



City of Westminster

Committee Agenda

Title: **Health & Wellbeing Board**

Meeting Date: **Tuesday 20th March, 2018**

Time: **5.00 pm**

Venue: **Rooms 3.6 and 3.7, 3rd Floor, 5 Strand, London WC2N 5HR**

Members:

Councillor Heather Acton (Chairman)	Cabinet Member for Adult Social Services and Public Health
Dr Neville Pursell	Central London Clinical Commissioning Group
Councillor Richard Holloway	Cabinet Member for Children, Families and Young People
Councillor Barrie Taylor	Minority Group
John Forde	Bi-borough Public Health
Bernie Flaherty	Bi-borough Adult Social Care
Melissa Caslake	Bi-borough Children's Services
Tom McGregor	Housing and Regeneration
Dr Philip Mackney	West London Clinical Commissioning Group
Janice Horsman	Healthwatch Westminster
Hilary Nightingale	Westminster Community Network
Dr David Finch	NHS England
Dr Joanne Medhurst	Central London Community Healthcare NHS Trust
Anne Mottram	Imperial College NHS Trust
Maria O'Brien	NW London NHS Foundation Trust
Detective Inspector Iain Keating	Metropolitan Police

Members of the public are welcome to attend the meeting and listen to the discussion Part 1 of the Agenda

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**Tel: 020 7641 8470; Email: thowes@westminster.gov.uk
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Note for Members: Members are reminded that Officer contacts are shown at the end of each report and Members are welcome to raise questions in advance of the meeting. With regard to item 2, guidance on declarations of interests is included in the Code of Governance; if Members and Officers have any particular questions they should contact the Director of Law in advance of the meeting please.

AGENDA

PART 1 (IN PUBLIC)

1. MEMBERSHIP

To report any changes to the Membership of the meeting.

2. DECLARATIONS OF INTEREST

To receive declarations of interest by Board Members and Officers of any personal or prejudicial interests.

3. MINUTES AND ACTIONS ARISING

- (a) To agree the Minutes of the meeting held on 18 January 2018.
- (b) To note progress in actions arising.

(Pages 1 - 20)

PART A

4. CHAIRMAN'S VERBAL UPDATE

Chairman to provide a verbal update on health and wellbeing matters.

5. LOCAL AREA SPECIAL EDUCATIONAL NEEDS AND DISABILITY BRIEF

To consider a report on the work currently being undertaken in preparation for the Local Area Special Educational Needs and Disability Inspection.

(Pages 21 - 34)

PART B

6. BETTER CARE FUND PROGRAMME 2017-19: PROGRESS MONITORING REPORT

To consider an update on the Better Care Fund Programme 2017-19.

(Pages 35 - 40)

7. SUICIDE PREVENTION ACTION PLAN 2018-2021

To consider and approve the Suicide Prevention Action Plan 2018-2021.

(Pages 41 - 82)

8. PHARMACEUTICAL NEEDS ASSESSMENT 2018-21

To consider and approve the Pharmaceutical Needs Assessment 2018-21.

(Pages 83 -
202)

9. ANY OTHER BUSINESS

**Stuart Love
Chief Executive
14 March 2018**



CITY OF WESTMINSTER

MINUTES

Health & Wellbeing Board

MINUTES OF PROCEEDINGS

Minutes of a meeting of the **Health & Wellbeing Board** held on **Thursday 18th January, 2018**, Rooms 3.6 and 3.7, 3rd Floor, 5 Strand, London WC2 5HR.

Members Present:

Chairman and Clinical Representative from the Central London Clinical Commissioning Group: Dr Neville Purssell

Cabinet Member for Children, Families and Young People: Councillor Karen Scarborough (acting as Deputy)

Minority Group Representative: Councillor Barrie Taylor

Tri-borough Public Health: John Forde

Bi-Borough Adult Social Care: Bernie Flaherty

Bi-Borough Children's Services: Annabel Saunders (acting as Deputy)

Housing and Regeneration: Tom McGregor

Clinical Representative from West London Clinical Commissioning Group:

Dr Naomi Katz (acting as Deputy)

Healthwatch Westminster: Godwyns Onwuchekwa (acting as Deputy)

Chair of Westminster Community Network: Jackie Rosenberg

Central London Community Healthcare NHS Trust: Basirat Sadiq (acting as Deputy)

Imperial College NHS Trust: Clare Robinson (acting as Deputy)

Central and North West London NHS Foundation Trust: Maria O'Brien

Also Present: Chris Neill (Interim Deputy Director, NHS Central London Clinical Commissioning Group) and Jayne Liddle (Director of Integrated Care, NHS West London Clinical Commissioning Group).

1 MEMBERSHIP

- 1.1 Apologies for absence were received from Councillor Heather Acton (Cabinet Member for Adult Social Services and Public Health), Councillor Richard Holloway (Cabinet Member for Children, Families and Young People), Melissa Caslake (Bi-borough Children's Services), Janice Horsman (Healthwatch Westminster), Dr Joanne Medhurst (Central London Community Healthcare NHS Trust), Anne Mottram (Imperial College NHS Trust) and Dr David Finch (NHS England).
- 1.2 Dr Neville Purssell took the place as Chairman in the absence of Councillor Acton. Councillor Karen Scarborough (Deputy Cabinet Member for Children, Families and Young People), Annabel Saunders (Interim Tri-borough Director

of Commissioning), Godwyns Onwuchekwa (Westminster Healthwatch), Basirat Sadig (Central London Community Healthcare NHS Trust) and Clare Robinson (Imperial College NHS Trust) attended as Deputies for Councillor Richard Holloway, Melissa Caslake, Janice Horsman, Dr Joanne Medhurst and Anne Mottram respectively.

1.4 The Chairman proposed that Detective Inspector Iain Keating be appointed as the Metropolitan Police representative to the Board as a non-voting Member.

1.5 **RESOLVED:**

That Detective Inspector Iain Keating be appointed onto the Westminster Health and Wellbeing Board as a non-voting Member as the Metropolitan Police representative.

2 DECLARATIONS OF INTEREST

2.1 There were no declarations of interest.

3 MINUTES AND ACTIONS ARISING

3.1 **RESOLVED:**

That the Minutes of the meeting held on 16 November 2016 be signed by the Chairman as a correct record of proceedings.

3.2 **RESOLVED:**

That progress in implementing actions and recommendations agreed by the Westminster Health and Wellbeing Board be noted.

3.3 The Chairman passed on comments to the Board on behalf of Councillor Acton. He advised that Councillor Acton had expressed concern at the lack of local authority representation at the Joint Committee of the North West London Clinical Commissioning Groups (CCGs) and seven of the eight London boroughs had voiced their concern about this. The Chairman added that there was Public Health representation on the Joint Committee of the North West London CCGs and the Joint Committee was currently in shadow form as it gains experience and there could be membership changes in future when the Joint Committee is formally signed off in May 2018. The Chairman also stated that Councillor Acton wished to highlight the excellent work of the new dental health campaign that was officially launched on 16 January. The animated film included in the campaign, the tale of Triumph over Terrible Teeth, had also been successful with primary school age children and the Council was working with various providers to improve oral health statistics in Westminster. The Chairman added that GPs were also placing messages concerning dental health in their waiting rooms.

3.4 The Chairman then informed the Board of other matters Councillor Acton wished to raise, including that nominations for the 2018 Care Awards closes at midnight on 22 January. Councillor Acton had also had a further meeting

with NHS Property Services and it was important to forge a close relationship on this. Lastly, the Provider Board had made good progress on 17 January and both NHS Central London and NHS West London CCGs were in the process of aligning their work.

- 3.5 A Member commented that serious consideration needed to be given with regard to the future membership of the Joint Committee of the North West London CCGs and that this should include local authority representation. It was remarked that Westminster currently had the fourth worst dental health amongst children in the country and it was important to continue to address this issue. The issue was further complicated in that for many children and their parents in Westminster, English was not their first language and the role of education was important in improving dental health. The importance of registering with dentists was emphasised. It was also remarked that the popularity of sugary, fizzy drinks amongst children impacted adversely on their dental health. A Member suggested that dental health matters should be raised as part of pre-birth maternity support in order to get the message across at an early stage. It was acknowledged that organisations such as the Imperial College NHS Trust could play a role in this.
- 3.6 In respect of NHS Estates, Chris Neill (Deputy Managing Director, NHS Central London CCG) advised that in addition to working with NHS Property Services, discussions with the private sector and commercial landlords were taking place on a monthly basis. A Member remarked that the Council was aiming to build 2,000 new homes between 2020-2023 and was the NHS looking to tie in their aspirations with this. In reply, Chris Neill advised that efforts were being made to get to know the Council better and a joint session on property, including housing, would be beneficial.

5 UPDATE ON PROGRESS IN 2017-18 ON THE HEALTH AND WELLBEING STRATEGY, INCLUDING DISCUSSION ON THE LONDON HEALTH DEVOLUTION MEMORANDUM OF UNDERSTANDING

- 4.1 Harley Collins (Health and Wellbeing Manager) presented the report that summarised the findings and insights from national research into Health and Wellbeing Boards. Harley Collins informed Members that there had been considerable research done nationally on the effectiveness of Health and Wellbeing Boards. Initial research undertaken by the King's Fund in October 2013 had shown that most Boards had been successful in fulfilling core statutory duties. Further research undertaken by London Councils in March 2015 had identified that although some Boards had since made good progress, most were still very much a work in progress.
- 4.2 However, Harley Collins advised that this situation changed following the devolution of health in London, Manchester and Leeds and NHS England's publication of "Delivering the Forward View: NHS Shared Planning Guidance 2016/17 – 2020/21 signalling a major shift in policy for the NHS." Since then, Boards had become much more effective in taking a full systems leadership role. No particular model had been identified in ensuring the Board's effectiveness and there were a number of different models where Boards were working successfully. Boards demonstrated their effectiveness where

they added value. Other characteristics of effective Boards included strong chairs and vice chairs, providing strong collaboration between key partner organisations, ensuring effective systems leadership and shared purposes.

- 4.3 Harley Collins suggested that factors for the Board to consider in the future included the Government's expectation that health and social care be fully integrated by 2020, the ongoing implementation of the NHS North West London Sustainability and Transformation Plan (STP) and the London Health and Care Devolution Memorandum of Understanding. Harley Collins then sought the Board's approval to hold a workshop in March 2018 to develop its priorities, focus and work plan for 2018/19.
- 4.4 During discussions, a Member remarked that he chaired a Health and Wellbeing Task Group and the Board had undertaken a lot of good work and he welcomed the report. He emphasised that a broad, holistic approach should be taken on health and to join it up more with other activities that can have beneficial effects on health and wellbeing, such as the arts, sports and recreation. There also needed to be a shift in focus from looking at function to prevention and consideration as to the role social prescribing can play and also joining up health and wellbeing with housing. The Member referred to a primary school in Westminster that had gained a Government award for its work on mental health. He suggested that the Board could receive a report from the Health and Wellbeing Task Group at the next meeting.
- 4.5 A Member commented that regeneration had invested considerably in helping to improve health and wellbeing. Another Member suggested that there was scope for work in Children's Services to work more closely with the public health agenda and the link between health and social care. It was remarked that having common shared outcomes would allow a number of different organisations and services to feed into this to make these achievable.
- 4.6 The Chairman stated that the North West London STP delivery areas dovetailed the objectives of the Health and Wellbeing Strategy. On behalf of the Board, he supported the recommendation in the report to hold a workshop in March 2018 to develop the Board's priorities, focus and work plan for 2018/19.

5 INTEGRATED CARE AND OUTCOMES FRAMEWORK

- 5.1 Chris Neill (Deputy Director, NHS Central London Clinical Commissioning Group) introduced the report and advised that the Partnership Board had given its support to NHS Central London CCG's engagement plan on 17 January. He advised that developments in community care around primary care were now in place. Consideration was being given on what areas to focus on in health and social care and the model of care in respect of mental health for young people. Chris Neill emphasised that there needed to be progress on commissioning and he felt this would be delivered within the timeframe. The Outcomes Framework was in place and progress was being made on its implementation. Chris Neill advised that NHS Central London CCG would seek to consult with local residents and local residents' groups to

help identify a common point of reference to link all services up and also provide greater flexibility from staff.

- 5.2 Jayne Liddle (Director of Integrated Care, NHS West London CCG) advised that NHS West London CCG had developed an economic case for its model and an Integrated Community Team had been established to help provide continuity of care. NHS West London CCG was working hard with providers to help achieve this.
- 5.3 During discussions, it was asked whether there could also be a focus on outcomes for patients. The Chairman acknowledged that the Integrated Care and Outcomes Framework was a work in progress and it was important for all partners to work together closely and support each other.
- 5.4 Dylan Champion (Head of Health Partnerships and Development) felt that there had been a good start to this area, however some work needed to be undertaken in ensuring that it aligned with the Health and Wellbeing Strategy.
- 5.5 Chris Neill acknowledged that there could be greater focus on patient outcomes too.

6 WHOLE SYSTEMS INTEGRATED CARE DASHBOARD PRESENTATION

- 6.1 Ian Riley (Director of Business Intelligence, North West London Collaboration of CCGs) gave a presentation on the Whole Systems Integrated Care (WSIC) Dashboard. He advised that information sharing and compiling had been in progress for some years now and all eight North West London CCGs were involved. This included an information sharing agreement allowing data to be shared between organisations looking after the same patients. There was still progress to be made, however around 2 million patients were now on the WSIC data warehouse. Ian Riley advised that patients could ask to opt out of the information sharing if they so wished. A key focus of the WSIC dashboard was for the eight North West London CCGs to work more collaboratively and Ian Riley referred to a case example in the presentation demonstrating how the WSIC dashboard was being used to coordinate care for patients. Examples were also given as to how patients with long term conditions were supported.
- 6.2 During discussions, it was asked why patients would want to opt out of information sharing and how would they know that they could do this. Members remarked that the WSIC dashboard was a powerful tool to support integrated care and some very important data was being collected and shared. In addition, a joined up approach was being taken and the dashboard was comprehensive and easy to use. The data would also help in respect of joint commissioning and integration and it was commented that the WSIC dashboard should be utilised more. Members enquired whether the WSIC dashboard would assist in preventing patients having to respond to repeated requests for information and were there any gaps of information in the dashboard. It was also asked whether more GPs were sharing information now. Members commented that GPs should make more use of the WSIC dashboard and this would influence how they operate. Members enquired

whether CCGs and GPs sharing information would know of any mental health issues patients may have. It was also asked whether the WSIC dashboard was refreshed weekly and was information being obtained from dentists and opticians. Members sought information as to who had access to the WSIC dashboard data and it was remarked that there should be an awareness campaign to inform patients about the information sharing.

- 6.3 Dylan Champion commented that the WSIC dashboard should be used to help drive the Outcomes Framework and he asked whether Healthwatch was aware of the dashboard and were they informing patients of this. In addition, he sought further details of WSIC dashboard's level of security.
- 6.4 In reply to issues raised by the Board, Ian Riley stated that there could be numerous reasons why patients may wish to opt out of information sharing and there needed to be further conversations with them on this matter. He informed Members that the data could be made anonymous. There was a gap in information in terms of that held by the voluntary sector and work was already being undertaken by NHS Hillingdon CCG with voluntary organisations in the borough to address this. Members noted that more GPs were sharing information and they were required to inform patients that they were doing this. Healthwatch was also informing patients about the data sharing. Ian Riley advised that the WSIC dashboard was not yet acquiring data from dentists and opticians, although this could happen in future, however the data being collected and shared was driven by clinicians' priorities. Ian Riley advised that weekly extracts of data were taken from GPs and monthly extracts from local authorities. There was a process involved in who can access the WSIC dashboard data and Ian Riley stated that he could provide further information on who had access. There was also a body that considered requests for anonymous data and the whole process was strictly controlled and audited.
- 6.5 The Chairman stated that patients may have concerns about who could see their data, especially in comparison to the care.data experience where there had been potential information being sold on or used for research outside of healthcare. He advised that some diagnoses and information were excluded where it was sensitive. He welcomed the WSIC dashboard and emphasised that it underpinned the improved care and integration that the CCGs were trying to achieve.

7 VERBAL UPDATE ON THE WORK OF THE SAFER WESTMINSTER PARTNERSHIP

- 7.1 Mick Smith (Head of Service, Community Safety) provided a verbal update on the Safer Westminster Partnership (SWP) and advised that all local authorities had Safer Partnership strategies. The SWP underwent an annual strategic review that looked at what areas should be focused on going forward. Mick Smith advised that the SWP was chaired by the Police Borough Commander and the Executive Board chaired by the Fire Brigade Borough Commander. Under the Executive Board sat four delivery groups that all had clear action plans.

- 7.2 Chris Neill suggested that there be discussions on emergency care in respect of ambulance callouts with NHS Central London CCG. Members remarked that the City Council was encouraging licenced premises to take more responsibility in ensuring that customers did not drink excessively which may lead to ambulance callouts. Members also suggested that the voluntary sector play a role in the work of the SWP.
- 7.3 Mick Smith agreed to discuss emergency care and ambulance callouts with NHS Central London CCG.
- 7.4 The Chairman noted the good work that had been done to date by the SWP.

8 SUICIDE PREVENTION STRATEGY REFRESH

- 8.1 John Forde (Deputy Director of Public Health) introduced the report and stated that the Suicide Prevention Strategy Refresh was a work in progress. It was proposed that the Board take ownership of the strategy and be involved in its implementation.
- 8.2 Elizabeth Dunsford (Senior Strategic Relationships and Outcomes Officer) then addressed the Board and advised that a new Suicide Prevention Action Plan was proposed following guidance published by Public Health England. A working group had been reconvened in July 2017 to take the new action plan forward and a draft had been produced with multi agency groups involved. A large consultation on the draft action plan had been undertaken in November and it had subsequently been tweaked and refreshed from the responses received. Elizabeth Dunsford then referred to the priority areas of the three London boroughs for 2018-21 in the report, including reducing risk in high risk groups, which included men who were more likely to commit suicide. Approaches were also being tailored to improve mental health in specific groups, provide better information and support to those affected by suicide and steps taken to promote a multi agency approach. Elizabeth Dunsford added that the North West London sub-regional priority area was to improve data collection and monitoring and the London regional level priority was to support the media in delivering sensitive approaches to suicide and suicidal behaviour. Elizabeth Dunsford then sought the Board's views on the strategy's priorities and actions and whether there were sufficient resources to deliver these.
- 8.3 During Members' discussions, it was commented that there needed to be further support in terms of outreach. Members emphasised the need to look at suicide prevention matters from a young age, such as those in primary schools, and also in respect of colleges and universities. Suicide prevention training could also be undertaken with London Underground staff, the Police and housing officers. In noting that suicide was far more likely amongst men, Members suggested that this issue be discussed in an environment that men would be more comfortable with.
- 8.4 In reply to the issues raised, Elizabeth Dunsford advised that there had already been some suicide prevention training undertaken for relevant staff, including with the British Transport Police.

- 8.5 John Forde advised that a whole systems approach to suicide prevention was being taken in schools, with staff being appropriately trained in this area. A collective effort from all service areas and partner organisations was needed to ensure effective delivery of the Suicide Prevention Strategy. He welcomed any further comments from the Board up until the end of January and a report would be presented at a future Board meeting for sign-off.
- 8.6 Chris Neill agreed to approach Like Minded in respect of linking up the Suicide Prevention Strategy's work with theirs.

9 ANY OTHER BUSINESS

- 9.1 Members agreed to Councillor Barrie Taylor's suggestion that the Board receive an annual report from the Care Quality Commission on its overall work. The Chairman requested that Chris Neill, Bernie Flaherty (Bi-borough Executive Director of Adult Social Care) and Dylan Champion look into this further.

The Meeting ended at 5.56 pm.

CHAIRMAN: _____

DATE _____

WESTMINSTER HEALTH & WELLBEING BOARD

Actions Arising

Meeting on Thursday 18th January 2018

Action	Lead Member(s) And Officer(s)	Comments
Verbal Update on the work of the Safer Westminster Partnership		
Mick Smith to discuss emergency care and ambulance callouts with NHS Central London Clinical Commissioning Group.	Mick Smith / Chris Neill	
Suicide Prevention Strategy Refresh		
Chris Neill to approach Like Minded to discuss linking up of their work with the Suicide Prevention Strategy.	Chris Neill	

Meeting on Thursday 16th November 2017

Action	Lead Member(s) And Officer(s)	Comments
Chairman's Verbal Update		
Chairman to update Board on meeting she had with NHS Property representatives at next Board meeting.	Chairman	Completed.
Pharmaceutical Needs Assessment		
Mike Robinson to contact NHS England to see if inviting pharmacy representatives to a future Board where the Pharmaceutical Needs Assessment is an item on the agenda is appropriate.	Mike Robinson	

Meeting on Thursday 14th September 2017

Action	Lead Member(s) And Officer(s)	Comments
Sustainability and Transformation Plan		
Presentation on Sustainability and Transformation Plan to be circulated to the Community Safety Partnership.	Jane Wheeler / Chris Neill	
Draft Annual Report of the Director of Public Health 2016-17		
Members to make any further comments and suggestions about the draft annual report to Mike Robinson prior to the next Board meeting.	All Board Members / Mike Robinson	Completed.

Meeting on Thursday 13th July 2017

Action	Lead Member(s) And Officer(s)	Comments
Update on Development of Better Care Fund Plan 2017-19		
Better Care Fund Plan for 2017-19 to be circulated to Members for further comments and final approval to be delegated to Councillor Heather Acton and Dr Neville Pursell before the 11 September deadline.	Councillor Heather Acton / Dr Neville Pursell / Dylan Champion	Completed.
Work Programme		
Clarification to be provided on whether the meeting scheduled for 22 March 2018 needs to be moved forward.	Councillor Heather Acton / Dylan Champion	Alternative date being sought.

Meeting on Thursday 25th May 2017

Action	Lead Member(s) And Officer(s)	Comments
Delivering the Health and Wellbeing Strategy for Westminster		
Information dashboard being developed by North West London Clinical Commissioning Groups' Strategy Transformation Team to be circulated at next meeting.	Harley Collins (Health and Wellbeing Manager)	Completed.
Healthwatch to circulate research undertaken on behalf of the North West London Sustainability Transformation Plan that identified gaps in the Community Independence Service to Members.	Healthwatch	Completed.
Specific priorities and projects within the Strategy to be updated to incorporate suggestions made by Members.	Dylan Champion	To be provided at a future meeting.
Work Programme		
Updated work programme to be circulated to Members.	Dylan Champion	To be provided at a future meeting.
Primary Care Strategy to be circulated to Members.	Chris Neill (NHS Central London Clinical Commissioning Group)	

Meeting on Thursday 2nd February 2017

Action	Lead Member(s) And Officer(s)	Comments
Health and Wellbeing Strategy for Westminster 2017 – 2022 Implementation		
A joint implementation paper setting out a clear governance structure and providing details of actions being taken by NHS Central London and NHS West London Clinical Commissioning Groups to help deliver the implementation plan to be provided at next meeting.	Ezra Wallace, Chris Neill (NHS Central London Clinical Commissioning Group) and Louise Proctor (NHS West London Clinical Commissioning Group)	Completed.
Pharmaceutical Needs Assessment – Introduction		
Report on implications for funding for community pharmacies being reduced for 2016/17 and 2017/18 to be provided at a future meeting.	Colin Brodie	To be provided at a future meeting.

Extraordinary Meeting on Tuesday 13th December 2016

Action	Lead Member(s) And Officer(s)	Comments
NHS Central London and NHS West London Clinical Commissioning Groups' Commissioning Plans		
Members to provide any further comments on the Commissioning Plans by 20 December.	All Board Members	Completed.

Meeting on Thursday 17th November 2016

Action	Lead Member(s) And Officer(s)	Comments
Update on the North West London Sustainability Transformation Plan and Westminster's Joint Health and Wellbeing Strategy		
Board's comments in respect of the North West London Sustainability Transformation Plan to be fed back to the NHS Central and NHS North West London Clinical Commissioning Groups.	Chris Neill (NHS Central London Clinical Commissioning Group)	Completed.
Work Programme		
Board to receive first report on the next Pharmaceutical Needs Assessment at next meeting.	Mike Robinson / Colin Brodie	Completed.

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Meeting on Thursday 15th September 2016

Action	Lead Member(s) And Officer(s)	Comments
Draft Westminster Health and Wellbeing Strategy Refresh		
Final strategy to be put to the Board at the next meeting.	Meenara Islam	Completed.
Housing Support and Care Joint Strategic Needs Assessment		
Board to look at the Housing Support and Care Joint Strategic Needs Assessment in more detail and to support the recommendations, subject to any concerns raised by Members in the next two weeks.	All Board Members / Anna Waterman	Completed.

Meeting on Thursday 14th July 2016

Action	Lead Member(s) And Officer(s)	Comments
Draft Westminster Health and Wellbeing Strategy Refresh		
Meenara Islam to circulate the dates that the consultation events and meetings are taking place to Members.	Meenara Islam	Completed.
Tackling Childhood Obesity Together		
Progress on the programme to be reported back to the Board in a year's time.	Eva Hrobonova	
Health and Wellbeing Hubs		
Details of the children's workstream to be reported to the Board at the next meeting.	Melissa Caslake	Completed.

Meeting on Thursday 26th May 2016

Action	Lead Member(s) And Officer(s)	Comments
Draft Westminster Health and Wellbeing Strategy Refresh		
Members to provide any further input on the strategy before it goes to consultation at the beginning of July.	All Board Members	Completed

Meeting on Thursday 17th March 2016

Action	Lead Member(s) And Officer(s)	Comments
Westminster Health and Wellbeing Strategy Refresh Update		
Members requested to attend Health and Wellbeing Board workshop on 5 April.	All Board Members	Completed.
Meenara Islam to circulate details of proposals discussed at an engagement plan meeting between Council and Clinical Commissioning Group colleagues.	Meenara Islam	Completed.
NHS Central and NHS West London Clinical Commissioning Group Intentions		
Clinical Commissioning Groups to consider how future reports are to be presented with a view to producing reports more similar in format and more user friendly.	Clinical Commissioning Groups	On-going.

Meeting on Thursday 21st January 2016

Action	Lead Member(s) And Officer(s)	Comments
Commissioning Intentions: (A) NHS Central London Clinical Commissioning Group; (B) NHS West London Clinical Commissioning Group		
Update on the Clinical Commissioning Groups' intentions to be reported at the next Board meeting.	Clinical Commissioning Groups	Completed.
Westminster Health and Wellbeing Strategy Refresh		
Draft proposals for the strategy refresh to be considered at the next Board meeting	Adult Social Care, Clinical Commissioning Groups and Policy, Performance and Communication	Completed.

Meeting on Thursday 19th November 2015

Action	Lead Member(s) And Officer(s)	Comments
Westminster Health and Wellbeing Hubs Programme Update		
Update on the Programme to be reported at the next Board meeting.	Adult Social Care	Completed.
Like Minded – North West London Mental Health and Wellbeing Strategy – Case for Change		

Board to receive report on Future In Mind programme to include details of how it will impact upon Westminster and how the Board can feed into the programme to provide more effective delivery of mental health services.	Children's Services	Completed.
Board to receive report on young people's services, including how they all link together in the context of changes to services.	Children's Services	Completed.

Meeting on Thursday 1st October 2015

Action	Lead Member(s) And Officer(s)	Comments
Central London Clinical Commissioning Group – Business Plan 2016/17		
West London Clinical Commissioning Group to circulate their Business Plan 2016/17 to the Board.	West London Clinical Commissioning Group	Completed.
Westminster Health and Wellbeing Hubs Programme Update		
Board to nominate volunteers to be involved in the Programme and to be on the Working Group.	Meenara Islam	Completed.
Update on the Programme to be reported at the next Board meeting.	Adult Social Care	Completed.
Dementia Joint Strategic Needs Assessment – Commissioning Intentions and Sign Off		
Board to receive and update at the first Board meeting in 2016.	Public Health	Completed.

Meeting on Thursday 9th July 2015

Action	Lead Member(s) And Officer(s)	Comments
Five Year Forward View and the Role of NHS England in the Local Health and Care System		
That a document be prepared comparing NHS England's documents with the Clinical Commissioning Groups to demonstrate how they tie in together.	Clinical Commissioning Groups/NHS England	Completed.
Board to receive regular updates on the work of NHS England and to see how the Board can support this work.	NHS England	To be considered at future meetings.

Westminster Housing Strategy		
Housing Strategy to be brought to a future meeting for the Board to feed back its recommendations.	Spatial and Environmental Planning	Completed.
Update on Preparations for the Transfer of Public Health Responsibilities for 0-5 Years		
Board to receive an update in 2016.	Public Health	Completed.

Meeting on Thursday 21st May 2015

Action	Lead Member(s) And Officer(s)	Comments
North West London Mental Health and Wellbeing Strategic Plan		
That a briefing paper be prepared outlining how the different parts of the mental health services will work and how various partners can feed into the process.	NHS North West London	Completed.
Adult Social Care representative to be appointed onto the Transformation Board.	NHS North West London Adult Social Care	Completed.
Children and Young People's Mental Health		
A vision statement be produced and brought to a future Board meeting setting out the work to be done in considering mental health services for 16 to 25 year olds, the pathways in accessing services and the flexibility in both the setting and the type of mental health care provided, whilst embracing a multidisciplinary approach.	Children's Services	Completed.
The role of pharmacies in Communities and Prevention		
Public Health Team and Healthwatch Westminster to liaise and exchange information in their respective studies on pharmacies, including liaising with the Local Pharmaceutical Committee and the Royal Pharmaceutical Society.	Public Health Healthwatch Westminster	Completed.
Whole Systems Integrated Care		
That the Board be provided with updates on progress for Whole Systems Integrated Care, with the first update being provided in six months' time.	NHS North West London	Completed.
Joint Strategic Needs Assessment		
Consideration be given to ensure JSNAs are more in line with the Board's priorities.	Public Health	Completed.
The Board to be informed more frequently on any new JSNA requests put forward for consideration.	Public Health	On-going.

Better Care Fund		
An update including details of performance and spending be provided in six months' time.		Completed.
Primary Care Co-Commissioning		
Further consideration of representation, including a local authority liaison, to be undertaken in respect of primary care co-commissioning.	Health and Wellbeing Board	In progress
Work Programme		
Report to be circulated on progress on the Primary Care Project for comments.	Holly Manktelow Health and Wellbeing Board	Completed.
The Board to nominate a sponsor to oversee progress on the Primary Care Project in between Board meetings.	Health and Wellbeing Board	To be confirmed.
NHS England to prepare a paper describing how they see their role on the Board and to respond to Members' questions at the next Board meeting.	NHS England	Completed.

Meeting on Thursday 19th March 2015

Action	Lead Member(s) And Officer(s)	Comments
Pharmaceutical Needs Assessment		
Terms of reference for a separate wider review of the role of pharmacies in health provision, and within integrated whole systems working and the wider health landscape in Westminster, to be referred to the Board for discussion and approval.	Adult Social Care	Completed

Meeting on Thursday 22nd January 2015

Action	Lead Member(s) And Officer(s)	Comments
Better Care Fund Plan		
Further updates on implementation of the Care Act to be a standing item on future agendas.	Adult Social Care	Completed.
Child Poverty		
Work to be commissioned to establish whether and how all Council and partner services contributed to alleviating child poverty and income deprivation	Children's Services	In progress.

locally, through their existing plans and strategies – to identify how children and families living in poverty were targeted for services in key plans and commissioning decisions, and to also enable effective identification of gaps in provision.		
To identify an appropriate service sponsor for allocation to each of the six priority areas, in order to consolidate existing and future actions that would contribute to achieving objectives.	Children's Services	In progress.
Local Safeguarding Children Board Protocol		
Protocol to be revised to avoid duplication and to be clear on the different and separate roles of the Health & Wellbeing Board and the Scrutiny function.	Local Safeguarding Children Board	Completed.
Primary Care Commissioning		
A further update on progress in Primary Care Co-Commissioning to be given at the meeting in March 2015.	Clinical Commissioning Groups. NHS England	Completed.

Meeting on Thursday 20th November 2014

Action	Lead Member(s) And Officer(s)	Comments
Primary Care Commissioning		
The possible scope and effectiveness of establishing a Task & Finish Group on the commissioning of Primary Care to be discussed with Westminster's CCGs and NHS England, with the outcome be reported to the Health & Wellbeing Board.	Clinical Commissioning Groups NHS England	Completed
Work Programme		
A mapping session to be arranged to look at strategic planning and identify future agenda issues.	Health & Wellbeing Board	Completed.

Meeting on Thursday 18th September 2014

Action	Lead Member(s) And Officer(s)	Comments
Better Care Fund Plan 2014-16 Revised Submission		
That the final version of the revised submission be circulated to members of the Westminster Health & Wellbeing Board, with sign-off being delegated to the Chairman and Vice-Chairman, subject to any comments that may be received.	Director of Public Health.	Completed.

Primary Care Commissioning		
The Commissioning proposals be taken forward at the next meeting of the Westminster Health & Wellbeing Board in November	NHS England	Completed.
Details be provided of the number of GPs in relation to the population across Westminster, together with the number of people registered with those GPs; those who are from out of borough; GP premises which are known to be under pressure; and where out of hours capacity is situated.	NHS England	Completed.
Measles, Mumps and Rubella (MMR) Vaccination In Westminster		
That a further report setting out a strategy for how uptake for all immunisations could be improved, and which provides Ward Level data together with details of the number of patients who have had measles, be brought to a future meeting of the Westminster Health & Wellbeing Board in January 2015.	NHS England Public Health.	Completed.

Meeting on Thursday 19th June 2014

Action	Lead Member(s) And Officer(s)	Comments
Whole Systems		
Business cases for the Whole Systems proposals to be submitted to the Health & Wellbeing Board in the autumn.	Clinical Commissioning Groups.	Completed.
Childhood Obesity		
A further report to be submitted to a future meeting of the Westminster Health & Wellbeing Board by the local authority and health partners, providing an update on progress in the processes and engagement for preventing childhood obesity.	Director of Public Health.	Completed.
The Health & Wellbeing Strategy		
A further update on progress to be submitted to the Westminster Health & Wellbeing Board in six months.	Priority Leads.	Completed.
NHS Health Checks Update and Improvement Plan		
Westminster's Clinical Commissioning Groups to work with GPs to identify ways of improving the effectiveness of Health Checks, with a further report on progress being submitted to a future meeting.	Clinical Commissioning Groups	Completed.
Joint Strategic Needs Assessment Work Programme		
The implications of language creating a barrier to successful health outcomes to be considered as a further JSNA application.	Public Health Services	Completed.

<i>Note: Recommendations to be put forward in next year's programme.</i>	Senior Policy & Strategy Officer.	
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Meeting on Thursday 26th April 2014

Action	Lead Member(s) And Officer(s)	Comments
Westminster Housing Strategy		
The consultation draft Westminster Housing Strategy to be submitted to the Health & Wellbeing Board for consideration.	Strategic Director of Housing	Completed.
Child Poverty Joint Strategic Needs Assessment Deep Dive		
A revised and expanded draft recommendation report to be brought back to the Health & Wellbeing Board in September.	Strategic Director of Housing Director of Public Health.	Completed.
Tri-borough Joint Health and Social Care Dementia Strategy		
Comments made by Board Members on the review and initial proposals to be taken into account when drawing up the new Dementia Strategy.	Matthew Bazeley Janice Horsman Paula Arnell	Completed.
Whole Systems		
A further update on progress to be brought to the Health & Wellbeing Board in June.	Clinical Commissioning Groups	Completed.

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Westminster Health & Wellbeing Board

Date:	20 March 2018
Classification:	General Release
Title:	Local Area (SEND) Inspection Brief
Report of:	Bi-Borough Children Services
Wards Involved:	All
Policy Context:	Special Educational Needs and Disability
Financial Summary:	N/A
Report Author and Contact Details:	Victor Roman (Bi-Borough SEND Inspection Preparation Programme Manager) Victor.Roman@rbkc.gov.uk

1. Executive Summary

- 1.1 This Report summarises the Local Area Inspection Guidance and what work is currently undertaken in the Local Area as Preparation.

2. Background

- 2.1 In September 2014, the Children and Families Act has come into force, and as a result, in April 2016 the Framework and Guidance for the Joint Ofsted and CQC Local Area Special Educational Needs and Disability (SEND) Inspections have been published.
- 2.2 The Local Area SEND Inspection is a Partnership Focus Inspection Type, which means it has no Judgement (such as Outstanding, Good, Requires Improvement or Inadequate) as the Social Care Single Inspection Framework (SIF) or Schools Inspections. The outcome of the inspection is a report to the Director of Children Services and the most Senior Officer in the Clinical Commissioning Group with strengths of the Local Area and Areas for Improvement. In cases where the Areas for Improvement are significant, the Local Area would need to submit a Written Statement of Action within 70 working days of receipt of the Inspection report.

- 2.3 The Local Area SEND Inspection looks at the Local Area and how the partnership works together in **identifying, assessing and meeting need, and improving outcomes** for Children and Young People with SEN and /or Disability.
- 2.4 The inspection lasts for two weeks (1 week off-site and one week on-site), the Call for the Inspection normally happening on a Monday and inspectors arriving on-site the following Monday. The inspection would only take place during School Term time.
- 2.5 As this is a partnership inspection, it will involve every agency that interacts with the Children and Young People on SEN Support or with an Education Health and Care Plan in the Local Area. This includes the Local Authority (both Children Services and Adults Services), The Clinical Commissioning Group, Schools, Early Years Providers, Colleges, Health Providers, Parent Partnership and the Third Sector (such as Short Breaks Providers).
- 2.6 The Inspectors will meet with Officers from Health and The Local Authority, School/ Nursery Staff, Children and Young People and Parents. This can happen through Focus Groups (on themes, such as Personal Budgets), interviews (for Senior Officers) and webinars (families).
- 2.7 In Preparation for the Local Area SEND Inspection the Bi-Borough is working with Health, Parent Partnerships and other partners to:
- 2.7.1 Ensure that the data (both child level and population) is easily available and meaningful.
 - 2.7.2 Ensure that the Local Area has all the required policies and strategies in place (Health and Wellbeing Strategy, Joint Strategic Needs Assessment, SEND Strategy, Joint Commissioning Plan, Short Breaks Statement, Personal Budgets Policy, Preparing for Adulthood Strategy, Travel Policy, etc.)
 - 2.7.3 Ensure that the Local Area has the right governance and processes in place for identify, assessing and meeting need, evidenced through Terms of Reference and minutes of the services (Yes/No Panel, SEN Panel, Transitions Tracking Meeting, Complex Care/Joint Funding Panel, etc.)
 - 2.7.4 Ensure that the Local Area has a common understanding of the Strengths and Areas for Improvement of the partnership, presented to Inspectors as an Executive Summary of our Self-Evaluation.
 - 2.7.5 Ensure that decisions and service design (including the Local Offer) is achieved through co-production with partners and parents, and is evidenced appropriately.
 - 2.7.6 Ensure that the Logistics of the Inspection are planned, so that the inspection runs smoothly.

2.8 In inspections that have taken place since 2016 around the country (around 50 at present), there have been key themes that inspectors focused on:

2.8.1 SEN Support

2.8.2 Preparation for Adulthood (including Transition into Adult Social Care)

2.8.3 Joint Commissioning Arrangements (including access to therapies)

2.8.4 Early Years Identification

2.8.5 Co-production

2.9 In Westminster, Special Educational Needs and Disabilities is **everyone's business**, and we would need to demonstrate that the partnership works effectively at **identifying, assessing and meeting need, and improving outcomes** for Children and Young People with SEN and /or Disability.

3. Options / Considerations

n/a

4. Legal Implications

4.1 *n/a*

5. Financial Implications

5.1 *n/a*

If you have any queries about this Report or wish to inspect any of the Background Papers please contact:

**Victor Roman
Bi-Borough SEND Inspection Preparation Programme Manager**

Email: Victor.Roman@rbkc.gov.uk

BACKGROUND PAPERS:

1. SEND Code of Practice <https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>
2. SEND Inspection Framework <https://www.gov.uk/government/publications/local-area-send-inspection-framework>
3. SEND Inspection Guidance <https://www.gov.uk/government/publications/local-area-send-inspection-guidance-for-inspectors>

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A Quick Guide to the SEND Local Area Inspection Preparation

Victor Roman

1. Focus of the Inspection

- This framework will inspect the Local Area (a Partnership Inspection), concentrating on **3 questions**:
 - Question A: How effectively does the local area **identify children** and young people who have special educational needs and/or disabilities?
 - Question B: How effectively does the local area **assess and meet the needs** of children and young people who have special educational needs and/or disabilities?
 - Question C: How effectively does the local area **improve outcomes** for children and young people who have special educational needs and/or disabilities?

2. Inspection Preparation

- A. Having the data easily available
- B. Having the Policies and Procedures easily available
- C. Self-reflection and improvement plans (Self Evaluation Framework)
- D. Working with Partners (“SEND is everybody’s business”)
- E. Inspection Team and Roles

A. Data

- The Ofsted and CQC Inspection Guidance Document notifies us of the data sets the Local Area need to make available (pages 6 and 7 of the Guidance).
- The Data needs to be **easily available**, so that when the Local Area receives the call it can be easily produced.
- A meeting occurred on the 17.01.2018 with the purpose of identifying the data that we require and who will be best place to collate it. The aim is to understand:
 - where all the data sits
 - who has responsibility for it
 - how quickly can the data be extracted and presented.
- The Local Area will have to submit around 30 different sets of data (please see in Appendix 1)

B. Policies, Procedures and Other

Policies and Strategies:

1. Short Breaks statement (including Personal Budgets Policy)
2. The Joint Strategic Needs Assessment (JSNA)
3. The Joint Health and Well-being Strategy
4. SEND Strategic Plans devised and used by the local area (this should include Access and Inclusion Policy, SEN Commissioning Strategy, Travel Policy, Transition Protocol, etc.)

Procedures:

1. Eligibility Criteria Documentation
2. Terms of Reference for Panels (SEN Panel, Complex Care Panel, Transitions Panel, 14+ Panel, etc.)
3. Panel Minutes (as above)

Other:

1. Schools' and nurseries' published special educational needs information reports (to make sure all settings have one)
2. Any Relevant SCRs
3. Structure Charts of the departments

C. SEF – Part 1

- The Local Area needs to have a co-produced Self Evaluation Framework.
- This should lead to an **Action Plan** to address any gaps within services and to promote improvements to the partnership.
- This is also a good opportunity for leaders in the organisation to **reflect on their practice and identify areas for improvement.**

C. SEF – Part 2

Areas of Local Roles and Responsibilities:		F: Identification, Assessment & Plans							SEND Local Area Ofsted May 2016 v 1.0			
		TO CONFIRM THE LA'S POSITION UNDER ITS STATUTORY DUTIES UNDER THE CHILDREN AND FAMILIES ACT 2014, IN RESPONSE TO THE QUESTION "WHAT IS THE POSITION AND HOW DO YOU KNOW?"										
		Areas of Local Roles and Responsibilities			Areas of focus for success measures			Key areas for measuring success				
		Implement statutory responsibilities			Collecting feedback from children, young people and their families and using this to improve services and delivery;			Positive experience of the SEND system for C & YP and their families;				
		Focus on effective local partnerships			Using data and intelligence to measure progress and success;			Positive outcomes for C & YP and their families;				
		Share and use effective practice to support delivery			Working with other local areas to identify issues or trends and to learn from each other.			Effective preparation for adulthood.				
		Local area plans and evaluation to support local accountability			Training / Learning			Transition plan, Need Action Plan, Training plan, Work Plan				
		Sub areas		Areas of Good Practice		Areas To Improve		Plans in Place		Supporting Evidence	Summary and risk rating (Red / Amber/ Green)	
		Area F	Identification Assessments and Plans	Responsible officer	Partnership View	C&YP/ Parents & Carers Views	Partnership View	C&YP/ Parents & Carers Views	Actions to Do	By When	Documents to hold in a central evidence file?	Summary and risk rating (Red / Amber/ Green)
		F1	Identification of SEND is effective									
		F2	Identification of SEND is timely & useful. Differentiates between SEN Support and EHCP. Engagement evident									
		F3	Strengths and weaknesses identified to show improvements and deterioration									
		F4	Sharing information to support transitions									
		F5	Effectiveness in meeting needs & improving SEND CYP outcomes									
		F6	SEND needs identified									
		F7	Understanding of Good progress									
		F8	Detailed planning at transition									
		F9	SEND Support Plans focus on good educational, health & care outcomes.									

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NB:

1. Quite detailed – helps with identifying gaps
2. Evidenced based
3. RAGed – helps with prioritising work
4. Includes the partnership view and the CYP and families view.
5. After completion it needs to be focused into an Area Action Plan (based on RAG)

D. Working with Partners

- Partners need to own this inspection as much as the Local Authorities.
- We need to demonstrate that **we work effectively with partners** and families on BAU (such as Assessments) and Policies and Strategies (please see section B).
- **Evidence** of these can be consultation documentation (and responses), CFA Executive Board minutes, “We said, We did” Documents, emails from partners and families regarding a CYP’s assessment and/ or plan, thank you notes, comments on the Local Offer, etc.

E. Inspection Team and Roles

- It is important that the **logistics run** smoothly (keeps the HMIs happy)
- Lead Officer: TBC (someone who has management responsibility over the area of focus)
- Link Officer: Victor Roman (the role is to organise the logistics of the Inspection)
- Inspection Team:
 - Runners
 - Time Table Masters
 - Data Gurus
 - IT Support
- Logistics: List of Staff that they would meet, Consent Forms, Venues, ID Badges, Different Colour Lanyards, Teas and Coffee, etc.

Appendix 1 – Data Sets Requirements

- Updated numbers of children with SEN Support cohort (ethnicity/ age/ primary need) 0-25
- Number of EHC Plans (age/ ethnicity/ primary need) 0-25
- Where they are educated (in borough / out of borough / residential 38 weeks and 52 weeks / mainstream / special)
- Academic achievement over time of this cohorts
- Attendance data and exclusions data for this cohort
- Destination of school leavers who were in this cohort
- NEETs with SEND
- Numbers of complaints about SEND service (LA relevant) and themes arising
- Performance data already available on EHCs in 20 weeks and transfers (assuming that is still relevant)
- Data on referrals for an EHC Assessment by age and outcome of referral/assessment
- Rates of appeal to first tier tribunal and mediation (cases resolved before going to First Tier Tribunal)
- Data about initial and health review assessments for children looked after who have or who may have special educational needs and/or disabilities
- List of LAC and care leavers who have SEND
- List of children in need (social care and early help) who have SEND
- List of children on child protection plans who have SEND
- List of children open to YOT who have SEND including those in custody or secure units
- List of children who are home educated and those missing education who have SEND
- List of children in transition to adult services
- List of children in AP with SEND
- List of children in hospital with SEND
- List of Young Carers
- LD Clients in Employment
- SEND Young People (up to 25) in Supported Accommodation
- Statistics on health attendance and input into EHC assessment and review meetings
- commissioning and performance data on delivery:
 - of healthy child programme (previous 12 months)
 - of school nursing service (previous 12 months)
 - on neonatal screening programme
 - on 0–25 services for child and adolescent mental health services (CAMHS), speech and language therapy, occupational therapy, physiotherapy (to include commissioned care pathways and specialist arrangements for children with SEND).



Westminster Health & Wellbeing Board

Date:	20 March 2018
Classification:	General Release
Title:	Better Care Fund Programme 2017-19: Progress Monitoring Report
Report of:	Bi-Borough Executive Director of Adult Social Care, Managing Director Central London CCG Managing Director West London CCG
Wards Involved:	All
Policy Context:	Health and Care Integration
Financial Summary:	Contained in report
Report Author and Contact Details:	Dylan Champion dchampion@westminster.gov.uk

1. Executive Summary

- 1.1 This report outlines progress on the Better Care Fund (BCF) Plan for 2017-19. Delivery of the BCF is an important mechanism by which the Health and Wellbeing Board fulfils its statutory duty to promote integrated ways of working and deliver a sustainable health and care system that is fit for the future.

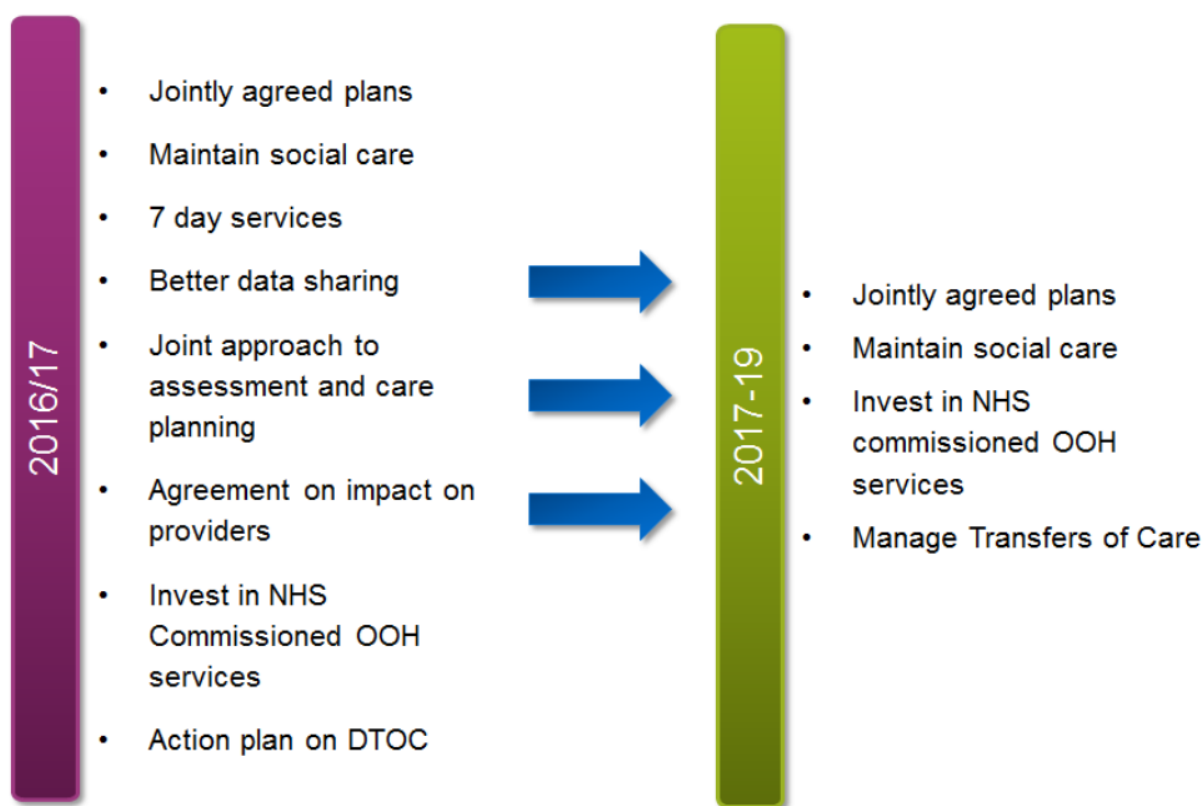
2. Key Matters for the Board

- 2.1 The Health and Wellbeing Board is asked to note the progress and information contained in this report.

3. Background

- 3.1 The Better Care Fund Initiative is intended to promote integration and support Health and Wellbeing Boards in working together to achieve better health and social care integration by 2020.

- 3.2 The Policy Framework for the BCF has been developed by the Department of Health, Department for Communities and Local Government, Local Government Association, Association of Directors of Adult Social Services and NHS England and covers two financial years (2017-19) to align with NHS planning timetables and to give areas the opportunity to plan more strategically in the lead up to integration by 2020.
- 3.3 The Government's Policy Framework was published on 31 March 2017 (originally expected in November 2016) and the Integration and Better Care Fund Planning Requirements and allocations were published on 4 July 2017. As a result, Integration and Better Care Fund Plans for the period 2017-2019 was submitted in September 2017 and therefore this report is the first monitoring report since its submission.
- 3.4 The key national priorities for the Better Care Fund Plan are set out in the diagram below.



- 3.5 The Integration and Better Care Fund Plan for 17-19 plan is a joint plan for Hammersmith & Fulham Council, the Royal Borough of Kensington & Chelsea, Westminster City Council and the Clinical Commissioning Groups for Central London, West London and Hammersmith & Fulham.

4. Progress in 2017/18

- 4.1 The 2017-19 plan summarised our collaboration and proposed actions to take forward the Integration and Better Care Fund ambitions over the two years to 2019.
- 4.2 Following formal assurance of our BCF on 27th October 2017, we have continued to move forward with our two-year integration and BCF plan and the agreed schemes to support achievement of our combined ambition. Significant progress has been made in a number of key areas.
- 4.3 The Community Independence Service (CIS) continues to be a priority across the three HWB areas to increase integration and deliver high quality integrated care as well as improved efficiency. The CIS has played a key part in contributing to the continued good performance in preventing non-elective admissions and minimising delayed transfers of care. Since October consideration has been given to future commissioning options for the CIS as the existing contract expires in Summer 2018. In addition, as the focus in all three Health and Wellbeing areas shifts towards establishing more Integrated Care, further consideration is now being given to the future operating model for the CIS. Potential options are being reviewed and will be subject to formal governance before a final decision is made.
- 4.4 Under our Integrated Commissioning scheme, we have completed a review to ensure that pooled budgets under our S75 agreements result in improved value for money and efficiency. This stocktake, and review will ensure that all contracts and placements align with our agreed strategic direction and are still relevant. This piece of work is supported by a joint transformation pot across our Health and Wellbeing Board areas. The results of the stocktake will inform plans for efficiencies in 2018/19.
- 4.5 The Improved Better Care Fund (iBCF), which was jointly, agreed as part of the grant conditions is actively being utilised to support achievement against the BCF plan. We are currently mobilising additional resource and capacity to support discharge and to reduce Delayed Transfers of Care (DToC). This is imperative, as our acute settings are at capacity due to the winter period.
- 4.6 In November 2017, Central London CCG presented to the Health and Wellbeing Board the Integrated and Accountable Care Strategy. This was endorsed by the Board and sets out a more detailed route map and rationale for achieving integrated care by 2020. Since then a Westminster Partnership Board has been established to take this work forward and this work continues. Discussions have continued about the benefits of developing and agreeing a single integrated care model across Westminster and Kensington and Chelsea, which amongst other

things would ensure that residents in Queens Park and Paddington would receive a service similar to that received by residents in the south of the borough.

- 4.7 Work has also taken place to improve joint commissioning arrangements for Learning Disability and Mental Health Services. This work will continue and more information about these will be provided in the next BCF update.
- 4.8 New arrangements for a seven-day per week Hospital Social Work Team were put in place in January 2017 at no additional cost. Instead of having a separate team to deal with weekend discharges, the week day teams' roles and functions have been extended to cover 7 days a week. Local team managers will manage work over 7 days and will have oversight of all cases, to create consistency and continuity.
- 4.9 A project post has been established to focus on our prevention, personalisation, self-care & community assets. A joint approach is being explored to coordinate our respective investments to achieve better outcomes and support plans to develop and promote personalisation and integrated care.

5. Legal Implications

- 5.1 Under the Health and Social Care Act 2012, the Health and Wellbeing Board has a duty to ensure that providers of health and social care services are working in an integrated manner. Section 3 of the Care Act reinforces this duty. Local Authorities are under a duty to carry out its care and support functions in a way that promotes integrating services with those of the NHS or other health-related service. The Better Care Programme as outlined in this report discharges those duties.

6. Financial Implications

- 6.1 A key aspect of the Integration and Better Care Fund Plan is the allocation of resources to support the delivery of the plan. For 2017/18 the Integrated Better Care Plan included a joint budget of £73.908m.
- 6.2 This is split into the following services:

Services commissioned directly by Health:	£13.647m
Section 75 Health funded services commissioned by the LA:	£15.025m
Funding by Health to protect social care services:	£ 8.086m
Funding by Health for 7 day working (System Resilience)	£ 0.320m
Funding by LA on aligned budgets:	£28.109m
Improved Better care fund programme:	£ 8.721m
Total jointly agreed budget:	£73.908m

- 6.3 In accordance with national guidelines the Council will receive a transfer of funds from West London & Central London CCG of £8,086,075 to support the delivery of social care outcomes in year one. there is a requirement for the CCG minimum to increase by 1.9% in 18/190%.
- 6.4 Agreement of the Better Care Fund plan has resulted in the continued operation of a pooled or Section 75 Budget in order to enable the continued joint funding of health and social care priorities. Within the Section 75 Agreements there is an explicit agreement that each organisation will be responsible for the effective delivery of their commissioned services. The final expenditure will be met by the organisation responsible for the customer/patient as per the agreed risk protocol outlined in the BCF Plan. Where efficiency savings are not delivered then this financial liability will rest with the relevant organisation responsible for the customer/patient.
- 6.5 The quarter 3 BCF monitor is showing a net overspend of £0.8m (1.0% of total budget). The main reasons for this variance are the projected overspends in relation to LD and MH placement costs and target QIPP savings not being achieved.

If you have any queries about this Report or wish to inspect any of the Background Papers please contact:

Dylan Champion, Head of Health Partnerships

Email: dchampion@westminster.gov.uk

APPENDICES:

None

BACKGROUND PAPERS:

None

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Westminster Health & Wellbeing Board

Date:	20 th March 2018
Classification:	General Release
Title:	Suicide Prevention Action Plan 2018-2021
Report of:	Public Health Department
Wards Involved:	All
Policy Context:	In January 2017 the third progress report of the cross-government suicide prevention strategy included an update to the 2012 strategy. One of the areas for action was better and more consistent local planning and action by ensuring every local area has a multi-agency suicide prevention plan, with agreed priorities and actions.
Financial Summary:	N/A
Report Author and Contact Details:	Elizabeth Dunsford Senior Strategic Relationships and Outcomes Officer edunsford@westminster.gov.uk Tel; 020 7641 4655

1. Executive Summary

- 1.1 This is the second suicide prevention action plan for the Royal Borough of Kensington and Chelsea and the City of Westminster and it seeks to build on the progress made so far.
- 1.2 The action plan includes a summary of progress made under the current action plan, a refresh of the analysis of the data and a new 3-year action plan. The development of this multi-agency plan has been led by public health with the suicide prevention working group and was consulted on at multi-agency stakeholder event in November.
- 1.3 The action plan was brought before the Health and Wellbeing Board for comment and steer at the last meeting and is now brought before the board for endorsement.

2. Key Matters for the Board

- 2.1 The board is requested to endorse the suicide prevention action plan and to monitor progress against it on an annual basis.

3. Background

3.1 This is the second suicide prevention action plan for the Royal Borough of Kensington and Chelsea and the City of Westminster and it seeks to build on the progress made so far.

3.2 Work to prevent suicide in the boroughs is co-dependant on existing and developing work to promote good mental health, in particular amongst men, young people and minorities.

3.3 The last Annual Report from the Director of Public Health took mental health as its focus. Key recommendations from that report on the production of a mental health JSNA and subsequently the development of a mental health strategy will be essential elements in achievement of effective, long term, upstream suicide prevention.

4. Options / Considerations

- 4.1 The previous version of the action plan also included Hammersmith and Fulham. A separate document has now been drafted for this borough and the action plan for Kensington and Chelsea and Westminster has been amended accordingly.

5. Legal Implications

- 5.1 Not applicable

6. Financial Implications

- 6.1 Not applicable

APPENDICES:

TOWARDS ZERO SUICIDE; A SUICIDE PREVENTION NETWORK ACTION PLAN
for the Royal Borough of Kensington and Chelsea and City of Westminster 2018-2021

BACKGROUND PAPERS:

Suicide prevention: developing a local action plan, published by Public Health England in 2016.

<https://www.gov.uk/government/publications/suicide-prevention-developing-a-local-action-plan>

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TOWARDS ZERO SUICIDE

A SUICIDE PREVENTION NETWORK
ACTION PLAN

for

Royal Borough of Kensington and Chelsea,

City of Westminster

2018-2021

Contents

- Foreword
- 1.0 Background
- 2.0 How this Action Plan has been developed
- 3.0 Ten things to know about Suicide Prevention
- 4.0 2013-2018 Suicide Prevention Strategy Progress
- 5.0 The Local Need for Suicide Prevention
- 6.0 Priorities for the Action Plan
- 7.0 Suicide Prevention Action Plan
- 8.0 Grenfell Suicide Prevention Action Plan
- 9.0 Appendices

Foreword

My annual report for 2016/2017 focused on the importance of protecting and improving our own mental wellbeing, and that of the people around us – our families, friends, neighbours, and local community.

Good mental wellbeing is important for us to lead happy, healthy lives. It is often defined as ‘feeling good’ and ‘functioning well’ – so is not only about feeling happy or content, but also about how we cope and engage in the world around us.

The costs of suicide to families and wider society are significant. A conservative estimate is that for every person who dies at least 10 people are directly affected. The economic cost of each death by suicide of someone of working age is estimated to be £1.67 million. This covers the direct costs of care, indirect costs relating to loss of productivity and earnings, and the intangible costs associated with pain, grief and suffering.

At the consultation event held in November 2017 for this suicide prevention action plan, Sarah Anderson from the Listening Place summed up the challenge we have before us as follows:

“People who die by suicide don’t want to die, they just cannot bear the idea of continuing to live feeling the way they do.”

There is good evidence to show that suicide is preventable. It will require the combined efforts of health and social care, voluntary and private sector organisations which are detailed in this plan. But it will also require the mobilisation of families, friends, neighbours and local community so that each and every one of us feel valued and supported in both the good and bad times of our lives.

Dr Mike Robinson

Director of Public Health

1.0 Background

Every day in England around 13 people take their own lives. The effects can reach into every community and have a devastating impact on families, friends, colleagues and others. Each one of these deaths is a tragedy. Preventing suicide requires the combined actions by local authorities, mental health and health care services, primary care, community based organisations and voluntary agencies, employers, schools, colleges and universities, the police, transport services, prisons and others.

Local Authorities are well placed to prevent suicide because their work on public health addresses many of the risk factors, such as alcohol and drug misuse, and spans efforts to address wider determinants of health such as employment and housing. There are also important and varied opportunities to reach local people who are not in contact with health services through on-line initiatives or working with the third sector. To this end the Royal Borough of Kensington and Chelsea and the City of Westminster commit to coordinating the suicide prevention strategy in their boroughs and in particular building the partnership of organisations to work together on this important agenda. Accountability for the suicide prevention strategy and its associated action plan lies with the health and wellbeing boards of the respective boroughs.

The first suicide prevention action plan, published in 2013, was for the London Borough of Hammersmith & Fulham, the Royal Borough of Kensington and Chelsea and the City of Westminster. This second suicide prevention action plan seeks to build on the progress made so far. Work to prevent suicide in the boroughs is co-dependant on existing and developing work to promote good mental health, in particular amongst men, young people and minorities. The last Annual Report from the Director of Public Health took mental health as its focus. A key recommendation from that report was the production of a mental health JSNA and subsequently the development of a mental health strategy. The actions from the mental health strategy will deliver the wider work to achieve of effective, long term, upstream suicide prevention, which are outside the scope of this action plan.

Both this action plan and the future mental health strategy will seek to capitalise on Thrive LDN which is supported by the Mayor of London. It strives for London to be:

1. A city where individuals and communities are in the lead
2. A city free from mental health stigma and discrimination
3. A city that maximizes the potential of children and young people
4. A city with a happy, healthy and productive workforce
5. A city with services that are there when and where needed
6. A zero suicide city

2.0 How this Action Plan has been Developed

The production of this action plan has been overseen by the multi-agency Suicide Prevention Working Group which has representation from mental health trusts, the local authority public health department, third sector and the CCGs. Its development has been informed by the Public Health England guidance, Local Suicide Prevention Planning-a practice resource, Oct 2016 and through two local multi-agency discussions, one held in January 2017 and one held in November 2017. The Action Plan is to be ratified by the Health Wellbeing Boards in March 2018 and progress against it reviewed on an annual basis.

3.0 10 things that everyone needs to know about suicide prevention¹

The effects of suicide can reach into every community and have a devastating impact on families, friends, colleagues and others.

1. Suicides take a high toll

There were 4,575 deaths from suicide registered in England in 2016 and for every person who dies at least 10 people are directly affected.

2. There are specific groups of people at higher risk of suicide

Three in four deaths by suicide are by men. The highest suicide rate in England is among men aged 45-49. People in the lowest socio-economic group and living in the most deprived geographical areas are 10 times more at risk of suicide than those in the highest socio-economic areas group living in the most affluent areas.

3. There are specific factors that increase the risk of suicide

The strongest identified predictor of suicide is previous episodes of self-harm. Mental ill-health and substance misuse also contributes to many suicides. Suicide prevention strategies must consider and link to programmes of early identification and effective management of self-harm, mental ill-health and substance misuse.

4. Preventing suicide is achievable

The delivery of a comprehensive strategy is effective in reducing deaths by suicide through combining a range of integrated interventions that build community resilience and target groups of people at heightened risk of suicide. Directors of public health and health and wellbeing boards have a central role. Their involvement is crucial in co-ordinating local suicide prevention efforts and making sure every area has a strategy in place.

5 Suicide is everybody's business

A whole system approach is required, with local government, primary care, health and criminal justice services, voluntary organisations and local people affected by suicide having a role to play. Suicide prevention can also be part of work addressing the wider determinants of health and wellbeing.

¹ Local Suicide Prevention Planning-a practice resource, Oct 2016, PHE

6. Restricting access to the means for suicide works

This is one of the most evidenced aspects of suicide prevention and can include physical restriction, as well as improving opportunities for intervention.

7. Supporting people bereaved by suicide is an important component of suicide prevention strategies.

Compared with people bereaved through other causes, individuals bereaved by suicide have an increased risk of suicide and suicidal ideation, depression, psychiatric admission as well as poor social functioning.

8. Responsible media reporting is critical

Research shows that inappropriate reporting of suicide may lead to imitative or copycat behaviour.

9. The social and economic cost of suicide is substantial and adds to the case for suicide prevention work.

The economic cost of each death by suicide of someone of working aged is estimated to be £1.67million. This covers the direct costs of care, indirect costs relating to loss of productivity and earnings and the intangible costs associated with pain, grief and suffering.

10. Local suicide prevention strategies must be informed by evidence

Local government should consider the national evidence alongside local data and information to ensure local needs are addressed.

4.0 2013-18 Suicide Prevention Progress Review

This suicide prevention network action plan builds on the action plan from the 2013-18 suicide prevention strategy which had four overarching goals:

- Timely communication and information sharing between agencies on identification of at risk individuals and care pathways.
- Public education and awareness of suicide and/ or mental health promotion through community outreach, anti-stigma campaigns etc.
- Promotion of existing suicide prevention resources, interventions and support services e.g. the Maytree Respite Centre, telephone helplines operated by the Samaritans or Campaign Against Living Miserably (CALM)
- Priority training for frontline workers (GPs, A&E and concerned others) through programmes like mental health first aid or applied suicide intervention skills training.

Highlights of progress against the 2013-18 action plan are detailed below and include training from front line workers, mental health trusts developing their own action plans and the completion of a coroner's audit. Challenges have included information sharing about services. Though a service mapping was conducted it was not published as planned on a website due to lack of resource. Engagement with employers to raise the issue of mental health and suicide was also attempted but was not successful and it was decided that a better vehicle would be the Healthy Workplace Charter.

Highlights from Multi-agencies

NWL Collaborative of Clinical Commissioning Group's Training programme

Suicide awareness training and suicide intervention training was commissioned by Central London Clinical Commissioning Group on behalf of the three boroughs. The first year was paid for by Central London Clinical Commissioning Group, the second year by Hammersmith and Fulham Clinical Commissioning Group.

There were two face-to-face courses for clinicians and front line staff – one 'lite' half day course and a more comprehensive full day course.

A train the trainer course has been run in 2017 to train GPs to provide suicide intervention training in the future. In addition, an eLearning course has also been commissioned with 700 places available. This will be rolled out in the near future for GPs, their front line staff and voluntary sector workers.

The training delivered so far has been found to be successful in reaching out to all sectors. Therefore, in the action plan it is recommended that it continues alongside the Like Minded Mental Health Awareness training, particularly to community groups/members in the North Kensington area.

Public Health Commissioned Suicide Prevention

The Local Authority Public Health department currently commissions the Campaign Against Living Miserably (CALM): a service targeting men at risk of suicide which provides a telephone helpline and social marketing techniques to raise awareness of depression.

Coroner's Audit

A suicide audit of coroner's data was completed by Public Health in 2014 to improve our understanding of the population characteristics and circumstances of the cohort to improve targeting of prevention work. Findings from that audit are included in section 5.

Children and young people

The Three Borough Local Safeguarding Children's Board completed a Task and Finish Group on preventing suicide with children and young people, by educating schools on the pathways and referral mechanisms and this was then included in the LSCB training programme.

British Transport Police (BTP)

The BTP published a new strategy "From Crisis to Care, A Strategy for Supporting People in Mental Health Crisis and Prevention Suicide on the Railway 2016-2019". It has 7 theme areas for action;

1. Data and analysis
2. Upstream prevention
3. Restricting access to means
4. Safeguarding and crisis care
5. Managing the consequences
6. Tackling suicide contagion
7. Enabling and education

The strategy recognises that the police have a role to play in responding to people in crisis and in referring vulnerable people to support services. The police also have responsibility to support local authorities in their multi-agency work to manage the risk of suicide, by dealing with threats, attempts and completed acts of suicide, and standardising their approach to the recording, management and sharing of data so that communities can be protected.

Metropolitan Police

The Metropolitan Police have focused on improving care whilst individuals are in custody firstly through comprehensive risk assessments for all detainees, by the custody sergeant and secondly ensuring access to mental and physical health care professionals in custody suites. The Metropolitan Police are implementing Dedicated Mental Health Liaison officers

in each area; working to highlight Protecting Vulnerable People (PVP) vulnerabilities with a view to partnership resolution; and working closer with BTP to assist suicide prevention.

Central & North West London NHS Foundation Trust and West London Mental Health Trust

The Central & North West London NHS Foundation Trust and West London Mental Health Trust made the progress against the four overarching goals of the 2013-18 Suicide Prevention Strategy. In addition, they worked on a fifth goal on targeted interventions for at risk groups.

Goal One: Timely communication and information sharing between agencies on identification of at risk individuals and care pathways

- All known Mental Health patients with acute or severe and enduring mental health problems (and their carers), who are at high-risk of self-harm or suicide, have their care co-ordinated through the Care Programme Approach
- A member of the clinical team completes a follow up contact within 7 days of discharge from acute mental health admission wards
- Home Treatment Teams have capacity to effectively follow-up high-risk patients discharged from acute mental health services in their homes.
- Both trusts have introduced the Single Point of Access and CNWL have Rapid Response Teams available 24 hours a day to assess and support those who have been referred by the Single Point of Access (SPA)
- Treatment plans include psycho-social interventions where appropriate, to comply with NICE Guidance.
- Teams follow the Care Act with a person-centred approach which has a recovery focus, so that the individual needs are met and collaborative working to ensure involved in decision making over care plans and safety planning. Families/carers are involved where possible as this supports safer care.

Goal 3: Promotion of existing suicide prevention resources, interventions or support services

Ligature risk assessments are now expected as part of inpatient mental wards and every ward have a Ligature Risk Management Plan. These are audited and as additional risks are identified these are mitigated and plans to address where possible. It is not possible to remove every risk, so staff have to understand how to manage the risks to low. These Ligature Risk Plans are reviewed in CQC inspections.

Goal 4: Training for frontline workers through programmes

Connecting with People is an evidence-based training package for all organisations working with people who are at risk of suicide. CNWL have trained 8 staff and are licensed to train other staff in the Trust over the next 3 years.

The Clinical Risk Training which is mandatory at WLMHT has been revised to enhance the focus on the assessment and management of suicide risk and guidance of use of clinical formulation

Goal 5: Targeted interventions for at risk groups (bereaved families, people from BME background, people with mental health issues, people known to mental health services, etc.).

- Risk training highlights the high risk groups identified in the National Confidential Inquiry (October 2016) e.g. men in middle age, LGBT who have recently migrated this country in the last 5 years, recent moves from local geographical area, older adults and those who live alone – and the need to improve social support to reduce social isolation.
- Crisis plan, cards and relapse signatures are developed /completed with the service user so that they develop a safety plan and identify signs that can be highlighted to families/services should they become unwell and contact numbers for services.
- If a suicide occurs, In CNWL, a Family Liaison Officer is appointed to link with the family while the incident is investigated and to support them gaining access to relevant services. We offer support for bereaved families through Psychology Services, if required. In WLMHT, a clinician is appointed to liaise with and support the family, during the investigation and both trusts facilitate contact with CRUSE and would continue to support families after the event on an individual basis.

Multi-agency Suicide Prevention Working Group

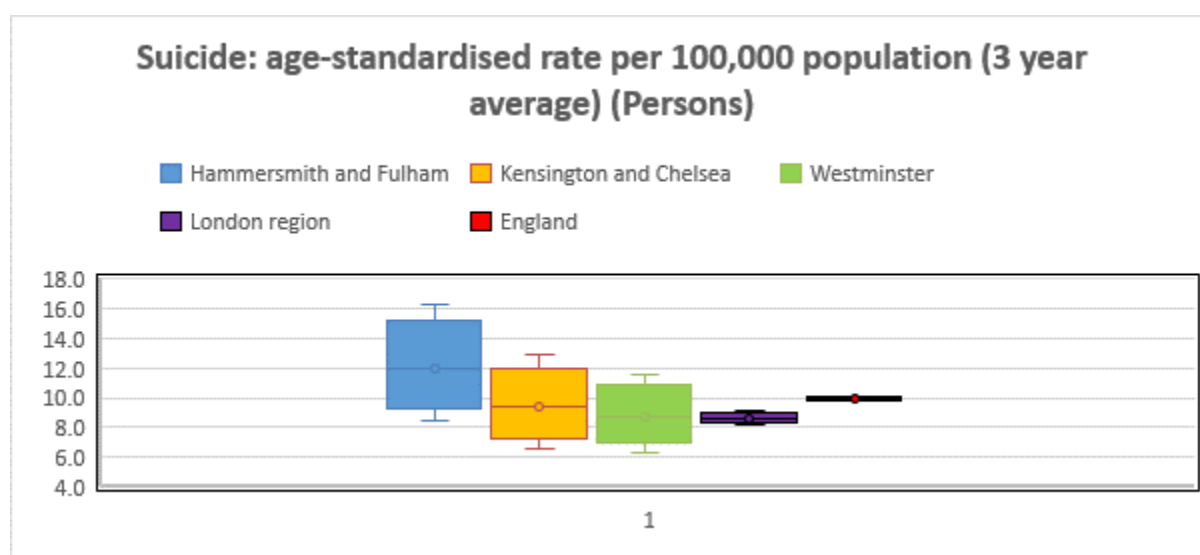
Since 2011 when the need for a multiagency approach and the development of a suicide prevention strategy was identified, Public Health established, lead and co-ordinated a multi-stakeholder Suicide Prevention Working Group across the three boroughs. This group had membership from voluntary sector, CCGs, the local authorities, mental health trusts and the Metropolitan and British Transport Police. Leadership of the group transferred to the CCGs in 2013. After an interregnum the group was reconvened in July 2017 by Public Health and it has met regularly to steer the production of this new action plan. The working group has no resources allocated to it at present.

5.0 The Local Need for Suicide Prevention Multiagency Plan

Suicide has a devastating social, emotional and economic impact and is a leading cause of years of life lost. A person who commits suicide in London typically loses 23 years of their life, for Kensington and Chelsea this is 28.3 years and Westminster 25.5 years (source: Public Health England Suicide Prevention Profile²). This report gives an update on the latest suicide data published by the Office for National Statistics and Public Health England. It compares local suicide rates to the London and national average, reports on trends over time and compares suicide rates by age and sex.

In 2016 there were 10 suicides in Kensington and Chelsea and 10 in Westminster. The rates for Kensington and Chelsea and Westminster are similar to the London average.

Figure 1 Age standardised suicide rates, three year aggregate 2014-2016



Hammersmith and Fulham: 11.9 (95% confidence interval 8.4-16.3); Kensington and Chelsea: 9.3 (6.5-12.9); Westminster: 8.7 (6.3-11.6); London 8.7 (8.2-9.1); England: 9.9 (10.1-9.8)

Source: Office for National Statistics, *Suicides in England and Wales by local authority, 2002 to 2016*

The London suicide rate is significantly lower than the England average. While previously the suicide rate showed a downward trend in London, in 2015 the number of suicides increased by 33% to 735 compared to 552 in 2014. But the confidence intervals overlap so this may be due to chance. There has been no significant change over time in the suicide rates for Kensington and Chelsea and Westminster as numbers are relatively small.

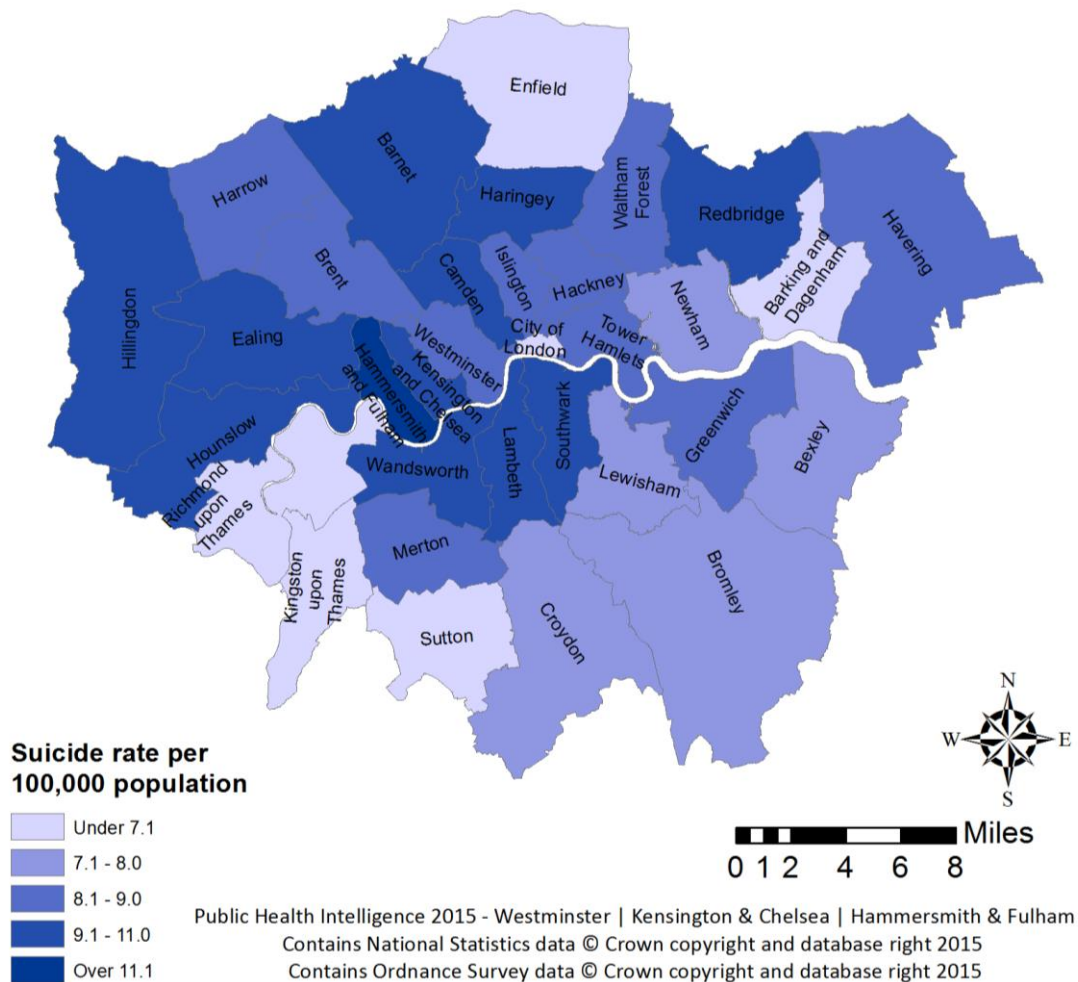
The following groups are at higher risk of death by suicide: men (15 to 59 years), looked after children, older people, black and minority ethnic communities, people with previous suicide attempts and people in crisis (for example bereaved by suicide, relationship

² <https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide>

breakdown, loss of employment). For further information, go to the JSNA.

<https://www.jsna.info/document/suicide-prevention>.

Figure 2 Variation in suicide rates among London Boroughs, three-year aggregate age-standardised rates 2014-2016



Note: none of the differences shown above are statistically significant

Source: taken from the London Assembly Health Committee data from the Office for National Statistics

Coroner's Audit Findings

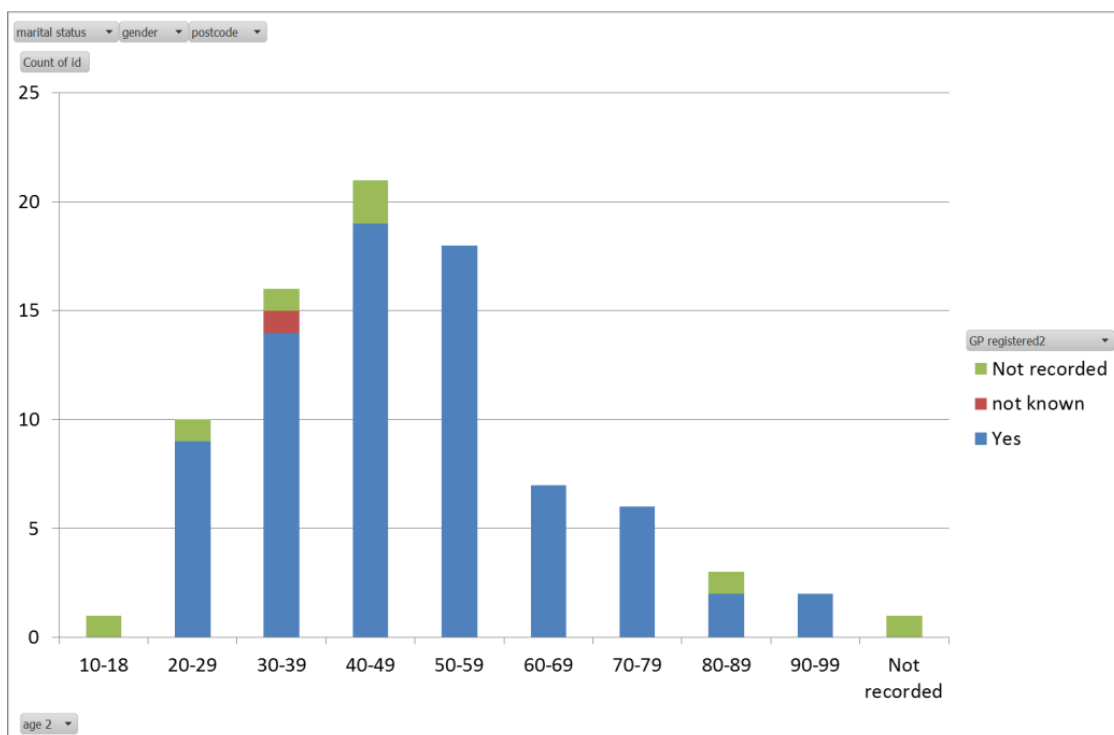
A suicide audit of coroner's data was completed by Public Health in 2014. The audit highlighted that the majority of deaths from suicides locally was attributable to men: 55 of the 85, with the majority being aged between 30-60 years of age. 95% of people who completed suicide were registered with a GP, showing that most deaths occurred amongst the registered resident population.

Though there is a high proportion of BME community groups in acute mental health services suicide rates are low. The breakdown of death by suicide according to ethnicity in the audit was Ethnicity Caucasian/White (78%) followed by Asian and Other (8%), mixed at 2% and black at 1%.

In general white, single, middle aged men; white, single, younger, females and white, married, middle aged women formed the majority of people who died by suicide.

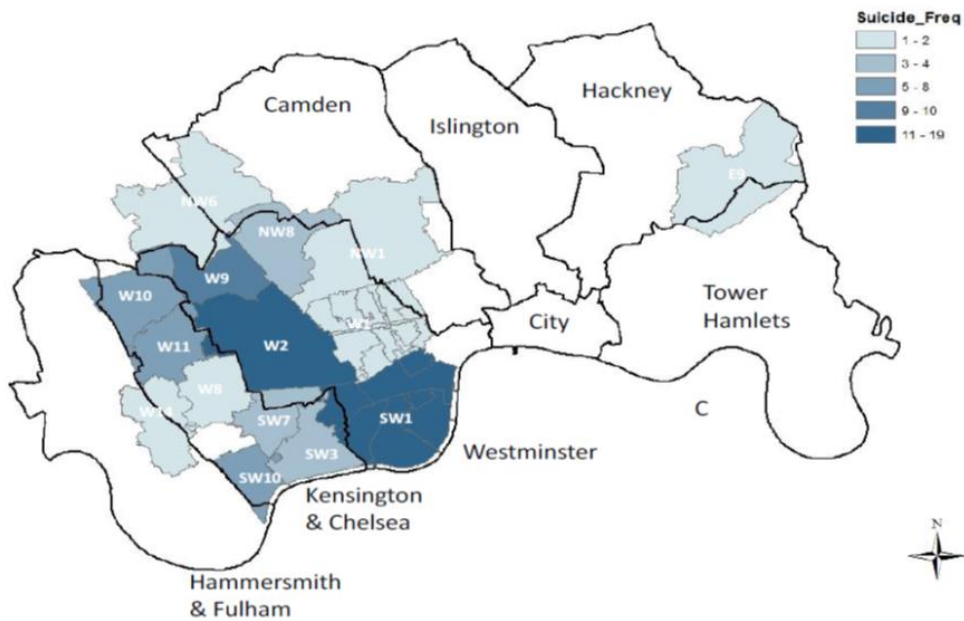
The audit has shown a high prevalence of suicides (83%) occurring at home, with a number of these known to housing services. Likewise, W2 and SW1 feature predominantly in complete suicide cases. However, these are small numbers.

Figure 3 Deaths by age and GP registration in Inner North West London



Source: Coroners Audit of Suicides in Inner North West London, 2014

Figure 4 Suicides Inner North West London Coroner – place of death mapped by postcode



Source: Coroners Audit of Suicides in Inner North West London, 2014

British Transport Police

The British Transport Police (BTP) collect data on suspected suicides, injurious attempts, and pre-suicidal/mental health incidents that have occurred on BTP jurisdiction. The data below is from the National Suicide, Pre-suicide and Mental Health Profile August 2017.

Figure 5 The number of pre-suicidal/mental health incidents, lifesaving interventions, s136³ detentions and S136 detentions made by British Transport Police in 2016/17

	Pre Suicidal/Mental Health Incidents	Life-Saving Interventions	S136 Detentions	S136 Detentions (BTP)
Kensington and Chelsea	35	8	7	7
Westminster	278	33	126	111

When looking at the number of suspected suicides and injurious attempts per 100,000 of the population, the majority of areas with the highest rates tend to be in London (Camden, Westminster and Kingston upon Thames). With respect to the time of year, peaks were seen in April and October, whilst drop were seen in February and June. The largest proportion of incidents occurred on Monday, with fewer incidents occurring at the weekend. The largest proportion occurred in the morning period between 10.00 and 12.00 or in the evening

³ Section 136 is part of the Mental Health Act. The police can use Section 136 to take a person to a place of safety if they think they have a mental illness and need care or control

period between 17.00 and 19.00. The most common risk factors for suicide on the railway include: a history of mental health issues (60.5%), alcohol and /or drug abuse (18.4%), relationship issues (10.7%) and family issues (7.5%).

London Underground has seen a notable increase in the number of suspected suicides over the past three years and is disproportionate to the rise in the total population of London. Part of this rising trend on London Underground relates to an increase in individuals under the age of 30. 2015/16 saw 15 individuals in suspected suicides or injurious attempts under the age of 30 whilst 2016/17 saw 25.

Summary

The data we currently have available indicates that there has been no significant decrease over time in the suicide rates for Kensington and Chelsea and Westminster. Therefore, the need for multi-agency action on prevention appears to be as great as ever. Men continue to make up the vast majority of those who die by suicide in the boroughs. Therefore, the action plan includes priority focus on men. The rise in suspected suicides and injurious attempts in under 30 in London Underground is an area of concern and requires monitoring and investigation.

5.0 Priorities for the strategy

The priorities for the action for 2018 -2021 seek to build on the progress that has been undertaken to date, ensure that those gains are held and concentrate efforts on a limited number of achievable areas. Tackling suicide prevention will be an iterative process over the long term across many settings. Action will also be taking place on a number of levels, working with partners at London Region, at North West London and at borough level. Priority setting has been informed by local data, national guidance and through discussion in the Suicide Prevention Working Group and with the wider suicide prevention partnership of organisations including at a consultation event held on 7th November 2017.

The four borough level priorities areas for 2018-2021 are:

- Reducing risk in high-risk groups
- Tailoring approaches to improve mental health in specific groups
- Provide better information and support to those bereaved or affected by suicide
- Promotion of a multiagency approach

The North West London sub-regional priority area for 2018-21 is:

- Improving data collection and monitoring

The London Regional level priority area for 2018-21 is:

- Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour

Indicators for Success

Indicators for success
-10% annual reduction in the overall suicide rate - At least 10% reduction in male suicide rate - Reduction in recorded attempted suicides - Reduction in self-harm (A&E attendances and hospital admissions)
Process Indicators
- Action plan agreed and signed off by Kensington and Chelsea and City of Westminster Health and Wellbeing Boards by March 2018 - Resources identified for delivery and oversight of Suicide Prevention Plan by March 2019

Multi-agency Suicide Prevention Working Group

The Director of Public Health is the lead for suicide prevention in the Local Authority. He has established a suicide prevention working group. This is a multi-agency group that meets quarterly. A range of agencies operating in the area that have a strategic interest in promoting mental wellbeing are invited to the meeting. These include local NHS mental health trusts, London Underground, NHS acute trusts, local authority, public health, police (British Transport and Metropolitan), clinical commissioning groups, academic institutions, community providers. The working group also plans to include representation from families bereaved by suicide.

The group seeks to promote effective inter-agency working in communicating, managing and preventing suicide incidents in the three boroughs. The group will also take responsibility for monitoring the progress of the implementation of the Suicide Prevention Action Plan and report to the Health and Wellbeing Boards of the respective boroughs who are responsible for the strategy on an annual basis.

Links to the wider health and wellbeing agenda

Suicide is a complex issue and this prevention strategy recognises the importance of tackling factors that can lead to suicide in order to be most effective. With this in mind suicide prevention will need to be incorporated in other key strategies including:

- Mental Health JSNA
- Mental health and wellbeing strategies
- Sustainability and transformation plans
- Local transformation plans for children and young people's mental health and wellbeing
- Commissioning of alcohol and substance misuse service
- Commissioning of the adult mental health service and Child and Adolescent Mental Health Services (CAMHS)
- Adult social care commissioning
- Crisis Care Concordat action plan

A Suicide Prevention Plan for the population affected by the Grenfell Fire

A plan has been developed aiming to reduce the risk of suicide within the population affected by the Grenfell fire. It builds upon the offer already in place and sits within and is supported by the overall strategy for suicide prevention in the three boroughs.

All partners supporting the crisis and recovery response after the Grenfell Fire are very concerned about any potential risk for an increase in the number of suicides and attempted suicides, and the potential for the development of 'suicide clusters'. Whilst studies show different patterns of suicide mortality following natural disasters,⁴ clearly every disaster is unique and potential outcomes difficult to predict. The Grenfell Mental Health Delivery Group will be responsible for coordinating the implementation of the Grenfell Suicide Prevention Action Plan, with reporting responsibility to the Grenfell Health and Wellbeing Subgroup of the Community and People Programme Board. The Grenfell Mental Health Delivery Group will work in close liaison with the Suicide Prevention Strategy Working Group for the boroughs, recognising that at times greater impacts can be achieved through working at a broader rather than local level.

NHS Mental Health Services

The two main providers of mental health services in the boroughs are West London Mental Health Trust for Hammersmith & Fulham and Central and North West Mental Health Trust for Kensington and Chelsea and the City of Westminster. Both trusts have their own suicide prevention plans in place and will provide annual progress reports to the Suicide Prevention Working Group.

Summary

This Action Plan has been developed through dialogue with key stakeholders and overseen by the Suicide Prevention Working Group. The outline priorities and actions were discussed added to at the Suicide Prevention Consultation event which was run on 7th November 2017 and attended by a wide range of partners including from health, police, the third sector and the local authorities.

⁴ http://www.wageningenacademic.com/doi/abs/10.3920/978-90-8686-806-3_8

7.0 Suicide Prevention Action Plan

This action plan contains actions already underway or whose funding has been signed off as well as ideas proposed by the working group and from wider the consultation.

Action Area 1: Reduce the risk of suicide in key high-risk groups:

Taking cross-cutting and coordinated approaches to address high risk groups is critical to maximising efforts to reduce suicide and improve mental health. Groups that have been chosen to focus on for the next three years include:

- Men aged 15 to 59
- People who have attempted suicide
- Substance misusers

Area for action	Key issue/target group	Intervention description	Suggested lead and key partners	Delivery time frame	Outcome/Impact
1.1	Reducing risk in men especially in middle age, with a focus on: economic factors such as debt; social isolation; drugs and alcohol; developing treatment and support settings that men are prepared to use.	Working group to draw up proposals for how to increase help seeking by men, in particular single white men aged 15-59 and MSM, including CAMHS for those young men aged 15-17. Identify individuals with lived experience for representation on working group.	Public Health , CALM, POPYRUS, Working with Men, Opportunity for All, local football clubs, housing, major employers,	Working group formed by May 2018.	Report recommendations to inform future commissioning to the Suicide Prevention Working Group by July 2018.

1.3	People who have attempted suicide	<p>Review and strengthen pathway for people attending A&E departments following suicide attempt.</p> <p>Ensure GPs are contacted with details of suicidal/vulnerable person so that appropriate help and support can be offered e.g. Public Protection Unit/Liaison Team</p>	<p>NHS Acute Trusts CNWL and WLMHT</p> <p>CCG</p>	<p>New 24/7 Crisis and Urgent Care delivery and pathway developing with integrated outreach team for CYP</p>	<p>Audit to investigate whether all those attending A & E Departments who have attempted suicide placed on the Crises Care and Urgent Care Delivery Pathway.</p> <p>CCG Audit to investigate whether GPs are contacted with details of suicidal/vulnerable people who have attended A & E departments so they can provide follow-up.</p>
1.4	People who self-harm	<p>Identify gaps in care relating to preventing and responding to self-harm, with a range of services for adults and young people in crisis, and psychosocial assessment for self-harm patients.</p>	<p>NWL Collaborative of CCGs, mental health trusts, school nursing</p>	<p>Ongoing, new 24/7 Crisis and Urgent Care delivery and pathway developing with integrated outreach team for CYP</p>	<p>Care for people who self-harm in line with NICE Guidance.</p>

		Explore establishing a peer to peer support group for self-harm based on recommended good practice.	PHE, CCG and CNWL	Start December 2018	Peer to peer support model established
1.5	Commissioning	Use contract mechanisms to ensure suicide awareness training is built into all contracts. Review current commissioned services for suicide prevention	LA Commissioners CCG Commissioners	CCG commissioners to discuss with contract leads for CNWL for insertion into 2017-19 contracts. By end of April 2018 LA commissioners to discuss with current providers and include in all new contracts.	All new contracts issued to include a requirement for suicide awareness, prevention and intervention training for all staff working with at risk groups. Develop a 'kitemark' standard to recognise /quality assured training providers.
1.6	First Responders	Suicide prevention and intervention training for all front line police, fire brigade and ambulance service staff.	Public Health Metropolitan Police, London Fire Brigade,	From December 2018	Increased reports of interventions.

		Mental Health and Suicide course for all BTP officers which will consist of 2 days of awareness and practical application of powers. This will be for every front line officer.	London Ambulance Service British Transport Police	From December 2017	
1.7	Voluntary sector to ensure a wide range of support is available in addition to the statutory services.	Work with the third sector to ensure that there is appropriate support for those who do not access traditional services. Work with universities and colleges to review their current arrangements for students in crisis.	MIND, Samaritans, Public Health, School Nurses, Educational Psychology, 'Kooth' on-line counselling for young people. Public Health Universities and colleges.	March 2019 March 2019	Report produced mapping the support available, and identification of gaps to inform commissioning intentions. Review completed and recommendations implemented by the universities and colleges.
1.8	Training	Roll out e-learning and face to face training to wider groups: banks, pubs, betting agencies, hostels, homeless shelters, licencing department Westminster City Hall	Suicide Prevention Group Public Health	December 2018 March 2019	Suicide Prevention Group to develop a suicide prevention training plan For example: Pilot engagement with

			<p>Local Authority Licensing</p>	<p>Banks to include suicide prevention awareness as part of a wider mental health strategy.</p> <p>For example: CCG E-learning available to staff in hostels and homeless shelters</p> <p>For example: Work with a pub/bar chain to pilot mental health first aid and suicide prevention training. Report on the pilot to be shared with the Suicide Prevention Group.</p> <p>For example: Work with Samaritans to expand 'small talk, saves lives' media campaign directed at banks, pubs, betting agencies, hostels etc. ?</p>
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1.9	Mental Health Services – CNWL NHS Foundation Trust	<p>CNWL NHS Foundation Trust have their own suicide prevention action plan are included below include joint work with other organisations.</p> <ul style="list-style-type: none"> • Working with Imperial College Patient Safety Collaborative on reducing suicide, implement an evidence based suicide prevention programme called Connecting with People. • Improvement of safe leave and reduction of absent without leave or failure to return from leave. • Review of Clinical Risk Assessment and Management Policy and the use of additional tools for robust assessment of suicide risk and safety planning and this will be linked to SystemOne, which will embed the tools. 	CNWL NHS Foundation Trust, Imperial College Health Partners	<p>Roll out of the learning from Brent pilot to other CMHTs – Sept 2018 – Sept 2019</p> <p>December 2017 – December 2018</p> <p>November 2017 – May 2018 review of policy and tools</p> <p>Training produced by February 2018 Trainer the trainer sessions March 2018</p>	CNWL to share their Suicide Reduction Plan with the Suicide Prevention Group and report progress annually.
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Action Area 2: Tailoring approaches to improve mental health in specific groups

Area for action	Key issue/target group	Intervention description	Suggested lead and key partners	Delivery time frame	Outcome/Impact
2.1	Schools and Early Years	Healthy Schools and Healthy Early Years Partnerships to provide advice, guidance and recognition of achievement through the Bronze Silver and Gold Awards on emotional health and wellbeing and building resilience.	Public Health Commissioners / Healthy schools and Healthy Early Years Programmes	Ongoing	95% of primary schools and 80% of secondary schools to achieve and maintain Healthy Schools Bronze Award.
		0-19 Healthy Child Programme services (Health Visiting and School Nursing), commissioned by LAs require all front line staff to be trained tier 1 mental health workers.	Public Health Commissioners	March 2018	Conferences focusing on Mental Health for both Healthy Schools and Healthy Early Years to promote improve practice and share learning and to include suicide prevention.
				October 2018	0-19 Healthy Child Programme Services contract requirement that all front line staff are Tier 1

					mental health worker trained.
2.2	Ensuring up to date information on services is easily accessible for individuals, care givers and service providers.	Update the mapping of services available from health, social care and third sector and ensure the information is easily available and effectively communicated.	Public Health/ Social Care Services/HealthWatch	Commissioned by September 2018 Published by November 2018	Information on services easily available for both residents and service providers in a variety of formats.
2.3	To better understand the mental wellbeing needs and issues for the local population.	The Health and Wellbeing Boards to commission a Joint Strategic Needs Assessment (JSNA) on mental health and wellbeing.	Public Health/Health and Wellbeing Boards	March 2019	JSNA completed and informs the Health and Wellbeing strategy.
2.5	Provision of specialist mental health promotion services for target groups	Review commissioned services which target the mental health of men, BME groups and those facing domestic violence e.g. CALM and Opportunity for All, highlighting suicide prevention interventions/effectiveness	Public Health Commissioners	April 2018	PH services for men and BME groups recommissioned, ensuring inclusion of suicide prevention specification.

Action Area 3: Provide better information and support to those bereaved or affected by suicide

Post-suicide interventions at family and community level are essential to deal with the effects of suicide, the risk of contagion and cluster suicides and the on-going impact on the mental health of the bereaved. There is a key role here for the police and the Coroner’s office in offering immediate help to bereaved families in access to information and to find support from local and national organisations.

Area for action	Key issue/target group	Intervention description	Suggested lead and key partners	Delivery time frame	Outcome/Impact
3.1	Provide effective and timely support for families bereaved or affected by suicide	Immediate outreach after suspected suicide through a liaison role (with a named individual who is responsible for suicide bereavement support)	Metropolitan Police/Coroner’s Office	July 2018	Police suicide liaison role established in each local authority area.
3.2	Those bereaved /affected by suicide	<p>Critical incident response service to schools - Support offer to schools and siblings of those who have died by suicide</p> <p>Develop a pathway to improve the provision of support and information to those bereaved by suicide including provision of information e.g. “Help is at Hand” leaflet as well signposting to Samaritans/other charities</p>	<p>Educational psychology service to schools and Sixth Form colleges.</p> <p>Public Health, Police, Coroner, Registrar, GPs, Acute Health Trusts, Funeral Directors, Social Care</p>	<p>Ongoing</p> <p>Pathway agreed by September 2018</p> <p>Implemented by December 2018</p>	<p>All schools aware that they can request support for themselves and for the siblings of those who have died by suicide.</p> <p>All those bereaved by suicide provided with the appropriate support and information.</p>

		Survivors of Bereavement by Suicide (SOBS) peer support group to be set up.	MIND/PAPYRUS	<p>September 2018</p> <p>October 2018</p> <p>April 2019</p>	<p>Plan for a SOBS peer support group drafted and presented to the Suicide Prevention Working Group. Business Case Developed to secure funding.</p> <p>Survivors of Bereavement by Suicide (SOBS) peer support group established and widely promoted.</p>
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Action Area 4 Promoting a multiagency approach

Area for action	Key issue/target group	Intervention description	Suggested lead and key partners	Delivery time frame	Outcome/Impact
4.1	Improving sharing of information	Set up a mechanism to share confidential and other information between agencies on suicide prevention e.g. data, services.. e.g. website, sharepoint.	Public Health	December 2019	Increased appropriate referrals to services.
4.2	Ensuring the voice of the bereaved is heard	Agreement on a process for involving the bereaved in the suicide prevention working group.	Public health	September 2018	Action plan implementation reflects local need

Action Area 5 Improving data collection and monitoring

Reliable, timely and accurate suicide statistics are the cornerstone of any suicide prevention strategy and are of tremendous Public Health importance. Analysis of the circumstances surrounding suicides in an area can inform strategies and interventions, highlight trends and changes in patterns, identify key factors in suicide risk and enhance our understanding of high risk groups, evaluate and develop interventions to reflect changing needs and priorities, and develop the evidence base on what works in suicide prevention. An individual borough alone is too small an area to be able to collect sufficient data to be able to analyse for trends. It is therefore recommended that the boroughs of North West London collaborate to create a real time suicide surveillance mechanism.

Area for action	Key issue/target group	Intervention description	Suggested lead and key partners	Delivery time frame	Outcome/Impact
5.1	Real-time suicide surveillance for North West London	Establish a multi-agency approach to collecting real-time information about suicides and attempts.	Like Minded , LA Public Health Departments	April 2018 September 2018 September 2018	Suicide Surveillance Group established and meeting regularly Real-time suicide surveillance process in place. Data-sharing channels established within the correct information governance framework.

5.2	Managing suicide clusters and risk of contagion	Establish management of suicide clusters in line with recent national guidance (<i>ref</i>)	Public Health Roll out the work from the Grenfell Suicide Prevention Action Plan.	March 2020	Processes in place to manage suicide clusters.
5.3	Suspected suicides, injurious attempts and pre-suicidal/mental health incidents that have occurred on BTP jurisdiction	<p>British Transport Police are working closely with the Samaritans to train staff and identify hotspots.</p> <p>Once locations are identified BTP and NWR/TfL to inform the Suicide Prevention Working group.</p> <p>Establish a single point of contact in Public Health to link into the BTP early warning system.</p> <p>BTP and NWR/TfL to share their reports on suspected suicide or injury attempts with the Suicide Prevention Working group.</p>	British Transport Police , Metropolitan Police, TfL, CCG, Mental Health Trusts,	<p>June 2018</p> <p>April 2018</p>	<p>Multi-agency meeting held about hot-spots and a plan developed for their mitigation and management.</p> <p>Early warning system for suspected suicide or injury attempt agreed with the Public Health Department and in place.</p> <p>Reports presented to the Suicide Prevention Working Group by the BTP on each suspected suicide/injurious attempt. Lessons learned from the report implemented.</p>

Action Area 6: Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour

The media – including newspapers, magazines, movies, advertising, websites, TV, radio and social media – are an important source which impacts how people perceive the world around them. Insensitive reporting around a suicide can have a wide range of negative impacts – both in terms of emotional impact particularly on those affected and on vulnerable groups, and in playing a role in potential suicide ‘contagion’.

Journalists have a responsibility to report sensitively about suicide, whilst balancing this with keeping the public informed. The Samaritans have published guidance on media reporting of suicide, including both factual reporting of events and dramatic portrayal. Key points include:

- Avoid giving too much detail, such as the method, exact location or specific life circumstances of the person who has died by suicide
- Never say the method is quick, easy, painless or certain to result in death
- Avoid over-simplifying the context of the suicide
- Steer away from melodramatic depictions of suicide or its aftermath
- Do not sensationalise reports – avoid using words such as ‘hotspots’ or ‘epidemic’
- Educate and inform – about wider associated issues, and always include helpline numbers
- Do not glamorise suicide – and do not say it is ‘successful’

Area for action	Key issue/target group	Intervention description	Suggested lead and key partners	Delivery time frame	Outcome/Impact
6.1	London and national print; television and radio	Work with the GLA to organise a ‘sign-up’ event where the Samaritans can provide a ‘refresher’ of their guidance and ask outlets to sign a pledge to	Local Authority Comms , Like Minded, Thrive LDN, Samaritans, London Councils, GLA	June 2018	Sign-up event has been held with a number of media outlets attending and signing up to a

		report responsibly on mental health and suicide. Use similar Grenfell sign-up event as a template.			responsible reporting pledge.
6.2	Challenging Reporting	Complaints to be made to the Press complaints commission. Complaints to be co-ordinated to maximise impact.	Communication departments for Local Authority, GLA, CCG, NHS providers and voluntary sector.	October 2018	Complaints submitted in a timely and coordinated fashion.
6.3	Social media campaign	Capitalise on Thrive LDN which is supported by the Mayor of London.	LA Comms, Like Minded	April 2018	LA comms incorporate promotion of Thrive LDN in their comms plans
6.4	Social media	Explore the potential for social media platforms to come up with an automatic prompt “ You look like you are having a hard time” directing people to sources of support in response to searches and key words.	Thrive London, Like Minded, PHE, Samaritans	June 2018	LA Public Health to discuss with Thrive LDN an approach to social media platforms about directing people to sources of support.

8.0 Grenfell Suicide Prevention Action Plan

The Grenfell Suicide Prevention action plan sets out a plan aiming to reduce the risk of suicide within the population affected by the Grenfell Fire, and builds upon the offer already in place. It is important to bear in mind that not everyone affected by Grenfell is either from (or remain in) the local area. There may have been visitors to the area at the time of the fire, and those who are suffering the loss of family and friends may be distributed both nationally and internationally. People who were resident in the tower or nearby at the time of the fire will not necessarily continue to live in the local area. This is a major challenge for both the monitoring of suicidal behaviour and for the provision of an offer to all those affected.

Whilst the action plan discusses specific interventions to reduce the risk of suicide, it is also considering a more upstream approach, which looks at how to improve mental wellbeing and resilience to avoid people developing suicidal thoughts in the first place. As such, in addition to the implementation of suicide-specific strategies, attention is given to the continuing development of the good work already occurring to support the community, in order to support a holistic and more effective approach.

The Strategy and Action Plan have been developed in conjunction with this Suicide Prevention Strategy, Community Engagement Plan and multi-agency Communications Plan and was ratified by the Communities & People Board on 7th December 2017.

9.0 Appendix A

NICE Guidelines

NICE guidelines related to suicide prevention:

Self-harm in over 8s: short-term management and prevention of recurrence (2004) NICE guideline CG16

Depression in adults: recognition and management (2009) NICE guideline CG90

Self-harm in over 8s: long-term management (2011) NICE guideline CG133

Borderline personality disorder: recognition and management (2009) NICE guideline CG78

Bipolar disorder: assessment and management (2014) NICE guideline CG185

Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence (2011) NICE guideline CG115

Depression in adults with a chronic physical health problem: recognition and management (2009) NICE guideline CG91

Common mental health problems: identification and pathways to care (2011) NICE guideline CG123

Antisocial behaviour and conduct disorders in children and young people: recognition and management (2013) NICE guideline CG158

Psychosis and schizophrenia in adults: prevention and management (2014) NICE guideline CG178

Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges (2015) NICE guideline NG11.

Mental wellbeing in over 65s: occupational therapy and physical activity interventions (2008) NICE guideline PH16

Social and emotional wellbeing in secondary education (2009) NICE guideline PH20

Mental wellbeing at work (2009) NICE guideline PH22

Alcohol-use disorders: prevention (2010) NICE guideline PH24

Looked-after children and young people (2010) NICE guideline PH28

NICE guidance on the experience of people using the NHS:

Patient experience in adult NHS services (2012) NICE guideline CG138

Service user experience in adult mental health (2011) NICE guideline CG136

Medicines adherence (2009) NICE guideline CG76

NICE guidance on community engagement:

Community engagement: improving health and wellbeing and reducing health inequalities (2016). NICE guideline NG44

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Westminster Health & Wellbeing Board

Date:	20 th March 2018
Classification:	General Release
Title:	Pharmaceutical Needs Assessment 2018-21
Report of:	The Director of Public Health
Wards Involved:	All
Policy Context:	Health and Wellbeing Boards are required to publish and maintain a Pharmaceutical Needs Assessment by virtue of Section 128a of the National Health Service Act 2006 (Pharmaceutical Needs Assessments) and the Health and Social Care Act 2012
Financial Summary:	Not applicable
Report Author and Contact Details:	Colin Brodie, Public Health cbrodie@westminster.gov.uk

1. Executive Summary

- 1.1 This report presents the final version of the Pharmaceutical Needs Assessment (PNA) for the Westminster for approval, to ensure that the Health and Wellbeing Board meets its statutory requirement to publish a PNA by 1 April 2018. In addition, it reports on the proposed changes to the PNA following the mandatory 60-day consultation undertaken between December 2017 to February 2018

2. Key Matters for the Board

- 2.1 The Health and Wellbeing Board is requested to approve the final Pharmaceutical Needs Assessment (PNA) report for Westminster in order to meet their statutory requirement to publish a PNA by 1 April 2018.

3. Background

- 3.1 Health and Wellbeing Boards are required to publish and maintain a PNA for their local area by virtue of Section 128a of the National Health Service Act 2006 (Pharmaceutical Needs Assessments) and the Health and Social Care Act 2012.
- 3.2 PNAs are a statement of the need for pharmaceutical services of the population in a defined geographical area.
- 3.3 PNAs are an important tool, used by NHS England, in market entry decisions (in response to applications from business, including independent owners and large pharmacy company). The assessments are also used by commissioners to make decisions on which funded services need to be provided by local community pharmacies.
- 3.4 Locally, the PNA has been incorporated as part of the JSNA work programme. The PNA has been compiled by Healthy Dialogues Ltd, under the steer of a PNA Task and Finish Group.

4. Consultations

- 4.1 When producing a PNA, Health and Wellbeing Boards are required by law to consult a specified list of bodies at least once during the process of developing the Pharmaceutical Needs Assessment.
- 4.2 There is a minimum duration of 60 days for the consultation. The consultation for the Westminster PNA ran from 1st December 2017 to 2nd February 2018
- 4.3 Prior to the consultation the draft PNA was presented to the Health and Wellbeing Board in November 2017.
- 4.4 In total 9 responses were submitted as part of the consultation on the Westminster PNA. These comments have been collated by theme and summarised in Appendix 1, which also describes how the consultation responses have informed the final PNA.

5. Legal Implications

- 5.1 Health and Wellbeing Boards are legally required to publish and maintain a PNA for their local area by virtue of Section 128a of the National Health Service Act 2006 (Pharmaceutical Needs Assessments) and the Health and Social Care Act 2012.
- 5.2 All Health and Wellbeing Boards were required to publish a PNA by 1 April 2015. After it has published its first PNA, each HWB must publish a statement of its revised assessment within 3 years of its previous publication of a PNA.

5.3 PNAs must be developed in line with the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013

5.4 Verified by Kevin Beale, Senior Corporate Lawyer, Shared Legal Services

6. Financial Implications

6.1 Funds required to produce the Westminster PNA were identified from the 2017/18 Public Health budget and have been costed at £23,600.

6.2 Verified by Richard Simpson, Public Health Finance Manager

**If you have any queries about this Report or wish to inspect any of the Background Papers please contact:
Colin Brodie, Knowledge Manager
Email:cbrodie@westminster.gov.uk
Telephone: 02076414632**

APPENDICES:

Appendix A: PNS 2018 Task and finish Groups ToR

Appendix B: Community Pharmacy Questionnaire

Appendix C: Engagement Plan

Appendix D: Index to Opening Times and Services

BACKGROUND PAPERS:

Appendix 1: Westminster PNA Public Consultation Responses for Discussion

Westminster PNA Public Consultation Responses for discussion

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Respondent	Response	Steering group decision
CLCCG	<p>Minor Ailments Scheme</p> <p>Section 7.35 "...the Minor Ailments Scheme is widely spread in Westminster....."</p> <p>The NHS England commissioned Minor Ailments enhanced service only covers the northern part of the Central London CCG area. The North West London CCGs Prescribing Wisely initiative encourages the public to use community pharmacies for advice and help with common self-limiting ailments and to purchase any over the counter medicines they need. NHS England has also launched a public consultation on reducing prescribing of over-the-counter (OTC) medicines for minor, short-term health concerns which could save the NHS £136 million a year and encourage more people to self-care.</p>	<p>Text to be updated with correct data. Add reference to Prescribing Wisely</p>
CLCCG	<p>Out of Hours Palliative Care</p> <p>Section 7.39 "The Health and Wellbeing Board therefore identifies the provision of End of Life Care Service to be not sufficient for supplying a necessary service."</p> <p>This refers to the access to palliative care drugs out of hours. There are no pharmacies commissioned to provide this service, although 3 pharmacies have stated they have some provisions in place for all patients prescribed such medications.</p>	<p>Add recommendation to further investigate with relevant stakeholders whether there is a need.</p>

Respondent	Response	Steering group decision
	<p>No evidence is provided in the PNA as to whether there is an unmet need that is impacting on quality of care or not being able to meet the wishes of patients to die in their home environment resulting from lack of access to palliative care medicines out of hours.</p>	
CLCCG	<p>Weight Management Service</p> <p>“Health and Wellbeing Board is satisfied that the Weight Management Service provided in local pharmacies is sufficient for supplying a service with no gaps.”</p> <p>In the Executive Summary it states that a child and family weight management service would, if provided through pharmacies, secure improvements or better access to such services.</p> <p>The PNA identifies that nearly one-quarter of Reception age children (23.7%) and two out of every five (39.7%) Year 6 children are overweight or obese, this is higher than regional and national figures.</p> <p>A key priority for the Health and Wellbeing Board is to improve outcomes for children and young people. Community pharmacies already have an important role in health promotion and the potential for pharmacies to provide support to people to manage their weight should be explored more fully.</p>	<p>Child and family weight management is an area for improvements or better access.</p>
CLCCG	<p>Health Promotion Campaigns</p> <p>Section 7.87</p> <p>Under the NHS Community Pharmacy Contractual Framework, promotion of healthy lifestyles is an essential service. NHS England can require community pharmacies to participate in up to 6 specified health promotion campaigns each year. However, the PNA notes that pharmacies have only been asked to participate in one campaign a year. Better co-ordination is required between NHS England, Public Health England and CCGs to ensure pharmacies are fully utilised to deliver key health promotion messages to the public.</p>	<p>Add recommendation: Better coordination of public health campaigns so that they are aligned with local need.</p>

Respondent	Response	Steering group decision
LPC	<p>Health Promotion Campaigns</p> <p>14) <u>Statement in Section 7.87</u> re only one health campaign being delivered each year for a few – It is worth adding clarity that this only reflects to the annually coordinated London wide or national campaigns required by NHSE. Majority of pharmacies run many other health promotion campaigns and in particular the Influenza campaigns each year is run right across London in a coordinated manner with an excellent result. These other campaigns are not mandatory and hence not reported upon.</p>	As above
LPC	<p>Palliative Care Medicine Supply</p> <p>10) <u>Section 7.42</u> For clarity-- it has been an NHSE decision not to commission any pharmacies for the OOHs Palliative Care Medicine Supply service and instead their decision was that the service provided in the two pharmacies in K&C would suffice for the need in Westminster. However it is well documented that many existing pharmacies have expressed keen interest and are willing to provide this service if commissioned to do so. Therefore this gap is there because of the lack of commissioning and hence clarity re this needs to be stated in the document for total clarity.</p>	Add recommendation to further investigate with relevant stakeholders whether there is a need.
Sumer Pharmacy	<p>Car Parking for Disabled</p> <p>I am taking this opportunity to write to you regarding the crucial needs of this pharmacy, the most pressing of which is the necessity of a car park catering to the disabled, who require the use of the pharmacy services, and we need this car park to make our services accessible to them. Please could you take serious consideration to this matter. I would be extremely grateful.</p>	Public Health Team will forward this request to relevant council services.

Additional Changes discussed during Consultation:

- reorder pharmacies by order of wards
- add opening times
- add opening times within text
- MUR Figures
- NMS Figures
- Update maps to match commissioned services lists
- Change language of gaps

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Pharmaceutical Needs Assessment for Westminster **FINAL DRAFT**

2018-2021



City of Westminster

Compiled by Healthy Dialogues Ltd



Healthy Dialogues^{LTD}

— Behaviour Change Solutions For Health —

DRAFT

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Executive Summary

Community pharmacies provide a range of services including dispensing medicines, promoting health and wellbeing and early detection of diseases. They can offer long opening hours and are situated in local communities, which means they can be more easily accessible than most other community health services. They are key to connecting local people and communities to healthcare and public health services that they need.

There is a strong network of 93 community pharmacies located throughout Westminster. This Pharmaceutical Needs Assessment (PNA) reviews the need for pharmacy services and assesses the current service provision to identify gaps. The PNA is a statutory responsibility of the Health and Wellbeing Board. It is used for informing decisions on applications for new pharmacies, changes in premises and services of existing pharmacies.

This PNA assesses the health and wellbeing needs of the population Westminster with respect to pharmacy services. The current pharmacy provision and their services have been examined in detail, including users' views. Key findings are outlined below.

Key Demographics and Health Needs

- Westminster is a vibrant and densely populated borough with a daytime population nearly four times that the size of the resident population. The population is expected to rise substantially in the coming years.
- Nearly half of the population were born abroad and nearly one-third identify as from BME groups; the highest proportion of whom live in Church Street.
- Circulatory diseases, cancers and respiratory diseases are the biggest causes in the differences in life expectancy between the least and most deprived.
- Recorded mental illness, sexually transmitted infections and smoking are high in the borough.
- Excess weight in children and dental decay are high and childhood vaccination coverage is low.

Key Findings from User Views

- Community survey respondents stated that they are happy with the pharmacy services they receive in the borough.
- Respondents mostly use the pharmacies to obtain prescription medications, repeat prescriptions and over the counter medications.
- The top three services respondents would use if provided were health checks, home delivery and prescription collection services.
- Suggestions for improvement included providing longer opening hours, more Sunday opening hours and option of basic blood tests and scans/x-rays at their local pharmacies.

Health and Wellbeing Board Statements on Service Provision

The categorisation of these services into those stipulated by the PNA regulations are summarised in the table that follows. Necessary services: current provision (Schedule 1, paragraph 1)	Necessary services: gaps in provision (Schedule 1, paragraph 2)
Essential Services (see Chapter 6)	No gaps in provision of necessary services (see Chapter 6)
Other relevant services: current provision (Schedule 1, paragraph 3)	
<ul style="list-style-type: none"> • Medicine Use Review service • New Medicine Service • Appliance Use Reviews • Stoma Appliance Customisation Service • NHS Urgent Medicine Supply Advanced Service • National NHS England Flu Service (Advanced Service) 	
Other services (Schedule 1, paragraph 5)	
Commissioned Services:	<ul style="list-style-type: none"> • Minor Ailments Scheme • NHS Health Checks • Supervised Administration • Needle Exchange Services • Stop Smoking Services
Privately Delivered Services	<ul style="list-style-type: none"> • Alcohol Misuse Services • Weight Management Services • Emergency Hormonal Contraception • Sexual Health Screening and Treatment Services • Care Home Advice Service • Out of Hours Palliative Care Service
Improvements and better access: gaps in provision (Schedule 1, paragraph 4)	
<ul style="list-style-type: none"> • HIV Screening service • Child and Family Weight Management Services 	

Necessary Services

These services are fundamental for patients to obtain prescribed medicines in a safe and reliable manner. All pharmacies are required to deliver and comply with the specifications for all essential services.

The range of options for dispensing NHS prescriptions, facilities within pharmacies, the range of opening hours and the close proximity of pharmacies to local residents are sufficient for supplying a necessary pharmaceutical service with no gaps in Westminster.

Other Relevant Services

These are services provided which are not necessary to meet the need for pharmaceutical services in the area, but which nonetheless have secured improvements or better access to pharmaceutical services. They include:

- Medicine Use Review service
- New Medicine Service
- Appliance Use Reviews
- Stoma Appliance Customisation Service
- NHS Urgent Medicine Supply Advanced Service
- National NHS England Flu Service (Advanced Service)

These services are sufficient for supplying a relevant service with no gaps.

Other Services

Other services are services that are provided or arranged by a local authority or NHS England to meet the needs of local populations. The Health and Wellbeing Board is satisfied that these services are sufficient to secure improvement, or better access to pharmaceutical services, in its area. In Westminster these include:

- Minor Ailment Schemes
- NHS Health Checks
- Supervised Administration
- Needle Exchange Services
- Stop Smoking Services

Improvements and better access

There are no gaps in services that the Health and Wellbeing Board considers could, if provided, secure improvements, or better access to pharmaceutical services of a specific type.

There is an opportunity for existing pharmacies to provide better access to two services, if locally commissioned. These are:

- HIV screening services
- Child and family weight management services

Recommendations

Recommendation 1: NHS Pharmacies are contracted to participate in up to six public health campaigns each year. Only one campaign per year has been delivered through pharmacies in recent years. The Health and Wellbeing Board recommend better co-ordination between NHS England, Public Health England, CCGs and Local Authorities to ensure pharmacies are better utilised to deliver key health promotion messages to the public.

Recommendation 2: Currently no Westminster pharmacies have been commissioned to deliver out of hours palliative care drugs. The Health and Wellbeing Board recommend further exploration by relevant stakeholders to identify if there is a current or future need for the provision of this service.

In summary, Westminster Health and Wellbeing is satisfied that the **current pharmacy provision is sufficient for supplying a necessary and relevant pharmaceutical service with no gaps in the in the borough.**

Chapter 1 - Introduction

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.
- 1.2 Pharmacies provide a range of care responsibilities for patients and the public including dispensing medications, providing basic health checks, healthcare and preventative care and educating patients on the use of prescriptions and over-the-counter medications.

Purpose of the Pharmaceutical Needs Assessment

- 1.3 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.
- 1.4 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”.

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 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

- 1.5 From 2006, NHS Primary Care Trusts (PCT) had a statutory responsibility to assess the pharmaceutical needs for its area and to publish a statement of its assessment and of any revised assessment. This was generally undertaken by public health teams within the PCTs.
- 1.6 With the abolition of Primary Care Trusts and the creation of Clinical commissioning groups in 2013 Public Health functions were transferred local authorities. Health and Wellbeing boards were introduced and hosted by local authorities to bring together Public Health, Adult Social Care, Children’s services and Healthwatch.
- 1.7 The Health and Social Care Act of 2012 put responsibility of the developing and updating the Pharmaceutical Needs Assessments and Joint Strategic Needs Assessments on the Health and Wellbeing boards.
- 1.8 The 2018-21 Pharmaceutical Needs Assessment must be produced and published by 1st April 2018. The Health and Wellbeing Board are also required to revise their latest PNA publication if they deem there to be significant changes in pharmaceutical services within the 2018-21 timeframe.
- 1.9 The PNA must be put out for consultation for a minimum of 60 days prior to its publication. The 2013 Regulations list those persons and organisations that the HWB must consult, which include:
 - Any relevant local pharmaceutical committee (LPC) for the HWB area
 - Any local medical committee (LMC) for the HWB area
 - Any persons on the pharmaceutical lists and any dispensing GP practices in the HWB area
 - Any local Healthwatch organisation for the HWB area, and any other patient, consumer and community group, which in the opinion of the HWB has an interest in the provision of pharmaceutical services in its area
 - Any NHS Trust or NHS Foundation Trust in the HWB area
 - NHS England
 - Any neighbouring Health and Wellbeing board.
- 1.10 The NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations of 2013 and the Department of Health Information Pack for Local Authorities and Health and Wellbeing boards provide guidance as to the requirements that should be

contained in the PNA publication and the process to be followed to develop the publication. The development and publication of this PNA has been carried out in accordance with these Regulations.

- 1.11** Joint Strategic Needs Assessments are a strategic valuation 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>.

Additional Considerations Regarding Pharmacy Funding

- 1.12** From October 2016 the government has imposed a two-year funding package that will lead to 4% reduction in funding in 2016/17 and a further 3.4% in funding in 2017/18.
- 1.13** In consideration of these funding cuts the Department of Health introduced the Pharmacy Access Scheme (PhAS) in December 2016 to ensure that access to NHS community pharmaceutical services is protected, particularly in areas where there is higher health needs. Qualifying pharmacies, i.e. those with high dependency and located where pharmacy services are sparse, receive an additional payment that will protect them from the full effect of the reduction in funding imposed from December 2016.
- 1.14** The Government has also introduced a Quality Payment Scheme from December 2016 to March 2018. Pharmacies qualify for additional funding if they meet the following four criteria:
- Provision of at least one advanced service
 - NHS Choices entry up to date
 - Staff able to send and receive NHS email
 - On-going utilisation of the Electronic Prescription Service (EPS)

Chapter 2 - Local health and wellbeing priorities

2.1 All Health and Wellbeing boards are required to produce a Health and Wellbeing Strategy that sets out how partners will meet local health needs, improve outcomes and reduce health inequalities within the borough.

2.2 The **Joint Health and Wellbeing Strategy for Westminster 2017 – 2022** outlines the commitment of the Health and Wellbeing Board and partners including voluntary and community groups, businesses and people to ensure people are enabled to be well, stay well and live well, supported by a collaborative and cohesive health and care system. Its vision is that all people are able to enjoy a healthier city and healthier life and it addresses physical and mental ill health by making improvements to employment, housing, education, community resilience, safety and the environment within Westminster.

There are four priorities for the local area:

1. Improving outcomes for children and young people
2. Reducing the risk factors for, and improving the management of, long term conditions such as dementia
3. Improving mental health through prevention and self-management
4. Creating and leading a sustainable and effective local health and care system.

2.3 Alongside this, the Westminster Health and Wellbeing board are working with Kensington and Chelsea and Hammersmith and Fulham to pool together budgets to support health and social care services to work together more closely. This budget is called the **Better Care Fund** which aims to support to residents in Westminster by providing people with the right care, in the right place, at the right time, including expansion of care in the community setting. This includes:

- Helping people self-manage, providing care navigation, working in partnership with the local community and voluntary sector and local faith groups.
- Investing in locality-based social work, working alongside GPs and care navigators to prevent reliance on expensive health and social care packages.
- Reducing delayed discharges from hospital through strengthening 7-day social care provision.
- Integrating NHS and social care systems around the NHS number through a single point of access across health and social care, to ensure those frontline professionals, and ultimately all patients and service users, have access to all of the records and information they need.
- Improving outcomes through transforming the quality, consistency and coordination of care across nursing and care homes in Westminster and improving primary care support to our care homes.
- Coordinating dementia support across health and social care ensuring an effective pathway from early diagnosis to end of life care.

2.4 **Northwest London Sustainability and Transformation Plans (STP)** outline how the Local Authorities and NHS within the sub-region including Westminster, will work together to radically transform the way they provide health and social care for the population. Their aim is to provide excellent quality care in the right place and when

needed, help people to look after themselves and maximise opportunities to keep the healthy majority healthy. There are five delivery areas the STP will focus:

1. Radically upgrading prevention and wellbeing
2. Eliminating unwarranted variation and improving long-term condition management
3. Achieving better outcomes and experiences for older people
4. Improving outcomes for children and adults with mental health needs
5. Ensuring we have safe, high quality sustainable acute services

2.5 Additionally Northwest London Collaboration of Clinical Commissioning Groups are launching **Prescribing Wisely**. Prescribing Wisely is a set of recommendations for GPs and other prescribers to reduce the prescribing of medicines that can be purchased without a prescription. This supports patient self-care as well as potentially reducing GP appointments and prescription costs.

2.6 In November 2017, it is anticipated that the Westminster Health and Wellbeing Board and the Central London CCG Governing Body will consider the Case for Change and an Outline Commissioning Strategy to establish in Westminster **an Accountable Care Partnership** from April 2019. It is envisaged that rather than a range of different providers delivering health and social care services in the community an integrated arrangement will be established where GPs, community nurses, social workers and other health and social care professionals will work together as a part of single multi-disciplinary teams, utilising a single contract framework to deliver better and more joined up health and social care services.

2.7 It is anticipated that this programme will play a key role in the work required to develop additional health and social care capacity within the community in order to reduce pressure on hospital services and to improve services for older people and people with multiple long term conditions.

2.8 This programme is at an early stage but it is currently envisaged that the scope of this new contractual arrangement will be agreed in January 2018 and a full Business Case considered in May 2018. A procurement process will then take place which should result in the identification of a preferred provider in November 2018 and the new arrangements beginning to be rolled out in April 2019.

2.9 This PNA has taken these local policies and strategies into consideration when reviewing the pharmaceutical needs.

Chapter 3 - The Pharmaceutical Needs Assessment Process

- 3.1 This PNA has been developed using a range of information sources to describe and identify population needs and current service provision from the network of community pharmacies (see table 3.1). This includes:
- Nationally published data
 - Joint Strategic Needs Assessment
 - A survey to Westminster pharmacy providers
 - A community questionnaire to the Patients and Public of Westminster
 - Comments made during the consultation process

Table 3.1 PNA 2018-21 data sources

Health need and priorities	National benchmarking ward and borough-level data from Public Health England Westminster City Council Joint Strategic Needs Assessment (JSNA) Office of National Statistics 2014 mid-year estimates Synthesis from national datasets and statistics
Current Pharmaceutical Services	Commissioning data held by the NHS England Commissioning data held by Westminster City Council Survey to community pharmacy providers Direct phone call with pharmacies to clarify any discrepancies
Patients and the Public	Community questionnaire

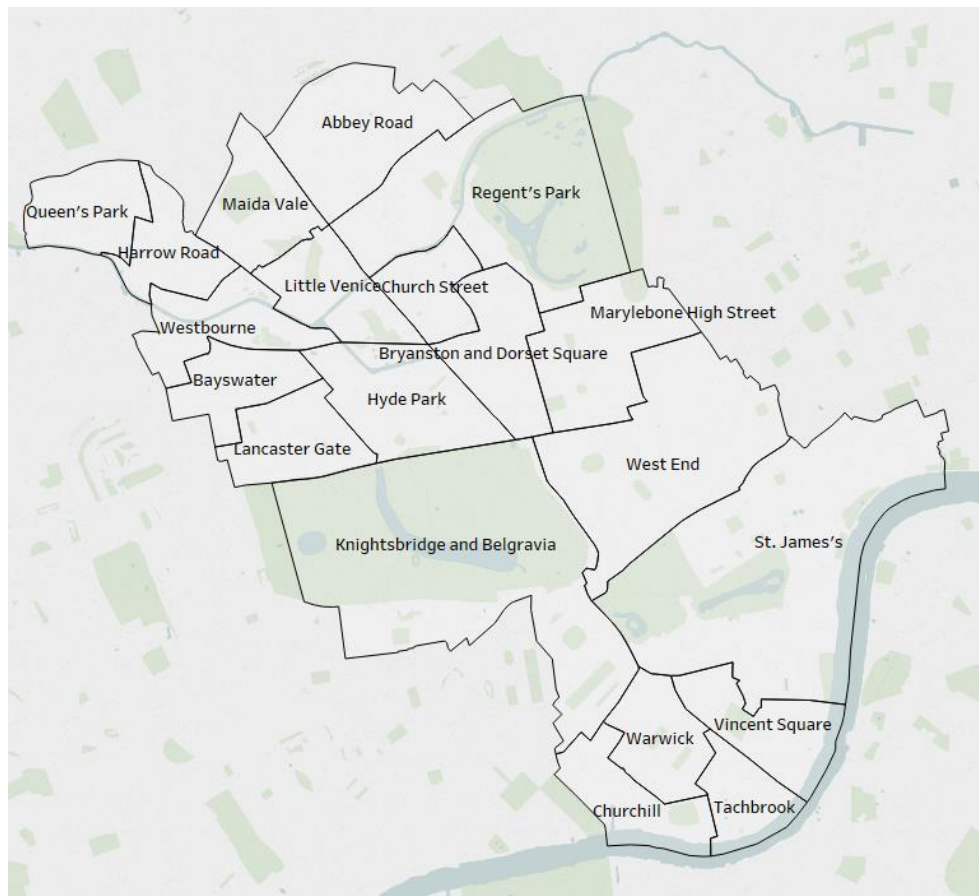
- 3.2 These data have been combined to describe the Westminster population, current and future health needs and how pharmaceutical services can be used to support the Health and Wellbeing Board (HWB) to improve the health and wellbeing of our population.

Methodological Considerations

Geographical Coverage

- 3.3 For the purposes of the PNA the geographical area of Westminster City Council is presented using two approaches to define localities:
- **Electoral wards** are used to summarise demographic and health need. Westminster has 20 electoral wards in total (illustrated in figure 3.1).
 - Provision and choice of pharmacies is determined by using a **500 metres radius** from the centre of the postcode of each pharmacy. This is considered to be approximately a 10-minute walk from the outer perimeter of the buffer zone created.

Figure 3.1 Westminster City Council Electoral Wards



- 3.4 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.

- 3.5 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.

Pharmacy Contractor Survey

- 3.6 The contractor survey was sent to the pharmacies within Westminster and the response rate was 92% (85/92). The results from this survey are referred to throughout this document.

Patient and Public Engagement and Assessment of Protected Characteristics

- 3.7 A community pharmacy questionnaire was used to engage with 193 people to understand their use and experience of local pharmacies from September to October 2017. Information obtained from these surveys informed the analysis of the use and views of pharmacies by people from the protected characteristics and vulnerable groups.

Governance and Steering Group

- 3.8 The development of the PNA was advised by a Task and Finish group whose membership included representation from the following organisations:
- Westminster City Council Public Health team
 - Clinical Commissioning Group
 - Westminster and Kensington Chelsea Local Pharmaceutical Committee (LPC)
 - Healthwatch.

The membership and Terms of Reference of the steering group can be found in Appendix A.

Regulatory Consultation Process and Outcomes

- 3.9 This PNA was published for public consultation in December 2017 for 60 days. All comments have been considered and incorporated into this final report.

Chapter 4 - Health Needs and Population Changes

- 4.1** Much of the demographic and health information included here is covered in detail in this chapter as well as in the Joint Strategic Needs Assessment (JSNA) and the Annual Public Health Report for the City of Westminster. 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 the borough's highlights report please see <https://www.jsna.info/online/highlightreports>.
- 4.2** The analysis of health needs and population changes are based on analysis completed in October 2017. They are outlined in three sub-sections of this chapter: Population Characteristics and Projections; Wider Determinants of Health and Inequalities and Risk Factors for Mortality and Morbidity.
- 4.3** The aim of this chapter is to present an overview of health and wellbeing in Westminster, particularly the areas likely to impact on needs for community pharmacy services. This includes an analysis of the latest Westminster population and inequalities projections.
- 4.4** All the maps that follow present the size of population in relation different factors such as population density, wellbeing and smoking prevalence. They are displayed in gradients, whereby the lowest figures have the lightest colour and the highest figures have the darkest colour. Each map is supplemented with a legend that outlines the distances between these gradients.
- 4.5** The City of Westminster is situated in the heart of London. The borough covers eight and a half square miles and extends to Regent's Park in the north, Hyde Park in the west and Covent Garden in the east. The southern boundary follows the north bank of the River Thames. The borough has main town centre areas in Mayfair, Victoria, Maida Vale, Paddington, Marylebone and Bayswater.

Population Characteristics and Projections

- 4.6** Characteristics of the local population have been summarised in Table 4.1.

Table 4.1: Population Characteristics at a Glance

The borough at a glance...			
242,100	Residents	11,049	New migrants registered with local GPs
247,614	Registered with local GPs	£42,141	Average annual pay
897,293	Daytime population in an average weekday	8.8%	Unemployment rate (JSA) (London 3.1%)
118,975	Households	Ranked 98th	Most deprived borough in England (out of 326) (20 th in London)
920,000	Median house price	Ranked 33rd	Income Deprivation Affecting Children Index (out of 326) (14 th in London)
71.1%	Renters	7 (7.42)	Live births each day
38.8%	From BME groups	3 (3.22)	Deaths each day
49.8%	Born abroad (2011 Census)	55,385	Local businesses
30.8%	Main language not English	13.4%	Local jobs in Public Sector
52.6%	State school pupils whose main language not English	Ranked 1st	For high carbon emissions in London
38.2%	of the borough is green space		

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

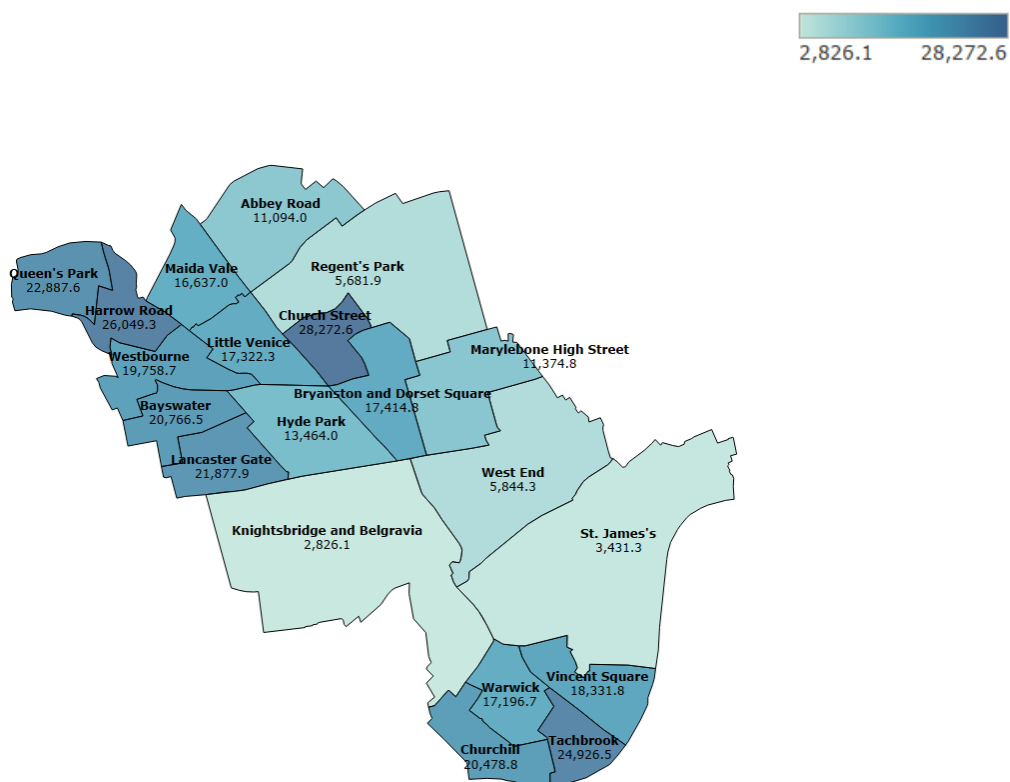
4.8 The Office for National Statistics estimates the Westminster **resident population** in 2014 mid-year estimates to be 242,100 and the **daytime population** as 897,293.

4.9 **Population density** is high in Westminster at an average of 112 per hectare. This is double that of London at an average 56.2 residents per hectare. The high density wards are mainly in the northern deprived parts in Westminster. The most densely populated wards include Church Street, Harrow Road and Tachbrook (Figure 4.1).

Daytime population

The day time population of Westminster is much higher than the numbers of usual residents and the flow of these people into Westminster needs to be considered when planning for pharmacy provision, although there is no evidence that this significantly affects service provision at present.

Figure 4.1 Population Density of Westminster per square kilometre by Ward, mid 2014 estimates.

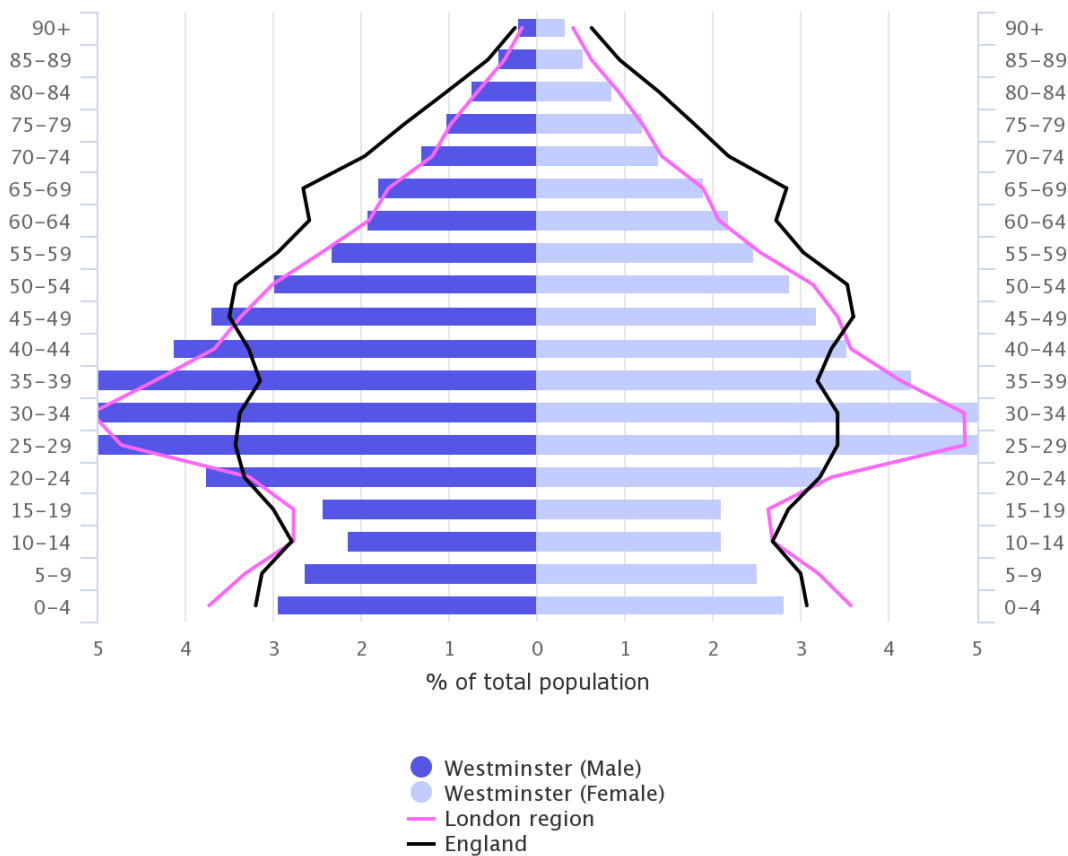


Source: ONS, 2015

Age and Gender Structure

- 4.10 The **gender** split is unusual, with more men than women. This is particularly the case in the 20-50 year old age groups, but there are more women in the 50+ groups (see Figure 4.2).
- 4.11 The **age** profile in Westminster is typical of inner city areas, with a very high proportion of young working age adults, and a smaller proportion of older people. Westminster has the smallest proportion of children age 0-15 in London (not including City of London).
- 4.12 The 198,100 residents aged 16 to 64 represent 74.1% of the total population. The average is 37.7 years, slightly older than London at 36 years.
- 4.13 The proportion of the total population aged 65+ is similar to London, but not as large as England. Compared to London, the borough has the 5th highest proportion of younger working age residents (Figure 4.2).

Figure 4.2: Proportion of resident population by age-band and gender, Mid-2014 estimates for Westminster, 2015



Source: ONS 2015

4.14 Most of the 0-15 and population live in the northern deprived wards, while a high proportion of older people live in affluent parts including Knightsbridge & Belgravia (Figure 4.3 to 4.6).

Figure 4.3: % of 0-15 Population by Ward, 2015.

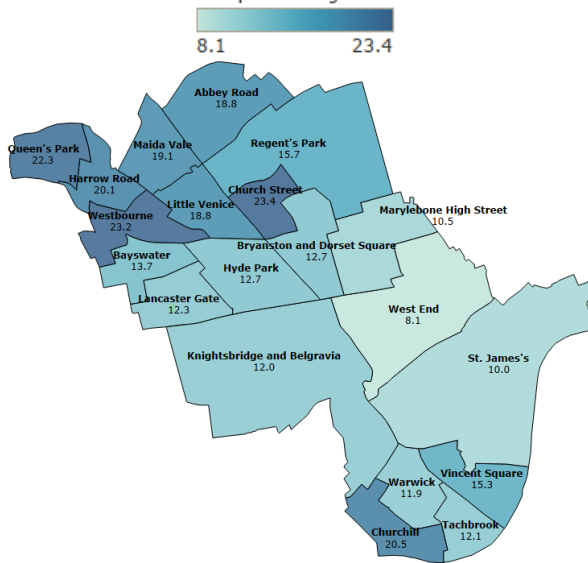


Figure 4.4: % of 16-24 Population by Ward, 2015.

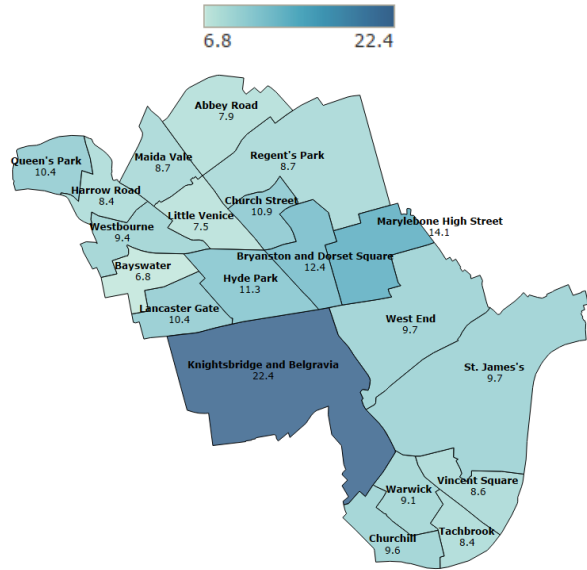


Figure 4.5: % of 25-64 Population by Ward, 2015.

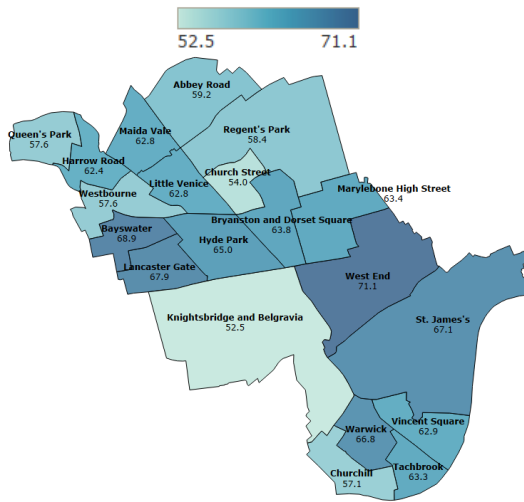
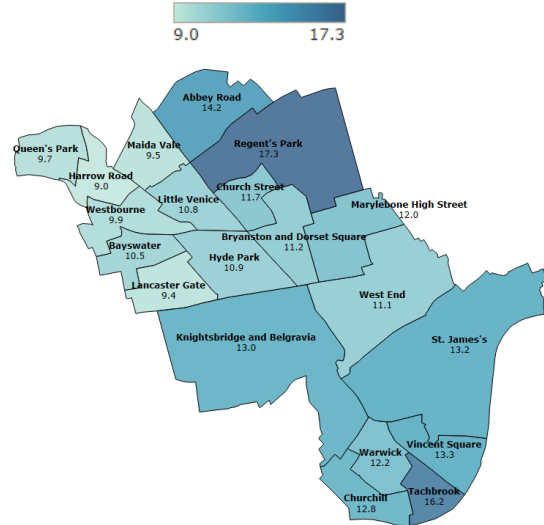


Figure 4.6: % of 65 + Population by Ward, 2015.



Source: ONS, 2017

4.15 The older population of expected Westminster is expected to increase in the next decade. Predictive modeling that estimates that there will be a 15% increase of residents who are aged 65 and over by 2024 due to improvements in the life expectancy of the baby-boom generation (Table 4.2).

Increasing elderly population

As the population ages, the demand on health care and dispensing services increases. Accessibility is an important factor for the elderly population.

Table 4.2 Projected population growth by age group for Westminster

	2014	2024
65-74	9,824	10,322
75-84	5,523	6,837
85+	2,230	3,117
Total 65+	17,577	20,277

Source: PHE, 2017, based on ONS 2011 census

Ethnicity and Diversity

4.16 Nearly half, 49.8% of the borough's population were **born abroad** according to ONS census 2011. The largest migrant populations by country of birth are United States (3.6%), France (2.6%) and Iraq (2.1%).

4.17 38.3% of the population is from **Black, Asian and minority ethnic (BME) groups**. Westminster has a smaller Black population and Asian population than the London average, but the largest proportion nationally from the 'Arab' group (e.g. Middle East & North Africa) and the 14th highest from 'Mixed' groups (Table 4.3).

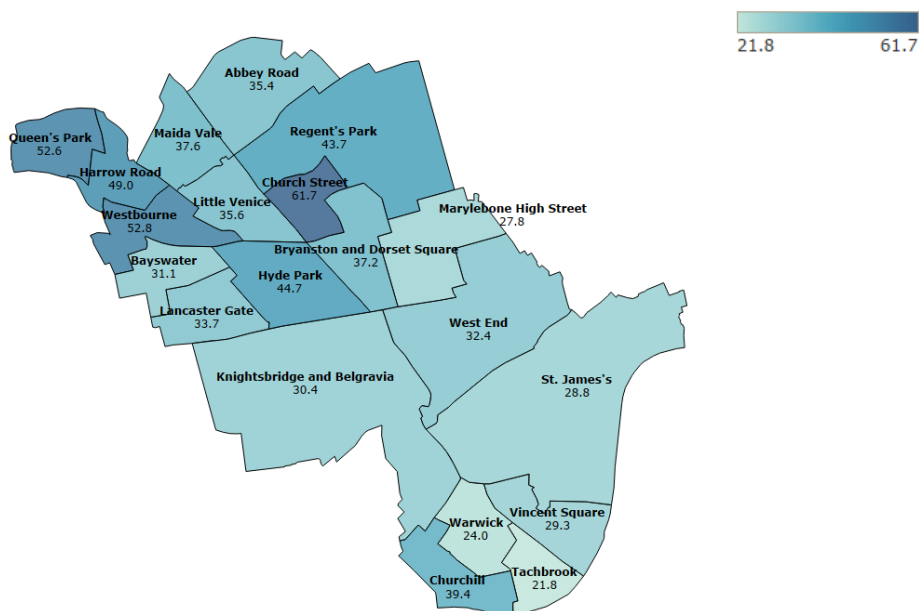
Table 4.3 Black and Minority Ethnic population breakdown for Westminster, London and England and Wales

Region	White	Mixed	Asian or Asian British	Black or Black British	Other
Westminster	61.68%	5.19%	14.52%	7.51%	11.09%
London	59.79%	4.96%	18.49%	13.32%	3.44%
England and Wales	85.97%	2.18%	7.51%	3.33%	1.01%

Source: ONS, 2011

4.18 Most of the minority ethnic groups in Westminster reside in the northern deprived wards. Church Street, Westbourne and Queen's Park have the highest percentage of Black and Minority Ethnic residents (Figure 4.7).

Figure 4.7: Percentage of black and ethnic minority groups by wards in Westminster, 2016



Source: PHE, 2016

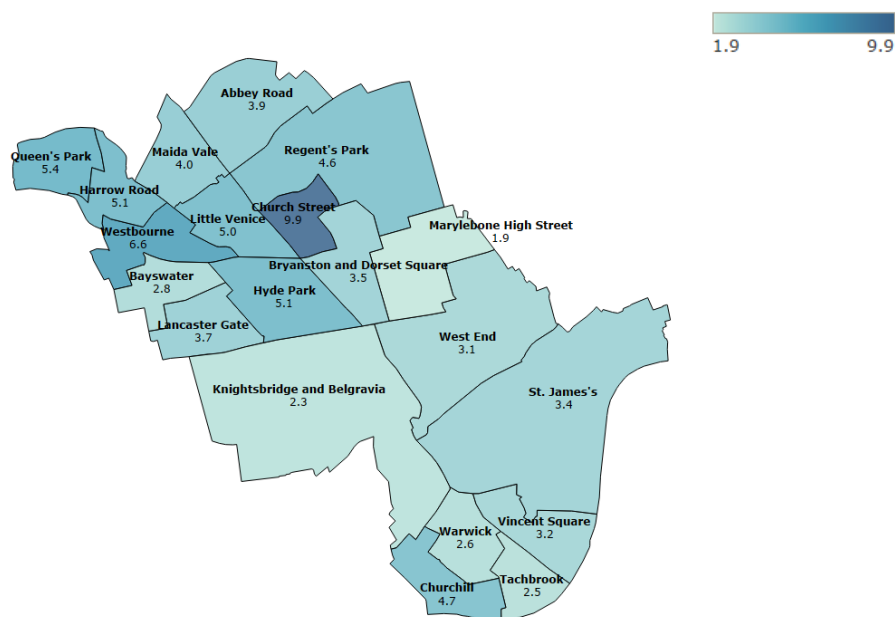
4.19 Just under a third (30.8%) of the borough's residents state their **main language is not English**. A breakdown by ward in Figure 4.8 show percentages of residents who do not speak English well. Nearly 10% of residents in Church Street do not speak English well or at all. High numbers of residents in Harrow Road, Hyde Park, Queens Park also do not speak English well or at all.

Pharmacy provision for cultural and language barriers

Areas where diversity is higher correlate with areas of higher levels of deprivation and poorer health. For example, Ethnic minority communities have higher incidence of long-term conditions such as diabetes and cardiovascular disease.

Cultural and language barriers can create problems for people who wish to engage with healthcare services. Pharmacies employ staff from diverse backgrounds who may be able to speak multiple languages.

Figure 4.8: Percentage of people that cannot speak English well or at all by ward in Westminster in 2011



Source: PHE, 2016

4.20 Arabic is by far the most common language after English, followed by French, Spanish, and Italian (Table 4.4).

Table 4.4: Proportion of languages spoken in Westminster

Languages spoken as a first language	
English	69%
Arabic	5.7%
French	3.0%
Spanish	2.2%
Italian	1.8%
Portuguese	1.7%
Bengali	1.4%
Greek	1.1%
German	1.1%
Russian	1.0%

Source: ONS, 2015

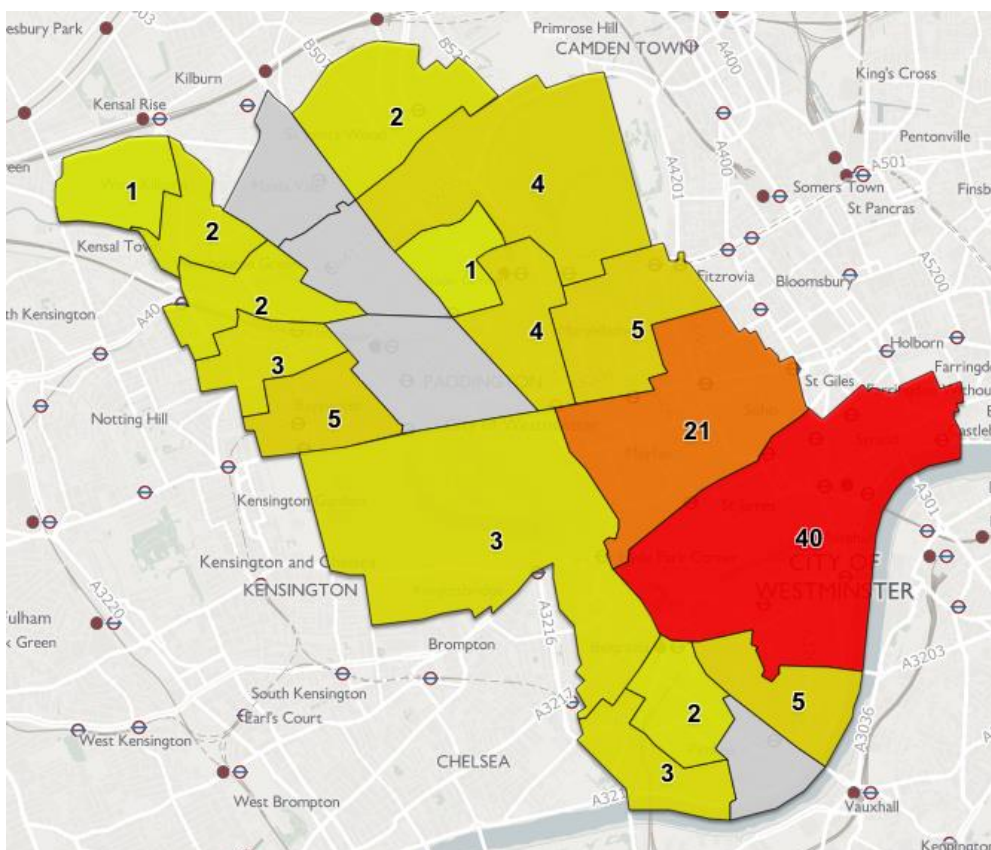
4.21 Over half (52.6%) of the state school pupils' first language is not English.

Population Increase

4.22 There are quite a few proposed large-scale development sites in the borough, which will likely result in significant and concentrated increases in population if completed. At present, timescales for some developments are likely to be longer than the timescale of the 2018-2021 PNA.

4.23 According to Greater London authority, there are 56 major and medium-sized construction sites have started construction while another 47 have obtained planning permission (Figure 4.9 and). A high majority of these are situated within St James's and West End. Table 4.5 outlines the number of units of all of the development sites that have acquired planning permission.

Figure 4.9: Number of medium and large-scale housing development sites that have acquired planning permission in Westminster from October 2018



Source: Local Government Association, 2017

Table 4.5: Construction sites by number of units within each ward in Westminster

Ward	Construction not started	Construction started	All developments
Abbey Road	101	204	305
Bayswater	60	67	127
Bryanstan and Dorset Square	214	141	355
Church Street	261	18	279
Churchill	395	570	965
Harrow Road	18	261	279
Hyde Park	288	942	1230
Knightsbridge and Belgravia	120	70	190
Lancaster Gate	217	145	362
Little Venice	48	693	741
Maida Vale	85	201	286
Marylebone High Street	304	407	711
Queen's Park	30	120	150
Regent's Park	153	133	286
St. James's	1486	1273	2759
Tachbrook	12	8	20
Vincent Square	483	443	926
Warwick	219	25	244
West End	1106	937	2043
Westbourne	214	68	282
Total	6727	12540	19267

Source: Westminster City Council, 2017

4.24 There are currently no other known factors that could affect changes in the patterns of the population of Westminster or the patterns of social traffic.

4.25 The population of the borough is expected to increase by 1.86% by 2021 to 246,091 residents. These figures are based on mid-year population estimates and assumptions such as future fertility, mortality and migration.

Changes in populations

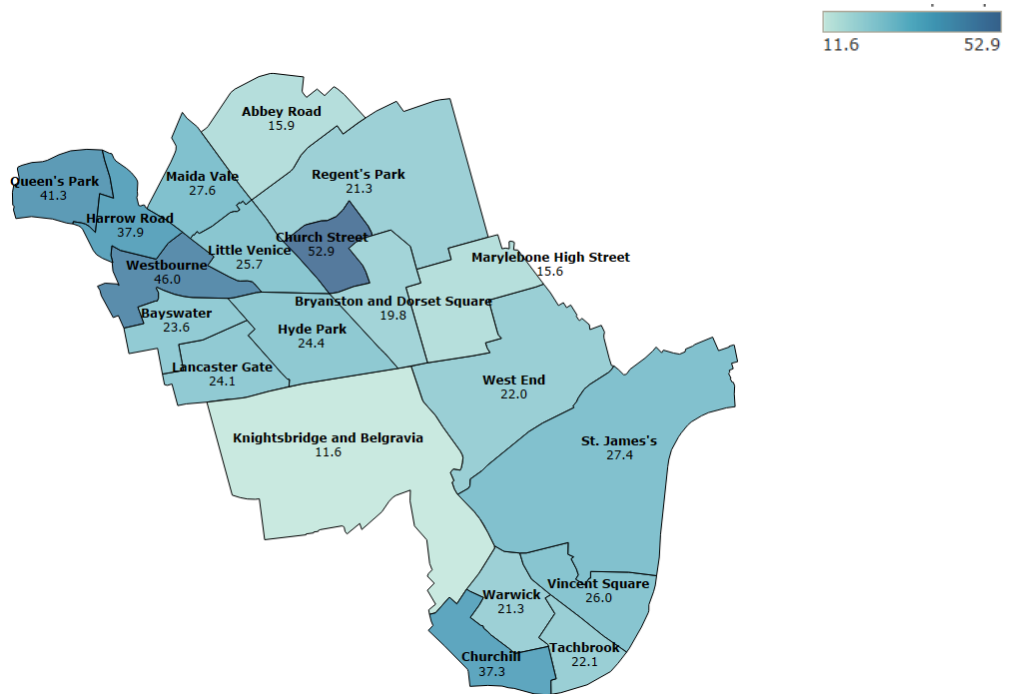
Population increases and new developments may increase demand on community pharmacy services, and different population groups will have different needs.

Wider Determinants of Health and Inequalities

4.26 There are a range of social, economic and environmental factors that impact on an individual's health behaviours, choices and goals and ultimately their health outcomes. These are outlined in Fair Society, Healthy Lives: The Marmot Review report and include life expectancy, healthy life expectancy, education, employment and fuel poverty to name a few, which we explore in this chapter.

- 4.27** The **Index of Multiple Deprivation** is a combined measure of deprivation based on a total of 37 separate indicators that encompass the wider determinants of health and reflect the different aspects of deprivation experienced by individuals living in an area. The 37 indicators fall under the following categories: Income Deprivation, Employment Deprivation, Health Deprivation and Disability, Education, Skills and Training Deprivation, Barriers to Housing and services, Living Environment Deprivation and Crime.
- 4.28** Figure 4.10 illustrates the vast differences between the wards of the borough. Church Street has the highest multiple deprivation scores while Knightsbridge and Belgravia have the lowest.

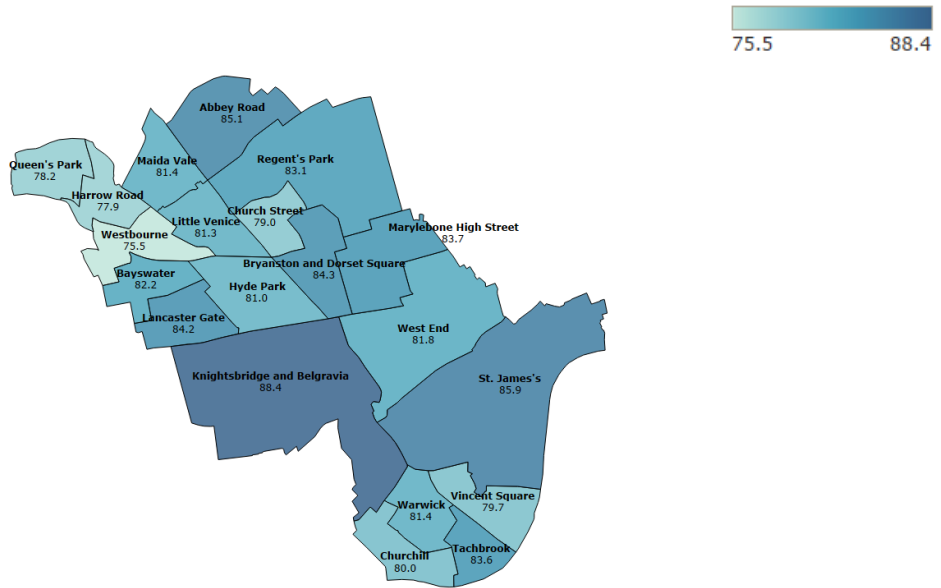
Figure 4.10 The Index of Multiple Deprivation scores in Westminster by ward in 2015



Source: PHE, 2016

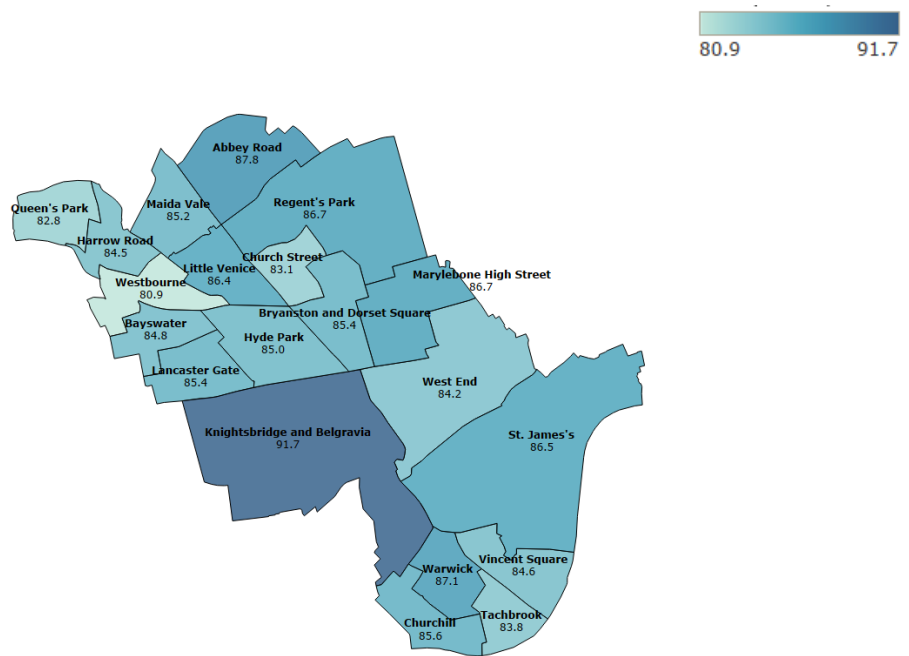
- 4.29** Life expectancy for males at birth in Westminster is 82.2, and 86 years for females. This is among the highest nationally and nearly three years higher than the national figures for **life expectancy**.
- 4.30** The **Slope Index of Inequality** measures the absolute difference in life expectancy between the most and least deprived areas. In Westminster there is a significant variation in life expectancy across the social gradient with an 11.3 year life expectancy gap for men and a 7.1 year gap for women between those who live in the most deprived areas and the least deprived areas.
- 4.31** Knightsbridge and Belgravia has the highest life expectancy and Westbourne has the lowest in the borough for both genders (see Figures 4.9 and 4.10).

Figure 4.9: Life expectancy at birth of Males by Ward in Westminster in 2015



Source: PHE 2016

Figure 4.10: Life expectancy at birth of Females by Ward in Westminster in 2015



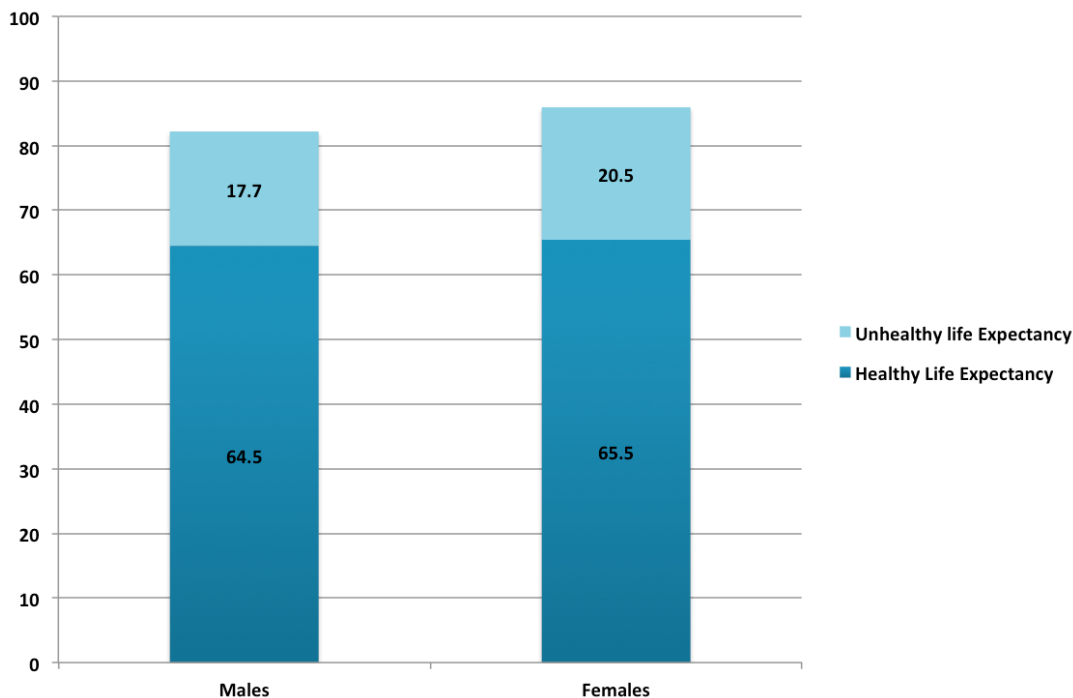
Source: PHE, 2016

4.32 Healthy life expectancy at birth is the average number of years an individual should expect to live in good health considering age-specific mortality rates and prevalence for good health for their area.

4.33 The latest figures (2015) for residents in Westminster show that males have a healthy life expectancy at birth of 64.5 and females, 65.5 years. This is better than the England healthy life

expectancy of 63.5 and 64.8 years respectively. These figures indicate that males living in Westminster could live with ill health for 17.7 years and females for 20.5 years (see figure 4.11).

Figure 4.11 Life expectancy and Healthy life expectancy for Males and Females in Westminster in 2015



Source: PHE, 2016

4.34 Compared to the rest of England, Westminster has a low **dependency ratio** of 39.9%. A dependency ratio compares the estimated number of people who are less likely to be working (such as children and people of state pension age) with the number of people of working age. A low ratio indicates that the working population has fewer dependants. It is estimated that 60.7% of the national population are dependents.

Pharmacy provision within deprived communities

Access to community pharmacy services in the communities where there is high deprivation is important in addressing health inequalities.

This PNA will take into account whether the services provided by pharmacies are available in our most deprived communities and are sufficient to meet their local populations.

4.35 650 residents are **long-term unemployed**, this equates to 3.7% of the working-age population (based on 2016 figures), similar to national figures.

4.36 Nearly a third (32.2%) of under 16s, 8,465 children residing in Westminster are from **low-income families**. This is significantly higher than England here one fifth of children are from low-income families.

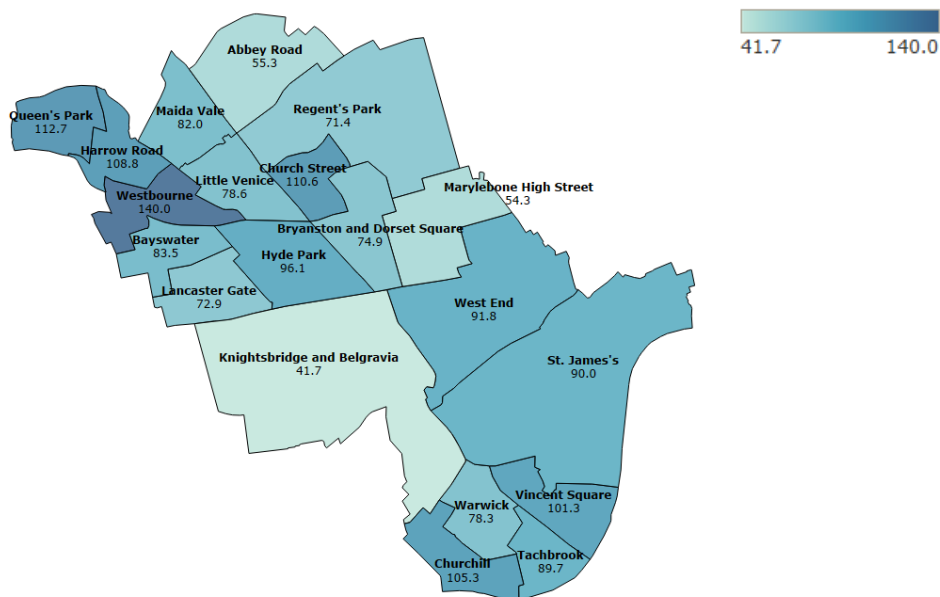
4.37 A higher rate of people living in Westminster experience **fuel poverty**, 12.9% of people did not have enough income to afford sufficient fuel in 2014, higher than the national rate of 10.6% and an increase from 9.9% from the previous year.

Premature Mortality

4.38 The **standardised mortality ratio** is a good indicator for the effect of the prevalence of risk factors, prevalence and severity of disease, and the effectiveness of interventions and treatment. The differences of early mortality rates in different areas can reveal where focus is needed to reduce variation in life expectancy and health inequalities.

4.39 Figure 4.12 presents the standardised mortality ratio for deaths from all causes aged under 75, otherwise known as premature mortality. This measure is used to identify deaths usually considered 'avoidable'. Premature mortality is higher in the north of the borough, among the more deprived wards.

Figure 4.12 Standardised mortality ratio 2010-2014 by Ward in Westminster in 2015



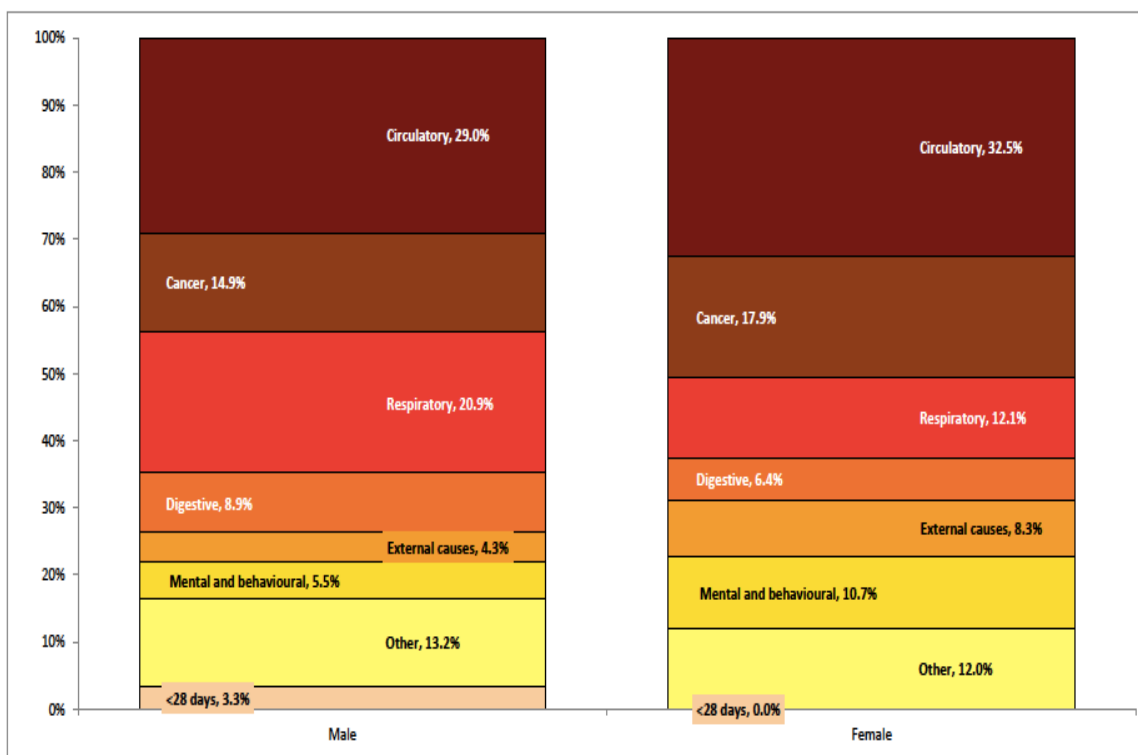
Source: PHE, 2016

4.40 A closer look at where the causes of the **life expectancy gap** lie show that circulatory diseases such as coronary heart disease and stroke are the biggest cause of the differences in life expectancy in Males. They account for 29% of the life expectancy gap between the most deprived quintile and least deprived quintile in the borough. Following that is digestive disease (which includes alcohol related conditions such as chronic liver disease and cirrhosis) that accounts for 20.9% of the gap and cancer that accounts for 14.9% of the gap.

4.41 Circulatory diseases are also the biggest cause of the differences in life expectancy between deprivation quintiles in women, accounting for 32.5%. Cancer accounts for 17.9% of the life

expectancy gap followed by respiratory diseases at 12.1%. Figure 4.13 presents the differences in life expectancy by cause between the most deprived and the least deprived quintiles of the borough.

Figure 4.13: Life expectancy gap between the most deprived quintile and the least deprived quintile for Westminster by broad cause of death, 2012-2014



Source: PHE, 2016

Medicine Use Reviews and the New Medicine Service

Many long-term conditions such as circulatory or respiratory diseases and cancers, are managed with medication. Pharmacy services play an important part of the long-term conditions pathway by ensuring that medicines are used effectively and safely and therefore improving outcomes for patients.

Pharmacies can support patients, clinicians and carers to achieve the maximum benefit from medicines whilst reducing the risks associated with treatment.

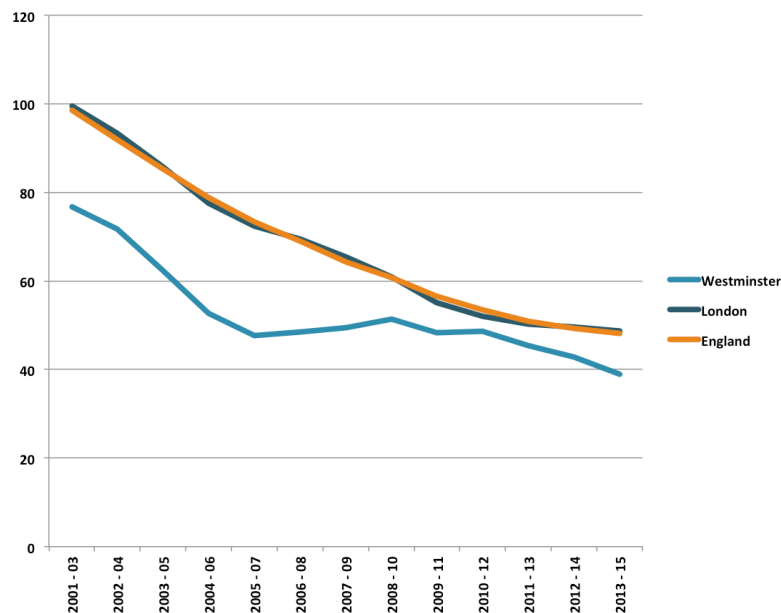
Targeted Medicine Use Reviews and the New Medicine Service can encourage patients to adhere to their prescribed regimen, help to manage medicines related risks and reduce re-admissions to hospital. It is recommended that patients with long-term conditions with multiple medicines should be reviewed at regular intervals.

Circulatory Diseases

4.42 The borough's premature death rate from **cardio-vascular disease** considered preventable is the 4th lowest in London. In Westminster, 91 people or 27.2 per 100,000 residents die from CVD considered preventable. This is substantially lower than London and England rates of 48.7 and 48.1 deaths per 100,000 population respectively.

4.43 These rates have been lower than London and England since 2001 and have been reducing over the years (see Figure 4.14) and this is likely due more timely high quality treatment, effective prescribing, and a reduction in the number of smokers.

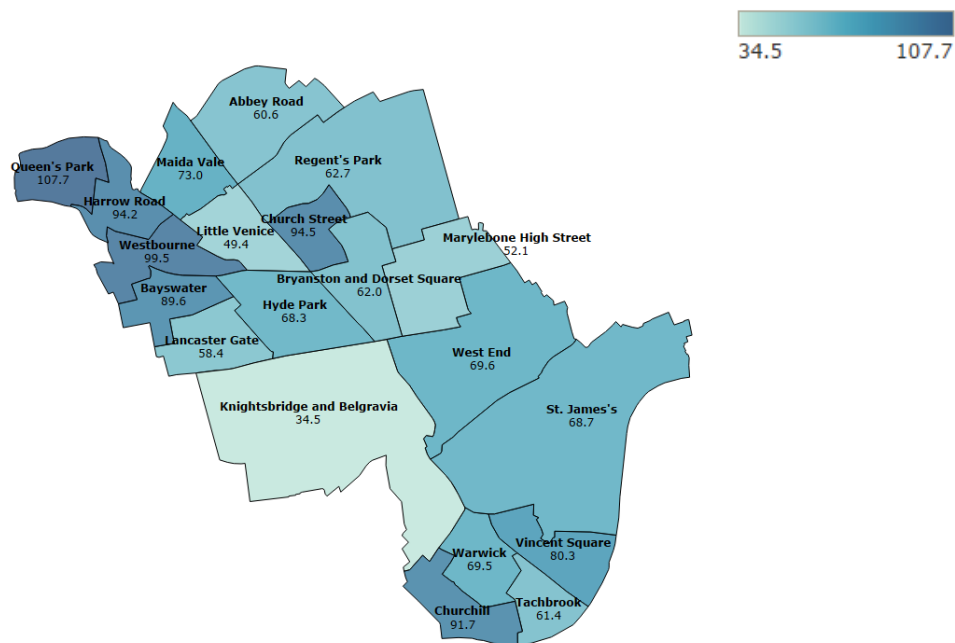
Figure 4.14: Under 75 mortality rate per 100,000 from cardiovascular disease for Westminster, London and England from 2001 to 2015



Source: PHE, 2016

4.44 Currently, the under 75-mortality rate consider preventable and non-preventable is highest in the boroughs where deprivation is highest. These include Queen's Park, Westbourne, Church Street and Churchill.

Figure 4.15: Under 75 mortality rate from circulatory disease by ward in Westminster, London and England from 2013 to 2015



Source: PHE, 2016

4.45 Currently 27.8 per 100,000 residents of the borough die prematurely each year from **coronary heart disease** and 15.5 people per 100,000 die of a stroke. These rates are relatively similar to national figures.

Respiratory Diseases

4.46 Westminster has a substantially lower death rate caused by **respiratory diseases** considered preventable. 11.5 per 100,000 residents die each year from preventable respiratory disease.

4.47 The rates of deaths by respiratory disease considered preventable have reduced in the last few years and remained lower than regional and national figures since 2001.

NHS Health Checks

Pharmacies may provide NHS Health Checks for people aged 40-74 years. This includes providing a full vascular risk assessment and along with advice and support to help reduce the risk of heart disease, strokes, diabetes and obesity.

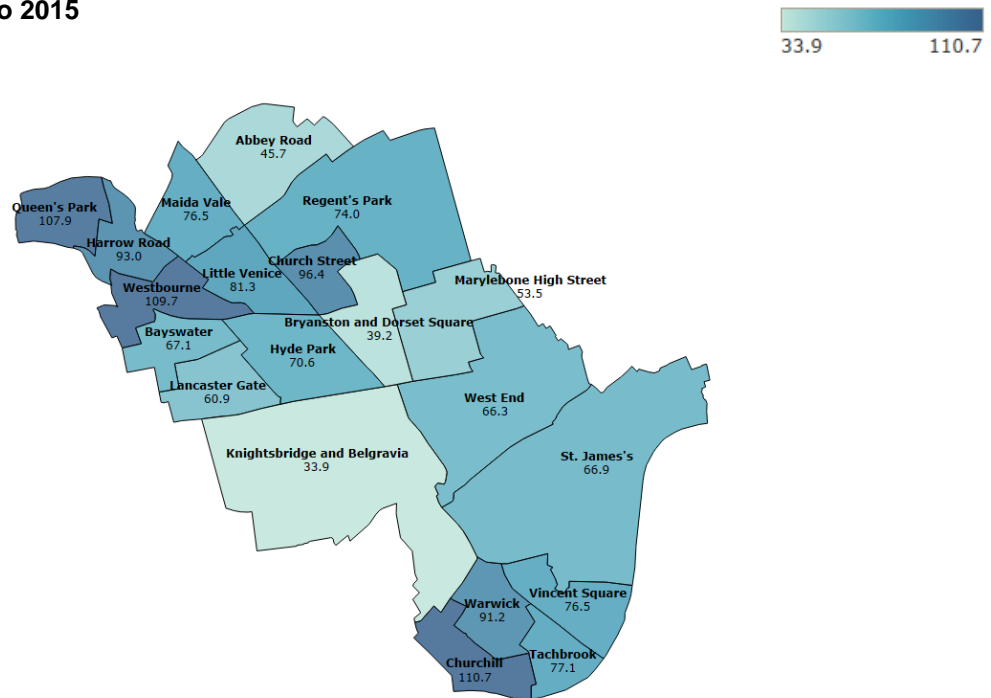
Figure 4.16: Under 75 mortality rate from respiratory disease for Westminster, London and England from 2001 to 2015



Source: PHE, 2016

4.48 The Under 75 mortality rate from respiratory disease including those considered preventable and not preventable is higher in the wards where deprivations is highest, i.e. Westbourne, Churchill, Church Street and Queens Park (see Figure 4.17).

Figure 4.17: Under 75 mortality rate from respiratory disease by ward in Westminster, London and England from 2013 to 2015



Source: PHE, 2016

4.49 Chronic Obstructive Pulmonary Disease (COPD) is a highly preventable cause of morbidity and mortality that sits within respiratory diseases. Prevalence rates and hospital admission rates for COPD in Westminster are similar to that of London and lower than England.

4.50 Tuberculosis is on the decline in Westminster. Westminster CCG recorded a three-year crude rate of 17.5 per 100,000 population diagnosed with TB. This is lower than the rest of London (30.4 per 100,000 population).

Cancer

4.51 The overall prevalence of all **cancers** is 1.7% for Central London CCG. This is similar to the sub-regional figure of 1.7% and lower than the national figure of 2.4%. This may be a reflection of poor early diagnosis of cancer where chances of survival much poorer in areas of deprivation.

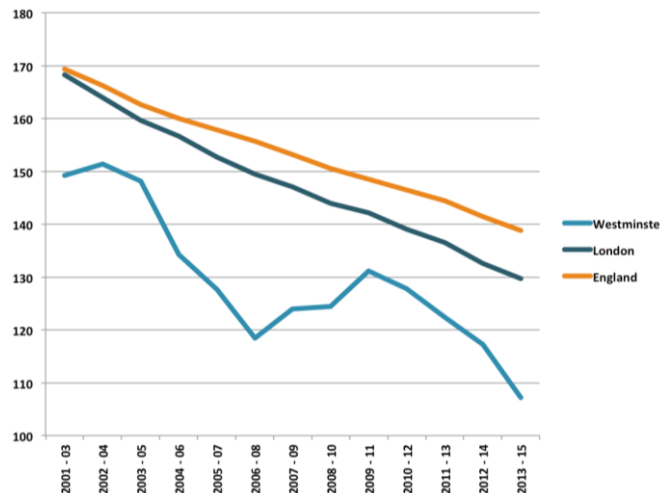
4.52 NHS Central London CCG **screening** coverage is low compared to the rest of London. It is the poorest performing CCG for breast, bowel and cervical cancer screening coverage. Population diversity, migration and high use of private services create a constant challenge to improvement.

4.53 Despite this the premature mortality rate for cancer, i.e. under 75 years, is low when compared with regional and national figures. Currently 107.2 per 100,000 residents of the borough die prematurely each year from cancer, compared with 129.7 for London and 138.8 for England. This is the 2nd lowest figure of the London boroughs. Premature mortality has been substantially lower than England and London overall since 2001 (see Figure 4.18).

Early detection and diagnosis of cancers
Pharmacists can play in an important role in the early detection and diagnosis of cancer.

Raising awareness and talking to patients about signs and symptoms of different cancers can result in earlier diagnosis and therefore better treatment options for patients.

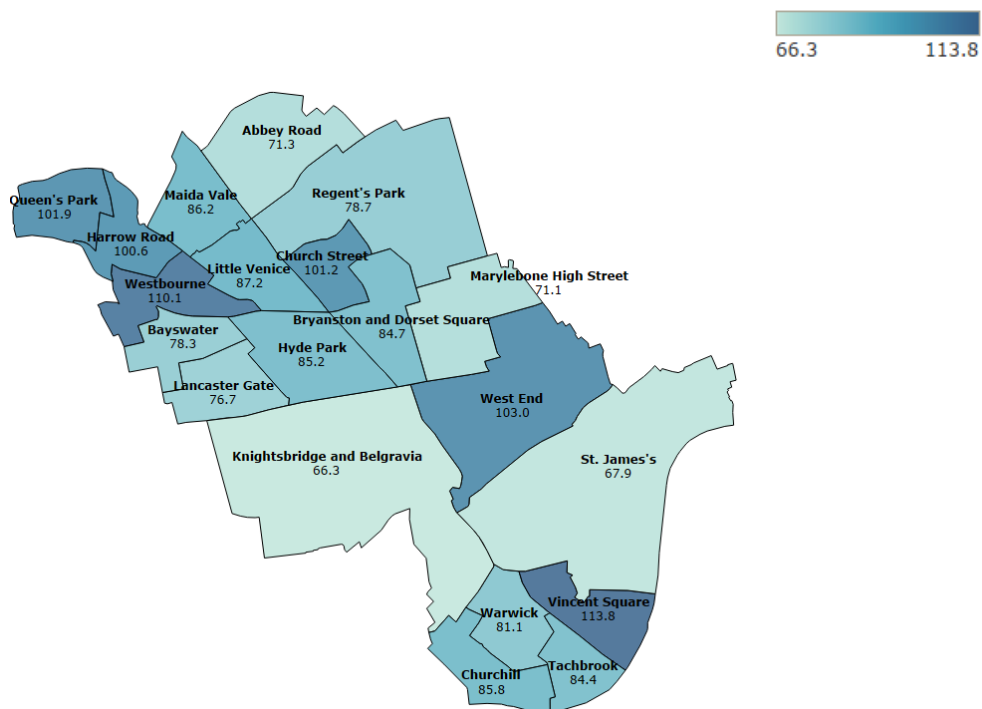
Figure 4.18: Under 75 mortality rate from cancer for Westminster, London and England from 2001 to 2015



Source: PHE, 2016

4.54 Standardised mortality by cancer is highest within the more deprived wards of the borough, specifically Westbourne and Church Street (see Figure 4.19).

Figure 4.19: Under 75 mortality rate from cancer by ward in Westminster, London and England from 2013 to 2015



Source: PHE, 2016

Risk Factors for Mortality and Morbidity

Risk Factors in Adults

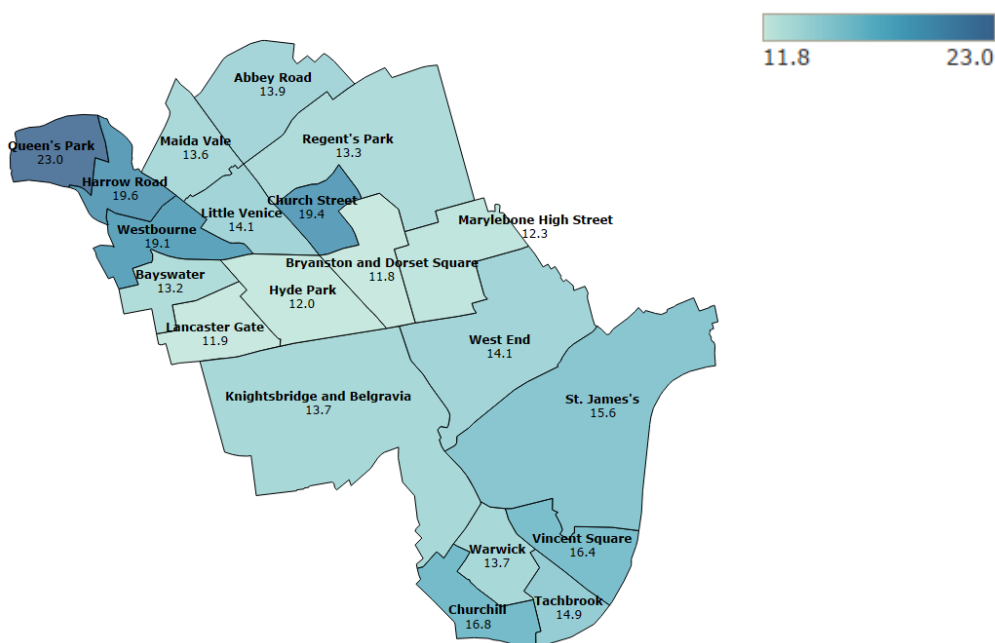
4.55 **Smoking** is the leading cause for preventable death in the world. 18% of adults surveyed in Westminster smoke. This is a higher rate than for London and England.

Stop Smoking Services

Pharmacies may provide proactive promotion of smoking cessation through to provision of full NHS stop smoking programme.

4.56 Over half (54.5%) of adults are **overweight or obese** in Westminster, this is lower than regional and national figures. Obesity is recognised as a major determinant of premature mortality and avoidable ill health. There are marked differences in levels of obesity between wards in the borough, 11.8% of adults are obese in Bryanstown and Dorset Square, whereas Queens Park has more than double the rate at 23%.

Figure 4.20: % of adults who are obese by ward in Westminster in 2015



Source: PHE, 2016

4.57 Over one fifth (22.2%) of adults residing in the borough are considered **physically inactive**, meaning they engage in less than 30 minutes of moderate physical activity per week. This is similar to London levels. People who are physically inactive increase their chances of cardiovascular disease, coronary heart disease and stroke. People who have a physically active lifestyle reduce their risk of obesity, diabetes, osteoporosis and some cancers and improved mental health.

Weight Management Services

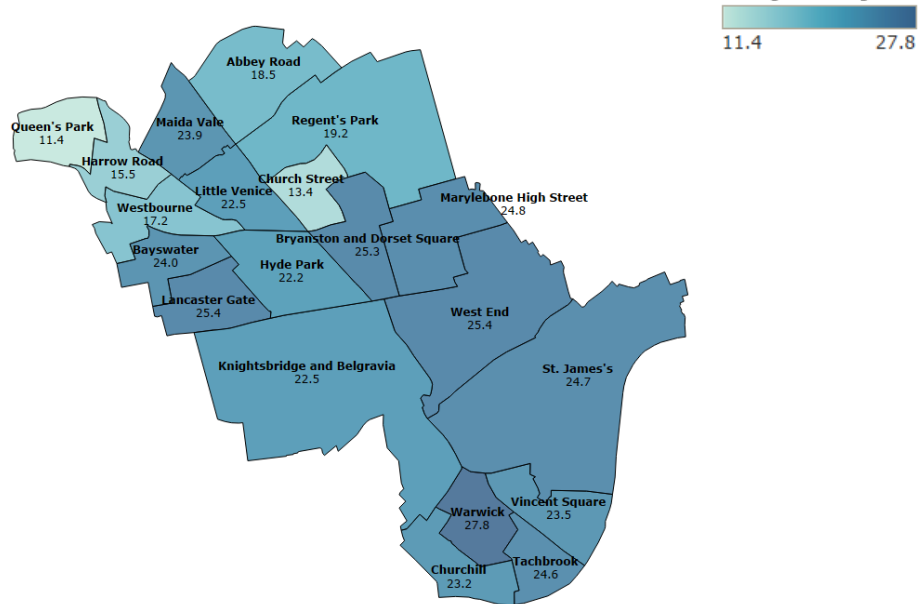
Pharmacies can provide services that can promote healthy eating and physical activity, weight management services for adults or brief interventions.

4.58 **Alcohol consumption** contributes to morbidity and mortality from a diverse range of conditions. 36.1 per 100,000 deaths are alcohol-related and 501 Westminster per 100,000 residents were admitted to hospital in 2015/16, lower than regional and national figures. Modelled estimates show that binge drinking is highest in Warwick, Lancaster Gate and Bryanstown and Dorset Square (see figure 4.16).

Alcohol Misuse Services

Pharmacies may provide Alcohol misuse services that include proactive brief interventions and advice on alcohol with referrals to specialist services for problem drinkers.

Figure 4.16: % of adults (16+) who binge drink in Westminster in 2015



Source: PHE, 2016

4.59 There are currently 1,445 residents in Westminster diagnosed with **HIV**, the 5th highest rate aged 15-59 in the region. A quarter (25.9%) of cases in 2014-16 were diagnosed late, compared to the London average of 33.7%. Late diagnosis carries with it an increased risk of poor health and death and it increases the chances of onward transmission.

Sexual Health Services
Pharmacies can provide Sexual health services such as emergency hormonal contraception services; condom distribution; pregnancy testing and advice; chlamydia screening and treatment; other sexual health screening, including syphilis, HIV and

4.60 Of those who are tested for **Sexually Transmitted Infections (STIs)**, 5.4% tested positively for an infection (excluding chlamydia) in Westminster, the third highest rate in London. Rates of Chlamydia among 15-24 year olds are less high but still slightly above the national average.

4.61 One-fifth (21.5%) of those registered with a GP in Westminster have a **common mental illness**, this is the highest rate in London (16.4%) and England (15.6%). The high rate is likely due to good identification and reporting by GPs in the borough.

Medicine adherence
Medicines are a key component of mental health care and pharmacists have the expertise required to improve adherence to medication support the reduction of inappropriate use of medicines.

4.62 Westminster has the 4th highest percentage (1.34) of people registered with a GP who are known to have a **severe mental illness**, markedly higher than London (1.03%) and England (0.83%).

Risk Factors in Older Adults

4.63 The proportion of older population is rising and older people are the biggest and costliest users of healthcare. The biggest costs are for those with complex needs, long-term conditions, and functional, sensory or cognitive impairment including Dementia.

4.64 Health-related quality of life gives an indication of levels of good health, wellbeing and independence. This is measured using a health status score in the over 65s and looks at Mobility, Self-care, Usual activities, Pain / discomfort and Anxiety / depression. In Westminster the average score is 0.741, close to the national norm of 0.733.

4.65 Loneliness and isolation of older people is a risk factor for ill-health and premature mortality. People who are lonely and social-isolated are more likely to need healthcare resources and long-term care. Nearly half (45.3%) of Westminster's older generation (65+) are living alone and are at risk of loneliness and isolation.

4.66 The number of people living with **dementia** is increasing. Approximately 1300 people (5% of over 65s) are living with dementia in Westminster today, half of whom are over 85 years of age. This is predicted to rise to 2320 by year 2025. This can have an impact on levels of paid and unpaid health and care provision.

Dementia Friendly pharmacies

Pharmacies can be a very important place that people living with dementia need to access. Dementia friendly pharmacies can support people living with dementia to feel confident and empowered to do things that they have always been able to do such as collecting a prescription.

4.67 Falls are the largest cause of emergency hospital admissions and a major cause of loss of independence, disability or death in older people. 2,214 per 100,000 emergency admissions for the over 65s were due to falls in 2015/16 in Westminster, lower than London overall and similar to national rates.

Falls Prevention

Pharmacy services can support people to manage their medicines and signpost them to services that can assist them to live independently, prevent falls thereby prevent hospital admissions.

Risk Factors in Children and Young People

4.68 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.

4.69 Just over one in ten (11.6%) of 15 year olds with a **long-term illness, disability or medical condition** diagnosed by a doctor in London. Young people from the more deprived areas are more likely to report poor health and this can have a significant impact on overall life chances.

4.70 There were 34 **under 18 conceptions** in the borough in 2015, this is slightly lower than our regional and national comparators. Teenage mothers nationally are three times as likely to suffer from post-natal depression, are less likely to breastfeed and more likely to smoke.

4.71 Based on the 2015/16 latest **GCSE figures** pupils in Westminster are doing well. 63.6% of pupils achieved 5A*-C GCSEs, this is a small decline from the previous year and yet significantly better than the national percentage of 57.8%.

4.72 **Childhood obesity** is on the rise and can have significant impact on health outcomes. A child who is overweight or obese can have increased blood lipids, glucose intolerance, Type 2 diabetes, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions such as asthma and psychological problems such as social isolation, low self-esteem, teasing and bullying.

4.73 Nearly one-quarter of Reception age children (23.7%) and two out of every five (39.7%) Year 6 children are overweight or obese, this is higher than regional and national figures.

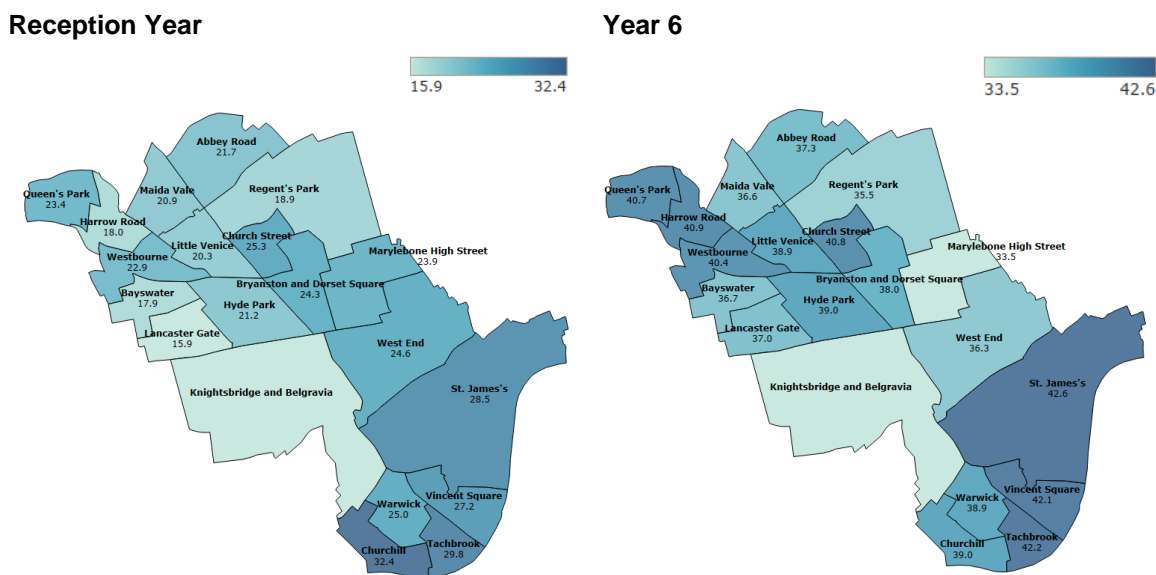
4.74 Churchill and Tachbrook wards have the highest rates of overweight and obesity in Reception age children and St James's, Tachbrook and Vincent Square have the highest rates of excess weight in Year 6 children the borough (see Figure 4.17).

Health Champions and Health Trainers

The 'walk-in' nature of pharmacies mean that they are ideally placed to offer opportunistic screening and brief interventions for a better health and wellbeing. People can be supported to make positive health behaviour changes on topics such as smoking, alcohol, weight management, sexual health, physical activity and mental health.

Healthy Champions and Health Trainers situated within pharmacies in areas of high deprivation and can bridge the gap between healthcare and the community and voluntary services that can support it.

Figure 4.17: % of children who are overweight or obese in Reception and Year 6 by ward in Westminster



Source: PHE, 2016

4.75 Dental decay is a highly preventable disease, caused by a high-sugar diet. Over a third (35.1%) of children have decayed, missing or filled teeth in Westminster, this is substantially worse than regional than national figures.

Dental Health Promotion

Due to the frequency of their contact with the public and in promoting health and wellbeing, pharmacists can be effective in raising awareness of oral health.

4.76 Vaccinations help prevent serious illness in children, especially potentially severe disease such as meningitis, whooping cough, and tetanus. Yet Westminster has poorer coverage rates than the rest of England in all childhood vaccinations for which there is data.

Vaccinations

Due to better flexibility of opening hours and convenient locations, pharmacies can improve uptake of some vaccinations.

4.77 Substance misuse in young people is linked to mental health issues such as depression, disruptive behaviour and suicide. It is also linked to adverse experiences and behaviours such as truancy, exclusion from school, homelessness, time and care and serious or frequent offending. 54.3 per 100,000 hospital admissions for 15-24 year olds in Westminster (2013/14 to 2015/16) are due to substance misuse, this is lower than England figures.

Substance misuse services

Pharmacies can increase accessibility to a range of substance misuse services including 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.

Summary of Demographics and Health Needs of Westminster

The City of Westminster is situated in the heart of London. It is a densely populated borough with a daytime population nearly four times the size of the resident population, likely a result of tourism and people who commute to work. The population is expected to rise substantially in the coming years.

Westminster has a large proportion of young working age residents and comparatively fewer children. The average age is 37.7 years.

Nearly half of the population was born abroad and nearly one-third identify as being from Black or Minority Ethnic groups, the highest proportion of whom live in Church Street ward.

There are vast differences inequalities in deprivation and life expectancy. Church Street and Westbourne have the highest levels of deprivation and the lowest life expectancy, whereas deprivation levels are markedly lower in Knightsbridge and Belgravia and Marylebone High Street, where life expectancy is highest.

Circulatory diseases, cancers and respiratory diseases are the biggest causes in the differences in life expectancy. Overall mortality rates for these diseases have been declining in the last five years. Premature mortality is highest in Westbourne, Queen's Park and Church Street.

Although smoking rates are declining through the years, 18% of adults in Westminster smoke, this figure is higher than regional and national figures.

Overall the proportion of adults who are overweight or obese is lower than regional and national figures, however obesity figures are markedly different between wards. Nearly one-quarter of adults residing in Queens Park are obese.

Rates of excess weight in children are very high, particularly in Year 6 pupils residing in St James's, Tachbrook and Vincent Square. The proportion of children who have dental decay is also high and the coverage of Vaccinations in children are low.

The proportion of adults who are diagnosed with a mental illness are high in comparison to London and England, this may be a result of successful efforts by GPs to identify mental illness.

Rates of STIs including chlamydia and HIV are also high and an area of concern.

Chapter 5 - Patient and Public Engagement and the Protected Characteristics

- 5.1 This section discusses the results of the patient and public engagement that was carried out from September to October 2017. We also examine the health needs specific to protected characteristics and vulnerable groups that we have engaged during this process and the implications they may have on the PNA.
- 5.2 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.
- 5.3 A community questionnaire was used to engage with residents to understand their use and experience of local pharmacies. The PNA task and finish group and the communications team of the City of Westminster approved this questionnaire for use with the local population. This questionnaire is available as Appendix B.
- 5.4 The engagement plan and methods of dissemination of the survey are referenced in Appendix C. Additionally we conducted outreach in four community pharmacies, some of which were located in the more deprived wards of the borough. Adult services also supported residents in their sheltered schemes to fill out these community questionnaires.
- 5.5 We engaged with about 211 residents in Westminster during the drafting of this needs assessment and its consultation. Paper copies and an online version were used for the purposes of this engagement. Eighteen questionnaires could not be used as the information provided was insufficient for analysis.

Community Pharmacy Questionnaire Response

- 5.6 A total of 193 usable questionnaires were collected between 23rd September 2017 and 20th October 2017. A small number of respondents declined to answer some equal opportunities monitoring questions.
- 5.7 The two main sources of questionnaires in this sample were those returned by Adult services which were completed by their service users (74) and about 60 that were collected through outreach at community pharmacies in Queen’s Park, Harrow Road and Church Street wards. We were unable to secure outreach in South Westminster pharmacies. Community and Maternity Champions in Westminster encouraged their teams and service users to complete the

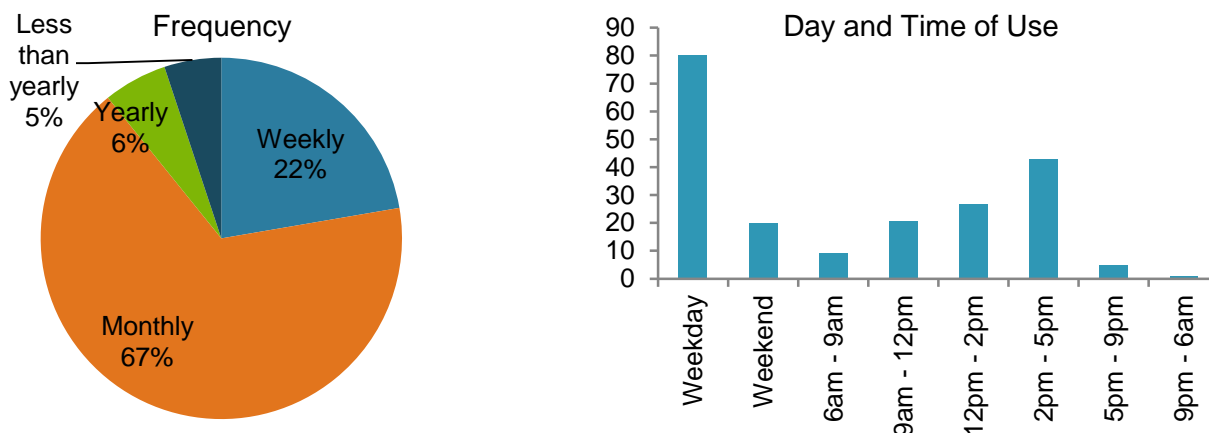
questionnaires and we were able to engage with local residents in Westbourne Ward at an event at the Stowe Centre organised by Westbourne community champions. In addition to this online questionnaire links were disseminated through several newsletters and mailing lists.

Results of the Community Pharmacy Questionnaire

Use of Pharmacies

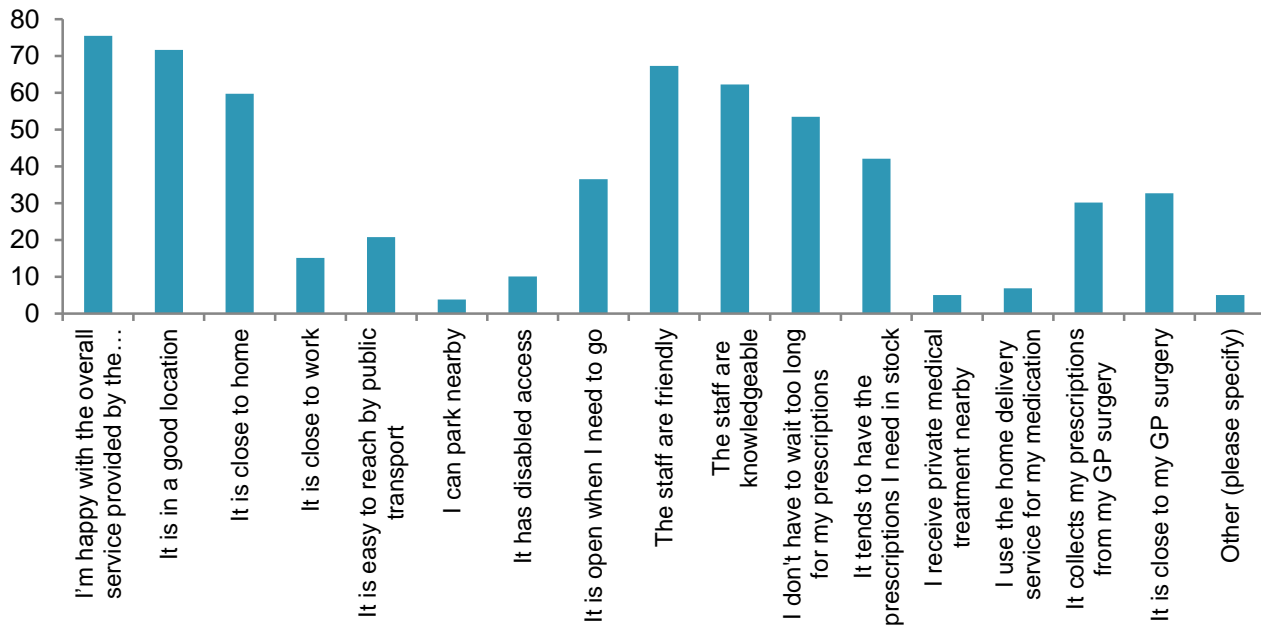
5.8 Times and frequency of pharmacy use was explored. 67% of the sample population visit a pharmacy monthly and 22% weekly. 80% of them used the pharmacy on weekdays and 43% visit the pharmacy between 2-5 pm (see Figure 5.1).

Figure 5.1: Times and frequency of use of Westminster pharmacies



5.9 75% of the sample population were happy with the overall service they received from the pharmacies. Friendly staff was the main reason respondents use a pharmacy. Good location was the second most important factor for people choosing a particular pharmacy. Other reasons why people chose to use their pharmacy included friendly and knowledgeable staff, closeness to home and not having to wait too long for their prescriptions (see Figure 5.2).

Figure 5.2: Reasons why people use their pharmacy most often



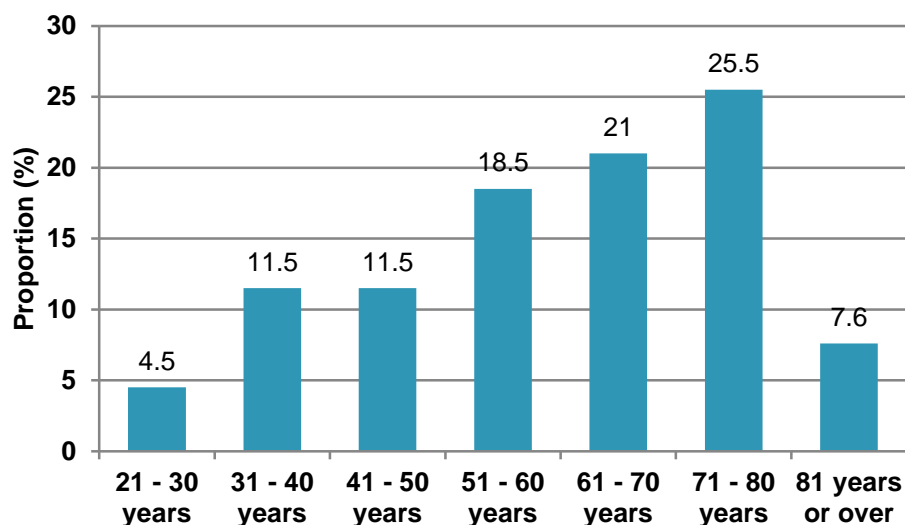
- 5.10 The **feedback** in the open text boxes was mainly positive with respondents saying they were generally happy with the services being provided and they found the staff quite friendly and helpful.
- 5.11 The **top three pharmacy services** used by respondents were obtaining prescription medication, repeat prescriptions, and obtaining over the counter medication.
- 5.12 The top three services respondents would use if provided were home delivery and prescription collection service, health checks including blood glucose, cholesterol, blood pressure and BMI (height and weight), and blood pressure measurement service.
- 5.13 Suggestions for improvement were mainly around longer opening hours and pharmacies being open on Sunday. A few respondents mentioned that it would be good to have basic blood tests and scans/x-rays at their local pharmacies.

Protected Characteristics

Age

- 5.14** The current age profile and projections of the borough are discussed in the chapter on population statistics.
- 5.15** Pharmacies provide essential services to all age groups such as dispensing, promotion of healthy lifestyles and signposting patients to other healthcare providers. Pharmacies providing services to vulnerable adults and children are required to be aware of the safeguarding guidance and local safeguarding arrangements.
- 5.16** The single biggest age group in the sample population were the 71-80 year olds at 25%, followed by the 61-70 year olds at 21%. This is probably explained by the high number of returns from adult services and the sheltered residential schemes (see Figure 5.3).

Figure 5.3: Age profile of survey respondents

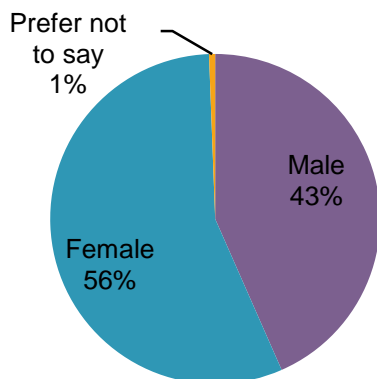


- 5.17** The use of pharmacies by the over 60s is similar to those of the other age groups, except that they use pharmacies more frequently.
- 5.18** Based on the sample that we surveyed, we did not identify any gaps in access to the provision of pharmaceutical services based on age.

Gender and gender reassignment

- 5.19** 108 of our respondents were female, 85 were male and two respondents did not disclose their gender. Gender reassignment was not captured on the questionnaire (Figure 5.4).

Figure 5.4: Breakdown survey respondents by Gender

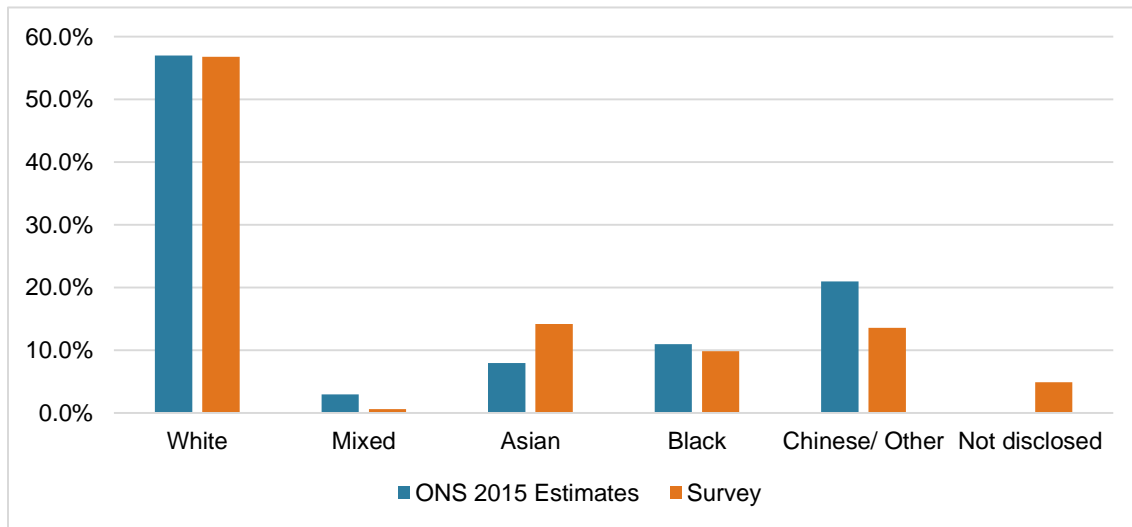


- 5.20** As compared to women, more men in our sample use the pharmacy weekly. Men tend to use the pharmacy mainly for themselves, but a greater percentage of women use the pharmacy for their children, spouses and parents.
- 5.21** Other than that, the use and experience of pharmacies across genders was quite similar. Both men and women were satisfied with the overall service provided and good location was important to them when choosing their pharmacy.
- 5.22** Based on the sample that we surveyed, we did not identify any gaps in access to the provision of pharmaceutical services based on gender.

Ethnicity

- 5.23** The ethnicity breakdown of the sample population was not very different from the general population in the borough, making the sample quite representative in this aspect (see Figure 5.5).
- 5.24** Ninety-two of the respondents identified as White and 62 respondents identified as belonging to Black and other ethnic minority groups. White English was the single largest ethnic group followed by Asian.

Figure 5.5: Comparison of breakdown of Ethnicity between ONS mid-year estimates and Patient and Public Survey respondents



5.25 Within the sample population it was noted that respondents from BME groups were more likely to use the pharmacies for their spouses, children or parents when compared to those from White ethnic groups. Other than that, the use and experience of pharmacies did not differ between ethnic groups.

5.26 The questionnaire responses have not identified any gaps in access to the provision of pharmaceutical services to the different ethnic groups.

Religion and Belief

5.27 The City of Westminster has a diverse population as noted in previous chapters and multiple religions are practiced within the borough. Of those who responded, eighty-five respondents identified as Christian, 35 as Muslim and 19 as having no religion (see Figure 5.6). A small number of respondents identified as either Sikh, Jewish, Hindu or Buddhist.

5.28 No differences were noted in the experience and use of the pharmacies based on religion and belief and no gaps have been identified in the provision of services with respect to faith or belief.

Employment Status

5.29 Eighty-four respondents were retired, 50 employed (either part or full time), 34 unemployed and two were students.

5.30 Employed respondents use the pharmacies on the weekend more than those who are unemployed or retired. Other than that, no significant differences are noted in the use and overall experience of local pharmacies.

5.31 Retired respondents are overall quite happy with the services being provided and are less likely to want new services. Other than that no significant differences were noted and no gaps in the provision of pharmacy services were identified.

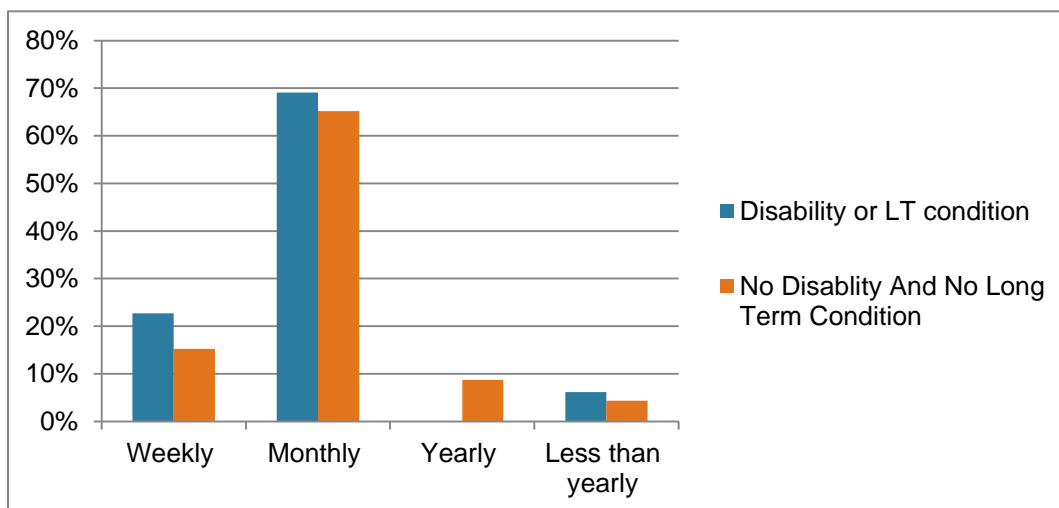
Disability and Long-Term Conditions

5.32 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. Accessible information formats are alternatives to printed information, used by blind and partially sighted people, or others with a print impairment.

5.33 Fifty-seven identified as having a disability and 94 said they had a long-term condition. Fifty-four said they had both a long-term condition and a disability. Types of disability listed by participants ranged from those impacting on mobility such as osteoarthritis and stroke to sensory impairments and mental health disorders such as bipolar. In terms of long-term conditions, ten respondents mentioned diabetes as a stand alone or with other co-morbidities. Heart disease, blood pressure were the second most mentioned long-term conditions.

5.34 The frequency of pharmacy use by the group with disability and long-term conditions is mainly weekly and monthly. Yearly or less than yearly use is lower in this group as compared to the rest of the sample population (see Figure 5.6).

Figure 5.6: Frequency of pharmacy use by survey respondents with and without a long-term condition or disability



5.35 Their overall satisfaction of using pharmacy services was similar to the rest of the sample and their top criteria for choosing the pharmacy they visited was whether the pharmacies were meeting their overall need and their location. There were no comments on disability specific

access requirements by the respondents themselves. The top three services being used and will use if available were in line with the whole sample.

- 5.36** Survey responses identified no gaps in the provision of pharmacy services for people with disabilities or long-term conditions.

Sexual Orientation

- 5.37** 127 respondents identified as heterosexual, eight as LGBT and 15 respondents preferred not to disclose their sexual orientation. The sample size was too small to comment on any differences in the use of pharmacies by people of different sexual orientations. No gaps in the provision of pharmacy services were identified for this protected characteristic.

Marital Status

- 5.38** Eight-four respondents identified themselves as single, 53 as married, five as co-habiting and three in a civil partnership.

- 5.39** No differences were noted in the use and experience of those who are single and those who are married, co-habiting or in a civil partnership and therefore there were no identified gaps in service provision.

Pregnancy and Maternity

- 5.40** Our sample had only five respondents (3.4%) who were pregnant or breastfeeding. The sample size is too small to note any differences in their use or experience of using community pharmacies and therefore no gaps in service provision were identified.

- 5.41** The patient and public engagement undertaken as part of the PNA 2018-2021 process, shows that the current provision of pharmaceutical services is sufficient to meet the current needs of the population.

Summary of the Patient and Public Engagement and the Protected Characteristics

Patient and public engagement was undertaken to understand how people use their pharmacies, what they use them for and their views of the pharmacy provision. It included an exploration of the health needs specific to protected characteristics and vulnerable groups.

Findings showed that generally people are happy with the pharmacy services in the borough and found staff to be friendly. Respondents mostly use the pharmacies for obtaining prescription medication, repeat prescriptions and obtaining over the counter medication.

The top three services respondents would use if provided were health checks and home delivery and prescription collection services.

Suggestions for improvement included providing longer opening hours, more Sunday opening hours and option of basic blood tests and scans/x-rays at their local pharmacies.

Overall findings show that the pharmacy provision is sufficient for supplying a necessary service with no gaps in the borough.

Chapter 6- Access to Pharmaceutical Essential Services

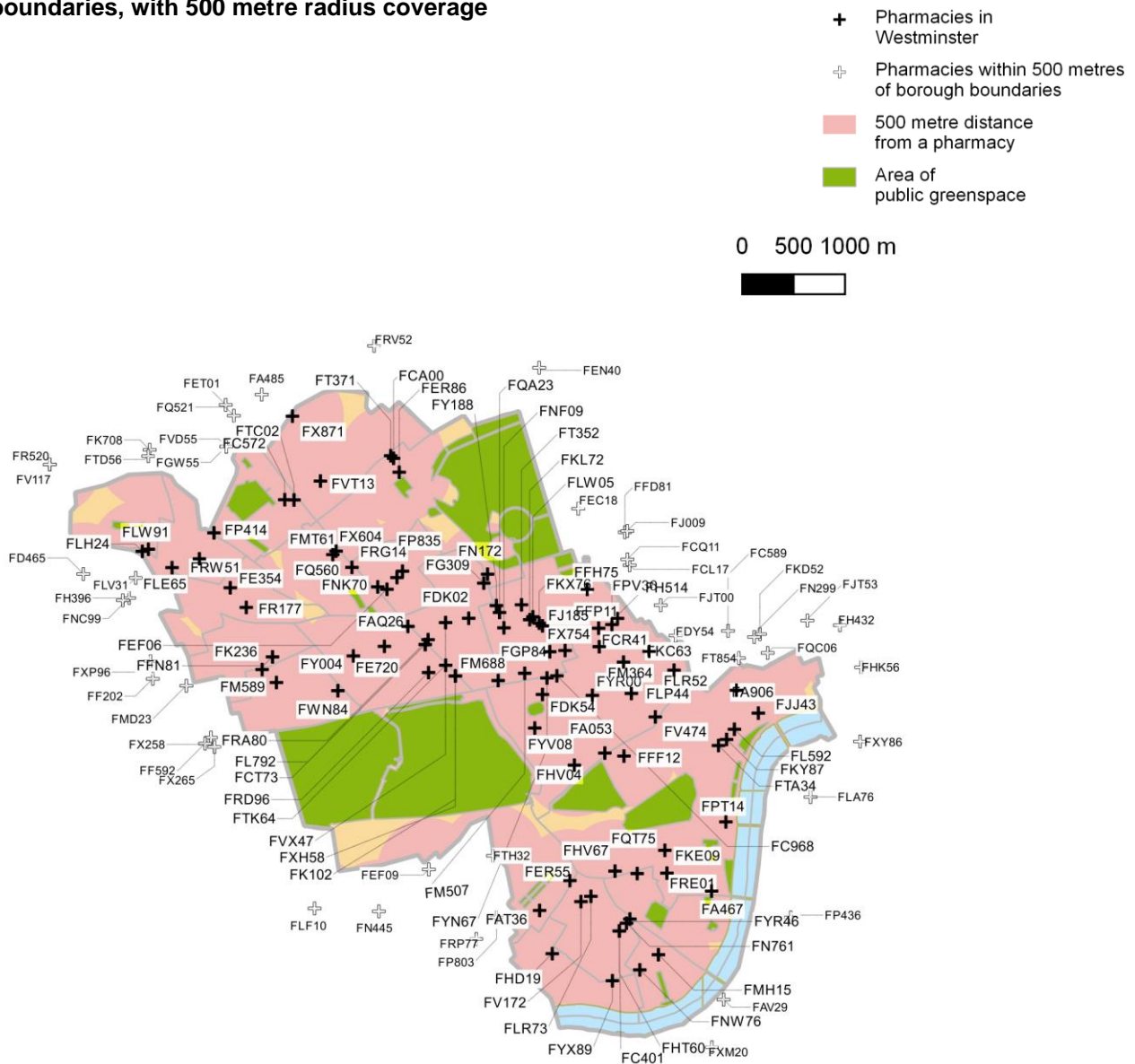
- 6.1** All pharmacy contractors must provide Essential services, but they can choose whether they wish to provide Advanced, Enhanced or Locally Commissioned services. All pharmacies are required to deliver and comply with the specifications for all essential services, these are:
- Dispensing
 - Repeat dispensing
 - Disposal of waste medicines
 - Support for self-care
 - Public health
 - Signposting
 - Clinical governance
- 6.2** This chapter looks at the adequacy of provision of essential services by considering:
- Distribution and choice
 - Geographical distribution of pharmacies, within and outside the borough
 - Distribution in relation to health services and transport links
 - Opening hours
 - Accessibility

Pharmacy Distribution and Choice

- 6.3** There are currently 94 pharmacies in Westminster as of October 2017. These have been marked on Figure 6.1, listed in Appendix D. One of these pharmacies (Bullen & Smears) is not considered a community pharmacy as it is an appliance-only contractor and therefore excluded from much of the analysis in the PNA.
- 6.4** There are 38 community pharmacies per 100,000 resident population within Westminster (based on a 2018 population estimate of 241,952). This is almost twice the London and England averages, both of which 22 are (General Pharmaceutical Services in England 2006/07 to 2015/16). The high density of pharmacies is well suited to meet the demand from the daily influx of the commuting population during weekdays.
- 6.5** 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. Due to use of a 500m radius buffer, the services that these pharmacies provide are still taken account of for the Westminster PNA.

- 6.6 There are 47 pharmacies outside the Westminster located within 500m of its border. These have been included in the pharmacies shown in Figure 6.1 and also in Appendix D.
- 6.7 The geographical distribution of the pharmacies by electoral ward is shown in Figure 6.1 and Table 6.1. All electoral wards have a pharmacy within them.
- 6.8 As seen on Figure 6.1, a 500m radius buffer has been drawn from the centre of each pharmacy postcode. This shows that most of the borough is within 500m of at least one pharmacy. The 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.

Figure 6.1: Distribution of pharmacies in Westminster and within 500 metres of the borough boundaries, with 500 metre radius coverage



Source: Contractor Survey and NHS England, 2017

Table 6.1: Distribution of pharmacies by ward

Westminster Ward	Number of Pharmacies	Westminster Ward	Number of Pharmacies
West End	16	Lancaster Gate	3
Marylebone High Street	12	Little Venice	3
St James's	11	Knightsbridge and Belgravia	2
Hyde Park	9	Churchill	2
Warwick	6	Westbourne	2
Bryanston and Dorset Square	5	Abbey Road	2
Church Street	4	Tachbrook	2
Regent's Park	4	Bayswater	1
Harrow Road	3	Vincent Square	1
Maida Vale	3	Queen's Park	1

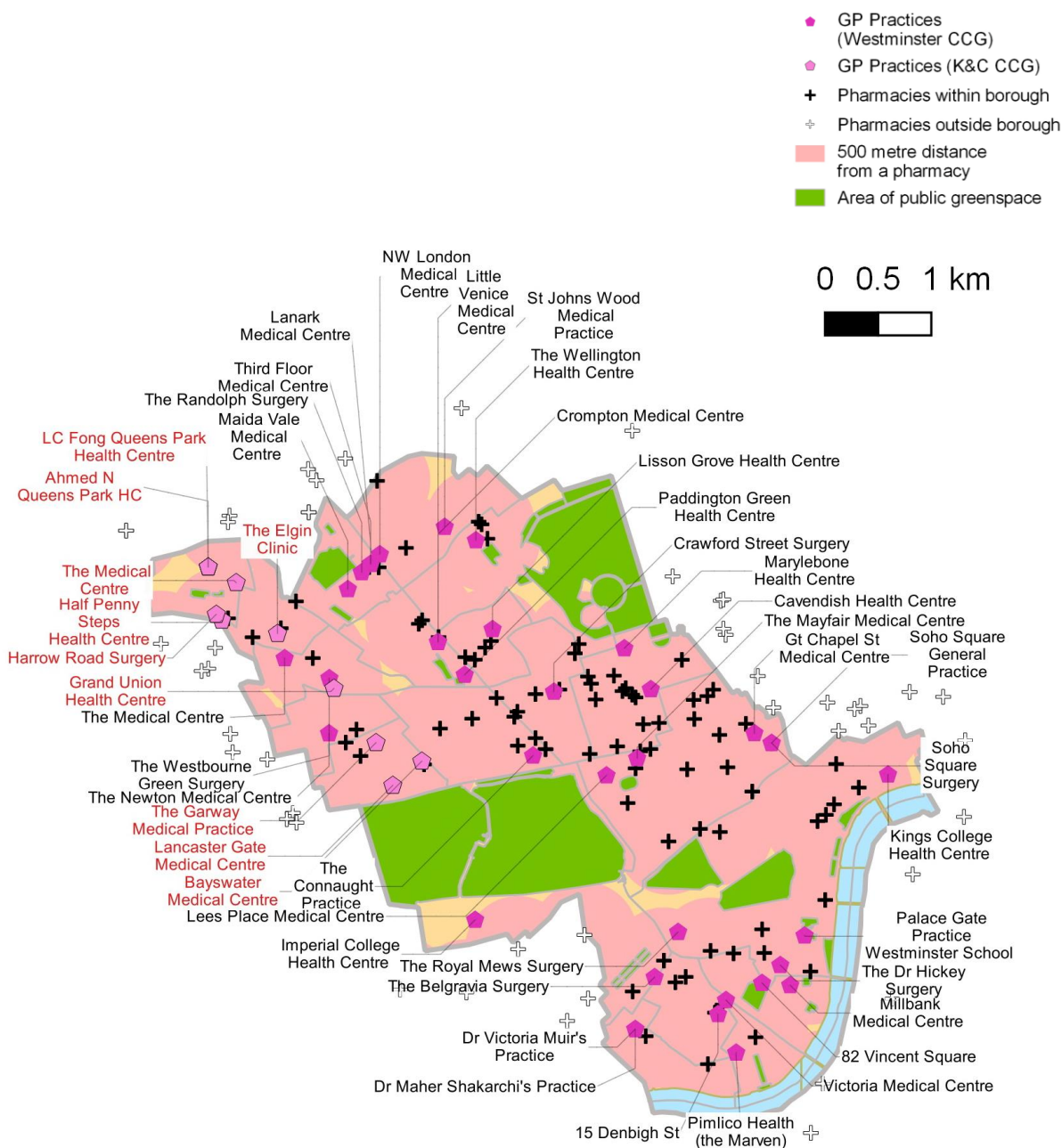
Source: Contractor Survey and NHS England, 2017

- 6.9** There is one distance selling pharmacy based within Westminster (Pharmacierge).
- 6.10** No pharmacies in Westminster have a Local Pharmaceutical Service (LPS) contract with NHS England as of October 2017. No pharmacies are eligible for Pharmacy Access Scheme payments.

Pharmacy Distribution in Relation to Primary Care

- 6.11** The NHS Central London Clinical Commissioning (CL CCG) Group was set up in 2013 following the Health and Social Care Act of 2012. CL CCG is responsible for the planning and commissioning of health services for people living in Westminster or registered with Westminster GP practices (apart from Queen's Park and Paddington, which is covered by West London CCG).
- 6.12** Its aim is to improve the care provided to patients, reduce health inequalities and raise the quality and standards of GP practices within its allocated budget.
- 6.13** Altogether there are 39 GP practices located within Westminster, 34 of which are members of the CL CCG these are displayed in Figure 6.2, which shows that there is a pharmacy within 500 metres of all GP practices in the borough.
- 6.14** There are no known plans for changes in GP practices, including moves or closures in this PNA period. There are also no known firm plans for changes in the number and sources of prescriptions, i.e. primary medical services or the appointment of additional providers of primary medical services in the area.

Figure 6.2. GP practices in Westminster and 500 metre pharmacy coverage, 2017

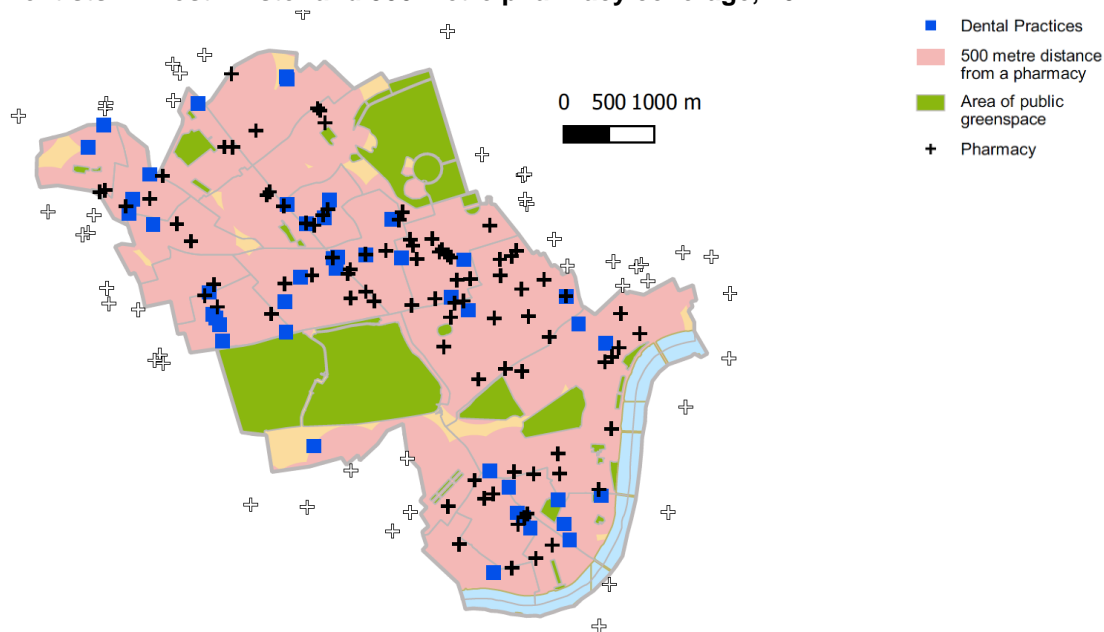


Source: Ordnance Survey, NHS England and Contractor Survey, 2017

Pharmacy Distribution in Relation to Dentists

6.15 There are 61 dental practices in City of Westminster area, this is a substantial increase since the previous PNA was published when there was 40 Dental Practices. Figure 6.3 shows that there is a pharmacy within 500 metres of all dentists in the borough.

Figure 6.3. Dentists in Westminster and 500 metre pharmacy coverage, 2017



Source: Ordnance Survey, NHS England and Contractor Survey, 2017

Acute Care, Mental Health Care and Community Health Services

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

6.17 Central London Community Healthcare (CLCH) is the NHS community healthcare provider for Westminster. It provides range of services including adult community nursing, children and family services, rehabilitation, End of Life care and long-term condition management. They provide a walk-in centre at the Soho Centre for Health and Care for treatments for a range of conditions including:

- minor ear, nose and throat problems
- sprains and strains
- wound infections
- minor burns and scalds
- minor head injuries
- skin conditions
- minor respiratory conditions such as cough
- mild abdominal pain or discomfort
- insect and animal bites and stings
- minor eye injuries
- minor injuries to the back, shoulder and chest

6.18 There is one known planned change to NHS services in the area of Westminster for the period of this PNA. The Prescribing Wisely proposal will reduce the number of prescriptions written by GPs for medicines that can be bought over the counter at pharmacies. It will also reduce automated repeat prescriptions by asking patients to order them when needed.

Dispensing

6.19 Westminster pharmacies dispense an average of 3,355 per month (based on NHS Business Services Authority, Jan-Apr 2017 data). This is similar to the London average of 5,295 per month and lower than England average at 6,675 per month. This suggests there is capacity amongst these pharmacies to fulfill any potential increased demand for pharmaceutical services.

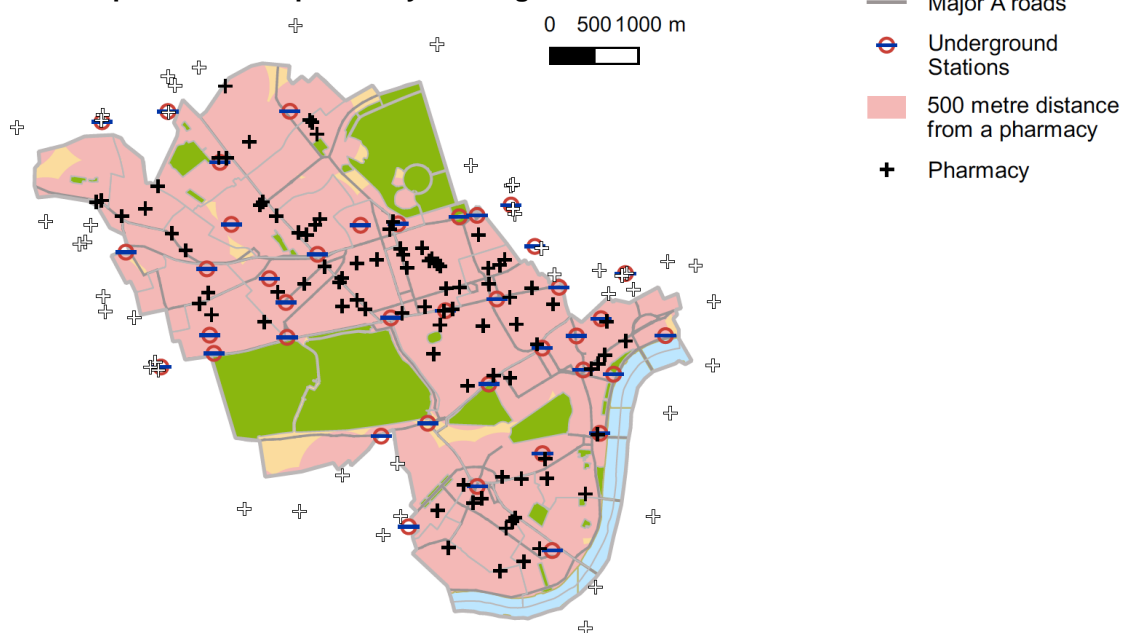
Transport Networks

6.20 The local population is 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.

6.21 According to the 2011 census, the main forms of transport that residents aged 16–74 used to travel to work were: underground, metro, light rail, tram (23.6%); driving a car or van (8.2%); on foot (8.2%); bus, minibus or coach (8.0%); work mainly at or from home (7.0%); bicycle (3.1%); train (2.1%).

6.22 Altogether there are 31 tube and rail stations in Westminster, all of which are within 500 metres of a pharmacy (see Figure 6.4).

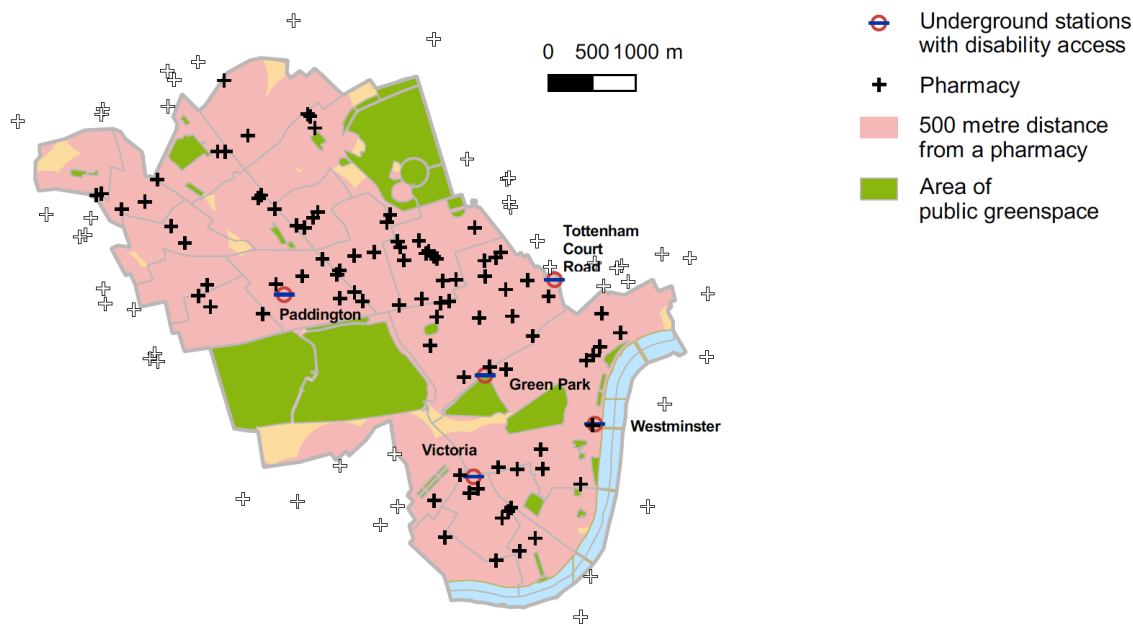
Figure 6.4 Transport links and pharmacy coverage



Source: Contractor Survey, Transport for London and NHS England, 2017

6.23 There are five Underground stations that are wheelchair accessible; these are Westminster, London Victoria, Green Park, Paddington and Tottenham Court Road, Earl's Court and Kensington (Olympia). Of these all are within 500 metres of a pharmacy. These are shown in Figure 6.5.

Figure 6.5 Tube stations that are wheelchair accessible and pharmacy coverage



Source: Contractor Survey, Transport for London and NHS England, 2017

Parking

6.24 Only five of the 80 pharmacies that responded have free car parking. Sixty-five have paid car parking nearby. Forty-three pharmacies have disabled parking close to the premises. All major A roads are within 500 metres of a pharmacy (see Figure 6.4).

Opening Times

6.25 Pharmacy contracts with NHS England stipulate the core hours during which each pharmacy must remain open. A pharmacy may stay open longer than the stipulated core opening hours, these are called supplementary hours.

6.26 Opening times were obtained from NHS England in August 2017. Additionally, market entry updates to the NHS England pharmaceutical list were reflected on the original list. Opening times were also collected as a part of the pharmacy contractor survey.

6.27 This PNA has used the core and 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 October 2017.

6.28 NHS England has seven 100-hour pharmacies (core) on their list for Westminster. They are listed in Table 6.2 below.

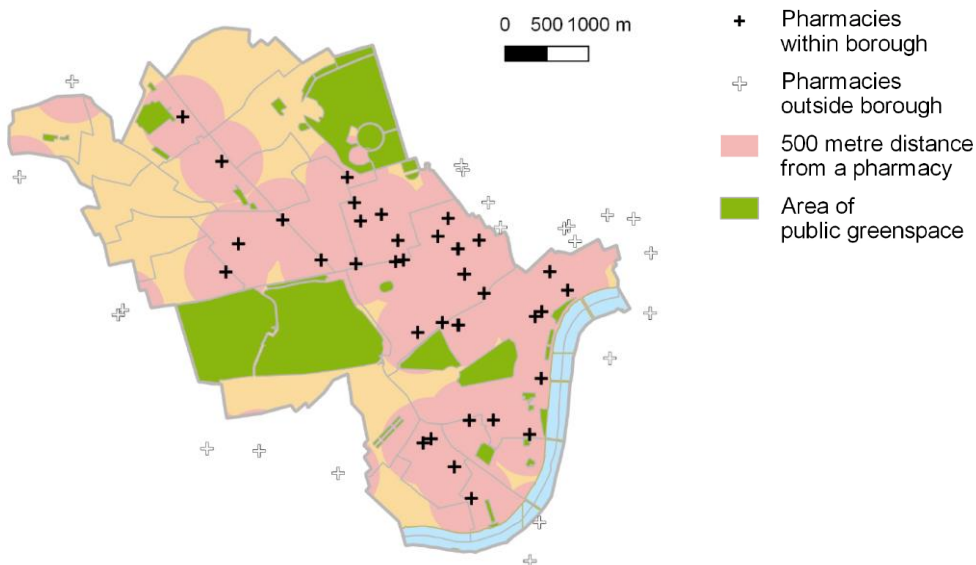
Table 6.2: 100 hour pharmacies

Pharmacy	Address	Ward
Devonshire Pharmacy	215 Edgware Road	Hyde Park
Nasslam Pharmacy	19 Edgware Road	Hyde Park
Central Pharmacy	427-429 Harrow Road	Harrow Road
Boots UK	100 Oxford Street	West End
Bin-Seena Pharmacy	73 Edgware Road	Hyde Park
Alrasheed Pharmacy	39 Edgware Road	Hyde Park
Safeer Pharmacy	194 Edgware Road	Bryanston and Dorset Square

Source: NHS England, 2017

6.29 Thirty-five pharmacies are open before 9am on weekdays within the borough with a further 18 open in boroughs around Westminster within 500m outside the border. These are presented in Figure 6.6 and Table 6.3.

Figure 6.6: Pharmacies that are open before 9am on a weekday



Source: NHS England, 2017

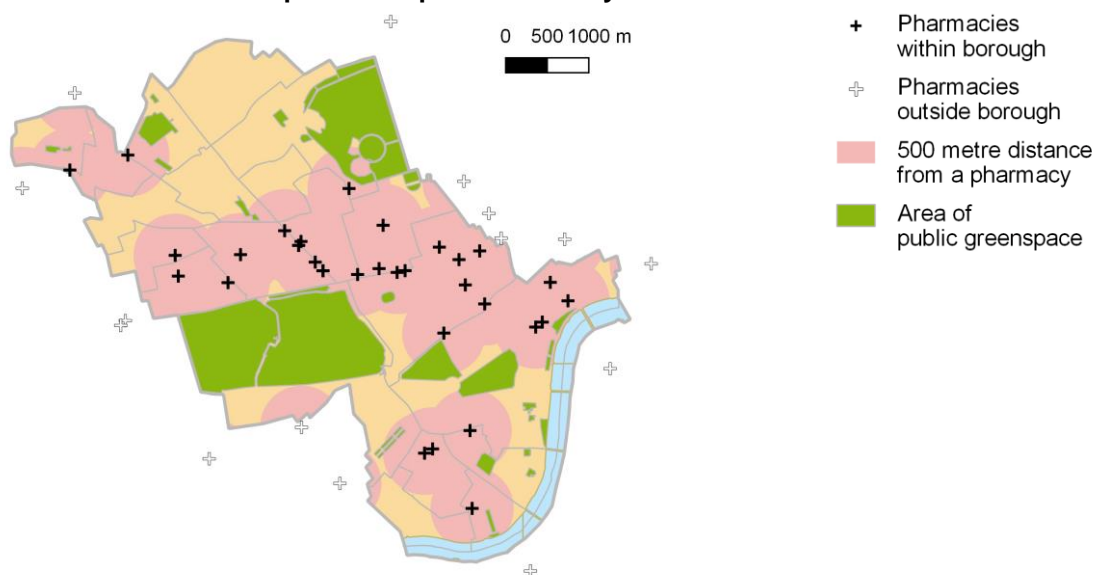
Table 6.3: Pharmacies open before 9am on weekdays by ward

Westminster Ward	Number of Pharmacies	Westminster Ward	Number of Pharmacies
West End	10	Maida Vale	1
St James's	8	Vincent Square	1
Marylebone High Street	4	Regent's Park	1
Warwick	3	Lancaster Gate	1
Hyde Park	3	Little Venice	1
Bryanston and Dorset Square	1	Tachbrook	1

Source: Contractor Survey and NHS England, 2017

6.30 There are 33 pharmacies still open after 7pm on weekdays with a further 16 in other boroughs within 500m of Westminster (see Figure 6.7 and Table 6.4).

Figure 6.7: Pharmacies that are open after 7pm on weekdays



Source: Contractor Survey and NHS England, 2017

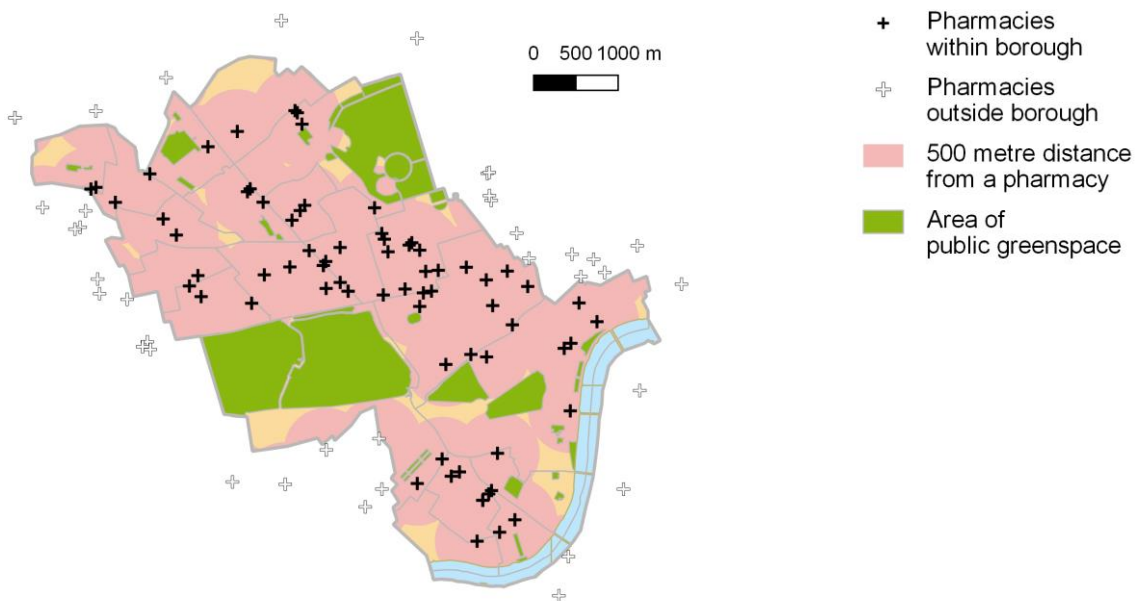
Table 6.4: Pharmacies closing after 7pm by ward

Westminster Ward	Number of Pharmacies	Westminster Ward	Number of Pharmacies
West End	7	Marylebone High Street	2
Hyde Park	7	Vincent Square	1
St James's	4	Bayswater	1
Warwick	2	Maida Vale	1
Bryanston and Dorset Square	2	Harrow Road	1
Lancaster Gate	2	Regent's Park	1
Tachbrook	1	Harrow Road	1

Source: Contractor Survey and NHS England, 2017

6.31 A vast majority of the pharmacies in Westminster are open on Saturday (74/92). A further 38 outside the borough but within 500m of Westminster are open on Saturday (Figure 6.8 and Table 6.5).

Figure 6.8 Pharmacies open on Saturday and 500-metre coverage



Source: Contractor Survey and NHS England, 2017

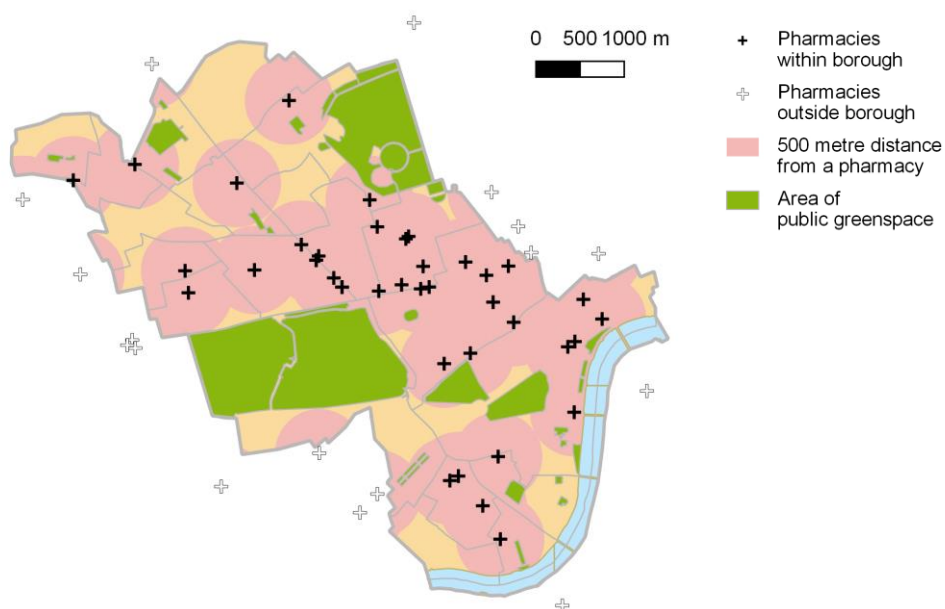
Table 6.5: Pharmacies open on Saturday by ward

Westminster Ward	Number of Pharmacies	Westminster Ward	Number of Pharmacies
West End	12	Tachbrook	2
Marylebone High Street	9	Maida Vale	2
Hyde Park	9	Westbourne	2
St James's	7	Harrow Road	2
Warwick	6	Knightsbridge and Belgravia	2
Regent's Park	4	Abbey Road	1
Bryanston and Dorset Square	3	Bayswater	1
Church Street	3	Queen's Park	1
Lancaster Gate	3	Vincent Square	1
Little Venice	3	Churchill	1

Source: Contractor Survey and NHS England, 2017

6.32 There are 41 pharmacies open on a Sunday within the borough with a further 16 open in boroughs around Westminster within 500m of the border (Figure 6.9, Table 6.6).

Figure 6.9: Pharmacies open on a Sunday and their 500 metre coverage



Source: Contractor Survey and NHS England, 2017

Table 6.6: Pharmacies open on Sunday by ward

Westminster Ward	Number of Pharmacies	Westminster Ward	Number of Pharmacies
West End	9	Tachbrook	1
Hyde Park	7	Lancaster Gate	1
St James's	6	Vincent Square	1
Marylebone High Street	5	Harrow Road	1
Warwick	3	Little Venice	1
Regent's Park	2	Bayswater	1
Bryanston and Dorset Square	2	Maida Vale	1

Source: Contractor Survey and NHS England, 2017

Appliance Contractors

6.33 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.

6.34 There are is one appliance-only contractors in Westminster: Bullen & Smears on Broadwick Street.

- 6.35 Forty-six of the pharmacies that responded to the survey supply stoma care aids with a further six intending to begin within the next 12 months.
- 6.36 Fifty-one of the pharmacies that responded to the survey supply incontinence aids with another four intending to begin within the next 12 months.
- 6.37 Sixty-six of the pharmacies that responded to the survey supply dressings with none intending to begin within the next 12 months.

Communication

- 6.38 Pharmacies hire staff from a variety of ethnic backgrounds and who speak a variety of languages. The most common **languages** spoken other than English in Westminster pharmacies are Gujarati, Hindi and Arabic.

Table 6.7: Top 10 languages spoken by a member of staff at the pharmacies in Westminster

Language	Number of Pharmacies
Gujarati	42
Hindi	37
Arabic	29
Urdu	17
Swahili	16
Spanish	16
Bengali	15
French	13
Italian	13
Polish	12

Source: Contractor Survey, 2017

- 6.39 The top three languages spoken by residents in the borough (other than English) are French, Arabic and Spanish. All of these are spoken by at least one member of staff from a range of pharmacies across the borough. Table 6.7 lists the most common languages spoken by a member of staff in the pharmacies that responded to the survey.

Consultation Rooms

- 6.40 Ideally, pharmacies should have consultation areas or rooms with wheelchair access in order to be able to offer a broad range of services.
- 6.41 Sixty-six of the community pharmacies that responded to the survey reported having a clearly signposted private consulting room. 4 pharmacies report having an offsite consulting room/area.
- 6.42 Sixty-four of the pharmacies report having consulting rooms that comply with MUR/NMS requirements with six more planning some for the future.

6.43 Sixty-five pharmacies report having **hand washing facilities** close to the consultation room. Patients have access to **toilet facilities** in 24 pharmacies.

Disability Access

6.44 Fifty-two of the pharmacies with a consultation room indicated that they were **accessible to wheelchair users** and another four are planning for such access.

6.45 Accessible information formats are alternatives to printed information, used by blind and partially sighted people, or others with a print impairment. More than half of the pharmacies that responded to the survey provide **printed information in large print format** (46/80) and 34 provide it in **Easy Read format**. Three pharmacies within the borough provides information in **Braille**.

Collection and Delivery of Medication

6.46 **Repeat dispensing** allows patients to collect their repeat prescriptions from a pharmacy without having to request a new prescription from their GP. The benefits of repeat dispensing include reduction of medicine waste, reduction in GP practice workload, improved predictability of pharmacy workload and greater convenience for patients. All pharmacies offer a repeat prescription service.

6.47 Pharmacies in Westminster further improve access by providing delivery services to the local population. Seventeen of the pharmacies surveyed reported that they **deliver dispensed medicines**, free of charge (see Table 6.8).

Table 6.8: Collection of prescriptions and delivery of medication

Type of collection or delivery service	Number of pharmacies
Collection of prescriptions from surgeries	57
Delivery of dispensed medicines - free of charge on request	43
Delivery of dispensed medicines - free of charge to selected patient groups only	42
Delivery of dispensed medicines - chargeable	19

Source: Contractor Survey, 2017

6.48 All pharmacies provide a **disposal service** of unwanted or unused medicines. No pharmacies are commissioned to provide a sharps disposal service.

Information Technology

6.49 IT can improve high quality care by enabling storage accessibility of patient records, electronic prescribing and improve medicines management. Twenty-seven of the pharmacies surveyed

reported to have access to an **IT system** within the consultation room and another six more are intending one within the next 12 months. Five of these pharmacies have access to patient records from this IT system.

- 6.50** Seventy of the surveyed pharmacies are currently **Release 2** enabled, with two others intending to be enabled in the next 12 months.
- 6.51** 45 pharmacies reported that they have access to **Microsoft Office applications** and all pharmacies have access to **NHS.net email**.

Summary of necessary services: current provision (Schedule 1, paragraph 1) Necessary services: gaps in provision (Schedule 1, paragraph 2)

Necessary services are fundamental for patients to obtain prescribed medicines in a safe and reliable manner. All pharmacies are required to deliver and comply with the specifications for all essential services.

Dispensing NHS prescriptions, access (both location and hours of opening) and facilities (including provision of suitable consultation areas and disability access) were considered in the evaluation of essential services for this PNA.

The Westminster Health and Wellbeing Board believes that the range of opening hours, options for delivery of medications and the close proximity of pharmacies to local residents and transport facilities is **sufficient for supplying a necessary pharmaceutical service with no gaps in the borough**.

Chapter 7- Advanced, Locally Enhanced and Locally Commissioned Services Provided by Pharmacies

Categorisation of Pharmaceutical Services

- 7.1 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.
- 7.2 The categorisation of these services into those stipulated by the PNA regulations (defined in Chapter 1) for Westminster are summarised in Table 7.1.
- 7.3 This chapter outlines the Other Relevant Services, Other Services and Improvements and better access of pharmacy services in Westminster.

Table 7.1: Summary of categorisation of services into those stipulated by PNA regulations

Necessary services: current provision (Schedule 1, paragraph 1)	Necessary services: gaps in provision (Schedule 1, paragraph 2)
Essential Services (see Chapter 6)	No gaps in provision of necessary services (see Chapter 6)
Other relevant services: current provision (Schedule 1, paragraph 3)	
<ul style="list-style-type: none"> • Medicine Use Review service • New Medicine Service • Appliance Use Reviews • Stoma Appliance Customisation Service • NHS Urgent Medicine Supply Advanced Service • National NHS England Flu Service (Advanced Service) 	
Other services (Schedule 1, paragraph 5)	
Commissioned Services:	<ul style="list-style-type: none"> • Minor Ailments Scheme • NHS Health Checks • Supervised Administration • Needle Exchange Services • Stop Smoking Services
Privately Delivered Services	<ul style="list-style-type: none"> • Alcohol Misuse Services • Weight Management Services • Emergency Hormonal Contraception • Sexual Health Screening and Treatment Services • Care Home Advice Service • Out of Hours Palliative Care Service
Improvements and better access: gaps in provision (Schedule 1, paragraph 4)	
<ul style="list-style-type: none"> • HIV Screening service • Child and Family Weight Management Services 	

Other Relevant Services: Current Provision (Schedule 1, paragraph 3).

There are four services within the NHS community pharmacy contractual framework considered relevant. 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)

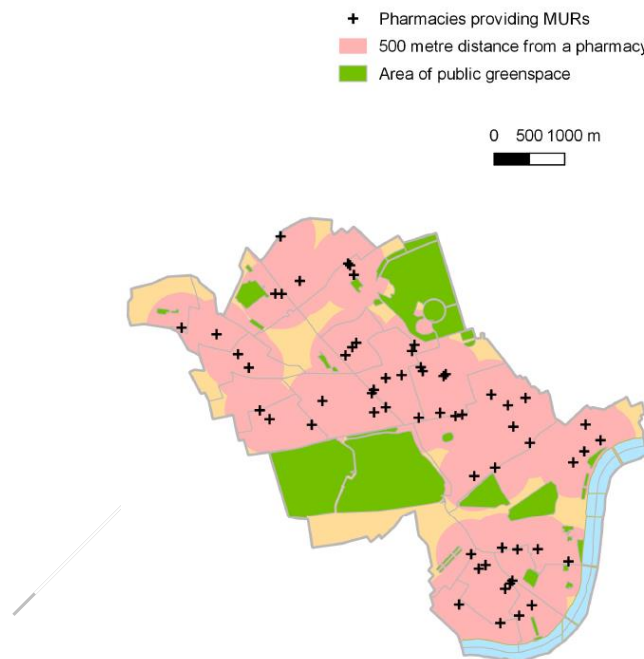
- 7.4 The Medicines Use Review and Prescription Intervention Service (MUR) as part of the community pharmacy contractual framework was the first advanced service to be introduced. The purpose of the MUR service is, with the patient's agreement, to improve their knowledge and use of medicines, through 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

7.5 MURs improve adherence with the prescribed regimen, help to manage risks related to poor medicines management and therefore improve patient outcomes and reduce hospital admissions.

7.6 At present, NHS England reports that 61 pharmacies (that are currently still operating) provided MURs during 2016/17. These pharmacies and their reach are displayed in Figure 7.1 and listed in Appendix D).

Figure 7.1: Pharmacies that provides in the Westminster and their 500 metre coverage, October 2017



Source: NHS England, 2017

7.7 Eligible pharmacies can deliver up to 400 MURs each year. NHS England recorded activity the average number of MURs delivered per pharmacy between April 2016 and April 2017 was 217 (although some of these pharmacies have ceased operating). Table 7.2 presents this MUR activity by ward. There is therefore capacity within existing pharmacies to provide for any increasing future need.

Table 7.2: Number of MURs provided, Westminster pharmacies, 2016/17

Ward	Number of Pharmacies	Total Number of MURs provided	Average Number per Pharmacy
Abbey Road	2	579	289.5
Bayswater	1	34	34.0
Brompton & Hans Town	1	178	178.0
Bryanston and Dorset Square	5	669	133.8
Church Street	4	714	178.5
Churchill	2	468	234.0
Harrow Road	1	217	217.0
Hyde Park	5	589	117.8
Knightsbridge and Belgravia	1	3	3.0
Lancaster Gate	3	791	263.7
Little Venice	1	338	338.0
Maida Vale	2	564	282.0
Marylebone High Street	6	654	109.0
Queen's Park	1	137	137.0
Regent's Park	4	883	220.8
St James's	7	1939	277.0
Tachbrook	2	320	160.0
Vincent Square	1	176	176.0
Warwick	6	1784	297.3
West End	9	2740	304.4
Westbourne	2	562	281.0
Total	66	14339	217.3

Source: NHS England, 2017

- 7.8** Given the wide distribution of MUR services across the borough the Health and Wellbeing Board are satisfied that there is sufficient provision for supplying a relevant service with no gaps.

New Medicines Services (NMS)

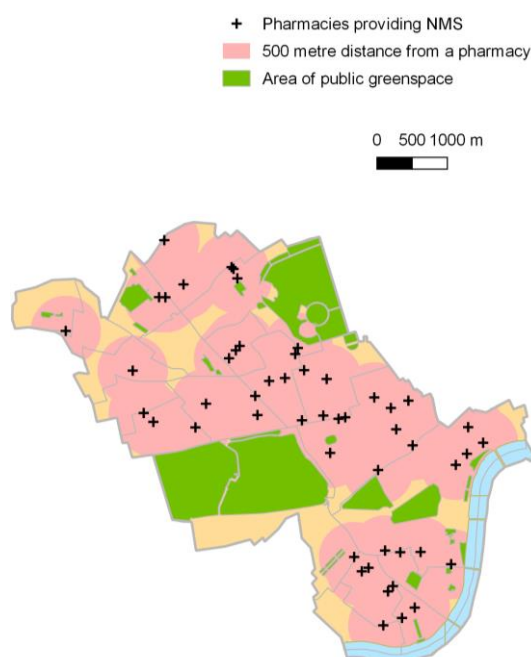
- 7.9** The New Medicine Service (NMS) supports patients with long-term conditions, who are taking a newly prescribed medicine, to help improve medicines adherence. The service is focused on the following patient groups and conditions:

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

- 7.10** This service is designed to improve patients' understanding of a newly prescribed medicine for their long-term condition, and help them get the most from the medicine.

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

Figure 7.2: Pharmacies that provide NMS in Westminster and their 500 metre coverage, October 2017



Source: NHS England, 2017

7.12 Fifty-two pharmacies (that are currently still operating) provided NMSs in 2016/17. These are presented in Figure 7.3 and listed in Appendix D. They delivered an average of 32 NMSs per pharmacy (Table 7.3).

Table 7.3: Number of NMS provided, Westminster pharmacies, 2016/17

Ward	Number of Pharmacies	Total Number of NMSs provided	Average Number per Pharmacy
Abbey Road	2	14	7.0
Brompton & Hans Town	1	28	28.0
Bryanston and Dorset Square	4	100	25.0
Church Street	3	13	4.3
Churchill	1	202	202.0
Hyde Park	3	129	43.0
Knightsbridge and Belgravia	1	1	1.0
Lancaster Gate	3	171	57.0
Little Venice	1	1	1.0
Maida Vale	2	196	98.0
Marylebone High Street	3	55	18.3
Queen's Park	1	124	124.0
Regent's Park	4	87	21.8
St James's	7	214	30.6
Tachbrook	2	10	5.0
Vincent Square	1	16	16.0
Warwick	5	151	30.2
West End	9	225	25.0
Westbourne	1	3	3.0
Total	54	1740	32.2

Source: NHS England, 2017

- 7.13** The highest numbers of NMS were delivered in Churchill and Queen's Park where deprivation is high.
- 7.14** There is scope for pharmacies in other high-deprivation wards such as Church Street and Westbourne to provide more NMS.
- 7.15** NMS are supplied widely across the borough, therefore the Health and Wellbeing Board are satisfied that this is sufficient for supplying a relevant service with no gaps.

Appliance Use Reviews (AURs)

- 7.16** Appliance Use Review (AUR) is another advanced service that community pharmacy and appliance contractors can choose to provide so long as they fulfil certain criteria.
- 7.17** AURs can be carried out by, a pharmacist or a specialist nurse either at the contractor's premises or at the patient's home. AURs help patient's to better understand and use their prescribed appliances by:
- Establishing the way the patient uses the appliance and the patient's experience of such use
 - Identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient
 - Advising the patient on the safe and appropriate storage of the appliance
 - Advising the patient on the safe and proper disposal of the appliances that are used or unwanted
- 7.18** Only one pharmacy, Lloyds Pharmacy, 50-54 Wigmore Street has been commissioned to deliver SACs in Westminster.
- 7.19** Given the flexibility of how this service can be delivered, and the low volume of use, the Health and Wellbeing board are satisfied that the AUR service is sufficient for supplying a relevant service with no gaps.

Stoma Appliance Customisation Service (SAC)

- 7.20** The SAC service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.
- 7.21** Only one pharmacy, Lloyds Pharmacy, 50-54 Wigmore Street has been commissioned to deliver SACs in Westminster.
- 7.22** Residents can access the SAC service either from non-pharmacy providers within the Borough (e.g. community health services) or from dispensing appliance contractors

outside of the Borough. Therefore current provision is sufficient to meet the current and future needs of this borough.

NHS Urgent Medicines Supply Advanced Service (NUMSAS)

7.23 The NUMSAS is a pilot service that was set up to relieve the pressure on urgent and emergency care services by shifting the demand from GP out-of-hours providers to community pharmacy. It enables appropriate urgent access to medicines or appliances through community pharmacies. Patients who contact NHS 111 can access this service.

7.24 NHS England lists 15 pharmacies that provide NUMSAS in the borough (Table 7.4), these are widely placed across the borough.

Table 7.4: Locations of pharmacies that provide NUMSAS in Westminster by ward, October 2017

Westminster Ward	Number of Pharmacies	Westminster Ward	Number of Pharmacies
Marylebone High Street	3	Tachbrook	1
Maida Vale	2	Churchill	1
Westbourne	1	West End	1
Warwick	1	Hyde Park	1
Bryanston and Dorset Square	1	Bayswater	1
Church Street	1	Knightsbridge and Belgravia	1

NHS England, 2017

7.25 The Health and Wellbeing Board considers that the existing NUMSAS is sufficient for supplying a relevant service.

National NHS England Flu Service

7.26 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
- adults with an underlying health condition (particularly long-term heart or respiratory disease)
- adults with weakened immune systems

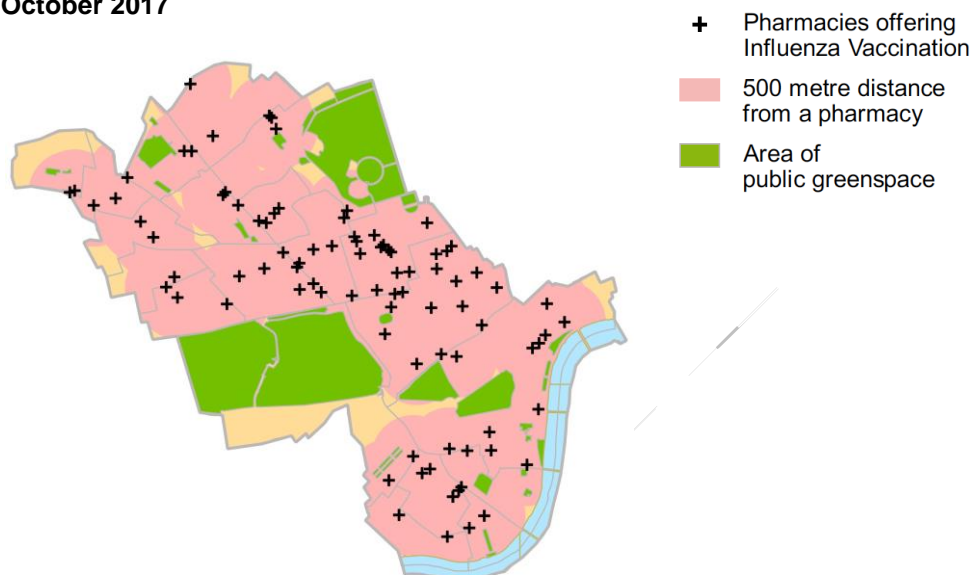
7.27 GPs currently provide the majority of flu vaccinations and pharmacies can help improve access to this service given their convenient locations, extended opening hours and walk-in service. The National Advanced Flu Service is an advanced service commissioned by NHS England to maximise the uptake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

7.28 In addition to the Advanced Flu Service the NHS England London Region commissions the London Pharmacy Vaccination Service (2017/18). It covers other vaccines in

addition to flu and can be provided by any pharmacy in London. It provides a vaccination service where there may otherwise be gaps and is offered to a wider patient group.

7.29 There is strong coverage of Flu Vaccination across the borough. NHS England commissions 53 pharmacies to provide a flu vaccine (Figure 7.3 and Table 7.5).

Figure 7.3: Pharmacies that provide Flu Vaccinations in Westminster and their 500 metre coverage, October 2017



Source: NHS England, 2017

Figure 7.5: Pharmacies that provide Flu Vaccinations in Westminster by ward, October 2017

Westminster Ward	Number of Pharmacies	Westminster Ward	Number of Pharmacies
West End	10	Westbourne	2
Marylebone High Street	7	Abbey Road	2
St James's	6	Little Venice	2
Hyde Park	5	Bayswater	1
Regent's Park	4	Churchill	1
Warwick	4	Knightsbridge and Belgravia	1
Maida Vale	3	Tachbrook	1
Bryanston and Dorset Square	3	Harrow Road	1
Church Street	3	Vincent Square	1
Lancaster Gate	3		

Source: NHS England, 2017

7.30 As shown in Figure 7.3 and Table 7.4 the pharmacy provision of flu vaccination is easily accessible throughout the borough. The Health and Wellbeing Board believes that the current provision of flu vaccinations is sufficient for supplying a relevant service with no gaps.

Summary of Other Relevant Services: Current Provision (schedule 1, paragraph 3).

Community pharmacies can choose to provide any or all of the four Other Relevant Services within the NHS community pharmacy contractual framework, as long as they meet the requirements set out in the Secretary of State Directions. The advanced services are:

- Medicine Use Review service
- New Medicine Service
- Appliance Use Reviews
- Stoma Appliance Customisation Service
- NHS Urgent Medicine Supply Advanced Service
- National NHS England Flu Service

The number and proximity of pharmacies locally means the vast majority of residents in the borough live close to a pharmacy that provides Medicine Use Review services, New Medicine Services, NHS Urgent Medicine Supply Advanced Service and a Flu Vaccination service. The Health and Wellbeing Board believes that the current provision of these services **is sufficient for supplying a relevant service with no gaps.**

Both the Stoma Customisation Service and Appliance Use Reviews are supplied by one pharmacy within the borough and can be provided by community health services and specialist nurses. In considering the low volume of use of this service the Health and Wellbeing Board are satisfied that the **Stoma Customisation Service and Appliance Use Review service is sufficient for supplying a relevant service with no gaps.**

Other Services: Current Provision (schedule 1, paragraph 5).

- 7.31** Certain enhanced services are commissioned by NHS England 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.
- 7.32** The following section outlines the enhanced services currently commissioned by NHS England and Public Health and explores their relevance to the local population and their current and future commissioning. Other services provided privately by pharmacies are also explored.

NHS England Commissioned Services

Minor Ailment Scheme

- 7.33** The Minor Ailment Scheme offers free advice and treatment for minor, self-limiting conditions such as mild skin conditions, coughs and colds and aches and pains. This service helps to relieve pressure from GPs and Secondary Care.
- 7.34** The NHS England commissioned Minor Ailments Scheme only covers the northern part of the Central London CCG area through four pharmacies (see Table 7.6).

Table 7.6: Locations of Minor Ailment provision in Westminster, October 2017

Pharmacy	Address	Ward
Medicare (London) Ltd Pharmacy	570 Harrow Road	Queen's Park
Bayswater Pharmacy	39-41 Porchester Road	Bayswater
K.S.C1T Ltd	27-29 Church Street	Church Street
Market Chemist	91-93 Church Street	Church Street

Source: NHS England, 2017

- 7.35** The North West London Collaboration of CCGs Prescribing Wisely initiative encourages the public to use community pharmacies for advice and help with common self-limiting ailments and to purchase any over the counter medicines they need. In considering these factors, the Health and Wellbeing Board are satisfied that there is no need for provision of the Minor Ailment Scheme.

Public Health Commissioned Services

NHS Health Checks

- 7.36** Screening services within pharmacies can bring a range of benefits including identifying patients at risk of developing a specific disease or condition and providing advice, screening and signposting or referrals.
- 7.37** NHS Health Checks is a screening programme set up to identify the risk of vascular disease in the population early and then to help people reduce or avoid it. Generally NHS Health Checks take place as part of general practice services, yet pharmacies are also well placed to play a key role.
- 7.38** Altogether eight pharmacies in Westminster indicated in the survey that they provide NHS Health Checks across the borough. Three of these pharmacies are commissioned by Westminster City Council to do deliver NHS Health Checks (see Table 7.7).

Table 7.7: Locations of NHS Health Checks provision in Westminster, October 2017

Pharmacy	Address	Ward
Portmans Pharmacy	93-95 Tachbrook Street	Tachbrook
Simmonds Pharmacy	105 Lupus Street	Churchill
Bayswater Pharmacy	39-41 Porchester Road	Bayswater

Source: WCC commissioning data, 2017

7.39 Most GPs in Westminster are commissioned to provide NHS Health Checks and currently pharmacies perform a very small number of health checks. The Health and Wellbeing Board identifies the level of this service to be sufficient, with no gaps.

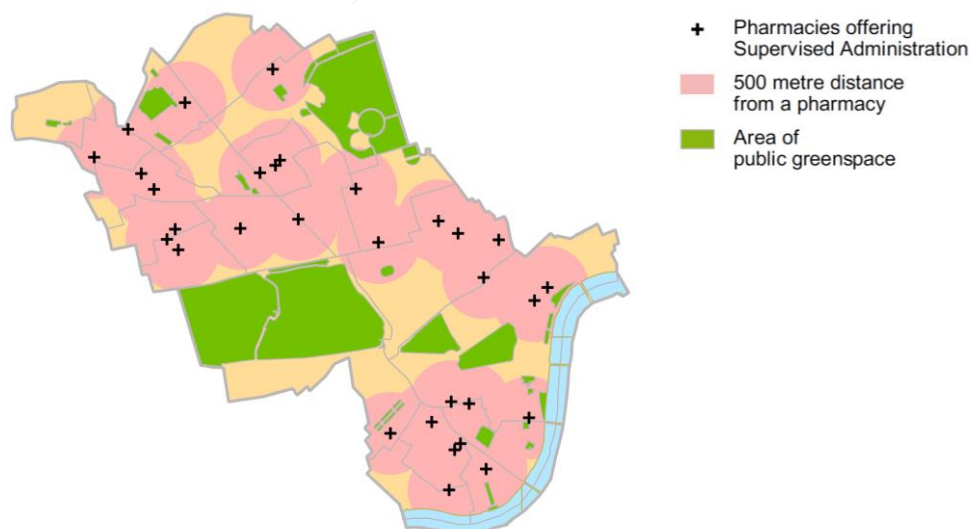
Supervised Administration Service

7.40 Pharmacists providing a Supervised Administration Service supervise the consumption of medicines at the point of dispensing in a pharmacy. It ensures that the correct dosage has been administered properly and provides a confidential, non-judgmental approach for patients who need support to manage their medicines.

7.41 Westminster has commissioned 31 pharmacies to provide a Supervised Administration Service. These are shown in Figure 7.4 and Table 7.8.

7.42 In considering the wide reach of this service within areas of high deprivation across the borough the Health and Wellbeing Board identifies the level of this service to be sufficient, with no gaps.

Figure 7.4: Pharmacies that provide Supervised Administration in Westminster and their 500 metre coverage, October 2017



Source: WCC Commissioning data, 2017

Table 7.8: Locations of Pharmacies that provide Supervised Administration in Westminster, October 2017

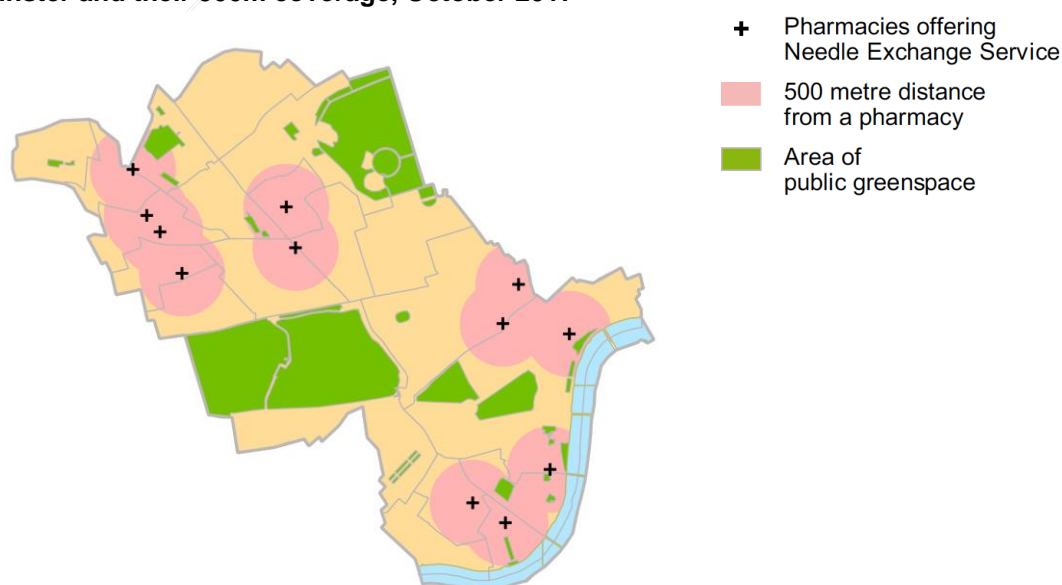
Westminster Ward	Number of Pharmacies	Westminster Ward	Number of Pharmacies
West End	4	Maida Vale	2
St James's	4	Regent's Park	1
Church Street	3	Bayswater	1
Warwick	3	Harrow Road	1
Marylebone High Street	2	Knightsbridge and Belgravia	1
Hyde Park	2	Churchill	1
Westbourne	2	Tachbrook	1
Lancaster Gate	2	Vincent Square	1

Source: WCC Commissioning data, 2017

Needle and Syringe Exchange

- 7.43** Good access to Needle and Syringe Exchange supports safer use of drugs by injecting drug users by reducing the transmission of viruses and other infections caused by needles and syringes, such as HIV and Hepatitis B and C.
- 7.44** A Needle and Syringe Exchange Service provides sterile needles, syringes and associated materials to drug misusers and disposes of used needles, syringes and associated materials. Additionally the service offers advice to drug misusers and where appropriate makes referrals to other health care professionals or a specialist drug treatment centre.
- 7.45** Twelve pharmacies are commissioned by Westminster Public Health to provide a Needle and Syringe Exchange Service (Figure 7.5 and Table 7.9).

Figure 7.5: Pharmacies that provide a Needle and Syringe Exchange service in Westminster and their 500m coverage, October 2017



Source: WCC Commissioning data, 2017

Table 7.9: Pharmacies that provide a Needle and Syringe Exchange service in Westminster, October 2017

Pharmacy	Address	Ward
Bayswater Pharmacy	39-41 Porchester Road	Bayswater
Boots The Chemist	44-46 Regent Street	West End
Browns Chemist	195 Shirland Road	Maida Vale
Devonshire	215 Edgware Road	Hyde Park
Portmans Pharmacy	93-95 Tachbrook Street	Tachbrook
Benson Pharmacy	276 Harrow Road	Westbourne
Market Chemist	91-93 Church Street	Church Street
Sumer Health Ltd	340 Harrow Road	Westbourne
Superdrug Pharmacy	50 Strand	St James's
Victoria Pharmacy	58 Horsferry Road	St James's
Warwick Pharmacy	34-36 Warwick Way	Warwick
Watsons Pharmacy	1 Frith Street	West End

Source: WCC Commissioning data, 2017

7.46 The Needle Exchange service is spread across the borough and mapped well to areas of greatest need. Given the specialist nature and low volumes of service use compared to normal dispensing, the Health and Wellbeing Board identifies the level of these services to be sufficient, with no gaps.

Stop Smoking Service

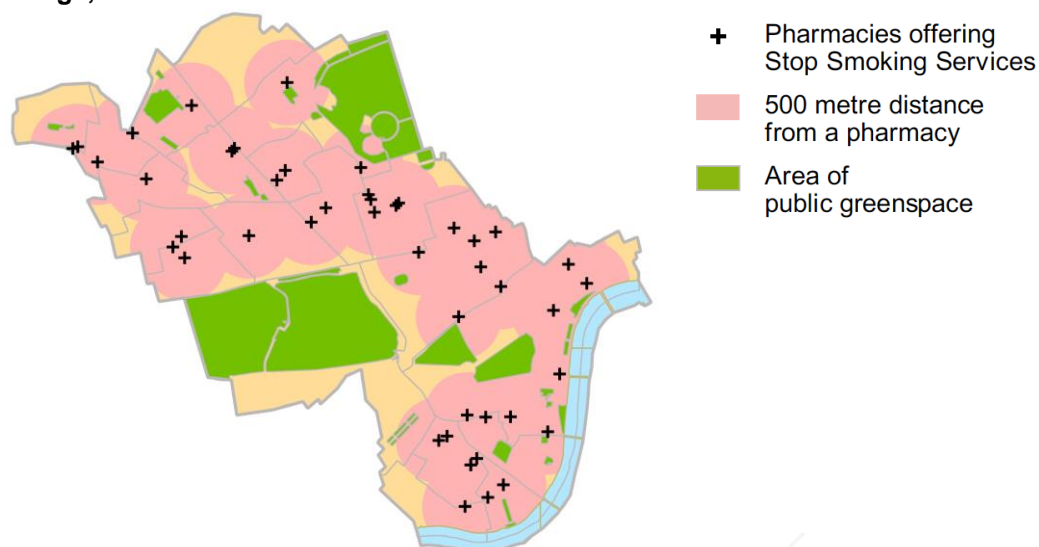
7.47 Smoking is the single biggest preventable cause of death and inequalities and levels of smoking are high in Westminster. Securing good access to stop smoking services increases the opportunity for the population to benefit from improvements in health including reduced risk of cancers, circulatory diseases and respiratory diseases.

7.48 A stop smoking service within a pharmacy can provide advice and support to patients wishing to give up smoking and where appropriate supply nicotine replacement therapies.

7.49 Figure 7.6 presents the reach of the Stop Smoking Service by pharmacies in Westminster. Forty-six pharmacies are currently commissioned to offer this service.

7.50 Table 7.10 outlines the number of pharmacies that are commissioned by Westminster City Council Public Health to deliver stop smoking services.

Figure 7.6: Pharmacies that provide Stop Smoking services in Westminster and their 500m coverage, October 2017



Source: WCC Commissioning data, 2017

Table 7.10: Locations of Pharmacy providing Stop Smoking services in Westminster by ward, October 2017

Westminster Ward	Number of Pharmacies	Westminster Ward	Number of Pharmacies
St James's	7	Church Street	2
West End	7	Lancaster Gate	2
Marylebone High Street	5	Little Venice	2
Warwick	5	Maida Vale	2
Regent's Park	2	Bayswater	1
Tachbrook	2	Queen's Park	1
Harrow Road	2	Westbourne	1
Bryanston and Dorset Square	2	Vincent Square	1
Church Street	2		

Source: WCC Commissioning data, 2017

7.51 In considering the reducing number of smokers in Westminster and the wide reach of Stop Smoking Services on offer, the Health and Wellbeing Board identifies the Service provided in local pharmacies as sufficient for supplying a service with no gaps.

Services Provided Privately by Pharmacies

Alcohol Misuse Service

7.52 The Alcohol Misuse Service can provide brief interventions to identify and higher risk and increasing risk drinkers and provide support to motivate individuals to modify their drinking patterns.

7.53 Although alcohol-related hospital admissions and binge drinking rates are lower in Westminster than nationally, binge drinking widespread across the borough.

7.54 Currently six pharmacies identified themselves as providing an alcohol misuse and screening service privately (shown in Table 7.11) and 51 others would be willing to provide this service if commissioned.

Table 7.11: Pharmacies that provide Alcohol Misuse and Screening services in Westminster, October 2017

Trading Name	Address	Ward
Dolphins Pharmacy	9-11 The Broadway	St James's
Victoria Pharmacy	58 Horsferry Road	St James's
Star Pharmacy	33 Strutton Ground	St James's
Sherlock Holmes Pharmacy	82a Baker St	Marylebone High Street
Nashi Pharmacy	55 Westbourne Grove	Lancaster Gate
Benson Pharmacy	276 Harrow Road	Westbourne

Source: Contractor Survey, 2017

7.55 The Health and Wellbeing Board is satisfied that the Alcohol Misuse Service provided in local pharmacies is sufficient for supplying a service with no gaps.

Weight Management Services

7.56 Obesity in the borough is low in comparison to national figures, however rates are increasing and childhood obesity is high. This likely to have significant impact on healthy-life expectancies and future health costs. Weight management services, particularly for children would expand the health promotion role of pharmacies.

7.57 The contractor survey identified 20 pharmacies that provide weight management services (see Table 7.12) and 41 more willing to provide this service if commissioned. These are strategically placed in areas where childhood obesity is high the borough.

Table 7.12 Location of pharmacies that provide Weight Management by ward in Westminster, 2017

Westminster Ward	Number of Pharmacies	Westminster Ward	Number of Pharmacies
St James's	3	Tachbrook	1
Hyde Park	3	Bayswater	1
Church Street	2	Maida Vale	1
Bryanston and Dorset Square	2	Westbourne	1
West End	2	Lancaster Gate	1
Marylebone High Street	1	Little Venice	1
Churchill	1		

Source: Contractor Survey, 2017

7.58 Health and Wellbeing Board is satisfied that the current Weight Management Service provided in local pharmacies is not sufficient for supplying a service for children and families.

Sexual Health Screening and Treatment

- 7.59** Pharmacies can be commissioned to provide 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.
- 7.60** Six pharmacies in the borough offer chlamydia screening (see Table 7.13 below). Five of those also offer chlamydia treatment (see Table 7.14).

Table 7.13 Location of pharmacies that provide Chlamydia Screening in Westminster, October 2017

Trading Name	Address	Ward
Dolphins Pharmacy	9-11 The Broadway	St James's
Victoria Pharmacy	58 Horsferry Road	St James's
Star Pharmacy	33 Strutton Ground	St James's
Sedley Place	361 Oxford Street	West End
Sherlock Holmes Pharmacy	82a Baker St	Marylebone High Street
Nashi Pharmacy	55 Westbourne Grove	Lancaster Gate

Source: Contractor Survey, 2017

Table 7.14 Location of pharmacies that provide Chlamydia Treatment in Westminster, October 2017

Trading Name	Address	Ward
Victoria Pharmacy	58 Horsferry Road	St James's
Portmans Pharmacy	93-95 Tachbrook Street	Tachbrook
Sedley Place	361 Oxford Street	West End
Sherlock Holmes Pharmacy	82a Baker St	Marylebone High Street
Nashi Pharmacy	55 Westbourne Grove	Lancaster Gate

Source: Contractor Survey, 2017

- 7.61** Three pharmacies in the borough offer gonorrhoea screening and they are outlined in Table 7.15 below. Fifty-four pharmacies stated that they would be willing to be commissioned to offer the service.

Table 7.15 Location of pharmacies that provide Gonorrhoea Screening in Westminster, October 2017

Trading Name	Address	Ward
Dolphins Pharmacy	9-11 The Broadway	St James's
Sedley Place	361 Oxford Street	West End
Sherlock Holmes Pharmacy	82a Baker St	Marylebone High Street

Source: Contractor Survey, 2017

- 7.62** Within Westminster there is extensive provision to provide Sexually Transmitted Infections screening and treatment within Local Authority commissioned services currently outside of pharmacies. Additionally Westminster City Council is

commissioning e-services that will provide remote chlamydia treatment within pharmacies from April 2018. Therefore the Health and Wellbeing board are satisfied that Sexual Health Screening and Treatment services is sufficient with no gaps.

Emergency Hormonal Contraception

7.63 The Emergency Hormonal Contraception (EHC) service aims to reduce unintended pregnancies. Pharmacies that provide EHC can provide signposting to mainstream contraception services and provide information in risks associated with sexually transmitted infections.

7.64 Fifty-eight of the surveyed pharmacies provide Emergency Hormonal Contraception within a 72-hour period, these are located throughout the borough (see Table 7.16). All of these pharmacies, 56, offer the service privately. Fifty-five pharmacies offer the service within a 120 hour period and again majority of these are offer this as a private service (53/55). These are widely spread across Westminster, including one in Knightsbridge and Belgravia where the population of young people is highest.

Table 7.16 Ward locations of pharmacies that provide EHC in 72 hour period, October 2017

Westminster Ward	Number of Pharmacies	Westminster Ward	Number of Pharmacies
West End	10	Lancaster Gate	2
St James's	8	Westbourne	2
Marylebone High Street	7	Abbey Road	2
Hyde Park	5	Little Venice	2
Regent's Park	4	Church Street	1
Bryanston and Dorset Square	3	Bayswater	1
Warwick	3	Knightsbridge and Belgravia	1
Maida Vale	2	Tachbrook	1
Churchill	2	Harrow Road	1
Vincent Square	1		

Source: Contractor Survey, 2017

7.65 The prevalence of under 18 conceptions is low in the borough, therefore Health and Wellbeing Board is satisfied that the EHC provided in local pharmacies is sufficient.

The Care Home Advice Service

7.66 The Care Home Advice Service involves providing advice and support to the staff and management within the care home on medicines management, to ensure the proper and effective ordering, storage and administration of drugs and appliances and proper record keeping. This is essential as residents in care homes are often on a large number of medicines that often require additional support with compliance.

7.67 The Care Home Advice Service includes advice on medicines management, best practice guidelines and staff training and signposting.

7.68 Twelve pharmacies responded indicated that they provide Care Home Advice services (outlined in Table 7.17) and another 43 would be willing to provide advice to care homes if commissioned to do so. No pharmacies were commissioned to deliver this service in the borough.

Table 7.17: Locations of Care Home Advice Service provision by ward in Westminster, October 2017

Westminster Ward	Number of Pharmacies	Westminster Ward	Number of Pharmacies
St James's	2	Maida Vale	1
Marylebone High Street	2	West End	1
Westbourne	1	Bryanston and Dorset Square	1
Tachbrook	1	Little Venice	1
Lancaster Gate	1	Regent's Park	1

Source: Contractor Survey, 2017

7.69 The PNA did not identify any needs for the provision of commissioned Care Home Advice Service in the borough. Therefore Health and Wellbeing Board therefore identifies the current private provision of the Care Home Advice Service to be sufficient.

Out of Hours Palliative Care Service

7.70 In line with providing care closer to home, it is essential that there is good access to drugs used in the palliative environment for those patients choosing to die at home. Pharmacology management and support can support improvements to patients' quality of life while reducing costs and use of unnecessary medications.

7.71 Out of hours palliative care drugs is a locally enhanced service that supports this. Three pharmacies in the borough, Benson Pharmacy in Westbourne, Star Pharmacy in St. James' and Pharmacierge in West End provide this service privately. No pharmacies have been commissioned to deliver this service in the borough.

7.72 The nearest two pharmacies that that deliver commissioned Out of Hours Palliative Care Drugs are in Kensington and Chelsea. These are 24/7 Zafash Pharmacy and Lloyds Pharmacy on Canal Way.

7.73 The Health and Wellbeing Board identifies the provision of the Out of Hours Palliative Care Service to be sufficient for supplying a necessary service. However further exploration of end of life care by relevant stakeholders is required to identify if there is a need for this service.

Improvements and Better Access: Gaps in Provision (Schedule 1, paragraph 4)

7.74 There are two services the Health and Wellbeing Board is satisfied would, if they were locally commissioned to be provided through existing pharmacies, may secure

improvements, or better access to pharmaceutical services of a specific type. These are:

- HIV screening
- Child and family weight management services

Summary of Other (Locally Enhanced) Services: current provision (schedule 1, paragraph 5) and Improvements and better access: gaps in provision (Schedule 1, paragraph 4)

The following section defines the enhanced services commissioned and delivered in response to local health and wellbeing needs. It includes Public Health commissioned services. The following services are **sufficient in providing a relevant services with no gaps**:

- Commissioned Services:
- Minor Ailments Scheme
 - NHS Health Checks
 - Supervised Administration
 - Needle and Syringe Exchange Services
 - Stop Smoking Services

-
- Privately Delivered Services
- Alcohol Misuse Services
 - Weight Management Services
 - Emergency Hormonal Contraception
 - Sexual Health Screening and Treatment Services
 - Care Home Advice Service
 - Out of Hours Palliative Care Service

There are two services the Health and Wellbeing Board is satisfied may, if they were locally commissioned to be provided through existing pharmacies, secure improvements, or better access to pharmaceutical services of a specific type. These are:

- HIV screening
- Child and Family Weight Management Services

Other Skills and Services Identified in the Pharmacy Contractor Survey

Utilisation of Clinical Skills in the Pharmacy

- 7.75** Fifty-one of the pharmacies reported that that the clinical skills in their pharmacies were “totally utilised”, 22 respondents felt they were “partly utilised” and just one feeling that they were not utilised at all

Pharmacists with a Special Interest

- 7.76** Four of the pharmacies surveyed have pharmacists with special interests.

Health Champions

- 7.77** 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 wellbeing in their communities. Forty-six of the pharmacies in Westminster that responded stated that they have a health champion.

Health Trainers

- 7.78** Health trainers help people to develop healthier behaviour and lifestyles in their own local communities using behaviour change conversations. They offer practical support to change their behaviour to achieve their own choices and goals. Twelve of the pharmacies in Westminster that responded stated that they have a health trainer.

Dementia Friendly Environment

- 7.79** Dementia Friendly environments offer additional support and understanding to people who have Dementia. To achieve Dementia Friendly Status pharmacy staff attend brief training on what it's like to live with dementia and make changes to their pharmacy environment so that it is more welcoming to some who suffers from dementia. Fifty-nine of the pharmacies in the reported being a dementia friendly environment.

Public Health Campaigns

- 7.80** Pharmacies are required to participate in up to six public health campaigns at the request of NHS England. This can involve delivering prescription-linked interventions such as smoking cessation or simply the display and distribution of leaflets provided by NHS England.
- 7.81** Only one campaign was delivered through pharmacies a year in the last few years. In November 2016 the campaign was focused on Oral Health and Pain Management for children and young people, in 2015 it was on Raising Awareness of Asthma Management in children and young people.
- 7.82** Better coordination is required between NHS England, Public Health England, CCGs and Local Authorities to ensure pharmacies are better utilised to deliver key health promotion messages to the public. Consideration should be given to schedule further local Child and Family Weight Management campaigns to address the high levels of child obesity in Westminster.

Appendices

Appendix A – Terms of Reference

Appendix B – Community Questionnaire

Appendix C – Community Engagement Plan

Appendix D - Pharmacy listings and opening times and Essential Services

Pharmaceutical Needs Assessment (PNA)

Task & Finish Group

TERMS OF REFERENCE

1. Purpose

- 1.1. 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.
- 1.2. The PNA is a commissioning tool and determines market entry for NHS pharmaceutical services provision
- 1.3. 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.
- 1.4. The PNA Task & Finish Group will review and report on progress to the JSNA Steering Group, the Health and Wellbeing Boards and other stakeholders

2. Accountability & Governance

- 2.1. The Health and Wellbeing Board have delegated responsibility to the PNA Task and Finish Group (and the Chair) to steer the PNA work programme and to ensure that all the legislative and regulatory requirements are fully met by the revised PNAs.
- 2.2. The PNA is incorporated into the JSNA work programme as outlined in the JSNA Steering Group Terms of Reference.
- 2.3. The PNA Task & Finish will provide regular progress reports to the JSNA Steering Group; and to the Health and Wellbeing Boards on key deliverables.
- 2.4. The PNA Task & Finish Group will monitor and review progress against the timescales in the agreed PNA Project Plan and inform the JSNA Steering Group of risks to delivery
- 2.5. The JSNA Manager will manage and coordinate the PNA Task & Finish Group.

3. Membership

- 3.1. The Task & Finish Group will be chaired by Cynthia Folarin, Deputy Director of Public Health
- 3.2. The group will be supported by the JSNA Manager and Public Health Knowledge Manager.

3.3. Membership of the Group:

Name	Representing/Role
Gerald Alexander (or Michael Levitan)	Local Pharmaceutical Committee (H&F)
Colin Brodie	Public Health Knowledge Manager
Olivia Clymer	Healthwatch
Harley Collins	Health and Wellbeing Manager
Cynthia Folarin (Chair)	Deputy Director of Public Health
Catherine Handley	JSNA Manager
Thilina Jayatileke	Senior Public Health Analyst
Ashfaq Khan	CCG Lead Pharmacist
Dr Ashlee Mulimba	Healthy Dialogues Ltd
Beneeta Shah	Boots/CCA
Rekha Shah	Local Pharmaceutical Committee (KCW)
Ezra Wallace	Principal Policy Officer, WCC

3.4. Additional expertise from other organisations will be drafted in as required.

4. Quorum

4.1. The quorum shall be 4 members, to include minimum representation from each of Public Health, Healthy Dialogues, one LPC representative, and Health and Wellbeing Boards/Policy Officers. Where necessary LPC representatives will deputise for each other.

5. Procedures

5.1. The PNA Task & Finish Group will meet monthly in the first instance to be reviewed regularly dependent on need.

5.2. 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.

6. Reporting

6.1. The PNA Task & Finish Group will report on progress to the JSNA Steering Group

6.2. The Health and Wellbeing Boards will receive reports on an exception basis where appropriate. These may be included as part of the regular JSNA update to Health and Wellbeing Boards.

7. Review

7.1. The terms of reference will be reviewed on 6 month basis

Date reviewed: 15/08/2017

Date for next review:

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Community Pharmacy Questionnaire

Introduction

This consultation, aims to review the current services and identify any gaps or improvements that need to be made for pharmacy services in Kensington and Chelsea. Feedback from this consultation and report will be used to help the NHS decide on applications for new pharmacies, and applications for changes at existing pharmacies.

The current report has been produced by looking at the health needs of the population, the current pharmacy network and its services and public views on current services. It has drawn on research material and has been advised by a stakeholder group that looked at different aspects of pharmacy services.

We invite you to take this opportunity to give us your views on this research and the conclusions and recommendations drawn from it.

The information you provide will only be used for the Pharmaceutical Needs Assessment 2018-2021. Your answers will be kept anonymous and we will not share your information with any third parties.

The answers you provide for this consultation will help shape the final pharmaceutical needs assessment for Kensington and Chelsea, which will be completed and published by 1st April 2018. Your participation should take no longer than 10 minutes. This survey will be open until the 5th February 2018.

We appreciate you taking time out to complete the survey.

1. What is the name of the pharmacy you use most often?

2. What services do you already use at your pharmacy or will use if they were made available? (please tick all that apply)

Obtaining prescription medicines	
Repeat prescriptions	
Over the counter medications	
Home delivery service and prescription collection service	
Prescription collection service	
Electronic prescription service	
Emergency supply of prescription medicines	
Specialist medication service (for example palliative care)	
New medicines service/ Medicine use reviews	
Disposal of unwanted medicines	
Advice from Pharmacist about how to take prescription medication or what over the counter medication to buy	
Advice from Pharmacist on how to manage minor ailments/injuries such as cold, cough etc.	
Advice from Pharmacist on Healthy lifestyles such as alcohol, weight management etc.	
Stop smoking/Nicotine replacement therapy	
Substance misuse services	
Needle exchange	
Health checks including blood glucose, cholesterol, blood pressure and BMI (height and weight)	
Chlamydia screening or treatment	
Condom distribution	
Emergency contraception (morning after pill)	
Flu vaccination service	
Pneumonia vaccination service	
Meningitis vaccination Service	
Travel vaccination service	
StrepA Sore Throat Test and Treat	
StrepB test screening in pregnancy	
Blood Pressure measurement service	



3. What do you like about your pharmacy?

4. What could be improved about your pharmacy?

5. Do you have any other comment about your pharmacy?

6. Do you have any comments about the Draft Pharmaceutical Needs Assessment?



Equalities monitoring

So that we can ensure that our survey is representative of the population we would like you to complete the information below. This will only be used for the purposes of monitoring and will not be passed on for use by third parties.

1. Please state the first 4 letters and numbers of your postcode (Residence/University/College/Place of work) e.g. WC1E 7

2. What is your gender? (please select only one option)

- Male
- Female
- Transgender
- Prefer not to say

3. What age group are you in? (please select only one option)

- 10-18 years
- 18- 20 years
- 21 - 30 years
- 31 - 40 years
- 41 - 50 years
- 51 - 60 years
- 61 - 70 years
- 71 - 80 years
- 81 years or over

4. What is your ethnic group?

Choose one option that best describes your ethnic group or background

White

- English
- Scottish
- Other British
- Irish
- Gypsy/Traveller
- Polish
- Any other White ethnic group, please describe_____

Black/ Black British

- African, African Scottish or African British
- Any other African, please describe
- Caribbean, Caribbean Scottish or Caribbean British
- Black, Black Scottish or Black British
- Any other Caribbean or Black, please describe_____

Mixed or Multiple ethnic groups

- Any Mixed or Multiple ethnic groups, please describe_____

Other ethnic group

- Arab, Arab Scottish or Arab British
- Any other ethnic group, please describe

Asian, Asian Scottish or Asian British

- Pakistani, Pakistani Scottish or Pakistani British
- Indian, Indian Scottish or Indian British
- Bangladeshi, Bangladeshi Scottish or Bangladeshi British

- Chinese, Chinese Scottish or Chinese British
 - Any other Asian, please describe
-

5. What is your religion and belief? (please select only one option)

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> No religion | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Jewish | |

6. Which of the following best describes your working situation? (please select only one option)

- Work full-time
- Work part-time
- Student
- Unemployed
- Retired
- Prefer not to say

7. Do you consider yourself to have a disability?

Disability is defined as a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.

- Yes
- No
- Prefer not to say

If yes, please explain

8. Do you have a long-term condition?

A long-term condition is defined as a condition that cannot, at present be cured; but can be controlled by medication and other therapies. Examples are diabetes, heart disease etc

- Yes
- No
- Prefer not to say

If yes, please explain

9. How would you define your sexual orientation? (please select only one option)

- Bisexual (an attraction to both men and women)
- Gay man
- Gay woman / Lesbian



- Heterosexual/Straight
- Transgender
- Other (please specify)
- Prefer not to say

10. How would you state your relationship status? (please select only one option)

- Civil Partnership
- Married
- Single
- Co-habiting
- Prefer not to say

11. Are you pregnant/breastfeeding?

- Yes
- No

Thank you once again for taking the time to complete our survey.

If you would like to get involved in the public consultation of the completed Pharmaceutical Needs Assessment please email PNA@healthydialogues.co.uk.



Pharmaceutical Needs Assessment 2018-2021 Patient and Public Engagement

Name of Group/Activity	Description of group and numbers	Activity	Key contacts
BME Health Forum	BME Total membership not known, newsletter goes out to 700 members across K&C, H&F and Westminster	<ul style="list-style-type: none"> Attended BME Health Forum meeting Online questionnaire link circulated to members via newsletter and included on webpage Provided information and contacts for possible Grenfell Engagement 	Nafsika Thalassis Concia Albert
Community Champions including maternity champions	CC work with diverse groups of residents across the 3 Boroughs	<ul style="list-style-type: none"> Email circulated by commissioner as well as Healthy Dialogues to all Community Champion teams Engaged with White City, Westminster, Addison and Land's End Community Champions Requested champions to fill out questionnaire and promote to service users Community champion teams provided outreach support Attended events 	Lesley Derry Various
Age UK	Over 50's	<ul style="list-style-type: none"> Requested inclusion of online link in newsletter/mail out to 400 members 	Zara Ghods
Adult Services	Various	<ul style="list-style-type: none"> Requested circulation of paper copies of questionnaire to all teams particularly in sheltered schemes Approximately 90 completed questionnaires were returned from Adult services 	Kevin Williamson
Kensington and Chelsea Council of Voluntary Sector	Diverse voluntary groups	<ul style="list-style-type: none"> KCSC circulated online link to mailing lists and via newsletters Discussed potential options for Grenfell engagement 	Angela Spence

Name of Group/Activity	Description of group and numbers	Activity	Key contacts
Mosaic Community Trust	BME- mainly Bengali and Arabic	<ul style="list-style-type: none"> Established contact but they don't have capacity to support this work at the moment having lost funding for their groups 	Lena Salter-Chodhury
Action for Disability, Kensington and Chelsea	Access to disabled groups	<ul style="list-style-type: none"> Online/paper questionnaires/face to face questionnaire with service users 	Jamie Runton Marian O'Donoghue
SASH	LGBTQ	<ul style="list-style-type: none"> Information circulated to other organisations and service users by community engagement coordinator 	Edem Ntumy
Healthwatch	Diverse user groups	<ul style="list-style-type: none"> Support with circulation of questionnaires Advice and support on engagement with various groups 	Olivia Clymer
Library service	Various	<ul style="list-style-type: none"> Information circulated to all teams by Health Information Officer 	Kate Gieguld
Community Pharmacy outreach	Various	<ul style="list-style-type: none"> Based on IMD data, chose 06 pharmacies in different wards and made contact with them to enable Community Researcher to be based in them during different times of the day Community Researcher was based in 01 pharmacy in Colville Ward for half a day on a weekday from 10.00 to 2.00 	Various pharmacies



Name of Group/Activity	Description of group and numbers	Activity	Key contacts
Grenfell Residents Engagement		<ul style="list-style-type: none"> • Worked with BME Health Forum, CCG engagement lead and KCSC to identify contacts • We considered outreach at Pharmacies closest to Grenfell but since residents have been re-housed this option was discounted • It was identified that there is an outreach worker who is the most likely to give us a sense of needs; however, it has been difficult to get their contact details • An officer has been appointed by the Council who carry out needs assessments for this group has been appointed and perhaps, during the consultation phase we will be able to get a sense of needs 	Various



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Appendix D – Index to pharmacies with opening times information

Note: Advanced services listed are based on NHS England data as at October 2017

*** Bullen & Smears is an appliance-only contractor and thus not considered a community pharmacy

ODS Code	Pharmacy	Address	Post Code	Borough	Ward	Weekdays		Saturday		Sunday		MUR	NMS	AUR	SAC	Flu	NUMSAS
						Open From:	Open To:	Open From:	Open To:	Open From:	Open To:						
FX871	Benjamin Cory Ltd	79 Abbey Road	NW8 0AE	Westminster	Abbey Road	09:00	18:30	-	-	-	-	Yes	Yes	No	No	Yes	No
FVT13	Holmes Pharmacy	6 Nugent Terrace	NW8 9QB	Westminster	Abbey Road	09:30	17:30	09:30	12:30	-	-	Yes	Yes	No	No	No	No
FFN81	Bayswater Pharmacy	39-41 Porchester Road	W2 5DP	Westminster	Bayswater	09:00	20:00	09:00	18:00	11:00	19:00	No	No	No	No	No	Yes
FG309	Berkeley Court Pharmacy	5-7 Melcombe Street	NW1 6AE	Westminster	Bryanston and Dorset Square	09:30	17:30	-	-	-	-	Yes	Yes	No	No	No	No
FM688	Boots UK	508-520 Oxford Street	W1C 1NB	Westminster	Bryanston and Dorset Square	08:00	23:00	08:00	22:00	12:00	18:00	Yes	Yes	No	No	Yes	No
FDK02	Meacher, Higgins & Thomas	105A Crawford Street	W1H 2HU	Westminster	Bryanston and Dorset Square	09:00	18:30	-	-	-	-	Yes	Yes	No	No	Yes	Yes
FRA80	Safeer Pharmacy	194 Edgware Road	W2 2DS	Westminster	Bryanston and Dorset Square	09:00	24:00	09:00	24:00	10:00	23:00	Yes	No	No	No	No	No
FVX47	Seymour Pharmacie	56 Crawford Street	W1H 4JH	Westminster	Bryanston and Dorset Square	09:00	19:00	10:00	17:00	-	-	Yes	Yes	No	No	Yes	No
FEF06	Collins Chemist	113 -115 Church Street	NW8 8HA	Westminster	Church Street	09:00	18:00	09:00	18:00	-	-	Yes	Yes	No	No	Yes	No
FNK70	Dales Pharmacy	414-416 Edgware Road	W2 1ED	Westminster	Church Street	09:00	17:00	-	-	-	-	No	No	No	No	No	No

ODS Code	Pharmacy	Address	Post Code	Borough	Ward	Weekdays		Saturday		Sunday		MUR	NMS	AUR	SAC	Flu	NUMSAS
						Open From:	Open To:	Open From:	Open To:	Open From:	Open To:						
FP835	K.S.C1T Ltd	27-29 Church Street	NW8 8ES	Westminster	Church Street	09:00	19:00	09:00	18:00	-	-	Yes	Yes	No	No	No	No
FRG14	Market Chemist	91-93 Church Street	NW8 8EU	Westminster	Church Street	09:30	19:00	09:30	17:30	-	-	Yes	Yes	No	No	Yes	Yes
FHD19	Green's Pharmacy	29-31 Ebury Bridge Road	SW1W 8QX	Westminster	Churchill	09:00	18:30	-	-	-	-	Yes	No	No	No	No	No
FYX89	Simmonds Pharmacy	105 Lupus Street	SW1V 3EN	Westminster	Churchill	09:00	18:00	09:00	17:00	-	-	Yes	Yes	No	No	Yes	Yes
FLH24	Central Pharmacy	427-429 Harrow road	W10 4RE	Westminster	Harrow Road	09:00	20:00	10:00	18:00	10:00	16:00	Yes	No	No	No	No	No
FRW51	Pitchkins & Currans	Unit 2, 45-47 Elgin Avenue	W9 3PP	Westminster	Harrow Road	09:30	18:30	-	-	-	-	Yes	No	No	No	No	No
FLE65	Prince Chemist	486 Harrow Road	W9 3QA	Westminster	Harrow Road	09:00	18:00	09:00	18:00	-	-	No	No	No	No	Yes	No
FXH58	Alrasheed Pharmacy	39 Edgware Road	W2 2JE	Westminster	Hyde Park	08:30	01:30	09:00	02:00	10:00	01:00	No	No	No	No	No	No
FE720	Apek Pharmacy	107 Praed street	W2 1NT	Westminster	Hyde Park	09:00	18:30	09:00	14:00	-	-	No	No	No	No	Yes	Yes
FTK64	Bin-Seena Pharmacy	73 Edgware Road	W2 2HZ	Westminster	Hyde Park	09:00	01:00	09:00	01:00	10:00	01:00	Yes	No	No	No	No	No
FY004	Boots UK	Unit 51 The Lawn	W2 1HB	Westminster	Hyde Park	07:00	22:00	07:00	22:00	09:00	22:00	Yes	Yes	No	No	Yes	No
FL792	Boots UK	175 -176 Edgware Road	W2 2HR	Westminster	Hyde Park	09:00	21:00	09:00	18:00	11:00	17:00	Yes	Yes	No	No	Yes	No
FAQ26	Devonshire	215 Edgware Road	W2 1ES	Westminster	Hyde Park	08:30	23:00	08:30	23:00	10:00	23:00	No	No	No	No	No	No
FRD96	Hogg & Son Pharmacy	25 Kendal Street	W2 2AW	Westminster	Hyde Park	09:00	19:00	09:00	17:30	-	-	Yes	Yes	No	No	Yes	No

ODS Code	Pharmacy	Address	Post Code	Borough	Ward	Weekdays		Saturday		Sunday		MUR	NMS	AUR	SAC	Flu	NUMSAS
						Open From:	Open To:	Open From:	Open To:	Open From:	Open To:						
FK102	Nasslam Pharmacy	19 Edgware Road	W2 2JE	Westminster	Hyde Park	09:00	24:00	09:00	24:00	12:00	22:00	No	No	No	No	No	No
FCT73	Pharmacentre	149 Edgware Road	W2 2HU	Westminster	Hyde Park	09:00	24:00	09:00	24:00	09:00	24:00	No	No	No	No	No	No
FER55	Keencare Pharmacy	6 Lower Belgrave Street	SW1W 0LJ	Westminster	Knightsbridge and Belgravia	09:00	17:30	09:30	12:30	-	-	Yes	Yes	No	No	Yes	Yes
FAT36	Walden Chymist	65 Elizabeth Street	SW1W 9PJ	Westminster	Knightsbridge and Belgravia	09:00	18:00	09:00	13:00	-	-	No	No	No	No	No	No
FM589	Boots UK	114 Queensway	W2 6LS	Westminster	Lancaster Gate	09:00	24:00	09:00	24:00	12:00	18:00	Yes	Yes	No	No	Yes	No
FWN84	Moore's Pharmacy	45 Craven Road	W2 3BX	Westminster	Lancaster Gate	08:30	19:30	09:00	15:30	-	-	Yes	Yes	No	No	Yes	No
FK236	Nashi Pharmacy	55 Westbourne Grove	W2 4UA	Westminster	Lancaster Gate	09:00	19:00	09:30	18:00	-	-	Yes	Yes	No	No	Yes	No
FQ560	Boots UK	33 Clifton Road	W9 1SY	Westminster	Little Venice	08:30	19:00	08:30	18:30	11:00	18:00	No	No	No	No	No	No
FX604	Curie Chemist	445 Edgware Road	W2 1TH	Westminster	Little Venice	09:30	18:30	10:00	15:00	-	-	No	No	No	No	No	No
FMT61	Remedys Pharmacy	1 Clifton Road	W9 1SZ	Westminster	Little Venice	09:00	19:00	09:00	18:00	-	-	No	No	No	No	Yes	No
FP414	Browns Chemist	195 Shirland Road	W9 2EU	Westminster	Maida Vale	09:00	19:30	09:00	19:00	10:30	13:00	No	No	No	No	No	No
FC572	Vineyard Pharmacy	241 Elgin Avenue	W9 1NJ	Westminster	Maida Vale	08:30	19:00	09:00	18:00	-	-	Yes	Yes	No	No	Yes	Yes
FTC02	Williams Chemist	314-316 Elgin Avenue	W9 1JU	Westminster	Maida Vale	09:00	18:30	-	-	-	-	Yes	Yes	No	No	Yes	Yes

ODS Code	Pharmacy	Address	Post Code	Borough	Ward	Weekdays		Saturday		Sunday		MUR	NMS	AUR	SAC	Flu	NUMSAS
						Open From:	Open To:	Open From:	Open To:	Open From:	Open To:						
FJ185	Ainsworths	36 New Cavendish Street	W1G 8UF	Westminster	Marylebone High Street	09:00	18:00	09:00	16:00	-	-	No	No	No	No	No	No
FKL72	Boots UK	101-103 Marylebone High Street	W1U 4RN	Westminster	Marylebone High Street	07:30	20:00	09:00	18:00	11:00	18:00	Yes	Yes	No	No	Yes	No
FY188	Boots UK	96-98 Baker Street	W1U 6TJ	Westminster	Marylebone High Street	08:00	19:00	09:00	18:00	11:00	17:00	Yes	Yes	No	No	Yes	No
FFH75	Chel Pharmacy	173 Great Portland Street	W1W 5PH	Westminster	Marylebone High Street	09:00	18:00	-	-	-	-	No	No	No	No	No	No
FKX76	Dajani Pharmacy	21 New Cavendish Street	W1G 9TY	Westminster	Marylebone High Street	09:00	18:30	-	-	-	-	No	No	No	No	No	No
FGP84	John Bell & Croyden	50-54 Wigmore Street	W1U 2AU	Westminster	Marylebone High Street	08:30	19:00	09:30	19:00	12:00	18:00	No	No	Yes	Yes	No	No
FM507	Lloyds Pharmacy	400 Oxford Street	W1A 1AB	Westminster	Marylebone High Street	09:30	21:00	09:30	21:00	11:30	18:00	Yes	Yes	No	No	Yes	Yes
FLW05	Madesil Pharmacie	20 Marylebone High Street	W1U 4PB	Westminster	Marylebone High Street	09:00	18:30	09:00	18:30	11:00	16:00	Yes	No	No	No	No	Yes
FNF09	Nvs Pharmacy	46 Baker Street	W1U7 BR	Westminster	Marylebone High Street	08:00	19:00	09:00	17:00	-	-	No	No	No	No	No	Yes
FT352	Peter's Pharmacy	55 Paddington Street	W1U 4HX	Westminster	Marylebone High Street	09:30	18:00	-	-	-	-	No	No	No	No	No	No
FQA23	Sherlock Holmes Pharmacy	82a Baker St	W1U 6AA	Westminster	Marylebone High Street	09:00	19:00	10:00	17:00	-	-	Yes	No	No	No	No	No
FX754	Wigmore Medical	23 Wigmore Street	W1U 1PL	Westminster	Marylebone High Street	09:00	18:00	10:00	17:00	-	-	No	No	No	No	No	No

ODS Code	Pharmacy	Address	Post Code	Borough	Ward	Weekdays		Saturday		Sunday		MUR	NMS	AUR	SAC	Flu	NUMSAS
						Open From:	Open To:	Open From:	Open To:	Open From:	Open To:						
FLW91	Medicare (London) Ltd Pharmacy	570 Harrow Road	W9 3QH	Westminster	Queen's Park	09:00	20:00	09:30	17:30	-	-	Yes	Yes	No	No	Yes	No
FN172	Boots UK	198 Baker St	NW1 5RT	Westminster	Regent's Park	07:00	20:00	08:30	18:30	11:00	17:00	Yes	Yes	No	No	Yes	No
FCA00	Boots UK	124-126 St Johns Wood High Street	NW87 SG	Westminster	Regent's Park	09:00	19:00	09:00	19:00	09:00	19:00	Yes	Yes	No	No	Yes	No
FER86	Courtenay Chemist	3 St Johns Wood High Street	NW8 7NG	Westminster	Regent's Park	09:00	18:00	09:00	18:00	-	-	Yes	Yes	No	No	Yes	No
FT371	St Johns Wood Pharmacy	142 St Johns Wood High Street	NW8 7SE	Westminster	Regent's Park	09:00	18:00	09:00	18:00	-	-	Yes	Yes	No	No	Yes	No
FPT14	Boots UK	11 Bridge Street	SW1A 2JR	Westminster	St James's	08:00	19:00	09:00	17:30	10:00	16:00	No	No	No	No	No	No
FHV67	Boots UK	Unit 13, Cathedral Walk, Cardinal Place	SW1E 5JH	Westminster	St James's	10:00	18:00	09:00	18:00	11:00	17:00	Yes	Yes	No	No	Yes	No
FA906	Boots UK	4 James Street	WC2E 8BH	Westminster	St James's	08:30	21:00	09:00	21:00	10:00	19:00	Yes	Yes	No	No	Yes	No
FTA34	Boots UK	5 Strand	WC2N 5HR	Westminster	St James's	07:30	21:00	09:00	18:00	11:00	17:00	Yes	Yes	No	No	Yes	No
FKY87	Boots UK	Unit 5 Charing Cross Station	WC2N 5HS	Westminster	St James's	07:00	22:00	08:00	22:00	09:00	19:00	No	No	No	No	No	No
FJJ43	Boots UK	105-109 The Strand	WC2R 0AA	Westminster	St James's	07:30	19:30	10:00	19:00	11:00	17:00	Yes	Yes	No	No	Yes	No
FFF12	D R Harris	29 St James's St	SW1A 1HB	Westminster	St James's	08:30	18:00	09:30	17:00	-	-	No	No	No	No	No	No

ODS Code	Pharmacy	Address	Post Code	Borough	Ward	Weekdays		Saturday		Sunday		MUR	NMS	AUR	SAC	Flu	NUMSAS
						Open From:	Open To:	Open From:	Open To:	Open From:	Open To:						
FKE09	Dolphins Pharmacy	9-11 The Broadway	SW1H 0AZ	Westminster	St James's	09:00	17:30	-	-	-	-	No	No	No	No	No	No
FRE01	Star Pharmacy	33 Strutton Ground	SW1P 2HY	Westminster	St James's	08:30	18:00	-	-	-	-	Yes	Yes	No	No	Yes	No
FL592	Superdrug Pharmacy	50 Strand	WC2N 5LH	Westminster	St James's	09:00	17:30	-	-	-	-	Yes	Yes	No	No	Yes	No
FA467	Victoria Pharmacy	58 Horsferry Road	SW1P 2AF	Westminster	St James's	08:30	18:00	-	-	-	-	Yes	Yes	No	No	Yes	No
FNW76	Paxall Pharmacy	44 Lupus street	SW1V 3EB	Westminster	Tachbrook	08:30	20:00	09:00	17:00	10:00	18:00	Yes	Yes	No	No	No	No
FMH15	Portmans Pharmacy	93-95 Tachbrook Street	SW1V 2QA	Westminster	Tachbrook	09:00	18:30	09:00	17:30	-	-	Yes	Yes	No	No	Yes	Yes
FQT75	Boots UK	107 Victoria Street	SW1E 6RA	Westminster	Vincent Square	07:30	20:00	09:00	18:00	11:00	17:00	Yes	Yes	No	No	Yes	No
FLR73	Boots UK	Unit 42b, Victoria Station	SW1V 1JT	Westminster	Warwick	07:00	24:00	08:00	24:00	09:00	21:00	Yes	Yes	No	No	Yes	No
FC401	Boots UK	42-44 Warwick Way	SW1V 1RY	Westminster	Warwick	08:30	18:30	08:30	18:30	08:30	18:30	Yes	Yes	No	No	Yes	No
FYR46	Clinichem Pharmacy	29 Upper Tachbrook Street	SW1V 1SN	Westminster	Warwick	09:00	18:00	09:00	13:00	-	-	Yes	No	No	No	Yes	Yes
FN761	Gees Chemist	27-29 Warwick Way	SW1V 1QT	Westminster	Warwick	09:00	19:00	09:00	18:00	-	-	Yes	Yes	No	No	Yes	No
FV172	Victoria Place	Unit 6 Victoria Place, 115 Buckingham Palace Road	SW1W 9SJ	Westminster	Warwick	07:30	21:00	09:00	21:00	10:00	19:00	Yes	Yes	No	No	Yes	No

ODS Code	Pharmacy	Address	Post Code	Borough	Ward	Weekdays		Saturday		Sunday		MUR	NMS	AUR	SAC	Flu	NUMSAS
						Open From:	Open To:	Open From:	Open To:	Open From:	Open To:						
FHT60	Warwick Pharmacy	34-36 Warwick Way	SW1V 1RY	Westminster	Warwick	09:00	16:30	09:00	11:30	-	-	Yes	Yes	No	No	Yes	No
FYV08	Audley Pharmacy	36 South Audley Street	W1K 2PL	Westminster	West End	09:00	19:00	09:30	18:00	-	-	No	Yes	No	No	Yes	No
FCR41	Boots UK	302 Regent Street	W1B 3AS	Westminster	West End	08:00	09:00	09:00	19:00	12:00	18:00	Yes	Yes	No	No	Yes	No
FV474	Boots UK	44-46 Regent Street	W1B 5RA	Westminster	West End	08:00	23:00	09:00	23:00	12:30	18:30	Yes	Yes	No	No	Yes	No
FC968	Boots UK	361 Oxford Street	W1C 2JL	Westminster	West End	08:30	22:00	09:00	22:00	12:30	18:30	Yes	Yes	No	No	Yes	No
FYN67	Boots UK	385-389 Oxford Street	W1C 2NB	Westminster	West End	07:30	21:00	09:00	21:00	12:00	18:00	Yes	Yes	No	No	Yes	No
FKC63	Boots UK	100 Oxford Street	W1D 1LL	Westminster	West End	07:00	22:00	07:00	22:00	10:00	20:00	Yes	Yes	No	No	Yes	No
FM364	Boots UK	193 Oxford Street	W1D 2JY	Westminster	West End	08:00	21:00	09:00	21:00	12:00	18:00	Yes	Yes	No	No	Yes	No
FLP44	Boots UK	5-7 Carnaby Street	W1F 9PB	Westminster	West End	08:00	20:00	09:00	20:00	12:00	18:00	Yes	Yes	No	No	Yes	No
FA053	Boots UK	73 Piccadilly	W1J 8HS	Westminster	West End	07:30	21:00	09:00	20:00	11:00	17:00	Yes	Yes	No	No	Yes	No
FJM43	Bullen & Smears***	60-62 Broadwick Street	W1F 7AN	Westminster	West End	09:00	17:00	-	-	-	-	No	No	No	No	No	No
FYR00	C W Andrew	Nash House, St George Street	W1S 2FQ	Westminster	West End	09:00	18:00	-	-	-	-	No	No	No	No	Yes	No

ODS Code	Pharmacy	Address	Post Code	Borough	Ward	Weekdays		Saturday		Sunday		MUR	NMS	AUR	SAC	Flu	NUMSAS
						Open From:	Open To:	Open From:	Open To:	Open From:	Open To:						
FFP11	Healthxchange Pharmacy Uk Limited	79 Great Portland Street	W1W 7LS	Westminster	West End	09:00	18:00	-	-	-	-	No	No	No	No	No	No
FDK54	Nelson Pharmacies Ltd	87 Duke Street	W1K 5PQ	Westminster	West End	09:00	17:30	10:00	17:00	-	-	No	No	No	No	No	No
FH514	Pharmacierge	9 Candover Street	W1W 7DN	Westminster	West End	09:00	18:00	-	-	-	-	No	No	No	No	No	No
FPV36	Shiv Pharmacy	70 Great Titchfield Street	W1W 7QN	Westminster	West End	08:30	18:00	-	-	-	-	No	No	No	No	No	Yes
FHV04	The Pharmacy At Mayfair	6 Shepherd Market	W1J 7QD	Westminster	West End	08:30	18:00	08:30	18:00	08:30	18:00	Yes	No	No	No	Yes	No
FLR52	Watsons Pharmacy	1 Frith Street	W1D 3HZ	Westminster	West End	09:00	18:30	10:00	16:00	-	-	No	No	No	No	No	No
FR177	Benson Pharmacy	276 Harrow Road	W2 5ES	Westminster	Westbourne	09:00	18:30	09:00	18:30	-	-	Yes	Yes	No	No	Yes	Yes
FE354	Sumer Health Ltd	340 Harrow Road	W9 2HP	Westminster	Westbourne	09:30	18:30	10:00	16:00	-	-	Yes	No	No	No	No	No
FVD55	Abc Pharmacies	Kilburn Park Station, Cambridge Avenue	NW6 5AD	Brent	Kilburn	09:00	18:30	-	-	-	-	x	x	x	x	x	x
FGW55	Kilburn Park Pharmacy	Kilburn Park Station, Cambridge Avenue	NW6 5AD	Brent	Kilburn	09:00	18:30	-	-	-	-	x	x	x	x	x	x
FR520	Dollmeads Dispensing Chemist	53 Chamberlayne Road	NW10 3ND	Brent	Queens Park	09:00	18:45	09:00	17:45	-	-	x	x	x	x	x	x
FV117	Greenfield Pharmacy	61 Chamberlayne Road	NW10 3ND	Brent	Queens Park	09:00	19:00	09:00	18:00	-	-	x	x	x	x	x	x

ODS Code	Pharmacy	Address	Post Code	Borough	Ward	Weekdays		Saturday		Sunday		MUR	NMS	AUR	SAC	Flu	NUMSAS
						Open From:	Open To:	Open From:	Open To:	Open From:	Open To:						
FTD56	Hyperchem Pharmacy	34 Salusbury Road	NW6 6NL	Brent	Queens Park	08:30	19:15	09:00	19:00	-	-	x	x	x	x	x	x
FK708	Queens Park Pharmacy	67 Salusbury Road	NW6 6NJ	Brent	Queens Park	09:00	18:30	-	-	-	-	x	x	x	x	x	x
FDY54	Boots Uk Limited	16-17 Tottenham Court Rd	W1T 1BE	Camden	Bloomsbury	08:00	21:00	10:00	20:00	12:00	18:00	x	x	x	x	x	x
FCL17	Boots Uk Limited	120-122 Tottenham Ct Rd	W1T 5AP	Camden	Bloomsbury	08:00	20:30	09:00	18:00	11:00	17:00	x	x	x	x	x	x
FJT00	Boots Uk Limited	211-212 Tottenham Ct Road	W1T 7PP	Camden	Bloomsbury	08:00	19:30	09:00	18:00	11:00	18:00	x	x	x	x	x	x
FCQ11	Grafton Pharmacy	132/132A Tottenham Crt Rd	W1T 5AZ	Camden	Bloomsbury	09:00	19:00	09:00	15:00	-	-	x	x	x	x	x	x
FEN40	Wm Morrison Supermarkets Plc	Camden Goods Yard	NW1 8AA	Camden	Camden Town with Primrose Hill	09:00	21:00	09:00	18:00	10:00	16:00	x	x	x	x	x	x
FH432	Boots Uk Limited	122 Holborn	EC1N 2TD	Camden	Holborn and Covent Garden	07:30	18:30	-	-	-	-	x	x	x	x	x	x
FJT53	Boots Uk Limited	24-26 High Holborn	WC1V 6AZ	Camden	Holborn and Covent Garden	07:30	19:00	10:00	16:00	-	-	x	x	x	x	x	x
FN299	Boots Uk Limited	129-133 Aviation House, Kingsway	WC2B 6NH	Camden	Holborn and Covent Garden	07:30	21:00	10:00	19:00	12:00	18:00	x	x	x	x	x	x

ODS Code	Pharmacy	Address	Post Code	Borough	Ward	Weekdays		Saturday		Sunday		MUR	NMS	AUR	SAC	Flu	NUMSAS
						Open From:	Open To:	Open From:	Open To:	Open From:	Open To:						
FT854	Farmacia Chemist Ltd	169 Drury Lane	WC2B 5QA	Camden	Holborn and Covent Garden	09:00	19:00	10:00	17:30	-	-	x	x	x	x	x	x
FC589	Kerrs Chemist	41 Bloomsbury Way	WC1A 2SA	Camden	Holborn and Covent Garden	09:00	18:00	10:00	14:00	-	-	x	x	x	x	x	x
FQC06	Kingsway Dispensing Chemist	38 Kingsway	WC2B 6EX	Camden	Holborn and Covent Garden	08:30	18:30	10:00	13:00	-	-	x	x	x	x	x	x
FKD52	Superdrug Stores Plc	232 High Holborn	WC1V 7DA	Camden	Holborn and Covent Garden	07:30	19:00	-	-	-	-	x	x	x	x	x	x
FA485	Abc Drugstores	216 Belsize Road	NW6 4DJ	Camden	Kilburn	09:00	18:30	-	-	-	-	x	x	x	x	x	x
FQ521	Boots Uk Limited	60/62 Kilburn High Road	NW6 4HJ	Camden	Kilburn	09:00	19:00	09:00	19:00	11:00	17:00	x	x	x	x	x	x
FET01	Superdrug Stores Plc	82-84 High Road	NW6 4HS	Camden	Kilburn	09:00	18:30	09:00	17:30	-	-	x	x	x	x	x	x
FFD81	Greenlight Pharmacy	62-64 Hampstead Road	NW1 2NU	Camden	Regent's Park	09:00	18:00	10:00	15:00	-	-	x	x	x	x	x	x
FJ009	Greenlight Pharmacy	138 Drummond Street	NW1 2PA	Camden	Regent's Park	09:00	19:00	10:00	15:00	-	-	x	x	x	x	x	x
FEC18	Kings Pharmacy	6 Chester Court	NW1 4BU	Camden	Regent's Park	09:00	18:00	-	-	-	-	x	x	x	x	x	x
FRV52	Chalkgate Ltd	27 - 29 Winchester Road	NW3 3NR	Camden	Swiss Cottage	09:00	18:30	09:00	17:00	-	-	x	x	x	x	x	x
FHK56	Boots Uk Limited	120 Fleet Street	EC4A 2BE	City of London	Castle Baynard	07:30	19:30	-	-	-	-	x	x	x	x	x	x

ODS Code	Pharmacy	Address	Post Code	Borough	Ward	Weekdays		Saturday		Sunday		MUR	NMS	AUR	SAC	Flu	NUMSAS
						Open From:	Open To:	Open From:	Open To:	Open From:	Open To:						
FTH32	A Moore & Co	25E Lowndes Street	SW1X 9JF	Kensington and Chelsea	Brompton & Hans Town	09:00	18:00	10:00	17:00	-	-	No	No	No	No	No	No
FEF09	Boots Uk Limited	203-205 Brompton Road	SW3 1LA	Kensington and Chelsea	Brompton & Hans Town	09:00	21:00	09:00	21:00	10:00	18:00	Yes	Yes	No	No	Yes	No
FN445	Stickland Chemist	4-6 The Arcade, South Kensington Station	SW7 2NA	Kensington and Chelsea	Brompton & Hans Town	08:00	19:00	09:00	18:00	-	-	No	No	No	No	Yes	Yes
FX265	Calder Pharmacy Of Notting Hill	55/57 Notting Hill Gate	W11 3JS	Kensington and Chelsea	Campden	09:00	19:00	09:30	19:00	11:00	17:00	No	No	No	No	No	No
FMD23	Baywood Dispensing Chemist	239 Westbourne Grove	W11 2SE	Kensington and Chelsea	Colville	09:00	18:30	09:00	18:00	-	-	Yes	Yes	No	No	Yes	Yes
FXP96	Blenheim Pharmacy	202 Portobello Road	W11 1LA	Kensington and Chelsea	Colville	09:00	19:00	09:00	18:00	11:00	16:00	No	No	No	No	No	No
FHR66	Chana Chemist	114 Ladbroke Grove	W10 5NE	Kensington and Chelsea	Colville	09:00	19:00	09:00	17:00	-	-	Yes	Yes	No	No	Yes	No
FF202	Dr Evans Pharmacy	15 Elgin Crescent	W11 2JA	Kensington and Chelsea	Colville	09:00	18:30	09:00	18:00	-	-	Yes	No	No	No	Yes	No
FLF10	Boots Uk Limited	Units 30-31, Gloucester Arcade	SW7 4SF	Kensington and Chelsea	Courtfield	08:00	20:00	09:00	19:00	10:00	19:00	Yes	Yes	No	No	Yes	No
FD465	Lloyds Pharmacy Ltd	2 Canal Way, Ladbroke Grove	W10 5AA	Kensington and Chelsea	Dalgarno	07:00	23:00	07:00	22:00	11:00	17:00	Yes	Yes	No	No	Yes	Yes

ODS Code	Pharmacy	Address	Post Code	Borough	Ward	Weekdays		Saturday		Sunday		MUR	NMS	AUR	SAC	Flu	NUMSAS
						Open From:	Open To:	Open From:	Open To:	Open From:	Open To:						
FLV31	Dillons Pharmacy	24 Golborne Road	W10 5PF	Kensington and Chelsea	Golborne	09:00	18:30	09:00	15:00	-	-	Yes	Yes	No	No	Yes	Yes
FNC99	Dr Care Pharmacy	73 Golborne Road	W10 5NP	Kensington and Chelsea	Golborne	09:00	19:00	10:00	16:00	-	-	Yes	Yes	No	No	No	No
FH396	Golborne Pharmacy	106 Golborne Road	W10 5PS	Kensington and Chelsea	Golborne	09:00	19:00	09:00	19:00	-	-	Yes	Yes	No	No	Yes	No
FF592	Boots Uk Limited	96-98 Notting Hill Gate	W11 3QA	Kensington and Chelsea	Pembridge	08:00	20:00	09:00	19:00	10:00	18:00	Yes	Yes	No	No	Yes	No
FX258	Notting Hill Pharmacy	12 Pembridge Road	W11 3HL	Kensington and Chelsea	Pembridge	08:00	21:00	09:00	21:00	09:00	21:00	Yes	Yes	No	No	Yes	No
FP803	Andrews Pharmacy	149B Sloane Street	SW1X 9BZ	Kensington and Chelsea	Royal Hospital	09:00	18:00	09:00	13:00	07:00	07:00	No	No	No	No	No	No
FRP77	Boots Uk Limited	60 Kings Road	SW3 4UD	Kensington and Chelsea	Royal Hospital	08:00	20:00	08:30	20:00	11:30	17:30	Yes	Yes	No	No	Yes	No
FLA76	Boots Uk Limited	Waterloo Station	SE1 7LY	Lambeth	Bishop's	06:30	00:00	08:00	22:00	09:00	21:00	x	x	x	x	x	x
FAV29	Lloyds Pharmacy Ltd	8 Flagstaff House, St Georges Wharf	SW8 2LE	Lambeth	Oval	09:00	19:30	-	-	-	-	x	x	x	x	x	x
FXM20	Lloyds Pharmacy Ltd	62 Wandsworth Road	SW8 2LF	Lambeth	Oval	08:00	22:00	11:00	17:00	-	-	x	x	x	x	x	x
FP436	Paterson Heath & Co Ltd	143 Lambeth Walk	SE11 6EE	Lambeth	Prince's	09:00	18:00	09:00	13:00	-	-	x	x	x	x	x	x

ODS Code	Pharmacy	Address	Post Code	Borough	Ward	Weekdays		Saturday		Sunday		MUR	NMS	AUR	SAC	Flu	NUMSAS
						Open From:	Open To:	Open From:	Open To:	Open From:	Open To:						
FXY86	Kalmak (Chemists) Ltd	Unit 11, South Bank Tower	SE1 9LP	Southwark	Cathedrals	09:00	17:00	-	-	-	-	x	x	x	x	x	x

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