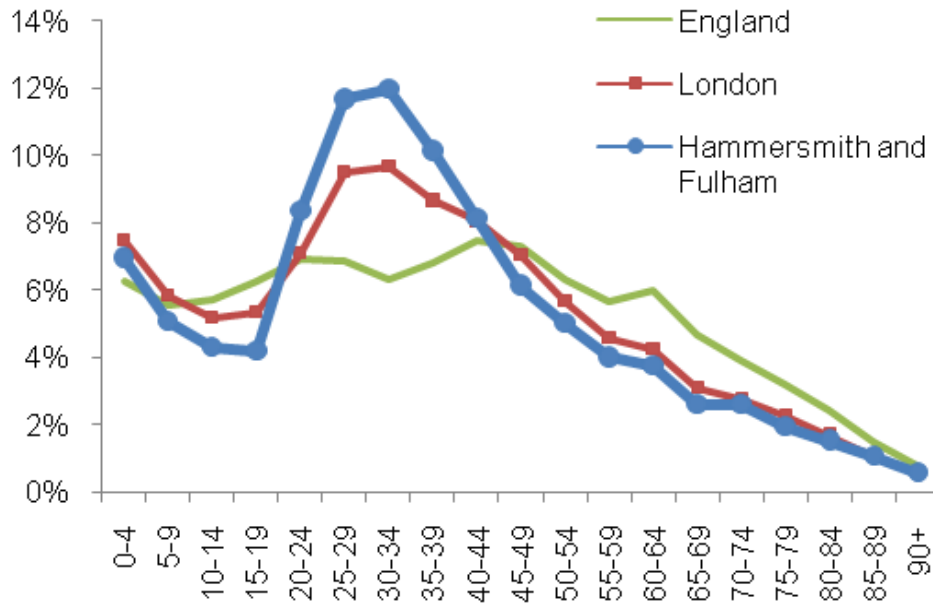


Figure 2.2: Population structure, 2011

2.10 Most of the 0- 15 population live in northern deprived wards, while a high proportion of older people live in affluent southern parts of Hammersmith & Fulham (Figure 2.3)

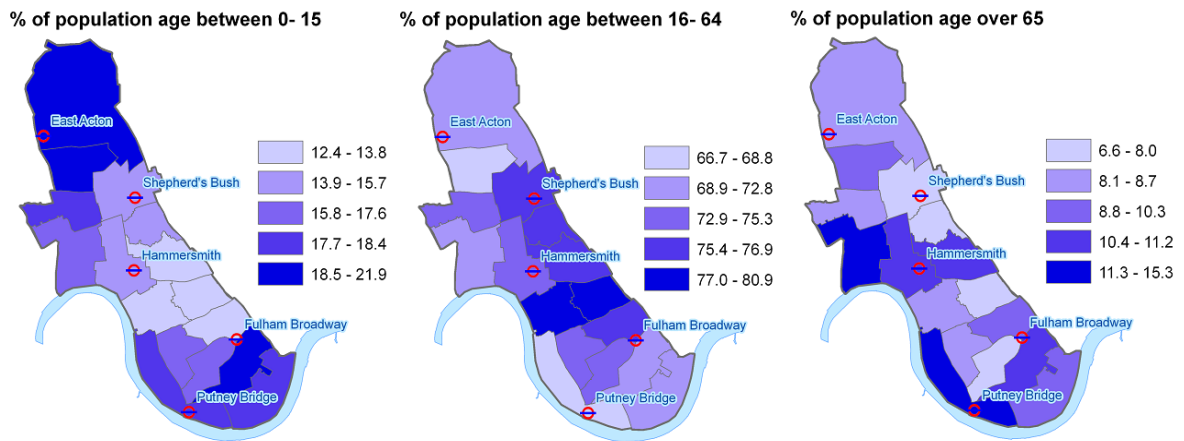


Figure 2.3: Maps showing location of population groups in Borough

Ward	Children aged 0-15 - 2013	Working-age (16-64) - 2013	Older people aged 65+ - 2013
Addison	1,800	8,750	900
Askew	2,500	10,400	1,150
Avonmore and Brook Green	1,550	9,500	1,300
College Park and Old Oak	1,950	7,100	850
Fulham Broadway	1,550	8,550	1,150
Fulham Reach	1,450	9,050	1,000
Hammersmith Broadway	1,850	8,900	1,250

Munster	1,750	8,250	950
North End	1,500	9,750	800
Palace Riverside	1,350	5,000	1,150
Parsons Green and Walham	2,000	7,550	1,200
Ravenscourt Park	1,900	7,650	1,250
Sands End	2,400	9,500	1,150
Shepherd's Bush Green	1,950	9,500	1,000
Town	1,950	8,350	850
Wormholt and White City	2,950	9,250	1,250

Table 2.3: Population structure of individual wards (GLA SHLAA Trend based Population Projection data, and Mid year estimates 2013)

The younger working population are usually considered to be low users of the healthcare system. However, pharmacies may provide enhanced services such as immunisations, minor ailment services and sexual health services which may be more accessible than GPs and secondary care and also reduce the demand on these services. As the population ages, the demand on health care and dispensing services increases. Accessibility is an important factor for the elderly population. This is discussed on 59.

Gender Structure

2.11 In terms of gender, according to the ONS Census 2011, there are 95 males for every 100 females (Figure 2.4).

2.12 Hammersmith & Fulham has a similar gender split to the rest of London and elsewhere in Great Britain, with the percentage of women being 1% greater and the percentage of men 1% lower. Because women live longer than men and due to the health inequalities between men and women, there are a much greater proportion of older women than older men among the H&F CCG population.

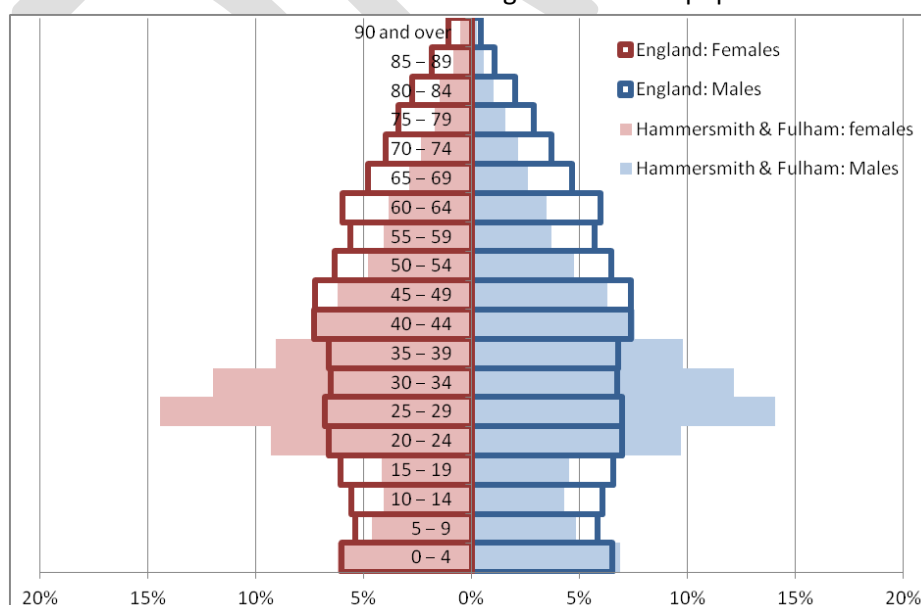


Figure 2.4: Proportion of resident population by age-band, 2011, Hammersmith & Fulham (Data source, ONS census 2011)

Ethnicity and diversity

- 2.13** The borough has a similar proportion of residents from ‘White British’, ‘Black’ and ‘Other/mixed’ ethnic groups in comparison to London. There are far more from the ‘White other’ category, and far fewer from the ‘Asian’ category, in comparison to London. The White other category includes those from Europe, Ireland, the Americas and Australia. 76% of the borough’s state school children are from ethnic groups other than White British.
- 2.14** Nearly half of the resident population in Shepherd’s Bush Green, Avonmore & Brook Green and North End wards were born outside UK.

% of Not born in UK

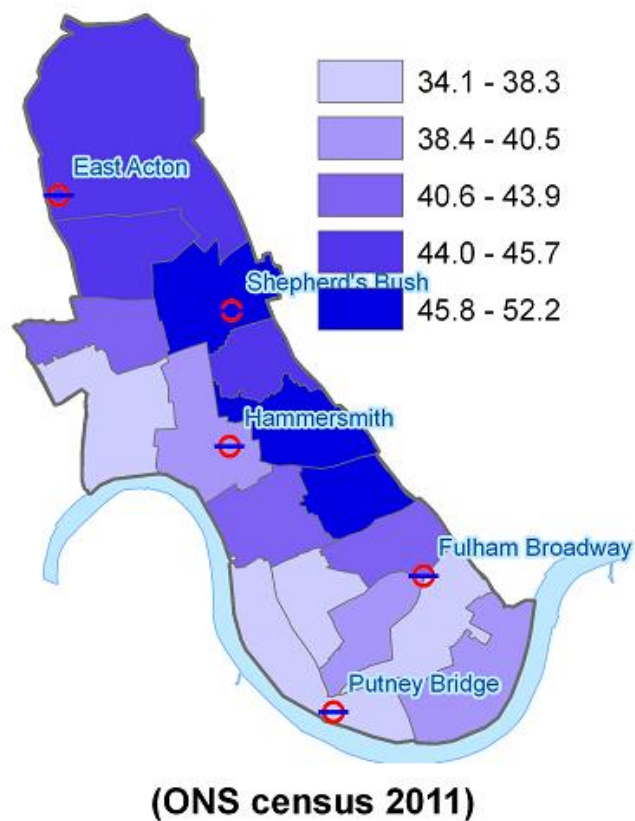


Figure 2.5: Percentage of residents not born in UK (Data source: ONS census 2011)

Ward	% Not Born in UK - 2011
Addison	44.1
Askew	42.5
Avonmore and Brook Green	52.2
College Park and Old Oak	45.7
Fulham Broadway	43.9
Fulham Reach	43.6
Hammersmith Broadway	40.5

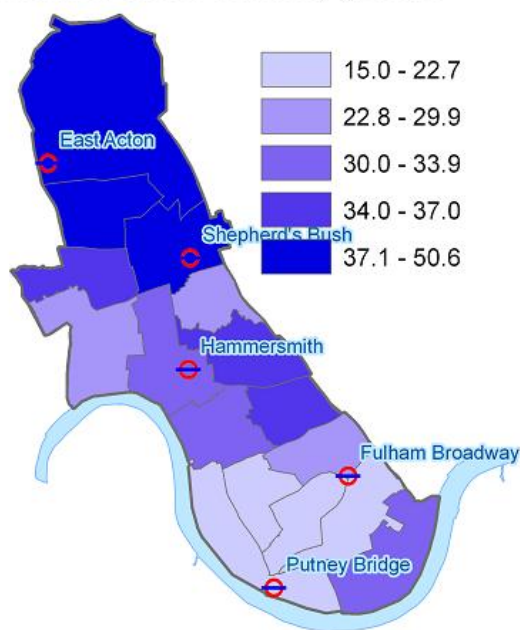
Munster	38.3
North End	47.9
Palace Riverside	34.1
Parsons Green and Walham	38.2
Ravenscourt Park	37.3
Sands End	39.0
Shepherd's Bush Green	47.2
Town	40.5
Wormholt and White City	45.0

Table 2.4: Percentage of residents not born in UK (Data source: ONS census 2011)

2.15 The percentage of White British population during 2011 is lower than 2001 in Hammersmith & Fulham and significantly lower than England. On the other hand, there is an increase in white other population groups in Hammersmith & Fulham from 2001 to 2011 and is higher than England. There is also an increase in Asian and other/ mixed groups from 2001 to 2011 (Table 2.5).

2.16 Most of the minority ethnic groups in Hammersmith & Fulham reside in the northern deprived wards (Figure 2.6)

% of Black & ethnic minority groups



(ONS Census 2011)

Figure 2.6: Distribution of black and ethnic minority groups in Hammersmith & Fulham

Figure 2.7:	Hammersmith & Fulham		London		England	
	2001	2011	2001	2011	2001	2011
White British	58%	45%	60%	45%	87%	80%
White Other	20%	23%	11%	15%	4%	6%
Black	11%	12%	11%	13%	5%	3%

Asian	4%	9%	12%	18%	2%	8%
Other/ Mixed	7%	11%	6%	8%	2%	3%
White	78%	68%	71%	60%	91%	86%
BME	22%	32%	29%	40%	9%	15%

Table 2.5: Population by ethnicity 2001 and 2011 census, all ages (Data source: ONS census 2001 and 2011)

Ward	% BAME - 2011
Addison	27.9
Askew	37.0
Avonmore and Brook Green	35.5
College Park and Old Oak	50.0
Fulham Broadway	29.9
Fulham Reach	30.5
Hammersmith Broadway	33.9
Munster	19.3
North End	34.2
Palace Riverside	15.0
Parsons Green and Walham	17.8
Ravenscourt Park	26.7
Sands End	30.6
Shepherd's Bush Green	40.1
Town	22.7
Wormholt and White City	50.6

Table 2.6: Percentage of black and ethnic minority groups (Census 2011)

2.17 Analysis of data on patients registered with GPs suggests there are significant populations from Australia, New Zealand, Western and Eastern Europe, Somalia, Caribbean countries, the Philippines, Iraq and Iran. By far the most common minority language spoken is Arabic (. English is spoken as an additional language by 47% of the borough's state school children.

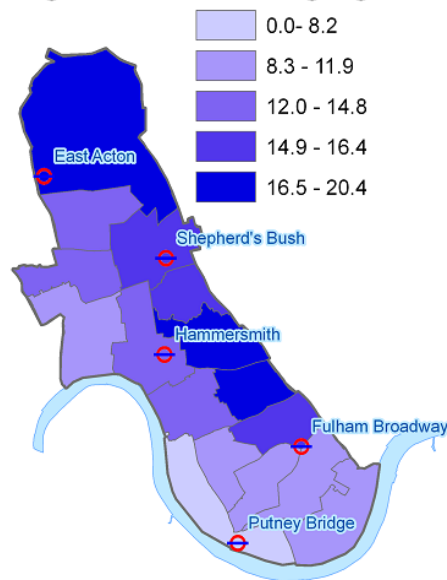
Language	%	Country	%
English	77%	UK	61%
French	3.1%	Australia	3.7%
Arabic	1.9%	France	2.4%
Spanish	1.9%	Poland	1.7%
Polish	1.6%	New Zealand	1.6%
Italian	1.4%	Ireland	1.5%

Somali	1.3%	Somalia	1.5%
Portuguese	1.3%	Italy	1.5%
Persian/ Farsi	0.8%	USA	1.3%
Tagalog/ Filipino	0.8%	Caribbean countries	1.2%

Table 2.7: Most common languages spoken (2011 Census) and countries of birth (GP registrations)

2.18 Wards including College Park & Old Oak, Addison and Avonmore & Brook Green have a high percentage of households where their first language is not English among any of the households (Figure 2.7).

% English is not first language of anyone in household



(ONS Census 2011)

Figure 2.7: Percentage of population whom English is not first language for anyone in the household

Ward	% English is First Language of no one in household - 2011
Addison	15.8
Askew	14.8
Avonmore and Brook Green	20.4
College Park and Old Oak	19.5
Fulham Broadway	15.6
Fulham Reach	14.0
Hammersmith Broadway	13.4
Munster	10.7
North End	19.4

Palace Riverside	8.2
Parsons Green and Walham	10.8
Ravenscourt Park	11.6
Sands End	11.8
Shepherd's Bush Green	16.4
Town	11.9
Wormholt and White City	14.3

Areas where diversity is higher correlate with areas of higher levels of deprivation and poorer health. Engagement with healthcare may be hampered by language and cultural barriers widening the health inequality gap. Pharmacies employ staff from diverse backgrounds who may be able to speak multiple languages.

Health and well-being

2.19 There is significant variation in **life expectancy** across the social gradient in Hammersmith & Fulham. The Slope Index of Inequality, which measures the absolute difference in life expectancy between the most and least deprived areas, shows a 7.9 year life expectancy gap for men and a 5.4 year gap for women. These are similar to the median figures for England (8.9 and 6.0 respectively). Both males and females in Addison ward have life expectancy while College Park & Old Oak men and women both have low life expectancy (Figure 2.8).

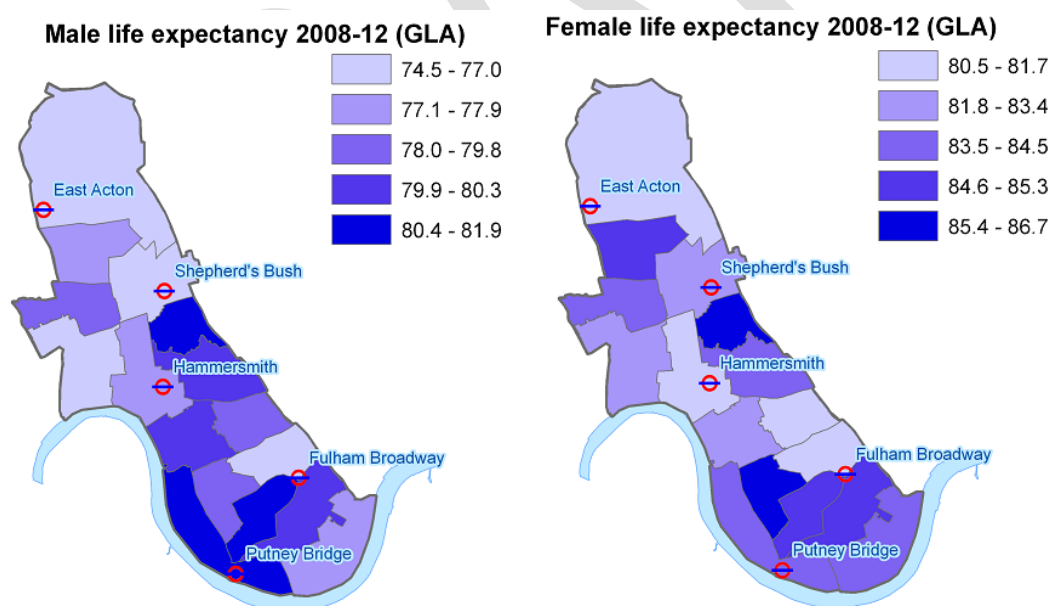


Figure 2.8: Life expectancy among males and females in Hammersmith & Fulham

Ward	Male life expectancy - 2008-2012	Female life expectancy - 2008-2012
Addison	81.0	86.7
Askew	79.8	84.5
Avonmore and Brook Green	80.2	84.3
College Park and Old Oak	74.5	81.2

Fulham Broadway	77.0	80.5
Fulham Reach	80.3	82.0
Hammersmith Broadway	77.4	81.4
Munster	79.4	85.4
North End	79.4	81.7
Palace Riverside	81.8	84.5
Parsons Green and Walham	79.9	85.1
Ravenscourt Park	76.2	82.5
Sands End	77.8	84.4
Shepherd's Bush Green	76.2	83.4
Town	81.9	85.3
Wormholt and White City	77.9	85.1

Table 2.8: Life expectancy among males and females in Hammersmith & Fulham

2.20 However, the gap appears to have widened over the last five years in Hammersmith & Fulham, for both men and women. Overall increases in life expectancy have been driven primary by improvements in the more affluent areas, with life expectancy in the more deprived areas remaining almost the same.

2.21 Prioritising action to reduce early death is important because work focused in particular areas or with particular groups has the power to reduce the variation in life expectancy that currently exists in the borough, thereby narrowing health inequalities.

2.22 High rates of mortality are observed among the most deprived parts of Hammersmith & Fulham (Figure 2.9).

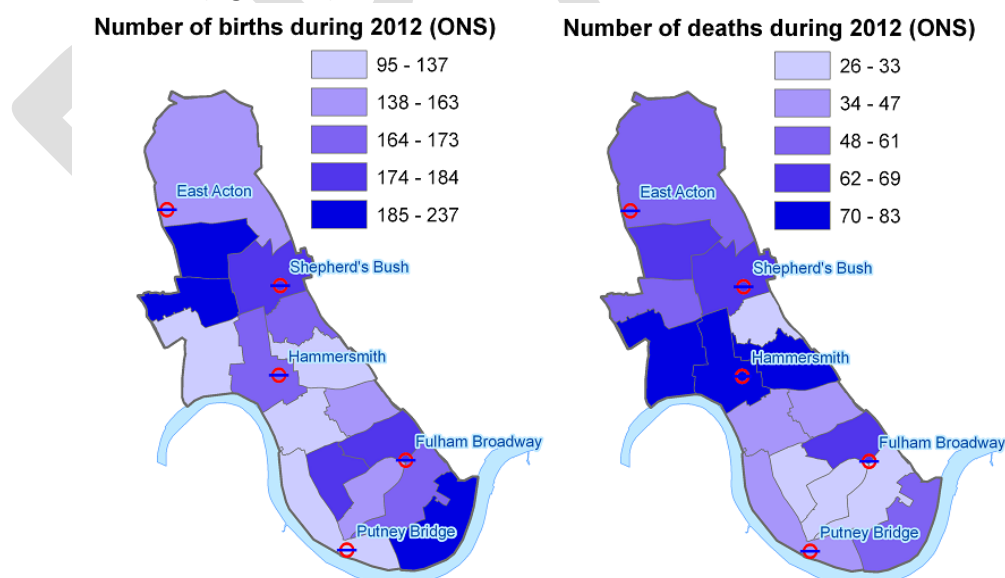
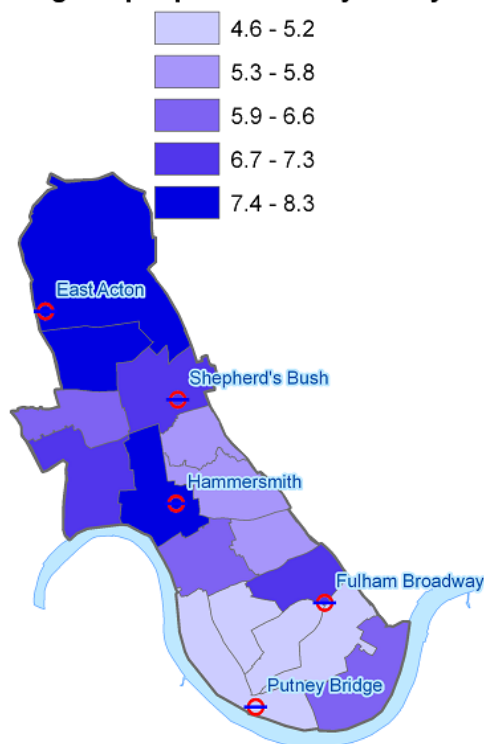


Figure 2.9: Number of births and deaths in Hammersmith & Fulham (Data source: Office for National statistics, mortality files 2012)

2.23 People living in northern deprived wards and Hammersmith Broadway ward stated their day to day activities are limited due to their ill health.

Percentage of people whom day to day activities are limited a lot



(ONS Census 2011)

Figure 2.10: Percentage of people whom day to day activities are limited a lot due to ill health

2.24 This rise is caused by improvements in life expectancy and greater numbers of people born in the post war ‘baby boom’ who are approaching old age. The latter explains the predicted acceleration in numbers of 80+ year olds from around 2025 onwards. Those people living Palace Riverside, Sands End and Town wards have better subjective well-being score compared with rest of the wards in Hammersmith & Fulham (figure 2.25)

Subjective well-being score

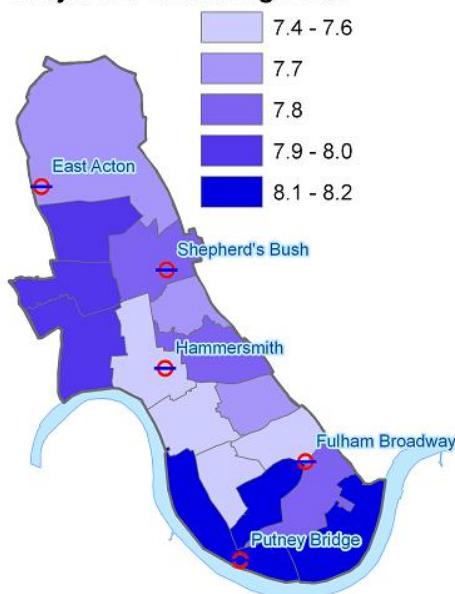


Figure 2.11: Subjective well-being of Hammersmith & Fulham population

2.25 Residents in Shepherd’s Bush Green, Askew, and Hammersmith Broadway wards have stated that their health is either bad or very bad in the last census.

% of people who stated that they have bad or very bad health

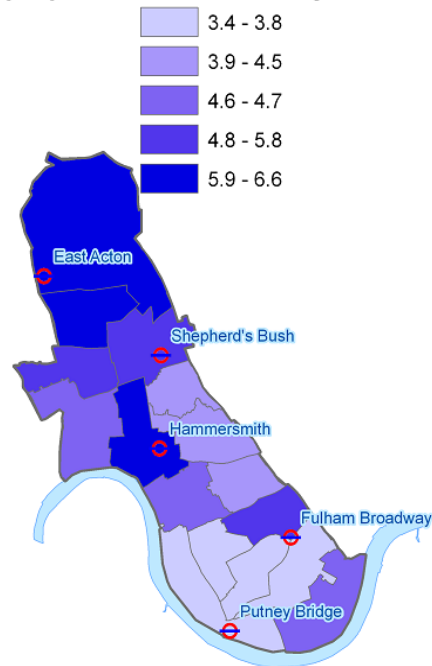


Figure 2.12: Percentage of people who stated their health is either bad or very bad

2.26 Incapacity benefit claimant rates due to mental health and other medical reasons are high in Shepherd’s Bush, Wormholt & White City and Hammersmith Broadway (Figure 2.13)

Claimant Rate of Incapacity Benefits per 1000 (year 2013)

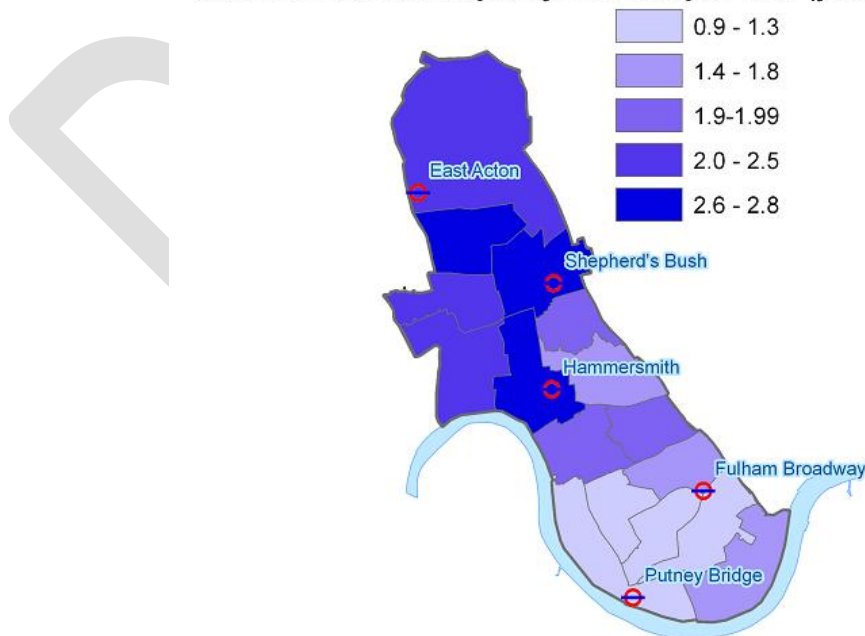
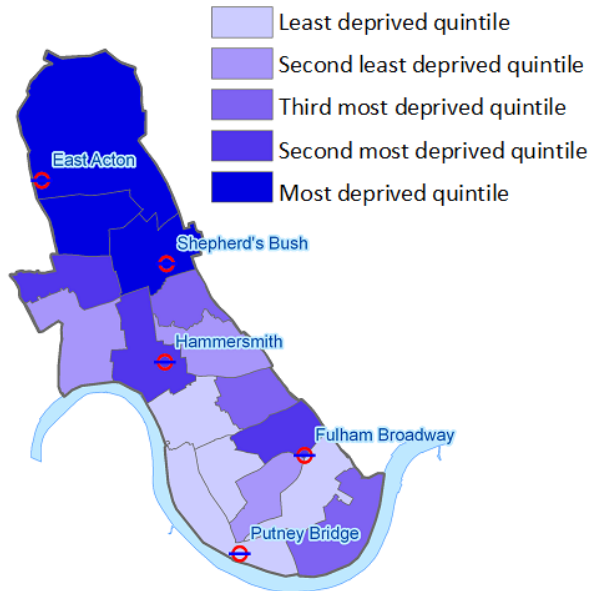


Figure 2.13: Incapacity benefit rates per 1000 in Hammersmith & Fulham

Patterns of ill health

2.27 The **overall premature (under 75) death rate** is higher than London and England, and Shepherd's Bush Green, Askew, and Hammersmith Broadway wards fall within the 20% worst wards in London, with around 7-11 more early deaths a year than is typical for London.

Average Ward Index of multiple deprivation 2010



SMR: deaths under 75 years

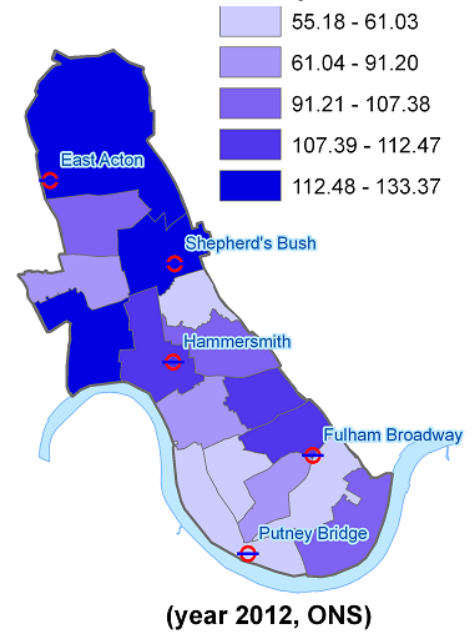


Figure 2.14: Map showing deprivation and premature mortality (under 75) in Hammersmith & Fulham

2.28 The principle cause of premature death in Hammersmith & Fulham is cancer, followed by cardiovascular disease (CVD) (which includes heart disease and stroke). A significant number of people also die from respiratory diseases (Figure 2.15). Accidents and injuries are most common among younger residents. This is pattern is broadly similar to the rest of the country.

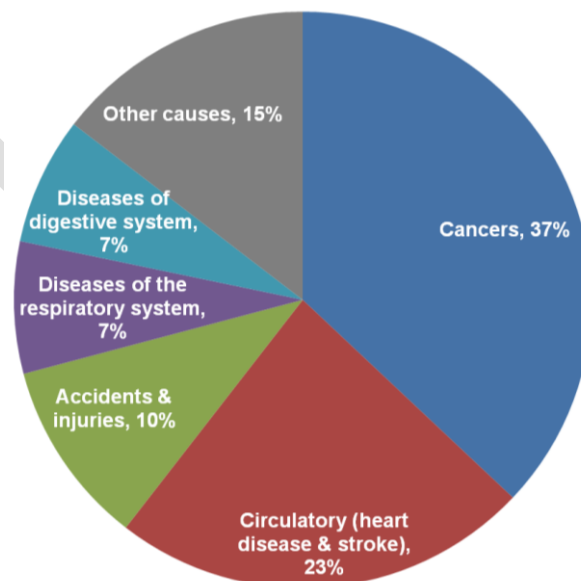


Figure 2.15: Premature deaths by cause, 2011

2.29 The premature death rate from **cancer** is higher than London and England. Five electoral wards (Askew, Fulham Broadway, Fulham Reach, Hammersmith Broadway, and Munster) have among the 20% worst rates in London, with around 2-3 more early deaths a year in each than London (Figure 2.16)

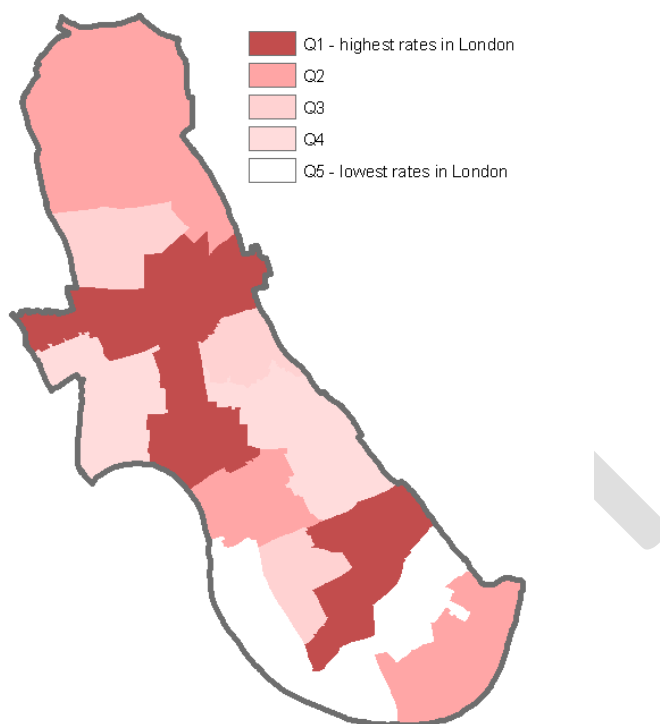


Figure 2.16: Cancer - Premature Mortality 2006-10 : Mortality rates by London quintile

2.30 Breast and cervical screening coverage rates continue to be among the lowest in the country, with local evidence population diversity, migration and high use of private services create a constant challenge to improvement. Survival from breast and lung cancer is higher in the borough than the London average. There are 1-3 deaths a year from cervical cancer in the borough.

2.31 Improvements in lifestyles, as well as more accessible and high quality care, have resulted in a modest decline in the early death rate for cancer. However, the change has been small compared to London and England (5% locally in the last decade, compared to 20% in London and 17% nationally). Nationally, issues still exist around early diagnosis of cancer, with chances of survival much poorer in areas of deprivation.

2.32 Currently 150 residents of the borough die prematurely each year from cancer, which is around 15 more than a typical London borough. Lung, breast and bowel cancer account for the greatest number of early deaths in the borough.

Pharmacists can play an important role in the early detection and diagnosis of cancer. Raising awareness and talking to patients about signs and symptoms of different cancers really can save lives because it can result in earlier diagnosis and

better treatment options for patients.

- 2.33** The premature death rate from **cardio-vascular disease** is broadly similar to London but higher than nationally. Within the borough, Shepherd's Bush Green ward has among the 20% worst rates in London, with around 3 more early deaths a year, compared to London (Figure 2.17).

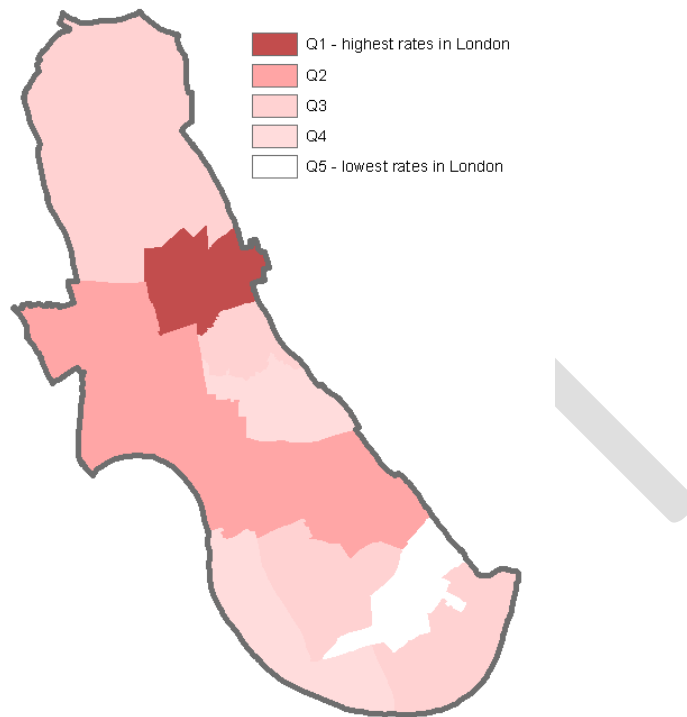


Figure 2.17: CVD - Premature Mortality 2006-10: Mortality rates by London quintile

- 2.34** There have been marked reductions locally in premature mortality from CVD in the past decade (by 46%), the result of factors such as more timely high quality treatment, effective prescribing, and a reduction in the number of smokers. Ten years ago, CVD was the primary cause of early death; it is now the second most common.
- 2.35** Currently 75 residents of the borough die prematurely each year from heart disease and 20 from stroke.
- 2.36** The premature death rate from **COPD** is higher than London and England. Five more people in the borough die before 75 from COPD than is typical for London. Hospital admissions are also much higher.

Pharmacies may provide **NHS Health Checks** (page 71) for people aged 40-74 years: carrying out a full vascular risk assessment and providing advice and support to help reduce the risk of heart disease, strokes, diabetes and obesity.

- 2.37** In the past, the hospital admission rate for accidents and injuries among 0-17 year olds has been high compared to London (and similar to England), although it appears

to be dropping. There are around 370 hospital admissions a year, and considerably more people are seen in A&E. There are much greater numbers in areas of deprivation, due to larger child populations in these areas, but also a greater likelihood of occurrence among these residents.

- 2.38** Road casualties are high among Shepherd’s Bush green and College Park & Old Oak wards (Figure 2.18).

Total number of road casualties

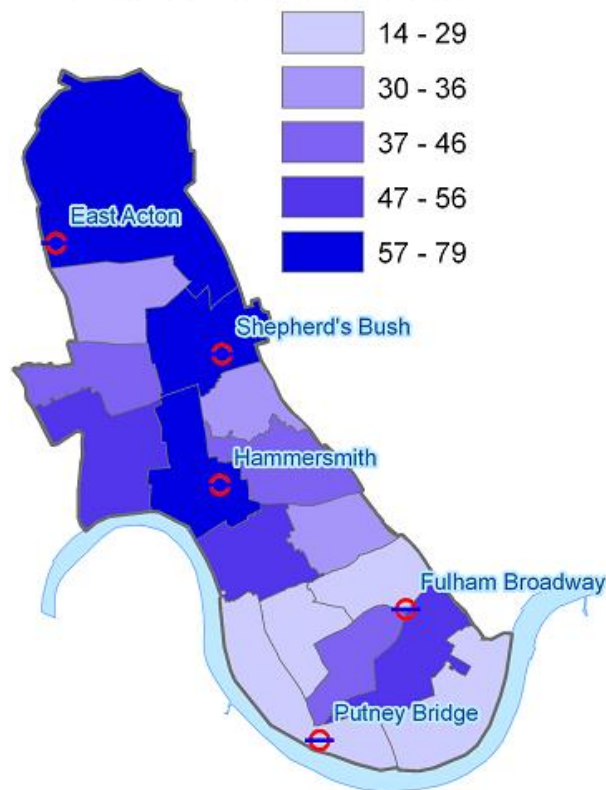


Figure 2.18: Total number of road casualties in Hammersmith & Fulham (Dep of Transport 2012)

- 2.39** There are currently 1,051 residents in Hammersmith & Fulham diagnosed with HIV, the 7th highest rate aged 15-59 in the country, with a higher proportion of cases contracted via sex between men. In 2010, 19% of cases were diagnosed late, compared to the London average of 27%. Late diagnosis carries with it increased risk of poor health and death and increases chances of onward transmission. High rates of HIV/ AIDs patients known to services are residing in North End ward.

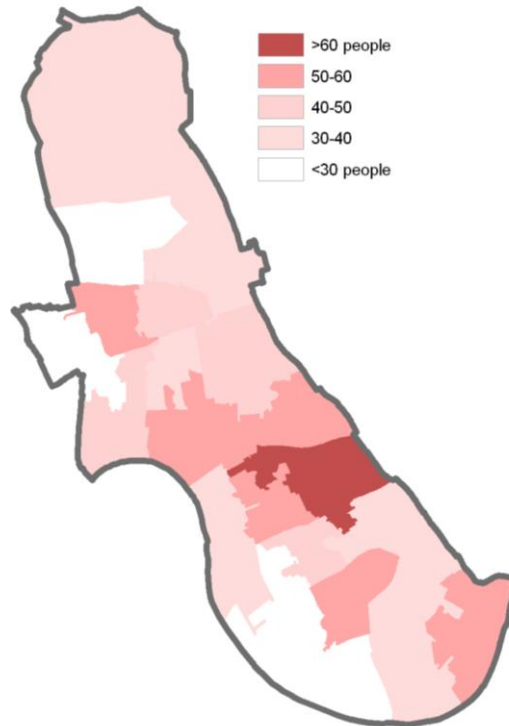
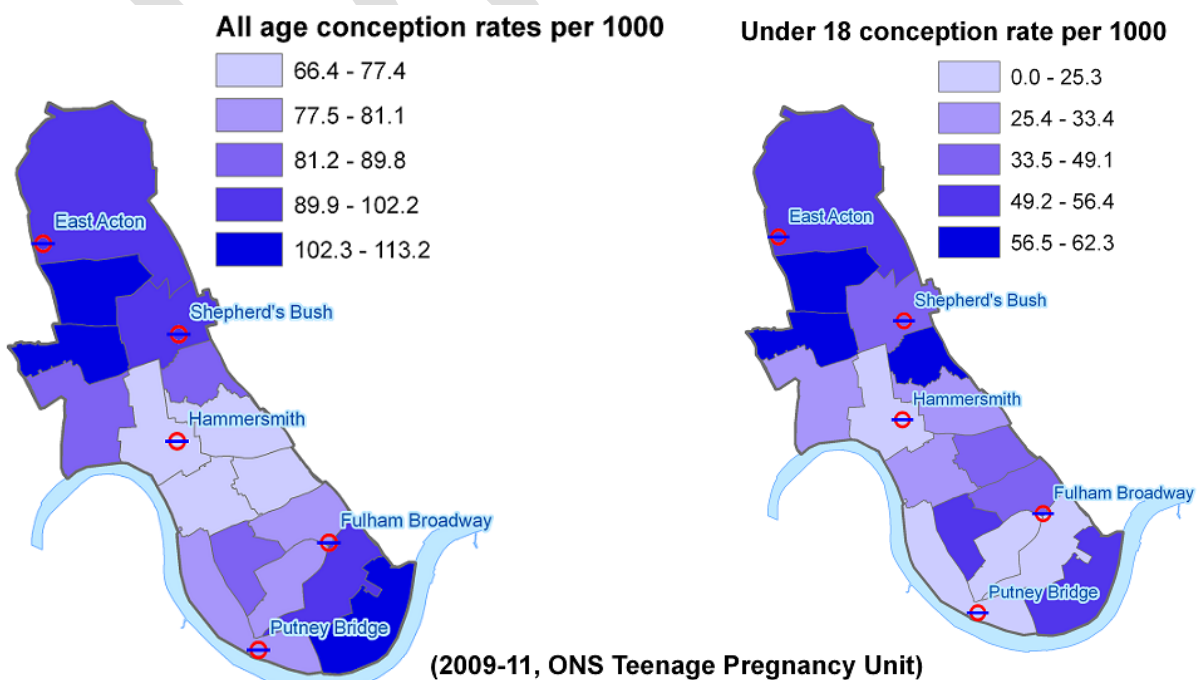


Figure 2.19: HIV/AIDS – People known to services, 2009

- 2.40 Hammersmith & Fulham have the 3rd highest rate of acute sexually transmitted infections in the country. Rates of Chlamydia among 15-24 year olds are less high but still above the national average.
- 2.41 There were 89 under 18 conceptions in the borough in 2010 - around 11 more than typical for a London borough - and 24 associated births. Deprived northern parts of the borough have high rates of teenage conception (figure 2.20). Teenage mothers nationally are three times as likely to suffer from post-natal depression, are less likely to breastfeed and more likely to smoke.



(2009-11, ONS Teenage Pregnancy Unit)
Figure 2.20: Teenage and all age conception rates

Pharmacies may provide **Sexual health services** such as emergency hormonal contraception services (page 75); condom distribution; pregnancy testing and advice; Chlamydia screening and treatment; other sexual health screening, including syphilis, HIV and gonorrhoea.

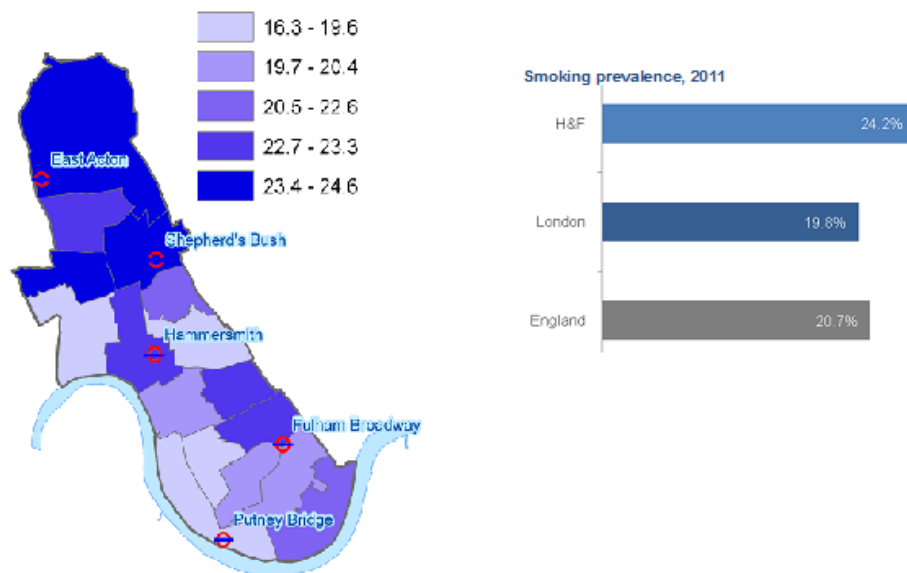
2.42 There are currently 2,395 patients in the borough on a GP register for severe and enduring mental illness (e.g. schizophrenia), the 8th highest in the country in 2010/11. These patients are spread relatively uniformly throughout the borough.

Medicines are a key component of mental health care and pharmacists have the expertise required to improve adherence to medication and bridge the gaps between services in different healthcare settings. Services such as **Medication Use Reviews** (page 63) and **New Medicine Services** (page 65) are examples of services that improve access to this group. Pharmacists also have the expertise to make a vital contribution to the reduction in the inappropriate use of medicines.

Lifestyles

2.43 The prevalence of smoking in Hammersmith & Fulham is, at 24%, the 4th highest in London (Figure 2.21). It is estimated that one in two long-term smokers dies prematurely and that around 6 hospital admissions per day in Hammersmith & Fulham are attributable to smoking.

Smoking prevalence (%)



(year 2013, local smoking prevalence estimations)

Figure 2.21: Map showing ward level smoking prevalence estimations (year 2013) and comparison of smoking prevalence with London and England (2011 British Household survey)

Pharmacies may provide **Stop smoking services** (page 73): proactive promotion of smoking cessation through to provision of full NHS stop smoking programme

- 2.44** Obesity can lead to a greater risk of heart disease, stroke, some cancers, high blood pressure, mental ill-health, and is likely to have contributed to 31% rise over 5 years in GP-recorded numbers with diabetes locally.
- 2.45** There are estimated to be 22,000 obese adults in the borough, 15% of the total. Levels of adult obesity have been rising nationally. Adult obesity rates are in deprived wards in the north (Figure 2.22). The cost to the local NHS from obesity is around £10-20 million a year.

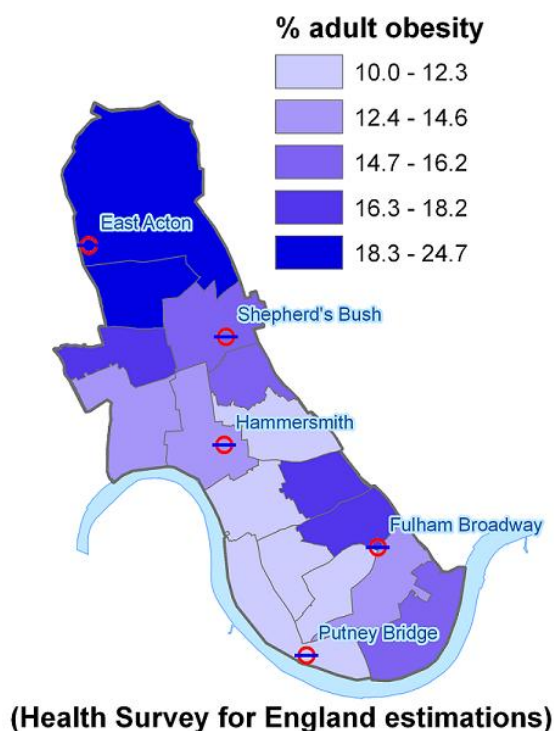


Figure 2.22: Adult obesity rates in Hammersmith & Fulham

- 2.46** Child obesity in Hammersmith & Fulham state primary schools has been consistently higher than **nationally** for Year 6 pupils (aged 10-11) over a period of time. These higher rates may in part be a result of physical inactivity and poor diet, which is also reflected in poorer than average levels of tooth decay locally. In 2010/11, 158 children in reception and 275 children in year 6 were found to be at risk of obesity (BMI 95th percentile) and 99 and 188 were classified as clinically obese (BMI 98th percentile). 10% of the borough's primary school children live outside the borough. Highest rates of childhood obesity rates were observed in Wormholt & White City in the north and Sands End, parsons Green & Walham and Town in the south.

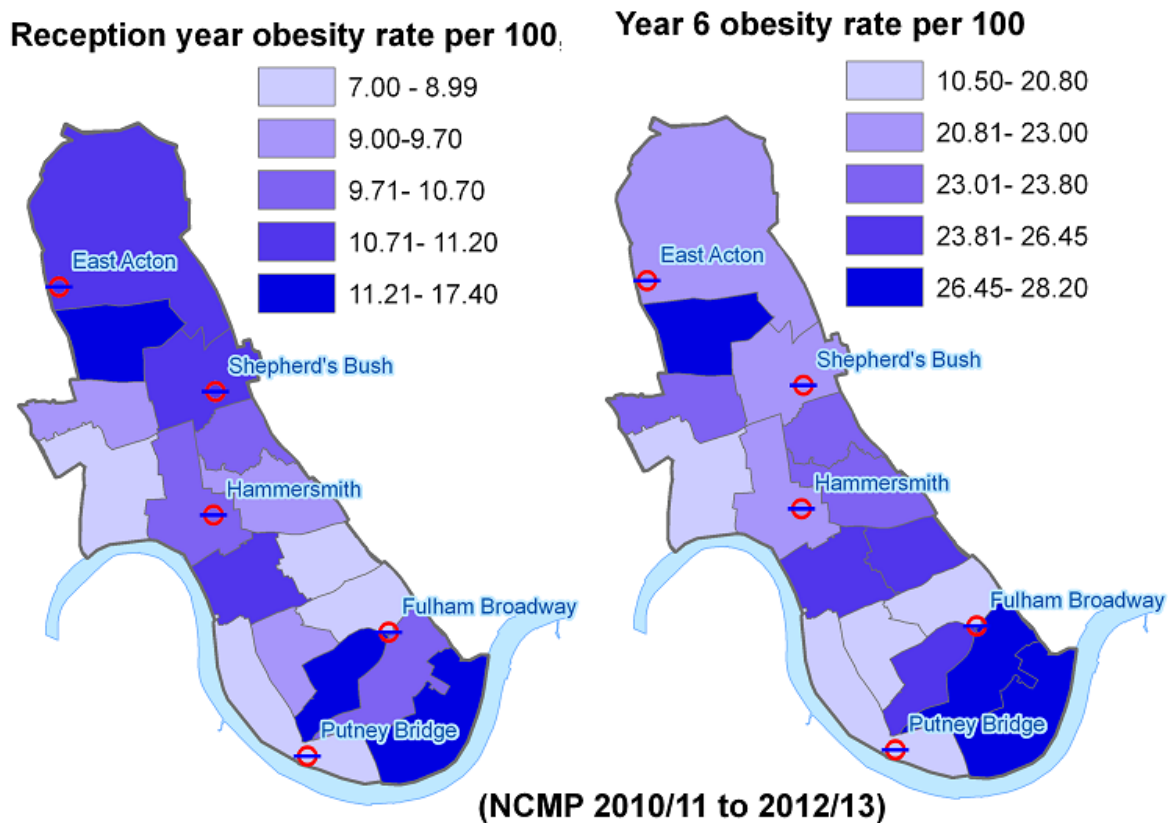


Figure 2.23: Level of childhood obesity in Hammersmith & Fulham

Pharmacies may provide **Weight management services**: promoting healthy eating and physical activity through to provision of weight management services for adults who are overweight or obese. They may also be involved in providing brief interventions to sign post patients towards increasing their physical activity and improving their diet.

2.47 Hospital admissions for alcohol-related and alcohol-specific harm (e.g. liver disease) are significantly higher in Hammersmith & Fulham than in London and England, as are alcohol-related crimes. Around 19 people every year in Hammersmith & Fulham die before 75 from chronic liver disease, 7 more than is typical for London. 'Hotspots' for alcohol-related admissions include the White City and Shepherd's Bush areas. Ambulance call outs for alcohol related illnesses during 2013 highest in Shepherd's Bush Green, Hammersmith Broadway and Parsons Green and Walham ()

Rates of ambulance call outs for alcohol related illness-2013

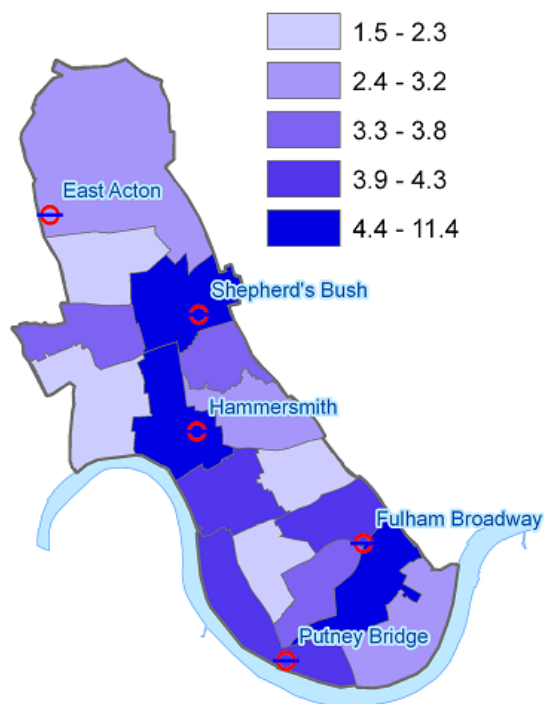


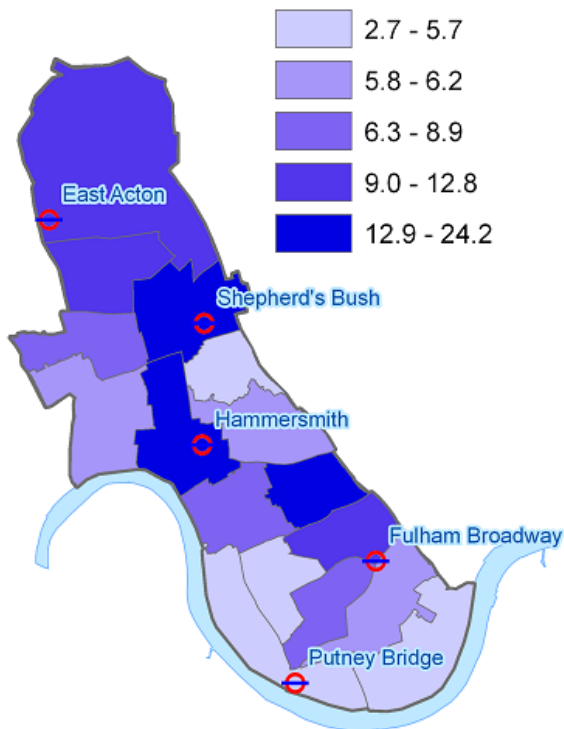
Figure 2.24: Ambulance call outs for alcohol related illnesses during 2013

Pharmacies may provide **Alcohol misuse services**: providing proactive brief interventions and advice on alcohol with referral to specialist services for problem drinkers

- 2.48** Hammersmith & Fulham is home to a significant prison population: HMP Wormwood Scrubs is a closed category B prison of around 1,200 male inmates. Most inmates are either on remand or serving shorter sentences.
- 2.49** Between one-third and one-half of the prison population nationally is drug-dependent, one-third is alcohol-dependent and up to three-quarters have a personality disorder. Local data identifies a smoking prevalence of 80-85%, and there are 50-70 referrals a month to mental health services.
- 2.50** There are likely to be in the region of 338 families financially affected by welfare reform by £20 a week or more, resulting from changes in legislation around housing benefit. There will also be further families affected from the introduction of Universal Credit, which may result in a changing population composition and need for services over the next few years. Local services are in the process of ensuring those at risk are supported through the process.
- 2.51** The estimated number of problem drug users in Hammersmith & Fulham was 1,450 in 2009/10, a rate of 11.5 per 1,000 population aged 15-64, the 9th highest rate in London. The cost to society of crimes associated with problem drug use in the borough may be as much as £60 million, (based on national estimates from the Home

Office). Drugs offence rate per 1000 is high among Shepherd's Bush, Hammersmith Broadway and North End wards (figure 2.23)

Drugs rate per 1000



(year 2012/13, Metropolitan Police Service)

Figure 2.25: Drugs offence rate in Hammersmith & Fulham

Pharmacies may provide **Substance misuse services** (page 72): needle and syringe services; supervised consumption of medicines to treat addiction, e.g. methadone; Hepatitis testing and Hepatitis B and C vaccination; HIV testing; provision of naloxone to drug users for use in emergency overdose situations

Protected Characteristics and Vulnerable Groups

2.52 A “protected characteristic” means a characteristic listed in section 149(7) of the Equality Act 2010. There are also certain vulnerable groups that experience a higher risk of poverty and social exclusion than the general population. These groups often face difficulties that can lead to further social exclusion, such as low levels of education and unemployment or underemployment.

2.53 As a part of the PNA process, we have examined the health needs of these different groups and the implications they may have on the PNA. The provision of services is discussed in Chapter 5.

Age

2.54 The current age profile of the borough is discussed earlier in this chapter and the future age projections are discussed later in this chapter.

- 2.55** Pharmacies provide essential services to all age groups such as dispensing, promotion of healthy lifestyles and signposting patients to other healthcare providers.
- 2.56** Staff who provide pharmaceutical services to children and vulnerable adults are required to be aware of the safeguarding guidance and the local safeguarding arrangements. This includes the reporting of concerns and so are alert to and act on indications that a child or vulnerable adult may be being abused, or at risk of abuse or neglect.
- 2.57** The younger population benefits specifically from enhanced services such as Minor Ailment Services and Sexual Health Services offered by certain pharmacies.
- 2.58** The elderly population in the borough is increasing which will increase the demand on dispensing. They are supported further by services such as the provision of the flu immunisation service, medicine use reviews (MURs) and new medicine services (NMS). There is potential to improve access to care home services. The increasing care home population may benefit from Care Home Services.
- 2.59** The HWB has not identified any gaps in access to the provision of pharmaceutical services based on age.

Disability

- 2.60** 350 people are registered deaf or hard of hearing. 840 people are registered blind or partially sighted (NHS statistics 2011). 385 people are on the GP learning disability register (0.19% of the H&F GP population). An estimated 6,000 people are economically inactive due to long-term sickness or disability (3.9% of working age population (London 3.7%).
- 2.61** Those of working age with a disability are more likely to be living in areas of social housing. Disability among older people is likely to rise due to improved life expectancy and ageing of post war baby boom. Improved life expectancy at birth and better hospital care means increase in numbers with complex needs living in adulthood. Limited information is collected on patient disability.
- 2.62** All pharmacies must comply with the Disability Discrimination Act 1995 (now superseded by the Equality Act 2010). Pharmacy contractors may have assessed the extent to which it would be appropriate to install hearing loops, or provide access ramps wide aisles to allow wheelchair access. 30 of the pharmacies with a consultation room indicated that they were accessible to wheelchair users.
- 2.63** Accessible information formats are alternatives to printed information, used by blind and partially sighted people, or others with a print impairment. Nearly two thirds of the pharmacies that responded to the survey provide large prints (22/34). 18

pharmacies provide Easy read material. 3 pharmacies within the borough provide information in Braille.

- 2.64** The HWB has not identified any gaps in access to the provision of pharmaceutical services to the disabled population.

Sex

- 2.65** The current gender split is discussed earlier in this chapter. All essential services are provided equitably to both sexes. Pharmacies may provide relevant enhanced services specifically for women such as Emergency Hormonal Contraception through patient group directives.

- 2.66** The HWB has not identified any gaps in access to the provision of pharmaceutical services to the different genders.

Gender reassignment

- 2.67** Numbers for transgender and gender reassignment are not known locally. Nationally, around 1500 people aged over 15 years old are presently undergoing treatment for gender dysphoria per year. There is also a rapid growth (15% per year) in the number of people, of all ages, who are seeking medical treatment for profound and persistent gender dysphoria.

- 2.68** Pharmacies are involved in the pathway of gender reassignment in their role of dispensing medication. Almost all of the pharmacies who responded to the survey (33/36) have a clearly signposted private consultation room. Pharmacists who provide sexual health services have undergone extra training.

- 2.69** The HWB has not identified any gaps in access to the provision of pharmaceutical services to the population who have or are currently undergoing gender reassignment.

Sexual orientation

- 2.70** Little data is gathered around sexual orientation in the area. According to Stonewall, the size of the lesbian and gay population in the country may be in the region of 5-7% of the population.

- 2.71** As above, pharmacists provide their professional services irrespective of sexuality or sexual orientation.

- 2.72** The HWB has not identified any gaps in access to the provision of pharmaceutical services based on sexual orientation.

Marriage and civil partnership

- 2.73** Little data is gathered around the number of family breakdowns and adoptions in the area. The 2011 Census identifies 10.3% of the local adult population as separated or divorced, which is lower than the London and national averages.
- 2.74** The HWB has not identified any gaps in access to the provision of pharmaceutical services relating to this group.

Pregnancy and maternity

- 2.75** Pharmacies provide a range of services for women during the entire process of pregnancy and maternity, from provision of pregnancy testing to advice during the pregnancy such as medication reviews and stop smoking services and, in the postnatal period, provision of supplements and signposting to other medical professionals for both mother and baby.
- 2.76** The HWB has not identified any gaps in access to the provision of pharmaceutical services in pregnancy and maternity.

Race

- 2.77** The ethnic diversity and the impact on provision of pharmaceutical services is discussed earlier in this chapter.
- 2.78** The HWB has not identified any gaps in access to the provision of pharmaceutical services to the different ethnic groups.

Religion and belief

- 2.79** According to the 2011 Census data, 54% of the population in Hammersmith & Fulham were Christian, higher than London (48%) but lower than England. A far smaller proportion of the Hammersmith & Fulham population were Hindu, Jewish or Sikh compared to the London average
- 2.80** Hammersmith & Fulham has a diverse population as noted above and multiple religions are practiced within the borough.
- 2.81** The HWB has not identified any gaps in access to the provision of pharmaceutical services based on religion and belief.

Those struggling with substance abuse

- 2.82** The current need is discussed on page 36. Public Health Services are commissioned from Hammersmith & Fulham, and surrounding borough pharmacies, such as Supervised Consumption, Needle Exchange Services and Stop Smoking Services. These services improve access for this vulnerable group.

- 2.83** HWB has not identified any gaps in access to the provision of pharmaceutical services to those struggling with substance abuse.

The Homeless

- 2.84** Those sleeping rough in the borough have been found to have very high levels of emergency health care use and poor levels of health which could be avoided with better coordination and support. A recent JSNA (available at www.jsna.info) has highlighted gaps in service provision for rough sleepers in primary care resulting in excessive use of secondary care. A significant proportion of the homeless population tend to have multiple issues such as alcohol and drug dependence and mental health issues.
- 2.85** Pharmacies are ideally situated to target services for hard-to-reach populations such as homeless sleepers who are usually not registered with a GP.
- 2.86** The availability of pharmacies throughout the borough with extended opening hours and the provision of services such as Supervised Administration Services, Needle Exchange Services and Stop Smoking Services improve access for this vulnerable group.
- 2.87** HWB has not identified any gaps in access to the provision of pharmaceutical services to the Homeless Population.

Changing Patterns of Need

- 2.88** Obesity can lead to a greater risk of heart disease, stroke, some cancers, high blood pressure, mental ill-health, and is likely to have contributed to the 31% rise over 5 years in GP-recorded numbers of diabetes diagnoses locally.
- 2.89** Child obesity in Hammersmith & Fulham state primary schools has been consistently higher than nationally for Year 6 pupils (aged 10-11) over a period of time. These higher rates may in part be a result of physical inactivity and poor diet, which is also reflected in poorer than average levels of tooth decay locally. In 2010/11, 158 children in reception and 275 children in year 6 were found to be at risk of obesity (BMI 95th percentile) and 99 and 188 were classified as clinically obese (BMI 98th percentile). 10% of the borough's primary school children live outside the borough.
- 2.90** Alcohol-related harm is an increasing public health issue and Hammersmith & Fulham is an 'outlier': it has more hospital admissions for alcohol-related and specific harm (e.g. liver disease) and alcohol-related crimes than the national average. Over the last decade, alcohol-related admissions have more than doubled, faster than nationally. 'Hotspots' for alcohol-related admissions include the White City and Shepherd's Bush area.

2.91 The number of older people is expected to rise considerably over the next two decades. Although the rise experienced locally may not be as substantial as the rise nationally, it will nevertheless have a dramatic impact on demand for services. At the same time, the number of those providing unpaid care in Hammersmith & Fulham was the 4th lowest in the country in 2001.

2.92 Illnesses such as dementia, primarily prevalent among very old populations, will become increasingly commonplace. Currently, there are likely to be around 1,250 patients in Hammersmith & Fulham with dementia. By 2025, there are likely to be in the region of 1,500 patients. Earlier diagnosis of dementia is associated with delayed admission to nursing care.

Changing Population

2.93 The number of older people is expected to rise considerably over the next two decades. Although the rise experienced locally may not be as substantial as the rise nationally, it will nevertheless have a dramatic impact on demand for services. At the same time, the number of those providing unpaid care in Hammersmith & Fulham was the 4th lowest in the country in 2001.

2.94 Unless behaviour and services change, people will experience longer periods of time living with disability, resulting from improved survival rates from major diseases such as stroke, heart disease and cancer.

2.95 Illnesses such as dementia, primarily prevalent among very old populations, will become increasingly commonplace. Currently, there are likely to be around 1,250 patients in Hammersmith & Fulham with dementia. By 2025, there are likely to be in the region of 1,500 patients. Earlier diagnosis of dementia is associated with delayed admission to nursing care.

2.96 The proportion of the 80+ population is estimated to increase up to 20% by year 2030 (Figure 2.26). Public health issues for the older population, such as social isolation, physical inactivity, and falls, may become more commonplace, as will levels of disability and mobility issues.

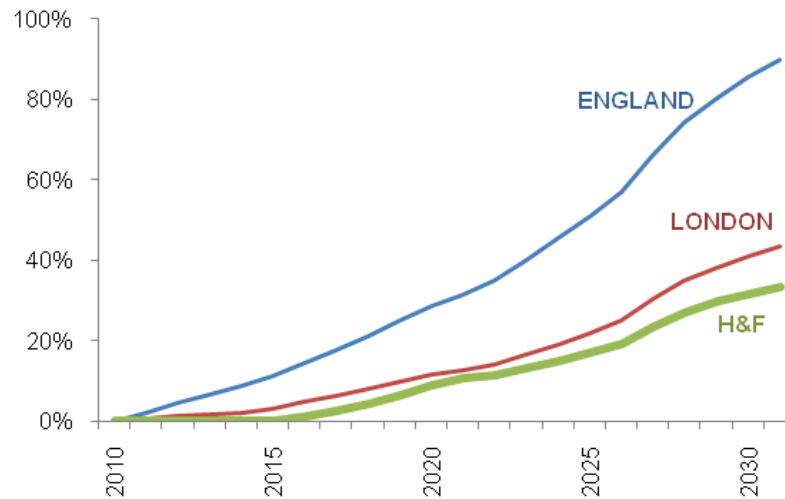


Figure 2.26: Projected growth population age 80+

- 2.97** Medical and social care advances have been leading to significant increases in the life expectancy of children with complex needs. This vulnerable population group may therefore need support over longer periods.
- 2.98** There are several proposed large scale development sites in the borough which may result in significant and concentrated increases in population if completed. All of these are likely to require reconsideration of pharmaceutical requirements if progressed. At present, timescales for development are likely to be longer than the timescale of the 2015-2018 PNA. According to the Greater London authority, there are 44 development schemes proposing 10 or more units either not started or under construction as at 29th September 2014 (Figure 2.27).



Figure 2.27: Potential new developments in Hammersmith & Fulham

2.99 As at 29th September 2014, 22 construction sites have started construction while another 22 have obtained planning permission. These new developments sites will increase the Hammersmith & Fulham population by over 14,000.

Ward	Construction not started	Construction started	All developments
Askew	32 (2)	40 (1)	72 (3)
Avonmore & Brook Green	63 (3)	38 (1)	101 (4)
College Park & Old Oak	0 (0)	223 (2)	223 (2)
Fulham Broadway	15 (1)	1006 (4)	1021 (5)
Fulham Reach	0 (0)	744 (1)	744 (1)
Hammersmith Broadway	413 (3)	540 (4)	953 (7)
North End	5919 (3)	0 (0)	5919 (3)
Palace Riverside	58 (1)	26 (1)	84 (2)
Parason'a Green & Walham	11 (1)	0 (0)	11 (1)
Ravenscourt Park	0 (0)	98 (2)	98 (2)
Sands End	241 (3)	1406 (4)	1647 (7)
Shepherd's Bush Green	3078 (5)	30 (1)	3108 (6)

Town	0 (0)	24 (1)	24 (1)
Total	22	22	14,005 (44)

Table 2.9: Expected increase in number of residents (number of developments) by ward of the location

The HWB believes that the current provision of pharmaceutical services (discussed in Chapter 5) is sufficient to meet the needs of the changing health and demographics of the population over the lifetime of this PNA (2015-2018).

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Chapter 3 – Location of Health Services

Primary Care

3.1 NHS Hammersmith & Fulham Clinical Commissioning Group is the new organisation responsible for buying health services from Hospital Trusts, Mental Health Trusts and community organisations. Hammersmith & Fulham CCG is a membership organisation, made up of all 31 GP practices (Figure 3.1), and manage an annual budget of £256 million¹.



Figure 3.1: Map of GP practices in Hammersmith & Fulham

¹ Hammersmith and Fulham CCG Prospectus 2013–2014

Dentists

3.2 There are 28 dental practices in Hammersmith & Fulham



Figure 3.2: Map of dental practices in Hammersmith & Fulham

Acute Care and Mental Health Care

3.3 The main secondary care provider for Hammersmith & Fulham population is Imperial College hospitals (Hammersmith Hospital and Charing Cross Hospital). Mental health services are provided by West London Mental Health NHS trust.

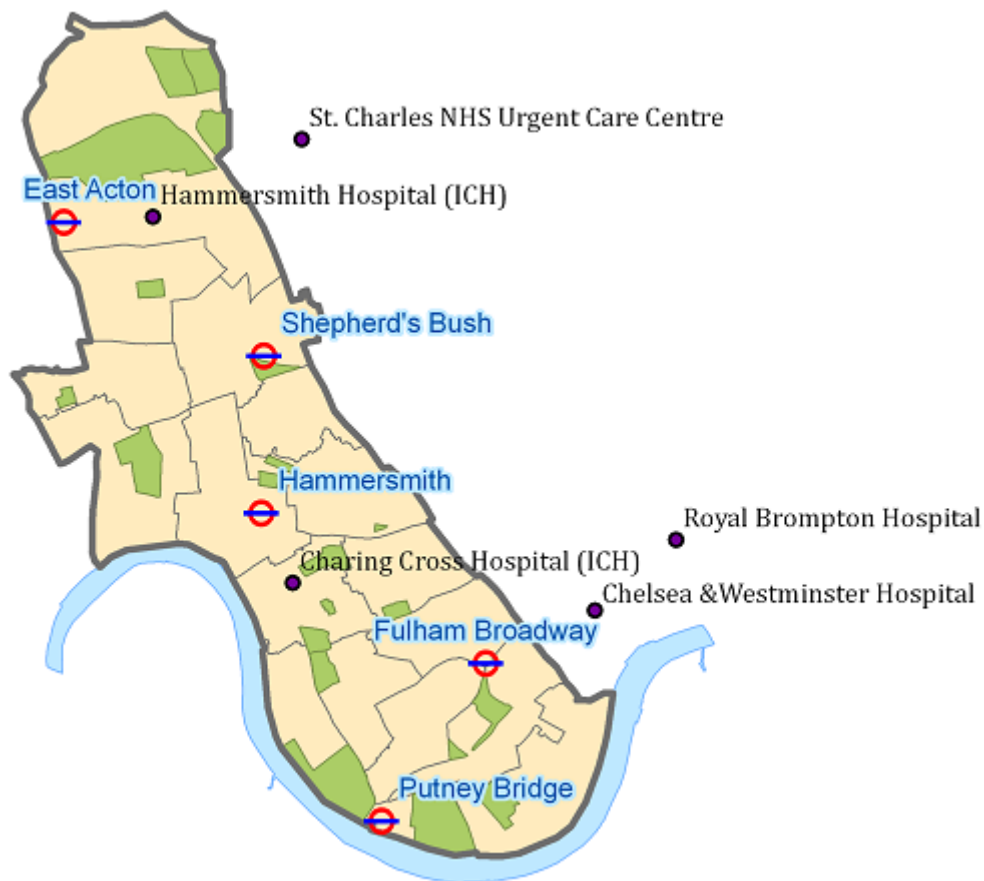


Figure 3.3: Map showing location of Acute Trust sites and Urgent Care Centres

- 3.4** The PNA makes no assessment of the need for pharmaceutical services in secondary care. However there is interest in managing the transfer of patients across care settings, with particular regard to medicines review and reconciliation processes between hospital pharmacists and community pharmacists.

Community Services

- 3.5** Central London Community Healthcare (CLCH) is a NHS community healthcare provider in four London boroughs. Providing healthcare in the boroughs of Barnet, Hammersmith and Fulham, Kensington and Chelsea, and Westminster. They employ more than 3,000 health professionals and support staff to provide community and in-patient services to almost 1 million people across London.
- 3.6** Central London Community Healthcare NHS Trust provides range of services including a tuberculosis (TB) nursing service from Hammersmith Hospital, stroke services across Kensington & Chelsea, Hammersmith & Fulham and Westminster, Hammersmith NHS Urgent Care Centre provides a range of walk-in health services to the general public 7 days a week.
- 3.7** Hammersmith NHS Urgent Care Centre provides a range of walk-in health services to the general public from 7 days a week. Central London Community Healthcare NHS

Trust provides a range of services from Hammersmith Bridge Road including district nursing, school nursing, and speech and language therapy for adults.²

Taking into account the location, opening times and proposed changes to the above sources of prescriptions, the HWB believes that the current provision of pharmaceutical services (described in Chapter 4) is sufficient to meet the demands of the population during the lifetime of this PNA.

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² <http://www.clch.nhs.uk/about-us.aspx>

Chapter 4 – Access to pharmaceutical Services

Pharmacy Distribution and Choice

- 4.1** There are currently 40 pharmacies on the NHS England pharmaceutical list for Hammersmith & Fulham as of the 7th of July 2014. These have been marked on Figure 4.1 and listed in Appendix A.
- 4.2** There are 22 community pharmacies per 100,000 resident population within Hammersmith & Fulham. This is similar to the London and England average (London 23; England 22)³.
- 4.3** The PNA examines the geographical accessibility of pharmaceutical services and has hence used the postcode of the pharmacy to consider which borough the pharmacy belongs to. *My Pharmacy* (HF35) which is on NHS England's Kensington & Chelsea pharmaceutical list has been considered a Hammersmith & Fulham pharmacy as it lies geographically within Hammersmith & Fulham and was surveyed as a part of the Tri-borough.
- 3.8** There are 17 pharmacies that are located within 500m outside of the Hammersmith & Fulham borough border. These have been marked on figure 3.1 and listed in Appendix A. Geographically, Marcus Jones Pharmacy, Ealing (EA03) is within the Hammersmith & Fulham boundary but has not been included in the survey as it has its services commissioned by the Ealing Borough and will be included in their PNA.
- 4.4** The ward distribution of the pharmacies by electoral ward is shown in

Ward	Number of pharmacies
Addison	4
Askew	2
Avonmore and Brook Green	1
College Park and Old Oak	3
Fulham Broadway	2
Fulham Reach	3
Hammersmith Broadway	4
Munster	2
North End	2

³ General Pharmaceutical Services in England 2003-04 to 2012-13

Parsons Green and Walham	1
Sands End	1
Shepherd's Bush Green	9
Town	5
Wormholt and White City	2

- 4.5** Table 4.1. Palace Riverside and Ravenscourt do not geographically have a pharmacy located in them but - as seen on Figure 4.1 where a 500m radius buffer has been drawn from the centre of each Pharmacy postcode – the wards have good provision from pharmacies within a short distance near the border.
- 4.6** This map shows that most of the borough is within 500m of at least one pharmacy. The larger area in College Park & Old Oak that appears to not be covered consists of railway tracks. The other small areas not within a 500m radius of a pharmacy are only a short distance further from a pharmacy either within or outside the borough.
- 4.7** There are no dispensing doctors, mail order or internet based or distance selling pharmacies based in Hammersmith & Fulham.
- 4.8** There are no community pharmacies receiving payment under the Essential Small Pharmacies Local Pharmaceutical Services (ESPLPS) scheme and Local Pharmaceutical Service (LPS) schemes as of 1st October 2014 in Hammersmith & Fulham.



Figure 4.1: Pharmacies within Hammersmith & Fulham and surrounding Boroughs. Areas that are served by a pharmacy within 500m are coloured in red.

Ward	Number of pharmacies
Addison	4
Askew	2
Avonmore and Brook Green	1
College Park and Old Oak	3
Fulham Broadway	2
Fulham Reach	3
Hammersmith Broadway	4
Munster	2
North End	2
Parsons Green and Walham	1
Sands End	1
Shepherd's Bush Green	9
Town	5
Wormholt and White City	2

Table 4.1: Distribution of pharmacies by ward

The areas where there do not appear to be a pharmacy within 500m corresponds with areas with the lowest persons per hectare (Figure 2.1 on page 15). In particular, the area in the North of the borough in College Park and Old Oak has 10 persons per hectare when divided by LSOA (the lowest in the borough).

Transport Networks

- 4.9** The local population are not bound by electoral ward or borough boundaries when accessing pharmaceutical services. The excellent travel infrastructure available within Central London places many more pharmacies, both inside and outside the borough, within convenient access to our local population.
- 4.10** There are 15 London Overground and Underground stations in the borough (Figure 4.2)
- 4.11** There are is also a good bus transport links on the road network (Figure 4.3).

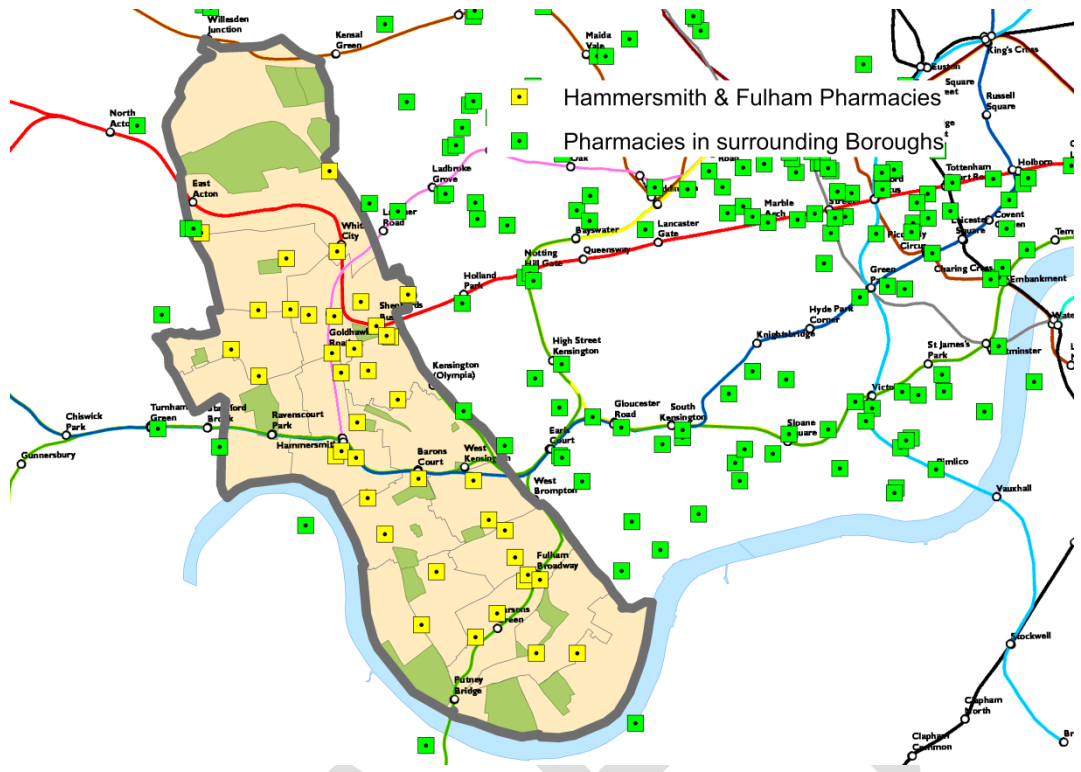


Figure 4.2: Tube networks

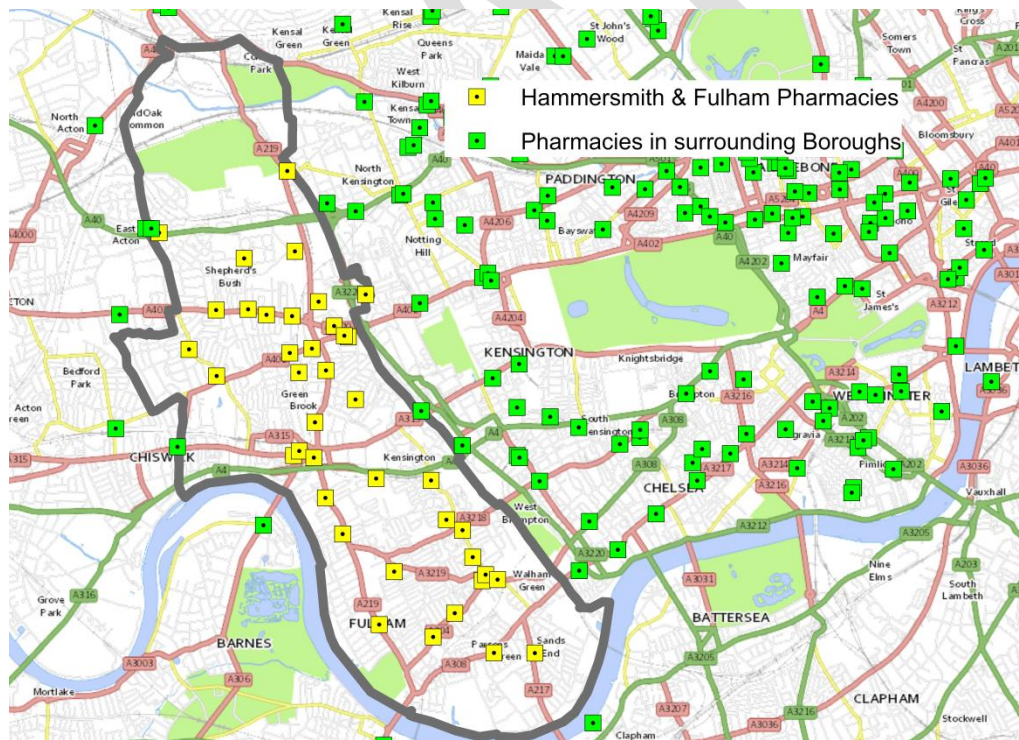


Figure 4.3: Road network

Opening times

4.12 Pharmacy contracts with NHS England stipulate the core hours during which the pharmacy must remain open. Further to these opening hours and if willing, a pharmacy may stay open longer as supplementary hours.

- 4.13** Opening times were obtained from NHS England in June 2014. They were also collected as a part of the pharmacy contractor survey. NHS England became aware that opening times reported by pharmacies in the contractor survey were different to those in their records. Any changes to core hours need to be agreed with NHS England but changes to supplementary hours as reported by the survey would be accepted as notice of change.
- 4.14** The PNA has used the core + supplementary hours reported by pharmacies from the contractor survey to produce the figures below. For pharmacies that did not respond and for pharmacies in surrounding boroughs, we have used the opening times as held by NHS England on June 2014. The PNA relies on the accuracy of data provided by NHS England who continue to retain the statutory responsibility to maintain the list of pharmacies. A supplementary statement will be made in the future if NHS England informs the HWB of any changes in opening times that impact the provision of services.
- 4.15** NHS England has one 100 hour pharmacy (core) on their list for Hammersmith & Fulham: Boots the Chemist on Fulham Road, SW6 1BH.
- 4.16** It should be noted that Kensington & Chelsea has a pharmacy that is open 24 hours a day, 7 days a week, Zafash Pharmacy (KC13), which is easily accessible by Hammersmith & Fulham residents.
- 4.17** 9 pharmacies are open before 9am within the borough on weekdays with a further 5 open in boroughs around Hammersmith & Fulham within 500m outside the border.



Figure 4.4: Pharmacies open before 9am on weekdays

Ward	Number of pharmacies
Addison	2
Askew	0
Avonmore and Brook Green	1
College Park and Old Oak	0
Fulham Broadway	0
Fulham Reach	0
Hammersmith Broadway	4
Munster	1
North End	0
Parsons Green and Walham	0
Sands End	0
Shepherd's Bush Green	0
Town	1
Wormholt and White City	0

4.18 There are 8 pharmacies open after 7pm on weekdays with a further 4 open in boroughs around Hammersmith & Fulham within 500m outside the border.



Figure 4.5: Pharmacies that close after 7pm on weekdays

Ward	Number of pharmacies
Addison	2

Askew	0
Avonmore and Brook Green	1
College Park and Old Oak	0
Fulham Broadway	0
Fulham Reach	0
Hammersmith Broadway	2
Munster	1
North End	0
Parsons Green and Walham	0
Sands End	0
Shepherd's Bush Green	1
Town	1
Wormholt and White City	0

4.19 Most pharmacies are open on Saturdays (37/41) within the borough with a further 15 open in boroughs around Hammersmith & Fulham within 500m outside the border.



Figure 4.6: Pharmacies open on a Saturday

Ward	Number of pharmacies
Addison	4
Askew	1
Avonmore and Brook Green	1
College Park and Old Oak	2

Fulham Broadway	2
Fulham Reach	2
Hammersmith Broadway	4
Munster	2
North End	2
Parsons Green and Walham	1
Sands End	1
Shepherd's Bush Green	9
Town	5
Wormholt and White City	1

4.20 There are 11 pharmacies open on a Sunday within the borough with a further 4 open in boroughs around Hammersmith & Fulham within 500m outside the border



Figure 4.7: Pharmacies open on a Sunday

Ward	Number of pharmacies
Addison	2
Askew	0
Avonmore and Brook Green	1
College Park and Old Oak	0
Fulham Broadway	1
Fulham Reach	1
Hammersmith Broadway	2

Munster	1
North End	0
Parsons Green and Walham	0
Sands End	0
Shepherd's Bush Green	2
Town	1
Wormholt and White City	0

4.21 The HWB believes that early morning, late evening, Saturday and Sunday access to pharmacies is **sufficient for supplying a necessary service with no gaps** in order to meet the need for pharmaceutical services in the borough. This is based on the current opening hours, the close proximity of pharmacies to local residents, and the lower demand for pharmacy services outside of office hours compared to within office hours.

Appliance contractors

3.9 Appliance contractors provide services to people who need appliances such as stoma and incontinence care aids, trusses, hosiery, surgical stockings and dressings. They range from small sole-trader businesses to larger companies. They do not supply drugs. However, pharmacies and dispensing doctors can also supply appliances.

3.10 There are currently no appliance-*only* contractors in Hammersmith & Fulham.

3.11 20 of the pharmacies that responded to the survey supply stoma care aids with 4 intending to begin within the next 12 months.

3.12 21 of the pharmacies that responded to the survey supply incontinence aids with 4 intending to begin within the next 12 months.

3.13 20 of the pharmacies that responded to the survey supply dressings with 1 intending to begin within the next 12 months.

3.14 There are no dispensing doctors or appliance contractors in Hammersmith & Fulham.

Communication

4.22 Pharmacies hire staff from a variety of ethnic backgrounds.

4.23 The most common languages spoken other than English in Hammersmith & Fulham are French, Arabic, Spanish and Polish. All of the above languages are spoken in at least one of the pharmacies in the borough. Table 4.2 lists the most common languages spoken by a member of staff in the pharmacies that responded to the survey.

Language	Number of pharmacies
Gujarati	22

Hindi	13
Urdu	13
Arabic	11
Polish	8
Punjabi	7
French	6
Farsi	5
Spanish	4
Swahili	4

Table 4.2: 10 languages spoken by a member of staff at the pharmacies that responded to the survey in Hammersmith & Fulham

Consultation Rooms

4.24 Ideally, pharmacies should have consultation areas/ rooms, with wheelchair access, in order to be able to offer a broad range of services.

6.1 Almost all the pharmacies in Hammersmith & Fulham that responded to the survey currently report having a clearly signposted private consulting room (33 out of 34 pharmacies) with two having access to an off-site consultation room or area. The one pharmacy that does not have a consulting room at the time of the survey is planning a room/area in the future. All of the consulting rooms comply with MUR/NMS requirements.

Disability Access

4.25 30 of the pharmacies with a consultation room indicated that they were accessible to wheelchair users.

4.26 Almost all the pharmacies surveyed have hand washing facilities close to the consultation room. 18 of the them off offer patients access to toilet facilities.

4.27 Accessible formats are alternatives to printed information, used by blind and partially sighted people, or others with a print impairment. Nearly two thirds of the pharmacies that responded to the survey provide large prints (22/34). 18 pharmacies provide Easy read material. 3 pharmacies within the borough provide information in Braille.

Delivery of medication

Pharmacies in Hammersmith & Fulham further improve access by providing delivery services to the local population.

	Number of pharmacies
Collection of prescriptions from surgeries	34
Delivery of dispensed medicines - free of charge on request	20
Delivery of dispensed medicines - free of charge to selected patient groups only	20
Delivery of dispensed medicines - chargeable	3

Table 4.3: Collection of prescriptions and delivery of medication (contractor survey)

Parking

4.28 2 of the 34 pharmacies surveyed have free car parking. 30 have paid car parking nearby. 24 pharmacies have disabled parking close to the premises.

Information Technology

4.29 All pharmacies are Release 1 enabled for Electronic Transfer of Prescriptions. 30 of the surveyed pharmacies are currently Release 2 enabled, with all the remainder intending to be enabled in the next 12 months.

4.30 18 of the pharmacies surveyed have access to an IT system within the consultation room. 14 of these pharmacies have access to patient records from this IT system.

4.31 Almost all the pharmacies (30/34) have access to Microsoft Office applications.

4.32 23 pharmacies have access to NHS.net email.

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Chapter 5 - Services Provided by Pharmacies

Pharmaceutical Services

- 5.1** Pharmaceutical services in relation to PNAs include:
- **Essential services** which every community pharmacy providing NHS pharmaceutical services must provide and is set out in their terms of service;
 - **Advanced services** - services community pharmacy contractors and dispensing appliance contractors can provide subject to accreditation as necessary
 - **Locally Enhanced Services** - services commissioned locally by NHS England's area teams
 - **Other Locally Commissioned Services** - Public Health Services commissioned by the Local Authorities in order to meet the needs of the population.
- 5.2** All pharmacy contractors must provide Essential services, but they can choose whether they wish to provide Advanced, Enhanced or Locally Commissioned services.
- 5.3** The provision for those services must:
- (a) only be performed by appropriately trained and qualified persons; and
 - (b) only be provided:
 - (i) in accordance with relevant national guidelines or standards,
 - (ii) from premises that are suitable for the purpose, and
 - (iii) using the appropriate or necessary equipment.

Summary of Categorisation of Services

5.4 The categorisation of these services into those stipulated by the PNA regulations (defined in Chapter 1) for Hammersmith & Fulham has been summarised in Table 5.1 below. As there has been no significant change in the description of the population or its needs between this and the last PNA, this table rolls forward the assessment made in the last PNA with adjustment to reflect changes in regulation.

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

Other services (Schedule 1, paragraph 5)
Stop Smoking Supervised Methadone Consumption Needle Exchange Services NHS Health Checks Emergency Hormonal Contraception
Improvements and better access: gaps in provision (Schedule 1, paragraph 4)
Minor Ailment Service Chlamydia Services Chronic Obstructive Pulmonary Disease screening service Alcohol misuse service Weight management service

Table 5.1: Summary of Categorisation of services into those stipulated by PNA regulations

Essential Services

5.5 All pharmacies are required to deliver and comply with the specifications for all essential services. Compliance is assessed as part of the PCT contract monitoring process. Essential services are:

- Dispensing
- Repeat dispensing
- Disposal of waste medicines
- Support for self care
- Public health
- Signposting
- Clinical governance

5.6 The assessment of the adequacy of provision of essential services considers:

- Density of provision
- Geographical distribution of pharmacies, within and outside the borough
- Opening hours
- Accessibility

Essential Services - Necessary services: current provision (Schedule 1, paragraph 1)

The provision of Essential Services is a necessary service. The HWB believes that the current number, location and opening times of pharmacies in and outside the area of the HWB is sufficient for **supplying this necessary service with no gaps**.

Advanced Services

There are four Advanced Services within the NHS community pharmacy contractual framework. Community pharmacies can choose to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions.

Medicines Use Reviews (MURs)

- 5.7** The Medicines Use Review and Prescription Intervention Service (MUR) as part of the community pharmacy contractual framework was the first advanced service to be introduced. The purpose of the MUR service is, with the patient's agreement, to improve their knowledge and use of medicines, through a specific consultation between the pharmacist and the patient. In particular, by:
- establishing the patient's actual use, understanding and experience of taking medicines
 - identifying, discussing and resolving poor or ineffective use of medicines
 - identifying side effects and drug interactions that may affect the patient's compliance with the medicines prescribed for them
 - improving clinical and cost effectiveness of medicines prescribed also helping to reduce medicines wastage
- 5.8** Currently 33 of the pharmacies that responded to the survey provide MURs with the remaining one intending to do so in the next 12 months.
- 5.9** NHS England provided, after the completion of the PNA consultation process, payment figures to pharmacies for this advanced service for the period April 2014 to August 2014. 35 pharmacies had activity during this period; a summary of activity during this period and a map showing the distribution of these pharmacies can be found below.

PNA Borough Code	Name	Ward
FE658	Boots the Chemist	Addison
FG861	Healthside Pharmacy	Addison
FTM33	Sophia Chemists	Addison
FXC05	Morrisons Pharmacy	Addison
FL905	Windwood Chemist	Askew
FT809	Tesco In-Store Pharmacy	Avonmore and Brook Green
FH822	Westway Pharmacy	College Park and Old Oak
FWH06	My Pharmacy	College Park and Old Oak
FPE14	Pestle & Mortar	College Park and Old Oak
FPV83	Superdrug	Fulham Broadway
FTP49	Boots the Chemist	Fulham Broadway
FRQ17	Rite-Chem	Fulham Reach
FY324	Boots the Chemist	Fulham Reach
FL310	Boots the Chemist	Hammersmith Broadway
FMF82	Superdrug	Hammersmith Broadway
FY620	Boots the Chemist	Hammersmith Broadway
FD872	Palace Pharmacy	Munster
FD905	Fontain Pharmacy	Munster

FK506	Parmay Pharmacy	North End
FE147	C. E. Harrod Chemist	Parsons Green and Walham
FCJ02	Day Lewis Pharmacy	Sands End
FAL39	Caregrange Pharmacy	Shepherd's Bush Green
FC883	Limegrove Pharmacy	Shepherd's Bush Green
FEE50	Bush Pharmacy	Shepherd's Bush Green
FFQ59	Superdrug	Shepherd's Bush Green
FPK47	Greenlight Pharmacy	Shepherd's Bush Green
FXM72	Faro Pharmacy	Shepherd's Bush Green
FYN39	Boots the Chemist	Shepherd's Bush Green
FHK46	Babylon Health Ltd	Shepherd's Bush Green
FM812	Pestle & Mortar	Shepherd's Bush Green
FD035	Chana Chemist	Town
FDQ50	Boots the Chemist	Town
FWC05	Fulham Pharmacy	Town
FRT73	Hamlins Chemist	Wormholt and White City
FV137	Jay's Pharmacy	Wormholt and White City

Table 5.2: Pharmacies that provided MURs in Hammersmith & Fulham during the period April 2014 – August 2014

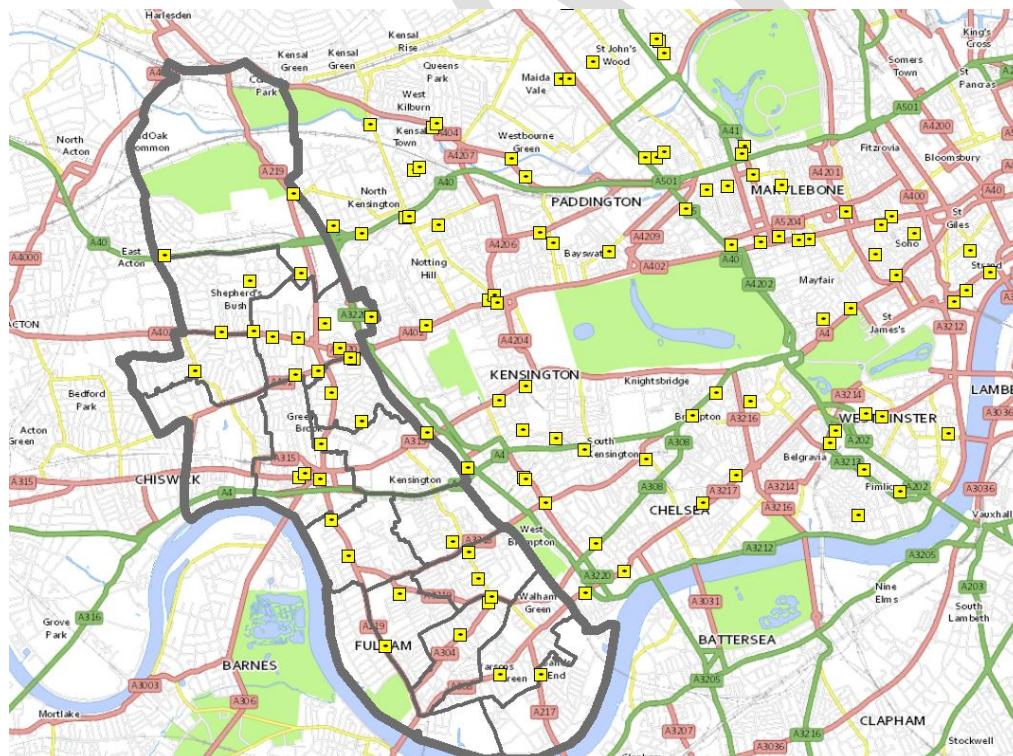


Figure 5.1: Pharmacies that provided MURs in the Tri-Borough during the period April 2014 – August 2014

MUR - Other relevant services: current provision (Schedule 1, paragraph 3)

The number and proximity of pharmacies locally means the vast majority of residents

in the borough live close to a pharmacy that provides MURs. Given the current low volume of use, this is a service that does not need to be provided within 500m. The HWB believes that the current provision of MURs is sufficient for **supplying a relevant service with no gaps.**

New Medicines Services (NMS)

5.10 The NMS is focused on the following patient groups and conditions:

- asthma and chronic obstructive pulmonary disease (COPD)
- type 2 diabetes
- antiplatelet/anticoagulant therapy
- hypertension.

5.11 The service aims to:

- help patients and carers manage newly prescribed medicines for a long-term condition (LTC) and make shared decisions about their LTC
- recognise the important and expanding role of pharmacists in optimising the use of medicines
- increase patient adherence to treatment and consequently reduce medicines wastage and contribute to the NHS Quality, Innovation, Productivity and Prevention agenda
- supplement and reinforce information provided by the GP and practice staff to help patients make informed choices about their care
- promote multidisciplinary working with the patient's GP practice
- link the use of newly-prescribed medicines to lifestyle changes or other non-drug interventions to promote well-being and promote health in people with LTCs
- promote and support self-management of LTCs, and increase access to advice to improve medicines adherence and knowledge of potential side effects
- support integration with LTC services from other healthcare providers and provide appropriate signposting and referral to these services
- improve pharmacovigilance, and
- through increased adherence to treatment, reduce medicines-related hospital admissions and improve quality of life for patients.

5.12 Currently 31 of the pharmacies that responded to the survey provide NMS with the remaining five intending to do so in the next 12 months.

5.13 NHS England provided, after the completion of the PNA consultation process, payment figures to pharmacies for this advanced service for the period April 2014 to August 2014. 27 pharmacies had activity during this period; a summary of activity during this period and a map showing the distribution of these pharmacies can be found below:

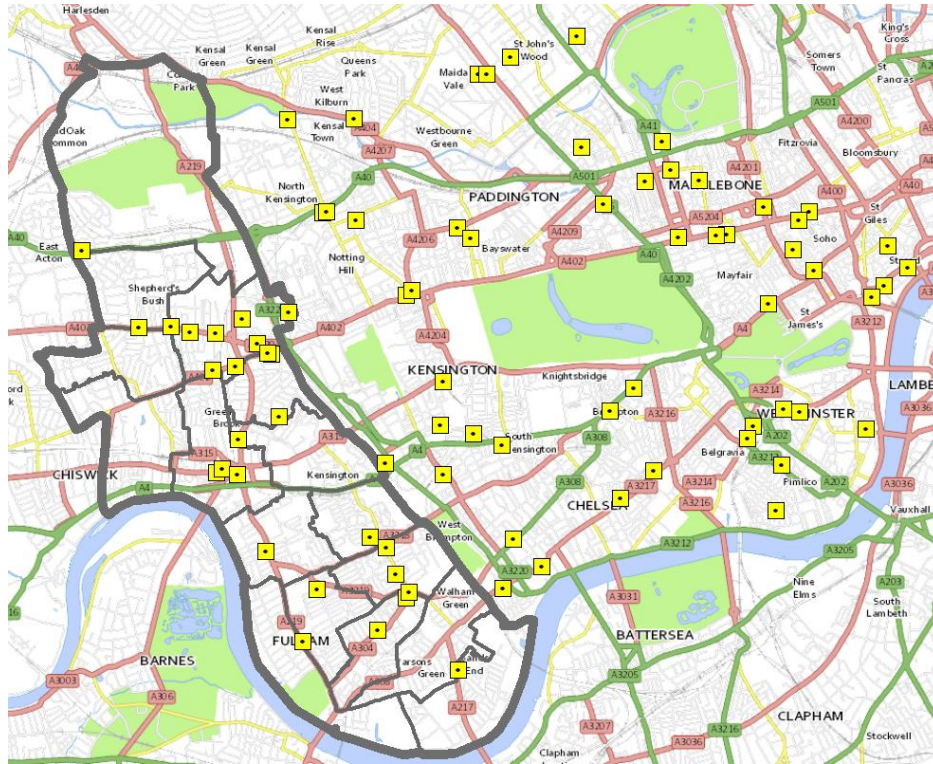


Figure 5.2: Pharmacies that provided NMS in the Tri-Borough during the period April 2014 – August 2014

PNA Borough Code	Name	Ward
HF09	Boots the Chemist	Addison
HF30	Sophia Chemists	Addison
HF36	Morrisons Pharmacy	Addison
HF29	Tesco In-Store Pharmacy	Avonmore and Brook Green
HF15	Westway Pharmacy	College Park and Old Oak
HF25	Superdrug	Fulham Broadway
HF31	Boots the Chemist	Fulham Broadway
HF39	Boots the Chemist	Fulham Reach
HF19	Boots the Chemist	Hammersmith Broadway
HF22	Superdrug	Hammersmith Broadway
HF40	Boots the Chemist	Hammersmith Broadway
HF05	Palace Pharmacy	Munster
HF06	Fontain Pharmacy	Munster
HF18	Parmay Pharmacy	North End
HF03	Day Lewis Pharmacy	Sands End
HF01	Caregrange Pharmacy	Shepherd's Bush Green
HF02	Limegrove Pharmacy	Shepherd's Bush Green
HF10	Bush Pharmacy	Shepherd's Bush Green
HF13	Superdrug	Shepherd's Bush Green
HF24	Greenlight Pharmacy	Shepherd's Bush Green

HF37	Faro Pharmacy	Shepherd's Bush Green
HF41	Boots the Chemist	Shepherd's Bush Green
HF17	Babylon Health Ltd	Shepherd's Bush Green
HF04	Chana Chemist	Town
HF07	Boots the Chemist	Town
HF34	Fulham Pharmacy	Town
HF32	Jay's Pharmacy	Wormholt and White City

Table 5.3: Pharmacies that provided NMS during April to August 2014

NMS - Other relevant services: current provision (Schedule 1, paragraph 3)

The number and proximity of pharmacies locally means the vast majority of residents in the borough live close to a pharmacy that provides NMS. Given the current low volume of use, this is a service that does not need to be provided within 500m. The HWB believes that the current provision of NMS is sufficient for **supplying a relevant service with no gaps.**

Appliance Use Reviews (AURs)

5.14 Appliance Use Review (AUR) is an advanced service that community pharmacy and appliance contractors can choose to provide so long as they fulfill certain criteria. AURs can be carried out by, a pharmacist or a specialist nurse either at the contractor's premises or at the patient's home. AURs should improve the patient's knowledge and use of any specified appliance by:

- Establishing the way the patient uses the appliance and the patient's experience of such use
- Identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient
- Advising the patient on the safe and appropriate storage of the appliance
- Advising the patient on the safe and proper disposal of the appliances that are used or unwanted

5.15 Currently 2 of the pharmacies that responded to the survey provide AURs with 9 intending to begin within the next 12 months. There are no appliance only contractors in Hammersmith & Fulham.

AUR - Other relevant services: current provision (Schedule 1, paragraph 3)

The HWB has identified the Appliance Use Review Service as a relevant service, as it secures improvements or better access to service provision.

Stoma Appliance Customisation Service (SAC)

The service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure

proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.

- 5.16** Currently 2 of the pharmacies that responded to the survey provide SACs with 8 intending to begin within the next 12 months. There are no appliance only contractors in Hammersmith & Fulham.

Locally Commissioned Services

- 5.17** Certain enhanced services may be commissioned by NHS England from 1 April 2013 in line with The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. The responsibilities for commissioning some of the locally enhanced services under the previous regulations now sits within public health and are commissioned by Local Authorities. These are described later as “Other Services” later in this chapter reflecting Regulation 4 and Schedule 1 of the 2013 Regulations.

- 5.18** The trend nationally since 2005-06 shows that the number of locally commissioned and funded enhanced services increased significantly until 2011-12 when there was an overall decrease of commissioned services, a trend which continued into 2012-13. This may have been due to the uncertainty around the new structure of the NHS following the introduction of the Health and Social Care Act 2012 which came into force from 1 April 2013. PCTs, now abolished, may have been cautious about commissioning services with new contractors in light of these changes.

- 5.19** The following section defines the enhanced services currently commissioned and explores their relevance to the local population and their current and future commissioning.

Flu Vaccinations

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

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

- 5.21** Pharmacies have been commissioned to provide flu vaccination across the borough. These are shown and listed below. NHS England were unable to provide the volume of immunisations provided. However, GPs currently provide the bulk of these vaccinations. Pharmacies help improve access to this service given their convenient

locations, extended opening hours and walk-in service. As demonstrated in Figure 5.3, pharmacies across the borough provide easy access to all the wards to obtain flu vaccinations. The HWB believes that the current provision of flu vaccinations is sufficient for **supplying a relevant service with no gaps.**

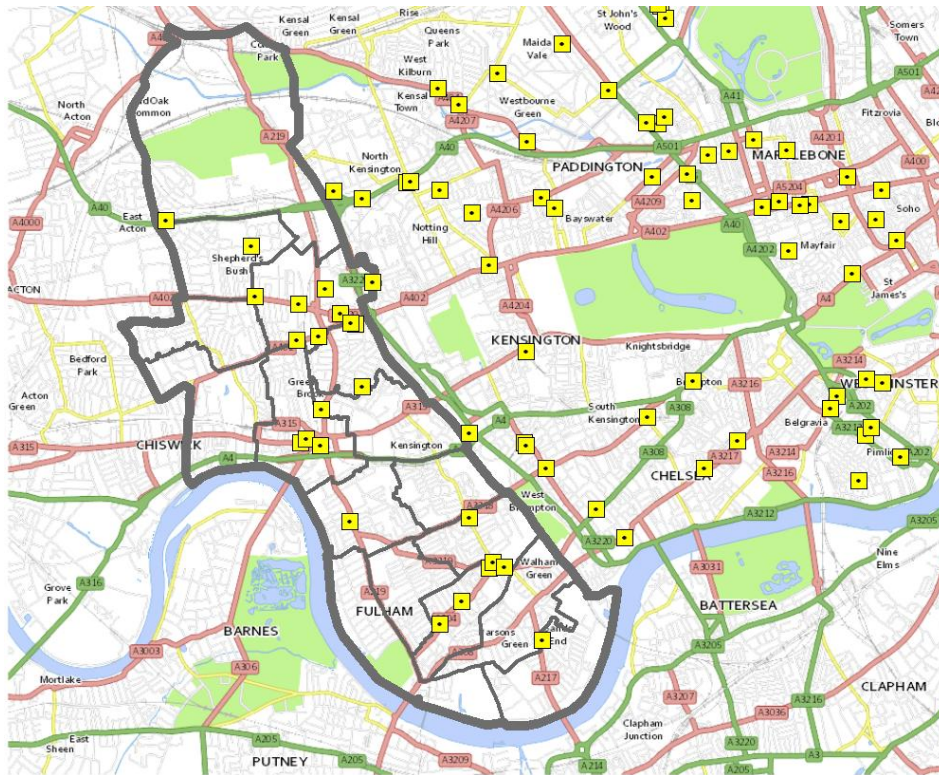


Figure 5.3: Pharmacies that provide flu vaccinations

PNA Borough Code	Name	Ward
HF09	Boots the Chemist	Addison
HF30	Sophia Chemists	Addison
HF36	Morrisons Pharmacy	Addison
HF29	Tesco In-Store Pharmacy	Avonmore and Brook Green
HF15	Westway Pharmacy	College Park and Old Oak
HF25	Superdrug	Fulham Broadway
HF39	Boots the Chemist	Fulham Reach
HF19	Boots the Chemist	Hammersmith Broadway
HF22	Superdrug	Hammersmith Broadway
HF40	Boots the Chemist	Hammersmith Broadway
HF03	Day Lewis Pharmacy	Sands End
HF01	Caregrange Pharmacy	Shepherd's Bush Green
HF02	Limegrove Pharmacy	Shepherd's Bush Green
HF10	Bush Pharmacy	Shepherd's Bush Green
HF13	Superdrug	Shepherd's Bush Green
HF24	Greenlight Pharmacy	Shepherd's Bush Green

HF37	Faro Pharmacy	Shepherd's Bush Green
HF41	Boots the Chemist	Shepherd's Bush Green
HF04	Chana Chemist	Town
HF07	Boots the Chemist	Town
HF34	Fulham Pharmacy	Town
HF38	Kanari Pharmacy	Town
HF12	Oza Chemist	Town
HF28	Hamlins Chemist	Wormholt and White City

Table 5.4: Pharmacies that provide flu vaccination

H. Pylori breath testing.

5.22 The H pylori breath test undertaken in a local pharmacy provides a simple and convenient alternative to hospital referral for GPs and patients. The test confirms the presence of gastro-duodenal infection which is linked to gastric and duodenal ulcer disease.

5.23 21 pharmacies in the borough provide the H. Pylori service according to the Medicines Management Team which handed over responsibility of commissioning this service to NHS England in April 2014 which will continue to do so until review. The HWB identifies this as a **relevant service, as it secures improvements or better access to service provision.**

Improvements and better access: gaps in provision

5.24 The Hammersmith & Fulham HWB has identified certain services below that are not currently commissioned in the area of the HWB but which the HWB is satisfied would, if they were provided, secure improvements, or better access to pharmaceutical services of a specific type. These have been summarised in the Table 5.1 above under **Improvements and better access: gaps in provision (Schedule 1, paragraph 4)**. It should be noted that despite the HWB identifying these services, NHS England does not have to meet the need – this is because NHS England may have other factors to take into account, i.e. other commissioning decisions.

Minor Ailment Scheme

5.25 The Minor Ailment Scheme offers free advice and treatment for minor, self-limiting conditions. This service helps to relieve pressure from GPs and Secondary Care. 30 pharmacies would be willing to provide advice to care homes.

Chronic Obstructive Pulmonary Disease (COPD)

5.26 A screening service to identify and refer clients with early stage COPD. 32 pharmacies would be willing to provide this service if commissioned.

Other Locally Commissioned Services (Schedule 1, paragraph 5)

5.27 The commissioning of public health services were transferred from PCTs to local authorities with effect from 1 April 2013. These services are not referred to as

Enhanced Services anymore as they are not commissioned by NHS England. The pharmacies providing these services have been listed in Appendix C.

Screening Service

- 5.28** The underlying purpose of which is for a registered pharmacist—
- (i) to identify patients at risk of developing a specified disease or condition,
 - (ii) to offer advice regarding testing for a specified disease or condition,
 - (iii) to carry out such a test with the patient’s consent, and
 - (iv) to offer advice following an test and refer to another health care professional as appropriate;
- 5.29** While some NHS Health Checks take place in general practice, pharmacies are also well placed to play a key role. The aim of the risk assessment and management programme is to identify the risk of vascular disease in the population early and then to help people reduce or avoid it. 8 pharmacies have been commissioned to provide NHS Health Checks (Figure 5.4). Most of the GPs in Hammersmith & Fulham are commissioned to provide NHS Health Checks and currently pharmacies perform a very small number of health checks. The HWB identifies the level of this service to be **sufficient, with no gaps.**

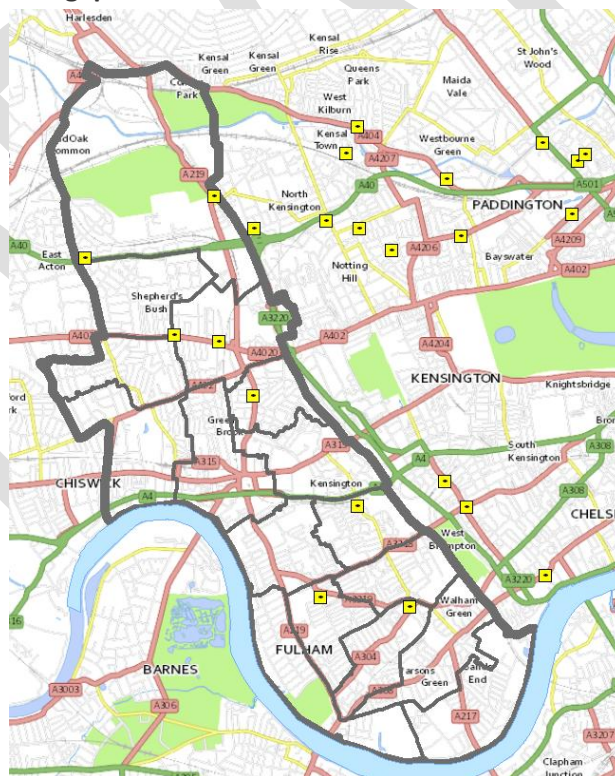


Figure 5.4: Provision of NHS Health Checks

Supervised Administration Service & Needle and Syringe Exchange Service

5.30 Supervised Administration Service - The underlying purpose of which is for a registered pharmacist to supervise the administration of prescribed medicines the pharmacy premises.

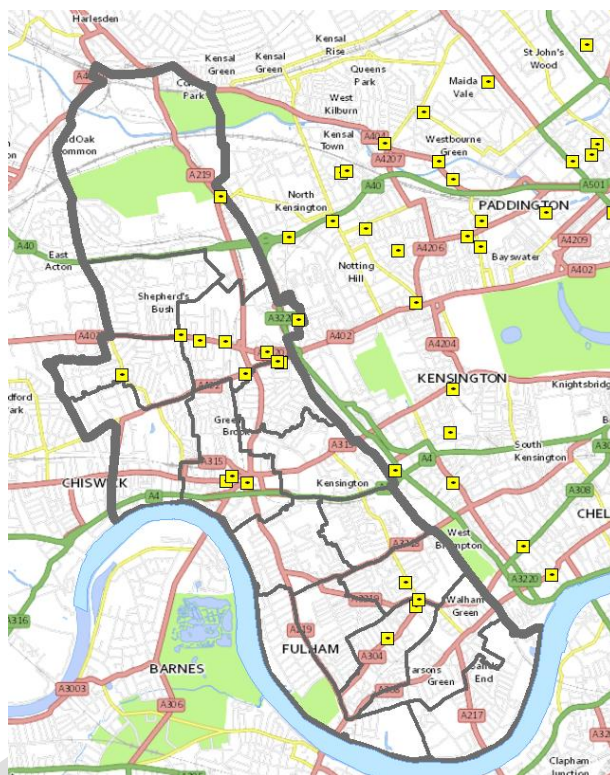


Figure 5.5: Pharmacies currently providing Supervised Administration Service

Needle and Syringe Exchange Service

5.31 The underlying purpose of which is for a registered pharmacist—

- (i) to provide sterile needles, syringes and associated materials to drug misusers,
- (ii) to receive from drug misusers used needles, syringes and associated materials, and
- (iii) to offer advice to drug misusers and where appropriate refer them to another health care professional or a specialist drug treatment centre;

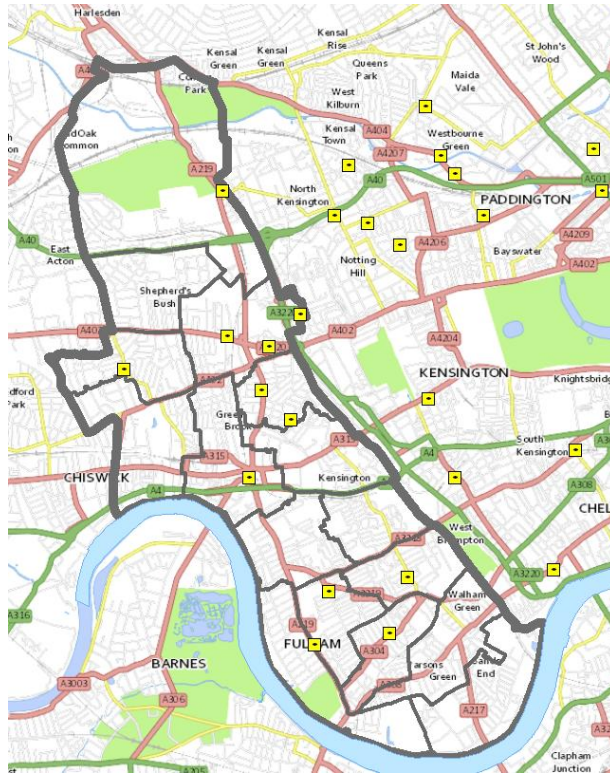


Figure 5.6: Pharmacies currently providing Needle Exchange Service

5.32 Good access to Needle & Syringe Exchange & Supervised Consumption Services is required to support safer use of drugs by injecting drug users and minimise the transmission of blood-borne diseases.

5.33 12 pharmacies provide needle exchange (Figure 5.6) and 17 provide supervised consumption (Figure 5.5), provision mapping well to areas of greatest need. These are spread throughout the borough. Given the specialist nature and low volumes of service use compared to normal dispensing, the HWB identifies the level of these services to be **sufficient, with no gaps**.

Stop Smoking Service

5.34 The underlying purpose of which is for pharmacies—

- (i) to advise and support patients wishing to give up smoking, and
- (ii) where appropriate, to supply appropriate drugs and aids;

5.35 Smoking is the single biggest preventable cause of death and inequalities. Securing good access to stop smoking services increases the opportunity for the population to benefit from improvements in health. With 35 pharmacies providing the service, the HWB identifies the Stop Smoking Service provided in local pharmacies as **sufficient for supplying a service with no gaps**. However, given the volume of smokers in the borough, an increase in provision in the borough may be desirable, given pharmacists' position of influence as health-promoting advocates.

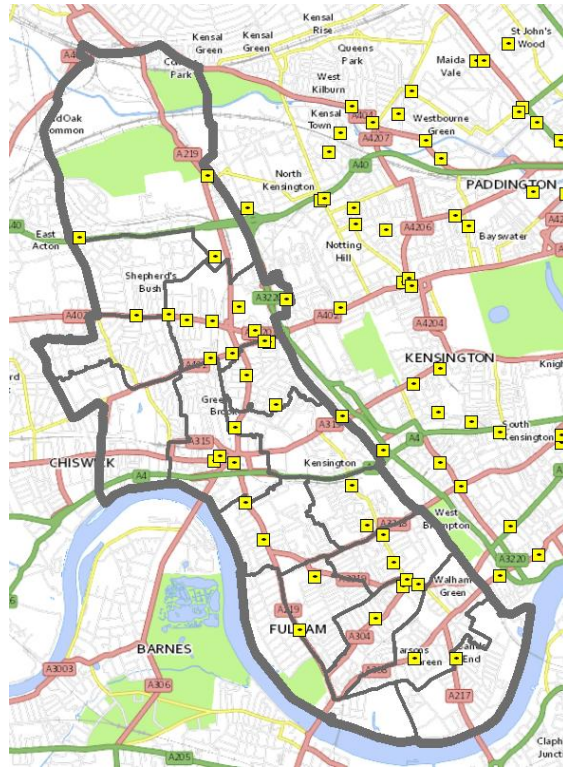


Figure 5.7: Provision of Stop Smoking Services

Emergency hormonal contraception services through patient group directions

5.36 22 pharmacies in the borough have been commissioned to provide Emergency Hormonal Contraception.

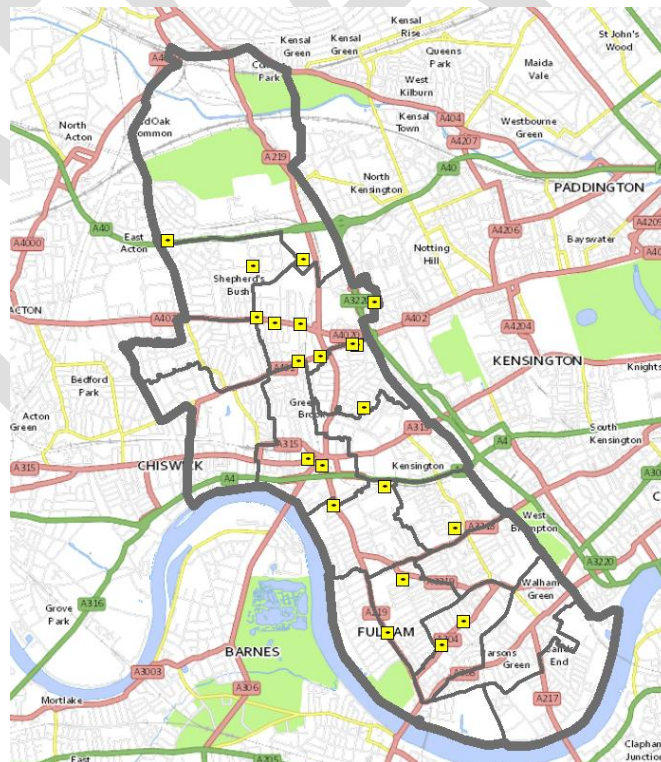


Figure 5.8: Provision of Emergency Hormonal Contraception

Improvements and gaps in access to Public Health Services

Sexual health services

5.37 Pharmacies can be commissioned to offer services apart from emergency hormonal contraception services such as condom distribution; pregnancy testing and advice, Chlamydia screening and treatment and other sexual health screening, including syphilis, HIV and gonorrhoea. These services are currently provided by GPs, GUM Clinics and Secondary Care Centres. However, the provision of these services from pharmacies may reduce the demand on the above mentioned services and improve access. Most pharmacies already provide these services privately and would be willing to provide them if commissioned.

Alcohol misuse service

5.38 This would identify higher-risk and increasing-risk drinking and provide brief interventions to motivate individuals to modify their drinking patterns.

Weight management service

5.39 Obesity is increasing in the general population and is likely to have significant impact on future health costs. This service would expand the health promotion role of pharmacies.

5.40 The future provision of these services will be considered in wider review of the use of pharmaceutical services in Westminster, Kensington & Chelsea and Hammersmith & Fulham to be conducted in the coming year.

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

5.41 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.

Other skills and services

Utilisation of Clinical Skills in the Pharmacy

5.42 14 of the pharmacies reported that the clinical skills in their pharmacies were "totally utilised". The rest indicated that they were "partly utilised". None of the pharmacies reported that the clinical skills were not utilised.

Pharmacists with a Special Interest

5.43 2 of the pharmacies surveyed have pharmacists with special interests: IT and Travel health.

Health Champions

5.44 Health Champions are people who, with training and support, voluntarily bring their ability to relate to people and their own life experience to transform health and well-being in their communities.

5.45 3 pharmacies in Hammersmith & Fulham have health champions.

Health Trainers

5.46 Health trainers help people to develop healthier behaviour and lifestyles in their own local communities. They offer practical support to change their behaviour to achieve their own choices and goals.

5.47 1 pharmacy from those surveyed has a health trainer. This is in the Day Lewis Pharmacy in Sands End which has 1 health trainer.

Dementia Friends

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

5.49 8 pharmacies in Hammersmith & Fulham have dementia friends.

Appendix A – Index to pharmacies with opening time information

N.B.: Opening times obtained from the survey have been used for pharmacies that responded. Pharmacy opening times from those that did not respond and those that are not within the borough were obtained from NHS England (core + supplementary); 1 = open, 0 = closed, x = no data available

Code on map	Trading Name	Address	Postcode	Ward	Borough	Responded	Early opening	Late opening	Saturday	Sunday
HF01	Caregrange Pharmacy	9 Goldhawk Road	W12 8QQ	Shepherd's Bush Green	Hammersmith & Fulham	YES	0	0	1	0
HF02	Limegrove Pharmacy	66 Goldhawk Road	W12 8HA	Shepherd's Bush Green	Hammersmith & Fulham	YES	0	0	1	0
HF03	Day Lewis Pharmacy	117-121 Wandsworth Bridge Road	SW6 2TP	Sands End	Hammersmith & Fulham	YES	0	0	1	0
HF04	Chana Chemist	392-402 North End Road	SW6 1LU	Town	Hammersmith & Fulham	YES	0	0	1	0
HF05	Palace Pharmacy	331 Fulham Palace Road	SW6 6TE	Munster	Hammersmith & Fulham	YES	0	0	1	0
HF06	Fontain Pharmacy	290 Munster Road	SW6 6BQ	Munster	Hammersmith & Fulham	YES	1	1	1	1
HF07	Boots the Chemist	Unit 7 Fulham Broadway Retail Ctr.	SW6 1BH	Town	Hammersmith & Fulham	YES	1	1	1	1
HF08	C. E. Harrod Chemist	207 New Kings Road	SW6 4SR	Parsons Green and Walham	Hammersmith & Fulham	YES	0	0	1	0
HF09	Boots the Chemist	Unit 5-6 The West 12 Centre	W12 8PP	Addison	Hammersmith & Fulham	YES	1	1	1	1
HF10	Bush Pharmacy	334 Uxbridge Road	W12 7LL	Shepherd's Bush Green	Hammersmith & Fulham	YES	0	0	1	0
HF11	Novapharma	100A North End Road	W14 9EX	North End	Hammersmith & Fulham	YES	0	0	1	0
HF12	Oza Chemist	9 Fulham Broadway	SW6 1AA	Town	Hammersmith & Fulham	NO	0	0	1	0
HF13	Superdrug	92-94 Uxbridge Road	W12 8LR	Shepherd's Bush Green	Hammersmith & Fulham	YES	0	0	1	0
HF14	Healthside Pharmacy	90 Shepherds Bush Road	W6 7PH	Addison	Hammersmith & Fulham	YES	0	0	1	0
HF15	Westway Pharmacy	11 Westway	W12 0PT	College Park and Old Oak	Hammersmith & Fulham	YES	0	0	1	0
HF16	Globe Chemist	8 Kings Parade	W12 9BA	Askew	Hammersmith & Fulham	NO	0	0	0	0
HF17	Babylon Health Ltd	57 Uxbridge Road	W12 8NR	Shepherd's Bush Green	Hammersmith & Fulham	NO	0	0	1	0

HF18	Parmay Pharmacy	Unit 4, 160 North End Road	W14 9QR	North End	Hammersmith & Fulham	YES	0	0	1	0
HF19	Boots the Chemist	41-43 King Street	W6 9HW	Hammersmith Broadway	Hammersmith & Fulham	YES	1	1	1	1
HF20	Windwood Chemist	96 Askew Road	W12 9BL	Askew	Hammersmith & Fulham	NO	0	0	1	0
HF21	Pestle & Mortar	388 Uxbridge Road	W12 7LL	Shepherd's Bush Green	Hammersmith & Fulham	NO	0	0	1	1
HF22	Superdrug	43 Kings Mall	W6 0QB	Hammersmith Broadway	Hammersmith & Fulham	YES	1	0	1	0
HF23	Pestle & Mortar	59 South Africa Road	W12 7PA	College Park and Old Oak	Hammersmith & Fulham	NO	0	0	0	0
HF24	Greenlight Pharmacy	228-230A Uxbridge Road	W12 7JD	Shepherd's Bush Green	Hammersmith & Fulham	YES	0	0	1	0
HF25	Superdrug	317 North End Road	SW6 1NN	Fulham Broadway	Hammersmith & Fulham	YES	0	0	1	0
HF26	Rite-Chem	84 Fulham Palace Road	W6 9PL	Fulham Reach	Hammersmith & Fulham	YES	0	0	1	0
HF27	Barons Pharmay	3 Margravine Gardens	W6 8RL	Fulham Reach	Hammersmith & Fulham	YES	0	0	0	0
HF28	Hamlins Chemist	73 Bloemfontein Road	W12 7DA	Wormholt and White City	Hammersmith & Fulham	YES	0	0	0	0
HF29	Tesco In-Store Pharmacy	180 Shepherds Bush road	W6 7NL	Avonmore and Brook Green	Hammersmith & Fulham	YES	1	1	1	1
HF30	Forrest & Co.	67 Blythe Road	W14 0HP	Addison	Hammersmith & Fulham	YES	0	0	1	0
HF31	Boots the Chemist	322 North End Road	SW6 1NF	Fulham Broadway	Hammersmith & Fulham	YES	0	0	1	1
HF32	Jay's Pharmacy	442 Uxbridge Road	W12 0NS	Wormholt and White City	Hammersmith & Fulham	YES	0	0	1	0
HF33	Lloydspharmacy	Richford Gate Primary Care Centre	W6 7HY	Hammersmith Broadway	Hammersmith & Fulham	NO	1	0	1	0
HF34	Fulham Pharmacy	608 Fulham Road	SW6 5RP	Town	Hammersmith & Fulham	YES	0	0	1	0
HF35	My Pharmacy	10 North Pole Road	W10 6QL	College Park and Old Oak	Hammersmith & Fulham	YES	0	0	1	0
HF36	Morrisons Pharmacy	Morrisons, 114-116 Concorde Centre	W12 8PH	Addison	Hammersmith & Fulham	YES	1	1	1	1
HF37	Faro Pharmacy	16 Swanscombe Road	W11 4SX	Shepherd's Bush Green	Hammersmith & Fulham	YES	0	0	1	0
HF38	Kanari Pharmacy	682-684 Fulham Road	SW6 5SA	Town	Hammersmith & Fulham	YES	0	0	1	0
HF39	Boots the Chemist	198-200 Fulham Palace Road	W6 9PA	Fulham Reach	Hammersmith & Fulham	YES	0	0	1	1
HF40	Boots the Chemist	31-32 Hammersmith Broadway Ctr.	W6 9YD	Hammersmith Broadway	Hammersmith & Fulham	YES	1	1	1	1
HF41	Boots the Chemist	Unit 1109-1111 Westfield Shopping Ctr.	W12 7GD	Shepherd's Bush Green	Hammersmith & Fulham	YES	0	1	1	1

Pharmacies within 500m outside of the borough										
BR01	Catto Chemist	79 High Street	NW10 4NS		Brent		0	0	1	0
BR07	Chana Chemist	96-98 High Street	NW10 4SL		Brent		0	0	1	0
EA01	Crossbells Chemist	131 The Vale	W3 7RQ		Ealing		0	0	1	0
EA02	Banks Chemist	59 Old Oak Common Lane	W3 7DD		Ealing		0	0	1	0
EA03	Marcus Jones Pharmacy	96 Old Oak Common Lane	W3 7DA		Ealing		0	0	1	0
EA04	Onsite Chemist	8E Europa Studios, Victoria Road	NW10 6ND		Ealing		0	0	0	0
HO01	Pestle and Mortar	10 High Road	W4 1TH		Hounslow		0	0	1	0
HO02	Bedford Park Pharmacy	5 Bedford Park Corner	W4 1LS		Hounslow		1	0	1	0
KC08	Tesco In-Store Pharmacy	West Cromwell Road	W14 8PB	Abingdon	Kensington and Chelsea	YES	1	1	1	1
KC13	Zafash Pharmacy	233-235 Old Brompton Road,	SW5 0EA	Redcliffe	Kensington and Chelsea	YES	1	1	1	1
KC14	Lloyds pharmacy	513 Kings Road	SW10 0TX	Cremorne	Kensington and Chelsea	YES	1	1	1	0
KC16	H Lloyd Chemist	382 Kensington High Street	W14 8NL	Holland	Kensington and Chelsea	YES	0	0	1	0
KC26	Borno Chemist	The Gatehouse	W10 6ND	Notting Barns	Kensington and Chelsea	YES	0	1	1	1
KC33	Bramley Pharmacy	Unit 1, 132 Bramley Road	W10 6TJ	Notting Barns	Kensington and Chelsea	YES	0	0	1	0
RI01	Prime Pharmacy	198 Castelnau	SW13 9DW		Richmond		0	0	1	0
WA01	The Olde Pharmacy	50 Chatfield Road	SW11 3UY		Wandsworth		0	0	0	0
WA02	Boots the Chemist	45-53 Putney High Street	SW15 1SP		Wandsworth		1	0	1	1

Appendix B – Index to pharmacy responses regarding Advanced Services

Code on map	Responded	MURs	AURs	SACs	NMS
HF01	YES	Yes	Don't know	Don't know	Yes
HF02	YES	Yes	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Yes
HF03	YES	Yes	No, and not intending to provide	No, and not intending to provide	Yes
HF04	YES	Yes	Don't know	Don't know	Yes
HF05	YES	Yes	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Yes
HF06	YES	Yes	Yes	Yes	Yes
HF07	YES	Yes	Don't know	Don't know	Yes
HF08	YES	Yes	No, and not intending to provide	No, and not intending to provide	Intending to begin within the next 12 months
HF09	YES	Yes	Don't know	Don't know	Yes
HF10	YES	Yes	No, and not intending to provide	No, and not intending to provide	Yes
HF11	YES	Yes	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Yes
HF12	NO	x	x	x	x
HF13	YES	Yes	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Yes
HF14	YES	Yes	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Yes
HF15	YES	Yes	No, and not intending to provide	No, and not intending to provide	Yes

HF16	NO	x	x	x	x
HF17	NO	x	x	x	x
HF18	YES	Yes	Don't know	No, and not intending to provide	Yes
HF19	YES	Yes	Don't know	Don't know	Yes
HF20	NO	x	x	x	x
HF21	NO	x	x	x	x
HF22	YES	Yes	No, and not intending to provide	No, and not intending to provide	Yes
HF23	NO	x	x	x	x
HF24	YES	Yes	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Yes
HF25	YES	Yes	No, and not intending to provide	No, and not intending to provide	Yes
HF26	YES	Yes	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Yes
HF27	YES	Intending to begin within the next 12 months	Intending to begin within the next 12 months	No, and not intending to provide	Intending to begin within the next 12 months
HF28	YES	Yes	Don't know	Don't know	Intending to begin within the next 12 months
HF29	YES	Yes	Don't know	Don't know	Yes
HF30	YES	Yes	No, and not intending to provide	No, and not intending to provide	Yes
HF31	YES	Yes	Don't know	Don't know	Yes
HF32	YES	Yes	No, and not intending to provide	No, and not intending to provide	Yes
HF33	NO	x	x	x	x
HF34	YES	Yes	No, and not intending to provide	No, and not intending to provide	Yes
HF35	YES	Yes	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Intending to begin within the next 12 months
HF36	YES	Yes	No, and not intending to provide	No, and not intending to provide	Yes
HF37	YES	Yes	No, and not intending to provide	No, and not intending to provide	Yes
HF38	YES	Yes	Yes	Yes	Yes
HF39	YES	Yes	Don't know	Don't know	Yes

HF40	YES	Yes	Don't know	Don't know	Yes
HF41	YES	Yes	Don't know	Don't know	Yes
BR01		x	x	x	x
BR07		x	x	x	x
EA01		x	x	x	x
EA02		x	x	x	x
EA03		x	x	x	x
EA04		x	x	x	x
HO01		x	x	x	x
HO02		x	x	x	x
KC08	YES	Yes	Don't know	Don't know	Yes
KC13	YES	Yes	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Yes
KC14	YES	Yes	No, and not intending to provide	No, and not intending to provide	Yes
KC16	YES	Yes	Don't know	Don't know	Yes
KC26	YES	Yes	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Yes
KC33	YES	Yes	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Yes
RI01		x	x	x	x
WA01		x	x	x	x
WA02		x	x	x	x

Appendix C – Index to pharmacies providing Public Health Services

PNA Borough Code	Name	Ward	Supervised consumption	Needle exchange	Health Checks	Stop Smoking
KC01	Spivack Chemist	Colville	Yes	Yes	Yes	Yes
KC02	Sainsbury's Ladbroke Gr.	Golborne	No	No	No	No
KC03	Medicine Chest	Cremorne	Yes	No	No	Yes
KC04	Boots 205 Brompton Rd	Brompton	No	No	No	Yes
KC05	D.R. Evans Pharmacy	Colville	No	No	No	Yes
KC06	Boots 96 Nott. Hill Gate	Pembridge	Yes	No	No	Yes
KC07	Boots 148-150 Kings Rd	Stanley	Yes	No	No	Yes
KC08	Tesco In-Store Pharmacy	Abingdon	Yes	No	No	Yes
KC09	I T Lloyd Chemist	Cremorne	No	No	No	No
KC10	Earls Court Chemist	Earl's Court	No	No	Yes	No
KC12	Chana Pharmacy/Clifford Evans	Colville	No	No	No	Yes
KC13	Zafash Pharmacy	Redcliffe	No	No	Yes	Yes
KC33	Bramley Pharmacy	Notting Barns	Yes	No	No	No
KC14	Lloyds pharmacy	Cremorne	No	No	No	Yes
KC16	H Lloyd Chemist	Holland	No	No	No	Yes
KC17	Dillons Pharmacy	Golborne	No	No	Yes	Yes
KC18	World's End Pharmacy	Cremorne	Yes	Yes	Yes	Yes
KC19	Harleys Pharmacy	Brompton	No	No	No	Yes

KC20	Boots 30-31 Gloucester Arcade	Courtfield	No	No	No	Yes
KC21	Boots 228-230 Fulham Rd	Redcliffe	Yes	No	No	Yes
KC22	Boots 127A Ken High St	Queen's Gate	Yes	No	No	Yes
KC23	Astell Pharmacy	Hans Town	No	No	No	Yes
KC24	Baywood	Pembridge	Yes	Yes	Yes	Yes
KC25	Boots 254 Earls Court Rd	Earl's Court	Yes	Yes	No	Yes
KC26	Borno Chemist	Notting Barns	No	No	Yes	Yes
KC27	Sainsbury's Cromwell Rd	Queen's Gate	No	No	No	Yes
KC28	Stickland Chemist	Brompton	No	Yes	No	Yes
KC30	Hillcrest Pharmacy	Norland	No	No	No	Yes
KC32	Chana Chemist	Colville	Yes	Yes	Yes	Yes
KC35	Boots 60 Kings Road	Hans Town	No	No	No	Yes
KC36	Harrods Pharmacy	Brompton	No	No	No	No
KC37	Amoore & Co Ltd	Brompton	No	No	No	Yes
KC38	Stratford Pharmacy	Abingdon	Yes	No	No	Yes
KC39	Notting Hill Pharmacy (Go Go Chemist Ltd)	Pembridge	No	No	No	Yes
KC40	FJM Calder	Campden	No	No	No	Yes
KC41	Pestle And Mortar	Abingdon	No	Yes	No	Yes
KC11	Golborne Pharmacy	Golborne	Yes	No	No	Yes
KC15	Dajani Pharmacy	Brompton	No	No	No	No
KC29	Dr Care Pharmacy	Golborne	Yes	Yes	No	No
KC31	Andrews Pharmacy	Hans Town	No	No	No	No
KC34	Chelsea Pharmacy	Hans Town	No	No	No	Yes

Appendix E – Other Information

The PNA Task and Finish Group

- The Triborough PNA Task and Finish Group was created to be responsible for overseeing the development of the PNAs on behalf of the Health and Wellbeing Boards of Hammersmith and Fulham, Kensington and Chelsea, and Westminster. To ensure strong links with the JSNA the development of the PNA was included in the Triborough JSNA Work Programme for 2014/15. The Triborough PNA Task and Finish Group reported to the JSNA Steering Group, and provided regular updates to the Health and Wellbeing Board.
- The Terms of Reference and membership of this group are included below. Progress against the PNA Project Plan is monitored by the Triborough PNA Task and Finish Group.

Gathering Information for the PNA

- The Triborough PNA Task and Finish Group reviewed the NHS England assessment of previous Triborough PNAs and agreed to adopt the Royal Borough of Kensington and Chelsea PNA 2010-13 framework as the best model for the development of the needs assessment.
- A list of the data and information required for the development of the PNA was compiled. Data is held by a range of stakeholders (Triborough Public Health, NHS England, and North West London Commissioning Support Unit) and the appropriate member(s) of the group were tasked with providing the data. Pharmacy and GP lists for Hammersmith & Fulham, and neighbouring boroughs, were requested from NHS England.
- The Triborough PNA Task and Finish Group issued a PNA questionnaire to all community pharmacies to gather up to date information for the needs assessment. The questionnaire was adapted from the one developed by the Pharmaceutical Services Negotiating Committee (PSNC) and was 'signed off' by the Task and Finish Group, including LPC representatives. The questionnaire was sent to all Hammersmith & Fulham community pharmacy contractors in July 2014. The results were collated and analysed in August 2014. Information on bordering pharmacies outside of the Triborough was gathered from NHS England

- The PNA Task and Finish Group reviewed early drafts of the PNA in August and September 2014, providing an opportunity to comment prior to the official consultation period.

Consultation

- The responses and changes to the draft resulting from the public consultation between October and December 2014 can be found as a supplementary document on the JSNA website (www.jsna.info).

Next Steps

- In accordance with the 2013 Regulations, the Hammersmith & Fulham Health and Wellbeing Board will publish a statement of its revised assessment within three years of the publication of this document.
- In addition, the Hammersmith & Fulham Health and Wellbeing Board will make a new assessment of pharmaceutical need sooner than this, should it identify any changes to the availability of pharmaceutical services that have occurred since the publication of this PNA. This will be undertaken only where, in the HWBs view, the changes are so substantial that the publication of a new assessment is a proportionate response.

Terms of Reference for PNA Task and Finish Group

Purpose

- The purpose of the PNA Task & Finish Group is to ensure delivery of a quality assured and robust Pharmaceutical Needs Assessment (PNA) for the Health and Wellbeing Boards for Hammersmith and Fulham, Kensington and Chelsea, and Westminster.
- The PNA is a commissioning tool and determines market entry for NHS pharmaceutical services provision
- The PNA Task & Finish Group will work to the agreed PNA Work Plan and develop a PNA that meets the requirements of NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.

- The PNA Task & Finish Group will review and report on progress to the JSNA Steering Group, the Health and Wellbeing Boards and other stakeholders

Accountability & Governance

- The PNA is incorporated into the JSNA work programme as outlined in the JSNA Steering Group Terms of Reference. The JSNA Steering Group retains overall accountability to the three Health and Wellbeing Boards for the production of the PNA and will provide assurance to the Boards on progress and quality.
- The PNA Task & Finish Group is a subgroup of the JSNA Steering Group
- The PNA Task & Finish will provide regular progress reports to the JSNA Steering Group.
- The PNA Task & Finish Group will monitor and review progress against the timescales in the agreed PNA Work Plan and inform the JSNA Steering Group of risks to delivery
- The JSNA Manager will manage and coordinate the PNA Task & Finish Group.

Membership

- The Task & Finish Group will be chaired by Stuart Lines, Deputy Director of Public Health
- The group will be supported by the JSNA Programme Manager and Public Health Knowledge Manager.
- Membership of the Group:

Name	Representing/Role
Gerald Alexander/Michael Levitan	Local Pharmaceutical Committee (Hammersmith and Fulham)
Colin Brodie	Public Health Knowledge Manager
Annelise Johns	Interim Senior Public Health Officer
Ashfaq Khan	CCG Lead Pharmacist, North West London Commissioning Support Unit
Dan Lewer	JSNA Manager
Stuart Lines (Chair)	Deputy Director of Public Health
Holly Manktelow	Senior Policy Officer
Gayan Perera	Senior Public Health Analyst
Beneeta ShahLocal Pharmaceutical Committee (Boots)Rekha Shah	Local Pharmaceutical Committee (Kensington and Chelsea/Westminster)

- James Hebblethwaite, Tri-borough Adult Social Care, will provide input in an advisory capacity
- Additional expertise from other organisations will be drafted in as required.

Quorum

- The quorum shall be 4 members, to include representation from Public Health, LPC, Clinical Commissioning Groups, and the CSU.

Procedures

- The PNA Task & Finish Group will meet monthly in the first instance to be reviewed regularly dependent on need.
- The PNA Task & Finish Group may secure outside expert professional advice and/or the attendance of external advisers with relevant experience and expertise at meetings if this is considered necessary.

Reporting

- The PNA Task & Finish Group will report on progress to the JSNA Steering Group
- The Health and Wellbeing Boards will receive reports on an exception basis where appropriate. These will be included as part of the regular JSNA update to Health and Wellbeing Boards.

Review

- The terms of reference will be reviewed on 6 month basis

Data Sources

Population data

GLA 2013 Round SHLAA population projections

HSCIC, July 2014 (GP registrations)

Census 2011 (ethnic group analysis, population density)

Index of Multiple Deprivation (IMD2010)

Health needs

JSNA Borough Profiles

ONS (infant mortality, life expectancy)

Quality Outcomes Framework (disease prevalence comparators)

Health Survey for England (smoking prevalence)

Public Health England (local alcohol profiles for England, sexual and reproductive health profiles, TB incidence, sports participation)

National Child Measurement Programme (child obesity)

Essential, Advanced and Locally Commissioned Enhanced Services (including pharmaceutical lists and opening hours)

NHS England (pharmaceutical lists, opening hours)

Pharmacy Survey 2014

HSCIC (comparators)

Dispensing

CCG

Public health services

Tri-Borough Public Health Service