



City of Westminster

# Pharmaceutical Needs Assessment 2022

Westminster City Council  
Health and Wellbeing Board

This Pharmaceutical Needs Assessment has been produced by Soar Beyond, contracted by the Westminster City Council. The production has been overseen by the PNA Steering Group for Westminster Health and Wellbeing Board with authoring support from Soar Beyond Ltd. The information in this PNA was correct at the time of writing as of May 2022.

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## Executive summary

The Pharmaceutical Regulations 2013 require each Health and Wellbeing Board (HWB) to assess the needs for pharmaceutical services in its area and publish a statement of its assessment. This document is called a Pharmaceutical Needs Assessment (PNA). The PNA should be revised within three years of its previous publication. The last PNA for Westminster was published in March 2018 and since then has been kept updated with accompanying [supplementary statements](#). Due to the COVID-19 pandemic, the Department of Health and Social Care postponed the requirement for all HWBs to publish until 1 October 2022.

This mapping of pharmaceutical services against local health needs provides Westminster HWB with a framework for the strategic development and commissioning of services. It will enable the local pharmacy service providers and commissioners to:

- Understand the pharmaceutical needs of the population
- Gain a clearer picture of pharmaceutical services currently provided
- Make appropriate decisions on applications for NHS pharmacy contracts
- Commission appropriate and accessible services from community pharmacies
- Clearly identify and address any local gaps in pharmaceutical services
- Target services to reduce health inequalities within local health communities

This PNA has been produced through the PNA Steering Group on behalf of Westminster HWB by Westminster City Council with authoring support from Soar Beyond Ltd.

### NHS pharmaceutical services in England

NHS pharmaceutical services are provided by contractors on the pharmaceutical list held by NHS England and NHS Improvement. Types of providers are:

- Community pharmacy contractors, including Distance-Selling Pharmacies (DSPs)
- Dispensing Appliance Contractors (DACs)
- Local Pharmaceutical Service (LPS) providers
- Dispensing doctors

The Community Pharmacy Contractual Framework is made up of three types of services:

- Essential Services
- Advanced Services
- Enhanced Services

This assessment is based upon the HWB defining [Essential Services](#) as [Necessary](#) and the [Advanced](#) and [Enhanced Services](#) as being Relevant.

### Pharmaceutical service providers in Westminster

Westminster has 83 community pharmacies (as of March 2022) for a population of 266,036, which includes one DSP. Combining these, Westminster has an average of 31.2 community pharmacies per 100,000 population, compared with 20.6 per 100,000 in England.

In addition, Westminster has one DAC providing services.

## Conclusions

The Steering Group provides the following conclusions and recommendations on the basis that funding is at least maintained at current levels and or reflects future population changes.

The PNA is required to clearly state what is considered to constitute **Necessary Services** as required by paragraphs 1 and 3 of Schedule 1 to the Pharmaceutical Regulations 2013.

For the purposes of this PNA, **Necessary Services** for Westminster HWB are defined as Essential Services.

Advanced Services and Enhanced Services are considered **relevant** as they contribute toward improvement in provision and access to pharmaceutical services.

Locally Commissioned Services are those that secure improvements or better access to or that have contributed towards meeting the need for, pharmaceutical services in Westminster HWB area, and are commissioned by the Clinical Commissioning Group or local authority, rather than NHSE&I.

## Current provision of Necessary Services

### Necessary Services – gaps in provision

- Necessary Services – normal working hours

**There is no current gap in the provision of Necessary Services during normal working hours across Westminster to meet the needs of the population.**

- Necessary Services – outside normal working hours

**There are no current gaps in the provision of Necessary Services outside normal working hours across Westminster to meet the needs of the population.**

- Future provision of Necessary Services

**No gaps have been identified in the need for Necessary Services in specified future circumstances across Westminster.**

### **Improvements and better access – gaps in provision**

- Current and future access to Advanced Services

**There are no gaps in the provision of Advanced Services that would secure improvements or better access to Advanced Services in Westminster.**

- Current and future access to Enhanced Services

**No gaps have been identified that if provided either now or in the future would secure improvements or better access to Enhanced Services across Westminster.**

- Current and future access to Locally Commissioned Services

**Based on current information no gaps have been identified in respect of securing improvements or better access to Locally Commissioned Services across Westminster, to meet the needs of the population.**



## Abbreviations

AF – Atrial Fibrillation  
AUR – Appliance Use Review  
BAME – Black, Asian and Minority Ethnic  
BSA – Business Services Authority  
C-19 – COVID-19  
CCG – Clinical Commissioning Group  
COPD – Chronic Obstructive Pulmonary Disease  
CPCS – Community Pharmacist Consultation Service  
CPCF – Community Pharmacy Contractual Framework  
DAC – Dispensing Appliance Contractor  
DHSC – Department of Health and Social Care  
DMIRS – Digital Minor Illness Referral Service  
DMS – Discharge Medicines Service  
DSP – Distance-Selling Pharmacy  
EHC – Emergency Hormonal Contraception  
EoLC – End of Life Care  
EPS – Electronic Prescription Service  
ES – Essential Services  
GLA – Greater London Authority  
GP – General Practitioner  
HIV – Human Immunodeficiency Virus  
HWB – Health and Wellbeing Board  
ICB – Integrated Care Board  
ICS – Integrated Care System  
IMD – Index of Multiple Deprivation  
JHWS – Joint Health and Wellbeing Strategy  
JSNA – Joint Strategic Needs Assessment  
LA – Local Authority  
LCS – Locally Commissioned Services  
LFD – Lateral Flow Device  
LPC – Local Pharmaceutical Committee

LPS – Local Pharmaceutical Service  
LSOA – Lower Layer Super Output Area  
LTP – Long Term Plan  
MMR – Measles, Mumps and Rubella  
MUR – Medicines Use Review  
NEX – Needle Exchange  
NHS – National Health Service  
NHSE&I – NHS England and NHS Improvement  
NMS – New Medicine Service  
NWL – North West London  
ONS – Office for National Statistics  
PCN – Primary Care Network  
PGD – Patient Group Direction  
PhAS – Pharmacy Access Scheme  
PNA – Pharmaceutical Needs Assessment  
POCT – Point-of-Care Testing  
PQS – Pharmacy Quality Scheme  
PSNC – Pharmaceutical Services Negotiating Committee  
PWID – People Who Inject Drugs  
SAC – Stoma Appliance Customisation  
STI – Sexually Transmitted Infection  
WCC – Westminster City Council

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## Section 1: Introduction

### 1.1 Background

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (SI 2013/349),<sup>1</sup> hereafter referred to as the 'Pharmaceutical Regulations 2013', came into force on 1 April 2013. The Pharmaceutical Regulations 2013 require each Health and Wellbeing Board (HWB) to assess the needs for pharmaceutical services in its area and publish a statement of its assessment. This document is called a Pharmaceutical Needs Assessment (PNA). The PNA should be revised within three years of its previous publication. The last PNA for Westminster was published in March 2018 and since then has been kept updated with accompanying [supplementary statements](#).

Due to the COVID-19 pandemic the Department of Health and Social Care (DHSC) postponed the requirement for all HWBs to publish until 1 October 2022. Once approved, this PNA for Westminster fulfils this regulatory requirement.

The Pharmaceutical Regulations 2013 were updated by the National Health Service (Pharmaceutical and Local Pharmaceutical Services) (Amendment and Transitional Provision) Regulations 2014 on 1 April 2014. This PNA has considered these amendments, but the Pharmaceutical Regulations 2013 have been referenced throughout.

**Table 1: Timeline for PNAs**

2009	2011	2013	2015	Ongoing
Health Act 2009 introduces statutory framework requiring primary care trusts to prepare and publish PNAs	PNAs to be published by 1 February 2011	The Pharmaceutical Regulations 2013 outline PNA requirements for HWB	HWB required to publish own PNAs by 1 April 2015	PNAs reviewed every 3 years* *publication of PNAs was delayed during the coronavirus pandemic

Since the 2018 PNA there have been several significant changes to the Community Pharmacy Contractual Framework (CPCF), national directives, policy and other factors, which need to be considered as part of this PNA.

### 1.2 National changes since the last PNA

- **NHS Long Term Plan (LTP):**<sup>2</sup> The NHS LTP was published in January 2019, and it set out the priorities for healthcare for the next ten years. It is wide-ranging and includes chapters on new service models, action on prevention and health inequalities, and progress on care quality and outcomes. A more detailed description is available in Section 2.1.
- Clinical Commissioning Groups (CCGs) are to be replaced by **Integrated Care Boards (ICBs)** as part of Integrated Care Systems (ICS). In an ICS, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards and

<sup>1</sup> The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

[www.legislation.gov.uk/uksi/2013/349/contents/made](http://www.legislation.gov.uk/uksi/2013/349/contents/made)

<sup>2</sup> NHS Long Term Plan. [www.longtermplan.nhs.uk/](http://www.longtermplan.nhs.uk/)

improving the health of the population they serve. There is a delay in ICSs becoming legal entities with decision-making authority due to the COVID-19 pandemic, with some not due to go live until April 2023.

- All pharmacies were required to become Level 1 **Healthy Living Pharmacies** by April 2020.
- **Coronavirus pandemic:** The COVID-19 pandemic placed greater demands on health systems and community pharmacies. Community pharmacists had to adapt and adopt changes to healthcare services provided and remain open during the pandemic to provide for the pharmaceutical needs for the population.<sup>3</sup> During the pandemic there was a national net loss of 215 pharmacies, with 236 opening while 451 closed during 2020-21, which resulted in the lowest number of pharmacies in England since 2015-16.<sup>4</sup> In response to the pandemic, two Advanced Services were created: pandemic delivery service and COVID-19 lateral flow test provision. The COVID-19 vaccination service was also added as an Enhanced Service provided from community pharmacies and commissioned by NHS England and NHS Improvement (NHSE&I). Due to the easing of COVID-19 restrictions by the government, the pandemic delivery service was decommissioned on 5 March 2022 at 23:59. From 1 April 2022, the government also stopped providing free universal symptomatic and asymptomatic testing for the general public in England.<sup>5</sup>
- **Remote access:** From November 2020, community pharmacies had to facilitate remote access to pharmaceutical services at or from the pharmacy premises.<sup>6</sup>
- **Community Pharmacist Consultation Service (CPCS):**<sup>7</sup> An Advanced Service introduced on 29 October 2019 to enable community pharmacies to play a greater role in urgent care provision. The service replaces the NHS Urgent Supply Advanced Scheme (NUMSAS) and local pilots of Digital Minor Illness Referral Service (DMIRS). The first phase was to offer patients a consultation with pharmacist on referral from NHS 111, integrated urgent clinical assessment services and, in some cases, from 999. From 1 November 2020, GP CPCS was launched, where GPs can refer patients for minor illness consultation but not for urgent supply of medicine or appliances, with a locally agreed referral pathway. The CPCS and GP CPCS aims to relieve pressure

<sup>3</sup> Hayden JC and Parkin R. The Challenges of COVID-19 for community pharmacists and opportunities for the future. *Irish J Psych Med* 2020; 37(3), 198-203. <https://doi.org/10.1017/ipm.2020.52>

<sup>4</sup> Wickware C. Lowest number of community pharmacies in six years, official figures show. *Pharmaceutical J.* 28 October 2021. <https://pharmaceutical-journal.com/article/news/lowest-number-of-community-pharmacies-in-six-years-official-figures-show>

<sup>5</sup> Cabinet Office. COVID-19 Response: Living with COVID-19. 6 May 2022. [www.gov.uk/government/publications/covid-19-response-living-with-covid-19/covid-19-response-living-with-covid-19](http://www.gov.uk/government/publications/covid-19-response-living-with-covid-19/covid-19-response-living-with-covid-19)

<sup>6</sup> PSNC. Regs explainer (#12): Facilitating remote access to pharmacy services. 6 November 2020. <https://psnc.org.uk/our-news/regs-explainer-12-facilitating-remote-access-to-pharmacy-services/>

<sup>7</sup> Community Pharmacist Consultation Service. <https://psnc.org.uk/services-commissioning/advanced-services/community-pharmacist-consultation-service/>

on the wider NHS by connecting patients with community pharmacies who are integrated with primary care-level services, as part of the NHS LTP.

- **Discharge Medicines Service (DMS):** A new Essential Service from 15 February 2021. NHS Trusts are now able to refer patients who would benefit from extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHSE&I Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.<sup>8</sup>
- **Medicines Use Reviews (MURs)** were decommissioned on 31 March 2021. A number of additional services have been introduced including additional eligible patients for the New Medicine Service (NMS).
- **Pharmacy Quality Scheme (PQS):** The PQS scheme is a voluntary scheme that forms part of the CPCF.<sup>9</sup> It supports delivery of the NHS LTP and rewards community pharmacy contractors that deliver quality criteria in three quality dimensions: clinical effectiveness, patient safety and patient experience. The PQS has been developed to incentivise quality improvement in specific areas yearly. At the time of writing the 2022-23 scheme was still being negotiated by the Pharmaceutical Services Negotiating Committee (PSNC) with the DHSC and NHSE&I.

### 1.3 Purpose of the PNA

NHSE&I is required to publish and maintain pharmaceutical lists for each HWB area. Any person wishing to provide NHS pharmaceutical services is required to be listed on the pharmaceutical list. NHSE&I must consider any applications for entry to the pharmaceutical list. The Pharmaceutical Regulations 2013 require NHSE&I to consider applications to fulfil unmet needs determined in the PNA of that area, or applications for benefits unforeseen within the PNA. Such applications could be for the provision of NHS pharmaceutical services from new premises or to extend the range or duration of current NHS pharmaceutical services offered from existing premises. As the PNA will become the basis for NHSE&I to make determinations on such applications, it is therefore prudent that the PNA is compiled in line with the regulations and with due process, and that the PNA is accurately maintained and up to date. Although decisions made by NHSE&I regarding applications to the pharmaceutical list may be appealed to the NHS Primary Care Appeals Unit, the final published PNA cannot be appealed. It is likely the only challenge to a published PNA will be through application for a judicial review of the process undertaken to conclude the PNA.

The PNA should also be considered alongside the local authority's Joint Strategic Needs Assessment (JSNA).<sup>10</sup> Westminster City Council's (WCC's) JSNA is a suite of documents

<sup>8</sup> Discharge Medicines Service. <https://psnc.org.uk/services-commissioning/essential-services/discharge-medicines-service/>

<sup>9</sup> NHSE&I. Pharmacy Quality Scheme Guidance 2021/22. September 2021. [www.england.nhs.uk/wp-content/uploads/2021/09/Pharmacy-Quality-Scheme-guidance-September-2021-22-Final.pdf](http://www.england.nhs.uk/wp-content/uploads/2021/09/Pharmacy-Quality-Scheme-guidance-September-2021-22-Final.pdf)

<sup>10</sup> Joint Strategic Needs Assessment (JSNA): Westminster and Kensington and Chelsea. [www.jsna.info/](http://www.jsna.info/)

on their website, and this PNA has referred to WCC's 2017-2022 Joint Health and Wellbeing Strategy (JHWS).

The PNA will identify where pharmaceutical services address public health needs identified in the JSNA as a current or future need. Through decisions made by the local authority, NHSE&I and the CCGs, these documents will jointly aim to improve the health and wellbeing of the local population and reduce inequalities.

It is anticipated that ICBs will take on the delegated responsibility for pharmaceutical services from NHSE&I and therefore some services currently commissioned from pharmacies by CCGs may fall under the definition of Enhanced Services. For the purpose of this PNA, at the time of writing, only services commissioned by NHSE&I as per the regulations have been considered as 'pharmaceutical services'.

Although the Steering Group (at the time of writing) is aware that during the lifetime of this PNA, CCGs will transition into ICBs, we have referred to CCGs throughout the document with the intention that the CCG will refer to its successor body when in place.

#### 1.4 Scope of the PNA

To appreciate the definition of 'pharmaceutical services' as used in this PNA, it is important to understand the types of NHS pharmaceutical providers comprised in the pharmaceutical list maintained by NHSE&I. They are:

- Pharmacy contractors
- Dispensing Appliance Contractors (DACs)
- Local Pharmaceutical Service (LPS) providers
- Dispensing doctors

For the purposes of this PNA, 'pharmaceutical services' has been defined as those which are/may be commissioned under the provider's contract with NHSE&I. A detailed description of each provider type, and the pharmaceutical services as defined in their contract with NHSE&I, is set out below.

The Pharmaceutical Regulations 2013 detail the information required to be contained within a PNA. A PNA is required to measure the adequacy of pharmaceutical services in the HWB area under five key themes:

- **Necessary Services:** current provision
- **Necessary Services:** gaps in provision
- Other **relevant services:** current provision
- Improvements and better access: gaps in provision
- Other services

What are **Necessary Services**?

The Pharmaceutical Regulations 2013 require the HWB to include a statement of those pharmaceutical services that it identified as being necessary to meet the need for



pharmaceutical services within the PNA. There is no definition of Necessary Services within the regulations and the HWB therefore has complete freedom in the matter.<sup>11</sup>

The HWB has decided that all Essential Services are **Necessary Services** in Westminster.

What is classed as **relevant**?

These are services that the HWB is satisfied are not necessary to meet the need for pharmaceutical services but their provision has secured improvements or better access to pharmaceutical services. Once the HWB has decided which services are Necessary then the remaining services will be other relevant services.

For the purpose of the Westminster PNA, Advanced and Enhanced Services are therefore considered **relevant**.

In addition, the PNA details how the assessment was carried out. This includes:

- How the localities were determined
- The different needs of the different localities
- The different needs of people who share a particular characteristic
- A report on the PNA consultation

#### 1.4.1 Community pharmacy contractors

Pharmacy contractors comprise both those located within the Westminster HWB area as listed in Appendix A, those in neighbouring HWB areas and remote suppliers, such as Distance-Selling Pharmacies (DSPs).

A DSP provides services as per the Pharmaceutical Regulations 2013. As part of the terms of service for DSPs, provision of all services must be offered throughout England. It is therefore possible that patients within Westminster HWB area will receive pharmaceutical services from a DSP outside Westminster HWB area, however DSPs outside of Westminster HWB area are not considered within this PNA.

The CPCF, last agreed in 2019,<sup>12</sup> is made up of three types of services:

- Essential Services
- Advanced Services
- Enhanced Services

Although DSPs may provide services from all three levels as described above, and must provide all Essential Services, they may not provide Essential Services face to face on the premises, therefore provision is by mail order and/or wholly internet.

<sup>11</sup> DHSC. Pharmaceutical needs assessments: information pack for local authority health and wellbeing boards. October 2021.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1029805/pharmaceutical-needs-assessment-information-pack.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1029805/pharmaceutical-needs-assessment-information-pack.pdf)

<sup>12</sup> DHSC. Community Pharmacy Contractual Framework: 2019 to 2024. 22 July 2019. [www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024](http://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024)

Figures for 2020-21 show that in England there were 372 DSPs, accounting for 3.2% of the total number of pharmacies. This has increased significantly from 2015-16, when there were 266 DSPs, accounting for 2.3% of all pharmacy contractors.

#### 1.4.1.1 Essential Services (ES)

Westminster has designated that all Essential Services are to be regarded as **Necessary Services**.

The Essential Services (ES) of the community pharmacy contract **must** be provided by all contractors:

- ES 1: Dispensing of medicines
- ES 2: Repeat dispensing/electronic repeat dispensing (eRD)
- ES 3: Disposal of unwanted medicines
- ES 4: Public health (promotion of healthy lifestyles)
- ES 5: Signposting patients to other healthcare providers
- ES 6: Support for self-care
- ES 7: Discharge Medicines Service (DMS)

ES1 and ES2 support patients living with long-term conditions by providing timely supply of medicines and advice to patients. ES2 may be of particular benefit to patients on medicines as part of their treatment for long-term conditions, e.g. diabetes, or cardiovascular or respiratory conditions.

Using ES3, pharmacies can direct patients in the safe disposal of medicines and reduce the risk of hoarding medicines at home, which may increase the risk of error in taking medicines or the taking of out-of-date medicines.

ES4 can support local and national campaigns informing people of managing risk factors associated with many long-term conditions, such as smoking, healthy diet, physical activity and alcohol consumption.

ES4 provides the ability to:

- Improve awareness of the signs and symptoms of conditions such as stroke, e.g. FAST campaign
- Promote validated information resources for patients and carers
- Collect data from the local population on their awareness and understanding of different types of disease and their associated risk factors
- Target at-risk groups within the local population to promote understanding and access to screening programmes, e.g. men in their 40s for NHS Health Checks

Community pharmacy also plays a vital role in the management of minor ailments and self-care. Community pharmacists are potentially the most-accessed healthcare professionals in any health economy and are an important resource in supporting people in managing their own self-care and in directing people to the most appropriate points of care for their symptoms. Although the evidence base is currently very small in measuring the effectiveness and value of community pharmacies' contribution to urgent care, emergency care and unplanned care, there is a growing recognition of the importance of this role. The

COVID-19 pandemic has highlighted this even further and there appears to be a desire and appetite to do more to integrate the system and pharmacy workforce spanning across community pharmacy, primary and secondary care to improve health outcomes and reduce inequalities.

Using ES5, pharmacies can signpost patients and carers to local and national sources of information and reinforce those sources already promoted. Appropriate signposting has a significant role in supporting the numerous outcomes highlighted as priorities in the Westminster JHWS. Essential Services may also identify other issues such as those relating to general mental health and wellbeing, providing an opportunity to signpost to other local services or services within the pharmacy, e.g. repeat dispensing.

Through ES6, pharmacy staff can advise patients and carers on the most appropriate choices for self-care and also direct queries to the pharmacist for further advice when purchasing over-the-counter medicines or general sales lists products. Some over-the-counter medicines are contraindicated, e.g. decongestant use in circulatory disease, and inappropriate use could increase the risk of an unplanned hospital admission. Equally, some symptoms can be much more significant in certain long-term conditions, e.g. foot conditions in diabetes, and the attempted purchase of an over-the-counter medicine by a patient or carer could alert a pharmacist and lead to an appropriate referral. Promotion of self-care is an important aspect of the management of many long-term conditions and a key element in the support of patients. Advanced Services provide a key opportunity for the pharmacist to help support patients in reaching their goals.

ES7: From 15 February 2021, NHS Trusts were able to refer patients who would benefit from extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHSE&I's Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.

Underpinning the Essential Services is a governance structure for the delivery of pharmacy services as part of the CPCF. This structure is set out within the Pharmaceutical Regulations 2013 and includes:

- A patient and public involvement programme
- A clinical audit programme
- A risk management programme
- A clinical effectiveness programme
- A staffing and staff programme
- An information governance programme

It provides an opportunity to audit pharmacy services and to influence the evidence base for the best practice and contribution of pharmacy services, especially to meeting local health priorities within Westminster.

Both Essential and Advanced Services provide an opportunity to identify issues with side effects or changes in dosage, confirmation that the patient understands the role of the medicine or appliance in their care, and opportunities for medicine optimisation. Appropriate

referrals can be made to GPs or other care settings, resulting in patients receiving a better outcome from their medicines and, in some cases, cost-saving for the commissioner.

#### 1.4.1.2 Advanced Services

The Advanced Services are all considered **relevant** for the purpose of this PNA.

There are several Advanced Services within the NHS CPCF. Advanced Services are not mandatory for providers to provide and therefore 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. The Advanced Services are listed below and the number of pharmacy participants for each service in Westminster can be seen in Section 3.2.4 and in Section 6 by locality.

- A.1: Appliance Use Review (AUR)
- A.2: Stoma Appliance Customisation (SAC)
- A.3: COVID-19 lateral flow device distribution service (stopped 1 April 2022)
- A.4: Pandemic delivery service (stopped 5 March 2022, at 23:59)
- A.5: Community Pharmacist Consultation Service (CPCS)
- A.6: Flu vaccination service
- A.7: Hepatitis C testing service
- A.8: Hypertension case-finding service
- A.9 New Medicine Service (NMS)
- A.10 Smoking Cessation Advanced Service

Although the Steering Group has determined that Advanced Services are **relevant** but not **Necessary Services**, Westminster HWB would wish to support all existing pharmaceutical service providers to make available all Advanced Services where appropriate.

Evidence shows that up to half of medicines may not be taken as prescribed or simply not taken at all. Advanced Services have a role in highlighting issues with medicines or appliance adherence and in reducing waste through inappropriate or unnecessary use of medicines or appliances. Polypharmacy is highly prevalent in long-term conditions management.

#### A.1 Appliance Use Review (AUR)

AURs should improve the patient's knowledge and use of any 'specified appliance' by:

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

#### A.2 Stoma Appliance Customisation (SAC)

SAC 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. The stoma appliances that can be customised are listed in Part IXC of the Drug Tariff.

### **A.3 and A.4 Services provided to give support during the COVID-19 pandemic**

From 16 March 2021, people notified of the need to self-isolate by NHS Test and Trace have been able to access support for **the delivery of their prescriptions from community pharmacies.**

The **COVID-19 Lateral Flow Device (LFD) distribution service**, which pharmacy contractors can choose to provide as long as they meet the necessary requirements, aims to improve access to COVID-19 testing by making LFD test kits readily available at community pharmacies for asymptomatic people, to identify COVID-positive cases in the community and break the chain of transmission.

Since 24 February 2022, the government has eased COVID-19 restrictions. Therefore, the pandemic delivery service was decommissioned on 6 March 2022. Since 1 April, the government now no longer provides free universal symptomatic and asymptomatic testing for the general public in England.<sup>13</sup>

### **A.5 Community Pharmacist Consultation Service (CPCS)**

Since 1 November 2020, GPs have been able to refer patients for a minor illness consultation via GP CPCS, once a local referral pathway has been agreed. As well as referrals from GPs, CPCS takes referrals to community pharmacy from NHS 111 (and NHS 111 online for requests for urgent supply), Integrated Urgent Care Clinical Assessment Services and, in some cases, patients referred via the 999 service, and has been available since 29 October 2019

Primary Care Networks (PCNs) across England have a funded target to work collaboratively with local community pharmacies to implement a plan to increase referrals to the CPCS and GP CPCS with referrals increasing no later than 31 March 2022.

### **A.6 Flu vaccination**

The inclusion of flu vaccination as one of the Advanced Services contributes to improving access and opportunity for the public to receive their seasonal vaccine, thus reducing demand on GP practices and helping the HWB achieve its objectives. Community pharmacy has been providing flu vaccinations under a nationally commissioned service since September 2015. The accessibility of pharmacies, their extended opening hours and the option to walk in without an appointment have proved popular with patients seeking vaccinations – provided each year from September through to March.

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<sup>13</sup> Cabinet Office. COVID-19 Response: Living with COVID-19. 6 May 2022. [www.gov.uk/government/publications/covid-19-response-living-with-covid-19/covid-19-response-living-with-covid-19](https://www.gov.uk/government/publications/covid-19-response-living-with-covid-19/covid-19-response-living-with-covid-19)

Vaccination is a key intervention to protect at-risk groups, such as older people, people living with diabetes, Chronic Obstructive Pulmonary Disease (COPD) or cardiovascular disease, or carers, against diseases such as seasonal flu or shingles.

### **A.7 Hepatitis C testing service**

The service is focused on provision of Point-of-Care Testing (POCT) for hepatitis C (Hep C) antibodies to People Who Inject Drugs (PWIDs), i.e. individuals who inject illicit drugs such as steroids or heroin, but who haven't yet moved to the point of accepting treatment for their substance use. Where people test positive for Hep C antibodies, they will be referred for a confirmatory test and treatment, where appropriate. Recent developments in the treatment options for Hep C make the early identification of patients an important part of the management of the condition.

In May 2016, the UK signed up to the WHO Global Health Sector Strategy on Viral Hepatitis, committing to meet targets of an 80% reduction in incidence of Hep C infection and a 65% reduction in mortality from Hep C by 2030 from a 2015 baseline.

The collective vision for Hep C in England developed by the National Strategic Group for Viral Hepatitis<sup>14</sup> is that: "All people at risk of [Hep C] infection should have access to testing. If positive, they should be advised on prevention of onward transmission and placed on a treatment pathway; if negative, action should be taken to reduce subsequent risk of infection."

### **A.8 Hypertension case-finding service**

This Advanced Service has recently been introduced. The service has two stages – the first is identifying people at risk of hypertension and offering them blood pressure measurement (a 'clinic check'). The second stage, where clinically indicated, is offering 24-hour ambulatory blood pressure monitoring. The blood pressure test results will then be shared with the patient's GP to inform a potential diagnosis of hypertension.

### **A.9 New Medicine Service (NMS)**

The NMS provides support to people who are prescribed a new medicine to manage a long-term condition, which will generally help them to appropriately improve their medication adherence and enhance self-management of the long-term condition. Specific conditions/medicines are covered by the service, which are detailed below.

The service is split into three stages, which are: 1. patient engagement; 2. intervention; and 3. follow up.

From 1 September 2021, the following conditions are covered by the service:

- Asthma and COPD
- Parkinson's disease
- Diabetes (type 2)

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<sup>14</sup> UK Health Security Agency. Hepatitis C in England 2022: short report. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1057262/HCV-in-England-2022-short-report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1057262/HCV-in-England-2022-short-report.pdf)



- Urinary incontinence/retention
- Hypertension
- Heart failure
- Hypercholesterolaemia
- Acute coronary syndromes
- Osteoporosis
- Atrial fibrillation
- Gout
- Long-term risks of venous thromboembolism/embolism
- Glaucoma
- Stroke/transient ischaemic attack
- Epilepsy
- Coronary heart disease

The antiplatelet/anticoagulant therapy eligibility continues, but it is now included in the above list by reference to the underlying condition/reason for prescribing.

The NHS Business Services Authority (NHS BSA) has published a list of medicines that are suitable for NMS.<sup>15</sup>

## **A.10 Smoking cessation**

This service enables NHS trusts to refer patients discharged from hospital to a community pharmacy of their choice to continue their smoking cessation care pathway, including providing medication and behavioural support as required, in line with the NHS LTP care model for tobacco addiction.

### **1.4.1.3 Enhanced Services**

There are currently four Enhanced Services commissioned through community pharmacies from NHSE&I in Westminster HWB area:

#### **COVID-19 vaccination**

This has been added into the Enhanced Services provided from community pharmacies and commissioned by NHSE&I. The number of pharmacies currently providing COVID-19 vaccination under the terms of an Enhanced Service has doubled from October 2021 to January 2022, and latest reports are that over 22 million doses have been provided by community pharmacies in the past 12 months (to 14 January 2022).

#### **London Vaccination Service**

This service is provided in addition to the National Advanced Flu Vaccination Service and includes a top-up element to cover additional groups of patients, e.g. carers, asylum seekers and the homeless.

There is also provision for pneumococcal vaccination to eligible cohorts.

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<sup>15</sup> NHS BSA. New Medicine Service (NMS) Drug Lists. [Accessed February 2022.] [www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/new-medicine-service-nms-drug-lists](http://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/new-medicine-service-nms-drug-lists)

### **Bank holiday, Easter Sunday and Christmas Day coverage**

For the last two years NHSE&I has had two Enhanced Services to cover bank holidays and to cover Easter and Christmas Day across the London area to ensure that there are pharmacies open on these days, and that their location is near to the hubs and out-of-hours providers so that patients can easily access medication if required

#### **1.4.2 Dispensing Appliance Contractors (DACs)**

DACs operate under the Terms of Service for Appliance Contractors as set out in Schedule 5 of the Pharmaceutical Regulations 2013. They can supply appliances against an NHS prescription such as stoma and incontinence aids, dressings, bandages etc. They are not required to have a pharmacist, do not have a regulatory body and their premises do not have to be registered with the General Pharmaceutical Council.

DACs must provide a range of Essential Services such as dispensing of appliances, advice on appliances, signposting, clinical governance and home delivery of appliances. In addition, DACs may provide the Advanced Services of AUR and SAC.

Pharmacy contractors, dispensing doctors and LPS providers may supply appliances, but DACs are unable to supply medicines.

#### **1.4.3 Local Pharmaceutical Service (LPS) providers**

A pharmacy provider may be contracted to perform specified services to their local population or a specific population group.

This contract is locally commissioned by NHSE&I and provision for such contracts is made in the Pharmaceutical Regulations 2013 in Part 13 and Schedule 7. Such contracts are agreed outside the national framework although may be over and above what is required from the national contract. Payment for service delivery is locally agreed and funded.

#### **1.4.4 Pharmacy Access Scheme (PhAS) providers**

The PhAS has been designed to capture the pharmacies that are most important for patient access, specifically those pharmacies where patient and public access would be materially affected should they close. The PhAS takes isolation and need levels into account.

Pharmacies in areas with dense provision of pharmacies remain excluded from the scheme. In areas with high numbers of pharmacies, public access to NHS pharmaceutical services is not at risk. The scheme is focused on areas that may be at risk of reduced access, for example, where a local population relies on a single pharmacy.

DSPs, DACs, LPS contractors and dispensing doctors remain ineligible for the scheme.

From 1 January 2022, the revised PhAS is to continue to support patient access to isolated, eligible pharmacies and to ensure that patient access to NHS community pharmaceutical services are protected. There are no PhAS providers in Westminster.

#### **1.4.5 Other providers of pharmaceutical services in neighbouring HWB areas**

There are six HWB areas that border the Westminster HWB area:

- Brent HWB



- Camden HWB
- City of London HWB
- Lambeth HWB
- Kensington and Chelsea HWB
- Wandsworth HWB

In determining the needs of, and pharmaceutical service provision to, the population of the Westminster HWB area, consideration has been given to the pharmaceutical service provision from the neighbouring HWB areas.

#### **1.4.6 Dispensing GP practices**

The Pharmaceutical Regulations 2013, as set out in Part 8 and Schedule 6, permit GPs in certain areas to dispense NHS prescriptions for defined populations.

These provisions are to allow patients in rural communities, who do not have reasonable access to a community pharmacy, to have access to dispensing services from their GP practice. Dispensing GP practices therefore make a valuable contribution to dispensing services although they do not offer the full range of pharmaceutical services offered at community pharmacies. Dispensing GP practices can provide such services to communities within areas known as ‘controlled localities’.

GP premises for dispensing must be listed within the pharmaceutical list held by NHSE&I and patients retain the right of choice to have their prescription dispensed from a community pharmacy, if they wish.

There are no dispensing GP practices in Westminster.

#### **1.4.7 Other services and providers in Westminster HWB area**

As stated in Section 1.3, for the purpose of this PNA, ‘pharmaceutical services’ has been defined as those services which are or may be commissioned under the provider’s contract with NHSE&I.

Section 4 of this PNA outlines services provided by NHS pharmaceutical providers in Westminster commissioned by organisations other than NHSE&I or provided privately, and which are therefore out of scope of the PNA. At the time of writing the commissioning organisations primarily discussed are the local authority and CCG.

### **1.5 Process for developing the PNA**

HWBs are legally required to publish and maintain a PNA for their local area. Locally, this is undertaken as part of the JSNA Programme and led by the Bi-borough Public Health team.

A paper was presented to Bi-borough (Westminster and RBKC) HWB on 25 November 2021 to remind them of their legal responsibility and inform them of the preferred approach to outsource the production of the PNA.

After a competitive tender process Soar Beyond Ltd were selected due to its significant experience of providing services to assist pharmaceutical commissioning, including the production and publication of PNAs.

It was agreed by the steering group to delegate responsibility of the PNA to the Director of Public Health and the Cabinet Member for Adult Social Care, Public Health and Voluntary Sector (in their capacity of being Chairs of the HWB)

- **Step 1: Steering group**

On 23 March 2022 WCC's PNA Steering Group was established. The terms of reference and membership of the group can be found in Appendix B.

- **Step 2: Project management**

At this first meeting, Soar Beyond Ltd and the local authority presented and agreed the project plan and ongoing maintenance of the project plan. Appendix C shows an approved timeline for the project.

- **Step 3: Review of existing PNA and JSNA**

Through the project manager, the PNA Steering Group reviewed the existing PNA and subsequent supplementary statements<sup>16</sup> and JSNA.

- **Step 4a: Public questionnaire on pharmacy provision**

A public questionnaire to establish views about pharmacy services was co-produced by the Steering Group and was circulated to residents in Westminster through various channels. Further detail is provided in Section 5.

A total of 110 responses were received. A copy of the public questionnaire can be found in Appendix D with the detailed responses.

- **Step 4b: Pharmacy contractor questionnaire**

The Steering Group agreed a questionnaire to be distributed to local community pharmacies to collate information for the PNA. The Local Pharmaceutical Committees (LPC) supported this questionnaire to gain responses. The Steering Group thanks the LPC and contractors for their efforts in getting the questionnaire distributed and completed.

A total of 62 responses were received from pharmacists, across 56 different pharmacies. All responses were included in the final analysis as they were verified as being different albeit from the same pharmacy. A copy of the pharmacy questionnaire can be found in Appendix E with the responses.

- **Step 5: Mapping of services**

Details of services and service providers was collated and triangulated to ensure the information upon the assessment was based on was the most robust and accurate. NHSE&I, as the commissioner of service providers and services classed as **necessary** and **relevant**, was predominantly used as a base for information due to its contractual obligation to hold and maintain pharmaceutical lists. Information was collated, ratified and shared with the Steering Group before the assessment was commenced.

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<sup>16</sup> Westminster HWB. PNA 2018-2021: Supplementary Statement. [www.jsna.info/sites/default/files/Westminster\\_PNA\\_Supplementary\\_Statement.pdf](http://www.jsna.info/sites/default/files/Westminster_PNA_Supplementary_Statement.pdf)

- **Step 6: Preparing the draft PNA for consultation**

The Steering Group reviewed and revised the content and detail of the existing PNA. The process took into account the JSNA and other relevant strategies in order to ensure that the priorities were identified correctly. The Steering Group was fully aware of the potential changes brought about with the easing of restrictions that had been brought in due to the COVID-19 pandemic. However, as the PNA is an assessment taken at defined moment in time it was agreed the pragmatic way forward would be to monitor such changes and if necessary, update the PNA before finalising or publish with accompanying supplementary statements as per the regulations, unless the changes had a significant impact on the conclusions. In the case of the latter, the group were fully aware of the need to reassess.

- **Step 7: Consultation**

In line with the Pharmaceutical Regulations 2013, a consultation on the draft PNA was undertaken between 7 July and 5 September 2022. The draft PNA and consultation response form was issued to all identified stakeholders. These are listed in Appendix F. The draft PNA was also posted on Westminster City Council's website.

- **Step 8: Collation and analysis of consultation responses**

The consultation responses were collated and analysed by Soar Beyond Ltd. A summary of the responses received and analysis is noted in Appendix G, and comments received are included in Appendix H.

- **Step 9: Production of final PNA - future stage**

The collation and analysis of consultation responses was used by the project manager to revise the draft PNA, and the final PNA was presented to the PNA Steering Group.

The final PNA was presented to the Westminster City Council HWB for approval and publication before 1 October 2022.

## **1.6 Localities for the purpose of the PNA**

The PNA Steering Group, at its first meeting, considered how the localities within the Westminster HWB geography would be defined. The majority of health and social care data is available at local authority council ward level and at this level provides reasonable statistical rigour. It was agreed that the wards would be aggregated and Westminster borough would be discussed as one locality for the purpose of this PNA, see Figure 1.

**Figure 1: Wards in Westminster**

A list of providers of pharmaceutical services in each locality is found in Appendix A.

The information contained in Appendix A has been provided by NHSE&I (who is legally responsible for maintaining the pharmaceutical list of providers of pharmaceutical services in each HWB area), WCC and North West London (NWL) CCG.

Since the time of writing the wards have changed however as the analysis has been undertaken at borough level there is minimal impact or no impact to the findings of the PNA.

## Section 2: Local context for the PNA

The PNA is undertaken in the context of the health, care and wellbeing needs of the local population. These are usually laid out in the Joint Strategic Needs Assessment (JSNA) of the local area. The strategies for meeting the needs identified in JSNAs are contained in the Joint Health and Wellbeing Strategies (JHWS), otherwise known as the Health and Wellbeing Board Strategy (HWBS).

### 2.1 NHS Long Term Plan (LTP)

The NHS LTP<sup>17</sup> was published in January 2019, and it set out the priorities for healthcare for the next ten years. It is wide-ranging and includes chapters on new service models, action on prevention and health inequalities, and progress on care quality and outcomes.

Priority clinical areas in the LTP include

- Prevention
  - Smoking
  - Obesity
  - Alcohol
  - Antimicrobial resistance
  - Stronger NHS action on health inequalities
- Better care for major health conditions
  - Cancer
  - Cardiovascular disease
  - Stroke care
  - Diabetes
  - Respiratory disease
  - Adult mental health services

There are specific aspects of the LTP that include community pharmacy and pharmacists. Section 4.21 states that ‘Pharmacists have an essential role to play in delivering the Long Term Plan’ and goes on to state: ‘In community pharmacy, we will work with government to make greater use of community pharmacists’ skills and opportunities to engage patients, while also exploring further efficiencies through reform of reimbursement and wider supply arrangements.’ Specific service areas relevant to community pharmacy include:

- Section 1.10 refers to the creation of fully integrated community-based healthcare. This will be supported through the ongoing training and development of multidisciplinary teams in primary and community hubs. From 2019, NHS 111 started to directly book into GP practices across the country, as well as referring on to **community pharmacies**, who support urgent care and promote patient self-care and self-management. The CPCS has been developed and has been available since 31 October 2019 as an Advanced Service.

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<sup>17</sup> NHS Long Term Plan. [www.longtermplan.nhs.uk/](http://www.longtermplan.nhs.uk/)

- Section 1.12 identifies ‘pharmacist review’ of medication as a method to reduce avoidable A&E attendances, admissions and delayed discharge, streamlining patient pathways to reduce avoidable outpatient visits and over-medication.
- Section 1.26 states that urgent treatment centres will work alongside other parts of the urgent care network including primary care, community pharmacists, ambulance and other community-based services to provide a locally accessible and convenient alternative to A&E for patients who do not need to attend hospital.
- Section 3.68 identifies community pharmacists as part of the process of improving the effectiveness of approaches such as the NHS Health Check, rapidly treating those identified with high-risk conditions, including high blood pressure. The hypertension case-finding service has been developed as an Advanced Service from community pharmacy.
- Section 3.86 states: ‘We will do more to support those with respiratory disease to receive and use the right medication.’ Of NHS spend on asthma, 90% goes on medicines, but incorrect use of medication can also contribute to poorer health outcomes and increased risk of exacerbations, or even admission. The NMS is an Advanced Service that provides support for people with long-term conditions prescribed a new medicine, to help improve medicines adherence.
- Section 6.17 identifies ten priority areas. Section 6.17(v) identifies pharmacists as key in delivering value for the £16 billion spent on medicines annually. It states: ‘Research shows as many as 50% of patients do not take their medicines as intended and pharmacists will support patients to take their medicines to get the best from them, reduce waste and promote self-care.’

## 2.2 Core20PLUS<sup>18</sup>

Core20Plus5 is a national NHSE&I approach to support the reduction of health inequalities at both national and system level. The approach defines a target population cohort – the ‘Core20PLUS’ – and identifies ‘5’ focus clinical areas requiring accelerated improvement.

The most deprived 20% of the national population as identified by the national Index of Multiple Deprivation (IMD). The IMD has seven domains with indicators accounting for a wide range of social determinants of health.

Determined by ICS population groups experiencing poorer than average health access, experience and/or outcomes, but not captured in the ‘Core20’ alone.

The final part sets out five clinical areas of focus. Governance for these five focus areas sits with national programmes; national and regional teams coordinate local systems to achieve national aims:

1. **Maternity:** ensuring continuity of care for 75% of women from Black, Asian and minority ethnic communities and from the most deprived groups.

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<sup>18</sup> NHSE&I. Core20PLUS5. [NHS England » Core20PLUS5 – An approach to reducing health inequalities](#)

2. **Severe mental illness (SMI):** ensuring annual health checks for 60% of those living with SMI (bringing SMI in line with the success seen in learning disabilities).
3. **Chronic respiratory disease:** a clear focus on Chronic Obstructive Pulmonary Disease (COPD) driving up uptake of COVID, flu and pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations.
4. **Early cancer diagnosis:** 75% of cases diagnosed at stage 1 or 2 by 2028.
5. **Hypertension case-finding:** to allow for interventions to optimise blood pressure and minimise the risk of myocardial infarction and stroke.

### 2.3 Joint Strategic Needs Assessment (JSNA)

The purpose of the JSNA is to provide insight and intelligence on the current picture of the use of services by and needs of the local population, highlighting where there might be unmet need that allows for general or targeted interventions, ensuring the efficient use of public funds and resources to improve health, care and wellbeing and reduce inequity in access and inequality of outcomes. In summary, the JSNA is an assessment of the health and wellbeing needs of the local area.

The PNA is undertaken in the context of the current and future health, care and wellbeing needs of the borough and the community to inform local decision-making as defined by the Westminster, and Kensington and Chelsea JSNA.<sup>19</sup>

The JSNA is hosted online and consists of a range of products designed to be easily accessible to all that use it. The JSNA programme is currently being refreshed to develop a suite of succinct, visual and timely products that will directly inform strategy development and commissioning plans. This will include a Borough Story and a rolling programme of thematic reviews.

The information on the JSNA website can be read in combination with the information in the following PNA.

### 2.4 Joint Health and Wellbeing Strategy (JHWS)

The Westminster JHWS sets a vision for creating a 'borough of health', working together with residents and partners including the NHS, the voluntary and community sector, Healthwatch, local businesses and the educational sector, and the police, fire and ambulance services.

Westminster's 2017-2022 JHWS<sup>[1]</sup> sets the long-term strategic framework in collaboration with key partners in Westminster to form the statutory HWB. One of the statutory responsibilities of the HWB as set out by the Health and Social Care Act 2012 is developing the JHWS.

The JHWS is currently in the process of being updated and will have an ambition to begin to join up how the wider public sector and local partners work collaboratively to address

<sup>19</sup> Joint Strategic Needs Assessment (JSNA): Westminster & Kensington and Chelsea. [www.jsna.info/](http://www.jsna.info/)

<sup>[1]</sup> Joint Health and Wellbeing Strategy 2017-2022: Westminster. [Health and Wellbeing Strategy for Westminster 2017-2022](#)



inequalities in Westminster. Much of this work will be heavily influenced through the emerging inequalities work being led across a range of partners under #2035. The aim of the #2035 is to take a longer term view of health inequalities and begin to join up the work across partners to impact positively on the wider determinants of health, such as employment and housing. This will also be supported through the wider health and wellbeing strategy, overseen by the joint Health and Wellbeing Board.

The emerging ambitions and focus of work are informed by the JSNA and wider community insight. There is an increased focus on developing the new HWB strategy in closer collaboration with local residents and a recognition that to address inequalities there will be a need to ensure access to good quality and accessible health services, while also focussing efforts in areas shown to be impacted by inequalities. This will mean working across organisations to look at new ways to address the wider social determinants of health of these populations.

## **2.5 Population characteristics**

### **2.5.1 Overview**

Westminster is a global city at the heart of the nation's capital and home to a highly diverse resident population of 266,036 people (Greater London Authority (GLA) [Population Projections \(london.gov.uk\)](https://www.london.gov.uk/what-we-do/what-we-are-doing/population-projections))

The population is estimated to increase to 271,000 in 2025. The GP-registered population is 324,373.<sup>20</sup>

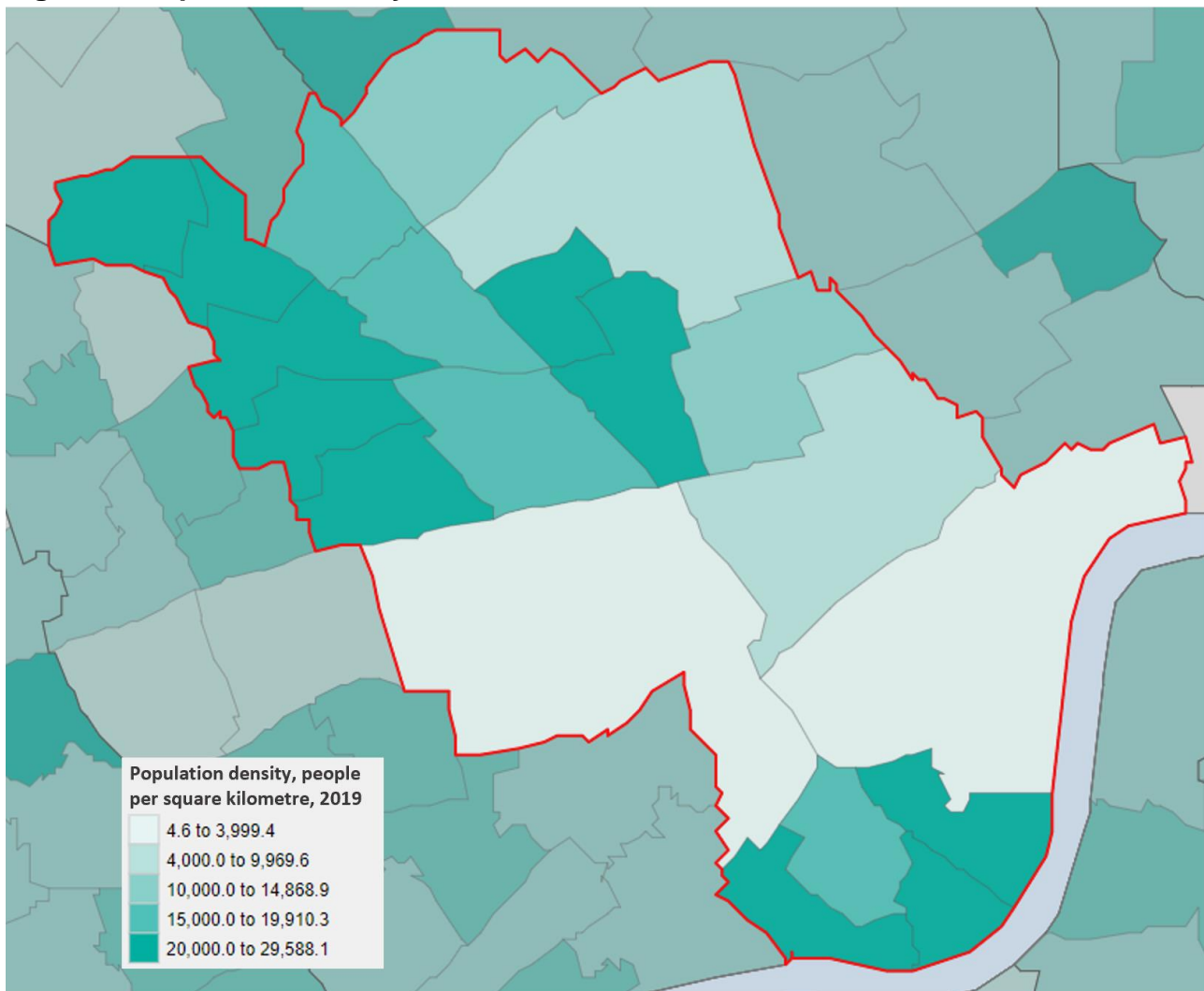
The daytime population, including tourists, is approximately 1.1 million, which is the highest daytime population of any London borough, including residents, employees and visitors. Westminster has a high population 'churn' of 28.5%., this is a measure of population turnover (births, deaths, internal and external migration). International migrants make up 10.4% of the population, which is the second highest proportion in the country.

Figure 2 shows the population density of Westminster, with the north-west of the borough and south of the borough being the most populated. Westminster is home to many parks and open spaces, including Hyde Park and Regents Park.

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<sup>20</sup> 2020-based housing-led population projections produced by GLA demography



**Figure 2: Population density of Westminster<sup>21</sup>**

### 2.5.2 Age

In 2019 there were 1,315 births. In 2020 there were 43,705 children and young people aged 0-19. This is expected to decrease by 22% in 2040 to 34,023.

Westminster has an aging population. The number of people aged 65 or over is projected to increase by 51% in the next 20 years (from 33,045 in 2020 to 50,034 in 2040) higher than in London. The population of those aged 75+ was 15,200 in 2020, which is expected to almost double by 2040 to 28,900.

### 2.5.3 Ethnicity

Over 40% of the population of Westminster are people who identify themselves as being from a Black, Asian or other minority ethnic background, which is comparable to the London average, although represents a significantly greater proportion than the average for England and Wales (15%).

<sup>21</sup> Source: GLA 2020 <https://londondatastore-upload.s3.amazonaws.com/instant-atlas/ward-atlas-html/atlas.html> .

Table 2 details the ethnicity breakdown within Westminster as compared with London and England and Wales. These are the 2019 estimates based on the 2011 ONS census:

**Table 2: Ethnicity breakdown of Westminster**

Region	White	Mixed	Asian or Asian British	Black or Black British	Other
Westminster	58.40%	3.60%	12.40%	7.60%	18.00%
London	59.37%	3.72%	18.37%	12.49%	6.06%
England and Wales	85.49%	1.70%	7.64%	3.37%	1.81%

Source: ONS Census 2011

## 2.5.4 Working age population

Westminster has a working age population (16–64) of 203,296 which is 75% of the population. This is expected to decrease to 201,448 in 2040.

## 2.5.5 Vulnerable population

### 2.5.5.1 Children and adults in care

In Westminster, 24% of children are living in poverty (local child poverty indicators 2019-20 – estimates of rates, after housing costs).<sup>22</sup>

In Westminster there are 220 children in care (45 per 10,000), which is below the England average.

### 2.5.5.2 Housebound populations

There are 1,656 housebound residents in Westminster.

### 2.5.5.3 Residential and nursing home populations

It is estimated that in 2020 there were 450 adults over 65 living in a care home in Westminster. In 2020, it is estimated that 9,500 adults over 65 need help with at least one self-care activity, e.g. getting in and out of bed.

## 2.5.6 Wider determinants of health

### 2.5.6.1 IMD 2019

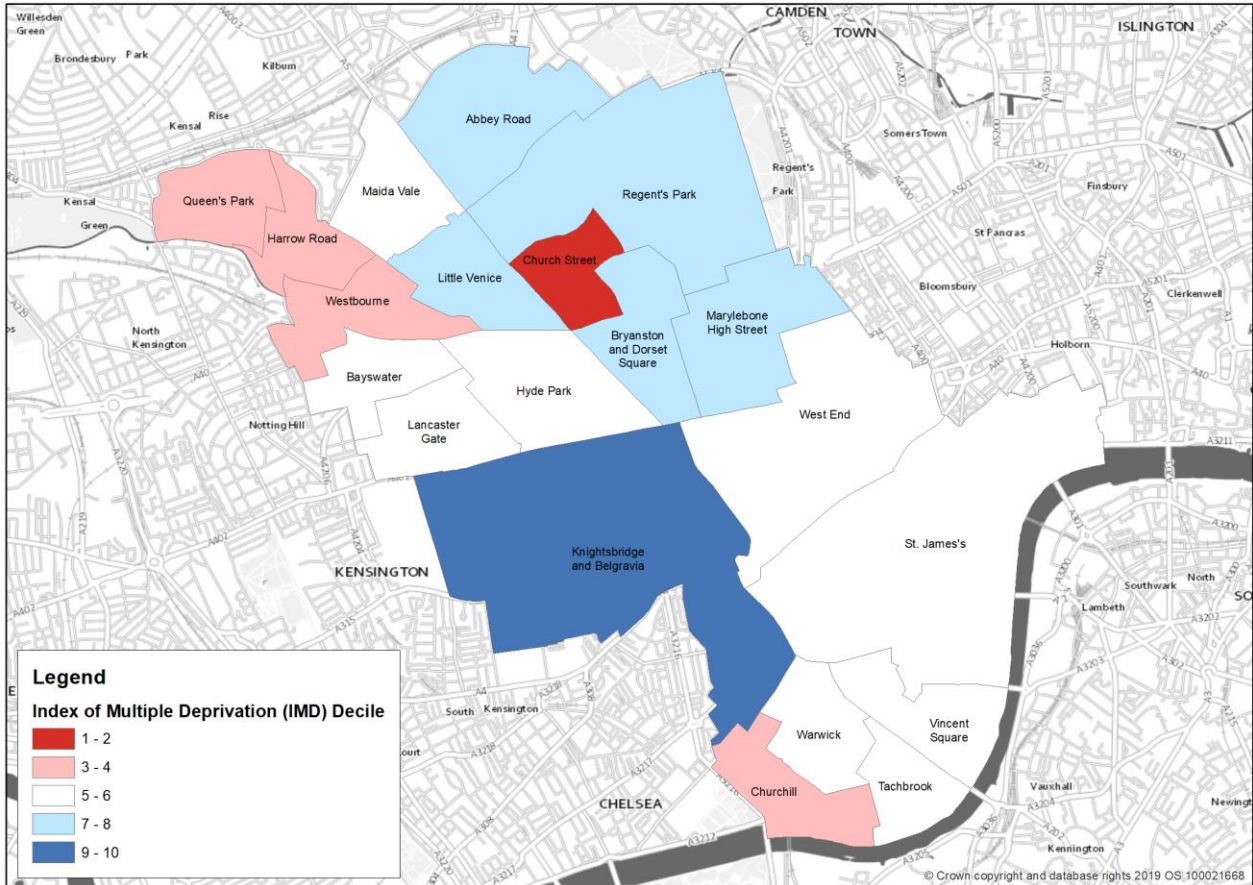
The Index of Multiple Deprivation (IMD) is a combined measure of deprivation based on a total of 39 separate indicators that encompass the wider determinants of health and reflect the different aspects of deprivation experienced by individuals living in an area. The 39 indicators fall under the following categories: income; employment; health deprivation and disability; education, skills and training; barriers to housing and services; living environment; and crime.

The IMD 2019 ranking for Westminster is 134/317 in England (19/33 in London).

<sup>22</sup> DWP/HMRC statistics. Children in low income families: local area statistics. March 2021.

Figure 3 illustrates the vast differences between the wards of the borough. Church Street ward has the highest multiple deprivation scores while Knightsbridge and Belgravia ward has the lowest.

**Figure 3: IMD 2019 of Westminster<sup>23</sup>**



**2.5.6.2 Housing**

Westminster has planned housing development of 1,270 units by 2027. Table 3 shows the planned housing by wards.

**Table 3: Planned housing**

Wards	Sum of housing
Abbey Road	3
Bryanston and Dorset Square	108
Church Street	100
Churchill	496
Harrow Road	20
Little Venice	119
Maida Vale	118
Marylebone High Street	14

<sup>23</sup> Source: PHE Fingertips 2022

<b>Wards</b>	<b>Sum of housing</b>
Queen's Park	42
Regent's Park	2
Westbourne	248
<b>Total</b>	<b>1270</b>

### **2.5.6.3 Crime**

Westminster has some of the highest rates and levels of serious youth violence offences in London. Overall, only 35% of offences in Westminster were committed by residents, 30% of which were committed by those aged 10–25.

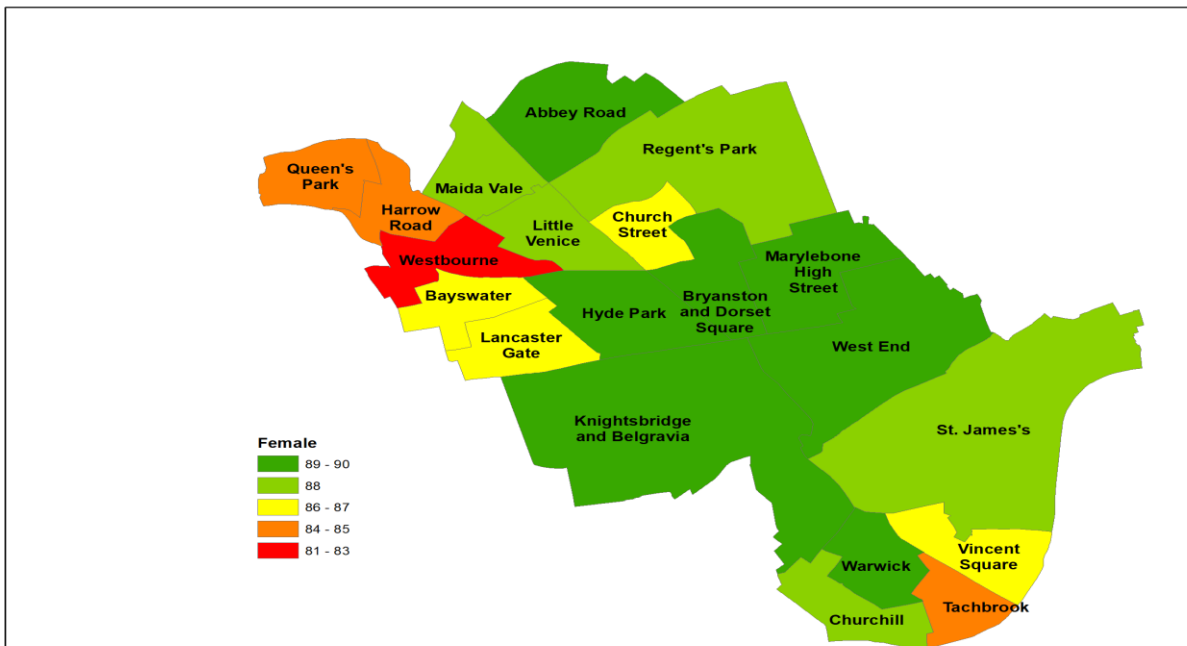
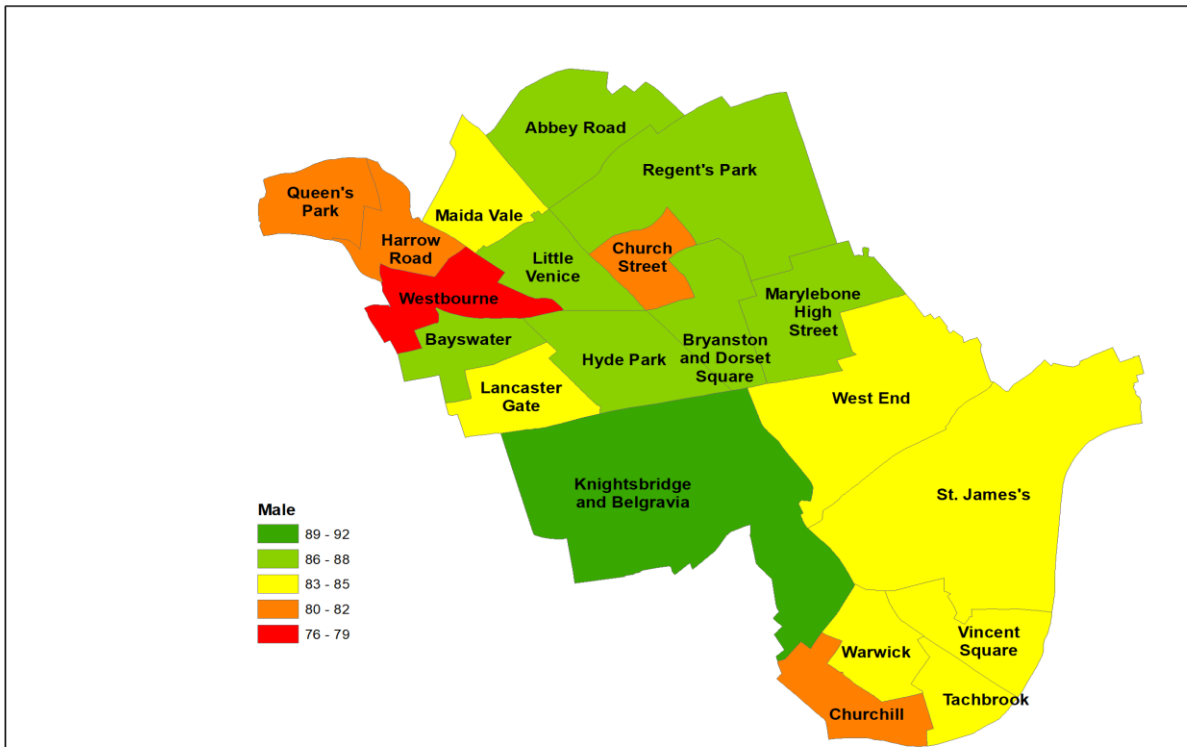
### **2.5.6.4 Life expectancy and disability-free life years**

While many people in Westminster live long lives, with some of the longest life expectancy in the country, there is significant variation in life expectancy between the wards. Men can expect to live 16 years longer in certain wards and women 9 years longer.

While men have a life expectancy of 85 years in Westminster, 21 of those are expected to be in poor health. Women have a slightly better margin of life expectancy of 87 years, with 20 of those expected to be in poor health.

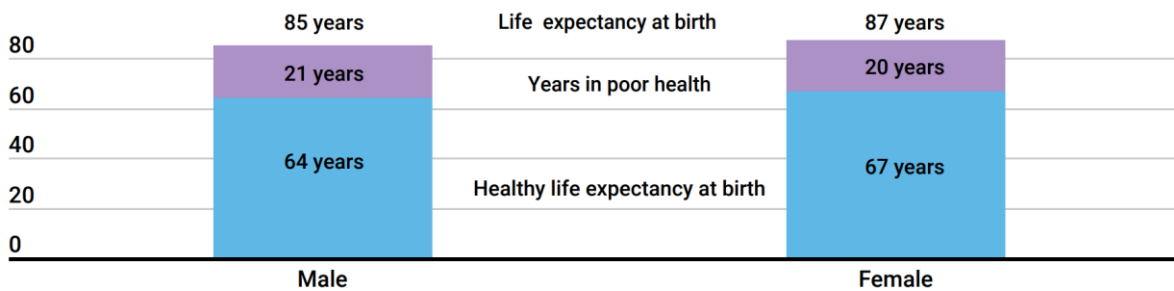
In Westbourne ward a man is expected to live to the age of 76, while in Knightsbridge and Belgravia ward a man is expected to live to 92. A woman in the same wards is expected to live to 81 and 90, respectively.

Figure 4: Life expectancy (years) at birth (upper age band 90+), 2015-19<sup>24</sup>



<sup>24</sup> Source: PHE Fingertips 2022

**Figure 5: Life expectancy at birth and healthy life expectancy at birth**



### 2.5.7 Lifestyle

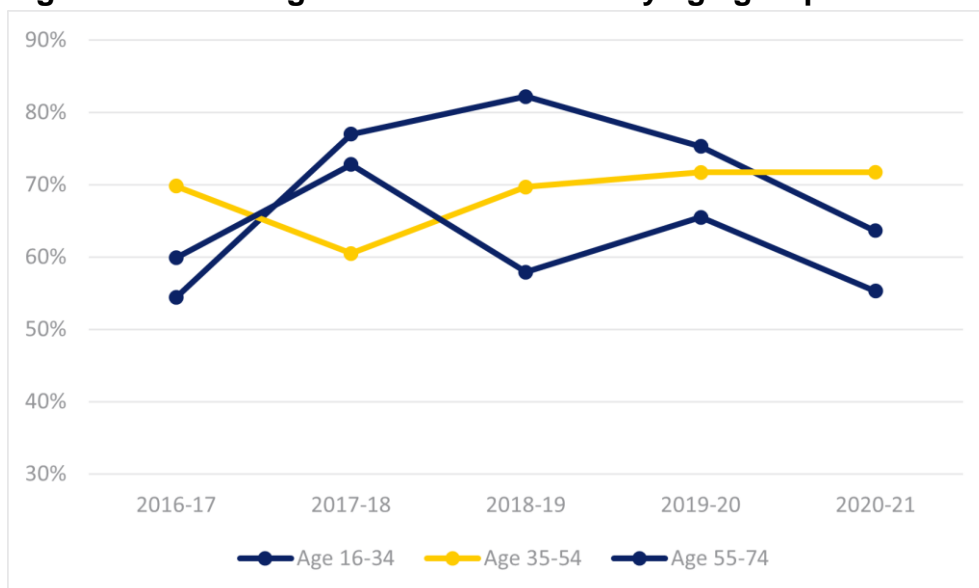
Air pollution is a significant environmental risk to public health: it causes premature mortality and contributes to cardiovascular disease, lung cancer and respiratory diseases. Forty Westminster primary schools are in areas that exceed the legal air pollution limits as highlighted in the GLA’s Analysis of Air Pollution Exposure in London report of 2017.

#### 2.5.7.1 Physical activity

People who engage in sport and physical activity are less likely to be obese or feel lonely. As per the national picture, and impacted by COVID-19 restrictions, activity levels have fallen for both the 16–34 and 35–54 age groups in 2019/20 compared with 2018/19 . A large initial drop in activity levels was seen for 16–34-year-olds, but with some signs of recovery.

Physical activity levels had been growing in the 55+ age group prior to the COVID-19 pandemic, however, many of these gains were lost in 2019/20 as levels fell when restrictions were introduced. The 75+ age group was particularly affected, and this may be linked to those aged 70+ shielding.

**Figure 6: Percentage of active residents by age group<sup>25</sup>**



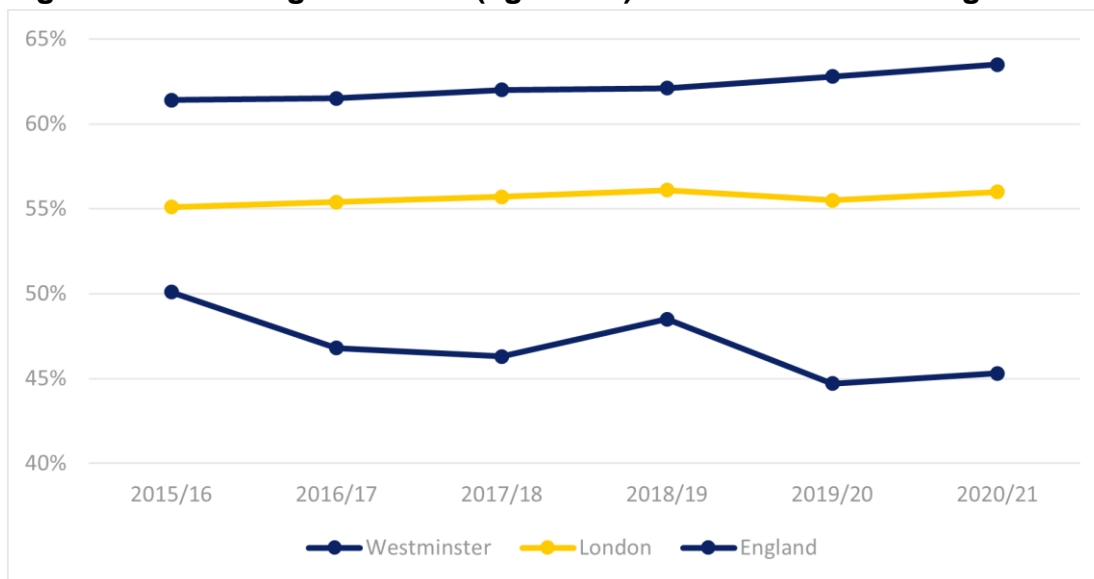
<sup>25</sup> Source: PHE Fingertips 2021

### 2.5.7.2 Obesity

In 2019-20, the proportion of children aged 4–5 who were overweight or obese was 21% (205 children, close to the London average of 22%), with prevalence increasing to 41% of children aged 10–11 leaving primary school (455 children, worse than London average of 38%).

Obesity is associated with reduced life expectancy and can affect mental health and wellbeing. Of those aged over 16, 9,370 are overweight or obese. The 2019-20 Active Lives survey found that 44% of adults in Westminster were obese below London and England.

**Figure 7: Percentage of adults (aged 18+) classified as overweight or obese<sup>26</sup>**



### 2.5.7.3 Smoking, drug, and alcohol misuse

It is estimated that 8% of 15-year-olds in Westminster partake in three or more risky behaviours (including smoking, drinking, cannabis, use of other drugs, poor diet and low physical activity). This is below the London average (10%) and far lower than the England average (16%).

It is estimated that 17% of adults currently smoke in Westminster. The mortality rate for alcohol-related deaths in the borough is 24.7, the second lowest in London, and lower than the rate for England (37.8). In Westminster, 7,541 residents aged 18–64 have high risk of alcohol-related health issues.

### 2.5.7.4 Sexual health and teenage pregnancy

Sexually Transmitted Infection (STI) positivity rates for HIV, syphilis, gonorrhoea and chlamydia for those aged 25+ are 13.6% (one of the highest in London).

The teenage pregnancy rate is 2.7 per 1,000, compared with 9.8 for London and 13 for England.

<sup>26</sup> Source: PHE Fingertips 2021

### **2.5.7.5 Oral health**

Almost a third of five-year-olds have one or more decayed, filled or missing teeth (945 children) which is in the 20% worst upper-tier local authorities in England.

### **2.5.8 Burden of disease**

The most prevalent long-term conditions in Westminster are anxiety, hypertension, depression, obesity and diabetes.

#### **2.5.8.1 Cardiovascular diseases**

Coronary heart disease prevalence is 1.5% (compared with 1.9% for London and 3% for England). In Westminster, 21,958 patients registered with GPs have hypertension. Hypertension rates vary geographically across the borough, with the highest rates recorded in St John's Wood and Maida Vale.

The premature mortality rate from cardiovascular disease is 65.5 in Westminster, which is lower than in London and England

#### **2.5.8.2 Diabetes and hyperglycaemia**

In Westminster, 9,456 residents are living with diabetes. Of cases of Type 2 diabetes, 80% can be delayed or prevented by making simple changes like moving more, losing weight and eating healthily.

#### **2.5.8.3 Cancers**

Cancer screening rates in the borough are among the lowest in the country, with those with mental health needs least likely to access such screening. However, despite these low screening rates cancer outcomes are among the best in the country. The cancer mortality rate for under 75s is 87.4/100,000 (lowest in England).

#### **2.5.8.4 Respiratory diseases**

The premature mortality rate from respiratory disease is lower than the regional and national averages at 20.7.

In 2020, 28% of deaths in Westminster were attributed to pneumonia (which includes COVID-19, with 19 cases). This represents approximately 250 residents.

#### **2.5.8.5 Mental health**

Nationally, approximately 50% of all mental health problems start before the age of 14. Mental health problems affect about 1 in 10 children and young people. The NHS estimates that, in Westminster, 4,268 children aged 5–19 have a mental, behavioural or emotional health disorder.

An estimated 13,663 residents in Westminster aged 16–74 have a common mental health disorder such as depression and anxiety. It is estimated that 9,300 adults have a long-term physical and mental health conditions combined. 30% of residents who report a long-term joint problem also report depression or anxiety. Anxiety and depression are correlated long-term conditions and are most prevalent in the south and central areas of the borough, other than in Regent's Park ward, which has slightly lower recorded rates.



In Westminster, 3,488 residents (aged 65 and over) are estimated to have a common mental health disorder such as depression and anxiety. Depression and anxiety are linked to social isolation, and it is estimated that 10,704 people over 65 live alone in Westminster. Nationally, it is estimated that around 10% of the population aged over 65 are lonely. In particular there are four life events associated with social isolation among older people: retirement; falling ill; a spouse dying and going into care.

#### **2.5.8.6 Dementia**

The number of patients with dementia recorded on GP registers is 1,263. The most common cause of death in England is dementia and Alzheimer's, with heart disease a close second

#### **2.5.8.7 Accidental injuries**

Westminster has one of the lowest rates in London for hospital admissions caused by unintentional and deliberate injuries in children (aged 0–4), at 74 per 10,000, which equates to 100 admissions.

#### **2.5.8.8 Infectious diseases**

A significantly lower percentage of children (63%) have received two doses of measles, mumps and rubella (MMR) immunisation at or before the age of five, compared with the England average (87%).

Only 48% of those in clinical at-risk groups under 65 take up the flu vaccine. In 2020-21, 64% of the over-65s (15,018) had a flu vaccination, which is well below the target rate of 85%.

## Section 3: NHS pharmaceutical service provision in Westminster

### 3.1 Overview

There is a total of 84 contractors in Westminster.

**Table 4: Numbers of pharmacy contractors in Westminster**

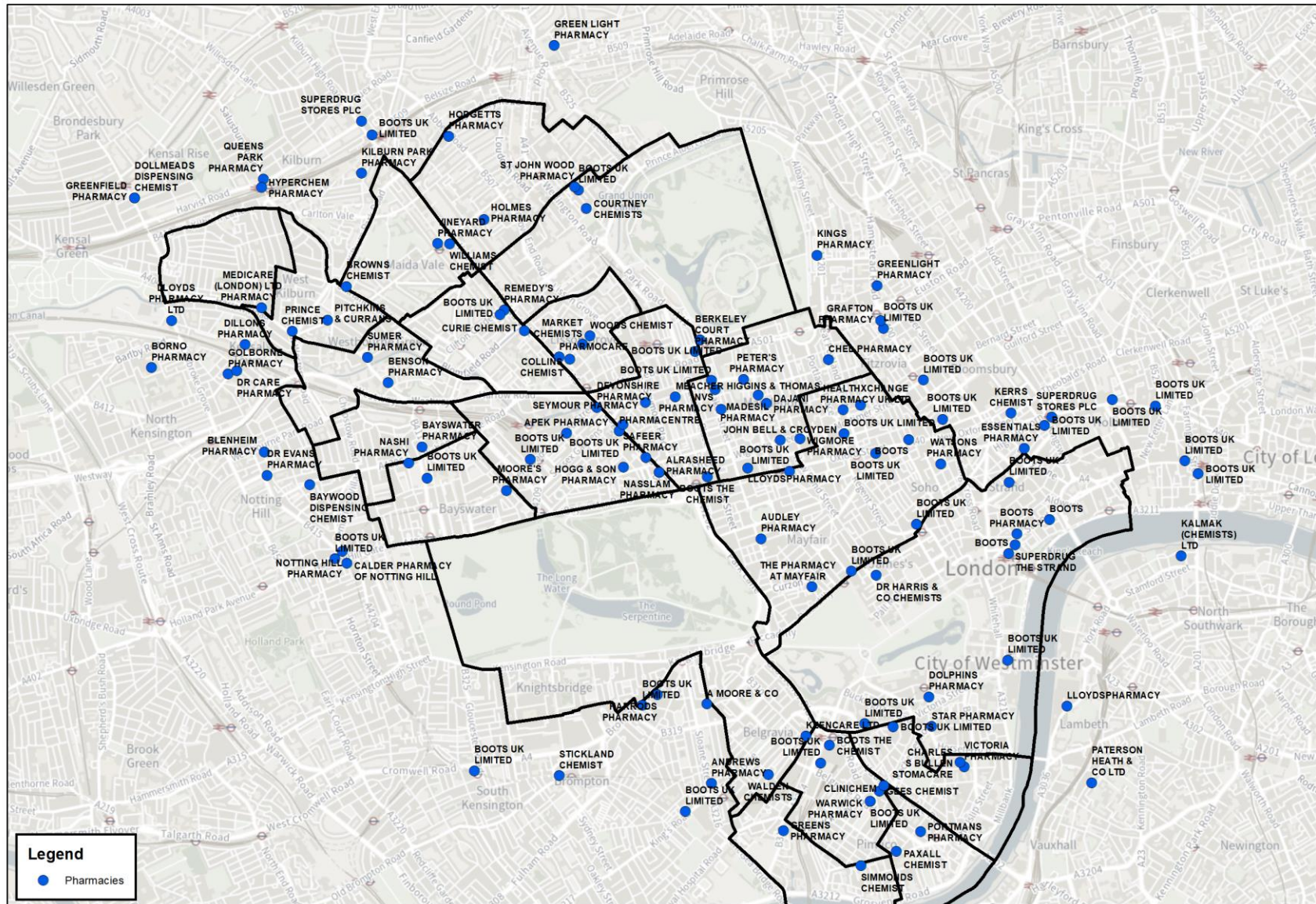
Type of contractor	Number
40-hour community pharmacies*	77
100-hour community pharmacies	5
LPS	0
DSP	1
DAC	1
Dispensing GP practices	0
PhAS	0

\*Note one pharmacy to close on 21 July 2022

Where discussed, the total number of community pharmacies includes DSPs, i.e. 83 community pharmacies.

DSPs may not provide Essential Services face to face and therefore provision is by mail order and/or wholly internet; when discussing services provided by the community pharmacies it may be appropriate to exclude the DSP from the analysis as it cannot or does not provide the service being discussed. This information will be annotated in the tables and made clear in the discussion.

Figure 8: All pharmacies in Westminster HWB area and in surrounding areas



### 3.2 Community pharmacies

<p>83 community pharmacies* which includes 1 DSP in Westminster</p> 	<p>266,036 population of Westminster</p> 	<p>31.2 community pharmacies per 100,000 population</p> 
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\* Correct as of December 2021

There are 83 community pharmacies in Westminster (see Figure 8 for the distribution and spread across Westminster).

Since the previous PNA was published in 2018, there has been a reduction in the total numbers of pharmacies from 93. As seen in Table 17 the ratio of pharmacies to resident population remains higher than the London and England averages. The England average is 20.6 community pharmacies per 100,000 population, which has decreased slightly from 2018, when the average number was 21.2.

**Table 5: Breakdown of average community pharmacies per 100,000 population**

Locality	Number of community pharmacies (Dec 2021)	Total population	Average number of community pharmacies per 100,000 population (Dec 2021)*
Westminster HWB (2021)	83	266,036**	31.2
London	1,873	8,965,488***	20.7
England (2021)	11,636	56,760,975***	20.6

\* Data includes DSPs, which do not provide face-to-face services

\*\* London Population Projections Explorer 2022

\*\*\* ONS mid-year 2020

Westminster has a transient population with generally good transport links. The workday population is approximately 1.1 million, with a daytime influx of workers, shoppers and tourists. Populations may therefore find community pharmacies in neighbouring HWB areas more accessible and/or more convenient. There is a variable rate of community pharmacies per 100,000 population in neighbouring HWB areas to Westminster: Brent (24.4), Camden (22.5), City of London (136.7), Lambeth (20.2), Kensington and Chelsea (26.6) and Wandsworth (17.0).

Table 6 shows the change in the numbers of community pharmacies over recent years compared with regional and national averages. Westminster is well served with community pharmacies and the number is higher than the London and national averages.

**Table 6: Number of community pharmacies per 100,000 population**

	England	London	Westminster
2020-21	20.6	20.7	31.8
2019-20	21.0	20.2	35.4
2018-19	21.2	20.7	38.0

Source: ONS Mid-Year Population<sup>27</sup>

[Section 1.4.1.1](#) lists the Essential Services of the pharmacy contract. It is assumed that provision of all these services is available from all contractors. Further analysis of the pharmaceutical service provision and health needs for Westminster is explored in Section 6.

### 3.2.1 Choice of community pharmacies

Table 7 shows the breakdown of community pharmacy ownership in Westminster. The data shows that independent pharmacy ownership is at higher levels than those seen in the rest of London, and there is a much higher percentage of independent pharmacies compared with the national average, with no one provider having a monopoly. People in Westminster have a choice of for the type of pharmacy provider they wish to use.

**Table 7: Community pharmacy ownership, 2020-21**

Area	Multiples (%)	Independent (%) (includes those on AIMp list)*
England	60%	40%
London	39%	61%
Westminster (2021)	25%	75%

\*AIMp which are independent pharmacy contractors with multiple branches of pharmacies.

### 3.2.2 Weekend and evening provision

There are 1,094 (9.4%) community pharmacies in England open for 100 hours or more per week. This has decreased slightly since 2017, where there were 1,161 100-hour pharmacies.

Table 8 shows that Westminster has five 100-hour contracted pharmacies, a similar rate to those seen across London.

**Table 8: Number of 100-hour pharmacies (and percentage of total)**

Area	Number (%) of 100-hour pharmacies
England (2021)	1,094 (9.4%)
London	104 (5.5%)
Westminster (2021)	5 (6%)

<sup>27</sup> ONS. Population Data. Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland. 2021. [www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland](http://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland)



### 3.2.3 Access to community pharmacies

Community pharmacies in Westminster are particularly located around areas with a higher density of population. Opening times vary by pharmacy but the standard pharmacy contract requires the pharmacy to be open for at least 40 hours per week. Many pharmacies are open in the evening on weekdays and on Saturdays and Sundays in excess of these standard 'core' hours.

A previously published article<sup>28</sup> suggests:

- 89% of the population in England has access to a community pharmacy within a 20-minute walk
- This falls to 14% in rural areas
- Over 99% of those in areas of highest deprivation are within a 20-minute walk of a community pharmacy

The same study found that access is greater in areas of high deprivation. Higher levels of deprivation are linked with increased premature mortality rates.

A list of community pharmacies in Westminster and their opening hours can be found in Appendix A.

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<sup>28</sup> Todd A, Copeland A, Husband A. The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England. *BMJ Open* 2014, Vol. 4, Issue 8. <http://bmjopen.bmj.com/content/4/8/e005764.full.pdf%20html>

### 3.2.3.1 Routine daytime access to community pharmacies

Table 9 shows travel times to community pharmacies using a variety of options.

**Table 9: Travel times in Westminster<sup>29</sup>**

<b>Walking travel times - Time</b>	<b>Walking travel times - Coverage</b>
3 minutes	75%
6 minutes	93%
9 minutes	96%
12 minutes	98%
15 minutes	98%
20 minutes	100%
<b>Public transport weekday morning travel times - Time</b>	<b>Public transport weekday morning travel times - Coverage</b>
5 minutes	94%
10 minutes	98%
15 minutes	100%
<b>Public transport weekday afternoon travel times - Time</b>	<b>Public transport weekday afternoon travel times - Coverage</b>
5 minutes	94%
10 minutes	98%
15 minutes	100%
<b>Car drive times off-peak - Time</b>	<b>Car drive times off-peak - Coverage</b>
5 minutes	98%
10 minutes	100%
<b>Car drive times peak time – rush hour - Time</b>	<b>Car drive times peak time – rush hour - Coverage</b>
5 minutes	72%
10 minutes	97%
15 minutes	100%

In summary:

- Walking: 93.0% of the population can walk to a pharmacy within 6 minutes (100% within 20 minutes)
- Public transport: 98% of the population can reach a pharmacy within 10 minutes morning or afternoon (100% within 15 minutes)

<sup>29</sup> Source: ShapeAtlas 2022

- Driving: 98% of the population can drive to a pharmacy within 5 minutes off-peak and 72% within 5 minutes during peak times (100% within 10 minutes off-peak and within 15 minutes within peak times)

### 3.2.3.2 Routine weekday evening access to community pharmacies

The proportion of community pharmacy providers open beyond 6.30 pm, Monday to Friday (excluding bank holidays), is listed in Table 10. Full details of all pharmacies' opening hours can be found in Appendix A. 'Average' access is difficult given the variety of opening hours and locations within each part of the borough. The population of Westminster has good access to community pharmacies in the evening, as nearly half remain open after 6.30 pm.

**Table 10: Percentage of community pharmacy providers open Monday to Friday (excluding bank holidays) beyond 6.30 pm, on a Saturday and Sunday**

	Percentage of pharmacies open beyond 6.30 pm	Percentage of pharmacies open on a Saturday	Percentage of pharmacies open on a Sunday
Westminster HWB	51%	83%	38%

Note: DSPs are not included

### 3.2.3.3 Routine Saturday daytime access to community pharmacies

Of the pharmacies in Westminster, 83% are open on Saturdays, the majority of which are open into the late afternoon. Full details of all pharmacies open on a Saturday can be found in Appendix A.

### 3.2.3.4 Routine Sunday daytime access to community pharmacies

There are 38% of community pharmacy providers in Westminster open on Sundays. Fewer pharmacies are open on Sundays than any other day in Westminster. Full details of all pharmacies open on a Sunday can be found in Appendix A.

### 3.2.3.5 Routine bank holiday access to community pharmacies

Community pharmacies are not obliged to open on nominated bank holidays. While many opt to close, a number of pharmacies (often those in regional shopping centres, retail parks, supermarkets and major high streets) opt to open – often for limited hours.

For the last two years NHSE&I has had an Enhanced Service for coverage over bank holidays, to ensure that there are pharmacies open on these days and that their location is near to the hubs and out-of-hours providers, so that patients can easily access medication if required. The current service level agreements expire in August 2022 and are being extended. This is a change since the publication of the 2018 PNA. In Westminster there is the following coverage:



Pharmcentre, 149 Edgware Road London W2 2HU	Christmas Day and Easter Sunday: 09:00–00:00
Pharmcentre, 149 Edgware Road London W2 2HU	All other bank holidays: 09:00–00:00
Apek Pharmacy, 107 Praed Street London W2 1NT	All other bank holidays: 10:00–14:00

### 3.2.4 Advanced Service provision from community pharmacies

[Section 1.4.1.2](#) lists all Advanced Services that may be provided under the pharmacy contract. As these services are voluntary, not all providers will provide them all of the time.

The information in Table 11, provided by NHSE&I, has been used to demonstrate how many community pharmacies in Westminster have signed up to provide the Advanced Services. Details of individual pharmacy providers can be seen in Appendix A. As discussed in [Section 1.4.1.2](#), these services are voluntary for community pharmacies to provide.

**Note:** Community pharmacy COVID-19 LFD service stopped on 1 April 2022, and COVID-19 medicine delivery service stopped on 5 March 2022, at 23:59, and have therefore not been included in the table.

**Table 11: Providers of Advanced Services in Westminster (2021- 2022)<sup>30</sup>**

Advanced Service	Percentage of community pharmacies Westminster (83)
NMS*	76%
Community pharmacy seasonal influenza vaccination *	66%
CPCS**	60%
Hypertension case-finding service*	30%
Smoking cessation service*	7%
Hepatitis-C antibody-testing service*	4%

\*Providers as of 30 January 2022 \*\* This includes CPCS and GP CPCS consultations

The figures are provided by NHSE&I with a caveat that a small number of data items may be missing for individual contractors due to gaps in source dataset. There is a discrepancy between local figures and nationally held figures. Locally it is believed to be much higher than reported by NHSE&I.

Based on the information provided, none of the community pharmacies in Westminster have signed up to provide AUR or SAC. However, it should be noted that for some of these services, such as the AUR, pharmacies may still provide it without signing up to the service. The number of providers of the AUR service is also very low regionally and nationally. There were only 65 community pharmacy or DAC providers nationally (1%) and ten community pharmacies or DAC providers in London as of October 2021.

<sup>30</sup> NHSE&I. MIS Pharmaceutical List (NHS Futures) Accessed April 2022.

The hepatitis service has had a very low uptake nationally, and the pharmacies in Westminster were part of pilot that led to the service being commissioned nationally.

It must be stressed that the impact of the COVID-19 pandemic will have affected provision of services in several ways:

- Face-to-face services needed to be adjusted to enable telephone consultations
- Some Advanced Services had delayed implementation dates
- Referral pathways from NHS 111 and GP practices were focused on the pandemic
- The increased workload and provision of pandemic-specific services will have affected the ability to provide other Advanced Services
- The effect of the extra workload on community pharmacies may have affected the timeliness of claims, which are used to measure activity

New services such as CPCS are in place, but initial data showed low uptake nationally, which is based on referrals into the service.<sup>31</sup> A recent report (October 2021) demonstrated there are currently over 6,500 GP practices in England and only 862 practices referred patients to CPCS.<sup>32</sup> This is improving, in particular GP CPCS.

The new hypertension case-finding service started in October 2021. Provision is still low nationally, regionally and in Westminster, however it is improving.

The smoking cessation service started on 10 March 2022, and therefore provision is still low at time of writing.

### 3.2.5 Enhanced Service provision

Under the pharmacy contract, Enhanced Services are those directly commissioned by NHSE&I (Section 1.4.1.3). Therefore, any Locally Commissioned Services (LCS) commissioned by CCG or the local authority are not considered here. They are outside the scope of the PNA but are considered in Section 4.

There are currently four Enhanced Services commissioned in Westminster.

- Delivery of the COVID-19 vaccination service has been added as an Enhanced Service from community pharmacies to support the public during the pandemic. Six pharmacies in Westminster provide this service.
- The London Vaccination Service is provided in addition to the National Advanced Flu Vaccination Service and includes a top-up element to cover additional groups of patients, e.g. carers, asylum seekers and the homeless. There is also provision for pneumococcal vaccination to eligible cohorts.
- Coverage on Easter Sunday and Christmas Day to ensure that there are pharmacies open on these days, and that their location is near to the hubs and out-of-hours providers so that patients can easily access medication if

<sup>31</sup> NHS BSA. Dispensing Data. [www.nhsbsa.nhs.uk/prescription-data/dispensing-data](http://www.nhsbsa.nhs.uk/prescription-data/dispensing-data)

<sup>32</sup> Royal College of General Practitioners. Making the Community Pharmacist Consultation. Service a Success. October 2021. [www.rpharms.com/recognition/all-our-campaigns/policy-a-z/cpcs](http://www.rpharms.com/recognition/all-our-campaigns/policy-a-z/cpcs)

required. One pharmacy provides coverage on Easter Sunday and Christmas Day.

- Coverage on all other remaining bank holidays to ensure that there are pharmacies open on these days, and that their location is near to the hubs and out-of-hours providers so patients can easily access medication if required. Two pharmacies provide bank holiday coverage for Westminster ([Section 3.2.3.5](#)).

### **3.3 Dispensing Appliance Contractors (DACs)**

There is one DAC in Westminster HWB area, and there are DAC services available to the population from elsewhere in the UK. Appliances may also be dispensed from community pharmacies.

The community pharmacy contractor questionnaire received 62 responses and 68% of respondents reported that they provide all types of appliances (21% reported that they did not supply any appliances).

There is one DAC in Westminster:

- Bullen & Smears, 34 Page Street, London SW1P 4ES

As part of the Essential Services of appliance contractors, a free delivery service is available to all patients. It is therefore likely that patients will obtain appliances delivered from DACs outside Westminster. There were 112 DACs in England in 2020-21. During 2021-22 (1 April 2021 to 31 January 2022), 0.83% of items prescribed in Westminster were dispensed by DACs nationally.

### **3.4 Distance-Selling Pharmacies (DSP)**

There is one DSP in Westminster HWB area:

- Pharmacierge, 8 Wimpole Street, London W1G 9SP

Figures for 2020-21 show that in England there were 372 DSPs, accounting for 3.2% of the total number of pharmacies. This has increased significantly from 2015-16, when there were 266 DSPs, accounting for 2.3% of all pharmacy contractors.

During 2021-22 (1 April 2021 to 31 January 2022), 1.30% of items prescribed in Westminster were dispensed by DSPs nationally.

The public questionnaire identifies that 6% of respondents have used a DSP.

### **3.5 Local Pharmaceutical Service (LPS) providers**

There are no LPS pharmacies in Westminster.

### **3.6 Pharmaceutical service provision provided from outside Westminster HWB area**

Westminster is bordered by six other HWB areas: Brent, Camden, City of London, Lambeth, Kensington and Chelsea, and Wandsworth. As previously mentioned, like most London boroughs, Westminster has a comprehensive transport system. As a result, it is anticipated

that many residents in Westminster will have reasonable access to pharmaceutical service providers in neighbouring HWB areas and beyond.

It is not practical to list here all those pharmacies outside Westminster HWB area by which Westminster residents will access pharmaceutical services. A number of providers lie within close proximity to the borders of Westminster HWB area boundaries and are marked on Figure 9. Further analysis of cross-border provision is undertaken in Section 6.





## Section 4: Other services

Community pharmacies and GP practices provide a range of other services. These are not considered pharmaceutical services under the Pharmaceutical Regulations 2013 and may be either free of charge, privately funded (such as private Patient Group Directions (PGDs)), or commissioned by the Local Authority (LA) or CCG.

Examples of such services include delivery services, allergy testing, care home services and sexual health services, although this is not an exhaustive list.

**Table 12: Commissioned services from community pharmacies in Westminster HWB area**

Commissioned service	CCG-commissioned service	LA-commissioned service
Smoking cessation		x
Supervised consumption		x
Needle exchange		x
In-hours palliative care medicines supply service	x	
Out-of-hours palliative care medicines supply service	x	

### 4.1 Local authority-commissioned services provided by community pharmacies in Westminster HWB area

WCC commissions three services from community pharmacies:

These services may also be provided from other providers, e.g. GP practices and community health services. A full list of services and community pharmacy providers can be found in Appendix A.

#### 4.1.1 Smoking cessation

Smoking prevalence in adults in Westminster was 10.5%, which was significantly lower than the London average but did not differ significantly from the England average.

Reducing smoking in the population is a government priority. The government targets to reduce smoking rates are as follows:

- To reduce adult smoking rates to 10% or less by 2020
- To halve smoking rates for routine and manual workers, pregnant women and in the most disadvantaged areas by 2020
- To reduce the smoking rate among 11–15-year-olds to 1% or less, and the rate among 16–17-year-olds to 8% by 2020

Seven out of ten smokers say they would like to quit smoking. Smokers are four times more likely to quit with the help of a stop smoking service. Therefore it is important for smokers living and working in Westminster to have access to high quality smoking cessation service.

The overall aim of the stop smoking programme is to reduce smoking-related illnesses and deaths by helping patients/service users to give up smoking.

The objectives of the pharmacy-based service are:

- To improve access to and choice of stop smoking services by provision of services within the pharmacy and referral into an alternative GP practice or pharmacy if this is preferred by the patient/service user
- To ensure that those wanting to quit have access to pharmacological and non-pharmacological stop smoking aids
- To improve the health of the population by reducing exposure to passive smoke

The service is delivered after an initial assessment has been carried out, a quit date set, up to at least two further support sessions delivered (best outcomes achieved with six) and the patient or customer has recorded a quit at four weeks. The use of carbon monoxide monitors, nicotine replacement, bupropion and varenicline are all possible interventions in the scheme.

There are 54 community pharmacies (66%) in Westminster providing this service.

Note: these services are also provided by GP practices and other organisations within Westminster.

#### **4.1.2 Supervised consumption**

This service is commissioned by Turning Point on behalf of the local authority.

Community pharmacies play an important role in the care of substance misusers. They enable service users to comply with their prescribed regime by supervised consumption of methadone, buprenorphine, Espranor (buprenorphine oral lyophilisate) or Suboxone (buprenorphine/naloxone). Supervised consumption reduces the diversion of controlled drugs, which may lead to a reduction in drug-related deaths.

The aims of the service are to:

- Ensure that service users are compliant with their prescribed regime by:
  - Dispensing medication in specified instalments as instructed on the prescription
  - Supervising the consumption of prescribed medication in the pharmacy
- Reduce opportunity for diversion and illicit supply of controlled drugs
- Provide regular contact with healthcare professionals for service users

There are 26 community pharmacies (32%) providing this service in Westminster.

Note: these services are also provided by some GPs in Westminster.

#### **4.1.3 Needle exchange service (NEX)**

This service is commissioned by Turning Point on behalf of the local authority.



The provision of NEX services alongside opiate substitution therapy is the most effective way of reducing the transmission of blood-borne viruses including hepatitis B and C, and other infections caused by sharing injecting equipment.

The NEX service will be available to all presenting adults (aged 18 and over) who are resident in Westminster, who require access to needles and other injecting paraphernalia in relation to illicit intravenous drug use.

The pharmacy will provide service users with:

- Injecting equipment in a suitable bag
- Information and advice around changing lifestyles
- Basic information on minimising the complications associated with drug use
- Information signposting them to substance misuse services within the community

There are 16 community pharmacies (20%) providing this service in Westminster.

## **4.2 CCG-commissioned services in Westminster**

NWL CCG currently commissions two services in Westminster HWB area:

### **4.2.1 In-hours palliative care medicines supply service**

Good End-of-Life Care (EoLC) ensures all residents have a dignified, controlled and peaceful end to their life, regardless of age and cause of death. In order to achieve a good outcome, the needs of the patient, carer and family should be identified, and services provided to meet these needs.

The aim of the EoLC/palliative care pharmacy rota service is to improve access to the supply of specialist palliative care drugs within the community in a timely manner for patients, carers and health professionals. National guidance recommends that palliative care formularies should be agreed as part of EoLC pathways. There should be adequate provision to these drugs for both in-hours and out-of-hours (below) settings, supporting home death scenarios.

NWL CCG has a guidance document, 'Access to Anticipatory Medicines from Community Pharmacy', which covers all aspects of this service.

Within Westminster, six pharmacies (7%) provide this service in 2022. Pharmacies are required to keep medicines contained within a palliative care formulary in stock for in-hours access by local clinicians, patients and carers. Activity data for this service was not available.

### **4.2.2 Out-of-hours palliative care medicines supply service**

When the pharmacies for the in-hours service are closed or not accessible during the out-of-hours periods, providers such as GPs, hospices, healthcare professionals, care homes and community trusts can access and trigger the pharmacy on-call service.

The GP out-of-hours provider, Care UK, and London Central and West Unscheduled Care Collaborative will have details of the out-of-hours community pharmacy rota's pharmacy stockholding for that duty week and the schedule of the community pharmacists' contact details.



In 2022, four pharmacies (5%) provide this service in Westminster.

### **4.3 Other services provided from community pharmacies**

As part of the community pharmacy contractor questionnaire, found in Appendix E, respondents were asked to indicate which from a range of other services, including disease-specific, vaccination and screening services, they currently provide, would be willing to provide or would not be willing to provide.

There were 62 responses (of 84 contractors) to the contractor questionnaire. From those responses, 39% indicated that they would be willing to provide a number of non-Essential Services if commissioned, including:

- Supply of Emergency Hormonal Contraception (EHC)
- Minor ailments
- Sexual health screening
- Blood pressure measurement
- Incontinence service

A summary of the community pharmacy contractor questionnaire responses is detailed in Appendix E.

### **4.4 Collection and delivery services**

From the pharmacy contractor questionnaire, up to 57% of community pharmacies provided free home delivery services on request. It was often noted that there are restrictions on areas and/or to which specific patient groups they offered free delivery. It should be noted that 56 (of 83) community pharmacies responded to this questionnaire.

Of pharmacies who responded, 65% offer to collect prescriptions from GP surgeries on behalf of their patients.

Free delivery is required to be offered without restriction by all DSPs to patients who request it throughout England. There is one DSP based in Westminster, and there 372 throughout England. Free delivery of appliances is also offered by DACs. There one DAC based in Westminster providing services nationally and there are a further 110 throughout England.

### **4.5 Provision of services to nursing and residential care homes**

Elderly patients require proportionally more medicines than younger people. Results from the pharmacy contractor questionnaire do not indicate if services are provided to care homes.

### **4.6 Domiciliary services**

As of May 2022, there are 1,656 housebound residents in Westminster. It is unclear if this translates into a need for prescription delivery services and whether current provision fulfils this need.

From the contractor questionnaire, three respondents reported that they provide a free delivery service on request to housebound residents.

#### 4.7 Language services

From the public questionnaire, 30% of residents found language/interpreting service extremely/very important when it came to choosing a pharmacy.

#### 4.8 Services for less-abled people

There are different ways that contractors can make their community pharmacies accessible and, under the Equality Act 2010,<sup>33</sup> all community pharmacies are required to make 'reasonable adjustments' to their services to ensure they are accessible by all groups, including less-abled persons. Accessibility (wheelchair/buggy access) was identified by 30% of residents as extremely/very important when it came to choosing a pharmacy. Eleven respondents from the contractor questionnaire deliver dispensed items to elderly/disabled residents.

#### 4.9 Electronic Prescription Service (EPS)

All practices are enabled to provide the EPS.

#### 4.10 GP practices providing extended hours

All residents registered with GPs in Westminster HWB area have access to an extended hours GP and nurse service, which is run between three GP practices. The normal working hours that a GP practice is obliged to be available to patients are 08:00 until 18:30. The extended hours run 365 days a year, 18:00–20:00 on weekdays and 08:00–20:00 on weekends.

#### 4.11 Other providers

The following are providers of pharmacy services in Westminster HWB area but are not defined as pharmaceutical services under the Pharmaceutical Regulations 2013.

**NHS Hospitals** – pharmaceutical service provision is provided to patients by hospitals:

- Chelsea and Westminster Hospital, 369 Fulham Road, London SW10 9NH
- St Mary's Hospital, Praed Street, London W2 1NY

Residents do have access to multiple hospitals outside of the borough.

In addition, an urgent care centre is available 24 hours a day, seven days a week, at:

- St Marys Hospital, Praed Street, London W2 1NY

**Walk-in centres** – residents of Westminster HWB area have access to an extended hours GP service in weekends and evenings.

There are no minor injury units in Westminster HWB area.

The following are services provided by NHS pharmaceutical providers in Westminster, commissioned by organisations other than NHSE&I or provided privately, and therefore out of scope of the PNA.

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<sup>33</sup> Equality Act 2010. [www.legislation.gov.uk/ukpga/2010/15/contents](http://www.legislation.gov.uk/ukpga/2010/15/contents)

**Privately provided services** – most pharmacy contractors and DACs will provide services by private arrangement between the pharmacy/DAC and the customer/patient.

The following are examples of services and may fall within the definition of an Enhanced Service. However, as the service has not been commissioned by the NHS and is funded and provided privately, it is not a 'pharmaceutical service':

- Care home service, e.g. direct supply of medicines/appliances and support medicines management services to privately run care homes
- Home delivery service, e.g. direct supply of medicines/appliances to the home
- PGD service, e.g. hair loss therapy, travel clinics
- Screening service, e.g. skin cancer

Services will vary between provider and are occasionally provided free of charge, e.g. home delivery.

## Section 5: Findings from the public questionnaire

A public questionnaire about pharmacy provision was developed and compiled by Westminster PNA Steering Group. This was circulated to a range of stakeholders listed below

- Residents in RBKC via Healthwatch channels.
- LPC
- LMC
- Healthwatch
- Westminster Community Network Chair
- One Westminster Chief Executive and Chair
- Chelsea and Westminster NHS Trust
- University College London Hospitals Chief executive, chair and communication team
- Guys & St Thomas Chief Executive chair and Communications team
- Royal Free Hospital Chief executive, chair and communications team
- All neighbouring HWB chairs and support teams.
- Community pharmacies

The full analysis of the questionnaire responses may be found in Appendix D; a summary is discussed below.

From the 110 respondents:

### 5.1 Visiting a pharmacy

- 94% have a regular or preferred pharmacy
- 6% use a combination of a traditional and internet pharmacy
- 77% have visited a pharmacy once a month or more for themselves in the previous six months

### 5.2 Choosing a pharmacy

Reason for choosing pharmacy	% Respondents stating 'extremely or very important'
Quality of service	98%
Availability of medication	96%
Location of pharmacy	96%
Opening times	82%
Space to have a private consultation	64%
Accessibility	30%
Communication (language/interpreting service)	30%
Public transport	20%
Parking	6%

### 5.3 Time to get to a pharmacy

≤30 mins	≤15 mins
100%	91%

### 5.4 Preference for when to visit a pharmacy

- 95% of respondents suggest that the pharmacy is open on the most convenient day and 92% state it is open at the most convenient time

### 5.5 Service provision from community pharmacies

From Appendix D (Q8) it can be seen that there was generally good awareness of Essential Services provided from community pharmacy (most over 90%).

Table 13 shows the awareness of respondents for some non-Essential Services and a second column that identifies the percentage that wish to see the service provided.

**Table 13: Summary of public awareness of services**

Service	% of respondents who were aware	% of respondents who would wish to see provided
Flu vaccination	88%	84%
COVID-19 vaccination services	63%	76%
Stop smoking	65%	36%
Health tests e.g. cholesterol, blood pressure check	33%	73%
Sexual health services (chlamydia testing/treating, condom distribution, emergency contraception)	33%	43%

Some services would not need to be provided to all members of the public, for example it is a relatively small proportion of the population that smokes and would need a stop smoking service.

Of the 110 respondents:

- 75% described themselves as White, although over 40% of the population of Westminster is of a Black, Asian or other minority ethnic background
- 54% of respondents were aged 65+, although 13% of the population of Westminster is this age

The results of the public questionnaire should therefore be viewed in the context of this information.

There were 110 respondents to the public questionnaire out of a population of 266,036 in Westminster; extrapolation of the results as being reflective of the views of the whole population should be done with caution.

A full copy of the results can be found in Appendix D.

Table 14 provides some of the demographic analysis of respondents.

**Table 14: Demographic analysis of the community pharmacy user questionnaire respondents**

<b>Sex</b>	<b>Male</b>	<b>Female</b>	<b>Other</b>
<b>%</b>	26%	72%	2%

<b>Age</b>	Under 16	16–24	25–34	35–44	45–54	55–64	65–74	75+
<b>%</b>	0%	0%	3%	6%	14%	23%	29%	25%

<b>Illness or disability?</b>	Yes	No	Prefer not to say
<b>%</b>	33%	64%	3%

## Section 6: Analysis of health needs and pharmaceutical service provision

### 6.1 Pharmaceutical services and health needs

Section 2 discusses the Westminster [JSNA](#), the JHWS and other local strategies. In addition, the priorities outlined in the NHS LTP (especially those where community pharmacies can have an impact) need consideration.

The identified priorities can be supported by the provision of pharmaceutical services within the Westminster HWB area.

Some of these services are Essential Services and already provided and some will be Advanced or Enhanced Services that are new or are yet to be commissioned.

To note: there were temporary changes to the service requirements within the NHS CCPF that were introduced during the COVID-19 pandemic. The changes were agreed by the PSNC with NHSE&I and the DHSC to allow pharmacy contractors and their teams to prioritise the provision of key services to patients during periods of time when capacity in pharmacies and the wider NHS became very stretched.

These services were temporary, with the Advanced Services now stopped, however it should be noted how community pharmacy has contributed as a system provider and has been able to step up to national priorities to meet the needs of the population.

It should also be recognised that there was a significant increase in the demand for self-care, minor ailment treatment and advice during the COVID-19 pandemic. An audit conducted by the PSNC enabled them to measure the reliance that the public has had on pharmacies through the pandemic and the additional pressure that this had put on teams.<sup>34</sup>

At present it is not clear what shape services locally commissioned by CCGs will take in the long-term future. The development of the ICS will conceivably lead to an alignment of these LCS across ICS areas.

#### 6.1.1 Westminster health needs

Causes of ill health in Westminster are discussed in Section 2.4 of this document and more information can be found on the JSNA website. Some of the key areas are as follows:

- There is considerable variation in health and mortality between some of the wards in the borough
- The most prevalent long-term conditions in Westminster are anxiety, hypertension, depression, obesity and diabetes
- Westminster has one of the longest life expectancies in the country
- The difference in life expectancy between the wards in Westminster is vast: men can expect to live 16 years longer in certain wards than others, and women 9 years longer

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<sup>34</sup> PSNC. PSNC Advice Audit: 2022 audit. <https://psnc.org.uk/contract-it/essential-service-clinical-governance/clinical-audit/psnc-pharmacy-advice-audit/>

- The IMD 2019 ranking for Westminster is 134/317 in England (19/ 33 in London)
- Church Street ward has the highest IMD scores while Knightsbridge and Belgravia ward has the lowest
- The 2019/2020 Active Lives Survey to identify those who are overweight or obese found that prevalence in Westminster is 44%, well below the prevalence for London and England
- It is estimated that 10.5% of adults smoke
- The mortality rate for alcohol-related deaths in the borough is 24.7, the second lowest in London, and lower than the rate for England (37.8)
- Sexual health:
  - STI positivity rates for HIV, syphilis, gonorrhoea and chlamydia aged 25+ are 13.6% (one of the highest in London)
  - Teenage pregnancy rate is 2.7 per 1,000, compared with 9.8 for London and 13 for England
- Long-term conditions
  - Coronary heart disease prevalence is 1.5% (compared with 1.9% for London and 3% for England).
  - Hypertension rates vary geographically across the borough, with the highest rates recorded in St John's Wood and Maida Vale
  - Diabetes prevalence in Westminster (4%) is lower than the London (6.7%) and England averages
  - Cancer screening is among the lowest in the country
  - The premature mortality rate from respiratory disease is lower than the regional and national averages
- Mental health
  - It is estimated that 12% of the population aged 65+ has a common mental health disorder, e.g. depression and anxiety
- Vaccination rates
  - A significantly lower percentage of children (63%) have received two doses of MMR immunisation at or before the age of five, less than the England average (87%)
  - Only 48% of those in clinical at-risk groups under 65 take up the flu vaccine; in 2020-21, 64% of over-65s (15,018) had a flu vaccination, well below the target rate of 85%

### **6.1.2 Westminster Joint Health and Wellbeing Strategy (JHWS)**

The JHWS is currently in the process of being updated and will have an ambition to begin to join up how the wider public sector and local partners work collaboratively to address inequalities in Westminster. Much of this work will be heavily influenced through the emerging inequalities work being led across a range of partners under #2035. The aim of the #2035 is to take a longer term view of health inequalities and begin to join up the work across partners to impact positively on the wider determinants of health, such as employment and housing. Priorities from the NHS Long Term Plan



LTP priorities that can be supported from community pharmacy:

- Prevention
  - Smoking
  - Obesity
  - Alcohol
  - Antimicrobial resistance
  - Stronger NHS action on health inequalities
- Better care for major health conditions
  - Cancer
  - Cardiovascular disease
  - Stroke care
  - Diabetes
  - Respiratory disease
  - Adult mental health services

From 2019, NHS 111 started direct booking into GP practices across the country, as well as referring on to community pharmacies who support urgent care and promote patient self-care and self-management. The **CPCS** has been available since October 2019 as an Advanced Service, with the addition of GP CPCS from 1 November 2020.

‘Pharmacist review’ of medication as a method to reduce avoidable A&E attendances, admissions and delayed discharge, streamlining patient pathways to reduce avoidable outpatient visits and over-medication has been identified as an important part of the services that can be provided from community pharmacies, and should include services that support patients in taking their medicines to get the best from them, reduce waste and promote self-care.

The LTP also identifies community pharmacists as part of the process of improving the effectiveness of approaches such as the **NHS Health Check** and rapidly treating those identified with high-risk conditions, including high blood pressure. The **hypertension case-finding service** has been developed as an Advanced Service from community pharmacies as part of this process, but other disease-specific programmes should be made part of the service options available including for respiratory conditions, diabetes and cancer. For example, the LTP states: ‘We will do more to support those with respiratory disease to receive and use the right medication.’ Of NHS spend on asthma, 90% goes on medicines, but incorrect use of medication can also contribute to poorer health outcomes and increased risk of exacerbations or even admission. The NMS is an Advanced Service that provides support for people with long-term conditions prescribed a new medicine, to help improve medicines adherence.

Community pharmacy also has an important role in optimising the use of medicines, and the LTP identifies pharmacists as key in delivering value for the £16 billion spent on medicines annually.

### 6.1.3 Priorities from Core20PLUS5

The Core20PLUS5 priorities are as follows, many of which can be supported in community pharmacies:

- Maternity
- Severe mental illness
- Chronic respiratory disease
- Early cancer diagnosis
- Hypertension case-finding

Opportunities to develop new services that could be delivered from community pharmacies in the future to meet some of these priorities are discussed in Appendix I.

## 6.2 PNA locality

As described in Section 1.6, the PNA Steering Group decided that the Westminster HWB area should be one discussed as one locality for the purpose of the PNA.

There are 83 community pharmacies within Westminster HWB area (including a DSP). Individual pharmacy opening times are listed in Appendix A.

Community pharmacy information in Westminster is summarised in the following three tables in terms of opening hours and availability of services.

**Table 15: Opening hours of community pharmacies in Westminster**

Opening times	Number and type of community pharmacy*
After 18:30 weekday	42 (51%)
Saturday	68 (83%)
Sunday	31 (38%)

\*DSP is not included as they do not provide Essential Services face to face

**Table 16: Provision of Advanced and Enhanced Services in Westminster**

Advanced or Enhanced* Service	Number of community pharmacies and DSPs Westminster (82)^
NMS	63 (77%)
CPCS	49 (60%)
Flu vaccination	54 (66%)
SAC	2 (2%)
AUR	0
Hypertension case-finding	25 (30%)
Smoking cessation service	6 (7%)
Hepatitis C antibody-testing service	3 (4%)
C-19 vaccination*	10 (12%)

Advanced or Enhanced* Service	Number of community pharmacies and DSPs Westminster (82)^
London Vaccination*	Data not provided

\* Enhanced

^ The DSP does not provide any of these services

The smoking cessation service has had a delayed implementation nationally and the hepatitis C testing service has had very low uptake across England for a number of reasons, most significantly the COVID-19 pandemic.

The majority of pharmacies in Westminster are involved in the London Vaccination Service, except for Boots pharmacies.

**Table 17: Provision of Locally Commissioned Services (CCG and LA)**

Locally Commissioned Service	Number of community pharmacies (82)*
<b>CCG</b>	
In-hours supply of palliative care medicines	6 (7%)
Out-of-hours supply of palliative care medicines	No data available
<b>LA</b>	
Supervised consumption	26 (32%)
Needle exchange service	16 (20%)
Smoking cessation	54 (66%)

\* None of these services are provided by the DSP

For the purpose of the PNA, **Necessary Services** are Essential Services, although Advanced Services and Enhanced Services are considered **relevant**.

Westminster HWB has identified Enhanced Services and LCS as pharmaceutical services that secure improvements or better access, or that have contributed towards meeting the need for pharmaceutical services in the HWB area.

Appendix A contains details of pharmacy opening times, contractual status and the provision of Advanced Services, Enhanced Services and LCS. A number of community pharmacies provide free prescription delivery services, which many residents may find helpful.

### 6.2.1 Necessary Services: current provision

Westminster has a population of approximately 266,036.

There are 83 community pharmacies in this borough and the estimated average number of community pharmacies per 100,000 population is 31.2, higher than the London (20.7) and England (20.6) averages. Seventy-seven pharmacies hold a standard 40-core hour contract, five hold a 100-hour contract and there is one DSP.

The daytime population of Westminster is much higher than the numbers of usual residents (up to 1.1 million). When this daytime population is considered, the ratio of community pharmacies per 100,000 population reduces to 7.5. It is likely that many commuters will use

community pharmacy providers near their home addresses and the requirements of tourists are like to be less than those of a resident population, meaning there is no evidence that this increased daytime population significantly affects service provision at present.

Information on the opening hours and service provision in Westminster is provided in the tables above. In summary:

Of the 82 pharmacies:

- 42 pharmacies (51%) are open after 18:30 on weekdays
- 68 pharmacies (83%) are open on Saturdays
- 31 pharmacies (38%) are open on Sundays

### **6.2.2 Necessary Services: gaps in provision**

When assessing the provision of pharmaceutical services in Westminster, the HWB has considered the following:

- The health needs of the population of Westminster from the JNSA and JHWS, and nationally from the NHS LTP
- The map showing the location of pharmacies within Westminster (Section 3, Figure 8)
- Population information (Section 2.4), including specific populations
- 40% of the Westminster population are from a BAME background and will have specific health needs, particularly in areas such as cardiovascular and diabetes
- Although the ratio of pharmacies per 100,000 resident population is relatively high, it should be noted that some of the daytime visitors to Westminster are likely to use pharmaceutical services
- The daytime population including tourists is approximately 1.1 million, which is the highest daytime population of any London borough; the flow of these people into Westminster needs to be considered when planning for pharmacy provision, although there is no evidence that this significantly affects service provision at present
- Projected population growth
  - The population is expected to increase by 10,000 people to 271,000 over the duration of the PNA, although it should not make a material difference in terms of overall access to services; the ratio of community pharmacies per 100,000 population would be 30.6 with this anticipated population growth
  - The number of people aged 65 or over is projected to increase by 51% in the next 20 years
  - Population aged 75+ is expected to almost double by 2040
- Housing developments
  - Westminster has planned housing developments of 1,270 units by 2027
  - The highest areas of developments are in Churchill ward (496) and Westbourne (248)
- Access to community pharmacies via various types of transport (Section 3.2.3). From the tables provided in Section 3.2.3, the travel times to community pharmacies were:

- Walking: 93.0% of the population can walk to a pharmacy within 6 minutes (100% within 20 minutes)
- Public transport: 98% of the population can reach a pharmacy within 10 minutes morning or afternoon (100% within 15 minutes)
- Driving: 98% of the population can drive to a pharmacy within 5 minutes off-peak and 72% within 5 minutes during peak times (100% within 10 minutes off-peak and within 15 minutes during peak times)
- The number, distribution and opening times of pharmacies across the whole of Westminster (Appendix A)
- Service provision from community pharmacies and DSPs (Appendix A)
- The choice of pharmacies in Westminster (Appendix A)
- Results of the public questionnaire (Section 5 and Appendix D)
  - 94% have a regular or preferred pharmacy
  - 77% have visited a pharmacy once a month or more for themselves in the previous six months
  - 95% of respondents suggest that the pharmacy is open on the most convenient day and 92% state it is open at the most convenient time
- Results of the contractor questionnaire (Appendix E)

There are 83 community pharmacies including one DSP in Westminster. There are 31.8 community pharmacies per 100,000 population in Westminster, compared with 20.6 per 100,000 in England.

There are five 100-hour pharmacies in Westminster and there are many pharmacies open on weekday evenings and weekends. The majority of community pharmacies (83%) are open on Saturdays and 38% of pharmacies are open on Sundays, with 51% of community pharmacies open after 6.30 pm on weekdays.

Access to pharmaceutical services on bank holidays is limited but there is access if required as an Enhanced Service across Westminster.

There are a significant number of community pharmacies on or near the border of Westminster HWB area, which further improves the access to pharmaceutical services for the population.

The population of Westminster is aging, with population growth being highest in the over-75 age group. The impact of this growth on the health needs of the population over time should be monitored and reviewed for future PNAs.

There is no evidence to suggest there is a gap in service that would equate to the need for additional access to **Necessary Services** outside normal hours anywhere in Westminster.

Westminster HWB will continue to monitor pharmaceutical service provision to ensure there is capacity to meet potential increases in service demand.

**No gaps in the provision of Necessary Services have been identified for Westminster.**

### 6.2.3 Other relevant services: current provision

The DSP does not provide any non-Essential Services and so is largely excluded from the discussion below.

Table 16 shows the number of pharmacies providing Advanced Services in Westminster – there is good availability of the NMS (77%). CPCS (60%) and flu vaccination (66%) are provided in a smaller proportion of pharmacies, but there are around 50 providers of each within the HWB area.

Twenty-five pharmacies provide the hypertension case-finding service and six pharmacies provide the smoking cessation service; these are relatively new services and are yet to be fully bedded-in. Three pharmacies currently provide the hepatitis C screening service.

Regarding access to **Enhanced** Services:

- The majority of pharmacies provide the London Vaccination Service
- 10 pharmacies (12%) provide the COVID-19 vaccination service

### 6.2.4 Improvements and better access: gaps in provision

The Steering Group considers it is those services provided in addition to those considered Necessary for the purpose of this PNA that should reasonably be regarded as providing either an improvement or better access to pharmaceutical provision.

Westminster HWB has identified LCS that secure improvements or better access or have contributed towards meeting the need for pharmaceutical services in the HWB area.

Regarding access to **LCS** in the 82 pharmacies:

- 26 pharmacies (32%) provide supervised consumption
- 16 pharmacies (20%) provide needle exchange
- 54 pharmacies (66%) provide the smoking cessation service
- 6 pharmacies (7%) provide the in-hours palliative care medicines supply service

The PNA recognises that any addition of pharmaceutical services by location, provider, hours or services should be considered, however, a principle of proportionate consideration should apply.

There are vast differences in IMD scores between the wards of the borough. Church Street ward has the highest IMD scores (in the worst decile) while Knightsbridge and Belgravia ward has the lowest (in the best decile). These variations in IMD are likely to reflect in the health needs of the population across Westminster.

Causes of ill health in Westminster are discussed in detail in [Section 2.4](#) and more information can be found on the JSNA website. This information is summarised earlier in this section ([Section 6.1.1](#)).

Should these areas of health need be a priority target area for commissioners, they may want to give consideration to incentives for further uptake of existing services from current providers and extending provision through community pharmacies including:

- Delivery of the recently introduced Advanced Service – hypertension case-finding service; hypertension rates vary geographically across the borough, with the highest rates recorded in St John’s Wood and Maida Vale
- The smoking cessation service would contribute to reducing a major risk factor in cancer, stroke, respiratory and cardiovascular disease
- Hepatitis C is a major WHO, national and local health priority. Uptake of the screening service in community pharmacies who are currently commissioned by Turning Point to provide NEX services in Westminster, could support meeting targets in this area
- Use the DMS and NMS to support specific disease areas that are local priorities, e.g. respiratory conditions, mental health and diabetes
- Essential Services include signposting patients and carers to local and national sources of information and reinforcing those sources already promoted; signposting for cancers may help in earlier detection and thereby help to reduce low levels of cancer screening seen in Westminster.

The impact of the COVID-19 pandemic on service provision from community pharmacies has been significant during the life of the previous PNA:

- New Advanced Services have had their implementation delayed
- Community pharmacy priorities have been centred on pandemic service delivery, e.g. LFD distribution and COVID-19 vaccination
- Significantly increased demand for existing services, e.g. repeat dispensing

The successful implementation of new Advanced and Enhanced Services to support the pandemic response should be an indication that further implementation of new services from community pharmacies in the future is possible.

The PNA Steering Group recognises that there are potential opportunities to commission services from community pharmacy or other healthcare providers that would promote health and wellbeing, address health inequalities and reduce pressures elsewhere in the health system. Where the potential exists for community pharmacies to contribute to the health and wellbeing of the population of Westminster, this has been included within the document. Appendix I discusses some possible services that could fulfil these criteria.

While no gaps in pharmaceutical service provision have been identified, the Steering Group recognises that the burden of health needs in Westminster will increase as the population grows and ages, and would welcome proactive proposals from commissioners, including NHSE&I and all CCGs to commission pharmacy services that meet local needs but are beyond the scope of the PNA.



## Section 7: Conclusions

The Steering Group provides the following conclusions and recommendations on the basis that funding is at least maintained at current levels and or reflects future population changes.

The PNA is required to clearly state what is considered to constitute **Necessary Services** as required by paragraphs 1 and 3 of Schedule 1 to the Pharmaceutical Regulations 2013.

For the purposes of this PNA, **Necessary Services** for Westminster HWB are defined as Essential Services.

Advanced Services and Enhanced Services are considered **relevant** as they contribute toward improvement in provision and access to pharmaceutical services.

LCS are those that secure improvements or better access to or that have contributed towards meeting the need for pharmaceutical services in Westminster HWB area, and are commissioned by the CCG or local authority, rather than NHSE&I.

### 7.1 Current provision of Necessary Services

#### Necessary Services – gaps in provision

Necessary Services are Essential Services, which are described in [Section 1.4.1.1](#). Access to Necessary Service provision in Westminster is provided in [Section 6.2](#).

In reference to Section 6, and required by paragraph 2 of schedule 1 to the Pharmaceutical Regulations 2013:

#### 7.1.1 Necessary Services – normal working hours

**There is no current gap in the provision of Necessary Services during normal working hours across Westminster to meet the needs of the population**

#### 7.1.2 Necessary Services – outside normal working hours

**There are no current gaps in the provision of Necessary Services outside normal working hours across Westminster to meet the needs of the population**

### 7.2 Future provision of Necessary Services

A clear understanding of the potential impact of proposed population growth and housing development over the next ten years by locality would support the understanding of ongoing needs for service provision in future PNAs.



**No gaps have been identified in the need for Necessary Services in specified future circumstances across Westminster.**

### 7.3 Improvements and better access – gaps in provision

Advanced Services and Enhanced Services are considered **relevant** as they contribute toward improvement in provision and access to pharmaceutical services.

LCS are those services that secure improvements or better access to or that have contributed towards meeting the need for pharmaceutical services in Westminster HWB area and are commissioned by the CCG or local authority, rather than NHSE&I.

#### 7.3.1 Current and future access to Advanced Services

Details of the Advanced Services are outlined in [Section 1.4.1.2](#) and the provision in Westminster is discussed in [Sections 3.2.4](#) and [6.2.3](#).

[Section 6.2.4](#) discusses improvements and better access to services in relation to the health needs of Westminster

Appendix I discusses the opportunities that may be available for expansion of existing services or delivery of new services from community pharmacies that may have benefit to the population of Westminster.

**There are no gaps in the provision of Advanced Services that would secure improvements or better access to Advanced Services in Westminster.**

#### 7.3.2 Current and future access to Enhanced Services

Details of the Enhanced Services are outlined in [Section 1.4.1.3](#) and the provision in Westminster is discussed in [Sections 3.2.5](#) and [6.2.3](#).

[Section 6.2.4](#) discusses improvements and better access to services in relation to the health needs of Westminster.

**No gaps have been identified that if provided either now or in the future would secure improvements or better access to Enhanced Services across Westminster.**

#### 7.3.3 Current and future access to Locally Commissioned Services (LCS)

With regard to LCS, the PNA is mindful that only those commissioned by NHSE&I are regarded as pharmaceutical services. The absence of a particular service being commissioned by NHSE&I is in some cases addressed by a service being commissioned through the council or local authority; these services are described in [Sections 4.1](#) and [4.2](#).

[Section 6.2.4](#) discusses improvements and better access to LCS in relation to the health needs of Westminster.

Appendix I discusses the opportunities that may be available for expansion of existing services or delivery of new services from community pharmacies that may have benefit to the population of Westminster.

Based on current information, the Steering Group has not considered that any of these LCS should be decommissioned, or that any of these services should be expanded.

A full analysis has not been conducted on which LCS might be of benefit, as this is out of the scope of the PNA.

**Based on current information no current gaps have been identified in respect of securing improvements or better access to Locally Commissioned Services, across Westminster, to meet the needs of the population.**

## Appendix A: List of pharmaceutical service providers in Westminster HWB area (correct as of March 2022)

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced										NHSE&I Enhanced	CCG	LA						
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	Bank holiday			In hours supply of palliative care	Smoking cessation	Supervised consumption	Needle exchange			
Ainsworths Homeopathic Pharmacy	FJ185	Community	36-38 New Cavendish Street, London	W1G 8UF	09:00-18:00	09:00-16:00	Closed		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Alrasheed Pharmacy	FXH58	Community	39 Edgware Road, London	W2 2JE	09:00-00:00	09:00-00:00	10:00-00:00	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Apek Pharmacy	FE720	Community	107 Praed Street, London	W2 1NT	09:00-18:30	09:30-14:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	Y	-	-	-	-	-	-	-
Audley Pharmacy	FYV08	Community	36 South Audley Street, London	W1K 2PL	08:30-18:30	09:30-14:00	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bayswater Pharmacy	FFN81	Community	39-41 Porchester Road, Bayswater, London	W2 5DP	09:00-19:00	09:00-18:00	11:00-17:00	-	-	-	-	-	Y	-	Y	-	-	Y	-	Y	-	Y	Y	Y	Y	Y	Y	Y
Bencrest Chemist	FNM42	Community	42-44 Warwick Way, London	SW1V 1RY	08:30-18:30	09:00-17:00	11:00-17:00	-	-	Y	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Benson Pharmacy	FR177	Community	276 Harrow Road, London	W2 5ES	09:00-18:30	09:00-16:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	Y	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y
Berkeley Court Pharmacy	FG309	Community	5-7 Melcombe Street, London	NW1 6AE	08:45-17:45	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bin-Seena Pharmacy	FTK64	Community	73 Edgware Road, London	W2 2HZ	09:00-00:00	09:00-00:00	09:00-00:00	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Boots	FN172	Community	198 Baker Street, London	NW1 5RT	09:00-19:00	09:00-13:00	12:00-14:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	Y	-	-	-	-	-
Boots	FCA00	Community	124 St Johns Wood High Street, London	NW8 7SG	09:00-19:00	09:00-18:00	10:30-18:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-	Y	-	Y	Y	Y
Boots	FHV67	Community	Unit 13, Cathedral Walk, Cardinal Place, London	SW1E 5JH	08:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	Y	Y	Y	Y	Y	Y
Boots	FQT75	Community	107 Victoria Street, London	SW1E 6RA	10:00-19:00	10:00-18:00	11:00-17:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	Y	Y	-	-	-	-
Boots	FLR73	Community	Unit 42B Victoria Station, London	SW1V 1JT	07:00-22:00	08:00-20:00	09:00-19:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	Y	-	-	-	-	-
Boots	FV172	Community	Unit 6, 115 Buckingham Palace Road, London	SW1W 9SJ	08:00-20:00	08:00-20:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	Y	-	-	-	-	-
Boots	FCR41	Community	302 Regent Street, London	W1B 3AS	09:30-18:00	10:00-18:00	Closed	-	-	Y	-	-	-	-	Y	-	-	-	-	-	-	-	Y	Y	-	-	-	-
Boots	FV474	Community	44-46 Regent Street, Piccadilly Circus, London	W1B 5RA	07:30-19:45	09:00-19:00	11:00-19:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	Y	Y	Y	Y	Y	Y
Boots	FM688	Community	Unit 1, 508-520 Oxford Street, London	W1C 1NB	10:00-19:00	10:00-19:00	12:00-18:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	Y	-	-	-	-	-
Boots	FC968	Community	361 Oxford Street, London	W1C 2JL	09:00-21:00	09:00-21:00	12:00-18:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	Y	-	-	-	-	-
Boots	FM364	Community	193 Oxford Street, London	W1D 2JY	09:00-19:00	09:00-19:00	12:00-18:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	Y	Y	-	-	-	-
Boots	FY188	Community	96-98 Baker Street, London	W1U 6TJ	09:00-19:00	09:00-18:00	11:00-17:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	Y	Y	Y	Y	Y	Y

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced								NHSE&I Enhanced		CCG	LA		
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	Bank holiday		In hours supply of palliative care	Smoking cessation	Supervised consumption
Boots	FY004	Community	Unit 51, Paddington Station Concourse, London	W2 1HB	07:00-20:00	09:00-19:00	09:00-19:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	Y	-	-
Boots+	FL792	Community	175 Edgware Road, London	W2 2HR	09:00-20:00	09:00-18:00	11:00-17:00	-	-	Y	-	-	-	-	Y	-	-	-	-	-	Y	Y	-
Boots	FM589	Community	114 Queensway, London	W2 6LS	09:00-20:00	09:00-20:00	12:00-14:00	-	-	Y	-	-	-	-	Y	-	-	-	-	-	Y	Y	Y
Boots	FQ560	Community	33 Clifton Road, Maida Vale, London	W9 1SY	09:00-19:00	09:00-18:00	11:00-17:00	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	-	-
Boots	FA906	Community	107-115 Long Acre, London	WC2E 9NT	09:00-21:00	09:00-21:00	12:00-18:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	Y	-	-
Boots	FJJ43	Community	105-109 Strand, London	WC2R 0AA	07:30-19:30	10:00-19:00	11:00-17:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	Y	-	-
Boots	FTA34	Community	426 Strand, London	WC2R 0QE	07:30-21:00	09:00-20:00	12:00-18:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	Y	Y	-
Boots*	FA053	Community	73 Piccadilly, London	W1J 8HS	07:30-21:00	09:00-20:00	11:00-17:00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	Y
Browns Chemist	FP414	Community	195 Shirland Road, London	W9 2EU	09:00-19:30	09:00-19:00	10:30-13:00	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	Y	Y
Bullen & Smears	FJM43	DAC	34 Page Street, London	SW1P 4ES	09:00-17:30	Closed	Closed	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-
Chel Pharmacy	FFH75	Community	173 Great Portland Street, London	W1W 5PH	09:00-18:00	Closed	Closed	-	-	Y	-	-	-	-	Y	-	-	-	-	-	-	-	-
Clinichem Pharmacy	FYR46	Community	29 Upper Tachbrook Street, London	SW1V 1SN	09:00-18:00 (Tue, Thu 09:00-20:00)	09:00-12:00	Closed	-	-	Y	-	-	-	-	Y	Y	-	-	-	Y	Y	-	-
Collins Chemist	FEF06	Community	113-115 Church Street, London	NW8 8HA	09:00-18:00	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	Y	-	-	Y	-	-
Courtney Chemists	FER86	Community	3 St Johns Wood High Street, London	NW8 7NG	09:00-18:00	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	Y	-	-	Y	-	-
Curie Chemist	FX604	Community	445 Edgware Road, London	W2 1TH	09:30-18:30	10:00-15:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	Y	-	-
D R Harris & Co Chemists	FFF12	Community	29 St James's Street, London	SW1A 1HD	08:30-18:00	09:30-17:00	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dajani Pharmacy	FKX76	Community	21 New Cavendish Street, London	W1G 9TY	09:00-19:00	10:00-15:00	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Devonshire Pharmacy	FAQ26	Community	215 Edgware Road, London	W2 1ES	08:30-23:00	08:30-23:00	10:00-23:00	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	Y
Dolphins Pharmacy	FKE09	Community	9-11 The Broadway, London	SW1H 0AZ	09:00-17:30	09:00-18:00	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Gees Chemist	FN761	Community	27-29 Warwick Way, London	SW1V 1QT	09:00-19:00 (Fri 09:00-18:00)	09:00-18:00	Closed	-	-	Y	-	-	-	-	Y	Y	Y	-	-	-	Y	Y	-
Greens Pharmacy	FHD19	Community	29-31 Ebury Bridge Road, London	SW1W 8QX	09:00-18:30	Closed	Closed	-	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced								NHSE&I Enhanced	CCG	LA				
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking			C-19 vaccination	Bank holiday	In hours supply of palliative care	Smoking cessation	Supervised consumption
Healthxchange Pharmacy UK Ltd	FFP11	Community	79 Great Portland Street, London	W1W 7LS	09:00-18:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Hodgetts Pharmacy	FVJ40	Community	79 Abbey Road, St Johns Wood, London	NW8 0AE	09:00-18:30	Closed	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-
Hogg & Son Pharmacy	FRD96	Community	25 Kendal Street, London	W2 2AW	09:00-18:00 (Fri 07:30-18:00)	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	Y	-	-	-
Holmes Pharmacy	FVT13	Community	6 Nugent Terrace, London	NW8 9QB	09:30-17:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-
John Bell & Croyden	FGP84	Community	50-54 Wigmore Street, London	W1U 2AU	08:30-20:00	10:00-19:00	12:00-18:00	-	-	Y	-	Y	-	Y	Y	-	Y	-	-	-	-	-	-	-
Keencare Pharmacy	FER55	Community	6 Lower Belgrave Street, London	SW1W 0LJ	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	Y	Y	Y	Y
Madesil Pharmacy	FT749	Community	20 Marylebone High Street, London	W1U 4PB	09:00-18:30 (Fri 09:00-18:00)	09:00-18:30	11:00-16:00	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Market Chemist	FRG14	Community	91-93 Church Street, London	NW8 8EU	09:30-19:00	09:30-18:00	Closed	-	-	Y	-	-	Y	Y	Y	-	Y	-	-	Y	Y	Y	Y	Y
Meacher, Higgins & Thomas	FDK02	Community	105A Crawford Street, London	W1H 2HU	09:30-18:30	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	Y	-	-	-
Medicare (London) Ltd Pharmacy	FLW91	Community	570 Harrow Road, London	W9 3QH	09:00-20:00	09:30-17:30	Closed	-	-	Y	-	-	-	Y	Y	-	-	-	-	-	Y	-	-	-
Moores Pharmacy	FWN84	Community	45 Craven Road, Paddington, London	W2 3BX	09:00-19:00	09:00-15:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	Y	-	-	-
Nashi Pharmacy	FK236	Community	55 Westbourne Grove, London	W2 4UA	09:00-19:00	09:30-18:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	Y	Y	-	-
Nasslam Pharmacy	FK102	Community	19 Edgware Road, London	W2 2JE	09:00-00:00	09:00-00:00	09:00-00:00	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
NVS Pharmacy	FNF09	Community	46 Baker Street, London	W1U 7BR	09:00-19:00	09:00-17:00	Closed	-	-	Y	-	-	Y	-	-	-	-	-	-	-	Y	-	-	-
Paxall Chemist	FNW76	Community	44 Lupus Street, London	SW1V 3EB	09:00-18:30	09:00-13:00	10:00-18:00	-	-	Y	-	-	-	-	-	-	-	-	-	-	Y	-	-	-
Peter's Pharmacy	FT352	Community	55 Paddington Street, London	W1U 4HX	09:30-18:00	Closed	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pharmacentre	FCT73	Community	149 Edgware Road, London	W2 2HU	08:00-00:00	09:00-00:00	09:00-00:00	-	-	-	-	-	-	-	-	-	-	Y	Y	-	-	-	-	-
Pharmacierge	FH514	DSP	8 Wimpole Street, London	W1G 9SP	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pharmacare	FA488	Community	414-416 Edgware Road, London	W2 1ED	09:00-19:00	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-
Pitchkins & Currans	FRW51	Community	Unit 2, 45-47 Elgin Avenue, London	W9 3PP	09:00-18:30	Closed	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced								NHSE&I Enhanced		CCG	LA		
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	Bank holiday		In hours supply of palliative care	Smoking cessation	Supervised consumption
Portman's Pharmacy	FMH15	Community	93-95 Tachbrook Street, London	SW1V 2QA	09:00-18:30	09:00-17:30	Closed	-	-	Y	-	-	Y	Y	Y	-	Y	-	Y	Y	Y	Y	
Prince Chemist	FLE65	Community	486 Harrow Road, London	W9 3QA	09:00-18:30	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	Y	Y	-
Remedys Pharmacy	FMT61	Community	1 Clifton Road, London	W9 1SZ	09:00-19:00	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-
Safeer Pharmacy	FRA80	Community	194 Edgware Road, London	W2 2DS	09:00-00:00	09:00-00:00	10:00-23:00	Y	-	Y	-	-	Y	-	-	-	-	-	-	-	Y	-	-
Selfridges Pharmacy	FM507	Community	Selfridges, Dept 469, 400 Oxford Street, London	W1A 1AB	09:30-21:00	09:30-21:00	12:00-18:00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Seymour Pharmacy	FVX47	Community	56 Crawford Street, London	W1H 4JH	09:00-19:00	10:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	Y	-	-
Sherlock Holmes Chemists	FQA23	Community	82A Baker Street, London	W1U 6AA	09:00-19:00	Closed	Closed	-	-	-	-	-	Y	-	Y	-	-	-	-	-	Y	-	-
Shiv Pharmacy	FPV36	Community	70 Great Titchfield Street, London	W1W 7QN	08:30-18:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	Y	-	-
Simmonds Chemist	FYX89	Community	105 Lupus Street, London	SW1V 3EN	09:00-18:00	09:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	Y	Y	-
St John Wood Pharmacy	FT371	Community	142 St Johns Wood High Street, London	NW8 7SE	09:00-18:00	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	Y	-	-
Star Pharmacy	FRE01	Community	33 Strutton Ground, London	SW1P 2HY	08:30-18:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	Y	Y	-
Sumer Pharmacy	FE354	Community	340-342 Harrow Road, London	W9 2HP	09:30-18:30	10:00-18:00	Closed	-	-	Y	-	-	Y	-	-	-	Y	-	-	-	Y	-	-
Superdrug Pharmacy	FL592	Community	49-50 Strand, London	WC2N 5LH	07:30-14:00, 14:30-20:00	11:00-14:00, 14:30-20:00	Closed	-	-	Y	-	-	Y	-	Y	-	Y	-	-	-	Y	Y	Y
The Pharmacy at Mayfair	FHV04	Community	6 Shepherd Market, Mayfair, London	W1J 7QD	09:00-17:30	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Victoria Pharmacy	FA467	Community	22 Page Street, Westminster, London	SW1P 4EN	08:30-18:00	09:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	Y	-	-	Y	Y	Y
Vineyard Pharmacy	FC572	Community	241 Elgin Avenue, London	W9 1NJ	08:30-19:00	08:30-18:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	Y	Y	-
Walden Chymist	FAT36	Community	65 Elizabeth Street, Eaton Square, London	SW1W 9PJ	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	Y	-	-
Warwick Pharmacy	FHT60	Community	34-36 Warwick Way, London	SW1V 1RY	09:00-18:00	09:00-18:00	Closed	-	-	Y	-	-	-	-	Y	Y	Y	-	-	-	Y	Y	Y
Watsons Pharmacy	FLR52	Community	1 Frith Street, London	W1D 3HZ	09:00-18:30	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	-	-
Wigmore Pharmacy	FX754	Community	23 Wigmore Street, London	W1U 1PL	09:00-18:00	10:00-17:00	Closed	-	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-
Williams Chemist	FTC02	Community	314-316 Elgin Avenue, London	W9 1JU	09:00-18:30	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	Y	-	-
Woods Chemist	FP835	Community	27-29 Church Street, London	NW8 8ES	09:00-19:00	10:00-14:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	Y	-	-

\*This pharmacy will be removed from pharmaceutical list for Westminster from 21 July

\*There is a temporary closure on this pharmacy

## **Appendix B: PNA Steering Group terms of reference**

### **Objective/purpose**

To support the production of the Pharmaceutical Needs Assessment (PNA) on behalf of Westminster Health and Wellbeing Board (HWB), to ensure that it satisfies the relevant regulations including consultation requirements.

### **Delegated responsibility**

The HWB have delegated the responsibility of the PNA to the Director of Public Health and the Cabinet Member for Adult Social Care, Public Health and Voluntary Sector (in their capacity as Chair of the HWBs)

### **Accountability**

The Steering Group is to report to the Director of Public Health.

### **Membership**

Core members:

- Director of Public Health
- Cabinet Member for Adult Social Care, Public Health and Voluntary Sector
- Public Health Knowledge Manager
- Local Pharmaceutical Committee (LPC) representative
- CCG representative
- Healthwatch representative (lay member)

Soar Beyond is not to be a core member however will chair the meetings. Each core member has one vote. The Public Health lead will have the casting vote, if required. Core members may provide a deputy to meetings in their absence. The Steering Group shall be quorate with three core members in attendance (representing the LPC, Public Health and CCG). Non-attending members are unable to cast a vote – that vote may otherwise sway the casting decision.

Additional members (if required):

- CCG Commissioning Managers
- NHS Trust Chief Pharmacists

In attendance at meetings will be representatives of Soar Beyond Ltd who has been commissioned by Westminster City Council to support the development of the PNA. Other additional members may be co-opted if required.

### **Frequency of meetings**

Meetings will be arranged at key stages of the project plan. The Steering Group will meet in autumn 2022 to sign off the PNA for submission to the HWB.

## Responsibilities

- Provide a clear and concise PNA process
- Review and validate information and data on population, demographics, pharmaceutical provision, and health needs
- To consult with the bodies stated in Regulation 8 of the Pharmaceutical Regulations 2013:
  - Any LPC for its area
  - Any local medical committee for its area
  - Any persons on the pharmaceutical lists and any dispensing doctors list for its area
  - Any LPS chemist in its area
  - Any Local Healthwatch organisation for its area
  - Any NHS Trust or NHS Foundation Trust in its area
  - NHS England and NHS Improvement
  - Any neighbouring HWB
- Ensure that due process is followed
- Report to HWB on both the draft and final PNA
- Publish the final PNA by 1 October 2022.



## Appendix C: PNA project plan

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Stage 1: Project planning and governance <ul style="list-style-type: none"> <li>Stakeholders identified</li> <li>First Steering Group meeting conducted</li> <li>Project plan, communications plan and terms of reference agreed</li> <li>PNA localities agreed</li> <li>Questionnaire templates shared and agreed</li> </ul>										
Stage 2: Research and analysis <ul style="list-style-type: none"> <li>Collation of data from NHSE&amp;I, Public Health, LPC and other providers of services</li> <li>Listing and mapping of services and facilities with the borough</li> <li>Collation of information regarding housing and new care home developments</li> <li>Equalities Impact Assessment</li> <li>Electronic, distribution and collation</li> <li>Analysis of questionnaire responses</li> <li>Steering Group meeting two</li> <li>Draft update for HWB</li> </ul>										
Stage 3: PNA development <ul style="list-style-type: none"> <li>Triangulation, review and analysis of all data and information collated to identify gaps in services based on current and future population needs</li> <li>Develop consultation plan</li> <li>Draft PNA</li> <li>Engagement for consultation</li> <li>Steering Group meeting three</li> <li>Draft update for HWB</li> </ul>										
Stage 4: Consultation and final draft production <ul style="list-style-type: none"> <li>Coordination and management of consultation</li> <li>Analysis of consultation responses</li> <li>Production of consultation findings report</li> <li>Draft final PNA for approval</li> <li>Steering Group meeting four</li> <li>Minutes to meetings</li> <li>Edit and finalise final PNA 2022</li> <li>Draft update for HWB</li> </ul>										

## Appendix D: Public questionnaire

Total responses received:<sup>1</sup> 110

**1) Do you have a regular or preferred local community pharmacy? (Please select one answer)**

Answered – 109; skipped – 1

Response options	%	Total
Yes	94%	101
No	1%	1
I prefer to use an internet/online pharmacy (An internet pharmacy is one which is operated partially or totally online where prescriptions are sent electronically and dispensed medication is sent via a courier to your home)	0%	0
I use a combination of traditional and internet pharmacy	6%	7

\*An internet pharmacy is one which is operated partially or totally online where prescriptions are sent electronically and dispensed medication is sent via a courier to your home.

**2) On a scale of 1 to 10 how well does your local community pharmacy meet your needs? (Please select one answer) (1 = Poorly and 10 = Extremely well)**

Answered – 110; skipped – 0

Response options	%	Total
1	2%	2
2	1%	1
3	0%	0
4	3%	3
5	5%	6
6	5%	5
7	2%	2
8	14%	15
9	20%	22
10	49%	54

<sup>1</sup> Please note that some percentage figures will add up to more or less than 100%. This is either due to respondents being able to give more than one response to a question, or figures have been rounded up to the nearest whole percent.

**3) How often have you visited/contacted (spoken to, emailed or visited in person) a pharmacy in the last six months? (Please select one answer for yourself and one for someone else)**

For yourself: Answered – 109; skipped – 1

<b>Response options</b>	<b>%</b>	<b>Total</b>
Once a week or more	13%	14
A few times a month	39%	43
Once a month	25%	27
Once every few months	19%	21
Once in six months	3%	3
I haven't visited/contacted a pharmacy in the last six months	1%	1

For someone else: Answered – 65; skipped – 45

<b>Response options</b>	<b>%</b>	<b>Total</b>
Once a week or more	9%	6
A few times a month	23%	15
Once a month	9%	6
Once every few months	23%	15
Once in six months	8%	5
I haven't visited/contacted a pharmacy in the last six months	28%	18

**4) How important are each of the following aspects to you when choosing a pharmacy? (Please select one answer for each factor)**

Answered – 110; skipped – 0

<b>Quality of service (friendly staff, expertise)</b>	<b>%</b>	<b>Total</b>
Extremely important	80%	87
Very important	18%	20
Moderately important	2%	2
Fairly important	0%	0
Not at all important	0%	0

<b>Location of pharmacy</b>	<b>%</b>	<b>Total</b>
Extremely important	73%	80
Very important	23%	25
Moderately important	4%	4
Fairly important	0%	0
Not at all important	1%	1

<b>Opening times</b>	<b>%</b>	<b>Total</b>
Extremely important	51%	54
Very important	31%	33
Moderately important	15%	16
Fairly important	1%	1
Not at all important	1%	1

<b>Parking</b>	<b>%</b>	<b>Total</b>
Extremely important	3%	3
Very important	3%	3
Moderately important	14%	14
Fairly important	5%	5
Not at all important	75%	74

<b>Public transport</b>	<b>%</b>	<b>Total</b>
Extremely important	14%	14
Very important	6%	6
Moderately important	13%	13
Fairly important	6%	6
Not at all important	61%	60

<b>Accessibility (wheelchair/buggy access)</b>	<b>%</b>	<b>Total</b>
Extremely important	20%	20
Very important	10%	10
Moderately important	11%	11
Fairly important	12%	12
Not at all important	48%	48

<b>Communication (languages/interpreting service)</b>	<b>%</b>	<b>Total</b>
Extremely important	20%	20
Very important	10%	10
Moderately important	11%	11
Fairly important	6%	6
Not at all important	54%	55

<b>Space to have a private consultation</b>	<b>%</b>	<b>Total</b>
Extremely important	23%	24
Very important	21%	22
Moderately important	29%	30
Fairly important	12%	13
Not at all important	15%	16

<b>Availability of medication/services (stocks, specific services)</b>	<b>%</b>	<b>Total</b>
Extremely important	72%	78
Very important	24%	26
Moderately important	4%	4
Fairly important	1%	1
Not at all important	0%	0

<b>Other responses</b>	<b>Total</b>
Personal service	6
Minor ailments service	5
Easy access to repeat prescriptions	3
Knowledgeable and professional staff	2
Text notifications when prescriptions ready to collect	2
Extended opening hours (early morning, late evening and weekends)	2
Medicine stock levels	2
Clean and spacious interior	1
Accessibility for wheelchair users	1
Flu and cold vaccinations	1
Home delivery	1
Ability to photocopy prescription if required when collecting	1
Medication ready on time	1
Ability to systemise entitlement to reduced cost/free prescriptions	1

**5) On average, how long does it take you to travel to a pharmacy?** (Please select one answer)

Answered – 109; skipped – 1

<b>Response options</b>	<b>%</b>	<b>Total</b>
0 to 15 minutes	91%	99
16 to 30 minutes	9%	10
Over 30 minutes	0%	0

**6) Is your preferred pharmacy open on the most convenient day for you?** (Please select one answer)

Answered – 110; skipped – 0

<b>Response options</b>	<b>%</b>	<b>Total</b>
Yes	95%	104
No	5%	6

**7) Is your preferred pharmacy open at a time convenient for you?** (Please select one answer)

Answered – 110; skipped – 0

Response options	%	Total
Yes	92%	101
No	8%	9

**8) Which of the following pharmacy services are you aware that a pharmacy may provide?** (Please select Yes or No for each service – even if you do not use the service)

Service	Yes (%)	Yes (total)	No (%)	No (total)	Answered
Advice from your pharmacist	99%	109	1%	1	110
Discuss your prescription medicines	96%	105	4%	4	109
C-19 vaccination services	63%	67	37%	40	107
Flu vaccination services	88%	97	12%	13	110
Buying over-the-counter (non-prescription) medicines	100%	110	0%	0	110
Home delivery and prescription collection services	66%	70	34%	36	106
Emergency supply of prescription medicines	56%	61	44%	47	108
Disposal of unwanted medicines	79%	86	21%	23	109
Dispensing prescription medicines	98%	108	2%	2	110
Advice on healthy living, self-care advice and treatment for common ailments	70%	76	30%	33	109
Stopping smoking/nicotine replacement therapy	65%	69	35%	37	106
Sexual health services (chlamydia testing/treating, condom distribution, emergency contraception)	33%	35	67%	70	105
Blood tests	10%	10	90%	92	102
Health tests e.g. cholesterol, blood pressure check	33%	35	67%	70	105

Other responses	Total
When asked for advice at the pharmacy, I am usually sent to the doctor	1
Some of the above are mostly irrelevant	1
Our local pharmacy does not offer some of these services	1

**9) And which of the following pharmacy services would you like to see always provided by your pharmacy? (Please select a response for each service)**

<b>Service</b>	<b>Yes (%)</b>	<b>Yes (total)</b>	<b>No (%)</b>	<b>No (total)</b>	<b>No opinion (%)</b>	<b>No opinion (total)</b>	<b>Answered</b>
Advice from your pharmacist	97%	105	0%	0	3%	3	108
Discuss your prescription medicines	93%	99	3%	3	4%	4	106
C-19 vaccination services	76%	80	4%	4	20%	21	105
Flu vaccination services	84%	89	4%	4	12%	13	106
Buying over-the-counter (non-prescription) medicines	97%	103	1%	1	2%	2	106
Home delivery and prescription collection services	81%	83	7%	7	13%	13	103
Emergency supply of prescription medicines	92%	97	3%	3	6%	6	106
Disposal of unwanted medicines	87%	90	7%	7	7%	7	104
Dispensing prescription medicines	100%	105	0%	0	0%	0	105
Advice on healthy living, self-care advice and treatment for common ailments	68%	71	8%	8	24%	25	104
Stopping smoking/nicotine replacement therapy	36%	36	14%	14	51%	51	101
Sexual health services (chlamydia testing/treating, condom distribution, emergency contraception)	43%	43	12%	12	45%	45	100
Blood tests	66%	68	14%	14	20%	21	103
Health tests e.g. cholesterol, blood pressure check	73%	75	10%	10	17%	18	103

<b>Other responses</b>	<b>Total</b>
Dental services	2
Eyesight services	1
Easy wheelchair access	1
Private consultation room	1
Toenail cutting	1

**10) Do you have any other comments you would like to make about your pharmacy?**

Answered – 55; skipped – 55

<b>Comments</b>	<b>Total</b>
They provide a very good service	37
Pharmacy needs reinvestment	2
My pharmacy is too small	2
Safely disposal of unused/expiration medication, including Epipens	2
My pharmacy is about to close	2
No comments	2
Need to be open seven days a week and outside of business hours	1
Pharmacies need to be more community based	1
Pharmacy has scaled back the prescription time	1
Service is very poor, no stock and attitude of staff	1
Text or email notifications that prescription is ready are very important	1
Pharmacy prescribing service would save a lot of time	1

**A bit about you****11) Do you consider yourself to be:**

Answered – 109; skipped – 1

<b>Response options</b>	<b>%</b>	<b>Total</b>
Female	72%	79
Male	26%	28
Other (please specify below)	2%	2

<b>Other responses</b>	<b>Total</b>
I am female, don't 'consider myself to be female'	1

**12) Please tell us which age group you fit into:**

Answered – 110; skipped – 0

<b>Response options</b>	<b>%</b>	<b>Total</b>
Under 16	0%	0
16–24	0%	0
25–34	3%	3
35–44	6%	7
45–54	14%	15
55–64	23%	25
65–74	29%	32
75+	25%	27
Prefer not to say	1%	1



**13) What is your employment status? (Please select one answer)**

Answered – 110; skipped – 0

<b>Response options</b>	<b>%</b>	<b>Total</b>
Full-time	17%	19
Part-time	8%	9
Self-employed	10%	11
Retired	49%	54
In education	0%	0
Refugee community	0%	0
Not currently working	14%	15
Other (please specify below)	2%	2

<b>Other responses</b>	<b>Total</b>
Housewife	1
PPG involvement – charity volunteer	1

**14) What religion do you consider yourself to belong to? (Please select one answer)**

Answered – 110; skipped – 0

<b>Response options</b>	<b>%</b>	<b>Total</b>
Christian	46%	51
Muslim	0%	0
Buddhist	0%	0
Hindu	1%	1
Jewish	10%	11
No faith	26%	29
Prefer not to say	14%	15
Other (please specify below)	3%	3

<b>Other responses</b>	<b>Total</b>
Quaker	1
Atheist	1
Zoroastrian	1

**15) What is your sexual orientation? (Please select one answer)**

Answered – 110; skipped – 0

<b>Response options</b>	<b>%</b>	<b>Total</b>
Straight/heterosexual	81%	89
Gay/lesbian/homosexual	7%	8
Bisexual	1%	1
Prefer not to say	8%	9
Other (please specify below)	3%	3

<b>Other responses</b>	<b>Total</b>
Question is not relevant	3

**16) Which of these would you describe as your ethnic group?** (Please select one answer)

Answered – 110; skipped – 0

<b>Response options</b>	<b>%</b>	<b>Total</b>
White: Scottish/English/Welsh/Northern Irish/British	68%	74
White: Irish	6%	6
White: Gypsy or Irish Traveller	1%	1
Mixed/Multiple ethnic groups: White and Black Caribbean	0%	0
Mixed/Multiple ethnic groups: White and Black African	1%	1
Mixed/Multiple ethnic groups: White and Asian	2%	2
Asian/Asian British: Indian	5%	5
Asian/Asian British: Pakistani	0%	0
Asian/Asian British: Bangladeshi	0%	0
Asian/Asian British: Chinese	1%	1
Black/African/Caribbean/Black British: African	1%	1
Black/African/Caribbean/Black British: Caribbean	0%	0
Other ethnic group: Arab	0%	0
Other (please specify below)	17%	19

<b>Other responses</b>	<b>Total</b>
White European	3
Question is not relevant	3
Prefer not to say	2
Jewish	1
Caucasian	1
White other	1
White American	1
White Australian and British	1
Parsi-Zoroastrian	1
Malay	1
European	1
White and Mixed Race	1
White Northern European and Mediterranean	1
Human	1

**17) Do you consider yourself to have a disability?**

Answered – 109; skipped – 1

<b>Response options</b>	<b>%</b>	<b>Total</b>
Yes	33%	36
No	64%	70
Prefer not to say	3%	3

**18) Please state the first 4 letters and numbers of your postcode (residence/ university/college/place of work)**

Answered – 107; skipped – 3

## Appendix E: Pharmacy contractor questionnaire

Total responses received:<sup>1</sup> **62 responses**

### 1) Premises and contact details

56 unique pharmacies provided their ODS code, pharmacy name and address

### 2) Does the pharmacy dispense appliances?

Answered – 62; skipped – 0

Response options	%	Total
None	21%	13
Yes – All types	68%	42
Yes, excluding stoma appliances, or	2%	1
Yes, excluding incontinence appliances, or	0%	0
Yes, excluding stoma and incontinence appliances, or	3%	2
Yes, just dressings, or	6%	4
Other (please specify)	0%	0

### 3) Is there a particular need for a locally commissioned service in your area?

Answered – 60; skipped – 2

Response options	%	Total
Yes	38%	23
No	62%	37

If so, what is the service requirement and why?	Total
EHC	9
Minor ailments service	3
NHS health checks	3
C-19 vaccination and other vaccinations	2
Commissioned weight management service	1
Incontinence service	1
Direct to pharmacy approach	1
Stoma/district nursing	1
Sexual health screening and treatment	1
To provide choice to patients	1
Smoking cessation	1
I am not sure	1

<sup>1</sup> Please note that some percentage figures will add up to more or less than 100%. This is either due to respondents being able to give more than one response to a question, or figures have been rounded up to the nearest whole percent.

**4) Non-commissioned services: Does the pharmacy provide any of the following?**

<b>Services</b>	<b>Yes (%)</b>	<b>Yes (total)</b>	<b>No (%)</b>	<b>No (total)</b>	<b>Total</b>
Collection of prescriptions from GP practices	65%	40	35%	22	62
Delivery of dispensed medicines – selected patient groups (please list patient groups below)	57%	34	43%	26	60
Delivery of dispensed medicines – selected areas (please list areas below)	57%	34	43%	26	60
Delivery of dispensed medicines – free of charge on request	57%	34	43%	26	60
Delivery of dispensed medicines – with charge	30%	16	70%	37	53

<b>Please list your criteria for selected patient groups</b>	<b>Total</b>
Elderly/disabled patients	11
Housebound/vulnerable patients	11
All patients	3
Patients unable to reach the pharmacy	1

<b>Please list your criteria for selected areas</b>	<b>Total</b>
Local area	12
Walking distance	3
1-mile radius	2
2-mile radius	1
5-mile radius	1
20-mile radius	1

**5) Are there any services you would like to provide that are not currently commissioned in your area?**

Answered – 44; skipped – 18

<b>Responses</b>	<b>Total</b>
EHC under NHS PGD	19
No/N/A	11
Minor ailments service	9
NHS health checks	4
Weight management service	4
STD screening and chlamydia treatment	3
Routine blood tests for INR, HbA1c etc	2
Needle exchange	2
Anticoagulant monitoring service	2
C-19 vaccinations	2
Supervised consumption	1
Self-care advice	1

<b>Responses</b>	<b>Total</b>
Diabetes prevention programme	1
Vitamin D	1
Cancer	1
Dementia	1
Tuberculosis	1
Stoma and incontinence appliances provision	1
Delivery with charge for dispensed items or ability to park for free	1

#### **6) Details of the person completing this form**

Answered – 61; skipped – 1

## Appendix F: Consultation plan and list of stakeholders

### Consultee as required by Pharmaceutical Regulations 2013 Part 2 (8)

Stakeholder role	PNA briefing letter sent	Steering Group representation	PNA production engagement: Questionnaire (pharmacy contractor/public)	Draft PNA link sent
LPC – City of Westminster	Y	Y	All	Y
LMC – City of Westminster	Y	Y	All	Y
Any person on pharmaceutical List (Community Pharmacies)	-	-	Contractor	Y
Healthwatch – City of Westminster	Y	Y	All	Y
Chelsea and Westminster Hospital - Chief Pharmacist & Associate Chief Pharmacist	-	-	-	Y
St Mary's Hospital - Deputy Chief Pharmacist	-	-	-	Y
UCL Hospital – Chief Pharmacist	-	-	-	Y
Central London Community Health NHS Trust – Chief Pharmacist & Deputy Chief Pharmacist	-	-	-	Y
Central London Community Healthcare NHS Trust	-	-	-	Y
NHSE&I	Y	Y	All	Y
Brent HWB	-	-	-	Y
Camden HWB	-	-	-	Y
City of London HWB	-	-	-	Y
Lambeth HWB	-	-	-	Y
Kensington & Chelsea HWB	-	-	-	Y
Wandsworth HWB	-	-	-	Y

<b>Stakeholder role</b>	<b>PNA briefing letter sent</b>	<b>Steering Group representation</b>	<b>PNA production engagement: Questionnaire (pharmacy contractor/public)</b>	<b>Draft PNA link sent</b>
Southwark HWB	-	-	-	Y
One Westminster - CEO	-	-	-	Y
Hosted on Council Website	-	-	Public	Y
Social Media	-	-	Public	Y
E-Newsletter	-	-	Public	Y
City of Westminster staff	-	-	Public	Y
Links shared with: Local Pharmaceutical Committee, Local Medical Committee	-	-	Public	Y
Comms shared with Partners: Healthwatch	-	-	Public	Y
Comms sent to libraries, leisure centres, family hubs, as well as to VCS partners, Adult Social Care,	-	-	Public	-
Survey copy sent to Education team to be included in the schools and early years bulletins	-	-	Public	-
Emails and links sent to: individual pharmacies	-	-	Public/Contractor	Y



## Other consultees

Stakeholder role	PNA briefing letter sent	Steering Group representation	PNA production engagement: Questionnaire (pharmacy contractor/public)	Draft PNA link sent
CCG	Y	Y	All	Y
Imperial Healthcare Trust - Chief Pharmacist	-	-	-	Y
Guy's and St Thomas' Hospital - Principal Pharmacist & Associate Chief Pharmacist, Chief Pharmacist	-	-	-	Y
Royal Brompton Hospital - Associate Director of Pharmacy, Associate Chief Pharmacist & Chief Pharmacist	-	-	-	Y
Royal Marsden Hospital - Chief Pharmacist	-	-	-	Y
Central & NW London NHS Foundation Trust - Chief Pharmacist	-	-	-	Y
West London NHS Trust - Chief Pharmacist	-	-	-	Y
Brent LMC	-	-	-	Y
Camden LMC	-	-	-	Y
City of London LMC	-	-	-	Y
Lambeth LMC	-	-	-	Y
Kensington & Chelsea LMC	-	-	-	Y
Wandsworth LMC	-	-	-	Y
Southwark LMC	-	-	-	Y
Brent LPC	-	-	-	Y
Camden LPC	-	-	-	Y
City of London LPC	-	-	-	Y

<b>Stakeholder role</b>	<b>PNA briefing letter sent</b>	<b>Steering Group representation</b>	<b>PNA production engagement: Questionnaire (pharmacy contractor/public)</b>	<b>Draft PNA link sent</b>
Lambeth LPC	-	-	-	Y
Kensington & Chelsea LPC	-	-	-	Y
Wandsworth LPC	-	-	-	Y
Southwark LPC	-	-	-	Y
Consultant in Public Health	-	-	All	Y
Public Health Knowledge Manager	Y	Y	All	Y
Public Health Analyst	Y	Y	All	Y
Public Health Communications and Partnerships Manager	Y	Y	All	Y

## Appendix G: Summary of consultation responses

As required by the Pharmaceutical Regulations 2013, Westminster City Council HWB held a 60-day consultation on the draft PNA from 7 July to 5 September 2022.

The draft PNA was hosted on the Westminster City Council website and invitations to review the assessment, and comment, were sent to a wide range of stakeholders including all community pharmacies in Westminster. A number of members of the public had expressed an interest in the PNA and were invited to participate in the consultation as well as a range of public engagement groups in Westminster as identified by Westminster City Council and Westminster Healthwatch. Responses to the consultation were possible via an online survey or paper.

There were in total 7 responses, all of them from the internet survey. Responses received:

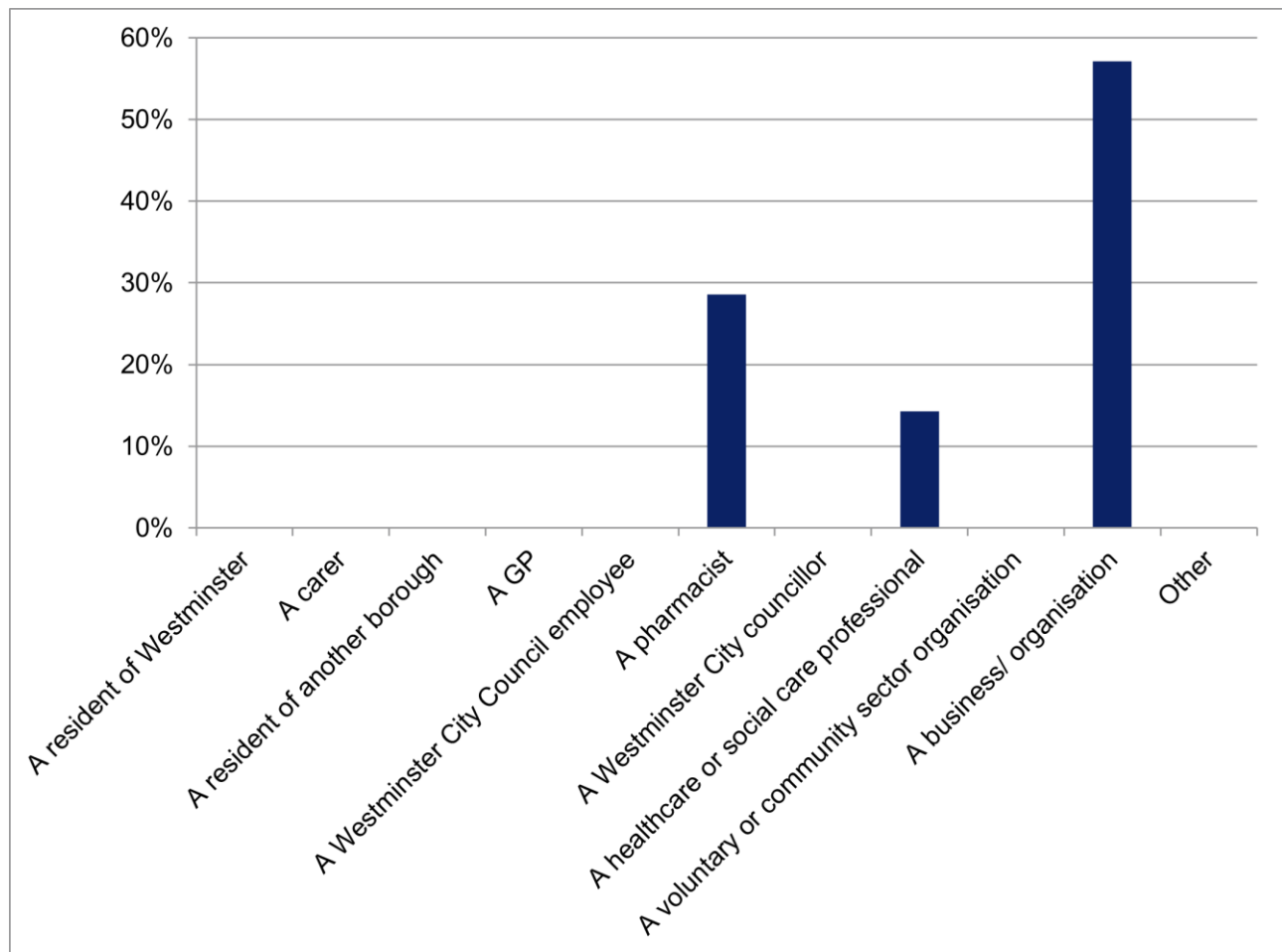
- 4 (57%) from a business/organisation
- 2 (29%) from a pharmacist
- 1 (14%) from a healthcare or social care professional

The following are the main themes, and PNA Steering Group's response, to feedback received during the consultation on the draft PNA:

- Information provided in the PNA
- Consideration which services are 'necessary' and 'relevant'
- Issues over access to services
- Availability of services currently, and not currently, provided by pharmacies
- Correction of data in the PNA

All responses were considered by the PNA Steering Group at its meeting on 21 September 2022 for the final report. A number of additional comments were received that were considered by the Steering Group in the production of the final PNA and are included in Appendix H.

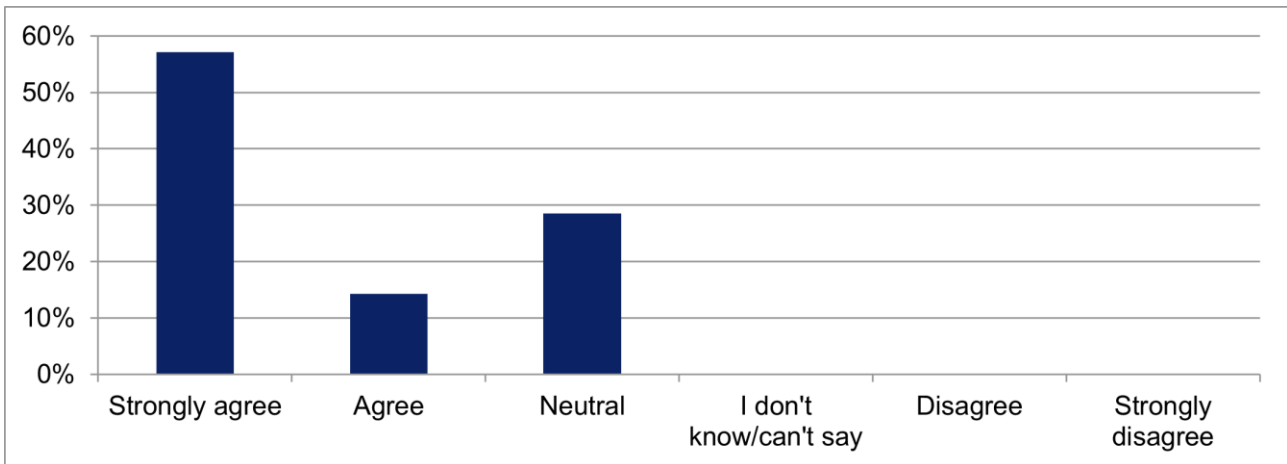
Below is a summary of responses to the specific questions, asked during the consultation.

**Consultation questions and responses:****Q1- Are you mainly responding as? (Please select one option)**

Response options	%	Total
A resident of Westminster	0%	0
A carer	0%	0
A resident of another borough	0%	0
A GP	0%	0
A Westminster City Council employee	0%	0
A pharmacist	29%	2
A Westminster City councillor	0%	0
A healthcare or social care professional	14%	1
A voluntary or community sector organisation	0%	0
A business/organisation	57%	4
Other	0%	0

Answered – 7; skipped – 0

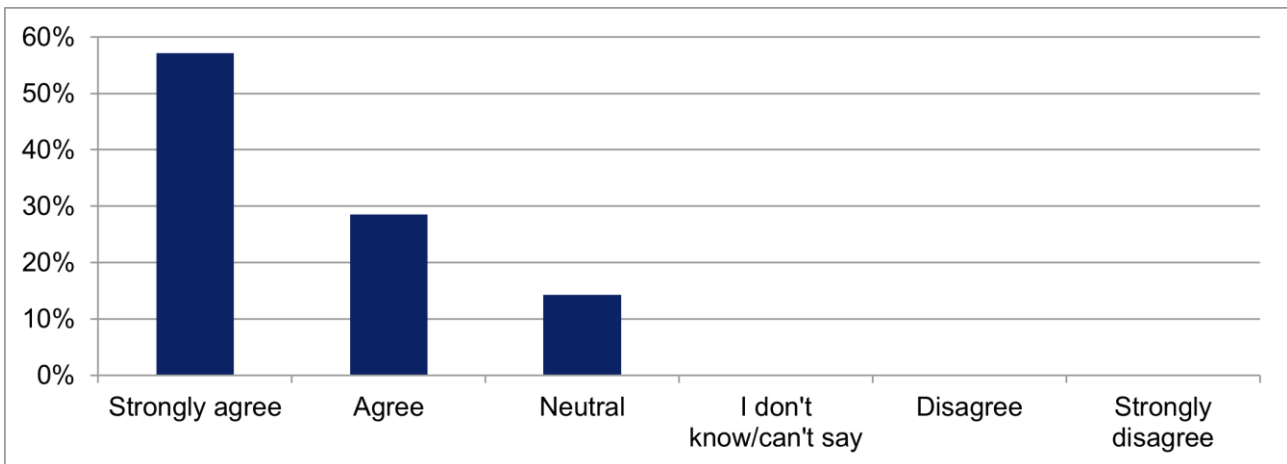
**Q2- The Draft Westminster PNA currently does not identify any gaps in the provision (supply) of pharmaceutical services in Westminster.** (See Sections 3, 4 & 6 of the Draft PNA)



Response options	%	Total
Strongly agree	57%	4
Agree	14%	1
Neutral	29%	2
I don't know/can't say	0%	0
Disagree	0%	0
Strongly disagree	0%	0

Answered – 7; skipped – 0

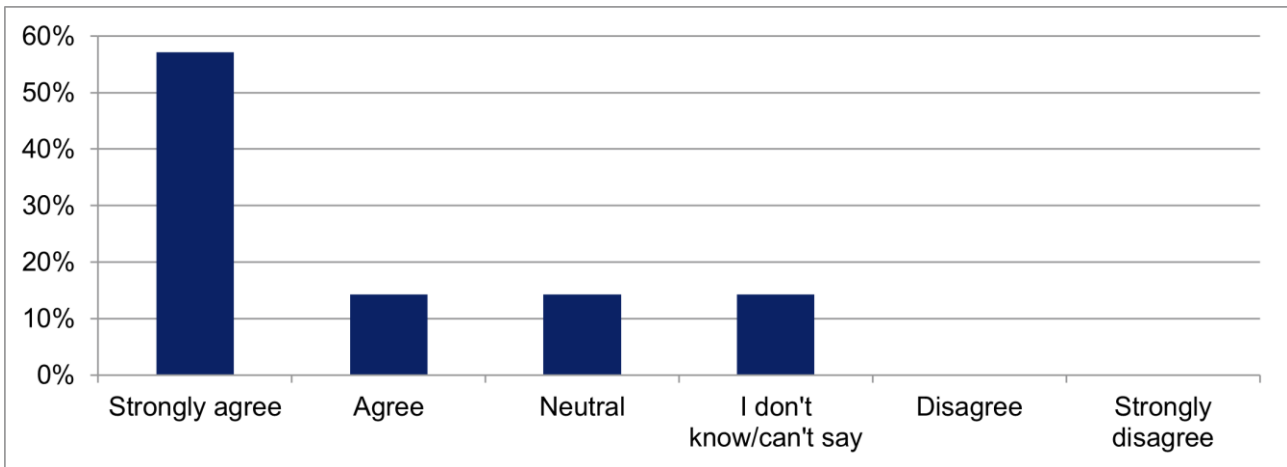
**Q3- The Draft Westminster PNA reflects the current pharmaceutical needs of Westminster residents.** (See Section 7 of the Draft PNA)



Response options	%	Total
Strongly agree	57%	4
Agree	29%	2
Neutral	14%	1
I don't know/can't say	0%	0
Disagree	0%	0
Strongly disagree	0%	0

Answered – 7; skipped – 0

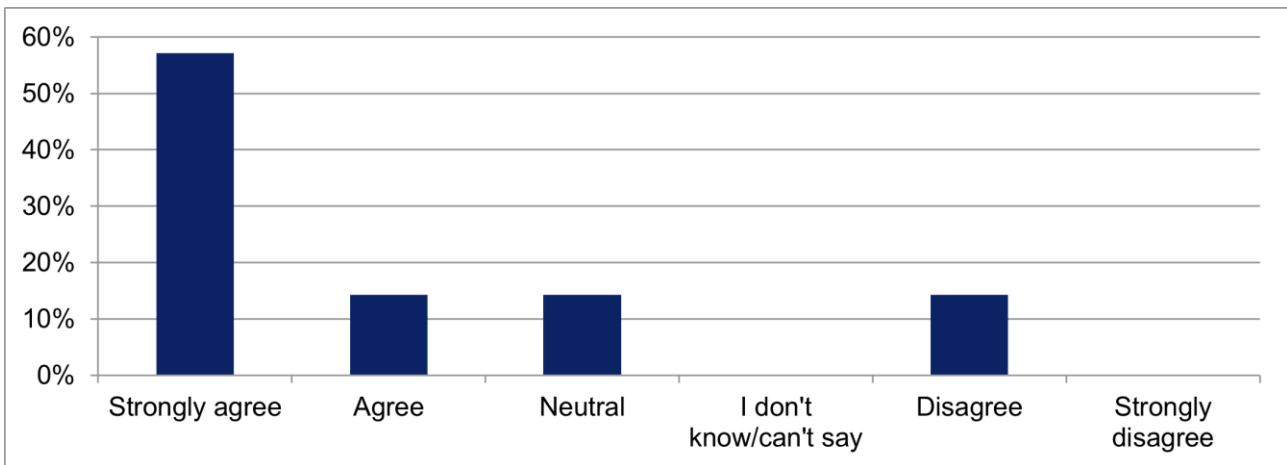
**Q4- The Draft Westminster PNA has not identified any gaps in the provision of pharmaceutical services. Do you agree with these findings?**



Response options	%	Total
Strongly agree	57%	4
Agree	14%	1
Neutral	14%	1
I don't know/can't say	14%	1
Disagree	0%	0
Strongly disagree	0%	0

Answered – 7; skipped – 0

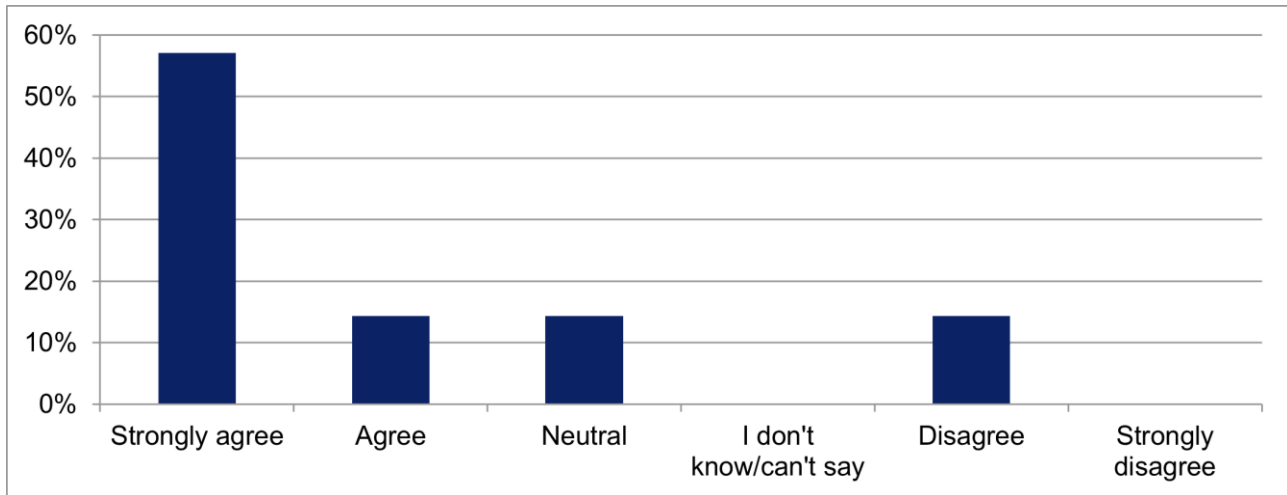
**Q5- The Draft Westminster PNA reflects the future (over the next three years) pharmaceutical needs of Westminster residents. (See Section 7 of the Draft PNA)**



Response options	%	Total
Strongly agree	57%	4
Agree	14%	1
Neutral	14%	1
I don't know/can't say	0%	0
Disagree	14%	1
Strongly disagree	0%	0

Answered – 7; skipped – 0

**Q6- To what extent do you agree or disagree with the other conclusions contained within the Draft Westminster PNA? (See the Executive Summary and Section 7 of the Draft PNA)**



Response options	%	Total
Strongly agree	57%	4
Agree	14%	1
Neutral	14%	1
I don't know/can't say	0%	0
Disagree	14%	1
Strongly disagree	0%	0

Answered – 7; skipped – 0



## Appendix H: Consultation comments

### Comments to the consultation survey:

Comment number	Question	Responding as	Comment	SG response
1	5- Future needs	A healthcare or social care professional	I would like to see in the PNA collaboration with NWL ICS, how community pharmacy contribute to sustainability and the use of technology to manage healthcare in the next 3 years.	NWL ICS were part of the PNA steering group. The use of technology is currently out of scope of the PNA process.
2	7- Other comments	A healthcare or social care professional	Thank you for the opportunity to comment.	Noted.
3	7- Other comments	A business/organisation – Boots UK Ltd	It appears that possibly due to the timing of production of this draft, the recent changes in the opening hours of a number of Boots pharmacies have not been reflected in the draft PNA.	Updated for final.
4	7- Other comments	A business/organisation – Walden Chymist	N/A	Noted.

### Recommendations received from NHSE:

Recommendation	SG response
There are 82 pharmacies and 1 DAC in Westminster. At several points in the PNA, it states that there are 83 pharmacies, it should be noted that DACs are not pharmacies and should not be counted as a pharmacy.	PNA states 83 pharmacies which include community pharmacies and DSPs. In addition, there is 1 DAC which makes it 84 contractors at the time of writing. Since then, one pharmacy has closed (FL792) and will be updated as a supplementary statement.
Please see listed below where hours have been amended recently, the HWBB is asked to review these and ensure that none of these changes make any fundamental changes to any conclusions that the HWBB have made.	Updated in the PNA for any changes previous to March 2022, and as supplementary statement for changes after March 2022. No

Recommendation	SG response
	impact in the conclusions from any of the changes.
<p>There are a couple of places where no information has been found in the PNA, the HWBB is asked to check to ensure that there is nothing further that can be added in these areas before publishing the document:</p> <ul style="list-style-type: none"> <li>• Is there a need for specialist or other services, which would improve the provision of, or access to, services such as for specific populations or vulnerable groups?</li> <li>• Are there known firm plans in and arising from local joint strategic needs assessments or joint health and wellbeing strategies?</li> <li>• Are there known firm plans for changes in the number and/or sources of prescriptions i.e. changes in providers of primary medical services, or the appointment of additional providers of primary medical services in the area?</li> <li>• Are there known firm plans for developments which would change the pattern of local social traffic and therefore access to services, i.e. shopping centres or significant shopping developments whether these are in town, on the edge of town or out of town developments?</li> <li>• Are there plans for the development of NHS services?</li> <li>• Are there plans for changing the commissioning of public health services by community pharmacists, for example, weight management clinics, and life checks?</li> <li>• Are there plans for introduction of special services commissioned by clinical commissioning groups?</li> <li>• Are there plans for new strategies by social care/occupational health to provide aids/equipment through pharmacies or dispensing appliance contractors?</li> </ul>	<p>The PNA steering group were not aware of any at the time of writing</p>

## Appendix I: Future opportunities for possible community pharmacy services in Westminster

### Introduction

Any local commissioning of services for delivery by community pharmacy lies outside the requirements of a PNA; it is considered as being additional to any **Necessary Services** required under the regulations.

In reviewing the provision of **Necessary Services** and considering Advanced, Enhanced and Locally Commissioned Services for Westminster as part of the PNA process, it was possible to identify opportunities for service delivery via the community pharmacy infrastructure that could positively affect the population.

Not every service can be provided from every pharmacy, and service development and delivery must be planned carefully. However, many of the health priorities either at a national or local level can be positively affected by services provided from community pharmacies, albeit being out of the scope of the PNA process.

Where applicable, all pharmacies and pharmacists should be encouraged to become eligible to deliver Advanced Services in all pharmacies across Westminster. This will mean that more eligible patients are able to access and benefit from these services.

There were 62 responses to the contractor questionnaire. The services most frequently identified that respondents would like to provide if commissioned were Emergency Hormonal Contraception (EHC), NHS Health Checks, weight management, and STI screening and treatment. A minor ailments service was also identified in the questionnaire and this service can be provided by referral as the CPCS, which 60% of community pharmacies in Westminster have signed up to provide.

The impact of the COVID-19 pandemic on service provision from community pharmacies has been significant during the life of the previous PNA:

- New Advanced Services have had their implementation delayed
- Community pharmacy priorities have been centred on pandemic service delivery, e.g. lateral flow test distribution and COVID-19 vaccination
- Significantly increased demand for existing services, e.g. repeat dispensing

The successful implementation of new Advanced and Enhanced Services to support the pandemic response is an indicator that implementation of additional new services from community pharmacies in the future is possible.

### Health needs identified in the NHS Long Term Plan (LTP) and Core20PLUS5

The LTP and Core20PLUS5 identifies community pharmacists as part of the process of improving the effectiveness of approaches such as the **NHS Health Check**, rapidly treating those identified with high-risk conditions, including high blood pressure. The **hypertension case-finding service** has been developed as an Advanced Service from community pharmacy as part of this process, but other disease-specific programmes should be made part of the service options available including for respiratory conditions, diabetes and cancer.

For example, the LTP states: ‘We will do more to support those with respiratory disease to receive and use the right medication.’ Of NHS spend on asthma, 90% goes on medicines, but incorrect use of medication can also contribute to poorer health outcomes and increased risk of exacerbations, or even admission. The New Medicine Service (NMS) is an Advanced Service that provides support for people with long-term conditions newly prescribed a medicine, to help improve medicines adherence.

LTP priorities that can be supported from community pharmacy:

- Prevention
  - Smoking
  - Obesity
  - Alcohol
  - Antimicrobial resistance
  - Stronger NHS action on health inequalities
- Better care for major health conditions
  - Cancer
  - Cardiovascular disease
  - Stroke care
  - Diabetes
  - Respiratory disease
  - Adult mental health services

Core20PLUS5 priorities that could be supported in community pharmacy:

- Maternity
- Severe mental illness
- Chronic respiratory disease
- Early cancer diagnosis
- Hypertension case-finding

### **Health needs in Westminster**

Causes of ill health in Westminster are discussed in in Section 2.4 of this PNA and more information can be found on the JSNA website. Some of the key areas are as follows:

- There is considerable variation in health and mortality between some of the wards in the borough
- The most prevalent long-term conditions in Westminster are anxiety, hypertension, depression, obesity and diabetes
- Westminster has some of the longest life expectancy in the country
  - The difference in life expectancy between the wards in Westminster is vast: men can expect to live 16 years longer in certain wards and women 9 years longer
- The IMD 2019 ranking for Westminster is 134/317 in England (19/ 33 in London)
  - Church Street ward has the highest IMD score, while Knightsbridge and Belgravia ward has the lowest

- The 2019/2020 Active Lives survey to identify those who are overweight or obese found that the percentage in Westminster is 44%, well below London and England
- It is estimated that 10.5% of adults smoke
- The mortality rate for alcohol-related deaths in the borough is 24.7, the second lowest in London, and lower than in England (37.8)
- Sexual health
  - STI positivity rates for HIV, syphilis, gonorrhoea and chlamydia aged 25+ are 13.6% (one of the highest in London)
  - The teenage pregnancy rate is 2.7 per 1,000, compared with 9.8 for London and 13 for England
- Long-term conditions
  - Coronary heart disease prevalence is 1.5% (compared with 1.9% for London and 3% for England)
  - Hypertension rates vary geographically across the borough, with the highest rates recorded in St John's Wood and Maida Vale
  - Diabetes prevalence in Westminster (4%) is lower than the London (6.7%) and England averages
  - Cancer screening is among the lowest in the country
  - The premature mortality rate from respiratory disease is lower than the regional and national averages
- Mental health
  - It is estimated that 12% of the population aged 65+ has a common mental health disorder, e.g. depression and anxiety
- Vaccination rates
  - A significantly lower percentage of children (63%) have received two doses of MMR immunisation at or before the age of five, compared with the England average (87%)
  - Only 48% of those in clinical at-risk groups under 65 take up the flu vaccine; in 2020-21 64% of the over-65s (15,018) had a flu vaccination, well below the target rate of 85%

### **Opportunities for further community pharmacy provision**

Based on these priorities and health needs, community pharmacy can be commissioned to provide services that can help and support the reduction of the variances seen in health outcomes across Westminster.

#### **A. Existing services**

##### **Essential Services**

Signposting for issues such weight management and health checks.

##### **Advanced Services**

Some of the existing Advanced Services could be better used within Westminster, i.e. CPCS and NMS, including a focus on particular health needs in the population for these services, e.g. diabetes.

- The flu vaccination uptake is below the national average in Westminster with only 48% of those in clinical at-risk groups under 65 taking up the flu vaccine; in 2020-21, 64% of over-65s had a flu vaccination, which is well below the target rate of 85%. Community pharmacies provide these services in Westminster; highlighting the service availability and good access to flu vaccination in community pharmacies may help to improve the numbers receiving the flu vaccine.

There are several new or recently introduced Advanced Services being implemented that could be beneficial to the population of Westminster based on the identified health needs, including:

- **Hypertension case-finding service**  
This is a recently introduced Advanced Service. The service has two stages – the first is identifying people at risk of hypertension and offering them blood pressure measurement (a 'clinic check'). The second stage, where clinically indicated, is offering 24-hour ambulatory blood pressure monitoring. The blood pressure test results will then be shared with the patient's GP to inform a potential diagnosis of hypertension.
- **Hepatitis C testing service**  
The service is focused on provision of Point of Care Testing (POCT) for hepatitis C (Hep C) antibodies to People Who Inject Drugs (PWIDs), i.e. individuals who inject illicit drugs such as steroids or heroin, but who haven't yet moved to the point of accepting treatment for their substance use. Where people test positive for Hep C antibodies, they will be referred for a confirmatory test and treatment, where appropriate.
- **Stop Smoking**  
There is a new stop smoking service for people referred to pharmacies by a hospital, which has been commissioned from January 2022 (delayed). The service is aimed at stop smoking support for those beginning a programme of smoking cessation in secondary care and referred for completion in community pharmacy. The Department of Health and Social Care and NHSE&I proposed the commissioning of this service as an Advanced Service.  
Smoking is the highest cause of preventable ill health and premature mortality in the UK. Smoking is a major risk factor for many diseases, such as lung cancer, Chronic Obstructive Pulmonary Disease (COPD) and heart disease. It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix. Levels of smoking have been decreasing in Westminster as well as in London and England.  
In Westminster it is estimated that just over 10% of the population are active smokers, although it is known that smoking levels in more deprived populations are higher.

## Enhanced Services

The London Vaccination Service could be reviewed and expanded to include some of the childhood vaccinations, especially MMR, with a view to improving uptake by providing better access to services during supplementary hours (evenings and weekends).

## B. New services

### Locally Commissioned Services

Based on the local and national health needs identified throughout this document, there are opportunities for community pharmacy to positively impact outcomes.

- Sexual health

Sexual health services are not currently commissioned in community pharmacies in Westminster. Of respondents to the public questionnaire, 43% indicated that they would wish to see such services available from community pharmacies.

Based on the identified health needs around sexual health, provision of services to include STI screening and/or treatment may be beneficial. In addition, coupling such services with the Advanced Service of hepatitis C testing could be advantageous.

From the pharmacy contractor questionnaire, EHC is the service most frequently identified as there being a 'particular need' or 'like to provide' if commissioned. Teenage pregnancy rates are 2.7 per 1,000, compared with 9.8 for London and 13 for England, which would indicate that there is good provision from other providers, however the opening times of community pharmacies during evenings and weekends could be beneficial.

- NHS Health Check

This is a national programme for people aged 40–74 that assesses a person's risk of developing **diabetes, heart disease, kidney disease** and **stroke**. It then provides the person with tailored support to help prevent the condition, advising on lifestyle changes to reduce their risk. Nationally, there are over 15 million people in this age group who should be offered an NHS Health Check once every five years, and local authorities are responsible for commissioning NHS Health Checks.

Prevalence of many of these areas of ill health are relatively low in Westminster, however they remain national health priorities.

### Possible disease-specific services

The following are examples of disease-specific services that have been commissioned in some areas of England either by NHSE&I or CCGs. These would be seen as add-on services to Advanced Services or could be commissioned separately. There are many examples of different service types on the PSNC website: those below are described to give an idea of the type of service available. The conditions listed have been identified as health priorities either as causes of ill health in Westminster or in the NHS LTP.



- **Weight management**  
There are many different examples of weight management services already provided from a number of community pharmacies in England. These may be targeted to localities, e.g. areas of higher deprivation or coupled with programmes for other ill health e.g. cardiovascular disease or diabetes.  
In 2019-20, 44% of adults in Westminster were estimated to be overweight.
- **Diabetes**  
Diabetes-focused pharmacy (Wessex LPN). The framework is categorised into six elements: 1. The pharmacy team, 2. Prevention and lifestyle, 3. Complications of diabetes, 4. Education programmes, 5. Medicines adherence, 6. Signposting.  
Diabetes prevalence in Westminster is lower than the London and national averages, however prevalence is increasing and it remains a national health priority.
- **Lung cancer initiative**  
The Local Pharmacy Early Identification of Symptomatic Lung Cancer Patients Scheme (East Sussex) is to enable local awareness-raising – for example, ‘not ALL cough is COVID’ – to support pharmacies to identify symptomatic patients who may come into the pharmacy and provide a pathway for those patients which the pharmacist can use. Locally defined outcomes: 1. A reduction in the numbers of late, emergency presentations for patients with lung cancer in the Crawley area; 2. An increase in GP referral activity for lung cancer up to and beyond levels seen prior to COVID; 3. An increase in the number of patients who stop smoking; 4. Prevention of early deaths and patients dying undiagnosed of cancer.  
Cancer screening in Westminster is among the lowest in the country.
- **STI and HIV screening**  
Chlamydia screening is a service that is commonly provided by many community pharmacies across England. This service may also include a treatment arm.  
The Advanced Service for hepatitis C testing uses a POCT methodology and these tests are also available for HIV testing. There have been many such services delivered from community pharmacies around England. Linking such services to the existing needle exchange services could be beneficial.  
STI positivity rates for HIV, syphilis, gonorrhoea and chlamydia aged 25+ are 13.6% (one of the highest in London).
- **Cardiovascular**  
Atrial Fibrillation (AF) screening service (multiple areas). This service provides patients at high risk of AF with a consultation that gathers information and screens them for AF using a portable heart monitoring device called an AliveCor monitor. Patients who have this arrhythmia detected will be counselled by the pharmacist about the implications of the diagnosis and referred to their GP for ongoing management. The pharmacy consultation will: 1. Screen identified cohorts for AF using a portable heart monitor device; 2. Counsel the patient on the results of the



analysis; 3. Where appropriate, send the report and refer the patient to their GP for further investigation and management; 4. Offer advice on a healthier lifestyle; and 5. Signpost the patient to other services available in the pharmacy such as a stop smoking service or weight loss support service.

- Mental health

Mental Health Support Scheme (NHS England – South (Wessex)). Commissioned as a community pharmacy Enhanced Service pilot within Dorset. The aim of the pilot is to test a model of community pharmacy support for suitable clients who are under the care of the Dorset Healthcare University Foundation Trust (DHC) Community Mental Health Team (CMHT). The pilot will assess whether community pharmacy support improves medicines optimisation in this group of clients and reduces the number of readmissions to the service.

Patient eligibility for the service is:

- Under care of CMHT
- Recently discharged from in-patient services;
- Aged 18–65;
- No diagnosis of dementia; and
- Willing to use a regular pharmacy

During the first appointment, the pharmacist, key worker and patient will discuss the referral and agree the support that will be given and the review period. The pharmacist will:

- Provide the service as agreed at the first appointment
- Discuss with the patient at each interaction if there any issues with managing or taking their medicines
- Contact the patient's CMHT and/or GP, if appropriate
- Signpost to other services, if appropriate

It is estimated that 12% of the population aged 65+ has a common mental health disorder, e.g. depression and anxiety.

- Respiratory

Asthma inhaler technique (Greater Manchester) The purpose of the Improving Inhaler Technique through Community Pharmacy service is to provide a brief intervention service to patients receiving inhaled medication for respiratory disease. The service is available to patients registered with a GP practice in Greater Manchester presenting a prescription for inhaled respiratory medication for the treatment of asthma or COPD to a participating pharmacy.

## **Recommendations**

**1. Highlight to the public the services that are currently available from community pharmacies to support the improved utilisation of these existing services.**

**2. Identify the best way to deliver the new Advanced Services**

Smoking cessation, hepatitis C screening and hypertension case-finding can meet the health needs of Westminster, potentially in targeted wards.

**3. Consider the provision of new Locally Commissioned Services**

To meet specific health needs in Westminster, e.g. NHS Health Checks, diabetes, weight management, sexual health, respiratory, cardiovascular, mental health or cancer screening.