
Westminster Pharmaceutical Needs Assessment

2015 - 2018

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City of Westminster

Contents

Acknowledgements	6
Chapter 1 – Introduction	7
Role of Pharmacies	7
Purpose of the Pharmaceutical Needs Assessment	7
Policy Background Relating to the PNA.....	8
Local health and wellbeing needs	9
Local health and wellbeing priorities	10
Defining Localities.....	12
Westminster Wards.....	13
Pharmacy Contractor Survey	14
Chapter 2 - Demographics & Health Need	15
The Joint Strategic Needs Assessment	15
Summary of Population Characteristics in Westminster	15
Overall population of Westminster.....	16
Age Structure.....	18
Gender Structure.....	20
Ethnicity and diversity	20
Health and well-being in Westminster.....	26
Patterns of ill health	28
Mental Health.....	35
Lifestyles	36
Protected Characteristics and Vulnerable Groups in Westminster	41
Changing Patterns of Need.....	44
Changing Population	45
Chapter 3 – Location of Health Services.....	48
Primary Care	48
Dentists.....	48
Acute Care and Mental Health Care.....	49
Community Services	50
Chapter 4 – Access to pharmaceutical Services	51
Pharmacy Distribution and Choice	51

Transport Networks.....	54
Opening times	55
Appliance contractors	59
Communication	60
Consultation Rooms	60
Disability Access	60
Delivery of medication	61
Parking.....	61
Information Technology	61
Chapter 5 - Services Provided by Pharmacies	62
Pharmaceutical Services.....	62
Summary of Categorisation of Services.....	62
Essential Services.....	63
Advanced Services	64
Locally Commissioned Services	70
Improvements and better access: gaps in provision.....	74
Other Locally Commissioned Services (Schedule 1, paragraph 5)	75
Improvements and gaps in access to Public Health Services	78
Necessary services: gaps in provision (Schedule 1, paragraph 2)	78
Other skills and services	79
Appendix A – Index to pharmacies with opening time information	80
Appendix B – Index to pharmacy responses regarding Advanced Services	90
Appendix C – Index to pharmacies providing Public Health Services	99
Appendix E – Other Information	103

Table of figures

Figure 1.1: Map of the City of Westminster	7
Figure 1.2: Enabling "Better Care" in Tri-borough	11
Figure 1.3: Westminster Electoral Wards.....	14
Figure 2.1: Population Density in Westminster (GLA SHLAA Trend based Population Projection data 2013)	17
Figure 2.2: Population Structure, 2010	18
Figure 2.3: Maps showing location of population groups in Westminster	19
Figure 2.4: Proportion of resident population by age-band, 2011, Westminster (Data source, ONS census 2011).....	20
Figure 2.5: Percentage of residents not born in UK (Census 2011)	21
Figure 2.6: Distribution of black and ethnic minority groups (Census 2011).....	22
Figure 2.7: Percentage of population whom English is not first language for anyone in the household (Census 2011)	25
Figure 2.8: Life expectancy among males and females in Westminster (Greater London Authority calculations using Office for National Statistics data 2008 - 2012).....	27
Figure 2.9: Map showing deprivation and premature mortality (under 75) in Westminster	27
Figure 2.10: Number of births and deaths in Westminster	28
Figure 2.11: Premature deaths by cause, 2011	29
Figure 2.12: Percentage of people whom day to day activities are "limited a lot" due to ill health.....	30
Figure 2.13: Percentage of people claiming incapacity benefit rates per 1000 in Westminster	31
Figure 2.14: % of people who stated their health is either bad or very bad in Westminster .	32
Figure 2.15: Cancer Premature Mortality 2006-10 : Mortality rates by London quintile	33
Figure 2.16: CVD Premature Mortality 2006-10.....	33
Figure 2.17: HIV/AIDS – People known to services, 2009	34
Figure 2.18: All age and Under 18 conception rates in Westminster	35
Figure 2.19: Adult obesity rates in Westminster.....	37
Figure 2.20: Level of childhood obesity in Westminster	38
Figure 2.21: Map showing ward level smoking prevalence estimations (year 2013)	39
Figure 2.22: Ambulance call outs for alcohol related illnesses during 2013	40
Figure 2.23: Drugs offence rate in Westminster	41
Figure 2.24: Projected growth population age 80+.....	45
Figure 2.25: Potential new developments in Westminster.....	46
Figure 3.1: Map of GP practices in Westminster showing Central London CCG GP practices (in black and West London CCG GP practices in Queens Park and Paddington (in pink).....	48
Figure 3.2: Map of dental practices in Westminster	49
Figure 3.3: Map showing location of Acute Trust sites and Urgent Care Centres	50
Figure 4.1: Pharmacies within Westminster and surrounding Boroughs. Areas that are served by a pharmacy within 500m are coloured in red.	53
Figure 4.2: The Tube Network in Westminster	55

Figure 4.3: : Pharmacies open before 9am on weekdays.....	56
Figure 4.4: Pharmacies that close after 7pm on weekdays.....	57
Figure 4.5: Pharmacies open on a Saturday	58
Figure 4.6: Pharmacies open on a Sunday	59
Figure 5.1: Pharmacies that provided MURs in the Tri-Borough during the period April 2014 – August 2014.....	65
Figure 5.2: Pharmacies that provided MURs in the Tri-Borough during the period April 2014 – August 2014.....	68
Figure 5.3: Pharmacies that provide flu vaccinations in Westminster.....	71
Figure 5.4: Pharmacies that provide minor ailment services in Westminster	73
Figure 5.5: Provision of NHS Health Checks	76
Figure 5.6: Pharmacies currently providing Supervised Administration Service	76
Figure 5.7: Pharmacies currently providing Needle Exchange Service	77
Figure 5.8: Provision of Stop Smoking Services.....	78

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

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

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

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

Chapter 1 – Introduction



Figure 1.1: Map of the City of Westminster

Role of Pharmacies

- 1.1 Community pharmacists and their teams work at the heart of communities and are trusted professionals in supporting individual, family and community health. Community pharmacies are often patients' and the public's first point of contact and, for some, their only contact with a healthcare professional. Community pharmacies are not only a valuable health asset, but also an important social asset because often they are the only healthcare facility located in an area of deprivation.

Purpose of the Pharmaceutical Needs Assessment

- 1.2 The Pharmaceutical Needs Assessment (PNA) identifies the key health needs of the local population and how those needs are being fulfilled, or could be fulfilled, by pharmaceutical services in different parts of the borough. The role of the PNA is twofold:
 - to inform local plans for the commissioning of pharmaceutical services; and

- to support the ‘market entry’ decision making process (undertaken by NHS England) in relation to applications for new pharmacies or changes of pharmacy premises.

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

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

Policy Background Relating to the PNA

- 1.4** It is a statutory responsibility for Health & Wellbeing Boards (HWBs) to develop and update a PNA for its area.
- 1.5** Section 128A of the NHS Act 2006 required each NHS Primary Care Trust (PCT) to assess the pharmaceutical needs for its area and to publish a statement of its assessment and of any revised assessment. Subsequently, the Health Act 2009 contained the powers needed to require PCTs to develop and publish PNAs and use them as the basis for determining market entry to NHS pharmaceutical services provision subject to further regulations.

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

Local health and wellbeing needs

- 1.9** Westminster is a vibrant central London borough. The age profile in Westminster is common to other inner city areas in that it has a very large working age population and smaller proportions of children in particular (the smallest in London). The area also has high levels of international migration and cultural diversity, with over half of the borough's population born abroad.
- 1.10** Men and women living in Westminster have much higher than average life expectancy than London and England. Whilst many residents are very affluent, there are also residents with poorer health in the areas of social housing, predominantly focused in the northwest of the borough; they experience large health inequalities compared to the rest of the borough.
- 1.11** Studies have shown that the earliest years of life lay the foundations for physical, intellectual and emotional development that impacts on later life. There are some specific challenges in Westminster that particularly impact on children.
- 1.12** Overweight and obesity rates remain high for children in the borough, with nearly a third of children of school age either overweight or obese. Child immunisation uptake has improved in the borough but rates are still below national levels. More than a third (35%) of children under 16 in Westminster are classified as living in poverty.
- 1.13** Sexual health is a particular challenge within the borough. Westminster had the 7th highest reported acute Sexually Transmitted Infections (STI) rate and the 5th

highest HIV prevalence rate in England. Teenage conception rates are low in the borough relative to London and England.

- 1.14** More people smoke in Westminster (22%) than the average for London and England, and the borough has the 11th highest rate of problem drug users in London. Central London CCG also has the 4th highest population with severe and enduring mental illness known to GPs in the country. Coverage of breast screening in the borough is the 4th lowest in the country, while cervical screening coverage is the 5th lowest in the country for younger women and the 3rd lowest for older women.
- 1.15** Finally, like most areas of the country, Westminster is expecting an increase in the number of older people who live in the borough. Over the next decade, the number of older people in the borough is predicted to rise by 14%. This change in the population profile will have a knock on impact on the key health needs of the population. For example, the number of people living with dementia is expected to rise by 25% over the same period.

Local health and wellbeing priorities

- 1.16** As part of their new responsibilities, HWBs are required to produce a Health and Wellbeing Strategy which sets out how partners will meet local health needs, improve outcomes and reduce health inequalities within the borough. The Westminster Joint Health and Wellbeing Strategy 2013 - 2016 identifies 5 priorities for the local area¹:
- Every child has the best start in life
 - Enabling young people to have a healthy adulthood
 - Supporting economic and social wellbeing and opportunity
 - Ensuring access to appropriate care at the right time
 - Supporting people to remain independent for longer
- 1.17** The Westminster HWB has also been focussing on the development of the Better Care Fund Plan. The Better Care Fund is a “single pooled budget for health and social care services to work more closely together in local areas, based on a plan agreed between the NHS and local authorities”. The BCF will support the aim of providing people with the right care, in the right place, at the right time, including expansion of care in community settings. The Better Care Fund Plan has been developed with our neighbouring boroughs of the Royal Borough of Kensington and Chelsea and London Borough of Hammersmith & Fulham.

1

<https://www.westminster.gov.uk/sites/default/files/uploads/workspace/assets/publications/Westminster-Joint-Health-and-Well-1364920681.pdf>

Enabling 'Better Care' in Triborough

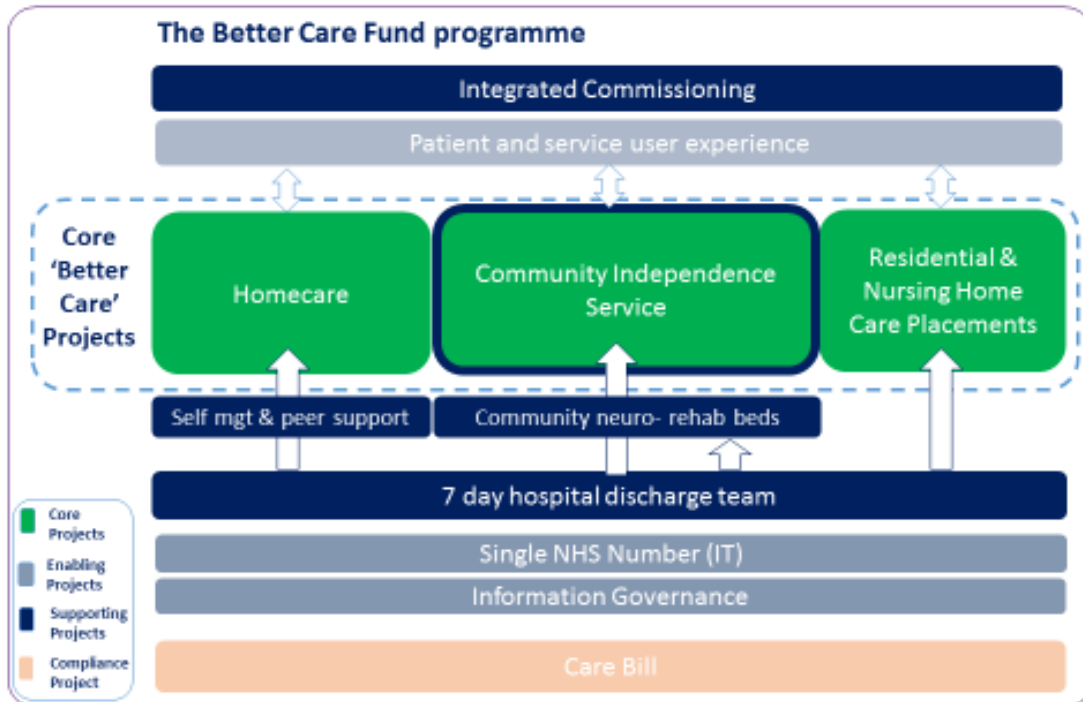


Figure 1.2: Enabling "Better Care" in Tri-borough

1.18 Alongside local priorities, the eight Clinical Commissioning Groups in North West London have published a five year strategic plan, which sets out the collective plans and priorities of these CCGs, working in partnership with NHS England. Central London CCG and West London CCG are two of these CCGs. The North West London five year strategic plan² sets out five jointly developed transformation programmes:

- **Health promotion, early diagnosis and early intervention** through local Health and Wellbeing Strategies and through collaborative work with partners to improve screening, immunisations and cardiovascular disease prevention
- **Out of Hospital strategies including Primary Care Transformation** through the creation of GP networks. Central London CCG's Out of Hospital strategy 2012-15, aims to develop a greater range of more integrated services in community settings, designed around the needs of individuals.³ West London CCG's Out of Hospital Strategy 2012-15 is also committed to developing personalised, well

2

<http://www.centrallondonccg.nhs.uk/media/11252/A5.1%20NWL%20Five%20Year%20Strategic%20Plan%20Draft%20v1.0.%20CLCCG%20GB%20Meeting%2014.05.2014.pdf>

3

<http://www.centrallondonccg.nhs.uk/media/117/NHS%20Central%20London%20Clinical%20Commissioning%20Group%20-%20Out%20of%20Hospital%20Strategy.pdf>

coordinated and seamless pathways of care across health and social care; to shift care to community and primary care settings; and reduce hospital admissions and improve early discharge⁴

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

Defining Localities

1.19 For the purposes of the PNA it is necessary to divide the geographical area of Westminster into distinct localities.

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

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

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

4

<http://www.westlondonccg.nhs.uk/media/16/NHS%20West%20London%20Better%20Care.%20Closer%20to%20Home.pdf>

- 1.22** The rationale for using the more detailed “500m radius” approach was to identify the range of access and service provision in a far more precise fashion than ward averages would allow. For example, where boundaries of wards are main roads, pharmacies on the opposite side of the road would not be counted towards the ward’s provision, thereby giving an inaccurate picture of provision; use of the more detailed 500m radius approach avoids this. It also allows the PNA to assess the impact of pharmacies in surrounding boroughs that are within 500m of the borough border.
- 1.23** 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.

Westminster Wards

- 1.24** The City of Westminster consists of 20 electoral wards.

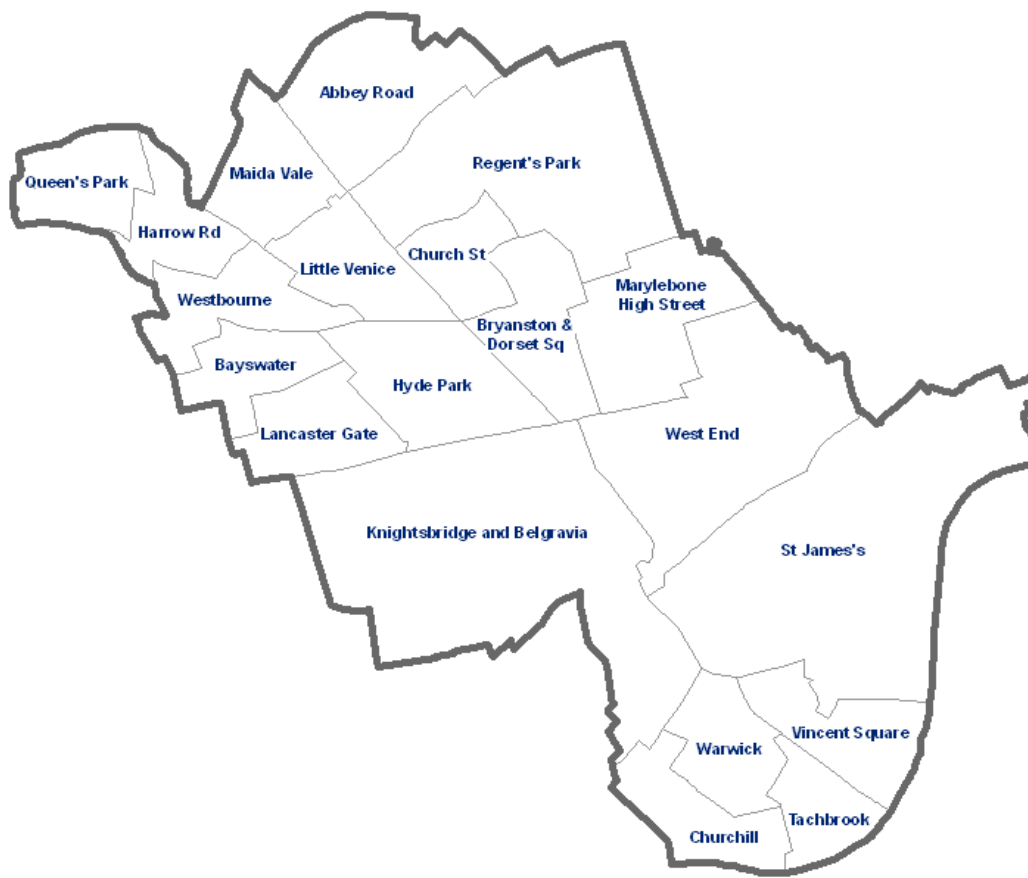


Figure 1.3: Westminster Electoral Wards

Pharmacy Contractor Survey

1.25 The pharmaceutical needs assessment survey was sent to the pharmacies within Westminster and those from the Tri-borough listed in Appendix A. The response rate was 78% (72/92) within Westminster. The results from this survey are referred to throughout this document.

Chapter 2 - Demographics & Health Need

The Joint Strategic Needs Assessment

2.1 The demographic and health information included here is covered in graphical detail in this chapter as well as the Joint Strategic Needs Assessment (JSNA) for City of Westminster. The JSNA identifies current and future health and social care needs of the borough's population and analyses whether needs are being met locally. For JSNA highlights report, please see <http://www.jsna.info/document/highlight-reports-2012>

Summary of Population Characteristics in Westminster

2.2 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.

2.3 Characteristics of the local population have been summarised in **Table 2.1**. Further detail is provided later in this chapter.

The borough at a glance...			
105,800	Households	8	Live births each day
£601,250	Median house price	3	Deaths each day
219,400	Residents	48,000	Local businesses
38%	From BAME groups	£40,000	Annual pay
53%	Born abroad (2011 Census)	2.3%	Unemployment rate (JSA) (London 3.1%)
31%	Main language not English	13%	Local jobs in Public Sector
66%	State school pupils whose main language not English	Ranked 87 th	Most deprived borough in England (out of 326) (17 th in London)
18k/21k	Annual flows in and out of the borough	35%	Children <16 in poverty, 2011 (HMRC)
233,600	Registered with local GPs	Ranked 1 st	Highest carbon emissions in London

	(not including City of London)
990,000	Daytime population in an average weekday

Table 2.1: Overview of characteristics of the local population

Overall population of Westminster

- 2.4** Westminster is a densely populated and vibrant Central London borough, with a daytime population more than 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.
- 2.5** The Office for National Statistics estimates the Westminster resident population in 2011 census to be 219,582 (Table 2.2) and the daytime population as over 1,000,000 (GLA 2013 estimates). Of these, 800,000 are residents and commuting workers, and 200,000 are tourists.

Ward	Population
Abbey Road	11,350
Bayswater	10,350
Bryanston and Dorset Square	12,350
Churchill	10,050
Church Street	11,900
Harrow Road	12,150
Hyde Park	13,000
Knightsbridge and Belgravia	9,850
Lancaster Gate	13,450
Little Venice	10,800
Maida Vale	10,300
Marylebone High Street	10,750
Queen's Park	12,750
Regent's Park	12,250

St. James's	11,450
Tachbrook	8,300
Vincent Square	10,300
Warwick	9,550
Westbourne	12,950
West End	10,950

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

2.6 Population density is high in the northern deprived parts in Westminster including Queen's Park, Church Street, Harrow Road and Westbourne (Figure 2.1).

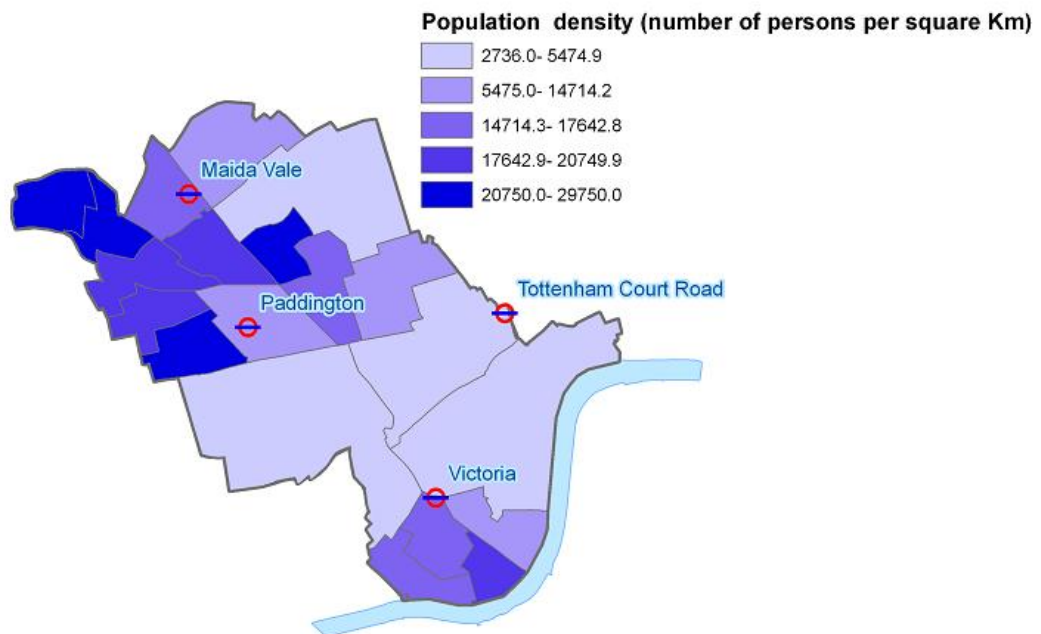


Figure 2.1: Population Density in Westminster (GLA SHLAA Trend based Population Projection data 2013)

2.7 The local population is very mobile: 18,100 people moved in and 21,300 moved out in the year to June 2012. Turnover of population can create significant challenges in providing public health services as well as accurately recording the population size.

2.8 Westminster had the highest population mobility rate in England and Wales in 2001, with more than one in five residents moving address in the previous year. Population 'churn' can create challenges around effective delivery of public health programmes such as screening and immunisation.

The large non-resident population must be taken into account when assessing the sufficiency of pharmacy provision in the borough; extended opening hours during weekdays is important for this demographic. The population is not limited by electoral boundaries and thus the availability of pharmacies near the border in surrounding boroughs must be concurrently assessed. This is discussed on page 51.

Age Structure

2.9 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 and children. The 162,000 residents aged 16 to 64 represent 74% of the total population. This population structure impacts on the types and range of service required in the borough. 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 10th highest proportion of younger working age residents, the 21st highest of older working age residents and 15th highest of retirement age (Figure 2.2).

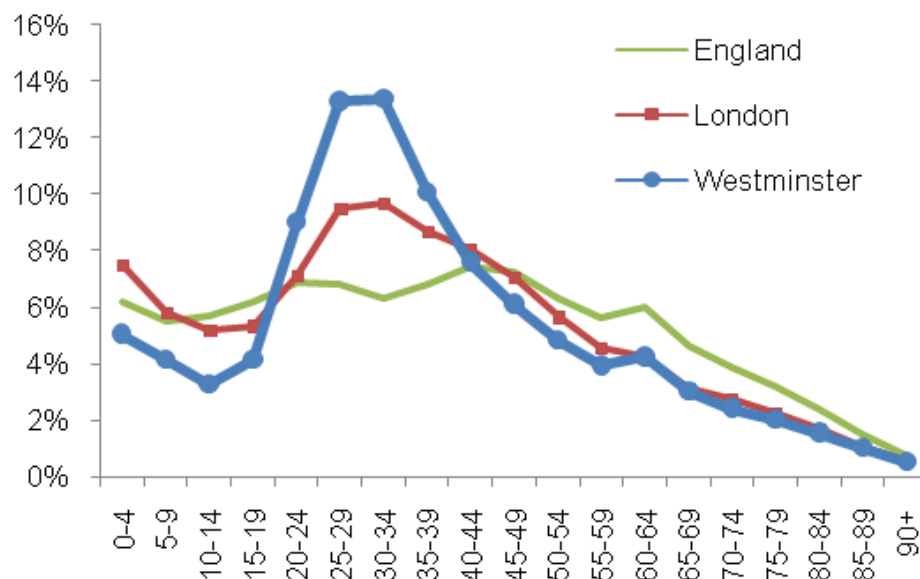


Figure 2.2: Population Structure, 2010

2.10 Most of the 0 - 15 population live in the northern deprived wards, while a high proportion of older people live in affluent parts including Knightsbridge & Belgravia (Figure 2.3 and Table 2.3)

	Children aged 0-15	Working-age (16-64)	Older people aged 65+
Abbey Road	2,000	7,750	1,600
Bayswater	1,350	7,950	1,050
Bryanston and Dorset Square	1,350	9,700	1,300

Churchill	1,950	6,850	1,250
Church Street	2,750	7,600	1,500
Harrow Road	2,300	8,850	1,050
Hyde Park	1,650	10,050	1,300
Knightsbridge and Belgravia	1,100	7,450	1,300
Lancaster Gate	1,550	10,750	1,150
Little Venice	1,950	7,700	1,150
Maida Vale	1,850	7,500	950
Marylebone High Street	950	8,550	1,250
Queen's Park	2,700	8,850	1,250
Regent's Park	1,950	8,350	1,950
St. James's	1,100	9,100	1,300
Tachbrook	900	6,150	1,250
Vincent Square	1,450	7,500	1,300
Warwick	1,050	7,350	1,150
Westbourne	2,750	9,050	1,200
West End	950	8,800	1,200

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

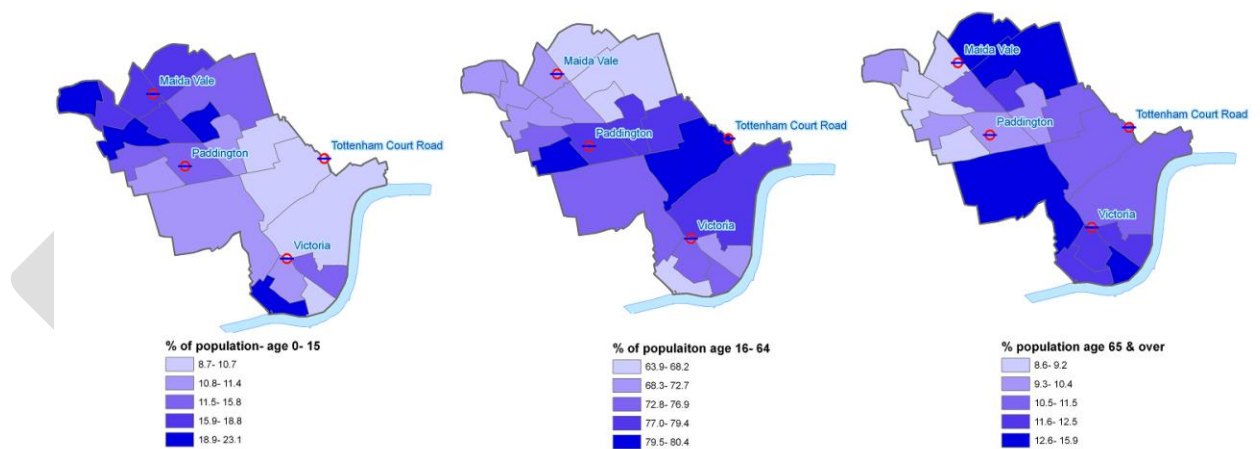


Figure 2.3: Maps showing location of population groups in Westminster

The younger working population are usually considered to be low users of the healthcare system. However, pharmacies may provide services such as immunisations, minor ailment services and sexual health services which may be more accessible than primary and secondary care and also reduce the demand on these services. As the population ages, the demand on health care and dispensing services increases. Accessibility is an important factor for the elderly population. This is discussed on page 60.

Gender Structure

2.11 The gender split is unusual, with more men than women. This is particularly the case in the 25-50 year old age groups, but there are more women in the 50+ groups (Figure 2.4).

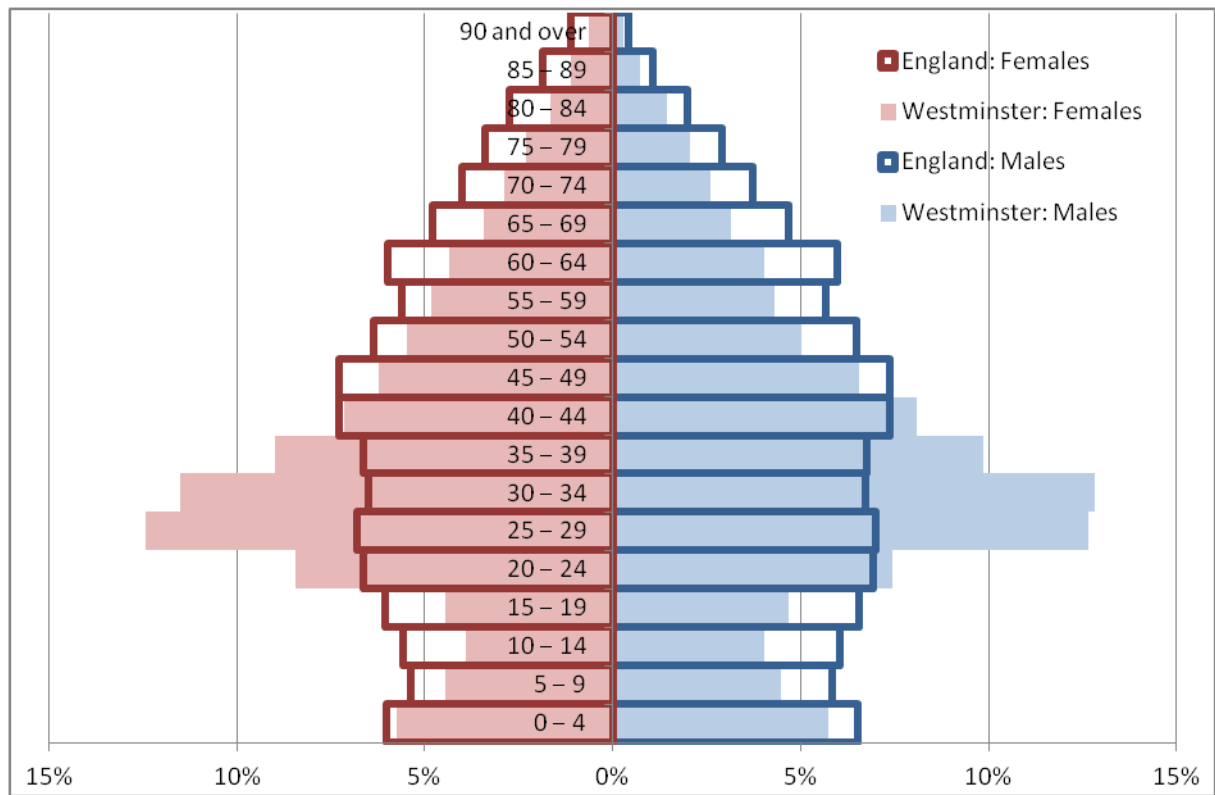


Figure 2.4: Proportion of resident population by age-band, 2011, Westminster (Data source, ONS census 2011)

Ethnicity and diversity

2.12 Nearly half of the borough’s population were born abroad (Figure 2.5 and Table 2.4) according to ONS census 2011. There are a smaller proportion from White British groups (accounting for a third of the population), and the 2nd highest proportion nationally from ‘other White’ backgrounds (26%), with American, Australian and European groups (particularly French and Italians) among the more prominent communities living in the borough.

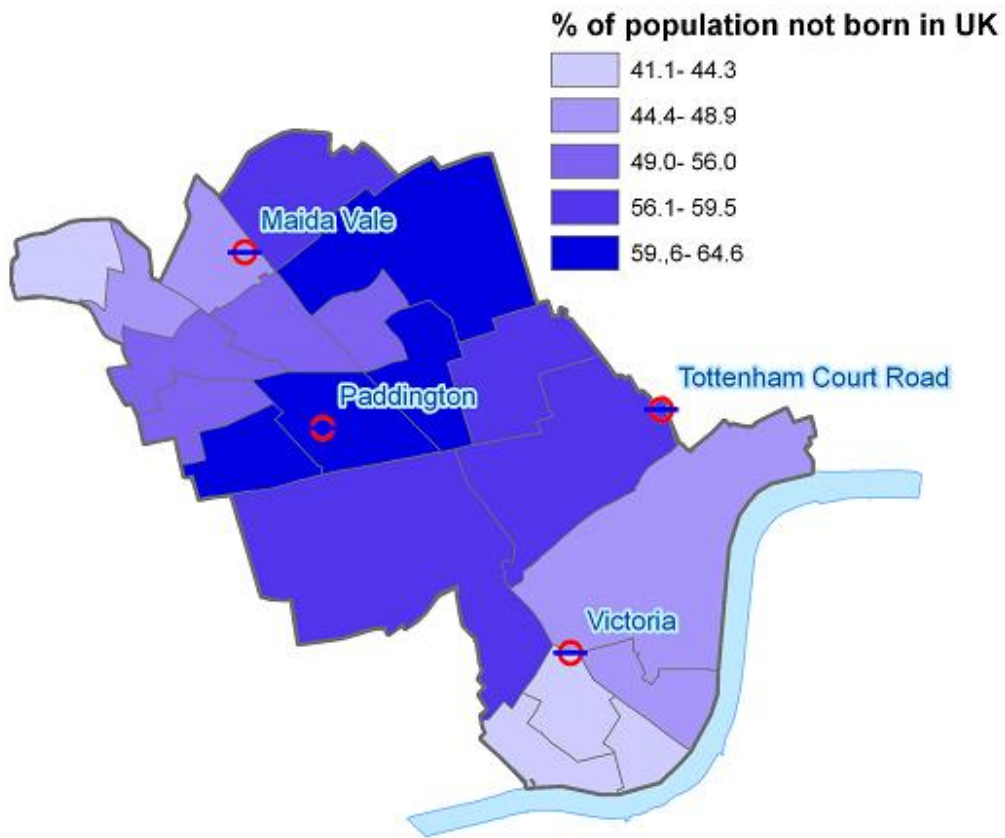


Figure 2.5: Percentage of residents not born in UK (Census 2011)

	% Not Born in UK - 2011
Abbey Road	56.9
Bayswater	56.1
Bryanston and Dorset Square	61.3
Churchill	44.4
Church Street	52.7
Harrow Road	48.2
Hyde Park	64.2
Knightsbridge and Belgravia	59.6
Lancaster Gate	64.6
Little Venice	52.6
Maida Vale	49
Marylebone High Street	58.5
Queen's Park	43.3
Regent's Park	59.9
St. James's	49
Tachbrook	41.1
Vincent Square	44.6
Warwick	43.9

Westbourne	51.5
West End	56.8

Table 2.4: Percentage of residents not born in the UK (Census 2011)

2.13 38% of the population is from Black, Asian and minority ethnic (BAME) groups, up from 26% in 2001. 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 2.5).

	Westminster		London		England	
	2001	2011	2001	2011	2001	2011
White British	49%	35%	60%	45%	87%	80%
White Other	25%	26%	11%	15%	4%	6%
Black	7%	8%	11%	13%	5%	3%
Asian	9%	15%	12%	18%	2%	8%
Other/ Mixed	10%	16%	6%	8%	2%	3%
White	74%	62%	71%	60%	91%	86%
BME	26%	38%	29%	40%	9%	15%

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

2.14 Most of the minority ethnic groups in Westminster reside in the northern deprived wards (Figure 2.6).

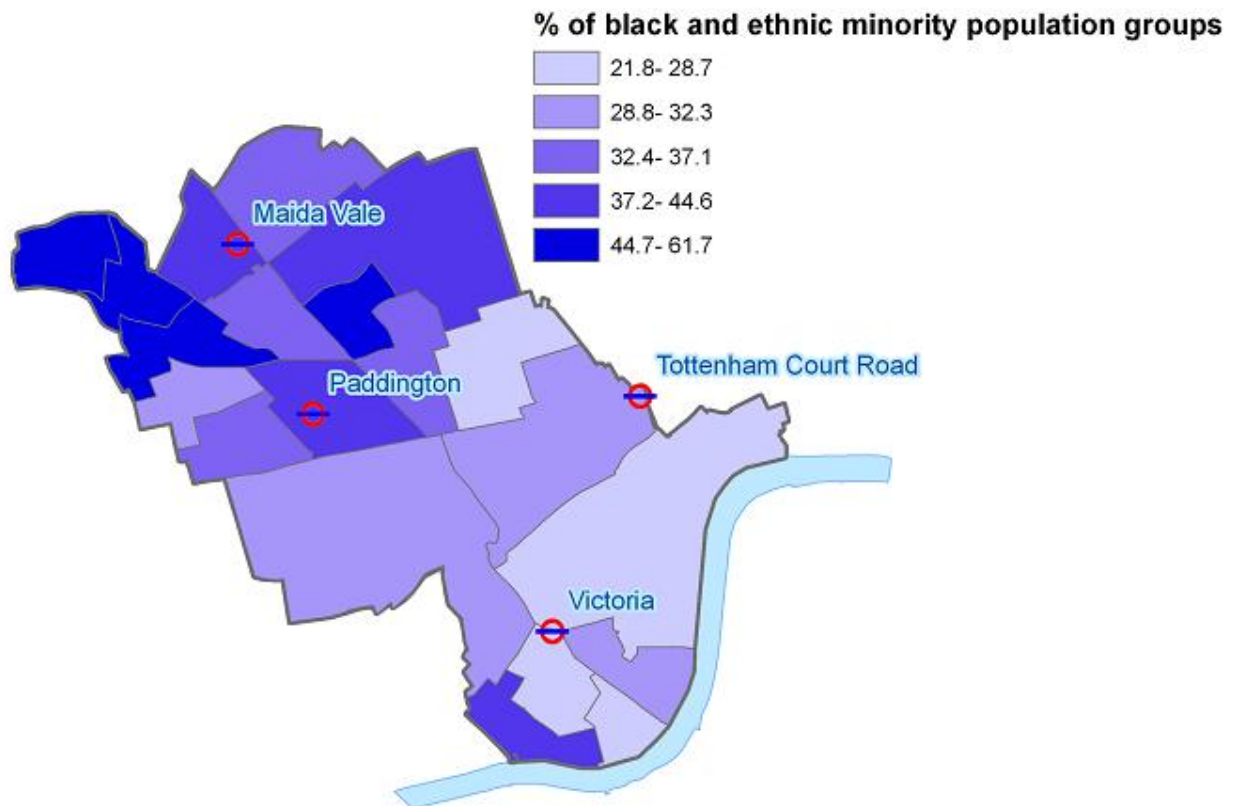


Figure 2.6: Distribution of black and ethnic minority groups (Census 2011)

% BAME - 2011

Abbey Road	35.4
Bayswater	31.1
Bryanston and Dorset Square	37.2
Churchill	39.4
Church Street	61.7
Harrow Road	49
Hyde Park	44.7
Knightsbridge and Belgravia	30.4
Lancaster Gate	33.7
Little Venice	35.6
Maida Vale	37.6
Marylebone High Street	27.8
Queen's Park	52.6
Regent's Park	43.7
St. James's	28.8
Tachbrook	21.8
Vincent Square	29.3
Warwick	24
Westbourne	52.8
West End	32.4

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

2.15 Just under a third of the borough's residents state their main language is not English and, of these, 1 in 7 state they are not able to speak English well; this is around 4% of the borough's population. The breakdown by ward is shown in Table 2.7 and Figure 2.7. Wards, including Church Street and Hyde Park, have a high percentage of households where their first language is not English among any of the households. Arabic is by far the most common language after English, followed by French, Spanish, and Italian (Table 2.8).

	% English is First Language of no one in household - 2011
Abbey Road	20.4
Bayswater	23.9
Bryanston and Dorset Square	28.8
Churchill	17.4
Church Street	27.2
Harrow Road	17.9
Hyde Park	34.1
Knightsbridge and Belgravia	23.9
Lancaster Gate	32.2
Little Venice	19.9
Maida Vale	15.2

Marylebone High Street	21.8
Queen's Park	15.2
Regent's Park	23.7
St. James's	20
Tachbrook	15.1
Vincent Square	17
Warwick	15.9
Westbourne	24.1
West End	24.2

Table 2.7: % English is First Language of no one in household - 2011 (Census 2011)

Language spoken		Country of birth	
English	69%	UK	57%
Arabic	5.7%	USA	2.6%
French	3.0%	Australia	2.6%
Spanish	2.2%	France	2.5%
Italian	1.8%	Italy	1.9%
Portuguese	1.7%	Former USSR	1.4%
Bengali	1.4%	Spain	1.4%
Greek	1.1%	Ireland	1.2%
German	1.1%	India	1.2%
Russian	1.0%	Iran	1.1%

Table 2.8: Most common languages spoken (2011 Census) and countries of birth (GP registrations)

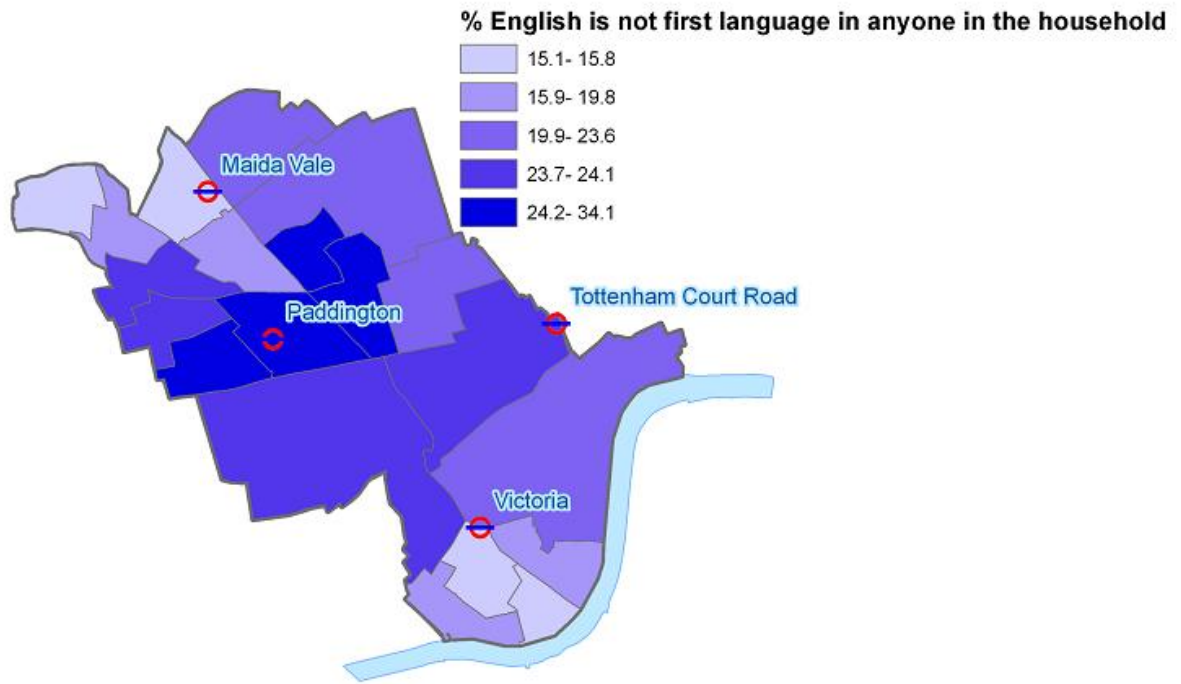


Figure 2.7: Percentage of population whom English is not first language for anyone in the household (Census 2011)

Areas where diversity is higher correlate with areas of higher levels of deprivation and poorer health. Engagement with healthcare may be hampered by language and cultural barriers widening the health inequality gap. Pharmacies employ staff from diverse backgrounds who may be able to speak multiple languages (page 60).

Health and well-being in Westminster

2.16 Life expectancy for men in Westminster is 1.5 years higher than London and 2 years higher than England. There has been faster improvement locally over the last decade compared to London and England. However, the difference in life expectancy between affluent and deprived areas in the borough – 16.9 years – is the highest nationally.

2.17 Life expectancy for women in the borough has been consistently higher than London and England over much of the last decade and Westminster’s ranking remains similar to 10 years ago. The difference in life expectancy between affluent and deprived areas in the borough – 9.7 years – is the highest nationally, as it is with men.

2.18 Female life expectancy is high in Abbey Road, Knightsbridge & Belgravia and Bryanston & Dorset Square, while male life expectancy is high in wards such as Knightsbridge & Belgravia, Bryanston & Dorset Square and Marylebone High Street (Table 2.9 and Figure 2.8).

	Male life expectancy - 2008-2012	Female life expectancy - 2008-2012
Abbey Road	84.6	89.3
Bayswater	86.4	85.4
Bryanston and Dorset Square	84.8	87.1
Churchill	79.9	86.4
Church Street	78.1	81.8
Harrow Road	75.7	85.3
Hyde Park	81.9	85.5
Knightsbridge and Belgravia	91.3	92.2
Lancaster Gate	83.5	85.8
Little Venice	79.4	85
Maida Vale	80.8	84.7
Marylebone High Street	85.5	85.3
Queen's Park	76.6	82.3
Regent's Park	83.2	86.8
St. James's	81.8	86
Tachbrook	82.8	84.1
Vincent Square	79.5	86
Warwick	81	88.6
Westbourne	75.3	81.2
West End	81.9	85.8

Table 2.9: Life expectancy among males and females in Westminster (Greater London Authority calculations using Office for National Statistics data 2008 - 2012)

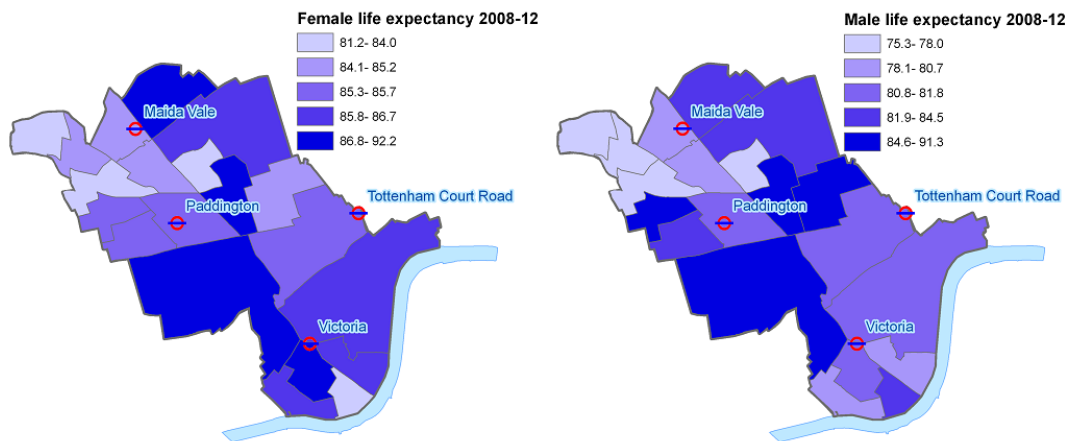


Figure 2.8: Life expectancy among males and females in Westminster (Greater London Authority calculations using Office for National Statistics data 2008 - 2012)

2.19 Most people in Westminster consider their health to be good – a similar proportion to London. The minority of people who consider their health to be bad or very bad are more likely to have long term conditions that limit their ability to lead normal lives and are much more likely to be older. They also tend to be clustered around areas of deprivation and social housing.

2.20 Those living in areas of high density social housing are 2-3 times as likely to report bad/very bad health compared to those in areas with low density, across all ages. This can make targeting of support easier, as areas of social housing in the borough are usually well defined.

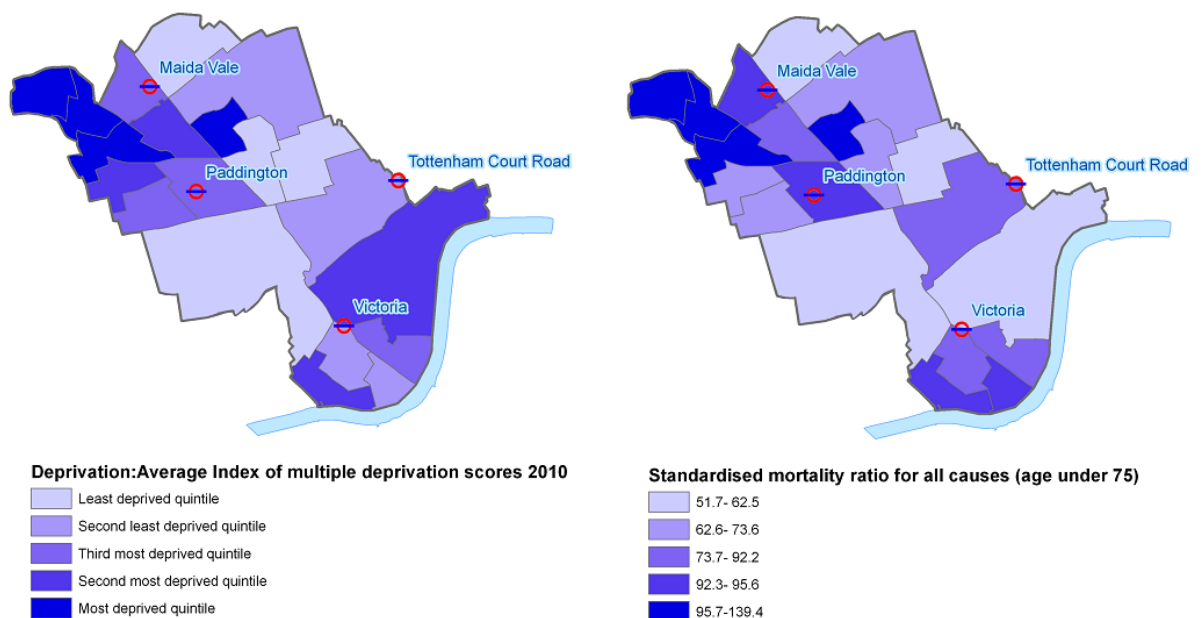


Figure 2.9: Map showing deprivation and premature mortality (under 75) in Westminster

2.21 The numbers of births are high in deprived parts of the borough including Queen’s Park, Harrow Road and Westbourne while the numbers of deaths are high in Regent’s Park and Bayswater wards (Figure 2.10).

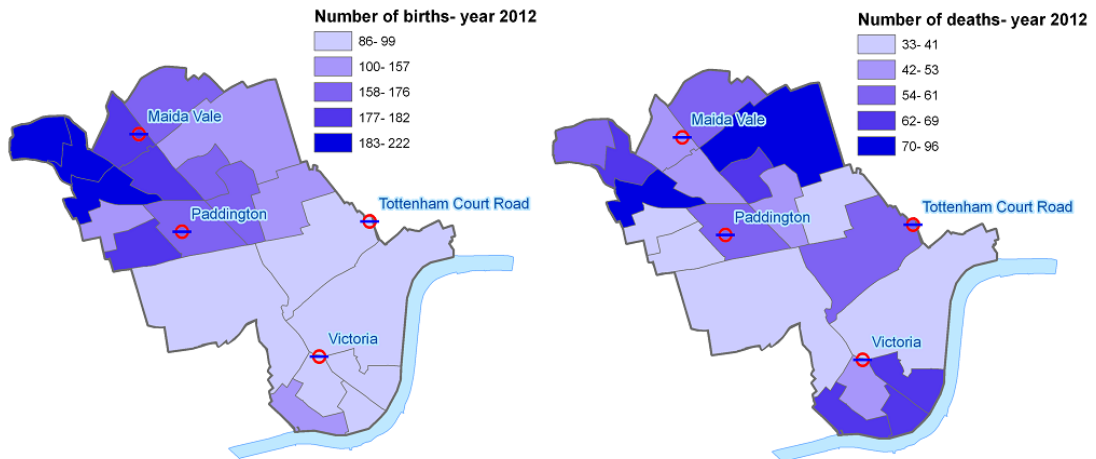


Figure 2.10: Number of births and deaths in Westminster

2.22 The Child Wellbeing Index (CWI) is a composite index with seven domains: material well-being; health; education; crime; housing; environment; and children in need. Based on these, the borough is ranked 21st lowest out of 354 in England for wellbeing. Figures from the Index of Multiple Deprivation Affecting Children (IDACI) suggest that 37% of the borough's children live in income-deprived households.

2.23 Welfare reform is affecting a number of families in the borough, with 4,900 children living in 2,700 households affected in January 2012 (although numbers are now lower). Those who have been unable to renegotiate their rent will have to move home, but in some cases may move to overcrowded households or drift into debt.

Patterns of ill health

2.24 The principle cause of premature (<75) death in Westminster is cancer, followed by cardiovascular disease (which includes heart disease and stroke). A significant number of people also die from COPD. This pattern is broadly similar to the rest of the country. Accidents and injuries are most common among younger residents and comprise a large proportion of total avoidable deaths (see chart), as do heart disease deaths for men, particularly in deprived areas.

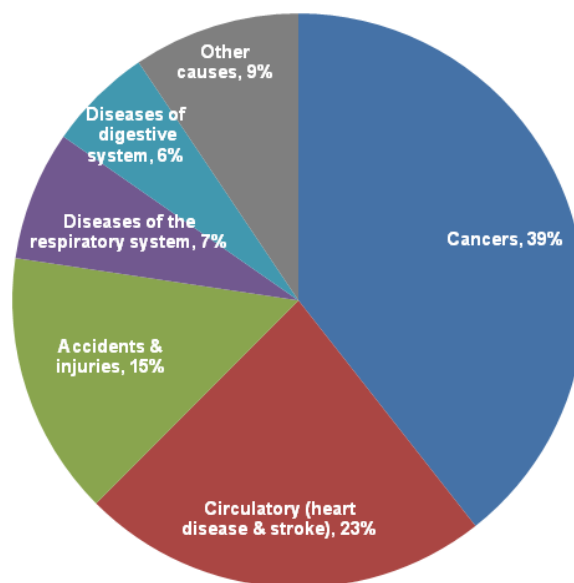
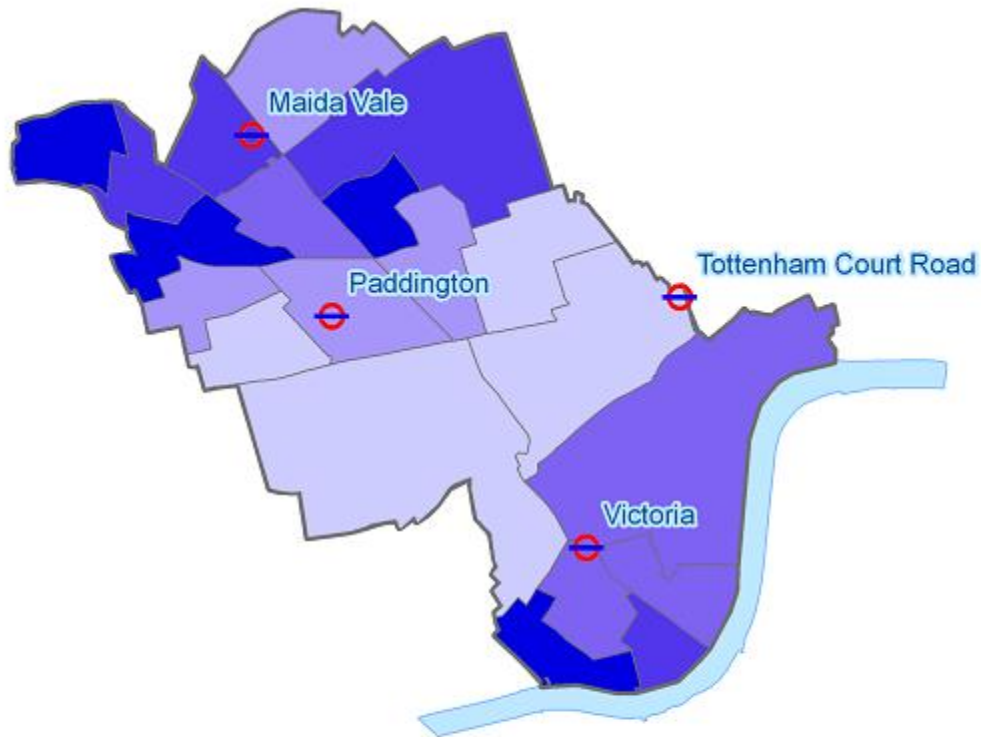


Figure 2.11: Premature deaths by cause, 2011

- 2.25** There have been marked reductions locally in premature mortality from CVD in the past decade (by 39%), the result of factors such as more timely high quality treatment, effective prescribing, and a reduction in the number of smokers. Ten years ago, CVD was the primary cause of early death; it is now the second most common.
- 2.26** Although improvements in health often focus on reducing years of life lost through early death, the growing burden of disability also requires a coordinated response, with mental disorders, substance misuse, musculoskeletal disorders and falls all having a significant impact on the ability to lead a fulfilling life and contribute to society through stable employment up to retirement. Locally, mental health is the most common reason for long term sickness absence and several of the wards in the deprived parts of the borough fall into the highest ten in London for incapacity benefit/ ESA claimant rates for mental health reasons.
- 2.27** People living in deprived parts of Westminster such as Queen’s Park, Westbourne and Church Street stated that their day to day activities are “limited a lot” due to their ill health (Figure 2.12).



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

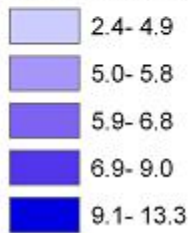


Figure 2.12: Percentage of people whom day to day activities are “limited a lot” due to ill health

2.28 Queen’s Park, Church Street, Westbourne and Harrow Road are in the top ten wards in London for working age incapacity benefit claimants for mental health reasons. Churchill, Little Venice, Bayswater, and Vincent Square are also within the 20% highest claimant wards in London. The percentage of people claiming incapacity benefits is illustrated in Figure 2.13

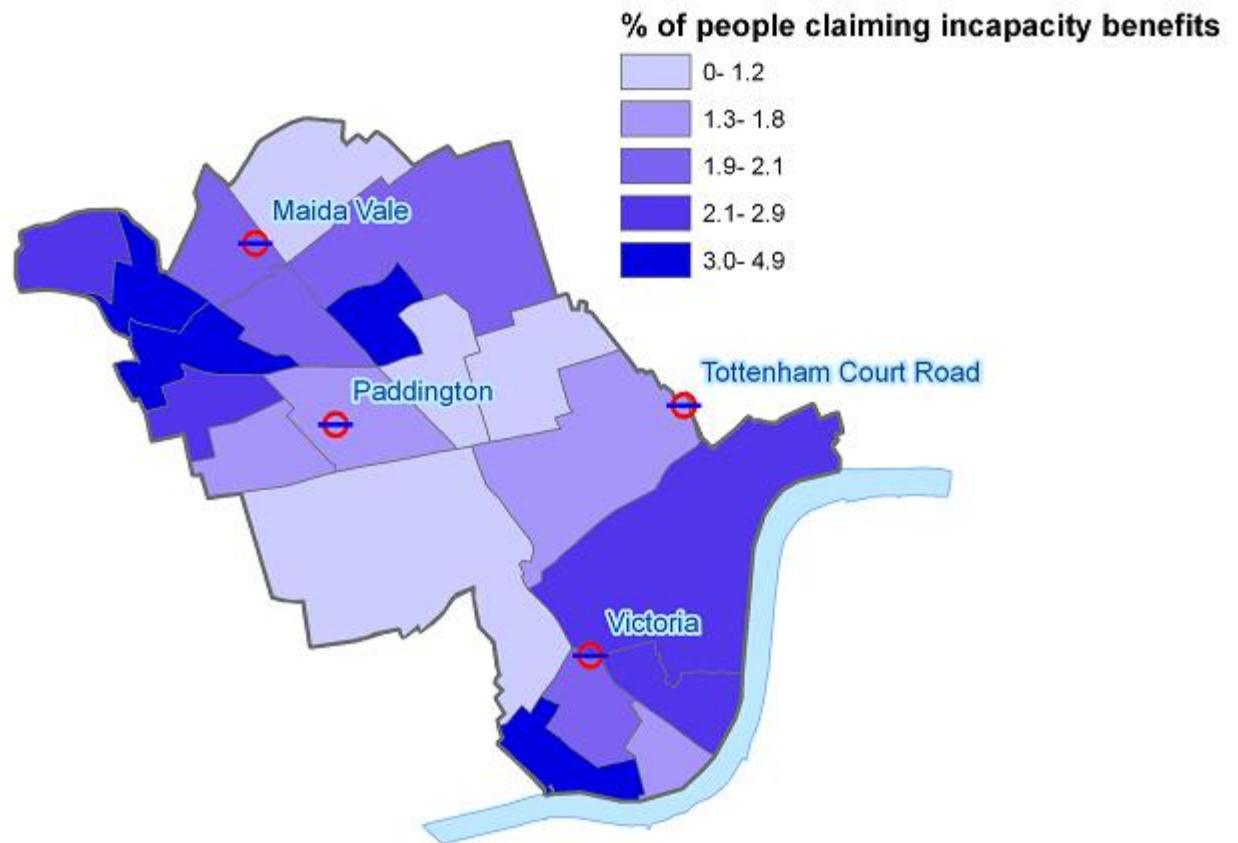
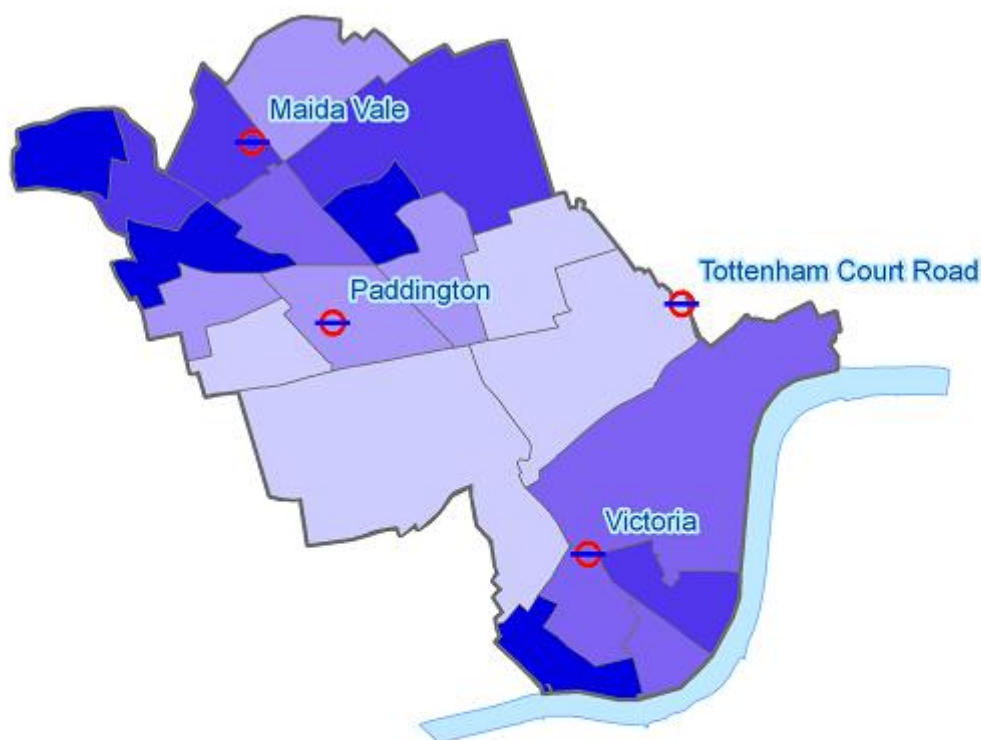


Figure 2.13: Percentage of people claiming incapacity benefit rates per 1000 in Westminster

2.29 Furthermore, over 10% of people in deprived parts of Westminster including Queen’s Park, Westbourne and Church Street who responded in the ONS Census, 2011 survey stated that their health is either bad or very bad (Figure 2.14).



% of people who stated their health was either poor or very poor

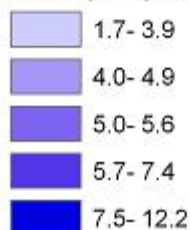


Figure 2.14: % of people who stated their health is either bad or very bad in Westminster

2.30 The overall **premature (under 75) death rate** in Westminster is the 3rd lowest in London, but Church Street is among the highest, with around 13 more early deaths each year than is typical for London. Queen’s Park and Harrow Road also fall within the 20% of wards with the highest premature mortality, each with 7-8 more early deaths a year than if the average applied.

2.31 The premature death rate from **cancer** is the 7th lowest in the country, but Church Street falls within the 20% wards with the highest mortality in London, with around 3 more early deaths a year than is typical for London (Figure 2.15). The rate in the area covered by the most deprived four wards is more than one and a half times that of the rest of the borough. Improvements in lifestyles, as well as more accessible and high quality care, have resulted in a decline in the early death rate for cancer. The change has been faster than in London and England (28% locally in the last decade, compared to 20% in London and 17% nationally). Nationally, issues still exist around early diagnosis of cancer, with chances of survival much poorer in areas of deprivation.

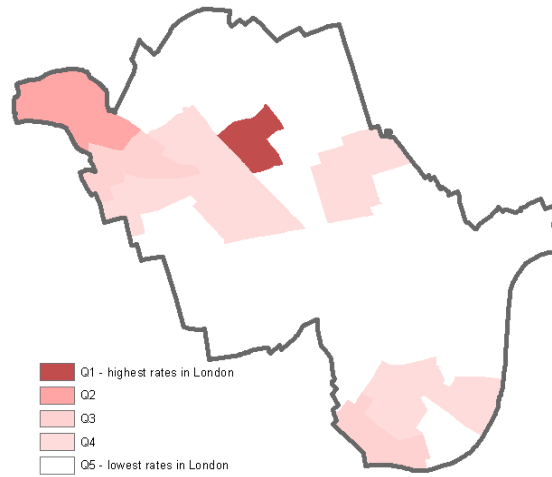


Figure 2.15: Cancer Premature Mortality 2006-10 : Mortality rates by London quintile

- 2.32** Currently 167 residents of the borough die prematurely each year from cancer, which is around 40 less than a typical London borough. Lung, breast and bowel cancer account for the greatest number of early deaths in the borough.
- 2.33** As with cancer, the premature death rate from **cardiovascular disease** (Figure 2.16) is lower than London and England. However, Church Street has the 2nd highest rate of any ward in London with 7 more deaths a year than is typical.

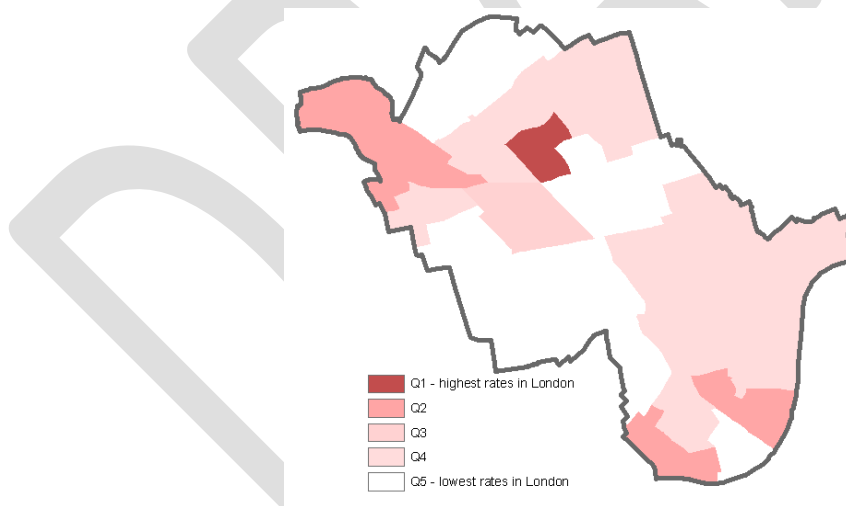


Figure 2.16: CVD Premature Mortality 2006-10

- 2.34** The incidence of **Tuberculosis (TB)** is lower than London, but is high compared to England and has not dropped in recent years – there have been an average of 69 cases a year for the last 3 years. Westminster is close to high prevalence boroughs such as Brent. The bulk of TB cases are acquired abroad, although the homeless population is also prone to TB.

2.35 The impact of **undiagnosed disease** is huge, with an estimated 30% of people locally with diabetes undiagnosed by their GP, rising to over half for those with hypertension. Estimates based on national modelling on the introduction of the Health Checks programme suggest that carrying out health checks in the borough would identify around 80-90 new cases of diabetes and kidney disease annually.

Pharmacies may provide **NHS Health Checks** (page 75) for people aged 40-74 years: carrying out a full vascular risk assessment and providing advice and support to help reduce the risk of heart disease, strokes, diabetes and obesity.

2.36 In 2012, Westminster had the 7th highest reported acute **Sexually Transmitted Infections (STI)** rate in England. Good access to a range of STI screening services locally is likely to contribute to effective detection and diagnosis. However, the rate highlights that there are significant challenges to be addressed in reducing the impact of poor sexual health locally. Around a third of acute STIs diagnosed were seen in young people aged 15-24. Gay men and African communities are also disproportionately affected.

2.37 In 2011, the borough had the 5th highest **HIV prevalence** rate in England. A quarter of people with HIV in England remain undiagnosed. However, between 2011 and 2013, Westminster had the 2nd lowest rate of late diagnosis in London. Gay men and African communities remain the populations most disproportionately affected by HIV locally. Effective treatment means that the number of people living with HIV is increasing annually, with an increasing proportion aged over 50 years. The high local rate of HIV requires ongoing investment to maximise testing opportunities across a range of key delivery settings and support HIV prevention programmes (Figure 2.17).

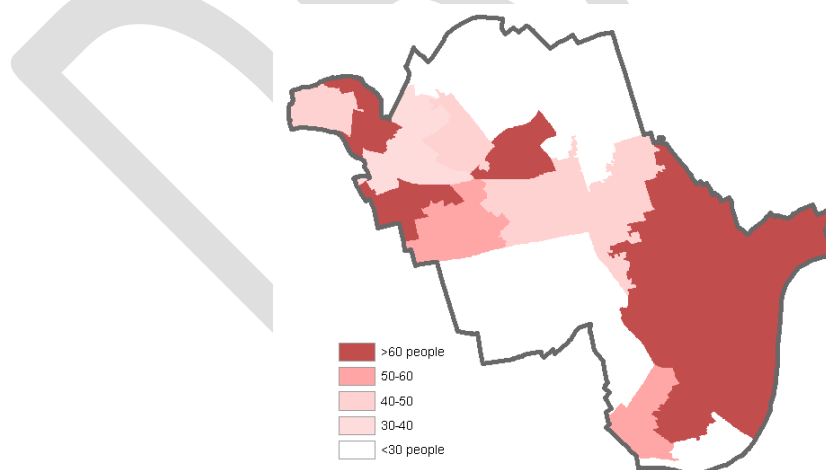


Figure 2.17: HIV/AIDS – People known to services, 2009

2.38 There were 223 under 18 conceptions in the borough between 2009 and 2011 – around 32 conceptions for every 1000, 15-17 year old girls. Deprived northern parts of the borough have high rates of teenage conception (Figure 2.18). Teenage mothers

nationally are three times as likely to suffer from post-natal depression, are less likely to breastfeed and more likely to smoke.

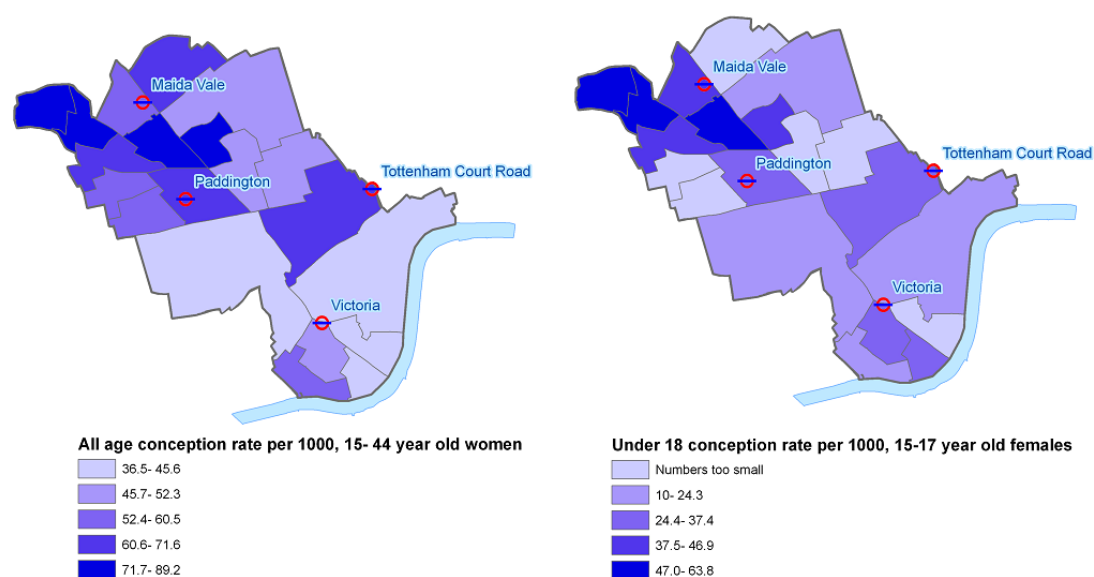


Figure 2.18: All age and Under 18 conception rates in Westminster

Pharmacies may provide **Sexual health services** such as emergency hormonal contraception services (page 78); condom distribution; pregnancy testing and advice; Chlamydia screening and treatment; other sexual health screening, including syphilis, HIV and gonorrhoea.

2.39 Coverage of **breast screening** in the borough is currently the 4th lowest in the country, with close to 4 in 10 women (6,100 women) not having had an NHS screening within the last three years. There are significant challenges locally around achieving high screening rates, given high population movement and high private and overseas use (which cannot be counted).

2.40 **Cervical screening** coverage is the 5th lowest in the country for younger women and the 3rd lowest for older women. Cervical screening also suffers from similar challenges to breast screening around population movement and overseas use. Around 26,000 women have not received cervical screening in the eligible time period.

Mental Health

2.41 Common mental health issues such as anxiety and depression affects around 1 in 6 people at any one point in time and is one of the leading causes of disability nationally. Levels of funding for the evidence-based IAPT programme have been increasing to meet a target of 15% of prevalence annually. Success of the programme relies on referrals into

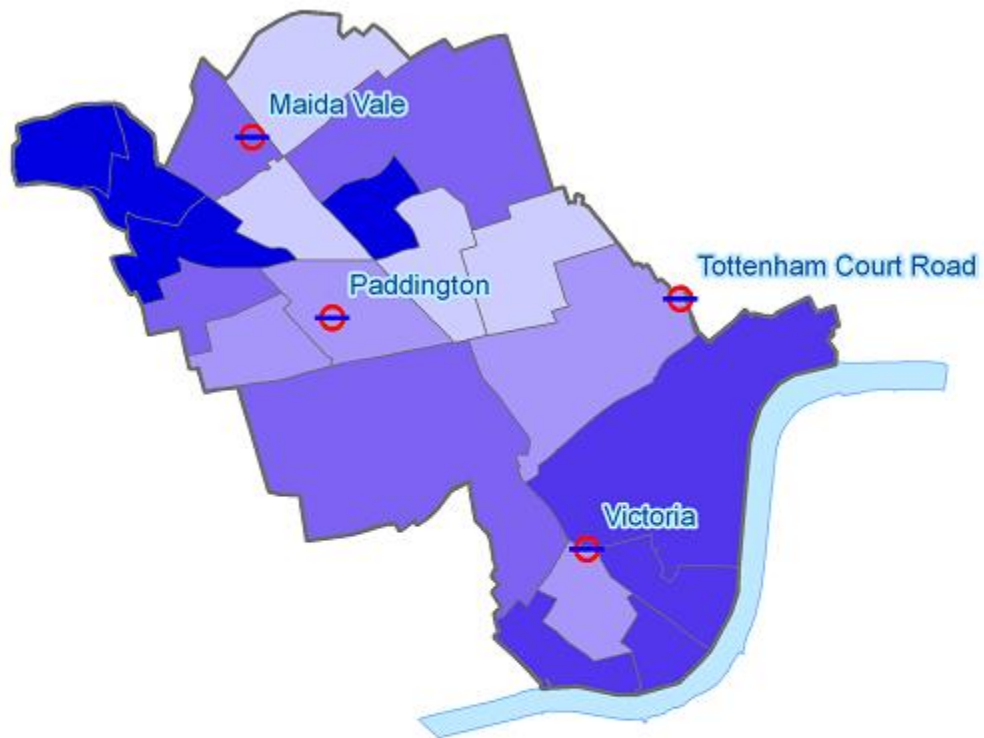
the service from a number of sources to ensure the service is meeting fair access for all. In nearby Hammersmith and Fulham, local mental health 'champions' are trained to identify people suffering from mental ill-health and offer them support in accessing mental health services as well as providing ongoing support after treatment.

- 2.42** Central London CCG had the 4th highest population with severe and enduring mental illness known to GPs in the country in 2012/13 (3,306 people registered with Westminster Practices).
- 2.43** Suicide has a devastating effect on all those involved and is the most common cause of death for men under 35. Rates of suicide and undetermined injury are currently the highest in London, with around 23 a year.

Medicines are a key component of mental health care and pharmacists have the expertise required to improve adherence to medication and bridge the gaps between services in different healthcare settings. Services such as **Medication Use Reviews** (page 64) and **New Medicine Services** (page 67) are examples of services that improve access to this group. Pharmacists also have the expertise to make a vital contribution to the reduction in the inappropriate use of medicines.

Lifestyles

- 2.44** It is estimated that 31,000 adults in the borough are obese, 15% of all adults. Levels of adult **obesity** have been rising nationally. The cost to the NHS from obesity is probably around £15-25 million a year in the borough. Obesity rates are highest in the northern wards (Figure 2.19).



Estimated % of adults who are obese

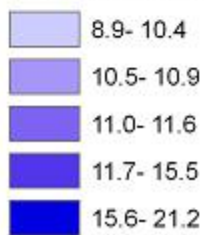


Figure 2.19: Adult obesity rates in Westminster

- 2.45** Overweight and obesity remain high for children in the borough, with nearly a third of children of school age either overweight or obese, around 6,000-7,000 children locally. The potential impact and cost of being overweight in adulthood is well known: nearly half of diabetes and a quarter of heart disease can be attributed to excess weight, and it is also a significant risk factor for many cancers; it can also be highly stigmatising.
- 2.46** Obesity rates are high in Westbourne, Church Street wards for reception year pupils and Harrow Road, Church Street for year 6 pupils (Figure 2.20).

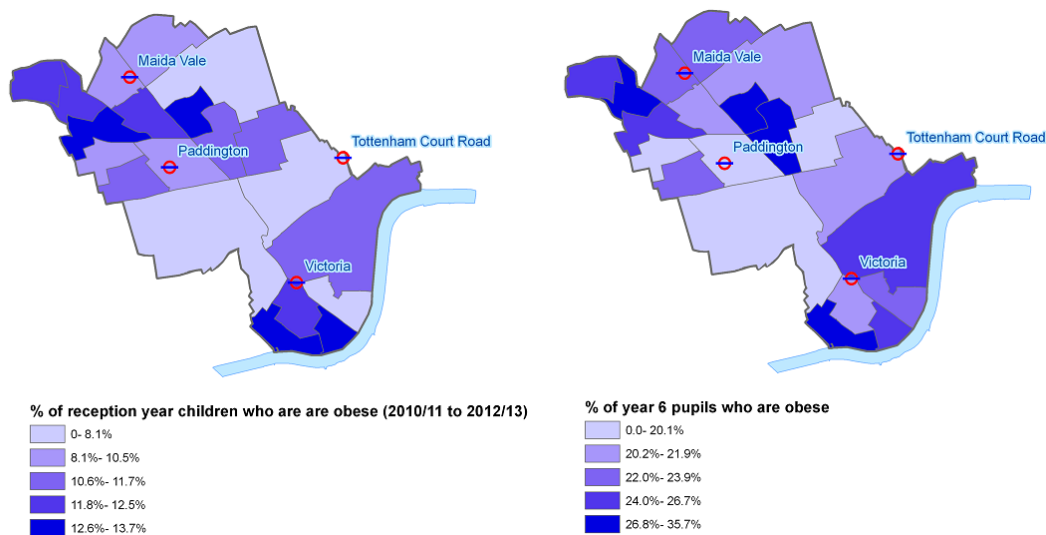
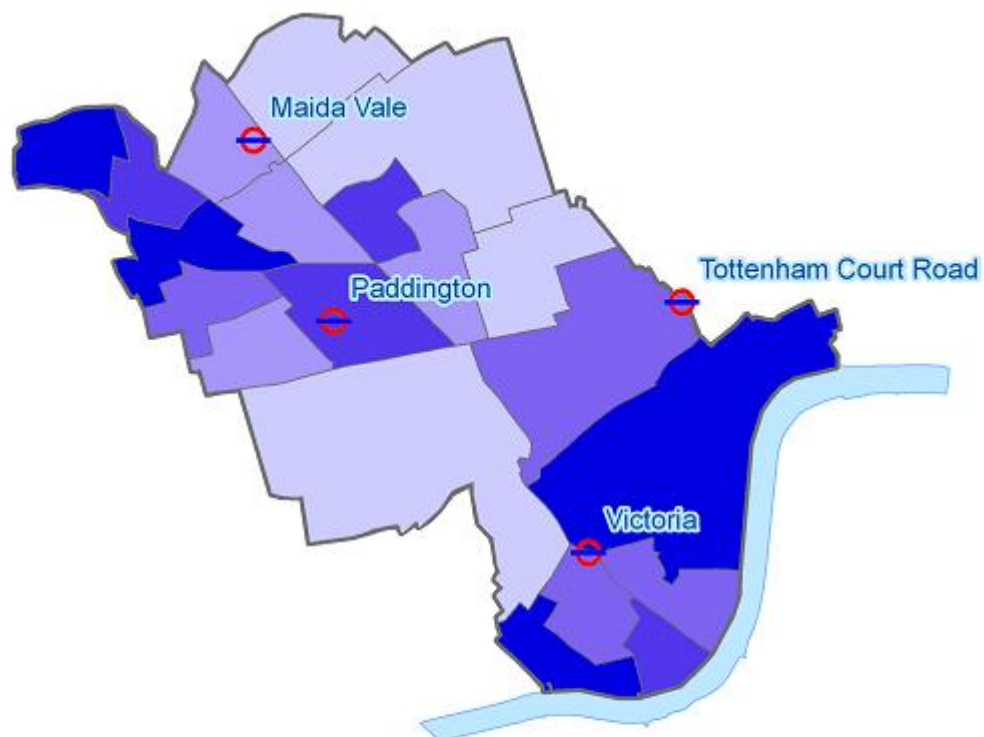


Figure 2.20: Level of childhood obesity in Westminster

- 2.47** Around a quarter of people in the borough (28%) are **physically inactive**, doing less than 30 minutes activity per week. Just over half (55%) do the recommended 150 minutes a week. Rates of inactivity for BAME groups are typically around one quarter higher than average, and people over 55 are around twice as inactive. Inactivity is one of the major causes of disease such as diabetes, cardiovascular disease, cancer and musculoskeletal problems and a cause of obesity.
- 2.48** Having a diet rich in fruit and vegetables is one of the most vital factors in the fight against cancer and heart disease, and is the third most influential factor for avoiding cancer. Estimates suggest 55% of the local population does not eat five portions of fruit and vegetables a day. Maintaining a high intake in a time of rising food costs is challenging and requires innovative ideas, particularly in poor areas.

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

- 2.49 Smoking** is the largest avoidable cause of death and the biggest cause of inequalities, nationally and locally, and is responsible for around 196 deaths in the borough each year. This is 34 fewer than typical of England, but more people smoke in Westminster (22%) than average for London (19%) and England (20%), with highest rates in deprived areas.
- 2.50** Deprived areas in Westminster including Queen’s Park, Westbourne, Church Street and St. James’s in the south have high rates of smoking prevalence (Figure 2.21).



Estimated % smoking prevalence (age 16 & over)

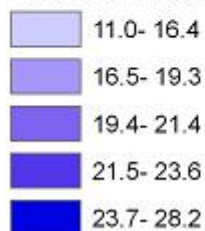
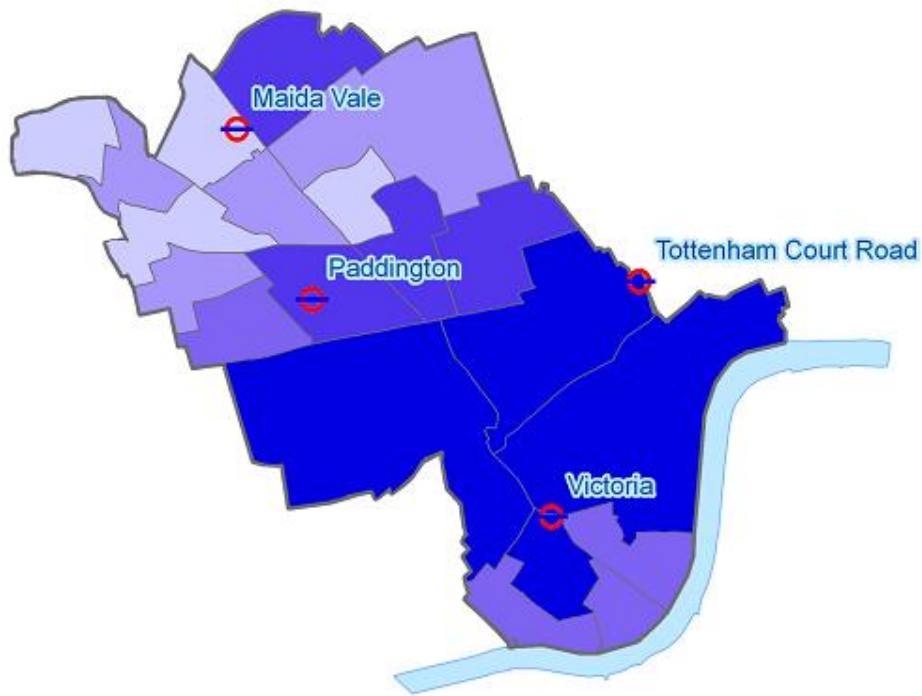


Figure 2.21: Map showing ward level smoking prevalence estimations (year 2013)

Pharmacies may provide **Stop smoking services** (page 77): proactive promotion of smoking cessation through to provision of full NHS stop smoking programme

2.51 Hazardous or dependent consumption of **alcohol** can result in significant harm to individuals. Alcohol has significant costs to the NHS (around £10 million per year locally), loss of productivity (around £20 million locally), and impact on crime (around £30 million locally), as well as domestic violence and relationship breakdown. Around 14 men and 4 women die every year in Westminster from chronic liver disease, a similar rate to London. Deaths have dropped since a decade ago, but alcohol-related admissions have more than doubled. Hotspots for alcohol-related admissions include the West End and Soho areas (Figure 2.22).



Rates of ambulance call outs for alcohol related illness per 100,000 population

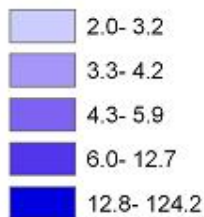


Figure 2.22: Ambulance call outs for alcohol related illnesses during 2013

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

- 2.52** Estimates from 2009/10 suggest that the borough has the 11th highest rate of problem drug users in London, or 1,450 people. Crimes associated with drug use cost around £85 million locally according to estimates based on Home Office figures.
- 2.53** Areas including West End, St. James's, Churchill and Knightsbridge & Belgravia have high rates of drug related offences (Figure 2.23).

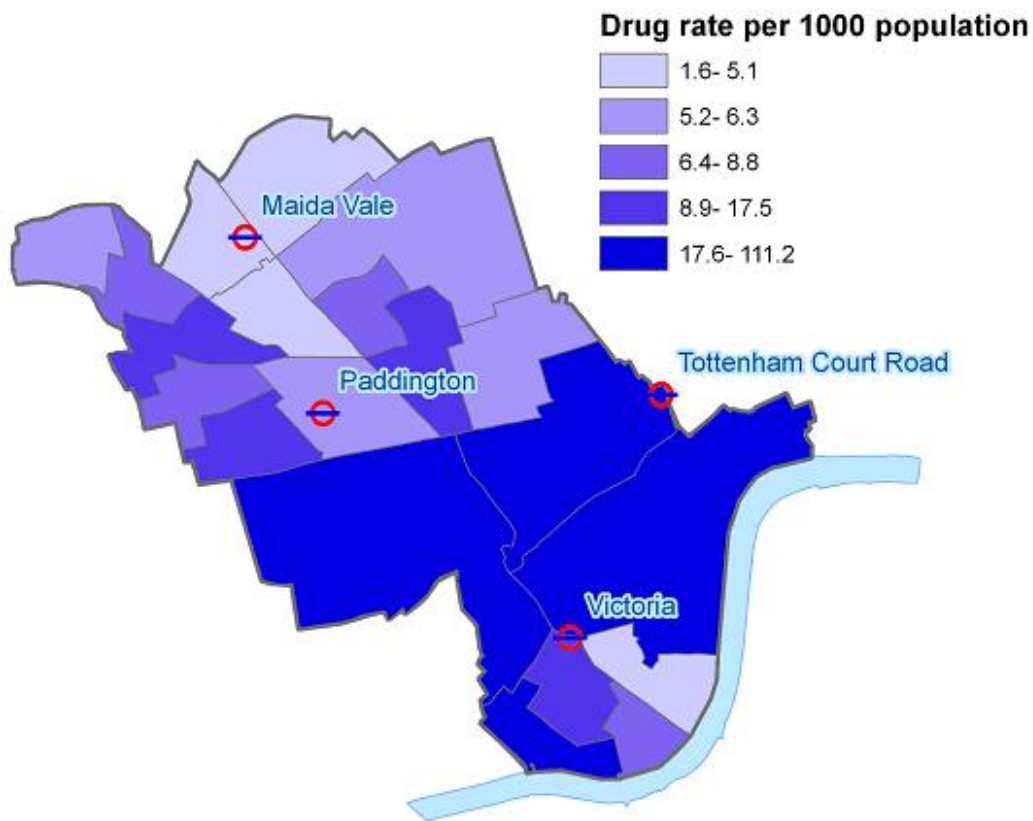


Figure 2.23: Drugs offence rate in Westminster

Pharmacies may provide **Substance misuse services** (page 76): needle and syringe services; supervised consumption of medicines to treat addiction, e.g. methadone; Hepatitis testing and Hepatitis B and C vaccination; HIV testing; provision of naloxone to drug users for use in emergency overdose situations

Protected Characteristics and Vulnerable Groups in Westminster

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

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

Age

2.56 The current age profile of the borough is discussed in paragraph 2.9 earlier in this chapter and the future age projections are discussed in paragraph 2.86 later in this chapter.

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

Disability

- 2.62** All pharmacies must comply with the Disability Discrimination Act 1995 (now superseded by the Equality Act 2010). Pharmacy contractors may have assessed the extent to which it would be appropriate to install hearing loops, or provide access ramps wide aisles to allow wheelchair access. 48 of the pharmacies in Westminster who replied to the survey stated that they had a consultation room accessible to wheelchair users.
- 2.63** Accessible information formats are alternatives to printed information, used by blind and partially sighted people, or others with a print impairment. More than half of the pharmacies that responded to the survey provide large prints (51/72). 53 pharmacies provide Easy read material. 1 pharmacy within the borough provides information in Braille.
- 2.64** The HWB has not identified any gaps in access to the provision of pharmaceutical services to the disabled population.

Sex

- 2.65** The current gender split is discussed in paragraph 2.11. All services are provided equitably to both sexes. Pharmacies may provide relevant enhanced services specifically for women such as Emergency Hormonal Contraception through patient group directives.

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

Gender reassignment

2.67 Pharmacies are involved in the pathway of gender reassignment in their role of dispensing medication. 75% of the pharmacies who responded to the survey in Westminster have a clearly signposted private consultation room. Pharmacists who provide sexual health services have undergone extra training.

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

Sexual orientation

2.69 As above, pharmacists provide their professional services irrespective of sexuality or sexual orientation.

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

Marriage and civil partnership

2.71 The HWB has not identified any gaps in access to the provision of pharmaceutical services relating to this group.

Pregnancy and maternity

2.72 Pharmacies provide a range of services for women during the entire process of pregnancy and maternity, from provision of pregnancy testing to advice during the pregnancy such as medication reviews and stop smoking services and, in the postnatal period, provision of supplements and signposting to other medical professionals for both mother and baby.

2.73 The HWB has not identified any gaps in access to the provision of pharmaceutical services in pregnancy and maternity.

Race

2.74 The ethnic diversity and the impact on provision of pharmaceutical services is discussed on page 20.

2.75 The HWB has not identified any gaps in access to the provision of pharmaceutical services to the different ethnic groups.

Religion and belief

2.76 Westminster has a diverse population as noted above and multiple religions are practiced within the borough.

2.77 The HWB has not identified any gaps in access to the provision of pharmaceutical services based on religion and belief.

Those struggling with substance abuse

- 2.78** The current need is discussed on page 40. Public Health Services are commissioned from Westminster, and surrounding borough pharmacies, such as Supervised Consumption, Needle Exchange Services and Stop Smoking Services. These services improve access for this vulnerable group.
- 2.79** HWB has not identified any gaps in access to the provision of pharmaceutical services to those struggling with substance abuse.

The Homeless

- 2.80** Those sleeping rough in the borough have been found to have very high levels of emergency health care use and poor levels of health which could be avoided with better coordination and support. A recent JSNA (available at www.jsns.info) has highlighted gaps in service provision for rough sleepers in primary care resulting in high use of secondary care. Westminster has the largest concentration of rough sleepers in the country, accounting for three quarters of those in London. Over a recent two year period, an estimated 2,276 people slept rough in the borough. A significant proportion of the homeless population tend to have multiple issues such as alcohol and drug dependence and mental health issues.
- 2.81** Pharmacies are ideally situated to target services for hard-to-reach populations such as homeless sleepers who are usually not registered with a GP.
- 2.82** The availability of pharmacies throughout the borough with extended opening hours and the provision of services such as Supervised Administration Services, Needle Exchange Services and Stop Smoking Services improve access for this vulnerable group.
- 2.83** HWB has not identified any gaps in access to the provision of pharmaceutical services to the Homeless Population.

Changing Patterns of Need

- 2.84** Obesity can lead to a greater risk of heart disease, stroke, some cancers, high blood pressure, mental ill-health, and is likely to have contributed to a 34% rise over 5 years in GP-recorded numbers with diabetes diagnoses locally.
- 2.85** Westminster has a significantly higher rate of alcohol-specific hospital admissions for men compared to nationally. Alcohol-related admissions also appear to be rising. 'Hotspots' for alcohol-related admissions are generally in areas of deprivation, particularly Church Street, Queen's Park, and the West End. Alcohol-related crime is much higher than London and national averages, including violent and sexual offences.

Changing Population

2.86 The number of older people is expected to rise considerably over the next two decades (Figure 2.24). Although the rise experienced locally may not be as substantial as the rise nationally, it will nevertheless have a dramatic impact on demand for services. At the same time, the number of those providing unpaid care in Westminster was the 2nd lowest in the country in 2001. The rise in the older population is caused by two factors: improvements in life expectancy; and greater numbers of people born in the post war 'baby boom' who are approaching old age. The latter cause explains the predicted acceleration in numbers of 80+ year olds from around 2025 onwards. Public health issues for the older population, such as social isolation, physical inactivity, and falls, may become more commonplace, as will levels of disability and mobility issues.

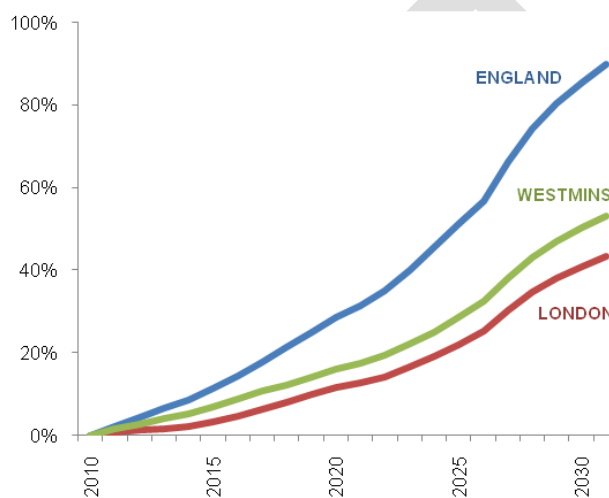


Figure 2.24: Projected growth population age 80+

2.87 There are several proposed large scale development sites in the borough which may result in significant and concentrated increases in population if completed. All of these are likely to require reconsideration of pharmaceutical requirements if progressed. At present, timescales for development are likely to be longer than the timescale of the 2015-2018 PNA. According to Greater London authority, there are 50 development schemes proposing 10 or more units either to be started or under construction as at 29th September 2014 (Figure 2.25).

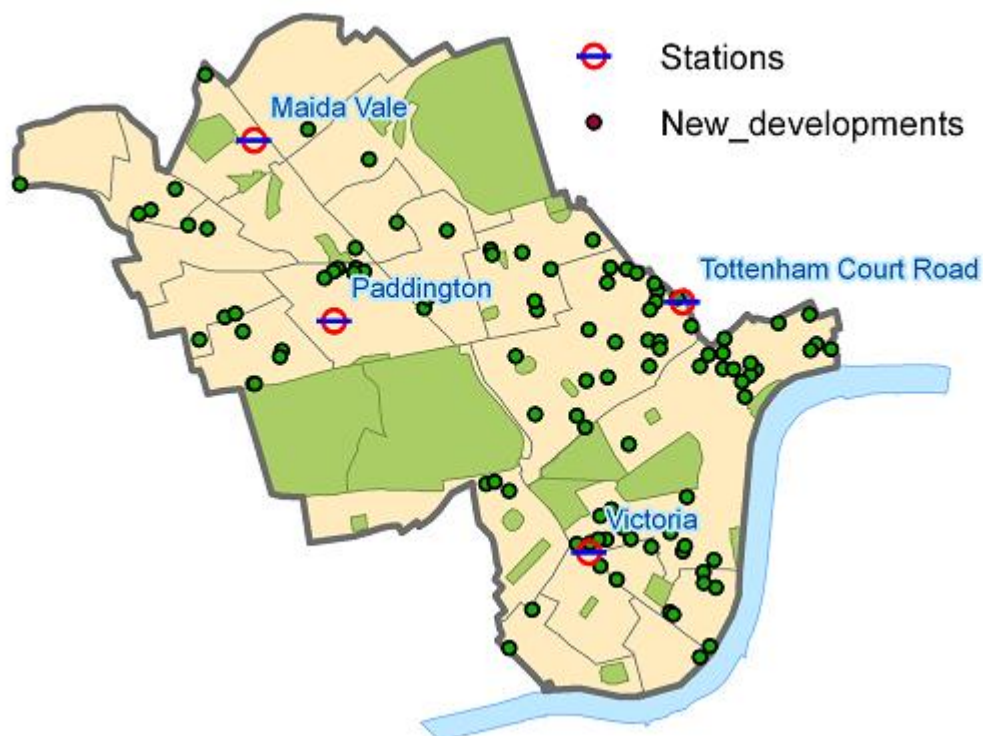


Figure 2.25: Potential new developments in Westminster

2.88 As at 29th September 2014, 47 construction sites have started construction while another 3 have obtained planning permission. These new developments sites will increase Westminster population by over 5,500 (Table 2.10).

Ward	Construction not started	Construction started	All developments
ABBEY ROAD	0 (0)	11 (1)	11 (1)
BAYSWATER	0 (0)	47 (3)	47 (3)
BRYANSTON AND DORSET SQUARE	24 (2)	7 (2)	31 (4)
CHURCH STREET	20 (1)	0 (0)	20 (1)
CHURCHILL	0 (0)	460 (2)	460 (2)
HARROW ROAD	56 (2)	16 (1)	72 (3)
HYDE PARK	520 (2)	692 (4)	1212 (6)
KNIGHTSBRIDGE AND BELGRAVIA	0 (2)	9 (1)	9 (3)
LANCASTER GATE	22 (1)	51 (4)	73 (5)
LITTLE VENICE	0 (0)	307 (1)	307 (1)
MAIDA VALE	106 (1)	0 (0)	106 (1)
MARYLEBONE HIGH STREET	61 (3)	124 (4)	185 (7)
QUEEN'S PARK	22 (1)	0 (0)	22 (1)
REGENT'S PARK	0 (0)	132 (1)	132 (1)
ST. JAMES'S	565 (16)	833 (14)	1398 (30)
TACHBROOK	0 (0)	17 (1)	17 (1)
VINCENT SQUARE	33 (1)	519 (7)	552 (8)

WARWICK	10 (1)	0 (0)	10 (1)
WEST END	174 (10)	714 (13)	888 (23)
WESTBOURNE	3 (1)	47 (1)	50 (2)
Grand Total	1573 (44)	3986 (60)	5559 (104)

Table 2.10: Expected increase in number of new residents (number of developments) by ward of the location

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

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Chapter 3 – Location of Health Services

Primary Care

3.1 NHS Central London Clinical Commissioning (CL CCG) Group is the new organisation responsible for buying health services from Hospital Trusts, Mental Health Trusts and community organisations. CL CCG, representing 37 general practices and approximately 200,000 patients in Westminster and 12 practices that are located in Queen's Park and Paddington are part of West London Clinical Commissioning group which consist of Kensington and Chelsea GPs. NHS Central London CCG managed an annual budget of £258 million (NHS Central London CCG Annual Report 2013/14).

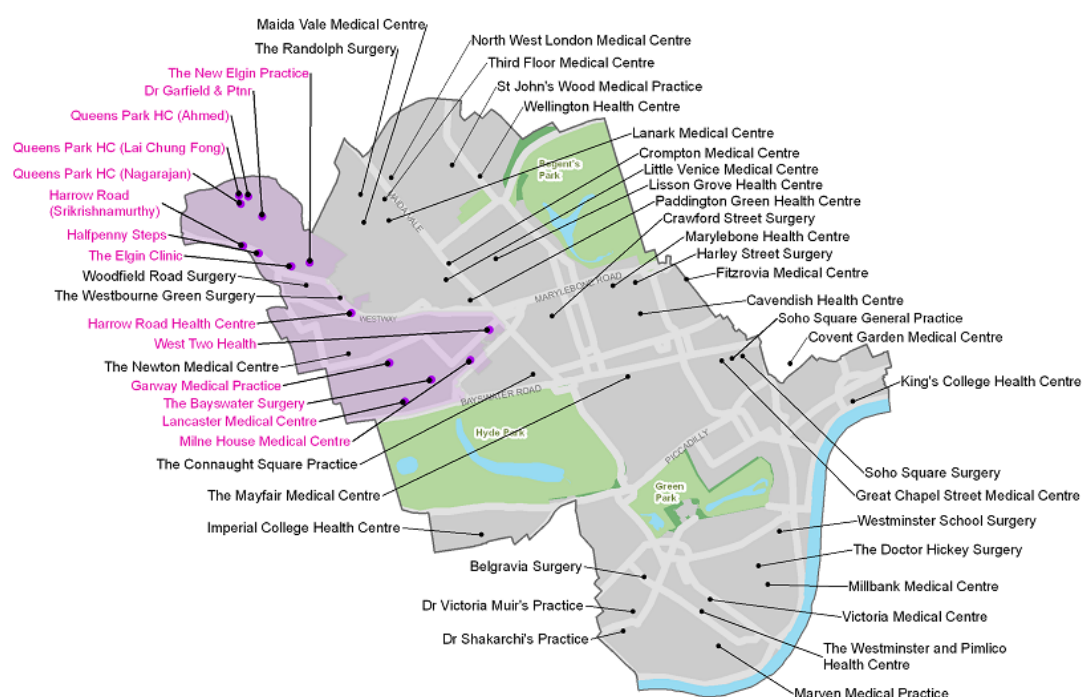


Figure 3.1: Map of GP practices in Westminster showing Central London CCG GP practices (in black and West London CCG GP practices in Queens Park and Paddington (in pink)

3.2 During the development of the PNA, the HWB was made aware of following changes:

- The merger of Marven Medical Centre and Westminster & Pimlico Practice to form Pimlico Health at the Marven which in early 2015 will operate from larger premises at the previous Marven Medical Centre site.
- Harley Street Practice will be closing in 2015

Dentists

3.3 There are 40 dental practices in City of Westminster area (Figure 3.2).

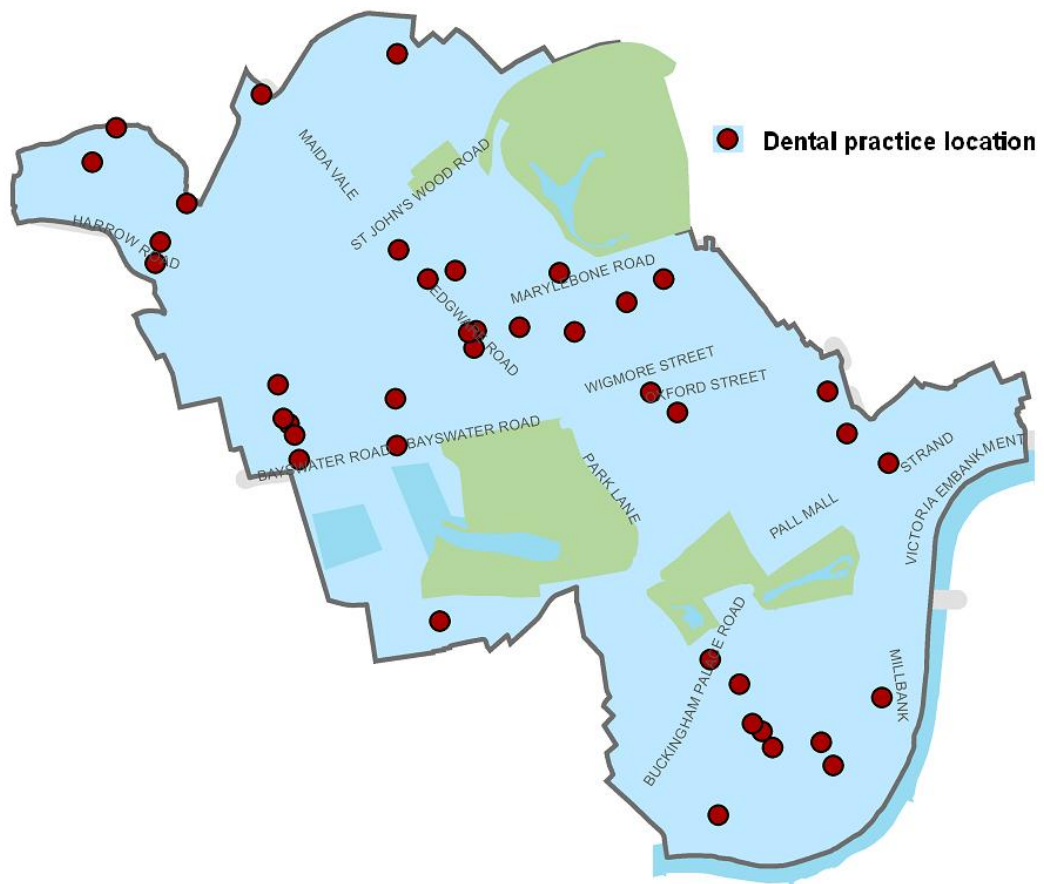


Figure 3.2: Map of dental practices in Westminster

Acute Care and Mental Health Care

3.4 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 Mental Health NHS Foundation Trust. There are several other hospitals in surrounding boroughs. They have been marked on Figure 3.3.



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

- 3.5** There is interest in managing the transfer of patients across care settings, with particular regard to medicines review and reconciliation processes between hospital pharmacists and community pharmacists.

Community Services

- 3.6** Central London Community Healthcare (CLCH) is a NHS community healthcare provider in four London boroughs. Providing healthcare in the boroughs of Barnet, Hammersmith and Fulham, Kensington and Chelsea, and Westminster. They employ more than 3,000 health professionals and support staff to provide community and in-patient services to almost 1 million people across London.
- 3.7** Central London Community Healthcare NHS Trust provides range of services including a tuberculosis (TB) nursing service from Hammersmith Hospital, stroke services across Kensington & Chelsea, Hammersmith & Fulham and Westminster, Hammersmith NHS Urgent Care Centre provides a range of walk-in health services to the general public 7 days a week.
- 3.8** Central London Community Healthcare NHS Trust provides a range of services from Hammersmith Bridge Road including district nursing, school nursing, and speech and language therapy for adults (<http://www.clch.nhs.uk/about-us.aspx>).

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

Chapter 4 – Access to pharmaceutical Services

Pharmacy Distribution and Choice

- 4.1** There are currently 93 pharmacies on the NHS England pharmaceutical list for Westminster as of the 7th of July 2014. These have been marked on Figure 4.1 and listed in Appendix A.
- 4.2** There are 43 community pharmacies per 100,000 resident population within Westminster. This is almost twice the London and England average (London 23; England 22)⁵. The high density of pharmacies is well suited to meet the demand from the daily influx of the commuting population during weekdays.
- 4.3** The PNA examines the geographical accessibility of pharmaceutical services and has hence used the postcode of the pharmacy to consider which borough the pharmacy belongs to. *Central Pharmacy* (WE46), on the Kensington & Chelsea NHS England list, has been considered a Westminster pharmacy as it lies geographically within Westminster and was surveyed as a part of the Tri-borough. *Day Lewis Pharmacy* (KC36) on the Westminster NHS England pharmacy list has been included in the Kensington & Chelsea PNA as it lies geographically within that borough.
- 4.4** Apart from the pharmacies within Westminster, there are 41 pharmacies that are located within 500m of the borough border in surrounding boroughs. These have been marked on Figure 4.1 and listed in Appendix A.
- 4.5** The geographical distribution of the pharmacies by electoral ward is shown in Table 4.1. All electoral wards have a pharmacy within it. As discussed on page 12, division by electoral wards ignore pharmacies that are on the other side of the street when a boundary is a main road.
- 4.6** As seen on Figure 4.1, 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.
- 4.7** There are no dispensing doctors, mail order or internet based or distance selling pharmacies based within Westminster.

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

- 4.8** There are no community pharmacies receiving payment under the Essential Small Pharmacies Local Pharmaceutical Services (ESPLPS) scheme and Local Pharmaceutical Service (LPS) schemes as of 1st October 2014 in Westminster.

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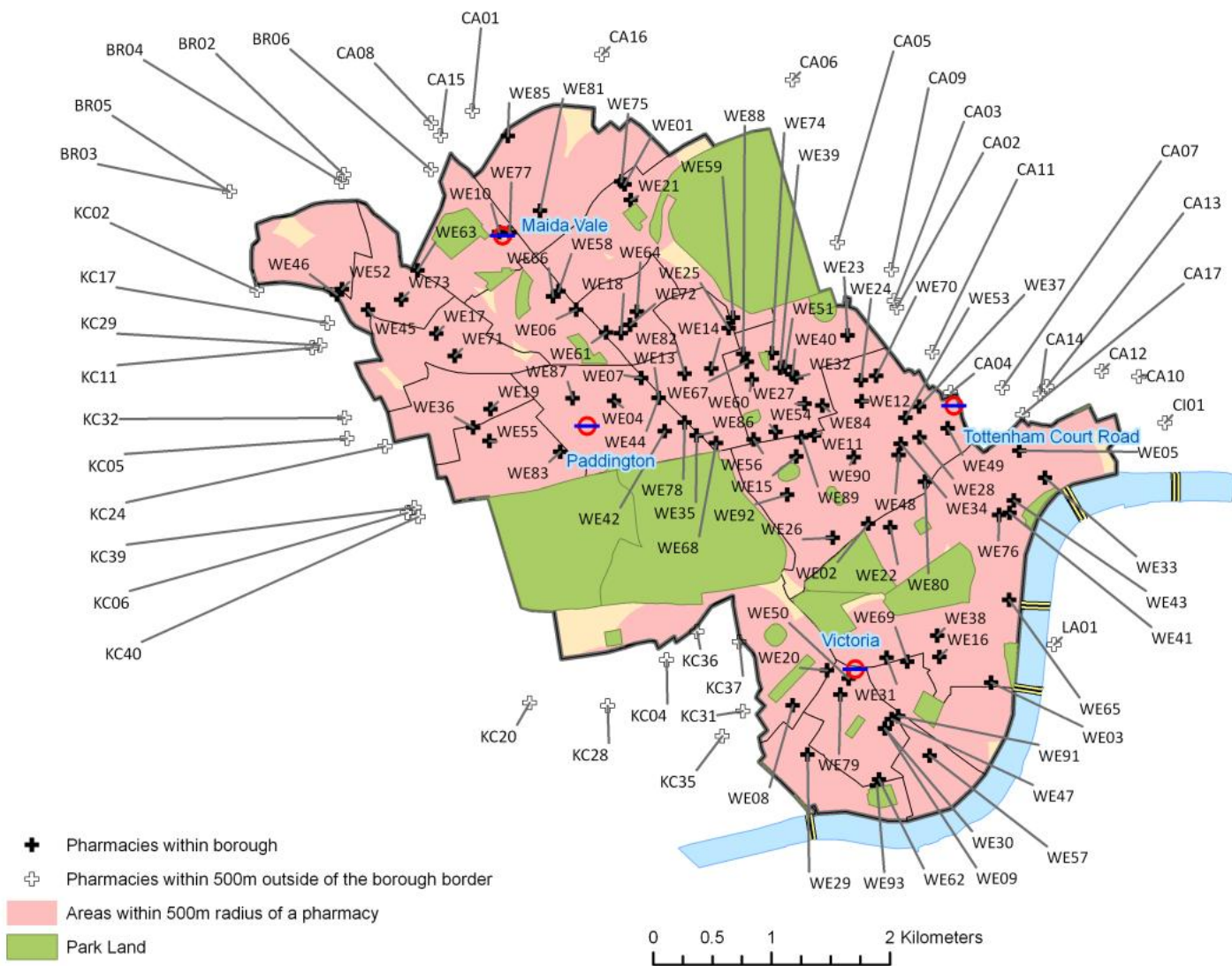


Figure 4.1: Pharmacies within Westminster and surrounding Boroughs. Areas that are served by a pharmacy within 500m are coloured in red.

Ward	Number of pharmacies
Abbey Road	2
Bayswater	1
Bryanston and Dorset Square	4
Church Street	4
Churchill	2
Harrow Road	3
Hyde Park	9
Knightsbridge and Belgravia	2
Lancaster Gate	3
Little Venice	3
Maida Vale	3
Marylebone High Street	13
Queen's Park	1
Regent's Park	4
St James's	11
Tachbrook	1
Vincent Square	1
Warwick	7
West End	16
Westbourne	2

Table 4.1: Distribution of pharmacies by ward

Transport Networks

4.9 The local population are not bound by electoral ward or borough boundaries when accessing pharmaceutical services. The excellent travel infrastructure available within Central London places many more pharmacies, both inside and outside the borough, within convenient access to our local population. An overlay of the pharmacies with the tube network is shown in Figure 4.2.

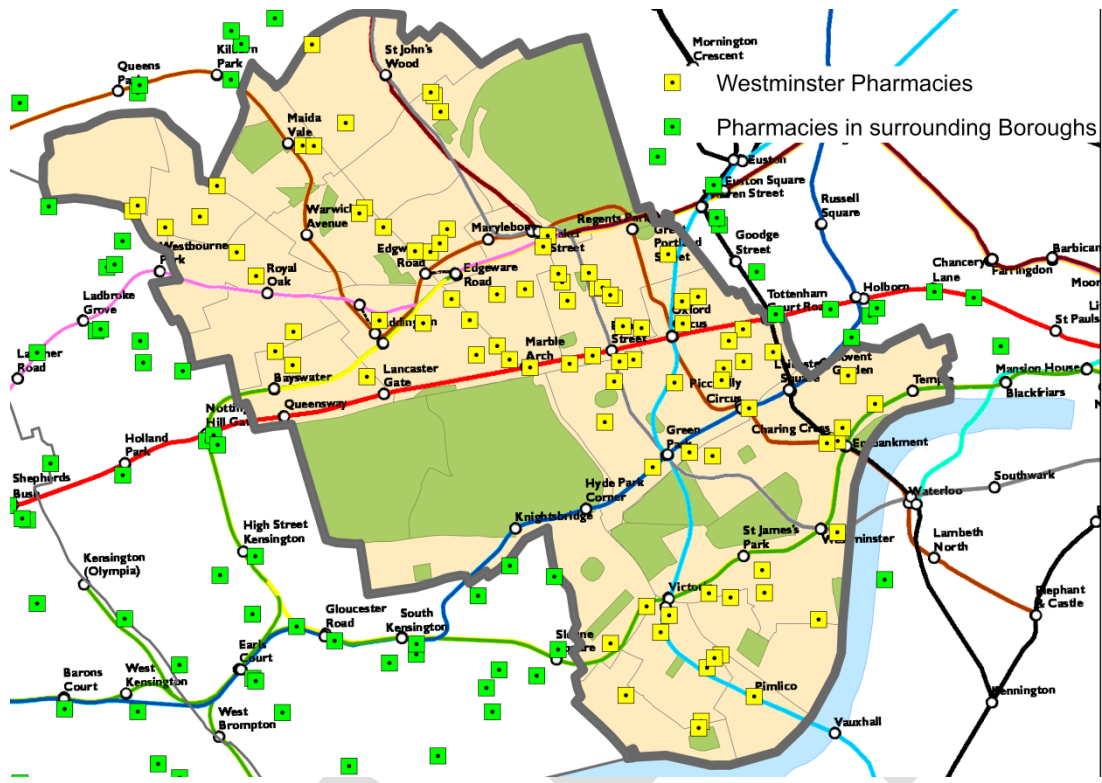


Figure 4.2: The Tube Network in Westminster

Opening times

- 4.10** Pharmacy contracts with NHS England stipulate the core hours during which the pharmacy must remain open. Further to these opening hours and if willing, a pharmacy may stay open longer as supplementary hours.
- 4.11** Opening times were obtained from NHS England in June 2014. They were also collected as a part of the pharmacy contractor survey. NHS England became aware that opening times reported by pharmacies in the contractor survey were different to those in their records. Any changes to core hours need to be agreed with NHS England but changes to supplementary hours as reported by the survey would be accepted as notice of change.
- 4.12** The PNA has used the core + supplementary hours reported by pharmacies from the contractor survey to produce the figures below. For pharmacies that did not respond and for pharmacies in surrounding boroughs, we have used the opening times as held by NHS England on June 2014.
- 4.13** NHS England has six 100 hour pharmacies (core) on their list for Westminster. These are listed below.

Pharmacy Name	Address
Devonshire Pharmacy	215 Edgware Road
Nasslam Pharmacy	19 Edgware Road

Nashi Pharmacy	55 Westbourne Grove, Bayswater
Boots UK Ltd	100 Oxford Street
Bin-Seena Pharmacy	73 Edgware Road
AlRasheed Pharmacy	39 Edware Road

5.1 40 pharmacies are open before 9am within the borough on weekdays with a further 15 open in boroughs around Westminster within 500m outside the border (Figure 4.3).

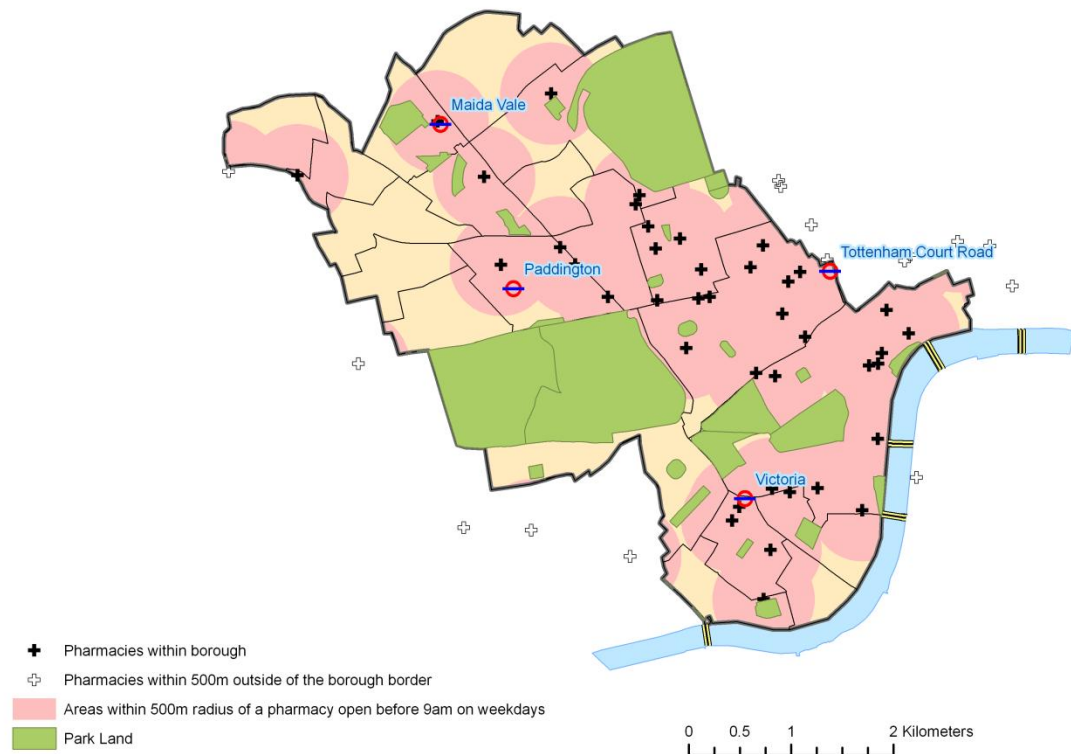


Figure 4.3: Pharmacies open before 9am on weekdays

5.2 There are 30 pharmacies open after 7pm on weekdays with a further 10 open in boroughs around Westminster within 500m outside the border (Figure 4.4).

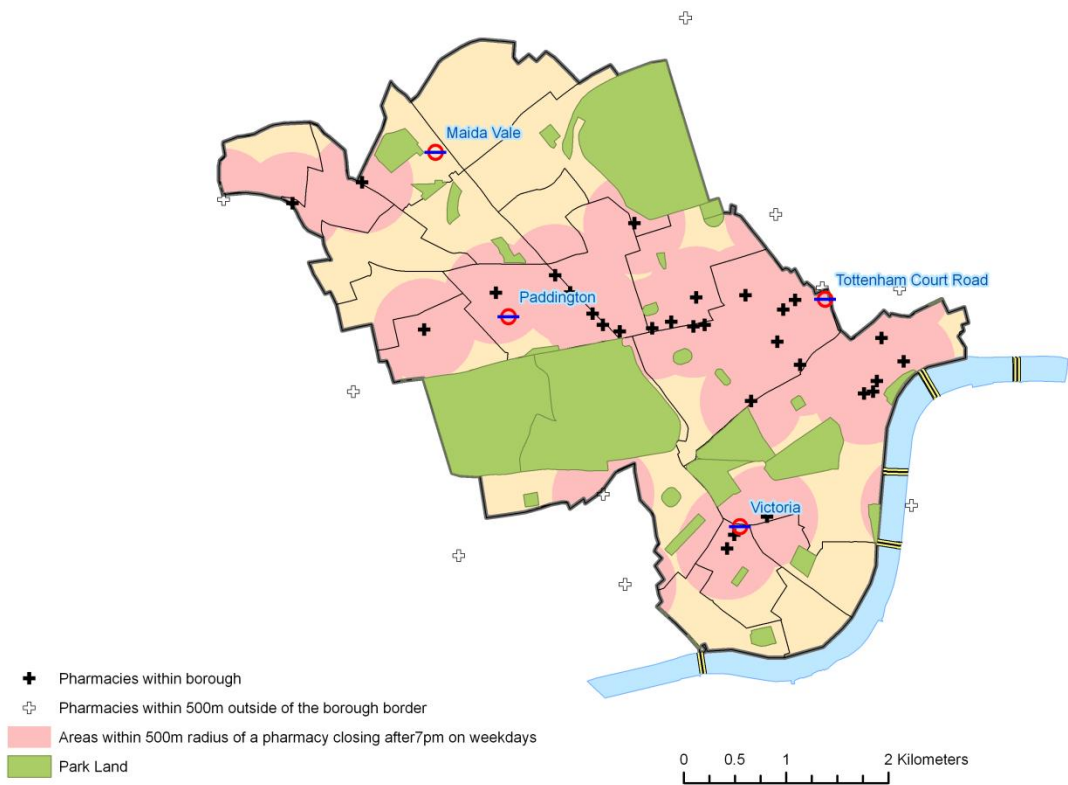


Figure 4.4: Pharmacies that close after 7pm on weekdays

5.3 There are 77 pharmacies open on Saturdays within the borough with a further 32 open in boroughs around Westminster within 500m outside the border (Figure 4.5).

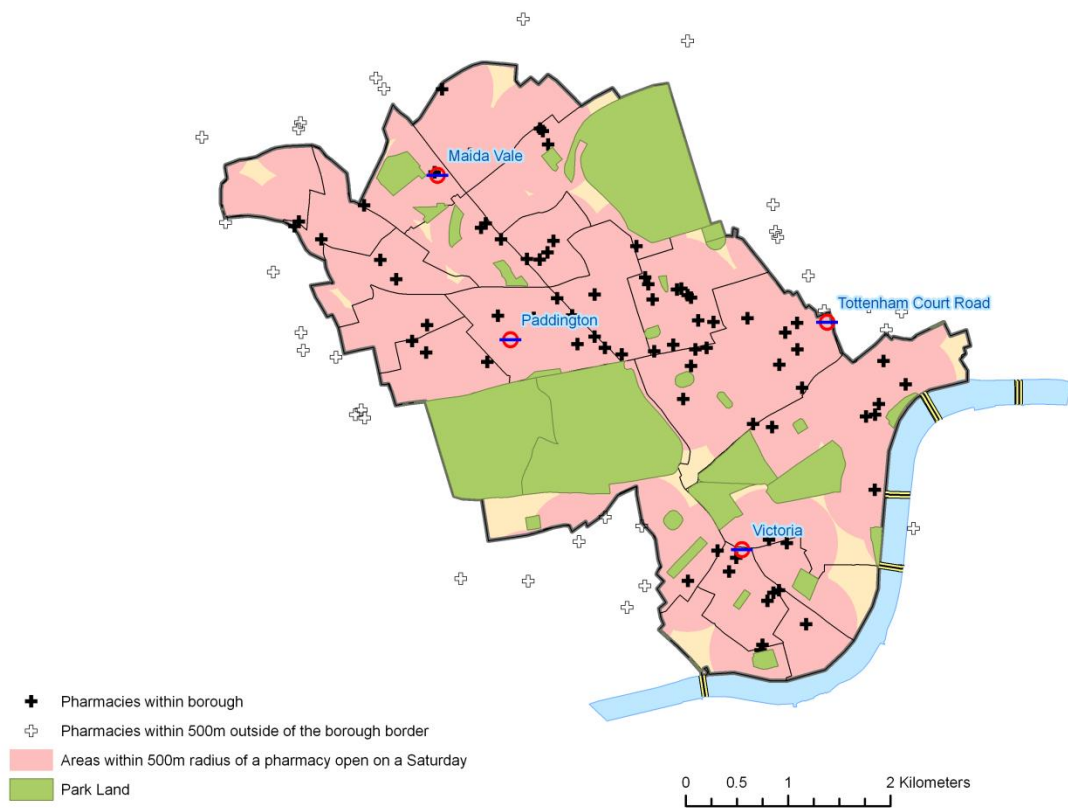


Figure 4.5: Pharmacies open on a Saturday

- 5.4 There are 37 pharmacies open on a Sunday within the borough with a further 16 open in boroughs around Westminster within 500m outside the border (Map 5.2d).

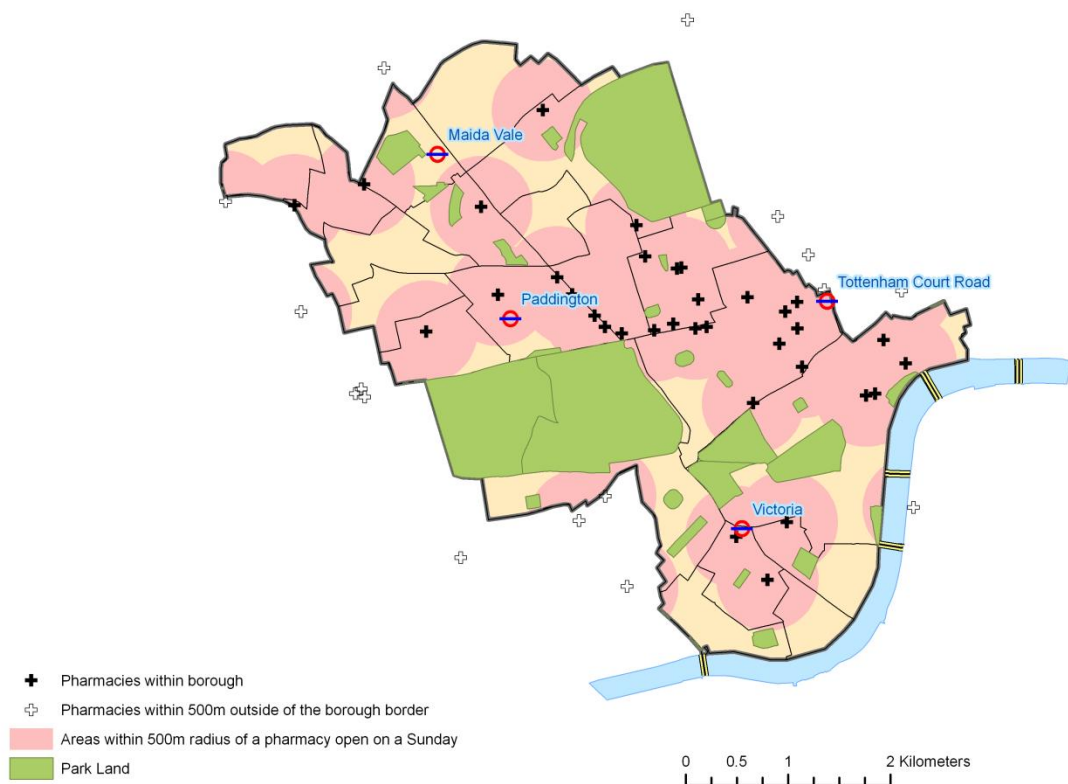


Figure 4.6: Pharmacies open on a Sunday

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

Appliance contractors

- 3.1 Appliance contractors provide services to people who need appliances such as stoma and incontinence care aids, trusses, hosiery, surgical stockings and dressings. They range from small sole-trader businesses to larger companies. They do not supply drugs. However, pharmacies and dispensing doctors can also supply appliances.
- 3.2 There is one appliance contractor in Westminster: *Bullen & Smears* on Broadwick Street.
- 3.3 33 of the pharmacies that responded to the survey supply stoma care aids with 10 intending to begin within the next 12 months.

- 3.4** 34 of the pharmacies that responded to the survey supply incontinence aids with 9 intending to begin within the next 12 months.
- 3.5** 68 of the pharmacies that responded to the survey supply dressings with none intending to begin within the next 12 months.

Communication

- 3.6** Pharmacies hire staff from a variety of ethnic backgrounds.
- 3.7** The most common languages spoken other than English in Westminster are Arabic, French, Spanish and Italian. All of the above languages are spoken by a member of staff in at least one of the pharmacies in the borough. Table 4.2 lists the most common languages spoken by a member of staff in the pharmacies that responded to the survey.

Language	Number of pharmacies
Gujarati	46
Arabic	41
Hindi	29
Urdu	28
Spanish	16
Polish	14
Swahili	14
French	12
Punjabi	9
Bengali	8

Table 4.2: Top 10 languages spoken by a member of staff at the pharmacies that responded to the survey in Westminster

Consultation Rooms

- 3.8** Ideally, pharmacies should have consultation areas or rooms, with wheelchair access, in order to be able to offer a broad range of services.
- 3.9** 75%quarters of the pharmacies (54/72) in Westminster that responded to the survey currently report having a clearly signposted private consulting room with one having access to an off-site consultation room or area. 13 of the pharmacies that currently do not have a consulting room at the time of the survey are planning a room/area in the future. All of the consulting rooms comply with MUR/NMS requirements.

Disability Access

- 3.10** 48 of the pharmacies with a consultation room indicated that they were accessible to wheelchair users.
- 3.11** 61 pharmacies responded that they have hand washing facilities close to the consultation room. Half of them offer patients access to toilet facilities.

3.12 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 large prints (51/72). 53 pharmacies provide Easy read material. 1 pharmacy within the borough provides information in Braille.

Delivery of medication

Pharmacies in Westminster further improve access by providing delivery services to the local population. 62 pharmacies provide delivery for free (Table 4.3).

	Number of pharmacies
Collection of prescriptions from surgeries	66
Delivery of dispensed medicines - free of charge on request	62
Delivery of dispensed medicines - free of charge to selected patient groups only	30
Delivery of dispensed medicines - chargeable	15

Table 4.3: Collection of prescriptions and delivery of medication in Westminster

Parking

3.13 2 of the 72 pharmacies that responded have free car parking. 61 have paid car parking nearby. 37 pharmacies have disabled parking close to the premises.

Information Technology

3.14 All pharmacies are Release 1 enabled for Electronic Transfer of Prescriptions. 62 of the surveyed pharmacies are currently Release 2 enabled, with 6 further pharmacies intending to be enabled in the next 12 months.

3.15 26 of the pharmacies surveyed have access to an IT system within the consultation room. 16 of these pharmacies have access to patient records from this IT system.

3.16 Almost all the pharmacies (71/72) have access to Microsoft Office applications.

3.17 62 pharmacies have access to NHS.net email.

Chapter 5 - Services Provided by Pharmacies

Pharmaceutical Services

- 8.1** 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.
- 8.2** All pharmacy contractors must provide Essential services, but they can choose whether they wish to provide Advanced, Enhanced or Locally Commissioned services.
- 8.3** The provision for those services must:
- (a) only be performed by appropriately trained and qualified persons; and
 - (b) only be provided:
 - (i) in accordance with relevant national guidelines or standards,
 - (ii) from premises that are suitable for the purpose, and
 - (iii) using the appropriate or necessary equipment.

Summary of Categorisation of Services

- 8.4** The categorisation of these services into those stipulated by the PNA regulations (defined in Chapter 1) for Westminster has been summarised in Table 8.1 below. As there has been no significant change in the description of the population or its needs between this and the last PNA, this table rolls forward the assessment made in the last PNA with adjustment to reflect changes in regulation.

Necessary services: current provision (Schedule 1, paragraph 1)	Necessary services: gaps in provision (Schedule 1, paragraph 2)
Essential Services	No gaps in provision of necessary services
Other relevant services: current provision (Schedule 1, paragraph 3)	
Medicine Use Review Service	

New Medicine Service
Appliance Use Reviews
Stoma Appliance Customisation Reviews
Minor Ailments
Other services (Schedule 1, paragraph 5)
Immunisations
Stop Smoking
Supervised Methadone Consumption
Needle Exchange Services
NHS Health Checks
Improvements and better access: gaps in provision (Schedule 1, paragraph 4)
Care Home Service
Medicine Assessment and Compliance Support Service

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

Essential Services

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

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

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

- Density of provision – page 51
- Geographical distribution of pharmacies, within and outside the borough – page 51
- Opening hours – page 55
- Accessibility – page 60

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

The provision of Essential Services is a necessary service. The HWB believes that the current

number, location and opening times of pharmacies in and outside the area of the HWB is sufficient for **supplying this necessary service with no gaps**.

Advanced Services

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

Medicines Use Reviews (MURs)

8.7 The Medicines Use Review and Prescription Intervention Service (MUR) as part of the community pharmacy contractual framework was the first advanced service to be introduced. The purpose of the MUR service is, with the patient's agreement, to improve their knowledge and use of medicines, through a specific consultation between the pharmacist and the patient. In particular, by:

- establishing the patient's actual use, understanding and experience of taking medicines
- identifying, discussing and resolving poor or ineffective use of medicines
- identifying side effects and drug interactions that may affect the patient's compliance with the medicines prescribed for them
- improving clinical and cost effectiveness of medicines prescribed also helping to reduce medicines wastage

8.8 Currently 52 of the pharmacies that responded to the survey provide MURs with a further 13 intending to do so in the next 12 months.

8.9 NHS England provided, after the completion of the PNA consultation process, payment figures to pharmacies for this advanced service for the period April 2014 to August 2014. 50 pharmacies had activity during this period; a summary of activity during this period and a map showing the distribution of these pharmacies can be found below.

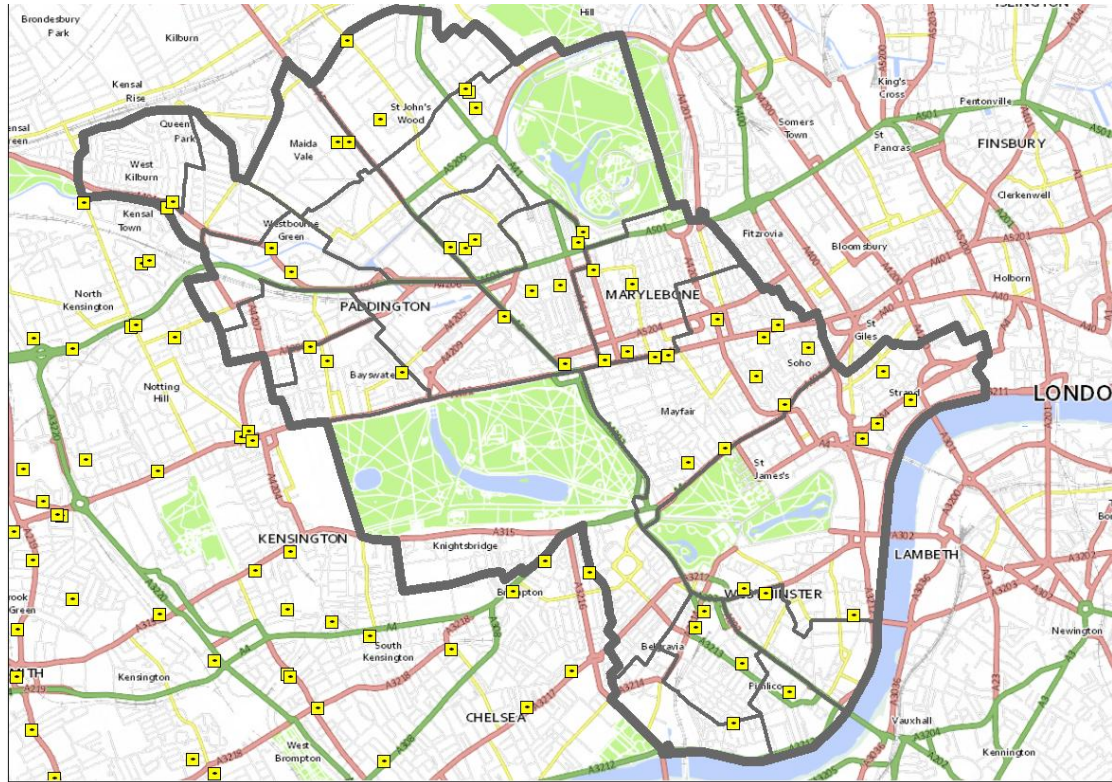


Figure 5.1: Pharmacies that provided MURs in the Tri-Borough during the period April 2014 – August 2014

PNA Borough Code	Name	Ward	Average MURs per month
WE81	Holmes Pharmacy	Abbey Road	12
WE85	Hodgetts Chemist	Abbey Road	28
WE14	Meacher, Higgins & Thomas	Bryanston and Dorset Square	5
WE68	Bliss Chemist	Bryanston and Dorset Square	4
WE82	Seymour Pharmacy	Bryanston and Dorset Square	0
WE25	Berkeley Court Pharmacy	Bryanston and Dorset Square	30
WE18	Collins Chemist	Church Street	18
WE61	Dales Pharmacy	Church Street	6
WE72	Market Chemists	Church Street	9
WE93	Simmonds Chemist	Churchill	38
WE46	Central Pharmacy	Harrow Road	83
WE44	Boots The Chemist	Hyde Park	52
WE36	Nashi Pharmacy	Lancaster Gate	21
WE55	Boots The Chemist	Lancaster Gate	80
WE83	Moores Pharmacy	Lancaster Gate	1
WE10	Vineyard Pharmacy	Maida Vale	25
WE77	Williams Chemist	Maida Vale	25
WE39	Boots The Chemist	Marylebone High Street	40

WE54	Selfridges - Lloydspharmacy	Marylebone High Street	1
WE56	Boots The Chemist	Marylebone High Street	26
WE88	Boots The Chemist	Marylebone High Street	29
WE52	Medicare (London) Ltd Pharmacy	Queen's Park	13
WE01	Boots The Chemist	Regent's Park	30
WE21	Courtenay Chemist	Regent's Park	1
WE59	Boots The Chemist	Regent's Park	36
WE75	St John Wood Pharmacy	Regent's Park	1
WE03	Victoria Pharmacy	St James's	17
WE05	Boots The Chemist	St James's	39
WE31	Boots The Chemist	St James's	41
WE33	Boots The Chemist	St James's	37
WE43	Superdrug The Strand	St James's	17
WE76	Boots The Chemist	St James's	58
WE57	Portman's Pharmacy	Tachbrook	1
WE69	Boots The Chemist	Vincent Square	37
WE09	Boots The Chemist	Warwick	45
WE30	Warwick Pharmacy	Warwick	41
WE50	Boots The Chemist	Warwick	46
WE79	Boots The Chemist	Warwick	50
WE02	Boots The Chemist	West End	37
WE11	Boots The Chemist	West End	45
WE12	Boots The Chemist	West End	44
WE26	The Pharmacy at Mayfair	West End	0
WE37	Boots UK Ltd	West End	47
WE48	Boots The Chemist	West End	35
WE49	Watson's Pharmacy	West End	31
WE53	Boots The Chemist	West End	36
WE80	Boots The Chemist	West End	52
WE89	Boots The Chemist	West End	43
WE17	Sumer Pharmacy	Westbourne	16
WE71	Benson Pharmacy	Westbourne	14

Table 5.2: Pharmacies that provided MURs in Westminster during the period April 2014 – August 2014

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

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

New Medicines Services (NMS)

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

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

The service aims to:

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

8.11 Currently 46 of the pharmacies that responded to the survey provide NMS with a further 15 intending to do so in the next 12 months.

8.12 NHS England provided, after the completion of the PNA consultation process, payment figures to pharmacies for this advanced service for the period April 2014 to August 2014. 34 pharmacies had activity during this period; a summary of activity during this period and a map showing the distribution of these pharmacies can be found below:

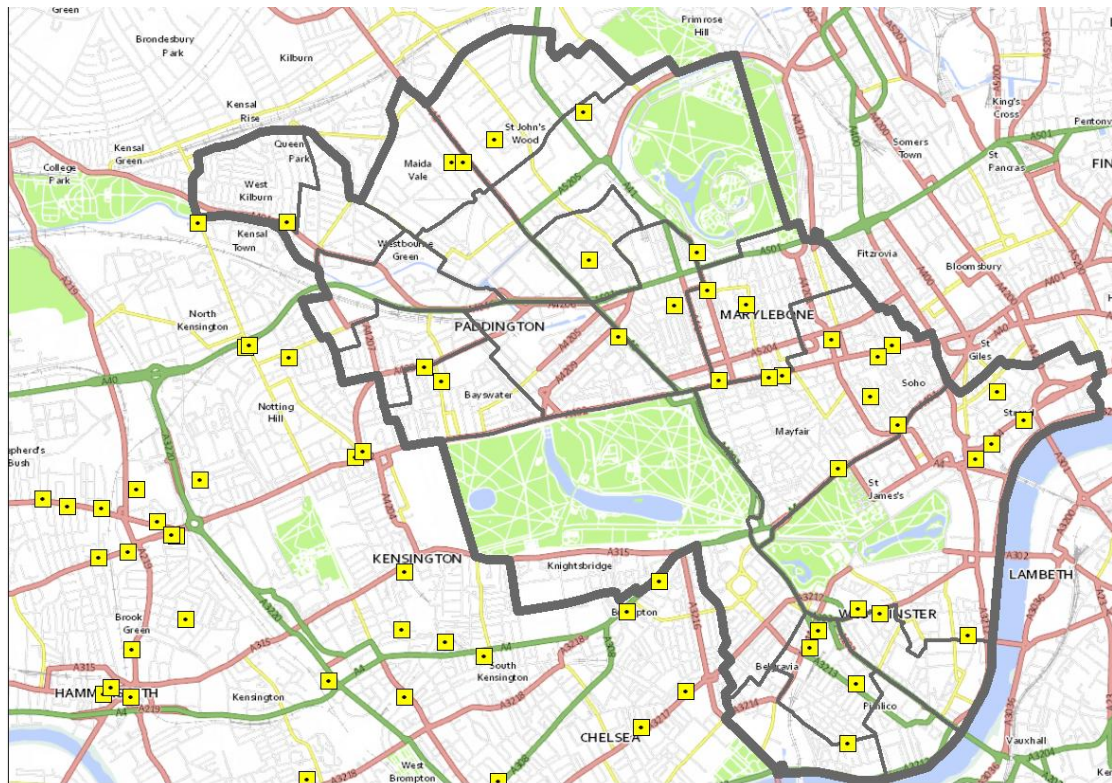


Figure 5.2: Pharmacies that provided MURs in the Tri-Borough during the period April 2014 – August 2014

PNA Borough Code	Name	Ward	Average NMS per month
WE81	Holmes Pharmacy	Abbey Road	0
WE14	Meacher, Higgins & Thomas	Bryanston and Dorset Square	2
WE72	Market Chemists	Church Street	0
WE93	Simmonds Chemist	Churchill	18
WE44	Boots The Chemist	Hyde Park	12
WE36	Nashi Pharmacy	Lancaster Gate	9
WE55	Boots The Chemist	Lancaster Gate	16
WE10	Vineyard Pharmacy	Maida Vale	11
WE77	Williams Chemist	Maida Vale	3
WE39	Boots The Chemist	Marylebone High Street	4
WE56	Boots The Chemist	Marylebone High Street	2
WE88	Boots The Chemist	Marylebone High Street	4
WE52	Medicare (London) Ltd Pharmacy	Queen's Park	9
WE01	Boots The Chemist	Regent's Park	3
WE59	Boots The Chemist	Regent's Park	10
WE03	Victoria Pharmacy	St James's	3
WE05	Boots The Chemist	St James's	4

WE31	Boots The Chemist	St James's	5
WE33	Boots The Chemist	St James's	5
WE43	Superdrug The Strand	St James's	2
WE76	Boots The Chemist	St James's	8
WE69	Boots The Chemist	Vincent Square	5
WE09	Boots The Chemist	Warwick	7
WE30	Warwick Pharmacy	Warwick	12
WE50	Boots The Chemist	Warwick	8
WE79	Boots The Chemist	Warwick	5
WE02	Boots The Chemist	West End	4
WE11	Boots The Chemist	West End	7
WE12	Boots The Chemist	West End	4
WE37	Boots UK Ltd	West End	6
WE48	Boots The Chemist	West End	2
WE53	Boots The Chemist	West End	4
WE80	Boots The Chemist	West End	8
WE89	Boots The Chemist	West End	9

Table 5.3: Pharmacies that provided NMS in Westminster during the period April 2014 – August 2014

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

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

Appliance Use Reviews (AURs)

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

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

- 8.14** Currently 5 of the pharmacies that responded to the survey provide AURs with a further 16 intending to begin within the next 12 months (detailed in Appendix B).

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

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

Stoma Appliance Customisation Service (SAC)

- 8.15** The service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.
- 8.16** Currently 4 of the pharmacies that responded to the survey provide SACs with 13 intending to begin within the next 12 months (detailed in Appendix B).
- 8.17** There is one stoma appliance dispensing contractor, *Bullen & Smears* on Broadwick Street (WE34).

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

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

Locally Commissioned Services

- 8.18** Certain enhanced services may be commissioned by NHS England from 1 April 2013 in line with The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. The responsibilities for commissioning some of the locally enhanced services under the previous regulations now sits within public health and are commissioned by Local Authorities. These are described later as "Other Services" later in this chapter reflecting Regulation 4 and Schedule 1 of the 2013 Regulations.
- 8.19** The trend nationally since 2005-06 shows that the number of locally commissioned and funded enhanced services increased significantly until 2011-12 when there was an overall decrease of commissioned services, a trend which continued into 2012-13. This may have been due to the uncertainty around the new structure of the NHS following the introduction of the Health and Social Care Act 2012 which came into force from 1 April 2013. PCTs, now abolished, may have been cautious about commissioning services with new contractors in light of these changes.

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

Flu Vaccinations

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

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

8.22 Flu vaccinations are available from all GP practices. Pharmacies have also been commissioned to provide them. These are shown and listed below.

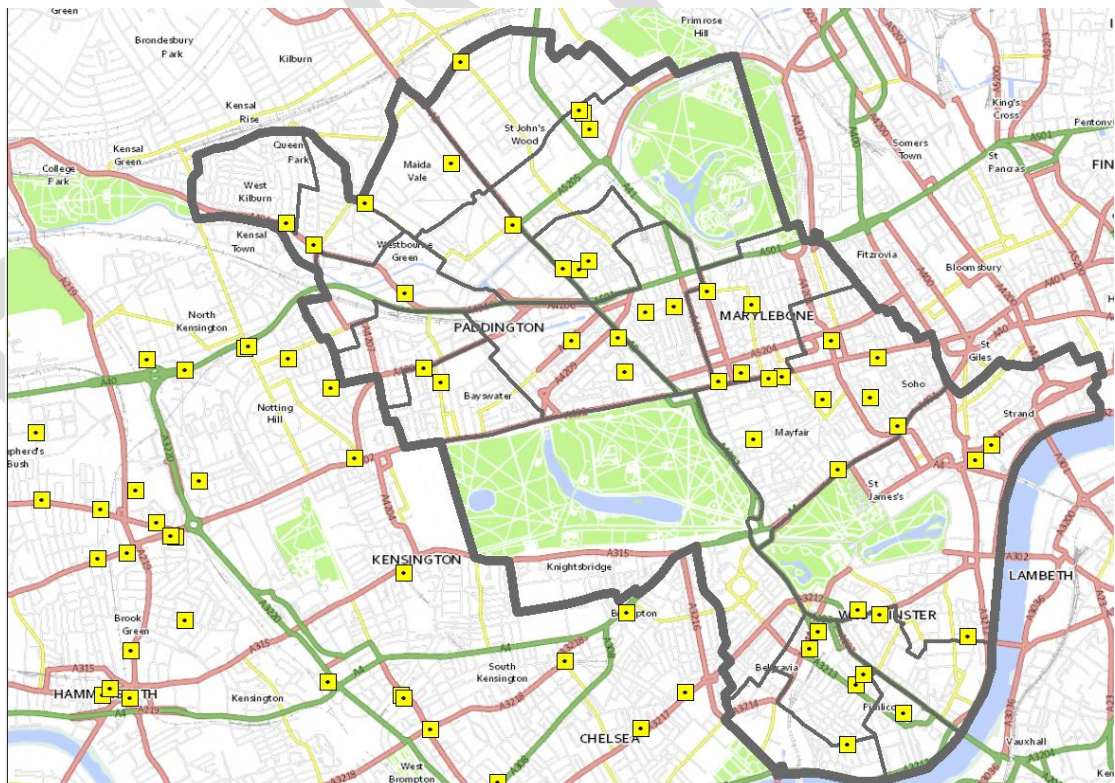


Figure 5.3: Pharmacies that provide flu vaccinations in Westminster

PNA Borough Code	Name	Ward
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WE85	Hodgetts Chemist	Abbey Road
WE14	Meacher, Higgins & Thomas	Bryanston and Dorset Square
WE82	Seymour Pharmacy	Bryanston and Dorset Square
WE18	Collins Chemist	Church Street
WE61	Dales Pharmacy	Church Street
WE72	Market Chemists	Church Street
WE93	Simmonds Chemist	Churchill
WE45	Prince Chemist	Harrow Road
WE04	Apek Pharmacy	Hyde Park
WE44	Boots The Chemist	Hyde Park
WE42	Hogg & Son Chemists	Hyde Park
WE36	Nashi Pharmacy	Lancaster Gate
WE55	Boots The Chemist	Lancaster Gate
WE58	Remedys Pharmacy	Little Venice
WE10	Vineyard Pharmacy	Maida Vale
WE63	Browns Pharmacy	Maida Vale
WE51	Madesil Pharmacie	Marylebone High Street
WE54	Selfridges - Lloydspharmacy	Marylebone High Street
WE56	Boots The Chemist	Marylebone High Street
WE88	Boots The Chemist	Marylebone High Street
WE52	Medicare (London) Ltd Pharmacy	Queen's Park
WE01	Boots The Chemist	Regent's Park
WE21	Courtenay Chemist	Regent's Park
WE75	St John Wood Pharmacy	Regent's Park
WE03	Victoria Pharmacy	St James's
WE31	Boots The Chemist	St James's
WE43	Superdrug The Strand	St James's
WE76	Boots The Chemist	St James's
WE57	Portman's Pharmacy	Tachbrook
WE69	Boots The Chemist	Vincent Square
WE30	Warwick Pharmacy	Warwick
WE50	Boots The Chemist	Warwick
WE79	Boots The Chemist	Warwick
WE47	Gees Chemist	Warwick
WE02	Boots The Chemist	West End
WE11	Boots The Chemist	West End
WE12	Boots The Chemist	West End
WE48	Boots The Chemist	West End
WE53	Boots The Chemist	West End
WE80	Boots The Chemist	West End
WE89	Boots The Chemist	West End

WE90	C.W. Andrew	West End
WE92	Audley Pharmacy	West End
WE71	Benson Pharmacy	Westbourne

Table 5.4: Pharmacies that provide flu vaccinations in Westminster

Minor Ailment Scheme

8.23 The Minor Ailment Scheme offers free advice and treatment for minor, self-limiting conditions. This service helps to relieve pressure from GPs and Secondary Care. NHS England currently commission this service from 9 pharmacies in the North of the borough corresponding with areas with higher levels of deprivation and health need as seen in Chapter 2. The location of these pharmacies is shown below.

8.24 The HWB considers it a **relevant service**, as it secures improvements or better access to service provision.

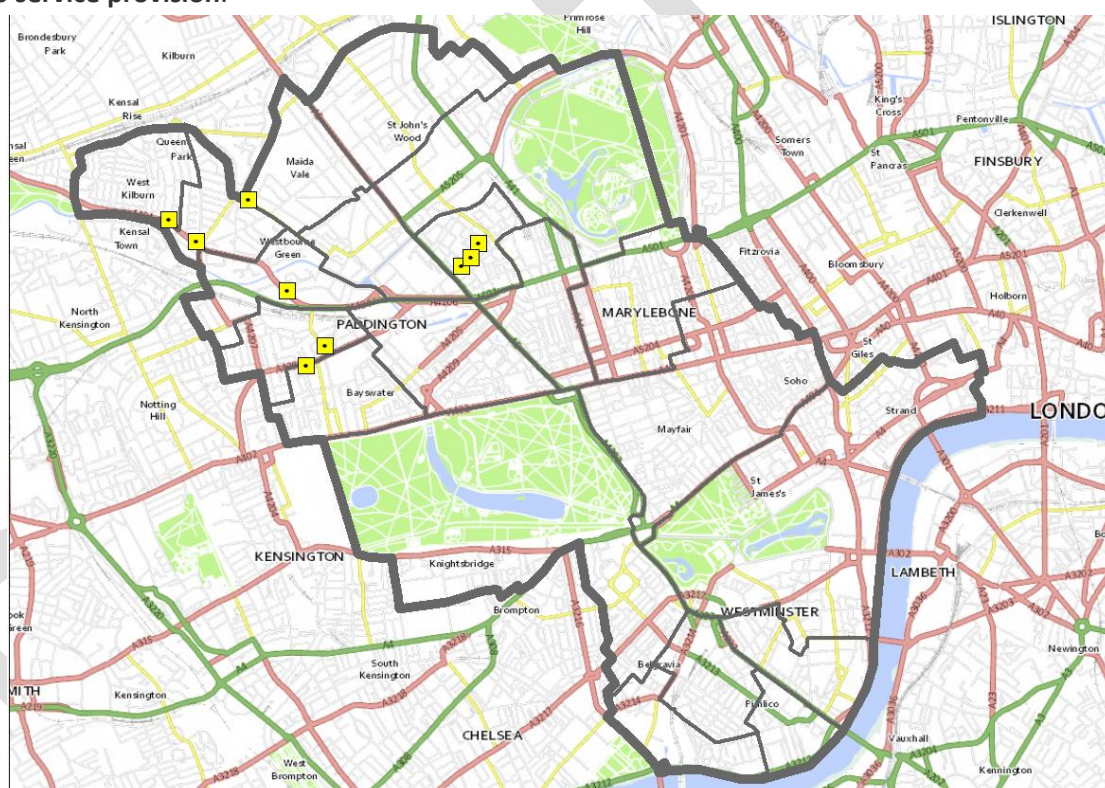


Figure 5.4: Pharmacies that provide minor ailment services in Westminster

PNA Borough Code	Name	Ward
WE18	Collins Chemist	Church Street
WE36	Nashi Pharmacy	Lancaster Gate
WE63	Browns Pharmacy	Maida Vale
WE64	Woods Chemist	Church Street

WE71	Benson Pharmacy	Westbourne
WE72	Market Chemists	Church Street
WE19	Colonnades Pharmacy	Bayswater
WE45	Prince Chemist	Harrow Road
WE52	Medicare (London) Ltd Pharmacy	Queen's Park

Table 5.5: Pharmacies that provide Minor Ailment Services in Westminster

Improvements and better access: gaps in provision

8.25 The Westminster HWB has identified certain services below that are not currently commissioned in the area of the HWB but which the HWB is satisfied would, if they were provided, secure improvements, or better access to pharmaceutical services of a specific type. These have been summarised in the table 8.1 above under **Improvements and better access: gaps in provision (Schedule 1, paragraph 4)**. It should be noted that despite the HWB identifying these services, NHS England does not have to meet the need – this is because NHS England may have other factors to take into account, i.e. other commissioning decisions.

Care Home Service

8.26 The underlying purpose of which is for pharmacy to provide advice and support to residents and staff in a care home relating to—

- (i) the proper and effective ordering of drugs and appliances for the benefit of residents in the care home,
- (ii) the clinical and cost effective use of drugs,
- (iii) the proper and effective administration of drugs and appliances in the care home,
- (iv) the safe and appropriate storage and handling of drugs and appliances, and
- (v) the recording of drugs and appliances ordered, handled, administered, stored or disposed of;

8.27 Residents in care homes are often on a large number of medicines which often requires additional support with compliance. The care home 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.

8.28 56 pharmacies would be willing to provide advice to care homes.

Medicines Assessment and Compliance Support Service

The underlying purpose of which is for a pharmacy—

- (i) to assess the knowledge of drugs, the use of drugs by and the compliance with drug regimens of vulnerable patients and patients with special needs, and
- (ii) to offer advice, support and assistance to vulnerable patients and patients with special needs regarding the use of drugs, with a view to improving their knowledge and use of the drugs, and their compliance with drug regimens;

The World Health Organization estimates that between a third and a half of all dispensed medication is not taken as intended. Tailored medicines support for patients with long term conditions has the potential to reduce medicines waste and hospital admissions.

8.29 38 pharmacies would be willing to provide the service if commissioned.

Other Locally Commissioned Services (Schedule 1, paragraph 5)

8.30 The commissioning of public health services were transferred from PCTs to local authorities with effect from 1 April 2013. These services are not referred to as Enhanced Services anymore as they are not commissioned by NHS England. The pharmacies providing these services have been listed in Appendix C.

Screening Service

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

- (i) to identify patients at risk of developing a specified disease or condition,
- (ii) to offer advice regarding testing for a specified disease or condition,
- (iii) to carry out such a test with the patient's consent, and
- (iv) to offer advice following an test and refer to another health care professional as appropriate;

8.32 While some NHS Health Checks take place in general practice, pharmacies are also well placed to play a key role. The aim of the risk assessment and management programme is to identify the risk of vascular disease in the population early and then to help people reduce or avoid it. 8 pharmacies have been commissioned to provide NHS Health Checks (Figure 5.5). Most of the GPs in Westminster are commissioned to provide NHS Health Checks and currently pharmacies perform a very small number of health checks. The HWB identifies the level of this service to be **sufficient, with no gaps**.

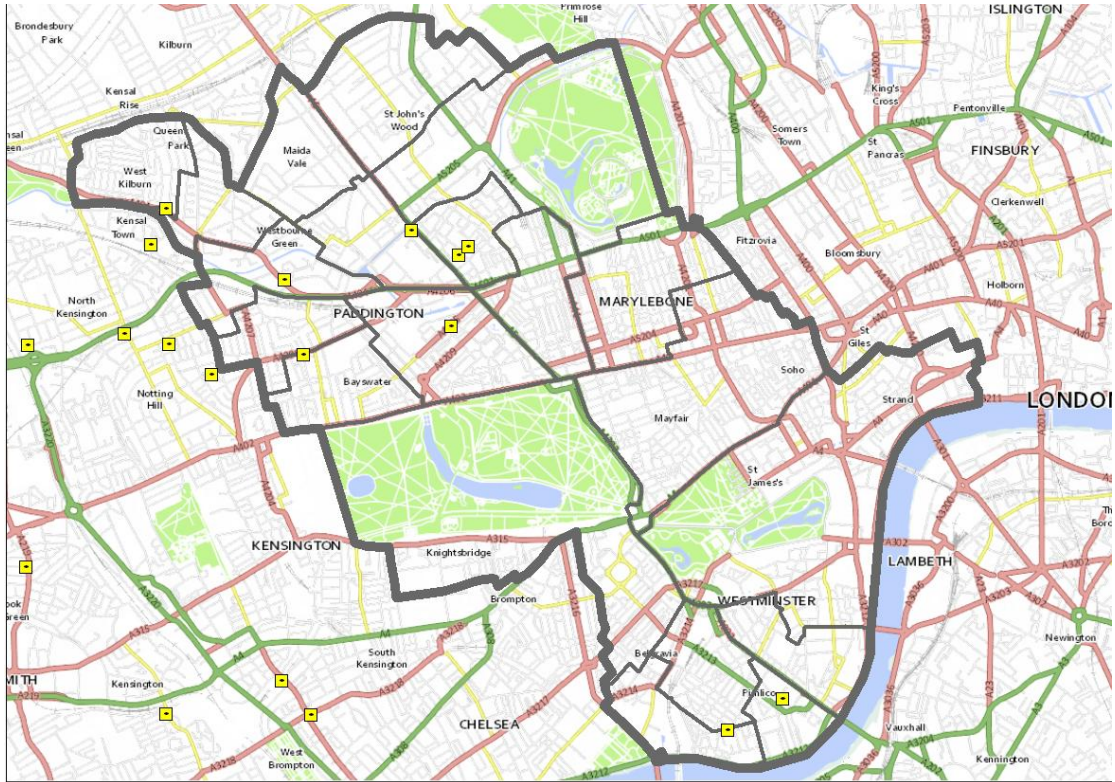


Figure 5.5: Provision of NHS Health Checks

Supervised Administration Service & Needle and Syringe Exchange Service

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

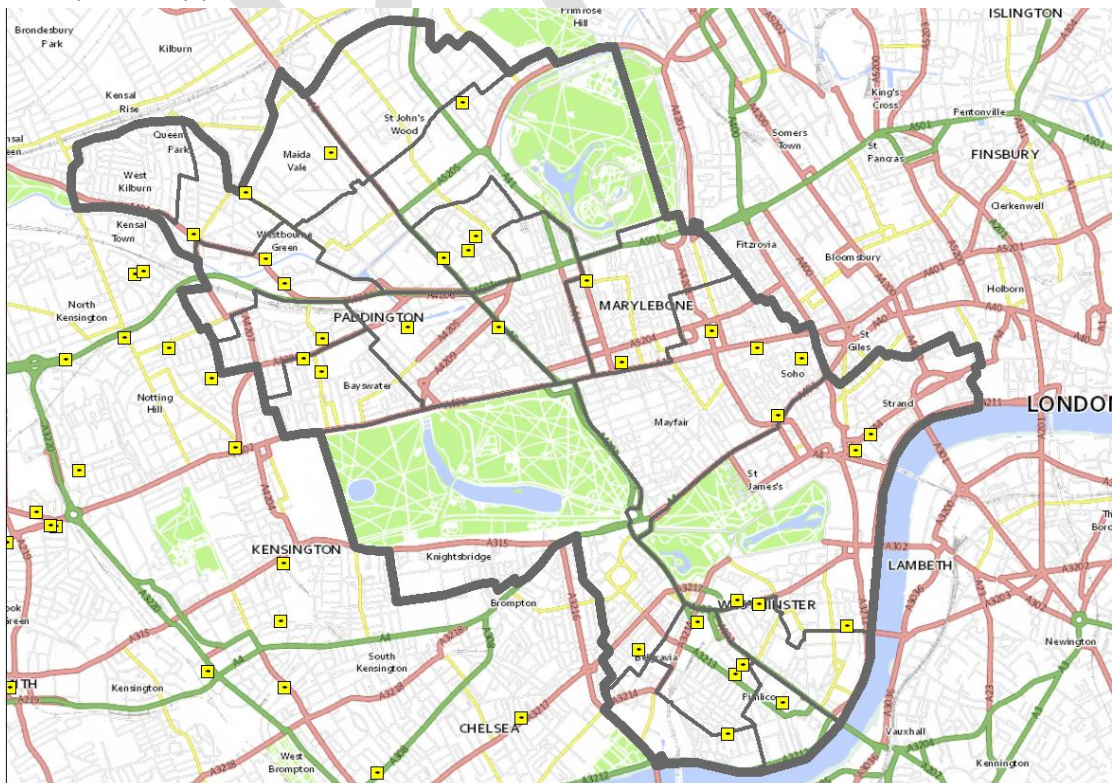


Figure 5.6: Pharmacies currently providing Supervised Administration Service

8.34 Needle and Syringe Exchange Service - The underlying purpose of which is for a registered pharmacist—

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

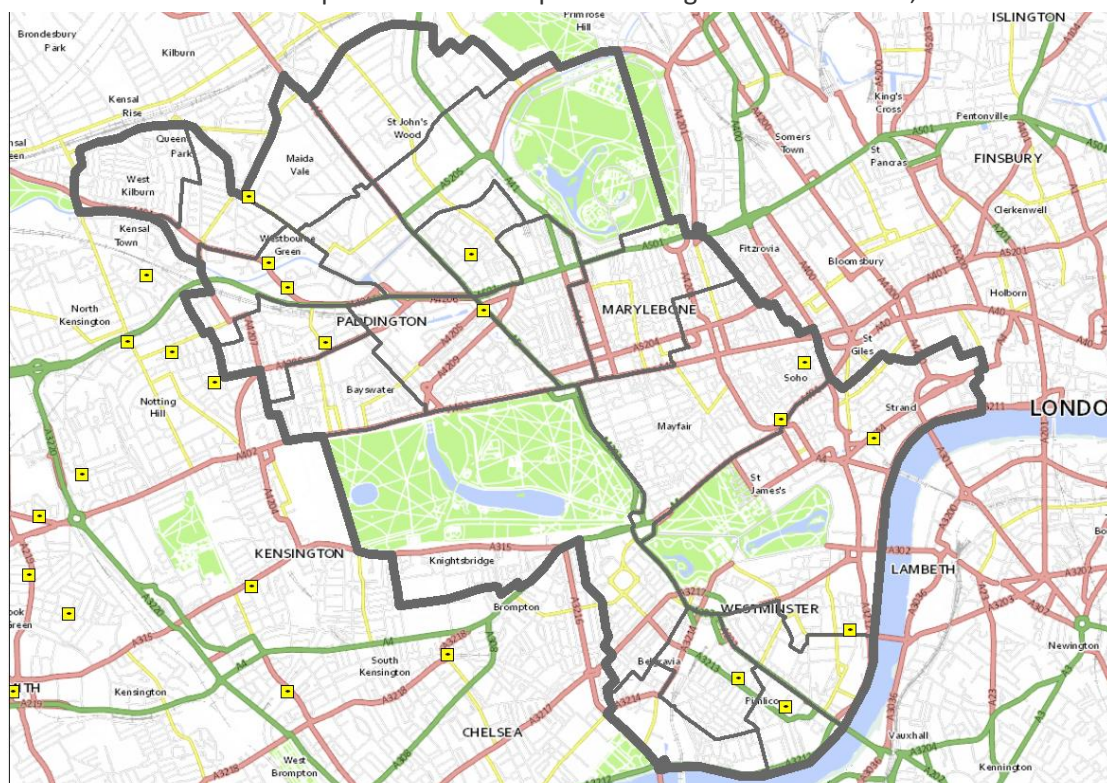


Figure 5.7: Pharmacies currently providing Needle Exchange Service

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

8.36 12 pharmacies provide needle exchange (Figure 5.7) and 30 provide supervised consumption (Figure 5.6), provision mapping well to areas of greatest need. These are spread throughout the borough. Given the specialist nature and low volumes of service use compared to normal dispensing, the HWB identifies the level of these services to be **sufficient, with no gaps**.

Stop Smoking Service

8.37 The underlying purpose of which is for pharmacies—

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

8.38 Smoking is the single biggest preventable cause of death and inequalities. Securing good access to stop smoking services increases the opportunity for the population to benefit from improvements in health. With 67 pharmacies (Figure 5.8) providing the service, the HWB identifies the Stop Smoking Service provided in local pharmacies as **sufficient for supplying a service with no gaps**. However, given the volume of smokers in the borough, an increase in provision in the borough may be desirable, given pharmacists' position of influence as health-promoting advocates.

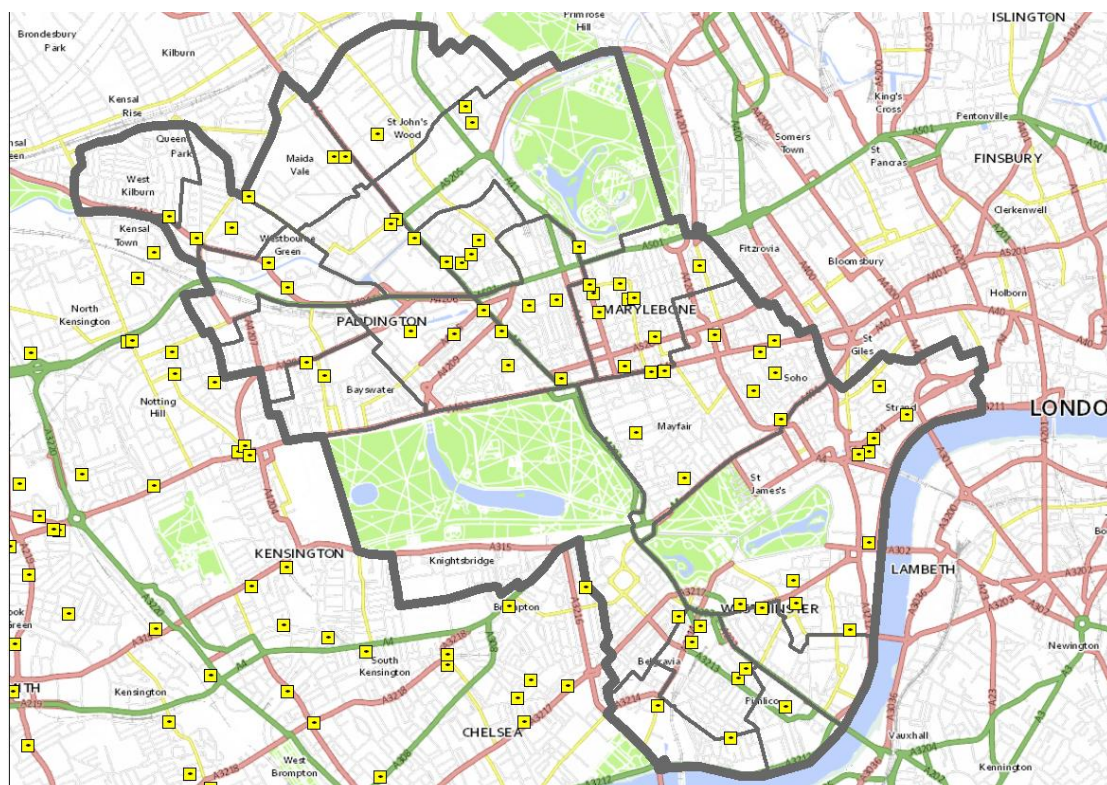


Figure 5.8: Provision of Stop Smoking Services

Improvements and gaps in access to Public Health Services

Sexual health services

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

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

- 8.40** Having assessed the local needs and the current provision of necessary services, the Westminster HWB have not identified any necessary pharmaceutical services that are not provided in the area of the HWB.

Other skills and services

Utilisation of Clinical Skills in the Pharmacy

- 8.41** 21 of the pharmacies reported that that the clinical skills in their pharmacies were "totally utilised". The rest indicated that they were "partly utilised". None of the pharmacies reported that the clinical skills were "not utilized".

Pharmacists with a Special Interest

- 8.42** 5 of the pharmacies surveyed have pharmacists with special interests.

Health Champions

- 8.43** Health Champions are people who, with training and support, voluntarily bring their ability to relate to people and their own life experience to transform health and well-being in their communities. 1 pharmacy in Westminster responded that they have a health champion.

Health Trainers

- 8.44** Health trainers help people to develop healthier behaviour and lifestyles in their own local communities. They offer practical support to change their behaviour to achieve their own choices and goals. 4 pharmacies from those that responded have a health trainer.

Dementia Friends

- 8.45** A Dementia Friend learns a little bit more about what it's like to live with dementia and then turns that understanding into action. 28 pharmacies in Westminster have dementia friends.

Appendix A – Index to pharmacies with opening time information

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

Code on map	Trading Name	Address	Postcode	Ward	Borough	Responded	Early opening	Late opening	Saturday	Sunday
WE01	Boots The Chemist	124 St. John's Wood High St.	NW8 7SG	Regent's Park	Westminster	YES	0	0	1	1
WE02	Boots The Chemist	73 Piccadilly	W1J 8HS	West End	Westminster	YES	1	1	1	1
WE03	Victoria Pharmacy	58 Horseferry Road	SW1P 2AF	St James's	Westminster	YES	1	0	0	0
WE04	Apek Pharmacy	107 Praed Street	W2 1NT	Hyde Park	Westminster	YES	0	0	1	0
WE05	Boots The Chemist	4 James Street	WC2E 8BH	St James's	Westminster	YES	1	1	1	1
WE06	Curie Chemists	445 Edgware Road	W2 1TH	Little Venice	Westminster	YES	0	0	1	0
WE07	Devonshire Pharmacy	215 Edgware Road	W2 1ES	Hyde Park	Westminster	NO	1	1	1	1
WE08	Walden Chemist	65 Elizabeth Street, Eaton Square	SW1W 9PJ	Knightsbridge and Belgravia	Westminster	YES	0	0	1	0
WE09	Boots The Chemist	42-44 Warwick Way	SW1V 1RY	Warwick	Westminster	YES	1	0	1	1
WE10	Vineyard Pharmacy	241 Elgin Avenue	W9 1NJ	Maida Vale	Westminster	YES	1	0	1	0
WE11	Boots The Chemist	Sedley Place, 355-361 Oxford Street	W1C 2JL	West End	Westminster	YES	1	1	1	1

WE12	Boots The Chemist	302-306 Regent Street	W1B 3AS	West End	Westminster	YES	1	1	1	1
WE13	Pharmacentre	149 Edgware Road	W2 2HU	Hyde Park	Westminster	NO	1	1	1	1
WE14	Meacher, Higgins & Thomas	105A Crawford Street	W1H 2HU	Bryanston and Dorset Square	Westminster	YES	0	0	0	0
WE15	Nelsons Homeopathic Pharmacy	87D Duke Street	W1K 5PQ	West End	Westminster	YES	0	0	1	0
WE16	Star Pharmacy	33 Strutton Ground	SW1P 2HY	St James's	Westminster	YES	1	0	0	0
WE17	Sumer Pharmacy	340-342 Harrow Road	W9 2HP	Westbourne	Westminster	YES	0	0	1	0
WE18	Collins Chemist	113-115 Church Street	NW8 8HA	Church Street	Westminster	YES	0	0	1	0
WE19	Colonnades Pharmacy	39 - 41 Porchester Road	W2 6ES	Bayswater	Westminster	NO	0	0	1	0
WE20	Keencare	6 Lower Belgrave Street	SW1W 0LJ	Knightsbridge and Belgravia	Westminster	YES	0	0	1	0
WE21	Courtenay Chemist	3 St. John's Wood High St.	NW8 7NG	Regent's Park	Westminster	YES	1	0	1	0
WE22	D.R. Harris & Co Chemists	35 Bury Street	SW1A 1HB	St James's	Westminster	YES	1	0	1	0
WE23	Chel Pharmacy	173 Great Portland Street	W1W 5PH	Marylebone High Street	Westminster	YES	0	0	0	0
WE24	Healthxchange Pharmacy	79 Great Portland Street	W1W 7LS	West End	Westminster	NO	0	0	0	0
WE25	Berkeley Court Pharmacy	5-7 Melcombe Street	NW1 6AE	Bryanston and Dorset Square	Westminster	NO	1	0	0	0
WE26	The Pharmacy at Mayfair	6 Shepherd Market	W1J 7QD	West End	Westminster	YES	0	0	0	0

WE27	Lloyds Pharmacy	50-54 Wigmore Street	W1U 2AU	Marylebone High Street	Westminster	NO	1	1	1	1
WE28	Zest Pharmacy	18 Broadwick Street	W1F 8HS	West End	Westminster	YES	0	0	1	1
WE29	Green's Pharmacy	29-31 Ebury Bridge Road	SW1W 8QX	Churchill	Westminster	YES	0	0	0	0
WE30	Warwick Pharmacy	34-36 Warwick Way	SW1V 1RY	Warwick	Westminster	YES	0	0	1	1
WE31	Boots The Chemist	Unit 13, Cathedral Walk, Cardinal Place	SW1E 5JH	St James's	Westminster	YES	1	1	1	0
WE32	Ainsworths Homeopathic Pharmacy	36-38 New Cavendish Street	W1G 8UF	Marylebone High Street	Westminster	YES	0	0	1	0
WE33	Boots The Chemist	105-109 Strand	WC2R 0AA	St James's	Westminster	YES	1	1	1	1
WE34	Bullen & Smears*	60-62 Broadwick Street	W1F 7AN		Westminster	NOT SENT	0	0	0	0
WE35	Nasslam Pharmacy	19 Edgware Road	W2 2JE	Hyde Park	Westminster	NO	0	0	1	1
WE36	Nashi Pharmacy	55 Westbourne Grove, Bayswater	W2 4UA	Lancaster Gate	Westminster	YES	0	0	1	0
WE37	Boots UK Ltd	100 Oxford Street	W1D 1LL	West End	Westminster	YES	1	1	1	1
WE38	Dolphins Pharmacy	9-11 The Broadway	SW1H 0AZ	St James's	Westminster	YES	0	0	0	0
WE39	Boots The Chemist	102-103 Marylebone High Street	W1U 4RN	Marylebone High Street	Westminster	YES	1	0	1	1
WE40	Dajani Pharmacy	21 New Cavendish Street	W1G 9TY	Marylebone High Street	Westminster	NO	0	0	1	0
WE41	Boots The Chemist	Unit 5, Charing Cross Station	WC2N 5HS	St James's	Westminster	YES	1	1	1	1

WE42	Hogg & Son Chemists	25 Kendal Street	W2 2AW	Hyde Park	Westminster	NO	0	0	1	0
WE43	Superdrug The Strand	50 Strand	WC2N 5LH	St James's	Westminster	YES	1	1	1	0
WE44	Boots The Chemist	175 Edgware Road	W2 2HR	Hyde Park	Westminster	YES	0	1	1	1
WE45	Prince Chemist	486 Harrow Road	W9 3QA	Harrow Road	Westminster	NO	0	0	1	0
WE46	Central Pharmacy	Unit 5	W10 4RE	Harrow Road	Westminster	NO	1	1	1	1
WE47	Gees Chemist	27-29 Warwick Way	SW1V 1QT	Warwick	Westminster	NO	0	0	1	0
WE48	Boots The Chemist	5 - 7 Carnaby Street	W1F 9PB	West End	Westminster	YES	1	1	1	1
WE49	Watson's Pharmacy	1 Frith Street	W1D 3HZ	West End	Westminster	YES	0	0	0	0
WE50	Boots The Chemist	Unit 42B, Victoria Station	SW1V 1JU	Warwick	Westminster	YES	1	1	1	1
WE51	Madesil Pharmacie	20 Marylebone High Street	W1U 4PB	Marylebone High Street	Westminster	YES	0	0	1	1
WE52	Medicare (London) Ltd Pharmacy	568 Harrow Road	W9 3QH	Queen's Park	Westminster	NO	0	0	1	0
WE53	Boots The Chemist	193 Oxford Street	W1D 2JG	West End	Westminster	YES	1	1	1	1
WE54	Selfridges - Lloydspharmacy	Dept 469, 400 Oxford St	W1A 1AB	Marylebone High Street	Westminster	YES	0	1	1	1
WE55	Boots The Chemist	114 Queensway	W2 6LS	Lancaster Gate	Westminster	YES	0	1	1	1
WE56	Boots The Chemist	490 Oxford Street	W1C 1LF	Marylebone High Street	Westminster	YES	1	1	1	1
WE57	Portman's Pharmacy	93-95 Tachbrook Stret	SW1V 2QA	Tachbrook	Westminster	YES	0	0	1	0

WE58	Remedys Pharmacy	1 Clifton Road, Maida Vale	W9 1SZ	Little Venice	Westminster	YES	0	0	1	0
WE59	Boots The Chemist	198 Baker Street	NW1 5RT	Regent's Park	Westminster	YES	1	1	1	1
WE60	NVS Pharmacy	46 Baker Street	W1U 7BR	Marylebone High Street	Westminster	YES	1	0	1	0
WE61	Dales Pharmacy	414-416 Edgware Road	W2 1ED	Church Street	Westminster	YES	0	0	1	0
WE62	Paxall Chemist	91 Charlwood Street	SW1V 4PD	Warwick	Westminster	NO	0	0	1	0
WE63	Browns Pharmacy	195 Shirland Road	W9 2EU	Maida Vale	Westminster	YES	0	1	1	1
WE64	Woods Chemist	27-29 Church Street	NW8 8ES	Church Street	Westminster	YES	0	0	1	0
WE65	Boots The Chemist	11 Bridge Street	SW1A 2JR	St James's	Westminster	YES	1	0	1	0
WE66	Boots The Chemist	33 Clifton Road, Maida Vale	W9 1SY	Little Venice	Westminster	YES	1	0	1	1
WE67	Sherlock Holmes Chemist	82A Baker Street	W1U 6AA	Marylebone High Street	Westminster	YES	0	0	1	0
WE68	Bliss Chemist	5-6 Marble Arch	W1H 7EL	Bryanston and Dorset Square	Westminster	YES	0	1	1	1
WE69	Boots The Chemist	107 Victoria Street	SW1E 6RA	Vincent Square	Westminster	YES	1	0	1	1
WE70	Shiv Pharmacy	70 Great Titchfield St	W1W 7QN	West End	Westminster	YES	1	0	0	0
WE71	Benson Pharmacy	276 Harrow Road, Bayswater	W2 5ES	Westbourne	Westminster	YES	0	0	1	0
WE72	Market Chemists	85 Church Street	NW8 8EU	Church Street	Westminster	YES	0	0	1	0
WE73	Pitchkins & Currans	Unit 2, 45-47 Elgin Avenue	W9 3PP	Harrow Road	Westminster	YES	0	0	0	0

WE74	Peter's Pharmacy	55 Paddington Street	W1U 4HX	Marylebone High Street	Westminster	NO	0	0	0	0
WE75	St John Wood Pharmacy	142 St Johns Wood High St	NW8 7SE	Regent's Park	Westminster	YES	0	0	1	0
WE76	Boots The Chemist	Griffin House, 5-7 Strand	WC2N 5HR	St James's	Westminster	YES	1	1	1	1
WE77	Williams Chemist	314-316 Elgin Avenue	W9 1JU	Maida Vale	Westminster	YES	0	0	0	0
WE78	Bin-Seena Pharmacy	73 Edgware Road	W2 2HZ	Hyde Park	Westminster	NO	0	1	1	1
WE79	Boots The Chemist	Unit 6, 115 Buckingham Palace Road	SW1W 9SJ	Warwick	Westminster	YES	1	1	1	0
WE80	Boots The Chemist	44-46 Regent Street, Piccadilly Circus	W1B 5RA	West End	Westminster	YES	1	1	1	1
WE81	Holmes Pharmacy	6 Nugent Terrace	NW8 9QB	Abbey Road	Westminster	YES	0	0	1	0
WE82	Seymour Pharmacy	56 Crawford Street	W1H 4JH	Bryanston and Dorset Square	Westminster	YES	0	0	1	0
WE83	Moore's Pharmacy	45 Craven Road, Paddington	W2 3BX	Lancaster Gate	Westminster	NO	0	0	1	0
WE84	Wigmore Pharmacy	23 Wigmore Street	W1U 1PL	Marylebone High Street	Westminster	YES	0	0	1	0
WE85	Hodgetts Chemist	79 Abbey Road, St Johns Wood	NW8 0AE	Abbey Road	Westminster	NO	0	0	1	0
WE86	Al-Rasheed Pharmacy	39 Edware Road	W2 2JE	Hyde Park	Westminster	NO	1	1	1	1
WE87	Boots The Chemist	Unit 51, Station Concourse, Paddington Station	W2 1HB	Hyde Park	Westminster	YES	1	1	1	1
WE88	Boots The Chemist	96-98 Baker Street	W1U 6TJ	Marylebone High	Westminster	YES	1	0	1	1

Street										
WE89	Boots The Chemist	385-389 Oxford Street	W1C 2NB	West End	Westminster	YES	1	1	1	1
WE90	C.W. Andrew	Nash House, Ground Floor, Corner of Maddox Street	W1S 2FQ	West End	Westminster	YES	0	0	0	0
WE91	Clinichem Pharmacy	29 Upper Tachbrook Street	SW1V 1SN	Warwick	Westminster	YES	0	0	1	0
WE92	Audley Pharmacy	36 South Audley Street	W1K 2PL	West End	Westminster	YES	1	0	1	0
WE93	Simmonds Chemist	105 Lupus Street	SW1V 3EN	Churchill	Westminster	NO	1	0	1	0

Pharmacies within 500m outside of the borough									
BR02	Queens Park Chemist	67 Salusbury Road	NW6 6NJ	Brent	OUTSIDE	0	0	1	0
BR03	Dollmeads Dispensing Chemist	53 Chamberlayne Road	NW10 3ND	Brent	OUTSIDE	0	0	1	0
BR04	Hyperchem	34 Salusbury Road	NW6 6NL	Brent	OUTSIDE	0	0	1	0
BR05	Greenfields Pharmacy	61 Chamberlayne Road	NW10 3ND	Brent	OUTSIDE	0	0	1	0
BR06	ABC Pharmacy	Kilburn Park Station	NW6 5AD	Brent	OUTSIDE	0	0	0	0
CA01	ABC DRUGSTORES	216 BELSIZE ROAD	NW6 4DJ	Camden	OUTSIDE	0	0	0	0
CA02	BOOTS UK LIMITED	122 TOTTENHAM CT RD	W1T 5AP	Camden	OUTSIDE	1	1	1	1
CA03	GRAFTON PHARMACY	132/132A TOTTENHAM CRT RD	W1T 5AZ	Camden	OUTSIDE	1	0	1	0
CA04	BOOTS UK LIMITED	15-17 TOTTENHAM COURT RD	W1T 1BJ	Camden	OUTSIDE	1	1	1	1
CA05	KINGS PHARMACY	6 CHESTER COURT	NW1 4BU	Camden	OUTSIDE	0	0	0	0
CA06	MORRISONS PHARMACY	CAMDEN GOODS YARD	NW1 8AA	Camden	OUTSIDE	0	1	1	1
CA07	KERRS CHEMIST	41 BLOOMSBURY WAY	WC1A 2SA	Camden	OUTSIDE	0	0	1	0
CA08	SUPERDRUG	82-84 HIGH ROAD	NW6 4HS	Camden	OUTSIDE	0	0	1	0
CA09	GREENLIGHT PHARMACY	62-64 HAMPSTEAD ROAD	NW1 2NU	Camden	OUTSIDE	0	0	1	0
CA10	BOOTS UK LIMITED	122 HOLBORN	EC1N 2TD	Camden	OUTSIDE	1	0	0	0
CA11	BOOTS UK LIMITED	209 TOTTENHAM COURT ROAD	W1T 7PN	Camden	OUTSIDE	1	0	1	1
CA12	BOOTS UK LIMITED	24-26 HIGH HOLBORN		Camden	OUTSIDE	1	0	0	0

CA13	SUPERDRUG	232 HIGH HOLBORN	WC1V 7DA		Camden	OUTSIDE	1	0	0	0
CA14	BOOTS UK LIMITED	129-133 AVIATION HOUSE	WC2B 6NH		Camden	OUTSIDE	1	1	1	1
CA15	BOOTS UK LIMITED	60/62 KILBURN HIGH ROAD	NW6 4HJ		Camden	OUTSIDE	0	0	1	1
CA16	HILL PHARMACY	27 - 29 WINCHESTER ROAD	NW3 3NR		Camden	OUTSIDE	0	0	1	0
CA17	ESSENTIALS PHARMACY	169 DRURY LANE	WC2B 5QA		Camden	OUTSIDE	0	0	1	0
CI01	Boots The Chemists Ltd	120 Fleet Street	EC4A 2BE		City	OUTSIDE	1	0	0	0
KC02	Sainsbury's	2 Canal Way, Ladbroke Grove	W10 5AA	Golborne	Kensington and Chelsea	YES	1	1	1	1
KC04	Boots	205 Brompton Rd,	SW3 1LA	Brompton	Kensington and Chelsea	YES	0	0	1	1
KC05	D.R. Evans Pharmacy	15 Elgin Crescent	W11 2JA	Colville	Kensington and Chelsea	YES	0	0	1	0
KC06	Boots	96-98 Notting Hill Gate,	W11 3QA	Pembridge	Kensington and Chelsea	YES	1	1	1	1
KC11	Golborne Pharmacy	106 Golborne Road	W10 5PS	Golborne	Kensington and Chelsea	NO	0	0	1	0
KC17	Dillons Pharmacy	24 Golbourne Road,	W10 5PF	Golborne	Kensington and Chelsea	YES	0	0	0	0
KC20	Boots	128 Gloucester Road	SW7 4SF	Courtfield	Kensington and Chelsea	YES	1	1	1	1
KC24	Baywood	239 Westbourne Road,	W11 2SE	Pembridge	Kensington and Chelsea	YES	0	0	1	0
KC28	Stickland Chemist	4-6 The Arcade, South ,	SW7 2NA	Brompton	Kensington and Chelsea	YES	1	0	1	0
KC29	Dr Care Pharmacy	73 Golborne Road	W10 5NP	Golborne	Kensington and Chelsea	NO	0	0	0	0
KC31	Andrews Pharmacy	149B Sloane Street	SW1X 9BZ	Hans Town	Kensington and Chelsea	NO	0	0	1	0
KC32	Chana Chemist	196-198 Portobello Road,	W11 1LA	Colville	Kensington and Chelsea	YES	0	0	1	1
KC35	Boots	60 Kings Road	SW3 4UD	Hans Town	Kensington and Chelsea	YES	1	1	1	1

KC36	Day Lewis PLC	Lower Ground Floor, 87-135 Brompton Road	SW1X 7XL	Brompton	Kensington and Chelsea	YES	0	1	1	1
KC37	Amoore & Co Ltd	25E Lowndes Street	SW1X 9JF	Brompton	Kensington and Chelsea	YES	0	0	1	0
KC39	Notting Hill Pharmacy	12 Pembridge Road,	W11 3HL	Pembridge	Kensington and Chelsea	YES	0	0	1	1
KC40	FJM Calder	55-57 Notting Hill Gate	W11 3JS	Campden	Kensington and Chelsea	YES	0	0	1	1
LA01	Sainsbury's Pharmacy	St. Thomas's Hospital,	SE1 7EH		Lambeth	OUTSIDE	1	1	1	1

Appendix B – Index to pharmacy responses regarding Advanced Services

Code on map	Responded	MURs	AURs	SACs	NMS
WE01	YES	Yes	Don't know	Don't know	Yes
WE02	YES	Yes	Don't know	Don't know	Yes
WE03	YES	Yes	Don't know	Don't know	Yes
WE04	YES	Intending to begin within the next 12 months	No, and not intending to provide	No, and not intending to provide	Intending to begin within the next 12 months
WE05	YES	Yes	Don't know	Don't know	Yes
WE06	YES	Yes	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Yes
WE07	NO	x	x	x	x
WE08	YES	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Intending to begin within the next 12 months
WE09	YES	Yes	Don't know	Don't know	Yes
WE10	YES	Yes	Intending to begin within the next 12 months	No, and not intending to provide	Yes

WE11	YES	Yes	Don't know	Don't know	Yes
WE12	YES	Yes	Don't know	Don't know	Yes
WE13	NO	x	x	x	x
WE14	YES	Yes	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Yes
WE15	YES	No, and not intending to provide	No, and not intending to provide	No, and not intending to provide	No, and not intending to provide
WE16	YES	Don't know	Don't know	Don't know	Don't know
WE17	YES	Yes	No, and not intending to provide	No, and not intending to provide	No, and not intending to provide
WE18	YES	Yes	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Yes
WE19	NO	x	x	x	x
WE20	YES	Yes	No, and not intending to provide	No, and not intending to provide	Yes
WE21	YES	Yes	No, and not intending to provide	Yes	Yes
WE22	YES	No, and not intending to provide	No, and not intending to provide	No, and not intending to provide	No, and not intending to provide
WE23	YES	Yes	No, and not intending to provide	No, and not intending to provide	Intending to begin within the next 12 months
WE24	NO	x	x	x	x
WE25	NO	x	x	x	x
WE26	YES	Yes	Yes	No, and not intending to provide	Yes

WE27	NO	x	x	x	x
WE28	YES	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Intending to begin within the next 12 months
WE29	YES	Intending to begin within the next 12 months	Don't know	Don't know	Intending to begin within the next 12 months
WE30	YES	Yes	No, and not intending to provide	No, and not intending to provide	Yes
WE31	YES	Yes	Don't know	Don't know	Yes
WE32	YES	No, and not intending to provide	No, and not intending to provide	No, and not intending to provide	No, and not intending to provide
WE33	YES	Yes	Don't know	Don't know	Yes
WE34	NOT SENT	x	x	x	x
WE35	NO	x	x	x	x
WE36	YES	Yes	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Yes
WE37	YES	Yes	Don't know	Don't know	Yes
WE38	YES	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Intending to begin within the next 12 months
WE39	YES	Yes	Don't know	Don't know	Yes
WE40	NO	x	x	x	x
WE41	YES	Don't know	Don't know	Don't know	Don't know

WE42	NO	x	x	x	x
WE43	YES	Yes	Don't know	Don't know	Yes
WE44	YES	Yes	Don't know	Don't know	Yes
WE45	NO	x	x	x	x
WE46	NO	x	x	x	x
WE47	NO	x	x	x	x
WE48	YES	Yes	Don't know	Don't know	Yes
WE49	YES	Yes	Yes	Don't know	No, and not intending to provide
WE50	YES	Yes	Don't know	Don't know	Yes
WE51	YES	Yes	No, and not intending to provide	No, and not intending to provide	Yes
WE52	NO	x	x	x	x
WE53	YES	Yes	Don't know	Don't know	Yes
WE54	YES	Yes	Yes	Yes	Yes
WE55	YES	Yes	Don't know	Don't know	Yes
WE56	YES	Yes	Don't know	Don't know	Yes
WE57	YES	Yes	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Yes
WE58	YES	Yes	Yes	Yes	Yes
WE59	YES	Yes	Don't know	Don't know	Yes

WE60	YES	Yes	No, and not intending to provide	No, and not intending to provide	No, and not intending to provide
WE61	YES	Yes	Yes	Yes	Yes
WE62	NO	x	x	x	x
WE63	YES	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Don't know	Intending to begin within the next 12 months
WE64	YES	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Intending to begin within the next 12 months
WE65	YES	Intending to begin within the next 12 months	Don't know	Don't know	Intending to begin within the next 12 months
WE66	YES	Intending to begin within the next 12 months	Don't know	Don't know	Intending to begin within the next 12 months
WE67	YES	Intending to begin within the next 12 months	No, and not intending to provide	No, and not intending to provide	Intending to begin within the next 12 months
WE68	YES	Yes	No, and not intending to provide	No, and not intending to provide	Don't know
WE69	YES	Yes	Don't know	Don't know	Yes
WE70	YES	No, and not intending to provide	No, and not intending to provide	No, and not intending to provide	No, and not intending to provide
WE71	YES	Yes	Don't know	Don't know	Yes
WE72	YES	Yes	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Yes
WE73	YES	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Intending to begin within the next 12 months

WE74	NO	x	x	x	x
WE75	YES	Yes	No, and not intending to provide	No, and not intending to provide	Yes
WE76	YES	Yes	Don't know	Don't know	Yes
WE77	YES	Yes	Intending to begin within the next 12 months	Don't know	Yes
WE78	NO	x	x	x	x
WE79	YES	Yes	Don't know	Don't know	Yes
WE80	YES	Yes	Don't know	Don't know	Yes
WE81	YES	Yes	No, and not intending to provide	No, and not intending to provide	Yes
WE82	YES	Yes	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Yes
WE83	NO	x	x	x	x
WE84	YES	Intending to begin within the next 12 months	No, and not intending to provide	No, and not intending to provide	Intending to begin within the next 12 months
WE85	NO	x	x	x	x
WE86	NO	x	x	x	x
WE87	YES	Intending to begin within the next 12 months	Don't know	Don't know	Intending to begin within the next 12 months
WE88	YES	Yes	Don't know	Don't know	Yes
WE89	YES	Yes	Don't know	Don't know	Yes

WE90	YES	No, and not intending to provide	No, and not intending to provide	No, and not intending to provide	No, and not intending to provide
WE91	YES	Yes	Don't know	Don't know	Yes
WE92	YES	Yes	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Intending to begin within the next 12 months
WE93	NO	x	x	x	x

Pharmacies within 500m outside of the borough					
BR02	OUTSIDE	x	x	x	x
BR03	OUTSIDE	x	x	x	x
BR04	OUTSIDE	x	x	x	x
BR05	OUTSIDE	x	x	x	x
BR06	OUTSIDE	x	x	x	x
CA01	OUTSIDE	x	x	x	x
CA02	OUTSIDE	x	x	x	x
CA03	OUTSIDE	x	x	x	x
CA04	OUTSIDE	x	x	x	x
CA05	OUTSIDE	x	x	x	x

CA06	OUTSIDE	x	x	x	x
CA07	OUTSIDE	x	x	x	x
CA08	OUTSIDE	x	x	x	x
CA09	OUTSIDE	x	x	x	x
CA10	OUTSIDE	x	x	x	x
CA11	OUTSIDE	x	x	x	x
CA12	OUTSIDE	x	x	x	x
CA13	OUTSIDE	x	x	x	x
CA14	OUTSIDE	x	x	x	x
CA15	OUTSIDE	x	x	x	x
CA16	OUTSIDE	x	x	x	x
CA17	OUTSIDE	x	x	x	x
CI01	OUTSIDE	x	x	x	x
KC02	YES	Yes	No, and not intending to provide	No, and not intending to provide	Yes
KC04	YES	Yes	Don't know	Don't know	Yes
KC05	YES	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Intending to begin within the next 12 months	Intending to begin within the next 12 months
KC06	YES	Yes	Don't know	Don't know	Yes
KC11	NO	x	x	x	x

KC17	YES	Yes		Intending to begin within the next 12 months	Intending to begin within the next 12 months	Yes
KC20	YES	Yes		Don't know	Don't know	Yes
KC24	YES	Yes		Intending to begin within the next 12 months	Intending to begin within the next 12 months	Yes
KC28	YES	Yes		Yes	Intending to begin within the next 12 months	Yes
KC29	NO	x		x	x	x
KC31	NO	x		x	x	x
KC32	YES	Yes		No, and not intending to provide	No, and not intending to provide	Yes
KC35	YES	Yes		Don't know	Don't know	Yes
KC36	YES	Yes		No, and not intending to provide	No, and not intending to provide	Yes
KC37	YES	Yes		Intending to begin within the next 12 months	Intending to begin within the next 12 months	Yes
KC39	YES	Yes		Intending to begin within the next 12 months	Intending to begin within the next 12 months	Yes
KC40	YES	Yes		Intending to begin within the next 12 months	Intending to begin within the next 12 months	Intending to begin within the next 12 months
LA01	OUTSIDE	x		x	x	x

Appendix C – Index to pharmacies providing Public Health Services

PNA Borough Code	Ward	Supervised consumption	Needle exchange	Health checks	Stop Smoking
WE81	Abbey Road	No	No	No	Yes
WE85	Abbey Road	No	No	No	No
WE19	Bayswater	Yes	Yes	No	No
WE14	Bryanston and Dorset Square	No	No	No	Yes
WE25	Bryanston and Dorset Square	No	No	No	No
WE68	Bryanston and Dorset Square	No	No	No	Yes
WE82	Bryanston and Dorset Square	No	No	No	Yes
WE18	Church Street	No	No	Yes	Yes
WE61	Church Street	Yes	No	No	Yes
WE64	Church Street	Yes	No	No	Yes
WE72	Church Street	Yes	Yes	Yes	Yes
WE29	Churchill	No	No	No	Yes
WE93	Churchill	Yes	No	Yes	Yes
WE45	Harrow Road	Yes	No	No	Yes
WE46	Harrow Road	No	No	No	No
WE73	Harrow Road	No	No	No	Yes
WE04	Hyde Park	No	No	Yes	Yes
WE07	Hyde Park	No	Yes	No	Yes

WE13	Hyde Park	Yes	No	No	No
WE35	Hyde Park	No	No	No	No
WE42	Hyde Park	No	No	No	Yes
WE44	Hyde Park	No	No	No	Yes
WE78	Hyde Park	No	No	No	No
WE86	Hyde Park	No	No	No	No
WE87	Hyde Park	Yes	No	No	Yes
WE08	Knightsbridge and Belgravia	Yes	No	No	No
WE20	Knightsbridge and Belgravia	No	No	No	Yes
WE36	Lancaster Gate	Yes	No	Yes	Yes
WE55	Lancaster Gate	Yes	No	No	Yes
WE83	Lancaster Gate	No	No	No	No
WE06	Little Venice	No	No	Yes	Yes
WE58	Little Venice	No	No	No	Yes
WE66	Little Venice	No	No	No	Yes
WE10	Maida Vale	Yes	No	No	Yes
WE63	Maida Vale	Yes	Yes	No	Yes
WE77	Maida Vale	No	No	No	Yes
WE23	Marylebone High Street	No	No	No	Yes
WE27	Marylebone High Street	No	No	No	Yes
WE32	Marylebone High Street	No	No	No	No
WE39	Marylebone High Street	No	No	No	Yes
WE40	Marylebone High Street	No	No	No	No
WE51	Marylebone High Street	No	No	No	Yes
WE54	Marylebone High Street	Yes	No	No	Yes
WE56	Marylebone High Street	No	No	No	No

WE60	Marylebone High Street	No	No	No	Yes
WE67	Marylebone High Street	No	No	No	Yes
WE74	Marylebone High Street	No	No	No	Yes
WE84	Marylebone High Street	No	No	No	No
WE88	Marylebone High Street	Yes	No	No	Yes
WE52	Queen's Park	No	No	Yes	Yes
WE01	Regent's Park	Yes	No	No	Yes
WE21	Regent's Park	No	No	No	Yes
WE59	Regent's Park	No	No	No	Yes
WE75	Regent's Park	No	No	No	No
WE03	St James's	Yes	Yes	No	Yes
WE05	St James's	No	No	No	Yes
WE16	St James's	No	No	No	Yes
WE22	St James's	No	No	No	No
WE31	St James's	Yes	No	No	Yes
WE33	St James's	No	No	No	Yes
WE38	St James's	No	No	No	Yes
WE41	St James's	No	No	No	Yes
WE43	St James's	Yes	Yes	No	Yes
WE65	St James's	No	No	No	Yes
WE76	St James's	Yes	No	No	Yes
WE57	Tachbrook	Yes	Yes	Yes	Yes
WE69	Vincent Square	Yes	No	No	Yes
WE09	Warwick	No	No	No	Yes
WE30	Warwick	Yes	Yes	No	Yes
WE47	Warwick	Yes	No	No	Yes

WE50	Warwick	Yes	No	No	Yes
WE62	Warwick	No	No	No	No
WE79	Warwick	No	No	No	Yes
WE91	Warwick	No	No	No	No
WE02	West End	No	No	No	No
WE11	West End	No	No	No	Yes
WE12	West End	Yes	No	No	Yes
WE15	West End	No	No	No	No
WE24	West End	No	No	No	No
WE26	West End	No	No	No	Yes
WE28	West End	No	No	No	Yes
WE34	West End	No	No	No	No
WE37	West End	No	No	No	Yes
WE48	West End	No	No	No	Yes
WE49	West End	Yes	Yes	No	No
WE53	West End	Yes	No	No	Yes
WE70	West End	No	No	No	No
WE80	West End	Yes	Yes	No	Yes
WE89	West End	No	No	No	Yes
WE90	West End	No	No	No	No
WE92	West End	No	No	No	Yes
WE17	Westbourne	Yes	Yes	No	Yes
WE71	Westbourne	Yes	Yes	Yes	Yes

Appendix E – Other Information

The PNA Task and Finish Group

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

Gathering Information for the PNA

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

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

Consultation

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

Next Steps

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

Terms of Reference for PNA Task and Finish Group

Purpose

- The purpose of the PNA Task & Finish Group is to ensure delivery of a quality assured and robust Pharmaceutical Needs Assessment (PNA) for the Health and Wellbeing Boards for Hammersmith and Fulham, Kensington and Chelsea, and Westminster.
- The PNA is a commissioning tool and determines market entry for NHS pharmaceutical services provision

- The PNA Task & Finish Group will work to the agreed PNA Work Plan and develop a PNA that meets the requirements of NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.
- The PNA Task & Finish Group will review and report on progress to the JSNA Steering Group, the Health and Wellbeing Boards and other stakeholders

Accountability & Governance

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

Membership

- The Task & Finish Group will be chaired by Stuart Lines, Deputy Director of Public Health

- The group will be supported by the JSNA Programme Manager and Public Health Knowledge Manager.
- Membership of the Group:

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

- James Hebblethwaite, Tri-borough Adult Social Care, will provide input in an advisory capacity

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

Quorum

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

Procedures

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

Reporting

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

Review

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

Data Sources

Population data

GLA 2013 Round SHLAA population projections

HSCIC, July 2014 (GP registrations)

Census 2011 (ethnic group analysis, population density)

Index of Multiple Deprivation (IMD2010)

Health needs

JSNA Borough Profiles

ONS (infant mortality, life expectancy)

Quality Outcomes Framework (disease prevalence comparators)

Health Survey for England (smoking prevalence)

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

National Child Measurement Programme (child obesity)

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

NHS England (pharmaceutical lists, opening hours)

Pharmacy Survey 2014

HSCIC (comparators)

Dispensing

CCG

Public health services

Tri-Borough Public Health Service